COMMUNICABLE DISEASE CENTER

INFLUENZA

SURVEILLANCE

TABLE OF CONTENTS

- I. SUMMARY
- II. EPIDEMIC REPORTS
- III. LABORATORY REPORT
- IV. WEEKLY PNEUMONIA
 AND INFLUENZA DEATHS



PREFACE

Summarized in this report is information received from State Health Departments, university investigators, virology laboratories and other pertinent sources, domestic and foreign. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigator for confirmation and interpretation.

Contributions to the Surveillance Report are most welcome. Please address to: Chief, Influenza Surveillance Unit, Communicable Disease Center, Atlanta 22, Georgia.

Communicable Disease Center

Epidemiology Branch

Statistics Section Surveillance Section

Influenza Surveillance Unit

Clarence A. Smith, M.D., Chief

Alexander D. Langmuir, M.D., Chief

Robert E. Serfling, Ph.D., Chief Donald A. Henderson, M.D., Chief

George C. Denniston, Jr., M.D.

I. SUMMARY

Additional counties in States in the North and Northeast report outbreaks of influenza-like illness this week. Although some new reports are being received from the Southern States, the disease is in general subsiding there.

New confirmations of Influenza B have been reported from Alabama, Hawaii, Maryland, Pennsylvania, South Carolina, and Texas. The total number of States confirming Influenza B is now 34. Fourteen States have experienced outbreaks of influenza-like disease but have not confirmed the presence of Influenza B. Louisiana and South Dakota report again that no significant outbreaks of respiratory disease have occurred.

Influenza A_2 (Asian) has been reported in outbreaks from Moscow, USSR, and from Japan. A laboratory in the Netherlands reports the isolation of Asian influenza from two deaths, which were unassociated with epidemics.

Due to the inhibitory effect of calf serum in tissue systems used for the isolation of Influenza B virus, it is suggested that a serum-free maintenance medium be employed (see Section III).

Pheumonia-influenza deaths remained above the expected level with a slight increase (6.6%) over the preceding week. Excess mortality this week is recorded in 3 of the 9 geographic divisions of the country.

II. EPIDEMIC REPORTS

ARKANSAS

Two additional counties in northern Arkansas - Prairie and Carroll Counties - report small outbreaks of acute respiratory disease. The southern part of the State has not reported any significant outbreaks to date.

(Dr. J. T. Herron, State Health Officer, Arkansas State Board of Health)

2. CONNECTICUT

Each of Connecticut's 8 counties has reported outbreaks of influenza-like disease in recent weeks. In general, the illness is characterized by severe headache, fever to 103°, generalized aches and pains, and nausea, lasting 1-3 days. Many children have experienced a relapse on or about the sixth day after onset. Influenza B has been confirmed in Hartford. (Reported previously in Influenza Surveillance Report No. 67)

Control of the state of the state of the state of

(Dr. James C. Hart, Director, Division of Preventable Diseases, Connecticut State Department of Health; Dr. Mila Rindge, Chief, Section of Epidemiology, Division of Preventable Diseases, Connecticut State Department of Health)

3. GEORGIA

A questionnaire was sent out on January 29 to all county health departments in Georgia. Eighty percent were returned. Of these, approximately half indicated that school absenteeism had increased significantly in their county. Many of the counties reporting for the first time through this questionnaire are located in the southern portion of the State.

(Dr. W. J. Murphy, Director, Epidemiology, Georgia Department of Public Health)

4. HAWAII

No significant outbreaks of acute respiratory disease are known to have occurred in Hawaii during the present

season. As of January, 4 significant serologic titer rises to Influenza B were found.

(Dr. James R. Enright, Chief, Epidemiology Branch, Hawaii Department of Health; Dr. K. S. Wilcox, Chief, Laboratories, Hawaii Department of Health)

5. KENTUCKY

Influenza-like illness is spreading in Kentucky. It is prevalent in counties in western, southern, and eastern Kentucky this week. Laurel, Whitley, and McLean Counties report school closures.

(Mr. Clifford Todd, State Epidemiologist, Kentucky State Department of Health)

6. MASSACHUSETTS

Outbreaks of mild febrile disease were reported from northern Worcester County last week. The towns of Gardner and Princeton reported school absenteeism of 20 percent. Spread of an influenza-like illness continues in Berkshire County and in Middlesex and Essex Counties.

(Dr. Nicholas Fiumara, Director, Division of Communicable Diseases, Massachusetts Department of Public Health)

7. MICHIGAN

Michigan reports little additional respiratory disease, although the upper peninsula is involved for the first time - Stambaugh School in Iron County reports 15 percent absenteeism due to respiratory illness.

(Dr. George H. Agate, Epidemiologist, Michigan Department of Health)

8. NEW YORK

Influenza-like disease is prevalent in many parts of the State, spreading largely from counties already involved to adjacent counties. Newly involved with outbreaks are Franklin, Genesee, Jefferson, Niagara, Orange, Putnam, St. Lawrence, Sullivan, and Warren Counties.

(Dr. Robert M. Albrecht, Director, Epidemiology, New York State Department of Health)

9. OHIO

Respiratory disease activity continues in several areas of the State. A telegram from the Division of Communicable Disease reads in part:

"Since the 13th of February, we have had reports of acute respiratory disease outbreaks in 9 additional counties - Athens, Guernsey, Huron, Lucas, Meigs, Montgomery, Muskingum, Sandusky, and Washington. In addition, we have a single case of respiratory disease in Pickaway County with a titer rise to Influenza B. This brings the number of counties with respiratory disease outbreaks or proven cases of Influenza B to a total of 30. We now have virus isolations or serologic titer rises proving Influenza B in 8 counties."

(Dr. Winslow J. Bashe, Jr., Chief, Division of Communicable Diseases, Ohio Department of Health; Dr. C. C. Croft, Chief, Division of Laboratories, Ohio Department of Health; Dr. Harold Decker, EIS Officer, assigned to the Ohio Department of Health)

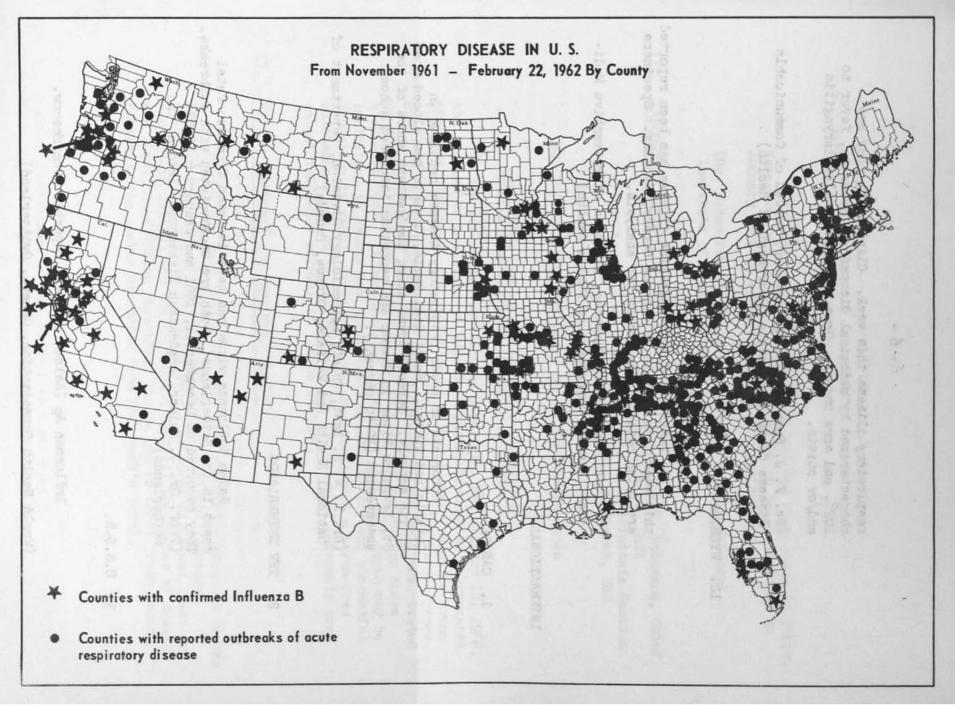
10. RHODE ISLAND

Increased school absenteeism (10-30 percent) associated with acute febrile respiratory disease has appeared in towns successively further south of Woonsocket, whose outbreak was reported earlier (see Influenza Surveillance Report No. 67). Most of the involved towns are on Narragansett Bay. Serologic diagnosis implicates Influenza B in Woonsocket.

(Dr. Earl B. Byrne, EIS Officer, assigned to the Rhode Island State Department of Health)

11. VIRGINIA

Eleven additional counties - predominantly in the eastern part of Virginia - are reporting outbreaks of acute



respiratory illness this week. Clinically, they are characterized by abdominal discomfort, headache, fever to 102° , and sore throat. Some patients develop laryngitis and/or otitis.

(Dr. F. J. Spencer, Acting Director, Bureau of Communicable Disease Control, Virginia Department of Health)

12. WYOMING

An outbreak of influenza-like illness has been reported this week from Buffalo in Johnson County, Wyoming. Specimens are being obtained for laboratory analysis.

(Dr. Cecil Reinstein, Director, Division of Preventive Medicine, Wyoming Department of Public Health)

INTERNATIONAL

1. CANADA

Outbreaks of acute respiratory disease continue in Ontario and Quebec. Sault Ste. Marie, Ontario has closed most of its schools. Several towns along the eastern shore of the St. Lawrence River in Quebec are reporting increased school absenteeism (30-40 percent).

(Dr. E. W. R. Best, Chief, Epidemiology Division, Department of National Health and Welfare, Ottawa, Canada)

2. THE NETHERLANDS

Asian influenza virus has been isolated from two fatal cases in the Netherlands. Both are unassociated with outbreaks. They occurred on December 11, 1961 and January 6, 1962. (Prof. Dr. J. Mulder, Academisch Ziekenhuis, Leiden, the Netherlands)

3. U.S.S.R.

Influenza A₂ (Asian) has been reported from Moscow. (World Health Organization, Geneva, Switzerland)

4. JAPAN

Influenza A_2 virus has been isolated from cases in Tokyo, Kanagawa, and Gumma. The outbreak which began in Tokyo in January 1962 is spreading over other prefectures.

(Dr. Hideo Fukumi, Japanese Influenza Center, National Institute of Health, Tokyo)

III. LABORATORY REPORT

Dr. Roslyn Q. Robinson, Chief Respirovirus Unit Virus and Rickettsia Section Laboratory Branch, CDC

Serving as the WHO International Influenza Center for the Americas

SERUM FREE MEDIUM FOR INFLUENZA B ISOLATION

In the Influenza Surveillance Report No. 64, January 18, 1962, the problem of isolation of type B influenza viruses in embryonated eggs was discussed, and isolation in either monkey kidney or human fetal kidney tissue culture was presented as an alternative procedure. It is recognized that many laboratories use heat inactivated or uninactivated calf serum in the maintenance medium for these tissue systems. It has been our experience that calf serum may be inhibitory in fairly low concentrations and may prevent successful isolation if used. It is therefore suggested that a serum-free maintenance medium be employed for the isolation of currently prevalent influenza viruses in tissue culture.

IV. WEEKLY PNEUMONIA AND INFLUENZA DEATHS

During the week ending February 17th pneumonia-influenza deaths remained above the epidemic threshold with a slight increase (6.6 percent) over the preceding week. In three divisions (East and West North Central and the West South Central) the number of deaths was above the epidemic threshold, but in one of these (West South Central), the number decreased from last week's total.

