

COMMUNICABLE DISEASE CENTER

INFLUENZA

SURVEILLANCE

TABLE OF CONTENTS

- I. SUMMARY
- II. EPIDEMIC REPORTS
- III. 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:
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I. SUMMARY

A steady county-by-county progression of acute febrile respiratory illness is reported from most States in the North and Northeast. Subsiding activity is reported from South Central States as well as from those States involved in the early wave which moved in an arc across the United States during December and January.

Alabama, Maryland, Nebraska, North Dakota, and South Carolina have confirmed outbreaks of Influenza B, bringing the total number of States confirming Influenza B to 31 and the District of Columbia. Fifteen other States have experienced outbreaks of influenza-like disease but have not confirmed the presence of Influenza B. The remaining four States - Hawaii, Louisiana, South Dakota, and Wyoming - report that no significant outbreaks of acute respiratory disease have occurred.

Czechoslovakia reports a rapid increase in the incidence of acute febrile respiratory disease; Influenza B virus has been isolated.

A report in the New York Times states that Asian (A_2) influenza is present in Tokyo, Japan. Official confirmation of this has not been obtained. (See Page 11.)

Pneumonia-influenza deaths in 108 cities of the United States showed a slight decrease this week bringing the number reported to the threshold line.

Addendum:

Official confirmation of an Asian (A_2) outbreak in Tokyo has just been received from The World Health Organization in Geneva through the Division of Foreign Quarantine, U. S. Public Health Service.

II. EPIDEMIC REPORTS

1. ALABAMA

Outbreaks of influenza-like disease have occurred in scattered counties in Alabama. A serologic titer rise to Influenza B has been reported from Montgomery County, Alabama.

(Dr. W. H. Y. Smith, Director, Bureau of Preventable Diseases, Alabama State Department of Public Health)

2. CONNECTICUT

Four additional counties have reported outbreaks of influenza-like disease - Litchfield, New Haven, New London, and Tolland Counties. The illness appears to have begun in several parts of the State at the same time.

(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. DELAWARE

School absenteeism has doubled simultaneously in several schools in each of the 3 Delaware counties. This is the first report of activity in this State.

(Dr. Floyd I. Hudson, Acting Director, Preventable Diseases, Delaware State Board of Health)

4. ILLINOIS

Influenza-like outbreaks, beginning in southern Illinois in early January, are now to be found scattered widely through the northern part of the State. Many of the latter are diminishing in intensity, having recently passed their peak. The Great Lakes U. S. Naval Hospital

reports the isolation of Influenza B virus from 4 men at the Naval Training Center, obtained during the last 2 weeks of January.

(Dr. Norman J. Rose, Chief, Bureau of Epidemiology, Illinois Department of Public Health; Capt. Lloyd F. Miller, Officer in Charge, NAMRU-4)

5. INDIANA

Two counties in southern Indiana - Vigo and Crawford - report increased school absenteeism in recent weeks.

(Dr. A. L. Marshall, Jr., Director, Division of Communicable Disease Control, Indiana State Board of Health)

6. IOWA

Outbreaks of influenza-like disease reached their peak in Iowa early in February, and are now diminishing. Influenza B has been confirmed in Fairfield, Iowa.

(Dr. Ralph H. Heeren, Director, Division of Preventable Diseases, Iowa State Department of Health; Dr. Albert P. McKee, University of Iowa Medical Center)

7. KENTUCKY

Outbreaks of respiratory disease are present for the first time in the eastern part of the State. Three counties report increased incidence - Bell, Jefferson, and Whitley Counties.

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

8. MARYLAND

Beginning in St. Mary's County, outbreaks of influenza-like disease spread to Charles and Calvert Counties in recent weeks. Small outbreaks in Bethesda and Chevy Chase in Montgomery County are believed to be confined to this area.

Three serologic titer rises to Influenza B were seen in patients in St. Mary's County. Isolations of Influenza B were obtained from two students in Bethesda.

(Dr. John H. Janney, Acting Chief, Division of Epidemiology, Maryland State Department of Health; Dr. Joseph Bell, NIH; Dr. J. Mehnen Joseph, Chief, Virology Section, Central Laboratory, Maryland State Department of Health)

9. MICHIGAN

Three additional counties have reported outbreaks of acute respiratory disease, leaving much of the State uninvolved as yet. School absenteeism has increased in some schools in Charlevoix, Genessee, and Wayne Counties.

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

10. MISSISSIPPI

A majority of counties in northern Mississippi report influenza-like disease. The southern portion of the State is experiencing scattered outbreaks. An isolate of Influenza B was previously reported from Harrison County on the Gulf Coast (see Influenza Surveillance Report No. 67).

(Dr. Durward L. Blakey, Director, Preventable Disease Control, Mississippi State Board of Health)

11. MONTANA

Several counties in western Montana report outbreaks of influenza-like disease - Carbon, Cascade, Gallatin, Lewis and Clark, Missoula, and Powell Counties. Serologic confirmation of Influenza B has been obtained from patients associated with outbreaks in 4 of these counties.

(Dr. Mary E. Soules, Director, Disease Control, Montana State Board of Health)

12. NEBRASKA

Counties in eastern and central Nebraska are presently involved in outbreaks of acute febrile respiratory illness. A serologic titer rise to Influenza B has been obtained from a medical student at the University of Nebraska College of Medicine.

(Dr. E. A. Rogers, Director of Health, Nebraska Department of Health; Helen W. Reihart, Virus Laboratory, University of Nebraska College of Medicine, Omaha)

13. NEW HAMPSHIRE

An outbreak of influenza-like disease has been reported from Phillips Exeter Academy in Rockingham County. Paired sera have been sent to the Massachusetts State Laboratory for diagnostic purposes. No other outbreaks have been reported in New Hampshire.

(Dr. William Prince, Director, Bureau of Communicable Diseases, New Hampshire State Department of Health)

14. NEW JERSEY

Limited spread of influenza-like disease from numerous foci has been noted in New Jersey. Paired sera have been collected in several of these areas and are being analyzed.

A telephone survey was made in Vernon Township 5 days after the only elementary school in the township had closed. Its purpose was to determine the incidence of influenza-like illness by age. The following result was obtained from the survey, which included 39 families taken at random from 2 phone books which covered most of the township.

<u>Age Group</u>	<u>Number Surveyed</u>	<u>Attack Rate Influenza-like Disease (Percent)</u>
0-5	20	25
6-12	20	70
13-18	12	33
19-35	29	21
36-50	33	18
51+	24	8

The results are similar to those obtained in several outbreaks of confirmed Influenza B that have occurred in other parts of the United States this winter with a notable exception in the 13-18 year age group. In previous epidemics this latter group has shown rates similar to the 6-12 year age group. Here the attack rate in the 13-18 year age group is one-half that in the 6-12 year group. This disparity might well be accounted for by the fact that the high school students attend school in a different township, and consequently were not as heavily exposed initially as were elementary school students. Absenteeism, in fact, began to increase among high school students 2 weeks after the onset in the elementary school.

(Dr. W. J. Dougherty, Director, Division of Preventive Disease, New Jersey State Department of Health; Dr. George C. Denniston, Jr., CDC)

15. NORTH DAKOTA

School absenteeism continues to decline throughout the State. A telephone survey indicates that absenteeism is normal in the western and north central regions of the State. Adult absenteeism and illness, on the other hand, has been on the increase, especially in the city of Fargo. Influenza B has been confirmed in Barnes County.

(Mr. Kenneth Mosser, Director, Division of Preventable Diseases, North Dakota State Department of Health)

16. OHIO

A telegram from the Communicable Disease Division states: to this date there are reports of acute respiratory outbreaks in 19 counties of the State, extending in a broad band from southwest to northeast Ohio. There are isolations of Influenza B virus from 4 of these counties, namely, Summit, Scioto, Preble, and Clermont. In addition, there is a recent report of isolated cases of respiratory disease in Cuyahoga County proven to be Influenza B by virus isolation.

(Dr. Winslow J. Bashe, Jr., Chief, Division of Communicable Diseases, Ohio Department of Health; Dr. Harold Decker, EIS Officer, assigned to the Ohio Department of Health; Dr. E. F. Wheelock, Department of Preventive Medicine, Western Reserve University)

17. SOUTH CAROLINA

Influenza and influenza-like illnesses are declining in South Carolina; the incidence has reached normal levels in many counties. A serologic titer rise confirms Influenza B in Spartanburg County.

(Dr. G. E. McDaniel, Director, Division of Disease Control,
South Carolina State Board of Health)

18. VIRGINIA

A total of 18 counties in Virginia has reported outbreaks of acute febrile respiratory disease during the past 2 weeks. The outbreaks are predominantly along the southern border, adjacent to North Carolina, where Influenza B has been confirmed. There has not as yet been any confirmation of Influenza B in Virginia.

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

19. WEST VIRGINIA

Three additional counties report the presence of outbreaks of acute febrile respiratory disease - Mason, Jackson, and Taylor Counties. School absenteeism ranges between 15-30 percent. Throughout the remainder of the State scattered small outbreaks are noted.

(Dr. L. A. Dickerson, Director, Disease Control, West Virginia
State Department of Health)

20. WISCONSIN

The southeastern portion of Wisconsin continues to experience increased school absenteeism, while the western and central portions of the State report that school attendance is returning to normal. In 2 industrial plants, it has been reported that absenteeism ranged between 10-13 percent last

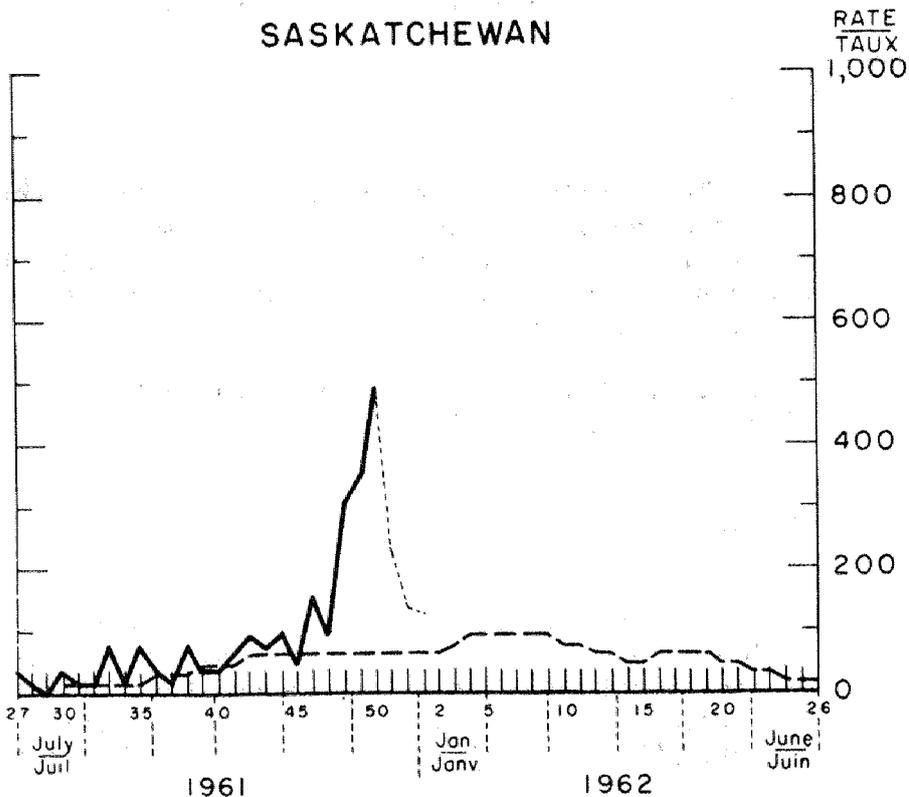
week. This is apparently higher than the normal absenteeism during this season. Two serologic titer rises to Influenza B have been reported from Waukesha County.

(Dr. Josef Preizler, State Epidemiologist, Wisconsin State Board of Health; Dr. A. S. Evans, Director, Wisconsin State Laboratory of Hygiene)

INTERNATIONAL

1. CANADA

An illustrative graph which clearly depicts the epidemic of acute respiratory disease of late 1961 in Saskatchewan has been compiled by the Dominion Bureau of Statistics of the Canadian Government.



Information of this type can be used effectively for comparisons between provinces and between different years. The graph shows the number of cases of upper respiratory infections within the Federal Civil Service by week. Civil servants included in the survey receive 15 days paid sick leave a year. All such leave taken must be certified in the following circumstances:

1. Absences in excess of 3 working days continuous duration;
2. All absences taken by an employee after the employee has used 7 days casual sick leave during the fiscal year. Only medically certified sick leave is included in this survey.

For each region the trend line was computed as follows: From the total cases tabulated by week of onset for the years 1957-60, 2 central figures were selected by eliminating the highest and lowest figure reported for that week. A 5-week moving average of the arithmetic mean of the 2 central figures was computed, then plotted as a trend line.

(Dominion Bureau of Statistics, Ottawa, Canada)

2. ENGLAND AND WALES

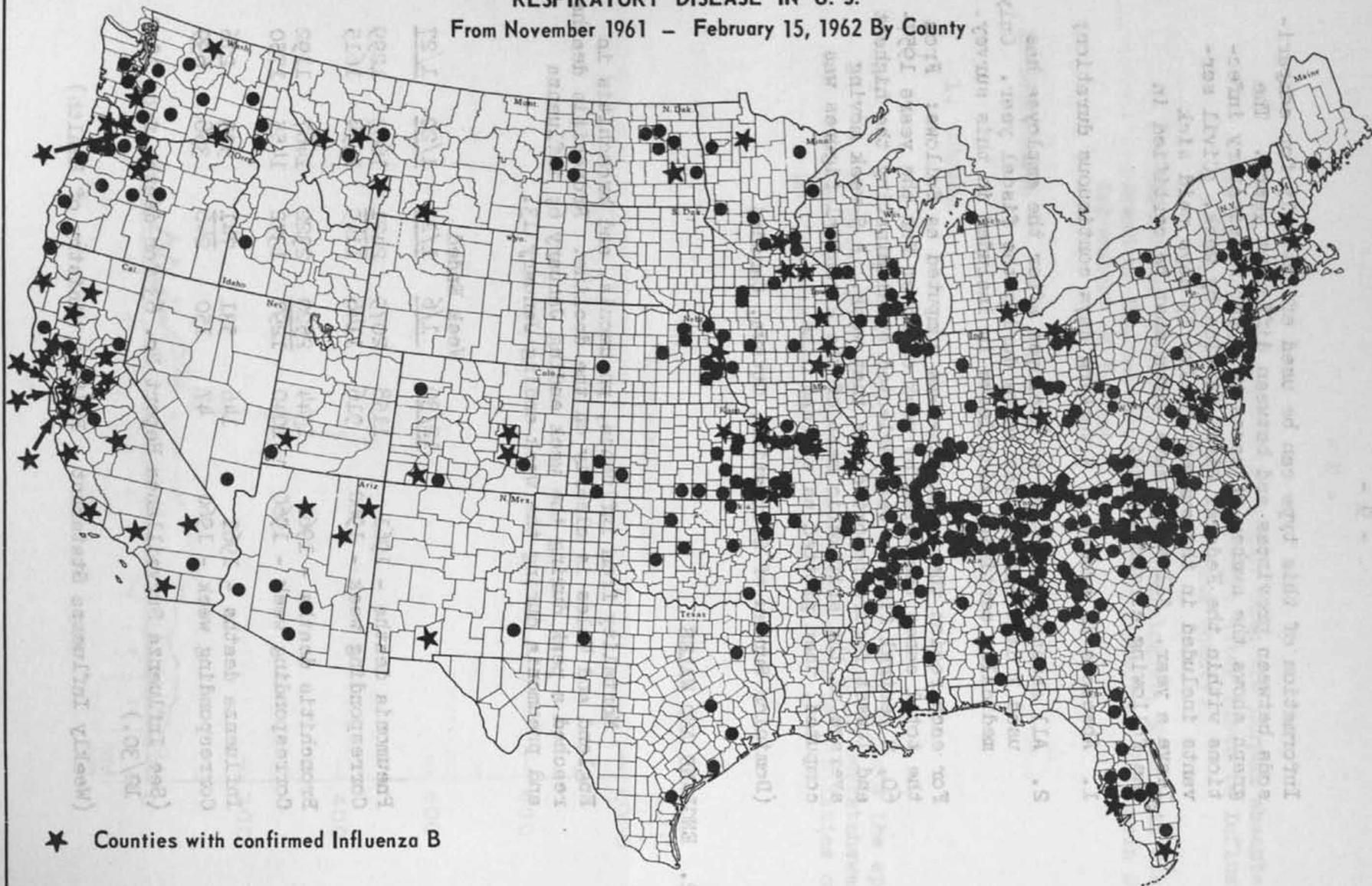
Mortality from influenza, pneumonia, and bronchitis in England and Wales is clearly on the decline. Bronchitis deaths reached a peak during the week ending January 6; influenza and pneumonia during the week ending January 13.

	Week Ended				
	<u>12/30</u>	<u>1/6</u>	<u>1/13</u>	<u>1/20</u>	<u>1/27</u>
Pneumonia deaths - 1961	1158	2079	<u>2421</u>	1683	1299
Corresponding week - 1960	916	1146	<u>1149</u>	1354	1615
Bronchitis deaths - 1961	1344	<u>2520</u>	2322	1467	1192
Corresponding week - 1960	1040	<u>1297</u>	1372	1455	1750
Influenza deaths - 1961	146	531	<u>741</u>	533	276
Corresponding week - 1960	47	150	<u>246</u>	358	699

(See Influenza Surveillance Report No. 63 for deaths from 12-2 - 12/30.)

(Weekly Influenza Statement - British Ministry of Health)

RESPIRATORY DISEASE IN U. S.
From November 1961 - February 15, 1962 By County



★ Counties with confirmed Influenza B

● Counties with reported outbreaks of acute respiratory disease

3. JAPAN

ASIAN FLU HITS TOKYO

TOKYO (AP)---Asian flu has hit Tokyo again and about 250 schools have been closed, but officials say it is a milder version than the virus that killed 683 persons in the Japanese capital in 1956. No fatalities have been reported.

From The New York Times - February 11, 1962

III. WEEKLY PNEUMONIA AND INFLUENZA DEATHS

The number of pneumonia-influenza deaths in 108 cities in the United States showed a slight decrease this week bringing the figure to the epidemic threshold line.

The only two geographic divisions which reported figures on or above the threshold levels were the East North Central and the West South Central States, the latter now having reported elevated figures for six consecutive weeks. The West North Central States show a decrease to normal ranges after rather high figures for the past four weeks. An increase was reported in the East South Central States, but the number of pneumonia-influenza deaths remains within normal ranges.

The coastal States, both east and west, remain at expected levels. The Mountain States report a decline to well within normal ranges.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

