Influenza – Outbreaks of acute respiratory disease were observed in three additional States; Tennessee, Iowa, and Georgia. This brings to 12 the number of States reporting outbreaks thus far this season; Type B influenza virus has been confirmed in eight.

Along the West Coast, the outbreaks are generally subsiding with no significant extension to unaffected areas. A number of additional epidemics have been reported from the Missouri - Southern Illinois area.

Additional confirmations of Influenza B were noted in Washington, Oregon, and California. No isolations of Type A influenza virus have yet been made in the United States.

Reported influenza and pneumonia deaths from the 108 major cities in the United States rose moderately this week to 613 exceeding the "epidemic threshold" by about 10 percent.

Sharp epidemics of influenza were reported by the press services this week to be extant in Warsaw, Poland, and Madrid, Spain. Outbreaks of Type B influenza continue in the United Kingdom with excess pneumonia and influenza deaths showing progressive increases through the end of December.

California, Oregon, and Washington – Epidemics throughout these States are generally waning with normal levels of school absenteeism in most urban areas. Pre-

Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>1st Week</th>
<th>Cumulative</th>
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<tbody>
<tr>
<td></td>
<td>Ended</td>
<td>Ended</td>
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<tr>
<td></td>
<td>Jan. 6,</td>
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<td>Brucellosis</td>
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<tr>
<td>Diphtheria, infectious</td>
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<td>Encephalitis, infectious</td>
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<tr>
<td>Hepatitis, infectious and serum</td>
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<tr>
<td>Measles</td>
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<tr>
<td>Typhus fever, tick-born, (Rocky Mountain spotted)</td>
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<td>Rabies in Animals</td>
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Table 2. NOTIFIABLE DISEASES OF LOW FREQUENCY

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<td>Anthrax:</td>
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<td>Rabies in Man:</td>
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<td>Smallpox:</td>
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<td>Typhus, murine:</td>
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</table>
Previously reported outbreaks of acute respiratory disease have been confirmed as Influenza B in Lake and Stanislaus Counties, California; Wasco and Washington Counties, Oregon; and in Southwestern Washington.

Missouri, Illinois — Outbreaks of acute respiratory disease are extending locally in Southern Illinois and in Central and Eastern Missouri.

Tennessee, Georgia — Increased school absenteeism reflecting epidemic respiratory disease has been noted in Knox, Lincoln, and Maury Counties in Tennessee and in Gilmer County in North Georgia.

Iowa — An acute outbreak of respiratory disease has resulted in 40 percent absenteeism in the consolidated school in Hazleton (Buchanan County) Iowa. Intensive epidemiologic and laboratory studies have been initiated.

Hepatitis — There were 1143 cases of hepatitis reported for the first week of 1962. This represents 129 cases more than reported for the first week of 1961. It is of interest to note that the marked increase in reported cases of hepatitis during 1961 began with reports received during the second and third week.

Diphtheria — Diphtheria continues at a record low level with only 16 cases reported for the first week of 1962. A summary of a focal outbreak from Nebraska is included under Epidemiological Reports.

**EPIDEMIOLOGICAL REPORTS**

**Diphtheria — Nebraska**

An outbreak of diphtheria among adults has been reported in Omaha, Nebraska. On November 27 an unemployed white male who had spent a night in a mission for homeless men became ill with diphtheria. On December 15 the janitor of a nearby hotel who occasionally ate at the mission died of diphtheria. Since then there have been two additional cases and three carriers among middle-aged, homeless white males who live at the mission or nearby hotel. All diagnoses have been verified by culture and virulence testing. One carrier has been found among hospital personnel caring for the patients. Further investigation of contacts is now in progress. There is no evidence of spread of the disease to the general community. An immunization program centered on the group of men primarily involved is planned.

(Reported by Dr. Edwin Lyman, Health Director, Douglas County Health Department, and a team from the Communicable Disease Center).

**Streptococcal Food Poisoning — Minnesota**

An estimated 700 cases of sore throat due to Group A beta-hemolytic streptococcus occurred in a closed college community of approximately 2,150 persons in late November 1961 in Stearns County, Minnesota. Most of the cases occurred within the three-day period of November 25-27. Mass prophylaxis treatment was started on December 5, 1961.

Symptoms consisted of sore throat, chills, fever, dysphagia, malaise, and headache. Examination revealed beefy, red, swollen throats and tonsils often with exudate. No rash was observed.

A beta-hemolytic streptococcus was identified in approximately 40 percent of throat cultures obtained from sick, untreated individuals.

(Continued on page 3)
The epidemic probably had its source in the college cafeteria, but a specific food item was not identified. Two members of the kitchen personnel admitted having had sore throats eight days and two weeks, respectively, before the outbreak.
(Reported by D. S. Fleming, M.D., Director, Division of Disease Prevention and Control, Minnesota Department of Health).

MORTEMALITY SUMMARY

The chart presented below shows the average weekly number of deaths from all causes in 108 United States cities by four-week periods. The last bar on the graph includes the four weeks ending January 6th. Weekly data for this period are given in Table 4 on page 7 of this week's report.

The smooth curve labelled “expected number” was constructed by fitting a Fourier series of two terms (with a linear trend component) to data for the period 1954-61. A detailed description of the method is available on request to the Statistics Section, Epidemiology Branch, Communicable Disease Center. The fitted curve has been projected two years in the future in order to provide a reference frame with a two-fold purpose: (1) recognition of unusual incidence as illustrated in the chart by excess mortality associated with an Influenza A2 outbreak early in 1960 and (2) detection of change in the secular trend of mortality in the group of cities.

A cautionary note is advisable in interpretation of the chart since the deaths are by place of occurrence. Changes in the number of deaths thus represent not only change in death rates but also reflect change in the size and composition of the urban populations and the utilization of hospital centers which serve surrounding areas.

**TOTAL DEATHS RECORDED IN 108 U.S. CITIES**

Average number per week by four-week periods

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*Figures may not add due to rounding.*

*Influenza A2*

*Recorded deaths*

*Expected number**

*By place of occurrence

**Calculated from 1954-60 experience*
### Table 3. Cases of Specified Notifiable Diseases: United States For Weeks Ended

*January 7, 1961 and January 6, 1962*

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### Table 3: Cases of Specified Notifiable Diseases: United States for Weeks Ended

**January 7, 1961 and January 6, 1962 - Continued**

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<th>Area</th>
<th>Meningococcal Infections</th>
<th>Streptococcal Scarlet Fever</th>
<th>Tetanus</th>
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<th>Tularemia</th>
<th>Typhoid Fever</th>
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**NOTICE:** All deaths by place of occurrence.
International Notes - Quarantine Measures

Smallpox

England - No secondary cases of smallpox have been reported from either London or Birmingham since the report of two cases imported from Karachi, Pakistan.

Düsseldorf, Germany - Düsseldorf was declared infected with smallpox on January 4 following importation of one case of smallpox from Liberia and two local secondary cases.

The imported case occurred in a German engineer who arrived in Düsseldorf on December 2, after traveling by plane from Liberia. An overnight stay was made in Paris on December 1. He had been vaccinated against smallpox on August 12, 1959. He became mildly ill on December 15 but was not hospitalized until January 1, 1961, when his wife and child were hospitalized with smallpox.

The entire environment of these patients has been quarantined and an intensive smallpox vaccination campaign has been started.

Schaffhausen, Switzerland - One clinically diagnosed case of smallpox said to have originated from the original case imported into Düsseldorf, Germany, was reported January 8. An intensive smallpox vaccination has been instituted in Schaffhausen.

The recent European cases of smallpox are described in the table below:

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<td>12/19/61</td>
<td>12/18/61</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(died 1/8/62)</td>
<td></td>
</tr>
<tr>
<td>Düsseldorf, Germany</td>
<td>Liberia</td>
<td>12/2/61</td>
<td>12/15/61</td>
</tr>
<tr>
<td></td>
<td>Düsseldorf</td>
<td>12/26 - 12/27</td>
<td>1/1/62</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Returned to Schaffhausen after 12/27)</td>
<td></td>
</tr>
</tbody>
</table>

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