

# MNWR

## MORBIDITY AND MORTALITY WEEKLY REPORT

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### Epidemiologic Notes and Reports

#### ***Pneumocystis carinii* Pneumonia among Persons with Hemophilia A**

CDC recently received reports of three cases of *Pneumocystis carinii* pneumonia among patients with hemophilia A and without other underlying disease. Two have died; one remains critically ill. All three were heterosexual males; none had a history of intravenous (IV) drug abuse. All had lymphopenia, and the two patients who were specifically tested have had *in vitro* laboratory evidence of cellular immune deficiency. The case reports follow.

**Patient 1:** A 62-year-old resident of Westchester County, New York, with a history of chronic hepatitis had received frequent injections of Factor VIII concentrate for severe hemophilia for many years. In February 1981, he began to experience weight loss and vague right upper quadrant abdominal discomfort associated with laboratory evidence of increasing hepatic dysfunction. In December 1981, while hospitalized in Miami, Florida, for elective knee surgery, he complained of cough and fever. He was lymphopenic, and chest X-ray revealed interstitial infiltrates compatible with viral pneumonia. He was discharged in late December after a brief course of corticosteroids associated with overall clinical improvement. He returned in severe respiratory distress a few days later. Open lung biopsy on January 5 revealed *P. carinii*, for which he received sulfamethoxazole/trimethoprim (SMZ/TMP) during the 2 weeks before death. *P. carinii* pneumonia and micronodular cirrhosis were documented at post-mortem examination.

**Patient 2:** A 59-year-old lifelong resident of Denver, Colorado, noted the onset of gradual weight loss, dysphagia associated with pharyngitis, aphthous-like ulcers, and anterior cervical adenopathy beginning in October 1980. As a patient with severe hemophilia, he had received frequent injections of Factor VIII concentrate for several years. Weight loss continued over a period of months. Oropharyngeal candidiasis was diagnosed in February 1982. He was hospitalized in May 1982 with symptoms including nausea, vomiting, and recurrent fever. Pneumonia was diagnosed, and *P. carinii* and cytomegalovirus (CMV) were repeatedly identified from lung tissue or bronchial secretions using histopathologic and culture techniques. Therapy with SMZ/TMP and pentamidine isethionate continued until death on July 5, 1982. Laboratory evidence for cellular immune dysfunction included absent mitogen responses and depletion of the T-helper lymphocyte cell population, relative increase in T-suppressor cells, and resultant inverted T-helper/T-suppressor ratio.

*Pneumocystis Carinii pneumonia* — Continued

**Patient 3:** A previously healthy 27-year-old lifelong resident of northeastern Ohio developed fever, urinary frequency and urgency, and extreme lassitude in July 1981. He had frequently received parenteral Factor VIII concentrate for severe hemophilia. Bilateral pneumonia was diagnosed in October 1981, and open lung biopsy revealed *P. carinii*. He responded successfully to a 3-week course of SMZ/TMP. In February 1982, he received ketoconazole to suppress repeated episodes of oral candidiasis. He was hospitalized again in April with fever, splenomegaly, anemia, and lymphopenia. An extensive tumor work-up (including laparotomy) did not uncover an underlying malignancy. Cultures of bone marrow, liver, mesenteric lymph nodes, and blood grew *Mycobacterium avium*. *In vitro* immunological testing in March indicated a reduction in absolute number of circulating T-cells. Subsequent, more extensive testing documented the lack of lymphocyte responsiveness to mitogens, absolute and relative decrease in T-helper cells, relative increase in T-suppressor cells, and resultant inverted T-helper/T-suppressor ratio.

For each patient, records of the administration of Factor VIII concentrate were reviewed to determine manufacturer and lot numbers. No two of the patients are known to have received concentrate from the same lots.

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**Editorial Note:** *Pneumocystis carinii* pneumonia has not been previously reported among hemophilia patients who have had no other underlying diseases and have not had therapy commonly associated with immunosuppression. A review of the Parasitic Disease Drug Service's records of requests for pentamidine isethionate for 1980-1982 failed to identify hemophilia among the underlying disorders of patients for whom pentamidine was requested for *Pneumocystis carinii* therapy.

The clinical and immunologic features these three patients share are strikingly similar to those recently observed among certain individuals from the following groups: homosexual males, heterosexuals who abuse IV drugs, and Haitians who recently entered the United States.(1-3) Although the cause of the severe immune dysfunction is unknown, the occurrence among the three hemophilic cases suggests the possible transmission of an agent through blood products.

Hemophilia A is a sex-linked, inherited disorder characterized by a deficiency in Factor VIII activity. There are an estimated 20,000 patients with hemophilia A in the United States (4). Severity of disease is classified according to percentage of endogenous Factor VIII activity. Approximately 60% of the 20,000 are classified as severe, and 40% are classified as moderate (4). Factor VIII deficiency can be treated with intravenous administration of exogenous Factor VIII as either cryoprecipitate made from individual units of fresh frozen plasma or lyophilized Factor VIII concentrate manufactured from plasma pools collected from as many as a thousand or more donors.

CDC has notified directors of hemophilia centers about these cases and, with the National Hemophilia Foundation, has initiated collaborative surveillance. A Public Health Service advisory committee is being formed to consider the implication of these findings. Physicians diagnosing opportunistic infections in hemophilia patients who have not received antecedent

### *Pneumocystis Carinii pneumonia* — Continued

immunosuppressive therapy are encouraged to report them to the CDC through local and state health departments.

#### References

1. CDC. Follow-up on Kaposi's sarcoma and *Pneumocystis pneumonia*. MMWR 1981;30:409-10.
2. CDC. Update on Kaposi's sarcoma and opportunistic infections in previously healthy persons—United States. MMWR 1982;31:294,300-1.
3. CDC. Opportunistic infections and Kaposi's sarcoma among Haitians in the United States. MMWR 1982;31:353-4,360-1.
4. Petit CR, Klein HG. Hemophilia, hemophiliacs and the health care delivery system. National Heart and Lung Institute, Division of Blood Diseases and Resources, Office of Prevention, Control, and Education. DHEW Publication No. (NIH) 76-871, 1976

## Current Trends

### Lyme Disease

Lyme disease is an illness recently described in the United States and is named after Lyme, Connecticut, where it was first studied in 1975. The disease has subsequently been recognized in at least 14 additional states. Cases have been reported primarily from three geographic areas: the East (Connecticut, Delaware, Georgia, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Rhode Island), the Midwest (Minnesota, Wisconsin), and the West (California, Nevada, Oregon); a case has also been reported in Arkansas. As awareness of the disease increases, it is likely that additional states will be added to this list.

Lyme disease is a systemic illness characterized by a distinctive primary skin lesion (erythema chronicum migrans [ECM]) and, in many cases, subsequent development of significant cardiac, neurologic, and/or arthritic complications. Nonspecific systemic symptoms such as fever, chills, malaise, arthralgia and headache are also usually present.

ECM, the most characteristic feature of the disease, begins as a red macule or papule that expands in a circular manner over a number of days. As the lesion expands, central clearing often occurs. Lesions can reach diameters of 12 inches or more, and many people will have multiple skin lesions, generally beginning several days after an initial lesion. With time, the skin lesions fade, lasting a median of 3 weeks.

Days to weeks after the skin lesion appears, cardiac, neurologic, or joint manifestations may develop. Not all persons with ECM, however, will develop these complications. The usual cardiac manifestations are atrioventricular conduction defects, although electrocardiographic changes consistent with myocarditis or pericarditis may occur. The most common neurologic manifestations are headache and stiff neck, consistent with meningoencephalitis. Cranial nerve palsies, as well as motor and sensory radiculitis, may also be seen. Both cardiac and neurologic abnormalities tend to be self-limited, although repeated episodes may occur.

The arthritic manifestations, which begin weeks to as long as two years (median, four weeks) after the appearance of ECM, are characterized by intermittent attacks of acute arthritis, usually of the large joints, with each episode lasting days to several months. About 10% of people with Lyme disease, primarily those with preceding attacks of acute arthritis, subsequently develop chronic arthritis, usually in the knee.

Lyme disease is thought to be caused by an infectious agent transmitted by *Ixodes* ticks, although other vectors could be involved. In Connecticut, about 20% of patients remember a

### *Lyme Disease — Continued*

tick bite 3-30 days before the appearance of ECM at the site; in those cases in which the tick was examined, it was identified as *I. dammini*. In California and Oregon, *I. pacificus* ticks have been implicated. As further evidence for an infectious etiology, antimicrobial therapy has been shown to significantly alter the course of the disease. Penicillin V or tetracycline, 250 mg, orally, four times a day for 10 days, can successfully treat the early phases of the disease when ECM is present and can prevent, or at least ameliorate, the subsequent, more severe cardiac, neurologic, or arthritic phases.

Work is underway to identify an agent of the disease and to develop a diagnostic laboratory test. Recently, a spirochete was isolated from *I. dammini* ticks; indirect fluorescent antibody testing of patient sera suggests that this may be the etiologic agent of Lyme disease. At present, however, the diagnosis of Lyme disease rests on clinical grounds, based principally on recognition of typical ECM skin lesions in association with cardiac, neurologic, and arthritic abnormalities.

The majority of Lyme disease patients become ill in the summer months. Because the full geographical distribution and the number of cases are not known, State and Territorial Epidemiologists and CDC are attempting to identify all cases of Lyme disease that occur in the United States this year. Health care providers are encouraged to report cases to appropriate local and state health departments.

*Reported by AC Steere, MD, Yale University School of Medicine, New Haven, Connecticut; Special Pathogens Br, Bacterial Diseases Div, Center for Infectious Diseases, CDC.*

#### References

1. Steere AC, Malawista SE, Hardin JA, Ruddy S, Askenase PW, Andiman WA. Erythema chronicum migrans and Lyme arthritis. The enlarging clinical spectrum. *Ann Intern Med* 1977;86:685-98.
2. Steere AC, Malawista SE, Newman JH, Spieler PN, Bartenhagen NH. Antibiotic therapy in Lyme disease. *Ann Intern Med* 1980;93:1-8.
3. CDC. Lyme disease—United States, 1980. *MMWR* 1981;30:489-92,497.
4. Burgdorfer W, Barbour AG, Hayes SF, Benach JL, Grunwaldt E, Davis JP. Lyme disease—a tick-borne spirochetosis? *Science* 1982;216:1317-19.

## **Surveillance of Childhood Lead Poisoning — United States, First Quarter Fiscal Year 1982**

For the first quarter of fiscal year 1982, 51 lead-poisoning control programs reported screening 92,769 children and identifying 3,061 with lead toxicity (Table 1). The reported number of children screened is 35% lower than the 143,000 tested for lead toxicity the previous quarter and is the smallest number reported screened in any quarter since early 1978.

Screening for lead toxicity is somewhat seasonal. More children are tested from April through September than from October through March—with the fourth quarter of the fiscal year (i.e., June 1-September 30) usually being the peak period. However, the 35% decline between the last quarter of fiscal year 1981 and the first quarter of fiscal year 1982 greatly exceeds the 4%-10% reduction for these periods usually seen in previous years.

The decline in the number of children reported screened in the first quarter of fiscal year 1982, as compared with the immediately preceding quarter, can be accounted for in two ways: 1) Eight fewer communities reported than in the previous quarter (several cities, such as Chicago, Detroit, St. Louis, and Newark, that traditionally have reported a substantial level of activity did not report); and 2) two-thirds of the communities that did report showed de-

*Childhood Lead Poisoning — Continued*

creases in numbers screened; 19 of these programs recorded declines of 20% or more—with Philadelphia having the most marked reduction—75%.

Reported by Environmental Health Svcs Div, Center for Environmental Health, CDC.

**TABLE 1. Results of screening in childhood lead poisoning prevention programs, United States, first quarter fiscal year 1982 (October 1-December 31, 1981)**

Programs	Number of children					Number of dwellings related to children with lead toxicity			
	Screened	With lead toxicity*			Receiving pediatric management	Identified with iron deficiency	Inspected	Found with lead	Reduced
		Requiring pediatric management							
		Total	Class II	Classes III & IV					
Bridgeport, Conn.	758	33	27	6	183	31	33	29	21
Waterbury, Conn.	799	10	9	1	104	92	21	15	19
Boston, Mass.	5,505	184	126	58	653	208	76	75	48
Lawrence, Mass.	1,180	98	71	27	221	18	57	52	44
Worcester, Mass.	1,308	23	16	7	96	4	31	31	24
Rhode Island	1,416	41	22	19	432	28	74	35	30
<b>REGION I TOTAL</b>	<b>10,966</b>	<b>389</b>	<b>271</b>	<b>118</b>	<b>1,691</b>	<b>381</b>	<b>292</b>	<b>237</b>	<b>186</b>
Atlantic City, N.J.	246	16	10	6	27	0	5	5	11
Camden, N.J.	886	35	27	8	218	29	34	18	17
East Orange, N.J.	750	40	35	5	174	61	13	9	10
Elizabeth, N.J.	654	36	30	6	120	49	11	10	13
Jersey City, N.J.	733	76	21	55	154	50	52	45	45
Long Branch, N.J.	172	0	0	0	26	3	10	7	7
Paterson, N.J.	942	43	17	26	621	122	33	30	49
Plainfield, N.J.	843	28	22	6	112	31	23	19	3
New York City	28,150	1,081	756	325	2,338	2,325	526	337	182
Monroe Co., N.Y.	1,240	94	72	22	206	35	27	20	22
Westchester Co., N.Y.	1,312	29	18	11	255	75	42	28	36
<b>REGION II TOTAL</b>	<b>35,928</b>	<b>1,478</b>	<b>1,008</b>	<b>470</b>	<b>4,251</b>	<b>2,780</b>	<b>776</b>	<b>528</b>	<b>395</b>
Delaware State	1,125	26	18	8	197	32	20	12	9
Washington, D.C.	2,618	51	33	18	244	307	93	72	46
Baltimore, Md.	5,165	151	110	41	670	120	226	107	77
Chester, Pa.	112	12	8	4	101	13	15	12	12
Philadelphia, Pa.	1,287	82	55	27	1,826	4	61	59	33
Wilkes-Barre, Pa.	399	12	8	4	74	24	11	10	4
York, Pa.	139	0	0	0	2	11	0	0	0
Lynchburg, Va.	410	5	2	3	55	6	11	8	6
Newport News, Va.	712	3	2	1	57	79	7	7	3
Norfolk, Va.	972	8	6	2	170	21	17	15	6
Portsmouth, Va.	598	12	9	3	99	13	21	12	5
Richmond, Va.	751	11	10	1	85	8	5	5	5
<b>REGION III TOTAL</b>	<b>14,647</b>	<b>373</b>	<b>261</b>	<b>112</b>	<b>3,580</b>	<b>638</b>	<b>487</b>	<b>319</b>	<b>206</b>
Savannah-Chatham Co., Ga.	1,219	28	15	13	239	16	117	110	60
Louisville, Ky.	2,640	44	33	11	286	75	82	64	97
Cabarrus Co., N.C.	369	0	0	0	11	6	6	2	1
South Carolina State	7,843	66	52	14	419	0	79	53	58
<b>REGION IV TOTAL</b>	<b>12,071</b>	<b>138</b>	<b>100</b>	<b>38</b>	<b>955</b>	<b>97</b>	<b>284</b>	<b>229</b>	<b>216</b>
Kankakee, Ill.	408	23	17	6	75	65	46	44	18
Madison Co., Ill.	1,551	30	27	3	123	4	23	18	2
Rockford, Ill.	786	1	0	1	68	7	2	1	16
Waukegan-Lake Co., Ill.†	547	3	2	1	64	13	4	4	1
Ill. (other local progs.)†	1,265	14	11	3	31	1	15	10	2
Grand Rapids, Mich.†	665	11	9	2	NA	28	9	8	4
Wayne Co., Mich.	426	20	8	12	79	18	15	11	10
Akron, Ohio	580	14	13	1	106	30	20	15	22
Cleveland, Ohio	3,410	321	254	67	885	355	70	26	27
Beloit, Wis.	225	10	8	2	17	9	7	7	0
Milwaukee, Wis.	1,189	69	43	26	308	74	110	80	126
<b>REGION V TOTAL</b>	<b>11,052</b>	<b>516</b>	<b>392</b>	<b>124</b>	<b>1,756</b>	<b>604</b>	<b>321</b>	<b>222</b>	<b>228</b>
Arkansas State	1,986	49	29	20	213	61	49	29	33
New Orleans, La.	2,613	70	57	13	573	138	93	52	79
Houston, Tex.	1,433	14	7	7	126	27	19	8	3
<b>REGION VI TOTAL</b>	<b>6,032</b>	<b>133</b>	<b>93</b>	<b>40</b>	<b>912</b>	<b>226</b>	<b>161</b>	<b>89</b>	<b>115</b>
Cedar Rapids-Linn Co., Iowa	631	7	4	3	47	12	7	7	11
Davenport-Scott Co., Iowa†	896	10	6	4	61	6	15	8	4
Springfield, Mo.†	288	9	8	1	9	284	13	8	2
Omaha-Douglas Co., Neb.	258	8	6	2	139	7	30	24	38
<b>REGION VII TOTAL</b>	<b>2,073</b>	<b>34</b>	<b>24</b>	<b>10</b>	<b>256</b>	<b>309</b>	<b>65</b>	<b>47</b>	<b>55</b>
<b>U.S. TOTAL</b>	<b>92,769</b>	<b>3,061</b>	<b>2,149</b>	<b>912</b>	<b>13,401</b>	<b>5,035</b>	<b>2,386</b>	<b>1,671</b>	<b>1,401</b>

\*Screening Class II and Classes III & IV defined in CDC Statement, "Preventing Lead Poisoning in Young Children," April 1978.

†Reporting program not receiving lead poisoning grant support.

NA — Not available.

## Epidemiologic Notes and Reports

### Follow-Up of Gynecomastia among Haitian Males

The following account updates the recent report of gynecomastia among Haitian male entrants located at the Immigration and Naturalization Service's (INS) Service Processing Centers (1). Current findings continue to indicate a correlation between the date of entrant arrival and spontaneous resolution of gynecomastia. The prevalence of gynecomastia at the INS Fort Allen Service Processing Center, Puerto Rico, has decreased from 77 (14.3%) of 540 examined in December, 1981, to 47/508 (9.3%) in May 1982.

On May 11, 1982, 66 of the 77 Haitian males with gynecomastia detected at Fort Allen in early December 1981 were re-examined; 46 patients (69.7%) no longer had evidence of gynecomastia, and six had decreased breast size. Therefore, of the originally detected cases, 52/66 (78.8%) have either totally or partially remitted. Most of these cases occurred among Haitians who had arrived in the United States by late August 1981. In addition, 10 of 12 Haitian males with gynecomastia detected at Fort Allen after their transfer from the El Paso, Texas, and Otisville, New York, Service Processing Centers between late December and early March were examined on May 11; nine (90%) no longer had evidence of gynecomastia.

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TABLE I. Summary — cases of specified notifiable diseases, United States

DISEASE	27th WEEK ENDING			CUMULATIVE, FIRST 27 WEEKS		
	July 10, 1982	July 11, 1981	MEDIAN 1977-1981	July 10, 1982	July 11, 1981	MEDIAN 1977-1981
Aseptic meningitis	182	207	121	2,339	2,295	1,673
Brucellosis	6	2	3	80	80	88
Encephalitis: Primary (arthropod-borne & unsp.)	25	25	14	413	410	340
Post-infectious	1	5	5	41	60	109
Gonorrhea: Civilian	14,205	17,629	18,105	462,544	504,383	490,017
Military	586	282	656	13,427	14,901	14,076
Hepatitis: Type A	410	380	460	11,306	13,178	14,853
Type B	370	359	311	10,572	10,359	8,489
Non A, Non B	45	N	N	1,102	N	N
Unspecified	149	142	165	4,660	5,634	5,159
Legionellosis	6	N	N	196	N	N
Laprosy	5	13	7	98	122	90
Malaria	33	39	25	466	715	320
Measles (rubeola)	38	46	284	973	2,316	11,934
Meningococcal infections: Total	46	43	33	1,783	2,189	1,638
Civilian	44	43	33	1,773	2,181	1,621
Military	2	-	-	10	8	11
Mumps	37	51	128	3,846	2,839	10,113
Pertussis	18	18	35	544	530	602
Rubella (German measles)	51	34	192	1,753	1,510	9,983
Syphilis (Primary & Secondary): Civilian	494	471	380	16,775	15,376	12,308
Military	2	10	6	201	193	159
Tuberculosis	467	409	467	13,177	13,550	14,286
Tularemia	7	2	4	89	101	82
Typhoid fever	14	14	11	199	253	232
Typhus fever, tick-borne (RMSF)	64	52	48	434	576	443
Rabies, animal	108	163	89	3,229	3,998	2,477

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1982		CUM. 1982
Anthrax	-	Poliomyelitis: Total	3
Botulism (Ohio 1, Wash. 1, Calif. 3)	45	Paralytic (Indiana 1)	3
Cholera	-	Psittacosis (Vt. 1, Calif. 3)	61
Congenital rubella syndrome	5	Rabies, human	-
Diphtheria	-	Tetanus (Minn. 1, Ore. 1, Calif. 1)	38
Leptospirosis (Hawaii 1)	30	Trichinosis	54
Plague (Wyo. 1)	5	Typhus fever, flea-borne (endemic, murine) (Tex. 1, Miss. 1)	16

N: Not notifiable

TABLE III. Cases of specified notifiable diseases, United States, weeks ending July 10, 1982 and July 11, 1981 (27th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLA LUSITANICA	ENCEPHALITIS		GONORRHEA (Civilian)		HEPATITIS (Viral), by type				LEGIONELLOSIS	LEPROSY
			Primary	Post-infectious			A	B	NA, NB	Unspecified		
			CUM. 1982	CUM. 1982	CUM. 1982	CUM. 1981	1982	1982	1982	1982		
UNITED STATES	182	80	413	41	462,544	504,383	410	370	45	149	6	98
NEW ENGLAND	11	3	16	5	11,435	12,324	8	17	4	11	1	1
Maine	2	—	—	—	538	613	—	1	—	—	—	—
N.H.	2	—	—	—	327	427	—	—	1	—	—	—
Vt.	—	—	—	—	228	211	4	1	1	—	—	—
Mass.	4	—	6	—	5,294	5,208	2	8	1	11	—	—
R.I.	3	—	—	—	789	630	1	3	—	—	—	—
Conn.	—	3	10	5	4,259	5,235	1	4	1	—	1	1
MID. ATLANTIC	12	2	53	11	59,013	58,813	74	70	1	20	1	4
Upstate N.Y.	2	2	19	3	9,580	9,760	5	7	—	—	—	1
N.Y. City	2	—	11	—	24,628	24,088	8	16	—	2	—	1
N.J.	7	—	10	—	10,758	11,260	21	34	1	11	—	1
Pa.	1	—	13	8	14,047	13,705	40	13	—	7	1	1
E.N. CENTRAL	14	—	87	7	62,947	77,535	31	28	2	5	2	3
Ohio	10	—	28	4	18,583	26,565	8	9	1	—	—	—
Ind.	—	—	18	2	7,844	6,917	11	3	1	3	—	—
Ill.	—	—	6	1	14,325	21,241	—	3	—	—	—	3
Mich.	4	—	33	—	15,935	16,035	10	13	—	2	2	—
Wis.	—	—	2	—	6,260	6,777	2	—	—	—	—	—
W.N. CENTRAL	7	9	26	3	22,669	23,849	10	14	3	1	1	3
Minn.	—	—	6	1	3,437	3,733	6	4	1	—	—	1
Iowa	1	1	11	1	2,395	2,612	—	4	1	—	—	—
Mo.	—	3	4	—	10,526	11,002	3	5	—	—	1	1
N. Dak.	—	—	—	—	308	331	—	—	—	—	—	—
S. Dak.	—	1	—	1	616	682	—	—	—	—	—	1
Nebr.	4	1	3	—	1,396	1,813	—	1	1	1	—	—
Kans.	2	3	2	—	3,991	3,676	1	—	—	—	—	—
S. ATLANTIC	43	16	61	6	111,129	124,040	69	75	3	22	—	5
Del.	—	—	—	—	1,889	1,891	1	3	—	—	—	—
Md.	6	—	13	—	15,678	13,847	2	13	—	2	—	2
D.C.	—	—	—	—	6,733	7,702	—	—	—	—	—	—
Va.	4	6	16	1	10,617	11,194	7	9	—	3	—	1
W. Va.	—	—	1	—	1,385	1,890	4	3	—	1	—	—
N.C.	10	—	6	1	20,029	19,316	3	3	—	6	—	—
S.C.	2	2	—	—	12,092	11,929	8	4	—	1	—	—
Ga.	—	1	—	—	9,483	25,509	12	18	2	1	—	—
Fla.	21	7	25	4	33,223	30,762	32	22	1	8	—	2
E.S. CENTRAL	5	10	23	2	40,761	42,056	7	29	1	—	—	—
Ky.	1	—	—	—	5,516	5,327	—	2	—	—	—	—
Tenn.	2	6	12	—	15,937	15,855	4	15	—	—	—	—
Ala.	2	3	8	2	12,116	12,928	2	11	1	—	—	—
Miss.	—	1	3	—	7,192	7,946	1	1	—	—	—	—
W.S. CENTRAL	41	23	47	1	66,500	66,082	91	37	3	45	—	15
Ark.	—	4	1	—	5,521	4,773	1	1	—	5	—	—
La.	5	6	6	—	12,125	10,058	7	2	—	8	—	—
Okla.	6	3	14	—	7,336	7,105	12	6	3	3	—	—
Tex.	30	10	26	1	41,518	44,146	71	28	—	29	—	15
MOUNTAIN	4	—	18	3	16,697	19,659	30	16	—	5	1	2
Mont.	—	—	—	—	690	693	1	—	—	—	—	—
Idaho	—	—	—	—	774	839	5	—	—	—	1	1
Wyo.	1	—	—	—	494	465	1	—	—	1	—	—
Colo.	1	—	8	1	4,415	5,308	2	7	—	1	—	—
N. Mex.	—	—	—	—	2,058	2,160	—	—	—	—	—	—
Ariz.	1	—	6	—	4,614	6,012	17	7	—	3	—	—
Utah	—	—	—	2	766	929	2	1	—	—	—	1
Nev.	1	—	4	—	2,886	3,253	2	1	—	—	—	—
PACIFIC	45	17	82	3	71,393	80,025	90	84	28	40	—	65
Wash.	2	—	9	—	5,731	6,544	—	3	4	2	—	6
Oreg.	—	—	1	—	3,983	4,915	1	3	1	3	—	—
Calif.	38	16	68	3	58,651	65,056	88	77	23	35	—	39
Alaska	—	1	3	—	1,776	1,978	—	—	—	—	—	1
Hawaii	5	—	1	—	1,252	1,532	1	1	—	—	—	19
Guam	U	—	—	—	53	70	U	U	U	U	U	—
P.R.	—	—	1	—	1,579	1,701	7	1	—	2	—	—
V.I.	—	—	—	—	117	90	—	—	—	—	—	—
Pac. Trust Terr.	U	—	—	—	187	224	U	U	U	U	U	10

N: Not notifiable

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending July 10, 1982 and July 11, 1981 (27th week)

REPORTING AREA	MALARIA		MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS (Total)		MUMPS		PERTUSSIS	RUBELLA		
	1982	CUM. 1982	1982	CUM. 1982	CUM. 1981	1982	CUM. 1982	1982	CUM. 1982	1982	1982	CUM. 1982	CUM. 1981
UNITED STATES	33	466	38	973	2,316	46	1,783	37	3,846	18	51	1,753	1,510
NEW ENGLAND	--	24	--	9	72	3	95	3	153	--	--	14	106
Maine	--	--	--	--	5	--	5	--	33	--	--	--	33
N.H.	--	--	--	2	6	--	13	--	12	--	--	8	43
Vt.	--	--	--	2	2	--	6	--	5	--	--	--	--
Mass.	--	19	--	2	51	1	23	2	76	--	--	3	18
R.I.	--	1	--	--	--	--	11	1	14	--	--	1	--
Conn.	--	4	--	3	8	2	37	--	13	--	--	2	12
MID. ATLANTIC	6	64	10	153	755	8	319	3	240	6	3	85	181
Upstate N.Y.	--	14	4	104	194	2	104	1	48	1	--	40	78
N.Y. City	1	21	6	41	57	3	57	--	38	1	3	31	47
N.J.	4	20	--	4	50	--	64	--	36	4	--	14	46
Pa.	1	9	--	4	454	3	94	2	118	--	--	--	10
E.N. CENTRAL	3	32	--	65	73	5	213	9	2,089	1	1	145	326
Ohio	2	9	--	1	15	3	82	5	1,536	1	--	--	--
Ind.	--	3	--	2	8	--	22	--	33	--	--	26	113
Ill.	--	3	--	23	21	--	56	2	159	--	--	55	78
Mich.	1	17	--	39	28	1	41	1	280	--	--	42	33
Wis.	--	2	--	--	1	1	12	1	81	--	1	22	101
W.N. CENTRAL	1	14	1	39	7	1	76	7	524	--	1	59	75
Minn.	--	2	--	--	3	--	19	6	401	--	1	9	7
Iowa	--	5	--	--	1	--	5	--	29	--	--	--	4
Mo.	--	3	--	2	1	1	22	1	15	--	--	38	2
N. Dak.	--	--	--	--	--	--	6	--	--	--	--	--	--
S. Dak.	--	--	--	--	--	--	3	--	1	--	--	1	--
Nebr.	1	3	--	--	1	--	9	--	--	--	--	--	1
Kans.	--	1	1	37	1	--	12	--	78	--	--	11	61
S. ATLANTIC	5	69	--	33	325	9	355	2	217	3	1	64	120
Del.	--	--	--	--	--	--	--	--	10	--	--	1	1
Md.	1	9	--	2	2	--	21	--	21	--	--	33	1
D.C.	--	3	--	1	1	--	2	--	--	--	--	--	--
Va.	--	22	--	14	6	1	38	--	30	--	1	12	4
W. Va.	2	5	--	2	8	--	7	--	81	--	--	1	22
N.C.	1	1	--	--	3	4	73	--	10	--	--	1	4
S.C.	--	3	--	--	--	--	40	1	13	3	--	1	8
Ga.	--	10	--	--	104	3	77	--	10	--	--	5	33
Fla.	1	16	--	14	201	1	97	1	42	--	--	10	47
E.S. CENTRAL	--	5	1	8	2	2	121	--	32	3	2	39	23
Ky.	--	4	--	1	--	--	20	--	9	2	1	22	14
Tenn.	--	--	1	6	--	2	50	--	13	1	1	1	8
Ala.	--	--	--	--	2	--	44	--	5	--	--	--	1
Miss.	--	1	--	1	--	--	7	--	5	--	--	16	--
W.S. CENTRAL	1	33	--	14	753	3	213	3	143	2	3	94	123
Ark.	--	3	--	--	1	--	12	--	6	--	--	1	2
La.	--	3	--	2	--	--	37	--	3	1	--	1	9
Okla.	1	4	--	--	5	--	20	--	--	--	--	3	--
Tex.	--	23	--	12	747	3	144	3	134	1	3	89	112
MOUNTAIN	5	15	--	5	31	--	83	3	58	1	--	53	73
Mont.	--	--	--	--	--	--	4	--	3	--	--	4	3
Idaho	1	1	--	--	1	--	5	--	3	--	--	1	3
Wyo.	--	--	--	--	--	--	5	--	2	--	--	5	1
Colo.	2	8	--	5	8	--	33	--	8	1	--	4	30
N. Mex.	--	2	--	--	8	--	12	--	--	--	--	7	5
Ariz.	2	3	--	--	4	--	13	3	27	--	--	7	18
Utah	--	1	--	--	--	--	7	--	11	--	--	16	4
Nev.	--	--	--	--	10	--	3	--	4	--	--	9	9
PACIFIC	12	210	26	647	298	15	308	7	390	2	40	1,200	483
Wash.	--	11	6	31	1	1	31	1	60	1	--	32	55
Oreg.	2	8	--	--	3	2	63	--	--	--	--	5	48
Calif.	10	189	20	612	292	12	201	6	317	1	40	1,154	369
Alaska	--	--	--	1	--	--	10	--	6	--	--	1	--
Hawaii	--	2	--	3	2	--	3	--	7	--	--	8	11
Guam	U	1	U	5	6	U	2	U	3	U	U	2	1
P.R.	--	4	5	76	233	2	7	--	43	1	2	6	3
V.I.	--	--	--	--	11	--	--	--	--	--	--	--	1
Pac. Trust Terr.	U	--	U	--	1	U	--	U	1	U	U	--	1

U: Unavailable

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending July 10, 1982 and July 11, 1981 (27th week)

REPORTING AREA	SYPHILIS (Civilian) (Primary & Secondary)		TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS FEVER (Fock-borne) (RMSE)		RABIES, Animal
	CUM. 1982	CUM. 1981	1982	CUM. 1982	CUM. 1982	1982	CUM. 1982	1982	CUM. 1982	CUM. 1982
UNITED STATES	16,775	15,376	467	13,177	89	14	199	64	434	3,229
NEW ENGLAND	275	330	16	355	2	2	14	1	5	21
Maine	1	2	2	27	-	-	-	-	-	19
N.H.	1	12	1	11	-	-	-	-	1	-
Vt.	1	13	-	7	-	-	2	-	-	-
Mass.	193	219	8	234	2	1	10	1	2	-
R.I.	13	19	2	16	-	-	-	-	1	-
Conn.	66	65	3	60	-	1	2	-	1	2
MID. ATLANTIC	2,293	2,341	114	2,193	7	-	32	3	12	83
Upstate N.Y.	239	218	8	372	7	-	3	-	-	44
N.Y. City	1,383	1,413	25	799	-	-	20	-	1	-
N.J.	297	313	19	449	-	-	5	3	9	1
Pa.	374	397	62	573	-	-	4	-	2	38
E.N. CENTRAL	888	1,054	68	2,004	-	-	15	8	41	372
Ohio	150	136	10	331	-	-	7	8	40	53
Ind.	104	109	13	268	-	-	-	-	-	57
Ill.	423	587	28	792	-	-	3	-	1	186
Mich.	154	174	16	506	-	-	5	-	-	3
Wis.	57	49	1	107	-	-	-	-	-	73
W.N. CENTRAL	316	302	5	397	12	-	7	-	12	711
Minn.	59	106	-	70	-	-	4	-	-	116
Iowa	17	13	-	47	1	-	1	-	2	222
Mo.	193	158	4	183	8	-	1	-	5	67
N. Dak.	4	6	-	7	-	-	-	-	-	62
S. Dak.	-	2	-	16	-	-	-	-	-	61
Nebr.	8	3	-	15	1	-	-	-	-	86
Kans.	35	14	1	59	2	-	1	-	5	97
S. ATLANTIC	4,569	4,048	97	2,704	8	2	29	35	246	533
Del.	9	7	2	24	-	-	-	-	-	27
Md.	253	311	12	315	1	1	7	2	27	27
D.C.	263	340	-	104	-	-	-	-	-	-
Va.	337	363	-	305	-	-	2	3	29	272
W. Va.	17	10	2	90	-	-	3	-	4	30
N.C.	309	319	9	431	-	-	-	19	104	32
S.C.	238	271	23	256	5	-	3	6	58	27
Ga.	937	1,030	10	397	-	-	-	5	23	110
Fla.	2,206	1,397	39	792	1	1	14	-	1	35
E.S. CENTRAL	1,171	983	30	1,215	6	-	14	4	26	393
Ky.	64	50	4	312	-	-	-	-	-	82
Tenn.	312	390	19	409	4	-	2	3	17	251
Ala.	426	272	7	339	-	-	9	-	4	60
Miss.	369	271	-	155	2	-	3	1	5	-
W.S. CENTRAL	4,361	3,693	49	1,572	39	-	17	13	85	651
Ark.	111	71	11	165	23	-	1	1	12	89
La.	944	820	-	268	3	-	1	-	-	16
Okla.	91	88	3	216	13	-	2	12	51	122
Tex.	3,215	2,714	35	923	-	-	13	-	22	424
MOUNTAIN	422	381	8	373	11	1	7	-	6	119
Mont.	3	9	-	25	2	-	-	-	1	47
Idaho	19	14	2	16	1	-	-	-	1	2
Wyo.	10	7	-	2	1	-	-	-	1	11
Colo.	117	124	1	49	1	-	2	-	-	15
N. Mex.	89	72	3	74	-	-	-	-	1	10
Ariz.	99	80	2	148	-	1	4	-	-	26
Utah	13	16	-	21	6	-	1	-	-	6
Nev.	72	59	-	38	-	-	-	-	2	2
PACIFIC	2,480	2,244	80	2,364	4	9	64	-	1	346
Wash.	107	82	-	143	1	-	3	-	-	-
Oreg.	64	48	6	94	-	-	1	-	-	1
Calif.	2,235	2,069	68	1,908	3	9	57	-	1	274
Alaska	8	6	-	47	-	-	1	-	-	71
Hawaii	66	39	6	172	-	-	2	-	-	-
Guam	1	-	U	4	-	U	-	U	-	-
P.R.	332	352	7	195	-	-	2	-	-	30
V.I.	10	11	-	1	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	68	-	U	-	U	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,\* week ending  
July 10, 1982 (27th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	>65	45-64	25-44	1-24	<1			ALL AGES	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	639	430	147	29	17	16	36	S. ATLANTIC	1,118	643	282	113	39	40	41
Boston, Mass.	169	100	39	13	7	10	17	Atlanta, Ga.	98	50	33	11	4	-	-
Bridgeport, Conn.	45	34	7	3	1	-	2	Baltimore, Md.	307	163	85	36	14	9	8
Cambridge, Mass.	28	23	5	-	-	-	1	Charlotte, N.C.	47	29	11	3	2	1	2
Fall River, Mass.	35	29	4	2	-	-	-	Jacksonville, Fla.	91	51	25	7	6	2	2
Hartford, Conn.	54	37	12	3	1	1	1	Miami, Fla.	83	38	20	12	3	10	2
Lowell, Mass.	24	19	3	-	1	1	1	Norfolk, Va.	29	21	3	3	1	1	-
Lynn, Mass.	30	16	11	1	2	-	-	Richmond, Va.	75	45	20	4	3	3	4
New Bedford, Mass.	32	23	7	1	1	-	-	Savannah, Ga.	69	42	18	5	1	3	9
New Haven, Conn.	37	24	12	-	-	1	1	St. Petersburg, Fla.	70	57	7	3	2	1	2
Providence, R.I.	51	33	16	-	1	1	2	Tampa, Fla.	75	49	16	6	-	4	3
Somerville, Mass.	9	8	1	-	-	-	2	Washington, D.C.	122	69	27	19	1	6	5
Springfield, Mass.	48	31	11	2	2	2	6	Wilmington, Del.	52	29	17	4	2	-	4
Waterbury, Conn.	31	20	6	4	1	-	1								
Worcester, Mass.	46	33	13	-	-	-	2								
MID. ATLANTIC	2,399	1,561	570	145	70	53	85	E.S. CENTRAL	578	357	133	32	20	36	28
Albany, N.Y.	51	35	8	3	-	5	-	Birmingham, Ala.	71	44	19	5	1	2	-
Allentown, Pa.	23	20	3	-	-	-	1	Chattanooga, Tenn.	35	23	8	2	1	1	4
Buffalo, N.Y.	110	68	32	3	4	3	9	Knoxville, Tenn.	47	36	6	3	-	2	-
Camden, N.J.	28	16	8	2	2	-	-	Louisville, Ky.	122	72	29	9	6	6	8
Elizabeth, N.J.	25	19	5	1	-	-	2	Memphis, Tenn.	129	77	35	6	4	7	9
Erie, Pa.†	36	27	6	3	-	-	1	Mobile, Ala.	48	33	7	-	1	7	3
Jersey City, N.J.	65	38	15	2	5	5	3	Montgomery, Ala.	27	22	4	-	-	1	1
N.Y. City, N.Y.	1,286	851	294	85	30	26	41	Nashville, Tenn.	99	50	25	7	7	10	3
Newark, N.J.	46	24	15	4	1	2	2								
Paterson, N.J.	28	18	10	-	-	-	2	W.S. CENTRAL	1,087	566	310	103	60	48	20
Philadelphia, Pa.†	299	175	82	23	11	8	12	Austin, Tex.	29	19	6	2	2	-	-
Pittsburgh, Pa.†	59	37	14	4	4	-	-	Baton Rouge, La.	19	9	5	3	1	1	-
Reading, Pa.	23	20	3	-	-	-	1	Corpus Christi, Tex.	37	25	7	3	2	-	-
Rochester, N.Y.	93	65	18	3	4	3	6	Dallas, Tex.	143	69	42	18	6	8	-
Schenectady, N.Y.	24	15	5	3	-	-	-	El Paso, Tex.	48	21	19	2	5	1	2
Scranton, Pa.†	30	21	6	-	2	1	1	Fort Worth, Tex.	79	45	23	7	2	2	4
Syracuse, N.Y.	83	52	22	4	5	-	-	Houston, Tex.	292	136	84	38	17	17	5
Trenton, N.J.	42	26	12	3	1	-	2	Little Rock, Ark.	44	21	15	1	5	2	3
Utica, N.Y.	19	14	4	-	1	-	1	New Orleans, La.	143	85	32	17	5	4	-
Yonkers, N.Y.	30	20	8	2	-	-	1	San Antonio, Tex.	129	73	39	7	8	2	3
								Shreveport, La.	69	32	21	4	3	9	2
								Tulsa, Okla.	55	31	17	1	4	2	1
E.N. CENTRAL	1,998	1,275	467	129	67	59	52	MOUNTAIN	521	319	124	27	30	21	17
Akron, Ohio	63	45	13	1	2	2	-	Albuquerque, N. Mex.	50	30	13	5	1	1	3
Canton, Ohio	41	25	12	3	1	-	-	Colo. Springs, Colo.	32	21	6	2	1	2	4
Chicago, Ill.	483	287	112	43	17	24	10	Denver, Colo.	110	64	27	9	4	6	1
Cincinnati, Ohio	93	64	23	3	2	1	9	Las Vegas, Nev.	58	36	15	2	5	-	1
Cleveland, Ohio	155	88	47	10	5	2	9	Ogden, Utah	17	13	2	-	-	2	3
Columbus, Ohio	140	89	28	13	6	4	2	Phoenix, Ariz.	110	72	25	5	6	2	1
Dayton, Ohio	74	45	19	5	4	1	1	Pueblo, Colo.	18	11	4	-	2	1	1
Detroit, Mich.	229	130	63	22	9	5	4	Salt Lake City, Utah	46	21	9	3	8	5	1
Evansville, Ind.	46	35	6	3	2	-	2	Tucson, Ariz.	80	51	23	1	3	2	3
Fort Wayne, Ind.	56	35	13	3	5	-	1								
Gary, Ind.	31	15	8	3	5	-	1	PACIFIC	1,622	1,077	322	102	58	61	73
Grand Rapids, Mich.	62	40	16	2	2	2	4	Berkeley, Calif.	24	18	2	3	1	-	3
Indianapolis, Ind.	110	73	29	5	-	3	4	Fresno, Calif.	51	35	10	3	2	1	-
Madison, Wis.	22	15	4	2	-	-	2	Glendale, Calif.	15	11	3	-	-	-	6
Milwaukee, Wis.	130	81	38	3	3	5	2	Honolulu, Hawaii	55	33	13	4	2	3	2
Peoria, Ill.	37	24	8	4	-	1	1	Long Beach, Calif.	87	54	20	6	3	4	6
Rockford, Ill.	37	25	8	4	-	-	3	Los Angeles, Calif.	504	328	100	39	20	17	16
South Bend, Ind.	33	23	8	-	-	-	2	Oakland, Calif. §	77	75	-	-	1	-	1
Toledo, Ohio §	98	95	-	-	2	-	2	Pasadena, Calif.	22	18	4	-	-	2	6
Youngstown, Ohio	58	41	12	-	2	3	2	Portland, Ore.	87	58	17	3	2	2	4
								Sacramento, Calif.	55	34	13	4	2	2	4
W.N. CENTRAL	656	446	117	47	25	20	22	San Diego, Calif.	103	67	19	6	5	6	6
Des Moines, Iowa §	53	31	-	-	1	-	-	San Francisco, Calif.	153	96	39	10	4	5	5
Duluth, Minn.	24	17	2	3	-	2	-	San Jose, Calif.	160	98	41	11	8	2	12
Kansas City, Kans.	25	15	5	1	2	2	-	Seattle, Wash.	128	83	24	6	4	11	5
Kansas City, Mo.	122	70	31	11	4	6	10	Spokane, Wash.	47	28	12	4	3	-	2
Lincoln, Nebr.	20	15	4	1	-	-	-	Tacoma, Wash.	54	41	6	3	1	3	3
Minneapolis, Minn.	81	55	12	8	2	4	2								
Omaha, Nebr.	67	45	14	4	1	3	3								
St. Louis, Mo.	146	95	30	11	8	2	3								
St. Paul, Minn.	50	36	11	3	-	-	-								
Wichita, Kans.	68	47	8	5	7	1	4								
TOTAL								TOTAL	10,618 <sup>††</sup>	6,674	2,472	727	386	354	374

\*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

\*\*Pneumonia and influenza

†Because of changes in reporting methods in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

§Data not available. Figures are estimates based on average of past 4 weeks.

## Gynecomastia — Continued

Twenty-one new cases were detected at Fort Allen among Haitian males who had had no evidence of gynecomastia when examined in December. Of the 52 Haitian males transferred to Ft. Allen from El Paso and Otisville, six (11.5%) now have gynecomastia.

Analysis of serum specimens from participants in the case-control study at Fort Allen and at Krome North Service Processing Center, Miami, Florida, (1) for prolactin, luteinizing hormone, testosterone, estradiol, blood-urea-nitrogen, creatinine, serum glutamic oxaloacetic transaminase, serum glutamic pyruvic transaminase, bilirubin, creatinine phosphokinase, lactic dehydrogenase, and calcium showed no statistically significant differences between cases and controls. Additional analysis of sera from cases and controls at Krome for free testosterone, free estradiol, sex hormone binding globulin, and follicle stimulating hormone showed no statistically significant differences. However, the ratio of free testosterone to free estradiol (FTE/Fe<sub>2</sub>) was lower in cases than in controls,  $p = 0.051$ .\* Analysis of the Krome drinking water revealed no estrogen or estrogen-like contaminants.

*Reported by PHS Chief Medical Officers, Fort Allen (Puerto Rico) and Krome North (Miami, Florida) Immigration and Naturalization Svc's Service Processing Centers; Center for Environmental Health, Epidemiology Program Office, Quarantine Div, Center for Prevention Svcs, Family Planning Div, Center for Health Promotion and Education, CDC.*

**Editorial Note:** The epidemiologic findings at Fort Allen corroborate those at Krome (1), which showed that the cases of gynecomastia are spontaneously resolving and that the development and resolution of the process appear related to date of arrival. The lower FTE/Fe<sub>2</sub> for cases, as compared with controls, indicates a disturbance in the androgen-to-estrogen ratio; the development of gynecomastia is thought to be related to a decrease in this ratio (2,3). Two possible hypotheses for the cause of the gynecomastia remain: 1) a greatly improved diet for Haitians after arrival in the United States or 2) an exposure to an estrogen or estrogen-like substance during processing at Krome. Investigations are continuing.

### References

1. CDC. Gynecomastia in Haitians—Puerto Rico, Florida, Texas, New York. MMWR 1982;31:205-6.
2. Emerson K, Wilson JD. Diseases of the breast and of milk formation. In: Isselbacher KJ, Adams RD, Braunwald E, Petersdorf RG, Wilson JD. Harrison's textbook of medicine, 9th ed. New York: McGraw Hill, 1980:1787-94
3. Carlson, HE. Medical intelligence: current concepts, gynecomastia. N Engl J Med 1980;303:795-9.

\*Wilcoxon signed rank test.

## Current Trends

### Influenza Surveillance Summary, 1981-1982 Season

National data on influenza activity for the 1981-1982 season were obtained from three major sources: (a) weekly reports of mortality from 121 cities, including the ratio of pneumonia and influenza (P and I) deaths to total deaths, an index of the relative mortality attributable to influenza; (b) weekly reports of the number of respiratory specimens tested and the number and types of influenza isolates identified by 63 collaborating state, county, city, or military laboratories, and (c) weekly semi-quantitative estimates from each state health department of the extent of influenza-like morbidity indicated by their individual statewide





Influenza - Continued

FIGURE 4. Isolation of influenza viruses in the United States reported to CDC by collaborating civilian and military laboratories, 1976-82

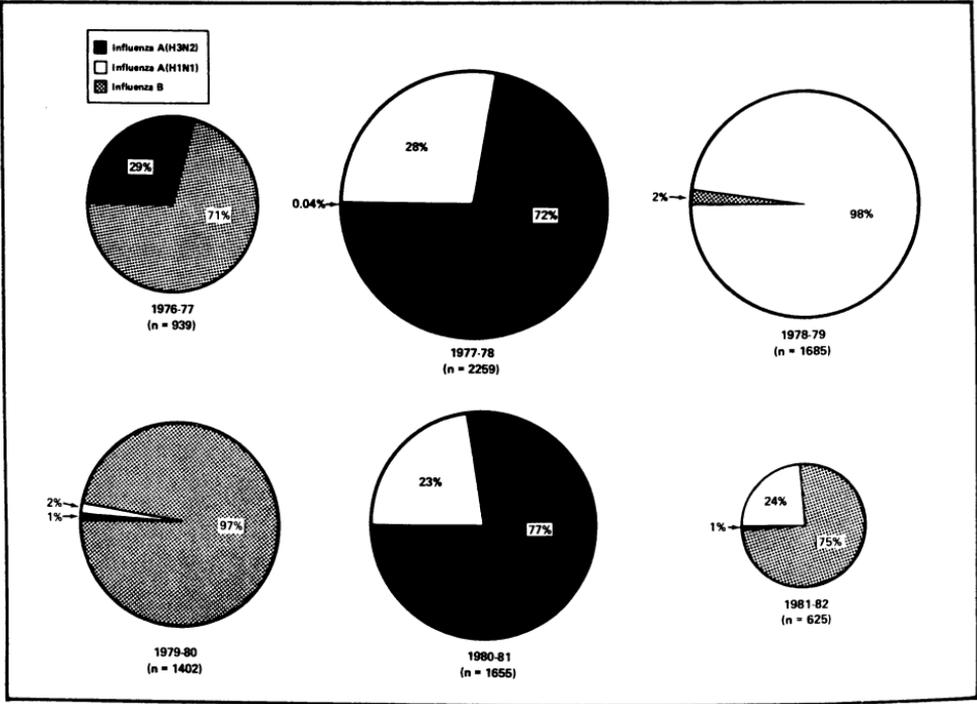
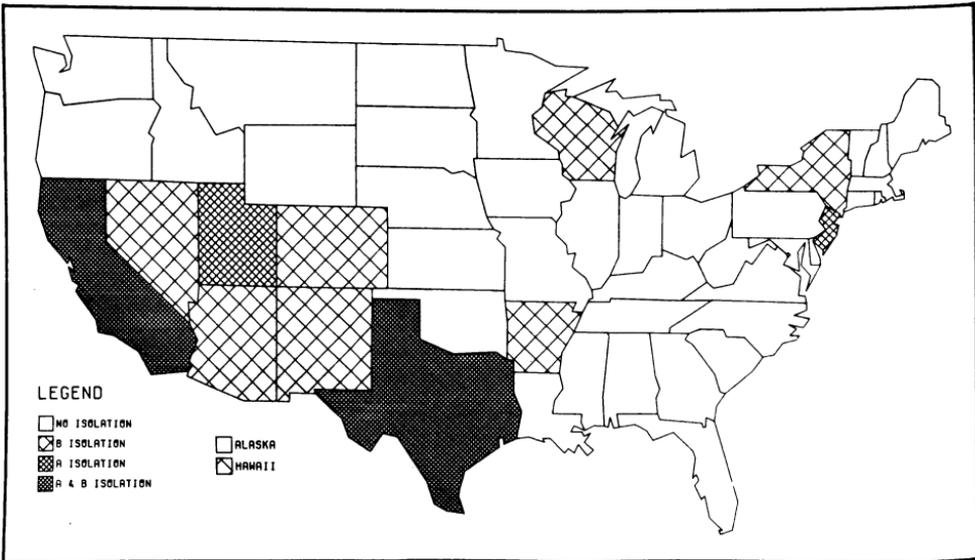
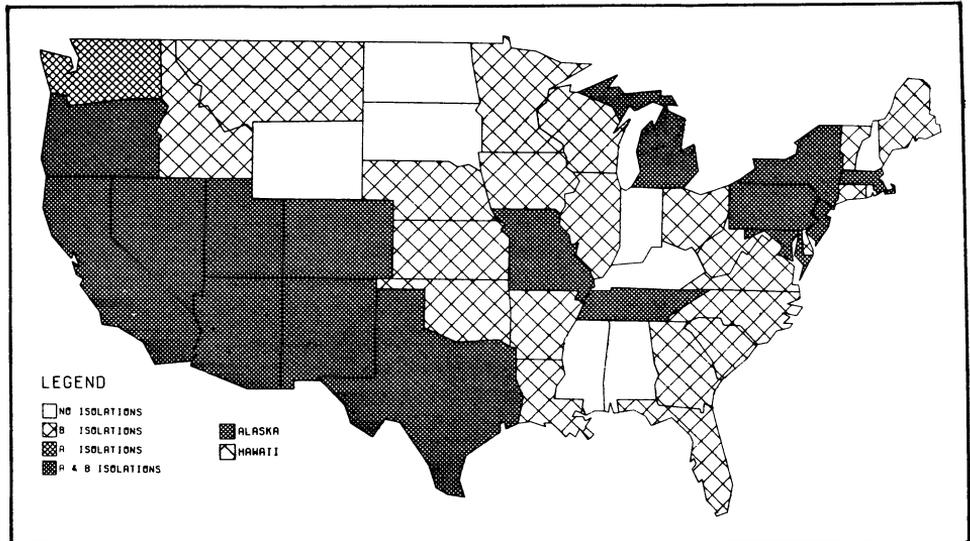


FIGURE 5. Influenza virus isolations for the United States, 1981-1982 season until February 1, 1982



## Influenza — Continued

FIGURE 6. Influenza virus isolations, United States, 1981-1982 season until June 1, 1982



## Rabies — United States, 1981

In 1981, there were 7,211 laboratory-confirmed cases of animal rabies reported in the United States and its territories (Guam, Puerto Rico, and the United States Virgin Islands).

Forty-eight states and Puerto Rico reported rabid animals in 1981; only the District of Columbia, Guam, Hawaii, Vermont, and Virgin Islands reported no cases.

Seven types of animals accounted for 97% of all reported cases: skunks, 4,480 (62.1%); bats, 858 (11.9%); raccoons, 481 (6.7%); cattle, 465 (6.4%); cats, 285 (4.0%); dogs, 216 (3.0%); and foxes, 195 (2.7%). Wild animals accounted for 85% of the reported cases, and domestic animals 15%. Two cases of human rabies were reported in 1981 (1,2).

Bats and skunks continue to be the most widely distributed vectors, with confirmed cases caused by these two species in 46 states and 32 states, respectively. Raccoon rabies has become well established and is spreading in areas of northern Virginia, West Virginia, and

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The editor welcomes accounts on interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Attn: Editor, Morbidity and Mortality Weekly Report, Centers for Disease Control, Atlanta, Georgia 30333.

Send mailing list additions, deletions and address changes to: Attn: Distribution Services, Management Analysis and Services Office, 1-SB-419, Centers for Disease Control, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

*Rabies — Continued*

Maryland (3). Virginia reported 102 cases of raccoon rabies in 1981, an increase of 1,350% over 1980 when seven cases were reported. West Virginia reported 22 cases of raccoon rabies in 1981, and Maryland reported six cases, all from a single county that borders on northern Virginia.

*Reported by Viral and Rickettsial Zoonoses Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.*

**Editorial Note:** Reports of documented animal rabies have more than doubled in the United States in the last 3 years: 3,298 cases for 1978 and 7,211 cases for 1981. In 1981, for the first time, rabid cats outnumbered rabid dogs—by 32%.

More cases of skunk rabies and bat rabies were reported in 1981 than ever before. This substantial upsurge in rabies activity underscores the importance of efforts aimed at prevention and control. Vaccination of pets and livestock is the most effective control measure in preventing disease and subsequent human exposure.

*References*

1. CDC. Human rabies—Oklahoma. MMWR 1981;30:343-4,349.
2. CDC. Human rabies acquired outside the United States from a dog bite. MMWR 1981;30:537-40.
3. CDC. Rabies in raccoons—Virginia. MMWR 1981;30:353-5.

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