CENTERS FOR DISEASE CONTROL



MORBIDITY AND MORTALITY WEEKLY REPORT

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# Countdown toward the elimination of measles in the United States

Year	Week 36	Weeks 1-36
1982	20	1,214
1981	19	2,581
1970	122	39,487
1960	725	400,582

# International Notes

# Poliom yelitis — Taiwan

As of September 7, 1982, 388 cases of paralytic poliomyelitis have been reported to the health authorities from all counties in Taiwan. The first reported case of laboratory-confirmed type 1 paralytic poliomyelitis occurred in Tai Chung City with onset on May 29, 1982. Fifty-six percent of Taiwan's reported cases were among children under 2 years of age, and 15% were 2-4 years old. The youngest reported patient was 4 months old and the oldest was 32 years old. Vaccination status was known for 71% of patients: 56% of these had no prior polio vaccine, 37% had only one or two doses, and 7% had three or more doses. Twenty-nine type 1 polioviruses have been isolated from specimens from the 48 patients with paralytic disease that have been tested to date.

From 1975 through 1981, fewer than nine cases per year of paralytic poliomyelitis had been reported in Taiwan. The last year in which there were as many cases as are currently being reported was 1966 when there were 400 cases. Health authorities have undertaken a mass vaccination program utilizing trivalent oral polio vaccine directed, initially, at the population under 5 years of age and, subsequently, at persons through primary school age (up to 12 years).

Reported by Health Authorities, Taipei, Taiwan; Div of Viral Diseases, Center for Infectious Diseases, Quarantine Div, Immunization Div, Center for Prevention Svcs, CDC.

# Current Trends

#### Influenza - Worldwide

**Europe**: The 1981-1982 European influenza season, which began with isolations of influenza B and influenza A(H1N1) and (H3N2) viruses in a few countries in November-December, 1981 (*1*, *2*), continued through the spring of 1982, with isolations of influenza B viruses in Belgium, Czechoslovakia, Hungary, and West Germany; isolations of influenza A(H1N1) viruses throughout eastern Europe (Czechoslovakia, East Germany, Hungary, and Rumania), as well as Scandinavia (Finland, Norway, and Sweden); and isolations of influenza A(H3N2) strains in Bulgaria, East Germany, and the Netherlands. In East Germany, morbidity associated with A(H3N2) activity approached epidemic levels in some districts; in the United Kingdom, influenza B activity increased considerably from what were originally low levels (*2*), and in several countries, local outbreaks of influenza A(H1N1) or influenza B were reported. Overall, however, the European influenza season had remarkably little activity.

**Central and South America**: In addition to the previously reported outbreak of influenza A(H3N2) in Trinidad from October to December 1981 (2), sporadic influenza B activity has occured in July and August, 1982, in Trinidad. Laboratory confirmation of influenza activity by virus isolations has also been obtained in the past year from Brazil, Colombia, and Peru. Influenza A(H1N1) strains were isolated in Lima, Peru, beginning in October 1981, and in Belem, Rio de Janeiro, and Sao Paulo, Brazil, from February to April 1982. These represent the minority of reported isolations. In Brazil, influenza B and influenza A(H3N2) viruses were recovered in approximately equivalent total numbers from March to June, with influenza B virus isolated more frequently in Rio de Janerio and influenza A(H3N2) virus isolated more frequently in Sao Paulo. During April 1982, influenza A(H3N2) strains were isolated in Lima, Peru, beginning in October 1981, and in Belem, Rio de Janeiro, and Sao Paulo, Brazil, influenza B and influenza A(H3N2) viruses were recovered in approximately equivalent total numbers from March to June, with influenza B virus isolated more frequently in Rio de Janerio and influenza A(H3N2) virus isolated more frequently in Sao Paulo. During April 1982, influenza A(H3N2) strains were isolated in Bogota, Colombia. Despite active surveillance, no influenza viruses were recovered in Chile during the winter.

Asia, the Pacific, and Africa: Influenza A(H1N1) virus was isolated in Indonesia from December 1981 to February 1982 and in Qingdao, People's Republic of China (PRC) in February 1982. Virus of this subtype has not recently been isolated. In contrast, influenza B virus has been circulating throughout the past year. In Taiwan (Republic of China), influenza B viruses were isolated beginning in December 1981, increased to cause outbreaks peaking in March, and declined in activity in April and May, paralleling activity reported previously from Japan (1,3). Influenza B viruses were also isolated in Beijing and Fuxin city, Liaoning Province, PRC, in February and March 1982; in Hong Kong in March 1982; in Singapore in April and May; and in Indonesia from April to July. In Fiji, influenza B virus circulated from April to June and, in May, caused an outbreak among university students. The first sporadic isolate of influenza B virus represented about one-half of isolates being recovered from epidemics. By the end of July, only sporadic isolations of influenza B virus had been reported from South Africa.

Circulation of influenza A(H3N2) viruses throughout the past year has been confirmed by virus isolation in the cities of Qingdao and Shanghai, PRC, in February and March 1982. In June, this virus was detected for the first time this year in Australia where approximately one-half of influenza isolates during epidemics in July and August have been influenza A(H3N2) strains. Influenza A(H3N2) viruses have been isolated in the Philippines and Singapore in July and predominanted in Jakarta, Indonesia, during July and August.

Antigenic analysis of the first isolates in Australia and Indonesia received from outbreaks during June and July has not indicated that new variants are associated with recent influenza activity. Preliminary findings show that strains appear similar to those that circulated in the

### Influenza - Continued

United States during the past two winters.

Reported by WHO National Influenza Centers, Australia, Brazil, Chile, Colombia, Czechoslovakia, People's Republic of China, Peru, Sweden, Singapore, Caribbean Epidemiology Centre, Trinidad, USAF Diagnostic Virology Section, USAF School of Aerospace Medicine, San Antonio, Texas; NAMRU-2, Jakarta, Indonesia; National Institute of Health and Veterans Administration Hospital, Taipei, Taiwan, ROC; Virus Diseases Unit, WHO, Geneva; WHO Collaborating Center for Influenza, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: International surveillance of influenza during the past year has confirmed the continued circulation of influenza A(H3N2) strains, although they were rarely seen in the United States last winter. Influenza B viruses, which caused a major epidemic in the United States in 1979-1980 and low-level morbidity last winter, have been detected in all regions of the world. Influenza A(H1N1) viruses have been isolated relatively infrequently. Viruses of this subtype circulated widely among children and young adults in the United States in early 1977 and in a major epidemic of 1978-1979. They have also circulated during the past two winters in the United States, but to a much lesser extent than in 1977-1979. Results of international surveillance during the past several years have tended to demonstrate that, except when a major new strain appears, considerable differences exist between regions in patterns of virus prevalence within any one year, although over a several-year period, the combined experiences are similar. Thus, as one example, in 1979-1980, when influenza A(H3N2) viruses caused a major epidemic in the United States, many other countries had relatively low influenza activity. Because of the great disparity in influenza activity between different countries and the continued circulation of influenza A(H1N1), (H3N2) and influenza B strains during the past year, neither the likelihood of an epidemic in the United States next winter, nor the predominant influenza strain or strains, can be reliably predicted. This underscores the desirability of immunizing the high-risk population before winter with current vaccines (4) containing antigens representing all three influenza strains that have been prevalent worldwide. Although this year's vaccine composition is similar to last year's, revaccination of persons who received vaccine before the winter of 1981-1982 is recommended because of the anticipated decline in antibody titers that will have occurred in such persons before the 1982-1983 influenza season.

#### References

1. CDC. Influenza-United States, worldwide. MMWR 1982;30:634-5.

- 2. CDC. Influenza-worldwide. MMWR 1982;31:107.
- 3. CDC. Influenza-Japan. MMWR 1982;31:64.
- 4. CDC. Influenza vaccines 1982-1983. MMWR 1982;31:349-53.

# International Notes

# Spectinomycin-Resistant $\beta$ -Lactamase-Producing Neisseria gonorrhoeae— England

Spectinomycin-resistant  $\beta$ -lactamase-producing strains of *Neisseria gonorrhoeae* have been isolated from a female, aged 23 years, and a male, aged 29 years, after treatment failure (ampicillin/probenecid followed by spectinomycin), although original isolates were found to be sensitive by disc tests. Both patients acquired the infection in London but are not known to be connected. The consort of the first case was traced and treated without development of spectinomycin resistance. Plasmid analysis of the strains showed that both carried Asian type plasmids.

#### Neisseria gonorrhoeae - Continued

#### Reported by Communicable Disease Report (London). 1982;32:31.

Editorial Note: Spectinomycin has been the recommended therapy for persons who have penicillinase producing *N. gonorrhoeae* (PPNG) infections and for those who have failed to respond to gonorrhea treatment (1). The first of two cases of spectinomycin-resistant PPNG identified in 1981 was reported to CDC by the United States Air Force in California in April 1981 (2). The Air Force conducted an intensive investigation overseas for additional cases related to this initial case; none was identified. The second case was identified in London in November 1981 (3). The 1981 cases and the two recent cases reported above have not been epidemiologically connected.

Spectinomycin-resistant gonococci are uncommon; the total number of reported cases is now eight, four with PPNG and four with non-PPNG. CDC continues to advise that all gonococcal isolates be tested for penicillinase production and that PPNG isolates be tested for spectinomycin resistance (4). Procedures for a provisional disc-diffusion technique are available (5). All spectinomycin-resistant gonococcal isolates should be forwarded to CDC through state health department laboratories; surveillance is essential to describe the distribution and trends of spectinomycin-resistant PPNG. For such cases, the recommended alternative therapies are: cefoxitin 2g intramuscularly (IM) plus probenecid 1g orally or cefotaxime 1g IM (2).

(Continued on page 501)

		:	36th Week Endin	9	Cumul	Cumulative, First 36 Weeks			
	Disease	September11 1982	September 12 1981	Median 1977-1981	September 11 1982	September 12 1981	Median 1977-1981		
Aseptic meningitis		319	363	326	4,875	5,604	4,251		
Brucellosis		3	4	5	110	107	124		
Encephalitis:	Primary (arthropod-borne								
	& unspec.)	54	76	44	770	846	657		
	Post-infectious	2	2	3	51	68	153		
Gonorrhea:	Civilian	15,807	17,814	18,876	647,439	688,908	677,783		
	Millitary	392	492	562	17,344	20,077	19,113		
Hepatitis:	Type A	423	425	535	15,048	17,413	19,814		
	Туре В	390	382	265	14,375	14,061	11,346		
	Non A, Non B	45	N	N	1,488	N	N		
	Unspecified	142	226	197	6,132	7,549	6,917		
Legionellosis		9	Ņ	N	332	N	N		
Leprosy		2	1	1	136	177	115		
Malaria		20	37	23	703	1,004	511		
Measles (rub	eola)	20	19	42	1,214	2,581	12,825		
Meningococ	cal infections: Total	30	42	26	2,128	2,577	1,952		
-	Civilian	30	41	26	2,116	2,567	1,934		
	Military		1		12	10	14		
Mumps		22	55	55	4,131	3,210	11,096		
Pertussis		32	34	49	975	837	1,040		
Rubella (Ger	nan measles)	17	25	44	1,987	1,749	10,650		
Syphilis (Prin	nary & Secondary): Civilian	484	543	495	22,346	20,900	16,705		
	Military	13	7	5	295	257	216		
Tuberculosis	•	477	515	470	17,575	18,458	19,143		
Tularemia		8	13	8	168	181	144		
Typhoid feve	er	2	7	9	268	351	334		
Typhus feve	r, tick-borne (RMSF)	30	34	32	820	1,021	920		
Rabies anim	al	125	163	101	4,367	5,355	3,509		

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

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1982		Cum. 1982
Anthrax	-	Poliomyelitis: Total	3
Botulism	55	Paralytic	3
Cholera	-	Psittacosis (NYC1, Calif. 1)	86
Congenital rubella syndrome	5	Rabies, human	1 -
Diphtheria	2	Tetanus (Md. 1, Calif. 1)	56
Leptospirosis (Tex 1, Hawaii 1)	40	Trichinosis (Utah 1)	70
Plague (Ariz. 2)	13	Typhus fever, flea-borne (endemic, murine)	24

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	Aseptic	1	Encep	halitis			H	lepatitis (V	'iral), by ty	ре		
Reporting Area	Menin- gitis	Brucel- losis	Primary	Post-in- fectious	Gond (Civ	orrhea ilian)	A	В	NA,NB	Unspeci- fied	Legionel- losis	Leprosy
	1982	Cum. 1982	Cum. 1982	Cum. 1982	Cum. 1982	Cum. 1981	1982	1982	1982	1982	1982	Cum. 1982
UNITED STATES	319	110	770	51	647,439	688,908	423	390	45	142	9	136
NEW ENGLAND	30	3	33	5	15,634	16,984	4	17	1	4	1	1
Maine	1	-	5	-	786	876	-		-		1	-
Vt.	-	-	-	-	300	281	1	1	-	-	-	-
Mass.	15	-	13	-	7,083	7,141	2	11	1	4	-	-
R.I. Conn.	10	3	15	1 4	1,064 5,946	976 7,098	1	4		-	-	1
	49	3	85	13	81.527	81.623	59	70	3	8	1	4
Upstate N.Y.	18	3	28	3	13,436	13,739	14	9	ī	ī	-	1
N.Y. City	-	-	15	-	33,645	33,647	8	23	-	1	-	1
N.J. Pa.	11	-	16 26	10	19,446	18,542	28	25	-	3	-	1
E.N. CENTRAL	26	1	163	10	87,011	103,821	55	35	1	8	4	3
Ohio	16	1	68	4	25,271	32,721	9	11	-	1	4	-
Ind.	1	-	35	3	10,943	9,007	24	9		4	-	3
Mich.	9	-	46	-	22,447	22,610	14	9	-	2	-	-
Wis.	-	-	5	2	8,406	9,415	•	-	-	-	-	-
W.N. CENTRAL	12	14	61	4	30,986	32,510	14	6	-	1	-	3
Minn.	3	1	24	1	4,439	4,911	3			-	-	-
Mo.	3	4	6	-	14,765	15,148	9	2	-	-	-	1
N. Dak.	-		-	-	416	419		-	-	-	-	-
S. Dak.	-	1	-	1	1 904	916	-	1	-		-	
Kans.	2	3	3	1	5,360	5,034	1	2	-	1	-	-
S. ATLANTIC	57	22	119	8	169,616	170,345	49	56	5	24	2	9
Del.	1	-	-	-	2,752	2,716	2	2	2	÷	-	-
Md.	10	-	18		21,553	9,451	2	1	-		-	3
Va.	10	7	27	1	13,520	15,594	ī	10	1	1	-	1
W. Va.	1	-	8	:	1,924	2,575	4	1	-	-	-	-
N.C.	15	2	13	1	27,320	26,256	2	10	1	8	:	-
Ga.	-	3	8	-	31,389	35,479	-	-		-	-	1
Fla.	19	10	45	6	44,828	41,927	29	17	1	10	1	4
E.S. CENTRAL	19	11	38	2	57,090	57,616	27	36	5	3	-	-
Ky.	8	-		-	7,645	7,042	12	6	-	1	-	-
Tenn. Ala	5	6	15	2	17 037	17,779	3	23	2	2	-	-
Miss.	ĭ	ĩ	6	-	9,977	10,964	-	-	-	-	-	-
W.S. CENTRAL	43	29	122	1	90,216	90,875	70	49	2	62	1	22
Ark.	1	5	10	-	7,456	6,738	-	5	-	10	-	-
La. Okla	5	4	15		9,990	9 822	9	3 14	i	4	1	-
Tex.	29	13	77	1	56,096	58,700	54	27	-	40	-	22
MOUNTAIN	21	-	24	3	22,181	26,706	30	9	3	4	-	2
Mont.		-	-	-	907	968	1	-	-	-	-	-
Wyo	2	-	-		669	638	-	-		-	-	
Colo.	-	-	14	1	5,992	7,268	3	4	1	1	-	-
N. Mex.	1	-	-	-	2,921	2,837	13	1	1	-	-	-
Ariz.	1	-	6	2	5,790	7,939	5	2			-	- 1
Nev.	-	-	4	-	3,793	4,549	5	ĩ	1	3	-	-
PACIFIC	62	27	125	5	93,178	108,428	115	112	25	28	-	92
Wash.	8	1	10	-	7,746	9,046	6	13	7	2	-	7
Oreg. Calif	3	25	107	5	5,392	88 113	99	9 87	16	26		62
Alaska	4	1	3	-	2,291	2,703	1	1	-		-	1
Hawaii	1	-	2	-	1,786	2,157	1	2	-	-	-	21
Guam	Ų	-	-	-	81	80	U	ň	U	Ų	U	:
Р.Н. VI	2	-	1	-	1,924	2,284	-	2	-	1	-	1
v.i. Pac Truet Terr	n.	-	-		245	315	ū	ū	ū	ū	u.	12

# TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 11, 1982 and September 12, 1981 (36th week)

N: Not notifiable

U: Unavailable

#### Meningococcal Measles (Rubeola) Malaria Infections Mumps Pertussis Rubella **Reporting Area** (Total) Cum Cum. Cum Cum. Cum. Cum. Cum. UNITED STATES 1,214 2.581 2.128 4.131 1.987 1.749 NEW ENGLAND Maine N.H. Vt. \_ . Mass ā -..... R.I. Conn. . . ŝ. MID. ATLANTIC з Upstate N.Y. N.Y. City ż -N.J. Pa. E.N. CENTRAL 2.159 Ohio 1 5 5 6 -. Ind. HI. Mich -Wis. . W.N. CENTRAL . Minn. \_ \_ lowa \_ Mo. . . -N. Dak . . S. Dak . Ā . -Nebr. з --Kans ž \_ . . S. ATLANTIC Del Â . Md . D.C. Va. \_ . W Va a N.C. з S.C. . . Ga. -Fla \_ . E.S. CENTRAL <u>^ </u> -Kv. \_ -Tenn. з \_ Ala. \_ Miss -W.S. CENTRAL з з Ark. -. La. ġ -Okla . Tex. . MOUNTAIN Mont. Idaho . Ā . Wyo. . Colo . N Mex з . Ariz . Utah . Nev . -1Ō PACIFIC 1.352 Wash. Ť ..... Oreg. Calif 1,296 Alaska Hawaii . Guam υ U 7 υ υ з U υ PR VI. ---Pac. Trust Terr. υ υ . -υ υ υ .

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 11, 1982 and September 12, 1981 (36th week)

U: Unavailable

#### MMWR

Reporting Area	Syphilis (Primary &	(Civilian) Secondary)	Tube	rculosis	Tula- Typhoid remia Fever		Typhu (Tick (Ri	Rabies, Animal		
hoportang Aros	Cum. 1982	Cum. 1981	1982	Cum. 1982	Cum. 1982	1982	Cum. 1982	1982	Cum. 1982	Cum. 1982
UNITED STATES	22,346	20,900	477	17,575	168	2	268	30	820	4,367
NEW ENGLAND	379	409	11	473	5	-	16	-	8	36
Maine	3	12		40	-	:	-	-	1	20
Vt.	ż	13	2	12	-		2	-	-	1
Mass.	254	266	6	305	5	-	12	-	4	5
R.I. Conn.	100	24 90	2	81	-	-	2	-	1	4
MID. ATLANTIC	3,086	3,039	79	2,965	7	1	45	3	31	137
Upstate N.Y.	309	279	18	515	7	-	6	1	10	67
N.Y. City	1,849	1,803	29	1,132	-	-	24	-	12	11
Pa.	501	531	16	743	-	-	4	2	8	59
E.N. CENTRAL	1,161	1,519	49	2,673	1	-	22	1	77	463
Ohio	209	200	10	456	-	-	11	1	12	69
ma. M	538	807	11	1,100	-	-	3	-	5	241
Mich.	211	259	10	630	-	-	7	-	-	4
Wis.	68	69	3	144	1	-	1	-	-	82
W.N. CENTRAL	387	432	10	511	25	-	10	1	31	952 164
lowa	21	16	-	54	2	-	ĭ	-	4	306
Mo.	231	234	7	249	17	-	2	-	10	90
N. Dak.	7	7	-	9		-	-	-	-	82
S. Dak. Nebr	11	5		20	2	-	1	-	2	104
Kans.	37	20	3	71	3	-	1	1	11	125
S. ATLANTIC	6,151	5,543	129	3,619	10	-	34	13	448	778
Del. Mid	14	412	17	32 421	1	-	9	-	43	35
D.C.	338	446	3	143	-	-	-	-	-	-
Va.	419	474	7	394	2	-	2	3	71	398
W. Va.	21	16	3	109	-	-	3	-	192	37
S.C.	365	358	20	341	6	-	3	2	96	45
Ga.	1,262	1,415	20	552	-	-	-	-	36	147
Fla.	2,900	1,993	25	1,051	1	-	16	1	3	56
E.S. CENTRAL	1,544	1,388	38	1,613	6	-	14	5	73 1	513
Tenn.	411	514	10	518	4	-	2	3	48	288
Ala.	584	400	13	451	-	-	9	2	12	117
Miss.	469	397	6	220	2	-	3	-	12	6
W.S. CENTRAL	5,805	5,090	57	2,111	86	-	27	6	136	833
Ark. La.	1.339	1,195	9	334	3	-	3	ż	2	27
Okla.	123	114	-	253	24	-	2	-	68	150
Tex.	4,198	3,670	41	1,292	5	-	19	3	44	546
MOUNTAIN	565	541	25	490	21	-	11	-	10	202
Mont.	3	11	5	32	2	-	-	-	3	67
Idano Wyo	24	17	2	25	2	:			2	20
Colo.	157	164	5	55	4		3	-	i	37
N. Mex.	142	94	8	94	2	•	-	-	1	17
Ariz.	119	135	5	208	10	-	5	•	-	38
Nev.	90	92	-	49	-	-	1	-	2	3
PACIFIC	3,268	2,939	79	3,120	7	1	89	1	6	453
Wash.	109	121	14	200	1	:	3	-	-	4
Oreg. Calif	2 99	2 693	60	2 5 3 2	-	1	4 70	1	1 F	2 2 2 2 2
Alaska	2,332	10	-	65	ĭ	-	1	-	-	77
Hawaii	79	47	4	203	-	-	2	-	-	-
Guam	1	469	U	34	-	U	-	U	-	-
V.I.	20	13	-	274	-	-	4	-	-	38
Pac. Trust Terr.			U	85	-	U	-	U	-	-

# TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 11, 1982 and September 12, 1981 (36th week)

U: Unavailable

TABLE	IV. Deaths in	n 121	U.S.	cities,*	week	ending
	September	11, 1	982 (	36th w	eek)	

All Causes, By Age (Years)					All Causes, By Age (Years)										
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I** Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I** Total
NEW ENGLAND	608	396	138	27	22	25	35	S. ATLANTIC	926	544	224	83	32	43	22
Boston, Mass.	173	96	43	13	7	14	18	Atlanta, Ga.	114	70	29	11	3	1	5
Bridgeport, Conn.	39	25	11	-	2	1	3	Baltimore, Md.	140	79	38	12	8	3	2
Cambridge, Mass.	17	13	3	-	1	-	3	Charlotte, N.C.	40	17	12	6	3	2	1
Fall River, Mass.	38	26	. 9	1	1	1	-	Jacksonville, Fla.	97	61	16	5	8		2
Hartford, Conn.	50	30	14	3	2	1	1	Miami, Fla.	108	53	31	16	1		-
Lowell, Mass.	20	14	4	-	2	-	-	Nortoik, va.	49	21	17	3	2	-	2
Lynn, Mass.	. 10	13		2	-	-	-	Richmond, va.	27	27	18	2		2	•
New Haven Conn	44	23	14	2	2	2	i	St Petersburg Fla	71	56	7	2	1	Ā	2
Providence, RI S	52	50		ĩ	-	1	à	Tampa Fla	55	34	12	ĕ	i	2	ĩ
Somerville, Mass.	9	7	2	-	-		-	Washington, D.C.	93	51	26	10	2	4	5
Springfield, Mass.	45	34	7	1	3	-	1	Wilmington, Del.	48	28	14	3	2	1	1
Waterbury, Conn.	23	16	6	1	-	-	1								
Worcester, Mass.	58	37	13	3	1	4	2	E.S. CENTRAL	504	313	110	37	22	22	14
	2 366	1 5 2 2	544	167	69	64	77	Birmingnam, Ala.	. 27	45	18		1	3	2
Albany NY	62	42	1/	107	2	4	1	Knowille Tern	34	10	 0		2	2	2
Allentown Pa	20	16	14		~	-		Louisville Ky	81	50	19	5	2	2	6
Buffalo, N.Y.	121	84	22	4	4	7	9	Memobis Tenn	127	75	20	15	10		2
Camden, N.J.	43	23	18	1	-	i	-	Mobile, Ala	51	35	11	2	3		ĩ
Elizabeth, N.J.	15	11	4	-	-		1	Montgomery, Ala.	24	16	6	ĩ	-	1	
Erie, Pa.†	31	23	8	-	-		-	Nashville, Tenn.	82	46	25	6	1	4	2
Jersey City, N.J.	40	24	13	3	-	-	-								
N.Y. City, N.Y.	1,311	848	277	114	41	31	48	W.S. CENTRAL	1,166	682	277	104	66	36	35
Newark, N.J.	52	22	17	7	2	4	1	Austin, Tex.	48	24	13	6	4	1	2
Paterson, N.J.	23	14	2	3	3	-	3	Baton Rouge, La.	21	14	2	2	1	2	2
Philadelphia, Pa.†	232	146	59	14	8	5	6	Corpus Christi, Tex	c. 41	28	.7	2	2	1	-
Pittsburgh, Pa.T	21	28	- 17	5	1	-	-	Dallas, 1ex.	195	98	67	15	10	5	4
Rochester NV	110	10	22	Ľ.	Ē	-		El Paso, Tex.	36	23	6	5	2	-	3
Schenectady NV	18	13	23	5	5	'	-	Houston Tex	240	40	1/	22	20	3	
Scranton, Pa.t	31	22	9	-	-	-	1	Little Bock Ark	55	32	13	33	29	9	5
Svracuse N.Y.	104	67	26	7	1	2		New Orleans La	128	81	25	6	37	5	
Trenton, N.J.	31	15	11	3		2	-	San Antonio Tex	143	98	21	16	6	2	6
Utica, N.Y.	21	15	6	-	-	-	5	Shreveport, La.	26	19	5	2	-	-	ĭ
Yonkers, N.Y.	28	22	5	-	1	-	2	Tulsa, Okla.	58	39	12	4	1	2	4
E.N. CENTRAL	1.964	1.203	489	119	63	90	58	MOUNTAIN	533	318	125	43	31	16	19
Akron, Ohio	68	51	.00	3	ĩ	4	-	Albuquerque N.Me	ex 84	44	23	11	5	1	1
Canton, Ohio	41	26	10	4	-	1	1	Colo, Springs, Colo	0. 18	13	5	• •			2
Chicago, III	472	255	145	25	11	36	9	Denver, Colo.	97	65	18	6	4	4	5
Cincinnati, Ohio	102	64	29	4	2	3	8	Las Vegas, Nev	94	50	26	11	5	2	3
Cleveland, Ohio	127	74	40	7	3	3	-	Ogden, Utah	10	6	3	1	-	-	-
Columbus, Ohio	137	90	19	14	7	7	5	Phoenix, Ariz.	116	68	27	5	11	5	-
Dayton, Ohio	90	61	18	7	1	3	4	Pueblo, Colo.	15	9	1	2	3	-	2
Detroit, Mich.	223	122	61	22	7	11	10	Salt Lake City, Utal	h 32	17	6	4	1	4	-
Evansville, Ind.	5/	43	13	-	Ē	1	2	lucson, Ariz.	67	46	16	3	2	-	6
Gory Ind	24	12	10	ł	5	-	1	BACIEIC	1 205	000		100	50	45	60
Grand Banids Micl	h 44	29	å	5	3	5	2	PACIFIC Berkeley Calif	1,385	903	284	102	50	45	00
Indianapolis, Ind.	109	65	31	6	3	5	1	Fresno Calif	23	19	6	à	2	3	2
Madison, Wis.	14	10	1	ž	ĭ		1	Glendale Calif	16	11	3	1	ĩ		2
Milwaukee, Wis.	118	85	20	2	ż	4	2	Honolulu Hawaii	64	44	11	à	3	2	ñ
Peoria, III.	37	21	10	2	2	2	4	Long Beach, Calif	100	61	23	6	6	4	4
Rockford, III.	39	30	4	2	2	ī	3	Los Angeles, Calif.	368	246	72	31	10	8	14
South Bend, Ind.	40	23	10	4	1	2	Ĩ	Oakland, Calif.	48	29	14	4	-	1	4
Toledo, Ohio	111	70	27	5	6	3	3	Pasadena, Calif. §	30	28	-	1	-	1	1
Youngstown, Ohio	52	33	15	3	1	-	-	Portland, Oreg.	100	66	18	4	6	6	4
W N CENTRAL	639	426	121	38	28	25	17	Sacramento, Calif.	58 132	35	14	8	1	2	2
Des Moines Iowa	53	51	121		1	20		San Francisco Celi	if 104	60	22	2	2	2	3
Duluth Minn.	43	31	6	3	-	3	2	San Jose Calif	90	56	24	5	5		5
Kansas City, Kans.	22	9	ĕ	2	4	1	4	Seattle, Wash	119	70	26	10	6	7	2
Kansas City, Mo.	114	71	25	à	4	6	3	Spokane, Wash	39	20	ĩŏ	5	ĭ	3	4
Lincoln, Nebr.	23	16	-š	ĭ	3		5	Tacoma, Wash.	34	žŏ	6	ĩ	ż	5	-
Minneapolis, Minn	61	46	١ŏ	ż	ž	1	ž		 		Ũ	•	-	-	
Omaha, Nebr	68	39	15	7	2	5	1	TOTAL	10,091	6,307	2,312	720	382	366	337
St. Louis, Mo.	138	88	28	9	9	4	2								
St. Paul, Minn.	55	34	12	3	1	5	2								
Wichita, Kans.	62	41	16	3	2	-	-								

\* 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. + 1 Total includes unknown ages.

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

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#### Neisseria gonorrhoeae - Continued

#### References

- 1. CDC. Sexually transmitted diseases, treatment guidelines 1982. MMWR 1982; 31(supplement 2S):35S-60S.
- 2. Ashford WA, Potts, DW, Adams HJ, et al. Spectinomycin-resistant penicillinase-producing *Neisseria* gonorrhoeae. Lancet 1981;2:1035-7.
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- 4. CDC. Spectinomycin-resistant penicillinase producing *Neisseria gonorrhoeae*—California. MMWR 1981;30:221-2.
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# Epidemiologic Notes and Reports

# Vaccinia Necrosum after Smallpox Vaccination — Michigan

On April 1, 1982, a 61-year-old female with a 2-year history of severe recurrent genital herpes received a smallpox vaccination in an attempt to treat the disease. A persistent ulcer developed at the vaccination site on her left arm. When, on May 5, she was hospitalized for the first time for treatment of the vaccinia necrosum, the ulcer measured 5x5 cm and yielded vaccinia virus on culture. She had multiple erythematous perineal ulcers from which herpes virus was recovered. Initial work-up revealed a hemoglobin of 10.8, white blood cell count of 3,200/mm<sup>3</sup>, and normal immunoelectrophoresis, but specific immunoglobulins were low (IgA = 10 mg/100 ml, IgG = 310, and IgM = 15). Intermediate PPD, histoplasmin, candida, and mumps skin tests were negative. During hospitalization from May 5 to May 15, she received vaccinia immune globulin (VIG), oral thiosemicarbazone, and intravenous acyclovir. The perineal ulcers cleared almost entirely and became negative on virus culture. However, the left arm ulcer was unchanged and continued to yield vaccinia virus.

During follow-up as an outpatient, her arm ulcer gradually enlarged. When the patient was rehospitalized from June 1 to June 14, the arm ulcer measured approximately 8x7 cm, but she had no evidence of active genital herpes. During the second hospitalization, she received VIG, oral thiosemicarbazone, and interferon-5 million units intramuscularly daily for 10 days. When she was discharged on June 14, her arm ulcer was approximately the same size as on admission, and a small lesion, believed to be a minor scratch or mosquito bite, was present on the left thigh. The patient was treated as an outpatient with intravenous interferon, 8 million units, three times a week. The left arm ulcer remained approximately the same size but showed some signs of epithelialization. The lesion on her left thigh, however, increased in size to an ulcer approximately 2.5 cm in diameter. Both the left arm and the left thigh ulcers repeatedly yielded vaccinia virus. The patient was hospitalized for the third time from July 15 to July 20 for surgical removal of the ulcer on her left thigh and retreatment with interferon, thiosemicarbazone, and VIG. In addition, she received four doses of transfer factor at the University of Michigan-Ann Arbor. On last examination, the site of the leg lesion was still positive for vaccinia virus, and the arm lesion has shown no signs of improvement. Other modes of therapy being considered include surgical removal of the left-arm ulcer and treatment with thymosin.

### Vaccinia Necrosum - Continued

Reported by M Gurwith, MD, Div of Infectious Diseases, Michigan State University, Dept of Medicine, East Lansing, NS Hayner, State Epidemiologist, Michigan State Health Dept; International Health Program Office, CDC.

**Editorial Note**: To date, the patient has required three hospitalizations for treatment of smallpox vaccination complications for which none of the usual treatments has been effective. The severe course of her herpes and vaccinia infections suggest underlying immunosuppression or deficiency, but no specific immunologic defect has been identified.

This case of vaccinia necrosum demonstrates the risk of using smallpox vaccination, a treatment with no proven effectiveness, for herpes disease (1). The Food and Drug Administration recently published a warning to all physicians on the inappropriate use of smallpox vaccination for herpes infection (2).

#### References

- 1. CDC. Smallpox Vaccine, MMWR 1980;29:417.
- 2. Inappropriate use of smallpox vaccine. FDA Drug Bulletin. 1982; 12: 12.

# Notice to Readers

# Announcement of Legionella Symposium

The second International Symposium on *Legionella*, sponsored by the Emory University School of Medicine, United States Environmental Protection Agency, and Centers for Disease Control, will be held June 19-23, 1983, in Atlanta Georgia. Papers on all aspects of *Legionella* are being sought. For information and placement on the mailing list, contact:

Dr. James C. Feeley Chairman, Program Advisory Committee Bldg. 1, Rm. B-353 Centers for Disease Control Atlanta, Georgia 30333

### Erratum, Vol. 31, No. 32

p.435. In the article, "Cercarial Dermatitis among Bathers in California; Katayama Syndrome among Travelers to Ethiopia," schistosomulae, as printed in the editorial note on page 437, was misspelled; the correct spelling for the plural of schistosomulum is schistosomula.

### Erratum, Vol. 31, No. 33

p.454. In the article, "Bacteriologic Conversion of Sputum among Tuberculosis Patients," the percentage under the heading "Sputum Converted in 3 months" in Table 1 on page 459 should read "55.3."

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# Subscription to MMWR

As announced in previous issues of the *MMWR*, the *MMWR* and its allied publications will become available on a paid subscription basis on October 1, 1982. A limited number of health officials and disseminators of public health information will continue to receive these publications without charge. Such officials are now being notified.

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