CENTERS FOR DISEASE CONTROL

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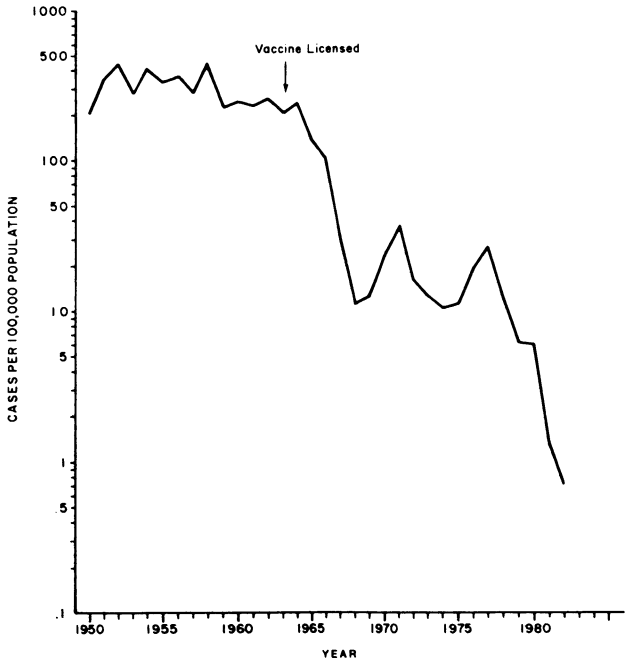
Current Trends

Measles — United States, 1982

In 1982, the reported occurrence of measles reached its lowest level since national reporting of measles began in 1912. A provisional total of 1,697 cases was reported, for a record low incidence rate of 0.7 cases per 100,000 population of all ages (Figure 1). This is a 99.7% reduction from the 1950-1962 prevaccine era when an annual average of 525,730 cases was reported (315.2 cases/100,000), and a 45.7% reduction from the 3,124 cases in 1981, the previous year of record low incidence (1.4 cases/100,000). Fewer than 100 cases were reported each week during the entire year, and record low weekly numbers of cases were reported in 37 weeks. Most reporting areas reported very few or no measles cases (Figure 2). Twenty-two states reported no indigenous cases all year, including 15 states that reported no

FIGURE 1. Reported measles incidence — United States, 1950-1982



Measles — Continued

cases—indigenous or imported.* Ninety-four percent (2,944) of the nation's 3,138 counties reported no measles cases during the entire year, and only 0.7% (22) of the counties reported measles during 5 or more weeks. Those 22 counties contained 14.4% of the U.S. population.

Of the 1,697 measles cases, 119 (7.0%) were imported, with sources in 32 different countries, for an average of 2.3 international importations* per week. In addition, 498 cases within the United States were epidemiologically linked to 19 international importations. Thus, international importations and associated cases together accounted for 36.4% (617/1,697) of all measles cases reported in 1982.

Of the 1,697 measles cases, 1,072 (63.2%) occurred in 14 separate chains of transmission, each consisting of from two to 16 generations of infection, and 625 (36.8%) occurred sporadically. Sources were identified for 11 of the 14 chains of transmission. Of these, eight were international importations, two were out-of-state importations, and one was an indigenous case in a child with a medical exemption to vaccination.

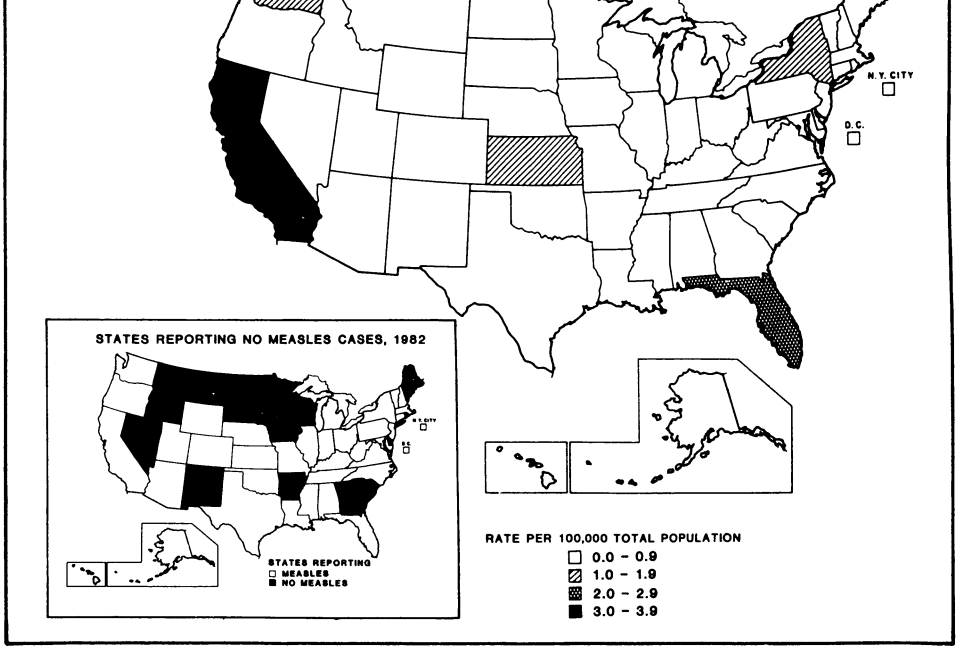
Reported by Div of Immunization, Center for Prevention Svcs, CDC.

Editorial Note: The measles elimination program is succeeding because of public health strategies† implemented to ensure immunization of targeted populations with a safe and

*See CDC. Classification of measles cases and categorization of measles elimination programs. *MMWR* 1983;31:707-11.

†Achievement and maintenance of high immunization levels, maintenance of strong and effective surveillance, and aggressive response to the occurrence of suspected cases.

FIGURE 2. Measles incidence rates by state — United States, 1982*



*Provisional data.

Measles – Continued

highly immunogenic vaccine. However, as long as measles incidence rates are 10 to 10,000 times higher outside the United States than within it, international importations will remain potential sources of measles infection (*1*). Although relatively few imported cases are preventable (*1,2*), transmission has been limited when immunity levels are high.

Because indigenous measles is extremely rare in the United States, a major challenge now exists to maintain what has been achieved (*3*). Measles and other vaccine-preventable diseases will return if the imperative to vaccinate children is relaxed and immunization levels are allowed to fall. Long-term success requires a sustained effort to vaccinate each new birth cohort every year, and to eliminate remaining foci of transmission. Communities that are already measles-free can best preserve that accomplishment by maintaining high immunization levels in their children and intensifying surveillance for all suspected cases of measles.

References

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2. Turner PM, Amler RW, Orenstein WA. Measles surveillance: United States, imported measles, first 26 weeks of 1982. EPI Newsletter, Pan-American Health Organization 1982;IV(6):4-5.
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Spectinomycin-Resistant Penicillinase-Producing *Neisseria gonorrhoeae*

Transmission of spectinomycin-resistant penicillinase-producing *Neisseria gonorrhoeae* (PPNG) has been documented for the first time. Between August 1982 and January 1983, 27 cases of spectinomycin-resistant PPNG infection were reported by U.S. Air Force Facilities in the Pacific. Twenty-five of these cases occurred among U.S. Air Force personnel stationed at Osan or Kunsan, Republic of Korea. At least eight spectinomycin-resistant PPNG isolates were identified in pretreatment cultures obtained from individuals with recently acquired gonococcal urethritis.

Strains collected from six of the patients have already been confirmed by CDC as spectinomycin-resistant and penicillinase-producing. Additional analyses show that all these strains contain plasmids of 2.6, 4.4, and 24.5 megadaltons, are serogroup W-II, and require proline for growth.

Reported by O Jones, MD, USAF Hospital, Osan, G Strohmeyer, MD, USAF Hospital, Kunsan, Korea; J Brockett, PhD, USAF Regional Medical Center, Clark Air Force Base; J Wright, MD, HQ, US PACAF; P Grundy, MD, G Lathrop, MD, W Wolfe, MD, J Herbole, DVM, Epidemiology Div, USAF School of Aerospace Medicine; Sexually Transmitted Diseases Research Laboratory, Center for Infectious Diseases, Div of Venereal Disease Control, Center for Prevention Svcs, CDC.

Editorial Note: Until now, person-to-person transmission of spectinomycin-resistant PPNG organisms had not been described. Previously reported cases of spectinomycin-resistant PPNG infection have been sproadic and have occurred among individuals without known contact (*1-4*). Factors contributing to the emergence and sustained transmission of these organisms are currently unknown.

Importation of spectinomycin-susceptible PPNG from Korea continued in 1982, and included at least 53 cases reported by 16 different states during the first 9 months (*5*). No spectinomycin-resistant PPNG originating from Korea has been identified in the United States, but continued transmission of this doubly resistant organism within Korea and continued importation of gonococci from that country make eventual importation probable.

Neisseria gonorrhoeae — Continued

In 1982, the U.S. Air Force (Pacific) began testing all gonococcal isolates for penicillinase production. All PPNG isolates and all isolates from patients who failed spectinomycin therapy were tested for spectinomycin-resistance. Because of the implementation of this surveillance system, the occurrence and distribution of this outbreak can be readily described.

Despite this outbreak, spectinomycin remains the drug of choice for PPNG infections treated in the United States. Recommended treatment of spectinomycin-resistant PPNG cases remains 2 g cefoxitin, plus 1 g probenicid or 1 g cefotaxime (*6*).

References

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2. Easmon CS, Ison CA, Bellinger CM, Harris JW. Emergence of resistance after spectinomycin treatment for gonorrhea due to β-lactamase-producing strain of *Neisseria gonorrhoeae*. Brit Med J 1982;284:1604-5.
3. CDC. Spectinomycin-resistant β-lactamase-producing *Neisseria gonorrhoeae*—England. MMWR 1982;31:495-6, 501.
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5. Division of Venereal Disease Control, CDC. PPNG data system.
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TABLE I. Summary—cases specified notifiable diseases, United States

Disease	4th Week Ending			Cumulative, 4th Week Ending		
	January 29, 1983	January 30, 1982	Median 1978-1982	January 29, 1983	January 30, 1982	Median 1978-1982
Aseptic meningitis	86	70	70	349	314	242
Encephalitis: Primary (arthropod-borne & unspec.)	9	15	15	63	48	40
Post-infectious	1	-	3	7	2	7
Gonorrhea: Civilian	17,927	16,588	18,381	72,118	74,758	73,235
Military	455	641	577	1,825	2,215	2,215
Hepatitis: Type A	542	405	543	1,752	1,418	1,702
Type B	399	356	312	1,516	1,290	1,114
Non A, Non B	55	34	N	185	81	N
Unspecified	165	146	196	555	563	657
Legionellosis	7	7	N	32	19	N
Leprosy	4	1	2	19	3	8
Malaria	5	12	12	29	48	48
Measles: Total	9	8	113	21	34	352
Indigenous	5	N	N	15	N	N
Imported*	4	N	N	6	N	N
Meningococcal infections: Total	64	74	70	215	217	211
Civilian	64	73	69	208	216	207
Military	-	1	1	7	1	1
Mumps	109	92	303	293	308	892
Pertussis	19	23	23	60	50	63
Rubella (German measles)	18	13	71	49	102	181
Syphilis (Primary & Secondary): Civilian	683	706	552	2,646	2,577	1,981
Military	10	20	6	44	45	32
Toxic-shock syndrome	12	N	N	27	N	N
Tuberculosis	387	452	469	1,352	1,482	1,517
Tularemia	1	1	1	9	4	6
Typhoid fever	4	16	6	20	34	19
Typhus fever, tick-borne (RMSF)	2	2	1	6	11	5
Rabies, animal	77	81	81	307	319	319

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1983		Cum. 1983
Anthrax	-	Plague	-
Botulism: Foodborne	-	Poliomyelitis: Total	-
Infant	2	Paralytic	-
Other	-	Psittacosis	4
Brucellosis (Ohio 1)	5	Rabies, human	-
Cholera	-	Tetanus (La. 1)	4
Congenital rubella syndrome (Oreg. 1)	2	Trichinosis	1
Diphtheria	-	Typhus fever, flea-borne (endemic, murine) (Hawaii 2)	2
Leptospirosis	-		

*Four of the nine reported cases for this week was imported from a foreign country or could be directly traced to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending January 29, 1983 and January 30, 1982 (4th week)

Reporting Area	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy	Malaria
		Primary	Post-infectious			A	B	NA,NB	Unspecified			
	1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1982	1983	1983	1983	1983	1983	Cum. 1983	Cum. 1983
UNITED STATES	86	63	7	72,118	74,758	542	399	55	165	7	19	29
NEW ENGLAND	2	3	-	1,946	1,641	9	23	-	5	-	-	-
Maine	-	-	-	99	104	-	1	-	-	-	-	-
N.H.	-	-	-	50	71	1	2	-	-	-	-	-
Vt.	-	-	-	31	42	1	-	-	-	-	-	-
Mass.	1	3	-	815	646	3	16	-	5	-	-	-
R.I.	-	-	-	103	113	4	4	-	-	-	-	-
Conn.	1	-	-	848	665	-	-	-	-	-	-	-
MID ATLANTIC	14	9	-	8,521	8,196	102	86	5	26	-	2	7
Upstate N.Y.	6	4	-	1,139	1,117	5	24	2	4	-	-	1
N.Y. City	7	3	-	3,638	4,131	69	20	-	16	-	2	6
N.J.	-	1	-	1,412	1,116	28	42	3	6	-	-	-
Pa.	1	1	-	2,332	1,832	-	-	-	-	-	-	-
E.N. CENTRAL	9	15	1	9,007	10,130	80	49	5	11	4	1	2
Ohio	4	8	1	2,555	2,795	39	15	1	6	3	1	-
Ind.	1	-	-	1,372	1,662	5	4	-	-	-	-	-
Ill.	-	-	-	1,361	2,294	9	5	-	-	-	-	-
Mich.	4	7	-	2,811	2,468	27	25	4	5	1	-	2
Wis.	-	-	-	908	911	-	-	-	-	-	-	-
W.N. CENTRAL	5	3	-	3,459	3,726	16	14	1	6	-	-	1
Minn.	-	-	-	558	622	4	5	-	-	-	-	-
Iowa	4	3	-	363	314	-	2	-	2	-	-	-
Mo.	-	-	-	1,583	1,705	4	5	-	2	-	-	-
N. Dak.	-	-	-	40	35	-	-	-	-	-	-	-
S. Dak.	1	-	-	89	99	2	-	-	-	-	-	-
Nebr.	-	-	-	206	198	2	1	1	-	-	-	-
Kans.	-	-	-	620	753	4	1	-	2	-	-	1
S. ATLANTIC	18	11	3	18,550	20,848	39	77	8	9	1	-	2
Del.	-	-	-	462	299	1	3	1	1	-	-	-
Md.	2	1	-	2,489	2,874	4	15	1	3	-	-	1
D.C.	-	-	-	1,355	875	1	4	-	-	-	-	-
Va.	4	6	1	1,719	1,599	3	7	3	1	1	-	1
W. Va.	-	-	-	188	199	6	-	1	1	-	-	-
N.C.	6	3	-	2,244	3,362	1	12	-	1	-	-	-
S.C.	1	1	-	1,859	1,575	2	15	-	-	-	-	-
Ga.	-	-	-	3,162	3,844	6	12	-	-	-	-	-
Fla.	5	-	2	5,072	6,221	15	9	2	2	-	-	-
E.S. CENTRAL	8	3	2	6,239	4,952	21	13	1	2	-	-	-
Ky.	6	-	-	834	768	4	4	-	1	-	-	-
Tenn.	1	-	-	2,438	1,869	7	7	1	-	-	-	-
Ala.	1	3	2	1,780	1,225	-	2	-	1	-	-	-
Miss.	-	-	-	1,187	1,090	10	-	-	-	-	-	-
W.S. CENTRAL	9	5	-	10,526	11,184	101	25	3	60	-	2	-
Ark.	-	-	-	746	967	1	-	1	7	-	-	-
La.	-	-	-	1,474	1,682	5	3	-	1	-	-	-
Okla.	6	1	-	1,243	1,112	12	3	2	4	-	-	-
Tex.	3	4	-	7,063	7,423	83	19	-	48	-	2	-
MOUNTAIN	2	2	-	2,103	2,619	78	24	8	18	1	2	-
Mont.	-	-	-	106	139	-	-	-	-	1	-	-
Idaho	-	-	-	95	86	-	2	-	-	-	-	-
Wyo.	-	1	-	78	82	4	-	-	-	-	-	-
Colo.	2	-	-	589	741	8	3	-	1	-	-	-
N. Mex.	-	-	-	272	332	7	2	2	2	-	-	-
Ariz.	-	-	-	495	707	52	13	6	10	-	2	-
Utah	-	1	-	91	117	5	2	-	5	-	-	-
Nev.	-	-	-	377	415	2	2	-	-	-	-	-
PACIFIC	19	12	1	11,767	11,462	96	88	24	28	1	12	17
Wash.	1	1	-	560	958	3	3	7	-	-	1	1
Oreg.	-	-	-	513	633	10	9	2	-	-	1	2
Calif.	16	10	1	10,234	9,365	81	73	15	26	1	10	14
Alaska	-	-	-	224	303	-	2	-	2	-	-	-
Hawaii	2	1	-	236	203	2	1	-	-	-	-	-
Guam	U	-	-	-	5	U	U	U	U	U	-	-
P.R.	-	-	-	-	233	2	5	-	-	-	-	-
V.I.	-	-	-	27	22	1	-	-	-	-	-	-
Pac. Trust Terr.	U	-	-	-	36	U	U	U	U	U	-	-

N: Not notifiable U: Unavailable

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 29, 1983 and January 30, 1982 (4th week)

Reporting Area	Measles (Rubeola)					Menin-gococcal Infections	Mumps			Pertussis			Rubella		
	Indigenous		Imported*		Total										
	1983	Cum. 1983	1983	Cum. 1983	Cum. 1982	Cum. 1983	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982
UNITED STATES	5	15	4	6	34	215	109	293	308	19	60	50	18	49	102
NEW ENGLAND	-	-	-	-	2	11	7	15	42	2	3	4	-	1	5
Maine	-	-	-	-	-	-	-	1	7	-	-	-	-	-	-
N.H.	-	-	-	-	-	1	2	6	2	-	-	-	-	-	5
Vt.	-	-	-	-	2	-	2	2	3	-	1	-	-	-	-
Mass.	-	-	-	-	-	3	1	2	27	1	1	2	-	1	-
R.I.	-	-	-	-	-	-	-	-	1	1	1	-	-	-	-
Conn.	-	-	-	-	-	7	2	4	2	-	-	2	-	-	-
MID ATLANTIC	-	-	-	-	11	25	8	14	18	4	13	6	1	2	3
Upstate N.Y.	-	-	-	-	7	10	2	5	6	2	8	2	-	1	1
N.Y. City	-	-	-	-	3	4	1	2	6	1	1	3	1	1	2
N.J.	-	-	-	-	-	2	2	4	2	-	3	-	-	-	-
Pa.	-	-	-	-	1	9	3	3	4	1	1	1	-	-	-
E.N. CENTRAL	-	-	-	-	1	42	63	153	117	6	17	16	2	6	13
Ohio	-	-	-	-	-	21	45	100	60	-	9	2	-	1	-
Ind.	-	-	-	-	-	7	2	2	6	2	2	-	-	-	1
Ill.	-	-	-	-	-	1	4	6	6	3	3	3	1	1	8
Mich.	-	-	-	-	1	13	11	41	36	1	1	5	1	2	1
Wis.	-	-	-	-	-	-	1	4	9	-	2	6	-	2	3
W.N. CENTRAL	-	-	-	-	-	15	10	31	14	-	3	2	3	6	5
Minn.	-	-	-	-	-	-	-	1	-	-	-	-	-	2	1
Iowa	-	-	-	-	-	3	2	17	5	-	1	-	-	-	-
Mo.	-	-	-	-	-	9	-	-	2	-	1	2	-	-	2
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	-	-	-	3	8	13	7	-	1	-	3	4	2
S. ATLANTIC	-	-	2	2	8	40	-	10	45	2	4	4	-	3	6
Del.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
Md.	-	-	-	-	-	5	-	1	3	-	-	-	-	1	-
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	-	-	1†	1	8	7	-	5	4	-	1	-	-	-	5
W. Va.	-	-	-	-	-	-	-	3	25	-	-	1	-	1	-
N.C.	-	-	-	-	-	12	-	-	2	-	-	1	-	-	-
S.C.	-	-	1†	1	-	5	-	-	2	-	-	1	-	-	-
Ga.	-	-	-	-	-	6	-	1	2	2	3	-	-	1	1
Fla.	-	-	-	-	-	5	-	-	6	-	-	1	-	-	-
E.S. CENTRAL	-	-	-	-	2	16	2	3	3	-	-	1	-	1	4
Ky.	-	-	-	-	1	6	1	1	1	-	-	-	-	1	4
Tenn.	-	-	-	-	1	4	1	2	1	-	-	1	-	-	-
Ala.	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
W.S. CENTRAL	1	1	-	-	1	19	9	25	12	1	12	1	5	7	10
Ark.	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-
La.	-	-	-	-	-	5	-	-	-	-	-	-	-	-	-
Okla.	-	-	-	-	-	1	-	-	-	1	1	-	-	-	-
Tex.	1	1	-	-	1	13	9	24	10	-	11	1	5	7	10
MOUNTAIN	-	-	-	-	-	7	3	8	9	4	6	4	-	2	3
Mont.	-	-	-	-	-	-	-	-	1	1	1	-	-	-	1
Idaho	-	-	-	-	-	2	-	1	2	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Colo.	-	-	-	-	-	2	-	1	1	2	2	1	-	-	-
N. Mex.	-	-	-	-	-	1	-	-	-	1	3	2	-	-	-
Ariz.	-	-	-	-	-	-	3	3	3	-	-	1	-	-	-
Utah	-	-	-	-	-	2	-	3	1	-	-	-	-	2	1
Nev.	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
PACIFIC	4	14	2	4	9	40	7	34	48	-	2	12	7	21	53
Wash.	-	-	-	-	-	13	1	4	12	-	-	2	-	-	1
Oreg.	-	-	-	-	-	3	-	-	-	-	-	2	-	-	-
Calif.	4	13	2†	4	8	22	6	25	36	-	2	8	7	21	51
Alaska	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-
Hawaii	-	1	-	-	1	2	-	1	-	-	-	-	-	-	1
Guam	U	-	U	-	-	-	U	-	1	U	-	-	U	-	1
P.R.	-	-	-	-	5	2	5	11	2	-	-	-	-	-	-
V.I.	-	2	1†	2	-	-	-	-	-	-	-	-	-	1	-
Pac. Trust Terr.	U	-	U	-	-	-	U	-	-	U	-	-	U	-	-

*For measles only, imported cases includes both out-of-state and international importations. U: Unavailable †International §Out-of-state

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 29, 1983 and January 30, 1982 (4th week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1983	Cum. 1982	1983	1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1983
UNITED STATES	2,646	2,577	12	387	1,352	9	20	6	307
NEW ENGLAND	74	39	-	4	19	-	1	-	-
Maine	2	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-
Mass.	50	28	-	1	6	-	1	-	-
R.I.	1	3	-	-	4	-	-	-	-
Conn.	21	8	-	3	9	-	-	-	-
MID ATLANTIC	277	360	-	69	268	-	5	-	10
Upstate N.Y.	13	26	-	14	56	-	2	-	7
N.Y. City	168	248	-	20	95	-	3	-	-
N.J.	53	35	-	23	60	-	-	-	-
Pa.	43	51	-	12	57	-	-	-	3
E.N. CENTRAL	115	141	5	71	217	-	2	-	19
Ohio	42	14	4	17	28	-	1	-	4
Ind.	22	20	-	9	26	-	-	-	-
Ill.	25	83	-	27	113	-	-	-	5
Mich.	16	15	1	16	41	-	1	-	-
Wis.	10	9	-	2	9	-	-	-	10
W.N. CENTRAL	28	52	-	19	41	4	-	2	39
Minn.	16	11	-	2	3	-	-	-	7
Iowa	2	1	-	1	8	-	-	-	13
Mo.	7	32	-	14	24	4	-	2	8
N. Dak.	-	1	-	-	-	-	-	-	3
S. Dak.	-	-	-	-	2	-	-	-	-
Nebr.	1	-	-	1	1	-	-	-	2
Kans.	2	7	-	1	3	-	-	-	6
S. ATLANTIC	700	728	-	91	313	2	3	-	122
Del.	5	2	-	-	1	-	-	-	-
Md.	34	52	-	14	70	1	-	-	56
D.C.	38	43	-	4	11	-	-	-	-
Va.	53	50	-	13	15	1	2	-	52
W. Va.	2	2	-	4	14	-	1	-	5
N.C.	75	59	-	7	9	-	-	-	-
S.C.	52	44	-	5	32	-	-	-	2
Ga.	124	150	-	17	50	-	-	-	5
Fla.	317	326	-	27	111	-	-	-	2
E.S. CENTRAL	192	157	2	31	126	-	-	3	23
Ky.	11	9	-	8	29	-	-	-	6
Tenn.	50	25	-	6	42	-	-	1	14
Ala.	89	51	2	13	42	-	-	2	3
Miss.	42	72	-	4	13	-	-	-	-
W.S. CENTRAL	698	734	-	28	81	2	-	-	40
Ark.	9	20	-	1	2	2	-	-	7
La.	157	126	-	7	19	-	-	-	1
Okla.	20	15	-	-	20	-	-	-	5
Tex.	512	573	-	20	40	-	-	-	27
MOUNTAIN	62	58	2	18	51	1	-	-	19
Mont.	2	-	-	2	5	-	-	-	18
Idaho	1	1	-	-	3	-	-	-	-
Wyo.	1	3	1	-	1	-	-	-	-
Colo.	10	23	1	-	-	-	-	-	-
N. Mex.	28	15	-	5	10	1	-	-	-
Ariz.	14	1	-	10	30	-	-	-	1
Utah	1	2	-	-	-	-	-	-	-
Nev.	5	13	-	1	2	-	-	-	-
PACIFIC	500	308	3	56	236	-	9	1	35
Wash.	-	11	-	4	8	-	-	-	-
Oreg.	5	16	-	3	12	-	-	-	-
Calif.	488	273	3	46	202	-	9	1	35
Alaska	-	1	-	-	-	-	-	-	-
Hawaii	7	7	-	3	14	-	-	-	-
Guam	-	-	U	U	-	-	-	-	-
P.R.	-	32	-	13	34	-	-	-	6
V.I.	1	-	-	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	U	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending January 29, 1983 (4th week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	724	506	156	34	14	14	69
Boston, Mass.	184	119	45	8	7	5	21
Bridgeport, Conn.	61	38	13	6	3	1	4
Cambridge, Mass.	35	28	7	-	-	-	5
Fall River, Mass.	27	21	6	-	-	-	-
Hartford, Conn.	65	38	18	6	1	2	1
Lowell, Mass.	23	16	7	-	-	-	2
Lynn, Mass.	18	15	3	-	-	-	-
New Bedford, Mass.	32	24	6	2	-	-	1
New Haven, Conn.	61	45	9	4	1	2	4
Providence, R.I.	68	48	13	4	1	2	6
Somerville, Mass.	12	10	1	-	1	-	1
Springfield, Mass.	34	25	7	1	-	1	11
Waterbury, Conn.	33	28	4	1	-	-	2
Worcester, Mass.	71	51	17	2	-	1	11
MID. ATLANTIC	2,723	1,822	600	161	54	86	123
Albany, N.Y.	45	28	9	3	2	3	-
Allentown, Pa.	15	12	3	-	-	-	-
Buffalo, N.Y.	147	104	27	2	4	10	12
Camden, N.J.	41	23	15	1	1	1	1
Elizabeth, N.J.	35	30	3	2	-	-	3
Erie, Pa.†	39	26	11	1	-	1	3
Jersey City, N.J.	54	39	10	4	-	1	1
N.Y. City, N.Y.	1,552	1,017	341	113	34	47	69
Newark, N.J.	43	21	13	5	1	3	-
Paterson, N.J.	44	33	5	3	-	3	3
Philadelphia, Pa.†	226	143	60	11	4	8	12
Pittsburgh, Pa.†	70	44	19	4	1	2	2
Reading, Pa.	34	30	4	-	-	-	4
Rochester, N.Y.	125	91	22	4	5	3	6
Schenectady, N.Y.	30	21	8	-	-	1	2
Scranton, Pa.†	29	25	4	-	-	-	1
Syracuse, N.Y.	96	64	28	3	-	1	-
Trenton, N.J.	39	27	8	1	2	1	1
Utica, N.Y.	18	13	4	1	-	-	1
Yonkers, N.Y.	41	31	6	3	-	1	2
E.N. CENTRAL	2,405	1,543	555	141	74	92	117
Akron, Ohio	61	37	17	4	1	2	-
Canton, Ohio	37	21	13	3	-	-	3
Chicago, Ill.	476	283	118	31	15	29	3
Cincinnati, Ohio	188	123	40	8	5	12	19
Cleveland, Ohio	204	121	55	13	8	7	5
Columbus, Ohio	131	76	36	9	4	6	6
Dayton, Ohio	101	70	19	7	2	3	2
Detroit, Mich.	311	192	74	29	9	7	22
Evansville, Ind.	52	37	10	2	3	-	4
Fort Wayne, Ind.	51	35	10	5	1	-	2
Gary, Ind.	23	17	2	2	2	-	-
Grand Rapids, Mich.	68	53	9	1	3	2	5
Indianapolis, Ind.	166	95	43	13	7	8	7
Madison, Wis.	51	33	11	2	-	5	7
Milwaukee, Wis.	149	105	34	4	2	4	10
Peoria, Ill.	39	28	7	2	2	-	4
Rockford, Ill.	43	34	4	2	2	1	7
South Bend, Ind.	39	23	12	1	3	-	2
Toledo, Ohio	150	112	28	1	4	5	9
Youngstown, Ohio	65	48	13	2	1	1	-
W.N. CENTRAL	762	524	156	35	21	26	38
Des Moines, Iowa	51	34	10	5	-	2	2
Duluth, Minn.	28	23	4	1	-	-	1
Kansas City, Kans.	38	25	11	1	1	-	4
Kansas City, Mo.	124	87	24	3	3	7	7
Lincoln, Nebr.	24	17	5	-	1	1	-
Minneapolis, Minn.	81	54	17	4	4	2	-
Omaha, Nebr.	93	61	16	8	6	2	8
St. Louis, Mo.	165	108	40	6	6	5	6
St. Paul, Minn.	87	66	14	3	-	4	5
Wichita, Kans.	71	49	15	4	-	3	5
S. ATLANTIC	1,314	781	365	80	35	53	65
Atlanta, Ga.	137	72	46	13	4	2	1
Baltimore, Md.	174	109	43	8	5	9	3
Charlotte, N.C.	77	39	31	1	2	4	3
Jacksonville, Fla.	100	60	24	5	8	3	13
Miami, Fla.	101	66	24	8	-	3	4
Norfolk, Va.	63	38	14	3	1	7	4
Richmond, Va.	89	52	26	3	5	3	8
Savannah, Ga.	76	43	28	3	-	2	8
St. Petersburg, Fla.	113	89	18	3	1	2	4
Tampa, Fla.	96	58	26	5	3	4	7
Washington, D.C.	262	139	78	25	6	14	8
Wilmington, Del.	26	16	7	3	-	-	2
E.S. CENTRAL	760	469	203	34	27	27	42
Birmingham, Ala.	117	74	31	5	4	3	2
Chattanooga, Tenn.	69	36	29	2	-	2	5
Knoxville, Tenn.	48	35	10	3	-	-	2
Louisville, Ky.	159	104	35	5	5	8	17
Memphis, Tenn.	175	96	55	12	8	4	9
Mobile, Ala.	53	34	14	2	3	-	1
Montgomery, Ala.	39	26	6	1	3	3	1
Nashville, Tenn.	102	64	23	4	4	7	5
W.S. CENTRAL	1,131	692	275	87	34	42	44
Austin, Tex.	45	31	8	4	2	-	-
Baton Rouge, La.	22	12	7	3	-	-	-
Corpus Christi, Tex.	61	41	12	3	1	4	-
Dallas, Tex.	231	144	54	18	6	9	6
El Paso, Tex.	56	34	15	5	-	1	2
Fort Worth, Tex.	99	61	19	10	6	3	2
Houston, Tex.	41	11	11	8	3	8	1
Little Rock, Ark.	80	52	22	4	1	1	7
New Orleans, La.	125	71	39	9	2	4	2
San Antonio, Tex.	212	136	45	11	9	11	16
Shreveport, La.	57	35	15	3	4	-	-
Tulsa, Okla.	102	64	28	9	-	1	8
MOUNTAIN	686	430	167	52	15	21	44
Albuquerque, N.Mex.	83	51	21	8	1	2	8
Colo. Springs, Colo.	34	25	8	-	1	-	3
Denver, Colo.	149	83	42	16	6	1	10
Las Vegas, Nev.	73	46	22	4	-	1	5
Ogden, Utah	25	16	6	1	1	1	2
Phoenix, Ariz.	159	106	31	8	4	10	7
Pueblo, Colo.	16	15	1	-	-	-	2
Salt Lake City, Utah	42	22	11	5	2	2	1
Tucson, Ariz.	105	66	25	10	-	4	6
PACIFIC	1,872	1,278	404	102	49	38	105
Berkeley, Calif.	19	13	3	3	-	-	1
Fresno, Calif.	74	50	15	4	2	3	5
Glendale, Calif.	15	14	1	-	-	-	1
Honolulu, Hawaii	69	50	12	2	2	3	5
Long Beach, Calif.	109	71	30	4	2	2	4
Los Angeles, Calif.	522	341	124	32	17	7	19
Oakland, Calif.	98	57	27	7	3	4	3
Pasadena, Calif.	27	21	5	-	-	1	2
Portland, Oreg.	145	106	28	5	4	2	15
Sacramento, Calif.	74	46	21	5	1	1	7
San Diego, Calif.	142	97	25	14	4	2	15
San Francisco, Calif.	151	102	31	10	3	5	4
San Jose, Calif.	171	126	36	5	2	2	8
Seattle, Wash.	162	121	30	7	1	3	5
Spokane, Wash.	56	42	5	3	4	2	9
Tacoma, Wash.	38	21	11	1	4	1	2
TOTAL	12,377††	8,045	2,881	726	323	399	647

* 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.

Epidemiologic Notes and Reports

Noise-Induced Hearing Loss in Fire Fighters — New York

In October 1980, the International Association of Fire Fighters asked the National Institute for Occupational Safety and Health (NIOSH) to evaluate reported hearing loss from noise exposure in fire-fighting operations at the Newburgh Fire Department, Newburgh, New York. Audiometric evaluation of 53 of the 55 full-time fire fighters by an outside consultant had detected hearing losses.

In February 1981, NIOSH surveyed noise exposures of the fire fighters at this department (*1*). Noise levels emitted by sirens and fire engines during simulated response calls ranged from 99 dBA* to 116 dBA at various riding positions on the vehicles; measurements were obtained by using a General Radio 1982 sound level meter.† These were later taped and analyzed. The 8-hour time-weighted average (TWA) noise exposures of 16 fire fighters during their regular activities over a 2-day period ranged from 62.8 dBA to 85.3 dBA;§ these noise measurements were obtained by using Metrosonics dB-301/562 Metrologger dosimeters.

In June 1981, using Gradson-Stadler 1703 B self-recording audiometers, NIOSH conducted audiometric evaluations of 54 of these fire fighters. An average hearing loss of 61.8 decibels at 6000 Hz was found for the five fire fighters over 50 years of age, each of whom had nearly 30 years of service. Non-occupational causes of high-frequency hearing loss were not identified.

Reported by Physical Agents Effects Br, Div of Biomedical and Behavioral Science, Hazard Evaluations and Technical Assistance Br, Div of Surveillance, Hazard Evaluations, and Field Studies, NIOSH, CDC.

Editorial Note: The NIOSH evaluation verified the high-frequency hearing losses reported in the initial audiometric evaluation of these fire fighters. The NIOSH environmental survey, in which personal noise dosimeters were used, was conducted on 2 days when no fires and two false alarms occurred; however, simulated runs were made to study the noise intensities normally encountered on the fire vehicles. On the basis of the limited noise survey and the 5-year average number of fire calls in a 40-hour workweek, these fire fighters would average less than 1.5 hours per week of exposure to noise in the range of 99 dBA to 116 dBA. Based on an extension of the Occupational Safety and Health Administration 8-hour TWA noise exposure limit of 90 dBA to a 24-hour TWA of 82 dBA, only two of the 16 fire fighters' 8-hour TWA exposures exceeded the 24-hour exposure limit. Even though the TWA noise exposures do not seem great enough to cause the observed hearing losses, the noise intensities during the simulated and false-alarm runs were high. Noise was not measured during actual fire fighting, but the audiograms point to noise overexposure.

A similar study of hearing loss in fire fighters, conducted at the Los Angeles City Fire Department (*2,3*), produced results comparable to those of the NIOSH study. The noise levels reported in Los Angeles were more intense than those found in Newburgh; differences in the measurement techniques used in the two surveys may account for these discrepancies. Additional studies are planned.

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*Decibels measured on the A-weighting scale.

†Use of trade names is for identification only and does not imply endorsement by the Centers for Disease Control or the Public Health Service.

§NIOSH currently recommends a maximum 85 dBA level for an 8-hour TWA noise exposure.

Hearing Loss — Continued

References

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2. Reischl U, Hanks TG, Reischl P. Occupational related fire fighter hearing loss. Am Ind Hyg Assoc J 1981;42:656—62.
3. Reischl U, Bair HS Jr, Reischl P. Fire fighter noise exposure. Am Ind Hyg Assoc J 1979;40:482-9.

Tuberculosis — California

California recorded 4,520 new tuberculosis cases in 1981, for a rate of 18.7 per 100,000 population, compared with a national rate of 11.9/100,000. Since special tuberculosis hospitals and sanitoria no longer exist, tuberculosis may now be seen by any health care provider or clinic. Following are two examples in which the disease was not initially considered.

Case 1: On November 19, 1982, a 39-year-old Chinese-speaking housewife was discovered to have laboratory-confirmed (sputum and culture positive) pulmonary tuberculosis. She had immigrated from Burma in 1972, and, at that time, her chest x-ray was normal. Throughout the summer of 1982, she felt unwell and developed fever and some weight loss. She sought medical advice in July, but no diagnosis was established. Her symptoms persisted, and she presented again in September with an eight-pound weight loss, a frequent cough, and fatigue. Again no diagnosis was established, and she was given vitamins. In early November, her cough became productive of heavy sputum. She returned to her physician later that month after a 2-year-old child she was tending was found on routine examination to have a significant tuberculin skin test. This child was subsequently admitted to a hospital with pleurisy and x-ray findings compatible with tuberculosis; the child was started on therapy.

Investigation revealed that the woman tended four or five children each day. Three other children in this group (ages 2½ years, 3 years, and 21 months) were found to have significant skin test reactions and had x-ray findings compatible with pulmonary tuberculosis. All three are being treated as patients. One other child also under her care had a significant reaction to purified protein derivative (PPD) and was placed on isoniazid (INH). In addition, her own children (ages 5, 11, and 15 years) and her husband had significant reactions to PPD and were placed on INH.

Case 2: The second patient is a 38-year-old native of the Philippines whose father had died of tuberculosis during the patient's childhood. This patient had a significant PPD reaction before his arrival in the United States in 1969. He underwent a renal transplant 20 months ago, and because of problems with chronic rejection, continues on immunosuppressive medication. He did not take INH at the time of surgery. On December 5, 1982, he was admitted to a hospital with productive cough, night sweats, fever and chills, and a progressive weight loss of 25 pounds during the past 2-3 months. On admission, his posterior pharynx was erythematous, and the tonsils were ulcerated and covered with a whitish exudate. Chest x-ray showed several cavities, and numerous acid-fast bacilli (AFB) were found on sputum smear. Culture was subsequently positive. AFB were also recovered in large numbers from the tonsils. He was placed on triple drug therapy and a week later, was discharged home as improved.

In the 2 months before his hospitalization, the patient had sought medical attention several times. Antibiotics for 'flu' were prescribed on one visit, and on a subsequent visit in November, he received Nystatin for a presumed fungus infection of mouth and tonsils.

Editorial Note: Refugees from Southeast Asia and other immigrants from Asia, Latin America, and the Pacific Basin are coming to California in large numbers. This trend can be ex-

Tuberculosis — Continued

pected to continue. Tuberculosis must be considered in these patients who come from high incidence areas and present with cough and fever. Although the risk of developing current tuberculosis is greatest during the first few years after arrival, these persons remain at higher risk of developing current tuberculosis than the general population.

Reported in California Morbidity, *January 14, 1983.*

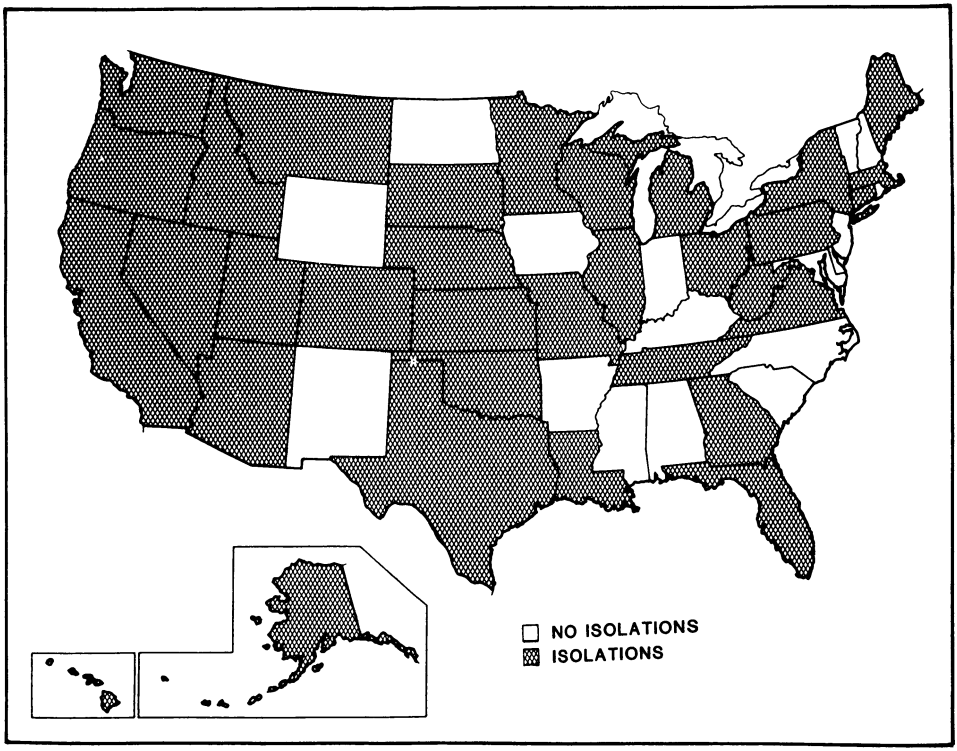
Update: Influenza Virus Activity — United States, Canada

United States: Through January 28, 1983, 33 states in all areas of the country have reported influenza virus isolations from residents (Figure 3). Almost all isolates have been type A(H3N2) virus, related to the A/Bangkok/I/79 component of currently available vaccine. Type A(H1N1) virus was identified from sporadic cases in two locations—Chicago, Illinois, and San Bernadino, California. Type B influenza virus has been identified from sporadic cases in Houston, Texas, and Canton, Ohio.

For the third consecutive week this season, deaths attributed to pneumonia and influenza (P & I) were elevated in 121 U.S. cities for the week ending January 28. The ratio of P & I deaths to total deaths was 5.2, compared with 4.9 the previous week.

Canada: Influenza cases have now been reported by most provinces. Laboratory-

FIGURE 3. Influenza type A virus isolations by state through January 28, 1983 — United States, 1982-1983 season



Influenza – Continued

confirmed influenza A/Bangkok activity has been reported by British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Labrador, and Northwest Territories. As of January 7, 1983, 133 isolates and 91 seroconversions of influenza A/Bangkok-like (H3N2) had been reported by the provinces. By contrast, as of January 7, 1982, one isolate and seven seroconversions of influenza type A virus—some Bangkok-like and others Brazil-like—had been reported.

Reported by J Baxa, Ohio State Dept of Health; L Blouse, MD, U.S. School Aerospace Medicine, San Antonio, Texas; Respective State Epidemiologists and Laboratory Directors; Canada Diseases Weekly Report, *January 15, 1983;9:3; Communicable Disease Div, Bureau of Epidemiology, Laboratory Centre for Disease Control, Ottawa, Ontario, Canada; Consolidated Surveillance Activity, Epidemiology Program Office, WHO Collaborating Center for Influenza, Influenza Br, Statistics Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.*

Erratum: Vol. 31, No. 40

p. 542. In the article, "Sporotrichosis Associated with Wisconsin Sphagnum Moss," JF Stoebig, Wisconsin State Laboratory of Hygiene, should have been included in the credits on p. 543.

The *Morbidity and Mortality Weekly Report* is prepared by the Centers for Disease Control, Atlanta, Georgia, and distributed by the National Technical Information Service, Springfield, Virginia. The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: ATTN: Editor, *Morbidity and Mortality Weekly Report,* Centers for Disease Control, Atlanta, Georgia 30333.

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