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MORBIDITY AND MORTALITY WEEKLY REPORT

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Deaths Attributable to Tubal Sterilization — United States, 1977-1981

From 1977 through 1981, 29 deaths attributable to tubal sterilization were reported in the United States. Eleven of these followed complications of general anesthesia; seven were due to sepsis; four, to hemorrhage; four, to cardiovascular events; and three, to other causes.

Over five million women underwent tubal sterilization during the 1970s, with an estimated case/fatality rate of 3.6/100,000 (1). In 1979, CDC began surveillance of tubal sterilization deaths to determine why they occur and what can be done to prevent them. Sterilization-attributable deaths were identified through a nationwide reporting effort involving individual clinicians, state health departments, medical examiners' offices, and professional societies and through the Commission on Professional and Hospital Activities (CPHA). CPHA annually collects information on approximately 40% of patients discharged from U.S. short-stay hospitals (2). Medical records were requested for each death, and a detailed clinical summary was prepared without any identifying information. A death was considered sterilization-attributable if it would not have occurred in the absence of the tubal sterilization.

Hypoventilation was believed to have contributed to six of the 11 deaths attributed to general anesthesia complications. No woman whose death was so attributed had been intubated. Of four women who died after intraoperative cardiac arrests of unknown causes, three had conditions that may have contributed to death. The remaining death resulted from an idiosyncratic reaction to anesthesia.

Of the four women who died of cardiovascular complications, three died of postoperative myocardial infarction; they were ages 33, 35, and 37, and none had a preoperative diagnosis of cardiac disease. The fourth woman, aged 24, who took oral contraceptives up to the day of tubal sterilization died of a mesenteric vein thrombosis.

Three of the seven women whose deaths were attributed to sepsis had apparent bowel injury following unipolar coagulation. Of the four remaining deaths, three followed other types of organ injury, and the fourth followed a pelvic infection of unknown origin. Three of the four deaths attributed to hemorrhage followed major vessel lacerations that occurred on entry into the peritoneal cavity during a laparoscopic sterilization; the remaining death occurred after a surgical ligature slipped from a fallopian tube stump.

Reported by Epidemiologic Studies Br, Family Planning Evaluation Div, Center for Health Promotion and Education, CDC.

Editorial Note: The 29 reported deaths do not represent all the sterilization-attributable deaths from 1977 to 1981; as many as 108 such deaths may have occurred (3). If this estimate is correct, surveillance has identified 27% of the estimated sterilization-attributable deaths.

In 1981, CDC reported that anesthesia complications were the leading cause of abortion-related deaths and that use of general anesthesia increased the risk of death associated with induced abortion (4). Similarly, the risk of death from tubal sterilization appears greater with general than with local anesthesia. Hypoventilation has been reported as a leading cause of

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anesthesia-related deaths for a variety of surgical procedures (4,5) and also appears to be a major cause of anesthesia-related tubal sterilization deaths. No women whose deaths were attributed to hypoventilation had been intubated before sterilization; furthermore, four of these six women had laparoscopic tubal sterilizations. Endotracheal intubation—particularly for laparoscopic sterilization—has been recommended in an attempt to prevent hypoventilation deaths (6).

Four women died from cardiovascular complications following sterilization procedures. Among factors that may have increased their mortality risk were: smoking, oral contraceptive use at the time of surgery, and age over 35.

Three deaths due to sepsis were attributed to thermal bowel injury associated with unipolar coagulating devices. Because unipolar coagulation may be associated with greater risk of electrical accidents than bipolar coagulation, without any demonstrated greater efficacy, its continued use in tubal sterilization has been questioned (7). Recently, the Board of Trustees of the American Association of Gynecologic Laparoscopists issued a statement suggesting that procedures other than unipolar coagulation be encouraged for laparoscopic sterilization (8).

CDC continues its surveillance of sterilization-attributable deaths and requests that information about individual cases be reported to: Sterilization Surveillance Activity, Epidemiologic Studies Branch, Division of Reproductive Health, CDC.

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Hospital-Associated Outbreak of *Shigella dysenteriae* Type 2 — Maryland

An outbreak of severe dysentery caused by *Shigella dysenteriae* type 2 recently occurred at the U.S. Naval Hospital, Bethesda, Maryland. Epidemiologic investigation implicated the salad bar in the active-duty staff cafeteria as the source of infection.

In March 1983, 95 (6%) of 1,490 active-duty hospital staff members and 12 other individuals (three hospital inpatients, four visitors, and five food-service workers) became ill with acute dysentery. Onset of illness occurred over an 11-day period, and the epidemic curve was consistent with a common-source outbreak (Figure 1). Patients presented with chills, fever, abdominal cramps, and the abrupt onset of profuse watery or bloody diarrhea. Nausea, vomiting, myalgias, and dehydration were frequently noted. A case was defined as a patient with two or more of the following: 1) fever or chills, 2) nausea or vomiting, 3) watery or bloody diarrhea (more than two non-formed bowel movements per day), or 4) abdominal cramps. Twenty-four individuals required hospitalization for intravenous hydration. The duration of illness for most persons ranged from 3 to 8 days.

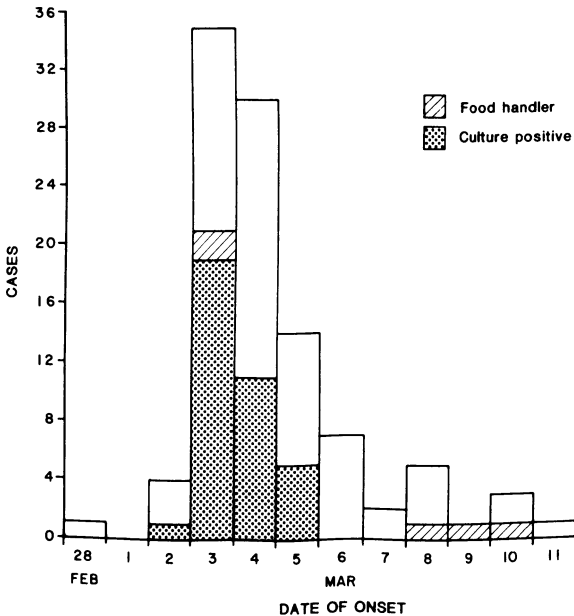
Shigella dysenteriae — Continued

S. dysenteriae type 2 was cultured from stool specimens of 36 of the 80 affected individuals who were cultured. All symptomatic individuals were treated with a 5-day course of either ampicillin or trimethoprim sulfamethoxazole, both of which were effective against the organism *in vitro*. One hundred three of 107 known symptomatic individuals and 102 controls matched by job category were interviewed, and food-specific histories were obtained. Eating food prepared in the staff cafeteria, where 900-1,300 persons eat one or more meals daily, was significantly associated with illness ($p < 0.0001$). Analysis of food histories from patients and controls who ate at the cafeteria at any time between February 28 and March 3 showed that patients were significantly more likely than controls to have eaten raw vegetables from the salad bar ($p = 0.004$). A single batch of salad vegetables prepared on February 28 was served at the salad bar through March 3. No single salad item or dressing was specifically implicated. No samples of salad from the days in question were available for culture, and no cultures taken from available food items were positive. No other outbreaks of food-related shigellosis were reported to state health authorities during the outbreak period.

Interviews and stool cultures were obtained from 63 food handlers. Five had illnesses meeting the case definition with onset concurrent with the other cases. Although no index case was identified, gastrointestinal illnesses appeared to be common causes of absenteeism among food handlers during the 3 weeks preceding the outbreak. No food handler had a positive stool culture; none reported recent emigration or foreign travel.

The scope of the outbreak was undoubtedly limited by the exclusion of civilians from eating in the cafeteria and because food for inpatients is prepared in separate areas by different personnel. Although a few staff members continued to work while ill, most did not work after onset of symptoms. Only ambulatory inpatients or visitors who ate in the staff cafeteria became ill. Two persons with presumed secondary cases who denied eating in the cafeteria were identified, including a civilian nurse who reported taking a rectal culture 12

FIGURE 1. *Shigella dysenteriae* cases, by date of onset and culture result* — Bethesda Naval Hospital, Maryland



*Excludes four cases with unknown date of onset.

Shigella dysenteriae — Continued

hours before onset of her own symptoms from a hospitalized patient with a case, and a student laboratory technician who had contact with other ill technicians.

Preliminary food histories led to closing the salad bar, the cold-sandwich line, and a self-serve ice cream machine on March 7; these were reopened on March 14. Symptomatic health care workers rapidly improved with antibiotic therapy and were allowed to return to work 48 hours after symptoms had subsided. Symptomatic food handlers were required to have two negative rectal cultures, 24 hours apart, after completion of antibiotic therapy. The impact of this outbreak on the hospital operation was considerable. Well staff members volunteered for additional shifts to care for ill co-workers who were hospitalized on a separate ward. The Naval Hospital was not forced to restrict elective admissions.

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Editorial Note: *S. dysenteriae* type 2 is an uncommon cause of disease in the United States; in 1982, only 0.2% (20/8,939) of the *Shigella* isolates of known serotype reported to CDC were type 2.

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

Disease	Cumulative, 19th Week Ending			19th Week Ending		
	May 14, 1983	May 15, 1982	Median 1978-1982	May 14, 1983	May 15, 1982	Median 1978-1982
Aseptic meningitis	81	90	62	1,482	1,460	1,174
Encephalitis: Primary (arthropod-borne & unsp.)	16	17	15	299	310	225
Post-infectious	1	3	4	28	24	67
Gonorrhea: Civilian	15,546	19,169	18,424	318,866	338,776	344,307
Military	491	831	623	8,774	10,028	10,028
Hepatitis: Type A	390	454	576	8,441	8,308	9,874
Type B	395	409	339	7,912	7,523	5,858
Non A, Non B	67	47	N	1,194	776	N
Unspecified	141	157	171	2,854	3,057	3,654
Legionellosis	15	4	N	244	137	N
Leprosy	4	3	3	99	72	61
Malaria	10	16	16	237	291	291
Measles: Total	20	64	379	727	550	7,197
Indigenous	6	N	N	598	N	N
Imported*	14	N	N	129	N	N
Meningococcal infections: Total	61	73	69	1,248	1,355	1,278
Civilian	61	73	69	1,236	1,350	1,268
Military	-	-	-	12	5	10
Mumps	86	141	308	1,595	2,819	5,085
Pertussis	45	12	20	620	392	392
Rubella (German measles)	30	77	164	442	1,153	2,001
Syphilis (Primary & Secondary): Civilian	457	523	500	11,675	12,069	9,562
Military	5	8	8	175	150	129
Toxic-shock syndrome	2	N	N	140	N	N
Tuberculosis	377	492	561	7,992	8,931	9,353
Tularemia	2	4	3	63	39	40
Typhoid fever	4	4	8	132	134	138
Typhus fever, tick-borne (RMSF)	10	21	25	69	80	66
Rabies, animal	117	138	138	2,357	2,181	2,181

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1983		Cum. 1983
Anthrax	-	Plague	2
Botulism: Foodborne	8	Poliomyelitis: Total	1
Infant	25	Paralytic	1
Other	-	Psittacosis (Mich. 1, Oreg. 1)	36
Brucellosis (Va. 1, Tex. 4)	45	Rabies, human	2
Cholera	-	Tetanus	16
Congenital rubella syndrome	9	Trichinosis (N.J. 1)	15
Diphtheria	-	Typhus fever, flea-borne (endemic, murine)	11
Leptospirosis	12		

*Thirteen of the 20 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending
May 14, 1983 and May 15, 1982 (19th week)

Reporting Area	Aseptic Mening- itis	Encephalitis		Gonorrhoea (Civilian)		Hepatitis (Viral), by type				Legionel- losis	Leprosy	Malaria
		Primary	Post-in- fectious			A	B	NA,NB	Unspeci- fied			
		1983	Cum. 1983	Cum. 1983	Cum. 1983	Cum. 1982	1983	1983	1983	1983	1983	Cum. 1983
UNITED STATES	81	299	28	318,866	338,776	390	395	67	141	15	99	237
NEW ENGLAND	4	16	-	8,173	8,110	7	16	3	7	6	2	7
Maine	1	-	-	435	354	1	-	-	-	-	-	-
N.H.	-	1	-	217	266	2	-	-	-	-	2	-
Vt.	-	1	-	145	169	-	-	1	-	-	-	-
Mass.	2	8	-	3,579	3,801	4	6	1	7	-	-	2
R.I.	-	-	-	454	555	-	2	-	-	-	-	1
Conn.	1	6	-	3,343	2,965	-	8	1	-	6	-	4
MID ATLANTIC	8	36	4	39,955	40,430	71	63	3	30	1	17	39
Upstate N.Y.	4	11	-	5,856	6,498	7	23	3	6	-	-	13
N.Y. City	1	7	-	17,284	17,098	55	12	-	5	1	16	13
N.J.	3	8	-	7,853	7,106	9	28	-	19	-	-	10
Pa.	U	10	4	8,962	9,728	U	U	U	U	U	1	3
E.N. CENTRAL	5	53	4	42,336	48,407	36	38	10	10	6	3	10
Ohio	2	21	3	12,562	13,803	7	19	3	3	6	1	1
Ind.	1	5	1	5,091	5,347	12	7	3	7	-	-	-
Ill.	-	-	-	8,427	13,508	3	3	3	-	-	1	2
Mich.	2	25	-	12,312	11,281	14	9	1	-	-	1	7
Wis.	-	2	-	3,944	4,468	-	-	-	-	-	-	-
W.N. CENTRAL	10	39	4	15,189	15,993	7	5	2	5	-	3	9
Minn.	-	18	1	2,225	2,396	6	1	-	1	-	2	3
Iowa	2	17	-	1,672	1,749	-	1	2	-	-	-	2
Mo.	7	2	-	7,297	7,359	-	1	-	4	-	-	2
N. Dak.	-	-	-	148	228	-	-	-	-	-	-	1
S. Dak.	-	-	1	432	445	1	1	-	-	-	-	-
Nebr.	-	2	-	889	988	-	-	-	-	-	-	-
Kans.	1	-	2	2,526	2,828	-	1	-	-	-	1	1
S. ATLANTIC	16	43	8	82,329	87,462	38	95	11	16	1	3	32
Del.	-	-	-	1,509	1,328	-	-	-	2	-	-	-
Md.	1	7	-	10,469	10,725	2	25	1	2	-	-	4
D.C.	-	-	-	5,619	4,532	-	3	-	-	-	-	3
Va.	3	15	1	6,823	7,481	2	1	-	3	-	-	5
W. Va.	-	-	-	872	995	2	1	-	-	-	-	1
N.C.	6	8	-	11,915	14,059	4	16	-	4	-	-	1
S.C.	1	2	-	7,993	8,316	2	7	2	-	-	-	3
Ga.	-	3	-	17,971	16,009	3	18	2	2	-	1	2
Fla.	5	8	7	19,158	24,017	23	24	6	3	1	2	13
E.S. CENTRAL	5	9	2	27,377	28,563	29	20	1	1	-	-	3
Ky.	-	-	-	3,277	3,763	19	5	-	-	-	-	-
Tenn.	2	1	-	10,839	10,823	3	8	1	1	-	-	-
Ala.	3	8	2	8,910	8,812	4	4	-	-	-	-	1
Miss.	-	-	-	4,351	5,165	3	3	-	-	-	-	2
W.S. CENTRAL	14	31	1	45,967	47,027	81	55	3	40	-	9	29
Ark.	1	4	-	3,405	4,006	-	3	1	2	-	-	2
La.	2	3	-	8,228	8,215	18	7	-	2	-	-	2
Okla.	2	6	1	5,457	5,088	11	19	2	3	-	-	7
Tex.	9	18	-	28,877	29,718	52	26	-	33	-	9	18
MOUNTAIN	-	18	2	9,851	11,882	33	20	6	6	-	11	10
Mont.	-	-	-	453	489	-	1	-	-	-	-	-
Idaho	-	-	-	455	544	2	-	-	-	-	-	-
Wyo.	U	2	-	251	326	U	U	U	U	U	-	-
Colo.	-	7	-	2,707	3,143	6	1	1	1	-	2	4
N. Mex.	-	1	-	1,264	1,515	4	2	1	-	-	-	2
Ariz.	-	1	2	2,673	3,326	20	13	3	4	-	9	3
Utah	-	7	-	474	544	1	3	1	1	-	-	1
Nev.	-	-	-	1,574	1,995	-	-	-	-	-	-	-
PACIFIC	19	54	3	47,689	50,902	88	83	28	26	1	51	98
Wash.	-	4	-	3,373	4,258	6	10	10	-	-	5	2
Oreg.	-	-	1	2,433	2,799	7	6	2	-	-	1	4
Calif.	15	48	2	39,817	41,676	71	66	15	26	1	32	92
Alaska	-	-	-	1,123	1,277	4	-	1	-	-	-	-
Hawaii	4	2	-	943	892	-	1	-	-	-	13	-
Guam	U	-	-	33	49	U	U	U	U	U	-	-
P.R.	-	-	-	1,111	1,071	5	19	-	8	-	-	1
V.I.	U	-	-	92	87	U	U	U	U	U	-	-
Pac. Trust Terr.	U	-	-	-	165	U	U	U	U	U	-	-

N: Not notifiable

U: Unavailable

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
May 14, 1983 and May 15, 1982 (19th week)

Reporting Area	Measles (Rubeola)					Meningococcal infections	Mumps			Pertussis			Rubella		
	Indigenous		Imported*		Total		1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982	1983	Cum. 1983	Cum. 1982
	1983	Cum. 1983	1983	Cum. 1983	Cum. 1982										
UNITED STATES	6	598	14	129	550	1,248	86	1,595	2,819	45	620	392	30	442	1,153
NEW ENGLAND	-	2	-	2	8	61	3	67	129	-	18	24	-	6	9
Maine	-	-	-	-	-	6	-	12	29	-	-	-	-	-	-
N.H.	-	-	-	1	2	2	-	13	13	-	2	4	-	2	8
Vt.	-	-	-	-	2	3	-	7	4	-	2	1	-	2	-
Mass.	-	2	-	-	2	21	1	16	62	-	12	9	-	2	-
R.I.	-	-	-	-	-	3	2	9	10	-	2	8	-	-	1
Conn.	-	-	-	2	3	26	-	10	11	-	-	2	-	-	-
MID ATLANTIC	-	8	-	14	39	184	6	116	202	19	197	68	2	26	66
Upstate N.Y.	-	-	-	2	23	71	1	48	39	9	57	43	2	17	33
N.Y. City	-	8	-	8	14	30	1	8	31	9	24	13	-	2	21
N.J.	-	-	-	1	-	26	4	22	30	1	11	5	-	2	12
Pa.	U	-	U	3	2	57	U	38	102	U	105	7	U	5	-
E.N. CENTRAL	5	356	-	51	31	211	48	792	1,632	11	139	125	9	70	106
Ohio	-	5	-	13	-	77	6	377	1,193	1	45	22	-	1	-
Ind.	-	270	-	-	1	23	1	18	25	4	13	11	1	13	18
Ill.	5	81	-	33	15	50	9	84	113	3	66	62	7	32	30
Mich.	-	-	-	5	15	44	32	268	230	3	9	7	1	12	38
Wis.	-	-	-	-	-	17	-	45	71	-	6	23	-	12	20
W.N. CENTRAL	-	-	-	-	2	73	1	112	229	2	43	18	1	29	24
Minn.	-	-	-	-	-	12	-	17	136	-	17	7	-	5	2
Iowa	-	-	-	-	-	8	-	33	24	-	4	1	-	-	-
Mo.	-	-	-	-	2	37	-	15	7	-	5	5	-	-	16
N. Dak.	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-
S. Dak.	-	-	-	-	-	2	-	-	1	-	2	2	-	-	1
Nebr.	-	-	-	-	-	1	-	2	-	-	-	1	-	-	-
Kans.	-	-	-	-	-	12	1	45	61	2	14	2	1	24	5
S. ATLANTIC	-	130	-	16	31	277	7	100	170	5	75	40	7	55	35
Del.	-	-	-	-	-	-	-	5	3	-	-	3	-	-	1
Md.	-	-	-	2	2	27	-	15	13	-	8	-	-	1	14
D.C.	-	-	-	-	1	4	-	-	-	-	-	1	-	-	-
Va.	-	1	-	11	14	39	-	20	27	3	28	7	-	1	8
W. Va.	-	-	-	-	1	2	3	19	71	-	2	3	-	-	1
N.C.	-	-	-	-	-	56	-	4	7	-	5	6	-	6	-
S.C.	-	-	-	3	-	35	1	6	9	-	5	4	-	-	1
Ga.	-	6	-	-	-	46	3	31	8	2	20	9	2	8	3
Fla.	-	123	-	-	13	68	-	-	32	-	7	7	5	39	7
E.S. CENTRAL	-	-	-	1	5	78	2	28	26	-	5	9	1	6	34
Ky.	-	-	-	1	1	15	2	13	9	-	2	1	-	5	19
Tenn.	-	-	-	-	4	29	-	12	10	-	2	4	-	-	-
Ala.	-	-	-	-	-	22	-	-	4	-	-	-	1	1	-
Miss.	-	-	-	-	-	12	-	3	3	-	1	4	-	-	15
W.S. CENTRAL	-	33	12	24	6	146	8	119	109	6	59	22	1	69	52
Ark.	-	-	-	1	-	12	-	2	6	1	3	1	-	-	3
La.	-	-	12 [†]	2	-	27	-	-	3	-	2	-	-	9	-
Okla.	-	-	-	-	-	17	-	-	-	4	27	2	-	-	2
Tex.	-	33	-	1	6	90	8	117	100	1	27	19	1	60	50
MOUNTAIN	-	-	-	2	-	48	2	73	44	-	64	23	2	16	33
Mont.	-	-	-	-	-	3	-	2	3	-	1	-	-	3	3
Idaho	-	-	-	-	-	4	-	4	2	-	2	1	1	5	-
Wyo.	U	-	U	-	-	1	U	-	2	U	4	1	U	1	5
Colo.	-	-	-	2	-	22	-	9	10	-	40	7	-	-	3
N. Mex.	-	-	-	-	-	5	-	-	-	-	5	3	-	-	3
Ariz.	-	-	-	-	-	8	2	50	14	-	9	10	-	4	7
Utah	-	-	-	-	-	5	-	6	11	-	3	1	1	2	10
Nev.	-	-	-	-	-	-	-	2	2	-	-	-	-	1	2
PACIFIC	1	69	2	19	428	170	9	188	278	2	20	63	7	165	794
Wash.	-	1	1 [§]	2	18	24	1	27	43	-	1	11	-	6	22
Oreg.	-	5	-	-	-	28	-	-	-	2	5	7	-	9	3
Calif.	1	62	1 [†]	17	408	114	8	141	225	-	14	45	7	150	762
Alaska	-	-	-	-	-	-	-	9	6	-	-	-	-	-	1
Hawaii	-	1	-	-	2	4	-	11	4	-	-	-	-	-	6
Guam	U	-	U	-	5	1	U	-	1	U	-	-	U	-	1
P.R.	-	56	-	-	62	7	2	72	26	2	5	12	-	2	4
V.I.	U	-	U	5	-	-	U	-	-	U	-	-	U	1	-
Pac. Trust Terr.	U	-	U	-	-	-	U	-	1	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
May 14, 1983 and May 15, 1982 (19th 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	11,675	12,069	2	377	7,992	63	132	69	2,357
NEW ENGLAND	282	222	-	14	209	-	5	1	3
Maine	12	1	-	-	13	-	-	-	2
N.H.	7	1	-	-	16	-	-	-	1
Vt.	2	-	-	-	2	-	-	-	-
Mass.	178	156	-	12	111	-	5	1	-
R.I.	6	12	-	-	16	-	-	-	-
Conn.	77	52	-	2	51	-	-	-	-
MID ATLANTIC	1,452	1,638	-	66	1,457	-	27	-	62
Upstate N.Y.	73	187	-	27	248	-	4	-	30
N.Y. City	881	982	-	31	598	-	13	-	-
N.J.	302	197	-	8	316	-	9	-	-
Pa.	196	272	U	U	295	-	1	-	32
E.N. CENTRAL	506	769	-	43	1,054	-	20	2	182
Ohio	170	115	-	4	160	-	5	-	23
Ind.	62	81	-	-	91	-	1	-	11
Ill.	150	409	-	24	468	-	8	-	99
Mich.	94	124	-	13	284	-	6	2	-
Wis.	30	40	-	2	51	-	-	-	49
W.N. CENTRAL	138	232	-	20	276	21	6	4	350
Minn.	57	41	-	3	48	-	-	-	73
Iowa	4	11	-	-	27	-	-	-	94
Mo.	52	142	-	13	152	15	1	3	41
N. Dak.	1	4	-	-	-	-	-	1	23
S. Dak.	3	-	-	-	19	-	-	-	58
Nebr.	7	8	-	1	8	2	-	-	28
Kans.	14	26	-	3	22	4	5	-	33
S. ATLANTIC	3,056	3,305	1	78	1,559	12	19	24	832
Del.	15	7	-	-	10	-	-	-	1
Md.	189	193	-	-	114	5	5	2	347
D.C.	129	207	-	2	65	-	-	-	1
Va.	218	241	-	11	146	1	4	6	309
W. Va.	11	8	1	2	60	-	2	1	62
N.C.	278	240	-	-	183	5	1	9	6
S.C.	199	150	-	9	146	-	1	4	7
Ga.	568	689	-	25	340	1	-	1	85
Fla.	1,449	1,570	-	29	495	-	6	1	14
E.S. CENTRAL	803	858	-	48	775	7	2	4	197
Ky.	44	41	-	13	209	-	-	1	41
Tenn.	220	237	-	12	226	5	1	1	133
Ala.	338	302	-	18	195	-	-	2	23
Miss.	201	278	-	5	145	2	1	-	-
W.S. CENTRAL	3,108	2,991	-	31	897	19	8	31	512
Ark.	85	79	-	15	90	12	-	3	93
La.	669	634	-	8	145	2	1	-	14
Okla.	97	64	-	8	111	5	-	15	51
Tex.	2,257	2,214	-	-	551	-	7	13	354
MOUNTAIN	273	302	-	11	218	1	7	2	82
Mont.	4	1	-	-	22	-	1	1	63
Idaho	3	17	-	-	13	-	-	1	-
Wyo.	4	9	U	U	4	-	-	-	1
Colo.	65	90	-	-	15	-	1	-	-
N. Mex.	90	60	-	2	42	1	-	-	2
Ariz.	66	67	-	9	95	-	3	-	16
Utah	9	10	-	-	18	-	1	-	-
Nev.	32	48	-	-	9	-	-	-	-
PACIFIC	2,057	1,752	1	66	1,547	3	38	1	137
Wash.	60	57	-	6	83	2	2	-	-
Oreg.	37	48	-	2	70	-	-	-	-
Calif.	1,925	1,595	1	53	1,278	1	35	1	130
Alaska	8	6	-	-	13	-	-	-	7
Hawaii	27	46	-	5	103	-	1	-	-
Guam	-	1	U	U	1	-	-	-	-
P.R.	311	221	-	3	315	-	-	-	20
V.I.	8	1	U	U	1	-	-	-	-
Pac. Trust Terr.	-	-	U	U	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
May 14, 1983 (19th 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	640	426	138	36	18	22	49	S. ATLANTIC	1,188	728	274	96	39	51	51
Boston, Mass.	191	115	48	11	7	10	21	Atlanta, Ga.	149	93	38	12	2	4	4
Bridgeport, Conn.	40	25	9	3	2	1	3	Baltimore, Md.	226	147	48	17	10	4	6
Cambridge, Mass.	22	15	7	-	-	-	2	Charlotte, N.C.	61	38	18	3	1	1	6
Fall River, Mass.	37	30	3	3	1	-	-	Jacksonville, Fla.	112	60	28	15	6	3	6
Hartford, Conn.	60	33	18	3	1	5	3	Miami, Fla.	132	72	26	21	8	5	1
Lowell, Mass.	27	18	7	2	-	-	1	Norfolk, Va.	63	42	15	4	1	1	3
Lynn, Mass.	18	14	4	-	-	-	-	Richmond, Va.	60	40	14	3	1	2	4
New Bedford, Mass.	25	15	5	3	-	2	2	Savannah, Ga.	55	31	14	1	-	9	6
New Haven, Conn.	41	27	9	2	1	2	1	St. Petersburg, Fla.	80	63	9	5	-	3	5
Providence, R.I.	52	39	8	4	1	-	6	Tampa, Fla.	81	48	19	2	4	8	3
Somerville, Mass.	6	5	1	-	-	-	1	Washington, D.C.	121	62	38	9	5	7	3
Springfield, Mass.	33	24	5	2	1	1	3	Wilmington, Del.	48	32	7	4	1	4	4
Waterbury, Conn.	32	25	3	2	2	-	2	E.S. CENTRAL	700	437	170	46	27	20	42
Worcester, Mass.	56	41	11	1	2	1	4	Birmingham, Ala.	108	66	28	8	3	3	1
MID. ATLANTIC	2,620	1,663	622	204	50	81	102	Chattanooga, Tenn.	48	31	11	4	2	-	5
Albany, N.Y.	43	31	9	-	1	2	1	Knoxville, Tenn.	35	23	8	1	1	2	-
Allentown, Pa.	16	12	4	-	-	-	-	Louisville, Ky.	126	80	32	8	3	3	19
Buffalo, N.Y.	122	73	38	8	-	3	10	Memphis, Tenn.	140	90	32	7	5	6	2
Camden, N.J.	29	22	4	3	-	-	1	Mobile, Ala.	69	44	13	7	4	1	2
Elizabeth, N.J.	28	17	11	-	-	-	-	Montgomery, Ala.	62	31	20	3	5	3	7
Erie, Pa. †	36	28	7	1	-	-	1	Nashville, Tenn.	112	72	26	8	4	2	6
Jersey City, N.J.	60	40	12	4	-	4	1	W.S. CENTRAL	1,342	763	333	126	73	47	45
N.Y. City, N.Y.	1,377	870	324	132	28	23	42	Austin, Tex.	73	49	9	9	5	1	-
Newark, N.J.	70	26	26	12	5	1	9	Baton Rouge, La.	24	13	8	1	1	1	-
Paterson, N.J.	19	16	2	-	1	-	-	Corpus Christi, Tex.	40	25	13	1	1	-	-
Philadelphia, Pa. †	394	215	101	30	7	41	18	Dallas, Tex.	181	92	48	20	12	9	3
Pittsburgh, Pa. †	65	45	17	1	1	1	2	El Paso, Tex.	65	37	17	2	3	6	3
Reading, Pa.	33	26	5	-	2	-	-	Fort Worth, Tex.	93	61	18	7	5	2	6
Rochester, N.Y.	96	74	17	3	-	-	9	Houston, Tex.	341	172	84	49	21	15	5
Schenectady, N.Y.	21	14	7	-	-	-	1	Little Rock, Ark.	74	47	18	3	3	3	6
Scranton, Pa. †	32	27	5	-	-	-	1	New Orleans, La.	170	91	44	16	11	8	4
Syracuse, N.Y.	98	61	22	6	3	6	2	San Antonio, Tex.	171	99	51	10	9	2	12
Trenton, N.J.	31	25	5	1	-	-	-	Shreveport, La.	31	23	6	1	1	-	-
Utica, N.Y.	21	18	2	1	-	-	-	Tulsa, Okla.	79	54	17	7	1	-	6
Yonkers, N.Y.	29	23	4	2	-	-	1	MOUNTAIN	656	417	146	40	23	30	37
E.N. CENTRAL	2,297	1,505	516	138	59	79	80	Albuquerque, N.Mex.	83	56	16	6	3	2	4
Akron, Ohio	49	30	14	-	2	3	-	Colorado Springs, Colo.	36	28	6	-	1	1	7
Canton, Ohio	51	41	5	4	-	1	3	Denver, Colo.	101	63	20	9	3	6	5
Chicago, Ill.	579	368	134	53	11	13	15	Las Vegas, Nev.	79	40	24	7	5	3	7
Cincinnati, Ohio	156	100	41	6	1	8	12	Ogden, Utah	27	16	7	2	-	2	1
Cleveland, Ohio	184	107	44	8	7	18	5	Phoenix, Ariz.	147	90	33	9	7	8	3
Columbus, Ohio	138	81	35	10	7	5	1	Pueblo, Colo.	24	14	6	4	-	-	1
Dayton, Ohio	91	63	21	2	2	3	4	Salt Lake City, Utah	53	31	11	2	1	8	1
Detroit, Mich.	254	168	53	20	7	6	9	Tucson, Ariz.	106	79	23	1	3	-	8
Evansville, Ind.	40	28	8	3	-	1	1	PACIFIC	1,846	1,234	398	110	51	52	119
Fort Wayne, Ind.	54	34	11	1	5	3	3	Berkeley, Calif.	18	13	2	2	-	1	-
Gary, Ind.	14	9	3	1	1	-	2	Fresno, Calif.	69	41	16	5	4	2	6
Grand Rapids, Mich.	63	48	10	2	-	3	2	Glendale, Calif.	21	18	2	-	1	4	7
Indianapolis, Ind.	177	105	49	8	7	5	3	Honolulu, Hawaii	82	49	23	3	3	2	6
Madison, Wis.	31	21	7	1	-	2	3	Long Beach, Calif.	90	53	31	2	2	2	6
Milwaukee, Wis.	109	82	21	4	1	10	10	Los Angeles, Calif.	569	382	116	44	17	10	26
Peoria, Ill.	13	9	3	-	-	1	-	Oakland, Calif.	87	53	21	3	-	4	5
Rockford, Ill.	46	28	11	3	1	3	2	Pasadena, Calif.	32	21	10	1	-	-	5
South Bend, Ind.	59	48	7	2	2	-	3	Portland, Ore.	117	81	23	8	-	5	6
Toledo, Ohio	128	89	28	8	3	-	2	Sacramento, Calif.	66	48	11	2	3	2	6
Youngstown, Ohio	61	46	11	2	1	1	-	San Diego, Calif.	135	91	27	8	5	4	17
W.N. CENTRAL	751	494	167	34	16	39	35	San Francisco, Calif.	143	103	24	7	4	5	6
Des Moines, Iowa	54	40	11	-	2	1	4	San Jose, Calif.	154	105	31	7	6	5	11
Duluth, Minn.	20	13	6	-	-	1	1	Seattle, Wash.	123	90	22	7	2	5	5
Kansas City, Kans.	32	18	7	3	2	1	5	Spokane, Wash.	67	38	16	8	2	3	7
Kansas City, Mo.	111	76	25	5	2	3	2	Tacoma, Wash.	73	48	17	3	2	3	6
Lincoln, Nebr.	32	27	5	-	-	-	4	TOTAL	12,040	7,667	2,764	830	356	421	560
Minneapolis, Minn.	101	67	22	3	2	7	2								
Omaha, Nebr.	80	46	16	7	2	9	3								
St. Louis, Mo.	185	107	37	8	3	10	8								
St. Paul, Minn.	79	59	15	2	1	2	1								
Wichita, Kans.	77	41	23	6	2	5	5								

* 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.

Shigella dysenteriae — Continued

Because the infectious dose of *Shigella* is relatively small, it is more likely to spread person-to-person than are other enteric pathogens such as *Salmonella* and *Vibrio cholerae* 01. Although 6% of the active duty hospital staff members became ill, there was no evidence of secondary spread from staff to patients. The opportunity for spread from staff to patients was undoubtedly decreased, since most ill staff members did not work after onset of symptoms.

Illness Associated with Elevated Levels of Zinc in Fruit Punch — New Mexico

On November 19, 1982, a group of students in a Grant County, New Mexico, junior high school became ill, with symptoms of headache, chills, dizziness, nausea, and vomiting. An investigation by the New Mexico Health and Environment Department (NMHED) showed that illness was confined to students who attended the 9:30 and 11:15 a.m. home economics classes on November 19, where fruit punch and cookies prepared the previous evening were served.

Thirty-one (25 females and six males) of the 47 students attending those classes were interviewed. Eighteen (58%) reported at least one symptom, including nausea (83%), abdominal cramps (61%), metallic taste (33%), headache (33%), dizziness (22%), vomiting (11%), and chills (11%).

Eighteen (69%) of 26 students who drank punch reported illness, but none of the five who did not drink punch reported illness ($p = 0.007$). The percentage of illness was higher among those who drank 4 or more ounces of punch (89%) than those who drank less than 4 ounces (40%) ($p = 0.046$). Illness was not associated with eating cookies.

Onset of illness ranged from 5 minutes to 2 hours after the punch—a mixture of two brands of commercial fruit punch, lemonade, and ginger ale—was consumed. The mixture was stored overnight in three 5-gallon water containers that had galvanized metal linings, with large areas of corrosion. The punch was transferred to plastic pitchers immediately before it was served.

The NMHED Scientific Laboratory Division analyzed samples of implicated punch for heavy metals. The analyses showed elevated levels of zinc and slightly elevated levels of iron (Table 1). No other metals, including cadmium, showed elevated levels. Because of its low pH, the punch was not examined for microorganisms.

Reported by S Lapham, MD, R Vanderly, R Brackbill, PhD, M Tikkanen, New Mexico Health and Environment Dept; Special Studies Br, Div of Chronic Diseases, Center for Environmental Health, CDC.

Editorial Note: Zinc is a major constituent of galvanized metal. On contact with acidic foods and beverages, it is converted to zinc salts, which are readily absorbed by the body.

Outbreaks of illness manifested by fever, nausea, vomiting, abdominal cramps, and diarrhea have been reported after consumption of foods or beverages prepared or stored in galva-

TABLE 1. Concentration of heavy metals in two samples of fruit punch — Grant County, New Mexico, 1982

Punch sample	Heavy metal concentration*		
	pH	Zinc (ppm)	Iron (ppm)
From container	3.8	443	13.2
From student's glass	3.4	241	40.1

*Analysis by inductively coupled atomic emission spectroscopy.

Zinc Illness — Continued

nized containers (1-3). Onset of symptoms has ranged from a few minutes to 24 hours, with the shorter periods associated with ingestion of liquids (3). In previously reported outbreaks, zinc levels found in contaminated foods or beverages have exceeded 1,000 parts per million. The emetic dose of zinc is 225-450 mg for adults (4), but may be lower for teenagers with lower body weights. Although only two students in this episode vomited, 83% complained of nausea.

The Food and Drug Administration considers galvanized metal an unacceptable surface material for equipment and utensils used with food and beverages (other than water) (5).

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Adenovirus Type 7 Outbreak in a Pediatric Chronic-Care Facility — Pennsylvania, 1982

In July 1982, an outbreak of respiratory disease caused by adenovirus type 7 (Ad 7) occurred in a chronic-care facility in a pediatric hospital in Pennsylvania. On June 6, a physician, the presumed index case, developed injected conjunctiva; 2 days later, conjunctivitis; and on June 12, an acute upper respiratory-tract illness ([URI] coryza and/or pharyngitis). Between June 15 and July 9, four of the 14 children in the facility became ill with an acute respiratory illness characterized by either URI or lower respiratory-tract illness ([LRI] fever and respiratory distress). These four, and three other asymptomatic children, were culture-positive for Ad 7 (Table 2). Three of the four ill children had LRI and required mechanical ventilation; one with congenital heart disease and one with bronchopulmonary dysplasia died. In addition, three of the other 35 staff members (physicians, nurses, and play therapists) developed acute URI, and Ad 7 was isolated from cultures from two of them.

The chronic-care facility has a nurses' station, treatment room, playroom, and three patient rooms—with four, six, and seven beds, respectively. All 14 children remained in the facility throughout the outbreak. Culture-positive children resided in two of the three rooms.

The index case had contact with all 14 children on June 6-7 and from June 14 on. Both culture-positive staff members had contact with the first ill child as early as June 15. Ultimately, one of these staff members had contact with all seven culture-positive and three of seven culture-negative children. The other had contact with three culture-positive children and one culture-negative child. When these staff members became ill, they were excluded from patient contact. When the extent of the outbreak was recognized on June 22, children culture-positive for Ad 7 were moved into one room, and staff members with acute respiratory illness were excluded from contact with the children.

Reported by MA Fee, MD, E Charney, MD, SA Plotkin, MD, HM Friedman, MD, P Pershing, A O'Hara, C Forrer, Children's Hospital of Philadelphia; Hospital Infections Program, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: This outbreak serves as a reminder of the risks of Ad 7 nosocomial infections. Of all the adenovirus types, types 7, 3, and 21 are most likely to cause serious respiratory disease, particularly in young children (1-3). Adenovirus outbreaks among infants and children have been reported from a variety of closed communities, including hospitals

Adenovirus — Continued

and children's homes (4-6). Significant mortality and long-term morbidity are sometimes associated with these infections, especially among infants and immunocompromised children (1-6). In this report, the fatalities may have been related to underlying cardiac and respiratory disease. Other respiratory viruses can also cause serious nosocomial disease resulting in significant morbidity, prolonged hospitalization, and death (7). Respiratory syncytial virus (RSV) is a particularly serious and frequent nosocomial pathogen among infants and young children (7,8).

Viral infections are increasingly recognized as important nosocomial problems, and guidelines for their prevention and control are being developed (7). Prevention and control of respiratory viruses as nosocomial pathogens are particularly difficult. These viruses are epidemic in the community during the fall, winter, and spring, and illness caused by the serious nosocomial pathogens, e.g. RSV and Ad 7, is often indistinguishable from that caused by less serious nosocomial pathogens, e.g. rhinoviruses. They can infect staff and patients alike, and in some instances, virus can be shed for long periods of time.

Because of the seriousness of some nosocomial viral respiratory infections, some authorities recommend isolation and other infection-control measures for infants and children hospitalized with symptoms of viral respiratory-tract infections (8). The "Guidelines for Preven-

TABLE 2. Characteristics of adenovirus type 7 cases in a chronic-care pediatric unit — Pennsylvania, 1982

Case	Onset of symptoms	Positive Ad 7 cultures	Age	Underlying disease	† Predominant symptoms
1	June 6	ND*	Adult (staff)	none	URI, † conjunctivitis
2	June 15	June 15	9 mo	BPD [§] ileostomy tracheostomy	URI, fever, diarrhea, wheezing
3	June 22	July 7	Adult (staff)	none	URI, fever, conjunctivitis
4	June 22	ND	Adult (staff)	none	URI
5	June 22	June 29	11 mo	BPD [¶]	URI LRI ^{††}
6	June 24	June 29	12 mo	CHD ^{**¶}	LRI vomiting, diarrhea
7	—	June 29	2 yr	cervical cord trauma	asymptomatic
8	—	June 29	3 yr	BPD	asymptomatic
9	June 30	July 7	adult (staff)	none	URI, fever
10	July 1	July 1	7 mo	Downs syndrome gastrostomy CHD tracheostomy	LRI, vomiting, diarrhea
11	—	July 9	18 mo	BPD	asymptomatic

*Not done

†Upper respiratory illness

§Bronchopulmonary dysplasia

¶Patient died

**Congenital heart disease

††Lower respiratory illness

Adenovirus – Continued

tion of Nosocomial Pneumonia" recommends that personnel with URI not be assigned to the direct care of high-risk patients, such as neonates and young children (9).

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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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