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MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Early Detection of Primary Hepatocellular Carcinoma — Alaska

High rates of primary hepatocellular carcinoma (PHC) and hepatitis B virus (HBV) infection have been found in the Alaskan Eskimo population (1,2). Chronic HBV infection is believed to have an etiologic role in the development of PHC. Alpha-fetoprotein (AFP) is frequently elevated in clinically evident PHC, but its use in the preclinical detection of PHC in persons serologically positive for hepatitis B surface antigen (HBsAg) has not been extensively evaluated. In 1980, a pilot AFP screening program was begun among 20 HBsAg-positive Alaskan Natives from three families at high risk for PHC. Each family had a high rate of HBV infection and had two family members die of PHC. In 1982, semiannual AFP screening resulted in the early detection and surgical resection of a 2-cm PHC in an asymptomatic, 19-year-old Eskimo man who has since done well (3). After this success, the AFP screening program was expanded to include all HBsAg-positive Alaskan Natives.

Between November 1, 1982, and December 31, 1983, 925 Alaskan Natives with sera positive for HBsAg were tested for AFP. As a result, four asymptomatic persons with proven or suspected PHC were identified. The following is a report of the most recent case and a description of the AFP screening program.

On November 27, 1983, an 11-year-old Eskimo boy was found to have an AFP level of 1,342 ng/ml (normal 25 ng/ml or less, ELISA). He was HBsAg-positive when first tested in 1975 and had a previously normal AFP level in November 1982. While the boy had no previous family history of PHC, three other persons from the same village (population 331) developed PHC since 1980. On evaluation at the Alaska Native Medical Center in Anchorage, the boy was asymptomatic and normal on physical examination, although his alkaline phosphatase and serum glutamic-oxaloacetic transaminase (SGOT) levels were mildly elevated. Ultrasonography, CAT scan, and hepatic angiography showed a 3-cm tumor in the medial portion of the left lobe of the liver. On December 5, the boy underwent successful surgical resection of a 3-cm, encapsulated PHC. He did well post-operatively and returned to his village on December 23. Following surgery, the AFP level rapidly declined and was 7.6 ng/ml on January 8, 1984.

The expanded AFP screening program, begun in November 1982, consists of semiannual AFP testing of all HBsAg-positive Alaskan Natives who are tracked by a computerized register. In the program's first 14 months, 14 persons, including four with liver tumors, have been identified as having elevated AFP not related to pregnancy. Three of the tumors were biopsied and proved to be PHC: one in a 10-year-old boy who is doing well 5 months after a successful resection; one in a 66-year-old man who died 1 year after an unresectable tumor was discovered; and one in the 11-year-old boy reported above. The fourth liver tumor, docu-

Hepatocellular Carcinoma — Continued

mented by ultrasonography and CAT scan, was in an elderly man who declined biopsy and surgery. All patients with tumors were asymptomatic at the time of detection, and all had rising AFP levels or a single level above 1,000 ng/ml. Of the 10 remaining people with elevated AFP, one has had low-level elevations (50-90 ng/ml) and is being evaluated, and nine had transient elevations associated with acute HBV infection. These preliminary results suggest that AFP screening of HBsAg-positive persons can, at least sometimes, detect PHC at a stage when surgical resection may be curative.

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Editorial Note: PHC is a leading cause of cancer deaths in much of Asia and Africa. Worldwide, it is estimated that over 150 million chronic carriers of HBV infection—900,000 of whom live in the United States—are at risk for developing PHC (4).

In the past, a PHC diagnosis usually followed the onset of symptoms, and the 5-year survival rate approached zero (5). Of the various treatments for PHC, only surgical resection has resulted in long-term survival. A recent study from the People's Republic of China demonstrated that surgery in asymptomatic patients with tumors less than 5 cm in diameter can result in improved survival (6).

Well-designed prospective studies are needed to evaluate the use of AFP screening in the early detection of PHC. These studies should include measures of sensitivity, specificity, and positive predictive value, as well as an analysis of cost-effectiveness. The preliminary Alaskan experience is promising and will hopefully result in recommendations concerning the use of prospective AFP testing among HBsAg carriers.

While early detection of PHC may improve survival rates, detection is only part of the health-care strategy directed against PHC. Because of the presumed etiologic link between chronic HBV infection and PHC, preventing PHC may be possible by preventing HBV infection. The success of future HBV vaccination programs may well determine the future incidence of PHC.

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Results of a Pilot Study of Health Effects due to 2,3,7,8-Tetrachlorodibenzodioxin Contamination — Missouri

In 1971, waste oils containing 2,3,7,8-tetrachlorodibenzodioxin (TCDD) were sprayed on residential, recreational, and work areas in Missouri to control dust. In several of these areas, the extent of environmental contamination did not become apparent until late 1982 and into

TCDD Contamination – Continued

1983. Starting in January 1983, the Missouri Division of Health and CDC administered approximately 800 Health Effect Survey screening questionnaires to individuals initially solicited because of potential exposures at residential areas in eastern Missouri. In February, a group of 68 persons considered to have a high probability of exposure (i.e., who lived in, worked at, or recreated at these areas) and a group of 36 persons considered to have no exposure were selected after reviewing these questionnaires. These 104 persons received detailed medical examinations and a series of laboratory tests focused on detecting subclinical effects in key, target-organ systems (i.e., hepatic, dermatologic, immunologic, and neurologic systems).

Comparisons of these two groups produced no consistent indications of increased disease prevalence directly related to the putative exposures; no cases of chloracne, overt porphyria cutanea tarda (PCT)* or precursor conditions of PCT, or soft-tissue sarcomas were seen. An apparent trend of urinary-tract abnormalities was indicated by an increased prevalence of self-reported kidney/urinary problems, a higher proportion of leukocyturia, and a greater prevalence of microscopic hematuria in the group at high risk of exposure. None of the findings from the medical histories or the immune-function assays demonstrated statistically significant differences. There was, however, an indication of an increased prevalence of T_4/T_8 -cell ratios less than 1.0 in the high-risk group. No significant differences in standard and specialized liver-function test results were detected.

This pilot study of a group of individuals presumed to be at high risk of exposure was intended to provide a perspective on the types and degrees of abnormalities likely to be seen in such TCDD exposures. The results appear negative, but no overall definitive conclusion should be based solely on this initial study. The insights provided need to be examined in more refined epidemiologic studies using different designs and strategies (especially in larger, more homogeneous population groups in which exposure status can be better characterized). These studies should be focused primarily, but not exclusively, on discerning any effects on the immune and neurologic systems and the urinary tract and liver.

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Editorial Note: Animal toxicity studies are commonly used to predict health effects in humans (although the existence of species-specific and even organ-specific effects of TCDD make extrapolations tenuous). The organ systems most prominently affected in animals are the liver (acute toxicity and hepatocarcinogenesis), the immune system (thymic atrophy and decreased cell-mediated immunity), and the skin (chloracne-like changes); effects on reproduction have also been noted (1,2).

Most direct knowledge of TCDD effects on human health has been obtained from workers exposed to dioxin during the production or subsequent handling of 2,4,5-trichlorophenol (2,4,5-TCP) or 2,4,5-trichlorophenoxyacetic acid (2,4,5-T) (3). In some workplaces, exposed persons had chloracne but no systemic illnesses; other reports have noted that workers fatigued easily and experienced weight loss, myalgias, insomnia, irritability, and decreased libido. The liver has been shown to become tender and enlarged, and sensory changes, particularly in the lower extremities, have been reported. Total serum lipids may be increased, and the prothrombin times may be prolonged (4). PCT has also been observed (5). The most specific of the dioxin-related findings are chloracne (which can also be caused by other structurally similar compounds, such as polychlorinated biphenyls [PCBs] and chlorinated naphthalenes) and PCT (which also has a variety of potential causes). A number of studies ad-

*An acquired form of porphyria characterized by chronic skin lesions and other symptoms.

TCDD Contamination — Continued

Investigating the association of TCDD exposures to soft-tissue sarcoma have been conducted in the industrial setting. These include two case-control studies in Sweden in which investigators reported a sixfold increase in the risk of soft-tissue sarcomas among persons exposed to chlorophenols and phenoxy herbicides (6).

Information on health effects involving nonoccupational environmental exposure is sparse. In 1976, after an explosion at a Seveso, Italy, chemical plant, chloracne developed in exposed children; some elevated liver-function test results were detected in the exposed population, and the incidence of abnormal nerve conduction tests was reported significantly elevated in subjects with chloracne (7). In Missouri, after playing in dirt in a riding arena contaminated with up to 33 parts per million TCDD, a child had hemorrhagic cystitis (8).

Public health policy in situations such as this environmental contamination with TCDD must continue to focus on the prevention of any potential health effects (particularly delayed or long-term), even if effects are not demonstrated in a pilot study. For this reason, appropriate efforts to prevent human exposure must continue, in this and other similar situations, until a more complete understanding of public health risks is obtained.

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

Disease	5th Week Ending			Cumulative, 5th Week Ending		
	February 4, 1984	February 5, 1983	Median 1979-1983	February 4, 1984	February 5, 1983	Median 1979-1983
Acquired Immunodeficiency Syndrome (AIDS)	51	N	N	257	N	N
Aseptic meningitis	86	93	59	440	450	369
Encephalitis: Primary (arthropod-borne & unsp.)						
Post-infectious	20	12	12	64	83	78
Gonorrhea: Civilian	14,831	17,887	19,765	78,872	91,339	92,424
Military	379	427	622	2,009	2,417	2,762
Hepatitis: Type A	443	543	543	1,890	2,305	2,250
Type B	474	387	361	1,937	1,930	1,630
Non A, Non B	67	79	N	281	269	N
Unspecified	121	149	183	517	677	868
Legionellosis	5	11	N	31	49	N
Leprosy	1	2	4	15	26	14
Malaria	14	14	14	53	52	57
Measles: Total*	91	3	40	137	40	164
Indigenous	91	1	N	132	28	N
Imported	-	2	N	5	12	N
Meningococcal infections: Total	59	56	62	232	266	273
Civilian	59	55	62	232	258	269
Military	-	1	-	-	8	1
Mumps	60	75	104	291	381	472
Pertussis	14	30	29	109	90	90
Rubella (German measles)	8	23	39	37	72	207
Syphilis (Primary & Secondary): Civilian	592	652	645	2,587	3,350	2,915
Military	2	6	7	33	51	42
Toxic Shock syndrome	8	8	N	28	43	N
Tuberculosis	395	442	471	1,585	1,726	1,943
Tularemia	-	5	2	5	13	11
Typhoid fever	2	4	8	19	30	30
Typhus fever, tick-borne (RMSF)	2	-	1	6	6	6
Rabies, animal	70	99	95	257	443	422

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1984		Cum. 1984
Anthrax	-	Plague (Wash. 1)	1
Botulism: Foodborne	-	Poliomyelitis: Total	-
Infant (Calif. 1)	5	Paralytic	-
Other	1	Psittacosis (Upstate N.Y. 2)	6
Brucellosis (Upstate N.Y. 1, Ohio 1, Mo. 1, Va. 1, Calif. 2)	11	Rabies, human	2
Cholera	-	Tetanus (Kans. 1, Calif. 1)	2
Congenital rubella syndrome	-	Trichinosis	2
Diphtheria	-	Typhus fever, flea-borne (endemic, murine)	2
Leptospirosis (Ohio 1, Hawaii 1)	2		

*There were no cases of internationally imported measles reported for this week.

**TABLE III. Cases of specified notifiable diseases, United States, weeks ending
February 4, 1984 and February 5, 1983 (Fifth Week)**

Reporting Area	AIDS Cum. 1984	Aseptic Mening- itis 1984	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel- losis 1984	Leprosy Cum. 1984
			Primary Cum. 1984	Post-in- fectious Cum. 1984	Cum. 1984	Cum. 1983	A 1984	B 1984	NA,NB 1984	Unspeci- fied 1984		
UNITED STATES	257	86	64	3	78,872	91,339	443	474	67	121	5	15
NEW ENGLAND	12	2	2	-	2,641	2,239	4	19	1	13	-	1
Maine	-	-	-	-	106	123	-	-	-	-	-	-
N.H.	-	-	1	-	56	72	1	1	1	-	-	-
Vt.	-	-	-	-	33	45	-	1	-	-	-	-
Mass.	5	2	1	-	985	979	2	7	-	13	-	1
R.I.	-	-	-	-	134	131	-	-	-	-	-	-
Conn.	7	-	-	-	1,327	889	1	10	-	-	-	-
MID ATLANTIC	134	12	4	-	9,587	11,444	78	85	7	10	-	1
Upstate N.Y.	-	11	-	-	1,421	1,418	7	38	3	-	-	1
N.Y. City	121	-	-	-	4,116	5,044	60	27	-	8	-	-
N.J.	13	-	2	-	1,374	2,104	11	20	4	2	-	-
Pa.	-	1	2	-	2,676	2,878	-	-	-	-	-	-
E.N. CENTRAL	8	14	14	-	10,198	12,673	33	55	7	8	-	1
Ohio	7	8	4	-	2,662	3,018	20	22	3	6	-	-
Ind.	-	1	-	-	1,607	1,521	4	8	1	2	-	-
Ill.	-	1	2	-	1,530	3,360	3	1	-	-	-	-
Mich.	1	4	6	-	3,245	3,685	6	24	3	-	-	1
Wis.	-	-	2	-	1,154	1,089	-	-	-	-	-	-
W.N. CENTRAL	1	1	2	-	3,616	4,201	6	8	-	1	1	-
Minn.	-	-	-	-	555	697	1	4	-	-	-	-
Iowa	1	1	2	-	463	475	1	-	-	-	-	-
Mo.	-	-	-	-	1,563	1,917	-	4	-	-	1	-
N. Dak.	-	-	-	-	39	49	-	-	-	-	-	-
S. Dak.	-	-	-	-	122	126	1	-	-	-	-	-
Nebr.	-	-	-	-	270	240	1	-	-	1	-	-
Kans.	-	-	-	-	604	697	2	-	-	-	-	-
S. ATLANTIC	19	18	18	3	20,247	22,238	13	80	13	7	3	1
Del.	1	-	1	-	335	530	-	-	-	-	-	-
Md.	5	-	3	-	2,867	3,239	2	9	1	1	-	-
D.C.	4	-	-	-	1,438	1,524	-	1	-	1	-	-
Va.	2	-	6	2	2,082	2,023	-	-	2	1	1	1
W. Va.	-	-	2	-	216	235	1	1	-	-	-	-
N.C.	-	5	1	1	3,091	2,827	1	9	3	1	2	-
S.C.	-	1	-	-	1,879	2,316	-	13	-	-	-	-
Ga.	-	7	2	-	3,968	4,062	1	25	-	1	-	-
Fla.	7	5	3	-	4,371	5,482	8	22	7	2	-	-
E.S. CENTRAL	-	4	2	-	6,559	8,145	16	36	4	-	-	-
Ky.	-	2	-	-	866	1,017	3	11	3	-	-	-
Tenn.	-	1	1	-	2,687	2,979	-	12	-	-	-	-
Ala.	-	1	1	-	2,111	2,719	11	10	1	-	-	-
Miss.	-	-	-	-	895	1,430	2	3	-	-	-	-
W.S. CENTRAL	1	8	1	-	11,099	13,088	66	31	-	52	-	-
Ark.	-	1	-	-	1,020	962	-	-	-	3	-	-
La.	-	-	-	-	2,751	1,908	-	-	-	-	-	-
Okla.	1	1	-	-	1,287	1,501	8	8	-	3	-	-
Tex.	-	6	1	-	6,041	8,717	58	23	-	46	-	-
MOUNTAIN	4	5	1	-	2,385	2,542	85	32	11	3	-	-
Mont.	-	-	-	-	117	126	2	1	-	-	-	-
Idaho	-	-	-	-	104	153	-	-	-	-	-	-
Wyo.	-	-	-	-	63	91	2	-	-	-	-	-
Colo.	-	2	-	-	604	711	27	2	1	-	-	-
N. Mex.	-	-	-	-	293	370	13	3	4	-	-	-
Ariz.	4	1	-	-	641	524	21	14	4	3	-	-
Utah	-	1	1	-	136	116	17	4	-	-	-	-
Nev.	-	1	-	-	427	451	3	7	2	-	-	-
PACIFIC	78	22	20	-	12,540	14,769	142	128	24	27	1	11
Wash.	-	2	-	-	649	893	7	4	2	-	-	1
Oreg.	-	-	-	-	643	637	20	9	3	-	-	-
Calif.	78	13	20	-	10,791	12,680	114	113	19	27	1	9
Alaska	-	-	-	-	275	282	-	-	-	-	-	-
Hawaii	-	7	-	-	182	277	1	2	-	-	-	1
Guam	-	U	-	-	-	26	U	U	U	U	U	-
P.R.	-	2	-	-	301	326	7	6	-	9	-	-
V.I.	-	-	-	-	47	29	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	-	-	-	U	U	U	U	U	-

N: Not notifiable

U: Unavailable

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
February 4, 1984 and February 5, 1983 (Fifth Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin- gococcal infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total		1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983
	Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983
UNITED STATES	53	91	132	-	5	40	232	60	291	14	109	90	8	37	72
NEW ENGLAND	5	-	-	-	-	-	10	3	8	-	1	-	-	1	-
Maine	-	-	-	-	-	-	-	1	4	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	1	-	1	-	-	-	2	-	-
Vt.	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-
Mass.	4	-	-	-	-	-	3	2	3	-	-	1	-	1	-
R.I.	-	-	-	-	-	-	2	-	-	-	1	1	-	-	-
Conn.	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-
MID ATLANTIC	2	-	-	-	-	1	28	17	55	2	5	17	-	-	2
Upstate N.Y.	1	-	-	-	-	1	10	5	11	2	5	8	-	-	1
N.Y. City	-	-	-	-	-	-	1	-	1	-	-	1	-	-	1
N.J.	-	-	-	-	-	-	6	12	42	-	-	3	-	-	-
Pa.	1	-	-	-	-	-	11	-	1	-	-	5	-	-	-
E.N. CENTRAL	6	78	98	-	-	17	42	22	83	3	14	32	1	4	12
Ohio	3	-	-	-	-	-	18	10	22	1	5	16	-	-	1
Ind.	-	-	-	-	-	-	5	-	6	-	-	2	-	-	-
Ill.	1	-	20	-	-	17	6	8	27	-	3	9	1	3	2
Mich.	1	78	78	-	-	-	10	3	22	2	3	1	-	1	2
Wis.	1	-	-	-	-	-	3	1	6	-	3	4	-	-	7
W.N. CENTRAL	3	-	-	-	-	-	22	2	12	3	39	3	-	2	6
Minn.	-	-	-	-	-	-	1	-	-	-	2	-	-	-	2
Iowa	-	-	-	-	-	-	9	-	1	-	3	1	-	-	-
Mo.	2	-	-	-	-	-	7	1	3	1	1	1	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
S. Dak.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	2	-	1	-	-	-	-	-	-
Kans.	1	-	-	-	-	-	2	1	7	2	33	1	-	1	4
S. ATLANTIC	9	-	-	-	-	2	61	3	20	-	13	12	1	2	4
Del.	2	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Md.	3	-	-	-	-	-	3	-	4	-	1	2	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	2	-	-	-	-	1	6	-	1	-	4	2	-	-	-
W. Va.	-	-	-	-	-	-	1	1	4	-	2	1	-	-	-
N.C.	1	-	-	-	-	-	10	1	3	-	1	-	-	-	-
S.C.	1	-	-	-	-	1	8	-	-	-	-	-	-	-	-
Ga.	-	-	-	-	-	-	14	1	2	-	2	7	1	1	1
Fla.	-	-	-	-	-	-	18	N	N	-	3	-	-	1	3
E.S. CENTRAL	-	-	1	-	-	-	10	1	6	-	2	-	-	-	1
Ky.	-	-	-	-	-	-	3	-	3	-	1	-	-	-	1
Tenn.	-	-	1	-	-	-	3	-	-	-	1	-	-	-	-
Ala.	-	-	-	-	-	-	3	-	2	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	1	1	1	-	-	-	-	-	-
W.S. CENTRAL	-	7	7	-	-	-	16	2	7	-	9	9	1	6	9
Ark.	-	-	-	-	-	-	1	-	-	-	8	1	-	1	-
La.	-	-	-	-	-	-	2	-	-	-	-	1	-	-	-
Okla.	-	-	-	-	-	-	2	N	N	-	1	2	-	-	-
Tex.	-	7	7	-	-	-	11	2	7	-	-	5	1	5	9
MOUNTAIN	1	2	17	-	-	-	9	3	39	-	12	8	1	3	3
Mont.	-	-	-	-	-	-	1	-	1	-	1	1	-	-	-
Idaho	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
Colo.	-	-	-	-	-	-	4	-	-	-	9	3	-	-	1
N. Mex.	-	-	-	-	-	-	1	N	N	-	1	3	-	-	-
Ariz.	1	-	-	-	-	-	1	2	36	-	-	-	-	-	-
Utah	-	2	17	-	-	-	2	1	1	-	-	1	-	-	1
Nev.	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1
PACIFIC	27	4	9	-	5	20	34	7	61	6	14	4	4	19	35
Wash.	2	2	2	-	-	-	2	-	12	1	6	-	-	-	-
Oreg.	1	-	-	-	-	-	8	N	N	4	4	-	-	-	-
Calif.	23	2	7	-	3	19	23	6	45	1	4	4	4	19	35
Alaska	-	-	-	-	-	-	1	-	3	-	-	-	-	-	-
Hawaii	1	-	-	-	2	1	-	1	1	-	-	-	-	-	-
Guam	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
P.R.	2	-	-	-	-	7	-	2	15	-	-	1	1	1	-
V.I.	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	1

*For measles only, imported cases includes both out-of-state and international importations.

N: Not notifiable U: Unavailable †: International §: Out-of-state

TABLE III. (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending
February 4, 1984 and February 5, 1983 (Fifth Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic- shock Syndrome	Tuberculosis		Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983	Cum. 1984	Cum. 1984	Cum. 1984	Cum. 1984
UNITED STATES	2,587	3,350	8	1,585	1,726	5	19	6	257
NEW ENGLAND	73	91	-	47	31	-	-	-	2
Maine	1	-	-	4	3	-	-	-	2
N.H.	-	1	-	3	-	-	-	-	-
Vt.	-	1	-	1	-	-	-	-	-
Mass.	46	63	-	16	10	-	-	-	-
R.I.	3	2	-	9	5	-	-	-	-
Conn.	23	24	-	14	13	-	-	-	-
MID ATLANTIC	322	365	-	307	336	-	2	-	25
Upstate N.Y.	23	26	-	47	59	-	1	-	1
N.Y. City	187	218	-	131	129	-	-	-	-
N.J.	62	66	-	74	77	-	1	-	-
Pa.	50	55	-	55	71	-	-	-	24
E.N. CENTRAL	93	194	2	207	292	-	4	-	13
Ohio	29	49	2	49	44	-	2	-	1
Ind.	21	25	-	21	39	-	1	-	3
Ill.	17	84	-	84	147	-	-	-	4
Mich.	17	24	-	42	48	-	-	-	-
Wis.	9	12	-	11	14	-	1	-	5
W.N. CENTRAL	49	40	2	42	56	2	-	1	42
Minn.	12	22	-	3	4	-	-	-	6
Iowa	4	2	2	8	10	-	-	-	8
Mo.	26	12	-	20	36	2	-	1	4
N. Dak.	-	-	-	1	-	-	-	-	9
S. Dak.	-	-	-	1	2	-	-	-	9
Nebr.	3	1	-	5	1	-	-	-	2
Kans.	4	3	-	4	3	-	-	-	4
S. ATLANTIC	833	861	-	371	329	-	1	-	29
Del.	-	8	-	3	1	-	-	-	-
Md.	44	49	-	56	19	-	-	-	-
D.C.	23	44	-	8	12	-	-	-	-
Va.	44	61	-	32	21	-	1	-	16
W. Va.	5	2	-	12	16	-	-	-	2
N.C.	73	88	-	62	15	-	-	-	-
S.C.	86	68	-	51	39	-	-	-	-
Ga.	146	148	-	42	64	-	-	-	10
Fla.	412	393	-	105	142	-	-	-	1
E.S. CENTRAL	169	234	1	144	169	-	2	2	13
Ky.	7	15	1	30	46	-	-	-	3
Tenn.	45	64	-	51	53	-	2	1	3
Ala.	60	105	-	59	52	-	-	1	7
Miss.	57	50	-	4	18	-	-	-	-
W.S. CENTRAL	586	828	1	99	134	-	-	1	83
Ark.	20	9	1	1	4	-	-	1	8
La.	134	138	-	22	50	-	-	-	-
Okla.	13	21	-	12	25	-	-	-	6
Tex.	419	660	-	64	55	-	-	-	69
MOUNTAIN	59	68	1	29	56	3	3	2	11
Mont.	-	2	-	1	6	-	2	2	8
Idaho	2	1	1	1	5	-	-	-	-
Wyo.	1	1	-	-	2	-	-	-	-
Colo.	7	11	-	-	-	-	-	-	-
N. Mex.	8	28	-	9	10	-	1	-	1
Ariz.	20	14	-	16	31	1	-	-	2
Utah	3	3	-	1	-	2	-	-	-
Nev.	18	8	-	1	2	-	-	-	-
PACIFIC	403	669	1	339	323	-	7	-	39
Wash.	12	28	-	9	15	-	-	-	-
Oreg.	13	7	-	13	14	-	-	-	-
Calif.	366	625	1	282	270	-	7	-	38
Alaska	-	1	-	8	4	-	-	-	1
Hawaii	12	8	-	27	20	-	-	-	-
Guam	-	-	U	-	-	-	-	-	-
P.R.	91	27	-	22	59	-	1	-	3
V.I.	1	1	-	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	-	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending

February 4, 1984 (Fifth 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	713	509	135	35	13	20	58	S. ATLANTIC	1,438	891	334	106	40	67	55
Boston, Mass.	203	134	40	14	5	9	28	Atlanta, Ga.	174	96	47	18	4	9	3
Bridgport, Conn.	55	42	8	1	2	-	4	Baltimore, Md.	240	145	64	14	9	8	4
Cambridge, Mass.	27	25	1	-	-	1	1	Charlotte, N.C.	88	52	22	6	3	5	4
Fall River, Mass.	20	16	4	-	-	-	-	Jacksonville, Fla.	116	73	28	7	4	4	9
Hartford, Conn.	57	39	11	5	1	1	7	Miami, Fla.	131	78	26	18	4	5	-
Lowell, Mass.	36	32	3	1	-	-	2	Norfolk, Va.	51	29	13	1	6	2	1
Lynn, Mass.	27	18	6	3	-	-	-	Richmond, Va.	70	38	22	7	-	3	6
New Bedford, Mass.	17	12	5	-	-	-	1	Savannah, Ga.	40	30	7	2	-	1	5
New Haven, Conn.	66	50	12	1	3	-	2	St. Petersburg, Fla.	137	118	13	5	-	1	2
Providence, R.I.	53	33	14	1	-	5	1	Tampa, Fla.	100	68	22	8	-	1	6
Somerville, Mass.	11	8	3	-	-	-	-	Washington, D.C.	215	119	52	17	8	19	9
Springfield, Mass.	54	37	9	3	1	4	3	Wilmington, Del.	76	50	18	3	1	4	7
Waterbury, Conn.	39	30	8	1	-	-	1	E.S. CENTRAL	872	598	169	51	22	29	41
Worcester, Mass.	50	33	11	5	1	-	8	Birmingham, Ala.	124	85	25	6	2	6	2
MID. ATLANTIC	2,486	1,682	495	201	61	47	131	Chattanooga, Tenn.	64	52	8	2	1	1	7
Albany, N.Y.	58	45	9	-	2	2	2	Knoxville, Tenn. ‡	87	81	-	1	2	1	5
Allentown, Pa.	28	23	5	-	-	-	-	Louisville, Ky.	96	60	23	8	4	1	4
Buffalo, N.Y.	100	75	17	5	1	2	15	Memphis, Tenn.	249	166	48	19	10	5	11
Camden, N.J.	39	23	9	2	4	1	2	Mobile, Ala.	57	37	15	5	-	-	1
Elizabeth, N.J.	21	12	6	2	-	1	-	Montgomery, Ala.	62	35	17	2	2	6	4
Erie, Pa. †	41	32	7	2	-	-	5	Nashville, Tenn.	133	82	33	8	1	9	7
Jersey City, N.J.	56	29	19	5	1	2	2	W.S. CENTRAL	1,177	736	276	77	34	54	77
N.Y. City, N.Y.	1,531	1,021	313	140	36	21	66	Austin, Tex.	655	47	10	4	1	3	8
Newark, N.J.	61	34	12	9	3	3	3	Baton Rouge, La.	81	57	15	5	1	3	12
Paterson, N.J.	39	27	7	4	1	-	5	Corpus Christi, Tex.	45	29	14	1	-	1	-
Philadelphia, Pa. †	34	13	7	3	5	6	3	Dallas, Tex.	215	127	52	23	5	8	4
Pittsburgh, Pa. †	78	47	23	3	2	3	4	El Paso, Tex.	37	24	8	1	2	2	1
Reading, Pa.	46	29	11	5	1	-	5	Fort Worth, Tex.	110	68	29	5	4	4	13
Rochester, N.Y.	115	86	17	7	2	3	7	Houston, Tex.	50	26	11	4	3	6	3
Schenectady, N.Y.	31	21	6	3	-	1	3	Little Rock, Ark.	93	62	22	5	1	3	10
Scranton, Pa. †	36	30	4	2	-	2	2	New Orleans, La.	96	52	27	10	2	5	-
Syracuse, N.Y.	86	66	12	5	1	2	3	San Antonio, Tex.	217	132	50	9	11	15	14
Trenton, N.J.	30	25	3	1	1	-	-	Shreveport, La.	68	42	18	4	1	3	4
Utica, N.Y.	23	19	2	1	1	-	1	Tulsa, Okla.	100	70	20	6	3	1	8
Yonkers, N.Y.	33	25	6	2	-	-	3	MOUNTAIN	679	435	141	45	30	28	37
E.N. CENTRAL	2,576	1,699	596	142	62	77	118	Albuquerque, N.Mex.	68	46	13	4	2	3	7
Akron, Ohio	82	53	22	2	1	4	-	Colo. Springs, Colo.	32	23	6	3	-	-	7
Canton, Ohio	42	33	7	1	1	-	3	Denver, Colo.	125	76	26	6	9	8	4
Chicago, Ill.	612	364	160	44	24	20	12	Las Vegas, Nev.	90	53	16	9	9	3	3
Cincinnati, Ohio	295	200	60	19	7	9	41	Ogden, Utah	30	23	3	2	1	1	5
Cleveland, Ohio	162	99	41	12	7	2	7	Phoenix, Ariz.	162	103	39	12	4	4	-
Columbus, Ohio	177	118	44	10	2	3	5	Pueblo, Colo.	26	19	3	4	-	-	1
Dayton, Ohio	125	81	36	6	-	2	3	Salt Lake City, Utah	48	23	13	2	3	7	2
Detroit, Mich.	259	166	62	17	8	6	11	Tucson, Ariz.	98	69	22	3	2	2	8
Evansville, Ind.	54	40	11	1	2	-	3	PACIFIC	1,874	1,223	404	136	53	56	103
Fort Wayne, Ind.	40	32	6	-	1	1	4	Berkeley, Calif.	14	11	2	1	-	-	-
Gary, Ind.	24	9	11	2	1	1	-	Fresno, Calif.	96	63	21	5	4	3	7
Grand Rapids, Mich.	46	35	6	3	1	1	-	Glendale, Calif.	35	27	6	2	-	-	3
Indianapolis, Ind.	163	112	36	7	2	6	3	Honolulu, Hawaii	62	43	12	4	1	2	4
Madison, Wis.	146	96	35	8	1	1	6	Long Beach, Calif.	93	60	24	2	2	5	2
Milwaukee, Wis.	140	96	27	8	1	8	5	Los Angeles, Calif.	504	335	102	32	22	11	21
Peoria, Ill.	37	22	10	1	1	3	2	Oakland, Calif.	69	49	13	6	-	1	5
Rockford, Ill.	52	40	10	2	-	5	5	Pasadena, Calif.	36	26	6	1	1	2	-
South Bend, Ind.	64	49	10	3	2	-	5	Portland, Ore.	125	87	24	6	3	5	5
Toledo, Ohio	90	68	17	1	2	2	7	Sacramento, Calif.	77	52	15	7	1	2	5
Youngstown, Ohio	66	47	12	2	2	3	1	San Diego, Calif.	156	90	39	12	5	10	16
W.N. CENTRAL	719	490	146	31	14	38	39	San Francisco, Calif.	178	103	48	22	1	4	6
Des Moines, Iowa	58	44	10	2	2	-	8	San Jose, Calif.	166	106	43	9	4	4	12
Duluth, Minn.	38	32	3	1	-	2	3	Seattle, Wash.	139	89	25	19	4	2	4
Kansas City, Kans.	30	17	9	1	1	2	3	Spokane, Wash.	57	42	7	3	3	2	6
Kansas City, Mo.	110	70	29	-	2	9	5	Tacoma, Wash.	67	40	17	5	2	3	7
Lincoln, Neb.	38	30	7	-	-	1	3	TOTAL	12,534 ††	8,263	2,696	824	329	416	659
Minneapolis, Minn.	102	63	18	13	2	6	1								
Omaha, Neb.	81	51	18	2	3	7	3								
St. Louis, Mo.	144	98	32	6	3	5	6								
St. Paul, Minn.	52	37	12	2	-	1	1								
Wichita, Kans.	66	48	8	4	1	5	6								

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

** Pneumonia and influenza

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

†† Total includes unknown ages.

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

*TCDD Contamination — Continued**References*

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*Current Trends***Measles Surveillance — Canada**

A provisional total of 915 measles cases was reported in Canada for 1983. This appears to be the lowest incidence reported since national reporting of measles began in 1924. However, complete data are available only through 1982.

In 1982, 1,064 cases of measles were reported in Canada, a rate of 4.3 cases per 100,000 population. Compared with 1981 and 1980, this reflects a 55% and a 92% reduction, respectively, and a 99% reduction compared with the 10-year prevaccine period 1949-1958 (Figure 1).

All provinces except Prince Edward Island reported measles cases in 1982. Although Ontario accounted for the largest proportion of cases (48%), it reported a 41% reduction in incidence rate compared with 1981.

The age distribution of measles patients in 1982 was available for all provinces except Ontario, for which data were available from January to June 1982. Children under 1 year of age accounted for 19% of cases; under 5 years, 27%; and under 10 years, 75%. The highest rate (43 cases per 100,000 persons) occurred among infants, followed by preschoolers (1-4 years), with a rate of 15.1 per 100,000 persons. In Ontario, 21% of children were less than 5 years old; school-aged children (5-19 years) accounted for 73% of 224 cases.

All provinces are attempting to eliminate measles either by compulsory vaccination at school entry or by voluntary approaches, and some have reported that up to 95% of children are now immunized by the time they reach school age. New Brunswick and Ontario (representing 39% of Canada's population) introduced legislation in 1981 and 1982, respectively, making immunization against measles and five other diseases (diphtheria, tetanus, pertussis, polio, and rubella) compulsory for school attendance.

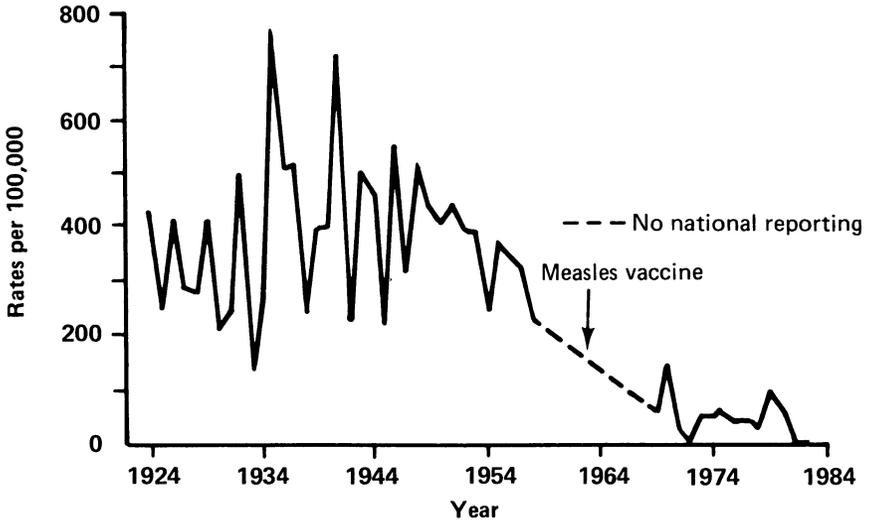
Reported by Health and Welfare, Canada; Weekly Epidemiological Record 1983;58:331-2, World Health Organization; Div of Immunization, Center for Prevention Svcs, CDC.

Measles Surveillance — Continued

Editorial Note: This report suggests that improved immunization coverage may be one reason for the low level of measles activity recorded from 1981 to 1983. Use of a more stringent case definition and a growing tendency to report only laboratory-confirmed cases also may have reduced the number of reported cases. Moreover, measles has been characterized by 2- to 3-year epidemic cycles, and 1981-1983 could be a low period.

Nevertheless, these data show remarkable progress in controlling measles in Canada. Like the United States, Canada has achieved a record low measles incidence rate because of a national commitment to achieve and maintain high immunization levels against the vaccine-preventable diseases of childhood. Continued efforts in both countries are expected to eliminate indigenous measles in both populations.

FIGURE 1. Reported measles incidence — Canada, 1924-1982



Update: Influenza — United States, through February 8, 1984

Influenza virus type A(H1N1) continues to be the most frequently reported isolate in the United States, with outbreaks in schools and colleges. Similar outbreaks in school-aged populations in Oregon, where type A(H1N1) virus has not been isolated, have been reported in association with type B virus isolates.

Thus far in the 1983-1984 season, isolates of type A(H1N1) virus have been reported from the District of Columbia and 26 states: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Iowa, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nevada, New Mexico, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, Texas, and Wisconsin, with associated outbreaks reported from Arizona, Arkansas, California, the District of Columbia, Georgia, Iowa, Louisiana, Massachusetts, Minnesota, Mississippi, New Mexico, New York, North Carolina, South Carolina, and Wisconsin. Isolates of type B virus have been reported from 19 states: Alaska, Arizona, California, Colorado, Hawaii, Illinois, Minnesota, Montana, Nevada, New Mexico, New

Influenza – Continued

York, Oklahoma, Oregon, Tennessee, Texas, Utah, Washington, West Virginia, and Wisconsin, with associated outbreaks reported from Minnesota and Oregon. Isolates of type A(H3N2) virus have been reported from Alaska, Arizona, New Mexico, Pennsylvania, and Tennessee; associated outbreaks were reported from Alaska at the end of 1983.

Reported by D Coulter, D McNeill, L Foster, MD, Oregon Health Div; Respective State Epidemiologists and Laboratory Directors; Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Notice to Readers**Corrected Cumulative 1983 Totals for Tables I and II**

Tables I and II for week 52, 1983, are reprinted below. Data reported by Arizona and California are included, and these tables can be used as the 1983 provisional notifiable-disease totals, pending publication of the 1983 *Annual Summary*.

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

Disease	52nd Week Ending			Cumulative, 52nd Week Ending		
	December 31, 1983	January 1, 1983	Median 1978-1982	December 31, 1983	January 1, 1983	Median 1978-1982
Aseptic meningitis	121	209	163	11,754	9,733	8,505
Encephalitis: Primary (arthropod-borne & unsp.)	21	72	23	1,709	1,634	1,198
Post-infectious	-	3	3	70	82	214
Gonorrhea: Civilian	12,774	14,292	14,292	891,504	955,324	999,638
Military	238	404	404	23,613	25,550	26,477
Hepatitis: Type A	322	782	780	21,692	23,364	28,393
Type B	395	737	586	22,801	22,326	18,479
Non A, Non B	53	86	N	3,353	2,544	N
Unspecified	109	243	255	7,617	8,743	10,666
Legionellosis	6	48	N	704	689	N
Leprosy	9	8	6	241	238	220
Malaria	14	22	22	771	1,041	1,041
Measles: Total*	-	48	55	1,436	1,728	13,385
Indigenous	-	N	N	1,136	N	N
Imported	-	N	N	300	N	N
Meningococcal infections: Total	37	86	80	2,691	3,037	2,715
Civilian	37	85	80	2,675	3,022	2,696
Military	-	1	1	16	15	19
Mumps	53	102	239	3,297	5,310	8,449
Pertussis	48	118	32	2,261	1,882	1,660
Rubella (German measles)	10	27	32	954	2,308	3,819
Syphilis (Primary & Secondary): Civilian	569	459	441	32,163	32,746	27,259
Military	7	5	5	386	429	322
Toxic Shock syndrome	13	N	N	395	N	N
Tuberculosis	384	681	800	23,532	25,796	27,524
Tularemia	5	16	6	316	271	235
Typhoid fever	21	27	7	458	420	517
Typhus fever, tick-borne (RMSF)	1	11	11	1,126	971	1,066
Rabies, animal	22	113	85	5,733	6,171	6,171

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1983		Cum. 1983
Anthrax	-	Plague (Colo. 1)	40
Botulism: Foodborne	20	Poliomyelitis: Total	8
Infant (Calif. 2)	72	Paralytic	8
Other	3	Psittacosis (Calif. 1)	119
Brucellosis (Iowa 1)	183	Rabies, human	2
Cholera	1	Tetanus (Minn. 1, Calif. 2)	77
Congenital rubella syndrome	20	Trichinosis (Mo. 1)	33
Diphtheria	5	Typhus fever, flea-borne (endemic, murine) (Calif. 1)	48
Leptospirosis (Fla. 1)	46		

*There were no cases of internationally imported measles reported for this week.

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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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