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MORBIDITY AND MORTALITY WEEKLY REPORT

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Notice to Readers

Pentamidine Methanesulfonate to be Distributed by CDC

Pentamidine is used to treat patients with *Pneumocystis carinii* pneumonia (PCP) who have failed to respond or who have had adverse reactions to trimethoprim/sulfamethoxazole. Because of the unavailability of an approved product and the infrequent demand for the drug in the United States, CDC has supplied pentamidine through its Parasitic Disease Drug Service as an Investigational New Drug. The current incidence of acquired immunodeficiency syndrome (AIDS) has created an unprecedented demand for pentamidine (approximately 60% of AIDS patients develop PCP).

Starting in late May or early June 1984, CDC will distribute pentamidine methanesulfonate instead of pentamidine isethionate. Physicians and pharmacists should be aware of the change, because the dosages of the two pentamidine salts are calculated differently (Table 1). The change from one pentamidine salt to another is necessary because CDC has been unable to obtain assurances that the manufacturer of the isethionate salt can meet the increasing U.S. demand for pentamidine.

The indications for using pentamidine methanesulfonate are the same as those for pentamidine isethionate. Physicians in France and Canada have used pentamidine methanesulfonate to treat AIDS patients with PCP. Although results of such therapy have not been published, conversations by CDC with Canadian physicians concerning the outcomes of 13 AIDS patients with PCP treated with pentamidine methanesulfonate indicate that the efficacy and toxicity of the methanesulfonate salt appear similar to those of the isethionate salt. One published report has suggested that hypoglycemia occurs more commonly with pentamidine methanesulfonate than with pentamidine isethionate, but the number of patients described

TABLE 1. Comparison of pentamidine methanesulfonate to pentamidine isethionate

	Pentamidine isethionate	Pentamidine methanesulfonate
Manufacturer	May & Baker (England)	Specia (France)
FDA* status	Investigational New Drug	Investigational New Drug
Supplied as	Powder	Solution (3 ml/ampule)
Amount indicated on label	200 mg (of salt)/vial	120 mg (of base)/ampule
Equivalent pentamidine base	115 mg per vial	120 mg per ampule
Daily dose	4 mg (of salt)/kg body weight	2.3 mg (of base)/kg body weight (0.0575 ml/kg)

*U.S. Food and Drug Administration.

Pentamidine — Continued

was small (1). The LD₅₀ for mice is approximately the same for the two salts (2).

The doses of the two drugs are calculated differently because of the way the manufacturers have labeled their products (Table 1). Pentamidine isethionate is labeled to reflect the weight of salt present (pentamidine base moiety plus isethionate salt moieties), whereas pentamidine methanesulfonate is labeled according to the weight of only the pentamidine base present. Thus, 2.3 mg/kg of pentamidine base is equivalent to 4.0 mg/kg of pentamidine isethionate salt. Each ampule of pentamidine methanesulfonate solution contains the equivalent of 120 mg of pentamidine base dissolved in 3.0 ml of sterile water for injection. Expressed in terms of volume, the dose of pentamidine methanesulfonate is 0.0575 ml/kg.

The procedure for obtaining pentamidine methanesulfonate from CDC will be the same as that used in the past to obtain pentamidine isethionate.

Reported by Div of Anti-Infective Drug Products, National Center for Drug and Biologics, US Food and Drug Administration; Div of Parasitic Diseases, Center for Infectious Diseases, CDC.

References

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Perspectives in Disease Prevention and Health Promotion

Alcohol and Violent Death — Erie County, New York, 1973-1983

Since 1973, Erie County, New York, has evaluated blood samples for the presence of alcohol and drugs in all medical-examiner-investigated deaths.* Recently, the files of the Erie County Medical Examiner's Office were examined specifically for blood-alcohol concentrations (BAC) of persons 15 years of age or older who died within 8 hours of injury during 1973-1983.

Erie County, located in the western part of New York, has a population of approximately 800,000 persons 15 years of age or older; the main city in this metropolitan area is Buffalo. A total of 3,293 deaths from unintentional and intentional injuries among persons in this age group was recorded during this period.† The largest proportion of deaths (34%) was traffic-related, followed by miscellaneous injuries (27%), suicides (20%), and homicides (19%).

Fifty-three percent of Erie County's population 15 years of age or older is female; 91% is white, and 9% is black (1). However, approximately 73% (59.0/100,000 population) of the victims were men, compared with 27% (20.1/100,000) women. The percentages of men and women who were intoxicated (0.1 g% BAC or higher) at time of death were 35% and 22%, respectively. Approximately 81% (34.7/100,000) of victims were white, compared with 19% (77.6/100,000) for blacks. The percentage of black victims who were intoxicated at time of death was 41%, compared with 29% for white victims.

For the 1,127 traffic-related fatalities, the percentage of persons killed who were drivers was 55%, compared with 20% who were passengers. Twenty-three percent were pedestrians, and 2% were bicyclists. Over 38% of all these traffic-fatality victims were legally intoxicated at time of death. Forty-four percent of drivers were legally intoxicated at time of death,

*Deaths believed caused by homicide, suicide, or unintentional injuries occurring in the county.

†Data were incomplete for 13 cases; therefore, totals for each of the four categories add to only 3,280.

Alcohol and Violent Death — Continued

compared with 33% of passengers, 30% of pedestrians, and 23% of bicyclists.

Among the 875 fatalities caused by miscellaneous unintentional injuries, 29% of the victims were legally intoxicated at time of death. Most of these deaths were caused by falls (6%) and drownings (4%). Twenty-one percent of fall victims and 26% of drowning victims were legally intoxicated at time of death.

Of the 655 suicide victims, 22% were intoxicated at time of death. The most common methods of suicide were gunshots (29%), drug and/or alcohol overdoses (23%), carbon monoxide poisoning (19%), and hanging (14%). The percentages of victims who were intoxicated were 28%, 17%, 28%, and 23%, respectively.

There were 623 homicide victims, approximately 32% of whom were intoxicated at time of death. The most common methods of homicide involved guns (49%), knives (30%), and personal weapons (i.e., hands or feet) (20%). The percentages of victims who were intoxicated were 44%, 36%, and 17%, respectively.

Reported by E Abel, PhD, P Zeidenberg, MD, S Regan, Research Institute on Alcoholism, Office of Alcoholism and Substance Abuse, New York Div of Alcoholism and Alcohol Abuse, J Uko, MD, TA Rejent, Erie County Medical Examiner's Officer, Buffalo, New York; Div of Surveillance and Epidemiologic Studies, Epidemiology Program Office, Violence Epidemiology Br, Office of the Director, Center for Health Promotion and Education, CDC.

Editorial Note: Unintentional injuries are the leading cause of premature loss of life among Americans, and homicides and suicides are fourth (2). The presence of alcohol in victims of homicides, suicides, and unintentional injuries has been described previously (3-8). Studies have indicated that medical-examiner data are good sources of information for epidemiologic surveillance of alcohol in these victims (4). Several studies have compared victims of traumatic-injury death to victims of death from other causes and found that alcohol is more frequently present among victims of traumatic-injury deaths (3,5), suggesting that alcohol consumption may be a risk factor for violent and traumatic-injury deaths. To determine the relative risk for traumatic-injury deaths given the ingestion of alcohol, it will be necessary to collect data on traumatic-injury deaths among persons who do and do not consume alcohol.

These data from Erie County show somewhat lower proportions of alcohol involvement than previous reports of motor-vehicle fatalities (3,4,9), nonmotor-vehicle fatalities (4,10) and homicides (3,4,7,8). This may result from differences in drinking patterns between Erie County and other localities previously studied, differences from study to study in the BAC considered to be positive, or differences in the maximum acceptable time lapse between injury and death. However, the proportion of suicide victims in Erie County with positive BACs is similar to that in previous reports (3,4,8).

References

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International Notes**Hemorrhagic Fever with Renal Syndrome — France**

In France, the first two autochthonous cases of hemorrhagic fever with renal syndrome (HFRS) were recognized in November 1982 and June 1983 (1,2). Since then, in collaboration with CDC laboratories, France has identified six additional cases; others have identified five more cases (3), confirming the existence of a Hantaan virus-related disease in France.

The clinical illness in all eight patients was characterized by fever, acute renal insufficiency (serum creatinine over 300 $\mu\text{M}/\text{l}$ in six patients), proteinuria (over 1.5 gm/dl), headache, and lumbar and abdominal pain. Five patients had severe renal insufficiency with serum creatinine over 500 $\mu\text{M}/\text{l}$ and were admitted to an intensive-care unit. Two patients had mild hemorrhagic manifestations. All recovered without sequelae after 2 or 3 weeks. The diagnosis was confirmed serologically at CDC by immunofluorescent antibody testing, and in selected cases, a plaque-reduction neutralization test against Hantaan virus strain 76-118 (4).

(Continued on page 233)

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

Disease	17th Week Ending			Cumulative, 17th Week Ending		
	April 28, 1984	April 30, 1983	Median 1979-1983	April 28, 1984	April 30, 1983	Median 1979-1983
Acquired Immunodeficiency Syndrome (AIDS)	99	N	N	1,198	N	N
Aseptic meningitis	62	68	66	1,257	1,348	1,092
Encephalitis: Primary (arthropod-borne & unsp.)	13	16	16	263	299	247
Post-infectious	1	3	2	19	31	31
Gonorrhea: Civilian	14,980	17,043	17,043	259,779	289,053	306,206
Military	379	438	450	6,513	7,853	8,758
Hepatitis: Type A	371	464	507	7,123	7,764	8,258
Type B	443	474	417	7,535	7,251	6,250
Non A, Non B	75	76	N	1,102	1,077	N
Unspecified	116	160	178	1,900	2,367	3,283
Legionellosis	6	26	N	160	216	N
Leprosy	9	6	5	68	89	62
Malaria	14	25	26	202	226	261
Measles: Total*	140	30	134	968	662	1,032
Indigenous	130	22	N	902	564	N
Imported	10	8	N	66	98	N
Meningococcal infections: Total	64	77	69	1,126	1,138	1,138
Civilian	64	77	68	1,123	1,126	1,128
Military	-	-	-	3	12	9
Mumps	65	110	176	1,206	1,406	2,514
Pertussis	33	56	20	588	549	362
Rubella (German measles)	53	24	87	227	394	950
Syphilis (Primary & Secondary): Civilian	577	620	609	9,167	10,765	9,838
Military	11	18	7	113	163	122
	12	11	N	129	153	N
Toxic Shock syndrome	448	516	516	6,700	7,175	8,277
Tuberculosis	5	-	1	27	51	35
Tularemia	4	7	7	95	119	123
Typhoid fever	4	11	10	22	36	36
Typhus fever, tick-borne (RMSF)	91	196	192	1,536	2,166	1,944
Rabies, animal						

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1984		Cum. 1984
Anthrax	-	Plague	3
Botulism: Foodborne (Okla. 1)	6	Poliomyelitis: Total	1
Infant	37	Paralytic	1
Other	2	Psittacosis (N.C. 1, Calif. 1)	24
Brucellosis (Ga. 2, Fla. 1)	34	Rabies, human	-
Cholera	-	Tetanus	9
Congenital rubella syndrome	1	Trichinosis (N.J. 1, Va. 1, Hawaii 1)	11
Diphtheria	-	Typhus fever, flea-borne (endemic, murine)	6
Leptospirosis (Ohio 1, Calif. 1)	8		

*Six of the 140 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 April 28, 1984 and April 30, 1983 (17th Week)

Reporting Area	AIDS Cum. 1984	Aseptic Menin- gitis 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	1,198	62	263	19	259,779	289,053	371	443	75	116	6	68
NEW ENGLAND	46	-	16	-	7,901	7,169	8	37	2	13	-	4
Maine	-	-	-	-	289	402	1	3	-	-	-	-
N.H.	1	-	4	-	199	199	1	-	1	-	-	-
Vt.	-	-	-	-	123	117	-	-	-	-	-	-
Mass.	27	-	6	-	3,096	3,185	5	19	1	13	-	4
R.I.	3	-	-	-	500	401	-	-	-	-	-	-
Conn.	15	-	4	-	3,694	2,866	1	14	-	-	-	-
MID ATLANTIC	533	9	32	1	35,004	37,048	66	81	4	10	-	7
Upstate N.Y.	48	2	9	1	5,405	5,573	4	20	1	2	-	2
N.Y. City	378	1	-	-	15,486	15,731	28	13	-	1	-	5
N.J.	82	3	13	-	5,603	6,798	21	28	1	3	-	-
Pa.	25	3	10	-	8,510	8,946	13	20	2	4	-	-
E.N. CENTRAL	59	6	58	5	33,019	41,369	26	36	7	10	1	4
Ohio	8	1	22	2	9,354	10,520	8	11	1	3	1	1
Ind.	8	-	12	-	4,336	4,825	3	4	2	3	-	-
Ill.	33	1	7	2	5,080	11,282	4	5	1	-	-	1
Mich.	8	4	15	-	10,201	11,066	11	16	3	4	-	2
Wis.	2	-	2	1	4,048	3,676	-	-	-	-	-	-
W.N. CENTRAL	7	2	6	-	12,435	13,807	10	12	1	-	2	-
Minn.	1	-	1	-	1,795	2,001	-	4	1	-	-	-
Iowa	-	1	4	-	1,451	1,491	1	2	-	-	-	-
Mo.	4	1	-	-	5,844	6,789	2	3	-	-	1	-
N. Dak.	-	-	-	-	130	135	-	-	-	-	-	-
S. Dak.	-	-	-	-	340	391	4	1	-	-	1	-
Nebr.	1	-	-	-	868	769	-	1	-	-	-	-
Kans.	1	-	1	-	2,007	2,231	3	1	-	-	-	-
S. ATLANTIC	158	18	58	7	66,908	74,054	31	96	14	7	1	3
Del.	3	-	1	-	1,145	1,347	-	-	-	1	-	-
Md.	14	1	12	-	7,672	9,223	1	8	1	1	-	-
D.C.	21	-	-	-	4,863	5,193	-	1	-	-	-	1
Va.	13	1	13	3	6,362	6,242	6	8	8	-	-	1
W. Va.	3	-	4	-	795	763	-	2	1	-	-	-
N.C.	3	2	13	3	10,648	10,616	3	6	-	1	1	-
S.C.	3	-	2	-	6,343	7,123	-	15	1	-	-	-
Ga.	16	1	2	-	13,255	16,139	7	25	2	1	-	-
Fla.	82	13	11	1	15,825	17,408	14	31	1	3	-	1
E.S. CENTRAL	10	10	13	-	22,437	24,308	13	44	6	4	-	-
Ky.	5	4	2	-	2,739	3,001	10	9	-	-	-	-
Tenn.	2	1	2	-	9,122	9,819	1	11	4	-	-	-
Ala.	2	5	8	-	7,166	7,399	-	20	2	4	-	-
Miss.	1	-	1	-	3,410	4,089	2	4	-	-	-	-
W.S. CENTRAL	51	5	17	2	36,340	39,813	40	24	2	46	-	3
Ark.	-	-	-	1	3,184	3,141	-	1	-	1	-	-
La.	8	-	2	-	8,094	6,096	2	1	-	-	-	-
Okla.	2	3	4	1	3,865	4,917	8	12	2	4	-	-
Tex.	41	2	11	-	21,197	25,659	30	10	-	41	-	3
MOUNTAIN	16	3	7	1	8,079	8,837	45	22	7	9	1	6
Mont.	-	-	-	-	363	412	-	-	-	-	-	-
Idaho	-	-	-	-	377	438	1	-	-	-	-	-
Wyo.	1	1	-	-	243	229	-	2	-	-	-	-
Colo.	7	-	4	-	2,356	2,561	11	3	1	-	-	-
N. Mex.	-	-	-	-	930	1,134	6	2	-	-	1	-
Ariz.	6	1	1	-	2,054	2,223	15	9	4	7	-	4
Utah	1	-	2	1	4,407	4,13	10	4	1	2	-	1
Nev.	1	1	-	-	1,309	1,427	2	2	1	-	-	-
PACIFIC	318	9	56	3	37,656	42,648	132	91	32	17	1	41
Wash.	13	2	2	-	2,536	3,187	5	2	6	-	-	2
Oreg.	1	-	-	-	2,322	2,177	20	14	2	4	-	1
Calif.	301	5	52	3	31,203	35,436	107	75	24	13	1	28
Alaska	-	-	-	-	958	996	-	-	-	-	-	-
Hawaii	3	2	2	-	637	852	-	-	-	-	-	10
Guam	-	U	-	-	50	69	U	U	U	U	U	-
P.R.	14	2	-	1	1,121	1,012	6	15	-	4	-	-
V.I.	-	-	-	-	145	92	-	-	-	-	-	-
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

April 28, 1984 and April 30, 1983 (17th Week)

Reporting Area	Measles (Rubeola)						Meningococcal Infections	Mumps		Pertussis			Rubella			
	Malaria		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										
UNITED STATES	202	130	902	10	66	662	1,126	65	1,206	33	588	549	53	227	394	
NEW ENGLAND	16	1	51	2	3	4	75	2	41	-	9	22	2	19	6	
Maine	-	-	-	-	-	-	1	-	13	-	-	-	-	1	-	
N.H.	-	1	11	-	1	-	4	-	5	-	2	4	-	-	2	
Vt.	9	-	-	2 §	2	-	20	-	3	-	5	3	-	-	2	
Mass.	9	-	38	-	-	2	24	2	13	-	1	12	2	18	2	
R.I.	5	-	-	-	-	-	6	-	3	-	1	3	-	-	-	
Conn.	5	-	2	-	-	2	20	-	4	-	-	-	-	-	-	
MID ATLANTIC	32	13	31	-	9	20	173	5	160	5	40	157	41	48	22	
Upstate N.Y.	9	-	3	-	2	2	63	3	36	5	24	43	35	40	14	
N.Y. City	7	11	26	-	-	14	18	-	7	-	1	15	6	7	2	
N.J.	11	2	2	-	3	1	39	2	103	-	1	10	-	1	2	
Pa.	5	-	-	-	4	3	53	-	14	-	14	89	-	-	4	
E.N. CENTRAL	18	33	360	-	3	368	177	26	444	15	215	138	3	29	70	
Ohio	4	-	1	-	2	1	70	7	150	-	34	44	-	2	1	
Ind.	-	-	2	-	1	258	24	2	27	14	150	9	-	1	12	
Ill.	5	23	96	-	-	104	30	9	113	-	11	71	-	13	27	
Mich.	4	10	258	-	-	5	31	8	121	1	11	6	3	8	11	
Wis.	5	-	3	-	-	-	22	-	33	-	9	8	-	5	19	
W.N. CENTRAL	6	-	-	-	1	-	65	-	67	-	63	36	-	16	23	
Minn.	-	-	-	-	1	-	11	-	1	-	3	14	-	1	3	
Iowa	1	-	-	-	-	-	14	-	14	-	3	4	-	-	-	
Mo.	4	-	-	-	-	-	19	1	6	-	10	5	-	-	-	
N. Dak.	-	-	-	-	-	-	1	-	1	-	1	2	-	3	-	
S. Dak.	-	-	-	-	-	-	3	-	1	-	1	2	-	-	-	
Nebr.	-	-	-	-	-	-	5	-	1	-	2	-	-	-	-	
Kans.	1	-	-	-	-	-	12	-	44	-	44	10	-	12	20	
S. ATLANTIC	39	1	3	-	5	140	267	2	96	-	50	70	1	16	42	
Del.	2	-	-	-	-	-	2	-	2	-	-	-	-	-	-	
Md.	11	-	-	-	-	2	21	1	19	-	3	13	1	1	-	
D.C.	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	
Va.	7	-	1	-	1	12	31	1	7	-	7	22	-	-	1	
W. Va.	-	-	-	-	-	-	4	-	19	-	6	2	-	-	-	
N.C.	3	-	-	-	-	-	34	-	10	-	17	4	-	-	6	
S.C.	1	-	-	-	-	3	19	-	1	-	1	5	-	-	-	
Ga.	2	1	1	-	-	6	60	-	16	-	1	18	-	2	6	
Fla.	13	-	1	-	4	117	94	-	22	-	15	6	-	13	29	
E.S. CENTRAL	1	-	1	-	2	1	42	2	24	-	3	5	-	5	5	
Ky.	-	-	1	-	1	4	4	1	6	-	1	2	-	1	5	
Tenn.	-	-	-	-	2	-	18	-	8	-	2	2	-	-	-	
Ala.	1	-	-	-	-	-	14	-	4	-	-	-	-	1	-	
Miss.	-	-	-	-	-	-	6	1	6	-	-	1	-	3	-	
W.S. CENTRAL	6	25	156	-	14	44	123	4	61	8	56	40	-	12	62	
Ark.	-	-	-	-	-	10	14	-	4	-	10	2	-	2	-	
La.	1	-	-	-	-	-	29	-	-	-	3	2	-	-	9	
Okla.	2	-	5	-	-	-	15	N	N	-	34	20	-	-	-	
Tex.	3	25	151	-	14	34	65	4	57	8	9	16	-	10	53	
MOUNTAIN	7	-	66	2	10	2	42	16	123	1	56	63	-	6	13	
Mont.	-	-	-	-	-	-	1	-	3	-	19	1	-	-	3	
Idaho	-	-	-	-	-	-	5	-	6	-	1	2	-	1	3	
Wyo.	-	-	-	-	-	-	1	-	1	-	3	4	-	-	1	
Colo.	1	-	-	-	-	2	16	-	8	-	17	38	-	-	-	
N. Mex.	-	-	43	-	8	-	6	N	N	-	5	5	-	-	-	
Ariz.	4	-	-	-	-	-	10	16	100	1	8	8	-	-	4	
Utah	2	-	23	2 †	2	-	3	-	4	-	1	5	-	5	1	
Nev.	-	-	-	-	-	-	-	-	1	-	2	-	-	-	1	
PACIFIC	77	57	234	6	19	83	162	8	190	4	96	18	6	76	151	
Wash.	3	25	64	-	-	2	22	1	16	3	11	1	-	1	6	
Oreg.	1	-	-	-	-	5	23	N	N	-	7	3	-	-	9	
Calif.	70	32	170	6 †§	17	75	112	5	163	1	28	14	6	73	136	
Alaska	-	-	-	-	-	-	4	1	4	-	-	-	-	-	-	
Hawaii	3	-	-	-	2	1	1	1	7	-	50	-	-	2	-	
Guam	-	U	27	U	1	2	1	U	3	U	-	-	U	1	-	
P.R.	2	-	-	-	-	68	4	1	51	-	-	3	2	3	2	
V.I.	-	-	-	-	-	5	-	-	3	-	-	-	-	-	1	
Pac. Trust Terr.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-	

*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
April 28, 1984 and April 30, 1983 (17th 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	9,167	10,765	12	6,700	7,175	27	95	22†	1,536
NEW ENGLAND	208	260	-	184	181	1	3	-	7
Maine	1	6	-	9	13	-	-	-	6
N.H.	3	10	-	13	16	-	-	-	-
Vt.	1	1	-	2	1	-	-	-	-
Mass.	127	167	-	99	89	1	2	-	1
R.I.	8	6	-	17	16	-	-	-	-
Conn.	68	70	-	44	46	-	1	-	-
MID ATLANTIC	1,243	1,350	3	1,248	1,348	-	13	1	97
Upstate N.Y.	92	111	-	208	214	-	7	1	4
N.Y. City	755	777	-	501	533	-	3	-	-
N.J.	233	264	-	259	294	-	3	-	1
Pa.	163	198	3	280	307	-	-	-	92
E.N. CENTRAL	326	610	1	929	921	-	14	1	56
Ohio	84	162	1	183	148	-	3	1	4
Ind	52	57	-	94	90	-	1	-	6
Ill.	60	284	-	383	398	-	6	-	33
Mich.	99	79	-	218	239	-	1	-	1
Wis.	31	28	-	51	46	-	3	-	12
W.N. CENTRAL	146	126	2	174	250	7	3	2	214
Minn.	32	51	2	27	44	-	2	-	25
Iowa	10	4	-	29	31	-	-	-	49
Mo.	81	48	-	81	131	7	-	2	24
N. Dak.	-	-	-	5	-	-	-	-	35
S. Dak.	2	2	-	3	19	-	3	-	45
Nebr.	6	7	-	8	7	-	-	-	12
Kans.	15	14	-	21	18	-	1	-	24
S. ATLANTIC	2,844	2,750	1	1,445	1,392	2	12	6	491
Del.	9	14	-	16	10	-	-	-	-
Md.	179	166	-	174	91	-	-	-	288
D.C.	98	116	-	42	60	-	5	-	-
Va.	143	202	-	137	127	-	3	2	99
W. Va.	8	10	-	53	53	-	-	-	13
N.C.	297	247	-	228	165	-	1	1	2
S.C.	274	179	-	156	124	-	1	3	14
Ga.	486	505	-	201	298	2	-	-	51
Fla.	1,350	1,311	1	438	464	-	2	-	24
E.S. CENTRAL	557	739	-	608	659	-	3	3	88
Ky.	30	41	-	135	177	-	1	-	21
Tenn.	148	199	-	197	200	-	2	1	43
Ala.	191	311	-	203	167	-	-	2	24
Miss.	188	188	-	73	115	-	-	-	-
W.S. CENTRAL	2,214	2,790	-	690	846	8	5	7	340
Ark.	74	76	-	72	74	5	-	4	42
La.	417	608	-	84	150	2	1	1	13
Okla.	63	87	-	70	97	1	1	-	43
Tex.	1,660	2,019	-	464	525	-	3	2	242
MOUNTAIN	222	250	4	147	197	6	3	1	54
Mont.	-	4	-	8	18	-	1	1	34
Idaho	9	3	-	9	12	2	-	-	-
Wyo.	2	3	-	-	3	-	-	-	-
Colo.	49	57	2	8	16	1	-	-	-
N. Mex.	30	86	-	33	36	-	1	-	7
Ariz.	92	55	2	68	82	1	-	-	13
Utah	6	9	-	9	18	2	-	-	-
Nev.	34	33	-	12	12	-	1	-	-
PACIFIC	1,407	1,890	1	1,275	1,381	3	39	1	189
Wash.	41	60	-	68	74	-	1	-	1
Oreg.	41	32	-	53	58	1	-	1	-
Calif.	1,296	1,763	1	1,069	1,141	2	34	-	182
Alaska	3	7	-	20	15	-	1	-	6
Hawaii	26	28	-	65	93	-	3	-	-
Guam	-	-	U	3	2	-	-	-	-
P.R.	283	311	-	127	149	-	3	-	16
V.I.	6	8	-	2	1	-	-	-	-
Pac. Trust Terr.	-	-	U	-	-	-	-	-	-

U. Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending
April 28, 1984 (17th Week Ending)

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	709	502	133	36	12	26	54	S. ATLANTIC	1,339	825	345	91	41	35	62
Boston, Mass.	170	100	31	16	6	17	15	Atlanta, Ga.	168	99	47	15	3	4	6
Bridgeport, Conn.	53	39	12	2	-	-	7	Baltimore, Md.	320	200	82	19	11	8	11
Cambridge, Mass.	31	27	3	-	1	-	1	Charlotte, N.C.	58	39	10	5	2	-	5
Fall River, Mass.	31	26	5	-	-	-	-	Jacksonville, Fla.	89	51	32	3	1	2	-
Hartford, Conn.	83	66	14	2	-	1	1	Miami, Fla.	144	87	32	14	8	3	2
Lowell, Mass.	31	23	6	-	2	-	-	Norfolk, Va.	67	33	27	2	2	3	6
Lynn, Mass.	21	19	2	-	-	-	-	Richmond, Va.	91	44	30	10	1	6	5
New Bedford, Mass.	22	16	5	-	-	1	2	Savannah, Ga.	48	26	15	4	-	3	7
New Haven, Conn.	51	29	14	5	1	2	1	St. Petersburg, Fla.	115	100	8	2	4	1	7
Providence, R.I.	60	43	11	3	-	3	7	Tampa, Fla.	66	46	13	4	3	-	6
Somerville, Mass.	9	8	1	-	-	-	2	Washington, D.C.	141	80	43	11	4	3	7
Springfield, Mass.	53	34	13	3	1	2	6	Wilmington, Del.	32	20	6	2	2	2	-
Waterbury, Conn.	34	26	6	1	1	-	6	E.S. CENTRAL	771	481	175	43	33	39	39
Worcester, Mass.	60	46	10	4	-	-	6	Birmingham, Ala.	118	83	20	9	4	2	6
MID. ATLANTIC	2,451	1,627	533	167	65	59	116	Chattanooga, Tenn.	59	37	15	2	3	2	7
Albany, N.Y.	62	42	12	2	1	5	1	Knoxville, Tenn.	79	51	19	2	5	2	3
Allentown, Pa.	21	16	5	-	-	-	-	Louisville, Ky.	116	71	31	8	3	3	3
Buffalo, N.Y.	145	101	33	8	3	-	15	Memphis, Tenn.	198	118	39	10	7	24	13
Camden, N.J.	51	34	11	3	-	3	4	Mobile, Ala.	61	37	16	3	4	1	1
Elizabeth, N.J.	27	18	7	2	-	-	1	Montgomery, Ala.	43	28	11	2	-	2	3
Erie, Pa.†	31	24	3	-	-	4	4	Nashville, Tenn.	97	56	24	7	7	3	3
Jersey City, N.J.	47	26	13	5	1	2	-	W.S. CENTRAL	1,369	792	342	115	59	61	54
N.Y. City, N.Y.	1,399	904	306	117	42	30	54	Austin, Tex.	43	23	7	5	2	6	2
Newark, N.J.	57	29	11	9	5	3	5	Baton Rouge, La.	52	31	12	4	5	-	2
Paterson, N.J.	37	23	5	-	3	6	1	Corpus Christi, Tex.	40	33	6	-	-	1	1
Philadelphia, Pa.†	133	81	35	8	5	4	7	Dallas, Tex.	180	104	42	19	8	7	7
Pittsburgh, Pa.†	61	46	11	3	1	-	-	El Paso, Tex.	69	36	18	3	7	5	3
Reading, Pa.	43	33	9	-	1	-	3	Fort Worth, Tex.	107	63	28	4	4	8	5
Rochester, N.Y.	112	81	27	4	-	-	11	Houston, Tex.	367	188	106	38	18	17	10
Schenectady, N.Y.	35	24	8	2	1	-	4	Little Rock, Ark.	61	37	19	2	1	2	4
Scranton, Pa.†	28	21	6	1	-	-	1	New Orleans, La.	124	73	27	15	4	5	3
Syracuse, N.Y.	84	63	15	2	2	2	4	San Antonio, Tex.	160	94	41	14	7	4	9
Trenton, N.J.	30	19	11	-	-	-	-	Shreveport, La.	56	33	13	7	3	-	1
Utica, N.Y.	19	16	3	-	-	-	-	Tulsa, Okla.	110	77	23	4	-	6	7
Yonkers, N.Y.	29	26	2	1	-	-	1	MOUNTAIN	750	508	146	47	34	15	47
E.N. CENTRAL	2,271	1,513	484	140	60	74	83	Albuquerque, N.Mex.	84	51	20	7	5	1	8
Akron, Ohio	94	64	24	1	2	3	-	Colo. Springs, Colo.	48	37	4	3	3	1	4
Canton, Ohio	34	20	8	5	1	-	2	Denver, Colo.	142	94	27	11	7	3	14
Chicago, Ill.	488	316	104	43	14	11	17	Las Vegas, Nev.	83	58	18	5	2	-	4
Cincinnati, Ohio	122	88	16	5	7	6	12	Ogden, Utah	26	19	6	1	-	-	-
Cleveland, Ohio	184	113	51	11	3	6	3	Phoenix, Ariz.	204	141	37	10	10	6	1
Columbus, Ohio	137	92	27	6	6	6	3	Pueblo, Colo.	35	31	3	-	1	-	3
Dayton, Ohio	126	77	42	4	1	2	5	Salt Lake City, Utah	41	22	8	5	4	2	-
Detroit, Mich.	220	142	42	15	9	12	4	Tucson, Ariz.	87	55	23	5	2	2	13
Evansville, Ind.	53	39	5	4	2	3	4	PACIFIC	1,921	1,284	392	129	54	60	88
Fort Wayne, Ind.	56	43	11	2	-	-	6	Berkeley, Calif.	18	14	2	2	-	-	-
Gary, Ind.	23	9	9	3	1	1	1	Fresno, Calif.	59	32	21	2	3	1	4
Grand Rapids, Mich.	53	37	7	2	1	6	1	Glendale, Calif.	28	22	3	2	-	1	-
Indianapolis, Ind.	163	91	44	16	3	9	2	Honolulu, Hawaii	65	42	14	4	3	2	9
Madison, Wis.	36	24	5	3	3	1	3	Long Beach, Calif.	95	58	25	7	3	2	1
Milwaukee, Wis.	146	105	28	7	3	3	3	Los Angeles, Calif.	600	405	124	45	16	10	-
Peoria, Ill.	52	32	15	4	1	-	2	Oakland, Calif.	66	45	11	6	2	2	5
Rockford, Ill.	46	40	3	1	-	2	3	Pasadena, Calif.	30	22	3	2	-	3	4
South Bend, Ind.	49	41	7	1	-	-	3	Portland, Oreg.	124	85	23	4	5	7	9
Toledo, Ohio	102	74	20	4	2	2	9	Sacramento, Calif.	86	58	18	3	-	6	9
Youngstown, Ohio	87	66	16	3	1	1	-	San Diego, Calif.	177	124	39	9	1	4	16
W.N. CENTRAL	708	484	152	31	14	27	24	San Francisco, Calif.	170	103	36	19	4	7	6
Des Moines, Iowa	67	48	14	2	2	1	1	San Jose, Calif.	157	106	29	10	8	4	14
Duluth, Minn.	28	19	8	-	-	1	4	Seattle, Wash.	144	95	28	9	4	8	3
Kansas City, Kans.	26	13	8	2	2	1	2	Spokane, Wash.	60	47	5	3	3	2	4
Kansas City, Mo.	117	77	21	9	2	8	-	Tacoma, Wash.	42	26	11	2	2	1	4
Lincoln, Nebr.	41	31	6	2	2	-	3	TOTAL	12,289	8,016	2,702	799	372	396	567
Minneapolis, Minn.	79	54	14	5	2	4	2								
Omaha, Nebr.	80	53	18	3	1	5	1								
St. Louis, Mo.	165	105	47	8	2	3	4								
St. Paul, Minn.	62	50	11	-	-	1	2								
Wichita, Kans.	43	34	5	-	1	3	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.

Hemorrhagic Fever — Continued

The patients ranged in age from 14 to 38 years; seven were male. All had histories of possible exposure to wild rodents within 4 weeks before onset of disease. For three patients, the incubation period was known exactly because of single exposures: 14 days for one patient who developed HFRS after being bitten by a wild rodent; and 17 and 20 days for two patients, living in Paris, who had a single, indirect exposure to wild rodents in the same place (1,2).

The eight infections were contracted in four different geographical areas: for two patients—120 km northeast of Paris; for four patients—70 km north of Paris; for one patient—500 km south of Paris; for one patient—30 km northwest of Paris.

Epidemiologic investigations are in progress to further assess the extent of HFRS in France.

Reported by E Dournon, MD, B Morinière, MD, PM Girard, MD, Laboratoire Central, Institut de Médecine et d'Epidémiologie Tropicales, Hôpital Claude Bernard, JP Gonzalez, MD, Office de le Recherche Scientifique et Technique Outre-Mer, Paris, PY Lallement, MD, E Kaloustian, MD, Centre Hospitalier, Compiègne, B Schlemmer, MD, CMC Foch, Suresnes, E Bouvet, MD, Direction Générale de la Santé, Ministère des Affaires Sociales et de la Solidarité Nationale, Paris, France; Special Pathogens Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Hemorrhagic fever with renal syndrome begins abruptly with fever, chills, weakness, and dizziness. Headache, myalgia, and lumbar pain are usually prominent. The severe form of the disease, occurring primarily in Asia, may result in thrombocytopenia with petechiae and hemorrhage, while the milder form exhibits little or no hemorrhage. Both forms may result in acute renal failure. Although hemorrhagic fever with renal syndrome was known in Asia before World War II, it was first reported in the English literature during the Korean War, when United Nations' troops became ill with the disease.

Improved tissue-culture replication of Hantaan virus (4,5) has resulted in the identification and isolation of Hantaan-related viruses in rodents in diverse areas of the world, including North America and Asia (6-9). Parallel to this has been the discovery of human infection and, in France, significant numbers of HFRS cases associated with these infections, as illustrated in this report.

These reports suggest that HFRS is an important cause of serious, hospitalizable disease in France. The trapping of clethrionomys rodents in areas associated with acute disease in France suggests that HFRS there is an extension of the disease already known in Scandinavia and Eastern Europe and probably represents the milder form of disease reported in the western Union of Soviet Socialist Republics and China. The geographic diversity of cases in France suggests that surrounding countries should be aware of the situation and search for the disease in their own populations. In any countries where the virus has been identified in wild rodents, such as the United States, the potential exists for human disease and warrants a search for such cases.

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Shigellosis among Tourists — Union of Soviet Socialist Republics, 1983

CDC has received several reports of a severe diarrheal illness affecting tour groups to the southern Union of Soviet Socialist Republics (U.S.S.R.) in 1983:

Tour #1. A 60-year-old woman developed vomiting, chills, and diarrhea in July 1983 in Tashkent, Uzbek Soviet Socialist Republic. She had been in Bukhara, Uzbek, for the 2 days before her onset of illness. The diarrhea persisted for 2 weeks, despite medication prescribed by physicians in the U.S.S.R., and on her return to the United States, she consulted her private physician. She was treated with trimethoprim/sulfamethoxazole, and after 3 days, the diarrhea resolved. Stool culture yielded *Shigella flexneri* 1b.

Tour #2. A 52-year-old man became ill with diarrhea and chills in September 1983, while on a tour in Yerevan, Armenian Soviet Socialist Republic. His symptoms persisted after his return to the United States, and a stool culture grew *S. flexneri* 1b.

Tour #3. A physician-member of a tour group to the Caucasus in August 1983 reported that more than 60% of tour-group members experienced an illness characterized by high fever, nausea, and nonbloody diarrhea that lasted 2 days to 2 weeks. The illness first occurred after the group had been in Tbilisi, Georgian Soviet Socialist Republic, for several days. The illness was treated empirically with trimethoprim/sulfamethoxazole or doxycycline; antidiarrheal medications were avoided.

Following these reports, CDC contacted tour leaders who had led 39 tours through the U.S.S.R. between April and October 1983. In 12 of the 39 tours, more than one-third of tour members had a diarrheal illness compatible with shigellosis.

All 12 affected tour groups were among the 18 groups that traveled through either Uzbek Soviet Socialist Republic or the Caucasus Mountain Republics of Georgia, Armenia, or Azerbaidzhan during July through October 1983. In contrast, none of 17 tour groups to the U.S.S.R. that did not visit these areas in the southern U.S.S.R. and none of four tours to the Caucasus in May and June 1983 experienced similar outbreaks of diarrheal disease. The *Shigella* isolates from tours 1 and 2 were confirmed as *S. flexneri* type 1b, resistant to ampicillin and chloramphenicol and sensitive to trimethoprim/sulfamethoxazole. *S. sonnei* was isolated from a member of a tour to the Caucasus returning to the United States in late August; this isolate was not characterized further. No other pathogens were reported to have been isolated among the surveyed groups.

Reported by CW Bird, MD, R Locey, MD, Oakland County Health Div, Oakland County, KR Wilcox, Jr, MD, Michigan State Dept of Public Health; DB Prescott, MD, Storrs, Connecticut; Enteric Diseases Br, Div of Bacterial Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Persons who traveled to the Soviet Republics of Uzbek, Georgia, Armenia, and Azerbaidzhan in summer and fall of 1983 appear to have been at high risk for acquiring a febrile diarrheal illness, some of which was shigellosis. *Shigella* is usually transmitted person-to-person or via contaminated food or water. The source of the illness in these tour groups is

Shigellosis – Continued

not known. It is not known whether a similar risk was present before 1983 or will be present in 1984. Antimicrobial-resistant *Shigella* should be considered in the differential diagnosis of diarrheal illness occurring in tourists to these areas.

Quarantine Measures

The following changes should be made in the "Supplement—Health Information for International Travel," *MMWR*, Vol. 32, 1983.

LIBYAN ARAB JAMAHIRIYA (Situation as of March 20, 1984)

Cholera—Delete all information on pages 14 and 41.

TOGO (Situation as of April 17, 1984)

Yellow Fever—Delete all information on pages 17 and 55. On page 17, insert I. On page 55, insert I > 1 yr.

Notice to Readers

Announcement of Reye Syndrome Conference

The fourth International Conference on Reye Syndrome will be held in Columbus, Ohio, June 21-22, 1984. For further information, contact:

Dr. J. Dennis Pollack
General Chairman, 4th ICRS
Children's Hospital
700 Children's Drive
Columbus, Ohio 43205

Addendum: Vol. 33, No. 7

- p. 81. In the recommendations from the Immunization Practices Advisory Committee, "Varicella-Zoster Immune Globulin for the Prevention of Chickenpox," the following varicella-zoster immune globulin regional distribution center should be added to Table 6 on page 97:

American Red Cross Blood Services
Tri-State Region
1111 Veterans Memorial Boulevard
P.O. Box 605
Huntington, West Virginia 25710
(304) 522-0328

Erratum: Vol. 33, No. 13

- p. 179 In the article, "Update: Styrene, Dioxin, and 1,3-Butadiene in the Workplace," the formula for styrene should read: $C_6H_5CH = CH_2$.

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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.

Director, Centers for Disease Control
James O. Mason, M.D., Dr.P.H.
Director, Epidemiology Program Office
Carl W. Tyler, Jr., M.D.

Editor
Michael B. Gregg, M.D.
Assistant Editor
Karen L. Foster, M.A.

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VIROLOGY DIVISION
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