# MMR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Weeks. 1984

# Delta Hepatitis — Massachusetts

An outbreak of hepatitis B (HB) that began in September 1983 is continuing in Worcester, Massachusetts, primarily involving parenteral drug abusers (PDAs) and their sexual contacts. As of August 1, 1984, 75 cases of acute HB have been identified, 50 of which are considered outbreak-related. Fulminant hepatitis has been a prominent feature of this outbreak. Six deaths have occurred, for an outbreak-related case fatality ratio of 12%.

Patients meeting all the following criteria were considered outbreak-related HB cases: (1) an acute clinical illness compatible with HB; (2) elevated serum glutamic-oxaloacetic transaminase (SGOT) or serum glutamic-pyruvic transaminase (SGPT) two or more times greater than the upper limit of normal (when such results were available); (3) positive serology for hepatitis B surface antigen (HBsAg); (4) residence and/or primary diagnosis and treatment within the city of Worcester; and (5) a PDA or a direct contact of a PDA.

Patients with acute HB who could be located were interviewed regarding their drug and alcohol use, as well as risk factors for HB. Serum samples were obtained to test for markers of hepatitis B virus (HBV) infection and delta virus infection.

Of the 50 outbreak-related case patients, 35 were male. Twenty-nine were white, non-Hispanic; 17 were Hispanic; two were black; and two were of unknown race. Ages ranged from 15 years to 43 years (median 25 years). Forty-three patients used needles; six were sexual contacts of PDAs; and one had direct contact with open wounds of a person with hepatitis. Of the six patients who died, three were male; five were white, non-Hispanic, and one was Hispanic. Ages ranged from 19 years to 34 years of age (median 27 years). Five were PDAs, and one was a sexual contact of a known PDA.

Drugs that were self-injected were primarily heroin and cocaine. No 3,4-methylene diamphetamine (MDA), a drug implicated in fulminant HB/PDA deaths in North Carolina in 1979, was used (1). The only potential hepatotoxin identified was alcohol.

Testing for HB markers confirmed HB in all cases. Serum specimens were available from four patients who died; three had immunoglobulin M (lgM) anti-delta virus antibodies. IgM anti-delta virus antibodies were also present in four of 22 PDAs with nonfulminant acute HB, one of seven PDA contacts with nonfulminant acute HB, and none of 11 nonoutbreak-related patients with acute HB. In addition, two of 13 non-ill HBsAg-positive PDAs had serologic markers of delta virus infection (one with IgG antibodies and one with IgM).

Reported by T Ukena, MD, Worcester Hahnemann Hospital, LJ Morse, MD, A Gurwitz, MD, WG Irvine, JG McCarthy, EM Macewicz, M Smith, Worcester Dept of Public Health, R Bessette, MD, C Pelletier, St. Vincent Hospital, A Decelles, Worcester City Hospital, M Bemis, R Glew, MD, Memorial Hospital, S Weinstein, H Kotilainen, University of Massachusetts Hospital, GF Grady, MD, Acting Director, Communicable Diseases and Venereal Diseases, Massachusetts Dept of Public Health; Hepatitis Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

**Editorial Note:** Previous clusters of fulminant HB deaths among PDAs have been reported in this country (1,2); however, this is the first outbreak of fulminant HB in the United States in which the delta virus has clearly been shown to have contributed to the severity of the illness.

Hepatitis — Continued

Delta virus is composed of a protein antigen (delta antigen) and a ribonucleic acid of low molecular weight. Although transmissible as an independent infectious agent, delta virus can only infect and cause illness in the presence of active HBV infection. To be infectious, this incomplete virus requires a coat of HBsAg (3). Delta virus and HBV may simultaneously infect a host (coprimary infection with HBV/delta virus), or delta virus may superinfect an existing HBV carrier. Either coprimary infection or superinfection may cause acute hepatitis; both types of infection have been associated with fulminant HB in Europe (4).

Delta virus infection is endemic in southern Italy. Based on limited serosurveys, it has also been found in the Middle East and in certain parts of South America and Western Africa. Superinfection with delta virus was implicated as the major cause of an exceptionally severe hepatitis epidemic among Venezuelan Indians in which 34 of 149 patients died (5). Delta virus infection has been limited to hemophilia patients and PDA populations in the rest of Western Europe, North America, and Australia (7,8). Fulminant coprimary HBV/delta virus infections among PDAs have occurred sporadically in Los Angeles (6).

Although delta virus is transmitted in a manner similar to HBV, to date, delta virus infection has not been reported in this country in health-care workers or male homosexuals, the other major groups at risk for HB. Because delta virus infections have never been found in the absence of infection with HBV, there appears to be little risk of spread outside of groups known to be at risk of acquiring HB. Testing for delta virus is indicated in the setting of fulminant HB infection or acute hepatitis occurring in a known HB carrier.

Control of HB outbreaks among PDAs is difficult. Efforts to control the current outbreak have focused on educating PDAs on the modes of transmission of HB and on updating physicians regarding serodiagnosis and reporting of HB and recommended prophylaxis of needle, sexual, and familial contacts of patients (9). Since HB vaccine will prevent both HB and delta virus infections, a program to vaccinate PDAs in Worcester is currently under development as a control measure.

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# Outbreak of Diarrhea Linked to Dietetic Candies — New Hampshire

A 13-year-old girl was treated at a Milford, New Hampshire, hospital emergency room April 30, 1984, for acute abdominal pain and diarrhea. Induced vomiting yielded partially digested pieces of a hard candy. The New Hampshire Poison Center notified the Epidemiology Office, New Hampshire Division of Public Health Services, that candy possibly caused the illness.

Investigation disclosed that, earlier that day, eight neighborhood playmates, ages 5-13 years (mean 9 years), had experienced abdominal cramps, urgency in defecation, and two to

#### Diarrhea - Continued

six loose bowel movements each,  $\frac{1}{2}$  to  $\frac{1}{2}$  hours after eating three to 16 pieces of a dietetic candy per child. There was no known common exposure to other food, drink, or toxic substance. Only the 13-year-old girl received medical attention; the other seven children recovered spontaneously within 2-3 hours after the illness began. Each of three additional playmates who ate one piece of candy and four who ate no candy did not become ill. The attack rate for children who had eaten any of the candy was 8/12 (67%); it was 8/9 (89%) for children who had eaten three or more pieces.

The candies, purchased locally, had been manufactured in Pennsylvania and are one of a number of dietetic candy products distributed widely for the past 6 years to retailers throughout the United States and to countries overseas. The candies in this outbreak each contained approximately 3 grams of sorbitol as a sweetener. Sorbitol, a hexahydric sugar alcohol, acts as an osmotic laxative. The candies were purchased in bulk and individually wrapped. The wrappers carried no ingredient information and no warning of adverse effects if eaten in excess. A survey of a number of sorbitol-containing dietetic products on the market in New Hampshire revealed instances of inadequate and inaccurate labeling.

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**Editorial Note:** Sorbitol has been responsible for both acute and chronic diarrheal illnesses in adults and children (1-3). In a normal adult, after a 35-gram oral dose, levels of sorbitol in blood remain undetectable, and serum glucose remains unchanged (4). Ingestion of 10 grams of sorbitol caused bloating and flatulance in most of seven volunteers in one study. Twenty grams caused more severe symptons of cramping and diarrhea (5). In children, the dose of sorbitol required to produce gastrointestinal symptoms is markedly less than in adults. Sorbitol ingestion has not been associated with harmful effects other than diarrhea and gastrointestinal discomfort. In unexplained cases of acute or chronic diarrhea, a careful dietary history should be obtained, with careful attention to the possible ingestion of sorbitol.

# References

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## Measles — United States, First 26 Weeks, 1984

During the first 26 weeks of 1984, a provisional total of 1,759 measles cases was reported in the United States (incidence rate 0.8 per 100,000 population) (Figure 1). This represents a 60.6% increase from the 1,095 cases reported during the same period in 1983 (0.5/100,000). A total of 1,234 cases (70.2%) was reported from four states—Michigan (430), Texas (377), California (267), and Illinois (160). Nine states (New Mexico, Michigan, Hawaii, New Hampshire, Texas, Washington, Utah, Illinois, California) and New York City had incidence rates of 1/100,000 population or higher.

Although the overall incidence rate increased, the number of states reporting measles decreased during the first 26 weeks of 1984, compared with the same period of 1983. Twenty-four states reported no measles cases (indigenous or imported), compared with 22 states and the District of Columbia during the same period in 1983. In 1984, 80 (2.5%) of the nation's

#### Measles — Continued

3,139 counties reported measles cases during the first 26 weeks, compared with 95 (3.0%) during the same period in 1983 (Table 1).

One hundred seventy-five cases (9.9%) were associated with international or out-of-state importations—an average of 6.7 cases per week—compared with 174 cases during the same period in 1983 (1).

During the first 26 weeks, detailed information was provided to the Division of Immunization, CDC, on 1,765 cases. The difference between this number and the 1,759 cases reported to the *MMWR* reflect delays in reporting. Of 1,765 cases, 1,723 (97.6%) met the standard clinical case definition for measles,\* and 721 (40.8%) were serologically confirmed.

Among most of the measles patients, onset of rash occurred from week 9 through week 15, peaking at week 11 (130 cases) (Figure 2).

Age characteristics of reported cases changed from 1983 to 1984 (Table 2). In 1983, the highest incidence rates were reported for preschoolers. In contrast, the rates for the first 26 weeks of 1984 were greatest for children 10 years to 14 years of age who experienced a more than twofold increase in incidence rates, compared with all of 1983. Of the 351 preschoolers who had measles in 1984, 92 (26.2%) were under 12 months of age; 68 (19.4%)

(Continued on page 501)

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

		35th Week End	ding	Cumula	tive, 35th Week	Ending
Disease	Sept. 1, 1984	Sept. 3, 1983	Median 1979-1983	Sept. 1, 1984	Sept. 3, 1983	Median 1979-1983
Acquired Immunodeficiency Syndrome (AIDS)	106	N	N	2.748	N	N
Aseptic meningitis	250	741	471	4.140	6.593	4.967
Encephalitis: Primary (arthropod-borne						• • • • • • • • • • • • • • • • • • • •
& unspec.)	18	109	60	639	1,042	811
Post-infectious	1	1	1	67	66	66
Gonorrhea: Civilian	14,604	16,343	20,619	548,769	597,452	658,232
Military	280	308	621	14,108	16,161	18,272
Hepatitis: Type Á	216	402	460	13,714	13,961	16,907
Type B	318	472	402	16,633	15,879	13,586
Non A. Non B	32	54	N	2,430	2,278	N
Unspecified	79	103	206	3,927	4,765	6,731
Legionellosis	15	11	N	381	474	N
Leprosy	5	6	5	147	169	142
Malaria	11	12	27	589	520	728
Measles: Total*	24	1	10	2,203	1,206	2,523
Indigenous	23	1	N	1,950	1,002	N
Imported	1	-	N	253	204	N
Meningococcal infections: Total	30	25	32	1,962	1,986	1,986
Civilian	30	25	32	1,957	1,971	1,971
Military	-	-	-	5	15	14
Mumps	28	25	30	2,163	2,407	4,183
Pertussis	14	69	36	1,276	1,525	995
Rubella (German measles)	27	7	17	535	758	1,963
Syphilis (Primary & Secondary): Civilian	507	574	574	18,521	21,734	20,357
Military	4	6	9	223	276	250
Toxic Shock syndrome	2	4	N	289	297	N
Tuberculosis	332	449	520	14,107	15,598	17,941
Tularemia	5	11	10	213	204	163
Typhoid fever	5	16	14	206	273	310
Typhus fever, tick-borne (RMSF)	37	46	44	626	904	886
Rabies, animal	86	126	124	3,493	4,332	4,332

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1984		Cum. 1984
Anthrax Botulism: Foodborne	1 7	Plague Poliomyelitis: Total	17
Infant Other	65 5	Paralytic Psittacosis	57
Brucellosis (N.C. 1, Tex. 1) Cholera	73	Rabies, human Tetanus (Tex. 1)	40
Congenital rubella syndrome Diphtheria Leptospirosis	13	Trichinosis Typhus fever, flea-borne (endemic, murine)	59 15
Leptospirosis	13		

<sup>\*</sup>There were no cases of internationally imported measles reported for this week.

<sup>\*</sup>Fever (38.3 C [101 F] or higher, if measured), generalized rash of 3 days' or longer duration, and at least one of the following: cough, coryza, conjunctivitis.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 1, 1984 and September 3, 1983 (35th Week)

Reporting Area			Se	ptembe	er 1, 19	84 and Sep	tember 3,	1983 (3	35th W	eek)			
Reporting Area   Cum		AIDS		Encer		Gono	rrhea	Н	epatitis (V	iral), by ty		Legionel-	
1984   1984   1984   1984   1984   1984   1983   1984   1984   1984   1988	Reporting Area		gitis	Primary		(Civ	ilian)	А	В	NA,NB		losis	Leprosy
NEW ENGLAND 93 22 35 1 15,629 15,187 4 11 1 20 - 7  NH			1984				Cum. 1983	1984	1984	1984	1984	1984	
Marine	UNITED STATES	2,748	250	639	67	548,769	597,452	216	318	32	79	15	147
NH	NEW ENGLAND	93		35	1			4		1	20	-	7
Mass	N.H.	ī	9		-	441	483		2	-	-	-	-
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Ohio		•	-		_			-	-	-			
III	Ohio	15		49		19,879	22,156	9			!		
Mich         16         18         39         -         22,328         23,180         5         15         -         -         1         2           WM CENTRAL         26         11         51         1         27,120         28,250         10         30         1         -         -         1           Mom         1         5         20         -         4,048         3,888         1         3         1         -         -         -         1           Noba         1         5         20         -         2,938         3,082         1         3         -<			-							1	-	1	2
WN CENTRAL    26	Mich.	16		39	-	22,328	23,180			-	-		2
Now	W.N. CENTRAL	26	11	51		27,120	28,250	10			_	_	1
Mo			5		- :					1		-	1
S Dak	Mo.	13			-	13,132	13,988			-	-	-	-
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TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 1, 1984 and September 3, 1983 (35th Week)

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	Malaria	India	Mea: enous	sles (Rub	rted *	Total	Menin- gococcal	Mur	mps		Pertussis	,		Rubella	
Reporting Area	Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	Infections Cum. 1984	1984	Cum. 1984	1984	Cum. 1984	Cum. 1983	1984	Cum. 1984	Cum. 1983
UNITED STATES	589	23	1,950	1	253	1,206	1,962	28	2,163	14	1,276	1,525	27	535	758
NEW ENGLAND	37	-	93	-	11	16	117	2	69	-	36	47	_	18	14
Maine N.H.	-		33	-	3	3	1 7	2	22	-	1	4	-	1	-
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Conn.	9	-	10	-	3	8	11 30	-	8 9		1	5	-	-	-
MID ATLANTIC	95	-	111	-	30	93	345	8	253	2	113	284	25	205	134
Upstate N.Y. N.Y. City	24 21	-	21 86	-	10 14	9 54	119	5	65	2	66	90	-	101	25
N.J.	30	-	4	:	2	27	75 69	1 2	19 130	-	5 6	46 18	25	85 15	86
Pa.	20	U	-	U	4	3	82	ũ	39	Ū	36	130	Ū	15 4	3 20
E.N. CENTRAL Ohio	54 15	15	602	-	69	632	315	2	871	7	342	357	1	78	114
Ind.	1	-	3 2	-	6 1	85 400	108 38	1	432 50	5 2	62 222	105 36	1	2 3	2 23
III.	19	15	176	-	1	139	67	i	162	-	21	126		46	23 48
Mich. Wis.	9 10	-	402 19	-	54 7	7 1	60 42	-	157	-	21	25	-	19	15
W.N. CENTRAL	17	-		•					70	-	16	65	-	8	26
Minn.	6	-	3	-	7 3	2	119 22	4	88 4	1	106 12	95 33	-	31 2	31
lowa	1	-	-	-	-	-	21	-	19	-	9	33 5	-	1	6
Mo. N. Dak.	6	-	3	-	-	1	35	3	9	-	16	20	-	-	
S. Dak.			\ -		- :	-	1 6		2	1	8	1 6	-	3	-
Nebr.	, 1	-	/	-	-	-	11	-	4		11	-	-		-
Kans.	2	-	-	•	4	•	23	1	50	-	50	30	-	25	25
S. ATLANTIC Del.	95 4	<u>_</u>	14	1	28	195	406	8	162	1	107	198	-	21	91
Md.	23	-	6	-	14	10	3 32	3	2 32	-	2	3	-	:	-
D.C.	1	-	-	-	5	-	5	-	-	-	8	25	-	1	3
Va. W. Va.	25 1	-	1	-	2	23	47	:	15	1	13	45	-	-	2
N.C.	ż	-	-	-		1	5 60	4	35 17	-	10 21	7 21	-	-	
S.C.	2	-	-	Ēe	-	4	43	-	4	-	1	13	-		10 1
Ga. Fla.	8 24	-	7	1 § -	1 6	8 149	81 130	1	17 40	-	10 42	57 27	-	2 18	11 64
E.S. CENTRAL	6	_	1		2	6	110	1	42						
<b>Ку</b> .	-	-	i	-	-	1	43		42 9	1	12 1	21 9	- :	9 3	11 10
Tenn. Ala.	2 4		· -	-	2	-	28	1	13	1	7	4	-	-	-
Miss.	-	:	-	:	-	5	26 13	-	6 14	-	4	4	-	3	1
W.S. CENTRAL	55	8	487		23	73	209	2	114	_	244	279	_		-
Ark.	-	-	-	-	-	12	27	-	5	-	15	18	-	13 3	98
∟a. Okla.	· 7 8	8	8	-	8	25 1	44 23			-	4	5	-	-	9
Гех.	40 ر	-	479	-	15	35	115	N 2	N 109	-	208 17	205 51	-	10	89
MOUNTAIN	20		91		39	4	67	_	205	2	94	157		16	28
Mont. daho	1 2	-		-	23	-	2	-	6	-	19	1	-	-	3
Nyo.		-	4 :	-	23	1	6 2	-	9	-	7 3	11 6	-	1	8
Colo.	3	-		-	6	2	24	-	16	2	34	100	-	2 2	3
N. Mex. Ariz.	1 9	Ū	68	Ū	8	1	.7	N	N	-	6	9	-		-
Jtah	4	-	23	-	2		14 7	U	165 5	U	17 6	14 16	U	1	6
Nev.	-	-	•	-	-	-	5	-	2	• •	2	-		6 4	7 1
ACIFIC	210	-	548	-	44	185	274	1	359	_	222	87	1	144	237
Wash. Oreg.	8 10		125	-	13	5	42	-	36	-	58	13	-	1	9
Calif.	189	Ū	270	Ū	27	9 168	40 184	N U	N 297	Ū	14	6		1 1 2 7	13
Alaska		-	-	-		2	7	1	297		81	66	U	137 1	213 1
ławaii	3	-	153	-	4	1	1	-	18	-	69	2	1	4	i
Guam P.R.	1	U U	83	U	2	2	1	U	5	U	-	-	U	2	_
	4	U	-	U	-	89	3	U	107	U		9			
/.l. Pac. Trust Terr.		-			-	5		-	5	U	-	9	U	7	4

<sup>\*</sup>For measles only, imported cases includes both out-of-state and international importations.

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending September 1, 1984 and September 3, 1983 (35th Week)

September 1, 1984 and September 3, 1983 (35th Week)											
Reporting Area	Syphilis (Primary &	(Civilian) Secondary)	Toxic- shock Syndrome	Tubero	culosis	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	18,521	21,734	2	14,107	15,598	213	206	626+	50 3,493		
NEW ENGLAND Maine	350 3	455 15	-	406 20	447 26	4	12	4	33 10		
N.H. Vt.	13	19	-	24	30 6		-	-	10		
Mass.	201	279	-	213	238	4	10	3	8		
R.I. Conn.	14 118	16 125	-	30 110	32 115	-	2	ī	5		
MID ATLANTIC	2,494	2,781	-	2,612	2,739	-	32	17	261		
Upstate N.Y. N.Y. City	179 1,551	250 1,626	-	444 1,037	416 1,109		12 7	6 1	48		
N.J. Pa.	457 307	539 366	Ū	582 549	599 615	-	7 6	3 7	14 199		
E.N. CENTRAL	876	1,175	_	1,875	2,045	6	28	45 -	154		
Ohio Ind.	162 91	300 87	-	355 211	314 220	-	5 2	29 ; 4	15 17		
Ma. III.	300	572		759	893	6	10	9	59		
Mich. Wis.	274 49	159 57	-	429 121	510 108	-	4 7	3	17 46		
W.N. CENTRAL	276	263	-	446	505	69	6	44	543		
Minn.	76	104	-	77	103	1	2	-	59		
lowa Mo.	11 139	14 99	-	45 228	45 251	34	3	6 12	113 41		
N. Dak.	10	2	-	10	5	34	-	12	115		
S. Dak. Nebr		9	-	17	33	31	-	4 4	133		
Neor. Kans.	11 29	11 24	-	22 47	20 48	3	1	18	37 45		
S. ATLANTIC	5,526	5,778	-	2,971	3,157	5	28	297	/ 1,033		
Del. Md.	14 338	25 368		39 302	25 248		3	28	4 594		
D.C.	227	260	-	119	127	-	6	-	-		
Va. W. Va.	284 13	401 18	-	317 92	334 96	•	7 ,	48 6	158 33		
N.C.	563	543	-	432	472	1	1	110	19		
S.C. Ga.	519 931	363 1,057		355 429	283 584	4	1	69 33	39 122		
Fla.	2,637	2,743	-	886	988	-	ġ	2	64		
E.S. CENTRAL	1,298	1,474	-	1,296	1,409	3	5	60	178		
Ky. Tenn.	73 339	103 421	-	313 394	332 442	3	2 2	10 32	46 62		
Ala. Miss	419	569	-	385 204	362 273	-	1	11 7	70		
	467	381				-	-	•	740		
W.S. CENTRAL Ark.	4,545 126	5,682 136		1,621 176	1,902 217	93 68	12	145 25	718 76		
La.	806	1,173	-	216	302	7	1	2	44		
Okla. Tex.	150 3,463	146 4,227	-	157 1,072	168 1,215	16 2	2 9	95 23	86 512		
MOUNTAIN	416	460	2	363	428	25	10	11	195		
Mont.	2	6	-	14	34	3	1	8,	, 87		
Idaho Wyo.	18 4	6 10	-	24	24 11	6 1		1 2	8 12		
Colo.	108	106	-	42	58	5	2	\ <u>1</u>	31 9		
N. Mex. Ariz.	60 145	128 114	Ü	70 168	83 161	2 3	3 3		34		
Utah Nev.	12 67	17	2	29 16	31 26	3 2	1	-	2 12		
PACIFIC	2.740	3.666	_	2.517	2.966	8	73	3	378		
Wash.	83	131	-	124	159	2	2	-	1		
Oreg. Calif.	78 2,523	94 3,383	Ū	110 2,096	123 2,486	2 4	1 65	1	1 369		
Alaska	3	10	-	43	42	-	1	1	7		
Hawaii	53	48	-	144	156	-	4	-	-		
Guam P.R.	537	673	U	5 254	5 333	:	3	-	40		
V.I.	8	16	-	2	2	-	3	-	-		
Pac. Trust Terr.	-	-	U	•	•	•	•	-	-		

TABLE IV. Deaths in 121 U.S. cities,\* week ending September 1, 1984 (35th Week Ending)

				OOP.		•		4 (35th Week E	iluliig,						
		All Caus	es, By A	ge (Years	s)		20.00			All Cause	s, By Ag	e (Years	)	1	
Reporting Area	Ali Ages	≥65	45-64	25-44	1-24	<1	P&I** Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I** Total
NEW ENGLAND	600	407	123	38	16	16	34	S. ATLANTIC	1,171	695	301	101	32	42	47
Boston, Mass	174	101	40	16	7	10	11	Atlanta, Ga.	126	74	34		3	1	3
Bridgeport, Conn.	32	21	10	1	-	-	3	Baltimore, Md.	133	89	30		3	3	1
Cambridge, Mass. all River, Mass.	19 34	13 30	2 3	3	1	-	-	Charlotte, N.C.	65	38	15		5	-	2
lartford, Conn.	53	34	11	1 5	1	2	1	Jacksonville, Fla. Miami, Fla.	108	63	30		4	1	9
owell, Mass.	31	25	4	-	2	-	1	Norfolk, Va.	139 59	78 33	48		-	3	
ynn, Mass.	21	18	2	-	1		<u>.</u>	Richmond, Va.	68	46	14 19		1	8	2
lew Bedford, Mass	. 20	15	5	-	-	_	_	Savannah, Ga.	37	22	1 5		1	2	
lew Haven, Conn.	38	26	7	5	-	-	3	St. Petersburg, Fla.	92	77	Ś			2	2
rovidence, R.I.	55	35	15	1	2	2	1	Tampa, Fla.	60	37	15		_	3	
omerville, Mass	5	3	2	-	-	-	-	Washington, D.C.	248	117	70	30	13	18	
pringfield, Mass. Vaterbury, Conn.	35 31	25	7	1	2	-	2	Wilmington, Del.	36	21	10		2		3
Vorcester, Mass.	52	24 37	5 10	2 3	-	2	6 3	E C OFNERAL							
voicester, mass.	32	37	10	3	-	2	3	E.S. CENTRAL Birmingham, Ala.	667 121	397	164		26	21	34
MD. ATLANTIC	2,458	1,574	537	219	64	64	86	Chattanooga, Tenn		60 36	4		6	5	1
lbany, N.Y.	66	45	16	3	1	1	1	Knoxville, Tenn.	63	41	18		3	-	3
llentown, Pa.	15	14	1	-	-	-		Louisville, Kv.	86	53	20		2	3	
luffalo, N.Y.	131	92	29	6	3	1	5	Memphis, Tenn.	153	95	3		6	5 3	5 5
amden, N.J.	25	16	6	1	1	1	1	Mobile, Ala.	45	22	1		4	3	
lizabeth, N.J.	22	19	2	-	-	1	4	Montgomery, Ala.	39	28		7 3		1	ē
rie, Pa.† ersey City, N.J.	38 43	26 25	9 10	3	-	-	-	Nashville, Tenn.	98	62	19	9 15	1	1	5
	1.348	854		5 136	39	3 28	47	MC CENTRAL	1 000	700		_			
ewark, N.J.	69	24	24	14	2	28 5	47	W.S. CENTRAL Austin, Tex.	1,236 54	709	32		57	48	
aterson, N.J.	24	17	4	2	1	5	1	Baton Rouge, La.	54 52	31 32	1		1	4	
hiladelphia, Pa.†	259	152	57	27	9	14	12	Corpus Christi, Tex		28		24 62	1	3	
ittsburgh, Pa.†	57	33	18	4	ĭ	1	2	Dallas, Tex.	186	105			8	7	
eading, Pa.	26	21	3	2	-	-	1	El Paso, Tex.	74	46			4	4	
ochester, N.Y.	116	83	20	6	3	4	5	Fort Worth, Tex.	98	50			5	5	
chenectady, N.Y.	26	18	7	-	-	1	1	Houston, Tex.	296	157	8		22	9	6
cranton, Pa.† Syracuse, N.Y.	26 92	20 63	5	1	-	-	-	Little Rock, Ark.	57	38	•	32		4	
renton, N.J.	38	26	21 11	4 1	2	2	1	New Orleans, La.	119	71	3		3	3	1
Itica, N.Y.	16	10	2	í	2	1	-	San Antonio, Tex.	139	74			9	5	6
onkers, N.Y.	21	16	1	3	-	i	1	Shreveport, La. Tulsa, Okla.	41 84	26 51			4	2	1 2
.N. CENTRAL	2.083	1,421	368	144	65	75	64	MOUNTAIN	588	360					_
Akron, Ohio	81	55	15	4	3	4	04	Albuquerque, N.Me		42			25	30	
anton, Ohio	32	21	6	3	2	-	2	Colo Springs, Colo				26 42	3	6	
hicago, III §	451	407	3		14	10	9	Denver, Colo.	109			0 12		1 5	
incinnati, Ohio	96	59	25	5	2	5	9	Las Vegas, Nev.	65	37		0 6		2	
leveland, Ohio	162	79	33	38	5	7	4	Ogden, Utah	18			7 -	1	-	
olumbus, Ohio	124	80	26	10	5	3	5	Phoenix, Ariz.	140		2	6 8		7	4
layton, Ohio letroit, Mich.	103	74	22	2	2	3	2	Pueblo, Colo.	24			5 1	3	-	2
vansville, Ind	266 41	141 29	75	32	9	9	4	Salt Lake City, Utal				0 5	4	6	-
ort Wayne, Ind.	61	42	8 12	1	1	2 4	1	Tucson, Ariz.	82	58	3 1	2 7	2	3	6
iary, Ind.	20	9	8	2	3	1	3	PACIFIC .	1,931	1 200					
irand Rapids, Micl		46	10	4	1	5	2	Berkeley, Calif. §	1,931	1,268		5 156	41	57	95
dianapolis, Ind.	162	117	28	12	i	4	5	Fresno, Calif.	68			5 4	-		-
ladison, Wis	29	14	7	2	з	3	2	Glendale, Calif.	37			5 4 3 3	4	4	8
filwaukee, Wis.	115	79	25	3	-	8	3	Honolulu, Hawaii	64			7 7	•	2	6
eoria, III.	45	29	9	5	1	1	3	Long Beach, Calif.	99			6 5	2	ī	14
ockford, III.	48	33	8	3	2	2	3	Los Angeles, Calif.	581	380	) 11	9 56	15	9	21
outh Bend, Ind.	22	14	6	2	-	-	4	Oakland, Calif.	55	33	3 1	0 5	3	4	2
oledo, Ohio oungstown, Ohio	98 61	55 38	26	6 3	9	2	3	Pasadena, Calif.	27			5 2	-	2	1
oungstown, Unio	01	38	16	3	2	2	-	Portland, Oreg.	135			3 11	3	2	7
V.N. CENTRAL	720	481	150	42	22	25	4.0	Sacramento, Calif.				9 7	1	3	4
es Moines, Iowa	47	24	12	42	3	25 4	19 4	San Diego, Calif. San Francisco, Cal	132			5 14	4	4	8
ouluth, Minn.	38	30	6	2	3	4	4	San Francisco, Cal San Jose, Calif.				1 15	1	7	3
ansas City, Kans.	37	21	8	5	2	1	1	San Jose, Calif. Seattle, Wash.	177 121			9 12	4	7	11
ansas City, Mo.	112	79	18	9	4	2	1	Spokane, Wash.	121			0 7	2	8	4
incoln, Nebr.	22	14	6	1	1	-		Tacoma, Wash	74			1 5 2 3	2	3	2
Ainneapolis, Minn	93	65	14	5	2	7	2		/-	. 50	, ,	د ع	-	1	3
)maha, Nebr	100	61	30	4	1	4	8	TOTAL	11.454	<sup>††</sup> 7,312	2.50	1 901	348	378	434
t. Louis, Mo.	141	97	28	8	2	6	2		,	.,012		. 501	340	3/0	434
St. Paul, Minn.	55	- 43	11	-	1	-	1	l							
Vichita, Kans.	75	47	17	4	6	1									

<sup>\*</sup> 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

includes.

\*\*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

\*\*Country of the current week of the current weeks.

† Total includes unknown ages.

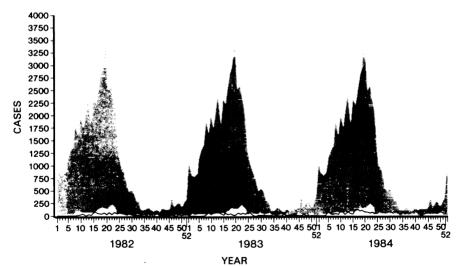
#### Measles — Continued

were 12-14 months of age; 18 (5.1%) were 15 months; and 173 (49.3%) were 16 months to 4 years of age. Persons 12-14 months of age accounted for 3.9% of the 1,765 cases.

Of the 1,765 persons with measles, 911 (51.6%) had been vaccinated; 776 (44.0%) had been vaccinated on or after the first birthday; and 135 (7.6%) had been vaccinated before the first birthday (Table 3). A total of 854 (48.4%) persons were either unvaccinated or of unknown vaccination status. Prior physician-diagnosed measles in the absence of vaccination was reported for 21 (1.2%) persons.

Of the 1,765 cases, 610 (34.6%) were classified as preventable<sup>†</sup> (1) (Table 4). The highest proportion of preventable cases occurred among persons who were not of school age. More than 70% of the cases among children 16 months to 4 years and adults 20-24 years were preventable. Although more than half of the preventable cases occurred among persons 5-19 years of age, only 29.5% of cases occurring in that age group were considered preventable. The proportion of preventable cases in this age group increased progressively with increasing age.

FIGURE 1. Reported measles cases\* — United States, 1982-1984



<sup>\*</sup>Shaded area represents maximum and minimum weekly values during 5-year period, 1977-1981. Source: MMWR weekly reports.

TABLE 1. Geographic distribution and incidence rates\* of measles cases — United States, first 26 weeks, 1983 and 1984

	1983	1984
No. cases	1,095	1,759
Incidence rate <sup>†</sup>	0.5	0.8
States without measles	22	24
Counties without measles	3,044 (97.0%)	3,059 (97.5%)

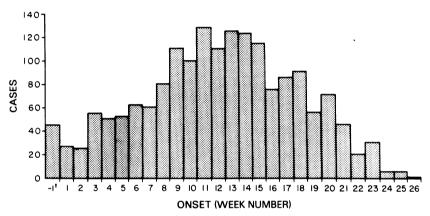
<sup>\*</sup>Provisional data. †Per 100,000 population.

<sup>&</sup>lt;sup>†</sup>A case is considered preventable if measles occurs in a U.S. citizen: (1) at least 16 months of age, (2) born after 1956, (3) lacking adequate evidence of immunity to measles (documented receipt of live measles vaccine on or after the first birthday and at least 2 weeks before onset of illness, or a physician-diagnosed measles or laboratory evidence of immunity), (4) without a medical contraindication to receiving vaccine, and (5) with no religious or philosophic exemption under state law.

### Measles - Continued

Of the 1,155 persons who had nonpreventable measles, 178 (15.4%) were too young for routine vaccination (15 months of age or under). Fifty-seven (4.9%) were born before 1957; vaccination is not ordinarily recommended for this group. Of the 920 persons 16 months to 27 years of age who acquired measles, 775 (84.2%) had been vaccinated on or after the first birthday; 18 (2.0%) had prior physician-diagnosed measles; 32 (3.5%) had international importations and were not U.S. citizens; and 41 (4.5%) had exemptions under state law. In addition, 54 (5.9%) persons—recruits at Great Lakes Naval Training Station—were considered immune because they had positive results to an indirect immunoperoxidase assay for measles antibody before their illnesses (Table 5).

FIGURE 2. Reported measles cases, by week of rash onset\* — United States, first 26 weeks, 1984



<sup>\*</sup>No dates of rash onset reported for seven patients.

TABLE 2. Age distribution and estimated incidence rates\* of measles cases $^{\dagger}$  — United States, 1983 and first 26 weeks, 1984

	198	83 (52 weeks)	§	1984 (26 weeks) <sup>¶</sup>					
Age group	No.	%	Rate	No.	%	Rate			
0-4 yrs.	451	31.5	2.6	351	19.9	2.0			
5-9 yrs.	160	11.2	1.0	201	11.4	1.3			
10-14 yrs.	195	13.6	1.1	515	29.2	2.9			
15-19 yrs.	382	26.7	2.1	470	26.6	2.4			
20-24 yrs.	163	11.4	0.8	137	7.8	0.6			
≥ 25 yrs.	80	5.6	0.1	91	5.1	0.1			
Total age known	1,431	95.6	_	1,765	100.0	_			
Total age unknown	66	4.4	_	_	_	_			
Total	1,497	100.0	0.6	1,765	100.0	0.8			

<sup>\*</sup>Cases per 100,000 population extrapolating cases with known age to total reported cases.

<sup>&</sup>lt;sup>†</sup>Rash onset in 1983.

<sup>&</sup>lt;sup>†</sup>Provisional data.

<sup>§</sup>Total cases reported to the MMWR in 1983.

 $<sup>\</sup>P$ Total cases reported to CDC's Division of Immunization during the first 26 weeks of 1984.

Measles - Continued

Reported by N El-Tantawy, MD, Emory University School of Medicine, Atlanta, Georgia; Div of Immunization, Center for Prevention Svcs, CDC.

Editorial Note: Although the number of reported measles cases has increased in 1984, compared with the same period in 1983, it is still far below the number in the prevaccine era (1950-1962), when an average of over 525,000 cases was reported annually. Despite the increased occurrence of measles during the first 26 weeks of 1984 over all of 1983, the geographic distribution of measles is more restricted and focal.

A total of 43.9% of the persons who had measles in 1984 had been adequately vaccinated. This is within expected limits, given the high vaccine coverage in the United States (2). Since 1980, over 95% of kindergarten and first-grade students have had evidence of measles immunity. Higher coverage will be associated with higher proportions of persons who are vaccinated. Recent epidemiologic evaluations have shown a measles vaccine efficacy of 90% or higher. The increased occurrence of measles in 1984 does not appear to be due to poor vaccine efficacy.

Greater emphasis needs to be placed on ensuring that persons 10-14 years old and 15-19 years old have evidence of measles immunity (3). Enactment and vigorous enforcement of regulations requiring all students in grades kindergarten through 12 to have evidence of immunity is an important means of ensuring high levels of measles immunity (2).

Further efforts need to be made in preschool- and post-school-aged groups. Over 70% of the cases among young adults (20-24 years old) and preschoolers (16 months to 4 years old)

TABLE 3. Age at most recent measlos vaccination — United States, first 26 weeks, 1984\*

	Measles cases				
Age at vaccination	No.	%			
< 12 months	135	7.6			
12-14 months	255	14.4			
15 months	34	1.9			
16 months-4 years	303	17.2			
5-9 years	139	7.9			
10-14 years	32	1.8			
15-19 years	8	0.5			
≥ 20 years	2	0.1			
> 12 months <sup>†</sup>	3	0.2			
Unvaccinated or unknown	854	48.4			
Total	1,765	100.0			

<sup>\*</sup>Provisional data. Tunknown age at vaccination, definitely older than 12 months.

TABLE 4. Age distribution and preventability of measles cases — United States, first 26 weeks, 1984\*

Age group	No. cases	No. preventable (%)	No. nonpreventable (%)
≤ 15 mos.	178	0 (0%)	178 (100.0%)
16 mos4 yrs.	173	127 (73.4%)	46 (26.6%)
5-9 yrs.	201	43 (21.4%)	158 (78.6%)
10-14 yrs.	515	137 (26.6%)	378 (73.4%)
15-19 yrs.	470	170 (36.2%)	300 (63.8%)
20-24 yrs.	137	106 (77.4%)	31 (22.6%)
25-29 yrs.	51	27 (52.9%)	24 (47.0%)
≥ 30 yrs.	40	0 (0%)	40 (100.0%)
Total	1,765	610 (34.6%)	1,155 (65.4%)

<sup>\*</sup>Provisional data.

Measles — Continued

were preventable. Every opportunity should be taken to vaccinate susceptible children against measles. Many colleges are considering regulations requiring evidence of measles immunity for matriculation (4). All institutions where young adults congregate should consider requiring evidence of measles immunity.

#### References

- CDC. Classification of measles cases and categorization of measles elimination programs. MMWR 1982;31:707-11.
- 2. CDC. Measles Surveillance Report No. 11, 1977-1981. September 1982.
- 3. ACIP. Measles prevention. MMWR 1982;31:217-24, 229-31.
- 4. American College Health Association. Statement of immunization policy. November 25, 1983;1-3.

TABLE 5. Reasons measles cases were classified as nonpreventable — United States, first 26 weeks, 1984\*

Cau	ses d	of nonpreventability			No. cases (%)	Total cases (%)
1.		sons < 16 months of age (too y routine vaccination)	oung		178 (15.4%)	(10.1%)
2.		n before 1957 (vaccination is no tinely recommended)	t		57 (4.9%)	(3.2%)
3.	Per	sons 16 months-27 years			920 (79.7%)	(52.1%)
	a.	Adequately vaccinated (on or after the first birthday)		775 (84.2%) <sup>§</sup>		
	b.	Prior physician diagnosis		18 (2.0%)		
	C.	International importations (non-U.S. citizens)		32 (3.5%)		
	d.	Exemptions		41 (4.5%)		
		1. Medical	4 (10%)			
		2. Religious	16 (39%)			
		3. Philosophic	16 (39%)			
		4. Nonspecified exemptions	5 (12%)			
	e.	Laboratory evidence of immun	ity	54 (5.9%)		
Tot	al				1,155 (100.0%)	(65.4%)

<sup>\*</sup>Provisional data. †1,765 cases.

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<sup>§</sup>Does not include one adequately vaccinated person who was born before 1957.