CENTERS FOR DISEASE CONTROL

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Epidemiologic Notes and Reports

Hurricanes and Hospital Emergency-Room Visits — Mississippi, Rhode Island, Connecticut

In September 1985, Hurricanes Elena and Gloria struck the Gulf of Mexico and Atlantic coasts of the United States, respectively, causing injuries, fatalities, and property damage. To determine the impact of the storms, health departments in three states—Mississippi, Rhode Island, and Connecticut—examined records of hospital emergency-room (ER) visits during and after the hurricanes.

HURRICANE ELENA

Mississippi. On August 30, 1985, the National Weather Service issued a hurricane warning for portions of the Gulf Coast, including Mississippi. As Hurricane Elena approached Mississippi, coastal municipal and county governments, through coordination with civil defense and emergency management agencies, evacuated low-lying areas. The eye of the hurricane passed over Gulfport on Monday morning, September 2. Sustained winds were recorded that day at 90 m.p.h., with gusts to 100 m.p.h.

The day after Hurricane Elena struck, the Office of Epidemiology, Mississippi State Department of Health, set up a hospital ER surveillance network to: (1) establish daily contact between the health department and the six hospitals serving the coast, so no reporting delay would occur if any unusual illness/injury patterns emerged, and (2) characterize the types of adverse health effects seen in the aftermath of the storm. ER personnel were asked to tally 24-hour totals for: (1) visits to the emergency room; (2) injuries, including lacerations and muscular strains; (3) gastroenteritis (because of loss of water pressure in local water systems); and (4) other conditions judged by the ER staff to be storm-related. In addition, ER personnel reported storm-related deaths of which they were aware.

Total visits peaked September 3 (551 visits), then, after approximately 1 week, decreased steadily to a level that represented the average daily baseline for the hospitals (331 visits) (Figure 1). The frequency of total injuries roughly paralleled that of total visits, and gastroenteritis never emerged as a problem during the 3 weeks of follow-up. At least three fatalities were thought to be storm-related: two in separate motor-vehicle crashes and one due to electrocution.

Hurricanes – Continued

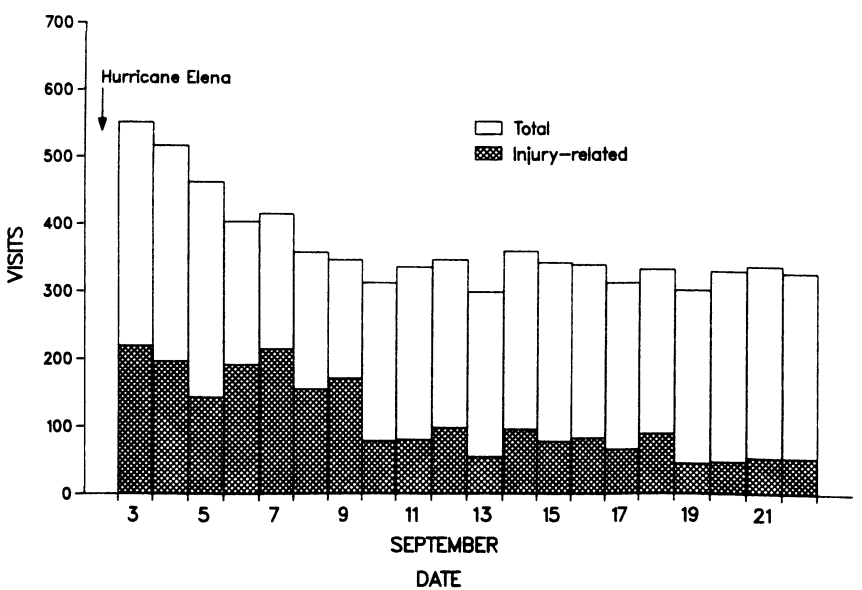
HURRICANE GLORIA

On September 26, 1985, the National Weather Service issued a hurricane warning for the Atlantic coast of the United States from North Carolina to Massachusetts. On Friday afternoon, September 27, Hurricane Gloria struck the New England coast. The storm weakened rapidly in its final approach and caused less damage than predicted. State health department investigators in both Rhode Island and Connecticut studied the effects of the storm on ER visits.

Rhode Island. On the evening of September 26, the governor of Rhode Island declared a state of emergency and implemented the state's disaster plan. Residents of low-lying coastal areas were evacuated to shelters. On September 27, schools and most businesses remained closed, and all nonemergency automobile travel was banned from 2 p.m. to 6 p.m. The peak wind velocity, 91 m.p.h., was recorded near 2 p.m. that day. Because the storm arrived at low tide and brought very little rain to the state, no significant flooding occurred. However, the wind downed trees and power lines, leaving more than half of Rhode Island residents without electricity.

To help assess the impact of the storm and the effectiveness of emergency measures, the Rhode Island Department of Health reviewed ER logs for September 20-October 6 at four coastal hospitals that serve approximately 325,000 persons. Medical records of persons identified in the logs for September 27-29 at three of these hospitals and death certificates for the entire state were also reviewed. Five storm-related fatalities were identified. Two of these persons sustained fatal injuries outdoors during the storm—one, from a falling tree; another, in a boating incident. Two died from injuries related to the lack of electricity—one fell in an unlighted area; one pedestrian was killed on a road with a nonfunctioning traffic light. One person suffered a cardiac arrest and fell from his roof while removing debris.

FIGURE 1. Total daily emergency-room visits and injury-related visits to coastal hospitals — Mississippi, September 3-22, 1985



Hurricanes — Continued

The number of ER visits dropped during the afternoon of the hurricane, then increased markedly over the next 2 days (Figure 2). Overall, 191 more patients were seen September 27-29 than the previous weekend of September 20-22, a 16% increase (Table 1). While the greatest relative increase in the rate of hospital admissions occurred the day of the hurricane, the greatest increase in ER visits was seen the following day. The age and sex distributions of patients were similar for the two periods.

Records of all ER visits to three of the four hospitals on September 27-29 were reviewed. Of 1,029 patients seen, 484 (47%) had sustained injuries. Among injured patients, the most common diagnoses were laceration (22%), abrasion or contusion (20%), sprain (14%), and fracture (12%). Four percent of the injured patients were admitted to the hospital. Over half the records reviewed included insufficient information to determine whether the visit was related to the storm or its aftermath. Eighty-nine (9%) records described visits clearly related

FIGURE 2. Emergency-room visits, four coastal hospitals — Rhode Island, September 20-October 6, 1985

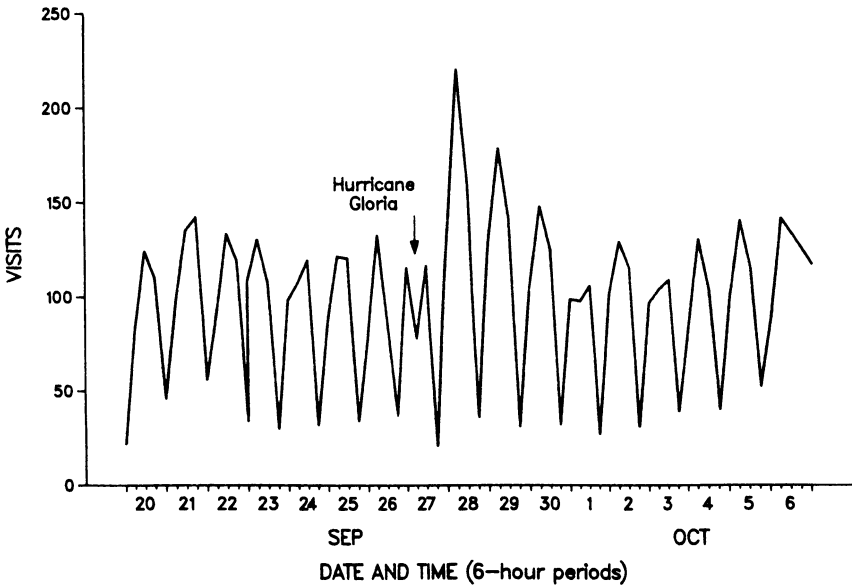


TABLE 1. Emergency-room (ER) visits and rates of admission, four coastal hospitals — Rhode Island, weekends of September 20-22, and September 27-29, 1985

Day	No. visits		Increase	Hospital admissions from ERs			
				Sept. 20-22		Sept. 27-29	
	Sept.20-22	Sept.27-29	in visits (%)	No.	(%)	No.	(%)
Friday	342	347	1	39	(11)	51	(15)
Saturday	423	533	26	37	(9)	54	(10)
Sunday	405	482	19	45	(11)	56	(12)
Total	**1,170**	**1,362**	**16**	**121**	**(10)**	**161**	**(12)**

Hurricanes — Continued

to the storm; among them, 73 were injuries. Twenty-six (36%) of the 73 injured patients had lacerations, and another 11 (15%) had fractures. Nine storm-related chain-saw injuries were identified; four additional chain-saw injuries were reported without specifying circumstances of injury. Compared with the 113 non-storm-related injuries, more of the storm-related injuries occurred among males (71%, compared with 60%), and among persons 40-49 years old (23%, compared with 6%).

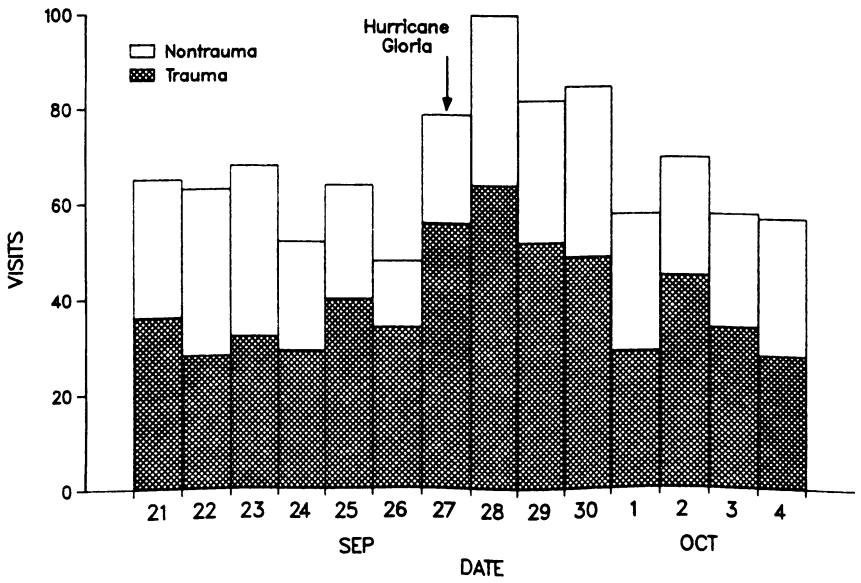
Connecticut. The eye of Hurricane Gloria passed directly over Connecticut at 2 p.m. The extent of storm-related damage was similar to that described in Rhode Island. Investigators from the State of Connecticut Department of Health Services and the Department of Epidemiology and Public Health, Yale University School of Medicine, focused their study on a single coastal community and the effects of the storm on emergency medical services.

The city chosen was one of the most storm-damaged in the state. Approximately 1,000 of the city's 51,430 residents were evacuated from shoreline homes. Telephone service was largely uninterrupted, but more than 70% of electrical utility customers lost power, many for 4-5 days.

During September 27-29, medical care was available primarily through the ER at the local 149-bed hospital. Two private walk-in medical-care centers remained closed until electrical power was restored September 30.

Two sources of information on medical emergencies in the community were examined: records of hospital ER visits and telephone calls to the 911 emergency number. ER log entries for September 21-October 4 were reviewed to determine the number of trauma and nontrauma visits. ER-patient records for September 27-30 (the hurricane period) and October 1-4 (the posthurricane period) were abstracted, and discharge diagnoses were assigned to one of 31 diagnostic categories, 14 of which related to trauma. Telephone calls to the 911 emergency number were classified as medical or nonmedical by emergency personnel. The 911 tele-

FIGURE 3. Emergency-room visits to a community hospital — Connecticut, September 21-October 4, 1985



Hurricanes – Continued

phone log and incident reports were reviewed, and medical emergencies were divided into seven injury and eight noninjury categories.

During the hurricane period, both the total number of ER visits and the number of ER visits for trauma were increased, compared to the pre- and posthurricane periods (Figure 3). The proportion of total visits resulting from trauma did not change significantly, nor did the percentage of total visits that led to hospital admission from the ER. Trauma-related visits peaked September 28 (64 visits), but the most common date of injury occurrence, when specified, was September 27 (65 injuries). Compared to the posthurricane period, the proportion of total ER visits during the hurricane period was significantly greater in two of the 31 diagnostic categories (corneal abrasion, odds ratio 3.9; bee stings, odds ratio 17.3) and significantly less in one (psychiatric, odds ratio 0.23) (for all three, $p < 0.05$). No difference was found in the age or sex distribution of persons seeking emergency medical care during these two periods.

During the prehurricane period, the average daily number of calls to the 911 number for both medical and nonmedical assistance was seven (range 3-11 and 4-10, respectively). The number of calls peaked on the day of the hurricane: 25 medical calls (four trauma) and 49 nonmedical calls (mostly for tree damage and downed electrical wires). Nonmedical calls reached a second but lower peak on October 1 (27 calls), temporally associated with the resumption of electrical power to most residents.

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Editorial Note: Previous surveillance studies during severe storms have underscored the need to plan for an increase in hospital staffing needs during the aftermath of the storm and to expect a considerable number of injuries to occur during clean-up activities (*1-3*). In Mississippi, demands on ER services peaked immediately after the hurricane, and injuries comprised an important fraction of the visits. Despite the loss of water pressure, no outbreaks of gastroenteritis were identified. Overall morbidity and mortality were probably best minimized by effective area evacuation before the arrival of the storm. Public information should continue to emphasize safety during the clean-up period. In Connecticut, the number of calls to the emergency number actually increased the day electrical power was restored.

Three factors probably contributed to the increase in ER visits following the hurricanes. First, some patients who might have gone to ERs the day of the hurricanes delayed their visits until the following days. Second, as in the Connecticut community, lack of electricity kept some alternate sources of medical care, particularly walk-in medical-care centers, closed, while hospitals were able to rely on emergency generators to remain open. Finally, some hurricane-related injuries did occur: in Rhode Island, 47% (89/191) of the overall increase in visits may have been hurricane-related.

In general, injury surveillance is hampered by poor documentation of the circumstances of injury in ER records. In Mississippi, considerable variation in reporting occurred from hospital to hospital and, on occasion, within the same hospital. For example, some hospitals included backache as an injury, others counted it in the "other" category, and others did not count it at all. Efforts should be directed towards improving data recording systems to increase their utility in evaluating the response of public health services during natural disasters. Health departments should adopt guidelines for information to be recorded by selected ERs in disaster areas, emphasizing circumstances of injury.

Hurricanes — Continued

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2. Faich G, Rose R. Blizzard morbidity and mortality: Rhode Island, 1978. Am J Public Health 1979;69:1050-2.
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Current Trends

Compendium of Animal Rabies Vaccines, 1986 Prepared by: The National Association of State Public Health Veterinarians, Inc.

Part I: Recommendations for Immunization Procedures

The purpose of these recommendations is to provide information on rabies vaccines to practicing veterinarians, public health officials, and others concerned with rabies control. This document will serve as the basis for animal rabies vaccination programs throughout the United States. Its adoption will result in standardization of procedures among jurisdictions, which is necessary for an effective national rabies-control program. These recommendations are reviewed and revised as necessary before the beginning of each calendar year. All animal rabies vaccines licensed by the U.S. Department of Agriculture (USDA) and marketed in the United States are listed in Part II, and Part III describes the principles of rabies control.

A. VACCINE ADMINISTRATION

The Committee* recommends that all animal rabies vaccines be restricted for use by or under the supervision of a veterinarian.

B. VACCINE SELECTION

The use of vaccines with 3-year duration of immunity is recommended, since their use constitutes the most effective method of increasing the proportion of immunized dogs and cats in comprehensive rabies-control programs.

C. ROUTE OF INOCULATION

Unless otherwise specified by the product label or package insert, all vaccines must be administered intramuscularly at one site in the thigh.

D. WILDLIFE VACCINATION

Vaccination is not recommended, since no rabies vaccine is licensed for use in wild animals and since there is no evidence that any vaccine will protect wild animals against rabies. The Committee recommends that neither wild nor exotic animals be kept as pets and that wild animals not be crossbred to domestic dogs or cats. Offspring borne to wild animals crossbred to domestic dogs or cats will be considered as wild animals.

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ENDORSED BY: Conference of State and Territorial Epidemiologists; AVMA Council on Public Health and Regulatory Veterinary Medicine.

Animal Rabies Vaccines — Continued

E. ACCIDENTAL HUMAN EXPOSURE TO VACCINE

Accidental human inoculation may occur during administration of animal rabies vaccine. Such exposure to inactivated vaccines constitutes no known rabies hazard. No cases of rabies have resulted from needle or other exposure to a licensed, modified live virus vaccine in the United States.

F. IDENTIFICATION OF VACCINATED DOGS

The Committee recommends that all agencies and veterinarians adopt the standard tag system. This will aid the administration of local, state, national, and international procedures. Dog license tags should not conflict in shape and color with rabies tags. It is recommended that anodized aluminum rabies tags not be less than 0.064 inches in thickness.

1. **Rabies Tags**.

Calendar Year	Color	Shape
1986	Orange	Fireplug
1987	Green	Bell
1988	Red	Heart
1989	Blue	Rosette

2. **Rabies Certificate**. All agencies and veterinarians should use form #50 Rabies Vaccination Certificate of the National Association of State Public Health Veterinarians, Inc. (NASPHV), which can be obtained from vaccine manufacturers.

Part II: Vaccines Marketed in the United States and NASPHV Recommendations

Product name	Produced by	Marketed by	For use in*	Dosage†	Age at primary vaccination§	Booster recommended
A. MODIFIED LIVE VIRUS						
ENDURALL-R	NORDEN		Dogs	1 ml	3 mos. & 1 yr. later	Triennially
	License No. 189	Norden	Cats	1 ml	3 mos.	Annually
NEUROGEN-TC	BOEHRINGER INGELHEIM				3 mos. &	
	License No. 124	Bio-Ceutic	Dogs	1 ml	1 yr. later	Triennially
B. INACTIVATED						
TRIMUNE	FORT DODGE		Dogs	1 ml	3 mos. & 1 yr later	Triennially
	License No. 112	Fort Dodge	Cats	1 ml	3 mos. & 1 yr. later	Triennially
ANNUMUNE	FORT DODGE		Dogs	1 ml	3 mos.	Annually
	License No. 112	Fort Dodge	Cats	1 ml	3 mos.	Annually
BIORAB-1	DOUGLAS	Schering Veterinary	Dogs	1 ml	3 mos.	Annually
	License No. 165-B	TechAmerica	Cats	1 ml	3 mos.	Annually

Animal Rabies Vaccines — Continued

Part II: Vaccines Marketed in the United States and NASPHV Recommendations — Continued

Product name	Produced by	Marketed by	For use in*	Dosage†	Age at primary vaccination§	Booster recommended
B. INACTIVATED						
BIORAB-3	DOUGLAS License No. 165-B	Schering Veterinary TechAmerica	 Dogs Cats	 1 ml 1 ml	3 mos. & 1 yr. later 3 mos.	 Triennially Annually
RABUME 3	DOUGLAS License No. 165-B	Beecham	Dogs Cats	1 ml 1 ml	3 mos. & 1 yr. later 3 mos.	Triennially Annually
DURA-RAB 1	WILDLIFE VACCINES, Inc. KUNZ-TEBBIT License No. 277	Wildlife Vaccines, Inc. Kunz-Tebbit	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
RABCINE	BEECHAM License No. 225	Beecham	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
ENDURALL-K	NORDEN License No. 189	Norden	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
RABGUARD-TC	NORDEN License No. 189	Norden	Dogs Cats Sheep Cattle Horses	1 ml 1 ml 1 ml 1 ml 1 ml	3mos. & 1 yr. later 3 mos. & 1 yr. later 3 mos. 3 mos. 3 mos.	Triennially Triennially Annually Annually Annually
CYTORAB	COOPERS ANIMAL HEALTH, INC. License No. 107	Coopers	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
TRIRAB	COOPERS ANIMAL HEALTH, INC. License No. 107	Coopers Durvet	Dogs Cats	1 ml 1 ml	3 mos. & 1 yr. later 3 mos.	Triennially Annually
RABVAC 1	FROMM License No. 195-A	Fromm	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
RABVAC 3	FROMM License No. 195-A	Fromm	Dogs Cats	1 ml 1 ml	3mos. & 1 yr. later 3 mos. & 1 yr. later	Triennially Triennially
IMRAB	MERIEUX License No. 298	Pitman-Moore	Dogs Cats Sheep Cattle Horses	1 ml 1 ml 1 ml 2 ml 2 ml	3 mos. & 1 yr. later 3 mos. 3 mos.	Triennially Annually Annually
IMRAB-1	MERIEUX License No. 298	Pitman-Moore	Dogs Cats	1 ml 1 ml	3 mos. 3 mos.	Annually Annually
C. COMBINATION						
ECLIPSE 3 KP-R	FROMM License No. 195-A	Fromm	Cats	1 ml	3 mos.	Annually

Animal Rabies Vaccines — Continued

Part II: Vaccines Marketed in the United States and NASPHV Recommendations — Continued

Product name	Produced by	Marketed by	For use in*	Dosage†	Age at primary vaccination§	Booster recommended
C. COMBINATION						
ECLIPSE 4 KP-R	FROMM License No. 195-A	Fromm	Cats	1 ml	3 mos.	Annually
CYTORAB RCP	COOPERS ANIMAL HEALTH, INC. License No. 107	Coopers	Cats	1 ml	3 mos.	Annually
FEL-O-VAX PCT-R	FORT DODGE License No. 112	Fort Dodge	Cats	1 ml	3 mos. & 1 yr. later	Triennially

*Refers only to domestic species of this class of animals.

†All vaccines must be administered intramuscularly at one site in the thigh unless otherwise specified by the label.

§Three months of age (or older) and revaccinated 1 year later.

Part III: Principles of Rabies Control

These guidelines have been prepared by the NASPHV for use by government officials, practicing veterinarians, and others who may become involved in certain aspects of rabies control. The NASPHV plans to annually review and revise these recommendations as necessary. Standardized control procedures are needed to deal effectively with the public health aspects of rabies.

A. PRINCIPLES OF RABIES CONTROL

1. **Humans**. Rabies in humans can be prevented by eliminating exposure to rabid animals and by promptly treating local wounds and immunizing when exposed. Current recommendations of the Immunization Practices Advisory Committee (ACIP) for preexposure and postexposure prophylaxis are suggested for consideration by attending physicians. These recommendations, along with the current status of animal rabies in the region and information concerning the availability of rabies biologics, are available from state health departments.
2. **Domestic Animals**. Local governments should initiate and maintain effective programs to remove stray and unwanted animals and ensure vaccination of all dogs and cats. Since cat rabies cases now exceed those annually reported in dogs, immunization of cats should be required. Such procedures in the United States have reduced laboratory-confirmed rabies cases in dogs from 8,000 in 1947 to 97 in 1984. The recommended vaccination procedures and the licensed animal vaccines are specified in Parts I and II of the NASPHV's annually released Compendium.
3. **Wildlife**. The control of rabies in foxes, skunks, raccoons, and other terrestrial animals is very difficult. Selective reduction of these populations, when indicated, may be useful, but the utility of this procedure depends heavily on the circumstances surrounding each rabies outbreak. (See C: Control Methods in Wild Animals.)

Animal Rabies Vaccines – Continued

B. CONTROL METHODS IN DOMESTIC AND CONFINED ANIMALS

1. **Preexposure Vaccination and Management**. Animal rabies vaccines, because of species limitations, techniques, and tolerances, should be administered only by or under the direct supervision of a veterinarian. Within 1 month after vaccination, a peak rabies antibody titer is reached, and the animal can be considered immunized. (See Parts I and II for recommended vaccines and procedures.)
   a. **Dogs and Cats**. All dogs and cats should be vaccinated against rabies commencing at 3 months of age and revaccinated in accordance with Part II of this Compendium.
   b. **Livestock**. It is not economically feasible, nor is it justified from a public health standpoint, to vaccinate all livestock against rabies. Veterinary clinicians and owners of valuable animals may consider immunizing certain breeding stock located in areas where wildlife rabies is epizootic.

(Continued on page 779)

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

Disease	51st Week Ending			Cumulative 51st Week Ending		
	Dec. 21, 1985	Dec. 22, 1984	Median 1980-1984	Dec. 21, 1985	Dec. 22, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	188	186	N	7,901	4,342	N
Aseptic meningitis	143	82	113	9,991	8,023	9,358
Encephalitis: Primary (arthropod-borne & unspec.)	22	30	22	1,239	1,178	1,500
Post-infectious	-	1	1	112	110	95
Gonorrhea: Civilian	13,185	19,649	18,393	823,887	835,760	941,032
Military	244	458	380	17,399	20,785	25,146
Hepatitis: Type A	450	416	416	22,470	21,243	22,582
Type B	559	615	474	25,808	25,862	21,589
Non A, Non B	73	79	N	3,932	3,749	N
Unspecified	97	79	158	5,621	5,052	8,500
Legionellosis	13	18	N	654	680	N
Leprosy	4	9	3	341	237	236
Malaria	17	9	9	993	968	1,019
Measles: Total*	9	9	11	2,700	2,557	2,557
Indigenous	9	8	N	2,254	2,259	N
Imported	-	1	N	446	298	N
Meningococcal infections: Total	48	50	51	2,331	2,614	2,660
Civilian	48	50	51	2,327	2,610	2,641
Military	-	-	-	4	4	14
Mumps	44	55	62	2,852	2,910	4,721
Pertussis	49	21	26	3,239	2,218	1,764
Rubella (German measles)	7	12	26	603	734	2,058
Syphilis (Primary & Secondary): Civilian	436	663	579	24,821	27,559	30,435
Military	3	2	3	137	280	360
Toxic Shock syndrome	3	11	N	337	465	N
Tuberculosis	545	494	494	21,106	21,201	25,115
Tularemia	2	3	4	163	284	278
Typhoid fever	12	10	9	375	374	451
Typhus fever, tick-borne (RMSF)	2	2	4	692	830	1,100
Rabies, animal	72	68	68	5,205	5,229	6,058

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1985		Cum 1985
Anthrax	-	Leptospirosis	34
Botulism: Foodborne	52	Plague	16
Infant	60	Poliomyelitis: Total	5
Other	1	Paralytic	5
Brucellosis (S.C. 1)	133	Psittacosis (Wash. 1, Calif. 1)	106
Cholera	3	Rabies, human	1
Congenital rubella syndrome	-	Tetanus	70
Congenital syphilis, ages < 1 year	149	Trichinosis	56
Diphtheria	2	Typhus fever, flea-borne (endemic, murine)	25

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

TABLE III. Cases of specified notifiable diseases, United States, weeks ending December 21, 1985 and December 22, 1984 (51st Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1985	1985	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1984	1985	1985	1985	1985	1985	Cum. 1985
UNITED STATES	7,901	143	1,239	112	823,887	835,760	450	559	73	97	13	341
NEW ENGLAND	272	4	39	-	22,138	22,522	13	42	3	7	-	7
Maine	11	-	-	-	1,126	999	1	4	-	-	-	-
N.H.	3	-	8	-	557	719	-	1	-	1	-	-
Vt.	2	-	1	-	333	373	-	-	-	-	-	-
Mass.	164	1	21	-	9,284	9,797	9	19	-	5	-	7
R.I.	12	2	-	-	1,834	1,600	-	1	-	-	-	-
Conn.	80	1	9	-	9,004	9,034	3	17	3	1	-	-
MID ATLANTIC	3,049	19	155	11	126,988	110,334	21	80	4	1	-	37
Upstate N.Y.	326	12	52	4	17,769	17,702	10	40	-	1	-	1
N.Y. City	2,091	1	16	-	61,945	42,280	-	-	-	-	-	32
N.J.	437	-	30	-	19,362	19,896	2	15	2	-	-	-
Pa.	195	6	57	7	27,912	30,456	9	25	2	-	-	4
E.N. CENTRAL	354	29	363	20	113,211	118,562	16	60	5	4	4	22
Ohio	53	16	143	4	30,979	31,216	5	34	3	3	4	3
Ind.	25	2	69	2	12,504	12,280	4	11	-	-	-	-
Ill.	192	2	62	8	25,910	27,970	-	2	-	-	-	17
Mich.	60	9	68	-	32,917	34,238	7	13	2	1	-	2
Wis.	24	-	21	6	10,901	12,858	-	-	-	-	-	-
W.N. CENTRAL	121	11	79	4	40,720	41,025	24	22	3	-	3	4
Minn.	39	5	38	1	5,936	6,152	7	8	1	-	-	3
Iowa	13	2	29	-	4,260	4,490	1	1	1	-	-	-
Mo.	49	2	-	-	19,850	19,705	-	9	1	-	1	1
N. Dak.	1	-	1	1	269	380	-	-	-	-	-	-
S. Dak.	1	-	-	-	779	983	14	2	-	-	2	-
Nebr.	6	-	5	-	3,487	3,026	-	-	-	-	-	-
Kans.	12	2	6	2	6,139	6,289	2	2	-	-	-	-
S. ATLANTIC	1,237	31	138	46	183,815	210,781	25	113	18	8	4	9
Del.	11	-	9	-	4,354	3,977	-	-	-	-	-	-
Md.	145	7	29	1	29,033	23,764	4	23	3	1	-	1
D.C.	170	-	-	-	15,522	14,932	-	-	-	-	-	-
Va.	103	6	27	8	18,901	19,974	2	4	5	1	-	1
W. Va.	6	-	38	-	2,541	2,704	1	1	1	-	-	-
N.C.	64	-	29	1	36,145	33,945	1	16	-	1	2	2
S.C.	33	1	6	-	21,208	21,328	-	20	1	-	-	-
Ga.	189	4	-	-	-	39,328	7	15	-	-	-	1
Fla.	516	13	-	36	56,111	50,829	10	34	8	5	2	4
E.S. CENTRAL	72	18	40	4	75,238	74,528	10	43	4	2	-	-
Ky.	17	4	17	-	8,653	8,820	7	9	1	1	-	-
Tenn.	18	6	8	-	29,050	29,983	2	12	-	1	-	-
Ala.	29	7	11	4	22,506	22,732	1	19	3	-	-	-
Miss.	8	1	4	-	15,029	12,993	-	3	-	-	-	-
W.S. CENTRAL	567	5	148	3	107,518	112,725	51	48	5	24	-	33
Ark.	11	-	7	2	10,222	10,298	-	2	1	-	-	1
La.	97	1	13	-	20,537	24,290	-	7	-	-	-	8
Okla.	19	-	25	1	12,214	12,347	9	5	2	2	-	-
Tex.	440	4	103	-	64,545	65,790	42	34	2	22	-	24
MOUNTAIN	151	5	58	6	27,547	27,221	79	33	16	5	1	10
Mont.	1	-	-	-	793	1,034	9	3	-	1	-	-
Idaho	3	-	-	-	968	1,259	10	4	-	-	-	-
Wyo.	-	-	1	-	609	728	-	-	-	-	-	-
Colo.	49	1	23	2	7,972	7,840	7	6	-	3	-	2
N. Mex.	14	-	3	-	3,075	3,224	-	-	-	-	-	-
Ariz.	52	3	17	-	8,473	7,714	27	12	14	1	1	1
Utah	18	1	10	4	1,323	1,287	11	3	-	-	-	4
Nev.	14	-	4	-	4,334	4,135	15	5	2	-	-	3
PACIFIC	2,078	21	219	18	126,712	118,062	211	118	15	46	1	219
Wash.	114	7	14	1	9,699	8,862	48	29	1	5	-	37
Oreg.	31	-	1	-	6,305	6,537	31	9	1	2	-	4
Calif.	1,900	13	163	17	105,992	97,872	132	80	13	38	1	156
Alaska	5	-	41	-	3,073	2,873	-	-	-	1	-	-
Hawaii	28	1	-	-	1,643	1,918	-	-	-	-	-	22
Guam	1	U	-	-	161	227	U	U	U	U	U	3
P.R.	94	-	7	2	3,045	3,263	-	4	-	-	-	2
V.I.	2	-	-	-	391	505	-	3	-	-	-	-
Pac. Trust Terr.	-	U	-	-	146	-	U	U	U	U	U	20

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending December 21, 1985 and December 22, 1984 (51st Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	993	9	2,254	-	446	2,557	2,331	44	2,852	49	3,239	2,218	7	603	734
NEW ENGLAND	57	-	38	-	88	106	115	1	68	4	216	76	1	14	19
Maine	4	-	-	-	1	-	6	-	6	-	10	4	-	-	1
N.H.	5	-	-	-	-	36	15	-	12	-	114	17	-	3	1
Vt.	2	-	-	-	-	7	10	-	3	-	4	23	-	-	-
Mass.	27	-	34	-	84	49	24	-	23	3	54	22	1	7	16
R.I.	6	-	-	-	-	-	18	1	16	-	22	4	-	-	-
Conn.	13	-	4	-	3	14	42	-	8	1	12	6	-	4	1
MID ATLANTIC	162	-	193	-	38	180	410	7	342	12	265	196	5	232	230
Upstate N.Y.	52	-	72	-	13	56	159	3	179	7	130	108	2	21	99
N.Y. City	66	-	67	-	12	112	73	-	33	-	27	16	3	188	106
N.J.	18	-	17	-	10	7	67	3	55	1	12	13	-	9	24
Pa.	26	-	37	-	3	5	111	1	75	4	96	59	-	14	1
E.N. CENTRAL	68	-	448	-	90	703	409	14	999	4	765	517	-	36	104
Ohio	11	-	5	-	54	10	135	3	298	-	120	79	-	-	2
Ind.	5	-	55	-	2	3	51	-	37	-	201	246	-	1	5
Ill.	28	-	293	-	10	186	90	11	249	1	61	29	-	18	67
Mich.	18	-	37	-	23	464	105	-	324	2	51	31	-	16	22
Wis.	6	-	58	-	1	40	28	-	91	1	332	132	-	1	8
W.N. CENTRAL	35	-	2	-	10	58	120	2	89	10	264	129	-	19	39
Minn.	17	-	-	-	6	47	28	-	1	1	134	16	-	2	4
Iowa	3	-	-	-	-	-	10	1	19	1	34	15	-	1	1
Mo.	5	-	1	-	2	6	46	1	18	2	34	20	-	7	-
N. Dak.	2	-	-	-	2	-	5	-	4	-	10	-	-	2	3
S. Dak.	1	-	-	-	-	-	5	-	-	5	11	9	-	-	-
Nebr.	1	-	-	-	-	-	11	-	3	-	10	14	-	-	-
Kans.	6	-	1	-	-	5	15	-	44	1	31	55	-	7	31
S. ATLANTIC	110	-	310	-	32	67	450	-	277	2	415	226	-	58	31
Del.	-	-	-	-	-	-	12	-	1	-	2	2	-	2	2
Md.	25	-	106	-	9	22	58	-	36	-	175	61	-	6	1
D.C.	8	-	28	-	3	8	8	-	-	-	1	-	-	-	-
Va.	21	-	21	-	7	5	54	-	49	-	21	19	-	2	1
W. Va.	2	-	31	-	2	-	9	-	75	1	5	11	-	9	-
N.C.	10	-	9	-	-	1	65	-	20	1	39	37	-	1	-
S.C.	-	-	-	-	3	1	36	-	11	-	2	2	-	3	-
Ga.	10	-	8	-	-	2	81	-	30	-	99	18	-	6	2
Fla.	34	-	107	-	8	28	127	-	55	-	71	76	-	29	25
E.S. CENTRAL	11	-	-	-	7	6	105	1	32	3	73	15	-	3	12
Ky.	4	-	-	-	5	1	10	-	8	1	9	2	-	3	6
Tenn.	-	-	-	-	1	2	42	-	18	-	28	7	-	-	-
Ala.	6	-	-	-	-	3	28	-	1	2	29	2	-	-	3
Miss.	1	-	-	-	1	-	25	1	5	-	7	4	-	-	3
W.S. CENTRAL	101	-	435	-	17	626	199	2	320	5	552	336	-	41	69
Ark.	3	-	-	-	-	8	19	-	7	1	17	22	-	1	3
La.	4	-	42	-	-	8	26	-	2	1	18	10	-	-	-
Okla.	7	-	-	-	1	8	34	N	N	3	166	245	-	1	-
Tex.	87	-	393	-	16	602	120	2	311	-	351	59	-	39	66
MOUNTAIN	60	-	496	-	54	145	101	3	249	2	232	124	-	5	22
Mont.	-	-	122	-	17	-	11	-	12	-	9	19	-	-	-
Idaho	3	-	126	-	18	23	5	1	10	1	16	7	-	1	1
Wyo.	1	-	5	-	-	-	6	-	2	-	1	6	-	-	3
Colo.	22	-	8	-	7	6	27	-	27	-	97	47	-	-	2
N. Mex.	16	-	1	-	5	88	14	N	N	-	15	12	-	2	1
Ariz.	11	-	234	-	7	1	23	2	126	1	41	24	-	1	4
Utah	2	-	-	-	-	27	9	-	6	-	53	7	-	-	7
Nev.	5	-	-	-	-	-	6	-	66	-	-	2	-	1	4
PACIFIC	389	9	332	-	110	666	422	14	476	7	457	599	1	195	208
Wash.	28	-	106	-	39	173	69	4	40	4	90	326	-	14	2
Oreg.	15	-	4	-	1	-	38	N	N	-	50	31	-	2	2
Calif.	327	9	204	-	65	330	292	9	407	3	270	163	1	136	197
Alaska	2	-	-	-	-	-	11	1	10	-	30	3	-	1	1
Hawaii	17	-	18	-	5	163	12	-	19	-	17	76	-	42	6
Guam	1	U	10	U	1	96	-	U	6	U	-	-	U	2	4
P.R.	-	-	67	-	-	273	15	3	162	-	16	1	-	27	20
V.I.	-	-	4	-	6	-	-	-	4	-	-	-	-	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	3	U	-	-	U	-	-

*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 December 21, 1985 and December 22, 1984 (51st Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1985
UNITED STATES	24,821	27,559	3	21,106	21,201	163	375	692	5,205
NEW ENGLAND	572	530	-	695	662	4	14	9	20
Maine	17	10	-	46	36	-	-	-	-
N.H.	40	14	-	21	27	-	1	1	1
Vt.	5	1	-	8	8	-	-	-	1
Mass.	281	293	-	405	361	4	10	6	11
R.I.	17	22	-	52	55	-	-	1	-
Conn.	212	190	-	163	175	-	3	1	7
MID ATLANTIC	3,578	3,718	-	3,685	3,834	2	60	39	637
Upstate N.Y.	265	323	-	644	585	-	15	9	148
N.Y. City	2,159	2,228	-	1,811	1,576	1	33	6	-
N.J.	694	662	-	476	835	1	11	4	40
Pa.	460	505	-	754	838	-	1	20	449
E.N. CENTRAL	948	1,378	1	2,599	2,779	3	44	39	182
Ohio	146	239	1	449	515	-	11	23	30
Ind.	83	143	-	336	356	-	3	5	23
Ill.	414	568	-	1,141	1,134	2	20	9	46
Mich.	241	353	-	532	621	-	8	2	26
Wis.	64	75	-	141	153	1	2	-	57
W.N. CENTRAL	235	353	1	614	635	49	15	43	935
Minn.	45	89	-	125	117	1	6	-	191
Iowa	19	11	1	58	67	-	3	1	148
Mo.	134	185	-	298	306	31	5	8	51
N. Dak.	2	9	-	9	14	-	-	1	138
S. Dak.	6	1	-	31	24	8	-	2	321
Nebr.	7	15	-	13	30	2	1	4	35
Kans.	22	43	-	80	77	7	-	27	51
S. ATLANTIC	6,153	8,065	1	4,428	4,442	6	44	328	1,300
Del.	39	21	-	43	57	1	-	3	1
Md.	451	474	-	403	406	-	11	26	667
D.C.	333	336	-	157	182	-	-	-	-
Va.	291	402	-	453	453	1	3	26	176
W. Va.	26	20	-	110	132	-	1	2	30
N.C.	673	850	-	622	713	4	4	140	12
S.C.	793	770	-	525	540	-	3	71	62
Ga.	-	1,390	-	773	662	-	3	48	203
Fla.	3,547	3,802	1	1,342	1,297	-	19	12	149
E.S. CENTRAL	2,129	2,007	-	1,840	2,006	10	5	79	240
Ky.	65	97	-	455	500	1	1	15	38
Tenn.	642	529	-	567	592	7	2	33	72
Ala.	651	667	-	531	564	1	2	16	123
Miss.	771	714	-	287	350	1	-	15	7
W.S. CENTRAL	5,932	6,719	-	2,677	2,459	66	34	138	856
Ark.	315	206	-	328	288	39	-	16	147
La.	1,065	1,168	-	388	337	-	2	4	20
Okla.	194	209	-	248	232	21	2	94	110
Tex.	4,358	5,136	-	1,713	1,602	6	30	24	579
MOUNTAIN	749	652	-	570	588	15	13	14	472
Mont.	6	4	-	49	28	4	-	6	243
Idaho	7	23	-	25	28	-	-	-	10
Wyo.	13	7	-	7	5	-	-	4	45
Colo.	213	184	-	90	78	2	5	2	25
N. Mex.	126	88	-	89	109	2	4	-	12
Ariz.	312	236	-	250	263	4	3	-	122
Utah	12	18	-	21	36	3	1	-	4
Nev.	60	92	-	39	41	-	-	2	11
PACIFIC	4,525	4,137	-	3,998	3,796	8	146	3	563
Wash.	99	151	-	223	199	-	1	-	4
Oreg.	110	115	-	131	146	1	5	-	4
Calif.	4,242	3,788	-	3,364	3,163	4	134	3	552
Alaska	4	6	-	95	74	3	2	-	3
Hawaii	70	77	-	185	214	-	4	-	-
Guam	2	-	U	35	53	-	3	-	-
P.R.	869	770	-	342	406	-	4	-	36
V.I.	3	11	-	1	4	-	52	-	-
Pac. Trust Terr.	13	-	U	16	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending December 21, 1985 (51st Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	726	523	139	32	22	10	54
Boston, Mass.	199	119	53	14	9	4	15
Bridgeport, Conn.	55	39	12	2	1	1	5
Cambridge, Mass.	26	23	2	1	-	-	4
Fall River, Mass.	21	16	5	-	-	-	-
Hartford, Conn.	55	37	12	2	1	3	4
Lowell, Mass.	34	29	3	2	-	-	1
Lynn, Mass.	10	8	2	-	-	-	-
New Bedford, Mass	33	27	5	-	1	-	2
New Haven, Conn.	37	25	10	1	-	1	4
Providence, R.I.	94	74	13	5	2	-	7
Somerville, Mass.	10	9	-	-	1	-	1
Springfield, Mass.	55	38	6	4	6	1	3
Waterbury, Conn.	41	35	6	-	-	-	2
Worcester, Mass.	56	44	10	1	1	-	6
MID ATLANTIC	2,812	1,841	598	221	66	85	138
Albany, N.Y.	60	46	11	1	1	1	1
Allentown, Pa.	13	11	2	-	-	-	-
Buffalo, N.Y.	150	95	40	5	3	7	8
Camden, N.J.	39	20	11	2	1	5	1
Elizabeth, N.J.	54	39	11	3	1	-	1
Erie, Pa.†	32	22	6	3	-	1	2
Jersey City, N.J.	76	49	15	7	3	2	-
N.Y. City, N.Y.	1,383	908	277	133	33	32	58
Newark, N.J.	73	33	19	14	3	4	5
Paterson, N.J.	24	12	7	3	1	1	3
Philadelphia, Pa.	398	238	98	29	12	21	28
Pittsburgh, Pa.†	69	45	19	1	1	3	2
Reading, Pa.	38	30	6	2	-	-	4
Rochester, N.Y.	149	109	29	5	4	2	15
Schenectady, N.Y.	28	20	6	1	-	1	1
Scranton, Pa.†	36	28	5	1	2	-	4
Syracuse, N.Y.	97	69	17	7	-	4	1
Trenton, N.J.	39	27	8	3	-	1	1
Utica, N.Y.	27	22	4	-	1	-	2
Yonkers, N.Y.	27	18	7	1	-	-	1
E.N. CENTRAL	2,413	1,774	345	112	73	108	103
Akron, Ohio	50	34	8	2	3	3	1
Canton, Ohio	52	38	10	1	-	3	3
Chicago, Ill.§	553	462	11	26	16	37	16
Cincinnati, Ohio	171	112	42	9	3	5	15
Cleveland, Ohio	177	111	47	10	1	8	5
Columbus, Ohio	170	112	40	10	5	3	8
Dayton, Ohio	106	70	25	3	6	2	1
Detroit, Mich. §	259	234	2	5	11	7	8
Evansville, Ind.	47	36	7	2	2	-	3
Fort Wayne, Ind.	42	28	6	2	2	4	2
Gary, Ind.	10	6	2	2	-	-	1
Grand Rapids, Mich.	71	41	13	5	1	11	2
Indianapolis, Ind.	170	98	41	14	10	7	3
Madison, Wis.	40	27	7	2	3	1	5
Milwaukee, Wis.	157	120	27	2	2	6	9
Peoria, Ill.	55	37	10	5	1	2	2
Rockford, Ill.	56	36	9	4	3	4	2
South Bend, Ind.	63	45	15	1	1	1	7
Toledo, Ohio	115	89	14	6	3	3	10
Youngstown, Ohio	49	38	9	1	-	1	-
W.N. CENTRAL	725	494	131	43	24	33	37
Des Moines, Iowa	75	50	15	4	2	4	2
Duluth, Minn.	21	13	3	-	1	4	2
Kansas City, Kans.	33	14	9	4	4	2	1
Kansas City, Mo.	103	67	26	5	3	2	6
Lincoln, Nebr.	19	13	6	-	-	-	2
Minneapolis, Minn.	83	57	14	6	1	5	4
Omaha, Nebr.	101	66	17	6	3	9	6
St. Louis, Mo.	150	114	20	8	6	2	7
St. Paul, Minn.	59	46	9	3	1	-	-
Wichita, Kans.	81	54	12	7	3	5	7
S. ATLANTIC	1,186	781	225	98	33	48	53
Atlanta, Ga.	130	76	33	14	3	4	3
Baltimore, Md.	213	129	52	17	8	7	6
Charlotte, N.C.	69	41	16	5	3	3	6
Jacksonville, Fla.	120	81	20	14	2	3	9
Miami, Fla.	61	34	17	7	-	3	1
Norfolk, Va.	66	34	18	5	4	5	3
Richmond, Va.	78	45	18	6	1	8	7
Savannah, Ga.	42	27	11	3	1	-	3
St. Petersburg, Fla.	132	101	15	12	2	2	4
Tampa, Fla.	76	45	17	8	3	3	6
Washington, D.C.§	178	156	2	7	4	9	4
Wilmington, Del.	21	12	6	-	2	1	1
E.S. CENTRAL	780	480	196	53	18	33	33
Birmingham, Ala.	136	80	39	10	4	3	2
Chattanooga, Tenn.	59	42	14	2	1	-	2
Knoxville, Tenn.	75	54	15	4	2	-	4
Louisville, Ky.	105	65	17	9	1	13	4
Memphis, Tenn.	180	108	41	16	5	10	13
Mobile, Ala.	42	22	14	2	1	3	-
Montgomery, Ala.	45	30	14	1	-	-	-
Nashville, Tenn.	138	79	42	9	4	4	8
W.S. CENTRAL	1,443	955	286	94	53	54	61
Austin, Tex.	68	45	12	5	3	3	3
Baton Rouge, La.	61	37	17	4	1	2	3
Corpus Christi, Tex.	62	41	13	6	2	-	2
Dallas, Tex.	213	122	53	19	10	9	8
El Paso, Tex.	58	36	17	2	-	3	6
Fort Worth, Tex.	92	55	28	3	4	1	3
Houston, Tex. §	297	265	3	7	12	10	5
Little Rock, Ark.	65	45	12	2	2	4	10
New Orleans, La.	153	85	40	15	4	9	-
San Antonio, Tex.	185	104	51	16	6	8	10
Shreveport, La.	69	35	23	6	2	3	4
Tulsa, Okla.	120	85	17	9	7	2	7
MOUNTAIN	681	464	133	41	16	27	27
Albuquerque, N.Mex.	89	56	20	8	1	4	6
Colo. Springs, Colo.	42	28	8	1	2	3	4
Denver, Colo.	141	95	23	8	4	11	4
Las Vegas, Nev.	90	57	23	7	1	2	2
Ogden, Utah	19	13	3	-	2	1	2
Phoenix, Ariz.	131	87	26	10	3	5	2
Pueblo, Colo.	24	18	5	1	-	-	-
Salt Lake City, Utah	44	32	7	4	-	1	-
Tucson, Ariz.	101	78	18	2	3	-	7
PACIFIC	1,875	1,273	344	152	53	46	109
Berkeley, Calif.	22	14	6	2	-	-	1
Fresno, Calif.	82	52	20	7	2	1	15
Glendale, Calif.	26	15	5	3	2	1	2
Honolulu, Hawaii	71	53	14	1	2	1	5
Long Beach, Calif.	92	63	21	4	3	1	14
Los Angeles, Calif.	494	301	101	57	21	7	16
Oakland, Calif.	72	53	11	5	3	-	2
Pasadena, Calif.	33	26	5	1	1	-	2
Portland, Oreg.	137	93	23	9	7	5	9
Sacramento, Calif.	144	105	21	8	3	7	7
San Diego, Calif.	134	85	31	14	2	2	7
San Francisco, Calif.	158	97	39	17	-	5	4
San Jose, Calif. §	168	151	2	5	3	7	12
Seattle, Wash.	148	92	29	17	3	7	4
Spokane, Wash.	50	39	8	-	1	2	5
Tacoma, Wash.	44	34	8	2	-	-	4
TOTAL	12,641††	8,585	2,397	846	358	444	615

* 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 3 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.

Animal Rabies Vaccines – Continued

c. **Other Animals**.

(1) **Animals Maintained in Exhibits and Zoological Parks**. Captive animals not completely excluded from all contact with local vectors of rabies can become infected with rabies. Moreover, such animals may be incubating rabies when captured. Exhibit animals, especially carnivores and omnivores having contact with the viewing public, should be quarantined for a minimum of 180 days. Since no rabies vaccine is licensed for use in wild animals, vaccination, even with inactivated vaccine, is not recommended. Preexposure rabies immunization of animal workers at such facilities is recommended to protect the workers and to reduce the need for euthanizing a valuable animal for rabies testing after it has bitten a handler.

(2) **Wild Animals**. Because of the existing risk of rabies among wild animals, such as raccoons, skunks, and foxes, the American Veterinary Medical Association (AVMA), the NASPHV, and the Conference of State and Territorial Epidemiologists strongly recommend the enactment of state laws prohibiting the interstate and intrastate importation, distribution, and relocation of wild animals and wild animals crossbred to domestic dogs and cats. Further, these same organizations continue to recommend the enactment of laws prohibiting the distribution or keeping of wild animals as pets.

2. **Stray-Animal Control**. Stray dogs and cats should be removed from the community, especially in rabies-epizootic areas. Local health department and animal-control officials can enforce the pick-up of strays more efficiently if owned animals are confined or leashed when not confined. Strays should be impounded for at least 3 days to give owners sufficient time to reclaim animals apprehended as strays and to determine whether human exposure has occurred.

3. **Quarantine**.

a. **International**. Present USDA regulations (CFR No. 71154) governing the importation of wild and domestic felines, canines, and other potential rabies vectors are minimal for preventing the introduction of rabid animals into the United States. All dogs and cats imported from countries with endemic rabies should be vaccinated against rabies at least 30 days before entry into the United States.* CDC is responsible for these animals imported into the United States. CDC's requirements should be coordinated with interstate shipment requirements. The health authority of the state of destination should be notified within 72 hours of any animal conditionally admitted into its jurisdiction.

The conditional admission of such animals into the United States must be subject to state and local laws governing rabies. Failures to comply with these requirements should be promptly reported to the director of CDC.

b. **Interstate**. Before interstate shipment, dogs and cats should be vaccinated against rabies according to the Compendium's recommendations, preferably at least 30 days before shipment. While in shipment, they should be accompanied by a currently valid NASPHV Form #50 Rabies Vaccination Certificate. One copy of the certificate should be mailed to the appropriate Public Health Veterinarian or State Veterinarian of the state of destination.

*In regard to cats, these recommendations do not conform to the official recommendations of CDC and the U.S. Public Health Service. Although domestic feline rabies has increased, there has been no evidence of increased risk of imported rabies in cats. U.S. Foreign Quarantine Regulations do not require rabies vaccinations for imported cats.

Animal Rabies Vaccines — Continued

c. **Health Certificates**. If a certificate is required for dogs and cats in transit, it must not replace the NASPHV rabies vaccination certificate.

4. **Adjunct Procedures**. Methods or procedures that enhance rabies control include:
   a. **Licensure**. Registration of licensure of all dogs and cats may be used as a means of rabies control by controlling the stray-animal population. Frequently, a fee is charged for such licensure, and revenues collected are used to maintain a rabies- or animal-control program. Vaccination is usually recommended as a prerequisite to licensure.
   b. **Canvassing of Area**. This includes house-to-house calls by members of the animal-control program to enforce vaccination and licensure requirements.
   c. **Citations**. These are legal summonses issued to owners for violations, including failure to vaccinate or license their animals.
   d. **Leash Laws**. All communities should adopt leash laws that can be incorporated into their animal-control ordinances.
5. **Postexposure Management**. ANY DOMESTIC ANIMAL THAT IS BITTEN OR SCRATCHED BY A BAT OR BY A WILD, CARNIVOROUS MAMMAL THAT IS NOT AVAILABLE FOR TESTING SHOULD BE REGARDED AS HAVING BEEN EXPOSED TO A RABID ANIMAL.
   a. **Dogs and Cats**. When bitten by a rabid animal, unvaccinated dogs and cats should be destroyed immediately. If the owner is unwilling to have this done, the unvaccinated animal should be placed in strict isolation for 6 months and vaccinated 1 month before being released. Dogs and cats that are currently vaccinated should be revaccinated immediately and observed by the owner for 90 days.
   b. **Livestock**. All species of livestock are susceptible to rabies infection; cattle appear to be among the most susceptible of all domestic animal species. Livestock known to have been bitten by rabid animals should be destroyed (slaughtered) immediately. If the owner is unwilling to have this done, the animal should be kept under very close observation for 6 months.

      The following are recommendations to owners of livestock exposed to rabid animals:

      (1) If slaughtered within 7 days of being bitten, tissues may be eaten without risk of infection, providing liberal portions of the exposed area are discarded. Federal meat inspectors will reject for slaughter any animal that has been exposed to rabies within 8 months.

      (2) No tissues or secretions from a clinically rabid animal should be used for human or animal consumption. However, because pasteurization temperatures will inactivate rabies virus, drinking pasteurized milk or eating completely cooked meat does not constitute a rabies exposure.

C. CONTROL METHODS IN WILD ANIMALS

Bats and wild carnivorous mammals, as well as wild animals cross-bred to domestic dogs and cats, that bite people should be killed, and appropriate tissues should be sent to the laboratory for examination for rabies. A person bitten by a bat or any wild animal should immediately report the incident to a physician who can evaluate the need for antirabies treatment (see current ACIP rabies prophylaxis recommendations: Rabies Prevention—United States, 1984. MMWR 1984;33:393-402, 407-8).

1. **Terrestrial Mammals**. Continuous and persistent government-funded programs for trapping or poisoning wildlife as a means of rabies control are not cost-effective in

Animal Rabies Vaccines – Continued

reducing wildlife reservoirs or rabies incidence on a statewide basis. However, limited control in high-contact areas (picnic grounds, camps, suburban areas) may be indicated for the removal of selected, high-risk species of wild animals. The public should be warned not to handle wild animals. The state wildlife agency should be consulted early to manage any elimination programs in coordination with the state health department.

2. **Bats**.
   a. Rabid bats have been reported from every state except Hawaii and have caused human rabies infections in the United States. It is neither feasible nor practical, however, to control rabies in bats by areawide bat-population reduction programs.
   b. Bats should be eliminated from houses and surrounding structures to prevent direct association with people. Such structures should then be made bat-proof by sealing routes of entrance with screen or other means.

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

Disease	52nd Week Ending			Cumulative, 52nd Week		
	Dec. 28, 1985	Dec. 29, 1984	Median 1980-1984	Dec. 28, 1985	Dec. 29, 1984	Median 1980-1984
Acquired Immunodeficiency Syndrome (AIDS)	171	102	N	8,072	4,444	N
Aseptic meningitis	115	181	181	10,117	8,204	9,521
Encephalitis: Primary (arthropod-borne & unspec.)	14	28	40	1,254	1,206	1,540
Post-infectious	2	14	3	114	124	101
Gonorrhea: Civilian	12,042	14,618	14,160	839,060	850,378	955,324
Military	187	322	322	17,624	21,107	25,550
Hepatitis: Type A	484	746	727	22,959	21,989	23,364
Type B	491	1,017	737	26,316	26,879	22,326
Non A, Non B	59	177	N	4,002	3,926	N
Unspecified	86	156	156	5,709	5,208	8,743
Legionellosis	9	18	N	706	698	N
Leprosy	1	12	12	342	249	249
Malaria	18	30	30	1,011	998	1,041
Measles: Total*	3	22	47	2,704	2,579	2,579
Indigenous	3	14	N	2,257	2,273	N
Imported	-	8	N	447	306	N
Meningococcal infections: Total	30	75	86	2,361	2,689	2,729
Civilian	30	75	85	2,357	2,685	2,713
Military	-	-	-	4	4	15
Mumps	34	84	84	2,886	2,994	4,970
Pertussis	35	70	70	3,275	2,288	1,882
Rubella (German measles)	3	6	25	604	740	2,083
Syphilis (Primary & Secondary): Civilian	414	388	441	25,581	27,947	30,876
Military	6	8	5	143	288	361
Toxic Shock syndrome	4	11	N	341	476	N
Tuberculosis	691	941	745	21,801	22,142	25,796
Tularemia	2	4	11	165	288	288
Typhoid fever	9	5	10	384	379	497
Typhus fever, tick-borne (RMSF)	8	3	11	700	833	1,113
Rabies, animal	61	100	85	5,269	5,329	6,171

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1985		Cum 1985
Anthrax	-	Leptospirosis (Fla. 1)	35
Botulism: Foodborne	52	Plague	16
Infant	60	Poliomyelitis: Total	5
Other	1	Paralytic	5
Brucellosis (Fla. 1, Tex. 1)	135	Psittacosis	106
Cholera	3	Rabies, human	1
Congenital rubella syndrome	-	Tetanus (Fla. 1)	71
Congenital syphilis, ages < 1 year	169	Trichinosis (Tex. 1)	57
Diphtheria	2	Typhus fever, flea-borne (endemic, murine)	25

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

TABLE III. Cases of specified notifiable diseases, United States, weeks ending December 28, 1985 and December 29, 1984 (52nd Week)

Reporting Area	AIDS	Aseptic Menin-gitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionel-losis	Leprosy
			Primary	Post-in-fectious			A	B	NA,NB	Unspeci-fied		
	Cum. 1985	1985	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1984	1985	1985	1985	1985	1985	Cum 1985
UNITED STATES	8,072	115	1,254	114	839,060	850,378	484	491	59	86	9	342
NEW ENGLAND	277	9	39	-	22,392	22,917	7	26	3	5	-	7
Maine	11	-	-	-	1,146	1,031	-	-	-	-	-	-
N.H.	3	U	8	-	557	726	U	U	U	U	U	-
Vt.	2	-	1	-	335	381	1	-	-	-	-	-
Mass.	165	6	21	-	9,397	10,002	6	20	2	4	-	7
R.I.	12	-	-	-	1,843	1,610	-	1	-	-	-	-
Conn.	84	3	9	-	9,114	9,167	-	5	1	1	-	-
MID ATLANTIC	3,124	22	157	12	129,586	114,018	25	42	6	3	-	37
Upstate N.Y.	328	6	52	4	17,926	18,755	10	13	1	1	-	1
N.Y. City	2,140	-	17	-	63,603	44,152	-	-	-	-	-	32
N.J.	460	8	30	-	19,592	20,001	11	9	5	1	-	-
Pa.	196	8	58	8	28,465	31,110	4	20	-	1	-	4
E.N. CENTRAL	354	16	364	20	114,850	120,302	8	21	2	1	1	22
Ohio	53	8	143	4	31,737	31,340	3	10	-	-	1	3
Ind.	25	U	69	2	12,504	13,107	U	U	U	U	U	-
Ill.	192	-	63	8	26,172	28,022	-	-	-	-	-	17
Mich.	60	8	68	-	33,516	34,758	5	11	2	1	-	2
Wis.	24	-	21	6	10,921	13,075	-	-	-	-	-	-
W.N. CENTRAL	122	14	79	4	41,114	41,367	16	24	3	-	-	4
Minn.	40	7	38	1	5,997	6,202	2	3	-	-	-	3
Iowa	13	2	29	-	4,302	4,574	-	-	-	-	-	-
Mo.	49	2	-	-	20,046	19,889	1	9	2	-	-	1
N. Dak.	1	-	1	1	274	386	-	-	-	-	-	-
S. Dak.	1	2	-	-	790	1,001	7	1	1	-	-	-
Nebr.	6	-	5	-	3,566	3,026	2	11	-	-	-	-
Kans.	12	1	6	2	6,139	6,289	4	-	-	-	-	-
S. ATLANTIC	1,242	6	140	47	186,592	213,141	43	84	8	6	2	9
Del.	11	-	9	-	4,416	4,046	2	1	-	-	-	-
Md.	145	-	29	1	29,280	23,909	2	10	4	1	-	1
D.C.	171	1	-	-	15,695	15,062	1	2	-	-	-	-
Va.	105	-	28	8	19,234	20,171	-	-	-	-	-	1
W. Va.	6	-	38	-	2,598	2,731	1	2	-	-	-	-
N.C.	65	1	30	1	36,416	34,391	-	3	-	-	-	2
S.C.	34	1	6	-	21,326	21,422	4	34	1	-	-	-
Ga.	189	3	-	-	-	40,197	16	9	-	3	1	1
Fla.	516	-	-	37	57,627	51,212	17	23	3	2	1	4
E.S. CENTRAL	72	-	40	4	76,009	75,611	3	13	1	-	-	-
Ky.	17	-	17	-	8,733	8,999	-	-	-	-	-	-
Tenn.	18	-	8	-	29,534	30,606	1	10	1	-	-	-
Ala.	29	U	11	4	22,506	22,957	U	U	U	U	U	-
Miss.	8	-	4	-	15,236	13,049	2	3	-	-	-	-
W.S. CENTRAL	614	17	149	3	110,331	113,228	55	47	5	10	-	33
Ark.	11	1	7	2	10,354	10,298	-	2	-	-	-	1
La.	100	2	13	-	20,809	24,589	-	-	-	-	-	8
Okla.	20	-	26	1	12,470	12,551	7	8	-	2	-	-
Tex.	483	14	103	-	66,698	65,790	48	37	5	8	-	24
MOUNTAIN	164	2	58	6	28,015	27,697	62	32	5	12	2	11
Mont.	1	-	-	-	803	1,046	5	-	-	-	-	-
Idaho	3	-	-	-	989	1,275	4	1	-	-	-	-
Wyo.	-	-	1	-	634	743	-	2	-	-	-	-
Colo.	61	1	23	2	8,110	7,987	7	3	-	5	-	2
N. Mex.	14	-	3	-	3,113	3,286	-	-	-	-	-	-
Ariz.	52	1	17	-	8,576	7,851	36	15	3	4	2	1
Utah	19	-	10	4	1,349	1,308	6	7	1	-	-	5
Nev.	14	-	4	-	4,441	4,201	4	4	1	3	-	3
PACIFIC	2,103	29	228	18	130,171	122,097	265	202	26	49	4	219
Wash.	114	2	14	1	9,861	9,158	19	13	1	-	2	37
Oreg.	33	-	1	-	6,367	6,651	33	14	2	-	-	4
Calif.	1,923	27	172	17	109,081	101,405	212	172	21	49	2	156
Alaska	5	-	41	-	3,180	2,933	-	1	2	-	-	-
Hawaii	28	-	-	-	1,682	1,950	1	2	-	-	-	22
Guam	1	U	-	-	169	232	U	U	U	U	U	3
P.R.	95	-	7	2	3,076	3,319	-	-	-	-	-	2
V.I.	2	U	-	-	391	509	U	U	U	U	U	-
Pac. Trust Terr.	-	U	-	-	766	-	U	U	U	U	U	65

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending December 28, 1985 and December 29, 1984 (52nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	Cum. 1985	1985	Cum. 1985	1985	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984
UNITED STATES	1,011	3	2,257	-	447	2,579	2,361	34	2,886	35	3,275	2,288	3	604	740
NEW ENGLAND	59	-	38	-	88	106	115	-	68	-	216	78	-	14	19
Maine	4	-	-	-	1	-	6	-	6	-	10	4	-	-	1
N.H.	5	U	-	U	-	36	15	U	12	U	114	17	U	3	1
Vt.	2	-	-	-	-	7	10	-	3	-	4	25	-	-	-
Mass.	27	-	34	-	84	49	24	-	23	-	54	22	-	7	16
R.I.	6	-	-	-	-	-	18	-	16	-	22	4	-	-	-
Conn.	15	-	4	-	3	14	42	-	8	-	12	6	-	4	1
MID ATLANTIC	163	1	194	-	38	182	415	1	343	2	267	210	-	232	232
Upstate N.Y.	52	-	72	-	13	57	160	-	179	2	132	109	-	21	99
N.Y. City	66	1	68	-	12	113	73	-	33	-	27	18	-	188	108
N.J.	18	-	17	-	10	7	69	-	55	-	12	13	-	9	24
Pa.	27	-	37	-	3	5	113	1	76	-	96	70	-	14	1
E.N. CENTRAL	68	-	448	-	90	705	412	14	1,013	3	768	529	1	37	105
Ohio	11	-	5	-	54	11	136	4	302	-	120	79	-	-	2
Ind.	5	U	55	U	2	3	51	U	37	U	201	258	U	1	5
Ill.	28	-	293	-	10	186	90	4	253	-	61	29	-	18	68
Mich.	18	-	37	-	23	464	107	6	330	3	54	31	1	17	22
Wis.	6	-	58	-	1	41	28	-	91	-	332	132	-	1	8
W.N. CENTRAL	35	-	2	-	10	58	121	-	89	3	268	135	-	19	39
Minn.	17	-	-	-	6	47	28	-	1	3	138	16	-	2	4
Iowa	3	-	-	-	-	-	10	-	19	-	34	15	-	1	1
Mo.	5	-	1	-	2	6	46	-	18	-	34	23	-	7	-
N. Dak.	2	-	-	-	2	-	5	-	4	-	10	-	-	2	3
S. Dak.	1	-	-	-	-	-	5	-	-	-	11	9	-	-	-
Nebr.	1	-	-	-	-	-	11	-	3	-	10	17	-	-	-
Kans.	6	-	1	-	-	5	16	-	44	-	31	55	-	7	31
S. ATLANTIC	110	-	310	-	32	73	460	-	277	3	418	243	-	56	33
Del.	-	-	-	-	-	-	12	-	1	-	2	2	-	2	2
Md.	25	-	106	-	9	22	59	-	36	2	177	61	-	6	1
D.C.	8	-	28	-	3	8	8	-	-	-	1	-	-	-	-
Va.	21	-	21	-	7	5	54	-	49	-	21	19	-	2	1
W. Va.	2	-	31	-	2	-	9	-	75	-	5	11	-	9	-
N.C.	10	-	9	-	-	1	65	-	20	-	39	37	-	1	-
S.C.	-	-	-	-	3	1	36	-	11	1	3	2	-	3	-
Ga.	10	-	8	-	-	6	82	-	30	-	99	20	-	4	2
Fla.	34	-	107	-	8	30	135	-	55	-	71	91	-	29	27
E.S. CENTRAL	11	-	-	-	7	6	105	-	32	-	73	15	-	3	12
Ky.	4	-	-	-	5	1	10	-	8	-	9	2	-	3	6
Tenn.	-	-	-	-	1	2	42	-	18	-	28	7	-	-	-
Ala.	6	U	-	U	-	3	28	U	1	U	29	2	U	-	3
Miss.	1	-	-	-	1	-	25	-	5	-	7	4	-	-	3
W.S. CENTRAL	101	-	435	-	17	626	201	4	324	-	552	339	-	41	70
Ark.	3	-	-	-	-	8	20	-	7	-	17	22	-	1	3
La.	4	-	42	-	-	8	26	-	2	-	18	12	-	-	-
Okla.	7	-	-	-	1	8	34	N	N	-	166	246	-	1	-
Tex.	87	-	393	-	16	602	121	4	315	-	351	59	-	39	67
MOUNTAIN	61	-	496	-	54	145	102	1	250	14	246	131	-	5	22
Mont.	-	-	122	-	17	-	11	-	12	-	9	20	-	-	-
Idaho	3	-	126	-	18	23	5	-	10	-	16	7	-	1	1
Wyo.	1	-	5	-	-	-	6	-	2	-	1	6	-	-	3
Colo.	22	-	8	-	7	6	27	-	27	-	97	49	-	-	2
N. Mex.	16	-	1	-	5	88	14	N	N	-	15	13	-	2	1
Ariz.	12	-	234	-	7	1	24	1	127	8	49	27	-	1	4
Utah	2	-	-	-	-	27	9	-	6	6	59	7	-	-	7
Nev.	5	-	-	-	-	-	6	-	66	-	-	2	-	1	4
PACIFIC	403	2	334	-	111	678	430	14	490	10	467	608	2	197	208
Wash.	28	2	107	-	40	178	69	1	41	2	92	326	-	14	2
Oreg.	15	-	4	-	1	-	38	N	N	-	50	31	-	2	2
Calif.	341	-	204	-	65	333	300	13	420	8	278	164	2	138	197
Alaska	2	-	-	-	-	-	11	-	10	-	30	5	-	1	1
Hawaii	17	-	19	-	5	167	12	-	19	-	17	82	-	42	6
Guam	1	U	10	U	1	104	-	U	7	U	-	-	U	2	4
P.R.	-	-	67	-	-	285	15	-	162	-	16	1	-	27	20
V.I.	-	U	4	U	6	-	-	U	4	U	-	-	U	-	-
Pac. Trust Terr.	1	U	-	U	-	-	-	U	24	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 December 28, 1985 and December 29, 1984 (52nd Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1985	Cum. 1984	1985	Cum. 1985	Cum. 1984	Cum. 1985	Cum. 1985	Cum. 1985	Cum. 1985
UNITED STATES	25,581	27,947	4	21,801	22,142	165	384	700	5,269
NEW ENGLAND	584	537	-	737	681	4	14	10	20
Maine	17	10	-	46	36	-	-	-	-
N.H.	40	14	U	21	27	-	1	1	1
Vt.	5	1	-	8	8	-	-	-	1
Mass.	286	298	-	444	378	4	10	7	11
R.I.	18	23	-	53	56	-	-	1	-
Conn.	218	191	-	165	176	-	3	1	7
MID ATLANTIC	3,683	3,804	-	3,851	3,994	2	60	39	647
Upstate N.Y.	270	336	-	644	622	-	15	9	149
N.Y. City	2,248	2,256	-	1,910	1,670	1	33	6	-
N.J.	696	675	-	526	855	1	11	4	40
Pa.	469	537	-	771	847	-	1	20	458
E.N. CENTRAL	965	1,404	2	2,669	2,903	3	44	39	184
Ohio	146	239	1	459	528	-	11	23	30
Ind.	83	152	U	336	383	-	3	5	23
Ill.	429	580	-	1,196	1,207	2	20	9	47
Mich.	241	358	1	537	630	-	8	2	26
Wis.	66	75	-	141	155	1	2	-	58
W.N. CENTRAL	240	356	-	626	700	50	15	43	945
Minn.	45	91	-	129	132	1	6	-	191
Iowa	20	11	-	60	68	-	3	1	150
Mo.	138	186	-	302	352	32	5	8	52
N. Dak.	2	9	-	10	16	-	-	1	145
S. Dak.	6	1	-	31	25	8	-	2	321
Nebr.	7	15	-	13	30	2	1	4	35
Kans.	22	43	-	81	77	7	-	27	51
S. ATLANTIC	6,316	8,191	-	4,555	4,683	6	44	334	1,319
Del.	41	21	-	49	58	1	-	3	1
Md.	501	480	-	403	413	-	11	26	677
D.C.	336	339	-	157	188	-	-	-	-
Va.	291	415	-	453	473	1	3	26	176
W. Va.	26	20	-	112	134	-	1	2	30
N.C.	679	860	-	654	756	4	4	143	12
S.C.	794	774	-	536	540	-	3	73	62
Ga.	-	1,406	-	808	786	-	3	49	203
Fla.	3,648	3,876	-	1,383	1,335	-	19	12	158
E.S. CENTRAL	2,175	2,035	-	1,849	2,058	10	5	79	240
Ky.	65	97	-	455	510	1	1	15	38
Tenn.	645	542	-	576	601	7	2	33	72
Ala.	651	668	U	531	565	1	2	16	123
Miss.	814	728	-	287	382	1	-	15	7
W.S. CENTRAL	6,203	6,742	-	2,730	2,596	67	35	138	864
Ark.	319	206	-	339	315	40	-	16	149
La.	1,076	1,188	-	388	379	-	3	4	20
Okla.	198	212	-	253	257	21	2	94	110
Tex.	4,610	5,136	-	1,750	1,645	6	30	24	585
MOUNTAIN	771	683	1	603	627	15	13	14	483
Mont.	6	4	-	49	33	4	-	6	245
Idaho	8	23	-	26	28	-	-	-	10
Wyo.	13	7	-	7	5	-	-	4	53
Colo.	215	194	-	96	95	2	5	2	25
N. Mex.	126	96	-	94	112	2	4	-	12
Ariz.	325	237	1	271	272	4	3	-	123
Utah	13	19	-	21	40	3	1	-	4
Nev.	65	103	-	39	42	-	-	2	11
PACIFIC	4,644	4,195	1	4,181	3,900	8	154	4	567
Wash.	99	155	1	232	207	-	2	1	4
Oreg.	111	115	-	139	156	1	5	-	4
Calif.	4,360	3,840	-	3,526	3,244	4	141	3	556
Alaska	4	6	-	95	79	3	2	-	3
Hawaii	70	79	-	189	214	-	4	-	-
Guam	2	-	U	36	53	-	3	-	-
P.R.	875	796	-	342	421	-	4	-	36
V.I.	3	11	U	1	4	-	52	-	-
Pac. Trust Terr.	128	-	U	75	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending December 28, 1985 (52nd Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	663	489	121	27	13	12	51
Boston, Mass.	156	97	34	11	6	7	14
Bridgeport, Conn.	44	32	9	1	1	1	2
Cambridge, Mass.§	32	32	-	-	-	-	5
Fall River, Mass.	30	27	2	1	-	-	1
Hartford, Conn.	52	37	12	1	-	2	6
Lowell, Mass.	37	32	3	2	-	-	5
Lynn, Mass.	19	12	6	1	-	-	1
New Bedford, Mass.	26	23	-	1	2	-	-
New Haven, Conn.	56	33	16	5	1	1	2
Providence, R.I.	57	46	10	-	1	-	4
Somerville, Mass.	13	11	2	-	-	-	2
Springfield, Mass.	38	29	7	1	1	-	3
Waterbury, Conn.	43	31	12	-	-	-	2
Worcester, Mass.	60	47	8	3	1	1	4
MID ATLANTIC	2,619	1,712	592	216	52	46	148
Albany, N.Y.	44	28	8	3	2	3	2
Allentown, Pa.	22	19	3	-	-	-	-
Buffalo, N.Y.	117	76	29	4	3	5	14
Camden, N.J.	32	20	6	5	-	1	1
Elizabeth, N.J.	23	15	7	1	-	-	2
Erie, Pa.†	41	27	9	4	1	-	7
Jersey City, N.J.	46	31	8	5	1	1	1
N.Y. City, N.Y.	1,346	864	302	135	27	18	68
Newark, N.J.	48	24	13	11	-	-	1
Paterson, N.J.	34	22	7	1	-	4	4
Philadelphia, Pa.	393	255	100	18	9	11	23
Pittsburgh, Pa.†	72	42	21	8	1	-	2
Reading, Pa.	28	20	6	1	1	-	4
Rochester, N.Y.	130	94	22	10	3	-	12
Schenectady, N.Y.	31	26	3	-	1	1	1
Scranton, Pa.†	26	20	6	-	-	-	-
Syracuse, N.Y.	84	59	21	2	1	1	1
Trenton, N.J.	35	24	5	4	1	1	3
Utica, N.Y.	31	20	9	1	1	-	1
Yonkers, N.Y.	36	26	7	3	-	-	1
E.N. CENTRAL	2,028	1,515	281	94	55	82	81
Akron, Ohio	81	51	18	5	1	6	6
Canton, Ohio	42	28	11	2	1	-	6
Chicago, Ill.§	553	462	11	26	16	37	16
Cincinnati, Ohio	65	38	19	2	3	3	5
Cleveland, Ohio	139	93	30	5	6	5	2
Columbus, Ohio	130	88	24	12	3	3	4
Dayton, Ohio	95	67	20	5	3	-	-
Detroit, Mich. §	259	233	2	5	12	7	8
Evansville, Ind.	31	26	5	-	-	-	2
Fort Wayne, Ind.	40	27	9	4	-	-	1
Gary, Ind.	22	9	10	1	2	-	-
Grand Rapids, Mich.	41	30	5	3	1	2	3
Indianapolis, Ind.	148	96	30	14	3	5	8
Madison, Wis.	35	22	8	3	2	-	2
Milwaukee, Wis.	102	70	23	2	-	7	1
Peoria, Ill.	44	28	10	2	1	3	7
Rockford, Ill.	40	30	8	1	-	1	2
South Bend, Ind.	41	32	8	-	-	1	5
Toledo, Ohio	50	35	11	2	-	2	2
Youngstown, Ohio	70	50	19	-	1	-	1
W.N. CENTRAL	619	447	109	27	16	20	42
Des Moines, Iowa	50	33	8	4	1	4	4
Duluth, Minn.	21	17	-	1	1	2	1
Kansas City, Kans.	27	21	2	1	3	-	-
Kansas City, Mo.	116	84	23	7	1	1	16
Lincoln, Nebr.	15	11	4	-	-	-	1
Minneapolis, Minn.	81	57	9	2	4	9	5
Omaha, Nebr.	58	42	13	3	-	-	3
St. Louis, Mo.	122	92	22	5	1	2	-
St. Paul, Minn.	55	40	11	2	1	1	3
Wichita, Kans.	74	50	17	2	4	1	9

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,042	642	249	82	33	33	37
Atlanta, Ga.	128	72	31	16	5	4	4
Baltimore, Md.	238	156	51	18	9	4	6
Charlotte, N.C.	66	38	19	3	1	2	3
Jacksonville, Fla.	75	52	17	4	1	1	3
Miami, Fla.	160	103	39	9	5	4	3
Norfolk, Va.	35	15	11	4	4	1	-
Richmond, Va.	59	25	24	6	2	2	5
Savannah, Ga.	20	9	4	2	2	3	2
St. Petersburg, Fla.	92	77	9	2	-	4	6
Tampa, Fla.	49	25	15	3	3	3	2
Washington, D.C.	104	56	27	15	1	5	2
Wilmington, Del.	16	14	2	-	-	-	1
E.S. CENTRAL	578	378	131	42	15	12	22
Birmingham, Ala.	83	49	22	6	2	4	1
Chattanooga, Tenn.	34	22	8	2	2	-	1
Knoxville, Tenn.	42	31	6	3	2	-	2
Louisville, Ky.	59	49	8	-	-	2	3
Memphis, Tenn.	208	133	50	20	4	1	8
Mobile, Ala.	66	38	15	6	4	3	3
Montgomery, Ala.	26	20	3	1	-	2	1
Nashville, Tenn.	60	36	19	4	1	-	3
W.S. CENTRAL	1,010	711	163	64	41	31	46
Austin, Tex.	36	24	7	3	2	-	2
Baton Rouge, La.	30	17	7	3	2	1	2
Corpus Christi, Tex.	27	14	7	2	4	-	2
Dallas, Tex.	133	65	39	13	5	11	4
El Paso, Tex.	39	24	11	3	-	1	3
Fort Worth, Tex.	67	45	16	3	3	-	6
Houston, Tex. §	298	266	3	7	12	10	5
Little Rock, Ark.	50	34	10	2	2	2	6
New Orleans, La.	59	36	14	4	5	-	-
San Antonio, Tex.	140	86	32	12	5	5	11
Shreveport, La.	52	42	5	5	-	-	-
Tulsa, Okla.	79	58	12	7	1	1	5
MOUNTAIN	596	381	142	38	20	13	32
Albuquerque, N.Mex.	88	58	16	10	2	1	3
Colo. Springs, Colo.	24	16	5	1	2	-	3
Denver, Colo.	107	60	32	10	1	3	6
Las Vegas, Nev.	79	51	19	4	5	-	5
Ogden, Utah	15	9	4	1	1	-	-
Phoenix, Ariz.	139	90	33	6	5	5	5
Pueblo, Colo.	24	18	5	1	-	-	3
Salt Lake City, Utah	27	13	8	2	1	3	1
Tucson, Ariz.	93	66	20	3	3	1	6
PACIFIC	1,579	1,048	305	137	41	40	114
Berkeley, Calif.	22	15	3	4	-	-	-
Fresno, Calif.	71	59	11	1	-	-	12
Glendale, Calif.	5	4	-	1	-	-	-
Honolulu, Hawaii	79	47	21	4	4	3	14
Long Beach, Calif.	95	63	19	7	2	4	13
Los Angeles, Calif.	317	186	64	47	11	2	13
Oakland, Calif.	70	49	14	2	2	3	1
Pasadena, Calif.	22	18	3	1	-	-	-
Portland, Oreg.	113	79	19	11	1	3	6
Sacramento, Calif.	152	107	23	15	5	2	16
San Diego, Calif.	118	78	34	4	1	1	12
San Francisco, Calif.	171	112	28	19	5	6	6
San Jose, Calif.	153	105	30	8	2	8	15
Seattle, Wash.	115	80	22	8	3	2	2
Spokane, Wash.	45	25	8	5	5	2	2
Tacoma, Wash.	31	21	6	-	-	4	2
TOTAL	10,734††	7,323	2,093	727	286	289	573

* 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 3 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.

FIGURE I. Reported measles cases — United States, weeks 47-50, 1985

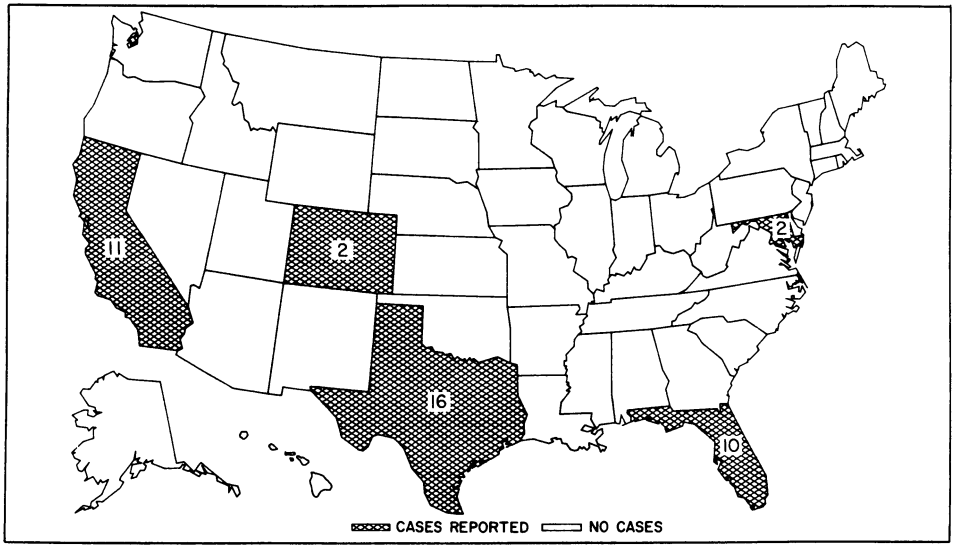
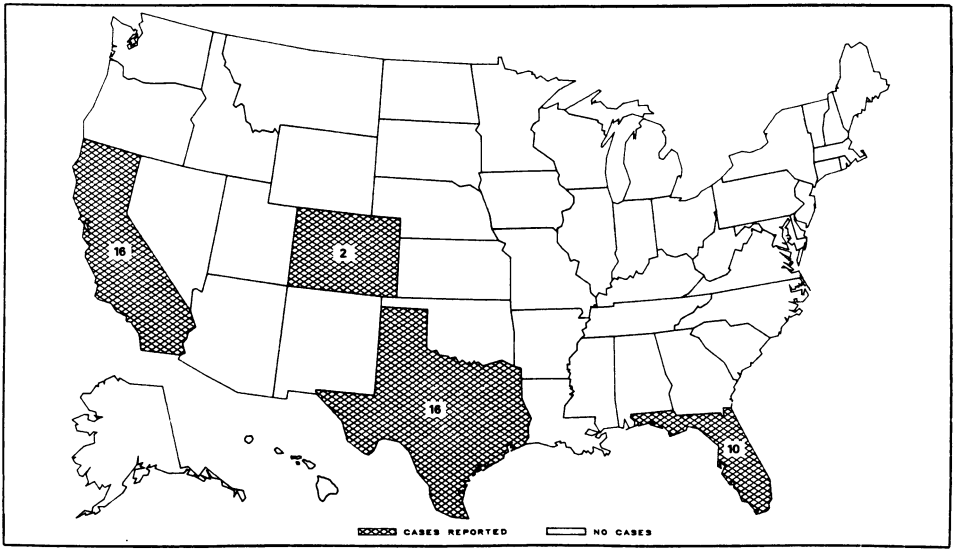


FIGURE I. Reported measles cases — United States, weeks 48-51, 1985



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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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