CENTERS FOR DISEASE CONTROL

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Current Trends

Measles — United States, First 26 Weeks, 1985

Through December 28, 2,704 measles cases in the United States were reported to the *MMWR* for 1985. Results of detailed analyses are available for cases reported during the first 26 weeks, when a provisional total of 1,802 cases was reported, a 2.4% increase over the 1,759 cases reported during the same period in 1984 (*1*). The overall incidence rate in both years was 0.8 cases per 100,000 population for the 26-week period. Eight states accounted for 1,333 (73.9%) cases: Illinois (259 cases), Texas (236), Arizona (194), California (143), Montana (139), Idaho (126), New York (124), and Massachusetts (112). Ten states had incidence rates greater than 1/100,000 population: Arizona, Hawaii, Idaho, Illinois, Maryland, Massachusetts, Montana, Texas, West Virginia, and Wisconsin. During the first half of 1984 and 1985, 19 and 20 states, respectively, reported measles cases (indigenous or imported). For each year, 2.5% of the nation's 3,139 counties reported measles cases during the period.

Detailed information was provided to the Division of Immunization, Center for Prevention Services, CDC, on 1,801 of the cases reported during the first 26 weeks of 1985. Of these, 1,750 (97.2%) met the standard case definition for measles,* and 661 (36.7%) were serologically confirmed. In most cases (72%), onset of rash occurred between weeks 8 and 20 (weeks ending February 23 and May 25, respectively). There was a biphasic distribution of cases during this period (Figure 1).

In the first half of 1984, the highest incidence rate was reported among children 10-14 years of age (Table 1). By comparison, in the first half of 1985, the highest incidence rate was reported among 15- to 19-year-olds (3 1/100,000), followed by preschool-aged children (2.5/100,000). The incidence rate among 10- to 14-year-olds decreased from 2.9/100,000 in 1984 to 1.8/100,000 in 1985. Of the 466 preschool-aged children with measles, 137 (29.4%) were infants under 1 year of age; 81 (17.4%) were 12-14 months of age; 24 (5.2%) were 15 months of age; and 224 (48.1%) were 16 months-4 years of age.

Of the 1,256 (69.7%) patients for whom the setting of transmission was reported, 903 (71.9%) acquired measles in school†; 126 (10.0%), at home; 63 (5.0%), in medical settings; 41 (3.3%), in daycare centers; 18 (1.4%), in church, and 105 (8.4%), in a variety of other settings, including sporting events and summer camp.

Seventy cases (3.9%) were international importations. An additional 128 (7.1%) cases

*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.

†Includes kindergarten through college.

Measles – Continued

were epidemiologically linked to an international importation within two generations of infection. Therefore, 198 (11.0% of all cases) were classified as international importations during this period (*2*).

Vaccination status of patients in 1984 and 1985 was similar. Of the 1,801 cases reported during the first 26 weeks of 1985, 859 of the patients had been vaccinated on or after the first birthday; 247 had been vaccinated at 12-14 months of age (Table 2). A total of 846 measles patients were unvaccinated, and 96 had histories of inadequate vaccination (vaccinated before the first birthday).

FIGURE 1. Reported measles cases, by week of rash onset — United States, first 26 weeks, 1985

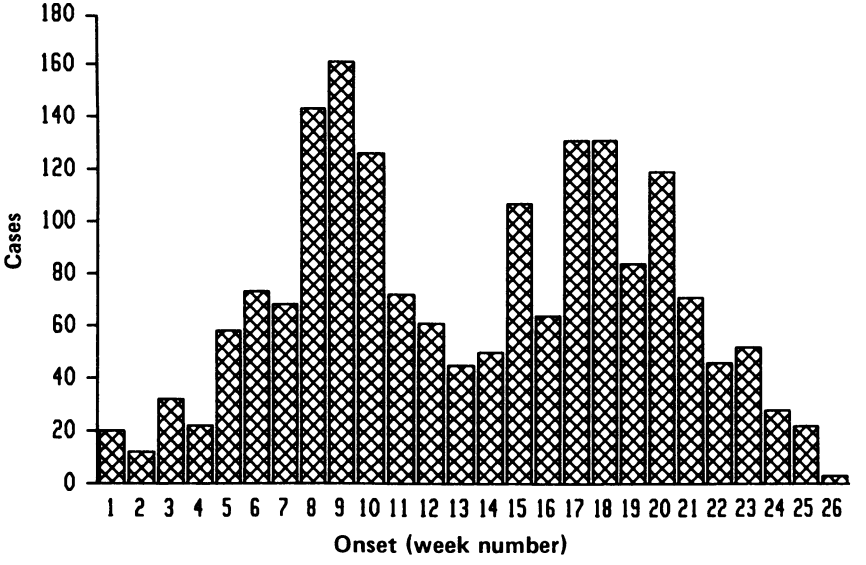

TABLE 1. Age distribution and estimated incidence rates of measles — United States, first 26 weeks, 1984 and 1985*

Age group (yrs.)	1984 No.	1984 (%)	1984 Rate†	1985 No.	1985 (%)	1985 Rate†	Rate change (%)
0-4	351	(19.9)	2.0	466	(25.9)	2.5	+25.0
5-9	201	(11.4)	1.3	152	(8.4)	0.9	-30.8
10-14	515	(29.2)	2.9	319	(17.7)	1.8	-37.9
15-19	470	(26.6)	2.4	603	(33.5)	3.1	+29.2
20-24	137	(7.8)	0.6	175	(9.7)	0.8	+33.3
≥ 25	91	(5.1)	0.1	86	(4.8)	0.1	0.0
Total	**1,765§**	**(100.0)**	**0.8**	**1,801**	**(100.0)**	**0.8**	**0.0**

*Provisional data.

†Per 100,000 population.

§The difference between this number and that in the text reflects differences between summary data reported to *MMWR* and more detailed data available to CDC's Division of Immunization.

Measles — Continued

Of the 1,801 cases, 466 (25.9%) were classified as preventable (*2*) (Table 3). The highest proportion of preventable cases occurred among persons who were not of school age: 69.2% of cases among children 16 months-4 years of age were preventable. Only 20.4% of cases among persons 5-19 years of age were preventable; however, 47.0% of all preventable cases occurred in this age group.

Of the 1,335 persons with nonpreventable cases, 242 (18.1%) were too young for routine vaccination (under 16 months of age), and 42 (3.1%) were too old (born before 1957) (Table 4). Of the 1,051 who were between 16 months and 28 years of age, 842 (80.1%) had been vaccinated on or after the first birthday; 11 (1.0%) had a prior physician diagnosis of measles; 34 (3.2%) were not U.S. citizens; and 163 (15.5%) had medical contraindications or exemptions under state law. One person (0.1%) had laboratory evidence of immunity.

Reported by Div of Immunization, Center for Prevention Svcs, CDC.

Editorial Note: In the prevaccine era, an average of 500,000 measles cases was reported

TABLE 2. Ages of measles patients at most recent vaccination — United States, first 26 weeks, 1984 and 1985*

Age at vaccination	1984		1985	
	No.	(%)	No.	(%)
< 12 mos.	135	(7.6)	96	(5.3)
12-14 mos.	255	(14.4)	247	(13.7)
15 mos.	34	(1.9)	46	(2.6)
16 mos.-4 yrs.	303	(17.2)	325	(18.0)
5-9 yrs.	139	(7.9)	165	(9.2)
10-14 yrs.	32	(1.8)	70	(3.9)
15-19 yrs.	8	(0.5)	5	(0.3)
≥ 20 yrs.	2	(0.1)	1	(0.1)
Unknown (> 12 mos.)	3	(0.2)	0	(0.0)
Unvaccinated	854	(48.4)	846	(47.0)
Total	**1,765**	**(100.0)**	**1,801**	**(100.0)**

*Provisional data.

TABLE 3. Age distribution and preventability of measles cases — United States, first 26 weeks, 1985*

Age group	Preventable		Nonpreventable		Total
	No.	(%)	No.	(%)	
< 15 mos.	0	(0.0)	242	(100.0)	242
16 mo-4 yrs.	155	(69.2)	69	(30.8)	224
5-9 yrs.	32	(21.1)	120	(78.9)	152
10-14 yrs.	52	(16.3)	267	(83.7)	319
15-19 yrs.	135	(22.4)	468	(77.6)	603
20-24 yrs.	60	(34.3)	115	(65.7)	175
25-29 yrs.	32	(60.4)	21	(39.6)	53
≥ 30 yrs.	0	(0.0)	33	(100.0)	33
Total	**466**	**(25.9)**	**1,335**	**(74.1)**	**1,801**

*Provisional data.

Measles – Continued

each year (*3*). After measles vaccine was licensed in 1963, the incidence of measles markedly declined. Since 1981, the number of reported measles cases has remained relatively constant: 3,124 in 1981, 1,714 in 1982, 1,497 in 1983, and 2,534 in 1984. The number of cases reported during the first half of 1985 is similar to that reported during the first half of 1984 (*1*). As in recent years, measles was geographically restricted: 97.5% of the nation's counties were free of measles during this period.

While incidence rates during the first 26 weeks of 1984 and 1985 were comparable, there were differences in the age characteristics of patients. In 1984, persons 10-14 years of age accounted for approximately 29% of cases, compared with only 18% of cases in 1985. The incidence rate for 15- to 19-year-olds was higher in 1985. Over a third of measles patients were in this age group, due in part to the large number of outbreaks on college campuses in 1985 (*4*). Colleges and universities are now beginning to require evidence of immunity to measles for matriculation; this requirement should result in a decrease in measles in this population.

As the measles elimination strategy is successfully implemented, the proportion of preventable cases should decrease. The decrease in the percentage of preventable cases from 34.6% in 1984 (*1*) to 25.2% during the first half of 1985 is encouraging. As in 1984, preschool-aged children over 15 months of age had the highest proportion of preventable cases. Because these children are not reached by existing school laws, greater efforts need to be directed to this age group. School-aged persons accounted for the largest percentage of all preventable cases, and schools were the setting of transmission for the majority of cases. Therefore, continued enforcement of current school immunization laws is important for further reduction of measles in the United States.

References

1. CDC. Measles—United States, first 26 weeks, 1984. MMWR 1984;33:495-6, 501-4.
2. CDC. Classification of measles cases and categorization of measles elimination programs. MMWR 1982;31:707-11.
3. CDC. Measles surveillance report no. 11, 1977-1981. Atlanta, Georgia: Centers for Disease Control, 1982.
4. CDC. Measles on college campuses—United States, 1985. MMWR 1985;34:445-9.

TABLE 4. Reasons measles cases were classified as nonpreventable — United States, first 26 weeks, 1985*

Causes of nonpreventability	No. cases (%)				Percentage of total cases
< 16 months			242	(18.1)	13.4
Born before 1957			42	(3.1)	2.3
16 mos.-28 yrs			1,051	(78.7)	58.4
Adequately vaccinated	842	(80.1)			
Prior physician diagnosis	11	(1.0)			
Non-U.S. citizens	34	(3.2)			
Exemptions†	163	(15.5)			
Laboratory evidence of immunity	1	(0.1)			
Total			**1,335**	**(100.0)**	**74.1**

*Provisional data.

†Medical exemptions—8; religious—150; philosophic—5.

International Notes

Rapid Nutrition Evaluation During Drought Conditions — Burkina Faso, 1985

Burkina Faso, a landlocked Sahelian country with a population of 7.2 million, experienced a severe drought in late 1984 and early 1985. At the request of the U.S. Agency for International Development and the Government of Burkina Faso, a rapid evaluation of the nutrition status of children 65-110 cm tall (approximately 6-59 months of age) was undertaken. The survey was conducted in Soum and GnaGna, two of the eight drought-affected provinces in northern Burkina Faso. Ten villages in each province were randomly selected for data collection (*1*).

A random sample of 339 children in Soum and 366 children in GnaGna were included in the survey. Height, weight, and arm circumference of the children in each village were measured, and clinical examinations for edema and avitaminosis A and C were done on 30-40 children. A standardized questionnaire to evaluate the children's measles vaccination status, recent illnesses, and food consumption was administered to the mothers of children in the sample.

Acute undernutrition (less than 80% of the median weight-for-height [*2,3*]) was found in 10.6% of children in Soum and 5.7% of children in GnaGna (Table 5). Severe acute undernutrition (less than 70% of the median weight-for-height) was found in 1.8% of children in Soum and in 1.1% of children in GnaGna. However, an additional 14.2% of children in Soum and 11.2% of those in GnaGna were between 80% and 84% of median weight-for-height. Similar

TABLE 5. Nutrition status and other health indicators among children 6-60 months of age — Soum and GnaGna provinces, Burkina Faso, April 1985

Characteristic	Soum		GnaGna	
	No.	(%)	No.	(%)
Median weight-for-height				
< 70%	6	(1.8)	4	(1.1)
70%-79%	30	(8.8)	17	(4.6)
80%-84%	48	(14.2)	41	(11.2)
Arm circumference				
< 12.5 cm	26	(7.7)	18	(4.9)
12.5-13.4 cm	56	(16.5)	49	(13.4)
Diarrhea	71	(20.9)	42	(11.4)
Vitamin A deficiency*	1	(0.0)	4	(1.1)
Scurvy†	0	(0.0)	4	(1.1)
Measles vaccine§	220	(64.9)	217	(59.3)
Total children	**339**		**366**	

*Diagnosed by presence of Bitot's spots, corneal ulceration, and/or corneal scarring.

†Diagnosed by presence of bleeding gums and/or swollen joints.

§Determined by immunization card.

Nutrition Evaluation — Continued

rates of undernutrition were detected by arm circumference less than 12.5 cm and weight-for-height less than 80% of the median; 7.7% of children in Soum and 4.9% of children in GnaGna had arm circumferences below this level. No kwashiorkor, as evidenced by pedal edema, was seen. Clinical signs of vitamin A and vitamin C deficiencies were found infrequently in both provinces. An episode of diarrhea within the past 2 weeks was reported among 21% of children in Soum and 11% of children in GnaGna. Sixty-five percent of the children in Soum and 59% in GnaGna had been immunized against measles. Among families surveyed in Soum, 88% were currently receiving food aid; none of the families surveyed in GnaGna were receiving aid.

Recommendations emphasized: (1) increased distribution of basic rations in the most severely affected provinces and of supplemental feeding for vulnerable groups in all the drought-affected provinces; (2) ongoing surveillance at the village level, as well as follow-up nutrition surveys in the drought-affected provinces, to monitor changes in nutrition status and

(Continued on page 11)

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

Disease	First Week Ending			Cumulative, First Week Ending		
	Jan. 4, 1986	Jan. 5, 1985	Median 1981-1985	Jan. 4, 1986	Jan. 5, 1985	Median 1981-1985
Acquired Immunodeficiency Syndrome (AIDS)	177	87	N	177	87	N
Aseptic meningitis	48	46	76	48	46	76
Encephalitis: Primary (arthropod-borne & unspec.)	7	11	11	7	11	11
Post-infectious	-	4	1	-	4	1
Gonorrhea: Civilian	8,881	10,855	18,213	8,881	10,855	18,213
Military	150	190	369	150	190	369
Hepatitis: Type A	248	233	315	248	233	315
Type B	295	266	267	295	266	267
Non A, Non B	42	47	N	42	47	N
Unspecified	58	60	90	58	60	90
Legionellosis	6	7	N	6	7	N
Leprosy	-	5	5	-	5	5
Malaria	7	4	12	7	4	12
Measles: Total*	-	8	10	-	8	10
Indigenous	-	7	N	-	7	N
Imported	-	1	N	-	1	N
Meningococcal infections: Total	31	29	41	31	29	41
Civilian	31	29	41	31	29	41
Military	-	-	-	-	-	-
Mumps	9	28	46	9	28	46
Pertussis	18	7	12	18	7	12
Rubella (German measles)	1	6	14	1	6	14
Syphilis (Primary & Secondary): Civilian	252	274	518	252	274	518
Military	1	3	3	1	3	3
Toxic Shock syndrome	5	4	N	5	4	N
Tuberculosis	139	141	216	139	141	216
Tularemia	-	-	1	-	-	1
Typhoid fever	1	3	4	1	3	4
Typhus fever, tick-borne (RMSF)	-	-	1	-	-	1
Rabies, animal	20	52	72	20	52	72

TABLE II. Notifiable diseases of low frequency, United States

	Cum 1986		Cum 1986
Anthrax	-	Leptospirosis (Hawaii 2)	2
Botulism: Foodborne	-	Plague	-
Infant	-	Poliomyelitis, Paralytic	-
Other	-	Psittacosis	-
Brucellosis	-	Rabies, human	-
Cholera	-	Tetanus (Tenn. 1)	1
Congenital rubella syndrome	-	Trichinosis	-
Congenital syphilis, ages < 1 year	-	Typhus fever, flea-borne (endemic, murine)	-
Diphtheria	-		

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

TABLE III. Cases of specified notifiable diseases, United States, weeks ending January 4, 1986 and January 5, 1985 (First 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. 1986	1986	Cum. 1986	Cum. 1986	Cum. 1986	Cum. 1985	1986	1986	1986	1986	1986	Cum. 1986
UNITED STATES	177	48	7	-	8,881	10,855	248	295	42	58	6	-
NEW ENGLAND	8	5	-	-	324	479	2	15	-	2	-	-
Maine	-	-	-	-	14	16	2	5	-	-	-	-
N.H.	-	-	-	-	4	13	-	-	-	-	-	-
Vt.	-	-	-	-	4	2	-	-	-	-	-	-
Mass.	8	2	-	-	172	95	-	10	-	2	-	-
R.I.	-	3	-	-	25	45	-	-	-	-	-	-
Conn.	-	-	-	-	105	308	-	-	-	-	-	-
MID. ATLANTIC	23	-	-	-	168	1,065	4	10	2	2	-	-
Upstate N.Y.	11	-	-	-	-	-	-	-	-	-	-	-
N.Y. City	4	-	-	-	-	100	-	1	-	-	-	-
N.J.	-	-	-	-	168	271	4	9	2	2	-	-
Pa.	8	U	-	-	-	694	U	U	U	U	U	-
E.N. CENTRAL	17	9	4	-	1,165	1,281	8	36	2	3	2	-
Ohio	17	4	2	-	491	285	7	26	1	2	2	-
Ind.	-	-	-	-	-	111	-	-	-	-	-	-
Ill.	-	-	-	-	217	445	-	-	-	-	-	-
Mich.	-	5	2	-	386	365	1	10	1	1	-	-
Wis.	-	-	-	-	71	75	-	-	-	-	-	-
W.N. CENTRAL	-	1	-	-	771	703	3	7	1	-	-	-
Minn.	-	-	-	-	103	111	-	-	-	-	-	-
Iowa	-	1	-	-	71	41	2	2	-	-	-	-
Mo.	-	-	-	-	359	252	1	4	1	-	-	-
N. Dak.	-	-	-	-	10	4	-	-	-	-	-	-
S. Dak.	-	-	-	-	9	13	-	1	-	-	-	-
Nebr.	-	-	-	-	-	49	-	-	-	-	-	-
Kans.	-	-	-	-	219	233	-	-	-	-	-	-
S. ATLANTIC	27	7	1	-	1,893	1,758	4	27	3	2	2	-
Del.	1	-	-	-	64	42	-	1	-	-	1	-
Md.	1	3	1	-	503	296	1	5	1	1	-	-
D.C.	5	-	-	-	158	171	-	1	-	-	-	-
Va.	-	3	-	-	204	236	-	7	-	1	-	-
W. Va.	-	-	-	-	21	68	-	-	-	-	-	-
N.C.	-	1	-	-	263	289	3	8	2	-	1	-
S.C.	-	-	-	-	330	457	-	3	-	-	-	-
Ga.	-	-	-	-	-	-	-	2	-	-	-	-
Fla.	20	-	-	-	350	199	-	-	-	-	-	-
E.S. CENTRAL	-	11	2	-	845	892	4	26	6	5	-	-
Ky.	-	1	-	-	113	122	1	1	-	3	-	-
Tenn.	-	2	-	-	440	410	-	9	1	-	-	-
Ala.	-	8	2	-	80	270	3	16	5	2	-	-
Miss.	-	-	-	-	212	90	-	-	-	-	-	-
W.S. CENTRAL	23	-	-	-	1,554	1,594	-	6	2	-	-	-
Ark.	1	-	-	-	192	192	-	-	-	-	-	-
La.	-	-	-	-	192	215	-	6	2	-	-	-
Okla.	-	-	-	-	135	169	-	-	-	-	-	-
Tex.	22	-	-	-	1,035	1,018	-	-	-	-	-	-
MOUNTAIN	2	1	-	-	449	385	43	40	8	5	-	-
Mont.	-	-	-	-	12	20	-	1	-	-	-	-
Idaho	1	-	-	-	-	10	-	-	-	-	-	-
Wyo.	-	-	-	-	-	7	-	-	-	-	-	-
Colo.	1	1	-	-	93	158	3	8	-	3	-	-
N. Mex.	-	-	-	-	26	61	10	10	-	-	-	-
Ariz.	-	-	-	-	165	42	20	18	8	2	-	-
Utah	-	-	-	-	15	17	5	2	-	-	-	-
Nev.	-	-	-	-	138	70	5	1	-	-	-	-
PACIFIC	77	14	-	-	1,712	2,698	180	128	18	39	2	-
Wash.	6	-	-	-	-	126	2	3	1	-	-	-
Oreg.	1	-	-	-	66	87	53	16	2	-	-	-
Calif.	70	9	-	-	1,602	2,416	124	107	14	39	2	-
Alaska	-	-	-	-	29	38	1	1	-	-	-	-
Hawaii	-	5	-	-	15	31	-	1	1	-	-	-
Guam	-	U	-	-	-	3	U	U	U	U	U	-
P.R.	-	U	-	-	-	4	U	U	U	U	U	-
V.I.	-	U	-	-	-	5	U	U	U	U	U	-
Pac. Trust Terr.	-	U	-	-	-	-	U	U	U	U	U	-
Amer. Samoa	-	U	-	-	-	-	U	U	U	U	U	-

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending January 4, 1986 and January 5, 1985 (First Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported *		Total									
	Cum. 1986	1986	Cum. 1986	1986	Cum. 1986	Cum. 1985	Cum. 1986	1986	Cum. 1986	1986	Cum. 1986	Cum. 1985	1986	Cum. 1986	Cum. 1985
UNITED STATES	7	-	-	-	-	8	31	9	9	18	18	7	1	1	6
NEW ENGLAND	-	-	-	-	-	-	2	-	-	2	2	-	-	-	-
Maine	-	-	-	-	-	-	2	-	-	1	1	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mass.	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
R.I.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Conn.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MID ATLANTIC	-	-	-	-	-	-	7	-	-	-	-	-	-	-	4
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N.Y. City	-	-	-	-	-	-	7	-	-	-	-	-	-	-	3
N.J.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Pa.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
E.N. CENTRAL	-	-	-	-	-	7	5	-	-	-	-	4	-	-	-
Ohio	-	-	-	-	-	-	3	-	-	-	-	2	-	-	-
Ind.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ill.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mich.	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-
Wis.	-	-	-	-	-	7	-	-	-	-	-	2	-	-	-
W.N. CENTRAL	-	-	-	-	-	-	2	1	1	3	3	1	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
Iowa	-	-	-	-	-	-	1	1	1	1	1	-	-	-	-
Mo.	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-
S. ATLANTIC	2	-	-	-	-	-	1	3	3	4	4	1	-	-	1
Del.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Md.	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Va.	2	-	-	-	-	-	-	2	2	2	2	-	-	-	-
W. Va.	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
N.C.	-	-	-	-	-	-	1	-	-	2	2	-	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Ga.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
E.S. CENTRAL	-	-	-	-	-	-	5	-	-	1	1	-	1	1	-
Ky.	-	-	-	-	-	-	2	-	-	-	-	-	1	1	-
Tenn.	-	-	-	-	-	-	1	-	-	1	1	-	-	-	-
Ala.	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-
Miss.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
W.S. CENTRAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Okla.	-	-	-	-	-	-	-	N	N	-	-	-	-	-	-
Tex.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
MOUNTAIN	-	-	-	-	-	1	4	3	3	3	3	1	-	-	-
Mont.	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
N. Mex.	-	-	-	-	-	-	2	N	N	-	-	1	-	-	-
Ariz.	-	-	-	-	-	-	1	2	2	2	2	-	-	-	-
Utah	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	5	-	-	-	-	-	5	2	2	5	5	-	-	-	1
Wash.	-	-	-	-	-	-	1	-	-	2	2	-	-	-	-
Oreg.	-	-	-	-	-	-	1	N	N	-	-	-	-	-	-
Calif.	5	-	-	-	-	-	2	2	2	3	3	-	-	-	1
Alaska	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Guam	-	U	-	U	-	1	-	U	-	U	-	-	U	-	-
P.R.	-	U	-	U	-	1	-	U	-	U	-	-	U	-	-
V.I.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
Pac. Trust Terr.	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-
Amer. Samoa	-	U	-	U	-	-	-	U	-	U	-	-	U	-	-

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

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

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending January 4, 1986 and January 5, 1985 (First Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1986	Cum. 1985	1986	Cum. 1986	Cum. 1985	Cum. 1986	Cum. 1986	Cum. 1986	Cum. 1986
UNITED STATES	252	274	5	139	141	-	1	-	20
NEW ENGLAND	10	3	-	1	7	-	1	-	-
Maine	-	-	-	1	-	-	-	-	-
N.H.	-	-	-	-	3	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-
Mass.	6	1	-	-	2	-	1	-	-
R.I.	-	-	-	-	-	-	-	-	-
Conn.	4	2	-	-	2	-	-	-	-
MID ATLANTIC	9	27	-	45	41	-	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-
N.Y. City	-	19	-	22	25	-	-	-	-
N.J.	9	7	-	23	-	-	-	-	-
Pa.	-	1	U	-	16	-	-	-	-
E.N. CENTRAL	-	14	3	14	22	-	-	-	-
Ohio	-	2	-	2	7	-	-	-	-
Ind.	-	1	-	-	-	-	-	-	-
Ill.	-	7	-	10	15	-	-	-	-
Mich.	-	3	3	-	-	-	-	-	-
Wis.	-	1	-	2	-	-	-	-	-
W.N. CENTRAL	1	5	-	8	1	-	-	-	1
Minn.	1	-	-	-	-	-	-	-	-
Iowa	-	1	-	-	1	-	-	-	1
Mo.	-	2	-	-	-	-	-	-	-
N. Dak.	-	-	-	1	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-
Nebr.	-	1	-	-	-	-	-	-	-
Kans.	-	1	-	7	-	-	-	-	-
S. ATLANTIC	76	53	2	39	24	-	-	-	6
Del.	-	1	-	-	1	-	-	-	-
Md.	-	9	-	5	-	-	-	-	-
D.C.	6	-	-	2	4	-	-	-	-
Va.	13	4	-	-	-	-	-	-	-
W. Va.	1	-	-	-	1	-	-	-	-
N.C.	9	16	1	15	-	-	-	-	-
S.C.	12	7	1	1	12	-	-	-	2
Ga.	-	-	-	-	-	-	-	-	4
Fla.	35	16	-	16	6	-	-	-	-
E.S. CENTRAL	18	26	-	17	12	-	-	-	-
Ky.	-	-	-	-	2	-	-	-	-
Tenn.	18	11	-	1	3	-	-	-	-
Ala.	-	3	-	16	7	-	-	-	-
Miss.	-	12	-	-	-	-	-	-	-
W.S. CENTRAL	47	65	-	3	-	-	-	-	-
Ark.	6	6	-	-	-	-	-	-	-
La.	6	20	-	-	-	-	-	-	-
Okla.	-	2	-	3	-	-	-	-	-
Tex.	35	37	-	-	-	-	-	-	-
MOUNTAIN	7	15	-	2	1	-	-	-	10
Mont.	-	-	-	-	-	-	-	-	8
Idaho	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	1
Colo.	2	2	-	-	-	-	-	-	-
N. Mex.	-	-	-	1	-	-	-	-	1
Ariz.	5	13	-	1	1	-	-	-	-
Utah	-	-	-	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-	-	-
PACIFIC	84	66	-	10	33	-	-	-	3
Wash.	-	2	-	3	-	-	-	-	-
Oreg.	3	7	-	-	1	-	-	-	-
Calif.	80	55	-	7	32	-	-	-	3
Alaska	-	-	-	-	-	-	-	-	-
Hawaii	1	2	-	-	-	-	-	-	-
Guam	-	-	U	-	2	-	-	-	-
P.R.	-	2	U	-	-	-	-	-	-
V.I.	-	-	U	-	-	-	-	-	-
Pac. Trust Terr.	-	-	U	-	-	-	-	-	-
Amer. Samoa	-	-	U	-	-	-	-	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending January 4, 1986 (First Week)

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	712	481	149	39	19	24	71
Boston, Mass.	154	95	36	7	4	12	25
Bridgeport, Conn.	42	26	10	4	-	2	4
Cambridge, Mass.	25	20	4	1	-	-	1
Fall River, Mass.	37	26	8	1	2	-	1
Hartford, Conn.	74	39	19	6	5	5	6
Lowell, Mass.	42	31	7	3	1	-	4
Lynn, Mass.	17	13	4	-	-	-	-
New Bedford, Mass.	22	13	6	2	1	-	-
New Haven, Conn.	62	43	8	9	-	2	4
Providence, R.I.	62	44	12	3	1	2	8
Somerville, Mass.	11	9	2	-	-	-	1
Springfield, Mass.	70	58	9	1	1	1	9
Waterbury, Conn.	36	24	9	1	2	-	5
Worcester, Mass.	58	40	15	1	2	-	3
MID ATLANTIC	3,045	2,043	632	221	58	91	150
Albany, N.Y.	55	39	11	2	-	3	3
Allentown, Pa.	33	27	5	1	-	-	1
Buffalo, N.Y.	141	92	38	7	-	4	13
Camden, N.J.	60	41	10	4	2	3	1
Elizabeth, N.J.	34	26	7	1	-	-	2
Erie, Pa.†	36	28	6	1	1	-	1
Jersey City, N.J.	52	33	10	6	1	2	2
N.Y. City, N.Y.	1,744	1,139	366	150	40	49	75
Newark, N.J.	64	32	17	13	1	1	2
Paterson, N.J.	30	17	6	3	2	2	3
Philadelphia, Pa.	297	192	65	19	4	17	17
Pittsburgh, Pa.†	101	72	26	2	-	1	2
Reading, Pa.	32	24	7	1	-	-	1
Rochester, N.Y.	131	102	19	3	2	5	11
Schenectady, N.Y.	32	24	4	3	1	-	5
Scranton, Pa.†	40	32	6	-	-	2	4
Syracuse, N.Y.	88	61	21	1	3	2	-
Trenton, N.J.	27	22	4	1	-	-	-
Utica, N.Y.	19	16	1	2	-	-	2
Yonkers, N.Y.	29	24	3	1	1	-	5
E.N. CENTRAL	2,444	1,760	411	124	69	79	96
Akron, Ohio	83	64	12	1	2	4	6
Canton, Ohio	55	37	14	4	-	-	5
Chicago, Ill.§	553	462	11	26	16	37	16
Cincinnati, Ohio	141	92	36	10	2	1	9
Cleveland, Ohio	149	103	37	8	-	1	4
Columbus, Ohio	128	82	26	9	9	2	-
Dayton, Ohio	114	69	36	5	2	2	5
Detroit, Mich.	294	175	72	35	8	4	6
Evansville, Ind.	58	44	12	-	2	-	-
Fort Wayne, Ind.	67	48	6	3	6	4	4
Gary, Ind. §	18	18	-	-	-	-	-
Grand Rapids, Mich.	91	66	15	3	3	4	14
Indianapolis, Ind.	196	130	52	7	3	4	1
Madison, Wis.	42	26	7	5	2	2	5
Milwaukee, Wis.	146	114	21	2	6	3	9
Peoria, Ill.	50	35	11	1	-	3	7
Rockford, Ill.	42	27	6	4	3	2	-
South Bend, Ind.	31	24	6	-	-	1	2
Toledo, Ohio	97	70	18	1	4	4	2
Youngstown, Ohio	89	74	13	-	1	1	1
W.N. CENTRAL	636	459	116	30	17	12	41
Des Moines, Iowa	43	33	3	3	1	1	3
Duluth, Minn.	22	14	7	-	1	-	1
Kansas City, Kans.	40	21	13	4	1	1	3
Kansas City, Mo.	118	82	20	8	7	1	3
Lincoln, Nebr.	30	24	5	-	-	1	4
Minneapolis, Minn.	63	43	12	3	1	4	4
Omaha, Nebr.	94	73	15	3	3	-	12
St. Louis, Mo.	111	82	19	7	2	1	8
St. Paul, Minn.	58	42	14	-	1	1	1
Wichita, Kans.	57	45	8	2	-	2	2

Reporting Area	All Causes, By Age (Years)						P&I** Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,191	770	256	97	33	34	46
Atlanta, Ga.	98	66	23	5	2	2	-
Baltimore, Md.	162	99	35	19	4	5	4
Charlotte, N.C.	78	51	20	4	2	-	2
Jacksonville, Fla.	113	75	23	6	6	3	12
Miami, Fla.	157	88	38	18	8	5	1
Norfolk, Va.	65	33	20	8	3	1	6
Richmond, Va.	84	49	21	8	2	4	2
Savannah, Ga.	31	16	8	3	2	2	-
St. Petersburg, Fla.	137	124	9	2	-	2	14
Tampa, Fla.	83	61	12	6	1	3	3
Washington, D.C.	144	78	38	18	3	7	2
Wilmington, Del.	39	30	9	-	-	-	-
E.S. CENTRAL	614	391	140	47	20	16	30
Birmingham, Ala.	71	44	18	5	3	1	1
Chattanooga, Tenn.	29	21	4	2	2	-	1
Knoxville, Tenn.	59	42	12	5	-	-	4
Louisville, Ky.	101	67	22	5	7	-	6
Memphis, Tenn.	175	103	45	13	2	12	13
Mobile, Ala.	57	42	10	4	-	1	3
Montgomery, Ala.	28	16	8	3	-	1	-
Nashville, Tenn.	94	56	21	10	6	1	2
W.S. CENTRAL	1,009	607	237	75	45	44	51
Austin, Tex.	41	22	10	3	4	2	2
Baton Rouge, La.	28	20	4	1	2	1	3
Corpus Christi, Tex.	42	23	10	3	4	2	1
Dallas, Tex.	191	115	45	16	9	6	5
El Paso, Tex.	43	29	8	3	1	2	3
Fort Worth, Tex.	73	49	16	5	-	2	11
Houston, Tex.	133	68	39	16	5	5	3
Little Rock, Ark.	48	26	13	2	2	5	2
New Orleans, La.	155	98	35	10	7	5	2
San Antonio, Tex.	156	86	40	14	8	8	13
Shreveport, La.	25	17	6	1	-	1	-
Tulsa, Okla.	74	54	11	1	3	5	6
MOUNTAIN	688	460	131	36	17	42	30
Albuquerque, N.Mex.	94	68	16	2	2	5	7
Colo. Springs, Colo.	40	32	4	2	2	-	4
Denver, Colo.	108	71	18	8	-	11	1
Las Vegas, Nev.	84	54	20	5	-	4	3
Ogden, Utah	21	17	2	1	1	-	2
Phoenix, Ariz.	161	107	30	7	4	13	2
Pueblo, Colo.	26	20	5	1	-	-	1
Salt Lake City, Utah	49	25	8	5	4	7	5
Tucson, Ariz.	105	66	28	5	4	2	5
PACIFIC	1,819	1,214	344	158	59	36	125
Berkele, Calif.	20	13	3	3	-	1	1
Fresno, Calif.	67	42	15	5	4	1	7
Glendale, Calif.	30	21	8	1	-	-	2
Honolulu, Hawaii	77	57	15	5	-	-	2
Long Beach, Calif.	84	55	14	9	5	1	8
Los Angeles, Calif.	425	277	76	47	17	1	14
Oakland, Calif.	75	43	18	6	2	6	3
Pasadena, Calif.	39	28	8	2	-	1	6
Portland, Oreg.	110	78	15	10	3	4	7
Sacramento, Calif.	153	98	39	11	3	2	12
San Diego, Calif.	129	90	26	5	7	1	19
San Francisco, Calif.	178	122	29	19	4	4	11
San Jose, Calif.	169	113	27	15	7	6	16
Seattle, Wash.	149	96	32	15	5	1	10
Spokane, Wash.	65	47	12	1	1	4	5
Tacoma, Wash.	49	34	7	4	1	3	2
TOTAL	12,158††	8,185	2,416	827	337	378	640

* 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.

Nutrition Evaluation — Continued

to target populations at highest risk; (3) further identification and assessment of displaced families for targeting food aid, particularly for children and pregnant and lactating women; (4) increased distribution of measles vaccine and oral rehydration solutions to help prevent measles infection and diarrhea, diseases that are important causes of morbidity and mortality in undernourished populations.

Reported by the Government of Burkina Faso; U.S. Agency for International Development, Ouagadougou, Burkina Faso; Office of Foreign Disaster Assistance, U.S. Agency for International Development, Washington, D.C.; International Health Program Office, Div of Nutrition, Div of Health Education, Center for Health Promotion and Education, CDC.

Editorial Note: The rates of acute undernutrition found in these two provinces of Burkina Faso were not as high as those of other countries affected by the 1984-1985 drought, such as Chad and Sudan (*4,5*). However, 11%-14% of children surveyed were between 80% and 84% of median weight-for-height, a level indicating borderline undernutrition. In contrast, only 3%-7% (depending on height) of the U.S. reference population fall between 80% and 84% of median weight-for-height. These children in this range were probably at high risk of developing acute undernutrition, particularly since the survey was conducted 7-8 months before the expected harvest season, and food resources were rapidly being exhausted.

The investigators were able to sample only the stable populations in the provinces and were not able to measure the nutrition status of children whose families had migrated because of food shortages. Because those latter children would be expected to have a poorer nutritional status than those whose families remained in their villages, the results of this survey are minimal estimates of the severity of undernutrition among all children in the drought-affected areas.

Recommendations resulting from the surveys stressed early provision of food to prevent further undernutrition. However, attention was also given to other causes of morbidity and mortality in drought situations. These included: vitamin A deficiency, measles, diarrhea, and scurvy. Although the prevalence of clinically evident vitamin deficiency was low, the risk of deficiencies will increase if local food resources dwindle and the population becomes increasingly dependent on food aid, which consists primarily of grains low in vitamins A and C. Vitamin A deficiency is of particular concern, because it is the major cause of permanent blindness in preschool-aged children in the developing world and is easily prevented by vitamin A supplementation (*6*).

The prevalence of diarrhea was lower than that reported in the other surveys of drought-affected countries. However, diarrhea still represents an important potential source of morbidity and mortality in an undernourished population (*7*). Measles is a major cause of mortality in undernourished populations (*5*). Measles immunization levels were relatively high as a result of a recent nationwide immunization campaign; however, ongoing effort is needed to immunize those not reached by the campaign and those too young for immunization during the campaign.

Continued nutrition surveillance is necessary to help monitor changes in nutrition status and to target those at highest risk. In addition, attention should be given to assessing the nutrition status of children of displaced families and nomads who are at high risk of developing undernutrition during periods of food shortage.

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Nutrition Evaluation — Continued

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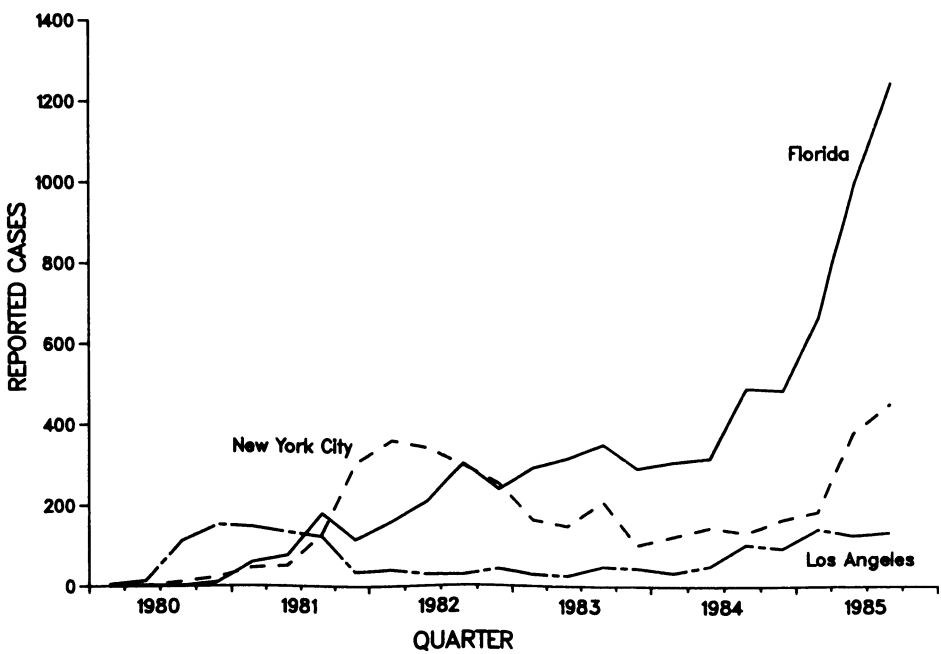
Current Trends

Penicillinase-Producing *Neisseria gonorrhoeae* — United States, Florida

During the first 9 months of 1985, CDC received reports of 6,020 cases of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) among civilians, over twice the 2,973 cases reported for the same period in 1984. For the first time, PPNG has been reported from all 50 states within a given calendar year. Three areas, New York City, Los Angeles, and Florida, accounted for 71% of all cases, and all three experienced large increases in 1985 (Figure 2).

FIGURE 2. Penicillinase-producing *Neisseria gonorrhoeae*, by quarter — Florida, New York City, Los Angeles, calendar years 1980-1984 and January-September 1985



PPNG — Continued

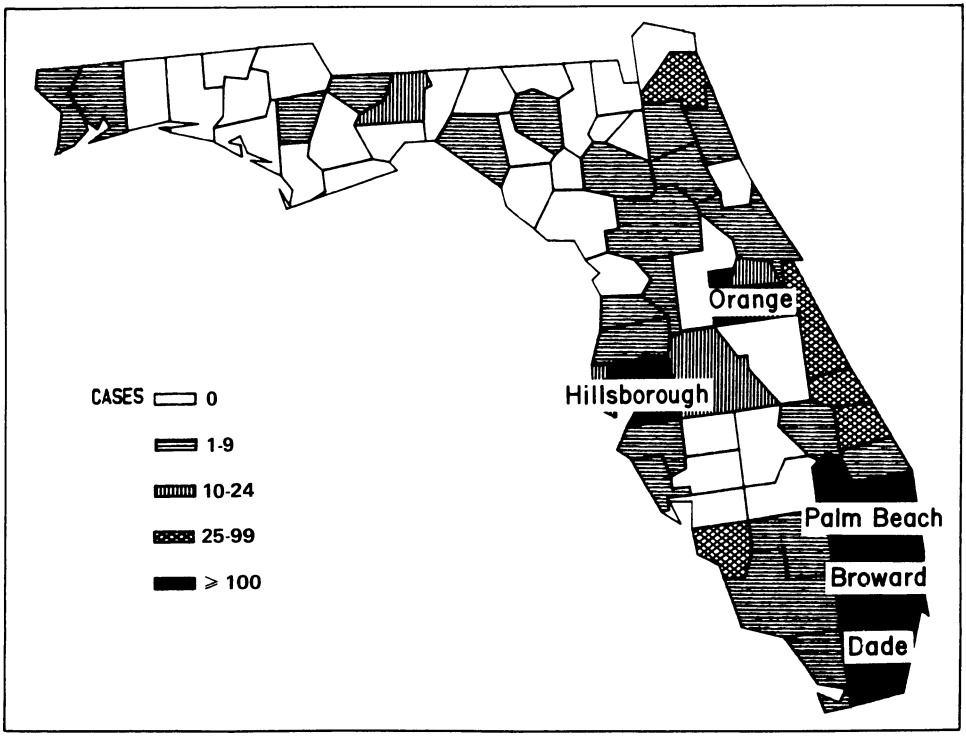
In New York City, reported PPNG has increased from 311 cases during the first 9 months of 1984 to 1,015 cases during the same period in 1985 (226%). In Los Angeles, PPNG increased from 179 cases in 1984 to 389 cases in 1985 (117%).

In Florida, PPNG increased from 1,109 cases in 1984 to 2,898 cases in 1985 (161%). PPNG accounted for 7% of all reported gonorrhea morbidity in Florida and is concentrated in the southernmost portion of the state. The number of cases has progressively increased since 1981, despite a temporary plateau during 1983-1984. The five counties reporting the most cases were: Dade (1,740), Palm Beach (266), Broward (220), Orange (143), and Hillsborough (124) (Figure 3). PPNG has spread slowly northernward during 1985, with 36 of 67 Florida counties reporting PPNG cases.

PPNG, as a percentage of all reported gonorrhea, was highest in Dade County, a metropolitan area of 1.8 million people that includes the city of Miami. During the first 9 months of 1985, 35% of all reported gonorrhea in Dade County was attributable to PPNG. This proportion increased from 25% of cases in January to over 51% in September.

PPNG patients were predominantly male (67%) and black (86%). However, these proportions are not appreciably different from patients with penicillin-sensitive *N. gonorrhoeae* and may represent the patient population seen in public health clinics. Less than 10% of total gonorrhea morbidity (including PPNG) in Dade County is reported by private physicians and hospital emergency rooms. Interviews with infected patients have suggested that nonprescription use

FIGURE 3. Penicillinase-producing *Neisseria gonorrhoeae* cases, by county — Florida, January-September 1985



PPNG – Continued

of antibiotics and drug-related, part-time prostitution have contributed to this epidemic. Case-control studies to determine the influence of these factors are being implemented.

Reported by R Morgan, MD, Dade County Dept of Public Health, Preventive Health Svcs, JJ Witte, MD, State Epidemiologist, Florida Dept of Health and Rehabilitative Svcs; Epidemiology Research Br, Program Svcs Br, Div of Sexually Transmitted Diseases, Center for Prevention Svcs, CDC.

Editorial Note: Since the introduction of PPNG into the United States in 1976, outbreaks have been reported from several areas, including New York City (*1*), Los Angeles (*2*), Shreveport, Louisiana (*3*), and Washington state (*4*). The epidemic situation in south Florida, however, is without precedent in the United States. Although PPNG rates comparable to those reported here have been observed in Southeast Asia (*5*), this is the first time that absolute and proportional rates of this magnitude have been seen in the United States.

The number of PPNG cases reported in Florida may substantially underestimate the disease. The low number of reported gonorrhea cases from the private health sector is probably due to underreporting. Moreover, transmission of disease by prostitutes and the inappropriate use of antibiotics have been cited as contributing factors to the south Florida epidemic, as well as in some nations of Southeast Asia (*6*).

In response to this outbreak, the Florida Sexually Transmitted Diseases Control Program plans to revise certain aspects of clinical and laboratory services and disease intervention (contact-tracing) procedures. Educational programs for both health professionals and the general public will be initiated. On a national level, CDC reemphasizes the necessity of testing all gonococcal isolates for β-lactamase production (*7*) and suggests that all patients with a presumptive diagnosis of gonorrhea, who have recently traveled to Florida, Los Angeles, New York City, or Southeast Asia, be treated for PPNG according to treatment schedules published in the 1985 STD Treatment Guidelines (*8*). Copies of these guidelines can be obtained by writing to Technical Information Services, Center for Prevention Services, CDC, Atlanta, Georgia 30333.

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Update: Influenza Activity — United States

In Alaska, widespread outbreaks of influenza-like illness were reported for the fifth consecutive week (November 30, through December 28, 1985). Fifty-one type A(H3N2) and 40 type B influenza viruses have now been isolated this season. In Hawaii, type A(H3N2) viruses were isolated from six students in a Honolulu school, where a cluster of influenza-like illnesses

Influenza — Continued

occurred in mid-December. One type A(H1N1) virus had been isolated in Hawaii from a sporadic case in November (*1*).

California, Montana, Nevada, Pennsylvania, and Wisconsin have reported their first influenza virus isolations of the season from residents whose illnesses occurred from mid- to late December. Six type B viruses were isolated from patients near Philadelphia, Pennsylvania; five type B viruses were isolated from patients in Milwaukee, Wisconsin; and type B viruses were isolated from patients in Berkeley, California, and Helena, Montana. Type A(H3N2) virus was isolated from a patient in Las Vegas, Nevada.

Nationwide, weekly reports of influenza-like illnesses seen in November and December* have been in the range typically noted in the absence of extensive outbreaks. The percentage of deaths associated with pneumonia and influenza reported from the 121 cities has also remained in the range expected in the absence of extensive outbreaks through November and December.

Reported by D Ritter, Northern Regional Laboratory, JP Middaugh, MD, State Epidemiologist, Div of Public Health, Alaska Dept of Health and Social Svcs; G Kobayashi, Laboratories Br, C Ibara, S Terrell-Perica, MPH, AP Liang, MD, State Epidemiologist, Hawaii Dept of Health; J Schlieble, PhD, Viral Disease Laboratory, J Chin, MD, State Epidemiologist, California Dept of Health Svcs; J Brinker, Microbiology Laboratory, J Gedrose, RN, State Epidemiologist, Montana State Dept of Health and Environmental Sciences; R Reichelderfer, PhD; J Clark, Sunrise Hospital, Las Vegas, GE Reynolds, MD, State Epidemiologist, Nevada State Dept of Human Resources; C Schultheis, MD, King of Prussia, B Kleeger, PhD, State Public Health Laboratory, EJ Witte, VMD, State Epidemiologist, Pennsylvania State Dept of Health; G Sedmak, PhD, Milwaukee Health Dept, JP Davis, MD, State Epidemiologist, Wisconsin State Dept of Health and Social Svcs; participating physicians of the American Academy of Family Physicians; Statistical Svcs Br, Div of Surveillance and Epidemiologic Studies, Div of Field Svcs, Epidemiology Program Office, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

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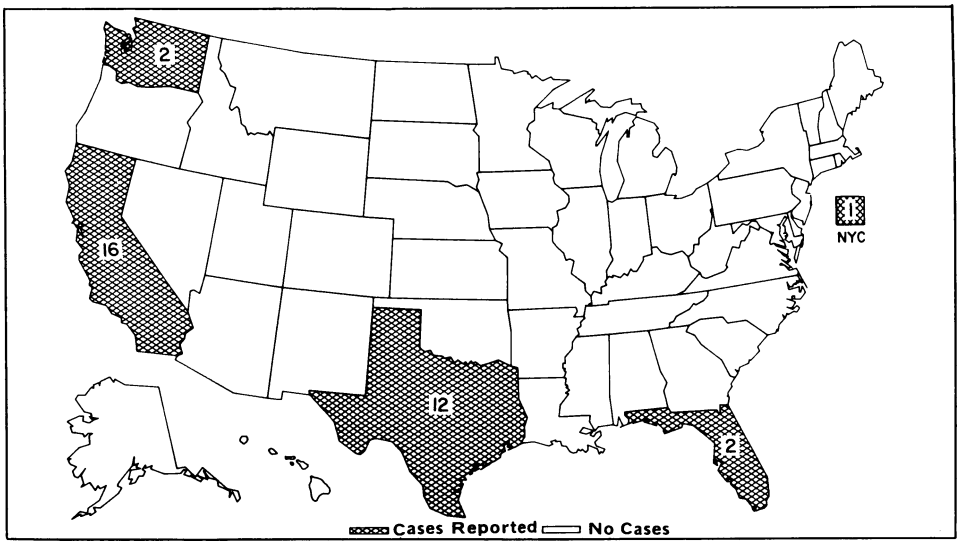
*These illnesses are reported by physician members of the American Academy of Family Physicians Research Panel, who serve as sentinels for influenza.

FIGURE I. Reported measles cases — United States, weeks 49-52, 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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