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International Notes

Imported Human Rabies — France, 1992

Wildlife rabies has been enzootic in France since 1968; however, 13 of the 14 human cases in France were imported, and one was in a person infected through a corneal transplant (*1*). On May 9, 1992, a 3-year-old boy who resided in Algeria died from rabies encephalitis in Paris. This report summarizes the investigation of this case by the Pasteur Institute.

On March 17, 1992, the boy was chased by a dog in his village in Algeria, fell, and sustained a wound on his forehead. Witnesses confirmed that the boy's wound resulted when he fell on a stone and that he was not bitten or licked by the dog. No rabies treatment was started. The boy remained well until April 15, when he complained of headache. He was hospitalized in Algeria on April 19 with agitation, hyperthermia, aerophobia, and hydrophobia. On April 23, he was transferred from Algeria to an intensive-care unit at a hospital in Paris with suspicion of viral encephalitis of unknown origin. Tests for rabies antibody in serum and cerebrospinal fluid (CSF) on April 24 were negative, and other etiologies (e.g., diphtheria and organophosphate poisoning) were considered. On April 30 he became comatose and was placed under respiratory monitoring; he received external cardiac pacing after atrioventricular dissociation. Daily electroencephalographic monitoring showed decreasing brain activity. He developed diabetes insipidus on May 8 and died on May 9, 25 days after onset of symptoms and 17 days in the intensive-care unit.

A second serum sample obtained on May 5 was positive for rabies antibody by enzyme-linked immunosorbent assay and rapid fluorescent focus inhibition test. Testing using daily controls indicated rising antibody titers until death on May 9. Neck-skin biopsies and corneal smears performed on May 5 and May 9 were negative by fluorescent antibody test (FAT). CSF samples obtained on April 24 and April 27 and on May 5 and May 9 were negative for rabies antigen detection by rapid rabies enzyme immunodiagnosis (RREID) test and for rabies virus isolation on neuroblastoma cells; however, the CSF sample obtained on May 9 was positive for rabies antibody. Saliva samples were obtained daily from May 5 through May 9; the samples of May 7 and May 9 were positive by RREID on cell sediment. Complete autopsy was not authorized

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by the family, but a postmortem retro-orbital brain sample confirmed rabies diagnosis by FAT, isolation on neuroblastoma cells, RREID, and mouse inoculation test. Mouse inoculation tests with saliva and CSF remained negative.

Postexposure rabies prophylaxis was administered to 143 hospital staff and family members in Paris who had been exposed to the patient during nursing and hospital care before diagnosis and who had handled saliva and body samples. Family members and exposed hospital staff in Algeria were informed of the diagnosis. Exact data about the number of persons given rabies postexposure prophylaxis in Algeria are not available.

Investigations in the boy's hometown revealed that the dog that chased him in March did not remain healthy, as reported to the family, but died (or was killed) shortly after the incident and may have been implicated in another rabies fatality of a child at the end of April 1992.

Reported by: P Sureau, MD, M Herzog, MD, H Bourhy, DVM, Rabies Unit, Pasteur Institute; M Cloup, MD, P Hubert, MD, S Couderc, MD, Pediatric Intensive Care Unit, Sick Children's Hospital, Paris. Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: Although rabies is enzootic among wildlife species, human rabies is rarely acquired in France. Human and animal rabies have been reported in countries of northern Africa in which most cases imported into France were acquired. In every case, the vector animal was a dog. Worldwide, dogs are responsible for more than 90% of human cases (*2*). In the case described in this report, no dog bite was documented; consequently, because a definite exposure was not established, postexposure prophylaxis was not given to the boy. However, the putative short incubation period (29 days) is consistent with an exposure to the upper body (*3*). Because many patients with rabies have died or are severely ill at the time rabies is diagnosed, it is sometimes not possible to determine an exposure. The possible contact with the dog was the probable exposure, but the boy might have received other unreported bites or exposure to rabies virus.

The early manifestations of rabies are usually nonspecific and can be difficult to differentiate from other encephalitic diseases. Rabies progresses to one of two distinct presentations: the most common furious form, characterized by hydrophobia, aerophobia, or episodic agitation and anxiety; or the least common paralytic form. Rabies should be considered in any patient with rapidly progressive encephalitis of unknown etiology, particularly in patients who have lived in an area with enzootic canine rabies (*4*).

Rabies postexposure prophylaxis is recommended for all persons bitten or scratched by animals that may be rabid. Rabies rarely results from exposures other than bites, scratches, contact with mucous membranes, or contact with an open wound with saliva or other potentially infectious rabies material from a person or animal with rabies. When a bite or mucous-membrane exposure cannot be excluded, postexposure treatment should be given to persons who have had physical contact with rabid animals. Treatment should be initiated as soon as possible after bites or scratches by known or suspected rabid animals.

Postexposure prophylaxis is recommended for persons who report a possible infectious exposure (e.g., bite, scratch, open wound, or mucous-membrane contamination with saliva or other infectious material) to a human with rabies. However,

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exposure to a human with rabies has not been implicated as a means of rabies transmission except following cornea transplantation from donors who died from rabies. Casual contact with a person with rabies (i.e., touching the patient) or contact with noninfectious fluid or tissue (e.g., blood, urine, or feces) does not constitute an exposure and is not an indication for prophylaxis (*5*). In this report, the number of hospital employees and family members (143) given postexposure prophylaxis was unusually high; however, the delay in definite diagnosis was considered to have resulted in increased exposure to the child.

References

1. CDC. Human-to-human transmission of rabies via a corneal transplant—France. MMWR 1980;29:25–6.
2. World Health Organization. World survey of rabies XXV (for year 1989). Geneva: World Health Organization, Division of Communicable Diseases, Veterinary Public Health Unit, 1992; publication no. WHO/Rabies/92.203.
3. Fekadu M. Rabies in Ethiopia. Am J Epidemiol 1982;115:266–73.
4. CDC. Health information for international travel, 1991. Atlanta: US Department of Health and Human Services, Public Health Service, 1991:113–6; DHHS publication no. (CDC)91-8280.
5. Anderson LJ, Winkler WG, Vernon AA, Helmick CG, Roberts MR. Prophylaxis for persons in contact with patients who have rabies. N Engl J Med 1980;320:967–8.

Surveillance Summaries

Publication of *CDC Surveillance Summaries*

Since 1983, CDC has published the *CDC Surveillance Summaries* under separate cover as part of the *MMWR* series. Each report published in the *CDC Surveillance Summaries* focuses on public health surveillance; surveillance findings are reported for a broad range of risk factors and health conditions.

Summaries for each of the reports published in the most recent (September 4, 1992) issue of the *CDC Surveillance Summaries* (*1*) are provided below. All subscribers to *MMWR* receive the *CDC Surveillance Summaries*, as well as the *MMWR Recommendations and Reports*, as part of their subscriptions.

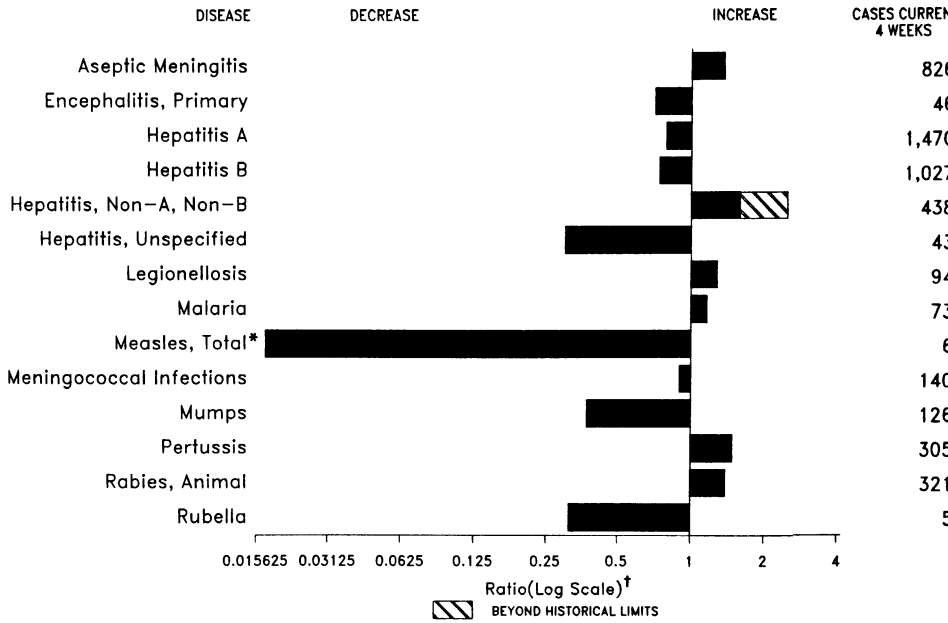
ABORTION SURVEILLANCE—UNITED STATES, 1989

Since 1980, the number of legal induced abortions reported to CDC has remained stable, varying each year by <5%. In 1989, 1,396,658 abortions were reported—a 1.9% increase from 1988. The abortion ratio for 1989 was 346 legal induced abortions/1000 live births, and the abortion rate was 24/1000 women ages 15–44 years. The abortion ratio was highest for black women and women of other minority racial groups and for women <15 years of age. Women undergoing abortions tended to be young, white, and unmarried; to have had no previous live births; and to be having the procedure for the first time. Approximately half of all abortions were performed before the 8th week of gestation, and 87% were before the 13th week of gestation. Younger women tended to obtain abortions later in pregnancy than older women.

This report also includes newly reported abortion-related deaths for 1986 and 1987, as well as an update on abortion-related deaths for the period 1978–1985. Ten deaths in 1986 and six deaths in 1987 were associated with legal induced abortion. The case-

(Continued on page 961)

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending December 19, 1992, with historical data — United States



*The large apparent decrease in reported cases of measles (total) reflected dramatic fluctuations in the historical baseline.

†Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending December 19, 1992 (51st Week)

	Cum. 1992		Cum. 1992
AIDS*	42,978	Measles: imported	130
Anthrax	1	indigenous	2,068
Botulism: Foodborne	19	Plague	12
Infant	59	Poliomyelitis, Paralytic†	-
Other	3	Psittacosis	86
Brucellosis	84	Rabies, human	-
Cholera	97	Syphilis, primary & secondary	32,637
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year§	1,639
Diphtheria	4	Tetanus	39
Encephalitis, post-infectious	108	Toxic shock syndrome	218
Gonorrhea	471,488	Trichinosis	39
Haemophilus influenzae (invasive disease)	1,222	Tuberculosis	22,592
Hansen Disease	148	Tularemia	153
Leptospirosis	46	Typhoid fever	376
Lyme Disease	7,777	Typhus fever, tickborne (RMSF)	489

*Updated monthly; last update December 5, 1992.
†Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.
§Reports through second quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending December 19, 1992, and December 21, 1991 (51st Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	42,978	11,303	662	108	471,488	590,681	20,603	14,530	5,596	697	1,240	7,777
NEW ENGLAND	1,607	437	28	-	9,987	13,875	579	512	100	25	49	1,593
Maine	44	42	3	-	85	154	30	27	6	-	2	5
N.H.	45	43	3	-	124	183	31	41	20	2	8	41
Vt.	26	26	6	-	26	53	14	13	16	-	2	8
Mass.	796	167	13	-	3,566	5,942	287	401	52	23	25	228
R.I.	93	159	3	-	619	1,190	148	17	6	-	12	276
Conn.	603	-	-	-	5,567	6,353	69	13	-	-	-	1,035
MID. ATLANTIC	11,036	898	25	8	53,266	69,263	1,531	1,855	317	23	313	4,653
Upstate N.Y.	1,467	451	-	-	10,722	12,476	337	472	183	13	102	2,885
N.Y. City	6,393	160	6	2	17,991	27,091	682	362	5	-	8	24
N.J.	1,976	-	-	-	7,298	11,166	263	480	95	-	43	681
Pa.	1,200	287	19	6	17,255	18,530	249	541	34	10	160	1,063
E.N. CENTRAL	3,853	1,897	165	29	89,483	113,186	2,737	1,713	758	25	331	137
Ohio	686	486	54	2	27,041	34,685	433	228	93	4	152	62
Ind.	380	225	13	12	8,863	11,145	750	201	25	2	33	21
Ill.	1,866	548	70	6	29,944	34,268	636	311	99	8	31	27
Mich.	683	577	25	9	19,823	25,984	147	562	464	11	72	27
Wis.	238	61	3	-	3,812	7,104	771	411	77	-	43	-
W.N. CENTRAL	1,196	623	43	6	25,463	29,019	2,803	666	285	35	79	342
Minn.	213	104	20	-	2,889	3,083	756	81	20	3	6	175
Iowa	78	105	-	3	1,462	1,974	53	33	7	5	18	32
Mo.	654	252	8	-	16,166	17,254	1,284	443	221	25	29	101
N. Dak.	5	2	3	-	59	89	115	3	4	1	2	1
S. Dak.	8	10	3	1	163	346	213	5	-	-	1	1
Nebr.	55	38	4	2	8	1,817	253	42	18	1	18	15
Kans.	183	112	5	-	4,716	4,456	129	59	15	-	5	17
S. ATLANTIC	9,729	1,738	167	51	138,375	174,307	1,325	2,467	915	122	199	645
Del.	122	53	7	-	1,736	2,830	56	205	189	2	23	211
Md.	1,207	212	16	-	16,080	19,656	242	373	33	10	37	175
D.C.	685	28	1	-	6,551	8,905	15	83	278	-	20	3
Va.	623	285	37	13	14,654	17,828	147	185	42	47	20	113
W. Va.	49	38	75	-	807	1,259	10	48	6	28	-	13
N.C.	634	203	26	-	24,321	33,394	106	401	83	-	40	73
S.C.	260	26	-	-	10,421	14,055	22	53	1	1	16	2
Ga.	1,207	214	2	-	36,586	41,625	201	301	131	-	16	23
Fla.	4,942	679	3	38	27,219	34,755	526	818	152	34	27	32
E.S. CENTRAL	1,309	548	34	-	48,424	58,963	343	1,320	1,311	2	60	68
Ky.	202	200	21	-	4,672	5,825	128	104	6	-	26	26
Tenn.	419	138	7	-	15,404	20,017	124	1,079	1,287	-	28	33
Ala.	454	134	5	-	16,914	19,425	51	133	17	1	6	9
Miss.	234	76	1	-	11,434	13,696	40	4	1	1	-	-
W.S. CENTRAL	4,053	1,188	67	5	52,320	66,575	2,056	1,852	180	169	26	117
Ark.	269	20	7	-	7,202	7,888	134	96	8	6	1	17
La.	672	77	10	1	14,219	15,133	213	196	92	3	6	6
Okla.	219	-	3	2	5,468	6,764	204	189	49	5	12	25
Tex.	2,893	1,091	47	2	25,431	36,790	1,505	1,371	31	155	7	69
MOUNTAIN	1,236	387	30	5	11,826	12,527	2,970	742	271	63	97	16
Mont.	20	12	1	1	110	100	85	36	28	1	9	-
Idaho	34	24	-	-	113	159	97	81	-	3	4	2
Wyo.	5	6	2	-	59	93	12	17	56	-	1	5
Colo.	382	123	11	1	4,170	3,809	836	110	92	27	19	-
N. Mex.	110	53	4	1	909	973	287	207	31	8	3	2
Ariz.	348	100	6	1	4,102	4,539	1,069	164	28	15	32	-
Utah	118	19	3	1	350	332	483	25	29	8	6	6
Nev.	219	50	3	-	2,013	2,522	101	102	7	1	23	1
PACIFIC	8,959	3,587	103	4	42,344	52,966	6,259	3,403	1,459	233	86	206
Wash.	506	-	2	-	3,811	4,668	782	347	160	8	13	13
Oreg.	274	-	-	-	1,619	1,990	485	278	78	9	1	-
Calif.	8,023	3,473	94	3	35,749	44,746	4,713	2,742	1,011	205	69	191
Alaska	14	18	7	-	676	867	118	18	6	2	-	-
Hawaii	142	96	-	1	489	695	161	18	204	9	3	2
Guam	-	6	-	-	51	31	5	2	-	6	-	1
P.R.	1,546	163	2	-	233	523	43	402	164	17	1	-
V.I.	10	-	-	-	107	342	5	7	-	-	-	-
Amer. Samoa	-	-	-	-	50	63	1	1	-	-	-	-
C.N.M.I.	-	-	-	-	75	100	3	-	-	-	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly; last update December 5, 1992.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 19, 1992, and December 21, 1991 (51st Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
UNITED STATES	980	1	2,068	2	130	9,468	2,080	32	2,390	67	3,098	2,605	-	146	1374
NEW ENGLAND	46	-	54	-	13	87	116	-	20	23	307	283	-	6	4
Maine	1	-	-	-	4	7	10	-	-	-	11	54	-	1	-
N.H.	3	-	16	-	-	-	6	-	6	18	125	22	-	-	1
Vt.	1	-	-	-	-	5	9	-	1	5	18	5	-	-	-
Mass.	24	-	16	-	5	40	51	-	3	-	103	176	-	-	2
R.I.	5	-	20	-	-	4	2	-	2	-	6	-	-	4	-
Conn.	12	-	2	-	4	31	38	-	8	-	44	26	-	1	1
MID. ATLANTIC	274	-	208	-	21	4,902	251	9	183	6	291	286	-	9	580
Upstate N.Y.	44	-	103	-	10	401	108	9	83	6	120	156	-	3	539
N.Y. City	151	-	42	-	8	2,000	25	-	10	-	20	39	-	-	6
N.J.	50	-	58	-	2	1,035	46	-	17	-	48	20	-	3	2
Pa.	29	-	5	-	1	1,466	72	-	73	-	103	71	-	3	33
E.N. CENTRAL	64	-	40	-	14	97	344	5	327	10	554	413	-	11	321
Ohio	14	-	-	-	6	11	81	1	117	2	122	104	-	-	283
Ind.	12	-	20	-	-	6	59	-	11	8	61	76	-	-	3
Ill.	20	-	9	-	4	28	90	-	103	-	44	74	-	9	9
Mich.	14	-	11	-	2	43	87	4	81	-	15	37	-	2	25
Wis.	4	-	-	-	2	9	27	-	15	-	312	122	-	-	1
W.N. CENTRAL	43	-	8	-	8	59	100	1	83	7	313	224	-	8	19
Minn.	17	-	7	-	5	27	20	-	24	1	108	87	-	-	6
Iowa	4	-	-	-	3	17	16	-	13	-	11	26	-	3	6
Mo.	12	-	-	-	-	1	35	1	35	2	114	81	-	1	5
N. Dak.	1	-	-	-	-	-	1	-	3	-	14	4	-	-	1
S. Dak.	2	-	-	-	-	-	1	-	-	3	17	5	-	-	-
Nebr.	1	-	-	-	-	1	10	-	6	1	17	9	-	-	-
Kans.	6	-	1	-	-	13	17	-	2	-	32	12	-	4	1
S. ATLANTIC	210	-	123	-	15	631	372	4	810	5	194	247	-	22	10
Del.	5	-	1	-	-	21	2	-	8	-	7	-	-	-	-
Md.	62	-	10	-	7	177	36	4	84	3	39	55	-	6	1
D.C.	14	-	1	-	1	-	3	-	7	-	1	2	-	1	1
Va.	48	-	11	-	5	30	58	-	58	-	16	24	-	-	-
W. Va.	2	-	-	-	-	-	17	-	27	-	9	9	-	1	-
N.C.	13	-	23	-	1	44	81	-	217	-	44	39	-	-	2
S.C.	1	-	29	-	-	13	22	-	51	-	10	15	-	7	-
Ga.	16	-	2	-	1	15	58	-	75	-	17	50	-	-	-
Fla.	49	-	46	-	-	331	95	-	283	2	51	53	-	7	6
E.S. CENTRAL	19	1	450	-	18	29	135	-	60	2	33	94	-	1	100
Ky.	1	1	449	-	2	23	44	-	-	-	1	-	-	-	-
Tenn.	11	-	-	-	-	4	39	-	15	1	10	38	-	1	100
Ala.	6	-	-	-	-	2	40	-	14	1	19	50	-	-	-
Miss.	1	-	1	-	16	-	12	-	31	-	3	6	-	-	-
W.S. CENTRAL	31	-	1,059	-	5	218	169	2	411	2	171	169	-	-	10
Ark.	3	-	-	-	-	5	19	-	9	-	19	15	-	-	1
La.	1	-	-	-	-	-	31	-	24	2	15	17	-	-	1
Okla.	5	-	12	-	-	-	20	-	21	-	49	49	-	-	2
Tex.	22	-	1,047	-	5	213	99	2	357	-	88	88	-	-	6
MOUNTAIN	34	-	25	2	9	1,266	96	1	153	5	415	345	-	9	38
Mont.	-	-	-	-	-	-	15	-	2	-	9	6	-	-	11
Idaho	1	-	-	-	-	452	10	-	4	3	43	29	-	1	-
Wyo.	-	-	1	-	-	3	3	-	1	-	-	3	-	-	-
Colo.	10	-	21	2†	8	13	23	1	31	2	93	140	-	2	3
N. Mex.	5	-	1	-	1	98	10	N	N	-	103	47	-	-	4
Ariz.	10	-	2	-	-	457	19	-	78	-	124	77	-	2	2
Utah	5	-	-	-	-	224	4	-	24	-	41	41	-	2	11
Nev.	3	-	-	-	-	19	12	-	13	-	2	2	-	2	7
PACIFIC	259	-	101	-	27	2,179	497	10	343	7	820	544	-	80	292
Wash.	17	-	-	-	11	66	76	2	17	2	222	137	-	8	8
Oreg.	17	-	3	-	1	91	71	N	N	1	45	65	-	2	5
Calif.	213	-	56	-	3	1,985	333	8	297	4	486	257	-	47	267
Alaska	1	-	8	-	1	5	10	-	3	-	14	13	-	-	1
Hawaii	11	-	34	-	11	32	7	-	26	-	53	72	-	23	11
Guam	2	U	10	U	-	-	1	U	12	U	-	-	U	3	-
P.R.	-	13	481	-	-	94	3	1	2	-	11	61	-	-	1
V.I.	-	-	-	-	-	2	-	-	21	-	-	-	-	-	-
Amer. Samoa	-	U	-	U	-	24	-	U	-	U	6	-	U	-	-
C.N.M.I.	-	U	1	U	1	-	-	U	-	U	2	-	U	-	-

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

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

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 19, 1992, and December 21, 1991 (51st Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tularemia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	32,637	40,690	218	22,592	23,000	153	376	489	7,675
NEW ENGLAND	683	1,011	15	524	653	1	30	8	889
Maine	5	3	2	19	33	-	-	-	-
N.H.	74	12	6	18	5	-	1	1	9
Vt.	1	2	-	6	10	-	-	-	23
Mass.	323	486	5	297	373	1	20	3	50
R.I.	38	54	2	46	75	-	-	2	-
Conn.	242	454	-	138	157	-	9	2	807
MID. ATLANTIC	4,541	6,789	25	5,192	5,446	1	99	49	2,403
Upstate N.Y.	328	632	10	599	426	-	18	17	1,326
N.Y. City	2,449	3,482	-	3,067	3,454	-	42	6	18
N.J.	542	1,154	-	892	884	1	25	14	704
Pa.	1,222	1,521	15	634	682	-	14	12	355
E.N. CENTRAL	4,925	4,961	53	2,248	2,266	1	42	29	154
Ohio	822	649	17	330	365	-	10	17	14
Ind.	265	190	5	204	242	-	1	4	19
Ill.	2,266	2,345	10	1,164	1,162	1	26	2	39
Mich.	901	1,136	21	462	395	-	4	3	15
Wis.	671	641	-	88	102	-	1	3	67
W.N. CENTRAL	1,636	886	39	514	497	53	7	34	1,016
Minn.	89	68	7	141	95	-	2	-	165
Iowa	53	68	7	43	60	-	1	3	171
Mo.	1,291	566	9	216	220	37	3	23	32
N. Dak.	1	1	4	7	10	-	-	-	145
S. Dak.	-	1	-	27	31	11	-	1	124
Nebr.	1	17	4	25	20	2	1	2	13
Kans.	201	165	8	55	61	3	-	5	366
S. ATLANTIC	8,663	11,846	24	4,221	4,318	5	36	173	1,771
Del.	197	183	3	52	34	-	1	14	209
Md.	592	972	2	395	452	1	7	17	529
D.C.	399	698	-	116	180	-	1	1	17
Va.	706	867	3	347	310	2	5	24	356
W. Va.	19	31	2	91	65	-	1	5	50
N.C.	2,341	1,972	3	579	570	1	-	64	45
S.C.	1,165	1,527	1	377	416	-	2	8	161
Ga.	1,681	2,898	5	861	834	1	2	37	361
Fla.	1,563	2,698	5	1,403	1,457	-	17	3	43
E.S. CENTRAL	4,130	4,496	3	1,473	1,546	10	5	64	190
Ky.	177	110	-	387	336	2	1	7	61
Tenn.	1,183	1,437	3	431	524	8	-	54	41
Ala.	1,365	1,686	-	409	398	-	1	3	87
Miss.	1,405	1,263	-	246	288	-	3	-	1
W.S. CENTRAL	6,041	7,577	5	2,717	2,662	46	17	115	681
Ark.	827	736	1	228	245	31	1	25	44
La.	2,529	2,746	-	217	238	2	1	1	8
Okla.	452	204	3	154	165	13	-	88	286
Tex.	2,233	3,891	1	2,118	2,014	-	15	1	343
MOUNTAIN	321	552	20	553	608	29	6	11	240
Mont.	7	6	1	13	10	13	-	3	24
Idaho	1	4	2	24	15	-	1	1	7
Wyo.	8	10	1	-	5	1	-	4	82
Colo.	59	87	6	52	83	5	2	-	26
N. Mex.	40	30	1	80	74	5	1	1	9
Ariz.	158	344	4	251	304	-	1	-	69
Utah	7	9	5	61	54	2	-	1	6
Nev.	41	62	-	72	63	3	1	1	17
PACIFIC	1,697	2,572	34	5,150	5,004	7	134	6	331
Wash.	74	187	3	301	302	2	9	-	-
Oreg.	49	84	2	125	123	-	2	3	2
Calif.	1,560	2,289	29	4,405	4,312	2	116	3	314
Alaska	5	4	-	52	66	3	-	-	15
Hawaii	9	8	-	267	201	-	7	-	-
Guam	3	1	-	60	8	-	3	-	-
P.R.	338	424	-	225	211	-	1	-	44
V.I.	69	95	-	3	3	-	-	-	-
Amer. Samoa	-	-	-	-	3	-	1	-	-
C.N.M.I.	6	9	-	53	26	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending December 19, 1992 (51st Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	645	456	106	55	16	12	69
Boston, Mass.	189	126	38	14	7	4	27
Bridgeport, Conn.	40	25	9	3	3	-	3
Cambridge, Mass.	17	15	1	1	-	-	2
Fall River, Mass.	27	24	1	2	-	-	1
Hartford, Conn.	56	35	9	7	3	2	4
Lowell, Mass.	24	16	6	1	1	-	6
Lynn, Mass.	14	10	2	1	1	-	-
New Bedford, Mass.	38	29	6	3	-	-	2
New Haven, Conn.	34	19	8	3	-	4	3
Providence, R.I.	45	35	5	5	-	-	8
Somerville, Mass.	6	5	1	-	-	-	1
Springfield, Mass.	42	27	6	9	-	-	3
Waterbury, Conn.	33	27	3	2	1	-	-
Worcester, Mass.	80	63	11	4	-	2	9
MID. ATLANTIC	2,821	1,853	519	303	64	81	116
Albany, N.Y.	49	36	6	1	3	3	4
Allentown, Pa.	19	17	1	1	-	-	1
Buffalo, N.Y.	100	68	20	5	4	3	3
Camden, N.J.	47	24	13	6	1	3	-
Elizabeth, N.J.	15	12	3	-	-	-	-
Erie, Pa.§	47	31	10	3	1	2	5
Jersey City, N.J.	68	39	12	11	2	4	1
New York City, N.Y.	1,590	1,021	290	204	30	45	48
Newark, N.J.	64	27	19	14	2	2	3
Paterson, N.J.	30	14	10	4	-	2	-
Philadelphia, Pa.	306	187	64	37	12	5	17
Pittsburgh, Pa.§	105	72	16	6	5	6	7
Reading, Pa.	20	16	3	-	-	1	1
Rochester, N.Y.	149	121	20	4	2	2	9
Schenectady, N.Y.	22	19	3	-	-	-	2
Scranton, Pa.§	32	29	1	1	1	-	3
Syracuse, N.Y.	107	81	22	2	1	1	6
Trenton, N.J.	30	19	5	4	-	2	5
Utica, N.Y.	21	20	1	-	-	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,431	1,487	466	261	139	78	130
Akron, Ohio	67	51	10	5	1	-	-
Canton, Ohio	31	25	5	-	1	-	1
Chicago, Ill.	627	259	142	110	98	18	26
Cincinnati, Ohio	153	110	24	9	8	2	20
Cleveland, Ohio	170	110	29	19	4	8	6
Columbus, Ohio	196	134	37	12	4	9	8
Dayton, Ohio	137	93	27	8	3	6	10
Detroit, Mich.	235	144	43	28	9	11	10
Evansville, Ind.	52	44	4	3	1	-	1
Fort Wayne, Ind.	53	31	11	3	-	8	2
Gary, Ind.	14	6	5	3	-	-	-
Grand Rapids, Mich.	56	43	9	3	-	1	4
Indianapolis, Ind.	176	110	36	25	3	2	11
Madison, Wis.	47	32	8	2	1	4	7
Milwaukee, Wis.	134	94	25	12	3	-	9
Peoria, Ill.	42	30	8	4	-	-	2
Rockford, Ill.	41	28	9	2	1	1	5
South Bend, Ind.	42	31	4	4	-	3	1
Toledo, Ohio	98	68	22	4	1	3	7
Youngstown, Ohio	60	44	8	5	1	2	-
W.N. CENTRAL	803	618	119	43	14	9	38
Des Moines, Iowa	65	50	10	1	3	1	5
Duluth, Minn.	25	23	1	1	-	-	-
Kansas City, Kans.	28	21	6	1	-	-	-
Kansas City, Mo.	110	89	12	7	2	-	9
Lincoln, Nebr.	34	27	4	-	2	1	4
Minneapolis, Minn.	195	144	34	14	-	3	10
Omaha, Nebr.	87	64	14	5	2	2	4
St. Louis, Mo.	135	104	18	10	2	1	-
St. Paul, Minn.	62	54	7	-	-	1	5
Wichita, Kans.	62	42	13	4	3	-	1
S. ATLANTIC	1,120	677	226	147	33	37	60
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	170	95	32	32	7	4	8
Charlotte, N.C.	76	49	19	3	4	1	4
Jacksonville, Fla.	119	80	19	11	1	8	9
Miami, Fla.	143	72	34	26	8	3	3
Norfolk, Va.	59	35	15	3	1	5	3
Richmond, Va.	86	51	17	14	2	2	8
Savannah, Ga.	41	24	10	5	-	2	2
St. Petersburg, Fla.	48	34	5	5	2	2	2
Tampa, Fla.	182	127	31	12	5	7	16
Washington, D.C.	170	88	42	34	3	3	5
Wilmington, Del.	26	22	2	2	-	-	-
E.S. CENTRAL	882	595	184	57	24	22	58
Birmingham, Ala.	183	111	38	14	8	12	7
Chattanooga, Tenn.	86	66	16	4	-	-	12
Knoxville, Tenn.	90	65	13	6	2	4	7
Lexington, Ky.	62	40	17	3	1	1	3
Memphis, Tenn.	198	131	44	13	8	2	14
Mobile, Ala.	50	29	15	4	-	2	-
Montgomery, Ala.	66	54	8	4	-	-	2
Nashville, Tenn.	147	99	33	9	5	1	13
W.S. CENTRAL	1,196	760	252	99	45	38	60
Austin, Tex.	78	51	15	10	2	-	7
Baton Rouge, La.	20	11	5	2	1	1	1
Corpus Christi, Tex.	46	28	11	5	2	-	1
Dallas, Tex.	220	124	54	26	8	8	5
El Paso, Tex.	69	53	14	1	-	1	9
Ft. Worth, Tex.	105	71	23	5	4	2	6
Houston, Tex.	U	U	U	U	U	U	U
Little Rock, Ark.	99	51	24	9	5	10	5
New Orleans, La.	140	84	33	12	5	4	-
San Antonio, Tex.	225	145	48	14	11	7	15
Shreveport, La.	57	37	12	5	1	2	3
Tulsa, Okla.	137	105	13	10	6	3	8
MOUNTAIN	920	605	194	74	23	24	77
Albuquerque, N.M.	102	65	23	12	2	-	2
Colo. Springs, Colo.	49	34	13	1	1	-	7
Denver, Colo.	94	60	19	9	2	4	10
Las Vegas, Nev.	182	116	42	18	5	1	15
Ogden, Utah	24	18	4	2	-	-	4
Phoenix, Ariz.	230	141	53	22	5	9	25
Pueblo, Colo.	28	21	5	1	1	-	1
Salt Lake City, Utah	96	63	16	6	4	7	7
Tucson, Ariz.	115	87	19	3	3	3	6
PACIFIC	2,030	1,373	317	228	64	46	139
Berkeley, Calif.	24	19	3	2	-	-	4
Fresno, Calif.	100	68	15	12	2	3	8
Glendale, Calif.	19	14	3	-	2	-	4
Honolulu, Hawaii	78	48	18	8	2	2	3
Long Beach, Calif.	103	77	12	7	5	2	12
Los Angeles, Calif.	461	301	48	81	27	4	18
Pasadena, Calif.	49	33	6	4	4	2	2
Portland, Oreg.	127	99	17	8	1	2	5
Sacramento, Calif.	180	112	37	17	3	10	20
San Diego, Calif.	155	104	22	21	1	7	11
San Francisco, Calif.	173	107	36	27	1	2	1
San Jose, Calif.	210	145	47	10	4	4	23
Santa Cruz, Calif.	26	24	2	-	-	-	4
Seattle, Wash.	151	98	27	19	4	3	4
Spokane, Wash.	60	46	6	5	2	1	11
Tacoma, Wash.	114	78	18	7	6	4	9
TOTAL	12,848¶	8,424	2,383	1,267	422	347	747

*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.

U: Unavailable.

Surveillance Summaries — *Continued*

fatality rate in 1986 was 0.8 abortion-related deaths/100,000 legal induced abortions and 0.4/100,000 in 1987.

Authors: Lisa M. Koonin, MN, MPH, Jack C. Smith, MS, Merrell Ramick, Herschel Lawson, MD, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

INFLUENZA SURVEILLANCE—UNITED STATES, 1991–92

During the 1991–92 influenza season, substantial levels of influenza activity began to be reported in the United States in early November 1991, 5–10 weeks earlier than in any of the previous nine influenza seasons. Influenza activity peaked from mid-December 1991 to mid-January 1992. By early March 1992, influenza activity as measured by all four surveillance systems had returned to baseline levels, 5–8 weeks earlier than average for the previous nine influenza seasons. The pneumonia and influenza deaths from the 121 cities participating in surveillance exceeded the epidemic threshold for 7 consecutive weeks during the season, demonstrating excess mortality due to influenza during this season.

Nationally, >99% of isolates were influenza A. Of these, 81% were influenza A(H3N2) and 19% were influenza A(H1N1). The majority of isolates characterized were antigenically similar to components in the 1991–92 influenza vaccine. However, an influenza A(H1N1) strain that had undergone antigenic drift was detected in many regions of the country, and this strain will be included in the 1992–93 influenza vaccine.

Authors: Joseph H. Kent, MD, Louisa E. Chapman, MD, MSPH, Leone M. Schmeltz, Lawrence B. Schonberger, MD, MPH, Epidemiology Activity, Office of the Director; Helen L. Regnery, PhD, Nancy J. Cox, PhD, The WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, Influenza Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Reference

1. CDC. CDC surveillance summaries (September 5). MMWR 1992;41(no. SS-5).

Notices to Readers

1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults

On December 18, 1992, CDC published a revised classification system for human immunodeficiency virus (HIV) infection and an expanded surveillance case definition for acquired immunodeficiency syndrome (AIDS) among adolescents and adults in the United States (*1*).* Based on the clinical standard for immunologic monitoring of persons infected with HIV, the revised HIV classification system includes the CD4+ T-lymphocyte measurement in the categorization of HIV-related clinical conditions and replaces the HIV classification system published in 1986 (*2*). In addition, the expanded AIDS surveillance case definition includes all HIV-infected persons who have less than 200 CD4+ T-lymphocytes/μL or a CD4+ T-lymphocyte percent of total lymphocytes less

*Single copies of the document will be available in mid-January from the CDC National AIDS Clearinghouse, P.O. Box 6003, Rockville, MD 20849-6003; telephone (800) 458-5231.

Notices to Readers — Continued

than 14, or who have been diagnosed with pulmonary tuberculosis, invasive cervical cancer, or recurrent pneumonia. The new AIDS surveillance case definition retains the reporting criteria listed in the 1987 AIDS surveillance case definition (*3*). The objectives of the expansion are to reflect more accurately the number of persons with severe HIV-related morbidity and immunosuppression and to simplify the reporting process. Beginning January 1, 1993, this expanded AIDS surveillance case definition is to be used by all states and territories for AIDS case reporting.

References

1. CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(no. RR-17).
2. CDC. Classification system for human T-lymphotropic virus type III/lymphadenopathy-associated virus infections. MMWR 1986;35:334–9.
3. CDC. Revision of the CDC surveillance case definition for acquired immunodeficiency syndrome. MMWR 1987;36(no. S-1).

Release of the 1992 Supplement to the Work-Related Lung Disease Surveillance Report

CDC's National Institute for Occupational Safety and Health (NIOSH) has released the *Work Related Lung Disease* (WoRLD) *Surveillance Report, Supplement 1992* (*1*). The original report, released in 1991, summarizes surveillance data for occupational respiratory diseases. The 1992 supplement is an update and includes data not previously presented from multiple cause-of-death data, the National Hospital Discharge Survey, and the Sentinel Event Notification System for Occupational Risks (SENSOR) program. The report, compiled by the Division of Respiratory Disease Studies, contains information of use to public health officials, researchers, management and labor officials, and others working in occupational health disciplines.

Copies of the original WoRLD report and the 1992 WoRLD supplement are available from the NIOSH hotline, (800) 356-4674 ([800] 35-NIOSH).

Reported by: Div of Respiratory Disease Studies, National Institute for Occupational Safety and Health, CDC.

Reference

1. NIOSH. Work related lung disease surveillance report, supplement 1992. Morgantown, West Virginia: US Department of Health and Human Services, Public Health Service, CDC, 1992; DHHS publication no. (NIOSH)91-113S.

Approval of Japanese Encephalitis Vaccine

The Food and Drug Administration has approved an inactivated Japanese encephalitis vaccine (JVax*) distributed by Connaught Laboratories, Inc. (Swiftwater, Pennsylvania), for use by certain travelers to and expatriates in Asia. Recommendations for vaccine use are forthcoming from the Advisory Committee on Immunization Practices.

*Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

Notices to Readers — Continued

Combined Issues of *MMWR*

A January 1, 1993, issue of *MMWR* will not be published. The next issue will be Volume 41, Numbers 52 and 53, dated January 8, 1993, and will include the figures and tables on notifiable diseases and deaths for the weeks ending December 26, 1992, and January 2, 1993.

Erratum: Vol. 41, No. SS-4

In the *CDC Surveillance Summaries* (no. SS-4) article "Surveillance in Evacuation Camps After the Eruption of Mt. Pinatubo, Philippines," Table 1 on page 11 contained errors. The table is printed below with corrections in italics.

TABLE 1. Causes of morbidity and mortality in evacuation camps — Philippines, June 16–September 7, 1991

Diseases	Consultations (N=74,962)	Deaths (N=349)	CFR*
Diarrhea	19,498 (26%)	101	0.5%
Measles	465 (1%)	107	23.0%
ARI†	18,973 (25%)	77	0.4%
Other	36,026 (48%)	64	0.2%

*CFR = case-fatality ratio
†ARI = acute respiratory infection

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 783-3238.

The data in the weekly *MMWR* 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. Inquiries about the *MMWR* Series, including material to be considered for publication, should be directed to: Editor, *MMWR* Series, Mailstop C-08, Centers for Disease Control and Prevention, Atlanta, GA 30333; telephone (404) 332-4555.

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