POLIOMYELITIS - Twenty-seven cases of poliomyelitis (21 paralytic) were reported for the week ending October 20, 1962, remaining at the same level as the previous two weeks. These totals contrast favorably with the 59 cases (39 paralytic) reported for the comparable week in 1961.

Of the 14 States reporting cases this week, only 3, Illinois, Mississippi, and Texas, reported more than 2 cases. Five cases from Illinois and 3 from Mississippi represent largely delayed reports, while in Texas (4 cases) no new case concentrations have been noted.

The Poliomyelitis Surveillance Unit of the Communicable Disease Center has received individual case reports on 80% of the cases reported to date in 1962. Almost half (49.7%) of the 1962 cases of paralytic poliomyelitis have occurred in the 0-4 age group. Seventy percent of the patients in this age group had not received any poliomyelitis vaccine.

Cumulative totals through the 42nd week in 1962 remain well below those for any previous year. The comparable figures for 1962 and the previous four years are shown in the following tabulation:

Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous week)

<table>
<thead>
<tr>
<th>Disease</th>
<th>42nd Week</th>
<th>Cumulative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aseptic meningitis</td>
<td>63</td>
<td>---</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Encephalitis, infectious</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td>Hepatitis, infectious and serum</td>
<td>877</td>
<td>1,191</td>
</tr>
<tr>
<td>Measles</td>
<td>1,325</td>
<td>1,336</td>
</tr>
<tr>
<td>Meningococcal infections</td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td>Poliomyelitis, total</td>
<td>27</td>
<td>59</td>
</tr>
<tr>
<td>Paralytic</td>
<td>21</td>
<td>39</td>
</tr>
<tr>
<td>Nonparalytic</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Unspecified</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Streptococcal sore throat and Scarlet fever</td>
<td>4,354</td>
<td>4,752</td>
</tr>
<tr>
<td>Tetanus</td>
<td>8</td>
<td>---</td>
</tr>
<tr>
<td>Tylenol</td>
<td>3</td>
<td>---</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>Typhus fever, tick-borne,</td>
<td>3</td>
<td>---</td>
</tr>
<tr>
<td>(Rocky Mountain spotted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies in Animals</td>
<td>40</td>
<td>57</td>
</tr>
</tbody>
</table>

Anthrax: Psittacosis: Penn. - 1, Ariz. - 1
Brucellosis: Malaria: Hawaii - 2, Calif. - 1, Fla. - 1
Cholera: Rabies in Man: Idaho - 1
Diphtheria: Smallpox: Plague: Typhus, murine: Texas - 1
HEPATITIS - The total of 877 cases of viral hepatitis reported for the week ending October 20, 1962, remains at the level of the previous week (791) and well below the 1,191 cases for the corresponding week in 1961.

EPIDEMIOLOGICAL REPORTS
St. Louis Encephalitis - Florida
The epidemic of St. Louis Encephalitis in four counties of the Tampa Bay region of Florida during the months of August and September has been described in previous issues of the MMWR (Vol. 11, Nos. 34-37). During the period July 1 to October 22, 455 human illnesses were reported as possible encephalitis. Cases first occurred in Pinellas County (St. Petersburg) and reached a peak on the 19th of August. The onset of the first case of encephalitis in the Manatee County and Sarasota County area was on August 18, with the peak incidence occurring approximatively three weeks after that of Pinellas County. In Hillsborough County (Tampa), although 69 suspect cases were under surveillance during this period, only six cases have been confirmed by serologic testing. Five other cases in Hillsborough County are considered presumptive and, of these, three had substantial exposure in Pinellas County. During the month of September, there was a steady decline in the number of cases and, by the 28th of September, the major wave of illness appeared to have terminated.

The establishment of the Tampa Bay Regional Encephalitis Laboratory (TABREL) in September enabled rapid serologic testing of human and avian blood specimens and identification and processing of mosquito collections. Twelve hundred and seventy specimens of human blood, including both single and paired blood sera specimens, have been received for diagnostic studies. Results of testing completed to date are summarized in Table I.

Blood samples from 630 birds collected in this area have been examined at the Tampa Bay Regional Laboratory.
Table 1
Serologic Status of Cases Under Observation for St. Louis Encephalitis Florida — July 1 - October 22, 1962

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Confirmed*</td>
<td>137</td>
</tr>
<tr>
<td>Laboratory Presumptive**</td>
<td>73</td>
</tr>
<tr>
<td>Negative</td>
<td>177</td>
</tr>
<tr>
<td>Others</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>455</td>
</tr>
</tbody>
</table>

*Four-fold rise in antibody titre by HI method.
**Only 1 serum tested (antibodies for SLE present).

Of these, 157 showed evidence of recent or past infection with SLE virus. As yet no single species of bird has been demonstrated as the most likely source of infection. The Tampa Bay Laboratory has processed more than 12,000 mosquitoes and an additional 12,000 have been examined at the Communicable Disease Center Laboratories in Atlanta. Seventeen viruses, identified either definitely or presumptively as St. Louis Encephalitis virus, have been isolated from Culex nigripalpus mosquitoes.

Continued intensive surveillance of the four county area surrounding Tampa Bay is planned for the coming years, and serum surveys to measure subclinical infection rates in the population are already in progress. Vector analysis, in terms of breeding, flight range, and possible resistance to insecticides, and other allied studies have been instituted. A study of migration patterns and periodic bleeding of both migrant and domestic birds is also in process.

(Reported by Dr. H. C. Oard, Director of Communicable Disease Control, Pinellas County Health Department and James O. Bond, M.D., Director, Bureau of Preventable Diseases, Florida State Board of Health, Florida; and a team from the Communicable Disease Center.)

(Continued on page 336)

SUMMARY OF PNEUMONIA AND INFLUENZA DEATHS

The weekly average number of pneumonia-influenza deaths for the four-week period ending October 20 was 355 as compared with an expected 394 weekly average.

<table>
<thead>
<tr>
<th>WEEK ENDING</th>
<th>9/20</th>
<th>10/6</th>
<th>10/13</th>
<th>10/20</th>
<th>Total</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed</td>
<td>311</td>
<td>353</td>
<td>353</td>
<td>404</td>
<td>1,421</td>
<td>355</td>
</tr>
<tr>
<td>Expected</td>
<td>381</td>
<td>389</td>
<td>389</td>
<td>409</td>
<td>1,578</td>
<td>394</td>
</tr>
<tr>
<td>Excess</td>
<td>-70</td>
<td>-36</td>
<td>-46</td>
<td>-5</td>
<td>-157</td>
<td>-39</td>
</tr>
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(See Table, page 335)
Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED OCTOBER 21, 1961 AND OCTOBER 20, 1962

<table>
<thead>
<tr>
<th>Area</th>
<th>Poliomyelitis, Total Cases</th>
<th>Poliomyelitis, Paralytic</th>
<th>Poliomyelitis, Nonparalytic</th>
<th>Aseptic Meningitis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>42nd week</td>
<td>Cumulative 1st 42 weeks</td>
<td>42nd week</td>
<td>Cumulative 1st 42 weeks</td>
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<tr>
<td>UNITED STATES</td>
<td>27</td>
<td>59</td>
<td>694</td>
<td>1,086</td>
</tr>
<tr>
<td>NEW ENGLAND</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>31</td>
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<tr>
<td>Maine</td>
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<td>-</td>
<td>4</td>
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<tr>
<td>New Hampshire</td>
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<tr>
<td>Vermont</td>
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<tr>
<td>Massachusetts</td>
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<td>6</td>
<td>14</td>
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<tr>
<td>Rhode Island</td>
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<tr>
<td>Connecticut</td>
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<td>-</td>
<td>1</td>
<td>5</td>
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<tr>
<td>MIDDLE ATLANTIC</td>
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<td>69</td>
<td>277</td>
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<tr>
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<td>9</td>
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<tr>
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<td>Missouri</td>
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<td>Texas</td>
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<td>234</td>
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</tr>
<tr>
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<tr>
<td>Wyoming</td>
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<td>-</td>
</tr>
<tr>
<td>Colorado</td>
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<tr>
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<td>Arizona</td>
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<td>8</td>
</tr>
<tr>
<td>Utah</td>
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<td>8</td>
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<tr>
<td>Nevada</td>
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<td>-</td>
<td>-</td>
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</tr>
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<td>88</td>
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<tr>
<td>Hawaii</td>
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<tr>
<td>Puerto Rico</td>
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<td>6</td>
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</tbody>
</table>
### Table 3: CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED
OCTOBER 21, 1961 AND OCTOBER 20, 1962 - (Continued)

<table>
<thead>
<tr>
<th>Area</th>
<th>Brucellosis</th>
<th>Diphtheria</th>
<th>Encephalitis, Infectious</th>
<th>Hepatitis, Infectious and serum</th>
<th>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cumulative 42nd week</td>
<td>Cumulative 42nd week</td>
<td>42nd week</td>
<td>Under 20, 42nd week</td>
<td>Total</td>
</tr>
</tbody>
</table>
## Table 3. Cases of Specified Notifiable Diseases: United States for Weeks Ended

**October 21, 1961 and October 20, 1962 (Continued)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Meningococcal Infections</th>
<th>Streptococcal Sore Throat &amp; Scarlet Fever</th>
<th>Tetanus</th>
<th>Tickborne Typhus (Rocky Mt. Spotted)</th>
<th>Typhoid Fever</th>
<th>Rabies in Animals</th>
<th>Cumulative 42 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cumulative 42 wk.</td>
<td>42nd week</td>
<td>42nd wk.</td>
<td>42nd wk.</td>
<td>42nd wk.</td>
<td>42nd wk.</td>
<td>42nd wk.</td>
</tr>
<tr>
<td><strong>UNITED STATES</strong></td>
<td>42</td>
<td>1,744</td>
<td>4,354</td>
<td>4,752</td>
<td>507</td>
<td>40</td>
<td>57</td>
</tr>
<tr>
<td><strong>NEW ENGLAND</strong></td>
<td>3</td>
<td>104</td>
<td>348</td>
<td>171</td>
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<td>11</td>
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<td></td>
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<tr>
<td></td>
<td>Vermont</td>
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<td>-</td>
</tr>
<tr>
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<td>Rhode Island</td>
<td>11</td>
<td>16</td>
<td>11</td>
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<tr>
<td></td>
<td>Connecticut</td>
<td>2</td>
<td>30</td>
<td>106</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>MIDWEST</strong></td>
<td>4</td>
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<td>162</td>
<td>148</td>
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<td>53</td>
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<td>26</td>
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<td>92</td>
<td>32</td>
<td>25</td>
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</tr>
<tr>
<td><strong>EAST</strong></td>
<td>10</td>
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<td>530</td>
<td>320</td>
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<td>1</td>
<td>82</td>
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<td>Ohio</td>
<td>3</td>
<td>101</td>
<td>55</td>
<td>48</td>
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<td>41</td>
</tr>
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<td>Indiana</td>
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<td>21</td>
<td>43</td>
<td>81</td>
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<td>11</td>
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<td>77</td>
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<td>17</td>
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<td>292</td>
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<td>10</td>
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<tr>
<td></td>
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<td>22</td>
<td>72</td>
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<td>4</td>
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### Table 4B: Reported Pneumonia-Influenza Deaths in Reporting Cities

(Tables 4A, 4B, 4C, and 4D will be published in sequence covering a four-week period.0)

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**Note:** All deaths by place of occurrence.

---

*Mortality and Mortality Weekly Report*

**Table 4B** REPORTED PNEUMONIA-INFLUENZA DEATHS IN REPORTING CITIES

*Estimate - based on average percent of divisional total totals for previous weeks include reported corrections.

**Current Week Mortality for 108 Selected Cities**

4(A) Total Mortality, all ages 11,743
4(B) Pneumonia-Influenza Deaths, all ages 404
4(C) Total Deaths under 1 Year of Age 779
4(D) Total Deaths, Persons 65 years and over 6,533
Botulism — Tennessee

Three members of a non-white family living in a rural area near Memphis, Tennessee, had onsets of an illness diagnosed clinically as botulism, between September 23 and September 25, 1962.

The 43-year-old mother of the family first became ill on September 23 with pain in the abdomen, diplopia, and difficulty in swallowing. She was admitted to the hospital on September 25 with respiratory paralysis and died shortly after being admitted. A diagnosis of poliomyelitis was considered. However, on September 25, the 17-year-old daughter of the first patient was admitted to the hospital with a history of onset the previous day of generalized weakness, difficulty in swallowing, diplopia, and respiratory embarrassment. Spinal fluid findings were negative. Clinical manifestations of illness in this patient were typical of botulism. This patient, although gradually recovering from the poisoning, died of a complicating illness on October 10. The third case, a 22-month-old child in this family, became ill on September 25 with mild symptoms of botulism and recovered.

The mother customarily prepared corn on the cob by placing ears of corn in large jars which were then placed in a can and boiled for an indefinite period. The jars were then sealed. Several jars of this corn were prepared some time before the patients became ill. It was the custom of this family to carry a jar of the corn to the cotton patch while picking cotton, opening up the jar and eating the corn in the field without reheating it. Since corn had been eaten over several days from several different cans, it was not possible to determine the incubation period of the cases. No samples of the corn were available for laboratory examination.

(Reported by L. M. Graves, M.D., Director, Memphis-Shelby County Health Department, and C. B. Tucker, M.D., Director, Division of Preventable Diseases, Tennessee Department of Public Health.)

INTERNATIONAL NOTES — QUARANTINE MEASURES
No Report.