

POLIOMYELITIS SURVEILLANCE REPORT

FOR ADMINISTRATIVE USE

REPORT NO. 229 July 14, 1961

Table of Contents

- CURRENT POLIOMYELITIS MORBIDITY TRENDS
- REPORTS
- 1961 POLIOMYELITIS CASES REPORTED TO PSU
- ROUTINE POLIOMYELITIS SURVEILLANCE 1961
 - a. Under-30-Day Vaccinated Cases



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SPECIAL NOTE (1997) to assent topod signood

This report is intended for the information and administrative use of those involved in the investigation and control of poliomyelitis and polio-like diseases. It presents a summary of provisional information reported to CDC from State Health Departments, Virology Laboratories, Epidemic Intelligence Service Officers, and other pertinent sources. Since much of the information is preliminary in nature, confirmation and final interpretation should be determined in consultation with the original investigators prior to any further use of the material.

SUMMARY

Poliomyelitis case reporting continued at an unusually low level during the 27th week ending July 8.

No new cases have been reported from the Atlanta, Georgia, outbreak. Reports from Georgia, Tennessee and Florida are included, as well as a follow-up report on the Lind-Ritzville, Washington, outbreak of febrile illness.

1. CURRENT POLIOMYELITIS MORBIDITY TRENDS

The unusually low poliomyelitis case reporting in 1961 continued through the 27th week ending July 8. Telegraphic notification of 10 cases, 7 paralytic, was received, a decrease from last week's figures as shown in Figure 1.

The following table presents the cumulative totals in 1961 to date compared with similar figures of recent years. The 157 paralytic cases in 1961 remain nearly 60 percent lower than those in 1958.

Polio (Cumulated Weekly) Through the 27th Week for Past Five Years

	1961	1960	1959	1958	1957
Paralytic	157	385	805	368	678
Total	251	518	1203	710	1567

Tennessee reported 3 cases. In addition single case reports were received from Missouri, Maryland, West Virginia, Texas, Montana, Utah, and California.

No additional cases have been reported from the Atlanta, Georgia, outbreak, and no other concentrations have been reported.

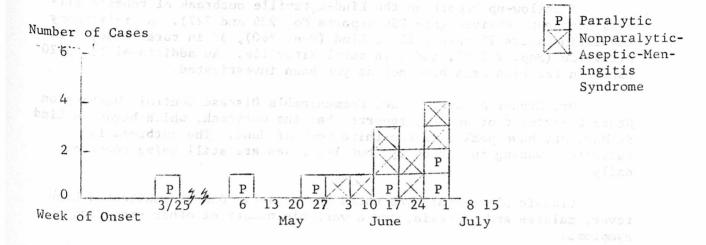
2. REPORTS

A. Georgia

No new cases of paralytic poliomyelitis or aseptic meningitis have been reported this week according to Dr. W. J. Murphy, Director of Epidemiology, Georgia Department of Public Health. The total number of paralytic cases in Atlanta thus remains at 6,as summarized in PSU Report No. 228. The most recent paralytic case onset is June 30. From one of the additional 8 cases with nonparalytic poliomyelitis-aseptic meningitis syndrome, a Coxsackie B-4 isolate has been obtained.

The 14 cases are presented in the histogram on the following page by week of onset. No striking build-up of paralytic cases is evident.

METROPOLITAN ATLANTA - POLIOMYELITIS BY WEEK OF ONSET AND PARALYTIC STATUS



B. Tennessee

The 3 cases reported this week include delayed reports of 2 non-paralytic cases, and one current report of a Hamilton County (Chattanooga) paralytic case. According to Dr. C. B. Tucker, Director, Preventable Disease Division, Tennessee Department of Public Health, the paralytic case is a triply vaccinated 4 year old white female with onset July 3. Laboratory study is underway.

C. Florida

A further report of the poliomyelitis cases in Manatee County (Bradenton), Florida, has been received (See PSU Report No. 228).

According to Dr. James O. Bond, Epidemiologist, Florida State Board of Health, 3 paralytic cases have been confirmed. The other 2 cases include one case of aseptic meningitis with repeatedly negative rectal swabs and no titer rise in acute-convalescent sera, and one case of apparent polyneuritis. The 3 confirmed paralytic cases are presented below:

Age	Race Sex	Onset Date	Vaccination Status	Laboratory Results
2 1018	N F C	4-13	ov	Type 3 sera rise
. 2	N M	4-14	OV	3 2 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3
12	W M	6-23	2 V	Type 1 poliovirus isolated

Preliminary results of a stool survey of 27 nursery-school children in the Bradenton area show 2 definite type 2 poliovirus isolates. Four additional specimens have yielded poliovirus, but typing procedures are not yet complete. Sewage samples are also being studied.

D. Washington

A follow-up report on the Lind-Ritzville outbreak of febrile illness has been received (See PSU Reports No. 226 and 227). A preliminary tabulation shows 75 cases, 25 in Lind (Pop. 760), 38 in rural Lind, 6 in Ritzville (Pop. 2,250), and 6 in rural Ritzville. An additional 15 to 20 cases in the Lind area have not as yet been investigated.

Dr. Ernest A. Ager, Head, Communicable Disease Control, Washington State Department of Health, reports that the outbreak, which began in Lind in May, may have peaked in the third week of June. The outbreak is definitely waning in intensity, but 1-2 cases are still being reported daily.

Classic pleurodynia was noted in 9 cases. Others manifested high fever, malaise and anorexia, and a variable number of other signs and symptoms.

Symptom or Sign	Number of Cases
Headache	54
Dizziness bevalok shuloni as	The 3 cases regreed this wa
Myalgia	33 (Usually involving back,
	legs, and neck.)
Sore throat	MITEGRA SERENTE LIGHT BEFORE CERTAIN
Nausea or vomiting	case is a triply vacrggated 4 year
Chest pain	Laboracory study is 101 brway .
Cervical lymphadenopathy	14
Exudative pharyngitis	12 spinoli .5
Abdominal pain	12
Abdominal pain Cough Conjunctivitie	riog and de dependent represent A - 1 - 1
Orchitis	According to Dr. Jamas C. Bond, Epi
Epistaxis	Health, 3 paralytic gases have been and case of asspiric geningitia with
Diarrhea	one case of asspiic ganingitia will
sende ro seen sue pue 'sios	no ther rise in acute-convalencent

Commonly, the clinical course has been marked by 4 to 6 days of acute symptoms followed by 2 to 4 days of apparent recovery, after which a second phase of 4 to 6 days is seen. No deaths have occurred, but suggestive evidence of myocarditis is apparent in one case. Nuchal rigidity and other signs of aseptic meningitis have been notably absent.

Cases have occurred largely in the childhood and adolescent age groups. Secondary-case attack rates in families have been high. The 75 cases investigated so far have derived from 28 households.

Laboratory data show leukopenia with relative lymphocytosis, elevated erythrocyte sedimentation rate, and normal cerebrospinal fluid. Coxsackie B-2 has been isolated from 4 stool specimens (See PSU Report No. 227), and more than 30 additional specimens are being processed. Several of these have yielded virus isolates, but identification is not yet complete.

A close surveillance of nearby Spokane is being maintained. Lind is located approximately 16 miles from Ritzville and 85 miles from Spokane on U.S. 395. Spread to Ritzville has already occurred, and traffic between Lind and Spokane is heavy. Dr. Ager reports that 3-4 suggestive cases with similar signs and symptoms have already been reported in the Spokane area, but investigation is not yet complete.

3. 1961 POLIOMYELITIS CASES REPORTED TO PSU

Through July 11, there have been 153 cases of poliomyelitis with onset in 1961 submitted to the Poliomyelitis Surveillance Unit on individual case forms. Of these 153 cases, 117 (76 percent) are paralytic.

4. ROUTINE POLIOMYELITIS SURVEILLANCE

A. Cases with Onset Within 30 Days of Vaccination

During the week of July 5 through July 11, the Poliomyelitis Surveillance Unit was notified of three additional cases, two paralytic, that occurred within thirty days of vaccination. This brings the 1961 total to five cases, of which four are paralytic (one correlated).

The current paralytic cases are a 4 month male from Evangeline Parish, Louisiana with vaccination on 5-15-61 and onset 6-12-61 and an 11 year old male from Ohio County, Ohio with vaccination on 6-15-61 and onset 6-19-61. The Louisiana case was inoculated in the right hip with Pfizer or Lilly vaccine and had first paralysis in the right leg and arm. The Ohio case was inoculated in the left shoulder with Lilly vaccine and had first paralysis in the legs. Lot numbers of the vaccines in question are being sought as part of the routine poliomyelitis surveillance program.

(This surveillance report was prepared by the Poliomyelitis and Poliolike Diseases Surveillance Unit, Michael J. Regan, M. D., Chief, David G. Miller, M. D., and Mr. Leo Morris, Statistician, with the assistance of Statistics Section, CDC.)

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Figure I CURRENT U.S. POLIO INCIDENCE
COMPARED WITH YEARS 1955-1960; APRIL-AUGUST, BY WEEK

PROVISIONAL DATA SUPPLIED BY NATIONAL OFFICE OF VITAL STATISTICS AND COMMUNICABLE DISEASE CENTER

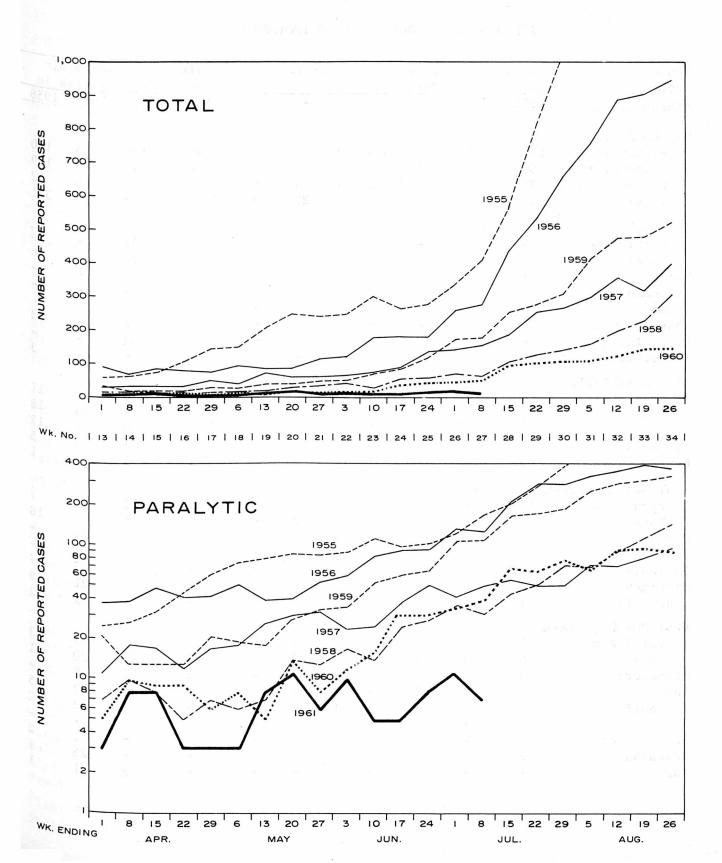


Table 1
TREND OF 1961 POLIOMYELITIS INCIDENCE

State	Cumula-	•		Repor			C	Six	rable		
and	tive	-	For	Week E	ndin	g		Week	Weeks	Total	sin
Region	1961	6-3	6-10	6-17	6-24	7-1	7-8	Total	1960	1959	1958
UNITED STATES											- 70
Paralytic	157	10	5	5	8	11	7	46	160	435	170
Nonparalytic	56	-	4	1	8	7	2	22	41	172	119
Unspecified	38	3	1	2	1	4	1.	12	5	66	42
Total	251	13	10	8	17	22	10	80	206	673	331
NEW ENGLAND											
Paralytic	3	_	_	_	_	_	_	_	31	_	5
Total	3	_	_	_	_	_		_	35		6
Maine	-	_	_	_	_	_	_	_	1	_	
	_	_	_	_	_	-	-	-	1	-	
New Hampshire	-	-	-	-	-	-	-	-	-		
Vermont	_	-	-	-	-	-	-	-	-	-	3
Massachusetts	2	-	-	-	-	-	-	-	1	-	_
Rhode Island	-	-	_	-	-	-	-	-	33	-	3
Connecticut	1	-	-	-	-	-	-	-	-	-	,
MIDDLE ATLANTIC											
Paralytic	14	_	_	2	_	_	-	2	6	16	11
Total	18	-	٠.	2	-	1	_	3	7	24	18
New York	8	_	-	1	_	1	-	2	4	17	12
New Jersey	5	_	_	_	_	· ·	_	_	_	6	5
Pennsylvania	5	-	-	1	_	-	_	1	3	1	1
EAST NORTH CENTR				- 1		•		2	1.0	0.5	7
Paralytic	18	-	-	1	-	2	-	3	10	25	18
Total	27	-	~	1	1	2	-	4	15	58	-
Ohio	11	-		1	1	1	-	3	3	24	
Indiana	3	-	-	-	-	-		-	1	6	7
Illinois	7	-	-	-	_	-	-	-	8	5	9
Michigan	3	-	-	-	-	1	-	1	3	21	2
Wisconsin	3	-	-	-	-	-	-	-	-	2	2
WEST NORTH CENTR	RAL										
Paralytic	7	2	_	_	_	1	1	4	6	103	3
Total	14	3	2	-	1	2	1	9	13	190	11
Minnesota	3	2	_	_	_	_	_	2	6	8	
Iowa	2	_	1	_	_		· .	1.	4	102	5
Missouri	7	1	î		1	2	1	6	1	33	2
North Dakota	,	1	1	was E			1	O	T	33	-
South Dakota	-	-		-	_	_	-		-	1	2
	2	-	-	-	-	-	- 1	a compression of	-		1
Nebraska	2	-	-	-	-	-	-	-	-	25	1
Kansas	-	-	-	-	-	-	-	-	2	21	

Table 1 (Continued)

State and	Cumula-	С	ases R	eport	ed to	CDC		Six		Comparable Si Weeks Totals	
Region	tive 1961	6-3	6-10		inding 6-24	7_1	7-8	Week Total	1960	1959	s in 1958
	1301	0-3	0-10	0-1/	0-24	<u>'-T</u>	7-0	IULAI	1300	1939	170
SOUTH ATLANTIC											
Paralytic	26	2	3	1	4	4	2	16	17	60	34
Total	39	2	3	1	7	10	2	25	19	79	76
Delaware	2	-	-	_		-	_	_	-	1	1
Maryland	1	_	-	_	-	-	1	1	_	_	_
D. C.	_	_	_	_	_	_	_	-	· -	_	5 -
Virginia	1	-	_	_	1	_	_	1	_	15	10
west Virginia	5	_	1	_	_	1	1	3	3	4	7
North Carolina	4	_	_	_	_	-		_	4	18	9
South Carolina	4	_	1	_	2	_	_	3	6	6	2
Georgia	14	2	ī	1	3	5	_	12	1	18	11
Florida	8	_	-	_	1	4	_	5	5	17	36
					1	7		,	, ,	17	30
EAST SOUTH CENTRA	L		*		567.0		(50	250			
Paralytic	9	2	-	-	2	-	1	5	4	53	6
Total	26	2	-	2	. 2	1	3	10	5	70	26
Kentucky	16	-	-	1	-	1	-	2	1	4	4
Tennessee	5	-	-	1	-	-	3	4	1	15	7
alabama	1	-	_	-	1	-	-	1	1	29	3
Mississippi	4	2	-	-	1	-	-	3	2	22	12
WEST SOUTH CENTRA	Τ.										
Paralytic	24	1	_	1	1	3	1	7	16	122	53
Total	41	1	3	1	3	3	1	12	33	177	104
Arkansas	2	_	-	_	1	_	_	1	2	38	3
Louisiana	11		_	_	2	2		4	12	24	12
0klahoma		-					-			29	12
Texas	28	1	3	1	-	1	1	7	19	86	77
	20	ı	3	1	-	1	1	,	19	00	//
MOUNTAIN											
Paralytic	13	2	-	-	-	-	1	3	5	16	6
Intal	22	2	-	_	-	-	2	4	7	28	12
Montana	2	_	-	-		_	1	1	4	1	4
rdaho	4	-	-	-	_	_	_	-	_	3	-
Wyoming	_	_	_	_	-	_	_	_	· · ·	1	_
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WEW Morris	1	_	_	_	_	_	_	_	1	7	4
	5	2	_	_	_	-	_	2	1	14	2
Utah	7	_	_	_	_	_	1	1	_	_	_
Nevada	<u>,</u>	_	-	_	_	_	-	-	_	_	_
PACIFIC											
Down 1		_	•					,			, -
Paralytic Total	43	1	2	-	1	1	1	6	65	40	45
Washington	61	3	2	1	3	3	1	13	72	47	60
	9	2	-	-	1	-	-	3	-	5	2
Califo	7	-	-	-	1	2	-	3	4	6	6
California Alaska	43	1	2	1	1	1	1	7	66	36	33
Hawaii	-		-	-	-	-	-	-	1	-	-
-wall	2	-	-	-	-	-	-	-	1	-	19
TERRITORY Puerto Rico											

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