



Morbidity and Mortality

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

INSTITUTIONAL SHIGELLOSIS - WISCONSIN

For over 10 years shigellosis has been a recurring problem in a Colony and Training School for the mentally retarded in Wisconsin. Despite carefully planned preventive and therapeutic measures initiated in 1960 there have been 2 years of high incidence in 1963 and 1965. The numbers of cases reported in this Colony since 1954 are:

1954	1955	1956	1957	1958	1959
117	81	32	57	188	290
1960	1961	1962	1963	1964	1965*
204	56	34	265	48	125

*Through 10/1/65

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In some years there has appeared to be a seasonal trend with a small peak of incidence in the late summer and early fall; in years of low incidence this seasonal trend is not evident. In July and August of 1965, however, there was a sharp outbreak of shigellosis with 76 culturally proved cases; many more patients had diarrhea with negative findings on stool culture.

(Continued on page 2)

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 (Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	1st WEEK ENDED		MEDIAN 1961-1965	CUMULATIVE, FIRST WEEK		
	JANUARY 8, 1966	JANUARY 9, 1965		1966	1965	MEDIAN 1961-1965
Aseptic meningitis	30	42	19	30	42	19
Brucellosis	-	8	4	-	8	4
Diphtheria	1	3	8	1	3	8
Encephalitis, primary:						
Arthropod-borne & unspecified	19	33	---	19	33	---
Encephalitis, post-infectious	9	5	---	9	5	---
Hepatitis, serum	10	688	691	10	688	691
Hepatitis, infectious	666			666		
Measles (rubeola)	3,861	5,203	5,203	3,861	5,203	5,203
Poliomyelitis, Total (including unspecified)	1	-	1	1	-	1
Paralytic	-	-	1	-	-	1
Nonparalytic	-	-	---	-	-	---
Meningococcal infections, Total	63	52	46	63	52	46
Civilian	58	52	---	58	52	---
Military	5	-	---	5	-	---
Rubella (German measles)	396	---	---	396	---	---
Streptococcal sore throat & Scarlet fever	7,361	8,680	6,810	7,361	8,680	6,810
Tetanus	3	3	---	2	3	---
Tularemia	4	6	---	4	6	---
Typhoid fever	3	2	2	3	2	2
Typhus, tick-borne (Rky. Mt. Spotted fever)	5	-	---	5	-	---
Rabies in Animals	72	92	49	72	92	49

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	-	Botulism:	-
Leptospirosis:	-	Trichinosis: N.C. - 1, Ky. - 3	4
Malaria: Mass. - 1, S.C. - 1, Calif. - 2, N.Y. Up-State - 1	Not Communicable	Rabies in Man:	-
Psittacosis: Wisc. - 1, Ore. - 1	2	Rubella, Congenital Syndrome:	-
Typhus, murine:	-		

INSTITUTIONAL SHIGELLOSIS - WISCONSIN

(Continued from front page)

The affected Colony cares for 1,560 patients in 15 cottages which accommodate an average of 100 patients in each; the amount of accommodation available in the cottages varies from 41 to 124 persons whose ages range from 3 years to 76 years. The cottages are scattered through the grounds of the Colony in groups of two and four, and there is little or no contact between the patients from different cottages. The food service is from a central kitchen, and the Colony has its own laundry and sewage disposal plant. Water is from deep wells and, since 1960, has been chlorinated before distribution. The milk supply, from a commercial source, is pasteurized.

Investigations of the outbreak in July and August showed that 78 percent of the cases of shigellosis occurred in only two of the 15 cottages. These two cottages, respectively numbered 8 and 12, accommodate patients with moderate to severe degrees of retardation; the median age is 10 years in cottage 8 and 9 years in cottage 12. The outbreak began in cottage 8 in July where the eventual attack rate was 25 percent; it affected cottage 12 in August with an eventual attack rate of 39 percent. The highest attack rate in any other cottage was 4.3 percent; five cottages had no cases.

Laboratory studies showed that in cottage 8 all isolates were of the *Shigella flexneri* group while in cottage 12 all were *Shigella sonnei*. In the other 8 cottages which had only a few cases each, the serotype was the same for all cases in any one cottage; in two of the cottages the index case was linked with cottage 12.

Environmental hygiene is generally satisfactory, with good standards of cleanliness in the cottages and laundry arrangements are adequate. Washing facilities in the cottages for the personal hygiene of patients with diarrhea is adequate in some instances but less adequate in others.

Investigations included a review of the patients' records and it was noted that 21 percent of the patients who had shigellosis in cottage 8 during this year had had laboratory confirmed shigellosis in the past; the comparable percentage in cottage 12 was 39 percent.

No shigella isolates were obtained from any of the hospital staff caring for patients in cottage 8. Questioning of other hospital staff did not reveal any episodes of diarrhea prior to the outbreak and there was no increased incidence among the general public living in the vicinity of the Colony.

During the period October 5 to 7, 1965, three successive rectal swab cultures were obtained from every patient in cottage 8 and 12; at least one rectal swab culture was obtained from each employee at the two cottages. From a total of 337 individuals so examined there were only 8 isolates of shigellae, none of which were from employees. One rectal swab from a girl in cottage 12 yielded *S. sonnei*; the other 7 isolates were from boys in cottage 8 and all yielded *S. flexneri*. Four of these 8 children had mild diarrhea at the time of the survey. Shigella prevalence rates were 1.1 percent in cottage 12 and 6.3 percent in cottage 8. Antibiotic sensitivity tests showed resistance to neomycin but sensitivity to chloramphenicol.

The rate of shigellosis in the institution is now low and it is anticipated that continuing active clinical and laboratory surveillance, plus the rapid and effective isolation of children excreting shigella, will prevent outbreaks in the future.

(Reported by Dr. Ellison White, Medical Director, Southern Wisconsin Colony and Training School; and Dr. Josef Preizler, Deputy Director, Preventable Disease Section, Wisconsin State Board of Health.)

MEASLES - CURRENT TRENDS

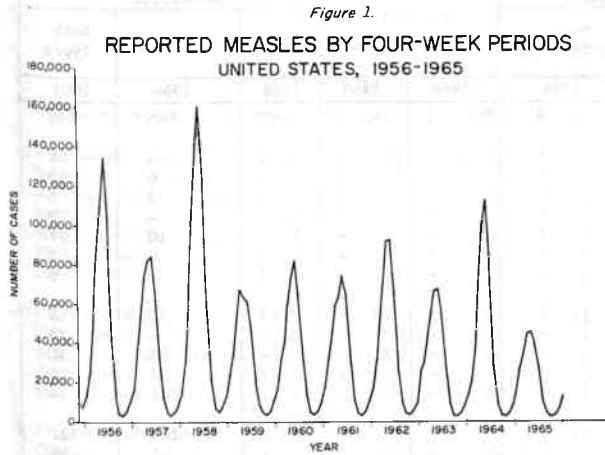
The provisional total of cases of measles during 1965 is 266,222, which is the lowest total recorded since 1925. The 106 cases of measles encephalitis notified in 1965 is 76 cases fewer than those reported in 1964.

During the last 4-week period of 1965 there were 12,849 cases of measles reported (Figure 1). This is an increase of 836 cases over the total for the comparable period in 1964; however, this relatively small increase does not reflect the occurrence of measles in epidemic proportions in many communities. While most States

reported a decrease during the weeks 49-52 of 1965, in 12 States there was a definite increase in incidence compared to the same period in 1964 (Table 1). The greatest part of this increase is due to epidemics of measles occurring in small rural communities and in segments of metropolitan areas where measles has not occurred in epidemic proportions for 2 to 3 years. It is in just such communities that the practicality of aborting epidemics by immunization of the young school age children is being studied (MMWR, Vol. 14, No. 48, pp. 409-410).

Table 1
TWELVE STATES WITH INCREASE IN REPORTED MEASLES
Weeks 49-52, 1965

Region	State	Reported Measles, Weeks 49-52		
		1964	1965	Increase 1964 to 1965
Middle Atlantic	New Jersey	73	953	+880
	Pennsylvania	253	517	+264
	New York City	120	1858	+1738
East North Central	Illinois	48	1170	+1122
	Wisconsin	486	2656	+2170
West North Central	Minnesota	5	190	+185
South Atlantic	Maryland	20	143	+123
	South Carolina	7	114	+107
East South Central	Kentucky	154	610	+456
	Tennessee	404	593	+189
West South Central	Arkansas	5	107	+102
Mountain	Arizona	24	175	+151



Since the licensure of live attenuated measles vaccine in the United States in March 1963, approximately 13 million doses of vaccine have been distributed throughout the country by the manufacturers. Based on the proportion by age of children immune to measles and by the annual number of births, this is enough vaccine to immunize 65 percent of susceptible children within the relevant age groups. The occurrence of the sharp seasonal

increase of measles in certain geographical areas late in 1965 suggests that the utilization of vaccine has not been uniformly spread through the susceptible pre-school population as a whole. Until this uniform distribution of vaccination of the susceptible children is achieved, localized but severe epidemics may be expected to continue.
(Reported by the Childhood Virus Disease Unit, CDC.)

Table 2
REPORTED CASES OF POST-INFECTIOUS AND POST-IMMUNIZATION ENCEPHALITIS
EIGHT-WEEK PERIOD ENDING DECEMBER 4, 1965

State	Mumps	Chicken-pox	Measles	Rubella	Herpes Simples	Pertussis	Influenza	Mono-nucleosis	Respiratory Syncytial	E. coli	Pneumonia	Post-Immunization	
												Rabies	Vaccinia
California	15	1			1								
Florida	5				1								
Illinois	4		2										
Michigan	5	1											
Minnesota	3				1								
New York Upstate	1		1										
Pennsylvania													1
Rhode Island	1												
Tennessee			1								1		
Texas	1	2	1				1						
Washington	1												
U.S. Total	36	4	5	-	3	-	1	-	-	-	1	-	1
U.S. Cumulative Totals (weeks 1-48)													
1965*	399	76	101	12	15	-	5	2	-	1	2	-	5
1964**	452	60	178	34	10	1	10	-	1	-	-	-	3

*Includes revised and delayed reports.
**Corresponding period in 1964.

(States not reporting a case not listed)

Morbidity and Mortality Weekly Report

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Week No. **DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JANUARY 8, 1966**

1 (By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	827	516	44	32	SOUTH ATLANTIC:	1,432	750	70	94
Boston, Mass.-----	265	158	8	8	Atlanta, Ga.-----	140	73	5	7
Bridgeport, Conn.-----	57	31	5	2	Baltimore, Md.-----	314	172	12	18
Cambridge, Mass.-----	35	29	3	-	Charlotte, N. C.-----	54	19	3	8
Fall River, Mass.-----	27	21	-	-	Jacksonville, Fla.-----	104	55	5	9
Hartford, Conn.-----	62	33	1	5	Miami, Fla.-----	89	48	-	3
Lowell, Mass.-----	26	17	3	2	Norfolk, Va.-----	67	33	10	5
Lynn, Mass.-----	26	17	1	-	Richmond, Va.-----	119	59	7	6
New Bedford, Mass.-----	31	18	-	3	Savannah, Ga.-----	35	19	2	-
New Haven, Conn.-----	41	20	1	1	St. Petersburg, Fla.-----	103	86	5	1
Providence, R. I.-----	70	38	8	3	Tampa, Fla.-----	84	50	6	4
Somerville, Mass.-----	13	8	1	-	Washington, D. C.-----	276	109	8	29
Springfield, Mass.-----	62	43	5	4	Wilmington, Del.-----	47	27	7	4
Waterbury, Conn.-----	36	25	-	2					
Worcester, Mass.-----	76	58	8	2	EAST SOUTH CENTRAL:	743	370	47	43
MIDDLE ATLANTIC:	3,606	2,206	188	130	Birmingham, Ala.-----	88	41	1	3
Albany, N. Y.-----	70	40	-	3	Chattanooga, Tenn.-----	65	34	9	3
Allentown, Pa.-----	39	28	1	1	Knoxville, Tenn.-----	49	25	-	1
Buffalo, N. Y.-----	160	104	10	11	Louisville, Ky.-----	124	67	14	6
Camden, N. J.-----	51	30	1	2	Memphis, Tenn.-----	153	70	6	14
Elizabeth, N. J.-----	41	25	2	-	Mobile, Ala.-----	47	27	5	5
Erie, Pa.-----	40	26	4	-	Montgomery, Ala.-----	71	37	7	5
Jersey City, N. J.-----	81	42	12	1	Nashville, Tenn.-----	146	69	5	6
Newark, N. J.-----	110	51	7	7	WEST SOUTH CENTRAL:	1,334	697	80	90
New York City, N. Y.*-----	1,821	1,112	86	61	Austin, Tex.-----	33	18	5	-
Paterson, N. J.-----	42	27	4	4	Baton Rouge, La.-----	28	16	2	-
Philadelphia, Pa.-----	472	281	15	13	Corpus Christi, Tex.-----	31	16	-	2
Pittsburgh, Pa.-----	291	179	11	10	Dallas, Tex.-----	182	97	7	9
Reading, Pa.-----	48	27	5	1	El Paso, Tex.-----	43	20	5	2
Rochester, N. Y.-----	131	91	7	6	Fort Worth, Tex.-----	111	61	5	11
Schenectady, N. Y.-----	21	15	-	-	Houston, Tex.-----	189	83	9	12
Scranton, Pa.-----	39	20	4	1	Little Rock, Ark.-----	70	46	3	4
Syracuse, N. Y.-----	52	30	2	3	New Orleans, La.-----	228	109	14	21
Trenton, N. J.-----	28	22	3	2	Oklahoma City, Okla.-----	123	65	3	4
Utica, N. Y.-----	35	32	12	-	San Antonio, Tex.-----	152	86	14	11
Yonkers, N. Y.-----	34	24	2	4	Shreveport, La.-----	75	40	7	10
					Tulsa, Okla.*-----	69	40	6	4
EAST NORTH CENTRAL:	2,783	1,547	127	150	MOUNTAIN:	467	277	29	37
Akron, Ohio-----	68	41	-	2	Albuquerque, N. Mex.-----	44	20	6	4
Canton, Ohio-----	44	32	3	3	Colorado Springs, Colo.-----	18	10	2	-
Chicago, Ill.-----	779	400	40	47	Denver, Colo.-----	138	95	8	10
Cincinnati, Ohio-----	212	122	6	17	Ogden, Utah-----	23	15	1	3
Cleveland, Ohio-----	231	116	4	12	Phoenix, Ariz.-----	114	62	6	8
Columbus, Ohio-----	132	76	4	10	Pueblo, Colo.-----	15	7	1	3
Dayton, Ohio-----	90	54	10	4	Salt Lake City, Utah-----	43	29	1	2
Detroit, Mich.-----	348	193	8	17	Tucson, Ariz.-----	72	39	4	7
Evansville, Ind.-----	41	22	1	-	PACIFIC:	1,734	1,095	51	69
Flint, Mich.-----	48	17	3	2	Berkeley, Calif.-----	19	14	-	-
Fort Wayne, Ind.-----	47	29	7	1	Fresno, Calif.-----	59	33	2	6
Gary, Ind.-----	35	20	4	4	Glendale, Calif.-----	44	34	1	2
Grand Rapids, Mich.-----	62	41	5	1	Honolulu, Hawaii-----	52	22	2	3
Indianapolis, Ind.-----	140	82	11	8	Long Beach, Calif.-----	69	39	2	4
Madison, Wis.-----	35	18	-	-	Los Angeles, Calif.-----	510	342	20	15
Milwaukee, Wis.-----	164	106	5	7	Oakland, Calif.-----	113	72	2	6
Peoria, Ill.-----	32	19	4	1	Pasadena, Calif.*-----	40	30	-	-
Rockford, Ill.-----	39	21	6	3	Portland, Oreg.-----	169	105	2	1
South Bend, Ind.-----	48	21	2	5	Sacramento, Calif.-----	80	36	5	8
Toledo, Ohio-----	106	66	2	4	San Diego, Calif.-----	113	73	-	5
Youngstown, Ohio-----	82	51	2	2	San Francisco, Calif.-----	186	95	5	11
WEST NORTH CENTRAL:	931	556	55	45	San Jose, Calif.*-----	38	25	3	2
Des Moines, Iowa-----	66	50	4	4	Seattle, Wash.-----	151	102	7	4
Duluth, Minn.-----	29	20	4	2	Spokane, Wash.-----	46	40	-	1
Kansas City, Kans.-----	23	14	2	3	Tacoma, Wash.-----	45	33	-	1
Kansas City, Mo.-----	114	71	6	2					
Lincoln, Nebr.-----	27	18	2	-	Total	13,857	8,014	691	690
Minneapolis, Minn.-----	155	90	8	7	Cumulative Totals				
Omaha, Nebr.-----	91	49	2	5	including reported corrections for previous weeks				
St. Louis, Mo.-----	310	177	19	13	All Causes, All Ages-----	13,857			
St. Paul, Minn.-----	82	50	4	4	All Causes, Age 65 and over-----	8,014			
Wichita, Kans.-----	34	17	4	5	Pneumonia and Influenza, All Ages-----	691			
					All Causes, Under 1 Year of Age-----	690			

*Estimate - based on average percent of divisional total.

INTERNATIONAL NOTES - QUARANTINE MEASURES

Immunization Information for International Travel

1965-66 edition-Public Health Service Publication No. 384

The following change should be made in the list of Yellow Fever Vaccination Centers in Section 6:

Delete

City Chicago, Illinois
Center United Air Lines Medical Department
 O'Hare Field Station
 O'Hare International Airport
Clinic Hours Friday, 9-11 a.m.
Fee Yes

Add

City Chicago, Illinois
Center United Air Lines Medical Department
 O'Hare Field Station
 O'Hare International Airport
Clinic Hours Friday, 9-11 a.m.
 By Appointment
Fee Yes

PLAGUE - Viet Nam

Bubonic plague continues to be a problem in Viet Nam. The areas on the 'infected local area' list as of January 7, 1966, include the ports of Dalat, Danang, Nhatrang, Saigon, and Binh-Dinh, Pleiku, and Quang-Ngai Provinces. Over 300 cases of bubonic plague were reported to the World Health Organization from Viet Nam during 1965.

Although it is not a requirement, travelers proceeding to any of these areas in Viet Nam are strongly advised to be immunized against plague. The standard course, using the vaccine licensed in the United States, is three injections, the first two 30 days apart and the third 4 to 12 weeks following the second dose. A booster dose at 3-month intervals is advised when remaining in a known plague area. Once the complete standard course has been given, it need not be repeated and a single booster dose is adequate at any time thereafter.

(Department of Foreign Quarantine, United States Public Health Service.)

REVISION, Vol. 14, No. 52, p. 441: The total number of cases of human rabies in the U.S. during 1965, as shown in "Notifiable Disease of Low Frequency," should read 1 and not 2. The human case of rabies reported from California on the same page was an imported case brought into hospital for treatment from outside of the U.S.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 15,300, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
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 COMMUNICABLE DISEASE CENTER
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NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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