COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 15, No. 10

WEEKLY REPORT

Week Ending March 12, 1966

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

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STAPHYLOCOCCAL FOOD POISONING – CHICAGO

On January 1, 1966, an outbreak of food poisoning occurred at a bowling alley in Chicago following a New Year's Eve party. The buffet menu planned consisted of ham, turkey, deviled eggs, salami, bread and the macaroni and potato salads. Two to 4 hours after eating food at this party, 37 persons developed nausea, vomiting and diarrhea of a severity requiring medical attention. They were taken to nearby southside hospitals where seven persons were admitted for treatment; the other 30 were treated as outpatients and allowed to go home. Various foods served at the party were cultured and yielded coagulase positive staphylococci.

CONTENTS

Epidemiological investigation revealed that the management of the bowling alley had contracted with the operator of a small lunch counter to prepare the food for a New Year's Eve party. Since the premises of the lunch counter were inadequate for the preparation of the amount of food required, the operator requested that the two

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	10th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 10 WEEKS		
	MARCH 12, 1966	MARCH 13, 1965	1961 – 1965	1966	1965	MEDIAN 1961 – 1965
Aseptic meningitis	25	25	19	281	274	229
Brucellosis	4	1	5	35	33	59
Diphtheria	2	11	8	27	42	63
Encephalitis, primary:						
Arthropod-borne & unspecified	18	37	---	221	299	---
Encephalitis, post-infectious	20	12	---	158	127	---
Hepatitis, serum	36	822	1,026	222	7,866	11,104
Hepatitis, infectious	709			7,161		
Measles (rubeola)	8,897	12,148	14,223	65,866	83,059	100,813
Poliomyelitis, Total (including unspecified)	–	–	2	2	2	32
Paralytic	–	–	2	1	2	28
Nonparalytic	–	–	---	–	–	---
Meningococcal infections, Total	118	101	49	943	808	563
Civilian	106	96	---	801	748	---
Military	12	10	---	142	60	---
Rubella (German measles)	1,727	---	---	11,469	---	---
Streptococcal sore throat & Scarlet fever	14,662	12,830	10,935	111,969	111,121	97,782
Tetanus	1	1	---	20	36	---
Tularemia	2	7	---	40	47	---
Typhoid fever	8	14	14	53	75	75
Typhus, tick-borne (Rky. Mt. Spotted fever)	1	–	---	8	6	---
Rabies in Animals	84	112	83	728	985	668

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Botulism:	1
Leptospirosis:	8	Trichinosis: N.Y. Up-State-1	19
Malaria: Ill.-1, Va.-1, Ga.-2	51	Rabies in Man:	–
Psittacosis: Pa.-1, Tex.-1	13	Rubella, Congenital Syndrome:	7
Typhus, murine: Calif.-1	2		

STAPHYLOCOCCAL FOOD POISONING – CHICAGO

(Continued from front page)

relatives who live in his home help with the preparation. He ordered the macaroni and potato salads from a licensed caterer and purchased the salami from a commercial wholesale dealer. A thorough epidemiological investigation of all places in which the food was prepared was conducted by the Chicago Board of Health.

Most of the food was prepared by the two relatives in the home where they live with the lunch counter operator. Four small turkeys and a 10-pound ham were purchased on December 29 and refrigerated in the home. On the following evening one relative took the turkeys and the ham to another establishment for cooking only. The turkeys were baked for 2½ hours at 350°F and the ham for 1½ hours at 300°F; they were then taken back to the home while still warm. Boiled eggs were prepared in the home on December 30 and placed in a refrigerator after cooling; the salads and the salami were delivered that evening and also placed in a refrigerator. The following day the deviled eggs were prepared in the home between 2 p.m. and 5:30 p.m. and then refrigerated. Investigation revealed that the refrigeration in the operator's home was inadequate for the amount of food stored for the party.

At 10 p.m. on December 31, all the food was taken in a private automobile to the bowling alley. The meat was sliced at the lunch counter and the food was arranged in buffet style some 2 hours before serving at 12:30 a.m. on New Year's Day. The buffet meal lasted until 2:30 a.m.; the common foods eaten were turkey, ham and deviled eggs. In general, the major part of the food had been unrefrigerated for 4 to 5 hours prior to being served.

Coagulase positive staphylococci of the phage type 47, 53, 83 and UC-18 were isolated in the Municipal Contagious Disease Laboratory from specimens of ham, turkey, macaroni salad, deviled eggs and bread. In addition, laboratory examinations of the specimens from the three food handlers who lived together all yielded coagulase positive staphylococci phage type 47, 53, 83 and UC-18. Swabs taken from knives, forks, a hand-chopper and a metal food container, which were used both in the home of the lunch counter operator and at the lunch counter in the bowling alley, likewise yielded coagulase positive staphylococci of the same phage type.

Reported by Dr. Samuel Andelman, Commissioner of Health, Dr. Morgan J. O'Connell, Assistant Commissioner of Health, Mr. Edward F. King, Chief Sanitary Officer, City of Chicago Board of Health, Illinois.)

CURRENT TRENDS
INFLUENZA – UNITED STATES

Type B influenza virus activity is widely recognized, particularly in the eastern part of the country, while type A virus has been predominantly identified in the far west (Table 1). Of interest are recent reports of serological evidence of both types A and B influenza in Washington and Oregon, attesting to wide distribution of the two virus types in the present season. (Similar observations have been made in other parts of the world, as summarized in Table 2, International Influenza Summary on page 92).

Eighteen States and the District of Columbia have now identified the presence of type B influenza outbreaks either by virus isolation or serological procedures, and four States have demonstrated type A influenza (two of them, Washington and Oregon, are also included in the former tally). Three type A2 influenza strains and two type B viruses have been recovered in five States from sporadic cases not associated with outbreaks. Influenza-like illnesses are under investigation in six additional States.

(Reported by the Influenza-Respiratory Disease Unit, CDC.)

Arizona

Increasing evidence of influenza-like illness was first noted in the greater Phoenix area during the second week of February. In the subsequent 3 weeks, involvement of all surrounding counties was apparent. Practicing physicians have generally reported that a considerable number of adults as well as children have been affected. However, this observation has not been reflected in industrial absenteeism, which has remained normal. On the other hand, school absenteeism in 6 of Arizona's 14 counties has significantly increased in recent weeks, with many high schools in the affected areas reporting absenteeism of up to 20 percent. Laboratory investigations are underway.

(Reported by Dr. Philip M. Hotchkiss, Acting Director, Preventive Disease Control, Arizona State Department of Health.)

Idaho

Serological evidence of type A influenza has been demonstrated in a representative case occurring as part of the outbreak in Twin Falls County (MMWR, Vol. 15, No. 8).

(Reported by Dr. A.W. Klotz, Director, Division of Laboratories, Idaho Department of Health.)

Table 1
UNITED STATES INFLUENZA SUMMARY
1965-66 (Winter)

State	First Recognized	Laboratory Confirmation Isolation	Serology
Lab. Confirmed Outbreaks			
Florida	Nov. 1965	B	B
Georgia	Dec. 1965	B	B
Alabama	Jan. 1966	...	B
California	Jan. 1966	A2	A
Connecticut	Jan. 1966	...	B
Massachusetts	Jan. 1966	B	B
Rhode Island	Jan. 1966	...	B
Vermont	Jan. 1966	B	B
Alaska	Feb. 1966	B	...
Dist. of Col.	Feb. 1966	B	...
Idaho	Feb. 1966	...	A
Maine	Feb. 1966	B	...
Michigan	Feb. 1966	B	...
New Jersey	Feb. 1966	B	...
New York	Feb. 1966	B	...
N. Carolina	Feb. 1966	...	B
Ohio	Feb. 1966	...	B
Oregon	Feb. 1966	B	A, B
Texas	Feb. 1966	...	B
Virginia	Feb. 1966	B	...
Washington	Feb. 1966	B	A, B
Influenza Virus Identifications (non-outbreak)			
Illinois	Jan. 1966	B	...
Iowa	Feb. 1966	A2	A
Kansas	Feb. 1966	A2	...
Maryland	Feb. 1966	B	...
Michigan	Feb. 1966	A2	...
Influenza-like Illnesses			
Arizona	Feb. 1966		
Nevada	Feb. 1966		
New Hampshire	Feb. 1966		
West Virginia	Feb. 1966		
Montana	Mar. 1966		
Nebraska	Mar. 1966		

... Information not available.

(Compiled from reports submitted by State Health Departments and collaborative laboratories to the Influenza-Respiratory Disease Unit, CDC and the WHO International Influenza Center for the Americas, CDC.)

Illinois

Since late January, four strains of type B influenza virus have been recovered from isolated cases in northern Illinois at the University of Chicago (two strains), Northwestern University (one strain), and the Great Lakes Naval Training Station (one strain). None of the patients in whom influenza was identified is reported to have been part of a confirmed outbreak. The Great Lakes Naval Training Station isolate was made in a naval recruit who recently returned from Florida where type B influenza had previously been identified.

(Reported by Dr. Norman J. Rose, Chief, Bureau of Epidemiology, Illinois Department of Public Health.)

Iowa

Type A2 influenza virus was recovered from a student at the University of Iowa who was ill during late February. Additional cases of type A influenza among other students who were ill at the same time were identified by serological tests. However, there has not been evidence of outbreaks of similar disease occurring in other parts of the State.

(Reported by Dr. Albert P. McKee, Professor of Microbiology, University of Iowa College of Medicine, Iowa City; and Dr. Ralph H. Heeren, Deputy Commissioner of Public Health and Director, Preventable Diseases, Iowa State Department of Health.)

Michigan

Beginning in late February a localized outbreak of influenza, confirmed as type B by virus isolation, was observed in rural Alto (Kent County). The illness was clinically mild, occurring primarily in children.

In Ann Arbor, influenza-like illness resulted in increased absenteeism in a high school during late February and early March. Laboratory investigations are pending. Involvement of the adult population in Ann Arbor has not been observed.

An isolated case of influenza with recovery of type A2 influenza virus was observed in a University of Michigan graduate student. This student had no history of recent exposure outside the city of Ann Arbor.

(Reported by Dr. George H. Agate, Director, Division of Epidemiology, Department of Health; and Dr. Fred M. Davenport, Professor of Epidemiology, University of Michigan.)

Nevada

Increasing school absenteeism associated with influenza-like illness was noted in the Reno area during the third week in February. Although there have been subsequent reports from scattered counties elsewhere in the State, particularly from the Las Vegas area, the prevalence of the disease now appears to be declining.

(Reported by Dr. B.A. Winne, Chief Preventive Medical Services, Nevada Department of Health and Welfare.)

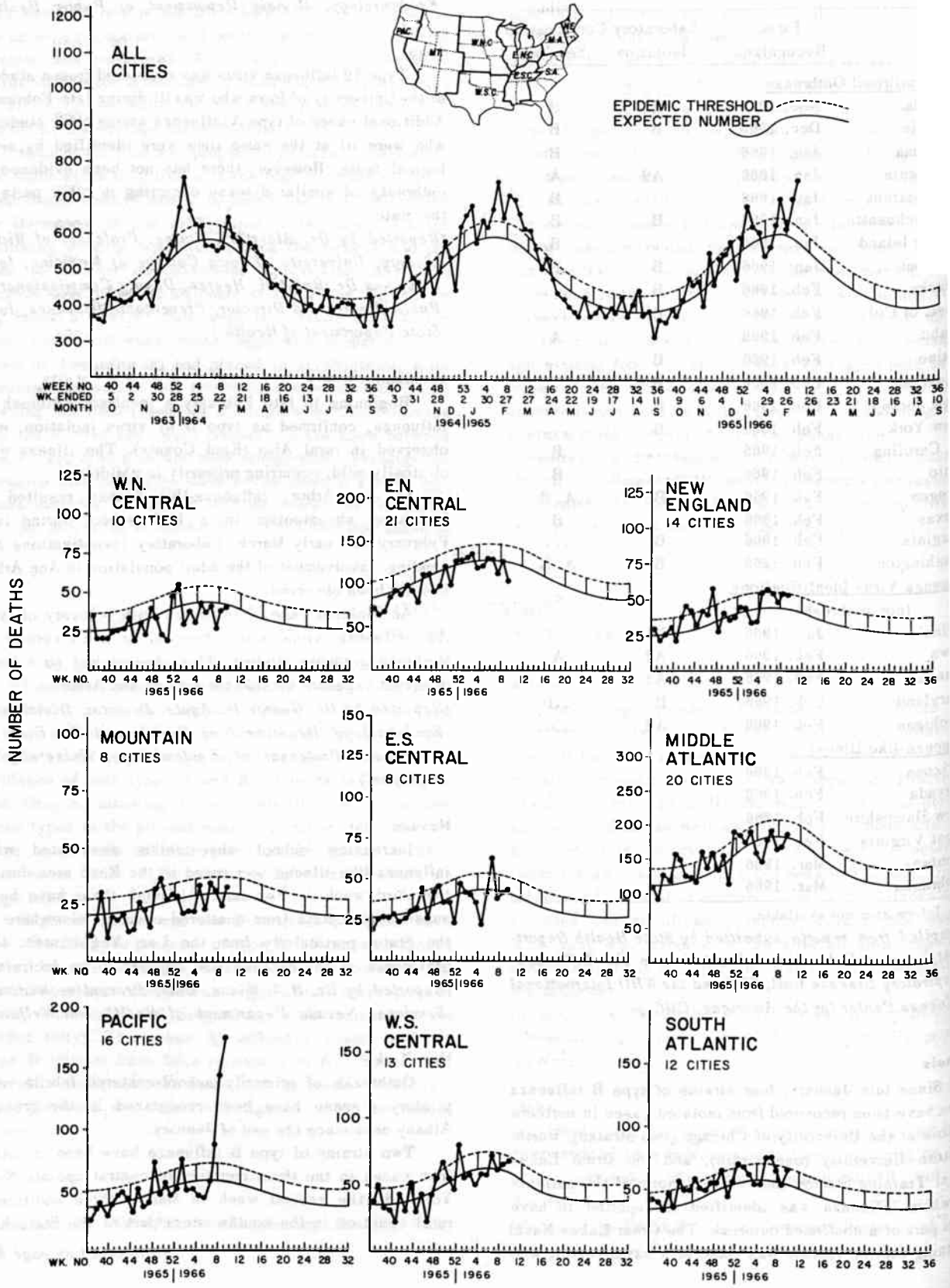
New York

Outbreaks of primarily school-centered febrile respiratory disease have been recognized in the greater Albany area since the end of January.

Two strains of type B influenza have been isolated from cases in the three counties of central upstate New York. By the second week in March, three additional rural counties in the southwestern part of the State had

(Continued on page 85)

Figure 1
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES



CURRENT TRENDS
INFLUENZA – UNITED STATES

(Continued from page 83)

reported school absenteeism of 10-15 percent attributed to similar respiratory illness.

(Reported by Dr. Julia Freitag, Epidemiologist, New York State Department of Health.)

Oregon

Beginning in late February, increasing school absenteeism attributed to influenza-like disease was recognized in Jackson and Klamath Counties in the southern part of the State. Similar illnesses have since appeared in other areas, recently in counties surrounding Portland where school absentee rates up to 20 percent were reported during the second week in March. Junior and senior high schools have generally been affected more than the elementary grades, and in some schools, many teachers as well as students have been involved. Survey of selected industries in the State has not demonstrated comparably elevated absenteeism.

Serological identifications of type A influenza infection have been reported in Curry, Jackson and Benton Counties. Type B influenza virus was recovered from a representative case in an outbreak in Marion County during late February and type B infection was serologically demonstrated in Benton County. The recent serological demonstrations of type A and of type B influenza infections in Benton County are of interest in that they occurred respectively in two students currently attending the Oregon State University in Corvallis.

(Reported by Dr. Gordon C. Edwards, Director, Division of Preventive Medical Services, Oregon State Board of Health.)

Pennsylvania

Influenza-like illness was first recognized in the State during the last week in February when six school districts in southern Allegheny County experienced abrupt increases of daily absenteeism up to 30 percent. The responsible illness was characterized by fever, sore throat, cough and a considerable degree of occular myalgia. Approximately 10 percent of affected individuals had protracted illnesses of more than one week.

By the second week in March, school absenteeism had returned to normal and no new cases were being reported. The outbreaks had affected only one third of the County.

Industrial absences in nearby greater Pittsburg have not shown an increase over the expected seasonal norm, and pneumonia-influenza mortality rates for the area remain below the epidemic threshold. A statewide survey indicates no evidence of an influenza-like disease elsewhere in the State.

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CURRENT TRENDS
MENINGOCOCCAL INFECTION – United States

The weekly total of reported cases of meningococcal infection in the United States for the first 10 weeks of 1966 is shown in Figure 2. The weekly incidence of cases is expected to remain at these seasonal high levels for several more weeks before declining during the spring months.

The cumulative numbers of cases of meningococcal infection reported in the U.S. during the first 10 weeks of 1965 and 1966 are presented by geographic region in Table 3. There has been an overall increase of 16.7 percent in the total number of cases reported to date this year as compared to the same period in 1965. The increase has been most marked in the East North Central and East South Central regions. Military cases have been only a minor factor in the East North Central region, but account for almost one-third of all reported cases in the East South Central region.

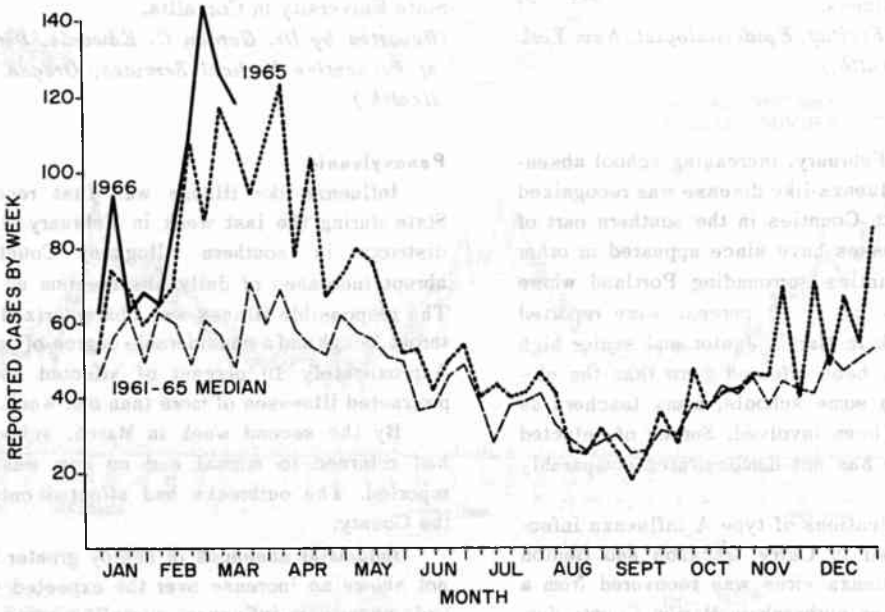
(Reported by Investigations Section, Epidemiology Branch, CDC.)

Table 3
Meningococcal Infection, U.S.
First 10 Weeks of 1965 and 1966

	1966		1965	
	Total	Military	Total	Military
United States:	943	142	808	60
New England	52	1	37	3
Middle Atlantic	104	15	123	6
East North Central	141	3	86	1
West North Central	50	10	43	12
South Atlantic	160	24	167	11
East South Central	84	27	47	5
West South Central	146	46	123	11
Mountain	32	2	35	3
Pacific	174	14	147	8

(Figure 2 on page 86)

Figure 2
MENINGOCOCCAL INFECTIONS BY WEEK OF REPORT
1965, 1966 AND MEDIAN, 1961-65
UNITED STATES



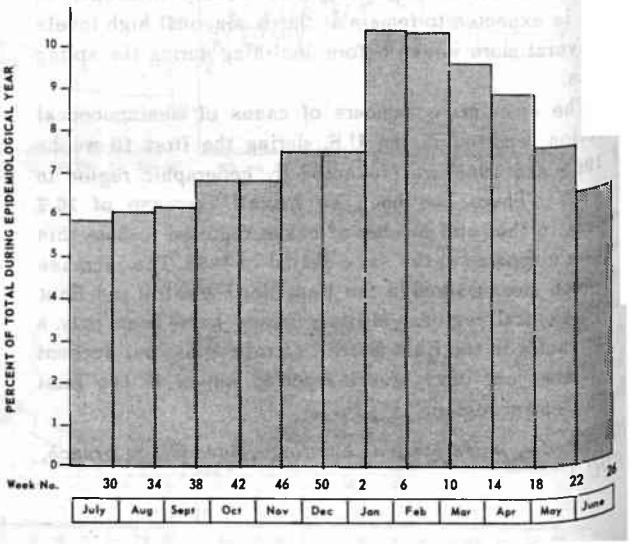
CURRENT TRENDS – HEPATITIS

A total of 22,883 cases of viral hepatitis was reported during the first 36 weeks of Epidemiological Year 1965-66*. This is 5.0 percent fewer cases than reported during the corresponding period of the previous year. The present downward trend appears to be continuing and it is likely that the incidence in 1965-66 will be the lowest recorded since the 1960-61 peak year of the present epidemic cycle (Figure 4).

The seasonal distribution of cases in the United States between July 1953 and June 1965 is shown in Figure 3. It has been characterized by a gradual rise extending from July through December, followed by a relatively abrupt increase to the peak incidence in January. The seasonal decline from March through the end of the epidemiological year has been more rapid than was the earlier increase. As represented in the bar graph for the U.S., each 4-week period includes at least 5.9 percent of all reported cases of hepatitis; the seasonal fluctuation accounts for less than 23 percent of the total hepatitis morbidity.

The seasonal pattern in the nine geographic regions of the United States is presented in Figure 5. A seasonal variation has been most marked in the New England and Mountain Regions. The Pacific Region, in contrast, has showed relatively little fluctuation.

Figure 3
REPORTED CASES OF VIRAL HEPATITIS IN THE UNITED STATES
AVERAGE DISTRIBUTION BY 4-WEEK PERIODS
JULY 1953 – JUNE 1965



*Hepatitis morbidity data are summarized in terms of "Epidemiological Year" which runs from the twenty-seventh week of the current year to the twenty-sixth week of the succeeding year.

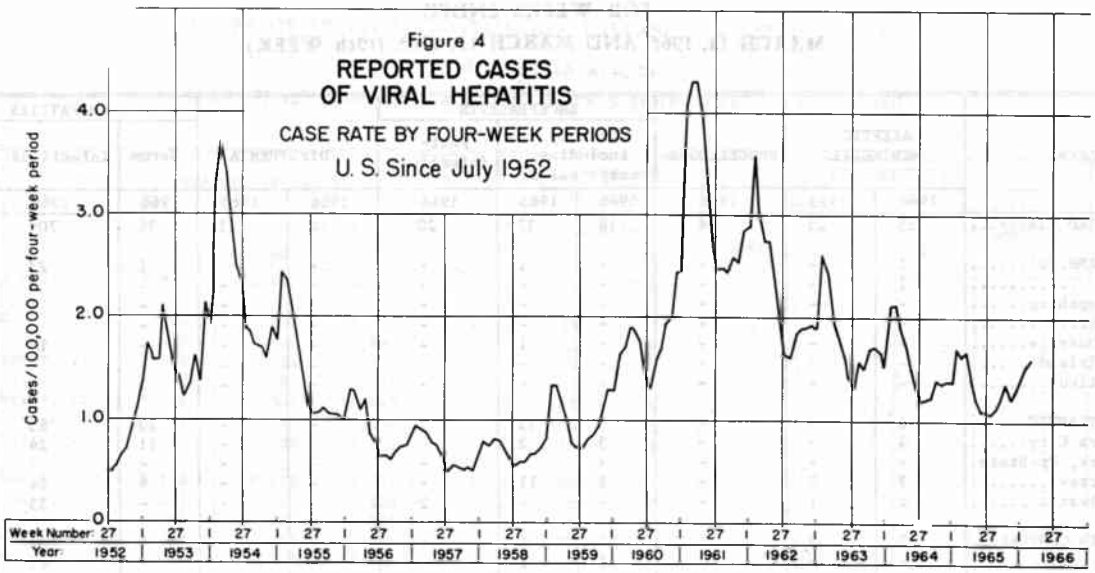
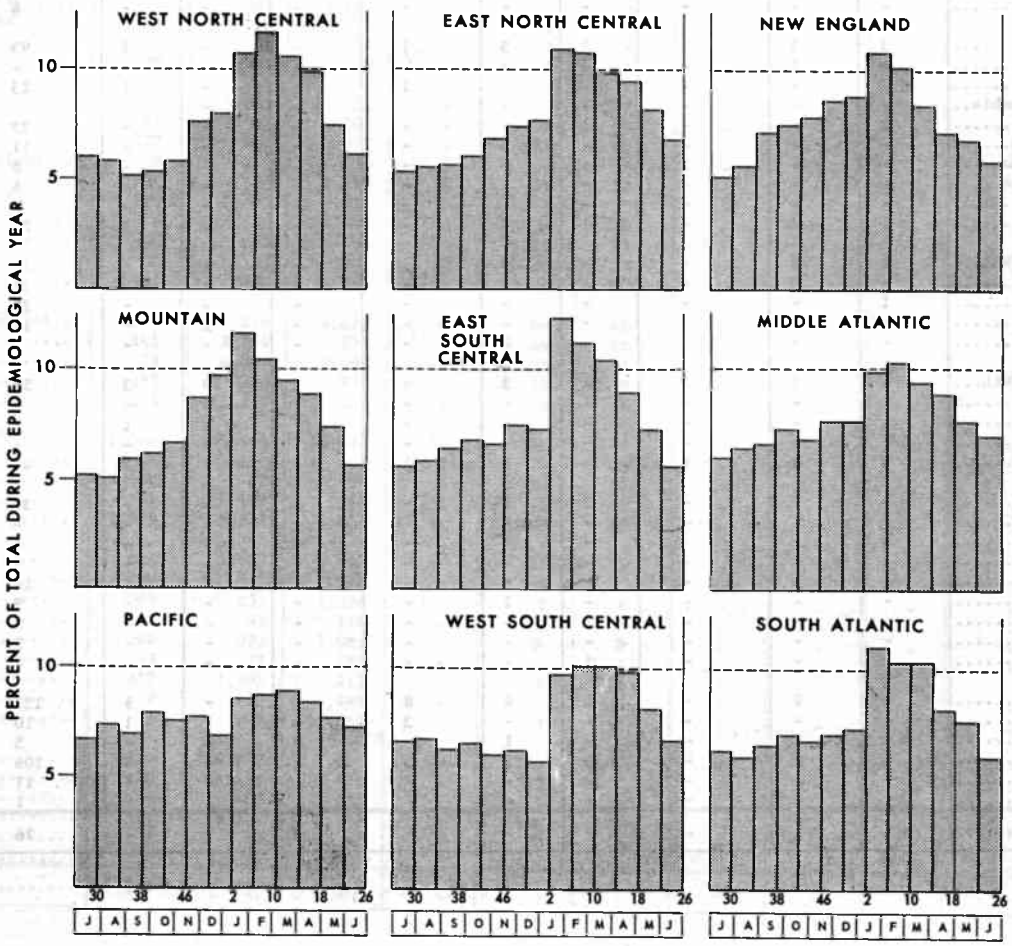


Figure 5
REPORTED CASES OF VIRAL HEPATITIS BY GEOGRAPHIC REGION OF THE UNITED STATES
AVERAGE DISTRIBUTION BY 4-WEEK PERIODS
JULY 1953 – JUNE 1965



CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 12, 1966 AND MARCH 13, 1965 (10th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	ENCEPHALITIS			DIPHTHERIA		HEPATITIS		
				Primary including unsp. cases		Post-Infectious			Serum	Infectious	Both Types
	1966	1965	1966	1966	1965	1966	1966	1965	1966	1966	1965
UNITED STATES...	25	25	4	18	37	20	2	11	36	709	822
NEW ENGLAND.....	1	-	-	-	1	-	-	-	1	23	53
Maine.....	1	-	-	-	-	-	-	-	-	3	14
New Hampshire.....	-	-	-	-	-	-	-	-	-	4	3
Vermont.....	-	-	-	-	-	-	-	-	-	3	2
Massachusetts.....	-	-	-	-	1	-	-	-	-	10	20
Rhode Island.....	-	-	-	-	-	-	-	-	-	-	2
Connecticut.....	-	-	-	-	-	-	-	-	1	3	12
MIDDLE ATLANTIC.....	6	3	-	5	13	2	-	-	20	83	145
New York City.....	2	-	-	3	2	-	-	-	11	24	33
New York, Up-State.	-	-	-	-	-	-	-	-	-	-	50
New Jersey.....	2	2	-	2	11	-	-	-	9	24	19
Pennsylvania.....	2	1	-	-	-	2	-	-	-	35	43
EAST NORTH CENTRAL...	2	3	2	2	6	4	-	-	1	166	177
Ohio.....	-	-	-	2	1	-	-	-	-	45	39
Indiana.....	-	-	-	-	3	-	-	-	-	12	16
Illinois.....	1	3	2	-	1	3	-	-	-	22	44
Michigan.....	1	-	-	-	1	1	-	-	1	80	67
Wisconsin.....	-	-	-	-	-	-	-	-	-	7	11
WEST NORTH CENTRAL...	2	1	-	1	-	1	-	-	-	37	61
Minnesota.....	2	1	-	-	-	1	-	-	-	9	5
Iowa.....	-	-	-	-	-	-	-	-	-	10	16
Missouri.....	-	-	-	1	-	-	-	-	-	13	19
North Dakota.....	-	-	-	-	-	-	-	-	-	-	4
South Dakota.....	-	-	-	-	-	-	-	-	-	-	1
Nebraska.....	-	-	-	-	-	-	-	-	-	1	1
Kansas.....	-	-	-	-	-	-	-	-	-	4	15
SOUTH ATLANTIC.....	3	3	1	2	5	1	-	-	2	93	76
Delaware.....	-	1	-	-	-	-	-	-	-	-	5
Maryland.....	-	-	-	-	-	1	-	-	1	23	9
Dist. of Columbia..	-	-	-	-	-	-	-	-	-	1	-
Virginia.....	1	-	-	1	-	-	-	-	-	23	28
West Virginia.....	-	-	-	-	-	-	-	-	-	11	10
North Carolina.....	-	-	1	-	1	-	-	-	-	8	4
South Carolina.....	-	-	-	-	1	-	-	-	-	4	2
Georgia.....	-	-	-	-	-	-	-	-	-	3	3
Florida.....	2	2	-	1	3	-	-	-	1	20	15
EAST SOUTH CENTRAL...	1	2	-	-	4	-	-	1	-	79	71
Kentucky.....	-	2	-	-	-	-	-	-	-	32	31
Tennessee.....	1	-	-	-	-	-	-	-	-	28	24
Alabama.....	-	-	-	-	-	-	-	1	-	14	4
Mississippi.....	-	-	-	-	4	-	-	-	-	5	12
WEST SOUTH CENTRAL...	6	3	1	1	3	4	2	10	3	58	59
Arkansas.....	-	-	-	1	-	-	-	-	-	9	6
Louisiana.....	-	-	-	-	-	-	-	1	1	7	16
Oklahoma.....	1	-	-	-	-	-	1	-	-	-	-
Texas.....	5	3	1	-	3	4	1	9	2	42	37
MOUNTAIN.....	-	1	-	2	1	-	-	-	-	37	62
Montana.....	-	-	-	-	-	-	-	-	-	-	-
Idaho.....	-	-	-	-	-	-	-	-	-	4	5
Wyoming.....	-	-	-	-	-	-	-	-	-	1	-
Colorado.....	-	1	-	-	-	-	-	-	-	14	11
New Mexico.....	-	-	-	-	1	-	-	-	-	9	14
Arizona.....	-	-	-	1	-	-	-	-	-	7	15
Utah.....	-	-	-	-	-	-	-	-	-	2	17
Nevada.....	-	-	-	1	-	-	-	-	-	-	-
PACIFIC.....	4	9	-	5	4	8	-	-	9	133	118
Washington.....	-	-	-	-	-	3	-	-	1	10	7
Oregon.....	-	2	-	-	1	-	-	-	-	5	14
California.....	4	7	-	5	3	5	-	-	8	106	83
Alaska.....	-	-	-	-	-	-	-	-	-	11	13
Hawaii.....	-	-	-	-	-	-	-	-	-	1	1
Puerto Rico.....	1	-	-	-	-	-	-	2	-	26	18

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
MARCH 12, 1966 AND MARCH 13, 1965 (10th WEEK) - Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS				RUBELLA
							Total		Paralytic		
	1966	Cumulative		1966	Cumulative		1966	1965	1966	Cumulative	1966
		1966	1965		1966	1965				1966	
UNITED STATES...	8,897	65,866	83,059	118	943	808	-	-	-	1	1,727
NEW ENGLAND.....	102	822	18,345	7	52	37	-	-	-	-	143
Maine.....	12	106	1,683	2	5	6	-	-	-	-	12
New Hampshire.....	2	11	274	-	7	1	-	-	-	-	14
Vermont.....	8	161	181	-	1	-	-	-	-	-	3
Massachusetts.....	16	308	10,445	2	21	16	-	-	-	-	26
Rhode Island.....	11	47	2,150	1	3	5	-	-	-	-	4
Connecticut.....	53	189	3,612	2	15	9	-	-	-	-	84
MIDDLE ATLANTIC.....	1,138	9,178	3,076	7	104	123	-	-	-	-	88
New York City.....	537	4,555	309	2	18	18	-	-	-	-	48
New York, Up-State.	165	955	1,082	3	22	30	-	-	-	-	37
New Jersey.....	178	971	549	1	35	42	-	-	-	-	-
Pennsylvania.....	258	2,697	1,136	1	29	33	-	-	-	-	3
EAST NORTH CENTRAL...	3,236	26,660	14,335	17	141	86	-	-	-	-	584
Ohio.....	211	1,691	3,012	3	36	24	-	-	-	-	41
Indiana.....	164	1,776	653	2	18	9	-	-	-	-	87
Illinois.....	786	5,807	466	4	32	18	-	-	-	-	141
Michigan.....	485	3,946	7,540	7	42	19	-	-	-	-	128
Wisconsin.....	1,590	13,440	2,664	1	13	16	-	-	-	-	187
WEST NORTH CENTRAL...	432	2,792	6,541	4	50	43	-	-	-	-	43
Minnesota.....	48	849	174	1	10	10	-	-	-	-	3
Iowa.....	220	1,160	3,626	1	10	1	-	-	-	-	39
Missouri.....	41	180	844	2	18	23	-	-	-	-	-
North Dakota.....	123	566	1,717	-	3	3	-	-	-	-	1
South Dakota.....	-	2	51	-	1	2	-	-	-	-	-
Nebraska.....	-	35	129	-	2	-	-	-	-	-	-
Kansas.....	NN	NN	NN	-	6	4	-	-	-	-	-
SOUTH ATLANTIC.....	587	5,005	11,156	16	160	167	-	-	-	-	225
Delaware.....	11	68	208	-	-	3	-	-	-	-	2
Maryland.....	102	901	379	-	17	12	-	-	-	-	5
Dist. of Columbia..	20	255	12	2	2	3	-	-	-	-	-
Virginia.....	26	381	1,589	1	17	20	-	-	-	-	62
West Virginia.....	220	2,091	7,551	2	7	12	-	-	-	-	96
North Carolina.....	5	56	140	6	36	28	-	-	-	-	-
South Carolina.....	40	252	208	-	25	22	-	-	-	-	18
Georgia.....	32	125	309	3	24	27	-	-	-	-	-
Florida.....	131	876	760	2	32	40	-	-	-	-	42
EAST SOUTH CENTRAL...	977	7,815	4,473	8	84	47	-	-	-	-	143
Kentucky.....	141	2,724	377	3	46	19	-	-	-	-	71
Tennessee.....	578	4,267	2,798	3	21	15	-	-	-	-	65
Alabama.....	143	566	973	1	13	9	-	-	-	-	7
Mississippi.....	115	258	325	1	4	4	-	-	-	-	-
WEST SOUTH CENTRAL...	1,060	5,598	10,613	19	146	123	-	-	-	1	2
Arkansas.....	-	102	648	2	9	8	-	-	-	-	-
Louisiana.....	7	47	23	4	50	56	-	-	-	-	-
Oklahoma.....	44	102	65	1	5	13	-	-	-	1	-
Texas.....	1,009	5,347	9,877	12	82	46	-	-	-	-	2
MOUNTAIN.....	621	3,204	6,693	-	32	35	-	-	-	-	207
Montana.....	107	515	1,962	-	2	-	-	-	-	-	9
Idaho.....	88	432	1,026	-	1	4	-	-	-	-	12
Wyoming.....	1	46	178	-	1	2	-	-	-	-	-
Colorado.....	90	323	1,083	-	19	8	-	-	-	-	19
New Mexico.....	13	77	185	-	4	4	-	-	-	-	-
Arizona.....	312	1,705	217	-	4	11	-	-	-	-	161
Utah.....	7	99	1,990	-	-	4	-	-	-	-	6
Nevada.....	3	7	52	-	1	2	-	-	-	-	-
PACIFIC.....	744	4,792	7,827	40	174	147	-	-	-	-	292
Washington.....	124	1,198	2,429	1	10	7	-	-	-	-	112
Oregon.....	85	405	1,233	1	6	12	-	-	-	-	42
California.....	523	3,137	3,372	38	148	126	-	-	-	-	133
Alaska.....	8	18	69	-	8	1	-	-	-	-	3
Hawaii.....	4	34	724	-	2	1	-	-	-	-	2
Puerto Rico.....	168	757	397	1	1	3	-	-	-	-	2

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
MARCH 12, 1966 AND MARCH 13, 1965 (10th WEEK) - Continued

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966
UNITED STATES...	14,662	1	20	2	40	8	53	1	8	84	728
NEW ENGLAND.....	1,704	-	2	-	1	-	2	-	-	1	6
Maine.....	94	-	-	-	-	-	-	-	-	-	-
New Hampshire.....	18	-	-	-	-	-	-	-	-	1	2
Vermont.....	56	-	-	-	-	-	-	-	-	-	4
Massachusetts.....	401	-	2	-	1	-	-	-	-	-	-
Rhode Island.....	121	-	-	-	-	-	-	-	-	-	-
Connecticut.....	1,014	-	-	-	-	-	2	-	-	-	-
MIDDLE ATLANTIC.....	776	1	4	-	-	-	12	-	1	4	59
New York City.....	32	-	3	-	-	-	5	-	-	-	-
New York, Up-State.	620	-	-	-	-	-	3	-	-	3	56
New Jersey.....	NN	-	-	-	-	-	3	-	-	-	-
Pennsylvania.....	124	1	1	-	-	-	1	-	1	1	3
EAST NORTH CENTRAL...	2,293	-	-	-	11	1	9	-	-	8	81
Ohio.....	163	-	-	-	3	-	5	-	-	4	44
Indiana.....	561	-	-	-	2	-	1	-	-	3	13
Illinois.....	499	-	-	-	5	-	-	-	-	1	7
Michigan.....	725	-	-	-	-	-	1	-	-	-	8
Wisconsin.....	345	-	-	-	1	1	2	-	-	-	9
WEST NORTH CENTRAL...	639	-	1	-	3	2	5	-	1	13	179
Minnesota.....	19	-	-	-	-	-	-	-	-	3	33
Iowa.....	244	-	-	-	-	2	2	-	-	5	40
Missouri.....	5	-	1	-	1	-	2	-	-	2	74
North Dakota.....	268	-	-	-	-	-	-	-	-	-	3
South Dakota.....	14	-	-	-	-	-	-	-	-	2	19
Nebraska.....	6	-	-	-	-	-	-	-	-	1	5
Kansas.....	83	-	-	-	2	-	1	-	1	-	5
SOUTH ATLANTIC.....	1,364	-	5	-	5	2	10	1	6	18	104
Delaware.....	89	-	-	-	-	-	-	-	-	-	-
Maryland.....	173	-	-	-	-	2	2	-	-	-	-
Dist. of Columbia..	20	-	-	-	-	-	-	-	-	-	-
Virginia.....	326	-	-	-	2	-	5	1	2	10	17
West Virginia.....	372	-	-	-	1	-	1	-	-	4	11
North Carolina.....	35	-	-	-	2	-	1	-	3	-	-
South Carolina.....	106	-	1	-	-	-	-	-	-	-	-
Georgia.....	5	-	2	-	-	-	-	-	1	3	12
Florida.....	238	-	2	-	-	-	1	-	-	1	4
EAST SOUTH CENTRAL...	2,304	-	-	-	11	2	5	-	-	12	119
Kentucky.....	136	-	-	-	2	1	1	-	-	1	16
Tennessee.....	1,844	-	-	-	6	-	3	-	-	11	101
Alabama.....	145	-	-	-	3	1	1	-	-	-	2
Mississippi.....	179	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL...	1,195	-	5	2	7	-	1	-	-	18	132
Arkansas.....	7	-	-	2	6	-	-	-	-	5	18
Louisiana.....	1	-	4	-	-	-	-	-	-	1	8
Oklahoma.....	70	-	-	-	-	-	1	-	-	-	8
Texas.....	1,117	-	1	-	1	-	-	-	-	12	98
MOUNTAIN.....	2,097	-	-	-	1	1	5	-	-	1	8
Montana.....	92	-	-	-	-	-	-	-	-	-	1
Idaho.....	346	-	-	-	-	-	-	-	-	-	-
Wyoming.....	78	-	-	-	-	-	-	-	-	-	-
Colorado.....	1,040	-	-	-	-	-	2	-	-	-	1
New Mexico.....	196	-	-	-	-	-	-	-	-	1	1
Arizona.....	134	-	-	-	-	-	1	-	-	-	5
Utah.....	211	-	-	-	1	1	2	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	2,290	-	3	-	1	-	4	-	-	9	40
Washington.....	716	-	-	-	-	-	-	-	-	-	-
Oregon.....	91	-	-	-	-	-	1	-	-	-	-
California.....	1,351	-	3	-	1	-	3	-	-	9	40
Alaska.....	92	-	-	-	-	-	-	-	-	-	-
Hawaii.....	40	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	11	-	2	-	-	2	3	-	-	-	1

Week No. 10

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MARCH 12, 1966

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

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	790	507	54	37
Boston, Mass.	261	153	18	13
Bridgeport, Conn.	35	19	3	-
Cambridge, Mass.	31	21	-	-
Fall River, Mass.	36	29	-	-
Hartford, Conn.	62	35	2	3
Lowell, Mass.	25	21	2	2
Lynn, Mass.	20	17	2	-
New Bedford, Mass.	22	13	-	-
New Haven, Conn.	40	24	4	3
Providence, R. I.	69	48	3	2
Somerville, Mass.	14	10	2	-
Springfield, Mass.	76	49	14	6
Waterbury, Conn.	35	22	-	4
Worcester, Mass.	64	46	4	4
MIDDLE ATLANTIC:	3,523	2,095	187	154
Albany, N. Y.	57	34	2	3
Allentown, Pa.	28	16	1	1
Buffalo, N. Y.	143	76	9	4
Camden, N. J.	45	26	4	4
Elizabeth, N. J.	31	19	5	2
Erie, Pa.	37	24	5	-
Jersey City, N. J.	90	49	11	3
Newark, N. J.	71	33	3	4
New York City, N. Y.	1,754	1,067	84	67
Paterson, N. J.	29	19	3	3
Philadelphia, Pa.	662	389	23	36
Pittsburgh, Pa.	184	94	4	13
Reading, Pa.	46	37	2	-
Rochester, N. Y.	100	66	12	6
Schenectady, N. Y.	30	19	1	-
Scranton, Pa.	42	24	6	1
Syracuse, N. Y.	63	35	4	3
Trenton, N. J.	50	27	1	2
Utica, N. Y.	30	22	2	-
Yonkers, N. Y.	31	19	5	2
EAST NORTH CENTRAL:	2,660	1,523	104	148
Akron, Ohio	67	37	-	7
Canton, Ohio	42	27	4	5
Chicago, Ill.	781	427	33	52
Cincinnati, Ohio	161	94	4	8
Cleveland, Ohio	214	120	6	8
Columbus, Ohio	97	62	2	1
Dayton, Ohio	66	32	-	5
Detroit, Mich.	354	192	21	18
Evansville, Ind.	57	32	3	-
Flint, Mich.	36	19	1	3
Fort Wayne, Ind.	46	23	4	3
Gary, Ind.	25	12	2	-
Grand Rapids, Mich.	56	41	6	1
Indianapolis, Ind.	171	108	3	12
Madison, Wis.	46	29	-	-
Milwaukee, Wis.	140	85	2	8
Peoria, Ill.	53	31	-	8
Rockford, Ill.	28	21	4	-
South Bend, Ind.	46	30	3	2
Toledo, Ohio	108	60	6	5
Youngstown, Ohio	66	41	-	2
WEST NORTH CENTRAL:	875	550	39	40
Des Moines, Iowa	52	33	4	2
Duluth, Minn.	15	9	-	-
Kansas City, Kans.	46	26	6	8
Kansas City, Mo.	117	75	4	7
Lincoln, Nebr.	34	23	1	-
Minneapolis, Minn.	153	92	5	5
Omaha, Nebr.	84	58	1	5
St. Louis, Mo.	261	157	12	11
St. Paul, Minn.	64	40	2	1
Wichita, Kans.	49	37	4	1
SOUTH ATLANTIC:	1,283	659	65	73
Atlanta, Ga.	125	58	8	14
Baltimore, Md.	259	117	1	24
Charlotte, N. C.	47	24	1	3
Jacksonville, Fla.	88	47	5	3
Miami, Fla.	107	67	-	4
Norfolk, Va.	66	26	9	3
Richmond, Va.	80	42	2	1
Savannah, Ga.	38	19	4	1
St. Petersburg, Fla.	119	93	9	3
Tampa, Fla.	83	55	9	3
Washington, D. C.	230	95	16	13
Wilmington, Del.	41	16	1	1
EAST SOUTH CENTRAL:	657	355	44	39
Birmingham, Ala.	99	41	4	3
Chattanooga, Tenn.	47	28	3	2
Knoxville, Tenn.	50	30	4	3
Louisville, Ky.	116	74	11	4
Memphis, Tenn.	160	79	10	13
Mobile, Ala.	52	30	1	2
Montgomery, Ala.	45	25	5	3
Nashville, Tenn.	88	48	6	9
WEST SOUTH CENTRAL:	1,259	662	67	74
Austin, Tex.	48	26	6	6
Baton Rouge, La.	46	23	3	4
Corpus Christi, Tex.	25	10	2	5
Dallas, Tex.	168	89	5	7
El Paso, Tex.	63	35	7	3
Fort Worth, Tex.	91	50	5	10
Houston, Tex.	240	121	10	7
Little Rock, Ark.	65	33	3	2
New Orleans, La.	187	91	4	10
Oklahoma City, Okla.	96	60	3	3
San Antonio, Tex.	106	58	7	8
Shreveport, La.	51	27	6	3
Tulsa, Okla.	73	39	6	6
MOUNTAIN:	494	290	33	30
Albuquerque, N. Mex.	47	27	7	1
Colorado Springs, Colo.	22	16	1	-
Denver, Colo.	121	69	5	12
Ogden, Utah	13	8	-	-
Phoenix, Ariz.	150	90	12	12
Pueblo, Colo.	15	7	-	-
Salt Lake City, Utah	49	30	6	2
Tucson, Ariz.	77	43	2	3
PACIFIC:	2,109	1,420	172	80
Berkeley, Calif.	25	17	1	-
Fresno, Calif.	52	30	5	2
Glendale, Calif.	47	36	4	3
Honolulu, Hawaii	43	25	1	3
Long Beach, Calif.	113	76	12	1
Los Angeles, Calif.	733	514	81	36
Oakland, Calif.	139	92	18	8
Pasadena, Calif.	58	43	1	1
Portland, Oreg.	129	92	2	1
Sacramento, Calif.	83	53	-	2
San Diego, Calif.	123	78	10	5
San Francisco, Calif.	270	180	13	9
San Jose, Calif.	38	26	9	4
Seattle, Wash.	163	100	14	1
Spokane, Wash.	64	43	-	3
Tacoma, Wash.	29	15	1	1
Total	13,650	8,061	765	675

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	133,483
All Causes, Age 65 and over	77,474
Pneumonia and Influenza, All Ages	6,558
All Causes, Under 1 Year of Age	6,899

CURRENT TRENDS
INFLUENZA – UNITED STATES

(Continued from page 85)

In early March, eight isolates of type B influenza virus were recovered from specimens collected from representative school cases.

(Reported by Dr. Edwin Brown, Epidemiologist, Allegheny County Department of Health; Dr. Herbert Domke, Director, Allegheny County Department of Health; Dr. Wm. D. Schrack, Director of Communicable Diseases, Pennsylvania Department of Health; and an EIS Officer assigned to the Allegheny Department of Health.)

Virginia

Influenza-like illnesses were first recognized during late February in parts of central Virginia where elevated school absenteeism up to 25 percent was recorded. Many strains of type B influenza virus have been recovered from the Richmond (Henrico and Chesterfield Counties) and the Charlottesville (Albermarle County) areas. Preliminary reports from additional parts of the State, including the coastal area, suggest that increasing numbers of influenza-like illnesses are being recognized in widely scattered areas.

(Reported by Dr. James B. Kenley, Director, Bureau of Epidemiology, Virginia State Department of Health.)

INFLUENZA – INTERNATIONAL

Table 2
International Influenza Summary 1965-66 (Winter)

Country	First Recognized	Laboratory Confirmation: Isolation	Laboratory Confirmation: Serology
Europe:			
Czechoslovakia	Sept 1965	B	B
Thailand	Oct 1965	B	. . .
Hungary	Oct 1965	B	B
Romania	Dec 1965	B	B
Great Britain	Jan 1966	A2, B	A, B
Netherlands	Jan 1966	A2, B	B
Sweden	Jan 1966	. . .	A, B
Eastern Germany	Feb 1966	. . .	B
France	Feb 1966	A2, B	A, B
Asia:			
Japan	Dec 1965	A2, B	B
Hong Kong	Jan 1966	A2	. . .
America:			
Canada	Feb 1966	A2	A, B

. . . Information not available.

(Compiled by the Influenza-Respiratory Disease Unit, CDC, from data published in the WHO Weekly Epidemiological Report and from information sent to the WHO International Influenza Center for the Americas, CDC.)

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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
MORBIDITY AND MORTALITY WEEKLY REPORT
COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

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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