

Morbidity and Mortality

Weekly Report

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

Prepared by the **COMMUNICABLE DISEASE CENTER** 634-5131

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PROVISIONAL INFORMATION ON SELECTED NOTIFIABLE DISEASES IN THE UNITED STATES AND ON DEATHS IN SELECTED CITIES FOR WEEK ENDED MARCH 21, 1964

RUBELLA

On the basis of reports from several local and State Health Departments in the various regions of the country, a nationwide epidemic of rubella (German measles) appears to be in progress. A rise in reported cases was first noted late last fall in the northeast, with peak incidence being observed only during the past few weeks. The outbreak appears to have spread rapidly to the south and west. With the exception of Minnesota, all States queried have noted a marked rise in reported rubella cases. In general, increases were observed in January in the Mid-Atlantic and East North Central areas, and in February in the South Atlantic, East South Central, West South Central, and Mountain areas. Laboratory identification of the etiologic agent in specimens from typical cases has been accomplished in New York City, Philadelphia, and Cleveland; in

other areas, the diagnosis has been made on the basis of clinical characteristics of the illness.

Rubella is optionally reported on an annual basis to the Communicable Disease Center by several States. Statistics from 25 States and the District of Columbia for the past 10 years are summarized in the graph, page 94, which demonstrates the recent pattern of occurrence. The similarity of the patterns observed in the various geographic areas to that seen for the nation as a whole is of interest. The Pacific States (Washington and Oregon) demonstrate a curve similar in shape to that observed in other areas, but with an apparent one-year shift to the right. A similar lag has been observed previously in patterns of influenza occurrence.

(Please turn to page 95)

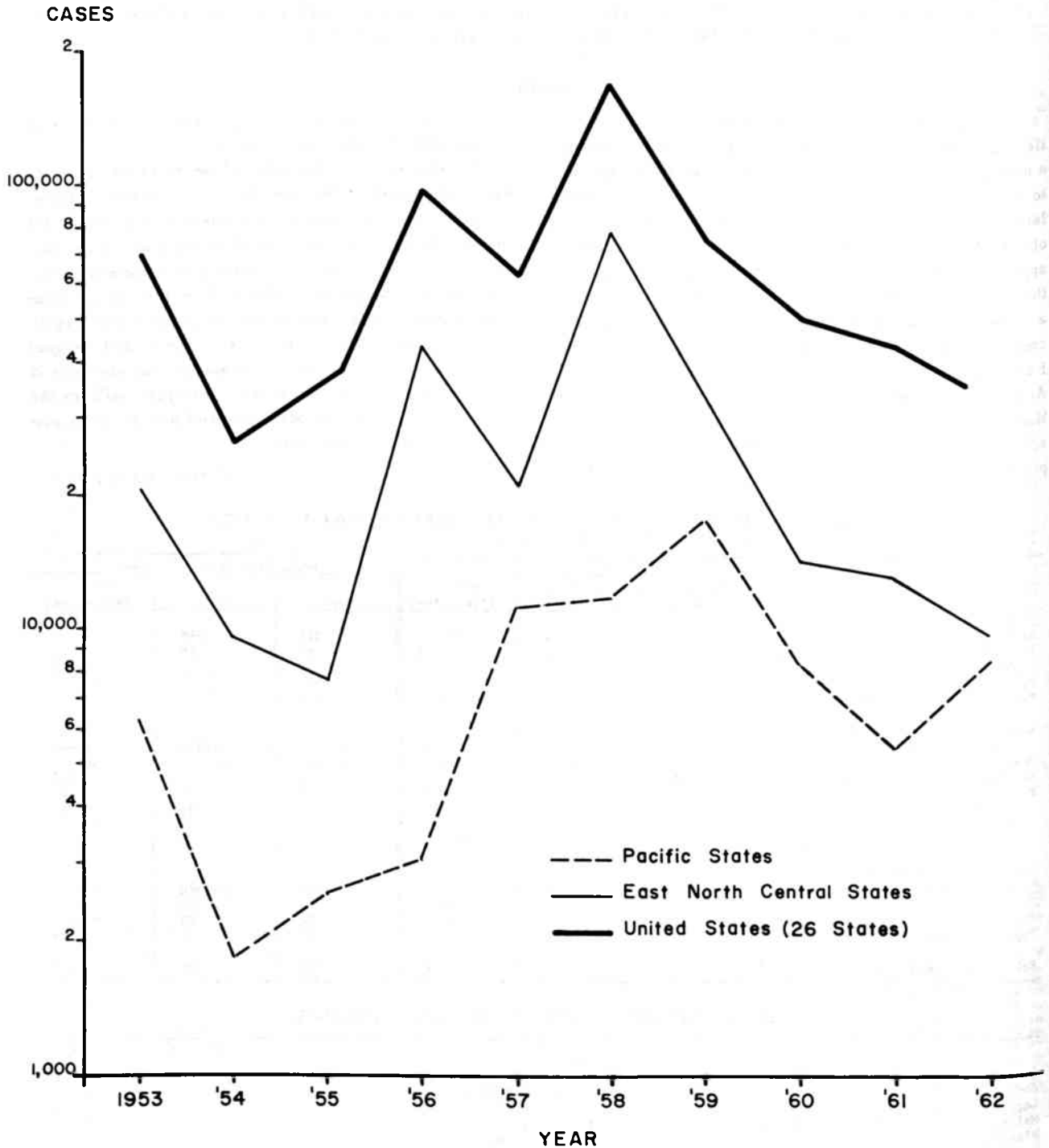
Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous weeks)

Disease	12th Week Ended		Median 1959 - 1963	Cumulative, First 12 Weeks		
	March 21, 1964	March 23, 1963		1964	1963	Median 1959 - 1963
Aseptic meningitis	28	14	---	312	268	---
Brucellosis	6	11	11	84	76	117
Diphtheria	2	10	6	43	81	193
Encephalitis, primary infectious ..	27]28	---	363]271	---
Encephalitis, post-infectious	14		---	124		---
Hepatitis, infectious including						
serum hepatitis	935	908	908	11,285	12,960	12,960
Measles	16,892	14,746	15,519	108,045	129,117	136,645
Meningococcal infections	66	57	57	679	691	685
Poliomyelitis, Total	3	1	8	16	37	99
Paralytic	3	1	5	13	32	57
Nonparalytic	-	-	---	3	2	---
Unspecified	-	-	---	-	3	---
Streptococcal Sore Throat and Scarlet fever	11,062	11,199	---	127,578	120,080	---
Tetanus	2	5	---	44	42	---
Tularemia	2	1	---	68	48	---
Typhoid fever	5	11	9	75	74	99
Rabies in Animals	112	90	95	928	785	923

Table 2. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Psittacosis: Mich. - 1, Calif. - 1	9
Botulism:	6	Rabies in Man:	-
Leptospirosis:	5	Smallpox:	-
Malaria:	21	Typhus-	-
Plague:	-	Murine:	2
		Rky Mt. Spotted:	3

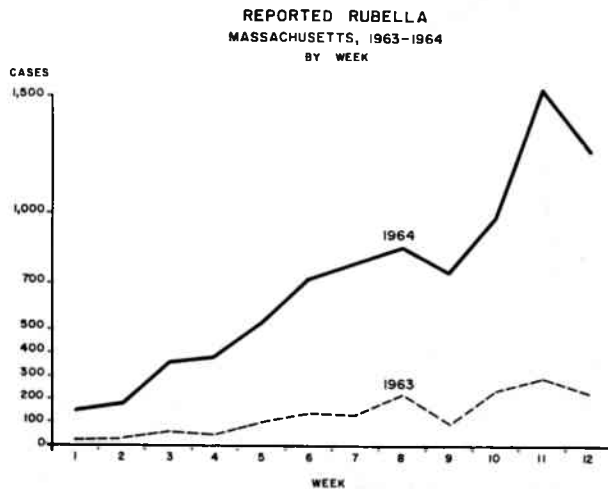
RUBELLA
UNITED STATES, 1953-1962
ANNUAL TOTALS 26 REPORTING STATES



The clinical characteristics of the disease now occurring have varied somewhat within the spectrum of signs and symptoms classically described for rubella. The most frequently described as maculopapular, beginning first on the face and neck, with rapid progression to trunk, arms, hands, legs, and feet. Cervical, occipital, and post-auricular lymphadenopathy has been a prominent feature in reported cases; while most patients have experienced mild fever, the maximum level has not been impressive. In some areas, arthralgia resembling that of rheumatoid arthritis has been noted. In general, the disease lasts 3-7 days and has been symptomatically mild. Most of the victims are children of school age, but cases have also occurred among pre-school children, as well as adults, although with a lower order of frequency. Prophylaxis with gamma globulin has been used widely in the first trimester of pregnancy and in a few instances physicians have elected to perform therapeutic abortion of pregnant females who experienced the disease.

Current epidemiologic reports of rubella from several States are included in this issue.

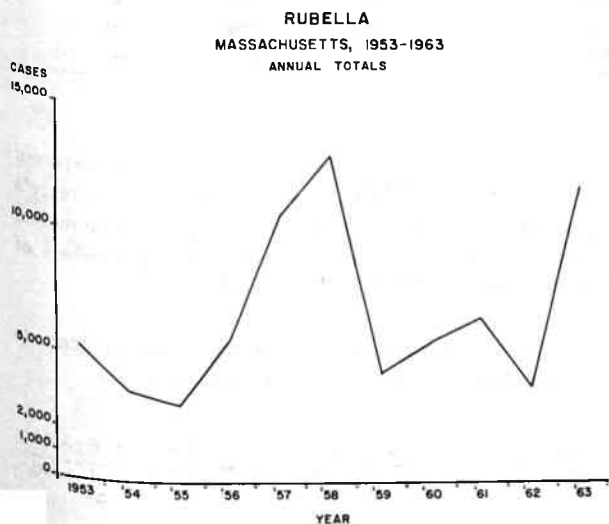
Thus far in 1964, 8417 cases of rubella are reported. For the comparable period of 1963, 1605 cases were reported. The following graph depicts rubella cases for each of the first 12 weeks of 1963 and 1964.



NEW ENGLAND

Massachusetts

Reports of rubella cases are about 5 times greater than for the comparable period of 1963, one of Massachusetts' high years for this disease. Rubella cases reported in Massachusetts during the past 11 years are shown in the graph below:



The illness has affected large numbers of teenagers and adults, as well as school children.

The epidemic appears concentrated in the eastern region of the state; considerably fewer cases are reported in the Berkshire (western) area. There is no normal increase in school absenteeism, nor is there an unusual demand for gamma globulin.

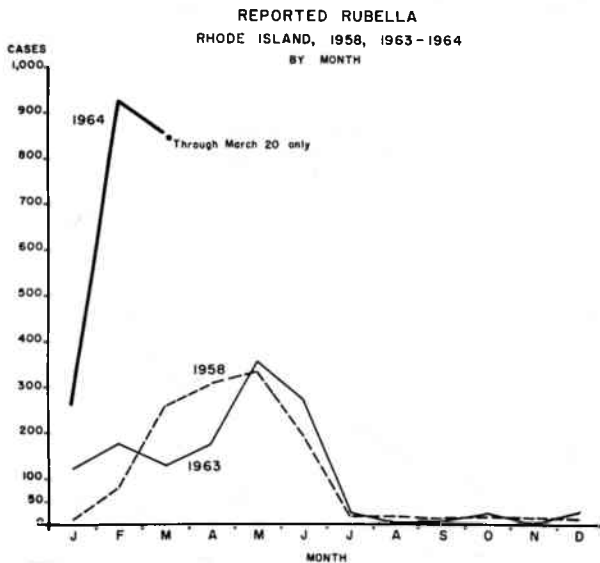
Clinically, the rash is more extensive in individual cases than seen in past epidemics, and is accompanied by the usual adenopathy; arthralgia is not an uncommon symptom, according to Dr. Louis Weinstein. The arthralgia is noted particularly in adolescent females, affecting the proximal interphalangeal joints, and occasionally the large joints, resembling rheumatoid arthritis. It appears usually as the rash disappears, and may persist for as long as one week.

(Reported by Nicholas J. Fiumara, M. D., M.P.H., Director, Communicable Diseases Massachusetts Department of Public Health, and Louis Weinstein, M. D., Professor of Medicine, Tufts University School of Medicine).

Rhode Island

Thus far in 1964, Rhode Island has recorded 50 percent more cases of rubella than were reported during the entire year, 1963. The epidemic began in late December, and has mushroomed since. Whereas cases are occurring throughout the state, reporting is heaviest in Warwick,

Cranston and Providence. A graph of the reported rubella cases in Rhode Island for this year, 1963 and 1958 (the last epidemic year) is shown:



The disease appears to affect school age children, 6-10, primarily, but cases in university and college populations have accounted for about 8 percent of the state's total.

The demand for gamma globulin, specifically requested for known rubella contacts, has increased markedly. In February, 1963, 45 vials were requested for rubella contacts; 644 vials were dispensed this February. More than 600 vials were requested through March 20, compared with 126 for the entire month of March, 1963.

(Reported by James Bowes, M. D., Chief, Division of Epidemiology, Rhode Island State Health Department).

MIDDLE ATLANTIC

New York City

Rubella cases are reported at about 17 times the number for the comparable period one year ago, and the 1964 totals through March 20 almost equal the total number of cases (8,888) reported for 1955, the last epidemic year in New York City. Case reports increased last April, May and June, then declined to normal. The epidemic began in late fall, and case reports jumped markedly in January. A table comparing January-March, 1963-1964 follows:

	1964	1963
January	1441	67
February	3296	103
March	3825*	340
Through March 20 only	8562	510

Rubella virus was isolated from throat swabs of 8 cases of typical rubella in New York City by Dr. Robert Green and his associates at New York University School of Medicine by the interference technique in African green monkey kidney cultures. The virus was also isolated from nasopharyngeal secretions in some cases as early as 7 days prior to the appearance of the rash and as late as 14 days after resolution of the rash. Rubella virus was demonstrated also in 3 fetuses obtained from therapeutic abortions performed 8 to 28 days after illness in the mother. One patient had received gamma globulin the day of exposure, but she experienced clinical illness 20 days later.

(Reported by Dr. Harold T. Fuerst, Director, Bureau of Preventable Disease New York City Department of Health; Robert H. Green, M.D., Associate Professor of Medicine, Michael R. Balsama, M.D., Instructor in Medicine, Joan P. Giles, Research Associate Professor of Pediatrics, Saul Krugman, M.D., Professor of Pediatrics, and George Myrick, M.D., Professor of Medicine, New York University.)

New York State

Reporting of rubella cases has shown a marked increase each month since November. The following table compares the cases reported from November to February during the past 3 years. (Figures exclude New York City).

	1963-1964	1962-1963	1961-1962
Nov.	135	58	54
Dec.	264	91	81
Jan.	1202	214	143
Feb.	3855	400	247

Although increased numbers of cases are reported throughout New York State, about 40 percent of February's cases occurred in Nassau County. The southern and eastern regions of the State also report large numbers of rubella cases.

The rubella outbreak has led to increased demands for gamma globulin for exposed expectant mothers.

(Reported by Robert M. Albrecht, M.D., Director, Epidemiology Division, New York State Department of Health).

Pennsylvania

Large numbers of cases of an exanthematous disease have been reported from several areas in Pennsylvania.

An interfering agent, presumably rubella virus, was isolated from 4 patients by the interference technique in primary African green monkey kidney tissue cultures at the Virus Diagnostic Laboratory, Children's Hospital, Philadelphia, the reference laboratory for the Department of Health, Commonwealth of Pennsylvania.

In Allegheny County rubella is epidemic, with more than 300 cases per week reported during March. The total number of cases reported thus far in 1964 has already exceeded the total reported for all of 1963, as shown in the following table listing the total cases reported annually since 1961:

	1964	1963	1962	1961
Total Cases	1425*	1202	650	571

*through March 13 only.

A minor epidemic was noted during the spring of 1963, resulting in 258 cases reported for March of that year. April was the peak month last year, with 358 cases reported.

This year's epidemic affects elementary school children primarily. The outbreak began in the highest socioeconomic area of the county and has spread concentrically from southwest to southeast. At present, few cases are reported north of the Ohio river. At the University of Pittsburgh, an outbreak of the disease has been observed among students. During the Christmas vacations, two students were exposed to German measles outside the county, and came down with the illness following return to school. Roommates of these two students subsequently developed the illness, followed in turn by 115 other classmates.

Gamma globulin distribution specifically for rubella has increased about 700 percent over that observed in preceding years but, to date, only one case of the illness has been reported in a pregnant woman.

(Reported by William D. Schrack, Jr., M.D., D.P.H., Director of Communicable Diseases, Pennsylvania Department of Health; Werner Henle, M.D., Director of Laboratories, and Ronald Altman, M.D., Virus Diagnostic Laboratory, Children's Hospital, Philadelphia; and Edwin Brown, M.D., Chief, Division of Disease Control, and Herbert R. Domke, M.D., Health Officer, Allegheny County Health Department).

EAST NORTH CENTRAL

Ohio

An increase in the frequency of reported cases of rubella was noted first in Ohio in December 1963; reports have skyrocketed since. A table comparing cases reported during the period November through March with a similar period last year demonstrates this sharp rise:

	1963 - 1964	1962 - 1964
November	38	32
December	283	71
January	315	145
February	788	467
March	1,940*	623

*1st 3 weeks only.

Although the illness has affected school age children primarily, about one percent of Ohio State University students have experienced rubella during this outbreak.

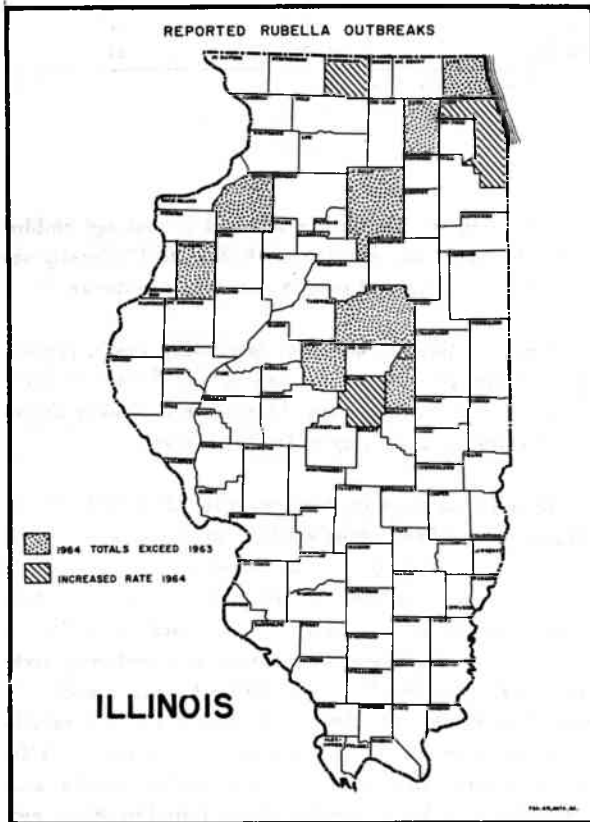
From 6 clinical cases, an interfering agent, presumably rubella virus, was isolated by the ECHO 11 interference technique in primary African green monkey kidney tissue cultures, according to Dr. Fred Heggie.

Rubella virus was serologically identified by Dr. Heggie, in specimens from a Cleveland nursing instructor whose clinical illness was accompanied by neutralizing titer rise from less than 1:2 to greater than 1:16. This patient experienced marked arthralgia in her hands. One of the other clinical cases from which an interfering agent was isolated occurred in a Lorraine County student, 50 percent of whose schoolmates developed clinical rubella within a two-week period. Further laboratory work involving tissue cultures of 47 throat swabs from Lorraine County cases or known contacts have failed to reveal evidence of enterovirus infection, including ECHO, Coxsackie B, and polio virus, according to Dr. Martha Lepow, Cleveland Metropolitan General Hospital.

(Reported by Dr. Harold A. Decker, M.P.H., Division of Communicable Diseases, Ohio State Department of Health; Fred Heggie, M.D., Research Fellow in Pediatrics and Preventive Medicine, Western Reserve University; and Dr. Martha Lepow, Cleveland Metropolitan General Hospital).

Illinois

Illinois has an 86 percent increase in reported rubella cases for January 1 - March 15, 1964, as compared with the same period of 1963. This increase is noted throughout the State, but especially in Kane, Lake, LaSalle, Logan, McLean, Piatt, Warren, and Henry Counties. These counties have reported more cases for the first 12 weeks of 1964 than for the entire year 1963 (see map below). Cook, Macon, and Winnebago Counties also have reported high incidences of rubella this year.



The disease is considered to be underreported in Illinois on the basis of requests for gamma globulin for pregnant females exposed to rubella.

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

WEST NORTH CENTRAL

Minnesota

Rubella, which is not a reportable disease in Minnesota, does not appear to be unusually prevalent this year. In Minneapolis, 116 cases were reported to date, compared with 102 for the comparable period of 1963. A one to 3 percent increase in school absenteeism was noted earlier this month in St. Paul, where mumps and atypical rashes were noted.

Viral studies from students at Carleton College, where an exanthematous disease occurred, have not identified a specific etiologic agent.

Although the State does not supply gamma globulin for pregnant females with known exposure to rubella, there has been no increase in calls concerning gamma globulin.

(Reported by D. S. Fleming, M.D., Director, Division of Disease Prevention and Control, Minnesota Department of Health.)

SOUTH ATLANTIC

Maryland

More than twice as many cases are reported thus far in 1964 than during the entire year, 1963, in Maryland. Approximately 90 percent of this year's cases are reported from 6 counties, and over 50 percent of these are from the city of Baltimore and Baltimore and Prince Georges Counties.

In Baltimore County, about 15-20 percent of the 3400 students in 2 schools checked were affected. Adults in the same families and older schools teachers also experienced the same clinical illness. The disease is characterized by a mild rash spreading from the face over the trunk, a mild fever to 101°, post auricular and post occipital lymphadenopathy and has an equal sex and school grade distribution.

(Reported by John H. Janney, M.D., Acting Chief, Division of Epidemiology, Maryland State Department of Health.)

North Carolina

Clinical rubella or rubella-like illness is prevalent in North Carolina, a spot check within that State indicates. Rubella is not an officially reported disease in North Carolina. At least 3 cities are affected. The outbreak began in mid-February, and continues strong in

some areas while tapering in others. Physicians in most communities have diagnosed rubella clinically, but other physicians prefer the diagnosis of "viral exanthem."

Raleigh has experienced the epidemic for the past 6 weeks; it appears to be continuing. The illness is characterized by the rash; many victims also have postauricular nodes and sore throat. There has been a high absenteeism rate in school students.

Greensboro has been affected for 4 weeks. Chief victims are elementary school children, but University of North Carolina student nurses and some 50-and 60-year olds were noted to have the same disease. The rash lasts 3 days; in some it is noted to fade, then return for another day. The illness is definitely not erythema infectiosum, according to the physicians.

In Asheville, a similar illness has occurred during the past 4 weeks, but physicians have not diagnosed it as rubella. Many victims have experienced arthritis; occasional cases of encephalitis have been observed.

Camp Lejeune doctors have noted typical rubella at that Marine base.

(Reported by Fred T. Foard, M.D., Director of Epidemiology, and Jacob Koomen, M.D., M.P.H., Assistant Secretary and State Health Director, North Carolina State Board of Health.)

Georgia

In the metropolitan Atlanta area physicians report a marked increase in incidence of a rash disease similar in most patients to rubella. In Dekalb County a telephone survey of public school principals was performed to determine the extent of "rash disease" in the community. Although average daily attendance was not significantly different from 1963, it was found that a large percentage of absenteeism was attributed to this rash disease.

Fifteen of 20 elementary schools reported the presence of the illness. Principals in these schools estimated approximately 75 percent of their absenteeism was secondary to this disease. In these elementary schools 26 teachers (all females) were affected.

Among high schools surveyed four of six had rash illness among the pupils but it was considered to be causing less than 10 percent of absenteeism at present. Four high school teachers had contracted the rash illness.

Scattered outbreaks were reported to have occurred before February 1964 but the disease first became apparent in the community during the week of February 23.

Elementary and high schools were affected simultaneously. County health department records of gamma globulin administered to pregnant women for possible rubella exposures indicated a marked increase during that same week.

Week of Onset of Rash Illness in DeKalb County Elementary Schools and Number of Doses of Gamma Globulin Administered by the Health Department to Pregnant Women for Possible Rubella Exposure

	Week Starting								
	Before	2/2	2/2	2/9	2/16	2/23	3/1	3/8	3/15
Schools Affected	3	1	0	0	4	3	7	?	
Gamma Globulin Administration	1	0	0	1	6	8	7	9	

In most elementary schools the disease first appeared in the lower grades Eight of 14 elementary schools reported either the first or second grades to be first affected.

Elementary School Grades First Affected by Rash Illness, DeKalb County, Georgia

	School Grade			
	1st and 2nd	3rd	4th and 5th	6th and 7th
Number Affected	8	2	2	2

The estimated duration of illness as reported by the school principals generally varied from two to five days for both pupils and teachers. Among Negro patients duration of illness was 9 days to 2 weeks in several cases.

The three colleges in the area have had only scattered cases prior to spring vacation.

(Reported by Dr. W. J. Murphy, Director, Epidemiologic Investigations Branch, Georgia Department of Public Health, Dr. T. O. Vinson, Director of Public Health, DeKalb-Rockdale District, Dr. Marion S. Dressler, DeKalb County Health Department).

EAST SOUTH CENTRAL

Kentucky

About 60 percent more rubella cases are reported thus far in 1964 in Kentucky. For the first 12 weeks of 1964, 730 cases were reported; 461 cases were reported for the comparable period a year ago.

The outbreak is scattered throughout the entire State, although not every county has reported increased numbers. The cases are reported in school and pre-school age children primarily.

The demand for gamma globulin is the greatest ever in the State.

(Reported by J. Clifford Todd, M.P.H., State Epidemiologist, Kentucky Department of Health.)

Tennessee

Rubella is reported in at least 6 counties, predominantly in eastern Tennessee. Most severely hit is Roane County (population 40,712), 35 miles west of Knoxville.

The illness appeared first in late January and peaked during the last 2 weeks in February. In Roane County the outbreak boosted absenteeism to 20 percent, resulting in the closing of 6 schools; all but one have reopened. The illness is concentrated in the elementary school group; infrequent cases occur in pre-school and adult age groups.

Clinically, it is characterized by a pruritic maculopapular rash, accompanied by mild fever and palpebral conjunctivitis, as well as post-cervical, post-occipital and post-auricular lymphadenopathy. No other unusual adenopathy and no splenomegaly are observed. The rash characteristically is noted first on the face and neck, with progression to the hands and feet; resolution occurs in the same sequence. The duration of illness usually is 2-4 days, during which time the patients are only mildly symptomatic. Several children have reported one or 2 recurrences within a 4 week period.

The disease has not been reported in Memphis or western counties. None of the other areas involved has been affected as severely as Roane County.

(Reported by Cecil B. Tucker, M.D., M.P.H., Director, Preventable Diseases, Tennessee Department of Public Health.)

WEST SOUTH CENTRAL**Louisiana**

The 3 parish metropolitan New Orleans area has noted a sharp increase in the occurrence of rubella cases, which started apparently during the week ended February 17. While rubella is not a reportable disease in Louisiana, practicing pediatricians estimate the present outbreak to be more extensive than any observed in the past 2 decades.

The State Health Department has noted a brisk increase in requests for gamma globulin. During March, 1963, 342 cc. of the substance were dispensed, whereas, already to date this month, 984 cc. were distributed. Demands for the serum remain heavy. The great bulk of this increase is believed due to requests for rubella prophylaxis in pregnant females, since hepatitis case reporting is about the same as last year. (Gamma globulin requests characteristically are primarily for prophylaxis of these 2 diseases.)

To date, no apparent increase in rubella cases has been noted in the Shreveport metropolitan area in western Louisiana. *(Reported by C. T. Caraway, D.V.M., M.P.H., Assistant Chief, Epidemiology Section, Louisiana State Board of Health).*

MOUNTAIN**Colorado**

Rubella became epidemic in Colorado in late January. The total number reported through the 11th week (1730 cases) exceeds the total for 1963 (1219 cases).

A graph of Colorado's reported cases since 1947 is shown on the opposite page.

In 1959, rubella cases increased in March, so the 2 epidemics are not as yet comparable.

(Reported by Cecil S. Molloban, M.D., M.P.H., Chief of Epidemiology, Colorado State Department of Public Health.)

PACIFIC**Washington**

Rubella does not appear to be epidemic in the State of Washington. Case reports are slightly higher than one year ago, but are not comparable to the peak year, 1959, when 10,625 cases were reported.

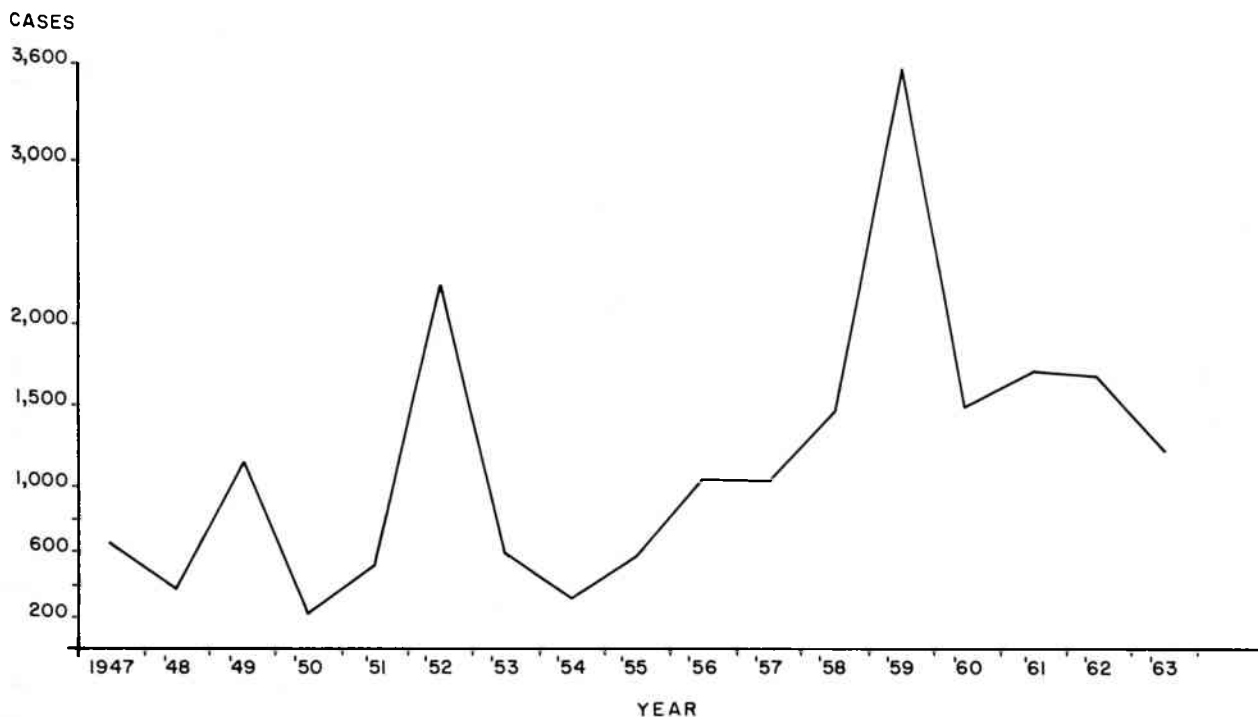
(Reported by Ernest A. Ager, M.D., Chief, Communicable Disease Control, Washington State Department of Health).

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INFLUENZA

Pneumonia and influenza deaths in 12 reporting cities in the Pacific Coast region increased only slightly during the past week (90 deaths reported as compared to 88 during the previous week). This figure has remained above the epidemic threshold during the past 5 consecutive weeks, however. Pneumonia and influenza deaths in 108 cities representing the country as a whole were below threshold during the past week. Regions other than the Pacific Coast have shown no sustained elevations.

REPORTED RUBELLA
COLORADO, 1947-1963



California

During the past week, serologic evidence of influenza A₂ virus infection was obtained in 12 sporadic cases, representing widely separated areas in northern California. To date, a total of 34 serologically confirmed cases have been reported from 10 counties - all but two of these counties lying in the northern part of the State. (In addition to the 12 confirmed cases reported this week, a total of 22 cases were confirmed serologically in two recent institutional outbreaks. See MMWR, Vol. 13, p. 86.) No clearcut community-wide epidemics observed in the State thus far this year, although several areas in northern California have noted an increasing incidence of influenza-like disease during recent weeks, accompanied in some instances by moderately elevated school absenteeism. This trend has been observed in several communities in Humboldt County, as well as in the San Francisco Bay area.

(Reported by Philip K. Condit, M.D., Chief, Bureau of Communicable Diseases, State Department of Health, Berkeley, California.)

Oregon

A total of 4,224 cases of influenza-like disease were reported to State health officials in Portland during the past week. Benton, Josephine, and Umatilla counties were the areas showing greatest increase in case reports during this period. The Portland metropolitan area has experienced only mild involvement to date. Serologic studies performed at the Oregon State laboratories have thus far implicated influenza A₂ virus in 8 cases seen during recent outbreaks.

(Reported by Dr. Grant Skinner, Director, Epidemiology Section, State Board of Health, Portland, Oregon.)

WASHINGTON

Recently described outbreaks of influenza-like disease are currently subsiding in most affected areas in the State.

(Reported by Ernest A. Ager, M.D., Chief, Division of Epidemiology, State Department of Health, Olympia, Washington.)

REPORTED CASES OF POST-INFECTIOUS ENCEPHALITIS
FOR FEBRUARY
4 Weeks Ending 2/8, 2/15, 2/22, 2/29

REPORTING AREA	INCITING CAUSE				
	Mumps	Chickenpox	Measles	German Measles	Pertussis
NEW ENGLAND					
Massachusetts	1				
MIDDLE ATLANTIC					
New York Up-State	4	1		2	
Pennsylvania	2				
EAST NORTH CENTRAL					
Ohio	3	1	1		
Illinois	9		3		
Michigan	3				
SOUTH ATLANTIC					
Florida	1				
EAST SOUTH CENTRAL					
Tennessee	1				
WEST SOUTH CENTRAL					
Arkansas	1				1
MOUNTAIN					
Wyoming	1				
PACIFIC					
Washington	3		1		
Oregon	2				
California	8	1	1		
U. S. TOTAL	39	3	6	2	1

(States not reporting a case not listed)

ENCEPHALITIS

A total of 51 cases of post infectious encephalitis were reported during February (See table right). This compares with 25 cases reported for January (See MMWR. Vol. 13, p. 46).

Mumps was the chief inciting cause, accounting for 39 cases (76 percent) in February. In January, mumps cases totalled 22 (88 percent).

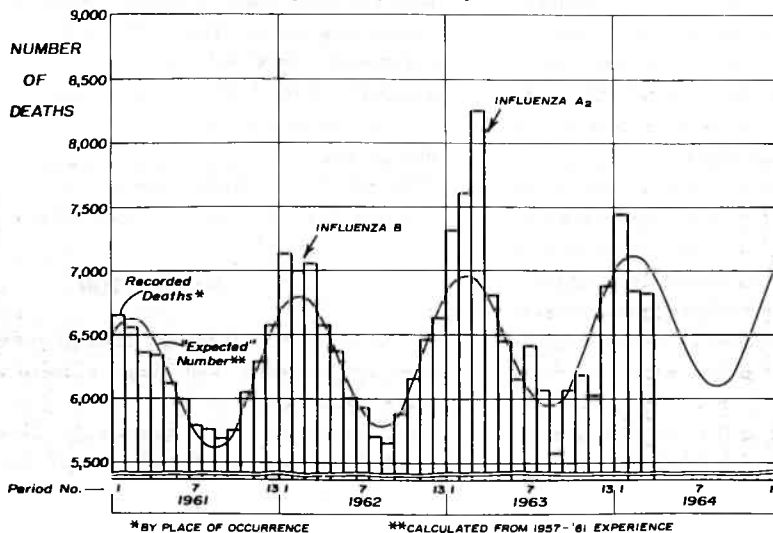
Reports of unspecified post infectious encephalitis are included in the category of primary encephalitis. The monthly summary lists only those cases for which an etiology has been specified, either at the time of the report to CDC, or by later communication.

SUMMARY OF DEATHS AMONG PERSONS 65 YEARS AND OVER IN 108 U.S. CITIES

The weekly average number of deaths among persons 65 years and over in 108 cities for the four-week period ending March 21 was 6,826 as compared with an expected weekly average of 7,070.

	Week Ending				4 Week Total	Weekly Average
	2/29	3/7	3/14	3/21		
Observed	6,883	6,912	6,837	6,671	27,303	6,826
Expected	7,107	7,087	7,060	7,026	28,280	7,070
Excess	- 224	- 175	- 223	- 355	- 977	- 244

DEATHS at AGE 65 and OVER in 108 U.S. CITIES
Average Number per Week by Four-Week Periods



(See table, page 107)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

FEBRUARY 1964 - FEBRUARY 1963

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Area February 1964 and February 1963 - Provisional Data

Reporting Area	February		Cumulative		Reporting Area	February		Cumulative	
	1964	1963	Jan	Feb		1964	1963	Jan	Feb
			1964	1963				1964	1963
NEW ENGLAND.....	39	32	82	75	EAST SOUTH CENTRAL.....	114	109	227	221
Maine.....	-	1	-	1	Kentucky.....	13	12	19	21
New Hampshire.....	2	1	3	2	Tennessee.....	44	33	72	70
Vermont.....	-	-	-	-	Alabama.....	51	47	120	102
Massachusetts.....	22	13	53	37	Mississippi.....	6	17	16	28
Rhode Island.....	2	1	4	3					
Connecticut.....	13	16	22	32	WEST SOUTH CENTRAL.....	231	214	410	459
MIDDLE ATLANTIC.....	490	455	881	984	Arkansas.....	18	10	32	30
Upstate New York.....	55	39	112	85	Louisiana.....	50	56	99	105
New York City.....	294	268	504	574	Oklahoma.....	8	13	17	37
Pa. (Excl. Phila.).....	11	10	23	24	Texas.....	155	135	262	287
Philadelphia.....	35	62	56	126	MOUNTAIN.....	46	48	95	86
New Jersey.....	95	76	186	175	Montana.....	1	-	1	-
					Idaho.....	1	-	3	-
EAST NORTH CENTRAL.....	187	146	384	302	Wyoming.....	5	3	5	3
Ohio.....	55	34	107	61	Colorado.....	-	5	1	12
Indiana.....	3	3	15	9	New Mexico.....	26	10	50	18
Downstate Illinois.....	16	11	26	21	Arizona.....	12	23	25	39
Chicago.....	69	66	137	149	Utah.....	-	-	4	3
Michigan.....	39	29	91	56	Nevada.....	1	7	6	11
Wisconsin.....	5	3	8	6	PACIFIC.....	206	187	449	393
WEST NORTH CENTRAL.....	64	33	115	68	Washington.....	3	13	11	30
Minnesota.....	17	4	24	13	Oregon.....	9	2	17	7
Iowa.....	1	3	6	3	California.....	191	168	414	350
Missouri.....	32	13	52	26	Alaska.....	1	1	3	2
North Dakota.....	-	-	-	-	Hawaii.....	2	3	4	4
South Dakota.....	4	2	13	5	U. S. TOTAL.....	1,943	1,631	3,756	3,527
Nebraska.....	9	6	15	10					
Kansas.....	1	5	5	11	TERRITORIES.....	68	53	133	109
SOUTH ATLANTIC.....	566	407	1,113	939	Puerto Rico.....	66	52	129	105
Delaware.....	9	3	21	13	Virgin Islands.....	2	1	4	4
Maryland.....	42	42	80	90					
District of Columbia.....	49	52	95	115	Note: Cumulative Totals include revised and delayed reports through previous months.				
Virginia.....	15	26	51	51					
West Virginia.....	3	3	4	6					
North Carolina.....	94	48	161	138					
South Carolina.....	98	53	146	114					
Georgia.....	98	58	185	155					
Florida.....	158	122	370	257					

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Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED

MARCH 21, 1964 AND MARCH 23, 1963 (12th WEEK)

Area	Aseptic Meningitis		Encephalitis		Poliomyelitis, Total Cases				Poliomyelitis, Paralytic			
			Primary	Post-Inf.			Cumulative				Cumulative	
	1964	1963	1964	1964	1964	1963	1964	1963	1964	1963	1964	1963
UNITED STATES...	28	14	27	14	3	1	16	37	3	1	13	32
NEW ENGLAND.....	1	-	-	-	-	-	-	-	-	-	-	-
Maine.....	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire.....	-	-	-	-	-	-	-	-	-	-	-	-
Vermont.....	-	-	-	-	-	-	-	-	-	-	-	-
Massachusetts.....	1	-	-	-	-	-	-	-	-	-	-	-
Rhode Island.....	-	-	-	-	-	-	-	-	-	-	-	-
Connecticut.....	-	-	-	-	-	-	-	-	-	-	-	-
MIDDLE ATLANTIC.....	1	1	7	3	1	-	4	5	1	-	4	5
New York City.....	-	-	3	-	1	-	1	-	1	-	1	-
New York, Up-State.	1	-	-	2	-	-	2	4	-	-	2	4
New Jersey.....	-	-	4	-	-	-	1	-	-	-	1	-
Pennsylvania.....	-	1	-	1	-	-	-	1	-	-	-	1
EAST NORTH CENTRAL...	5	3	3	3	-	-	1	9	-	-	1	7
Ohio.....	-	1	-	1	-	-	-	2	-	-	-	1
Indiana.....	-	-	2	-	-	-	-	-	-	-	-	-
Illinois.....	1	1	-	2	-	-	1	5	-	-	1	4
Michigan.....	3	1	-	-	-	-	-	2	-	-	-	2
Wisconsin.....	1	-	1	-	-	-	-	-	-	-	-	-
WEST NORTH CENTRAL...	2	-	5	-	-	-	-	1	-	-	-	1
Minnesota.....	2	-	5	-	-	-	-	1	-	-	-	1
Iowa.....	-	-	-	-	-	-	-	-	-	-	-	-
Missouri.....	-	-	-	-	-	-	-	-	-	-	-	-
North Dakota.....	-	-	-	-	-	-	-	-	-	-	-	-
South Dakota.....	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska.....	-	-	-	-	-	-	-	-	-	-	-	-
Kansas.....	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH ATLANTIC.....	1	2	3	-	1	-	9	3	1	-	6	2
Delaware.....	-	-	-	-	-	-	-	-	-	-	-	-
Maryland.....	-	-	-	-	-	-	-	-	-	-	-	-
Dist. of Columbia..	-	1	-	-	-	-	-	-	-	-	-	-
Virginia.....	-	-	-	-	-	-	-	-	-	-	-	-
West Virginia.....	1	-	-	-	-	-	-	-	-	-	-	-
North Carolina.....	-	-	1	-	1	-	4	2	1	-	1	2
South Carolina.....	-	1	-	-	-	-	1	-	-	-	1	-
Georgia.....	-	-	-	-	-	-	1	1	-	-	1	-
Florida.....	-	-	2	-	-	-	3	-	-	-	3	-
EAST SOUTH CENTRAL...	7	1	1	1	-	-	-	2	-	-	-	1
Kentucky.....	5	-	1	-	-	-	-	-	-	-	-	-
Tennessee.....	2	-	-	1	-	-	-	-	-	-	-	-
Alabama.....	-	1	-	-	-	-	-	2	-	-	-	1
Mississippi.....	-	-	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL...	3	-	-	1	-	-	-	9	-	-	-	9
Arkansas.....	-	-	-	1	-	-	-	-	-	-	-	-
Louisiana.....	-	-	-	-	-	-	-	8	-	-	-	8
Oklahoma.....	-	-	-	-	-	-	-	-	-	-	-	-
Texas.....	3	-	-	-	-	-	-	1	-	-	-	1
MOUNTAIN.....	2	-	-	-	1	-	1	1	1	-	1	1
Montana.....	1	-	-	-	-	-	-	-	-	-	-	-
Idaho.....	-	-	-	-	-	-	-	1	-	-	-	1
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-	-
Colorado.....	1	-	-	-	1	-	1	-	1	-	1	-
New Mexico.....	-	-	-	-	-	-	-	-	-	-	-	-
Arizona.....	-	-	-	-	-	-	-	-	-	-	-	-
Utah.....	-	-	-	-	-	-	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	6	7	8	6	-	1	1	7	-	1	1	6
Washington.....	-	-	-	1	-	-	-	1	-	-	-	1
Oregon.....	-	-	2	-	-	-	-	1	-	-	-	1
California.....	6	7	5	4	-	1	1	5	-	1	1	4
Alaska.....	-	-	1	-	-	-	-	-	-	-	-	-
Hawaii.....	-	-	-	1	-	-	-	-	-	-	-	-
Puerto Rico	-	-	-	-	-	2	-	2	-	2	-	2

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Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 21, 1964 AND MARCH 23, 1963 (12th WEEK) - Continued

Area	Brucellosis		Diphtheria		Infectious Hepatitis including Serum Hepatitis						Typhoid Fever	
	1964	Cum.	1964	Cum.	Total	Under	20 years and over	Age Unknown	Cumulative		1964	Cum.
		1964		1964		1964			1963	1964		
UNITED STATES...	6	84	2	43	935	474	412	49	11,285	12,960	5	75
NEW ENGLAND.....	-	-	-	1	83	37	44	2	1,298	1,642	-	6
Maine.....	-	-	-	-	27	9	18	-	466	753	-	-
New Hampshire.....	-	-	-	-	3	1	2	-	117	110	-	-
Vermont.....	-	-	-	-	19	14	3	2	159	23	-	-
Massachusetts.....	-	-	-	1	11	4	7	-	241	493	-	3
Rhode Island.....	-	-	-	-	9	4	5	-	56	37	-	3
Connecticut.....	-	-	-	-	14	5	9	-	259	226	-	-
MIDDLE ATLANTIC.....	-	1	-	4	216	97	119	-	2,511	2,518	-	11
New York City.....	-	-	-	1	52	15	37	-	363	283	-	2
New York, Up-State.....	-	-	-	-	84	46	38	-	1,143	1,157	-	3
New Jersey.....	-	-	-	2	36	7	29	-	400	383	-	-
Pennsylvania.....	-	1	-	1	44	29	15	-	605	695	-	6
EAST NORTH CENTRAL...	1	13	-	6	158	88	66	4	1,664	2,062	3	16
Ohio.....	-	-	-	-	36	16	18	2	457	615	2	13
Indiana.....	-	1	-	-	10	5	5	-	137	174	1	2
Illinois.....	-	10	-	6	40	21	19	-	258	436	-	1
Michigan.....	-	-	-	-	63	39	24	-	723	726	-	-
Wisconsin.....	1	2	-	-	9	7	-	2	89	111	-	-
WEST NORTH CENTRAL...	1	45	-	8	62	31	19	12	715	561	2	9
Minnesota.....	-	2	-	1	11	6	4	1	52	102	-	-
Iowa.....	1	21	-	-	2	1	-	1	106	92	1	3
Missouri.....	-	4	-	-	25	9	12	4	179	240	1	2
North Dakota.....	-	1	-	-	-	-	-	-	32	11	-	-
South Dakota.....	-	8	-	-	3	1	2	-	78	15	-	1
Nebraska.....	-	8	-	-	1	-	1	-	17	41	-	-
Kansas.....	-	1	-	7	20	14	-	6	251	60	-	3
SOUTH ATLANTIC.....	2	6	1	10	82	47	32	3	1,082	1,393	-	16
Delaware.....	-	-	-	-	-	-	-	-	14	21	-	-
Maryland.....	-	-	-	-	15	6	9	-	196	152	-	-
Dist. of Columbia.....	-	-	-	-	3	1	2	-	22	49	-	-
Virginia.....	-	2	-	-	10	6	3	1	162	316	-	2
West Virginia.....	-	-	-	-	24	21	1	2	204	203	-	-
North Carolina.....	-	1	-	-	10	7	3	-	203	378	-	9
South Carolina.....	-	-	1	3	2	1	1	-	36	61	-	1
Georgia.....	2	2	-	5	4	1	3	-	24	48	-	-
Florida.....	-	1	-	2	14	4	10	-	221	165	-	4
EAST SOUTH CENTRAL...	1	3	1	4	52	38	14	-	760	1,307	-	9
Kentucky.....	-	-	-	-	13	10	3	-	342	395	-	4
Tennessee.....	-	-	-	1	19	13	6	-	254	489	-	4
Alabama.....	1	2	-	2	12	10	2	-	107	209	-	1
Mississippi.....	-	1	1	1	8	5	3	-	57	214	-	-
WEST SOUTH CENTRAL...	-	4	-	5	87	49	35	3	799	848	-	4
Arkansas.....	-	1	-	-	10	7	3	-	99	111	-	1
Louisiana.....	-	1	-	2	10	8	2	-	150	139	-	-
Oklahoma.....	-	1	-	-	4	2	2	-	47	51	-	3
Texas.....	-	1	-	3	63	32	28	3	503	547	-	-
MOUNTAIN.....	-	7	-	-	48	18	6	24	764	961	-	-
Montana.....	-	-	-	-	3	1	1	1	66	150	-	-
Idaho.....	-	-	-	-	3	-	-	3	58	145	-	-
Wyoming.....	-	-	-	-	2	2	-	-	31	9	-	-
Colorado.....	-	-	-	-	19	8	4	7	220	205	-	-
New Mexico.....	-	1	-	-	9	7	-	2	133	116	-	-
Arizona.....	-	1	-	-	11	-	-	11	162	216	-	-
Utah.....	-	5	-	-	1	-	1	-	71	111	-	-
Nevada.....	-	-	-	-	-	-	-	-	23	9	-	-
PACIFIC.....	1	5	-	5	147	69	77	1	1,692	1,668	-	4
Washington.....	-	-	-	5	14	5	9	-	179	273	-	-
Oregon.....	-	-	-	-	6	3	3	-	176	249	-	-
California.....	1	5	-	-	123	60	63	-	1,239	1,099	-	4
Alaska.....	-	-	-	-	1	-	-	1	56	38	-	-
Hawaii.....	-	-	-	-	3	1	2	-	42	9	-	-
Puerto Rico	-	-	2	3	12	9	3	-	129	139	-	5

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Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
MARCH 21, 1964 AND MARCH 23, 1963 (12th WEEK) - Continued

Area	Measles	Meningococcal Meningitis		Streptococcal Sore Throat and Scarlet Fever		Tetanus		Tularemia		Rabies in Animals			
		1964	1964	Cumulative		1964	1963	1964	Cum. 1964	1964	Cum. 1964	1964	Cum. 1964
				1964	1963								
UNITED STATES...	16,892	66	679	691	11,062	11,199	2	44	2	68	112	928	
NEW ENGLAND.....	1,144	3	21	50	1,331	1,276	-	-	-	-	-	1	
Maine.....	50	1	2	9	42	39	-	-	-	-	-	-	
New Hampshire.....	47	-	-	2	12	3	-	-	-	-	-	1	
Vermont.....	58	-	-	1	16	45	-	-	-	-	-	-	
Massachusetts.....	786	2	10	20	168	174	-	-	-	-	-	-	
Rhode Island.....	71	-	2	6	217	79	-	-	-	-	-	-	
Connecticut.....	132	-	7	12	876	936	-	-	-	-	-	-	
MIDDLE ATLANTIC.....	2,386	5	68	93	742	806	-	-	-	-	1	20	
New York City.....	752	1	10	10	47	52	-	-	-	-	-	-	
New York, Up-State.....	616	4	25	30	444	385	-	-	-	-	1	19	
New Jersey.....	506	-	14	15	94	188	-	-	-	-	-	-	
Pennsylvania.....	512	-	19	38	157	181	-	-	-	-	-	1	
EAST NORTH CENTRAL...	5,110	9	111	117	2,023	1,444	1	5	-	7	7	87	
Ohio.....	1,246	3	36	31	626	311	-	1	-	1	5	44	
Indiana.....	1,562	3	16	16	246	113	1	1	-	-	1	7	
Illinois.....	641	2	24	18	185	208	-	2	-	4	1	12	
Michigan.....	944	1	29	36	575	373	-	1	-	1	-	9	
Wisconsin.....	717	-	6	16	391	439	-	-	-	1	-	15	
WEST NORTH CENTRAL...	609	9	35	40	497	371	-	2	-	21	39	290	
Minnesota.....	21	1	8	8	43	40	-	-	-	1	11	87	
Iowa.....	378	-	2	1	120	109	-	-	-	1	14	95	
Missouri.....	72	8	17	19	159	16	-	2	-	13	12	62	
North Dakota.....	131	-	3	1	96	170	-	-	-	-	-	15	
South Dakota.....	-	-	-	2	59	-	-	-	-	-	2	18	
Nebraska.....	7	-	1	8	-	1	-	-	-	-	-	8	
Kansas.....	NN	-	4	1	20	35	-	-	-	6	-	5	
SOUTH ATLANTIC.....	1,938	12	157	146	1,072	881	-	17	-	10	17	167	
Delaware.....	30	-	2	1	12	7	-	-	-	-	-	-	
Maryland.....	144	-	12	23	68	47	-	1	-	-	-	-	
Dist. of Columbia..	28	1	4	3	11	-	-	-	-	-	-	-	
Virginia.....	518	1	13	36	296	297	-	1	-	3	12	121	
West Virginia.....	269	-	13	9	440	257	-	-	-	-	-	7	
North Carolina.....	42	-	26	24	42	53	-	7	-	1	-	2	
South Carolina.....	190	3	18	10	66	35	-	2	-	-	-	-	
Georgia.....	10	-	14	8	9	33	-	-	-	6	1	16	
Florida.....	707	7	55	32	128	152	-	6	-	-	4	21	
EAST SOUTH CENTRAL...	1,933	7	55	52	1,438	1,416	1	6	1	16	12	150	
Kentucky.....	532	2	10	16	166	52	-	-	-	1	1	20	
Tennessee.....	1,059	1	25	25	1,212	1,251	1	3	1	11	11	127	
Alabama.....	28	1	10	7	11	57	-	3	-	3	-	3	
Mississippi.....	314	3	10	4	49	56	-	-	-	1	-	-	
WEST SOUTH CENTRAL...	97	4	53	71	439	1,061	-	7	-	10	24	147	
Arkansas.....	42	-	4	5	6	10	-	1	-	1	3	38	
Louisiana.....	13	4	46	24	6	6	-	3	-	-	4	15	
Oklahoma.....	42	-	3	15	70	25	-	-	-	9	4	14	
Texas.....	-	-	-	27	357	1,020	-	3	-	-	13	80	
MOUNTAIN.....	968	3	32	23	1,982	2,464	-	2	1	4	9	37	
Montana.....	179	-	-	-	98	50	-	-	-	1	-	-	
Idaho.....	75	-	1	-	89	202	-	-	-	-	-	-	
Wyoming.....	3	-	1	1	20	92	-	1	-	1	-	-	
Colorado.....	282	-	7	5	1,058	1,283	-	-	-	-	-	-	
New Mexico.....	32	3	16	2	319	445	-	-	-	-	3	20	
Arizona.....	266	-	2	5	142	262	-	1	-	-	6	17	
Utah.....	36	-	1	9	256	130	-	-	1	2	-	-	
Nevada.....	95	-	4	1	-	-	-	-	-	-	-	-	
PACIFIC.....	2,707	14	147	99	1,538	1,480	-	5	-	-	3	29	
Washington.....	926	-	13	11	329	647	-	-	-	-	-	-	
Oregon.....	301	-	5	4	44	26	-	-	-	-	-	-	
California.....	1,407	12	122	79	995	731	-	5	-	-	3	29	
Alaska.....	64	1	3	4	113	58	-	-	-	-	-	-	
Hawaii.....	9	1	4	1	57	18	-	-	-	-	-	-	
Puerto Rico	301	-	8	-	10	2	2	16	-	-	-	2	

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Table 4 (D). TOTAL DEATHS AMONG PERSONS 65 YEARS AND OVER IN REPORTING CITIES

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

Area	For weeks ending				Area	For weeks ending			
	2/29	3/7	3/14	3/21		2/29	3/7	3/14	3/21
NEW ENGLAND:					SOUTH ATLANTIC:				
Boston, Mass.....	134	166	137	147	Atlanta, Ga.....	58	55	62	61
Bridgeport, Conn.....	28	20	19	20	Baltimore, Md.....	131	151	138	120
Cambridge, Mass.....	16	18	15	18	Charlotte, N.C.....	13	23	21	18
Fall River, Mass.....	23	21	19	25	Jacksonville, Fla.....	43	57	20	27
Hartford, Conn.....	40	19	22	29	Miami, Fla.....	41	61	44	49
Lowell, Mass.....	11	17	15	12	Norfolk, Va.....	26	30	16	19
Lynn, Mass.....	22	19	24	19	Richmond, Va.....	53	62	51	45
New Bedford, Mass.....	15	16	20	18	Savannah, Ga.....	22	26	18	12
New Haven, Conn.....	29	21	30	30	St. Petersburg, Fla.....	75	75	65	63
Providence, R.I.....	42	37	44	32	Tampa, Fla.....	46	47	38	42
Somerville, Mass.....	3	8	9	9	Washington, D.C.....	105	96	88	101
Springfield, Mass.....	31	25	31	34	Wilmington, Del.....	22	14	23	15
Waterbury, Conn.....	20	18	17	16	EAST SOUTH CENTRAL:				
Worcester, Mass.....	35	48	40	42	Birmingham, Ala.....	47	57	55	48
MIDDLE ATLANTIC:					Chatanooga, Tenn.....	36	31	27	22
Albany, N.Y.....	11	24	18	39	Knoxville, Tenn.....	22	17	19	32
Allentown, Pa.....	21	19	18	21	Louisville, Ky.....	59	74	80	71
Buffalo, N.Y.....	80	83	88	87	Memphis, Tenn.....	83	54	69	61
Camden, N.J.....	26	30	25	22	Mobile, Ala.....	31	26	28	23
Elizabeth, N.J.....	22	25	13	11	Montgomery, Ala.....	20	18	17	16
Erie, Pa.....	25	29	26	20	Nashville, Tenn.....	62	58	51	49
Jersey City, N.J.....	29	47	39	44	WEST SOUTH CENTRAL:				
Newark, N.J.....	53	44	46	47	Austin, Tex.....	26	20	19	29
New York City, N.Y.....	1,024	1,016	1,020	989	Baton Rouge, La.....	15	9	18	14
Paterson, N.J.....	17	29	16	20	Corpus Christi, Tex.....	11	15	12	7
Philadelphia, Pa.....	312	333	336	286	Dallas, Tex.....	67	74	78	67
Pittsburgh, Pa.....	106	101	101	109	El Paso, Tex.....	11	26	19	24
Reading, Pa.....	41	42	33	26	Fort Worth, Tex.....	44	26	34	37
Rochester, N.Y.....	67	68	79	79	Houston, Tex.....	113	75	94	85
Schenectady, N.Y.....	16	14	15	18	Little Rock, Ark.....	38	26	33	26
Scranton, Pa.....	26	31	43	25	New Orleans, La.....	109	98	88	93
Syracuse, N.Y.....	50	39	44	29	Oklahoma City, Okla.....	42	52	35	38
Trenton, N.J.....	18	16	31	25	San Antonio, Tex.....	59	67	52	61
Utica, N.Y.....	17	20	21	17	Shreveport, La.....	28	38	25	24
Yonkers, N.Y.....	14	16	13	26	Tulsa, Okla.....	26	43	40	10
EAST NORTH CENTRAL:					MOUNTAIN:				
Akron, Ohio.....	36	37	34	26	Albuquerque, N. Mex.....	10	20	21	15
Canton, Ohio.....	19	32	24	10	Colorado Springs, Colo...	12	15	9	11
Chicago, Ill.....	389	407	384	371	Denver, Colo.....	92	71	72	54
Cincinnati, Ohio.....	119	104	98	90	Ogden, Utah.....	13	11	13	11
Cleveland, Ohio.....	111	148	94	112	Phoenix, Ariz.....	68	52	64	58
Columbus, Ohio.....	62	87	56	54	Pueblo, Colo.....	7	6	5	12
Dayton, Ohio.....	58	47	57	46	Salt Lake City, Utah.....	25	24	30	29*
Detroit, Mich.....	184	191	182	167	Tucson, Ariz.....	40	36	27	20
Evansville, Ind.....	26	20	25	27	PACIFIC:				
Flint, Mich.....	21	22	26	28	Berkeley, Calif.....	19	16	11	12
Fort Wayne, Ind.....	27	15	23	20	Fresno, Calif.....	21	30	22	25
Gary, Ind.....	14	14	18	10	Glendale, Calif.....	39	36	44	17
Grand Rapids, Mich.....	35	31	36	34	Honolulu, Hawaii.....	14	19	20	20
Indianapolis, Ind.....	89	82	83	82	Long Beach, Calif.....	35	49	44	47
Madison, Wis.....	24	17	15	22	Los Angeles, Calif.....	288	322	355	358
Milwaukee, Wis.....	84	80	102	73	Oakland, Calif.....	49	57	73	65
Peoria, Ill.....	20	14	23	12	Pasadena, Calif.....	23	21	22	27
Rockford, Ill.....	16	19	18	13	Portland, Oreg.....	105	68	103	56
South Bend, Ind.....	21	31	21	31	Sacramento, Calif.....	36	43	56	54
Toledo, Ohio.....	53	72	62	55	San Diego, Calif.....	60	47	51	54
Youngstown, Ohio.....	42	31	31	37	San Francisco, Calif.....	121	114	133	168
WEST NORTH CENTRAL:					San Jose, Calif.....	22	28	34	38
Des Moines, Iowa.....	40	38	34	56	Seattle, Wash.....	87	100	89	111
Duluth, Minn.....	14	16	17	21	Spokane, Wash.....	34	34	39	34
Kansas City, Kans.....	19	26	19	25	Tacoma, Wash.....	23	34	29	37
Kansas City, Mo.....	107	79	73	72	San Juan, P.R.....				
Lincoln, Nebr.....	12	25	15	23	11	8	10	(---)	
Minneapolis, Minn.....	83	76	72	82	^o Current Week Mortality for 108 Selected Cities				
Omaha, Nebr.....	42	54	43	39	4(A) Total Mortality, all ages.....	11,942			
St. Louis, Mo.....	173	113	144	150	4(B) Pneumonia-Influenza Deaths, all ages.....	554			
St. Paul, Minn.....	37	45	48	48	4(C) Total Deaths under 1 Year of Age.....	784			
Wichita, Kans.....	45	44	33	44	4(D) Total Deaths. Persons 65 years and over.....	5,621			

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

INTERNATIONAL NOTES – QUARANTINE MEASURES

Immunization Information for International Travel
1963-64 Edition
Public Health Service Publication No. 384

The following information should be added to the list of Yellow Fever Vaccination Centers in Section 6:

Page 69

City: Santa Ana, California
Center: Orange County Health Department
Clinic Hours: Wednesday, 2:00 p.m.
Fee: No

The following correction should be added to the list of Yellow Fever Vaccination Centers in Section 6:

Page 73

City: Albuquerque, New Mexico
Center: Lovelace Clinic
4800 Gibson Blvd., S.E.
Telephone 265-1211 Ext. 362
Clinic Hours: Friday, 2:00 p.m.
Fee: Yes

In addition to the established procedures for reporting morbidity and mortality, the Communicable Disease Center welcomes accounts of interesting outbreaks or cases. Such accounts should be addressed to:

Lawrence K. Altman, M.D., Editor
Morbidity and Mortality Weekly Report
Communicable Disease Center
Atlanta, Georgia 30333

Notes: These provisional data are based on weekly telegrams to the Communicable Disease Center by the individual State health departments.

Symbols: --- Data not available

+ Quantity zero

Procedures for construction of various mortality curves may be obtained from Statistics Section, Communicable Disease Center, Public Health Service, U. S. Department of Health, Education, and Welfare, Atlanta, Georgia 30333.

Library
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CDC

U. S. DEPARTMENT OF
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PUBLIC HEALTH SERVICE
Communicable Disease Center
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