#### DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE CENTER FOR DISEASE CONTROL ATLANTA, GEORGIA 30333

MAR 11 1981

# SHINGTON STATE UNIVERSITY

## CDC--MOUNT ST. HELENS VOLCANO HEALTH REPORT #21

September 5, 1980

### Scheduling of Reports

Weekly reports will be discontinued as of this issue. In the future, reports will be issued on an ad hoc basis as new developments occur, studies are completed, or there is further activity of the volcano. If indicated, these reports will again be issued at regular intervals.

The current mailing list will be retained for any future issues. Anyone who wants to get back copies or be put on the mailing list should contact the Center for Disease Control, ATTN: Ms. Carolyn Forrester, Bureau of Epidemiology, Chronic Diseases Division, Atlanta, GA 30333.

Summary of Contents of the CDC Mount St. Helens Volcano Health Reports

Since the first issue on May 30, 1980, the purpose of the CDC Mount St. Helens Volcano Health Reports has been to summarize up-todate information relevant to public health concerns arising from the eruptions of Mount St. Helens and to disseminate this information on a timely basis. The weekly reports have presented and discussed a variety of topics, ranging from casualties and hospital emergency room visits to free silica and radionuclides in the volcanic ash. In order to provide a quick reference to these subjects, we have prepared an index of the contents of the 21 reports issued to date.

Dates of Issues of CDC Mount St. Helens Volcano Health Reports--#1-21

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1	May 30, 1980	12	July 8, 1980
2	June 2, 1980	13	July 11, 1980
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5	June 10, 1980	16	Aug 1, 1980
6	June 13, 1980	17	Aug 8, 1980
7	June 17, 1980	18	Aug 15, 1980
8	June 20, 1980	19	Aug 27, 1980
9	June 24, 1980	20	Aug 29, 1980
10	June 27, 1980	21	Sept 5, 1980
11	July 2, 1980		

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## Exotica

A recent letter to the editor of Lancet (1980;2:267) continues correspondence related to an editorial of February 16, 1980, which reviewed the possible relationships of non-filarial elephantiasis to volcanic areas in Africa. The hypothesis is that silica and aluminosilicates observed in the femoral lymph nodes of patients with elephantiasis are related to acquiring the disease. Two references mentioned in the letter to the editor are 1) Price EW. The relationship between endemic elephantiasis of the lower legs and the local soils and climate. Trop Geog Med 1974;26:225. 2) Price EW. The association of endemic elephantiasis of the lower legs in East Africa with soil derived from volcanic rocks. Trans Roy Soc Trop Med Hyg 1976;70:288.

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