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center for disease control

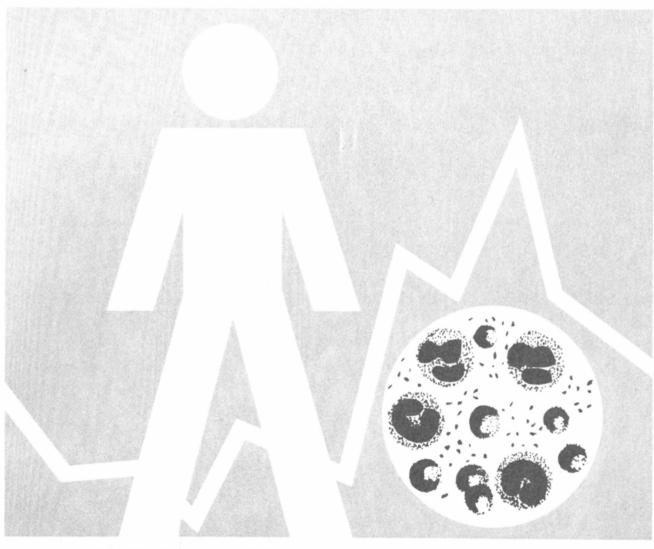
SHIGELLA

## surveillance

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

# PREFACE

This report summarizes data voluntarily reported from participating states, territorial, and city health departments. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigators for confirmation and interpretation.

Contributions to the surveillance report are most welcome. Please address to:

Center for Disease Control Attn: Shigella Surveillance Activity Bureau of Epidemiology Atlanta, Georgia 30333

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Center for Disease Control
Bureau of Epidemiology M.D., Director
Bacterial Diseases Division
Enteric Diseases Branch Chief
Shigella Surveillance Activity
Statistical Services
Epidemiologic Investigations Laboratory Branch George K. Morris, Ph.D., Chief Donald C. Mackel, M.S., Deputy Chief Joy G. Wells, M.S.
Editorial and Graphic Services

Charlotte C. Turner, Writer-Editor

## I. SUMMARY

For 1976, 7,907 <u>Shigella</u> isolations from humans were reported to the Center for Disease Control. This was a decrease of 46.4% from the 14,757 isolations reported in 1975\* (Table I, 1st, 2nd, 3rd, and 4th quarters); part of the decrease can be explained by California's discontinuing reporting in 1976.

Utilizing population estimates for July 1, 1976, approximately 40.9 isolations were reported for each million population of the United States in 1976\*. The corresponding rates for 1974 and 1975 were 84.0 and 56.8, respectively.\*

## II. REPORTED ISOLATIONS

## A. Human

1. <u>General Incidence</u>. For 1976, 57.9% of reported isolations from persons identified by age were from children under 10 years of age (Table 1); this is consistent with previous years. The highest rate of isolation was from persons in the 1 to 4-year age group.

### Table 1

## Cases of Shigellosis, by Age and Sex, 1976\*

Age (Years)	Male	Female	Unknown	Total	Percent	Cumulative Percent	Isolations Per Million Population
Under 1	180	137	2 -	319	5.3	5.3	105.4
1 - 4	1146	1032	5	2183	36.5	41.8	177.3
5 - 9	474	484	2	960	16.0	57.9	55.3
10 - 19	331	348	-	679	11.4	69.2	16.6
20 - 29	401	509	2	912	15.2	84.5	24.5
30 - 39	212	209	-	421	7.0	91.5	16.2
40 - 49	101	114	-	215	3.6	95.1	9.4
50 - 59	49	87	2	138	2.3	97.4	6.1
60 - 69	27	59	-	86	1.4	98.8	4.9
70 - 79	25	23	-	48	0.8	99.6	4.8
80 or over	11	10	-	21	0.4	100.0	4.5
Subtotal	2957	3012	13	5982			
Child (Unspec)	30	24	2	56			
Adult (Unspec)	14	17	1	32			
Unknown	930	858	49	1837			
Total	3931	3911	65	7907			
Percent	50.1	49.9					

\*California not included

\*excluding California

2. <u>Serotype Frequency</u>. Fifty-two of the 54 centers participating in the Shigella Surveillance Program reported isolation of 30 different serotypes.

Isolates that were not serotyped were distributed among reported serotypes in the same proportions as isolates that were serotyped (Table 2).

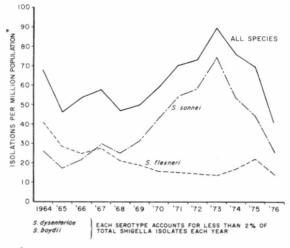
## Table 2

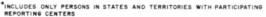
Relative Frequencies of Shigella Serotypes, 1976

Serotype	Number Reported	Calculated	Number	Calculated Percent	Rank
A. S. dysenteriae					
Unspecified	14				
1	10	12		0.1	17
2	39	46		0.6	11
3	18	21		0.3	14
4	4	5		0.1	22.5
6	1	1		0.0	27
9	1	1		0.0	27
10	1	, 1		0.0	27
B. S. flexneri					
Unspecified	538				
1 unspecified	139				
1A	183	319		4.0	5
18	196	338		4.3	4
2 unspecified	158				
2A	479	771		9.7	2
2B	89	143		1.8	8
3 unspecified	184				
3A	309	584		7.4	3
3B	52	98		1.2	9
3C	7	13		0.2	16
4 unspecified	77	ers, or leave			
4A	81	195		2.5	7
4B	4	10		0.1	18
5	26	33		0.4	12
-	205	258		3.3	6
Variant X	6	8		0.1	20.5
C. S. boydii					
Unspecified	19				
1	8	9		0.1	19
2	52	62		0.8	10
4	7	8		0.1	20.5
5	13	15		0.2	15
9	1	1		0.0	27
10	20	24		0.3	13
11	1	1		0.0	27
12	1	1		0.0	27
14	4	5		0.1	22.5
15	1	1		0.0	27
D. S. sonnei	4866	4924		62.3	1
Unknown	93				
Total	7907	7908			

The resulting distribution in the tables is called the "calculated number," and from this is derived a "calculated percent" for each serotype. These provide approximate indices of the relative frequencies of reporting Shigella serotypes in the United States. S. sonnei accounted for approximately 62.3% of all reported isolations. This is a decrease from 1974 and 1975 when S. sonnei constituted 75.8% and 64.5%, respectively, of all reported isolations (Figure 1). The next most common serotypes were S. flexneri 2a (9.7%), S. flexneri 3a (7.4%), S. flexneri 1b (4.3%), and S. flexneri la (4.0%). Only 10 S. dysenteriae 1 isolations were reported for 1976.

Table 3 shows the distribution of <u>Shigella</u> serotypes reported from mental institutions by state.





#### Table 3

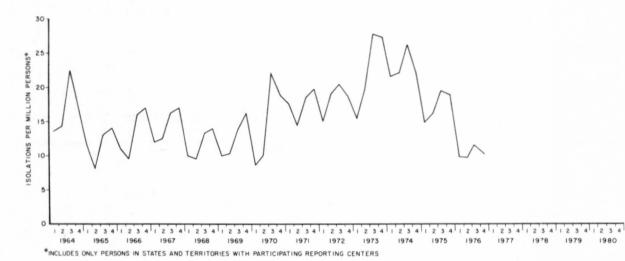
Shigella Serotypes Isolated from Patients in Mental Institutions, By State, 1976\*

	S. dysenteriae 2	S. flexneri unspecified	S. flexneri 1 unspecified	S. flexneri la	S. flexneri 2 unspecified	S. flexneri 2a	S. flexneri 2b	S. flexneri 3 unspecified	S. flexneri 3a	S. flexneri 3b	S. flexneri 4a	S. flexneri 6	S. sonnei	Unknown	Total	
Alabama	3		1										12		16	
Florida	1	4	1		3			1				10	1		21	
Georgia					1										1	
Idaho													14		14	
Illinois				2		14			14	1			29		60	
Massachusetts					6	129									135	
Michigan		1						4	2	35			2		44	
Minnesota														18	18	
Missouri													13		13	
New Jersey			1					33					9		43	
New York													11		11	
North Carolina	1												3		4	
Pennsylvania		5													5	
Tennessee													17		17	
Texas				33			22						2		57	
Utah					4						1				5	
Washington													1		1	
Total	5	10	3	35	14	143	22	38	16	36	1	10	114	18	465	

\*California not included

3. <u>Geographical and Seasonal Observations</u>. There were more reported isolations of <u>S</u>. <u>sonnei</u> than <u>S</u>. <u>flexneri</u> in all but the following 12 states: Delaware (1:1),\* Maine (2:2), Rhode Island (5:9), Nebraska (4:4), Montana (8:9), Nevada (3:4), North Dakota (3:4), South Dakota (0:26), Utah (49:49), Wyoming (0:1), Arizona (323:405), and Alaska (3:50). The seasonal distribution, which peaks in fall and winter, is depicted in Figure 2. Table 4 shows the general type of residence of the patients from whom Shigella was isolated and reported.





## Table 4

## Reported Isolations of <u>Shigella</u>, by Residence at Time of Onset, 1976\*

		Qua	rter			% of
Source	lst	2nd	3rd	4th	Total	Subtotal
Mental Institutions	162	81	· 131	91	465	13
Indian Reservations	10	11	23	9	53	2
Other Residences	660	738	848	735	2981	85
Subtotal	832	830	1002	835	3499	
Residence unknown	909	891	1448	1160	4408	
Total	1741	1721	2450	1995	7907	

\*California not included

\*The first figure in parenthesis is the number of reported isolates of <u>S</u>. <u>sonnei</u>, the second is the number of reported <u>S</u>. <u>flexneri</u>.

## B. Nonhuman

 $\overline{\mbox{For 1976}},$  35 isolations from nonhuman sources were reported, 32 of them from primates (Table 5).

## Table 5

## Shigella Serotypes Isolated from Non-Human Primates, By State, 1976\*

Serotype	Number	Source	State
<u>S. dysenteriae 1</u>	1	chimpanzee	Illinois
S. dysenteriae 2	1	rhesus monkey	Massachusetts
S. flexneri (unspec)	1	monkey	South Carolina
	1	chimpanzee	Texas
S. flexenri 1 (unspec)	1	monkey	Georgia
<u>S. flexneri 2a</u>	1	monkey	Illinois
	1	rhesus monkey	Massachusetts
	1	siamang gibbon	Texas
<u>S. flexneri 3a</u>	1	monkey	Louisiana
<u>S. flexneri</u> <u>3c</u>	3	primate	Texas
S. flexneri 4 (unspec)	13	monkey	Georgia
<u>S. flexneri 4a</u>	1	primate	Texas
	1	rhesus monkey	Texas
S. flexneri 4b	2	rhesus monkey	Texas
<u>S. flexneri 6</u>	1	monkey	Georgia
	1	monkey	Louisiana
	1	orangutan	Missouri

\*California not included

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## III. DISCUSSION

In 1976, as for the third successive year, the rate of <u>Shigella</u> isolations for the United States has decreased. The total rate (all serotypes) and the rate for <u>S. sonnei</u> both peaked in 1973. California did not report any <u>Shigella</u> isolations to CDC in 1976, and although this accounts for part of the decrease in the total number of isolates, the number of isolates reported from the other 49 states also decreased.

If the California isolates are deleted from the 1975 totals, the decrease in reported <u>Shigella</u> isolations from 1975 to 1976 is actually only 28% (10,911 isolates in 1975 and 7,907 isolates in 1976). This 28% decrease in total reported <u>Shigella</u> isolates also reflects a decrease in the reported number of both <u>S</u>. <u>sonnei</u> and <u>S</u>. <u>flexneri</u> isolates. <u>S</u>. <u>sonnei</u> isolates decreased 39% from 7,950\* in 1975 to 4,866 in 1976; <u>S</u>. <u>flexneri</u> isolates decreased 8% from 2,961\* in 1975 to 2,733 in 1976. Although the decrease in <u>S</u>. <u>flexneri</u> isolates is much smaller than that observed for <u>S</u>. <u>sonnei</u>, this is still a reversal of the trend of increasing <u>S</u>. <u>flexneri</u> isolates continues to decline steadily.

The reasons for these changes are not clear. Of the states (18) that reported more than 200 total <u>Shigella</u> isolates in 1975, 6 reported between 25% and 50% fewer isolates in 1976 (Maryland, Michigan, Minnesota, New Jersey, New York, and Alabama) and 5 states reported a greater than 50% decrease in isolates in 1976 (Wisconsin, Utah, Washington, Florida, and Georgia). Of the 10 states that had a decrease of more than 200 isolates from 1974 to 1975, 7 reported further decreases of at least 25% in 1976.

In the 1975 Shigella Surveillance Report, it was suggested that these decreases might be a result of fewer cultures being done in areas of economic decline. However, the states with the largest decreases in number of isolates reported in 1975 and 1976 were apparently randomly distributed geographically and did not correlate with either low per capita income or high unemployment rates for those years.\*\* It is more likely that the decreases in reported <u>Shigella</u> isolates are due to decreased reporting at the local and state levels; state health officials in 3 of the above 11 states noted that recent cessation of serotyping by their state laboratories had led to decreased reporting by local physicians and laboratories. While the decrease appears to be primarily a reporting phenomenon the possibility of an actual decrease in incidence to levels that prevailed prior to 1970 cannot be ruled out.

## IV. ABSTRACTS FROM THE RECENT LITERATURE ON SHIGELLOSIS

Shigellosis in custodial institutions. V. Effect of intervention with streptomycin-dependent <u>Shigella sonnei</u>. M. Levine, E. Gangarosa, W. Barrow, and C. Weiss. Am J Epidemiol 104:88-92, 1976

A double-blind controlled field trial of live, oral, streptomycin-dependent <u>Shigella sonnei</u> vaccine was begun in an institution with endemic <u>S</u>. <u>sonnei</u> disease. <u>Considerable unexpected child-to-child transmission of the <u>Shigella</u> vaccine strains inadvertently caused the field trial to resemble a mass vaccination campaign. Although <u>S</u>. <u>sonnei</u> accounted for 90% of <u>Shigella</u> infections from 1968 to 1971 and three-fourths of the cases occurred in the 7 study cottages, <u>S</u>. <u>sonnei</u> disease disappeared following vaccination; epidemiologic features suggested a causal relationship. Clinical <u>S</u>. <u>sonnei</u> disease did not occur despite the detection by bacteriologic surveillance of carriers of virulent S. sonnei. Levels of hygiene remained compatible</u>

- \* The 1975 totals are corrected for comparison with 1976 totals by deleting the 1975 California isolates.
- \*\*Figures on per capita income are from the Bureau of Economic Analysis, Department of Commerce, and the figures on unemployment are from the Bureau of Labor Statistics, Department of Labor.

with transmission of <u>Shigella</u> since 43 cases of <u>S</u>. <u>flexneri</u> 6 were seen. If the interpretation is correct, the disappearance of <u>S</u>. <u>sonnei</u> disease resulting from inadvertent "mass vaccination" and oral <u>Shigella</u> vaccines may prove useful for controlling endemic shigellosis in some institutions. Nevertheless, a properly designed controlled field trial, taking into account transmissibility of vaccine, in an institutional setting is necessary to substantiate the role of oral <u>Shigella</u> vaccines in control of institutional shigellosis.

Trimethoprim-sulfamethoxazole therapy for shigellosis. J. Nelson, H. Kusmiesz, L. Jackson, and E. Woodman. JAMA 235:1239-1243, 1976

Twenty-eight infants and children hospitalized for severe shigellosis were treated orally either with ampicillin trihydrate (100 mg/kg/day administered in divided doses every 6 hours) or with trimethoprim-sulfamethoxazole (trimethoprim, 10 mg; sulfamethoxazole, 50 mg/kg/day in divided doses every 12 hours) for 5 days. Four patients with ampicillin-resistant <u>Shigella</u> continued to have diarrhea and positive stool cultures during therapy. Patients with susceptible <u>Shigella</u> who were treated with ampicillin and all patients treated with trimethoprim-sulfamethoxazole responded promptly and comparably within an average of 1.6 and 1.7 days, respectively, until stool cultures were negative, and 3.1 and 2.9 days, respectively, until diarrhea stopped. Patients with ampicillin-resistant <u>Shigella</u> responded to treatment with trimethoprimsulfamethoxazole. It was concluded that trimethoprim-sulfamethoxazole is the best currently available drug for treatment of shigellosis in areas where multiple antibiotic resistance of Shigella is common.

Diagnostic value of indirect hemagglutination in the seroepidemiology of <u>Shigella</u> infections. C. Patton, E. Gangarosa, J. Weissman, M. Merson, and G. Morris. J Clin Microbiol 3:143-148, 1976

To evaluate the usefulness of the indirect hemagglutination (IHA) test in the epidemiologic investigation of shigellosis, single serum specimens were tested from 50 patients with <u>Shigella dysenteriae</u> 1 (Shiga bacillus) infections, 103 asymptomatic contacts of these cases, 267 adult and 100 student controls, and serum specimens collected during 2 outbreaks caused by <u>S</u>. <u>sonnei</u> and 1 outbreak due to <u>S</u>. <u>flexneri</u> 6. In patients with <u>S</u>. <u>dysenteriae</u> 1; 74% demonstrated titers of  $\geq$  1:40, with 50% showing titers of  $\geq$  1:60. IHA titers in serum specimens collected from patients with <u>S</u>. <u>flexneri</u> 6 were too low to be considered diagnostic for individual patients, but were useful in analysis of group results. Groups of ill individuals yielded titers significantly higher than non-ill groups; however, titers from ill groups were usually less than 1:40. The IHA test for <u>S</u>. <u>dysenteriae</u> 1 antibodies serves as a valuable adjunct to the diagnosis of Shiga bacillus dysentery. In our laboratory, an IHA titer of 1:40 or 1:80 is a "borderline positive." Shiga bacillus dysentery is strongly indicated when IHA titers are > 1:60.

TOTAL	Unknown	S. SONNEI	TOTAL	S. BOYDIT Unspecified 4 5 10	TOTAL	3 Unipectited 31 32 32 4 Unipectified 43 45 5 5	S. FLEXNER1 Unspecified 1 Unspecified 1a 2 Unspecified 2a 2b	TOTAL	S. DYSENTERIAE Unspecified 1 2 3 4	SEROTYPE	
16		9	0		7	N		0		CONNECTICUT	Τ
-			0		-		-	0		DELAWARE	
42	3	38	. 0		-		-	0		DISTRICT OF COLUMBIA	
112		77	2	ъ	31	2 4	3	2	2	ILLINOIS	
30		30	0		0			0		INDIANA	
9		7	0		2		2	•		IOWA	
4		3	0		. –		-	0		KENTUCKY	
0			0		0			0		MAINE	
46		30	0		16	-	15	0		MARYLAND	
71		51	0		20	1 1 2 9	4	0		MASSACHUSETTS	
71		42	3	12	26	3 5 10 2		0		MICHIGAN	
65	21	-	3		15		u u	0		MINNESOTA	S
30		18	-	-	10		ω (4 <u>4</u>	-	-	MISSOURI	NORTHEAST
16		15	0		0			-	-	NEW HAMPSHIRE	EAST
56		31	-	-	24	5		0		NEW JERSEY	_
33		21	-	-	=		=	0		NEW YORK-A	_
0			0		0			0		NEW YORK-BI	_
85		42	0		16		15	0		NEW YORK-C	
23		20	0		u	-	ы	0		OHIO	
17		7	0		÷		Ŷ	-	-	PENNSYLVANIA	
2	-		0		•			0		RHODE ISLAND	
5		4	0		-		-	0		VERMONT	
6		6	0		0			0		VIRGINIA	
-		-	0		0			0		WEST VIRGINIA	4
18		5	0		13	2 1	7 1 2	0		WISCONSIN	4
732	25	484	=		207	29 30 13 2 2 2 3 3 11	52 4 4 31 20 0	5	2 1 2	NORTHEAST TOTAL	
4	10	12	0		19		19	0		COLORADO	
Ξ		10	0		-		-	0		IDAHO	
6		3	0		ω		بيا ا	0		KANSAS	
16		80	0		00		2 - 2	0		MONTANA	
0			0		0			0		NEBRASKA	
3	-	2	0		0			0		NEVADA	
2		-	0		-		-	0		NORTH DAKOTA	NORTHWEST
21		10	0		Ξ		11	0		OREGON	HWE
2			0		2		2	0		SOUTH DAKOTA	ST
30		26	0		4		ы	0		UTAH	
59		4	0		15	=	4	0		WASHINGTON	
2	-		0		-		-	0		WYOMING	]
, 193	12	116	0	0 0 0 0 0	. 65	0 0 0 0	· · · · · · · · · · · · · · · · · · ·	0	0 0 0 0	NORTHWEST TOTAL	1
925	37		=	1 1 0 4 5	272	40 30 2 2 13 13 12	2 3 9	5	0 2 - 0 2	NORTH TOTAL	-

SHIGELLA SEROTYPES ISOLATED FROM HUMANS FIRST QUARTER, 1976

#### TABLE 1 (Continued) SHIGELLA SEROTYPES ISOLATED FROM HUMANS FIRST QUARTER, 1976

			_			_								51 207	RTER,							1	PREV	IOUS	
				SOUT	HEAST			1				SOUT	HWEST					OTHER					QUAR	RTER	
ALABAMA	ARKANSAS	FLORIDA	GEORGIA	LOUISIANA	MISSISSIPPI	NORTH CAROLINA	SOUTH CAROLINA	TENNESSEE	SOUTHEAST TOTAL	ARIZONA	NEW MEXICO	OKLAHOMA	TEXAS	SOUTHWEST TOTAL	SOUTH TOTAL	ALASKA	CALIFORNIA	НАМАШ	VIRGIN ISLANDS	OTHER TOTAL	TOTAL	PERCENT OF TOTAL	TOTAL	PERCENT OF TOTAL	SEROTYPE
									0					. 0	0										S. DYSENTERIAE
																				0	2	0.1	7	0.3	Unspecified
									0				1	1	- 1					.0	1	0.1	1	0.0	1
		3							3	1			1	2	5					0	6	0.3	10	0.4	2
									0					0	0					0	2	0.1	2	0.1	3
									0				1	1	1					0	1	0.1	1	0.0	4
0	0	3	0	0	0	0	0	0	3	j.	0	0	3	4	7	0	0	0	0	0	12	0.7	24	0.9	TOTAL
																									S. FLEXNERI
	7				1				8		14		1	15	23					0	116	6.7	114	4.1	Unspecified
2		1							3		7			7	10					0	16	0.9	48	1.7	1 Unspecified
									0	9		44	53	53						0	58	3.3	55	2.0	1a
									0	9			1	10	10					1	. 17	1.0	65	2.3	16
2		3	2			1			8					0	8					0	43	2.5	63	2.3	2 Unspecified
				6				1	7	- II		1	18	30	37			2		2	62	3.6	96	3.5	2a
									0	1			14	15	15			1			17	1.0	35	1.3	2b
			7			1			8		3		1	4	12					1	53	3.0	34	1.2	3 Unspecified
									0	7			30	37	37			· ·		0	67	3.8	54	1.9	3a
									0					0	0					0	13	0.7	5	0.2	36
								2	2					0	2					0	4	0.2	3	0.1	3c
								2	2		1			1	3					0	5	0.2	17	0.6	4 Unspecified
				1				-	1	3			6	9	10			Ι.				0.3			
				<u> </u>					0	Ĵ			1	1	1			1		1	15	0.9	26	0.9	4a 4b
									0				3	3	3						1		7	0.3	5
		3						1	4	12	2		10	/ 24	28			2		2	41	0.3		1.8	6
3		ĺ,						l .	3	14	1		1	1	4			1			5	0.3	51	1.0	Variant X
7	7	7	9	7	ı	2	0	6	46	52	27	1	130	210	256	0	0	10	0	10	538	30.9	675	24.3	TOTAL
																									S. BOYDII
									0	1				1	1					0	6	0.3	2	0.1	Unspecified
									0	<b>`</b>	1		5	6	6					0	10	0.5	34	1.2	2
									0				1	1	1					0	10	0.0	54	1.4	4
									0				1	1	I					0	2	0.1	2	0.1	5
									0											0	1	0.1	2	0.1	10
0	0		0	0	0.	0	0	0	0	1	1	0	7	9	9	0	0	0	0	0	20	LI	40	1.4	TOTAL
-																									
16	7	9	16	28	4	16	2	61	159	48	105	7	154	314	473			60		60	1133	65.1	1989	71.6	S. SONNEI
1									1						1						38	2.2	50	1.8	Unknown
24	14	19	25	35	5	18	2	67	209	102	133	8	294	537	746	0	0	70	0	70	1741		2778		TOTAL

#### TABLE I SHIGELLA SEROTYPES ISOLATED FROM HUMANS SECOND QUARTER, 1976

		_				_						NO	RTH	IEAS	г		_				_										_	NOF	THW	/EST			_	_		
SEROTYPE	CONNECTICUT	DELAWARE	DISTRICT OF COLUMBIA	ILLINOIS	INDIANA	IOWA	KENTUCKY	MAINE	MARYLAND	MASSACHUSETTS	MICHIGAN	MINNESOTA	MISSOURI	NEW HAMPSHIRE	NEW JERSEY	NEW YORK-A	NEW YORK-BI	NEW YORK-C	OHIO	PENNSYLVANIA	RHODE ISLAND	VERMONT	VIRGINIA	WEST VIRGINIA	WISCONSIN	NORTHEAST TOTAL	COLORADO	IDAHO	KANSAS	MONTANA	NEBRASKA	NEVADA	NORTH DAKOTA	OREGON	SOUTH DAKOTA	UTAH	WASHINGTON	WYOMING	NORTHWEST TOTAL	NORTH TOTAL
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S. FLEXNERI Unspecified I Unspecified Ia Ib 2 Unspecified 2a 2b 3 Unspecified 3a 3b 3c 4 Unspecified 4a 5 6	3 3 1 1 8	0	5	5 5 17 2 24 1 3 3	1	0	0	1	8 1 2	-	1 3 1 4 8	13	1 3 5	0	1 14	9		21	1 3 3 1		4	0	2	0	3 4 14 1 1	71 5 5 6 11 47 2 37 36 9 1 4 1 0 8 243		4	1 2 3	1	0	1	0	5	4	4	4 3 12 1 1	0	26 12 0 8 0 4 16 0 0 0 6 1 0 0 73	97 17 5 6 19 47 6 53 36 9 1 4 7 1 8 316
S. BOYDII Unspecified 2 4 5 9 10 14			1	3						1															1	0 4 0 1 1 2 0	4	-1								1			5 0 1 0 0	5 4 0 2 1 1 2 0
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#### TABLE I (Continued) SHIGELLA SEROTYPES ISOLATED FROM HUMANS SECOND QUARTER, 1976

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#### TABLE I (Continued) SHIGELLA SEROTYPES ISOLATED FROM HUMANS THIRD QUARTER, 1976

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ALABAMA	ARKANSAS	FLORIDA	GEORGIA	LOUISIANA	MISSISSIPPI	NORTH CAROLINA	SOUTH CAROLINA	TENNESSEE	SOUTHEAST TOTAL	ARIZONA	NEW MEXICO	окганома	TEXAS	SOUTHWEST TOTAL	SOUTH TOTAL	ALASKA	CALIFORNIA	НАМАП	VIRGIN ISLANDS	OTHER TOTAL	TOTAL	PERCENT OF TOTAL	TOTAL	PERCENT OF TOTAL	SEROTYPE
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TABLE I SHIGELLA SEROTYPES ISOLATED FROM HUMANS FOURTH QUARTER, 1976

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	1.0	58.4	2.1	0.0	0.2	0.1	0.9	0.2	0.1	37.1	3.0	5.0	0.0	0.9	0.1	10	1.7	1.7	8.2	2.2	3.5	2.4	2.2	63	13	0.1	8.0	0.1	0.0	PERCENT OF TOTAL	QUARTER
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## STATE EPIDEMIOLOGISTS AND STATE LABORATORY DIRECTORS

The State Epidemiologists are the key to all disease surveillance activities. They are responsible for collecting, interpreting, and transmitting data and epidemiologic information from their individual states. Their contributions to this report are gratefully acknowledged. In addition, valuable contributions are made by State Laboratory Directors; we are indebted to them for their valuable support.

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