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

Prepared by the

COMMUNICABLE DISEASE CENTER

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Vol. 13, No. 50

PROVISIONAL INFORMATION ON SELECTED NOTIFIABLE DISEASES IN THE UNITED STATES AND ON DEATHS IN SELECTED CITIES FOR WEEK ENDED DECEMBER 12, 1964

SPECIAL REPORT - Meningococcal Meningitis

Rabies

EPIDEMIOLOGIC NOTES

Only one case of human rabies has been reported thus far this year (see MMWR, Vol. 13, No. 38), as in 1963. The figure opposite shows the incidence of human rabies since 1938. The decline in cases has paralleled the decline in animal rabies cases which began in 1946 and continued until 1960.

Since 1960, there has been a slight upward trend in reported cases of animal rabies. This trend, due to an increased incidence of rabies in wild animals, has accelerated during 1964. There are 4,353 cases of animal rabies reported thus far this year as compared to 3,608 cases for the similar period of 1963; a 21 percent increase. The increased number of animal rabies cases is largely accounted for by an increased incidence of skunk rabies in the midwest and fox rabies in Virginia and Tennessee.

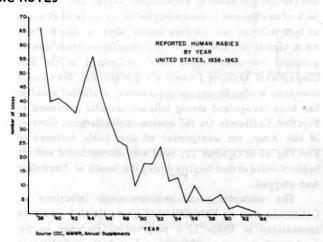


Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

ree base named of maladest	50th We	ek Ended		Cumu1	ative, First 50	Weeks
Disease	December 12, 1964	December 14, 1963	Median 1959 - 1963	1964	1963	Median 1959 - 1963
Aseptic meningitis	35	30	eficular in	2,075	1,771	rdna Timo
Brucellosis		4	9	383	347	562
Diphtheria		20	20	278	282	564
Encephalitis, primary infectious	47	1 00		3,112	1	***
Encephalitis, post-infectious	3	29		763	1,495	W. ALCTON IDEALS
Hepatitis, infectious including		Tree or a				- SE(1) - med
serum hepatitis	722	857	945	36,367	41,385	41,385
Measles	3.249	3,440	4,283	454,334	380,794	413,519
Meningococcal infections	58	45	45	2,615	2,253	2,116
Poliomyelitis, Total	and Style	6	22	117	429	1,321
Paralytic	world Server or a	4	13	90	366	859
Nonparalytic	- and -	2		15	46	
Unspecified	M. Artis	- Marie		12	17	225. W-17
Streptococcal Sore Throat and	MUCL STREET	The same	18:45			I U Dail But
Scarlet fever	8,887	8,404		377,357	325,667	
Tetanus	5	4		266	270	
Tularemia	3	5		312	277	
Typhoid fever	8	5	10	433	520	786
Rabies in Animals	120	51	51	4,353	3,608	3,470

Table 2. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: Botulism:		Psittacosis:Ariz 1 Rabies in Man:	45
Leptospirosis:	102	Smallpox:	
Malaria: Calif 1 Plague:	94	Typhus- Murine:	23
	Street Street	Rky Mt. Spotted: N. C 2	222

SPECIAL REPORT - Meningococcal Meningitis

MENINGOCOCCAL MENINGITIS

In the United States, the national incidence of meningococcal meningitis has shown but a slight increase (figure 1). Through the 50th week of this year, 2,615 cases were reported compared to 2,253 cases for the comparable period last year.

During the past 18 months, meningococcal infections have assumed a special significance because of outbreaks among military recruits, caused primarily by Group B strains which are resistant to the usual prophylactic and therapeutic doses of sulfonamide drugs. The resulting lack of an effective chemoprophylactic agent is of concern to both military and civilian health officers. Since 1963, when significant numbers of sulfonamide-resistant meningococcal infections were first recognized at the San Diego Naval Training Center, the problem has been under intensive study. During recent months, a similar problem has been recognized among military recruits stationed at Fort Ord, California. On the advice of the Surgeon General of the Army, the assignment of new basic trainees to Fort Ord as of October 11, 1964 was discontinued and all basic training at that facility during the month of December was stopped.

The occurrence of meningococcal infections in California and at Fort Ord during the past 5 years is summarized in Table 1. A progressive increase in the number of cases per year is evident both in California and at Fort Ord. The increasing number of cases at Fort Ord, however, has not been paralleled by an increasing number of cases in Monterey County. Most striking is the fact that in 1964 through mid-November, Monterey County reported only one case of meningococcal meningitis exclusive of cases from Fort Ord.

Toble 1
MENINGOCOCCAL INFECTIONS IN CALIFORNIA, 1960-64 (THROUGH NOVEMBER 14)

	and the	Monterey County	Fort Ord									
Year	California	Exclusive of	ive of Trainees			ndents	131	Total				
111	Fort Ord	Cases	Deaths	Cases	Deaths	Cases	Deaths					
1960	209	3	3	1 0	2	1	5	2				
1961	236	10	5	0	7	1	12	1				
1962	334	7	36	0	3	0	39	0				
1963	388	16	53	5	5	0	58	5				
1964*	473	1	84**	11	7	1	91	12				

^{*} Through Nevember 14,

The month of onset of the 101 meningococcal infections and the deaths among Fort Ord personnel and their dependents in 1964 are shown in Figure 2. Not included in this total are 3 additional cases of meningitis, including one death, that occurred away from Fort Ord in October, one in a dependent, and two in non-dependent civilians. All had contact with a Fort Ord trainee several days prior to the onset of disease.

It is apparent that a substantial reduction in the number of cases per month occurred in September and

Figure I.

MENINGOCOCCAL INFECTIONS
REPORTED BY YEAR

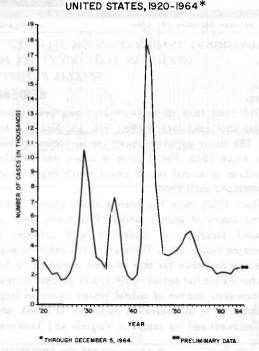
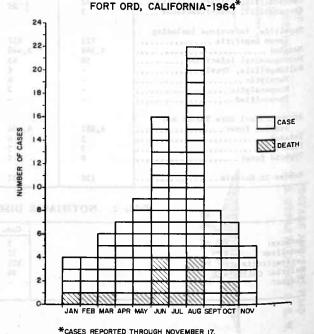


Figure 2.

MENINGOCOCCAL INFECTIONS AND DEATHS BY MONTH OF ONSET



^{**} Six additional cases of meningitis, 3 of which were fatal, occurred among trainess within 2 weeks following completion of basic training at Fort Ord. Four other localized meningacoccal infections occurred among trainess (unathritis, conjunctivitis, and maxiliary sinustitions).

October following the August peak. This coincided with the introduction of a number of prophylactic measures to be described.

The disease among military personnel has been one of recruits, occurring almost solely during the 8 weeks of basic combat training, or shortly thereafter. (Figure 3) During the past several months there has been a tendency for the disease to occur during the last 4 weeks of basic combat training or within one week after its completion, rather than during the first 4 weeks, as was formerly the case. An explanation for this change has not been apparent.

Rates of nasopharyngeal carriage have been monitored regularly. Recent results indicate that the meningococcal carrier rate among inductees arriving at Fort Ord ranges from 15 ro 25 percent. By the seventh week of training, this rate may reach as high as 80 percent. The cumulative carrier rate by the end of basic combat training approaches 100 percent. Most of the strains from both cases and carriers have been Group B; Group C strains have accounted for approximately 10 percent of the isolates.

The outstanding characteristic of the meningococci recently prevalent is sulfonamide resistance. With recognition at Fort Ord in 1963 that sulfonamide-resistant strains were present and that prophylaxis failed to reduce carrier rates, prophylaxis with sulfonamides was terminated in May, 1963. During the latter part of 1963, up to 90 percent of all strains isolated were resistant; thus far, in 1964, the proportion of resistant strains has generally been somewhat lower although varying widely from 10 to 80 percent. Approximately half of the cases have been caused by resistant organisms. Almost all sulfonamide-resistant strains have been Group B, although a few resistant Group C strains have been identified.

Since no effective chemoprophylactic agent was available, older but nonetheless useful procedures designed to reduce the degree of contact among recruits and to decrease their susceptibility to the disease. assumed primary importance. Several such measures were put into effect during August and September. These included: (1) reduction of the recruit input at Fort Ord from 1100 men per week to 800 men per week; (2) institution of a platoon system to further restrict contact between men, not only to their own company, but to a single Platoon: (3) cancellation of all leaves during the 8-week training period and prior to being transferred to their next duty station; (4) complete restriction of recruits to their company area; (5) the provision of additional barracks space to provide a minimum of 72 square feet of space per recruit; and (6) the provision of a minimum of a one-week free period for cadre personnel between recruit groups. The reduction in cases during September and October followed institution of these measures. The temporary discontinuation of recruit training, however, precludes a full evaluation of the effect of these measures.

Cases at Fort Ord have been satisfactorily treated with penicillin G in high doses (1,000,000 units or more

Figure 3.

MENINGOCOCCAL MENINGITIS AMONG FORT ORD TRAINEES BY WEEK OF BASIC COMBAT TRAINING

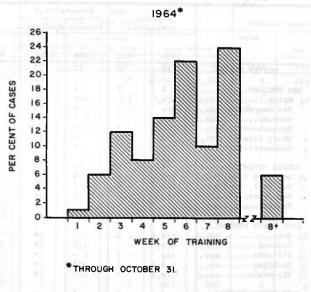
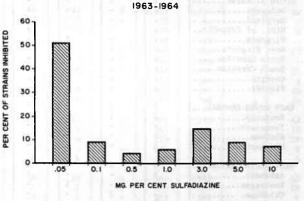


Figure 4. MINIMUM INHIBITING CONCENTRATION OF SULFADIAZINE FOR 210 ISOLATES OF MENINGOCOCCI*



*FROM BLOOD OR CEREBROSPINAL FLUID SPECIMENS SUBMITTED TO THE COMMUNICABLE DISEASE CENTER

every 2 hours parenterally), with or without the addition of a sulfonamide drug. There has been no evidence to suggest that sulfonamide-resistant strains are any more or less virulent than the sensitive strains, nor has there been evidence suggesting that any of the deaths were due to antibiotic failure.

The occurrence of outbreaks of meningococcal meningitis due to Group B strains is in sharp contrast to previous experience. Group A strains have been responsible for most epidemics in the past, and Group C strains have been occasionally associated with outbreaks.

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

DECEMBER 12, 1964 AND DECEMBER 14, 1963 (50TH WEEK)

	Aseptic Meningitis		Encephalitis Primary Post-Inf.						THE RESERVE AND PROPERTY AND			
Albania and the same					Poli	iomyelitis	, Total Cases		Poliomyelitis, Paralyt		tic	
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Rhode Island	1	1	-	1 - 1	9 -	10.0	2	2			2	2
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New York, Up-State.	2	2	1	-	-	-	10	10	-	7546-4 441	9	7
New Jersey	3		9	- 1:	-	-	3	4	130 70 70	4 64 1	2	3
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Ohio	-	2	-	-	-	-	3	8		-	2	4
Indiana	0-1	34	3	- 1	-	SE 500	9	4	F-11	1-11	6	< 11 3
Illinois	1	2	-	- 1	-	1001	6	17	01. 78	16-512-1	5	16
Michigan	1	1	1	- 1	-	-	3	20		-	2	20
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Table 3. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED

DECEMBER 12, 1964 AND DECEMBER 14, 1963 (50TH WEEK) - CONTINUED

ALLESS	Bruce	llosis	Diphth	neria		Infectious Hepatitis including Serum Hepatitis						i Fever
Area		Cum.		Cum.	Total	Under 20 years	20 years and over	Age Unknown	Cumu	lative		Cum.
ec ed a	1964	1964	1964	1964	1964	1964	1964	1964	1964	1963	1964	1964
UNITED STATES	3	383	3	278	722	346	321	55	36,367	41,385	8	433
IEW ENGLAND		2		44	44	19	24	1	3,226	4,781	411-200	17
Maine	-	-	11-3	39	12	8	3	1	996	2,169		2010
New Hampshire	- 17	Ī		-	4	4	4	4	256	589	1	
Vermont		2		5	5	4	5	2	375 741	1,174		
Rhode Island	_	_	-		7	1 2	7		217	115	-0.0	- Lord
Connecticut	-	-		-	7	3	4		641	591	100	
TIDDLE ATLANTIC		8	1 12	10	133	61	72		7,912	8,233	TOTAL	68
New York City	7.1		- 1	5	25	11	14		1,261	1,293	per le in	34
New York, Up-State.	-	4	-	- I- J	49	23	26	7 - 1	3,419	3,558	25:11 X	15
New Jersey				2	16	3	13	- 1	1,295	1,200	Oracle and	
Pennsylvania	-	4	- 1	3	43	24	19	2 "	1,937	2,182		17
AST NORTH CENTRAL		50	6 4-	11	126	61	61	4	5,853	6,606	2	84
Ohio		5	7 1-0	-	24	13	11	-	1,532	1,810	1	22
Indiana		1	- 1	1	9	6	3		486	608		22
Illinois.	7.	29 6		9	29 59	32	20 27	- 5	1,118	1,360		23
Michigan		9	12-	72	5	1	- 27	4	2,316	2,530 298	1	11
EST NORTH CENTRAL	1	165	u 2	36	43	27	13	3	1 006	1 0/0	admini je	32
Minnesota		9		18	5	1	2	2	1,996 226	1,848		32
Iowa	1	104		X ==	14	10	4		359	328	4000	
Missouri.	-	10		1	9	5	4	-	496	602	1	15
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erto Rico	1 1 7	11.1	414	13	13	8	5		954	857	1.0	1

Morbidity and Mortality Weekly Report

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

DECEMBER 12, 1964 AND DECEMBER 14, 1963 (50TH WEEK) - CONTINUED

NEW ENGLAND	Aves	Measles		ningococo feningitia		Sore Th	rococcal roat and et Fever	Tet	anus	Tula	remia		es in mals
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REW ENGLAND	UNITED STATES	3,249		2,615	2,253	8,887	8,404		266		312	120	4,353
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New York City	Connecticut	341		27	3,	434	349					The state of	-
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New York, Up-State	New York City	21	2	48	49	13	30	-	-		-	-	-
New Jersey. 23 1 107 500 - 611 - 6		64	1	103	102	287	175	1	9	-	-	6	115
Pennsylvania. 95 2 85 119 50 57 - 8 - 1 - 1 AST NORTH CENTRAL. 435 8 354 351 797 811 - 51 - 24 19 Ohito. 76 2 33 99 73 100 - 14 - 2 17 Indiana. 23 1 5 46 17 93 - 14 - 2 17 Indiana. 19 4 78 99 367 341 - 14 - 14 - 2 17 Michigan. 199 1 78 99 367 341 - 14 - 14 - 2 17 Wisconsin. 123 - 32 35 113 173 - 1 - 4 1 Wisconsin. 123 - 32 35 113 173 - 1 - 4 1 NEST NORTH CENTRAL. 182 5 150 138 412 262 1 18 - 59 22 Minnesota. 1 1 1 33 28 6 24 1 5 - 2 8 Iowa. 54 - 9 7 115 65 - 6 1 1 2 North Dakota. 27 3 88 1 1 4 4 4 8 4 4 32 4 North Dakota. 1 1 - 7 25 8 1 10 10 - 1 - 5 5 COUTH ATLANTIC. 254 16 575 413 832 727 2 65 - 31 13 COUTH ATLANTIC. 254 16 575 413 832 727 2 65 - 31 13 COUTH ATLANTIC. 254 16 87 3 4 3 4 1 5 - 2 - 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		23	1	107	50	-	61	-	6			-	
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### REST NORTH CENTRAL. 182 5													57
Minnesota	Wisconsin	123		32	35	113	173	-	1	-	4	1	88
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Nove Section													413
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North Dakots							1 1						190
South Dakots											32		
Nebraska											1,7		94
Mansas NN							10						
Delaware			ī				10			11 12 1			36
Delaware		***		10	14	1	10		1 1		. 7	1-1-1-	100.37
Delaware	SOUTH ATLANTIC	254	16	525	413	832	727	2	65		31	13	590
Dist. of Columbia.	Delaware	3	-	7	4	21	2	-	-	-			110
Virginia 32 1 64 88 193 368 - 8 - 7 8 West Virginia 150 - 35 23 249 200 - 1 - - 2 2 Morth Carolina 6 2 59 24 64 39 - 5 -	Maryland		-	41	58	54	17	-	4	-			3
West Virginia	Dist. of Columbia		-	17	8	3	5	-	1	-	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7-1771
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North Carolina.	West Virginia	150		35	23	249	200	L - 1	1	I I	1		38
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Florida	Georgia		5		34			1			15		119
Kentucky 65 - 64 34 149 264 - 8 - 4 1 Tennessee 153 2 62 70 1,192 1,338 - 14 1 21 32 Alabama 12 - 43 25 89 13 - 8 - 3 - Mississippi 10 - 26 23 89 13 - 8 - 3 - EEST SOUTH CENTRAL 233 5 242 203 881 908 1 30 1 107 14 Arkansas 4 - 33 14 1 1 - 8 1 66 2 Louisiana - - 129 81 2 6 - 4 - 6 3 Cklahoma 9 - 15 35 12 40 - 1 <	Florida	58	-	120	94					-		3	106
Kentucky 65 - 64 34 149 264 - 8 - 4 1 Tennessee 153 2 62 70 1,192 1,338 - 14 1 21 32 Alabama 12 - 43 25 89 13 - 8 - 3 - Mississippi 10 - 26 23 89 13 - 8 - 3 - EEST SOUTH CENTRAL 233 5 242 203 881 908 1 30 1 107 14 Arkansas 4 - 33 14 1 1 - 8 1 66 2 Louisiana - - 129 81 2 6 - 4 - 6 3 Cklahoma 9 - 15 35 12 40 - 1 <			MIL.					1.10	0 U. 4				
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Alabama							264	1 - 1	8		4	1	63
Mississippi			2			1,192	1,338			1	21	32	491
Arkansas			-	43		89	13	-	8		3		20
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Louisiana			,										619
Oklahoma 9 - 15 35 12 40 - 1 - 20 3 Texas 220 5 65 73 866 861 1 17 - 15 6 IOUNTAIN 423 1 97 80 1,485 2,032 - 6 1 53 2 Montana 110 - 1 3 65 78 - - - 19 - Idaho 56 - 4 6 79 90 - 1 -<		4											147
Texas		, i											76
OUNTAIN.	Tayes									-			97
Montana	TEVER	220	5	65	/3	866	861	1	17		15	6	299
Montana	OUNTAIN	423	1	97	80	1.485	2.032		6	1	53	2	14:
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Actions 9 - 8 13 125 187 - 1 - 2 Utah								1 [-		1			17561
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California 159 11 523 362 1,135 742 - 23 - 2 10 Alaska 6 - 7 15 31 53			2					1.5				1000	1:
Alaska 6 - 7 15 31 53 - - - -	California							1.5				10	304
### 10 Page 12		6											
	Hawaii	25		13					2				1935
uerto Rico 54 - 34 10 7 10 1 65 1	24										-	100	2

Table 4 (B). REPORTED PNEUMONIA-INFLUENZA DEATHS IN REPORTING CITIES

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

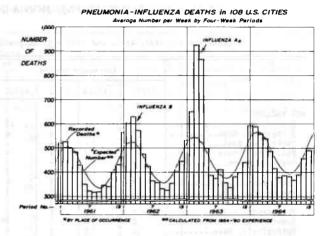
Area		For week	s ending	201	Area	For weeks ending			
	11/21	11/28	12/5	12/12		11/21	11/28	12/5	12/
EW ENGLAND:				100	SOUTH ATLANTIC:				-
Boston, Mass	12	4	8	13	Atlanta, Ga	5	5	2	1-3
Bridgeport, Conn.	2	4	4	6	Baltimore, Md	11	9	6	
Cambridge, Mass	1		- 144		Charlotte, N.C	1	3	2	
Fall River, Mass	200	2	2		Jacksonville, Fla	2	200	1	
Hartford, Conn		_	-	- 1	Miami, Fla		_		ł
Lowell, Mass	101-14	3	3	2	Norfolk, Va	6	1	6	
Lynn, Mass	3	2	1	4	Richmond, Va	2	2	1	-
New Bedford, Mass	1	3	1	l il	Savannah, Ga	4	1	3	Source
New Haven, Conn		1	1	- 1	St. Petersburg, Fla	10	3	3	
Providence, R.I	1	6	6	-	Tampa, Fla	8	9	11	30)15
Somerville, Mass	2	2	-	1*	Washington, D.C	10	6	12	
Springfield, Mass	2	5	1	7	Wilmington, Del	3	3	9	3000
Waterbury, Conn	1	1	_	HA -					
Worcester, Mass	8	1	6	6	EAST SOUTH CENTRAL:				
III.					Birmingham, Ala	2	2	1	
DDLE ATLANTIC:			1111111		Chattanooga, Tenn	9	4	2	
Albany, N.Y	-	1	-		Knoxville, Tenn	í	-	1	
Allentown, Pa	1	_	2	3	Louisville, Ky	11	7	11	1
Buffalo, N.Y	3	5	4	10	Memphis, Tenn	1	3	7	1
Camden, N.J	3	2	2	2	Mobile, Ala		20	-	
Elizabeth, N.J	100	1	1		Montgomery, Ala	2	2	3	
Erie, Pa	2	1	3	5	Nashville, Tenn	5	ĩ	5	
Jersey City, N.J	5	6	10	3	170			-	
Newark, N.J.	9	5	4	7	WEST SOUTH CENTRAL:	10.6	spulkters.	Distribute	100
New York City, N.Y	67	57	65	77	Austin, Tex	5	-	7	
Paterson, N.J.	5	1	3	7	Baton Rouge, La	1	1	1	130
Philadelphia, Pa	9	25	14	15	Corpus Christi, Tex	1	i	1	
Pittsburgh, Pa	7	2	10	3	Dallas, Tex	1	2	2	
Reading, Pa	3	2	2	4	El Paso, Tex	2	4	3	
Rochester, N.Y.	11	7	14	11	Fort Worth, Tex	8	i	2	
Schenectady, N.Y.			1	2	Houston, Tex	7	3	6	1000
Scranton, Pa	_	-		3	Little Rock, Ark	4	2	2	1100
Syracuse, N.Y		2	3	1	New Orleans, La	5	7	8	
Trenton, N.J	1	1	5	2	Oklahoma City, Okla	2	100	3	A SERVICE
Utica, N.Y	6	5	3	2*	San Antonio, Tex	4	3	5	
Yonkers, N.Y	-	2	- i	3	Shreveport, La	5	12		
lonkers, M.I		-	1	,	Tulsa, Okla	4	4	7	1.00
ST NORTH CENTRAL:						-	-	7	
Akron, Ohio	1			_	MOUNTAIN:			1000	
Canton, Ohio.	5	1	2	2	Albuquerque, N. Mex	4	tall to lead of	2	10.7
Chicago, Ill.	32	35	36	44	Colorado Springs, Colo	4	2	1	
Cincinnati, Ohio	6	3	8	6	Denver, Colo	7	3 2	5	100
Cleveland, Ohio	3	6	2	4	Ogden, Utah		3	2	100
Columbus, Ohio	3	5	4	2	Phoenix, Ariz				1111
Dayton, Ohio.	1	3	2	4	Pueblo, Colo	7 2	12	3 2	100
	12	13	10	13	Salt Lake City, Utah	(2007)	1	3	
Detroit, Mich	- 12	4	2	2		2	1	3	
Evansville, Ind	1	2	_	2	Tucson, Ariz	TOTAL SECTION	DIONE SH	>31EAU	1907
Flint, Mich					DACTETC.				
Fort Wayne, Ind	3	1	5	1	PACIFIC:	N. Harris	S. S		117
Gary, Ind	3	2	5	3	Berkeley, Calif	1	2	2	100
Grand Rapids, Mich	2	3	8	5	Fresno, Calif	1	-		
Indianapolis, Ind	9	3	5	6	Glendale, Calif		2	3	5311
Madison, Wis	-	₩ <u>-</u>	-		Honolulu, Hawaii	3	1.154	3	-550
Milwaukee, Wis	2	1	-	3	Long Beach, Calif	22	24	14	
Peoria, Ill	-	2	- I		Los Angeles, Calif	23	24	16	DEEK!
Rockford, Ill.	3	4	:	3	Oakland, Calif	3	2	1	
South Bend, Ind	3	1	1	1	Pasadena, Calif		1	1	
Toledo, Ohio	4	6	6	8	Portland, Oreg	8	1	5	1,790
Coungstown, Ohio	1	1	4	-	Sacramento, Calif	3		1	14
					San Diego, Calif	11	1	4	
ST NORTH CENTRAL:					San Francisco, Calif	11	3	4	1234
Des Moines, Iowa	5	2	1	-	San Jose, Calif	2	1 7	7	
Duluth, Minn	2	-	-		Seattle, Wash	4	7	4	i u Lé
Kansas City, Kans	2	3	1	3	Spokane, Wash	2	1	4	6216
Kansas City, Mo	4	4	3	3	Tacoma, Wash	1	-		
Lincoln, Nebr	4	1	-	2		1000000		THE TO	1750/6
Minneapolis, Minn	2	1	1	3					
Omaha, Nebr	3	-	5	2	the second secon				
St. Louis, Mo	9	9 .	7	7		100 -		14 md = -	
St. Paul, Minn	1	- 1	1	1	OCurrent Week Mortality f	or 108 S	erected (Tries	
Wichita, Kans	2	2	7	4					

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

SUMMARY OF PNEUMONIA AND INFLUENZA DEATHS

The weekly average number of pneumonia-influenza deaths for the four-week period ending December 12 was 489 as compared with an expected weekly average of 522.

763.0	+4	Week	4 Week	Weekly		
	11/21	11/28	12/5	12/12	Total	Average
Observed	489	425	485	555	1,954	489
Expected	504	516	528	539	2,087	522
Excess	-15	-91	-43	16	-133	-33



(See table, page 443)

MENINGOCOCCAL MENINGITIS

(Continued from Page 439)

Substantial evidence, however, has accumulated that the Group B sulfonamide-resistant strains are at this time widely distributed throughout the civilian population. Ivler et al1 have shown that 25 percent of strains isolated from Los Angeles area civilian cases of meningococcal meningitis since mid-1963 were resistant to 10 mg percent of sulfadiazine. In Figure 4 are shown the results of sulfonamide sensitivity testing of 210 isolates from blood or cerebrospinal fluid submitted to the Communicable Disease Center. Sixty percent of these strains came from States other than California, and all but a few of the strains were Group B. Thirty-seven percent of the strains required 1.0 mg percent or more of sulfadiazine for inhibition; the sensitive strains were inhibited by 0.1 mg percent or less.

Resistance of meningococci to sulfonamides has not been accompanied by changes in resistance to penicillin or other antibiotics. It is important to emphasize that the presence of sulfonamide resistance in no way precludes successful treatment of clinical cases with penicillin G.

(Data submitted by Dr. Philip Condit, Chief, Bureau of Communicable Diseases, presented in "Epidemiological Notes" (October 30, 1964), California Department of Health; Colonel Adam Rapalski, Chief, Preventive Medicine Division, Department of the Army; and Laboratory Branch, CDC. Summary prepared in Investigations Section, Epidemiology Branch, CDC.)

REFERENCE:

¹Ivler, D., Leedom, J. M., Thrupp, L. D. Wehrle, P. F., and Portnoy, B.: Studies of naturally-occurring sulfadiazine-resistant meningococci. Presented at the Fourth Interscience Conference on Antimicrobial Agents and Chemotherapy. October 26-28, 1964, New York City.

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