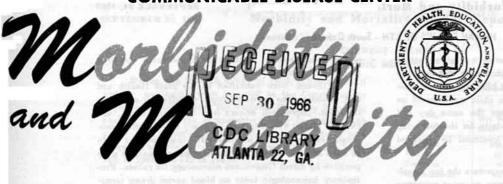
COMMUNICABLE DISEASE CENTER





September 24, 1966 Week Ending

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

EPIDEMIOLOGIC NOTES AND REPORTS HUMAN RABIES DEATH - South Dakota

A 10-year-old boy from Bryant, South Dakota, died of rabies on September 5, 1966. On August 3 the boy had been sleeping in his parents' backyard in a sleeping bag. He was awakened when a striped skunk (Mephitis mephitis) bit him on the right thigh after apparently crawling into the sleeping bag with the boy. While attempting to get away from the skunk, the boy received additional bites on the wrist, the fingers of both hands, and behind the right ear.

The skunk escaped, but what is believed to be the same animal was shot several hours later by the boy's father. This skunk was confirmed as rabid by Seller's

CONTENTS

Epidemiologic Notes and Reports							
Human Rabies Death - South Dakota		١.			Ų		325
Diphtheria - South Carolina							326
Current Trends							
Aseptic Meningitis							327
Surveillance Summary							
Shigella - Second Quarter, 1966							327

stain and direct fluorescent microscopy procedures at the South Dakota State Veterinary Diagnostic Laboratory, Brookings, South Dakota.

A local physician cleansed the child's bite wounds with phisohex and water and then painted them with tincture of merthiolate. A booster dose of tetanus toxoid was given at that time.

(Continued on page 326)

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

	38th WEE	K ENDED	MEDIAN	CUMULA	TIVE, FIR	ST 38 WEEKS
DISEASE	SEPTEMBER 24, 1966	SEPTEMBER 25, 1965	MEDIAN 1961 – 1965	1966	1965	MEDIAN 1961 – 1965
Aseptic meningitis	174	77	94	2,096	1,449	1,431
Brucellosis	5	9	9	167	188	306
Brucellosis Diphtheria	10	2	9	140	112	184
Encephalitis, primary:	a like the base		the section bed at	7.		
Arthropod-borne & unspecified	72	79		1,541	1,304	
Encephalitis, post-infectious	9	7		600	549	TA THESITA
Hepatitis, serum	33 588	677	738	1,004 23,278	24,812	31,872
Measles (rubeola)	375	624	627	189,859	240,837	387.689
Poliomyelitis, Total (including unspecified)	0.0	2	10	70	46	276
Paralytic	a sharr to be the same of	2	6	66	39	235
Nonparalytic	ne TQ to Management	EL SUD . MISS			6	III S THE LOS LINES
Meningococcal infections, Total	28	35	31	2.744	2,352	1,802
Civilian	26	35		2,468	2,170	
Military	2			276	182	
Rubella (German measles)	216	CAST IIX THAT		41,901		
" Process sore throat & Scarlet fever	4,756	4,705	4,132	314,932	293,530	255,340
retanus	2 1 0 0 1 A 2 4 2 1 6 1 4	final d tabers		132	196	
ularemia	6	3		125	190	
Typhoid fever	10	5	15	276	302	383
Typhus, tick-borne (Rky. Mt. Spotted fever).	4	3		209	228	
Rabies in Animals	66	85	61	3,124	3,327	2,879

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	THE RESERVE OF THE PERSON OF T	Cum.	
Anthrax:	4	Botulism:	4	
Leptospirosis: Iowa-1 Tenn -1	50	Trichinosis: NYC-1	74	
Malaria: NYU-1,Pa-3,Md-4,NC-3,Ala-3,Ore-1,Io-2,Ky-2,Cal-2,Ga-1	289	Rabies in Man:	1	l
Psittacosis:	34	Rubella, Congenital Syndrome:	20	ı
Typhus, murine Tex1	20	Plague	4	ı

HUMAN RABIES DEATH - South Dakota (Continued)

Eleven ml. of antirables serum was given within 18 hours of the exposure. Approximately one-half the volume was infiltrated around the bite wounds and one-half injected intramuscularly. The child was started on duck embryo origin rables vaccine the same day and thereafter received a 1 ml. dose daily for the following 21 days. During this course of treatment he received Benadryl, 50 mg q.i.d.

Twenty-four days after the exposure the boy developed a severe headache. There were no prior symptoms except for "a funny feeling" in the fingers of the right hand before onset of headache. He was hospitalized at DeSmet, South Dakota, the following day when he developed a fever of 104°F. About 48 hours after the onset of headache he became irrational. There was a short period of hyperexcitability, laryngeal spasm and increased salivation, followed by coma.

The boy was transferred to Sioux Valley Hospital, Sioux Falls, South Dakota, on September 1, 1966. At this time he responded only to deep pain. Deep tendon reflexes were diminished, more so in the upper than lower extremities. He remained comatose until death on September 5, 1966.

Therapy included ACTH, instituted early in the course of illness because of the possibility that symptoms might be a vaccine reaction. Subsequent treatment in-

cluded tracheostomy, steroids for hypotension and urea to reduce cerebral edema.

Tissues were submitted to the State Health and CDC Laboratories for microscopic examination and virus isolation. Impression smears from the brain, lungs, and salivary glands were negative on direct fluorescent microscopic examination. A positive virus isolation was made in mice and the brains from the first mouse passage were positive by direct fluorescent microscopy for rabies. Preliminary immunologic tests on blood serum drawn terminally, using the indirect fluorescent antibody technique, were positive.

(Reported by Ben Diamond, Director of Laboratories, South Dakota State Department of Health; and the CDC Rabies Investigations Laboratory.)

Editorial Note:

This clinical failure illustrates the limitation of present rabies prophylactic procedures. In spite of nearly ideal management including thorough cleansing of the wounds, infiltration with antirabies serum and a full course of vaccine, the patient developed rabies in less than 30 days from time of the bites. Skunks are known to excrete higher titers of virus in their saliva than other rabid animals. Bites involving the fingers and face, anatomical areas heavily supplied with nerve endings, are known to carry a greater hazard of disease.

DIPHTHERIA - South Carolina

On June 18, 1966, a 10-year-old Negro boy died in Columbia, South Carolina, after an 8-day illness characterized by fever, sore throat and respiratory distress. Nasopharyngeal and throat cultures grew out a toxigenic strain of C. diphtheriae. After the death of this boy, 21 additional cases and 21 carriers were discovered. The epidemic reached its peak during the week ending August 6, when seven new cases were diagnosed. All cases occurred among the nonwhite, lower socioeconomic populace. Twenty of these were below the age of 15 years; 8 occurred in the 1-4 year age group. The index case and a 1½-year-old male infant died. No new cases have been reported since September 6.

Both patients who died and 15 other clinically ill persons definitely had not been immunized against diphtheria. In three other cases immunization was inadequate; in one other case it had lapsed. The status was unknown in the remaining case. Only two carriers had received a full course of diphtheria toxoid previously. All cases, except for the two fatal ones, were clinically mild and without complications. Of the 43 C. diphtheriae strains isolated, 41 were toxigenic. One non-toxigenic strain was recovered from a carrier and another from a patient with a traumatic ocular infection.

The 22 cases were confined to the city of Columbia which has a population of 97,433 including 29,644 non-whites (1960 census). In contrast to the absence of reported diphtheria cases since 1957, the recent attack

rate among the nonwhite 1-15 year age group was 18.2 per 10,000. Contact among all but two of the cases and carriers has been established in three distinct geographic foci.

Two weeks after the onset of the initial case, the county health officer decided to culture all members and close contacts of the clinically affected persons. Four hundred cultures were taken by mid-August. Each household contact was treated with 1,000 units of antitoxin and 2.4 million units of procaine penicillin each day until three consecutive throat cultures were negative. The clinically ill patients were treated with 20,000-80,000 units of antitoxin and 2.4 million units procaine penicillin per day.

On July 28, a mass vaccination program was undertaken at a clinic in each of the three epidemic areas. Over 25,000 doses of DT or DTP vaccine have been administered. Eighty to 90 percent of the doses have been given to the nonwhites, the majority to persons less than 20 years of age. A large proportion of this population was known to have been susceptible due to a survey conducted in this area in 1964 to determine the immunization status of the residents; results indicated that at that time only 62 percent of the nonwhite population in the 1-14 year age group had received adequate DTP immunization. (Reported by Dr. G. E. McDaniel, Director, Division of Disease Control, State Board of Health of South Carolina; and an ElS Officer.)

CURRENT TRENDS ASEPTIC MENINGITIS

During the first 38 weeks of 1966, 2,096 cases of aseptic meningitis were reported to the Communicable Disease Center through the National Morbidity Reporting System. During the comparable period in 1965, 1,449 cases were recorded. Through the first 26 weeks of both years the numbers of reported cases were nearly the same: 765 in 1966 and 742 in 1965.

The increased numbers of cases during recent weeks have been reported primarily from several states along the eastern seaboard (Florida, Massachusetts, New Jersey, New York City, Rhode Island and West Virginia) in addition to California, Louisiana, Mississippi and Texas. Table 1 compares the reported incidence of aseptic meningitis from these 10 states at the end of the 26th and 38th weeks of 1965 and 1966.

Table 1 States Reporting Significant Increase* in Incidence of Aseptic Meningitis

	19	965	1966				
State	26th Week Ended 7/3	38th Week Ended 9/25	26th Week Ended 7/2	38th Week Ended 9/24			
California	228	416	223	545			
Florida	45	62	40	106			
Louisiana	6	14	16	41			
Massachusetts	15	26	6	109			
Mississippi	1	2	19	59			
New Jersey	14	28	24	96			
New York City	21	34	22	63			
Rhode Island	2	8	5	53			
Texas	76	151	103	251			
West Virginia	0	1	4	92			

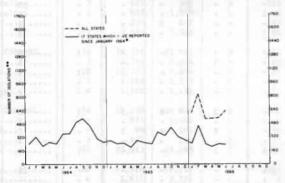
*Increase of 25 or more cases from end of 38th week in 1965 to end of 38th week in 1966.

No single etiologic agent has been identified to account for the majority of the cases.

SURVEILLANCE SUMMARY SHIGELLA - Second Quarter, 1966

During the second quarter of 1966, 1,856 shigella isolations from human sources were reported from 53 centers. This represents an 11.6 percent decrease from the 2,099 recoveries reported during the first quarter. The number of isolations notified the first quarter showed a 13.6 percent decrease from the total of 2,429 reported during the fourth quarter of 1965. The seasonal pattern demonstrated in the first two quarters of 1966 has deviated slightly from that of the 1964 and 1965 (Figure 1).

Figure 1
REPORTED ISOLATIONS OF SHIGELLA



ALASKA, ARIZONA, MAMAII, ILLINOIS, KAMSAS, MARYLAND, NEW JERSET, NEW MEKICO, NORTH CARDLINA, NORTH DAKOTA, ONIC ONI ANDINA DEFEON SOLITH DAKOTA. TENNESSEE, TEXAS AND VERMONT

**ADJUSTED TO FOUR-WEEK MONTHS

Nineteen serotypes were recorded for the second quarter, three less than for the preceding quarter. The six most frequently reported are listed in Table 2. In this quarter as well as in previous ones, these subgroups have been the most common, accounting for over 85 percent of all isolations. Shigella sonnei has consistently held the first rank and S. flexneri 2, the second.

Table 2
The Six Most Frequently Reported Shigella Serotypes
from Human Sources

- 15	Second C	Previo	us Quarter			
Rank	Serotype		Number	Percent	Rank	Percent
1	S. sonnei	Γ	640	34.5	1	36.8
2	S. flexneri	2	464	25.0	2	31.2
3	S. flexneri	3	277	14.9	3	10.0
4	S. flexneri	6	128	6.9	5	4.0
5	S. flexneri	4	108	5.8	4	7.7
6	S. flexneri	1	48	2.6	6	3.6

A regional difference has been recognized among shigella isolations, as a significantly higher percentage of S. flexneri isolations has been noted in the South as compared to the North. S. flexneri isolations accounted for about 73 percent of all shigella isolations in the southeastern quarter of the U.S., and around 81 percent in the southwestern quarter. In contrast, S. sonnei recoveries dominated the isolations from the northeastern and northwestern quarters, where 53 and 75 percent, respectively, were reported.

During April, May and June, 70.8 percent of the shigella isolations were reported from children under 10 years of age, approximately the same percent as in the preceding quarter. Again no sex predilection for shigella was apparent in the second quarter, although a predominance of males among the less than 5-year age group was observed. Of the total second quarter isolations, 348 or 18.8 percent were from families with other members of the same family positive for shigella. This was slightly lower than the percentages reported during the previous two quarters (25.2 and 27.4 percent, respectively).

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

SEPTEMBER 24, 1966 AND SEPTEMBER 25, 1965 (38th WEEK)

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

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Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

SEPTEMBER 24, 1966 AND SEPTEMBER 25, 1965 (38th WEEK) - CONTINUED

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Florida	115	-1	10	1	-	- 1	9	100 14 -	1		53
EAST SOUTH CENTRAL	1,041	1.7	15	1 1 3	19	t ral i	32	46.82	36	4	405
Kentucky	58	11.1-1.1	2	1	2	1 - 1 -	3	17.25	8	100 - 100	87
Tennessee	810	41-11	2	-	10	1 1 - (6	18	36.33	22	4	
Alabama	94	-	6		4		6	100 H - 1	6		16
Mississippi	79	-	5	- 1	3	- 1	5	11.67	20 10	contain	19
WEST SOUTH CENTRAL	483	2	30	5	57	L-11	28	150,00	7	14	636
Arkansas	1	1	5	2	44		2	101 -	2	4	72
Louisiana	11111111	1	7		3	1 - 1 3	8	150 - 1	2-1-6	3	40
Oklahoma	26	:	2	3	7	-	9	100	4	3	163
Texas	456	-	16	-	3	-	9	FRONT	1	4	361
MOUNTAIN	863		2	1-1	6		13	13,45	3	3	82
Montana	16		-		2	1 - 1 1	1-1-	19-5	5-1 1-13-1	00,00	7
Idaho	127		10.00	1 1	-	1.5-1.2	3.57-16	130	To be	(0 to 0 000)	100 pt 100 miles
Wyoming	20		-	1 1 5	-	1 - 1 -		155.0		1	100
Colorado	341	100	2	5-851 3	1		3	155	2	2	17
New Mexico	195 52			231	1		2 4	ECO.	1		13
Arizona	52 112	4.040		10.0	2		3	100		1	36
Nevada	-			100	-	E - 1	1			-	7
DACTETC	698	, .	17	egl,		1	26	1500			
PACIFICWashington	698 155	1 -	17	1 21 1	3	1 -	36 11		1	6	223 13
Oregon	19		1		1 1		11	100 000		-15-1	4
California	454	1	16	121	3	i	22	62121	1	6	206
Alaska		4	10	10.74				22.50	1		200
Hawaii	26		1 - 11	1 2 1 1	-						
Puerto Rico	26 44	1	. 1.1		7 -1	1:15	- 2				

Week No.

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 24, 1966

38

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

NEW ENGLAND: Boston, Mass Bridgeport, Conn Cambridge, Mass Fall River, Mass Hartford, Conn Lowell, Mass	All Ages	65 years and over	and Influenza	1 year	Area	A11	65 years	and	1 year
Boston, Mass Bridgeport, Conn Cambridge, Mass Fall River, Mass Hartford, Conn	693		All Ages	All Causes	MANAGE AND I	Ages	and over	Influenza All Ages	All Causes
Bridgeport, Conn Cambridge, Mass Fall River, Mass Hartford, Conn	000	410	25	38	SOUTH ATLANTIC:	1,093	530	56	62
Cambridge, Mass Fall River, Mass Hartford, Conn	222	123	9	15	Atlanta, Ga	128	47	6	10
Fall River, Mass Hartford, Conn	38	23 16	1		Baltimore, Md	260 29	126 11	10 2	20
Hartford, Conn	25 26	19	4	2	Jacksonville, Fla	58	22	2	6
Lowell Mass	57	29	1	2	Miami, Fla	106	49	2	6
	16	10	-	1	Norfolk, Va	41	20	3	3
Lynn, Mass	20	9	THE PARTY	1	Richmond, Va	54	36	1	-
New Bedford, Mass	34	18	W. S. C.	2	Savannah, Ga	35	18	3	1
New Haven, Conn Providence, R. I	46	34	2	2 5	St. Petersburg, Fla Tampa, Fla	71 68	56 34	11	2
Somerville, Mass	58 13	30 9	1	1	Washington, D. C	193	81	7	11
Springfield, Mass	50	36	2	3	Wilmington, Del	50	30	7	1
Waterbury, Conn	26	16			THE RESERVE AND DESCRIPTION OF THE PERSON OF		- 3 -4	544	-11.44
Worcester, Mass	52	38	4	4	EAST SOUTH CENTRAL:	589	315	35	37
MIDDLE ATLANTIC.	2 010	1 722	102	143	Birmingham, Ala	88	49	4	3
MIDDLE ATLANTIC: Albany, N. Y	3,010 40	1,733	102	143	Chattanooga, Tenn Knoxville, Tenn	50 43	2 4 26	6 2	8 2
Allentown, Pa	31	19	-		Louisville, Ky	122	78	11	4
Buffalo, N. Y	137	78	2	4	Memphis, Tenn	113	50	4	10
Camden, N. J	49	25	3	3	Mobile, Ala	38	16	-	3
Elizabeth, N. J	29	16	3	4	Montgomery, Ala	41	22	7	5
Erie, Pa	33	17	1	2	Nashville, Tenn	94	50	1	2
Jersey City, N. J Newark, N. J	68 80	38	5 3	4 9	LIEST COUTH CENTRAL.	1 105	507	27	71
New York City, N. Y	1,551	36 886	44	64	WEST SOUTH CENTRAL:	1,105 37	587 23	27 1	71
Paterson, N. J	40	22	3	2	Baton Rouge, La	23	14	2	
Philadelphia, Pa	390	221	9	21	Corpus Christi, Tex	24	14		1
Pittsburgh, Pa	205	105	7	15	Dallas, Tex	162	80	6	6
Reading, Pa	31	27	2		El Paso, Tex	37	21	1	2
Rochester, N. Y	110	75	9	4	Fort Worth, Tex	79	49	2	4
Schenectady, N. Y.	23 35	15 27	1 4	1 2	Houston, Tex	238	108	2	19 3
Syracuse, N. Y	50	31	5.50	3	New Orleans, La	55 174	82	4	13
Trenton, N. J	52	30	1		Oklahoma City, Okla	63	39		2
Utica, N. Y	20	16	3	1	San Antonio, Tex	106	64	2	7
Yonkers, N. Y	36	26	2	3	Shreveport, La	47	22	4	8
	0. 404			160	Tulsa, Okla	60	39	2	3
EAST NORTH CENTRAL:	2,584	1,465	69	162 3	MOUNTAIN:	384	211	15	21
Akron, OhioCanton, Ohio	72 28	45 18	2	2	Albuquerque, N. Mex	38	211 16	6	21
Chicago, Ill	743	395	24	59	Colorado Springs, Colo.	20	14	1	
Cincinnati, Ohio	136	76	7	8	Denver, Colo	117	61	2	8
Cleveland, Ohio	219	122	2	15	Ogden, Utah	18	10	2	2
Columbus, Ohio	110	65	- 5	6	Phoenix, Ariz	66	28	2	4
Dayton, Ohio	92	52	7	1	Pueblo, Colo	17	14		
Detroit, Mich	350	202	4	18	Salt Lake City, Utah Tucson, Ariz	57	37	-	3
Evansville, Ind Flint, Mich	40 88	30 44	5	1 2	I deson, Aliz.	51	31	2	-
Fort Wayne, Ind	39	17	1	5	PACIFIC:	1,674	1,018	26	70
Gary, Ind *	34	16	2	3	Berkeley, Calif.*	18	12	-	-
Grand Rapids, Mich	50	32	(*)	1	Fresno, Calif	43	22		5
Indianapolis, Ind	137	76	6	14	Glendale, Calif	39	25		-
Madison, Wis	44	18	1	5	Honolulu, Hawaii	38	14	-	3
Milwaukee, Wis	133	84	7	4	Long Beach, Calif	68	50	2	2
Peoria, IllRockford, Ill	48 30	28 20	1 5	6 2	Los Angeles, Calif Oakland, Calif	601 72	383	7 2	26
South Bend, Ind	34	25		1	Pasadena, Calif.	39	28		1
Toledo, Ohio	98	62	3	4	Portland, Oreg	118	70	- 1	5
Youngstown, Ohio	59	38	1	2	Sacramento, Calif	65	34	2	5
					San Diego, Calif	90	57	2	4
WEST NORTH CENTRAL:	799	467	22	44	San Francisco, Calif	187	102	5	4
Des Moines, Iowa	63	35	3	3	San Jose, Calif	152	30	2	2
Duluth, Minn Kansas City, Kans	28	22 17	1 2	1 5	Seattle, Wash Spokane, Wash	152 42	91	4	8
Kansas City, Mo	38 111	64	2	3	Tacoma, Wash	56	34		1
Lincoln, Nebr	20	13	-	2		50			
Minneapolis, Minn	112	69	1	10	Total	11,921	6,736	377	648
Omaha, Nebr	86	43	4	4					
St. Louis, Mo	221	131	8	10		ulative T			
St. Paul, Minn	64	35	1	4	including reported	d correct	ions for p	revious we	eks
Wichita, Kans	56	38		2	All Causes All Ages			470	125
- SERVICE AND THE SERVICE AND					All Causes, All Ages All Causes, Age 65 and o				722
					Pneumonia and Influenza,				202

SURVEILLANCE SUMMARY SHIGELLA - Second Quarter, 1966

(Continued from page 327)

Nonhuman

A total of 17 isolations of shigella was reported during the second quarter of 1966, as summarized in Table 3.

Table 3
Reported Shigella Serotypes from Nonhuman Sources

Serotype	No. of Isolations	Reporting Center	Source
S. boydii 1	1	Mich.	Monkey
S. flexneri 1	2	Wisc.	Monkeys
S. flexneri 2	2	Ga.	Research sample
S. flexneri 2b	1	Texas	Lab stock culture
S. flexneri 3	7	Md. (3)	Monkeys
		Wisc. (1)	Monkey
		Fla. (3)	Monkeys
S. flexneri 4a	1	Texas	Lab stock culture
Unknown	1	Wisc.	Monkey
S. flexneri (not typed)	2	Pa.	Monkeys
Total	17		
	961 750		THE PART OF THE PA

tern line 24 out years? IIA

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 15,600, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

CHIEF, COMMUNICABLE DISEASE CENTER CHIEF, EPIDEMIOLOGY BRANCH ACTING CHIEF, STATISTICS SECTION

DAVID J. SENCER, M.D. A.D. LANGMUIR, M.D. IDA L. SHERMAN, M.S.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

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

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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