

### EPIDEMIOLOGIC NOTES AND REPORTS BOTULISM – California

On October 10 and 11, 1966, three patients with botulism were hospitalized at Sutter Memorial Hospital in Sacramento, California, following ingestion of homeprocessed dried venison jerky. A 28-year-old patrolman who prepared the meat and his 24-year-old sister both developed severe diploplia, dysphagia, ptosis and dysponia on October 9. These symptoms appeared within 3 days of the time the venison was first sampled and 24 hours after moderately large amounts were eaten. The third patient, the patrolman's 2-year-old daughter, developed unsteady gait progressing to severe weakness, ptosis and palatal paralysis on October 11, 2 to 3 days

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after exposure. Of 17 other individuals who ate some of the venison, 2 developed mild transient gastroenteritis and 15 remained asymptomatic.

Filtrates prepared from the venison jerky regularly killed mice. Antisera for botulism types A and B failed to protect, but sera for types E and F have shown some protection. Further characterization of the type of botulism involved must await bacteriological identification.

(Continued on page 356)

where it provides provide where a	41st WEE	K ENDED	MEDIAN	CUMULATIVE, FIRST 41 WEEKS				
DISEASE	OCTOBER 15, 1966	OCTOBER 16, 1965	1961 – 1965	1966	1965	MEDIAN 1961 - 1965		
Aseptic meningitis	80	68	68	2,394	1,677	1,659		
- deenosis	6	1	8	198	194	324		
olphtheria.	6	2	9	151	118	203		
Encephalitis, primary:		TATING DATE:	Th		A			
Arthropod-borne & unspecified	38	47		1,721	1,472			
Encephalitis, post-infectious	CYCS	5		621	572	don ha chuig		
Repatitis, serum	22 573	644	797	1,091 25,029	26,767	\$ 34,317		
	681	872	872	191,490	243,198	390,194		
Poliomyelitis, Total (including unspecified)	both an and a first shifts	and the second	24	74	48	347		
Paralytic	î	-	19	68	39	296		
stoliparalytic	enco de competito e de	(b)		-	6	and the second second		
Meningococcal infections, Total	34	37	37	2,851	2,462	1,900		
Civilian	32	37		2,570	2,280			
MIIILARV	2	-		281	182			
"uclia ((ferman moacloc)	202	and the second second		42,572		A 41 11 1989		
""EUIOCOCCOL core threat & Cocclet forcer	5,906	6,272	4,610	332,657	310,791	268,524		
Tetanus. Tularemia Typhoid faver	5	4		151	210			
Tularemia	2	8		136	205	1000 B		
	10.000011 - 12000	5	17	307	338	431		
Typhus, tick-borne (Rky. Mt. Spotted fever) -	4	2	Carot Intaces	223	243			
Rabies in Animals	57 57	65	65	3,287	3,496	3,037		

# CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

#### NOTIFIABLE DISEASES OF LOW FREQUENCY

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Anthrax: Leptospirosis:	53	Botulism: Calif3 Trichinosis: Conn1, Mich1, N.J1	8 84
Palaria: Calif10, Ky2, Mass1, Mich3, NY City-1, S.C1	334	Rabies in Man: Rubella, Congenital Syndrome:	2
Typhus, murine: Tex1	23	Plague:	

### PUBLIC HEALTH SERVICE RECOMMENDATIONS ON THE USE OF BCG VACCINATION IN THE UNITED STATES

The following recommendations represent the position of the Public Health Service on the use of BCG vaccination in the United States. The statement was drafted by a panel of public health and tuberculosis specialists\* who met at the Communicable Disease Center in Atlanta on July 21 and 22, 1966. The recommendations have subsequently been approved by the Surgeon General.

Tuberculosis has been and still is the costliest of the communicable diseases in the United States - both in terms of human lives and dollars. It has always been the desire of public health workers in this country to use all the necessary tools to control this disease. Therefore, in 1946 when European countries were adopting mass BCG vaccination as an element of their tuberculosis control programs, the Public Health Service first convened an advisory group to consider the use of BCG in this country. That group recommended against its use since its effectiveness had not been determined. Instead of mass usage, large-scale controlled trials were urged. Subsequent advisory committees have recommended that BCG vaccination be limited to special groups, but emphasized in 1957: "The Committee expressed the opinion that vaccination may lead to a false sense of security which could result in failure to observe precautions that otherwise would be taken," and in 1962: "The Committee wishes to emphasize that BCG vaccination should not be considered a substitute for other control measures, but should be an addition to these, used in special situations." Today, in 1966, this panel recommends an even more limited use of BCG vaccination in the United States.

Vast changes have been seen in tuberculosis control in the past 20 years. In 1946 specific chemotherapy had only recently been discovered and was still in limited use; today excellent drugs are available which can not only reverse the course of the disease, but will also rapidly eliminate infectiousness. Then, too, in 1946 rates of new infections were thought to be high and most of the disease seen then was thought by many to follow recent infection. Today in this country, accumulated data show that infection rates are very low, and it is recognized that 75-80% of new cases of tuberculosis comes from the reservoir of persons infected in the more distant past. Today it is possible and practicable to prevent many of these infected persons from developing disease - namely, with chemoprophylaxis. Finally, and most important, today the resources to combat tuberculosis in the United States are vastly increased and should remain at a high level for the next several years if the 1963 recommendations of the Surgeon General's Task Force are followed.

The panel has reviewed epidemiologic information relating to the status of tuberculosis in this country and is thoroughly familiar with the results of field trials of BCG not only in the United States, but also in Great Britian and other countries. The panel is fully cognizant of the past positions of the Public Health Service as well as the current views in other countries and of the World Health Organization. It is important to recognize that the present epidemiologic situation in the United States is much more favorable than that in developing countries. It is also much more favorable than the situation that existed in many developed countries at the end of World War II when BCG vaccination was widely adopted.

BCG vaccine has been demonstrated to have some effectiveness, particularly where rates of new infections are high. Its impact as a public health measure does, however, diminish progressively as the opportunity to become infected continues to decrease. Because of the favorable epidemiologic, medical, and socioeconomic conditions prevailing in the United States, and in light of the changes described above, the following recommendations are made for the use of BCG in this country today. The panel recognizes that for regions with different conditions, the recommendations concerning the use of BCG might be quite different.

#### Recommended Usage

For the individual. Since modern methods for detection, isolation, treatment, and chemoprophylaxis, when adequately applied, are highly successful in controlling tuberculosis, BCG should be reserved for situations in which these methods cannot be applied. BCG should be used for the uninfected individual or small groups of uninfected individuals living in unavoidable contact with one or more uncontrolled infectious persons who cannot or will not obtain or accept supervised treatment.

For groups. Based on available data, there is no epidemiologic indication for the use of BCG on a group or community basis in the United States. In particular, BCG is not recommended for medical and paramedical personnel and students, or for employees and inmates of penal and mental institutions, because the knowledge of tuberculin conversion, if it occurs, is essential so that chemoprophylaxis may be instituted and the infectious source identified and treated. Moreover, adequate tuberculosis control programs can be developed in such groups with reasonable assurance of cooperation.

A so-called "micro-epidemic" of infection is another situation in which BCG is not recommended. Today, with low rates of transmission and expanded tuberculin testing, such outbreaks will be more easily recognized than in the past. Their management requires the prompt identification and removal of the source of infection and the identification and treatment of the tuberculin converters. The recommendations of this panel limiting the use of BCG should not be construed to mean that tuberculosis is no longer a problem. On the contrary, vigorous efforts must be sustained to capitalize on the gains of the past. In addition to the current programs of tuberculosis control, an expanded study of the level of infection, as measured by standardized tuberculin testing, is needed. As the risk of new infections continues to diminish, the need for surveillance will increase to assure that deviations from the norm can be rapidly detected and corrective action instituted.

If, in spite of the above recommendations, an individual health official in the United States believes that the local situation calls for further use of BCG, he should first assure himself that the situation is, in fact, precarious. He should have epidemiologic information on the transmission rate as measured by conversions obtained in repeated tuberculin testing of representative samples of the population; he should identify as precisely as possible the persons who might benefit from BCG vaccination; and he should re-examine his resources to determine if there are not better ways to meet the problem. Under no circumstance should BCG vaccination be an alternative for an adequate tuberculosis control program, nor should other measures be relaxed when BCG is used.

The health official should be aware that the use of BCG does not absolve him or his health jurisdiction from attempting adequate supervision of individuals with tuberculous infection or disease. In addition, he should recognize that the use of BCG will complicate future tuberculosis control programs by adding to the population a group of reactors who cannot be distinguished from those naturally infected.

As the 1957 Report on BCG stated:

"The procedure (BCG vaccination) makes it impossible to use the tuberculin test

- (1) as evidence of recent infection in the individual;
- (2) as an index of infection in population groups;
- (3) for the location of sources of contagion;
- (4) as a preliminary screening device prior to chest roentgenographic examination in the diagnosis of tuberculosis;
- (5) for differential diagnosis in diseases with some similarity to tuberculosis."

Since there will be some continued indication for the use of BCG, according to the recommendations of the panel, the Public Health Service should continue to assure that a safe and potent vaccine is licensed for use in the United States.

\*Special Panel of Public Health and Tuberculosis Specialists

 Dr. Robert J. Anderson
 Dr. Herman E. Hilleboe

 Dr. Georges Canetti
 Dr. Edith M. Lincoln

 Dr. John S. Chapman
 Dr. Johannes Meijer

 Dr. Francis J. Curry
 Capt. Jack Millar, USN

 Dr. Winthrop N. Davey
 Dr. David J. Sencer

Dr. Robert L. Yeager

## SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

### SEPTEMBER 1966 AND SEPTEMBER 1965

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas September 1965 and September 1966 - Provisional Data.

Reporting Area				lative - Sept	Reporting Area	Sept	ember	Cumulative Jan - Sept		
	1966	1965	1966	1965		1966	1965	1966	1965	
EW ENGLAND	/ ENGLAND		EAST SOUTH CENTRAL	194	232	1,759	2,106			
Maine			5	1	Kentucky	10	16	104	110	
New Hampshire.	1		8	23	Tennessee	10	31	229	412	
Vermont			3	2	Alabama	110	116	986	1.127	
Massachusetts.	21	24	245	209	Mississippi	55	69	440		
Rhode Island	1	4	21	18		32	09	440	457	
Connecticut		13	72	100	WEST SOUTH CENTRAL	0.7.5	107			
Sounder reaction of the second	. 4	1.2	12	100	Arkansas.	272	197	2,041	1,788	
IDDLE ATLANTIC		10.000			Louisiana.	19	10	116	173	
	294	407	3,008	3,632	Oklahona.	51	59	482	523	
Upstate New York	13	46	263	415		11	4	105	89	
New York City	189	220	1,863	2,119	Texas	191	124	1,338	1,003	
Pa. (Excl. Phila.)	10	36	144	144	Charles and the second s			11020-02000	10.012.210	
Philadelphia	26	37	202	224	MOUNTAIN	35	53	318	427	
New Jersey.	56	68	536	730	Montana.	2	2	25	11	
					Idaho	2	2	5	7	
AST NORTH CENTRAL	293	253	2,411	2,249	Wyoming	- 2	5		2	
Ohio	67	54	476	471	Colorado	2	13	35	38	
Indiana.	7	5	74	41	New Mexico	8	11	73	86	
Downstate Illinois	18	16	145	160	Arizona	16	13			
Chicago	06	102	781	017	Utah.	3		154	217	
Michigan		70	856		Nevada		Z	8	12	
Wisconsin.	98			597		2	5	18	49	
wisconsin	7	5	79	63	PACIFIC.				1	
an and the second second second second		24	33.52	75070		130	163	1,319	1,544	
EST NORTH CENTRAL	30	51	314	393	Washington	6	2	32	53	
Minnesota	2	7	24	69	Oregon	2	1	38	27	
Iowa	8	8	55	28	California	118	150	1,222	1.434	
Missouri	6	19	114	174	Alaska	2	1	8	6	
North Dakota		1	5	2	Hawaii.	2	9	19	24	
South Dakota	2	2	27	34					2.4	
Nebraska	9	9	39	67	U. S. TOTAL.	1.863	1.914	16.273	17,515	
Kansas	á	Ś	50	19				340 2.2.2.	14.212	
	829.Ja				TERRITORIES	96	86	750	635	
OUTH ATLANTIC	583	517	4.750	5.023	Puerto Rico	92	84	728	621	
Delaware	6		40	45	Virgin Islands.	4	2	22	14	
Haryland.	42	37	416	334	1 C 1 S 1 D 1 1 1					
District of Columbia	42	38	363		have a second second	_	+	-		
				366						
Virginia	24	28	241	259	and the second second					
West Virginia	5	9	54	57		2 1 2	10.000			
North Carolina	125	79	729	768	Note: Cumulative Totals	Include	revised	and delays	d report	
South Carolina	65	64	681	631	through previous	months.				
Georgia	91	109	772	827						
Florida	174	153	1.454	1,736						

### CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK)

	Graph at U. U.		destination (		ENCEPHAL	LITIS				HEPATITIS			
AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	Prin inclu unsp.	ding	Post- Infectious	DIPH	DIPHTHERIA		Infectious	Both Types		
	1966	1965	1966	1966	1965	1966	1966	1965	1966	1966	1965		
UNITED STATES	80	68	6	38	47	5	6	2	22	573	644		
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IDDLE ATLANTIC	7	3	and the second states of the		1.2			mines and			100		
New York City	2			4	12	1		-	11	88	102		
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New York, Up-State.	2		-	1		-	-		Carl Carl	26	13		
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Pennsylvania	1	1	ALC: NO REAL	1	2	1	ALC: NOT	v lotent	and the second	31	34		
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Indiana			and the second second	-	1		-		1	6	40		
Illinois	1	4	A DECK STATE	5.01-11	2	the Market I	101.00	107210	6.00	19	30		
Michigan.	1	4	-	-	-								
Wisconsin	3		1. 1. 1. 1. 1. 1.		1	and the second second	100 C C C C	Contraction of the	1 - 7 - F	52	67		
	5		1-21-14	100	1	week the second	Chevron Ch	1EU blam	Sector and a	8	7		
EST NORTH CENTRAL	1	9	3	10.000	4								
Minnesota	1	3	and the second sec	COLUMN THE PARTY	4	bruine of the	C 1 5 C1	1	(Diffices) If	41	30		
Iowa	1		1	200.00			Sec. Sec. Sec.		CHARGE INC.	11	9		
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OUTH ATLANTIC	6	1	2	7	8	1	-		2	44	72		
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South Carolina	-	-	•	-	-	-	-		-		4		
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and the state of the state of the	1000												
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ACIFIC	31	16	1	9	3	2	1		7	139	131		
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# Morbidity and Mortality Weekly Report

# CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK) - CONTINUED

ADPA			MEASLES (Rubeola)					RUBELLA			
AREA	the standard and the			TOTAL			Total		Paralytic		
	10//	Cumula	ative	10//	Cumula	tive				Cumulative	1060
	1966	1966	1965	1966	1966	1965	1966	1965	1966	1966	1966
UNITED STATES	681	191,490	243,198	34	2,851	2,462	1	-1954	1	68	202
EW ENGLAND	39	2,329	36,907	1	125	125		1 . All		in the second	32
Maine	10	225	2,821	1.1.2.1	10	16	1.1.10.	11.344		1.1.1	9
New Hampshire	1.1	80	381		9	7	The second	5.14	-	into estable	1000
Vermont	27	266	1,301		4	7			-	in the state	2
Massachusetts	1	788	19,305	1.	50	45	1000	- Ma	- I	A Different	6
Rhode Island	1 m l	72	3,940	1	15	14	1611-163	L - 930		Supervised and	2
Connecticut	1	898	9,159		37	36		- 198	-	10.000 a 100	13
IDDLE ATLANTIC	33	18,097	15,035	4	347	317			-	2	14
New York City	7	8,302	2,469	1	49	54		- 197		6. (* 1. m. 12)	7
New York, Up-State.	11	2,549	4,164	1	97	92	Contraction of	_ 941_	- 1		7
New Jersey	7	1,862	2,657	1	103	81	-	- 55		consideration of the	6 A 143
Pennsylvania	8	5,384	5,745	1	98	90		1 - 22	-	2	CONTRACT.
AST NORTH CENTRAL	109	69,053	56,367	9	451	359		11. 11.	-	3	54
Ohio	5	6,365	8,911	4	123	96		- 143	- 1		8
Indiana	18	5,734	1,960		80	45	- 1	1 . Albert	- 1	1	1
Illinois	8	11,384	2,804	- <u>1</u> - 6	81	101	-	- Z44	- 1	2	9
Michigan	43	14,600	26,643	2	121	76		- IC-	- 1	de de ser en de	12
Wisconsin	35	30,970	16,049	3	46	41		1 12	-	1	24
EST NORTH CENTRAL	20	8,744	16,677	1	151	126		1.18	-	100 251	7
Minnesota	1.1	1,643	698	-	34	27		- 1802		1	1
Iowa	11	5,327	9,052		22	12		201		and the second	4
Missouri	1	533	2,595	1	58	52	his is that			3	100000
North Dakota	8	1,124	3,765	1.14	11	11	1.125.21		- 1	8.15 A. 1794	2
South Dakota		40	115	-	5	3		11 - 510		distance Chal	id stra_2
Nebraska	H-10 - 1	77	452	1.14.15	8	10	and the second second	11 5.3		Station and	CARE TO T
Kansas	NN	NN	NN	: 1월 2	13	11		10 - 22		Maria and Andrews	
OUTH ATLANTIC	40	15,398	25,340	4	484	464		1 1.3		1	19
Delaware	2-11 F -	257	506	-	4	9	A	- 53.0			- 100 - 1
Maryland	1	2,111	1,170	-	48	44	(BEAD)	- 115		Constanting of the	1
Dist. of Columbia	1	384	78	1	13	9	10-10-	Sec 1.88	37 - 1	10.000000000	1
Virginia	8	2,188	4,108	1	56	57	101-01	- 201. bett		NAME AND ADDRESS	-
West Virginia	12	5,340	13,960	1	35	24		- C			4
North Carolina	5	500	395	1.1	125	95		1.16		100 C	
South Carolina	-1.5	658	1,058	1	50	60		11 22.		Contraction of the second	3
Georgia	- 12	234	617	- 12 - 2	63	57	-		-	1	
Florida	13	3,726	3,448		90	109			1	1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	10
AST SOUTH CENTRAL	63	19,847	14,136	3	250	192		- 115	- I	3	6
Kentucky	4	4,736	2,690	1	88	76		-	1 H H	AND ARE LED TO	3
Tennessee	51	12,384	7,991	1	85	61		1 - 22			3
Alabama	4	1,698	2,335		54	33				1	
Mississippi	4	1,029	1,120	1	23	22		4 - 23	-	2	<u>1997 - 1997 - 1997</u>
EST SOUTH CENTRAL	99	24,841	31,105	5	386	319	1	- 249	1	57	5797 <u>-</u> 1
Arkansas		971	1,085		35	15	1. 1	5 -5 7	S 78	M ghoose core	-
Louisiana	and the second se	99	109	3	143	177	12.4	- 100		1	MI NOV
Oklahoma Texas	2 97	494 23,277	210 29,701	-2	19 189	20 107	ī	544	1	1 55	
The Design of the second		(DR) [1]	. 26 [		- 19 Pri	1. O'L 1. 1					
OUNTAIN.	63	12,087	19,898	-	88	86	1		- 1	1000 C 100 - 00 C 10	17
Montana	6	1,838	3,746	1.1	4	2	-		-	-	1
Idaho	38	1,625	2,804		5	9	· · · · ·	- 64			
Wyoming	2	168	851		6	5		100	-		-
Colorado New Mexico	3	1,321	5,696	1.	48	24	1.0			-	6
Arizona	10	1,137 5,312	677		10	11		3 - Ca.		-	-
Utah	-	641	1,350 4,568	걸려	10	16 16		25			9
Nevada	- 1	45	206		5	3			54 E M	for present	1
ACIFIC	215	21 004	27 722		FCO	/7/	1.0	6 83			Star
Washington	105	21,094 3,816	27,733	7	569	474		-		3	53
Oregon	6	1,849	7,283	2	40	35				2	35
California	99	1,849	3,303 13,080	2	36 472	33	-	- SS.	1.0	ī	6
Alaska	5	540	13,080	2	472	380	1 30	A LANGE	Descent of	1	10
						18					1
Hawaii		142	3,880	100 million (100 million)	4	8	which a first state	Sector Street	-	the first of the Company	1

## Morbidity and Mortality Weekly Report

# CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

OCTOBER 15, 1966 AND OCTOBER 16, 1965 (41st WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETA	ANUS	TULAF	EMIA	TYPI	IOID	TICK-	S FEVER BORNE Spotted)		ES IN MALS
	1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966
UNITED STATES	5,906	5	151	2	136	11	307	4	223	57	3,287
NEW ENGLAND	945	1.1	4	_	1		10	-	3	1	76
Maine	17		-	1.12	1		10		-		25
New Hampshire	12		1.1.2			- 63	-	-		1	26
Vermont	59						-			- ( - 1 <u>-</u> 211)	22
Massachusetts	196		2	1.2	1		6		1		3
Rhode Island	72		1.1.2		-		-			-	
Connecticut	589		2	1.1	-	1.1	4	-	2	-	
MIDDLE ATLANTIC	96	1.1.1	13	1.1		1	52	far - La	41	2	200
New York City	10	1.1	5	-	-	11110	22	-		-	1
New York, Up-State.	84		2		-	1.48	11		13	2	187
New Jersey	NN	3 1	2			150	7		12	-	1
Pennsylvania	2		4	1.15	-	1	12		16		12
EAST NORTH CENTRAL	401	5.0.0	17	7.0	18	2	39	1.00	17	11	431
Ohio	47	5 a 1 a	4	10.69	3	2	19		9	-	192
Indiana	48 115		4	1.05	6	- Ve	4		-	2	93
Illinois	131	1.1	4	1.1	-		6		8	4	61
Michigan Wisconsin	60	1.1	2	1.1	1		6		-	2	48
WEST NORTH CENTRAL	291	1	11	-	16	1	28	-	4	15	737
Minnesota	4		2	-	-		- 5	1.11		4	168
Iowa	142	1	2			-	5		-	2	145
Missouri	1	1.011	6		10	1.00	13		3	6	227
North Dakota	74	1.1	-			-	1			1	37
South Dakota	2		1		2	-		-		1	80
Nebraska		-			2	1.1.1	2	-	-	1	22
Kansas	68		1		2	1	7	-	1		58
SOUTH ATLANTIC	511	1	32	1	11		56	2	107	4	422
Delaware	12 21					1.1	1		2		-
Maryland	4		3	-	1		9		26	-	3
Dist. of Columbia	201	1	- 6	1.1	2		13		31	3	219
Virginia	190	-	-		1	1.	13	8-8 E - 1	51	3	49
West Virginia North Carolina	17		4		3		6	1	27		43
South Carolina	22		2		1		11	1	5		1 1
Georgia	2	11 4 1	7	1	3		4	1	16		91
Florida	42	-	10		-	17.44	9	-	-	1	56
AST SOUTH CENTRAL	1,217		18	1	21	4	40	2	39	7	421
Kentucky	134		2	-	2	4	10		9	2	89
Tennessee	897		3	1	12	1.0	19	2	24	4	291
Alabama	114	2 ÷ .	7		4	1.60	6	-	6	-	20
Mississippi	72		6	7.09	3	1 100	5	-	-	1	21
EST SOUTH CENTRAL	590	3	37	-	60	2	31	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	10	671
Arkansas	6		4	T 165	46	1.00	2	-	2	3	76
Louisiana	-	1	9	1.00	3	2	10	-			42
Oklahoma Texas	40 544	2	22	12	7 4		10	1	5	1 6	169 384
IOUNTAIN	910	111	2		6		12		3	4	87
Montana	50		2 -	1.1	2	I I I I		1		4	7
Idaho	99	1.2.0		1.1	-	344	5.123		Low		
Wyoming	40	1.1	-	-				D- 1-1 1	-	11111	and the local distance of the local distance
Colorado	292	1.4.3	2	-	-	1.18	3		2	1	18
New Mexico	281				1	1 - 57	2		ī		13
Arizona	63	-	-	1.000	1		4	100-1	1.00	2	38
Utah Nevada	85	+	- E.		2	1 10	3		1	- 1	3
				1.4	1111	PC3			1.1		a drawn her
ACIFIC	945 366	1.2	17	1.2	3	1	38		1	3	242
Oregon	26		1	1.0	-		1	985 - 118		A.S 6.9110	4
California	466	1	16		3	1	24	2,4, -	1	3	225
Alaska	12			1 10				24-11		11.1.1.1.1.1.1	-
	75			- 14		1.54	2	-	- 1		1
Hawaii	terre and the second										

#### Week No.

### DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED OCTOBER 15, 1966

41

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

STATE OF	All Ca	uses	Pneumonia	Under		All Ca	uses	Pneumonia	Under
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l yean All Causes
NEW ENGLAND:	775	472	33	37	SOUTH ATLANTIC:	1,139	593	46	66
Boston, Mass	259	157	13	15	Atlanta, Ga	137	67	7	5
Bridgeport, Conn	45	27	3	3	Baltimore, Md	210	102	4	7
Cambridge, Mass	27	20	Reads for the -	1	Charlotte, N. C	43	27	2	
Fall River, Mass	29 53	18 24	-	- 5	Jacksonville, Fla	81	36	4	11
Hartford, Conn	41	32		1	Miami, Fla	97 46	55 23	5	
Lowell, Mass	18	11	2	2	Norfolk, Va	78	43	-	
New Bedford, Mass	28	20	Ports of a call	Cold Hole	Richmond, Va Savannah, Ga	24	11	4	
New Haven, Conn	46	30	ALC: NOT A DOCUMENT	1	St. Petersburg, Fla	75	61	6	10-2
Providence, R. I	68	36	3	3	Tampa, Fla	82	37	8	
Somerville, Mass	12	8	2		Washington, D. C	222	108	4	19
Springfield, Mass	60	35	4	4	Wilmington, Del*	44	23	2	3
Waterbury, Conn	28	19	-	1	interest to repute		0.1.010000049	with loss	Lorense.
Worcester, Mass	61	35	3	1	EAST SOUTH CENTRAL:	652	333	23	27
CDDIE LINE LINE C	2 0 2 1	1 010	100	100	Birmingham, Ala	110	58	2	1 7
AIDDLE ATLANTIC:	3,231	1,910	155	158	Chattanooga, Tenn	44	22	3	2
Albany, N. Y	42 30	18 18	2	3	Knoxville, Tenn	39	25	-	2
Allentown, Pa Buffalo, N. Y	154	92	6	7	Louisville, Ky Memphis, Tenn	141 124	77	9	4
Camden, N. J	33	20		2	Mobile, Ala	53	26	2	CONTENT OF
Elizabeth, N. J	39	20	2	2	Montgomery, Ala	49	21	1	1
Erie, Pa	39	25	8	3	Nashville, Tenn	92	45	5	4
Jersey City, N. J	50	25	6	2					Tay Le
Newark, N. J	88	42	9	5	WEST SOUTH CENTRAL:	1,079	544	27	83
New York City, N. Y	1,732	1,033	73	81	Austin, Tex	35	20	1000	2
Paterson, N. J	47 **	27	4	3	Baton Rouge, La	19	13	2	2
Philadelphia, Pa	392	205	10	35	Corpus Christi, Tex	32	16	-	2
Pittsburgh, Pa	163	94	4	6	Dallas, Tex	153	93	4	10
Reading, Pa	53	39	- 16	1	El Paso, Tex	41	16	4	8
Rochester, N. Y	111 39	80	16	2	Fort Worth, Tex	68	25	1	10
Schenectady, N. Y	39	30 26	3	and de	Houston, Tex.	214	93	3	10
Scranton, Pa Syracuse, N. Y	53	36		2	Little Rock, Ark New Orleans, La	55 148	24 64	1	15
Trenton, N. J	58	32	3	2	Oklahoma City, Okla	87	47	2	2
Utica, N. Y	35	27	5	1	San Antonio, Tex	117	68	2	9
Yonkers, N. Y	35	21	1	1	Shreveport, La	43	23	1	2
					Tulsa, Okla	67	42	4	3
AST NORTH CENTRAL:	2,546	1,447	87	111				10.7	1111
Akron, Ohio	52	29	. T	1	MOUNTAIN:	380	212	12	21
Canton, Ohio	38	23	-	3	Albuquerque, N. Mex	46	24	3	3
Chicago, Ill	730	409	30 11	26 8	Colorado Springs, Colo.	14	10	-1	
Cincinnati, Ohio	180 219	95 139	11	5	Denver, Colo	104 19	52 8	4	12
Cleveland, Ohio Columbus, Ohio	127	76	2	8	Ogden, Utah Phoenix, Ariz	78	43	1 2	3
Dayten, Ohio	70	43	2	3	Pueblo, Colo	21	13	-	
Detroit, Mich	374	200	15	21	Salt Lake City, Utah	47	29		2
Evansville, Ind	34	20		2	Tucson, Ariz	51	33	1	
Flint, Mich	53	26	5	6					1.1
Fort Wayne, Ind	57	32	2	4	PACIFIC:	1,298	803	25	65
Gary, Ind	36	10	5	3	Berkeley, Calif	24	13	-	1
Grand Rapids, Mich	63	40	2	2	Fresno, Calif	62	38	2	4
Indianapolis, Ind	122	75	2	3	Glendale, Calif	12	9	547 -	1
Madison, Wis	25	18	-	-	Honolulu, Hawaii	38	23	-	2
Milwaukee, Wis	130	78		8	Long Beach, Calif	85	54		3
Peoria, Ill.	30	14		- 2	Los Angeles, Calif	273	163	5	8
Rockford, Ill South Bend, Ind	28 30	13 16	1	2	Oakland, Calif Pasadena, Calif	90 22	63 17	1	4
Toledo, Ohio	100	59	2	2		105			1
Youngstown, Ohio	48	32	2	2	Portland, Oreg Sacramento, Calif	66	68 41		5
Toungstown, onto	40	52	-		San Diego, Calif	100	52		6
EST NORTH CENTRAL:	814	505	26	46	San Francisco, Calif	184	100	9	8
Des Moines, Iowa	59	43	2	2	San Jose, Calif	31	21	2	3
Duluth, Minn	31	18	-	1	Seattle, Wash	109	76	4	8
Kansas City, Kans	40	18	4	2	Spokane, Wash	54	38	-	2
Kansas City, Mo	116	71	2	4	Tacoma, Wash	43	27	2	4
Lincoln, Nebr	17	12	2	-	· · · · · · · · · · · · · · · · · · ·		<u> </u>	1	-
Minneapolis, Minn	112	76	-	5	Total	11,914	6,819	434	614
Omaha, Nebr	85	54	-	5	TO- Sile CS.		• <u> </u>		
St. Louis, Mo	226	134	7	11		ulative To			1
St. Paul, Minn	51	49	1	8	including reported	d correct:	lons for p	revious we	eks
Wichita, Kans	51	30	8	8	A11 COURSE A11 1				20
					All Causes, All Ages				
					All Causes, Age 65 and o	10.1		00/ 0	61

### EPIDEMIOLOGIC NOTES AND REPORTS BOTULISM – California (Continued from front page)

The two adult patients, both of whom required tracheostomies, initially received antitoxin A and B. Later all three patients were given antitoxin E, but the adults were allergic to horse serum and had to be desensitized. The child responded to antitoxin E and was subsequently discharged from the hospital; the two adults have shown improvement. Of the 17 others at risk, 7 were given prophylactic antitoxin; all have remained well.

The deer had been shot and killed by the patrolman on September 29 near Riverton, California. Meat taken from the animal that afternoon was sliced into thin strips and refrigerated. The following day, the strips were smeared with four commercial ingredients used to prepare cured smoked meat, and then placed in 8 to 9 inch layers in a plastic dishpan before being refrigerated for 24 hours. For the next 2 days, slices of the cured meat were smoked in an electrically heated chamber using wood chips for smoke. On October 3 the venison was placed in cloth bags which remained at room temperature for 4 days.

There was no history of ingestion of home-canned foods or of any seafood products during the week preceding the outbreak.

Samples of the venison are currently being cultured at the California State Department of Public Health Laboratory and at Laboratory Branch at the Communicable Disease Center.

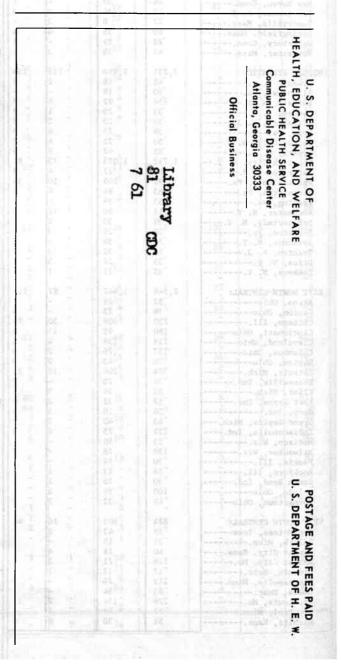
(Reported by Dr. Philip K. Condit, Chief, and Dr. Henry A. Renteln, California State Department of Public Health; and an EIS Officer.) THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULA-TION OF 15,600, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA

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 INVES-TIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COM-MUNICABLE 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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