

WEEKLY REPORT

Week Ending December 3, 1966

## U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

### PUBLIC HEALTH SERVICE

#### CURRENT TRENDS - MEASLES 1966

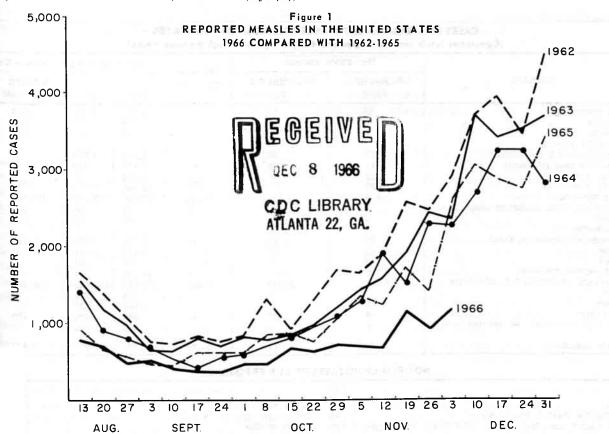
A total of 1,472 cases was reported for the 48th week ending (December 3), an increase of 522 cases from the total of the previous week and a decrease of 1,158 from the total of 2,630 reported for the 48th week in 1965. The three states reporting the highest numbers of cases for the 48th week are Texas with 318, Washington with 198, and Oregon with 125. Six states reported no measles activity. Twenty states notified at least one but less than 10 cases.

Figure 1 represents the reported cases of measles for the current epidemiological year (beginning with week 41) in comparison with the same period during the previous 4 years.

(Continued on page 414)

#### CONTENTS

Current Trends	
Measles - 1966	413
Epidemiologic Notes and Reports	
Salmonellosis Associated with Carmine Dye	415
Recommendation of the PHS Advisory Committee on	
Immunization Practices	
Diphtheria, Tetanus, and Pertussis Vaccines	
Tetanus Prophylaxis in Wound Management	416
Surveillance Summary	
Salmonellosis - August, September, October 1966	418
International Notes	
Quarantine Measures	424



WEEK ENDING

#### CURRENT TRENDS - MEASLES 1966

(Continued from front page)

The number of cases reported each week in 1966 has to date been consistently less than the totals reported for the comparable weeks in past years. The increased total reported for the 48th week reflects the expected increased seasonal incidence.

The counties reporting the highest numbers of measles cases for October 15 through November 26 are listed in Table 1. Inclusion in this table is dependent upon the number of cases occurring for two consecutive weeks and upon county population. An asterisk indicates the introduction of epidemic control measures or community immunization programs in the county.

(Reported by Childhood Viral Diseases Unit, Epidemiology Branch, CDC.)

#### Allegheny County, Pennsylvania

In a county-wide measles program held in Allegheny County, Pennsylvania, on December 4, 1966, an estimated 75 percent of the susceptible children (approximately 52,000) in the age group 1 through 8 years were immunized. An additional 1,700 children 9 years of age and over also received the live attenuated measles vaccine. The 57 immunization clinics located throughout the County (which

includes Pittsburgh) were operated by physicians, nurses, and other volunteers. The community program was sponsored by the Allegheny County Medical Society and the Allegheny County Medical Society Foundation in cooperation with the Allegheny County Health Department.

(Reported by Dr. F.B. Clack, Acting Administrator, Allegheny County Health Department; and Dr. W.D. Schrack, Jr., Director, Division of Communicable Diseases and State Epidemiologist, Pennsylvania Department of Health.)

#### Durham County, North Carolina

Since November 1, 1966, 75 cases of measles have been reported to the North Carolina State Board of Health from Durham County (Pop. 118,000). Results of a school survey conducted in this County during the last week of November indicated that since mid-October, 115 cases of school absenteeism due to measles had occurred. Ninety-five cases were from 9 of the 15 city schools and 50 of these cases were concentrated in 2 schools. The remaining 20 cases were in 6 of the 13 county schools, with 11 of these cases in one school. The last major outbreak of measles in Durham County was in 1961.

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

	48th WEE	K ENDED	MEDIAN	CUMULA	TIVE, FIR	ST 48 WEEKS
DISEASE	DECEMBER 3, 1966	DECEMBER 4, 1965	MEDIAN 1961 – 1965	1966	1965	MEDIAN 1961 1965
Aseptic meningitis	52	47	39	2,781	1,999	2,003
Brucellosis	12	15101510	7	224	224	362
Diphtheria	1 5 V	1518151	5	182	147	251
Encephalitis, primary:		20 1				72.0
Arthropod-borne & unspecified	37	30		1,999	1.775	- 19
Encephalitis, post-infectious	11	8		677	618	193
Hepatitis, serum	35 733	751	751	1,344 29,806	31,175	39,642
Measles (rubeola)	1.472	2,634	2,634	197.830	253.379	405,590
Poliomyelitis, Total (including unspecified)	1,412	2,034	2,034	93	253,319	405,550
Paralytic	3		3	88	42	358
Nonparalytic	3	E , 45.6 14.3	3	00	42	
Meningococcal infections, Total	48	69	41	3,178	2,801	2,165
Civilian	46	62	41	2,873	2,600	2,100
Military	70	02		305	2,000	
Rubella (German measles)	376	l'		44,495	201	- 300
Streptococcal sore throat & Scarlet fever	9,107	8,230	6.331	385.685	358,625	309,615
retanus	3,101	0,230	0,331	184	259	305,025
Pularemia	9			162	239	
Typhoid fever	6	15	11	354	422	499
Typhus, tick-borne (Rky. Mt. Spotted fever)	-	2		242	260	7
Rabies in Animals	69	77	61	3.732	3,979	3,477

#### NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:		Botulism:	10
Leptospirosis: Wash-1, Puerto Rico-1	63	Trichinosis: Calif-1, N.J3	94
Malaria: Calif-4, La-1, Md-1, Miss-1, NC-3, Ohio-1, Pa-4, Utah-1	456	Rabies in Man:	
Psittacosis:	44	Rubella, Congenital Syndrome: Minn-2	
Typhus, murine:	26	Plague:	3

77	IXI COLL	Tabl	e l		
Counties	Reporting	Highest	Number	of Measles	Cases

Eq. (		Pro			Number	of Measle	es Cases	for Week	Ending	
County †	State		Pop (000) 60 Census)	-00	Octo				ember	
	E 40 10	(10	oo census)	15	22	29	5	12	19	26
II King	Washington	9814	935	15	17	6	41	6	48	38
III Spokane Snohomish	Washington Washington	12.2	278 172	19 71	14 55	23 95	42 60	24	60 89	14 25*
Galveston	Texas	i zesti:	140	24	59	16	9	- -	12	2
IV Washington	Oregon		92	- 1	-	10	12	69	56	65*
Rutland	Vermont	=	47	25	12	14	5*	4	13	1
Brown	Texas	TOOL	25	-	-	1	3	40 - D	17	13
Parker	Texas	12 11	23	2	11	_	18	-	27	13
Red River	Texas	i. Other	16	2	2			14	11	26
Richardson	Nebraska	100	14	-	-	-	8	41	18	7
McHenry	North Dakota		11	3	21	14	-	10	6	1

<sup>\*</sup> Epidemic control measures or community immunization programs instituted.

Since June 1966, the Durham County Health Department had administered about 1,300 doses of measles vaccine, of which 700 doses have been given in November. Television, radio, and the newspapers have publicized the epidemic and have urged that all unimmunized children in

the County receive measles vaccine at the county health clinics.

(Reported by Dr. O.L. Ader, Durham County Health Director, Durham, North Carolina.)

# EPIDEMIOLOGIC NOTES AND REPORTS SALMONELLOSIS ASSOCIATED WITH CARMINE DYE

Since the outbreak of salmonellosis traced to contaminated carmine dye in a Massachusetts hospital (MMWR, Vol. 15, No. 33), additional outbreaks have been uncovered in hospitals in California, Ohio, Oregon, and in Exeter, England. Investigation to date has established that 27 primary and 6 secondary cases of Salmonella cubana infection are related to contaminated dye. The cases have occurred in patients hospitalized for diagnostic studies; carmine dye is used for investigation of gastrointestinal disease. It is also extensively used as a coloring agent in foods, drugs and cosmetics.

The dye, which is manufactured in the United States, France, England, and Germany, is made from insects of the species Dactylopius coccus, also known as Coccus cacti, imported from the Canary Islands and Peru. Numerous lots of the dye have been examined by the U.S. Food and Drug Administration, the Communicable Disease Center, and several state public health laboratories; many were found positive for S. cubana. In addition, at least one shipment of the insects from both Peru and the Canary Islands have been found positive for S. cubana.

Since carmine is a natural rather than a synthetic dye, it is not subject to FDA color certification and is not required to be specifically listed on food or drug labels. The dye is used as a pharmaceutical color for tablet capsules and coatings, suspensions, and syrups. In foods it may be used in candies, chewing gum, preservatives, seasonings, ice cream, tomato extracts, and many other products. Sampling of products containing carmine dye led to the discovery that several brands of candy and a meat preservative were positive for S. cubana. No contamination of drugs or cosmetics has yet been reported. All of the contaminated products, including the dye, have been removed from the market.

The only cases of human illness traced to contaminated carmine dye have been in patients hospitalized for gastrointestinal diagnostic tests. Although it appears that the insects are the contaminating vehicle, specific details about the original contamination of the dye are not available at this time.

(Reported by the Salmonella Unit, Bacteriology Section, Epidemiology Branch, CDC.)

<sup>†</sup> Criteria for listing counties:

I. 25 cases/week for 2 consecutive weeks in a county with at least 1,000,000 population (none listed).

II. 20 cases/week for 2 consecutive weeks in a county with 500,000 to 999,999 population.

III. 15 cases/week for 2 consecutive weeks in a county with 100,000 - 499,999 population.

IV. 10 cases/week for 2 consecutive weeks in a county with less than 100,000 population.

# RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

The Public Health Service Advisory Committee on Immunization Practices meeting on October 11, 1966, issued the following recommendations on diphtheria, tetanus, and pertussis vaccination practices and tetanus prophylaxis in wound management for the United States.

# DIPHTHERIA, TETANUS, AND PERTUSSIS VACCINES TETANUS PROPHYLAXIS IN WOUND MANAGEMENT

#### Introduction

Routine immunization against diphtheria, tetanus, and pertussis during infancy and childhood has been widely advocated and generally practiced in the United States during the past 20 years. The effectiveness of these programs is reflected in the decreasing incidence and mortality due to these diseases. The following recommendations regarding immunization have been developed on the basis of this experience and accumulated epidemiologic and immunologic data.

#### Diphtheria

There has been an accelerated decline in the annual incidence of diphtheria since the end of World War II, and diphtheria is now a rare disease in many areas of the United States. In 1965, fewer than 175 cases were reported. However, localized outbreaks continue to appear, accompanied by serious complications and a case-fatality ratio often greater than 10 percent.

The great majority of cases occur in inadequately immunized individuals. Although most diphtheria is in children, cases and deaths occur in all age groups. Diphtheria toxoid, when administered according to recommended schedules, prevents deaths and greatly reduces clinical illness and complications. Following adequate immunization, protective levels of antitoxin have been observed to persist for 10 years or more.

#### Tetanus

Although its incidence in the United States has declined in recent years, tetanus remains an important public health problem which can only be eliminated through universal active immunization. In 1964, nearly 300 cases of tetanus were reported, the majority in unimmunized adults. Of these, 180 died, a death to case ratio of more than 60 percent. Adequate immunization with tetanus toxoid provides effective and durable protection against the disease. Furthermore, prior active immunization eliminates the need for passive therapy at the time of injury, thus preventing the considerable morbidity resulting from use of heterologous animal serum. In addition, universal active immunization will prevent the significant proportion of cases occurring after trivial injury or with unrecognized portals of entry. Other benefits include the prevention of neonatal tetanus and protection to individuals in various high risk groups.

Tetanus toxoid is highly effective and almost completely free of side effects. Since it also provides long-lasting protection, it is an almost ideal immunizing agent. Because there is no natural immunity to tetanus, no general contraindications to tetanus toxoid, and since the organism is ubiquitous, the need for immunization is universal.

#### Pertussis

Pertussis with its associated high mortality is the major rationale for DTP immunization in early infancy. The disease is highly communicable, with attack rates up to 90 percent among unimmunized household contacts. Most cases are reported in infants and young children. In 1964, nearly three-fourths of pertussis deaths occurred in those under age one - some 40 percent of the total number in infants three months of age or younger. Immunization is very effective in reducing both incidence and case fatality. The mortality rate has declined precipitously since the widespread use of standardized pertussis vaccines beginning in the mid 1940's. Since the incidence and mortality decrease with age, while local and systemic reactions to the vaccine increase, pertussis immunization is not recommended above the age of six years.

#### Preparations Used for Immunization

Diphtheria and tetanus toxoids are prepared by formaldehyde treatment of the respective toxins. Pertussis vaccine is made from a killed bacterial suspension or a bacterial fraction. The toxoids and pertussis vaccines are available in both fluid and adsorbed forms. Comparative tests have shown that the adsorbed toxoids are clearly superior in antibody titer produced and in the durability of protection achieved. The promptness of antibody responses following the administration of either fluid or adsorbed toxoids as boosters is not sufficiently different to be of clinical importance. Therefore, adsorbed toxoids are the agents of choice for all primary and booster immunization.

These antigens are available in various combinations and concentrations for specific purposes. Three antigens are important for public health use:

- 1) Diphtheria and Tetanus Toxoids and Pertussis Vaccine (DTP)
- 2) Tetanus and Diphtheria Toxoids, Adult Type (Td)
- 3) Tetanus Toxoid (T)

All preparations contain comparable amounts of tetanus toxoid, but the diphtheria component in the adult type of tetanus and diphtheria toxoids (Td) is only about 10 percent of that contained in the standard DTP preparation used in infants and young children.

#### Dosage

Since the antigen concentration varies in different products, the manufacturers' package inserts provide specific information regarding the volume of single doses.

#### Schedules

Recommendations regarding usage of these vaccines is based upon immunologic and epidemiologic considerations, taking into account the special circumstances of school entrance and other factors important in disease transmission.

#### Primary Immunization

Children 2 months through 6 years (Ideally beginning at age 2-3 months or at the time of a 6-week "check-up" if such timing is an established routine.)

DTP - The recommended single dose given intramuscularly on three occasions at 4-6 week intervals with a reinforcing dose approximately one year after the third injection.

#### Adults and children over 6 years

Td\* - The recommended single dose given intramuscularly or subcutaneously on two occasions at 4-6 week intervals with a reinforcing dose approximately one year after the second.

#### Booster Immunization

Children 3 through 6 years, (Preferably at time of school entrance, kindergarten or elementary school.)

DTP - The recommended single dose intramuscularly.

#### Thereafter and for all other individuals

Td\* - The recommended single dose intramuscularly or subcutaneously every 10 years. (When administered as part of wound management - see specific recommendations — a 10-year interval is determined from *that* date). More frequent routine booster doses are not indicated and may be associated with increased reactions.

#### Tetanus Prophylaxis in Wound Management

An important part of the management of wounds is prevention of tetanus. The physician is often faced with decisions concerning use of tetanus toxoid for active protection and tetanus antitoxin or tetanus immune globlin (human) for passive protection. The available evidence demonstrates that primary immunization with tetanus toxoid (initial doses plus the reinforcing dose) provides a longlasting basis for active protection against tetanus. Passive protection need be considered only for the individual without a valid history of at least one injection of tetanus toxoid; indeed, there is evidence that persons who have received a single dose will respond adequately to a single booster dose, even after an interval of several years.

The following outline summarizes recommendations for the use of active and passive tetanus immunization in wound management:

- Primary immunization or booster dose less than one year prior to injury:
  - a. No tetanus prophylaxis required.
- Primary immunization or most recent booster more than one year prior to injury:
  - a. Td\*\* The recommended single dose intramuscularly or subcutaneously.
- 3. Incompletely immunized:
  - a. Complete primary immunization (See Dosage and Schedules).
- 4. Unimmunized:
  - a. Initiate primary immunization (See Dosage and Schedules).
  - b. The decision to use concomitant passive prophylaxis will depend upon medical judgment after evaluating such factors as location, type and severity of the wound, degree and kind of contamination and the time elapsed between injury and medical attention. If passive therapy is elected, tetanus immune globulin (human) is strongly preferred to equine or bovine antiserum. It offers the advantages of longer protection and freedom from undesirable reactions. The currently recommended prophylactic dose of tetanus immune globulin (human) is 250 units for wounds of average severity. When used concurrently, toxoid and antitoxin should be given in separate syringes and at separate sites.

<sup>\*</sup>Td is considered the agent of choice for immunization at ages over 6 years on the basis of data regarding its effectiveness in primary immunization of older children and adults and because of increasing reactions to full doses of diphtheria toxoid with age. The use of this preparation obviates the need for Schick or Moloney testing prior to immunization.

<sup>\*\*</sup>If there is any reason to suspect hypersensitivity to the diphtheria component, tetanus toxoid (T) should be substituted for Td (adult type).

Should tetanus immune globulin (human) be unavailable, equine or bovine antitoxin may be used. The usual dose is from 3,000 to 5,000 units. Administration should always be preceded by careful screening for sensitivity. The following schema is derived from recommendations by the Committee on Trauma, American College of Surgeons: 1

#### Determining Sensitivity to Equine or Bovine Serum History

- Inquire specifically regarding previous injections
  of equine or bovine serum. Sensitivity frequently
  develops after the first injection of animal serum.
  If an adverse reaction occurred previously following either serum, do not consider its further
  use. (The alternative product can then be subjected to the sensitivity testing described below.)
- Question the patient with regard to sensitivity to horse dander or beef products. Either may be considered a signal for caution.

#### Skin Tests (Equine or Bovine Antitoxin)

- Inject intracutaneously 0.02-0.03 ml. of 1:10 normal saline dilution of the tetanus antitoxin.\*
   The area of infiltration should be about the size of the head of a pin. A control test with the same volume of saline should be done for comparison.
- 2. In 15 minutes or less, a positive reaction will be manifested by a hive-like wheal and erythema. The larger the reaction, the greaterthe sensitivity. A 0.5 cm. wheal may represent a nonspecific response which may be confirmed by the presence of a comparable reaction to the saline alone.

#### Eye Tests

 Place a drop of 1:10 normal saline dilution of the tetanus antitoxin in the conjunctival sac of one eye at the time of the skin test using the same material is performed. A drop of normal saline in the other eye can serve as a useful control.

- 2. Within 30 minutes, a positive reaction will be indicated by redness of the conjunctiva.
- If no conjunctival reaction occurs following use of the antitoxin, the eye test may be considered negative.
- After the result is apparent, a drop or two of epinephrine 1:1000 should be instilled in the test eye.

#### Interpretations

- 1. If a positive reaction occurs with skin and/or eye test, the animal serum employed in the testing should not be administered. Desensitization should not be attempted. The physician may either test for sensitivity to the other animal serum or endeavor to obtain tetanus immune globulin (human).
- Following a positive reaction to one animal serum, the other should be subjected to the same skin and eye tests before considering its use in tetanus prophylaxis.
- 3. If history and both skin and eye tests are negative, the likelihood of a reaction to a standard dose of the animal serum tested is small, and it may be administered.\*

(As an additional precaution encouraged by some, 0.1 ml. of a 1:10 normal saline dilution of antitoxin may first be injected *subcutaneously*.\* If no untoward reaction is observed in 30 minutes, the prophylactic dose may be given.)

#### REFERENCE:

<sup>1</sup>Early Care of Acute Soft Tissue Injuries. The Committee on Trauma of the American College of Surgeons. W. B. Saunders Co., Philadelphia and London, 1965, pp. 25-26.

# SURVEILLANCE SUMMARY SALMONELLOSIS - August, September, and October 1966

During the months of August, September, and October 1966, the reported numbers of human isolations of salmonellae were 2,408, 1,824, and 1,721 respectively. The cumulative number of human isolations for the first 10 months of 1966 is 16,460, representing a 5.9 percent decrease from the total of 17,495 reported for the same period in 1965. The seasonal pattern continues to be similar to that observed in 1965. The age and sex distribution is similar to that in previous months. The seven most frequently reported human serotypes for the

3 months are listed in Table 1; these accounted for 65.8, 66.6, and 64.8 percent, respectively, of all isolations in each month.

The seven most frequently reported salmonellae serotypes from nonhuman sources for August, September, and October are listed in Table 2. The most prominent nonhuman sources for these months were turkeys, chickens, and livestock feed.

(Reported by the Salmonella Unit, Bacteriology Section, Epidemiology Branch, CDC.)

<sup>\*</sup>Wherever animal serum is administered parenterally either for test or treatment, a syringe with 1 ml. of epinephrine 1:1000 should always be immediately available.

Table 2
The Seven Most Frequently Reported Serotypes from Human Sources –
August, September and October 1966

C		August				r	October				
Serotype	Rank	Number	Percent	Rank	Number	Percent	Rank	Number	Percent		
S. typhi-murium & S. typhi-murium var. copenhagen	1	778	32.3	1	560	30.7	1	525	30.5		
S. heidelberg	2	194	8.1	2	157	8.6	2	140	8.1		
S. newport	3	186	7.7	5	115	6.3	3	129	7.5		
S. infantis	4	125	5.2	4	120	6.6	5	91	5.3		
S. enteritidis	5	107	4.4	3	130	7.1	4	104	6.0		
S. thompson	6	98	4.1	7	44	2.4					
S. saint-paul	7	96	4.0	6	45	2.5	7	56	3.3		
S. blockley			100	7	44	2.4					
S. typhi							6	70	4.1		
Total		1,584	65.8		1,215	66.6		1,115	64.8		
Total all serotypes	- 1	2,408			1,824			1,721			

Table 3
The Seven Most Commonly Reported Serotypes from Nonhuman Sources –
August, September and October 1966

9	4	August			September			October	
Serotype	Rank	Number	Percent	Rank	Number	Percent	Rank	Number	Percent
S. typhi-murium & S. typhi-murium var. copenhagen	1	152	17.6	1	76	13.9	2	60	8.4
S. heidelberg	2	78	9.0	2	70	12.8	1	113	15.8
S. anatum	3	48	5.6	3	38	7.0			
S. schwarzengrund	4	47	5.4				6	27	3.8
S. tennessee	5	44	5.1						
S. derby	6	38	4.4						
S. thompson	7	38	4.4	İ			5	28	3.9
S. infantis				4	31	5.7	4	49	6.9
S. saint-paul				5	30	5.5	7	26	3.6
S. montevideo				6	26	4.8	3	53	7.4
S. cubana				7	25	4.6		1	
Total		445	51.5		296	54.3		356	49.8
Total all serotypes		863			546			713	
	Mos	Common	Sources of	Nonhuma	ın Isolation	ns			A- L
Turkey	1	201	23.3	1 1	152	27.8	1	218	30.6
Chicken	2	152	17.6	2	89	16.3	2	128	18.0
Livestock Feed	3	61	7.1	3	52	9.5	3	47	6.6
Powdered Milk	4	57	6.6						
Frozen Eggs	5	32	3.7				4	44	6.2
Sewage				4	38	7.0	1_		
Animal Feed				5	23	4.2			
Porcine							5	41	5.8

## Morbidity and Mortality Weekly Report

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

DECEMBER 3, 1966 AND DECEMBER 4, 1965 (48th WEEK)

					ENCEPHAI	LITIS				HEPATITIS	
AREA		PTIC NGITIS	BRUCELLOSIS	Prin inclu unsp.	ding	Post- Infectious	DIPH	THERIA	Serum	Infectious	Both Type
	1966	1965	1966	1966	1965	1966	1966	1965	1966	1966	1965
UNITED STATES	52	47	12	37	30	11	-	-	35	733	751
EW ENGLAND	4	1	1 7	2	-	-	-	-	-	28	40
Maine	-	-	-	-	-	- 1	-	-	-	3	5
New Hampshire	-	-	-	-		-	-	-	-	-	1
Vermont	-		3-110	-	-		-	-	-	1	
Massachusetts	2	1		1	-		-	-	-	13	19
Rhode Island	1	-	-	1	-	- 1	-	-	-	4	
Connecticut	1	-		-	-		-	-	-	7	
IDDLE ATLANTIC	10		1	10							
	19	8	-	10	6	1	-	-	16	113	20
New York City	4	4	-	6	1	- 1	-	-	13	29	2
New York, Up-State.	1	2		<del>-</del> -	2	1	-	-	2	21	11
New Jersey	3	2	-	4	2		-	-	1	29	2
Pennsylvania	11				1	_		-	-	34	4
AST NORTH CENTRAL	3	5	150	6	5	2	_		1	133	12
Ohio	_	2		4	1	- 1			1	16	2
Indiana	_	1		4	1		_	_	_		
Illinois	1	1		1	1		-	_	_	13	,
Michigan	1	1		-	1	2			1	25	2
Wisconsin	1	1		ī	1		_	_		54	5
WITCOID III	1	_	_	1	1		-	-	-	25	
EST NORTH CENTRAL	_	2	6	_	1	1	_	_	_	26	,
Minnesota		2	4	_	_	1		_	_	26 7	4
Iowa	_		2	_	_	1 1	- E		_		
Missouri	-	_	_	_	_				1	12	١,
North Dakota				_	_		-	_	-	4	1
South Dakota	_			_	8 4 1		-		-		
Nebraska	_			_	1				-	-	
Kansas			14111111111111	1	465 6		-	1 2		-	
Ratisas	_	_	-8117 (			T. Italia		-	-	3	
OUTH ATLANTIC	3	3	2	7	7	1	_	_	2	60	6
Delaware	1	2								2	
Maryland	_	_		_	1	1			1		
Dist. of Columbia	_	_			<u> </u>		× .		_	20	1
Virginia			2	112111	1	+		_	_	7	
West Virginia	_									4 -	1
North Carolina	1			2	1				_		
South Carolina	-			_				_		4	1
Georgia	_			-		_		_	_	1 12	
Florida	1	1		5	5		-	Ī	1	12	,
1101144		1		,	,			_	1	10	1
AST SOUTH CENTRAL	12	5		4	-	1	_	L	1	71	5
Kentucky	-	5	_		_					24	3
Tennessee	4		_	1	_	1		_	}		2
Alabama	2		1 1	_		_	- 2		1	26 12	2
Mississippi	6			3				Ī.	_	9	
									_	7	
EST SOUTH CENTRAL	1	6	1	2	1	2	_	_	2	55	4
Arkansas	-	-	1	1	1	-	-	-	-	3	1
Louisiana	1	-		_	-	_ = [	_	-	2	3	•
Oklahoma	-	-	-	-	_	<u> </u>	_	-	_	8	
Texas	-	6	_	1	-	2		-	-	41	2
										_	
OUNTAIN	3	4			1			- 11-	-	82	3
Montana	-	- 1	-	-	1	- 1	-	-	-	11	
Idaho		-	-	-	-				-	24	
Wyoming	-	1		-	-	- 1	-	-	-	2	
Colorado		-	-	-	-				-	6	
New Mexico	-	-		-	-	]	-	-	-	26	2
Arizona	-	2	1000-0-0	-		THE PARTY		-	-	9	
Utah	3	1	-	-	-		-	-	-	3	
Nevada	-	- 1		_	- 11		- 1	-		i	
						5.6					
CIFIC	7	13	3	6	9	3		-	13	165	14
Washington	-	4	20	-	2	-	- 6	-	-	22	1
Oregon	-	1		1			00		= -	27	1:1
California	7	8	3	5	7	3	-	-	13	115	10
Alaska	-	-	-	-	-	-	-	-	*	1	1
Hawaii		-	-	_					<u> </u>	-	
	- 7		1		1				1		

## Morbidity and Mortality Weekly Report

## CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

## FOR WEEKS ENDED

DECEMBER 3, 1966 AND DECEMBER 4, 1965 (48th WEEK) - CONTINUED

	1 1	700 (D.L.	1-1	MENINGOO	OCCAL INFE	CTIONS,	1924 - 1	POLIOM	ELITIS		4
AREA	MEAS	LES (Rubeo	la)		TOTAL		Tot	al	Pa	ralytic	RUBELLA
AREA		Cumula	tive		Cumu la	tive	H			Cumulative	
	1966	1966	1965	1966	1966	1965	1966	1965	1966	1966	1966
UNITED STATES	1,472	197,830	253,379	48	3,178	2,801	3	-	3	88	376
NEW ENGLAND	27	2,518	37,192	3	147	144	-	_	_	S .	54
Maine	11	285	2,914	-	12	18	-	-	-	-	12
New Hampshire	- 1	80	383	-	9	9	-	-	- 1	-	-
Vermont	6	323	1,387	-	4	8	-	-	-	-	-
Massachusetts	4	825	19,372	1	62	54	-	-	-	-	15
Rhode Island	- 6	73 932	3,952 9,184		17 43	17 38	-	-	[	1	3 24
MIDDLE ATLANTIC	65	18,413	16,714	9 -	413	375	1	-	1	1	9
New York City	6 18	8,360 2,621	3,052 4,348	5	64 111	61 107	-	-	-	-	9
New York, Up-State. New Jersey	34	1,968	3,187	1	1119	100	-	-	_		-
Pennsylvania	7	5,464	6,127	3	119	107	1	-	1	1	
EAST NORTH CENTRAL	149	69,980	59,883	7	502	423	_	_	_	7	84
Ohio	29	6,444	9,033	2	146	117		_	I I	2	5
Indiana	5	5,787	2,255	3	88	48	-	_	-	1	13
Illinois	13	11,486	3,395	_	89	113	-	-	-	3	15
Michigan	63	14,987	27,449	1	128	97	-	-	-	i	14
Wisconsin	39	31,276	17,751	1	51	48	-	-	-	-	37
VEST NORTH CENTRAL	89	9,128	17,211	4	165	137	-	_	_	1	15
Minnesota	5	1,674	760	-	35	32	-	-	-	1	1
Iowa	45	5,408	9,235	-	22	12	-	-	-	-	9
Missouri	1	538	2,657	1	64	54	-	-	-	-	1
North Dakota	37	1,311	3,982	-	11	13	-	-	-	-	4
South Dakota	-	40	115	1	6	3	-	-	-	-	
Nebraska Kansas	l NN	157 NN	462 NN	2	11 16	10 13	-	1	1 1		
						-					
SOUTH ATLANTIC	79	15,883	26,319	5	536	530		-	-	2	17
Delaware	1	263	510		5 49	11	-	-	-	-	-
Maryland	2 2	2,123	1,216 110		14	53 11				-	1
Dist. of Columbia	9	2,239	4,190	_	63	71		-		_	3
Virginia	13	5,494	14,561	4	45	27	_	_		1	10
North Carolina	20	621	411	1	134	110	_	_	_	1	-
South Carolina	2	663	1,148	_	54	65	-	_		_	1
Georgia	1	241	627	-	77	61	-	_	-	1	-
Florida	29	3,849	3,546	-	95	121	-	-		-	2
AST SOUTH CENTRAL	229	20,397	15,143	6	275	213	-	- 1		4	10
Kentucky	32	4,809	3,195	-	95	83	-	-	-	-	5
Tennessee	67	12,607	8,450	-	92	68	-	-	-	-	4
Alabama	10	1,762	2,351	1	59	37	-	-	-	1	1
Mississippi	120	1,219	1,147	5	29	25	-	-	-	3	
EST SOUTH CENTRAL	358	26,106	31,706	7	425	351	2	-	2	70	4
Arkansas	-	982	1,088	-	36	18	-	-	-	1	4
Louisiana		99	120	2	161	192	-	•	-	1	-
Oklahoma Texas	40 318	578 24,447	233 30,265	1 4	22 206	21 120	2		2	67	V 21
			-		94	100	II.		_		200
Montana	109 13	12,497	20,586 3,874	_	5	2	-	_			20
Idaho	5	1,676	2,977		5	13	-	-	_		1 1 3
Wyoming	14	233	861	_	6	5	-	-	-	_	_
Colorado	15	1,407	5,935	i -	49	27	-	-	_		7
New Mexico	51	1,210	688	-	10	11	-	-	-		_
Arizona	6	5,351	1,413	-	13	20	-	-	-	_	9
Utah Nevada	5	662 55	4,616 222	-	1 5	17 5	-	-	:	-	1
0_									-		1,0
PACIFIC	367	22,908	28,625	7	621 52	528 45	-	-		3	163
Washington	198 125	4,734 2,338	7,461	4	40	36			_	2	90
Oregon	31	15,059	3,422	3	507	421	_			1	22
Alaska	9	615	13,490 203	3	18	18		4		1	3
aora,	4	162	4,049		4	8	_		_	DOM: TOUR	1
Hawaii	4										

## Morbidity and Mortality Weekly Report

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

DECEMBER 3, 1966 AND DECEMBER 4, 1965 (48th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TET	ANUS	TULA	REMIA	ТҮР	HOID	TICK	FEVER BORNE Spotted)		ES IN MALS
	1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966	1966	Cum. 1966
UNITED STATES	9,107	9	184	2	162	6	354	<del>-</del> -	242	69	3,732
NEW ENGLAND	1,206	_	4	_	1	l <u>-</u>	13		3	2	86
Maine	63	_		_	1	_	13		_	1	26
New Hampshire	24	_	_	-	-	_	1 -	_	_	1	30
Vermont	2	-	-		-	-	-	_	_	3111	25
Massachusetts	160	-	2	-	1	-	9	-	1	_	4
Rhode Island	92	-	-	-	-	-	-	-	-	1	-
Connecticut	865	-	2	-	-	-	4	-	2	-	1
MIDDLE ATLANTIC	421	1	15	-	-	-	57	-	47	4	221
New York City	10	-	5	-	-	-	25	-	-	-	1
New York, Up-State.	358		2	-	-	-	12	-	13	4	204
New Jersey	NN	1	3	-	-	-	8	-	15	-	-
Pennsylvania	53	-	5	-	-		12	-	19	-	16
EAST NORTH CENTRAL	595	1	21	-	20	2	45	-	20	9	479
Ohio	98	1	5	-	3	-	21	-	9	3	200
Indiana	75	_	4	-	10	1	5	-	1	2	111
Illinois	239	_	6	-	6	1	6	-	11	2	72
Michigan	183	_	2	_	1	1 -	7	1 -	-	1 1	42 54
WEST NORTH CENTRAL	308	_	15	_	10	,			]		
Minnesota	6	_	3	_	19	1 -	34	-	4	14	852
Iowa	139	_	2		1	1 [	1	-		3	203
Missouri	14	_	8		10	1	5 18	_	- 1	2	157 245
North Dakota	118	_	-		10		18		3	1	53
South Dakota	23	_	-		4					4 2	105
Nebraska	_	_	1	_	2	-	2			2	28
Kansas	8	-	ı î	-	2	-	7	-	1	2	61
SOUTH ATLANTIC	873	2	35	1	13	_	67	120	110	10	477
Delaware	11	_	-	_	1 -	! -	1	_	2	10	4,,,
Maryland	116	_	3	1	3	_	12	_	26	_	3
Dist. of Columbia	5	-	-	_	_	-	2	_	-	_	_
Virginia	288	_	6	-	2	- 1	16	-	31	2	240
West Virginia	245	-	-	-	1	-	1	_		2	58
North Carolina	13	_	4	/ -	3	-	6	_	27		4
South Carolina	29	-	2	-	1 1	-	13	-	5	-	-
Georgia	10	-	8	-	3	-	4	-	19	2	102
Florida	156	2	12	-	-	-	12	-	- 1	4	70
EAST SOUTH CENTRAL	1,550	1	26	-	24	1	44	_	43	14	479
Kentucky	24	-	2	-	2	-	10	1	9	6	116
Tennessee	1,070	-	7	-	14	-	22	-	25	8	321
Alabama	171	-	8	-	4	-	6	-	7		20
Mississippi	285	1	9	-	4	1	6	-	2	- 1	22
WEST SOUTH CENTRAL	708	3	45	1	73	-	34	-	10	8	736
Arkansas		-	4	1	56	-	4	-	2	2	82
Louisiana	81	2	12	-	4	-	10	-	- 1	2	52
Oklahoma Texas	625	1	26		7 6	_	9		7	2 2	182 420
									1		10.50
MOUNTAIN	1,723	-	2	-	9	-	17	(#)	4	1	96
Montana	67	-	_	-	2	-	-	_ =			7
Idaho	72 63	_	_	_	-		I INE	-	*	-	
Colorado	1,095		2		3 -	-	- 4	-	1 1	-	18
New Mexico	287	1		_	1		4 2	-	2	1	17
Arizona	52	_	_	_	i		5	1	1 -	1	42
Utah	76	_	-	-	2	1	5			- 2 -	3
Nevada	11	-	-	-	-		2 1		2	-	9
PACIFIC	1,723	1	21		3	2	43		, ,	7	306
Washington	573	-		_		2	13	# EV	1	7	15
Oregon	36	7 -	1	-		_	1	-		-	4
California	1,033	1	20	-	3	-	27	1 - 6	1	7	287
Alaska	18		-	-	-	-			-	-	
Hawaii,	63	-	-		-		2	T EV			-
				1			14				18

Week No.

### DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED DECEMBER 3, 1966

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

	· ·	A11 Ca		Pneumonia	Under		All Ca	uses	Pneumonia	Unde
	Area	A11 Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	1 yea All Cause
EW ENGLA		770	456	30	26	SOUTH ATLANTIC:	1,363	702	62	102
	Mass	237	131	6	6	Atlanta, Ga	138	58	6	13
	ort, Conn	47	29	4	3	Baltimore, Md	288	144	10	14
	lge, Mass iver, Mass	32 36	22 25	_	7,1	Charlotte, N. C	72	27	3	5
	d, Conn	60	36	3	1 4	Jacksonville, Fla	85	47	3	2
	Mass	38	19	1	4	Miami, Fla Norfolk, Va	109 64	64	10	1
	lass	25	13	î	1	Richmond, Va	88	43	4	
	ford, Mass	24	14	î		Savannah, Ga	44	30	2	
	en, Conn	41	30	-	_	St. Petersburg, Fla	102	78	8	
Provide	nce, R. I	69	36	-	6	Tampa, Fla	79	51	5	1
	lle, Mass	17	9	-		Washington, D. C	249	105	10	52
	ield, Mass	49	30	7	2	Wilmington, Del	45	26	1	177
	ry, Conn	36	25	-	1				400000	- 4
Worcest	er, Mass	59	37	7	2	EAST SOUTH CENTRAL:	649	345	24	3.5
TDDIE Am	T ANTEC.					Birmingham, Ala	99	60	2	2
IDDLE AT		3,673	2,131	129	174	Chattanooga, Tenn	60	22	1	= 9
	N. Y	44	26	2	5	Knoxville, Tenn	41	23	2	3
	, N. Y	34 149	21 92	2	- 5	Louisville, Ky	112	72	9	5
	N. J	61	39	6 4	2	Memphis, Tenn Mobile, Ala	155 49	76 25	2	8
	th, N. J	53	34	3	1	Montgomery, Ala	40	21	3	0
	a	53	25	4	6	Nashville, Tenn	93	46	5	
	City, N. J	77	43	] -	4		,,	7.0		1
Newark,	N. J	102	53	8	3	WEST SOUTH CENTRAL:	1,232	629	40	8.5
	k City, N. Y	1,879	1,089	52	101	Austin, Tex	56	34	5	offs.
	n, N. J	54	24	2	7	Baton Rouge, La	69	38	3	
	lphia, Pa	512	304	13	17	Corpus Christi, Tex	26	13	1	3
	rgh, Pa	243	126	5	10	Dallas, Tex	140	74	11	14
	, Pa	54	31	3	-	El Paso, Tex	33	18	2	3
	er, N. Y	81	50	9	4	Fort Worth, Tex	68	36	1	-
	tady, N. Y	28	21	2	-	Houston, Tex	248	116	5	19
	n, Pa e, N. Y	53	34	1	2	Little Rock, Ark	49	28	1 4	, 3
	, N. J	66 44	37 22	1 2	- 4	New Orleans, La Oklahoma City, Okla	157 105	67 49	Die -es	12
	N. Y	37	27	6	-	San Antonio, Tex	146	80	3	11
	, N. Y	49	33	4	3	Shreveport, La	57	32		2
	ì			· ·		Tulsa, Okla	78	44	T-10 11 4	4
AST NORT	H CENTRAL:	2,714	1,550	80	167	Avele		SER ELE	ATT -	
Akron,	Ohio	73	35	-	11	MOUNTAIN:	461	253	22	33
	Ohio	36	18	1	5	Albuquerque, N. Mex	60	28	6	6
	, 111	786	426	35	55	Colorado Springs, Colo.	25	17	2	4
Cincinna	ati, Ohio	168	107	3	6	Denver, Colo	132	69	6	9
Cal	nd, Ohio	232	124	3	17	Ogden, Utah	14	11	C 1770 - 5	1
Danta	s, Ohio	118	61	2	8	Phoenix, Ariz	104	57	5	8
Detroit	Ohio	63	36	-	3	Pueblo, Colo	17 56	11 29	2	4
Evaneud	, Mich lle, Ind	336	195	5	14	Tucson, Ariz	53	31	1	1
Flint.	Mich	46 41	29	2 4	1 4	i idesoli, Al IZ.	23	31	-	
Fort Way	yne, Ind	61 45	30 29	3	4	PACIFIC:	1,748	1,038	38	75
Gary, In	nd	30	12	-	4	Berkeley, Calif	22	15	1	12
Grand Ra	apids, Mich	43	32	3	2	Fresno, Calif	65	35	-	4
Indiana	polis, Ind	192	114	5	14	Glendale, Calif	42	28	1	1
radison,	, Wis	31	15	-	[ ]	Honolulu, Hawaii	44	19	1.	4
mi Iwauke	ee. Wis	141	90	1	5	Long Beach, Calif	88	51	-	3
reoria.	I11	44	28	1	3	Los Angeles, Calif	554	334	18	28
Kockford	d, Ill,	31	22	3	2	Oakland, Calif	125	75	j -	3
Tol.	end, Ind	60	. 36	3	4	Pasadena, Calif	25	19	-	-
Your-	Ohio	119	78	5	2	Portland, Oreg	144	85	3	3
-vungst	own, Ohio	59	33	1	⊪3	Sacramento, Calif	76	46	- :	6
ST NODT	H CENTRAL:	011				San Diego, Calif	82 202	43	2	7
Des Mod	nes, Iowa	911	562	32	46	San Francisco, Calif	37	113	4	6
Duluth	Minn	85 25	55	2	4	San Jose, Calif Seattle, Wash	132	79	5	4
Kansas (	City, Kans	25 44	18	1	6	Spokane, Wash	70	45	2	3
wansas (	City. Mo	44 139	21 90	4 5	6	Tacoma, Wash.	40	27	1	1
uncoln.	. Nebr	37	23	2	3	1100001	-,-	— <u> </u>	<del></del>	<u> </u>
unneapo	olis. Minn	108	70	1	9	Total	13,521	7,666	457	743
-mana. N	Nehr	98	64	2	3		,	L .,000	1 731	
Loui	is. Mo	277	157	9	11	Cun	ulative To	tals		
Pau	l. Minn	60	40	2	3	including reports			revious we	eks
Wichita,	, Kans	38	24	4	5			- 41		
	L					All Causes, All Ages				51
						All Causes, Age 65 and o				15
\$10						Pneumonia and Influenza,	All Ages		24,5	42
Estimat	te - based on av	erage perc	ent of div	isional to	tal.		All Ages		24	

#### QUARANTINE MEASURES

Immunization Information for International Travel 1965-66 edition — Public Health Service Publication No. 384

#### Section 2, page 13

Delete the information under Typhoid and Paratyphoid fever.

#### Insert:

Typhoid Fever — Immunization is recommended for foreign travel as a personal and public health precaution. Standard course: 2 injections at least 4 weeks apart. A booster dose at 3 year intervals while in an infected area. The basic series need not be completed at any time even if more than 3 years has elapsed since primary immunization or the last booster dose. Infants may be immunized from 6 months of age. (For typhoid vaccine dosage as recommended by the PHS Advisory Committee on Immunization Practices see Morbidity and Mortality Report, Vol. 15, No. 29, July 23, 1966).

All information concerning paratyphoid fever vaccination (pages 20-71) should be deleted.

#### Section 2, page 15

Under Plague, delete "The standard course need not be repeated at any time."

#### Insert:

Persons vaccinated previously need only 2 injections spaced at a 30-day interval.

Health Information for Travel Leaflets 748, 748B through 748D

748 - Travel in Europe

748B - Travel in Mexico, Central and South America and the Caribbean

748C - Travel in Asia, Japan, Indonesia, Philippines, Australia and New Zealand

748D - Travel in Africa

Delete all reference to typhoid and paratyphoid fever and insert the above information concerning typhoid fever.

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:

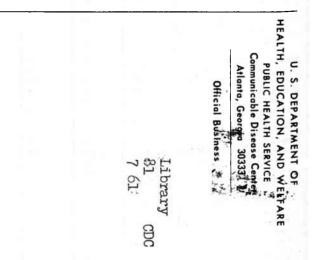
THE EDITOR

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.



U. S. DEPARTMENT OF H. E.