

COMMUNICABLE DISEASE CENTER

Morbidity and Mortality



Vol. 14, No. 36

WEEKLY REPORT

Week Ending September 11, 1965

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

AN OUTBREAK OF VESICULAR STOMATITIS
New Mexico and Colorado

Starting early in July an outbreak of vesicular stomatitis has affected horses and cows in northern New Mexico and southern Colorado. The Indiana type of virus has been isolated from sick animals in the affected area by the USDA National Animal Disease Laboratory, in Ames, Iowa.

Cases of suspected vesicular stomatitis in humans began to be reported toward the latter part of July. A total of 24 patients having some epidemiologic association with infected animals has been investigated. Eight of these had signs and symptoms compatible with a clinical

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diagnosis of vesicular stomatitis. Four patients had illnesses suggestive of the disease but which were not clinically characteristic. In the remaining 12 patients clinical signs and symptoms were not distinctive.

The eight clinically diagnosed cases had had direct and continuing close contact with animals suffering from vesicular stomatitis. The onset of symptoms in six of

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

DISEASE	36th WEEK ENDED		MEDIAN 1960 - 1964	CUMULATIVE, FIRST 36 WEEKS		
	SEPTEMBER 11,	SEPTEMBER 5,		1965	1964	MEDIAN 1960 - 1964
	1965	1964				
Aseptic meningitis	54	46	112	1,235	1,280	1,470
Brucellosis	8	9	9	177	300	300
Diphtheria	4	5	6	105	179	262
Encephalitis, primary infectious	48	234	---	1,155	2,053	---
Encephalitis, post-infectious	4	6	---	531	682	---
Hepatitis, infectious including serum hepatitis	495	568	682	23,503	27,108	30,396
Measles	450	541	700	239,380	461,325	394,990
Meningococcal infections	17	41	28	2,288	2,018	1,563
Poliomyelitis, Total	2	2	31	39	73	504
Paralytic	2	1	26	32	60	393
Nonparalytic	—	—	---	7	9	---
Unspecified	—	1	---	—	4	---
Streptococcal Sore Throat and Scarlet fever	4,371	3,957	2,987	284,573	291,323	236,651
Tetanus	5	11	---	186	194	---
Tularemia	3	6	---	178	237	---
Typhoid fever	7	14	20	281	283	406
Rabies in Animals	63	81	63	3,159	3,250	2,681

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	7	Rabies in Man:	1
Botulism:	11	Smallpox:	—
Leptospirosis: Ohio-1	28	Trichinosis: N.Y. Upstate-1, R.I.-1	76
Malaria: La.-1, Calif.-1	57	Typhus -	
Plague:	5	Murine:	22
Psittacosis: N.Y. City-1, Texas-1	34	Rky. Mt. Spotted: Ark.-2, Va.-2, S.C.-1, Tenn.-1	215
Cholera:	2		

AN OUTBREAK OF VESICULAR STOMATITIS

(Continued from front page)

the eight patients occurred within 3 days of initial contact, while the onsets in the other two patients occurred respectively 8 and 11 days after contact with infected animals. Four of these patients lived in New Mexico and four in Colorado.

A severe diphasic illness which lasted approximately 6 days was present in three of the patients with clinically compatible illness. The first phase was marked by general malaise, fever, and headache for 48 hours; the second phase was characterized by vesicular lesions on the lips, tongue, and the buccal and pharyngeal mucosa. A fourth patient developed a vesicular lesion on the

right thumb, as well as swelling on the lips and buccal mucosa.

Serological studies of sera, from the 24 human cases which were investigated, are in progress.

(Reported by Dr. H. Gordon Doran, State Epidemiologist, New Mexico Department of Public Health; Dr. C.S. Mollohan, State Epidemiologist, Colorado State Department of Public Health; Dr. R.L. Cleere, Director of Public Health, Colorado State Department of Public Health; Dr. M.D. Baum, Chief, Veterinary Section, Division of Preventive Medical Services, Colorado State Department of Public Health; and an EIS Officer.)

THE IMPORTANCE OF MEASLES AND METHODS FOR ACHIEVING HIGH LEVELS OF MEASLES IMMUNIZATION IN THE COMMUNITY

Statement prepared by Public Health Service Advisory Committee on Immunization Practice*

Recognizing the significance of measles as one of the most important causes of serious morbidity in childhood, the Committee recommends that, with highly effective vaccines available, every effort should be applied to eradicating the disease in the United States. All children presumed susceptible should be immunized.

Continuing "maintenance" programs aimed at vaccinating children about one year of age should be established in all communities. Additionally, consideration should be given to the concept of full immunization of all children entering schools, nursery schools, etc. since measles transmission in the community occurs principally among children in such settings.

Widespread immunization may be achieved through routine and intensive programs conducted in physicians' offices and immunization clinics in both public health and private medical practice. In some instances, mass community-wide vaccination programs may prove practicable in communities or segments of communities in which immunization levels achieved through routine practice are known to be low.

Community-wide, mass programs - special comments:

If community-wide programs are conducted, cognizance must be taken of the fact that such programs are necessarily more complex than those involving oral polio vaccine, for example, since measles vaccines must be parenterally administered. Further, a febrile illness is expected to occur in a proportion of those vaccinated between 6 and 8 days after vaccination.

The following points should be considered in a community-wide program:

1. The active participation of essentially all physicians who normally provide care for children is requisite. Since febrile responses of varying severity often accompanied by a rash are observed approximately a week following live vaccine administration in a proportion of those vaccinated, the practicing physicians must be available to respond to calls concerning these symptoms. If a program were to be conducted on a weekend, for example, a substantial number of calls might be anticipated during the following weekend.
2. Since measles vaccine must be administered parenterally, more medical personnel are required for the conduct of the program than has been required for oral polio vaccine programs.
3. For programs to be successful, a substantial effort will be required to motivate a high degree of interest among parents in the community. Despite the high incidence of measles and the frequent occurrence of complications, measles as a disease generally engenders less concern than does poliomyelitis.
4. The selection of the vaccine must be carefully considered. Recommended schedules have previously been described by the Committee (*Morbidity and Mortality Weekly Report*, Vol. 14, No. 5).

It should be noted parenthetically that although a number of children may exhibit notable febrile responses following live vaccine administration, the present experience of private practitioners indicates that for only a fraction of such febrile responses is medical attention requested.

**(Committee membership is detailed on page 316)*

(Continued on back page)

TABLE 1

REPORTED CASES OF POST-INFECTIOUS AND POST-IMMUNIZATION ENCEPHALITIS,
EIGHT WEEK PERIOD ENDING 8/14/65

State	Mumps	Chickenpox	Measles	Rubella	Herpes Simplex	Pertussis	Influenza	Mononucleosis	Respiratory Syncytial	E. coli	Post-Immunization	
											Rabies	Vaccinia
Arkansas	1		1									
California	28	7	3	1						1		
Connecticut	1											
Florida	8											
Hawaii			1									
Illinois	5	2	2									
Louisiana	2		2									
Maine			1									
Michigan	3	1	2									
Minnesota	6				3							
New York, Upstate	5	1	2									
Pennsylvania	3		4									
Rhode Island	4		1									
Tennessee		1					1					
Texas	2		1									
Virginia	1		3									
Washington				1								
U.S. Total	69	12	23	2	3	0	1	0	0	1	0	0
Puerto Rico		1										
U.S. Cumulative Total (weeks 1-32):												
1965*	312	69	86	12	8	0	3	2	0	1	0	4
1964**	106	17	28	11	6	1	3	0	1	0	0	1

*Includes revised and delayed reports
**Corresponding period in 1964

(States not reporting a case not listed)

TABLE 2
SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS - AUGUST 1965 AND AUGUST 1964

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Area August 1964 and August 1965 - Provisional Data

Reporting Area	August		Cumulative Jan - Aug		Reporting Area	August		Cumulative Jan - Aug	
	1965	1964	1965	1964		1965	1964	1965	1964
NEW ENGLAND	52	34	313	320	EAST SOUTH CENTRAL	244	175	1,899	1,183
Maine	-	-	1	4	Kentucky	10	24	93	105
New Hampshire	1	1	23	7	Tennessee	38	35	381	293
Vermont	-	-	2	3	Alabama	123	84	1,020	593
Massachusetts	33	20	185	187	Mississippi	73	32	405	192
Rhode Island	4	1	14	12	WEST SOUTH CENTRAL	210	259	1,599	1,744
Connecticut	14	12	88	107	Arkansas	23	19	163	137
MIDDLE ATLANTIC	460	451	3,182	3,643	Louisiana	75	81	467	474
Upstate New York	63	54	362	448	Oklahoma	9	8	85	102
New York City	248	252	1,868	2,111	Texas	103	151	884	1,031
Pa. (Excl. Phila.)	17	29	108	110	MOUNTAIN	44	38	378	357
Philadelphia	33	30	187	224	Montana	1	3	9	26
New Jersey	99	86	657	750	Idaho	4	-	5	3
EAST NORTH CENTRAL	266	216	2,005	1,500	Wyoming	-	-	2	7
Ohio	48	42	418	354	Colorado	1	4	25	20
Indiana	3	4	36	41	New Mexico	11	13	75	141
Downstate Illinois	26	9	154	95	Arizona	21	15	208	132
Chicago	105	78	813	587	Utah	1	-	10	8
Michigan	79	75	528	387	Nevada	5	3	44	20
Wisconsin	5	8	56	36	PACIFIC	157	161	1,364	1,484
WEST NORTH CENTRAL	52	58	345	353	Washington	3	7	50	50
Minnesota	3	15	62	87	Oregon	5	7	26	46
Iowa	6	-	20	19	California	146	145	1,268	1,368
Missouri	17	24	155	157	Alaska	-	1	5	8
North Dakota	-	-	1	-	Hawaii	3	1	15	12
South Dakota	6	5	32	33	U. S. TOTAL	2,056	1,960	15,602	15,282
Nebraska	16	12	61	36	TERRITORIES	89	87	550	573
Kansas	4	2	14	21	Puerto Rico	88	87	537	553
SOUTH ATLANTIC	571	568	4,517	4,698	Virgin Islands	1	-	13	20
Delaware	10	15	44	60					
Maryland	42	45	294	353					
District of Columbia	43	56	331	497					
Virginia	24	33	231	198					
West Virginia	9	-	48	25					
North Carolina	98	116	698	769					
South Carolina	80	74	568	599					
Georgia	95	74	719	796					
Florida	170	155	1,584	1,401					

Note: Cumulative Totals include revised and delayed reports through previous months.

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 11, 1965 AND SEPTEMBER 5, 1964 (36th WEEK) - Continued

Area	Measles			Strept. Sore Th. & Scarlet Fev.	Tularemia		Typhoid Fever		Rabies in Animals		
	1965	Cumulative			1965	1965	Cum. 1965	1965	Cum. 1965	1965	Cum. 1965
		1965	1964								
UNITED STATES...	450	239,380	461,325	4,371	3	178	7	281	63	3,159	
NEW ENGLAND.....	6	36,754	16,856	252	-	1	-	4	-	37	
Maine.....	1	2,790	2,987	16	-	-	-	-	-	3	
New Hampshire.....	-	381	250	-	-	-	-	-	-	1	
Vermont.....	1	1,257	2,318	15	-	-	-	-	-	30	
Massachusetts.....	3	19,280	5,275	35	-	1	-	3	-	2	
Rhode Island.....	-	3,899	1,923	18	-	-	-	1	-	-	
Connecticut.....	1	9,147	4,103	168	-	-	-	-	-	1	
MIDDLE ATLANTIC.....	49	14,695	52,112	85	-	-	3	51	4	127	
New York City.....	26	2,359	15,314	4	-	-	2	25	-	-	
New York, up-State.	5	4,119	12,687	65	-	-	-	13	4	115	
New Jersey.....	8	2,547	12,195	14	-	-	1	6	-	-	
Pennsylvania.....	10	5,670	11,916	2	-	-	-	7	-	12	
EAST NORTH CENTRAL...	125	55,502	102,687	244	1	12	1	37	6	485	
Ohio.....	8	8,861	19,612	7	-	-	-	9	2	252	
Indiana.....	7	1,820	22,713	85	1	5	-	8	2	53	
Illinois.....	24	2,677	16,611	51	-	5	-	10	1	78	
Michigan.....	41	26,377	28,874	70	-	1	-	5	-	49	
Wisconsin.....	45	15,767	14,877	31	-	1	-	5	1	53	
WEST NORTH CENTRAL...	18	16,445	30,222	260	-	23	1	10	2	650	
Minnesota.....	4	635	333	1	-	1	-	-	3	134	
Iowa.....	1	8,978	23,306	17	-	-	-	2	9	187	
Missouri.....	1	2,587	1,017	13	-	18	1	7	2	86	
North Dakota.....	9	3,680	4,726	163	-	-	-	-	1	39	
South Dakota.....	2	115	28	1	-	2	-	-	1	48	
Nebraska.....	1	450	812	-	-	-	-	1	2	35	
Kansas.....	NN	NN	NN	65	-	2	-	-	2	121	
SOUTH ATLANTIC.....	54	24,567	38,238	506	-	29	1	56	9	434	
Delaware.....	-	502	409	11	-	-	-	4	-	-	
Maryland.....	1	1,157	3,402	39	-	-	-	15	2	21	
Dist. of Columbia..	1	77	354	1	-	-	-	-	-	-	
Virginia.....	6	3,847	12,697	127	-	6	-	4	1	274	
West Virginia.....	35	13,606	8,590	149	-	-	-	3	-	21	
North Carolina.....	3	384	1,160	15	-	6	-	15	-	2	
South Carolina.....	-	1,010	4,250	27	-	3	-	8	-	2	
Georgia.....	1	617	194	1	-	14	1	3	2	50	
Florida.....	7	3,367	7,182	136	-	-	-	4	4	64	
EAST SOUTH CENTRAL...	59	13,711	67,586	1,043	-	20	1	26	11	686	
Kentucky.....	34	2,458	18,442	210	-	3	-	6	3	71	
Tennessee.....	21	7,828	24,110	719	-	16	1	9	8	586	
Alabama.....	1	2,311	18,348	58	-	1	-	6	-	15	
Mississippi.....	3	1,114	6,686	56	-	-	-	5	-	14	
WEST SOUTH CENTRAL...	75	30,746	71,939	537	2	70	-	39	7	493	
Arkansas.....	-	1,084	1,124	-	2	46	-	13	-	74	
Louisiana.....	-	104	105	1	-	3	-	5	-	69	
Oklahoma.....	-	203	1,018	1	-	10	-	4	3	93	
Texas.....	75	29,355	69,692	535	-	11	-	17	4	257	
MOUNTAIN.....	26	19,649	18,538	942	-	15	-	24	3	69	
Montana.....	4	3,711	3,027	23	-	4	-	1	-	5	
Idaho.....	1	2,773	1,923	37	-	-	-	-	-	-	
Wyoming.....	-	843	260	5	-	3	-	1	-	-	
Colorado.....	5	5,620	3,217	287	-	-	-	-	-	9	
New Mexico.....	1	677	450	442	-	-	-	9	2	14	
Arizona.....	5	1,296	6,624	75	-	-	-	11	1	40	
Utah.....	10	4,526	2,047	73	-	8	-	-	-	1	
Nevada.....	-	203	990	-	-	-	-	2	-	-	
PACIFIC.....	38	27,311	63,147	502	-	8	-	34	3	178	
Washington.....	1	7,218	19,973	51	-	-	-	4	-	7	
Oregon.....	10	3,213	8,620	6	-	4	-	5	1	6	
California.....	20	12,919	32,934	335	-	4	-	24	2	163	
Alaska.....	1	178	1,089	8	-	-	-	-	-	2	
Hawaii.....	6	3,783	531	102	-	-	-	1	-	-	
Puerto Rico	12	2,356	5,930	5	-	-	-	6	-	13	

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 11, 1965 AND SEPTEMBER 5, 1964 (36th WEEK) - Continued.

Area	Brucel- losis	Infectious Hepatitis including Serum Hepatitis					Meningococcal Infections			Tetanus	
		Total incl. unk.	Under 20 years	20 years and over	Cumulative Totals		1965	Cumulative		1965	Cum. 1965
					1965	1964		1965	1964		
UNITED STATES...	8	495	230	244	23,503	27,108	17	2,288	2,018	5	186
NEW ENGLAND.....	-	28	13	14	1,376	2,540	1	114	55	-	5
Maine.....	-	4	3	-	255	814	-	16	5	-	-
New Hampshire.....	-	4	2	2	138	198	-	7	1	-	1
Vermont.....	-	1	1	-	74	317	-	6	1	-	-
Massachusetts.....	-	11	3	8	543	546	1	38	22	-	3
Rhode Island.....	-	1	-	1	157	134	-	14	9	-	-
Connecticut.....	-	7	4	3	209	531	-	33	17	-	1
MIDDLE ATLANTIC.....	-	77	32	45	4,181	6,039	3	300	256	-	11
New York City.....	-	15	6	9	821	922	-	51	35	-	-
New York, Up-State.	-	22	8	14	1,608	2,665	2	86	71	-	4
New Jersey.....	-	23	9	14	792	1,050	1	79	88	-	1
Pennsylvania.....	-	17	9	8	960	1,402	-	84	62	-	6
EAST NORTH CENTRAL...	-	85	44	36	4,472	4,254	2	320	272	3	24
Ohio.....	-	24	11	11	1,230	1,117	1	86	70	-	2
Indiana.....	-	6	2	3	397	361	-	41	42	-	6
Illinois.....	-	21	11	9	857	784	1	87	69	2	10
Michigan.....	-	33	20	13	1,714	1,684	-	69	62	1	3
Wisconsin.....	-	1	-	-	274	308	-	37	29	-	3
WEST NORTH CENTRAL...	4	30	15	14	1,395	1,460	1	118	121	1	17
Minnesota.....	-	-	-	-	141	162	-	23	28	-	7
Iowa.....	4	3	1	1	504	212	1	8	6	1	4
Missouri.....	-	10	7	3	300	363	-	52	56	-	2
North Dakota.....	-	1	1	-	23	55	-	11	16	-	-
South Dakota.....	-	-	-	-	17	116	-	3	1	-	-
Nebraska.....	-	5	1	4	57	39	-	10	6	-	2
Kansas.....	-	11	5	6	353	513	-	11	8	-	2
SOUTH ATLANTIC.....	2	66	26	36	2,441	2,553	4	443	401	-	41
Delaware.....	-	-	-	-	59	48	-	7	6	-	-
Maryland.....	-	7	1	6	438	483	-	42	26	-	1
Dist. of Columbia..	-	2	-	2	36	43	1	9	12	-	-
Virginia.....	1	29	10	17	566	396	1	52	46	-	7
West Virginia.....	-	3	2	1	358	381	-	24	31	-	1
North Carolina.....	1	7	4	3	234	439	2	89	69	-	5
South Carolina.....	-	4	4	-	105	94	-	58	50	-	6
Georgia.....	-	1	-	1	91	70	-	57	60	-	4
Florida.....	-	13	5	6	554	599	-	105	101	-	17
EAST SOUTH CENTRAL...	-	43	24	18	1,680	1,877	2	180	167	-	24
Kentucky.....	-	21	16	4	584	718	-	69	54	-	6
Tennessee.....	-	10	6	4	572	648	2	57	54	-	7
Alabama.....	-	10	1	9	306	333	-	34	35	-	9
Mississippi.....	-	2	1	1	218	178	-	20	24	-	2
WEST SOUTH CENTRAL...	2	41	24	17	2,045	2,078	1	305	231	1	43
Arkansas.....	-	4	2	2	273	209	-	14	20	1	10
Louisiana.....	1	7	5	2	343	484	-	169	114	-	5
Oklahoma.....	-	-	-	-	48	101	-	19	8	-	1
Texas.....	1	30	17	13	1,381	1,284	1	103	89	-	27
MOUNTAIN.....	-	17	4	5	1,322	1,635	-	72	66	-	3
Montana.....	-	6	4	1	102	143	-	2	-	-	-
Idaho.....	-	1	-	-	173	212	-	8	3	-	-
Wyoming.....	-	-	-	-	38	50	-	5	5	-	-
Colorado.....	-	1	-	1	279	441	-	14	11	-	2
New Mexico.....	-	1	-	1	271	234	-	11	27	-	-
Arizona.....	-	6	-	-	278	368	-	16	5	-	1
Utah.....	-	2	-	2	174	137	-	14	7	-	-
Nevada.....	-	-	-	-	7	50	-	2	8	-	-
PACIFIC.....	-	108	48	59	4,591	4,672	3	436	449	-	18
Washington.....	-	14	7	6	360	494	-	33	30	-	-
Oregon.....	-	12	5	7	388	513	-	32	21	-	4
California.....	-	72	30	42	3,625	3,414	3	346	379	-	14
Alaska.....	-	10	6	4	181	153	-	18	7	-	-
Hawaii.....	-	-	-	-	37	98	-	7	12	-	-
Puerto Rico	-	28	21	7	988	710	-	5	31	4	35

Statement prepared by Public Health Service Advisory Committee on Immunization Practice*

(Continued from page 310)

5. Since, in general, 90 percent of persons beyond 15 years of age will have experienced measles, the program should be directed to those with no history of measles, between the ages of 12 months and 15 years with particular emphasis on the most susceptible, the preschool children.

* COMMITTEE:

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- Dr. Ernest A. Ager
- Dr. Gordon C. Brown
- Dr. Geoffrey Edsall
- Dr. David T. Karzon
- Dr. Arthur Lesser
- Dr. Theodore A. Montgomery
- Dr. Roderick Murray
- Dr. Paul F. Wehrle

Chairman
Secretary

INTERNATIONAL NOTES - QUARANTINE MEASURES

Immunization Information for International Travel
1963-64 edition—Public Health Service Publication No. 384

Page 53 - Saudi Arabia

Delete information concerning cholera and insert the following: Vaccination against cholera is required for all arrivals. In addition, persons arriving from infected areas must also possess a certificate showing that prior to to arrival they had spent five days in an area free of cholera (time spent on board a vessel may be considered as a period spent in a cholera-free area.)

All other information remains the same.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 14,000, IS PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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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
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