

AN OUTBREAK OF SHIGELLOSIS IN KANSAS STATE UNIVERSITY - Manhattan, Kansas

May 1 and May 14, 1965, there were 110 case of gastroenteritis reported from the Kansas State University Student Health Center. Male students were predominantly affected and a later post-epidemic questionnaire survey indicated that a total of some 230 male students residing in the same dormitory complex had been involved. *Shigella sonnei* was isolated from a number of the students admitted to the University Health Center Infirmary. Although the source of the outbreak was believed to be the male dormitory dining room facility, no specific food item could be incriminated.

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The peak of the epidemic occurred on May 7 and 8. The illnesses, which had a duration of 24 to 48 hours, were generally characterized by abrupt onset, abdominal cramps, watery diarrhea, fever, nausea and vomiting. The majority of the patients had fever greater than 101°F and many had elevated leukocyte counts.

Among the 110 students attending the Health Center, 86 were males of whom 60 lived in three dormitories

50 De 14	42nd WEE	K ENDED		CUMUL	ATIVE, FIRS	ST 42 WEEKS
DISEASE	OCTOBER 23, 1965	OCTOBER 17, 1964	MEDIAN 1960 – 1964	1965	1964	MEDIAN 1960 – 1964
Aseptic meningitis	58	61	65	1,701	1,693	2,097
Brucellosis	4	2	8	202	336	337
Diphtheria • • • • • • • • • • • • • • • • • • •	2	12	11	120	213	348
Encephalitis, primary infectious · ·	67	91	1	1,518	2,685	
Encephalitis, post-infectious	2	5		574	712	
Hepatitis, infectious including		Mr. Commission	A REAL PROPERTY	-	All sections and	
serum hepatitis	672	629	876	27,421	31,083	35,061
Measles	782	961	1,325	243,772	465,411	400,500
Meningococcal infections	39	60	43	2,501	2,251	1,781
Poliomyelitis, Total	1	2	27	46	94	702
Paralytic	Line Data and the state	1	21	35	77	554
Nonparalytic	1	1 1		7	10	554
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Streptococcal Sore Throat and			THE PERSON AND A	10 10 10	and the stille	STATING VID.
Scarlet fever	6,149	5,395	4,752	316,934	320,599	258,816
Tetanus	4	10	1,102	214	230	200,010
Tularemia	3	11		208	275	
Typhoid fever	16	6	14	353	351	510
Rabies in Animals	71	58	57	3,565	3,714	3,077

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

NOTIFIABLE DISEASES OF LOW FREQUENCY

Shares and the second states of the Full states and	Cum.		Cum.
Anthrax:	7	Rabies in Man:	1
Botulism:	13	Smallpox:	-
Leptospirosis: Mich1. Tenn1	42	Trichinosis: Ill1, N.Y.Up-State-3 · · · · · · · · · · · · · · · · · · ·	96
Malaria: Md2, N.Y.Up-State-1, Calif1	68	Typhus –	
Plague:	6	Murine:	
Psittacosis:	36	Rky. Mt. Spotted: N.J1, Tenn1 · · · · · · · · · · · · · · ·	244
Cholera:			

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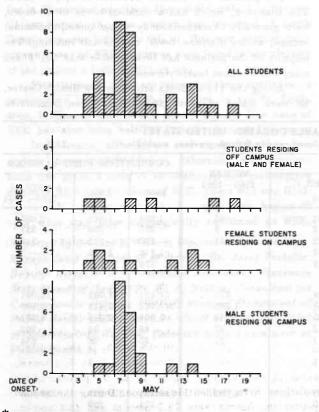
AN OUTBREAK OF SHIGELLOSIS IN KANSAS STATE UNIVERSITY – Manhattan, Kansas (Continued from front page)

served by a common dining facility. The 24 female patients resided in six different dormitories each with its own dining facility. From 17 rectal cultures obtained from male patients in the hospital on May 7 and 8, *Shigella sonnei* was isolated from 13.

Epidemiological investigations included a survey of food histories, with particular reference to meals eaten on May 4, 5, and 6, and a post-epidemic questionnaire survey. The latter survey was of a stratified sample of 961 students representing 10 percent of the University enrollment. Only those individuals who had diarrhea as

Figure I.

STUDENTS WITH GASTROENTERITIS* KANSAS STATE UNIVERSITY-MAY 1965



*DATA OBTAINED FROM QUESTIONNAIRE FULLY COMPLETED BY 36 STUDENTS. CASES OF GASTROENTERITIS DETERMINED BY THE CRITERIA: DIARRHEA PLUS TWO OF THE FOLLOWING SYMPTOMS; TENESMUS, CRAMPS, FEVER AND VOMITING.

well as at least two of the four symptoms of tenesmus, vomiting, abdominal cramps and fever, were regarded as having shigellosis. The epidemic curve (Figure 1) constructed from these data suggests that the outbreak began on May 7 among male dormitory students. The illnesses in nonresident males and in female students were more diffusely scattered than in the male population living in dormitories. Table 1 shows the estimated attack rate by the type of eating establishment. The questionnaire gave no evidence which suggested that any one meal or food item was the common source of the infection.

Laboratory investigation subsequent to the questionnaire entailed a rectal culture survey of 276 students, 177 of whom were men. Among the men, 10.2 percent had stool cultures positive for *Shigella sonnei*; only 2.2 percent of the cultures from the 99 women students were positive. In addition, specimens from 195 employees in the University Food Service were examined, but only one culture was positive for shigella. The woman concerned had no history of illness and had not worked in the male dining hall.

Table 1
Outbreak of Shigellosis - Kansas State University
Estimated Attack Rates

A. By Type of Residence	Responding to Questionnaire	III	Attack Rate
Men's Residence Halls	205	23	11.2
Women's Residence Halls	240	10	4.2
Scholarship Houses	79	2	2.5
Fraternity Houses	44	·0	0.0
Sorority Houses Married Student	94	3	3.2
Apartments	52	1	1.9
Off Campus	247	2	0.8
Total	961	41*	4.3
B. By Type of Eating Establishment	Responding to Questionnaire	111	Attack Rate
Resident Dining Halls -			0.12
(men's and women's)	389	30	7.2
Student Union Building	77	1	1.3
Fraternity Houses	43	0	0.0
Sorority Houses	71	3	4.1
Other	286	4	1.5
Total	846	38*	4.5

*Only 36 ill students completed satisfactorily all sections of the questionnaire.

(Reported by Dr. Hilbert P. Jubelt, Student Health Director, Kansas State University; Dr. Donald E. Wilcox, State Epidemiologist, Kansas State Department of Health; and Dr. Norman W. Anderson, Director, Medical Health Services, Kansas State Department of Health; and a team of EIS Officers.)

SURVEILLANCE SUMMARY SHIGELLA - SECOND QUARTER, 1965

In examining current shigella morbidity trends, the factors of seasonal distribution, age, sex, and family associations have been considered. Human serotype frequencies, geographical distribution patterns and nonhuman isolations are also summarized. A total of 1,515 human shigella isolations was notified from 46 States and three other reporting centers during the second quarter of 1965. This represents a decline from the 1,752 isolations reported in the first quarter of 1965, which was itself a decrease from the 2,101 isolations reported in the fourth quarter of 1964. The totals during these latter two quarters are based on figures submitted from 47 reporting centers.

The numbers of shigella isolations notified from the reporting centers indicate a seasonal pattern of low activity in the late spring with a marked increase in July and a peak in September, a trend which is characteristic of that of previous years. However, since there is usually a delay of 1 to 2 months in reporting, this suggests that the lowest clinical incidence is actually during late winter, which would be consistent with the classical concepts of an enteropathy.

Shigella isolations during the second quarter of 1965 demonstrate an age distribution similar to that of previous quarters. Approximately 73 percent of isolations were reported from children under 10 years of age. However,

Table 2 SHIGELLA ISOLATIONS BY AGE AND SEX Second Quarter, 1965

Age Group	Male	Female	Unknown	Total	Percent of Known Age
0-6 months	31	25	1	57	6.0
7-12 months	32	21	0	53	5.6
1-4 years	188	177	1	366	38.4
5-9 years	130	89	0	219	23.0
10-19 years	58	46	0	104	10.9
20-29 years	27	33	0	60	6.3
30-39 years	10	24	0	34	3.6
40-49 years	4	7	0	11	1.2
⁵⁰⁻⁵⁹ years	8	9	0	17	1.8
60-69 years	3	9	0	12	1.3
(0-79 years)	6	6	0	12	1.3
80+ years	3	3	0	6	0.6
Subtotal	500	449	2	951	
Unknown	267	256	41	564	
TOTAL	767	705	43	1,515	

the sex distribution differs slightly with data from preceding quarters. Out of 1,515 isolations reported, the 1,472 which specified the sex indicated that 52.1 percent were from males; on the other hand, data from previous quarters indicated that male isolations have been slightly less than 50 percent. Both the age and sex distribution of shigella isolations are summarized in Table 2.

During the second quarter of 1965, 19.5 percent of the isolations were from families in which shigella was isolated from more than one member. In preceding quarters there has been a generally similar percentage of familyassociated infections and in the first quarter of 1965 this figure was 22.5 percent. As these percentages represent only laboratory confirmed infections, it is probable that the intrafamilial infection rates are somewhat higher.

There were 14 different serotypes reported from the 49 reporting centers; no single serotype was common to all. The six most frequently isolated serotypes have been consistently the same since shigella reporting was started. They account for over 80 percent of all isolations.

	Second	Quarter		Previous Quarter
Rank	Serotype	Number	Percent	Percent
1	S. sonnei	516	34.1	41.2
2	S. flexneri 2	391	25.8	21.4
3	S. flexneri 3	165	11.0	9.1
4	S. flexneri 4	94	6.3	5.5
5	S. flexneri 1	88	5.7	3.1
6	S. flexneri 6	54	3.6	4.8

Shigella sonnei and S. flexneri 2 have always proved to be the two most common serotypes; positions three through six have been occupied by S. flexneri 1, 3, 4, 6, in varying order. As all States do not perform final serotyping, the S. flexneri subgroups have been combined into the major numbered subgroups.

A regional difference has been found to exist with a significantly higher percentage of *S. flexneri* isolations in the South as compared to the North. In the southern states 75 percent of isolations have been *S. flexneri*, while in the northern states 40 to 50 percent of the isolations have yielded this serotype. During the second quarter the figures were 78.7 percent and 48.3 percent respectively.

There were 15 shigella isolations reported from nonhuman sources in the second quarter. These include 11 S. flexneri 3 from monkeys in Maryland, 1 S. dysenteriae 3573-50 in a monkey from Illinois, 1 S. flexneri 2b from slurries of checked eggs in Colorado, 1 S. sonnei II from turkey droppings in Colorado; and 1 S. flexneri 2a from the "environment" on a farm in Texas. The shigellae

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

OCTOBER 23, 1965 AND OCTOBER 17, 1964 (42nd WEEK) - Continued

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Puerto Rico - 22 14 8 1,177 859 - 9 31 3 4	Puerto Rico		100			1000	THE CASES	CITY IN A				

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

OCTOBER 23, 1965 AND OCTOBER 17, 1964 (42nd WEEK) - Continued

Area	11	Measles		Strept. Sore Th. & Scarlet Fev.	Tular	Tularemia		d Fever		es in mals
in the second	- i - i - i - i - i - i - i - i - i - i	Cumu	lative		(Batter -	Cum.	1.16-5	Cum.		Cum,
14:00 A. 1997 1-1	1965	1965	1964	1965	1965	1965	1965	1965	1965	196
UNITED STATES	782	243,772	465,411	6,149	3	208	16	353	71	3,565
2423 24	25.1	10.01	1.	A CONTRACTOR	1111	1761	10	335	Contraction of the local division of the loc	3,505
EW ENGLAND	25	36,932	17,296	357		1	1	7	3	44
Maine	7	2,828	3,068 260	15 11	121			-		4
New Hampshire	1.1	1,301	2,346	10		1.2		-		3
Massachusetts	10	19,315	5,461	73	- 2	1		3		31
Rhode Island	3	3,943	1,974	34	- U \$	- 2		1	LLLES	-
Connecticut	4	9,163	4,187	214		-	1	3	3	4
	107	15 160	52.260							111-1-1
New York City	127 19	15,162 2,488	52,368 15,382	360	1	-	3	63	9	164
New York, up-State.	31	4,195	12,773	188			-	29 15	9	151
New Jersey	57	2,714	12,234	144	-	-	-	7	-	151
Pennsylvania	20	5,765	11,979	19		-	3	12	0.1 - 1.4	13
1.35 A. 1. 1. 1. 1.		24 pet 11	3.091					1000		
AST NORTH CENTRAL	214	56,581	103,347	385		13	1	42	2	538
Ohio	10	8,921	19,669	42			-	11	and the second second	277
Indiana	38 23	1,998	22,884	66		5	1	9	1	65
Illinois Michigan	52	2,827	16,653 29,038	82 114	- 2	5		10	11005.0071	83
Wisconsin	91	16,140	15,103	81	1	1	-	7	1	53
	ie in	,		5.						80
EST NORTH CENTRAL	37	16,714	30,343	233	-	26	-	11	18	728
Minnesota	7	705	335	13	1.4	1	2	1	6	149
Iowa	16	9,068	23,338	65	-			2	3	206
Missouri	5	2,600	1,025	-		19	-	7	6	104
North Dakota	8	3,773	4,796	125	-	-	•	-		45
Nebraska	1	453	814	6	1	2	-	1	3	56
Kansas	NN	NN	NN	24		4	1.1	1		132
			1.							152
OUTH ATLANTIC	98	25,230	38,657	651	2	33	2	68	5	474
Delaware	10.0	506	412	18	-			4		-
Maryland	1.2.5	1,170	3,413	58		-	-	20	S	23
Dist. of Columbia. " Virginia	13	78 3,913	354 12,724	16		-	•	-	-	-
West Virginia	60	14,020	8,835	191		8	12	8	3	289
North Carolina	1	396	1,169	32	2	8		15		3
South Carolina	· · .	1,058	4,269	9		3	12	8		2
Georgia	CT - +	617	199	5		14	2	6	1	63
Florida	24	3,472	7,282	134	- 3 -	-	-	4	1	73
ACT COUTE CRIMENT	60	14 205	(0.11)	1.100	1.1				a state of the second	- 10B
AST SOUTH CENTRAL Kentucky	69 24	14,205 2,714	68,111	1,129		21	5	38	13	753
Tennessee	35	8,026	18,585	40 982	1	3 17	1	10 12	1	81
Alabama	4	2,339	18,397	86		1/	2	9	8	615
Mississippi	6	1,126	6,689	21		-	2	7	4	41
	15	S	111	1021						10.01
EST SOUTH CENTRAL	59	31,164	72,338	643	1	88		50	6	568
Arkansas		1,085	1,134	3	1	61		13	1	82
Louisiana Oklahoma	1	110 210	117	20		5	2	9	1.1.1.1.1	72
Texas	58	29,759	70,066	604		11 11		6 22	1 4	126
	001		1,			• •	100			200
OUNTAIN	84	19,982	19,048	1,200		16	-	28	3	80
Montana	18	3,764	3,238	57	-	4	-	1	1	5
Idaho	28	2,832	1,952	47		-			1.170.00	1.1.1.1.1.
Wyoming Colorado	1 19	852	265	28		4		1		
New Mexico	2	5,715 679	3,263	485	1				Sec. 140	9
Arizona	7	1,357	6,702	79	1.1		12	11 12	3	14
Utah	9	4,577	2,129	148		8	1.2	12		2
Nevada	2 A L	206	992		-	-	-	2		1
	2115	C	and the second of the							
ACIFIC	69	27,802	63,903	1,191	-	10	4	46	12	216
Washington	12	7,295	20,167	295		-		4	Section of the	7
Oregon California	12 26	3,315 13,106	8,718	22		5	;	8	- second	9
Alaska	3	13,100	33,276	792 14		. 5	4	33	12	198 2
Hawaii	16	3,896	618	68		1.1		1		-
nawall,										

second and the balance of the state

Week No.

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED OCTOBER 23, 1965

42

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

	A11 C	auses	Pneumonia	Under		A11 C	auses	Pneumonia	Unde
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	A11 Ages	65 years and over	and Influenza All Ages	1 yea All Cause
NEW ENGLAND:	703	429	35	46	SOUTH ATLANTIC:	1,139	552	55	82
Boston, Mass	257	148	11	16	Atlanta, Ga	130	54	6	9
Bridgeport, Conn	35	23	2	4	Baltimore, Md	268	131	3	21
Cambridge, Mass	27	17		1	Charlotte, N. C	47	22	4	3
Fall River, Mass	19	10	2	1	Jacksonville, Fla	58	26	3	4
Hartford, Conn	54	28	3	3	Miami, Fla	71	42	2	5
Lowell, Mass	21	16	10	1	Norfolk, Va	55	23	5	3
Lynn, Mass	30	24	-	1	Richmond, Va	95	41	3	9
New Bedford, Mass	36	28 24	3		Savannah, Ga	29	16	4	1
New Haven, Conn	44 69	48	1	7	St. Petersburg, Fla	63	47	2	4
Providence, R. I Somerville, Mass	5	5		3	Tampa, Fla	74 207	39	9	4
Springfield, Mass	46	28	6	4	Wilmington, Del	42	91 20	14	16
Waterbury, Conn	23	11	2	3	withington, ber	72	20	A SOLER	1
Worcester, Mass	37	19		2	EAST SOUTH CENTRAL:	593	312	23	33
Sand reserves and source		and the second			Birmingham, Ala	102	54	1	5
TIDDLE ATLANTIC:	3,340	1,946	148	170	Chattanooga, Tenn	53	29	6	3
Albany, N. Y	52	33	1	5	Knoxville, Tenn	34	23	1	2
Allentown, Pa	33	24	2	1	Louisville, Ky	126	70	4	7
Buffalo, N. Y	137	84	6	10	Memphis, Tenn	112	57	3	3
Camden, N. J	53 41	33 25	2	4	Mobile, Ala.	58	29	1	3
Elizabeth, N. J Erie, Pa	39	28	7	2 4	Montgomery, Ala Nashville, Tenn	27	16		2
Jersey City, N. J	90	50	1	5	Mashville, feld.	81	34	7	8
Newark, N. J	99	41	3	13	WEST SOUTH CENTRAL:	1,084	571	41	91
New York City, N. Y	1,688	1,004	72	69	Austin, Tex	34	22	3	91
Paterson, N. J	41	24	2	1	Baton Rouge, La	37	25	1	2
Philadelphia, Pa	476	268	17	25	Corpus Christi, Tex	25	10	1.000	1
Pittsburgh, Pa	221	100	5	12	Dallas, Tex	150	70	5	16
Reading, Pa	33	21	2	2	El Paso, Tex	36	19		2
Rochester, N. Y	103	61	12	10	Fort Worth, Tex	53	33	4	2
Schenectady, N. Y	31	18	4		Houston, Tex	195	95	10	16
Scranton, Pa	39	26	2	2	Little Rock, Ark	71	41	3	13
Syracuse, N. Y	60	43	1	2	New Orleans, La	165	79	6	14
Trenton, N. J	43	22	3	2	Oklahoma City, Okla	79	41	1	7
Utica, N. Y	26 35	21 20	4	1	San Antonio, Tex	117	68	2	6
Yonkers, N. Y		20	1 1	-	Shreveport, La Tulsa, Okla	71	42	3	9
AST NORTH CENTRAL:	2,570	1,427	88	150	Iulia, Okla,	51	26	3	3
Akron, Ohio	60	34		6	MOUNTAIN:	376	225	17	21
Canton, Ohio	33	23	2	1	Albuquerque, N. Mex	27	12	1	1
Chicago, Ill	720	372	29	28	Colorado Springs, Colo.	16	13	1	-
Cincinnati, Ohio	167	106	7	11	Denver, Colo	109	66	4	6
Cleveland, Ohio	237	118	2	26	Ogden, Utah	18	12	1	1
Columbus, Ohio	142	85		9	Phoenix, Ariz	102	54	10	8
Dayton, Ohio	93	51	4	4	Pueblo, Colo	22	13		2
Detroit, Mich	321	181	10	19	Salt Lake City, Utah	44	28	and the second	3
Evansville, Ind	40	29	4	-	Tucson, Ariz	38	27		-
Flint, Mich	50	25	2	8	DAGTETO.			Tanan In In	
Fort Wayne, Ind	43	23	5	1	PACIFIC:	1,514	860	44	111
Gary, Ind Grand Rapids, Mich	49 42	19 26	5	7	Berkeley, Calif Fresno, Calif	30	15		4
Indianapolis, Ind	154	82	6	9	Glendale, Calif	59 38	37 29	2	1
Madison, Wis	38	19	-	2	Honolulu, Hawaii	38	15	1	9
Milwaukee, Wis	117	70	2	7	Long Beach, Calif	70	41	1	2
Peoria, Ill	43	23	I	2	Los Angeles, Calif	407	215	17	43
Rockford, Ill	25	21	1		Oakland, Calif	113	62	2	12
South Bend, Ind	36	21	1	1	Pasadena, Calif	32	24	ĩ	1
Toledo, Ohio	90	60	4	5	Portland, Oreg	110	49	2	9
Youngstown, Ohio	70	39		3	Sacramento, Calif	63	35	2	2
The Manager and the					San Diego, Calif	98	59	4	2
EST NORTH CENTRAL:	818	503	24	46	San Francisco, Calif	216	116	7	13
Des Moines, Iowa	57	33	-	;	San Jose, Calif	32	24		1
Duluth, Minn	29	22	-	1	Seattle, Wash	129	85	3	6
Kansas City, Kans	43	24	-	5	Spokane, Wash	50	35	1	3
Kansas City, Mo Lincoln, Nebr	118 21	72	6	7	Tacoma, Wash	28	19	-	3
Minneapolis, Minn	125	84	4	6	Total	10 107	6 000	1.75	
Omaha, Nebr	69	36	1	3	IULAI	12,137	6,825	475	750
St. Louis, Mo	232	136	9	13	Cur	nulative 1	Totals		
St. Paul, Minn	75	50		3	including report			revious no	eke
Wichita, Kans	49	32	4	5	I I I I I I I I I I I I I I I I I I I	- correct	Long for p	we	
and spring a second of			L		All Causes, All Ages			516,20	29
					All Causes, Age 65 and o				
					Pneumonia and Influenza,	411 4		20,83	20

SURVEILLANCE SUMMARY SHIGELLA – SECOND QUARTER, 1965

(Continued from page 363)

isolated in Colorado were found during a routine culturing of checked eggs and cattle feed, which was initiated to determine if enteric pathogens, particularly salmonella, were present. No report of animal or human disease associated with any of these isolations was received.

(Reported by the Shigella Surveillance Unit, CDC.)

EPIDEMIOLOGIC NOTES AND REPORTS MEASLES - Newark, New Jersey

An analysis of 84 cases of measles reported from Newark, New Jersey, during the period from September 1 through October 19 revealed that 64 cases were concentrated in the central and the south wards of the city's five wards. Altogether, 63 families were affected, of which 17 families had more than one reported case of measles. There were 8 instances of presumed co-primary infections and 7 instances of a primary case in a school-age child with subsequent spread to siblings of preschool age. In two families spread from a child of preschool age occurred. The age distribution is listed below:

Age	<1 year	1-4 years	5-9 years	>10 years
Number of Cases	4	48	32	0

An immunization survey was conducted by the New Jersey State Health Department in February 1965. This indicated that 6 percent of the children of 1-4 years of age in the lower socioeconomic areas of Newark had been vaccinated against measles, whereas 19 percent was the average figure for the same age group in the city as a whole. The State Health Department has since made available, to private physicians, measles vaccine for children in the lower socioeconomic areas and the Newark Health Department is also sponsoring measles vaccination of young children at the public well-baby clinics. (Reported by Dr. Pascal J. Baiocchi, Director, Health and Welfare Department, City of Newark; Dr. Aaron H. Haskin, Health Officer, City of Newark; Dr. W. J. Dougherty, Director, Epidemiology, New Jersey State Health Department; and an EIS Officer.)

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULA-TION OF 14,000, 15 PUBLISHED AT THE COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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

EDITOR: MMWR

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D.J.M. MACKENZIE, M.B., F.R.C.P.E.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY. THE COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE IN-VESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE AD-DRESSED 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 SAT-URDAY: COMPILED DATA ON A NATIONAL BASIS APE RELEASED ON THE SUCCEEDING FRIDAY.

