SALMONELLA SURVEILLANCE

ANNUAL SUMMARY 1964

A total of 21,113 isolations of salmonellae from human sources was reported to the Salmonella Surveillance Unit during 1964. This represents an increase of 13.2 percent over the previous year; the seasonal pattern in 1964 was generally similar to 1963 although the peak of incidence occurred one month earlier in 1964. The average number of isolations each week during 1963 and 1964 and the seasonal pattern are portrayed in Figure 1. The "expected" seasonal pattern is based on a seasonal index computed from data reported monthly. There were 57 deaths recorded as due to salmonella infections during the year resulting in a death to case ratio of 0.27 percent as compared to 0.34 percent in 1963.

Non-human isolations accounted for 5,461 recoveries of salmonella which is an increase of one percent over the previous year. A close correlation was noted between the ten most frequently reported serotypes isolated from human and non-human sources. (Table 1)
SALMONELLA SURVEILLANCE
ANNUAL SUMMARY 1964
(Continued from front page)

There were 139 serotypes identified in humans of which ten accounted for just under 75 percent of the total isolations. *Salmonella typhi-murium* and *Salmonella typhi-murium var. copenhagen* were again the commonest isolates from both human and non-human sources. *Salmonella derby*, however, accounted for one third of the human deaths associated with salmonellosis. (Table 1)

Despite better and more comprehensive reporting of salmonellosis in the United States it is believed that there is, in fact, an increased incidence in humans. Figure 2 depicts the reported incidence between 1942 and 1964 and compares the relative prevalence of typhoid fever which has been decreasing since 1942.

During 1964, of the total human isolations reported, 21 percent represented two or more infections within a family. This rate was higher in 1963 when it was 18 percent. There were 174 persons reported as being infected simultaneously with more than one serotype.

<table>
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<th>Associated with deaths (human)</th>
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<td></td>
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164 harbored two serotypes and 10 harbored three. No particular combination of serotypes was noteworthy.

There were 52 outbreaks of human salmonellosis reportedly causing an estimated minimum of 2,150 illnesses. Of 38 human epidemics investigated eleven were either presumed or proved to be due to salmonella infected eggs. Salmonella typhi-murium was the commonest serotype; it was incriminated in outbreaks on eleven occasions. No sex predilection was noted generally, although there was a preponderance of infections in males under 20 years and in females over 20 years. Highest attack rates were among infants and in children less than 10 years of age. (Figure 3)

More than half of the isolations from non-human sources were from chickens and turkeys. Recoveries from eggs and egg products showed an increase of 230 percent over the 1963 figure. There was also a sharp increase of 271 percent in recoveries from cold blooded vertebrates, primarily turtles.

(Prepared from the Annual Summary for 1964, of the Salmonella Surveillance Unit, CDC, issued on October 15, 1965. Copies are available on request to the Editor.)

CURRENT TRENDS

TUBERCULOSIS IN THE UNITED STATES

Tuberculosis is a nationally reportable disease and individual case reports are made to the relevant tuberculosis authority at the State level. Data are compiled by the States for an annual statistical report to the Tuberculosis Branch of CDC.

The Tuberculosis Branch publishes an annual statistical review entitled "Reported Tuberculosis Data." This review gives the totals of new cases of active tuberculosis, of tuberculosis deaths, and estimates of the number of tuberculosis cases under medical care or public health supervision in the United States.

Each State is responsible for its own tuberculosis control program and all States maintain such programs. Federal assistance is given through formula grants to all States on a pro rata allocation of annually appropriated funds and through Tuberculosis Project Grants. The Project Grants are made to States which request such aid and are administered by the Tuberculosis Branch of CDC.

During 1964, the Health Departments in the United States reported 50,874 new active cases of tuberculosis, establishing the "new case" rate as 26.6 per 100,000 population. The corresponding case rate for 1963 was 28.7 per 100,000 population.

On January 1, 1965, the available data indicated that an estimated 320,000 persons were enrolled on Departments of Health tuberculosis registers in the United States. Of this total, 105,000 individuals were receiving treatment for active tuberculosis, of whom some 42,000 were in hospitals and sanatoria, and approximately 63,000 were under the medical care of clinics and private physicians. The remaining 215,000 cases included persons under supervision for inactive disease, and cases for which disease activity had not yet been determined. At the beginning of 1965, the selected areas that were receiving special Tuberculosis Project Grants from the Public Health Service included 94,603 of the

(Continued on page 400)
## CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
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### Brucellosis

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**Morbidity and Mortality Weekly Report**

**CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES**

**FOR WEEKS ENDED NOVEMBER 20, 1965 AND NOVEMBER 14, 1964 (46th WEEK) - Continued**

- **Brucellosis**
- **Infectious Hepatitis**
- **Meningococcal Infections**
- **Tetanus**

**Cumulative Totals**

- **United States**
- **Continued"
### CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

**FOR WEEKS ENDED NOVEMBER 20, 1965 AND NOVEMBER 14, 1964 (46th WEEK)**  
Continued

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<td><strong>WEST NORTH CENTRAL:</strong></td>
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<tr>
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<td>Lincoln, Neb.</td>
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<td>Omaha, Neb.</td>
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*Estimate - based on average percent of divisional total.
TUBERCULOSIS IN THE UNITED STATES
(Continued from page 395)

The Wisconsin State Board of Health was awarded a Public Health Service Tuberculosis Project Grant on April 1, 1965, to establish a tuberculosis chemoprophylaxis program in the newly created Menominee County in south-central Wisconsin.

The Project is being conducted in two phases. The aim of phase I is to tuberculin test a population of some 2,700 persons, to X-ray all positive reactors, and to establish a definitive diagnosis, followed by the treatment of confirmed cases of active tuberculosis. In phase II a course of INH chemoprophylaxis over a period of 12 months will be given to all positive reactors, their associates, and to contacts of known cases who do not require a full regimen of chemotherapy.

The first phase began on May 17, 1965. By November 5, 2,400 persons had been tuberculin tested of whom 500 had positive reactions of 10mm or more of induration. Of those with positive reactions, 414 have been X-rayed and 106 showed changes indicative of latent or arrested tuberculosis because of calcification, fibrosis or pleural abnormalities. No case of active tuberculosis was found in this group, but one patient had lung cancer. Phase I will continue until all individuals in the study group have been located, skin tested and, where necessary, X-rayed.

Phase II began on August 31, 1965, when 22 individuals were started on a regimen of INH prophylaxis. By November 5, this number had increased to 428. This second phase will continue for each individual throughout a full year, with County Health personnel giving all the support and encouragement necessary to maintain the prophylaxis.

(Reported by Dr. Josef Preizler, Director, Division of Preventable Diseases, Wisconsin State Board of Health; and the Tuberculosis Branch of CDC.)

ERRATUM, Vol. 14, No. 45, P. 386, Table 1:

The figure for the Total Attack Rate/100 in line 3 of the Table should read 45 and not 61.