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Morbidity and Mortality

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REPORT

For Week Ending March 29, 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE FEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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INTERNATIONAL NOTES SMALLPOX — West and Central Africa

During the first 9 weeks of 1969, only 129 cases of smallpox were reported from West and central Africa and only nine of the 19 countries in this area reported cases. During the comparable period in 1968, a total of 1,063 were reported (Figure 1).

Historically, January and February have marked the annual upsurge of reported smallpox as a result of the gathering momentum of dry season epidemics, but in 1969 during these months, transmission remained at unprecedented low levels. The failure of smallpox to resurge this year reflects efforts of the 19-country coordinated regional smallpox eradication and measles control program being waged by these 19 countries. From January 1967 through February 1969, 70 million of the

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119 million residents of the region were vaccinated against smallpox.

Editorial Comment:

The absence of an increase during the smallpox season in West and Central Africa may be attributed in (Continued on page 106)

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

"Manager And Application in some Study I. "	13th WEEK	ENDED	MEDIAN	CUMULATIVE, FIRST 13 WEEKS				
DISEASF	March 29, 1969	March 30, 1968	1964 - 1968	1969	1968	MEDIAN 1964 - 1968		
Aseptic meningitis	26	28	28	377	355	359		
Brucellosis	4	4	5	23	23	49		
Diphtheria Encephalitis, primary:	6	1	2	38	37	37		
Arthropod-borne & unspecified	21	16	26	258	188	307		
Encephalitis, post-infectious	6	10	17	64	115	172		
Hepatitis, serum	116 870	89 900	828	1,303 11,884	915 10,792	10,883		
Malaria		56	7	603	587	75		
Measles (rubeola)	1,029	880	9,149	6.839	8,016	94,233		
Meningococcal infections, total	85	89	89	1,073	1.009	1,009		
Civilian	69	78	na tha mar	998	917			
Military	16	11		75	92			
Mumps	2,766	5,163	U UIII	31,141	66,095			
Poliomyelitis, total	_		1	1	14	6		
Paralytic		thought you	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1	14	5		
Rubella (German measles)	2,075	1,961		13,996	14,263	The sections		
Streptococcal sore throat & scarlet fever	11,599	11,258	11,683	152,354	150,003	150,003		
Tetanus	Classicant author	Dec 1100	s of similarity	23	26	38		
Tularemia	1	1	2	24	18	50		
Typhoid fever		7	7	47	56	70		
Typhus, tick-borne (Rky. Mt. spotted fever) .		1	CALL DATE HOLLING	1	4	6		
Rabies in animals	96	94	132	924	966	1,090		

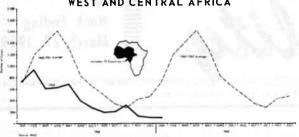
TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

Control of the state of the sta	Cum.	THE RESERVE OF THE PERSON OF T	Cum.
Anthrax: Botulism: Leptospirosis: Plague: Psittacosis:		Rabies in man: Rubella congenital syndrome: Trichinosis:* Typhus, murine:	2 20

^{*}Delayed reports: Trichinosis: Me. 1, N.Y. Ups. delete 1 (1968)

SMALLPOX - (Continued from front page)

FIGURE 1 REPORTED SMALLPOX CASES BY MONTH 1960-67 AVERAGE, 1968 AND 1969 WEST AND CENTRAL AFRICA



large part to a continuing program of intensified surveillance, case investigation, and outbreak control ("eradication escalation") initiated in September 1968 by the eight countries then experiencing endemic smallpox: Dahomey, Guinea, Mali, Nigeria, Niger, Sierra Leone, Togo, and Upper Volta. The sudden increase in reported smallpox cases in October 1968 denotes a positive effect on reporting efficiency (Figure 1). Through deliberate efforts to search out smallpox cases and to terminate transmission by rapid focal vaccination among contacts, endemic smallpox transmission has ceased in all but three of these countries: Nigeria, Sierra Leone, and Togo.

Reference:

1World Health Organization Weekly Epidemiological Record 44(12):205-211.

SMALLPOX IMPORTATION - Cameroon and Ghana

Since Jan. 1, 1969, smallpox cases have been reported from two West and Central African countries participating in the Smallpox Eradication/Measles Control Program, which have not experienced continuing endemic transmission of the disease within their own borders for sometime. 1 Cameroon, in January, reported seven cases from two departments in the north, Margui-Wandata (2 cases) and Diamare (5 cases), adjacent to the Nigerian border. Ghana reported three cases of smallpox. Neither country, though subject to frequent importations from endemic areas in the past, had reported even sporadic cases of smallpox for several months prior to this.

In Cameroon, the source of infection in both outbreaks was traced to Banki, Sardaunna Province, North-Eastern State, Nigeria. Containment measures were immediately initiated and intensive surveillance established in the infected areas. These cases were the first reported in Cameroon since June 1968.

In Ghana, the first case involved a 64-year-old linquist and farmer from the village of Akanteng, Eastern Region

(50 miles northwest of Accra), who developed a rash on December 28, about 10 days after returning home from a meeting in Kibi, 20 miles away and 85 miles from the border of Togo. He was admitted to a hospital on January 1 and immediately isolated. His 11-year-old son, vaccinated unsuccessfully at that time, developed fever and a rash on January 14 and was subsequently isolated. It was not known whether the father or the son, who was supposedly also vaccinated in infancy and again at age 5 years, had vaccination scars. The source of the father's infections was not known although a possibility was neighboring Togo, a country reporting a high incidence of smallpox in 1968. A third case of smallpox was reported on January 31, but no details were provided. These smallpox cases were the first reported from Ghana since July 1968.

Reference:

World Health Organization Weekly Epidemiological Record, 44 (8):152.

EPIDEMIOLOGIC NOTES AND REPORTS BOTULISM - Louisville, Kentucky

On March 7, 1969, a 53-year-old man developed symptoms of gastroenteritis. Although symptomatic treatment for "stomach flu" was prescribed, he developed diplopia, ataxia, dysphagia, and difficulty speaking on March 9. He was hospitalized on March 13 with ocular palsy and pharyngeal, lingual, and skeletal muscle weakness but without fever or sensory deficits. The admitting diagnosis was botulism and bivalent (A,B) Clostridium botulinum antiserum was administered. After receiving a total of 30,000 units, the patient showed marked clinical improvement and has since been discharged from the hospital.

The only suspicious food in the patient's history was home-canned tomato juice, consumed on March 6. After one swallow, the patient discarded the tomato juice because of its bad taste. The tomato juice was prepared from homegrown ripe tomatoes. After washing, they were cooked, strained, reheated without boiling, and poured while hot into clean, scalded glass jars. A teaspoon of salt was added. After capping, the jars were vigorously boiled for 10 minutes. Of a total of 28 jars prepared in this manner in August 1968, 27 had been consumed without untoward effects.

Laboratory analysis of the patient's serum, prior to

treatment with antiserum, revealed type B, botulinum toxin. None of the incriminated tomato juice was available for analysis.

(Reported by C. Hernandez, M.D., M.P.H., Director, Division of Epidemiology, Kentucky State Department of Health; Thomas Wallace, M.D., Director of Health, Louisville-Jefferson County Health Department; the Anaerobic Bacteriology Laboratory, Bacterial Reference Unit, Laboratory Program, NCDC; and an EIS Officer.)

Editorial Comment:

This is the third outbreak of botulism attributed to ingestion of tomato juice since 1899. The previous two outbreaks involved three cases with no fatalities. In those, the toxin type was not determined (Table 1).

In this case, the slow progression of symptoms, the demonstration of *C. botulinum* toxin in the blood stream approximately 1 week after ingestion of the incriminated vehicle, and the geographic distribution of the outbreak are all consistent with type B, *C. botulinum* toxin.

Table 1 Outbreaks of Botulism Since 1899 Involving Tomato Products

	Number of outbreaks	Cases	Deaths	Place of preparation	Toxin types
Tomatoes	11	29	16	All home-canned	2 type A 1 type B
Tomato juice	3	4	0	All home-canned	1 type B
Tomato relish	1	2	2	Home-canned	Unknowr
Tomato catsup	1	2	0	Commercial product	Unknowr

Reference:

¹Meyer, K. E., and Eddie, B.: Sixty-Five Years of Human Botulism in the United States and Canada: Epidemiology and Tabulations of Reported Cases 1899 through 1964. George Williams Hooper Foundation, University of California, San Francisco Medical Center, June 1965.

A CASE OF HISTIOCYTOSIS - New Jersey

Recently, a medical problem in which leprosy was considered in the differential diagnosis occurred in a Vietnam veteran. In early October 1968, a 19-year-old American soldier with a maculopapular rash over the arms and lower trunk, fever, and periorbital edema was admitted to a hospital in Vietnam. There a chest X-ray revealed a pleural effusion on the left, but a study of pleural fluid was not diagnostic. A single thick blood smear was positive for Plasmodium vivax, and the patient was treated with chloroquine and primaquine; however, fever persisted. In addition, the patient reported taking relatively regular malaria prophylaxis of chloroquine weekly and 25 mg of DDS daily. Scrub typhus was then considered and tetracycline therapy was begun. Neither fever nor rash improved, and the patient was transferred to a military hospital in Japan where the skin lesions were felt to be compatible with leprosy. The patient was then transferred in mid-December to a military hospital in New Jersey.

After admission, the patient had almost daily temperature elevations to 101-102°F, but occasionally for several consecutive days was without fever. New skin lesions developed in the involved areas of the lower trunk and arms and progressed to include the face and chest. Several skin biopsies were performed. The slides showed a non-infectious granulomatous process involving the dermis and no acid-fast bacilli. No specific diagnosis was made. A liver biopsy and several bone marrow studies were normal. The peripheral white count was normal to low with a decrease in lymphocytes, and no abnormal cells were seen. Multiple cultures of blood and skin lesions were negative for bacteria and fungi.

The distribution of the skin lesions was not typical of a particular disease, but the general character was compatible with erythema nodosum leprosum as seen in patients taking DDS. Because the patient had no history of exposure to leprosy in the United States and because his stay in Vietnam was less than the usual incubation period for leprosy, this diagnosis seemed unlikely.

Additional thick skin biopsies revealed prominent proliferation of atypical reticular cells and lymphocytes and histiocytic cells with many mitotic nuclei in the perineural and perivascular areas. Microscopic sections of a lymphoid mass removed from the right axilla showed diffuse infiltration of atypical histiocytes throughout sinusoidal areas, and malignant histiocytosis stage 4B with widespread disease and systemic symptoms was diagnosed. On February 14, the patient was begun on IV cyclophosphamide. Three days later, his fever began to subside, he began to feel better subjectively, and the skin lesions were markedly improved. Recurrent left pleural effusion has occurred. Cyclophosphamide therapy is continuing.

(Reported by Ronald Brostek, Lt. Col., MC, Chief, Medicine Division, and Joseph Smith, Lt. Col., MC, Chief, Preventive Medicine Division, Walson General Hospital, Fort Dix, New Jersey; John Gault, Lt. Col., MC, Preventive Medicine Division, Office of the Surgeon General, Department of the Army; and the Leprosy Surveillance Unit, Bacterial Diseases Branch, Epidemiology Program, NCDC.)

Editorial Comment:

There have been 45 American servicemen who developed leprosy subsequent in time to military service during World War II and the Korean War without known exposure prior to military service. No cases have been reported in servicemen who have served in Vietnam, other than in those who had possible exposure to leprosy either before joining the service or in other parts of the world.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED MARCH 29, 1969 AND MARCH 30, 1968 (13th WEEK)

	ASEPTIC	BRUCEL-			ENCEPHALIT			EPATITIS			
AREA	MENIN- GITIS	LOSIS	DIPHTHERIA		including cases	Post- Infectious	Serum	Infec	tious	MALA	
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UNITED STATES	26	4	6	21	16	6	116	870	900	56	603
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NEW ENGLAND	-	-		3	4	-	11	66	34	4	31
Maine.*	- 12	-	-	_	-	- 1	-	3	1	-	
New Hampshire	-	-	-	-	-	10-70		7	1	II	:
Vermont		-	-	-	-		- 10	2			
Massachusetts	-	-	-	-	4	-	10	22	17	3	2:
Rhode Island	-	-	-	-	-		1	16	6		
Connecticut	-	-	-	3	-		/ Harris	16	9	1	
AIDDLE ATLANTIC	5		_	5	4	2	60	164	124	15	6
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New Jersey.*	2			1	100		16	32	19	15	26
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Virginia.	1	4	-	-	1			8	12		10
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North Carolina	And the same	The same of the sa	AND AREA	400000000000000000000000000000000000000	- 25	-	1	9	10	7	100
South Carolina. *	-	-	-	-	-	-	-	3	2	1	18
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Tennessee			-	1	-	1	-	15	43	-	
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Mississippi	2	apa all	on I was		- 64	15-		4	8	il and a	
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Louisiana			3			-	1	14	1 1 1		4
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New Mexico	- 1	-			-		1	5	3	_	3
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California	7	-	1-21-41-	3	2	1	33	194	220	15	12:
	- F	THE REST	on Martin	- A 194	_			5 1	I DAVE	Service Barrier	1:
Hawaii	2				_						

*Delayed reports: Aseptic meningitis: Md. 1

Hepatitis, primary: Okla. 1
Hepatitis, serum: N.J. delete 4
Hepatitis, infectious: Me. 10, N.J. delete 58, Ind. delete 1, Md. 13 (1969) 1 (1968), S.C. delete 1, Okla. 3, P.R. 1
Malaria: N.J. delete 6

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 29, 1969 AND MARCH 30, 1968 (13th WEEK) - CONTINUED

1,2210	MEA	SLES (Rube	ola)	MENINGO	COCCAL INF	ECTIONS,	MUMPS	I	OLIOMYELI	TIS	RUBELLA
AREA		Cumu 1	ative		Cumul	ative		Total	Para	alytic	
	1969	1969	1968	1969	1969	1968	1969	1969	1969	Cum. 1969	1969
UNITED STATES	1,029	6,839	8,016	85	1,073	1,009	2,766		II,	1	2,075
NELL ENGLAND	40	205	200								
NEW ENGLAND	49	305 2	308 10	1	31	50	293	- "	-	-	170
New Hampshire	10	70	48	1	1 -	2	26	-	-	-	2
Vermont.	-	1	40	1 .]	6	1 25		1 []	-	10 16
Massachusetts*	15	61	123	1	16	24	123	1000	1 = 2 0 0	1 1 4	55
Rhode Island	6	9	1	1	3	4	24				3
Connecticut	18	162	126	15	11	13	94	- "	- 10	- 10	84
MIDDLE ATLANTIC	319	2,022	1,091	9	131	148	244	- 110	_	_0.00	103
New York City★	254	1,401	255	2	28	28	95		-	_ 111	36
New York, Up-State.	29	202	561	-	19	18	NN	-		- Cl	20
New Jersey.⊁	25	226	221	6	46	58	149	-	-	_	25
Pennsylvania	11	1 9 3	54	1	38	44	NN				22
EAST NORTH CENTRAL	77	767	1,936	7	125	107	547	- XIA	1 1	UE TO S	532
Ohio	15	90	146	4	39	26	67	-	6)		27
Indiana. *	27	220	316	- 0	20	16	50	-	- 1		116
Illinois	8	144	818	2	21	27	44		-		27
Michigan	1	79	121	1	37	29	184	- 1	-	-	217
Wisconsin	26	- 234	535	1	8	9	202	- 10-3	-		145
EST NORTH CENTRAL	29	220	197	4	57	45	230	- 37-	-		62
MinnesotaIowa	29	1 134	6 39	1	9	10	69		1	-	7
Missouri	- 25	11	58	1	22	3	122	-	-	-	39
North Dakota		5	60	1	- 22	9 2	5	1			1
South Dakota	_		3			4	34 NN				10
Nebraska		69	24		6	4	MM	3.87			4
Kansas	1	-	7	2	12	13	- 1	1 1/6	1	-	1
OUTH ATLANTIC	154	1,162	711	10	199	222	287	1200			306
Delaware	43	65	5	10	3	2	207	-			5
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Virginia	70	460	139		29	15	34	112	- 1		73
West Virginia	13	114	132	2	10	6	97	1 - 544	-	- 41-	109
North Carolina	6	91	185	1	29	50	NN	- 8	-		
South Carolina*	2	50	8	4	32	41	24	_ 04			20
Georgia	-	1	3	-	28	40	U	- "	-		-
Florida	20	370	195	3	47	45	113	-	-		65
AST SOUTH CENTRAL	1	45	197	5	54	81	70	#80 T	-		111
Kentucky	1	- 19	59	2	15	29	7			-	12
Alabama	- I	- 11	40	2	25	24	60	100	-	-	68
Mississippi		15	39 59	ī	8 6	14 14	3	177.00		1 :	27
EST SOUTH CENTRAL	244	1 710									
Arkansas	244	1,713 2	1,980	16 2	150	210	357		-	1	297
Louisiana	43	51	1	1	17 38	12 52	6		- 1	-	
Oklahoma.	1	105	97	1	9	42	48			7	120
Texas	200	1,555	1,882	12	86	104	303	1	3 1	1	128 168
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ACIFIC	127	442	1,219	32	298	133	594			-	418
Oregon	7	34	319	12	36	23	174		-	-	118
California	62	99	254	1	8	13	26				23
Alaska	58	294	623	17	244	88	371		-	-	252
Hawaii	-(1-1)	13	- 22	2	4	-	10	4.0			3
		2	23		6	9.	13	1	-		22

^{*}Delayed reports: Measles: Mass. delete 5, N.J. delete 1, Ind. delete 64, Md. 3, S.C. delete 1

Meningococcal infections: Ind. delete 1, Md. 2

Mumps: Me. 4, Md. 13

Poliomyelitis, paralytic: N.Y.C. 1 (1968)

Rubella: Me. 2, Ind. 64, Md. 37

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 29, 1969 AND MARCH 30, 1968 (13th WEEK) - CONTINUED

1969	AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETA	ANUS	TULA	REMIA		HOID VER	TICK	S FEVER -BORNE . Spotted)		ES IN
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New Jersey. NN		406		2	- 10	- 1	-	1	115 - 11	6 - 1 m	8	22
Pennsylvania		NN	-	1 - 10	1- 5-	-	-				-	_
Ohio		187		- 10	1-20	-	-	1	#T - 1		-	-
Ohio	AST NORTH CENTRAL	1,117		3		2	_	3	-1		6	41
Indiana					- 9				-			7
Illinds			- 1	1-10	- 92				- 1		3	ģ
Michigan. 218			7-0		- 11		_		-	- 1		8
#EST NORTH CENTRAL 270 - 1 - 3 22 14			-		. 199		_	1	-			1
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Week No. 13

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MARCH 29, 1969

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

	All C	auses	Pneumonia			A11 C	auses	Pneumonia	Under
Area	A11	65 years	and	1 year	Area	A11	65 years	and	1 year
	Ages	and over	Influenza All Ages	All Causes		Ages	and over	Influenza All Ages	All Causes
NEW ENGLAND:	736	436	31	28	SOUTH ATLANTIC:	1,265	665	52	45
Boston, Mass	257	148	6	13	Atlanta, Ga	126	62	4	8
Bridgeport, Conn	55	29	5	1	Baltimore, Md	248	128	7	11
Cambridge, Mass	27	18	5	1	Charlotte, N. C	62	30	1	1
Fall River, Mass	33	17		1	Jacksonville, Fla	92	44	2	1
Hartford, Conn	52	28	1	3	Miami, Fla	117	51	2	5
Lowell, Mass	20	12	1.0	1	Norfolk, Va	61	32	5	2
Lynn, Mass	11	6	1	•	Richmond, Va	82	47	2	9
New Bedford, Mass	20 57	13 37	1	-	Savannah, Ga	60	23	4	2
New Haven, Conn Providence, R. I	72	45	5	3 2	St. Petersburg, Fla	97	75	8	2
Somerville, Mass	12	8	1	-	Tampa, Fla	68 197	46 100	6 12	-
Springfield, Mass	40	21	2	1	Wilmington, Del	55	27	1	4 2
Waterbury, Conn	35	25	-	2	willington, bell	- 33			
Worcester, Mass	45	29	4	•	EAST SOUTH CENTRAL:	717	399	38	25
					Birmingham, Ala	107	63	5	5
MIDDLE ATLANTIC:	3,492	2,087	140	154	Chattanooga, Tenn	49	23	3	1
Albany, N. Y	54	31	2	4	Knoxville, Tenn	28	17	-	1
Allentown, Pa	38	19	-	2	Louisville, Ky	152	94	15	6
Buffalo, N. Y	164	115	3	8	Memphis, Tenn	169	79	6	7
Camden, N. J	44	28	1	1	Mobile, Ala	45	22	2	7
Elizabeth, N. J	32	16	-	2	Montgomery, Ala	45	28	3	1
Erie, Pa	43	25	6	3	Nashville, Tenn	122	73	4	4
Jersey City, N. J Newark, N. J	74 110	46 40	15 3	2 34	WEST SOUTH CENTRAL:	1 220	714	60	111
New York City, N. Y	1,627	977	54	53	Austin, Tex	1,330 53	714 36	60	77
Paterson, N. J	33	22	2	2	Baton Rouge, La	56	28	3	1 4
Philadelphia, Pa	600	345	7	20	Corpus Christi, Tex	28	10	and the second	5
Pittsburgh, Pa	245	134	12	8	Dallas, Tex		93	3	14
Reading, Pa	54	46	5	-	El Paso, Tex	48	24	3	6
Rochester, N. Y	123	87	13	5	Fort Worth, Tex	92	59	4	3
Schenectady, N. Y	26	16	4	1	Houston, Tex	234	112	3	16
Scranton, Pa	35	24	4	-	Little Rock, Ark	68	29	5	2
Syracuse, N. Y	86	56	4	6	New Orleans, La	161	86	7	4
Trenton, N. J	48	27	1	3	Oklahoma City, Okla	89	44	4	5
Utica, N. Y	33	21	3	1	San Antonio, Tex	146	82	3	13
Yonkers, N. Y	23	12	1	1	Shreveport, La	67	39	6	2
					Tulsa, Okla	115	72	12	2
EAST NORTH CENTRAL:	2,826	1,653	117	129		344			7 0
Akron, Ohio	76	46	·**	3	MOUNTAIN:	479	261	33	38
Canton, Ohio	30	16	: =:		Albuquerque, N. Mex	41	15	5	3
Chicago, Ill	822	467	25	32	Colorado Springs, Colo.	35	20	9	6
Cincinnati, Ohio	175	102	8	16	Denver, Colo	140	76	9	16
Cleveland, Ohio Columbus, Ohio	209	116	8	3	Ogden, Utah	23	11	1	3
Dayton, Ohio	134 79	86	4	11	Phoenix, Ariz	101	57	1	6
Detroit, Mich	353	54 204	3 13	3 16	Pueblo, Colo	21	12	4	2
Evansville, Ind	43	29	4	1	Tucson, Ariz	44	27	1	
Flint, Mich	59	18	3	7	rueson, Arra.	74	43	3	2
Fort Wayne, Ind	51	29	4	6	PACIFIC:	1,765	1,089	56	67
Gary, Ind	42	19	4	5	Berkeley, Calif	20	18	1	-
Grand Rapids, Mich	81	53	8	3	Fresno, Calif	50	21	2	3
Indianapolis, Ind	142	84	6	6	Glendale, Calif	39	28	1	-
Madison, Wis	34	21	5	2	Honolulu, Hawaii	45	23	2	3
Milwaukee, Wis	154	102	2	7	Long Beach, Calif	78	46	4	3
Peoria, Ill	56	33		2	Los Angeles, Calif	589	364	16	23
Rockford, 111	42	27	4	3	Oakland, Calif	84	50	3	6
South Bend, Ind	56	27	8	1	Pasadena, Calif	38	29	- 5	_1
Toledo, Ohio	135	85	5	2	Portland, Oreg	152	105	5	3
Youngstown, Ohio	53	35	3	1 T.	Sacramento, Calif	55	34		2
IECT NODELL CENTER :	016	531		20	San Diego, Calif	109	72	3	6
VEST NORTH CENTRAL:	816	531	27	30	San Francisco, Calif	184	101	5	4
Des Moines, Iowa	64 17	48	4	2	San Jose, Calif	175	30	1	1
Duluth, Minn	32	13 23	4	3	Seattle, Wash	175	101	9	8
Kansas City, Kans	120	71	-	5	Spokane, Wash	41	22	3	3
Kansas City, Mo Lincoln, Nebr	38	27	1	1	Tacoma, Wash	63	45	. 1	1
Minneapolis, Minn	97	61	2	2	Total	13 600	7 025	661	500
Omaha, Nebr	96	66	1	2	10041	13,426	7,835	554	593
St. Louis, Mo	255	150	7	11	Com	mulative :	Totale		
St. Paul, Minn	56	43	2	4	including report			revious	oks
Wichita, Kans	41	29	5	-	Including report	ea correct	LIONS FOR P	revious We	CKS
				7	All Causes, All Ages			186,	970
The state of the s					All Causes, Age 65 and				
					Pneumonia and Influenza				144

GASTROENTERITIS - Glenwood Springs, Colorado

On Jan. 29, 1969, an outbreak of gastroenteritis occurred among skiers in Glenwood Springs, Colorado. Questionnaires were sent to a group of 70 skiers; of the 49 returning them, 36 reported illness for an attack rate of 73 percent. They developed nausea (100 percent), vomiting (95 percent), diarrhea (61 percent), fever (55 percent), and cramps (39 percent) 18 to 72 hours after visiting this skiing area. No pathogens were identified from stool cultures from eight persons with diarrhea.

Food histories listing all items served at the ski area cafeteria suggested an increased incidence of illness among persons drinking water or soft drinks made at the cafeteria; however, this was not considered statistically significant. Four persons who became ill on February 1 had had only a soft drink. Water used at the cafeteria came from one of two wells and all soft drinks were made at the cafeteria from commercial syrup, bottled CO2, and well water. The water supply was tested regularly and was found acceptable on January 20. However, samples collected on January 29 were severely contaminated with coliform organisms as were repeat samples collected for confirmation. Investigation found that a sewer line was broken, discharging raw sewage on the ground approximately 25 feet from the cafeteria's primary well and that the chlorinator used to treat the well water as it entered the storage tank was also broken. Use of the well was discontinued and the chlorinator was repaired.

(Reported by Cecil S. Mollohan, M.D., M.P.H., Chief, Section of Epidemiology, and R.W. Leidholdt, P.E., Water Supply Specialist, Public Health Engineering Section, Colorado State Department of Public Health; Dean J. Pelly, M.D., Health Officer, Garfield County Health Department; and an EIS Officer.)

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000 IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER

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IDA L. SHERMAN, M.S.

EDITOR MANAGING EDITOR MICHAEL B. GREGG, M.D. PRISCILLA B. HOLMAN

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL 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:

NATIONAL COMMUNICABLE DISEASE CENTER ATLANTA, GEORGIA 30333 ATTN: THE EDITOR

MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCOE BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES AT CLOSE OF BUSINESS ON FRIDAY; COMPILED DATA ON A NATIONAL BASIS ARE OFFICIALLY RELEASED TO THE PUBLIC ON THE SUCCEEDING FRIDAY.

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