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WEEKLY REPORT

For Week Ending June 21, 1969

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

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EPIDEMIOLOGIC NOTES AND REPORTS

PRESUMPTIVE PLAGUE – New Mexico

A case of presumptive plague in an 18-year-old man has been reported from Placitas, New Mexico, a town about 15 miles northeast of Albuquerque. The man was hospitalized on June 15 with shaking chills, fever, and pain in the right groin. Physical examination showed right inguinal lymphadenopathy and a large area of "dusky erythema" over the right inguinal area extending to the upper thigh. Laboratory examination of material from the lesion revealed gram negative, bipolar-staining, nonmotile rods. Fluorescent antibody tests conducted at the state laboratory were positive for *Pasteurella pestis*. Animal inoculation tests are in progress.

The patient lived with 20 to 30 friends in a "hippy colony" consisting of several tents and adobe huts in an area known to have endemic plague.

To date, over 100 small animals including two dead mice (Genus *Peromyscus*) have been collected in the colony and are being studied for evidence of plague.

Control measures have been instituted and epidemiologic and ecologic studies are continuing.

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

DISEASE	25th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 25 WEEKS		
	June 21, 1969	June 22, 1968	1964 - 1968	1969	1968	MEDIAN 1964 - 1968
Aseptic meningitis	45	78	46	713	833	725
Brucellosis	8	7	7	72	77	117
Diphtheria	1	–	2	68	84	79
Encephalitis, primary:						
Arthropod-borne & unspecified	16	18	34	469	416	635
Encephalitis, post-infectious	13	8	17	153	264	430
Hepatitis, serum	94	101	577	2,518	1,955	20,117
Hepatitis, infectious	866	895		22,783	21,058	
Malaria	56	31	10	1,257	1,002	143
Measles (rubeola)	624	522	3,225	17,270	17,005	175,960
Meningococcal infections, total	44	65	53	1,968	1,616	1,616
Civilian	40	59	- - -	1,780	1,459	- - -
Military	4	6	- - -	188	157	- - -
Mumps	1,559	2,128	- - -	59,778	114,133	- - -
Poliomyelitis, total	–	–	1	3	23	19
Paralytic	–	–	1	3	23	17
Rubella (German measles)	1,878	1,307	- - -	43,428	39,063	- - -
Streptococcal sore throat & scarlet fever	6,029	5,457	5,498	254,424	251,672	251,672
Tetanus	5	6	6	57	64	86
Tularemia	8	5	5	76	87	87
Typhoid fever	4	6	6	131	133	169
Typhus, tick-borne (Rky. Mt. spotted fever)	14	13	15	134	76	72
Rabies in animals	61	52	80	1,821	1,824	2,231

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	2	Rabies in man:	1
Botulism:	10	Rubella congenital syndrome:	5
Leptospirosis:*	28	Trichinosis:* Alaska-1, N.Y. Ups.-1, R.I.-1	141
Plague:	–	Typhus, murine:* Ohio-1, Tex.-1	11
Psittacosis: Conn.-2, Minn.-1	17		

*Delayed Reports: Leptospirosis: La. delete 1
Trichinosis: Mo. 92
Typhus, murine: Ohio 1

PLAGUE – *(Continued from front page)*

(Reported by Bruce Storrs, M.D., Director, and T. H. Tomlinson, Jr., M.D., Division of Medical Services, Eva Wallen, M.D., District Health Officer, District III, Brian Miller, Chief, General Sanitation Section, and the Public Health Laboratory, New Mexico Department of Health; and the Ecological Investigations Program, NCDC, Kansas City, Kansas, and Fort Collins, Colorado.)

TRICHINOSIS – Rhode Island

An outbreak of trichinosis with seven known cases occurred among the members of two Eastern European immigrant families in early June in Rhode Island. All had onset of clinical signs and symptoms within 2 to 10 days (mean 6 days) after eating an uncooked smoked Eastern European style sausage prepared by a neighborhood butcher. Their most common clinical symptoms were periorbital edema, fever, malaise, and myalgia of the extremities and neck. All had eosinophilia, ranging from 13 to 57 percent. One patient experienced gastrointestinal symptoms 24 to 48 hours after eating the suspect sausage, and one was hospitalized for several days. The seven patients were given thiabendazole and showed improvement within 48 hours; only minimal side effects of this drug were noted. Serologic tests and muscle biopsy studies for trichinosis are pending.

All seven patients reported consuming "hardy portions" of the sausage from May 28 through June 1, 1969. One person who reported eating 2 yards of the sausage suffered only a mild illness, possibly because he was receiving corticosteroid therapy for a corneal transplant.

The butcher had prepared 30 lbs. of the sausage from fresh pork butts that were ground, seasoned, stuffed into animal casings, and smoked for 4 days in a cold smokehouse. The smoking was done by a friend of the butchers who had not previously smoked sausage. The result of laboratory testing of leftover sausage by pepin-hydrochloric acid digestion is pending.

The Consumer and Marketing Service of the U.S. Department of Agriculture (USDA) was notified of the outbreak and through the cooperation of the involved businesses in permitting a review of their shipping invoices, purchase records, and animal records was able to trace the pork from the butcher's shop to the wholesaler, packing plant, and slaughterhouse. It was found that the suspect swine were slaughtered on May 21 or 22. The only swine commercially slaughtered at the plant on those 2 days were from three livestock dealers in Littleton, 20 miles from Boston, Massachusetts, an area where garbage feeding of swine is practiced. Presently, the Animal Health Division, USDA, is attempting to trace the implicated swine from the dealers to the original herds.

(Reported by Joseph E. Cannon, M.D., Director of Health, Rhode Island Department of Health; John Spaulding, D.V.M., M.S., Head of the Toxicology Group, Consumer Protection Program, Consumer and Marketing Service, and Norman E. Schulz, D.V.M., Staff Veterinarian, Bacterial and Parasitic Diseases of Swine, Animal Health Division, USDA; and an EIS Officer.)

DIPHTHERIA OUTBREAK – Pacoima, Los Angeles County, California

During March and April 1969, seven cases and two carriers of diphtheria were identified among 11 members of a family in Pacoima, California. On March 4, the index case, an 8-year-old boy, had onset of clinical diphtheria and within the following week, five others including the mother developed similar illnesses. All 11 persons in the family were then quarantined in a hospital; the six clinically ill people had cultures positive for *Corynebacterium diphtheriae;* two carriers in the family were also identified. The six patients were treated with penicillin and antitoxin, and the carriers received penicillin. Five patients including the mother soon responded to therapy and were discharged after two consecutive cultures were negative. The other patient and two carriers remained in quarantine at the hospital because they continued to have positive cultures; after a subsequent course of erythromycin, their cultures became negative and the patients were discharged in May.

Meanwhile on April 24, a previously culture negative family member, a 13-year-old girl, had onset of sore throat and fever. She felt better within 24 hours after treatment with penicillin; however, a throat culture on April 26 showed toxigenic *C. diphtheriae*. She was hospitalized on April 28, was treated with antitoxin and penicillin, and was discharged in mid-May following negative cultures. On April 29 the seven family members remaining at home were cultured and although none had symptoms, two previous cases developed recurrent positive throat cultures. These seven were treated with erythromycin but because of gastrointestinal side effects, treatment was changed to parenteral penicillin. By May 23, all seven were culture negative.

Eight of the 11 members were inadequately immunized while the immunization status for two was unknown. Of the eight, two were totally unimmunized and six partially immunized. The one adequately immunized family member, a 12-year-old boy, had remained culture negative as had his 1-year-old sister whose immunization status was unknown.

Although a search was conducted, no source of infection could be found for the family. Following the initial cases, 33 neighborhood contacts of the patients were cultured; all were negative. After the case diagnosed on April 24, two families who frequently visited the

infected family were also cultured. No persons in one family but three of four children in the second family had cultures positive for *C. diphtheriae* on May 6. This family was quarantined and the three carriers successfully treated with penicillin.

In mid-March immunization clinics were held at the two schools attended by the initial cases. In addition, on May 12 a follow-up clinic was conducted.

(Reported by Robert Rock, M.D., District Health Officer, Magda Bartok, M.D., Senior Public Health Physician, and Jane McInnis, Supervising Public Health Nurse, East Valley Health District, Los Angeles County; Ichiro Kamei, M.D., Chief, and Robert Murray, Epidemiology Analyst, Acute Communicable Disease Control Division, County of Los Angeles Health Department, and an EIS Officer.)

SURVEILLANCE SUMMARY
POLIOMYELITIS – United States 1968

In the United States during 1968, a total of 48 cases of paralytic poliomyelitis were reported to the NCDC, a slight increase over the 40 cases reported in 1967. The increase was attributed to a rise from nine to 20 poliomyelitis cases in Texas. The cases in Texas were reported from 11 southern counties, with four counties reporting two or more cases (Hidalgo-6, Bexar-3, Val Verde-2, and Sutton-2). The number of non-Texas cases had declined from 37 in 1966, to 31 in 1967, to 28 in 1968. The non-Texas cases in 1968 were widely distributed among 18 states and the District of Columbia with some clustering in the Midwest (Figure 1). Five of the 28 non-Texas cases – two from Illinois and one each from Iowa, Michigan, and New York – developed poliomyelitis after travel in the southwestern United States or in Mexico; four of them had traveled to Mexico, including one who had traveled to Japan prior to Mexico, and one had been to Texas. In all five cases travel had occurred within the accepted 4 to 30-day incubation period.

Figure 1
PARALYTIC POLIOMYELITIS CASES BY COUNTY
UNITED STATES – 1968

Most of the 1968 cases (31 of 48) were in infants and preschool children; only two of these 31 had received any immunization against poliomyelitis. Of the total 48 cases, 40 had never been immunized and the remaining eight were inadequately immunized according to current recommendations (MMWR, Vol. 16, No. 33). Five patients died, none of whom was immunized. The poliovirus type was established in 38 of the 48 cases (Table 1). Only four known cases were attributed to type 3 poliovirus, the lowest number yet recorded in the history of the poliomyelitis surveillance program.

Table 1
Paralytic Poliomyelitis Cases by Age and Poliovirus Type
United States – 1968

Age Group (Years)	Poliovirus Type				Total
	1	2	3	Unknown	
0-4	20	4	4	3	31
5-9	0	1	0	2	3
10-14	2	0	0	2	4
15-19	1	0	0	0	1
20-29	1	1	0	2	4
30-39	1	1	0	0	2
≥40	2	0	0	1	3
Total	27	7	4	10	48

In 1968, there were two cases in patients who had received poliovaccine in the 30 days preceding illness (Table 2). One, a 3-month-old infant, developed paralysis in the left leg 16 days after ingestion of trivalent oral poliovaccine (TOPV) and parenteral administration of DPT in the left leg. Poliovirus type 2 was isolated from stool and proved to be antigenically vaccine-like. The other case, also in a 3-month-old boy, occurred on June 5. The patient had received type 1 monovalent poliovaccine (MOPV) on April 22, 1968, and type 3 MOPV on May 23, 1968. This case was considered to be poliomyelitis associated with MOPV type 3.

There were four instances in 1968 of paralytic disease in family or other close contacts of recent recipients of oral poliovirus vaccine. Two of these cases occurred in preschool children (ages 9 months and 19 months) and

(Continued on page 216)

Table 2
Paralytic Illness in Oral Vaccine Recipients – 1968

Case No.	Location	Age/Sex	Prior Immunization		Type of Vaccine Administered	Interval between Administration and Onset	Isolate Type
			IPV	OPV			
1	Ohio	3 mos./M	0	0	Trivalent	16 days	2
2	Ohio	3 mos./M	0	Monovalent-1	Monovalent-3	13 days	None* During Illness

*Neutralization tests performed on sera collected approximately 6 and 50 days after onset revealed identical titers on each date for type 1 (1:80), type 2 (1:10), and type 3 (1:160).

POLIOMYELITIS – *(Continued from page 215)*

Table 3
Paralytic Disease in Close Contacts of Oral Vaccine Recipients – 1968

Case No.	Location	Age/Sex	Prior Immunization	Contact: Relationship	Contact: Type of Vaccine	Interval between Administration and Onset	Isolate: Type	Isolate: Genetic Characterization	4-Fold Antibody Rise
1	D.C.	9 mos./F	0	Sister	Trivalent	31 days	3	Vacc.-like	No*
2	Mich.	19 mos./F	0	Neighbor	Trivalent	36 days	2	Pending	No
3	N.Y.	30 yrs./F	0	Daughter	Trivalent	10 days	2	Pending	Yes
4	Maine	24 yrs./F	3 doses IPV	Son	Trivalent	68 days	2	Vacc.-like	No

*Patient had dysgammaglobulinemia and thymic dysplasia.

a third in a 30-year-old woman. None of them had a history of immunization. The fourth case was in a 24-year-old woman who had received three doses of inactivated vaccine, the last being 10 years prior to onset of illness (Table 3).

(Reported by the Neurotropic Viral Diseases Section, Viral Diseases Branch, Epidemiology Program, NCDC.)

A copy of the report from which these data were derived is available on request from
National Communicable Disease Center
Attn: Chief, Neurotropic Viral Diseases Section,
Viral Diseases Branch,
Epidemiology Program
Atlanta, Georgia 30333

RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

INFLUENZA

INTRODUCTION

The nationwide epidemic of A2 influenza in the United States in the fall and winter of 1968-69 showed the impact of a major antigenic change in the prevalent influenza viruses. The Hong Kong strain responsible for the epidemic was the most distinctive variant among A2 influenza viruses identified since initial appearance of the A2 subtype in 1957. The 1968-69 epidemic highlighted again the problems that are encountered in rapidly developing and producing sufficient quantities of vaccine incorporating a new antigen.

Forty-four States reported widespread outbreaks of Hong Kong strain influenza; in six, involvement was less extensive. In all nine geographic divisions of the country, excess pneumonia and influenza mortality peaked sharply in early January 1969.

In December 1968, Washington State reported an outbreak of type B influenza concurrent with Hong Kong strain A2. In January and February 1969, 18 additional States reported type B influenza; it was widespread only in States in the central part of the country. Unlike Hong Kong strain A2 influenza which affected all age groups, type B influenza illness occurred primarily in school-age children.

INFLUENZA VIRUS VACCINES

The Division of Biologics Standards, National Institutes of Health, regularly reviews influenza vaccine formulation, and, when indicated, recommends revision to include contemporary antigens. After characterization of the A2 Hong Kong virus in September 1968, a monovalent vaccine incorporating the new strain was recommended.

While some influenza vaccines have achieved 60 percent or greater effectiveness in protection against the same or closely related virus strains, vaccines in general civilian use often have not been this effective. Final data on vaccine field trials conducted in the 1968-69 influenza season are being compiled. Preliminary data indicate the monovalent Hong Kong strain vaccine was considerably less effective than would have been desirable.

For 1969-70, both standard and highly purified bivalent influenza vaccines will be available. The recommended adult dose will contain 400 chick cell agglutinating (CCA) units of Hong Kong strain antigen (A2/Aichi/2/68) and 300 CCA units of type B antigen (B/Mass/3/66). The highly purified vaccine is equivalent in potency to the standard vaccine but contains less non-viral protein.

RECOMMENDATIONS FOR VACCINE USE

It is unlikely that there will be more than sporadic cases of influenza due to A2 strains in the 1969-70 season. Type B influenza may appear in areas where it did not occur in 1968-69.

Until good protection is provided consistently by influenza vaccine, it is not recommended for healthy adults and children.

Acknowledging its limited effectiveness, vaccine should be considered only for persons of any age with certain chronic debilitating conditions: 1) rheumatic heart disease, especially mitral stenosis; 2) such cardiovascular disorders as arteriosclerotic heart disease and hypertension, particularly with evidence of cardiac insufficiency; 3) chronic bronchopulmonary diseases, such as asthma, chronic bronchitis, cystic fibrosis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema, and advanced pulmonary tuberculosis; or 4) diabetes mellitus or Addison's disease.

Although the indications of vaccination are less clear, older persons, who may have incipient or potential chronic disease, particularly cardiovascular and bronchopulmonary, should also be considered candidates for vaccination.

VACCINATION SCHEDULE

The primary series consists of 2 doses administered subcutaneously, preferably 6 to 8 weeks apart. (Dose volume for adults and children is specified in the manufacturers' labeling.) Persons at high risk who regularly receive influenza vaccines and had 1 or more doses of the monovalent vaccine containing Hong Kong strain antigen in the 1968-69 season require only a single full dose booster of bivalent vaccine. Immunization should be scheduled for completion by early December.

Local or mild systemic reactions to standard influenza vaccines are common. They occur in up to 50 percent of adults and appear to be related primarily to the non-viral components of the vaccine.

Individuals who should receive influenza vaccine but have had severe local or systemic reactions to the standard vaccine might be given a highly purified vaccine subcutaneously.

PRECAUTIONS

Influenza vaccine should not be administered to anyone who is clearly hypersensitive to eggs because the vaccine viruses are grown in embryonated chicken eggs.

May 1969

SURVEILLANCE SUMMARY
INFLUENZA – United States 1968-69

During the 1968-69 influenza season in the United States, there was widespread influenza activity due to the A2/Hong Kong/68 strains and some activity due to influenza B. The first documented introduction of the Hong Kong strains was in early September 1968 (MMWR, Vol. 17, No. 36). Additional introductions of the virus by international travelers occurred throughout the fall with an occasional small outbreak in a military population. Outbreaks in the civilian population were first documented in October, became more frequent in November, were widespread throughout the country in December, peaked in early January 1969, and declined in late January. In all, 44 states, the District of Columbia, and Puerto Rico reported widespread influenza A2 activity. Three states (Mississippi, Oklahoma, and Texas) reported regional activity and three states (Wisconsin, Nebraska, and Hawaii) reported only isolated outbreaks. There was laboratory evidence for activity by the Hong Kong strains in all states except Nevada. All strains which were examined were almost identical antigenically to the initial strains isolated in Hong Kong in July 1968.

Pneumonia-influenza mortality (Figure 2) first exceeded the epidemic threshold during the week ending December 7, 1968, by which time 36 states, the District of Columbia, and Puerto Rico had experienced one or more outbreaks. The number of excess deaths rose sharply and peaked during the week ending January 11, 1969. In each of the nine major geographic divisions of the United States, a sharp wave of excess deaths was observed. Pneumonia-influenza mortality was paralleled by increases in the total number of deaths in the 122 monitored U.S. cities (Figure 3).

During January 1969, influenza activity due to the Hong Kong strains declined with only sporadic outbreaks occurring in rural areas and in populations not involved in the early part of the wave. In the last week of January, however, four states reported outbreaks of influenza B, which augmented the report of an isolated outbreak of influenza B in December from the state of Washington. Then in February many additional reports of influenza B were received. In all, 37 states had one or more cases of influenza B and 20 states had one or more outbreaks. All influenza B strains which were examined were closely related to the B/Massachusetts/3/66 vaccine strain.

Widespread influenza B activity was reported in a band throughout the central United States ranging from Minnesota and Wisconsin down to the northern half of Texas. Almost no influenza B occurred in New England or New York. Influenza B predominantly involved school-age children, especially those in elementary school. In a few areas absenteeism was as high or higher than that observed during the wave of A2 Hong Kong activity. Although some excess mortality was still occurring in the United States at the time of the type B outbreaks, the three regions with the greatest excess mortality at this time (New England, Middle Atlantic, and Pacific) reported the least influenza B. Thus, the excess mortality was probably due to residual influenza A.

(Reported by Viral Diseases Branch, Epidemiology Program, NCDC.)

A copy of the report from which these data were derived is available on request from
National Communicable Disease Center
Attn: Chief, Viral Diseases Branch, Epidemiology Program
Atlanta, Georgia 30333

Figure 2
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES

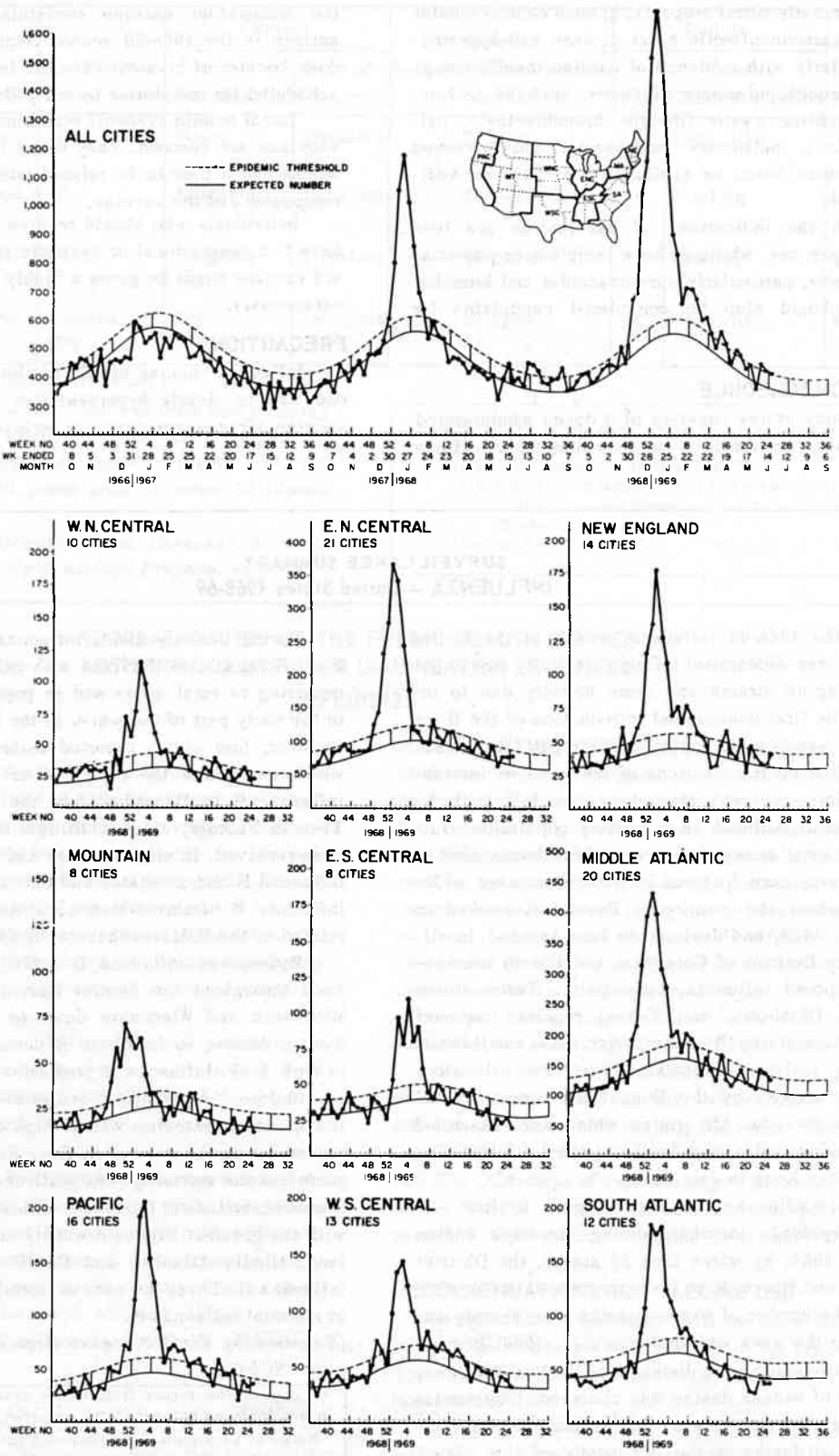

Figure 3
MORTALITY IN 122 UNITED STATES CITIES

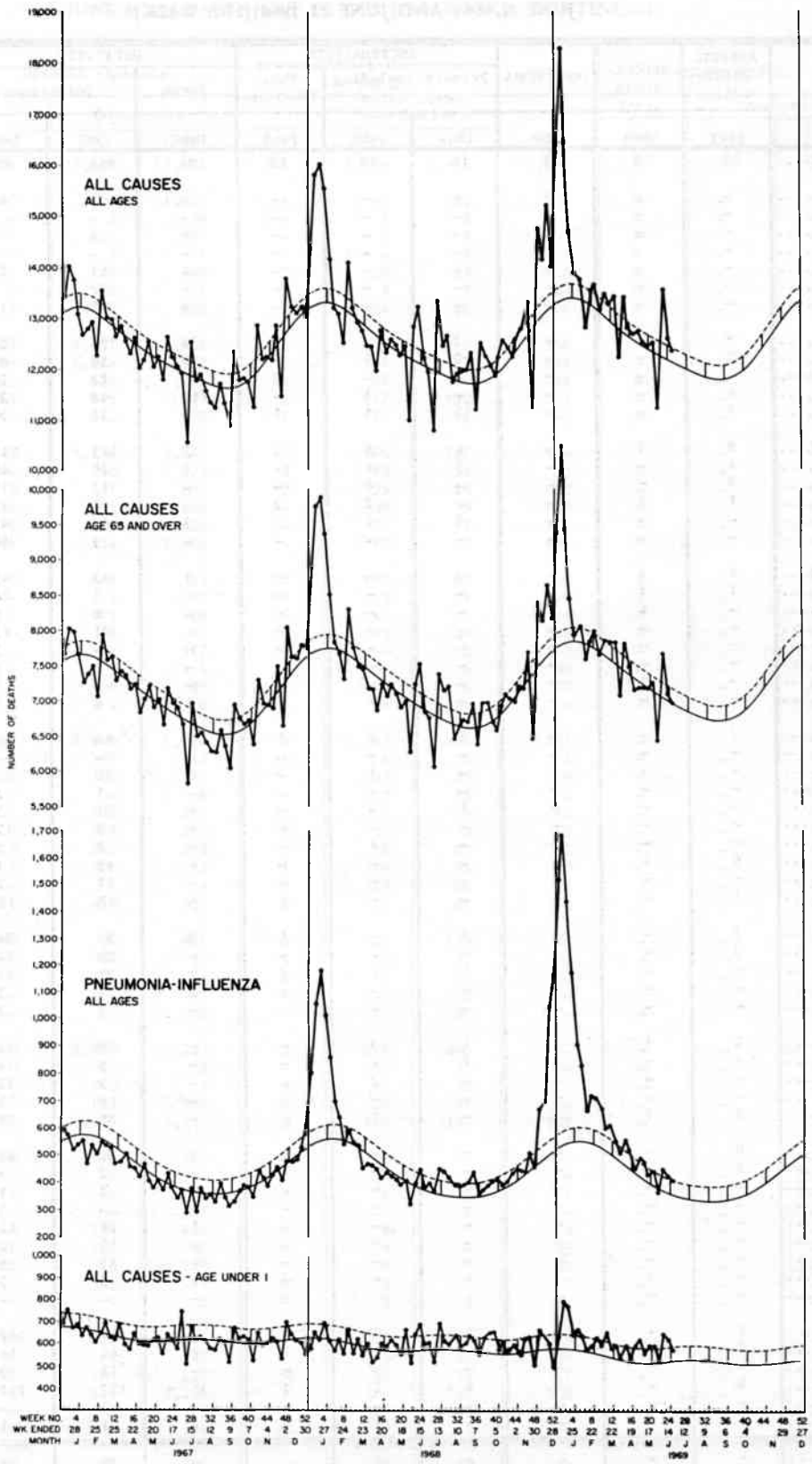

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 21, 1969 AND JUNE 22, 1968 (25th WEEK)

AREA	ASEPTIC MENIN-GITIS	BRUCEL-LOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA	
				Primary including unsp. cases		Post-Infectious	Serum	Infectious			
	1969	1969	1969	1969	1968	1969	1969	1969	1968	1969	Cum. 1969
UNITED STATES...	45	8	1	16	18	13	94	866	895	56	1,257
NEW ENGLAND.....	–	–	–	–	–	–	4	78	42	3	43
Maine*.....	–	–	–	–	–	–	–	–	2	–	2
New Hampshire.....	–	–	–	–	–	–	–	4	–	–	2
Vermont.....	–	–	–	–	–	–	–	–	–	–	–
Massachusetts.....	–	–	–	–	–	–	–	41	25	3	33
Rhode Island.....	–	–	–	–	–	–	–	22	7	–	2
Connecticut.....	–	–	–	–	–	–	4	11	8	–	4
MIDDLE ATLANTIC.....	9	–	–	3	3	3	34	154	165	–	138
New York City.....	2	–	–	2	1	–	18	50	60	–	11
New York, up-State.	–	–	–	–	–	2	6	23	16	–	23
New Jersey.....	6	–	–	–	1	–	10	48	39	–	49
Pennsylvania.....	1	–	–	1	1	1	–	33	50	–	55
EAST NORTH CENTRAL...	8	1	–	6	8	5	7	103	151	7	123
Ohio.....	4	–	–	5	1	–	4	24	48	–	14
Indiana.....	3	–	–	–	4	–	–	12	11	1	8
Illinois.....	1	1	–	–	2	2	–	16	33	4	67
Michigan.....	–	–	–	1	1	3	3	42	43	2	33
Wisconsin.....	–	–	–	–	–	–	–	9	16	–	1
WEST NORTH CENTRAL...	1	6	–	–	–	–	1	43	45	1	83
Minnesota.....	1	1	–	–	–	–	–	1	16	–	7
Iowa.....	–	4	–	–	–	–	–	6	6	–	6
Missouri.....	–	–	–	–	–	–	–	21	13	–	23
North Dakota.....	–	–	–	–	–	–	–	–	3	–	2
South Dakota.....	–	–	–	–	–	–	–	1	1	–	–
Nebraska.....	–	1	–	–	–	–	–	6	3	–	3
Kansas.....	–	–	–	–	–	–	1	8	3	1	42
SOUTH ATLANTIC.....	7	–	–	1	2	1	6	84	68	10	385
Delaware.....	–	–	–	–	–	–	–	–	–	–	2
Maryland.....	–	–	–	–	1	–	2	10	25	–	11
Dist. of Columbia..	–	–	–	–	–	–	–	1	2	–	1
Virginia.....	–	–	–	1	–	–	–	21	5	–	15
West Virginia.....	–	–	–	–	–	–	–	3	12	–	–
North Carolina.....	–	–	–	–	1	–	–	2	3	–	175
South Carolina.....	6	–	–	–	–	–	–	18	1	–	30
Georgia.....	–	–	–	–	–	–	–	11	2	10	132
Florida.....	1	–	–	–	–	1	4	18	18	–	19
EAST SOUTH CENTRAL...	3	–	–	1	–	1	3	59	36	16	48
Kentucky.....	3	–	–	–	–	–	–	20	14	15	41
Tennessee.....	–	–	–	1	–	1	1	31	17	–	–
Alabama.....	–	–	–	–	–	–	2	2	2	–	6
Mississippi.....	–	–	–	–	–	–	–	6	3	1	1
WEST SOUTH CENTRAL...	2	1	–	1	3	–	–	59	74	1	35
Arkansas.....	–	–	–	1	–	–	–	5	14	–	5
Louisiana*.....	–	–	–	–	2	–	–	9	13	1	27
Oklahoma.....	–	–	–	–	–	–	–	6	8	–	3
Texas.....	2	1	–	–	1	–	–	39	39	–	–
MOUNTAIN.....	8	–	–	–	–	–	2	52	67	–	91
Montana.....	8	–	–	–	–	–	–	2	5	–	–
Idaho.....	–	–	–	–	–	–	–	5	1	–	2
Wyoming.....	–	–	–	–	–	–	–	–	1	–	–
Colorado.....	–	–	–	–	–	–	1	26	42	–	79
New Mexico.....	–	–	–	–	–	–	–	4	10	–	4
Arizona*.....	–	–	–	–	–	–	–	12	5	–	1
Utah.....	–	–	–	–	–	–	1	3	3	–	1
Nevada.....	–	–	–	–	–	–	–	–	–	–	4
PACIFIC.....	7	–	1	4	2	3	37	234	247	18	311
Washington.....	2	–	–	–	–	1	2	44	16	–	5
Oregon.....	–	–	–	–	–	–	–	11	9	–	6
California.....	5	–	1	4	2	2	35	177	221	12	238
Alaska*.....	–	–	–	–	–	–	–	1	–	–	1
Hawaii.....	–	–	–	–	–	–	–	1	1	6	61
Puerto Rico.....	–	–	–	–	–	–	–	30	24	–	1

*Delayed reports: Aseptic meningitis: Ariz. delete 1, Alaska 1
Hepatitis, serum: Ariz. 1
Hepatitis, infectious: Me. 6, La. delete 1, Alaska 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
JUNE 21, 1969 AND JUNE 22, 1968 (25th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA
		Cumulative			Cumulative			Total	Paralytic		
	1969	1969	1968	1969	1969	1968	1969	1969	1969	Cum. 1969	1969
UNITED STATES...	624	17,270	17,005	44	1,968	1,616	1,559	–	–	3	1,878
NEW ENGLAND.....	30	866	1,002	4	66	86	248	–	–	1	155
Maine*.....	–	5	34	–	5	6	2	–	–	–	8
New Hampshire.....	–	226	141	–	2	7	1	–	–	–	2
Vermont.....	–	2	1	–	–	1	1	–	–	–	–
Massachusetts*.....	11	167	300	3	30	37	116	–	–	–	46
Rhode Island*.....	–	18	1	–	5	7	38	–	–	–	15
Connecticut.....	19	448	525	1	24	28	90	–	–	1	84
MIDDLE ATLANTIC.....	305	6,447	3,056	7	315	279	256	–	–	–	92
New York City.....	189	4,376	1,378	3	59	57	184	–	–	–	42
New York, Up-State.	22	529	1,079	1	49	44	NN	–	–	–	24
New Jersey*.....	65	776	499	2	137	102	72	–	–	–	19
Pennsylvania.....	29	766	100	1	70	76	NN	–	–	–	7
EAST NORTH CENTRAL...	45	1,736	3,441	9	266	187	416	–	–	–	459
Ohio.....	6	290	270	3	93	51	52	–	–	–	102
Indiana.....	2	451	601	2	35	24	82	–	–	–	25
Illinois.....	4	341	1,286	–	39	39	30	–	–	–	136
Michigan.....	19	180	228	4	82	57	114	–	–	–	123
Wisconsin.....	14	474	1,056	–	17	16	138	–	–	–	73
WEST NORTH CENTRAL...	3	474	345	2	103	83	49	–	–	–	29
Minnesota.....	–	3	15	1	22	19	1	–	–	–	1
Iowa.....	2	317	86	–	12	5	16	–	–	–	9
Missouri.....	–	16	80	1	45	30	6	–	–	–	3
North Dakota.....	–	7	117	–	–	3	5	–	–	–	8
South Dakota.....	–	1	4	–	1	4	NN	–	–	–	–
Nebraska.....	1	126	35	–	9	6	21	–	–	–	4
Kansas.....	–	4	8	–	14	16	–	–	–	–	4
SOUTH ATLANTIC.....	43	2,186	1,256	8	343	338	135	–	–	–	139
Delaware.....	8	319	12	–	4	5	5	–	–	–	–
Maryland.....	8	40	79	–	32	23	9	–	–	–	17
Dist. of Columbia..	–	–	6	–	9	13	–	–	–	–	5
Virginia.....	14	838	261	4	41	27	49	–	–	–	57
West Virginia.....	–	159	210	1	15	8	23	–	–	–	42
North Carolina.....	8	245	273	–	58	67	NN	–	–	–	–
South Carolina.....	4	106	12	1	49	54	9	–	–	–	9
Georgia.....	–	1	4	–	59	60	–	–	–	–	–
Florida.....	1	478	399	2	76	81	40	–	–	–	9
EAST SOUTH CENTRAL...	9	96	426	6	125	139	77	–	–	–	92
Kentucky.....	8	58	93	4	45	51	23	–	–	–	55
Tennessee.....	1	16	54	2	46	48	54	–	–	–	34
Alabama.....	–	1	71	–	19	20	–	–	–	–	3
Mississippi.....	–	21	208	–	15	20	–	–	–	–	–
WEST SOUTH CENTRAL...	123	3,939	4,323	7	274	266	137	–	–	2	519
Arkansas.....	–	29	2	1	28	15	–	–	–	–	196
Louisiana.....	–	118	2	4	74	72	–	–	–	–	–
Oklahoma.....	2	127	106	–	26	48	–	–	–	–	2
Texas.....	121	3,665	4,213	2	146	131	137	–	–	2	321
MOUNTAIN.....	46	631	886	–	36	24	76	–	–	–	56
Montana.....	–	10	57	–	5	2	4	–	–	–	2
Idaho.....	12	66	16	–	6	10	1	–	–	–	–
Wyoming.....	–	–	49	–	–	–	–	–	–	–	–
Colorado.....	2	114	458	–	6	7	15	–	–	–	34
New Mexico.....	2	187	81	–	6	–	16	–	–	–	10
Arizona.....	28	248	199	–	9	1	39	–	–	–	10
Utah.....	2	5	21	–	2	1	1	–	–	–	–
Nevada.....	–	1	5	–	2	3	–	–	–	–	–
PACIFIC.....	20	895	2,270	1	440	214	165	–	–	–	337
Washington.....	–	54	512	–	50	36	29	–	–	–	29
Oregon.....	5	183	432	–	10	16	1	–	–	–	16
California.....	14	629	1,291	1	360	150	128	–	–	–	215
Alaska.*.....	–	8	1	–	11	1	7	–	–	–	6
Hawaii.*.....	1	21	34	–	9	11	–	–	–	–	71
Puerto Rico.....	111	973	331	–	14	18	43	–	–	–	53

*Delayed reports: Measles: Me. 1, Mass. delete 6, R.I. 8, Alaska 1
Meningococcal infections: N.J. delete 1
Mumps: Me. 13
Rubella: Me. 19, Alaska 18, Hawaii 149

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 21, 1969 AND JUNE 22, 1968 (25th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID FEVER		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1969	1969	Cum. 1969	1969	Cum. 1969	1969	Cum. 1969	1969	Cum. 1969	1969	Cum. 1969
UNITED STATES...	6,029	5	57	8	76	4	131	14	134	61	1,821
NEW ENGLAND.....	1,167	–	–	–	14	–	3	–	–	–	7
Maine*	8	–	–	–	–	–	1	–	–	–	4
New Hampshire.....	12	–	–	–	–	–	–	–	–	–	–
Vermont.....	18	–	–	–	14	–	–	–	–	–	1
Massachusetts.....	219	–	–	–	–	–	2	–	–	–	1
Rhode Island.....	64	–	–	–	–	–	–	–	–	–	–
Connecticut.....	846	–	–	–	–	–	–	–	–	–	1
MIDDLE ATLANTIC.....	410	1	10	–	2	–	13	3	13	3	60
New York City.....	38	–	5	–	1	–	6	–	–	–	–
New York, Up-State.	334	–	2	–	1	–	4	2	5	3	57
New Jersey.....	NN	–	1	–	–	–	–	–	–	–	–
Pennsylvania.....	38	1	2	–	–	–	3	1	8	–	3
EAST NORTH CENTRAL...	473	–	7	3	7	–	13	–	–	7	118
Ohio.....	154	–	–	–	–	–	7	–	–	–	30
Indiana.....	86	–	–	–	1	–	–	–	–	4	36
Illinois.....	91	–	5	–	2	–	2	–	–	1	22
Michigan.....	89	–	2	–	–	–	4	–	–	–	3
Wisconsin.....	53	–	–	3	4	–	–	–	–	2	27
WEST NORTH CENTRAL...	243	–	3	–	7	–	4	–	1	7	323
Minnesota.....	2	–	–	–	–	–	1	–	–	1	80
Iowa.....	54	–	–	–	–	–	–	–	–	1	44
Missouri.....	3	–	–	–	4	–	2	–	–	2	98
North Dakota.....	72	–	–	–	–	–	–	–	–	–	41
South Dakota.....	25	–	–	–	–	–	–	–	1	–	13
Nebraska.....	79	–	–	–	–	–	1	–	–	–	10
Kansas.....	8	–	3	–	3	–	–	–	–	3	37
SOUTH ATLANTIC.....	591	–	10	1	18	1	22	8	68	9	512
Delaware.....	2	–	–	–	–	–	1	–	–	–	–
Maryland.....	64	–	–	–	–	1	4	2	20	–	–
Dist. of Columbia..	–	–	2	–	–	–	1	–	–	–	–
Virginia.....	324	–	–	1	2	–	–	3	19	4	264
West Virginia.....	78	–	1	–	2	–	1	–	3	–	79
North Carolina.....	3	–	1	–	5	–	4	1	21	–	4
South Carolina.....	76	–	1	–	2	–	1	–	3	–	–
Georgia.....	6	–	–	–	3	–	7	2	2	2	46
Florida.....	38	–	5	–	4	–	3	–	–	3	119
EAST SOUTH CENTRAL...	1,128	3	7	–	8	1	13	1	26	9	298
Kentucky.....	112	1	3	–	–	–	2	–	5	4	159
Tennessee.....	769	2	4	–	7	1	9	1	20	4	106
Alabama.....	134	–	–	–	–	–	–	–	1	1	33
Mississippi.....	113	–	–	–	1	–	2	–	–	–	–
WEST SOUTH CENTRAL...	561	–	13	3	12	–	17	2	16	5	243
Arkansas.....	3	–	–	–	1	–	8	1	4	–	18
Louisiana.....	–	–	5	1	2	–	–	–	–	1	16
Oklahoma.....	21	–	1	–	5	–	–	1	9	–	37
Texas.....	537	–	7	2	4	–	9	–	3	4	172
MOUNTAIN.....	1,194	1	1	1	8	2	20	–	7	3	81
Montana.....	6	–	–	–	–	–	–	–	–	–	–
Idaho.....	91	–	–	–	–	1	3	–	1	–	–
Wyoming.....	3	–	–	–	2	–	5	–	–	–	41
Colorado.....	796	1	1	–	–	–	2	–	6	–	3
New Mexico.....	160	–	–	–	1	–	5	–	–	–	8
Arizona*	84	–	–	–	–	1	4	–	–	1	22
Utah.....	54	–	–	1	5	–	–	–	–	–	2
Nevada.....	–	–	–	–	–	–	1	–	–	2	5
PACIFIC.....	262	–	6	–	–	–	26	–	3	18	179
Washington.....	130	–	1	–	–	–	1	–	2	1	1
Oregon.....	64	–	–	–	–	–	6	–	–	–	–
California.....	---	–	5	–	–	–	19	–	1	17	178
Alaska*	68	–	–	–	–	–	–	–	–	–	–
Hawaii*	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico.....	1	1	3	–	–	–	3	–	–	–	16

*Delayed reports: SST: Me. 3, Alaska 16, Hawaii 193
Rabies in animals: Ariz. 2

Week No. 25

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JUNE 21, 1969

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

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
NEW ENGLAND:	700	431	42	22
Boston, Mass.	201	119	16	8
Bridgeport, Conn.	49	32	1	2
Cambridge, Mass.	29	17	7	–
Fall River, Mass.	27	20	1	1
Hartford, Conn.	50	30	1	1
Lowell, Mass.	26	17	–	–
Lynn, Mass.	24	20	–	–
New Bedford, Mass.	31	22	1	–
New Haven, Conn.	46	19	–	4
Providence, R. I.	66	39	7	2
Somerville, Mass.	10	7	1	–
Springfield, Mass.	45	27	2	–
Waterbury, Conn.	40	30	–	3
Worcester, Mass.	56	32	5	1
MIDDLE ATLANTIC:	3,398	1,945	129	160
Albany, N. Y.	50	32	2	2
Allentown, Pa.	38	26	5	–
Buffalo, N. Y.	176	109	4	10
Camden, N. J.	50	31	3	2
Elizabeth, N. J.	40	20	4	3
Erie, Pa.	36	23	5	1
Jersey City, N. J.	78	48	5	5
Newark, N. J.	101	37	2	20
New York City, N. Y.	1,665	946	61	58
Paterson, N. J.	42	27	–	3
Philadelphia, Pa.	493	261	9	27
Pittsburgh, Pa.	196	107	9	15
Reading, Pa.	37	22	1	2
Rochester, N. Y.	113	72	4	7
Schenectady, N. Y.	22	13	5	1
Scranton, Pa.	42	26	1	2
Syracuse, N. Y.	105	67	1	–
Trenton, N. J.	41	30	3	1
Utica, N. Y.	40	25	3	1
Yonkers, N. Y.	33	23	2	–
EAST NORTH CENTRAL:	2,501	1,390	81	142
Akron, Ohio	59	27	–	5
Canton, Ohio	36	18	1	2
Chicago, Ill.	712	369	24	41
Cincinnati, Ohio	160	98	2	7
Cleveland, Ohio	181	103	3	9
Columbus, Ohio	126	70	3	8
Dayton, Ohio	79	39	1	7
Detroit, Mich.	337	166	5	16
Evansville, Ind.	33	26	3	–
Flint, Mich.	59	31	8	6
Fort Wayne, Ind.	41	26	–	2
Gary, Ind.	38	19	4	–
Grand Rapids, Mich.	66	38	3	2
Indianapolis, Ind.	138	76	6	8
Madison, Wis.	47	26	5	6
Milwaukee, Wis.	122	84	2	4
Peoria, Ill.	37	21	–	7
Rockford, Ill.	38	26	3	3
South Bend, Ind.	34	23	3	2
Toledo, Ohio	101	68	5	3
Youngstown, Ohio	57	36	–	4
WEST NORTH CENTRAL:	803	497	24	37
Des Moines, Iowa	61	42	2	1
Duluth, Minn.	36	19	2	2
Kansas City, Kans.	28	14	2	2
Kansas City, Mo.	131	84	4	10
Lincoln, Nebr.	32	22	–	1
Minneapolis, Minn.	114	74	2	3
Omaha, Nebr.	55	36	1	2
St. Louis, Mo.	233	134	5	13
St. Paul, Minn.	63	42	2	1
Wichita, Kans.	50	30	4	2
SOUTH ATLANTIC:	1,137	594	37	56
Atlanta, Ga.	141	60	2	13
Baltimore, Md.	233	115	4	9
Charlotte, N. C.	49	23	1	3
Jacksonville, Fla.	64	34	4	5
Miami, Fla.	116	76	–	4
Norfolk, Va.	52	24	3	4
Richmond, Va.	74	40	2	2
Savannah, Ga.	44	25	5	3
St. Petersburg, Fla.	63	50	1	–
Tampa, Fla.	56	32	5	2
Washington, D. C.	197	90	7	8
Wilmington, Del.	48	25	3	3
EAST SOUTH CENTRAL:	649	327	20	35
Birmingham, Ala.	95	55	2	2
Chattanooga, Tenn.	49	21	–	2
Knoxville, Tenn.	42	23	1	3
Louisville, Ky.	137	73	6	8
Memphis, Tenn.	139	61	1	6
Mobile, Ala.	56	32	2	2
Montgomery, Ala.	31	20	1	2
Nashville, Tenn.	100	42	7	10
WEST SOUTH CENTRAL:	1,183	591	33	49
Austin, Tex.	24	15	4	3
Baton Rouge, La.	41	18	–	1
Corpus Christi, Tex.	35	15	–	2
Dallas, Tex.	183	98	3	16
El Paso, Tex.	33	21	5	–
Fort Worth, Tex.	84	39	2	3
Houston, Tex.	199	87	2	4
Little Rock, Ark.	71	29	–	1
New Orleans, La.	190	97	3	3
Oklahoma City, Okla.	89	52	2	2
San Antonio, Tex.	98	51	4	8
Shreveport, La.	79	39	4	2
Tulsa, Okla.	57	30	4	4
MOUNTAIN:	437	259	13	20
Albuquerque, N. Mex.	41	26	2	–
Colorado Springs, Colo.	17	13	–	–
Denver, Colo.	112	66	3	5
Ogden, Utah	29	17	3	4
Phoenix, Ariz.	94	52	2	6
Pueblo, Colo.	25	13	1	3
Salt Lake City, Utah	54	36	1	–
Tucson, Ariz.	65	36	1	2
PACIFIC:	1,575	941	37	60
Berkeley, Calif.	13	7	1	–
Fresno, Calif.	47	24	–	3
Glendale, Calif.	20	13	–	1
Honolulu, Hawaii	40	19	1	3
Long Beach, Calif.	113	65	–	1
Los Angeles, Calif.	471	278	5	14
Oakland, Calif.	82	50	3	6
Pasadena, Calif.	34	20	–	1
Portland, Oreg.	128	87	6	4
Sacramento, Calif.	60	34	–	2
San Diego, Calif.	84	55	2	3
San Francisco, Calif.	198	112	8	11
San Jose, Calif.	53	38	5	1
Seattle, Wash.	139	77	2	7
Spokane, Wash.	58	38	1	2
Tacoma, Wash.	35	24	3	1
Total	12,383	6,975	416	581

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	338,312
All Causes, Age 65 and over	195,210
Pneumonia and Influenza, All Ages	17,712
All Causes, Under 1 Year of Age	15,380

SURVEILLANCE SUMMARY

SALMONELLOSIS – January, February, and March 1969

During January, February, and March 1969, the total numbers of salmonella isolations from humans were 1,671, 1,029, and 1,165, respectively, and the weekly averages for the 3 months were 334, 257, and 291, respectively, (Figure 4). For the same months, 599, 817, and 738 nonhuman isolations were reported (Table 4).

Figure 4
REPORTED HUMAN ISOLATIONS OF SALMONELLA IN THE UNITED STATES

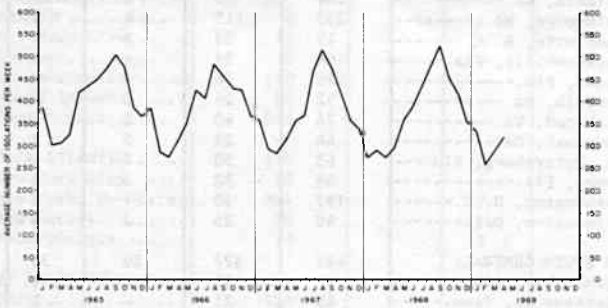

Table 4
10 Most Frequently Reported Salmonella Serotypes from Humans and Nonhumans
January, February, and March 1969

Human

Serotype	Number	Percent
*typhimurium**	1,133	29.3
enteritidis	326	8.4
heidelberg	263	6.8
infantis	244	6.3
newport	241	6.2
saint-paul	200	5.2
thompson	155	4.0
blockley	116	3.0
typhi	97	2.5
derby	70	1.8
Subtotal	2,845	73.6
Total all serotypes	3,865	
*Includes var. copenhagen	39	1.0

Nonhuman

Serotype	Number	Percent
*typhimurium**	366	17.0
heidelberg	231	10.7
cholerae-suis var. kunzendorf	110	5.1
saint-paul	105	4.9
thompson	87	4.0
montevideo	80	3.7
anatum	70	3.2
eimsbuettel	53	2.5
enteritidis	50	2.3
cubana	49	2.3
Subtotal	1,201	55.8
Total all serotypes	2,154	
*Includes var. copenhagen	54	2.5

(Reported by the Salmonellosis Section, Bacterial Diseases Branch, Epidemiology Program, NCDC.)

Copies of the original reports from which these data were derived are available on request from
National Communicable Disease Center
Attn: Chief, Salmonellosis Section,
Bacterial Diseases Branch,
Epidemiology Program
Atlanta, eorgia 30333

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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:

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ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC 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.