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For Week Ending August 30, 1969

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EPIDEMIOLOGIC NOTES AND REPORTS

ACUTE GASTROENTERITIS AMONG TOUR GROUPS TO THE ORIENT – United States

In July and August 1969, outbreaks of acute gastroenteritis occurred in two separate groups of tourists returning to the United States from similar, organized tours to the Orient. Both tours included 1 week in Tokyo and another in Hong Kong with an optional excursion to Bangkok before rendezvousing in Hong Kong for the return flight.

The first group traveled via a scheduled commercial airliner, departing from Boston on July 11 and returning on July 26. Between 12 1/2 and 21 hours after leaving Hong Kong on the homeward flight on July 25, nine persons developed an illness characterized by diarrhea (100 percent), abdominal cramps (100 percent), nausea (89 percent), and vomiting (78 percent) (Figure 1) and were hospitalized in Chicago en route. Upon questioning, an additional 15 individuals among the total of 59 persons on the tour reported a similar illness of lesser severity also on July 25. The illness was self-limited and persisted less than 24 hours without specific treatment in nearly all cases.

The only meal all persons on the tour had eaten in common was the dinner aboard the Hong Kong to Tokyo

(Continued on page 302)

CONTENTS

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

DISEASE	35th WEEK ENDED 1969	35th WEEK ENDED 1968	MEDIAN 1964 - 1968	CUMULATIVE, FIRST 35 WEEKS 1969	CUMULATIVE, FIRST 35 WEEKS 1968	CUMULATIVE, FIRST 35 WEEKS MEDIAN 1964 - 1968
Aseptic meningitis	148	207	121	1,714	2,164	1,604
Brucellosis	3	4	6	140	145	169
Diphtheria	3	5	5	103	111	111
Encephalitis, primary:						
Arthropod-borne & unspecified	41	54	70	734	751	1,127
Encephalitis, post-infectious	7	6	9	238	359	569
Hepatitis, serum	91	94	556	3,537	2,883	26,540
Hepatitis, infectious	766	856		31,080	29,515	
Malaria	79	71	10	1,875	1,450	240
Measles (rubeola)	125	124	468	20,131	19,431	188,681
Meningococcal infections, total	23	32	27	2,322	1,976	1,977
Civilian	21	30	- - -	2,117	1,799	- - -
Military	2	2	- - -	205	177	- - -
Mumps	383	476	- - -	67,368	123,815	- - -
Poliomyelitis, total	—	—	2	10	38	42
Paralytic	—	—	2	9	38	38
Rubella (German measles)	218	273	- - -	48,579	43,349	- - -
Streptococcal sore throat & scarlet fever	3,611	3,671	3,878	297,581	296,088	296,088
Tetanus	—	5	5	92	102	146
Tularemia	5	7	7	97	137	137
Typhoid fever	7	7	10	189	218	269
Typhus, tick-borne (Rky. Mt. spotted fever)	14	10	10	353	219	211
Rabies in animals	64	68	68	2,419	2,461	3,050

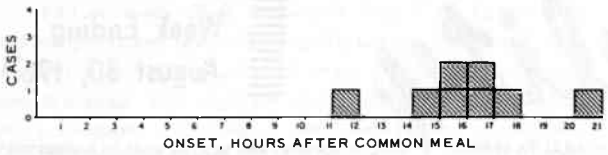
TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	3	Rabies in man:	1
Botulism:	11	Rubella congenital syndrome:	6
Leptospirosis: * Ill.-1, N.C.-1, Tex.-1	48	Trichinosis:	154
Plague:	3	Typhus, murine:	34
Psittacosis:* Calif.-1	28	Poliomyelitis, non-paralytic	1

*Delayed Reports: Leptospirosis: S.C. delete 1
Psittacosis: Md. 1

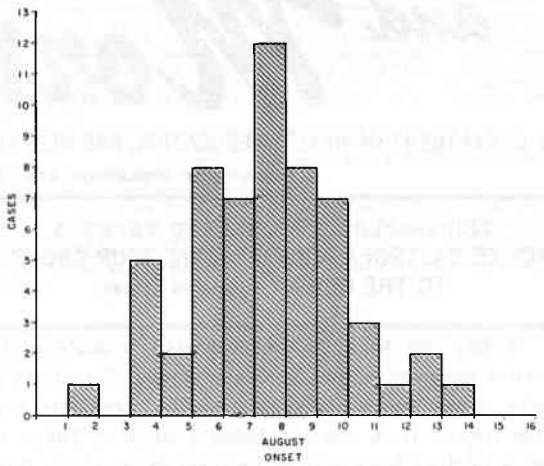
GASTROENTERITIS – *(Continued from front page)*

Figure 1
GASTROENTERITIS IN TOURISTS, HOSPITALIZED, FOLLOWING A TOUR IN THE ORIENT – JULY 1969*



*HOUR OF ONSET COULD NOT BE DETERMINED FOR 1 CASE

Figure 2
GASTROENTERITIS IN A TOUR GROUP RETURNING TO MIAMI, FLORIDA, FROM THE ORIENT – AUGUST 1969



flight. Analysis of attack rates for those who ate and did not eat specified food items on the menu failed to incriminate a vehicle. Furthermore, examination of the catering service premises and water supply for the airliner disclosed no breaks in sanitary procedures. There were no other reports of illness among passengers on other airlines served these foods prepared by the same caterer on the same day. Bacteriologic examination of fecal specimens obtained from 50 of the 59 tour members revealed 14 isolates of non-cholera vibrios, 5 *Vibrio parahaemolyticus*, 9 *Aeromonas shigelloides*, and 5 *Salmonella* species (2 *S. manhattan* and 1 each of *S. anatum, S. newington,* and *S. kentucky).* Illness was best correlated with the isolation of non-cholera vibrios; 45 percent of those ill harbored the organism versus 12 percent of those who remained well. Bacterial agglutination tests, employing the organisms isolated in this outbreak as antigens, showed no significant differences in titers between acute and convalescent sera.

A second group left Miami on July 25 via a chartered aircraft and returned August 10. During the return flight, five persons became ill with gastroenteritis between Tokyo and Seattle and required medical attention upon arrival in Seattle. Subsequently, 129 of the 162 members of the tour group located in Miami were questioned. Of these 129 persons, a total of 52 reported illness with the following symptoms: diarrhea (77 percent), nausea (37 percent), vomiting (26 percent), and abdominal cramps (26 percent).

The onsets of illness extended over 11 days (Figure 2), the first case occurred 1 day after arrival in Hong Kong and the last cases developed 4 days after returning to Miami. The average duration of illness was 2 days. No single meal or common vehicle was implicated by food histories.

Bacteriologic examination of fecal specimens obtained from 117 of 162 tour members resulted in 8 isolates of non-cholera vibrios, 5 *V. parahaemolyticus,* 6 *Salmonella,* and 1 *Shigella flexneri.* None of these enteric pathogens could be incriminated as the sole cause of illness in this outbreak.

(Reported by Olga Brolnitsky, M.D., Chief Epidemiologist, Chicago Board of Health; Norman J. Rose, M.D., Chief, Bureau of Epidemiology, Illinois Department of Public Health; Nicholas J. Fiumara, M.D., Director, Division of Communicable Diseases, Massachusetts Department of Public Health; Milton Saslaw, M.D., Acting Director, Dade County Health Department, Miami, E. Charlton Prather, M.D., Director, Division of Epidemiology, Florida State Board of Health; H. L. Smith, Ph.D., Director, Vibrio Reference Laboratory, Department of Microbiology, Jefferson Medical College, Philadelphia; Nachum Egoz, M.D., WHO International Postdoctoral Research Fellow, assigned to the Foreign Quarantine Program, NCDC: Foreign Quarantine Program, and Epidemiological Services Laboratory Section, Epidemiology Program, NCDC; and a team of EIS Officers.)

Editorial Comment:

Two classes of organisms, viz., *V. parahaemolyticus* and non-cholera vibrios, were isolated from specimens from these two outbreaks in travel groups to Asia as well as from an earlier one in May (MMWR, Vol. 18, Nos. 18 and 19). A total of 12 persons in these three outbreaks had *V. parahaemolyticus* isolated from fecal specimens; 11 of the 12 experienced acute diarrheal illness. *V. parahaemolyticus* is a well-documented cause of food poisoning in Japan and is responsible for the summer peak of gastroenteritis there.[1] This halophilic organism has been readily isolated from coastal seawaters in the Orient including those of Singapore, Hong Kong, and Tokyo.[2] The role of non-cholera vibrio as a cause of diarrheal illness is less well defined, although recent reports document its etiologic relationship with illness in such widely separated areas as East Pakistan[3] and Czechoslovakia.[4] These two organisms have not been described as causes of acute gastroenteritis within the United States.

During the past 2 years, the NCDC has looked for these organisms in specimens from outbreaks of food poisoning and other diarrheal illnesses in the United States. To date, no isolates have been recovered except from travelers to the Orient as reported above.

References:

[1]Zen-Yoji, H., Sakai, S., Terayama, T., Kudo, Y., and Benoki, M.: Epidemiology, enteropathogenicity, and classification of *Vibrio parahaemolyticus*. J Infect Dis *115:*436-444, 1965.

[2]Thatcher, F. S. and Clark, D. S., Microorganisms in Food. University of Toronto Press, Toronto, 1968.

[3]McIntyre, O. R. and Feeley, J. C.: Characteristics of non-cholera vibrios from cases of human diarrhoea. Bull. WHO *32:*627-632, 1965.

[4]Aldova, Eva, Laznickova, E. S., and Lietava, J.: Isolation of nonagglutinable vibrios from an enteritis outbreak in Czechoslovakia. J Infect Dis *18:*25-31, 1968.

SALMONELLOSIS FOLLOWING INGESTION OF MUKTUK (WHALE MEAT) – Alaska

On August 8, 1969, an outbreak of salmonellosis occurred among residents of Tanunak, Alaska, an Eskimo village on the coast of the Bering Sea. Of the 264 residents, 102 developed acute gastroenteritis characterized by fever, myalgia, headache, nausea, and vomiting; 95 percent of those ill had eaten raw muktuk (whale skin and blubber), 8 to 16 hours prior to the onset of symptoms. Duration of illness ranged from 3 to 9 days. Fifteen of the most seriously ill Eskimos were hospitalized; there were no deaths.

The muktuk, an Eskimoan delicacy, was obtained from the tail of a dead whale that had washed ashore near the village. The tail was distributed among the 43 families in the village. In most cases, the blubber was eaten raw within a few hours; however, some ate the delicacy the following day.

Salmonella enteritidis was cultured from stools of all 15 hospitalized patients and from the muktuk.

(Reported by Donald K. Freedman, M.D., Director, Division of Public Health, and Rose Tanaka, Director, South Central Regional Laboratory, Alaska Department of Health and Welfare; the Alaska Native Medical Center, Indian Health Service, and the Arctic Health Research Center, Ecological Investigations Program, Anchorage, and Enteric Bacteriology Unit, Bacteriology Section, Microbiology Branch, Laboratory Division, and Salmonella-Shigella Unit, Epidemiological Services Laboratory Section, Epidemiology Program, NCDC; and EIS Officers.)

MEASLES – Cleveland, Ohio

In Cleveland, Ohio, during June 1969, 13 children in 10 Spanish-American families developed measles. The index case had onset of illness on June 14 and the other 12 cases between June 23 and 27. The children ranged in age from 16 months to 6 years, and only one may have been immunized. The source of infection for the index case was not determined, but the other 12 children had attended Sunday school with the index case on June 15. A 14th case occurred on July 6 in a medical student who had contact with the one hospitalized case. An immunization clinic was held at the church on July 3 in an effort to control the outbreak. No other cases have been reported.

Over the past year, all reports of measles cases in Cleveland have been reviewed. Prior to this outbreak, there were reports of 31 cases; 17 of these could not be investigated because the name of the patient was not recorded, 12 cases were found not to be rubeola, and 2 were confirmed as rubeola. These two confirmed cases were contracted overseas.

(Reported by E. Frank Ellis, M.D., M.P.H., Director, and Ralph J. Fintz, M.D., Chief, Bureau of Child Hygiene, Cleveland Department of Health; George A. Nankervis, Ph.D., M.D., Assistant Professor of Pediatrics and Director, Viral Diagnostic Laboratory, Cleveland Metropolitan General Hospital; John G. Starr, M.D., Kaiser Community Health Foundation, Cleveland; and an EIS Officer.)

Editorial Comment:

This outbreak, following a period in Cleveland during which no indigenous rubeola cases could be confirmed, illustrates the existence of groups with low levels of immunization in metropolitan areas, particularly in low socioeconomic segments of the population.

FOLLOW-UP DIPHTHERIA – Phoenix, Maricopa County, Arizona

Between Nov. 1, 1968, and May 1, 1969, 12 cases of diphtheria were reported from Phoenix, Maricopa County, Arizona (MMWR, Vol. 18, No. 19). Since that time, nine additional cases have occurred in this same area. The clinical syndrome for all nine cases was the same as that for the previous cases: acute onset of fever, sore throat, malaise, and nonproductive hacking cough. There were no fatalities among the last nine cases, all were hospitalized, and two had clinical residual: one, an enlarged heart, and the other, a palatal weakness and gait disturbance. All were treated with penicillin and subsequently had at least two negative throat cultures. Of the nine cases, five were not immunized, two were partially immunized, and two had no record of immunization.

Except for two pairs of brothers, who were ill at the same time as their other brother, no association among the patients or common areas of exposure, such as parks, schools, day-care centers, neighborhood youth councils, or Head Start programs was found.

(Continued on page 308)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
AUGUST 30, 1969 AND AUGUST 31, 1968 (35th 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...	148	3	3	41	54	7	91	766	856	79	1,875
NEW ENGLAND.....	3	–	–	1	3	–	5	110	57	2	66
Maine*.....	–	–	–	–	–	–	–	2	2	–	6
New Hampshire.....	–	–	–	–	–	–	–	4	–	–	2
Vermont.....	–	–	–	–	1	–	–	1	1	–	–
Massachusetts.....	2	–	–	1	–	–	3	64	36	2	44
Rhode Island.....	1	–	–	–	2	–	–	23	8	–	3
Connecticut.....	–	–	–	–	–	–	2	16	10	–	11
MIDDLE ATLANTIC.....	19	–	–	8	9	–	33	123	125	7	220
New York City.....	10	–	–	5	–	–	20	23	58	2	20
New York, up-State.	4	–	–	2	2	–	6	39	21	1	33
New Jersey*.....	–	–	–	–	2	–	6	24	30	3	86
Pennsylvania.....	5	–	–	1	5	–	1	37	16	1	81
EAST NORTH CENTRAL...	30	–	–	17	20	2	9	97	110	9	192
Ohio.....	13	–	–	10	16	–	1	22	28	2	19
Indiana.....	–	–	–	1	–	–	–	4	6	2	19
Illinois.....	3	–	–	2	2	2	1	13	23	5	114
Michigan.....	14	–	–	4	2	–	7	46	46	–	39
Wisconsin.....	–	–	–	–	–	–	–	12	7	–	1
WEST NORTH CENTRAL...	22	2	–	7	3	2	1	21	41	6	127
Minnesota.....	21	–	–	2	3	2	–	3	18	–	7
Iowa.....	–	2	–	4	–	–	–	5	1	–	13
Missouri.....	–	–	–	–	–	–	–	8	12	3	35
North Dakota.....	1	–	–	–	–	–	–	–	–	–	3
South Dakota.....	–	–	–	–	–	–	–	1	1	–	–
Nebraska.....	–	–	–	–	–	–	–	–	–	–	3
Kansas.....	–	–	–	1	–	–	1	4	9	3	66
SOUTH ATLANTIC.....	15	–	1	2	5	1	15	86	96	13	509
Delaware.....	–	–	–	–	–	–	–	3	2	–	3
Maryland.....	10	–	–	1	2	–	–	6	12	1	28
Dist. of Columbia..	–	–	–	–	–	–	–	1	4	–	1
Virginia.....	–	–	–	–	3	–	–	5	5	–	20
West Virginia.....	–	–	–	–	–	–	–	7	12	–	–
North Carolina.....	1	–	–	–	–	–	–	10	16	7	233
South Carolina*....	–	–	–	–	–	–	–	1	2	–	44
Georgia.....	–	–	1	–	–	–	–	20	11	5	154
Florida.....	4	–	–	1	–	1	15	33	32	–	26
EAST SOUTH CENTRAL...	12	–	–	–	1	1	–	64	52	11	85
Kentucky.....	–	–	–	–	–	1	–	31	13	11	67
Tennessee.....	6	–	–	–	1	–	–	30	25	–	–
Alabama.....	6	–	–	–	–	–	–	–	3	–	16
Mississippi.....	–	–	–	–	–	–	–	3	11	–	2
WEST SOUTH CENTRAL...	15	1	2	1	–	–	3	67	60	5	105
Arkansas.....	1	–	–	–	–	–	–	3	3	2	10
Louisiana.....	5	–	2	1	–	–	3	16	14	1	37
Oklahoma.....	–	–	–	–	–	–	–	2	–	2	43
Texas.....	9	1	–	–	–	–	–	46	43	–	15
MOUNTAIN.....	3	–	–	2	3	–	–	25	30	–	121
Montana.....	3	–	–	–	1	–	–	1	3	–	3
Idaho.....	–	–	–	–	–	–	–	–	–	–	3
Wyoming.....	–	–	–	–	–	–	–	–	–	–	–
Colorado.....	–	–	–	–	2	–	–	7	7	–	102
New Mexico.....	–	–	–	2	–	–	–	2	7	–	7
Arizona.....	–	–	–	–	–	–	–	10	5	–	1
Utah.....	–	–	–	–	–	–	–	5	8	–	1
Nevada.....	–	–	–	–	–	–	–	–	–	–	4
PACIFIC.....	29	–	–	3	10	1	25	173	285	26	450
Washington.....	11	–	–	–	–	–	–	7	18	–	5
Oregon.....	–	–	–	–	3	–	–	7	10	–	9
California.....	17	–	–	3	7	1	25	156	252	20	346
Alaska.....	–	–	–	–	–	–	–	–	4	–	2
Hawaii.....	1	–	–	–	–	–	–	3	1	6	88
Puerto Rico.....	–	–	–	1	–	–	–	32	27	–	2

*Delayed reports: Aseptic meningitis: N.J. delete 8, S.C. delete 1
Brucellosis: N.J. delete 1
Hepatitis, infectious: Me. 5

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 30, 1969 AND AUGUST 31, 1968 (35th 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...	125	20,131	19,431	23	2,322	1,976	383	–	–	9	218
NEW ENGLAND.....	6	1,098	1,145	2	84	116	34	–	–	1	16
Maine*.....	–	8	37	–	6	6	–	–	–	–	3
New Hampshire.....	–	238	141	–	2	7	–	–	–	–	–
Vermont.....	–	3	2	–	–	1	1	–	–	–	–
Massachusetts*.....	1	218	357	–	33	63	6	–	–	–	2
Rhode Island.....	–	23	5	1	11	8	5	–	–	–	4
Connecticut.....	5	608	603	1	32	31	22	–	–	1	7
MIDDLE ATLANTIC.....	24	7,454	3,979	6	383	355	56	–	–	1	31
New York City.....	16	4,892	2,056	–	73	70	51	–	–	–	16
New York, Up-State.	2	595	1,216	3	71	63	NN	–	–	–	6
New Jersey.....	–	882	597	2	155	126	5	–	–	–	1
Pennsylvania.....	6	1,085	110	1	84	96	NN	–	–	1	8
EAST NORTH CENTRAL...	43	2,162	3,752	3	317	232	103	–	–	–	58
Ohio.....	1	370	293	2	120	64	9	–	–	–	1
Indiana.....	–	466	670	1	36	29	17	–	–	–	8
Illinois.....	9	494	1,360	–	44	51	–	–	–	–	2
Michigan.....	23	263	264	–	95	68	28	–	–	–	31
Wisconsin.....	10	569	1,165	–	22	20	49	–	–	–	16
WEST NORTH CENTRAL...	3	518	380	–	118	107	2	–	–	1	3
Minnesota.....	–	6	16	–	25	26	1	–	–	–	1
Iowa*.....	–	329	98	–	16	6	1	–	–	–	–
Missouri.....	3	25	81	–	51	35	–	–	–	–	–
North Dakota.....	–	12	131	–	1	3	–	–	–	–	2
South Dakota.....	–	3	4	–	1	5	NN	–	–	–	–
Nebraska.....	–	136	40	–	9	6	–	–	–	–	–
Kansas.....	–	7	10	–	15	26	–	–	–	1	–
SOUTH ATLANTIC.....	5	2,478	1,490	3	401	400	35	–	–	1	37
Delaware.....	–	373	15	–	8	8	–	–	–	–	–
Maryland.....	1	75	95	2	38	32	6	–	–	–	2
Dist. of Columbia*.	–	–	6	–	8	14	–	–	–	–	3
Virginia.....	–	883	295	–	50	34	7	–	–	–	5
West Virginia.....	2	193	283	–	18	10	16	–	–	–	18
North Carolina.....	1	314	282	1	67	76	NN	–	–	–	–
South Carolina.....	–	116	12	–	55	56	1	–	–	–	–
Georgia.....	–	1	4	–	70	81	–	–	–	–	–
Florida.....	1	523	498	–	87	89	5	–	–	1	9
EAST SOUTH CENTRAL...	–	107	489	–	141	176	21	–	–	1	18
Kentucky.....	–	63	99	–	50	77	8	–	–	–	10
Tennessee.....	–	17	61	–	53	52	11	–	–	–	8
Alabama.....	–	4	94	–	23	26	2	–	–	1	–
Mississippi.....	–	23	235	–	15	21	–	–	–	–	–
WEST SOUTH CENTRAL...	30	4,456	4,753	5	316	301	64	–	–	4	23
Arkansas.....	–	16	2	1	30	20	–	–	–	–	–
Louisiana.....	–	120	22	3	83	86	–	–	–	–	–
Oklahoma.....	–	136	113	–	30	49	2	–	–	–	–
Texas.....	30	4,184	4,616	1	173	146	62	–	–	4	23
MOUNTAIN.....	9	843	977	–	43	30	31	–	–	–	12
Montana.....	–	16	58	–	8	3	1	–	–	–	–
Idaho.....	–	89	20	–	8	11	1	–	–	–	–
Wyoming.....	–	–	51	–	–	1	2	–	–	–	1
Colorado.....	–	140	501	–	7	10	1	–	–	–	7
New Mexico.....	2	244	102	–	6	–	12	–	–	–	3
Arizona.....	7	345	219	–	10	1	14	–	–	–	1
Utah.....	–	8	21	–	2	1	–	–	–	–	–
Nevada.....	–	1	5	–	2	3	–	–	–	–	–
PACIFIC.....	5	1,015	2,466	4	519	259	37	–	–	–	20
Washington.....	–	59	515	–	54	37	1	–	–	–	4
Oregon.....	–	198	507	–	15	21	6	–	–	–	1
California.....	4	712	1,407	4	429	188	29	–	–	–	11
Alaska.....	–	8	2	–	11	2	–	–	–	–	1
Hawaii.....	1	38	35	–	10	11	1	–	–	–	3
Puerto Rico.....	18	1,437	397	–	19	19	12	–	–	–	1

*Delayed reports: Measles: Mass. delete 2, Iowa 1
Meningococcal infections: D.C. delete 1
Mumps: Me. 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 30, 1969 AND AUGUST 31, 1968 (35th 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...	3,611	–	92	5	97	7	189	14	353	64	2,419
NEW ENGLAND.....	514	–	–	–	14	–	8	–	–	–	18
Maine*	–	–	–	–	–	–	1	–	–	–	6
New Hampshire.....	7	–	–	–	–	–	–	–	–	–	4
Vermont.....	23	–	–	–	14	–	–	–	–	–	2
Massachusetts.....	92	–	–	–	–	–	5	–	–	–	1
Rhode Island.....	32	–	–	–	–	–	1	–	–	–	–
Connecticut.....	360	–	–	–	–	–	1	–	–	–	5
MIDDLE ATLANTIC.....	156	–	13	–	4	1	20	3	40	22	137
New York City.....	10	–	6	–	1	1	10	–	–	–	–
New York, Up-State.	125	–	3	–	3	–	5	1	6	22	129
New Jersey.....	NN	–	2	–	–	–	1	1	12	–	–
Pennsylvania.....	21	–	2	–	–	–	4	1	22	–	8
EAST NORTH CENTRAL...	284	–	12	3	10	–	21	–	2	5	169
Ohio.....	21	–	1	–	–	–	8	–	–	–	50
Indiana.....	98	–	–	–	1	–	–	–	–	2	46
Illinois.....	32	–	7	1	3	–	9	–	2	1	28
Michigan.....	87	–	4	–	–	–	4	–	–	1	6
Wisconsin.....	46	–	–	2	6	–	–	–	–	1	39
WEST NORTH CENTRAL...	58	–	7	1	13	–	8	–	8	8	450
Minnesota.....	3	–	2	–	–	–	3	–	–	2	118
Iowa.....	14	–	–	–	–	–	–	–	7	–	64
Missouri.....	6	–	1	1	9	–	3	–	–	3	117
North Dakota.....	24	–	–	–	–	–	–	–	–	1	56
South Dakota.....	7	–	–	–	–	–	–	–	1	–	24
Nebraska.....	1	–	–	–	1	–	1	–	–	1	12
Kansas.....	3	–	4	–	3	–	1	–	–	1	59
SOUTH ATLANTIC.....	343	–	18	–	20	2	31	1	191	11	612
Delaware.....	3	–	–	–	–	–	2	–	3	–	–
Maryland.....	43	–	1	–	–	–	4	–	42	–	3
Dist. of Columbia*	–	–	2	–	–	–	1	–	–	–	–
Virginia.....	77	–	–	–	4	–	–	–	56	7	312
West Virginia.....	111	–	1	–	2	–	1	–	5	2	93
North Carolina.....	NN	–	2	–	5	–	6	–	46	–	4
South Carolina.....	29	–	1	–	2	–	1	1	27	–	–
Georgia.....	5	–	2	–	3	2	9	–	12	2	62
Florida.....	75	–	9	–	4	–	7	–	–	–	138
EAST SOUTH CENTRAL...	708	–	15	–	9	1	23	7	51	6	346
Kentucky.....	104	–	6	–	–	–	3	2	8	2	180
Tennessee.....	541	–	4	–	8	1	17	2	38	1	115
Alabama.....	35	–	4	–	–	–	1	3	4	1	46
Mississippi.....	28	–	1	–	1	–	2	–	1	2	5
WEST SOUTH CENTRAL...	481	–	17	1	17	–	22	3	42	8	334
Arkansas.....	5	–	1	–	1	–	10	1	7	–	24
Louisiana*	1	–	6	–	4	–	3	–	–	–	26
Oklahoma.....	–	–	1	–	6	–	–	2	28	–	48
Texas.....	475	–	9	1	6	–	9	–	7	8	236
MOUNTAIN.....	949	–	3	–	10	1	23	–	14	2	108
Montana.....	25	–	1	–	–	1	1	–	–	–	–
Idaho.....	77	–	–	–	–	–	3	–	4	–	–
Wyoming.....	23	–	–	–	2	–	5	–	–	–	51
Colorado.....	620	–	2	–	–	–	3	–	8	–	3
New Mexico.....	92	–	–	–	1	–	5	–	–	–	14
Arizona.....	42	–	–	–	–	–	5	–	–	–	22
Utah.....	70	–	–	–	7	–	–	–	2	1	5
Nevada.....	–	–	–	–	–	–	1	–	–	1	13
PACIFIC.....	118	–	7	–	–	2	33	–	5	2	245
Washington.....	18	–	1	–	–	–	2	–	3	–	4
Oregon.....	35	–	–	–	–	–	6	–	–	–	3
California.....	---	–	6	–	–	2	25	–	2	2	238
Alaska.....	12	–	–	–	–	–	–	–	–	–	–
Hawaii.....	53	–	–	–	–	–	–	–	–	–	–
Puerto Rico.....	6	–	5	–	–	–	6	–	–	–	20

*Delayed reports: SST: Me. 5
Typhoid fever: La. 1
RMSF: D.C. delete 1

Week No. 35

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED AUGUST 30, 1969

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
NEW ENGLAND:	688	379	35	32
Boston, Mass.	219	112	8	7
Bridgeport, Conn.	45	28	5	3
Cambridge, Mass.	25	17	4	3
Fall River, Mass.	27	17	1	–
Hartford, Conn.	62	32	2	3
Lowell, Mass.	25	16	–	1
Lynn, Mass.	15	6	–	2
New Bedford, Mass.	25	17	–	1
New Haven, Conn.	58	26	3	4
Providence, R. I.	54	29	7	3
Somerville, Mass.	11	10	–	–
Springfield, Mass.	40	24	2	1
Waterbury, Conn.	36	20	–	3
Worcester, Mass.	46	25	3	1
MIDDLE ATLANTIC:	3,175	1,848	113	149
Albany, N. Y.	39	22	3	3
Allentown, Pa.	46	30	7	1
Buffalo, N. Y.	137	78	5	5
Camden, N. J.	45	26	2	3
Elizabeth, N. J.	28	18	1	1
Erie, Pa.	34	22	2	1
Jersey City, N. J.	62	41	6	1
Newark, N. J.	84	39	5	3
New York City, N. Y.	1,612	934	58	84
Paterson, N. J.	33	19	1	1
Philadelphia, Pa.	484	269	5	25
Pittsburgh, Pa.	191	104	10	10
Reading, Pa.	38	22	–	3
Rochester, N. Y.	108	76	–	3
Schenectady, N. Y.	21	9	2	1
Scranton, Pa.	39	27	3	2
Syracuse, N. Y.	72	47	1	–
Trenton, N. J.	41	25	1	–
Utica, N. Y.	29	19	–	1
Yonkers, N. Y.	32	21	1	1
EAST NORTH CENTRAL:	2,546	1,428	88	133
Akron, Ohio	53	30	–	3
Canton, Ohio	33	21	1	2
Chicago, Ill.	694	354	25	40
Cincinnati, Ohio	154	83	–	8
Cleveland, Ohio	230	127	5	14
Columbus, Ohio	142	73	6	7
Dayton, Ohio	76	45	2	5
Detroit, Mich.	329	185	10	18
Evansville, Ind.	39	24	–	1
Flint, Mich.	57	30	2	–
Fort Wayne, Ind.	42	26	3	1
Gary, Ind.	48	26	7	3
Grand Rapids, Mich.	46	25	6	1
Indianapolis, Ind.	155	91	1	9
Madison, Wis.	42	25	6	2
Milwaukee, Wis.	127	81	3	8
Peoria, Ill.	34	18	1	3
Rockford, Ill.	46	30	5	2
South Bend, Ind.	47	30	2	1
Toledo, Ohio	93	61	2	4
Youngstown, Ohio	59	43	1	1
WEST NORTH CENTRAL:	829	501	23	48
Des Moines, Iowa	59	37	–	1
Duluth, Minn.	28	15	–	–
Kansas City, Kans.	41	21	2	6
Kansas City, Mo.	136	87	–	9
Lincoln, Nebr.	33	24	1	2
Minneapolis, Minn.	84	52	3	5
Omaha, Nebr.	77	44	1	4
St. Louis, Mo.	207	126	4	7
St. Paul, Minn.	79	49	3	4
Wichita, Kans.	85	46	9	10
SOUTH ATLANTIC:	1,187	600	45	52
Atlanta, Ga.	130	61	4	8
Baltimore, Md.	227	117	6	9
Charlotte, N. C.	57	33	2	2
Jacksonville, Fla.	105	47	9	2
Miami, Fla.	102	56	–	5
Norfolk, Va.	42	16	2	3
Richmond, Va.	84	47	4	2
Savannah, Ga.	38	21	1	2
St. Petersburg, Fla.	100	74	6	3
Tampa, Fla.	77	36	2	6
Washington, D. C.	170	71	6	7
Wilmington, Del.	55	21	3	3
EAST SOUTH CENTRAL:	616	291	33	35
Birmingham, Ala.	115	52	1	3
Chattanooga, Tenn.	42	14	4	–
Knoxville, Tenn.	34	17	1	–
Louisville, Ky.	123	56	16	11
Memphis, Tenn.	137	65	2	11
Mobile, Ala.	45	18	3	3
Montgomery, Ala.	35	22	4	2
Nashville, Tenn.	85	47	2	5
WEST SOUTH CENTRAL:	1,175	562	47	86
Austin, Tex.	51	27	5	1
Baton Rouge, La.	49	26	–	4
Corpus Christi, Tex.	23	11	–	2
Dallas, Tex.	164	61	1	21
El Paso, Tex.	43	23	5	7
Fort Worth, Tex.	77	42	2	5
Houston, Tex.	231	94	4	15
Little Rock, Ark.	63	33	5	6
New Orleans, La.	133	60	1	1
Oklahoma City, Okla.	104	54	7	9
San Antonio, Tex.	111	56	3	6
Shreveport, La.	60	36	3	3
Tulsa, Okla.	66	39	11	6
MOUNTAIN:	436	239	15	27
Albuquerque, N. Mex.	41	13	2	4
Colorado Springs, Colo.	25	17	1	4
Denver, Colo.	119	65	4	3
Ogden, Utah	14	8	2	1
Phoenix, Ariz.	124	70	2	8
Pueblo, Colo.	21	13	1	1
Salt Lake City, Utah	49	26	2	3
Tucson, Ariz.	43	27	1	3
PACIFIC:	1,620	956	27	58
Berkeley, Calif.	19	15	1	–
Fresno, Calif.	43	25	1	2
Glendale, Calif.	26	17	–	1
Honolulu, Hawaii	50	20	2	1
Long Beach, Calif.	115	70	3	4
Los Angeles, Calif.	486	285	5	17
Oakland, Calif.	82	40	1	4
Pasadena, Calif.	47	35	1	4
Portland, Oreg.	138	94	2	3
Sacramento, Calif.	57	38	–	3
San Diego, Calif.	101	61	–	–
San Francisco, Calif.	192	93	5	10
San Jose, Calif.	48	27	1	–
Seattle, Wash.	133	87	2	3
Spokane, Wash.	42	25	–	3
Tacoma, Wash.	41	24	3	3
Total	12,272	6,804	426	620

Cumulative Totals
including reported corrections for previous weeks

All Causes, All Ages	459,903
All Causes, Age 65 and over	263,742
Pneumonia and Influenza, All Ages	21,950
All Causes, Under 1 Year of Age	21,451

DIPHTHERIA – *(Continued from page 303)*

A random survey for diphtheria immunization status, conducted in the South Phoenix area from August 4 through 6, showed that 42 percent of the 5 to 14-year-old children were fully immunized* and that 15 percent had never been inoculated with diphtheria toxoid.

From August 18 through 21, a community-wide diphtheria vaccination program was conducted in the South Phoeniz area. With the stimulus of news media coverage and volunteers, conducting door-to-door publicity, 18,000 persons received Td or DTP inoculations. A follow-up vaccination program for booster doses is planned for November 1969.

(Reported by S. F. Farnesworth, M.D., Director, and Joseph Pinto, M.D., Director, Medical Services, and Lad Mezera, M.D., Director, Bureau of Communicable Disease Control, Maricopa County Health Department; and an EIS Officer.)

*Full – Primary series (three or more injections), or a primary series plus a booster, completed within 4 years of onset of illness.

INTERNATIONAL NOTES

QUARANTINE-EXEMPT AREAS – United States

To facilitate international travel, the United States is seeking to increase the number of travelers who can be exempted from routine quarantine inspection on arrival at U.S. ports of entry. Many passengers come from countries that are free from quarantinable diseases; nevertheless, travelers visiting such countries and then continuing to the United States have been undergoing duplicate inspections.

Islands of the Caribbean have been free of smallpox since 1951 and of yellow fever since 1959 and have adequate safeguards against introduction of quarantinable diseases (plague, cholera, yellow fever, smallpox, typhus, and relapsing fever). Effective August 8, 1969, the list of previously quarantine-exempt areas (Aruba, Bahama Islands, Bermuda Islands, British Virgin Islands, Canada and Miguelon and St. Pierre Islands, Curacao, Greenland, Iceland, Jamaica, Mexico, and Panama Canal Zone) has been expanded to include Bonaire, Dominican Republic, Cayman Islands, Haiti, Trinidad, Tobago, and islands of the Leeward and Windward groups of the lesser Antilles.

(Reported by the Foreign Quarantine Program, NCDC.)

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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.