Morbidity and Mortality Report





U. S. Department of HEALTH, EDUCATION, AND WELFARE

Public Health Service

NATIONAL OFFICE OF VITAL STATISTICS

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Provisional Information on Selected Notifiable Diseases in the United States and on Deaths in Selected Cities for Week Ended February II, 1956

EPIDEMIOLOGICAL REPORTS

Typhoid fever

Since the first of January 1956, there have been 48 cases of typhoid fever reported in the East North Central and the West North Central States. Twenty-three of these have occurred in 3 States-15 in Minnesota, and 4 each in Michigan and Wisconsin. Twelve of the Minnesota cases had onsets between January 9 and 17. Six of the 15 cases in Minnesota were in Minneapolis and 2 were in St. Paul. The remaining cases in this and other States have been scattered. Phage type E1, S. typhi has been isolated from 8 of 12 cases in Minnesota, from whom cultures have been obtained. The Enteric Bacteriology Laboratory, CDC, has reported that 3 cultures from Wisconsin, 2 from Iowa, and 1 from Illinois, have also been typed as E1. This is a common type found in the United States. While no relationship between cases in the various States has been established, the possibility of some interstate vehicle of infection is being investigated.

Influenza

The following reports have been received by the Influenza information Center, NIH, and the National Office of Vital Sta-

Dr. S. S. Kalter, New York State University at Syracuse, reports that a hemagglutinating agent has been isolated from 1 of 3 patients with clinical evidence of influenza. Further studies are now in progress.

The Preventive Medicine Division, OSG, Department of the Army, has reported on serologic tests on 31 paired specimens of blood, Antibody against influenza A was demonstrated in 1 specimen, and influenza B in another. These were obtained from personnel stationed in California. No significant increase in respiratory diseases has been noted in the units from which these specimens were obtained.

Infectious hepatitis

The Illinois Department of Public Health has reported an outbreak of infectious hepatitis in an institution in the northeasiern part of the State. The first case was in a child who was taken to a nearby hospital where she spent 4 weeks. Following her discharge, she was isolated in the institution for 2 weeks. Subsequent to this, 16 cases have been diagnosed. The physician administered gamma globulin, which seemed to relieve their abdominal symptoms quickly. They were placed on a high carbohydrate diet and kept on bed rest in isolation. The children have close contact with the athletic director of the institution who was ill at Thanksgiving time. His illness was diagnosed as infectious hepatitis. All the 200 children in the instinction and 44 adults have been given gamma globulin propherical in this outbreak phylaris. Milk and water were not implicated in this outbreak.

The California Department of Public Health has reported 4 cases of infectious hepatitis among members of a high school football squad. All had jaundice, fever, loss of appetite, dark urine, and icteric sclerae. The icteric index varied from 26 to 60 units. The members met during the football season for

lunch in the gymnasium. The lunch consisted of a sack lunch from home or food purchased from the school cafeteria. They followed the standard procedure of showering and sutting up in the home gymnasium. However, on one occasion (about a month before illness), they used gymnasium facilities of another school. Water bucket and towel practice during games was considered to have possible significance, but this was not proven. An examination revealed that the 2 water buckets were in a filthy condition. As a result of the investigation and recommendations, school authorities replaced the buckets with a portable positive pressure aeroator water fountain cart, Gamma globulin for prophylaxis was dispensed and/or administered to household contacts, to members of the squad, and also to the coaching staff on request.

Cryptococcus

Dr. Mason Romaine, Virginia Department of Health, has reported a case of cryptococcus in a 50-year-old man. The patient was admitted to a hospital, complaining of diffuse headache which started about 10 days earlier. Various drugs including several antibiotics were tried but without effect. At times he was mentally clear, and sometimes very stuporous. On one occasion he collapsed with vomiting, profuse sweating, rapid heart beat, and labored breathing. Finally he lapsed into a coma, and his temperature gradually went up, reaching 105,4 degrees at death. No autopsy was made but the final impression was cryptococcus infection of the nervous system.

Dr. G. D. Wallace, Alabama Department of Public Health, reports that a 26-year-old woman died of rabies early in January. Preliminary information revealed that she had been bitten on the right thumb by an unidentified stray dog, May 4, 1955. The dog was later killed, but was not submitted for laboratory examination. Information as to the amount of antirables treatment administered subsequent to the bite is not yet available. Negri bodies were demonstrated in brain tissue of the deceased. The post-mortem examination was performed after the patient was embalmed and no mouse inoculation was possible.

Dr. A. M. Washburn, Arkansas State Board of Health, has given information on an investigation made to determine the advisability of administering rabies vaccine to 2 young children who had been bitten by their house cat. The cat was placed under the care of a veterinarian and began to exhibit symptoms compatible with rabies. Three days had elapsed since the lesions were inflicted on the children's hands and the physician advised administration of rables vaccine promptly. Later, the cat was found dead and it's brain was submitted for laboratory examination, but no Negri bodies were found. Material sent to the Communicable Disease Center for animal inoculation was positive for the disease.

The physician who treated the children was concerned about the composition of human antirabies vaccine, since one of the children was sensitive to horse serum. To date, no untoward reactions have been reported, and it is hoped the rabies infection has been prevented.

Psittacosis

Dr. J. S. Palmer, Veterinary Public Health Service, Utah Department of Health, has reported a case of psittacosis in a 79-year-old man. The patient became ill with a respiratory condition in November 1955. Toward the end of the year, he collapsed and was hospitalized. A chest X-ray showed consolidation, and a tentative diagnosis of psittacosis was made. The diagnosis was confirmed by complement fixation test which was 4+ at a dilution of 1:128. Three other adults live in the same house and 2 of them had symptoms suggestive of psittacosis within the past 3 months. Two parakeets were implicated in this outbreak-one from New Mexico, and one from a local store. At the time of the tentative diagnosis of psittacosis in the patient, both birds were killed and placed in an outdoor trash can, contrary to instructions of the physician. Although in a state of disintegration, the locally purchased bird was obtained for laboratory examination. The results are pending.

Dr. Stanley H. Osborn, Connecticut Department of Health, has provided information on 2 cases of psittacosis reported recently in the State.

The first was in a 26-year-old woman who became ill with chest pain, cough, and fever during the third week of January. Psittacosis complement fixation tests have not been performed. However, she owned a parakeet, purchased in December 1955, which died 3 days after onset of her illness. This bird was submitted to the Virus and Rickettsial Laboratory in Montgomery, Alabama, where psittacosis virus was isolated. The parakeet was bred in Connecticut, and a 10-percent sample has been taken from the aviary there and sent to Montgomery for testing.

The second case was in a 54-year-old man who became ill with pain in legs, cramps, chills, and fever during the second week of January. The attending physician has made a clinical diagnosis of psittacosis, but a blood specimen was negative for psittacosis. The patient was exposed to a parakeet, purchased in December. The bird appeared healthy but was killed and sent to Montgomery for tests for psittacosis. This bird was

Continued on page 8

Table 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: CONTINENTAL UNITED STATES (Numbers after diseases are category numbers of the Sixth Revision of the International Lists, 1948)

4	6	th WEEK		CUMULATIVE NUMBER						
DISEASE	Ended Feb. 11, 1956	Ended Feb. 12, 1955	Median 1951-55	Fix	rst 6 vee	ks	Since seasonal low week			Approxi- mate seasonal
				1956	1955	Median 1951-55	1955-56	1954 - 55	Median 1950-51 to 1954-55	low point
Anthrax062	11	1	1	6	4	2 40 4	(²)	(2) (2)	(²)	(²)
Botulism049.1	-	19)		×	4		(°)	(²)	(²)	(°2)
Brucellosis (undulant fever) 044	16	10		³ 95	112					
Diphtheria055	30	33	38	250	272	282	1,580	1,489	1,953	July
Encephalitis, infectious	15	13	18	⁵ 119	116	94	51,070	1,468	821	June
and serum092, N998.5 pt.	486	1,054		3,010	5,564					
Malaria110-117	3	1		19	18		(2)	(²)	(²)	(²)
Measles085	10,740	17,943	13,589	48,961	83,107	59,481	6 ₇₈ ,059	138,857	95,573	Sept.
Meningococcal infections057	79	97	102	7450	599	660	71,373	1,691	1,842	Sept.
Meningitis, other340	31			8 159						
Poliomyelitis080	61	63	108	583	620	815	28,790	37,807	35,357	Apr.
Psittacosis096.2	4	11		29	46		(2)	(2)	(2)	(2)
Rabies in man094	A 31.	1	(E)	3	1	1	(2) (2)	(2)	(2) (2)	Apr. (2) (2) (2)
Smallpox084	137.71	200	307	-	-	44	(*)			(2)
Typhoid fever040	24	26	27	⁹ 159	144	178	91,578	2,021	2,163	Apr. (2)
Typhus fever, endemic101	3	5	740V - 111	6	9	AND IT	(2)	(²)	(²)	(=)
Rabies in animals	101	118	170	608	715	951	1,633	2,068	2,495	Oct.

²Frequencies are too small. Reported in Massachusetts.

SOURCE AND NATURE OF MORBIDITY DATA

These provisional data are based on reports to the Public Health Service from health departments of each State and of Alaska, Hawaii, and Puerto Rico. They give the total number of cases of certain communicable diseases reported during the week usually ended the preceding Saturday. Cases of anthrax, botulism, rabies in man, and smallpox are not shown in table 2,

but a footnote to table 1 shows the States making the reports In addition, when diseases of rare occurrence (cholera, dengo plague, relapsing fever-louse borne, typhus fever-epidem and yellow fever) are reported, they will be noted at the of table 1.

SAddition: Kentucky, week ended February 4, 1 case.

Bell: **Deduction: Arkansas, week ended February 4, 1 case.

**Addition: Michigan, week ended February 4, 772 cases.

**Addition: Virginia, week ended February 4, 1 case. Addition: Virginia, week ended February 4, 1 case. Addition: Virginia, week ended February 4, 1 case.

Addition: New York, week ended February 4, 2 cases and South Dakota 1 case; Iowa, week ended January 21, 1 case.

NOTE .- We report for the current week has been received from Arizona, Maryland, and Michigan.

Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE. ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED FEBRUARY 12, 1955 AND FEBRUARY 11, 1956

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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CONT. UNITED STATES	16	10	30	33	219	272	15	13	486	1,054	2,823	5,56
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New Hampshire	- 1	-	-	-	-	-	■-	-	1	3	2	2
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hode Island	1		-	2	-	4	- 5	3	5	28	46	21
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Corrected figure.

Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED FEBRUARY 12, 1955 AND FEBRUARY 11, 1956—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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MIDDLE ATLANTIC	3	11	45	79	2	2	_	_	_	_	1,528	3,29
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Includes cases not specified by type, category number 080.3.

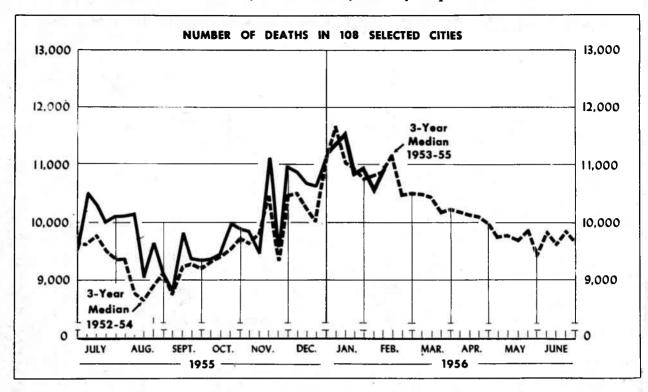
Sincludes delayed cases with onset late in 1954.

Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED FEBRUARY 12, 1955 AND FEBRUARY 11, 1956—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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41/411	-	-		2	-	-		-	-	-	-	
Werto Rico		1					8		8			

Corrected figure. Report for January.



The chart shows the number of deaths reported for 108 major cities of the United States by week for the current year, and, for comparison, the median of the number of deaths reported for the corresponding weeks of the 3 previous calendar years. (The median is the central one of the three values arranged in order of magnitude.) If a report is not received from a city in time to be included in the total for the current week, an estimate is made to maintain comparability for graphic presentation.

The figures reported represent the number of death certificates received in the vital statistics offices during the week indicated for deaths occurring in that city. Figures compiled in this way, by week of receipt, usually approximate closely the number of deaths occurring during the week. However, differences are to be expected because of variations in the

interval between death and receipt of the certificate.

While week-to-week changes in the total number of deaths reported for all major cities generally represent a change in mortality conditions, this may not be true for variations in weekly figures for each city. For example, in a city with a weekly average of 50 deaths, the number of deaths occurring in a week may be expected to vary by chance alone from 36 to 64 (d \pm 2 $\sqrt{10}$ d, where d represents the average number of deaths per week).

The number of deaths in cities of the same size may also differ because of variations in the age, race, and sex composition of their populations, and because some cities are hospital centers serving the surrounding areas. Changes from year to year in the number of deaths may be due in part to population increases or decreases.

Table 3. DEATHS IN SELECTED CITIES BY GEOGRAPHIC DIVISION
(By place of occurrence, and week of filing certificate. Exclusive of fetal deaths)

	6th week ended	5th week ended	6th week	Percent change, median	CUMULATIVE NUMBER FIRST 6 WEEKS			
AREA	Feb. 11, 1956	Feb. 4, 1956	median 1953-55	to current week	1956	1955	Percent change	
TOTAL; 100 REPORTING CITIES	10,232	9,968	10,199	+0.3	62,188	60,833	+2.2	
New England(15 cities)	470	451	493	-4.7	2,931	2,986	-1.8	
Middle Atlantic(15 cities)	2,858	2,879	3,110	-8.1	17,980	18,269	-1.6	
East North Central(18 cities)	2,423	2,331	2,273	+6.6	14,433	13,813	+4.5	
West North Central(8 cities)	773	757	753	+2.7	4,580	4,180	+9.6	
South Atlantic(9 cities)	850	854	872	-2.5	5,373	4,874	+10.2	
East South Central(7 cities)	465	487	446	+4.5	2,972	2,837	+4.8	
West South Central(13 cities)	852	875	803	+6.1	5,317	5,069	+4.9	
Mountain(7 cities)	232	223	255	-9.0	1,424	1,517	-6.1	
Pacific(10 cities)	1,309	1,111	1,173	+11.6	7,178	7,288	-1.5	

Table 4. DEATHS IN SELECTED CITIES FOR WEEK ENDED FEBRUARY 11, 1956

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

CITY	6th week ended Feb.	week week ended ended Feb. Feb.			CITY	6th week ended Feb.	5th week ended Feb.	CUMULATIVI FIRST 6	
	11, 1956	4, 1956	1956	1955	110	11, 1956	4, 1956	1956	1955
NEW ENGLAND					WEST NORTH CENTRAL—Con.		2		E44 8
Boston, Mass.		(206)		(1,533)	St. Louis, Mo	276	238	1,604	1,264
bridgeport, Conn.	30	29	229	248	St. Paul, Minn	7 7	81	416	430
Cambridge, Mass.	30 28	35	195 190	188 179	Wichita, Kans	53	43	266	239
Fall River, Mass.	45	33 47	308	342	SOUTH ATLANTIC				
Wowell, Magg.	31	22	154	154	Atlenta, Ga	106	123	725	656
ynn, Mass.	24	27	126	154	Baltimore, Md	245	242	1,531	1,426
W Bedford, Mass.	28	28	148	150	Charlotte, N. C	29	33	238	206
New Haven, Conn.	57 72	46	334	303	Jacksonville, Fla	(63)	(53)	(356)	(313
Providence, R. I	10	4 9 19	386 106	405 97	Miami, Fla	53 37	61 24	380 220	350
opringfield Mass.	45	44	275	283	Norfolk, Va	70	90	478	224 447
"d terbury, Conn.	22	22	167	173	Savannah, Ga	(19)	(37)	(171)	(205
Worcester, Mass	48	50	313	310	Tampa, Fla	71	65	397	368
	2				Washington, D. C	204	186	1,193	959
MIDDLE ATLANTIC					Wilmington, Del	35	30	211	236
Albany, N. YAllentown, Pa	32 (28)	54 (44)	294 (230)	279 (227)	EAST SOUTH CENTRAL				
Dul Talo. N. Y	136	132	906	924	Birmingham, Ala	79	75	493	521
odmiden. N. J.	35	40	235	245	Chattanooga, Tenn	40 39	44 45	278 268	281 223
Elizabeth, N. J	15	18	137	179	Louisville, Ky	115	140	706	667
Erie, Pa	29	43	204	211	Memphis, Tenn	104	105	653	647
Wark. N. J	105	(86) 100	619	(44 5) 719	Mobile, Ala	36	35	230	166
"W York City N V	1,591	1,568	9,943	10,176	Montgomery, Ala		(31)		(193
Tucerson, N. J	34	38	223	229	Nashville, Tenn	52	43	344	334
Authorita De	503	506	3,012	3,046	WEST SOUTH CENTRAL				
Pittsburgh, Pa	170	186	1,191	1,134	Austin, Tex	28	26	186	183
NOCHERTAR N Y	(26)	(17)	(130)	(153) (611)	Baton Rouge, La	19	25	124	147
TOUGHT N V	15	26	143	139	Corpus Christi, Tex	27	22	121	106
Toranton, Paranessan	(36)	(34)	(213)	(229)	Dellas, Tex	94 54	116 22	638 188	585
JIRCHRA N V	70	59	392	344	Fort Worth, Tex	73	62	367	183 356
Trenton, N. J.	47	39	279	295	Houston, Tex	119	120	833	794
Yonkers, N. Y	35 41	39 31	204 198	184 165	Little Rock, Ark	70	59	319	263
		31	130	165	New Orleans, La	162	192	1,033	975
EAST NORTH CENTRAL					Oklahoma City, Okla San Antonio, Tex	73 64	59 84	394	345
Altron ou	75			Note that of	Shreveport, La	43	42	525 317	563 275
Akron, Ohio	51	50	314	348	Tulsa, Okla	26	46	272	294
Cago, Til	32 776	25 801	158 4,877	172 4,479	MOUNTAIN				
THUINNAT! Obto	155	162	1,015	966					
	221	205	1,241	1,211	Albuquerque, N. Mex Colorado Springs, Colo	23 14	19 15	127	168
	109	97	661	682	Denver, Colo.	102	107	677	83 750
Dayton, Ohio	85	71	1 990	420	Ogden, Utah	15	7	75	69
	369 40	320 48	1,990 235	2,056 175	Phoenix, Ariz	29	.30	163	162
	43	30	236	221	Pueblo, Colo	(9)			(8)
WAYNO THA	42	48	248	202	Salt Lake City, Utah Tucson, Ariz	45	41	267 28	259
	(45)	(17)	(197)	(172)	· ·		•	20	26
Grand Rapids, MichIndianapolis, Ind	38	35	229	222	PACIFIC		1 V.		
	116 125	106 121	676 806	675 737	Berkeley, Calif	27	16	120	102
	25	32	179	178	Long Beach, Calif	66	63	354	312
	20	26	142	162	Los Angeles, Calif	541 100	457 80	3,017	3,105
	96	94	613	596	Cakland, Calif	55	35	571 244	604 219
Toungstown, Ohio	80	60	353	311	Portland, Oreg		(109)		(603
WEST NORTH CENTRAL	114	17	4 4 4		Sacramento, Calif		(50)		(313
Den Mas		1- 1	1 1	19 E 161	San Diego, Calif	65	68	433	501
Duluth, Minn.	57	46	321	295	San Francisco, Calif	223	178	1,202	1,191
ansas Can	21	21	148	164	Seattle, Wash	146	127 41	765	781
	106	127	662	(225) 646	Spokane, Wash	38	46	250 222	249 224
	115	136	755	737	123041) 1101111			222	664
Cheine, Mebr.	68	65	408	405	Honolulu, Hawaii	(45)	(30)	(225)	(216

Symbols.—parentheses [()]: data not included in table 5; 3 dashes [---]: data not available.

EPIDEMIOLOGICAL REPORTS—Continued

also Connecticut bred.

Salmonellosis

Dr. G. D. Wallace, Alabama Department of Public Health, has reported an outbreak of salmonellosis. Sixty persons developed symptoms compatible with salmonellosis. Although no food was available for culturing. Salmonella thompson was isolated from stool specimens of several patients. A fourfold rise in antibody titer was demonstrated in 4 of the patients by agglutination testing using homologous antigen. Evidence indicated that uncooked egg yolk used in pies was probably the source of infection.

Communicable diseases in other areas

The Pan American Sanitary Bureau, WHO, has relayed information that the Ministry of Public Health, Guatemala, has confirmed reports of mortality among monkeys near the San Francisco del Mar River, Municipio of Puerto Barrios, Department of Izabal, presumably caused by the virus of yellow fever. Monkeys are now known to have died in that area as early as the latter part of November 1955. An investigation was not made until January, and the official confirmation by the government was received on February 9, 1956. According to a report of February 9, monkeys are dying in the mountains near Lake Izabal.

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