NATIONAL COMMUNICABLE DISEASE CENTER

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WEEKLY REPORT

For Week Ending January 31, 1970

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

MEASLES – Washington, D. C.

Between Oct. 1, 1969, and Jan. 13, 1970, a total of 261 cases of measles were reported from Washington, D. C. This was a marked resurgence since no cases had been reported between April 1968 and August 1969 (Figure 1). A few of the cases reported since October were serologically confirmed. Most cases were in preschool children (mean and median ages, 3.4 and 3 years, respectively) (Table 1) who resided in the disadvantaged areas east of Rock Creek Park. Of the 261 cases, 255 were in Negroes; 135 (56 percent) were in males and 126 (44 percent) were in females. Immunization data obtained on 50 percent of the cases showed no history of previous clinical measles or immunization in most cases.

Extensive immunization programs had been conducted in Washington, D. C. in 1966 and 1967. The predominance of recent cases among preschool children probably reflects the continued high levels of immunity in schoolage children and the development of new populations of susceptibles in the younger age groups who have not been immunized.

(Continued on page 38)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	4th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 4 WEEKS		
	January 31, 1970	January 25, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	19	30	29	123	89	109
Brucellosis	2	2	3	6	7	13
Diphtheria	10	1	3	20	8	8
Encephalitis, primary:						
Arthropod-borne & unspecified	14	33	21	68	79	79
Encephalitis, post-infectious	10	3	12	25	19	32
Hepatitis, serum	115	99	851	498	360	3,103
Hepatitis, infectious	1,089	889		4,298	3,079	
Malaria	63	50	22	205	153	89
Measles (rubeola)	1,116	367	1,972	3,458	1,173	6,011
Meningococcal infections, total	80	105	68	246	306	289
Civilian	78	99	64	235	297	264
Military	2	6	4	11	9	14
Mumps	2,599	2,203	---	9,362	7,930	---
Poliomyelitis, total	–	–	–	–	–	–
Paralytic	–	–	–	–	–	–
Rubella (German measles)	1,183	526	---	3,326	1,582	---
Tetanus	2	2	3	4	7	7
Tularemia	2	2	4	6	7	13
Typhoid fever	6	3	8	21	20	19
Typhus, tick-borne (Rky. Mt. spotted fever)	–	–	–	–	1	3
Rabies in animals	54	83	83	181	221	284

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Psittacosis: Ala.-1	2
Botulism:	–	Rabies in Man:	–
Leprosy: La.-1, Tex.-3	6	Rubella congenital syndrome: Calif.-2, La.-1, Md.-1, Ore.-1	7
Leptospirosis: Ga.-1	5	Trichinosis: N.J.-1	6
Plague:	–	Typhus, murine:	–

MEASLES – *(Continued from front page)*

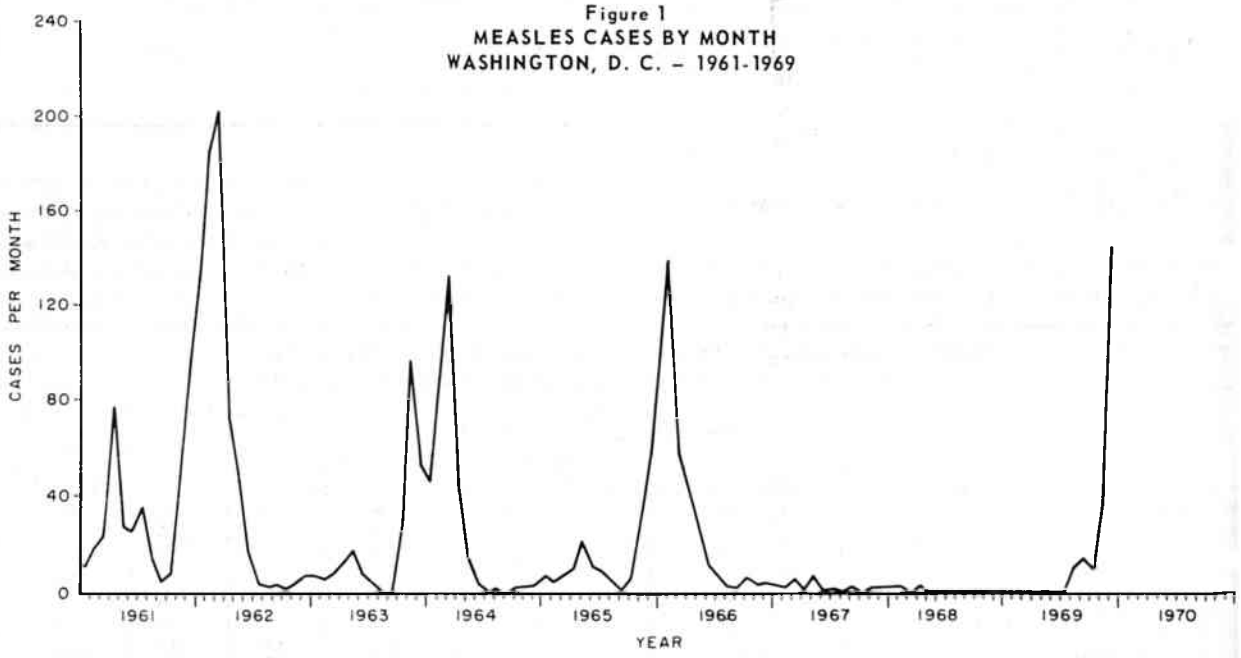
Table 1
Distribution of Measles Cases by Age
Washington, D. C. – October 1969-January 1970

Age (Years)	Number of Cases	Percent
<1	32	12.3
1	61	23.4
2	32	12.3
3	26	10.0
4	22	8.4
5	26	10.0
6	31	11.9
7	13	5.0
8	9	3.4
9	8	3.0
10	0	0.0
11	1	0.3
Total	261	100.0

Epidemiologic study is continuing, and control measures are being considered.

(Reported by William E. Long, M.D., Chief, Epidemiology Division, and the Bureau of Laboratories, District of Columbia Department of Public Health; the Public Health Advisors, Immunization Branch, State and Community Services Division, NCDC, assigned to the District of Columbia Department of Public Health; and an EIS Officer.)

Figure 1
MEASLES CASES BY MONTH
WASHINGTON, D. C. – 1961-1969



DIPHTHERIA – Chicago, Illinois

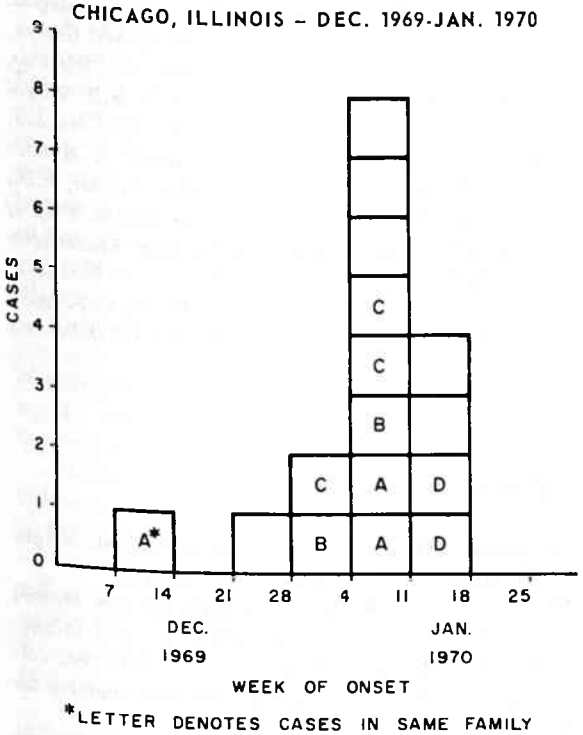
On Jan. 1, 1970, diphtheria was diagnosed clinically in a 4-year-old boy who resided in the inner-city area of Chicago. By January 23, a total of 16 cases (two fatal) had been reported (Figure 2). Toxigenic *Corynebacterium diphtheriae* was cultured from 14 of these patients and from six asymptomatic case contacts. Most of the patients presented with fever, sore throat, and exudates or membranes on their tonsils or pharyngeal areas; three patients presented with tracheal or laryngeal membranes and respiratory distress; and two other patients had nasal diphtheria. Myocarditis was observed in both patients who died.

Four patients gave histories of having completed a primary series of diphtheria toxoid immunization; two of these were Schick test negative and two were Schick positive. Five other patients had received one or more doses of diphtheria toxoid; two of these were Schick negative. Of the seven unimmunized patients, four had severe illness and three had mild or moderately severe illness.

The patients ranged in age from 1 1/2 to 50 years old; five were in the 0 to 4 years age group, three in the 5 to 9 years age group, and five in the 10 to 14 years age group. Nine were in Caucasians, including seven persons of Puerto Rican extraction, and two were in Negroes.

A total of 10 households or family groups were involved. They lived one-half to 13 miles apart, all in low-income areas around the center of the city. The children

Figure 2
DIPHTHERIA CASES BY WEEK OF ONSET
CHICAGO, ILLINOIS – DEC. 1969-JAN. 1970



*LETTER DENOTES CASES IN SAME FAMILY

of these families attended different schools, and none of the 10 families had any known contact with the others. None had visited other areas in the country known to have diphtheria cases or had visitors from such areas.

Case contact investigations were begun and interviewing to obtain immunization histories was conducted in the immediate vicinity of some of the households with diphtheria cases. A high percentage of the neighboring people were found in need of a primary series or booster immunization with diphtheria toxoid.

On January 3 and 8, a "Task Force Committee" composed of Chicago Board of Health personnel and consultant university physicians planned control measures. These included distributing culture media to hospital emergency rooms throughout Chicago to evaluate suspect cases and setting up a program for centralized bacteriologic examination of the cultures. Persons with cultures positive for *C. diphtheriae* and clinically suspect cases were hospitalized for treatment. Special well-publicized immunization clinics were set up near the diphtheria households, and immunization teams were sent to the schools of the diphtheria patients. By January 31, more than 172,000 doses of diphtheria toxoid had been given by board of health personnel at the special immunization clinics.

(Reported by Murray C. Brown, M.D., Commissioner, and Olga Brolnitsky, M.D., Chief Epidemiologist, Herbert Slutsky, Ph.D., Senior Epidemiologist, Richard Suhs, M.D., and H. G. Orbach, Ph.D., Acting Director, and June DeCelles, Supervisor, Bacteriology Section, Division of Laboratories, Chicago Board of Health; Charles A. Kallick, M.D., Medical Superintendent, and Delmar M. Rudig, Supervisor, Laboratories Section, Chicago Municipal Contagious Diseases Hospital; and Hugh L. Moffett, M.D., Associate Professor of Pediatrics, Northwestern University School of Medicine, Chicago; Norman Rose, M.D., Chief, Bureau of Epidemiology, Illinois Department of Public Health.)

DIPHTHERIA – Florida 1969

In 1969 in Florida, 22 cases of diphtheria (four fatal) were reported compared with 16 cases (two fatal) in 1968. Eleven of the cases in 1969 were from an outbreak in Miami, Dade County. During the time period following this outbreak, over 400,000 inoculations with Td and DPT were given throughout Florida by health officials.

The outbreak in Dade County was first recognized in November (MMWR, Vol. 18, No. 48) when six cases (one fatal) occurred in children from two families in northwest Miami who attended three schools. Five other associated cases were subsequently included in the outbreak. All 11 patients resided in a low socioeconomic community in or on the fringe of a 7-square mile Title I Model Cities area. All cases were in children between 1 and 14 years of age (median between 7 and 8 years). Eight were in four Negro families and three were in one Caucasian family. Nine of 11 patients had at least one culture positive carrier among his contacts, and none of the patients or culture positive contacts had been previously immunized against diphtheria. All organisms were toxigenic, and those tested were of the mitis strain.

During the outbreak, a mass immunization campaign was begun with plans for a booster campaign in February 1970. Of the estimated population of 90,000 in the Model Cities area, 84,000 were immunized including 40,000 school children, with over 200,000 Td and DPT injections being given by local health officials in Dade County. A substantial number of inoculations were also given by private physicians.

Two other cases of diphtheria (one fatal) possibly related to the cases in Dade County occurred between Dec. 5 and 10, 1969, in one family in Monticello, Jefferson County, Florida (approximately 450 miles north-northwest of Miami and 150 miles west of Jacksonville.) This family had been visited in early December by three families from the area in Miami experiencing diphtheria. Cultures taken on these three families 1 week later, after they returned to Miami, were negative for *Corynebacterium diphtheriae*. After these cases, over 5,000 Td and DPT inoculations were given in Monticello.

During the Dade County outbreak, a presumptive diagnosis of diphtheria, which was not confirmed, was made in Broward County (adjacent to Dade County on its northern border). As a result, about 30,000 inoculations of Td and DPT were given in Broward.

(Continued on page 40)

DIPHTHERIA – *(Continued from page 39)*

Coincident with the outbreak in Dade County, three cases of diphtheria were also reported from Jacksonville; all were nonfatal cases (two cutaneous and one pharyngeal) and had occurred in August and November. Because of these cases over 29,000 Td and DPT inoculations were given. Subsequent to this Jacksonville immunization program, three cases in one family occurred in the week of January 5 and one apparently unrelated case occurred in the week of January 26.

(Reported by Milton S. Saslaw, M.D., Director, Abraham Bolker, M.D., Acting Director, Division of Research and Epidemiology, and Myriam A. Bosch, M.D., Epidemiologist, Dade County Department of Public Health; Robert Graves, Director, and Michael Kimberly, Acting-Assistant Director, Miami Regional Laboratory; Patrick H. Smith, M.D., Director, Jefferson County Health Department; Paul Hughes, M.D., Director, Broward County Department of Health; E. R. Smith, M.D., Health Officer, and Myrna Ginter, M.D., Epidemiologist, Consolidated Health Department, City of Jacksonville; E. Charlton Prather, M.D., State Epidemiologist, and Nathan J. Schneider, Ph.D., Chief, Bureau of Laboratories, Florida State Division of Health, Department of Health and Rehabilitative Services; and two EIS Officers.)

TRICHINOSIS – Pennsylvania

In Harrisburg, Pennsylvania, in early November 1969, four Italian men, ages 25 to 38 years, had gradual onsets of abdominal pain, nausea, vomiting, diarrhea, palpitation, periorbital edema, and muscular aches and cramps. All were hospitalized, and on admission, laboratory tests showed marked leukocytosis with eosinophilia ranging from 50 to 70 percent. The men reported having come to the United States in late September to serve briefly as consultants to a company in Harrisburg. They stayed at a local motel and obtained their meals in neighboring restaurants. In the first and third weeks of October, they had purchased and eaten raw pork sausage from a local supermarket. On admission, the two men who had eaten very little sausage suffered primarily from periorbital edema, while the two who had eaten several 5-inch pieves were more severely ill. Trichinosis was diagnosed, and the two very ill men were treated with thiabendazole, 25 mg per kg body weight twice daily for 3 days, with marked improvement.

Muscle biopsies on the two severely ill men showed myositis with heavy eosinophilic infiltration and in one, encysted worms. Bentonite flocculation tests on sera collected on November 19 from all four men were negative for trichinosis.

The infected meat was traced to hogs purchased at an auction. The lot consisted of hogs from several different sources; more specific identification was not possible.

(Reported by W. D. Schrack, Jr., M.D., Director, and I. F. Gratch, M.D., Epidemiologist, Division of Communicable Diseases, and Ernest J. Witte, D.V.M., Chief, Veterinary Public Health Section, Pennsylvania Department of Health; and an EIS Officer.)

FOLLOW-UP ORGANIC MERCURY POISONING – New Mexico

The condition of two of the three children hospitalized in El Paso, Texas, with organic mercury poisoning remains unchanged with the 8-year-old girl and the 13-year-old boy comatose. Their 20-year-old sister has slightly improved and now responds to verbal stimuli. All three have been treated with British-Anti-Lewisite (BAL).

In a separate incident, 18 hogs owned by a woman in Clovis, New Mexico, had been fed grain suspected of having been treated with methyl mercury dicyandiamide. Three have become ill with impaired vision and ataxia, and one has died. Its tissues are being tested for mercury by the Atlanta Toxicology Branch, Food and Drug Administration.

All New Mexico and El Paso County, Texas, physicians and New Mexico veterinarians have been notified regarding the possibility of other human or animal cases. Pork previously embargoed in Roswell, New Mexico, because of the possibility of inclusion of meat containing mercury is being tested for mercury by the U.S. Department of Agriculture. Pork found negative will be released for sale.

(Reported by Bruce Storrs, M.D., Director, Medical Services Division, and Jon Thompson, Chief, Food Protection Unit, Consumer Protection Service, Department of Health and Social Services, New Mexico State Department of Public Health; George Fair, M.D., District Health Officer, Las Cruces, New Mexico; M.S. Dickerson, M.D., Director, Communicable Disease Division, Texas State Department of Health; Laurance Nickey, M.D., Pediatrician, El Paso; William Barthel, Chief, Atlanta Toxicology Branch, Food and Drug Administration; John E. Spaulding, M.D., Head, Toxicology Group, Consumer and Marketing Services, U.S. Department of Agriculture; and a team of EIS Officers.)

INTERNATIONAL NOTES

CHOLERA IN AN AMERICAN TOURIST – Australia

A 79-year-old American tourist developed cholera in Australia in early December after visiting Bombay, India. The patient, a known diabetic, was accompanied by his wife, son, and daughter-in-law on a journey from the United States to Rome, Johannesburg, and Bombay. In Bombay, they spent 1 day, December 5, and 2 nights prior to leaving for Australia. During the time they were in India, no food was eaten other than that obtained in their hotel or restaurants recommended for tourists. The man became ill about 2 a.m. on December 6 and was admitted to the Fairfield Infectious Diseases Hospital, Melbourne, at 4 p.m. the same day. Signs and symptoms at that time included cardiovascular collapse, dehydration, aphonia, severe muscle cramps, and mental disorientation. His stool had the "rice water" appearance typical of cholera.

During the first 24 hours, 11 liters of intravenous electrolyte solutions were administered and subsequently 9 to 10 liters per day were required for 3 days to balance stool losses. He was also treated with intravenous chloramphenicol and oral tetracycline. His diabetes was controlled with insulin. On December 9, he developed auricular fibrillation. He responded well to treatment and was discharged after 16 days, completely recovered.

Diagnosis was proved by isolation of *Vibrio cholerae* biotype El Tor, Ogawa serotype on plain nutrient agar, blood agar, and MacConkey's media. The laboratory isolate was confirmed by serologic and biochemical tests.

The other three members of the tour group did not become ill, and there were no secondary cases. The patient had received two doses of cholera vaccine about 2 weeks before he left the United States.

(Reported by Dr. W. D. Refshauge, Director-General of Health, Commonwealth of Australia; Dr. John A. Forbes, Medical Superintendent, and Dr. A. A. Ferris, In-charge, Bacteriology Laboratory, Fairfield Infectious Diseases Hospital, Victoria, Australia.)

Editorial Comment:

It is unusual for tourists to develop cholera even after visits to highly endemic areas. This is the second documented American case, the first having occurred in a tourist who became ill in Japan after a trip to Hong Kong in 1962 (MMWR, Vol. 12, No. 46).

Furthermore, this recent case emphasizes that the cholera vaccine provides only relative protection. In a controlled field trial conducted in East Pakistan, the vaccine was shown to be 75 percent protective during the first 3 months after vaccination. *(1)*

Reference:

(1) Benenson, A. S., et al.: Cholera Vaccine Field Trials in East Pakistan. 2. Effectiveness in the Field, *Bulletin World Health Organization 38:*359-372, 1968.

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas December 1968 and December 1969 - Provisional Data

Reporting Area	December		Cumulative Jan - Dec	
	1969	1968	1969	1968
NEW ENGLAND	35	24	368	344
Maine	-	-	9	3
New Hampshire	1	-	9	6
Vermont	-	1	1	1
Massachusetts	20	12	206	214
Rhode Island	1	5	43	35
Connecticut	13	6	100	85
MIDDLE ATLANTIC	321	271	3,881	3,493
Upstate New York	28	29	275	332
New York City	202	160	2,615	2,243
Pa. (Excl. Phila.)	14	17	151	222
Philadelphia	18	22	218	239
New Jersey	59	43	622	457
EAST NORTH CENTRAL	239	168	2,721	2,789
Ohio	31	33	403	452
Indiana	44	21	412	349
Downstate Illinois	28	12	279	204
Chicago	101	57	976	975
Michigan	32	45	622	784
Wisconsin	3	-	29	25
WEST NORTH CENTRAL	42	20	414	384
Minnesota	6	5	60	56
Iowa	6	-	44	47
Missouri	15	10	185	191
North Dakota	3	-	14	5
South Dakota	3	2	28	32
Nebraska	4	1	37	22
Kansas	5	2	46	31
SOUTH ATLANTIC	358	279	4,878	4,940
Delaware	2	8	40	40
Maryland	30	37	416	459
District of Columbia	45	49	582	603
Virginia	11	15	276	290
West Virginia	2	-	20	30
North Carolina	41	17	516	536
South Carolina	37	29	558	499
Georgia	112	59	1,102	888
Florida	78	65	1,368	1,595

Reporting Area	December		Cumulative Jan - Dec	
	1969	1968	1969	1968
EAST SOUTH CENTRAL	51	88	926	1,346
Kentucky	12	4	155	116
Tennessee	14	24	295	315
Alabama	7	33	226	541
Mississippi	18	27	250	374
WEST SOUTH CENTRAL	266	263	3,533	3,492
Arkansas	19	6	222	118
Louisiana	69	54	702	822
Oklahoma	14	6	95	79
Texas	164	197	2,514	2,473
MOUNTAIN	76	54	651	502
Montana	-	1	8	8
Idaho	-	2	9	5
Wyoming	2	-	9	5
Colorado	4	1	47	21
New Mexico	22	17	263	168
Arizona	43	30	234	247
Utah	1	-	17	9
Nevada	4	3	64	39
PACIFIC	162	159	2,066	1,790
Washington	6	4	61	46
Oregon	1	1	43	40
California	150	153	1,945	1,695
Alaska	3	1	10	3
Hawaii	2	-	7	6
U. S. TOTAL	1,550	1,326	19,438	19,080
TERRITORIES	67	91	1,126	1,129
Puerto Rico	67	90	1,110	1,079
Virgin Islands	-	1	16	50

Note: Cumulative Totals include revised and delayed reports through previous months.

INTERNATIONAL NOTES
INFLUENZA – United States and England and Wales

The severe epidemic of influenza in England and Wales during the past 2 months is shown in Figure 3, in relation to their influenza experience in the preceding 4 years and in comparison with that in the United States. The recent epidemic in England as measured by peak respiratory mortality was the severest in many years with the peak being four and a half times higher than the expected level. The epidemics of 1965-66 and 1967-68 were less severe.

The experience with epidemic influenza in the United States has been markedly different. The epidemic of 1968-69 was the most severe since 1957-58, while this year, to date, influenza has been sporadic and localized with only modest increases in respiratory mortality.

Since September 1968 the Hong Kong variant of the influenza A2 virus has been predominant both in the United States and England. Some influenza B was also identified in the United States during winter and spring of 1969. *(Reported by the Office of the Director, Respiratory Diseases Unit, Viral Diseases Branch, and the Statistical Services Activity, Epidemiology Program, NCDC; and Dr. Anthony T. Roden, Principal Medical Officer, Epidemiology Division, Department of Health and Social Security, London.)*

Editorial Note:

Excess mortality from respiratory diseases has long been recognized as the most readily available quantitative measure of the severity of influenza epidemics. In the United States data are reported weekly from 122 cities (approximately one-third of the population) although an exact population base for calculating rates cannot be obtained. In England and Wales data are based on a population of approximately 50,000,000 persons.

In the United States pneumonia and influenza are the predominant cause of respiratory mortality. In England bronchitis is also a common cause of death, thus it is included in the data showing respiratory mortality.

Comparisons of respiratory mortality between the United States and England must be approached with caution. The mortality rates in England are generally higher than those in the United States even in nonepidemic periods. This, in part, is related to a difference in the age composition of the population. The normal seasonal range of mortality is much greater in England. Furthermore, valid mortality rates on a current basis are not available in the United States.

During the winter and spring of 1968-69 the Hong Kong influenza A virus was widely prevalent in the United Kingdom, but only slight increases in mortality occurred. The reasons for the delay of 1 year before a severe epidemic developed are obscure.

CURRENT TRENDS
INFLUENZA – United States

To date, there are no known major widespread outbreaks of influenza or influenza-like illness in the United States although a number of scattered outbreaks have occurred along the East Coast and in the Southeast.

In Massachusetts, a number of localized outbreaks of upper respiratory illness occurred in the metropolitan Boston area, Worcester, Springfield, Peabody, and Lowell, in addition to the communities mentioned last week (MMWR, Vol. 19, No. 3). School absenteeism ranged from 19-30 percent in some of the senior high schools in these areas, with rates in junior high schools running approximately 13 percent and 10 percent in elementary schools. Industrial absenteeism has been as high as 10-15 percent. Two isolates of A2/Hong Kong-like influenza have been confirmed from Peabody. State health officials are predicting an overall attack rate of approximately 10 percent.

In Rhode Island, increases in influenza-like illness began to be noted about January 19, and scattered small outbreaks have occurred in each of the four geographic regions. School absenteeism has been noted to be elevated in Warwick, Portsmouth, and Burrilville. Laboratory studies are pending.

In Maryland, some scattered increases in flu-like illness have been noted throughout the state. Occasional school closings have occurred, primarily because of teacher absenteeism. Considerable flu-like illness is still being seen in the eastern area of Baltimore. At the Maryland House of Correction in Jessup, an outbreak of influenza is occurring currently with attack rates of approximately 20-30 percent.

In Georgia, localized outbreaks of flu-like illness have been reported from 14 widely scattered counties. School absenteeism rates of 29 and 39 percent have been reported in two small communities, but with most other areas reporting 10-14 percent.

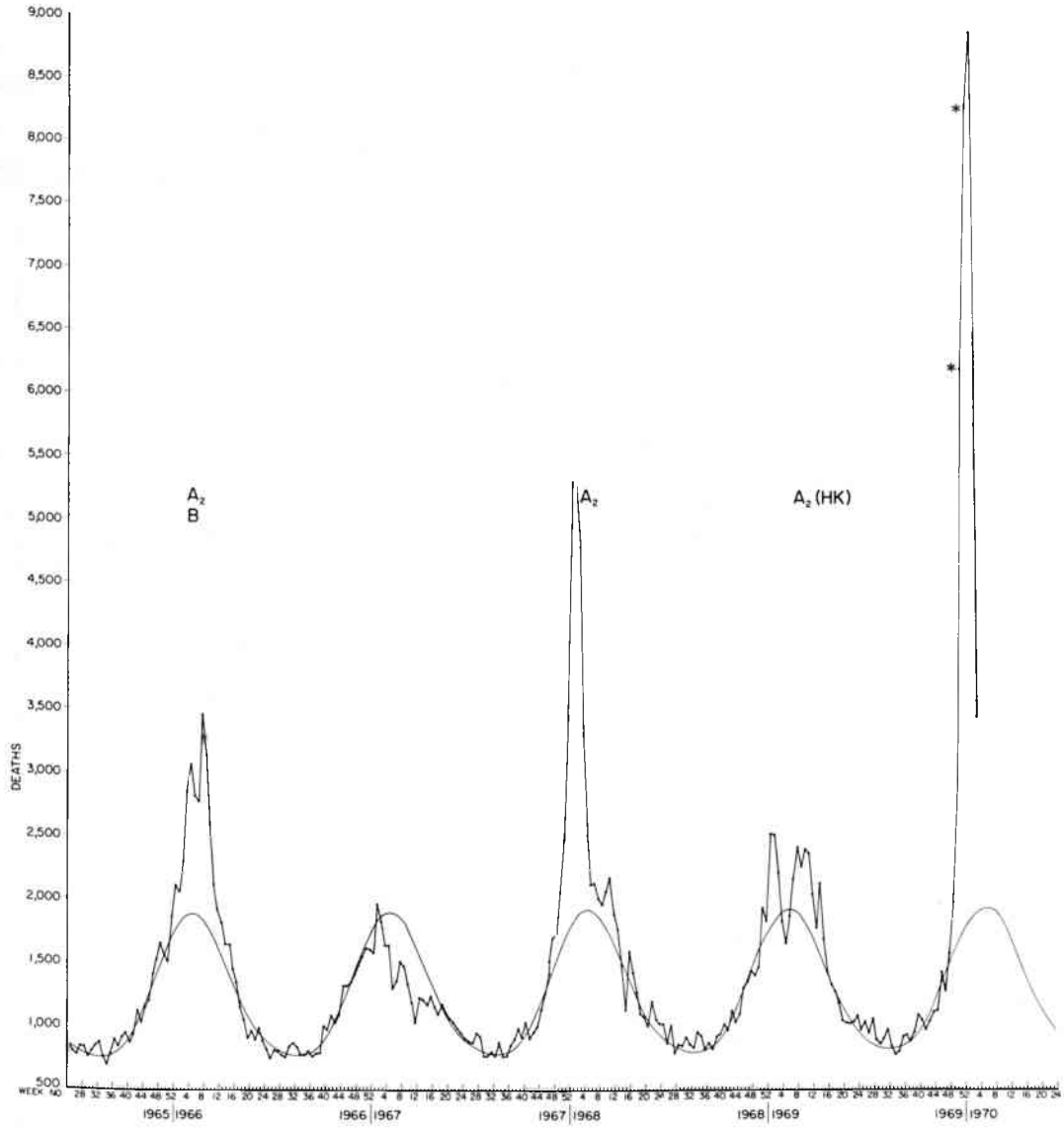
Approximately 10 counties in the southern half of Mississippi are reporting increased rates of upper respiratory illness at present.

In Louisiana, a state only mildly affected during the 1968-69 influenza season, outbreaks of flu-like illness began to appear during the week ending Jan. 9, 1970, spreading from the southwest corner of the state to involve many communities in the southern half of the state. In the northern half flu-like illness was just beginning to appear. School absenteeism was elevated in a number of areas, with a number of school closings announced primarily because of faculty absenteeism. No excessive industrial absenteeism has been noted. A total of five isolates were confirmed from the New Orleans area.

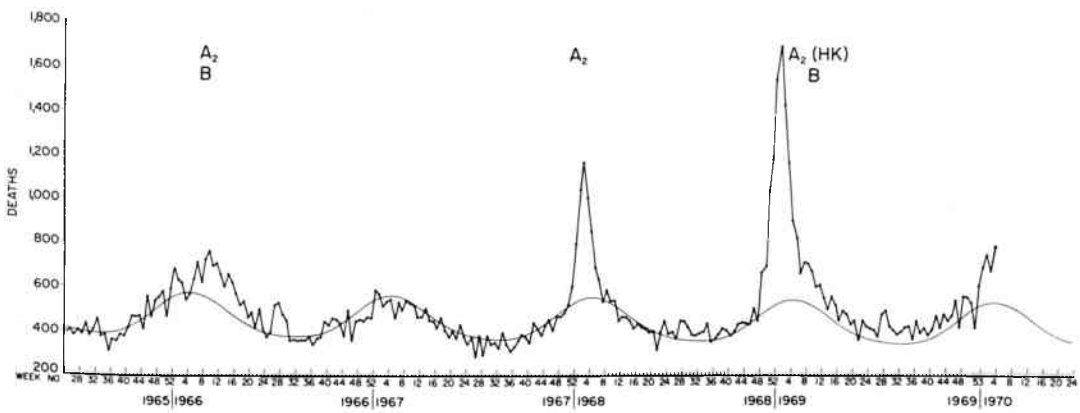
(Continued on page 48)

Figure 3

PNEUMONIA, INFLUENZA, AND BRONCHITIS DEATHS, ENGLAND AND WALES



PNEUMONIA AND INFLUENZA DEATHS, 122 UNITED STATES CITIES



*The number of deaths for these 2 weeks were adjusted to reflect 7-day weeks since the reports for these two weeks were for 5 days and 9 days, respectively, due to the holidays.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
JANUARY 31, 1970 AND JANUARY 25, 1969 (4th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA	
				Primary including unsp. cases		Post Infectious	Serum	Infectious			
	1970	1970	1970	1970	1969	1970	1970	1970	1969	1970	Cum. 1970
UNITED STATES	19	2	10	14	33	10	115	1,089	889	63	205
NEW ENGLAND	1	–	–	2	2	–	8	95	52	–	4
Maine	–	–	–	–	–	–	–	18	2	–	–
New Hampshire	–	–	–	–	–	–	–	4	1	–	–
Vermont	–	–	–	–	–	–	–	4	2	–	1
Massachusetts	1	–	–	–	1	–	2	36	27	–	–
Rhode Island	–	–	–	1	–	–	1	15	14	–	1
Connecticut	–	–	–	1	1	–	5	18	6	–	2
MIDDLE ATLANTIC	4	–	–	1	3	–	54	135	154	10	36
New York City	3	–	–	1	–	–	27	16	60	1	4
New York, Up-State	–	–	–	–	2	–	11	42	38	1	10
New Jersey*	1	–	–	–	–	–	14	37	17	4	17
Pennsylvania*	–	–	–	–	1	–	2	40	39	4	5
EAST NORTH CENTRAL	3	–	7	7	8	3	8	203	126	1	10
Ohio	2	–	–	1	6	3	2	49	44	–	4
Indiana	–	–	–	–	–	–	–	25	7	–	–
Illinois	–	–	7	4	–	–	–	52	17	1	2
Michigan	1	–	–	2	2	–	6	74	50	–	4
Wisconsin	–	–	–	–	–	–	–	3	8	–	–
WEST NORTH CENTRAL	1	1	–	1	2	–	1	34	60	5	11
Minnesota*	1	–	–	–	–	–	–	5	10	–	–
Iowa	–	1	–	1	1	–	–	3	20	–	1
Missouri	–	–	–	–	–	–	–	20	18	–	–
North Dakota	–	–	–	–	–	–	–	–	–	–	–
South Dakota	–	–	–	–	–	–	–	–	4	–	–
Nebraska	–	–	–	–	–	–	–	–	3	–	–
Kansas	–	–	–	–	1	–	1	6	5	5	10
SOUTH ATLANTIC	2	–	–	2	6	–	2	92	79	4	36
Delaware	1	–	–	–	–	–	–	–	–	–	–
Maryland	–	–	–	–	–	–	1	15	13	–	6
Dist. of Columbia	–	–	–	–	–	–	–	3	2	–	–
Virginia*	–	–	–	–	2	–	1	5	7	2	4
West Virginia*	–	–	–	–	–	–	–	9	5	–	–
North Carolina	–	–	–	–	1	–	–	6	13	1	13
South Carolina*	–	–	–	–	–	–	–	21	4	1	2
Georgia	–	–	–	–	–	–	–	19	6	–	8
Florida	1	–	–	2	3	–	–	14	29	–	3
EAST SOUTH CENTRAL	2	–	–	1	3	1	–	90	79	–	13
Kentucky	–	–	–	1	–	–	–	55	32	–	12
Tennessee	1	–	–	–	3	–	–	23	29	–	–
Alabama	1	–	–	–	–	1	–	6	11	–	1
Mississippi	–	–	–	–	–	–	–	6	7	–	–
WEST SOUTH CENTRAL	1	1	2	–	1	2	1	108	62	24	27
Arkansas	–	–	–	–	–	–	–	–	–	–	–
Louisiana*	–	1	1	–	1	1	–	13	17	–	–
Oklahoma*	–	–	–	–	–	–	–	12	7	–	2
Texas	1	–	1	–	–	1	1	83	38	24	25
MOUNTAIN	–	–	–	–	3	–	2	55	27	2	4
Montana	–	–	–	–	–	–	–	2	–	–	–
Idaho	–	–	–	–	–	–	–	1	2	–	1
Wyoming	–	–	–	–	1	–	–	2	–	–	–
Colorado	–	–	–	–	2	–	–	14	3	–	–
New Mexico	–	–	–	–	–	–	–	13	3	–	–
Arizona*	–	–	–	–	–	–	–	7	6	2	3
Utah	–	–	–	–	–	–	2	14	13	–	–
Nevada	–	–	–	–	–	–	–	2	–	–	–
PACIFIC	5	–	1	–	5	4	39	277	250	17	64
Washington*	–	–	–	–	–	–	–	22	37	–	4
Oregon	–	–	–	–	–	–	2	24	13	1	4
California	5	–	1	–	5	4	37	219	199	16	50
Alaska	–	–	–	–	–	–	–	2	1	–	–
Hawaii	–	–	–	–	–	–	–	10	–	–	6
Puerto Rico	–	–	–	–	–	–	–	5	2	–	–
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Pa. 2, Ariz. 2 (1969)
Diphtheria: La. delete 1 (1969)
Encephalitis, primary: Wash. 1 (1969)
Encephalitis, post-infectious: Minn. 1 (1969)
Hepatitis, infectious: N.J. 1 (1969), W. Va. delete 1, S.C. delete 1, La. delete 1 (1969), Okla.
Malaria: Va. 52 (1969)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JANUARY 31, 1970 AND JANUARY 25, 1969 (4th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		POLIOMYELITIS		
		Cumulative			Cumulative			Cum.	Total	Paralytic	
	1970	1970	1969	1970	1970	1969	1970	1970	1970	1970	Cum. 1970
UNITED STATES	1,116	3,458	1,173	80	246	306	2,599	9,362	–	–	–
NEW ENGLAND	23	58	34	2	11	14	318	1,510	–	–	–
Maine	–	–	2	–	–	1	30	217	–	–	–
New Hampshire	5	6	1	1	1	–	18	126	–	–	–
Vermont	–	–	–	–	–	–	31	74	–	–	–
Massachusetts*	11	37	4	–	4	6	90	438	–	–	–
Rhode Island	1	2	4	–	1	2	35	161	–	–	–
Connecticut	6	13	23	1	5	5	114	494	–	–	–
MIDDLE ATLANTIC	183	552	387	20	44	44	364	1,041	–	–	–
New York City	23	69	213	6	11	7	108	316	–	–	–
New York, Up-State	2	25	36	4	10	11	NN	NN	–	–	–
New Jersey*	139	307	89	4	8	15	76	355	–	–	–
Pennsylvania	19	151	49	6	15	11	180	370	–	–	–
EAST NORTH CENTRAL	401	980	107	5	26	46	606	2,146	–	–	–
Ohio	48	231	12	1	11	12	62	179	–	–	–
Indiana	5	28	26	–	1	4	51	187	–	–	–
Illinois	316	626	9	2	3	6	75	259	–	–	–
Michigan	21	40	13	2	10	21	135	502	–	–	–
Wisconsin	11	55	47	–	1	3	283	1,019	–	–	–
WEST NORTH CENTRAL	155	379	34	3	4	18	148	449	–	–	–
Minnesota*	1	1	–	1	2	5	5	18	–	–	–
Iowa	–	–	14	1	1	2	102	319	–	–	–
Missouri	3	4	–	1	1	6	7	15	–	–	–
North Dakota	4	13	–	–	–	–	20	57	–	–	–
South Dakota	–	–	–	–	–	–	NN	NN	–	–	–
Nebraska*	147	360	20	–	–	2	14	40	–	–	–
Kansas	–	1	–	–	–	3	–	–	–	–	–
SOUTH ATLANTIC	83	526	233	21	57	59	271	974	–	–	–
Delaware	10	55	1	2	2	3	3	30	–	–	–
Maryland	14	87	1	1	4	5	6	56	–	–	–
Dist. of Columbia	18	127	–	–	–	–	2	22	–	–	–
Virginia	9	99	62	4	6	7	51	154	–	–	–
West Virginia	6	22	21	1	1	2	97	384	–	–	–
North Carolina	11	28	5	3	10	9	NN	NN	–	–	–
South Carolina	2	8	13	–	3	6	23	64	–	–	–
Georgia	–	–	–	4	13	11	–	–	–	–	–
Florida	13	100	130	6	18	16	89	264	–	–	–
EAST SOUTH CENTRAL	10	65	19	3	24	13	148	628	–	–	–
Kentucky	2	50	6	1	10	6	35	208	–	–	–
Tennessee	1	4	3	2	10	7	105	386	–	–	–
Alabama	–	4	–	–	3	–	6	30	–	–	–
Mississippi	7	7	10	–	1	–	2	4	–	–	–
WEST SOUTH CENTRAL	173	647	265	19	35	29	238	904	–	–	–
Arkansas	–	–	–	–	2	–	–	–	–	–	–
Louisiana	4	6	–	4	7	12	1	1	–	–	–
Oklahoma	–	–	1	4	6	1	52	299	–	–	–
Texas	169	641	264	11	20	16	185	604	–	–	–
MOUNTAIN	52	145	31	–	4	13	71	398	–	–	–
Montana	6	8	–	–	–	–	17	82	–	–	–
Idaho	–	–	–	–	–	2	6	44	–	–	–
Wyoming	–	–	–	–	–	–	4	7	–	–	–
Colorado	1	4	5	–	1	1	15	106	–	–	–
New Mexico	8	23	9	–	–	4	14	76	–	–	–
Arizona	35	108	16	–	1	3	14	53	–	–	–
Utah	–	–	–	–	2	1	1	30	–	–	–
Nevada	2	2	1	–	–	2	–	–	–	–	–
PACIFIC	36	106	63	7	41	70	435	1,312	–	–	–
Washington	1	5	2	–	4	2	158	568	–	–	–
Oregon	–	–	20	–	3	1	38	122	–	–	–
California	29	93	40	7	34	65	189	491	–	–	–
Alaska	–	–	1	–	–	–	32	75	–	–	–
Hawaii	6	8	–	–	–	2	18	56	–	–	–
Puerto Rico	33	178	30	–	–	2	22	64	–	–	–
Virgin Islands	1	2	–	–	–	–	–	–	–	–	–

*Delayed reports: Measles: N.H. 1, Mass. delete 1 (1969), N.J. 18 (1969), Nebr. 4
Mumps: Minn. 3 (1969)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JANUARY 31, 1970 AND JANUARY 25, 1969 (4th WEEK) - CONTINUED

AREA	RUBELLA		TETANUS		TULAREMIA		TYPHOID FEVER		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970
UNITED STATES	1,183	3,326	2	4	2	6	6	21	–	–	54	181
NEW ENGLAND	33	170	–	–	–	–	–	–	–	–	3	11
Maine	6	20	–	–	–	–	–	–	–	–	–	–
New Hampshire*	1	24	–	–	–	–	–	–	–	–	–	–
Vermont	–	5	–	–	–	–	–	–	–	–	3	11
Massachusetts	11	62	–	–	–	–	–	–	–	–	–	–
Rhode Island	3	5	–	–	–	–	–	–	–	–	–	–
Connecticut	12	54	–	–	–	–	–	–	–	–	–	–
MIDDLE ATLANTIC	108	277	1	2	–	–	2	5	–	–	5	21
New York City	21	44	–	–	–	–	–	1	–	–	–	–
New York, Up-State	8	40	–	–	–	–	2	3	–	–	5	21
New Jersey	32	70	1	1	–	–	–	–	–	–	–	–
Pennsylvania	47	123	–	1	–	–	–	1	–	–	–	–
EAST NORTH CENTRAL	214	689	–	1	–	2	1	2	–	–	6	7
Ohio	16	46	–	–	–	–	–	1	–	–	4	4
Indiana	42	120	–	1	–	2	–	–	–	–	–	–
Illinois	24	91	–	–	–	–	–	–	–	–	1	1
Michigan	42	175	–	–	–	–	1	1	–	–	–	–
Wisconsin	90	257	–	–	–	–	–	–	–	–	1	2
WEST NORTH CENTRAL	134	344	–	–	–	1	–	–	–	–	6	23
Minnesota	6	17	–	–	–	–	–	–	–	–	1	4
Iowa	111	247	–	–	–	–	–	–	–	–	–	5
Missouri	6	8	–	–	–	1	–	–	–	–	–	4
North Dakota	1	13	–	–	–	–	–	–	–	–	2	6
South Dakota	–	–	–	–	–	–	–	–	–	–	–	–
Nebraska*	10	59	–	–	–	–	–	–	–	–	1	2
Kansas	–	–	–	–	–	–	–	–	–	–	2	2
SOUTH ATLANTIC	152	406	–	–	–	1	2	7	–	–	15	52
Delaware	3	6	–	–	–	–	–	–	–	–	–	–
Maryland	5	21	–	–	–	–	2	3	–	–	–	–
Dist. of Columbia	–	1	–	–	–	–	–	–	–	–	–	–
Virginia	37	69	–	–	–	–	–	–	–	–	11	28
West Virginia	75	168	–	–	–	–	–	–	–	–	1	6
North Carolina	–	–	–	–	–	–	–	–	–	–	–	–
South Carolina	2	6	–	–	–	–	–	–	–	–	–	–
Georgia	–	–	–	–	–	–	–	4	–	–	3	18
Florida	30	135	–	–	–	1	–	–	–	–	–	–
EAST SOUTH CENTRAL	50	175	–	–	2	2	–	–	–	–	6	18
Kentucky	10	42	–	–	1	1	–	–	–	–	2	7
Tennessee	31	112	–	–	1	1	–	–	–	–	3	9
Alabama	7	16	–	–	–	–	–	–	–	–	1	2
Mississippi	2	5	–	–	–	–	–	–	–	–	–	–
WEST SOUTH CENTRAL	198	474	1	1	–	–	–	–	–	–	11	31
Arkansas	–	–	–	–	–	–	–	–	–	–	–	4
Louisiana	–	–	1	1	–	–	–	–	–	–	5	10
Oklahoma	96	188	–	–	–	–	–	–	–	–	1	3
Texas	102	286	–	–	–	–	–	–	–	–	5	14
MOUNTAIN	47	144	–	–	–	–	–	1	–	–	–	3
Montana	5	26	–	–	–	–	–	–	–	–	–	–
Idaho	1	3	–	–	–	–	–	–	–	–	–	–
Wyoming	19	27	–	–	–	–	–	–	–	–	–	–
Colorado	10	30	–	–	–	–	–	1	–	–	–	3
New Mexico	1	6	–	–	–	–	–	–	–	–	–	–
Arizona	9	41	–	–	–	–	–	–	–	–	–	–
Utah	2	11	–	–	–	–	–	–	–	–	–	–
Nevada	–	–	–	–	–	–	–	–	–	–	–	–
PACIFIC	247	647	–	–	–	–	1	6	–	–	2	15
Washington*	100	299	–	–	–	–	1	1	–	–	–	–
Oregon	36	81	–	–	–	–	–	–	–	–	–	–
California	87	210	–	–	–	–	–	5	–	–	2	15
Alaska	15	35	–	–	–	–	–	–	–	–	–	–
Hawaii	9	22	–	–	–	–	–	–	–	–	–	–
Puerto Rico	1	2	–	1	–	–	–	–	–	–	1	3
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Rubella: N.H. 1, Nebr. 4
Tularemia: Wash. 1 (1969)

Week No. 4

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JANUARY 31, 1970

(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:	846	516	74	41
Boston, Mass.	282	151	25	14
Bridgeport, Conn.	37	18	4	5
Cambridge, Mass.	45	34	14	1
Fall River, Mass.	32	23	1	–
Hartford, Conn.	74	40	3	4
Lowell, Mass.	44	23	4	3
Lynn, Mass.	17	11	–	–
New Bedford, Mass.	33	26	1	–
New Haven, Conn.	40	17	1	2
Providence, R. I.	70	51	7	4
Somerville, Mass.	20	14	1	1
Springfield, Mass.	50	37	4	1
Waterbury, Conn.	38	26	–	2
Worcester, Mass.	64	45	9	4
MIDDLE ATLANTIC:	3,929	2,360	239	159
Albany, N. Y.	59	40	1	5
Allentown, Pa.	41	23	3	2
Buffalo, N. Y.	190	103	7	7
Camden, N. J.	50	34	7	3
Elizabeth, N. J.	44	29	5	1
Erie, Pa.	63	40	11	6
Jersey City, N. J.	106	65	14	1
Newark, N. J.	80	41	7	5
New York City, N. Y.	2,032	1,238	124	80
Paterson, N. J.	35	24	4	–
Philadelphia, Pa.	505	279	3	19
Pittsburgh, Pa.	184	97	19	11
Reading, Pa.	69	48	3	1
Rochester, N. Y.	155	98	16	8
Schenectady, N. Y.	36	23	2	–
Scranton, Pa.	44	33	1	–
Syracuse, N. Y.	108	67	5	4
Trenton, N. J.	58	32	2	5
Utica, N. Y.	39	28	4	–
Yonkers, N. Y.	31	18	1	1
EAST NORTH CENTRAL:	2,992	1,725	118	121
Akron, Ohio	63	38	–	3
Canton, Ohio	31	21	4	2
Chicago, Ill.	863	466	28	18
Cincinnati, Ohio	206	120	6	8
Cleveland, Ohio	249	136	8	7
Columbus, Ohio	137	72	1	6
Dayton, Ohio	90	51	2	4
Detroit, Mich.	377	219	10	20
Evansville, Ind.	46	34	3	2
Flint, Mich.	65	35	3	4
Fort Wayne, Ind.	52	32	3	1
Gary, Ind.	54	32	4	4
Grand Rapids, Mich.	78	56	10	4
Indianapolis, Ind.	165	95	1	9
Madison, Wis.	51	25	6	7
Milwaukee, Wis.	148	97	6	6
Peoria, Ill.	41	28	3	2
Rockford, Ill.	37	20	6	–
South Bend, Ind.	49	33	8	4
Toledo, Ohio	121	70	3	8
Youngstown, Ohio	69	45	3	2
WEST NORTH CENTRAL:	973	636	45	24
Des Moines, Iowa	75	55	3	2
Duluth, Minn.	23	17	–	–
Kansas City, Kans.	42	25	3	4
Kansas City, Mo.	156	98	6	3
Lincoln, Nebr.	24	16	2	1
Minneapolis, Minn.	148	98	3	3
Omaha, Nebr.	70	47	3	–
St. Louis, Mo.	286	187	10	4
St. Paul, Minn.	86	61	5	1
Wichita, Kans.	63	32	10	6
Las Vegas, Nev.*	–	–	–	–

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
SOUTH ATLANTIC:	1,576	862	99	61
Atlanta, Ga.	157	78	9	13
Baltimore, Md.	348	197	16	16
Charlotte, N. C.	70	29	3	3
Jacksonville, Fla.	123	69	4	1
Miami, Fla.	140	78	9	4
Norfolk, Va.	65	30	8	3
Richmond, Va.	120	62	18	3
Savannah, Ga.	47	25	2	3
St. Petersburg, Fla.	117	100	2	2
Tampa, Fla.	77	44	10	4
Washington, D. C.	256	124	13	7
Wilmington, Del.	56	26	5	2
EAST SOUTH CENTRAL:	680	369	46	38
Birmingham, Ala.	131	62	7	9
Chattanooga, Tenn.	62	38	11	4
Knoxville, Tenn.	29	21	1	2
Louisville, Ky.	132	81	9	3
Memphis, Tenn.	143	76	5	7
Mobile, Ala.	51	24	3	6
Montgomery, Ala.	35	18	2	2
Nashville, Tenn.	97	49	8	5
WEST SOUTH CENTRAL:	1,401	733	58	95
Austin, Tex.	47	25	8	5
Baton Rouge, La.	29	22	–	2
Corpus Christi, Tex.	63	40	3	2
Dallas, Tex.	181	92	8	9
El Paso, Tex.	59	31	3	11
Fort Worth, Tex.	103	52	10	13
Houston, Tex.	273	111	5	22
Little Rock, Ark.	62	32	3	1
New Orleans, La.	211	110	1	10
Oklahoma City, Okla.	96	59	6	2
San Antonio, Tex.	151	86	6	9
Shreveport, La.	63	34	3	6
Tulsa, Okla.	63	39	2	3
MOUNTAIN:	496	301	32	35
Albuquerque, N. Mex.	40	24	6	2
Colorado Springs, Colo.	29	19	3	3
Denver, Colo.	127	71	4	15
Ogden, Utah	26	18	2	1
Phoenix, Ariz.	125	70	6	10
Pueblo, Colo.	26	18	2	1
Salt Lake City, Utah	56	39	2	2
Tucson, Ariz.	67	42	7	1
PACIFIC:	1,892	1,138	83	88
Berkeley, Calif.	19	13	–	–
Fresno, Calif.	54	36	7	3
Glendale, Calif.	30	19	–	–
Honolulu, Hawaii	61	33	2	10
Long Beach, Calif.	109	67	6	6
Los Angeles, Calif.	673	421	21	26
Oakland, Calif.	90	46	5	4
Pasadena, Calif.	39	27	2	3
Portland, Oreg.	148	100	6	1
Sacramento, Calif.	41	22	2	–
San Diego, Calif.	113	70	3	1
San Francisco, Calif.	187	92	6	8
San Jose, Calif.	46	27	2	2
Seattle, Wash.	181	96	15	18
Spokane, Wash.	60	43	4	3
Tacoma, Wash.	41	26	2	3
Total	14,785	8,640	794	662
Expected Number	13,454	7,906	535	539
Cumulative Total (includes reported corrections for previous weeks)	61,292	35,945	2,929	2,701

*Mortality data are being collected from Las Vegas, Nev., for possible inclusion in this table, however, for statistical reasons, these data will be listed only and not included in the total, expected number, or cumulative total, until 5 years of data are collected.

INFLUENZA – *(Continued from page 42)*

In Alabama, ten counties in the southern and western parts of the state, have reported increased numbers of flu-like illnesses with elevated school absenteeism (approximately 18-20 percent). In Henry County, schools were closed because of faculty absenteeism. One isolate of A2 Hong Kong-like influenza has been confirmed from the Mobile area.

In Ohio, outbreaks of flu-like disease have recently been reported from six counties from different areas of the state. School absenteeism has ranged between 18 to 25 percent. Two A2 Hong Kong-like isolations have been made.

In Oregon, increasing rates of flu-like illness are being noted in Clackamas, Lane, and Multnomah Counties. Some school closings have occurred in Lane County.
(Reported by the Respiratory Diseases Unit, Viral Diseases Branch, Epidemiology Program, NCDC.)

INTERNATIONAL NOTES

SMALLPOX – Federal Republic of Germany

Following the imported case of smallpox reported on January 16 from a hospital in Meschede, North Rhine-Westphalia, (MMWR, Vol. 19, No. 3), a total of 14 secondary cases have occurred, including two deaths. No third generation cases have been reported. All cases occurred in persons who had been identified as contacts of the index patient during his hospitalization before diagnosis; thus, all indigenous cases to date are hospital acquired. Approximately 230 persons identified as contacts have been placed in institutional quarantine where they are to be kept under surveillance. All smallpox patients have been isolated in a modern smallpox hospital in Wimbern.
(Reported by the World Health Organization, Geneva, Switzerland; and the Foreign Quarantine Program, NCDC.)

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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:

NATIONAL COMMUNICABLE DISEASE CENTER
ATTN: THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
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.