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WEEKLY REPORT

For Week Ending February 21, 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

SHIGA BACILLUS DYSENTERY IN A TOURIST AFTER A VISIT TO MEXICO – Peoria, Illinois

On Jan. 22, 1970, a 64-year-old man from Peoria, Illinois, while vacationing in Mexico, had onset of chills, fever (103°F), and nausea which was followed by watery diarrhea. The man and his wife had been in Acapulco since January 16. They had flown there by way of Chicago and Dallas and had eaten meals on the plane and in various places in Acapulco. After his onset of symptoms, the couple returned to Peoria on January 24. The man consulted his physician who prescribed tetracycline and an antispasmodic drug. The patient continued to have 8-10 diarrheal stools each day with considerable tenesmus and was hospitalized on January 26 after 2 days of treatment.

On admission, he was weak and complained of lower abdominal cramps and tenesmus. His temperature was 100.2°F. There was tenderness over the lower abdomen, and hyperactive bowel sounds were heard. Laboratory studies revealed hypokalemia (K = 3.2 meq./L), and hypoalbuminemia (3.0 gm percent). The white blood cell count was normal. Two stool cultures grew *Shigella dysenteriae*

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	7th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 7 WEEKS		
	February 21, 1970	February 15, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	22	45	27	205	196	196
Brucellosis	4	1	1	15	8	23
Diphtheria	11	1	3	57	18	19
Encephalitis, primary:						
Arthropod-borne & unspecified	17	28	25	137	149	149
Encephalitis, post-infectious	6	6	10	44	32	68
Hepatitis, serum	135	95	872	871	666	5,620
Hepatitis, infectious	1,089	983		7,560	5,824	
Malaria	75	25	25	455	268	228
Measles (rubeola)	949	518	2,246	6,460	2,575	13,292
Meningococcal infections, total	67	93	93	463	561	549
Civilian	64	80	80	444	533	481
Military	3	13	5	19	28	28
Mumps	2,835	2,326	---	17,439	14,920	---
Poliomyelitis, total	1	1	–	1	1	1
Paralytic	1	1	–	1	1	1
Rubella (German measles)	1,554	846	---	7,717	3,810	---
Tetanus	–	4	4	6	13	14
Tularemia	1	2	2	10	11	17
Typhoid fever	3	6	4	37	29	32
Typhus, tick-borne (Rky. Mt. spotted fever)	–	–	–	–	1	6
Rabies in animals	76	69	69	381	416	506

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Psittacosis: Ore.-1	5
Botulism:	1	Rabies in Man:	–
Leprosy: Hawaii-2	13	Rubella congenital syndrome:	11
Leptospirosis: Calif.-1	7	Trichinosis: Conn.-1	9
Plague:	–	Typhus, murine:	–

SHIGA BACILLUS DYSENTERY – *(Continued from front page)*

type 1, the classical Shiga bacillus. The organism was sensitive to nitrofurans, colistin, kanamycin, cephalothin, neomycin, and ampicillin and was resistant to chloramphenicol, sulfonamides, naladixic acid, streptomycin, and tetracycline. Stool contained mucus with pus and was strongly guaiac positive; no ova or parasites were found.

The patient slowly improved after rehydration and consecutive treatment with tetracycline, cephalothin, and nitrofurantoin during 14 days of hospitalization. He was discharged improved after seven negative stool cultures although he was still weak and unable to work 1 week later. He lost 8 lbs. during his illness.

(Reported by Fred Long, M.D., City-County Health Commissioner, and Myron Wentz, M.D., Director of Pathology, Methodist Hospital, Peoria, Illinois; Norman Rose, M.D., Director of Communicable Disease, Illinois Department of Public Health; and an EIS Officer.)

Editorial Comment:

Shigella dysenteriae type 1 is an extremely rare serotype that accounts for only a fraction of one percent of all isolates reported in the United States. Recent reports, however, indicate a significant increase in the number and relative frequency of isolates. From 1964-1968 there were only eight isolates reported. During 1969, there were 14, 11 of which were in the third quarter. During the first 5 weeks of 1970, there were six isolates. At the same time as this increase in cases was occurring in the United States, a regional epidemic of Shiga bacillus dysentery which began in Central America in early 1969 continued unabated with high morbidity and mortality in Guatemala, El Salvador, Honduras, and, as indicated by this and other similar cases, Mexico (MMWR, Vol. 18, No. 51).

Travel and clinical histories were obtained on 16 persons with onsets in 1968, 1969, and 1970 from whom this organism was isolated. Fifteen persons acquired their infections after traveling to Mexico and one after visiting in "Central America." Seven of those who had traveled to Mexico indicated they had visited Acapulco as well as other cities in Mexico; the case reported here is the first in a person who had traveled only to Acapulco. There have been no reports of secondary spread among household contacts in this country.

The symptoms reported here are typical of patients with Shiga dysentery. Symptoms of severe enterocolitis with tenesmus, diarrhea with blood and mucus, fever, and prostration may last weeks, especially if diagnosis and appropriate therapy are delayed. In some cases the diagnosis has been confused with amebiasis and ulcerative colitis.

Treatment should include antibiotics to which the infecting strain is sensitive and should preferably consist of an agent that produces good tissue levels, because the organism extensively involves the lamina propria. Chloramphenicol and tetracycline, commonly used in treatment of severe diarrhea, have not been generally effective in treating Shiga dysentery cases in Central America. In many instances in Guatemala, dysentery patients treated with daily doses of 6 million units of penicillin given parenterally have recovered; ampicillin might therefore be highly effective. The organism isolated in this case had the same sensitivity pattern as epidemic strains isolated in Guatemala and El Salvador.

Patients who develop diarrhea during or after travel to Mexico or countries of Central America should be cultured to rule out *S. dysenteriae 1* infections. This organism grows best on non-inhibitory media. In a recent study at NCDC, blood, heart infusion, nutrient, and tergital-7 agar gave the best results, EMB medium gave intermediate results, and MacConkey's, XLD, and SS agar gave poorest results for primary isolation.

BOTULISM – Oregon and Washington

On Feb. 1, 1970, a couple in Hermiston, Oregon, awoke with dizziness and blurred vision; subsequently, they experienced diplopia, dysarthria, and weakness. Later that day, their 9-year-old daughter vomited and was sent home from school; she later had symptoms similar to those of her parents'. She was hospitalized on February 3 and died suddenly on the evening of February 5. After her death, both parents were hospitalized in Richland, Washington. The three other children in the family were asymptomatic at that time.

On admission, the husband (age 39 years) and the wife (age 35 years) were fully oriented but dysarthric with dilated, sluggishly reacting pupils, bilateral ptosis, diplopia, symmetrical peripheral weakness, and ataxia. Spinal fluid from both patients was normal. Botulism was diagnosed clinically.

The family reported consuming a number of home-preserved foods in the days prior to the onset of their symptoms, including frozen green beans, canned carrots, and raspberry preserves as well as commercially-prepared tomato paste.

Three hours after admission, both patients were treated with botulinum antitoxin. The husband improved after receiving one vial* of trivalent antitoxin intravenously and one vial intramuscularly. His wife had a positive skin test reaction and was given increasing doses of diluted trivalent antitoxin subcutaneously and intramuscularly. Regression of her symptoms was noted within 3 hours, but this was transient. Because of increasing ptosis and dysarthria, she was given intravenous antitoxin after receiving intravenous hydrocortisone sodium succinate. Both patients' hospital courses were characterized by repeated recurrences of symp-

toms, each time responding to additional doses of antitoxin. By February 11, both patients were stable and essentially symptom-free.

Two of their other three children, ages 4 and 7 years, were hospitalized for observation on February 6. Both were asymptomatic on admission. On February 8, the 7-year-old boy developed bilateral ptosis which responded to the administration of antitoxin. The third child, 11 months old, was not hospitalized as he had eaten only commercially-prepared baby food and milk; the 4-year-old and the baby remained well.

Pretreatment sera obtained from all four hospitalized patients were negative for *Clostridium botulinum* toxin by mouse bioassay, and no autopsy specimens were available from the 9-year-old daughter. No home-preserved carrots remained; extracts prepared from green beans, raspberry preserves, and tomato paste were also assayed and were found negative. Cultures of these foods and the patients' stools failed to yield *C. botulinum*.

(Reported by T. LaHari, M.D., Attending Physician, and T. Mahoney, M.D., Pathologist, a hospital, Richland, Washington; V. Michael, M.D., Health Officer, Benton-Franklin Health District, Pasco, Washington; A. Alderman, M.D., Health Officer, and E. Dillon, R.S., Umatillo County Health Department, Oregon; J. Wright, R.S., M. Holmes, D.V.M., Acting Chief, Division of Epidemiology, and the Public Health Laboratory, Oregon State Board of Health; B. J. Francis, M.D., Chief, Division of Epidemiology, and the Division of Laboratories, Washington State Department of Health; and two EIS Officers.)

Editorial Comment:

A delay of several days from the onset of symptoms to the collection of sera may explain the failure to demonstrate toxin in these cases.

This is the first outbreak of botulism reported to NCDC for 1970. Historically, Oregon has had 29 previous outbreaks with 57 cases and 42 deaths. *(1,2)*

The antitoxin given to these patients came from the Washington State Department of Health in Olympia and the Oregon State Board of Health in Portland, two of eight antitoxin stockpile centers in the United States. Because of the strategic location of these stockpile centers, antitoxin was delivered to the patients within 3 hours.

References:

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

(2) National Communicable Disease Center: Botulism in the United States: Review of Cases 1899-1967 and Handbook for Epidemiologists, Clinicians, and Laboratory Workers.

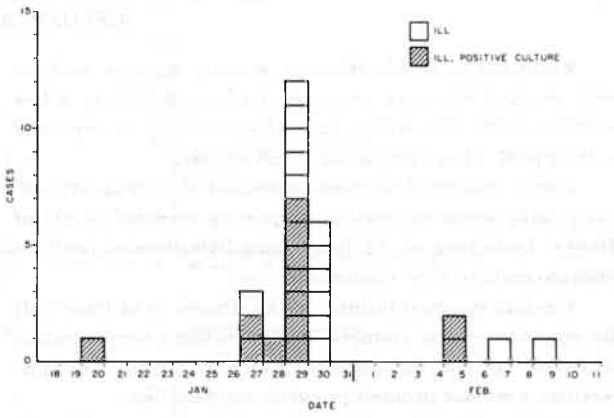
*Each vial of trivalent *C. botulinum* antitoxin contained 7,500 units A antitoxin, 5,500 units B antitoxin, and 8,500 units of E antitoxin.

SHIPBOARD SHIGELLOSIS – Norfolk, Virginia

On Jan. 27, 1970, an outbreak of shigellosis occurred among officers and crew members of the Norwegian supertanker M/S *Jarama* while en route from Japan to Norfolk, Virginia, where she arrived on February 8. The vessel previously had made stops in Kuwait (December 16), Italy (January 16-19), Libya (January 20-22), and the Virgin Islands (February 2-5). Of a total of 42 persons aboard, 28 (67 percent) had an illness characterized by diarrhea (100 percent) with mucus (37 percent), fever (74 percent), abdominal cramps (52 percent), nausea (33 percent), and vomiting (26 percent). The mean duration of illness was 3.5 days with a range of from 1 to 10 days.

The index patient was the chief steward, a foodhandler, who became ill on January 20, 1 day after the ship left Taranto, Italy. His date of onset (and the fact that he was the only person ill immediately after leaving Italy) suggested that he had acquired his illness while the ship was in port in Taranto. He had eaten a meal of raw shellfish and wine while there. While the chief steward did not handle food on January 21, he subsequently resumed his activities, routinely preparing dry milk and intermittently assisting the cook in preparation of salads and cold cuts. Since the chief steward was known to be excreting shigella organisms during his convalescence, it is likely that he was responsible for the cases beginning on January 27 (Figure 1). Included among those ill during the interval January 27-30 were two other foodhandlers, the cook and a kitchen assistant. Since those individuals continued to perform their duties and were shown to be

Figure 1
CASES OF SHIGELLOSIS ABOARD THE M/S JARAMA BY DATE OF ONSET, JANUARY 18–FEBRUARY 11, 1970



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SHIGELLOSIS – *(Continued from page 71)*

excreters of shigella during their convalescence, any one of them could have been responsible for the cases beginning on February 5. The contaminated vehicle aboard ship could not be determined by food specific attack rates, since while on the ship, nearly all seamen consumed the same foods. It appeared unlikely that foods served at breakfast time were the incriminated vehicles because several ill seamen never ate breakfast.

Three culture surveys (on February 10, 11, and 19) were performed on the entire crew; a total of 16 persons had one or more isolations of *Shigella sonnei*. Positive cultures included those from the chief steward, cook, and kitchen assistant. Antibiograms of all isolates were similar. The organism was sensitive to ampicillin, gentomycin, and naladixic acid but resistant to tetracycline, streptomycin, sulfa, and chloramphenicol. Samples of water and environmental samples from the kitchen and storerooms were negative for shigella.

Serologic evaluation of the crew, using a hemagglutination test with control sera from merchant seamen from another Norwegian ship docked in Norfolk at the same time, was performed. Ten of the 28 ill seamen from the *Jarama* had elevated titers, while none of the remaining 14 well seamen or the 21 controls from the other ship had measurable titers.

The following control measures were suggested: (1) that antibiotic treatment be given to those persons shedding shigella organisms; (2) that culture positive foodhandlers be removed from handling food until they became culture negative; and (3) that all practice strict personal hygiene. *(Reported by Officers-in-Charge, USPHS Quarantine Stations, St. Croix, Virgin Islands, and Norfolk, Virginia, and the Epidemiology and Research Analysis Branch, Foreign Quarantine Program, and the Epidemiological Services Laboratory Section, Epidemiology Program, NCDC; and two EIS Officers.)*

Editorial Comment:

In the 5-year period 1964-1968, 21 foodborne or waterborne outbreaks of shigellosis were reported to NCDC. *(1)* In those outbreaks in which the vehicle was identified, a salad was frequently the incriminated vehicle (64 percent). The next most commonly responsible vehicle was water (27 percent). In this recent outbreak, salad was served on January 22 and cold cuts almost daily for lunch. It is probable that one of these items was the contaminated vehicle, although water could not be excluded.

Reference:

(1) Donadio, J. and Gangarosa, E.: Foodborne Shigellosis. *J Infect Dis, 119*(6):666-668, June 1969.

CURRENT TRENDS
INFLUENZA – United States

While the peak of influenza activity appears to have been reached for many areas of the United States, a few sections were still noting increasing activity or appeared at their peak of activity as of February 26.

Maine continued to note increased influenza-like activity, with seven communities reporting elevated levels of illness. Isolations of A2/Hong Kong-like virus as well as seroconversions were confirmed.

Virginia reported influenza-like illness in at least half the counties in the state, with the heaviest concentration of cases in the Portsmouth-Tidewater region. Seroconversions were documented in seven communities.

Tennessee continued to note markedly increased levels of influenza-like illness in the middle and eastern sections of the state, particularly in Davidson and Knox Counties. Excessive school and industrial absenteeism was observed in these areas.

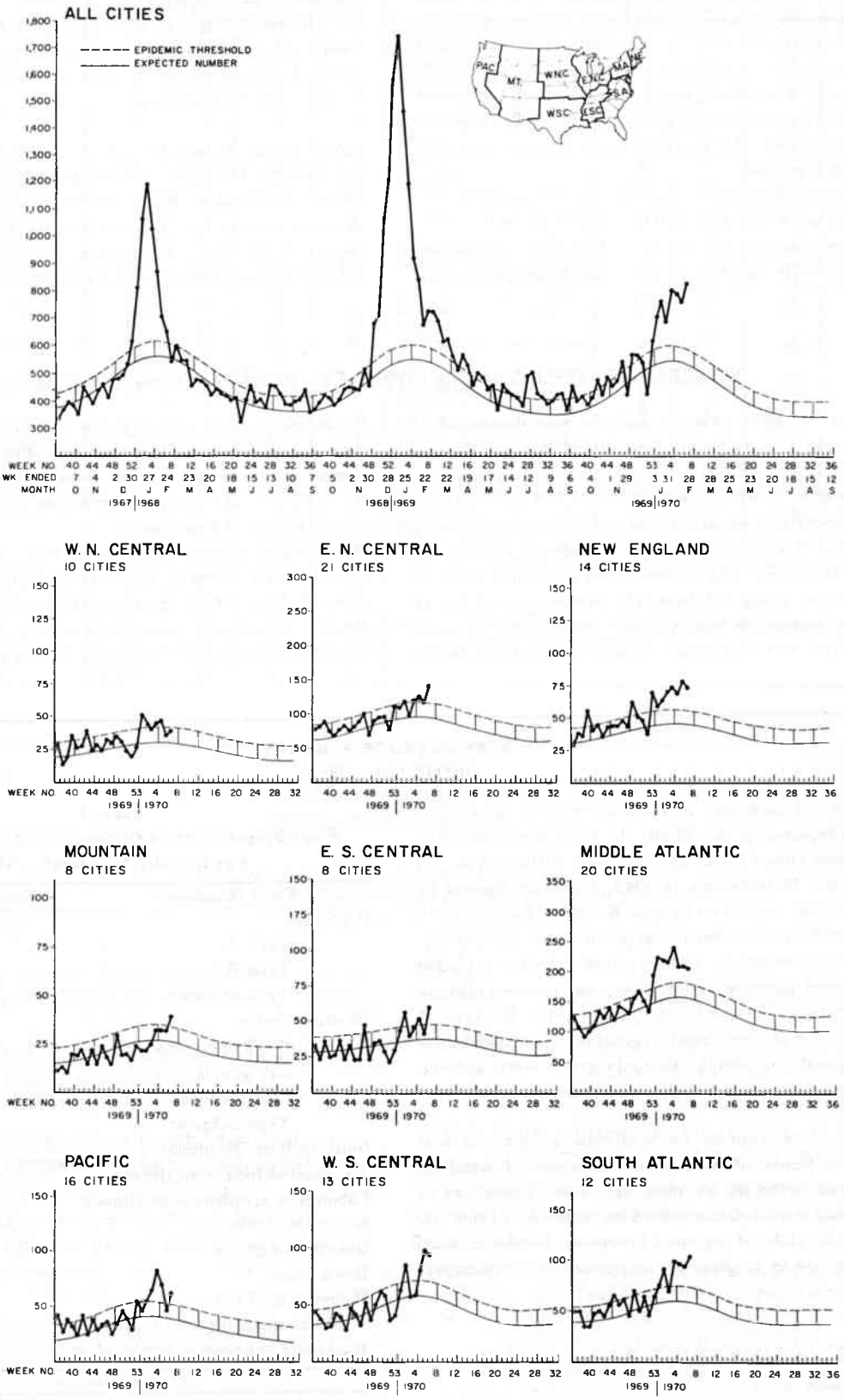
Kentucky continued to have elevated levels of influenza-like illness, particularly in Simpson County. Approximately 40 counties have reported elevated respiratory illness so far this year.

During the week ending February 21, Mississippi reported more cases of influenza-like illness than at any other time since 1958, with most areas in the state experiencing illness. School absenteeism was elevated in a number of areas, with rates among teachers frequently higher than those among students.

Pneumonia-influenza mortality from 122 U.S. cities remained elevated above the expected levels for the country as a whole as well as for the New England, Middle Atlantic, South Atlantic, and West South Central Divisions (Figure 2). The East North Central, East South Central, Pacific, and Mountain Divisions rose above expected levels during this past week. The only area not elevated above expected levels was the West North Central Division. *(Reported by the Respiratory Diseases Unit, Viral Diseases Branch, and the Statistical Services Activity, Epidemiology Program, NCDC.)*

Figure 2

PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES



EPIDEMIOLOGIC NOTES AND REPORTS

OUTBREAK OF SPOROTRICHOSIS – Johnson County, Kansas

In December 1969, nine children (ages 9 to 16 years) in Johnson County, Kansas, were found to have cutaneous ulcers on extremities, back, scalp, and face by the school nurse who regularly visited their four schools. Cutaneous sporotrichosis was subsequently diagnosed clinically and by positive skin cultures of *Sporothrix schenckii* from six of these children. All patients were treated with oral iodides and improved.

Through epidemiologic investigation it was found that the children were from five families who lived in the same isolated community in the county. Their only common activity since early fall had been to play frequently in two large stacks of prairie hay. Eighteen other well children in the community had also played there. Samples of hay were cultured. Three of four hay samples from one stack grew *S. schenckii,* while none of three samples from the other stack were positive.

(Reported by Robert French, Acting Director, Division of Preventable Diseases, Kansas State Department of Health; Bruce E. Hodges, M.D., Director, and Mary Ann Tush, Nursing Supervisor, Johnson County Health Department; Mycoses Section, Ecological Investigations Program, NCDC, Kansas City; and an EIS Officer.)

OUTBREAK OF SYPHILIS AMONG JUVENILES – Humphreys County, Mississippi

On Oct. 9, 1969, primary syphilis was diagnosed at the Montgomery County Health Department, Winona, Mississippi, in a 14-year-old girl referred by a private physician. Information from interviews with contacts and cluster interviews indicated that an extensive syphilis outbreak among juveniles had developed in nearby Humphreys County. By the end of December, 124 persons were examined, many of whom were very young children. The average age of the 14 individuals diagnosed with primary, secondary, or early latent syphilis was 10.1 years. In addition to these 14 patients treated, 43 contacts and suspects were given epidemiologic (preventive) treatment. Prompt referral, epidemiologic investigation, and treatment apparently checked the epidemic, and no cases have been identified in the area since the end of December.

(Reported by Durward L. Blakey, M.D., Director, Preventable Disease Control, Mississippi State Board of Health; John V. James, M.D., Director, Yazoo-Humphreys Counties Health Department; and the Venereal Diseases Branch, Division of State and Community Services, NCDC.)

SURVEILLANCE SUMMARY

BOTULISM – 1969

In 1969, 10 outbreaks of botulism with 17 cases (six fatal) were reported to the NCDC. In 1968, nine outbreaks with 10 cases (three fatal) had occurred (MMWR, Vol. 18, No. 3). Of the 10 outbreaks in 1969, four were caused by type A botulinum toxin, two by type B, and in four the toxin type was unknown. No commercial product was directly implicated in any outbreak. Contaminated vehicles included home-preserved pumpkin, mushrooms, and potato salad for type A botulism; home-canned tomato juice for type B botulism; and home-preserved vegetables and applebutter in two outbreaks in which the toxin types were undetermined. The incriminated vehicle was unknown in four outbreaks.

A total of 34 requests for botulinum antitoxin or epidemic investigation of suspected outbreaks of botulism were received by NCDC in 1969. On investigation, 24 of these outbreaks were found not to be botulism (Table 1). A total of 137 vials of equine *Clostridium botulinum* antitoxin were given to 17 persons; no persons suffered hypersensitivity reactions.

(Reported by the Epidemiology Program and Laboratory Division, NCDC.)

Table 1
Final Diagnosis of 34 Outbreaks in Which Botulism Was Initially Suspected – 1969

Final Diagnosis	Number of Outbreaks
Botulism	
Type A	4
Type B	2
Type unknown	4
Gastroenteritis	
Staphylococcus	2
Salmonella	2
Streptococcus	1
Type unknown	4
Guillain-Barré Syndrome	3
Ate spoiled food – no illness	3
Laboratory accident – no illness	2
Seizure disorder	1
Myasthenia gravis	1
Brain tumor	1
Diabetes mellitus	1
Viral encephalitis	1
Diagnosis unknown – not botulism	2
Total	34

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas January 1969 and January 1970 – Provisional data

Reporting Area	January		Cumulative January	
	1970	1969	1970	1969
NEW ENGLAND	41	26	41	26
Maine	1	1	1	1
New Hampshire	–	–	–	–
Vermont	–	–	–	–
Massachusetts	26	18	26	18
Rhode Island	6	3	6	3
Connecticut	8	4	8	4
MIDDLE ATLANTIC	433	312	433	312
Upstate New York	33	34	33	34
New York City	321	219	321	219
Pa. (Excl. Phila.)	11	10	11	10
Philadelphia	17	6	17	6
New Jersey	51	43	51	43
EAST NORTH CENTRAL	239	207	239	207
Ohio	37	35	37	35
Indiana	39	30	39	30
Downstate Illinois	14	29	14	29
Chicago	84	66	84	66
Michigan	57	47	57	47
Wisconsin	8	–	8	–
WEST NORTH CENTRAL	43	27	43	27
Minnesota	7	4	7	4
Iowa	1	2	1	2
Missouri	18	14	18	14
North Dakota	1	–	1	–
South Dakota	5	2	5	2
Nebraska	3	3	3	3
Kansas	8	2	8	2
SOUTH ATLANTIC	395	411	395	411
Delaware	3	1	3	1
Maryland	50	46	50	46
District of Columbia	38	44	38	44
Virginia	25	25	25	25
West Virginia	3	–	3	–
North Carolina	49	41	49	41
South Carolina	34	62	34	62
Georgia	76	76	76	76
Florida	117	116	117	116

Reporting Area	January		Cumulative January	
	1970	1969	1970	1969
EAST SOUTH CENTRAL	44	106	44	106
Kentucky	12	27	12	27
Tennessee	14	31	14	31
Alabama	9	28	9	28
Mississippi	9	20	9	20
WEST SOUTH CENTRAL	186	238	186	238
Arkansas	15	10	15	10
Louisiana	36	50	36	50
Oklahoma	6	10	6	10
Texas	129	168	129	168
MOUNTAIN	42	47	42	47
Montana	1	–	1	–
Idaho	1	–	1	–
Wyoming	–	1	–	1
Colorado	3	3	3	3
New Mexico	12	18	12	18
Arizona	14	23	14	23
Utah	1	–	1	–
Nevada	10	2	10	2
PACIFIC	192	164	192	164
Washington	4	2	4	2
Oregon	2	8	2	8
California	185	154	185	154
Alaska	–	–	–	–
Hawaii	1	–	1	–
U. S. TOTAL	1,615	1,556	1,615	1,556
TERRITORIES	88	67	88	67
Puerto Rico	87	59	87	59
Virgin Islands	1	8	1	8

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

INTERNATIONAL NOTES
QUARANTINE MEASURES

Changes in the *"Supplement – United States Designated Yellow Fever Vaccination Centers,"* MMWR, Vol. 18, No. 53

The following changes should be made in the list of United States Designated Yellow Fever Vaccination Centers:

CALIFORNIA

San Francisco — U.S. Public Health Service Hospital
Change telephone number to 415, 752-1400

Santa Ana — Orange County Health Department
Change telephone area code to 714.

LOUISIANA

Baton Rouge — East Baton Rouge Parish Health Unit
Effective Feb. 1, 1970, a fee will be charged.

TENNESSEE

Nashville — Metropolitan Health Department
Effective immediately, clinic hours are by appointment only.

TEXAS

Houston — Houston Clinic, 1701 Crawford Street
Houston Clinic, Montrose Blvd.
Change clinic hours to Mon.-Fri., 8:30 a.m.-5 p.m.; Sat., 8:30 a.m.-12 noon; appointment not required.

Wichita Falls — City-County Health Unit
Change telephone area code to 817.

The following centers should be added to the list of United States Designated Yellow Fever Vaccination Centers:

OKLAHOMA

Duncan — Stephens County Health Department
1401 Bois D'arc 73533
405, 255-3033
Clinic hours: Monday, 1-4 p.m.
Fee: Yes

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 21, 1970 AND FEBRUARY 15, 1969 (7th WEEK)

AREA	ASEPTIC MENIN-GITIS	BRUCEL-LOSIS	DIPH-THERIA	ENCEPHALITIS			HEPATITIS			MALARIA	
				Primary including unsp. cases		Post In-fectious	Serum	Infectious			
	1970	1970	1970	1970	1969	1970	1970	1970	1969	1970	Cum. 1970
UNITED STATES.....	22	4	11	17	28	6	135	1,089	983	75	455
NEW ENGLAND.....	–	–	–	1	2	–	8	106	73	14	20
Maine.....	–	–	–	–	–	–	–	27	6	–	–
New Hampshire.*.....	–	–	–	–	–	–	–	2	5	–	–
Vermont.....	–	–	–	–	–	–	–	–	5	–	1
Massachusetts.....	–	–	–	–	1	–	1	45	32	10	10
Rhode Island.....	–	–	–	–	1	–	–	2	14	1	3
Connecticut.....	–	–	–	1	–	–	7	30	11	3	6
MIDDLE ATLANTIC.....	1	–	–	5	10	–	48	195	122	12	82
New York City.....	–	–	–	3	–	–	39	63	31	7	12
New York, Up-State.*..	1	–	–	–	–	–	3	73	39	–	18
New Jersey.....	–	–	–	–	6	–	6	30	14	4	22
Pennsylvania.....	–	–	–	2	4	–	–	29	38	1	30
EAST NORTH CENTRAL.....	3	1	4	6	3	1	22	171	165	6	26
Ohio.*.....	–	–	–	4	3	1	4	38	60	2	7
Indiana.*.....	–	1	–	–	–	–	–	15	9	–	–
Illinois.....	1	–	4	1	–	–	3	40	28	1	4
Michigan.....	2	–	–	1	–	–	15	67	62	3	15
Wisconsin.....	–	–	–	–	–	–	–	11	6	–	–
WEST NORTH CENTRAL.....	4	–	–	–	–	–	2	49	43	3	30
Minnesota.....	1	–	–	–	–	–	1	20	9	–	–
Iowa.*.....	1	–	–	–	–	–	–	5	11	–	6
Missouri.....	2	–	–	–	–	–	1	13	6	–	1
North Dakota.....	–	–	–	–	–	–	–	–	5	1	1
South Dakota.....	–	–	–	–	–	–	–	1	9	–	–
Nebraska.....	–	–	–	–	–	–	–	4	–	–	–
Kansas.....	–	–	–	–	–	–	–	6	3	2	22
SOUTH ATLANTIC.....	–	3	–	1	6	–	8	99	83	13	92
Delaware.....	–	–	–	–	–	–	–	1	4	–	–
Maryland.....	–	–	–	–	–	–	1	16	8	2	10
Dist. of Columbia....	–	–	–	–	–	–	–	–	1	–	–
Virginia.....	–	3	–	1	4	–	2	15	4	–	7
West Virginia.....	–	–	–	–	–	–	–	2	11	–	–
North Carolina.....	–	–	–	–	1	–	1	24	17	11	48
South Carolina.....	–	–	–	–	–	–	–	3	4	–	6
Georgia.....	–	–	–	–	–	–	–	4	17	–	17
Florida.....	–	–	–	–	1	–	4	34	17	–	4
EAST SOUTH CENTRAL.....	2	–	–	–	–	1	–	68	94	–	15
Kentucky.....	1	–	–	–	–	–	–	34	43	–	12
Tennessee.....	–	–	–	–	–	–	–	29	29	–	–
Alabama.....	1	–	–	–	–	1	–	3	12	–	3
Mississippi.....	–	–	–	–	–	–	–	2	10	–	–
WEST SOUTH CENTRAL.....	3	–	6	–	2	–	3	82	116	15	84
Arkansas.....	–	–	1	–	–	–	–	–	18	–	–
Louisiana.*.....	–	–	1	–	2	–	2	2	28	–	2
Oklahoma.....	–	–	–	–	–	–	–	11	5	2	8
Texas.*.....	3	–	4	–	–	–	1	69	65	13	74
MOUNTAIN.....	–	–	1	–	3	1	4	45	47	–	9
Montana.....	–	–	–	–	2	–	–	7	4	–	–
Idaho.....	–	–	–	–	–	–	–	–	2	–	1
Wyoming.....	–	–	–	–	–	1	–	4	–	–	–
Colorado.....	–	–	–	–	–	–	–	10	17	–	6
New Mexico.....	–	–	–	–	1	–	2	5	1	–	–
Arizona.*.....	–	–	1	–	–	–	2	18	9	–	2
Utah.....	–	–	–	–	–	–	–	1	5	–	–
Nevada.....	–	–	–	–	–	–	–	–	9	–	–
PACIFIC.....	9	–	–	4	2	3	40	274	240	12	97
Washington.....	–	–	–	–	1	1	–	27	21	–	4
Oregon.....	3	–	–	–	–	–	6	15	18	2	7
California.....	6	–	–	4	1	2	34	227	198	–	69
Alaska.....	---	---	---	---	–	---	---	---	1	---	–
Hawaii.....	–	–	–	–	–	–	–	5	2	10	17
Puerto Rico.....	–	–	–	–	–	–	–	13	13	–	–
Virgin Islands.....	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Iowa 1
Diphtheria: La. delete 1, Tex. 4 (1969)
Hepatitis, serum: Ohio 1
Hepatitis, infectious: N.H. 1, Ohio delete 1, Ind. delete 1, La. delete 1
Malaria: N.Y. Ups. 17 (1969), Iowa 3, Ariz. delete 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 21, 1970 AND FEBRUARY 15, 1969 (7th 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	949	6,460	2,575	67	463	561	2,835	17,439	1	1	1
NEW ENGLAND	26	119	105	4	24	18	503	2,619	–	–	–
Maine	–	–	2	–	–	1	145	400	–	–	–
New Hampshire	1	6	6	–	3	–	10	163	–	–	–
Vermont	–	–	–	–	1	–	38	134	–	–	–
Massachusetts*	21	90	17	–	7	9	97	747	–	–	–
Rhode Island	–	2	6	1	3	3	32	251	–	–	–
Connecticut	4	21	74	3	10	5	181	924	–	–	–
MIDDLE ATLANTIC	227	1,039	705	13	78	78	282	1,755	–	–	–
New York City	27	141	405	4	21	14	100	527	–	–	–
New York, Up-State	8	35	55	2	14	14	–	4	–	–	–
New Jersey	75	480	138	5	19	30	–	507	–	–	–
Pennsylvania	117	383	107	2	24	20	182	717	–	–	–
EAST NORTH CENTRAL	230	1,658	261	5	69	70	710	4,244	–	–	–
Ohio	69	514	31	1	35	20	123	558	–	–	–
Indiana	7	50	50	1	5	8	74	361	–	–	–
Illinois	132	876	47	3	13	8	68	428	–	–	–
Michigan	17	105	38	–	15	28	135	979	–	–	–
Wisconsin	5	113	95	–	1	6	310	1,918	–	–	–
WEST NORTH CENTRAL	31	718	59	1	8	24	265	1,133	–	–	–
Minnesota	–	4	–	–	2	6	96	158	–	–	–
Iowa	–	–	31	–	2	3	117	716	–	–	–
Missouri	–	6	–	1	4	8	3	22	–	–	–
North Dakota	1	17	2	–	–	–	38	107	–	–	–
South Dakota	–	36	–	–	–	–	–	1	–	–	–
Nebraska*	30	649	26	–	–	2	11	128	–	–	–
Kansas	–	6	–	–	–	5	–	1	–	–	–
SOUTH ATLANTIC	67	888	483	12	94	111	277	1,659	–	–	–
Delaware	5	72	3	–	2	3	3	39	–	–	–
Maryland	4	128	2	1	7	14	23	124	–	–	–
Dist. of Columbia	6	189	–	–	1	2	1	33	–	–	–
Virginia	25	166	132	1	7	18	85	358	–	–	–
West Virginia	6	40	31	–	1	3	74	556	–	–	–
North Carolina	7	98	35	3	17	12	NN	NN	–	–	–
South Carolina	4	22	36	–	3	14	24	116	–	–	–
Georgia*	2	2	–	–	17	18	–	–	–	–	–
Florida	8	171	244	7	39	27	67	433	–	–	–
EAST SOUTH CENTRAL	18	90	26	4	34	25	128	1,238	–	–	–
Kentucky	2	58	7	1	11	6	26	504	–	–	–
Tennessee	5	9	5	1	16	15	87	662	–	–	–
Alabama	8	12	–	–	4	3	13	63	–	–	–
Mississippi	3	11	14	2	3	1	2	9	–	–	–
WEST SOUTH CENTRAL	242	1,381	746	16	81	73	206	1,687	1	1	1
Arkansas	–	1	2	1	8	9	–	12	–	–	–
Louisiana	–	7	1	6	18	23	1	2	–	–	–
Oklahoma*	25	60	101	1	8	4	63	571	–	–	–
Texas	217	1,313	642	8	47	37	142	1,102	1	1	1
MOUNTAIN	41	261	48	1	5	18	137	740	–	–	–
Montana	–	8	1	–	–	–	5	116	–	–	–
Idaho	1	3	–	–	–	2	1	47	–	–	–
Wyoming	–	–	–	–	–	–	–	8	–	–	–
Colorado	1	5	6	1	2	3	72	257	–	–	–
New Mexico	10	48	19	–	–	4	23	137	–	–	–
Arizona*	28	193	21	–	1	6	29	128	–	–	–
Utah	1	2	–	–	2	1	7	47	–	–	–
Nevada	–	2	1	–	–	2	–	–	–	–	–
PACIFIC	67	306	142	11	70	144	327	2,362	–	–	–
Washington	3	34	8	3	8	7	176	1,037	–	–	–
Oregon	5	5	29	3	6	4	14	211	–	–	–
California	57	253	101	5	56	127	127	879	–	–	–
Alaska	---	1	4	---	–	–	---	96	---	---	–
Hawaii	2	13	–	–	–	6	10	139	–	–	–
Puerto Rico	14	353	71	–	2	2	48	172	–	–	–
Virgin Islands	–	3	–	–	–	–	–	–	–	–	–
Guam											

*Delayed reports: Measles: Mass. delete 2 (1970) delete 1 (1969), Nebr. 150, Fla. 37, Okla. 35, Ariz. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

FEBRUARY 21, 1970 AND FEBRUARY 15, 1969 (7th 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	1,554	7,717	–	6	1	10	3	37	–	–	76	381
NEW ENGLAND	86	325	–	1	–	–	–	2	–	–	4	17
Maine	7	29	–	–	–	–	–	–	–	–	–	–
New Hampshire	13	44	–	–	–	–	–	–	–	–	–	–
Vermont	–	6	–	–	–	–	–	–	–	–	4	17
Massachusetts	20	112	–	1	–	–	–	1	–	–	–	–
Rhode Island	2	7	–	–	–	–	–	–	–	–	–	–
Connecticut	44	127	–	–	–	–	–	1	–	–	–	–
MIDDLE ATLANTIC	99	496	–	2	–	–	2	7	–	–	5	29
New York City	11	78	–	–	–	–	1	2	–	–	–	–
New York, Up-State	14	58	–	–	–	–	–	3	–	–	5	28
New Jersey	–	107	–	1	–	–	–	–	–	–	–	–
Pennsylvania	74	253	–	1	–	–	1	2	–	–	–	1
EAST NORTH CENTRAL	286	1,873	–	1	–	4	–	2	–	–	4	17
Ohio	23	219	–	–	–	2	–	1	–	–	–	6
Indiana	97	330	–	1	–	2	–	–	–	–	1	1
Illinois	38	229	–	–	–	–	–	–	–	–	1	4
Michigan	36	537	–	–	–	–	–	1	–	–	–	–
Wisconsin	92	558	–	–	–	–	–	–	–	–	2	6
WEST NORTH CENTRAL	185	777	–	–	–	1	–	–	–	–	4	50
Minnesota	8	38	–	–	–	–	–	–	–	–	2	14
Iowa	102	505	–	–	–	–	–	–	–	–	1	12
Missouri	34	61	–	–	–	1	–	–	–	–	–	9
North Dakota	16	41	–	–	–	–	–	–	–	–	1	8
South Dakota	–	1	–	–	–	–	–	–	–	–	–	–
Nebraska	25	124	–	–	–	–	–	–	–	–	–	2
Kansas	–	7	–	–	–	–	–	–	–	–	–	5
SOUTH ATLANTIC	256	973	–	1	–	1	–	10	–	–	20	106
Delaware	–	6	–	–	–	–	–	–	–	–	–	–
Maryland	5	30	–	–	–	–	–	3	–	–	–	1
Dist. of Columbia	–	3	–	1	–	–	–	–	–	–	–	–
Virginia	11	160	–	–	–	–	–	1	–	–	12	56
West Virginia	12	265	–	–	–	–	–	–	–	–	–	12
North Carolina	–	1	–	–	–	–	–	1	–	–	–	–
South Carolina	7	28	–	–	–	–	–	–	–	–	–	–
Georgia	–	–	–	–	–	–	–	4	–	–	3	24
Florida*	221	480	–	–	–	1	–	1	–	–	5	13
EAST SOUTH CENTRAL	103	427	–	–	–	2	–	–	–	–	13	43
Kentucky	30	127	–	–	–	1	–	–	–	–	7	22
Tennessee	57	252	–	–	–	1	–	–	–	–	–	13
Alabama	16	42	–	–	–	–	–	–	–	–	6	8
Mississippi	–	6	–	–	–	–	–	–	–	–	–	–
WEST SOUTH CENTRAL	254	1,182	–	1	1	2	1	1	–	–	18	73
Arkansas	–	–	–	–	1	1	1	1	–	–	3	13
Louisiana	–	2	–	1	–	–	–	–	–	–	5	21
Oklahoma*	59	380	–	–	–	1	–	–	–	–	–	6
Texas	195	800	–	–	–	–	–	–	–	–	10	33
MOUNTAIN	69	302	–	–	–	–	–	4	–	–	–	5
Montana	21	55	–	–	–	–	–	1	–	–	–	–
Idaho	–	8	–	–	–	–	–	–	–	–	–	–
Wyoming	–	27	–	–	–	–	–	–	–	–	–	–
Colorado	24	78	–	–	–	–	–	1	–	–	–	5
New Mexico	3	19	–	–	–	–	–	1	–	–	–	–
Arizona	13	87	–	–	–	–	–	1	–	–	–	–
Utah	8	28	–	–	–	–	–	–	–	–	–	–
Nevada	–	–	–	–	–	–	–	–	–	–	–	–
PACIFIC	216	1,362	–	–	–	–	–	11	–	–	8	41
Washington	115	659	–	–	–	–	–	1	–	–	–	–
Oregon	18	157	–	–	–	–	–	–	–	–	–	–
California	72	447	–	–	–	–	–	10	–	–	8	41
Alaska	---	42	---	–	---	–	---	–	---	–	---	–
Hawaii	11	57	–	–	–	–	–	–	–	–	–	–
Puerto Rico	3	6	1	2	–	–	–	–	–	–	–	7
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Rubella: Fla. 62

Tularemia: Okla. delete 2 (1970) add 2 (1969)

Week No. 7

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED FEBRUARY 21, 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:	791	515	73	26
Boston, Mass.	240	148	20	10
Bridgeport, Conn.	46	30	4	–
Cambridge, Mass.	34	23	11	–
Fall River, Mass.	28	18	2	1
Hartford, Conn.	73	37	5	4
Lowell, Mass.	32	21	5	2
Lynn, Mass.	25	18	–	1
New Bedford, Mass.	37	28	5	–
New Haven, Conn.	60	38	3	4
Providence, R. I.	73	55	7	2
Somerville, Mass.	8	5	1	–
Springfield, Mass.	58	37	8	2
Waterbury, Conn.	32	22	–	–
Worcester, Mass.	45	35	2	–
MIDDLE ATLANTIC:	3,893	2,304	204	173
Albany, N. Y.	57	31	3	1
Allentown, Pa.	36	27	5	2
Buffalo, N. Y.	134	77	4	4
Camden, N. J.	66	30	7	1
Elizabeth, N. J.	36	27	2	2
Erie, Pa.	44	28	5	–
Jersey City, N. J.	87	47	7	3
Newark, N. J.	136	51	12	30
New York City, N. Y.	1,934	1,177	90	78
Paterson, N. J.	42	28	2	3
Philadelphia, Pa.	587	310	12	26
Pittsburgh, Pa.	219	115	22	10
Reading, Pa.	60	45	–	1
Rochester, N. Y.	149	107	9	4
Schenectady, N. Y.	38	28	6	–
Scranton, Pa.	50	35	6	1
Syracuse, N. Y.	101	64	5	2
Trenton, N. J.	52	34	1	1
Utica, N. Y.	24	15	3	1
Yonkers, N. Y.	41	28	3	3
EAST NORTH CENTRAL:	2,926	1,651	141	164
Akron, Ohio	74	46	–	2
Canton, Ohio	33	18	3	1
Chicago, Ill.	805	419	37	48
Cincinnati, Ohio	169	105	10	7
Cleveland, Ohio	277	146	14	20
Columbus, Ohio	173	89	6	16
Dayton, Ohio	90	52	7	3
Detroit, Mich.	384	213	16	17
Evansville, Ind.	49	34	3	3
Flint, Mich.	56	27	5	5
Fort Wayne, Ind.	50	25	5	2
Gary, Ind.	28	11	3	–
Grand Rapids, Mich.	47	35	7	1
Indianapolis, Ind.	174	104	6	13
Madison, Wis.	43	20	3	2
Milwaukee, Wis.	147	95	2	6
Peoria, Ill.	30	24	–	–
Rockford, Ill.	38	20	2	3
South Bend, Ind.	46	23	5	3
Toledo, Ohio	137	92	6	9
Youngstown, Ohio	76	53	1	3
WEST NORTH CENTRAL:	1,031	637	38	35
Des Moines, Iowa	77	43	6	2
Duluth, Minn.	22	13	1	2
Kansas City, Kans.	48	22	–	4
Kansas City, Mo.	149	96	2	4
Lincoln, Nebr.	23	18	–	1
Minneapolis, Minn.	130	96	6	4
Omaha, Nebr.	109	72	4	6
St. Louis, Mo.	314	179	6	8
St. Paul, Minn.	86	55	1	2
Wichita, Kans.	73	43	12	2
Las Vegas, Nev.*	12	4	1	1

Area	All Causes		Pneumonia and Influenza	Under 1 year
	All Ages	65 years and over	All Ages	All Causes
SOUTH ATLANTIC:	1,500	801	104	70
Atlanta, Ga.	177	85	11	7
Baltimore, Md.	344	181	13	12
Charlotte, N. C.	56	29	2	2
Jacksonville, Fla.	76	34	2	4
Miami, Fla.	121	63	5	6
Norfolk, Va.	82	50	5	3
Richmond, Va.	102	49	12	8
Savannah, Ga.	36	17	4	3
St. Petersburg, Fla.	145	122	9	–
Tampa, Fla.	107	60	24	3
Washington, D. C.	220	95	14	22
Wilmington, Del.	34	16	3	–
EAST SOUTH CENTRAL:	741	401	60	26
Birmingham, Ala.	113	63	6	6
Chattanooga, Tenn.	46	26	2	2
Knoxville, Tenn.	38	26	10	–
Louisville, Ky.	147	75	17	4
Memphis, Tenn.	134	76	8	7
Mobile, Ala.	97	52	6	1
Montgomery, Ala.	25	14	5	–
Nashville, Tenn.	141	69	6	6
WEST SOUTH CENTRAL:	1,417	699	95	73
Austin, Tex.	48	26	6	3
Baton Rouge, La.	34	15	3	3
Corpus Christi, Tex.	44	15	6	4
Dallas, Tex.	191	102	8	14
El Paso, Tex.	66	31	4	7
Fort Worth, Tex.	96	60	7	5
Houston, Tex.	280	117	23	18
Little Rock, Ark.	55	22	2	1
New Orleans, La.	217	97	15	7
Oklahoma City, Okla.	97	59	3	3
San Antonio, Tex.	141	79	6	4
Shreveport, La.	73	36	4	1
Tulsa, Okla.	75	40	8	3
MOUNTAIN:	571	329	39	24
Albuquerque, N. Mex.	53	28	8	4
Colorado Springs, Colo.	34	21	6	3
Denver, Colo.	142	78	3	8
Ogden, Utah	42	25	8	1
Phoenix, Ariz.	127	81	3	5
Pueblo, Colo.	31	21	–	2
Salt Lake City, Utah	69	33	1	1
Tucson, Ariz.	73	42	10	–
PACIFIC:	1,830	1,091	63	93
Berkeley, Calif.	24	14	1	–
Fresno, Calif.	58	33	5	5
Glendale, Calif.	22	18	–	1
Honolulu, Hawaii	68	35	2	8
Long Beach, Calif.	111	61	2	10
Los Angeles, Calif.	445	275	14	16
Oakland, Calif.	102	59	2	4
Pasadena, Calif.	49	33	2	1
Portland, Oreg.	168	89	5	10
Sacramento, Calif.	62	41	1	3
San Diego, Calif.	110	67	2	8
San Francisco, Calif.	271	158	13	6
San Jose, Calif.	42	30	2	1
Seattle, Wash.	156	89	4	13
Spokane, Wash.	79	49	3	4
Tacoma, Wash.	63	40	5	3
Total	14,700	8,428	817	684
Expected Number	13,374	7,874	532	525
Cumulative Total (includes reported corrections for previous weeks)	103,776	60,397	5,271	4,541

*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.

QUARANTINE MEASURES – *(Continued from page 75)*

PENNSYLVANIA

Reading — Reading Hospital 19602
215, 376-6868, Ext. 754
Clinic hours: Friday, 9 a.m.-12 noon
Fee: Yes

VIRGINIA

Lexington — Lexington-Rockbridge Health Dept.
300 White St. 24450
703, 463-3185
Clinic hours: By appointment
Fee: No

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 21,000 IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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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

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