NATIONAL COMMUNICABLE DISEASE CENTER

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For

Week Ending Mard 19704, 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE HEALTH SERVICE AND MENTAL HEALTH ADMINISTRATION DATE OF RELEASE: MARCH 20, 1970 - ATLANTA, GEORGIA 30333

EPIDEMIOLOGIC NOTES AND REPORTS AN OUTBREAK OF HEPATITIS - Chicago, Illinois

Between Aug. 20, 1969, and Jan. 30, 1970, a total of 39 cases of infectious hepatitis occurred among 250 residents at an interdenominational, missionary cooperative community who live and work in a west Chicago, primarily Negro, area. Most of the cases (32 of 39) occurred between mid-October and mid-January (Figure 1).

In the first half of 1968, an outbreak of 24 cases of infectious hepatitis had occurred among this same missionary community. Except for the number of cases, the characteristics of the current outbreak were practically identical to the ones in 1968: generally uniform age-specific attack rates among missionary community personnel, ages 1-35 years (Table 1); attack rates twice as high among those who spent greater than 5 hours per day working or attending school in the surrounding disadvantaged area as opposed to

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those who had no direct contact with it and who worked primarily within the mission; a pattern of spread in which a few index patients were identified who then transmitted the disease to family members or close friends (all the index patients had close daily contact with the disadvantaged (Continued on page 102)

TABLE 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	10th WEEK	ENDED	MEDIAN	CUMULA	rive, fir	ST 10 WEEKS
DISEASE	March 14, 1970	March 8. 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis Brucellosis Diphtheria Encephena	28	25	25	285	293	274
Dinbib	2 -	1	4	24	17	36
	5		2	83	22	28
			- " w "-	00		The second
ncenbation & unspecified	11	23	22	190	200	217
	5	3	12	65	41	106
	133	101	1	1,219	982	1
	1,046	993	901	10,864	8,809	8,187
earlis, infectious alaria easles (rubeola) eningococcal infections, total	58	25	25	661	442	387
	1.377	557	2,788	10,362	4.297	21,673
	59	77	91	664	800	808
Civilian Military Jumps	59	72	77	636	749	748
umps	-	5	10	28	51	60
umps oliomyelitis, total Paralytic ubella/c	2,889	2,442	7.77	25,502	22,282	
Paralytic Ubella (German measles)	_			1	- 1	2
ubella (Cor-			_	1	1	2
ularemia Vaholid (German measles)	1,902	1,542	***	13,047	7,638	
ul tremia	3	2	2	15	18	20
Jarenia Vehoid fevet	- 1 1 1 2 2 1	- 1	2	12	22	23
yphoid fever Thus, tick-borne (Rky, Mt. spotted fever) ables in animals	2	2	8	44	38	52
abies in animals	Market Street			-	1	6
animals	56	73	88	583	684	741

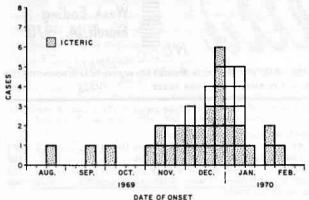
TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

Anthrax: M	Cum.		Cum.
Sotulism: Leprosy: Calify 1 File 2 -		Psittacosis: Calif1 Rabies in Man:	_
Leptospirosis: Calif1, Fla2, Tex2 Plague:	9	Rubella congenital syndrome: Alaska-1, Calif1 Trichinosis: Ind1 Typhus, murine: *	12

reports: Typhus, murine: La. delete 1 (1969)

HEPATITIS - (Continued from front page)

Figure 1 CASES OF HEPATITIS AMONG A MISSIONARY COMMUNITY CHICAGO, ILLINOIS - AUGUST 1969-FEBRUARY 1970



area residents); and a high rate of endemic hepatitis in the surrounding area.

Because of these characteristics, all present members of the missionary community who had not been ill were treated with immune serum globulin (ISG). As the population of the missionary group is a mobile one, arrangements were made to give ISG to new residents who will have close contact with the lower socioeconomic area - either through work or attending schools. Surveillance for hepatitis in the group will continue.

Table 1 Hepatitis Cases* by Age, Sex, and Age - Specific Attack Rates, a Missionary Community Chicago - August 1969-February 1970

Age	Po	pulati	on	70.	Ill	Age - Specifi	
Group (Years)	Mala L	Fe- male	Total	Male	Fe- male	Total	Attack Rates (Percent)
<1	2	2	4	0	0	0	0
1-5	18	14	32	5	0	5	15.6
6-10	18	21	39	3	6	9	23.1
11-15	3	3	6	0	1	1	16.7
16-20	4	4	8	0	0	0	0
21-25	26	23	49	6	1	7	14.3
26-30	23	26	49	3	6	9	18.4
31-35	14	19	33	3	4	7	21.2
36-40	8	7	15	0	1	1	6.7
41-45	2	2	4	0	0	0	0
46+	1	1	2	0	0	0	0
Total	119	122	241	20	19	39	16.2

*Includes both icteric and anicteric cases.

(Reported by Joyce Mathison, M.D., Staff Physician, Fifth City Community Corporation; Olga Brolnitsky, M.D., Chief Epidemiologist, Murray C. Brown, Commissioner, Chicago Board of Health, and Kenrad Nelson, M.D., Research Epidemiologist of the Chicago Board of Health at the Municipal Contagious Disease Hospital; Norman Rose, M.D., Chief, Bureau of Epidemiology, Illinois Department of Public Health; and an EIS Officer.)

TRANSFUSION MALARIA - Pennsylvania

On Nov. 7, 1969, a 28-year-old man experienced a severe hemorrhage from a gastric ulcer. He was hospitalized and during the next 5 days received 11 units of whole blood. On November 12 he underwent subtotal gastrectomy for resection of his ulcer, and during the operation was given 2 more units of whole blood. On November 29, he had sudden onset of fever and chills, and Plasmodium falciparum parasites were seen on peripheral blood smears. The patient was treated with chloroquine and quinine and made a complete clinical recovery but relapsed on January 15. He was then treated with quinine and triple sulfa drugs and has subsequently remained well. He had been in the U.S. Army and had served in Germany and France. He denied ever having had unexplained fever episodes or having used commonly shared syringes.

All 13 units of blood had been supplied by a blood bank in Buffalo, New York. The donors were interviewed, and a serum sample for malarial indirect fluorescent antibody titers was obtained from each individual. A 24-yearold man who had denied overseas military service and symptoms of malaria at the time he donated blood had, in fact, returned from duty in Vietnam 6 months earlier. He was the only donor with positive serologies; these titers were: P. falciparum 1:256; P. vivax 1:16; and P. malariae 1:16. Further attempts to demonstrate parasitemia will be made by the Erie County Health Department, New York.

(Reported by J. R. Hall, M.D., Meadville City Hospital, Pennsylvania; I. Fred Gratch, M.D., Epidemiologist, Divi sion of Communicable Diseases, Pennsylvania Department of Health; Michel A. Ibrahim, M.D., Epidemiologist, Eril County Health Department, New York; and James O. Culver, M.D., Director, Bureau of Epidemiology, New York State Department of Health.)

Editorial Comment:

This is the second case of transfusion malaria reported to the Pennsylvania Department of Health; the first occurred in 1946. (1)

Reference:

(1) Public Health Reports, "Malaria Infection Acquired Through Blood Transfusion. Report of a Case." 61:1,630, Nov. 8, 1946.

Morbidity and Mortality Weekly Report

ARBOVIRUS ISOLATIONS - New York 1969

In 1969, two infections with California group (CE) virus occurred in New York; both were confirmed by a four-fold titer rise. Cases occurred in a 6-year-old girl from Albany County whose symptoms of encephalitis began on August 6 and in a 33-year-old farmer from Columbia County whose only complaint, a severe headache, began on August 14. These were the only two cases of illness serologically confirmed as due to an arbovirus in New York state in 1969

On August 28, mosquito collections were made in a swamp at Tappan Landing, Rockland County. This location is one-half mile from the area where the one previous laboratory confirmed case of CE virus infection in New York had been observed in 1966 (1). These collections resulted in isolation of a strain of CE virus from a pool of 24 Aedes canadensis mosquitoes. No isolations were made from 13 other pools containing 183 mosquitoes of genera Aedes and Culex.

South Carolina.....

Georgia

Florida....

27

138

94

52

93

151

61

214

114

169

through previous months.

In early fall, an outbreak of encephalitis-like illness occurred in a pheasant flock at a farm near Walden, Orange County. A strain of Eastern equine encephalomyelitis (EEE) virus was isolated from the brain of each of two sick birds collected on October 17, 9 days after pheasant deaths were first reported. The farm is within 12 miles of the location where a strain of EEE virus was isolated from a pheasant in 1952 (2).

(Reported by Rudolph Deibel, M.D., Director, Virus Laboratories, and Elinor Whitney, Arbovirus Laboratory, Division of Laboratories and Research, and James O. Culver, M.D., Director, and Thomas Bast, Ph.D., Associate Medical Entomologist, Bureau of Epidemiology, New York State Department of Health; and an EIS Officer.)

References:

- (1) National Communicable Disease Center, Encephalitis Surveillance Report, 1966 Annual Summary.
- (2) Beaudette, F.R. et al.: United States Livestock Sanitary Association, Omaha, Nebraska, 1954. Pp. 309-321.

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas February 1969 and February 1970 - Provisional data

Reporting Area	Febr	uary		ative F e bruary	Reporting Area	Febru	ary	Cumulative January-February	
	1970	1969	1970	1969		1970	1969	1970	1969
NEW ENGLAND	41	27	82	53	EAST SOUTH CENTRAL	45	80	89	186
Maine	_	_	1	1	Kentucky	4	12	16	39
New Hampshire				1 -	Tennessee	17	39	31	70
Vermont.			PRINCE III	-	Alabama	14	7	23	35
Massachusetts	31	14	57	32	Mississippi	10	22	19	42
Rhode Island	4	3	10	6	mississippi	10			
Connecticut	6	10	14	14	THE COURSE OFFICE	324	298	510	536
	· ·		, ,		WEST SOUTH CENTRAL	22	230	37	19
MIDDLE AMY ANDRES	411	283	844	595	Arkansas	61	50	97	100
MIDDLE ATLANTIC	32	24	65	58	Louisiana	9	2	15	12
Upstate New York			630	399	Oklahoma	-	237	361	405
New York City	309	180			Texas	232	237	301	403
Pa. (Excl. Phila.)	10	20	21	30				96	103
Philadelphia.	18	24	35	30	MOUNTAIN	54	56		103
New Jersey	42	35	93	78	Montana		_	1	T 10 7
					Idaho	-	1	1	1
EAST NORTH CENTRAL	206	207	445	414	Wyoming	_	1	-	2
0010	30	30	67	65	Colorado	4	8	7	11
Indiana	35	29	74	59	New Mexico.	14	25	26	43
Downstate Illinois	7	25	21	54	Arizona.	27	17	41	40
Unicago	63	71	147	137	Utah	_	-	1	-
"ucnigan	68	51	125	98	Nevada	g	4	19	6
Wisconsin	3	1	11	1					
	1		11		PACIFIC	155	146	347	310
WEST NORTH CENTRAL	52	25	95	52	Washington	4	5	8	7
Minnesota	10	1	17	5		3	2	5	10
Iowa.	0	7	1 1	9	Oregon		139	332	293
Missouri	32	15	50	29	California	147			293
Missouri.					Alaska	-	-	-	-
North Dakota	0	1	1	1	Hawaii	1	-	2	-
South Dakota	0	-	5	2		1,699	1,555	3,314	3,093
Nebraska	2		5	3	U. S. TOTAL	1,099	1,333	3,314	3,093
Kansas	8	1	16	3	TERRITORIES	113	100	201	167
				E	Puerto Rico.	111	97	198	156
SOUTH ATLANTIC	411	433	806	844		2	3	1 3	11
Laware	6	2	9	3	Virgin Islands	2	,	,	'''
Tand.	45	39	95	85					-311
- * Fict of Columbia	34	34	72	78				n _35s -	
"Irginia	14	17	39	42					
Virginia	2	1	5	1	The second second second				
Carolina.	51	44	100	85	Note: Cumulative Totals	include	revised	and delave	d repor
South Carolina	27	52	61	114	through provious	months		scraye	- repor

INTERNATIONAL NOTES ANIMAL RABIES - England

On March 1, 1970, rabies was diagnosed in a 3-year-old mongrel bitch that had died in New Market, England, on February 27. She first became ill on February 20 and when rabies was suspected on February 25, was placed in isolation. The dog had been imported on May 30, 1969, from Pakistan, where she had received antirabies vaccine. On Nov. 30, 1969, she had been released from an approved kennel in Essex after completing the 6-month quarantine period, then in effect. No case of rabies had occurred at the quarantine station while the dog was there, and she had no known contact with any of the three imported dogs that developed rabies (1) during or after quarantine in the United Kingdom during 1969 (MMWR, Vol. 18, No. 44).

Another dog, imported and quarantined with the infected dog and owned by the same person, has been placed under detention. Investigation is underway to detect any other possible contacts.

After the recent case was confirmed, the British Ministry of Agriculture's Division of Animal Health took the following actions: (1) An independent committee of inquiry was appointed to review the policy and precautions against rabies in Great Britain and to make recommendations; (2) The period of quarantine for dogs and cats already in

Great Britain was extended from 8 to 12 months, effective March 12; and (3) an announcement was made that, as soon as possible, an order to prohibit the importation into Great Britain of all canine and feline animals (including exotic canine and feline animals for exhibition) except from Northern Ireland, the Irish Republic, the Channel Islands, and the Isle of Man would be forthcoming. The second and third measures will be reviewed by the Division when the committee of inquiry has made its report.

(Reported by the Animal Health Division, Ministry of Agriculture, Fisheries and Food, United Kingdom; and the Medical Officer, Foreign Quarantine Program, London.)

Editorial Comment:

Dogs from certain designated rabies-free areas are exempt from rabies vaccination as a condition of entry into the United States. This case of rabies in an imported dog does not change the status of the United Kingdom as a rabies-free area, and no additional entry requirements will be placed on dogs imported from this area.

Reference:

(1) World Health Organization Weekly Epidemiological Record, 44(47):637, Nov. 21, 1969.

DYSENTERY - El Salvador

During July and August 1969, a marked increase in reported cases of severe dysentery was noted in El Salvador. The initial areas affected were the Department of Chalatenango, which borders Honduras to the north and where during this time the effects of a border dispute had created a large refugee population, and the Department of Ahuachapan, which is contiguous with Guatemala to the northwest and where a known epidemic of dysentery due to Shigella dysenteriae type 1 was occurring (MMWR, Vol. 19, No. 7) (Figure 2). Subsequently cases of severe dysentery developed among residents of all 14 departments of El Salvador, with the general pattern of spread being from north to south along main routes of commerce. An initial peak in cases in El Salvador was observed in October, 3 months after the July peak in Guatemala; however, a greater upsurge in cases occurred in El Salvador in January 1970 (Figure 3).

Available age-specific attack rates indicated infants to be at greatest risk to disease. The attack rate among children was similar to that for adults. As in Guatemala, initial confusion as to the etiology of the epidemic led to high mortality rates when only antiamebic therapy was used. The case-fatality rate, however, diminished when adequate antibiotic and fluid therapy was used.

Strains of S. dysenteriae type 1 from El Salvador have shown identical antibiotic sensitivity patterns with the strains from the Guatemalan epidemic. The organisms were resistant to the commonly used sulfa drugs, tetracycline,

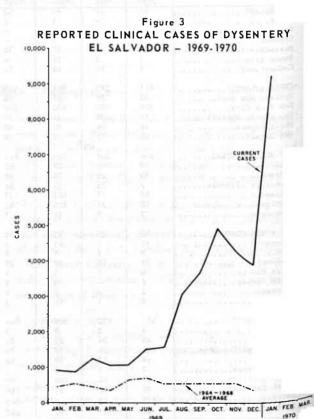
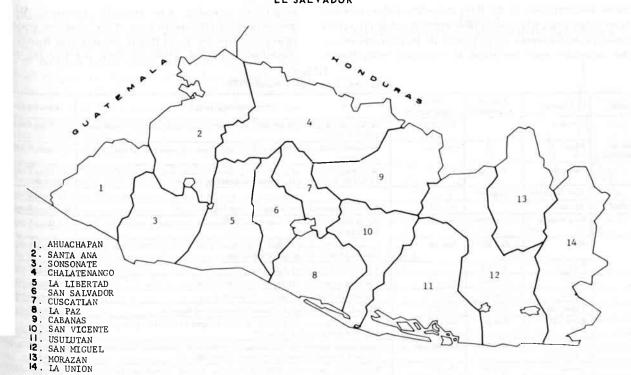


Figure 2 EL SALVADOR



chloramphenicol, streptomycin, and novobiocin. They were sensitive to ampicillin, gentamicin, nitrofurantoin, kanamycin, colistin, cephalosporin, and naladixic acid and moderately sensitive to penicillin.

To date, the mode of transmission in El Salvador has not been identified; in Guatemala, contaminated water played a prominent role in some community outbreaks and in other areas, person-to-person spread was the predominant mode of spread. An extensive system of continued surveillance is underway in El Salvador. Daily and weekly

reports of morbidity and mortality due to dysentery are forwarded to the Ministry of Health from governmental health units which cover approximately 85 percent of the population. In addition, fecal specimens are sent to the Central Laboratory for bacteriologic identification.

(Reported by Dr. Eduardo Navarro, Chief of Epidemiology, and Dr. Roberto Masferrer, Chief, Central Laboratory, Ministry of Public Health and Social Assistance, San Salvador, El Salvador; Dr. Max Block, Chief, Central Laboratory Rosales Hospital; and an EIS Officer.)

INFLUENZA - Worldwide 1969-70

The current epidemic of A2/Hong Kong-like influenza virus was first recognized in July 1968 in Hong Kong and then spread rapidly throughout Southeast Asia and caused a major epidemic in the United States during the fall and winter of 1968-69. Although localized outbreaks were recorded in most areas of Europe during the winter of 1968-69, the level of activity there did not approach that in the United States. Subsequently, during the winter and spring of 1969, a number of outbreaks were reported from South America, Africa, Australia, and Southeast Asia.

In the fall and winter of 1969-70, the current influenza season, the virus reappeared in Europe and Northern Asia and this time causes epidemics of major proportions. In contrast, the United States noted only modest increases ahove expected levels. During this period, influenza activity was also documented in the Middle East, Northern Africa, Southern Asia and the Pacific, and other North American countries. In all, between June 1969 and March 1970, 41 countries reported outbreaks to the World Health Organization (Table 2).

The vast majority of these countries reported outbreaks in December 1969 and January 1970, with earlier reports coming primarily from the southern hemisphere. Of the 41 countries, 32 had experience with A2/Hong Kong/68-like virus; five others had primarily A2/Hong Kong activity with some influenza B involvement. In Argentina, there appeared to be two distinct waves of influenza, the first caused by A2/Hong Kong/68-like influenza virus and the second by B/Massachusetts/66 influenza virus. Israel reported an initial outbreak due to influenza B followed by a more widespread outbreak of A2/Hong Kong-like virus. Two countries, Romania and Bulgaria, reported the primary agent to be influenza B, and both of them reported isolated

(Continued on page 106)

INFLUENZA - (Continued from page 105)

cases and outbreaks of A2/Hong Kong-like influenza virus later in the year, which were less extensive than the initial countrywide outbreaks of influenza B. In most countries, the outbreaks were described as clinically mild, though

respiratory mortality was generally elevated. All age groups seemed affected in most of the countries reporting. (Compiled from the World Health Organization Weekly Epidemiological Record, 44(46-52), 1969, and 45(1-10), 1970.)

Table 2 Influenza, June 1969 — March 1970

_		Date of	Date of	Influenza, June 1707 – Marcii 1770	
Region	Country	Appearance	Peak Activity	Epidemiologic Data	Virus Isolated
	Uruguay	3.15	June 69	Widespread with school absenteeism of up to 50% and industrial absenteeism of up to 20%.	A2/Hong Kong/68
South America	Chile		June 69	Primarily involved Santiago and Central Provinces; epidemic proportions in these areas.	A2/Hong Kong/68
27	Argentina	June 69	July 69	Widespread activity; epidemic lasted about 18 weeks with two waves: the first caused by A2/Hong Kong virus; the second by B virus.	A2/Hong Kong/68 B/Mass/66
	New Zealand	June 69			A2/Hong Kong/68
Austral-	Australia		Aug 69	Primarily reported from Melbourne and Sydney.	A2/Hong Kong/68
Asia	New Guinea	Sept 69	Sept-Oct 69	Papua Highlands. Severe complications frequent, particularly pneumonia. Over 2,000 deaths reported.	A2/Hong Kong/68
	Spain	Oct 69	Nov 69	Involved provinces of Madrid, Lugo, Navarra, Barcelona, and Valencia. Attack rates of 15-30%. All age groups affected.	A2/Hong Kong/68
	Portugal	Nov 69		Widespread throughout the country.	A2/Hong Kong/68
	Italy	Nov 69	Dec 69	Widespread activity. Attack rates estimated 30-40%.	A2/Hong Kong/68
	France	Nov 69	Dec 69	Widespread activity, All age groups affected.	A2/Hong Kong/68
	Yugoslavia	Sept 69	Dec 69	Primarily affecting Zagreb, Croatia, Slovenia, and Belgrade.	A2/Hong Kong/68
	Romania	Nov 69	Dec 69	Bucharest first-later other areas. B virus thought to be primarily responsible. A2/Hong Kong isolated in Jan 70.	B/Mass/66 A2/Hong Kong/68
	United Kingdom	Nov 69	Dec 69/Jan 70	Widespread throughout, particularly London and Southeast, Midlands, and Scotland. Marked increase in respiratory mortality.	A2/Hong Kong/68 B/Mass/66
	Austria	Dec 69	Dec 69	Widespread, particularly affecting Karnten, Vienna, Vorarlberg, Upper and Lower Austria, Burgenland, Styria.	A2/Hong Kong/68
Ешторе	W. Germany	Dec 69	Dec 69	Widespread activity, mild or moderately severe with a number of deaths. 31% attack rate in Hanover based on seroconversion.	A2/Hong Kong/68
Zarope	Belgium	Dec 69	Dec 69	Brussels primarily affected, with a 15% attack rate affecting all age groups.	A2/Hong Kong/68
and	Bulgaria	Oct 69	Dec 69	Sofia affected. All age groups involved. B virus primarily responsible, but later a few isolates of A2/Hong Kong.	B/Mass/66 A2/Hong Kong/68
Northern	Greece	Dec 69	Dec 69	Clinically mild. 20% attack rate in Athens with all age groups affected.	A2/Hong Kong/68
Asia	Denmark	Dec 69	Dec 69/Jan 70	Widespread activity. Clinically mild, but occasionally complicated by pneumonia. Excessive mortality among elderly persons.	A2/Hong Kong/68
	Finland	Dec 69	Dec 69/Jan 70	All areas affected.	A2/Hong Kong/68
	Norway				A2/Hong Kong/68
	Sweden	Dec 69	Jan 70	Widespread activity. Clinically mild.	A2/Hong Kong/68
	Switzerland	Dec 69	Jan 70	Widespread activity.	A2/Hong Kong/68
	Netherlands	DATE BUT	Jan 70	Widespread activity.	A2/Hong Kong/68
	USSR	Dec 69		Central, Northwest, and Eastern Regions involved. Primarily due to A2/Hong Kong with some B/Rome/66.	A2/Hong Kong/68 B/Rome/66
	Albania	Dec 69	Jan 70	Clinically mild. Adults affected primarily.	A2/Hong Kong/68
	Czechoslovakia	Dec 69	Jan 70	Widespread activity. Clinically mild but with some increased mortality. Overall attack rate approx. 4.7%. Primarily A2/Hong Kong.	A2/Hong Kong/68 Influenza B
	Hungary	Dec 69	Feb 70	Central, southern, and southwestern areas. Absenteeism in Budapast. Mild to moderate severity. Primarily A2/Hong Kong.	A2/Hong Kong/68 Influenza B
	Senegal	Apr 69	Aug/Sept 69	Clinically mild illness.	A2/Hong Kong/68
Africa	Algeria	Jan 70			A2/Hong Kong/68
	Kenya	Jan 70		Nairobi primarily affected.	A2/Hong Kong/68
Middle East	Israel	Nov 69	Dec 69	Widespread activity. 20-40% school absentee rates. Early outbreak due to influenza B, but most due to A2/Hong Kong.	A2/Hong Kong/68 Influenza B
-431	Lebanon	Dec 69		Beirut only affected area.	A2/Hong Kong/68
Southern		Sept 69	Striki hay	collaboration discussed between the addition in the	A2/Hong Kong/68
Asia				Areas affected: Tokyo, Kanagawa, Yamanashi, Saitama, Chiba, and Tochigi.	A2/Hong Kong/68
ind Pacific	Philippines	Dec 69	Jan 70	MA HEREA. A COMPANY TRANSPORT OT COMPANY AND RE-	A2/Hong Kong/68
actite	Fiji	Dec 69	Dec 69	Localized outbreak only.	A2/Hong Kong/68
	India	Jan 70		Regional outbreaks in several states. Clinically mild.	A2/Hong Kong/68
	Mexico	Jan 70			A2/Hong Kong/68
North America	Single	Nov 69	Feb 70	Southeast, and Pacific Northwest. Modest excess mortality.	A2/Hong Kong/68
	New Zealand June 69 New Zealand Australia New Guinea Sept 69 Sept-Oct 69 Sept-Oct 69 Primarily reported from Melbourne and Sydney. New Guinea Sept 69 Sept-Oct 69 Sept-Oct 69 Primarily reported from Melbourne and Sydney. Nov 69 Sept-Oct 69 Primarily reported from Melbourne and Sydney. Nov 69 Sept-Oct 69 Primarily reported from Melbourne and Sydney. Nov 69 Portugal Nov 69 Port				

INFLUENZA - Guatemala 1969

During the early weeks of 1969, there was an increase in the number of reported cases of influenza-like illness in Guatemala. Reports of cases reached a peak in the 12th week of the year (week ending March 22, 1969) and then declined (Figure 4). Because of the lack of laboratory facilities, the causative agent could not be identified, but the illnesses were felt to represent A2/Hong Kong/68 influenza virus infection, which was occurring epidemically in other countries at the time.

In late July, another rise in the number of reported cases of influenza was noted which, after a brief decrease, continued to increase until the 40th week (ending October 4), when 2,300 cases were reported. The number of reported cases decreased steadily after the 40th week and approached normal levels (400 to 500 cases) by the 48th week.

In October, serum specimens were sent for identification to the World Health Organization International Influenza Center for the Americas (NCDC, Atlanta). Of 19 paired sera, 11 showed diagnostic (fourfold) rises in antibody titer to 42 Hong Kong '68 influenza virus; in addition, several unpaired sera also were positive at high levels for antibodies to this virus.

(Reported by Dr. Cesar A. Mendizabal Morris, Chief, Division of Epidemiology, Guatemala Directorate General of Public Health; and the WHO International Influenza Center for the Americas, NCDC, Atlanta.)

Figure 4 CASES OF INFLUENZA - REPUBLIC OF GUATEMALA 1968-1969 2,400 2,200 2000 1,800 1.600 1,400 1,200 1.000 600

Editorial Comment:

It is possible that some of the cases reported as influenza in late July-early August 1969 actually reflected human illness due to Venezuelan Equine Encephalomyelitis (VEE) virus, which was epidemic and epizootic at that time (MMWR, Vol. 18, No. 34). Much of the human illness confirmed serologically as due to VEE was clinically similar to influenza. The later peak of reported cases in October was almost certainly not due to VEE infection, since other evidence indicated that VEE activity had subsided by then.

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:

NEW YORK Albany

State Dept of Health Change area code to 518

TEXAS

Austin

Austin-Travis County Health Dept.

Change clinic hours to Wed., 3-4 p.m.

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

LOUISIANA

New Orleans

Ochsner Clinic

1514 Jefferson Highway 70121

504, 834-7070

Clinic hours: Thurs., 8-10 a.m.

Fee: Yes

MASSACHUSETTS Woburn

Board of Health 44 Winn St. 01801 617, 933-0700

Clinic hours: By appointment

Fee: Yes

Immunization Clinic Dept. of Public Health

Worcester City Hospital 01608

617, 798-8151

Clinic hours: Thurs., 12:30-2 p.m.

Fee: No

Kirksville Osteopathic Hospital

800 West Jefferson St. 63501

816, 665-4611

Clinic hours: By appointment

Fee: Yes

TENNESSEE Franklin

Worcester

MISSOURI

Kirksville

Williamson County Dept. of Public Health

Carters Creek Pike 37064

615, 794-1542

Clinic hours: Mon.-Fri., 8:30 a.m.

-4 p.m.

Fee: Yes

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED MARCH 14, 1970 AND MARCH 8, 1969 (10th WEEK)

	ASEPTIC	BRUCEL-	DIPH-	Е	NCEPHALITI	S		HEPATITIS		10 T	
AREA	MENIN- GITIS	1970	THERIA 1970		including cases	Post In- fectious	Serum	Infect	ious	MALA	RIA
n	1970			1970	1969	1970	1970	1970	1969	1970	197
UNITED STATES	28	2	5	-11	23	5	133	1,046	993	58	66
EW ENGLAND	1	-	-	2	4	and the	5	88	66	113	2
Maine			-	4-07-1	_	- 1	_	8	6	1000	
New Hampshire						THE RES		1	8	LI LI BART	113
Vermont	10.			1	1		1	45	18	ī	-1
Rhode Island	1	4 - 1	_	-	3	II STIFF	3 6 ()	18	19	4	
Connecticut	4.0	No.		1		1-0	4	10	15		
								In party			
IDDLE ATLANTIC	3	_	1	1	2	2	40	197	161	3	- 8
New York City	- i		1	-	2	1	22	61	53	1	- 2
New York, Up-State	i	_		1			5	42 53	20 26	2	- 2
New Jersey.*	1	- 1		-		1)	4	41	62		- 2
AST NORTH CENTRAL	4		3	2	5	and and	23	183	167	7	4
Ohio*	2		-	1	3		4	47	65	2	
Indiana		1	3	-	- I	dar - met	III 3	12	12		-
Illinois	1		3	1	2		5 14	33 82	26 52	1 4	1
Michigan		-		-	_		-	9	12		
EST NORTH CENTRAL	3			200	1	_	1	70	41	13	
Minnesota	2	_						11	12	13	
Iowa	1 1 1 1	_			1			6	5	_	
Missouri			1-0	-	_	7-1_1	1	28	7	2	
North Dakota	1							2	1		
South Dakota		-	-	-				1	1		3
Nebraska Kansas		=						5 17	1 14	10	100
	4			, L						16	13
OUTH ATLANTIC	4			4	2	-	9	104	107	16	
Delaware	1				1		1	14	22	2	113
Dist. of Columbia	_			3 x 1.62 3	SWIN	90.142		1	1	= =	
Virginia		1	_	2			1	16	3	3	
West Virginia	-	-	-	-	-		-	q	4	1	
North Carolina	1		=		1	-	4	31	11	10	- 0
South Carolina		12.	-	1 1 = =		_	_	7	11	-	
Georgia	2		-	1	. = =		3	5 15	18 37	700	
AST SOUTH CENTRAL		A LINE				_	1	50	73	2	- 34
Kentucky	-	- 40	-				_	25	39	1	
Tennessee.	100	-	-			-	_	15	20	-	
Alabama			-		-	-	1	5	7	-	- 1
Mississippi	151 7 - 15	- 12.71	70	-		- 5	7	5	7	1	
EST SOUTH CENTRAL	1	11-15	-	-	1	3	5	77	71	2	1
Arkansas		- 11		-	1	- 2	- 1	1	4	1 -	- 27
Louisiana	Hall Ma							8	11 8	1	
Oklahoma.* Texas	1	A-10		_		- 1	4	65	48		
OUNTAIN	1	1		- Impose	2		3	53	57	1	3
Montana	U 15/7	North In		Hirustell				2	5	1	
Idaho		1			1		_	2	7		
Wyoming.	-	- 1	-		-	1-4-11-6		y.=	7 U = 40	KT 1-707	
Colorado	-	CAII-ILLE	-	- 1			11	16	19		798
New Mexico	e ell ele	10					1	8	7	-	
Arizona		4.2.4			= = =		1	13 10	8 10	327-1	
Utah Nevada	760 <u>1</u> 111	1 -		A 50-100	1	I		2	1	7.92	
CIPIC	11	-	1	2	6		46	224	250	13	1
Washington	1			_	_		46	27	35	201200	
Oregon.					1-1-		9	14	26	1	
California	10	7-10	1	2	5	-	34	181	189	12	3
Alaska*	-	1000	-	-			3			Tuel-u	
Hawaii		-	-		-	-		2		212101	
uerto Rico*											

Delayed reports: Encephalitis, primary: Ohio delete 1

Hepatitis, infectious: N.J. delete 1, Alaska 5, P.R. 25 Malaria: Okla. 1 (1969)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 14, 1970 AND MARCH 8, 1969 (10th WEEK) - CONTINUED

Selanor - I	MEA	ASLES (Rube	eola)	MENINGO	COCCAL INF TOTAL	ECTIONS,	MUI	(PS	PO	LIOMYELIT	ıs
AREA		Cumul	ative		Cumu1	ative		Cum.	Total	Para.	lytic
	1970	1970	1969	1970	1970	1969	1970	1970	1970	1970	Cum,
UNITED STATES	1,377	10,362	4,297	59	664	800	2,889	25,502	F, I = 1	00-070	1
PNCY AND											
Maine.	36	205	208	1	30	24	395	3,439			y. 10-1
New II.	1	1	2	-	_	1	74	507	-		- 1-1
Vermone	4	13	58	-	3		10	187	-		
Massachu	28	1 149	28	-	11	11	29	178	- 3	-	-
Phode	28	144	7	1 _	3		139	1,043	-		
Connections	1	27	113		10	3	102	351	- 1	-	// =
Connecticut		21	1(3	-	10	9	102	1,173			F-1
DDLE ATLANTIC	299	1,702	1,334	5	104	121	335	2,628			
New York City	45	243	813	1	26	19	126	793	0		_
New Jersey	9	60	116	2	22	17		4	1 5 4		1
New Jersey	84	731	258	2	30	52	77	759	- 165		_
Pennsylvania	161	668	147	11	26	33	132	1,072	_ (1)	-	
len							E	, , , , , , , , , , , , , , , , , , , ,	100		
Ohio	262	2,429	440	6	89	90	764	6,403	- 25	-/	-
Ohio.	49	725	45	1	43	28	118	870	LI - 100		-
Indiana.	12	107	104	2	10	14	50	565	- 111	-330	-
Illinois.	137	1,212	81	-	16	12	56	595			_
Michigan.*	42	211	56	2	17	30	212	1,532		- 10	-
	22	174	154	1_	_ 3	6	328	2,841	- 100	_	-
COT NORMA									111		
MINDERSON CENTRAL	30	1,103	135	2	14	41	175	1,688	H - 1		-
1000	-	4	1	-	4	7	- 1	173	- 1		-
Tiges.	6	30	68	-	3	5	136	1,076	-	-	-
4011P	6	125	11	1::	6	17	3	36		- 1	-
South to the state of the state	2	47	2	-		1 200-1	5	151	- 60	-	D -
debra-t	5	41	-	-		1 Part = 1	1	2	- 1	-	-
Mebraska. Kansas	11	812	53	1	1	2	16	221		-	Lane-S
	-	44		-) -	10	13	29	-		
OTH Alex							- 1			1	
Delaware	210	1,440	791	22	161	150	267	2,459	7 -	C. Jeorles	1000
Market	16	112	. 8	-	2	3	- 5	54	-		- 1
Mine.	22	220	8	1	12	16	21	178	- 109	-	5000
Trot OLUMDIA	15	253	_	-	1	2	9	68	- 100		-
78ais	34	266	279	5	13	22	41	474	 - 1993 	-	and the
10751	12	68	72	1	2	6	70	816	- 160	-0.0	0.75
JOHEL ALIGO	16	167	47	2	32	19	NN	NN	- 130	-	(C) (E)
	24	83	46	1	7	21	19	209	- 111	Control Inc	-
Georgia	71	2	1	1-	24	26				No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	1.5
Florida	71	269	330	12	68	35	102	660	1 is		0.00
	17	135	36	1	39	36	142	1 722			
Kentucky Tennessee	17	85	13		12	8	47	1,723 680	- 150	T-MITTER	913-5
	'-	25	8	1	19	19	90	680 948	- I (2-	Am Z	N Selection
		12			5	7	5		1 - 1/4	in teller	11979
asissinn.		13	15		3	2)	86	7 - 1		
EST SOUTH CENTRAL		11	,,,	7	,			,	-100	E 7 %	1000
ATT CENTRAL	385	2,376	1,053	15	117	110	218	2,376	kr = 1		1
Arlansas Louisiana	5	16	2	3	12	11	210	2,376			
ouisiana Oklahoma	7	15	8	3	27	31		3	12/1/27		
Oklahoma. Texas	7	68	102	_	8	14	77	781	P. I. Is-	_	Ξ.
-148	366	2,277	941	9	70	54	139	1,563		di basa yi jar	1
OUNT.		1 1						,,,,,,,		C-0-1	
Mone	72	439	78	1_	7	25	134	1,129	_ +	_	_
ldaho.	1	10	3			2	25	175		60-01-0-	11910
Huma		5	-f -	_		3	2	49	1 - 5"	-	100
Color		_	11111111111	1	_1	11		10			-
Colorado New Mexico Arizona *	-1 - 1	9	7		3	6	41	406	in = 10 -	_	335
Arizona *	2	64	34		1 2	5	45	245	_ 1314	COLUMN TO SERVICE	130
tah.	69	343	32	4.	-1	6	20	184	- 1	1000	
Utah Meyada		4	1		2	1	1	60	F _ 104	Constant	117
evada CIFIC	1 - 1	4	1			2		_	-15	recept to	7712
CIFIC. Washington									- T. 64	Rest Car	-
Vant.	66	533	222	6	103	203	459	3,657	2X = 13	-	-
Oregon .		35	20	1	15	12	180	1,490	A - 100	the state of the state of	
Calte	13	83	34		8	6	26	287	h = 200		775
California Alaska, *	49	389	163	5	79	179	186	1,458	Jan - 133	THE STATE	153
Alaska w		1	4	3 -	1 119-219		31	177	1 - 1	_	-
10	4	25	1	<u>-</u>	1	6	36	245	-	- mann	_
trein Islande		100	111								
	17	487	116	riz. 1, P.	2	3	12	243		A	

Mumps: Alaska 34, P.R. 15

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 14, 1970 AND MARCH 8, 1969 (10th WEEK) - CONTINUED

AREA	RUBE	LLA	TETA	NUS	TULARI	MIA	TYPHO FEV		TYPHUS TICK- (Rky. Mt.		RABIE ANIM	IALS
ANUA	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum. 1970	1970	Cum 197
UNITED STATES	1,902	13,047	3	15	-	12	2	44	-	-	56	58
NEW ENGLAND	126	571	_	10.1	_		7-1	2	0		1	2
Maine	8	53	1171	_		_	1 12	_		_	i	
New Hampshire	- 11	60			_	_	_			21	_	
Vermont	1	24	11		_	_	_	_	-		-	2
Massachusetts	80	239	_	1	_	_	_	1	-		-	
Rhode Island	6	14	3×0 =			_		-	-	_		
Connecticut	20	181	F-1	-	_		-	1	-	-		
IDDLE ATLANTIC	143	1,041	143	2	-	_	1	11	_		3	1
New York City	61	167	-	T -	_	_	1	4	-		-	4
New York, Up-State	16	102		111	= -		-	4		- I - L I I	3	
New Jersey	29	365		1			-	1	-	- 11 - 1 - 1	-	
Pennsylvania	37	407	T .	1 1	-		-	2	- 1111	= -		
AST NORTH CENTRAL	482	3,155	1	3	Y	5	_	2	1 - W		2	2
Ohio	133	455		-	10-	2		1	-		1	
Indiana	42	575	7.	1		3	-	-		-	1750	
Illinois	170	340	1	1	- 1		_			-	1	
Michigan."	179 91	904 881	10012	1	-	1.7		-1	-			
Wisconsin	91	881	_	_	_	-		-	-	-	1	
EST NORTH CENTRAL	114	1,218	77-		- P	2	-1	-	-		6	
Minnesota	5	57		-	-		_	-	_	-	1	
Iowa	82 11	759 95	100				-	-	-	- 1	2	
Missouri	2	64	1	_	-	2		5			1	
North Dakota	_	1				1 2 1		_	_		T	1.00
South Dakota	- 11	227				1 2 1						10
Nebraska Kansas	3	15	-				_	=			2	
	142	1,448		5	100			11			19	1
OUTH ATLANTIC	1 1 1	12	1 - 2 - 1	,		1 -	1	4 57			19	1.0
Delaware	15	85			115		1 1	3	3			
Maryland Dist. of Columbia	2	7	= _	1		L 1 Z-	_	_				
	32	275	10.2			_	250	1			11	133
Virginia West Virginia	34	406	HEC				_				2	
North Carolina		3	1-0	170	6 <u>c</u> 1	_10	1 - L	1	1 01			170
South Carolina	24	79	_	70_1					7 _ 1		_	133
Georgia		_		1	70_	_		4			. 5	1
Florida	34	581		3	112 1	1	1	2	- m - m	-1.	11	
AST SOUTH CENTRAL	57	708	445	10v 1	45-	2	11/2	1	1	<u> </u>	6	118
Kentucky	9	245	170		1 = =	1	_		- 11		4	
Tennessee	27	378	99'-	104-	FL T	1	1	_		_	1	13
Alabama	20	69		-	_		_	1	-		1 1	
Mississippi	1 .	16		77 -	- "	-	-	(2)		Ŧ		
EST SOUTH CENTRAL	324	1,947	-001	2	121	2	200	1	111_20		9	1
Arkansas	4	4	1	1	2	1	_	1	-	_	1-	
Louisiana *	-	3	-	1	_	_	_	_	_		3	
Oklahoma	23	459	-	- 18	-	1	_	_	-		2	
Texas	297	1,481		-	-	-	1	-	-		3	
DUNTAIN	77	535	ALL T	10-	112.1		20	4				
Montana	32	126			_	_		1		> 1_1		- 1
Idaho	5	18	10 - 0			_		_	_	1210	1789	-173
Wyoming.	2	32] =	_			_		-1		
Colorado	10	110	100-	- i		11 20	-	1		1-16-		190
New Mexico	8	32	114-	F	-	200	-	1	-	-		
Arizona.	20	147	100 - 11	119 -			-	1	-			
Utah	5 3	70 –		14.5			1 1		-	-	3.70	
Nevada					_							
CIFIC	437	2,424	= 1	2	1 / - 1	-	1250	12		E 1-16	10	
Washington	254	1,122	117	147-	-	-1.5	-	1				
Oregon	17	243	34-7	10.10	-		- I	-	_		-,1	
California	155	918	1	1	-	- 1	1-11	10			10	1
Alaska. *	10	56	19-11		17-11	-	1 5	1		_		
Hawaii	10	85	-			1.7			-	-		-
orto Mico X	_	9	1	3		-	-	1	-	-	_	1

Rubella: Mich. 15, Alaska 9 Typhoid fever: Alaska 1 RMSF: La. 1 (1969)

Rabies in animals: P.R. 2

Week No

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MARCH 14, 1970

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

	All Ca	uses	Pneumonia	Under		All Ca	uses	Pneumonia	Und e
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l year All Cause:
EW ENGLAND:	720	457	48	36	SOUTH ATLANTIC:	1,312	676	70	5
Boston, Mass	244	141	18	13	Atlanta, Ga	163	76	16	1
" Idgeport Conn	47 21	34 13	6	2	Baltimore, Md	227	111	7	1
Cambridge, Mass	25	18	i	-	Charlotte, N. C	77	34	2	L L
Hartford, Conn.	43	26	0.5	5	Jacksonville, Fla	101 96	48	3	
Towell, Mace	21	10	2	_	Miami, Fla Norfolk, Va	50	55 27	3 7	_
Tittle Mace	19	14	1	1	Richmond, Va	86	39	2	7116
W Bedford Wass	31	26	3	2	Savannah, Ga	44	26	5	-
" Haven Comm	59	35		3	St. Petersburg, Fla	115	85	4	
TOVIDENCE D T	55	33	6	3	Tampa, Fla	85	42	7	
met VIII o Mann	21	12	7	1	Washington, D. C	197	96	9	_
retilerioid Mana	47 23	36	5	2	Wilmington, Del	71	37	5	
Waterbury, Conn Worcester, Mass	64	14 45	3	1 2	EAST SOUTH CENTRAL:	723	379	53	4
Tiny -					Birmingham, Ala	114	61	4	- "
DDLE ATLANTIC:	3,230	1,883	156	125	Chattanooga, Tenn	63	40	9	11.140
THURNY N V	46	27	5	2	Knoxville, Tenn	58	30	2	- 11
Allentown, Pa	37 135	27 76	5 3	1 4	Louisville, Ky	125	73	12	- 11
Buffalo, N. Y	40	25	1	2	Memphis, Tenn	160	78	15	
** GDeth N T	35	20	2	_	Mobile, Ala	59	27	2	
	40	26	3	2	Montgomery, Ala	23	11	3 ,	
- 360 (1+)	57	31	5	4	Nashville, Tenn	121	59	6	1
	88	39	4	8	WEST SOUTH CENTRAL:	1,252	665	54	6
	1,609	950	68	63	Austin, Tex	43	20	- 8	
	27	17	1	2	Baton Rouge, La	54	33	6	
	416	223	10	13	Corpus Christi, Tex	27	13	2	2.01
	218 50	118 29	21	10	Dallas, Tex	217	113	10	
	111	74	7	4	El Paso, Tex	60	33	5	
Rochester, N. Y Schenectady, N. Y	35	20	2	2	Fort Worth, Tex	- 74	34	3	
	45	29	6	1	Houston, Tex	201	100	6	1
	107	69	3	4	Little Rock, Ark	60	30	2	
	62	35	3	1	New Orleans, La	145 86	66 48	2	
	26	20	2	1	Oklahoma City, Okla San Antonio, Tex	140	78	2	
Yonkers, N. Y	46	28	2	1	Shreveport, La	46	29	1	101
IST NOT	역 : [12] :		1	100	Tulsa, Okla	99	68	6	100
ST NORTH CENTRAL:	2,746	1,548	97	122					
	56	38	1	2	MOUNTAIN:	518	315	22	2
	43 778	29 408	6 23	1 41	Albuquerque, N. Mex	39	22	3	10.1
Cincinnati	202	111	10	5	Colorado Springs, Colo.	30	16	3	44
Cleveland, Ohio	221	115	7	6	Denver, Colo	140	88	9	- 10
Columbus, Ohio	125	70	72	7	Ogden, Utah	19	12	-	
Dayton, Ohio	82	44	3	3	Phoenix, Ariz.	122 19	72	-	
Detroit, Mich	348	191	10	16	Pueblo, Colo Salt Lake City, Utah	71	10 45	2	171
Evansville, Ind	66	49	6	-	Tucson, Ariz	78	50	5	
Flint, Mich.	58	29	3	4		, ,	30		7.7
Gary T-1 Ind	51	24	2	3	PACIFIC:	1,698	1,018	43	6:
Wrand n	57	30	1	2	Berkeley, Calif	31	20	-	
Indiana, Mich	51 157	36 85	3	2 1/	Fresno, Calif	56	24	2	
madien- Ind	157 41	85 22	6	14 5	Glendale, Calif	23	20	1	
Milton.,, "15	137	93	2	5	Honolulu, Hawaii	53	30	2	1
Peorie "18	41	28	ī	2	Long Beach, Calif	97 546	56	6	
Rockford, Ill	35	21	4	1 :	Los Angeles, Calif	546 78	336	10	1
South Bend, Ind	37	20	2	2	Oakland, Calif Pasadena, Calif	55	50 42	2	
Toledo, Ohio	105	65	3	-	Portland, Oreg	142	80	1 4	15
Unio	55	40	1	1	Sacramento, Calif	59	37	4	1
of Nubarr	04.7				San Diego, Calif	109	57	3	11
ST NORTH CENTRAL:	867	535	38	34	San Francisco, Calif	155	86	4	
Dulues lowa	72 25	48	2 5	3	San Jose, Calif	40	21	3	125
Mines of the contract of the c	37	22 16	1	1	Seattle, Wash	155	93	4	10
Mans	143	94	100 110	4	Spokane, Wash	56	38	-	4
of DCO.	19	13	2	-	Tacoma, Wash	38	28	1	
Those .	112	= 77	4	7	Tetal	12 064	5		
out to	80	47	3	4	Total	13,066	7,476	581	563
St. Louis, Mo	246	138	6	10	Expected Number	13,178	7 759	510	
St. Paul, Minn.	77	46	6	3	Cumulative Total	13,170	7,758	510	506
, min,	56	34	- 8	2	(includes reported corrections for previous weeks)	144,062	83,614	7,287	6,237
Vegas, Nev.*	25	15	1	2	*Mortality data are being collected table, however, for statistical reasc the total, expected number, or cumu	ns, these data	will be listed	only and not in	cluded

ERRATA:

Vol. 19, No. 6, p. 62

In the article "Measles-United States, Epidemiologic Year 1969-70," Houston, Texas, was erroneously included as having a major outbreak of measles. It should he deleted. In addition, the outbreak in New Jersey occurred in Burlington County, not Bergen County as stated.

Vol. 19, No. 9, p. 92

In the article "Salmonellosis - Los Angeles, California," the outbreak occurred on Dec. 13-14, 1969, not 1970 as stated.

Vol. 19, No. 9, p. 95

In the article "Tularemia - United States 1960-1968," part of the fourth sentence in the fourth paragraph was omitted. The correct sentence is as follows: "The majority of states east of the Mississippi River, excluding New England and the Middle Atlantic states, showed a marked predominance of tularemia in the winter months, particularly in December."

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 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 SUCCEEVING FRIDAY.

OFFICIAL BUSINESS COMMUNICABLE DISEASE CENTER 46=1-10,18,19,22

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