NATIONAL COMMUNICABLE DISEASE CENTER

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WEEKLY REPORT

For Week Ending May 2, 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

FOLLOW-UP ORGANIC MERCURY POISONING – New Mexico

The condition of two of the three New Mexico children previously reported as suffering from organic mercury poisoning (MMWR, Vol. 19, Nos. 3 and 4) remains essentially unchanged with the 8-year-old girl and the 13-year-old boy comatose. Their 20-year-old sister has continued to improve and is now able to walk and speak with difficulty. All three have received a 10-day course of BAL and a 10-day course of n-acetyl-d,1-penicillamine.

The 40-year-old mother of the children, who had had abnormal levels of mercury in both urine and serum although she had no symptoms of mercury poisoning, was delivered of an apparently normal infant on Mar. 9, 1970.

Of the pork embargoed in Roswell, New Mexico, because of suspicion of mercury contamination, all but one carcass were found free of mercury and released. The contaminated carcass was destroyed.

At the time of the investigation, there were 215 live hogs belonging to the six men who had obtained treated

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	17th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 17 WEEKS		
	May 2, 1970	April 26, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	32	41	33	458	490	484
Brucellosis	3	8	8	56	45	67
Diphtheria	2	4	3	108	45	50
Encephalitis, primary:						
Arthropod-borne & unspecified	15	24	24	332	333	402
Encephalitis, post-infectious	20	9	14	148	86	260
Hepatitis, serum	134	109	791	2,220	1,710	14,085
Hepatitis, infectious	1,111	915		18,478	15,695	
Malaria	85	54	23	1,120	800	661
Measles (rubeola)	1,804	993	2,412	22,239	10,688	39,771
Meningococcal infections, total	48	101	65	1,156	1,492	1,454
Civilian	47	81	60	1,035	1,355	1,323
Military	1	20	8	121	137	131
Mumps	2,923	2,952	---	46,040	41,854	---
Poliomyelitis, total	—	—	—	1	1	6
Paralytic	—	—	—	1	1	5
Rubella (German measles)	2,695	3,333	---	30,156	23,854	---
Tetanus	1	2	1	29	36	35
Tularemia	—	3	3	33	30	44
Typhoid fever	7	9	8	77	71	92
Typhus, tick-borne (Rky. Mt. spotted fever)	—	3	2	5	5	8
Rabies in animals	59	76	92	1,120	1,319	1,509

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Psittacosis: Calif.-1	12
Botulism:	1	Rabies in Man:	—
Leprosy:	32	Rubella congenital syndrome: Calif.-4, Minn.-1	29
Leptospirosis:	11	Trichinosis: Minn.-1, Pa.-1	28
Plague:	—	Typhus, murine:	2

MERCURY POISONING – *(Continued from front page)*

grain. These animals, which had presumably been fed the treated grain, were placed under embargo by the New Mexico Health and Social Services Department and most were subsequently voluntarily sacrificed by their owners.

(Reported by Bruce Storrs, M.D., Director, Medical Services Division, and Jon Thompson, Chief, Food Protection Unit, Consumer Protection Service, New Mexico Health and Social Services Department; Laurence 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.)

Editorial Comment:

As a result of this incident, the Pesticide Regulation Division, USDA, suspended the registration of cyano-(methylmercuri)guanidine (methylmercury dicyandiamide) for use as a seed treatment on Feb. 19, 1970, *(1)* and on Mar. 9, 1970, *(2)* extended the suspension to include all alkylmercury compounds used as seed treatments. Suspension of registration means that the product can no longer be shipped or sold.

Subsequently, one of the manufacturers successfully sought a preliminary injunction against the suspension, *(3)* allowing the shipment and sale of fungicide.

References:
(1) USDA 576-70, Release dated Feb. 19, 1970.
(2) PR Notice 70-7, USDA, Mar. 9, 1970.
(3) 70 C 838, U.S. District Court, Chicago, Apr. 21, 1970.

OUTBREAK OF TUBERCULOSIS – Alabama

On Apr. 6, 1970, active far advanced pulmonary tuberculosis was diagnosed in a 46-year-old woman, the wife of an aerialist with a circus that was performing in Washington, D.C. Chest roentgenograms of members of her family showed abnormalities consistent with active, minimally advanced tuberculosis in her 22-year-old son and 3-year-old granddaughter. A Mantoux tuberculin test (5 test units) and 70 mm chest film survey of the 250 circus employees was then undertaken in Washington, D.C. Of these, 74 had reactions of greater than 10 mm (positive) and an additional 28 had doubtful reactions (5 to 9 mm). Eight of those with positive reactions had a history of BCG vaccination.

By April 10, the circus had arrived in Roanoke-Salem, Virginia, where 14 by 17-inch chest films were obtained for all employees who had had reactions to tuberculin or questionable 70 mm films. Three additional cases were discovered, and the x-ray and skin test results were forwarded to Mobile, Alabama, the next circus stop.

In Mobile, 68 employees who had demonstrated positive tuberculin reactions in the Washington, D.C., survey were begun on isoniazid therapy. Seven other reactors, all of whom were aerial performers and who were concerned about drug therapy because of their occupation, declined treatment but agreed to monthly roentgenographic examinations. The circus then proceeded to Montgomery, where 10 employees whose skin test results had been equivocal were either tuberculin tested or x-rayed. The company then continued to Birmingham. In Birmingham, their skin tests were read and four reactors were identified among them, bringing the overall positivity rate among circus employees to 33 percent. Results of sputum cultures for the six cases and for four others with questionable films are pending (Table 1).

(Reported by F. S. Wolf, M.D., Bureau of Preventable Diseases, Alabama Department of Public Health; George W. Newburn, M.D., County Health Officer, Mobile; William E.

Table 1
New Active Cases of Tuberculosis Among Circus Employees – April 1970

Patient	Age (Years)	Sex	Date of Diagnosis	Skin Test Reaction	X-ray Results	Stage at Diagnosis	Comments
1	46	F	4/6/70	none*	Active TB	moderately advanced	index patient
2	22	M	4/8/70	none*	Active TB	minimal	son of index patient
3	3	F	4/8/70	none	Active TB	minimal	grandchild of index patient
4	63	M	4/10/70	20 mm	Bilateral adenopathy, infiltrate	moderately advanced	circus laborer
5	14	M	4/10/70	20 mm	Left hilar adenopathy	minimal	cyclist
6	37	M	4/13/70	3 mm	Bilateral apical calcifications, fibrosis and hilar adenopathy	moderate to far advanced	groom

*Had BCG in March 1968 and positive skin tests in July 1968.

Apperson, M.D., Bureau of Tuberculosis Control, Virginia Department of Health; C. P. Pope, M.D., Director, Roanoke County Health Department; Vedat Oner, M.D., Acting Chief, Tuberculosis Control Division, and S. Farley, Public Health Nurse, Tuberculosis Nursing Coordinator, District of Columbia Department of Public Health; and an EIS Officer.)

NOSOCOMIAL INFECTIONS WITH *PSEUDOMONAS AERUGINOSA* – Massachusetts

During January and February 1970, an increased number of *Pseudomonas aeruginosa* isolates were obtained from sputum cultures of patients hospitalized on an Intensive Care Unit (ICU) of a hospital in Massachusetts. Fourteen of 67 patients (21 percent) admitted to the ICU during these months developed *P. aeruginosa* infections of the respiratory tract. Two deaths were attributed to these infections. The frequency of recovery of pseudomonas from patients in other wards of the hospital was unchanged from previous months.

An epidemiologic investigation revealed statistically significant associations between respiratory infection and prior exposure of patients to broad-spectrum antibiotics, endotracheal tubes, intermittent positive pressure breathing machines, and nasotracheal suction. Since individuals were frequently exposed to more than one of these factors at the same time, the influence of a single factor was difficult to evaluate.

The hospital's inhalation therapist cleans and sterilizes and maintains the respiratory-therapy equipment used on the hospital wards. However, oxygen tubing, nebulizers, and humidifiers used in the ICU are cleaned by nursing personnel of that unit. Their techniques were found to be ineffective, since pseudomonas was isolated from "clean" equipment that was ready for use on the ICU but not from equipment sterilized by the inhalation therapist for use in other areas of the hospital.

Pyocine typing of pseudomonas isolates recovered from infected patients and their immediate environment revealed that each patient was contaminating his surroundings with his particular strain of pseudomonas. Three different strains of pseudomonas were recovered from infected patients, and these were identical to the strains isolated from "clean" inhalation therapy equipment in the ICU.

It was suggested that the hospital centralize the sterilization of all components of its respiratory therapy equipment and that uniform methods for cleaning and sterilization of this equipment be adopted. An improved method for surveillance of nosocomial infections was instituted to allow the prompt detection of other epidemic situations if they should develop in the future. After institution of the above recommendations, no new cases of pseudomonas respiratory-tract infection have occurred in patients subsequently admitted to the ICU.

(Reported by Nicholas J. Fiumara, M.D., Director, Division of Communicable Diseases, Massachusetts Department of Public Health; Microbiological Control Section, Epidemiology Program, NCDC; and an EIS Officer.)

Editorial Note:

Gram-negative bacillary infections are becoming increasingly important in nosocomial disease. Specifically, necrotizing pneumonias due to gram-negative bacilli have been observed with increasing frequency. *(1)* The specific organisms isolated vary from institution to institution. The major causative agents are *Pseudomonas sp., Flavobacterium sp., Herellae sp, Alcaligenes sp.,* and *Achromobacter sp.* The particular bacterial species is hospital-dependent. Only gram-negative organisms have been isolated. In recent investigations, a causal relationship has been suggested between gram-negative necrotizing pneumonia and inhalation therapy equipment utilizing reservoir nebulization. *(2)*

References

(1) Lepper, M.H.: Opportunistic gram-negative rod pulmonary infections. *Dis Chest 18:*44, 1963.

(2) Reinarz, J.A., et al.: Potential role of inhalation therapy equipment in nosocomial pulmonary infection. *J Clin Invest 44:*831, 1965.

TRICHINOSIS IN TWO FAMILIES – Rhode Island

In early March 1970, a physician diagnosed trichinosis in a husband and wife, ages 44 and 45 years, respectively. The woman had onset of symptoms on February 21 and the man, on February 25. Symptoms included fever, periorbital edema, and generalized muscle aches and tenderness; both patients had high-grade eosinophilia. The wife was given thiabendazole because of the severity of her symptoms and she responded well without serious side effects. Her husband recovered without any specific therapy.

Their four children, ages 18 to 25 years, live in the same household and during February shared all breakfasts and dinners with their parents. The meals included pork chops once per week and Italian sausage 2-3 times per week. None of the four children reported any symptoms compatible with trichinosis. Laboratory follow-up of all family members is currently in progress.

The family was aware of the hazard of trichinosis and reported that they thoroughly cooked pork products. They shopped at a local supermarket and often purchased Italian sausage and chops; they did not prepare sausage in the home. The time of eating the infected pork probably occurred in the first week of February since during the second 2 weeks of the month the wife did not buy pork. Regular pur-

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TRICHINOSIS – *(Continued from page 171)*

chasing and consumption, however, was resumed on February 21, the same day the wife manifested her first symptoms.

During this investigation the couple reported that two of their friends (a husband and wife, ages 43 and 39 years, respectively) were experiencing symptoms similar to their own. On investigation this man and his wife had classical signs and symptoms of trichinosis. Both had substantial eosinophilia. His onset was February 22 and hers was March 1.

Their pork-eating habits differed in several respects from those of the first family. The woman prepared her own sausage about once a month from pork purchased usually in 50-lb. lots from a Providence wholesaler. She last purchased pork on February 2. She denied eating the sausage or pork during preparation and reported that the family ate it only after thorough cooking in a skillet or in an oven. She did recall hasty preparation on one occasion in early February. This family had shared no meals with the first affected family, and their illness appears unrelated to that of the first.

There are five children in this family (ages 1½ to 19 years) and all had eaten varying quantities of the sausage; none have manifested any clinical illness. The mother and father had eaten no pork meals outside of the family setting; however, it could not be determined whether only they had eaten the hastily-prepared pork in February.

Sixty grams of the home-processed sausage were examined after pepsin-hydorchloric acid digestion, and no larvae were found.

Attempts to obtain blood for serologic confirmation are underway.

(Reported by Joseph E. Cannon, M.D., Director of Health, Rhode Island Department of Health; and an EIS Officer.)

LISTERIC BACTEREMIA COMPLICATING CARCINOMA OF THE COLON – New York City

In December 1969, a 65-year-old woman with metastatic carcinoma of the colon was hospitalized in New York City because of increasing abdominal distention. The admission physical examination revealed bilateral pleural effusions and a hard, irregular, fixed mass in the lower abdomen palpable to the level of the umbilicus. Treatment was begun with prednisone. One week later, methotrexate and thiotepa were also added.

On January 14, the 27th hospital day, the patient experienced abdominal cramps associated with a temperature spike to 103°F. The white blood cell count was 5,500 with 52 percent neutrophils, 9 percent bands, 31 percent lymphocytes, and 8 percent monocytes. Blood was drawn for culture, and on the next day a short gram-positive rod was isolated; it exhibited tumbling motility at room temperature and partial (translucent) beta hemolysis when grown on 5 percent sheep blood agar at 37° C. A tentative identification of *Listeria monocytogenes* was made. The patient had no known contact with animals and the source of her infection could not be found.

Antibiotic susceptibility tests by the tube dilution method revealed this strain of *Listeria* to be sensitive to ampicillin, cephalothin, chloramphenicol, erythromycin, gentamycin, kanamycin, neomycin, novobiocin, oxacillin, penicillin, streptomycin, tetracycline, and vancomycin; it was moderately resistant to lincomycin, methicillin, and polymyxin and was resistant to colistin and sulfonamide.

Based on these laboratory findings, the patient was then successfully treated with tetracycline by the attending physician.

The organism was further characterized as being methyl red and catalase positive and oxidizing glucose and salicin but not mannitol. The organism was confirmed biochemically and serologically as *L. monocytogenes* type 4b at NCDC.

(Reported by Leo H. Buchner, M.D., Epidemiologist, Division of Epidemiologic Intelligence, Bureau of Infectious Disease Control, New York City Health Department; and the Bacterial Immunology Unit, Bacteriology Section, Laboratory Division, NCDC.)

DYSENTERY – Minnesota and Ohio

The previously documented occurrence of rare *Shigella dysenteriae* type 1 infections in American citizens who had traveled to foreign countries, especially to Mexico (MMWR, Vol. 18, No. 51 and Vol. 19, No. 7), is further substantiated by the following cases:

Case 1. On Mar. 28, 1970, while on a spring vacation tour in Mexico with a student group, a 22-year-old college student from Minneapolis, Minnesota, had onset of abdominal cramps and frequent bloody diarrhea. She had been in Acapulco since March 21 and had eaten raw and cooked foods in several restaurants and her hotel as well as had drunk ice water kept in open pitchers; she had eaten no meals outside of Acapulco. Upon her return to Minneapolis, she was referred by a local physician to the university health service on March 30 because of 30 to 40 loose bloody stools daily.

On admission to the university hospital, she was weak and complained of abdominal cramps and tenesmus. Her

temperature was 102.4°F, and she had abdominal tenderness with hyperactive bowel sounds. The stools contained blood and mucus. Sigmoidoscopy revealed an acutely inflammed bowel mucosa with superficial ulcerations and exudate. Laboratory studies demonstrated *S. dysenteriae* type 1 in stool cultures. The organism was sensitive to ampicillin and neomycin and was resistant to chloramphenicol, sulfonamides, and tetracycline.

After treatment with ampicillin in a dose of 2 g per day, she had a prompt defervescence and symptomatic improvement. She was discharged on April 10 and has remained well.

Cases 2 and 3. Two 20-year-old students from an Ohio college became ill with bloody diarrhea and fever on March 25 in Mexico while on spring vacation in a small coastal town, 500 miles south of Acapulco. Upon their their return, the girl was hospitalized for 1 week because of dehydration. Both students had *S. dysenteriae* type 1 isolated from stool specimens. The organisms were shown to be sensitive to ampicillin, cephalothin, kanamycin, naladixic acid, nitrofurantoin, and polymyxin B and were resistant to chloramphenicol, streptomycin, and tetracycline.

The girl responded to treatment with 2 g of ampicillin per day for 8 days after an initial poor response to 400 mg of furazolidone per day for 7 days. The boy, who was less severely ill, received only furazolidone for 5 days and also made a complete recovery.

(Reported by Donald W. Cowan, M.D., Director, University of Minnesota Health Service; D. S. Fleming, M.D., Director, Division of Disease Prevention and Control, Minnesota State Department of Health; David W. Nardin, M.D., Director, Student Health Service, Ohio-Wesleyan University; John H. Ackerman, M.D., Chief, Communicable Disease Division, Ohio Department of Health; and the Shigella Surveillance Unit, Enteric Diseases Section, Bacterial Diseases Branch, Epidemiology Program, NCDC.)

Editorial Comment:

For individuals who have dysentery on return from Central America and Mexico, special consideration should be given to *S. dysenteriae* type 1 as the possible etiologic agent. To date, all isolates of this organism from the affected areas have been sensitive to ampicillin and resistant to chloramphenicol, sulfonamides, and tetracycline. Ampicillin has proved most effective in treating these patients in a dosage of 50 mg per kg of body weight per day in four divided doses orally or parenterally if necessary.

OUTBREAK OF UPPER RESPIRATORY ILLNESS IN A PUBLIC HEALTH INSTITUTION – Maryland

Two separate outbreaks of febrile upper respiratory illness occurred among employees in a public health agency in Maryland during the past winter. The first outbreak of illness occurred during late December 1969 and early January 1970 and was characterized by coryza, cough, fever, and malaise. The second occurred from late January through early March and was characterized by severe coryza, cough, pharyngitis, and laryngitis, along with moderate to severe malaise, and temperature elevations of up to 104°F. The acute episode in the latter outbreak lasted 7 to 10 days, but some patients noted persistent symptoms for 3 to 4 weeks, particularly cough and hoarseness, as well as costal margin and substernal chest pain, lethargy, and weakness. Other symptoms included earache, headache, diarrhea, epistaxis, and skin paresthesias. Patients described their illnesses as a "severe head and chest cold." Symptoms promptly remitted within 24 to 48 hours after institution of tetracycline therapy in persons whose illness had been running a protracted course.

Thirteen patients, including three who were ill during both outbreaks and 10 who were ill only during the second outbreak, were studied serologically 1 to 4 weeks after the onset of the second episode. Eight patients, including three ill in December, had titers to A2/Hong Kong/68 (1:8 to 1:128), including five with a titer of 1:32 or greater. In serologic tests for *Mycoplasma pneumoniae* 11 patients had either metabolic inhibition or fluorescent antibody titers (1:80 – 1:160), eight had detectable cold agglutinin titers (1:40 – 1:320), and five had complement fixation titers of 1:8 to 1:16. A small number of sera from persons not ill during either outbreak was examined and found to have no detectable titers to either influenza or mycoplasma. Further studies of paired sera and attempts at mycoplasma isolation are in progress.

Although this study was retrospective, the clinical and laboratory findings suggested the occurrence of both influenza and mycoplasma infections. Some patients with a clinical picture compatible with either type of infection showed antibody titers for mycoplasma only. Symptoms seemed to persist longest in those individuals who were ill during both outbreaks and who had serologic evidence of experience with both influenza virus and *M. pneumoniae*. It was also noteworthy that some patients with persistent symptoms showed prompt response to tetracycline therapy. *(Reported by M. F. Barile, Ph.D., H. Godfrey, M.D., N. Tauraso, M.D., D. B. Riggs, and M. Grabowski, Division of Biologics Standards, National Institutes of Health, Bethesda, Maryland.)*

INTERNATIONAL NOTES

INFLUENZA EPIDEMICS – Indonesia 1969*

Several influenza epidemics were reported in Indonesia in 1969. There were two such epidemics in Medan (Sumatra) in January and December, respectively, and one in West Irian (New Guinea) in December.

Medan. The influenza virus isolated during the January 1969 outbreak in Medan was the same as the Hong Kong strain, A2/Hong Kong/68, whereas the strain from the December outbreak in Medan was, on preliminary examination, rather different from this. No deaths were reported as resulting from the December influenza epidemic in Medan.

West Irian. At the end of 1969 the West Irian health authorities were informed by the health authorities in the Territory of Papua New Guinea (T.P.N.G.) of a serious influenza epidemic which had occurred in mid-1969 throughout T.P.N.G.; there had been many deaths due to pneumonia in inland mountainous areas among children and adults. The first reports of the spread of this epidemic to West Irian were received in December. Those places affected in West Irian were Mindiptana and Sota, near the border of T.P.N.G., and five places in the Central Highlands, namely, Karubaga, Magi, Ilu, Beoga, and Illaga. Up until December 31, several hundred deaths were reported in Mindiptana, 58 in Karubaga, 28 in Beoga and Illaga, 16 in Magi, but none in Sota. As in T.P.N.G., the people in inland areas were more seriously ill than those in coastal areas; this was due to poor nutritional status, poor housing facilities, poor clothing, and the low temperature.

Investigation in Sota revealed that 30 patients had actually visited T.P.N.G. 1 week prior to their illness. The influenza reference laboratory at Djakarta isolated the Hong Kong strain, A2/Hong Kong/8/68, from one of the patients in West Irian. The outbreak in West Irian was therefore apparently a continuation of the epidemic in T.P.N.G. and was spread by air and land-communication into West Irian. Meanwhile all the health authorities in the Province were alerted, and a surveillance mechanism was organized. The policlinics (government-operated health posts for outpatient care) were instructed to make weekly reports of influenza cases and to treat the patients with antibiotics and antipyretics. Special teams gave influenza immunization to people at risk in the Central Highlands. This vaccine had been donated by the World Health Organization at the request of the government of Indonesia.

Djakarta (Java). Also in December 1969, strains of influenza virus were isolated from local patients in Djakarta; these were closely related to the A2/Hong Kong/8/68 strain.

*Source: *Epidemiological Bulletin,* Republic of Indonesia. Issue No. 4, December 1969.

Q FEVER – United Kingdom and Republic of Ireland

For 1967, 1968, and 1969, a total of 231 cases of Q Fever were reported from laboratories in the United Kingdom and the Republic of Ireland. This yearly average of over 70 cases was higher than for any year prior to 1967; the increase may have been due to the larger number of laboratories able to do routine serologic tests and the more frequent use of these facilities in cases of undiagnosed pyrexia or atypical pneumonia. Cases of Q Fever were usually reported on the basis of a 4-fold or greater rise in titer of complement-fixing antibody, but in some cases only convalescent serum was available. In the latter instance, the case was included if the antibody titer was equal to or greater than 1:160 and there was a recent illness clinically compatible with Q Fever. Although more cases were reported in the spring and early summer, there was no marked seasonal variation in the frequency of cases.

Most patients with acute Q Fever had an acute respiratory illness, usually of the lower respiratory tract, and the majority were adults in the age range from 15 to 64 years (Table 1). Males were much more commonly affected than females, particularly among young adults in whom the ratio was five to one. There were nine cases of acute endocarditis, pericarditis, or myocarditis, and five cases in which the main feature was aseptic meningitis or encephalitis. The others were mostly cases of acute nonspecific febrile or influenza-like illness. There was one death from acute Q Fever in a 25-year-old woman with pneumonia.

In most cases of chronic Q Fever (most of them Q Fever endocarditis), it was unusual to obtain a rise in antibody titer in paired sera and the diagnosis was based on the detection of high titers of Phase I as well as of Phase II antibody. In seven cases, *Rickettsia burnetii* was isolated,

Table 1
Cases of Q Fever Reported by Age and Diagnosis

Age (Years)	Acute Q Fever				Chronic Q Fever	Total Cases	Percent
	Respiratory	Cardiac	Central Nervous System	Other			
Under 1	2	0	0	1	0	3	1.3
1-4	7	1	0	1	2	11	4.8
5-14	2	0	0	3	0	5	2.2
Total Children	11	1	0	5	2	19	8.2
15-44	73	5	1	13	13	105	45.5
45-64	45	3	3	9	28	88	38.1
65 and over	5	0	0	4	1	10	4.3
Total Adults	123	8	4	26	42	203	87.9
Age not stated	3	1	1	0	4	9	3.9
Total	137	10	5	31	48	231	100.0

usually from heart valve, thrombus, or endocardial vegetations obtained on cardiotomy or at autopsy. In several cases there was a valvular lesion, and in some a valvular prosthesis had been inserted. Almost all patients in this group were adults, and two-thirds of them were 45 to 64 years of age.

(From notes based on reports to the Public Health Laboratory Service from Public Health and Hospital Laboratories in the United Kingdom and Republic of Ireland, published in the British Medical Journal *dated Feb. 21, 1970.)*

QUARANTINE MEASURES

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

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

FLORIDA

Bradenton
Manatee County Health Dept.
202 Sixth Ave., East 33505
813, 744-3531
Clinic hours: First Fri. each month, 2 p.m.
Fee: Yes

GEORGIA

Rome
Floyd County Health Dept.
315 West 10th St. 30161
404, 235-0157
Clinic hours: By appointment only
Fee: No

MASSACHUSETTS

Boston
Division of Communicable Diseases
Massachusetts Dept. of Public Health
600 Washington St., Room 606,
02111
617, 727-2687
Clinic hours: Mon.-Fri., 9 a.m.-12 noon
Fee: No

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
MAY 2, 1970 AND APRIL 26, 1969 (17th 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	32	3	2	15	24	20	134	1,111	915	85	1,120
NEW ENGLAND	2	–	–	2	2	–	3	113	56	3	37
Maine	1	–	–	–	–	–	–	20	3	1	2
New Hampshire	–	–	–	–	–	–	–	1	3	–	–
Vermont	–	–	–	–	–	–	–	7	2	–	3
Massachusetts	1	–	–	1	–	–	1	62	27	1	20
Rhode Island	–	–	–	1	1	–	–	11	14	–	5
Connecticut	–	–	–	–	1	–	2	12	7	1	7
MIDDLE ATLANTIC	5	–	–	3	6	5	66	190	173	5	123
New York City	–	–	–	2	3	–	48	95	55	–	25
New York, Up-State	–	–	–	–	1	2	1	20	26	–	29
New Jersey.*	4	–	–	1	1	–	9	27	43	3	37
Pennsylvania	1	–	–	–	1	3	8	48	49	2	32
EAST NORTH CENTRAL	–	–	–	3	7	1	10	151	168	1	55
Ohio	–	–	–	1	3	1	3	37	33	–	16
Indiana	–	–	–	–	–	–	–	17	21	–	3
Illinois	–	–	–	1	2	–	4	29	47	–	8
Michigan	–	–	–	1	2	–	3	62	58	1	28
Wisconsin	–	–	–	–	–	–	–	6	9	–	–
WEST NORTH CENTRAL	1	–	–	–	1	2	1	59	34	11	80
Minnesota	1	–	–	–	1	2	–	10	8	–	1
Iowa.*	–	–	–	–	–	–	–	7	9	–	7
Missouri	–	–	–	–	–	–	–	25	5	9	14
North Dakota	–	–	–	–	–	–	–	1	–	–	1
South Dakota	–	–	–	–	–	–	–	–	3	–	–
Nebraska	–	–	–	–	–	–	–	7	5	–	1
Kansas	–	–	–	–	–	–	1	9	4	2	56
SOUTH ATLANTIC	6	–	–	1	1	4	15	136	74	6	193
Delaware	–	–	–	–	–	–	–	2	–	–	1
Maryland	–	–	–	–	–	2	1	11	14	–	21
Dist. of Columbia	–	–	–	–	–	–	–	2	1	2	2
Virginia	–	–	–	–	–	–	3	14	9	1	16
West Virginia	–	–	–	–	–	–	1	10	2	–	1
North Carolina	3	–	–	–	1	–	4	28	8	2	89
South Carolina	1	–	–	–	–	–	–	8	9	–	16
Georgia	–	–	–	–	–	–	–	8	10	–	34
Florida	2	–	–	1	–	2	6	53	21	1	13
EAST SOUTH CENTRAL	6	–	–	–	–	–	1	63	44	2	91
Kentucky	6	–	–	–	–	–	–	36	6	1	82
Tennessee	–	–	–	–	–	–	–	19	21	–	–
Alabama.*	–	–	–	–	–	–	–	5	9	–	7
Mississippi	–	–	–	–	–	–	1	3	8	1	2
WEST SOUTH CENTRAL	2	1	–	1	2	1	2	105	79	15	237
Arkansas.*	–	1	–	–	–	–	–	–	4	–	4
Louisiana	1	–	–	–	2	–	–	15	15	2	14
Oklahoma	–	–	–	1	–	–	–	6	12	–	28
Texas	1	–	–	–	–	1	2	84	48	13	191
MOUNTAIN	–	–	2	3	1	1	3	55	45	13	90
Montana	–	–	2	2	–	1	–	3	6	–	2
Idaho.*	–	–	–	–	–	–	–	2	1	–	1
Wyoming	–	–	–	–	–	–	–	7	–	–	–
Colorado	–	–	–	–	1	–	2	19	12	10	80
New Mexico	–	–	–	1	–	–	–	11	5	2	3
Arizona	–	–	–	–	–	–	–	13	12	–	2
Utah	–	–	–	–	–	–	1	–	9	1	2
Nevada	–	–	–	–	–	–	–	–	–	–	–
PACIFIC	10	2	–	2	4	6	33	239	242	29	214
Washington	–	–	–	–	–	1	1	43	31	–	12
Oregon	–	–	–	–	–	4	3	19	12	–	9
California	8	2	–	2	4	1	28	175	192	5	151
Alaska	–	–	–	–	–	–	–	2	3	–	–
Hawaii	2	–	–	–	–	–	1	–	4	24	42
Puerto Rico	–	–	–	–	–	–	–	18	35	–	–
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Brucellosis: Iowa 4
Encephalitis, primary: Ala. 1
Hepatitis, infectious: N.J. delete 6, Ala. 1, Ark. 1, Ida. delete 14

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 2, 1970 AND APRIL 26, 1969 (17th 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	1,804	22,239	10,688	48	1,156	1,492	2,923	46,040	–	–	1
NEW ENGLAND	39	476	521	1	43	39	278	5,811	–	–	–
Maine.*	5	10	2	–	–	3	12	540	–	–	–
New Hampshire	–	15	164	–	3	–	14	217	–	–	–
Vermont	–	1	2	–	5	–	1	471	–	–	–
Massachusetts.*	32	397	65	–	16	19	66	1,900	–	–	–
Rhode Island	–	15	17	–	3	4	56	688	–	–	–
Connecticut	2	38	271	1	16	13	129	1,995	–	–	–
MIDDLE ATLANTIC	137	2,919	3,727	12	202	222	252	4,717	–	–	–
New York City	17	495	2,548	4	50	40	99	1,505	–	–	–
New York, Up-State	3	112	359	3	41	35	NN	NN	–	–	–
New Jersey	64	1,168	456	3	73	96	24	1,355	–	–	–
Pennsylvania	53	1,144	364	2	38	51	129	1,857	–	–	–
EAST NORTH CENTRAL	504	5,014	1,108	4	134	188	763	11,603	–	–	–
Ohio	228	1,952	141	2	59	68	140	1,803	–	–	–
Indiana	10	182	328	1	15	23	88	1,163	–	–	–
Illinois	157	1,909	194	–	30	33	108	1,078	–	–	–
Michigan	83	572	108	1	26	52	177	2,794	–	–	–
Wisconsin	26	399	337	–	4	12	250	4,765	–	–	–
WEST NORTH CENTRAL	81	2,076	335	2	59	70	186	2,709	–	–	–
Minnesota	2	26	1	1	7	13	7	248	–	–	–
Iowa	–	73	205	–	7	10	141	1,771	–	–	–
Missouri.*	63	762	14	1	40	25	20	87	–	–	–
North Dakota	11	230	6	–	2	–	6	213	–	–	–
South Dakota	–	64	–	–	–	–	–	2	–	–	–
Nebraska	5	876	107	–	2	8	8	303	–	–	–
Kansas	–	45	2	–	1	14	4	85	–	–	–
SOUTH ATLANTIC	445	4,124	1,607	8	255	263	354	4,832	–	–	–
Delaware	11	191	158	–	3	4	7	114	–	–	–
Maryland	120	867	14	–	24	25	32	376	–	–	–
Dist. of Columbia	1	308	–	–	1	6	4	123	–	–	–
Virginia	124	1,079	660	1	22	32	98	1,076	–	–	–
West Virginia	9	128	136	–	5	12	85	1,350	–	–	–
North Carolina	40	417	139	2	52	40	NN	NN	–	–	–
South Carolina	13	331	81	2	25	39	25	508	–	–	–
Georgia	–	4	1	–	27	42	–	–	–	–	–
Florida	127	799	418	3	96	63	103	1,285	–	–	–
EAST SOUTH CENTRAL	35	387	56	6	90	80	205	2,857	–	–	–
Kentucky	26	210	27	4	34	24	112	1,092	–	–	–
Tennessee	4	126	13	2	35	34	80	1,589	–	–	–
Alabama.*	–	24	–	–	17	13	12	158	–	–	–
Mississippi	5	27	16	–	4	9	1	18	–	–	–
WEST SOUTH CENTRAL	396	5,249	2,454	4	170	224	207	4,585	–	–	1
Arkansas	1	20	3	–	15	23	–	68	–	–	–
Louisiana	1	51	72	–	44	63	1	12	–	–	–
Oklahoma.*	4	184	106	–	10	23	8	1,576	–	–	–
Texas	390	4,994	2,273	4	101	115	198	2,929	–	–	1
MOUNTAIN	92	942	268	–	15	32	209	2,082	–	–	–
Montana	–	14	4	–	–	4	51	396	–	–	–
Idaho	6	14	38	–	3	5	4	68	–	–	–
Wyoming	8	8	–	–	1	–	18	29	–	–	–
Colorado	–	90	25	–	5	6	65	652	–	–	–
New Mexico	4	119	119	–	–	6	28	441	–	–	–
Arizona	73	676	80	–	4	8	41	423	–	–	–
Utah	1	14	1	–	2	1	2	73	–	–	–
Nevada	–	7	1	–	–	2	–	–	–	–	–
PACIFIC	75	1,052	612	11	188	374	469	6,844	–	–	–
Washington	12	109	43	2	22	48	202	2,886	–	–	–
Oregon	6	126	124	2	17	9	40	518	–	–	–
California	51	763	436	7	148	299	165	2,670	–	–	–
Alaska	3	5	4	–	–	10	24	277	–	–	–
Hawaii	3	49	5	–	1	8	38	493	–	–	–
Puerto Rico	16	668	313	–	2	8	5	436	–	–	–
Virgin Islands	–	5	2	–	1	–	–	1	–	–	–

*Delayed reports: Measles: Me. 3, Mass. delete 37, Mo. 140
Meningococcal infections: Ala. 4
Mumps: Okla. 255

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MAY 2, 1970 AND APRIL 26, 1969 (17th 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.....	2,695	30,156	1	29	–	33	7	77	–	5	59	1,120
NEW ENGLAND.....	202	1,409	–	3	–	–	–	2	–	–	2	44
Maine.....	23	228	–	–	–	–	–	–	–	–	1	8
New Hampshire.....	1	112	–	–	–	–	–	–	–	–	–	–
Vermont.....	3	31	–	–	–	–	–	–	–	–	–	34
Massachusetts.....	110	645	–	2	–	–	–	1	–	–	–	–
Rhode Island.....	1	40	–	–	–	–	–	–	–	–	1	1
Connecticut.....	64	353	–	1	–	–	–	1	–	–	–	1
MIDDLE ATLANTIC.....	207	2,165	–	3	–	–	1	19	–	–	6	96
New York City.....	27	303	–	1	–	–	1	7	–	–	–	–
New York, Up-State..	16	214	–	–	–	–	–	5	–	–	5	93
New Jersey.....	25	573	–	1	–	–	–	2	–	–	–	–
Pennsylvania.....	139	1,075	–	1	–	–	–	5	–	–	1	3
EAST NORTH CENTRAL....	535	6,397	–	7	–	15	2	13	–	–	6	74
Ohio.....	164	1,118	–	–	–	2	1	5	–	–	1	27
Indiana.....	71	1,281	–	1	–	12	1	2	–	–	–	3
Illinois.....	154	878	–	3	–	1	–	1	–	–	4	22
Michigan.....	101	1,686	–	3	–	–	–	5	–	–	–	6
Wisconsin.....	45	1,434	–	–	–	–	–	–	–	–	1	16
WEST NORTH CENTRAL....	129	2,356	–	1	–	4	–	1	–	–	9	164
Minnesota.....	4	81	–	–	–	–	–	1	–	–	4	36
Iowa.....	73	1,503	–	–	–	–	–	–	–	–	2	28
Missouri.....	14	250	–	–	–	3	–	–	–	–	2	37
North Dakota.....	4	91	–	–	–	1	–	–	–	–	1	17
South Dakota*.....	–	1	–	1	–	–	–	–	–	–	–	17
Nebraska.....	34	409	–	–	–	–	–	–	–	–	–	2
Kansas.....	–	21	–	–	–	–	–	–	–	–	–	27
SOUTH ATLANTIC.....	294	4,005	–	7	–	4	–	11	–	2	13	269
Delaware.....	–	35	–	–	–	–	–	–	–	–	–	–
Maryland.....	10	180	–	–	–	–	–	3	–	–	–	1
Dist. of Columbia...	1	12	–	1	–	–	–	–	–	–	–	–
Virginia.....	16	466	–	–	–	–	–	1	–	2	4	130
West Virginia.....	57	883	–	–	–	–	–	–	–	–	5	65
North Carolina.....	3	13	–	–	–	3	–	1	–	–	1	1
South Carolina.....	3	400	–	–	–	–	–	–	–	–	–	–
Georgia.....	–	–	–	1	–	–	–	4	–	–	2	42
Florida.....	204	2,016	–	5	–	1	–	2	–	–	1	30
EAST SOUTH CENTRAL....	98	1,464	–	1	–	2	–	3	–	–	5	102
Kentucky.....	36	497	–	–	–	1	–	1	–	–	5	59
Tennessee.....	47	717	–	–	–	1	–	–	–	–	–	28
Alabama.....	13	204	–	1	–	–	–	2	–	–	–	15
Mississippi.....	2	46	–	–	–	–	–	–	–	–	–	–
WEST SOUTH CENTRAL....	595	5,721	–	4	–	7	1	6	–	2	10	200
Arkansas.....	4	28	–	3	–	2	–	3	–	1	1	27
Louisiana.....	8	90	–	1	–	–	–	1	–	–	1	39
Oklahoma.....	15	631	–	–	–	4	–	–	–	1	2	35
Texas.....	568	4,972	–	–	–	1	1	2	–	–	6	99
MOUNTAIN.....	174	1,160	–	–	–	1	1	5	–	1	–	42
Montana.....	13	243	–	–	–	–	–	1	–	–	–	–
Idaho.....	22	66	–	–	–	–	–	–	–	–	–	–
Wyoming.....	78	131	–	–	–	–	–	–	–	–	–	–
Colorado.....	32	193	–	–	–	–	–	1	–	1	–	25
New Mexico.....	6	112	–	–	–	–	1	3	–	–	–	8
Arizona.....	18	298	–	–	–	–	–	–	–	–	–	9
Utah.....	5	117	–	–	–	1	–	–	–	–	–	–
Nevada.....	–	–	–	–	–	–	–	–	–	–	–	–
PACIFIC.....	461	5,479	1	3	–	–	2	17	–	–	8	129
Washington.....	266	2,766	–	–	–	–	–	1	–	–	–	–
Oregon.....	24	405	–	1	–	–	–	–	–	–	–	1
California.....	166	2,097	1	2	–	–	2	14	–	–	8	128
Alaska.....	3	73	–	–	–	–	–	1	–	–	–	–
Hawaii.....	2	138	–	–	–	–	–	1	–	–	–	–
Puerto Rico.....	–	17	–	3	–	–	–	2	–	–	1	17
Virgin Islands.....	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Rabies in animals: S. Dak. 17

Week No. 17

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MAY 2, 1970

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
NEW ENGLAND:	673	415	38	25
Boston, Mass.	215	130	14	7
Bridgeport, Conn.	35	21	1	2
Cambridge, Mass.	18	13	3	–
Fall River, Mass.	32	23	–	1
Hartford, Conn.	63	26	1	4
Lowell, Mass.	21	10	1	–
Lynn, Mass.	17	14	–	–
New Bedford, Mass.	28	23	–	–
New Haven, Conn.	39	18	–	1
Providence, R. I.	70	45	4	3
Somerville, Mass.	14	12	2	2
Springfield, Mass.	47	30	6	3
Waterbury, Conn.	17	12	–	1
Worcester, Mass.	57	38	6	1
MIDDLE ATLANTIC:	3,555	2,080	133	130
Albany, N. Y.	51	33	1	3
Allentown, Pa.	39	25	2	–
Buffalo, N. Y.	176	103	4	7
Camden, N. J.	32	17	5	2
Elizabeth, N. J.	41	26	–	2
Erie, Pa.	54	36	7	3
Jersey City, N. J.	65	36	9	4
Newark, N. J.	88	41	3	6
New York City, N. Y.	1,637	960	58	52
Paterson, N. J.	40	27	1	2
Philadelphia, Pa.	685	384	10	21
Pittsburgh, Pa.	179	102	10	6
Reading, Pa.	53	29	–	5
Rochester, N. Y.	111	69	8	8
Schenectady, N. Y.	33	22	–	1
Scranton, Pa.	39	23	2	–
Syracuse, N. Y.	93	60	–	3
Trenton, N. J.	57	31	6	2
Utica, N. Y.	41	33	3	–
Yonkers, N. Y.	41	23	4	3
EAST NORTH CENTRAL:	2,589	1,417	76	139
Akron, Ohio	68	34	1	5
Canton, Ohio	41	25	1	2
Chicago, Ill.	739	406	24	37
Cincinnati, Ohio	159	96	3	5
Cleveland, Ohio	200	92	–	10
Columbus, Ohio	140	71	–	9
Dayton, Ohio	85	43	2	3
Detroit, Mich.	340	167	10	24
Evansville, Ind.	41	28	3	1
Flint, Mich.	72	40	4	4
Fort Wayne, Ind.	47	26	2	4
Gary, Ind.	34	17	3	3
Grand Rapids, Mich.	51	32	2	1
Indianapolis, Ind.	131	67	3	6
Madison, Wis.	22	11	4	–
Milwaukee, Wis.	134	92	2	5
Peoria, Ill.	49	21	–	9
Rockford, Ill.	30	16	2	5
South Bend, Ind.	43	25	5	1
Toledo, Ohio	101	68	3	4
Youngstown, Ohio	62	40	2	1
WEST NORTH CENTRAL:	794	487	30	40
Des Moines, Iowa	46	32	1	1
Duluth, Minn.	15	11	–	–
Kansas City, Kans.	50	29	3	8
Kansas City, Mo.	124	67	–	4
Lincoln, Nebr.	24	18	3	–
Minneapolis, Minn.	113	72	3	5
Omaha, Nebr.	86	57	2	5
St. Louis, Mo.	223	138	12	11
St. Paul, Minn.	67	36	3	4
Wichita, Kans.	46	27	3	2
Las Vegas, Nev.*	13	4	1	1

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
SOUTH ATLANTIC:	1,133	604	43	51
Atlanta, Ga.	117	54	5	4
Baltimore, Md.	212	107	5	16
Charlotte, N. C.	58	29	1	2
Jacksonville, Fla.	93	57	3	4
Miami, Fla.	93	49	1	4
Norfolk, Va.	58	30	4	1
Richmond, Va.	88	47	2	–
Savannah, Ga.	35	22	6	2
St. Petersburg, Fla.	83	68	1	1
Tampa, Fla.	74	46	9	4
Washington, D. C.	192	82	5	12
Wilmington, Del.	30	13	1	1
EAST SOUTH CENTRAL:	687	393	28	34
Birmingham, Ala.	98	62	6	3
Chattanooga, Tenn.	40	25	4	1
Knoxville, Tenn.	38	27	–	1
Louisville, Ky.	112	61	6	8
Memphis, Tenn.	174	99	8	9
Mobile, Ala.	54	26	2	5
Montgomery, Ala.	43	26	–	2
Nashville, Tenn.	128	67	2	5
WEST SOUTH CENTRAL:	1,209	622	46	109
Austin, Tex.	43	15	9	5
Baton Rouge, La.	49	25	–	4
Corpus Christi, Tex.	33	14	–	4
Dallas, Tex.	151	76	3	8
El Paso, Tex.	51	27	4	9
Fort Worth, Tex.	70	35	3	10
Houston, Tex.	265	128	7	23
Little Rock, Ark.	76	44	1	7
New Orleans, La.	156	89	5	13
Oklahoma City, Okla.	77	38	3	11
San Antonio, Tex.	120	60	4	11
Shreveport, La.	41	22	4	3
Tulsa, Okla.	77	49	3	1
MOUNTAIN:	439	254	15	17
Albuquerque, N. Mex.	40	18	5	1
Colorado Springs, Colo.	24	13	2	1
Denver, Colo.	126	74	5	4
Ogden, Utah	31	17	2	2
Phoenix, Ariz.	102	60	–	6
Pueblo, Colo.	16	10	–	1
Salt Lake City, Utah	53	32	–	1
Tucson, Ariz.	47	30	1	1
PACIFIC:	1,715	1,046	38	64
Berkeley, Calif.	21	16	–	–
Fresno, Calif.	44	31	2	3
Glendale, Calif.	35	26	2	2
Honolulu, Hawaii	53	24	1	5
Long Beach, Calif.	92	54	4	4
Los Angeles, Calif.	464	271	8	22
Oakland, Calif.	96	47	3	5
Pasadena, Calif.	35	28	–	–
Portland, Oreg.	183	116	2	7
Sacramento, Calif.	61	35	–	–
San Diego, Calif.	108	64	2	6
San Francisco, Calif.	216	123	9	6
San Jose, Calif.	48	31	2	1
Seattle, Wash.	154	101	2	–
Spokane, Wash.	54	39	1	1
Tacoma, Wash.	51	40	–	2
Total	12,794	7,318	447	609
Expected Number	12,641	7,379	424	481
Cumulative Total (includes reported corrections for previous weeks)	234,233	135,082	10,793	10,488

*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.

**Age distribution for all causes estimated
†Estimate – based on average percent of divisional total

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In the article "Current Trends, Measles – United States," in the first sentence of the first paragraph, the phrase ". . . 70 percent of that for EY 1967-68 (Figure 1)." should be corrected to read ". . . 70 percent more than that for EY 1967-68 (Figure 1)."

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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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