NATIONAL COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 19, No. 25

WEEKLY REPORT

For Week Ending June 27, 1970

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE / HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

DATE OF RELEASE: JULY 3, 1970 – ATLANTA, GEORGIA 30333

EPIDEMIOLOGIC NOTES AND REPORTS

PLAGUE – New Mexico

On June 11, 1970, bubonic plague was diagnosed in a 13-year-old boy in Lyden, New Mexico, about 40 miles north of Santa Fe. The boy had become ill with fever, vomiting, and right groin pain on June 7 and was hospitalized on June 9 with progression of his symptoms and disorientation. An initial diagnosis of pneumonitis was made, and penicillin therapy was initiated. The development of an extremely tender bubo in the right groin prompted the diagnosis of bubonic plague. Two blood cultures were obtained, and specific antibiotic therapy consisting of streptomycin, 0.5 g twice daily, and tetracycline, 250 mg every 4 hours, was started. On this regimen he showed rapid clinical improvement and is now fully recovered. No cough, bloody sputum, dyspnea, or other symptoms of pneumonic plague were observed.

CONTENTS

Sera drawn on June 16 and 19 had hemagglutination titers of 1:256 to fraction 1 of *Yersinia (Pasteurella) pestis*. No organism has as yet been isolated from the blood cultures.

Epidemiologic evidence indicated that the patient was exposed near his place of residence. The patient had been in his home for the immediate 5 days prior to onset of his illness. In addition three carnivores from the area around

(Continued on page 242)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	25th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 25 WEEKS		
	June 27, 1970	June 21, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	98	46	46	853	714	722
Brucellosis	6	9	7	98	90	100
Diphtheria	3	1	1	184	69	76
Encephalitis, primary:						
Arthropod-borne & unspecified	28	16	34	512	468	625
Encephalitis, post-infectious	15	13	16	234	153	407
Hepatitis, serum	142	94	743	3,420	2,517	20,117
Hepatitis, infectious	978	871		26,900	22,785	
Malaria	102	56	31	1,662	1,259	963
Measles (rubeola)	1,007	630	888	35,494	17,265	53,931
Meningococcal infections, total	39	43	53	1,507	1,963	1,921
Civilian	36	39	50	1,356	1,775	1,756
Military	3	4	4	151	188	165
Mumps	1,787	1,568	---	66,640	59,801	---
Poliomyelitis, total	–	–	1	5	3	13
Paralytic	–	–	–	5	3	12
Rubella (German measles)	796	2,020	---	45,723	43,577	---
Tetanus	2	5	5	51	59	67
Tularemia	2	8	5	46	75	75
Typhoid fever	8	4	6	116	131	149
Typhus, tick-borne (Rky. Mt. spotted fever)	22	15	15	114	137	76
Rabies in animals	65	61	75	1,532	1,830	2,181

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Psittacosis: Md.-1	15
Botulism: Calif.-1, Colo.-1	4	Rabies in Man:	–
Leprosy: Calif.-2, Tex.-1	59	Rubella congenital syndrome: La.-1	38
Leptospirosis:	15	Trichinosis: Mass.-4	56
Plague:	1	Typhus, murine: Ohio-3	13

PLAGUE – *(Continued from front page)*

his residence were found seropositive for plague. These observations suggest that a nearby zootic plague source existed resulting in exposure of the carnivores and the patient, but direct evidence of the exposure has not been discovered. Additional case prevention has been limited to public education and to press releases for methods of avoiding exposure to wild animal plague.

(Reported by L. Akes, M.D., and V. McNown, M.D., Private Physicians, New Mexico; Bruce Storrs, M.D., Director, Medical Services Division, and Brian Miller and Neil Weber, General Sanitation Section, Environmental Services Division, New Mexico Health and Social Services Department; and the Zoonoses Section, Ecological Investigations Program, NCDC, Fort Collins, Colorado.)

OUTBREAK OF HISTOPLASMOSIS – Delaware, Ohio

During the first 2 weeks in May 1970, an outbreak of histoplasmosis occurred among students, faculty, and staff of the Willis Intermediate School in Delaware, Ohio. During this period the school absenteeism rate went from its usual baseline level of about 60 per day to a high of 245 per day (total enrollment of 872), necessitating closing of the school on May 8. This is the only junior high school in the city, and none of the five elementary schools, the senior high school, the parochial school, or the university noted any increase in school absenteeism during this time. None of 45 persons living on the blocks surrounding the school became ill with a similar illness, and physicians in the community reported no similar illness in persons unassociated with the junior high school.

A total of 294 out of 949 students, faculty, and staff at risk (Table 1) were ill enough to stay home from school during this period, and an additional 89 had significant symptoms but remained at school. Attack rates for the sixth grade were higher than those for the other two grades at the school and the faculty. The illness was generally mild in nature and was characterized primarily by fever, malaise, headache, and chest pain. Other symptoms included myalgias, sore throat, coryza, nausea, vomiting, and anorexia. Cough occurred in about 60 percent of the cases, but was generally considered to be mild in nature, often appearing after the second day of illness. In about two-thirds of the cases the illness lasted a week or less, although in a few, illness was prolonged. Five patients were hospitalized. There were no deaths.

The cases by date of onset for 257 of the 294 persons with significant illness for whom date of onset could be established suggested a common source epidemic (Figure 1). Since water samples were shown to be free of coliform contamination and no common food source could be implicated, an airborne mode of spread was suspected.

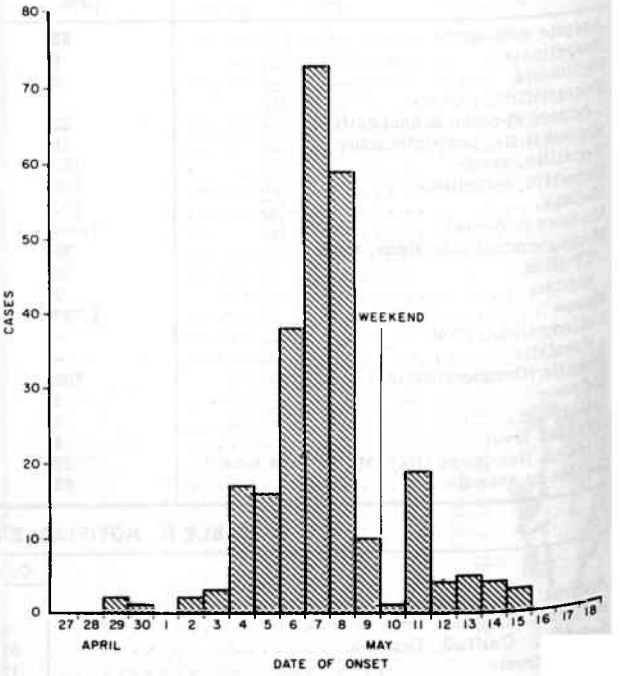
Sera were obtained from 214 students at the junior high school and from 50 ninth grade control students at the senior high school. These were tested against a battery of common respiratory antigens. No difference in the two groups appeared except for the antibody levels for histoplasmosis. Complement fixation (using yeast phase and histoplasmin antigens) and gel diffusion techniques were employed. Of the 214 sera from Willis students, 174 (79.4 percent) were positive by these techniques (with a complement fixation titer of 1:64 or greater and/or a positive agar gel precipitin band), but none of the first 31 ninth grade control sera to be tested were positive. One hundred and eight of 123 Willis students who were ill (87.8 percent) and 62 of 91 (68.1 percent) who were not ill were positive by these criteria. Approximately half of the students in the school system were then skin tested for histoplasmosis; the positivity rate at the junior high school was 14.9 times higher than at the elementary schools and 5.1 times higher than at the senior high school.

To date, investigation has uncovered only one event which could be implicated as the source of exposure to histoplasma organisms for persons at this school. On April 22, 24, and 25 groups of students at the school had

Table 1
Illness Among Students and Faculty at Willis Intermediate School

Group	Cases	Total at Risk	Attack Rate (Percent)
6th Grade	120	275	43.6
7th Grade	84	307	27.4
8th Grade	69	290	23.8
Faculty	21	77	27.3
Total	294	949	31.0

Figure 1
CASES OF HISTOPLASMOSIS, BY DATE OF ONSET WILLIS INTERMEDIATE SCHOOL, DELAWARE, OHIO APRIL 27–MAY 18, 1970



conducted a series of clean-up activities associated with Earth Day. These consisted of raking and sweeping in a courtyard which has been a known blackbird roost. The air intakes for the ventilation system are in this courtyard. In addition sweeping and cleaning of the driveways and parking lots around the building, areas which are known to be contaminated with pigeon droppings, were also done. Large amounts of dust were raised during these activities. By use of air flow study techniques it was demonstrated that aerosols raised in these areas can be distributed throughout the building. Soil samples are currently being analyzed for evidence of histoplasma spores.

(Reported by Lloyd F. May, M.D., Health Commissioner, Delaware City and County Health Department; Delaware County Medical Society; John Ackerman, M.D., Chief, Bureau of Preventive Medicine, Charles Croft, Dr. Sc., Chief, and Howard Stegmiller, Principal Virologist, Bureau of Laboratories, Ohio Department of Health; and the Fungus Immunology Unit, Laboratory Division, NCDC; and a team from NCDC.)

BOTULISM – Colorado Springs, Colorado

On Sunday morning, June 21, 1970, a 25-year-old woman noted the onset of blurred vision, nausea, vomiting, and headache. Later that day she also developed dysphagia and respiratory insufficiency. She was admitted to a hospital at 1:30 a.m. the following day, but sustained a cardiopulmonary arrest approximately 5 hours later. She was successfully resuscitated and maintained on a respirator. At this time, botulism was suspected and treatment with bivalent antitoxin begun.

On the day prior to her illness the patient had visited relatives in Los Animos, Colorado. There she had received several half-pint jars of home-preserved chili peppers. One of these was used to prepare a chili sandwich on the evening of June 20. Upon opening the jar a foul odor was noted. No one else had ingested any of the contents.

The chili peppers obtained from this jar have yielded type A botulinum toxin. Cultures of these peppers have revealed colonies of organisms resembling *Clostridium botulinum*. Additional identification tests are in progress. The contents of the two unopened jars were negative both for *C. botulinum* and its toxin. Pretreatment serum from the patient also contained type A. *C. botulinum* toxin although gastric washings were negative.

(Reported by C. S. Mollohan, M.D., Chief, Section of Epidemiology, Colorado State Department of Public Health; H. H. Rohrer, M.D., Medical Director, El Paso City-County Health Department, Colorado Springs; the Anaerobic Bacteriology Laboratory, Bacterial Reference Unit, Bacteriology Section, Microbiology Branch, Laboratory Division, NCDC; and an EIS Officer.)

SALMONELLOSIS – Columbia, South Carolina

On June 6 an outbreak of febrile gastroenteritis was reported among approximately 700 persons, mostly children, following a barbecue in Columbia, South Carolina. Sampling indicated that about 48 percent of the persons attending had become ill. The mean incubation period was 28 hours. *Salmonella enteritidis* was isolated from seven of nine stool specimens obtained from symptomatic persons in this group.

Food histories were obtained from 40 ill and 30 non-ill persons at the barbecue. Food specific attack rates did not implicate any one food as the probable vehicle of infection* (Table 2). In addition, cultures of all foods except the slaw and potato salad all of which was consumed were negative for salmonella and other pathogens.

All foods except the ice cream and the soft drinks had been prepared by a local caterer. The ice cream was supplied in individual sealed paper cups, and the soft drinks were served by a truck from a commercial bottling plant. Review of methods used by foodhandlers at the catering establishment revealed one questionable practice. The potato salad had been prepared by dicing hot, freshly cooked potatoes and eggs on the same table that had been used to cut the raw chicken. These were then left at room temperature. This procedure would have permitted introduction of salmonella into the potato salad if the chicken had been contaminated. Environmental cultures at the catering establishment, however, were negative for salmonella. Cultures of ice used in the drinks and of stools from the foodhandlers are in progress.

(Reported by E. Kenneth Aycock, M.D., State Health Officer,

(Continued on page 244)

*Even though the differential attack rate among those who ate and did not eat potato salad was significant at a P value of less than .05, the relatively high attack rate among non-eaters would imply that more than one food was involved.

Table 2

Food History Data from Persons Who Attended a Barbecue – Columbia, South Carolina – June 1970

Food or Beverage	Persons Who Ate Food Item				Persons Who Did Not Eat Food Item			
	Ill	Well	Total	Attack Rate (Percent)	Ill	Well	Total	Attack Rate (Percent)
Pork	35	23	58	60	5	7	12	42
Chicken	37	22	59	63	3	8	11	27
Hash	34	19	53	64	6	11	17	35
Beans	18	17	35	51	22	13	35	63
Potato Salad	25	10	35	71	15	20	35	43
Slaw	21	12	33	64	19	18	37	51
Ice Cream	26	19	45	58	14	11	25	56
Soda	37	29	66	56	3	1	4	75

SALMONELLOSIS – *(Continued from page 243)*

Donald H. Robinson, M.D., Chief, Bureau of Preventable Diseases, Arthur F. DiSalvo, M.D., Chief, Bureau of Laboratory Services and Research, and Willard C. Horton, Jr., State Environmental Food Protection Program Manager, South Carolina State Board of Health; and an EIS Officer.)

Editorial Note:

In 1969 in the United States 146 isolates of *S. enteritidis* were reported from nonhuman sources. Seventy-three of these isolates were from chickens, 12 from turkeys, 11 from swine, and 7 from eggs; the rest were from miscellaneous nonhuman sources. Two isolates of *S. enteritidis* from unspecified nonhuman sources were reported from South Carolina.

LABORATORY ACQUIRED TYPHOID FEVER – Baltimore, Maryland

On June 1, 1970, two cases of laboratory acquired typhoid fever were reported from Baltimore, Maryland. The first patient, a 21-year-old technician in a commercial biologics laboratory, was hospitalized on May 2, 1970, for evaluation of a fever of unknown etiology. She had become ill 3 days earlier with malaise, fever, and a brief episode of diarrhea. She was thought to have a viral syndrome and was discharged. She continued to have a spiking fever and was readmitted to the hospital on May 16, at which time blood cultures yielded *Salmonella typhi*. She was treated with chloramphenicol and has made a gradual recovery.

The second patient, a 25-year-old woman who worked with the first patient, became ill on May 14 with general malaise, spiking fever, a brief episode of diarrhea, and nasal bleeding. She was initially thought to have a viral syndrome and was treated with tetracycline. When the nature of the first patient's illness became apparent, blood cultures were taken on the second patient. These yielded *S. typhi*. She was treated with chloramphenicol and has made a gradual recovery.

The two patients and five other technicians work in a laboratory where typhoid antigens and antisera are prepared; they work constantly with cultures of *S. typhi*. The two patients had been working there for 1- 1 1/2 years and the other five had been working for at least 3 years. The other five technicians had been immunized with typhoid vaccine approximately 3 years previously whereas the two patients had never been immunized. No technician could recall a laboratory accident which might have predisposed infection, and there was no known difficulty with ventilation or other laboratory facilities. Further investigation revealed no other probable source of infection. The two persons did not socialize together, and neither of their families had traveled or been in contact with foreigners or known typhoid carriers.

The isolate from the first patient was further identified as *S. typhi* phage type E_1, and that from the second was identified as *S. typhi* phage type negative with 46 phage. These two phage types of *S. typhi* had been handled by the two patients as well as other technicians shortly before the onsets of illness in the two patients.

Following diagnosis of these patients' illnesses, the other five technicians were given booster immunizations of typhoid vaccine, and laboratory procedures were strengthened to insure maximum safety. The husbands of the two patients were also immunized.

(Reported by Theodore R. Carski, M.D., Baltimore; Allan S. Moodie, M.D., D.P.H., Chief, Division of Communicable Diseases, Baltimore City Health Department; Edward W. Hofp, M.D., Chief, Division of Communicable Diseases, Baltimore County Health Department; Howard J. Garber, M.D., Chief, Division of Communicable Diseases, Maryland State Department of Health; and an EIS Officer.)

CURRENT TRENDS

MEASLES – Maryland, Epidemiologic Year 1969-70

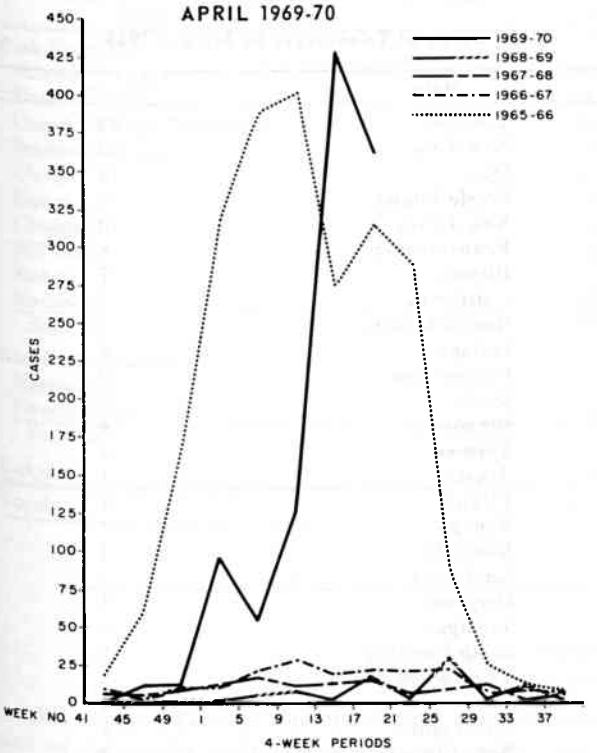
Since the beginning of the current measles epidemiologic year in October 1969 and as of April 1970, a total of 913 cases of measles and three deaths attributed to measles have been reported from Maryland. This is the highest number of cases recorded by the state for this time period since 1966, the year when additional measles vaccine was made available to health departments through the federal immunization program and when intensive effort was made to immunize all children in the preschool age group (Figure 2). Two areas were responsible for many of these cases: the city of Baltimore with 432 cases and Prince Georges County with 258 cases (Figure 3).

The outbreak in Baltimore City was first noted in late January when 82 cases of measles were reported. Most of the cases were reported from hospitals and public health clinics. About 55 percent of the cases were in children less than 5 years of age and 45 percent were 5 years of age and over. Five separate school-based immunization programs were conducted in public and private elementary schools in the city as a result of this outbreak, and approximately 32,000 children in kindergarten through grade three were given vaccine.

The outbreak in Prince Georges County became apparent also in January and February when 143 cases were reported. The cases were reported primarily from the area surrounding Andrews Air Force Base in unimmunized dependents. Vaccine was offered to all children, ages 1 to 12 years, in four clinics located throughout the epidemic area; approximately 4,000 children were given vaccine.

Analysis of the 913 cases for the state as a whole revealed that the cases were equally distributed between the sexes (Table 3). There were more cases among whites than among other races in the counties, with the opposite occurring in Baltimore City. There were almost as many

Figure 2
REPORTED CASES OF MEASLES, MARYLAND
EPIDEMIOLOGIC YEARS 1965-66 THROUGH
APRIL 1969-70



preschool children affected as school children in early grades (Table 4), and the majority of cases were in unimmunized children. Of those cases of measles in previously immunized children, almost all were in children who were given vaccine with measles immune globulin at less than 12 months of age. As a result of the increase in cases during the year, approximately 47,000 doses of vaccine were administered in mass vaccination programs, in addition to the vaccine administered by private physicians and in well-baby clinics.

Table 4
Reported Cases of Measles by Age and Location
Maryland – October 1969-April 1970

Age (Years)	Location		Total
	Counties in Maryland	Baltimore	
Under 1	21	29	50
1	42	58	100
2	22	34	56
3	25	33	58
4	28	47	75
5-9	190	173	363
10-14	21	15	36
15 and over	4	7	11
Unknown	128	36	164
Total	481	432	913

(Reported by Howard J. Garber, M.D., Chief, Division of Communicable Diseases, and the Immunization Program, Maryland State Health Department; and an EIS Officer.)

Figure 3
REPORTED CASES OF MEASLES BY LOCATION, MARYLAND, OCTOBER 1969–APRIL 1970

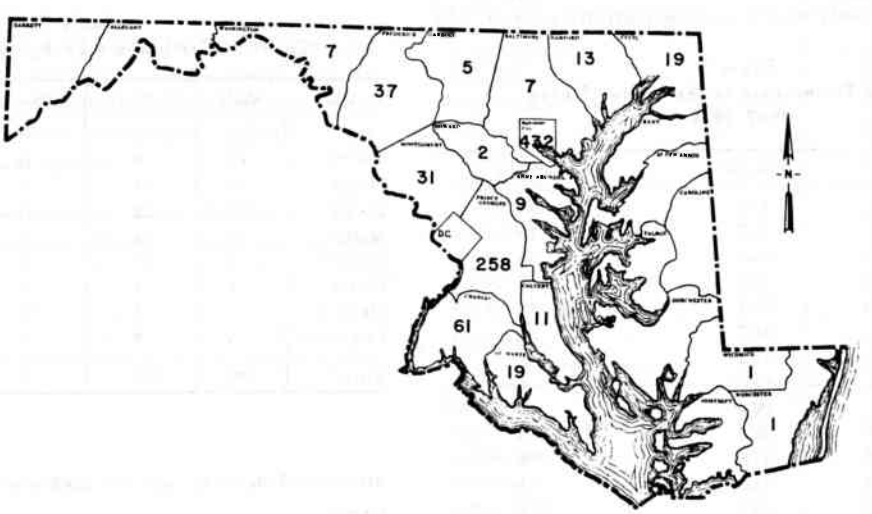


Table 3
Reported Cases of Measles by Sex and Race – Maryland – October 1969-April 1970

Location	Sex				Race			
	Male	Female	Unknown	Total	White	Other Races	Unknown	Total
Counties in Maryland	178	170	133	481	164	31	286	481
Baltimore City	195	201	36	432	83	314	35	432
Total	373	371	169	913	247	345	321	913

SURVEILLANCE SUMMARY
TRICHINOSIS – United States 1969

In the United States in 1969, a total of 192 cases of trichinosis with no deaths were reported (Table 5). This was was a sharp increase from the 84 cases in 1968 and the 67 cases in 1967. In addition to a large outbreak in Missouri with 92 cases (MMWR, Vol. 18, Nos. 4 and 9), there were five other outbreaks with three or more cases each. The 192 cases were reported from 26 states, with most of the states reporting more than one case in the northeastern division (Table 6). Analysis of the 186 cases in which date of onset was reported showed that a greater number occurred in the first half of the year. This apparent seasonal pattern was actually due to the occurrence of all but one of the outbreaks of trichinosis during that time.

There were 96 cases in males and 95 in females (sex was not reported in one case), and the mean age was 34 years and 37 years for males and females, respectively (Table 7).

In 171 of the 192 cases, pork products were incriminated as the source of infection. As in previous years, sausage was most frequently implicated (136 cases) (Table 8). Of the 106 cases in which pork products were examined, the product in 97 cases was found to contain trichina larvae. The place where the suspect meat had been consumed was reported for 177 cases; 170 cases were acquired in the homes of patients or their friends, and seven were acquired at public eating places. The source of meat was determined in 175 cases; 171 persons had purchased the meat from commercial sources, and four acquired their infection from farm-grown and -processed animals. Thirty-one patients reported that the meat was cooked or partially cooked, 142 ate uncooked meat, and the preparation was unknown in 19 cases.

The diagnosis of trichinosis in the 192 cases was based on historical information, clinical manifestations, muscle biopsy, and skin and serologic tests. The most common clinical signs and symptoms were eosinophilia, periorbital edema, myalgia, and fever. Skin rash and gastrointestinal symptoms were noted infrequently. Seventeen of the 192 patients were hospitalized during their illness. Serum was collected from 162 patients, and serology confirmed the diagnosis in 133 of the 162 cases (Table 9).

Table 5
Reported Trichinosis in the United States 1947-1969

Year	Cases	Deaths
1947	451	14
1948	487	15
1949	353	9
1950	327	9
1951	393	10
1952	367	10
1953	395	7
1954	277	1
1955	264	4
1956	262	5
1957	178	4
1958	176	4
1959	227	3
1960	160	3
1961	306	7
1962	194	1
1963	208	5
1964	198	1
1965	199	3
1966	115	3
1967	67	0
1968	84	1
1969	192	0

Table 6
Cases of Trichinosis by State – 1969

State	Cases
Missouri	93
New York	16
Ohio	16
Rhode Island	11
New Jersey	10
Pennsylvania	8
Illinois	7
California	4
Massachusetts	4
Indiana	3
Connecticut	2
Maine	2
Minnesota	2
Vermont	2
Alaska	1
Florida	1
Kansas	1
Kentucky	1
Louisiana	1
Maryland	1
Michigan	1
South Carolina	1
Tennessee	1
Utah	1
Washington	1
West Virginia	1
Total	192

Table 7
Cases of Trichinosis by Age and Sex – 1969

Age	Male	Female	Unknown	Total	Percent
0-9	2	5	0	7	4
10-19	13	8	0	21	11
20-29	23	14	0	37	19
30-39	25	22	0	47	24
40-49	16	18	1	35	18
50-59	8	14	0	22	12
60-69	4	4	0	8	4
70 or >	2	1	0	3	2
Unknown	3	9	0	12	6
Total	96	95	1	192	100

Table 8
Source of Infection for Cases of Trichinosis – 1969

Food	Cases
Pork Products	
Summer Sausage	94
Fresh Sausage	26
Cured "Italian" Sausage	10
Smoked Sausage	6
Chops	8
Bacon	6
Chopped	2
Hot Dogs	2
Roast	1
Unspecified	16
Subtotal	171
Non-Pork Products	
Hamburger	5
Unspecified	1
Subtotal	6
Unknown	15
Total	192

Table 9
Serologic and Muscle Biopsy Tests – Trichinosis, 1969

Serology	Muscle Biopsy				
	Positive	Negative	Not Done	Unknown	Total
Positive	11	6	111	5	133
Negative	2	3	24	0	29
Not Done	12	1	7	3	23
Unknown	1	0	6	0	7
Total	26	10	148	8	192

(Reported by the Parasitic Diseases Branch, Epidemiology Program, NCDC.)

A copy of the report from which these data were derived is available on request from

National Communicable Disease Center
Attn: Chief, Parasitic Diseases Branch
Epidemiology Program
Atlanta, Georgia 30333

SURVEILLANCE SUMMARY
SALMONELLOSIS – January, February, and March 1970

For January, February, and March 1970, the total numbers of salmonella isolations from humans were 1,543, 1,308, and 1,333, respectively, and the weekly averages for the 3 months were 386, 327, and 334. The 10 most frequently reported salmonella serotypes during the quarter are included in Table 10.

For the same months in 1970, isolations from nonhumans were 777, 739, and 1,009, respectively. The increase in nonhuman salmonella isolations reported during March 1970 was largely due to increased numbers of isolations from chickens and turkeys.

(Reported by the Salmonellosis Unit, Enteric Diseases Section, Bacterial Diseases Branch, Epidemiology Program, NCDC.)

Copies of the reports from which these data were derived are available on request from

National Communicable Disease Center
Attn: Chief, Salmonellosis Unit, Epidemiology Program
Atlanta, Georgia 30333

Table 10
10 Most Frequently Reported Salmonella Serotypes Isolated from Humans and Nonhumans January–March 1970

Serotype	Number	Percent
Human		
*typhi-murium**	1,031	24.6
heidelberg	386	9.2
enteritidis	309	7.4
newport	277	6.6
infantis	228	5.4
saint-paul	175	4.2
thompson	166	4.0
san-diego	128	3.1
blockley	126	3.0
derby	101	2.4
typhi	101	2.4
Subtotal	3,028	72.3
Total all serotypes	4,184	
Nonhuman		
*typhi-murium***	301	12.0
heidelberg	241	9.6
anatum	186	7.4
saint-paul	171	6.8
thompson	141	5.6
cholerae-suis K	119	4.7
senftenberg	91	3.6
infantis	79	3.1
eimsbuettel	69	2.7
san-diego	68	2.7
Subtotal	1,466	58.3
Total all serotypes	2,525	
*Includes var. copenhagen	53	1.3
**Includes var. copenhagen	44	1.7

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 27, 1970 AND JUNE 21, 1969 (25th 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.....	98	6	3	28	16	15	142	978	871	102	1,662
NEW ENGLAND.....	1	–	–	4	–	–	6	86	81	1	46
Maine.....	–	–	–	–	–	–	–	16	3	1	5
New Hampshire.....	–	–	–	–	–	–	–	1	4	–	1
Vermont.....	–	–	–	–	–	–	–	6	–	–	3
Massachusetts.....	–	–	–	3	–	–	3	37	41	–	24
Rhode Island.....	1	–	–	1	–	–	1	11	22	–	5
Connecticut.....	–	–	–	–	–	–	2	15	11	–	8
MIDDLE ATLANTIC.....	3	–	–	4	3	4	68	248	154	9	197
New York City.....	1	–	–	2	2	–	27	74	50	1	26
New York, Up-State...	–	–	–	–	–	1	4	3	23	3	56
New Jersey..*.....	2	–	–	1	–	–	14	52	48	3	49
Pennsylvania.....	–	–	–	1	1	3	23	119	33	2	66
EAST NORTH CENTRAL.....	3	–	–	5	6	2	29	142	103	3	89
Ohio.....	2	–	–	2	5	1	–	29	24	–	20
Indiana.....	–	–	–	2	–	–	–	7	12	1	8
Illinois.....	1	–	–	1	–	1	9	26	16	2	24
Michigan.....	–	–	–	–	1	–	20	74	42	–	37
Wisconsin.....	–	–	–	–	–	–	–	6	9	–	–
WEST NORTH CENTRAL.....	–	1	–	1	–	–	3	28	43	1	119
Minnesota.....	–	–	–	–	–	–	2	6	1	–	1
Iowa.*.....	–	1	–	–	–	–	–	1	6	–	9
Missouri.....	–	–	–	–	–	–	–	11	21	–	17
North Dakota.....	–	–	–	–	–	–	–	–	–	–	1
South Dakota.....	–	–	–	–	–	–	–	–	1	–	2
Nebraska..*.....	–	–	–	–	–	–	–	2	6	1	2
Kansas.....	–	–	–	1	–	–	1	8	8	–	87
SOUTH ATLANTIC.....	56	–	–	3	1	2	12	126	84	38	319
Delaware.....	–	–	–	–	–	–	2	4	–	–	1
Maryland.....	1	–	–	–	–	–	2	14	10	3	32
Dist. of Columbia....	1	–	–	–	–	–	2	1	1	–	2
Virginia.....	1	–	–	1	1	–	1	55	21	15	40
West Virginia.....	1	–	–	–	–	–	–	–	3	–	3
North Carolina.....	–	–	–	1	–	–	2	14	2	15	133
South Carolina.....	–	–	–	–	–	–	–	3	18	2	28
Georgia.....	36	–	–	–	–	–	–	3	11	–	49
Florida.....	16	–	–	1	–	2	3	32	18	3	31
EAST SOUTH CENTRAL.....	5	–	–	1	1	–	1	51	61	2	130
Kentucky.....	1	–	–	–	–	–	–	19	20	–	110
Tennessee.....	3	–	–	1	1	–	–	27	31	–	–
Alabama.....	1	–	–	–	–	–	1	4	4	1	12
Mississippi.....	–	–	–	–	–	–	–	1	6	1	8
WEST SOUTH CENTRAL.....	16	2	–	6	1	–	3	54	59	27	315
Arkansas.....	–	–	–	–	1	–	–	5	5	–	5
Louisiana.....	6	–	–	2	–	–	1	16	9	–	21
Oklahoma.....	–	–	–	–	–	–	–	1	6	–	46
Texas.....	10	2	–	4	–	–	2	32	39	27	243
MOUNTAIN.....	1	2	–	–	–	3	4	51	52	–	111
Montana.....	–	1	–	–	–	2	–	4	2	–	4
Idaho.....	–	–	–	–	–	–	–	4	5	–	3
Wyoming.....	–	–	–	–	–	–	–	1	–	–	–
Colorado.....	–	1	–	–	–	–	1	17	26	–	94
New Mexico.....	–	–	–	–	–	1	–	9	4	–	3
Arizona.....	1	–	–	–	–	–	1	10	12	–	5
Utah.....	–	–	–	–	–	–	2	5	3	–	2
Nevada.....	–	–	–	–	–	–	–	1	–	–	–
PACIFIC.....	13	1	3	4	4	4	16	192	234	21	336
Washington.....	1	–	–	–	–	–	–	20	44	6	24
Oregon.....	1	–	–	–	–	1	1	11	11	–	14
California.....	9	1	1	4	4	3	15	155	177	8	217
Alaska.....	–	–	–	–	–	–	–	2	1	–	–
Hawaii.....	2	–	2	–	–	–	–	4	1	7	81
Puerto Rico.....	–	–	–	1	–	–	1	15	30	–	1
Virgin Islands*	–	–	–	–	–	–	–	–	–	–	–

*Delayed Reports: Aseptic Meningitis: N.J. 1
Hepatitis Serum: V.I. 1
Hepatitis, Infectious: N.J. Delete 2, Nebr. 3
Malaria: Iowa 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 27, 1970 AND JUNE 21, 1969 (25th 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.....	1,007	35,494	17,265	39	1,507	1,963	1,787	66,640	–	–	5
NEW ENGLAND.....	65	799	859	–	68	67	246	8,115	–	–	–
Maine.....	34	174	5	–	3	6	28	640	–	–	–
New Hampshire.....	1	48	234	–	5	2	3	309	–	–	–
Vermont.....	–	4	2	–	6	–	2	563	–	–	–
Massachusetts.....	24	416	152	–	29	30	63	2,543	–	–	–
Rhode Island.....	6	86	18	–	5	5	81	1,259	–	–	–
Connecticut.....	–	71	448	–	20	24	69	2,801	–	–	–
MIDDLE ATLANTIC.....	147	4,248	6,447	5	261	314	176	6,678	–	–	–
New York City.....	18	744	4,376	1	63	59	94	2,220	–	–	–
New York, Up-State...	7	201	529	1	52	49	NN	NN	–	–	–
New Jersey.....	29	1,595	776	2	99	136	47	1,922	–	–	–
Pennsylvania.....	93	1,708	766	1	47	70	35	2,536	–	–	–
EAST NORTH CENTRAL.....	319	8,636	1,736	9	179	263	475	17,520	–	–	–
Ohio.....	77	3,496	290	1	73	92	61	2,972	–	–	–
Indiana.....	3	241	451	1	18	33	39	1,603	–	–	–
Illinois.....	61	2,853	341	2	38	39	28	1,576	–	–	–
Michigan.....	142	1,295	180	5	43	82	146	4,453	–	–	–
Wisconsin.....	36	751	474	–	7	17	201	6,916	–	–	–
WEST NORTH CENTRAL.....	84	3,651	474	1	76	103	40	3,578	–	–	1
Minnesota.....	–	36	3	–	11	22	24	335	–	–	–
Iowa.*	2	1,008	317	–	11	12	3	2,239	–	–	–
Missouri.....	78	1,218	16	1	46	45	6	234	–	–	1
North Dakota.....	2	311	7	–	3	–	–	248	–	–	–
South Dakota.....	–	83	1	–	–	1	–	22	–	–	–
Nebraska.....	2	923	126	–	3	9	7	364	–	–	–
Kansas.....	–	72	4	–	2	14	–	136	–	–	–
SOUTH ATLANTIC.....	185	6,597	2,201	4	318	342	328	7,275	–	–	–
Delaware.....	1	252	333	–	3	4	6	231	–	–	–
Maryland.....	45	1,316	41	1	33	32	35	711	–	–	–
Dist. of Columbia....	2	340	–	–	1	8	9	171	–	–	–
Virginia.....	79	1,852	838	1	31	41	97	1,697	–	–	–
West Virginia.....	8	266	159	–	6	15	46	1,793	–	–	–
North Carolina.....	24	736	245	–	64	59	NN	NN	–	–	–
South Carolina.....	9	491	106	–	39	48	42	722	–	–	–
Georgia.....	1	12	1	–	29	59	–	–	–	–	–
Florida.....	16	1,332	478	2	112	76	93	1,950	–	–	–
EAST SOUTH CENTRAL.....	103	1,030	96	5	118	125	155	3,816	–	–	–
Kentucky.....	75	530	58	1	41	45	53	1,401	–	–	–
Tennessee.....	9	331	16	1	49	46	71	2,154	–	–	–
Alabama.....	12	82	1	1	21	19	29	221	–	–	–
Mississippi.....	7	87	21	2	7	15	2	40	–	–	–
WEST SOUTH CENTRAL.....	11	7,033	3,926	8	207	273	90	6,491	–	–	4
Arkansas.....	–	29	16	1	17	28	8	109	–	–	–
Louisiana.....	4	86	118	2	54	73	–	21	–	–	–
Oklahoma.....	7	404	127	1	13	26	–	2,372	–	–	–
Texas.....	–	6,514	3,665	4	123	146	82	3,989	–	–	4
MOUNTAIN.....	14	1,328	631	–	27	36	100	2,933	–	–	–
Montana.....	–	22	10	–	1	5	16	583	–	–	–
Idaho.....	1	31	66	–	5	6	–	82	–	–	–
Wyoming.....	–	10	–	–	1	–	–	30	–	–	–
Colorado.....	–	126	114	–	7	6	62	946	–	–	–
New Mexico.....	4	158	187	–	–	6	11	581	–	–	–
Arizona.....	9	928	248	–	11	9	5	591	–	–	–
Utah.....	–	32	5	–	2	2	6	120	–	–	–
Nevada.....	–	21	1	–	–	2	–	–	–	–	–
PACIFIC.....	79	2,172	895	7	253	440	177	10,234	–	–	–
Washington.....	23	439	54	1	35	50	33	4,053	–	–	–
Oregon.....	5	187	183	1	19	10	18	868	–	–	–
California.....	31	1,302	629	5	198	360	90	4,123	–	–	–
Alaska.....	16	116	8	–	–	11	3	355	–	–	–
Hawaii.....	4	128	21	–	1	9	33	835	–	–	–
Puerto Rico.....	18	832	973	–	3	14	21	626	–	–	–
Virgin Islands	–	6	23	–	1	–	–	1	–	–	–

*Delayed Reports: Measles: Iowa 253

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 27, 1970 AND JUNE 21, 1969 (25th 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.....	796	45,723	2	51	2	46	8	116	22	114	65	1,532
NEW ENGLAND.....	73	2,151	–	3	–	–	–	5	–	–	–	55
Maine.....	20	364	–	–	–	–	–	–	–	–	–	16
New Hampshire.....	–	150	–	–	–	–	–	–	–	–	–	–
Vermont.....	2	47	–	–	–	–	–	–	–	–	–	37
Massachusetts.....	39	1,027	–	2	–	–	–	3	–	–	–	–
Rhode Island.....	5	74	–	–	–	–	–	–	–	–	–	1
Connecticut.....	7	489	–	1	–	–	–	2	–	–	–	1
MIDDLE ATLANTIC.....	54	3,707	–	5	–	1	1	28	–	3	6	145
New York City.....	16	501	–	2	–	–	–	9	–	–	–	–
New York, Up-State..	7	360	–	–	–	1	–	8	–	1	5	137
New Jersey.....	2	807	–	2	–	–	–	4	–	1	–	–
Pennsylvania.....	29	2,039	–	1	–	–	1	7	–	1	1	8
EAST NORTH CENTRAL....	169	9,390	–	8	–	17	–	15	–	–	9	117
Ohio.....	26	1,919	–	–	–	2	–	5	–	–	–	35
Indiana.....	20	1,678	–	1	–	13	–	1	–	–	2	6
Illinois.....	6	1,514	–	3	–	2	–	3	–	–	6	39
Michigan.....	83	2,400	–	4	–	–	–	6	–	–	1	11
Wisconsin.....	34	1,879	–	–	–	–	–	–	–	–	–	26
WEST NORTH CENTRAL....	15	3,158	1	2	–	5	–	4	1	1	17	238
Minnesota.....	–	94	–	–	–	–	–	1	–	–	1	48
Iowa.....	1	1,971	–	–	–	–	–	1	–	–	6	44
Missouri.....	8	373	1	1	–	4	–	1	1	1	2	52
North Dakota.....	5	124	–	–	–	1	–	–	–	–	4	24
South Dakota.....	–	1	–	1	–	–	–	–	–	–	–	17
Nebraska.....	–	540	–	–	–	–	–	1	–	–	–	4
Kansas.....	1	55	–	–	–	–	–	–	–	–	4	49
SOUTH ATLANTIC.....	112	5,849	–	11	–	7	1	17	17	81	6	333
Delaware.....	–	40	–	–	–	–	–	–	–	3	–	–
Maryland.....	5	296	–	–	–	–	–	6	–	8	–	1
Dist. of Columbia...	–	17	–	1	–	–	–	–	–	–	–	–
Virginia.....	17	648	–	–	–	–	–	2	4	25	3	158
West Virginia.....	21	1,163	–	–	–	–	–	–	–	2	1	78
North Carolina.....	3	35	–	–	–	4	–	1	7	23	–	1
South Carolina.....	1	587	–	1	–	–	–	–	6	18	–	–
Georgia.....	–	–	–	1	–	2	1	6	–	2	1	50
Florida.....	65	3,063	–	8	–	1	–	2	–	–	1	45
EAST SOUTH CENTRAL....	69	2,321	–	4	–	2	4	9	3	13	1	125
Kentucky.....	17	862	–	–	–	1	–	1	–	–	1	73
Tennessee.....	49	1,142	–	1	–	1	4	5	1	7	–	36
Alabama.....	2	247	–	3	–	–	–	3	2	3	–	16
Mississippi.....	1	70	–	–	–	–	–	–	–	3	–	–
WEST SOUTH CENTRAL....	123	8,173	1	10	1	10	–	8	1	12	18	285
Arkansas.....	–	32	–	3	1	3	–	3	–	2	14	47
Louisiana.....	6	141	–	2	–	2	–	1	–	–	1	45
Oklahoma.....	3	791	–	–	–	4	–	–	1	9	–	55
Texas.....	114	7,209	1	5	–	1	–	4	–	1	3	138
MOUNTAIN.....	32	1,779	–	–	1	3	–	7	–	3	1	53
Montana.....	7	290	–	–	–	–	–	1	–	–	–	1
Idaho.....	1	165	–	–	–	–	–	–	–	–	–	–
Wyoming.....	–	133	–	–	–	–	–	–	–	1	1	1
Colorado.....	9	352	–	–	–	–	–	1	–	2	–	30
New Mexico.....	3	168	–	–	–	–	–	5	–	–	–	9
Arizona.....	9	518	–	–	–	–	–	–	–	–	–	11
Utah.....	3	153	–	–	1	3	–	–	–	–	–	–
Nevada.....	–	–	–	–	–	–	–	–	–	–	–	1
PACIFIC.....	149	9,195	–	8	–	1	2	23	–	1	7	181
Washington.....	45	4,537	–	1	–	–	1	3	–	–	–	1
Oregon.....	14	657	–	3	–	–	–	–	–	–	–	1
California.....	89	3,729	–	4	–	1	1	18	–	1	7	179
Alaska.....	–	89	–	–	–	–	–	1	–	–	–	–
Hawaii.....	1	183	–	–	–	–	–	1	–	–	–	–
Puerto Rico.....	–	25	–	4	–	–	1	3	–	–	3	27
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–

Week No. 25

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JUNE 27, 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:	691	405	35	38
Boston, Mass.	232	116	12	13
Bridgeport, Conn.	41	26	3	1
Cambridge, Mass.	21	14	6	2
Fall River, Mass.	21	12	–	–
Hartford, Conn.	48	28	–	1
Lowell, Mass.	22	13	–	1
Lynn, Mass.	18	12	–	–
New Bedford, Mass.	24	18	1	–
New Haven, Conn.	55	33	1	7
Providence, R. I.	65	40	5	3
Somerville, Mass.	10	8	1	–
Springfield, Mass.	49	27	3	8
Waterbury, Conn.	43	32	–	–
Worcester, Mass.	42	26	3	2
MIDDLE ATLANTIC:	3368	1961	109	167
Albany, N. Y.	41	27	1	1
Allentown, Pa.	31	16	3	2
Buffalo, N. Y.	134	79	3	7
Camden, N. J.	46	21	1	3
Elizabeth, N. J.	32	18	–	4
Erie, Pa.	41	22	4	4
Jersey City, N. J.	68	37	6	6
Newark, N. J.	80	33	5	5
New York City, N. Y.†	1666	978	63	62
Paterson, N. J.	39	21	3	5
Philadelphia, Pa.	595	338	3	46
Pittsburgh, Pa.	185	98	7	8
Reading, Pa.	44	35	1	–
Rochester, N. Y.	120	83	3	5
Schenectady, N. Y.	18	14	1	1
Scranton, Pa.	48	31	1	–
Syracuse, N. Y.	81	47	–	5
Trenton, N. J.	36	18	1	1
Utica, N. Y.	24	18	2	–
Yonkers, N. Y.	39	27	1	2
EAST NORTH CENTRAL:	2518	1367	65	148
Akron, Ohio	61	36	2	6
Canton, Ohio	37	20	5	–
Chicago, Ill.	699	373	10	40
Cincinnati, Ohio	169	99	3	5
Cleveland, Ohio	205	107	3	14
Columbus, Ohio	142	68	–	12
Dayton, Ohio	68	37	2	7
Detroit, Mich.	324	181	8	13
Evansville, Ind.	50	33	–	4
Flint, Mich.	53	27	1	5
Fort Wayne, Ind.	48	27	1	4
Gary, Ind.	19	11	2	2
Grand Rapids, Mich.	47	25	7	3
Indianapolis, Ind.	156	81	6	11
Madison, Wis.	23	12	1	3
Milwaukee, Wis.	129	75	5	4
Peoria, Ill.	26	13	–	–
Rockford, Ill.	34	17	2	1
South Bend, Ind.	39	21	3	2
Toledo, Ohio	125	69	4	8
Youngstown, Ohio	64	35	–	4
WEST NORTH CENTRAL:	807	479	14	44
Des Moines, Iowa	59	36	1	4
Duluth, Minn.	38	19	1	2
Kansas City, Kans.	47	25	2	6
Kansas City, Mo.	123	71	–	5
Lincoln, Nebr.	28	18	–	2
Minneapolis, Minn.	97	55	4	15
Omaha, Nebr.	77	48	1	3
St. Louis, Mo.	216	125	2	4
St. Paul, Minn.	71	48	–	1
Wichita, Kans.	51	34	3	2
Las Vegas, Nev.*	10	3	1	–

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
SOUTH ATLANTIC:	1226	623	42	65
Atlanta, Ga.	131	59	3	7
Baltimore, Md.	255	119	4	16
Charlotte, N. C.	59	36	–	1
Jacksonville, Fla.	69	39	1	7
Miami, Fla.	110	53	4	4
Norfolk, Va.	44	16	5	3
Richmond, Va.	85	43	6	5
Savannah, Ga.	39	23	2	2
St. Petersburg, Fla.	76	70	2	1
Tampa, Fla.	67	41	7	3
Washington, D. C.	250	105	6	16
Wilmington, Del.	41	19	2	–
EAST SOUTH CENTRAL:	612	310	27	32
Birmingham, Ala.	105	45	–	4
Chattanooga, Tenn.	50	24	2	7
Knoxville, Tenn.	40	25	4	1
Louisville, Ky.	133	70	9	6
Memphis, Tenn.	129	64	3	8
Mobile, Ala.	30	18	1	–
Montgomery, Ala.	41	23	4	2
Nashville, Tenn.	84	41	4	4
WEST SOUTH CENTRAL:	1217	628	35	79
Austin, Tex.	29	17	3	3
Baton Rouge, La.	38	15	–	3
Corpus Christi, Tex.	46	20	1	8
Dallas, Tex.	180	77	3	17
El Paso, Tex.	63	27	1	9
Fort Worth, Tex.	87	44	2	7
Houston, Tex.	213	112	7	3
Little Rock, Ark.	62	31	2	8
New Orleans, La.	174	92	3	7
Oklahoma City, Okla.	84	56	3	1
San Antonio, Tex.	106	65	3	9
Shreveport, La.	76	39	4	3
Tulsa, Okla.	59	33	3	1
MOUNTAIN:	472	261	20	22
Albuquerque, N. Mex.	58	29	6	2
Colorado Springs, Colo.	28	12	3	4
Denver, Colo.	122	74	2	2
Ogden, Utah	23	13	3	1
Phoenix, Ariz.	111	59	1	6
Pueblo, Colo.	16	13	1	–
Salt Lake City, Utah	59	27	1	4
Tucson, Ariz.	55	34	3	3
PACIFIC:	1579	943	35	63
Berkeley, Calif.	20	16	2	–
Fresno, Calif.	42	24	2	5
Glendale, Calif.	30	21	4	–
Honolulu, Hawaii	53	23	–	6
Long Beach, Calif.	85	48	6	2
Los Angeles, Calif.	510	312	7	7
Oakland, Calif.	74	44	1	1
Pasadena, Calif.	35	23	2	1
Portland, Oreg.	120	75	1	9
Sacramento, Calif.	62	34	3	7
San Diego, Calif.	105	58	2	8
San Francisco, Calif.	163	91	3	3
San Jose, Calif.	38	20	–	–
Seattle, Wash.	157	95	2	11
Spokane, Wash.	50	34	–	1
Tacoma, Wash.	35	25	–	2
Total	12,490	6,977	382	658
Expected Number	12,262	7,038	355	496
Cumulative Total (includes reported corrections for previous weeks)	333,283	191,289	14,099	15,352

*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.

†Delayed report for week ended June 20, 1970.

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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MORBIDITY AND MORTALITY WEEKLY REPORT
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES AT CLOSE OF BUSINESS ON FRIDAY; COMPILED DATA ON A NATIONAL BASIS ARE OFFICIALLY RELEASED TO THE PUBLIC ON THE SUCCEEDING FRIDAY.