



# Morbidity and Mortality

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 A FATAL CASE OF DYSENTERY DUE TO SHIGELLA DYSENTERIAE 1 IN AN AMERICAN RESIDENT - Florida

A 78-year-old woman from Dade County, Florida, returned from Nicaragua on May 7, 1970, with a chief complaint of bloody diarrhea of 3 weeks duration. She was hospitalized directly from the airport. She had been in her usual state of good health until April 13, 1970, 2 weeks after arriving in Nicaragua, when she had the onset of diarrhea with up to 20 bloody and mucoid stools each day accompanied by tenesmus. Her symptoms persisted in spite of treatment in Nicaragua with tetracycline, another antibiotic, and intravenous fluids.

On admission, she was lucid and moderately dehydrated. Her vital signs were normal. She had atrial fibrillation with a ventricular rate of 80 and tenderness in both lower quadrants of the abdomen; the rest of the physical

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examination was within normal limits. The white blood cell count was 13,200 with a shift to the left; sodium was 110, BUN 90, CO<sub>2</sub> 18, and chlorides 86 milliequivalents per liter. The admitting diagnosis was diarrhea of undetermined origin with amebic and ulcerative colitis as the  
(Continued on page 270)

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

DISEASE	28th WEEK ENDED		MEDIAN 1965 - 1969	CUMULATIVE, FIRST 28 WEEKS		
	July 18, 1970	July 12, 1969		1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis . . . . .	116	119	59	1,157	945	945
Brucellosis . . . . .	1	4	8	113	112	120
Diphtheria . . . . .	1	4	3	189	80	84
Encephalitis, primary:						
Arthropod-borne & unspecified . . . . .	30	31	25	598	531	715
Encephalitis, post-infectious . . . . .	9	13	14	262	181	441
Hepatitis, serum . . . . .	148	84	705	3,845	2,767	22,103
Hepatitis, infectious . . . . .	1,035	732		29,861	25,026	
Malaria . . . . .	71	52	33	1,882	1,423	1,070
Measles (rubeola) . . . . .	496	316	539	37,324	18,720	55,696
Meningococcal infections, total . . . . .	24	46	38	1,590	2,100	2,041
Civilian . . . . .	23	44	37	1,434	1,905	1,871
Military . . . . .	1	2	1	156	195	170
Mumps . . . . .	957	941	---	70,143	62,905	---
Poliomyelitis, total . . . . .	5	1	2	14	5	26
Paralytic . . . . .	5	1	2	14	5	22
Rubella (German measles) . . . . .	418	708	---	47,149	45,985	---
Tetanus . . . . .	5	3	6	60	71	83
Tularemia . . . . .	5	1	6	61	79	86
Typhoid fever . . . . .	10	3	7	137	146	168
Typhus, tick-borne (Rky. Mt. spotted fever) . . . . .	15	23	15	153	202	114
Rabies in animals . . . . .	56	56	82	1,673	2,011	2,366

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: . . . . .	1	Psittacosis: N.Y.Ups.-1 . . . . .	18
Botulism: . . . . .	5	Rabies in Man: . . . . .	-
Leptosy: Calif.-5, Tex.-1 . . . . .	71	Rubella congenital syndrome: Va.-2 . . . . .	40
Leptospirosis: Ala.-1, Tenn.-1 . . . . .	19	Trichinosis: Mo.-1 . . . . .	59
Plague: N. Mex.-1 . . . . .	6	Typhus, murine: Hawaii-1, Ohio-2 . . . . .	20

## DYSENTERY - (Continued from front page)

most likely possibilities. *Shigella* infection was considered but was dismissed as unlikely. Sigmoidoscopy and barium enema revealed nonspecific findings. A single blood culture on the day of admission grew a gram negative rod identified as a *Shigella* A strain. It was referred to the state laboratory and to the CDC for further identification.

The patient's dehydration improved markedly with intravenous fluids. Although amoebas could not be identified in stool examinations and a rectal swab was negative for amoebas, she was treated with metronidazole (Flagyl)\* for 3 to 4 days for amoebic colitis with no relief of her bloody diarrhea. She subsequently received chloramphenicol, kanamycin, penicillin, Azulfidine,\* steroids, and Mandelamine\* with no apparent benefit. For this reason and because other findings were negative, she was treated for ulcerative colitis until May 17 when she developed fever and symptoms of pneumonia; she died on May 18. A postmortem examination was not performed.

The gram negative rod isolated from this patient's admission blood culture was later identified as *Shigella dysenteriae* 1, the classic Shiga bacillus. The additional history was obtained after her death that the community she had visited in Nicaragua, a city called Granada, had, at the time of her visit, experienced a severe outbreak of a similar dysenteric illness which resulted in many deaths. In retrospect, this woman's diagnosis was Shiga bacillary dysentery.

(Reported by Joel L. Nitzkin, M.D., Chief, and Myrian Bosch, M.D., Head, Disease Control Section, Office of Consumer Protection, Kathryn Henry and Honoria Garcia, Public Health Nurses, and Milton S. Saslaw, M.D., Director, Dade County Department of Public Health; E. Charlton Prather, M.D., Chief, Bureau of Preventable Diseases, Division of Health of the Florida Department of Health and Rehabilitative Services; William J. Harrington, M.D., Chairman, Department of Medicine, and Virginia B. Sanchez, Microbiologist, Jackson Memorial Hospital; the Enteric Bacteriology Laboratory, Laboratory Division, and the Enteric Diseases Section, Bacterial Diseases Branch, Epidemiology Program, CDC.)

## Editorial Comment:

This is the first documented death of dysentery due to the virulent Shiga bacillus in a resident of the United States although there have been numerous imported cases since the Central American and Mexican epidemic was first recognized in 1969 (MMWR, Vol. 19, Nos. 7, 17, and 21). This case emphasizes several important points: Persons returning from any of the Central American countries or Mexico with symptoms of bloody diarrhea with or without tenesmus should be presumed to have Shiga bacillus dysentery until proved otherwise. This diagnosis is commonly confused with amebiasis and ulcerative colitis and is often missed on culture even when stools are streaked on enteric media commonly used in bacteriology laboratories. The Shiga bacillus is more fragile than other shigella and is often inhibited on the commonly used SS agar and other inhibitory media. Recent studies at the CDC have shown that Tergitol - 7 agar, XLD, and MacConkey's agar are the media of choice for primary isolation. This organism is usually resistant to chloramphenicol, tetracycline, and sulfa drugs and is intermediate in its sensitivity to penicillin. As of this date, all strains isolated from Mexico, Guatemala, Honduras, El Salvador, and Nicaragua have been sensitive to ampicillin, which is generally considered the drug of choice. In a fully developed case, such as this, with extensive tissue involvement and ulceration of the descending colon, sigmoid, and rectum, response to treatment is slow; large doses should be given over many days to ensure eradication of the organism and to permit healing. Other drugs may be used, but it is important to recognize the possibility of compromised renal function in patients who have experienced prolonged dehydration. Cases should be promptly reported to health authorities so that a search can be made for secondary spread. To date, there have been no endogenously acquired cases in the United States associated with the epidemic in Central America and Mexico.

\*Trade names are provided for identification only, and inclusion does not imply endorsement by the Public Health Service or the United States Department of Health, Education, and Welfare.

## PLAGUE - New Mexico

Two additional cases of plague have been reported from New Mexico, bringing the total to four cases for the state this year (MMWR, Vol. 19, Nos. 20, 21, and 25.)

One case was in a 16-year-old boy in Canoncito, New Mexico, northeast of Albuquerque in Bernalillo County, who had been well until June 26 when he had the onset of general malaise and chills. On June 27 he had left frontal headache and pain and swelling in the right groin. On June 28 he was admitted to a hospital in Albuquerque where the diagnosis of bubonic plague was made. Blood

cultures were obtained, the bubo in the right groin was aspirated and cultured, and he was started on streptomycin and tetracycline. The tetracycline was discontinued because of vomiting. By June 30 the patient was afebrile and feeling well. On July 6, an organism from the blood and aspirate was identified as *Yersinia (Pasteurella) pestis*.

During the week prior to onset of illness the patient had worked in a forest near Canoncito, clearing trails with the job corps, and was bitten by insects. He had no known history of contact with dead or ill animals during

that time. No specific source of infection has been identified.

The other case was in a 7-year-old girl who lives in rural Rio Arriba County, New Mexico, north of Cuba, New Mexico. She awoke on July 12 with chills, fell asleep for 1 hour more, and awoke with shaking chills and severe pain in the left groin associated with an area of swelling. Over the next several hours she experienced shaking chills and fever. She was taken to a hospital in Albuquerque that same day with a diagnosis of presumptive bubonic plague. On admission she had a temperature of 39° C. which rose to 40.5° C. She was alert and oriented but complained of pain and tenderness in the left groin. Physical examination was normal except for multiple insect bites, tenderness in the left groin, and a bubo, 2 cm in diameter associated with erythema of the overlying skin. Blood and throat cultures were obtained, and the bubo was aspirated and the aspirate cultured. Streptomycin and tetracycline were given to the patient. Over the next several

days her temperature returned to normal, and the pain and tenderness in the left groin decreased markedly. On July 16 an organism from the bubo aspirate culture was identified as *Y. pestis* by the state laboratory.

The patient lives in a rural setting and is constantly exposed to bites of insects. A rodent die-off has been noted in the area.

(Reported by Melvin Weinberg, M.D., Malcolm Hill, M.D., and Gerald Bommalaeere, M.D., Bernalillo County Medical Center; John Ulrich, Ph.D., Chairman, Department of Microbiology, University of New Mexico, School of Medicine; Bruce Storrs, M.D., Director, Medical Services Division, Eva Wallen, M.D., and Peter Voute, M.D., District Health Officers, Brian Miller, Chief, and Neil Weber, Mammalogist, General Sanitation Section, Environmental Services Division, and Daniel Johnson, Ph.D., Director, State Laboratory, New Mexico Health and Social Services Department; the Zoonoses Section, Ecological Investigations Program, CDC, Fort Collins, Colorado; and an EIS Officer.)

#### STAPHYLOCOCCAL FOOD POISONING TRACED TO BUTTER - Alabama

Between April 7 and May 9, 1970, 24 customers and employees at a department store near Phenix City, Alabama, became ill with gastroenteritis after dining in that firm's restaurant. Several of these individuals became ill on multiple occasions. Symptoms included nausea, vomiting, diarrhea, and abdominal cramps.

Investigation by store officials suggested that the illness might be associated with the consumption of whipped butter. This butter was prepared at the store by whipping 4 oz. of milk together with 6 lbs. of softened butter. On May 6, the remaining butter was replaced by the manufacturer with a regular shipment of butter, received the next day at the store. Despite the use of new butter from the same source, several more cases were noted over the next 2 days. Consequently, the restaurant discontinued use of this product and changed to margarine. The restaurant has had no further difficulty since discontinuing the butter.

Detailed epidemiologic investigation confirmed the restaurant officials' impression that the outbreak was associated with contaminated butter. Seven of 13 store employees who ate breakfast there developed this illness, whereas only one of 16 nonbreakfast eaters became ill. All breakfast meals served at this restaurant included whipped butter unless the diners specifically requested its omission. Two breakfast diners known to have requested such omission remained well. The one person who became ill without eating breakfast attributed her disease to consuming a frankfurter at the store's snack bar. The frankfurter roll was buttered with the same product. The mean incubation period in these cases was about 4 hours.

Bacteriologic studies by a local hospital laboratory performed on the butter revealed the presence of coagulase positive *Staphylococcus aureus*. Similar tests on the milk used in the whipped butter at the restaurant failed to demonstrate this organism.

The same brand of butter was implicated as the cause of a single case of typical staphylococcal food poisoning in Memphis, Tennessee, on May 15. Testing of this butter by the Division of Microbiology, Food and Drug Administration, revealed the presence of staphylococcal enterotoxin A.

The incriminated butter is regionally distributed by a nationally known manufacturer who voluntarily recalled a large consignment of this product.

(Reported by Frederick S. Wolf, M.D., Director, Division of Preventable Diseases, Alabama State Department of Health; Cyril Floyd, M.D., County Health Officer, and William Carden and Louis Brown, Sanitarians, Russell County Health Department; William H. Armes, Jr., M.D., Deputy Commissioner, Tennessee Department of Public Health; Regional Office, Food and Drug Administration, and the Food and Drug Administration, USDHEW, Washington, D.C.; the Enteric Diseases Section, Bacterial Diseases Branch, Epidemiology Program, CDC; and an EIS Officer.)

#### Editorial Comment:

This is the first reported outbreak of staphylococcal food poisoning attributed to contaminated butter since inception of Foodborne Surveillance at CDC in 1966. The repeated infection of several persons is also unique.

**CURRENT TRENDS**  
**ARBOVIRUS SURVEILLANCE - Florida**

As part of its continuing surveillance of arbovirus activity throughout the state and because of the possibility of increased mosquito-virus activity this year, the Florida Division of Health has intensified its routine arbovirus surveillance to include the following: (1) More than 60 sentinel flocks of chickens have been established throughout the state. The birds are bled every 3 weeks and tested for antibodies to arboviruses by the hemagglutination inhibition (HI) technique. (2) Special collections of mosquitoes are being obtained and tested for the presence of arbovirus. (3) Birds are being netted and small mammals are being trapped and bled for HI determinations. (4) Each hospital in the state has been asked to report daily all admissions for central nervous system disease and to obtain appropriate laboratory specimens on patients suspected of having encephalitis or aseptic meningitis.

To date, more than 700 chicken sera have been tested, with two showing antibody rise to St. Louis Encephalitis

virus (SLE). Approximately 700 other birds and over 50 small mammals were tested. Three birds and one raccoon were positive for SLE. Two hundred twenty-seven human sera were tested; one had an HI titer of 1:20 against SLE, but complement fixation test was negative. There have been 498 pools of *Culex nigripalpus* mosquitoes and 1,641 pools of other mosquitoes tested for SLE virus; all were negative. There have been 24 cases of encephalitis in horses to date; this is no more than the usual number for this time of year.

The intensified surveillance will be continued into November, the month in which arbovirus activity usually ends in Florida.

*(Reported by E. Charlton Prather, M.D., Coordinator, Encephalitis Activities, Florida Division of Health; and the Arbovirology Unit, Laboratory Division, and the Neurotropic Viral Diseases Unit, Viral Diseases Branch, Epidemiology Program, CDC.)*

**EPIDEMIOLOGIC NOTES AND REPORTS**  
**CALIFORNIA ENCEPHALITIS VIRUS INFECTION - Ohio**

The first case of encephalitis for 1970 in the United States due to California Encephalitis Virus (CDV) has been reported from Ohio. The patient, a 13-year-old boy from Union County, had onset of illness on June 11. He was hospitalized with symptoms of headache, vomiting, stiff neck, mental confusion, and abnormal plantar reflexes. He was given symptomatic and supportive therapy and has recovered. Sera collected from him on June 19 had a negative hemagglutination inhibition titer, but a specimen drawn on June 24 had a titer of 1:640.

Earlier this year, on May 14, a mosquito isolate collected about 15 miles from the patient's residence was tentatively identified as CEV. To date, no other cases have been reported.

This case brings the state total to 205 cases (two fatal) of CEV infection since 1964; 169 of these cases were confirmed by a fourfold rise in serologic titer and 36 were presumptive. Ninety-six percent of the cases were in children 15 years of age and under with a range of from 6 months to 69 years of age. Cases were almost evenly distributed between males and females. The cases occurred in 55 of Ohio's 88 counties.

*(Reported by Ralph A. Masterson, D.V.M., Chief, Epidemiology Section, John H. Ackerman, M.D., Chief, and Margaret A. Parsons, Medical Entomologist, Division of Communicable Diseases, and Barbara LaLonde, D.V.M., Virologist, and Howard W. Stegmiller, Chief Virologist, Bureau of Laboratories, Ohio Department of Health.)*

**CARBON MONOXIDE POISONING - Florida**

On June 20, 1970, a 63-year-old woman in Florida awoke at 1:30 a.m. with nausea and a burning sensation in her upper chest. She told her husband that she felt sick; he replied that he was sick also. The woman got up, found herself too weak to walk, and crawled into the bathroom

and vomited. She called out to her husband to come help her, but he did not respond. The next thing she knew, it was daylight and she was still on the bathroom floor. She crawled back to the bedroom and found her husband dead. She then went into an adjoining bedroom and found her

80-year-old mother unconscious. She called the police, and the two women were taken to the community hospital.

On admission both women were afebrile and had normal vital signs. The younger woman looked somewhat flushed and had extreme generalized weakness and tremulousness. Her mother awakened in the hospital and had no recollection of events during the night. She also was weak and tremulous. Serum cholinesterase levels were normal and carboxyhemoglobin was negative in both. Admission diagnostic impression was possible botulism or ciguatera intoxication. On supportive therapy, both women improved rapidly.

Autopsy of the husband revealed no gross lesions but did show a slight reddish cast of the organs. Carboxyhemoglobin determination on a postmortem blood sample revealed greater than 40 percent carboxyhemoglobin.

Toxicologic investigation of the house revealed that the family car was parked in an enclosed garage attached to the house and was covered with soot, that the ignition was on, the battery was dead, and the radiator had boiled over. The investigators, after starting the car and letting the engine idle for 20 minutes with the windows closed, found a level of 125 ppm of carbon monoxide (CO) in the front seat area. The air intake unit of the home's central air conditioning was located in the garage. Separate tests

inside the house revealed that with the central air conditioning operating (as it had been during the night of June 19) and the car idling in the garage, a level of 400 ppm CO was reached in the kitchen of the house within 4 minutes.

The family had been for a drive in the car the evening of June 19 and had become drowsy and logy during the drive. It is postulated that they became slightly CO intoxicated and as a result neglected to turn off the car's motor after their return. With the garage door closed and the car and air conditioning running, toxic and lethal levels of CO were then developed within the house. When the car stopped due to overheating or battery failure, the CO in the house was apparently cleared, leading to the regaining of consciousness in the women. The initial negative carboxyhemoglobin levels on the two women were found to be positive at a low level on retesting.

(Reported by E. Charlton Prather, Chief, Bureau of Preventable Diseases, Florida Division of Health; John F. McGarry, M.D., Assistant Health Officer, and Richard Murphy, Sanitarian Supervisor, Palm Beach County Health Department; Kenneth Fulton, M.D., Associate Medical Examiner, Palm Beach County; John Alley, M.D., Physician, Boca Raton, Florida; and the Epidemiology Program, CDC.)

### CHINESE RESTAURANT SYNDROME - New York

On Feb. 13, 1970, a nurse and her assistant went to lunch at a local Chinese restaurant. Wonton soup was eaten first and completed by both. After the first course, beef chop suey, rice, and tea were consumed. Twenty minutes after starting lunch, the nurse experienced nausea, temporal headache, and facial numbness associated with flushing. At the same time, her companion experienced tingling and twitching on the left side of the face together with a throbbing occipital headache. Neither was febrile. Both were unable to complete the meal. Acute symptoms subsided in 2 to 3 hours.

A diagnosis of "Chinese Restaurant Syndrome" (1) was made, and an investigation of food preparation was initiated. The chef disclosed that he usually adds 6 ounces of monosodium glutamate (MSG) to 10 gallons of soup. To an 8-quart pan of rice he adds a partially filled tablespoon of MSG and to a serving of chop suey and vegetables a pinch of MSG. The amount of MSG ingested per cup of soup was calculated. Six ounces of MSG in 10 gallons approximates 170 gms in 38 liters yielding 1 gm of MSG (0.4 gm percent) in a 250 ml cupful of soup. The calculated con-

centration was supported by finding greater than 0.1 gm percent of MSG in the soup taken for analysis (2).

(Reported by Leo H. Buchner, M.D., Epidemiologist, Gabriel Carbone, Senior Chemist-in-Charge, Food and Water Chemical Laboratory, Charles Reisberg, Supervisor, Bureau of Food and Drugs, Bernard Davidow, Ph.D., Chief, Food and Drug Laboratory, Tibor Fodor, M.D., Chief, Division of Epidemiologic Intelligence, and Vincent F. Guinee, M.D., Director, Bureau of Infectious Disease Control, New York City Health Department.)

#### Editorial Comment:

Pharmacologic studies (3) have shown that all individuals tested who had previously experienced the Chinese restaurant syndrome had oral thresholds from 2 to 3 grams.

#### References

- (1) Kowk RHM: Chinese restaurant syndrome, *New Eng J Med*, 278:796, 1968
- (2) Patton AR and Foreman EM: Detection of glutamate and hydrolysate added to foods. *Food Technology* 4:83, 1950
- (3) Schaumburg HH, Byck R, Gerstl and Mashman JH: Monosodium L - Glutamate: Its pharmacology and role in the Chinese restaurant syndrome. *Science* 163:826, 1969

## SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

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

Reporting Area	June		Cumulative Jan - June		Reporting Area	June		Cumulative Jan - June	
	1970	1969	1970	1969		1970	1969	1970	1969
NEW ENGLAND.....	48	33	275	167	EAST SOUTH CENTRAL.....	71	59	348	515
Maine.....	2	1	9	2	Kentucky.....	11	6	86	97
New Hampshire.....	-	2	2	3	Tennessee.....	11	17	89	157
Vermont.....	-	-	1	-	Alabama.....	16	25	67	122
Massachusetts.....	22	18	155	101	Mississippi.....	33	11	106	139
Rhode Island.....	10	2	31	16	WEST SOUTH CENTRAL.....	421	297	1,863	1,888
Connecticut.....	14	10	77	45	Arkansas.....	24	24	128	90
MIDDLE ATLANTIC.....	405	256	2,599	1,813	Louisiana.....	73	53	363	429
Upstate New York.....	26	16	181	141	Oklahoma.....	9	5	44	43
New York City.....	271	160	1,869	1,233	Texas.....	315	215	1,328	1,326
Pa. (Excl. Phila.).....	20	16	71	76	MOUNTAIN.....	53	56	287	290
Philadelphia.....	19	24	100	111	Montana.....	-	3	1	5
New Jersey.....	69	40	378	252	Idaho.....	-	2	1	4
EAST NORTH CENTRAL.....	207	194	1,250	1,254	Wyoming.....	-	-	-	4
Ohio.....	25	21	187	178	Colorado.....	3	1	26	25
Indiana.....	33	23	232	173	New Mexico.....	13	25	64	126
Downstate Illinois.....	7	19	59	128	Arizona.....	23	18	120	94
Chicago.....	74	76	423	450	Utah.....	-	1	4	6
Michigan.....	59	50	298	317	Nevada.....	14	6	71	26
Wisconsin.....	9	5	51	8	PACIFIC.....	212	171	1,201	896
WEST NORTH CENTRAL.....	61	30	286	161	Washington.....	3	7	25	27
Minnesota.....	7	2	48	16	Oregon.....	1	2	14	22
Iowa.....	1	1	9	20	California.....	206	161	1,153	842
Missouri.....	42	16	155	83	Alaska.....	1	1	4	2
North Dakota.....	-	1	3	3	Hawaii.....	1	-	5	3
South Dakota.....	1	-	8	7	U. S. TOTAL.....	1,888	1,483	10,551	9,407
Nebraska.....	1	4	13	15	TERRITORIES.....	72	122	507	645
Kansas.....	9	6	50	17	Puerto Rico.....	72	120	490	628
SOUTH ATLANTIC.....	410	387	2,442	2,423	Virgin Islands.....	---	2	17	17
Delaware.....	8	5	71	21					
Maryland.....	25	41	219	220					
District of Columbia.....	49	54	252	268					
Virginia.....	30	18	137	120					
West Virginia.....	4	1	12	9					
North Carolina.....	39	32	267	270					
South Carolina.....	26	41	183	294					
Georgia.....	134	93	647	489					
Florida.....	95	102	654	732					

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

### EPIDEMIOLOGIC NOTES AND REPORTS TICK PARALYSIS - Spokane, Washington

On May 19, a 4-year-old boy was hospitalized near Spokane, with flaccid paralysis of his legs and marked weakness of the upper extremities. He was afebrile and

had been in good health until the onset of symptoms the previous night. Cerebrospinal fluid was normal. Total body scrutiny revealed an engorged wood tick attached to his

scalp in a thick crop of hair. The tick was removed, and following 24-36 hours of supportive therapy, the boy recovered completely. The child's family gave a history of an outing in some nearby woods several days prior to the onset of illness.

(Reported by Benjamin Kuiken, M.D., Pediatrician, Fairchild Air Force Base, Washington; E. O. Ploeger, M.D.,

Health Officer, Spokane County; Byron J. Francis, M.D., Chief, Division of Epidemiology, Washington State Department of Health; and an EIS Officer.)

**Editorial Comment:**

During the past 25 years, 14 cases (one fatal) have been reported in Washington State.

**INTERNATIONAL NOTES  
QUARANTINE MEASURES**

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

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

**CALIFORNIA**  
San Francisco

Metropolitan Medical Center  
Change name to Overseas Medical Center  
Change address to 10 California St. 94111

**LOUISIANA**  
Shreveport

Caddo-Shreveport Health Unit  
Change clinic hour to 3 p.m.

**MARYLAND**  
Hagerstown

Washington County Health Dept.  
Change clinic hours to Wed., 9 a.m. - 12 noon and by appointment

**OHIO**  
Akron

Health Dept.  
Change name of Health Dept. to John D. Morley Health Center

**PENNSYLVANIA**  
Reading

Reading Hospital  
Change clinic hours to Mon., 9 a.m. - 12 noon

**TENNESSEE**  
Knoxville

Knox County Health Dept.  
Change clinic hour to 2 p.m.

**Memphis**

U.S. Public Health Service Outpatient Clinic  
Change clinic hour to Thurs., 2 p.m.

**TEXAS**

**Beaumont**

Jefferson County Health Dept.  
Center closed on June 18, 1970

**Houston**

The Methodist Hospital Laboratory  
Center closed on June 27, 1970.

## Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED  
JULY 18, 1970 AND JULY 12, 1969 (28th WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	DIPH- THERIA	ENCEPHALITIS		HEPATITIS			MALARIA		
				Primary including unsp. cases		Post In- fectious	Serum	Infectious		1970	Cum. 1970
				1970	1969			1970	1969		
UNITED STATES.....	116	1	1	30	31	9	148	1,035	732	71	1,882
NEW ENGLAND.....	2	-	-	1	3	-	3	76	37	5	55
Maine.....	-	-	-	-	-	-	-	11	6	-	5
New Hampshire.....	-	-	-	-	-	-	-	3	2	-	1
Vermont.....	-	-	-	-	-	-	-	2	3	-	3
Massachusetts.....	2	-	-	1	1	-	2	39	12	2	29
Rhode Island.....	-	-	-	-	-	-	-	14	6	3	9
Connecticut.....	-	-	-	-	2	-	1	7	8	-	8
MIDDLE ATLANTIC.....	4	-	-	1	5	-	84	279	124	3	210
New York City.....	4	-	-	-	2	-	29	86	12	-	26
New York, Up-State*..	-	-	-	-	-	-	6	44	28	-	62
New Jersey.....	-	-	-	-	1	-	25	62	42	1	51
Pennsylvania.....	-	-	-	1	2	-	24	87	42	2	71
EAST NORTH CENTRAL.....	12	-	-	13	6	3	11	189	80	5	103
Ohio.....	2	-	-	11	4	3	3	42	22	1	22
Indiana.....	5	-	-	-	-	-	-	6	5	1	10
Illinois.....	1	-	-	-	-	-	1	62	16	1	28
Michigan.....	4	-	-	1	2	-	7	74	32	2	43
Wisconsin.....	-	-	-	1	-	-	-	5	5	-	-
WEST NORTH CENTRAL.....	2	1	-	-	3	-	3	40	61	4	147
Minnesota*.....	2	-	-	-	-	-	2	7	2	-	18
Iowa.....	-	-	-	-	2	-	-	4	8	-	9
Missouri.....	-	-	-	-	1	-	-	20	37	-	17
North Dakota.....	-	-	-	-	-	-	-	-	1	-	1
South Dakota.....	-	-	-	-	-	-	-	-	-	-	2
Nebraska.....	-	1	-	-	-	-	-	1	-	-	2
Kansas.....	-	-	-	-	-	-	1	8	13	4	98
SOUTH ATLANTIC.....	47	-	-	6	3	-	13	120	88	10	354
Delaware.....	-	-	-	-	-	-	-	4	-	-	1
Maryland.....	-	-	-	-	1	-	3	20	11	3	35
Dist. of Columbia....	3	-	-	-	-	-	-	4	3	-	2
Virginia.....	7	-	-	1	-	-	1	22	8	2	42
West Virginia.....	-	-	-	-	-	-	-	5	7	2	6
North Carolina.....	5	-	-	3	2	-	1	10	3	1	145
South Carolina.....	2	-	-	-	-	-	-	2	15	-	30
Georgia.....	12	-	-	-	-	-	-	13	17	1	60
Florida.....	18	-	-	2	-	-	8	40	24	1	33
EAST SOUTH CENTRAL.....	7	-	-	1	3	2	2	50	45	10	141
Kentucky.....	-	-	-	-	-	-	-	21	11	9	119
Tennessee.....	6	-	-	1	-	1	1	23	31	-	-
Alabama.....	-	-	-	-	2	1	-	4	3	1	13
Mississippi.....	1	-	-	-	1	-	1	2	-	-	9
WEST SOUTH CENTRAL.....	3	-	-	2	-	-	8	71	71	6	347
Arkansas.....	-	-	-	1	-	-	-	10	-	-	6
Louisiana.....	1	-	-	-	-	-	3	8	14	1	23
Oklahoma.....	-	-	-	-	-	-	-	2	16	5	55
Texas.....	2	-	-	1	-	-	5	51	41	-	263
MOUNTAIN.....	-	-	-	1	3	1	2	28	26	8	153
Montana.....	-	-	-	-	3	-	-	-	-	1	6
Idaho.....	-	-	-	-	-	-	-	-	1	-	3
Wyoming.....	-	-	-	-	-	1	-	1	-	-	-
Colorado.....	-	-	-	1	-	-	2	10	5	7	133
New Mexico.....	-	-	-	-	-	-	-	5	1	-	4
Arizona.....	-	-	-	-	-	-	-	10	12	-	5
Utah.....	-	-	-	-	-	-	-	1	7	-	2
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	39	-	1	5	5	3	22	182	200	20	372
Washington.....	3	-	1	-	-	-	-	10	21	5	33
Oregon.....	-	-	-	-	-	-	-	19	24	-	14
California.....	31	-	-	5	5	3	22	145	153	13	242
Alaska.....	-	-	-	-	-	-	-	5	-	-	-
Hawaii.....	5	-	-	-	-	-	-	3	2	2	83
Puerto Rico*.....	-	-	-	-	-	-	3	10	41	-	7
Virgin Islands.....	-	-	-	-	-	-	-	-	-	-	-

\*Delayed Reports: Hepatitis, Serum: N.J. delete 3

Hepatitis, Infectious: N.Y. Up-State 32, N.J. delete 4, P.R. 1

Malaria: Minn. 8

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDED  
JULY 18, 1970 AND JULY 12, 1969 (28th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		POLIOMYELITIS		
	1970	Cumulative		1970	Cumulative		1970	Cum. 1970	Total 1970	Paralytic	
		1970	1969		1970	1969				1970	Cum. 1970
UNITED STATES.....	496	37,324	18,720	24	1,590	2,100	957	70,143	5	5	14
NEW ENGLAND.....	36	838	987	1	71	70	91	8,500	-	-	-
Maine*.....	5	188	5	-	3	6	1	654	-	-	-
New Hampshire.....	-	49	236	-	5	2	-	313	-	-	-
Vermont.....	1	8	2	-	6	-	4	573	-	-	-
Massachusetts*.....	9	406	173	1	32	31	32	2,665	-	-	-
Rhode Island.....	20	110	22	-	5	6	36	1,396	-	-	-
Connecticut.....	1	77	549	-	20	25	18	2,899	-	-	-
MIDDLE ATLANTIC.....	47	4,497	7,053	3	278	334	95	7,003	-	-	-
New York City.....	15	792	4,672	2	71	69	72	2,447	-	-	-
New York, Up-State...	8	215	566	1	53	51	NN	NN	-	-	-
New Jersey.....	6	1,632	835	-	104	141	10	1,961	-	-	-
Pennsylvania.....	18	1,858	980	-	50	73	13	2,595	-	-	-
EAST NORTH CENTRAL.....	168	9,209	1,912	3	188	287	217	18,577	-	-	-
Ohio.....	56	3,655	344	-	75	106	32	3,293	-	-	-
Indiana.....	7	255	453	-	18	34	22	1,670	-	-	-
Illinois.....	20	2,980	405	2	42	40	13	1,632	-	-	-
Michigan.....	61	1,493	207	1	46	89	42	4,663	-	-	-
Wisconsin.....	24	826	503	-	7	18	108	7,319	-	-	-
WEST NORTH CENTRAL.....	13	3,682	489	-	78	112	16	3,631	-	-	1
Minnesota.....	-	36	5	-	12	25	1	336	-	-	-
Iowa.....	-	1,011	324	-	11	15	5	2,257	-	-	-
Missouri.....	10	1,235	16	-	46	48	7	241	-	-	1
North Dakota.....	3	314	9	-	3	-	1	254	-	-	-
South Dakota.....	-	91	3	-	-	1	-	36	-	-	-
Nebraska.....	-	923	128	-	3	9	2	371	-	-	-
Kansas.....	-	72	4	-	3	14	-	136	-	-	-
SOUTH ATLANTIC.....	84	6,884	2,357	6	333	372	197	7,859	-	-	1
Delaware.....	-	255	369	-	3	4	7	260	-	-	-
Maryland.....	5	1,348	63	-	33	33	33	828	-	-	-
Dist. of Columbia....	-	342	-	-	1	8	6	180	-	-	-
Virginia.....	16	1,916	854	1	32	46	27	1,815	-	-	-
West Virginia.....	6	284	164	-	7	18	42	1,911	-	-	1
North Carolina.....	16	808	299	1	67	67	NN	NN	-	-	-
South Carolina.....	24	543	108	-	42	53	41	770	-	-	-
Georgia.....	-	12	1	-	30	64	-	-	-	-	-
Florida.....	17	1,376	499	4	118	79	41	2,095	-	-	-
EAST SOUTH CENTRAL.....	37	1,167	100	2	123	132	54	4,006	-	-	-
Kentucky.....	31	646	59	1	43	46	1	1,424	-	-	-
Tennessee.....	2	346	17	1	52	50	47	2,307	-	-	-
Alabama.....	4	87	3	-	21	21	2	229	-	-	-
Mississippi.....	-	88	21	-	7	15	4	46	-	-	-
WEST SOUTH CENTRAL.....	57	7,248	4,141	6	222	285	97	6,773	5	5	12
Arkansas.....	-	29	16	1	18	28	1	112	-	-	-
Louisiana.....	2	89	120	2	57	74	1	24	-	-	-
Oklahoma.....	1	426	135	-	18	29	-	2,377	-	-	-
Texas.....	54	6,704	3,870	3	129	154	95	4,260	5	5	12
MOUNTAIN.....	20	1,422	731	1	29	37	67	3,146	-	-	-
Montana.....	3	34	15	-	1	5	22	637	-	-	-
Idaho.....	1	32	88	-	5	6	-	83	-	-	-
Wyoming.....	1	11	-	-	1	-	-	30	-	-	-
Colorado.....	3	163	115	-	7	6	21	1,029	-	-	-
New Mexico.....	8	179	217	-	-	6	8	605	-	-	-
Arizona*.....	4	950	289	1	13	10	16	642	-	-	-
Utah.....	-	32	6	-	2	2	-	120	-	-	-
Nevada.....	-	21	1	-	-	2	-	-	-	-	-
PACIFIC.....	34	2,377	950	2	268	471	123	10,648	-	-	-
Washington.....	-	494	57	-	37	50	26	4,108	-	-	-
Oregon.....	4	214	191	-	20	11	15	921	-	-	-
California.....	25	1,370	667	2	210	389	48	4,311	-	-	-
Alaska.....	2	134	8	-	-	11	1	368	-	-	-
Hawaii.....	3	165	27	-	1	10	33	940	-	-	-
Puerto Rico.....	4	845	1,164	-	4	15	8	659	-	-	-
Virgin Islands.....	-	6	36	-	1	-	-	1	-	-	-

\*Delayed Reports: Measles: Maine delete 3, Mass. delete 14  
Meningococcal Infections: Ariz. 1  
Mumps: Maine 1

## Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDED  
JULY 18, 1970 AND JULY 12, 1969 (28th 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.....	418	47,149	5	60	5	61	10	137	15	153	56	1,673
NEW ENGLAND.....	27	2,276	-	3	-	-	-	5	-	-	3	61
Maine.....	3	377	-	-	-	-	-	-	-	-	3	21
New Hampshire.....	-	150	-	-	-	-	-	-	-	-	-	-
Vermont.....	-	49	-	-	-	-	-	-	-	-	-	38
Massachusetts.....	15	1,083	-	2	-	-	-	3	-	-	-	-
Rhode Island.....	6	81	-	-	-	-	-	-	-	-	-	1
Connecticut.....	3	536	-	1	-	-	-	2	-	-	-	1
MIDDLE ATLANTIC.....	12	3,765	-	5	-	1	5	34	2	8	3	162
New York City.....	3	524	-	2	-	-	1	10	-	-	-	-
New York, Up-State..	6	381	-	-	-	1	2	10	1	4	3	152
New Jersey.....	1	809	-	2	-	-	1	6	1	2	-	-
Pennsylvania.....	2	2,051	-	1	-	-	1	8	-	2	-	10
EAST NORTH CENTRAL....	98	9,770	4	13	-	17	2	19	-	-	6	130
Ohio.....	12	1,970	-	1	-	2	2	7	-	-	2	37
Indiana.....	13	1,732	4	5	-	13	-	1	-	-	-	8
Illinois.....	31	1,660	-	3	-	2	-	3	-	-	4	45
Michigan.....	26	2,483	-	4	-	-	-	7	-	-	-	11
Wisconsin.....	16	1,925	-	-	-	-	-	1	-	-	-	29
WEST NORTH CENTRAL....	37	3,203	-	4	3	13	-	5	-	1	12	274
Minnesota.....	21	116	-	1	-	-	-	1	-	-	3	57
Iowa.....	8	1,985	-	1	-	-	-	1	-	-	2	59
Missouri.....	7	381	-	1	2	11	-	1	-	1	4	58
North Dakota.....	-	124	-	-	-	1	-	-	-	-	1	25
South Dakota.....	-	1	-	1	1	1	-	-	-	-	-	17
Nebraska.....	1	541	-	-	-	-	-	2	-	-	1	6
Kansas.....	-	55	-	-	-	-	-	-	-	-	1	52
SOUTH ATLANTIC.....	81	6,021	-	11	-	8	-	19	11	108	7	355
Delaware.....	-	41	-	-	-	-	-	-	1	4	-	1
Maryland.....	5	306	-	-	-	-	-	6	-	8	-	-
Dist. of Columbia...	-	17	-	1	-	-	-	-	-	-	-	-
Virginia.....	5	665	-	-	-	1	-	2	-	26	1	164
West Virginia.....	24	1,207	-	-	-	-	-	2	-	2	4	85
North Carolina*.....	-	37	-	-	-	4	-	2	8	38	-	1
South Carolina.....	7	603	-	1	-	-	-	1	1	26	-	-
Georgia.....	-	-	-	1	-	2	-	7	1	4	2	57
Florida.....	40	3,145	-	8	-	1	-	2	-	-	-	47
EAST SOUTH CENTRAL....	34	2,440	-	4	-	2	-	9	-	14	2	133
Kentucky.....	9	879	-	-	-	1	-	1	-	-	-	77
Tennessee.....	20	1,229	-	1	-	1	-	5	-	8	1	38
Alabama.....	3	254	-	3	-	-	-	3	-	3	1	18
Mississippi.....	2	78	-	-	-	-	-	-	-	3	-	-
WEST SOUTH CENTRAL....	65	8,393	-	11	1	13	-	12	1	17	18	312
Arkansas*.....	-	33	-	3	1	5	-	3	1	5	8	57
Louisiana.....	-	146	-	2	-	2	-	1	-	-	2	47
Oklahoma.....	-	805	-	-	-	4	-	-	-	11	5	62
Texas.....	65	7,409	-	6	-	2	-	8	-	1	3	146
MOUNTAIN.....	12	1,842	-	-	-	4	-	8	1	4	-	54
Montana.....	2	300	-	-	-	-	-	1	-	-	-	1
Idaho.....	3	173	-	-	-	-	-	-	1	1	-	1
Wyoming.....	-	133	-	-	-	-	-	-	-	1	-	-
Colorado.....	1	369	-	-	-	-	-	2	-	2	-	30
New Mexico.....	1	180	-	-	-	-	-	5	-	-	-	9
Arizona.....	4	531	-	-	-	-	-	-	-	-	-	11
Utah.....	1	156	-	-	-	4	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	2
PACIFIC.....	52	9,439	1	9	1	3	3	26	-	1	5	192
Washington.....	16	4,574	1	2	-	-	-	3	-	-	-	1
Oregon.....	25	761	-	3	-	-	-	-	-	-	-	1
California.....	10	3,826	-	4	1	3	2	20	-	1	5	190
Alaska.....	-	89	-	-	-	-	1	2	-	-	-	-
Hawaii.....	1	189	-	-	-	-	-	1	-	-	-	-
Puerto Rico.....	-	26	-	5	-	-	-	3	-	-	-	-
Virgin Islands.....	-	-	-	-	-	-	-	-	-	-	-	30

\* Delayed Reports: Rubella: N.C. delete 1  
Typhoid: Ark. delete 2

Week No. TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JULY 18, 1970

28 (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	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	621	368	27	33	SOUTH ATLANTIC:	1,156	594	37	55
Boston, Mass.-----	182	100	7	10	Atlanta, Ga.-----	144	67	4	7
Bridgeport, Conn.-----	32	20	—	2	Baltimore, Md.-----	233	112	6	8
Cambridge, Mass.-----	20	16	2	—	Charlotte, N. C.-----	44	21	—	3
Fall River, Mass.-----	22	13	—	1	Jacksonville, Fla.-----	79	38	3	5
Hartford, Conn.-----	66	32	3	4	Miami, Fla.-----	118	62	3	10
Lowell, Mass.-----	19	16	1	—	Norfolk, Va.-----	40	16	5	2
Lynn, Mass.-----	13	10	—	—	Richmond, Va.-----	95	50	3	10
New Bedford, Mass.-----	38	25	2	1	Savannah, Ga.-----	28	14	1	4
New Haven, Conn.-----	35	24	—	2	St. Petersburg, Fla.-----	84	72	1	2
Providence, R. I.-----	62	34	5	9	Tampa, Fla.-----	64	31	2	1
Somerville, Mass.-----	8	5	1	—	Washington, D. C.-----	181	84	7	1
Springfield, Mass.-----	53	30	4	1	Wilmington, Del.-----	46	27	2	2
Waterbury, Conn.-----	32	22	—	3	EAST SOUTH CENTRAL:	639	338	31	41
Worcester, Mass.-----	39	21	2	—	Birmingham, Ala.-----	92	46	—	7
MIDDLE ATLANTIC:	3,198	1,871	124	115	Chattanooga, Tenn.-----	51	29	8	1
Albany, N. Y.-----	43	19	1	6	Knoxville, Tenn.-----	44	28	2	1
Allentown, Pa.-----	50	23	4	1	Louisville, Ky.-----	129	74	15	7
Buffalo, N. Y.-----	151	94	1	5	Memphis, Tenn.-----	150	75	3	12
Camden, N. J.-----	40	14	2	3	Mobile, Ala.-----	48	28	1	1
Elizabeth, N. J.-----	29	22	—	1	Montgomery, Ala.-----	34	17	1	—
Erie, Pa.-----	46	28	4	3	Nashville, Tenn.-----	91	41	1	12
Jersey City, N. J.-----	69	41	4	3	WEST SOUTH CENTRAL:	1,161	605	33	72
Newark, N. J.-----	93	48	3	2	Austin, Tex.-----	42	23	—	3
New York City, N. Y.†	1,673	1,007	55	52	Baton Rouge, La.-----	20	12	—	1
Paterson, N. J.-----	7	4	3	2	Corpus Christi, Tex.-----	26	10	1	—
Philadelphia, Pa.-----	404	225	9	15	Dallas, Tex.-----	167	94	6	12
Pittsburgh, Pa.-----	179	93	16	12	El Paso, Tex.-----	38	23	5	—
Reading, Pa.-----	53	35	3	2	Fort Worth, Tex.-----	83	42	2	8
Rochester, N. Y.-----	110	68	8	2	Houston, Tex.-----	207	101	—	5
Schenectady, N. Y.-----	18	10	1	1	Little Rock, Ark.-----	53	33	2	3
Scranton, Pa.-----	35	28	—	—	New Orleans, La.-----	175	73	3	17
Syracuse, N. Y.-----	70	39	—	3	Oklahoma City, Okla.-----	88	53	1	7
Trenton, N. J.-----	69	34	3	1	San Antonio, Tex.-----	125	63	3	10
Utica, N. Y.-----	22	18	2	—	Shreveport, La.-----	74	38	8	4
Yonkers, N. Y.-----	37	21	5	1	Tulsa, Okla.-----	63	40	2	2
EAST NORTH CENTRAL:	2,732	1,474	62	139	MOUNTAIN:	465	250	13	34
Akron, Ohio-----	56	28	—	4	Albuquerque, N. Mex.-----	38	18	2	2
Canton, Ohio-----	35	26	—	—	Colorado Springs, Colo.-----	32	24	2	1
Chicago, Ill.-----	801	412	20	39	Denver, Colo.-----	122	60	6	15
Cincinnati, Ohio-----	173	97	2	6	Ogden, Utah-----	26	18	2	2
Cleveland, Ohio-----	198	106	1	7	Phoenix, Ariz.-----	100	51	—	2
Columbus, Ohio-----	134	68	—	11	Pueblo, Colo.-----	23	18	—	—
Dayton, Ohio-----	81	43	2	3	Salt Lake City, Utah-----	74	38	—	9
Detroit, Mich.-----	374	192	5	19	Tucson, Ariz.-----	50	23	1	3
Evansville, Ind.-----	38	23	4	—	PACIFIC:	1,631	981	27	45
Flint, Mich.-----	52	26	—	6	Berkeley, Calif.-----	16	12	—	1
Fort Wayne, Ind.-----	42	27	2	2	Fresno, Calif.-----	55	32	2	4
Gary, Ind.-----	48	24	5	4	Glendale, Calif.-----	35	22	—	—
Grand Rapids, Mich.-----	57	36	6	5	Honolulu, Hawaii-----	44	23	1	1
Indianapolis, Ind.-----	143	66	2	10	Long Beach, Calif.-----	104	62	—	7
Madison, Wis.-----	36	17	2	3	Los Angeles, Calif.-----	462	272	6	4
Milwaukee, Wis.-----	159	104	—	1	Oakland, Calif.-----	96	57	2	4
Peoria, Ill.-----	42	20	—	5	Pasadena, Calif.-----	37	28	2	1
Rockford, Ill.-----	45	26	7	—	Portland, Oreg.-----	148	100	2	2
South Bend, Ind.-----	37	25	—	1	Sacramento, Calif.-----	57	24	—	5
Toledo, Ohio-----	114	68	3	11	San Diego, Calif.-----	111	62	3	2
Youngstown, Ohio-----	67	40	1	2	San Francisco, Calif.-----	169	106	3	4
WEST NORTH CENTRAL:	878	537	24	44	San Jose, Calif.-----	67	41	—	2
Des Moines, Iowa-----	75	48	4	8	Seattle, Wash.-----	134	81	5	4
Duluth, Minn.-----	28	18	2	—	Spokane, Wash.-----	54	34	1	2
Kansas City, Kans.-----	40	22	3	3	Tacoma, Wash.-----	42	25	—	2
Kansas City, Mo.-----	135	70	—	8	Total	12,481	7,018	378	578
Lincoln, Nebr.-----	14	5	—	—	Expected Number	12,136	6,934	344	500
Minneapolis, Minn.-----	119	78	2	5	Cumulative Total (Includes reported corrections for previous weeks)	370,435	212,215	15,250	17,173
Omaha, Nebr.-----	75	47	1	5					
St. Louis, Mo.-----	245	156	7	9					
St. Paul, Minn.-----	90	55	4	3					
Wichita, Kans.-----	57	38	1	3					
Las Vegas, Nev.*	20	9	1	2					

\*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 July 11, 1970

**EPIDEMIOLOGIC NOTES AND REPORTS**  
**RABIES IN A PET SKUNK - Washington**

On July 16, 1970, a woman in Seattle, Washington, was bitten by her pet skunk. On July 20 the skunk was sacrificed and that same day was found positive for rabies by a fluorescent antibody test conducted at the Seattle-King County Health Department Laboratory.

Other skunk bites were reported later the same night when, in response to local publicity, a woman called the Seattle-King County Health Department to state that she and two members of her family had earlier been bitten by their pet skunk. This skunk, however, escaped from captivity on July 8 so that no examination for rabies could be performed.

The first skunk had been purchased from a retail pet dealer in Seattle on June 13. The second skunk was purchased from the same dealer. Both were part of a shipment of 24 skunks purchased from a skunk farm in Wolf Creek, Oregon, in mid-May 1970. The owner of the farm stated that he had shipped 70 skunks from the farm during the last 2 months. Forty-six were shipped to pet dealers in Oregon and 24 to dealers in Washington.

To date, 17 skunks in Washington and 35 skunks in Oregon remain unaccounted for. Because of this and the possibility of other human exposures, health departments in nearby states, California, Arizona, Idaho, Montana, Nevada, and Utah, and Canada were contacted by telephone on July 21 and 22, and a memorandum to all state health departments from CDC was sent on July 22.

*(Reported by Donald Peterson, M.D., Health Officer, Seattle-King County Health Department; Byron J. Francis, M.D., Chief, Division of Epidemiology, Washington State Department of Health; Morris Chelsky, M.D., Director, Epidemiology Section, Oregon State Board of Health; the Epidemiology Program, CDC; and two EIS Officers.)*

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 ATTN: THE EDITOR  
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NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE CDC 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.

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