CENTER FOR DISEASE CONTROL

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WEEKLY REPORT

For Week Ending September 5, 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

SHIGELLOSIS – Hawaii

An island-wide outbreak of *Shigella sonnei* diarrhea has been reported on the island of Maui in the Hawaiian Islands, with over 500 culture-proven cases reported since August 1 (Table 1). Cases were first reported on Maui (total population 38,000) in November 1969 in a community of transients, and dysentery clinics were begun in mid-April by the county medical society and the district health office to control the problem. During the first week of June, an increase of cases was noted in persons in a housing project, and investigation documented their contact with the transient community. Although gradually increasing numbers of cases continued through mid-August, on August 16 simultaneous large outbreaks occurred in several areas of the island (Figure 1). A tabulation of the number of persons visiting doctors and emergency clinics for treatment of diarrhea also showed this peak during August (Figure 2).

Because of the island-wide character of the mid-August outbreak, a common source was suspected. Investigation showed 21 separate water supplies on the island, six of which were chlorinated and supplied most of the people on the island. No single water supply, bottled drink,

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	35th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 35 WEEKS		
	September 5, 1970	August 30, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	326	149	127	2,815	1,708	1,631
Brucellosis	3	3	5	136	148	163
Diphtheria	1	3	5	245	104	104
Encephalitis, primary:						
Arthropod-borne & unspecified	48	41	54	897	734	1,044
Encephalitis, post-infectious	9	7	9	314	238	530
Hepatitis, serum	116	91	683	4,842	3,536	27,031
Hepatitis, infectious	991	774		37,472	31,100	
Malaria	57	80	47	2,297	1,881	1,323
Measles (rubeola)	164	135	172	39,392	20,136	57,426
Meningococcal infections, total	14	23	26	1,822	2,323	2,274
Civilian	14	21	25	1,638	2,118	2,093
Military	–	2	1	184	205	181
Mumps	415	389	- - -	74,891	67,378	- - -
Poliomyelitis, total	–	–	–	18	11	37
Paralytic	–	–	–	18	11	35
Rubella (German measles)	174	219	- - -	48,960	48,583	- - -
Tetanus	2	–	5	77	94	115
Tularemia	–	5	5	92	97	123
Typhoid fever	13	8	9	197	190	245
Typhus, tick-borne (Rky. Mt. spotted fever)	11	15	11	279	354	219
Rabies in animals	44	65	68	2,091	2,432	2,917

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Psittacosis:	22
Botulism:	9	Rabies in Man:	2
Leprosy:	87	Rubella congenital syndrome: Calif.-1	45
Leptospirosis: Calif.-1	29	Trichinosis: Calif.-1, N.J.-1	67
Plague:	9	Typhus, murine:	30

SHIGELLOSIS – *(Continued from front page)*

Figure 1
CULTURE-PROVEN *SHIGELLA SONNEI* DIARRHEA CASES
BY DATE OF ONSET OF SYMPTOMS
MAUI – AUGUST 1970

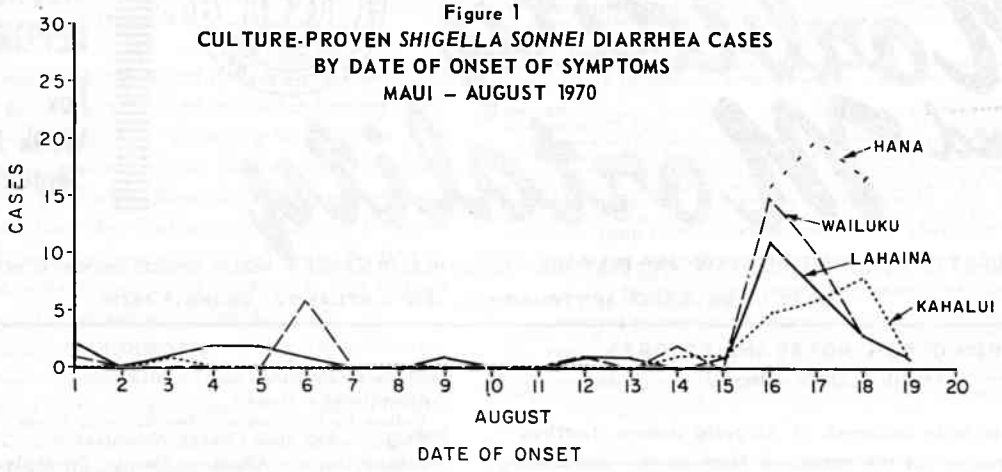


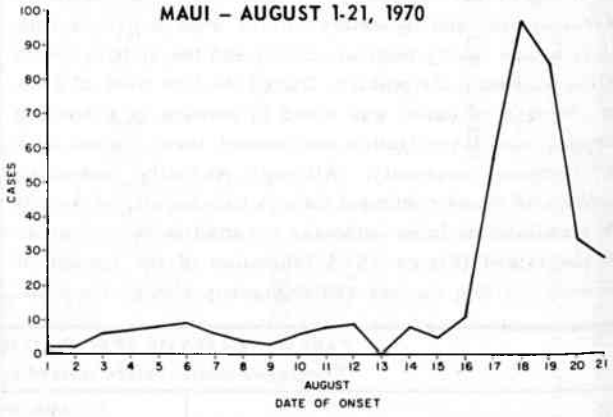
Table 1
Cultures Positive for *Shigella sonnei*
Maui – August 1970

Date	Number of Positive Cultures
August 3–9	32
August 10–16	52
August 17–23	447

ice plant, or either of the two milk suppliers on the island could be implicated as a source in the epidemic.

The community of Hana, isolated from the other main population centers on the island, was studied initially since foods brought into the area could be well documented. For Hana and the rest of the island, food histories of some persons with culture-proven shigella diarrhea who became ill on August 16 and 17 were compared with those of their next-door neighbors, and illness rates were tabulated in relation to foods eaten during the weekend of August 15 and 16. Poi, a pasty starch dip made several times each week from locally grown, steamed, peeled, ground taro root, seemed to be one possible island-wide common source of infection (Table 2). Poi is usually eaten within a day or two after preparation. Although generally a popular food, it is most popular with persons of Hawaiian lineage, and attack rates for disease were highest in this group.

Figure 2
EPISODES OF DIARRHEAL ILLNESS
BY DATE OF VISIT TO DOCTOR
MAUI – AUGUST 1-21, 1970



Continuing control measures include cultures of all foodhandlers, chlorination of water supplies, health educa-

(Continued on page 356)

Table 2
Diarrheal Outbreak – Maui, August 1970
Food-specific Attack Rates

Specific Food		ATE			DID NOT EAT			Unknown	Total
		Ill	Not Ill	Percent Ill	Ill	Not Ill	Percent Ill		
Poi	A*	14	20	41.2	11	29	27.5	29	103
	B**	26	32	44.8	15	117	11.4	0	190
Potato Chips	A	2	21	8.7	22	55	28.6	3	103
	B	15	34	30.6	21	94	18.3	26	190
Ice Cream	A	2	21	8.7	22	58	27.5	0	103
	B	16	71	18.4	20	71	21.7	11	190
Milk from: Dairy 1	A	0	0	0	26	64	28.9	13	103
	B	11	48	18.6	29	96	23.2	6	190
Dairy 2	A	14	42	25.0	12	22	35.3	13	190
	B	16	28	36.4	23	117	16.4	6	109

*A – Hana, an isolated community
**B – Whole island other than Hana

EPIDEMIOLOGIC NOTES AND REPORTS

FOLLOW-UP DIPHTHERIA – San Antonio, Texas

Ninety-six cases of tonsillar or pharyngeal diphtheria (82 confirmed by culture) have been reported in the city of San Antonio through Sept. 6, 1970 (MMWR, Vol. 19, No. 33). The outbreak continues to be centered in the lower socioeconomic areas of the city and in a few census tracts. The highest attack rates have been in the 5-9 and 10-14 year age groups (Tables 3 and 4). Of the 80 patients whose immunization status was known, 43 (54 percent) had no previous immunization against diphtheria, 23 (29 percent) had lapsed or inadequate immunization, and 14 (18 percent) were reportedly fully immunized.

Of the 84 patients whose severity of illness was known, 32 (38 percent) had an illness classified as mild, 42 (50 percent) as moderate, and 12 including two deaths (14 percent) as severe. Complications observed to date have included myocarditis (11), neuritis (1), otitis media (2), and airway obstruction (2). Toxigenic strains of *Corynebacterium diphtheriae* of the mitis, intermedius, and gravis types have been isolated during the outbreak. B-hemolytic streptococci have also been isolated from at least 14 (17 percent) of the confirmed cases.

All intimate contacts of the cases and carriers are being cultured, given an injection of diphtheria toxoid, and treated with either erythromycin or penicillin. Carriers and household contacts of cases are being restricted to home until their cultures are negative for diphtheria. Over 217,000 persons, approximately 65 percent never previously immunized, have received diphtheria toxoid in mass immunization clinics.

The investigation of the outbreak is continuing, and additional mass immunization clinics are planned.

Table 3
Age Specific Diphtheria Attack Rates for 96 Cases*
San Antonio, Texas – Through Sept. 6, 1970

Age (Years)	Attack Rate
<1	1.2
1–4	22.1
5–9	35.1
10–14	36.3
15–19	15.7
20–29	7.4
30–39	2.8
40+	---

*Per 100,000

Table 4
Diphtheria Attack Rates by Ethnic Groups*
San Antonio, Texas – Through Sept. 6, 1970

Ethnic Group	Attack Rate
White non-Spanish Surname	2.3
White Spanish Surname	22.7
Negro	25.5
Other	0.0
All Groups (Total)	12.4

*Per 100,000

(Reported by William R. Ross, M.D., Director, Marthalyn J. Green, M.D., Director, Communicable Disease Control Division, San Antonio Metropolitan Health District; M. S. Dickerson, M.D., Chief, Communicable Disease Services, Winifred Hankins, R.N., and Mary K. Caulkins, R.N., Texas State Health Department, and Three EIS Officers.)

PLAGUE – San Juan County, New Mexico

On June 18, 1970, a 2½-month-old Navajo boy from Toadlina, New Mexico, was admitted to the Shiprock New Mexico Indian Hospital with fever, post-auricular adenopathy, bilateral pneumonia, and a mediastinal mass. Multiple blood cultures demonstrated no growth. The pneumonitis resolved after 5 days of parenteral penicillin, but because of continued spiking temperatures the patient was transferred to the University of Colorado Medical Center. Aspiration of a post-auricular node yielded purulent material which was negative for *Yersinia pestis* on culture and smear. His fever continued despite treatment with kanamycin and nafcillin. A bone biopsy established the diagnosis of Histiocytosis X. A serum specimen drawn on August 6 demonstrated a hemagglutination titer of 1:4000 for *Y. pestis*, and the patient was begun on tetracycline.

The patient lived in an area in which plague is known to be endemic and during hot weather was often placed outside on the ground in proximity to wild rodent habitats. The mother recalled that a pet cat had brought a dead wild rodent into the house sometime during the month preceding the onset of illness. Sera obtained from the patient's mother, sister, cousin, and two aunts were negative for *Y. pestis*. Field investigation including trapping of wild animals and the obtaining of sera from appropriate carnivores is underway.

(Reported by James Hirschfeld, M.D., Pediatrician, and Taylor McKinsey, M.D., Unit Director, Bureau of Indian Affairs Hospital, Shiprock, New Mexico; Allan Arbeter, M.D., Fellow in Pediatric Infectious Disease, University of Colorado Medical Center; Bruce Storrs, M.D., Director, Medical Services Division, New Mexico Health and Social Services Department; William Warner, Vector Control Specialist, Field Station, Window Rock, Arizona, and the Zoonoses Section, Ecological Investigations Program, CDC, Fort Collins, Colorado; and an EIS Officer.)

Editorial Comment:

This case, the seventh for New Mexico for the current year, brings the annual total for the country to nine cases, the highest since 1924, when 41 cases were reported.

SALMONELLOSIS – Allegheny County, Pennsylvania

On Aug. 2, 1970, an outbreak of febrile gastroenteritis was reported among persons who ate food from a local restaurant. The ill persons included individuals at two wedding receptions, many dinner groups, and employees at the restaurant. Over a 1-week period 130 cases of illness were recorded (Figure 3). Thirty persons required hospitalization; there were no deaths. The mean incubation period was 18 hours.

As an indicator of the severity of the gastroenteritis, 70 patients were recontacted to ascertain the number of days of bedrest and the number of days of illness. The median was 7 days of bedrest, and 12 days of illness. At the time of this survey, the range was from 2 to 24 days, and 20 percent of the patients questioned still felt fatigued and weak.

Food histories were obtained from 93 ill and 26 well persons. Food-specific attack rates implicated cold foods as the vehicles of infection. Ninety-three percent of those eating potato salad, cold cuts, and tossed salad became ill, whereas 5 percent of those who did not eat one or more of these foods became ill (Table 5).

Salmonella enteritidis was recovered from stool cultures of 64 restaurant clients and 24 employees, as well as from cultures of leftover potato salad, sliced ham, and scrapings from a wooden table used for preparing these items. Among the 24 culture-positive foodhandlers, 13 had become ill and 11 remained asymptomatic. Among 38 persons, including all foodhandlers with illness or positive stool cultures, 33 had indication of acute salmonellosis by positive serology for the O antigen.

The precise way in which *S. enteritidis* was introduced into the restaurant, whether by person or object, could not be determined. Epidemiologic and bacteriologic evidence pointed to the wooden preparation table as the common source for contamination during the outbreak.

The restaurant voluntarily closed until all employees positive for salmonella could be identified and suspended from work and until a thorough investigation and cleaning of kitchen and restaurant facilities could be accomplished. As an additional preventive measure, early in the outbreak the health department sent a letter to each client and employee who was ill, acquainting him with information about salmonella food poisoning, in particular, its clinical presentation, mode of transmission, and the precautions necessary to prevent secondary cases.

(Reported by William D. Schrack, Jr., M.D., Director, Division of Communicable Diseases, Pennsylvania Department of Health; Frank B. Clack, V.M.D., Director, Hugh B. Robins, M.D., Chief, Medical Services, William G. Lord, D.V.M., Public Health Veterinarian, Joseph Sarandria, Director of Laboratory, and Charles R. Stowell, Public Health Officer, Allegheny County Health Department; and an EIS Officer.)

Figure 3
FEBRILE GASTROENTERITIS BY DATE OF ONSET
ALLEGHENY COUNTY, PENNSYLVANIA
JULY 20-AUG. 10, 1970

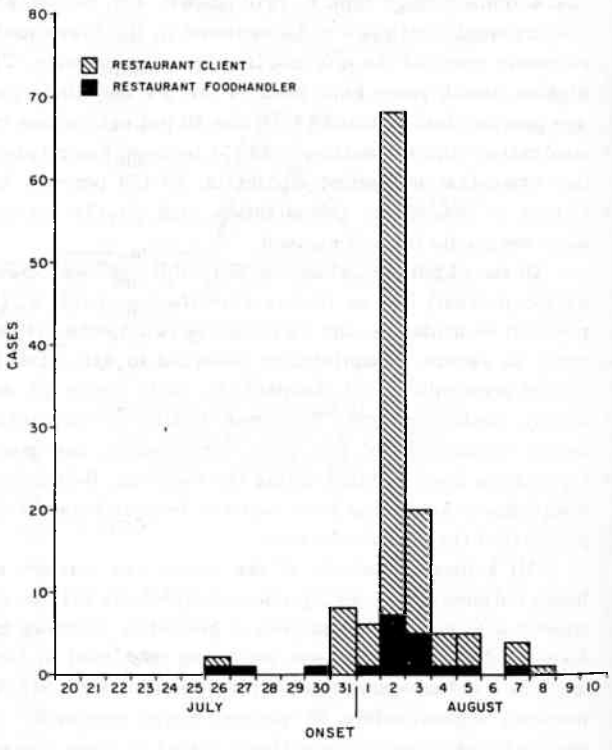


Table 5
Food Histories

Food Items	Total Persons	Number Persons Who ATE Specified Food				Number Who Did NOT Eat Specified Food			
		Ill	Not Ill	Total	Attack Rate (Percent)	Ill	Not Ill	Total	Attack Rate (Percent)
1. Potato salad	119	68	0	68	100	25	26	51	49
2. Sliced cold meats, cheese	119	70	3	73	96	23	23	46	50
3. Potato salad, cold-cuts, and tossed salad*	119	92	7	99	93	1	19	20	5
4. Fried Chicken	119	35	2	37	95	58	24	82	70
5. Pickles, olives and/or relishes	119	15	4	19	79	78	22	100	78
6. Hot seafood	119	9	14	23	38	84	12	96	87
7. Hot meats	119	9	6	15	60	84	20	104	81
8. Baked beans	119	17	1	18	94	76	25	101	75

*Foods prepared on the same wooden preparation table, including Food Item 1 (Potato Salad), Food Item 2 (Sliced Cold Meats, Cheese), and Tossed Salad.

INTERNATIONAL NOTES
CHOLERA

Official World Health Organization (WHO) reports now list the following countries as having confirmed cholera cases: Burma, East Pakistan, Guinea, India, Indonesia, Israel, Lebanon, Libya, Nepal, the Philippines, Republic of Korea, Syria, Trucial Oman-Dubai, Vietnam, and the USSR. Additionally, unofficial reports describe vaccination and quarantine programs in Iran, Iraq, Jordan, Saudi Arabia, Tunisia, Turkey, and the United Arab Republic (Figure 4 and MMWR, Vol. 19, No. 34).

One of the most significant developments has been the spread of cholera to West Africa in Guinea. Cholera has not been reported in this area for over 75 years. It was last reported in Senegal, Gambia, and Portuguese Guinea in 1868 and in French West Africa in 1893 *(1, 2, and 3)*. In preparation for possible spread to other West African nations, WHO has begun epidemiologic laboratory and clinical courses on cholera in Nigeria and Upper Volta.

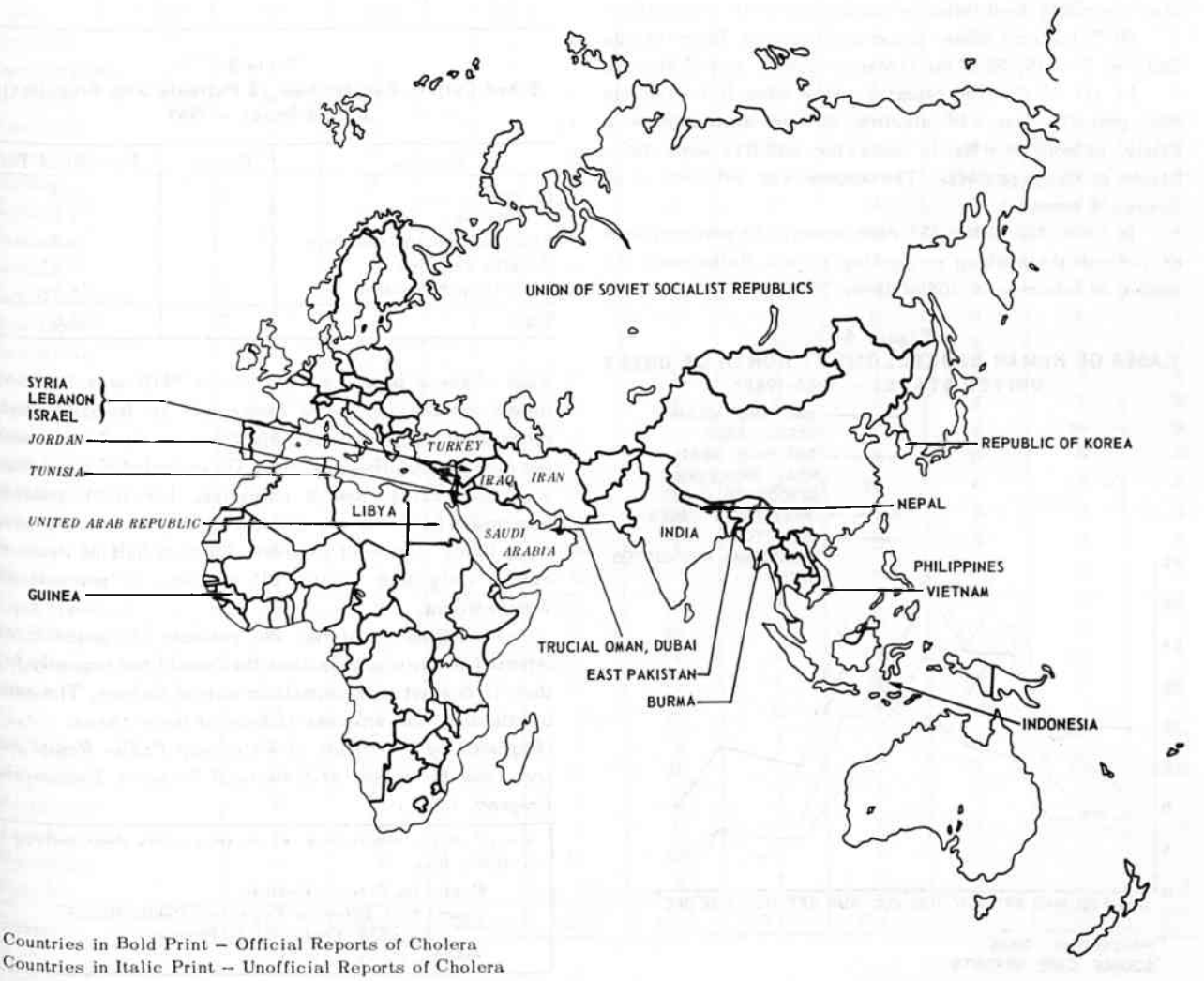
(Reported by the Foreign Quarantine Program and the Enteric Diseases Section, Bacterial Diseases Branch, Epidemiology Program, CDC.)

Editorial Note:

Although the risk of infection to American travelers is very small (MMWR, Vol. 19, No. 33), travelers are advised to have two cholera inoculations in order to facilitate their travel (MMWR, Vol. 18, No. 43).

References:
1. The Cholera in West Africa. Lancet II: 281, 1869
2. Cholera on the North-West Coast of Africa. Lancet II: 557, 1869.
3. Pollitzer R: Cholera. World Health Organization, Geneva, 1959, p. 40

Figure 4
CHOLERA – JAN. 1-SEPT. 9, 1970



Countries in Bold Print – Official Reports of Cholera
Countries in Italic Print – Unofficial Reports of Cholera

SURVEILLANCE SUMMARY
BRUCELLOSIS – United States 1969

In 1969 a total of 231 cases of brucellosis in humans were reported in the United States, a decrease from the 251 cases reported in 1968. Brucellosis case reports were received on 195 of these patients. Recrudescence of acute brucellosis was noted in 18 of the 195 reports. Thirty states reported cases in 1969 compared with 35 states in 1968. California, Iowa, and Virginia accounted for 55 percent of the reported cases (Table 6).

Over one-third of the 194 cases with known date of onset of clinical symptoms occurred during the spring months. About two-thirds of the cases occurred between April and August. As in previous years more patients had onset in June than in any other month (Figure 5).

Males between the ages of 20 and 55 years accounted for 79 percent of the 194 patients where the age and sex were known; 175 of the 194 patients were males (Table 7).

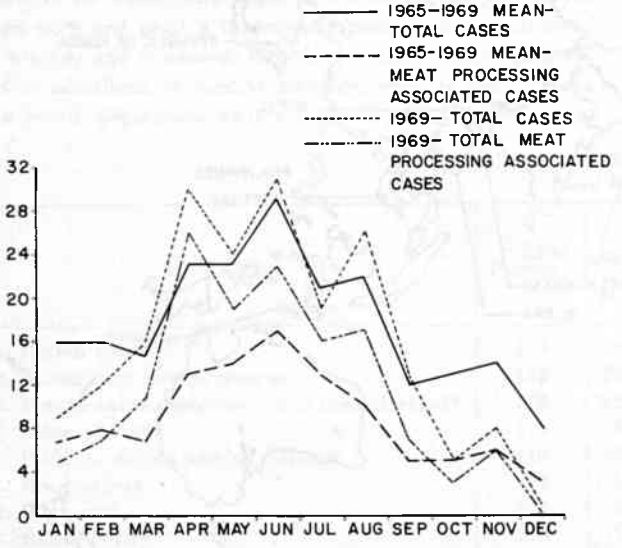
In 191 cases where symptoms were recorded, fever, chills, sweating, malaise, weakness, body ache, and headache predominated. Tetracycline was administered alone or in combination with other drugs to 138 of 146 patients (95 percent) where treatment was reported. Streptomycin was also commonly used, often in conjunction with tetracycline.

Of 78 patients whose blood was cultured, Brucella was isolated from 46; 33 of the isolates were *B. suis* (Table 8).

In 114 of the 195 reports, swine were listed as the most probable source of infection, 20 were associated with cattle, 16 mentioned cattle and swine, and five were attributable to dairy products. The source was unknown in 31 cases (16 percent).

In 1969, 139 of the 195 case reports (71 percent) were on individuals working in packing plants. Swine were the source of infection in 108 of these 139 cases (78 percent).

Figure 5
CASES OF HUMAN BRUCELLOSIS BY MONTH OF ONSET
UNITED STATES – 1965-1969*



*PROVISIONAL DATA
SOURCE: CASE REPORTS

Table 7
194 Cases of Brucellosis in Humans by Age and Sex
United States – 1969

Age Group (Years)	Sex		Total	Percent of Total
	Male	Female		
0–4	0	1	1	0.5
5–9	1	1	2	1.0
10–14	2	0	2	1.0
15–19	4	1	5	2.6
20–24	30	2	32	16.5
25–29	33	2	35	18.0
30–34	24	3	27	13.9
35–39	28	1	29	14.9
40–44	14	4	18	9.3
45–49	12	1	13	6.7
50–54	12	2	14	7.2
55–59	7	0	7	3.6
60–64	3	0	3	1.5
65+	4	1	5	2.6
Unknown	1	0	1	0.5
Total	175	19	194	99.8
Percent of Total	90.2	9.8	100.0	

Table 8
Blood Culture Results from 78 Patients with Brucellosis
United States – 1969

Results	Cases	Percent of Total
B. suis	33	42.3
B. abortus	6	7.7
Brucella species unknown	7	9.0
Results unknown	2	2.6
Brucella not isolated	30	38.5
Total	78	100.0

Most of these people worked in the "kill area," although others worked in cooler rooms and in finished product preparation areas. Several infections occurred in personnel not directly handling raw meat. These included maintenance men, mechanics, and a salesman. Livestock producers accounted for 16 of the 195 cases (8 percent); the single most likely source of exposure for over half of these was cattle. Only four of the 195 patients (2 percent) were veterinarians.

Twenty-seven of the 195 patients (14 percent) were reported to have occupations that would not normally bring them in contact with animals or animal tissues. The source of infection was unknown in most of these cases.

(Reported by the Office of Veterinary Public Health Services, and the Office of Statistical Services, Epidemiology Program, CDC.)

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

Center for Disease Control
Attn: Chief, Office of Veterinary Public Health Services, Epidemiology Program
Atlanta, Georgia 30333

Table 6

Human Brucellosis – United States, 1960-1969

State	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969*
Alabama	16	2	7	5	4	2	2	2	1	0
Alaska	1	1	2	0	0	0	0	6	3	0
Arizona	3	3	6	4	2	3	1	0	0	0
Arkansas	9	19	11	9	6	10	4	3	1	1
California	29	20	28	19	21	16	14	21	24	22
Colorado	2	3	0	0	0	1	1	2	1	0
Connecticut	2	4	2	0	0	0	2	2	1	0
Delaware	0	0	0	0	0	0	0	0	0	0
District of Columbia	0	0	1	0	0	0	0	0	0	0
Florida	3	10	7	4	5	4	3	3	2	2
Georgia	5	14	14	17	16	10	7	6	16	4
Hawaii	0	1	1	2	0	1	1	3	0	0
Idaho	3	0	1	1	2	4	0	1	0	0
Illinois	74	59	57	26	26	18	13	9	7	11
Indiana	9	5	5	5	1	3	0	3	2	2
Iowa	308	219	105	155	114	78	41	35	30	42
Kansas	48	58	22	8	6	4	10	0	2	2
Kentucky	6	2	1	4	6	1	1	4	1	0
Louisiana	14	13	10	10	5	5	8	4	6	3
Maine	1	0	0	1	0	1	0	0	1	0
Maryland	1	1	2	0	0	0	2	2	0	1
Massachusetts	1	2	1	0	2	4	4	0	4	3
Michigan	5	9	6	6	6	1	1	7	1	1
Minnesota	15	19	14	11	10	8	12	12	5	15
Mississippi	9	11	2	2	3	1	14	6	3	0
Missouri	8	1	4	14	10	12	9	8	2	2
Montana	3	3	1	1	0	0	0	1	1	0
Nebraska	20	32	15	6	13	5	10	8	3	6
Nevada	1	0	0	0	0	0	0	0	0	0
New Hampshire	0	0	1	0	0	0	0	0	0	0
New Jersey	3	2	1	1	0	1	2	3	5	1
New Mexico	1	2	0	1	1	0	1	2	1	0
New York	9	11	5	9	5	3	4	4	5	5
North Carolina	4	8	0	6	3	5	2	2	1	2
North Dakota	9	2	2	1	2	2	1	2	10	3
Ohio	4	4	1	0	5	3	1	0	0	0
Oklahoma	5	11	7	5	8	9	14	6	3	6
Oregon	3	2	2	3	2	1	1	3	0	1
Pennsylvania	6	4	2	3	4	2	2	9	2	6
Rhode Island	1	0	0	0	0	1	0	0	0	1
South Carolina	1	0	0	0	0	0	0	0	0	1
South Dakota	26	18	15	12	22	11	2	2	5	2
Tennessee	10	13	10	10	7	3	10	9	15	9
Texas	22	14	10	16	35	7	19	27	19	12
Utah	12	7	5	5	26	0	1	0	1	0
Vermont	0	1	1	1	0	1	0	0	0	0
Virginia	34	18	13	12	21	9	32	29	64	63
Washington	0	3	0	0	0	1	2	0	0	1
West Virginia	0	0	0	0	0	2	2	0	0	0
Wisconsin	5	3	8	11	12	8	6	2	3	0
Wyoming	0	2	1	1	0	1	0	0	0	1
Totals	751	636	409	407	411	262	262	248	251	231

*Provisional Data

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
SEPTEMBER 5, 1970 AND AUGUST 30, 1969 (35th 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.....	326	3	1	48	41	9	116	991	774	57	2,297
NEW ENGLAND.....	20	–	–	1	1	–	–	83	119	1	68
Maine.....	–	–	–	–	–	–	–	7	11	–	6
New Hampshire.....	–	–	–	–	–	–	–	4	4	–	5
Vermont.....	–	–	–	–	–	–	–	8	1	–	5
Massachusetts.....	15	–	–	–	1	–	–	40	64	1	34
Rhode Island.....	4	–	–	1	–	–	–	7	23	–	8
Connecticut.....	1	–	–	–	–	–	–	17	16	–	10
MIDDLE ATLANTIC.....	103	–	–	12	8	1	53	194	123	7	246
New York City.....	64	–	–	1	5	–	18	47	23	2	29
New York, Up-State...	10	–	–	1	2	1	13	56	39	2	71
New Jersey.*.....	20	–	–	2	–	–	18	48	24	3	68
Pennsylvania.....	9	–	–	8	1	–	4	43	37	–	78
EAST NORTH CENTRAL.....	48	–	–	11	17	1	24	173	97	9	135
Ohio.....	26	–	–	6	10	–	4	35	22	1	27
Indiana.....	2	–	–	–	1	–	1	9	4	–	13
Illinois.....	4	–	–	5	2	1	7	46	13	3	38
Michigan.....	16	–	–	–	4	–	12	73	46	5	57
Wisconsin.....	–	–	–	–	–	–	–	10	12	–	–
WEST NORTH CENTRAL.....	18	–	–	–	7	2	–	29	21	2	205
Minnesota.....	7	–	–	–	2	2	–	7	3	–	19
Iowa.*.....	–	–	–	–	4	–	–	9	5	–	19
Missouri.....	–	–	–	–	–	–	–	2	8	–	19
North Dakota.....	–	–	–	–	–	–	–	–	–	–	2
South Dakota.....	–	–	–	–	–	–	–	–	1	–	2
Nebraska.....	1	–	–	–	–	–	–	3	–	–	3
Kansas.....	10	–	–	–	1	–	–	8	4	2	141
SOUTH ATLANTIC.....	46	2	–	14	2	–	16	128	85	12	429
Delaware.....	–	–	–	–	–	–	–	–	3	–	2
Maryland.....	9	–	–	–	1	–	4	15	6	4	47
Dist. of Columbia....	–	–	–	–	–	–	–	1	1	–	2
Virginia.....	8	–	–	1	–	–	4	30	5	2	57
West Virginia.....	1	–	–	2	–	–	–	9	6	–	7
North Carolina.....	–	1	–	–	–	–	5	14	10	1	170
South Carolina.....	10	–	–	–	–	–	–	7	1	4	38
Georgia.....	–	–	–	–	–	–	–	16	20	–	63
Florida.....	18	1	–	11	1	–	3	36	33	1	43
EAST SOUTH CENTRAL.....	5	–	–	5	–	–	1	56	64	–	160
Kentucky.....	1	–	–	–	–	–	–	19	31	–	132
Tennessee.....	1	–	–	2	–	–	1	14	30	–	–
Alabama.....	3	–	–	3	–	–	–	20	–	–	18
Mississippi.....	–	–	–	–	–	–	–	3	3	–	10
WEST SOUTH CENTRAL.....	12	1	–	1	1	–	–	18	67	4	410
Arkansas.....	2	–	–	1	–	–	–	2	3	–	9
Louisiana.....	9	–	–	–	1	–	–	7	16	3	28
Oklahoma.*.....	–	–	–	–	–	–	–	5	2	–	69
Texas.....	1	1	–	–	–	–	–	4	46	1	304
MOUNTAIN.....	12	–	1	–	2	–	2	61	25	3	190
Montana.....	1	–	–	–	–	–	–	–	1	–	10
Idaho.....	3	–	–	–	–	–	–	1	–	–	3
Wyoming.....	–	–	–	–	–	–	–	1	–	–	–
Colorado.....	8	–	–	–	–	–	1	14	7	3	161
New Mexico.....	–	–	1	–	2	–	–	7	2	–	7
Arizona.....	–	–	–	–	–	–	–	30	10	–	6
Utah.....	–	–	–	–	–	–	1	7	5	–	3
Nevada.....	–	–	–	–	–	–	–	1	–	–	–
PACIFIC.....	62	–	–	4	3	5	20	249	173	19	454
Washington.....	3	–	–	–	–	–	–	29	7	2	45
Oregon.....	–	–	–	–	–	1	1	28	7	–	14
California.....	57	–	–	4	3	4	19	187	156	7	289
Alaska.....	–	–	–	–	–	–	–	1	–	–	1
Hawaii.....	2	–	–	–	–	–	–	4	3	10	105
Puerto Rico.*.....	1	–	–	–	1	–	2	14	32	–	9
Virgin Islands.....	---	---	---	---	–	---	---	---	–	---	–

* Delayed Reports: Hepatitis, Serum: N.J. Delete 4, P.R. 4
Hepatitis, Infectious: N.J. Delete 7, Okla. 1, P.R., 3
Malaria: Iowa 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 5, 1970 AND AUGUST 30, 1969 (35th 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	164	39,392	20,136	14	1,822	2,323	415	74,891	–	–	18
NEW ENGLAND	7	878	1,093	1	80	84	40	8,855	–	–	–
Maine	–	204	8	–	3	6	7	680	–	–	–
New Hampshire	–	50	238	–	8	2	2	328	–	–	–
Vermont	–	8	3	–	7	–	–	585	–	–	–
Massachusetts*	6	414	213	1	36	33	9	2,790	–	–	–
Rhode Island	1	119	23	–	5	11	16	1,488	–	–	–
Connecticut	–	83	608	–	21	32	6	2,984	–	–	–
MIDDLE ATLANTIC	25	4,823	7,464	–	331	383	41	7,471	–	–	–
New York City	9	865	4,892	–	81	73	27	2,729	–	–	–
New York, Up-State	2	268	595	–	66	71	NN	NN	–	–	–
New Jersey	1	1,702	892	–	126	155	11	2,066	–	–	–
Pennsylvania	13	1,988	1,085	–	58	84	3	2,676	–	–	–
EAST NORTH CENTRAL	25	9,733	2,162	3	205	317	138	19,958	–	–	2
Ohio	6	3,801	370	–	80	120	15	3,584	–	–	–
Indiana	2	269	466	–	20	36	18	1,787	–	–	–
Illinois	6	3,045	494	–	44	44	9	1,730	–	–	–
Michigan	5	1,704	263	3	52	95	19	4,924	–	–	1
Wisconsin	6	914	569	–	9	22	77	7,933	–	–	1
WEST NORTH CENTRAL	22	3,863	518	–	93	118	27	3,739	–	–	1
Minnesota	–	38	6	–	13	25	7	353	–	–	–
Iowa	14	1,142	329	–	12	16	8	2,281	–	–	–
Missouri	8	1,275	25	–	55	51	6	270	–	–	1
North Dakota	–	318	12	–	3	1	5	280	–	–	–
South Dakota	–	93	3	–	–	1	–	40	–	–	–
Nebraska	–	924	136	–	5	9	1	379	–	–	–
Kansas	–	73	7	–	5	15	–	136	–	–	–
SOUTH ATLANTIC	19	7,146	2,478	1	373	401	57	8,611	–	–	1
Delaware	–	260	373	–	3	8	2	297	–	–	–
Maryland	1	1,376	75	–	34	38	8	925	–	–	–
Dist. of Columbia	–	343	–	–	3	8	1	187	–	–	–
Virginia	10	1,981	883	–	40	50	17	1,989	–	–	–
West Virginia	3	311	193	–	10	18	8	2,087	–	–	1
North Carolina	3	859	314	–	76	68	NN	NN	–	–	–
South Carolina	1	594	116	–	44	54	6	836	–	–	–
Georgia	–	14	1	1	33	70	2	2	–	–	–
Florida	1	1,408	523	–	130	87	13	2,288	–	–	–
EAST SOUTH CENTRAL	3	1,308	107	–	133	142	25	4,346	–	–	–
Kentucky	2	754	63	–	45	50	9	1,576	–	–	–
Tennessee	1	374	17	–	58	53	15	2,467	–	–	–
Alabama*	–	92	4	–	21	24	1	257	–	–	–
Mississippi	–	88	23	–	9	15	–	46	–	–	–
WEST SOUTH CENTRAL	31	7,516	4,456	2	246	316	3	7,158	–	–	14
Arkansas	–	30	16	1	22	30	–	117	–	–	–
Louisiana	7	99	120	1	62	82	–	27	–	–	–
Oklahoma	6	449	136	–	19	31	1	2,392	–	–	–
Texas	18	6,938	4,184	–	143	173	2	4,622	–	–	14
MOUNTAIN	13	1,512	843	1	38	43	30	3,427	–	–	–
Montana	1	61	16	–	1	8	5	721	–	–	–
Idaho	2	37	89	–	6	8	–	87	–	–	–
Wyoming	–	11	–	1	2	–	–	34	–	–	–
Colorado	6	182	140	–	12	7	15	1,100	–	–	–
New Mexico	–	198	244	–	1	6	1	657	–	–	–
Arizona	2	967	345	–	14	10	9	704	–	–	–
Utah	2	35	8	–	2	2	–	124	–	–	–
Nevada	–	21	1	–	–	2	–	–	–	–	–
PACIFIC	19	2,613	1,015	6	323	519	54	11,326	–	–	–
Washington	1	524	59	–	43	54	7	4,212	–	–	–
Oregon	–	228	198	–	25	15	11	989	–	–	–
California	16	1,541	712	6	253	429	33	4,657	–	–	–
Alaska	1	137	8	–	–	11	–	379	–	–	–
Hawaii	1	183	38	–	2	10	3	1,089	–	–	–
Puerto Rico	–	879	1,437	–	5	19	19	716	–	–	–
Virgin Islands	---	6	40	---	1	–	---	1	---	---	–

*Delayed Reports: Measles: Mass. Delete 8, Ala. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 5, 1970 AND AUGUST 30, 1969 (35th 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.....	174	48,960	2	77	-	92	13	197	11	279	44	2,091
NEW ENGLAND.....	15	2,406	-	3	-	1	-	7	-	-	3	74
Maine.....	1	386	-	-	-	-	-	-	-	-	1	26
New Hampshire.....	-	150	-	-	-	-	-	-	-	-	-	1
Vermont.....	-	49	-	-	-	-	-	-	-	-	-	40
Massachusetts.....	9	1,170	-	2	-	1	-	5	-	-	1	3
Rhode Island.....	3	102	-	-	-	-	-	-	-	-	-	1
Connecticut.....	2	549	-	1	-	-	-	2	-	-	1	3
MIDDLE ATLANTIC.....	18	3,924	1	7	-	2	3	45	1	12	3	190
New York City.....	3	577	-	3	-	-	-	11	-	-	-	-
New York, Up-State..	10	419	-	-	-	1	-	16	-	6	3	179
New Jersey.....	1	854	1	3	-	-	3	10	1	3	-	-
Pennsylvania.....	4	2,074	-	1	-	1	-	8	-	3	-	11
EAST NORTH CENTRAL....	41	10,200	1	14	-	18	2	27	2	8	4	173
Ohio.....	2	2,015	-	1	-	2	-	10	2	7	-	44
Indiana.....	15	1,830	1	6	-	12	-	1	-	-	2	16
Illinois.....	3	1,688	-	3	-	2	1	6	-	1	-	55
Michigan.....	12	2,648	-	4	-	-	-	8	-	-	1	18
Wisconsin.....	9	2,019	-	-	-	2	1	2	-	-	1	40
WEST NORTH CENTRAL....	2	3,266	-	4	-	24	-	7	-	2	12	395
Minnesota.....	-	117	-	1	-	-	-	1	-	-	7	82
Iowa.....	-	1,999	-	1	-	-	-	1	-	-	1	70
Missouri.....	-	405	-	1	-	21	-	1	-	2	3	74
North Dakota.....	1	145	-	-	-	1	-	2	-	-	1	27
South Dakota.....	-	1	-	1	-	1	-	-	-	-	-	60
Nebraska.....	-	543	-	-	-	-	-	2	-	-	-	6
Kansas.....	1	56	-	-	-	1	-	-	-	-	-	76
SOUTH ATLANTIC.....	32	6,202	-	19	-	9	1	30	7	189	9	430
Delaware.....	-	41	-	-	-	-	-	-	-	4	-	-
Maryland.....	2	314	-	-	-	-	1	9	1	20	-	1
Dist. of Columbia...	-	19	-	1	-	-	-	1	-	-	-	-
Virginia.*	11	692	-	-	-	1	-	4	1	47	2	178
West Virginia.....	11	1,275	-	-	-	-	-	-	-	5	1	112
North Carolina.....	-	39	-	3	-	4	-	2	4	72	-	1
South Carolina.....	5	635	-	1	-	-	-	-	1	33	-	-
Georgia.....	-	-	-	2	-	3	-	8	-	8	4	78
Florida.....	3	3,187	-	12	-	1	-	6	-	-	2	60
EAST SOUTH CENTRAL....	22	2,599	-	9	-	4	1	15	1	31	3	166
Kentucky.....	3	916	-	1	-	1	-	1	-	3	-	89
Tennessee.....	18	1,334	-	3	-	3	1	9	1	19	1	49
Alabama.....	1	271	-	5	-	-	-	5	-	6	2	27
Mississippi.....	-	78	-	-	-	-	-	-	-	3	-	1
WEST SOUTH CENTRAL....	8	8,646	-	12	-	25	1	15	-	30	7	367
Arkansas.....	-	34	-	3	-	10	-	3	-	5	-	63
Louisiana.....	2	150	-	3	-	4	-	1	-	1	1	55
Oklahoma.....	1	808	-	-	-	8	-	1	-	19	-	72
Texas.....	5	7,654	-	6	-	3	1	10	-	5	6	177
MOUNTAIN.....	10	1,952	-	-	-	3	-	12	-	6	2	64
Montana.....	-	315	-	-	-	-	-	1	-	1	-	1
Idaho.....	1	182	-	-	-	-	-	-	-	2	-	-
Wyoming.....	-	133	-	-	-	-	-	-	-	1	-	3
Colorado.....	-	393	-	-	-	-	-	3	-	2	-	30
New Mexico.....	1	206	-	-	-	-	-	5	-	-	-	9
Arizona..*	8	561	-	-	-	-	-	2	-	-	-	11
Utah.*	-	162	-	-	-	3	-	1	-	-	1	2
Nevada.....	-	-	-	-	-	-	-	-	-	-	1	8
PACIFIC.....	26	9,765	-	9	-	6	5	39	-	1	1	232
Washington.....	3	4,600	-	2	-	2	-	4	-	-	-	8
Oregon.....	6	836	-	3	-	1	-	1	-	-	-	1
California.....	15	4,030	-	4	-	3	5	31	-	1	1	223
Alaska.....	1	95	-	-	-	-	-	2	-	-	-	-
Hawaii.....	1	204	-	-	-	-	-	1	-	-	-	-
Puerto Rico*.....	-	26	-	8	-	-	-	4	-	-	-	35
Virgin Islands.....	---	-	---	-	---	-	---	-	---	-	---	-

* Delayed Reports: Tetanus: P.R. 1
Tularemia: Utah: Delete 2
Typhoid Fever: Ariz. 1
RMSF: Va. Delete 5

Week No. 35

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 5, 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:	634	375	48	35
Boston, Mass.	184	99	13	12
Bridgeport, Conn.	33	20	2	2
Cambridge, Mass.	20	15	7	-
Fall River, Mass.	22	16	-	2
Hartford, Conn.	44	20	2	6
Lowell, Mass.	19	10	3	1
Lynn, Mass.	23	15	-	1
New Bedford, Mass.	29	19	-	-
New Haven, Conn.	54	28	1	1
Providence, R. I.	67	38	11	4
Somerville, Mass.	18	16	2	-
Springfield, Mass.	34	20	3	2
Waterbury, Conn.	29	21	2	2
Worcester, Mass.	58	38	2	2
MIDDLE ATLANTIC:	2,869	1,708	89	118
Albany, N. Y.	42	24	1	-
Allentown, Pa.	40	27	4	2
Buffalo, N. Y.	129	80	2	3
Camden, N. J.	47	25	3	8
Elizabeth, N. J.	30	16	1	2
Erie, Pa.	45	28	4	-
Jersey City, N. J.	56	30	3	1
Newark, N. J.	80	41	3	6
New York City, N. Y.†	1,440	851	40	52
Paterson, N. J.	24	13	-	1
Philadelphia, Pa.	404	223	4	18
Pittsburgh, Pa.	162	95	8	11
Reading, Pa.	52	40	2	2
Rochester, N. Y.	108	81	3	2
Schenectady, N. Y.	24	16	3	-
Scranton, Pa.	29	20	-	1
Syracuse, N. Y.	71	43	1	6
Trenton, N. J.	36	19	-	2
Utica, N. Y.	17	11	4	1
Yonkers, N. Y.	33	25	3	-
EAST NORTH CENTRAL:	2,515	1,362	48	131
Akron, Ohio	66	33	-	10
Canton, Ohio	42	22	1	6
Chicago, Ill.	682	354	11	35
Cincinnati, Ohio	156	88	3	5
Cleveland, Ohio	223	113	4	9
Columbus, Ohio	133	73	-	7
Dayton, Ohio	86	48	-	5
Detroit, Mich.	337	195	8	16
Evansville, Ind.	30	18	1	-
Flint, Mich.	55	32	1	5
Fort Wayne, Ind.	48	23	-	6
Gary, Ind.	38	16	5	1
Grand Rapids, Mich.	52	32	3	2
Indianapolis, Ind.	147	66	-	8
Madison, Wis.	33	19	1	3
Milwaukee, Wis.	108	66	-	-
Peoria, Ill.	39	19	-	6
Rockford, Ill.	37	21	1	1
South Bend, Ind.	41	25	4	1
Toledo, Ohio	102	58	3	2
Youngstown, Ohio	60	41	2	3
WEST NORTH CENTRAL:	812	494	25	52
Des Moines, Iowa	51	34	2	4
Duluth, Minn.	31	24	3	-
Kansas City, Kans.	53	20	1	8
Kansas City, Mo.	125	83	-	1
Lincoln, Nebr.	31	23	1	2
Minneapolis, Minn.	114	69	4	12
Omaha, Nebr.	63	39	1	3
St. Louis, Mo.	195	112	6	9
St. Paul, Minn.	75	52	1	2
Wichita, Kans.	74	38	6	11
Las Vegas, Nev.*	25	9	-	3

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
SOUTH ATLANTIC:	1,021	501	29	62
Atlanta, Ga.	111	49	2	5
Baltimore, Md.	231	118	5	7
Charlotte, N. C.	70	34	-	3
Jacksonville, Fla.	101	43	2	8
Miami, Fla.	81	42	-	3
Norfolk, Va.	47	21	6	5
Richmond, Va.	83	42	3	1
Savannah, Ga.	42	18	2	6
St. Petersburg, Fla.	78	65	1	2
Tampa, Fla.	58	27	4	5
Washington, D. C.	85	25	3	12
Wilmington, Del.	34	17	1	5
EAST SOUTH CENTRAL:	621	324	15	29
Birmingham, Ala.	107	56	1	7
Chattanooga, Tenn.	56	29	2	1
Knoxville, Tenn.	47	31	-	-
Louisville, Ky.	109	54	6	8
Memphis, Tenn.	141	73	2	1
Mobile, Ala.	43	24	-	-
Montgomery, Ala.	41	21	3	1
Nashville, Tenn.	77	36	1	11
WEST SOUTH CENTRAL:	1,142	583	36	81
Austin, Tex.	33	13	3	4
Baton Rouge, La.	45	17	1	5
Corpus Christi, Tex.	28	13	-	4
Dallas, Tex.	164	90	2	9
El Paso, Tex.	40	26	3	6
Fort Worth, Tex.	83	40	4	5
Houston, Tex.	210	92	2	15
Little Rock, Ark.	69	34	3	8
New Orleans, La.	133	69	1	7
Oklahoma City, Okla.	93	50	-	4
San Antonio, Tex.	110	59	3	6
Shreveport, La.	52	31	6	4
Tulsa, Okla.	82	49	8	4
MOUNTAIN:	440	237	12	15
Albuquerque, N. Mex.	42	20	3	1
Colorado Springs, Colo.	29	18	2	1
Denver, Colo.	113	64	3	-
Ogden, Utah	24	16	-	1
Phoenix, Ariz.	96	47	1	6
Pueblo, Colo.	16	11	-	1
Salt Lake City, Utah	62	31	2	1
Tucson, Ariz.	58	30	1	4
PACIFIC:	1,519	893	26	54
Berkeley, Calif.	19	14	1	-
Fresno, Calif.	63	35	2	3
Glendale, Calif.	23	12	-	-
Honolulu, Hawaii	75	35	2	6
Long Beach, Calif.	88	47	4	6
Los Angeles, Calif.	461	279	7	8
Oakland, Calif.	79	45	1	8
Pasadena, Calif.	44	34	1	1
Portland, Oreg.	128	72	1	5
Sacramento, Calif.	59	30	-	3
San Diego, Calif.	83	48	1	5
San Francisco, Calif.	150	83	4	-
San Jose, Calif.	34	24	-	-
Seattle, Wash.	133	81	2	9
Spokane, Wash.	45	29	-	-
Tacoma, Wash.	35	25	-	-
Total	11,573	6,477	328	577
Expected Number	11,915	6,803	336	487
Cumulative Total (includes reported corrections for previous weeks)	454,372	259,312	18,022	21,408

*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 August 29, 1970

SHIGELLOSIS – *(Continued from page 346)*

tion measures in communities and schools, and extra precautions for food dispensing in school cafeterias.

(Reported by Walter B. Quisenberry, M.D., Director of Health, Wilbur S. Lummis, M.D., Deputy Director of Health, Ira D. Hirschy, M.D., Executive Officer, Communicable Disease Division, Lloyd C. Guthrie, M.D., State Epidemiologist, Walter E. Batchelder, M.D., District Health Officer, Hawaii, Henri Minette, Dr. Ph., Chief, Public Health Laboratories Branch, Samuel Goo, Acting District Health Administrator, Maui, Kazue McLaren, Assistant Chief, Public Health Nursing Branch, Laura Wong, Supervisor, Public Health Nursing, Maui, Jiro Arakaki, Laboratory Administrator, Maui, Mitsuto Fugi, Communicable Disease Investigator, and Patrick Boland, Public Health Educator, Hawaii State Department of Health; and a team of EIS Officers.)

INTERNATIONAL NOTES
QUARANTINE MEASURES

Changes in the "Supplement – Vaccination Certificate Requirements for International Travel," MMWR, Vol. 19, No. 21

The following changes should be made in the Vaccination Certificate Requirements for International Travel:

Algeria

Insert: Cholera – And from Iran, Jordan, Kuwait, Lebanon, Muscat and Oman, Saudi Arabia, Sudan, Syria, Southern Yemen, Turkey, UAR, USSR, Yemen.

Australia

Insert: Cholera – Nepal, USSR.

Bahrain

Insert: Cholera – And from Afghanistan, Cyprus, Ethiopia, French Territory of the Afars and the Issas, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Muscat and Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Southern Yemen, Sudan, Syria, Trucial Oman, Tunisia, UAR, Yemen.

Bulgaria

Insert: Cholera – And from Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Saudi Arabia, Sudan, Syria, Turkey, United Arab Republic.

Cyprus

Insert: Cholera – And from Iran, Iraq, Israel, Jordan, Lebanon, Libya, Syria, Turkey, UAR, USSR.

Czechoslovakia

Insert: Cholera – And from Guinea, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Saudi Arabia, Syria, Turkey, UAR.

Finland

Insert: Cholera – II. And from Cyprus, Iran, Iraq, Israel, Jordan, Lebanon, Libya, Syria and UAR.

Hungary

Insert: Cholera – And from Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Saudi Arabia, Syria, Turkey, UAR.

Israel

Insert: Cholera – And from Jordan.

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CENTER FOR DISEASE CONTROL
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.