CENTER FOR DISEASE CONTROL

Morbidity and Mortality

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WEEKLY REPORT

For Week Ending September 19, 1970

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EPIDEMIOLOGICAL NOTES AND REPORTS

POLIOMYELITIS – San Antonio, Texas

As of September 12, two cases of paralytic poliomyelitis have been confirmed in San Antonio, Texas, in 1970. The first case was in a 10-month-old unimmunized Mexican-American child who had traveled with his parents to northern Mexico on July 1, 1970. On July 21 the child became ill with high fever and muscle weakness. He was hospitalized in Monterey, Mexico, for 6 days, and the parents were told that he had poliomyelitis. When the family returned to San Antonio in mid-August, the child was hospitalized. At that time, he had flaccid areflexic paralysis of all extremities with profound weakness of the trunk; he was able to move his fingers and toes. There were no sensory abnormalities. Type 1 poliovirus was isolated from his stool specimen.

The second case was in a 13-month-old Mexican-American child from San Antonio. This boy had received a single dose of trivalent oral poliovirus vaccine at 2 months of age. On September 3 the child became ill with fever and weakness of the left arm. He was hospitalized in San Antonio on September 5 with a stiff neck, flaccid left arm, and weakness of the other extremities. A lumbar puncture was performed, and the cerebrospinal fluid contained 109 lymphocytes with normal glucose and protein concentra-

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	37th WEEK ENDED		MEDIAN	CUMULATIVE, FIRST 37 WEEKS		
	September 19, 1970	September 13, 1969	1965 - 1969	1970	1969	MEDIAN 1965 - 1969
Aseptic meningitis	338	166	166	3,474	2,022	1,926
Brucellosis	4	8	5	147	161	169
Diphtheria	22	2	5	294	110	110
Encephalitis, primary:						
Arthropod-borne & unspecified	32	39	55	979	813	1,139
Encephalitis, post-infectious	4	4	8	324	243	542
Hepatitis, serum	139	95	895	5,087	3,706	28,554
Hepatitis, infectious	1,124	965		39,528	32,910	
Malaria	49	80	47	2,382	2,012	1,402
Measles (rubeola)	143	130	225	39,646	20,388	57,845
Meningococcal infections, total	38	28	26	1,882	2,374	2,317
Civilian	37	28	25	1,696	2,168	2,135
Military	1	–	1	188	206	182
Mumps	570	460	- - -	76,013	68,202	- - -
Poliomyelitis, total	1	2	–	19	13	42
Paralytic	–	1	–	18	12	37
Rubella (German measles)	312	232	- - -	49,564	49,023	- - -
Tetanus	3	6	6	84	105	128
Tularemia	3	5	6	104	108	131
Typhoid fever	12	6	14	219	207	266
Typhus, tick-borne (Rky. Mt. spotted fever)	8	9	9	298	384	238
Rabies in animals	45	51	81	2,193	2,541	3,061

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Psittacosis:	23
Botulism:	9	Rabies in Man:	2
Leprosy:	90	Rubella congenital syndrome: Calif.-1	46
Leptospirosis: Fla.-1	31	Trichinosis: N.Y.Ups.-1	73
Plague: N. Mex.-1	10	Typhus, murine:	31

POLIOMYELITIS – *(Continued from front page)*

tion. During the next 24 hours the child's condition deteriorated rapidly. He became quadriplegic, comatose, and died on September 6. Type 1 poliovirus was isolated from a stool specimen of the child. This child had had no known contact with the previous patient.

A mass immunization campaign is being conducted in San Antonio at the present time; accordingly, 100,000 doses of trivalent oral poliovirus vaccine from the CDC epidemic aid stockpile were sent for use in San Antonio.

(Reported by William Ross, M.D., Director, San Antonio Metropolitan Health District; M. S. Dickerson, M.D., Chief, Communicable Disease Services, Texas State Health Department; and an EIS Officer.)

PLAGUE – New Mexico

On Sept. 15, 1970, a 15-year-old boy in Tijeras, New Mexico, a community in Bernalillo County about 10 miles east of Albuquerque, had onset of pain and swelling in the left axilla. Although he did not feel well, he went to school. During the morning he saw the school nurse because of pain in the left axilla, severe headache, vomiting, and shaking chills. His temperature was 99.2°F. ver the next few hours, his condition worsened with his temperature rising to 104°F. That afternoon he was hospitalized in Albuquerque.

On admission he was noted to have numerous insect bites on his abdomen and chest and several tender swollen lymph nodes in his left axilla. Blood cultures were taken, and he was started on ampicillin. The next day bubonic plague was suspected, and he was started on streptomycin and tetracycline. On September 17 an organism resembling *Yersinia pestis* was seen on four of his five blood cultures. On September 18 a fluorescent antibody test was positive for *Y. pestis,* and on September 21 phage typing was positive, confirming the diagnosis.

On September 16, the patient's 34-year-old mother also became ill with severe frontal headache, fever, shaking chills, and pain and swelling in the right axilla. She was hospitalized immediately with a diagnosis of presumptive bubonic plague and was begun on streptomycin and tetracycline. Her blood cultures have been negative, and serology is pending. Both the mother and son are recovering.

Epidemiologic investigation determined several possible exposures for the patients. In late August the boy found a dead mouse with a live litter of mice, and fed the dead mouse to his Siamese cat. In the 2 weeks prior to illness, the boy and his mother had cleaned a rental house where rodent droppings were frequently seen. In addition, during the weekend prior to his illness the boy went camping with his scout troop on the Isleta Indian Reservation. On returning home he noted several insect bites over his trunk which appeared to be mosquito bites. About this time his mother also noted similar bites on her body. In an effort to determine a specific source of infection, the family dog and cat were bled, and animal trapping was begun at the rental house and the camp site.

(Reported by Bruce Storrs, M.D., Director, Medical Services Division, Eva Wallen, M.D., District Health Officer, Brian Miller, Chief, General Sanitation Section, and Neil Weber, Supervisor, Vector Control Unit, Environmental Services Division, and Daniel Johnson, Ph.D., Director, State Laboratory, New Mexico Health and Social Services Department; W. Woodard, M.D., and R. Friedenberg, Private Physicians, Albuquerque; Zoonoses Section, Ecologic Investigations Program, CDC, Fort Collins, Colorado; and two EIS Officers.)

MALARIA IN TOURISTS – Michigan and California

Three cases of malaria were recently reported in American tourists who had visited West Africa.

The first two cases were in a married couple who returned to their home in Michigan on Aug. 18, 1970, after a 1-month tour of several West African countries. The next day, both persons experienced malaise, and the wife had onset of fever, chills, and dark urine. These symptoms persisted, and on August 21 the husband also developed fever. On August 22 they were admitted to a local hospital. Both patients had fever, slight jaundice, hepatomegaly, and dark urine, and the serum transaminase levels were markedly elevated although the serum bilirubin was only slightly abnormal. The diagnosis at the time of admission was either infectious hepatitis or yellow fever, but on the following day *Plasmodium falciparum* parasites were seen on peripheral blood smears of both persons. Both responded promptly to treatment with chloroquine.

The patients were members of a tour group of eight persons. They stated that before departing the United States they had received no information about the possibility of malaria in Africa and the need for chemosuppressive drugs. When these two cases were reported, the other tour members were notified of the possibility of malaria through the efforts of the McComb County Health Department, Michigan, and the Ohio State Health Department.

The third case was in a 58-year-old woman who returned to her home in California on Aug. 19, 1970, after a 6-week tour of West Africa. On August 23 she had onset of high fever, chills, headache, and lethargy, and on August 28 she went to a medical clinic where *P. vivax* parasites were seen on a peripheral blood smear taken that day. She had taken quinine sulfate before leaving the United States and pyrimethamine weekly while in Africa, but no antimalarial medication after her return to this country.

The patient was a member of one of two tourist groups of 250 persons each, who visited Africa for 6 weeks during the summer of 1970. The travel agency that made the arrangements was notified of the patient's illness; they contacted all tour members and advised them to consult their personal physician in order to determine whether the medication they took was adequate. Subsequently, the California State Department of Public Health has received three further reports of suspect malaria in members of this tour group, including one case of possible cerebral malaria.

(Reported by Moufid Ragheb, M.D., Attending Physician, St. Joseph's Hospital, Michigan; Ophelia V. Baker, M.D., Deputy Director, McComb County Health Department, Michigan; John H. Ackerman, M.D., Chief, Bureau of Preventive Medicine, Ohio Department of Health; S. B. Werner, M.D., Medical Epidemiologist, Infectious Disease Element, Bureau of Communicable Disease Control, California State Health Department; and Malaria Surveillance, Parasitic Diseases Branch, CDC.)

Editorial Note:

Since 1963, the Malaria Surveillance Unit, CDC, has received reports of 452 civilians who traveled in Africa and then experienced an attack of malaria after returning to the United States. Most of these persons were tourists; others were foreign visitors, missionaries, seamen, or Peace Corps volunteers. Forty-two percent of these cases were due to *P. falciparum*. There were 18 deaths with a falciparum case-fatality ratio of 10 percent and many serious illnesses.

In a survey of health precautions advised by travel agencies which arrange African tours, it was found that only one of the 13 agencies contacted gave adequate information concerning malaria and the need for chemosuppression in malarious areas.* Quinine sulfate should not be used as a chemosuppressive drug as in Case No. 3.

*500 mg of chloroquine phosphate once each week, starting the week prior to possible exposure and continuing throughout the time spent in areas in which transmission may occur and for 4 to 6 weeks thereafter, is recommended.

INTERNATIONAL NOTES

ECHOVIRUS INFECTIONS – United Kingdom and Republic of Ireland

The numbers of infections with different types of echovirus reported during each of the last 10 years are shown in Table 1. The increase in the number of reports in the early part of the decade probably reflects only the increase in the number of laboratories able to undertake virology and the increasing use of their facilities by clinicians during that period. By far the most commonly identified types have been types 6 and 9. Other types that have been highly prevalent in one or more years are shown individually in the table. The remaining types have been isolated in most instances sporadically and in relatively small numbers; the most frequent among these were types 2, 4, 12, 13, 16, 20, 22, 25, and 27. There was an epidemic of type 6 infection in 1968 that continued into early 1969 *(1)*. In 1969 type 9 virus also became epidemic *(2)*.

Altogether, 708 cases were reported during 1969 (Figure 1). The number of cases reported began to increase during late May and June, reached a peak in early August, and continued at a high rate until mid-October, after which

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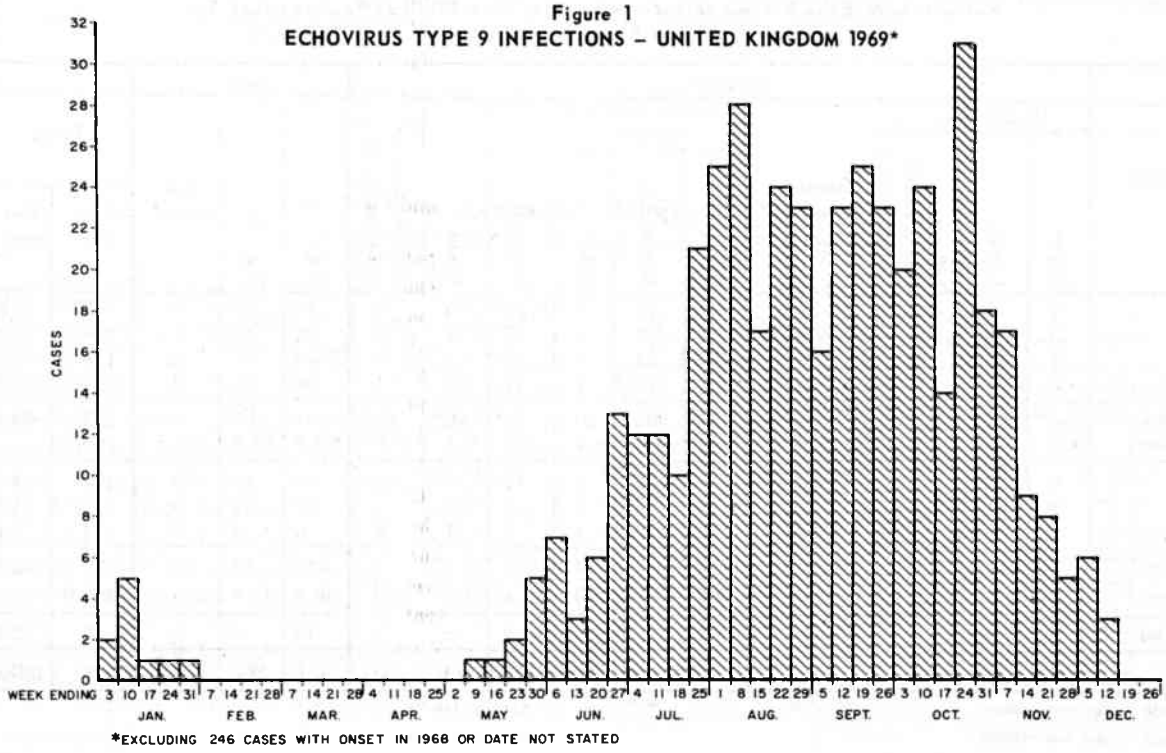
Figure 1

ECHOVIRUS TYPE 9 INFECTIONS – UNITED KINGDOM 1969*



*EXCLUDING 246 CASES WITH ONSET IN 1968 OR DATE NOT STATED

ECHOVIRUS INFECTIONS – *(Continued from page 371)*

there was a rapid decline. The figure shows the number of cases according to the week in which laboratories received the relevant specimen, which, in most cases, was probably within a few days of onset of illness; this figure excludes all 202 cases from Scotland and 19 cases from England and Wales in which this date was not stated and another 25 cases in which the specimen was received in 1968. Cases were reported from all parts of the British Isles, but between one-fourth and one-third of the cases were from Scotland. The majority of cases had no known connection with one another, but there were a few small outbreaks. One outbreak was reported in a children's convalescent home in which nine children aged 1–13 years had febrile illnesses. Four cases were reported in a village outbreak in Scotland: one patient was a boy age 7 years with fever and myocarditis, another was a man age 24 years with meningitis, the third was a man of 33 years with headache, general aches, and fever, and the fourth patient, a woman age 28 years, had headache and fever. Several instances were also recorded in which the infection was detected in more than one member of the same family, sometimes with similar illnesses, but often with different symptoms or none at all.

Infection was considerably more frequent in males than in females at all ages (Table 2) and about two-thirds of the cases were in children. It should be noted that there is likely to be bias in the selection of cases for laboratory investigation, which may itself be influenced by the age and clinical condition of the patient. The main, clinical features of illnesses associated with the infection in the cases investigated are also shown in Table 2. About half the children and two-thirds of the adults had meningitis or encephalitis. About one in eight of the children had a respiratory illness, 7 percent had gastrointestinal disturbances, and most of the others had general nonspecific, usually febrile illnesses. In adults the proportions with respiratory and gastrointestinal illnesses were smaller.

Five patients are known to have died with echovirus 9 infection. A diabetic man age 58 years who had chronic bronchitis and emphysema, suffered from convulsions, pyrexia, and a rash, and finally died with bronchopneumonia and anemia; the virus was isolated from urine. A girl age

Table 1
Echovirus Infections – 1960-69

Year	Echovirus Types										
	1	3	6	7	9	11	14	19	30	Other Types	All Types
1960	2	3	3	33	166	11	14	–	–	3	235
1961	25	6	14	13	119	19	38	3	–	21	258
1962	6	3	71	9	32	9	22	5	–	45	202
1963	15	1	184	18	97	24	79	4	–	47	469
1964	21	11	36	28	254	38	40	4	19	171	622
1965	29	12	78	62	104	38	32	4	10	148	517
1966	76	68	104	48	37	39	61	9	285	194	921
1967	27	112	81	73	73	111	80	127	199	137	1,020
1968	24	63	677	48	140	99	104	173	130	202	1,660
1969	16	11	452	55	708	57	70	39	85	210	1,703
Total	241	290	1,700	387	1,730	445	540	368	728	1,178	7,607

Table 2
Patients with Echo 9 Virus Infections by Age, Main Clinical Features, and Sex
United Kingdom 1969

Age (Years)	Symptoms										Sex			Total	
	Respiratory			Gastro-intestinal	Central Nervous System			General	Other	No Symptoms or No Information	Male	Female	Not Stated	Number	Percent
	Upper	Lower	Influenza-like & Other		Encephalitis	Meningitis	Other								
Under 1	6	5	4	18	1	15	1	10	5	6	42	25	4	71	10.0
1-4	13	8	0	10	5	36	4	27	8	15	76	49	1	126	17.8
5-9	11	3	2	4	3	84	8	25	4	2	100	46	0	146	20.6
10-14	0	6	2	2	8	73	7	11	2	1	69	40	3	112	15.8
All children	30	22	8	34	17	208	20	74*	20*	26**	291	160	8	459	64.8
(Percent)	6.5	4.8	1.7	7.4	3.7	45.3	4.4	16.1	4.4	5.7	63.4	34.9	1.7	100.0	
15-24	3	3	3	0	6	68	5	12	5	0	59	46	0	105	14.8
25-44	3	0	5	4	4	74	4	15	2	1	67	45	0	112	15.8
45 and over	0	1	1	2	0	6	1	2	1	0	8	6	0	14	2.0
All adults	6	4	9	7x	10	149x	10	29	8	1	136	97	0	233	32.9
(Percent)	2.6	1.7	3.9	3.0	4.3	63.9	4.3	12.4	3.4	0.4	58.4	41.6	–	100.0	
Not stated	1	0	1	0	0	5	2	3	2	2	10	5	1	16	2.3
Total	37	26	18	41	27	362	32	106	30	29	437	262	9	708	100.0

*One child – age not stated

xOne adult – age not stated

16 years, had acute myocarditis, and the virus was isolated from heart muscle and lung obtained at autopsy. Another girl age 13 years, who was hospitalized with a history of increasing psychiatric disorder, became comatose, had a convulsion, and died; she was thought to have had a virus encephalitis, and echovirus 9 was isolated from her throat. A 46-year-old man who had a cerebrovascular accident collapsed and became unconscious, and the virus was isolated from cerebrospinal fluid. The fifth fatal case was in a child age 4 years, with pulmonary infiltration and pyrexia; the virus was isolated from feces, and paired sera showed a fourfold rise in antibody titer.

(Based on reports to the Public Health Laboratory Service from public health and hospital laboratories in the United Kingdom and Republic of Ireland for the week ending August 21, 1970)

References:
1. Epidemiology. Brit Med J 2:701, June 14, 1969
2. Epidemiology. Brit Med J 3:538, Aug. 30, 1969

SMALLPOX – Denmark *(1)*

On September 4 an imported case of smallpox was diagnosed in Copenhagen in a 22-year-old Norwegian man who has just returned from Afghanistan. This is the first case of smallpox to occur in Denmark since 1924.

The patient, who had been in Afghanistan since May 1970, had been hospitalized in Kabul between August 15 and 20 because of gastroenteritis. He left Kabul for Istanbul on August 22 where he remained for 4 days. On August 26 he flew from Istanbul to Copenhagen where he arrived in the late afternoon. On the evening of August 27 he had onset of fever and the next day was treated with penicillin. A rash appeared on August 29 which was initially thought to be a drug reaction. He was hospitalized on August 31. As the rash evolved, the diagnosis of smallpox was suspected; this was confirmed on September 4 by electron microscopy and virus isolation. The patient had been vaccinated in childhood and is said to have a vaccination scar. He was revaccinated in May 1970, but this was said to have been unsuccessful.

Over 300 contacts have been identified, immunized, and isolated. One contact who had been isolated in Tromsø, Norway, developed fever and transient rash on September 5 and back pain with increasing fever on September 8. Smallpox is suspected. The patient is under close observation, all contacts have been vaccinated, and laboratory studies are in progress.

Possible sources of infection of the patient in Denmark are being investigated by the Government of Afghanistan. A smallpox eradication program is in progress in Afghanistan, and during the past year all reported suspected cases have been intensively investigated and containment measures taken. Between July 1 and August 22, 19 cases were detected in Afghanistan; two of these occurred in Kabul.

This represents the second importation of smallpox into Europe during 1970. In January a German electrician, returning from Karachi (Pakistan) introduced smallpox into Meschede (Federal Republic of Germany – MMWR, Vol. 19, Nos. 3-5, 8, and 24).

Reference
1. World Health Organization Weekly Epidemiological Record 45(37):386, 11 Sept 1970

CURRENT TRENDS
TUBERCULOSIS CASES AND CASE RATES – 1969

The number of new active tuberculosis cases reported in the United States during 1969 continued to show the accelerating decline noted in recent years (Table 3). An official count shows a total of 39,120 cases reported in 1969; this was 8.2 percent fewer cases than the 42,623 cases recorded in 1968 (Table 4). There was also a decline in the case rate, dropping from 21.3 per 100,000 population in 1968 to 19.4 in 1969. This decline in the nation's tuberculosis morbidity reflects the cumulative effect of intensified control efforts and expanded emphasis on preventive treatment for tuberculosis infection during the previous five years.

(Reported by the Tuberculosis Branch, State and Community Services Division, CDC.)

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Table 3
New Active Tuberculosis Cases by Year – 1959-1969

Year	New Active Tuberculosis Cases	Percent Change from the Previous Year
1959	57,535	. . .
1960	55,494	-3.5
1961	53,726	-3.2
1962	53,315	-0.8
1963	54,042	+1.4
1964	50,874	-5.9
1965	49,016	-3.7
1966	47,767	-2.5
1967	45,647	-4.4
1968	42,623	-6.6
1969	39,120	-8.2

TUBERCULOSIS – *(Continued from page 373)*

Table 4
New Active Tuberculosis Cases and Case Rates: Each State, 1968 and 1969

State	New Active Cases		Case Rate per 100,000 Population		Rank According to Rate		Population July 1, 1969
	1968	1969	1968	1969	1968	1969	
United States	42,623	39,120	21.3	19.4	. .	. .	201,921,000
Continental U.S.	42,211	38,729	21.2	19.3	. .	. .	200,845,000
Alabama	1,338	1,203	37.5	34.1	3	2	3,531,000
Alaska	112	89	40.4	31.6	1	3	282,000
Arizona	472	452	28.3	26.7	8	7	1,693,000
Arkansas	563	577	28.0	28.9	9	4	1,995,000
California	3,838	3,804	20.0	19.6	24	20	19,443,000
Colorado	230*	251	11.2	12.0	38	37	2,100,000
Connecticut	374	346	12.6	11.5	37	38	3,000,000
Delaware	88	94	16.5	17.4	31	26	540,000
District of Columbia	432	380	53.4	47.6	. .	. .	798,000
Florida	1,620	1,572	26.3	24.7	11	9	6,354,000
Georgia	1,074	983	23.4	21.2	19	17	4,641,000
Hawaii	300	302	38.6	38.0	2	1	794,000
Idaho	63	49	8.9	6.8	42	47	718,000
Illinois	2,805	2,478	25.6	22.4	14	13	11,047,000
Indiana	1,036	821	20.4	16.0	20	29	5,118,000
Iowa	116	128	4.2	4.6	50	50	2,781,000
Kansas	224	185	9.7	8.0	40	43	2,321,000
Kentucky	1,002	906	31.0	28.0	5	5	3,232,000
Louisiana	963	755	25.8	20.2	13	18	3,745,000
Maine	92	92	9.4	9.4	41	41	978,000
Maryland	1,094	912	29.1	24.2	7	10	3,765,000
Massachusetts	905	802	16.6	14.7	30	31	5,467,000
Michigan	1,785	1,577	20.4	18.0	21	23	8,766,000
Minnesota	300	280	8.2	7.6	43	45	3,700,000
Mississippi	558	457	23.8	19.4	17	21	2,360,000
Missouri	801	750	17.3	16.1	27	28	4,651,000
Montana	101	101	14.6	14.6	33	32	694,000
Nebraska	117	102	8.1	7.0	44	46	1,449,000
Nevada	91	57	20.1	12.5	23	36	457,000
New Hampshire	45	48	6.4	6.7	49	48	717,000
New Jersey	1,297	1,232	18.3	17.2	26	27	7,148,000
New Mexico	193	198	19.0	19.9	25	19	994,000
New York	4,699	4,335	25.9	23.7	12	11	18,321,000
North Carolina	1,207	1,157	23.5	22.2	18	14	5,205,000
North Dakota	45	68	7.2	11.1	47	39	615,000
Ohio	1,376	1,365	13.0	12.7	36	35	10,740,000
Oklahoma	428	363	17.0	14.1	29	33	2,568,000
Oregon	290	357	14.4	17.6	34	24	2,032,000
Pennsylvania	2,378	2,233	20.3	18.9	22	22	11,803,000
Rhode Island	121	91	13.3	10.0	35	40	911,000
South Carolina	651	630	24.2	23.4	16	12	2,692,000
South Dakota	108	115	16.4	17.5	32	25	659,000
Tennessee	1,073	860	27.0	21.6	10	15	3,985,000
Texas	3,216	2,988	29.3	26.7	6	6	11,187,000
Utah	74	62	7.2	5.9	48	49	1,045,000
Vermont	31	38	7.3	8.7	46	42	439,000
Virginia	1,441	1,186	31.3	25.4	4	8	4,669,000
Washington	566	525	17.3	15.4	28	30	3,402,000
West Virginia	455	390	25.2	21.4	15	16	1,819,000
Wisconsin	411	332	9.8	7.8	39	44	4,233,000
Wyoming	24	42	7.6	13.1	45	34	320,000
Puerto Rico **	1,044	883	38.3	32.1	. .	. .	2,754,000

*Excludes 95 military cases
**Not included in totals
The District of Columbia is classed as a city and is not ranked with the States.

SURVEILLANCE SUMMARY
LISTERIOSIS – United States 1969

In 1969 there were 90 cases of human listeriosis reported in the United States, 15 fewer than for the previous year (Table 5). Eighty-nine were from 20 states, Puerto Rico, and the District of Columbia; the state of residence was not reported in one case. Listeriosis was the cause of death in at least 13 of the 90 cases (14 percent), for the outcome of illness was known in only 26 cases. The 90 cases were reported throughout the year with slightly fewer cases reported in the spring.

Fifty-five percent of the 51 cases in which age was known occurred in the age groups over 40 years of age. The highest percentage of cases in a single age group occurred in the newborn (0-4 weeks of age). This was also true in 1967 and 1968. Of the 51 patients where sex was reported, more cases occurred in males (57 percent) than in females (43 percent – Table 6).

In 1969, serotype 4b was isolated most frequently, accounting for 32 percent of the 90 cases reported and 40 percent of the 73 isolates typed. This was followed by serotypes 1a and 1b, the latter being the most common serotype in 1967 and 1968. These three serotypes accounted for 67 of the 73 isolates types in 1969 (Table 7).

Listeria monocytogenes was isolated from the cerebrospinal fluid or blood in at least 71 of the 90 patients. Other isolations were made from throat, lung, gastric contents, umbilical cord, liver, spleen placenta, vagina, and meninges (Table 8).

In 1969 the clinical manifestations of human listeriosis were varied. The most commonly noted symptoms were fever and disturbances of the central nervous system. Of the 90 patients, 25 were known to be suffering from a primary disease prior to the onset of listeriosis. Ten of these 25 patients died. Among the 25 were patients from all age groups except neonates. Therapy for the 90 patients involved a

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Table 6
Age and Sex Distribution, Human Listeriosis
United States – 1969*

Age Group	Sex		Total	Percent of Total	Fatal	Group Fatality Rate
	Male	Female				
0-4 wks	4	7	11	21.6	0	0
4 wks-9yrs	1	2	3	5.9	1	33.3
10-19 yrs	1	1	2	3.9	1	50.0
20-29 yrs	2	2	4	7.8	0	0
30-39 yrs	1	2	3	5.9	0	0
40-49 yrs	4	3	7	13.7	1	14.3
50-59 yrs	4	3	7	13.7	2	28.6
60-69 yrs	5	2	7	13.7	3	42.9
70+ yrs	7	0	7	13.7	3	42.9
Total	29	22	51***	99.9	11**	21.6
Percent of Total	56.9	43.1	100.0	–	21.6	–

*Provisional Data
**Does not include aborted 5-month fetus or 1 death in which age and sex were unknown
***51 cases where age and sex data were noted of 90 cases reported

Table 5
Human Listeriosis – United States, 1967-1969

State	1967	1968	1969*	Total
Alabama	1	1	2	5
Alaska	1	0	0	1
Arizona	2	0	0	2
Arkansas	1	2	0	3
California	11	8	0	19
Colorado	2	2	3	7
Connecticut	0	2	0	2
Delaware	0	0	2	2
District of Columbia	0	0	1	1
Florida	0	3	10	13
Georgia	2	4	4	10
Hawaii	0	1	1	2
Idaho	0	0	0	0
Illinois	3	14	3	20
Indiana	0	3	0	3
Iowa	0	1	0	1
Kansas	1	0	0	1
Kentucky	1	2	0	3
Louisiana	4	3	6	13
Maine	0	1	0	1
Maryland	0	1	0	1
Massachusetts	1	7	3	11
Michigan	0	8	8	16
Minnesota	1	5	5	11
Mississippi	0	0	0	0
Missouri	0	2	0	2
Montana	0	0	0	0
Nebraska	0	0	0	0
Nevada	0	0	0	0
New Hampshire	0	0	0	0
New Jersey	1	3	3	7
New Mexico	0	0	0	0
New York	4	4	11	19
North Carolina	4	4	1	9
North Dakota	1	0	0	1
Ohio	2	5	2	9
Oklahoma	0	0	0	0
Oregon	1	1	2	4
Pennsylvania	6	4	3	13
Puerto Rico	0	0	4	4
Rhode Island	0	0	0	0
South Carolina	1	0	0	1
South Dakota	0	0	0	0
Tennessee	1	2	0	3
Texas	5	10	10	25
Utah	0	0	0	0
Vermont	0	0	0	0
Virginia	0	0	0	0
Washington	0	2	2	4
West Virginia	0	0	0	0
Wisconsin	2	0	3	5
Wyoming	0	0	0	0
Totals	60	105	90**	255**

*Provisional Data
**Includes 1 case where the state was unknown

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 19, 1970 AND SEPTEMBER 13, 1969 (37th 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	338	4	22	32	39	4	139	1,124	965	49	2,382
NEW ENGLAND	17	1	–	3	2	–	5	83	130	1	70
Maine	–	–	–	–	–	–	–	9	6	–	6
New Hampshire	–	1	–	–	–	–	1	3	3	1	6
Vermont	–	–	–	–	–	–	–	8	9	–	5
Massachusetts	15	–	–	–	1	–	–	39	83	–	34
Rhode Island	2	–	–	3	–	–	1	11	20	–	8
Connecticut	–	–	–	–	1	–	3	13	9	–	11
MIDDLE ATLANTIC	49	1	–	4	1	–	59	232	134	5	255
New York City	31	–	–	–	–	–	30	80	35	4	34
New York, Up-State	–	–	–	–	–	–	10	33	23	–	72
New Jersey†	12	–	–	–	–	–	8	56	36	–	69
Pennsylvania	6	1	–	4	1	–	11	63	40	1	80
EAST NORTH CENTRAL	47	–	–	13	11	–	17	180	136	3	140
Ohio	11	–	–	7	8	–	2	32	34	–	27
Indiana	3	–	–	–	–	–	–	12	9	1	15
Illinois	10	–	–	2	1	–	1	45	38	1	39
Michigan	22	–	–	2	1	–	14	84	50	1	59
Wisconsin	1	–	–	2	1	–	–	7	5	–	–
WEST NORTH CENTRAL	10	1	–	–	3	–	1	52	39	11	221
Minnesota	10	–	–	–	1	–	–	6	5	–	19
Iowa	–	1	–	–	1	–	–	21	8	–	19
Missouri	–	–	–	–	–	–	–	8	8	–	19
North Dakota	–	–	–	–	–	–	–	1	–	1	3
South Dakota	–	–	–	–	–	–	–	–	–	–	2
Nebraska	–	–	–	–	1	–	–	2	10	–	3
Kansas	–	–	–	–	–	–	1	14	8	10	156
SOUTH ATLANTIC	53	–	4	9	8	–	14	159	113	14	452
Delaware	–	–	–	–	1	–	1	5	1	–	2
Maryland	14	–	3	–	2	–	2	16	27	2	50
Dist. of Columbia	–	–	–	–	–	–	1	4	3	–	2
Virginia†	8	–	–	2	–	–	5	61	8	–	59
West Virginia	1	–	–	–	–	–	–	4	2	–	7
North Carolina	3	–	–	2	2	–	1	20	14	11	182
South Carolina	3	–	–	–	1	–	1	5	6	1	39
Georgia	–	–	1	–	–	–	–	17	14	–	68
Florida	24	–	–	5	2	–	3	27	38	–	43
EAST SOUTH CENTRAL	14	–	1	1	1	–	1	62	33	–	162
Kentucky	4	–	–	–	–	–	–	25	12	–	133
Tennessee	6	–	–	1	1	–	–	27	15	–	–
Alabama	4	–	1	–	–	–	1	7	3	–	18
Mississippi	–	–	–	–	–	–	–	3	3	–	11
WEST SOUTH CENTRAL	11	–	17	–	1	1	8	103	81	8	422
Arkansas	–	–	–	–	–	–	–	2	11	–	9
Louisiana	6	–	–	–	1	1	2	7	14	2	32
Oklahoma†	2	–	–	–	–	–	–	9	11	6	75
Texas	3	–	17	–	–	–	6	85	45	–	306
MOUNTAIN	9	–	–	–	6	–	1	14	58	–	191
Montana	–	–	–	–	–	–	–	1	2	–	10
Idaho	1	–	–	–	1	–	–	2	3	–	3
Wyoming	–	–	–	–	–	–	–	1	4	–	–
Colorado	3	–	–	–	2	–	–	–	9	–	161
New Mexico	–	–	–	–	3	–	–	3	7	–	8
Arizona†	5	–	–	–	–	–	–	5	16	–	6
Utah	–	–	–	–	–	–	1	–	3	–	3
Nevada	–	–	–	–	–	–	–	2	14	–	–
PACIFIC	128	1	–	2	6	3	33	239	241	7	469
Washington	2	–	–	1	1	–	–	45	53	–	45
Oregon	1	–	–	–	–	–	2	26	14	–	15
California	43	1	–	1	5	3	31	162	162	7	300
Alaska	80	–	–	–	–	–	–	3	–	–	1
Hawaii	2	–	–	–	–	–	–	3	12	–	108
Puerto Rico,†	–	–	–	–	–	–	1	24	29	–	9
Virgin Islands	–	–	–	–	–	–	–	–	1	–	–

*Delayed Reports: Aseptic Meningitis: Va. 22, Okla. 1, Ariz, 22
Encephalitis, Post Infectious: Okla. 1
Hepatitis, Serum: N.J. Delete 2
Hepatitis, Infectious: N.J. Delete 1, Okla. 6, P.R. 4

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 19, 1970 AND SEPTEMBER 13, 1969 (37th 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	143	39,646	20,388	38	1,883	2,374	570	76,013	1	–	18
NEW ENGLAND	4	883	1,107	1	82	91	23	8,911	–	–	–
Maine	–	204	8	–	3	6	5	689	–	–	–
New Hampshire	–	50	238	–	8	3	–	330	–	–	–
Vermont	–	8	3	–	7	–	–	586	–	–	–
Massachusetts.*	4	416	214	1	37	37	8	2,810	–	–	–
Rhode Island	–	120	27	–	5	11	6	1,501	–	–	–
Connecticut	–	85	617	–	22	34	4	2,995	–	–	–
MIDDLE ATLANTIC	25	4,854	7,496	8	343	389	56	7,555	–	–	–
New York City	11	882	4,911	–	81	75	30	2,775	–	–	–
New York, Up-State	8	277	596	–	66	72	NN	NN	–	–	–
New Jersey	3	1,707	898	4	132	157	8	2,078	–	–	–
Pennsylvania.*	3	1,988	1,091	4	64	85	18	2,702	–	–	–
EAST NORTH CENTRAL	29	9,791	2,227	7	216	325	177	20,335	1	–	2
Ohio	2	3,807	376	2	85	123	21	3,631	–	–	–
Indiana	1	271	466	–	20	38	19	1,819	–	–	–
Illinois	7	3,055	525	4	49	46	15	1,754	1	–	–
Michigan	10	1,728	280	–	52	95	5	4,970	–	–	1
Wisconsin	9	930	580	1	10	23	117	8,161	–	–	1
WEST NORTH CENTRAL	11	3,874	531	–	96	121	27	3,789	–	–	1
Minnesota	9	47	7	–	13	26	1	354	–	–	–
Iowa	–	1,142	331	–	12	18	20	2,317	–	–	–
Missouri	–	1,275	26	–	56	51	4	274	–	–	1
North Dakota	1	319	14	–	5	1	–	286	–	–	–
South Dakota	–	93	3	–	–	1	–	40	–	–	–
Nebraska	1	925	143	–	5	9	2	382	–	–	–
Kansas	–	73	7	–	5	15	–	136	–	–	–
SOUTH ATLANTIC	10	7,162	2,500	3	379	409	49	8,718	–	–	1
Delaware	–	260	374	–	3	8	4	308	–	–	–
Maryland	–	1,376	75	2	37	38	11	942	–	–	–
Dist. of Columbia	–	343	–	–	3	9	–	188	–	–	–
Virginia	2	1,983	883	–	40	51	10	2,005	–	–	–
West Virginia	–	312	197	–	10	18	16	2,113	–	–	1
North Carolina	4	865	316	1	77	70	NN	NN	–	–	–
South Carolina	–	595	117	–	44	56	4	846	–	–	–
Georgia	–	14	2	–	34	70	–	2	–	–	–
Florida	4	1,414	536	–	131	89	4	2,314	–	–	–
EAST SOUTH CENTRAL	9	1,328	109	2	135	144	38	4,421	–	–	–
Kentucky	8	763	65	–	45	50	5	1,587	–	–	–
Tennessee	1	378	17	–	58	54	31	2,524	–	–	–
Alabama	–	98	4	2	23	24	1	262	–	–	–
Mississippi	–	89	23	–	9	16	1	48	–	–	–
WEST SOUTH CENTRAL	35	7,584	4,527	3	255	322	79	7,313	–	–	14
Arkansas	–	30	16	–	22	30	–	119	–	–	–
Louisiana	–	100	120	–	62	85	1	29	–	–	–
Oklahoma.*	12	464	136	–	20	31	18	2,420	–	–	–
Texas	23	6,990	4,255	3	151	176	60	4,745	–	–	14
MOUNTAIN	5	1,527	858	2	40	45	21	3,484	–	–	–
Montana	1	62	17	–	1	8	3	730	–	–	–
Idaho	3	43	89	–	6	8	2	89	–	–	–
Wyoming	–	11	–	–	2	–	1	36	–	–	–
Colorado	–	183	140	2	14	8	11	1,117	–	–	–
New Mexico	1	203	247	–	1	6	3	673	–	–	–
Arizona	–	969	355	–	13	10	1	715	–	–	–
Utah	–	35	9	–	2	3	–	124	–	–	–
Nevada	–	21	1	–	1	2	–	–	–	–	–
PACIFIC	15	2,643	1,033	12	337	528	100	11,487	–	–	–
Washington	1	526	59	1	44	54	31	4,245	–	–	–
Oregon	2	230	198	–	25	16	11	1,004	–	–	–
California	11	1,565	729	11	266	437	41	4,728	–	–	–
Alaska	–	138	8	–	–	11	–	379	–	–	–
Hawaii	1	184	39	–	2	10	17	1,131	–	–	–
Puerto Rico	11	898	1,480	–	5	19	18	751	–	–	–
Virgin Islands	–	6	40	–	1	–	–	1	–	–	–

*Delayed Reports: Measles: Mass. Delete 2, Pa. Delete 3
Meningococcal Infection: Okla. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 19, 1970 AND SEPTEMBER 13, 1969 (37th 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.....	312	49,564	3	84	3	104	12	219	8	298	45	2,193
NEW ENGLAND.....	23	2,448	-	3	-	1	-	7	-	-	1	76
Maine.....	6	392	-	-	-	-	-	-	-	-	-	27
New Hampshire.....	-	150	-	-	-	-	-	-	-	-	-	1
Vermont.....	-	53	-	-	-	-	-	-	-	-	1	41
Massachusetts.....	9	1,187	-	2	-	1	-	5	-	-	-	3
Rhode Island.....	-	107	-	-	-	-	-	-	-	-	-	1
Connecticut.....	8	559	-	1	-	-	-	2	-	-	-	3
MIDDLE ATLANTIC.....	10	3,942	1	9	-	2	1	46	-	12	4	197
New York City.....	6	586	-	3	-	-	-	11	-	-	-	-
New York, Up-State..	1	423	1	2	-	1	1	17	-	6	4	185
New Jersey.....	-	854	-	3	-	-	-	10	-	3	-	-
Pennsylvania.....	3	2,079	-	1	-	1	-	8	-	3	-	12
EAST NORTH CENTRAL....	42	10,280	-	14	-	18	4	32	-	9	5	182
Ohio.....	-	2,027	-	1	-	2	-	10	-	8	-	44
Indiana.....	14	1,858	-	6	-	12	1	2	-	-	2	20
Illinois.....	1	1,691	-	3	-	2	-	7	-	1	-	56
Michigan.....	13	2,662	-	4	-	-	3	11	-	-	1	19
Wisconsin.....	14	2,042	-	-	-	2	-	2	-	-	2	43
WEST NORTH CENTRAL....	6	3,284	-	4	-	25	-	7	1	3	5	418
Minnesota.....	-	117	-	1	-	1	-	1	-	-	4	92
Iowa.....	1	2,002	-	1	-	-	-	1	1	1	1	75
Missouri.....	-	411	-	1	-	21	-	1	-	2	-	76
North Dakota.....	1	149	-	-	-	1	-	2	-	-	-	28
South Dakota.....	-	1	-	1	-	1	-	-	-	-	-	60
Nebraska.....	4	548	-	-	-	-	-	2	-	-	-	6
Kansas.....	-	56	-	-	-	1	-	-	-	-	-	81
SOUTH ATLANTIC.....	22	6,257	2	23	-	9	-	30	3	198	8	444
Delaware.....	1	42	-	-	-	-	-	-	-	4	-	-
Maryland.....	2	317	-	-	-	-	-	9	-	20	-	1
Dist. of Columbia...	-	19	-	1	-	-	-	1	-	-	-	-
Virginia.*.....	4	696	-	1	-	1	-	4	1	51	4	185
West Virginia.....	8	1,294	-	-	-	-	-	-	-	5	-	114
North Carolina.....	4	43	-	3	-	4	-	2	2	75	-	1
South Carolina.....	1	643	-	1	-	-	-	-	-	35	-	-
Georgia.....	-	-	2	5	-	3	-	8	-	8	-	78
Florida.....	2	3,203	-	12	-	1	-	6	-	-	4	65
EAST SOUTH CENTRAL....	23	2,645	-	9	1	5	5	26	3	35	2	176
Kentucky.....	7	928	-	1	-	1	-	6	-	3	1	94
Tennessee.....	14	1,359	-	3	1	4	3	12	2	22	-	50
Alabama.....	1	279	-	5	-	-	2	8	1	7	1	31
Mississippi.....	1	79	-	-	-	-	-	-	-	3	-	1
WEST SOUTH CENTRAL....	33	8,796	-	13	1	27	-	18	1	34	4	377
Arkansas.*.....	-	34	-	3	1	11	-	3	1	6	-	65
Louisiana.....	-	150	-	3	-	4	-	2	-	1	1	56
Oklahoma.*.....	-	808	-	-	-	9	-	1	-	22	2	76
Texas.....	33	7,804	-	7	-	3	-	12	-	5	1	180
MOUNTAIN.....	11	1,979	-	-	-	10	1	13	-	6	-	71
Montana.....	-	315	-	-	-	-	-	1	-	1	-	1
Idaho.....	4	193	-	-	-	-	-	-	-	2	-	-
Wyoming.....	-	134	-	-	-	-	1	1	-	1	-	3
Colorado.....	-	393	-	-	-	-	-	3	-	2	-	34
New Mexico.....	2	211	-	-	-	-	-	6	-	-	-	11
Arizona.*.....	5	571	-	-	-	-	-	1	-	-	-	11
Utah.....	-	162	-	-	-	10	-	1	-	-	-	2
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	9
PACIFIC.....	142	9,933	-	9	1	7	1	40	-	1	16	252
Washington.....	13	4,613	-	2	-	2	-	4	-	-	1	9
Oregon.....	4	843	-	3	-	1	-	1	-	-	-	1
California.....	122	4,173	-	4	1	4	1	32	-	1	15	242
Alaska.....	3	98	-	-	-	-	-	2	-	-	-	-
Hawaii.....	-	206	-	-	-	-	-	1	-	-	-	-
Puerto Rico.....	1	27	-	9	-	-	-	4	-	-	-	39
Virgin Islands.....	1	1	-	-	-	-	-	1	-	-	-	-

*Delayed Reports: Typhoid Fever: Ariz. Delete 1
RMSF: Va. Delete 1, Okla. 2
Rabies In Animals: Ark. 2

Week No. 37

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 19, 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:	695	406	37	37
Boston, Mass.	253	143	15	9
Bridgeport, Conn.	36	23	3	–
Cambridge, Mass.	23	17	6	1
Fall River, Mass.	28	15	1	2
Hartford, Conn.	64	29	–	9
Lowell, Mass.	31	21	1	1
Lynn, Mass.	21	17	1	–
New Bedford, Mass.	29	20	–	–
New Haven, Conn.	51	26	–	9
Providence, R. I.	50	24	4	2
Somerville, Mass.	11	8	–	–
Springfield, Mass.	37	23	4	2
Waterbury, Conn.	22	14	–	1
Worcester, Mass.	39	26	2	1
MIDDLE ATLANTIC:	2,947	1,709	110	153
Albany, N. Y.	46	22	2	4
Allentown, Pa.	25	14	3	3
Buffalo, N. Y.	141	78	2	8
Camden, N. J.	37	20	4	4
Elizabeth, N. J.	39	25	3	–
Erie, Pa.	42	28	7	1
Jersey City, N. J.	62	40	1	–
Newark, N. J.	86	34	4	5
New York City, N. Y.†	1,460	867	58	65
Paterson, N. J.	43	26	1	4
Philadelphia, Pa.	398	207	5	31
Pittsburgh, Pa.	186	101	10	9
Reading, Pa.	37	25	–	–
Rochester, N. Y.	99	59	1	6
Schenectady, N. Y.	29	20	1	–
Scranton, Pa.	30	24	2	2
Syracuse, N. Y.	89	59	–	7
Trenton, N. J.	47	26	3	2
Utica, N. Y.	23	15	2	1
Yonkers, N. Y.	28	19	1	1
EAST NORTH CENTRAL:	2,430	1,353	66	142
Akron, Ohio	50	26	–	4
Canton, Ohio	40	21	2	2
Chicago, Ill.	670	359	15	47
Cincinnati, Ohio	152	85	2	13
Cleveland, Ohio	210	101	–	12
Columbus, Ohio	96	54	2	8
Dayton, Ohio	72	39	2	5
Detroit, Mich.	333	197	9	13
Evansville, Ind.	43	24	4	2
Flint, Mich.	48	28	1	4
Fort Wayne, Ind.	34	16	–	–
Gary, Ind.	30	19	2	5
Grand Rapids, Mich.	48	27	5	–
Indianapolis, Ind.	143	82	2	8
Madison, Wis.	41	20	6	1
Milwaukee, Wis.	118	77	1	2
Peoria, Ill.	42	21	4	4
Rockford, Ill.	37	24	–	2
South Bend, Ind.	47	28	5	5
Toledo, Ohio	104	71	3	4
Youngstown, Ohio	63	34	1	1
WEST NORTH CENTRAL:	879	521	24	57
Des Moines, Iowa	61	40	1	3
Duluth, Minn.	35	25	3	3
Kansas City, Kans.	45	27	2	2
Kansas City, Mo.	118	65	2	11
Lincoln, Nebr.	37	22	1	3
Minneapolis, Minn.	110	66	3	4
Omaha, Nebr.	88	51	2	6
St. Louis, Mo.	245	145	5	15
St. Paul, Minn.	76	47	2	2
Wichita, Kans.	64	33	3	8
Las Vegas, Nev.*	20	11	2	2

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over		
SOUTH ATLANTIC:	1,249	645	43	60
Atlanta, Ga.	129	65	4	6
Baltimore, Md.	255	132	2	11
Charlotte, N. C.	57	34	–	4
Jacksonville, Fla.	74	38	–	7
Miami, Fla.	103	51	5	6
Norfolk, Va.	60	25	7	2
Richmond, Va.	102	50	7	5
Savannah, Ga.	26	12	2	1
St. Petersburg, Fla.	81	66	2	–
Tampa, Fla.	55	26	5	5
Washington, D. C.	247	110	7	11
Wilmington, Del.	60	36	2	2
EAST SOUTH CENTRAL:	705	367	30	51
Birmingham, Ala.	116	61	1	10
Chattanooga, Tenn.	47	32	4	2
Knoxville, Tenn.	42	29	4	–
Louisville, Ky.	120	70	12	3
Memphis, Tenn.	158	75	4	19
Mobile, Ala.	64	29	–	4
Montgomery, Ala.	46	23	3	3
Nashville, Tenn.	112	48	2	10
WEST SOUTH CENTRAL:	1,334	688	35	79
Austin, Tex.	36	23	2	–
Baton Rouge, La.	53	34	4	2
Corpus Christi, Tex.	50	23	–	5
Dallas, Tex.	160	87	1	11
El Paso, Tex.	48	25	1	2
Fort Worth, Tex.	94	56	6	7
Houston, Tex.	257	118	5	15
Little Rock, Ark.	74	34	2	4
New Orleans, La.	141	66	2	8
Oklahoma City, Okla.	116	63	1	6
San Antonio, Tex.	161	81	1	10
Shreveport, La.	67	35	3	6
Tulsa, Okla.	77	43	7	3
MOUNTAIN:	459	269	16	21
Albuquerque, N. Mex.	50	24	3	1
Colorado Springs, Colo.	18	10	1	1
Denver, Colo.	153	89	6	12
Ogden, Utah	12	7	3	–
Phoenix, Ariz.	96	50	1	2
Pueblo, Colo.	15	11	–	–
Salt Lake City, Utah	58	44	–	2
Tucson, Ariz.	57	34	2	3
PACIFIC:	1,681	987	39	63
Berkeley, Calif.	23	17	–	–
Fresno, Calif.	67	28	2	7
Glendale, Calif.	27	18	1	2
Honolulu, Hawaii	29	12	2	2
Long Beach, Calif.	107	71	2	1
Los Angeles, Calif.	523	311	15	18
Oakland, Calif.	100	46	3	7
Pasadena, Calif.	44	26	–	–
Portland, Oreg.	140	89	3	4
Sacramento, Calif.	61	36	2	2
San Diego, Calif.	114	62	2	5
San Francisco, Calif.	193	107	5	8
San Jose, Calif.	38	23	–	1
Seattle, Wash.	133	89	1	6
Spokane, Wash.	36	26	1	–
Tacoma, Wash.	46	26	–	–
Total	12,379	6,945	400	663
Expected Number	12,070	6,828	387	545
Cumulative Total (includes reported corrections for previous weeks)	477,708	272,572	18,787	22,624

*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 September 12, 1970

LISTERIOSIS – *(Continued from page 375)*

Table 7
Infecting Serotype, Human Listeriosis
United States – 1969*

Infecting Serotype	Number of Cases	Percent of Total
1a	23	25.6
1b	15	16.7
3b	4	4.4
4**	1	1.1
4b	29	32.2
4d	1	1.1
Untyped	17	18.9
Total	90	100.0

*Provisional Data
**No further classification reported

Table 8
Type of Material Cultured, Human Listeriosis
United States – 1969*

Material Cultured	Number of Cases	Percent of Total
CSF	34	37.8
Blood	25	27.8
CSF and Blood	12	13.3
Other**	8	8.9
Unknown	11	12.2
Total	90	100.0

*Provisional Data
**Includes throat, umbilical cord, meninges, gastric contents, placenta, vagina, liver, lung, and spleen in 1 or more cases where isolations were not noted from CSF or blood

number of drugs. Those used most frequently were ampicillin, penicillin, and tetracycline.

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

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

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

Erratum, Vol. 19, No. 28, p. 269

In the article, "A Fatal Case of Dysentery Due to *Shigella dysenteriae* in an American Resident – Florida," in the editorial comment, it was incorrectly stated that this case was 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. The comment should have contained the statement that this was the **first death in a U.S. citizen related to the recent outbreak in Central America and Mexico.** As early as 1903 *(1)* deaths due to *S. dysenteriae* in persons in the United States have been reported with other outbreaks and deaths occurring after that *(2, 3, and 4)*.

References:
1. Park WH, Carey HW: The Presence of the Shiga Variety of Dysentery Bacilli in an Extensive Epidemic of Dysentery with Notes Upon the Serum Reactions Obtained. J Med Res 9:180, 1903
2. Reed AC: Bacillary Dysentery in California. Amer J Med Sci 187:819, 1934
3. Block NB, Ferguson W: An Outbreak of Shiga Dysentery in Michigan, 1938. Amer J Public Health 30:43, 1940
4. Caudill FW, Teague RE, Duncan JT: A Rural Shiga Dysentery Epidemic. JAMA 119:1402, 1942

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DIRECTOR, EPIDEMIOLOGY PROGRAM — PHILIP S. BRACHMAN, M.D.

EDITOR — MICHAEL B. GREGG, M.D.
MANAGING EDITOR — PRISCILLA B. HOLMAN

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE CENTER FOR DISEASE CONTROL WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CENTER FOR DISEASE CONTROL. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

CENTER FOR DISEASE CONTROL
ATTN: THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
ATLANTA, GEORGIA 30333

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