

CENTER FOR DISEASE CONTROL

Vol. 24, No. 1

WEEKLY REPORT

FOR WEEK ENDING JANUARY 4, 1975

Morbidity and Mortality



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE
DATE OF RELEASE: JANUARY 10, 1975 — ATLANTA, GEORGIA 30333

CURRENT TRENDS
INFLUENZA — United States

As of January 3, 1975, 11 states have reported outbreaks of influenza (Figure 1). Although holiday schedules have prevented full evaluation of the impact of influenza on school and industrial absenteeism, the following states have reported recent outbreaks.

Alabama: In mid-December, the first marked increases in influenza-like illness were noted in Mobile, Birmingham, and Montgomery. Subsequently influenza activity spread throughout the state.

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Arkansas: In the first week of January, outbreaks of febrile upper respiratory illness were reported in Leachville, Hot Springs, and Morrilton.

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

DISEASE	1st WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST WEEK		
	January 4, 1975	January 5, 1974		1975	1974	MEDIAN 1970-1974
Aseptic meningitis	54	33	36	54	33	36
Brucellosis	2	1	1	2	1	1
Chickenpox	2,008	1,485	—	2,008	1,485	—
Diphtheria	9	2	2	9	2	2
Encephalitis { Primary	15	8	11	15	8	11
{ Post-Infectious	2	2	4	2	2	4
Hepatitis, Viral { Type B	159	106	127	159	106	127
{ Type A	480	594	925	480	594	925
{ Type unspecified	140	78	—	140	78	—
Malaria	1	4	37	1	4	37
Measles (rubeola)	206	242	524	206	242	524
Meningococcal infections, total	16	24	39	16	24	39
Civilian	16	24	37	16	24	37
Military	—	—	2	—	—	2
Mumps	1,123	794	1,624	1,123	794	1,624
Pertussis	23	9	—	23	9	—
Rubella (German measles)	77	132	244	77	132	244
Tetanus	2	3	—	2	3	—
Tuberculosis	336	305	—	336	305	—
Tularemia	2	3	3	2	3	3
Typhoid fever	4	6	5	4	6	5
Typhus, tick-borne (Rky. Mt. spotted fever)	1	5	—	1	5	—
Venereal Diseases:						
Gonorrhea { Civilian	14,263	16,058	—	14,263	16,058	—
{ Military	165	520	—	165	520	—
Syphilis, primary and secondary { Civilian	381	465	—	381	465	—
{ Military	4	9	—	4	9	—
Rabies in animals	21	40	50	21	40	50

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	—	Poliomyelitis, total:	—
Botulism: NYC 2	2	Paralytic:	—
Congenital rubella syndrome: N. Dak. 1	1	Psittacosis:	—
Leprosy: Calif. 3	3	Rabies in man:	—
Leptospirosis: * Ida. 1	1	Trichinosis: Conn. 2	2
Plague:	—	Typhus, murine:	—

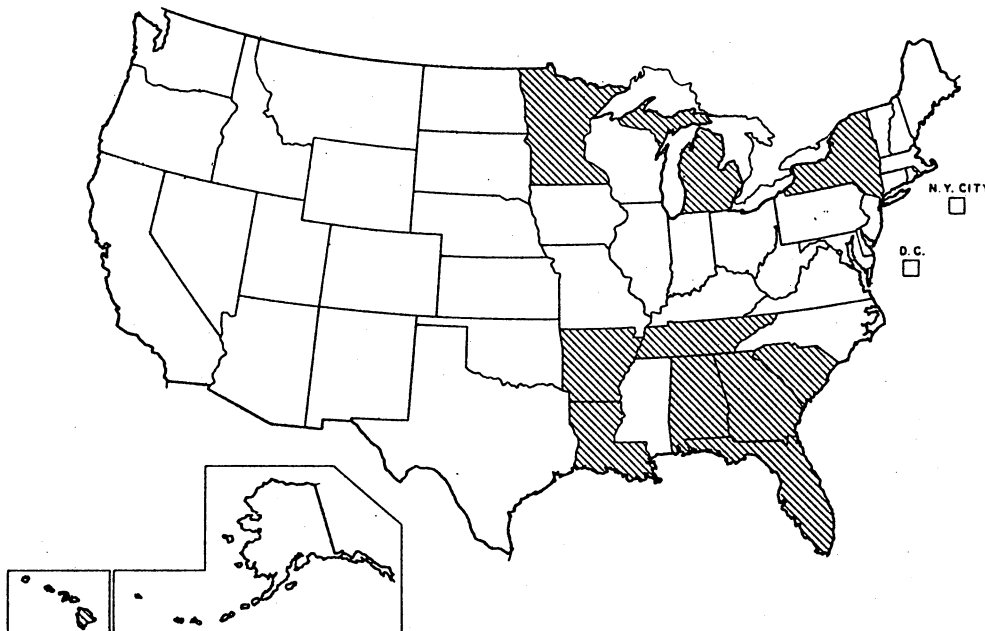
*Delayed reports: (1974) Leptospirosis: Ala. 2

Note: Beginning this week, gonorrhea and syphilis cases will be reported as military or civilian. For comparison, 1974 weekly figures for these 2 populations have been estimated.

— — — Data not available
— Quantity zero
NN Report of disease not required by State Health Department

INFLUENZA - Continued

Figure 1
REPORTED OUTBREAKS OF INFLUENZA, BY STATE
UNITED STATES - NOVEMBER 1974-JANUARY 3, 1975



Springs, Dumas, Little Rock, and Beebe. Influenza A virus was isolated in Hot Springs.

Florida: Influenza which first appeared in Dade County has also occurred in Jefferson and Walton counties in the Florida panhandle and in the Jacksonville and Tampa areas. Several seroconversions and viral isolations of influenza A virus have been confirmed in the State Health Laboratory.

Louisiana: Influenza activity has been reported since the 3rd week in December in the New Orleans and Shreveport areas.

South Carolina: On January 2, 1975, laboratory confirmed outbreaks of influenza were reported in Richland and Orangeburg counties. Influenza-like illness has been reported in Spartanburg, Pickens, Charleston, Greenville, and Anderson counties.

(Reported by Frederick S. Wolf, MD, State Epidemiologist, Alabama State Department of Health; Joseph L. Rosenzweig, MD, private physician, Hot Springs, Andrew G. Dean, MD, Acting State Epidemiologist, Arkansas State Board of Health;

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Editorial Note

Widespread influenza activity has been centered in the southeastern United States. All viral isolates have been Type A and antigenically similar to A/Port Chalmers/1/73. Pneumonia and influenza mortality in 121 U.S. cities usually reflects influenza activity 2-4 weeks after clinical disease is noted to be widespread. To date, P and I mortality remains below the epidemic threshold.

EPIDEMIOLOGIC NOTES AND REPORTS INTRODUCTION OF *SALMONELLA WEIN* INTO THE UNITED STATES Connecticut, Washington

Connecticut

On September 9, 1974, a 5-month-old boy was admitted to a New Britain, Connecticut, hospital with diarrhea, fever, and vomiting of 9 days' duration. Hospital treatment was limited to intravenous fluids. Stool cultures yielded *Salmonella wein* sensitive to gentamicin and colistin and resistant to ampicillin, carbenicillin, cephalosporin, chloramphenicol, tetracycline, streptomycin, sulfonamides, and kanamycin. The

patient was discharged on September 12. Stool specimens were obtained on that date from the child's parents, 2 grandparents, and a 9-month-old cousin who visited the child's home. Cultures from the mother, grandfather, and the cousin yielded *S. wein*.

Epidemiologic investigation revealed that the 5-month-old boy had traveled with his parents to Italy on July 27, 1974.

(Continued on page 7)

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**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 4, 1975 AND JANUARY 5, 1974 (1st WEEK)**

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod- borne and Unspecified		Post In- fectious	Type B	Type A	Type Unspecified		
						1975	1974	1975	1975	1975	1975		
UNITED STATES	54	2	2,008	9	9	15	8	2	159	480	140	1	1
NEW ENGLAND	-	-	127	-	-	-	-	-	3	16	8	-	-
Maine *	-	-	6	-	-	-	-	-	-	1	-	-	-
New Hampshire *	-	-	1	-	-	-	-	-	-	1	-	-	-
Vermont	-	-	13	-	-	-	-	-	-	-	-	-	-
Massachusetts	-	-	36	-	-	-	-	-	2	3	8	-	-
Rhode Island	-	-	35	-	-	-	-	-	-	5	-	-	-
Connecticut	-	-	36	-	-	-	-	-	1	6	-	-	-
MIDDLE ATLANTIC	1	-	61	-	-	-	3	1	25	53	46	-	-
Upstate New York	1	-	17	-	-	-	2	1	11	27	33	-	-
New York City	-	-	44	-	-	-	1	-	4	9	-	-	-
New Jersey	-	-	NN	-	-	-	-	-	10	17	13	-	-
Pennsylvania	-	-	-	-	-	-	-	-	-	-	-	-	-
EAST NORTH CENTRAL	4	-	986	-	-	2	-	-	15	78	6	-	-
Ohio	2	-	189	-	-	-	-	-	1	25	-	-	-
Indiana	-	-	66	-	-	-	-	-	-	-	-	-	-
Illinois	-	-	-	-	-	-	-	-	4	12	3	-	-
Michigan	2	-	445	-	-	2	-	-	8	30	3	-	-
Wisconsin	-	-	286	-	-	-	-	-	2	11	-	-	-
WEST NORTH CENTRAL	2	1	115	-	-	2	3	-	4	14	10	-	-
Minnesota	-	-	-	-	-	-	-	-	-	-	-	-	-
Iowa *	-	-	102	-	-	1	-	-	-	2	-	-	-
Missouri	2	1	4	-	-	1	3	-	4	8	10	-	-
North Dakota	-	-	9	-	-	-	-	-	-	3	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	1	-	-	-
Nebraska	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH ATLANTIC	-	-	244	-	-	1	-	-	18	48	10	1	1
Delaware	-	-	6	-	-	-	-	-	-	-	-	-	-
Maryland	-	-	17	-	-	-	-	-	4	6	4	-	-
District of Columbia	-	-	-	-	-	-	-	-	1	1	2	-	-
Virginia	-	-	9	-	-	1	-	-	6	6	-	1	1
West Virginia	-	-	179	-	-	-	-	-	-	5	-	-	-
North Carolina	-	-	NN	-	-	-	-	-	2	9	2	-	-
South Carolina	-	-	33	-	-	-	-	-	2	5	1	-	-
Georgia	-	-	-	-	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	-	-	-	3	16	1	-	-
EAST SOUTH CENTRAL	13	-	42	-	-	2	-	-	16	47	-	-	-
Kentucky	1	-	38	-	-	-	-	-	-	14	-	-	-
Tennessee	-	-	NN	-	-	-	-	-	5	28	-	-	-
Alabama *	12	-	2	-	-	2	-	-	11	5	-	-	-
Mississippi	-	-	2	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL	12	-	346	-	-	1	-	1	25	80	14	-	-
Arkansas	-	-	1	-	-	-	-	-	-	-	-	-	-
Louisiana	2	-	NN	-	-	-	-	-	4	21	5	-	-
Oklahoma	5	-	25	-	-	-	-	-	9	35	6	-	-
Texas	5	-	320	-	-	1	-	1	12	24	3	-	-
MOUNTAIN	-	-	54	3	3	1	-	-	6	24	16	-	-
Montana	-	-	38	-	-	1	-	-	-	2	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	3	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	3	2	-	-
Colorado	-	-	13	-	-	-	-	-	-	-	-	-	-
New Mexico	-	-	-	-	-	-	-	-	4	-	10	-	-
Arizona	-	-	-	3	3	-	-	-	2	10	4	-	-
Utah	-	-	-	-	-	-	-	-	-	1	-	-	-
Nevada *	-	-	3	-	-	-	-	-	-	5	-	-	-
PACIFIC	22	1	33	6	6	6	2	-	47	120	30	-	-
Washington	3	-	18	6	6	1	-	-	5	23	19	-	-
Oregon	1	-	2	-	-	-	-	-	9	12	1	-	-
California *	18	1	-	-	-	5	2	-	32	76	10	-	-
Alaska	-	-	2	-	-	-	-	-	1	9	-	-	-
Hawaii	-	-	11	-	-	-	-	-	-	-	-	-	-
Guam *	---	---	---	---	-	---	-	---	---	---	---	---	-
Puerto Rico	---	---	---	---	-	---	-	---	---	---	---	---	-
Virgin Islands	---	---	---	---	-	---	-	---	---	---	---	---	-

Delayed reports (1974): Chickenpox: Me. 19, N.H. 4, Calif. 10, Guam 5
 Encephalitis, primary: Ala. 1
 Hepatitis A: Me. 1, Iowa delete 1, Nev. 2, Guam 4
 Malaria: V.I. delete 3

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 4, 1975 AND JANUARY 5, 1974 (1st WEEK) - Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1975	Cumulative		1975	Cumulative		1975	Cum. 1975	1975	1975	Cum. 1975	Cum. 1975
		1975	1974		1975	1974						
UNITED STATES	206	206	242	16	16	24	1,123	1,123	23	77	77	2
NEW ENGLAND	-	-	25	-	-	4	35	35	1	3	3	-
Maine *	-	-	1	-	-	-	-	-	-	-	-	-
New Hampshire *	-	-	10	-	-	1	-	-	-	-	-	-
Vermont	-	-	-	-	-	-	-	-	-	-	-	-
Massachusetts	-	-	4	-	-	-	3	3	-	3	3	-
Rhode Island	-	-	10	-	-	2	19	19	-	-	-	-
Connecticut	-	-	-	-	-	1	13	13	1	-	-	-
MIDDLE ATLANTIC	4	4	83	-	-	3	25	25	1	2	2	-
Upstate New York	2	2	-	-	-	-	2	2	1	-	-	-
New York City	-	-	12	-	-	1	8	8	-	1	1	-
New Jersey	1	1	56	-	-	1	1	1	-	-	-	-
Pennsylvania	1	1	15	-	-	1	14	14	-	1	1	-
EAST NORTH CENTRAL	50	50	71	4	4	3	401	401	5	21	21	-
Ohio	2	2	43	1	1	2	52	52	-	1	1	-
Indiana	5	5	1	-	-	-	5	5	-	-	-	-
Illinois	13	13	9	-	-	-	23	23	1	4	4	-
Michigan	26	26	11	3	3	1	253	253	4	15	15	-
Wisconsin	4	4	7	-	-	-	68	68	-	1	1	-
WEST NORTH CENTRAL	25	25	4	1	1	-	16	16	2	4	4	1
Minnesota	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	1	-	-	-	8	8	-	-	-	-
Missouri	2	2	3	1	1	-	6	6	2	4	4	1
North Dakota	-	-	-	-	-	-	-	-	-	-	-	-
South Dakota	3	3	-	-	-	-	-	-	-	-	-	-
Nebraska	20	20	-	-	-	-	2	2	-	-	-	-
Kansas	-	-	-	-	-	-	-	-	-	-	-	-
SOUTH ATLANTIC	4	4	5	4	4	3	58	58	-	15	15	1
Delaware	-	-	-	-	-	-	1	1	-	1	1	-
Maryland	-	-	-	1	1	-	3	3	-	-	-	-
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	-	-	-	2	2	2	9	9	-	2	2	-
West Virginia	2	2	1	-	-	-	30	30	-	-	-	-
North Carolina	-	-	-	-	-	-	NN	NN	-	-	-	-
South Carolina	2	2	4	1	1	-	2	2	-	12	12	1
Georgia	-	-	-	-	-	-	-	-	-	-	-	-
Florida	-	-	-	-	-	1	13	13	-	-	-	-
EAST SOUTH CENTRAL	-	-	2	3	3	1	372	372	4	1	1	-
Kentucky	-	-	2	1	1	-	256	256	1	-	-	-
Tennessee	-	-	-	1	1	1	109	109	2	1	1	-
Alabama	-	-	-	1	1	-	5	5	-	-	-	-
Mississippi	-	-	-	-	-	-	2	2	1	-	-	-
WEST SOUTH CENTRAL	2	2	6	4	4	3	91	91	2	3	3	-
Arkansas	-	-	-	-	-	2	1	1	-	-	-	-
Louisiana	-	-	1	1	1	-	18	18	-	-	-	-
Oklahoma	-	-	-	1	1	1	1	1	-	-	-	-
Texas	2	2	5	2	2	-	71	71	2	3	3	-
MOUNTAIN	92	92	1	-	-	-	1	1	-	1	1	-
Montana	-	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	-	-	1	-	-	-	1	1	-	-	-	-
New Mexico	92	92	-	-	-	-	-	-	-	1	1	-
Arizona	-	-	-	-	-	-	-	-	-	-	-	-
Utah	-	-	-	-	-	-	-	-	-	-	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	29	29	45	-	-	7	124	124	8	27	27	-
Washington	1	1	-	-	-	1	28	28	1	1	1	-
Oregon	-	-	-	-	-	1	6	6	-	2	2	-
California	28	28	45	-	-	5	89	89	7	23	23	-
Alaska	-	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	1	1	-	1	1	-
Guam *	---	-	-	---	-	-	---	-	---	---	-	-
Puerto Rico	---	-	7	---	-	-	---	-	---	---	-	-
Virgin Islands	---	-	-	---	-	-	---	-	---	---	-	-

*Delayed reports (1974): Measles: N.H. 1
Mumps: Me. 2, N.H. 1, Guam 1
Rubella: Me. 2

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**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 4, 1975 AND JANUARY 5, 1974 (1st WEEK) – Continued**

AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
	1975	Cum. 1975	Cum. 1975	1975	Cum. 1975	1975	Cum. 1975	GONORRHEA			SYPHILIS (Pri. & Sec.)			Cum. 1975
								1975	Cumulative		1975	Cumulative		
									1975	1974		1975	1975	
UNITED STATES	336	336	2	4	4	1	1	14,263	14,263	16,058	381	381	465	21
NEW ENGLAND	34	34	—	—	—	—	—	111	111	409	3	3	17	—
Maine	1	1	—	—	—	—	—	—	—	29	—	—	—	—
New Hampshire	2	2	—	—	—	—	—	18	18	12	—	—	1	—
Vermont	—	—	—	—	—	—	—	10	10	12	1	1	—	—
Massachusetts	19	19	—	—	—	—	—	—	—	189	—	—	12	—
Rhode Island	5	5	—	—	—	—	—	30	30	33	—	—	1	—
Connecticut	7	7	—	—	—	—	—	53	53	134	2	2	3	—
MIDDLE ATLANTIC	52	52	—	—	—	—	—	1,114	1,114	2,004	83	83	99	1
Upstate New York	7	7	—	—	—	—	—	256	256	375	18	18	10	1
New York City	29	29	—	—	—	—	—	576	576	833	58	58	56	—
New Jersey	16	16	—	—	—	—	—	62	62	300	4	4	16	—
Pennsylvania	—	—	—	—	—	—	—	220	220	496	3	3	17	—
EAST NORTH CENTRAL	73	73	—	—	—	—	—	2,220	2,220	2,558	31	31	39	—
Ohio	48	48	—	—	—	—	—	1,072	1,072	711	4	4	5	—
Indiana	3	3	—	—	—	—	—	300	300	226	1	1	4	—
Illinois	13	13	—	—	—	—	—	364	364	783	23	23	20	—
Michigan	9	9	—	—	—	—	—	296	296	616	3	3	8	—
Wisconsin	—	—	—	—	—	—	—	188	188	222	—	—	2	—
WEST NORTH CENTRAL	3	3	1	—	—	—	—	532	532	819	9	9	10	6
Minnesota	—	—	—	—	—	—	—	172	172	183	2	2	1	—
Iowa	2	2	—	—	—	—	—	—	—	119	—	—	1	—
Missouri	—	—	1	—	—	—	—	259	259	255	5	5	7	4
North Dakota	—	—	—	—	—	—	—	13	13	14	—	—	—	2
South Dakota	—	—	—	—	—	—	—	25	25	36	—	—	—	—
Nebraska	1	1	—	—	—	—	—	30	30	65	2	2	—	—
Kansas	—	—	—	—	—	—	—	33	33	147	—	—	1	—
SOUTH ATLANTIC	68	68	—	—	—	—	—	4,038	4,038	3,975	91	91	149	1
Delaware	3	3	—	—	—	—	—	53	53	60	1	1	2	—
Maryland	15	15	—	—	—	—	—	483	483	358	2	2	16	—
District of Columbia	1	1	—	—	—	—	—	304	304	399	10	10	13	—
Virginia	8	8	—	—	—	—	—	418	418	362	22	22	19	—
West Virginia	7	7	—	—	—	—	—	24	24	48	—	—	—	—
North Carolina	9	9	—	—	—	—	—	517	517	531	2	2	16	—
South Carolina	3	3	—	—	—	—	—	497	497	422	6	6	12	—
Georgia	—	—	—	—	—	—	—	873	873	704	14	14	24	1
Florida	22	22	—	—	—	—	—	869	869	1,091	34	34	47	—
EAST SOUTH CENTRAL	4	4	—	—	—	—	—	1,029	1,029	1,367	7	7	24	5
Kentucky *	—	—	—	—	—	—	—	180	180	167	—	—	5	5
Tennessee	—	—	—	—	—	—	—	551	551	538	6	6	10	—
Alabama *	4	4	—	—	—	—	—	—	—	387	—	—	4	—
Mississippi	—	—	—	—	—	—	—	298	298	275	1	1	5	—
WEST SOUTH CENTRAL	25	25	1	—	—	1	1	2,285	2,285	2,136	47	47	43	6
Arkansas	7	7	—	—	—	—	—	43	43	234	—	—	2	—
Louisiana *	13	13	—	—	—	—	—	517	517	461	12	12	13	2
Oklahoma	5	5	—	—	—	1	1	103	103	162	2	2	3	1
Texas	—	—	1	—	—	—	—	1,622	1,622	1,279	33	33	25	3
MOUNTAIN	12	12	—	—	—	—	—	381	381	567	6	6	11	1
Montana	—	—	—	—	—	—	—	34	34	34	—	—	—	1
Idaho	—	—	—	—	—	—	—	34	34	36	—	—	—	—
Wyoming	—	—	—	—	—	—	—	—	—	14	—	—	—	—
Colorado	—	—	—	—	—	—	—	57	57	164	—	—	2	—
New Mexico	—	—	—	—	—	—	—	50	50	78	—	—	2	—
Arizona *	10	10	—	—	—	—	—	152	152	148	5	5	5	—
Utah	—	—	—	—	—	—	—	—	—	27	—	—	—	—
Nevada *	2	2	—	—	—	—	—	54	54	66	1	1	2	—
PACIFIC	65	65	—	4	4	—	—	2,553	2,553	2,223	104	104	73	1
Washington	8	8	—	—	—	—	—	210	210	213	17	17	3	—
Oregon	—	—	—	—	—	—	—	220	220	192	1	1	2	—
California	56	56	—	4	4	—	—	2,020	2,020	1,727	83	83	67	1
Alaska	—	—	—	—	—	—	—	44	44	48	—	—	—	—
Hawaii	1	1	—	—	—	—	—	59	59	43	3	3	1	—
Guam *	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	—	—	—	—	—	—	—	62	—	—	19	—
Virgin Islands	—	—	—	—	—	—	—	—	—	14	—	—	1	—

*Delayed reports (1974): TB: Ala. delete 2, La. 9, Ariz. delete 2, Nev. 5
Gonorrhea: Nev. 51, Guam 3
Rabies: Ky. 6

Morbidity and Mortality Weekly Report

Week No.

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING JANUARY 4, 1975

01

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

Area	All Causes					Pneumonia and Influenza All Ages	Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year			All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	835	511	225	47	29	44	SOUTH ATLANTIC	1,341	741	404	98	39	75
Boston, Mass.	280	149	82	25	12	14	Atlanta, Ga.	84	44	32	5	3	-
Bridgeport, Conn.	51	31	11	5	2	6	Baltimore, Md.	216	117	63	16	7	8
Cambridge, Mass.	33	24	4	2	2	4	Charlotte, N. C.	53	35	10	2	3	5
Fall River, Mass.	32	23	7	2	-	1	Jacksonville, Fla.	94	46	32	9	1	-
Hartford, Conn.	70	36	28	2	2	2	Miami, Fla.	180	90	62	12	9	8
Lowell, Mass.	29	21	7	-	-	2	Norfolk, Va.	58	25	23	4	2	5
Lynn, Mass.	20	13	5	1	-	1	Richmond, Va.	102	61	27	7	5	14
New Bedford, Mass.	44	31	12	1	-	-	Savannah, Ga.	38	23	10	1	3	4
New Haven, Conn.	58	32	17	3	6	1	St. Petersburg, Fla.	101	89	11	-	-	6
Providence, R. I.	51	34	14	-	3	4	Tampa, Fla.	100	62	28	5	1	13
Somerville, Mass.	15	12	2	1	-	1	Washington, D. C.	264	128	87	30	5	10
Springfield, Mass.	54	38	10	2	2	2	Wilmington, Del.	51	21	19	7	-	2
Waterbury, Conn.	32	21	11	-	-	4	EAST SOUTH CENTRAL	770	451	211	58	28	64
Worcester, Mass.	66	46	15	3	-	2	Birmingham, Ala.	106	52	30	9	9	9
MIDDLE ATLANTIC	2,966	1,939	741	163	53	128	Chattanooga, Tenn.	80	57	16	4	-	15
Albany, N. Y.	57	36	9	7	2	1	Knoxville, Tenn.	63	41	14	5	2	2
Allentown, Pa.	20	14	2	3	1	2	Louisville, Ky.	141	88	38	8	3	17
Buffalo, N. Y.	189	123	51	7	4	18	Memphis, Tenn.	123	78	35	8	-	1
Camden, N. J.	44	24	13	3	2	2	Mobile, Ala.	105	61	22	9	10	7
Elizabeth, N. J.	27	17	8	1	-	1	Montgomery, Ala.	58	26	21	8	2	8
Erie, Pa.	34	22	10	-	2	1	Nashville, Tenn.	94	48	35	7	2	5
Jersey City, N. J.	51	36	9	2	1	2	WEST SOUTH CENTRAL	1,104	605	326	83	44	57
Newark, N. J. *	68	34	19	7	3	3	Austin, Tex.	30	17	6	4	1	6
New York City, N. Y. *	1,479	981	351	90	22	62	Baton Rouge, La.	79	44	26	5	1	5
Paterson, N. J.	32	24	5	1	2	3	Corpus Christi, Tex.	21	11	7	3	-	1
Philadelphia, Pa.	395	246	106	24	9	6	Dallas, Tex.	198	92	67	20	12	6
Pittsburgh, Pa.	180	110	59	8	2	11	El Paso, Tex.	30	14	9	3	3	2
Reading, Pa.	32	17	14	1	-	-	Fort Worth, Tex.	95	58	27	6	2	2
Rochester, N. Y.	95	70	20	1	1	7	Houston, Tex.	142	74	44	12	6	6
Schenectady, N. Y.	40	30	8	1	-	1	Little Rock, Ark.	50	30	14	2	1	2
Scranton, Pa.	45	33	9	3	-	2	New Orleans, La.	164	91	57	8	5	7
Syracuse, N. Y.	78	52	19	3	2	1	San Antonio, Tex.	191	110	42	13	10	12
Trenton, N. J.	41	24	17	-	-	-	Shreveport, La.	68	40	20	5	1	5
Utica, N. Y.	23	17	6	-	-	1	Tulsa, Okla.	36	24	7	2	2	3
Yonkers, N. Y.	36	29	6	1	-	4	MOUNTAIN	562	346	137	29	20	27
EAST NORTH CENTRAL	2,342	1,313	665	178	80	61	Albuquerque, N. Mex.	61	37	16	5	2	5
Akron, Ohio	56	36	11	5	1	-	Colorado Springs, Colo.	37	24	3	3	4	4
Canton, Ohio	37	21	14	-	1	4	Denver, Colo.	119	69	35	6	1	2
Chicago, Ill.	687	371	190	59	29	10	Las Vegas, Nev.	23	11	6	2	1	1
Cincinnati, Ohio	125	65	38	10	4	3	Ogden, Utah	22	15	5	1	-	5
Cleveland, Ohio	165	87	52	13	5	3	Phoenix, Ariz.	152	93	37	6	7	3
Columbus, Ohio	130	63	43	12	5	1	Pueblo, Colo.	24	19	3	2	-	5
Dayton, Ohio	93	53	30	4	3	1	Salt Lake City, Utah	46	28	12	3	3	-
Detroit, Mich.	291	153	82	26	7	4	Tucson, Ariz.	78	50	20	1	2	2
Evansville, Ind.	46	28	12	5	1	3	PACIFIC	1,326	812	350	78	44	28
Fort Wayne, Ind.	53	36	14	1	1	5	Berkeley, Calif.	4	4	-	-	-	-
Gary, Ind.	40	16	16	5	2	3	Fresno, Calif.	53	29	14	3	4	-
Grand Rapids, Mich.	43	23	13	4	2	1	Glendale, Calif.	20	10	8	2	-	-
Indianapolis, Ind.	131	71	39	8	9	7	Honolulu, Hawaii *	42	22	13	3	4	1
Madison, Wis.	21	10	6	2	2	3	Long Beach, Calif.	93	69	21	1	-	4
Milwaukee, Wis.	138	87	40	6	3	3	Los Angeles, Calif.	279	172	70	20	9	3
Peoria, Ill.	27	18	6	3	-	-	Oakland, Calif.	74	53	14	5	1	1
Rockford, Ill.	42	32	7	2	1	4	Pasadena, Calif.	35	24	6	1	2	2
South Bend, Ind.	50	35	12	1	-	3	Portland, Oreg.	138	86	40	6	3	-
Toledo, Ohio	105	69	26	4	4	1	Sacramento, Calif.	50	31	12	2	5	1
Youngstown, Ohio	62	39	14	8	-	2	San Diego, Calif.	98	63	24	5	2	1
WEST NORTH CENTRAL	834	527	199	42	32	29	San Francisco, Calif.	171	93	56	13	5	8
Des Moines, Iowa	61	39	16	2	2	1	San Jose, Calif.	56	29	10	4	3	3
Duluth, Minn.	17	11	6	-	-	3	Seattle, Wash.	136	80	43	8	2	2
Kansas City, Kans.	33	20	7	1	1	1	Spokane, Wash.	45	31	6	3	4	2
Kansas City, Mo.	154	100	41	5	4	-	Tacoma, Wash.	32	16	13	2	-	-
Lincoln, Nebr.	35	24	6	4	-	2	Total	12,080	7,245	3,258	776	369	513
Minneapolis, Minn.	132	78	28	8	8	11	Expected Number	13,151	7,973	3,475	822	408	516
Omaha, Nebr.	64	42	16	1	2	2							
St. Louis, Mo.	219	140	47	14	11	5							
St. Paul, Minn.	80	51	21	3	3	5							
Wichita, Kans.	39	22	11	4	1	4							

*Estimate based on average percent of divisional total

SALMONELLA WEIN – Continued

The grandfather then followed them to Italy on August 8 to visit his father who was ill with bronchitis. The infant became ill 1 week prior to his departure from Italy on September 7. In the week preceding his onset of illness, the child had consumed only a commercial baby food, a baby formula manufactured in Italy, and water. The baby formula was prepared using hot tap water. While in Italy, he was treated with oral streptomycin for 3 days without improvement in his symptoms.

(Reported by Winona Anderson, RN, Nurse Epidemiologist, Edward H. Scheer, MD, Senior Attending Pediatrician, New Britain General Hospital; Helen T. Lazarski, RN, Public Health Nurse, Dorothy M. Partyka, RN, Supervisory Public Health Nurse, Paul D. Rosahn, MD, Director of Health, New Britain Health Department; Marilyn C. Hawley, RN, State Nurse Epidemiologist, and James C. Hart, MD, State Epidemiologist, Connecticut State Health Department, Hartford, Connecticut.)

Washington

On October 4, 1974, a 14-month-old boy was admitted to a hospital in Olympia, Washington, for treatment of dehydration and diarrhea. His diarrheal disease had developed while in Europe, but the date of onset is unknown. A stool culture yielded *S. wein*, sensitive to gentamicin, colistin, and cephalosporin and resistant to ampicillin, chloramphenicol, tetracycline, streptomycin, kanamycin, and sulfonamides. Blood and cerebrospinal fluid cultures were negative. Treatment during his hospitalization was limited to intravenous fluids. He was discharged on October 7.

Epidemiologic investigation revealed that the boy has cystic fibrosis. On approximately September 20, 1974, he went with his family to Lourdes, France, site of a religious shrine frequently visited by chronically ill persons. Although the family's travel itinerary by date is unknown, they then proceeded to Rome where the boy was hospitalized for 3 days for symptoms related to his cystic fibrosis. He was treated with chloramphenicol while hospitalized and for an additional 4-5 days until his return to the United States. His diet while in Europe consisted entirely of breast milk.

Stool cultures of 5 family members obtained at the time of the boy's hospitalization in this country were negative. About November 11, all family members developed a mild gastrointestinal illness; the boy's stool culture at that time

was still positive. Because a 7-year-old sister's symptoms persisted for 4 days, her stool was re-cultured and yielded *S. wein*. (Reported by Charles A. Keck, MD, Pediatrician, Olympia, Washington; Jack Allard, PhD, Director of State Laboratory, Seattle, Washington; Thieu Nghiem, MD, Head, Epidemiology Section, Washington State Health Department, Olympia, Washington; and an EIS Officer.)

Editorial Note

Salmonella wein, a previously rare serotype, has been responsible for widespread epidemics of enteritis in Europe and one North African country (1,2). The cases reported here appear to relate to these epidemics. The epidemic of multiply-resistant *S. wein* infections was first reported in association with pediatric outbreaks in Algeria; in 1970, *S. wein* was introduced into France where it has been associated with nosocomial outbreaks in pediatric populations (1). In order of frequency of isolation at the National Salmonella Reference Center of the Pasteur Institute in Paris, this serotype, which was very rare in 1969, occupied first place during 1972 and currently ranks second among serotypes reported (3,4). Multiply-resistant *S. wein* has been isolated from patients in other European countries including Finland and the Netherlands (2). The isolates of *S. wein* are characterized by resistance to ampicillin, streptomycin, chloramphenicol, and sulfonamides. More than 90% are also resistant to kanamycin and tetracycline, and they are variably resistant to colistin (1,5). Most strains are sensitive to gentamicin. Because of this drug resistance, extraintestinal infections may pose especially difficult therapeutic problems. Although person-to-person and fomite transmission have been implicated in *S. wein* nosocomial outbreaks, no information is available on the epidemiology of community-acquired infections.

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1. Minor SL: Apparition en France d'une epidemie à *Salmonella wein*. *Medecine et Maladies Infectieuses*, 2:441-448, 1972
2. World Health Organization: *Weekly Epidemiological Record* 48(39): 377-381, 28 Sept 1973
3. World Health Organization: *Salmonella Surveillance 1972*, Reports Received from Centres Participating in the WHO Programme. Annex 14
4. Centre des Salmonella de l'Institute Pasteur de Paris. Report for the 3rd trimester, 1974
5. World Health Organization: *Weekly Epidemiological Record* 49(15): 129, 11 Apr 1974

TYPE B BOTULISM FROM HOMEMADE, MARINATED MUSHROOMS – Rhode Island

Two sisters, ages 78 and 79, developed botulism 48 hours after eating a common meal on October 13, 1974. Both women had dysphagia, dysphonia, ptosis, ophthalmoplegia, and xerostomia; they were given trivalent botulinum antitoxin. Neither had respiratory complications.

Serum specimens from both patients were negative for botulinum toxin. Epidemiologic data implicated homemade, marinated mushrooms as the source of illness, and type B toxin (100-1000 mouse LD₅₀ units per gram) was identified in two previously unopened jars of mushrooms which had been prepared at the same time as the implicated jar. These mushrooms had pH values of 6.2 and 6.4. Bacteriological studies are in progress. The raw mushrooms had been purchased a month previously at a local restaurant and soaked for 24 hours in a mixture of 1 cup of vegetable oil, 1 tablespoon of vinegar, and seasonings. After soaking, the mushrooms were

boiled in the marinade for 15 minutes, then "hot-packed" into presterilized glass jars with vacuum seal lids and heated briefly.

The only other person who consumed these mushrooms at the same meal was a 71-year-old man who ate more than either patient but did not develop symptoms. He had been taking tetracycline both before and after his exposure.

(Reported by Frank Meglio, Jan Ferraro, Constantine Georas, MD, Albee Budnitz, MD, James Feld, MD, Francis L. Garrity, PhD, Director, Microbiology Laboratory, Rhode Island Hospital; Michael P. Hudgins, MD, Acting State Epidemiologist, Rhode Island State Department of Health; Hilton Fowler, MD, Fall River, Massachusetts; Michael Duchowny, MD, David Dawson, MD, Peter Bent Brigham Hospital, Boston; Marion Holmes, Director, Bacteriology Laboratory, George T. Waterman, MD, Assistant State Epidemiologist, Massachusetts Department of Public Health; John E. Biello, E. Frank Gesing,

BOTULISM – Continued

Raymond J. Maggio, Peter Smith, Investigators, Boston Field Office, Food and Drug Administration; Enterobacteriology Branch, Bacteriology Division, Bureau of Laboratories, CDC, and an EIS Officer.)

Editorial Note

Why the person who ate the most mushrooms had no clinical illness is not clear. The toxin was perhaps unequally distributed in the jar, so that the mushrooms the man consumed may have been relatively free of toxin; or for some unknown reason, he might not have been susceptible to the toxin (1). Whether tetracycline had a protective effect by

inhibiting the multiplication of *Clostridium botulinum* in the intestinal tract is unknown (2).

To prevent the germination of *C. botulinum* spores and the elaboration of toxin, marinated foods should have a pH less than 4.5. In this case 1 tablespoon of vinegar in 1 cup of salad oil evidently did not provide sufficient acid to inhibit multiplication of *C. botulinum*. Non-acid foods must be pressure cooked to insure destruction of spores.

References

1. Keonig MG, Drutz DJ, Mushlin AI, et al: Type B botulism in man. *Amer J Med* 42:208-219, 1967
2. Minervin SM: On the pathogenetic diagnosis and treatment of botulism. *Vrach Delo (Kiev)* 12:91-94, 1962

**INTERNATIONAL NOTES
QUARANTINE MEASURES**

The following changes should be made in the "Supplement-Health Information for International Travel," *Morbidity and Mortality Weekly Report*, Vol. 23, September 1974:

ALBANIA

Cholera – insert code II >6 months

Smallpox – under code I insert >6 months

ANGOLA

Cholera – insert code II

BAHAMAS

Smallpox – insert the following note: A Certificate is ALSO required from travelers who within 14 days before arriving in the Bahamas have been in a country any part of which is infected.

BRUNEI

Cholera – insert code II >6 months

CANADA

Smallpox – delete the note and insert: A Certificate is ALSO required from travelers arriving from:

Africa: Ethiopia

Asia: Bangladesh, India, Pakistan

A Certificate is ALSO required from travelers who within 14 days before arriving in Canada have been in or transited a country any part of which is infected.

ERRATUM, Vol. 23, No. 43, p. 372

In "Probable Chimpanzee-Associated Hepatitis A – New Jersey," paragraph 1, line 1, correct the sentence to read: The chimps had recently been captured in Liberia, West Africa, and shipped to Capetown, South Africa; from there they were shipped first to New York and then to New Jersey.

The *Morbidity and Mortality Weekly Report*, circulation 41,500, is published by the Center for Disease Control, Atlanta, Ga.

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The data in this report are provisional, based on weekly telegraphs to CDC by 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.

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials.

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DHEW Publication No. (CDC) 75-8017

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