



Morbidity and Mortality

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EPIDEMIOLOGIC NOTES AND REPORTS VESTIBULAR REACTIONS TO MINOCYCLINE AFTER MENINGOCOCCAL PROPHYLAXIS - New Jersey

On October 31, 1974, a 19-year-old, female college student was admitted to a New Jersey hospital with nausea and vomiting. In the next 3 hours she became comatose and suffered a respiratory arrest. The diagnosis of meningococcal meningitis was made from a spinal fluid gram stain taken shortly after admission, and spinal fluid culture yielded *Neisseria meningitidis*, serogroup C. Despite intensive supportive care and massive doses of penicillin, the patient had a downhill course and died on November 9.

Epidemiologic investigation revealed 3 groups of people who had had varying degrees of contact with the patient. All were given minocycline prophylaxis. The first group of 38

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hospital contacts were given an initial dose of 200 mg of minocycline followed by 4 doses of 100 mg every 4 hours, for a total dose of 600 mg. The second group of 13 college contacts were prescribed 200 mg of minocycline followed

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

DISEASE	2nd WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 2 WEEKS		
	January 11, 1975	January 12, 1974		1975	1974	MEDIAN 1970-1974
Aseptic meningitis	18	36	40	72	69	73
Brucellosis	1	1	1	3	2	2
Chickenpox	2,805	2,503	---	4,813	3,988	---
Diphtheria	6	1	4	9	3	4
Encephalitis	2	18	18	21	26	31
Primary	2	---	2	4	2	5
Post-Infectious	2	---	2	4	2	5
Hepatitis, Viral	188	139	139	347	245	250
Type B	605	704	1,057	1,085	1,298	2,003
Type A	147	123	---	287	201	---
Type unspecified	6	1	45	7	5	90
Malaria	147	380	650	353	622	1,199
Measles (rubeola)	27	25	27	43	77	66
Meningococcal infections, total	26	25	26	42	77	63
Civilian	1	---	3	1	---	5
Military	1,104	1,623	2,303	2,227	2,417	3,927
Mumps	21	32	---	44	41	---
Pertussis	78	158	377	155	290	621
Rubella (German measles)	1	---	---	3	3	---
Tetanus	458	421	---	794	726	---
Tuberculosis	1	2	2	3	5	4
Tularemia	1	4	4	5	10	10
Typhoid fever	6	5	1	7	10	1
Typhus, tick-borne (Rky. Mt. spotted fever)	---	---	---	---	---	---
Venereal Diseases:	---	---	---	---	---	---
Gonorrhea (Civilian)	17,356	16,057	---	31,619	32,115	---
Military	911	520	---	1,076	1,040	---
Syphilis, primary and secondary (Civilian)	514	465	---	895	930	---
Military	7	9	---	11	18	---
Rabies in animals	30	42	51	51	82	101

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	Cum.
Anthrax:	---	---
Botulism:	2	Poliomyelitis, total: 1
Congenital rubella syndrome: N.Y. Ups. 1	2	Paralytic: 1
Leprosy: Calif. 2, Ky. 2	7	Psittacosis: Calif. 1
Leptospirosis: * Mo. 1, Tex. 1	3	Rabies in man: 3
Plague:	---	Trichinosis: Ohio 1
	---	Typhus, murine: 1

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

VESTIBULAR REACTIONS – Continued

by 100 mg twice daily for 5 days. The third group of 32 household and family contacts received a variety of dosage regimens of minocycline from several different sources.

On November 2, hospital authorities informed the New Jersey State Health Department of a large number of vestibular reactions (dizziness, vertigo, nausea, or vomiting) among those persons who had received minocycline prophylaxis. Through the cooperation of the hospital, the college health service, and the patient's family, all of the people in the 3 groups who received minocycline were identified, and a questionnaire was completed on each individual.

Table 1 shows the occurrence of adverse reactions following the administration of minocycline to the 83 people in the 3 groups. Sixty-five persons experienced adverse reactions after receiving minocycline, and 63 of the 83 (76%) had vestibular symptoms.

Fifty-eight of the 63 persons with vestibular symptoms (92%) experienced onset after a total dose of only 400 mg of minocycline (Table 2). Thirty-four (54%) of the 63 persons had onset within 11 hours after receiving the initial dose of minocycline (Table 3). Because symptoms usually occurred at home when the affected persons were apart, reactions due to hysteria are unlikely.

The minocycline associated with these adverse effects came from different lots.

(Reported by Ronald Altman, MD, Director, Epidemiologic Services, Kenneth Black, Field Representative, Martin Gold-

field, MD, Assistant Commissioner, Division of Laboratories and Epidemiology, New Jersey State Department of Health; Special Pathogens Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC, and an EIS Officer.)

Editorial Note

This is the second report of unusually high incidence of vestibular reactions associated with the use of minocycline in this country (1). Studies in England (2,3) and Brazil (4) using minocycline processed in those countries indicate that symptoms related to the vestibular system occurred in less than 30% of individuals taking this drug, even when it was given in single doses of as much as 400 mg (3). The minocycline used in England is manufactured there, while that used in Brazil is imported in powder form from a U.S. manufacturer. None of the persons in the Brazilian study sought medical attention for their vestibular reactions.

Until it is clear that the minocycline manufactured in the U.S. no longer produces an inordinately high incidence of adverse reactions, physicians are encouraged to consider alternative drugs. For prophylaxis of meningococcal disease, 600 mg of rifampin every 12 hours for 2 days (4 total doses) is recommended (5). Such treatment should be limited to household contacts or others who have had contact with the oral secretions of patients. If prior information shows that an epidemic strain is sulfa sensitive, then sulfa is the drug of choice, but under no circumstances should chemoprophylaxis be delayed while awaiting results of antibiotic sensitivity tests.

Table 1
Vestibular Symptoms Following Meningococcal Chemoprophylaxis
With Minocycline – New Jersey, 1974

Symptoms	Hospital Group – 38 Persons		College Group – 13 Persons		Family and Acquaintances – 32 Persons	
	Number with Symptoms	% with Symptoms	Number with Symptoms	% with Symptoms	Number with Symptoms	% with Symptoms
Dizziness	35	92.1	9	69.2	17	53.1
True vertigo	15	39.5	4	30.8	1	3.1
Nausea & vomiting	26	68.4	6	46.2	5	38.5
Total (all vestibular symptoms)	37	97.4	9	69.2	17	53.1

Table 2
Relationship Between Total Dose of Minocycline
and Onset of Vestibular Symptoms – All Groups
New Jersey, 1974

Total Dose (mg) Prior to Onset	Number of Persons With Vestibular Symptoms	Cumulative % of Total (63) Symptomatic Persons
100	5	7.9
200	17	37.9
300	16	60.3
400	20	92.1
500	2	95.2
600	3	100.0

Table 3
Interval Between Initial Minocycline Ingestion
and Onset of Vestibular Symptoms – All Groups
New Jersey, 1974

Interval by Hour	Number of Symptomatic Persons	Cumulative % of Total (63) Symptomatic Persons
0–3	12	19.0
4–7	9	33.3
8–11	13	54.0
12–15	14	76.2
16–19	3	81.0
20–23	5	88.9
24 or greater	7	100.0

Physicians who continue prescribing minocycline should advise patients of possible serious vestibular side effects that may be particularly dangerous to motorists. Patients and physicians are encouraged to report such reactions.

References

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2. Nicol CD, Oriol JD: Minocycline: possible vestibular side effects. Letter to the editor. *Lancet* 2, 1260, 1974

3. Masterton G, Schofield CBS: Side effects of minocycline hydrochloride. Letter to the editor. *Lancet* 2, 1139, 1974
4. Center for Disease Control: Data from an investigation of adverse effects of minocycline in Brazil, 1974. Special Pathogens Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC
5. Munford RS, Sussuarana de Vasconcelos AJ, Phillips CJ, Gelli DS, Gorman GW, Risi JB, Feldman RA: Eradication of carriage of *Neisseria meningitidis* in families: a study in Brazil. *J Infect Dis* 129:644-649, 1974

INFLUENZA — New York, New Jersey, Illinois, Mississippi

New York

An outbreak of febrile upper respiratory disease among patients at a nursing home in the metropolitan New York City area occurred during the last week of December. Approximately 28 of 115 patients had clinical febrile upper respiratory disease. Five of these 28 patients developed pneumonia, and 1 of the 5 died. Four of 11 throat washings grew influenza A virus.

(Reported by Carol Nunez, PHN Epidemiologist, John S. Marr, MD, Director, Bureau of Infectious Disease Control; Stephen J. Millian, MD, Director, Virus Diagnosis Laboratory, New York City Bureau of Laboratories; and an EIS Officer.)

New Jersey

A nosocomial outbreak of influenza, confined to 1 floor of a hospital in Trenton, occurred during the first week of January 1975. Approximately 16 patients and 6 hospital staff developed influenza-like disease. Isolates of influenza A were obtained.

(Reported by Ronald Altman, MD, State Epidemiologist, and Martin Goldfield, MD, Director, Bureau of Laboratories and Epidemiology, New Jersey State Department of Health; William J. Dougherty, MD, Director of Medical Affairs, Mercer Hospital, Trenton; and an EIS Officer.)

Illinois

An increase in emergency room visits associated with influenza-like disease has been noted in Aurora and Carbondale, and influenza A virus has been isolated. An outbreak of influenza-like disease has also occurred in a college in Galesburg. In addition, isolates of influenza A have been obtained from sporadic cases in Chicago.

(Reported by Marilee Santanni, RN, Copely Memorial Hospital, Aurora; James L. Weiler, MD, Student Health Center, Knox College, Galesburg; Bryon Berlin, MD, Northwestern Memorial Hospital, Chicago; John B. Amadio, PhD, Public Health Administrator, Jackson County Health Department; Harvey Pretula, Microbiologist, and Richard A. Morrissey, Chief, Division of Laboratories, and Bryon J. Francis, MD, State Epidemiologist, Illinois Department of Public Health.)

Mississippi

Outbreaks of influenza-like disease have been reported in Jackson, Indianola, and Greenwood.

(Reported by Alfia Rausa, MD, District IV Health Officer and Durward L. Blakey, MD, State Epidemiologist, Mississippi State Board of Health.)

Editorial Note

Measurements of influenza morbidity, such as the number of hospital emergency room visits, school absenteeism, and private physician reporting, indicate influenza activity is on the rise in the northeastern and mid-western United States. Mortality data of pneumonia and influenza deaths

from 121 U.S. cities (Figure 1) exceeded the epidemic threshold in the 2nd week of January 1975. The only 2 areas to have pneumonia and influenza deaths above the epidemic threshold for 2 consecutive weeks are the South Atlantic and East South Central regions of the country. This trend correlates well with the morbidity data on influenza activity previously reported from these regions of the country (see MMWR, Vol. 23, No. 50 and Vol. 24, No. 1).

Furthermore, in the second week of January, pneumonia and influenza deaths have for the first time exceeded the expected level in the West North Central, East North Central, West South Central, Mountain, and Pacific regions. These deaths probably reflect early influenza activity in these regions.

Deaths are reported to CDC each week by the Vital Statistics Offices of 121 United States cities and are published in Table IV of the Morbidity and Mortality Weekly Report (MMWR). The totals are compiled from death certificates filed each week and may include some deaths which occurred in preceding weeks. This information reflects influenza activity by showing a rise in mortality usually 2 to 4 weeks after the clinical disease is noted to be widespread. These mortality data provide some of the best available nationwide epidemiologic evidence of the extent and severity of an influenza epidemic.

The expected mortality level is determined by using weekly data from the previous 4- or 5-year period, omitting data for epidemic periods and fitting the data to a mathematical model by least squares (1,2,3). The method works well in general because a seasonal pattern is observed each year.

Charts are prepared in which the reported numbers of deaths are shown as dots joined by line segments. The solid line for each mortality category is the expected number of deaths. The dashed line is the "epidemic threshold," a criterion for the recognition of significant deviations in excess of the expected number (1,2,3).

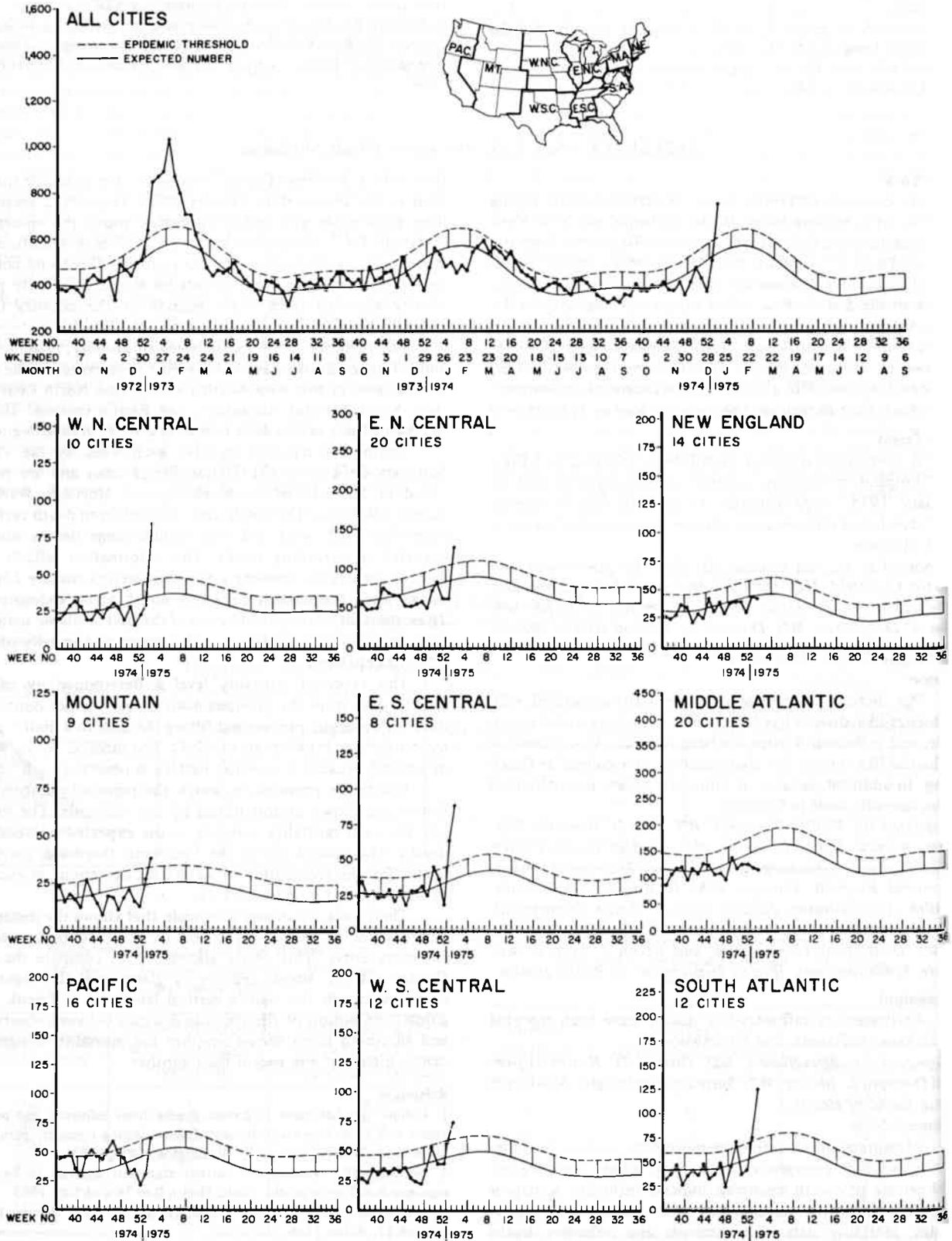
The charts are drawn to a scale that allows the distance between the expected and threshold levels to be constant for every curve. This device allows one to compare the influenza activity among regions by glancing at the regional chart. Although the chart's vertical labels are different, regional comparison of the absolute distance between observed and threshold levels shows whether the mortality is significantly higher in one region than another.

References

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2. Serfling RE: Methods for current statistical analysis of excess pneumonia-influenza deaths. *Public Health Rep* 78:494-506, 1963
3. Center for Disease Control: Morbidity and Mortality Weekly Report 14(1):8-11, 9 Jan 1965

INFLUENZA - Continued

Figure 1
PNEUMONIA-INFLUENZA DEATHS IN 121 UNITED STATES CITIES



Morbidity and Mortality Weekly Report

**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 11, 1975 AND JANUARY 12, 1974 (2nd 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	18	1	2,805	-	9	6	18	2	188	605	147	6	7
NEW ENGLAND	3	-	249	-	-	-	-	-	5	38	11	-	-
Maine *	-	-	4	-	-	-	-	-	-	1	1	-	-
New Hampshire *	-	-	5	-	-	-	-	-	-	1	-	-	-
Vermont	-	-	11	-	-	-	-	-	-	2	-	-	-
Massachusetts	-	-	95	-	-	-	-	-	3	5	10	-	-
Rhode Island	1	-	80	-	-	-	-	-	2	16	-	-	-
Connecticut	2	-	54	-	-	-	-	-	-	13	-	-	-
MIDDLE ATLANTIC	3	-	229	-	-	-	5	2	29	76	29	1	1
Upstate New York	-	-	125	-	-	-	1	2	6	42	17	-	-
New York City	3	-	102	-	-	-	2	-	8	10	-	1	1
New Jersey	-	-	NN	-	-	-	-	-	15	24	12	-	-
Pennsylvania *	-	-	2	-	-	-	2	-	-	-	-	-	-
EAST NORTH CENTRAL	-	-	779	-	-	1	5	-	27	87	4	-	-
Ohio	-	-	143	-	-	-	5	-	16	37	-	-	-
Indiana	-	-	150	-	-	-	-	-	-	4	-	-	-
Illinois	-	-	-	-	-	1	-	-	5	7	1	-	-
Michigan	-	-	139	-	-	-	-	-	6	38	3	-	-
Wisconsin	-	-	347	-	-	-	-	-	-	1	-	-	-
WEST NORTH CENTRAL	2	-	434	-	-	1	1	-	12	13	8	-	-
Minnesota *	-	-	-	-	-	-	-	-	5	10	-	-	-
Iowa	-	-	330	-	-	-	-	-	1	3	-	-	-
Missouri *	2	-	2	-	-	1	1	-	6	-	8	-	-
North Dakota	-	-	1	-	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	-	-	-	-	-	-	-	-	-	-	-	-	-
Kansas *	-	-	101	-	-	-	-	-	-	-	-	-	-
SOUTH ATLANTIC	1	1	342	-	-	-	3	-	16	92	28	2	3
Delaware	-	-	1	-	-	-	-	-	1	-	-	-	-
Maryland	-	-	13	-	-	-	1	-	4	7	2	-	-
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	-	1	16	-	-	-	-	-	2	17	8	2	3
West Virginia*	-	-	294	-	-	-	-	-	-	4	-	-	-
North Carolina	1	-	NN	-	-	-	1	-	5	17	2	-	-
South Carolina	-	-	18	-	-	-	-	-	-	11	13	-	-
Georgia *	-	-	-	-	-	-	-	-	-	10	-	-	-
Florida	-	-	-	-	-	-	1	-	4	26	3	-	-
EAST SOUTH CENTRAL	1	-	206	-	-	1	-	-	12	51	-	2	2
Kentucky	1	-	167	-	-	-	-	-	2	23	-	2	2
Tennessee	-	-	NN	-	-	-	-	-	7	20	-	-	-
Alabama	-	-	9	-	-	1	-	-	3	8	-	-	-
Mississippi	-	-	30	-	-	-	-	-	-	-	-	-	-
WEST SOUTH CENTRAL	-	-	360	-	-	2	-	-	15	87	9	-	-
Arkansas *	-	-	71	-	-	-	-	-	-	-	-	-	-
Louisiana *	-	-	NN	-	-	-	-	-	-	2	-	-	-
Oklahoma	-	-	39	-	-	2	-	-	3	11	4	-	-
Texas	-	-	250	-	-	-	-	-	12	74	5	-	-
MOUNTAIN	-	-	74	-	3	-	1	-	4	32	17	-	-
Montana	-	-	8	-	-	-	-	-	1	3	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	11	-	-
Wyoming	-	-	-	-	-	-	-	-	-	3	-	-	-
Colorado	-	-	31	-	-	-	1	-	-	-	1	-	-
New Mexico *	-	-	-	-	-	-	-	-	1	5	1	-	-
Arizona	-	-	-	-	3	-	-	-	1	3	4	-	-
Utah	-	-	6	-	-	-	-	-	1	6	-	-	-
Nevada	-	-	29	-	-	-	-	-	-	12	-	-	-
PACIFIC	8	-	132	-	6	1	3	-	68	129	41	1	1
Washington	-	-	91	-	6	-	-	-	1	11	16	-	-
Oregon	2	-	2	-	-	-	-	-	7	8	1	-	-
California *	4	-	-	-	-	1	2	-	60	103	22	-	-
Alaska *	-	-	8	-	-	-	1	-	-	5	-	-	-
Hawaii	2	-	31	-	-	-	-	-	-	2	2	1	1
Guam	---	---	---	---	-	---	-	---	---	---	---	---	-
Puerto Rico	---	---	---	---	-	---	-	---	---	---	---	---	-
Virgin Islands	---	---	1	---	-	2	-	---	---	---	---	---	-

*Delayed reports (1974): Chickenpox: Me. 20, N.H. 1, Minn. 1, Kans. 41, Ark. 1, Calif. 3
 Encephalitis, primary: Pa. 2
 Hepatitis B: N.H. 1, Pa. 8, Minn. 2, Mo. 2, Kans. 2, N.M. 1
 Hepatitis A: N.H. delete 1, Pa. 23, Minn. 6, Mo. delete 4, Kans. 4, W.Va. 1, Ga. 28, Ark. 8, Alaska 19
 Hepatitis, Unspecified: Me. 1, Pa. 2, Kans. 2, Ark. 4, La. delete 1, N.M. delete 1, Alaska delete 19
 Malaria: Pa. 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 11, 1975 AND JANUARY 12, 1974 (2nd 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	147	353	622	27	43	49	1,104	2,227	21	78	155	3
NEW ENGLAND	—	—	74	4	4	5	40	75	—	7	10	—
Maine *	—	—	3	—	—	—	—	—	—	1	1	—
New Hampshire	—	—	43	1	1	1	—	—	—	1	1	—
Vermont	—	—	—	—	—	—	—	—	—	—	—	—
Massachusetts *	—	—	11	2	2	1	5	8	—	4	7	—
Rhode Island	—	—	17	1	1	2	17	36	—	—	—	—
Connecticut	—	—	—	—	—	1	18	31	—	1	1	—
MIDDLE ATLANTIC	18	22	183	3	3	6	159	184	6	8	10	—
Upstate New York	8	10	1	1	1	—	101	103	5	3	3	—
New York City	4	4	22	—	—	4	30	38	1	—	1	—
New Jersey	6	7	112	1	1	1	12	13	—	3	3	—
Pennsylvania	—	1	48	1	1	1	16	30	—	2	3	—
EAST NORTH CENTRAL	58	108	183	4	8	4	385	786	6	11	32	—
Ohio	1	3	102	3	4	2	64	116	—	—	1	—
Indiana	5	10	7	—	—	—	127	132	—	3	3	—
Illinois	20	33	29	—	—	—	—	23	2	—	4	—
Michigan	11	37	31	1	4	2	82	335	1	2	17	—
Wisconsin	21	25	14	—	—	—	112	180	3	6	7	—
WEST NORTH CENTRAL	13	38	10	1	2	—	13	29	—	2	6	1
Minnesota	—	—	1	—	—	—	—	—	—	—	—	—
Iowa	—	—	2	1	1	—	3	11	—	—	—	—
Missouri *	—	2	3	—	1	—	—	6	—	1	5	1
North Dakota	—	—	3	—	—	—	3	3	—	—	—	—
South Dakota	—	3	1	—	—	—	1	1	—	—	—	—
Nebraska	13	33	—	—	—	—	—	2	—	—	—	—
Kansas *	—	—	—	—	—	—	6	6	—	1	1	—
SOUTH ATLANTIC	14	18	12	4	8	9	71	129	1	6	21	1
Delaware	—	—	—	—	—	3	1	2	—	—	1	—
Maryland	—	—	—	—	1	1	2	5	—	—	—	—
District of Columbia	—	—	—	—	—	—	—	—	—	—	—	—
Virginia	1	1	2	1	3	3	19	28	—	—	2	—
West Virginia *	10	12	4	—	—	1	27	57	—	1	1	—
North Carolina	—	—	—	1	1	—	NN	NN	1	—	—	—
South Carolina	—	2	5	—	1	—	1	3	—	—	12	1
Georgia	—	—	1	1	1	—	—	—	—	—	—	—
Florida	3	3	—	1	1	1	21	34	—	5	5	—
EAST SOUTH CENTRAL	10	10	2	9	12	3	123	495	2	18	19	—
Kentucky	7	7	2	2	3	—	38	294	—	7	7	—
Tennessee	3	3	—	5	6	2	82	191	—	10	11	—
Alabama	—	—	—	2	3	1	3	8	1	1	1	—
Mississippi	—	—	—	—	—	—	—	2	1	—	—	—
WEST SOUTH CENTRAL	5	7	8	—	4	10	125	216	—	7	10	—
Arkansas *	—	—	—	—	—	2	2	3	—	—	—	—
Louisiana	—	—	1	—	1	1	6	24	—	2	2	—
Oklahoma	1	1	2	—	1	3	13	14	—	3	3	—
Texas	4	6	5	—	2	4	104	175	—	2	5	—
MOUNTAIN	6	98	70	—	—	1	21	22	3	1	2	—
Montana	—	—	67	—	—	—	—	—	—	1	1	—
Idaho	2	2	—	—	—	—	—	—	—	—	—	—
Wyoming	—	—	—	—	—	—	—	—	—	—	—	—
Colorado	4	4	1	—	—	—	4	5	—	—	—	—
New Mexico	—	92	2	—	—	—	—	—	3	—	—	—
Arizona	—	—	—	—	—	—	—	—	—	—	—	—
Utah	—	—	—	—	—	1	2	2	—	—	—	—
Nevada	—	—	—	—	—	—	15	15	—	—	—	—
PACIFIC	23	52	80	2	2	11	167	291	3	18	45	1
Washington	1	2	2	1	1	1	79	107	—	4	5	—
Oregon	—	—	—	—	—	3	15	21	—	3	5	—
California	22	50	78	1	1	7	69	158	3	10	33	1
Alaska	—	—	—	—	—	—	2	2	—	—	—	—
Hawaii	—	—	—	—	—	—	2	3	—	1	2	—
Guam	---	—	—	---	—	—	---	—	---	---	—	—
Puerto Rico	---	—	8	---	—	—	---	—	---	---	—	—
Virgin Islands	1	1	3	—	—	—	5	—	—	—	—	—

*Delayed reports (1974): Measles: Me. 2, Mass. delete 1, Kans. 1, W. Va. 1
Meningococcal infection: Mo. 1, Ark. 1
Mumps: Kans. 8, Ark. 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING JANUARY 11, 1975 AND JANUARY 12, 1974 (2nd 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 1974	1975	Cumulative 1975 1974			
UNITED STATES	458	794	3	1	5	6	7	17,356	31,619	32,115	514	895	930	51
NEW ENGLAND	8	42	-	-	-	-	-	352	463	817	4	7	35	-
Maine	1	2	-	-	-	-	-	30	30	58	-	-	1	-
New Hampshire	2	4	-	-	-	-	-	16	34	23	-	-	1	-
Vermont	-	-	-	-	-	-	-	-	10	24	-	1	-	-
Massachusetts	5	24	-	-	-	-	-	-	-	378	-	-	25	-
Rhode Island	-	5	-	-	-	-	-	71	101	66	1	1	1	-
Connecticut	-	7	-	-	-	-	-	235	288	268	3	5	7	-
MIDDLE ATLANTIC	36	88	1	-	-	-	-	2,519	3,633	4,008	120	203	197	4
Upstate New York	12	19	1	-	-	-	-	789	1,045	751	5	23	19	4
New York City	11	40	-	-	-	-	-	774	1,350	1,665	80	138	112	-
New Jersey	13	29	-	-	-	-	-	450	512	601	10	14	33	-
Pennsylvania *	-	-	-	-	-	-	-	506	726	991	25	28	33	-
EAST NORTH CENTRAL	100	173	-	-	-	1	1	2,428	4,648	5,117	47	78	78	1
Ohio	15	63	-	-	-	1	1	527	1,599	1,422	10	14	10	-
Indiana	21	24	-	-	-	-	-	182	482	452	1	2	8	-
Illinois	30	43	-	-	-	-	-	995	1,359	1,566	15	38	40	-
Michigan	34	43	-	-	-	-	-	560	856	1,233	15	18	16	-
Wisconsin	-	-	-	-	-	-	-	164	352	444	6	6	4	1
WEST NORTH CENTRAL	11	14	1	-	-	-	-	1,022	1,554	1,637	17	26	21	16
Minnesota *	2	2	-	-	-	-	-	242	414	365	3	5	2	4
Iowa	2	4	-	-	-	-	-	50	50	238	-	-	2	1
Missouri *	5	5	1	-	-	-	-	467	726	511	9	14	14	5
North Dakota *	-	-	-	-	-	-	-	22	35	28	1	1	-	5
South Dakota	2	2	-	-	-	-	-	43	68	72	-	-	-	-
Nebraska	-	1	-	-	-	-	-	42	72	130	-	2	-	-
Kansas *	-	-	-	-	-	-	-	156	189	293	4	4	3	1
SOUTH ATLANTIC	110	178	-	-	-	5	5	3,972	8,010	7,950	128	219	297	8
Delaware	-	3	-	-	-	-	-	68	121	120	4	5	3	-
Maryland *	23	38	-	-	-	-	-	151	634	716	5	7	33	-
District of Columbia	7	8	-	-	-	-	-	285	589	798	15	25	26	-
Virginia	21	29	-	-	-	-	-	637	1,055	725	11	33	37	5
West Virginia	7	14	-	-	-	-	-	53	77	95	-	-	1	-
North Carolina	16	25	-	-	-	-	-	861	1,378	1,063	16	18	31	-
South Carolina	3	6	-	-	-	5	5	341	838	844	16	22	24	-
Georgia *	-	-	-	-	-	-	-	551	1,424	1,408	18	32	48	2
Florida	33	55	-	-	-	-	-	1,025	1,894	2,181	43	77	94	1
EAST SOUTH CENTRAL	56	60	-	-	-	-	-	1,205	2,234	2,735	19	26	48	7
Kentucky *	26	26	-	-	-	-	-	205	385	334	4	4	11	7
Tennessee	10	10	-	-	-	-	-	443	994	1,077	4	10	19	-
Alabama *	15	19	-	-	-	-	-	281	281	773	10	10	9	-
Mississippi	5	5	-	-	-	-	-	276	574	551	1	2	9	-
WEST SOUTH CENTRAL	27	52	1	-	-	-	1	2,463	4,748	4,271	68	115	86	9
Arkansas *	8	15	-	-	-	-	-	221	264	467	1	1	4	2
Louisiana *	1	14	-	-	-	-	-	336	853	922	31	43	26	2
Oklahoma	6	11	-	-	-	1	1	224	327	324	7	9	6	2
Texas	12	12	1	-	-	-	-	1,682	3,304	2,558	29	62	50	3
MOUNTAIN	16	28	-	-	-	-	-	795	1,176	1,134	10	16	22	3
Montana *	-	-	-	-	-	-	-	47	81	68	-	-	-	1
Idaho	-	-	-	-	-	-	-	40	74	73	-	-	-	-
Wyoming	1	1	-	-	-	-	-	14	14	27	-	-	-	-
Colorado *	-	-	-	-	-	-	-	198	255	328	4	4	5	-
New Mexico	2	2	-	-	-	-	-	246	296	157	-	-	4	2
Arizona	9	19	-	-	-	-	-	208	360	295	6	11	9	-
Utah *	-	-	-	-	-	-	-	22	22	55	-	-	1	-
Nevada	4	6	-	-	-	-	-	20	74	131	-	1	3	-
PACIFIC	94	159	-	1	5	-	-	2,600	5,153	4,446	101	205	146	3
Washington	4	12	-	-	-	-	-	216	426	427	-	17	6	-
Oregon	-	-	-	-	-	-	-	194	414	383	2	3	4	-
California	84	140	-	1	5	-	-	2,074	4,094	3,455	99	182	135	3
Alaska	-	-	-	-	-	-	-	81	125	95	-	-	-	-
Hawaii	6	7	-	-	-	-	-	35	94	86	-	3	1	-
Guam	---	-	-	---	-	---	-	---	-	---	---	-	---	-
Puerto Rico	---	-	-	---	-	---	-	---	-	124	---	-	38	-
Virgin Islands	-	-	-	-	-	-	-	2	2	28	1	1	3	-

*Delayed reports: Tuberculosis: Minn. 2, Mo. 11, N.D. 3, Kans. 2, Ga. 30, La. delete 2, Colo. 3, Utah 4
Tularemia: Ark. 1
Typhoid: Md. 1
RMSF: Pa. 1

Gonorrhea: Kans. 78, Ala. 242, Ark. 15, La. delete 1, Utah 54
Syphilis: Kans. 1, La. delete 2, Mont. delete 1, Utah 1
Rabies: Minn. 11, Ky. 2, Ala. 2, La. delete 2

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING JANUARY 11, 1975

Week No.
2

(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	783	508	189	41	27	43	SOUTH ATLANTIC	1,768	1,012	490	137	54	124
Boston, Mass.	225	130	59	17	10	14	Atlanta, Ga.	183	86	55	21	6	10
Bridgeport, Conn.	52	35	12	1	3	4	Baltimore, Md.	220	126	61	17	9	7
Cambridge, Mass.	31	23	6	2	—	5	Charlotte, N. C.	102	57	28	10	1	14
Fall River, Mass.	38	25	9	1	1	—	Jacksonville, Fla.	134	75	30	17	5	4
Hartford, Conn.	56	42	10	1	2	3	Miami, Fla.	172	105	45	8	7	9
Lowell, Mass.	35	23	8	3	—	—	Norfolk, Va.	86	40	34	7	2	8
Lynn, Mass.	24	18	5	1	—	—	Richmond, Va.	132	69	48	7	3	13
New Bedford, Mass.	32	20	12	—	—	2	Savannah, Ga.	47	26	13	5	—	4
New Haven, Conn.	53	36	8	4	3	2	St. Petersburg, Fla.	167	136	26	1	1	12
Providence, R. I.	67	36	21	5	5	6	Tampa, Fla.	133	91	30	5	6	34
Somerville, Mass.	8	7	1	—	—	1	Washington, D. C.	340	171	105	34	13	9
Springfield, Mass.	62	43	17	1	1	4	Washington, D. C.	52	30	15	5	1	—
Waterbury, Conn.	38	23	10	3	1	2	EAST SOUTH CENTRAL	943	554	255	60	40	88
Worcester, Mass.	62	47	11	2	1	—	Birmingham, Ala.	144	73	40	11	13	3
MIDDLE ATLANTIC	3,231	2,012	830	191	98	114	Chatanooga, Tenn.	121	78	34	5	3	25
Albany, N. Y.	42	26	13	—	3	1	Knoxville, Tenn.	81	56	18	3	1	12
Allentown, Pa.	27	15	8	2	1	3	Louisville, Ky.	190	104	52	17	10	17
Buffalo, N. Y.	122	77	37	2	5	4	Memphis, Tenn.	105	62	26	9	2	4
Camden, N. J.	40	21	15	2	1	—	Mobile, Ala.	91	58	22	4	3	7
Elizabeth, N. J.	29	16	9	3	1	1	Montgomery, Ala.	57	33	19	2	3	8
Eric, Pa.	35	23	5	5	1	4	Nashville, Tenn.	154	90	44	9	5	12
Jersey City, N. J.	61	49	4	1	7	1	WEST SOUTH CENTRAL	1,368	758	398	96	56	74
Newark, N. J.	58	27	21	4	3	2	Austin, Tex.	62	42	9	4	2	2
New York City, N. Y. †	1,524	967	358	103	44	56	Baton Rouge, La.	71	35	23	6	4	6
Paterson, N. J.	49	35	10	2	—	5	Corpus Christi, Tex.	61	36	17	4	1	3
Philadelphia, Pa.	615	333	197	46	18	6	Dallas, Tex.	228	123	72	16	7	11
Pittsburgh, Pa.	199	123	63	3	5	12	El Paso, Tex.	85	46	24	8	6	10
Reading, Pa.	46	36	5	4	—	2	Fort Worth, Tex.	126	67	38	4	12	7
Rochester, N. Y.	103	78	16	3	1	3	Houston, Tex.	241	124	66	28	6	6
Schenectady, N. Y.	30	19	7	2	1	—	Little Rock, Ark.	57	28	20	4	2	—
Scranton, Pa.	37	27	7	2	—	1	New Orleans, La.	56	30	19	4	1	3
Syracuse, N. Y.	113	69	26	6	7	4	San Antonio, Tex.	209	128	57	9	5	14
Trenton, N. J.	26	21	5	—	—	1	Shreveport, La.	66	38	20	6	2	6
Utica, N. Y.	26	20	6	—	—	4	Tulsa, Okla.	106	61	33	3	8	6
Yonkers, N. Y.	49	30	18	1	—	4	MOUNTAIN	624	336	168	48	34	38
EAST NORTH CENTRAL	3,000	1,794	800	195	117	128	Albuquerque, N. Mex.	70	31	23	8	4	3
Akron, Ohio	100	68	20	4	5	—	Colorado Springs, Colo.	38	22	9	2	2	7
Canton, Ohio	42	33	7	—	2	4	Denver, Colo.	124	61	33	10	14	7
Chicago, Ill.	731	404	202	62	33	28	Las Vegas, Nev.	30	13	9	3	—	6
Cincinnati, Ohio	176	117	41	5	8	4	Ogden, Utah	27	20	4	—	1	4
Cleveland, Ohio	240	128	73	18	13	5	Phoenix, Ariz.	154	93	42	12	5	5
Columbus, Ohio	179	92	52	17	12	6	Pueblo, Colo.	17	10	3	3	1	1
Dayton, Ohio	132	87	31	6	5	3	Salt Lake City, Utah	54	27	15	5	3	5
Detroit, Mich.	351	198	96	29	10	13	Tucson, Ariz.	110	59	30	5	4	—
Evansville, Ind.	62	43	16	1	2	8	PACIFIC	2,020	1,280	504	124	65	61
Fort Wayne, Ind.	51	33	13	2	2	5	Berkeley, Calif.	19	16	1	1	—	—
Gary, Ind.	20	11	7	1	1	3	Fresno, Calif.	70	37	26	3	3	5
Grand Rapids, Mich.	75	60	14	1	—	8	Glendale, Calif.	22	19	2	1	—	1
Indianapolis, Ind.	249	140	79	18	6	6	Honolulu, Hawaii	88	52	24	7	5	—
Madison, Wis.	68	43	13	4	3	9	Long Beach, Calif.	138	94	32	7	2	4
Milwaukee, Wis.	162	106	46	7	3	3	Los Angeles, Calif.	463	292	118	25	13	5
Peoria, Ill.	42	23	12	4	2	—	Oakland, Calif.	121	72	32	7	2	1
Rockford, Ill.	51	36	11	3	1	13	Pasadena, Calif.	44	33	9	—	2	2
South Bend, Ind.	57	42	12	2	1	10	Portland, Oreg.	151	92	38	14	4	4
Toledo, Ohio	149	96	34	8	6	—	Sacramento, Calif.	89	50	28	6	3	7
Youngstown, Ohio	63	34	21	3	2	—	San Diego, Calif.	157	100	36	11	6	2
WEST NORTH CENTRAL	1,048	728	206	50	37	84	San Francisco, Calif.	221	142	51	19	6	14
Des Moines, Iowa	80	64	9	2	3	9	San Jose, Calif.	81	58	18	3	1	2
Duluth, Minn.	36	27	7	2	—	8	Seattle, Wash.	220	141	54	12	11	6
Kansas City, Kans.	57	34	14	—	6	6	Spokane, Wash.	78	46	24	3	3	5
Kansas City, Mo.	147	105	24	10	4	12	Tacoma, Wash.	58	36	11	5	4	3
Lincoln, Nebr.	44	33	5	4	1	2	Total	14,785	8,982	3,840	942	528	754
Minneapolis, Minn.	144	105	26	4	5	10	Expected Number	13,233	8,029	3,496	825	407	531
Omaha, Nebr.	114	72	27	10	1	12							
St. Louis, Mo.	206	137	46	11	7	7							
St. Paul, Minn.	112	86	16	1	7	7							
Wichita, Kans.	108	65	32	6	3	18							

†Delayed report for week ending January 4, 1975

EPIDEMIOLOGIC NOTES AND REPORTS
TICK PARALYSIS SIMULATES BOTULISM – British Columbia, Canada

On the evening of April 26, 1974, a 58-year-old man experienced difficulty in swallowing and speaking which he attributed to tainted food he had eaten 1 hour before. The meal included commercially canned meat balls and gravy and green or lima beans. By next morning, his condition had deteriorated; he had weakness of arms and legs and tingling and numbness of feet. On examination at a hospital on April 29, the deep tendon reflexes of the left ankle and both knees were diminished, but there was no diplopia, visual difficulty, or ataxia. The early symptoms suggested pseudobulbar palsy. Because of the history of eating tainted food, botulism was the provisional diagnosis and the patient was transferred for intensive care to Penticton Hospital 75 miles away. Subsequent examination revealed a wood tick, probably *Dermacentor andersoni*, embedded in the skin of the patient's chest below the right nipple. Twenty-four hours after removal of the tick, when he was discharged from the hospital, the man had completely recovered from his neurological symptoms and signs. The final diagnosis was tick paralysis.

(Reported by E. J. Bowmer, MD, Provincial Health Laboratories, Vancouver, and J. Chritchley, Internist, Penticton, in the Epidemiological Bulletin, Vol. 18, No. 9, September 1974, Laboratory Centre for Disease Control, Canada.)

Editorial Note

Tick paralysis and botulism are both characterized by a symmetrical flaccid paralysis. In both diseases, patients are typically alert and afebrile, and cerebrospinal fluid examination is normal (1,2,3). Muscle weakness in tick paralysis,

however, is usually ascending, while that in botulism is characteristically descending. Patients with tick paralysis frequently have paresthesias, ataxia, and areflexia, findings not commonly reported in botulism (2,3). Decreased motor nerve conduction velocities are often observed in patients with tick paralysis, but not in those with botulism (1,4,5).

While botulism generally occurs in adults and often involves 2 or more persons, tick paralysis commonly affects children and rarely involves more than 1 person at a particular time (3,6).

In addition, tick paralysis may simulate the Landry-Guillain-Barré syndrome, a clinical entity also frequently confused with botulism (3). To rule out tick paralysis, investigators should search carefully for ticks on the patient's body, especially on the head and neck (6).

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- Cherington M, Ginsberg S: Type B botulism: neurophysiologic studies. *Neurology (Minneapolis)* 21:43-46, 1971
- Schmitt N, Bowmer EJ, Gregson JD: Tick paralysis in British Columbia. *Can Med Assoc J* 100:417-421, 1969

INTERNATIONAL NOTES
QUARANTINE MEASURES

The following changes should be made in the listing of U.S. Designated Yellow Fever Vaccination Centers included in the "Supplement—Health Information for International Travel," MMWR, Vol. 23, September 1974:

CALIFORNIA

Bakersfield Kern County Health Dept. 93302
Change telephone number to: 861-3651

MASSACHUSETTS

Worcester Dept. of Public Health
Change address to: 419 Belmont Street
01604

MINNESOTA

Minneapolis University Health Service
University of Minnesota 55455
Change clinic hours to: Thurs., 10-11 a.m.

MISSOURI

Kansas City City Health Dept.
Change address to: 1423 Linwood 64109

NEW HAMPSHIRE

Nashua Sanders Associates, Inc. 03060
Change no fee charged to: fee charged

NEW JERSEY

Newark Medical Dispensary
Change name and address to:
Medical Dispensary Inc.
Bldg. 5, North Terminal
Newark International Airport 07114
Change telephone number to: 961-2525

NEW MEXICO

Albuquerque Lovelace Clinic 87108
Change telephone number to: 842-7001

NEW YORK

New York The Borden Company
Executive Health Examiners Industrial
Clinic 10017
Change address to: 210 East 49th Street
Change clinic hours to: Mon.-Fri., 9 a.m.-
4:30 p.m.

(Continued on page 20)

CURRENT TRENDS

SURVEILLANCE OF CHILDHOOD LEAD POISONING - United States

Table 4 summarizes provisional results of screening by the Childhood Lead Poisoning Control Projects in the first quarter of FY 1975. The 77 screening projects in this fiscal year represent a net increase of 35 projects over the number in FY 1974 (see MMWR, Vol. 23, No. 27); 38 projects were added, while 3 were discontinued. Because initial activity in the majority of the 38 new projects involved obtaining equipment and hiring staff, actual screening began late in the first quarter or early in the second quarter. Despite this delay, screening increased by 13% from the same quarter of FY 1974. The number of children screened in the first quarter is 15% of the total screening objective, derived by adding the individual objectives of each project.

The screening procedure used in the 77 community projects involves collecting blood samples which are analyzed for lead or its metabolic effects. In addition to screening, these programs assure that affected children receive appropriate medical attention and that the lead paint hazards in the child's immediate environment are identified and reduced.

For every 100 children screened, 8 had elevated blood lead levels ($\geq 40\mu\text{g}/100\text{ml}$ /whole blood). For every 100

children screened and confirmed to have elevated blood lead levels, 24 received treatment with chelating agents.* In addition, for every 100 children confirmed positive, 75 dwellings with lead hazards were found. The above ratios were computed using only those projects reporting complete data for the appropriate categories.

(Reported by the Environmental Health Services Division, Bureau of State Services, CDC.)

Editorial Note

The effects of childhood lead poisoning have long been recognized as a serious medical problem which can be detected and prevented. Lead-based paint, generally used on interior surfaces of housing built prior to 1950, is by far the most important "high dose" source of lead in a child's environment. Children, ages 1-5 years inclusive, should be considered at risk if they reside in housing that is deteriorating and has peeling lead-based paint. When ingested in sufficient amounts, this paint can cause acute lead poisoning.

*Not all children with elevated blood lead levels necessarily require treatment with chelating agents.

Table 4
Results of Screening in Childhood Lead Poisoning Control Projects
United States* - First Quarter of FY 1975 (July 1, 1974 to September 30, 1974)

Projects	Number of Children Screened	Number of Screened Children with Confirmed Blood Lead Level $\geq 40\mu\text{g}$	Number of Children Receiving Chelation Treatment	Number of Dwelling Units Inspected and Found with Lead Hazard
Androscoggin Co., Me.	0	0	0	0
Augusta, Me.	38	2	0	0
Bangor (Penquis), Me.	268	0	0	0
Boston, Mass.	NR	NR	NR	NR
Cambridge, Mass.	486	1	1	8
Chelsea, Mass.	NR	NR	NR	NR
Fall River, Mass.	84	10	5	10
Hartford, Conn.	959	25	4	112
Lowell, Mass.	770	63	18	10
Lynn, Mass.	NR	NR	NR	NR
New Britain, Conn.	0	0	0	0
New Haven, Conn.	42	0	4	2
Portland, Me.	NR	NR	NR	NR
Somerville, Mass.	123	18	7	11
Stamford, Conn.	347	4	3	15
Waltham, Mass.	104	8	0	6
Waterbury, Conn.	130	35	3	99
Worcester, Mass.	652	43	NR	32
DHEW REGION I	4,003	209	45	305
Albany, N.Y.	277	11	3	19
Camden, N.J.	0	0	0	0
Erie Co., N.Y.	947	155	61	46
Hoboken, N.J.	613	5	0	30
Monroe Co., N.Y.	0	0	0	0
Nassau Co., N.Y.	105	10	NR	63
New York City	21,924+	2,910+	NR	134+
Newark, N.J.	2,980	206	35	221
Onondaga Co., N.Y.	3,034	74	18	25
Paterson, N.J.	0	0	0	0
Plainfield, N.J.	0	0	0	0
Rensselaer, N.Y.	2	0	0	1
Westchester, N.Y.	25	0	0	0
DHEW REGION II	29,907	583	117	539

Table 4 - Continued

Projects	Number of Children Screened	Number of Screened Children with Confirmed Blood Lead Level $\geq 40 \mu\text{g}$	Number of Children Receiving Chelation Treatment	Number of Dwelling Units Inspected and Found with Lead Hazard
Allegheny Co., Pa.	1,206	6	0	8
Baltimore, Md.	1,805	266	31	130
Chester, Pa.	260	0	0	6
Delaware State	456	19	4	10
Norfolk, Va.	791	96	15	66
Philadelphia, Pa.	3,616	400	61	494
Richmond, Va.	311	48	15	28
Washington, D.C.	3,496	254	31	73
Wilkes-Barre, Pa.	227	1	0	0
DHEW REGION III	12,168	1,090	157	815
Charleston, S.C.	759	33	4	63
Chattanooga, Tenn.	2,384	26	0	17
Greenville, S.C.	230	19	0	14
Louisville, Ky.	50	0	0	0
Memphis, Tenn.	644	43	0	9
Mobile, Ala.	427	17	3	0
Nashville, Tenn.	892	41	4	12
Savannah, Ga.	NR	NR	NR	NR
DHEW REGION IV	5,386	179	11	115
Chicago, Ill.	16,177	905	247	659+
Cincinnati, Ohio	892	237	6	105
Cleveland, Ohio	2,698	238	24	53
Columbus, Ohio	186	9	4	14
Detroit, Mich.	7,044	199	NR	266
E. Cleveland, Ohio	0	0	0	0
E. St. Louis, Ill.	161	17	9	17
Gary, Ind.	NR	NR	NR	NR
Milwaukee, Wis.	1,019	84	159	44
Peoria, Ill.	467	43	21	32
Rockford, Ill.	1,122	62	1	45
St. Paul, Minn.	0	0	0	0
Springfield, Ill.	189	11	1	0
Toledo, Ohio	438	90	46	12
Wayne Co., Mich.	0	0	0	0
Wisconsin State	0	0	0	0
DHEW REGION V	30,393	1,895	518	1,247
Arkansas State	0	0	0	0
Houston, Tex.	665	39	0	18
New Mexico State	0	0	0	0
New Orleans, La.	NR	NR	NR	NR
Tulsa, Okla.	316	3	1	0
DHEW REGION VI	981	42	1	18
Burlington, Iowa	678	12	0	11
Des Moines, Iowa	854	24	11	28
Kansas City-Wyandotte Co., Kan.	0	0	0	0
St. Louis, Mo.	1,325	NR	81	260
Springfield, Mo.	0	0	0	0
DHEW REGION VII	2,857	36	92	299
Alameda Co., Cal.	0	0	0	0
Contra Costa Co., Cal.	46	0	0	0
Los Angeles, Cal.	170	17	5	19
DHEW REGION IX	216	17	5	19
UNITED STATES (Projects) TOTAL	85,911	6,839	946	3,357

* - Provisional 11/25/74
 NR - Not Reported
 + - Estimated or Contains Estimate

QUARANTINE MEASURES — Continued

The following new Centers have been designated:

INDIANA

Evansville

Evansville-Vanderburgh County Health Dept.
Civic Center Complex
Room 129, Administration Bldg.
7th and Main Streets 47708
812-426-5685
Clinic hours: By appointment Mon., 9:30 a.m.
Fee charged

OREGON

Eugene

Lane County Community Health and Social Services Dept.
Courthouse 97401
503-687-4046

TEXAS

San Angelo

San Angelo-Tom Green County Health Dept.
Box 1751 76901
817-655-9121, ext. 214
Clinic hours: Second and fourth Tues., each month 9-10 a.m.
No fee charged

VIRGIN ISLANDS

St. Croix

Public Health Services
Virgin Islands Dept. of Health
P.O. Box 520, Orange Grove Apartments
Christiansted 00820
809-773-1737
No fee charged

St. Thomas

Public Health Services
Virgin Islands Dept. of Health
P.O. Box 1442, Hospital Ground 00801
809-774-1758
No fee charged

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Director, Bureau of Epidemiology, CDC
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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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Atlanta, Georgia 30333

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