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For Week Ending February 1, 1975

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

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EPIDEMIOLOGIC NOTES AND REPORTS

PULMONARY FUNCTION OF ASBESTOS WORKERS – Massachusetts

On December 11, 1974, pulmonary function tests were performed on 30 workers at the Asbestos Textile Company plant in North Brookfield, Massachusetts. Forced vital capacity (FVC) and 1-second forced expiratory volume (FEV_1) were calculated for each worker from the best 3 of 5 attempts using a Stead-Wells spirometer. Other data obtained included smoking history and length of employment at the plant. FVC for each worker was compared to the value predicted on the basis of age, sex, and height (Veterans' Administration/Army Prediction Equation). The ratios of observed FVC to predicted FVC compared to length of employment are shown in Table 1, as are the FEV_1 to FVC ratios.

CONTENTS

The loss of FVC related to length of employment ($p = 0.006$ using a one-way analysis of variance) is substantial. The low values of FVC among persons working with asbestos for more than 20 years cannot be accounted for by smoking;

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	5th WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 5 WEEKS		MEDIAN 1970-1974
	February 1, 1975	February 2, 1974		February 1, 1975	February 2, 1974	
Aseptic meningitis	29	43	37	193	178	178
Brucellosis	1	4	2	8	9	9
Chickenpox	3,838	3,813	— — —	15,988	15,238	— — —
Diphtheria	9	2	2	43	5	10
Encephalitis, Primary	11	16	19	58	66	74
Encephalitis, Post-Infectious	2	3	6	14	15	21
Hepatitis, Viral, Type B	176	209	166	941	799	799
Hepatitis, Viral, Type A	718	929	1,011	3,228	4,058	5,327
Hepatitis, Viral, Type unspecified	147	140		683	662	
Malaria	4	3	16	16	13	207
Measles (rubeola)	275	334	790	1,121	1,927	3,189
Meningococcal infections, total	25	23	34	148	119	166
Civilian	25	23	34	144	119	159
Military	—	—	—	4	—	8
Mumps	1,411	1,559	2,364	6,284	7,408	10,398
Pertussis	32	8	— — —	135	113	— — —
Rubella (German measles)	204	180	550	757	858	2,274
Tetanus	1	1	1	7	5	5
Tuberculosis	581	665	— — —	2,400	2,334	— — —
Tularemia	—	2	1	6	8	8
Typhoid fever	5	5	5	17	28	27
Typhus, tick-borne (Rky. Mt. spotted fever)	—	2	1	9	12	2
Venereal Diseases:						
Gonorrhea, Civilian	19,010	16,058	— — —	88,611	80,287	— — —
Gonorrhea, Military	536	520	— — —	2,502	2,600	— — —
Syphilis, primary and secondary, Civilian	564	466	— — —	2,416	2,327	— — —
Syphilis, primary and secondary, Military	11	9	— — —	36	44	— — —
Rabies in animals	31	53	66	183	238	260

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	—	Poliomyelitis, total: Tenn. 1	1
Botulism:	3	Paralytic: Tenn. 1	1
Congenital rubella syndrome:	4	Psittacosis:	2
Leprosy: Calif. 1, Hawaii 2, Tex. 1	18	Rabies in man:	1
Leptospirosis: Ore. 1	6	Trichinosis: *	7
Plague:	—	Typhus, murine:	—

*Delayed reports: Trichinosis: (1974) N.J. 3, W. Va. 1

ASBESTOSIS – Continued

6 of the 8 in the group with lowest FVC value had never smoked cigarettes (Table 2). In addition, because the prediction formula controls for age, as well as height and sex, the variation of FVC with length of employment is not a function of age. The FEV_1/FVC ratio was not observed to fall with increased length of employment (Table 1). The data indicate, therefore, that these workers have restrictive lung impairment of the sort typically seen in pulmonary asbestosis.

Table 1
Forced Vital Capacity (liters) in Asbestos Workers Related to Length of Employment

Year First Employed	Number	Mean FVC Observed/ Predicted	FEV_1/FVC
1970-74	15	0.96	0.80
1954-69	7	0.93	0.79
Before 1954	8	0.76	0.82

Table 2
Forced Vital Capacity (liters) in Asbestos Workers Related to Cigarette Smoking History

Number of Years Smoking	Number	Mean FVC Observed/ Predicted	FEV_1/FVC
0	14	0.87	0.82
≤15	6	0.93	0.82
>15	10	0.92	0.75

For many years, levels of asbestos dust in textile-producing areas of this plant, as measured by the State Division of Occupational Hygiene, have been well above the present federal standard of 5 fibers per cubic centimeter of air. Following action by the Occupational Safety and Health Administration (O.S.H.A.), the company recently shut down its dustiest textile-producing operations.

(Reported by Alan H Shapiro, research assistant, Department of Physiology, Harvard School of Public Health; David H Wegman, MD, Division of Occupational Hygiene, Massachusetts Department of Labor and Industries; National Institute for Occupational Safety and Health, CDC.)

Editorial Note

The relationship between inhalation of asbestos dust and the fibrotic lung lesion of asbestosis has been well known since early in this century. Pulmonary function tests have proved to be useful in screening for asbestosis in workers exposed to asbestos dust (*1,2*). FVC and FEV_1 both decrease as a result of the restrictive lung disease caused by asbestos, while the ratio of FEV_1 to FVC does not. As noted in this report, significant loss of lung function may not be observed until years after a worker's initial exposure to asbestos (*2*).

In 1972 the National Institute for Occupational Safety and Health (N.I.O.S.H.) proposed a standard of 2.0 asbestos fibers per cubic centimeter of air as a maximum average exposure in the workplace (*3*). Data showed that asbestosis does occur at average exposure levels of as low as 2 fibers/cc (*4*). The proposed standard was based primarily on knowledge of the dose-response relationship in asbestosis; but it is also of considerable concern that asbestos is a known carcinogen. The increased risk of lung cancer and mesothelioma in asbestos workers has been well documented, while an increased incidence of gastrointestinal cancer has also been suggested (*3*). In June, 1972, the Secretary of Labor promulgated the present official standard of 5.0 fibers/cc with a level of 2 fibers/cc to be achieved by 1976 (*5*).

However, the situation described above illustrates, as do other cases of asbestos exposure (*6*), the need for continual evaluation of the potential risks in the asbestos industry.

References

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3. National Institute for Occupational Safety and Health: Criteria for a Recommended Standard: Occupational Exposure to Asbestos (HSM 72-10267). Rockville, CDC, 1972
4. Committee on Hygiene Standards of the British Occupational Hygiene Society: Hygiene standard for chrysotile asbestos dust. Ann Occup Hyg 11:47-49, 1968
5. General Services Administration: Standard for Exposure to Asbestos Dust. Federal Register 37:11318-11322, 1972
6. Schoenberg JB, Mitchell CA: Implementation of the federal asbestos standard in Connecticut. J of Occup Med 16:781-784, 1974

TRANSFUSION-INDUCED MALARIA – Tennessee

On May 15, 1974, a 15-year-old girl was admitted to a hospital in Tennessee with a history of intermittent, spiking fever of unknown origin. A paroxysmal fever characterized by 72-hour cycles of temperature elevation had begun on May 11, 1974, and was associated with chills and sweating. Additional symptoms included malaise, myalgia, anorexia, headache, nausea, vomiting, and abdominal pain. A peripheral blood smear revealed the presence of rings, trophozoites, and schizonts of *Plasmodium malariae*. The patient was treated with chloroquine and primaquine and recovered uneventfully.

The patient had resided in Tennessee for the preceding 12 years and had never traveled outside the United States. She had no previous history of malaria. However, she had a history of chronic renal failure and had been receiving continuous hemodialysis for the previous 7 months. She also had a history of uterine bleeding and anemia which was diagnosed as endometriosis. In February 1974, after developing acute abdominal pain, she had an exploratory laparotomy. During her illnesses she received 14 units of frozen blood from 14 donors. None of the 14 donors had a history of malaria, and all but 1 donor had never lived or traveled in any areas designated as malarious. Peripheral blood smears examined from all 14 donors were negative for malaria parasites. Serologic examinations of all donors by indirect immunofluorescent antibody tests were negative, except for the 1 individual who revealed high antibody titers against *P. malariae* and *P. falciparum* and a low titer against *P. vivax*. This donor was a 28-year-old African man who had entered the United States in

MALARIA – Continued

1966, after being born and raised in Nigeria. Since his arrival in this country, he has never traveled outside the United States. He had no history of malaria symptoms and had never previously donated blood. Repeated blood smears from this patient have all been negative for *Plasmodia.*

(Reported by G Reza Najem, MD, Director, Division of Preventive Health Services and Robert H Hutcheson, Jr, MD, Assistant Commissioner of Public Health, Director, Bureau of Personal Health Services, Tennessee Department of Public Health; Diagnostic Serology Laboratory, Parasitic Serology Branch, Parasitology Division, Bureau of Laboratories, and Parasitology Branch, Parasitic Diseases and Veterinary Public Health Division, Bureau of Epidemiology, CDC.)

Editorial Note

Finding high antibody titers and negative blood films from the asymptomatic carrier, the source of transfusion-induced malaria in this case, is consistent with other reports where investigators found that when circulating parasitemias fall to a low level, malaria parasites, although present, will not be easily detected by examination of blood films (*1,2*). However, the number of parasites in the volume of blood drawn for transfusion from such an individual may be sufficient to produce infection in the recipient. The diagnosis of malaria should always be considered in the differential diagnosis of patients who are febrile and have a history of transfusion.

References

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SURVEILLANCE SUMMARY
BOTULISM – United States, 1974

Table 3
Foodborne Botulism Outbreaks by State
United States, 1974

State	Month	Cases	Deaths	Toxin Type	Vehicle
Texas	Jan	1	0	B	home-canned "chow-chow"
Washington	Feb	2	0	A	home-canned corn
Alabama	Feb	1	0	B	home-canned tomatoes
Idaho	May	1	0	A	home-canned tomato juice
California	June	1	0	A	home-canned salmon
Alaska	July	1	1	ND	home-processed white-fish
Oregon	Aug	1	1	A	home-canned potatoes and peas
Iowa	Sept	2	0	A	home-canned mixed vegetables
Alaska	Sept	2	0	E	home-canned seal and seal oil
Utah	Oct	1	1	A	unknown
Rhode Island, Massachusetts	Oct	2	0	B	home-canned mushrooms
Alaska	Oct	2	0	ND	unknown
Nevada	Oct	4	0	A	home-canned beets
California	Nov	1	0	B	home-canned beets
Ohio	Nov	1	0	A	unknown
Georgia	Nov	2	1	A	commercially-canned beef stew
California	Nov	1	0	B	home-canned figs
Alaska	Nov	1	0	E	unknown
Pennsylvania	Dec	1	1	A	home-processed beef and mushrooms
New York	Dec	2	2	B	home-canned mushrooms
Total	20 Outbreaks	30	7		

Foodborne Botulism Outbreaks by Type
United States, 1974

	Outbreaks	Cases	Deaths	CFR*
Type A	10	16	4	25%
Type B	6	8	2	25%
Type E	2	3	0	0%
Type Unknown	2	3	1	33%
Total	20	30	7	23%

*Case fatality ratio.

In 1974, 20 outbreaks of foodborne botulism, involving 30 cases, and 5 cases of wound botulism were reported to CDC (Tables 3 and 4). Ten (50%) of the foodborne outbreaks were caused by type A, 6 (30%) by type B, 2 (10%) by type E, and in 2 outbreaks the toxin type was undetermined. Of the 16 outbreaks in which the vehicle was known, 15 (94%) were associated with home-canned food; 1 was associated with commercially-canned beef stew. Two of the 5 wound cases were caused by type B, 1 by type A, and in 2 cases the toxin type was not determined.

(Reported by the Anaerobic Section, Enterobacteriology Branch, Bacterial Diseases Division, Bureau of Laboratories and the Enteric Diseases Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC.)

Editorial Note

The 1974 data represent the largest number of foodborne botulism outbreaks reported by state health departments since 1935. This increase probably reflects an increase in home canning. The data emphasize the need for educating home canners in proper home-canning methods.

Between 1943 and 1973 a total of 10 cases of wound botulism were reported. The reporting of 5 cases in 1974 probably reflects increased awareness of this disease by physicians.

Table 4
Wound Botulism Cases by State
United States, 1974

State	Month	Toxin Type	Wound	Outcome
New Jersey	March	ND	dirty	survived
Texas	March	B	clean	survived
Idaho	June	A	dirty	survived
California	June	B	dirty	survived
California	Sept	ND	clean	survived

CURRENT TRENDS

PRIMARY AND SECONDARY SYPHILIS – United States

In November 1974, reported cases of primary and secondary syphilis numbered 2,093, up 1.2% from the number reported in November 1973 (provisional data).

During the first eleven months of calendar year 1974, cases numbered 23,390, representing a small increase (+1.3%) over the number reported in the same time period in the previous year. The increase in the number of reported cases has not been universal during the eleven-month period: 23 areas reported an increased number of cases, 1 area reported the same, and 37 areas reported fewer cases compared to the number reported in the same time period in the previous year.

(Reported by the Venereal Disease Control Division, Bureau of State Services, CDC.)

SUMMARY OF REPORTED PRIMARY AND SECONDARY SYPHILIS CASES
BY REPORTING AREA: NOVEMBER 1974 AND NOVEMBER 1973 – PROVISIONAL DATA

Reporting Area	Nov.		Calendar Year Cumulative Jan.-Nov.		Reporting Area	Nov.		Calendar Year Cumulative Jan.-Nov.	
	1974	1973	1974	1973		1974	1973	1974	1973
Connecticut	7	13	163	230	Arkansas	6	9	91	124
Maine	4	1	37	23	Louisiana	37	49	552	741
Massachusetts	47	54	578	703	New Mexico	9	13	87	76
New Hampshire	2	1	11	10	Oklahoma	12	11	123	154
Rhode Island	1	0	16	17	Texas	112	107	1308	1407
Vermont	0	0	2	20	**DHEW REGION VI TOTAL**	176	189	2,161	2,502
DHEW REGION I TOTAL	61	69	807	1,003					
					Iowa	3	4	37	53
New Jersey	74	90	788	937	Kansas	14	0	83	20
New York (Excl. NYC)	36	45	479	397	Missouri	30	24	383	167
New York City	231	255	2,803	3,072	Nebraska	0	0	10	13
DHEW REGION II TOTAL	341	390	4,070	4,406	**DHEW REGION VII TOTAL**	47	28	513	253
Delaware	9	12	81	89	Colorado	10	14	133	182
Dist. of Columbia	76	58	610	709	Montana	0	0	4	3
Md. (Excl. Baltimore)	30	16	238	243	North Dakota	0	1	7	3
Baltimore	37	59	451	570	South Dakota	0	0	2	5
Penn. (Excl. Philadelphia)	14	28	212	250	Utah	0	1	10	13
Philadelphia	44	47	619	487	Wyoming	0	0	2	4
Virginia	36	71	672	742	**DHEW REGION VIII TOTAL**	10	16	158	210
West Virginia	0	4	20	20					
DHEW REGION III TOTAL	246	295	2,903	3,110	Arizona	19	16	232	169
					California (Excl. LA & SF)	126	100	1,156	1,079
Alabama	31	17	239	177	Los Angeles*	120	129	1,725	1,617
Florida	291	202	2,691	1,843	San Francisco*	88	75	845	591
Georgia (Excl. Atlanta)	39	42	602	715	Hawaii	2	3	27	48
Atlanta*	45	38	463	495	Nevada	5	7	56	62
Kentucky	13	30	256	345	**DHEW REGION IX TOTAL**	360	330	4,041	3,566
Mississippi	23	24	258	309					
North Carolina	86	76	860	625	Alaska	0	1	8	14
South Carolina	43	55	647	693	Idaho	2	0	12	9
Tennessee	44	46	435	418	Oregon	8	2	102	42
DHEW REGION IV TOTAL	615	530	6,451	5,620	Washington	13	8	120	143
					DHEW REGION X TOTAL	23	11	242	208
Illinois (Excl. Chicago)	31	25	248	189					
Chicago	82	89	773	877	**UNITED STATES TOTAL**	2,093	2,068	23,390	23,090
Ind. (Excl. Indianapolis)	14	10	115	186					
Indianapolis*	7	13	50	80	Puerto Rico	104	59	867	720
Michigan	42	35	399	462	Virgin Islands	0	3	25	33
Minnesota	10	9	74	92					
Ohio	23	20	291	252	U.S. INCL. TERR.	2,197	2,130	24,282	23,843
Wisconsin	5	9	94	74					
DHEW REGION V TOTAL	214	210	2,044	2,212					

Note: Cumulative totals include revised and delayed reports through previous months.
Source: HSM 9.98 CDC, VD Branch, Atlanta, Ga. 30333.

*County Data

INFLUENZA – Arizona, New York City, Ohio

Arizona

Increased absenteeism in several schools, colleges, and industries has been associated with 8 isolations of influenza A virus, all similar to A/Port Chalmers/1/73.

(Reported by Jon Counts, PhD, Director, State Health Laboratory, and Philip M Hotchkiss, DVM, State Epidemiologist, Arizona Department of Health Services.)

Ohio

At the Ohio State Student Health Service, the number of visits for febrile upper respiratory infection has been elevated since January; while the number of emergency room visits in Columbus has been elevated 15% for 2 weeks. Influenza A virus similar to A/Port Chalmers/1/73 was isolated from Columbus, Cincinnati, and Cleveland.

(Reported by H Spencer Turner, MD, Director, University Health Services, Ohio State University; Calvin C Linneman, Jr, MD, Hospital Epidemiologist, Cincinnati General Hospital; Stephen Mostow, MD, Hospital Epidemiologist, Cleveland Metropolitan General Hospital; Howard Stegmiller, Virologist, and Charles C Croft, ScD, Chief, Ohio Department of Health Laboratories, Thomas K Halpin, MD, State Epidemiologist, Ohio Department of Health, and an EIS Officer.)

New York City

An outbreak of febrile upper respiratory illness occurred in a pediatric ward between December 30, 1974, and January 9, 1975. The index case, a child who had been exposed to his symptomatic parent while home for the weekend, developed symptoms on the ward soon after returning. After 72-96 hours, 4 staff and 9 of 10 patients became symptomatic. Influenza A virus similar to A/Port Chalmers/1/73 was isolated from 2 symptomatic patients, and seroconversions were detected in 4.

(Reported by Henry M Frey, medical student, New York University Medical School; Robert S Holzman, MD, Assistant Epidemiologist and Alfred L Florman, MD, Epidemiologist, Bellevue Hospital; Stephen J Millian, PhD, Assistant Director, New York City Bureau of Laboratories; and an EIS Officer.)

United States

Although pneumonia and influenza deaths in 121 U.S. cities are above the epidemic threshold for the fourth consecutive week, there has been a substantial decrease since last week (Figure 1).

Pneumonia and influenza deaths have continued their downward trend in the East South Central, South Atlantic, and Pacific regions. Mortality remains elevated in the West North Central and West South Central regions.

(Reported by Viral Diseases Division, Bureau of Epidemiology, CDC.)

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING FEBRUARY 1, 1975 AND FEBRUARY 2, 1974 (5th 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	1975	1975	1975	Cum. 1975	1975	1974	1975	1975	1975	1975	1975	Cum. 1975
UNITED STATES	29	1	3,838	9	43	11	16	2	176	718	147	4	16
NEW ENGLAND	–	–	384	–	–	1	–	–	3	19	23	–	1
Maine *	–	–	3	–	–	–	–	–	–	–	–	–	–
New Hampshire *	–	–	11	–	–	–	–	–	–	3	–	–	–
Vermont	–	–	31	–	–	–	–	–	–	–	–	–	–
Massachusetts	–	–	173	–	–	1	–	–	–	4	21	–	1
Rhode Island	–	–	74	–	–	–	–	–	–	7	–	–	–
Connecticut	–	–	92	–	–	–	–	–	3	5	2	–	–
MIDDLE ATLANTIC	2	–	268	–	–	3	5	1	35	94	37	–	1
Upstate New York	–	–	159	–	–	1	3	1	5	24	–	–	–
New York City	–	–	93	–	–	1	1	–	11	27	–	–	1
New Jersey *	2	–	NN	–	–	–	1	–	16	34	37	–	–
Pennsylvania *	–	–	16	–	–	1	–	–	3	9	–	–	–
EAST NORTH CENTRAL	6	–	1,726	–	–	1	3	–	26	122	12	1	1
Ohio	–	–	184	–	–	–	2	–	–	48	–	–	–
Indiana	–	–	165	–	–	–	–	–	2	6	–	–	–
Indiana	1	–	–	–	–	–	–	–	8	12	2	1	1
Michigan	4	–	908	–	–	1	1	–	12	48	10	–	–
Wisconsin	1	–	469	–	–	–	–	–	4	8	–	–	–
WEST NORTH CENTRAL	2	–	455	–	–	1	–	–	9	36	5	–	1
Minnesota	–	–	10	–	–	–	–	–	2	14	–	–	–
Iowa	1	–	389	–	–	–	–	–	4	12	–	–	–
Missouri	1	–	9	–	–	1	–	–	3	1	5	–	1
North Dakota	–	–	8	–	–	–	–	–	–	2	–	–	–
South Dakota	–	–	–	–	–	–	–	–	–	2	–	–	–
Nebraska	–	–	15	–	–	–	–	–	–	–	–	–	–
Kansas	–	–	24	–	–	–	–	–	–	5	–	–	–
SOUTH ATLANTIC	7	–	327	–	–	1	1	–	31	88	16	1	4
Delaware	–	–	13	–	–	–	–	–	–	3	–	–	–
Maryland	3	–	22	–	–	–	–	–	3	7	2	–	–
District of Columbia *	–	–	19	–	–	–	–	–	–	–	–	–	–
Virginia	–	–	6	–	–	–	–	–	5	14	1	–	3
West Virginia	–	–	249	–	–	–	–	–	1	4	–	–	–
North Carolina	–	–	NN	–	–	–	–	–	3	19	3	–	–
South Carolina	–	–	18	–	–	–	–	–	–	3	1	–	–
Georgia *	–	–	–	–	–	–	–	–	–	34	–	–	–
Florida	4	–	–	–	–	1	1	–	19	4	9	1	1
EAST SOUTH CENTRAL	2	1	128	–	–	–	–	1	9	55	–	–	3
Kentucky	–	–	71	–	–	–	–	–	2	21	–	–	2
Tennessee	1	1	NN	–	–	–	–	–	5	21	–	–	–
Alabama	1	–	54	–	–	–	–	1	1	7	–	–	–
Mississippi *	–	–	3	–	–	–	–	–	1	6	–	–	1
WEST SOUTH CENTRAL	2	–	293	1	1	–	–	–	14	92	10	1	1
Arkansas	–	–	79	–	–	–	–	–	–	8	4	1	1
Louisiana	–	–	NN	–	–	–	–	–	–	2	1	–	–
Oklahoma	–	–	62	–	–	–	–	–	8	9	2	–	–
Texas	2	–	152	1	1	–	–	–	6	73	3	–	–
MOUNTAIN	–	–	80	4	6	1	1	–	6	63	14	–	–
Montana	–	–	5	–	–	1	–	–	–	–	–	–	–
Idaho	–	–	–	–	–	–	–	–	–	6	–	–	–
Wyoming	–	–	–	–	–	–	–	–	–	3	–	–	–
Colorado	–	–	47	–	–	–	1	–	–	3	10	–	–
New Mexico	–	–	6	1	1	–	–	–	1	11	–	–	–
Arizona	–	–	–	3	5	–	–	–	3	14	1	–	–
Utah	–	–	22	–	–	–	–	–	2	20	3	–	–
Nevada	–	–	–	–	–	–	–	–	–	6	–	–	–
PACIFIC	8	–	177	4	36	3	6	–	43	149	30	1	4
Washington *	–	–	133	4	36	1	–	–	9	14	10	–	–
Oregon	–	–	–	–	–	–	–	–	–	8	–	–	–
California *	7	–	–	–	–	2	6	–	34	99	20	1	3
Alaska	1	–	17	–	–	–	–	–	–	28	–	–	–
Hawaii	–	–	27	–	–	–	–	–	–	–	–	–	1
Guam *	---	---	---	---	–	---	–	---	---	---	---	---	–
Puerto Rico	–	–	21	–	–	–	–	–	–	–	14	–	–
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic Meningitis: (1975) Miss. delete 4;
(1974) N.H. delete 1, N.J. 13, Miss. 4
Chickenpox: (1975) Me. 35, D.C. 10, Calif. 27, Guam 5
Diphtheria: (1975) Wash. 6
Encephalitis, primary: (1974) N.J. 3, Penn. 2, Miss. 35
Hepatitis B: (1974) Penn. 26
Hepatitis A: (1975) Me. 3, N.H. 1, Guam 8;
(1974) Penn. 49, Ga. 2
Hepatitis unspecified: (1975) Me. 1; (1974) Penn. 6

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING FEBRUARY 1, 1975 AND FEBRUARY 2, 1974 (5th 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	275	1,121	1,927	25	148	119	1,411	6,284	32	204	757	7
NEW ENGLAND	9	11	187	–	10	9	72	262	1	38	76	–
Maine	1	1	9	–	–	–	–	2	–	–	3	–
New Hampshire	8	8	119	–	1	3	2	4	–	26	31	–
Vermont	–	–	–	–	–	–	–	–	–	–	–	–
Massachusetts	–	–	24	–	4	1	7	37	–	11	36	–
Rhode Island	–	–	30	–	1	3	26	107	–	–	–	–
Connecticut	–	2	5	–	4	2	37	112	1	1	6	–
MIDDLE ATLANTIC	11	79	527	3	12	13	74	378	1	15	45	1
Upstate New York	1	24	6	–	4	1	26	172	1	3	10	–
New York City	2	9	40	–	–	5	16	77	–	5	11	1
New Jersey	6	41	353	–	2	6	19	45	–	7	18	–
Pennsylvania *	2	5	128	3	6	1	13	84	–	–	6	–
EAST NORTH CENTRAL	123	480	739	1	20	9	675	2,681	5	89	209	–
Ohio	4	10	356	–	5	4	84	257	–	7	11	–
Indiana	17	47	21	–	–	–	48	329	–	11	30	–
Illinois	45	154	145	–	2	1	34	195	–	6	21	–
Michigan	39	152	167	–	10	4	380	1,265	5	49	104	–
Wisconsin *	18	117	50	1	3	–	129	635	–	16	43	–
WEST NORTH CENTRAL	32	159	84	1	8	8	19	276	9	4	22	1
Minnesota	–	–	73	–	1	4	–	1	–	1	3	–
Iowa	–	–	2	–	1	2	8	83	–	–	1	–
Missouri	5	17	4	–	5	–	5	56	9	2	9	1
North Dakota	–	10	3	–	–	1	6	63	–	–	2	–
South Dakota	3	6	1	–	–	–	–	1	–	1	1	–
Nebraska	–	88	1	–	–	–	–	2	–	–	–	–
Kansas	24	38	–	1	1	1	–	70	–	–	6	–
SOUTH ATLANTIC	5	38	61	8	27	25	99	382	3	7	97	2
Delaware	–	–	2	–	1	3	–	4	–	–	2	–
Maryland	–	–	2	–	1	4	1	7	–	–	–	–
District of Columbia *	–	–	–	1	1	–	3	12	–	–	–	–
Virginia	1	2	4	–	4	6	25	77	1	2	9	–
West Virginia	4	18	20	–	–	2	26	146	–	5	15	–
North Carolina	–	–	–	3	5	5	NN	NN	2	–	–	–
South Carolina	–	14	5	1	5	1	1	9	–	–	65	1
Georgia	–	–	1	–	3	1	–	–	–	–	–	–
Florida	–	4	27	3	7	3	43	127	–	–	6	1
EAST SOUTH CENTRAL	5	23	7	3	33	7	112	734	–	6	63	–
Kentucky	3	15	7	2	11	2	50	388	–	2	18	–
Tennessee	2	6	–	1	11	4	38	290	–	4	43	–
Alabama	–	–	–	–	8	1	18	44	–	–	1	–
Mississippi	–	2	–	–	3	–	6	12	–	–	1	–
WEST SOUTH CENTRAL	3	13	21	6	25	28	117	545	2	6	82	–
Arkansas	1	1	–	–	–	4	2	7	1	–	–	–
Louisiana	–	–	3	–	5	7	27	86	–	–	24	–
Oklahoma	–	1	3	–	2	5	4	21	–	2	44	–
Texas *	2	11	15	6	18	12	84	431	1	4	14	–
MOUNTAIN	34	111	108	1	3	3	27	74	3	9	16	–
Montana	–	–	95	1	1	–	–	–	1	–	1	–
Idaho	–	2	3	–	–	–	–	–	–	2	3	–
Wyoming	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	33	107	4	–	–	–	13	35	–	1	3	–
New Mexico	–	1	5	–	–	1	1	1	2	3	5	–
Arizona	–	–	1	–	1	1	–	–	–	–	1	–
Utah	–	–	–	–	1	1	10	12	–	–	–	–
Nevada	1	1	–	–	–	–	3	26	–	3	3	–
PACIFIC	53	207	193	2	10	17	216	952	8	30	147	3
Washington	–	3	6	–	2	3	108	433	1	16	46	–
Oregon	–	6	–	–	–	3	14	66	1	–	11	–
California	53	198	187	2	8	11	94	445	6	14	88	3
Alaska	–	–	–	–	–	–	–	4	–	–	–	–
Hawaii	–	–	–	–	–	–	–	4	–	–	2	–
Guam	---	–	–	---	–	–	---	1	---	---	–	–
Puerto Rico	19	31	39	1	1	–	59	101	–	1	2	–
Virgin Islands	–	2	5	–	–	–	–	11	–	–	–	–

*Delayed reports: Measles: (1975) Wisc. 18; (1974) Wisc. 21
Meningococcal infections: (1974) Penn. 1
Mumps: (1975) D.C. 4
Pertussis: (1975) Texas delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING FEBRUARY 1, 1975 AND FEBRUARY 2, 1974 (5th WEEK) – Continued

AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1975	Cum. 1975	Cum. 1975	1975	Cum. 1975	1975	Cum. 1975	1975	Cumulative 1975	Cumulative 1974	1975	Cumulative 1975	Cumulative 1974	Cum. 1975
UNITED STATES	581	2,400	6	5	17	–	9	19,010	88,611	80,287	564	2,416	2,327	183
NEW ENGLAND	42	97	1	1	1	–	–	517	2,680	2,042	16	78	88	1
Maine	2	6	–	–	–	–	–	37	205	145	–	2	3	1
New Hampshire	1	7	1	–	–	–	–	12	67	57	1	2	2	–
Vermont	–	1	–	–	–	–	–	10	42	60	–	3	1	–
Massachusetts	21	51	–	1	1	–	–	234	1,223	945	13	56	62	–
Rhode Island	4	11	–	–	–	–	–	65	226	165	–	1	2	–
Connecticut	14	21	–	–	–	–	–	159	917	670	2	14	18	–
MIDDLE ATLANTIC	117	384	1	–	1	–	–	1,965	10,015	10,020	124	538	493	7
Upstate New York	13	69	1	–	1	–	–	350	2,189	1,877	24	65	49	6
New York City	43	202	–	–	–	–	–	945	4,320	4,163	71	321	280	–
New Jersey	19	71	–	–	–	–	–	169	1,026	1,503	20	77	81	–
Pennsylvania *	42	42	–	–	–	–	–	501	2,480	2,477	9	75	83	1
EAST NORTH CENTRAL	76	409	–	1	2	–	1	3,335	14,592	12,793	38	188	195	3
Ohio *	23	130	–	–	1	–	1	837	4,603	3,555	11	48	25	–
Indiana	2	47	–	–	–	–	–	225	1,253	1,130	3	17	19	–
Illinois	12	98	–	1	1	–	–	1,168	4,449	3,915	14	81	101	–
Michigan	35	130	–	–	–	–	–	767	2,925	3,083	7	31	40	–
Wisconsin	4	4	–	–	–	–	–	338	1,362	1,110	3	11	10	3
WEST NORTH CENTRAL	29	78	1	–	1	–	–	925	4,254	4,092	15	71	52	54
Minnesota *	3	7	–	–	1	–	–	189	1,021	912	1	8	5	13
Iowa	4	9	–	–	–	–	–	204	330	595	1	1	5	10
Missouri *	12	39	1	–	–	–	–	270	1,645	1,277	11	44	34	9
North Dakota	–	–	–	–	–	–	–	15	75	70	–	3	–	17
South Dakota	1	4	–	–	–	–	–	33	192	180	1	2	1	–
Nebraska	1	3	–	–	–	–	–	135	341	325	–	2	–	1
Kansas	8	16	–	–	–	–	–	79	650	733	1	11	7	4
SOUTH ATLANTIC	118	547	2	2	3	–	5	5,064	22,220	19,875	176	695	743	24
Delaware	–	7	–	–	–	–	–	113	338	301	1	9	8	–
Maryland	19	81	–	–	–	–	–	640	2,311	1,788	16	32	82	–
District of Columbia	6	36	–	–	–	–	–	295	1,523	1,997	15	66	65	–
Virginia	14	73	1	–	–	–	–	531	2,419	1,812	10	65	93	13
West Virginia	4	29	–	2	2	–	–	60	264	238	–	–	2	1
North Carolina *	10	80	–	–	1	–	–	629	3,415	2,656	49	109	78	1
South Carolina *	3	11	1	–	–	–	5	366	1,915	2,111	11	50	61	1
Georgia *	35	84	–	–	–	–	–	1,116	4,380	3,520	8	80	119	6
Florida	27	146	–	–	–	–	–	1,314	5,655	5,452	66	284	235	2
EAST SOUTH CENTRAL	34	191	–	–	–	–	2	1,665	6,858	6,838	20	88	121	27
Kentucky	–	35	–	–	–	–	1	153	903	835	2	8	27	21
Tennessee	17	73	–	–	–	–	–	612	2,846	2,693	18	39	48	2
Alabama	10	63	–	–	–	–	1	574	1,674	1,933	–	23	22	4
Mississippi	7	20	–	–	–	–	–	326	1,435	1,377	–	18	24	–
WEST SOUTH CENTRAL	66	202	1	–	–	–	1	2,125	11,709	10,677	47	244	214	42
Arkansas	11	47	–	–	–	–	–	223	1,019	1,167	–	4	10	8
Louisiana	11	47	–	–	–	–	–	499	2,241	2,306	13	72	64	1
Oklahoma	8	25	–	–	–	–	1	204	912	809	1	15	15	14
Texas	36	83	1	–	–	–	–	1,199	7,537	6,395	33	153	125	19
MOUNTAIN	15	70	–	–	1	–	–	705	3,337	2,836	10	54	56	11
Montana	–	–	–	–	–	–	–	5	194	170	1	1	–	1
Idaho	1	3	–	–	–	–	–	28	166	183	–	–	–	–
Wyoming	1	3	–	–	1	–	–	16	61	68	–	–	–	–
Colorado	–	–	–	–	–	–	–	274	938	819	2	15	12	–
New Mexico	5	10	–	–	–	–	–	75	561	393	4	11	11	10
Arizona *	6	42	–	–	–	–	–	192	926	737	1	22	22	–
Utah	–	–	–	–	–	–	–	58	167	138	–	–	2	–
Nevada	2	12	–	–	–	–	–	57	324	328	2	5	9	–
PACIFIC	84	422	–	1	8	–	–	2,709	12,946	11,114	118	460	365	14
Washington	2	33	–	–	–	–	–	298	1,110	1,067	–	17	14	–
Oregon	–	3	–	–	–	–	–	348	1,240	957	2	9	9	–
California	63	344	–	1	8	–	–	1,963	10,022	8,637	116	430	339	12
Alaska	6	6	–	–	–	–	–	52	322	238	–	–	–	2
Hawaii	13	36	–	–	–	–	–	48	252	215	–	4	3	–
Guam *	---	13	–	---	–	---	–	---	29	---	---	–	---	–
Puerto Rico	9	33	–	–	–	–	–	76	287	310	22	62	95	5
Virgin Islands	–	–	–	–	–	–	–	5	12	70	–	3	7	–

*Delayed reports: Tuberculosis: (1975) Mo. 9, Ariz. delete 1
(1974) Ohio 1, Minn. 2, N.C. delete 1
RMSF: (1974) Penn. 3, Ga. 1
Gonorrhea: (1975) S.C. 200, Guam 7

Week No. 05

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING FEBRUARY 1, 1975

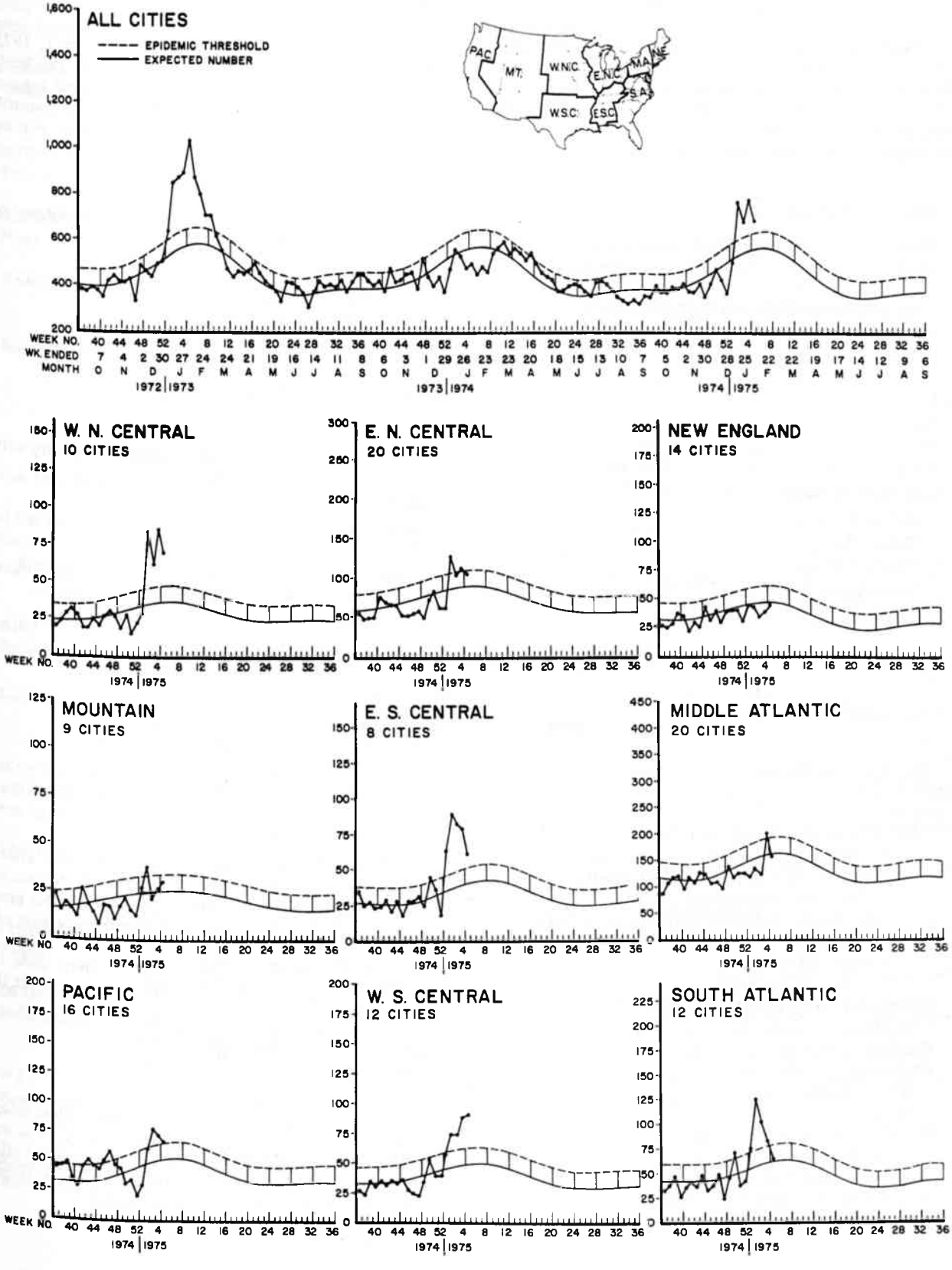
(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	719	430	194	40	29	46
Boston, Mass.	200	105	60	17	12	13
Bridgeport, Conn.	34	17	13	1	1	3
Cambridge, Mass.	26	18	7	–	1	2
Fall River, Mass.	29	18	9	1	1	–
Hartford, Conn.	74	36	22	8	3	–
Lowell, Mass.	29	22	3	1	2	2
Lynn, Mass.	39	25	13	1	–	2
New Bedford, Mass.	33	24	6	1	1	3
New Haven, Conn.	53	31	14	2	2	3
Providence, R. I.	61	31	21	2	4	8
Somerville, Mass.	5	4	–	1	–	–
Springfield, Mass.	35	23	8	2	1	4
Waterbury, Conn.	44	29	12	2	1	2
Worcester, Mass.	57	47	6	1	–	4
MIDDLE ATLANTIC	3,321	2,067	817	203	90	158
Albany, N. Y.	71	41	19	5	2	3
Allentown, Pa.	33	26	6	1	–	1
Buffalo, N. Y.	132	71	37	15	4	10
Camden, N. J.	48	27	12	2	2	5
Elizabeth, N. J.	28	18	5	4	1	1
Erie, Pa.	58	39	11	2	2	4
Jersey City, N. J.	70	43	22	2	3	1
Newark, N. J.	65	29	24	5	3	7
New York City, N. Y. *	1,657	1,046	387	112	38	76
Paterson, N. J.	30	20	5	4	–	2
Philadelphia, Pa.	502	306	128	28	13	12
Pittsburgh, Pa.	180	110	52	5	10	13
Reading, Pa.	52	35	8	1	2	3
Rochester, N. Y.	117	72	32	6	3	5
Schenectady, N. Y.	24	17	7	–	–	2
Scranton, Pa.	56	40	14	2	–	2
Syracuse, N. Y.	98	63	20	4	7	2
Trenton, N. J.	42	23	12	5	–	4
Utica, N. Y.	26	17	9	–	–	1
Yonkers, N. Y.	32	24	7	–	–	4
EAST NORTH CENTRAL	2,659	1,602	704	170	100	105
Akron, Ohio	76	56	13	4	2	–
Canton, Ohio	29	20	8	1	–	3
Chicago, Ill.	712	409	188	58	30	23
Cincinnati, Ohio	182	126	39	11	1	2
Cleveland, Ohio	168	92	50	13	7	6
Columbus, Ohio	133	75	37	7	10	2
Dayton, Ohio	92	53	30	4	3	5
Detroit, Mich.	326	185	93	24	13	7
Evansville, Ind.	51	34	14	3	–	1
Fort Wayne, Ind.	76	48	18	8	–	9
Gary, Ind.	31	14	13	2	–	3
Grand Rapids, Mich.	52	33	12	1	6	3
Indianapolis, Ind.	171	104	46	10	7	14
Madison, Wis.	41	23	14	2	2	3
Milwaukee, Wis.	167	111	39	4	10	7
Peoria, Ill.	51	27	16	2	2	4
Rockford, Ill.	41	28	10	2	–	4
South Bend, Ind.	61	43	10	4	2	3
Toledo, Ohio	119	68	33	8	4	5
Youngstown, Ohio	80	53	21	2	1	1
WEST NORTH CENTRAL	972	613	227	48	39	70
Des Moines, Iowa	87	58	20	2	2	8
Duluth, Minn.	33	28	2	1	–	4
Kansas City, Kans.	52	26	16	3	3	4
Kansas City, Mo.	180	115	43	10	6	17
Lincoln, Nebr.	47	28	14	2	1	5
Minneapolis, Minn.	104	69	20	3	9	3
Omaha, Nebr.	106	63	24	10	4	8
St. Louis, Mo.	243	148	62	12	7	8
St. Paul, Minn.	69	49	12	2	5	3
Wichita, Kans.	51	29	14	3	2	10
SOUTH ATLANTIC	1,388	828	392	85	45	63
Atlanta, Ga.	153	89	41	12	9	10
Baltimore, Md.	206	110	68	13	6	7
Charlotte, N. C.	69	33	23	9	2	2
Jacksonville, Fla.	98	61	23	6	4	–
Miami, Fla.	130	71	40	8	7	–
Norfolk, Va.	72	45	17	6	1	6
Richmond, Va.	106	64	31	7	2	7
Savannah, Ga.	50	30	15	2	1	3
St. Petersburg, Fla.	171	136	28	3	4	12
Tampa, Fla.	81	50	21	4	2	15
Washington, D. C.	189	94	71	13	5	–
Wilmington, Del.	63	45	14	2	2	1
EAST SOUTH CENTRAL	817	481	203	51	52	61
Birmingham, Ala.	135	76	44	8	6	4
Chattanooga, Tenn.	71	39	17	5	4	9
Knoxville, Tenn.	55	37	10	5	2	1
Louisville, Ky.	122	84	29	6	–	14
Memphis, Tenn.	182	105	29	14	24	7
Mobile, Ala.	73	36	23	5	3	6
Montgomery, Ala.	47	23	17	2	4	4
Nashville, Tenn.	132	81	34	6	9	16
WEST SOUTH CENTRAL	1,426	832	388	98	54	90
Austin, Tex.	70	38	13	7	3	4
Baton Rouge, La.	52	28	18	3	–	1
Corpus Christi, Tex.	26	17	7	–	2	1
Dallas, Tex.	180	96	60	14	6	5
El Paso, Tex.	56	34	13	4	2	9
Fort Worth, Tex.	124	78	38	5	3	8
Houston, Tex.	379	198	113	36	16	19
Little Rock, Ark.	36	21	8	2	4	–
New Orleans, La.	150	85	45	13	3	4
San Antonio, Tex.	156	101	31	7	6	15
Shreveport, La.	86	56	21	4	4	9
Tulsa, Okla.	111	80	21	3	5	15
MOUNTAIN	633	384	157	36	33	30
Albuquerque, N. Mex.	71	37	22	3	2	5
Colorado Springs, Colo.	30	23	5	1	1	4
Denver, Colo.	152	86	32	9	19	6
Las Vegas, Nev.	36	19	14	2	–	3
Ogden, Utah	29	24	3	–	1	5
Phoenix, Ariz.	156	107	36	9	2	2
Pueblo, Colo.	19	13	5	1	–	2
Salt Lake City, Utah	70	46	11	5	6	3
Tucson, Ariz.	70	29	29	6	2	–
PACIFIC	1,690	1,026	439	101	65	67
Berkeley, Calif.	15	9	6	–	–	2
Fresno, Calif.	63	41	14	2	3	1
Glendale, Calif.	16	14	2	–	–	1
Honolulu, Hawaii *	54	28	17	4	5	2
Long Beach, Calif.	122	66	41	7	3	4
Los Angeles, Calif.	456	276	118	36	11	14
Oakland, Calif.	83	41	19	10	4	–
Pasadena, Calif.	37	25	11	–	–	2
Portland, Oreg.	140	91	36	5	3	8
Sacramento, Calif.	82	45	27	3	6	2
San Diego, Calif.	141	95	31	9	1	4
San Francisco, Calif.	187	117	50	12	3	10
San Jose, Calif.	54	32	13	3	3	2
Seattle, Wash.	161	97	36	7	16	8
Spokane, Wash.	51	33	10	2	5	3
Tacoma, Wash.	28	16	8	1	2	4
Total	13,625	8,263	3,521	832	507	690
Expected Number	13,349	8,103	3,530	833	404	562

*Estimate based on average percent of divisional total.

INFLUENZA – Continued

Figure 1
PNEUMONIA-INFLUENZA DEATHS IN 121 UNITED STATES CITIES



INTERNATIONAL NOTES

CHOLERA VACCINATION REQUIREMENTS

The January 1, 1974, modification of the International Health Regulations eliminated the requirement for cholera vaccination for international travelers. The Twenty-seventh World Health Assembly of the World Health Organization, after considering the reservations submitted by some countries, requested that these reservations be withdrawn to facilitate travel. However, according to the January 1, 1975, vaccination certificate requirements published by the World Health Organization, 29 countries still have some type of cholera vaccination requirement.* Travelers to these countries are advised to comply with the cholera vaccination requirements published by WHO and listed below:

I. Required of all travelers:

Malawi
Maldives
Papua-New Guinea (except most countries in Oceania)

II. Required of travelers arriving from cholera infected areas:

Albania
Angola
Brunei
Cape Verde Island
Egypt
Fiji
Iran [also from Afghanistan, Bahrain, Bangladesh, Burma, India, Iraq, Malawi, Malaysia, Pakistan, Philippines, Saudi Arabia, Singapore, Thailand, Viet-Nam (South)]
Iraq
Laos
Libyan Arab Republic
Macao
Madagascar
Namibia (by air)
Nauru
Oman
Pitcairn Island
Swaziland
Zambia

III. Required of travelers arriving from countries any part of which is infected with cholera:

Australia
Christmas Island (also from Malaysia, Singapore)
Guinea
Italy (also from Guinea)
Saudi Arabia

IV. Required only of travelers proceeding to a country with a cholera vaccination requirement:

Burma
India
Nigeria

*This compares to 20 countries that had some kind of cholera vaccination requirement as of January 1974 (MMWR, Vol. 23, No. 2).

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:

GERMAN DEMOCRATIC REPUBLIC (EAST) – Smallpox – delete the countries under the note and insert:
Americas: All countries EXCEPT Brazil
Caribbean: All countries
Asia: Japan, Korea (North), Mongolia, Viet-Nam (North)
Europe: All countries
Oceania: All countries

GERMANY, FEDERAL REPUBLIC OF (WEST) – Smallpox – under the code insert: by air

GREECE – Cholera – delete code

GUYANA – Yellow fever – in the note concerning Africa delete: Portuguese Guinea; insert: Guinea-Bissau

INDIA – Yellow fever – in the note concerning Africa delete: Portuguese Guinea; insert: Guinea-Bissau

IRAN – Cholera – in the note delete: Europe: Portugal

ISLE OF MAN – Smallpox – delete code I >1 year: insert code II. Delete the note and insert: A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.

JERSEY – Smallpox – delete code I >1 year: insert code II. Delete the note and insert: A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected

KHMER REPUBLIC – Yellow fever – insert code II

KOREA, REPUBLIC OF – Smallpox – delete code II; insert code I >1 year

LAOS – Cholera – insert code II

LIBYAN ARAB REPUBLIC
Cholera – Insert code II
Yellow fever – delete note
Smallpox – under code insert >1 year; delete note

LIECHTENSTEIN – Smallpox – delete code I >1 year; insert code II. Delete the note and insert: A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.

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," Morbidity and Mortality Weekly Report, Vol. 23, September 1974:

ALABAMA
Montgomery — State Dept. of Health 36104
Change clinic hours to: By appointment, Mon., 10 a.m.

ARIZONA
Tucson — Pima County Health Dept. 85701
Change clinic hours to: Fri., 2:15 p.m.

CALIFORNIA
Napa — County Health Dept. 94558
Change clinic hours to: 3 p.m.

Redding — Shasta County Health Dept. 96001
Change telephone number to: 246-5591
Change clinic hours to: By appointment

Sacramento — County Health Dept.
3701 J St., Suite 209 95816
Change name to: South City Health Center
Change address to: 7222 24th St. 95823
Change telephone number to: 454-3221

San Luis Obispo — County Health Dept. 93401
Change clinic hours to Mon., 2-3 p.m.

COLORADO
Colorado Springs — City-County Health Dept. 80909
Change name to El Paso City-County Health Dept.

IDAHO
Boise — Central District Health Dept. 83706
Change clinic hours to: 1 p.m.

Caldwell — South District Health Dept. 83605
Change name to: Southwest District Public Health Dept.
Change address to: 618 Main St.
Change telephone number to: 459-0744
Change clinic hours to: Thurs., 8 a.m.-12 noon, 1-4:30 p.m.

Lewiston — North Central District Health Dept. 83501
Change clinic hours to: By appointment, Mon.

ILLINOIS
Peoria — City-County Health Dept. 61604
Change telephone number to: 685-6181

INDIANA
Indianapolis — Indiana University 46202
Add to clinic hours: 9:30 a.m.
Change telephone number to: 264-8123

IOWA
Sioux City — Health Dept. 51102
Change telephone number to: 279-6121
Change no fee charged to: Fee charged

LOUISIANA
Alexandria — Alexandria-Repides Parish Health Unit 71301
Change clinic hours to: Mon., 1-4 p.m.

MINNESOTA
Duluth — The Duluth Clinic
Change address to: 400 East Third St. 55803 (effective 3-1-75)

MISSOURI
St. Louis — U.S. Public Health Service Outpatient Clinic 63103
Change telephone number to: 425-4851

MONTANA
Billings — Yellowstone City-County Health Dept.
Change address to: Courthouse Rm. 205 59109
Change telephone number to: 252-5181 Ext. 221
Change clinic hours to: By appointment

NEW JERSEY
Princeton — Isabelle McCosh Infirmary 08540
Change clinic hours to: By appointment, Thurs, 9-10:30 a.m.

NEW YORK
New York — Broad Street Medical Center
Change address to: 14 Pearl St. 10004

New York — Medical Dept.
Chase Manhattan Bank 10015
Change telephone number to: 552-5883
Change clinic hours to: Tues. & Fri., 2-3 p.m.

NORTH CAROLINA
Asheville — Buncombe County Health Center 28807
Change telephone number to: 255-5682
Change clinic hours to: Mon.-Fri., 9 a.m.-12 noon, 1-4:30 p.m.

NORTH DAKOTA
Fargo — City Health Dept.
Change address to: 210 North Fourth 58102

OREGON
Eugene — Lane County Community Health and Social Services Dept. 97401
Insert clinic hours: Wed., 8 a.m.-12 noon; 1-5 p.m.
Insert: Fee charged

PENNSYLVANIA
Reading — Reading Hospital
Change address to: P.O. Box 878 19603

SOUTH CAROLINA
Charleston — U.S. Public Health Service Outpatient Clinic 29403
Change clinic hours to: Thurs., 2 p.m.

TEXAS
Dallas — City Health Dept. 75235
Add to telephone number: Ext. 326

Houston — City Health Dept. 77025
Change clinic hours to: Tues. & Thurs., 2-3 p.m.

Houston — The Ledbetter Clinic 77002
1603 Medical Arts Bldg.
Add: Mailing address
1628 Medical Arts Bldg. 77002

QUARANTINE MEASURES – Continued

Houston	Space Center Medical Associates 77058 Change clinic hours to: Wed., 1-4:30 p.m.
Houston	Tenneco Oil Company Change address to: 1125 Medical Arts Bldg. 77002
Odessa	Odessa-Ector County Health Dept. Change address to: 221 North Texas 79761
VIRGINIA	
Fairfax	Joseph Willard Health Center 22030 Change clinic hours to: Second and fourth Wed., each month, 8:30 a.m.
Richmond	City Health Dept. 23219 Change telephone number to: 649-4365
WEST VIRGINIA	
Charleston	Kanawa-Charleston Health Dept. Change zip code to: 25304

The following new Center should be added:

VIRGINIA

Christianburg — Montgomery County Health Dept.
Depot Street, P.O. Box 449 24073
703-382-8616
Clinic hours: By appointment, Mon.-Fri., 8 a.m.-4:30 p.m
Fee charged

The following Center has been closed and should be deleted:

MARYLAND

Baltimore — Esso Shipping Co.
3037 O'Donnell St. 21224

Erratum, Vol. 24, No. 1, p.2

In the article "Introduction of *Salmonella wien* into the United States – Connecticut, Washington" the word *wien* was inadvertently misspelled.

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Director, Center for Disease Control — David J. Sencer, M.D.
Director, Bureau of Epidemiology, CDC — Philip S. Brachman, M.D.
Editor, MMWR — Michael B. Gregg, M.D.

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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