

Morbidity and Mortality



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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE
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EPIDEMIOLOGIC NOTES AND REPORTS ETIOLOGIC AGENTS AND THE BAN ON AIR SHIPMENT

Because of the concern of the Air Line Pilots Association (ALPA) over enforcement of applicable federal regulations governing the air transport of hazardous materials, the Association announced several months ago its intent to impose an embargo on such materials aboard commercial aircraft. The proposed ban became effective February 1, 1975. Etiologic agents are included in the category of some 1400 hazardous materials.

On the evening of January 30, an agreement was reached between ALPA and the American Society for Microbiology to exempt medical materials, including etiologic agents, from the embargo. The exemption covers the following:

1. Cell cultures, to include those of bacterial, fungal, viral or mammalian tissue origin.

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2. Fluids of mammalian or human origin, including whole blood or blood fractions, urine, saliva, various extracts of tissue, and all substances derived from such fluids or tissues.
3. Diagnostic reagents prepared from (1) or (2) above.
4. Human and animal specimens transported for diagnostic, immunogenic, scientific, or health-related purposes.

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

DISEASE	6th WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 6 WEEKS		
	February 8, 1975	February 9, 1974		February 8, 1975	February 9, 1974	MEDIAN 1970-1974
Aseptic meningitis	34	35	35	227	213	218
Brucellosis	5	1	1	13	10	11
Chickenpox	3,527	3,726	---	19,592	18,964	---
Diphtheria	6	1	2	49	6	12
Encephalitis	Primary	11	18	64	85	95
	Post-Infectious	5	8	19	26	26
	Type B	218	141	1,158	940	940
Hepatitis, Viral	Type A	805	883	4,030	4,941	---
	Type unspecified	143	163	827	825	6,407
Malaria	14	6	14	30	19	221
Measles (rubeola)	459	522	704	1,581	2,449	3,663
Meningococcal infections, total	45	35	49	193	154	215
Civilian	44	35	43	188	154	208
Military	1	---	---	5	---	8
Mumps	1,733	1,770	2,145	8,018	9,178	12,425
Pertussis	35	41	---	170	154	---
Rubella (German measles)	333	259	565	1,113	1,117	2,839
Tetanus	1	2	2	8	7	6
Tuberculosis	680	530	---	3,079	2,864	---
Tularemia	2	2	2	8	10	10
Typhoid fever	9	6	5	26	34	33
Typhus, tick-borne (Rky. Mt. spotted fever)	1	1	1	10	13	3
Venereal Diseases:						
Gonorrhea	Civilian	18,494	16,058	---	107,020	96,345
	Military	950	520	---	3,596	---
Syphilis, primary and secondary	Civilian	539	466	---	2,978	---
	Military	9	8	---	52	---
Rabies in animals	33	45	67	216	283	327

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	---	Poliomyelitis, total:	1
Botulism:	3	Paralytic:*	1
Congenital rubella syndrome: * Calif. 1, Okla. 1	5	Psittacosis: Calif. 1, N.Y. Ups. 1	4
Leprosy: Calif. 4, Conn. 1, Tex. 1	24	Rabies in man:	1
Leptospirosis:	6	Trichinosis: Calif. 1	8
Plague:	---	Typhus, murine:	---

*Delayed reports: Congenital Rubella Syndrome: (1975) Colo. delete 1
Poliomyelitis, Paralytic: (1974) Mich. 1

ETIOLOGIC AGENTS — Continued

5. Drugs and chemotherapeutic agents whose application is for the remission or amelioration of human or animal disease.

In addition to the label already prescribed by 42 CFR 72.25(c) and 49 CFR 173.387, all shippers of the medical materials described above are required to attach an extra label. This extra label is to assure that the shipper in every case is aware of the specifics of existing regulations and has adhered to them in his packaging. The additional label should read:

MEDICAL MATERIALS

**PACKAGING CONFORMS
WITH STANDARDS IN 49
CFR 173.387, 42 CFR 72.25
(c), AND NIH GUIDE OF
FEBRUARY 10, 1975.**

The exemptions agreed to by ALPA are conditional upon the continuation of an educational campaign both to inform shippers of packaging requirements and to reinforce ad-

herence to existing packaging regulations. The purpose of this article in the Morbidity and Mortality Weekly Report, with the accompanying specifications, is to inform, to educate, and to promote compliance.

Improper packaging and labeling of etiologic agents and other hazardous materials can result in unnecessary exposure of postal, shipping, and laboratory personnel. Denial of air services to all bio-medical users is a real possibility if violations of packaging regulations continue.

Shippers are advised that failure to comply with applicable requirements of shipping regulations subjects violators to fine or imprisonment or both, as provided in Section 3 68(a) of the Public Health Service Act (42 USC 271(a)). Copies of regulations concerning packaging and labeling may be obtained by writing to:

Center for Disease Control
Attn: Office of Biosafety
Atlanta, Georgia 30333

(Reported by Robert F Acker, Executive Director, American Society for Microbiology, and the Office of Biosafety, CDC.)

**NON-VIABLE BACTERIA IN COMMERCIALY DISTRIBUTED
LUMBAR PUNCTURE TRAYS — Maryland**

On January 16, 1975, a 14-month-old boy was admitted to a Baltimore hospital because of 2 days of lethargy and unexplained fever. Gram stain of a cerebrospinal fluid (CSF) specimen obtained the day of admission showed gram-negative organisms. Protein and glucose concentrations and cell counts on the specimen were normal. However, because of the presence of symptoms which had indicated the need for a diagnostic lumbar puncture (LP) and because of the Gram stain results, the child was started on antibiotic therapy for presumed early bacterial meningitis. Antibiotic therapy was discontinued, however, when the CSF culture remained sterile for several days and the patient's clinical course was not consistent with the diagnosis.

Between January 20 and January 23, Gram stains from 4 more CSF specimens processed in the hospital laboratory revealed gram-negative organisms. Because of concern in the microbiology laboratory about the infant's false-positive CSF Gram stain, the results from these 4 specimens were considered unreliable. Furthermore, the cultures of these specimens remained sterile after 5 days incubation. Subsequently, microbiologic investigation by hospital personnel suggested that non-viable bacteria in the plastic specimen transport tubes supplied in disposable LP trays (Pharmaseal Laboratories, Catalog No. 4303B) had caused the 5 false-positive CSF smears.

Four LP trays from the lot currently used in the hospital (C4K320X) were forwarded to CDC. To test for contamination in the 12 tubes supplied in these 4 trays, each tube was filled with 3 cc of a filtered (0.22 μ filter) brain heart infusion broth-albumin (BHIB-A) solution and processed in a manner similar to that recommended by the American Society for Microbiology (ASM) for thorough processing of CSF specimens (1). The solutions were centrifuged at approximately 10,000 RPM for 15 minutes, the supernatant was discarded, and the sediment was cultured on blood agar and Gram-stained. The Gram-stained smears were examined

for 15 minutes, and 10 of the 12 slides (83%) were positive for a variety of gram-negative rods, diplococci, and coccobacillary forms. Occurring singly and in clumps, the organisms were found in at least 1 of every 30 oil-immersion fields within 2 to 3 minutes of examining each positive slide. The cultures failed to show bacterial growth after 5 days of incubation at 37°C. Six control slides, prepared by Gram-staining aliquots of the filtered BHIB-A solution that had been centrifuged in sterile glass test tubes, were negative by microscopic examination.

Subsequent microbiologic observations at the Baltimore hospital have suggested the presence of non-viable bacteria in specimen tubes in 2 newly supplied lots (C4L032B and C4N220X) of Pharmaseal Laboratory LP trays. FDA investigations have confirmed the observation of non-viable bacteria in some specimen tubes from all 3 suspect lots (C4K320X, C4L032B, C4N220X).

(Reported by Frederick W Bauer, MD, Chairman, Infection Control Committee, Dolores E Cahall, RN, Nurse Epidemiologist, Robert D Hoffman, MS, Microbiology Laboratory Supervisor, Phyllis G Tyler, Environmental Surveillance Officer, and Carol F Phillips, Chief Microbiology Technician, Greater Baltimore Medical Center, Baltimore, Maryland; the Bureau of Medical Devices and Diagnostic Products, Food and Drug Administration; and the Bacterial Diseases Division, Bureau of Epidemiology and Bureau of Laboratories, CDC.)

Editorial Note

In the differential diagnosis of an acute febrile illness with even minimal mental or neurological symptoms, great diagnostic importance is often placed on CSF Gram stain results (2,3). Because CSF specimens obtained from patients early in the course of meningitis may contain bacteria but relatively few white blood cells and may have normal chemistries (2,4), microbial contamination in CSF specimen tubes can simulate findings of early bacterial meningitis and lead to

(Continued on page 55)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING FEBRUARY 8, 1975 AND FEBRUARY 9, 1974 (6th 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	34	5	3,527	6	49	11	19	5	218	805	143	14	30
NEW ENGLAND	—	—	351	—	—	1	—	—	3	27	21	—	1
Maine *	—	—	9	—	—	—	—	—	—	2	—	—	—
New Hampshire *	—	—	5	—	—	—	—	—	—	3	—	—	—
Vermont	—	—	3	—	—	—	—	—	—	1	—	—	—
Massachusetts	—	—	154	—	—	1	—	—	—	5	21	—	1
Rhode Island *	—	—	51	—	—	—	—	—	2	11	—	—	—
Connecticut	—	—	129	—	—	—	—	—	1	5	—	—	—
MIDDLE ATLANTIC	2	—	159	—	—	1	—	—	17	84	28	2	3
Upstate New York	1	—	86	—	—	1	—	—	4	34	3	2	2
New York City	—	—	69	—	—	—	—	—	7	22	—	—	1
New Jersey *	—	—	NN	—	—	—	—	—	4	20	25	—	—
Pennsylvania *	1	—	4	—	—	—	—	—	2	8	—	—	—
EAST NORTH CENTRAL	2	—	1,398	—	—	3	6	—	20	124	7	—	1
Ohio	—	—	63	—	—	2	5	—	2	20	—	—	—
Indiana	—	—	115	—	—	—	—	—	—	8	—	—	—
Illinois	—	—	—	—	—	—	—	—	4	25	7	—	1
Michigan	2	—	795	—	—	1	1	—	12	51	—	—	—
Wisconsin	—	—	425	—	—	—	—	—	2	20	—	—	—
WEST NORTH CENTRAL	1	1	557	—	—	—	7	—	11	38	4	—	1
Minnesota *	1	—	65	—	—	—	—	—	5	12	—	—	—
Iowa	—	1	169	—	—	—	4	—	—	—	—	—	—
Missouri	—	—	70	—	—	—	2	—	2	5	4	—	1
North Dakota	—	—	17	—	—	—	—	—	—	8	—	—	—
South Dakota	—	—	—	—	—	—	1	—	—	—	—	—	—
Nebraska	—	—	26	—	—	—	—	—	2	5	—	—	—
Kansas	—	—	210	—	—	—	—	—	2	8	—	—	—
SOUTH ATLANTIC	7	1	301	—	—	2	1	4	26	128	7	1	5
Delaware	—	—	5	—	—	—	—	—	—	1	—	—	—
Maryland	—	—	23	—	—	—	—	—	6	4	3	—	—
District of Columbia	—	—	4	—	—	—	—	—	2	—	—	—	—
Virginia	2	—	20	—	—	—	—	—	4	5	2	—	3
West Virginia	—	—	238	—	—	—	—	—	—	2	—	—	—
North Carolina	—	—	NN	—	—	1	—	1	4	24	1	—	—
South Carolina	—	—	11	—	—	—	1	—	2	6	—	—	—
Georgia	—	1	—	—	—	—	—	—	—	43	—	—	—
Florida	5	—	—	—	—	1	—	3	8	43	1	1	2
EAST SOUTH CENTRAL	—	2	151	—	—	—	1	—	31	65	—	1	4
Kentucky	—	—	120	—	—	—	—	—	2	25	—	—	2
Tennessee	—	2	NN	—	—	—	1	—	10	29	—	—	—
Alabama	—	—	2	—	—	—	—	—	18	4	—	1	1
Mississippi *	—	—	29	—	—	—	—	—	1	7	—	—	1
WEST SOUTH CENTRAL	8	1	226	—	1	2	3	—	22	100	18	1	2
Arkansas *	—	1	4	—	—	—	—	—	1	9	1	—	1
Louisiana	3	—	NN	—	—	2	—	—	7	11	8	—	—
Oklahoma	—	—	36	—	—	—	3	—	11	10	5	1	1
Texas	5	—	186	—	1	—	—	—	3	70	4	—	—
MOUNTAIN	—	—	103	—	6	1	—	—	2	52	21	8	8
Montana *	—	—	19	—	—	1	—	—	—	10	—	—	—
Idaho	—	—	—	—	—	—	—	—	1	5	2	—	—
Wyoming	—	—	—	—	—	—	—	—	—	2	—	—	—
Colorado	—	—	41	—	—	—	—	—	—	11	7	8	8
New Mexico	—	—	40	—	1	—	—	—	—	9	4	—	—
Arizona	—	—	—	—	5	—	—	—	1	8	3	—	—
Utah	—	—	—	—	—	—	—	—	—	5	5	—	—
Nevada	—	—	3	—	—	—	—	—	—	2	—	—	—
PACIFIC	14	—	281	6	42	1	1	1	86	187	37	1	5
Washington	—	—	222	5	41	—	1	—	6	27	19	—	—
Oregon	—	—	—	—	—	—	—	—	8	18	4	—	—
California *	12	—	—	1	1	1	—	1	71	126	14	1	4
Alaska *	—	—	18	—	—	—	—	—	1	13	—	—	—
Hawaii	2	—	41	—	—	—	—	—	—	3	—	—	1
Guam *	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	—	—	10	—	—	—	—	—	—	—	21	1	1
Virgin Islands	—	—	1	—	—	—	—	—	—	—	—	—	—

*Delayed reports: Aseptic Meningitis: (1974) N.J. 3, Pa. 1
 Chickenpox: (1975) Me. 17, N.H. 5, Calif. 55, Guam 9; (1974) Mt. 1
 Encephalitis, primary: (1975) Miss. delete 5; (1974) N.J. 1, Pa. 2
 Encephalitis, post: (1974) Minn. 1
 Hepatitis B: (1975) Miss. delete 1, Guam 1; (1974) Pa. 9, Ark. 1

Hepatitis A: (1975) Me. delete 1, N.H. delete 1, R.I. delete 1,
 Guam 1; (1974) Pa. 18, Mt. 1, Alaska 1
 Hepatitis unspecified: (1975) Me. 1, Guam 2, (1974) Pa. 2,
 Mt. 1
 Malaria: (1974) Pa. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING FEBRUARY 8, 1975 AND FEBRUARY 9, 1974 (6th 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	459	1,581	2,449	45	193	154	1,733	8,018	35	333	1,113	8
NEW ENGLAND	13	25	207	—	10	10	58	321	—	74	157	—
Maine *	—	1	9	—	—	—	—	2	—	1	5	—
New Hampshire *	1	10	129	—	1	4	1	6	—	39	76	—
Vermont	—	—	—	—	—	—	—	—	—	1	1	—
Massachusetts	5	5	31	—	4	1	13	50	—	27	63	—
Rhode Island	2	2	30	—	1	3	27	134	—	—	—	—
Connecticut	5	7	8	—	4	2	17	129	—	6	12	—
MIDDLE ATLANTIC	16	95	721	6	18	19	80	458	5	14	59	1
Upstate New York	4	28	16	3	7	2	28	200	3	—	10	—
New York City	3	12	45	2	2	6	8	85	2	7	18	1
New Jersey	6	47	514	—	2	8	13	58	—	3	21	—
Pennsylvania	3	8	146	1	7	3	31	115	—	4	10	—
EAST NORTH CENTRAL	211	705	967	7	27	13	705	3,386	6	66	275	—
Ohio	—	10	426	1	6	4	27	284	—	2	13	—
Indiana	11	58	27	—	—	—	35	364	—	8	38	—
Illinois	64	218	206	1	3	2	76	271	4	6	27	—
Michigan	58	210	237	5	15	5	424	1,689	1	35	139	—
Wisconsin *	78	209	71	—	3	2	143	778	1	15	58	—
WEST NORTH CENTRAL	56	215	85	2	11	10	168	444	—	52	74	1
Minnesota *	—	—	73	—	1	4	3	4	—	—	3	—
Iowa	6	6	2	1	2	2	6	89	—	1	2	—
Missouri *	1	18	4	—	6	2	21	77	—	—	9	1
North Dakota	3	13	4	—	—	1	40	103	—	15	17	—
South Dakota	3	9	1	—	—	—	—	1	—	—	1	—
Nebraska	8	96	1	—	—	—	1	3	—	—	—	—
Kansas	35	73	—	1	2	1	97	167	—	36	42	—
SOUTH ATLANTIC	5	29	81	7	34	31	93	475	9	41	152	2
Delaware	—	—	2	—	1	3	—	4	—	—	2	—
Maryland	—	—	2	—	1	4	3	10	—	—	—	—
District of Columbia	—	—	—	—	1	—	1	13	—	—	—	—
Virginia	2	4	4	3	7	7	25	102	—	1	10	—
West Virginia	2	20	25	—	—	2	20	166	8	7	22	—
North Carolina	—	—	—	1	6	6	NN	NN	—	—	—	—
South Carolina *	—	—	7	1	6	1	—	9	—	25	104	1
Georgia	—	—	1	1	4	4	—	—	—	—	—	—
Florida	1	5	40	1	8	4	44	171	1	8	14	1
EAST SOUTH CENTRAL	2	25	12	4	37	12	191	925	3	14	77	1
Kentucky	2	17	11	2	13	2	140	528	—	3	21	1
Tennessee	—	6	—	2	13	9	42	332	—	10	53	—
Alabama	—	—	—	—	8	1	2	46	3	1	2	—
Mississippi	—	2	1	—	3	—	7	19	—	—	1	—
WEST SOUTH CENTRAL	7	20	36	12	37	37	110	655	2	10	92	—
Arkansas	—	1	1	1	1	4	3	10	—	—	—	—
Louisiana	—	—	3	6	11	7	18	104	—	1	25	—
Oklahoma	3	4	4	1	3	6	5	26	—	—	44	—
Texas	4	15	28	4	22	20	84	515	2	9	23	—
MOUNTAIN	23	134	117	1	3	4	13	87	1	5	23	—
Montana *	—	—	103	—	1	—	—	—	—	—	1	—
Idaho	—	2	3	—	—	—	—	—	—	—	3	—
Wyoming	—	—	—	—	—	—	—	—	—	—	—	—
Colorado *	23	130	4	—	—	—	10	45	—	4	9	—
New Mexico	—	1	6	1	1	1	2	3	1	—	5	—
Arizona	—	—	1	—	1	2	—	—	—	—	1	—
Utah *	—	—	—	—	—	1	—	12	—	1	1	—
Nevada	—	1	—	—	—	—	1	27	—	—	3	—
PACIFIC	126	333	223	6	16	18	315	1,267	9	57	204	3
Washington	—	3	7	—	2	3	172	605	3	17	63	—
Oregon	28	34	—	—	—	3	11	77	—	7	18	—
California	98	296	216	6	14	12	129	574	6	33	121	3
Alaska	—	—	—	—	—	—	3	7	—	—	—	—
Hawaii	—	—	—	—	—	—	—	4	—	—	2	—
Guam *	—	1	1	—	—	—	—	1	—	—	—	—
Puerto Rico	29	60	55	—	1	—	14	115	3	—	2	—
Virgin Islands	1	3	5	—	—	—	1	12	—	1	1	—

*Delayed reports: Measles: (1975) N.H. 1, Wisc. 14, S.C. delete 14,
Guam 1; (1974) Mt. 1
Meningococcal Infections: (1975) Mo. 1, Utah delete 1,
(1974) Mt. 1
Mumps: (1975) N.H. 1

Rubella: (1975) Me. 1, N.H. 6, S.C. 14,
Colo. 2
Tetanus: (1974) Minn. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING FEBRUARY 8, 1975 AND FEBRUARY 9, 1974 (6th 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	1974	1975	1974		
UNITED STATES . . .	680	3,079	8	9	26	1	10	18,494	107,020	96,345	539	2,978	2,793	216
NEW ENGLAND . . .	21	118	1	2	3	-	-	547	3,227	2,451	27	105	106	2
Maine . . .	3	9	-	-	-	-	-	45	250	174	1	3	4	1
New Hampshire . . .	2	9	1	-	-	-	-	20	87	69	-	2	2	-
Vermont . . .	-	1	-	-	-	-	-	12	54	71	-	3	1	-
Massachusetts . . .	9	60	-	1	2	-	-	233	1,456	1,135	13	69	75	-
Rhode Island . . .	3	14	-	-	-	-	-	43	269	197	-	1	2	-
Connecticut . . .	4	25	-	1	1	-	-	194	1,111	805	13	27	22	1
MIDDLE ATLANTIC . . .	143	527	1	2	3	-	-	2,704	12,719	12,024	89	626	592	7
Upstate New York . . .	13	82	1	-	1	-	-	398	2,587	2,252	-	65	59	6
New York City . . .	67	269	-	2	2	-	-	1,098	5,418	4,996	53	374	336	-
New Jersey . . .	27	98	-	-	-	-	-	565	1,591	1,803	3	80	97	-
Pennsylvania * . . .	36	78	-	-	-	-	-	643	3,123	2,973	33	107	100	1
EAST NORTH CENTRAL . . .	130	539	-	1	3	-	1	3,948	18,540	15,351	59	247	234	6
Ohio . . .	27	157	-	-	1	-	1	949	5,552	4,265	10	58	30	-
Indiana . . .	26	73	-	-	-	-	-	352	1,605	1,357	4	21	22	-
Illinois . . .	42	140	-	-	1	-	-	1,547	5,996	4,697	26	107	121	-
Michigan . . .	32	162	-	1	1	-	-	770	3,695	3,700	16	47	49	-
Wisconsin . . .	3	7	-	-	-	-	-	330	1,692	1,332	3	14	12	6
WEST NORTH CENTRAL . . .	25	103	1	-	1	-	-	630	4,884	4,910	7	79	62	63
Minnesota * . . .	3	10	-	-	1	-	-	87	1,108	1,094	-	8	6	19
Iowa . . .	-	9	-	-	-	-	-	11	341	715	2	3	5	10
Missouri * . . .	19	58	1	-	-	-	-	323	1,968	1,532	4	49	41	10
North Dakota . . .	-	-	-	-	-	-	-	7	82	84	-	3	-	19
South Dakota . . .	-	4	-	-	-	-	-	31	223	216	-	2	1	-
Nebraska . . .	-	3	-	-	-	-	-	37	378	390	-	2	1	1
Kansas . . .	3	19	-	-	-	-	-	134	784	879	1	12	8	4
SOUTH ATLANTIC . . .	116	663	3	-	3	1	6	4,316	26,455	23,851	133	851	891	28
Delaware * . . .	-	7	-	-	-	-	-	109	366	362	-	8	10	-
Maryland * . . .	15	96	-	-	-	-	-	501	2,812	2,145	16	72	98	-
District of Columbia . . .	8	44	-	-	-	-	-	268	1,791	2,397	14	80	78	-
Virginia . . .	14	87	1	-	-	-	-	362	2,781	2,174	13	78	111	17
West Virginia . . .	5	34	-	-	2	-	-	72	336	286	-	-	3	1
North Carolina * . . .	17	97	-	-	1	1	6	700	4,115	3,187	4	113	94	1
South Carolina . . .	4	15	2	-	-	-	-	438	2,353	2,533	11	61	73	1
Georgia . . .	19	103	-	-	-	-	-	678	5,058	4,224	28	108	142	6
Florida . . .	34	180	-	-	-	-	-	1,188	6,843	6,543	47	331	282	2
EAST SOUTH CENTRAL . . .	49	240	1	-	-	-	2	1,258	8,116	8,205	10	98	146	28
Kentucky * . . .	25	60	-	-	-	-	1	195	1,098	1,002	1	9	33	22
Tennessee . . .	13	86	1	-	-	-	-	629	3,475	3,231	8	47	57	2
Alabama . . .	5	68	-	-	-	-	1	231	1,905	2,320	-	23	27	4
Mississippi . . .	6	26	-	-	-	-	-	203	1,638	1,652	1	19	29	-
WEST SOUTH CENTRAL . . .	103	304	1	1	1	-	1	1,914	13,619	12,812	38	282	256	55
Arkansas . . .	6	53	-	1	1	-	-	96	1,115	1,401	-	4	12	9
Louisiana * . . .	19	65	-	-	-	-	-	412	2,649	2,767	5	77	76	1
Oklahoma . . .	4	29	-	-	-	-	1	209	1,121	971	2	17	18	19
Texas . . .	74	157	1	-	-	-	-	1,197	8,734	7,673	31	184	150	26
MOUNTAIN . . .	12	82	-	1	2	-	-	651	3,988	3,404	15	69	68	11
Montana . . .	-	-	-	-	-	-	-	49	243	205	-	1	-	1
Idaho . . .	1	4	-	-	-	-	-	50	216	219	1	1	-	-
Wyoming . . .	-	3	-	-	1	-	-	20	81	82	-	-	1	-
Colorado . . .	-	-	-	-	-	-	-	187	1,125	982	3	18	14	-
New Mexico . . .	5	15	-	-	-	-	-	70	631	472	5	16	13	10
Arizona . . .	5	47	-	1	1	-	-	215	1,141	884	6	28	27	-
Utah . . .	1	1	-	-	-	-	-	36	203	166	-	-	2	-
Nevada . . .	-	12	-	-	-	-	-	24	348	394	-	5	11	-
PACIFIC . . .	81	503	-	2	10	-	-	2,526	15,472	13,337	161	621	438	16
Washington . . .	10	43	-	-	-	-	-	279	1,389	1,280	23	40	16	-
Oregon . . .	7	10	-	-	-	-	-	168	1,408	1,149	2	11	11	-
California . . .	49	393	-	2	10	-	-	2,005	12,027	10,364	134	564	407	14
Alaska * . . .	-	6	-	-	-	-	-	45	367	285	-	-	-	2
Hawaii . . .	15	51	-	-	-	-	-	29	281	259	2	6	4	-
Guam . . .	-	16	-	-	-	-	-	-	36	---	-	1	---	-
Puerto Rico . . .	13	46	-	-	-	-	-	29	316	371	9	71	114	7
Virgin Islands . . .	-	-	-	-	-	-	-	6	18	85	1	4	8	-

*Delayed reports: Tuberculosis (1975) La. delete 1, Guam 3
(1974) Minn. 1, N.C. delete 2, Alaska delete 2
Gonorrhea: (1975) Del. delete 81, Ky. 144 Military,
La. delete 4, Guam 7
Syphilis: (1975) Pa. delete 1, Mo. 1, Del. delete 1, Md. 24, Guam 1

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING FEBRUARY 8, 1975

(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	704	458	182	34	17	43	SOUTH ATLANTIC	1,319	766	376	76	54	80
Boston, Mass.	196	124	51	11	5	16	Atlanta, Ga.	139	69	43	13	12	6
Bridgeport, Conn.	48	30	13	5	—	6	Baltimore, Md.	243	138	65	18	6	5
Cambridge, Mass.	28	18	8	—	1	3	Charlotte, N. C.	51	30	14	2	2	4
Fall River, Mass.	33	22	9	1	1	—	Jacksonville, Fla.	98	62	30	3	2	—
Hartford, Conn.	64	35	20	5	1	3	Miami, Fla.	119	60	38	7	9	8
Lowell, Mass.	27	18	7	1	1	1	Norfolk, Va.	56	30	19	1	6	7
Lynn, Mass.	18	12	6	—	—	1	Richmond, Va.	99	59	32	5	—	12
New Bedford, Mass.	32	25	5	1	1	—	Savannah, Ga.	63	37	20	3	1	10
New Haven, Conn.	53	24	20	5	3	2	St. Petersburg, Fla.	148	118	27	1	1	11
Providence, R. I.	52	36	10	2	3	6	Tampa, Fla.	76	46	22	5	1	7
Somerville, Mass.	13	9	4	—	—	—	Washington, D. C.	175	81	55	15	14	6
Springfield, Mass.	41	30	8	1	—	—	Wilmington, Del.	52	36	11	3	—	4
Waterbury, Conn.	30	23	7	—	—	—							
Worcester, Mass.	69	52	14	2	1	5	EAST SOUTH CENTRAL	745	449	196	43	30	62
MIDDLE ATLANTIC	3,106	1,972	778	183	76	236	Birmingham, Ala.	118	73	32	7	3	5
Albany, N. Y.	57	35	12	4	6	2	Chattanooga, Tenn.	51	30	11	4	5	7
Allentown, Pa.	29	25	4	—	—	—	Knoxville, Tenn.	47	31	9	3	2	3
Buffalo, N. Y.	169	100	47	11	6	29	Louisville, Ky.	118	64	36	5	7	12
Camden, N. J.	44	23	10	2	2	3	Memphis, Tenn.	197	129	51	9	1	13
Elizabeth, N. J.	24	17	6	—	1	2	Mobile, Ala.*	61	37	16	4	2	4
Eric, Pa.	37	22	10	2	2	6	Montgomery, Ala.	45	28	12	3	1	7
Jersey City, N. J.	55	32	19	2	2	3	Nashville, Tenn.	108	57	29	8	9	11
Newark, N. J.	68	32	17	8	5	3	WEST SOUTH CENTRAL	1,297	732	348	90	70	92
New York City, N. Y.*	1,550	998	369	101	32	114	Austin, Tex.	38	28	5	—	—	5
Paterson, N. J.	45	32	12	1	—	—	Baton Rouge, La.	64	34	18	10	1	4
Philadelphia, Pa.	388	253	108	16	5	11	Corpus Christi, Tex.	31	19	6	—	5	2
Pittsburgh, Pa.	213	118	70	13	6	26	Dallas, Tex.	213	122	64	8	9	14
Reading, Pa.	42	28	12	2	—	3	El Paso, Tex.	52	31	11	6	3	8
Rochester, N. Y.	124	85	23	8	4	16	Fort Worth, Tex.	101	67	24	3	7	8
Schenectady, N. Y.	28	20	7	—	—	1	Houston, Tex.	268	131	70	35	17	17
Scranton, Pa.	49	30	11	5	—	3	Little Rock, Ark.	92	49	26	4	7	6
Syracuse, N. Y.	85	55	16	5	4	2	New Orleans, La.	94	47	33	—	6	4
Trenton, N. J.	48	33	14	1	—	6	San Antonio, Tex.	155	94	35	13	8	6
Utica, N. Y.	25	16	7	—	1	4	Shreveport, La.	70	38	24	4	2	3
Yonkers, N. Y.	26	18	4	2	—	2	Tulsa, Okla.	119	72	32	7	5	15
EAST NORTH CENTRAL	2,737	1,638	715	172	107	115	MOUNTAIN	651	381	155	48	31	39
Akron, Ohio	73	52	11	2	6	—	Albuquerque, N. Mex.	67	41	12	6	4	13
Canton, Ohio	40	23	13	1	3	2	Colorado Springs, Colo.	39	19	9	4	4	6
Chicago, Ill.	703	409	186	47	38	17	Denver, Colo.	112	71	25	4	2	2
Cincinnati, Ohio	187	109	61	8	5	9	Las Vegas, Nev.	56	24	22	9	—	1
Cleveland, Ohio	220	110	78	12	10	6	Ogden, Utah	24	18	5	—	—	2
Columbus, Ohio	180	106	43	12	10	5	Phoenix, Ariz.	159	99	27	13	12	5
Dayton, Ohio	109	75	23	8	1	6	Pueblo, Colo.	30	17	12	1	—	6
Detroit, Mich.	324	190	85	29	7	6	Salt Lake City, Utah	68	37	16	3	8	2
Evansville, Ind.	50	37	11	—	—	5	Tucson, Ariz.	96	55	27	8	1	2
Fort Wayne, Ind.	44	28	14	1	1	5	PACIFIC	1,892	1,246	418	110	65	96
Gary, Ind.	26	11	8	2	2	2	Berkeley, Calif.	21	17	1	2	—	—
Grand Rapids, Mich.	63	38	16	3	3	12	Fresno, Calif.	79	52	16	4	4	—
Indianapolis, Ind.	187	108	46	15	8	11	Glendale, Calif.	36	31	4	—	—	1
Madison, Wis.	48	25	6	9	3	2	Honolulu, Hawaii	59	34	11	6	7	—
Milwaukee, Wis.	156	99	39	7	3	9	Long Beach, Calif.	152	106	33	7	2	5
Peoria, Ill.	50	32	10	3	1	2	Los Angeles, Calif.	615	424	116	43	15	35
Rockford, Ill.	41	26	9	1	2	5	Oakland, Calif.	84	52	20	7	2	1
South Bend, Ind.	60	38	14	3	2	5	Pasadena, Calif.	52	33	15	1	3	2
Toledo, Ohio	111	76	26	8	—	3	Portland, Oreg.	136	90	29	6	4	5
Youngstown, Ohio	65	46	16	1	2	3	Sacramento, Calif.	62	38	11	3	6	1
WEST NORTHCENTRAL	888	582	200	43	28	53	San Diego, Calif.	156	93	43	9	8	9
Des Moines, Iowa	41	22	16	—	2	1	San Francisco, Calif.	146	95	37	8	3	13
Duluth, Minn.	25	20	5	—	—	1	San Jose, Calif.	60	32	20	5	1	4
Kansas City, Kans.	46	32	10	2	1	6	Seattle, Wash.	140	83	42	8	5	8
Kansas City, Mo.	142	97	31	7	1	14	Spokane, Wash.	60	42	13	1	4	9
Lincoln, Nebr.	27	19	6	1	—	3	Tacoma, Wash.	34	24	7	—	1	3
Minneapolis, Minn.	131	91	24	6	5	5							
Omaha, Nebr.	81	52	17	6	5	2							
St. Louis, Mo.	235	138	60	14	8	7							
St. Paul, Minn.	78	55	14	4	3	1							
Wichita, Kans.	82	56	17	3	3	13							
Total	13,339	8,224	3,368	799	478	816							
Expected Number	13,340	8,093	3,531	834	401	566							

*Estimate based on average percent of divisional total.

LUMBAR PUNCTURE TRAYS – Continued

inappropriate or unwarranted antibiotic therapy and can cause delay in ordering tests or procedures necessary to confirm alternative diagnoses.

The incidence of false-positive stain results, due to non-viable contaminants in the Pharmaseal LP tray specimen tubes, is expected to vary from laboratory to laboratory, depending on length of time and speed at which CSF specimens are centrifuged and on how carefully the resultant Gram-stained smears are examined. However, because of the hazards to patients if false-positive smears of CSF specimens occur and because the full extent of the problem is still unknown, specimen tubes in Pharmaseal LP trays should not be used at present to collect or transport CSF specimens for microscopic studies.

VESTIBULAR REACTIONS TO MINOCYCLINE - FOLLOW-UP

Georgia, New York, Vermont

Three additional investigations (Table 1) further document the recently reported incidence of vestibular reactions associated with minocycline (MMWR, Vol. 24, No. 2). In January 1975, minocycline, 100 mg twice a day for 5 days, was prescribed for 29 healthy hospital personnel in Tucker, Georgia, for meningococcal prophylaxis. All 29 persons completed questionnaires regarding symptoms, as did 26 non-treated controls, who were matched for age, sex, and occupation. In the treated group, 86% (25/29) were symptomatic with nausea, vomiting, ataxia, vertigo, or a combination of these. Eighty-four percent (21/25) noted onset of symptoms after 1 or 2 doses of 100 mg. Five patients interviewed reported that their symptoms interfered with their usual activities. No one was absent from work, but 52% (15/29) discontinued the medication because of intolerance. In all cases the symptoms resolved within 48 hours of stopping the drug. In the non-treated control group, 12% (3/26) had vestibular symptoms.

In January 1975, minocycline, 200 mg initially, followed by 100 mg twice a day for 5 days, was prescribed for 25 healthy hospital staff in Nassau County, New York, because of exposure to 2 patients with meningococcal disease. The treated group and a non-treated control group working on the same ward were questioned about symptoms. Of the 25 treated persons 96% (24/25) had at least one vestibular symptom; 88% (22/25) experienced dizziness, 72% (18/25) ataxia, 44% (11/25) nausea. Seventy-six percent (17/25) of symptomatic persons had their onset in the first 48 hours of therapy. Twelve percent (3/25) of the treated group discontinued the drug because of intolerance; those persons who continued the medication exhibited anxiety about the risk of contracting the disease. No one in the non-treated control group had vestibular symptoms. Two persons, a nurse and a physician, were unable to work because of severe vertigo, nausea, and vomiting. In 1 case the symptoms were so severe that a diagnosis of pseudotumor cerebri was temporarily considered. In all cases the symptoms ceased within 48 hours after the drug was discontinued.

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Table 1
Three Investigations of Vestibular Symptoms* Associated with
Minocycline – January 1975

Study	Dose	No. (%) with Symptoms in Treated Group	No. (%) with Symptoms in Control Group	No. (%) Discontinued-Intolerance	No. (%) with Onset After 1-2 Doses
Tucker, Georgia	100 mg twice a day for 5 days	25/29 (86)	3/26 (12)	15/29 (52)	21/25 (84)
Nassau County, New York	200 mg initially, then 100 mg twice a day for 5 days	24/25 (96)	0/25 (0)	3/25 (12)	10/24 (42)
Burlington, Vermont	150 mg a day for 4 days or 200 mg a day for 5 days	27/30 (90)	ND**	ND**	ND**

*ataxia, vertigo, nausea, vomiting

**Not determined

In November, 22 adults and 8 children in Burlington, Vermont, were given minocycline in doses not exceeding 200 mg a day for meningococcal prophylaxis. All were healthy hospital personnel or family contacts of a case. All completed a questionnaire on adverse reactions. Ninety percent (27/30) experienced vestibular symptoms, all of which began within the first 72 hours of treatment. Three patients also reported visual hallucinations and scotomata.

(Reported by W Lee Fanning, MD, and Dieter W Gump, MD, Infectious Disease Unit, University of Vermont College of Medicine, Burlington, Vermont; Mark Kaplan, MD, Chief, Infectious Diseases, Nassau County Medical Center, East Meadow, New York; Brenda Daniel, RN, Nurse Epidemiologist, Doctors Hospital, Tucker, Georgia; and an EIS Officer.)

Editorial Note

Since the previous report, it has been established that all minocycline in the United States originates from a single commercial source but is licensed for distribution by a second company in the United States and by the manufacturer's

MINOCYCLINE – Continued

affiliates abroad. The product used in these studies came from multiple lots from both U.S. distributors.

It is increasingly evident that minocycline, in recommended doses, is frequently associated with toxicity that is potentially dangerous to persons whose activities or occupations require a high degree of concentration and coordination, especially such persons as machine operators or motorists. In children the side effects could be confused with the symptoms of meningitis and result in unnecessary diagnostic or therapeutic procedures. Additionally, since the drug is fre-

quently discontinued because of adverse reactions, its present use is unlikely to be effective for meningococcal prophylaxis or other indications.

For these reasons the use of alternative drugs is strongly recommended. For meningococcal prophylaxis (unless an epidemic strain is known to be sulfa-sensitive), rifampin, 600 mg twice a day for 2 days, is recommended for adults, 10 mg per kilogram twice a day for 2 days for children age 1 to 12 years, and 5 mg per kilogram for 2 days for infants age 3 months to 1 year.

CURRENT TRENDS
INFLUENZA – United States

Pneumonia and influenza deaths in 121 U.S. cities are above the epidemic threshold for the fifth consecutive week, with a substantial increase since last week. The regions showing the greatest activity are the Mid-Atlantic, Pacific, and

West South Central.

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

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

Director, Center for Disease Control
Director, Bureau of Epidemiology, CDC
Editor, MMWR

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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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