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Morbidity and Mortality

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EPIDEMIOLOGIC NOTES AND REPORTS
DIPHTHERIA OUTBREAK -
 Cortez, Colorado

On October 31, 1974, the Colorado Department of Health was notified by the Montezuma County Coroner that a 4-year-old girl from Cortez had died of what he suspected to be diphtheria. The girl had experienced severe sore throat and died at home without having been treated. Two of her siblings were also diagnosed as having diphtheria, and throat cultures from all 3 children were subsequently positive for toxigenic *Corynebacterium diphtheriae*, intermedius type.

The ill children were members of a religious group which rejects medical care, including immunizations. About 150 children of this group attended the Montezuma-Cortez school system, whose total attendance is about 3,000.

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The religious group cooperated with an investigation by furnishing the names of case contacts and agreeing to promptly report subsequent cases. A culture survey of 52 non-household contacts revealed no carriers. Six additional suspected cases of diphtheria were subsequently reported, and

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

DISEASE	9th WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 9 WEEKS		
	March 1, 1975	March 2, 1974		March 1, 1975	March 1, 1974	MEDIAN 1970-1974
Aseptic meningitis	30	36	28	327	313	320
Brucellosis	2	3	2	23	13	16
Chickenpox	4,055	3,897	---	31,615	30,760	---
Diphtheria	2	3	3	66	17	23
Encephalitis	14	17	19	112	137	145
Hepatitis, Viral	3	3	4	34	35	40
	242	151	151	1,804	1,453	1,453
	783	906	1,125	6,202	7,659	9,829
Malaria	162	120	18	1,287	1,344	300
Measles (rubeola)	5	5	18	46	31	6,028
Meningococcal infections, total	407	792	820	2,799	4,367	330
Civilian	39	36	36	309	248	321
	37	35	35	300	245	11
Military	2	1	2	9	3	18,691
Mumps	1,548	1,757	1,978	12,464	14,390	---
Pertussis	23	25	---	223	237	---
Rubella (German measles)	377	300	978	2,165	1,984	4,837
Tetanus	2	---	2	11	8	11
Tuberculosis	640	628	---	4,838	4,593	---
Tularemia	1	4	1	9	17	17
Typhoid fever	7	5	7	37	56	45
Typhus, tick-borne (Rky. Mt. spotted fever)	---	1	---	10	15	5
Veneral Diseases:						
Gonorrhoea (Civilian)	17,712	16,058	---	158,976	144,517	---
(Military)	437	520	---	5,147	4,680	---
Syphilis, primary and secondary (Civilian)	520	466	---	4,459	4,190	---
(Military)	9	8	---	61	78	---
Rabies in animals	37	75	77	313	444	555

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	---	Poliomyelitis, total:	1
Botulism	3	Paralytic:	1
Congenital rubella syndrome: Mich. 1	6	Psittacosis:	6
Leprosy: Calif. 1	26	Rabies in man:	1
Leptospirosis:	7	Trichinosis: * Calif. 1, Md. 1	13
Plague:	1	Typhus, murine: Tex. 1	2

*Delayed reports: Trichinosis: (1974) Pa. 1

DIPHTHERIA – Continued

2 carriers in case families were identified. All infections were in members of the religious group. The last suspected case was hospitalized on November 27. Thus, within 1 month Cortez reported diphtheria in 9 cases (1 fatal) and 2 carriers. Eight of the cases had positive throat cultures. Five of the 10 positive cultures were typed as intermedius, toxigenic. It was later learned that members of another family in the religious group had reportedly been ill with severe pharyngeal symptoms in September 1974.

Cortez, a community of about 6,000 located in southwestern Colorado, had its last reported case of diphtheria in 1969; this case was followed by a large scale administration of diphtheria-tetanus toxoid. In 1973, 41 cases occurred in the nearby Gallup-Shiprock area of New Mexico. In 1973 and 1974 school-based clinics offered immunization to students in kindergarten through the 6th grade. Immunization levels were believed to be relatively high in children not in the religious group.

Control measures for this latest outbreak included: hospital or home quarantining of cases and non-treated carriers until culture negative, culturing of case contacts, treating cases with antitoxin and penicillin, recommending eryth-

romycin or penicillin treatment for carriers, excluding unvaccinated children from school during the week of November 4-8, and establishing a school-based and community clinic during that week to provide immunizations for children and adults whose immunization status was inadequate. (Reported by Helen Brown, RN, Public Health Nurse, Harold Bryan, MD, Public Health Officer, and CE Parmley, MD, County Coroner, Montezuma County; Dennis Fowler, Public Health Disease Control Representative, Thomas Vernon, MD, Chief, Epidemiology, Section, Colorado Department of Health, and an EIS Officer.)

Editorial Note

All cases of diphtheria reported here occurred among the 200 presumably highly susceptible members of a religious group which does not accept immunization. In this special circumstance a previously-established, well-accepted program of immunization probably provided the protection evidenced by other members of the community. Isolation of cases and non-treated carriers and treatment, when accepted, was the basis for preventing transmission of disease within the sect. Normally, prompt treatment of carriers eliminates the need for quarantine. An augmented immunization campaign and continued surveillance should reduce the threat of a subsequent outbreak.

CURRENT TRENDS**CHANGES IN RABIES CONTROL – New York City, Philadelphia****New York City**

In January 1975, the New York City Board of Health accepted a change in the City Health Code to end the practice of holding in shelters animals that have bitten persons but are not suspected of having rabies.

No human rabies has been acquired from dogs or cats in New York City since 1944, and no rabies in indigenous dogs has been identified for at least 20 years. Accordingly, for administrative purposes, New York City considers itself "rabies-free" for dogs and cats. Nevertheless, nearly 40,000 animal bites are reported in New York City each year, and several hundred persons receive antirabies inoculations following bites from stray or escaped dogs.

Reflecting the recommendations of an Expert Advisory Committee, including members from the City and State Health Departments and CDC, the new amendment requires that owners continue to promptly report biting incidents involving their pets to the Health Department but allows owners of healthy dogs and cats to confine such animals at home. When confining animals at home, owners are required to notify the Health Department immediately if the animal shows any signs of illness or if it escapes. If no signs of illness are seen in the 10-day observation period following the biting incident, owners are required to notify the Health Department by post card.

The Health Department will discourage antirabies treatment for bitten persons except in individual cases involving bites from bats or other wildlife species where there is an indication of possible rabies exposure.

(Reported by Pascal James Imperator, MD, First Deputy Commissioner of Health, John S Marr, MD, Director, Bureau of Infectious Disease Control, Allan Beck, DSc, Director, Bureau of Animal Affairs, New York City Department of Health.)

Philadelphia

The last reported case of dog rabies occurred in the city of Philadelphia in 1948. For the last 10 years, the only animals found to be rabid in the Philadelphia metropolitan area have been bats, except for 1 case of fox rabies that occurred in 1971.

Consequently, new recommendations of the Department of Public Health regarding animal bites have been adopted and are as follows:

1. In general, the risk of rabies in dogs, cats, chipmunks, rats, mice, rabbits, hares, and moles in the city of Philadelphia is considered negligible, and the Department of Public Health does not recommend post-exposure prophylaxis for bites caused by these animals. However, if any of these animals should exhibit unusual behavior suggestive of rabies, the physician should reconsider the recommendations.

2. All pet dogs and cats that inflict a bite are to be placed under observation for 10 days by the owner. After this observation period, the Health Department recommends that the pet be taken to a veterinarian for rabies immunization.

3. Bites from wild animals and certain pet animals, including bats, skunks, foxes, and raccoons, require immediate evaluation for treatment. If possible, when there is an appreciable risk of infection, the brain should be examined by the fluorescent antibody technique for the presence of rabies, and therapy should be based on the result of this test. Specimens can be processed at the laboratory of the Philadelphia Department of Public Health.

(Reported by Robert G Sharrar, MD, Chief, Communicable Disease Control Section, Alfred S Bogucki, MD, Director, Division of Epidemiology, Arthur Wallach, MS, Assistant Health Commissioner, David A Soricelli, DDS, Acting Deputy Health

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**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MARCH 1, 1975 AND MARCH 2, 1974 (9th 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	30	2	4,055	2	66	14	17	3	242	783	162	5	46
NEW ENGLAND	1	-	397	-	-	-	1	-	5	20	18	1	2
Maine *	-	-	-	-	-	-	-	-	-	-	-	-	-
New Hampshire *	-	-	13	-	-	-	-	-	-	2	-	-	-
Vermont	-	-	7	-	-	-	-	-	2	3	-	-	-
Massachusetts	-	-	90	-	-	-	1	-	1	2	18	-	1
Rhode Island	1	-	144	-	-	-	-	-	1	4	-	-	-
Connecticut	-	-	143	-	-	-	-	-	1	9	-	1	1
MIDDLE ATLANTIC	3	-	247	-	-	3	2	-	37	92	26	1	5
Upstate New York	-	-	100	-	-	1	-	-	4	26	-	1	3
New York City	-	-	138	-	-	-	2	-	8	17	-	-	2
New Jersey *	3	-	NN	-	-	1	-	-	15	22	25	-	-
Pennsylvania *	-	-	9	-	-	1	-	-	10	17	1	-	-
EAST NORTH CENTRAL	1	-	1,622	-	1	3	1	-	34	105	14	-	1
Ohio	-	-	96	-	-	1	-	-	6	35	-	-	-
Indiana	-	-	159	-	-	-	-	-	1	7	-	-	-
Illinois	-	-	-	-	-	1	-	-	10	32	11	-	1
Michigan	1	-	779	-	1	1	1	-	11	21	2	-	-
Wisconsin	-	-	588	-	-	-	-	-	6	10	1	-	-
WEST NORTH CENTRAL	3	1	550	-	-	1	8	-	26	34	9	-	2
Minnesota	1	-	23	-	-	-	2	-	10	13	-	-	-
Iowa	-	1	250	-	-	-	3	-	1	7	4	-	-
Missouri *	-	-	12	-	-	-	1	-	12	-	4	-	2
North Dakota	-	-	6	-	-	-	-	-	-	1	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska	2	-	4	-	-	-	1	-	2	5	1	-	-
Kansas	-	-	255	-	-	1	1	-	1	8	-	-	-
SOUTH ATLANTIC	3	1	450	-	-	1	1	-	28	138	24	-	6
Delaware	-	-	4	-	-	-	-	-	2	2	-	-	-
Maryland	-	-	27	-	-	-	-	-	4	3	5	-	-
District of Columbia *	-	-	16	-	-	1	-	-	2	2	-	-	-
Virginia *	-	1	39	-	-	-	1	-	2	10	2	-	4
West Virginia	-	-	262	-	-	-	-	-	-	3	1	-	-
North Carolina	-	-	NN	-	-	-	-	-	7	16	2	-	-
South Carolina	-	-	102	-	-	-	-	-	1	11	8	-	-
Georgia	-	-	-	-	-	-	-	-	-	41	-	-	-
Florida	3	-	-	-	-	-	-	-	10	50	6	-	2
EAST SOUTH CENTRAL	5	-	152	-	-	1	2	-	15	71	-	-	5
Kentucky	-	-	112	-	-	-	-	-	2	37	-	-	2
Tennessee	2	-	NN	-	-	-	1	-	5	18	-	-	-
Alabama	3	-	26	-	-	1	1	-	7	6	-	-	2
Mississippi	-	-	14	-	-	-	-	-	1	10	-	-	1
WEST SOUTH CENTRAL	4	-	361	-	1	-	1	1	17	75	16	2	5
Arkansas	-	-	10	-	-	-	-	-	-	5	2	-	1
Louisiana *	-	-	NN	-	-	-	-	-	4	7	4	-	-
Oklahoma	1	-	79	-	-	-	-	-	-	3	2	-	1
Texas	3	-	272	-	1	-	1	1	13	60	8	2	3
MOUNTAIN	-	-	98	-	6	-	-	-	9	47	30	-	10
Montana	-	-	45	-	-	-	-	-	4	9	1	-	-
Idaho	-	-	-	-	-	-	-	-	-	3	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	1	-	-	-
Colorado	-	-	28	-	-	-	-	-	3	4	13	-	8
New Mexico	-	-	5	-	1	-	-	-	-	8	2	-	-
Arizona	-	-	-	-	5	-	-	-	-	15	3	-	2
Utah	-	-	20	-	-	-	-	-	2	7	11	-	-
Nevada	-	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	10	-	178	2	58	5	1	2	71	201	25	1	10
Washington	5	-	114	2	57	-	-	1	4	21	11	-	1
Oregon	-	-	1	-	-	1	1	-	1	14	-	-	-
California *	4	-	-	-	1	3	-	1	57	85	13	1	8
Alaska	-	-	13	-	-	1	-	-	1	48	-	-	-
Hawaii	1	-	50	-	-	-	-	-	8	33	1	-	1
Guam *	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	21	-	-	-	-	-	-	5	-	-	1
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-

* Delayed reports: Aseptic meningitis: La. 2; (1974) N.J. 2, Pa. 1
 Chickenpox: Me. 6, N.H. 9, Calif. 60, Guam 5; (1974) Pa. 1
 Encephalitis, primary: Mo. delete 2

Hepatitis B: N.H. 1, Va. delete 1; (1974) Pa. 3, Minn. 2
 Hepatitis A: Mo. delete 2, Guam 8; (1974) Pa. 2
 Hepatitis unspecified: Pa. 2, Mo. delete 1, D.C. delete 3, Va. delete 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MARCH 1, 1975 AND MARCH 2, 1974 (9th 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	407	2,799	4,367	39	309	248	1,548	12,464	23	377	2,165	11
NEW ENGLAND	2	33	262	3	16	18	65	524	-	32	353	-
Maine *	-	2	10	-	1	-	-	11	-	-	13	-
New Hampshire *	-	12	148	-	1	4	-	7	-	17	194	-
Vermont	-	-	1	-	-	-	-	1	-	-	1	-
Massachusetts	2	10	52	1	5	6	5	81	-	11	118	-
Rhode Island	-	2	35	-	2	3	40	235	-	2	4	-
Connecticut	-	7	16	2	7	5	20	189	-	2	23	-
MIDDLE ATLANTIC	55	210	1,506	6	29	37	82	665	1	40	167	1
Upstate New York	13	55	22	2	11	11	27	291	-	7	23	-
New York City	5	22	73	-	3	9	25	126	1	7	31	1
New Jersey *	23	87	1,177	2	4	14	5	85	-	9	71	-
Pennsylvania	14	46	234	2	11	3	25	163	-	17	42	-
EAST NORTH CENTRAL	191	1,324	1,781	2	38	25	685	5,414	6	139	619	-
Ohio	3	23	847	-	7	8	44	547	-	3	34	-
Indiana	13	80	57	1	1	-	122	594	-	32	90	-
Illinois	21	298	288	1	7	3	61	429	-	16	51	-
Michigan	128	571	476	-	18	8	306	2,612	-	64	316	-
Wisconsin	26	352	113	-	5	6	152	1,232	6	24	128	-
WEST NORTH CENTRAL	38	379	135	3	21	13	103	751	-	24	121	1
Minnesota	-	-	75	2	3	4	1	6	-	-	3	-
Iowa	3	9	4	-	4	4	36	263	-	1	3	-
Missouri	2	32	17	-	10	3	6	92	-	2	18	1
North Dakota	5	21	12	-	-	1	14	155	-	-	17	-
South Dakota	-	26	1	-	-	-	-	1	-	1	2	-
Nebraska	5	149	1	-	1	-	-	4	-	-	4	-
Kansas	23	142	25	1	3	1	46	230	-	20	74	-
SOUTH ATLANTIC	2	44	149	11	58	50	141	786	2	12	182	2
Delaware	-	-	2	-	1	3	-	4	-	-	3	-
Maryland	-	-	2	2	3	8	11	24	-	-	-	-
District of Columbia	-	-	-	2	3	-	3	22	-	-	-	-
Virginia *	-	7	9	-	8	9	30	171	-	1	14	-
West Virginia	2	29	44	-	-	2	62	298	1	2	27	-
North Carolina	-	-	1	1	10	10	NN	NN	1	-	1	-
South Carolina	-	-	9	-	8	3	7	18	-	8	119	1
Georgia	-	-	1	-	7	4	-	-	-	-	-	-
Florida	-	8	81	6	18	11	28	249	-	1	18	1
EAST SOUTH CENTRAL	6	35	28	3	47	19	83	1,256	-	23	135	1
Kentucky	5	25	22	3	17	6	14	673	-	6	34	1
Tennessee	-	7	-	-	17	12	48	445	-	16	95	-
Alabama	-	-	1	-	8	1	13	95	-	-	4	-
Mississippi	1	3	5	-	5	-	8	43	-	1	2	-
WEST SOUTH CENTRAL	17	52	58	5	59	48	108	999	1	47	159	2
Arkansas	1	2	4	-	1	4	1	13	-	-	-	-
Louisiana *	-	-	5	2	15	10	14	133	1	28	63	-
Oklahoma	-	10	7	1	5	6	1	33	-	8	54	-
Texas	16	40	42	2	38	28	92	820	-	11	42	2
MOUNTAIN	20	211	162	1	9	6	12	124	2	4	81	-
Montana	-	-	110	-	2	-	-	2	-	-	52	-
Idaho	-	2	31	-	-	1	-	2	-	-	4	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	20	206	6	-	3	-	2	56	-	4	14	-
New Mexico	-	1	12	1	3	2	2	7	2	-	5	-
Arizona	-	1	3	-	1	2	-	-	-	-	1	-
Utah	-	-	-	-	-	1	8	30	-	-	2	-
Nevada	-	1	-	-	-	-	-	27	-	-	3	-
PACIFIC	76	511	286	5	32	32	269	1,945	11	56	348	4
Washington *	-	10	20	-	3	5	162	1,016	-	6	92	-
Oregon	1	47	-	-	-	4	13	120	9	33	61	-
California	75	454	265	5	29	21	93	795	2	17	192	4
Alaska	-	-	-	-	-	2	1	9	-	-	-	-
Hawaii	-	-	1	-	-	-	-	5	-	-	3	-
Guam *	-	2	1	-	-	-	-	6	-	-	-	-
Puerto Rico	19	106	95	-	1	-	27	181	2	11	13	2
Virgin Islands	-	2	6	-	-	-	-	17	-	-	1	-

*Delayed reports: Measles: Me. 1, N.H. 1, Guam 1; (1974) Wash. 5
Meningococcal infections: Me. 1, Va. delete 2, La. delete 2;
(1974) N.J. 2

Mumps: Me. 1, Va. delete 3, Guam 3
Rubella: Me. 2, N.H. 33

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING MARCH 1, 1975 AND MARCH 2, 1974 (9th WEEK) - Continued

AREA	TUBERCULOSIS		TULA-REMI A	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	1975	GONORRHEA		SYPHILIS (Pri. & Sec.)		Cum. 1975	
									1975	Cumulative 1974	1975	Cumulative 1974		
UNITED STATES	640	4,838	9	7	37	-	10	17,712	158,976	144,517	520	4,459	4,190	313
NEW ENGLAND	21	180	-	2	5	-	-	407	4,379	3,676	16	154	160	9
Maine	2	14	-	-	-	-	-	-	282	261	-	3	7	8
New Hampshire *	-	10	-	-	-	-	-	18	135	103	1	5	2	-
Vermont	-	1	-	-	-	-	-	19	82	106	-	3	1	-
Massachusetts	12	90	-	-	2	-	-	263	2,112	1,704	13	104	113	-
Rhode Island	2	23	-	-	-	-	-	28	345	295	-	2	3	-
Connecticut	5	42	-	2	3	-	-	79	1,423	1,207	2	37	34	1
MIDDLE ATLANTIC	137	839	1	-	4	-	-	2,342	19,047	18,037	102	881	887	8
Upstate New York	20	121	1	-	2	-	-	386	3,752	3,379	17	103	88	7
New York City	56	382	-	-	2	-	-	954	8,226	7,494	67	511	504	-
New Jersey	17	159	-	-	-	-	-	430	2,393	2,704	10	128	146	-
Pennsylvania	44	177	-	-	-	-	-	572	4,676	4,460	8	139	149	1
EAST NORTH CENTRAL	78	805	-	2	7	-	1	2,838	27,371	23,026	31	342	351	7
Ohio *	25	225	-	-	1	-	1	445	7,642	6,397	6	76	45	-
Indiana	10	113	-	-	-	-	-	547	2,547	2,035	3	27	33	-
Illinois	19	187	-	1	4	-	-	903	9,109	7,046	15	163	182	-
Michigan	22	267	-	1	2	-	-	642	5,463	5,550	4	55	73	-
Wisconsin *	2	13	-	-	-	-	-	301	2,610	1,998	3	21	18	7
WEST NORTH CENTRAL	13	158	2	-	1	-	-	947	7,613	7,365	13	101	94	88
Minnesota *	2	22	-	-	1	-	-	180	1,447	1,641	3	11	9	28
Iowa	-	10	-	-	-	-	-	51	924	1,072	-	5	8	14
Missouri	7	83	1	-	-	-	-	369	2,933	2,298	7	62	61	10
North Dakota	-	-	-	-	-	-	-	14	129	126	-	3	-	26
South Dakota	1	7	-	-	-	-	-	40	335	325	-	2	1	-
Nebraska	-	6	-	-	-	-	-	126	670	585	1	3	2	2
Kansas	3	30	1	-	-	-	-	167	1,175	1,318	2	15	13	8
SOUTH ATLANTIC	171	1,080	4	-	1	-	6	4,193	39,228	35,776	194	1,386	1,336	43
Delaware	2	21	-	-	-	-	-	90	528	543	1	11	14	-
Maryland	24	161	-	-	-	-	-	440	4,244	3,217	8	105	147	-
District of Columbia	20	74	-	-	-	-	-	380	2,724	3,596	15	115	118	-
Virginia	23	138	2	-	-	-	-	544	4,214	3,261	10	114	166	29
West Virginia	6	49	-	-	-	-	-	48	454	429	2	2	4	1
North Carolina *	28	158	-	-	1	-	6	567	6,043	4,781	42	203	142	1
South Carolina	16	41	2	-	-	-	-	379	3,523	3,799	14	113	109	1
Georgia	30	170	-	-	-	-	-	640	7,079	6,336	14	183	212	8
Florida	22	268	-	-	-	-	-	1,105	10,419	9,814	88	540	424	3
EAST SOUTH CENTRAL	67	417	1	-	2	-	2	1,589	12,612	12,308	35	199	219	42
Kentucky *	7	80	-	-	1	-	1	90	1,594	1,504	6	28	49	34
Tennessee	10	146	1	-	-	-	-	561	5,138	4,846	13	79	85	3
Alabama	40	141	-	-	-	-	1	662	3,357	3,480	9	51	41	5
Mississippi	10	50	-	-	1	-	-	276	2,523	2,478	7	41	44	-
WEST SOUTH CENTRAL	55	501	1	-	1	-	1	2,363	20,334	19,217	47	424	384	85
Arkansas	11	77	1	-	1	-	-	281	2,090	2,102	1	6	18	11
Louisiana	10	88	-	-	-	-	-	437	3,692	4,150	8	104	114	2
Oklahoma	3	48	-	-	-	-	1	234	1,760	1,457	2	24	27	26
Texas *	31	288	-	-	-	-	-	1,411	12,792	11,508	36	290	225	46
MOUNTAIN	8	98	-	-	2	-	-	627	5,940	5,107	24	109	102	14
Montana *	1	1	-	-	-	-	-	65	365	308	-	-	-	6
Idaho	-	4	-	-	-	-	-	17	293	329	-	2	-	-
Wyoming	-	3	-	-	1	-	-	42	155	123	-	1	1	-
Colorado	-	-	-	-	-	-	-	175	1,664	1,472	4	26	21	-
New Mexico	1	24	-	-	-	-	-	146	1,027	709	14	30	20	6
Arizona	3	50	-	-	1	-	-	115	1,533	1,326	6	40	40	2
Utah	1	2	-	-	-	-	-	55	348	249	-	1	4	-
Nevada *	2	14	-	-	-	-	-	12	555	591	-	9	16	-
PACIFIC	90	760	-	3	14	-	-	2,406	22,452	20,005	58	863	657	17
Washington	10	62	-	-	-	-	-	149	2,016	1,920	-	40	24	-
Oregon	2	22	-	-	-	-	-	249	2,005	1,723	3	18	16	-
California	63	583	-	3	14	-	-	1,825	17,442	15,547	51	795	611	15
Alaska	-	6	-	-	-	-	-	149	594	427	-	-	-	2
Hawaii	15	87	-	-	-	-	-	34	395	388	4	10	6	-
Guam *	-	21	-	-	-	-	-	-	70	---	-	1	---	-
Puerto Rico	5	73	-	-	-	-	-	70	533	557	16	121	171	7
Virgin Islands	-	3	-	-	-	-	-	3	29	127	1	8	12	-

*Delayed reports: TB: N.H. 2, Wis. 4, Guam 1; (1974) Ohio delete 2, Minn. 2, N.C. delete 2, Mont. 9 Tularemia: Tex. delete 1

Gonorrhea: Nev. 61, Guam 7 Syphilis: Nev. 3 Rabies: Ky. 5

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING MARCH 1, 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	771	530	167	33	18	72	SOUTH ATLANTIC	1,327	778	353	100	48	58
Boston, Mass.	234	152	53	15	7	22	Atlanta, Ga.	113	51	39	12	4	4
Bridgeport, Conn.	47	37	7	1	—	5	Baltimore, Md.	278	178	72	13	6	9
Cambridge, Mass.	35	28	4	2	—	12	Charlotte, N. C.	70	34	18	11	5	3
Fall River, Mass.	29	24	3	1	—	3	Jacksonville, Fla.	94	49	24	13	4	1
Hartford, Conn.	53	30	18	2	2	2	Miami, Fla.	131	68	42	13	7	4
Lowell, Mass.	30	27	1	2	—	5	Norfolk, Va.	57	33	16	4	1	4
Lynn, Mass.	27	23	1	1	—	2	Richmond, Va.	97	55	29	5	5	11
New Bedford, Mass.	38	33	5	—	—	3	Savannah, Ga.	66	36	20	5	2	8
New Haven, Conn.	74	48	18	4	2	2	St. Petersburg, Fla.	114	95	19	—	—	9
Providence, R. I.	56	28	25	—	2	6	Tampa, Fla.	88	64	15	2	3	4
Somerville, Mass.	7	6	1	—	—	1	Washington, D. C.	181	93	47	21	9	1
Springfield, Mass.	52	32	15	2	1	3	Wilmington, Del.	38	22	12	1	2	—
Waterbury, Conn.	27	20	5	—	2	—	EAST SOUTH CENTRAL	735	412	222	39	40	33
Worcester, Mass.	62	42	11	3	2	6	Birmingham, Ala.	133	72	39	9	11	4
MIDDLE ATLANTIC	3,808	2,478	935	208	87	207	Chattanooga, Tenn.	54	36	10	3	4	6
Albany, N. Y.	78	48	19	3	5	6	Knoxville, Tenn.	46	32	13	—	—	1
Allentown, Pa.	32	23	8	—	1	2	Louisville, Ky.	130	73	44	10	3	11
Buffalo, N. Y.	124	83	29	5	4	20	Memphis, Tenn.	162	87	45	7	13	4
Camden, N. J.	33	16	13	2	1	3	Mobile, Ala.	56	30	16	5	2	—
Elizabeth, N. J.	43	30	12	1	—	—	Montgomery, Ala.	34	18	13	—	—	2
Erie, Pa.	47	28	13	2	3	4	Nashville, Tenn.	120	64	42	5	7	5
Jersey City, N. J.	65	34	29	—	1	3	WEST SOUTH CENTRAL	1,239	702	331	91	61	70
Newark, N. J.	72	41	20	8	2	5	Austin, Tex.	46	31	8	3	3	5
New York City, N. Y.*	1,900	1,254	443	115	37	100	Baton Rouge, La.	53	29	17	2	2	3
Paterson, N. J.	38	28	6	—	2	2	Corpus Christi, Tex.	38	20	12	3	2	2
Philadelphia, Pa.	687	416	182	46	22	10	Dallas, Tex.	200	117	50	17	9	6
Pittsburgh, Pa.	222	142	60	7	6	17	El Paso, Tex.	71	41	20	5	2	5
Reading, Pa.	52	38	14	—	—	6	Fort Worth, Tex.	93	64	19	5	4	5
Rochester, N. Y.	129	101	18	5	2	10	Houston, Tex.	268	128	88	26	13	13
Schenectady, N. Y.	33	26	5	2	—	2	Little Rock, Ark.	54	33	15	1	3	6
Scranton, Pa.	41	22	15	2	—	5	New Orleans, La.	126	70	29	12	8	5
Syracuse, N. Y.	101	74	17	6	1	3	San Antonio, Tex.	173	101	44	9	10	5
Trenton, N. J.	44	29	11	3	—	2	Shreveport, La.	49	27	15	1	2	3
Utica, N. Y.	32	23	8	1	—	3	Tulsa, Okla.	68	41	14	7	3	12
Yonkers, N. Y.	35	22	13	—	—	4	MOUNTAIN	635	381	146	54	26	50
EAST NORTH CENTRAL	2,616	1,582	683	148	87	125	Albuquerque, N. Mex.	71	39	19	10	1	10
Akron, Ohio	81	57	20	1	—	1	Colorado Springs, Colo.	38	24	5	6	2	6
Canton, Ohio	44	29	12	2	—	3	Denver, Colo.	121	67	29	9	11	5
Chicago, Ill.	653	367	176	48	31	18	Las Vegas, Nev.	23	14	4	5	—	2
Cincinnati, Ohio	173	104	44	11	6	5	Ogden, Utah	36	24	9	1	1	11
Cleveland, Ohio	200	102	70	17	2	6	Phoenix, Ariz.	142	87	32	10	5	5
Columbus, Ohio	137	83	36	8	1	25	Pueblo, Colo.	18	11	4	1	1	4
Dayton, Ohio	110	69	27	5	4	2	Salt Lake City, Utah	63	39	14	5	2	5
Detroit, Mich.	344	209	94	16	8	14	Tucson, Ariz.	123	76	30	7	3	2
Evansville, Ind.	42	29	11	—	2	2	PACIFIC	2,119	1,366	514	122	63	99
Fort Wayne, Ind.	48	25	11	4	4	7	Berkeley, Calif.	27	14	6	5	—	—
Gary, Ind.	34	18	10	2	3	—	Fresno, Calif.	57	29	13	6	7	1
Grand Rapids, Mich.	54	36	11	3	3	9	Glendale, Calif.	42	35	7	—	—	2
Indianapolis, Ind.	165	99	40	11	7	6	Honolulu, Hawaii	69	36	22	7	2	2
Madison, Wis.	47	23	15	3	3	7	Long Beach, Calif.	131	85	38	7	1	2
Milwaukee, Wis.	144	97	35	6	2	5	Los Angeles, Calif.	770	493	195	41	20	28
Peoria, Ill.	42	22	13	3	4	3	Oakland, Calif.	78	48	12	10	4	5
Rockford, Ill.	34	27	4	2	—	5	Pasadena, Calif.	40	28	7	3	2	2
South Bend, Ind.	70	51	12	1	2	6	Portland, Oreg.	181	121	51	5	3	20
Toledo, Ohio	122	88	24	3	2	1	Sacramento, Calif.	64	40	15	3	2	3
Youngstown, Ohio	72	47	18	2	3	—	San Diego, Calif.	140	88	33	6	8	2
WEST NORTH CENTRAL	810	548	176	33	25	64	San Francisco, Calif.	175	110	44	15	4	11
Des Moines, Iowa	46	26	13	2	3	1	San Jose, Calif.	54	40	11	—	—	2
Duluth, Minn.	32	22	8	1	—	2	Seattle, Wash.	212	138	48	12	8	14
Kansas City, Kans.	42	22	13	4	1	3	Spokane, Wash.	45	34	8	—	2	1
Kansas City, Mo.	132	90	27	7	2	14	Tacoma, Wash.	34	27	4	2	—	4
Lincoln, Nebr.	30	18	9	2	1	1	Total	14,060	8,777	3,527	828	455	778
Minneapolis, Minn.	102	62	28	5	3	5	Expected Number	13,176	7,969	3,501	832	393	557
Omaha, Nebr.	84	65	13	2	3	8							
St. Louis, Mo.	202	137	38	8	8	19							
St. Paul, Minn.	74	58	13	—	3	4							
Wichita, Kans.	66	48	14	2	1	7							

*Estimate based on average percent of divisional total.

RABIES – Continued

Commissioner for Community Health Services, Lewis D Polk, Acting Health Commissioner, City of Philadelphia Department of Public Health.)

Editorial Note

The number of rabies-infected dogs and cats in the United States has declined sharply in the last 20 years, and there has not been a case of human rabies transmitted by a dog or cat in urban areas of the United States since 1960. Yet, bites from unexamined dogs and cats in these areas result in thousands of persons receiving antirabies treatment

each year. Consequently, in cooperation with state and local authorities, CDC is attempting to establish criteria to identify as "rabies-free" for certain species those areas, like New York City and Philadelphia, where rabies has been consistently absent in dogs and other terrestrial animals. Thus, in an area designated as being "rabies-free," physicians could more easily decide against treating a person bitten by certain exempted species. However, persons bitten by bats or other wild animals not shown to be free of rabies would still be considered exposed even in areas identified as "free" of rabies in domestic animals.

EPIDEMIOLOGIC NOTES AND REPORTS
SALMONELLA TYPHIMURIUM OUTBREAK TRACED TO
A COMMERCIAL APPLE CIDER – New Jersey

On October 18, 1974, a Bergen County, New Jersey, hospital laboratory reported the isolation of Group B *Salmonella* from 5 people who had had febrile gastroenteritis within the preceding week. Since this frequency of salmonella isolations was unusual for this institution, it referred the cultures to the State Department of Health Laboratory where they were identified as *Salmonella typhimurium*. By October 23, the hospital in Bergen County and other neighboring hospitals had isolated Group B salmonella or *S. typhimurium* from 13 patients.

An intensive investigation revealed that within 48 hours prior to onset of illness all 13 patients had consumed apple cider produced by 1 commercial establishment. On October 23, the production and sale of cider was stopped, and a news release warned the public about the cider and requested that any persons who had become ill after consuming this cider contact the New Jersey State Department of Health. Two hundred ninety-six people reported gastrointestinal illness after consuming the suspect cider; the date of onset was known for 229 persons (Figure 1). About 2/3 had purchased the cider between October 10 and 14.

The cider was produced on a farm that grew and sold apples; however, most apples used in the cider were purchased from another farm and were often ones that had fallen to the ground where manure had been placed to fertilize the trees. The apples and the equipment used in making the cider

were rinsed with cold water but were not sanitized. The cider usually did not contain a preservative and was refrigerated. Three hundred gallons of cider were produced twice a week and sold at the farm and 2 smaller retail outlets.

S. typhimurium was isolated from the stools of 154 of the 296 patients, from 6 of the 30 employees of the cider-making facility, and from 2 bottles of cider from homes of ill patients. Isolates from 16 patients and the 2 cider specimens were phage type 2. Environmental cultures taken at the facility were negative for salmonella. The pH of 46 cider specimens gathered from the homes of ill persons, of 4 specimens obtained at the farm at the time production was stopped, and of 32 specimens taken during the production process after the establishment was reopened ranged from 3.4 to 3.9 with a mean of 3.6; there was no significant difference among the 3 groups. The pH of the contaminated batches of cider at the time of their production is unknown.

The cider-making plant was thoroughly cleaned and sanitized, and personnel were instructed to adequately sanitize the equipment and apples between operations. Workers with positive cultures for *S. typhimurium* were not allowed to work in the production of cider until negative cultures were obtained. After resumption of production, the cider was not permitted to be sold until it was found to be culture-negative for *S. typhimurium*. Salmonella surveillance in the area revealed no further cases related to the establishment.

(Reported by a large team from the New Jersey State Department of Health.)

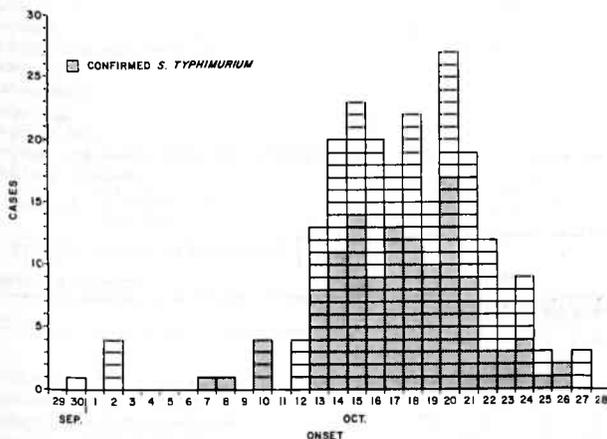
Editorial Note

The epidemiologic data strongly suggested that apple cider was the vehicle of infection, and this was subsequently supported by laboratory observations. Although the apple cider had pH values less than 4, some salmonellae can survive for hours or days at this pH (1); however, growth is only known to occur at a pH of 4 and greater (2,3). Multiplication of the salmonellae in the cider need not be postulated if the cider was heavily contaminated at the time of production, because evidence suggests that *S. typhimurium* can produce disease with an inoculum of only 10^4 organisms (4).

References

1. Bryan FL: What the sanitarian should know about staphylococci and salmonellae in non-dairy products. II. Salmonellae. *Journal of Milk and Food Technology* 31:131-140, 1968
2. Committee on Salmonella, Division of Biology and Agriculture, National Research Council: An Evaluation of the Salmonella Problem. A Report of the U.S. Department of Agriculture and the Food and Drug

Figure 1
ILLNESS IN 229 PERSONS DRINKING APPLE CIDER,
BY DATE OF ONSET, NEW JERSEY, 1974



SALMONELLA – Continued

Administration, U.S. Department of Health, Education, and Welfare. Washington, National Academy of Sciences, 1969, p 127

3. Optimum pH for growth: bacteria and fungi. In *Environmental Biology*, edited by Altman PL and Dittmer DS. Bethesda, Maryland,

Federation of American Societies for Experimental Biology, 1965, p 535

4. Armstrong RW, Fodor T, Curlin GT, et al: Epidemic salmonella gastroenteritis due to contaminated imitation ice cream. *Am J Epidemiol* 91: 300-307, 1970

CURRENT TRENDS**INFLUENZA – United States**

The number of reported pneumonia and influenza deaths in 121 U.S. cities remains above the epidemic threshold for the 8th consecutive week but shows no sustained increase. A gradual upward trend in pneumonia and influenza mortality continues in the New England, Mountain, and Pacific regions; while influenza activity continues to fluctu-

ate in the West North Central, East North Central, Middle Atlantic, and West South Central regions. The number of pneumonia and influenza deaths in the South Atlantic and East South Central regions is below the epidemic threshold. (*Reported by the Viral Diseases Division, Bureau of Epidemiology, CDC.*)

Erratum

Vol. 24, No. 6, p. 55

In "Vestibular Reactions to Minocycline – Follow-Up – Georgia, New York, Vermont," these names were inadvertently omitted from the credits: Joyce G Feigman, RN, Nurse Epidemiologist, and Jerald Spunt, MD, Chief Resident, Pediatrics, Nassau County Medical Center, East Meadow, New York.

Erratum

Vol. 24, No. 8, p. 80

In "Mushroom Poisoning – New York City, Washington," the phone numbers for Dr. Bartter and Dr. Mitchell should read:

Weekdays: 301-496-1518

Nights and Weekends: 301-656-4000 or
202-244-5562

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

David J. Sencer, M.D.
Philip S. Brachman, M.D.
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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