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For Week Ending March 15, 1975

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

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EPIDEMIOLOGIC NOTES AND REPORTS

CONTINUING DENGUE-2 ACTIVITY – Puerto Rico

Sporadic cases and localized outbreaks of dengue-2 have been documented annually since the 1969 epidemic involving virtually the entire northern half of Puerto Rico (*1-3*). The most recent outbreak occurred in Villalba in the late summer and fall of 1973 and affected an estimated 4,000 persons (*4*).

The first half of 1974 was unusually dry, and only 4 laboratory-confirmed cases (San German - 2, Santa Isabel - 1, Villalba - 1) were documented through September. Some weeks following the onset of rains in August, however, *Aedes aegypti* house indices increased; and in October 1974, surveillance conducted by the Puerto Rico Health Department (PRHD) and the San Juan Laboratories, CDC, indicated an increase in dengue-like illness in the southwestern part of the Island (Figure 1). Sporadic dengue cases were confirmed

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	11th WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 11 WEEKS		
	March 15, 1975	March 16, 1974		1975	1974	MEDIAN 1970-1974
Aseptic meningitis	35	23	29	381	365	376
Brucellosis	4	2	4	29	19	20
Chickenpox	4,165	3,935	– – –	40,436	39,604	– – –
Diphtheria	7	10	4	95	36	47
Encephalitis, Primary	9	15	18	133	174	182
Encephalitis, Post-Infectious	3	7	7	39	44	48
Hepatitis, Viral, Type B	217	166	166	2,223	1,814	1,787
Hepatitis, Viral, Type A	760	930	1,030	7,671	9,414	11,908
Hepatitis, Viral, Type unspecified	168	247		1,622	1,782	
Malaria	10	–	32	60	34	353
Measles (rubeola)	762	668	972	4,611	5,646	7,949
Meningococcal infections, total	31	39	44	383	341	394
Civilian	30	37	43	372	335	378
Military	1	2	4	11	6	16
Mumps	1,918	1,876	2,292	15,924	18,476	23,271
Pertussis	12	33	– – –	247	288	– – –
Rubella (German measles)	475	375	1,130	3,129	2,777	6,780
Tetanus	2	2	2	13	10	13
Tuberculosis	671	579	– – –	6,102	5,711	– – –
Tularemia	–	1	1	9	22	22
Typhoid fever	5	8	6	48	76	54
Typhus, tick-borne (Rky. Mt. spotted fever)	1	–	–	11	15	6
Venereal Diseases:						
Gonorrhea, Civilian	18,838	16,058	– – –	194,619	176,632	– – –
Gonorrhea, Military	397	520	– – –	6,347	5,720	– – –
Syphilis, primary and secondary, Civilian	596	466	– – –	5,517	5,122	– – –
Syphilis, primary and secondary, Military	3	9	– – –	71	96	– – –
Rabies in animals	38	70	73	390	560	688

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Poliomyelitis, total:	1
Botulism:	7	Paralytic:	1
Congenital rubella syndrome:	6	Psittacosis: Calif. 1, Wis. 1	8
Leprosy:* Calif. 7, Fla. 1, Tex. 1	39	Rabies in man:	1
Leptospirosis: Ohio 1, Tex. 1	10	Trichinosis: Calif. 2	22
Plague:	1	Typhus, murine: Tex. 2	4

*Delayed reports: Leprosy: (1974) N.J. 1

DENGUE – Continued

in several southwestern towns from October through December (Table 1), while an apparent localized outbreak occurred in Tallaboa Alta near Peñuelas.

Figure 1
TOWNS WITH LABORATORY-CONFIRMED DENGUE
OCTOBER-DECEMBER 1974
PUERTO RICO

To assess the Tallaboa Alta outbreak, on December 3, 1974, survey teams visited every 10th occupied house in the community to collect morbidity information and diagnostic specimens. Thirty-eight households were visited, clinical information obtained on 204 family members, and serum obtained from 45 persons reporting febrile illness in the previous 2 months. Eleven of the serum specimens were collected from individuals reporting onset of illness within the preceding 2 days, and dengue-2 virus was isolated and identified by complement fixation from 3 of these specimens.

Table 1
Laboratory-Confirmed Cases of Dengue
October-December 1974
Puerto Rico

Town	October	November	December
Cabo Roho	3	–	–
Coamo	–	1	–
Guayanilla	1	2	–
Juana Diaz	2	–	–
Peñuelas	8	1	3
Ponce	–	1	–
Total	14	5	3

Convalescent serum specimens were requested 5 weeks after the first survey, and of 36 serum pairs obtained, 18 (50%) showed seroconversion to dengue virus by complement fixation and/or hemagglutination inhibition tests. An additional 5 (14%) of the 36 pairs showed very high titers of dengue antibodies, indicating recent infection. Eighty-three of the 204 household members (41%) had experienced febrile illness within the 2-month period prior to the survey.

Control activities directed against *A. aegypti* mosquitoes were initiated by the PRHD, and apparently no new cases have occurred since mid-December 1974. Sporadic cases of dengue-like illness continued to occur, however, in other areas of southwest Puerto Rico.

(Reported by Miss L Alier, Practical Nurse, Miss Cedeño, RN, Mrs B C de Perez, Head RN, J Franceschi, MD, Medical Director, Peñuelas Health Center; Mrs I Yordan, Head RN, R Valdéz, MD, Medical Director, Guayanilla Health Center; Mrs A Rodríguez-Rivera, PHRN, Ponce Health Center; Miss A Rivera, PHRN, M Ortega, MD, Medical Director, Coamo Health Center; Mrs A Ortiz, Head RN, D Ramírez, MD, Medical Director, Cabo Rojo Health Center; Mrs F O de Rodríquez, PHRN, Santa Isabel Health Center; Mr E Rivera-Correa, Chief, Mosquito Control Program, and Carlos Armstrong-Ressey, MD, Assistant Secretary of Health for Preventive Medicine, Vector Control Division, Puerto Rico Health Department; and the San Juan Laboratories, Bureau of Laboratories, CDC.)

References

1. Likosky WA, Calisher CH, Michelson AL, Correa-Coronas R, Henderson BE, Feldman RA: An epidemiologic study of dengue type 2 in Puerto Rico, 1969. Am J Epidemiol 97:264-275, 1973
2. Center for Disease Control: Morbidity and Mortality Weekly Rep 21(44):375-376, 4 Nov 72
3. Center for Disease Control: Morbidity and Mortality Weekly Rep 22(7):60, 17 Feb 73
4. Center for Disease Control: Morbidity and Mortality Weekly Rep 22(45):373-379, 10 Nov 73

PROPOSED REGULATIONS FOR IMPORTATION OF NONHUMAN PRIMATES – United States

The U.S. Department of Health, Education, and Welfare recently proposed that future commercial imports of monkeys or other nonhuman primates for sale as pets be prohibited.

The proposed regulations, published in the *Federal Register*, March 14, 1975, were developed by CDC because such animals are a significant source of infectious disease in humans, including hepatitis, tuberculosis, and parasitic infections. Many of the reported infections have been severe, and a number have resulted in death or long-term disability.

Nonhuman primates imported for scientific, educational, or exhibition purposes are not prohibited by the proposed regulations, although the requirements for disease surveillance and control procedures would be strengthened.

Approximately 100,000 of these animals are imported each year, and about half are sold as pets. In addition to monkeys, other nonhuman primates include chimpanzees, orangutans, gorillas, gibbons, apes, baboons, marmosets, tamarins, lemurs, lorises, and tree shrews.

Because these animals are phylogenetically related to humans, they are especially useful in the scientific study of many human diseases. Such studies are made, however, under carefully controlled conditions. In contrast, persons purchasing such animals for pets have no way of knowing whether the animals are free of disease.

One state, Colorado, has already banned the sale of such animals for pets. Norway prohibits importation of such animals as pets, and England and Germany have stringent quarantine measures that have in effect resulted in a ban. In addition, a number of state health departments and other organizations have publicly supported a ban on pet sales.

Quarantine and disease control measures for animals imported for approved purposes would be changed in several significant ways. At present, animals are inspected on arrival at the port of entry for evidence of communicable disease. Because such animals may be incubating disease or fail to show readily apparent signs of infection, the present procedure is inadequate. Therefore, a system of post-importation surveillance is proposed, with the primary responsibility for surveillance resting with the importer.

Interested persons may submit comments within 30 days to the Center for Disease Control, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. Comments received will be available for public inspection in Room 509, Building B, Center for Disease Control, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday.

(Reported by the Center for Disease Control, Atlanta, Ga.)

PROBABLE VACCINE-INDUCED RABIES IN A PET MARMOSET – California

On February 19, 1974, a pet marmoset (*Saguinus nigricollis*) was brought to a Los Angeles veterinarian because of ascending paralysis of the right leg. Rabies was suspected, and the diagnosis was confirmed by fluorescent rabies antibody (FRA) examination of brain tissue at the Los Angeles County Health Department laboratory. Five of 6 persons who had had contact exposure to the marmoset but were not bitten received post-exposure prophylaxis.

Investigation revealed that the animal was 1 of 2 marmosets smuggled into Miami, Florida, on February 7 via an airline flight from Peru. They were hidden under the coat of the woman who brought them in. After spending several days in Miami, the woman proceeded to California via a commercial airline flight on February 11. At that time, the airline required that the 2 marmosets be caged and placed in the baggage compartment of the airplane. The animals were imported without prior issuance of a permit by the California State Department of Health as required by the California Wild Animal Importation Law and thus entered the state illegally.

On arrival in Los Angeles, 1 of the 2 marmosets, believed to be a pigmy marmoset (*Cebuella pygmea*), was dead. It was buried at the airport by the owners. The carcass was later exhumed, and the brain was examined for rabies by the FRA test. The results were negative.

Investigation also revealed that the 2 marmosets had been vaccinated with a modified live-virus rabies vaccine of avian origin on February 6, the day prior to departure from Peru. The viral isolate from the rabid marmoset had characteristics consistent with an egg-adapted vaccine strain. These included a short incubation period in mice (4-5 days), absence of FRA detectable virus in salivary glands and corneas of the mice, only rare inclusions typical of Negri bodies produced on mouse passage, and high titered growth in eggs on first passage. Thus, the cumulative evidence suggests that the marmoset's infection was vaccine-induced.

(Reported by Edward Aaron, DVM, Chief, Veterinary Public Health, Comparative Medicine and Veterinary Public Health Services, and Ichiro Kamei, MD, Chief, Acute Communicable Disease Control Division, Community Health Services, Los Angeles County; Edmond V Bayer, DVM, Public Health Veterinarian, Veterinary Public Health Unit, Richard W Emmons, MD, Public Health Medical Officer, and James Chin, MD, State Epidemiologist, California State Department of Health, Berkeley.)

Editorial Note

This case illustrates the danger of inducing rabies in wild animals by vaccination with live-virus rabies vaccines. Currently, no rabies vaccine is licensed in the United States for use in wildlife. If immunization of a wildlife species is felt to be absolutely necessary, only inactivated vaccines should be used.

ACUTE COPPER POISONING – Pennsylvania

On September 28, 1974, approximately 12 individuals at a wedding reception in Montgomery County, Pennsylvania, developed abdominal cramps, vomiting, and diarrhea 10 to 90 minutes after drinking punch or whiskey sour served from separate metal containers. Several persons who drank the beverages complained of a "metallic" taste. Symptoms lasted less than 24 hours and no one was hospitalized.

The punch was prepared by mixing a commercial fruit punch mix with ginger ale. The whiskey sour contained commercial orange and lemon drink mixes, sugar, water, and an alcoholic beverage. Examination of the metal "fountains" in which the drinks were stored prior to serving revealed several areas where the chrome was worn away, exposing the copper undercoating. These containers were destroyed after the outbreak.

Laboratory analysis of the leftover whiskey sour revealed copper concentrations of 120-135 parts per million. Concentrations of zinc of 10.8 ppm and lead of 1.2 ppm were also detected.

(Reported by Ernest Pennypacker, Sanitarian II, Pennsylvania Department of Environmental Resources, Montgomery County; Harriet R Shrair, BS, Epidemiology Coordinator, William T Lane, MD, Regional Medical Director, Pennsylvania Department of Health, Southeastern Region (1); W D Schrack, Jr, MD, Acting Director, Division of Communicable Diseases, Pennsylvania Department of Health; Philadelphia District, Food and Drug Administration.)

Editorial Note

This outbreak of acute copper poisoning traced to a beverage is the second reported to CDC in the last year (*1*). Since 1966, 11 outbreaks of acute copper poisoning have been reported to CDC; and the majority were traced to the ingestion of acid beverages stored in containers or tubing which contained copper.

Reference

1. Center for Disease Control: Morbidity and Mortality Weekly Rep 23(47):407, 23 Nov 1974

HUMAN RABIES IMMUNE GLOBULIN AVAILABILITY

Human rabies immune globulin (HRIG) has been commercially available since September 1974 (*1*). Initial supplies of HRIG were limited and it was recommended that it be used primarily for patients who are hypersensitive to horse serum, skin-test positive to antirabies serum of equine origin, or pregnant. Cutter Laboratories has informed CDC that there now appears to be adequate HRIG available to warrant more general use. HRIG (Hyperab*) can be recommended now for any individual requiring rabies post-exposure treatment with both serum and vaccine. The manufacturer and CDC will continue to monitor the availability of HRIG and assure adequate reserves are available to treat high risk individuals.

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

*Use of trade names is for identification only and does not constitute endorsement by the Public Health Service, U.S. Department of Health, Education, and Welfare.

Reference

1. Center for Disease Control, Morbidity and Mortality Weekly Rep 23(33):291, 17 Aug 1974

CURRENT TRENDS
PRIMARY AND SECONDARY SYPHILIS – United States

In December 1974, reported cases of primary and secondary syphilis numbered 2,048, up 10.8% from the number reported in December 1973 (provisional data). During the 12 months of calendar year 1974, cases numbered 25,434, up 2.0% over the number in the previous year. Most of this increase has been recorded within the past 6 months and is attributable to a few program areas. Control efforts are being intensified.

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

Reporting Area	December		Calendar Year Cumulative Jan-Dec	
	1974	1973	1974	1973
Connecticut	16	9	179	239
Maine	7	1	44	24
Massachusetts	60	57	638	760
New Hampshire	0	1	11	11
Rhode Island	0	0	16	17
Vermont	1	0	3	20
DHEW REGION I TOTAL	**84**	**68**	**891**	**1071**
New Jersey	51	71	839	1008
New York (Excl. NYC)	49	41	528	438
New York City	314	218	3117	3290
DHEW REGION II TOTAL	**414**	**330**	**4484**	**4736**
Delaware	2	6	83	95
Dist. of Columbia	52	48	662	757
Md. (Excl. Baltimore)	16	28	254	271
Baltimore	32	30	483	600
Penn. (Excl. Philadelphia)	36	19	248	269
Philadelphia	52	61	671	548
Virginia	33	49	705	791
West Virginia	2	0	22	20
DHEW REGION III TOTAL	**225**	**241**	**3128**	**3351**
Alabama	15	17	254	194
Florida	233	108	2924	1951
Georgia (Excl. Atlanta)	47	67	649	782
Atlanta*	36	54	499	549
Kentucky	11	14	267	359
Mississippi	11	9	269	318
North Carolina	41	57	901	682
South Carolina	48	73	691	766
Tennessee	25	41	460	459
DHEW REGION IV TOTAL	**467**	**440**	**6914**	**6060**
Illinois (Excl. Chicago)	23	12	271	201
Chicago	63	91	836	968
Ind. (Excl. Indianapolis)	7	7	122	193
Indianapolis*	3	3	53	83
Michigan	26	27	425	489
Minnesota	11	7	85	99
Ohio	36	30	327	282
Wisconsin	8	6	102	80
DHEW REGION V TOTAL	**177**	**183**	**2221**	**2395**
Arkansas	6	11	97	135
Louisiana	18	36	570	777
New Mexico	9	12	96	88
Oklahoma	20	19	143	173
Texas	97	116	1405	1523
DHEW REGION VI TOTAL	**150**	**194**	**2311**	**2696**
Iowa	3	3	40	56
Kansas	4	2	87	22
Missouri	34	23	417	190
Nebraska	0	3	10	16
DHEW REGION VII TOTAL	**41**	**31**	**554**	**284**
Colorado	18	14	151	196
Montana	0	1	4	4
North Dakota	0	0	7	3
South Dakota	1	0	3	5
Utah	3	0	13	13
Wyoming	0	0	2	4
DHEW REGION VIII TOTAL	**22**	**15**	**180**	**225**
Arizona	26	14	258	183
California (Excl. LA & SF)	162	100	1318	1179
Los Angeles*	142	129	1867	1746
San Francisco*	93	75	938	666
Hawaii	6	2	33	50
Nevada	1	7	57	69
DHEW REGION IX TOTAL	**430**	**327**	**4471**	**3893**
Alaska	2	1	10	15
Idaho	2	0	14	9
Oregon	17	7	119	49
Washington	17	12	137	155
DHEW REGION X TOTAL	**38**	**20**	**280**	**228**
UNITED STATES TOTAL	**2048**	**1849**	**25434**	**24939**
Puerto Rico	75	58	942	778
Virgin Islands	4	5	31	38
U.S. INCL. TERR.	**2127**	**1912**	**26407**	**25755**

Note: Cumulative totals include revised and delayed reports through previous months.

Source: HSM 9.98 CDC, VD Control Division, Atlanta, Ga. 30333.

*County Data

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING MARCH 15, 1975 AND MARCH 16, 1974 (11th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod-borne and Unspecified		Post Infectious	Type B	Type A	Type Unspecified		
	1975	1975	1975	1975	Cum. 1975	1975	1974	1975	1975	1975	1975	1975	Cum. 1975
UNITED STATES	35	4	4,165	7	95	9	15	3	217	760	168	10	60
NEW ENGLAND	3	–	564	–	–	–	–	–	9	30	19	–	3
Maine *	–	–	10	–	–	–	–	–	–	–	–	–	–
New Hampshire *	–	–	10	–	–	–	–	–	–	3	–	–	–
Vermont	–	–	9	–	–	–	–	–	5	1	–	–	–
Massachusetts	1	–	195	–	–	–	–	–	2	5	19	–	2
Rhode Island	–	–	218	–	–	–	–	–	–	6	–	–	–
Connecticut	2	–	122	–	–	–	–	–	2	15	–	–	1
MIDDLE ATLANTIC	7	–	262	–	1	1	2	–	15	60	29	1	9
Upstate New York	–	–	76	–	–	–	1	–	4	21	7	–	3
New York City	3	–	152	–	–	–	–	–	2	10	–	–	3
New Jersey *	3	–	NN	–	–	–	1	–	6	22	22	1	3
Pennsylvania *	1	–	34	–	1	1	–	–	3	7	–	–	–
EAST NORTH CENTRAL	1	–	1,695	–	1	1	3	–	21	142	8	–	1
Ohio	–	–	116	–	–	–	1	–	5	49	–	–	–
Indiana	–	–	108	–	–	–	–	–	–	11	–	–	–
Illinois	–	–	–	–	–	–	1	–	3	17	2	–	1
Michigan	1	–	1,004	–	1	1	1	–	7	49	6	–	–
Wisconsin	–	–	467	–	–	–	–	–	6	16	–	–	–
WEST NORTH CENTRAL	2	–	669	–	–	1	2	–	18	39	11	1	3
Minnesota	2	–	4	–	–	1	–	–	2	7	–	1	1
Iowa	–	–	356	–	–	–	1	–	–	1	–	–	–
Missouri *	–	–	52	–	–	–	1	–	9	16	11	–	2
North Dakota *	–	–	2	–	–	–	–	–	–	3	–	–	–
South Dakota	–	–	3	–	–	–	–	–	5	–	–	–	–
Nebraska	–	–	18	–	–	–	–	–	–	2	–	–	–
Kansas	–	–	234	–	–	–	–	–	2	10	–	–	–
SOUTH ATLANTIC	2	1	280	–	–	3	2	–	24	99	28	1	7
Delaware	–	–	15	–	–	–	–	–	1	1	1	–	–
Maryland	–	–	42	–	–	–	–	–	9	9	6	1	1
District of Columbia	–	–	3	–	–	–	–	–	–	–	–	–	–
Virginia	–	1	64	–	–	1	–	–	2	8	2	–	4
West Virginia	1	–	132	–	–	–	–	–	–	–	–	–	–
North Carolina	–	–	NN	–	–	–	1	–	9	12	4	–	–
South Carolina	–	–	24	–	–	1	–	–	–	6	6	–	–
Georgia	–	–	–	–	–	–	–	–	–	25	–	–	–
Florida	1	–	–	–	–	1	1	–	3	38	9	–	2
EAST SOUTH CENTRAL	1	–	56	–	–	–	–	2	9	60	3	–	5
Kentucky	–	–	17	–	–	–	–	–	2	17	–	–	2
Tennessee	1	–	NN	–	–	–	–	2	5	35	3	–	–
Alabama	–	–	29	–	–	–	–	–	–	–	–	–	2
Mississippi *	–	–	10	–	–	–	–	–	2	8	–	–	1
WEST SOUTH CENTRAL	2	2	292	–	1	–	1	1	24	89	14	–	5
Arkansas	–	–	3	–	–	–	–	–	2	7	1	–	1
Louisiana	1	–	NN	–	–	–	–	–	7	8	4	–	–
Oklahoma	1	1	13	–	–	–	–	–	–	2	2	–	1
Texas *	–	1	276	–	1	–	1	1	15	72	7	–	3
MOUNTAIN	–	–	119	6	12	–	–	–	15	62	31	–	10
Montana *	–	–	70	–	–	–	–	–	3	6	–	–	–
Idaho	–	–	–	–	–	–	–	–	2	10	2	–	–
Wyoming	–	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	–	–	28	–	–	–	–	–	2	3	13	–	8
New Mexico	–	–	1	–	1	–	–	–	–	14	2	–	–
Arizona	–	–	–	6	11	–	–	–	6	25	10	–	2
Utah	–	–	19	–	–	–	–	–	2	3	4	–	–
Nevada *	–	–	1	–	–	–	–	–	–	1	–	–	–
PACIFIC	17	1	228	1	80	3	5	–	82	179	25	7	17
Washington	–	1	158	–	77	–	–	–	2	10	8	–	1
Oregon	–	–	1	–	–	–	1	–	6	20	3	–	–
California	12	–	–	1	2	3	4	–	74	142	14	7	15
Alaska	–	–	15	–	1	–	–	–	–	4	–	–	–
Hawaii	5	–	54	–	–	–	–	–	–	3	–	–	1
Guam *	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico	–	–	29	–	–	–	–	–	–	11	–	–	1
Virgin Islands	–	–	6	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Mo. 1; (1974) N.J. 1, Pa. 1
Chickenpox: Me. 45, N.H. 6, Guam 4
Encephalitis, primary: Pa. delete 1, Mo. 1; (1974) Pa. 1
Hepatitis B: Mo. delete 1, Mont. delete 1; (1974) Pa. 2
Hepatitis A: Me. 4, Mo. delete 1, N.D. 1, Mont. delete 1, Nev. 2, Guam 2; (1974) Pa. 7
Hepatitis unspecified: Mo. delete 1; (1974) Pa. 1
Malaria: N.J. 1, Texas delete 1; (1974) Miss. delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING MARCH 15, 1975 AND MARCH 16, 1974 (11th 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	762	4,611	5,646	31	383	341	1,918	15,924	12	475	3,129	13
NEW ENGLAND	10	47	318	3	23	21	77	697	–	60	520	–
Maine *	2	4	12	1	3	–	–	31	–	–	15	–
New Hampshire *	1	15	175	–	1	6	46	54	–	5	217	–
Vermont	–	–	1	–	–	–	–	1	–	–	13	–
Massachusetts	2	14	67	–	6	6	10	95	–	43	227	–
Rhode Island	1	3	43	–	2	3	11	297	–	2	6	–
Connecticut	4	11	20	2	11	6	10	219	–	10	42	–
MIDDLE ATLANTIC	19	260	2,115	2	33	42	120	848	–	39	244	1
Upstate New York	4	62	27	–	11	15	52	380	–	2	26	–
New York City	8	36	105	1	6	10	18	155	–	9	47	1
New Jersey	7	115	1,718	–	4	14	47	139	–	15	110	–
Pennsylvania	–	47	265	1	12	3	3	174	–	13	61	–
EAST NORTH CENTRAL	242	1,788	2,184	4	52	32	985	7,058	1	141	855	–
Ohio	2	31	934	–	8	8	43	665	–	10	59	–
Indiana	13	114	71	–	1	2	88	773	–	18	127	–
Illinois	44	379	384	1	10	5	87	596	1	35	89	–
Michigan	173	889	661	3	27	11	585	3,466	–	52	411	–
Wisconsin *	10	375	134	–	6	6	182	1,558	–	26	169	–
WEST NORTH CENTRAL	260	1,257	162	2	25	18	92	1,015	1	83	251	1
Minnesota	–	–	76	2	5	5	2	10	–	–	3	–
Iowa *	26	131	6	–	4	5	45	337	–	–	2	–
Missouri	17	52	23	–	12	4	7	120	1	68	86	1
North Dakota *	35	229	13	–	–	1	10	213	–	2	41	–
South Dakota *	–	204	1	–	–	–	–	1	–	–	2	–
Nebraska	19	180	1	–	1	–	1	5	–	1	5	–
Kansas	163	461	42	–	3	3	27	329	–	12	112	–
SOUTH ATLANTIC	7	57	204	4	65	73	138	996	2	14	214	4
Delaware	–	–	2	–	1	3	1	5	–	1	6	–
Maryland	–	–	2	–	4	12	3	29	–	–	–	–
District of Columbia	–	–	–	–	3	–	–	23	–	–	–	–
Virginia	1	8	11	–	8	11	37	216	–	1	19	–
West Virginia	1	36	54	2	2	2	50	374	2	2	35	–
North Carolina	1	1	2	2	12	15	14	26	–	–	1	1
South Carolina	–	–	13	–	8	9	–	18	–	–	125	2
Georgia	–	–	1	–	7	4	–	–	–	–	–	–
Florida	4	12	119	–	20	17	33	305	–	10	28	1
EAST SOUTH CENTRAL	3	42	42	1	53	35	84	1,459	4	13	190	1
Kentucky	3	32	33	–	19	16	17	739	–	–	47	1
Tennessee	–	7	–	–	18	17	57	554	–	11	135	–
Alabama	–	–	1	–	10	2	7	115	–	1	5	–
Mississippi	–	3	8	1	6	–	3	51	4	1	3	–
WEST SOUTH CENTRAL	8	71	78	8	77	70	108	1,235	2	14	203	2
Arkansas *	–	–	4	–	4	4	–	13	–	–	–	–
Louisiana *	–	1	6	–	16	12	–	136	1	9	80	–
Oklahoma	1	12	10	1	8	8	6	44	–	–	55	–
Texas	7	58	58	7	49	46	102	1,042	1	5	68	2
MOUNTAIN	92	322	196	–	11	8	34	169	–	32	173	–
Montana	–	–	110	–	2	1	1	3	–	31	140	–
Idaho	–	3	40	–	–	1	–	2	–	–	5	–
Wyoming	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	89	313	12	–	5	–	17	80	–	1	15	–
New Mexico	–	1	28	–	3	2	–	8	–	–	5	–
Arizona	3	4	3	–	1	3	–	–	–	–	1	–
Utah	–	–	–	–	–	1	12	42	–	–	4	–
Nevada	–	1	3	–	–	–	4	34	–	–	3	–
PACIFIC	121	767	347	7	44	42	280	2,447	2	79	479	4
Washington	–	29	23	2	6	6	129	1,308	–	8	113	–
Oregon	3	50	–	–	–	6	16	143	–	–	62	–
California	118	688	321	5	38	27	135	980	2	69	299	4
Alaska	–	–	–	–	–	2	–	9	–	–	–	–
Hawaii	–	–	3	–	–	1	–	7	–	2	5	–
Guam *	–	3	1	–	–	–	–	10	–	–	1	–
Puerto Rico	7	120	158	–	1	–	12	200	–	–	14	4
Virgin Islands	–	2	6	–	–	–	–	17	–	–	2	–

*Delayed reports: Measles: N.H. 1, Wisc. delete 4, N.D. 135, S.D. 178, Ark. delete 2, La. 1, Guam 1
Mumps: Me. 20, Guam 3
Rubella: N.H. 2, Iowa delete 1, Guam 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING MARCH 15, 1975 AND MARCH 16, 1974 (11th 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	671	6,102	9	5	48	1	11	18,838	194,619	176,632	596	5,517	5,122	390
NEW ENGLAND	20	223	–	–	6	–	–	508	5,315	4,493	25	196	196	10
Maine	2	19	–	–	–	–	–	42	324	319	1	4	9	9
New Hampshire *	1	13	–	–	–	–	–	11	165	126	2	8	2	–
Vermont	–	1	–	–	–	–	–	17	99	129	–	3	1	–
Massachusetts	10	109	–	–	3	–	–	307	2,702	2,083	20	131	139	–
Rhode Island	–	25	–	–	–	–	–	33	404	360	–	2	3	–
Connecticut	7	56	–	–	3	–	–	98	1,621	1,476	2	48	42	1
MIDDLE ATLANTIC	99	1,051	1	–	6	–	–	2,401	23,795	22,045	133	1,073	1,084	9
Upstate New York	18	149	1	–	2	–	–	407	4,537	4,130	17	120	108	8
New York City	42	470	–	–	3	–	–	1,215	10,458	9,159	63	619	615	–
New Jersey	20	200	–	–	1	–	–	133	2,949	3,305	24	158	179	–
Pennsylvania *	19	232	–	–	–	–	–	646	5,851	5,451	29	176	182	1
EAST NORTH CENTRAL	79	936	–	–	8	–	1	2,962	32,834	28,143	48	441	429	8
Ohio *	24	274	–	–	1	–	1	833	9,090	7,818	9	95	55	–
Indiana	10	139	–	–	–	–	–	79	2,693	2,488	1	29	40	–
Illinois	26	238	–	–	5	–	–	1,232	11,207	8,611	24	217	223	–
Michigan *	19	272	–	–	2	–	–	542	6,653	6,784	13	75	89	–
Wisconsin	–	13	–	–	–	–	–	276	3,191	2,442	1	25	22	8
WEST NORTH CENTRAL	31	202	2	–	1	–	–	998	9,458	9,002	8	123	115	104
Minnesota	–	28	–	–	1	–	–	219	1,964	2,006	1	13	11	33
Iowa	2	13	–	–	–	–	–	113	1,053	1,310	–	5	10	19
Missouri	19	106	1	–	–	–	–	383	3,532	2,809	4	73	74	11
North Dakota	–	–	–	–	–	–	–	19	164	154	–	3	–	30
South Dakota	3	11	–	–	–	–	–	33	405	397	–	2	1	–
Nebraska *	2	8	–	–	–	–	–	100	833	715	–	3	3	2
Kansas	5	36	1	–	–	–	–	131	1,507	1,611	3	24	16	9
SOUTH ATLANTIC	149	1,397	4	–	2	1	7	4,325	48,263	43,726	167	1,723	1,633	59
Delaware *	4	31	–	–	–	–	–	59	669	663	4	17	17	–
Maryland	22	209	–	–	–	–	–	481	5,421	3,932	10	129	180	–
District of Columbia	6	92	–	–	–	–	–	217	3,216	4,396	17	145	144	–
Virginia	13	176	2	–	1	–	–	271	4,887	3,985	14	139	202	39
West Virginia	4	61	–	–	–	–	–	51	588	524	–	4	6	1
North Carolina	22	199	–	–	1	1	7	883	7,305	5,844	20	225	173	1
South Carolina	7	59	2	–	–	–	–	481	4,569	4,643	17	140	134	1
Georgia	9	193	–	–	–	–	–	606	8,522	7,744	30	248	258	13
Florida	62	377	–	–	–	–	–	1,276	13,086	11,995	55	676	519	4
EAST SOUTH CENTRAL	82	543	1	–	2	–	2	1,569	15,591	15,043	27	244	267	50
Kentucky	14	99	–	–	1	–	1	243	2,003	1,838	6	36	60	41
Tennessee	34	195	1	–	–	–	–	639	6,385	5,923	7	92	103	4
Alabama	20	179	–	–	–	–	1	486	4,124	4,253	7	67	51	5
Mississippi	14	70	–	–	1	–	–	201	3,079	3,029	7	49	53	–
WEST SOUTH CENTRAL	69	674	1	–	–	–	1	2,386	24,630	23,487	43	510	469	109
Arkansas	8	93	1	–	–	–	–	115	2,282	2,569	4	11	23	13
Louisiana	10	105	–	–	–	–	–	717	4,652	5,073	–	111	138	3
Oklahoma	5	70	–	–	–	–	1	247	2,180	1,780	4	28	34	34
Texas	46	406	–	–	–	–	–	1,307	15,516	14,065	35	360	274	59
MOUNTAIN	17	126	–	–	2	–	–	635	7,288	6,243	16	137	125	15
Montana	–	2	–	–	–	–	–	41	442	377	–	3	–	7
Idaho	–	4	–	–	–	–	–	46	379	402	–	2	–	–
Wyoming	1	5	–	–	1	–	–	15	177	151	–	1	2	–
Colorado	–	–	–	–	–	–	–	171	2,032	1,798	3	31	26	–
New Mexico	3	29	–	–	–	–	–	103	1,196	867	7	38	24	6
Arizona	6	63	–	–	1	–	–	207	1,945	1,621	5	49	49	2
Utah	1	3	–	–	–	–	–	35	418	304	–	1	5	–
Nevada *	6	20	–	–	–	–	–	17	699	723	1	12	19	–
PACIFIC	125	950	–	5	21	–	–	3,054	27,445	24,450	129	1,070	804	26
Washington	7	75	–	–	–	–	–	265	2,520	2,346	–	56	30	–
Oregon	7	34	–	–	–	–	–	220	2,305	2,106	3	26	19	–
California	109	731	–	5	21	–	–	2,466	21,429	19,002	126	977	747	24
Alaska	–	6	–	–	–	–	–	73	708	522	–	–	–	2
Hawaii	2	104	–	–	–	–	–	30	483	474	–	11	8	–
Guam *	–	12	–	–	–	–	–	–	83	–	–	1	–	–
Puerto Rico	15	95	–	–	–	–	–	53	662	681	5	142	209	11
Virgin Islands	–	3	–	–	–	–	–	6	41	155	–	9	14	–

*Delayed reports: Tuberculosis: Mich. delete 1, Del. 6, Guam delete 10
Gonorrhea: N.H. 5, Neb. delete 1, Nev. 48, Guam 4
Syphilis: Pa. delete 1 civil, Pa. 1 Mil., Ohio delete 1, Nev. 1

Week No. 11

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING MARCH 15, 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	724	438	196	45	19	43
Boston, Mass.	207	109	64	17	7	14
Bridgeport, Conn.	40	28	10	1	1	1
Cambridge, Mass.	33	22	8	3	–	6
Fall River, Mass.	35	22	10	2	–	1
Hartford, Conn.	63	31	18	8	5	3
Lowell, Mass.	25	17	7	–	1	3
Lynn, Mass.	25	17	6	–	–	3
New Bedford, Mass.	36	24	8	3	–	2
New Haven, Conn.	52	31	13	4	2	–
Providence, R. I.	77	46	23	4	1	8
Somerville, Mass.	11	8	3	–	–	–
Springfield, Mass.	46	26	14	2	1	1
Waterbury, Conn.	32	26	4	–	–	–
Worcester, Mass.	42	31	8	1	1	1
MIDDLE ATLANTIC	3,112	1,994	764	181	95	160
Albany, N. Y.	54	32	14	2	4	–
Allentown, Pa.	25	18	7	–	–	1
Buffalo, N. Y.	144	87	45	6	5	11
Camden, N. J.	30	15	13	–	–	4
Elizabeth, N. J.	19	16	3	–	–	1
Erie, Pa.	38	24	12	1	1	2
Jersey City, N. J.	45	32	7	3	1	–
Newark, N. J.	57	33	11	7	3	4
New York City, N. Y.*	1,553	1,009	362	100	40	77
Paterson, N. J.	45	29	12	1	2	3
Philadelphia, Pa.	480	286	122	34	22	9
Pittsburgh, Pa.	179	100	57	13	7	20
Reading, Pa.	41	27	11	1	1	2
Rochester, N. Y.	124	91	22	4	2	4
Schenectady, N. Y.	26	15	10	1	–	3
Scranton, Pa.	54	40	12	2	–	2
Syracuse, N. Y.	87	54	24	4	4	3
Trenton, N. J.	28	21	4	1	2	–
Utica, N. Y.	35	25	9	–	1	3
Yonkers, N. Y.	48	40	7	1	–	11
EAST NORTH CENTRAL	2,450	1,437	672	160	92	84
Akron, Ohio	51	31	18	–	–	–
Canton, Ohio	42	23	13	4	1	2
Chicago, Ill.	610	327	179	49	29	19
Cincinnati, Ohio	181	107	49	13	6	5
Cleveland, Ohio	192	108	63	12	5	6
Columbus, Ohio	208	126	46	9	11	6
Dayton, Ohio	77	49	23	3	1	3
Detroit, Mich.	334	182	94	29	15	5
Evansville, Ind.	38	25	11	–	2	3
Fort Wayne, Ind.	45	32	10	–	2	4
Gary, Ind.	30	18	5	4	–	10
Grand Rapids, Mich.	61	40	18	2	1	4
Indianapolis, Ind.	160	91	42	16	6	1
Madison, Wis.	29	18	6	3	1	4
Milwaukee, Wis.	129	89	24	6	7	2
Peoria, Ill.	30	18	8	1	1	–
Rockford, Ill.	37	26	7	2	2	3
South Bend, Ind.	35	24	9	–	–	3
Toledo, Ohio	95	64	26	2	2	1
Youngstown, Ohio	66	39	21	5	–	3
WEST NORTH CENTRAL	790	533	177	36	21	41
Des Moines, Iowa	71	48	14	3	4	2
Duluth, Minn.	31	20	9	1	–	2
Kansas City, Kans.	39	24	9	4	–	4
Kansas City, Mo.	127	84	34	6	–	7
Lincoln, Nebr.	31	20	9	–	1	2
Minneapolis, Minn.	94	62	20	6	2	4
Omaha, Nebr.	90	63	18	4	3	5
St. Louis, Mo.	197	137	37	10	8	9
St. Paul, Minn.	60	40	15	–	3	1
Wichita, Kans.	50	35	12	2	–	5
SOUTH ATLANTIC	1,168	641	325	73	73	51
Atlanta, Ga.	135	59	45	8	14	6
Baltimore, Md.	187	105	45	16	8	8
Charlotte, N. C.	67	33	25	5	2	2
Jacksonville, Fla.	74	47	17	2	2	–
Miami, Fla.	115	68	29	8	6	5
Norfolk, Va.	69	38	13	6	7	4
Richmond, Va.	87	47	27	3	5	7
Savannah, Ga.	46	26	13	4	1	4
St. Petersburg, Fla.	93	83	7	2	–	1
Tampa, Fla.	86	46	27	6	3	9
Washington, D. C.	147	57	61	8	18	2
Wilmington, Del.	62	32	16	5	7	3
EAST SOUTH CENTRAL	746	444	176	61	26	31
Birmingham, Ala.	123	72	26	13	4	–
Chattanooga, Tenn.	81	40	26	12	1	5
Knoxville, Tenn.	55	36	13	2	2	–
Louisville, Ky.	135	91	27	8	3	12
Memphis, Tenn.	170	104	34	12	10	3
Mobile, Ala.	51	31	14	3	–	–
Montgomery, Ala.	39	20	10	3	2	4
Nashville, Tenn.	92	50	26	8	4	7
WEST SOUTH CENTRAL	1,082	611	295	69	52	37
Austin, Tex.	55	33	13	4	2	3
Baton Rouge, La.	47	18	19	6	1	2
Corpus Christi, Tex.	21	14	4	1	1	1
Dallas, Tex.	191	111	51	10	13	3
El Paso, Tex.	67	35	19	4	4	6
Fort Worth, Tex.	81	43	23	3	7	–
Houston, Tex.	200	98	69	25	3	3
Little Rock, Ark.	41	30	10	–	1	–
New Orleans, La.	96	56	13	4	7	2
San Antonio, Tex.	121	80	22	4	7	3
Shreveport, La.	67	36	26	1	4	4
Tulsa, Okla.	95	57	26	7	2	10
MOUNTAIN	556	340	136	37	26	35
Albuquerque, N. Mex.	57	36	14	4	2	11
Colorado Springs, Colo.	24	13	6	3	1	6
Denver, Colo.	128	69	44	6	4	4
Las Vegas, Nev.	39	15	12	5	4	3
Ogden, Utah	25	17	6	2	–	2
Phoenix, Ariz.	134	80	31	10	9	3
Pueblo, Colo.	23	19	4	–	–	1
Salt Lake City, Utah	48	34	4	3	6	3
Tucson, Ariz.	78	57	15	4	–	2
PACIFIC	1,709	1,081	431	99	52	66
Berkeley, Calif.	18	16	1	–	1	–
Fresno, Calif.	60	38	13	4	3	2
Glendale, Calif.	25	18	6	1	–	2
Honolulu, Hawaii	66	31	26	5	2	–
Long Beach, Calif.	127	76	41	7	1	2
Los Angeles, Calif.	454	298	98	33	13	17
Oakland, Calif.	79	56	18	2	2	2
Pasadena, Calif.	32	21	9	1	–	–
Portland, Oreg.	150	103	35	3	4	23
Sacramento, Calif.	64	40	19	2	2	–
San Diego, Calif.	150	87	33	8	13	4
San Francisco, Calif.	186	111	56	12	3	3
San Jose, Calif.	59	39	11	6	–	3
Seattle, Wash.	157	93	43	13	4	3
Spokane, Wash.	42	29	9	2	2	3
Tacoma, Wash.	40	25	13	–	2	2
Total	12,337	7,519	3,172	761	456	548
Expected Number	12,977	7,826	3,458	826	386	535

*Estimate based on average percent of divisional total

EPIDEMIOLOGIC NOTES AND REPORTS
INFLUENZA – United States, the World

United States

Decreases in the number of emergency and routine physician visits related to upper respiratory infection, school and industrial absenteeism, and influenza A virus isolates indicate a nationwide lessening of influenza activity in the United States. Of 317 specimens submitted to World Health Organization (WHO) cooperating laboratories in the United States during the week ending March 7, 28 were positive for influenza A as compared with 173 of 620 specimens reported for the week ending January 24 (Figure 2).

Four hundred and twelve influenza A strains isolated this season in the United States have been tested at the WHO Influenza Laboratory, CDC, and found to be closely related to A/Port Chalmers/1/73, the antigen contained in the current vaccine. Influenza A/Georgia/1/75, which is representative of the current strains, reacts with A/Port Chalmers/1/73 ferret antiserum nearly as well as the homologous A/Port Chalmers/1/73 virus does in HI testing (Table 2). Influenza A/Georgia/101/74, which was representative of several strains isolated in mid-1974, demonstrated an antigenic drift away from A/Port Chalmers/1/73. However, this strain did not become prevalent in the current season.

The World

In western Europe and Australia, some strains isolated during recent epidemics have shown a significant drift away from A/Port Chalmers/1/73. Influenza A/Scotland/840/74, which has an HI titer 8-fold lower than the homologous titer with A/Port Chalmers/1/73 ferret antiserum (Table 2), has been isolated with increasing frequency during recent months in the United Kingdom. Strains similar to A/Scotland have also been isolated in the Netherlands, Italy, south India, and south Australia. Other influenza strains which show a significant antigenic drift away from A/Port Chalmers/1/73 have been isolated this winter as a small proportion of the strains tested in France, Spain, Switzerland, and Norway.

(Reported by Geoffrey C Schild, WHO Collaborating Centre for Influenza, National Institute for Medical Research, Mill Hill, London NW 7 1 AA, England; Marguerite S Pereira, Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London NW 9 5 HT, England; the WHO Collaborating Center for Influenza, Respiratory Virology Branch, Virology Division, Bureau of Laboratories, and the Viral Diseases Division, Bureau of Epidemiology, CDC.)

Editorial Note

The overall number of reported pneumonia and influenza deaths in 121 U.S. cities is below the epidemic threshold for the first time in the current season (Figure 3). Excess activity is occurring only in the Mountain and Pacific regions. Although influenza activity continues at a lowered level, active surveillance is being maintained.

Figure 2
INFLUENZA A VIRAL ISOLATES REPORTED BY WORLD HEALTH ORGANIZATION COOPERATING LABORATORIES, 1974 AND 1975

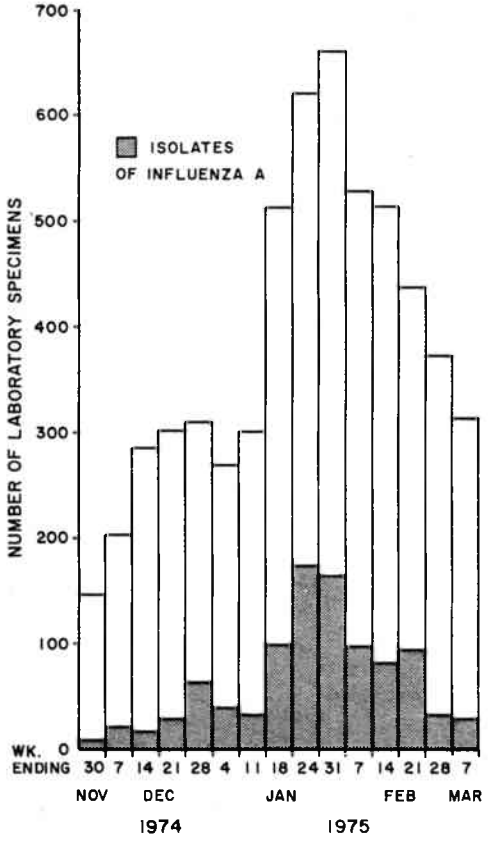


Table 2
Antigenic Cross-reactions of Various Influenza A Viruses as Indicated by Hemagglutination Inhibition (HI) Tests*

Antigen	Ferret Antisera					
	A/HK/8/68	A/Eng/42/73	A/Pt Ch/1/73	A/Ga/101/74	A/Ga/1/75	A/Scot/840/74
A/Hong Kong/8/68	**1920**	1920	80	80	80	<40
A/England/42/72	480	**4840**	640	60	320	60
A/Pt. Chalmers/1/73	160	640	**1280**	240	640	160
A/Georgia/101/74	160	320	320	**640**	240	60
A/Georgia/1/75	240	640	960	240	**640**	80
A/Scotland/840/74	40	160	160	40	80	**640**

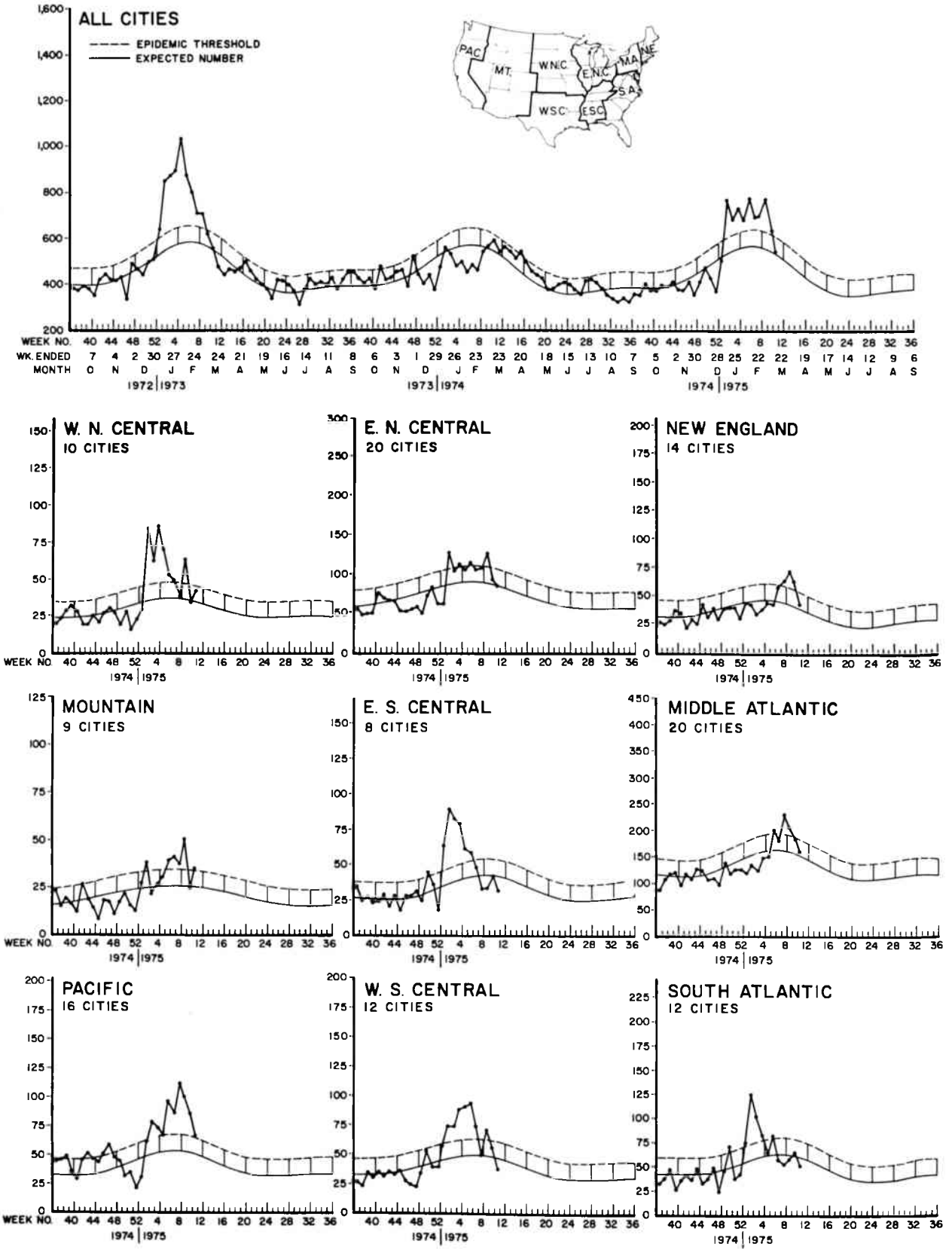
*Average of two tests.

To identify and characterize influenza strains, each virus isolate is tested with reference antisera. The resulting HI titers are compared with the titers given by homologous virus controls (reading vertically). An isolate which reacts with a reference antiserum at a titer equal to that of the reference homologous virus (± one 2-fold dilution) is considered to resemble closely the reference virus in its hemagglutinin antigen.

Thus, HI testing with A/Port Chalmers/1/73 serum demonstrates that A/Georgia/1/75 (titer of 960) closely resembles A/Port Chalmers/1/73 (homologous titer 1280); while A/Georgia/101/74 and A/Scotland/840/74 with titers 4-fold and 8-fold lower than the homologous A/Port Chalmers/1/73 titer show more antigenic drift from this reference strain.

INFLUENZA – Continued

Figure 3
PNEUMONIA-INFLUENZA DEATHS IN 121 UNITED STATES CITIES



INTERNATIONAL NOTES
QUARANTINE MEASURES

The January 1, 1974, modification of the International Health Regulations eliminated the requirement that International Certificates of Vaccination must be signed by a medical practitioner. It enabled the Public Health Service to authorize physicians to designate persons under their supervision to sign the Certificates.

Information has been received that international travelers have experienced difficulties with the health authorities in Australia because of non-acceptance of International Certificates which have been signed by someone other than a physician. The World Health Organization has asked that Australia reconsider the situation; however, Australia is not bound by the International Health Regulations and consequently is under no legal obligation to adopt a specific procedure that has the approval of the World Health Assembly.

Until further information is received and to facilitate travel, it is suggested that all International Certificates of Vaccination required for an itinerary which includes Australia be signed by the physician responsible for administering the vaccine. (Note: No Certificates are required for direct travel to Australia from the United States by the trans-Pacific air routes.)

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

BULGARIA: *Smallpox*–in the note concerning Asia delete China (Peking).

BURUNDI: *Smallpox*–under the code delete >3 months; insert >1 year.

GUINEA-BISSAU: *Yellow fever*–insert code I >1 year. Except that NO Certificate is required from travelers who arrive from a non-infected area and stay less than 2 weeks. *Smallpox*–insert code I >3 months.

NAMBIA: *Cholera*–delete all information.

NETHERLANDS: *Smallpox*–delete all information. Insert code II. A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.

PANAMA: *Yellow fever*–delete note. *Cholera*–insert: Panama recommends vaccination.

PORTUGUESE GUINEA: delete (see Guinea-Bissau).

SAMOA, AMERICAN: *Smallpox*–change code to II; delete note.

SAUDI ARABIA: *Cholera*–insert code II. Delete the note and insert: During the period from 13 January 1975 to 5 October 1975, a Certificate is ALSO required from travelers arriving from all countries any part of which is infected.

SOMALI: *Yellow fever*–delete the note.

SWITZERLAND: *Smallpox*–delete all information. Insert code II. A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.

THAILAND: *Cholera*–delete all information.

TUNISIA: *Smallpox*–insert: A Certificate is ALSO required from travelers arriving from all countries any part of which is infected.

UGANDA: *Yellow fever*–change code to I.

UNION OF SOVIET SOCIALIST REPUBLICS: *Smallpox*–The Americas: delete USA and Canada, insert All North and South American countries.

UNITED KINGDOM: *Smallpox*–delete all information. Insert code II. A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.

YUGOSLAVIA: *Smallpox*– under the code insert >1 year. In the note concerning Europe insert: EXCEPT the Azores.

ZAMBIA: *Cholera*–insert code II >1 year. *Yellow fever*–under the code insert >1 year. *Smallpox*–under the code insert >6 months.

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

ARIZONA – Phoenix
Maricopa County Health Dept. 85006
Change zip code to 85001
Change hours to Fri., 2 p.m.

CALIFORNIA – El Segundo
Sepulveda Medical Group 90245
Change phone to: 322-5393

COLORADO – Denver
Dept. of Health and Hospitals 80204
Change address to 605 Bannock Street
Add to hours: By appointment

INDIANA – Gary
City Health Dept. 46407
Change name to City Board of Health
Change hours to: By appointment

IOWA – Iowa City
University Hospital 52240
Change telephone area code to 319

KANSAS – Mission
Johnson County Health Dept. 66202
Change hours to: By appointment, Fri., 1 p.m.

LOUISIANA – Marrero
West Bank Surgical Clinic 70072
4475 Expressway
Change name to Logan and Nelson Clinic

LOUISIANA – Shreveport
Caddo-Shreveport Health Unit 71103
Change to: Fee charged

MASSACHUSETTS – Worcester
Immunization Clinic
Dept. of Public Health 01604
Change name to City Health Dept.
Change phone to: 798-8111

NEW YORK – Poughkeepsie
Dutchess County Health Dept. 12601
Change hours to: Second and fourth Thurs., each month, 3-4 p.m.

OHIO – Athens
Hudson Health Center 45701
Change telephone area code to 614

PENNSYLVANIA – Philadelphia
U.S. Public Health Service
Outpatient Clinic 19106
Change hours to Thurs., 2-3 p.m.

TENNESSEE – Chattanooga
Chattanooga-Hamilton County Health Dept. 37403
Change phone to: 757-2078 or 757-2082

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The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

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

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