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Morbidity and Mortality

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WEEKLY REPORT

For Week Ending April 12, 1975

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

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EPIDEMIOLOGIC NOTES AND REPORTS

MEASLES – Hawaii

Thirteen cases of confirmed measles were reported to the Hawaii State Health Department from Kailua on the island of Oahu in February and March 1975. The initial case occurred February 5 in a 4-year-old boy, and 4 additional cases occurred 2 weeks later among students at the Kailua Intermediate School. None of the children had been immunized against measles. Epidemiologic investigation by the Epidemiology Branch of the State Health Department did not demonstrate the source of exposure of the initial case, nor contact between the first case and the Intermediate School students. By March 4, 7 additional cases had occurred in students at the Intermediate School, and a single case had been identified at the Kailua High School.

Control measures included a media campaign to urge parents to have their children immunized and an immuniza-

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

DISEASE	15th WEEK ENDING April 12, 1975	15th WEEK ENDING April 13, 1974	MEDIAN 1970-1974	CUMULATIVE, FIRST 15 WEEKS 1975	CUMULATIVE, FIRST 15 WEEKS 1974	CUMULATIVE, FIRST 15 WEEKS MEDIAN 1970-1974
Aseptic meningitis	41	34	31	532	494	494
Brucellosis	8	3	5	44	30	34
Chickenpox	4,040	3,894	– – –	60,856	56,385	– – –
Diphtheria	5	16	3	134	69	66
Encephalitis: Primary	12	14	23	190	249	273
Encephalitis: Post-Infectious	7	3	5	73	55	74
Hepatitis, Viral: Type B	229	199	162	3,098	2,591	2,415
Hepatitis, Viral: Type A	667	861	1,121	10,411	12,821	16,241
Hepatitis, Viral: Type unspecified	152	189		2,235	2,436	
Malaria	4	2	15	74	43	421
Measles (rubeola)	1,021	834	1,428	7,976	8,795	12,844
Meningococcal infections, total	30	40	40	506	516	516
Civilian	29	39	39	492	504	504
Military	1	1	1	14	12	23
Mumps	1,721	1,505	2,448	23,065	25,200	31,718
Pertussis	20	24	– – –	330	387	– – –
Rubella (German measles)	810	453	1,838	5,741	4,514	13,032
Tetanus	2	–	1	18	14	20
Tuberculosis	610	581	– – –	8,680	8,317	– – –
Tularemia	–	–	–	14	27	28
Typhoid fever	5	4	5	69	91	73
Typhus, tick-borne (Rky. Mt. spotted fever)	3	1	1	16	16	11
Venereal Diseases:						
Gonorrhea: Civilian	16,917	16,755	– – –	265,613	242,257	– – –
Gonorrhea: Military	426	573	– – –	8,462	7,906	– – –
Syphilis, primary and secondary: Civilian	472	487	– – –	7,486	7,028	– – –
Syphilis, primary and secondary: Military	12	8	– – –	100	130	– – –
Rabies in animals	46	83	96	576	844	1,004

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Poliomyelitis, total:	2
Botulism:*	9	Paralytic:	1
Congenital rubella syndrome:	6	Psittacosis: Conn. 1	11
Leprosy: Calif. 10, La. 1, Tex. 1	65	Rabies in man:	1
Leptospirosis: Mo. 1	12	Trichinosis: Minn. 1, N.J. 1	31
Plague:	1	Typhus, murine:	6

*Delayed report: Botulism: Wash. 1

MEASLES – Continued

tion program in the intermediate and high schools beginning March 3.

(Reported by Kevin Murphy, Public Health Advisor, Ned H Wiebenga, MD, Chief, Epidemiology Branch, Andrew Sackett, MD, Chief, Communicable Disease Division, Hawaii State Health Department; and an EIS Officer.)

Editorial Note

Through March 29, 19 cases of measles have been reported to the Hawaii State Health Department, double the number reported for the corresponding period in 1974. Reported measles for the entire country, however, is 15% lower than last year. Wide regional variations in measles reporting are occurring; many areas which were relatively free of measles last year are reporting transmission of disease this year and vice versa. As shown in this outbreak, early reporting and prompt investigation are becoming increasingly important aspects of measles control efforts in the United States.

INTERNATIONAL NOTES
JUNGLE YELLOW FEVER – Ecuador, Colombia

ECUADOR

In January 1975, 2 fatal cases of yellow fever were diagnosed in the Napo Province of eastern Ecuador, approximately 159 km east of Quito (Figure 1).

Case 1

On January 17, 1975, a 15-year-old boy living in Lumbaqui had onset of fever, myalgia, nausea, and vomiting. He was admitted to the hospital at Lago Agrio on January 22, where he had jaundice, epistaxis, and black vomitus. He died on January 25. A liver specimen was obtained by viscerotomy, and the histopathologic diagnosis of yellow fever was made at the National Institute of Health (NIH), Guayaquil.

Before becoming ill, the patient had cleared brush and cut trees for several days in the forest within 2 km of his house.

Case 2

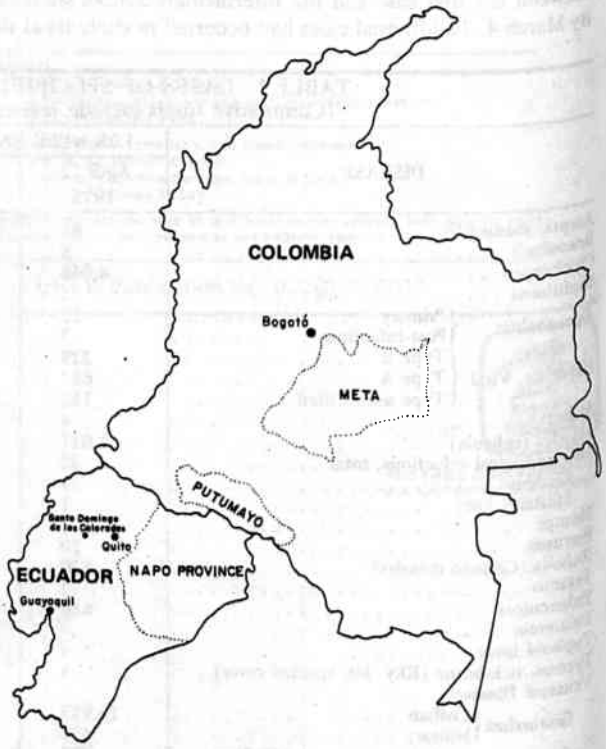
A 36-year-old man living 4 km from the patient in Case 1 had onset of fever, myalgia, and headache on January 22, 1975. He was seen at the hospital in Lago Agrio and subsequently evacuated by air to Quito, where he had onset of jaundice and hematemesis and died on January 29. A liver sample examined at NIH, Guayaquil, confirmed the clinical diagnosis of yellow fever.

The patient, who was a farmer, had cleared brush and cut trees in the area immediately surrounding his house, 50-100 meters from the high canopy forest.

The geographic region involved in these 2 cases lies in an area of largely undisturbed equatorial rain forest in the Amazon basin of eastern Ecuador. The cases occurred approximately 1 month after the start of the rainy (hot) season, which lasts from December to May. Coinciding with the exploration for oil and the construction of roads, human settlement in this region began in 1970-1971.

Investigations begun in late January have failed to reveal further acute cases of suspected yellow fever. Information from villagers, however, indicated that several deaths with fever and black vomitus may have occurred in December 1974 approximately 35 km south of Lago Agrio. Also, villagers reported seeing dead monkeys 15 km west of Lago Agrio in early January.

Figure 1
THREE AREAS WITH JUNGLE YELLOW FEVER
NOVEMBER 1974–FEBRUARY 1975
ECUADOR, COLOMBIA



Beside surveillance activities, a retrospective sero-survey of humans and wild monkeys was conducted; and mosquitoes were collected in the area of the confirmed cases. Both *Sabethes* and *Hemagogus* species were found biting at ground level and in the forest canopy. *Sabethes* were also present in partially cleared areas and in and around houses.

(Continued on page 139)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING APRIL 12, 1975 AND APRIL 13, 1974 (15th WEEK)

AREA	ASEPTIC MENIN-GITIS	BRUCEL-LOSIS	CHICKEN-POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod-borne and Unspecified		Post In-fectious	Type B	Type A	Type Unspecified		
	1975	1975	1975	1975	Cum. 1975	1975	1974	1975	1975	1975	1975	1975	Cum. 1975
UNITED STATES	41	8	4,040	5	134	12	14	7	229	667	152	4	74
NEW ENGLAND	1	–	469	–	–	1	–	–	5	24	14	–	4
Maine *	–	–	–	–	–	–	–	–	–	–	–	–	1
New Hampshire	–	–	9	–	–	–	–	–	1	7	–	–	–
Vermont	–	–	16	–	–	–	–	–	–	2	–	–	–
Massachusetts	1	–	197	–	–	1	–	–	–	6	12	–	2
Rhode Island	–	–	91	–	–	–	–	–	1	7	–	–	–
Connecticut	–	–	156	–	–	–	–	–	3	2	2	–	1
MIDDLE ATLANTIC	1	1	322	–	1	–	1	1	20	70	29	1	11
Upstate New York	–	–	171	–	–	–	1	1	3	9	–	–	3
New York City	1	–	151	–	–	–	–	–	2	13	–	1	4
New Jersey	–	–	NN	–	–	–	–	–	11	28	26	–	3
Pennsylvania *	–	1	–	–	1	–	–	–	4	20	3	–	1
EAST NORTH CENTRAL	2	1	1,440	–	1	6	5	4	28	100	4	–	1
Ohio	–	–	140	–	–	4	2	2	7	37	–	–	–
Indiana	–	–	97	–	–	–	–	–	1	20	–	–	–
Illinois	2	–	–	–	–	2	1	–	2	12	1	–	1
Michigan	–	–	673	–	1	–	2	2	13	23	3	–	–
Wisconsin *	–	1	530	–	–	–	–	–	5	8	–	–	–
WEST NORTH CENTRAL	–	–	397	–	–	–	1	–	22	31	5	–	3
Minnesota	–	–	28	–	–	–	–	–	15	5	–	–	1
Iowa	–	–	335	–	–	–	–	–	3	–	2	–	–
Missouri *	–	–	2	–	–	–	1	–	2	8	3	–	2
North Dakota	–	–	16	–	–	–	–	–	–	2	–	–	–
South Dakota	–	–	1	–	–	–	–	–	–	3	–	–	–
Nebraska	–	–	15	–	–	–	–	–	–	3	–	–	–
Kansas	–	–	–	–	–	–	–	–	2	10	–	–	–
SOUTH ATLANTIC	12	2	361	–	–	3	5	–	35	98	25	1	11
Delaware	–	–	6	–	–	–	–	–	3	–	–	–	–
Maryland	–	–	63	–	–	–	1	–	3	8	2	–	1
District of Columbia	–	–	25	–	–	–	–	–	1	2	–	–	–
Virginia	1	1	55	–	–	1	2	–	4	12	4	–	4
West Virginia	1	–	182	–	–	–	–	–	–	1	–	–	1
North Carolina	–	1	NN	–	–	–	1	–	5	15	5	1	3
South Carolina	2	–	30	–	–	–	–	–	2	3	6	–	–
Georgia	–	–	–	–	–	–	–	–	–	–	–	–	–
Florida	8	–	–	–	–	2	1	–	17	57	8	–	2
EAST SOUTH CENTRAL	3	2	123	–	–	–	1	–	22	85	2	–	6
Kentucky	1	–	102	–	–	–	–	–	4	45	–	–	2
Tennessee	1	2	NN						8	21	1	–	–
Alabama	–	–	14	–	–	–	–	–	8	12	1	–	3
Mississippi	1	–	7	–	–	–	1	–	2	7	–	–	1
WEST SOUTH CENTRAL	8	2	548	–	1	1	–	1	29	124	19	–	7
Arkansas	–	–	1	–	–	–	–	–	8	15	–	–	1
Louisiana *	4	–	NN	–	–	1	–	–	13	23	8	–	–
Oklahoma	–	–	64	–	–	–	–	–	1	5	1	–	1
Texas	4	2	483	–	1	–	–	1	7	81	10	–	5
MOUNTAIN	–	–	65	–	12	1	–	–	9	40	27	–	10
Montana	–	–	25	–	–	1	–	–	–	2	1	–	–
Idaho	–	–	–	–	–	–	–	–	–	7	1	–	–
Wyoming	–	–	3	–	–	–	–	–	–	–	–	–	–
Colorado	–	–	29	–	–	–	–	–	2	1	12	–	8
New Mexico	–	–	4	–	1	–	–	–	4	11	1	–	–
Arizona	–	–	–	–	11	–	–	–	1	13	4	–	2
Utah	–	–	2	–	–	–	–	–	2	3	8	–	–
Nevada	–	–	2	–	–	–	–	–	–	3	–	–	–
PACIFIC	14	–	315	5	119	–	1	1	59	95	27	2	21
Washington	1	–	209	5	116	–	–	–	5	6	12	–	2
Oregon	1	–	1	–	–	–	–	1	12	9	3	–	–
California *	3	–	–	–	2	–	1	–	40	72	11	2	18
Alaska	–	–	8	–	1	–	–	–	1	1	–	–	–
Hawaii	9	–	97	–	–	–	–	–	1	7	1	–	1
Guam *	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico	–	–	24	–	–	–	–	–	–	7	–	–	1
Virgin Islands	–	–	27	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Wis. delete 2, Mo. delete 1, La. 1
Chickenpox: Me. 29, Calif. 3, Guam 31
Encephalitis, primary: La. delete 1
Hepatitis B: (1974) Pa. 3
Hepatitis A: Guam 6, (1974) Pa. 12
Hepatitis, unspecified: Guam 4, (1974) Pa. 2
Malaria: Me. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING APRIL 12, 1975 AND APRIL 13, 1974 (15th WEEK) – Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1975	Cumulative 1975	Cumulative 1974	1975	Cumulative 1975	Cumulative 1974	1975	Cum. 1975	1975	1975	Cum. 1975	Cum. 1975
UNITED STATES	1,021	7,976	8,795	30	506	516	1,721	23,065	20	810	5,741	18
NEW ENGLAND	7	74	463	–	32	30	47	897	2	56	955	–
Maine *	–	5	24	–	4	1	–	50	–	–	17	–
New Hampshire	–	18	204	–	1	6	1	56	2	2	236	–
Vermont	1	1	18	–	–	–	–	5	–	–	24	–
Massachusetts	3	26	127	–	9	7	5	115	–	43	466	–
Rhode Island	–	1	53	–	3	6	18	378	–	1	13	–
Connecticut *	3	23	37	–	15	10	23	293	–	10	199	–
MIDDLE ATLANTIC	37	405	3,293	1	36	66	86	1,133	–	127	660	2
Upstate New York *	12	124	52	–	13	26	29	494	–	9	61	–
New York City	8	62	192	–	7	12	21	229	–	3	68	1
New Jersey	1	125	2,685	–	4	23	12	198	–	113	406	1
Pennsylvania	16	94	364	1	12	5	24	212	–	2	125	–
EAST NORTH CENTRAL	231	2,578	3,505	9	81	57	533	9,817	1	90	1,382	–
Ohio	11	53	1,473	2	15	20	66	922	–	–	70	–
Indiana	14	172	111	–	4	4	75	1,097	–	13	197	–
Illinois	52	535	655	3	14	7	67	994	–	14	135	–
Michigan	119	1,356	1,078	4	39	16	183	4,640	–	37	727	–
Wisconsin *	35	462	188	–	9	10	142	2,164	1	26	253	–
WEST NORTH CENTRAL	431	2,388	230	–	30	35	144	1,786	3	54	444	1
Minnesota	–	–	76	–	6	14	–	25	–	–	12	–
Iowa	4	207	7	–	4	5	39	505	–	1	9	–
Missouri *	7	105	40	–	16	9	4	429	3	8	130	1
North Dakota	75	449	24	–	–	1	16	297	–	2	45	–
South Dakota	3	209	21	–	–	2	–	4	–	–	2	–
Nebraska	6	192	2	–	1	1	5	11	–	–	5	–
Kansas	336	1,226	60	–	3	3	80	515	–	43	241	–
SOUTH ATLANTIC	25	106	292	5	102	97	164	1,502	1	34	356	6
Delaware	–	1	3	1	3	3	–	5	–	–	6	–
Maryland	–	–	21	–	5	13	5	37	–	–	1	–
District of Columbia	–	–	2	–	4	–	5	34	–	–	–	–
Virginia	1	10	12	–	11	15	25	325	1	–	23	–
West Virginia	24	74	67	–	4	4	76	633	–	4	72	–
North Carolina	–	1	2	–	18	20	3	34	–	–	5	2
South Carolina	–	1	26	1	13	9	1	25	–	27	215	2
Georgia	–	–	1	1	8	4	–	–	–	–	–	–
Florida	–	19	158	2	36	29	49	409	–	3	34	2
EAST SOUTH CENTRAL	3	94	58	5	68	55	125	1,940	1	114	401	1
Kentucky	2	57	44	3	26	26	21	843	–	64	129	1
Tennessee	1	32	1	2	25	24	100	863	–	50	256	–
Alabama	–	1	3	–	10	5	1	171	–	–	11	–
Mississippi	–	4	11	–	7	–	3	63	1	–	5	–
WEST SOUTH CENTRAL	9	102	99	4	89	103	322	2,123	8	58	368	4
Arkansas	–	–	4	–	4	8	–	21	–	–	–	–
Louisiana	–	–	7	1	17	15	12	199	1	24	142	2
Oklahoma	–	17	12	1	9	12	14	77	6	3	64	–
Texas	9	85	76	2	59	68	296	1,826	1	31	162	2
MOUNTAIN	53	570	373	–	15	13	43	278	2	27	268	–
Montana	–	–	193	–	2	1	–	3	–	20	191	–
Idaho	–	4	44	–	1	1	–	3	2	–	7	–
Wyoming	–	–	–	–	–	2	–	–	–	–	–	–
Colorado	49	554	25	–	6	2	33	166	–	6	49	–
New Mexico	–	2	37	–	3	2	3	15	–	1	9	–
Arizona	–	4	6	–	1	3	–	–	–	–	2	–
Utah	–	–	–	–	2	1	–	46	–	–	7	–
Nevada	4	6	68	–	–	1	7	45	–	–	3	–
PACIFIC	225	1,659	482	6	53	60	257	3,589	2	250	907	4
Washington	–	51	35	1	8	7	159	1,991	–	15	156	–
Oregon	–	52	–	–	–	7	31	236	–	–	65	–
California	225	1,522	430	5	45	41	65	1,321	–	235	681	4
Alaska	–	–	–	–	–	2	1	31	2	–	–	–
Hawaii	–	34	17	–	–	3	1	10	–	–	5	–
Guam *	–	5	4	–	1	1	–	13	–	–	1	–
Puerto Rico	6	209	259	–	1	–	19	300	–	–	14	8
Virgin Islands	–	4	10	–	–	–	57	87	–	–	2	–

*Delayed reports: Measles: Me. 1, Wis. 5, Guam 1
Meningococcal infections: Me. 2, Mo. 1, Guam 1
Mumps: Me. 2
Rubella: Conn. 112, Wis. delete 2, Mo. 1
(1974) N.Y. Ups. 109

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING APRIL 12, 1975 AND APRIL 13, 1974 (15th 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	610	8,680	14	5	69	3	16	16,917	265,613	242,257	472	7,486	7,028	576
NEW ENGLAND	27	316	–	1	8	–	–	626	7,536	6,139	15	268	264	12
Maine	–	23	–	–	–	–	–	23	424	448	–	4	11	11
New Hampshire	1	14	–	–	–	–	–	10	233	175	–	10	4	–
Vermont *	–	5	–	–	–	–	–	17	157	175	1	4	1	–
Massachusetts	25	167	–	1	4	–	–	330	3,671	2,872	8	177	188	–
Rhode Island	–	37	–	–	–	–	–	66	561	496	–	4	5	–
Connecticut	1	70	–	–	4	–	–	180	2,490	1,973	6	69	55	1
MIDDLE ATLANTIC	121	1,502	2	–	12	–	–	2,169	32,272	30,023	82	1,378	1,507	15
Upstate New York	21	199	1	–	3	–	–	157	5,623	5,622	5	140	151	13
New York City	52	674	–	–	4	–	–	1,007	14,670	12,624	54	809	858	–
New Jersey	15	277	1	–	2	–	–	373	4,127	4,441	14	214	248	–
Pennsylvania *	33	352	–	–	3	–	–	632	7,852	7,336	9	215	250	2
EAST NORTH CENTRAL	71	1,284	–	–	8	–	1	2,398	43,821	38,531	62	613	587	17
Ohio *	22	386	–	–	1	–	1	591	11,655	10,589	10	129	77	3
Indiana	6	176	–	–	–	–	–	60	3,771	3,457	–	41	54	–
Illinois	32	331	–	–	6	–	–	928	15,046	11,974	45	303	305	2
Michigan	9	364	–	–	1	–	–	516	8,918	9,158	6	105	121	–
Wisconsin	2	27	–	–	–	–	–	303	4,431	3,353	1	35	30	12
WEST NORTH CENTRAL	14	317	4	–	3	–	–	918	12,835	12,361	11	165	162	129
Minnesota	1	44	–	–	1	–	–	182	2,664	2,718	1	17	17	41
Iowa	3	29	–	–	–	–	–	40	1,522	1,769	–	9	13	25
Missouri	8	173	3	–	2	–	–	371	4,721	3,936	6	101	106	14
North Dakota	–	1	–	–	–	–	–	6	199	206	–	3	1	32
South Dakota	–	15	–	–	–	–	–	36	536	547	–	3	1	–
Nebraska	–	9	–	–	–	–	–	97	1,116	993	–	3	3	2
Kansas	2	46	1	–	–	–	–	186	2,077	2,192	4	29	21	15
SOUTH ATLANTIC	133	2,029	4	2	5	2	9	4,330	65,901	60,409	175	2,343	2,226	97
Delaware	8	44	–	–	–	–	–	88	974	892	2	26	23	–
Maryland	26	327	–	–	–	–	–	490	7,405	5,543	16	185	238	–
District of Columbia	3	114	–	–	–	–	–	251	4,054	5,913	10	188	194	–
Virginia	15	233	2	1	2	2	2	374	6,651	5,483	15	198	264	56
West Virginia	2	76	–	–	–	–	–	66	804	708	–	9	8	1
North Carolina	37	314	–	–	2	–	7	601	9,681	8,116	3	276	244	1
South Carolina	5	117	2	1	1	–	–	369	6,156	6,353	7	173	187	2
Georgia	10	290	–	–	–	–	–	794	11,868	10,880	14	332	348	30
Florida	27	514	–	–	–	–	–	1,297	18,308	16,521	108	956	720	7
EAST SOUTH CENTRAL	58	729	2	–	2	–	2	1,582	21,747	20,676	25	336	362	68
Kentucky	11	130	1	–	1	–	1	222	2,847	2,539	4	54	82	52
Tennessee	20	274	1	–	–	–	–	564	8,646	8,118	8	123	140	7
Alabama	19	223	–	–	–	–	1	429	5,803	5,816	5	90	69	9
Mississippi	8	102	–	–	1	–	–	367	4,451	4,203	8	69	71	–
WEST SOUTH CENTRAL	96	985	2	1	2	1	4	2,233	33,656	32,097	39	681	640	156
Arkansas *	18	143	2	–	–	1	2	170	3,423	3,481	1	20	33	19
Louisiana *	20	148	–	–	–	–	–	335	6,323	6,919	11	161	188	3
Oklahoma	1	94	–	–	–	–	2	245	3,082	2,485	1	32	45	42
Texas	57	600	–	1	2	–	–	1,483	20,828	19,212	26	468	374	92
MOUNTAIN	30	195	–	–	3	–	–	633	10,318	8,696	7	190	168	26
Montana	4	6	–	–	–	–	–	62	609	514	–	3	–	12
Idaho	2	7	–	–	–	–	–	48	519	540	–	3	–	–
Wyoming	–	6	–	–	1	–	–	11	249	206	1	2	2	–
Colorado	–	–	–	–	–	–	–	136	2,715	2,467	–	37	37	–
New Mexico	4	41	–	–	1	–	–	92	1,812	1,204	–	53	31	10
Arizona	20	104	–	–	1	–	–	158	2,698	2,338	5	68	68	4
Utah	–	7	–	–	–	–	–	28	606	435	–	4	5	–
Nevada	–	24	–	–	–	–	–	98	1,110	992	1	20	25	–
PACIFIC	60	1,323	–	1	26	–	–	2,028	37,527	33,325	56	1,512	1,112	56
Washington	6	108	–	1	3	–	–	230	3,575	3,214	–	69	39	–
Oregon	4	55	–	–	–	–	–	203	3,127	2,888	3	34	25	–
California	39	1,017	–	–	23	–	–	1,462	29,231	25,872	50	1,392	1,036	53
Alaska *	–	11	–	–	–	–	–	62	932	709	–	1	–	3
Hawaii	11	132	–	–	–	–	–	71	662	642	3	16	12	–
Guam *	–	22	–	–	–	–	–	–	120	---	–	2	---	–
Puerto Rico	18	141	–	–	–	–	–	33	900	929	7	213	277	22
Virgin Islands	–	3	–	–	–	–	–	3	49	215	2	11	19	–

*Delayed reports: TB: La. delete 1, Alaska 5, (1974) Ohio delete 13
Gonorrhea: Pa. 289, Guam 22
Syphilis: Vt. delete 1, Pa. 13, Ark. 1, Guam 1

Week No. 15

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING APRIL 12, 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	677	423	188	29	19	34
Boston, Mass.	195	109	56	12	8	13
Bridgeport, Conn.	37	23	12	2	–	2
Cambridge, Mass.	26	21	4	1	–	2
Fall River, Mass.	22	16	5	1	–	–
Hartford, Conn.	61	35	20	3	3	4
Lowell, Mass.	22	19	3	–	–	1
Lynn, Mass.	13	11	2	–	–	1
New Bedford, Mass.	24	18	4	–	1	–
New Haven, Conn.	55	33	17	3	2	2
Providence, R. I.	82	50	24	3	4	4
Somerville, Mass.	5	2	2	–	–	–
Springfield, Mass.	53	35	14	2	1	4
Waterbury, Conn.	36	20	12	2	–	–
Worcester, Mass.	46	31	13	–	–	1
MIDDLE ATLANTIC	2,986	1,867	774	165	94	117
Albany, N. Y.	49	25	14	3	5	2
Allentown, Pa.	28	19	6	1	1	2
Buffalo, N. Y.	117	71	35	2	6	11
Camden, N. J.	40	21	16	1	–	4
Elizabeth, N. J.	29	19	6	2	2	–
Erie, Pa.	33	15	16	–	1	2
Jersey City, N. J.	50	36	13	–	1	3
Newark, N. J.	79	46	21	3	6	2
New York City, N. Y. †	1,324	855	324	71	31	58
Paterson, N. J.	35	21	5	6	3	2
Philadelphia, Pa.	596	349	157	46	25	5
Pittsburgh, Pa.	182	103	59	10	4	11
Reading, Pa.	44	33	8	2	–	3
Rochester, N. Y.	116	77	28	4	5	2
Schenectady, N. Y.	28	16	10	2	–	1
Scranton, Pa.	45	34	8	1	1	–
Syracuse, N. Y.	92	56	25	9	2	2
Trenton, N. J.	40	24	14	–	1	3
Utica, N. Y.	21	17	3	1	–	2
Yonkers, N. Y.	38	30	6	1	–	2
EAST NORTH CENTRAL	2,454	1,424	689	169	81	62
Akron, Ohio	66	45	9	5	5	2
Canton, Ohio	46	26	14	1	2	1
Chicago, Ill.	677	367	214	55	18	10
Cincinnati, Ohio	136	80	44	5	5	8
Cleveland, Ohio	207	116	64	11	8	7
Columbus, Ohio	92	50	27	9	4	1
Dayton, Ohio	116	70	34	5	1	2
Detroit, Mich.	301	148	100	24	12	6
Evansville, Ind.	42	30	8	2	1	–
Fort Wayne, Ind.	49	31	11	2	2	2
Gary, Ind.	39	17	10	6	1	4
Grand Rapids, Mich.	52	38	9	2	2	3
Indianapolis, Ind.	160	99	38	11	7	2
Madison, Wis.	32	15	11	3	–	2
Milwaukee, Wis.	137	83	35	10	5	3
Peoria, Ill.	49	34	10	2	2	–
Rockford, Ill.	37	27	5	2	2	4
South Bend, Ind.	34	25	7	2	–	1
Toledo, Ohio	124	89	23	8	4	–
Youngstown, Ohio	58	34	16	4	–	4
WEST NORTH CENTRAL	725	476	156	33	28	41
Des Moines, Iowa	57	40	12	2	1	–
Duluth, Minn.	21	11	7	–	3	3
Kansas City, Kans.	38	18	12	3	1	1
Kansas City, Mo.	115	74	27	5	5	4
Lincoln, Nebr.	27	21	4	–	–	5
Minneapolis, Minn.	100	76	16	1	3	2
Omaha, Nebr.	67	40	14	5	4	2
St. Louis, Mo.	204	130	47	12	4	16
St. Paul, Minn.	58	41	10	3	3	1
Wichita, Kans.	38	25	7	2	4	7
SOUTH ATLANTIC	1,277	701	366	91	69	48
Atlanta, Ga.	126	66	34	15	7	2
Baltimore, Md.	294	156	90	15	16	7
Charlotte, N. C.	61	38	12	4	3	1
Jacksonville, Fla.	101	59	29	7	3	1
Miami, Fla.	129	66	42	11	5	4
Norfolk, Va.	51	29	9	8	4	4
Richmond, Va.	88	41	35	5	6	7
Savannah, Ga.	33	21	9	2	–	6
St. Petersburg, Fla.	82	71	8	2	–	1
Tampa, Fla.	73	41	19	6	2	6
Washington, D. C.	178	78	59	13	23	7
Wilmington, Del.	61	35	20	3	–	2
EAST SOUTH CENTRAL	665	384	185	34	26	38
Birmingham, Ala.	88	46	34	1	3	1
Chattanooga, Tenn.	70	35	26	1	2	6
Knoxville, Tenn.	44	28	14	–	–	1
Louisville, Ky.	135	79	39	6	5	16
Memphis, Tenn.	145	83	29	13	10	4
Mobile, Ala.	49	31	5	8	3	1
Montgomery, Ala.	41	27	10	3	–	4
Nashville, Tenn.	93	55	28	2	3	5
WEST SOUTH CENTRAL	1,181	623	341	91	56	29
Austin, Tex.	47	29	9	3	–	3
Baton Rouge, La.	55	27	17	5	5	1
Corpus Christi, Tex.	46	26	14	2	2	–
Dallas, Tex.	193	96	56	17	12	2
El Paso, Tex.	45	19	15	6	4	2
Fort Worth, Tex.	102	64	25	2	4	–
Houston, Tex.	159	72	49	24	4	8
Little Rock, Ark.	73	33	25	6	2	3
New Orleans, La.	158	82	51	6	11	1
San Antonio, Tex.	162	93	41	13	8	2
Shreveport, La.	63	36	17	2	2	1
Tulsa, Okla.	78	46	22	5	2	6
MOUNTAIN	499	315	108	29	26	32
Albuquerque, N. Mex.	45	23	12	3	4	5
Colorado Springs, Colo.	22	16	5	1	–	7
Denver, Colo.	92	55	22	7	6	4
Las Vegas, Nev.	23	13	4	5	–	3
Ogden, Utah	24	18	1	3	2	–
Phoenix, Ariz.	133	97	19	6	5	5
Pueblo, Colo.	18	11	7	–	–	2
Salt Lake City, Utah	65	41	15	–	8	6
Tucson, Ariz.	77	41	23	4	1	–
PACIFIC	1,814	1,150	430	109	63	41
Berkeley, Calif.	22	12	7	3	–	–
Fresno, Calif.	62	37	15	5	2	1
Glendale, Calif.	28	26	2	–	–	1
Honolulu, Hawaii	56	31	16	6	2	–
Long Beach, Calif.	107	72	23	7	4	3
Los Angeles, Calif.	595	386	138	38	17	13
Oakland, Calif.	103	59	27	9	3	3
Pasadena, Calif.	37	25	7	1	3	–
Portland, Oreg.	133	86	31	2	5	4
Sacramento, Calif.	68	38	19	3	7	1
San Diego, Calif.	128	84	30	5	7	–
San Francisco, Calif.	160	92	48	13	3	4
San Jose, Calif.	64	43	14	5	–	–
Seattle, Wash.	180	111	42	10	4	9
Spokane, Wash.	46	28	8	1	6	1
Tacoma, Wash.	25	20	3	1	–	1
Total	12,278	7,363	3,237	750	462	442
Expected Number	12,500	7,487	3,346	810	374	464

†Delayed report for week ending April 5, 1975

JUNGLE YELLOW FEVER – Continued

A vaccination program, using 17D vaccine administered by syringe and needle, was initiated in February. To date, approximately 50% of the human population (40,000) of Napo Province have been immunized.

(Reported by Dr Vicente Cedeño, Chief, Division of Epidemiology, Dr Victor Reyes, Director, Malaria Eradication Services, Ministry of Public Health, Quito; Dr Manuel Arzube R, Chief, Entomology Department, Dr Fortunato Zerega P, Chief, Pathology Department, Dr Ernesto Gutierrez V, Chief, Virus Department, National Institute of Health (NIH), Guayaquil; and Vector-Borne Diseases Division, Bureau of Laboratories, CDC.)

COLOMBIA

An outbreak of 16 cases of jungle yellow fever was reported in the population of San Juan de Arama in the Department of Meta, Colombia, in November and December 1974; all cases resulted in death (Figure 1). The 16 deaths occurred among male farmers of the region whose ages ranged from 12 to 34 years.

Yellow fever morbidity in Colombia increased notably in 1974; 29 fatal cases were reported, all of them confirmed by histopathologic examination. The Department of Meta, which had 24 cases, is to the southeast of Bogota and forms part of an extensive plain reaching all the way to Venezuela. This area is excellent for cattle raising and also constitutes a zone of colonization in which the population is very mobile. In the past, the departments most affected by jungle yellow fever have been generally east of the Department of Meta. However, in January 1975, 2 confirmed fatal cases occurred in Puerto Asis, Putumayo, near the border with Ecuador.

(Reported by the World Health Organization: Weekly Epidemiological Record *50 (13):129, 27 March 1975.)*

Editorial Note

Jungle yellow fever is widespread throughout forested regions of South America, where evidence of a primate epizootic often precedes cases of jungle yellow fever in humans. Individuals who work during the day in the forest are most frequently affected, since they expose themselves to those mosquitoes which normally feed in the forest canopy.

From 1972 through April 9, 1975 the Pan American Health Organization's weekly epidemiologic reports list a total of 335 cases of jungle yellow fever in individuals from the following countries: Bolivia-109, Brazil-92, Colombia-48, Ecuador-2, Panama-4, Paraguay-9, Peru-40, Surinam-2, and Venezuela-29.

The 2 cases in Ecuador represent the first confirmed evidence of jungle yellow fever in humans in Ecuador since 1951, when an outbreak occurred in the northeast of the country at Santo Domingo de los Colorados and La Chorrera. Previously, jungle yellow fever had been confirmed only once (1949) in the area of Lorocachi in the eastern Amazon region of Ecuador. However, in 1968 possible cases based on clinical information were reported from the area of Lago Agrio (*1,2*).

Seventeen-D vaccine is a safe and highly effective prophylaxis against yellow fever. Although not required for entering the United States, it is recommended by CDC for travelers to forest areas such as those described above. Individual countries may have specific requirements, and travelers should consult the "Supplement-Health Information for International Travel," MMWR, Vol. 23, September 1974.

References

1. Solorzano EG: La fiebre amarilla en el Ecuador. Rev Ecuat Hig Med Trop 10:1, 1953
2. Gutierrez E: La fiebre amarilla en el Ecuador. Rev Ecuat Hig Med Trop 27:213, 1970

INFLUENZA – Great Britain

Although influenza A virus was identified by fluorescent antibody test in a patient in September 1974, laboratories in Great Britain did not begin reporting infections regularly until late November. Shortly before Christmas the number of influenza A cases identified by laboratories increased slightly and continued at a weekly level of about 25-35 cases after Christmas and in early January. Towards the end of January about 60-70 cases were being reported weekly, and the numbers slowly rose to about 150-175 cases each week in early March, about half the number reached in recent epidemic years. This pattern so far is similar to that which occurred in 1968-69, when the A/Hong Kong strain first appeared in England. In that winter moderate numbers of weekly reports were received from January to the middle of May.

In the October-December period, when few laboratory identifications were being reported, the Royal College of General Practitioners' returns of cases and Registrar General's notifications of deaths from influenza were at about the expected seasonal level in a non-epidemic year, as were the more indirect indices of influenza infection, such as deaths from pneumonia, weekly new sickness benefit claims, and the London Emergency Bed Service (EBS) applications.

Although laboratory reports have increased in number, the number of sickness benefit claims and the EBS applications have shown no undue increase. This trend suggests that the current influenza A outbreak has not as yet had an appreciable effect on morbidity in the general population. Nevertheless, several outbreaks of influenza in geriatric units have been reported by laboratories, and in 2 of these outbreaks considerable mortality was described. Moreover, the number of deaths attributed to influenza and pneumonia increased significantly towards the end of February and the beginning of March (although not the high levels often seen in influenza outbreaks in the British Isles); and the age distribution of these deaths from influenza has shown a considerable preponderance in those persons 65 years old and over.

(From notes based on reports to the Public Health Laboratory Service from Public Health and Hospital Laboratories with the United Kingdom and the Republic of Ireland, published in the British Medical Journal, April 12, 1975.)

EPIDEMIOLOGIC NOTES AND REPORTS

TYPHOID – New York City, Haiti

In late January 1975, the Bureau of Infectious Disease Control in New York City identified 2 new cases of typhoid fever which were associated with travel in Haiti. The 2 cases occurred in residents of Brooklyn who were epidemiologically unrelated except by their recent travel history. Both cases occurred 2-4 weeks after the return of the patients from vacations in Port au Prince and its environs.

As a result of these 2 recent cases, a review of all cases of typhoid fever occurring in New York City in 1974 and reported to the Bureau was undertaken. A total of 34 cases were reported and investigated (12 Manhattan, 10 Queens, 7 Brooklyn, 4 Bronx, 1 Richmond). Of the 34 cases, inadequate histories were noted in 2; 10 had neither travel history nor contact with a carrier; 7 were traced to asymptomatic family carriers discovered in the investigations. Of the remaining 15 cases, all were acquired abroad: 4 in Southeast Asia, 4 in Latin America, 3 in Europe, 2 in the Near East, and 2 in Haiti (September 1974). Thus in the past 8 months a total of 4 cases have been traced to recent residence in Haiti and more specifically to hotels in its capitol city Port au Prince. Although none of these 4 patients died, the overall mortality rate for typhoid fever in New York City for 1974 was 9% (3/34). As previously noted (MMWR, Vol. 23, No. 51), a number of cases of typhoid fever traced to recent travel to Haiti have occurred.

(Reported by Jennie Payne, Public Health Nurse Epidemiologist, Ivan R Koota, MD, Epidemiologist, John Welton, MPH, Epidemiologist, John S Marr, MD, Director, Bureau of Infectious Disease Control, New York City Department of Health; and an EIS Officer.)

Editorial Note

Since numerous Haitians live in New York City and since travel to Haiti has increased in the past few years, health professionals should be made aware that typhoid is endemic in that country. Former residents of Haiti and recent returnees from that country who present with fever of unknown origin or signs and symptoms compatible with typhoid fever should be carefully evaluated for the disease. People who plan to visit Haiti should also be notified about the problem and given typhoid immunization if their length of stay and travel itinerary in that country might put them at special risk.

The Morbidity and Mortality Weekly Report, circulation 45,000, is published by the Center for Disease Control, Atlanta, Ga.

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

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

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

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