



Morbidity and Mortality

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CURRENT TRENDS

UPDATE ON VIETNAMESE REFUGEE HEALTH STATUS

A total of 9 cases of typhoid fever have now been reported on Guam; all cases have been confirmed as due to *Salmonella typhi*. Epidemiologic and clinical data indicate that the first 4 cases were in persons exposed in Vietnam; while the last 5 were in persons who were most likely exposed either on Guam or on ships travelling to Guam. There is no evidence of a common source of infection on the island.

No new cases of dengue have been reported. Vector control activities have included aerial ultra-low-volume (ULV) spraying with malathion, which has significantly reduced the populations of *Aedes* mosquitoes, potential vectors of this disease, and has minimized the possibility of transmission within the refugee housing area or in adjacent areas. To date

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CONTENTS

Current Trends	
Update on Vietnam Refugee Health Status	189
Epidemiologic Notes and Reports	1
Bubonic Plague - Los Angeles, California	190
Acute Nitrite Poisoning - Los Angeles, California	195
Staphylococcal Enterotoxin Contamination of Commercially-Canned Lobster Bisque - United States	196

no transmission of the infection on Guam has been verified.

One foodborne outbreak has occurred on Guam. Approximately 110 refugees were admitted to a hospital on May 30 with nausea, vomiting, and diarrhea. The median in-

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

DISEASE	22nd WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 22 WEEKS		
	May 31, 1975	June 1, 1974		1975	1974	MEDIAN 1970-1974
37 Aseptic meningitis	37	35	37	799	783	789
Brucellosis	5	4	4	80	58	58
Chickenpox	4,484	3,129	---	96,594	82,866	---
Diphtheria	6	15	3	184	133	90
Encephalitis	Primary	14	15	276	357	432
	Post-Infectious	6	9	8	122	103
Hepatitis, Viral	Type B	191	165	158	4,646	3,849
	Type A	673	679	871	15,231	18,499
	Type unspecified	171	137	---	3,407	3,664
Malaria	10	---	22	116	67	554
Measles (rubeola)	890	690	995	15,395	15,223	21,465
Meningococcal infections, total	19	26	30	724	694	747
	Civilian	19	26	30	707	674
Military	---	---	---	17	20	30
Mumps	1,849	1,166	1,694	36,558	35,712	46,536
Pertussis	17	26	---	510	531	---
Rubella (German measles)	767	421	779	12,181	7,441	22,213
Tetanus	3	5	3	27	27	39
Tuberculosis	632	543	---	13,578	12,653	---
Tularemia	8	2	2	37	36	38
Typhoid fever	5	9	7	104	138	123
Typhus, tick-borne (Rky. Mt. spotted fever)	26	16	16	135	126	74
Venereal Diseases:						
Gonorrhea (Civilian)	16,869	16,755	---	394,250	359,544	---
Military	450	573	---	12,144	11,919	---
Syphilis, primary and secondary (Civilian)	482	487	---	10,859	10,437	---
Military	9	8	---	149	190	---
Rabies in animals	33	42	67	964	1,264	1,591

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	---	Poliomyelitis, total:	2
Botulism:	9	Paralytic:	1
Congenital rubella syndrome:	8	Psittacosis: Conn. 1	15
Leprosy:	86	Rabies in man:	1
Leptospirosis: Ala. 1, Texas 1	16	Trichinosis: Pa. 1	44
Plague:	1	Typhus, murine:	6

REFUGEES - Continued

incubation period was 2 hours. Before onset of illness, all persons had eaten a common meal at a mess camp; food histories incriminated milk as the vehicle of transmission. The milk, a commercial dry milk product, had been mixed with water approximately 8 hours before its use and was then inadequately refrigerated. The incubation period and clinical picture are consistent with an outbreak of staphylococcal foodborne disease. Laboratory studies are pending.

A total of 90 cases of malaria have been reported to date from all refugees. Fifty of these cases were reported from Guam and Wake Islands and the remainder from the mainland camps. In the past week, all but 1 of the cases reported have been identified as *Plasmodium vivax* malaria, indicating the expected decrease in *P. falciparum* following the first few weeks of residence in a non-endemic area. Cases occurring subsequently can, with few exceptions, be expected to be *P. vivax* relapses. No transmission of malaria has been reported on Guam since the arrival of the refugees. While anopheline mosquitoes have been found on the island, the

species identified are not considered to be highly efficient vectors. The anopheline populations are not high in the refugee areas, and the vector control activities directed against other mosquito populations are effective in controlling anophelines.

Fort Indiantown Gap in Pennsylvania, which began receiving refugees on May 28, currently has 4,189, with an anticipated capacity of 15,000. Visa medical screening has been done on the first 2,618 arrivals. Of the initial 1,584 chest X-rays taken and read in persons 15 or over, 20 were suspicious. Of the 156 purified protein derivative (PPD) skin tests read so far in children 14 or under, 11 have been positive; all 11 children were X-ray negative. Of 322 rapid plasma reagent (RPR) tests processed, 15 were positive.

Hospitalization data from all camps indicate 61 hospitalizations per 100,000 person-days in camp. Approximately 5.6% of the population visit the outpatient clinics each day; 25% of the visits have been related to respiratory infections. (Reported by the Center for Disease Control.)

 EPIDEMIOLOGIC NOTES AND REPORTS
 BUBONIC PLAGUE - Arizona

In May 1975, a cluster of 5 persons within a 3-family grouping of relatives were hospitalized and treated for plague. These included 2 confirmed plague cases, 2 suspect cases, and 1 non-ill newborn intimately exposed to its acutely ill mother during delivery.

On May 6, Case 1, a 31-year-old pregnant Navajo, had chills, fever, headache, and right axillary lymphadenopathy. She was admitted to the Tuba City, Arizona, hospital on May 7 and was subsequently confirmed bacteriologically to have bubonic plague. Late on May 7, her 3-year-old daughter (Case 2) had hallucinations, fever, chills, and right axillary lymphadenopathy. She was admitted to the Tuba City hospital on May 8 and was also proven bacteriologically to have bubonic plague. Due to evidence of fetal distress, the decision was made to initiate specific plague therapy of Case 1 and to induce delivery by pitocin drip. With about 2½ hours of induction, a healthy male infant was delivered. A cord blood, obtained at delivery, was negative for *Yersinia pestis*. The infant was promptly started on a 5-day course of streptomycin. The mother has since recovered fully, and the infant has remained asymptomatic. The 3-year-old daughter was started on streptomycin therapy after appropriate cultures were obtained and has also recovered. She had a transient episode of thrombocytopenia, however, with development of petechia of the hands and feet.

Surveillance of a 3-household cluster of relatives of the index case resulted in the hospitalization on May 11 of 3 additional children with a history of fever only. Of these latter 3 children, 2 (Cases 3 and 4) were found to have fever (maximum of 39°C and 38.3°C) while in the hospital; blood cultures were then obtained and both children were treated as suspect plague. Both blood cultures were negative. The

third child remained asymptomatic but was kept under observation until May 13. Fever in Case 3 defervesced over a 3-day period, and Case 4 had fever over 37.8°C for 1 day only. Neither developed other signs or illness suggestive of *Y. pestis* infection.

Preliminary field results indicate that all 4 persons acquired their infections near the hogans where these 3 related families reside. No history of handling wild animals or rodents could be elicited; however, the families have 8 cats and 3 dogs. Serums from 1 adult cat and the 3 dogs were negative for antibody to *Y. pestis* by pH.A.

Animal trapping has yielded confirmatory bacteriological and serological evidence of *Y. pestis* infection in wild rodents in the vicinity of the victims' home. Additional surveillance and trapping is being done by Navajo Environmental Control personnel in adjacent populated areas. Ectoparasite control using carbaryl is being carried out in densely populated areas.

Editorial Note

This present report has demonstrated 2 confirmed cases, a mother and her daughter, with 2 additional associated relatives diagnosed as suspect plague. Since antibiotic therapy was begun before specific signs of plague had developed in these suspect cases and blood cultures were negative, confirmation of these cases must await serological testing. The febrile course of one case was such that a therapeutically aborted *Y. pestis* infection seems plausible; the second case had such a mild course as to make even an aborted infection seem less likely. An unique facet of the first case in this family cluster was presented by her pregnancy. The fact that she was near term made induction delivery, when fetal distress was evi-

(Continued on page 195)

Morbidity and Mortality Weekly Report

**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MAY 31, 1975 AND JUNE 1, 1974 (22nd WEEK)**

AREA	ASEPTIC MENINGITIS	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	37	5	4,484	6	184	14	15	6	191	673	171	10	116
NEW ENGLAND	1	-	431	-	-	-	-	-	5	20	9	-	4
Maine *	-	-	-	-	-	-	-	-	-	-	-	-	1
New Hampshire *	-	-	22	-	-	-	-	-	-	-	-	-	-
Vermont *	-	-	1	-	-	-	-	-	5	-	-	-	-
Massachusetts	1	-	159	-	-	-	-	-	2	9	-	-	2
Rhode Island	-	-	113	-	-	-	-	-	2	3	-	-	-
Connecticut	-	-	136	-	-	-	-	-	3	10	-	-	1
MIDDLE ATLANTIC	7	-	277	-	-	3	1	-	28	83	37	1	18
Upstate New York	-	-	120	-	-	1	-	-	4	11	4	-	5
New York City	-	-	153	-	-	-	-	-	9	21	-	-	7
New Jersey	6	-	NN	-	-	1	1	-	7	27	28	-	3
Pennsylvania	1	-	4	-	-	1	-	-	8	24	5	1	3
EAST NORTH CENTRAL	1	-	1,928	-	2	5	3	2	45	104	13	-	2
Ohio	-	-	236	-	-	2	1	-	4	23	-	-	-
Indiana	-	-	103	-	-	2	-	-	-	2	-	-	-
Illinois	-	-	308	-	1	-	-	-	23	43	9	-	2
Michigan	1	-	703	-	1	1	1	1	11	24	3	-	-
Wisconsin	-	-	578	-	-	-	1	1	7	12	1	-	-
WEST NORTH CENTRAL	1	-	661	-	6	-	1	-	11	26	7	-	4
Minnesota	-	-	14	-	-	-	-	-	1	4	-	-	2
Iowa	-	-	209	-	-	-	-	-	3	6	-	-	-
Missouri *	-	-	119	-	-	-	1	-	7	1	6	-	2
North Dakota	-	-	8	-	6	-	-	-	-	1	-	-	-
South Dakota	-	-	63	-	-	-	-	-	-	-	-	-	-
Nebraska	1	-	5	-	-	-	-	-	-	4	1	-	-
Kansas	-	-	243	-	-	-	-	-	-	10	-	-	-
SOUTH ATLANTIC	9	4	347	-	-	2	5	-	23	143	26	3	16
Delaware	-	-	3	-	-	-	-	-	-	3	-	-	-
Maryland	-	-	29	-	-	-	-	-	4	5	3	-	1
District of Columbia	1	-	26	-	-	-	-	-	2	-	-	-	2
Virginia *	3	3	21	-	-	-	-	-	4	8	5	1	5
West Virginia	-	-	177	-	-	-	-	-	-	7	-	-	1
North Carolina	1	-	NN	-	-	1	1	-	4	11	4	-	3
South Carolina	-	-	-	-	-	-	-	-	-	-	-	-	-
Georgia	-	-	4	-	-	-	-	-	-	19	-	1	1
Florida	4	1	87	-	-	1	4	-	9	90	14	1	3
EAST SOUTH CENTRAL	5	-	58	-	-	-	-	2	9	61	-	2	10
Kentucky	-	-	54	-	-	-	-	-	2	16	-	2	6
Tennessee *	3	-	NN	-	-	-	-	2	4	28	-	-	-
Alabama	2	-	-	-	-	-	-	-	2	7	-	-	3
Mississippi	-	-	4	-	-	-	-	-	1	10	-	-	1
WEST SOUTH CENTRAL	9	1	215	-	1	4	-	2	24	81	23	-	12
Arkansas	-	-	4	-	-	1	-	1	1	5	1	-	1
Louisiana	6	-	NN	-	-	1	-	-	4	11	7	-	-
Oklahoma	-	1	46	-	-	-	-	-	-	4	2	-	1
Texas *	3	-	165	-	1	2	-	1	19	61	13	-	10
MOUNTAIN	-	-	104	-	14	-	1	-	6	50	37	-	10
Montana	-	-	50	-	-	-	-	-	1	16	7	-	-
Idaho	-	-	-	-	-	-	-	-	-	9	3	-	-
Wyoming	-	-	1	-	-	-	-	-	-	-	-	-	-
Colorado	-	-	37	-	-	-	1	-	3	4	6	-	8
New Mexico	-	-	-	-	1	-	-	-	-	6	4	-	-
Arizona	-	-	-	-	13	-	-	-	-	7	2	-	2
Utah	-	-	16	-	-	-	-	-	2	4	15	-	-
Nevada	-	-	-	-	-	-	-	-	-	4	-	-	-
PACIFIC	4	-	463	6	161	-	4	-	40	105	19	4	40
Washington	-	-	393	6	155	-	-	-	1	5	3	-	2
Oregon	1	-	1	-	-	-	-	-	8	16	-	-	-
California *	2	-	-	-	2	-	4	-	29	77	16	4	35
Alaska	-	-	3	-	4	-	-	-	1	7	-	-	-
Hawaii	1	-	66	-	-	-	-	-	1	-	-	-	3
Guam *	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	1	-	47	-	-	-	-	-	-	6	-	-	1
Virgin Islands	-	-	2	-	-	-	-	-	-	-	-	-	-

*Delayed reports: Aseptic meningitis: Guam 1
 Chickenpox: Me. 20, N.H. 22, Vt. 5, Calif. 4, Guam 5
 Encephalitis, primary: Mo. 1

Hepatitis A: Me. 2, N.H. delete 2, Tenn. 4,
 Texas delete 1
 Hepatitis unspecified: N.H. 2, Mo. delete 2,
 Va. delete 1

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MAY 31, 1975 AND JUNE 1, 1974 (22nd 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	890	15,395	15,223	19	724	694	1,849	36,558	17	767	12,181	27
NEW ENGLAND	15	204	699	-	41	39	39	1,233	-	60	1,787	-
Maine *	-	9	30	-	5	2	-	64	-	-	26	-
New Hampshire *	-	19	206	-	1	7	-	60	-	1	298	-
Vermont *	-	37	55	-	-	1	1	6	-	4	59	-
Massachusetts *	7	65	250	-	13	11	7	148	-	42	1,056	-
Rhode Island	-	1	57	-	3	7	17	467	-	4	22	-
Connecticut	8	73	101	-	19	11	14	488	-	9	326	-
MIDDLE ATLANTIC	55	1,022	5,949	4	76	90	77	1,702	2	85	1,368	4
Upstate New York	12	301	280	-	23	40	22	702	2	8	117	-
New York City	1	93	355	3	18	13	22	404	-	7	124	1
New Jersey	40	378	4,683	1	11	25	13	287	-	56	900	3
Pennsylvania	2	250	631	-	24	12	20	309	-	14	227	-
EAST NORTH CENTRAL	261	4,557	6,043	2	107	84	697	15,557	4	192	3,091	2
Ohio	-	81	2,695	-	21	27	114	1,534	3	13	461	-
Indiana	11	318	182	-	5	8	42	1,807	-	17	526	-
Illinois	60	1,043	1,296	-	18	10	57	1,706	-	12	214	2
Michigan	125	2,372	1,561	1	50	27	297	6,928	-	102	1,226	-
Wisconsin	65	743	309	1	13	12	187	3,582	1	48	664	-
WEST NORTH CENTRAL	267	4,155	571	-	38	52	165	2,871	-	153	1,436	1
Minnesota	2	2	76	-	8	17	-	32	-	8	29	-
Iowa *	33	388	83	-	5	10	56	913	-	6	19	-
Missouri *	1	196	208	-	20	13	23	813	-	9	714	1
North Dakota	15	932	25	-	-	2	-	367	-	-	58	-
South Dakota	8	346	27	-	1	2	1	5	-	14	18	-
Nebraska	25	356	2	-	1	1	1	29	-	3	13	-
Kansas	183	1,935	150	-	3	7	84	712	-	113	585	-
SOUTH ATLANTIC	9	192	383	4	137	135	110	2,387	3	95	1,344	8
Delaware	2	22	6	-	4	3	-	7	-	-	16	-
Maryland	-	17	21	-	15	15	9	85	-	35	36	-
District of Columbia	-	-	3	-	4	-	8	82	-	-	-	-
Virginia	-	20	19	1	15	27	25	574	-	27	260	-
West Virginia	6	109	101	1	5	6	36	900	1	-	157	-
North Carolina	-	-	2	-	27	29	1	55	-	3	29	3
South Carolina	-	1	36	-	15	12	-	32	-	-	678	1
Georgia	-	2	3	-	8	5	1	8	-	-	-	-
Florida	1	21	192	2	44	38	30	644	2	30	168	4
EAST SOUTH CENTRAL	3	205	99	3	105	78	193	3,256	-	28	748	2
Kentucky *	1	76	74	2	47	35	103	1,268	-	14	206	1
Tennessee	2	119	7	1	37	33	77	1,478	-	14	516	-
Alabama	-	3	6	-	13	9	1	299	-	-	19	-
Mississippi	-	7	12	-	8	1	12	211	-	-	7	1
WEST SOUTH CENTRAL	1	133	142	5	117	121	89	3,195	5	53	598	6
Arkansas	-	-	4	-	5	9	-	24	-	-	-	-
Louisiana	-	1	12	1	24	21	4	297	1	40	244	3
Oklahoma	1	21	22	-	8	12	30	132	-	5	80	-
Texas *	-	111	104	4	80	79	55	2,742	4	8	274	3
MOUNTAIN	44	982	653	1	27	19	40	596	-	17	406	-
Montana	13	24	341	-	3	1	1	10	-	4	234	-
Idaho	-	4	49	-	4	2	3	10	-	2	37	-
Wyoming	-	-	1	-	-	2	-	-	-	-	-	-
Colorado	22	887	26	-	8	2	12	409	-	3	98	-
New Mexico	1	7	49	1	4	2	-	16	-	1	13	-
Arizona	3	35	11	-	1	4	-	-	-	-	2	-
Utah	5	9	2	-	6	3	19	78	-	6	15	-
Nevada	-	16	174	-	1	3	5	73	-	1	7	-
PACIFIC	235	3,945	684	-	76	76	439	5,761	3	84	1,403	4
Washington	-	127	47	-	13	8	344	3,142	-	20	241	-
Oregon	21	158	-	-	4	8	10	435	2	14	116	-
California	212	3,612	583	-	58	55	79	2,125	1	50	1,036	4
Alaska	-	-	-	-	-	2	5	40	-	-	1	-
Hawaii	2	48	54	-	1	3	1	19	-	-	9	-
Guam *	-	10	7	-	1	1	-	17	-	-	4	-
Puerto Rico	43	426	420	-	1	2	37	515	-	-	14	10
Virgin Islands	-	6	19	-	-	-	1	183	-	-	3	2

*Delayed reports: Measles: Me. 2, Vt. 1, Mass. delete 2, Mo. 3, Rubella: Me. 2, N.H. 5, Iowa 4, Ky. 17,
Texas delete 4, Guam 3
Mumps: Me. 3, N.H. 1, Guam 1

Morbidity and Mortality Weekly Report

193

**TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MAY 31, 1975 AND JUNE 1, 1974 (22nd WEEK) – Continued**

AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES (Civilian Cases Only)					RABIES IN ANIMALS	
	1975	Cum. 1975	Cum. 1975	1975	Cum. 1975	1975	Cum. 1975	1975	GONORRHEA		SYPHILIS (Pri. & Sec.)		Cum. 1975	
									1975	1974	1975	Cumulative		
1975	1974	1975	1975	1974										
UNITED STATES	632	3,578	37	5	104	26	135	16,869	394,250	359,544	482	10,859	10,437	964
NEW ENGLAND	36	538	—	—	8	—	—	500	10,840	9,040	10	382	381	29
Maine	1	35	—	—	—	—	—	42	717	693	1	9	14	20
New Hampshire	—	16	—	—	—	—	—	13	301	265	—	10	6	—
Vermont	—	9	—	—	—	—	—	20	248	255	—	4	1	—
Massachusetts	29	308	—	—	4	—	—	180	5,177	4,309	5	252	274	5
Rhode Island	2	53	—	—	—	—	—	55	843	741	1	5	7	1
Connecticut	4	117	—	—	4	—	—	190	3,554	2,777	3	102	79	3
MIDDLE ATLANTIC	118	2,425	2	—	19	2	4	1,828	45,953	43,913	64	1,995	2,293	30
Upstate New York	22	398	1	—	3	—	2	259	8,093	8,217	12	197	230	22
New York City	43	980	—	—	9	—	—	1,001	20,127	18,919	40	1,136	1,317	—
New Jersey *	22	479	1	—	3	—	—	187	6,161	6,316	5	315	376	—
Pennsylvania	31	568	—	—	4	2	2	381	11,572	10,461	7	347	370	8
EAST NORTH CENTRAL	63	1,890	3	1	12	2	4	3,014	65,641	56,982	73	901	867	34
Ohio	29	572	—	1	3	2	3	885	17,781	15,315	21	213	118	4
Indiana	3	244	—	—	—	—	—	167	6,016	5,263	1	55	79	2
Illinois	15	476	—	—	8	—	1	1,482	22,643	18,266	37	435	450	10
Michigan	16	554	1	—	1	—	—	443	12,767	13,152	9	149	179	1
Wisconsin	—	44	2	—	—	—	—	337	6,434	4,986	5	49	41	17
WEST NORTH CENTRAL	25	498	8	1	6	—	1	536	19,169	18,388	17	248	253	210
Minnesota	3	60	—	—	2	—	—	186	3,981	3,935	4	52	34	57
Iowa	9	58	1	—	—	—	—	—	2,574	2,541	—	10	16	41
Missouri	4	243	5	1	4	—	1	147	6,952	6,093	10	137	168	15
North Dakota	—	5	—	—	—	—	—	9	296	291	—	3	3	53
South Dakota	3	27	—	—	—	—	—	18	753	819	—	3	2	14
Nebraska	—	20	—	—	—	—	—	115	1,716	1,514	—	4	4	4
Kansas	6	85	2	—	—	—	—	61	2,896	3,195	3	39	26	26
SOUTH ATLANTIC	138	3,105	9	—	8	13	76	3,999	96,304	90,976	165	3,396	3,265	137
Delaware	4	66	—	—	—	—	—	33	1,345	1,275	—	37	33	—
Maryland	25	501	—	—	1	—	—	487	10,956	8,678	10	255	331	—
District of Columbia	4	159	—	—	—	—	—	213	5,999	8,425	12	276	273	—
Virginia	13	370	4	—	2	4	21	343	9,636	8,187	14	261	355	69
West Virginia	9	114	—	—	—	—	—	73	1,197	1,021	2	12	8	2
North Carolina *	18	488	—	—	2	6	28	577	13,967	12,348	36	455	384	1
South Carolina	—	176	2	—	—	—	22	—	8,511	9,386	—	220	287	6
Georgia	28	467	3	—	2	3	5	730	17,767	16,924	24	455	500	50
Florida	37	764	—	—	1	—	—	1,543	26,926	24,732	67	1,425	1,094	9
EAST SOUTH CENTRAL	45	1,175	4	1	9	3	13	1,450	32,547	30,820	11	473	525	91
Kentucky	14	204	1	—	6	—	1	139	4,097	3,822	2	77	120	66
Tennessee	9	449	3	—	1	2	10	540	12,957	12,029	6	172	204	13
Alabama *	15	353	—	1	1	1	2	549	8,929	8,583	—	115	102	12
Mississippi	7	169	—	—	1	—	—	222	6,564	6,386	3	109	99	—
WEST SOUTH CENTRAL	88	1,492	9	1	3	6	36	2,271	49,644	47,284	37	929	936	248
Arkansas	9	208	5	—	—	2	5	261	5,230	5,036	3	27	51	28
Louisiana	17	217	—	1	1	—	—	494	9,324	10,151	16	219	277	3
Oklahoma	11	138	3	—	—	2	25	158	4,527	3,822	1	40	59	58
Texas	51	929	1	—	2	2	6	1,358	30,563	28,275	17	643	549	159
MOUNTAIN	25	402	1	—	4	—	—	687	15,362	13,308	12	282	238	90
Montana	—	15	—	—	—	—	—	49	848	749	—	3	2	64
Idaho	—	10	—	—	—	—	—	17	771	770	1	8	3	—
Wyoming	—	10	1	—	1	—	—	18	392	303	—	4	2	4
Colorado	8	85	—	—	—	—	—	126	3,923	3,666	2	53	56	—
New Mexico	—	56	—	—	1	—	—	91	2,739	1,828	3	81	38	14
Arizona	11	174	—	—	2	—	—	251	4,143	3,820	2	97	102	8
Utah	6	20	—	—	—	—	—	51	931	696	3	9	5	—
Nevada	—	32	—	—	—	—	—	84	1,615	1,476	1	27	30	—
PACIFIC	94	2,053	1	1	35	—	1	2,584	58,790	48,833	93	2,253	1,679	95
Washington	8	155	1	—	3	—	1	263	5,337	4,759	—	69	53	—
Oregon	5	81	—	—	—	—	—	200	4,324	4,283	6	53	37	1
California	63	1,578	—	—	31	—	—	1,998	46,758	37,830	87	2,105	1,572	91
Alaska	—	10	—	—	—	—	—	95	1,459	1,027	—	1	—	3
Hawaii	18	229	—	1	1	—	—	28	912	934	—	25	17	—
Guam *	—	28	—	—	—	—	—	—	170	—	—	3	—	—
Puerto Rico	5	234	—	—	—	—	—	54	1,265	1,360	22	314	382	26
Virgin Islands	—	3	—	—	—	—	—	5	70	325	3	16	29	—

*Delayed reports: Tuberculosis: N.J. 21, N.C. delete 3, Guam 3
Gonorrhea: Guam 5
Syphilis: Ala. delete 15, Guam 1

Morbidity and Mortality Weekly Report

Week No. 22

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING MAY 31, 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	591	354	166	34	18	35	SOUTH ATLANTIC	1,073	596	306	91	31	43
Boston, Mass.	168	103	46	10	3	10	Atlanta, Ga.	109	52	34	14	3	5
Bridgeport, Conn.	36	19	13	2	1	3	Baltimore, Md.	157	96	41	16	2	4
Cambridge, Mass.	25	20	2	2	—	5	Charlotte, N. C.	58	29	15	9	3	2
Fall River, Mass.	25	18	6	1	—	1	Jacksonville, Fla.	104	52	25	10	2	2
Hartford, Conn.	51	31	11	2	3	3	Miami, Fla.	91	47	29	7	2	5
Lowell, Mass.	22	13	6	2	—	1	Norfolk, Va.	38	17	11	3	3	2
Lynn, Mass.	15	7	7	1	—	—	Richmond, Va.	77	43	24	6	1	6
New Bedford, Mass.	23	13	6	2	1	1	Savannah, Ga.	40	24	15	—	—	2
New Haven, Conn.	34	18	10	3	—	—	St. Petersburg, Fla.	86	67	15	—	3	2
Providence, R. I.	68	31	26	4	6	1	Tampa, Fla.	76	47	18	5	3	4
Somerville, Mass.	10	8	2	—	—	1	Washington, D. C.	167	88	54	12	8	5
Springfield, Mass.	38	21	12	3	1	4	Wilmington, Del.	70	34	25	9	1	4
Waterbury, Conn.	28	20	5	1	2	—							
Worcester, Mass.	48	32	14	1	1	5	EAST SOUTH CENTRAL	606	337	179	36	22	23
MIDDLE ATLANTIC	2,749	1,680	656	183	114	114	Birmingham, Ala.	104	61	24	2	9	4
Albany, N. Y.	50	28	14	3	2	1	Chattanooga, Tenn.	69	46	13	6	1	—
Allentown, Pa.	32	25	5	1	1	1	Knoxville, Tenn.	35	25	8	—	—	1
Buffalo, N. Y.	132	77	29	14	7	3	Louisville, Ky.	82	47	27	5	1	5
Camden, N. J.	43	21	14	2	3	—	Memphis, Tenn.	145	70	53	9	1	1
Elizabeth, N. J.	22	12	7	2	—	—	Mobile, Ala.	35	19	12	4	—	—
Erie, Pa.	34	22	9	—	1	1	Montgomery, Ala.	42	16	17	4	2	3
Jersey City, N. J.	44	27	8	4	5	1	Nashville, Tenn.	94	53	25	6	8	9
Newark, N. J.	55	22	22	3	5	3	WEST SOUTH CENTRAL	1,004	552	279	85	41	26
New York City, N. Y.*	1,372	850	311	101	48	55	Austin, Tex.	35	21	8	5	—	2
Paterson, N. J.	45	23	15	3	4	3	Baton Rouge, La.	41	20	14	2	2	2
Philadelphia, Pa.	312	178	83	19	17	4	Corpus Christi, Tex.	19	12	4	2	—	—
Pittsburgh, Pa.	191	105	59	12	9	10	Dallas, Tex.	185	100	47	23	7	2
Reading, Pa.	43	29	5	6	1	1	El Paso, Tex.	46	27	6	7	3	2
Rochester, N. Y.	113	79	22	4	2	9	Fort Worth, Tex.	69	33	19	8	7	—
Schenectady, N. Y.	29	19	9	—	1	1	Houston, Tex.	147	69	53	14	5	4
Scranton, Pa.	46	36	9	1	—	5	Little Rock, Ark.	55	31	18	4	—	6
Syracuse, N. Y.	76	52	14	3	5	2	New Orleans, La.	155	94	42	7	7	2
Trenton, N. J.	50	32	11	3	1	6	San Antonio, Tex.	155	91	35	11	8	2
Utica, N. Y.	21	14	2	1	2	4	Shreveport, La.	46	25	16	1	1	1
Yonkers, N. Y.	39	29	8	1	—	4	Tulsa, Okla.	51	29	17	1	1	3
EAST NORTH CENTRAL	2,078	1,190	555	144	89	41	MOUNTAIN	455	260	120	31	17	13
Akron, Ohio	55	35	13	3	2	—	Albuquerque, N. Mex.	51	25	16	4	—	—
Canton, Ohio	40	26	8	2	3	2	Colorado Springs, Colo.	32	18	7	1	—	3
Chicago, Ill.	524	276	141	42	35	6	Denver, Colo.	79	50	16	7	4	3
Cincinnati, Ohio	97	61	24	6	3	1	Las Vegas, Nev.	26	15	7	4	—	—
Cleveland, Ohio	136	74	46	8	3	—	Ogden, Utah	26	12	10	2	—	5
Columbus, Ohio	136	73	37	6	11	—	Phoenix, Ariz.	107	63	32	2	4	—
Dayton, Ohio	104	54	27	8	6	—	Pueblo, Colo.	12	8	1	3	—	—
Detroit, Mich.	269	144	83	27	8	9	Salt Lake City, Utah	56	33	13	2	5	2
Evansville, Ind.	41	27	9	3	1	2	Tucson, Ariz.	66	36	18	6	4	—
Fort Wayne, Ind.	37	27	7	1	1	2	PACIFIC	1,325	806	331	98	46	41
Gary, Ind.	13	5	4	—	2	—	Berkeley, Calif.	22	19	3	—	—	—
Grand Rapids, Mich.	48	29	12	4	1	3	Fresno, Calif.	51	25	16	2	6	2
Indianapolis, Ind.	162	90	45	15	3	4	Glendale, Calif.	13	9	3	—	—	—
Madison, Wis.	41	21	11	5	1	4	Honolulu, Hawaii	44	22	11	5	4	2
Milwaukee, Wis.	132	94	30	3	1	4	Long Beach, Calif.	95	53	32	5	3	1
Peoria, Ill.	31	14	10	2	2	—	Los Angeles, Calif.	307	181	71	27	10	5
Rockford, Ill.	21	13	6	—	1	1	Oakland, Calif.	92	51	28	7	2	2
South Bend, Ind.	48	32	12	1	1	2	Pasadena, Calif.	25	17	4	2	1	—
Toledo, Ohio	85	61	16	4	2	1	Portland, Ore.	106	71	23	10	1	4
Youngstown, Ohio	58	34	14	4	2	—	Sacramento, Calif.	64	41	9	8	5	1
WEST NORTH CENTRAL	682	414	167	41	35	21	San Diego, Calif.	109	69	24	12	4	—
Des Moines, Iowa	48	31	11	4	—	2	San Francisco, Calif.	133	86	38	4	3	3
Duluth, Minn.	24	17	4	1	1	1	San Jose, Calif.	52	35	11	3	—	—
Kansas City, Kans.	25	10	13	—	1	—	Seattle, Wash.	118	71	34	5	4	9
Kansas City, Mo.	119	64	40	6	5	3	Spokane, Wash.	49	33	8	4	3	6
Lincoln, Nebr.	30	20	7	1	1	3	Tacoma, Wash.	45	23	16	4	—	6
Minneapolis, Minn.	74	45	16	5	6	—							
Omaha, Nebr.	73	42	16	8	4	1							
St. Louis, Mo.	170	111	34	9	10	4							
St. Paul, Minn.	66	41	18	4	1	2							
Wichita, Kans.	53	33	8	3	6	5							
Total	10,563	6,189	2,759	743	413	357							
Expected Number	11,961	7,094	3,195	795	367	358							

*Estimate based on average percent of divisional total

PLAGUE — Continued

dent, a realistic option. Less clear cut was the medical attitude towards the newborn infant. Since 2/2 blood cultures from the mother were positive for *Y. pestis*, it must be concluded the mother was septicemic. She was given one gram of streptomycin about 2½ hours prior to delivery of the infant. Because intimate contact of the infant with the mother's blood occurred during delivery the pediatrician opted to treat the newborn with a 5-day course of antibiotic therapy. Unanswered questions are: (1) was the mother's blood still infectious 2½ hours after receiving an intramuscular dose of a

drug which is bacteriocidal for *Y. pestis*, (2) could *Y. pestis* have breached the placenta resulting in a transplacental infection of the fetus prior to treatment and induction of the mother.

(Reported by Jack Womack, Chief Environmental Health Services Branch, Indian Health Services, Navajo Area, Window Rock, Arizona; Tom Welty, MD, Edith Welty, MD, Jean Van Dusen, MD, Ed Compare, MD, Tuba City Indian Hospital; Epidemiology Activity and Plague Branch, Vector-Borne Diseases Division, CDC.)

ACUTE NITRITE POISONING — Los Angeles, California

On March 19, 1975, 16 of 30 (53%) people were hospitalized with nausea, vomiting, headache, weakness, collapse, and cyanosis, beginning about 2 hours after the group had shared a common lunch prepared by a Filipino family. An analysis of food specific attack rates implicated 2 ethnic dishes, 1 of which contained mushrooms. An initial diagnosis of mushroom poisoning was made, and investigators began tracing the source of the commercial mushrooms used in the food.

On March 23, all 3 members of another Filipino family became ill with nausea, vomiting, acute weakness, headache, and cyanosis 1-1½ hours after eating a common lunch. All 3 were hospitalized, and a clinical diagnosis of nitrite poisoning was made. The lunch had consisted of various ethnic dishes seasoned with spices and monosodium glutamate (MSG). No mushrooms had been used in this meal.

The symptoms of all 19 hospitalized persons were consistent with nitrite poisoning. Furthermore, 4 of the patients are known to have had elevated methemoglobin levels, ranging from 2.9 to 8.3 grams per deciliter (normal level: <0.5).

Investigation revealed that both families had purchased food at the same Filipino market and that MSG purchased recently at this store had been used to season food involved in both incidents. Further investigation in the kitchen of the second family revealed a clear polyethylene bag nearly full of white crystalline powder and labelled "MSG." Powder samples were sent immediately to the State Health Department laboratory and were found to consist of sodium nitrite.

Questioning revealed that the store purchased the MSG in 100-pound sacks and repackaged it into 11-ounce plastic bags for sale at the store's 2 branches. The store also purchased sodium nitrite in similar sacks and sold it repackaged for use in curing meats. Sacks of sodium nitrite and MSG were stored side by side in the storeroom of the market. Apparently, one sack of sodium nitrite had been repackaged and then mislabelled as MSG.

All but approximately 12 of the small mislabelled bags have been recovered, and no further cases of nitrite poisoning have been reported. All patients have now been released from the hospital without serious after effects.

(Reported by Robert A Murray, MPH, Epidemiology Analyst, Ralph C Tetrault, Director, Food and Drug Program, and

Louis E Mahoney, MD, Chief, Non-Communicable Disease Epidemiology, Los Angeles County Health Services Department; and an EIS Officer.)

Editorial Note

Acute methemoglobinemia is caused by exposure to certain drugs or chemicals which oxidize hemoglobin to a form which is incapable of binding oxygen. Methemoglobinemia results in decreased oxygen delivery to the tissues, with subsequent symptoms of cyanosis, weakness, dizziness, headaches, and dyspnea (1). Agents which can cause this syndrome include nitrites, nitrates, aniline, nitrobenzene, hydroquinone, naphthylamine, acetanilid, and other oxidizing chemicals (2). In addition to methemoglobinemia symptoms, these agents may also cause nausea and vomiting. Although mushroom poisoning has symptoms similar to those described above, it has not been associated with methemoglobinemia (3).

Sodium nitrite, a white crystalline powder physically similar to salt or MSG, has been responsible for several other outbreaks of foodborne methemoglobinemia (4,5). Symptoms have occurred within 1 hour of the meals and have often been attributed initially to other disease entities.

Physicians should be alert to the possibility of methemoglobinemia in patients with acute onset of cyanosis, dyspnea, and weakness who have a normal arterial oxygen tension (PO_2) and who have been exposed via a common meal or a particular work site. Headache and gastrointestinal symptoms further implicate nitrite as the responsible agent. Treatment consists of supportive therapy plus, if necessary, intravenous medication such as methylene blue (3).

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**STAPHYLOCOCCAL ENTEROTOXIN CONTAMINATION
OF COMMERCIALY-CANNED LOBSTER BISQUE – United States**

On April 25, 1975, 2 adults in Charleston, South Carolina, became ill with nausea, vomiting, and diarrhea 3-4½ hours after eating a homemade soup containing Crosse and Blackwell Lobster Bisque with Sherry. Cans of this product were obtained from the same retail outlet where the suspect can had been purchased, and staphylococcal enterotoxin A was detected by the Food and Drug Administration (FDA) in 5 of 11 cans from the same lot as that of the bisque consumed by the ill persons.

On May 30, the Gerber International Foods Corporation, White Plains, New York, initiated the voluntary recall of all

lots of the bisque. This product is packed in 13-ounce cans under the Crosse and Blackwell label only and is distributed to 32 central and eastern seaboard states. These states with known distribution have been notified by FDA. Persons having these cans should return them to their place of purchase.

An investigation to determine the cause of the contamination is in progress.

(Reported by WB Gamble, Jr, MD, Director, Division of Epidemiology, South Carolina Department of Health and Environmental Control; and the Food and Drug Administration.)

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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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