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WEEKLY REPORT

For Week Ending June 28, 1975

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

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CURRENT TRENDS

SMALLPOX SURVEILLANCE

As of June 10, a total of 15,031 cases of smallpox were reported to the World Health Organization for 1975, a decrease of 89% compared to the same period last year. Five countries have reported cases this year. Only 3 of these countries (Bangladesh, Ethiopia, and India) are still experiencing indigenous transmission; the remaining 2 (Nepal and Somalia) have recorded only importations. This decrease in incidence is mainly accounted for by the 99% decline in reported cases from India, which last year reported 48,723 cases in the single month of May compared to 43 in the same month this year. Ethiopia has reported a decrease of 50%; while Bangladesh, which presently accounts for 80% of the world incidence, has reported an increase of 3% compared to last year at this time (Figure 1).

CONTENTS

The last case on record in Nepal was reported in the second week of April. The patient's onset of rash was April 6. There is now no known smallpox in Nepal, and the probability of further importations from India or Bangladesh is greatly reduced.

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

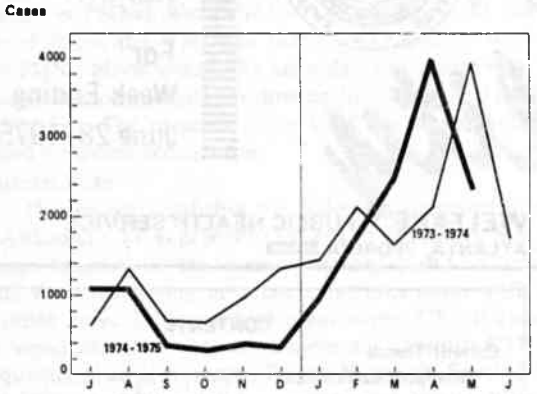
DISEASE	26th WEEK ENDING June 28, 1975	26th WEEK ENDING June 29, 1974	MEDIAN 1970-1974	CUMULATIVE, FIRST 26 WEEKS 1975	CUMULATIVE, FIRST 26 WEEKS 1974	MEDIAN 1970-1974
Aseptic meningitis	56	69	82	1,022	1,006	1,006
Brucellosis	10	2	6	103	77	78
Chickenpox	1,922	2,185	— — —	110,152	93,567	— — —
Diphtheria	3	2	2	198	145	100
Encephalitis, Primary	17	19	27	344	427	539
Encephalitis, Post-Infectious	11	2	7	158	130	154
Hepatitis, Viral, Type B	220	217	168	5,548	4,646	4,282
Hepatitis, Viral, Type A	612	848	926	17,712	21,662	27,850
Hepatitis, Viral, Type unspecified	187	153		4,035	4,297	
Malaria	19	3	7	156	76	586
Measles (rubeola)	700	567	595	19,050	18,098	24,836
Meningococcal infections, total	23	27	27	843	771	864
Civilian	23	27	27	826	749	843
Military	—	—	—	17	22	33
Mumps	962	1,040	1,146	42,423	40,582	51,734
Pertussis	31	35	— — —	633	650	— — —
Rubella (German measles)	171	312	359	13,971	8,628	24,741
Tetanus	4	2	2	37	30	51
Tuberculosis	824	669	— — —	16,509	15,229	— — —
Tularemia	5	9	9	54	65	60
Typhoid fever	9	13	11	146	173	157
Typhus, tick-borne (Rky. Mt. spotted fever)	36	41	23	289	303	165
Venereal Diseases:						
Gonorrhea, Civilian	18,814	16,755	— — —	469,165	426,566	— — —
Gonorrhea, Military	603	573	— — —	14,736	14,212	— — —
Syphilis, primary and secondary, Civilian	505	487	— — —	12,750	12,385	— — —
Syphilis, primary and secondary, Military	6	8	— — —	178	225	— — —
Rabies in animals	46	52	63	1,199	1,497	1,912

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	—	Poliomyelitis, total:	1
Botulism: Wash. 1	12	Paralytic:	1
Congenital rubella syndrome:	11	Psittacosis:	19
Leprosy: Colo. 1	94	Rabies in man:	1
Leptospirosis: Md. 1, Calif. 2	20	Trichinosis: Conn. 2, Ky. 1	48
Plague:	3	Typhus, murine: Ohio 1, Tex. 1	12

SMALLPOX – Continued

FIGURE 1
BANGLADESH: SMALLPOX INCIDENCE, 1973-1975



Bangladesh

Bangladesh is the principal remaining stronghold of smallpox in the world, reporting 939 outbreaks in 46 of the country's 56 sub-divisions at the end of May. This is compared with 868 outbreaks from 28 of the 56 sub-divisions in May last year. However, numbers of cases for May 1975 increased only 6% compared to last year, indicating that, first, although there are more outbreaks over a greater area there are fewer cases per outbreak (more than half have only 1 or 2 cases) and, second, the outbreaks are being more rapidly detected and contained (70% detected within 14 days and 90% reporting no further cases after 21 days). The number of outbreaks appears to have reached its peak with 1,280 reported 5 weeks ago and had declined to 858 as of the first week of June. This decline should further accelerate with the onset of the monsoon rains when smallpox transmission and population movements are lowest.

Of the more heavily infected areas, improvement in some districts has been offset by continuing increases in the numbers of outbreaks in others. In the past month the numbers of outbreaks in Bogra and Mymensingh Districts have dropped by 69% and 75% respectively, but outbreaks in Sylhet District have risen by an alarming 69%, and Comilla District and parts of Dacca District have recorded 11% and 17% increases. The extensive measures initiated by the Government at the beginning of the year to intensify eradication activities are continuing and being strengthened by the utilization of increasing numbers of national health personnel and continuing assistance of supplies and personnel from international sources.

India

Of the 12 villages in India infected with smallpox, 9 had outbreaks directly attributed to importations from Bangladesh. Since the beginning of the year, 32 separate importations from Bangladesh have been documented. To reinforce surveillance activities, maps of the surrounding districts have been prepared with 4 categories demarcated: low risk rural areas, high risk rural and low risk urban areas, high risk urban areas, and very high risk special surveillance points. This evaluation is based on district assessments which take into account such factors as numbers of villages searched, adequate display of reward posters for reporting a smallpox case, numbers of people interviewed knowing of the 100 rupee reward, and numbers of people having ever seen the recognition card depicting a case of smallpox. Additionally, a line listing of outbreaks is prepared each week for all of India, giving for each outbreak details of location (state, district, village), date of rash of the first case and the last case, date of detection, number of cases, and the source of infection. At present the last indigenous smallpox patient in India had onset of rash on May 17 in Katihar District, Bihar State.

(Reported by the World Health Organization: Weekly Epidemiological Record *50(24):221, 13 June 1975.)*

Editorial Note

Unofficial figures for June show a continued rapid decline in smallpox outbreaks in both India and Bangladesh. The situation is unclear in Ethiopia, where cases and outbreaks have not changed markedly in recent months.

EPIDEMIOLOGIC NOTES AND REPORTS

RUBELLA – Washington, D.C.

Between February 5, 1975, and May 2, 1975, 21 cases of rubella were diagnosed at the Student Health Service of Georgetown University, Washington, D.C. Symptoms were rash (95%) adenopathy (86%), fever (67%), pharyngitis (43%), and arthralgias (33%).

The group included 10 men and 11 women, ranging in age from 19 to 27. Their homes were in various parts of the United States and Puerto Rico. Eight (38%) of the students were from the School of Foreign Service, although this division only comprises 20% of total enrollment, and another 5 either lived in the International Student House among Foreign Service students or were close friends. None had received rubella vaccine, and the 6 students who claimed a prior history of rubella all had negative acute hemagglutination inhibition titers. The outbreak terminated when classes ended and students began leaving campus.

(Reported by Mary McGarvey, RN, Ann deStwolinski, RN, Jane Henkel Chretian, MD, and John G Esswein, MD, Director, Student Health Service, Georgetown University, Washington, D.C.; Division of Laboratories, Bureau of Preventive Services, Department of Human Resources, District of Columbia Government; and an EIS Officer.)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 28, 1975 AND JUNE 29, 1974 (26th 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	56	10	1,922	3	198	17	19	11	220	612	187	19	156
NEW ENGLAND	1	1	303	–	–	–	1	–	4	20	12	1	7
Maine *	–	–	–	–	–	–	–	–	–	–	–	–	1
New Hampshire	–	–	5	–	–	–	–	–	1	2	–	–	–
Vermont *	–	1	9	–	–	–	–	–	1	1	2	1	2
Massachusetts	–	–	120	–	–	–	1	–	–	3	10	–	2
Rhode Island	1	–	59	–	–	–	–	–	1	8	–	–	–
Connecticut	–	–	110	–	–	–	–	–	1	6	–	–	2
MIDDLE ATLANTIC	3	–	270	–	–	–	2	1	57	84	34	2	24
Upstate New York	–	–	176	–	–	–	1	1	7	22	3	–	5
New York City	1	–	93	–	–	–	–	–	13	15	–	–	9
New Jersey *	1	–	NN	–	–	–	–	–	34	31	26	2	7
Pennsylvania	1	–	1	–	–	–	1	–	3	16	5	–	3
EAST NORTH CENTRAL	6	–	821	–	2	4	3	2	26	125	19	–	2
Ohio	1	–	47	–	–	2	–	–	2	36	–	–	–
Indiana	–	–	22	–	–	–	–	–	2	9	–	–	–
Illinois	–	–	113	–	1	1	2	–	8	39	14	–	2
Michigan	5	–	362	–	1	1	1	1	12	35	5	–	–
Wisconsin	–	–	277	–	–	–	–	1	2	6	–	–	–
WEST NORTH CENTRAL	1	–	59	–	6	–	–	–	17	15	19	1	6
Minnesota	–	–	3	–	–	–	–	–	–	–	1	1	4
Iowa	–	–	21	–	–	–	–	–	1	3	–	–	–
Missouri *	1	–	1	–	–	–	–	–	9	2	10	–	2
North Dakota	–	–	–	–	6	–	–	–	–	6	–	–	–
South Dakota	–	–	–	–	–	–	–	–	–	–	–	–	–
Nebraska *	–	–	2	–	–	–	–	–	1	–	1	–	–
Kansas	–	–	32	–	–	–	–	–	6	4	8	–	–
SOUTH ATLANTIC	5	6	205	–	–	1	4	3	29	98	28	2	26
Delaware	–	–	4	–	–	–	–	–	2	–	–	–	–
Maryland	–	–	14	–	–	–	–	1	5	4	3	–	3
District of Columbia	–	–	21	–	–	–	–	–	5	–	–	1	5
Virginia *	2	3	7	–	–	–	2	–	–	8	4	–	5
West Virginia	–	–	124	–	–	–	–	–	–	4	–	–	1
North Carolina	1	–	NN	–	–	1	1	1	12	17	3	–	3
South Carolina	–	–	16	–	–	–	–	–	3	11	1	–	–
Georgia	–	2	2	–	–	–	–	–	–	22	–	–	5
Florida	2	1	17	–	–	–	1	1	2	32	17	1	4
EAST SOUTH CENTRAL	1	1	26	–	–	–	1	1	11	38	–	–	7
Kentucky	1	–	11	–	–	–	–	–	2	14	–	–	3
Tennessee	–	1	NN	–	–	–	–	1	8	18	–	–	–
Alabama	–	–	6	–	–	–	1	–	–	–	–	–	3
Mississippi *	–	–	9	–	–	–	–	–	1	6	–	–	1
WEST SOUTH CENTRAL	27	2	102	–	2	9	4	1	16	62	17	2	15
Arkansas *	–	2	–	–	–	–	1	–	1	14	–	–	1
Louisiana	4	–	NN	–	–	3	1	–	–	–	–	–	–
Oklahoma	4	–	6	–	–	4	2	–	8	13	5	–	1
Texas *	19	–	96	–	2	2	–	1	7	35	12	2	13
MOUNTAIN	–	–	47	–	14	1	–	1	3	32	26	1	13
Montana	–	–	3	–	–	1	–	–	–	3	1	–	–
Idaho	–	–	–	–	–	–	–	–	–	5	–	–	–
Wyoming	–	–	1	–	–	–	–	–	–	2	–	–	–
Colorado	–	–	42	–	–	–	–	1	3	1	8	–	8
New Mexico	–	–	–	–	1	–	–	–	–	3	3	–	–
Arizona	–	–	–	–	13	–	–	–	–	9	3	–	3
Utah	–	–	–	–	–	–	–	–	–	5	11	1	2
Nevada	–	–	1	–	–	–	–	–	–	4	–	–	–
PACIFIC	12	–	89	3	174	2	4	2	57	138	32	10	56
Washington	–	–	54	2	166	–	–	1	8	25	8	1	3
Oregon	–	–	1	–	–	–	–	–	6	5	5	1	1
California *	12	–	–	1	3	2	4	1	43	105	18	8	49
Alaska	–	–	8	–	5	–	–	–	–	–	–	–	–
Hawaii	–	–	26	–	–	–	–	–	–	3	1	–	3
Guam *	---	---	---	---	–	---	–	---	---	---	---	---	–
Puerto Rico	---	–	---	---	–	---	–	---	---	---	---	---	1
Virgin Islands	–	–	–	–	–	–	–	–	–	–	2	–	–

*Delayed reports: Aseptic meningitis: Guam 1
Brucellosis: Va. delete 1, Ark. delete 1
Chickenpox: Me. 4, Vt. 7, Calif. 24, Guam 16
Encephalitis, primary: (1974) N.J. 1
Hepatitis B: Neb. delete 1, Tex. delete 1
Hepatitis A: Me. 1, Vt. 3, Miss. delete 1, Tex. delete 3, Guam 3
Hepatitis unspecified: Mo. delete 1, Tex. delete 1
Malaria: Vt. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 28, 1975 AND JUNE 29, 1974 (26th 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	700	19,050	18,098	23	843	771	962	42,423	31	171	13,971	37
NEW ENGLAND	11	255	830	1	46	40	23	1,411	1	19	1,941	1
Maine *	–	10	35	–	5	2	–	70	–	–	28	–
New Hampshire	–	19	206	–	1	7	–	69	–	–	302	–
Vermont *	–	43	56	–	–	1	3	16	–	1	65	–
Massachusetts	10	93	337	–	15	11	5	172	–	13	1,159	1
Rhode Island	–	1	59	–	3	7	9	533	–	1	25	–
Connecticut	1	89	137	1	22	12	6	551	1	4	362	–
MIDDLE ATLANTIC	246	1,484	7,350	1	87	102	67	2,091	–	12	1,604	7
Upstate New York	62	440	700	–	27	45	13	820	–	1	237	–
New York City	5	105	471	–	22	14	32	532	–	3	142	2
New Jersey	11	443	5,370	–	12	31	4	318	–	8	966	3
Pennsylvania	168	496	809	1	26	12	18	421	–	–	259	2
EAST NORTH CENTRAL	180	5,711	7,060	3	119	93	383	17,910	2	43	3,869	2
Ohio	7	99	2,976	1	25	33	56	1,969	–	4	590	–
Indiana	1	331	199	–	5	8	7	1,879	–	9	875	–
Illinois	65	1,430	1,676	–	18	10	34	2,043	2	8	263	2
Michigan	82	2,912	1,820	1	55	28	161	7,770	–	11	1,358	–
Wisconsin	25	939	389	1	16	14	125	4,249	–	11	783	–
WEST NORTH CENTRAL	30	4,610	630	1	46	56	28	3,122	–	6	1,510	1
Minnesota	–	2	77	–	9	19	–	33	–	–	34	–
Iowa	9	446	111	–	5	10	16	983	–	–	20	–
Missouri *	2	251	238	–	21	14	5	873	–	3	727	1
North Dakota	3	1,034	25	–	–	2	3	433	–	1	60	–
South Dakota	1	352	27	–	1	3	–	5	–	–	18	–
Nebraska	15	391	2	1	2	1	1	32	–	2	18	–
Kansas	–	2,134	150	–	8	7	3	763	–	–	633	–
SOUTH ATLANTIC	12	251	414	5	172	151	51	2,655	6	33	1,467	8
Delaware	1	32	6	–	6	3	–	7	–	1	18	–
Maryland	–	39	21	1	17	17	10	129	–	–	36	–
District of Columbia	–	1	3	–	5	–	9	101	–	–	–	–
Virginia	–	22	21	–	15	27	8	639	2	1	305	–
West Virginia	5	121	111	–	5	6	9	952	–	5	171	–
North Carolina	–	–	4	2	34	36	1	73	1	3	38	3
South Carolina	–	–	39	1	28	13	2	36	–	23	725	1
Georgia	5	11	4	1	9	6	3	11	1	–	–	–
Florida	1	25	205	–	53	43	9	707	2	–	174	4
EAST SOUTH CENTRAL	–	255	169	4	126	87	125	3,909	5	8	817	2
Kentucky	–	81	110	3	55	36	22	1,541	1	1	219	1
Tennessee	–	164	33	1	41	38	88	1,770	3	6	571	–
Alabama	–	3	13	–	20	9	7	344	–	1	20	–
Mississippi	–	7	13	–	10	4	8	254	1	–	7	1
WEST SOUTH CENTRAL	23	257	160	5	134	134	109	3,884	10	10	669	9
Arkansas	–	–	6	1	8	9	–	166	–	–	19	–
Louisiana	–	–	13	–	24	27	2	315	–	7	276	3
Oklahoma	11	116	23	–	9	13	9	150	3	–	82	–
Texas *	12	141	118	4	93	85	98	3,253	7	3	292	6
MOUNTAIN	58	1,228	715	1	32	23	15	746	–	5	484	–
Montana *	3	38	369	–	5	1	–	11	–	–	250	–
Idaho	–	5	50	1	5	2	–	12	–	–	72	–
Wyoming	1	1	1	–	–	3	–	2	–	–	–	–
Colorado	35	1,052	29	–	9	4	15	522	–	1	119	–
New Mexico	6	13	52	–	4	2	–	19	–	–	15	–
Arizona	2	56	12	–	1	4	–	–	–	–	2	–
Utah	9	41	3	–	7	4	–	104	–	4	19	–
Nevada	2	22	199	–	1	3	–	76	–	–	7	–
PACIFIC	140	4,999	770	2	81	85	161	6,695	7	35	1,610	7
Washington	17	246	55	1	15	8	58	3,587	–	1	258	–
Oregon	1	188	–	–	4	9	14	517	2	5	128	–
California	119	4,510	658	1	61	62	86	2,525	5	29	1,212	7
Alaska	–	–	–	–	–	3	–	40	–	–	–	–
Hawaii	3	55	57	–	1	3	3	26	–	–	12	–
Guam *	---	15	10	---	2	1	---	17	---	---	6	–
Puerto Rico	---	493	507	---	1	4	---	594	---	---	17	10
Virgin Islands	2	8	22	–	–	–	27	210	–	–	3	2

*Delayed reports: Measles: Vt. 5, Mo. 10
Meningococcal infections: Mo. 2, Guam 1
Mumps: Me. 1, Vt. 7, Guam 2
Pertussis: Mo. delete 1
Rubella: Me. 1, Mo. delete 5, Tex. delete 1, Mont. delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 28, 1975 AND JUNE 29, 1974 (26th 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	824	16,509	54	9	146	36	289	18,814	469,165	426,566	505	12,750	12,385	1,199
NEW ENGLAND	33	682	–	–	8	–	3	512	12,880	10,698	13	439	447	36
Maine	3	48	–	–	–	–	–	50	889	834	–	9	16	23
New Hampshire	–	18	–	–	–	–	–	12	357	316	–	10	7	1
Vermont	3	12	–	–	–	–	–	17	288	301	–	4	1	–
Massachusetts	19	394	–	–	4	–	1	179	6,065	5,130	9	286	323	6
Rhode Island	4	67	–	–	–	–	2	45	1,015	881	–	5	8	1
Connecticut	4	143	–	–	4	–	–	209	4,266	3,236	4	125	92	5
MIDDLE ATLANTIC	138	2,988	2	3	25	5	17	1,991	54,756	51,850	97	2,351	2,743	38
Upstate New York	24	465	1	–	3	–	6	398	9,791	9,700	13	224	275	30
New York City	42	1,239	–	3	12	–	–	612	23,619	22,516	55	1,324	1,580	–
New Jersey *	40	599	1	–	3	2	2	360	7,500	7,388	17	376	449	–
Pennsylvania	32	685	–	–	7	3	9	621	13,846	12,246	12	427	439	8
EAST NORTH CENTRAL	132	2,286	4	2	15	1	9	3,042	76,928	67,526	38	1,067	1,027	47
Ohio *	59	698	–	1	5	1	8	439	20,542	18,015	15	258	141	5
Indiana	17	298	–	–	–	–	–	163	7,098	6,296	–	66	94	3
Illinois	37	567	–	–	8	–	1	1,242	26,555	21,861	18	518	532	12
Michigan *	19	664	1	1	2	–	–	806	15,179	15,435	5	170	212	2
Wisconsin	–	59	3	–	–	–	–	392	7,554	5,919	–	55	48	25
WEST NORTH CENTRAL	26	609	12	–	6	3	10	1,288	23,251	21,832	15	287	305	263
Minnesota	3	76	–	–	2	–	–	80	4,753	4,630	–	54	43	68
Iowa	3	67	1	–	–	–	–	122	3,198	2,982	4	16	18	60
Missouri *	13	296	8	–	4	1	4	672	8,464	7,325	5	160	204	17
North Dakota	1	7	–	–	–	–	–	28	362	341	1	5	4	63
South Dakota	4	40	–	–	–	–	–	41	897	974	1	4	2	16
Nebraska	–	24	1	–	–	–	–	119	2,075	1,811	–	4	5	4
Kansas	2	99	2	–	–	2	6	226	3,502	3,769	4	44	29	35
SOUTH ATLANTIC	175	3,709	12	–	21	16	154	4,246	115,450	108,443	167	4,013	3,859	164
Delaware	–	79	–	–	–	–	2	66	1,625	1,493	4	52	39	–
Maryland	23	592	–	–	3	–	6	537	13,158	10,470	5	298	384	1
District of Columbia	8	190	–	–	–	–	–	26	6,973	9,861	19	339	318	–
Virginia	25	441	6	–	3	6	43	248	11,306	9,732	19	295	406	73
West Virginia *	11	133	–	–	2	–	2	65	1,360	1,200	–	12	9	2
North Carolina *	25	600	–	–	2	7	49	584	16,521	14,766	16	524	464	2
South Carolina	8	225	2	–	2	1	37	259	10,418	11,119	3	265	343	8
Georgia	22	528	4	–	–	2	14	810	21,033	20,378	11	531	588	68
Florida	53	921	–	–	9	–	1	1,651	33,056	29,424	90	1,697	1,308	10
EAST SOUTH CENTRAL	68	1,409	8	2	14	4	27	1,933	39,576	36,616	34	569	617	103
Kentucky	18	252	1	–	6	1	2	334	5,235	4,554	4	86	141	74
Tennessee	20	532	7	2	5	3	22	666	15,638	14,265	11	206	241	13
Alabama	27	427	–	–	2	–	2	483	10,757	10,163	17	145	120	16
Mississippi	3	198	–	–	1	–	1	450	7,946	7,634	2	132	115	–
WEST SOUTH CENTRAL	108	1,893	13	1	6	7	66	2,224	59,151	55,962	43	1,095	1,106	294
Arkansas	18	248	6	–	–	–	6	609	6,264	5,924	4	33	62	45
Louisiana *	13	247	–	1	2	–	–	277	11,080	11,999	9	260	327	4
Oklahoma *	12	174	5	–	–	6	50	223	5,480	4,586	–	43	68	65
Texas *	65	1,224	2	–	4	1	10	1,115	36,327	33,453	30	759	649	180
MOUNTAIN	22	489	1	1	5	–	2	854	18,189	15,944	16	318	278	122
Montana	–	16	–	–	–	–	–	31	1,025	884	–	4	2	95
Idaho	–	13	–	–	–	–	1	38	881	901	–	9	5	–
Wyoming	1	14	1	–	1	–	–	16	443	359	–	6	2	4
Colorado	9	115	–	–	–	–	1	169	4,638	4,350	2	58	68	–
New Mexico	2	65	–	1	2	–	–	111	3,195	2,185	9	93	41	14
Arizona	10	211	–	–	2	–	–	351	4,950	4,667	3	108	121	9
Utah	–	23	–	–	–	–	–	53	1,136	845	1	10	6	–
Nevada	–	32	–	–	–	–	–	85	1,921	1,753	1	30	33	–
PACIFIC	122	2,444	2	–	46	–	1	2,724	68,984	57,695	82	2,611	2,003	132
Washington	6	173	1	–	3	–	1	218	6,266	5,642	–	85	61	–
Oregon	1	99	–	–	–	–	–	261	5,207	5,079	6	62	44	4
California	100	1,875	1	–	42	–	–	2,051	54,654	44,664	74	2,434	1,877	125
Alaska	–	23	–	–	–	–	–	94	1,732	1,209	–	2	1	3
Hawaii	15	274	–	–	1	–	–	100	1,125	1,101	2	28	20	–
Guam *	---	30	–	---	–	---	–	---	208	---	---	3	---	–
Puerto Rico	---	274	–	---	–	---	–	---	1,441	1,606	---	361	442	32
Virgin Islands	–	3	–	1	2	–	–	4	83	388	2	19	35	–

*Delayed reports: TB: N.J. 3, Ohio delete 6, Mich. delete 1, N.C. delete 5, La. delete 1, Guam 2
Tularemia: Ohio delete 1
RMSF: Tex. delete 1
Gonorrhea: Mo. 34 (mil.), W.Va. 4, La. delete 12, Guam 15
Syphilis: La. delete 2, Okla. delete 2

Week No. 26

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING JUNE 28, 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	624	385	165	32	17	25
Boston, Mass.	182	108	46	12	10	7
Bridgeport, Conn.	36	25	11	–	–	1
Cambridge, Mass.	25	19	6	–	–	2
Fall River, Mass.	36	23	6	6	–	2
Hartford, Conn.	44	19	18	2	2	1
Lowell, Mass.	22	8	13	–	–	–
Lynn, Mass.	21	14	5	1	–	–
New Bedford, Mass.	21	18	2	1	–	1
New Haven, Conn.	61	31	20	4	2	2
Providence, R. I.	57	40	12	1	1	2
Somerville, Mass.	10	8	–	2	–	2
Springfield, Mass.	31	20	6	2	1	3
Waterbury, Conn.	27	18	9	–	–	2
Worcester, Mass.	51	34	11	1	1	–
MIDDLE ATLANTIC	2,950	1,762	786	200	97	103
Albany, N. Y.	49	28	11	3	3	–
Allentown, Pa.	23	15	6	2	–	2
Buffalo, N. Y.	123	80	24	16	1	10
Camden, N. J.	37	15	18	3	1	–
Elizabeth, N. J.	24	17	6	1	–	–
Erie, Pa.	43	25	11	4	1	3
Jersey City, N. J.	48	26	14	2	2	–
Newark, N. J.	81	40	21	7	3	2
New York City, N. Y. †	1,410	841	378	101	41	38
Paterson, N. J.	35	17	15	2	1	3
Philadelphia, Pa.	479	286	129	29	20	3
Pittsburgh, Pa.	206	107	72	10	7	16
Reading, Pa.	42	29	7	3	1	1
Rochester, N. Y.	126	86	23	8	5	15
Schenectady, N. Y.	27	20	4	1	1	–
Scranton, Pa.	31	18	12	1	–	2
Syracuse, N. Y.	74	44	19	6	3	1
Trenton, N. J.	29	23	5	–	1	2
Utica, N. Y.	24	21	3	–	–	2
Yonkers, N. Y.	39	24	8	1	6	3
EAST NORTH CENTRAL	2,369	1,380	640	166	81	51
Akron, Ohio	63	40	16	2	3	–
Canton, Ohio	45	29	13	1	1	1
Chicago, Ill.	590	330	160	57	20	16
Cincinnati, Ohio	187	113	52	10	7	–
Cleveland, Ohio	185	100	55	14	8	–
Columbus, Ohio	135	77	41	6	8	6
Dayton, Ohio	88	49	25	7	–	4
Detroit, Mich.	288	150	80	27	13	3
Evansville, Ind.	43	28	10	1	1	1
Fort Wayne, Ind.	58	37	15	–	2	3
Gary, Ind.	26	12	8	4	–	–
Grand Rapids, Mich.	63	40	15	2	4	6
Indianapolis, Ind.	145	85	41	10	2	–
Madison, Wis.	30	12	10	1	3	4
Milwaukee, Wis.	151	107	34	4	3	1
Peoria, Ill.	37	27	5	3	–	–
Rockford, Ill.	34	21	12	1	–	3
South Bend, Ind.	43	28	10	4	1	2
Toledo, Ohio	109	67	26	6	5	1
Youngstown, Ohio	49	28	12	6	–	–
WEST NORTH CENTRAL	699	441	144	44	37	23
Des Moines, Iowa	63	41	14	5	2	4
Duluth, Minn.	28	24	3	–	1	1
Kansas City, Kans.	39	21	8	3	2	1
Kansas City, Mo.	112	70	28	5	5	5
Lincoln, Nebr.	24	20	1	2	1	2
Minneapolis, Minn.	89	56	13	8	4	3
Omaha, Nebr.	72	41	17	3	8	–
St. Louis, Mo.	183	112	39	15	9	2
St. Paul, Minn.	66	45	11	2	4	2
Wichita, Kans.	23	11	10	1	1	3
SOUTH ATLANTIC	1,145	609	345	96	55	32
Atlanta, Ga.	126	68	38	10	5	3
Baltimore, Md.	203	104	67	18	7	1
Charlotte, N. C.	55	30	13	5	6	1
Jacksonville, Fla.	62	34	17	7	2	–
Miami, Fla.	98	56	27	5	6	–
Norfolk, Va.	53	20	19	8	4	3
Richmond, Va.	97	49	31	4	10	6
Savannah, Ga.	42	20	14	7	1	5
St. Petersburg, Fla.	91	75	15	–	1	2
Tampa, Fla.	79	43	22	8	3	2
Washington, D. C.	205	94	72	19	9	9
Wilmington, Del.	34	16	10	5	1	–
EAST SOUTH CENTRAL	642	382	170	47	20	22
Birmingham, Ala.	104	59	31	6	4	2
Chattanooga, Tenn.	42	23	14	4	1	4
Knoxville, Tenn.	36	26	7	2	–	1
Louisville, Ky.	108	72	19	10	4	7
Memphis, Tenn.	145	84	39	11	4	–
Mobile, Ala.	53	28	13	9	–	1
Montgomery, Ala.	34	21	12	1	–	1
Nashville, Tenn.	120	69	35	4	7	6
WEST SOUTH CENTRAL	1,131	636	305	85	47	27
Austin, Tex.	56	28	17	7	3	4
Baton Rouge, La.	29	21	5	3	–	–
Corpus Christi, Tex.	28	15	7	1	4	–
Dallas, Tex.	164	90	49	13	4	1
El Paso, Tex.	53	34	9	3	5	4
Fort Worth, Tex.	83	51	26	1	2	1
Houston, Tex.	205	102	62	20	9	4
Little Rock, Ark.	65	34	22	4	1	5
New Orleans, La.	180	95	53	12	10	1
San Antonio, Tex.	137	84	28	9	7	1
Shreveport, La.	67	43	14	6	1	3
Tulsa, Okla.	64	39	13	6	1	3
MOUNTAIN	520	286	135	26	35	18
Albuquerque, N. Mex.	72	37	14	3	5	2
Colorado Springs, Colo.	28	16	7	4	–	1
Denver, Colo.	115	65	28	4	13	9
Las Vegas, Nev.	28	14	10	2	–	–
Ogden, Utah	18	10	6	–	–	1
Phoenix, Ariz.	119	60	38	5	7	1
Pueblo, Colo.	19	14	4	1	–	2
Salt Lake City, Utah	54	26	13	4	7	1
Tucson, Ariz.	67	44	15	3	3	1
PACIFIC	1,573	961	386	108	58	27
Berkeley, Calif.	20	16	2	2	–	–
Fresno, Calif.	54	22	15	7	6	1
Glendale, Calif.	29	21	7	–	–	–
Honolulu, Hawaii	57	26	14	4	7	–
Long Beach, Calif.	94	69	19	5	–	2
Los Angeles, Calif.	468	285	122	38	10	9
Oakland, Calif.	68	47	12	7	–	2
Pasadena, Calif.	23	15	6	1	1	–
Portland, Oreg.	129	90	19	10	2	3
Sacramento, Calif.	51	30	16	2	–	2
San Diego, Calif.	120	60	40	10	5	1
San Francisco, Calif.	172	97	49	11	8	2
San Jose, Calif.	61	38	17	1	1	–
Seattle, Wash.	134	83	26	5	15	4
Spokane, Wash.	48	33	8	3	3	1
Tacoma, Wash.	45	29	14	2	–	–
Total	11,653	6,842	3,076	804	447	328
Expected Number	11,905	7,037	3,165	804	372	347

†Delayed report for week ending June 21, 1975

HUMAN PLAGUE – Arizona

On June 11, 1975, a 23-year-old man from Chino Valley, Yavapai County, noted pain in his right groin while playing softball. He attributed the pain to a "pulled muscle." The next day he felt feverish and complained of chills, generalized myalgias, and discomfort in his right groin. On June 13 he also complained of nausea, headache, diarrhea, and a tender swelling in the right inguinal region and had a temperature of 40.6°C. On June 14 physical examination revealed a temperature of 37.8°C, lungs clear to auscultation, and a 3x3 cm hot tender right inguinal mass with overlying edema. No rash or skin lesions suggestive of insect bites were present. Admission laboratory data included hemaglobin 19.6 gm, hematocrit 50%, and white blood cell count of 23,300/mm^3 with 81% polymorphonuclear leukocytes, 3% band cells, 15% lymphocytes, and 1% monocytes. A chest X-ray was normal. Blood cultures were obtained, and the patient was given intravenous ampicillin.

On the second hospital day the patient became delirious and developed dyspnea, a left-sided pneumonia, and profound hypotension requiring intravenous fluids and vasopressors. Intravenous tetracycline, gentamicin, and corticosteroids were started. On the third hospital day the following findings were noted: a purpuric skin rash most prominent on the lower extremities, marked thrombocytopenia, elevated blood urea nitrogen and creatinine, and bilateral lower lobe pneumonia with hypoxemia requiring a tracheostomy. Gram stains of tracheal secretions and a bubo aspirate revealed bipolar-staining gram negative rods. The patient was also started on intramuscular streptomycin. By the sixth hospital day the bilateral pulmonary infiltrates had markedly diminished, and the patient no longer required vasopressors. The skin overlying the distal phalanges of several fingers and toes showed dry gangrenous changes. On the eleventh hospital day the patient's serum creatinine was 3.2 mg%, and a platelet count was 3,000/mm^3. A bone marrow aspirate revealed a hyperplastic marrow, and a subsequent platelet count was 104,000/mm^3. *Yersinia pestis* was isolated from blood cultures and a bubo aspirate by the hospital laboratory and confirmed at CDC. The patient is recovering.

Six family and social contacts and 105 hospital contacts with varying degrees of exposure to the patient before the institution of respiratory isolation were placed on prophylactic tetracycline (1 gm/day orally). None of the contacts developed primary pneumonic plague.

In the 8-day period before his illness the patient spent much of his time in Chino Valley and in Prescott where he is employed as a machinist. He also visited numerous rural areas in Yavapai County. The patient had contact with domestic dogs and cats at several locations but denied handling rodents. He does not recall being bitten by fleas before his illness.

Field investigations included (a) collecting ectoparasites and serum specimens from trapped rodents and (b) obtaining serum samples from domestic carnivores in several suspect areas. Specimens from field investigations are being processed at CDC.

(Reported by James V Favata, MD, Private Physician, Phoenix; Charles E Strickland, MD, Clinical Pathologist, John C Lincoln Hospital, Phoenix; Frank J Marks, Assistant to the State Epidemiologist, John M Doll, PhD, Vector Control Specialist, Philip M Hotchkiss, DVM, State Public Health Veterinarian, and Loren A Anderson, MD, State Epidemiologist, Arizona Department of Health Services; Plague Branch, Vector-Borne Diseases Division, Bureau of Laboratories and Bacterial Zoonoses Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC.)

Editorial Note

This is the fifth bacteriologically confirmed human plague case in the United States in 1975, the third case reported from Arizona this year, and the first human plague case ever reported from Yavapai County. The patient described above developed bubonic plague complicated by bilateral pneumonia. Although a culture of a tracheal aspirate (obtained when the patient was receiving tetracycline, gentamicin, and ampicillin) was negative for *Y. pestis*, the clinical course and the presence of bipolar-staining gram negative rods in the tracheal aspirate leave little doubt that the patient had plague pneumonia.

Investigation of each human bubonic plague case (and institution of appropriate surveillance and control measures) is important since a patient who develops secondary plague pneumonia may act as a source of epidemic pneumonic plague. Prompt administration of prophylactic sulfonamides or tetracycline to close contacts of pneumonic plague patients to reduce the likelihood of disease among exposed individuals is recommended. The last outbreak of pneumonic plague in the United States occurred in Los Angeles in 1924-25 (*1*). In that outbreak 33 cases of pneumonic plague occurred with 31 fatalities.

Reference

1. Link VB: A history of plague in the United States of America. Public Health Monograph No. 26. Washington, Government Printing Office, 1955

CURRENT TRENDS
MENINGOCOCCAL DISEASE IN BELGIUM, 1973

Compiled from extensive surveillance data, the following is a summary of Belgium's 1973 annual report on meningococcal disease. A total of 418 cases and 50 deaths were reported in 1973, with a yearly attack rate of 4.28 per 100,000 and a case fatality ratio of 11.9. The annual incidence was below the mean of 463 recorded in the 3 preceding years but well above the mean of 48.1 recorded in the decade of the 1960s. A total of 14.6% of cases were in children less than 1 year of age, and 68% were in those 0-4 years, where 90% of deaths occurred. A total of 2.7% of cases occurred in persons over age 20. The pattern of age distribution and mortality was quite similar to that reported in 1970 through 1972. As in those previous years males were more frequently affected (59%); their mortality rate, however, was not higher than that of females. Some 64% of cases occurred in the 6-month period from January through June.

Six cases occurred among case family members and were considered secondary cases (they occurred more than

MENINGOCOCCAL DISEASE – Continued

1 day and less than 31 days after the primary case). The secondary cases in families accounted for 1.4% of all cases.

Patients with petechiae had a case fatality ratio of 18.3% compared to the overall case fatality ratio of 11.9%. Eighty percent of the deaths occurred within 24 hours.

The serogroup was known in 63 cases: 53 were serogroup B (84%), 6 were C (9.5%), and 4 were A (6.3%). Seventy-nine percent of the serogroup B cases occurred in children less than 5 years old. There were too few cases of the other serogroups identified to consider their age distribution representative. Carrier prevalence studies conducted in school children indicated the overall prevalence of meningococcal carriage was 7.7%. Among positives 0.4% were serogroup A, 72.0% B, 9.4% C, and 8.8% Y. Among 88 case family members cultured the prevalence of carriage was 26%. Of these isolates 87% were B and 9% C.

Sulfadiazine resistance was noted in 50% of 6 serogroup A isolates, 7.1% of 439 B isolates, 19.5% of 41 C isolates, and 5.8% of 34 Y isolates. The prevalence of resistance has risen in serogroup C isolates since 1971 but has remained stable in B isolates. There are insufficient data to evaluate the trend among other serogroups.

(Abstracted from Meningococcal Infection in Belgium 1973 *by D Heyne, MD, published by the Belgian Ministry of Public Health.)*

Editorial Note

Since 1970 the incidence of meningococcal disease in Belgium has exceeded the endemic level. The most prevalent serogroup is B which is not generally recognized as a strain responsible for major epidemics. The overall attack rate is approximately 6 times greater than that calculated for the United States in 1973 and 1974 (*1,2*). The seasonal distribution is similar to that seen in this country. The most prevalent serogroup in the United States in 1973 and 1974 was also serogroup B (46%), and the age distribution of serogroup B cases paralleled that reported from Belgium.

In 1974 in the United States the proportion of sulfa-resistant strains decreased to 23.2% but still remained higher than that encountered in Belgium. The most highly sulfa-resistant serogroup in this country is serogroup C (68%) (*2*).

From the data presented in this report an estimated secondary attack rate can be calculated. Assuming an average family size of 5, 1,672 persons would have been exposed to a primary case. Of these, 6 actually became ill, indicating an attack rate of 358 per 100,000 or 84 times greater than the overall attack rate. The data on secondary attack rates presented in this report support the view that household contacts of cases are at considerably higher risk of meningococcal disease than is the general population.

References

1. McCormick JB, Weaver RE, Thornsberry C, and Feldman RA: Trends in disease caused by *Neisseria meningitidis* 1972 and 1973. JID 130:212-214, 1974

2. Jacobson JA, Weaver RE, Thornsberry C: Trends in meningococcal disease 1974. In press

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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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