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MORBIDITY AND MORTALITY WEEKLY REPORT 809

809 Notice to Readers

Epidemiologic Notes and Reports

# Outbreaks of Salmonella enteritidis Gastroenteritis — California, 1993

Foodborne infections cause an estimated 6.5 million cases of human illness and 9000 deaths annually in the United States (1). *Salmonella* is the most commonly reported cause of foodborne outbreaks, accounting for 28% of such outbreaks of known etiology and 45% of outbreak-associated cases during 1973–1987 (2). During 1985–1992, state and territorial health departments reported 437 *Salmonella enteritidis* (SE) outbreaks (Table 1), which accounted for 15,162 cases of illness, 1734 hospitalizations, and 53 deaths. This report describes three SE outbreaks in California during a 4-month period in 1993.

## **Outbreak 1: Los Angeles County**

In January 1993, routine surveillance for salmonellosis identified four unrelated persons with gastroenteritis and stool cultures yielding SE who recently had eaten at a local restaurant; one person had been hospitalized. The mean period from eating at the restaurant to onset of illness was 20 hours (range: 11–24 hours); duration of

	North	neast <sup>†</sup>	Outside N	Northeast	Тс	otal
Year	No.	(%)	No.	(%)	No.	(%)
1985	21	(81)	5	(19)	26	(6)
1986	39	(81)	9	(19)	48	(11)
1987	40	(77)	12	(23)	52	(12)
1988	24	(60)	16	(40)	40	(`9)
1989	58	(77)	17	(23)	75	(17)
1990	32	(48)	35	(52)	67	(16)
1991	34	(51)	33	(49)	67	(16)
1992	39	(71)	16	(29)	55	(13)
Total	287	(67)	143	(33)	430	(100)

TABLE 1. Reported outbreaks*	of Salmonella enteritidis	infection, by region - United
States, 1985–1992		

\* Seven outbreaks that originated outside the United States and its territories were not included. <sup>†</sup>Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

### U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / Public Health Service

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symptoms ranged from 1 to 14 days. All four isolates were phage type 13a and plasmid profile type 2 (36 and 3.7 megadalton plasmids), an unusual pattern among SE isolates. All four ill persons reported having eaten an egg-based dish (omelette, scrambled eggs, or egg salad) at the restaurant during December 26, 1992–January 6, 1993.

An investigation by the Los Angeles County Department of Health Services involved the four reported cases, five well meal companions, and 100 restaurant patrons identified through credit card receipts; two additional cases were identified. A case was defined as onset of diarrhea (three or more loose stools in a 24-hour period) plus fever, abdominal cramps, nausea, and/or vomiting within 3 days after eating at the restaurant. Five of the six case-patients had eaten an egg-based dish, compared with 16 (16%) of 103 well persons (odds ratio [OR]=27.2; 95% confidence interval [CI]=2.7–1300); no other food was associated with illness.

Inspection of the restaurant revealed that egg salad was stored on a cold table at a holding temperature of 60 F (15.5 C), a temperature that allows growth of *Salmonella*. For pooled egg dishes, 22–30 dozen extra-large grade AA eggs were pooled several times daily and stored in a walk-in refrigerator. A 2-quart container of pooled eggs was stored in a reach-in refrigerator. The temperature of the pooled eggs in the reach-in refrigerator was 50 F (10 C); California regulations require eggs to be refrigerated at  $\leq$ 45 F ( $\leq$ 7.2 C).

In February, cultures of swabs of utensils used for pooling and storing the eggs were negative for SE, and rectal swabs obtained from all 43 food handlers at the restaurant also were negative. No eggs from the implicated shipment remained. Eggs from a later shipment from the same distributor, delivered February 9, did not yield SE.

The U.S. Department of Agriculture (USDA) *Salmonella enteritidis* Control Program and the California Department of Food and Agriculture (CDFA) attempted to trace the implicated eggs back to the farm of origin. However, the traceback was terminated because the eggs were purchased from a distributor who bought and mixed eggs from many different suppliers. Current USDA *Salmonella* regulations limit the testing of flocks to a single, clearly implicated flock.

### **Outbreak 2: San Diego County**

In February 1993, 23 persons who had eaten at a local restaurant on February 16 developed abdominal cramps and diarrhea; two were hospitalized. The mean period from eating at the restaurant to onset of illness was 20 hours (range: 3.5–77.0 hours); duration of symptoms ranged from 2 to 14 days. Stool cultures from 11 of 13 ill persons tested yielded SE; all isolates were phage type 13a and plasmid profile type 2, indistinguishable from the SE strains in outbreak 1.

An investigation by the San Diego County Department of Health Services involved the 23 reported cases and 24 well meal companions. A case was defined as onset of diarrhea (three or more loose stools in a 24-hour period) within 5 days after eating at the restaurant. Eighteen (78%) of the 23 case-patients had eaten an entree served with hollandaise or bearnaise sauce, compared with three (13%) of 24 well persons (OR=25.2; 95% CI=4.4–170.7).

The hollandaise sauce, also used as a base for the bearnaise sauce, was prepared with 12 pooled raw egg yolks. A new batch was prepared at the beginning of each

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meal shift and placed in a clean dispenser. The dispenser was kept under a heat lamp for up to  $3\frac{1}{2}$  hours at approximately 100 F–120 F (37.8 C–48.9 C).

Traceback of implicated eggs by USDA and CDFA indicated they had been purchased from the same distributor that had provided eggs to the restaurant involved in outbreak 1. Again, traceback was terminated.

### **Outbreak 3: Santa Clara County**

In March 1993, 22 persons who had eaten at a local sandwich shop during February 28–March 4 developed diarrhea, fever, and abdominal cramps; none were hospitalized. Stool cultures from all 22 ill persons yielded SE; all isolates were phage type 13a and plasmid profile type 2, indistinguishable from the SE strains in outbreaks 1 and 2. Preliminary findings of a case-control study conducted by the Santa Clara County Health Department implicated sandwiches as the vehicle of transmission; no other food was associated with illness. Further investigation revealed that mayonnaise was the only food ingredient containing a raw product of animal origin and was common to all sandwiches eaten by ill persons. None of the implicated mayonnaise remained at the time of the investigation, but unrefrigerated eggs from the implicated shipment obtained from the sandwich shop were cultured in five pools of 10 eggs each; one of the pools yielded SE. This isolate was phage type 13a and plasmid profile type 2. Traceback of implicated eggs by USDA and CDFA indicated they had been purchased from the same distributor that had provided eggs to the two restaurants in outbreaks 1 and 2. Again, traceback was terminated.

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Editorial Note: Although most reported SE outbreaks have occurred in the New England and Mid-Atlantic states (*3*), an increasing proportion of outbreaks has been reported from other areas (Table 1). From 1976 through 1991, the proportion of reported *Salmonella* isolates in the United States that were SE increased from 5% to 20%; SE was second only to *S. typhimurium*, except in 1989 and 1990, when SE was the most frequently reported serotype. In California, only four SE outbreaks had been reported since 1985, when active surveillance for SE outbreaks began; the proportion of reported *Salmonella* isolates that were SE increased from 5% to 13% from 1985 through 1992 and to 21% for the first half of 1993.

An estimated 0.01% of all shell eggs contain SE, although this percentage may be higher in the northeastern United States (4). Consequently, foods containing raw or undercooked eggs (e.g., homemade mayonnaise, hollandaise sauce, and runny omelettes) pose a slight risk for infection with SE. In contrast, commercial mayonnaise is made with pasteurized eggs and is safe. Outbreaks of salmonellosis—some of substantial magnitude—may occur when commercial kitchens serve foods made with contaminated shell eggs that have not been sufficiently cooked to kill *Salmonella*. This is particularly likely when refrigeration is inadequate or holding temperatures are too

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low and when eggs are pooled, whereby a single contaminated egg can contaminate a large pool. However, egg-handling practices of affected restaurants may be similar to the routine practices of many other restaurants (5). In August 1990, FDA issued recommendations to state agencies that directly regulate commercial establishments concerning the proper handling of shell eggs by restaurants, grocery stores, caterers, institutional feeders, and vending operators. These recommendations include guidelines on refrigeration, cooking, pooling, and substitution with pasteurized eggs.

The temporal clustering of the outbreaks in this report and the same unusual combination of phage type and plasmid profile type common to all three outbreaks suggest that one farm supplied contaminated eggs to all three restaurants. However, because eggs are distributed nationwide and 70% of eggs sold by the distributor in California were obtained or purchased from other states, the source farm may have been outside California. During most egg-associated traceback efforts, the outbreak strain of SE is almost always found on the source farm (6).

Most SE infections occur as sporadic cases or in limited family outbreaks, rather than as part of large common-source outbreaks. Such sporadic cases also are often associated with eating undercooked eggs (7). The risk for infection acquired through consumption of contaminated foods prepared in the kitchens of private homes can be reduced through improved education of consumers regarding the risks of eating raw or undercooked eggs and through increased availability of pasteurized eggs in the retail marketplace. Because most serious illnesses and deaths associated with salmonellosis occur among infants, the elderly, and immunocompromised persons (8,9), persons in these groups should not be served foods containing raw or undercooked eggs. In addition, hospitals, nursing homes, and commercial kitchens should use pasteurized egg products for all recipes requiring pooled eggs or lightly cooked eggs and should refrigerate all eggs and egg products.

On October 27, 1992, the USDA Agricultural Marketing Service published a proposed rule on requirements for storage and transport temperatures of eggs and for carton labeling aimed at increasing the safety of raw shell eggs nationwide.\* The comment period for this proposed rule ended March 29, 1993; final regulations are pending and subject to revised legislation. In addition, on August 2, 1993, the USDA Animal and Plant Health Inspection Service (APHIS) published a proposed rule that would revise current USDA regulations concerning chicken infection caused by SE.<sup>†</sup> These proposed changes will improve control of the spread of SE in commercial eggtype chicken flocks and include a provision that allows identification of more than one flock as the probable source of eggs causing an SE outbreak. The comment period for this proposed rule has been extended to November 15, 1993. Additional information is available from Dr. John Mason, Director *Salmonella enteritidis* Control Program, Veterinary Services, APHIS, USDA, Room 205, Presidential Building, 6525 Belcrest Road, Hyattsville, MD 20782; telephone (301) 436-4363.

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# Epidemiologic Notes and Reports

## Morbidity Surveillance Following the Midwest Flood — Missouri, 1993

Heavy spring and summer rains during 1993 caused flooding by both the Mississippi and Missouri rivers and by streams in 84 of the 115 counties in Missouri; all 84 were declared federal disaster areas. The Mississippi River attained flood stage during July 15–August 2, and the Missouri River, during July 25–August 2; a total of 2,060,757 acres were submerged, and approximately 60,000 persons throughout Missouri were displaced (National Weather Service, unpublished data, 1993). At the request of the Missouri Department of Health, CDC provided assistance in implementing a surveillance system to monitor flood-related injuries and illnesses in the affected areas. This report presents preliminary findings of these surveillance efforts.

Routine public health surveillance in Missouri is based on active and passive surveillance systems for communicable, environmental, and occupational diseases. Because of public health concerns regarding the flood, additional surveillance systems were implemented during the impact and recovery phases of the flood and included 1) emergency shelter-based active surveillance to identify disease outbreaks or clusters of adverse health events (local communicable disease coordinators and other volunteers made daily phone calls to shelters to monitor flood-related injuries and illnesses and to obtain total daily census figures) and 2) hospital emergency department-based passive surveillance in 31 hospitals to identify flood-related injuries and illnesses.

The highest number of persons reported residing in shelters was 702 on July 28. The highest number of reported flood-related injuries and illnesses in shelters was 40 on July 26, when 510 persons resided in shelters. No acute disease outbreaks were identified by the active surveillance system during or after the flood.

### Midwest Flood — Continued

Emergency departments used a standardized questionnaire to provide daily reports of visits for injuries and illnesses. During July 16–September 3, 524 flood-related conditions were reported through this system. Of these, 250 (47.7%) were injuries, 233 (44.5%) were illnesses, 39 (7.4%) were listed as "other," and two (0.4%) were listed as "unknown." A total of 234 patients were treated and released after initial presentation to a hospital emergency department; 32 were hospitalized. In 249 cases, the hospitals did not report the patients' final dispositions. Of the 250 reported injuries, the most common were sprains/strains (86 [34%]), lacerations (61 [24%]), "other injuries" (28 [11%]), and abrasions/contusions (27 [11%]). Of the 233 reported illnesses, the most frequently reported were gastrointestinal (40 [17%]), rashes/dermatitis (38 [16%]), heat-related (31 [13%]), and "other conditions" (47 [20%]).

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**Editorial Note**: The findings in this report are consistent with those in a previous report from lowa that documented a substantial number of persons hospitalized for flood-related conditions (1). These findings underscore the importance of flood-related morbidity surveillance in assessing the need and planning for public health intervention measures.

The public health impact of floods and other disasters may reflect secondary effects of the disaster, such as population displacement and disruption of existing health services (2). In Missouri, although widespread flooding caused substantial population displacement, most persons displaced by the flood had access to health-care and medical services and to sanitary facilities throughout the impact phase. In addition, the findings of active surveillance at emergency shelters suggested that displaced persons were housed in shelters for only short periods and that they were able to secure temporary housing. During the recovery phase, most emergency shelters were not needed and were therefore closed.

In addition to guiding public health and health-care relief efforts, the findings in this report assisted public health officials in responding to public and media inquiries and will assist in planning surveillance strategies for future disasters. For example, the surveillance systems in Missouri were limited to she lters and emergency departments. However, to more accurately monitor flood-related morbidity in the future, surveillance will be expanded to include institutions and facilities that have been effective locations in previous flood disasters (e.g., relief agencies, outpatient medical clinics, disaster-assistance centers, state public health facilities, and physicians' offices) (*3*).

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# Human Rabies — New York, 1993

In August 1993, a fatal case of human rabies in an 11-year-old girl was reported to the New York State Department of Health; this was the first indigenously acquired fatal case diagnosed in New York in 39 years. This report summarizes the investigation of this case.

On July 5, the girl complained of pain in the knuckles on her left hand. During July 6–7, she had increasing pain that extended up to the left shoulder. On July 8, a pediatrician diagnosed musculoskeletal pain and bilateral ear effusions; a throat culture was obtained and amoxacillin was prescribed.

On July 9, the patient developed fever, severe muscle spasms of the left arm, difficulty walking, and hallucinations. On evaluation in an emergency department on July 10, she had fever (101.1 F [38.6 C]), otitis media in her left ear, nonexudative pharyngitis, and a maculopapular rash on the chest; there were no focal neurologic or meningeal signs. The throat culture obtained July 8 was positive for presumed streptococcus group A, and recurrent streptococcal pharyngitis and otitis media were diagnosed. She was treated with intravenous ceftriaxone, normal saline, and oral antipyretics and was discharged with a prescription for cefaclor.

She subsequently would not drink, withdrew when offered a drink, and had difficulty swallowing oral secretions. On evaluation in a hospital emergency department on July 11, she had a temperature of 105.3 F (40.7 C), mild meningismus but no focal neurologic findings; a white blood cell (WBC) count was elevated at 13,300. A lumbar puncture revealed 23 WBCs per cubic millimeter (mm<sup>3</sup>) (100% lymphocytes) and 1200 red blood cells per mm<sup>3</sup>. Viral meningoencephalitis or meningococcal infection was diagnosed. She was treated with ceftriaxone and dexamethasone intravenously and transported by helicopter ambulance to a tertiary-care medical center.

On admission to the pediatric intensive-care unit, she was alert, oriented, and cooperative but agitated; her pupils were unequal but reactive. Acyclovir was added to her treatment regimen. The patient developed respiratory distress, hypertension, and tachycardia and was placed on mechanical ventilation; cardiac arrhythmias subsequently occurred, and she suffered nonreversible cardiac arrest.

An autopsy was performed on July 12; although unfixed brain tissue was not obtained for viral or bacterial diagnosis, cerebral edema was noted. During August 2–3, examination of routine histopathologic slides of brain tissue revealed encephalitis with severe involvement of the midbrain, pons and medulla, and possible Negri bodies. Culture of cerebrospinal fluid (CSF) obtained July 11 for rabies virus and tests of serum and CSF for rabies antibody were negative at the New York State Department of Health. However, specimens tested by the rabies fluorescent antibody technique (FA) indicated fluorescent inclusions in the brain stem, midbrain, and Purkinje cells of the cerebellum. Rabies diagnosis was confirmed at CDC by FA testing and histologic examination of formalin-fixed and paraffin-embedded tissue. The RNA extracted from formalin-fixed brain tissue was reverse transcribed and amplified by polymerase chain reaction. The nucleotide sequence identified a viral variant associated with rabies in insectivorous bats.



### FIGURE I. Notifiable disease reports, comparison of 4-week totals ending October 16, 1993, with historical data — United States

\*The large apparent decrease in reported cases of measles(total) reflects dramatic fluctuations in the historical baseline. (Ratio (log scale) for week forty-one is 0.01380).

<sup>†</sup>Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where thehatched area begins is based on the mean and two standard deviations of these 4-week totals.

	Cum. 1993		Cum. 1993
AIDS* Anthrax Botulism: Foodborne Infant Other Brucellosis Cholera Congenital rubella syndrome Diphtheria Encephalitis, post-infectious Gonorrhea Haemophilus influenzae (invasive disease) <sup>†</sup>	83,485 13 53 2 70 16 6 137 298,522 931 124	Measles: imported indigenous Plague Poliomyelitis, Paralytic <sup>§</sup> Psittacosis Rabies, human Syphilis, primary & secondary Syphilis, congenital, age < 1 year Tetanus Toxic shock syndrome Trichinosis Tuberculosis	55 205 8 - 43 1 20,096 1,493 35 188 10 16,599
Leptospirosis Lyme Disease	33 5,426	Typhoid fever Typhus fever, tickborne (RMSF)	264 394
-			4

### TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending October 16, 1993 (41st Week)

\*Updated monthly; last update October 2, 1993. <sup>†</sup>Of 884 cases of known age, 287 (32%) were reported among children less than 5 years of age. <sup>§</sup>Two (2) cases of suspected poliomyelitis have been reported in 1993; 4 of the 5 suspected cases with onset in 1992 were confirmed; the confirmed cases were vaccine associated.

<sup>¶</sup>Reports through second quarter of 1993.

		Aseptic	Enceph	alitis			Нер	oatitis (\	/iral), by t	type		
Reporting Area	AIDS*	Menin- gitis	Primary	Post-in- fectious	Gono	orrhea	Α	В	NA,NB	Unspeci- fied	Legionel- losis	Lyme Disease
	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993
UNITED STATES	83,485	9,590	673	137	298,522	389,355	16,592	9,468	3,883	489	973	5,426
NEW ENGLAND	4,183	321	15	8	6,555	8,132	394	378	452	13	64	1,539
Maine	118	33 43	2	- 2	74	82 94	15 33	10 87	4 370	- 3	5	11 56
Vt.	58	37	4	-	19	23	5	7	2	-	2	5
Mass.	2,210	130	7	4	2,373	2,933	188	210	68	10	35	157
K.I. Conn	274	/8	2	2	336	55 I 4 449	67 86	20	8	-	18	242
MID ATLANTIC	20 227	676	47	8	35 153	43 932	826	1 061	300	5	191	2 715
Upstate N.Y.	3,118	376	31	5	7,004	8,686	306	328	196	1	62	1,438
N.Y. City	10,941	104	1	-	9,906	15,873	177	121	1	-	3	3
Pa.	2,259	- 196	15	3	14,398	13,422	118	286	30	4	97	657
E.N. CENTRAL	6,686	1,662	149	26	56,283	73,921	1,849	1,123	486	13	249	80
Ohio	1,286	580	54	4	17,604	21,993	235	151	32	-	131	34
ina. III	2.423	186 369	18 30	3	6,270	24.310	521 592	207	13 59	5	47 12	21
Mich.	1,606	489	37	8	14,180	17,045	168	321	348	7	48	17
Wis.	653	38	10	-	4,642	3,463	333	252	34	-	11	-
W.N. CENTRAL	2,694	605	25	10	16,463	20,855	1,870	517	141	14	76	146
lowa	159	129	4	2	1,931	1.325	344 44	28	8	2	11	8
Mo.	1,466	179	2	8	9,546	11,665	1,172	364	102	8	21	38
N. Dak. S. Dak	2	12 19	35	-	38 193	61 145	63 16	-	-	-	1	2
Nebr.	164	21	1	-	476	1,338	163	14	8	-	35	4
Kans.	302	170	3	-	3,020	3,922	68	53	15	-	7	37
S. ATLANTIC	17,732	2,007	186	54	79,548	116,662	957	1,766	559	67	171	750
Del. Md.	2.039	65 197	3 22	-	12.728	12.582	10	221	121	- 5	42	359 135
D.C.	1,181	33	-	-	3,596	4,787	9	35	1	-	13	2
Va. W. Va	1,273	238 25	36 94	6	9,400 503	13,073 682	110 20	111	29 27	31	6	63 41
N.C.	960	200	27	-	19,839	19,978	64	248	58	-	22	73
S.C.	1,269	24	-	-	8,570	8,878	17	41	3	1	18	9 25
Fla.	2,328 8,308	1,086	3	48	19,079	21,727	523	767	104	29	25	33
E.S. CENTRAL	2,179	626	31	7	34,731	38,632	235	1,084	784	4	38	24
Ky.	275	263	10	6	3,786	3,797	89	71	10	-	14	7
Ala.	611	152	8	-	9,564 13,103	12,336	69 48	920 87	760	3 1	2	14
Miss.	396	64	12	1	8,278	9,228	29	6	10	-	6	-
W.S. CENTRAL	8,451	1,070	53	2	36,445	42,248	1,749	1,319	257	139	26	54
Ark. La	327	56 73	1	-	6,964 9,518	6,109 11 674	44	49 177	4 114	2	3	2
Okla.	648	1	7	-	3,313	4,323	140	248	92	10	11	20
Tex.	6,448	940	40	2	16,650	20,142	1,499	845	47	124	9	31
MOUNTAIN	3,375	570	25	4	8,697	9,959	3,180	470	268	68	59	21
Idaho	29 58	10	-	-	136	88 90	65 196	39	2	- 3	5 1	2
Wyo.	33	6	-	-	67	46	11	25	88	-	6	9
Colo. N. Moy	1,106	181 111	11	- 2	2,775	3,606	735	60 173	42	36	7	- 2
Ariz.	1,136	154	8	-	3,180	3,416	1,163	73	13	12	12	-
Utah	231	40	1	-	268	272	606	41	24	13	8	3
	015 17.050	00 2 05 2	140	10	1,408	1,095	107 5 5 2 2	52 1 750	13	144	CI	5
Wash.	1.337	2,053	142	18	24,647 3,002	35,014	5,53∠ 635	1,750	030 153	9	99 10	97 4
Oreg.	680	-	-	-	1,225	1,298	84	30	12	1	-	2
Calif. Alaska	15,586 58	1,929 17	136 4	18	19,453 401	29,609 528	4,139 611	1,507 o	458 10	153	80	90
Hawaii	297	107	1	-	476	422	63	19	3	3	9	1
Guam	-	2	-	-	39	50	2	2	-	1	-	-
P.R.	2,338	47	-	-	402	192	72	329	76	2	-	-
Amer. Samoa	40	-	-	-	37	80 37	- 16	4	-	-	-	-
C.N.M.I.	-	3	-	-	64	62	-	1	-	1	-	-

# TABLE II. Cases of selected notifiable diseases, United States, weeks endingOctober 16, 1993, and October 10, 1992 (41st Week)

N: Not notifiable U: Unavailable \*Updated monthly; last update October 2, 1993. C.N.M.I.: Commonwealth of Northern Mariana Islands

			Measle	s (Rube	ola)		Menin-								
Reporting Area	Malaria	Indig	enous	Impo	orted*	Total	gococcal Infections	Mu	mps	F	Pertussi	s		Rubella	a
	Cum. 1993	1993	Cum. 1993	1993	Cum. 1993	Cum. 1992	Cum. 1993	1993	Cum. 1993	1993	Cum. 1993	Cum. 1992	1993	Cum. 1993	Cum. 1992
UNITED STATES	897	-	205	-	55	2,174	1,869	11	1,281	230	4,339	2,302	2	168	140
NEW ENGLAND	69 2	-	57	-	5	65	101	-	8	9	621 19	186 11	-	1	6
N.H.	6	-	2	-	-	13	13	-	-	5	231	45	-	-	-
Vt. Mass.	1 34	-	30 14	-	1 3	- 21	6 55	-	- 2	1	68 234	9 85	-	-	-
R.I.	2	-	-	-	1	21	1	-	2	-	6	1	-	-	4
	24 132		9	-	-	0 205	220	- 1	4	3 20	03 548	30 138	-	-	10
Upstate N.Y.	46	-	-	-	2	111	98	-	34	8	223	87	-	10	7
N.Y. City N.J.	24 40	-	5	-	2	56 38	37	-	12	-	/ 51	40	-	22 16	- 3
Pa.	22	-	-	-	-	-	66	1	51	12	267	-	-	6	-
E.N. CENTRAL	61 13	-	16 5	-	7	60 6	293 84	1	195 66	26 20	956 336	483 60	-	6 1	9
Ind.	3	-	1	-	-	20	49	-	3	2	101	31	-	1	-
Mich.	14	-	5 5	-	- 1	13	82 49	- 1	50 61	4	252 81	40	-	2	8 1
Wis.	-	-	-	-	3	4	29	-	15	-	186	341	-	1	-
W.N. CENTRAL Minn.	28 8	-	1	-	2	11 10	121 7	1	44	72 63	440 254	191 33	-	1	8
lowa Mo	3	-	-	-	-	1	24	1	9 25	5	35 111	5	-	- 1	3
N. Dak.	2	-	-	-	-	-	3	-	5	-	3	13	-	-	-
S. Dak. Nebr.	2 4	-	-	-	-	-	3 10	-	- 2	4	8 13	14 10	-		-
Kans.	2	-	-	-	2	-	27	-	1	-	16	24	-	-	4
S. ATLANTIC	244 2	-	17 1	-	13	125 1	346 13	2	379 5	81 -	469 14	136 7	-	9 2	18
Md.	36		-		4	16	43		67	3	117	23		2	5
D.C. Va.	25	- -	-	U -	- 4	- 15	5 38	-	25	-	52	10	U -		-
W. Va. N.C.	2 94	-	-	-	-	- 24	12 58	1	16 197	- 21	9 92	7 35	-	-	1
S.C.	5	-	-	-	-	29	31	-	15	51	64	10	-	-	7
Ga. Fla.	15 54	-	- 16	-	- 5	3 37	69	- 1	14 39	2	32 78	14 29	-	- 5	- 5
E.S. CENTRAL	25	-	1	-	-	461	120	-	46	3	257	26	-	1	1
Ky. Tenn.	4 10	-	-	-	-	444	20 35	-	- 13	- 2	29 161	1 7	-	- 1	- 1
Ala.	6	-	1	-	-	- 17	38	-	22	1	56	15	-	-	-
WS CENTRAL	22		- 8	-	- 3	1 102	186	- 3	183	-	147	د 199	-	- 17	-7
Ark.	3	-	-	-	-	-	19	-	4	-	10	14	-	-	-
La. Okla.	3	-	1	-	-	- 11	34 25	-	17	- 1	9 86	8 28	-	1	-
Tex.	12	-	7	-	3	1,091	108	3	151	-	42	149	-	15	7
MOUNTAIN Mont.	30 2	-	5	-	1	35	150 13	1	59	5	349 7	338 7	-	9	-
Idaho Wwo	1	-	-	-	-	-	11	-	5	-	109	41	-	2	1
Colo.	18	-	2	-	1	29	30	-	16	5	117	56	-	-	1
N. Mex. Ariz.	5	-	- 2	-	-	23	5 70	N -	N 13	-	36 48	89 110	-	- 2	2
Utah	1	-	-	-	-	-	11	-	4	-	27	33	-	4	1
PACIFIC	286	-	89	-	- 18	- 110	332	2	268	- 13	552	ے 605	2	70	2 74
Wash.	27	-	-	-	-	10	61	-	10	-	59	188	-	-	6
Calif.	4 248	-	- 78	-	-7	3 56	23 222	N 2	N 229	12	458	39 345	2	3 39	44
Alaska Hawaii	1	-	- 11	-	2	9 32	13 13	-	8 21	-	5 12	13 20	-	1 27	- 23
Guam	1	U	2	U	-	10	1	U	6	U	-	- 20	Ū	-	23
P.R.	-	-	224	-	-	339	8	-	3	-	6	12	-	-	-
Amer. Samoa	-	U	- 1	U	-	-	-	U	4	U	2	6	U	-	-
C.N.M.I.	-	-	-	-	1	2	-	-	12	-	1	1	-	-	-

# TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending October 16, 1993, and October 10, 1992 (41st Week)

\*For measles only, imported cases include both out-of-state and international importations. N: Not notifiable U: Unavailable <sup>†</sup> International <sup>§</sup> Out-of-state

Cum.         Cum. <th< th=""><th>Reporting Area</th><th>Syp (Primary &amp;</th><th>hilis Secondary)</th><th>Toxic- Shock Syndrome</th><th>Tuber</th><th>culosis</th><th>Tula- remia</th><th>Typhoid Fever</th><th>Typhus Fever (Tick-borne) (RMSF)</th><th>Rabies, Animal</th></th<>	Reporting Area	Syp (Primary &	hilis Secondary)	Toxic- Shock Syndrome	Tuber	culosis	Tula- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
UNITED STATES 20.0% 27.044 188 16.599 17.822 106 2.44 394 7.082 Maine NW FIGLAND 297 5.59 13 405 388 - 25 5 1.259 Maine NW FIGLAND 297 5.59 13 405 388 - 25 5 1.259 Maine 112 24 15 24 233 - 1 5 2 - 104 Maine 112 24 5 24 24 33 - 1 5 5 2.6 5 - 2 - 22 Maine 112 24 5 24 23 - 1 5 5 2.6 5 - 2 - 22 Maine 112 24 5 24 23 - 1 5 5 2.6 5 - 6 - 0 - 0 - 20 Maine 112 24 5 24 23 - 1 5 5 2.6 5 2.6 9 2.689 Maine NY 166 284 15 359 570 1 1 11 6 2.052 1.09 Maine NY 166 284 15 359 570 1 1 11 6 2.052 1.09 Maine NY 166 284 15 359 570 1 1 11 6 2.052 1.09 Maine NY 166 284 15 359 570 1 1 11 6 2.052 1.09 Maine NY 166 284 15 379 1.20 1.01 1.01 0.01 1.01 1.01 0.01 1.01 1		Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1992	Cum. 1993	Cum. 1993	Cum. 1993	Cum. 1993
NEW ENCLAND       297       528       13       405       388       -       25       5       1.50         NH       26       3       3       3       5       1       -       -       -       -       -       -       -       22         Mass.       111       209       15       222       221       213       -       -       -       -       -       222         Conn.       142       194       -       94       112       -       6       -       6       -       6       -       6       -       6       -       6       0       0       2052       1       1539       570       1       11       0       2052       1       139       533       865       14       534       4466       -       4       10       2059       10       10       2059       100       2059       100       223       224       -       1       10       10       2059       10       10       11       1       10       10       11       10       10       10       10       10       10       10       10       11       10       10       10	UNITED STATES	20,096	27,044	188	16,599	17,822	106	264	394	7,108
N.H.         26         35         3         9         15         -         2         .         104           Vi.         1         1         29         5         222         213         -         17         5         514           Gorin.         112         244         1         46         233         -         17         5         514           MD. ATLANTIC         1830         3700         30         3719         4212         1         151         26         26.00           Vicity         2533         865         14         534         486         -         4         10         279           EN. CENTRAL         2899         645         12         253         1770         4         31         13         96           Ohio.         2999         645         12         253         1770         4         31         13         96           Ohio.         277         200         1         169         144         1         1         10           III.         8444         1.884         6         651         912         2         16         16         2         18	NEW ENGLAND	297 5	528	13	405	388 19	-	25	5	1,250
$\begin{array}{c} \begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	N.H.	26	35	3	9	15	-	2	-	104
R.I.       12       24       1       46       23       -        Upstate N/Y       160       2467       1	vi. Mass.	111	269	5	5 222	213	-	- 17	5	514
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	R.I. Conn.	12 142	24 194	1	46 94	23 112	-	- 6	-	- 610
Upstale N.Y.         1600         284         15         3.99         5.70         1         1         0         2.005           NLCity         B0         2.333         665         14         5.343         4.86         -         4         10         2.054           Pa         533         665         14         6.534         7.87         -         14         10         2.054           Pa         533         665         14         6.534         7.87         -         14         10         2.054           Chind         277         220         12         253         1.770         4         31         13         69           Ohid         277         220         12         2         16         1         18           Wick         353         605         -         69         66         -         1         -         16           UN. CENTRAL         128         120         120         14         2         7         17           Mich.         417         7         16         1         -         1         38           Jowa         10         24         17 <th16< td=""><td>MID. ATLANTIC</td><td>1,830</td><td>3,700</td><td>30</td><td>3,719</td><td>4,212</td><td>1</td><td>55</td><td>26</td><td>2,689</td></th16<>	MID. ATLANTIC	1,830	3,700	30	3,719	4,212	1	55	26	2,689
N.J.250457.634737.1410338Pa.53386514534486.410279EN.CENTRAL2.8504.120391.5031.7704311396Ind.277220116914511110Ill.8441.88466519122161181Mich.47276620361391162160Win.538605-6966-1-47Win.6176250120138Jowa5503954431-764N.Dak1121816-238N.Dak1121816-238S.Dak.1121816-238S.ATLANTIC5207.335223.24734111662Del.9016813840-11122D.C.269335-1348944Md.2865181301300-8171662Del.90168131489 <td>N.Y. City</td> <td>166 881</td> <td>284 2,094</td> <td>15</td> <td>359 2,192</td> <td>570 2,419</td> <td>-</td> <td>11 26</td> <td>6</td> <td>2,052</td>	N.Y. City	166 881	284 2,094	15	359 2,192	570 2,419	-	11 26	6	2,052
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	N.J. Pa.	250 533	457 865	- 14	634 534	737 486	-	14 4	10 10	358 279
	E.N. CENTRAL	2,850	4,120	39	1,503	1,770	4	31	13	96
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	Ohio Ind	899 277	645 220	12 1	253 169	254 145	- 1	7 1	9 1	5 10
	III. Mich	844	1,884	6	651	912	2	16	1	18
W.N. CENTRAL         1.282         1.208         12         377         424         34         2         18         292           lowa         57         39         5         40         34         -         -         7         64           Mo.         1000         10         34         -         -         7         64           Mo.         10         1         -         5         8         -         -         7         64           Nak.         1         -         -         12         18         16         -         2         38           Nebr.         10         24         -         17         16         1         -         -         8           S.ATLANTIC         5.280         7.335         22         3.242         3.327         3         41         181         1.662           Md.         286         518         1         301         300         -         8         11         433           V.A.         12         15         -         62         73         -         -         6         76           N.C.         1470         1990         <	Wis.	472 358	605	20	69	68	-	6 1	-	47
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	W.N. CENTRAL	1,282	1,208	12	377	424	34	2	18	292
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	lowa	57	76 39	2 5	50 40	34	-	-	7	38 64
S. Dak.       1       -       -       12       18       16       -       2       38         Nebr.       102       161       3       57       38       3       -       1       76         S. ATLANTIC       5,280       7,335       22       3,242       3,327       3       41       181       1,662         Del.       90       166       1       38       40       -       1       1       122         Md.       286       518       1       301       300       -       8       11       493         Va.       513       587       6       309       292       -       4       9       315         N.C.       1,470       1,990       3       424       434       2       2       107       81         S.C.       779       996       -       322       323       -       -       10       133         Ga.       875       1,433       2       591       666       -       3       30       379         Fla.       966       1,321       9       1061       1,090       1       23       7       49 <td>Mo. N. Dak.</td> <td>1,050 1</td> <td>907 1</td> <td>2</td> <td>196 5</td> <td>190 8</td> <td>14</td> <td>2</td> <td>7</td> <td>17 51</td>	Mo. N. Dak.	1,050 1	907 1	2	196 5	190 8	14	2	7	17 51
Norm Kans.102161357383-176S. ATLANTIC5,2807,335223,2423,3273411811,662Del.90168131300-811493D.C.2865181301300-811493D.C.269305-1348914Va.1215-6627367676N.C.1,4701,990342443422107815576309300379Fia.Ga.8751,4332591686-330379Fia.9861,32191,0611,090123749E.S. CENTRAL3,0703,445111,0341,112475317872Ky2671333300390283223272Ala6681,20523933261334410MOUNTANL4,6684,87321,8892,06542587506Ark612707-1,8492,06542587506Ark612707-1,6161,627334410M	S. Dak. Nebr	1 10	- 24	-	12 17	18 16	16 1	-	2	38
S ATLANTIC 5.280 7.335 22 3.242 3.327 3 41 181 1.662 Del Del 70 168 1 38 40 - 1 1 122 Md. 286 518 1 301 300 - 8 11 493 D.C. 269 305 - 134 89 - 8 11 493 D.C. 12 15 - 62 73 - 4 9 315 N.C. 1,470 1.990 3 424 434 2 2 107 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 998 - 322 323 - 1 07 81 S.C. 779 930 4 150 283 2 2 32 72 A1a 668 1.205 2 393 326 1 3 4 89 S.C.ENTRAL 4.668 4.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 4.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 4.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 4.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 4.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 1.205 2 393 326 1 3 4 89 S.S.CENTRAL 4.668 1.205 2 393 326 1 3 4 410 MOUNTAIN 193 290 12 189 2.65 42 5 87 506 Ark 612 707 - 148 159 2. 1 1 1 5 OLA 4 10 MOUNTAIN 193 290 12 395 469 12 10 11 156 Mont. 1 7 7 - 15 - 5 - 1 1 5 - 6 6 Wyo, 7 3 3 - 4 4 - 3 - 9 9 19 C.O. 59 52 2 32 46 - 5 1 26 NMA. 410 MOUNTAIN 193 290 12 395 469 12 10 11 156 MOnt. 1 7 7 - 15 - 5 - 1 1 26 MONT. 1 7 7 - 15 - 5 - 1 1 26 MONT. 1 7 7 - 15 - 5 - 1 2.6 MVyo, 7 3 3 - 4 4 - 3 - 9 9 19 Ariz. 82 142 1 181 204 - 2 - 9 Ariz. 82 142 1 181 204 - 2 - 9 Ariz. 82 142 1 181 204 - 2 - 55 Utah 8 8 5 23 65 2 1 4 5 5 1 26 NMA. 49 72 7 203 229 1 6 6 0 7 28 NAT 41 2 84 71 1 4 41 2 10 11 56 NAT. 1 7 7 - 15 - 5 - 1 1 26 NAT. 1 7 N 203 229 1 15 15 1 22 NAT 41 2 2 84 71 1 4 41 2 3 2 NAT 41 2 2 84 71 1 15 15 1 26 NAT 41 2 2 84 71 1 15 17 N 203 229 1	Kans.	102	161	3	57	38	3	-	1	76
	S. ATLANTIC	5,280	7,335	22	3,242	3,327	3	41	181	1,662
D.C. 269 305 - 134 89 14 9 315 W. Va. 12 15 - 62 73 6 76 N.C. 1470 1.990 3 424 434 2 2 107 81 S.C. 779 998 - 322 323 10 133 Ga. 875 1.433 2 591 686 - 3 3 0 379 Fla. 986 1.321 9 1.061 1.090 1 23 7 49 E.S. CENTRAL 3.070 3.445 11 1.034 1.112 4 7 53 178 Ky. 267 133 3 302 305 1 2 8 177 Tenn. 770 930 4 150 283 2 2 32 72 Ala. 668 1.205 2 393 326 1 3 4 899 Miss. 1.365 1.177 2 189 198 9 - W.S. CENTRAL 4.698 4.873 2 1.889 2.065 42 5 87 506 Ark. 612 707 - 148 159 26 - 7 28 La. 2.049 1.987 8 155 - 1 1 5 50 Cal. 327 301 2 125 - 1 3 4 499 Cola. 327 301 2 125 - 1 1 5 6 - 7 28 La. 2.049 1.987 8 155 - 1 1 5 6 Cola. 377 6 3 Tex. 1.710 1.878 - 1.616 1.627 3 3 4 410 MOUNTAIN 193 290 12 395 469 12 10 111 156 Mont. 1 7 - 15 - 5 - 1 22 Idaho - 1 1 10 19 6 6 Wyo. 7 3 3 - 4 4 3 - 3 - 9 19 Colo. 59 52 2 32 46 - 5 1 26 Colo. 59 52 2 32 46 - 5 1 26 Mont. 1 7 - 15 - 5 - 1 22 Idaho - 1 1 10 19 6 MOUNTAIN 193 290 12 395 466 12 0 11 MOUNTAIN 193 290 12 395 466 12 - 7 28 Idaho - 1 1 1 0 19 1 - 6 Myo. 7 3 3 - 4 7 3 - 9 19 Colo. 59 52 2 32 46 - 5 1 26 Mont. 1 7 - 15 - 5 - 1 22 Idaho - 1 1 1 0 19 5 - 1 22 Idaho - 1 1 1 0 19 1 22 Idaho - 1 1 1 0 19 1 - 6 Myo. 12 41 2 84 71 1 15 PACIFIC 596 1.545 47 4.035 4.055 6 88 - 279 Mash. 49 72 7 203 249 1 6 7 Creg. 55 37 - 81 106 2 1 15 PACIFIC 596 1.545 47 4.035 4.055 6 88 - 279 Mash. 49 72 7 203 249 1 6 7 Creg. 55 37 - 81 106 2 1 4 Nev. 12 41 2 84 71 1 15 PACIFIC 596 1.545 47 4.035 4.055 6 88 - 279 Mash. 49 72 7 203 229 1 6 7 Creg. 55 37 - 81 106 2 1 Creg. 41 2 24 20 - 185 200	Md.	286	518	1	301	300	-	8	11	493
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	D.C. Va.	269 513	305 587	- 6	134 309	89 292	-	4	- 9	14 315
S.C.       779       998       -       322       323       -       -       10       133         Ga.       875       1,433       2       591       666       -       3       30       379         Fla.       986       1,321       9       1,061       1,090       1       23       7       49         E.S. CENTRAL       3,070       3,445       11       1,034       1,112       4       7       53       178         Tenn.       770       930       4       150       283       2       2       32       72         Ala.       668       1,205       2       393       366       1       3       4       89         Wiss.       1,365       1,177       2       189       198       -       -       9       -         Wiss.       2,049       1,987       -       -       155       1       1       1       5         Ga.       3,204       1,987       -       -       155       1       1       1       5         Ga.       3,204       1,987       -       -       1       1       1       1       5	W. Va. N.C.	12 1,470	15 1,990	- 3	62 424	73 434	- 2	-2	6 107	76 81
Ga67.01.43321.611.000123749Fia.98.61,32191.0611.090123749E.S. CENTRAL3,0703,445111.0341,1124753178Ky.267133330230512817Tenn.770930415028322272Ala.6681.205239332613489Miss.1.3651,17721891989-W.S. CENTRAL4.6984.87321.8892.06542587506Ark.612707-14815926-728La.2.0491.987155-115Okla.32730121251241317563Tex.1.7101.878-1.6161.627334410MOUNTAIN19329012395469121011156Mont.17-15-5-122Idabo-1110196Vyo.73-4-3-91926 <t< td=""><td>S.C.</td><td>779</td><td>998</td><td>- 2</td><td>322</td><td>323</td><td>-</td><td>-</td><td>10</td><td>133</td></t<>	S.C.	779	998	- 2	322	323	-	-	10	133
E.S. CENTRAL3,0703,445111,0341,1124753178Ky.267133330230512817Tenn.77093041502832232272Ala.6681,205239332613489Miss.1,3651,17721891989-W.S. CENTRAL4,6984,87321,8892,06542587506Ark.612707-14815926-728La.2,0491,987155-115Okla.32730121251241317563Tex.1,7101,878-1,6161,627334410MOUNTAIN19329012395469121011156Mont.17-15-5-1226N.Mex.24361466412-9Vibo.73-4-<3	Fla.	986	1,321	9	1,061	1,090	1	23	7	49
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	E.S. CENTRAL	3,070	3,445 133	11 3	1,034	1,112 305	4 1	7	53	178 17
Ala. $008$ $1,205$ $2$ $393$ $326$ $1$ $3$ $4$ $89$ Miss. $1,365$ $1,177$ $2$ $189$ $198$ $  9$ $-$ W.S. CENTRAL $4,698$ $4,873$ $2$ $1,889$ $2,065$ $42$ $5$ $87$ $506$ Ark. $612$ $707$ $ 148$ $159$ $26$ $ 7$ $28$ La. $2,049$ $1,987$ $  155$ $ 1$ $1$ $5$ Okla. $327$ $301$ $2$ $125$ $124$ $13$ $1$ $75$ $63$ Tex. $1,710$ $1,878$ $ 1,616$ $1,627$ $3$ $3$ $4$ $410$ MOUNTAIN $193$ $290$ $12$ $395$ $469$ $12$ $10$ $11$ $156$ Mont. $1$ $7$ $ 15$ $ 5$ $ 1$ $22$ Idaho $ 1$ $1$ $10$ $19$ $   6$ Wyo. $7$ $3$ $ 4$ $ 3$ $ 9$ $19$ Colo. $59$ $52$ $2$ $32$ $46$ $ 2$ $ 9$ N.Mex. $24$ $36$ $1$ $46$ $64$ $1$ $2$ $ 9$ Ariz. $82$ $142$ $1$ $181$ $204$ $ 2$ $ 55$ Utah $8$ $8$ $5$ $23$	Tenn.	770	930	4	150	283	2	2	32	72
W.S. CENTRAL $4,698$ $4,873$ $2$ $1,889$ $2,065$ $42$ $5$ $87$ $506$ Ark. $612$ $707$ - $148$ $159$ $26$ - $7$ $28$ La. $2,049$ $1,987$ $155$ -1 $1$ $5$ Okla. $327$ $301$ $2$ $125$ $124$ $13$ 1 $75$ $63$ Tex. $1,710$ $1.878$ - $1.616$ $1,627$ $3$ $3$ $4$ $410$ MOUNTAIN $193$ $290$ $12$ $395$ $469$ $12$ $10$ $11$ $156$ Mont.1 $7$ - $15$ - $5$ - $1$ $222$ Idaho-1 $10$ $19$ $6$ Wyo. $7$ $3$ - $4$ - $3$ - $9$ $19$ Colo. $59$ $52$ $2$ $32$ $46$ - $5$ $1$ $26$ N. Mex. $24$ $36$ $1$ $46$ $64$ $1$ $2$ - $9$ Ariz. $82$ $142$ $1$ $181$ $204$ - $2$ - $55$ Utah $8$ $8$ $5$ $23$ $65$ $2$ $1$ - $4$ Nev. $12$ $41$ $2$ $84$ $71$ $1$ $15$ PACIFIC $596$ $1.545$ $47$ $4.035$ $4.055$ $6$ $88$ - $279$ <t< td=""><td>Miss.</td><td>1,365</td><td>1,205</td><td>2</td><td>393 189</td><td>326 198</td><td>-</td><td>-</td><td>4 9</td><td>- 89</td></t<>	Miss.	1,365	1,205	2	393 189	326 198	-	-	4 9	- 89
Alk. $012$ $101$ $ 148$ $159$ $26$ $ 1$ $1$ $26$ La. $2049$ $1,987$ $  155$ $ 1$ $1$ $5$ Okla. $327$ $301$ $2$ $125$ $124$ $13$ $1$ $75$ $63$ Tex. $1,710$ $1,878$ $ 1,616$ $1,627$ $3$ $3$ $4$ $410$ MOUNTAIN $193$ $290$ $12$ $395$ $469$ $12$ $10$ $11$ $156$ Mont. $1$ $7$ $ 15$ $-5$ $ 1$ $22$ Idaho $ 1$ $1$ $10$ $19$ $  6$ Wyo. $7$ $3$ $ 4$ $ 3$ $ 9$ $19$ Colo. $59$ $52$ $2$ $32$ $466$ $ 5$ $1$ $26$ N. Mex. $24$ $36$ $1$ $46$ $64$ $1$ $2$ $ 9$ Ariz. $82$ $142$ $1$ $181$ $204$ $ 2$ $ 55$ Vah $8$ $8$ $5$ $23$ $65$ $2$ $1$ $ 4$ Nev. $12$ $41$ $2$ $84$ $71$ $1$ $  -$ PACIFIC $596$ $1,545$ $47$ $4,035$ $4,055$ $6$ $88$ $ 279$ Wash. $49$ $72$ $7$ $203$ $229$ $1$ $6$ <td>W.S. CENTRAL</td> <td>4,698</td> <td>4,873</td> <td>2</td> <td>1,889</td> <td>2,065</td> <td>42</td> <td>5</td> <td>87</td> <td>506</td>	W.S. CENTRAL	4,698	4,873	2	1,889	2,065	42	5	87	506
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$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Wash.	49	72	7	203	4,035	1	6	-	- 219
Alaska       8       4       -       42       50       -       -       17         Hawaii       6       8       -       202       208       -       3       -       -       17         Guam       2       3       -       31       58       - <th< td=""><td>Oreg. Calif.</td><td>55 478</td><td>37 1,424</td><td>- 40</td><td>81 3,507</td><td>106 3,462</td><td>2 3</td><td>1 78</td><td>-</td><td>- 262</td></th<>	Oreg. Calif.	55 478	37 1,424	- 40	81 3,507	106 3,462	2 3	1 78	-	- 262
Guam     2     3     -     202     200     -     5     -     -       Guam     2     3     -     31     58     -     -     -     -       PR.     412     282     -     185     200     -     -     -     36       V.I.     35     54     -     2     3     -     -     -     36       Amer. Samoa     -     -     2     -     -     1     -     -	Alaska Hawaii	8	4 Q	-	42	50 208	-	- 2	-	17
PR.     412     282     -     185     200     -     -     -     36       V.I.     35     54     -     2     3     -     -     -     -     36       Amer. Samoa     -     -     -     2     3     -     -     -     -     -       CNML     3     6     -     28     -     -     1     -     -	Guam	2	3	-	31	58	-	-	-	-
Amer. Samoa         -         -         2         -         1         - <th< td=""><td>P.R. VI</td><td>412 35</td><td>282 54</td><td>-</td><td>185 2</td><td>200 3</td><td>-</td><td>-</td><td>-</td><td>36</td></th<>	P.R. VI	412 35	282 54	-	185 2	200 3	-	-	-	36
	Amer. Samoa	- 2	-	-	2	-	-	1	-	-

# TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending October 16, 1993, and October 10, 1992 (41st Week)

U: Unavailable

	A	II Cau	ises, By	/ Age (Y	'ears)		P&I <sup>†</sup>		ļ	All Cau	uses, B	y Age (Y	/ears)		P&I <sup>†</sup>
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mass New Haven, Conn. Providence, R.I. Somerville, Mass. Springfield, Mass. Waterbury, Conn.	655 178 41 25 23 56 24 14 5. 23 56 24 14 5. 23 63 37	457 107 27 20 22 38 15 13 18 28 52 3 49 24	120 43 7 3 1 8 8 1 3 8 14 7 7	56 17 5 1 - 6 1 - 2 8 5 - 4 3	13 5 1 - - - - 3	9 6 1 - - - - - - - - - - -	51 17 4 1 - 2 1 - 12 5 1	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, D.C. Wilmington, Del.	1,197 169 129 88 124 98 58 85 31 51 145 189 30	718 92 77 55 81 51 41 52 17 35 93 97 27	252 40 27 20 27 18 10 15 6 11 36 39 3	140 25 19 8 12 25 6 9 1 2 9 24 -	42 8 3 1 4 - 3 3 3 14 -	42 4 3 2 3 - 1 9 4 - 2 14 -	52 7 4 8 - 1 4 5 4 10 2 -
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§	53 2,568 42 33 100 32 31 33	41 1,630 26 29 71 16 21 23	7 538 12 3 20 9 7 7 7	4 282 4 - 5 6 3 1	1 62 - 1 3 - -	- 52 - 1 1 - 2	8 128 6 2 2 1 5 3	Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	83 31 89 61 158 56 40 101	50 19 60 30 109 36 20 66	130 19 11 16 20 25 9 10 20	9 1 10 4 15 5 7	3 - 3 7 1 3 4	2 - 3 4 2 5 2 4	2 1 5 3 6 3 1 5
Jersey City, N.J. New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	50 1,395 68 34 295 100 22 138 25 22 90 37 37 U	36 862 26 17 181 71 19 106 13 13 58 23 15 U	8 304 20 6 56 19 2 24 7 3 22 7 2 U	2 180 18 9 27 4 1 7 4 2 5 2 2 2 U	31 2 2 14 2 - 1 1 3 - 2 U	4 18 2 15 3 - 2 4 U	1 60 3 - 12 8 4 16 - 4 1 - U	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,346 50 52 160 79 85 348 74 118 160 76 92	823 34 29 40 88 58 60 187 49 47 112 53 66	245 9 11 7 33 10 10 79 16 12 28 11 19	136 4 3 22 7 8 51 4 9 18 5 2	88 2 4 1 9 2 2 19 4 36 - 6 3	53 1 5 1 8 2 5 11 1 1 4 2 1 2	61 4 2 4 29 2 - 8 3 4
E.N. CENTRAL Akron, Ohio Canton, Ohio Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind. Garand Rapids, Mich Indianapolis, Ind. Madison, Wis. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	2,174 43 37 342 120 164 177 47 207 20 1. 63 209 39 117 34 65 59 111 54	1,399 322 22 132 84 101 122 87 186 36 43 14 42 134 28 89 28 48 48 47 85 39	407 8 11 76 20 26 37 21 59 9 12 2 9 12 2 9 12 2 9 12 2 9 12 2 9 12 2 59 9 12 2 59 12 2 59 12 2 59 12 2 59 11	206 1 4 60 10 23 12 7 31 2 2 2 5 21 2 9 - 1 4 6 4 4 4 5 21 2 5 21 2 5 21 2 4 5 21 2 2 2 5 21 2 2 2 2 2 2 2 2 2 2 2 2 2	111 111 64 3 2 18 - 2 4 9 1 - 2 4 9 1 - 2 - - - - - - - - - - - - -	51 10 311 4 4 3 5 - 2 - 1 - 31	127 3 13 13 10 4 9 3 3 5 20 1 9 6 9 5 6 1	MOUNTAIN Albuquerque, N.M. Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, Utah Tucson, Ariz. PACIFIC Berkeley, Calif. Glendale, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Dasadena, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif. San Diego, Calif.	751 97 95 130 21 152 200 80 118 1,639 1,639 18 42 19 79 70 368 28 107 178 28 20 20 20 20 20 20 20 20 20 20 20 20 20	510 60 28 65 81 14 96 19 62 85 1,065 9 28 14 55 46 218 22 69 119 9 59	129 14 5 200 31 12 19 290 4 8 4 16 11 71 - 32 32	71 14 7 14 3 19 - 4 9 204 5 4 1 7 7 56 4 11 8 14	25 4 1 3 4 1 7 - 1 4 43 - - 4 15 - 2 6 1	16 5 3 - 1 1 36 2 1 2 7 2 3 3 4	45 25 7 13 6 6 90 22 3 1 12 12 12 16 6
W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Minn. Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita Kans	730 63 32 9 119 43 148 68 132 57 59	537 48 24 6 92 37 113 43 99 41	104 8 15 5 18 10 17 8	47 4 2 7 1 9 6 9 5	24 2 - 4 - 3 5 3 3 2	18 1 - 1 5 4 4 - 3	41 5 2 1 4 5 7 2 6 7 2	San Francisco, Cali San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	f. 153 164 36 133 66 85 11,679 <sup>¶</sup>	79 116 28 87 49 67 7,529	31 26 6 32 9 6 2,215	37 16 2 8 3 8 1,198	4 6 4 1 429	2 - 5 3 299	6 14 2 6 10 621

# TABLE III. Deaths in 121 U.S. cities,\* week ending October 16, 1993 (41st Week)

\*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

<sup>†</sup>Pneumonia and influenza.

<sup>9</sup>Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks. <sup>1</sup>Total includes unknown ages.

U: Unavailable.

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### Human Rabies — Continued

The patient lived in a heavily wooded area of the Catskill Mountains and had no history of foreign travel. She had no known history of contact with a bat, and examination of her home and outbuildings on the property revealed no evidence of bat infestation. She had been active outdoors, and her family kept horses, dogs, cats, rabbits, hamsters, and gerbils as pets; none of these pets had died with clinical signs consistent with rabies or disappeared. A survey of all neighbors on the same road indicated that no pets had died with clinical signs consistent with rabies or disappeared during the preceding 6 months.

As a result of close contact with the patient and/or her secretions, rabies postexposure prophylaxis was administered to 55 persons, including eight family members, three friends, 35 health-care workers, five members of the autopsy team, three transport personnel, and one mortician.

Reported by: JG Debbie, DVM, S Frantz, PhD, LF Novick, MD, CV Trimarchi, MS, GS Birkhead, MD, Acting State Epidemiologist, New York State Dept of Health; M Baker, MD, D Hill, MD, R Fuchs, MD, Pediatric Associates, Middletown; M Valsamis, MD, C Vallejo, MD, B Roseman, MD, S Schroeder, MD, Westchester County Medical Center, Valhalla. Viral and Rickettsial Zoonoses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

**Editorial Note:** Human rabies in the United States is uncommon, primarily because of canine rabies-control programs and access to improved human rabies biologicals. Since 1980, 16 human rabies cases have been reported in the United States. Of these, seven were acquired from exposure outside the United States; for nine of the 16 cases, no definitive history of exposure was identified. Potential reasons for the failure of public health authorities to establish definitive exposures include unrecognized exposure, communication (i.e., language) barriers, and memory loss and impaired speech because of encephalitis at presentation.

Rabies is not usually diagnosed when patients initially receive medical evaluation. Since 1980, of the 16 persons with rabies diagnosed in the United States, rabies was diagnosed postmortem in nine. In addition, six cases of human-to-human transmission were diagnosed postmortem among recipients of transplanted corneas, whose donors died of an illness unrecognized as rabies (1).

Although rabies occurs rarely in the United States, it should be considered in the differential diagnosis of any acute progressive encephalitis of unknown etiology. In the absence of a clear history of animal exposure, the diagnosis of rabies may be difficult because of the nonspecific nature of initial clinical presentation. In addition to encephalitis, other manifestations suggestive of rabies in the case described in this report included paresthesia, hydrophobia, and copious salivation. Antemortem diagnosis of human rabies is possible through laboratory analysis of CSF, serum, saliva, and biopsy of nuchal skin or brain tissue. Although an early suspicion of rabies does not alter the prognosis, it may permit both institution of measures to reduce the number of persons exposed to rabies during patient care and identification of persons who are candidates for postexposure prophylaxis. Consultation with state and federal health officials is recommended for human rabies evaluation.

The case in this report is the sixth since 1980 in which insectivorous bats were implicated. A definite history of exposure through a bat's bite was identified for only one of the six cases, while contact with a bat was associated with two additional cases; for three cases, the nature of exposure was not determined, but bat rabies variants were identified by molecular typing.

### Human Rabies — Continued

Bat rabies is enzootic in the United States, and cases have been reported from all of the 48 contiguous states (2). The rabies virus variant identified in this case, and in three of the other five occurring since 1980, is associated with the silver-haired bat (*Lasionycteris noctivagans*), a solitary, migratory species, with a preferred habitat of old-growth forest. This species is infrequently submitted for rabies diagnosis. For example, of 7047 bats submitted for rabies diagnosis and identified to species in New York from 1988 through 1992, 25 (0.4%) were *L. noctivagans*; of these, two were rabid (C. Trimarchi, New York State Department of Health, unpublished data, 1993). The rabies virus variant associated with this species (identified in 11 of 12 isolates from silver-haired bats) was rarely found in other bats (five [2.1%] of 238 samples tested) or in terrestrial mammals (five [0.7%] of 700 samples).

Exposure to potentially rabid animals (e.g., paralyzed bats) should be avoided. Postexposure prophylaxis is recommended for all persons bitten or scratched by such animals and for nonbite exposures involving contamination of lesions or mucous membranes with saliva or other potentially infectious materials (*3*). Bat bites may be more difficult to recognize than those inflicted by terrestrial animals. Treatment should be considered for any physical contact with bats when bite or mucous membrane contact cannot be excluded. Because reduction of bat populations is neither feasible nor desirable as a means for controlling rabies in bats, efforts to prevent this problem should be directed toward the exclusion of bats from human dwellings to minimize direct contact with humans and companion animals. In addition, all dogs and cats in the 48 contiguous states and Alaska should have a current rabies vaccination (*4*).

### References

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# Current Trends

## Pregnancy Outcomes Following Systemic Prenatal Acyclovir Exposure — June 1, 1984–June 30, 1993

Herpes infections are common among women of reproductive age (i.e., aged 15–44 years) (1). Acyclovir (Zovirax<sup>®</sup>\*), an antiviral drug effective in the treatment of herpes simplex infection, was approved by the Food and Drug Administration (FDA) in 1984. Since its approval, the effects of acyclovir on human pregnancies have not been determined. However, inadvertent pregnancy exposures to acyclovir were expected to occur among women in whom treatment had been indicated for preexisting herpes simplex infections. Some physicians have reported intentional use of acyclovir during

<sup>\*</sup>Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

### Systemic Prenatal Acyclovir Exposure — Continued

pregnancy for treatment of life-threatening herpes simplex infection.<sup>†</sup> To assess the outcomes of pregnancies exposed to acyclovir, the Acyclovir in Pregnancy Registry was established on June 1, 1984, by the manufacturer, in collaboration with CDC. This report summarizes data on pregnancies reported to the registry through June 30, 1993.

The registry is managed by the Burroughs Wellcome Co. (Research Triangle Park, North Carolina)—the manufacturer of the drug—with oversight from an advisory committee with representation from CDC, a county health agency, and Burroughs Wellcome Co.; committee members have expertise in sexually transmitted diseases, teratology, epidemiology, and pharmacology. Reports to the registry have been received from physicians, other health professionals, and persons using the drug. A prenatal exposure to acyclovir is defined as inadvertent or intentional use of oral or intravenous acyclovir at any time during pregnancy. Information is obtained from mailed questionnaires (primarily to obstetricians) regarding pregnancy dates; maternal risk factors; dose, length, and indication of acyclovir therapy; and pregnancy outcome. Telephone contacts are used to clarify or obtain additional information about pregnancy outcomes.

Birth defects identified up to the first year of life are included in the registry, but for most reports, defects are generally identified during the neonatal period. The registry considers any report of an exposure, whether written or oral, to be a registered case even if the initial report provided insufficient baseline data to allow for adequate follow-up (e.g., an estimated date of delivery or medical chart number).

From June 1, 1984, through June 30, 1993, 811 prospective reports of women with a pregnancy exposure to acyclovir were received from 18 countries<sup>§</sup>; 210 (26%) women were lost to follow-up. For 132 (63%) of the 210 reports, attempts to obtain follow-up information did not yield a response from the health-care professional who reported; for 64 (30%), the pregnancy outcome was unknown to the reporter because the patient did not remain under the reporter's care; and for 11 (5%), the reporting health-care professional had left the practice/institution from which the original report was received. The reason for loss to follow-up could not be determined for two (1%) reports, and the patient refused to allow release of medical information at the time of follow-up for one (<1%) report.

Of the 601 (74%) women for whom pregnancy outcome data were obtained (Table 1), 456 (76%) were being treated for herpes simplex virus; 120 (20%), for varicella-zoster virus; and 25 (4%), for other or unspecified conditions. Pregnancy exposures for 425 women occurred during the first trimester. Outcomes of these pregnancies were legal induced abortions (67 [16%]), spontaneous abortions (47 [11%]), and live-born infants without birth defects (298 [70%]). Of the 311 live-born

<sup>&</sup>lt;sup>†</sup>CDC's *1993 Sexually Transmitted Diseases Treatment Guidelines* state that the safety of systemic acyclovir therapy among pregnant women has not beenestablished. In the presence of life-threatening maternal herpes simplex virus infections (e.g. disseminated infection that includes encephalitis, pneumonitis, and/or hepatitis), acyclovir administered intravenously is indicated. Among pregnant women without life-threatening disease, systemic acyclovir treatment should not be used for recurrences nor should it be used as suppressive therapy near term (or other times during pregnancy) to prevent reactivation (2).

<sup>&</sup>lt;sup>§</sup>Australia, Bermuda, Canada, Czech Republic, Finland, France, Germany, Greece, Ireland, Malaysia, New Zealand, Oman, South Africa, Spain, Sweden, the Netherlands, the United Kingdom, and the United States.

Systemic Prenatal Acyclovir Exposure — Continued

infants exposed to acyclovir during the first trimester, 13 (4%) had a birth defect. The birth defects reported were heterogeneous, and no specific pattern was noted.

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Editorial Note: Based on comparisons with birth defects surveillance data maintained by CDC, the registry findings summarized in this report indicate no increased risk for birth defects among infants born to women exposed to acyclovir during pregnancy (*3*). Human teratogens often cause a recognizable pattern of birth defects; in this cohort of exposed pregnancies, no pattern of birth defects was noted. Therefore, the findings in this report should assist in counseling women regarding prenatal exposure to acyclovir while surveillance continues. Potential limitations of this and other registries include differential reporting of outcomes, losses to follow-up, underreporting, and small sample size. Although, the current sample size of the registry is sufficient to detect a teratogenic risk of twofold over the 3% baseline rate of birth defects, it is not yet sufficient to detect smaller increases in risk if they exist.

Acyclovir is available as a prescription medication and is used most commonly in its oral form to treat genital herpes; it is also used to treat primary varicella (chickenpox) and varicella zoster (shingles). Among users of oral acyclovir in the United States, an estimated 30%–50% are women aged 15–44 years. All formulations of acyclovir are assigned FDA pregnancy category C status<sup>¶</sup>, which indicates that safety in human pregnancies has not been determined; therefore, the drug should not be used during pregnancy unless the potential benefit justifies the potential risk to the fetus. As with most drugs, no formal testing has been performed in pregnant women.

	Earlies	cposure		
Outcome	First	Second	Third	Total
Birth defects	13	1	2	16
No birth defects				
Live births	298	68	104	470
Spontaneous fetal losses	47	0	1	48
Legal induced abortions	67	0	0	67
Total	425	69	107	601

TABLE 1. Acyclovir exposure during pregnancy, by earliest trimester of exposure and outcome — June 1, 1984–June 30, 1993

<sup>&</sup>lt;sup>¶</sup>Pregnancy category C indicates that the risk associated with drug exposure to the fetus is unclear because human studies are lacking, and animal studies are eitherpositive for fetal risk or lacking. However, potential benefits may justify the potential risk. FDA's pegnancy categories are based on the degree to which available information has ruled out risk to the fetus. Ratings range from "A," for drugs that have been tested for teatogenicity under controlled conditions without showing evidence of damage to the fetus, to "D" for drugs that are teratogenic but have no safer alternatives. An "X" rating is reserved for drugs thatshould never be used during pregnancy.

# Systemic Prenatal Acyclovir Exposure — Continued

The registry described in this report is an effective collaboration involving the manufacturer, public health and health-care professionals, and federal agencies to evaluate the potential risk of new drugs for which inadvertent pregnancy exposures are likely to occur. A similar registry has been recently established for antiretroviral drugs used in the treatment of persons infected with human immunodeficiency virus.

This registry continues to register pregnancy exposures to acyclovir; health-care providers are encouraged to report such exposures to the registrar ([800] 722-9292, extension 58465 [from the United States] or [919] 315-8465 [from other countries]). Copies of the updated registry report are available from the same telephone numbers. Written reports and requests should be addressed to Acyclovir in Pregnancy Registry, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, NC 27709.

## References

- 1. Johnson RE, Nahmias AJ, Magder LS, Lee FK, Brooks CA, Snowden CB. A seroepidemiologic survey of the prevalence of herpes simplex virus type 2infection in the United States. N Engl J Med 1989;321:7–12.
- 2. CDC. 1993 Sexually transmitted diseases treatment guidelines. MMWR 1993;42(no. RR-14)(in press).
- 3. CDC. Congenital malformations surveillance report, January 1982–December 1985. Atlanta: US Department of Health and Human Services, Public Health Service, 1988.

# Notice to Readers

# Availability of Food Safety Information for Nursing Home Directors, Food Service Workers, and Persons with AIDS

A Food and Drug Administration (FDA)/CDC educational packet on food safety for nursing home directors and food service workers, "Handle with Care" (stock no. PB92-780857), is available from the National Technical Information Service, telephone (800) 553-6847. A public information pamphlet on *Salmonella enteritidis* is available from CDC's Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Mailstop C-09, 1600 Clifton Road, NE, Atlanta, GA 30333. A CDC/FDA videotape, "Eating Defensively: Food Safety Advice for Persons with AIDS," is available from the CDC National AIDS Clearinghouse, telephone (800) 458-5231.

# Clarification: Vol. 42, No. 35

The article "Handwashing and Glove Use in a Long-Term–Care Facility—Maryland, 1992," stated that no national guidelines exist for infection-control practices in long-term–care facilities (LTCFs). However, the Association for Practitioners in Infection Control, Inc., a national organization of infection-control practitioners, has written guidelines for infection prevention and control in LTCFs and for the use of topical anti-microbial agents (1,2). The guideline for infection prevention and control organization of the need for handwashing and glove use but does not recommend a specific policy for determining when handwashing or glove use is necessary in long-term–care settings. The guideline for use of topical antimicrobial agents suggests a ranking scheme that

## Clarification — Continued

could be used in LTCFs and other health-care settings to determine when handwashing and/or glove use are needed.

## References

- 1. Smith PW, Rusnak PG. APIC guideline for infection prevention and control in the long-term care facility. Am J Infect Control 1991;19:198–215.
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