Monsanto

FROM (NAME, LOCATION, PHONE): D. Wood - B2SD - 2623

DATE: October 15, 1979

cc: J. C. Weber
J. Ortiz
F. Provorny

SUBJECT: Karen Newman
Rocky Mountain Journal-Oct. 12th

REFERENCE

TO : R. C. Isham - B1ND

Karen is covering the Lafayette Therminol FR1 incident and had been given my name by Bob Harding, Denver EPA.

Q. When did Monsanto phase out of PCBs?

A. Started in 69-70. Final sales of dielectric grades in 77.

Q. When did Monsanto become aware that PCBs might be a problem?

A. Related Swedish work in 67-68, Yusho, confirmation of presence in U.S. environment leading us to begin phase out in 69.

Q. Do we believe that PCB is as dangerous as EPA do?

A. Different EPA representatives seem to have widely varying perceptions of the hazards associated with PCBs, often depending on how close they have been to the regulatory evolution. While we at Monsanto believed that the persistence of PCBs and the accumulation in the environment were good reasons to replace them in industry the hazards of PCBs are frequently overstated.

Q. We understand you talked to Wayne Darling. He reported that he had been told by Monsanto that PCB could not cause cancer. Is that true?

A. We told Mr. Darling that PCBs had been identified by the scientific community as 'suspect carcinogens in test animals' but that the most recent study on Aroclor 1254 carried out by NIH had indicated that Aroclor 1254 was not a carcinogen, and that tests in Atlanta had shown Aroclor 1242 to have less effect than 1254 on test animals. Epidemiological studies to date had shown no causal relationship between PCB and cancer in humans. I did not believe myself that PCB was a carcinogen.

Q. Does PCB cause birth defects?

A. In the Yusho incident babies had been slightly lower than average weight at birth and in some cases skin pigmentation occurred. These symptoms had rapidly disappeared. We are not aware of any other birth defects related to PCB.

D. Wood

MONS 210047

DW:pb

IN 10 (REV 8/77)

CENTER FOR DISEASE CONTROL

September 28, 1979 / Vol 28 / No 38

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Polychlorinated Biphenyl Exposure — Idaho, Montana

CDC is currently analyzing data from 2 surveys to determine the level of human exposure to polychlorinated biphenyls (PCBs) caused by a leak in an electrical transformer in a Montana meat-packing plant. Meat meal produced at the plant became contaminated in mid-June, however, the meal was used in chicken and hog feed distributed in several northwestern states over the next 2 months. The extent of distribution of the contaminated meat meal, and of products made from the subsequently contaminated chickens and eggs, is being investigated by the Food and Drug Administration (FDA) and the U.S. Department of Agriculture (USDA).

The contamination was discovered when samples of chicken fat from a Provo, Utah, slaughterhouse were found to contain elevated PCB levels after being tested routinely by USDA. The contaminated chickens had been bought from a large egg-producing farm in Franklin, Idaho. USDA and FDA investigated the Franklin farm in August and found PCB levels of 36.67 parts per million (ppm) in chickens and 1.9-3.8 ppm in eggs.

FDA officials then traced the source of the feed used at the farm and discovered that contaminated meat meal had come from the Pierce Packing Company in Billings, Montana. A non-operating transformer in that plant was found to have leaked about 200 gallons of PCBs into a drain line used in the company's rendering operation, where wastes were processed into animal meal. The leak had gone unnoticed, affecting many shipments of animal feed.

Meanwhile, tests of other farm products forced the destruction or quarantine of millions of eggs, hundreds of thousands of chickens, and large quantities of processed foods. To determine the degree of human exposure to the PCBs, state and CDC personnel conducted a community-based survey in Franklin, where most of the population had eaten contaminated eggs. No illness attributable to PCBs had been reported. On September 19, 105 volunteers from the area answered an epidemiologic questionnaire, which included questions on egg consumption and occupation. Blood specimens were drawn from all volunteers, and samples of breast milk were obtained from 8 lactating mothers. These will be analyzed for PCBs at the Idaho state laboratory and compared to documented levels of PCBs in the general population.

An investigation of the workers in the Pierce Packing Company plant was also undertaken by CDC and the Occupational Safety and Health Administration on September 20. Seventeen workers were considered to have had potential exposure to PCBs, 16 were interviewed, and their skin was examined for chloracne. Blood samples for PCBs were drawn from these men and from 16 matched, unexposed employees. Blood lipid and liver function tests were also performed on the potentially exposed workers. Serum PCB levels will be analyzed at CDC.

from P. McDonald

Polychlorinated Biphenyl Exposure – Continued

Reported by C Brokopp, DrPH, B Cannon, FR Dixon, MD, State Epidemiologist, ES Gallagher, MD, JA Mather, MD, Idaho State Dept of Health and Welfare, MO Skinner, MD, State Epidemiologist, Montana State Dept of Health and Environmental Sciences R Swanson, Emergency and Epidemiological Operations Br, FDA; H Traybosh, DVM, Residue Evaluation and Surveillance Div, Food Safety and Quality Service, USDA, H Hutton, Occupational Safety and Health Administration, Toxicology Br, Clinical Chemistry Div, Bur of Laboratories, National Institute of Occupational Safety and Health, Special Studies Br, Chronic Diseases Div, Field Services Div, Bur of Epidemiology, CDC

Editorial Note: PCBs are synthetic, 2-ringed phenyl compounds with varying degrees of chlorine substitution. Commercial PCB formulations are mixtures of many isomers and are classified according to weight percent chlorine in the preparation. They are insoluble in water, but soluble in oil and many organic solvents. Their dielectric properties make them useful as insulators and heat-exchange agents in capacitors and transformers. Many commercial PCB preparations also contain small amounts of highly toxic chlorinated dibenzofurans and naphthalenes. PCBs may enter the body by ingestion, inhalation, and percutaneous absorption. They tend to accumulate in body lipids and are poorly metabolized, especially the more highly chlorinated isomers. Hydroxylated metabolites may be produced by direct enzymatic transformation or by the formation of arene oxide intermediates (*1*). The latter are generally carcinogenic and mutagenic.

In the U.S. population, background PCB levels are 5-20 parts per billion (ppb) in serum and 500-5,000 ppb in adipose tissue (*1,2*). In human exposure studies, serum PCB levels of 50-350 ppb have been associated with chloracne (a specific skin lesion), hyperpigmentation, elevated serum triglycerides, and abnormal liver function indices (*3,4*). Children born to mothers exposed at this level are of low birth weight, may be hyperpigmented, and may develop chloracne from PCBs in their mother's milk (*5*).

Because of the above dangers, federal legislation in 1976 mandated that manufacture and distribution of PCBs in this country cease within 2½ years, and that all non-enclosed use of the chemical be banned. However, since much equipment containing enclosed PCBs is still in use, exposures such as the present one in Montana may still occur.

References

1. National Institute for Occupational Safety and Health. Criteria for a Recommended Standard Occupational Exposure to Polychlorinated Biphenyls (PCBs) (DHEW [NIOSH] Pub No. 77-225) Washington, Government Printing Office, 1977
2. MMWR 27:99-100, 105, 1978
3. Goto M, Higuchi K: The symptomatology of Yusho (chlorobiphenyls poisoning) in dermatology. Fukuoka Acta Medica 60:409-431, 1969
4. Levy BSB, Meyer CR, Lowry L, Smallwood A. Health Hazard Evaluation Determination Report (No. 76-52-386). Cincinnati, US Dept. Health, Education, and Welfare, National Institute for Occupational Safety and Health, April 1977
5. Yoshimura T: Epidemiological study on Yusho babies born to mothers who had consumed oil contaminated by PCB. Fukuoka Acta Medica 65:74-80, 1974

Blastomycosis in Canoeists – Wisconsin

In late July, 1979, 3 members of a southeastern Minnesota family developed fever, chills, night sweats, anorexia, weight loss of 6-14 lbs, headache, and pleuritic chest pain. Cough was present in only 1 individual. The diagnosis of pulmonary blastomycosis was made, based on pulmonary infiltrates and sputum cultures positive for *Blastomyces dermatitidis*. Subsequent epidemiologic investigation revealed that the 3 patients were part of a group of 8 who had taken a canoe trip on a northwestern Wisconsin river near Hayward on July 2. A common exposure may have occurred when the group stopped at a campsite along the river and gathered wood to build a fire and eat lunch.

Blastomycosis — Continued

Seven of the 8 group members had chest X-ray changes consistent with those seen in pulmonary blastomycosis; 4 were ill. Sputum from 3 of the symptomatic individuals and 2 of the cases with a positive X ray grew *B. dermatitidis*. Serologic testing for blastomycosis, using complement-fixation and immunodiffusion methods, has been negative thus far in the 6 individuals tested. There has been no evidence of dissemination beyond the pulmonary tract in any of those infected, and the disease process is resolving without specific therapy. Environmental specimens obtained from the suspect campsite on August 28 are being cultured.

Reported by NS Brewer, MD, KH Rhodes, MD GD Roberts, PhD, JE Rosenblatt, MD, and RE Van Scoy, MD, The Mayo Clinic, Rochester, Minnesota; J Utz, MD, Georgetown University Medical School, Washington, D C.; JP Davis, MD, State Epidemiologist, Wisconsin State Dept of Health and Social Services; Field Services Div, Special Pathogens Br, Bacterial Diseases Div, Bur of Epidemiology, CDC

Editorial Note: North American blastomycosis is a granulomatous fungal infection that occurs sporadically in parts of the central and southeastern United States. The disease may be limited to respiratory symptoms, or it may be disseminated. Cases can be fatal if untreated, but the acute respiratory syndrome has been noted to resolve without specific therapy (*1*).

This unusual outbreak of blastomycosis was notable for the high attack rate, the non-specific nature of the symptoms, and the brevity of the apparent common exposure. A previous outbreak at Big Fork, Minnesota, in 1972 also demonstrated the first 2 features, but was associated with exposure to a site over the course of several months (*1*). The incubation period of approximately 30 days is consistent with that seen in a laboratory-acquired case (*2*). The low sensitivity of serologic testing has also been noted previously (*1*).

Further studies are in progress to investigate the possibility of other cases associated with the Wisconsin site, and to rule out other sites where exposure may have occurred. Suspected cases of blastomycosis in persons who reside in or have visited the area around Hayward should be reported to the Wisconsin State Department of Health and Social Services, to other appropriate health departments, or to CDC.

References

1. Tosh FE, Hammerman KJ, Weeks RJ, Sarosi GA. A common source epidemic of North American blastomycosis. Am Rev Respir Dis 109:525-529, 1974
2. Baum GL, Lerner PI. Primary pulmonary blastomycosis. A laboratory acquired infection. Ann Intern Med 73:263, 1970

Diphtheria — California

On May 10, 1979, a 68-year-old man with no history of diphtheria immunization was seen at a Los Angeles County Health Department clinic with a sore throat. When a pharyngeal membrane was noted, a throat culture was taken, and the patient was referred to a hospital with a diagnosis of diphtheria. A physician in the ear, nose, and throat clinic of the hospital stripped the membrane and sent it for culture, made a diagnosis of pharyngitis, and sent the patient home on oral penicillin. The next day, the county health department again referred the patient to the hospital because of the suspicion of diphtheria, but he was sent home with no change in the diagnosis or treatment.

Corynebacterium diphtheriae was cultured from the throat membrane fragments, and guinea pigs were inoculated to test for toxigenicity. When the test was found to be positive on June 1, the county health department was informed of the culture results.

Diphtheria — Continued

The patient, whose throat had healed, was hospitalized on June 4. An electrocardiogram showed a right bundle branch block which had not changed from the pattern a year earlier. The patient was discharged without parenteral penicillin or antitoxin treatment. Two throat cultures taken during admission were reported as negative on June 12 and 13. On June 25, the patient returned to the hospital with trouble swallowing and a nasal quality to his voice. He was admitted with a diagnosis of diphtheritic bulbar neuropathy and was put on tube feeding for the dysphagia. At present, he has a neurologic deficit involving the muscles of the soft palate.

On June 4, the county health department cultured the throats of 20 family members, all of whom had been well. The culture of a 9-year-old granddaughter, who had been previously immunized, was positive for *C. diphtheriae*; that culture was also toxigenic. The granddaughter received 10 days of oral penicillin, and a booster dose of tetanus-diphtheria toxoid was given. The immunizations of all family members have been brought up to date, and all remain well. Because the index patient had made a trip to Albuquerque, New Mexico, 4 weeks before the onset of illness, the New Mexico State Health and Environment Department was notified about the case. All family members in New Mexico who were visited by the patient were followed up for immunizations; all have remained well.

(Continued on page 457)

TABLE I. Summary — cases of specified notifiable diseases, United States

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

DISEASE	38th WEEK ENDING September 22 1979	38th WEEK ENDING September 23 1978*	MEDIAN 1974-1978**	CUMULATIVE FIRST 38 WEEKS September 22 1979	CUMULATIVE FIRST 38 WEEKS September 23 1978*	CUMULATIVE FIRST 38 WEEKS MEDIAN 1974-1978**
Aseptic meningitis	400	302	192	5,010	4,122	2,556
Brucellosis	4	4	4	114	130	164
Chickenpox	276	310	310	171,650	124,442	124,442
Diphtheria	1	1	1	63	60	126
Encephalitis: Primary (arthropod-borne & unspec.)	49	46	52	656	868	848
Post-infectious	3	5	4	171	167	199
Hepatitis, Viral: Type B	201	275	275	10,542	10,946	10,937
Type A	493	663	499	21,195	20,974	24,774
Type unspecified	239	179	164	7,624	6,071	6,065
Malaria	27	12	13	509	542	340
Measles (rubeola)	63	75	81	12,193	24,019	24,018
Meningococcal infections: Total	24	22	15	1,967	1,845	1,188
Civilian	24	22	15	1,957	1,822	1,171
Military	-	-	-	10	23	23
Mumps	90	100	164	11,207	13,525	37,062
Pertussis	30	64	42	1,007	1,552	1,161
Rubella (German measles)	50	46	56	10,717	16,920	14,802
Tetanus	9	1	1	51	60	60
Tuberculosis	509	631	631	20,409	21,310	22,341
Tularemia	3	3	3	156	91	106
Typhoid fever	10	10	10	350	374	290
Typhus fever, tick-borne (Rky. Mt. spotted)	28	23	20	886	897	757
Venereal diseases:						
Gonorrhea: Civilian	20,207	25,723	23,723	721,976	726,791	724,791
Military	532	581	451	20,081	18,945	19,948
Syphilis, primary & secondary: Civilian	450	538	538	17,453	15,314	15,314
Military	4	12	10	228	214	269
Rabies in animals	107	65	65	3,675	2,326	2,186

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	-	Poliomyelitis: Total	23
Botulism (Calif. 1)	18	Paralytic	20
Cholera	1	Psittacosis	76
Congenital rubella syndrome	54	Rabies in man	2
Leprosy† (Oreg. 1, Calif. 1)	116	Trichinosis (N.J. 1)	110
Leptospirosis (Fla. 1)	33	Typhus fever, flea-borne (endemic, murine) (Tenn. 1, Tex. 4)	41
Plague	9		

*Delayed reports received for calendar year 1978 are used to update last year's weekly and cumulative totals.

**Medians for gonorrhea and syphilis are based on data for 1976-1978.

†The following delayed report will be reflected in next week's cumulative total: Leprosy: Kans. +1

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 22, 1979, and September 23, 1978 (38th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKEN POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1979	1979	1978	1979	CUM 1979	1979	1979*	1979	1979	1979	1979	1979	CUM 1979
UNITED STATES	408	4	276	1	63	49	48	1	261	493	239	27	509
NEW ENGLAND	26	-	85	-	-	1	3	-	6	11	8	-	33
Maine †	-	-	13	-	-	-	-	-	-	2	-	-	3
N.H. †	2	-	1	-	-	-	1	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-	-	-	-	-
Mass.	18	-	8	-	-	-	2	-	3	2	6	-	8
R.I.	4	-	3	-	-	-	-	-	1	3	-	-	9
Conn †	4	-	10	-	-	1	-	-	2	4	2	-	12
MID. ATLANTIC	81	-	32	-	-	1	6	-	34	30	13	6	71
Upstate N.Y.	31	-	7	-	-	1	1	-	11	7	6	-	13
N.Y. City	4	-	4	-	-	-	-	-	10	12	2	3	32
N.J.	40	-	NN	-	-	-	3	-	13	11	5	4	12
Pa. †	6	-	1	-	-	-	2	-	NA	NA	NA	1	14
E.N. CENTRAL	93	-	114	-	2	5	23	-	27	45	25	2	39
Ohio	-	-	8	-	-	-	9	-	2	18	-	-	7
Ind †	-	-	15	-	1	2	8	-	1	3	7	-	3
Ill.	2	-	14	-	-	2	-	-	6	14	6	1	18
Mich.	47	-	15	-	-	1	-	-	17	23	9	1	10
Wis †	4	-	64	-	1	-	6	-	1	5	3	-	2
W.N. CENTRAL	15	1	41	-	1	1	1	1	19	26	8	1	17
Minn †	-	-	-	-	-	-	1	-	1	12	-	-	6
Iowa †	10	1	24	-	-	-	-	-	3	9	5	-	2
Mo.	1	-	-	-	1	-	-	-	11	2	4	-	3
N. Dak. †	-	-	9	-	-	-	-	-	-	-	-	1	1
S. Dak.	-	-	-	-	-	1	-	-	2	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	2	-	-	-	1
Kans.	4	-	14	-	-	-	-	1	-	3	1	-	2
S. ATLANTIC	56	-	25	-	1	10	3	-	65	72	31	4	62
Del.	1	-	1	-	-	-	1	-	-	-	-	-	1
Md.	15	-	5	-	-	2	-	-	10	18	1	1	10
D.C.	-	-	-	-	-	-	-	-	-	-	2	-	6
Va †	14	-	-	-	1	1	1	-	11	10	7	2	21
W. Va.	2	-	3	-	-	5	-	-	4	1	3	-	2
N.C.	20	-	NN	-	-	2	-	-	11	3	5	-	5
S.C.	-	-	-	-	-	-	-	-	2	3	1	-	1
Ga.	-	-	-	-	-	-	-	-	4	11	-	-	2
Fla.	4	-	11	-	-	-	1	-	23	26	12	1	14
E.S. CENTRAL	46	3	4	-	-	13	1	-	31	34	11	1	9
Ky.	35	-	3	-	-	-	-	-	9	9	-	-	-
Tenn.	10	3	NN	-	-	-	-	-	17	16	7	-	-
Ala.	17	1	1	-	-	5	-	-	4	6	4	-	3
Miss.	4	-	-	-	-	8	1	-	1	3	-	1	6
W.S. CENTRAL	25	-	14	-	-	3	-	-	12	21	39	1	29
Ark.	2	-	-	-	-	-	-	-	-	2	4	-	-
La.	7	-	NN	-	-	-	-	-	3	2	-	1	3
Okla.	1	-	-	-	-	-	-	-	3	3	8	-	4
Tex.	15	-	14	-	-	3	-	-	6	14	30	-	22
MOUNTAIN	16	-	18	-	1	1	5	-	2	65	95	1	14
Mont.	3	-	4	-	-	1	5	-	-	2	-	-	2
Idaho	-	-	1	-	-	-	-	-	-	1	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	1
Colo.	12	-	6	-	-	-	-	-	2	9	-	-	5
N. Mex. †	1	-	-	-	-	-	-	-	-	15	-	-	1
Ariz.	-	-	NN	-	1	-	-	-	-	37	47	-	4
Utah	-	-	-	-	-	-	-	-	-	1	8	-	-
Nev.	-	-	1	-	-	-	-	-	-	-	-	1	1
PACIFIC	90	-	21	1	53	14	4	-	86	119	49	11	236
Wash †	12	-	12	1	36	4	3	-	6	7	3	-	10
Oreg.	4	-	-	-	-	3	-	-	3	10	2	-	10
Calif.	69	-	-	-	2	6	1	-	76	99	42	11	214
Alaska	3	-	5	-	-	1	-	-	-	-	-	-	-
Hawaii	2	-	4	-	-	-	-	-	3	3	-	-	2
Guam	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
P.R. †	1	-	2	-	-	-	-	-	-	3	-	-	1
V.I.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Pac. Trust Terr. †	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-

NN: Not notifiable. NA: Not available.

*Delayed reports received for 1978 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Aseptic meningitis: N.H. +5, Conn. +1, Pa. +1, Ind. +10, Wis. +1, Iowa +1, W. Va. +1, Chickenpox: Maine +3, Pac. Trust Terr. +23, Encephalitis, Ind. +2, Hepatitis B: Va. +2, Hepatitis A: Minn. +1, N. Dak. +4, Va. +1, N. Mex. +3, Hepatitis, Va. +7, P.R. +3, Pac. Trust Terr. +7.

TABLE III (Cont.'d) Cases of specified notifiable diseases, United States, weeks ending September 22, 1979, and September 23, 1978 (38th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1979	CUM 1979	CUM 1978*	1979	CUM 1979	CUM 1978*	1979	CUM 1979	1979	1979	CUM 1979	CUM 1979
UNITED STATES	65	12,193	24,019	34	1,967	1,845	90	13,287	30	50	20,717	51
NEW ENGLAND	–	287	1,964	1	101	101	9	407	1	3	2,412	4
Maine †	–	17	1,314	–	5	7	3	142	–	–	61	–
N.H. †	–	92	47	–	9	8	–	4	–	–	122	–
Vt.	–	119	27	–	6	2	3	9	–	–	397	–
Mass.	–	13	241	1	33	43	–	36	1	2	489	3
R.I.	–	102	8	–	7	15	3	34	–	–	93	–
Conn. †	–	4	327	–	41	26	2	180	–	–	256	1
MID. ATLANTIC	9	1,522	2,172	6	301	293	8	1,096	2	–	1,698	9
Upstate N.Y.	6	661	1,391	2	101	94	–	357	1	–	1,054	5
N.Y. City	3	759	351	–	75	69	–	119	1	–	259	4
N.J. †	–	57	74	–	70	59	7	534	–	–	321	1
Pa.	–	45	356	4	55	72	1	244	–	–	264	1
E.N. CENTRAL	19	3,160	10,845	3	195	246	32	4,295	7	7	2,491	5
Ohio	–	245	476	–	71	66	3	1,767	–	–	195	2
Ind. †	2	206	192	–	40	41	1	275	1	1	727	–
Ill.	11	1,417	1,090	3	14	78	2	869	3	1	180	–
Mich.	2	825	7,617	–	54	50	1	885	2	2	1,196	1
Wis. †	4	467	1,468	–	16	11	11	1,099	1	3	255	–
W.N. CENTRAL	7	1,733	590	–	57	65	4	657	6	10	461	2
Minn.	2	1,216	36	–	11	24	1	11	4	2	45	–
Iowa	–	14	57	–	9	10	–	231	–	–	52	–
Mo.	–	413	9	–	29	24	1	194	–	2	40	1
N. Dak.	–	28	193	–	1	3	–	2	–	–	8	1
S. Dak.	–	2	–	–	2	3	–	7	–	–	5	–
Nebr.	–	–	5	–	–	–	–	7	–	–	282	–
Kans.	5	66	90	–	5	9	2	205	–	6	96	–
E. ATLANTIC	14	1,834	5,084	6	485	433	30	578	9	3	1,223	8
Del.	–	1	6	–	3	2	1	40	–	–	5	–
Md.	–	15	52	–	42	26	2	197	1	–	28	–
D.C.	–	–	48	–	2	1	–	2	–	–	1	–
Va.	1	270	2,825	1	70	93	2	85	1	1	201	1
W. Va.	–	54	1,045	–	8	11	–	98	1	–	306	–
N.C.	–	112	119	1	76	89	2	72	–	1	529	3
S.C.	1	152	197	–	59	26	–	3	2	–	62	–
Ga.	7	457	30	1	70	68	3	7	3	–	11	–
Fla.	5	773	764	3	155	175	–	109	1	1	279	4
E.S. CENTRAL	3	204	1,413	3	149	145	15	1,338	2	1	299	6
Ky.	–	37	119	–	29	28	14	1,102	1	–	62	1
Tenn.	3	89	949	3	44	37	–	98	1	1	96	–
Ala.	–	84	101	–	36	45	1	23	–	–	44	5
Miss.	–	24	244	–	40	35	–	115	–	–	91	2
W.S. CENTRAL	2	902	1,053	3	314	270	4	1,146	–	4	236	15
Ark.	–	9	36	1	27	21	–	480	–	–	6	4
La.	–	267	143	–	116	112	–	36	–	3	29	2
Okla.	–	22	13	–	29	36	–	–	–	–	22	–
Tex.	2	624	881	2	144	121	4	630	–	1	179	9
MOUNTAIN	3	321	258	–	78	61	5	279	–	7	514	–
Mont.	–	97	106	–	8	3	–	10	–	1	69	–
Idaho	–	21	1	–	7	6	1	9	–	–	299	–
Wyo.	–	36	–	–	1	–	–	–	–	–	–	–
Colo.	2	66	30	–	9	9	2	77	–	–	66	–
N. Mex.	–	39	–	–	5	7	–	12	–	–	11	–
Ariz.	1	73	50	–	35	15	1	56	–	6	332	–
Utah	–	18	66	–	8	8	–	96	–	–	35	–
Nev.	–	11	19	–	11	4	1	14	–	–	2	–
PACIFIC	6	2,230	846	2	267	251	17	707	5	16	2,185	2
Wash. †	–	1,126	169	–	66	66	3	189	3	5	181	–
Oreg.	–	61	146	–	23	28	1	30	–	–	101	–
Calif.	5	940	523	2	202	170	13	330	2	10	1,877	2
Alaska	–	17	1	–	4	6	–	9	–	–	3	–
Hawaii	1	86	7	–	10	3	–	99	–	1	23	–
Guam	NA	7	25	–	1	1	NA	9	NA	NA	6	–
P.R. †	5	342	246	–	9	7	4	538	–	–	54	8
V.I.	NA	4	6	–	5	1	NA	15	NA	NA	–	–
Pac. Trust Terr. †	NA	7	599	–	1	2	NA	30	NA	NA	1	–

NA: Not available.

*Data not reported for 1978 are not shown in table but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Measles: Wis. = 7, Wash. = 2, Pac. Trust Terr. = 1; Meningit. Conn. = 2, Ind. = 1, Mumps: N.H. = 1, P.R. = 4, Pac. Trust Terr. = 2; Pertussis: Pac. Trust Terr. = 1; Rubella: Maine = 1, N.H. = 1, N.J. = 1.

TABLE III (Cont'd) Cases of specified notifiable diseases, United States, weeks ending September 22, 1979, and September 23, 1978 (38th week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Flea-borne) (MSF)		VENEREAL DISEASE (Cases)						RABIES (In Animals)
								GONORRHEA			SYPHILIS (Prim. & Sec.)			
	1979	CUM 1979	CUM 1978	1979	CUM 1978	1979	CUM 1979	1979	CUM 1978	CUM 1978*	1979	CUM 1978	CUM 1978*	CUM 1978
UNITED STATES	589	20,489	154	10	350	26	884	20,202	721,974	724,793	450	17,453	15,314	3,475
NEW ENGLAND	26	570	3	-	16	1	8	535	17,901	18,675	12	353	432	40
Maine	1	40	-	-	1	-	-	44	1,262	1,484	-	10	7	24
N.H.	-	10	-	-	-	-	-	14	666	871	-	18	5	3
Vt.	-	24	-	-	-	-	-	17	430	459	-	1	3	-
Mass.	9	309	3	-	9	-	4	196	7,048	8,278	7	197	265	10
R.I.	3	51	-	-	2	-	-	30	1,461	1,370	-	12	14	2
Conn.	31	137	-	-	4	1	4	244	7,034	6,409	5	115	136	1
MID. ATLANTIC	81	2,187	1	3	57	-	34	2,719	79,273	78,338	68	2,680	1,995	43
Upstate N.Y.†	4	599	1	-	20	-	22	802	13,585	12,932	19	198	148	45
N.Y. City	20	1,144	-	3	27	-	1	950	21,247	29,795	45	1,804	1,375	-
N.J.	36	402	-	-	13	-	5	160	13,714	14,723	20	359	243	5
Pa.	22	842	-	-	7	-	6	907	20,827	20,888	4	319	229	13
E.N. CENTRAL	98	3,034	-	-	25	1	57	3,840	111,902	110,440	93	2,348	1,710	329
Ohio	14	548	-	-	3	-	20	771	30,644	28,908	15	457	311	29
Ind.	31	584	-	-	-	-	2	450	9,722	11,406	3	169	118	63
Ill.	44	1,212	-	-	7	1	11	1,709	35,252	24,906	25	1,307	1,081	150
Mich.	16	759	-	-	11	-	3	934	24,496	25,599	10	339	151	12
Wis.†	3	133	-	-	4	-	1	NA	9,798	9,920	NA	66	49	11
W.N. CENTRAL	17	696	23	-	13	-	45	922	35,719	36,711	7	234	326	716
Minn.	3	122	-	-	3	-	2	61	5,935	6,219	-	62	83	332
Iowa	-	56	-	-	4	-	13	125	4,249	4,010	1	28	29	137
Mo.	10	372	20	-	8	-	19	625	15,536	16,217	6	108	91	219
N. Dak.	-	14	-	-	-	-	-	18	596	673	-	2	2	52
S. Dak.	-	41	2	-	-	-	-	41	1,205	1,271	-	2	3	98
Nebr.	2	18	2	-	1	-	3	79	2,519	2,677	-	3	13	-
Kans.	2	63	-	-	1	-	6	133	5,696	5,644	-	29	81	97
S. ATLANTIC	95	4,629	8	-	35	15	509	4,880	174,226	178,287	89	6,192	4,048	907
Del.	1	37	-	-	-	-	3	99	2,905	2,491	-	21	8	-
Md.†	-	586	-	-	7	7	60	1,043	21,361	22,879	4	277	307	9
D.C.	2	219	2	-	1	-	2	402	11,971	11,931	8	327	304	-
Va.†	NA	340	1	-	4	1	83	570	16,868	17,010	13	340	347	15
W. Va.	5	179	-	-	3	-	9	52	2,396	2,456	-	41	15	-
N.C.†	12	733	-	-	1	5	109	720	25,163	25,608	46	836	630	14
S.C.	23	349	1	-	3	1	71	396	16,367	17,467	5	214	209	152
Ga.	24	736	4	-	2	-	75	808	33,124	34,221	43	1,173	1,018	268
Fla.†	28	1,290	-	-	14	1	7	NA	44,485	44,225	NA	2,431	1,410	44
E.S. CENTRAL	66	1,878	14	1	18	3	124	1,699	61,816	62,214	47	1,165	800	251
Ky.	10	487	2	-	5	1	19	278	8,200	8,131	3	121	101	99
Tenn.	25	342	12	-	3	-	72	449	22,130	23,059	24	496	270	88
Ala.	11	441	-	1	8	-	17	388	18,516	17,806	7	215	136	63
Miss.	-	408	-	-	2	4	16	583	12,970	13,220	13	327	293	1
W.S. CENTRAL	80	2,491	64	6	57	6	96	2,399	93,166	98,327	78	3,222	2,480	1,374
Ark.	7	218	42	2	5	1	19	185	7,320	7,132	4	104	96	271
La.	29	513	6	-	4	-	1	436	16,311	15,957	12	787	316	21
Okla.	3	266	12	-	-	3	31	376	9,092	9,309	1	69	72	218
Tex.	41	1,487	6	4	48	-	45	1,393	60,243	65,933	61	2,260	1,996	864
MOUNTAIN	11	618	36	-	23	1	16	964	29,077	27,420	23	352	294	102
Mont.†	-	29	8	-	-	1	5	44	1,436	1,578	-	6	7	8
Idaho	-	18	1	-	1	-	2	90	1,316	1,118	-	21	12	7
Wyo.	-	6	-	-	1	-	-	40	806	654	-	5	8	-
Colo.	-	89	22	-	12	-	4	169	7,666	7,647	-	71	89	23
N. Mex.†	6	110	4	-	4	-	1	99	3,610	3,962	16	78	67	34
Ariz.	5	302	-	-	3	-	-	366	8,197	6,949	-	94	68	23
Utah	-	25	9	-	-	-	1	58	1,496	1,515	-	3	11	7
Nev.	-	47	2	-	2	-	3	98	4,564	4,026	5	74	32	-
PACIFIC	67	3,383	5	-	104	1	3	3,825	118,796	115,979	55	3,125	3,229	252
Wash.	2	192	3	-	5	-	-	174	10,118	9,332	NA	153	175	-
Oreg.	3	160	-	-	1	-	-	171	7,679	8,030	3	229	314	11
Calif.	60	2,752	2	-	89	1	5	2,504	94,656	92,974	50	1,751	2,902	239
Alaska	-	59	-	-	2	-	-	99	3,731	3,574	-	21	6	2
Hawaii	2	240	-	-	7	-	-	78	2,262	2,089	2	73	30	-
Guam	NA	47	-	NA	-	NA	-	NA	73	98	NA	-	-	-
P.R.	3	224	-	-	4	-	-	52	1,528	1,635	23	390	362	34
V.I.	NA	3	-	NA	1	NA	-	NA	123	148	NA	6	14	-
Pac. Trust Terr.†	NA	21	-	NA	-	NA	-	NA	279	367	NA	1	-	-

NA: Not available.

*Delayed reports received for 1978 are not shown below but are used in update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: TB: N.H. +3, Md. −3, N.C. −2, Fla. −2, Pac. Trust Terr. +4; AMSF: Va. −1, GC: Wa. −3, Pac. Trust Terr. +33; Syphilis: Mont. +2, Ariz. +4, Utah: NY +1, Md. +28, N. Mex. +1.

TABLE IV. Deaths in 121 U.S. cities,* week ending September 22, 1979 (38th week)

REPORTING AREA	ALL CAUSES BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	612	425	121	30	19	21
Boston, Mass.	170	107	39	12	6	† 10
Bridgeport, Conn.	34	14	9	5	3	1
Cambridge, Mass.	27	20	7	-	-	3
Fall River, Mass.	25	21	3	-	-	1
Hartford, Conn.	53	36	9	5	4	-
Lowell, Mass.	32	26	5	1	-	1
Lynn, Mass.	24	18	5	1	-	1
New Bedford, Mass.	33	22	9	-	-	-
New Haven, Conn.	50	35	12	1	1	-
Providence, R.I.	43	31	6	2	2	2
Somerville, Mass.	8	5	3	-	-	-
Springfield, Mass.	32	23	7	-	-	1
Waterbury, Conn.	27	25	1	-	-	1
Worcester, Mass.	52	38	7	3	3	-
MID. ATLANTIC	2,493	1,698	612	171	83	103
Albany, N.Y.	46	30	7	-	4	1
Allentown, Pa.	23	14	6	1	-	2
Buffalo, N.Y.	116	70	24	8	10	3
Camden, N.J.	44	24	14	-	6	2
Elizabeth, N.J.	22	14	6	-	-	-
Erie, Pa.†	41	29	12	3	2	3
Jersey City, N.J.	44	39	3	1	-	-
Newark, N.J.	70	37	17	11	3	7
N.Y. City, N.Y.	1,275	771	311	99	85	59
Pearson, N.J.	23	15	5	3	2	1
Philadelphia, Pa.†	299	176	75	22	12	25
Pittsburgh, Pa.†	69	43	17	6	2	4
Reading, Pa.	40	30	9	1	-	-
Rochester, N.Y.	131	82	31	9	1	6
Schenectady, N.Y.	20	13	5	1	1	-
Scranton, Pa.†	19	13	5	1	-	-
Syracuse, N.Y.	74	45	22	2	4	3
Trenton, N.J.	44	33	10	-	-	3
Utica, N.Y.	12	6	4	2	-	1
Yonkers, N.Y.	21	18	1	1	1	1
E.N. CENTRAL	2,169	1,378	537	152	98	87
Akron, Ohio	97	55	26	6	4	-
Canton, Ohio	22	14	6	-	-	-
Chicago, Ill.	475	240	109	42	25	6
Cincinnati, Ohio	136	91	30	5	2	3
Cleveland, Ohio	157	87	47	9	9	2
Columbus, Ohio	132	75	35	10	5	5
Dayton, Ohio	105	65	28	6	1	3
Detroit, Mich.	283	157	89	23	9	2
Evansville, Ind.	32	24	5	-	3	2
Fort Wayne, Ind.	60	38	12	5	5	-
Gary, Ind.	17	8	7	3	-	-
Grand Rapids, Mich.	57	46	6	-	4	2
Indianapolis, Ind.	142	93	39	9	5	-
Madison, Wis.	34	16	10	5	3	4
Milwaukee, Wis.	143	94	31	9	4	2
Peoria, Ill.	39	26	7	1	3	5
Rockford, Ill.	42	26	7	5	4	-
South Bend, Ind.	39	28	5	3	1	1
Toledo, Ohio	105	72	21	7	5	3
Youngstown, Ohio	92	75	23	4	2	-
W.N. CENTRAL	753	459	191	51	27	36
Des Moines, Iowa	73	54	10	6	2	10
Duluth, Minn.	23	14	4	2	1	1
Kansas City, Kans.	23	11	8	2	2	1
Kansas City, Mo.	154	92	40	11	8	2
Lincoln, Nebr.	29	20	8	2	2	4
Minneapolis, Minn.	115	66	28	14	2	2
Omaha, Nebr.	55	25	23	2	3	1
St. Louis, Mo.	147	88	45	8	2	7
St. Paul, Minn.	90	58	8	1	2	3
Wichita, Kans.	82	51	22	5	3	5
S. ATLANTIC	1,180	648	352	98	41	49
Atlanta, Ga.	149	75	45	21	3	1
Baltimore, Md.	277	139	92	28	10	3
Charlotte, N.C.	91	50	12	4	3	5
Jacksonville, Fla.	101	55	29	9	2	4
Miami, Fla.	126	66	39	12	3	5
Norfolk, Va.	33	17	12	1	1	-
Richmond, Va.	68	38	21	4	1	4
Savannah, Ga.	48	25	14	5	1	6
St. Petersburg, Fla.	77	64	10	-	2	3
Tampa, Fla.	67	45	14	8	4	3
Washington, D.C.	139	65	52	8	8	6
Wilmington, Del.	46	29	10	3	3	-
E.S. CENTRAL	416	293	139	49	16	14
Birmingham, Ala.	99	59	23	8	3	-
Chattanooga, Tenn.	49	34	9	4	2	3
Knoxville, Tenn.	44	35	7	2	-	1
Louisville, Ky.	93	59	18	11	3	10
Memphis, Tenn.	249	95	35	8	8	1
Mobile, Ala.	31	24	4	2	1	2
Montgomery, Ala.	50	30	14	3	1	3
Nashville, Tenn.	101	57	29	9	3	4
W.S. CENTRAL	1,373	731	359	121	39	25
Austin, Tex.	29	19	6	4	-	3
Baton Rouge, La.	38	19	12	3	3	2
Corpus Christi, Tex.	33	19	9	3	-	1
Dallas, Tex.	186	100	51	19	10	4
El Paso, Tex.	62	25	22	6	5	2
Fort Worth, Tex.	95	62	17	5	6	-
Houston, Tex.	463	232	128	62	24	5
Little Rock, Ark.	75	42	21	6	-	3
New Orleans, La.	114	54	36	5	10	1
San Antonio, Tex.	144	81	31	20	3	3
Shreveport, La.	54	28	12	3	7	1
Tulsa, Okla.	80	50	16	5	4	3
MOUNTAIN	561	345	136	33	25	22
Albuquerque, N.Mex.	65	38	21	1	2	3
Colo. Springs, Colo.	26	16	4	2	1	4
Denver, Colo.	128	76	16	10	8	5
Las Vegas, Nev.	54	23	19	5	1	3
Ogden, Utah	19	9	7	2	1	2
Phoenix, Ariz.	146	98	30	8	9	2
Pueblo, Colo.	34	31	1	-	-	1
Salt Lake City, Utah	51	26	17	3	2	2
Tucson, Ariz.	70	44	20	2	3	-
PACIFIC	1,772	1,124	422	98	34	57
Berkeley, Calif.	22	14	6	2	-	-
Fresno, Calif.	59	44	6	4	2	2
Glendale, Calif.	30	19	10	-	-	-
Honolulu, Hawaii	64	34	22	3	3	2
Long Beach, Calif.	103	60	30	8	2	3
Los Angeles, Calif.	546	345	124	31	17	18
Oakland, Calif.	69	48	15	5	1	3
Pasadena, Calif.	28	23	3	-	1	1
Portland, Oreg.	119	80	29	3	5	-
Sacramento, Calif.	73	43	15	6	3	6
San Diego, Calif.	97	54	28	6	3	-
San Francisco, Calif.	149	98	42	6	6	4
San Jose, Calif.	158	103	35	6	2	8
Seattle, Wash.	162	105	36	12	4	2
Spokane, Wash.	42	31	8	1	2	4
Tacoma, Wash.	51	31	16	1	1	2
TOTAL	11,489	6,941	2,869	797	433	874

*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.

**Pneumonia and influenza.

†Because of changes in reporting procedures in these 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

Diphtheria – Continued

Reported by S Fannin, MD, Los Angeles County Health Dept, J Chin MD, State Epidemiologist, California Dept of Health Services, RE Hoffman, MD, Acting State Epidemiologist, New Mexico State Health and Environment Dept, Immunization Div, Bur of State Services, Field Services Div, Bacterial Diseases Div, Bur of Epidemiology, CDC

Editorial Note. The number of reported diphtheria cases has declined since 1975, with fewer than 100 cases reported annually in 1977 and 1978. The mortality rate from diphtheria has also declined since 1970. However, the case fatality ratio for noncutaneous diphtheria has remained unchanged at 5%-10% since 1920 (*1*). Diphtheria is likely to be more severe or fatal in individuals with no or unknown histories of immunization. Though the incidence rate of noncutaneous diphtheria decreases with age, adults and children under 5 are less likely to be adequately immunized. This case illustrates the importance of keeping adults up to date with recommended immunizations and of considering the diagnosis of "childhood" diseases in unimmunized adults.

Persons with suspected or proven diphtheria should receive both parenteral penicillin and diphtheria antitoxin after their skin has been tested for hypersensitivity (*2*). In addition, asymptomatic, unimmunized household contacts should be managed by (1) either benzathine penicillin or a 7-day course of oral erythromycin, with cultures before and after treatment; (2) vaccination with diphtheria toxoid; and (3) daily surveillance for 7 days for evidence of diphtheria. Where close surveillance is impossible or unreliable, diphtheria antitoxin should be given (*3*).

References

1. CDC: Diphtheria Surveillance Report No 12, Issued July 1978, p 2
2. American Academy of Pediatrics' Report of the Committee on Infectious Diseases 18th ed Evanston, Illinois, AAP, 1977, p 62
3. Public Health Service Advisory Committee on Immunization Practices Diphtheria and tetanus toxoids and pertussis vaccine MMWR 26 401-402, 407, 1977

Summer Measles – Los Angeles County

In a joint effort between the Acute Communicable Disease Control Unit of the Los Angeles County Department of Health Services (LACDHS) and the Immunization Assistance Program for Los Angeles County, every reported case of measles this summer in Los Angeles County has been fully investigated.

Forty-eight cases of suspected measles were reported to the LACDHS from July 16 through August 30 (disease weeks 29-34). Twelve of these cases were reported through the established surveillance system, 36—which presumably would otherwise have been unreported—were uncovered by calling private practitioners and by investigating cases. During the similar period in 1978, only 2 cases of measles were reported.

Twenty-two of the 48 reported cases (15 male, 7 female) were clinically confirmed as measles. Of the remaining 26 cases, 17 were confirmed as not being measles, and 9 either could not be located or refused to be interviewed.

Seven house-to-house searches were conducted in areas surrounding the confirmed measles cases. The total number of household members visited was 328. The proportion of these persons 18 years old and under who had proof of measles immunization ranged from 28% to 95%. In the area where 28% provided documentation of measles vaccination, the 3 neighboring public schools had measles immunization levels of 91%, 95%, and 90% in recent audits.

Summer Measles – Continued

Except for 1 19-year old patient, all of the confirmed measles cases were in preschoolers (i.e., less than 5 years old). Seven of the patients were less than 1 year of age.

Nine of the confirmed measles cases could be traced to known cases, 4 were imported from other countries, and 9 cases could not be traced to a known case. Though all 22 patients reported having seen a physician, only 11 were subsequently reported as cases to local or state health departments.

Two major outbreaks, otherwise unreported, were discovered during the case investigations. One outbreak of 6 cases occurred in 2 adjoining apartment complexes inhabited by immigrants from Mexico, whose length of residence in the United States ranged from 6 months to 2 years. All of the cases could be linked to a single case, who transmitted the disease to the neighboring children while they were playing in the courtyard. The second outbreak of 4 cases occurred as a result of a swimming pool party held by a large extended family.

This collaborative surveillance effort will continue throughout September.

Reported by S Fannin, MD, Los Angeles County Health Dept; J Chin, MD, State Epidemiologist, California Dept of Health Services, Field Services Div, Bur of Epidemiology, Immunization Div, Bur of State Services, CDC

Editorial Note: This investigation corroborates the findings of the recent measles surveillance effort in Georgia—namely, that in the summer the predominant age group in measles transmission may be children under 5, and that children less than 12 months of age continue to be at high risk (*1*).

The Los Angeles cases also demonstrate that, though an area may have a high total immunization level, as shown by audits of school records of kindergarten through 12th-grade children, there may still be significant pockets of susceptible people, especially preschool children. In this instance, these subgroups included immigrants, both legal and illegal, and the poor—groups that are often unaware of existing preventive health care programs and that can continue to act as reservoirs for measles.

Reference

1. MMWR 28 425-427, 1979

Addendum, Vol. 28, No. 35

p 413 In the article "Gastroenteritis Associated with Lake Swimming – Michigan," the following names were inadvertently excluded from the credits. NB Keon and J Weber, MPH, both with the Michigan State Department of Public Health.

The Morbidity and Mortality Weekly Report, circulation 87,803, is published by the Center for Disease Control, Atlanta, Georgia. 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.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

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Franklin Residents' Blood Said Free of PCB Contaminant

BOISE, Idaho (AP) — No elevated levels of the banned chemical PCB were found in blood samples from 105 residents of Franklin, the Southeastern Idaho town where PCB contamination forced chickens and eggs to be destroyed, the state Department of Health and Welfare said

Dr. Edward S Gallagher, state health officer, said Thursday the report was based on preliminary results and more information on the PCB levels will be released next week

The Franklin residents were tested after Ritewood Egg Co., the town's major industry, was forced to destroy more than 300,000 laying hens and one million eggs because PCB contamination The PCB was traced to a Billings, Mont., packing plant which had sold the Franklin poultry firm a supply of chicken feed

Poultry and livestock feed produced by the Montana plant has been sent to poultry and livestock feeding operations in several states, and federal inspectors said PCB contamination was found 17 states, Canada and Japan

The analysis of blood samples drawn from residents of the Franklin area are completed, but tests on breast milk samples will not be finished until early next week, Gallagher said

Early reports indicate that all persons tested have PCB levels below 5 parts per billion Background levels of PCB found in the general U S population range from 5 to 20 parts per billion

The Center for Disease Control in Atlanta, Ga., also is testing some samples from Franklin residents, but results of those tests are not yet available, Gallagher said

PCB, in large doses, has caused tumors in laboratory animals, killed cattle and caused skin diseases Its production is now banned in the United States, but it is found in old electrical equipment, where it was used as a coolant.

PCB levels in Franklin below norm

Associated Press

Residents of Franklin who were recently tested by health officials showed lower than average levels of PCBs, a cancer-causing chemical that contaminated chickens and eggs at a farm in the town this summer

Dr. Edward S. Gallagher, chief health officer of the Idaho Department of Health and Welfare, said early reports indicate all persons tested have PCB levels below 5 parts per billion Background levels of PCBs found in the general U S population range from 5 to 20 parts per billion, Gallagher said

The Center for Disease Control in Atlanta also is testing some samples from Franklin residents, and results of those tests are expected next week.

Gallagher said his report is based upon preliminary results, and more information on the PCB levels will be released next week.

The Franklin residents were tested for PCB after Ritewood Egg Co., the town's major industry, was forced to destroy more than 300,000 laying hens and 1 million eggs because PCB levels were detected in the foods

U.S. Food and Drug Administration officials said as many as 16 million PCB-contaminated eggs were sold to the public by Ritewood before the firm stopped sales Sept 3 Health officials were concerned that those who lived near and worked at the poultry farm had ingested high levels of PCBs

The only data on human exposure to the highly toxic chemical comes from a contamination incident in Japan in 1968, in which victims developed skin lesions and illness from massive doses of PCBs, and a Michigan experiment in which fishermen showed no ill effects from eating fish containing 25 ppm of the substance.

The Ritewood PCBs were traced to a Billings, Mont., pork processing plant which had sold the farm a feed supply.

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Linda Williamson
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