Mary E. Bean

PUBLIC HEALTH STATISTICS

STATE OF

OKLAHOMA 1949



PART I REPORTABLE DISEASES

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REPORTABLE DISEASES

Oklahoma State Health Department Oklahoma City, Oklahoma

G. F. MATHEWS, M. D., Commissioner

The control of the reportable disease is a continuing problem of physicians and public health authorities, as well as a matter of considerable moment to the possible victim. Although certain diseases have never been of importance in Oklahoma, and others which were once prevalent have been reduced to the vanishing point, work remains to be done on others which still take their annual toll in death and suffering.

The tables and graphs in this book afford some measure of the incidence of certain diseases in Oklahoma, thus indicating the nature and magnitude of the problem. It is hoped, also, that they may help to cast some light on diseases whose methods of attack still are not well understood.

In Oklahoma, the collection and publication of these statistics of disease is a province of the State Department of Health. However, it is obvious that no tables or graphs, and no conclusions drawn from them, can be more valid than the data on which they are based — data which are supplied by the practicing physicians and hospitals of the State. It is only with their continued cooperation that trustworthy information about disease can be supplied to those who are engaged in the battle against it.

G. F. Mathews, M. D., Commissioner of Health Markeux

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PUBLIC HEALTH STATISTICS OF OKLAHOMA

REPORTABLE DISEASES

1949

This sixth edition of <u>Public Health Statistics</u>, Part I, presents a summary of the incidence of reportable diseases in Oklahoma, 1949. In addition to tables showing tabulation of disease by county, there are state tables showing numbers of selected communicable diseases by race and sex, by age, and by month of report; others show disease, number and rate per 100,000 estimated population, by race and by year, 1940-1949.

Included in the discussion are tables and graphs giving additional information on certain specific diseases of current interest. Cancer, a reportable disease not recognized as a communicable disease, is also discussed.

The data were derived chiefly from report cards received routinely each week from doctors, local health departments, hospitals and clinics, and through interstate reciprocal notification of disease. Additional cases were picked up from death certificates when it was found that they had not been previously reported.

A careful check was made to eliminate duplicate reports of cases. Cumulative case register files have been set up for chronic diseases such as tuberculosis, venereal disease, cancer and undulant fever; all reported cases of these diseases were checked against the files to eliminate duplication. Certain diseases of special interest were queried for lacking information; likewise, positive agglutinations reported by the State Department of Health Laboratory were queried for positive clinical diagnoses and were not counted as cases unless confirmed by a physician.

Military cases were included in the tabulation for the state as a whole, but were not included in the county tables. Civilian cases were allocated to the county of residence, which has been considered the best index of the place where the disease was contracted.

Every effort was made to account for the occurrence of cases as completely as possible. With this in view, cases of reportable diseases reported by death certificates were checked to see if they had been reported through regular channels and, if not, were included in the tabulations. Table I, below, shows the per cent of some selected diseases which were reported by death certificate only. There is definitely a great deal of under-reporting, but the data presented herein are useful for comparison purposes even if they do not give the complete picture of disease incidence.

Table 1

Cases of Selected Diseases Reported by Death Certificates Only, 1949

The rates used in this bulletin were computed from the 1949 population estimate prepared by the statistical division. Case fatality rates, expressed as per cent of cases which resulted in death, were computed from final death figures for 1949.

Diphtheria

<u>Diphtheria</u>, in comparison with other diseases, is fairly well reported. It is primarily a disease of childhood, with almost three-fourths of the reported cases in 1949 occurring in children under ten years of age, and over one-third among children under five. The case fatality rate for the year was the lowest recorded - 5.3 per cent. The previous low of 7.2 per cent was in 1947. The rate of incidence also decreased during the year from 7.1 cases per 100,000 estimated population in 1948 to 5.9 cases in 1949.

Table

Reported Cases and Deaths from Diphtheria, by Age Group, 1949

Under 1 year 1-4 years 5-9 years 10 years and over Unknown	Total	Age Group R
10 38 36 2	132	Reported Cases
ומארו	7	Deaths
1 & 5 1 1 & 7 U	5.3	Case Fatality Rate

<u>Intestinal Diseases</u>

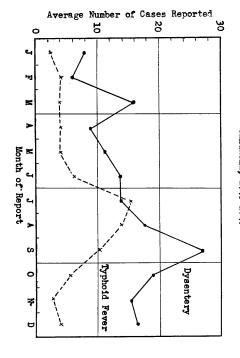
Of the 433 cases of enteric disease, 273 or 63 per cent were diagnosed as <u>dysentery</u>. This was the largest number of cases of this disease reported since 1942 when there were 328 cases. Although the number of cases has increased, the number of deaths, 28, has remained the same as last year, giving a case fatality rate of about ten per cent.

Amebic dysentery was the most common of the dysenteries, with 147 cases of amebic,49 cases of bacillary, and 77 cases of unspecified dysentery reported. Garvin County reported 82 of the 147 cases of amebic dysentery and McCurtain County 37. A survey of the cerebral palsy institute in Garvin County was responsible for such a large number of cases of amebic dysentery for the year.

Chart 1 compares the monthly incidence of typhoid fever and dysentery for the five-year period, 1945-1949.

Chart 1

Cases of Typhoid Fever and Dysentery, by Month of Report, Oklahoma, 1945-1949



<u>Truboid fever</u> has come to be a less frequently fatal disease than previously. Of the 74 cases reported, only three resulted in death, <u>Pagetyphoid fever</u> was probably very much under-reported due to the large number of unrecognised infections. Only five cases were reported, two of which were fatal.

There were 75 cases of <u>food poisoning</u> reported in 1949. Staphylococcal toxin was responsible for 17; salmonallosis, 4; botulism, 1; and unspecified food intoxications, 53 cases. One-third of the 75 cases occurred in Jefferson and Carter Counties, with 12 cases reported for each county.

Only 14 cases of <u>infectious diarrhea of the newborn</u> were reported during the year, compared with 16 cases reported in 1948. Of these 14 cases, 10 were reported in August, September and October. The cases were reported for nine counties in the state - six southern and three northeastern.

<u>Malaria</u>

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In 1949, 86 cases of <u>malaria</u> were reported as acquired in Oklahoma. This was the fewest number of cases ever to be reported in Oklahoma, with a rate of 3.8 cases per 100,000 estimated population. The six cases of malaria reported as acquired outside of the United States were not included in this total.

The rate of incidence was higher among the Indians than any other race, with a rate of 2,6 for the White, 1,3 for the Negro, and 42.8 cases per 100,000 estimated population for the Indian race.

June and July were the months of highest occurrence with 19 and 23 cases, respectively, reported.

Measles

The number of reported cases of measles this year was the highest in sixteen years. In 1934, 9,432 cases were reported; there were 7,538 cases in 1949.

Of the 4,580 cases with age known, 2,468 or 53.9 per cent were between the ages of five and nine; and 64.5 per cent were from five to fourteen years of age.

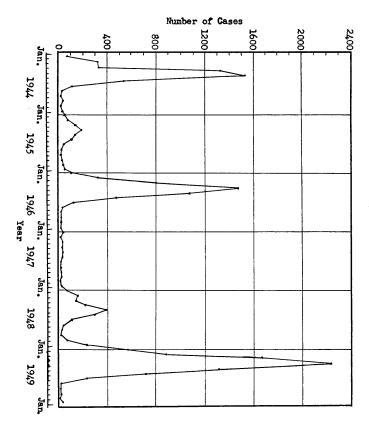
There were 30 deaths from this disease, giving a case fatality rate of 0.4 per cent. Although the majority of the cases of measles occurred in the age groups four to fourteen years, the case fatality in these groups was lower than in any other age group. The disease seemed to be more often fatal in very young children and in persons over fifteen years of age.

The incidence was highest among the Indians. The number of cases per 100,000 estimated population for the White racial group was 233.6, 101.6 for the Negro and 316.8 for the Indian.

Chart 2 shows the monthly incidence of measles over a six-year period from 1944 to 1949. The usual two-year cycle was broken in 1948 when the incidence was lower than was expected. This may account for the unusually high peak in 1949.

Chart 2

Reported Cases of Measles by Month Oklahoma, 1944-1949



Meningococcal Meningitis

There were 56 cases of meningococcal meningitie this year, giving a a rate of 2.5 cases per 100,000 estimated population. This was a slight decrease over last year's report of 65 cases.

Table 3 shows the case fatality rates by age groups for 1949. Over one-half of the cases, 55 per cent, occurred in children under ten years of age, although cases were reported for every age group.

Table 3

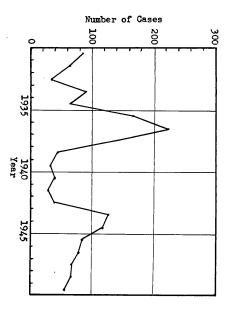
Reported Cases and Deaths from Meningococcal Meningitis, by Age Group, 1949

Under 1 years 1-4 years 5-9 years 10-19 years 20-29 years 30 years and over Unknown	Total	Age Group
293H9K7	56	Reported Cases
ו ארוומ ו	10	Deaths
14.9 26.7 11.1 9.1 33.3 22.2	17.9	Case Fatality Rate

Chart 3 shows the annual incidence of meningococcal meningitis since 1930. The disease has exhibited high incidence at irregular intervals, the epidemic wave usually lasting two or three years.

Chart 3

Reported Cases of Meningococcal Meningitis, Oklahoma, 1930-1949



Although the incidence shows no definite decrease during the past twenty years, the case fatality rates have declined - from 58.7 per cent in 1928 to 17.9 per cent in 1949.

Pneumonia and Influenza

<u>Pheumonia</u> has been a disease which has shown little improvement in reduction of cases during the past twenty years. For the year, 1,851 cases were reported, 82,6 cases per 100,000 estimated population. The rate of occurrence was highest for the Indian population. The rate for this group was 278.8 per 100,000 estimated population, as compared with 71.4 for the White population and 94.4 for the Negro group.

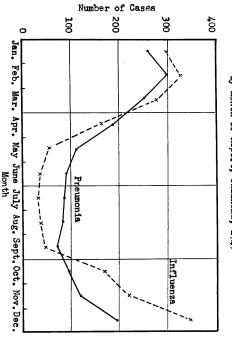
A relatively large proportion of the cases occurred in children under five years of age. In this age group, 33.5 per cent of the cases occurred, whereas approximately 10 per cent of the population were within these ages.

Of the 1,851 cases of pneumonia,645 were reported as bronchopneumonia, 352 as lobar pneumonia, 168 as virus pneumonia and 686 were unspecified as to type.

Chart 4 shows the incidence of pneumonia and influenza, by month of report. The two diseases seemed to follow the same seasonal pattern, though influenza appeared to vary more between seasons.

Chart 4

Reported Cases of Pneumonia and Influenza, by Month of Report, Oklahoma, 1949



There were 2,037 cases of <u>influenza</u> reported in 1949, the smallest number ever reported. This disease, one of the most under-reported, had its highest reported incidence in the Indian race -190,1 cases per 100,000 estimated population as compared with 55.1 for the White race and 44.6 for the Negro.

There seemed to be no age group predominantly affected by this disse.

Poliomyelitis

In 1949, the largest number of cases of pollomyelitis ever recorded in Oklahoma, 1,322 cases, was reported - an attack rate of 59.0 cases per 100,000 estimated population. The largest number which had been reported previously was 594 cases in 1943, an attack rate of 28.7. The case fatality rate, 8.2, computed from the 109 deaths was lower than in 1948 but higher than in the 1943 epidemic when the rate was 5.6. Although 54 cases were reported for the Negro population, none were fatal. Of the 12 cases in Indians, two were fatal.

The largest number of cases, il per cent of the number with age known, occurred in children two years of age, and 35 per cent of the cases occurred in children one to four years of age. (Chart 5).

Chart 5

Reported Cases of Pollomyelitis, by Age Group, Oklahoma, 1949

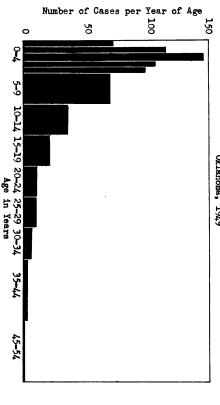


Table 4 shows the reported cases and deaths from poliomyelitis over the past five years by age group. It may be seen that the age group one to four years was most affected. Case fatality rates for the five-year period were lowest for this same age group, 3.7 per cent, and highest for children under one year of age and over ten years of age.

Table 4

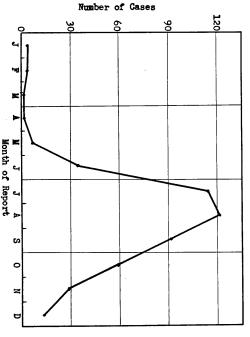
Reported Cases and Deaths from Pollomyelitis, by Age Group 1944 - 1949

	1,44		
Age Group F	Reported Cases	Deaths	Case Fatality Rate
Total	2,438	197	8.1
Under 1 year 1-4 years 5-9 years 10-14 years 15 years and over Unknown	113 802 705 385 413 20	18342	9.7 3.7 8.7 11.4 12.3

The week ending July 30 marked the peak of the epidemic, with 96 cases reported for that week. Over the five-year period, 1945-1949, August had the highest average annual number of cases reported as shown in Chart 6. The incidence did not reach its low until March and April.

Chart 6

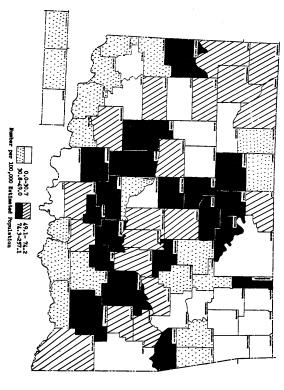
Average Annual Number of Gases of Pollomyelitis by Month of Report, Oklahoma, 1945-1949



Noble County had the highest attack rate in the State, 257.1 cases per 100,000 estimated population, whereas Beaver and Rogers Counties had no reported cases in 1949. Chart 7, a map of Oklahoma, shows the attack rates by county. Much of the heaviest incidence seemed to be in the central counties.

Chart 7

Attack Rates of Poliomyelitis, by County, Oklahoma, 1949



Of the 1,320 cases of poliomyelitis with sex specified, 580 or 43.9 per cent were female and 740 or 56.1 per cent were male.

Respiratory Streptococcal Infections

a rate of 17.9. The only year which was lower was 1947, with a recorded number of 353 cases. The four-year period, 1946-1949, was the lowest on record for scarlet fever which has exhibited high and low incidence at irregular intervals.

The attack rate was highest for the White race, 18.6 per 100,000 estimated population, compared with 5.8 and 6.3 for the Negro and Indian populations, respectively.

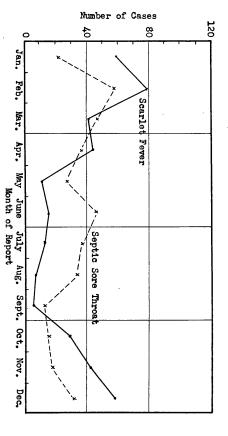
The case fatality rate for scarlet fever remained low. In 1949, only one death was reported, the first in three years. Table 5 shows reported cases and deaths from scarlet fever and septic sore throat by age, 1945—1949. The age group most affected by scarlet fever was the one to four 1949. The age group most affected by scarlet fever was the one to four year age group, though though the disease seemed to be most fatal to children

Reported Cases and Deaths from Respiratory Streptococcal Infections, by Age Group, 1945 - 1949

	Sı	Scarlet Fever	ever	Septi	Septic Sore	Throat
	Reported	:	Case Fatal-	Reported		Case Fatal-
Age Group	Cases	Deaths	ity Rate	Cases	Deaths	ity Rate
Total	2,895	¥	0.5	1,136	3	6.8
Under 1 year	773	л H	2.5	181	210	50.0 11.6
5-9 years	1,229	Ų,	0.4)76 (77)	, ca	4.5
10 years & over	619	w	0.5	606	38	6.3
Unknown	234	1	•	153	·	•

The highest seasonal incidence for scarlet fever was late winter and early spring as shown in Chart 8. Septic sore throat did not show such a well-defined curve, though the months of lowest incidence were September through November. Chart 8

Reported Cases of Scarlet Fever and Septic Sore Throat, by Month of Report, Oklahoma, 1949



The number of reported cases of <u>septic sore throat</u> this year, 388, was the highest since 1941 when 716 cases were reported. Unlike scarlet fewer, the highest incidence was among the Indians with a rate of 33.3 compared with 15.4 for the White and 5.2 for the Megro. The total attack rate for septic sore throat and scarlet fewer was very nearly the same, 17.3 and 17.9, respectively. The case fatality rate, however, was higher for septic sore throat -3.6 per cent compared with 0.2 per cent for scarlet fewer. As shown in the five-year table above, the case fatality rate was quite high for infants under one year of age, 50 per cent, though the incidence was low for that group.

Whooping Cough

Whooping cough was very low for the year with only 228 cases reported compared with 1,084 in 1948. This was the lowest incidence since 1939 when 214 cases were reported. The Indian race continued to have the highest tatack rate, 22,2 cases per 100,000 estimated population compared with 9.3 for the White population and 3,2 for the Negro. There seemed to be no special seasonal pattern.

Table 6 shows cases and deaths from whooping cough by age groups. Almost one-fourth of the cases were under one year of age and approximately two-thirds under five years of age. The seven deaths were all in infants.

The case fatality rate, 3.1, was lower than that for 1948, 4.2.

Table 6

Reported Cases and Deaths from Whooping Cough, by Age Group, 1949

1111	1111	55 16 17	1-4 years 5-9 years 10 years and over Unknown
13,2	7	33	Under 1 year
3,1	7	228	Total
Case Fatality Rate	Deaths	Reported Cases	Age Group

Other Acute Communicable Diseases

There were 25 cases of <u>Rocky Mountain spotted fever</u> reported in fifteen counties in the State, mostly southern with a few central counties. All the cases were reported during April through November, with December through March being free of cases. Almost half of the cases were under 15 years of age.

Tillman and LeFlore Counties each reported a case of small] one

Tularemia declined again in 1949, with 71 cases compared with 84 reported in 1948. The high month of report was July.

The report of three cases of typhus fever in Greer, Kiowa, and Muskogee Counties was higher than in 1948, though typhus fever has shown no particular change in the past ten years.

The 144 cases of <u>undulant fever</u> reported were higher than in any year since 1939. Last year, 86 cases were reported. All cases were over ten years of age, the majority occurring in the 30-44 year age group. Klowa County again reported the largest number of cases, 28, compared with the next highest number, 6, reported by several of the counties.

Muskogee County reported one case of <u>rat bite fever</u>. There was one case of <u>trichiniasis</u> in the State reported for Tillman County. Caddo and Hughes Counties had one case each of <u>coccidioidosis</u>.

Cancer

1949 was the second complete year of report of <u>cancer</u>. This disease was made reportable August 15, 1947, on a special cancer report form. The number of cases reported for the year, 1,706, was only slightly more than the 1,636 cases reported for 1948.

The most common primary site reported was the skin (except vulva, scrotum, and anus) - 29.2 per cent of all cases. Other primary sites most often reported were the uterus, 14.8 per cent; the digestive organs and peritoneum, 11.7 per cent; and the breast (all female), 9.1 per cent. This is shown in Table 7 below.

Of the 1,706 reports, 300 or 17.6 per cent reported metastasis of the neoplasm to other parts of the body; 219 or 12.8 per cent reported no metastasis and 1,187 or 69.6 per cent either did not specify or stated that metastasis was unknown. A breakdown by primary site of the 300 cases which metastasis had occurred, the male genital organs showed the highest percentage of metastasis, 91.7 per cent. Female genital organs, other than the urinary organs 81.8 per cent. The smallest number of metastases was from the nose and accessory sinuses, etc., 20.0 per cent, and from the skin, 23.1 per cent of the number of neoplasms of each site for which metastasis or no metastasis was specified, 51nce the number of reports in which it was unstated whether metastasis had or had not occurred was so large, the above information is not acceptable for close interpretation.

Biopsy information was furnished on 1,308 of the 1,706 reports of malignant neoplasm. Of the number furnishing this information, 858 or 65.6 per eent specified that a biopsy was performed. If only the reports for which biopsy information was given are considered, then 90.0 per cent of the malignant neoplasms of the urinary organs were biopsied, 86.2 per cent of the neoplasms of the uterus and other female genital organs, and 85.7 per cent of the lymphosarcomas and reticulosarcomas.

For the White racial group, 1,557 cases were reported, a rate of 77.0 cases per 100,000 estimated population. The Negro and Indian incidence was considerably lower, with 88 cases (a rate of 50.9) and 16 cases (a rate of 50.9), respectively. The most frequent site reported for the Negro group was the genital organs, male and female, differing from that of the skin for the White group. Although there were more malignancies reported for the White male group than the female, this was reversed in the Negro and Indian groups. Over twice as many Negro females as males were affilicted and four times as many Indian females. See Table 7, below.

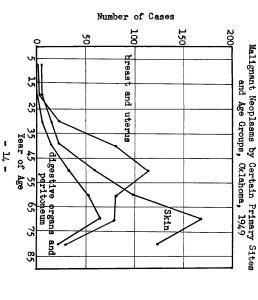
Table '

Reported Cases of Cancer by Race and Sex, and Rate per 100,000 Estimated Population, by Race, 1949

	Total	al	ro	Sex
Race	Number	Rate	Male	Female
Total	1,706	76.2	872	834
White	1,557	77.0 47.8	823 28	734 76
Unknown	45		21	22

When this disease was tabulated by age groups, it was found that the 65-74 year age group had the largest number of cases. Cancer of the breast and uterus occurred most often in the 45-54 year age group, whereas the other three leading primary sites (skin, digestive organs and peritoneum, and buccal cavity and pharynx) had their highest incidence in the 65-74 year age group. Chart 9 and Table 8, below, show the age distribution of cases for certain primary sites most often involved.

Chart 9



Reported Cases of Malignancy by Certain Primary Sites, by Age Groups, Oklahoma, 1949

			Primary Site	Ò	
Age Group	Skin	Uterus	Digestive Organs and Peritoneum	Breast	Buccal Cavity and Pharynx
Total	499	252	200	155	171
Under 14 15-24	45	1 1	1 1	μı	1 1
25-34	ょに	52	7,5	% 6	o N
45-54	57	7/	33	39	18
65-74 55-64	168 168	48 39	653	38,32	24 48
75 & over	126	,¤	25	17	37
Age Unknown	12	6	w	1	w

The total number of malignant neoplasms in males was slightly higher than that in females, 872 and 834 cases, respectively. For every site except the breast and the genital organs, the number of malignancies in men exceeded the number in women. The skin was the most common site in men, whereas the uterus and breast were the most often reported for women.

All cases with an out-of-state residence were excluded from the tabulations. Every county in the State had cases reported except Beaver and Grant Counties. Creek, Garvin, and Woods Counties had the lowest rates of incidence in the State - 4.8, 7.8 and 14.1 cases per 100,000 estimated population, respectively. The counties with the highest rates were Marshall, 233.3; Marray, 162.9; Hughes, 162.8; and LeFlore, 154.3. The city of Tulsa had a comparatively low rate, 36.3 and Oklahoma City had a rate of 107.2.

Cancer Cases Reported by Death Certificate Only

An accumulative file was set up August 15, 1947, when physicians, hospitals, clinics and local health departments were asked to list all known existing cases of cancer. All new cases since then have been added to this file so that duplicates might be eliminated. In 1949, there were 2,131 cases of cancer reported by death certificate, only. Since the date of cases of cancer reported by death certificate, only. Since the date of cases of cancer reported by death certificate, only. Since the date of cases will diminish with time as the yet unreported that the number of these cases will diminish with time as the yet unreported cases of cancer expire and as reporting improves. Table 9, below, shows the number and per cent of cases reported through regular channels and by death certificate the skin was the most common site of cases reported through regular channels, the digestive organs and peritoneum were reported most often by death certificate.

Table 9

Cases of Cancer Reported Through Regular Channels and by Death Certificate Only, Number and Per Cent, by Primary Site of Lesion 1949

	Cases Repoi Regular	Cases Reported Through Regular Channels	Cases Reported Death Certific	Cases Reported by Death Certificate Only
Primary Site	Number	Per Cent	Number	Per Cent
Total	1,706	100.1	2,131	100.1
Hodgkin's Disease	6	0.4	17	0.8
Buccal cavity and pharynx	1,1	8.3	4	2.1
Digestive organs and peri-	200	11.7	72.9	33.7
Partice Compare Street	85	5.0	76	<u>س</u>
Themse	252	14.8	190	8.9
Other female genital organs	34	2.0	46	2.2
Breast	155	9.1	158	7.4
Male genital organs	53	3.1	193	9.1
Urinary organs	45	2,6	7,	3.4
Skin (except vulva, scrotum,	200))	ŝ	2
Brain and other parts of	4,		,	
central nervous system	22	1.3	31	1.5
	184	10.8	446	20.9
	30	1.8	89	4.2

The most common primary site for males, other than the digestive organs and peritoneum, was the male genital organs and for the females, the uterus.

More cases were reported for the age group 75 years and over than for any other group with the number of cases progressing with the year of age up to that group.

Of the 2,131 cases, 1,980 were White, 98 were Negro, 49 were Indian and 4 were of unknown race. The rates per 100,000 estimated population were 97.9, 63.4 and 77.6, respectively.

<u>Tuberculosis</u>

Tuberculosis - reporting in the past few years has been stepped up by an active case-finding program. In 1949, portable x-ray units were operated in many counties which previously had shown particularly low rates. As a result, eight counties of the eleven covered by county-wide surveys headed the State in number of reported cases per 100,000 estimated population. The nine counties with the highest rates of incidence are shown in Table 10, below, with the attack rates and the number of new cases discovered by special county-wide surveys during the year. Some of these survey cases were allocated to other counties, however, according to the place of residence. The other three counties surveys were done in many places over the state such as state mental institutions, schools, cities, conventions, etc.

Table 1

Tuberculosis Attack Rates and Cases Found by Survey for the Nine Highest Counties, Oklahoma, 1949

Ottawa Pawnee Pawnee Woodward Womata Craig Osage Osage Washington Noble Creek	County
479.0 331.0 316.0 292.0 291.5 268.7 266.2 257.1 250.5	Attack Rate (per 100,000 est. pop.)
112 45 36 88 89 21 78	New Cases Found by County-Wide Surveys*

May include some residents of other countles.

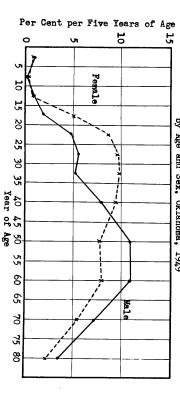
In the State, 2,402 new cases of tuberculosis were reported - 107,2 per 100,000 estimated population. The disease occurred almost four times as frequently among Indians as it did among the White population, the rates being 96.8 for the White race, 121.7 for the Negro, and 366.0 for the Indian.

The year 1949 produced the lowest tuherculosis death rate on record, 23.6 deaths per 100,000 estimated population. Previously, 1948 had the lowest death rate of 26.6.

In the White racial group, more males than females were discovered to have tuberculosis, 1,091 to 866 cases, respectively; in the Negro racial group the number was the same for each sex, 94; however, in the Indian racial group the cases in females cutnumbered those in males, 127 to 104. Chart 10, below, shows the percentage distribution of cases by sex and age group. The per cents of cases in females rose above those of the males only in the child-bearing ages, 15-45 years. The age group for the total population which had the highest incidence was the 55-64 year age group.

Chart 10

Per Cent of Reported Cases of Respiratory Tuberculosis by Age and Sex, Oklahoma, 1949



17 -

Table 11 gives the percentage distribution of tuberculosis cases by age, race and sex. Tuberculosis appeared to have occurred at younger ages among the non-white than among the White racial groups, assuming the age distribution of the population was the same for both groups.

Table 11

Per Cent of Reported Cases of Respiratory Tuberculosis, by Age Groups, Race and Sex, 1949

_						_	_					
	75 and Over	65-74	55-64	45-54	35-44	25-34	20-24	15-19	Under 15	Total with Age Specified	Age Group in Years	
	5.8	12.8	19.0	18.6	17.1	۲.7	6.6	3.4	2.1	100.1	Total	
	6.9	14.4	21.8	21.4	15.8	10.7	4.9	۷.0	2.1	100.0	Male	
	4.4	10.8	15.7	15.2	18.7	19.5	8		<u>ب</u> 2•0	100.1	Female	
	6.2	13.6	19.9	18.8	17.4	14.3	5.9	2.5	1.5	100.1	White*	
	3.5	8.6	14.9	17.6	15.9	16.6	10.1	000	4.8	100.1	Non-White	

^{*} Race unknown - 25 cases - were included with White.

Reported cases of tuberculosis by type, stage and activity, appear in Table 12. The greatest proportion of cases in the White population were "arrested (including inactive)", whereas, the most frequent diagnosis for the Negroes and Indians, alike, was "far advanced, active".

Table 1

Reported Cases of Tuberculosis, by Type, Stage and Activity, and by Race, 1949

Tuberculosis of respiratory system: Minimal, active Mod. Adv., active Mod. Adv., active Far Adv., active Arrested (including inactive) Appar. cured (any stage) Unqualified Tuberculosis of other sites: Meninges and central nervous system Intestines, peritoneum, mesentery Vertebral column Other bones and joints Skin Lymphatic system Genito-urinary system Other organs Millary	Type, Stage and Activity	(1/1 Com: Co nim
2,349 3700 3700 3700 2,700 10 10 10 10 10 10 10 10 10 10 10 10 1	Total	-/4/
1,925 292 293 275 2772 36 36 31 11 11 11 11	White	
182 320 320 66 111111122 66	Negro	
217 20 20 20 20 20 20 20 20 20 20 20 20 20	Indian	
111111123232	White Negro Indian Unknown	

- 18 -

theumatic Fever

Rheumatic Fever was added to the list of reportable diseases, January, 1949. In this first year of report, 104 cases were recorded for the State giving a rate of 4.6 cases per 100,000 estimated population. The rates for White, Negro and Indian were 4.6, 2.6 and 3.2, respectively.

The first four months of the year were the high months of report and the lowest number of cases were reported in June.

About half of the counties, geographically scattered throughout the State, reported cases. Beckham, Garvin, Adair and Pontotoc Counties had the highest rates of incidence, 34.2, 23,6, 20.2 and 19.0, respectively.

The age-distribution showed that more cases were reported in the 10-14 year age group than any other. Children three years of age also had a high incidence.

There were 22 deaths from this disease, giving a case fatality of 21,2 per cent.

Venereal Disease

The smallest number of cases of <u>syphilis</u> since 1936 was reported for the year, 3,657 cases, giving a rate of 163.3. The rates for Negroes and Indians were higher than that for the White racial group, 791.4, 255.0 and 103.9, respectively.

Venereal disease clinics are operated in 55 of Oklahoma's 77 counties. The counties with the highest report of cases of syphilis were Muskogee, Latimer, Logan, Oklahoma and Tulsa, all with over 245 cases per 100,000 estimated population. In these counties was a moderate to large number of Negroes or Indians which probably had some effect on the high incidence rates. Clinics were located in each of these counties.

There were more cases among Negro and Indian females than among the males, 55.0 and 63.4 per cent, as compared with approximately no difference between the sexes in the White population, in which 49.7 per cent of the cases were female.

There were 5,987 cases of gonographe in 1949, giving an attack rate of 267.3 cases per 100,000 estimated population. Although there were over 2,000 more cases of gonorrhea than syphilis, only 600 of the excess were White. The attack rate for Negroes was over ten times that for the White population, 1,891.4 and 133.9, respectively. The rate for Indians was 323.2.

Six of the eight highest counties of report of syphilis were also the highest for gonorrhea.

In the White and Negro racial groups there were more cases of gonor-rhea among the males than the females; but among Indians, over twice as many females as males were reported to have the disease.

Like syphilis, gonorrhea had its highest incidence in the 20-24 year age group.

Table 13, below, shows the reported cases of syphilis by specified stages and age groups. Late and late latent syphilis, naturally, were higher in the older age groups, but primary and secondary and early latent syphilis occurred most often in the 20-24 year age group.

Table 13

Reported Cases of Syphilis, by Specified Stages and Age Groups, Oklahoma, 1949

Although there were more reported cases of gonorrhea than syphilis, there were no deaths from gonorrhea in 1949 compared with 121 deaths from syphilis. Of the deaths from syphilis, 28 were due to general paralysis of the insane, 8 to congenital syphilis, 2 to tabes dorsalis and 83 to other forms.

Table 14, below, gives the number of cases of all venereal diseases by disease, stage and sex.

Table 14

Reported Cases of Venereal Diseases, by Disease, Stage and Sex, 1949

Gonorrhea Syphilis, all stages Primary and Secondary Early latent Late and late latent Congenital Not stated Ophthalmia neonatorum Other venereal diseases Chancroid Granuloma inguinale Lymphogranuloma	Total Venereal Diseases	Disease and Stage	20
5,987 3,657 714 853 1,798 163 129 129 4 99 82 7	9,747	Total	-0
3,709 1,756 2,959 912 80 80 80 80 80 80 80 80 80 80 80 80 80	5,548	Male	
2,276 1,899 308 554 884 100 49 49 2 18 12 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	4,195	Female	
אאוואוווווווווו	4	Unknown	

Symbols Used in Tables

Number or rate is zero
Item not applicable
0.0 Rate is more than 0 but
less than 0.05

X The largest number of cases X Emallest number of xases

x The languat	Typhoid fever Typhus fever Undulant fever Whooping cough	Smallpox Syphils Tuberculosis, all forms Tularemia	Rables in man Rocky Mountain spotted fever Scarlet fever Septic sore throat	Mumps Paratyphoid fever Pheumonia, all forms Pheumonialitis, soute	Malaria, acquired in U.S. Malaria, acquired outside U.S. Measles Meningitis, meningococcal	Dysentery Encophalitis, infectious Conorrhea Influenca	Anthrax in man Ghiokenpox Dengue Diphtheria	Disease	
4	713 713	5, 978 2,226 25	1,003 1,003	759 8 1,958 200	75 27, 101,1	211 9,216 8	682 300	Number	1945
Me me	3.9 0.1 1.6 29.9	0.5 250.8 94.2	1.0 42.1 8.1	31.8 0.3 82.1 8.4	46.2 1.8 35.3 3.5	8.9 0.3 386.6 290.4	0.1 28.6 -	Rate	.5
and mules	54 6 36 479	2,664 84.	2 30 546 180	452 1,709 134	308 187 4,387 77	80 80,585	632	Number	1946
2	2.3 0.3 1.5 20.1	0.7 331.7 111.8 3.6	0.1 1.3 22.9 7.6	19.0 0.2 71.7 18.2	12.9 7.8 184.1 3.2	3.4 1.0 463.8 276.4	9.3	Rate	6
LASES	96 4 89 1,055	7,177 2,435 130	36 353 198	2,002.660 59.22.660	536 67	15 9,335 25,095	966 209	Number	1947
4	4.2 0.2 3.8 45.6	0.2 310.3 105.3 5.6	1.6 8.6	28.5	23.2 7.3 2.9	6.4 0.6 403.7 1,085.1	9.0	Rate	47
	74 1 86 1,084	5,727 2,348 84	30 591 176	887 5 1,648 369	401 8 1,633 65	163 7,082 3,972	1,417 1 165	Number	1948
	3.2 0.0 3.7 46.4	0.0 245.3 100.6 3.6	1.3 25.3 7.5	38.0 0.2 15.8	17.2 0.3 70.0 2.8	7.0 0.3 303.4 170.1	60.7 0.0 7.1	Rate	8
	74 3 144 228	2,402 71	388 388	2,764 5 1,851 1,322	86 6 7,538 56	273 16 5,987 2,037	1,751 132	Number	1949
	3.3 0.1 6.4 10.2	0.1 163.3 107.2 3.2	1.1 17.9 17.3	123.4 0.2 82.6 59.0	336.6	12.2 0.7 267.3 90.9	78.2 5.9	Rate	49

	1940	°	1941	4	1942	12	1943	3	1944	•
Disease	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Anthrax in man Chickenpox Dengue	785	33.9	734_	32.9	1,029	47.8	8,1	40.6	. 82.	40.4
Dysentary Encephalitis, infectious Gonorrhes	649 11 2,804	28.0 0.5 121.1	X 2,521	13.8 0.6	328 3,626 3,701	15.3 0.3 168.5	7.697 8 8 139	6.7 0.4 226.7	6,596 22 11,778	11.9 1.1 325.0 580.2
Walaria acquired in U.S. Weasles Weningitis, meningococcal	38 444 748,1		2,028 2,429 29	90.8 108.7 1.3	1,516 6,331 39	70.4 294.1 1.8	1,421 2,376 124	68.6 114.7 6.0	1,408 4,316	69.4 212.6 5.8
Humps Pneumonia, all forms Poliomyelitis, acute	3,104 3,104 159	17.8 134.0 6.9	1,083 2,703 58	48.5 121.0 2.6	1,490 1,589 28	69.2 73.8 1.3	1,446 651 1659	31.4 69.8 28.7	2,346 2,346	22.7 115.6 2.7
Rables in man Rocky Mountain spotted fewer Scarlet fewer Septic sore throat	10 926 596	0.0 0.4 40.0 25.7	75.55 75 75 75 75 75 75 75 75 75 75 75 75 7	0.1 0.5 38.4 32.0	125	1.0 35.9 15.9	1,030 1,030 222	0.0 0.8 49.7 10.7	1,003 15 15	0.1 0.7 6.9
Smallpox Syphilis Tuberoulosis, all forms Tularemia	198 5,897 1,661 62	8.5 254.6 71.8	8,132 1,538 1,538	1.9 363.4 68.8 2.3	8,914 1,761 40	0.9 474.1 67.9 1.9	3,511 1,751 1,751 1,751	459.3 84.6 1.6	8,142 2,867	0.3 141.2 0.5
Typhoid, paratyphoid fevers Typhus fever Undulant fever Whooping cough	76 76 76 76	16.7 0.1 4.8 33.1	227 2 117 1,206	10.2 0.1 5.2 54.0	200 475	9.3 0.1 3.2 22.1	168 4 30 885	8.1 0.2 1.4 42.7	109 1 50 426	2.5

TABLE I. REPORTED CASES OF SELECTED COMMUNICABLE DISEASES, NUMBER AND RATE, (NUMBER PER 100,000 ESTIMATED PURULATION), OXLANOM, 1940-1949

-	x The langest	Whooping cough	Vincentia angina	Vancant deper	Typhus fever	Typhoid fever	Tularemia		Tuberculosis, respiratory	Trachoma	Tetanus	Syphilis	Smallpox	Septic sore throat	Scarlet fever	Rooky Mountain spotted fewer	Rabies in man	Poliomyelitis, acute	Pneumonia, unspecified	Pneumonia, primary atypical	Pneumonia, lobar	Pneumonia, bronchial	Paratyphoid fever	Ophthalmia neonatorum	Munps	Meningitis, meningococcal	Measles	outsi	Malaria, acquired in U. S.	Influenza	Hookworm	Conorrhea	German measles	Encephalitis, infectious		Dysentery, bacillary	Dysentery, amebic	Diphtheria	Chickenpox	Anthrex in man	Disease
		228	2 1	3₽		72	2	ধ্	2,349	뚕	۲	3.657	2	æ	402	S,		1,322	686	168	352	645	<u>.</u>	4	2,764	56	7,538	6	æ.	2.037	2	5 987	<u>5</u>	<u>لا</u>	3	49	۲,7	132	1,751		Total
	mumber of		n (N	Ų.	5	7	118	ĭ	N.	312		×	59		,	w	78	×	54	112		,	226	7	400		N	301	6	8	8		ı		4	స	280		Jan.
	ھی	N I	≓,	٠.	٠,	w	4	۳	E	18	1	8		8	78		•	N	3	òs	8	102			353	7	88	N	J.	329	N	084	3		7	,	w	z	27%		Feb.
	404	10	.	4,	٠,	8		ر.	156	21	•	X 397		47	41			N	101	6	21	87	,	,	478	<u>.</u>	1,668		_	28,	_;	857	ಕ		_		45	œ.	285		Mar.
23	5	<u>۲</u> ،		, <u>‡</u>	٠,	w	4	w	269	32		346	<u>,</u>	٠,	4	_		_	8	ដ	33	6		,	729	6	2,240		5	167	7	452	388	ر م	w		28	7	332		Apr.
	of cases	F	:	۲ د	í		w				, ,	323	: سر	27	Ħ	_		22	46	S.	22	37			220	u.	1,321		w.	ž,	-	.92	ĕ		w		۲.	<u>_</u>	ĕ	,	May
	da:	2	5 =	; ,		6	9	N	270	¥	N	289	, 1	6	15.	^		벊	25	5	స	29		,_	23	4	72	_	3	۵,	N	£	26	۰.	7	S,	25	۳.	5		June
		36	2,4	, b	٠,	18	ĸ	œ	339	ઝ	N	262	ď	8	ಜ	7		378	49	11	73	15	N	,	126	V,	236		25	3,		8	7	٠.	5	۰,	ω,	J,	22	,	μlγ
		₽,	۰۴	; ;	٠,	12	S.	4	8	5	N	316	. 3	32	7	^		300	40	7	9	ä	μ	_	26	N	×		w.	6		X 629	7	۰,	œ.	_	_	_	N		Aug.
		17	, 5	1 2	3 ,	4	7	J.	5	6	w	222		<u>ت</u>	J.	w		229	ĸ	5	17	27	N		22	_	•	N	7	ð	į	9,	~ .	~	۰ س	۰	: دب	₽.	_		Sept.
		19		, t	; ,	٠,	6 4	6	781	13	-	339	, !	7	29	w		165	R	17	15	39			27	7	17	_	6	170	, i	513	٠,	6	ĸ		7	22	6		ş.
		21	3 a	. K	5 1	4	w	4	77		۳,	269		18	₹3	N		72	30	27	25	46			129	6	6		_	2,	0	28,		۰.	2,	ا دد	5	18	122		Nov.
		35		; ;	;,	٠,	N	N	216	4	1 1	8	. :	32	58	,		ઝ	69	29	40	6		۲	197	w	ઝ			3,7		219	7	μ.	7	22	2	2	233	,	Dec.

	Whooping cough	Venereal diseases, other	Undulant fever	Typhus fever	Typhoid fever	Tularenia	Tuberculosis, other forms	Tuberculosis, respiratory	Trachone	Tetanus	Syphilia	Small nov	centic gore throat	Conjet force spected rever	Racies in man	Poliomyelitis, soute	Pheumonia, unspecified	Pneumonia, primary atypical	Pneumonia, lobar	Pneumonia, bronchial	Paratyphoid fever	Ophthalmia neonatorum	wentingrous, mennigocodost	Mentaget 1	Malaria acquired outside U.S.	Malaria acquired in U. S.	Influenza	Hookworm	Gonorrhea	German measles	Encephalitis, infectious	Dysentary manacified	Dysontery, amount	Dipheneria	Chickenpox	Anthrex in men	me or me one bob. out of 1947	-	Disease
E 111 BE	228	8	¥	w	7%	22	শ্র	2,349	E .	1	3-657	ر د د	300	38	₹,	1,322	686	168	352	645	Un d	, t	3	930	500	. 86	2,037	24	5,987	503	16	77	, <u>,</u>	152	1,751		Number	2,239,731	TBTOIL
PORTED CAC	10.2	4.4	6.4	0,1	3. 3	3. 2	2.4	104.9	8 2	20	163.3	1,0	17.7	11.1		59.0	30.6	7.5	15.7	28.8	0.2	0.4	132.	3,000	3,0,3	3	90.9	1.1	267.3	22.5	0.7	3 2	٠. د د	,,,	78.2		Rate	731	B.L
ES OF COMM	188	135	Ĕ	N	71	ઝ	32	1,925	i.	The same	× 2 10 1	210	3 0	22	2 ,	1,254	, 489	152	288	516	w	7,000	200	4,74		.53	1,11,	21	2,707	376	5	2 !	3.5	Ė	1,281		Number	2,022,067	DATE
TABLE III. REPORTED CASES OF COMMUNICABLE DISEASES. BY MONTHS	9.3	1.7	6.1	0.1	3.5	1.6	1,6	9	5.	0.5	103.0		10.0		,	62.0	24.2	7.5	ц.2	25.5	0.1	101.0	2.5	233.0	20,3	2.6	55.1	1.0	133.9	18.6	0.7	70	o .	10	63.4		Rate	067	ď
SEASES. BY	5 1	58		,	,_	,	6	182	7	1	1,000		• •	·	٠,	54	8	. 00	39	36		- 7	3.0	757	i ,	N	69		2,923	_	_,	٥,	- ~	, α	50		Number	154,539	or Seu
MONTHS.	3.2	37.5		ı	0.6		3.9	117.8			791.7		. 0	. 0	· ·	34.9	40.8	5,2	25.2	23.3	. :	o t	7.0	TOT-0		1.3	44.6	1	1,891.4	0.6	0.6	7 0	2:	,,	32.4		Rate	539	3
	¥.	· ·	_	,	_	,	×	217	2		ĭ.	4	2.	٠	, ,	72	87	'n	21	8	N	, 8	, L	200	3,	27	120	N	204	7	. :	٦,	- ~		39		Number	63,125	UNITORIL
	22.2	4.8	1,6	1,6	1.6	1,6	22.22	343.8	, ,	*****	2 1	20.0	30	, a		19.0	137.8	3.2	33.3	102.6	3.2	170.0	100	8.9TE		42.8	190.1	3.2	323.2	F.1		3 :		19.0	61.8		Rate	25	an
1	21.7		19		_	37	_	S.	7	1000	ij,	,4	; 5	; ,		N	47	6	4	27		200	3.	2,457		4	734	_	153	119	. ;	3 6	٠.	1	381		Number		OUNDIOND

TABLE II. REPORTED CASES OF COMMUNICABLE DISEASES, NUMBER AND RATE (NUMBER PER 100,000 RETIMATED POPULATION), BY BACE, OKLAHOMA, 1949

X The largest number of cases

TABLE V. REPORTED CASES OF SELECTED COMMUNICABLE DISEASES BY AGE, OKLAHOMA, 1949

	All						-	_	A	ge in Y	ears							
Disease	Ages	Under 1 Year	1	2	3	4_	5-9	10-14	15-19	20-24	25-29	30-34	35–44	45-54	55-64	65-74	75 and Over	Unknown
Anthrax in man Chickenpox Diphtheria Dysentery	1,751 132 273	38 10 21	- 60 6 4	96 13 14	84 10 10	- 83 9 4	743 46 12	101 13 13	30 4 9	16 7 6	- 5 1 13	5 1 15	12 3 24	1 5 24	2 1 10	1 5	- - - 5	475 2 84
Encephalitis, infectious German measles Gonorrhes	16 503 5,987 24	17	22 2	22 9	1 16 4	1 14 5	3 111 30	1 64 53	2 54 1,296	13 12, 378	1,169	2 6 442	- 4 409	3 2 106	1 - 30	1 12	- 5	154 37
Influenza Malaria, acquired in U. S. Malaria, acquired outside U.S. Measles	2,037 86	25	40 4 - 239	56 - 346	26 1 - 274	30 - 376	114 15 2,468	64 6 485	90 3 -	105 3 1 46	3 101 8 3 28	65 9 - 20	131 18 - 28	110 5 -	116 7 1 2	81 1 - 3	50 1 -	833 5 1 2,958
Meningitis, meningococcal Mumps Ophthalmia neonatorum Paratyphold fever	56 2,764 4 5	7 6 4 -	27 -	9 52 - -	1 34 1	1 51 -	9 967 - -	443 -	167 -	2 63 - 1	1 62 - 2	2 66 -	1 86 - -	3 29 - 1	1 4 -	1 4 -	1 -	2 703 -
Pneumonia, all forms Poliomyelitis, acute Rocky Mountain spotted fever Scarlet fever	1,851 1,322 25 402	306 73 - 1	106 115 - 13	111 146 - 25	54 106 1 41	44 97 33	150 345 7 209	55 178 3 47	38 105 3 8	41 52 - 2	46 49 2 1	46 26 - 2	77 21 4 3	82 3 -	103	162 1	323 - - -	107 6 3 17
Septic sore throat Smellpox Syphilis Tetanus	388 2 3,657	5 - 36 5	15 - -	21 7	15 - 4	14 - 2	64 - 17	33 - 35	29 271 1	25 1 540	15 415	23 356	32 1 4697	14 537	10 345	5 120	2 - 37	66 - 238
Trachoma Tuberculosis, respiratory Tuberculosis, other forms Tularemia	183 2,349 53 71	7 3 2	2 6 6	4 3 6 1	5 1 3 1	4 3 2 -	62 8 1 2	41 19 6 2	10 79 1	3 151 5 2	3 168 2 1	2 169 3 2	6 392 7	8 425 2 4	4 435 3 5	5 292 1 1	132 2 1	24 59 - 38
Typhoid fever Typhus fever Undulant fever Venereal diseases, other	74 3 144 99	-	1 - -	2	4 - -	2 - -	17 - -	4	7 - 1 10	4 7 34	6 - 8 25	7 1 23 11	6 1 46 13	5 1 19 5	1 - 14 1	2 - 3	=	6 - 19
Whooping cough	228	53	22	25	17	23	55	10	n seminar	mara Maren	2		3			1	energio en	17

X The largest number of cases

Disease	Carter	Cherokee	Chocta#	Gimarron	Cimarron Cleveland	Coal	Comanche	Cotton
anthrex in men	=		-			, ,	;,	.,
Chickenpox	ö	, =	4		56	٠,-	. =	_
Diphtheria	w	н	N	,	. 1	-	4	,
Dysentery, amebic	N			,	4		,	
	30			,	,	ı	٠,	,
		ı	_	1			-	1
Encephalitis, infectious			,		1			
German measles	w	N			5	. ,	15	. ,
Gonorrhea	122	42	3		37	4	137	5
Hookworm			N		N			1
Influenza	306	_	22	N	8	N	N	2
Malaria, acquired in U.S.	,	N	_		6	4	,	ı
outs							3 .	
Messles	76	60	51	72	259	10	98	29
Meningitis, meningococoal			_	,	:,	-	٠,1	;,
Mumps	7	68		-	78	-	0	11
Ophthalmia neonatorum	ı		,	,	,	ı	,	
Paratyphoid fever	N		1				. 1	. 1
Pneumonia, bronchial	Ħ	w	y.	w	- 00	w	.4	N
	w	w	4	N	4,	1	. 0	,
Pneumonia, primary atypical		2 1	٠,	١ ۸	: 6	٠,	3 ⊢	۱ د
Pneumonia, unspecified	.	. ~			4	a +	27	, ,
Poliomyelitis, scute	డ	7	00	N	4	7	ŭ	v
Rables in man		,		,	,		•	,
Rocky Mountain spotted fever	N			,	. 1	ĸ	ś.,	٠,
Scarlet fever	,	N	_		4	,	, 6	٢
Septic sore throat	K	4	5	,	9		-	,
Smallpox	,			. 1	: 1	٠,	١.	:,
Syphilis	12	2	47	u	8	-	ž	F
Tetanus				ı	;_	,		,
Trachona	ı	,	33		21	. 1	4	. 1
Tuberculosis, respiratory	38	19	2	μ	47	6	22	œ
Tuberoulosis, other	,	۳	,				w	,
Tularemia	,		w		,	,,		
Typhoid fever	N		N		μ	,	_	,
Typhus fewer	,	•	,	ı	,			
Undulant fewer	,			1	بر		,	
	,		N	,	N	,	w	۲
			,	,	252	,		
Vincent's angina	,				***			

_	-	_	_	_						_	_	_				_	_	_	_			_	_	_	_		_	_	_		_	_	_	_	_	_	_	,	_	_	_	_	_	_	_	_			
		Whooping cough	Vincent's angina	Venereal diseases, other	Undulant Tever	TAbum read.	a piloza rotoz	Typhoid fever	Tularemia	Tuberculosis, other	front forcer, forcerrange	Tiboual orde montastom	Trachoma	Tetanus	CANTITION	Olivina Poli	Smallnor	Septic sore throat	SCATLOT TOVOT	NONY MUMICALII SPORGE TOVOL	Backer Household annethod forman	Rabies in man	Poliomyelitis, soute	rneumonia, unapecified	rneumonia, primary acypican	bounds admin standard	Proumonds Johan	Pneumonia, bronchial	Paratyphoid fever	Ophthalmia neonatorum	Kunpe	Meningitis, meningococcal	1685.68	Malaria, acquired outside o.c.	mararra, acquired in c. c.	Velende constant to II c	Indianes	Hookman	Gonorrhea	German measles	Encephalitis, infectious	Dysentery, unspecified	Dysentery, bacillary	Dysentery, amebic	Diphtheria	Chiakenpox	Anthrex in men	Disease	
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TABLE VI. REPORTED CASES OF COMMUNICABLE DISEASES BY COUNTY, OKLAHOMA, 1949 (Continued)

TABLE VI. REPORTED CASES OF COMMUNICABLE DISEASES BY COUNTY, OKLAHOMA, 1949 (Continued)

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TABLE VI. REPORTED CASES OF COMMUNICABLE DISEASES BY COUNTY, OKLAHOMA, 1949 (Continued)