liver function tests on 80% of the patients were abnormally elevated. Among surviving patients, the visual disturbances resolved within 1 to 7 days, and then days or weeks later, they developed jaundice and liver failure. Autopsies of four patients showed massive hepatocellular damage and cholestasis.

Caruaru's water source is a nearby lake, and water is supplied to the dialysis unit by truck. No other city residents (including patients at the city's other dialysis center) have had signs or symptoms consistent with the illness in the dialysis patients. Residents who live near the lake outside Caruaru report drought conditions, low water levels, and an algae bloom at the lake in January and February. Although they use the lake water for drinking and cooking, no one noticed symptoms like those experienced by the Caruaru dialysis patients. Residents who swam or bathed in the lake did notice severe skin irritation and itching during the time of the algae bloom.

Three medical epidemiologists from the CDC's Hospital Infections Program assisted the ministry of health in investigating this outbreak. They reviewed medical records and obtained tissue, serum, and water samples in Brazil from April 1-13. At present, the cause of the outbreak is unknown, but a toxin in the water used for dialysis is the most likely etiology. Possibilities include blue-green algae (microcystin) toxin or pesticide. Blue-green algae blooms can produce a number of neurotoxins and liver toxins that have relatively small molecular weights and could pass through conventional water treatment systems used in dialysis centers for preparing water for dialysis, especially if the carbon filters were overloaded.

The investigation is continuing, and the CDC is consulting with experts in toxicology at the CDC, the FDA, and in academia.

FROM: (1) Goerig L. Toxin kills 46 dialysis patients. *Chicago Tribune* May 15, 1996;11.

(2) Jochimsen E. Dialysis outbreak in Brazil. Late breaker presentation at the APIC 23rd Annual Educational Conference and International Meeting. Atlanta, GA; June 3-5, 1996.

TB Declines Again

During 1995, a total of 22,813 cases of tuberculosis (TB) were reported to the CDC from the 50 states, the District of Columbia, and New York City, a 6.4% decrease from 1994. This represents the third consecutive year the number of reported TB cases has decreased, resulting in the lowest rate since national surveillance began in 1953.

In 1995, TB among the foreign-born accounted for 35.7% of the total reported cases, compared with 31.3% in 1994. Six countries (Haiti, India, Mexico, People's Republic of China, Philippines, and Vietnam) accounted for 63.6% of these cases.

Isolates with resistance to either isoniazid (INH) or rifampin (RIF) decreased from 1994 to 1995. In 1995, a total of 37 states reported drug-susceptibility results for ⩾75% of cases; 806 (7.6%) of these 10,621 isolates were resistant at least to INH, and 145 (1.4%) were resistant at least to both INH and RIF. Compared with 1994, when only 23 states reported drug-susceptibility results for isolates from ⩾75% of cases, the proportion of cases with isolates resistant, at least to INH, decreased from 8.5%, and resistance at least to INH and RIF decreased from 1.5%.

The substantial decline in the number of TB cases in the United States reflects at least six factors: (1) improved laboratory methods to allow prompt identification of *Mycobacterium tuberculosis;* (2) broader use of drug-susceptibility testing; (3) expanded use of preventive therapy in high-risk groups; (4) decreased transmission in congregate settings (eg, hospitals and correctional facilities) by implementing infection-control guidelines; (5) improved surveillance and follow-up to remove cases found to have non-TB diagnoses; and (6) an increase in federal resources for state and local TB control efforts.

This TB decrease in the United States can be sustained through efforts by federal, state, and local agencies to ensure that all persons with TB are identified and treated promptly.

FROM: Centers for Disease Control and Prevention. Tuberculosis mortality—United States. *MMWR* 1996;45(18):365-370.

Additional news items in this issue: OSHA'S Susan Harwood Dies, page 411; Group A Strep Cross-Infection, page 418; APHA Challenges Glutaraldehyde Instructions, page 422; Varicella Vaccine Pregnancy Registry, page 433.

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