

rubble-steppe focus center toward its northern loess-steppe periphery: (a) the index of tick abundance in nature and (b) the index of general contact of the population for the average and infrequent contact groups. The coefficient of correlation was $r = 0.83 \pm 0.10$.

7) Results of tickbite counts confirmed the data on CHF morbidity among professional groups. Most who became ill with CHF were those occupied in animal husbandry (milkmaids and cattleyard workers), and less often those with rare direct contact with animal husbandry workers.

Detection of New Crimean Hemorrhagic Fever Foci in Rostov and Luga Oblasts

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Serological investigation methods are very useful for detecting certain characteristics of the geographical distribution of different diseases. The distribution area of natural focal diseases can also be determined by these methods. Geographical consideration of diseases by using serological investigations is very important. Thus new CHF epidemic areas were found in Sal'sk and Myasnikovsky regions of Rostov.

No CHF cases were recorded before 1967 in

Myasnikovsky region or before 1969 in Sal'sk region. In Myasnikovsky region, a railway worker (M, 46 years old), became ill in July 1967 with a 1st diagnosis of influenza. However, the clinical picture (acute onset, hemorrhagic rash, distinctly pronounced leukopenia, and thrombopenia) showed that this patient was infected by CHF. Serological investigations of blood samples from this patient gave positive results in CF and DPRA and definitely confirmed the

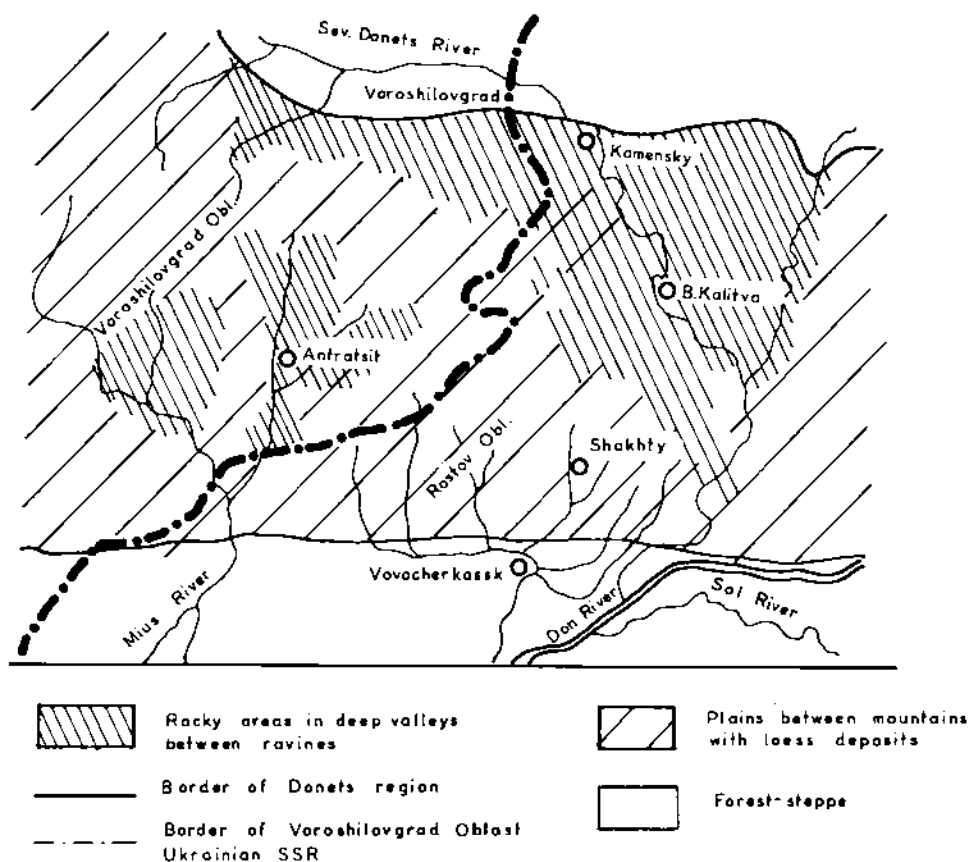


FIG. 12.—Map of Rostov Oblast.