

Encephalitis case report

Suspect no 4/0
Confirmed no _____

Name Kayoko Osawa
 Address 72 Akasaka Dai-
 chu Ku. Minato
 Age and sex 8. Female
 Date of onset Aug 14
 Date reported Health Center Aug 16
 Central Aug 16
 Date Hospital, and where source Aug 16 Toyotama

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____
 Complement fixation test _____

Encephalitis case report

Suspect no. 409
 Confirmed no. _____

Name Toshihiro Kinoshita
 Address 4 Ashikusa Kaminarimon
Ku Naito 2
 Age and sex 5 male
 Date of onset Aug 14
 Date reported health center Aug 15
 Central Aug 15
 Date hosp. and where source Aug 15 Komagome

Encephalitis S-409 = 246

Name Toshikatsu Kinoshita

Clinical Examination

Lead	turbid	Blood
Xanthochromia		Leukocyte
Pressure 200	Pleocytosis	14600
Nonne-Apelte	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 409
Confirmed no. _____

Name Toshihiro Kinoshita

Address 4 Asakusa Kamimurimon
ku Naito 2

Age and sex 5 male

Date of onset Aug 14

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Aug 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 408
 Confirmed no. _____

Name Gakufu Hamamura
 Address 339 Honden Tateishi
ku Katsushika

Age and sex 2 male

Date of onset Aug 13

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Aug 15 Honjo

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 407
Confirmed no. _____

Name Osamu Ogura
Address 5 Takishima Nishinaka-dori
Hu Chu 4
Age and sex 5 male
Date of onset Aug 13
Date reported health center Aug 16
Central Aug 16
Date hospital and where source Aug 16 Hanjo

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 406
Confirmed no. _____

Name Tatsuo Togashi

Address 12 Yamakashimizu-cho
Ku. Waiito

Age and sex 13 male

Date of onset Aug 13

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Komazome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 405
Confirmed no. _____

Name Katsuyo Suzuki
Address 1155 Shimo-cho 1

Age and sex 3 male
City Kita

Date of onset _____
Date reported health center Aug 13

Central _____
Date hospi. and where Aug 16

Source _____
Toyotama

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

404

Suspect no. _____
Confirmed no. _____

Name Mitsuko Kimura

Address 221 Yaguchi-cho
Hu Ita

Age and sex 7 Female

Date of onset Aug 12

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

403

Suspect no. _____
Confirmed no. _____

Name Yoko Yamane

Address 1024 Tsuchi-machi
ku Kitatama

Age and sex 4 Female

Date of onset Aug 10

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Aug 15 Showa

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

402

Suspect no.
Confirmed no.

Name Motoji Okoshi

Address 103 Nishikubo

ku Kitatama

Age and sex 11 Male

Date of onset Aug 11

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 Showa

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no.
Confirmed no.

401

Name Kazuko Morita
 Address 2369 Fuchu-machi
Hu Kitatama
 Age and sex 6 Female
 Date of onset Aug 13
 Date reported health center Aug 15
 Central Aug 15
 Date hospi. and where source Aug 15 Showa

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 400
Confirmed no. _____

Name Fumiyasu Nakamura

Address 69 Mitaka-machi

Hu Kitatama

Age and sex 13 male

Date of onset Aug 13

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Nowa

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 399
Confirmed no. _____

Name Takashi Amagawa

Address 1988 Kamimeguro 2
ku Meguro

Age and sex 10 male

Date of onset Aug 8

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 Ebura

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 398
 Confirmed no. _____

Name Kazuko Seda

Address 2339 Mitoki-cho 3

ku Asahi

Age and sex 14 Female

Date of onset Aug 13

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Komazome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 397
Confirmed no. _____

Name Yoshihiro Sato
Address 1529 Takinogawa
Hu. Kita
Age and sex 3 male
Date of onset Aug 12
Date reported health center Aug 15
Central Aug 15
Date hospi. and where source Aug 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 396
 Confirmed no. _____

Name Yasuko Arima

Address 67 Sugamob
Ku. Toshima

Age and sex 9 Female

Date of onset Aug 12

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Died before hospitalization

Remarks

Confirmed date _____
 Returned home date _____
 Died date Aug 15
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 395
Confirmed no. _____

Name Ikuo Yamamoto
Address 973 Itabashi-cho 5
Ku Itabashi

Age and sex 9 Female

Date of onset Aug 13

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Aug 15 Toshima

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 394
 Confirmed no. _____

Name Misako Hirokawa

Address 62 Azuma-cho Higashi /
Hu Sumida

Age and sex 3 Female

Date of onset Aug 13

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 Hongo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 393
 Confirmed no. _____

Name Junko Ogawa

Address 26, Nagasaki cho 3

Ku Toshima

Age and sex 0 (July 5th) Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toshima

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 392
 Confirmed no. _____

Name Katsuo Kohiyama

Address 261, Gotanda cho 1
ku Shinagawa

Age and sex 19 Male

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug 15 Ebara

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 391
 Confirmed no. _____

Name Susumu Kawano

Address 952, Senyenchou 2
Hu Ota

Age and sex 8 male

Date of onset Aug 13

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 - Ebura

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 390
Confirmed no. _____

Name Chizuko Mori
 Address 373, Yaguchi-machi
Kanata Shu Ota
 Age and sex 4 Female
 Date of onset Aug. 14
 Date reported health center Aug. 15
 Central Aug. 15
 Date hospi. and where Aug 15 Ebara
 source

Encephalitis

Changed name of disease
 S. - No. 390
 Case name Chizuko Mori
 Negative date Aug 16
 Diagnosis Ehleri
 Remarks

Encephalitis case report

Suspect no. 390
Confirmed no. _____

Name Chizuko Mori
Address 373, Yaguchi-machi
Kanata Ku Ota
Age and sex 4 Female
Date of onset Aug. 14
Date reported health center Aug. 15
Central Aug. 15
Date hospi. and where Aug 15 Ebara
Source

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 389
Confirmed no. _____

Name Tadao Salake

Address 79, Nozawa

Ku, Setagaya

Age and sex

4 Male

Date of onset

Aug. 14

Date reported health center

Aug. 15

Central

Aug. 15

Date hospi. and source

Aug. 15

Ebura

Toyoitama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 388
Confirmed no. _____

Name Yoshino Iida

Address 135 Taishiro

Ku Setagaya

Age and sex 57 Female

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Toyotama

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 387
Confirmed no.

Name Takashi Ito

Address 1549 Takada Hon cho
Hu Toshima

Age and sex 3 Male

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toshima

Encephalitis

Changed name of disease

S. - No. 387

Case name Takashi Ito

Negative date Aug 12

Diagnosis Ekiri

Remarks

Encephalitis case report

Suspect no. 387
Confirmed no.

Name Takashi Ito

Address 7549 Takada Hon cho
Hu Toshima

Age and sex 3 Male

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toshima

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 386
Confirmed no. _____

Name Sakyo I Tabashi

Address 352, Minami Shinagawa 4
Hu Shinagawa

Age and sex 6 Male

Date of onset Aug, 10

Date reported health center Aug, 15

Central Aug, 18

Date hospi. and where source Aug, 15 Ebora

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 385
Confirmed no. _____

Name Seiichi Kaneko

Address 1241, Kugahara cho
Hu Ota

Age and sex 3 male

Date of onset Aug. 13

Date reported health cent. Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Ebara

Encephalitis

Changed name of disease

S. - No. 385

Case name Seiichi Kaneko

Negative date Aug 16

Diagnosis Ekiri

Remarks

Encephalitis case report

Suspect no. 385
Confirmed no. _____

Name Seiichi Kaneko

Address 1241, Kugahara cho

Hu Ota

Age and sex 3 male

Date of onset Aug. 13

Date reported health cent. Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 384
Confirmed no. _____

Name Yoshiyuki Ueki

Address 17, Minami Inari cho
Hu Haito

Age and sex 1 Male

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 383
Confirmed no. _____

Name Toshio Ishii

Address 16, Kaminarimon 2
Ku Haijo

Age and sex 16 Male

Date of onset Aug 15

Date reported health center Aug 15

Central Aug 15

Date hospi. and where source Aug 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 382
Confirmed no. _____

Name Yoshikazu Umeda
Address 570, Magome Higashi 3
Ku Ota

Age and sex 11 Male

Date of onset Aug. 17

Date reported health center Aug. 18

Central Aug. 15

Date hosp. and where Aug. 15

source Ebara

Encephalitis S-382=C-366

Name Yoshiro Umeda

Clinical Examination

Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 382
Confirmed no. _____

Name Yoshikatsu Umeda

Address 570, Magome Higashi 3
Hu Ota

Age and sex 11 Male

Date of onset Aug. 17

Date reported health center Aug. 18

Central Aug. 15

Date hosp. and where Aug. 15

source Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 387
Confirmed no. _____

Name Kimiko Tsuda

Address 34, Aioicho

Hu Nansan

Age and sex 6 Female

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hospital and where source Aug. 15 Komagome

Encephalitis

S-38/C-399

Name Kimiko Tsuda

Clinical	Examination	Blood
Clear	Turbid	Leukocytes
Xanthochromia		6450
Pressure 70	pleocytosis	
Nonne-Apelz (+)	Pandy (+)	
Sugar (+)	protein (+)	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 387
Confirmed no. _____

Name Kimiko Tsuda

Address 34, Aoi-cho

Ku Nakano

Age and sex 6 Female

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 380
Confirmed, no.Name Takako Furuike
Address 55, Takada-Toyokawa cho

Hu Bunkyo

Age and sex 2 Female

Date of onset Aug. 15

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Toyotama

Encephalitis

Changed name of disease

S. - No. 380

Case name Takako Furuike

Negative date Aug 22

Diagnosis Ehiri

Remarks

Encephalitis case report

Suspect no. 380
Confirmed no. _____

Name Takako Furuike

Address 55, Takada-Joyokawa cho

ku Bunkyo

Age and sex 2 Female

Date of onset Aug. 15

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Joyotama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 379
Confirmed no.

Name Takeo Iwasaka

Address 1, Shin Ogawa-cho
Shinjuku

Age and sex 48 Male

Date of onset Aug 10

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toyotama

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 378
Confirmed no. _____

Name Mume Shimamoto

Address 251, Wakabayashi cho

ku Setagaya

Age and sex 66 Female

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 14 Toyotama
Source

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 377
Confirmed no. _____

Name: Koichi Terazawa
Address: 108, Shirogane Sankō cho
Ku Minato

Age and sex: 3 Male

Date of onset: Aug. 12

Date reported health center: Aug. 15

Central: Aug. 15

Date hospi. and where source: Aug. 15 Goyotama

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 376
Confirmed no. _____

Name Shiyomi Ozeki

Address 16, Higashi Enoki cho
Ushigome ku Shinjuku

Age and sex 3 Female

Date of onset Aug. 8

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 14 Toyotama

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 375
Confirmed no. 207

Name Masao Hayama

Address 405, Nishi Sugamo 4
Hu Toshima

Age and sex 17 Male

Date of onset Aug. 12 -

Date reported health center Aug 15

Central Aug. 15

Date hosp. and where source Aug. 15 Komayome

Encephalitis S-375=C-207

Name Masao Hinokiyama
Clinical Examination

Clear	turbid	Blood
Xanthochromia		Leukocytes
Pressure 150	Pleocytosis 223/3	
Nonne-Apel & Pandy (+)		
Sugar 15mg	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 375
Confirmed no. 307

Name Masao Heyama

Address 405, Nishi Sugamo 4
ku Toshima

Age and sex 17 male

Date of onset Aug. 12

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 Komayome

Remarks

From typhoid

Confirmed date Aug 15

Returned home date

Died date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no. 374
Confirmed no. 206

Name Hatsue Yoshie
Address 330, Shinjochiba
Ku Katashika

Age and sex 24 Female
Date of onset Aug. 11
Date reported health center Aug. 15
Central Aug. 15
Date hospi. and where source Aug 15 Komayomi

Encephalitis S-374 = C-206

Name Hatsue Yoshie
Clinical Examination

Clear	turbid.	Blood
Xanthochromia		Leukocytes
Pressure 130	Pleocytosis 279/3	
Nonne-Apel H#	Pandy	
Sugar 75mg	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 374
Confirmed no. 206

Name Natsue Yoshie
Address 330, Shinjichiba
ku Katashika

Age and sex 24 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komayama

Remarks

From Typhoid

Confirmed date Aug. 15

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 373
Confirmed no. 205

Name Shigekichi Abe

Address 958, Motokicho 1
ku Adachi

Age and sex 54 male

Date of onset Aug. 9

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 14 Komagome

Encephalitis S-373 = C-205

Name Mobichi Abe

Clinical Examination

Clear	turbid	Blood
Xanthochromia		Leukocytes
Pressure 90	Pleocytosis 20/3	
Nonne-Apel (+)	Pandy (+)	
Sugar 50mg/dl	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 373
Confirmed no. 205

Name Shigekichi Alee

Address 958, Motokicho 1
Ku Adachi

Age and sex 54 male

Date of onset Aug. 9

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 14 Komagome

Remarks

From Typhoid.

Confirmed date Aug 15

Returned home date

Died date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no. 372
 Confirmed no. _____

Name Masahiro Sakurada

Address 380, Kameari

Hu Katsumiku

Age and sex 14 Male

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 15 Komagome

Encephalitis S-372=C-410

Name Masahiro Sakurada

Clinical	Examination	
Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 372
Confirmed no. _____

Name Masahiro Takurada

Address 380, Kameari

Hu Katsushika

Age and sex 14 Male

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 377
Confirmed no.

Name Misao Suzuki

Address 4132, Higashi-Komatsugawa
Hu. Edogawa

Age and sex 14 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. Honyo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 370
Confirmed no. _____

Name Michiko Hosomichi

Address 7, Shin Tsukuda Nishi 1

Ku Chu

Age and sex 4 Female

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Honjo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 369
 Confirmed no. _____

Name Yoshiyuki Kamiyama

Address 400, Saginomiya 4
Ku Nakano

Age and sex 7 male

Date of onset Aug. 9

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 15 Toyotama
 source

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 368
 Confirmed no. _____

Name Michiko Kawama

Address 645, Megurizawa
ku Setagaya

Age and sex 5 month Female

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toyotama

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 367
Confirmed no. _____Name Masao TanumaAddress 80, Azuma - Nishi
Ku SumidaAge and sex 4 MaleDate of onset Aug. 15Date reported health center Aug. 15Central Aug. 15Date hospi. and where source Aug. 15 HonjoEncephalitis S-367 = C-385Name Masao Numata

Clinical	Examination	
Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure 170	Pleocytosis	
Nonne-Apelt (-)	Pandy (+)	
Sugar 75 mg/dl	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 367
Confirmed no. _____

Name Masao Tanuma

Address 80, Azuma - Nishi
Hu Samida

Age and sex 4 Male

Date of onset Aug. 15

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Honjo

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 366
Confirmed no. _____

Name Shizue Nambu

Address 58, Owada-cho

Ku Shibuya

Age and sex 17 Female

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 365
Confirmed no. _____

Name Setuko Nagashima

Address 7, Edobashi 3

Ku Ohno

Age and sex 1 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Honjo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 364
Confirmed no. _____

Name Koichi Soeda

Address 621, Higashi-Tsunaboricho
ku Edogawa

Age and sex 2 Male

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Honjo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 363
 Confirmed no. _____

Name Tomoko Watanabe

Address 11, Uguisudani cho

Shibuya Hu Shibuya

Age and sex 10 Female

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 15 Toyotama
 source

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 362
Confirmed no. _____

Name Emiko Sakurai

Address 25, Oate-machi

Ku Shibuya

Age and sex. 2 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where Aug. 15 Toyotama
source

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 361
Confirmed no. _____

Name Masa Nakamura

Address 2, Nippori 4

ku Arakawa

Age and sex 36 Female

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 360
Confirmed no. _____

Name Jiro Ota

Address 59, Kanasugi-Shimo-cho
Hu Wai-to

Age and sex 4 male

Date of onset Aug. 13

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komayome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 359
Confirmed no. _____

Name Minoru Yamashina

Address 2635, Motoki-cho 3

Ku Adachi

Age and sex 3 Male

Date of onset Aug 8

Date reported health center Aug 15

Central Aug 15

Date hosp. and where source Aug 15 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 358
Confirmed no. _____

Name Shoji Ikeda

Address #32, Ikebukuro 4

ku Toshima

Age and sex 11 Male

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Toshima

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 357
Confirmed no. _____

Name Utaji Yamashita

Address 537 Shimu Renjaku

Mitakamachi Ku Kitatama

Age and sex 1 Male

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Showa

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 356
Confirmed no. _____

Name Susumu Sugiyama

Address 99, Honcho
Hachioji City, Heiwa Prefecture

Age and sex 13 Male

Date of onset Aug. 13

Date reported health center Aug 14

Central Aug. 15

Date hospi. and where source Aug. 14 Utsunomiya

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 355
Confirmed no. _____

Name Norio Nariai
 Address 3, Asahi-cho
Hachioji City Hu Minamitama
 Age and sex 9 Male
 Date of onset Aug, 12
 Date reported health center Aug, 14
 Central Aug, 15
 Date hospi. and where source Aug, 14 Daimachi

Encephalitis

Changed name of disease
 S. - No. 355
 Case name Toshio Kasai
 Negative date Aug 16
 Diagnosis meningitis
 Remarks meningococcus

Encephalitis case report

Suspect no. 355
Confirmed no. _____

Name Norio Narié
Address 3, Asahi-cho
Hachioji City Hu Minamitama
Age and sex 9 Male
Date of onset Aug, 12
Date reported health center Aug, 14
Central Aug, 15
Date hospi. and where source Aug, 14 Daimachi

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 354
Confirmed no. _____

Name Tadashi Aoki

Address 938, Shimo Ichibukata
Moto Hachioji Ku Minamitamama

Age and sex 9 Male

Date of onset Aug. 11

Date reported health center Aug. 14

Central Aug. 15

Date hosp. and where source Aug. 14 Haimachi

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 353
Confirmed no. _____

Name Kimi Tanaka

Address 20, Hon-cho

Hachioji City W. Minamitama

Age and sex 4 Female

Date of onset Aug. 12

Date reported health center Aug. 16

Central Aug. 15

Date hosp. and where source Aug. 14 Waimachi

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 352
Confirmed no. _____

Name Hisako Kawamura

Address Kozara Hikawa

Ma Nishitama

Age and sex 14 Female

Date of onset Aug. 8

Date reported health center Aug. 14

Central Aug. 15

Date hosp. and where Aug. 15 Akira
Source (97543)

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 351
 Confirmed no. _____

Name Yokichi Miyao
 Address 17, Wakabayashi-cho
Ku Setagaya

Age and sex 69 Male

Date of onset Aug. 14

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15

Remarks

At home

Confirmed date _____

Returned home date _____

Died date Aug. 15 1 pm.

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 350
Confirmed no. _____

Name Iku Komiya

Address #32, Sakuzawa

Korimura Mu Nishitama

Age and sex 49 Female

Date of onset Aug. 11

Date reported health center Aug. 14

Central Aug. 15

Date hosp. and where source Aug. 14 Akizem (阿伎岐)

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 349
Confirmed no. _____

Name Hioko Ishizuka

Address 14, Kaga-cho 1

Ku Shinjuku

Age and sex 8 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source _____

Remarks

検査のため入院猶予中

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 348
Confirmed no. _____

Name Kazuo Kamie

Address 109, Kita Sumanachi 7
Ku Koto

Age and sex 7 Male

Date of onset Aug. 12

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 14 Honjo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 347
Confirmed no. _____

Name Setuko Matsubara

Address 12, Tsukasa-cho 2
Kanda ku Chiyoda

Age and sex 10 Female

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 346
Confirmed no. _____

Name Reiko Sato

Address 78, Minami-Inari-cho
Hu Haito

Age and sex 3 Female

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 15 Komagome
Source

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 345
Confirmed no. _____

Name Tsuguhiko Teranishi
Address 1165, Shimo-Komatsu
Ma Katsushika

Age and sex 8 Male

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where Aug. 15 Komagome
Source

Encephalitis S-345 = C-386

Name Tsuguhiko Teranishi

Clinical	Examination	
Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure 150	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 345
Confirmed no. _____

Name Tsuguhiko Teranishi
Address 1165, Shimo-Komatsu
Hu Katsushika

Age and sex 8 Male

Date of onset Aug. 11

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report.

Suspect no. 344
Confirmed no. _____

Name Tadakatsu Suzuki

Address 83, Shike-machi

Mu Adachi

Age and sex 5 Male

Date of onset Aug. 12

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 343
 Confirmed no. _____

Name Ryūichi Ōki
 Address 62, Moto Yokoyama-cho
Hachioji City, Heimin-temu
 Age and sex 2 Male
 Date of onset Aug. 7
 Date reported health center Aug 14
 Central Aug 15
 Date hosp. and where Angio Daimachi
 source

Encephalitis		S-343=C140
Name <u>Ryūichi Ōki</u>		
clinical Examination		
clear	turbid	Blood
Xanthochromia		Leukocytes
Pressure	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Tripteban	

Encephalitis case report

Suspect no. 343
Confirmed no. _____

Name Ryoichi Oki
Address 62, Moto Yokoyama-cho
Hachioji City, Ku Minamitama
Age and sex 2 Male
Date of onset Aug. 7
Date reported health center Aug 14
Central Aug 15
Date hosp. and where source Angio Daimachi

Remarks

From Uysentory

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 342
Confirmed no. _____

Name Chiyo Takagi

Address 34, Naka Fujyo 1
Ku Kita

Age and sex 56 Female

Date of onset Aug. 9

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Tomayome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 341
Confirmed no. _____

Name Masaoki Fujii
Address 1020, Shibayama
Shinokijoto Kiyose Ku Kitatama
Age and sex 8 Male
Date of onset Aug. 11
Date reported health center Aug 14
Central Aug 15
Date hospi. and where Aug 14 Showa
Source

Encephalitis S-341=C-166

Name Masaoki Fujii

clinical Examination		Blood Leukocytes
clear	turbid	
Xanthochromia		
Pressure	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 341
Confirmed no. _____

Name Masaoaki Fujii

Address 1020, Shibayama

Shimokiyoto Kiyose Ku Kitatama

Age and sex 8 Male

Date of onset Aug 11

Date reported health center Aug 14

Central Aug 15

Date hosp. and where source Aug 14 Showa

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 341
Confirmed no. _____

Name Masaoaki Fujii
Address 1020, Shibayama
Shimokiyoto Kiyose Hu Kitatama
Age and sex 8 Male
Date of onset Aug. 11
Date reported health center Aug 14
Central Aug 15
Date hospi. and where source Aug 14 Showa

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____
Complement fixation test _____

Encephalitis case report

Suspect no. 740
 Confirmed no. _____

Name Tomi Ushiroda

Address 2-3; Niigama-dori

Ku Nakano

Age and sex 57 Female

Date of onset Aug, 9

Date reported health center Aug 15

Central Aug, 15

Date hosp. and where source Aug, 15 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 239
 Confirmed no.

Name Akira Sakurai

Address 29, Machiya machi 2
Ku Arakawa

Age and sex 3 Male

Date of onset Aug. 12

Date reported health center Aug 15

Central Aug. 15

Date hospi. and where source Aug. 15 Komagome

Encephalitis S-339= 245

Name Akira Sakurai

Clinical Examination

clear	turbid	Blood
Xanthochromia		Leukocytes
Pressure 150	Pleocytosis	15800
Nonne-Apelz	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 239
Confirmed no. _____

Name Akira Sakurai

Address 29, Machiya machi 2

ku Arakawa

Age and sex 3 male

Date of onset Aug. 12

Date reported health center Aug. 15

Central Aug. 15

Date hosp. and where source Aug. 15 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 338
 Confirmed no. _____

Name: Takenaka Sakai

Address 201, Shibue-cho

Hu Katsushika

Age and sex 12 Male

Date of onset Aug, 12

Date reported health center Aug, 15

Central Aug, 15

Date hosp. and where Aug, 15 Komagome
source

Encephalitis S-338 = C-387

Name Isamu Sakai

Clinical Examination		
Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure <u>120</u>	Pleocytosis	
Nonne-Apelt	Pandy	
Sugar	Protein	
Chloride	Triplophan	

Encephalitis case report

Suspect no. 338
Confirmed no. _____

Name Takematsu Sakai

Address 201, Shibue-cho

Hu Katsurhika

Age and sex 12 Male

Date of onset Aug, 12

Date reported health center Aug, 15

Central Aug, 15

Date hospi. and where source Aug, 15 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 337
Confirmed no. _____

Name Katsumi Aichi

Address 4352, Hon-machida

Machida Machiku Minamitama

Age and sex 25 Male

Date of onset Aug. 12

Date reported health center Aug. 14

Central Aug. 14

Date hospi. and where
Source Aug. 14

Haramachida
Kyoriten
Hospital

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 336
Confirmed no. _____

Name Ichitaro Onozato
Address 392, Futaba-cho
Ebara Ku Shinagawa

Age and sex 10 male

Date of onset Aug. 12

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Ebara

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 335
Confirmed no. _____

Name Toshio Kanai

Address 391, Futaba-cho 6

Ebara ku Shinagawa

Age and sex 6 Male

Date of onset Aug. 10

Date reported health center Aug. 15

Central Aug. 15

Date hospi. and where source Aug. 15 Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 334
Confirmed no. _____

Name Sōji Takasaka

Address 4 Asakusa Nichiken-cho
Hu Waito

Age and sex 44 male

Date of onset Aug 11

Date reported health center Aug 14

Central Aug 14

Date hospi. and where source Aug 14 Komagome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 333
Confirmed no. _____

Name Tadanori Ikeda
Address 36, Takeshima-cho
Ku Bunkyo

Age and sex 6 male

Date of onset Aug 11

Date reported health center Aug, 14

Central Aug, 10

Date hosp. and where Aug, 14 Komagome
Source

Encephalitis S-333= 244

Name Tadanori Ikeda

Clinical Examination

clear	turbid	Blood
Xanthochromia		Leukocytes
Pressure 200	Pleocytosis	
Nonne-Apelz	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 393
Confirmed no. _____

Name Tadanori Ikeda

Address 36, Takeshima-cho

_____ Ku Bunkyo

Age and sex 6 Male

Date of onset Aug 11

Date reported health center Aug, 14

Central Aug, 10

Date hospi. and where source Aug, 14 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 332
Confirmed no. _____

Name Kiyoji Nitobe

Address 37, Horikiri
Hu Katsushika

Age and sex 10 Male

Date of onset Aug. 10

Date reported health center Aug. 14

Central Aug. 14

Date hosp. and where Aug 14, Komayome
Komayome

Encephalitis S-332-243

Name Kiyoji Nitobe

Clinical Examination

Clear Sonne (-) turbid

Xanthochromia

Pressure 140 Pleocytosis $12 \frac{2}{3}$

Nonne-Apelte (-) Pandy (-)

Sugar

Protein $1 \frac{1}{3}$ T.S

Chloride

Tryptophan

Blood

Leukocytes

8700

Encephalitis case report

Suspect no. 332
Confirmed no. _____

Name Kiyoji Nitobe

Address 37, Horikiri
Hu Katsushika

Age and sex 10 Male

Date of onset Aug. 10

Date reported health center Aug. 14

Central Aug. 14

Date hosp. and where source Aug. 14, Komayome

Remarks

Confirmed date _____
Returned home date _____
Died date _____
Negative date _____
Diagnosis _____

Complement fixation test _____