

Encephalitis case report

Suspect no 492
Confirmed no

Name Tadao Hamazaki

Address 286 Kuzuhara

Ku. Ita

Age and sex 60 Male

Date of Onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hospital and where Aug 17 Ebara
source

Remarks

Confirmed date

Returned home date

Reid date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no 491
Confirmed no

Name: Yoshie Takenchi 2
Address: 16 Fukagawakibicho

Ku. Koto

Age and sex: 5 Female

Date of Onset: Aug 13

Date reported health center: Aug 17

Central: Aug 17

Date hosp. and where: Aug 17 Horjo

Encephalitis S-491=C-388

Name Yoshie Takenchi

Clinical Examination

Clear	Turbid	Blood
Xanthochromia		Leukocytes

Pressure 9 Pleocytosis 66/3

Nonne-Apellet (±) Pandy (+)

Sugar 100 mg/dl	Protein
Chloride	Tryptophan

Encephalitis case report

Suspect no 491
Confirmed no

Name : Yoshie Takenchi 2

Address : 16 Fukagawa-kubo-cho

Ku. Koto

Age and sex : 5 Female

Date of Onset : Aug 13

Date reported health center : Aug 17

Central : Aug 17

Date hosp. and where source : Aug 17 Korjo

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no 490
Confirmed no _____

Name Susumu Hagihawa

Address 329 Hamada-Kon-cho
Ku. Ota

Age and sex 2 Male

Date of onset Aug 15

Date reported health center Aug 18

Central Aug 17

Date hosp. and where source Aug 17 Ebara

Remarks

Confirmed date _____

Returned home date _____

Dead date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 189
Confirmed no.

Name Reiko Okutsu

Address 301 Okino-cho

Ku. Adachi

Age and sex 3 Female

Date of onset Aug 13

Date reported health center Aug 17

Central Aug 17

Date hosp. and where Aug 17 Honjo
source

Encephalitis S-489=C-391

Name Reiko Okutsu

Clinical Examination

Clear Sennett (+) Turbid Blood

Xanthochromia Leukocytes

Pressure 180 Pleocytosis 256/3

Nonne-Apelt Pandy (+)

Sugar 140 mg/dl Protein

Chloride Diplophan

Encephalitis case report

Suspect no. 189
Confirmed no.

Name Reiko Okutsu

Address 301 Okino-cho

Ku. Adachi

Age and sex 3 Female

Date of onset Aug 13

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Honjo

Remarks

Confirmed date

Returned home date

Dis date

Negative date

Diagnosis

Complement fixation test

Encephalitis care report

Suspect no 488
Confirmed no

Name Eiko Hisada

Address 1.550 Motoki-cho 2

Ku. Adachi

Age and sex 6 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hosp. and where. Aug 17 Komagome
source

Remarks

Confirmed date

Returned home date

Isid date

Negative date

Diagnosis

Complement fixation test

D

Q

Encephalitis case report

Suspect no. 489
Confirmed no. 285

Name Tama Nakamichi

Address 46 Fujimae

Hu Bunkyo

Age and sex 55 Female

Date of onset Aug 12

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 16 Komazome

Remarks

Confirmed date Aug 17

Returned home date _____

Died date Aug 16

Negative date _____

Diagnosis _____

Complement fixation test _____

D

Q

Encephalitis case report

Suspect no. 489
 Confirmed no. 205

Name Tama Nakamizu

Address 46 Fujimae
ku Bunkyo

Age and sex 55 Female

Date of onset Aug 12

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 16 Komazome

Remarks

Confirmed date Aug 17

Returned home date _____

Died date Aug 16

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no 486
Confirmed no

Name Hiroko Tsuji

Address 1497 Iyo-nachi
Ku. Nachi

Age and sex 11 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hosp. and where Aug 17 Komagome

Encephalitis S-486=C-412

Name Hiroko Tsuji

Clinical Examination

Clear	Turbid	Blood
Xanthochromia		Leukocytes
Pressure 210	Pleocytosis 250	3
Nonne-Apelt (+)	Pandy (+)	
Sugar 75 mg%	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no 486
Confirmed no

Name Hiroko Tsuji

Address 1497 Iyo-machi

Ku. Adachi

Age and sex 11 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hospital and where source Aug 17 Komagome

Remarks

Confirmed date

Returned home date

Disid date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no. 485
Confirmed no. _____

Name Seichi Takahashi

Address 66 Senju 1
Hu Adachi

Age and sex 2 Male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 454
 Confirmed no. _____

Name Akihiro Komatsu

Address 926 Shibue-cho

Ku Katsushika

Age and sex 8 Male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where Aug 17 Komagome
 source

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 483
Confirmed no. _____

Name Yasuhiko Ida

Address 88 Tabata-cho

Ku. Kita

Age and sex 10 Male

Date of onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komazome

Encephalitis S-483=C-519

Name Yasuhiko Ida

Clinical Examination		
Clear	Turbid	Blood
Xanthochromia (-)		Leukocytes
Pressure 100	Pleocytosis	
Nonne-Apelt (-)	Pandy (+)	
Sugar 0.055%	Protein	
Chloride		Tryptophan

Encephalitis case report

Suspect no. 483
Confirmed no. _____

Name Yasuhiko Iida

Address 88 Tabata-cho

Ku. Kita

Age and sex 10 Male

Date of onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komazome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 482
 Confirmed no.

Name Yoshie Uku
 Address 10 Motokuramon-cho
Ku Daito
 Age and sex 3 Female
 Date of onset July 13
 Date reported, health center July 16
 Central Aug 16
 11916 Komagome

Encephalitis S-482=C-408

Name Yoshie Uku

Clinical Examination		
Color	Turbid	Blood
Xanthochromia		Leukocytes
Pressure	Pleocytosis	
Nonne-Apelz	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 482
Confirmed no.

Name Yoshie Nku

Address 10 Motokuramoncho

Hu Haino

Age and sex 3 Female

Date of onset July 13

Date reported health center July 16

Central July 16

Date hospi. and where source July 16 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 481
 Confirmed no.

Name Hideaki Futamura

Address 2183 Niizuku-cho 5
Ku Katsushika

Age and sex 8 Male

Date of onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komagome

Encephalitis

S-⁴⁸¹~~481~~=C-379

Name Hideaki Futamura

Clinical Examination

Color

Turbid

Blood

Orthochromia

Leukocytes

Pressure

Pleocytosis

Wassermann-Aizelt

Pandy

Ugar

Protein

Chloride

Tryptophan

Encephalitis case report

Suspect no. - 481
Confirmed no. -

Name Hideaki Futamura

Address 2183 Niizuku-cho 5
ku Katsushika

Age and sex 8 Male

Date of onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Komagome

Remarks

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

Encephalitis case report 480

Suspect no. _____
Confirmed no. _____

Name Kazuyoshi Sato
 Address 5075 Arai-cho 90 Horika wa
Hu Nakano
 Age and sex 2 male
 Date of onset Aug 10
 Date reported health center Aug 17
 Central Aug 17
 Date hospi. and where source Aug 17 Toyama

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 479
Confirmed no. ---

Name Tadashi Miyasaka

Address 2100 Nishinugano 2
Ku Toshima

Age and sex 11M. Male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komagome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 475
Confirmed no. —

Name Shoji Kimura

Address 8 Higashi-Shinagawa
ku Shinagawa

Age and sex 8 Male

Date of onset Aug 16

Date reported health center Aug 17

Central Aug 17

Date hospi. and where Aug 17 Ebara
Source

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 477
Confirmed no. —

Name Mieko Nemoto

Address 32 Ichinoe-cho 4
Ku Edogawa

Age and sex 7 Female

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hosp. and where Aug 17 Horjo
Source

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no: 476
Confirmed no. _____

Name Tatsunari Fujisawa

Address 680 Ohima-cho

Ku Koto

Age and sex 6 Male

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Honjo

Remarks

Confirmed dates _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 475
Confirmed no. _____

Name Ikuko Yoshida

Address 161 Taishido

Ku Setagaya

Age and sex 22 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

474

Suspect no. ---
Confirmed no. ---

Name Kazuko Ando

Address 4-9-54 Kamitabashi 6

Hu Itabashi

9 Female

Age and sex

Date of onset

Aug 11

Date reported health center

Aug 17

Central

Aug 17

Date hosp. and where Aug 17 Toshima

Encephalitis

Changed name of disease

S. - No. 474

Case name Kazuko Ando

Negative date Aug 22

Diagnosis Ehiro

Remarks

Encephalitis case report

Suspect no. 474
Confirmed no. ---

Name Kazuko Ando

Address 4954 Kamitabashi 6
Hu Itabashi

Age and sex 9 Female

Date of onset Aug 11

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Toshima

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no 973
Confirmed no

Name Tomiko Shimizu

Address 256 Shimomaru
Hu Ota

Age and sex 1 Female

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Ebara

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 472
Confirmed no. 283

Name Kiyoko Yokono

Address 38 Asahi-cho

ku Shinjuku

Age and sex 5 Female

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 14 Toyotama

Remarks From Ehiri

Confirmed date Aug 17

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 471
 Confirmed no. 272

Name Yukio Kabayashi
 Address 347 Kokubunji Hon-cho
ku Kitatsuno
 Age and sex 2 Male
 Date of onset Aug 14
 Date reported health center Aug 17
 Central Aug 17
 Date hospi. and where source Aug 17 Showa

Remarks

Isolated in Japan

Confirmed date Aug 17
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 470
Confirmed no. _____

Name Yasuko Nakamura

Address 906 Komaba

Ku Meguro

Age and sex 23 Female

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Toyama

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 469
Confirmed no. _____

Name Ikao Mori

Address 37 Hikawa-cho

ku Shibuya

Age and sex 10 1/2 male

Date of onset Aug 13

Date reported health center Aug 17

Central Aug 17

Date hosp. and where Aug 17 Toyotama
Source

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 468
Confirmed no. _____

Name Tranemasa Masuo

Address 805 Komaba

Hu Meguro

Age and sex 4 male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Komazome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 467
Confirmed no. 712. 文 17

Name Shobichi Kabunji
Address 144 Komagome dōzaka
Hu Bunkyo

Age and sex 3 Male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komagome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 466
 Confirmed no. _____

Name Yoshio Katagiri

Address 7 Hirakawabashi 2
Ku Sumida

Age and sex 2 Male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Honjo

Encephalitis S-466 = C - 393

Name Yoshio Katagiri

Clinical	Examination	Blood
Clear	Turbid	Leukocytes
Xanthochromia		
Pressure 170	Pleocytosis 22	
Nonne-Apelt	Pandy (+)	
Sugar 67 mg/dl	Protein	
Chloride	Tryptophan	

Encephalitis case report

466

Suspect no. _____
Confirmed no. _____

Name Yoshio Katagiri

Address 7 Hirakawabashi 2
ku Sumida

Age and sex 2 male

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Honjo

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 465
Confirmed no. 287

Name Atsushi Sukegawa

Address 2083 Kitakojima
Hu. Ita

Age and sex 2 Male

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Ebara

Remarks

Confirmed date Aug 17

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 464
Confirmed no. _____

Name Nuiko Oshima

Address 1266 Nagome Higashi 1
ku Ita

Age and sex 70 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 463
 Confirmed no. _____

Name Kazuko Ohashi
 Address 2 Asakusa Kikuyabashi 1
Ku Waiito

Age and sex 25 Female

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Komagome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 462
Confirmed no.

Name Kiyo Omori

Address 425 Shimomachi 2

 Hu Setagaya

Age and sex 15 Female

Date of onset Aug 15

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Ebara

Remarks From Dysentery

Confirmed date

Returned home date

Died date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no. 461
 Confirmed no. _____

Name Matsutarō Okazaki

Address 1225 Machida-Machi

ku Minamitama

Age and sex 9 M. Male

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Nambu-kyō

Nambu Kyōritsu

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 460
 Confirmed no. _____

Name Hidetoshi Sumada

Address 5 Odawara-cho 2

Ku Chuo

Age and sex 8 Male

Date of onset Aug 15

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Honjo

Encephalitis S-460=C-389

Name Hisatoshi Sumada

Clinical Examination	
Clear <u>Sonne (+)</u>	Turbid
Xanthochromia	Blood
Pressure <u>120</u>	Leukocytes
<u>Nonne-Apelt (+)</u>	Pandy <u>(+)</u>
Sugar <u>40 mg/dl</u>	Pleocytosis <u>148/3</u>
Chloride	Protein
	Tryptophan

Encephalitis case report

Suspect no. 460
Confirmed no. _____

Name Hidetoshi Sunada

Address 5 Odawara-cho 2

Ku. Chuo

Age and sex 8 male

Date of onset Aug 15

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Honjo

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 459
 Confirmed no. _____

Name Toshiko Kobayashi

Address 1 Tachibana-cho
Ku Chuo

Age and sex 19 Female

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where Aug 17 Honjo

Encephalitis S-459-C-390

Name Toshiko Kobayashi

Clinical Examination		
Clear <u>Some (+)</u>	Turbid	Blood
Xanthochromia		Leukocytes
Pressure <u>3/10</u>	Pleocytosis <u>155</u>	
Nonne-Apelt <u>50 mg/dl</u>	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no. 459
Confirmed no. _____

Name Toshiko Kobayashi

Address 9 Tachibana-cho
Ku Chuo

Age and sex 19 Female

Date of onset Aug 14

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Honjo

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 458
 Confirmed no. _____

Name Shoichi Hayasaka

Address 568 Minamishinagawa 4
Ku Shinagawa

Age and sex 2 male

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 Ebara

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 457
Confirmed no. _____Name Kanoko ArimitsuAddress 824 Nishitogoshi 2Hu ShinagawaAge and sex 9 FemaleDate of onset Aug 17Date reported health center Aug 17Central Aug 17Date hospi. and where source Aug 17 Ebara

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 456
Confirmed no. _____

Name Akira Hayashi

Address 16 Moto-nachi 1
Ku Bunkyo

Age and sex 5 male

Date of onset Aug 17

Date reported health center Aug 17

Central Aug 17

Date hosp. and where source Aug 17 / Komagome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no A55
Confirmed no _____

Name Hiroshi Sumiyoshi
Address 1.127 Nishikomatsugawa
Ku. Edogawa

Age and sex 2. Male

Date of onset Aug 19

Date reported health center Aug 17

Central Aug 17

Date hospital and where at home
source

Remarks at home

Confirmed date _____
Returned home date _____
Died date _____
Negative date Aug 17
Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 454
 Confirmed no. 286

Name Mitsuo Shirai

Address 114 Nmeda-cho

Hu Adachi

Age and sex 6 male

Date of onset Aug 13

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Komagome

Remarks

Confirmed date Aug 17

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no.
Confirmed no.

453

Name Mariko Okada

Address 5/0 Inatsake 4

Ku Kita

Age and sex 1 Female

Date of onset Aug 15

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Komagome

Remarks

Confirmed date

Returned home date

Died date

Negative date

Diagnosis

Complement fixation test

Encephalitis case report

Suspect no. 452
Confirmed no. _____

Name Ikuo Matsumoto

Address 28 Itabashi-cho
ku Itabashi

Age and sex 3 male

Date of onset Aug 16

Date reported health center Aug 16

Central Aug 16

Date hospi. and where Aug 16 Tushima
Source

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 451
Confirmed no. —

Name Hideo Kiyamura

Address 534 Itabashi E

ku Itabashi

Age and sex 2 male

Date of onset Aug 5

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Toshima

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 450
 Confirmed no. _____

Name Sada Tashiro

Address 332 Kamikitayama 1

Hu Setagaya

Age and sex 50 Female

Date of onset Aug 12

Date reported health center Aug 17

Central Aug 17

Date hospi. and where source Aug 17 Toyotama

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 449
Confirmed no. _____

Name Eiko Miwa

Address 453 Tabata-cho
Ku Kita

Age and sex 9 Female

Date of onset Aug 8

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Komagome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 448
Confirmed no. _____

Name Sakae Shoami

Address 633 Inagi-mura Omaru
Ku Minamitama

Age and sex 21 Female

Date of onset Aug 11

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Naimachi

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 447
Confirmed no. _____

Name Hisao Tashiro

Address 179 Inagi-mura Higashinaga-
ku Minamitamama

Age and sex 7 Male

Date of onset Aug 16

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Daimachi

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 446
Confirmed no. _____

Name Katsuko Egawa

Address 51, Kakinokizaka

Hu Meguro

Age and sex 26 Female

Date of onset Aug. 14

Date reported health center Aug. 16

Central Aug. 16

Date hospi. and where Aug. 16 Ebara
Source

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 445
Confirmed no. _____

Name Emiko Nishimura

Address 15, Kakinonizaka

City Ha. Meguro
Age and sex 5 months Female

Date of onset Aug. 11

Date reported health center Aug. 16

Central Aug. 16

Date hosp. and where Aug. 16 Foyoto

Encephalitis

Changed name of disease

S. - No. 445

Case name Emiko Nishimura

Negative date Aug 22

Diagnosis Meningitis

Remarks meningococcus

Encephalitis case report

Suspect no. 445
Confirmed no. _____

Name Emiko Nishimura

Address 15, Kakinokizaka

Age and sex 5 months Female

Date of onset Aug. 11

Date reported health center Aug. 16

Central Aug. 16

Date hosp. and where source Aug. 16 Toyota Ebara

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 644
Confirmed no. _____

Name Gunjiro Chiba
Address 16, Azuma cho Nishi
Ku Sumida

Age and sex 42 Male

Date of onset Aug 12

Date reported health center Aug 16

Central Aug 16

Date hosp. and where source Aug 16 Honjo

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 443
 Confirmed no. _____

Name Sumie Sasaki

Address 761, Nishi Tamachi
ku Suginami

Age and sex 7 months

Date of onset Aug. 12

Date reported health center Aug. 15

Central Aug. 16

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. 442
Confirmed no. —

Name Yoshihiro Sugi

Address 604, Mabashi 3

Ku Suginami

Age and sex 12 Male

Date of onset Aug 13

Date reported health center Aug 16

Central Aug 16

Date hosp. 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. 641
Confirmed no. —

Name Kayoko Mishima

Address 57, Azabu Saninachi
Hu Minato

Age and sex 17 Female

Date of onset Aug. 12

Date reported health center Aug. 16

Central Aug. 16

Date hosp. and where source Aug. 16 Komagome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 640
Confirmed no.

Name Yasunichi Kadobee

Address 2, Okura cho

 Ku Setagaya

Age and sex 9 Male

Date of onset Aug. 14

Date reported health centering, '6

Central Aug. 16

Date hospi. 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. 439
Confirmed no.

Name Yasuko Tashiro

Address 1099, Kami Showa

Showa machiku Kitatama

Age and sex 7 Female

Date of onset Aug 14

Date reported health center Aug 16

Central Aug 16

Date hospi. and where source Aug 16 Showa

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 438
Confirmed no. _____

Name Tomoko Takahashi
Address No. 295, Kitahara Jyntaku
Tanashi Ku Kitatama

Age and sex 6 Female

Date of onset Aug. 14

Date reported health center Aug. 16

Central Aug. 16

Date hospi. and where source Aug. 16 Showa

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 4317
Confirmed no. _____

Name Hiroshi Ida

Address 88, Tabata cho

Ku Kita

Age and sex 4 Male

Date of onset Aug. 12

Date reported health center Aug. 16

Central Aug. 16

Date hospi. and where source Aug. 16 Komayome

Remarks

Confirmed date _____

Returned home date _____

Died date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report

Suspect no. 436
Confirmed no. _____

Name Masanobu Sekimoto
Address 115, Senju Takasago cho
Hu Adachi

Age and sex 9 Male

Date of onset Aug. 13

Date reported health center Aug. 16

Central Aug. 16

Date hosp. and where source Aug. Komayome

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 435
Confirmed no. _____

Name Harukiyo Sato
Address 282, Minami Senzoku cho
Ku Ota

Age and sex 12 Male

Date of onset Aug. 14

Date reported health center Aug. 16

Central Aug. 16

Date hospi. and where source Aug 16 Ebara

Remarks

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

Complement fixation test _____

Encephalitis case report 434
Suspect no
Confirmed no

Name Tetsuro Minowa
 Address 6 Minamisuna-machi
Ku. Koto
 Age and sex 6 male
 Date of onset Aug 10
 Date reported Health Center Aug 16
 Central Aug 16
 Date Hoqu, and where Aug 13 / Honjo

Encephalitis S-434 = 247

Name Tetsuro Minowa

Clinical Examination

Lead <u>some (+) turbid</u> Xanthochromia Pressure <u>220</u> Pleocytosis <u>2/3</u> Nonne-Apel <u>(+)</u> Pandy <u>+</u> Sugar <u>150 mg/dl</u> Protein Chloride <u>Triptophan</u>	Blood Leukocyte
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Encephalitis case report 434
Suspect no
Confirmed no

Name Tetsuro Minowa
 Address 6 Minamisuna-machi
Ku. Koto
 Age and sex 6 male
 Date of onset Aug 10
 Date reported Health Center Aug 16
 Central Aug 16
 Date Hoqu, and where source Aug 13 Honjo

Remarks From Ekiri

Confirmed date Aug 16
 Returned home date _____
 Died date _____
 Negative date _____
 Diagnosis _____

Complement fixation test _____

Encephalitis case report 433
 Suspect no _____
 Confirmed no _____

Name Shiro Tosa
 Address 2938 Oyomachihon-cho
Ku. Adachi
 Age and sex 6 male
 Date of onset Aug 11
 Date reported Health Center Aug 16
Central Aug 16
 Date Hoya, and where source Aug 16 Honjo

Encephalitis S-433-248

Name Shiro Tona

Clinical Examination

Clear	turbid	Blood
Xanthochromia		Leukocyte
Pressure 170	Pleocytosis	
Nonne-Apelz	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report
Suspect no 433
Confirmed no _____

Name Shiro Tōsa
Address 2938 Iyomachihon-cho
Ku. Adachi
Age and sex 6 male
Date of onset Aug 11
Date reported Health center Aug 16
Central Aug 16
Date/How, and where source Aug 16 Homjo

Remarks From Ekiri

Confirmed date Aug 16
Returned home date _____
Heard date _____
Negative date _____
Diagnosis _____
Complement fixation test _____

Encephalitis case report 432
 Suspect no 432
 Confirmed no

Name Tokumitsu Okiyama

Address 6 Chitose - Cha 1
Ku. Sumida

Age and sex 21 male

Date of onset Aug 6

Date reported Health Center Aug 16

Central Aug 16

Date Hospi. and where Aug 10 Honjo

Encephalitis

S-432=

249

Name Tokumitsu Okiyama

Clinical Examination

Clear some (+) turbid

Xanthochromia

Pressure 220 Pleocytosis ^{no} 13

Nonne-Apel (+) Pandy +

Sugar 120 Protein

Chloride ^{mg/dl} Tryptophan

Blood

Leukocytes

Encephalitis case report ^{suspect no} 432
_{confirmed no} _____

Name Tokumitsu Okiyama

Address 6 Chitose - Cho 1

Ku. Sumida

Age and sex 21 male

Date of onset Aug 6

Date reported Health Center Aug 16

Central Aug 16

Date Hospital and where source Aug 10 Honjo

Remarks From Typhoid

Confirmed date Aug 16

Returned home date _____

Revised date _____

Negative date _____

Reagnosis _____

Complement fixation test _____

Encephalitis case report 431
 Suspect no _____
 Confirmed no _____

Name Hirobumi Sasamoto
 Address 993 Komae-mura Izumi
Ku. Kitatama
 Age and sex 3 male
 Date of onset Aug 14
 Date reported Health Center Aug 15
 Central Aug 15
 Date Hospital 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. 430
 Confirmed no. _____

Name Yusuko Sawai
 Address 930 Kitashikahama-cho
Ku. Adachi
 Age and sex 5 Female
 Date of onset July 14
 Date reported Health Center July 16
 Central July 16
 Date/How and where source July 16 Tokushima

Remarks

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

Encephalitis case report
 Suspect no. 429
 Confirmed no. _____

Name Akira Watanabe
 Address 1-0-87 Hiratsuka 8
 Ku. Shinagawa

Age and sex 9 male

Date of onset Aug 13

Date reported Health Center Aug 16

Central Aug 16

Date of admission Aug 16 9. baro

Encephalitis S-429=C-365

Name Akira Watanabe

Clinical Examination

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

Encephalitis case report
Suspect no 429
Confirmed no

Name Akira Watanabe

Address 1-087 Hiratsuka 8
Ku. Shinagawa

Age and sex 9 male

Date of onset Aug 13

Date reported Health Center Aug 16

Central Aug 16

Date Hospi, and where source Aug 16 Ebara

Remarks

Confirmed date _____
Returned home date _____
Reid date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report 425
Suspect no. _____
Confirmed no. _____

Name Akira Mihashi

Address 1317 Soshigaya 2
Ku. Setagaya

Age and sex 5 M. male

Date of onset Aug 12

Date reported Health Center Aug 15

Central Aug 15

Date Hoya, and where source Aug 15 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Heard date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report
Suspect no 427
Confirmed no

Name Marimasa Okamura

Address 181 Azabu Kojie-cho
Ku. Minato

Age and sex 20 Male

Date of onset Aug 16

Date reported Health Center Aug 16

Central Aug 16

Date Hoji, and where source Aug 16 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Healed date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report
 Suspect no 426
 Confirmed no _____

Name Mashira Kobashi
 Address 7 Takanaudai-machi
Ku. Minato
 Age and sex 3 male
 Date of onset Aug 13
 Date reported Health Center Aug 16
 Central Aug 16
 Date Hoju, 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 425
 Confirmed no _____

Name Sachiko Terasaka
 Address 546 Minamishinagawa 4

Age and sex 3 Female
 Ku. Shinagawa

Date of onset Aug 15

Date reported Health Center Aug 16

Central Aug 16

Date Hospital and where source Aug 16 Ebura

Remarks

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

Complement fixation test _____

Encephalitis case report

Suspect no. 424
 Confirmed no. _____

Name Mitsuo Nakamura
 Address 10 Asakusaishikama-cho
Ku. Waito
 Age and sex 5 male
 Date of onset July 14
 Date reported Health Center July 16
 Central July 16
 Date Hosp. and where source July 16 Toyohi
ma

Remarks

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

Encephalitis case report 423
 Suspect no _____
 Confirmed no _____

Name Kumiko Shima

Address 31 Tokiwadai

Ku. Itabashi

Age and sex 8 Female

Date of onset Aug 15

Date reported Health Center Aug 16

Central Aug 16

Date Hospital, and where source Aug 16 ~~Tokyo~~ Toyotama

Remarks

Confirmed date _____

Returned home date _____

Wired date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report
 Suspect no 422
 Confirmed no _____

Name Tomo Soma
 Address 2745 Sanno 1
Ku. Ota
 Age and sex 55 Female
 Date of onset Aug 14
 Date reported Health center Aug 16
Central Aug 16
 Date Hospi. and where Aug 16 Ebara
 source

Encephalitis S-422=C-250

Name Tomo Soma

clinical Examination

Clear	turbid	Blood
Xanthochromia (-)		Leukocytes
Pressure 270	Pleocytosis 44	3 13800
Nonne-Apel't (+) Pand't (+)		
Sugar 46 mg%	Protein 1 r.s.	
Chloride	Tryptophan	

Encephalitis case report 422
Suspect no _____
Confirmed no _____

Name Tomo Soma

Address 2745 Sanno 1
Ku. Ota

Age and sex 55 Female

Date of onset Aug 14

Date reported Health Center Aug 16

Central Aug 16

Date Hospital, and where source Aug 16 Ebara

Remarks

Confirmed date _____

Returned home date _____

Heard date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report
 Suspect no 421
 Confirmed no

Name Takashi Nishura
 Address 268 Kamikoyoto
Ka. Kitatama

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 Showa

Remarks

Confirmed date _____

Returned home date _____

Heard date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report 420
Suspect no
Confirmed no

Name Hajime Kogi

Address 24 Yamagi-cho
Ku. Bunkyo

Age and sex 7 Male

Date of onset Aug 15

Date reported Health Center Aug 16

Central Aug 16

Date Hospi. and where source Aug 16 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Reced date _____

Negative date _____

Reagnosis _____

Complement fixation test _____

Encephalitis case report #19
Suspect no
Confirmed no

Name Shizuko Sawajima
 Address 373 Nukii-cho
Ku. Nerima
 Age and sex 3 Female
 Date of onset Aug 10
 Date reported health center Aug 15
 Central Aug 15
 Date/How, and where source Aug 15 Toshima

Remarks

Confirmed date _____
 Returned home date _____
 Died date _____
 Negative date _____
 Etiagnosis _____

Complement fixation test _____

Encephalitis case report
Suspect no 418
Confirmed no

Name Michiko Sawano

Address 89 Chofumine-machi 1
Ku. Ota

Age and sex 3 Female

Date of onset Aug 14

Date reported Health Center Aug 15

Central Aug 15

Date Hospital and where source Aug 15 Ebara

Remarks

Confirmed date _____
Returned home date _____
Heard date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis Case report 4/17
Suspect no
Confirmed no

Name Kingo Hamatsu
 Address 33 Kaname-cho 1
Ku. Toshima
 Age and sex 53 Female
 Date of onset Aug 14
 Date reported Health Center Aug 16
 Central Aug 16
 Date Hospital and where source Aug 16 ~~Toshima~~
Toyotama

Remarks

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

Encephalitis case report
 Suspect no. 4/6
 Confirmed no. _____

Name Chieko Akimoto

Address 250 Shimo-cho 1

Ku. Kita

Age and sex 6 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 _____

Reid date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report
 Suspect no 415
 Confirmed no _____

Name Yukie Nakazawa
 Address 660 Showa-machi
Ku. Kitatama.
 Age and sex 23 Female
 Date of onset Aug 10
 Date reported Health Center Aug 15
 Central Aug 15
 Date Hospi, and where Aug 15 Tachikawa

Encephalitis S-415-C 1174

Name Yukie Nakazawa

Clinical Examination

Clearness	Turbid	Blood
Xanthochromia		Leukocytes
Pressure	Pleocytosis	
Vonme-Apelt	Pandy	
Sugar	Protein	
Chloride	Tryptophan	

Encephalitis case report

Suspect no 415
Confirmed no

Name Yukie Nakagawa

Address 660 Showa-machi
Ku. Kitatama.

Age and sex 23 Female

Date of onset Aug 10

Date reported Health Center Aug 15

Central Aug 15

Date Hoshi, and where source Aug 15 Tachikawa

Remarks

Confirmed date _____

Returned home date _____

Wied date _____

Negative date _____

Diagnosis _____

Complement fixation test _____

Encephalitis case report 4/4
Suspect no _____
Confirmed no _____

Name Takeshi Matsushima

Address 1651 Yonogi Taka-machi
Ku. Shibuya

Age and sex 8. male

Date of onset Aug 12

Date reported Health Center Aug 16

Central Aug 16

Date Hospital and where source Aug 16 Toyotama

Remarks

Confirmed date _____

Returned home date _____

Healed date _____

Negative date _____

Reagnosis _____

Complement fixation test _____

Encephalitis case report 413
Suspect no _____
Confirmed no _____

Name Keiko Mashio

Address 2234 Kamineguro 3
Ku. Meguro

Age and sex 7 Female

Date of onset Aug 14

Date reported Health Center Aug 16

Central Aug 16

Date/How, and where source Aug 16. Ebara

Remarks

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

Encephalitis case report 412
Suspect no _____
Confirmed no _____

Name Sachiko Saito

Address 51 Higashi Okubo 2
Ku. Shinjuku

Age and sex 24 Female

Date of onset Aug 11

Date reported Health Center Aug 16

Central Aug 16

Date/How and where source Aug 16 Toyotama

Remarks

Confirmed date _____
Returned home date _____
Wid date _____
Negative date _____
Diagnosis _____

Complement fixation test _____

Encephalitis case report F11
 Suspect no _____
 Confirmed no _____

Name Harumi Shimada
 Address 149 Nishitama Kawasaki
Ku. Nishitama
 Age and sex 1 Female
 Date of onset Aug 9
 Date reported Health Center Aug 15
Central Aug 15
 Date/Topic, and where source Aug 15 Akira

Remarks

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