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MORBIDITY AND MORTALITY WEEKLY REPORT

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Poisonings Associated with Illegal Use of Aldicarb as a Rodenticide — New York City, 1994–1997

Although rodenticides historically have been among the most toxic substances available to the public and have been implicated as agents in both unintentional and suicidal exposures, the anticoagulant agents currently in use, such as coumadin and their long-acting derivatives (e.g., brodifacoum), are relatively safe. In 1995, most persons who reported exposure to anticoagulant rodenticides did not develop symptoms or require specific therapy. However, during 1994–1997, the New York City Poison Control Center (NYCPC) was consulted about 25 patients, primarily persons who had emigrated from the Dominican Republic, who had manifestations consistent with the cholinergic toxidrome, which is not characteristic of poisoning by the anticoagulant rodenticides, after ingesting a rodenticide known as Tres Pasitos (“Three Little Steps”). In each case, the product had been purchased at a neighborhood store for use as a household rodenticide. The Environmental Investigation Unit of the New York State Department of Environmental Conservation (NYDEC) investigated the poisoning incidents. Laboratory analysis indicated that the product contained the carbamate pesticide aldicarb (2-methyl-2-(methylthio)-propionaldehyde O-(methylcarbamoyl) oxime), which is not registered for use as a rodenticide in the United States. This report presents a detailed description of two of these cases and a summary of the remaining cases.

Case Reports

Case 1. On May 5, 1994, an 18-year-old man who had recently emigrated from the Dominican Republic attempted suicide by ingesting a handful of granular Tres Pasitos. On presentation to the emergency department (ED), he was lethargic, tachycardic, and tachypneic with diffuse muscle fasciculations and profuse bronchorrhea. He was intubated and initially received 8 mg of atropine to control his secretions. Additional treatment included a continuous atropine infusion of 9 mg per hour for 5 days and a pralidoxime infusion (500 mg per hour) to a total of 26 g before ventilatory support could be discontinued. Although a plasma cholinesterase level was not detectable on admission, the patient’s red blood cell cholinesterase level was normal when measured after completion of pralidoxime therapy. Convalescent cholinesterase levels could not be obtained.

Illegal Use of Aldicarb — Continued

Case 2. On May 12, 1997, a 2-year-old girl was observed by her parents eating several grains of rice mixed with Tres Pasitos, which her parents had recently placed in their home to control a rodent infestation. Shortly afterward, she began vomiting and became comatose. On arrival at the ED, she had miosis, muscle fasciculations, and pulmonary edema and required intubation for respiratory insufficiency. After an initial dose of 2 mg atropine, her clinical status improved rapidly. She was subsequently treated with a total of 9 mg of atropine and pralidoxime and was discharged from the hospital on May 16.

Summary Description

NYPCPC received reports of poisoning cases in 23 additional patients. Of these, 20 presented to EDs with signs and symptoms consistent with cholinergic toxidrome, although the specific findings for each patient varied. The remaining five patients presented with nonspecific signs and symptoms. Symptoms typically resolved rapidly with atropine therapy.

Of the 25 patients, 22 were adults who had ingested the rodenticide while attempting suicide. The remaining three were children aged <4 years who had unintentionally ingested the rodenticide after it was placed in their homes. Seventeen of the 25 patients were female, and 24 patients had emigrated from the Dominican Republic.

Reported by: LS Nelson, MD, RS Hoffman, MD, R Rao, MD, New York City Poison Control Center, New York Univ Medical Center, New York; A Ramon, MD, P Dong, Bur of Laboratories, New York City Dept of Health. J Perrone, MD, F DeRoos, MD, Delaware Valley Poison Control Center, Univ of Pennsylvania Medical Center, Philadelphia. W McMurray, PhD, Yale Univ Comprehensive Cancer Center, Mass Spectrometry Unit; MJ Incorvia-Mattina, PhD, Connecticut Agricultural Experimental Station, New Haven, Connecticut.

Editorial Note: This report presents the first known cases of poisonings resulting from the illegal use of aldicarb as a commercially prepared rodenticide in the United States. Aldicarb is a carbamate pesticide registered for use against insects, mites, and nematodes on field crops, certain vegetables and fruits, and ornamental plants in the United States; it is not registered for use as a rodenticide (1). The Environmental Protection Agency has classified aldicarb in its highest toxicity category (Category 1).

Previous similar episodes have been reported in Rio de Janeiro, where illegal rodenticides are sold widely by street vendors (2), and in Israel, where poisonings have been reported primarily among Arab Bedouins (3). In both of these instances and in the current report, poisoning resulted when the product was ingested inadvertently or with suicidal intent.

Tres Pasitos can be purchased legally in the Dominican Republic, where it is widely used as a rodenticide. In New York City, Tres Pasitos is sold in stores from large containers and is packaged in small, unlabeled plastic bags. The poisoning cases occurred primarily among emigrants from the Dominican Republic—probably because of the use of this product as a rodenticide in the Dominican Republic and continued use in the United States.

Investigators from NYDEC have attempted to remove Tres Pasitos from stores; however, the product often is replaced when investigators leave. In addition, NYPCPC and NYDEC have initiated community outreach at schools and other public institutions in neighborhoods where Tres Pasitos can be obtained to educate persons about the hazards of this product.

Illegal Use of Aldicarb — Continued

Physicians and poison control centers should be aware of the illegal use of Tres Pasitos as a source of poisoning. Although cholinergic toxicity is common after exposure to anticholinesterase pesticides, cholinergic symptoms are unexpected in patients who report ingesting a rodenticidal agent in the United States. Therapy for exposed patients should be guided by clinical toxicity and includes atropine, a muscarinic cholinergic antagonist. Pralidoxime, a cholinesterase reactivator, is important for patients with organophosphorus poisoning, but its usefulness in treating carbamate poisoning is inconclusive.

Health-care providers who identify cases of poisonings associated with exposures to this illegal rodenticide product should contact their local health departments to determine whether these cases are reportable. Health departments whose jurisdictions include emigrant populations from the Dominican Republic should be especially aware of this potential public health problem.

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Vaccination Coverage by Race/Ethnicity and Poverty Level Among Children Aged 19–35 Months — United States, 1996

The Childhood Immunization Initiative (CII), implemented in 1993, is an intensive program to increase vaccination coverage among preschool-aged children and to reduce or eliminate vaccine-preventable diseases (1). In 1996, national coverage goals were achieved for 2-year-old children for the most critical doses of each routinely recommended vaccine (2). Disparities in vaccination coverage have been documented previously among different racial/ethnic groups. This report presents findings from CDC's National Immunization Survey (NIS), which document progress toward achieving the 1996 CII vaccination coverage goals* by racial/ethnic group[†] and by level of poverty. The findings indicate that, for each of five racial/ethnic groups, most of the national CII vaccination coverage goals were met and that, based on poverty level, all the goals were met for children living at or above the poverty level, and two of the five goals were met for children living below the poverty level.

The NIS was implemented in 1994 and measures vaccination coverage among children aged 19–35 months (3). Race/ethnicity and poverty-related information are reported by the parent or caregiver through a random-digit-dialed telephone survey

*At least 90% coverage for one or more doses of measles-mumps-rubella vaccine and three doses each of diphtheria and tetanus toxoids and pertussis vaccine, oral poliovirus vaccine, and *Haemophilus influenzae* type b vaccine. For three or more doses of hepatitis B vaccine, the goals were set at 70% by 1996 and 90% by 1998. Children in this survey were born during February 1993–May 1995.

[†]Five groups were used: respondents were self-classified as non-Hispanic white, non-Hispanic black, Hispanic, non-Hispanic American Indian/Alaskan Native, and non-Hispanic Asian/Pacific Islander.

Vaccination Coverage — Continued

conducted in English, Spanish, and other languages. The health-care providers of the children in the survey are contacted to verify and/or complete vaccination information. An adjustment is made for households without telephones. Poverty level (i.e., above, at, or below the poverty level) is based on U.S. Bureau of the Census thresholds (4) for respondent-reported family income, household size, and number of children aged <18 years living in the household. In 1996, interviews were completed with the parents and caregivers of 33,305 children aged 19–35 months (median age: 27 months). Of these children, 20,839 (63%) were non-Hispanic white; 5891 (18%), non-Hispanic black; 4852 (15%), Hispanic; 1172 (4%), Asian/Pacific Islander; 462 (1%), American Indian/Alaskan Native; and 89 (<1%), other races.

Coverage by Race/Ethnicity

Most of the CII vaccination coverage goals for 1996 were met for individual vaccines for children in each of the five racial/ethnic groups (Table 1). The goals of 90% coverage with three or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP) and of 70% coverage with three or more doses of hepatitis B vaccine were met or exceeded for all five groups. The goal of 90% coverage with three or more doses of poliovirus vaccine was met or exceeded in all groups except Hispanics (89%; 95% confidence interval [CI]=±1.2%) and American Indians/Alaskan Natives (89%; 95% CI=±3.8%). The goal of 90% coverage with three or more doses of *Haemophilus influenzae* type b vaccine (Hib) was met or exceeded for all groups except Hispanics (89%; 95% CI=±1.2%). The goal of 90% coverage with one or more doses of measles-containing vaccine (MCV) was exceeded for non-Hispanic whites and Asians/Pacific Islanders; coverage levels for non-Hispanic blacks, Hispanics, and American Indians/Alaskan Natives were <90% but were within three percentage points of the goal. Coverage levels for all the individual vaccines except hepatitis B vaccine and for both the 4:3:1 and 4:3:1:3 series[§] were significantly lower among non-Hispanic blacks and Hispanics than among non-Hispanic whites (Table 1).

Coverage by Poverty Level

Of the five 1996 CII coverage goals, three were not met for children living below the poverty level (levels for poliovirus vaccine, Hib, and MCV were 2, 2, and 3 percentage points below their corresponding goals, respectively) (Table 2). In comparison, all 1996 CII coverage goals were met or exceeded for children living at or above the poverty level.

In 1996, coverage levels for all vaccines and series of vaccines were lower among children living below the poverty level than among children living at or above the poverty level (Table 2). For children living below the poverty level, levels ranged from 4 to 11 percentage points lower for individual vaccines than for children at or above the poverty level. For children living below the poverty level, the coverage levels for the 4:3:1 and 4:3:1:3 series were 10 and 11 percentage points lower, respectively.

Coverage by Race/Ethnicity and Poverty Level

Among children living below the poverty level, only the goal for hepatitis B was met in all five racial/ethnic groups. The DTP goal was met for all groups except Asians/Pacific Islanders. In general, the goals for poliovirus, Hib, and MCV were not

[§]The 4:3:1 series is four or more doses of diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids, three or more doses of poliovirus vaccine, and one or more doses of MCV. The 4:3:1:3 series is the 4:3:1 series plus three or more doses of Hib.

TABLE 1. Vaccination coverage levels among children aged 19–35 months, by selected vaccines and race/ethnicity — United States, National Immunization Survey, 1996*

| Vaccine/Dose | Childhood Immunization Initiative 1996 goal | Race/Ethnicity [†] | | | | | | | | | | | |
|--|---|-----------------------------|-----------------------|---------------------|----------|---------------------|----------|----------|----------|--------------------------------|----------|------------------------|----------|
| | | National estimates | | White, non-Hispanic | | Black, non-Hispanic | | Hispanic | | American Indian/Alaskan Native | | Asian/Pacific Islander | |
| | | % | (95% CI) [§] | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) |
| DTP/DT [¶] | | | | | | | | | | | | | |
| ≥3 Doses | 90% | 95 | (±0.4) | 96 | (±0.3) | 93 | (±0.9)** | 93 | (±0.9)** | 93 | (±3.1) | 96 | (±1.6) |
| ≥4 Doses | — | 81 | (±0.7) | 83 | (±0.6) | 79 | (±1.5)** | 77 | (±1.6)** | 83 | (±4.4) | 84 | (±2.8) |
| Poliovirus | | | | | | | | | | | | | |
| ≥3 Doses | 90% | 91 | (±0.5) | 92 | (±0.5) | 90 | (±1.1)** | 89 | (±1.2)** | 89 | (±3.8) | 90 | (±2.3) |
| Measles-containing vaccine (MCV) ^{††} | | | | | | | | | | | | | |
| ≥1 Doses | 90% | 91 | (±0.5) | 92 | (±0.5) | 89 | (±1.1)** | 88 | (±1.2)** | 87 | (±4.0) | 94 | (±1.8) |
| <i>Haemophilus influenzae</i> type b (Hib) | | | | | | | | | | | | | |
| ≥3 Doses | 90% | 92 | (±0.5) | 93 | (±0.4) | 90 | (±1.1)** | 89 | (±1.2)** | 90 | (±3.6) | 92 | (±2.1) |
| Hepatitis B | | | | | | | | | | | | | |
| ≥3 Doses | 70% | 82 | (±0.7) | 82 | (±0.6) | 82 | (±1.3) | 80 | (±1.5) | 78 | (±4.8) | 84 | (±2.8) |
| Combined series | | | | | | | | | | | | | |
| 4 DTP/3 Polio/ 1 MCV ^{§§} | — | 78 | (±0.8) | 80 | (±0.7) | 76 | (±1.5)** | 73 | (±1.6)** | 81 | (±4.6) | 81 | (±3.0) |
| 4 DTP/3 Polio/ 1 MCV/3 Hib ^{¶¶} | — | 77 | (±0.8) | 79 | (±0.7) | 74 | (±1.6)** | 71 | (±1.7)** | 80 | (±4.8) | 78 | (±3.1) |

* Children in this survey were born during February 1993–May 1995.

[†] Five groups were used: respondents were self-classified as non-Hispanic white, non-Hispanic black, Hispanic, non-Hispanic American Indian/Alaskan Native, and non-Hispanic Asian/Pacific Islander.

[§] Confidence interval.

[¶] Diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids.

** Difference in coverage level compared with non-Hispanic white children is statistically significant at the 0.05 level.

^{††} Goals are for measles-mumps-rubella vaccine; estimates are for MCV.

^{§§} Four or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), three or more doses of poliovirus vaccine, and one or more doses of MCV.

^{¶¶} Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of MCV, and three or more doses of Hib.

TABLE 2. Vaccination coverage levels among children aged 19–35 months, by selected vaccines, race/ethnicity,* and poverty level† — United States, National Immunization Survey, 1996[§]

| Vaccine/ Dose | Race/Ethnicity and poverty level | | | | | | | | | | | |
|---|---|----------------|---------------------|----------------|---------------------|----------------|------------|----------------|------------------------------------|----------------|----------------------------|----------------|
| | National estimates and poverty level | | White, non-Hispanic | | Black, non-Hispanic | | Hispanic | | American Indian/ Alaskan Native | | Asian/ Pacific Islander | |
| | Below | At or above | Below | At or above | Below | At or above | Below | At or above | Below | At or above | Below | At or above |
| | % (95% CI) [¶] | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) | % (95% CI) |
| DTP/DT** | | | | | | | | | | | | |
| ≥3 Doses | 92 (±0.9) | 96 (±0.3) | 92 (±1.5) | 97 (±0.4) | 91 (±1.7) | 95 (±1.2) | 92 (±1.7) | 94 (±1.4) | 93 (±5.9) | 94 (±4.1) | 87 (±6.7) | 97 (±1.6) |
| ≥4 Doses | 73 (±1.4) | 84 (±0.6) | 72 (±2.4) | 85 (±0.7) | 75 (±2.5) | 82 (±2.1) | 73 (±2.8) | 79 (±2.4) | 84 (±8.2) | 84 (±6.0) | 77 (±8.6) | 83 (±3.4) |
| Poliovirus | | | | | | | | | | | | |
| ≥3 Doses | 88 (±1.1) | 92 (±0.5) | 88 (±1.8) | 93 (±0.5) | 88 (±2.0) | 92 (±1.5) | 88 (±2.0) | 90 (±1.8) | 90 (±6.4) | 88 (±5.2) | 85 (±7.1) | 90 (±2.9) |
| Measles- containing vaccine (MCV) | | | | | | | | | | | | |
| ≥1 Doses | 87 (±1.1) | 92 (±0.5) | 86 (±1.9) | 93 (±0.5) | 88 (±1.9) | 91 (±1.6) | 88 (±2.1) | 89 (±1.8) | 89 (±6.7) | 87 (±5.6) | 94 (±5.2) | 93 (±2.4) |
| <i>Haemophilus influenzae</i> type b (Hib) | | | | | | | | | | | | |
| ≥3 Doses | 88 (±1.1) | 93 (±0.4) | 87 (±1.8) | 94 (±0.5) | 87 (±2.0) | 92 (±1.5) | 88 (±2.0) | 90 (±1.7) | 92 (±5.7) | 90 (±5.0) | 85 (±7.0) | 93 (±2.4) |
| Hepatitis B | | | | | | | | | | | | |
| ≥3 Doses | 78 (±1.3) | 83 (±0.6) | 75 (±2.2) | 83 (±0.7) | 79 (±2.4) | 86 (±1.9) | 79 (±2.5) | 82 (±2.2) | 76 (±9.1) | 80 (±6.4) | 79 (±7.8) | 87 (±3.2) |
| Combined series | | | | | | | | | | | | |
| 4 DTP/ 3 Polio/ 1 MCV ^{††} | 71 (±1.5) | 81 (±0.7) | 70 (±2.4) | 82 (±0.7) | 73 (±2.6) | 80 (±2.2) | 70 (±2.9) | 75 (±2.5) | 82 (±8.5) | 81 (±6.3) | 75 (±8.8) | 80 (±3.7) |
| 4 DTP/ 3 Polio/ 1 MCV/ 3 Hib ^{§§} | 69 (±1.5) | 80 (±0.7) | 68 (±2.4) | 81 (±0.8) | 70 (±2.7) | 78 (±2.3) | 68 (±2.9) | 74 (±2.6) | 81 (±8.5) | 80 (±6.4) | 73 (±8.9) | 77 (±3.9) |

* Five groups were used: respondents were self-classified as non-Hispanic white, non-Hispanic black, Hispanic, non-Hispanic American Indian/Alaskan Native, and non-Hispanic Asian/Pacific Islander.

† Poverty level is based on family income and household size using Bureau of the Census poverty thresholds for 1996. Children for whom poverty level was not determined are excluded from this analysis.

§ Children in this survey were born during February 1993–May 1995.

¶ Confidence interval.

** Diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids.

†† Four or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), three or more doses of poliovirus vaccine, and one or more doses of MCV.

§§ Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of MCV, and three or more doses of Hib.

Vaccination Coverage — Continued

met; however, the poliovirus and Hib goals were met for American Indians/Alaskan Natives, and the MCV goal was met for Asians/Pacific Islanders. In comparison, all goals were met or exceeded for children living at or above the poverty level, except for MCV for Hispanics and poliovirus vaccine and MCV for American Indians/Alaskan Natives.

For individual vaccines and by racial/ethnic group, the vaccination coverage levels of children living below the poverty level ranged from 2 percentage points higher to 13 percentage points lower than for children living at or above the poverty level. Similarly, for both the 4:3:1 and 4:3:1:3 series in individual racial/ethnic groups, the proportion of children who were series-complete was from 1 percentage point higher to 13 percentage points lower for children living below the poverty level (Table 2).

Reported by: National Center for Health Statistics; Assessment Br, Data Management Div, National Immunization Program, CDC.

Editorial Note: The NIS is the first national vaccination survey measuring vaccination coverage for five racial/ethnic groups. Data from the NIS presented in this report indicate that the 1996 national CII vaccination coverage goals were met or exceeded for most or all of the targeted vaccines for each of five racial/ethnic groups. However, for children living below the poverty level, vaccination coverage was substantially lower than for those living at or above the poverty level and, in most racial/ethnic groups, three of the five CII goals were not met.

In general, the differences in vaccination coverage with individual vaccines among racial/ethnic groups found in the 1996 NIS (range: 0–6%) are smaller than those reported in earlier surveys. From 1970 to 1985, in the United States Immunization Survey of children aged 1–4 years, differences in individual vaccine coverage between white children and children of other races ranged from seven to 26 percentage points for three or more doses of DTP and poliovirus vaccine and for one or more doses of MCV (5). During 1992–1994, the National Health Interview Survey reported coverage differences between black and white children (aged 19–35 months) of three to 12 percentage points (6). Despite methodologic differences that limit comparisons of findings from the three surveys, it is unlikely that these methodologic differences alone account for the narrowing of the gap in coverage between non-Hispanic white children and children of the other racial/ethnic groups found in the data.

The narrowing of the small differences in coverage for the individual vaccines among the racial/ethnic groups may reflect nationwide efforts to increase vaccination levels, including activities following the resurgence of measles during 1988–1991 and those prompted by the CII since 1993 (1). State and local health departments and community and professional organizations have implemented multifaceted efforts in some major urban areas to improve vaccination levels among racial/ethnic minority populations. Strategies that avoid missed opportunities must be sustained and expanded (e.g., assessment of vaccination at service sites of the Special Supplemental Food Program for Women, Infants, and Children [WIC] [7], measuring and ranking vaccination coverage levels with feedback and incentives for providers [8], and reminder and recall). In particular, the WIC program serves approximately 44% of each annual birth cohort in the United States and is the single largest means of making contact with low-income preschool-aged children. Therefore, efforts to expand and strengthen the WIC/immunization linkage should be among the highest priority activities in improving coverage for children living below the poverty level.

Vaccination Coverage — Continued

The 1996 NIS findings suggest that socioeconomic differences account for a substantial proportion of the racial/ethnic group-specific differences in vaccination coverage. This conclusion is based especially on the similarities in vaccination coverage among children of different racial/ethnic groups living below the poverty level. However, the proportion of children aged <5 years living below the poverty level (with corresponding lower levels of coverage) varies widely by race (i.e., 13.8% for whites, 17.5% for Asians/Pacific Islanders, 33.4% for Hispanics, 44.0% for blacks, and 44.4% for American Indians/Eskimos/Aleutians) (9). Some race-specific differences in coverage persisted despite adjusting for poverty: for children living above the poverty level, some vaccine-specific coverage levels differed by racial/ethnic groups, and within the groups, the apparent effect of poverty varied.

The NIS findings described in this report indicate substantial progress toward achieving most of the 1996 CII goals for racial/ethnic groups. Despite this progress, efforts to increase vaccination coverage must be intensified to achieve coverage goals for all children, particularly children of racial/ethnic minority groups living in poverty. In particular, achievement of the year 2000 national health objective of 90% coverage of all U.S. children with the vaccines in the basic vaccination series (10) will require a fully functional vaccine-delivery system and sustained participation of communities, health-care providers, government officials, and private-sector partners (2). The elimination of vaccine-preventable diseases in the United States requires the achievement and maintenance of uniformly high vaccination coverage levels for preschool children in all communities. CDC will continue using the NIS to monitor progress toward meeting national health objectives for the year 2000 by race/ethnicity and by other factors associated with undervaccination.

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Vaccination Coverage — Continued

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As part of its continuing commemoration of CDC's 50th anniversary in July 1996, MMWR is reprinting selected MMWR articles of historical interest to public health, accompanied by current editorial notes. Reprinted below is the report published June 29, 1974, that documented an association between the use of the Dalkon Shield intrauterine device and increased incidence of complicated pregnancies in women.

CURRENT TRENDS

IUD SAFETY: REPORT OF A NATIONWIDE PHYSICIAN SURVEY

In an attempt to determine the morbidity and mortality associated with IUD use nationwide, the Family Planning Evaluation Division, CDC, in conjunction with the Committee on Maternal and Child Care of the American Medical Association (AMA) and the American Osteopathic Association (AOA), began a physician survey in June 1973.

From their master files, AMA and AOA provided the names of 34,544 physicians in the United States and Puerto Rico – virtually all physicians who had a primary, secondary, or tertiary interest in obstetrics or gynecology, or a primary interest in family practice, public health, or general preventive medicine. In the last week of June 1973, CDC sent a questionnaire to all physicians on the list inquiring about women who had been hospitalized or had died with possible complications related to the use of an IUD in the preceding 6 months. Physicians were asked to check 1 or more of 8 diagnostic categories for their patients such as complicated pregnancy, uterine perforation, and hemorrhage. After a second mailing of the same questionnaire to physicians who had not responded by August 1, a total of 16,994 responses (49.2%) were received by January 2, 1974. Subsequently, a 1% probability sample was drawn from the 17,550 non-respondents; field officers were successful in obtaining information about IUD complications from 173 of 176 practices by telephone and personal interviews.

Physicians responding by mail provided 3,502 net, unduplicated case reports of women hospitalized in the first 6 months of 1973. After correction for the non-respondent physicians, approximately 7,900 IUD-associated hospitalizations were estimated to have occurred in this period. Using an estimate by the Family Planning Evaluation Division of approximately 3.2 million IUD wearers in early 1973, the calculated rate of IUD-related hospitalizations was 5 per 1,000 woman-years of IUD use.

While the small number of IUD-related deaths is insufficient to demonstrate an increased mortality rate associated with any specific type of device, the overall rate of IUD-related mortality appears to be low compared with the mortality rates associated with pregnancy and other forms of contraception (1). Five fatalities were reported in the 6-month study period by the 16,994 physicians who responded by mail and the documenting details of each of these cases supported the suggestion that an IUD had contributed to the death. Four of the 5 terminal illnesses involved severe infection; 2 of these 4 infections involved a pregnancy. The devices used by these women were

IUD Safety — Continued

2 Lippes Loops*, 2 Saf-T-Coils*, and 1 Dalkon Shield*. These 5 reports imply a minimum IUD-related mortality rate of approximately 3 per million woman-years of use.

Of the 3,473 reports which included diagnoses, 2,932 also specified the type of IUD involved. A relative excess of Dalkon Shield IUDs was observed among case reports carrying the diagnosis of "complicated pregnancy" (Table 1). The crude odds ratio** for all the cases in Table 1 is 2.1 ($p < .001$). Separate stratifications by the patient's age, race, and geographic region show a comparable elevation of the same odds ratio for each group. When the case reports were stratified by the size of IUD, the odds ratio for the 180 women with nulliparous-sized IUDs was not significantly different from 1.0, but was 2.0 and 2.2 for the parous (standard) and unknown sizes, respectively, both statistically significant.

Table 1
Association Between the Dalkon Shield and Complicated
Pregnancies Among Women Hospitalized
for IUD-Related Complications*

| Diagnosis of Complication | Type of IUD | | | | Total | |
|---------------------------|---------------|----------------|-----------------------------------|----------------|--------------|-----------------|
| | Dalkon Shield | | All Other IUDs (incl. Unknown) | | | |
| Pregnancy Related | 538 | (53.9%) | 461 | (46.1%) | 999 | (100.0%) |
| Not Pregnancy Related | 887 | (35.9%) | 1,587 | (64.1%) | 2,474 | (100.0%) |
| Total | 1,425 | (41.0%) | 2,048 | (59.0%) | 3,473 | (100.0%) |

*Table excludes 29 case reports with unknown diagnosis.

The 1% sample of non-respondent physicians who were interviewed in person or by phone furnished 60 unduplicated case reports. The crude odds ratio for these reports was 8.3 ($p = .0049$), establishing that a statistical association between the Dalkon Shield and complicated pregnancies also existed in the experience of these physicians.

Since the use prevalence of the various IUD types in early 1973 is unknown, it is impossible to draw any firm conclusion about the morbidity rates associated with each device. The magnitude of the odds ratio is influenced not only by the relatively large number of Dalkon Shields involved in complicated pregnancies (numerator of the odds ratio) but also by the relatively small number of Dalkon Shields involved in complications in non-pregnant women (denominator of the odds ratio). If the Dalkon Shield accounted for more than 41% (Table 1) of the IUDs in use early in 1973, then the observed elevation in the odds ratio might be better explained by a relatively low rate

*Inclusion of trade names does not imply endorsement by the Public Health Service or the U.S. Department of Health, Education, and Welfare.

$$** \text{ Odds Ratio} = \frac{\left(\frac{\text{Dalkon Shield}}{\text{All Other IUDs}} \right) \text{ pregnancy related}}{\left(\frac{\text{Dalkon Shield}}{\text{All Other IUDs}} \right) \text{ not pregnancy related}}$$

IUD Safety — Continued

of hospitalizations for non-pregnant complications associated with this type of IUD. Such a high use prevalence of the Dalkon Shield is very unlikely based on CDC's review of sales data furnished by the major IUD manufacturers. The relative excess of women hospitalized with complicated pregnancies associated with the standard-sized Dalkon Shield could possibly be explained by an elevated rate of pregnancy with this device, by an increased rate of complications once a pregnancy is established, or by a combination of these postulated factors.

(Reported by the Committee on Maternal and Child Care of the American Medical Association; the American Osteopathic Association; and the Family Planning Evaluation Division, Bureau of Epidemiology, CDC.)

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Editorial Note—1997: Since the mid-19th century when Ignaz Semmelweiss, Oliver Wendell Holmes, and others showed that puerperal fever was both contagious and preventable, epidemiology has been useful as an effective tool to assist in improving reproductive health. CDC first applied epidemiology to family-planning evaluation and reproductive health in the early 1960s when new female fertility-control measures had become available. Oral contraceptives and plastic intrauterine contraceptive devices (IUDs) provided promising new opportunities for family planning. CDC leaders, especially Alexander D. Langmuir, M.D., Chief Epidemiologist, had both enthusiasm and concern about these opportunities. Evidence for the effectiveness of the new methods of contraception was emerging, but potential adverse effects remained largely un-evaluated. Of specific concern to Langmuir was the possible relation between IUD use and pelvic infection. Therefore, in 1964, CDC assigned Nicholas Wright, M.D., an officer in CDC's Epidemic Intelligence Service (EIS) program, to Grady Memorial Hospital, a public institution in Atlanta, Georgia, with a large ambulatory-care clinic and approximately 1000 beds, to investigate the safety of the IUD. Work by Wright and others determined that women with IUDs had pelvic infections at a higher rate than expected but that most of these women could be treated effectively and without serious complications.

A decade later, the *MMWR* of June 29, 1974, raised questions about the safety of the Dalkon Shield, an IUD marketed during 1970–1974. Both the AMA and the AOA collaborated with CDC to conduct this survey of physicians in June 1973. Analysis of the case reports supplied by the survey respondents showed an excess risk for complicated pregnancies among Dalkon Shield users, compared with users of other IUDs (1). In 1974, the manufacturer withdrew the device from the marketplace.

In 1975, CDC reported that Dalkon Shield users were more likely than users of other IUDs to die from spontaneous abortions (2). Reports of mid-trimester septic abortions associated with the Dalkon Shield hastened the passage of the Medical Device Amendments of 1976, which gave the Food and Drug Administration (FDA) greater control over medical devices. In 1983, CDC reported that Dalkon Shield users had a greater risk for pelvic inflammatory disease than users of other types of IUDs and non-IUD users (3). In that same year, CDC and FDA recommended that women still using Dalkon Shield IUDs have them removed. The experience with the Dalkon Shield has had a dramatic negative impact on the further use of IUDs in the United States and

IUD Safety — Continued

has affected the pharmaceutical industry, physicians, and women who otherwise might find the IUD an acceptable method of contraception (4,5).

IUDs, first used in Germany and Japan in the early 1900s, showed great promise after their reintroduction in 1960 as biologically inert plastic devices (6). Thereafter, a large variety of devices were produced as manufacturers attempted to identify the ideal device. The most important recent advance was the development of the medicated devices, particularly the copper-bearing IUDs (7). The most commonly used IUD in the United States today—the Copper T380A—has a low rate of side effects and is perhaps the most effective IUD in use internationally, with a pregnancy rate of $\leq 1\%$ per year (8). In Europe, the levonorgestrel-releasing device also is associated with few side effects, very low failure rates, and reduced menstrual blood flow because of intrauterine progestin effect (9). This device has not been introduced into the United States. As a result, the only progesterone-releasing device available in the United States requires change of the device annually and is rarely used in this country.

During the 1980s, the noncopper-bearing devices popular in the 1960s and 1970s were withdrawn from the market for economic reasons (4). In 1986, manufacturers also removed copper-bearing devices from the market—not because of new information about risks, but because of the heavy financial burdens imposed on the manufacturers by issues related to liability (4).

The major safety concern associated with the use of IUDs has been the risk for developing pelvic inflammatory disease (10). Recent studies have suggested, however, that most cases of pelvic infection that occur with an IUD in place are attributable to sexually transmitted diseases (STDs) (11,12) and that women at low risk for STDs also are at low risk for pelvic infection while they are using an IUD. Further evidence that the IUD is associated with low risk for pelvic infection is documented by a study of infertility in which IUD users with one sexual partner were at no greater risk for infertility than nonusers of the IUD (13). Most IUD-attributable infections appear to be related to insertion of the device (12); some of these infections probably are preventable with proper infection-control measures, and trials of the effectiveness of administering prophylactic antibiotics at the time of insertion are in progress.

The 1974 *MMWR* and subsequent reports by CDC identified an increased risk for infectious morbidity related to use of an IUD that is no longer marketed. Subsequent epidemiologic studies of the safety of currently available devices indicate that women at low risk for STDs are at low risk for pelvic infection with IUD use.

In the United States, nearly 60% of pregnancies are unintended (14), and many women wanting to prevent unintended pregnancy are appropriate candidates for IUD use. Despite evidence that the long-term effectiveness of the Copper T380A device is similar to that of tubal sterilization (15,16), <1% of women using contraceptives in 1995 were using this device (17). Among the small number of women using IUDs, however, acceptance of this method is high: in 1992, for example, 96% of IUD users viewed their method favorably, compared with 94% of oral contraceptive users, 93% of those who chose male or female sterilization, 76% of diaphragm users, and 74% of rhythm methods users (18). Women desiring long-term effective contraception and their clinicians should be aware that currently marketed IUDs are highly effective and acceptable and are associated with a low risk for complications in women at low risk for STDs.

IUD Safety — Continued

In addition to highlighting the commemoration of CDC's 50th anniversary, reprinting this 1974 *MMWR* coincides with and highlights the 30th anniversary of CDC's Division of Reproductive Health. In 1967, the Family Planning Evaluation Activity (FPEA)—which authored the 1974 report—was established in CDC's Bureau of Epidemiology, becoming one of CDC's earliest noninfectious disease program areas. The FPEA began with only four staff members; today, the staff consists of 160 members in what is now the Division of Reproductive Health, part of CDC's National Center for Chronic Disease Prevention and Health Promotion. In 1970, the FPEA became the Family Planning Evaluation Division, and the division quickly became a focus of excellence within CDC, helping to introduce and disseminate further the concepts of analytic epidemiology eventually adapted by acute/infectious disease programs. From 1967 (when the division first assigned EIS officers to evaluate family-planning programs in state health departments) to the present, the links between the division and the EIS have been crucial at CDC in helping to introduce CDC's methods of applied/field epidemiology to the challenges of reproductive health, both nationally and internationally. The three decades of history of the division reflect the creative and effective use of epidemiology for the promotion of reproductive health.

1997 Editorial Note by Allan Rosenfield, MD, DeLamar Professor of Public Health and Obstetrics and Gynecology, and Dean, Columbia School of Public Health. Herbert B Peterson, MD, Chief, Women's Health and Fertility Branch, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. Carl W Tyler, Jr, MD, Former Director, Family Planning Evaluation Division, and Former Director, Epidemiology Program Office, CDC.

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IUD Safety — Continued

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Erratum: Vol. 46, No. 38

In the article "Chronic Interstitial Lung Disease in Nylon Flocking Industry Workers—Rhode Island, 1992–1996," on page 900, in the first line of the credits a name was misspelled. The name should be *A Nayer, MD*.

Errata: Vol. 46, No. 39

In the report, "Pneumococcal and Influenza Vaccination Levels Among Adults Aged ≥ 65 Years—United States, 1995," an error appears in the footnotes of Tables 1 and 2 on pages 915–917. In the second sentence of the ¶ footnote of Table 1 and of the § footnote of Table 2, the word "weighted" should be deleted before the words "sample size."

In the article "Missed Opportunities for Pneumococcal and Influenza Vaccination of Medicare Pneumonia Inpatients—12 Western States, 1995," on page 921, the title of Table 1 gave incorrect dates. The correct title should be "TABLE 1. Pneumococcal vaccination* coverage levels among Medicare pneumonia patients admitted to hospitals, by age group—12 western states,[†] October 1994–September 1995."

Erratum: Vol. 46, No. 40

In the report, "Self-Reported Use of Mammography Among Women Aged ≥ 40 Years—United States, 1989 and 1995," on page 939, the "All women" line in Table 1 should be deleted.

Quarterly Immunization Table

To track progress toward achieving the goals of the Childhood Immunization Initiative (CII), CDC publishes quarterly a tabular summary of the number of cases of nationally notifiable diseases preventable by routine childhood vaccination reported during the previous quarter and year-to-date (provisional data). In addition, the table compares provisional data with final data for the previous year and highlights the number of reported cases among children aged <5 years, who are the primary focus of CII. Data in the table are reported through the National Electronic Telecommunications System for Surveillance (NETSS).

Number of reported cases of nationally notifiable diseases preventable by routine childhood vaccination — United States, July–September 1997 and January–September 1996 and 1997*

| Disease | No. cases, July– September 1997 | Total cases January–September | | No. cases among children aged <5 years [†] January–September | |
|--|--|----------------------------------|------|---|------|
| | | 1996 | 1997 | 1996 | 1997 |
| Congenital rubella syndrome | 1 | 1 | 4 | 1 | 4 |
| Diphtheria | 0 | 1 | 5 | 0 | 1 |
| <i>Haemophilus influenzae</i> [§] | 207 | 800 | 813 | 192 | 183 |
| Hepatitis B [¶] | 1996 | 7222 | 6379 | 48 | 150 |
| Measles | 38 | 465 | 111 | 121 | 46 |
| Mumps | 99 | 534 | 435 | 114 | 95 |
| Pertussis | 1221 | 4202 | 3813 | 2013 | 1717 |
| Poliomyelitis, paralytic ^{**} | 0 | 2 | 0 | 1 | 0 |
| Rubella | 53 | 216 | 141 | 15 | 12 |
| Tetanus | 9 | 24 | 32 | 0 | 0 |

*Data for 1996 are final; data for 1997 are provisional.

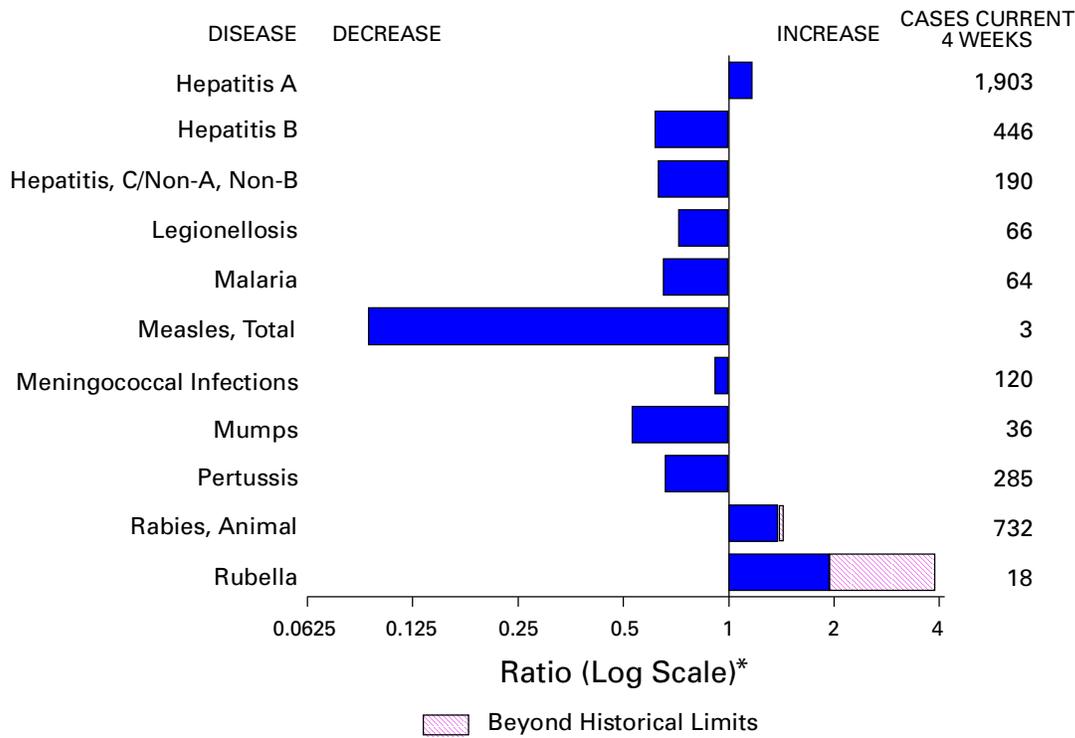
[†]For 1996 and 1997, age data were available for ≥97% cases.

[§]Invasive disease; *H. influenzae* serotype is not routinely reported to the National Notifiable Diseases Surveillance System. Of 183 cases among children aged <5 years, serotype was reported for 97 cases, and of those, 39 were type b, the only serotype of *H. influenzae* preventable by vaccination.

[¶]Because most hepatitis B virus infections among infants and children aged <5 years are asymptomatic (although likely to become chronic), acute disease surveillance does not reflect the incidence of this problem in this age group or the effectiveness of hepatitis B vaccination in infants.

^{**}Five suspected cases with onset in 1996 have been confirmed; all were vaccine-associated. Two cases with onset in 1997 are under investigation.

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending October 11, 1997, with historical data — United States



*Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending October 11, 1997 (41st Week)

| | Cum. 1997 | | Cum. 1997 |
|---|-----------|---|-----------|
| Anthrax | - | Plague | 2 |
| Brucellosis | 60 | Poliomyelitis, paralytic | - |
| Cholera | 7 | Psittacosis | 38 |
| Congenital rubella syndrome | 4 | Rabies, human | 2 |
| Cryptosporidiosis* | 1,338 | Rocky Mountain spotted fever (RMSF) | 327 |
| Diphtheria | 6 | Streptococcal disease, invasive Group A | 1,125 |
| Encephalitis: California* | 79 | Streptococcal toxic-shock syndrome* | 28 |
| eastern equine* | 6 | Syphilis, congenital [†] | 354 |
| St. Louis* | 8 | Tetanus | 34 |
| western equine* | - | Toxic-shock syndrome | 99 |
| Hansen Disease | 78 | Trichinosis | 7 |
| Hantavirus pulmonary syndrome* [‡] | 15 | Typhoid fever | 260 |
| Hemolytic uremic syndrome, post-diarrheal* | 46 | Yellow fever | - |
| HIV infection, pediatric* [§] | 182 | | |

-:no reported cases

*Not notifiable in all states.

[†]Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

[‡]Updated monthly to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update October 5, 1997.

[§]Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 11, 1997, and October 12, 1996 (41st Week)

| Reporting Area | AIDS | | Chlamydia | | Escherichia coli O157:H7 | | Gonorrhea | | Hepatitis C/NA,NB | |
|----------------|------------|-----------|-----------|-----------|--------------------------|-----------|-----------|-----------|-------------------|-----------|
| | Cum. 1997* | Cum. 1996 | Cum. 1997 | Cum. 1996 | NETSS† | PHLIS‡ | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 |
| | | | | | Cum. 1997 | Cum. 1997 | | | | |
| UNITED STATES | 44,447 | 51,390 | 348,650 | 337,172 | 1,845 | 1,168 | 219,267 | 248,053 | 2,464 | 2,767 |
| NEW ENGLAND | 1,903 | 2,055 | 13,731 | 13,530 | 157 | 90 | 4,517 | 5,055 | 51 | 84 |
| Maine | 46 | 32 | 797 | 732 | 16 | - | 54 | 50 | - | - |
| N.H. | 29 | 66 | 614 | 585 | 9 | 12 | 75 | 129 | 8 | 7 |
| Vt. | 31 | 18 | 326 | 307 | 7 | 2 | 43 | 42 | 2 | 22 |
| Mass. | 646 | 995 | 5,733 | 5,459 | 82 | 67 | 1,703 | 1,733 | 34 | 49 |
| R.I. | 119 | 128 | 1,566 | 1,517 | 8 | - | 347 | 408 | 7 | 6 |
| Conn. | 1,032 | 816 | 4,695 | 4,930 | 35 | 9 | 2,295 | 2,693 | - | - |
| MID. ATLANTIC | 13,720 | 14,208 | 47,645 | 47,714 | 111 | 40 | 29,050 | 32,389 | 272 | 239 |
| Upstate N.Y. | 2,137 | 1,853 | N | N | 73 | - | 4,727 | 5,924 | 201 | 192 |
| N.Y. City | 7,308 | 7,847 | 24,825 | 23,652 | 10 | 6 | 11,151 | 11,333 | - | 3 |
| N.J. | 2,667 | 2,881 | 7,043 | 9,803 | 28 | 22 | 5,525 | 6,869 | - | - |
| Pa. | 1,608 | 1,627 | 15,777 | 14,259 | N | 12 | 7,647 | 8,263 | 71 | 44 |
| E.N. CENTRAL | 3,255 | 4,026 | 52,312 | 67,486 | 346 | 214 | 32,430 | 46,369 | 426 | 387 |
| Ohio | 683 | 870 | 15,105 | 16,389 | 92 | 48 | 9,373 | 11,935 | 16 | 30 |
| Ind. | 447 | 463 | 7,106 | 7,509 | 58 | 33 | 4,712 | 5,002 | 10 | 8 |
| Ill. | 1,356 | 1,800 | 8,299 | 19,428 | 60 | - | 4,057 | 13,826 | 69 | 75 |
| Mich. | 564 | 682 | 14,800 | 15,780 | 136 | 95 | 11,198 | 11,716 | 331 | 274 |
| Wis. | 205 | 211 | 7,002 | 8,380 | N | 38 | 3,090 | 3,890 | - | - |
| W.N. CENTRAL | 859 | 1,203 | 18,928 | 24,604 | 428 | 344 | 8,800 | 11,972 | 133 | 79 |
| Minn. | 157 | 225 | U | 4,017 | 195 | 185 | U | 1,881 | 3 | 2 |
| Iowa | 86 | 71 | 3,407 | 3,435 | 99 | 63 | 895 | 906 | 27 | 37 |
| Mo. | 392 | 619 | 9,249 | 9,665 | 41 | 54 | 5,781 | 6,582 | 89 | 21 |
| N. Dak. | 13 | 11 | 546 | 652 | 11 | 9 | 37 | 25 | 2 | - |
| S. Dak. | 8 | 10 | 1,080 | 1,155 | 26 | 23 | 118 | 147 | - | - |
| Nebr. | 83 | 83 | 1,757 | 2,154 | 39 | - | 695 | 835 | 2 | 6 |
| Kans. | 120 | 184 | 2,889 | 3,526 | 17 | 10 | 1,274 | 1,596 | 10 | 13 |
| S. ATLANTIC | 10,879 | 13,028 | 71,287 | 39,300 | 167 | 118 | 69,916 | 73,125 | 229 | 155 |
| Del. | 184 | 230 | 1,276 | 1,148 | 4 | 4 | 956 | 1,147 | - | 1 |
| Md. | 1,695 | 1,950 | 5,583 | U | 19 | 9 | 10,340 | 8,791 | 14 | 2 |
| D.C. | 767 | 1,007 | N | N | 2 | - | 3,436 | 3,497 | - | - |
| Va. | 879 | 894 | 8,953 | 9,053 | N | 40 | 6,466 | 7,447 | 23 | 13 |
| W. Va. | 92 | 88 | 2,316 | 1,707 | N | 1 | 718 | 622 | 16 | 9 |
| N.C. | 680 | 678 | 14,482 | U | 60 | 30 | 14,293 | 14,440 | 41 | 41 |
| S.C. | 631 | 663 | 9,936 | U | 8 | 7 | 9,221 | 8,594 | 35 | 25 |
| Ga. | 1,267 | 1,870 | 9,903 | 9,315 | 35 | - | 11,389 | 14,685 | U | - |
| Fla. | 4,684 | 5,648 | 18,938 | 18,077 | 38 | 27 | 13,097 | 13,902 | 100 | 64 |
| E.S. CENTRAL | 1,561 | 1,741 | 26,047 | 24,263 | 84 | 34 | 26,180 | 25,806 | 278 | 455 |
| Ky. | 290 | 307 | 5,048 | 5,308 | 27 | - | 3,268 | 3,310 | 12 | 27 |
| Tenn. | 638 | 640 | 10,033 | 10,568 | 41 | 34 | 8,689 | 9,417 | 196 | 326 |
| Ala. | 384 | 470 | 6,789 | 6,691 | 13 | - | 9,485 | 10,625 | 10 | 4 |
| Miss. | 249 | 324 | 4,177 | 1,696 | 3 | - | 4,738 | 2,454 | 60 | 98 |
| W.S. CENTRAL | 4,694 | 5,107 | 42,966 | 42,999 | 57 | 16 | 28,649 | 30,016 | 350 | 306 |
| Ark. | 180 | 205 | 2,068 | 1,426 | 9 | 5 | 3,379 | 3,216 | 3 | 8 |
| La. | 797 | 1,164 | 7,453 | 5,935 | 6 | 3 | 7,242 | 6,192 | 178 | 181 |
| Okla. | 240 | 191 | 5,864 | 5,999 | 8 | 5 | 3,844 | 3,859 | 7 | 1 |
| Tex. | 3,477 | 3,547 | 27,581 | 29,639 | 34 | 3 | 14,184 | 16,749 | 162 | 116 |
| MOUNTAIN | 1,277 | 1,527 | 19,587 | 20,411 | 210 | 117 | 6,878 | 6,031 | 356 | 463 |
| Mont. | 35 | 33 | 776 | 980 | 22 | - | 34 | 25 | 20 | 13 |
| Idaho | 41 | 31 | 1,216 | 1,213 | 28 | 13 | 105 | 86 | 50 | 94 |
| Wyo. | 13 | 5 | 455 | 490 | 16 | 12 | 43 | 37 | 167 | 143 |
| Colo. | 299 | 404 | 1,896 | 2,551 | 72 | 53 | 1,782 | 1,182 | 33 | 48 |
| N. Mex. | 141 | 139 | 2,437 | 3,082 | 7 | 5 | 961 | 677 | 44 | 69 |
| Ariz. | 323 | 461 | 9,627 | 8,493 | N | 24 | 3,211 | 2,951 | 24 | 58 |
| Utah | 104 | 142 | 1,325 | 1,234 | 54 | - | 214 | 242 | 4 | 19 |
| Nev. | 321 | 312 | 1,855 | 2,368 | 11 | 10 | 528 | 831 | 14 | 19 |
| PACIFIC | 6,299 | 8,494 | 56,147 | 56,865 | 285 | 195 | 12,847 | 17,290 | 369 | 599 |
| Wash. | 532 | 539 | 7,132 | 7,520 | 84 | 54 | 1,526 | 1,644 | 21 | 46 |
| Oreg. | 248 | 359 | 3,830 | 4,250 | 67 | 78 | 588 | 665 | 3 | 6 |
| Calif. | 5,434 | 7,426 | 42,772 | 42,715 | 123 | 56 | 10,067 | 14,277 | 217 | 371 |
| Alaska | 37 | 28 | 1,185 | 949 | 11 | 1 | 305 | 344 | - | 3 |
| Hawaii | 48 | 142 | 1,228 | 1,431 | N | 6 | 361 | 360 | 128 | 173 |
| Guam | 2 | 4 | 86 | 309 | N | - | 9 | 51 | - | 6 |
| P.R. | 1,511 | 1,785 | U | U | 32 | U | 470 | 519 | 119 | 130 |
| V.I. | 80 | 17 | N | N | N | U | - | - | - | - |
| Amer. Samoa | - | - | - | - | N | U | - | - | - | - |
| C.N.M.I. | 1 | - | N | N | N | U | 17 | 11 | 2 | - |

N: Not notifiable U: Unavailable -: no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update October 5, 1997.

†National Electronic Telecommunications System for Surveillance.

‡Public Health Laboratory Information System.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending October 11, 1997, and October 12, 1996 (41st Week)

| Reporting Area | Legionellosis | | Lyme Disease | | Malaria | | Syphilis (Primary & Secondary) | | Tuberculosis | | Rabies, Animal |
|----------------|---------------|--------------|--------------|--------------|--------------|--------------|-----------------------------------|--------------|--------------|--------------|-------------------|
| | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 | Cum. 1997 |
| UNITED STATES | 705 | 753 | 7,963 | 12,293 | 1,325 | 1,301 | 6,224 | 9,259 | 13,329 | 15,043 | 6,208 |
| NEW ENGLAND | 62 | 42 | 2,419 | 3,524 | 70 | 49 | 111 | 140 | 341 | 334 | 938 |
| Maine | 2 | 2 | 8 | 44 | 1 | 7 | - | - | 11 | 18 | 167 |
| N.H. | 7 | 3 | 33 | 42 | 8 | 2 | - | 1 | 13 | 11 | 31 |
| Vt. | 11 | 4 | 8 | 20 | 2 | 4 | - | - | 5 | 1 | 101 |
| Mass. | 18 | 24 | 263 | 216 | 25 | 20 | 54 | 64 | 201 | 168 | 214 |
| R.I. | 7 | 9 | 343 | 423 | 5 | 6 | 2 | 2 | 30 | 27 | 26 |
| Conn. | 17 | N | 1,764 | 2,779 | 29 | 10 | 55 | 73 | 81 | 109 | 399 |
| MID. ATLANTIC | 142 | 191 | 4,442 | 7,397 | 338 | 395 | 298 | 423 | 2,419 | 2,788 | 1,329 |
| Upstate N.Y. | 42 | 58 | 1,802 | 3,412 | 54 | 73 | 31 | 62 | 331 | 322 | 984 |
| N.Y. City | 7 | 16 | 51 | 340 | 195 | 236 | 69 | 121 | 1,232 | 1,452 | U |
| N.J. | 20 | 13 | 1,200 | 1,720 | 70 | 60 | 110 | 138 | 504 | 597 | 138 |
| Pa. | 73 | 104 | 1,389 | 1,925 | 19 | 26 | 88 | 102 | 352 | 417 | 207 |
| E.N. CENTRAL | 211 | 229 | 76 | 373 | 110 | 153 | 541 | 1,365 | 1,295 | 1,598 | 156 |
| Ohio | 95 | 82 | 50 | 22 | 17 | 13 | 167 | 505 | 228 | 235 | 103 |
| Ind. | 39 | 42 | 22 | 25 | 15 | 14 | 127 | 172 | 105 | 141 | 11 |
| Ill. | 7 | 31 | 4 | 8 | 31 | 74 | 58 | 392 | 642 | 843 | 16 |
| Mich. | 59 | 37 | - | 6 | 36 | 37 | 111 | 142 | 230 | 296 | 26 |
| Wis. | 11 | 37 | U | 312 | 11 | 15 | 78 | 154 | 90 | 83 | - |
| W.N. CENTRAL | 48 | 40 | 99 | 152 | 46 | 38 | 129 | 273 | 421 | 382 | 388 |
| Minn. | 1 | 4 | 69 | 58 | 19 | 17 | U | 34 | 114 | 87 | 43 |
| Iowa | 11 | 8 | 6 | 18 | 10 | 2 | 7 | 18 | 45 | 50 | 129 |
| Mo. | 16 | 12 | 17 | 43 | 8 | 9 | 94 | 189 | 178 | 154 | 20 |
| N. Dak. | 2 | - | - | - | 3 | 1 | - | - | 10 | 6 | 62 |
| S. Dak. | 2 | 2 | 1 | - | 1 | - | - | - | 10 | 17 | 62 |
| Nebr. | 12 | 11 | 2 | 3 | 1 | 2 | 5 | 10 | 14 | 15 | 2 |
| Kans. | 4 | 3 | 4 | 30 | 4 | 7 | 23 | 22 | 50 | 53 | 70 |
| S. ATLANTIC | 100 | 109 | 592 | 591 | 280 | 237 | 2,586 | 3,022 | 2,593 | 2,848 | 2,496 |
| Del. | 9 | 11 | 34 | 167 | 5 | 3 | 17 | 34 | 18 | 34 | 47 |
| Md. | 19 | 24 | 424 | 277 | 77 | 68 | 732 | 553 | 253 | 235 | 452 |
| D.C. | 4 | 7 | 7 | 3 | 14 | 7 | 90 | 107 | 75 | 110 | 5 |
| Va. | 19 | 16 | 50 | 43 | 62 | 39 | 185 | 338 | 220 | 234 | 538 |
| W. Va. | N | N | 7 | 11 | - | 5 | 3 | 9 | 45 | 50 | 76 |
| N.C. | 13 | 9 | 31 | 62 | 16 | 25 | 577 | 818 | 335 | 396 | 738 |
| S.C. | 7 | 5 | 2 | 5 | 16 | 11 | 310 | 305 | 242 | 288 | 155 |
| Ga. | - | 3 | 1 | 1 | 28 | 23 | 425 | 550 | 495 | 510 | 260 |
| Fla. | 28 | 34 | 36 | 22 | 62 | 56 | 247 | 308 | 910 | 991 | 225 |
| E.S. CENTRAL | 37 | 43 | 65 | 67 | 29 | 30 | 1,382 | 1,997 | 974 | 1,073 | 239 |
| Ky. | 6 | 6 | 8 | 23 | 8 | 7 | 112 | 119 | 138 | 179 | 27 |
| Tenn. | 25 | 19 | 37 | 19 | 7 | 13 | 605 | 655 | 349 | 370 | 129 |
| Ala. | 2 | 4 | 8 | 7 | 10 | 3 | 361 | 449 | 331 | 337 | 78 |
| Miss. | 4 | 14 | 12 | 18 | 4 | 7 | 304 | 774 | 156 | 187 | 5 |
| W.S. CENTRAL | 14 | 18 | 63 | 95 | 20 | 41 | 779 | 1,443 | 1,794 | 1,733 | 255 |
| Ark. | - | 1 | 17 | 21 | 5 | - | 124 | 196 | 153 | 157 | 27 |
| La. | 3 | 1 | 3 | 2 | 12 | 7 | 293 | 420 | 183 | 20 | 5 |
| Okla. | 3 | 6 | 13 | 20 | 3 | - | 101 | 148 | 136 | 132 | 88 |
| Tex. | 8 | 10 | 30 | 52 | - | 34 | 261 | 679 | 1,322 | 1,424 | 135 |
| MOUNTAIN | 50 | 36 | 18 | 8 | 61 | 51 | 195 | 124 | 411 | 489 | 164 |
| Mont. | 1 | 1 | - | - | 2 | 7 | - | - | 7 | 15 | 43 |
| Idaho | 2 | - | 3 | 1 | - | - | 1 | 4 | 9 | 7 | - |
| Wyo. | 1 | 3 | 4 | 3 | 2 | 7 | - | 2 | 2 | 6 | 31 |
| Colo. | 16 | 7 | 5 | - | 27 | 20 | 12 | 24 | 68 | 70 | 19 |
| N. Mex. | 2 | 2 | 1 | 1 | 8 | 2 | 52 | 7 | 53 | 67 | 12 |
| Ariz. | 12 | 15 | 2 | - | 10 | 6 | 116 | 71 | 201 | 183 | 46 |
| Utah | 9 | 3 | 1 | 1 | 3 | 4 | 5 | 2 | 25 | 39 | 5 |
| Nev. | 7 | 5 | 2 | 2 | 9 | 5 | 9 | 14 | 46 | 102 | 8 |
| PACIFIC | 41 | 45 | 189 | 86 | 371 | 307 | 203 | 472 | 3,081 | 3,798 | 243 |
| Wash. | 6 | 6 | 8 | 14 | 19 | 21 | 9 | 8 | 221 | 214 | - |
| Oreg. | - | - | 17 | 18 | 18 | 20 | 9 | 8 | 125 | 134 | 14 |
| Calif. | 34 | 34 | 162 | 53 | 329 | 256 | 183 | 454 | 2,545 | 3,243 | 206 |
| Alaska | - | 1 | 2 | - | 3 | 3 | 1 | - | 61 | 59 | 23 |
| Hawaii | 1 | 4 | - | 1 | 2 | 7 | 1 | 2 | 129 | 148 | - |
| Guam | - | 1 | - | - | - | - | 2 | 3 | 13 | 55 | - |
| P.R. | - | - | - | - | 5 | 2 | 204 | 178 | 164 | 130 | 58 |
| V.I. | - | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | - | - | - | - | - | - | - | - | - | - | - |
| C.N.M.I. | - | - | - | - | - | - | 9 | 1 | 2 | - | - |

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending October 11, 1997, and October 12, 1996 (41st Week)

| Reporting Area | <i>H. influenzae</i> , invasive | | Hepatitis (Viral), by type | | | | Measles (Rubeola) | | | | | |
|----------------|------------------------------------|--------------|----------------------------|--------------|--------------|--------------|-------------------|--------------|-----------|--------------|--------------|--------------|
| | Cum. 1997* | Cum. 1996 | A | | B | | Indigenous | | Imported† | | Total | |
| | | | Cum. 1997 | Cum. 1996 | Cum. 1997 | Cum. 1996 | 1997 | Cum. 1997 | 1997 | Cum. 1997 | Cum. 1997 | Cum. 1996 |
| UNITED STATES | 833 | 822 | 21,541 | 22,090 | 6,585 | 7,618 | - | 63 | 1 | 50 | 113 | 456 |
| NEW ENGLAND | 49 | 28 | 504 | 311 | 110 | 170 | - | 11 | - | 6 | 17 | 16 |
| Maine | 5 | - | 51 | 17 | 6 | 2 | - | - | - | 1 | 1 | - |
| N.H. | 7 | 11 | 23 | 12 | 12 | 14 | - | 1 | - | - | 1 | - |
| Vt. | 3 | 1 | 11 | 8 | 5 | 11 | - | - | - | - | - | 2 |
| Mass. | 30 | 14 | 191 | 155 | 41 | 63 | - | 10 | - | 4 | 14 | 12 |
| R.I. | 2 | 2 | 123 | 15 | 14 | 9 | - | - | - | - | - | - |
| Conn. | 2 | - | 105 | 104 | 32 | 71 | U | - | U | 1 | 1 | 2 |
| MID. ATLANTIC | 107 | 170 | 1,465 | 1,531 | 998 | 1,134 | - | 14 | - | 8 | 22 | 37 |
| Upstate N.Y. | 28 | 43 | 250 | 351 | 218 | 274 | - | 2 | - | 3 | 5 | 11 |
| N.Y. City | 27 | 44 | 537 | 471 | 350 | 400 | - | 5 | - | 2 | 7 | 11 |
| N.J. | 39 | 46 | 220 | 292 | 179 | 224 | - | 2 | - | - | 2 | 3 |
| Pa. | 13 | 37 | 458 | 417 | 251 | 236 | - | 5 | - | 3 | 8 | 12 |
| E.N. CENTRAL | 133 | 144 | 2,126 | 2,008 | 698 | 872 | - | 7 | - | 3 | 10 | 20 |
| Ohio | 76 | 80 | 262 | 630 | 61 | 103 | - | - | - | - | - | 5 |
| Ind. | 14 | 10 | 236 | 256 | 78 | 111 | - | - | - | - | - | - |
| Ill. | 29 | 40 | 492 | 603 | 175 | 283 | - | 6 | - | 1 | 7 | 3 |
| Mich. | 13 | 8 | 1,017 | 348 | 346 | 299 | - | - | - | 2 | 2 | 3 |
| Wis. | 1 | 6 | 119 | 171 | 38 | 76 | - | 1 | - | - | 1 | 9 |
| W.N. CENTRAL | 41 | 37 | 1,756 | 1,933 | 356 | 404 | - | 12 | - | 5 | 17 | 22 |
| Minn. | 27 | 23 | 156 | 108 | 32 | 50 | - | 3 | - | 5 | 8 | 18 |
| Iowa | 6 | 4 | 383 | 289 | 36 | 56 | - | - | - | - | - | - |
| Mo. | 4 | 7 | 880 | 980 | 246 | 235 | - | 1 | - | - | 1 | 3 |
| N. Dak. | - | - | 10 | 100 | 4 | 2 | - | - | - | - | - | - |
| S. Dak. | 2 | 1 | 19 | 41 | 1 | 5 | - | 8 | - | - | 8 | - |
| Nebr. | 1 | 1 | 80 | 114 | 12 | 29 | - | - | - | - | - | - |
| Kans. | 1 | 1 | 228 | 301 | 25 | 27 | - | - | - | - | - | 1 |
| S. ATLANTIC | 135 | 149 | 1,519 | 1,077 | 1,014 | 1,031 | - | 1 | - | 10 | 11 | 11 |
| Del. | - | 2 | 26 | 15 | 5 | 8 | - | - | - | - | - | 1 |
| Md. | 48 | 53 | 186 | 187 | 149 | 132 | - | - | - | 2 | 2 | 2 |
| D.C. | - | 5 | 17 | 35 | 27 | 29 | - | - | - | 1 | 1 | - |
| Va. | 12 | 8 | 182 | 136 | 102 | 113 | - | - | - | 1 | 1 | 3 |
| W. Va. | 3 | 7 | 10 | 13 | 14 | 21 | - | - | - | - | - | - |
| N.C. | 20 | 22 | 162 | 136 | 202 | 266 | - | - | - | 2 | 2 | 2 |
| S.C. | 4 | 4 | 92 | 44 | 85 | 72 | - | - | - | 1 | 1 | - |
| Ga. | 26 | 32 | 391 | 148 | 108 | 30 | - | - | - | 1 | 1 | 2 |
| Fla. | 22 | 16 | 453 | 363 | 322 | 360 | - | 1 | - | 2 | 3 | 1 |
| E.S. CENTRAL | 42 | 23 | 474 | 1,053 | 524 | 685 | - | - | - | - | - | 2 |
| Ky. | 5 | 5 | 64 | 43 | 32 | 64 | - | - | - | - | - | - |
| Tenn. | 25 | 9 | 295 | 678 | 346 | 381 | - | - | - | - | - | 2 |
| Ala. | 12 | 8 | 71 | 153 | 59 | 58 | - | - | - | - | - | - |
| Miss. | - | 1 | 44 | 179 | 87 | 182 | - | - | - | - | - | - |
| W.S. CENTRAL | 42 | 34 | 4,317 | 4,352 | 751 | 944 | - | 3 | 1 | 5 | 8 | 26 |
| Ark. | 1 | - | 197 | 362 | 43 | 69 | - | - | - | - | - | - |
| La. | 11 | 3 | 195 | 158 | 124 | 120 | - | - | - | - | - | - |
| Okla. | 27 | 27 | 1,216 | 1,877 | 37 | 24 | - | - | 1 | 1 | 1 | - |
| Tex. | 3 | 4 | 2,709 | 1,955 | 547 | 731 | - | 3 | - | 4 | 7 | 26 |
| MOUNTAIN | 81 | 43 | 3,579 | 3,536 | 738 | 918 | - | 6 | - | 2 | 8 | 156 |
| Mont. | - | 1 | 66 | 97 | 8 | 13 | - | - | - | - | - | - |
| Idaho | 1 | 1 | 113 | 178 | 33 | 77 | - | - | - | - | - | 1 |
| Wyo. | 4 | - | 32 | 29 | 29 | 35 | - | - | - | - | - | 1 |
| Colo. | 12 | 12 | 337 | 367 | 133 | 111 | - | - | - | - | - | 7 |
| N. Mex. | 8 | 9 | 310 | 315 | 219 | 328 | - | - | - | - | - | 16 |
| Ariz. | 30 | 13 | 1,876 | 1,380 | 173 | 205 | - | 5 | - | - | 5 | 8 |
| Utah | 3 | 7 | 491 | 825 | 79 | 80 | - | - | - | 1 | 1 | 118 |
| Nev. | 23 | - | 354 | 345 | 64 | 69 | - | 1 | - | 1 | 2 | 5 |
| PACIFIC | 203 | 194 | 5,801 | 6,289 | 1,396 | 1,460 | - | 9 | - | 11 | 20 | 166 |
| Wash. | 5 | 3 | 486 | 448 | 56 | 76 | - | 1 | - | 1 | 2 | 38 |
| Oreg. | 29 | 25 | 310 | 734 | 87 | 88 | - | - | - | - | - | 13 |
| Calif. | 156 | 158 | 4,868 | 5,003 | 1,227 | 1,273 | - | 6 | - | 8 | 14 | 40 |
| Alaska | 6 | 6 | 26 | 39 | 18 | 11 | - | - | - | - | - | 63 |
| Hawaii | 7 | 2 | 111 | 65 | 8 | 12 | - | 2 | - | 2 | 4 | 12 |
| Guam | - | - | - | 7 | 1 | 1 | U | - | U | - | - | - |
| P.R. | - | 2 | 231 | 179 | 1,142 | 742 | - | - | - | - | - | 2 |
| V.I. | - | - | - | 30 | - | 30 | U | - | U | - | - | - |
| Amer. Samoa | - | - | - | - | - | - | U | - | U | - | - | - |
| C.N.M.I. | 6 | 10 | 1 | 1 | 34 | 5 | U | 1 | U | - | 1 | - |

N: Not notifiable U: Unavailable -: no reported cases

*Of 189 cases among children aged <5 years, serotype was reported for 100 and of those, 39 were type b.

†For imported measles, cases include only those resulting from importation from other countries.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending October 11, 1997, and October 12, 1996 (41st Week)

| Reporting Area | Meningococcal Disease | | Mumps | | | Pertussis | | | Rubella | | |
|----------------|-----------------------|-----------|-------|-----------|-----------|-----------|-----------|-----------|---------|-----------|-----------|
| | Cum. 1997 | Cum. 1996 | 1997 | Cum. 1997 | Cum. 1996 | 1997 | Cum. 1997 | Cum. 1996 | 1997 | Cum. 1997 | Cum. 1996 |
| UNITED STATES | 2,563 | 2,500 | 8 | 449 | 563 | 41 | 3,945 | 4,630 | 2 | 155 | 218 |
| NEW ENGLAND | 164 | 108 | - | 8 | 1 | 12 | 713 | 1,018 | - | 1 | 26 |
| Maine | 17 | 10 | - | - | - | - | 6 | 35 | - | - | - |
| N.H. | 14 | 5 | - | - | - | 5 | 103 | 96 | - | - | - |
| Vt. | 4 | 3 | - | - | - | 1 | 196 | 96 | - | - | 2 |
| Mass. | 79 | 42 | - | 2 | 1 | 6 | 373 | 734 | - | 1 | 20 |
| R.I. | 17 | 13 | - | 5 | - | - | 16 | 30 | - | - | - |
| Conn. | 33 | 35 | U | 1 | - | U | 19 | 27 | U | - | 4 |
| MID. ATLANTIC | 241 | 266 | - | 43 | 76 | - | 275 | 386 | - | 29 | 12 |
| Upstate N.Y. | 55 | 69 | - | 7 | 21 | - | 96 | 210 | - | 2 | 4 |
| N.Y. City | 40 | 38 | - | 3 | 18 | - | 56 | 36 | - | 27 | 5 |
| N.J. | 55 | 55 | - | 5 | 4 | - | 9 | 28 | - | - | 2 |
| Pa. | 91 | 104 | - | 28 | 33 | - | 114 | 112 | - | - | 1 |
| E.N. CENTRAL | 375 | 361 | 5 | 52 | 108 | 3 | 342 | 560 | - | 5 | 3 |
| Ohio | 141 | 128 | 4 | 24 | 39 | 2 | 128 | 191 | - | - | - |
| Ind. | 44 | 51 | 1 | 8 | 7 | - | 45 | 52 | - | - | - |
| Ill. | 119 | 101 | - | 9 | 20 | - | 61 | 140 | - | 2 | 1 |
| Mich. | 43 | 38 | - | 11 | 40 | 1 | 43 | 34 | - | - | 2 |
| Wis. | 28 | 43 | - | - | 2 | - | 65 | 143 | - | 3 | - |
| W.N. CENTRAL | 185 | 194 | - | 14 | 16 | 2 | 333 | 316 | - | - | - |
| Minn. | 29 | 25 | - | 5 | 5 | - | 210 | 243 | - | - | - |
| Iowa | 40 | 40 | - | 7 | 1 | 1 | 46 | 16 | - | - | - |
| Mo. | 83 | 74 | - | - | 7 | 1 | 52 | 32 | - | - | - |
| N. Dak. | 2 | 3 | - | - | 2 | - | 2 | 1 | - | - | - |
| S. Dak. | 5 | 10 | - | - | - | - | 4 | 4 | - | - | - |
| Nebr. | 8 | 18 | - | 2 | - | - | 6 | 7 | - | - | - |
| Kans. | 18 | 24 | - | - | 1 | - | 13 | 13 | - | - | - |
| S. ATLANTIC | 460 | 394 | 2 | 61 | 91 | 3 | 378 | 480 | 2 | 83 | 91 |
| Del. | 5 | 2 | - | - | - | - | 1 | 21 | - | - | - |
| Md. | 40 | 52 | - | 4 | 31 | 1 | 107 | 175 | - | 1 | - |
| D.C. | - | 5 | - | - | - | - | 3 | 1 | - | 1 | 1 |
| Va. | 44 | 48 | - | 10 | 12 | - | 42 | 73 | - | 1 | 2 |
| W. Va. | 15 | 13 | - | - | - | - | 6 | 2 | - | - | - |
| N.C. | 80 | 65 | - | 9 | 19 | 1 | 105 | 76 | 2 | 59 | 77 |
| S.C. | 51 | 48 | - | 10 | 5 | - | 24 | 36 | - | 19 | 1 |
| Ga. | 91 | 114 | - | 8 | 3 | - | 11 | 19 | - | - | - |
| Fla. | 134 | 47 | 2 | 20 | 21 | 1 | 79 | 77 | - | 2 | 10 |
| E.S. CENTRAL | 203 | 187 | 1 | 22 | 20 | 2 | 100 | 183 | - | - | 2 |
| Ky. | 42 | 25 | - | 3 | - | - | 36 | 136 | - | - | - |
| Tenn. | 76 | 51 | - | 5 | 1 | - | 33 | 19 | - | - | - |
| Ala. | 67 | 65 | 1 | 8 | 4 | 2 | 23 | 19 | - | - | 2 |
| Miss. | 18 | 46 | - | 6 | 15 | - | 8 | 9 | - | - | N |
| W.S. CENTRAL | 240 | 272 | - | 45 | 39 | 1 | 164 | 116 | - | 4 | 8 |
| Ark. | 30 | 30 | - | 1 | 1 | - | 25 | 5 | - | - | - |
| La. | 46 | 49 | - | 12 | 13 | 1 | 18 | 8 | - | - | 1 |
| Okla. | 33 | 31 | - | - | - | - | 27 | 8 | - | - | - |
| Tex. | 131 | 162 | - | 32 | 25 | - | 94 | 95 | - | 4 | 7 |
| MOUNTAIN | 154 | 150 | - | 54 | 22 | 13 | 970 | 407 | - | 6 | 6 |
| Mont. | 9 | 7 | - | - | - | - | 16 | 29 | - | - | - |
| Idaho | 10 | 22 | - | 3 | - | - | 546 | 100 | - | 1 | 2 |
| Wyo. | 2 | 3 | - | 1 | - | - | 7 | 5 | - | - | - |
| Colo. | 42 | 31 | - | 3 | 4 | 6 | 253 | 146 | - | - | 2 |
| N. Mex. | 23 | 22 | N | N | N | 7 | 83 | 51 | - | - | - |
| Ariz. | 41 | 34 | - | 32 | 1 | - | 33 | 28 | - | 5 | 1 |
| Utah | 12 | 15 | - | 8 | 3 | - | 16 | 18 | - | - | - |
| Nev. | 15 | 16 | - | 7 | 14 | - | 16 | 30 | - | - | 1 |
| PACIFIC | 541 | 568 | - | 150 | 190 | 5 | 670 | 1,164 | - | 27 | 70 |
| Wash. | 67 | 80 | - | 14 | 20 | 5 | 306 | 501 | - | 5 | 15 |
| Oreg. | 104 | 101 | N | N | N | - | 17 | 55 | - | - | 1 |
| Calif. | 361 | 375 | - | 111 | 140 | - | 321 | 573 | - | 14 | 51 |
| Alaska | 2 | 8 | - | 4 | 2 | - | 14 | 3 | - | - | - |
| Hawaii | 7 | 4 | - | 21 | 28 | - | 12 | 32 | - | 8 | 3 |
| Guam | 1 | 4 | U | 1 | 8 | U | - | - | U | - | - |
| P.R. | 10 | 11 | - | 7 | 1 | - | 1 | 2 | - | - | - |
| V.I. | - | - | U | - | 1 | U | - | - | U | - | - |
| Amer. Samoa | - | - | U | - | - | U | - | - | U | - | - |
| C.N.M.I. | - | - | U | 4 | - | U | - | - | U | - | - |

N: Not notifiable

U: Unavailable

-: no reported cases

**TABLE IV. Deaths in 122 U.S. cities,* week ending
October 11, 1997 (41st Week)**

| Reporting Area | All Causes, By Age (Years) | | | | | | P&J† | Total | Reporting Area | All Causes, By Age (Years) | | | | | | P&J† | Total |
|---------------------|----------------------------|-------|-------|-------|------|----|------|-----------------------|----------------|----------------------------|-------|-------|-------|------|-----|------|-------|
| | All Ages | >65 | 45-64 | 25-44 | 1-24 | <1 | | | | All Ages | >65 | 45-64 | 25-44 | 1-24 | <1 | | |
| NEW ENGLAND | 487 | 374 | 60 | 34 | 14 | 5 | 49 | S. ATLANTIC | 1,251 | 796 | 253 | 137 | 40 | 24 | 54 | | |
| Boston, Mass. | 113 | 80 | 17 | 10 | 5 | 1 | 10 | Atlanta, Ga. | 147 | 80 | 42 | 20 | 5 | - | - | | |
| Bridgeport, Conn. | 40 | 31 | 4 | 3 | 2 | - | 6 | Baltimore, Md. | 178 | 110 | 34 | 29 | 3 | 2 | 8 | | |
| Cambridge, Mass. | 19 | 18 | 1 | - | - | - | 3 | Charlotte, N.C. | 91 | 53 | 26 | 6 | 3 | 3 | 4 | | |
| Fall River, Mass. | 26 | 20 | 4 | 1 | - | 1 | 1 | Jacksonville, Fla. | 115 | 82 | 15 | 14 | - | 4 | 1 | | |
| Hartford, Conn. | U | U | U | U | U | U | U | Miami, Fla. | 117 | 73 | 21 | 13 | 8 | 1 | 2 | | |
| Lowell, Mass. | 24 | 21 | 2 | 1 | - | - | 3 | Norfolk, Va. | 46 | 27 | 7 | 8 | 3 | 1 | 4 | | |
| Lynn, Mass. | 17 | 12 | 4 | 1 | - | - | - | Richmond, Va. | 78 | 59 | 8 | 8 | 3 | - | 6 | | |
| New Bedford, Mass. | 27 | 23 | 2 | 1 | 1 | - | 3 | Savannah, Ga. | 43 | 26 | 14 | 1 | 2 | - | 5 | | |
| New Haven, Conn. | 35 | 25 | 5 | 4 | 1 | - | 2 | St. Petersburg, Fla. | 41 | 32 | 5 | 3 | - | 1 | 5 | | |
| Providence, R.I. | 37 | 28 | 4 | 1 | 3 | 1 | 4 | Tampa, Fla. | 179 | 128 | 30 | 14 | 2 | 5 | 15 | | |
| Somerville, Mass. | 8 | 5 | 2 | 1 | - | - | - | Washington, D.C. | 200 | 110 | 51 | 21 | 11 | 7 | 4 | | |
| Springfield, Mass. | 56 | 42 | 7 | 4 | 1 | 2 | 2 | Wilmington, Del. | 16 | 16 | - | - | - | - | - | | |
| Waterbury, Conn. | 25 | 18 | 2 | 5 | - | - | 2 | E.S. CENTRAL | 804 | 522 | 164 | 61 | 22 | 34 | 48 | | |
| Worcester, Mass. | 60 | 51 | 6 | 2 | 1 | - | 13 | Birmingham, Ala. | 164 | 107 | 31 | 11 | 6 | 8 | 11 | | |
| MID. ATLANTIC | 2,333 | 1,612 | 446 | 188 | 47 | 40 | 105 | Chattanooga, Tenn. | 65 | 49 | 7 | 9 | - | - | 7 | | |
| Albany, N.Y. | 43 | 28 | 12 | 2 | 1 | - | 1 | Knoxville, Tenn. | 62 | 44 | 10 | 2 | 4 | 2 | 1 | | |
| Allentown, Pa. | 24 | 20 | 4 | - | - | - | - | Lexington, Ky. | 64 | 44 | 16 | 2 | - | 2 | 10 | | |
| Buffalo, N.Y. | 69 | 52 | 9 | 4 | 2 | 2 | 2 | Memphis, Tenn. | 187 | 111 | 42 | 15 | 5 | 14 | 9 | | |
| Camden, N.J. | 33 | 24 | 4 | 1 | 3 | 1 | - | Mobile, Ala. | 70 | 44 | 13 | 4 | 5 | 4 | 1 | | |
| Elizabeth, N.J. | 19 | 15 | 3 | - | 1 | - | - | Montgomery, Ala. | 46 | 32 | 10 | 4 | - | - | 4 | | |
| Erie, Pa. | 43 | 36 | - | 6 | 1 | - | - | Nashville, Tenn. | 146 | 91 | 35 | 14 | 2 | 4 | 5 | | |
| Jersey City, N.J. | 45 | 26 | 11 | 4 | 2 | 2 | 1 | W.S. CENTRAL | 1,260 | 785 | 265 | 126 | 57 | 27 | 80 | | |
| New York City, N.Y. | 1,125 | 771 | 231 | 91 | 14 | 18 | 38 | Austin, Tex. | 58 | 35 | 11 | 10 | 2 | - | 2 | | |
| Newark, N.J. | 60 | 20 | 15 | 18 | 5 | 2 | 3 | Baton Rouge, La. | 38 | 25 | 10 | 2 | 1 | - | 2 | | |
| Paterson, N.J. | 15 | 8 | 3 | 4 | - | - | - | Corpus Christi, Tex. | 36 | 26 | 8 | 2 | - | - | 4 | | |
| Philadelphia, Pa. | 400 | 270 | 79 | 34 | 14 | 3 | 26 | Dallas, Tex. | 165 | 98 | 24 | 23 | 11 | 9 | 4 | | |
| Pittsburgh, Pa.‡ | 65 | 47 | 9 | 5 | - | 4 | 6 | El Paso, Tex. | 65 | 40 | 13 | 6 | 4 | 2 | 6 | | |
| Reading, Pa. | 44 | 33 | 8 | 3 | - | - | 8 | Ft. Worth, Tex. | 116 | 77 | 26 | 8 | 2 | 3 | 6 | | |
| Rochester, N.Y. | 132 | 96 | 22 | 7 | 1 | 6 | 14 | Houston, Tex. | 377 | 209 | 88 | 50 | 24 | 6 | 34 | | |
| Schenectady, N.Y. | 15 | 14 | 1 | - | - | - | - | Little Rock, Ark. | 62 | 30 | 18 | 8 | 4 | 2 | 1 | | |
| Scranton, Pa. | 37 | 31 | 5 | - | 1 | - | - | New Orleans, La. | U | U | U | U | U | U | U | | |
| Syracuse, N.Y. | 98 | 73 | 20 | 3 | 1 | 1 | 3 | San Antonio, Tex. | 189 | 140 | 38 | 8 | 1 | 2 | 13 | | |
| Trenton, N.J. | 16 | 13 | 1 | 1 | - | 1 | - | Shreveport, La. | 64 | 46 | 13 | 3 | 2 | - | 1 | | |
| Utica, N.Y. | 20 | 15 | 5 | - | - | - | 1 | Tulsa, Okla. | 90 | 59 | 16 | 6 | 6 | 3 | 7 | | |
| Yonkers, N.Y. | 30 | 20 | 4 | 5 | 1 | - | 2 | MOUNTAIN | 891 | 635 | 152 | 51 | 26 | 27 | 56 | | |
| E.N. CENTRAL | 1,944 | 1,329 | 365 | 157 | 38 | 54 | 104 | Albuquerque, N.M. | 103 | 70 | 19 | 8 | 5 | 1 | 2 | | |
| Akron, Ohio | 41 | 36 | 3 | 2 | - | - | 2 | Boise, Idaho | 40 | 28 | 10 | - | 2 | - | - | | |
| Canton, Ohio | 47 | 38 | 8 | - | - | 1 | 3 | Colo. Springs, Colo. | 68 | 53 | 7 | 1 | 3 | 4 | 7 | | |
| Chicago, Ill. | 413 | 248 | 94 | 51 | 10 | 10 | 23 | Denver, Colo. | 105 | 69 | 21 | 7 | 3 | 5 | 10 | | |
| Cincinnati, Ohio | 68 | 45 | 15 | 3 | 2 | 3 | 8 | Las Vegas, Nev. | 144 | 98 | 33 | 8 | 4 | 1 | 9 | | |
| Cleveland, Ohio | 130 | 87 | 23 | 14 | 3 | 3 | 3 | Ogden, Utah | 18 | 13 | 3 | 2 | - | - | 1 | | |
| Columbus, Ohio | 181 | 136 | 30 | 7 | 1 | 7 | 13 | Phoenix, Ariz. | 162 | 115 | 25 | 12 | 5 | 5 | 9 | | |
| Dayton, Ohio | 144 | 103 | 26 | 9 | 2 | 4 | 11 | Pueblo, Colo. | 29 | 23 | 4 | 2 | - | - | - | | |
| Detroit, Mich. | 197 | 110 | 47 | 27 | 6 | 6 | 6 | Salt Lake City, Utah | 98 | 68 | 12 | 8 | 3 | 7 | 7 | | |
| Evansville, Ind. | 47 | 38 | 6 | 2 | 1 | - | 3 | Tucson, Ariz. | 124 | 98 | 18 | 3 | 1 | 4 | 11 | | |
| Fort Wayne, Ind. | 7 | 7 | - | - | - | - | 1 | PACIFIC | 950 | 688 | 155 | 71 | 19 | 17 | 82 | | |
| Gary, Ind. | 16 | 9 | 2 | 2 | 3 | - | - | Berkeley, Calif. | 25 | 20 | 2 | 2 | - | 1 | 1 | | |
| Grand Rapids, Mich. | 66 | 45 | 11 | 3 | 2 | 5 | 5 | Fresno, Calif. | 53 | 43 | 4 | 4 | - | 2 | 6 | | |
| Indianapolis, Ind. | 167 | 103 | 38 | 13 | 3 | 10 | 10 | Glendale, Calif. | U | U | U | U | U | U | U | | |
| Lansing, Mich. | 37 | 26 | 6 | 5 | - | - | 1 | Honolulu, Hawaii | 82 | 57 | 16 | 7 | - | 2 | 3 | | |
| Milwaukee, Wis. | 109 | 80 | 17 | 8 | 1 | 3 | 6 | Long Beach, Calif. | 64 | 46 | 12 | 4 | 1 | 1 | 12 | | |
| Peoria, Ill. | 40 | 28 | 8 | 4 | - | - | 1 | Los Angeles, Calif. | U | U | U | U | U | U | U | | |
| Rockford, Ill. | 31 | 23 | 5 | 1 | 2 | - | 4 | Pasadena, Calif. | 19 | 17 | 1 | 1 | - | - | 5 | | |
| South Bend, Ind. | 54 | 46 | 4 | 3 | - | 1 | - | Portland, Oreg. | U | U | U | U | U | U | U | | |
| Toledo, Ohio | 93 | 72 | 18 | 2 | 1 | - | 2 | Sacramento, Calif. | U | U | U | U | U | U | U | | |
| Youngstown, Ohio | 56 | 49 | 4 | 1 | 1 | 1 | 2 | San Diego, Calif. | 190 | 137 | 31 | 16 | 3 | 3 | 21 | | |
| W.N. CENTRAL | 743 | 506 | 128 | 56 | 20 | 21 | 32 | San Francisco, Calif. | 82 | 57 | 13 | 11 | - | 1 | 10 | | |
| Des Moines, Iowa | 48 | 33 | 5 | 4 | 2 | 4 | 3 | San Jose, Calif. | 162 | 117 | 29 | 11 | 4 | 1 | 14 | | |
| Duluth, Minn. | 22 | 18 | 2 | - | 1 | 1 | 6 | Santa Cruz, Calif. | U | U | U | U | U | U | U | | |
| Kansas City, Kans. | 24 | 13 | 6 | 4 | 1 | - | - | Seattle, Wash. | 135 | 95 | 25 | 7 | 6 | 2 | 1 | | |
| Kansas City, Mo. | 97 | 53 | 19 | 8 | 2 | 3 | 2 | Spokane, Wash. | 47 | 33 | 9 | 3 | - | 2 | 2 | | |
| Lincoln, Nebr. | 32 | 20 | 8 | 4 | - | - | 1 | Tacoma, Wash. | 91 | 66 | 13 | 5 | 5 | 2 | 7 | | |
| Minneapolis, Minn. | 150 | 110 | 28 | 6 | 5 | 1 | 10 | TOTAL | 10,663† | 7,247 | 1,988 | 881 | 283 | 249 | 610 | | |
| Omaha, Nebr. | 84 | 57 | 15 | 8 | 2 | 2 | 4 | | | | | | | | | | |
| St. Louis, Mo. | 111 | 79 | 14 | 9 | 2 | 7 | - | | | | | | | | | | |
| St. Paul, Minn. | 96 | 73 | 15 | 5 | 2 | 1 | 5 | | | | | | | | | | |
| Wichita, Kans. | 79 | 50 | 16 | 8 | 3 | 2 | 1 | | | | | | | | | | |

U: Unavailable - : no reported cases

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

‡Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

Contributors to the Production of the *MMWR* (Weekly)

Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Denise Koo, M.D., M.P.H.

State Support Team

Robert Fagan
Karl A. Brendel
Siobhan Gilchrist, M.P.H.
Harry Holden
Gerald Jones
Felicia Perry
Carol A. Worsham

CDC Operations Team

Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Christine R. Burgess
Patsy A. Hall
Myra A. Montalbano
Angela Trosclair, M.S.

Desktop Publishing and Graphics Support

Morie M. Higgins
Peter M. Jenkins

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Director, Centers for Disease Control
and Prevention
David Satcher, M.D., Ph.D.

Deputy Director, Centers for Disease Control
and Prevention
Claire V. Broome, M.D.

Director, Epidemiology Program Office
Stephen B. Thacker, M.D., M.Sc.

Editor, *MMWR* Series
Richard A. Goodman, M.D., M.P.H.

Managing Editor, *MMWR* (weekly)
Karen L. Foster, M.A.

Writers-Editors, *MMWR* (weekly)
David C. Johnson
Darlene D. Rumph Person
Teresa F. Rutledge
Caran R. Wilbanks

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