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Preliminary FoodNet Data on the Incidence of Foodborne Illnesses — Selected Sites, United States, 2000

Each year in the United States, an estimated 76 million persons contract foodborne illnesses (1). CDC's Emerging Infections Program Foodborne Diseases Active Surveillance Network (FoodNet) collects data about nine foodborne diseases in eight U.S. sites to quantify and monitor foodborne illnesses (2–5). This report describes preliminary surveillance data for 2000 and compares them with 1996–1999 data. The data indicate the relative frequency of diagnosed infections, demonstrate substantial regional variation, and suggest trends in incidence. FoodNet provides data for monitoring foodborne illnesses and interventions designed to reduce them.

In 1996, active surveillance began for laboratory-confirmed cases of Campylobacter, Escherichia coli O157, Listeria monocytogenes, Salmonella, Shigella, Vibrio, and Yersinia entercolitica infections in Minnesota, Oregon, and selected counties in California, Connecticut, and Georgia. In 1997, surveillance for laboratory-confirmed cases of Cryptosporidium spp. and Cyclospora cayetanensis infections was added, and 12 Georgia counties and Fairfield County in Connecticut were added to the surveillance area. In 1998, the surveillance area for Connecticut became statewide and active surveillance began in selected counties in Maryland and New York. In 1999, the remaining counties in Georgia and eight counties in the metropolitan Albany, New York, area were added. In 2000, 11 counties in Tennessee and Contra Costa County in California were added, bringing the FoodNet surveillance population to 29.5 million persons (10.8% of the 1999 U.S. population) (6). To identify cases, surveillance personnel contact each clinical laboratory in their surveillance area either weekly or monthly depending on the size of the clinical laboratory. Cases represent the first isolation of a pathogen from a person by a clinical laboratory; most specimens were obtained for diagnostic purposes from ill persons.

Preliminary incidence figures for 2000 were calculated using the number of cases of diagnosed infections that FoodNet had identified at clinical laboratories as the numerator and 1999 population estimates as the denominator (6). Final incidence rates will be calculated when 2000 population census counts are available.

2000 Surveillance

The data for 2000 are presented in two ways: from the five original sites and from the expanded eight site population. The eight site data are likely to represent better the national picture. During 2000, 12,631 laboratory-confirmed cases of nine diseases under surveillance were identified: 4640 of campylobacteriosis, 4237 of salmonellosis, 2324 of

shigellosis, 631 of *E. coli* O157 infections, 484 of cryptosporidiosis, 131 of yersiniosis, 101 of listeriosis, 61 of *Vibrio* infections, and 22 of cyclosporiasis. Among the 3686 *Salmonella* isolates serotyped, 862 (23%) were serotype Typhimurium, 565 (15%) were serotype Enteritidis, 399 (11%) were serotype Newport, and 248 (7%) were serotype Heidelberg. Among the 2192 *Shigella* isolates with a known species, 85% were *S. sonnei* and 13% were *S. flexneri*. Among the 52 *Vibrio* isolates with known species, 35 (67%) were *V. parahaemolyticus*, five (10%) were *V. cholerae* nontoxigenic, and four (8%) were *V. vulnificus*.

Overall in 2000, incidence of diagnosed infections per 100,000 population was highest for Campylobacter, followed by Salmonella and Shigella (Table 1). Substantial variation in incidence was reported among the sites for many pathogens. The most frequently isolated pathogens varied by site (Figure 1), with Campylobacter most common in five sites and Salmonella most common in three. The incidence of laboratory-diagnosed campylobacteriosis ranged from 6.6 per 100,000 population in Tennessee to 38.2 in California. The incidence of diagnosed infection with Salmonella was less variable, ranging from 8.9 in Oregon to 18.0 in Georgia. Rates for infections with specific Salmonella serotypes also varied. Infection with S. Typhimurium ranged from 1.9 in California to 3.7 in Tennessee, S. Enteritidis from 1.0 in Georgia and Tennessee to 5.1 in Maryland, and S. Newport from 0.3 in Oregon to 3.5 in Tennessee. Incidence of shigellosis ranged from 1.1 in New York to 18.8 in Minnesota, E. coli O157 infections ranged from 0.5 in Maryland to 4.6 in Minnesota, and yersiniosis varied from 0.2 in Minnesota to 0.9 in California. The incidence of cryptosporidiosis ranged from 0.2 in Maryland to 3.9 in Minnesota. Listeriosis ranged from 0.1 in Minnesota to 0.5 in Connecticut, and diagnosed Vibrio infections ranged from 0 in New York to 0.9 in California.

TABLE 1. Incidence* of diagnosed infections for pathogens at the five original sites, 1996–2000, and for all eight sites, 2000, by year and pathogen — Foodborne Diseases Active Surveillance Network, United States

		Original five sites											
Pathogen	1996	1997	1998	1999⁺	2000 [†]	2000							
Campylobacter	23.5	25.2	21.4	17.5	20.1	15.7							
Cryptosporidium	NR⁵	3.7 [¶]	2.9¶	1.8¶	2.4 [¶]	1.5							
Cyclospora	NR⁵	0.4¶	0.1 [¶]	0.1 [¶]	0.1 [¶]	0.1							
Escherichia coli O'	157 2.7	2.3	2.8	2.1	2.9	2.1							
Listeria	0.5	0.5	0.6	0.5	0.4	0.3							
Salmonella	14.5	13.6	12.3	13.6	12.0	14.4							
Shigella	8.9	7.5	8.5	5.0	11.6	7.9							
Vibrio	0.2	0.3	0.3	0.2	0.3	0.2							
Yersinia	1.0	0.9	1.0	0.8	0.5	0.4							

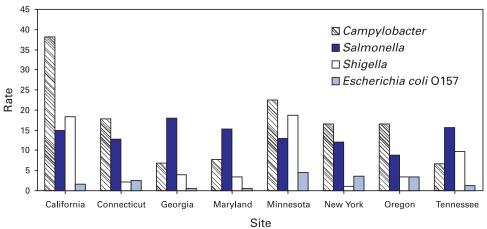
^{*}Per 100,000 population.

[†] Urine isolates excluded because urine isolates were not reported before 1999.

[§] Not reported

¹ Rates from 1997–2000 for *Cyclospora* and *Cryptosporidium* were calculated using the 1997 catchment area. Connecticut, Minnesota, and selected counties in California began data collection at the beginning of 1997; Oregon and other selected counties in California began this process in the middle of the year. Only full-year data are included in these rate calculations.

FIGURE 1. Incidence* of diagnosed infections, by pathogen and site — Foodborne Diseases Active Surveillance Network*, United States, 2000



*Per 100,000 population.

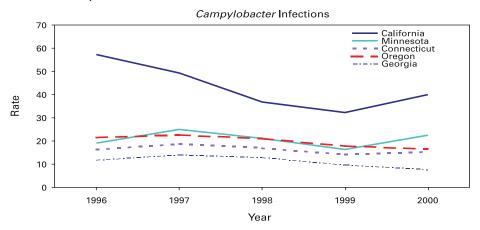
1996–2000 Rate Comparison

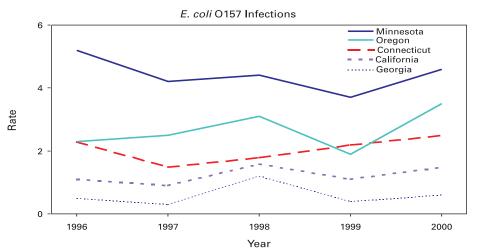
The number of sites and the population under surveillance nearly doubled since FoodNet began in 1996. To provide consistency, only data from the original five sites were examined to determine temporal trends (Table 1). Comparing 1996 with 2000, the incidence of laboratory-diagnosed campylobacteriosis declined in the original five sites combined, and in four of the five original sites individually. The magnitude and pattern of change varied by site; for example, California, Connecticut, and Minnesota reported an increase in 2000 compared with 1999 (Figure 2). The incidence of diagnosed salmonellosis declined in all five sites combined and in each of the five original sites. Comparing 1996 with 2000, the incidence of infection with each of the two most common serotypes of Salmonella also declined, from 3.9 to 2.7 for S. Typhimurium and from 2.5 to 1.8 for S. Enteriditis. The incidence of listeriosis declined overall and in each of the sites. The incidence of cryptosporidiosis and cyclosporiasis also declined after surveillance began in 1997. In comparison, the overall incidence of shigellosis varied substantially from year to year and from site to site; the incidence increased in all sites combined and in four of the five individual sites. Large increases occurred in California and Minnesota during 2000. The overall incidence of E. coli O157 infections increased in the combined five sites and in four of the five original sites separately. Substantial year-toyear fluctuation occurred in the rates of E. coli O157 infections in individual sites, and marked variation occurred from site to site (Figure 2).

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[†] Reporting was statewide in Connecticut, Georgia, Minnesota, and Oregon, and from selected counties in California, Maryland, New York, and Tennessee.

FIGURE 2. Incidence* of diagnosed *Campylobacter* and *Escherichia coli* O157 infections at the five original sites, by year — Foodborne Diseases Active Surveillance Network, United States, 1996–2000





^{*} Per 100,000 population.

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Editorial Note: In 2000, FoodNet completed the fifth year of active surveillance for infections caused by pathogens often transmitted through food. In all 5 years of FoodNet data collection, *Campylobacter* was the most frequently diagnosed pathogen, followed by *Salmonella*, *Shigella*, and *E. coli* O157; however, substantial regional and year-to-year variation occurred. Differences in calendar year 2000 rates between the expanded and original populations reflect regional differences in pathogen isolation rates. Despite year-to-year variation and regional fluctuations, the general magnitude of incidence and the relative order of pathogens have remained the same, indicating that this expanded system will be useful for measuring progress toward the 2010 national health objectives for infections with *Campylobacter* (12.3 per 100,000), *E. coli* O157:H7 (1.0 per 100,000), *Salmonella* (6.8 per 100,000), and *Listeria* (0.25 per 100,000) (7).

The incidence of listeriosis in 2000 was lower than in previous years; however, additional data are required to determine whether these rates represent year-to-year variation or a sustained trend. Although the incidence of laboratory-diagnosed *Salmonella* and *Campylobacter* declined from 1996 to 2000, the year-to-year variations make overall trends difficult to measure precisely. A trend in the incidence of diagnosed *E. coli* O157 cannot be discerned, although the incidence increased from 1999 to 2000 in the original five sites. The substantial overall increase in shigellosis was caused primarily by large increases in Minnesota and California resulting from outbreaks (8; T. Aragon, San Francisco Department of Public Health, personal communication, 2001). An estimated 80% of shigellosis is transmitted by nonfoodborne routes (1).

Determining the cause of a change in incidence of infections is complex because foodborne pathogens are transmitted by a variety of food and nonfood routes. For example, although foods of animal origin are the major source of *Salmonella* and *E. coli* O157 infection, transmission through fresh produce and direct contact with animals has been increasingly recognized. The changes in incidence of foodborne infections within FoodNet sites occurred in the context of the introduction of the HACCP (Hazard Analysis Critical Control Point) regulations for meat and poultry in processing plants, increased attention to egg and fresh produce safety through good agricultural practices, industry efforts, food safety education, increased regulation of imported food, and other prevention measures. Data from outbreak investigations and comparison of FoodNet data with the results of systematic microbiologic sampling of meat, poultry, and other foods will help evaluate the impact of prevention measures.

The findings in this report are subject to at least three limitations. First, although FoodNet surveillance encompassed approximately 10% of the U.S. population in 2000, these data are subject to substantial local variation and may not be representative nationally, particularly in analyses restricted to the five original sites. Second, FoodNet data are limited to laboratory-confirmed illnesses, and most foodborne illnesses are neither laboratory-confirmed nor reported to state health departments. For example, although clinical laboratories in FoodNet sites routinely test stool specimens for *Salmonella* and *Shigella* and almost always test for *Campylobacter*, only approximately 50% routinely test for *E. coli* O157 and fewer test routinely for other pathogens. Variations in testing for pathogens might account for some variations in incidence. Third, some laboratory-confirmed illnesses reported to FoodNet can be acquired through nonfoodborne routes (e.g., contaminated water, person-to-person contact, and direct animal exposure); therefore, the reported rates do not represent foodborne sources exclusively. Additional analyses of FoodNet surveillance data, foodborne outbreak data (9), and surveys of

clinical laboratories, health-care providers, and consumers will facilitate further interpretation of FoodNet data and help track temporal trends in foodborne illnesses. Further surveillance and comparison of the expanded geographic base are necessary to determine which changes represent year-to-year variation and which are definitive trends.

In 2001, selected counties in Colorado and Maryland will be added to the FoodNet area, bringing the FoodNet surveillance population to approximately 33.1 million persons (12% of the 1999 U.S. population). The 2000 FoodNet final report will include incidence figures and other information, such as illness severity, and will be available later in 2001 at the FoodNet World-Wide Web site, http://www.cdc.gov/foodnet. Because the population within the FoodNet sites has increased since 1999, the final 2000 rates will be somewhat lower than the preliminary rates. Preliminary reports from the 2000 decennial census suggest that population increases might have been greater than estimated by postcensal figures; therefore, the final adjusted rates might be lower than the preliminary rates by a greater margin than in previous years.

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Occupational and Take-Home Lead Poisoning Associated With Restoring Chemically Stripped Furniture — California, 1998

The Occupational Lead Poisoning Prevention Program (OLPPP) of the California Department of Health Services and a county health department investigated cases of lead poisoning in six furniture workers and their families in 1998. The investigation, initiated after a blood test of a worker's child revealed an elevated blood lead level (BLL), found that lead remaining in previously painted or coated stripped wood was carried from the workplace on clothes and shoes and was the source of the child's lead exposure and subsequent poisoning. Employers in industries in which workers restore or build using stripped wood should assess lead exposure and, when necessary, should establish a comprehensive lead safety program.

During a routine medical examination, the 18-month-old child of a worker received a BLL test at his mother's request. The result, 26 μ g/dL, met the CDC-recommended criterion for a lead poisoning case requiring clinical management (i.e., BLLs \geq 20 μ g/dL) (1). A

Lead Poisoning — Continued

county public health nurse conducted a home visit and arranged blood testing of other family members. Laboratory tests revealed that the father, who worked for a company that refinished antique furniture, had a BLL of 46 μ g/dL and his 4-month-old daughter a BLL of 24 μ g/dL.

The nurse contacted OLPPP, the state program that provides follow-up for occupational lead poisoning cases. An OLPPP industrial hygienist interviewed the employer who described the process for repairing and restoring wood furniture. Before arriving at the shop, the furniture was chemically stripped of all paint or coatings and was believed to be free of lead. Four carpenters made necessary repairs using power tools such as saws and planers. In an adjacent outdoor courtyard, two refinishers smoothed the wood using manual and power sanders, washed the furniture, and applied wax. Workers routinely ate and drank in work areas, wore no protective equipment, and returned home in work clothes and shoes.

OLPPP instructed the employer to provide BLL and zinc protoporphyrin testing for the six workers and encouraged testing through the county of six family members who might have been affected by lead toxicity. All six workers had elevated BLLs: the two refinishers had BLLs of 29 and 54 μ g/dL, and the four carpenters had BLLs of 46, 46, 47, and 56 μ g/dL. The Occupational Safety and Health Administration lead regulation requires employees with BLLs \geq 40 μ g/dL to receive a medical examination, additional laboratory testing, and follow-up (2). Five of the six family members, aged 7–12 years, did not have elevated BLLs; however, a 7-month-old infant, whose father's BLL was >40 μ g/dL, had a BLL of 16 μ g/dL; it was 15 μ g/dL on retesting 30 days later.

OLPPP recommended that the employer establish a comprehensive lead safety program that included exposure monitoring, good hygiene practices, medical examinations, protective clothing, respiratory protection, safe dust clean-up methods, and training. The employer arranged personal exposure monitoring and surface wipe sampling for lead and implemented workplace improvements, including a respiratory protection program; use of HEPA vacuum-attached power sanders; use of a high-efficiency toxic dust HEPA vacuum; daily clean uniforms; separate storage lockers, changing area with showers, and lunch room; warning signs; safety training addressing take-home lead; and a lead medical surveillance program. Workers' BLLs declined after these steps were taken, and the average BLL decreased 15 μ g/dL in approximately 3 months.

The nurse advised the affected families on cleaning residences and vehicles. At the residence of the index case, a wipe sample taken on a carpet where the worker played with his children showed a lead surface concentration of 30 μ g/ft². After steam cleaning the carpet, the level was 14 μ g/ft². This lead level on interior floors is below 40 μ g/ft², the threshold level the Environmental Protection Agency has determined to be harmful (3). In addition to the take-home lead contamination, the investigation identified deteriorated lead paint, which the landlord remediated. When the 4-month-old infant's BLL remained elevated several months later, more thorough testing of painted surfaces was performed, and the landlord was required to remediate additional lead painted surfaces. The infant's BLL then decreased steadily.

Reported by: B Materna, PhD, Occupational Lead Poisoning Prevention Program, California Dept of Health Svcs. Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: Exposure to lead in paints and coatings is a known health risk, and recommendations have been made to prevent exposure (4,5). This investigation revealed that wood chemically stripped of lead-containing coatings can retain harmful amounts

Lead Poisoning — Continued

of lead. The process of alkaline stripping can cause lead to migrate from the paint layer into the pores of the wood substrate (6). Although the wood appears uncoated, sufficient airborne lead dust is released while using power and hand tools to cause surface contamination and elevated BLLs in workers (7).

Employers in industries that sand or otherwise disturb lead-impregnated stripped wood (e.g., furniture refinishing and construction) may be unaware of the risk for lead exposure and therefore may not be taking adequate precautions. Public health agencies that address lead issues should send hazard alerts to trade associations and employers in the affected industries. The incident in this report illustrates that industries that handle chemically stripped wood need to comply with lead safety measures, including exposure assessment and control, provision of work clothing and shoes, good hygiene and workplace housekeeping practices, employee training, and medical surveillance. This incident also underscores that a thorough investigation of a childhood lead poisoning case should consider the occupations of adults in the household. Where take-home lead is suspected, BLL tests of the adults can help to confirm workplace exposure. Follow-up at the worksite, including screening of other workers and their young children, can identify others at risk.

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Notice to Readers

Satellite Broadcast on a Public Health Response to Asthma

CDC's National Center for Environmental Health, Public Health Program Practice Office, and Public Health Training Network, in collaboration with the American Pharmaceutical Association, will co-sponsor a live satellite broadcast, "A Public Health Response to Asthma," May 17, 2001, from 1 to 3:30 p.m. eastern time. The broadcast is designed for state and local health agency officials, health educators, epidemiologists, environmental health specialists, school health officials and nurses, managed care personnel, pharmacists, public health students, respiratory therapists, nurses, nonprofit asthma organization staff, and primary care providers who deal with asthma. The broadcast will describe why asthma is an escalating problem in the United States, discuss intervention programs, and provide tools and resources to use in local communities to combat the disease.

Notice to Readers — Continued

Continuing education credit for a variety of professions will be offered based on 2.5 hours of instruction. Additional information about the broadcast is available from the World-Wide Web, http://www.cdc.gov/phtn/asthma/.

Notice to Readers

Epi Info 2000: A Course for Developers of Public Health Information Systems

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "Developing Public Health Software Applications Using Epi Info 2000," during May 15–18, 2001, at Emory University. The course is designed for practitioners of epidemiology and computing, with intermediate to advanced skills in computing who wish to develop software applications using Epi Info 2000 for Windows® 95, 98, NT, and 2000.

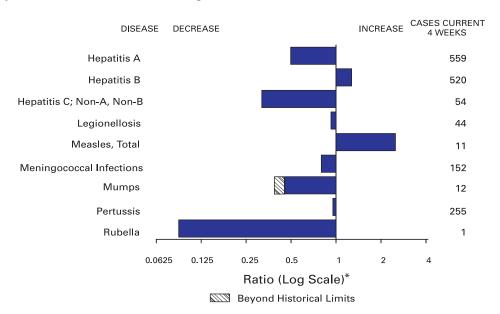
The 4-day course covers hands-on experience with the new Windows® version of Epi Info, programming Epi Info software at the intermediate to advanced level, and computerized interactive exercises for developing public health information system. There is a tuition charge. Deadline for application is April 20.

Additional information and applications are available from Emory University, Rollins School of Public Health, International Health Dept(Pia), 1518 Clifton Road, N.E., Room 746, Atlanta, GA 30322; telephone (404) 727-3485; fax (404) 727-4590; or e-mail pvaleri@sph.emory.edu.

Erratum: Vol. 50, No. 12

In the article, "Apparent Global Interruption of Wild Poliovirus Type 2 Transmission," an error occurred in the first paragraph on page 223. The last wild poliovirus type 2 isolated was from *Aligarh*, *Western Uttar Pradesh*, in October 1999.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending March 31, 2001, with historical data



^{*} 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 of provisional cases of selected notifiable diseases, United States, cumulative, week ending March 31, 2001 (13th Week)

		Cum. 2001		Cum. 2001
Anthrax		-	Poliomyelitis, paralytic	_
Brucellosis*		14	Psittacosis*	3
Cholera		-	Qfever*	2
Cyclosporiasis	s*	27	Rabies, human	-
Diphtheria		-	Rocky Mountain spotted fever (RMSF)	26
Ehrlichiosis:	human granulocytic (HGE)*	6	Rubella, congenital syndrome	-
	human monocytic (HME)*	3	Streptococcal disease, invasive, group A	798
Encephalitis:		-	Streptococcal toxic-shock syndrome*	15
•	eastern equine*	-	Syphilis, congenital [¶]	10
	St. Louis*	-	Tetanus	2
	western equine*	-	Toxic-shock syndrome	36
Hansen diseas	se (leprosy)*	10	Trichinosis	4
Hantavirus pu	Ilmonary syndrome*†	2	Tularemia*	5
	mic syndrome, postdiarrheal*	13	Typhoid fever	32
HIV infection,		37	Yellow fever	-
Plague	•	-		

^{-:} 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).

⁵ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update February 27, 2001.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

	weeks ending March 31, 2001, and April 1, 2000 (13th Week)												
									coli O157:H7				
	AID		Chlan			poridiosis	NET		PH				
Reporting Area	Cum. 2001 [§]	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000			
UNITED STATES	5,820	9,320	146,554	167,592	315	341	212	345	130	281			
NEW ENGLAND Maine	200 3	653 11	5,184 245	5,859 318	13	24 3	27 3	34 3	19 3	34 3			
N.H.	12	9	261	272	-	-	5	4	3	4			
Vt. Mass.	9 118	439	148 2,182	143 2,430	5 4	8 6	1 13	1 13	10	2 11			
R.I. Conn.	24 34	20 174	743 1,605	597 2,099	2 2	2 5	5	13	3	14			
MID. ATLANTIC	1,180	2,343	10,993	15,399	31	69	15	35	10	45			
Upstate N.Y. N.Y. City	29 740	102 1,428	N 6,815	N 6,470	13 18	17 48	15 -	31 3	6 1	35 1			
N.J. Pa.	241 170	481 332	1,226 2,952	3,294 5,635		1 3	- N	1 N	3	4 5			
E.N. CENTRAL	463	850	18,423	28 914	100	70	44	61	18	20			
Ohio Ind.	77 45	112 75	435 3,295	7,864 3,228	27 13	13	17 9	12	10 1	6 7			
III.	226	535	5,125	8,143	-	7	7	22	4	-			
Mich. Wis.	97 18	99 29	7,425 2,143	5,526 4,153	27 33	10 37	7 4	11 14	3	3 4			
W.N. CENTRAL Minn.	110 29	164 36	7,526 1,419	9,530 2,044	13	20 4	21 3	55 11	16 8	60 27			
lowa Mo.	15 38	13 72	811 2,506	998 3,336	5 4	3 5	3 10	11 23	1	6 14			
N. Dak.	1	-	213	247	-	1	-	2	-	4			
S. Dak. Nebr.	9	2 9	459 662	442 871	1 3	2	1 -	1 3	1 -	1 5			
Kans. S. ATLANTIC	18 1,673	32 2,492	1,456 31,619	1,592 31,760	- 65	3 48	4 29	4 30	2 10	3 18			
Del.	37 131	2,432 44 267	753	758 2,968	18	- 5	1	5 5	-	1			
Md. D.C.	166	186	3,273 729	746	3	-	-	-	Ü	U			
Va. W. Va.	137 12	158 13	4,484 555	3,719 529	5 -	1 -	6 1	6 2	4	5 1			
N.C. S.C.	101 171	101 174	4,938 3,205	5,057 4,001	11 -	3	14 1	7	2	2			
Ga. Fla.	187 731	293 1,256	6,181 7,501	6,052 7,930	14 14	30 9	2 4	3 7	2 2	4 5			
E.S. CENTRAL	360	343	12,398	12,803	9	11	9	20	4	16			
Ky. Tenn.	51 132	56 133	2,176 3,788	1,973 3,549	1 2	1	1 4	6 7	2 1	5 9			
Ala. Miss.	95 82	100 54	3,421 3,013	4,314 2,967	2 4	7 3	4	1 6	1	2			
W.S. CENTRAL	629	757	23,871	25,091	6	16	17	19	18	31			
Ark. La.	45 188	30 124	2,083 4,097	1,227 4,762	2	1 2	-	4	6	3 8			
Okla. Tex.	36 360	31 572	2,520 15,171	2,120 16,982	1 -	1 12	6 11	4 11	5 7	3 17			
MOUNTAIN Mont.	241 5	289 5	7,611 398	9,918 328	28 1	23 1	17 2	33 8	10	14			
Idaho	5	4	472	481 202	5	1	2	4	-	1			
Wyo. Colo.	40	1 62	175 681	2,788	12	2 7	7	12	4	2 5			
N. Mex. Ariz.	15 93	40 92	1,165 3,360	1,226 3,278	6 1	1 3	5	4	4	4			
Utah Nev.	23 60	30 55	279 1,081	669 946	3	6 2	1	1 1	1 1	1 1			
PACIFIC Wash.	964 117	1,429 141	28,929 3.443	28,318 3,190	50 N	60 U	33 8	58 8	25 5	43 16			
Oreg.	38	35	1,638	1,196	8	2	3	8	2	9			
Calif. Alaska	798 2	1,215 5	22,446 590	22,589 605	42	58 -	22	36 1	16 -	13 1			
Hawaii	9	33	812	738	-	-	- N	5	2	4			
Guam P.R.	5 158	13 184	1,272	Ü			N 	N 1	U	U U			
V.I. Amer. Samoa	1 -	11 -	U U	U U	U	U U	U U	U U	U U	U U			
C.N.M.I.	-	-	U	U	U	U	U	U	U	U			

N: Not notifiable.

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public

Health Laboratory Information System (PHLIS).

Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update February 27, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

	weeks end		Hepati	tis C;			13th wee	Lv	me
	Gonor Cum.	rhea Cum.	Non-A,	Non-B Cum.	Legione Cum.	llosis Cum.	Listeriosis Cum.	Dis Cum.	ease Cum.
Reporting Area	2001	2000	2001	2000	2001	2000	2001	2001	2000
UNITED STATES	69,088	87,016	379	822	143	162	78	510	1,012
NEW ENGLAND Maine	1,448 36	1,644 20	5	5	5	15 2	10	137	150
N.H. Vt.	31 21	24 14	3	2	2	2	-	42 1	17
Mass. R.I.	669 180	644 146	2	3	2	8	6	15	49
Conn.	511	796	-	-	1	3	4	79	84
MID. ATLANTIC Upstate N.Y.	6,876 1,677	8,778 1,407	19 12	159 12	13 9	33 12	7 3	245 189	690 250
N.Y. City	3,000	2.790	-	-	3	5	1	-	24
N.J. Pa.	748 1,451	1,908 2,673	- 7	139 8	1	1 15	3	56	93 323
E.N. CENTRAL	9,539	17,652	49	67	44	50	9	10	25
Ohio Ind.	236 1,453	4,413 1,457	4	-	22 5	23 7	2 1	10	2
III. Mich.	2,877 4,273	5,693 4,278	2 43	8 59	13	5 8	- 5	-	1 -
Wis.	700	1,811	-	-	4	7	1	U	22
W.N. CENTRAL Minn.	3,224 439	4,012 780	65	113	11 1	6 1	2	14 10	15 6
lowa Mo.	210 1,619	238 1,963	62	- 107	2 5	2	- 1	4	4
N. Dak.	9	12	-	-	-	-	-	-	-
S. Dak. Nebr.	51 225	64 300	2	2	2	-	-	-	1
Kans.	671	655	1	4	1	-	1	-	4
S. ATLANTIC Del.	19,596 410	24,321 404	22	18 1	23	30 2	14 -	83	109 14
Md. D.C.	2,051 741	2,061 552	6	3	6 1	9	2	73 5	81 -
Va. W. Va.	2,396 121	2,437 142	-	- 1	3 N	3 N	2 1	2 1	5 4
N.C. S.C.	4,066 2,353	4,570 4,779	6 2	7	2	3 2	-	2	4
Ga. Fla.	3,239 4,219	3,803 5,573	- 8	- 6	2 9	2	3 6	-	- 1
E.S. CENTRAL	7.912	5,573 8,973	59	129	9 15	5 5	5	2	1
Ky.	851	805	1	13	5	3	1	2	-
Tenn. Ala.	2,481 2,734	2,688 3,236	14 1	26 3	6 2	1 1	3 1	-	1 -
Miss. W.S. CENTRAL	1,846 11.751	2,244 13,129	43 103	87 259	2 1	4	2	-	4
Ark.	1,299	575	2	3	-	-	1	-	-
La. Okla.	2,852 1,202	3,398 974	52 1	153	1 -	2	-	-	2
Tex.	6,398	8,182	48	103	-	2	1	-	2
MOUNTAIN Mont.	2,399 19	2,673 4	22	27 -	8 -	8	6	1 -	-
ldaho Wyo.	24 15	25 17	1 3	-	-	1	-	-	-
Cólo. N. Mex.	837 190	856 249	8 6	11 4	3 1	4	1 2	-	-
Ariz. Utah	908 26	1,102 87	1	9	3	- 3	1	-	-
Nev.	380	333	3	3	1	-	2	1	-
PACIFIC Wash.	6,343 771	5,834 586	35 9	45 6	23 5	11 5	23 1	18 1	18
Oreg.	278	138	5	9	Ň	Ň	3	2	1
Calif. Alaska	5,079 71	4,942 68	21 -	30	18 -	6	19 -	15	17
Hawaii	144	100	-	-	-	-	-	N	N
Guam P.R.	327	114	-	1	2	-	-	N	N
V.I. Amer. Samoa	U U	U U	U U	U U	U U	U U	-	U U	U U
C.N.M.I.	Ū	Ū	Ũ	Ū	Ū	Ü	-	Ū	Ū

N: Not notifiable.

U: Unavailable.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

	WEEKS E	iluling ivia	1011 31, 2	.oo i, aiiu	Salmonellosis*					
	Mal	aria	Rabie	s, Animal	NE.	rss		ILIS		
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000		
UNITED STATES	191	218	1,057	1,311	4,547	5,765	3,418	5,274		
NEW ENGLAND	17	6	121	148	387	380	319	412		
Maine N.H.	1 1	1 -	17 3	38 3	21 29	29 24	12 24	22 25		
Vt. Mass.	- 5	- 5	25 32	9 46	19 235	29 223	16 174	33 225		
R.I. Conn.	10	-	12 32	6 46	21 62	8 67	28 65	25 82		
MID. ATLANTIC	23	45 12	159	217	363	835	484	998		
Upstate N.Y. N.Y. City	8 14	12 23	129 1	162 3	159 165	167 249	64 179	255 281		
N.J. Pa.	1	5 5	28 1	31 21	39	248 171	111 130	184 278		
E.N. CENTRAL	26	29	4	14	668	865	516	473		
Ohio Ind.	5 8	2 1	1	2	252 59	190 76	157 43	164 100		
III. Mich.	13	16 9	3	6	163 129	305 134	144 119	1 143		
Wis. W.N. CENTRAL	- 5	1 11	- 72	6 108	65 275	160 263	53 275	65 360		
Minn.	1	4	14 14	22 11	31 49	39 31	88 37	107 41		
lowa Mo.	1 2	1	5	2	103	87	104	107		
N. Dak. S. Dak.	-	-	12 9	19 32	1 22	4 13	5 12	17 22		
Nebr. Kans.	1	2 4	18	22	24 45	39 50	29	29 37		
S. ATLANTIC Del.	55 1	52	480 10	462 10	1,174 19	971 14	720 16	838 21		
Md.	22	23	88	99	143	159	114	155		
D.C. Va.	4 11	14	90	110	16 138	100	U 79	U 116		
W. Va. N.C.	1	5	35 134	28 118	9 233	26 177	16 115	19 125		
S.C. Ga.	2 3	1	23 51	26 45	132 170	86 150	164 188	76 248		
Fla. E.S. CENTRAL	11 8	9	49 29	26 43	314 317	259 290	28 97	78 230		
Ky.	2	2	5	8	57	59	30	43		
Tenn. Ala.	3 3	1 5	19 5	27 8	83 124	63 102	56	100 75		
Miss. W.S. CENTRAL	3	1 2	- 78	- 227	53 271	66 552	11 305	12 376		
Ark. La.	- 1	2	-	-	53 38	54 62	29 95	29 79		
Okla. Tex.	i 1	-	19 59	14 213	25 155	55 381	23 158	47 221		
MOUNTAIN	15	14	35	44	355	494	273	433		
Mont. Idaho	1 1	1 -	5	9	12 17	19 28	4	30		
Wyo. Colo.	9	- 7	10	21	9 103	8 135	6 82	5 115		
N. Mex. Ariz.	1 1	2	1 19	3 11	44 111	48 150	39 81	44 136		
Utah Nev.	i 1	2 2	-	'-	37 22	68 38	38 23	67 36		
PACIFIC	39	50	79	48	737	1,115	429	1,154		
Wash. Oreg.	1 6	3 7	-	-	77 49	67 71	37 43	136 90		
Calif. Alaska	31 1	38	55 24	38 10	602 9	910 16	284	870 15		
Hawaii	-	2	-	-	-	51	65	43		
Guam P.R.		2	37	12	- 71	76	U	U U		
V.I. Amer. Samoa	U U	U U	U U	U U	U U	U U	U U	U U		
C.N.M.I.	U	U	U	U	U	U	U	U		

N: Not notifiable. U: Unavailable. -: No reported cases.

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

	<u>weeks er</u>			2001, and <i>i</i>	nd April 1, 2000 (13th Week)						
	NET		llosis*	PHLIS		⁄philis & Secondary)	Tube	rculosis			
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000			
UNITED STATES	2,260	3,687	1,132	2,327	1,159	1,582	1,786	2,642			
NEW ENGLAND	36	78	29	61	10	22	74	74			
Maine N.H.	1 -	2 1	1	- 1	-	-	6	2 1			
Vt. Mass.	26	1 57	19	42	7	18	1 42	45			
R.I. Conn.	2 7	6 11	1 8	6 12	3	1 3	3 22	5 21			
MID. ATLANTIC	206	473	150	341	75	74	425	442			
Upstate N.Y. N.Y. City	108 79	142 247	2 65	98 142	4 50	3 34	46 222	38 263			
N.J. Pa.	19	53 31	39 44	50 51	9 12	13 24	100 57	105 36			
E.N. CENTRAL	358	585	193	219	129	325	223	258			
Ohio Ind.	109 66	33 62	54 11	29 14	16 34	20 112	35 20	44 17			
III.	87	228	68	2	15	119	113	156			
Mich. Wis.	78 18	196 66	57 3	168 6	57 7	56 18	33 22	24 17			
W.N. CENTRAL Minn.	260 66	216 43	216 126	168 57	13 6	27 3	86 44	113 39			
Iowa	56 70	32	31 46	38 55	6	6	9 22	8 48			
Mo. N. Dak.	9	106 1	1	1	-	14 -	-	-			
S. Dak. Nebr.	15 16	1 21	1 -	11	-	2	1 10	3 3			
Kans. S. ATLANTIC	28 368	12 432	11 107	6 132	1 486	2 527	367	12 451			
Del.	3	3	-	2	1	2	-	-			
Md. D.C.	30 14	27	6 U	9 U	56 10	95 17	34 11	57			
Va. W. Va.	27 4	15 2	6 6	15 2	48	35 1	44 7	46 9			
N.C. S.C.	98 28	26 3	47 13	14 3	124 76	134 53	52 19	50 18			
Ga. Fla.	26 138	50 306	25 4	55 32	47 124	88 102	74 126	107 164			
E.S. CENTRAL	217	174	38	127	142	242	137	179			
Ky. Tenn.	77 20	36 83	16 16	22 99	12 76	22 157	15 31	14 62			
Ala. Miss.	54 66	9 46	6	4 2	26 28	30 33	67 24	70 33			
W.S. CENTRAL	241	591	233	185	170	220	55	456			
Ark. La.	127 14	49 75	65 48	3 38	12 32	17 58	33	33 25			
Okla. Tex.	3 97	8 459	120	6 138	22 104	48 97	22	18 380			
MOUNTAIN Mont.	164	240	99	132	46	42	67	111 4			
Idaho	5	22	-	15	-	-	4	-			
Wyo. Colo.	34	1 42	23	1 18	2	1	20	10			
N. Mex. Ariz.	33 74	24 88	23 36	15 35	4 32	5 34	5 18	18 3 8			
Utah Nev.	5 13	13 50	9 8	15 33	6 2	2	5 15	7 34			
PACIFIC	410	898	67	962	88	103	352	558			
Wash. Oreg.	44 26	168 80	37 22	208 49	19 3	12 2	38	52 2			
Calif. Alaska	339 1	635 4	-	694 3	63	89 -	305 9	463 15			
Hawaii	-	11	8	8	3	-	-	26			
Guam P.R.	7	10	U	U	87	46	38	21			
V.I. Amer. Samoa	U U	U	U	U U	U U	U U	U U	U U			
C.N.M.I.	U	U	U	U	U	U	U	U			

N: Not notifiable. U: Unavailable. -: No reported cases.
*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

			and	I April	n Week)							
		ienzae,		epatitis (Vi		ре				les (Rubeo		
		sive	Α_	_	В		Indige		Impo		Total	
Reporting Area	Cum. 2001 [†]	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	340	356	2,038	3,200	1,373	1,451	-	14	2	15	29	9
NEW ENGLAND	14	31	93	90	13	25	_	3	_	1	4	-
Maine N.H.	1	1 5	1 3	4 8	1 4	1 6	-	-	-	-	-	-
Vt.		3	2	3	1	3	-	1	-	-	1	-
Mass. R.I.	13	18	33 4	39 5	1 6	1 2	-	2	-	1 -	3	-
Conn.	-	4	50	31	-	12	-	-	-	-	-	-
MID. ATLANTIC	35	52	144	203	135	245	-	1	2	4	5	-
Upstate N.Y. N.Y. City	14 13	20 19	51 79	57 115	31 92	26 136	-	-	2	4	4	-
N.J. Pa.	7 1	10 3	- 14	31	12	11 72	-	- 1	-	-	- 1	-
E.N. CENTRAL	35	56 56	227	448	169	132		'		7	7	3
Ohio	24	16	71	100	32	28	-	-	-	2	2	2
Ind. III.	6	4 23	18 47	10 191	4 13	5 2	-	-	-	2 3	2	-
Mich.	2	3	91	134	120	96	-	-	-	-	-	1
Wis.	3	10	-	13	-	1	-	-	-	-	-	-
W.N. CENTRAL Minn.	10 4	12 7	124 7	256 28	52 4	78 4	-	4 1	-	-	4 1	-
lowa	1 4	4	10	30 154	5 34	11	-	-	-	-	3	-
Mo. N. Dak.	-	1	40 -	154	-	50 -	-	3	-	-	- -	-
S. Dak. Nebr.	- 1	-	1 17	- 8	1 5	9	-	-	-	-	-	-
Kans.		-	49	36	3	4	-	-	-	-	-	-
S. ATLANTIC	127	89	429	333	288	258	-	2	-	1	3	-
Del. Md.	35	27	62	5 42	37	4 41	_	2	-	1	3	-
D.C. Va.	10	- 15	12 35	- 45	3 29	-	-	-	-	-	-	-
W. Va.	4	3	1	29	3	35	-	-	-	-	-	-
N.C. S.C.	18 2	8 4	30 13	60 7	51 1	81 2	-	-	-	-	-	-
Ga.	23	22	132	47	85	39	-	-	-	-	-	-
Fla.	35	10	144	98	79	56	-	-	-	-	-	-
E.S. CENTRAL Ky.	23 1	17 9	70 9	134 10	92 8	106 16	-	-	-	-	-	-
Tenn.	12	5	34	46	36	49	-	-	-	-	-	-
Ala. Miss.	9 1	3	23 4	20 58	27 21	8 33	-	-	-	-	-	-
W.S. CENTRAL	8	22	236	612	196	159	-	1	_	-	1	-
Ark. La.	2	- 7	16 14	46 27	24 12	19 40	-	-	-	-	-	-
Okla.	6	15	47	100	23	18	-	-	-	-	-	-
Tex.	-	-	159	439	137	82	-	1	-	-	1	-
MOUNTAIN Mont.	67	40	223 4	221 1	128 1	111 3	-	-	-	1 -	1 -	-
ldaho	1	2	24	11	4	4	ı.	-	ü	1	1	-
Wyo. Colo.	11	11	1 27	3 49	28	26	U	-	U	-	-	-
N. Mex. Ariz.	10 37	11 11	7 112	23 102	36 43	36 33	-	-	-	-	-	-
Utah	1	3	18	15	4	3	-		-	-		
Nev.	7	2	30	17	12	6	-	-	-	-	-	-
PACIFIC Wash.	21 1	37 2	492 20	903 57	300 22	337 15	-	3	-	1	4	6 3
Oreg.	15	10	28	76	43	31	-	2	-	-	2	-
Calif. Alaska	4 1	14 1	436 8	761 3	231 4	284 2	-	1 -	-	1 -	2	3
Hawaii	-	10	-	6	-	5	-	-	-	-	-	-
Guam P.R.	-	2	- 28	93	13	- 68	U	-	U	-	-	-
V.I.	Ū	U	U	U	U	U	Ū	Ü	Ū	Ü	Ü	Ü
Amer. Samoa C.N.M.I.	U U	U U	U U	U U	U	U	U	U	U	U	U U	U
												<u>_</u>

N: Not notifiable. U: Unavailable. -: No reported cases.

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

† Of 61 cases among children aged <5 years, serotype was reported for 27, and of those, five were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 31, 2001, and April 1, 2000 (13th Week)

	Monino		anu A _l	prii i, z	.000 (1	Stil VV	eek)					
	Dise	jococcal ease		Mumps			Pertussis			Rubella		
Reporting Area	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	
UNITED STATES	705	713	1	32	117	52	1,189	1,212	-	2	13	
NEW ENGLAND Maine	48	41	-	-	2	1	207	343 9	-	-	5	
N.H.	4	3	-	-	-	-	16	48	-	-	1	
Vt. Mass.	4 27	2 25	-	-	-	1	22 163	56 216	-	-	3	
R.I. Conn.	1 12	2 6	-	-	1 1	-	- 6	5 9	-	-	- 1	
MID. ATLANTIC	58	65	_	_	5	4	72	85	_	1	2	
Upstate N.Y. N.Y. City	25 13	13 19	-	-	3	2	62	59	-	1	2	
N.J.	19	16	-	-	2	2	2	_	-	-	-	
Pa. E.N. CENTRAL	1 55	17 119	-	- 5	13	1	8 130	26 177	-	1	-	
Ohio	28	19	-	1	4	1 -	102	108	-	-	-	
Ind. III.	2	16 34	-	3	3	-	5 7	8 16	-	1	-	
Mich. Wis.	16 9	36 14	-	1	6	1	15 1	9 36	-	-	-	
W.N. CENTRAL	47	42	_	2	5	2	39	34	_	_	1	
Minn. Iowa	1 13	3 10	-	-	3	-	3	14 6	-	-	-	
Mo.	19	23	-	-	1	2	23	5	-	-	-	
N. Dak. S. Dak.	2 2	1 2	-	-	-	-	2	1 1	-	-	-	
Nebr. Kans.	2 8	2 1	-	2	1 -	-	11	2 5	-	-	1 -	
S. ATLANTIC	149	106	-	4	14	8	56	84	_	-	2	
Del. Md.	21	- 11	-	2	5	-	12	1 22	-	-	-	
D.C. Va.	16	- 17	-	- 1	2	-	- 6	- 5	-	-	-	
W. Va.	4	3 20	-	:	2	4	1 23	_	-	-	-	
N.C. S.C.	36 13	6	-	1	4	1	7	28 12	-	-	1	
Ga. Fla.	18 41	20 29	-	-	1	1 2	1 6	9 7	-	-	1	
E.S. CENTRAL	49	48	-	-	1	-	24	31	-	-	-	
Ky. Tenn.	8 19	10 21	-	-	-	-	6 13	21 2	-	-	-	
Ala. Miss.	18 4	12 5	-	-	1 -	-	2 3	7 1	-	-	-	
W.S. CENTRAL	106	80	1	3	13	6	15	21	-	-	3	
Ark. La.	7 34	5 23	-	1 1	1 3	-	2	5 2	-	-	-	
Okla. Tex.	13 52	9	- 1	1	9	- 6	1 12	14	-	-	3	
MOUNTAIN	40	43		4	7	25	571	218	-	-	-	
Mont. Idaho	- 3	1 6	-		í -	3	3 151	1 32	-	-	-	
Wyo.	-	-	Ū	1	-	Ū	-	-	Ū	-	-	
Colo. N. Mex.	16 7	12 7	-	1 2	1 1	4 1	121 15	131 35	-	-	-	
Ariz. Utah	7 4	11 5	-	-	2	16	271 9	11 5	-	-	-	
Nev.	3	1	-	-	2	1	1	3	-	-	-	
PACIFIC Wash.	153 22	169 15	-	14	57 2	5 5	75 27	219 56	-	-	-	
Oreg.	21 109	23 127	N	N 13	N	-	5	20 132	-	-	-	
Calif. Alaska	1	1	-	13 1	50 	-	43	3	-	-	-	
Hawaii	-	3	-	-	5	-	-	8	-	-	-	
Guam P.R.	.1	3	U			U			U			
V.I. Amer. Samoa	U U	U U	U	U U	U U	U U	U	U	U	U U	U U	
C.N.M.I.	Ū	Ŭ	Ũ	Ü	Ŭ	Ū	Ū	Ŭ	Ü	Ū	Ŭ	

N: Not notifiable.

U: Unavailable.

-: No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending March 31, 2001 (13th Week)

				IV	iarci	131	, 2001 (13th Week)								
	,	All Cau	ises, By	Age (Y	ears)		P&I⁺			All Cau	ses, By	Age (Y	ears)		P&I [†]
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Ma New Haven, Conr Providence, R.I. Somerville, Mass Springfield, Mass Waterbury, Conn Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Elizabeth, N.J. Erie, Pa.S	602 161 28 35 36 23 35 14 18S 36 1. 39 1. 39 1. 45 25 25 27 27 22 33 43 16 93 37 19 19 19 19 19 19 19 19 19 19 19 19 19	431 109 20 18 31 26 18 8 29 23 33 4 28 21 21 43 1,659 36 63 28 29 21 21 21 21 21 21 21 21 21 21 21 21 21	2 7 13 1 9 3 8 437 4 2 24 5 4 11	42 12 - - 1 2 4 - 4 6 5 1 3 1 3 1 55 3 - 4 2 2	17 10 - - 1 1 - 2 3 3 - - - 3 5	12 3 3 3 1 1 - 2 - 3 3 37 2 2 2	66 21 3 6 2 3 1 6 2 1 8 5 8 151 8 1 1 6	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Washington, D. Wilmington, D. E.S. CENTRAL Birmingham, Al Chattanooga, Te Knoxville, Tenn. Mobile, Ala, Montgomery, A Nashville, Tenn.	1,164 154 192 120 . 178 41 60 41 Fla. 82 . 194 C. 99 I. U 792 a. 191 enn. 69 100 . 221	749 85 114 87 110 U 22 40 132 142 50 133 54 25 133	254 40 44 25 42 8 16 8 13 35 20 165 38 13 21 25 48 14 6 U	108 18 27 6 16 10 3 3 3 5 15 12 0 60 11 6 5 8 22 4 4 U	30 6 2 2 5 5 0 4 1 - 2 1 7 7 0 22 2 3 - 5 8 8 4 - 1 5 8 8 8 8 9 - 1 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	22 5 5 4 U 4 2 2 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	89 6 15 18 13 U 3 6 3 8 15 2 U 69 9 6 5 15 14 3 7 U
Jersey City, N.J. New York City, N. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	74 23 391 33 30 118	33 802 31 8 287 26 24 97 18 22 92 14 12 U	7 221 23 7 62 5 5 14 3 5 23 6 6 0 U	9 78 12 6 24 2 1 6 1 - 3	1 20 5 1 7 - - - 1 - U	1 11 3 1 11 - - - 5 -	61 1 23 1 4 12 2 1 18 4 4 U	W.S. CENTRAL Austin, Tex. Baton Rouge, La Corpus Christi, Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La San Antonio, Te Shreveport, La. Tulsa, Okla.	Tex. 52 199 91 116 343 69 . U	988 75 48 44 128 68 64 203 50 U 200 U 108	307 28 21 7 51 18 26 71 10 U 47 U 28	123 13 12 1 12 3 10 46 4 U 16 U	38 1 4 3 2 2 13 4 U 5 U 4	42 5 5 14 10 1 U 4 U 3	80 6 1 4 12 6 2 26 3 U 8 U 12
E.N. CENTRAL Akron, Ohio Canton, Ohio Canton, Ohio Chicago, Ill. Cincinnati, Ohio Cleveland, Ohio Detroit, Mich. Evansville, Ind. Grand Rapids, Mi Indianapolis, Ind. Grand Rapids, Mi Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, Ill. Rockford, Ill. South Bend, Ind. Toledo, Ohio Youngstown, Oh W.N. CENTRAL Des Moines, Iows Duluth, Minn. Kansas City, Kans Kansas City, Kons Lincoln, Nebr. Minneapolis, Mir Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	213 47 123 58 53 31 146 71 893 4 136 60 36	1,290 411 344 U 733 1077 1300 82 1133 277 466 9 9 688 1488 344 90 464 22 266 647 101 101 101 101 101 101 101 101 101 10	7 4 4	109 1 5 5 4 4 14 16 6 9 22 2 1 1 4 4 1 1 2 9 3 3 6 6 1 1 1 8 6 6 1 1 1 8 6 1 1 1 5 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 2 - U - 4 4 3 3 - 1 1 1 15 4 4 1 1 1 1 1 1 2 2 3 2 2 - 1	45 2 3 0 1 1 4 4 2 3 2 1 1 - 7 9 1 - 1 1 2 1 2 1 3 2 1 1 3 2 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 1 3 2 3 2	125 5 9 U 11 10 112 6 6 13 4 4 8 8 1 10 11 2 2 7 7 1 2 6 6 7 6 7 6 2 13 7 10 11 12 17 6 2 13 7 10 11 11 11 11 11 11 11 11 11 11 11 11	MOUNTAIN Albuquerque, N Boise, Idaho Colo. Springs, C Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, U Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawa Long Beach, Cal Los Angeles, Cal Pasadena, Calif. Portland, Oreg. Sacramento, Cal San Diego, Calif. San Francisco, C San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Tacoma, Wash. TOTAL	Colo. 600 2000 122 2930 3139 189 3130 189 1,566 170 170 170 170 170 170 170 170 170 170	854 1111 33 45 78 194 27 111 24 28 8 133 1.158 105 524 47 76 6271 128 140 U U 176 621 77 76 8,305	242 211 8 255 72 2 2 4 4 21 37 259 9 4 4 100 74 8 8 8 22 U 29 3 3 23 7 7 18 2,273	101 133 2 4 4 14 18 25 2 2 10 9 87 7 1 3 3 - 5 4 4 2 2 2 2 2 2 1 1 4 1 1 1 1 1 1 1 1 1	20 -1 11 22 -7 -7 -3 11 11 -1 12 -1 10 9 -5 -3 3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -3 -	24 1 3 2 2 4 5 5 3 4 25 1 1 9 1 1 0 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	97 20 4 2 9 17 2 11 -15 17 158 -6 2 7 182 5 7 U 21 5 15 7 12 9 17 2 18 2 5 7 17 18 2 9 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19

U: Unavailable. -: No reported cases.

of orthandable. Supplied class is "Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. 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.

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