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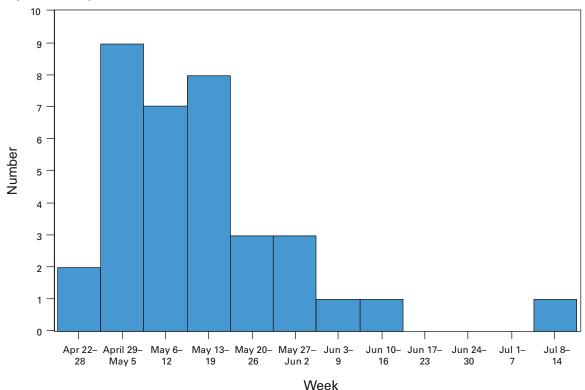
Rubella Among Hispanic Adults — Kansas, 1998, and Nebraska, 1999

Since 1994, the incidence of rubella has been low; most reported rubella cases have been associated with outbreaks (1,2). Recent outbreaks have occurred primarily among adult Hispanics, many of whom are natives of countries where rubella vaccination is not routine or has been implemented recently (1). This report describes two workplace-associated outbreaks of rubella and summarizes the characteristics of the recent outbreaks in the United States.

Kansas

During April 22–July 14, 1998, 35 confirmed cases of rubella were reported to the Kansas Department of Health and Environment (Figure 1), compared with one case in

FIGURE 1. Number of confirmed cases of rubella, by week of rash onset — Kansas, April 22–July 14, 1998



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Rubella — Continued

1997 and no cases during January–April 1998. The first case was identified in a 45-year-old Hispanic female employee of a meat-packing plant who developed the characteristic rubella rash on April 22. Of the 35 confirmed cases, 28 (80%) occurred in employees in meat-packing plants in the same region. The median age was 29 years (range: 3 months–47 years); 27 (77%) were men. Of the eight cases among females, four occurred among women of childbearing age; two were infected during pregnancy (one in the second and one in the third trimester). Both women delivered full-term, healthy infants who had no clinical findings suggestive of rubella and had negative rubella IgM antibodies. Of the 35 confirmed cases, 28 (80%) occurred among Hispanics. Of the 32 case-patients with known place of birth, 20 (63%) were born outside the United States in Latin American countries (15 in Mexico, four in El Salvador, and one in Guatemala). Of these, the median length of residence in the United States was 9.5 years. The median age of U.S.-born case-patients during the Kansas outbreak was 34.5 years, compared with 26.5 years in foreign-born case-patients.

Active surveillance for rubella was established in counties where cases had been reported and in adjacent counties. From May 8 to June 19, 1998, worksite vaccination clinics were established in six Kansas meat-packing plants. Clinic activities included 1) screening for persons who presented with rash or who had a history of rash illness during the previous 2 months; 2) vaccination with measles, mumps, and rubella vaccine (MMR) for every consenting employee without contraindications and without proof of rubella immunity; and 3) serologic testing of pregnant women. At these clinics, 7334 doses of vaccine were administered, and 64% of plant employees were vaccinated. An additional 1210 doses of MMR were administered in clinics established in county health departments, associated workplaces (e.g., cattle-feeding farms), and Spanishlanguage churches. The last confirmed case of rubella associated with this outbreak was reported in Kansas on July 11, 1998.

Nebraska

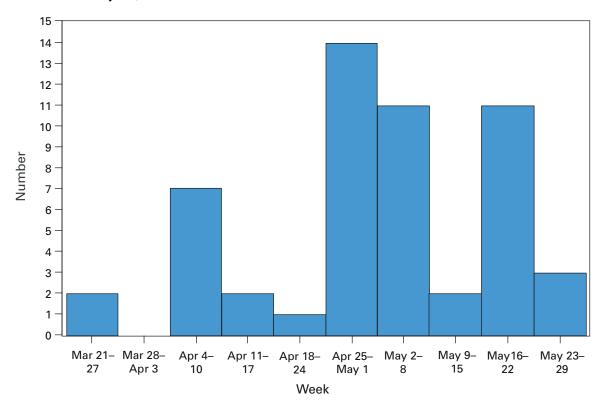
On April 1, 1999, a 29-year-old Hispanic man residing in Omaha sought treatment at a local sexually transmitted diseases clinic. He had a rash, low grade fever, and lymphadenopathy and tested positive for rubella-specific IgM. He worked in a meat-packing plant. Seven additional cases subsequently were detected in the same plant.

Rubella surveillance was enhanced and, during March 21–May 29, the Douglas County Health Department identified 53 confirmed cases of rubella (Figure 2), compared with none for the previous 8 years. Of these, 44 (83%) occurred among Hispanics born outside the United States, and 45 (85%) occurred either among workers in a meat-packing plant or who resided in the same household with a meat-packing–plant worker. Four cases occurred among pregnant women; two were in the first trimester.

Outbreak control measures included mass vaccination campaigns in the community, encouragement by health-care providers to receive vaccination (e.g., assuring that missed opportunities were minimized and vaccinating all family members with no contraindications at the health-care visit), collaboration with the Special Supplemental Food Program for Women, Infants and Children (WIC) to reach potentially undervaccinated populations, and efforts to increase community awareness. Rash onset for the last reported case-patient was July 27, 1999. A total of 95 cases of rubella associated with this outbreak have been reported to the Nebraska Health and Human Services System.

Rubella — Continued

FIGURE 2. Number of confirmed cases of rubella, by week of rash onset — Nebraska, March 21–May 29, 1999



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Editorial Note: During 1969–1989, the annual number of reported cases of rubella in the United States decreased 99.6% as a result of a successful childhood vaccination program (1). Indigenous rubella is targeted for elimination in the United States by the end of 2000 (3). However, approximately two thirds of other countries did not routinely vaccinate against rubella before 1997 (2). Rubella remains endemic in many Latin American countries, and large epidemics of rubella occur periodically. For example, during January–June 1998, approximately 25,000 cases of rubella were reported to the Ministry of Health in Mexico.

During 1996–1998, 14 rubella outbreaks were reported in the United States (median number of reported cases: 21; range: eight–95). Seven outbreaks were workplace associated and most occurred among workers at food-processing plants or other industries employing predominantly foreign-born workers. Most cases reported in these outbreaks occurred among persons of Hispanic origin (median: 92.5%; range: 32%–100%). No case-patients in the Kansas or Nebraska outbreaks reported having received rubella vaccination.

Rubella — Continued

Although rubella is near record low levels in the United States, epidemics continue to occur among susceptible foreign-born adults. Workers born outside the United States are a potentially susceptible population in which outbreaks may occur after importation of the virus from areas outside the United States where rubella is endemic. Vaccinating against rubella in workplaces is a strategy to reach this susceptible population and can be a critical step in eliminating indigenous rubella. Public health professionals, other health-care professionals, and industrial health-care services should design appropriate programs to assure high coverage of foreign-born employees with rubella vaccine.

References

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Adoption of Perinatal Group B Streptococcal Disease Prevention Recommendations by Prenatal-Care Providers — Connecticut and Minnesota, 1998

Group B streptococcal (GBS) infections are the leading bacterial cause of serious neonatal disease in the United States (1). In 1996, in collaboration with the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, CDC issued consensus guidelines for preventing perinatal GBS disease (2–4). These guidelines recommend using either a screening-based or a risk-based strategy to identify women who should receive intrapartum antimicrobial prophylaxis. To assess adoption of the GBS disease prevention guidelines, the Connecticut and Minnesota state health departments surveyed prenatal-care providers during January–April 1998. This report presents the survey findings, which indicate that most prenatal-care providers in Connecticut and Minnesota have adopted perinatal GBS disease prevention policies and that strategy choice may vary by state and provider type.

In Connecticut, surveys were mailed to all (n=576) licensed obstetricians/ gynecologists (OBs). Group practices were allowed to submit a single response for all members. A second mailing was sent to nonrespondents. A sample of nonrespondents was then contacted by telephone to determine reasons for nonresponse. After eliminating providers from the sample who did not deliver prenatal care and those who were represented by a response from another provider in their practice, the final response rate was 77% (250 of 323). In Minnesota, surveys were mailed to a random sample of approximately 50% of practicing OBs, a random sample of approximately 25% of family physicians (FPs) who indicated on their licensure application they provided prenatal care, and all certified nurse midwives (CNMs). After three mailings, 431 (77%) of those sampled responded. The response rate was similar for all three provider groups.

In 1998, most prenatal-care providers in Connecticut and Minnesota reported that their practices had a perinatal GBS disease prevention policy, although most practices did not have a written policy (Table 1). Practices in Connecticut were more likely than

TABLE 1. Number and percentage of prenatal-care providers with group B strepto-coccal (GBS) disease prevention policies, by type of policy — Connecticut and Minnesota, 1998

	Connec	ticut	Minnesota			
Policy	No.	(%)	No.	(%)		
Policies at the practice level	(n=250)		(n=431)			
Written policy	114	(46)	199	(46)		
Any GBS disease prevention policy*	237	(95)	348	(81)		
No policy*	5	(2)	74	(17)		
Not reported	8	(3)	9	(2)		
GBS disease prevention strategy						
used by individual physicians	(n=250)		(n=431)			
Screening-based [†]	181	(72)	143	(33)		
Risk-based [†]	62	(25)	236	(55)		
Other	3	(1)	28	(6)		
None/Unknown	4	(2)	24	(6)		
Culture sites						
(screening-based strategy only)	(n=181)		(n=143)			
Vagina and rectum	128	(71)	108	(76)		
Vagina only	37	(20)	23	(16)		
Cervix only	7	(4)	4	(3)		
Other/Unknown	9	(5)	8	(6)		
Timing of culture						
(screening-based strategy only)	(n=181)		(n=143)			
34–38 weeks	148	(82)	114	(80)		
First trimester	12	(7)	3	(2)		

^{*}p<0.001 for the presence of any GBS disease prevention policy, Connecticut compared with Minnesota.

those in Minnesota (p<0.001) to have a GBS disease prevention policy, primarily because of the relatively low percentage of Minnesota family practices with a policy. More than 90% of individual providers from both states reported having a GBS disease prevention policy. Most providers in Connecticut chose a screening-based strategy (72%), and most in Minnesota chose a risk-based strategy (55%). When the analysis was limited to OBs in both states, OBs in Connecticut were more likely than OBs in Minnesota to choose a screening-based strategy (p<0.001).

Of providers who used a screening-based strategy, 71% from Connecticut and 76% from Minnesota collected specimens from both the vagina and rectum, as recommended by the consensus guidelines. Providers using the screening-based strategy from Connecticut (82%) and Minnesota (80%) obtained cultures within 1 week of the recommended 35–37 weeks' gestation. Of providers who used a risk-based strategy in Minnesota, 80% indicated that they would administer intrapartum prophylaxis for all five of the high-risk criteria (i.e., previous infant with invasive GBS disease, GBS bacteriuria during the current pregnancy, delivery at <37 weeks' gestation, duration of rupture of membranes \geq 18 hours, and intrapartum fever \geq 100.4 F [\geq 38 C]) as specified in the consensus guidelines. Questions about indications for prophylaxis under the risk-based strategy were not asked in the Connecticut survey.

[†] p<0.001 for screening-based vs. risk-based strategy, Connecticut compared with Minnesota.

In Minnesota, differences were observed between the responses of FPs compared with OBs or CNMs (Table 2). OBs and CNMs were more likely than FPs (p<0.001) to report that their practices had a GBS disease prevention policy. Individual FPs were less likely to choose a risk-based strategy or to use penicillin for intrapartum prophylaxis (p<0.001 for all comparisons except strategy choice between FPs and OBs). OBs were significantly more likely than either CNMs (91% vs. 46%, p=0.001) or FPs (91% vs. 73%, p=0.03) to report collecting specimens from both the vagina and rectum. FPs were less likely to respond that they would follow all five recommended indications than either OBs (69% vs. 89%, p=0.004) or CNMs (69% vs. 84%, p=0.04).

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Editorial Note: Perinatal GBS disease is largely preventable through targeted use of intrapartum antibiotic prophylaxis (2). Since the release of the 1996 consensus prevention guidelines, the incidence of perinatal GBS disease has declined in the United States (5). Prenatal-care providers play a critical role in preventing GBS disease. The findings in this report suggest that most prenatal-care providers in Connecticut and Minnesota have adopted one of the two GBS disease prevention strategies recom-

TABLE 2. Number and percentage of prenatal-care providers with group B streptococcal (GBS) disease prevention policies, by type of policy and provider specialty — Minnesota, 1998

	Gynec	ricians/ ologists 127)	Certified midw (n=1	vives	Family physicians (n=200)		
Policy	No.	(%)	No.	(%)	No.	(%)	
Policies at the practice level							
Written policy	63	(50)	57	(55)	79	(40)	
Any GBS disease							
prevention policy*	120	(94)	93	(89)	135	(68)	
No policy*	7	(6)	11	(11)	56	(28)	
Not reported	0	_	0	_	9	(4)	
GBS disease prevention strategy							
used by individual physicians							
Screening-based [†]	46	(36)	13	(12)	84	(42)	
Risk-based [†]	74	(58)	75	(72)	87	(44)	
Other	6	(5)	10	(10)	12	(6)	
None/Unknown	1	(1)	6	(6)	17	(8)	
Antibiotic for							
intrapartum prophylaxis							
Penicillin*	91	(72)	72	(69)	81	(40)	
Ampicillin*	35	(28)	28	(27)	112	(56)	
Other	0	_	1	(1)	2	(1)	
Not reported	1	(1)	3	(3)	5	(2)	

^{*}p<0.001 for comparison of family physicians with obstetricians/gynecologists and family physicians with certified nurse midwives.

[†] p=0.09 for comparison of family physicians with obstetricians/gynecologists and p<0.001 for comparison of family physicians with certified nurse midwives.

mended in the consensus guidelines and that strategy choice may vary by state and provider type. Pregnant women should discuss GBS disease prevention with their prenatal-care providers to optimize GBS disease prevention opportunities.

In Minnesota, FPs providing prenatal care were less likely than OBs or CNMs to report that their practices have a GBS disease prevention policy and to report following all the guidelines within either the risk-based or screening-based strategy. These findings suggest that additional efforts are needed to inform FPs in Minnesota about GBS disease prevention recommendations. FPs also were less likely to use penicillin, the recommended intrapartum antibiotic. Although ampicillin is an acceptable alternative (2), penicillin is preferred because it has a narrower spectrum of activity and is therefore less likely to promote antimicrobial resistance. This study was conducted before the recent shortage of penicillin G for intravenous administration. A new supplier has been identified, and penicillin G should be more available for intrapartum prophylaxis (6).

In 1997, hospital obstetric departments were surveyed in both Connecticut and Minnesota about perinatal GBS disease prevention policies (7). In both states, the percentage of OBs providing prenatal care who reported adopting a perinatal GBS disease prevention policy was higher than the percentage of hospitals with a policy. Hospitals may leave decisions about GBS disease prevention activities to prenatal-care providers. Efforts to expand perinatal GBS disease prevention activities should be directed at both hospitals and prenatal-care providers (8).

Although the surveys presented in this report were not designed to measure provider practices, the results suggest that prenatal-care providers are aware of the recommendations outlined in the consensus guidelines. The screening-based strategy relies on appropriate and accurate specimen collection by prenatal-care providers. Most providers in Connecticut and in Minnesota using the screening-based strategy reported collecting specimens from both the vagina and rectum. Collection site is important because vaginal/rectal specimens improve group B *Streptococcus* isolation rates by 40% over vaginal specimens alone (9,10). At least 80% of prenatal-care providers using the screening-based strategy in both states also reported collecting specimens at appropriate times. The risk-based strategy depends on prenatal-care providers identifying and administering prophylaxis to women at increased risk for delivering an affected infant. In Minnesota, 80% of prenatal-care providers using the risk-based strategy reported following the recommended indications for intrapartum antibiotic prophylaxis.

The findings in this report are subject to at least two limitations. First, because the surveys were conducted in only two states, the results might not be generalizable to other states. Second, the surveys measured only the reported practices of prenatal-care providers and not the services actually rendered.

GBS disease prevention guidelines and order forms for other information for prenatal-care providers and patients are available on the World-Wide Web at http://www.cdc.gov/ncidod/dbmd/gbs or from CDC's National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, Respiratory Diseases Branch, Mailstop C-23, 1600 Clifton Road, N.E., Atlanta, GA 30333.

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National Public Health Week — April 3-9, 2000

"Healthy People in Healthy Communities" is the focus of this year's National Public Health Week, April 3–9, 2000. U.S. residents are living 30 years longer than they did in 1900; at least 25 years are attributable to advances in public health (1). Among the most notable achievements are control of infectious diseases; fewer deaths from heart disease and stroke; healthier mothers and babies; family planning; higher rates of vaccination; safer foods, motor vehicles, and workplaces; fluoridated water; and recognizing tobacco as a health hazard. As part of public health week, the U.S. Department of Health and Human Services and the Surgeon General will release Healthy People 2010, health promotion and disease prevention objectives for the next decade. Additional information on National Public Health Week is available from the American Public Health Association, telephone (202) 777-2434, World-Wide Web site at http://www.apha.org*; or from the CDC Office of Communications, telephone (404) 639-3286, World-Wide Web site at http://www.cdc.gov. Healthy People 2010 is available at http://www.health.gov/healthypeople.

Reference

1. CDC. Ten great public health achievements—United States, 1900–1999. MMWR 1999;48:241–3.

^{*}References to sites of non-CDC organizations on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

Notice to Readers

Availability of Work-Related Lung Disease Surveillance Report, 1999

CDC's National Institute for Occupational Safety and Health (NIOSH) has released the Work-Related Lung Disease (WoRLD) Surveillance Report for 1999 (1). This report is the fifth in a series of WoRLD reports presenting summary tables and figures concerning various occupationally relevant respiratory diseases, including pneumoconioses, occupational asthma, other airway diseases, and other respiratory conditions. The report has three major sections: 1) summary highlights and limitations; 2) disease-specific tables and figures; and 3) appendices describing data sources, methods, and supplementary information.

The WoRLD report presents national and state summary statistics such as counts, crude and age-adjusted mortality rates, and years of potential life lost to age 65 years and to life expectancy; U.S. maps showing the geographic distribution of mortality by state; and tables and figures summarizing selected occupational exposure data for asbestos, coal and coal mine dust, silica dust, cotton dust, and other substances. Proportionate mortality ratios by industry and occupation are based on the most recent decade of data from a subset of states for which usual industry and occupation have been coded for decedents. Also included are tables summarizing silicosis and asthma surveillance data collected by states funded by the Sentinel Event Notification Systems for Occupational Risks Program.

The 1999 WoRLD Surveillance Report is available from Surveillance Branch, Division of Respiratory Disease Studies, NIOSH, CDC, 1095 Willowdale Road, Morgantown, WV 26505-2888; fax (304) 285-6111; or e-mail WoRLD@cdc.gov.

Reference

 National Institute for Occupational Safety and Health. Work-related lung disease surveillance report, 1999. Cincinnati, Ohio: US Department of Health and Human Services, Public Health Service, CDC, National Institute for Occupational Safety and Health, December 1999; DHHS(NIOSH) publication no. 2000-105.

Notice to Readers

Satellite Broadcast on HIV Prevention

"HIV Prevention with Incarcerated Persons," a satellite broadcast, is scheduled for Thursday, April 27, 2000, at 1–3 p.m. eastern time. Co-sponsors are CDC and the Public Health Training Network. This forum will focus on activities and resources for human immunodeficiency virus (HIV) infection prevention within correctional facilities. Viewers will hear about CDC activities and programs throughout the country.

This broadcast is designed for organizations and persons involved in providing health care and HIV prevention for incarcerated persons and their partners. This audience includes administrators and other staff in correctional facilities, public health programs,

Notices to Readers — Continued

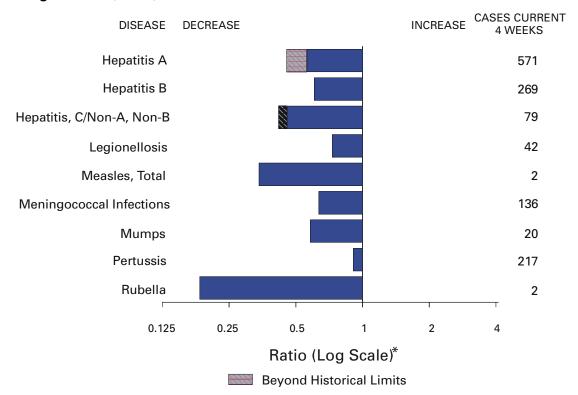
community-based organizations, legislative staffs, and managed care. Speakers will discuss why incarceration is a critical opportunity for HIV prevention, benefits of HIV prevention for correctional programs and public health, specific programs in HIV prevention at correctional facilities, and resources and technical assistance for corrections and public health. Viewers can fax questions and comments before and during the satellite broadcast.

Additional information for organizations and potential viewers is available through the World-Wide Web site for this broadcast, http://www.cdcnpin.org/broadcast, and CDC's Fax Information System, telephone (888) 232-3299 ([888] CDC-FAXX), by entering document number 130026 and a return fax number. Organizations setting up viewing sites can register online or by fax as early as possible so that potential viewers may access information about viewing locations when visiting the web site or calling the information line.

Erratum: Vol. 49, No. 10

In the article "Hantavirus Pulmonary Syndrome—Panama, 1999–2000," on page 205, the year given in the first sentence of the second paragraph was incorrect. The sentence should read: "In mid-January 2000...."

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending March 18, 2000, 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 March 18, 2000 (11th Week)

		Cum. 2000		Cum. 2000
Anthrax		_	HIV infection, pediatric*§	34
Brucellosis*		4	Plaque	2
Cholera		1 -	Poliomyelitis, paralytic	
	bella syndrome	1	Psittacosis*	4
Cyclosporiasis		2	Rabies, human	
Diphtheria		1 -	Rocky Mountain spotted fever (RMSF)	24
	California* serogroup viral	1 1	Streptococcal disease, invasive Group A	606
Encophantio.	eastern equine*	1 :	Streptococcal toxic-shock syndrome*	30
	St. Louis*	_	Syphilis, congenital [¶]	
	western equine*	_	Tetanus	2
Ehrlichiosis	human granulocytic (HGE)*	14	Toxic-shock syndrome	29
Lillicinosis	human monocytic (HME)*	I 'i	Trichinosis	1 1
Hansen Disea		8	Typhoid fever	59
Hantavirus pulmonary syndrome*†.		1 -	Yellowfever	J 30
	emic syndrome, post-diarrheal*	14	1 GIIOW IGVGI	

^{-:} 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 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, 2000.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)

								Escherichia coli O157:H7*				
ŀ	All Cum.	OS Cum.	Chlan Cum.	nydia [§] Cum.	Cryptosı Cum.	ooridiosis Cum.	NET Cum.	Cum.	PH Cum.	LIS Cum.		
Reporting Area	2000†	1999	2000	1999	2000	1999	2000	1999	2000	1999		
UNITED STATES NEW ENGLAND	6,288 511	6,945 352	99,460 4,261	140,011 4,378	220 10	285 14	271 21	240 38	154 22	194 34		
Maine	6	5	247	146	2	1	2	2	2	-		
N.H. √t.	5 1	13 4	216 118	224 91	- 5	1 1	4 1	2 3	4 2	2		
Mass. R.I.	370 17	238 20	1,657 477	1,889 459	1 2	8	6	18 1	6	16 1		
Conn.	112	72	1,546	1,569	-	3	8	12	8	15		
MID. ATLANTIC	1,592	1,492	4,032	16,434	19 12	56 20	25 25	13 9	37 31	2		
Upstate N.Y. N.Y. City	65 986	76 835	N -	N 7,966	4	28	25 -	1	-	1		
N.J. Pa.	387 154	370 211	668 3,364	2,715 5,753	3	3 5	- N	3 N	1 5	1		
E.N. CENTRAL	590	489	18,024	21,933	30	53	37	45	8	28		
Ohio	92 56	97 52	4,569	7,041	13	7 3	10 5	20 9	3	9 7		
Ind. III.	353	231	2,256 5,061	2,414 5,814	3 -	6	11	8	1 -	5		
Mich. Wis.	67 22	81 28	4,629 1,509	4,226 2,438	6 8	8 29	10 N	8 N	2 2	4 3		
W.N. CENTRAL	151	161	5,138	8,986	16	21	66	52	29	53		
Minn. Iowa	32 10	28 13	1,238 605	1,659 481	4 2	10 1	16 11	11 5	10 4	12 2		
Mo. N. Dak.	70	84	902	4,142 195	6 1	4	31 2	4 2	10 1	3 1		
S. Dak.	2	3	371	451	1	2	-	-	-	1		
Nebr. Kans.	7 30	10 20	667 1,355	807 1,251	2	2 2	2 4	16 14	2 2	34 -		
S. ATLANTIC	1,531	1,832	18,454	29,119	37	43	24	22	15	12		
Del. Md.	26 153	31 252	607 1,303	653 2,802	3	4	- 5	1 1	1	-		
D.C. Va.	112 115	69 102	628 2,968	N 3,375	- 1	3	- 5	6	U 5	U 2		
W. Va.	6	14	400	465	-	-	2	-	1	1		
N.C. S.C.	<i>7</i> 5 156	125 128	4,000 669	4,750 4,813	3 -	1 -	6 -	5 1	1 -	4 1		
Ga. Fla.	183 705	207 904	3,442 4,437	5,943 6,318	22 8	30 5	2 4	1 7	3 4	U 4		
E.S. CENTRAL	281	300	9,702	9,728	7	3	13	18	8	11		
Ky. Tenn.	37 105	37 130	1,683 2,956	1,655 2,919	- 1	1 1	5 5	5 7	3 5	4 3 3		
Ala. Miss.	92 47	69 64	2,810 2,253	3,051 2,103	6	1 -	1 2	3 3	-	3 1		
W.S. CENTRAL	542	980	17,098	18,034	7	15	10	7	12	12		
Ark. La.	20 92	34 67	939 3,442	1,241 2,037	1 -	12	4	2 3	1 7	2 2		
Okla. Tex.	16 414	19 860	1,517 11,200	1,737 13,019	1 5	1 2	3 3	1	3 1	1 7		
MOUNTAIN	213	207	4,416	7,238	16	23	28	14	9	11		
Mont. Idaho	3 3	3 5	64	225 399	1 1	1 2	8 4	-	-	2		
Wyo.	1	-	168	164	1	-	2	1	2	1		
Colo. N. Mex.	52 26	56 9	747 416	1,651 933	4 1	3 10	8 -	4 1	3	1 -		
Ariz. Utah	56 28	86 27	1,930 468	2,836 370	2 6	7 N	3 2	3 5	3 1	1 5		
Nev.	44	21	623	660	-	-	1	-	-	ĭ		
PACIFIC Wash.	877 102	1,132 58	18,335 2,670	24,161 2,573	78 N	57 N	47 5	31 3	14 7	31 12		
Oreg.	22	32	1,005	1,263	1	3	5	12	4	10		
Calif. Alaska	727 -	1,021 5	13,531 496	19,221 424	77 -	54 -	34	16 -	-	9		
Hawaii	26	16	633	680	-	-	3	-	3	-		
Guam P.R.	9 153	1 215	- 142	98 U	-	-	N -	N 1	U U	U U		
v.I. Amer. Samoa	6	3	-	Ū	-	U	-	U	Ŭ	Ū		
Amer. Samoa C.N.M.I.	-			U U		U U		U U	U U	U U		

N: Not notifiable

U: Unavailable

-: no reported cases

C.N.M.I.: Commonwealth of Northern Mariana Islands

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

*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, 2000.

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)

	Gono		Hep	patitis IA,NB	Legion		Ly	/me sease
Reporting Area	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	52,130	76,133	413	739	124	189	593	915
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	1,253 15 19 10 463 111 635	1,545 10 18 13 604 115 785	- - - - -	2 - - 1 1 - -	9 2 2 - 3 - 2	12 2 1 3 3 1 2	87 - 15 - 44 - 28	225 1 - - 95 2 127
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	3,100 1,077 - 321 1,702	9,231 1,163 3,825 1,588 2,655	10 10 - -	30 18 - - 12	20 11 - - 9	52 12 8 5 27	396 176 2 - 218	490 112 16 114 248
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	11,282 2,656 1,036 3,281 3,377 932	13,113 3,504 1,450 4,183 2,934 1,042	57 - - 3 54 -	393 - - 7 109 277	31 17 5 1 7	58 15 4 10 17 12	4 4 - - - U	33 9 1 2 1 20
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr.	1,797 484 133 367 - 54 211	4,227 608 179 2,520 14 35 388	53 - - 48 - - 1	45 - - 40 - - 1	7 1 2 4 - -	7 - 3 2 - 1 1	22 6 - 5 -	13 2 2 3 1 -
Kans. S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	548 13,155 321 604 503 1,870 105 3,625 574 2,345 3,208	483 22,429 376 3,251 1,522 2,259 130 4,201 2,264 3,948 4,478	4 19 - 2 - 1 7 - 9	4 46 19 - 6 4 10 6 1	28 2 8 - 3 N 3 2	23 2 4 - 4 N 4 4 - 5	11 61 1 44 - 5 4 4 - - 3	5 107 5 85 1 - 1 13 1 - 1
E.S. CENTRAL Ky. Tenn. Ala. Miss.	7,026 682 2,286 2,244 1,814	7,712 792 2,367 2,785 1,768	83 9 20 3 51	47 5 22 1 19	3 1 1 1	11 5 5 1	- - - -	12 - 4 5 3
W.S. CENTRAL Ark. La. Okla. Tex.	9,119 486 2,558 697 5,378	10,372 585 2,158 905 6,724	94 3 36 - 55	83 3 61 2 17	- - - -	1 - 1 -	- - - -	- - - -
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	1,829 - 4 17 775 77 646 69 241	2,083 4 25 8 454 187 1,076 40 289	58 - - 42 8 4 4	58 4 4 21 8 7 11 1	9 - 1 1 4 - - 3	12 - - 1 1 1 5 4	1 - - - - 1 -	2 - - 1 1 - - -
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	3,569 492 110 2,828 62 77	5,421 456 200 4,569 80 116	39 4 8 27 -	35 2 4 29 -	17 5 N 12 -	13 2 N 11 -	22 - 1 21 - N	33 - 1 32 - N
Guam P.R. V.I. Amer. Samoa C.N.M.I.	30 - - -	16 67 U U U	- 1 - -	- - U U	- - - -	- U U U	- N - -	N U U U

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 11, 2000, and March 20, 1999 (11th Week)

		9	,			Salmonellosis*					
		aria		s, Animal		TSS		LIS			
Reporting Area	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999			
UNITED STATES	138	250	759	1,037	4,127	5,083	2,464	4,671			
NEW ENGLAND	1 1	4	93 17	156	275 29	280	242 12	300			
Maine N.H.	-	-	2	23 14	20	26 9	15	16 11			
Vt. Mass.	-	4	6 31	30 37	12 159	11 164	4 149	13 159			
R.I. Conn.	-	-	37	15 37	6 49	13 57	12 50	28 73			
MID. ATLANTIC	14	81	165	210	338	768	540	572			
Upstate N.Y. N.Y. City	9 2	18 35	131 U	130 U	109 129	144 244	124 194	175 229			
N.J. Pa.	- 3	21 7	22 12	47 33	100	198 182	51 171	163 5			
E.N. CENTRAL	11	24	8	1	550	790	249	679			
Ohio Ind.	2 1	2 4	2	-	162 61	173 44	70 46	132 50			
III.	2 6	10	-	-	179	243	1	243			
Mich. Wis.	-	5 3	6 -	1 -	98 50	190 140	88 44	174 80			
W.N. CENTRAL Minn.	6 4	10	72 22	156 18	221 42	294 80	184 48	320 110			
lowa	-	2	8	20	25 76	37	19	32			
Mo. N. Dak.	-	6 -	2 9	5 28	2	65 2	64 10	96 11			
S. Dak. Nebr.	- 1	-	18 -	35 1	11 27	8 2 6	13 7	17 24			
Kans.	1	2	13	49	38	76	23	30			
S. ATLANTIC Del.	40	57 -	321 10	357 7	796 10	916 17	437 7	838 18			
Md. D.C.	19 -	20 6	71 -	88	134	107 20	103 U	112 U			
Va. W. Va.	12	9 1	81 22	83 15	81 22	106 17	66 14	104 20			
N.C.	4	4	64	79	159	194	69	171			
S.C. Ga.	- -	6	23 28	24 33	76 124	56 183	41 137	58 245			
Fla. E.S. CENTRAL	5 6	11 5	22 32	28 53	190	216 315	99	110			
Ky.	2	1	5	17	221 41	67	19	191 41			
Tenn. Ala.	4	2 2	23 4	19 17	56 83	85 93	54 23	82 55			
Miss.	-	-	-	-	41	70	3	13			
W.S. CENTRAL Ark.	1 -	9 1	8 -	24 -	239 43	366 54	244 22	489 44			
La. Okla.	1 -	6 1	8	24	26 28	57 43	72 18	69 29			
Tex.	-	1	-	-	142	212	132	347			
MOUNTAIN Mont.	12 1	10 1	31 9	27 12	416 18	365 4	270	360 1			
ldaho Wyo.	-	1 -	- 16	- 7	24 6	14 3	3	19 6			
Colo. N. Mex.	6	3 1	2	1	93 41	105 50	82 28	112 45			
Ariz.	2 2	; 1	4	7	135	113 43	108 49	103			
Utah Nev.	1	-	-	-	63 36	33	49 -	49 25			
PACIFIC Wash.	47 2	50 3	29	53	1,071 53	989 57	199 99	922 136			
Oreg.	5	7	-	-	52	72	58 58	98			
Calif. Alaska	39 -	36 -	22 7	50 3	908 12	790 7	8	623 5			
Hawaii	1	4	-	-	46	63	34	60			
Guam P.R.	-	- -	6	14	10	14 61	U U	U U			
V.I. Amer. Samoa	-	U U	-	U U	-	U U	U U	U U			
C.N.M.I.	-	Ū	-	Ü	-	Ü	Ū	Ü			

N: Not notifiable U: Unavailable -: no reported cases
*Individual cases may 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 18, 2000, and March 20, 1999 (11th Week)

		Shige	llosis*		Svr	1999 (11th philis		
-	NETS Cum.	Cum.	Cum.	HLIS Cum.	(Primary & Cum.	Secondary) Cum.	Tubei Cum.	culosis Cum.
Reporting Area	2000	1999	2000	1999	2000	1999	2000	1999†
UNITED STATES	2,506	2,562	1,015	1,396	1,106	1,391	1,569	2,501
NEW ENGLAND Maine	60 2	64 1	43	61 -	14 -	13	47 -	72 3
N.H. Vt.	1	4 3	1	5 3	-	- 1	1	-
Mass. R.I.	41 7	42 9	31 4	38 7	12 1	8 1	35 2	35 15
Conn.	8	5	7	8	1	3	9	19
MID. ATLANTIC Upstate N.Y.	122 70	212 39	138 31	128 19	<u>22</u> 1	61 7	312 20	432 35
N.Y. City	39	71	60	57	6	22	187	222
N.J. Pa.	13	67 35	15 32	52 -	4 11	14 18	79 26	101 74
E.N. CENTRAL	380	457	119	210	244	210	179	249
Ohio Ind.	26 60	159 18	4 9	16 8	13 92	18 56	34 15	64 23
III. Mich.	115 170	171 52	2 99	159 13	68 56	103 26	111 13	113 37
Wis.	9	57	5	14	15	7	6	12
W.N. CENTRAL Minn.	173 42	130 19	92 38	116 22	16 2	59 5	83 31	83 33
Iowa Mo.	25 85	2 81	21 25	3 79	6 5	2 48	7 34	- 38
N. Dak. S. Dak.	1	1	-	1	-	-	3	1 3
Nebr.	14	9	4	4	2	1	2	1
Kans. S. ATLANTIC	6 293	18 394	4 66	6 105	1 343	3 511	6 253	7 382
Del.	1	5	-	1	2	1	-	4
Md. D.C.	24	24 19	8 U	5 U	64 15	111 33	38 -	44 10
Va. W. Va.	12 1	16 3	12 1	5 1	25 1	34 1	8	17 7
N.C. S.C.	18 3	53 24	5 1	33 10	111 11	120 47	43 18	60 75
Ga. Fla.	25 209	42 208	18 21	17 33	59 55	94 70	99 47	74 91
E.S. CENTRAL	121	292	70	176	188	244	109	133
Ky. Tenn.	28 58	27 214	16 51	20 145	18 123	26 122	- 48	15 42
Ala. Miss.	9 26	28 23	1 2	11	24 23	59 37	61	59 17
W.S. CENTRAL	238	401	192	456	167	202	27	406
Ark. La.	45 19	30 30	3 34	20 26	12 45	20 29	20	14 U
Okla. Tex.	9 165	111 230	4 151	26 384	36 74	51 102	7 -	20 372
MOUNTAIN	210	156	63	304 87	36	32	- 67	64
Mont. Idaho	22	3	-	2	-	-	-	-
Wyo.	1	2	1	1	-	-	-	-
Colo. N. Mex.	29 25	31 18	15 13	20 12	3	-	6 15	U 11
Ariz. Utah	79 5	83 11	28 6	38 12	28	32	22 7	27 11
Nev.	49	6	-	2	2	-	17	15
PACIFIC Wash.	909 162	456 13	232 182	57 27	76 11	59 5	492 35	680 29
Oreg. Calif.	75 660	12 419	43	15 -	2 ස	1 51	428	19 590
Alaska Hawaii	2 10	12	1 6	- 15	-	1	12 17	8 34
Guam	-		U	U	-	-	-	-
P.R. V.I.	1	3 7 U	Ŭ	Ŭ	20	52 U	-	- U
Amer. Samoa	-	Ü	Ü	Ü	-	Ü	-	Ü
C.N.M.I.	- H: Upay		U		-	U	-	U

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

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)

	H. influ	ienzae,		lepatitis (V					Meas	les (Rubec	ola)	
		sive	Α		В		Indige		Impo		Tota	
Reporting Area	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	244	267	2,337	3,786	895	1,200	-	3	-	-	3	21
NEW ENGLAND	20	18	44	42 2	11	39	-	-	-	-	-	1
Maine N.H.	1 3	2 2	1 7	5	1 6	2	-	-	-	-	-	1
Vt. Mass.	2 11	3 10	2 11	- 17	2 2	1 21	-	-	-	-	-	-
R.I.	-	-	-	-	-	2	-	-	-	-	-	-
Conn.	3	1 42	23 97	18	-	13	-	-	-	-	-	-
MID. ATLANTIC Upstate N.Y.	33 17	19	51	245 56	78 21	178 31	-	-	-	-	-	-
N.Y. City N.J.	5 10	10 12	46	77 34	57 -	54 24	-	-	-	-	-	-
Pa.	1	1	-	78	-	69	-	-	-	-	-	-
E.N. CENTRAL Ohio	31 16	37 15	287 90	848 170	113 24	118 22	-	3 2	-	-	3 2	-
Ind.	3	3	5	17	5	4	-	-	-	-	-	-
III. Mich.	9 3	16 3	<i>7</i> 5 111	166 477	84	- 85	-	- 1	-	-	- 1	-
Wis.	-	-	6	18	-	7	-	-	-	-	-	-
W.N. CENTRAL Minn.	12 5	17 5	247 21	190 6	50 3	59 4	-	-	-	-	-	-
lowa	-	3	28	28	9	10	-	-	-	-	-	-
Mo. N. Dak.	3 1	3	135	115 -	25 -	32	Ū	-	Ū	-	-	-
S. Dak. Nebr.	- 1	1 1	- 8	2 19	- 5	- 8	-	-	-	-	-	-
Kans.	2	4	55	20	8	5	-	-	-	-	-	-
S. ATLANTIC	62	57	254	278	186	168	-	-	-	-	-	-
Del. Md.	20	19	33	87	26	46	-	-	-	-	-	-
D.C. Va.	13	2 7	42	15 25	- 28	6 14	-	-	-	-	-	-
W. Va.	1 5	1 9	22 56	2 36	-	44	-	-	-	-	-	-
N.C. S.C.	1	2	3	4	73 2	24	-	-	-	-	-	-
Ga. Fla.	17 5	13 4	33 65	86 23	10 47	27 7	Ū	-	Ū	-	-	-
E.S. CENTRAL	13	20	78	101	61	98	-	-	-	-	_	-
Ky. Tenn.	7 4	5 7	7 21	18 46	13 28	7 46	-	-	-	-	-	-
Ala.	2	6	14	24	5	25	-	-	-	-	-	-
Miss.	-	2	36	13	15	20	-	-	-	-	-	-
W.S. CENTRAL Ark.	14 -	18 -	362 40	742 8	37 11	155 12	-	-	-	-	-	2
La. Okla.	2 12	6 10	8 71	37 127	17 9	45 29	-	-	-	-	-	-
Tex.	-	2	243	570	-	69	-	-	-	-	-	2
MOUNTAIN Mont.	36	34 1	167 1	367 4	79 3	99 1	-	-	-	-	-	-
Idaho	2	1	8	9	4	4	-	-	-	-	-	-
Wyo. Colo.	10	1 1	5 38	1 69	20	1 22	-	-	-	-	-	-
N. Mex. Ariz.	10 12	9 18	20 68	7 224	17 28	30 21	-	-	-	-	-	-
Utah	2	3	13	16	3	7	-	-	-	-	-	-
Nev.	-	-	14	37	4	13	-	-	-	-	-	-
PACIFIC Wash.	23 2	24 -	801 40	973 61	280 7	286 5	-	-	-	-	-	18 3 8 7
Oreg. Calif.	7 4	8 14	49 709	58 849	19 250	22 249	-	-	-	-	-	8 7
Alaska	1	2	3	3	3	6	-	-	-	-	-	-
Hawaii	9	-	-	2	1	4	-	-	-	-	-	-
Guam P.R.	-	-	15	2 17	8	2 25	U U	-	U	-	-	-
V.I. Amer. Samoa	-	U U	-	U U	-	U	U U	-	U	-	-	U U
C.N.M.I.	-	U	-	Ŭ	-	Ŭ	ŭ	-	Ŭ	-	-	Ŭ

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 26 and of those, 5 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)

Meningococcal Disease	Vlumps										
				Pertussis			Rubella				
Cum. Cum. Reporting Area 2000 1999 2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999			
UNITED STATES 528 601 9	84	88	49	758	1,086	-	5	8			
NEW ENGLAND 28 33 1	1	3	9	190	118	-	1	2			
Maine 3 3 - N.H 3 -	-	1	7	7 42	18	-	1	-			
Vt. 1 2 - Mass. 18 22 -	-	2	2	45 86	9 85	-	-	2			
R.I 2 1 Conn. 6 1 -	1 -	-	-	6 4	2 4	-	-	-			
MID. ATLANTIC 39 61 1	5	13	7	66	137	-	2	-			
Upstate N.Y. 9 9 1 N.Y. City 10 22 -	3	2	7	45 -	95 10	-	2	-			
N.J. 10 14 - Pa. 10 16 -	2	- 8	-	- 21	3 29	-	-	-			
E.N. CENTRAL 77 94 2	11	10	3	140	135	_	_	-			
Ohio 18 35 - Ind. 17 6 -	3	3	-	108 8	79 8	-	-	-			
III. 18 34 2 Mich. 20 10 -	3 5	3 4	3	8 6	20 14	-	-	-			
Wis. 20 10 -	-	-	-	10	14	-	-	-			
W.N. CENTRAL 52 78 - Minn. 3 18 -	10	2	2	27 9	32	-	2	-			
lowa 9 13 -	3 1	2	-	7 3	6 7	-	-	-			
N. Dak. 1 - U	-	-	Ū	1	-	U	-	-			
S. Dak. 2 5 - Nebr. 1 3 -	4	-	2	1 2	1 1	-	-	-			
Kans. 1 12 -	2	-	-	4	17	-	2	-			
S. ATLANTIC 93 80 1 Del 1 -	10 -	12 -	8 -	53 1	61 -	-	-	1 -			
Md. 9 16 1 D.C 1 -	3	3 1	-	14 -	23	-	-	1 -			
Va. 16 10 - W. Va. 2 1 -	1 -	2	-	3	7	-	-	-			
N.C. 17 13 - S.C. 6 15 -	2 4	1 2	- 1	15 11	21 5	-	-	-			
Ga. 18 14 - Fla. 25 9 U	-	3	7 U	9	4 1	Ū	-	-			
E.S. CENTRAL 33 51 -	1	3 1	1	- 19	24	-	-	-			
Ky. 8 10 - Tenn. 14 16 -	-	-	-	12 1	5 12	-	-	-			
Ala. 10 15 -	1	1	1	6	6	-	-	-			
Miss. 1 10 - W.S. CENTRAL 23 55 -	-	- 12	-	3	1 30	-	-	4			
Ark. 3 12 -	-	- 2	-	3	2	-	-	-			
La. 12 29 - Okla. 8 11 -	-	1	-	-	2 3	-	-	-			
Tex 3 - MOUNTAIN 35 54 -	3	9 7	- 12	- 182	23 181	-	-	4 1			
Mont. 1	-	-	-	1	1	-	-	-			
ldaho 4 6 - Wyo 2 -	-	-	3	31	74 1	-	-	-			
Wyo 2 - Colo. 8 16 - N. Mex. 4 7 -	- 1	2 N	4 2	96 31	37 9	-	-	-			
Ariz. 11 18 - Utah 6 3 -	-	- 4	3	17 4	39 18	-	-	- 1			
Nev. 1 2 -	2	1	-	2	2	-	-	-			
PACIFIC 148 95 4 Wash. 10 14 -	43 2	28	7 7	78 27	368 129	-	-	-			
Oreg. 13 23 N Calif. 122 50 4	N 40	N 23	-	16	3 224	-	-	-			
Alaska 1 4 - Hawaii 2 4 -	- 1	1 4	-	32 2 1	1 1	-	-	-			
Guam U	-	1	U	-	-	U	-	-			
P.R 2 U V.I U U	-	Ū	Ŭ U	-	Ū	Ŭ U	-	Ū			
Amer. Samoa - U U C.N.M.I U U	-	Ŭ	Ŭ U	-	Ŭ	Ŭ	-	Ü			

N: Not notifiable

TABLE IV. Deaths in 122 U.S. cities,* week ending March 18, 2000 (11th Week)

		VII Car	ises Rv	Age (Ye		1 10	All Causes, By Age (Years)								
Reporting Area	All			Ť		١.	P&I [†] Total	Reporting Area	All			<u> </u>		\exists	P&I [†] Total
	Ages	≥65	45-64	25-44	1-24	<1		3	Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND Boston, Mass.	417 141	299 91		25 13	8 4	16 8	38 14	S. ATLANTIC Atlanta, Ga.	1,006 U	645 U	211 U	88 U	34 U	28 U	85 U
Bridgeport, Conn	. 34	26		1	-	-	2	Baltimore, Md.	226	127	49	37	8	5	21
Cambridge, Mass Fall River, Mass.	. 8 U	6 U	U	Ū	Ū	Ū	2 U	Charlotte, N.C. Jacksonville, Fla	. 130	56 79	19 31	4 12	1 4	4 4	11 10
Hartford, Conn. Lowell, Mass.	U 23	U 16	-	U 1	U	U	U 3	Miami, Fla. Norfolk, Va.	U 72	U 43	U 18	U 4	U 2	U 5	U 4
Lynn, Mass.	16	11	4	1	-	-	-	Richmond, Va.	53	35	13	3	2	-	6
New Bedford, Ma New Haven, Conn		22 31	3 4	- 4	- 1	4	1 7	Savannah, Ga. St. Petersburg, F	53 Fla. 71	34 60	9 4	6 3	3 4	1	10 6
Providence, R.I.	U	U	U	Ú	Ú	Ú	U	Tampa, Fla.	188	130	35	12	7	4	16
Somerville, Mass Springfield, Mass	s. 37	1 31	2	-	2	2	1	Washington, D.(Wilmington, Del		59 22	26 7	7 -	3	5 -	1 -
Waterbury, Conn. Worcester, Mass.	. 19 69	15 49	3 13	1 4	- 1	2	4 4	E.S. CENTRAL	937	649	185	66	21	15	89
MID. ATLANTIC	2,411	1,729	461	152	36	31	149	Birmingham, Ala Chattanooga, Te		139 57	47 16	15 3	2	3 1	17 7
Albany, N.Y.	44	30	9	2	-	3	3	Knoxville, Tenn.	104	75	19	9	1	-	1
Allentown, Pa. Buffalo, N.Y.	U 130	U 88	U 31	U 3	U 3	U 4	U 15	Lexington, Ky. Memphis, Tenn.	60 181	37 127	19 25	3 19	1 4	- 6	8 23
Camden, N.J.	30 19	16 14	10	1 2	-	3	-	Mobile, Ala.	93	60 42	20	8	2	3	5
Elizabeth, N.J. Erie, Pa.§	51	42	8	-	-	1	5	Montgomery, A Nashville, Tenn.	la. 53 159	112	6 33	3 6	2 6	2	11 17
Jersey City, N.J. New York City, N.	26 Y. 1.184	16 826		2 92	2 18	10	- 31	W.S. CENTRAL	1,556	1,000	331	126	50	49	137
Newark, N.J.	Ū	U	U	Ū 2	U	Ú	U	Austin, Tex. Baton Rouge, La	. 59 . 90	39 60	14 20	3 5	2	1 3	1 6
Paterson, N.J. Philadelphia, Pa.	14 462	8 325	96	32	1 4	5	3 43	Corpus Christi, 1	Tex. 71	45	18	4	2	2	4
Pittsburgh, Pa.§ Reading, Pa.	85 31	67 28	14 2	4	- 1	-	8	Dallas, Tex. El Paso, Tex.	203 64	119 45	48 16	20 2	8 -	8 1	14 2
Rochester, N.Y.	135	103	20	4	4	4	20	Ft. Worth, Tex. Houston, Tex.	135 461	88 262	30 103	8 59	4 21	5 16	12 61
Schenectady, N.Y Scranton, Pa.§	. 32 34	25 31	7 2	1	-	-	1 5	Little Rock, Ark.	76	52	12	5	2	5	5
Syracuse, N.Y. Trenton, N.J.	92 21	73 17	11 2	4 2	3	1	7 3	New Orleans, La San Antonio, Te		U 139	U 34	U 10	U 7	U 2	U 9
Utica, N.Y.	21	20	-	1		-	2	Shreveport, Ĺa. Tulsa, Okla.	57 148	48 103	8 28	10	1 1	- 6	7 16
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1.070	735	20	76	25	23	93
E.N. CENTRAL Akron, Ohio	2,091 69	1,473 50	375 10	142 6	46 1	54 2	192 8	Albuquerque, N	.M. 146	106	27	7	3	3	14
Canton, Ohio Chicago, III.	40 436	28 312	9 70	2 33	- 14	1 6	5 ස	Boise, Idaho Colo. Springs, C	47 olo. 57	35 39	7 9	2 8	1	3	5 1
Cincinnati, Ohio	82	60	14	5	-	3	7	Denver, Colo.	126	87 143	28 46	6 17	4 6	1 3	20
Cleveland, Ohio Columbus, Ohio	125 201	81 132	32 43	9 13	1 7	2 6	3 22	Las Vegas, Nev. Ogden, Utah	215 25	24	1	-	-	-	21 3
Dayton, Ohio	131 171	95 99	19 37	8 19	5 7	4	8 11	Phoenix, Ariz. Pueblo, Colo.	175 33	109 28	36 4	17 1	7	6	9 3
Detroit, Mich. Evansville, Ind.	51	36	11	3	1	-	2	Salt Lake City, U	tah 89	54	25	5	-	5	8
Fort Wayne, Ind. Gary, Ind.	65 17	52 13	10 4	2	1	-	3	Tucson, Ariz.	157	110	28	13	4	2	9
Grand Rapids, Mi	ch. 44	28	8	2	2	4	9	PACIFIC Berkeley, Calif.	2,847 21	2,142 16	473 4	145 1	51 -	35 -	302 4
Indianapolis, Ind. Lansing, Mich.	39	121 32	33 5	15 2	3	6	12 3	Fresno, Calif. Glendale, Calif.	203 92	155 <i>7</i> 9	31 9	10 4	4	3	24 9
Milwaukee, Wis. Peoria, III.	104 45	74 41	20 1	6 1	2 1	2 1	9	Honolulu, Hawa	ii 76	56	16	2	1	1	4
Rockford, III.	43	32	7	2	-	2	3	Long Beach, Cal Los Angeles, Cal		60 933	21 168	5 56	1 22	7	11 117
South Bend, Ind. Toledo, Ohio	56 112	44 75		3 9	- 1	1 5	4 12	Pasadena, Calif.	31 113	20 84	5 21	1	3	5 1	4 13
Youngstown, Ohi		68		2	-	-	8	Portland, Oreg. Sacramento, Cal	if. 186	129	43	8	1	5	30
W.N. CENTRAL	854	584		73 7	36	12 3	44 5	San Diego, Calif San Francisco, C		137 110	31 30	15 11	5 3	9 1	27 10
Des Moines, Iowa Duluth, Minn.	33	89 30		1	2	-	1	San Jose, Calif.	176	128	38	6	2	2	25 3
Kansas City, Kans Kansas City, Mo.	. 42 114	17 81	9 23	12 5	4 3	2	1 5	Santa Cruz, Calif Seattle, Wash.	119	36 85	5 20	1 8	6	-	8
Lincoln, Nebr.	38	31	4	-	2	1	7	Spokane, Wash. Tacoma, Wash.		48 66	14 17	4	3	1	9
Minneapolis, Min Omaha, Nebr.	n. 211 78	153 57	36 18	14 2	4	4 1	13 4	TOTAL	13,189¶			893	307	262	1,129
St. Louis, Mo. St. Paul, Minn.	88 U	57 U	16	10 U	5 U	Ū	Ū	IOIAL	13,103	3,200	2,400	033	307	203	1,123
Wichita, Kans.	129	69		22	16	1	8								

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.

¹Pneumonia and influenza.

¹Because 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.

¹Total includes unknown ages.

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