

MMWRTM
**MORBIDITY AND MORTALITY
WEEKLY REPORT**

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**Use of Medical Care, Police Assistance, and Restraining Orders
by Women Reporting Intimate Partner Violence —
Massachusetts, 1996–1997**

Approximately 1.5 million women in the United States are physically or sexually assaulted by an intimate partner (IP) each year (1). The Woman Abuse Tracking in Clinics and Hospitals (WATCH) Project at the Massachusetts Department of Public Health analyzed data from the 1996 and 1997 Behavioral Risk Factor Surveillance System (BRFSS) in Massachusetts to 1) estimate the percentage of women aged 18–59 years experiencing intimate partner violence (IPV) who used medical care, police assistance, and restraining orders during the preceding 5 years, 2) determine where women experiencing IPV went for medical care, and 3) examine the overlap in use of these three services. This report describes the results of these analyses, which indicate that a higher percentage of women aged 18–59 years use police assistance rather than obtain a restraining order or seek medical care.

BRFSS is an ongoing, state-based, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥ 18 years. Questions on IPV developed by the WATCH Project were added to the Massachusetts BRFSS in 1996 and 1997. During the 2 years, 2940 women aged 18–59 years responded to the survey (response rate: 64.5%). Of these, 129 (5.5%) were excluded from analysis because they either refused or responded “don’t know/not sure” to the initial questions about whether they had ever been physically or sexually hurt, and if so, if this was by an IP*. Women aged ≥ 60 years also were excluded from the analyses because of low levels of reporting recent IPV. Data were aggregated across the 2 years and weighted to reflect the probability of selection and the demographic distribution of the Massachusetts adult population. Estimated proportions and standard errors were calculated using SUDAAN (2).

Survey respondents were asked whether they had ever been physically or sexually hurt[†] by an IP and when this violence last occurred. Respondents who reported IPV during the preceding 5 years also were asked the following questions about service use: 1) “Did you see a doctor or nurse as a result of being hurt by any of these people in the past five years?”; 2) “In the past five years, were the police called about any of these incidents?”; and 3) “In the past five years, have you gotten a restraining order at a court

*Same or opposite sex, current or ex-husband/wife, partner, boyfriend, girlfriend, or date.

[†] Being physically or sexually hurt included being shoved, slapped, hit with an object, or forced into any sexual activity.

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against a current or ex-(husband/wife), partner, boyfriend, girlfriend, or date?"[§] Respondents who reported having seen a doctor or nurse were asked where they sought care most recently, and those who reported police assistance were asked how many times the police had come for incidents of IPV during the preceding 5 years.

Among women aged 18–59 years, 18.0% reported ever having experienced IPV, 6.6% reported IPV during the preceding 5 years, and 2.1% reported IPV during the preceding 12 months (Table 1). Among women reporting IPV during the preceding 5 years, 39.0% received police assistance, 33.8% obtained a restraining order, and 28.7% sought medical care as a result of IPV. Most women who received police assistance also reported obtaining a restraining order: 69.7%[¶] of women who received police assistance for IPV also obtained a restraining order against an IP. Among women reporting IPV, 11.1% sought medical care as a result of IPV but did not obtain police assistance or a restraining order. Approximately half (55.9%) of women reporting IPV received one or more of the three services.

Most women reporting IPV during the preceding 5 years were aged 18–29 years (64.0%), employed (69.8%), had some college education (60.3%), and had children in the household (52.5%). Half (50.1%) of women had never been married, 28.6% were divorced or separated, and 21.3% were married or cohabitating.

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Editorial Note: Federal, state, and local efforts are under way to establish surveillance systems for IPV. The WATCH Project, along with projects in Michigan and Rhode Island, have been funded by CDC to establish statewide tracking systems for IPV against women. IPV surveillance systems are frequently based on service provider data; however, these data represent only persons accessing that particular service. Service provider data are unable to provide estimates of the total number of women experiencing IPV in a population or the extent to which the same women may be represented in different service provider data sets. Surveillance data from the WATCH Project provide state-based estimates of the percentage of women experiencing IPV using three key types of services and the degree of overlap in service use.

Other population-based studies report similar findings regarding the frequency at which women experiencing IPV use services. Police assistance for IPV is received by 35%–56% of women reporting IPV (3–5). Of women physically abused by their partners, 22% seek restraining orders against an IP (4). Among women reporting IPV, 10%–21% receive medical care as a result of IPV, and approximately 70% of these women seek care at an emergency department (3,4,6). Finally, 16% of persons who experience family violence or IPV identified through police incident reports have violence-related contact with a regional hospital (7).

[§]Questions on medical care and restraining orders were revised during 1996–1997 for clarification. The question on medical care was reworded from “after being hurt” to “as a result of being hurt” and the question on restraining orders was reworded from “have you been to court to get a restraining order” to “have you gotten a restraining order at a court.” Response frequencies for women aged 18–59 years did not vary significantly for each version of the question.

[¶]Calculated as the percentage of women who used police and restraining order and the percentage who used police, restraining order, and medical care divided by the percentage who used police with or without other services.

*Intimate Partner Violence — Continued***TABLE 1. Number and percentage of women aged 18–59 years who reported intimate partner violence (IPV) and use of medical care, police assistance, or restraining orders as a result of IPV during the preceding 5 years — Massachusetts, Behavioral Risk Factor Surveillance System, 1996–1997***

| Category | No. † | (% [§]) | (95% CI [¶]) |
|--|-------|-------------------|------------------------|
| Incidence of IPV | | | |
| Ever | 578 | (18.0) | (16.0–19.9) |
| <i>During preceding 5 years</i> | 227 | (6.6) | (5.3– 7.8) |
| <i>During preceding 12 months</i> | 70 | (2.1) | (1.3– 2.8) |
| IPV not reported | 2233 | (82.0) | (80.0–84.0) |
| Services used for IPV during preceding 5 years** | | | |
| Medical care only | 16 | (11.1) | (3.7–18.4) |
| Police only | 21 | (7.4) | (3.1–11.6) |
| Restraining order only | 16 | (3.4) | (1.1– 5.7) |
| Medical care and police | 9 | (4.2) | (0.0– 8.3) |
| Medical care and restraining order | 6 | (2.8) | (0.1– 5.5) |
| Police and restraining order | 49 | (16.5) | (9.5–23.4) |
| All three services | 33 | (10.7) | (5.1–16.3) |
| None of three services | 75 | (44.1) | (34.0–54.1) |
| Where medical care for IPV was received during preceding 5 years† | | | |
| Hospital emergency department | 44 | (60.6) | (41.4–79.8) |
| Private doctor's office | 12 | (27.9) | (9.3–46.4) |
| Hospital walk-in clinic | 6 | (5.1) | (0–10.5) |
| Other | 2 | (6.5) | (0–16.0) |
| Number of times police came for IPV during preceding 5 years^{§§} | | | |
| 1 time | 45 | (47.2) | (32.6–61.8) |
| 2–3 times | 41 | (29.9) | (17.3–42.5) |
| 4–5 times | 14 | (19.3) | (6.2–32.4) |
| 6–9 times | 5 | (2.3) | (0– 5.0) |
| ≥10 times | 4 | (1.2) | (0– 2.6) |

* n=2811; missing=129.

† Unweighted data.

§ Percentages calculated based on weighted data and may not total 100% because of rounding.

¶ Confidence interval.

** n=227; missing=2.

†† n=64; missing=0.

§§ n=113; missing=4.

The findings in this report are subject to at least three limitations. First, BRFSS is a retrospective self-report survey and may be subject to recall bias. Second, women experiencing IPV who were not eligible to be included in the phone survey, declined participation, or did not disclose IPV may have a different pattern of service use than respondents. Persons who were ineligible to participate included those who were homeless, lived in group housing, did not have a phone, or did not speak English, Spanish, or Portuguese. Finally, IPV may not have been reported because of mistrust, fear of reprisals, and feelings of shame and/or denial.

Intimate Partner Violence — Continued

These findings have implications for both IPV surveillance and medical practice. For surveillance, these results suggest that police data may capture a larger portion of women aged 18–59 years experiencing IPV than a medical care-based surveillance system. In Massachusetts, where police are directed to inform women reporting IPV about the availability of restraining orders, police and restraining order data appear to capture a similar demographic group. However, a medical care-based tracking system may capture a sizeable portion of women experiencing IPV who do not receive police or restraining order assistance. Emergency departments appear to provide the most efficient location within the medical system for tracking IPV-related injuries because most women who seek medical care following incidents of IPV are seen in emergency departments. However, a surveillance system designed to include police, restraining order, and medical care data may miss nearly half of women experiencing IPV.

Medical practitioners, particularly those in emergency departments, need to be prepared to identify and provide support, safety planning, and resources to those experiencing IPV (8). Because many women experiencing IPV do not disclose partner violence unless directly asked, some groups believe women patients whose conditions may be injury-related should be screened systematically for IPV (9,10). Because 38.7% of women who received medical care for IPV had not received police or restraining order assistance, medical practitioners may be a critical source of support and intervention to many women.

References

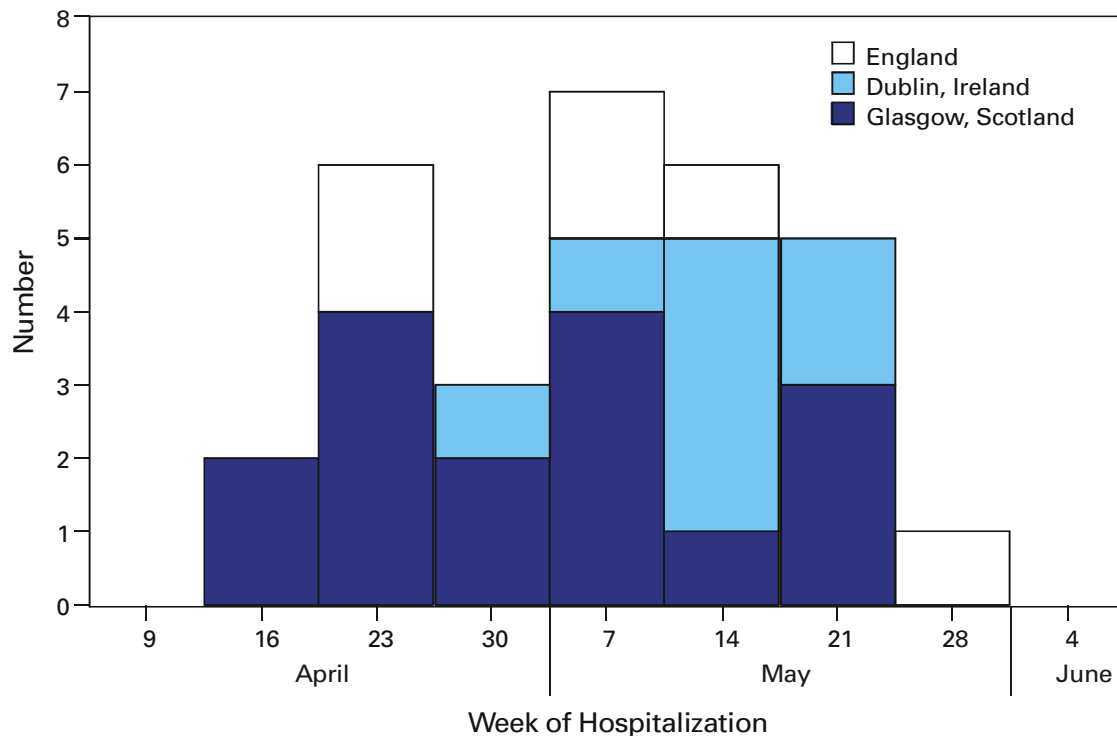
1. Tjaden P, Thoennes N. Prevalence, incidence, and consequences of violence against women: findings from the National Violence Against Women Survey. Washington, DC: US Department of Justice, Office of Justice Programs, 1998 (report no. NCJ 172837).
2. Shah BV, Barnwell BG, Bieler GS. SUDAAN: software for the analysis of correlated data. User's manual, release 7.00. Research Triangle Park, North Carolina: Research Triangle Institute, 1996.
3. Greenfeld LA, Rand MR, Craven D, et al. Violence by intimates: analysis of data on crimes by current or former spouses, boyfriends, and girlfriends. Bureau of Justice statistics factbook. Washington, DC: US Department of Justice, 1998.
4. Glick B, Johnson S, Pham C. 1998 Oregon domestic violence needs assessment: a report to the Oregon Governor's Council on Domestic Violence. Portland, Oregon: Oregon Health Division and Multnomah County Health Department, 1999.
5. Bachman R, Coker AL. Police involvement in domestic violence: the interactive effects of victim injury, offender's history of violence, and race. *Viol Vic* 1995;10:91–105.
6. CDC. Physical violence and injuries in intimate relationships—New York, Behavioral Risk Factor Surveillance System, 1994. *MMWR* 1996;45:765–7.
7. Saltzman LE, Salmi LR, Branche CM, Bolen JC. Public health screening for intimate violence. *Viol Against Women* 1997;3:319–31.
8. CDC. Lifetime and annual incidence of intimate partner violence and resulting injuries—Georgia, 1995. *MMWR* 1998;47:849–53.
9. McLeer SV, Anwar R. A study of battered women presenting in an emergency department. *Amer J Pub Health* 1989;79:65–6.
10. Olson L, Anctil C, Fullerton L, Brillman J, Arbuckle J, Sklar D. Increasing emergency physician recognition of domestic violence. *Ann Emerg Med* 1996;27:741–6.

Unexplained Illness and Death Among Injecting-Drug Users — Glasgow, Scotland; Dublin, Ireland; and England, April–June 2000

Since April 19, 2000, 30 injecting-drug users (IDUs) died or were hospitalized with unexplained severe illness in Glasgow, Scotland. Illness was characterized by extensive local inflammation at a subcutaneous or intramuscular injection site often followed by hypotension and circulatory collapse. Since April 24, 2000, 15 IDUs in Dublin, Ireland, and 14 IDUs in England with similar illnesses have been identified. Despite debridement and broad spectrum antibiotics, 30 (51%) of the 59 patients in all three countries have died. This report further describes the clinical syndrome and key epidemiologic features of the illness as characterized by a preliminary investigation by health authorities in Scotland, Ireland, England, and the United States (1).

A case of unexplained illness was defined as soft tissue inflammation (i.e., abscess, cellulitis, fasciitis, or myositis) at an injection site, and either 1) severe systemic toxicity (i.e., sustained systolic blood pressure <90 mm Hg despite fluid resuscitation and total peripheral white blood cell count [WBC] >30,000 cells/mm³), or 2) postmortem evidence of a diffuse toxic or infectious process including pleural effusions and soft tissue edema or necrosis, in an IDU admitted to a hospital or found dead since April 1, 2000. As of June 5, in Glasgow, 16 (53%) of 30 IDUs evaluated had illnesses that met the case definition (Figure 1). In Dublin, eight (53%) of 15 IDUs, and in England, six (42%) of 14 IDUs had illnesses that met the case definition (Figure 1). Demographic information, peripheral WBC, and case-fatality among IDUs were similar in all three countries (Table 1). Most cases had progressive symptoms with a median of 3 days (range: 0–14 days) between illness onset and hospitalization. Among persons who died while hospitalized, the median

FIGURE 1. Number of cases of unexplained severe illness and death among injecting-drug users — Glasgow, Scotland; Dublin, Ireland; and England, April–June 2000



Injecting-Drug Users — Continued

TABLE 1. Demographic characteristics, peripheral white blood cell count (WBC), and percentage case-fatality among injecting-drug users who had illnesses that met the case definition for unexplained severe illness and death — Glasgow, Scotland; Dublin, Ireland; and England, April–June 2000

| Characteristic | Glasgow (n=16) | Dublin (n=8) | England (n=6) |
|--|----------------------------|---------------------------|---------------------------|
| Median age, yrs (Range) | 29 (20–48) | 34 (22–51) | 34 (30–48) |
| Women | 56% | 25% | 33% |
| Median WBC, cells/mm ³ (Range) | 76,600 (39,200–153,000) | 60,000 (8,200*–96,500) | 51,900 (39,700–82,000) |
| Case-fatality | 94% | 100% | 83% |

* One patient from Dublin with a WBC of 8,200 on admission to a hospital died 6 days later and had an illness that met the case definition based on findings at postmortem examination.

time from admission to death was 2 days (range: 0–13 days). Pleural effusion and extensive edema at an injection site were prominent features at postmortem examination.

Cultures of blood and tissue yielded multiple organisms from several patients including group A streptococcus, *Staphylococcus aureus*, *Clostridium* species, and *Bacillus* species. However, the variable and polymicrobial results and potential postmortem contamination complicate the interpretation of these findings and fail to reveal a definitive etiologic agent. Clinical and drug specimens are being evaluated at CDC, the Public Health Laboratory Service in England, and local laboratories in Glasgow and Dublin. Culture, serologic, molecular, immunopathologic, and histopathologic evaluation of blood and tissue from case-patients have revealed no evidence of *Bacillus anthracis*. *B. anthracis* was isolated from the cerebrospinal fluid of an IDU residing in Oslo, Norway, hospitalized in early April 2000 with a localized abscess, elevated WBC (45,000 cells/mm³), and hemorrhagic meningitis resulting in death (2).

Investigations continue to characterize further the 29 reported unexplained illnesses among IDUs whose illnesses failed to meet the case definition but may be linked to this outbreak. Surveillance activities have been initiated in all hospitals in Scotland, Ireland, England, and Wales to identify additional cases. Information regarding these illnesses is being disseminated to medical practitioners and IDUs, and a case-control study is under way to identify risk factors for disease and to develop prevention strategies. As of June 5, no similar illnesses have been reported in the United States to CDC through the Council of State and Territorial Epidemiologists.

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Editorial Note: The localized inflammatory process affecting skin or muscle combined with systemic toxicity characterized by a leukemoid reaction suggests the role of a toxin-mediated cause of illness among IDUs in Scotland, Ireland, and England. Despite extensive microbiologic evaluation for several of these cases, no specific causative pathogen has been identified. Although the initial symptoms of anthrax can be nondescript before the onset of circulatory collapse and death (3), the absence of *B. anthracis* bacteremia or histologic or molecular evidence for *B. anthracis* suggests that anthrax-associated toxemia is not a cause of illness among these IDUs. Streptococcal toxic shock syndrome and staphylococcal toxic shock syndrome are both characterized by the sudden onset of shock and organ failure, often associated with skin and soft tissue damage (4,5). However, most cases in Scotland, Ireland, and England have not had group A streptococcus isolated (a required feature of streptococcal toxic shock syndrome), and none developed a rash or desquamation of the palms and soles (diagnostic criteria of staphylococcal toxic shock syndrome). Fastidious, anaerobic bacteria, such as *Clostridium* species, have caused a distinctive, toxin-mediated, often fatal infection characterized by sudden onset of shock with unrelenting hypotension, myonecrosis, generalized tissue edema, and a profound leukemoid reaction in the absence of high fever and rash (6)—a clinical course resembling that seen among cases in Scotland, Ireland, and England. Laboratory procedures have been enhanced for the identification of anaerobic bacteria and noninfectious toxins.

The emergence of a new illness among IDUs is possible because the injection of nonsterilized drugs into skin and soft tissue can provide a suitable environment for contaminating pathogens and their toxins or noninfectious toxins alone. Up to 32% of IDUs, particularly those who inject drugs subcutaneously or intramuscularly, have soft tissue abscesses or cellulitis at any given time (7,8). Unusual infections have been linked to subcutaneous or intramuscular drug use, including tetanus and wound botulism among heroin and black tar heroin users, respectively, in California (9,10), and group A streptococcal infections among cocaine users in Switzerland (11). Microbial or chemical contamination can occur at one of many steps, including production, mixing, dilution, or preparation of the drugs or at the time of injection through contaminated paraphernalia or skin.

Because the source of contamination remains unknown and may be common in these countries, this investigation highlights the importance of enhanced surveillance for syndrome-based illness across national boundaries. Health-care providers and public health personnel are encouraged to report persons with illnesses meeting the case definition to their designated public health authorities.

*Injecting-Drug Users — Continued**References*

1. Eastern Regional Health Authority and National Disease Surveillance Centre. Serious unexplained illness among injecting drug users in Scotland: update. *Eurosurveillance Weekly* 2000;4:000601. Available at <http://www.eurosurv.org/2000/000601.htm>. Accessed June 2000.
2. Høiby EA. Systemic anthrax in an injecting drug user: Oslo, Norway—April 2000. *Eurosurveillance Weekly* 2000;4:000511. Available at <http://www.eurosurv.org/2000/000511>. Accessed June 2000.
3. Dixon TC, Meselson M, Guillemain J, Hanna PC. Anthrax. *N Engl J Med* 1999;341:815–26.
4. The Working Group on Severe Streptococcal Infections. Defining the group A streptococcal toxic shock syndrome. *JAMA* 1993;269:390–1.
5. Reingold AL, Hargrett NT, Dan BB, Shands KN, Strickland BY, Broome CV. Nonmenstrual toxic shock syndrome: a review of 130 cases. *Ann Intern Med* 1982;96:871–4.
6. McGregor JA, Soper DE, Lovell G, Todd JK. Maternal deaths associated with *Clostridium sordellii* infection. *Am J Obstet Gynecol* 1989;161:987–95.
7. Binswanger IA, Kral AH, Bluthenthal RN, Rybold DJ, Edlin BR. High prevalence of abscesses and cellulitis among community-recruited injection drug users in San Francisco. *Clin Infect Dis* 2000;30:579–81.
8. Vlahov D, Sullivan M, Astemborski J, Nelson KE. Bacterial infections and skin cleaning prior to injection among intravenous drug users. *Public Health Rep* 1992;107:595–8.
9. CDC. Tetanus among injecting-drug users—California, 1997. *MMWR* 1998;47:149–51.
10. Passaro DJ, Werner SB, McGee J, Mac Kenzie WR, Vugia DJ. Wound botulism associated with black tar heroin among injecting drug users. *JAMA* 1998;279:859–63.
11. Böhlen LM, Mühlemann K, Dubuis O, Aebi C, Täuber MG. Outbreak among drug users caused by a clonal strain of group A streptococcus. *Emerg Infect Dis* 2000;6:175–9.

Illnesses Associated With Use of Automatic Insecticide Dispenser Units — Selected States and United States, 1986–1999

To control indoor flying insects, restaurants and other businesses commonly use pyrethrin and pyrethroid insecticides sprayed from automatic dispensing units. Usually placed near entrances, these units are designed to kill flying insects in food service or work areas. On May 18, 1999, the Florida Department of Health (FDH) was notified by the Florida Department of Business and Professional Regulation (DBPR) that during May 12–17, three persons developed pesticide-related illnesses associated with improperly placed automatic insecticide dispensers. After FDH conducted a follow-up investigation and notified CDC's National Institute for Occupational Safety and Health (NIOSH) of this event, surveillance data were reviewed to identify additional cases of pesticide-related illnesses associated with automatic insecticide dispensers. Data were provided by the Toxic Exposure Surveillance System (TESS), the California Department of Pesticide Regulation (CDPR), the Montana Department of Agriculture (MDA), the National Pesticide Telecommunications Network (NPTN), and the Washington State Department of Health (WSDH)*. This report describes cases, summarizes surveillance data for pesticide-

*The data from TESS, NPTN, and MDA were provided by the U.S. Environmental Protection Agency (EPA). EPA and several state health departments collaborate with NIOSH and CDC's National Center for Environmental Health to conduct surveillance of acute pesticide-related illness and injury.

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related illnesses associated with automatic insecticide dispensers, and provides recommendations for safe dispenser use.

Case Reports

Cases 1–3. A 42-year-old cook working at a Florida restaurant developed a sore throat, dyspnea, headache, and dizziness on May 12, 1999, after a several-hour exposure to mist released from insecticide dispensers in the food preparation area. The insecticide dispensers had been installed on May 10, but it is unknown on what day the cook was first exposed. The cook removed the dispensers on May 12 and noted relief of his symptoms. However, the restaurant management reinstalled the dispensers on May 14, and on May 15, a 40-year-old male customer developed headache and shortness of breath within 1 hour of entering the restaurant. These symptoms lasted approximately 4 hours. On May 17, approximately 45 minutes after leaving this restaurant, a 47-year-old male customer experienced a sharp burning sensation in his left eye and noted swelling, redness, and irritation of the eyelid that persisted approximately 24 hours. The implicated pesticide dispenser was within 6 feet of the booth where this customer had been sitting, and it faced his left eye. This person reported his symptoms to DBPR on May 18. None of the three persons sought medical attention for their symptoms. The active ingredients released by these dispensers were pyrethrin and piperonyl butoxide.

Case 4. On August 20, 1995, a 17-year-old male restaurant employee in California was changing the cartridge of an automatic insecticide dispenser. When he closed the dispenser panel, the firing mechanism was activated and discharged a pyrethrin-containing mist into his right eye. The employee immediately experienced burning in the eye and promptly sought medical attention at the emergency department of a local hospital. He was diagnosed with chemical conjunctivitis and treated symptomatically.

Surveillance Data

TESS is maintained by the American Association of Poison Control Centers and collects poisoning reports submitted by approximately 85% of U.S. poison control centers (1). A review of TESS data from 1993 through 1996, the most recent years for which data are available, identified 54 cases of pesticide-related illnesses associated with automatic insecticide dispensers; suicides and intentional misuse/abuse were excluded. Among the 42 cases for which specific age information was available, the median age was 22.5 years (range: 3–73 years). Among the 53 cases for which sex was known, 27 (50%) were male. Twenty (37%) cases were work-related. In all cases, pyrethrin/piperonyl butoxide was the responsible insecticide.

During 1986–1999, 43 cases of acute pesticide-related illnesses associated with automatic insecticide dispensers were reported to CDPR (32 cases), MDA (four cases), FDH (three cases), NPTN (two cases), and WSDH (two cases). Age, sex, and state of occurrence for these cases were compared with those from the TESS database, and no overlap with TESS data was found. Thirty-five (81%) of these cases were in persons exposed while at work, including seven whose exposure occurred during dispenser cartridge replacement or attempts to service faulty dispensers. Seven (16%) cases were in persons exposed while they were customers in restaurants, and one was a movie theater customer. For the 27 with age data available, the median age was 40 years (range: 17–68 years); for the 38 with information on sex, 23 (61%) were women. Resmethrin, a pyrethroid insecticide, was implicated in three cases; the remaining

¹Comparable information on the circumstances of incidents is not available in the TESS data.

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40 were exposed to pyrethrin/piperonyl butoxide. Most insecticide dispenser-related illnesses identified in the non-TESS data[†] occurred when the dispensers were improperly placed too close (i.e., <12 feet) to food handling, dining, or work areas; were placed where ventilation currents entrained the mist to such areas; and/or were serviced by persons unfamiliar with proper maintenance of these units.

Among the 94 pyrethrin/piperonyl butoxide-exposed cases in the combined surveillance data, signs and symptoms for 36 (38%) involved the eye; 34 (36%), the neurologic system; 26 (28%), the respiratory system; 23 (24%), the gastrointestinal system; 20 (21%), the nose and throat; 10 (11%), the skin; and eight (9%), the cardiovascular system. Some persons experienced signs and symptoms in more than one system. Among the three resmethrin-exposed cases, reported signs and symptoms included pruritus, throat irritation, nausea, vomiting, diarrhea, headache, burning sensation in the lungs, and cough.

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Editorial Note: This report is the first to document pesticide-related illnesses attributable to automatic insecticide dispensers. Automatic insecticide dispensers are registered by the U.S. Environmental Protection Agency (EPA) for use in the restaurant industry and in other public settings, including schools, hotels, offices, supermarkets, hospitals, day-care centers, and long-term-care facilities (e.g., nursing homes). When used properly, automatic insecticide dispensers reduce the number of flying insects. However, given the dispensers' widespread use and potential for malfunction and/or improper use or maintenance, these units may pose a public health hazard.

Insecticide dispensers of the type described in this report are typically calibrated to spray automatically a fine mist of 50–100 mg of insecticide (consisting of approximately 0.5%–1.85% pyrethrin or resmethrin, along with other active and inert ingredients) every 15 minutes, 24 hours per day. Pyrethrins are insecticides derived from the oleo-resin extract of dried chrysanthemum flowers (pyrethrum) (2). Piperonyl butoxide (either alone or combined with n-octyl bicycloheptene dicarboximide) often is added to pyrethrin products to inhibit microsomal enzymes that detoxify pyrethrins (2). Although pyrethrins (classified by EPA as acute toxicity category III compounds[§]) have little systemic toxicity in mammals, they possess irritant and/or sensitizing properties that can induce contact dermatitis, conjunctivitis, and asthma (2,3). Anaphylactic reactions (2) and gastrointestinal symptoms (4) related to inhalation of and cutaneous exposure to pyrethrin also have been reported; however, no previously published reports were identified associating pyrethrin exposure with reported cardiovascular (i.e., tachycardia, chest pain, and palpitations) or neurologic (i.e., headache, dizziness, malaise, altered taste, and lip numbness/burning) signs and symptoms. Resmethrin is a pyrethroid, a class of synthetic insecticides chemically similar to natural pyrethrins (2) and is classified in acute toxicity category III. Pyrethroids are reported to induce abnormal skin sensation, dizziness, salivation, headache, fatigue, vomiting, diarrhea, irritability to sound and touch, and

[§] EPA classifies all pesticides into one of four acute toxicity categories based on established criteria (40 CFR Part 156). Pesticides with the greatest toxicity are in category I, and those with the least are in category IV.

Automatic Insecticide Dispenser Units — Continued

other central nervous system effects (2,5).

The findings in this report are subject to at least two limitations. First, the surveillance systems that identified cases are passive and may have missed some acute pesticide-related illnesses. Second, lack of detailed information on incidents recorded in the surveillance data may have precluded identification of additional risk factors for insecticide dispenser-related illnesses.

Effective flying insect control can be achieved through nonchemical integrated pest management practices (e.g., proper sanitation practices by employees and installation of air curtains and screens). However, if automatic insecticide dispensers are used, they should be installed according to manufacturer labeling instructions. Warning stickers on dispensers should be considered, installation near supplied-air ducts should be avoided, and timers should be set to dispense insecticide during nonbusiness hours (6). Dispensers used in locations frequented by the public should be installed and serviced by commercial pest control operators. Although they are not required by EPA, persons servicing these devices should use personal protective equipment (i.e., chemical-resistant gloves and goggles designed to provide splash protection).

References

1. Litovitz TL, Smilkstein M, Felberg L, Keil-Schwartz W, Berlin R, Morgan JL. 1996 report of the American Medical Association of Poison Control Centers Toxic Exposure Surveillance System. *Am J Emerg Med* 1997;15:447–500.
2. US Environmental Protection Agency. Recognition and management of pesticide poisonings. 5th ed. Washington, DC: US Environmental Protection Agency, 1999.
3. CDC. Illnesses associated with occupational use of flea-control products—California, Texas, and Washington, 1989–1997. *MMWR* 1999;48:443–7.
4. Paton DL, Walker JS. Pyrethrin poisoning from commercial-strength flea and tick spray. *Am J Emerg Med* 1988;6:232–5.
5. Hayes WJ, Laws ER, eds. Handbook of pesticide toxicology. Vol 2. San Diego, California: Academic Press, Inc., 1991.
6. Anderson SR. Assessment of the health risks and handling of products used in food service establishments. *J Envir Health* 1985;47:200–1.

Probable Locally Acquired Mosquito-Transmitted *Plasmodium vivax* Infection — Suffolk County, New York, 1999

In the United States, malaria transmission was eliminated in the 1940s, and malaria eradication was certified in 1970 (1). Since then, 60 small localized outbreaks of probable mosquito-transmitted malaria have been reported to CDC (2–6). Before 1995, the number of imported malaria cases reported to the Suffolk County (New York) Department of Health Services ranged from zero to eight per year. Since 1995, seven to 17 cases per year have been reported. In all of these cases, a history of residing in or traveling to an area with endemic malaria outside the United States was confirmed. This report describes the investigation of two cases of *Plasmodium vivax* malaria that occurred in Suffolk County in August 1999; the patients had no history of travel outside of the United States.

Case Reports

Case 1. On August 18, an 11-year-old boy residing in Suffolk County was seen by his physician with a 5-day history of fever, rigors, abdominal pain, arthralgias, and vomiting.

Acquired Mosquito-Transmitted Infection — Continued

Intracellular parasites consistent with *P. vivax* were noted on a complete blood count. The patient was admitted to a local hospital on August 21 with a temperature of 102.0 F (38.9 C), hepatosplenomegaly, and several healing maculopapular bite lesions. Initial laboratory examinations revealed leukopenia (white blood cell count: 2,800/mm³ [normal: 4,500–13,500/mm³]), anemia (hemoglobin: 9.8 g/dL [normal: 11.5–15.5 g/dL]), and severe thrombocytopenia (platelet count: 21,000/mm³ [normal: 150,000–400,000/mm³]). Serology was negative for Lyme disease and babesiosis. Serum electrolytes and chest radiograph were normal. Urinalysis demonstrated a slightly elevated urobilinogen. Examination of peripheral thick and thin blood smears at the New York State Department of Health (NYSDH) and CDC confirmed *P. vivax* infection. The patient was treated with chloroquine phosphate, quinine, clindamycin, and primaquine and was discharged from the hospital on August 25.

The patient's parents reported he had never traveled to a malarious area or had a history of a blood transfusion or organ transplantation. During August 1–7, the patient spent 1 week at a summer camp 20 miles from his hometown. He slept in a tent and went swimming in the camp pond. After his return home on August 7, the patient attended another camp in Massachusetts for 2 days.

Case 2. On August 22, an 11-year-old boy residing in Suffolk County was seen by his physician for a 12-day history of vomiting, diarrhea, fever, chills, and fatigue. On August 27, a complete blood count showed malarial ring forms; the boy was admitted to a hospital the following day. Physical examination on admission revealed a temperature of 100.0 F (37.8 C), no splenomegaly, and multiple healing maculopapular bite lesions. Initial laboratory examinations revealed leukopenia (white blood cell count: 4,300/mm³), severe anemia (hemoglobin: 8 g/dL), and thrombocytopenia (platelet count: 134,000/mm³). Routine blood and urine cultures were negative. Serology was negative for babesiosis. Urinalysis and chest radiograph were normal. Examination of peripheral thick and thin blood smears at NYSDH and CDC revealed intracellular parasites consistent with *P. vivax* (<1% parasitemia). The patient was treated with chloroquine phosphate and primaquine and was discharged from the hospital on August 29.

His parents reported he had never traveled to a malarious area or had a history of a blood transfusion or organ transplantation. The boy spent the same week at the same summer camp as case 1, which is 15 miles from his hometown. During the week he slept in a tent and participated in numerous outdoor activities. On August 10, he began having fevers ranging from 101.0 F to 104.0 F (38.3 C to 40.0 C) with rigors and sweats.

Epidemiologic Investigation

No other unexplained cases of malaria were reported to NYSDH during July 1–August 31, 1999. To identify potential unreported cases, a field investigation was conducted that included 1155 telephone interviews with boys who attended the camp, members of their families and the camp staff, and interviews with residents living within 1 mile of the camp. Sixty-three of 375 boys who attended the camp and members of their families who were interviewed reported having a fever during the defined time period. Fourteen of these persons had unexplained fevers; however, no malaria parasites were shown on peripheral blood smears on any of these persons. Two of the approximately 150 residents who lived within a 1-mile radius of the camp who were interviewed reported a fever during the specified time period. No malaria parasites were shown on their peripheral blood smears. Of 52 farm workers interviewed who had immigrated from Mexico, Guatemala, Honduras, El Salvador, and Bangladesh and who resided in

Acquired Mosquito-Transmitted Infection — Continued

three farms near the camp, three reported a recent history of fever; their blood smears did not reveal parasites.

Entomologic and Environmental Investigation

Routine mosquito trapping by the Suffolk County health department for eastern equine encephalitis during early August (the time these cases would have been transmitted) from sites 7 miles from the summer camp yielded *Anopheles quadrimaculatus* and *An. punctipennis*. Trapping from the campsite in eastern Long Island from August 24 to 31 yielded primarily *An. quadrimaculatus* and a few *An. punctipennis*. No mosquitoes (222 of 248 were tested) from the campsite or the boys' hometowns tested positive for *Plasmodium* species. Mosquito control measures to kill larvae and adults were performed at the camp. The adjacent state park was closed temporarily by the health department until surveillance indicated low numbers of mosquitoes.

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Editorial Note: The two cases presented in this report represent the third episode of possible mosquito-borne malaria in New York during the preceding 7 years (4,5,7) and the 24th episode in the United States since 1985. The possibility of autochthonous (i.e., locally acquired) mosquito-borne malaria transmission in the United States remains a concern because of the frequency of international travel, the presence of gametocytemic persons (i.e., persons with malaria parasites in the blood stream that can infect mosquitoes) in the United States, the presence of competent mosquito vectors, and the occurrence of environmental conditions that favor transmission. This investigation confirmed two epidemiologically linked cases of *P. vivax* infection in children residing and camping in Suffolk County, who probably acquired their infections in eastern Long Island through the bite of one or more locally infected *Anopheles* mosquitoes, a competent vector for malaria.

Neither patient had risk factors for the acquisition of malaria infection, such as travel to a disease-endemic area or history of intravenous drug use. Neither had ever had a blood transfusion or organ transplantation. Other potential sources of infective mosquitoes, such as international airports, were too distant from the presumed site of infection. However, *Anopheles* mosquitoes were identified in the recreational area that both patients had visited during the month of August 1999. In addition, potentially gametocytemic persons were living near this recreational area, and environmental conditions were suitable for the development of the parasite in the mosquito (sporogonic cycle) and larvae into adult mosquitoes. Although case finding and contact tracing activities did not identify persons with malaria who might have been the source of the infection, this does not preclude local transmission, which may have occurred weeks before the investigation.

Suffolk County is one of the most heavily mosquito-infested areas in the northeast. In 1999, the northeastern United States experienced one of the warmest and driest summers in history (8). However, heavy rainfall shortly before the two boys arrived at the

Acquired Mosquito-Transmitted Infection — Continued

camp may have resulted in a large population of adult female mosquitoes. Dry weather followed by heavy rains, in addition to resulting in conditions conducive for mosquito breeding, could have reduced the mosquito predator population.

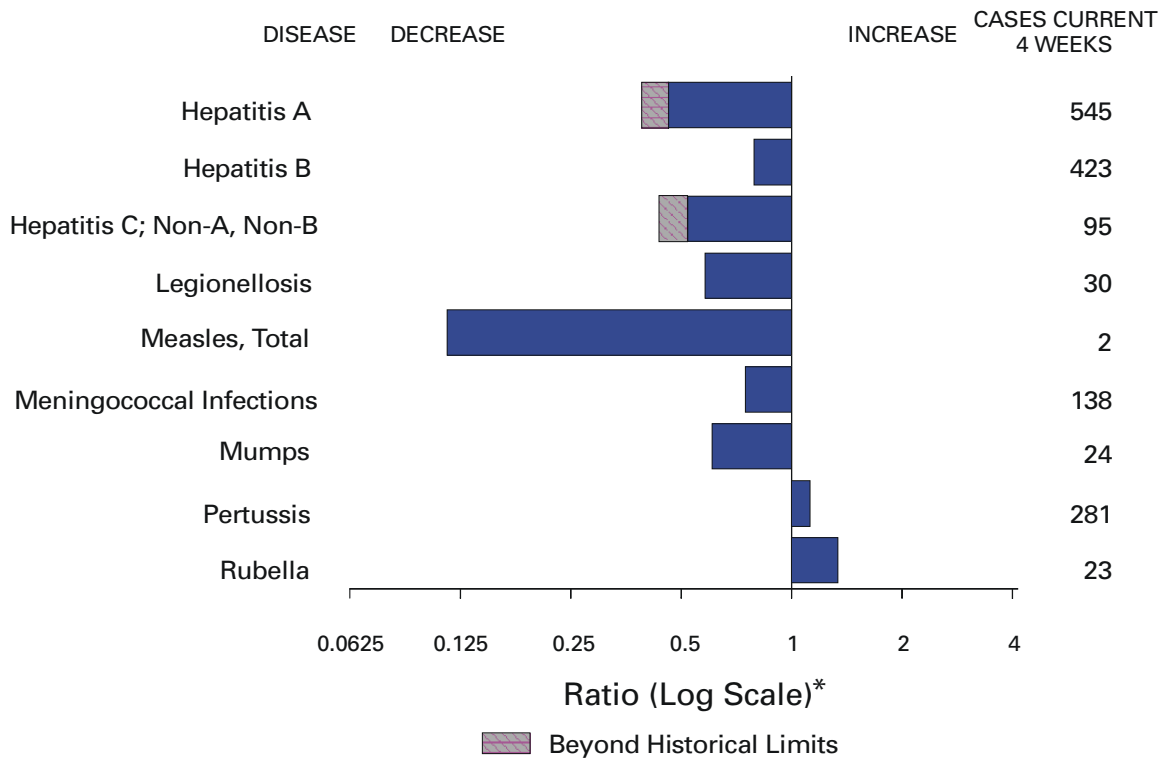
Gametocytemic persons still may be present in the community and constitute a potential reservoir for future episodes of mosquito-borne malaria. Thousands of travelers return to the United States each year from areas where malaria is endemic, and many fail to take adequate chemoprophylaxis. Reintroducing malaria transmission on a small scale in selected areas in the United States is possible. This cluster underscores the need for ongoing surveillance for vector-borne diseases, including malaria. Prompt recognition and adequate treatment of malaria, including improved access to diagnosis and treatment for migrant populations, rapid reporting of malaria cases to public health authorities, and implementation of appropriate control measures, are indicated. Finally, malaria should be considered in the differential diagnosis of illness in any patient with unexplained fevers, regardless of travel history.

During the summer months, persons should follow personal protective measures that reduce contact with potentially infective mosquitoes. These include the use of protective clothing and insect repellants, and sleeping in screened or air-conditioned enclosures. Repellant products containing N,N-diethylmetatoluamide (DEET) are more effective than other compounds.

References

1. Wernsdorfer WH, McGregor I. *Malaria: principles and practice of malariology*. Edinburgh, New York: Churchill Livingstone, 1988:2 v. (xv, 1818).
2. CDC. Probably locally acquired mosquito-transmitted *Plasmodium vivax* infection—Georgia, 1996. *MMWR* 1997;46:264–7.
3. CDC. Mosquito-transmitted malaria—Michigan, 1995. *MMWR* 1996;45:398–400.
4. Zucker JR. Changing patterns of autochthonous malaria transmission in the United States: a review of recent outbreaks. *Emerg Infect Dis* 1996;2:37–43.
5. Layton M, Parise ME, Campbell CC, et al. Mosquito-transmitted malaria in New York City, 1993. *Lancet* 1995;346:729–31.
6. Brook JH, Genese CA, Bloland PB, Zucker JR, Spitalny KC. Malaria probably locally acquired in New Jersey. *N Engl J Med* 1994;331:22–3.
7. Williams HA, Roberts J, Kachur SP, et al. Malaria surveillance—United States, 1995. *MMWR* 1999;48 (no. SS-1).
8. Brown W. Climate of 1999—June–August—U.S. regional and statewide analyses. National Oceanic and Atmospheric Administration. Available at http://www.ncdc.noaa.gov/ol/climate/research/1999/sum/us_regional.html. Accessed November 10, 1999.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending June 3, 2000, 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 June 3, 2000 (22nd Week)

| | Cum. 2000 | | Cum. 2000 |
|---|-----------|--|-----------|
| Anthrax | - | HIV infection, pediatric*§ | 85 |
| Brucellosis* | 16 | Plague | 3 |
| Cholera | - | Poliomyelitis, paralytic | - |
| Congenital rubella syndrome | 4 | Psittacosis* | 6 |
| Cyclosporiasis* | 7 | Rabies, human | - |
| Diphtheria | 1 | Rocky Mountain spotted fever (RMSF) | 63 |
| Encephalitis: California serogroup viral* | 2 | Streptococcal disease, invasive, group A | 1,394 |
| eastern equine* | - | Streptococcal toxic-shock syndrome* | 46 |
| St. Louis* | - | Syphilis, congenital [¶] | 45 |
| western equine* | - | Tetanus | 11 |
| Ehrlichiosis human granulocytic (HGE)* | 31 | Toxic-shock syndrome | 62 |
| human monocytic (HME)* | 7 | Trichinosis | 4 |
| Hansen disease (leprosy)* | 17 | Typhoid fever | 118 |
| Hantavirus pulmonary syndrome* [†] | 4 | Yellow fever | - |
| Hemolytic uremic syndrome, postdiarrheal* | 34 | | |

-: 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 April 30, 2000.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | AIDS | | Chlamydia [†] | | Cryptosporidiosis | | Escherichia coli O157:H7* | | | |
|----------------|------------------------|-----------|------------------------|-----------|-------------------|-----------|---------------------------|-----------|-----------|-----------|
| | Cum. 2000 [‡] | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | NETSS | | PHLIS | |
| | | | | | | | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 13,355 | 18,500 | 235,842 | 289,298 | 486 | 682 | 685 | 557 | 409 | 492 |
| NEW ENGLAND | 802 | 940 | 8,783 | 8,852 | 27 | 36 | 79 | 88 | 63 | 81 |
| Maine | 14 | 22 | 563 | 366 | 6 | 7 | 6 | 5 | 6 | - |
| N.H. | 11 | 25 | 425 | 437 | 2 | 5 | 6 | 10 | 4 | 10 |
| Vt. | 2 | 6 | 223 | 214 | 11 | 6 | 3 | 8 | 2 | 2 |
| Mass. | 535 | 614 | 4,242 | 3,745 | 6 | 15 | 34 | 40 | 28 | 39 |
| R.I. | 34 | 61 | 1,009 | 997 | 2 | - | 3 | 4 | - | 6 |
| Conn. | 206 | 212 | 2,321 | 3,093 | - | 3 | 27 | 21 | 23 | 24 |
| MID. ATLANTIC | 3,280 | 4,449 | 14,453 | 32,768 | 45 | 154 | 85 | 36 | 57 | 31 |
| Upstate N.Y. | 186 | 529 | N | N | 32 | 45 | 78 | 26 | 38 | - |
| N.Y. City | 1,943 | 2,109 | 2,978 | 15,862 | 6 | 89 | 4 | 2 | 3 | 3 |
| N.J. | 703 | 957 | 2,511 | 5,272 | 1 | 12 | 3 | 8 | 8 | 28 |
| Pa. | 448 | 854 | 8,964 | 11,634 | 6 | 8 | N | N | 8 | - |
| E.N. CENTRAL | 1,310 | 1,280 | 39,037 | 50,430 | 93 | 117 | 118 | 104 | 43 | 81 |
| Ohio | 194 | 211 | 9,306 | 12,884 | 21 | 16 | 24 | 40 | 13 | 24 |
| Ind. | 100 | 167 | 4,893 | 4,991 | 9 | 8 | 21 | 15 | 9 | 12 |
| Ill. | 809 | 590 | 11,273 | 13,421 | 7 | 18 | 32 | 29 | - | 19 |
| Mich. | 153 | 248 | 9,791 | 9,452 | 16 | 17 | 24 | 20 | 14 | 16 |
| Wis. | 54 | 64 | 3,774 | 9,682 | 40 | 58 | 17 | N | 7 | 10 |
| W.N. CENTRAL | 299 | 389 | 13,817 | 15,950 | 45 | 38 | 126 | 91 | 79 | 98 |
| Minn. | 55 | 69 | 2,614 | 3,248 | 10 | 13 | 40 | 23 | 30 | 28 |
| Iowa | 26 | 46 | 1,786 | 1,746 | 12 | 8 | 19 | 12 | 8 | 6 |
| Mo. | 139 | 155 | 5,022 | 5,832 | 8 | 4 | 39 | 9 | 21 | 12 |
| N. Dak. | - | 4 | 196 | 369 | 3 | 4 | 7 | 3 | 5 | 2 |
| S. Dak. | 3 | 11 | 731 | 679 | 5 | 2 | 2 | 3 | 2 | 6 |
| Nebr. | 20 | 32 | 1,326 | 1,502 | 5 | 6 | 11 | 33 | 9 | 44 |
| Kans. | 56 | 72 | 2,142 | 2,574 | 2 | 1 | 8 | 8 | 4 | - |
| S. ATLANTIC | 3,641 | 5,168 | 48,871 | 59,438 | 98 | 130 | 58 | 68 | 34 | 44 |
| Del. | 65 | 72 | 1,259 | 1,201 | 2 | - | - | 3 | - | - |
| Md. | 392 | 561 | 4,943 | 5,545 | 7 | 6 | 8 | 4 | 1 | - |
| D.C. | 264 | 207 | 1,407 | N | 2 | 5 | - | - | U | U |
| Va. | 278 | 263 | 6,607 | 6,085 | 4 | 8 | 13 | 19 | 10 | 17 |
| W. Va. | 21 | 25 | 753 | 769 | 3 | - | 3 | 3 | 2 | 1 |
| N.C. | 195 | 358 | 8,676 | 9,662 | 9 | 3 | 9 | 15 | 3 | 12 |
| S.C. | 294 | 482 | 3,694 | 8,102 | - | - | 3 | 7 | 2 | 5 |
| Ga. | 357 | 827 | 8,695 | 15,047 | 53 | 74 | 7 | 5 | 7 | U |
| Fla. | 1,775 | 2,373 | 12,837 | 13,027 | 18 | 34 | 15 | 12 | 9 | 9 |
| E.S. CENTRAL | 639 | 840 | 20,116 | 18,472 | 20 | 8 | 33 | 41 | 22 | 31 |
| Ky. | 80 | 128 | 3,370 | 3,324 | 1 | 2 | 12 | 11 | 9 | 8 |
| Tenn. | 287 | 337 | 5,965 | 6,083 | 4 | 4 | 14 | 14 | 11 | 12 |
| Ala. | 169 | 212 | 6,554 | 3,893 | 9 | 1 | 1 | 11 | - | 10 |
| Miss. | 103 | 163 | 4,227 | 5,172 | 6 | 1 | 6 | 5 | 2 | 1 |
| W.S. CENTRAL | 1,128 | 2,077 | 39,147 | 37,730 | 21 | 49 | 23 | 27 | 44 | 34 |
| Ark. | 69 | 70 | 2,066 | 2,430 | 1 | - | 4 | 5 | 3 | 4 |
| La. | 232 | 409 | 7,879 | 6,463 | 5 | 21 | - | 4 | 13 | 5 |
| Okla. | 65 | 55 | 3,434 | 3,339 | 2 | 1 | 7 | 6 | 3 | 5 |
| Tex. | 762 | 1,543 | 25,768 | 25,498 | 13 | 27 | 12 | 12 | 25 | 20 |
| MOUNTAIN | 477 | 717 | 13,326 | 20,136 | 34 | 31 | 64 | 40 | 25 | 30 |
| Mont. | 6 | 4 | 601 | 559 | 4 | 4 | 9 | 3 | - | - |
| Idaho | 9 | 11 | 765 | 709 | 3 | 2 | 9 | 1 | - | 3 |
| Wyo. | 2 | 3 | 316 | 330 | 2 | - | 3 | 3 | 2 | 4 |
| Colo. | 99 | 143 | 2,488 | 3,682 | 9 | 4 | 21 | 15 | 7 | 9 |
| N. Mex. | 50 | 37 | 1,688 | 2,091 | 2 | 12 | 4 | 2 | 2 | 1 |
| Ariz. | 165 | 352 | 5,302 | 10,567 | 3 | 7 | 16 | 7 | 13 | 4 |
| Utah | 52 | 70 | 1,080 | 864 | 9 | N | 1 | 7 | 1 | 7 |
| Nev. | 94 | 97 | 1,086 | 1,334 | 2 | 2 | 1 | 2 | - | 2 |
| PACIFIC | 1,779 | 2,640 | 38,292 | 45,522 | 103 | 119 | 99 | 62 | 42 | 62 |
| Wash. | 202 | 151 | 5,442 | 5,129 | N | N | 23 | 20 | 22 | 26 |
| Oreg. | 47 | 63 | 2,230 | 2,674 | 3 | 11 | 14 | 14 | 14 | 12 |
| Calif. | 1,476 | 2,378 | 28,899 | 35,576 | 100 | 108 | 55 | 27 | - | 23 |
| Alaska | 5 | 6 | 1,052 | 807 | - | - | 1 | - | - | - |
| Hawaii | 49 | 42 | 669 | 1,336 | - | - | 6 | 1 | 6 | 1 |
| Guam | 13 | 1 | - | 196 | - | - | N | N | U | U |
| P.R. | 284 | 627 | 142 | U | - | - | 2 | 10 | U | U |
| V.I. | 18 | 13 | - | U | - | U | - | U | U | U |
| Amer. Samoa | - | - | - | U | - | U | - | U | U | U |
| C.N.M.I. | - | - | - | U | - | U | - | U | U | U |

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 April 30, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | Gonorrhea | | Hepatitis C; Non-A, Non-B | | Legionellosis | | Lyme Disease | |
|----------------|--------------|--------------|------------------------------|--------------|---------------|--------------|-----------------|--------------|
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 123,123 | 149,729 | 1,061 | 1,617 | 270 | 353 | 1,532 | 2,413 |
| NEW ENGLAND | 2,346 | 2,698 | 23 | 9 | 19 | 22 | 245 | 555 |
| Maine | 34 | 22 | - | 1 | 2 | 3 | - | 1 |
| N.H. | 40 | 34 | - | - | 2 | 3 | 30 | - |
| Vt. | 26 | 25 | 3 | 3 | 1 | 3 | 1 | 1 |
| Mass. | 1,087 | 1,048 | 18 | 2 | 9 | 5 | 118 | 155 |
| R.I. | 258 | 244 | 2 | 3 | 2 | 2 | - | 16 |
| Conn. | 901 | 1,325 | - | - | 3 | 6 | 96 | 382 |
| MID. ATLANTIC | 9,401 | 17,477 | 24 | 60 | 53 | 95 | 981 | 1,334 |
| Upstate N.Y. | 2,507 | 2,530 | 24 | 30 | 21 | 25 | 417 | 504 |
| N.Y. City | 1,150 | 6,561 | - | - | - | 12 | 4 | 34 |
| N.J. | 1,347 | 3,050 | - | - | 2 | 8 | 114 | 263 |
| Pa. | 4,397 | 5,336 | - | 30 | 30 | 50 | 446 | 533 |
| E.N. CENTRAL | 24,104 | 28,926 | 101 | 924 | 68 | 108 | 19 | 119 |
| Ohio | 5,369 | 6,985 | 3 | - | 33 | 31 | 15 | 17 |
| Ind. | 2,222 | 2,698 | 1 | - | 13 | 12 | 3 | 5 |
| Ill. | 8,029 | 8,941 | 7 | 24 | 6 | 15 | 1 | 5 |
| Mich. | 6,936 | 6,452 | 90 | 326 | 11 | 28 | - | 1 |
| Wis. | 1,548 | 3,850 | - | 574 | 5 | 22 | U | 91 |
| W.N. CENTRAL | 5,886 | 6,652 | 270 | 67 | 20 | 17 | 53 | 51 |
| Minn. | 1,065 | 1,201 | 4 | 2 | 1 | 1 | 14 | 13 |
| Iowa | 375 | 400 | 1 | - | 3 | 6 | 2 | 4 |
| Mo. | 2,962 | 3,227 | 242 | 63 | 12 | 7 | 10 | 23 |
| N. Dak. | 6 | 37 | - | - | - | - | - | 1 |
| S. Dak. | 108 | 65 | - | - | 1 | 1 | - | - |
| Nebr. | 489 | 679 | 3 | 2 | - | 2 | - | 5 |
| Kans. | 881 | 1,043 | 20 | - | 3 | - | 27 | 5 |
| S. ATLANTIC | 35,004 | 43,143 | 40 | 90 | 54 | 39 | 189 | 255 |
| Del. | 703 | 709 | - | - | 4 | 3 | 23 | 16 |
| Md. | 3,400 | 5,023 | 5 | 24 | 16 | 4 | 112 | 183 |
| D.C. | 994 | 1,442 | - | - | 1 | - | - | 1 |
| Va. | 4,071 | 4,141 | 1 | 9 | 3 | 11 | 25 | 17 |
| W. Va. | 227 | 247 | 4 | 12 | N | N | 8 | 7 |
| N.C. | 7,141 | 8,314 | 12 | 20 | 6 | 7 | 8 | 28 |
| S.C. | 4,065 | 4,332 | - | 12 | 2 | 6 | 2 | 2 |
| Ga. | 5,510 | 9,805 | 1 | 1 | 4 | - | - | - |
| Fla. | 8,893 | 9,130 | 17 | 12 | 18 | 8 | 11 | 1 |
| E.S. CENTRAL | 14,347 | 14,296 | 172 | 118 | 7 | 18 | 5 | 30 |
| Ky. | 1,407 | 1,445 | 16 | 5 | 5 | 8 | - | 3 |
| Tenn. | 4,578 | 4,645 | 41 | 42 | 1 | 8 | 4 | 13 |
| Ala. | 5,033 | 3,716 | 6 | 1 | 1 | 2 | 1 | 6 |
| Miss. | 3,329 | 4,490 | 109 | 70 | - | - | - | 8 |
| W.S. CENTRAL | 20,342 | 21,395 | 271 | 203 | 9 | 1 | 1 | 6 |
| Ark. | 1,108 | 1,148 | 3 | 11 | - | - | - | - |
| La. | 5,580 | 5,514 | 168 | 138 | 7 | 1 | 1 | 3 |
| Okla. | 1,521 | 1,702 | 2 | 3 | 1 | - | - | 2 |
| Tex. | 12,133 | 13,031 | 98 | 51 | 1 | - | - | 1 |
| MOUNTAIN | 4,075 | 5,978 | 93 | 87 | 17 | 23 | 1 | 3 |
| Mont. | 20 | 17 | 1 | 4 | - | - | - | - |
| Idaho | 36 | 35 | 1 | 4 | 3 | - | - | - |
| Wyo. | 28 | 11 | 56 | 32 | 1 | - | - | 1 |
| Colo. | 1,302 | 1,013 | 13 | 11 | 7 | 4 | 1 | - |
| N. Mex. | 367 | 365 | 6 | 15 | 1 | 1 | - | 1 |
| Ariz. | 1,759 | 3,944 | 12 | 16 | 2 | 3 | - | - |
| Utah | 110 | 84 | - | 2 | 3 | 9 | - | - |
| Nev. | 453 | 509 | 4 | 3 | - | 6 | - | 1 |
| PACIFIC | 7,618 | 9,164 | 67 | 59 | 23 | 30 | 38 | 60 |
| Wash. | 955 | 901 | 8 | 7 | 9 | 7 | - | 1 |
| Oreg. | 283 | 382 | 16 | 7 | N | N | 2 | 3 |
| Calif. | 6,163 | 7,564 | 43 | 45 | 14 | 22 | 36 | 56 |
| Alaska | 134 | 138 | - | - | - | 1 | - | - |
| Hawaii | 83 | 179 | - | - | - | - | N | N |
| Guam | - | 27 | - | - | - | - | - | - |
| P.R. | 229 | 149 | 1 | - | - | - | N | N |
| V.I. | - | U | - | U | - | U | - | U |
| Amer. Samoa | - | U | - | U | - | U | - | U |
| C.N.M.I. | - | U | - | 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 June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | Malaria | | Rabies, Animal | | Salmonellosis* | | | |
|----------------|-----------|-----------|----------------|-----------|----------------|-----------|-----------|-----------|
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | NETSS | | PHLIS | |
| | | | | | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 376 | 481 | 2,100 | 2,440 | 10,439 | 11,478 | 7,034 | 10,392 |
| NEW ENGLAND | 17 | 16 | 269 | 370 | 647 | 663 | 618 | 688 |
| Maine | 3 | 1 | 61 | 67 | 55 | 45 | 33 | 33 |
| N.H. | 1 | - | 4 | 25 | 48 | 35 | 45 | 37 |
| Vt. | 2 | 1 | 24 | 56 | 48 | 24 | 49 | 27 |
| Mass. | 6 | 6 | 93 | 80 | 363 | 391 | 340 | 388 |
| R.I. | 3 | - | 6 | 45 | 25 | 32 | 36 | 53 |
| Conn. | 2 | 8 | 81 | 97 | 108 | 136 | 115 | 150 |
| MID. ATLANTIC | 58 | 138 | 399 | 452 | 1,357 | 1,568 | 1,427 | 1,324 |
| Upstate N.Y. | 19 | 30 | 280 | 307 | 369 | 350 | 378 | 387 |
| N.Y. City | 21 | 62 | U | U | 313 | 449 | 455 | 469 |
| N.J. | 7 | 31 | 67 | 88 | 348 | 367 | 215 | 356 |
| Pa. | 11 | 15 | 52 | 57 | 327 | 402 | 379 | 112 |
| E.N. CENTRAL | 36 | 57 | 17 | 25 | 1,539 | 1,729 | 906 | 1,520 |
| Ohio | 5 | 8 | 4 | 8 | 407 | 324 | 307 | 303 |
| Ind. | 3 | 8 | - | - | 178 | 152 | 150 | 140 |
| Ill. | 15 | 28 | - | - | 458 | 561 | 1 | 556 |
| Mich. | 11 | 9 | 13 | 17 | 322 | 369 | 348 | 354 |
| Wis. | 2 | 4 | - | - | 174 | 323 | 100 | 167 |
| W.N. CENTRAL | 18 | 19 | 205 | 328 | 676 | 689 | 729 | 783 |
| Minn. | 7 | 5 | 33 | 38 | 115 | 188 | 200 | 244 |
| Iowa | - | 5 | 31 | 53 | 104 | 70 | 76 | 63 |
| Mo. | 1 | 8 | 5 | 11 | 246 | 217 | 264 | 272 |
| N. Dak. | 2 | - | 57 | 71 | 15 | 15 | 25 | 22 |
| S. Dak. | - | - | 40 | 97 | 32 | 31 | 30 | 45 |
| Nebr. | 2 | - | - | 2 | 53 | 68 | 44 | 62 |
| Kans. | 6 | 1 | 39 | 56 | 111 | 100 | 90 | 75 |
| S. ATLANTIC | 103 | 119 | 922 | 877 | 2,002 | 2,067 | 1,159 | 1,920 |
| Del. | 2 | 1 | 18 | 26 | 32 | 48 | 30 | 53 |
| Md. | 38 | 36 | 166 | 194 | 286 | 277 | 223 | 309 |
| D.C. | 1 | 9 | - | - | 19 | 36 | U | U |
| Va. | 25 | 22 | 235 | 216 | 267 | 260 | 202 | 319 |
| W. Va. | - | 1 | 54 | 49 | 56 | 37 | 42 | 35 |
| N.C. | 10 | 10 | 231 | 185 | 281 | 348 | 171 | 379 |
| S.C. | 1 | 1 | 51 | 64 | 154 | 111 | 116 | 124 |
| Ga. | 4 | 12 | 109 | 73 | 346 | 361 | 329 | 504 |
| Fla. | 22 | 27 | 58 | 70 | 561 | 589 | 46 | 197 |
| E.S. CENTRAL | 16 | 10 | 75 | 115 | 501 | 614 | 368 | 412 |
| Ky. | 3 | 2 | 10 | 20 | 119 | 143 | 76 | 100 |
| Tenn. | 5 | 4 | 41 | 40 | 129 | 156 | 165 | 166 |
| Ala. | 7 | 3 | 24 | 55 | 157 | 182 | 111 | 125 |
| Miss. | 1 | 1 | - | - | 96 | 133 | 16 | 21 |
| W.S. CENTRAL | 4 | 11 | 30 | 52 | 838 | 1,307 | 775 | 857 |
| Ark. | 1 | 2 | - | - | 120 | 119 | 66 | 76 |
| La. | 2 | 7 | - | - | 105 | 163 | 118 | 187 |
| Okla. | 1 | 1 | 30 | 52 | 106 | 124 | 73 | 90 |
| Tex. | - | 1 | - | - | 507 | 901 | 518 | 504 |
| MOUNTAIN | 19 | 21 | 89 | 77 | 1,015 | 976 | 661 | 928 |
| Mont. | 1 | 3 | 24 | 29 | 42 | 21 | - | 1 |
| Idaho | - | 1 | 1 | - | 52 | 36 | - | 37 |
| Wyo. | - | 1 | 24 | 27 | 19 | 14 | 14 | 17 |
| Colo. | 10 | 8 | - | 1 | 308 | 313 | 246 | 326 |
| N. Mex. | - | 2 | 7 | 2 | 82 | 118 | 59 | 114 |
| Ariz. | 2 | 3 | 32 | 18 | 267 | 266 | 217 | 231 |
| Utah | 3 | 2 | 1 | - | 146 | 141 | 125 | 149 |
| Nev. | 3 | 1 | - | - | 99 | 67 | - | 53 |
| PACIFIC | 105 | 90 | 94 | 144 | 1,864 | 1,865 | 391 | 1,960 |
| Wash. | 8 | 5 | - | - | 171 | 166 | 157 | 273 |
| Oreg. | 21 | 11 | - | 1 | 132 | 151 | 157 | 191 |
| Calif. | 74 | 69 | 75 | 137 | 1,469 | 1,408 | - | 1,372 |
| Alaska | - | - | 19 | 6 | 24 | 17 | 18 | 8 |
| Hawaii | 2 | 5 | - | - | 68 | 123 | 59 | 116 |
| Guam | - | - | - | - | - | 20 | U | U |
| P.R. | - | - | 19 | 36 | 68 | 203 | U | U |
| V.I. | - | U | - | U | - | U | U | U |
| Amer. Samoa | - | U | - | U | - | U | U | U |
| C.N.M.I. | - | 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 June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | Shigellosis* | | | | Syphilis (Primary & Secondary) | | Tuberculosis | |
|----------------|--------------|--------------|--------------|--------------|-----------------------------------|--------------|--------------|---------------|
| | NETSS | | PHLIS | | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999† |
| | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | | | | |
| UNITED STATES | 6,310 | 5,487 | 2,989 | 3,019 | 2,489 | 2,883 | 4,018 | 5,926 |
| NEW ENGLAND | 115 | 136 | 94 | 121 | 31 | 27 | 144 | 157 |
| Maine | 5 | 2 | - | - | - | - | 2 | 6 |
| N.H. | 1 | 7 | 4 | 6 | - | - | 2 | 1 |
| Vt. | 1 | 4 | - | 3 | - | 1 | - | - |
| Mass. | 78 | 86 | 62 | 76 | 27 | 17 | 95 | 86 |
| R.I. | 10 | 12 | 8 | 9 | 1 | 1 | 15 | 17 |
| Conn. | 20 | 25 | 20 | 27 | 3 | 8 | 30 | 47 |
| MID. ATLANTIC | 835 | 386 | 570 | 203 | 86 | 119 | 895 | 945 |
| Upstate N.Y. | 364 | 87 | 137 | 28 | 7 | 11 | 96 | 119 |
| N.Y. City | 329 | 129 | 296 | 92 | 28 | 47 | 515 | 479 |
| N.J. | 75 | 109 | 61 | 79 | 15 | 29 | 210 | 190 |
| Pa. | 67 | 61 | 76 | 4 | 36 | 32 | 74 | 157 |
| E.N. CENTRAL | 1,135 | 894 | 404 | 453 | 482 | 480 | 474 | 599 |
| Ohio | 101 | 235 | 58 | 47 | 30 | 38 | 108 | 81 |
| Ind. | 347 | 34 | 33 | 12 | 196 | 144 | 25 | 43 |
| Ill. | 296 | 342 | 2 | 286 | 117 | 180 | 255 | 320 |
| Mich. | 321 | 132 | 283 | 91 | 119 | 95 | 52 | 117 |
| Wis. | 70 | 151 | 28 | 17 | 20 | 23 | 34 | 38 |
| W.N. CENTRAL | 589 | 403 | 403 | 289 | 33 | 61 | 199 | 200 |
| Minn. | 103 | 51 | 103 | 64 | 2 | 7 | 63 | 78 |
| Iowa | 159 | 6 | 112 | 9 | 10 | 4 | 30 | 19 |
| Mo. | 255 | 294 | 151 | 184 | 16 | 42 | 76 | 74 |
| N. Dak. | 2 | 2 | 1 | 2 | - | - | - | 2 |
| S. Dak. | 2 | 8 | 1 | 5 | - | - | 9 | 3 |
| Nebr. | 19 | 23 | 9 | 12 | 2 | 4 | 6 | 9 |
| Kans. | 49 | 19 | 26 | 13 | 3 | 4 | 15 | 15 |
| S. ATLANTIC | 859 | 879 | 206 | 228 | 840 | 952 | 805 | 1,174 |
| Del. | 5 | 7 | 4 | 2 | 4 | 4 | - | 12 |
| Md. | 38 | 52 | 10 | 13 | 126 | 195 | 99 | 105 |
| D.C. | 8 | 25 | U | U | 24 | 19 | 1 | 20 |
| Va. | 91 | 32 | 53 | 11 | 54 | 67 | 57 | 104 |
| W. Va. | 3 | 4 | 2 | 2 | 1 | 2 | 15 | 19 |
| N.C. | 51 | 81 | 22 | 51 | 250 | 224 | 127 | 158 |
| S.C. | 27 | 39 | 34 | 16 | 84 | 119 | 30 | 139 |
| Ga. | 107 | 89 | 32 | 31 | 142 | 179 | 178 | 238 |
| Fla. | 529 | 550 | 49 | 102 | 155 | 143 | 298 | 379 |
| E.S. CENTRAL | 313 | 483 | 226 | 333 | 386 | 509 | 288 | 372 |
| Ky. | 69 | 61 | 36 | 51 | 42 | 45 | 47 | 70 |
| Tenn. | 167 | 332 | 176 | 257 | 246 | 271 | 114 | 109 |
| Ala. | 16 | 51 | 11 | 24 | 46 | 123 | 127 | 132 |
| Miss. | 61 | 39 | 3 | 1 | 52 | 70 | - | 61 |
| W.S. CENTRAL | 797 | 1,201 | 628 | 387 | 360 | 428 | 126 | 880 |
| Ark. | 83 | 42 | 24 | 21 | 44 | 27 | 78 | 70 |
| La. | 69 | 73 | 53 | 48 | 83 | 113 | 1 | U |
| Okla. | 25 | 249 | 8 | 74 | 68 | 95 | 47 | 48 |
| Tex. | 620 | 837 | 543 | 244 | 165 | 193 | - | 762 |
| MOUNTAIN | 400 | 277 | 168 | 176 | 93 | 165 | 169 | 172 |
| Mont. | 3 | 6 | - | - | - | - | 6 | 5 |
| Idaho | 29 | 4 | - | 3 | - | - | 5 | - |
| Wyo. | 1 | 2 | 2 | 1 | 1 | - | 1 | 1 |
| Colo. | 70 | 47 | 30 | 36 | 2 | 1 | 15 | U |
| N. Mex. | 41 | 37 | 20 | 22 | 11 | 6 | 19 | 21 |
| Ariz. | 157 | 142 | 81 | 86 | 77 | 154 | 75 | 95 |
| Utah | 33 | 19 | 35 | 22 | - | 2 | 20 | 18 |
| Nev. | 66 | 20 | - | 6 | 2 | 2 | 28 | 32 |
| PACIFIC | 1,267 | 828 | 290 | 829 | 178 | 142 | 918 | 1,427 |
| Wash. | 295 | 39 | 222 | 50 | 23 | 28 | 89 | 67 |
| Oreg. | 89 | 31 | 54 | 28 | 3 | 2 | 8 | 40 |
| Calif. | 860 | 737 | - | 732 | 152 | 110 | 736 | 1,227 |
| Alaska | 7 | - | 3 | - | - | 1 | 37 | 29 |
| Hawaii | 16 | 21 | 11 | 19 | - | 1 | 48 | 64 |
| Guam | - | 7 | U | U | - | - | - | - |
| P.R. | 1 | 33 | U | U | 56 | 80 | - | 73 |
| V.I. | - | U | U | U | - | U | - | U |
| Amer. Samoa | - | U | U | U | - | U | - | U |
| C.N.M.I. | - | 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).

†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 June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | <i>H. influenzae</i> , Invasive | | Hepatitis (Viral), By Type | | | | Measles (Rubeola) | | | | | |
|----------------|---------------------------------|-----------|----------------------------|-----------|-----------|-----------|-------------------|-----------|-----------|-----------|-----------|-----------|
| | Cum. 2000† | Cum. 1999 | A | | B | | Indigenous | | Imported* | | Total | |
| | | | Cum. 2000 | Cum. 1999 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | 2000 | Cum. 2000 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 525 | 526 | 4,685 | 8,133 | 2,404 | 2,804 | 1 | 14 | - | 5 | 19 | 52 |
| NEW ENGLAND | 36 | 40 | 101 | 90 | 23 | 62 | - | - | - | - | - | 9 |
| Maine | 1 | 4 | 7 | 2 | 5 | - | - | - | - | - | - | - |
| N.H. | 6 | 7 | 11 | 7 | 9 | 6 | - | - | - | - | - | 1 |
| Vt. | 2 | 4 | 3 | 1 | 3 | 1 | - | - | - | - | - | - |
| Mass. | 20 | 17 | 46 | 30 | 4 | 27 | - | - | - | - | - | 6 |
| R.I. | 1 | - | 1 | 9 | 2 | 11 | - | - | - | - | - | - |
| Conn. | 6 | 8 | 33 | 41 | - | 17 | U | - | U | - | - | 2 |
| MID. ATLANTIC | 77 | 84 | 201 | 520 | 231 | 416 | - | - | - | - | - | 2 |
| Upstate N.Y. | 34 | 32 | 95 | 101 | 54 | 87 | - | - | - | - | - | 2 |
| N.Y. City | 18 | 27 | 106 | 136 | 177 | 128 | - | - | - | - | - | - |
| N.J. | 19 | 23 | - | 67 | - | 61 | - | - | - | - | - | - |
| Pa. | 6 | 2 | - | 216 | - | 140 | - | - | - | - | - | - |
| E.N. CENTRAL | 65 | 84 | 582 | 1,431 | 270 | 259 | - | 3 | - | - | 3 | 1 |
| Ohio | 28 | 31 | 131 | 331 | 48 | 43 | - | 2 | - | - | 2 | - |
| Ind. | 10 | 12 | 23 | 52 | 20 | 23 | - | - | - | - | - | 1 |
| Ill. | 22 | 34 | 206 | 287 | 43 | - | - | - | - | - | - | - |
| Mich. | 5 | 7 | 209 | 720 | 158 | 173 | - | 1 | - | - | 1 | - |
| Wis. | - | - | 13 | 41 | 1 | 20 | - | - | - | - | - | - |
| W.N. CENTRAL | 30 | 23 | 535 | 322 | 216 | 123 | 1 | 2 | - | - | 2 | - |
| Minn. | 15 | 12 | 115 | 25 | 15 | 16 | - | - | - | - | - | - |
| Iowa | - | 2 | 44 | 68 | 20 | 21 | 1 | 1 | - | - | 1 | - |
| Mo. | 5 | 2 | 260 | 191 | 139 | 71 | - | - | - | - | - | - |
| N. Dak. | 1 | - | - | 1 | 2 | - | - | - | - | - | - | - |
| S. Dak. | - | 1 | - | 8 | - | 1 | - | - | - | - | - | - |
| Nebr. | 3 | 3 | 17 | 21 | 18 | 11 | - | - | - | - | - | - |
| Kans. | 6 | 3 | 99 | 8 | 22 | 3 | - | 1 | - | - | 1 | - |
| S. ATLANTIC | 145 | 115 | 554 | 730 | 482 | 420 | - | - | - | - | - | 4 |
| Del. | - | - | - | 2 | - | - | - | - | - | - | - | - |
| Md. | 33 | 30 | 69 | 142 | 54 | 82 | - | - | - | - | - | - |
| D.C. | - | 3 | 3 | 33 | 5 | 11 | - | - | - | - | - | - |
| Va. | 28 | 10 | 65 | 63 | 66 | 41 | - | - | - | - | - | 3 |
| W. Va. | 5 | 4 | 39 | 14 | 4 | 11 | - | - | - | - | - | - |
| N.C. | 13 | 21 | 85 | 51 | 115 | 100 | - | - | - | - | - | - |
| S.C. | 6 | 2 | 16 | 16 | 3 | 37 | U | - | U | - | - | - |
| Ga. | 40 | 26 | 74 | 224 | 81 | 52 | - | - | - | - | - | - |
| Fla. | 20 | 19 | 203 | 185 | 154 | 86 | - | - | - | - | - | 1 |
| E.S. CENTRAL | 26 | 38 | 203 | 196 | 189 | 196 | - | - | - | - | - | 2 |
| Ky. | 9 | 5 | 21 | 36 | 37 | 15 | - | - | - | - | - | 2 |
| Tenn. | 14 | 19 | 80 | 79 | 85 | 85 | - | - | - | - | - | - |
| Ala. | 3 | 12 | 28 | 33 | 24 | 48 | - | - | - | - | - | - |
| Miss. | - | 2 | 74 | 48 | 43 | 48 | - | - | - | - | - | - |
| W.S. CENTRAL | 29 | 35 | 826 | 2,351 | 290 | 466 | - | - | - | - | - | 3 |
| Ark. | - | 1 | 79 | 21 | 43 | 36 | - | - | - | - | - | - |
| La. | 6 | 9 | 28 | 70 | 50 | 93 | - | - | - | - | - | - |
| Okla. | 21 | 23 | 135 | 248 | 56 | 53 | - | - | - | - | - | - |
| Tex. | 2 | 2 | 584 | 2,012 | 141 | 284 | - | - | - | - | - | 3 |
| MOUNTAIN | 60 | 51 | 396 | 627 | 195 | 256 | - | 8 | - | 1 | 9 | 1 |
| Mont. | - | 1 | 1 | 12 | 3 | 15 | - | - | - | - | - | - |
| Idaho | 2 | 1 | 14 | 26 | 4 | 14 | - | - | - | - | - | - |
| Wyo. | - | 1 | 6 | 4 | - | 5 | U | - | U | - | - | - |
| Colo. | 11 | 7 | 78 | 116 | 42 | 40 | - | 1 | - | 1 | 2 | - |
| N. Mex. | 12 | 11 | 38 | 21 | 44 | 88 | - | - | - | - | - | - |
| Ariz. | 30 | 27 | 201 | 372 | 73 | 57 | - | - | - | - | - | 1 |
| Utah | 4 | 2 | 30 | 23 | 12 | 13 | - | 3 | - | - | 3 | - |
| Nev. | 1 | 1 | 28 | 53 | 17 | 24 | U | 4 | U | - | 4 | - |
| PACIFIC | 57 | 56 | 1,287 | 1,866 | 508 | 606 | - | 1 | - | 4 | 5 | 30 |
| Wash. | 3 | 1 | 128 | 114 | 25 | 25 | - | - | - | - | - | 5 |
| Oreg. | 17 | 21 | 102 | 130 | 41 | 51 | - | - | - | - | - | 10 |
| Calif. | 22 | 28 | 1,052 | 1,609 | 433 | 516 | - | - | - | 3 | 3 | 15 |
| Alaska | 2 | 4 | 5 | 4 | 4 | 9 | - | 1 | - | - | 1 | - |
| Hawaii | 13 | 2 | - | 9 | 5 | 5 | - | - | - | 1 | 1 | - |
| Guam | - | - | - | 2 | - | 2 | U | - | U | - | - | 1 |
| P.R. | - | 1 | 50 | 128 | 33 | 120 | U | - | U | - | - | - |
| V.I. | - | U | - | U | - | U | U | - | U | - | - | U |
| Amer. Samoa | - | U | - | U | - | U | U | - | U | - | - | U |
| C.N.M.I. | - | 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 117 cases among children aged <5 years, serotype was reported for 51 and of those, 12 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending June 3, 2000, and June 5, 1999 (22nd Week)

| Reporting Area | Meningococcal Disease | | Mumps | | | Pertussis | | | Rubella | | |
|----------------|-----------------------|-----------|-------|-----------|-----------|-----------|-----------|-----------|---------|-----------|-----------|
| | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 | 2000 | Cum. 2000 | Cum. 1999 |
| UNITED STATES | 1,054 | 1,217 | 3 | 168 | 170 | 80 | 1,951 | 2,550 | 3 | 55 | 89 |
| NEW ENGLAND | 60 | 63 | - | 2 | 3 | 10 | 477 | 259 | - | 5 | 7 |
| Maine | 5 | 4 | - | - | - | - | 12 | - | - | - | - |
| N.H. | 4 | 9 | - | - | 1 | 5 | 59 | 53 | - | 1 | - |
| Vt. | 2 | 4 | - | - | - | 5 | 107 | 9 | - | - | - |
| Mass. | 39 | 38 | - | - | 2 | - | 274 | 185 | - | 3 | 7 |
| R.I. | 3 | 2 | - | 1 | - | - | 7 | 3 | - | - | - |
| Conn. | 7 | 6 | U | 1 | - | U | 18 | 9 | U | 1 | - |
| MID. ATLANTIC | 101 | 120 | - | 9 | 20 | 7 | 155 | 558 | - | 2 | 13 |
| Upstate N.Y. | 27 | 32 | - | 6 | 4 | 7 | 87 | 484 | - | 2 | 9 |
| N.Y. City | 24 | 39 | - | - | 3 | - | - | 10 | - | - | - |
| N.J. | 21 | 21 | - | - | 1 | - | - | 15 | - | - | 1 |
| Pa. | 29 | 28 | - | 3 | 12 | - | 68 | 49 | - | - | 3 |
| E.N. CENTRAL | 190 | 206 | 1 | 18 | 23 | 5 | 229 | 201 | - | - | - |
| Ohio | 42 | 76 | - | 7 | 6 | 4 | 160 | 102 | - | - | - |
| Ind. | 27 | 23 | - | - | 2 | - | 22 | 10 | - | - | - |
| Ill. | 43 | 56 | 1 | 4 | 7 | - | 20 | 40 | - | - | - |
| Mich. | 60 | 27 | - | 7 | 7 | 1 | 17 | 18 | - | - | - |
| Wis. | 18 | 24 | - | - | 1 | - | 10 | 31 | - | - | - |
| W.N. CENTRAL | 84 | 123 | - | 12 | 6 | 11 | 97 | 76 | - | 2 | 43 |
| Minn. | 7 | 27 | - | - | 1 | 6 | 53 | 24 | - | - | - |
| Iowa | 16 | 23 | - | 5 | 3 | 4 | 15 | 16 | - | - | 8 |
| Mo. | 48 | 45 | - | 1 | 1 | - | 14 | 17 | - | - | - |
| N. Dak. | 2 | 3 | - | - | - | - | 1 | - | - | - | - |
| S. Dak. | 4 | 5 | - | - | - | - | 1 | 2 | - | - | - |
| Nebr. | 3 | 7 | - | 2 | - | - | 3 | 1 | - | - | 35 |
| Kans. | 4 | 13 | - | 4 | 1 | 1 | 10 | 16 | - | 2 | - |
| S. ATLANTIC | 173 | 183 | 1 | 28 | 30 | 7 | 163 | 118 | 3 | 32 | 2 |
| Del. | - | 3 | - | - | - | - | 4 | - | - | - | - |
| Md. | 16 | 30 | - | 6 | 4 | 1 | 40 | 38 | - | - | 1 |
| D.C. | - | 1 | - | - | 2 | - | - | - | - | - | - |
| Va. | 29 | 24 | - | 4 | 8 | - | 15 | 13 | - | - | - |
| W. Va. | 7 | 4 | - | - | - | - | - | 1 | - | - | - |
| N.C. | 28 | 25 | 1 | 4 | 5 | 5 | 44 | 27 | 3 | 23 | 1 |
| S.C. | 12 | 23 | U | 8 | 3 | U | 16 | 7 | U | 7 | - |
| Ga. | 27 | 30 | - | 2 | 1 | 1 | 20 | 15 | - | - | - |
| Fla. | 54 | 43 | - | 4 | 7 | - | 24 | 17 | - | 2 | - |
| E.S. CENTRAL | 76 | 91 | - | 5 | 3 | 2 | 33 | 51 | - | 4 | 2 |
| Ky. | 16 | 16 | - | - | - | - | 16 | 12 | - | 1 | - |
| Tenn. | 35 | 33 | - | 2 | - | 2 | 8 | 25 | - | - | - |
| Ala. | 21 | 25 | - | 2 | 1 | - | 8 | 12 | - | 3 | 2 |
| Miss. | 4 | 17 | - | 1 | 2 | - | 1 | 2 | - | - | - |
| W.S. CENTRAL | 82 | 121 | - | 18 | 22 | 2 | 66 | 71 | - | 4 | 4 |
| Ark. | 7 | 22 | - | 1 | - | - | 9 | 5 | - | - | - |
| La. | 25 | 40 | - | 3 | 3 | - | 3 | 3 | - | - | - |
| Okla. | 20 | 19 | - | - | 1 | - | 6 | 8 | - | - | - |
| Tex. | 30 | 40 | - | 14 | 18 | 2 | 48 | 55 | - | 4 | 4 |
| MOUNTAIN | 59 | 85 | - | 14 | 9 | 12 | 362 | 281 | - | 1 | 15 |
| Mont. | 1 | 2 | - | 1 | - | - | 7 | 2 | - | - | - |
| Idaho | 6 | 8 | - | - | 1 | 2 | 41 | 93 | - | - | - |
| Wyo. | - | 3 | U | 1 | - | U | - | 2 | U | - | - |
| Colo. | 18 | 23 | - | 1 | 3 | 7 | 201 | 78 | - | 1 | - |
| N. Mex. | 7 | 10 | - | 1 | N | 2 | 63 | 17 | - | - | - |
| Ariz. | 18 | 28 | - | 3 | - | 1 | 38 | 57 | - | - | 13 |
| Utah | 7 | 6 | - | 4 | 2 | - | 8 | 30 | - | - | 1 |
| Nev. | 2 | 5 | U | 3 | 3 | U | 4 | 2 | U | - | 1 |
| PACIFIC | 229 | 225 | 1 | 62 | 54 | 24 | 369 | 935 | - | 5 | 3 |
| Wash. | 24 | 34 | - | 3 | 1 | 17 | 121 | 472 | - | - | - |
| Oreg. | 31 | 40 | N | N | N | 3 | 41 | 19 | - | - | - |
| Calif. | 165 | 142 | 1 | 54 | 47 | 3 | 196 | 423 | - | 5 | 3 |
| Alaska | 3 | 5 | - | 4 | 1 | 1 | 7 | 3 | - | - | - |
| Hawaii | 6 | 4 | - | 1 | 5 | - | 4 | 18 | - | - | - |
| Guam | - | 1 | U | - | 1 | U | - | 1 | U | - | - |
| P.R. | 4 | 8 | - | - | - | - | - | 7 | - | - | - |
| V.I. | - | U | U | - | U | U | - | U | U | - | U |
| Amer. Samoa | - | U | U | - | U | U | - | U | U | - | U |
| C.N.M.I. | - | U | U | - | U | U | - | U | U | - | U |

N: Not notifiable.

U: Unavailable.

- : No reported cases.

**TABLE IV. Deaths in 122 U.S. cities,* week ending
June 3, 2000 (22nd Week)**

| Reporting Area | All Causes, By Age (Years) | | | | | | P&I† Total | Reporting Area | All Causes, By Age (Years) | | | | | | P&I† Total |
|---------------------|----------------------------|-------|-------|-------|------|----|---------------|-----------------------|----------------------------|-------|-------|-------|------|-----|---------------|
| | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | | | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | |
| NEW ENGLAND | 442 | 307 | 85 | 29 | 15 | 6 | 45 | S. ATLANTIC | 930 | 586 | 209 | 86 | 25 | 23 | 46 |
| Boston, Mass. | 139 | 82 | 32 | 12 | 10 | 3 | 12 | Atlanta, Ga. | U | U | U | U | U | U | U |
| Bridgeport, Conn. | 50 | 44 | 6 | - | - | - | 8 | Baltimore, Md. | 279 | 169 | 74 | 25 | 6 | 4 | 15 |
| Cambridge, Mass. | 21 | 16 | 4 | 1 | - | - | 3 | Charlotte, N.C. | 95 | 57 | 17 | 8 | 5 | 8 | 7 |
| Fall River, Mass. | 15 | 14 | 1 | - | - | - | 2 | Jacksonville, Fla. | 102 | 64 | 23 | 10 | 4 | 1 | 5 |
| Hartford, Conn. | U | U | U | U | U | U | U | Miami, Fla. | U | U | U | U | U | U | U |
| Lowell, Mass. | 22 | 14 | 3 | 5 | - | - | 1 | Norfolk, Va. | 42 | 28 | 2 | 7 | 1 | 4 | 3 |
| Lynn, Mass. | 13 | 8 | 5 | - | - | - | 3 | Richmond, Va. | 55 | 24 | 20 | 9 | 2 | - | 3 |
| New Bedford, Mass. | 31 | 26 | 3 | 1 | 1 | - | 4 | Savannah, Ga. | 45 | 31 | 9 | 3 | 2 | - | 3 |
| New Haven, Conn. | 26 | 16 | 9 | - | - | 1 | 1 | St. Petersburg, Fla. | 50 | 39 | 8 | 3 | - | - | 2 |
| Providence, R.I. | U | U | U | U | U | U | U | Tampa, Fla. | 141 | 92 | 29 | 12 | 4 | 4 | 6 |
| Somerville, Mass. | 4 | 4 | - | - | - | - | - | Washington, D.C. | 100 | 61 | 27 | 9 | 1 | 2 | 2 |
| Springfield, Mass. | 38 | 26 | 8 | 1 | 2 | 1 | 3 | Wilmington, Del. | 21 | 21 | - | - | - | - | - |
| Waterbury, Conn. | 28 | 19 | 5 | 2 | 2 | - | - | E.S. CENTRAL | 721 | 455 | 168 | 66 | 14 | 15 | 67 |
| Worcester, Mass. | 55 | 38 | 9 | 7 | - | 1 | 8 | Birmingham, Ala. | 138 | 79 | 35 | 16 | 3 | 2 | 17 |
| MID. ATLANTIC | 2,266 | 1,598 | 425 | 156 | 38 | 48 | 119 | Chattanooga, Tenn. | 85 | 55 | 20 | 4 | 6 | - | 7 |
| Albany, N.Y. | 60 | 48 | 9 | 1 | - | 2 | 7 | Knoxville, Tenn. | 75 | 50 | 15 | 10 | - | - | 3 |
| Allentown, Pa. | U | U | U | U | U | U | U | Lexington, Ky. | 66 | 34 | 19 | 7 | 1 | 5 | 8 |
| Buffalo, N.Y. | 124 | 83 | 28 | 11 | 1 | 1 | 8 | Memphis, Tenn. | 162 | 104 | 44 | 9 | 1 | 4 | 19 |
| Camden, N.J. | 26 | 17 | 4 | 3 | 2 | - | 2 | Mobile, Ala. | 45 | 29 | 11 | 5 | - | - | - |
| Elizabeth, N.J. | 22 | 14 | 3 | 5 | - | - | - | Montgomery, Ala. | 32 | 28 | 4 | - | - | - | 5 |
| Erie, Pa.‡ | 45 | 32 | 7 | 4 | 1 | 1 | 3 | Nashville, Tenn. | 118 | 76 | 20 | 15 | 3 | 4 | 8 |
| Jersey City, N.J. | 57 | 36 | 12 | 6 | 1 | 2 | - | W.S. CENTRAL | 1,225 | 815 | 234 | 105 | 35 | 36 | 73 |
| New York City, N.Y. | 1,068 | 759 | 195 | 81 | 20 | 12 | 40 | Austin, Tex. | 64 | 44 | 9 | 7 | 2 | 2 | 4 |
| Newark, N.J. | 42 | 21 | 13 | 4 | 4 | - | 4 | Baton Rouge, La. | 51 | 39 | 5 | 2 | 1 | 4 | 3 |
| Paterson, N.J. | 42 | 33 | 4 | 1 | - | 4 | 1 | Corpus Christi, Tex. | 54 | 42 | 7 | 2 | - | 3 | 2 |
| Philadelphia, Pa. | 370 | 249 | 73 | 21 | 7 | 20 | 23 | Dallas, Tex. | 205 | 127 | 37 | 20 | 14 | 7 | 12 |
| Pittsburgh, Pa.‡ | 44 | 33 | 8 | 3 | - | - | 6 | El Paso, Tex. | 64 | 47 | 12 | 2 | 1 | 2 | - |
| Reading, Pa. | 21 | 19 | 1 | 1 | - | - | 4 | Ft. Worth, Tex. | 93 | 65 | 13 | 10 | 2 | 3 | 4 |
| Rochester, N.Y. | 136 | 99 | 24 | 8 | 2 | 3 | 10 | Houston, Tex. | 325 | 198 | 75 | 39 | 7 | 6 | 20 |
| Schenectady, N.Y. | 14 | 9 | 4 | 1 | - | - | - | Little Rock, Ark. | 45 | 28 | 10 | 4 | 3 | - | 3 |
| Scranton, Pa.‡ | 28 | 25 | 1 | 1 | - | 1 | 2 | New Orleans, La. | U | U | U | U | U | U | U |
| Syracuse, N.Y. | 133 | 96 | 33 | 2 | - | 2 | 8 | San Antonio, Tex. | 161 | 114 | 27 | 14 | 5 | 1 | 9 |
| Trenton, N.J. | 17 | 12 | 3 | 2 | - | - | 1 | Shreveport, La. | 61 | 43 | 15 | 1 | - | 2 | 8 |
| Utica, N.Y. | 17 | 13 | 3 | 1 | - | - | U | Tulsa, Okla. | 102 | 68 | 24 | 4 | - | 6 | 8 |
| Yonkers, N.Y. | U | U | U | U | U | U | U | MOUNTAIN | 881 | 592 | 161 | 80 | 34 | 14 | 56 |
| E.N. CENTRAL | 1,667 | 1,130 | 330 | 133 | 39 | 33 | 131 | Albuquerque, N.M. | 105 | 79 | 18 | 4 | 4 | - | 5 |
| Akron, Ohio | 51 | 37 | 7 | 4 | 2 | 1 | 7 | Boise, Idaho | 33 | 29 | 2 | 2 | - | - | 3 |
| Canton, Ohio | 32 | 29 | 2 | 1 | - | - | 5 | Colo. Springs, Colo. | 45 | 29 | 8 | 6 | - | 2 | 3 |
| Chicago, Ill. | 343 | 202 | 79 | 42 | 12 | 6 | 34 | Denver, Colo. | 81 | 52 | 13 | 8 | 5 | 3 | 8 |
| Cincinnati, Ohio | 60 | 40 | 10 | 6 | - | 4 | 10 | Las Vegas, Nev. | 205 | 132 | 45 | 22 | 5 | 1 | 11 |
| Cleveland, Ohio | 111 | 75 | 26 | 6 | 2 | 2 | 3 | Ogden, Utah | 36 | 24 | 4 | 6 | 2 | - | 2 |
| Columbus, Ohio | 170 | 114 | 36 | 12 | 3 | 5 | 9 | Phoenix, Ariz. | 139 | 80 | 32 | 14 | 9 | 4 | 9 |
| Dayton, Ohio | 101 | 78 | 18 | 5 | - | - | 9 | Pueblo, Colo. | 29 | 22 | 2 | 4 | 1 | - | 2 |
| Detroit, Mich. | 125 | 74 | 25 | 17 | 6 | 3 | 13 | Salt Lake City, Utah | 103 | 65 | 21 | 11 | 3 | 3 | 9 |
| Evansville, Ind. | 38 | 29 | 7 | 2 | - | - | - | Tucson, Ariz. | 105 | 80 | 16 | 3 | 5 | 1 | 4 |
| Fort Wayne, Ind. | 52 | 39 | 7 | 5 | 1 | - | 3 | PACIFIC | 1,328 | 895 | 246 | 124 | 41 | 20 | 111 |
| Gary, Ind. | 23 | 8 | 9 | 1 | 3 | 2 | 1 | Berkeley, Calif. | 13 | 9 | 4 | - | - | - | 1 |
| Grand Rapids, Mich. | 27 | 19 | 4 | - | 1 | 3 | 4 | Fresno, Calif. | 100 | 75 | 13 | 8 | 3 | 1 | 10 |
| Indianapolis, Ind. | 150 | 106 | 27 | 12 | 3 | 2 | 9 | Glendale, Calif. | 9 | 8 | 1 | - | - | - | - |
| Lansing, Mich. | 34 | 24 | 8 | 1 | - | 1 | 4 | Honolulu, Hawaii | 62 | 49 | 9 | 2 | - | 2 | 5 |
| Milwaukee, Wis. | 107 | 81 | 20 | 2 | 2 | 2 | 4 | Long Beach, Calif. | 54 | 33 | 11 | 7 | 2 | 1 | 10 |
| Peoria, Ill. | 48 | 29 | 15 | 3 | - | 1 | 1 | Los Angeles, Calif. | 303 | 164 | 65 | 58 | 12 | 4 | 19 |
| Rockford, Ill. | 47 | 35 | 6 | 4 | 1 | 1 | 3 | Pasadena, Calif. | 22 | 14 | 5 | - | 3 | - | - |
| South Bend, Ind. | 24 | 17 | 6 | 1 | - | - | 2 | Portland, Oreg. | 128 | 89 | 29 | 6 | 3 | 1 | 10 |
| Toledo, Ohio | 76 | 56 | 12 | 6 | 2 | - | 9 | Sacramento, Calif. | 113 | 77 | 22 | 7 | 3 | 3 | 11 |
| Youngstown, Ohio | 48 | 38 | 6 | 3 | 1 | - | 1 | San Diego, Calif. | 144 | 98 | 25 | 12 | 3 | 6 | 17 |
| W.N. CENTRAL | 1,400 | 962 | 278 | 85 | 39 | 36 | 106 | San Francisco, Calif. | U | U | U | U | U | U | U |
| Des Moines, Iowa | 78 | 58 | 11 | 6 | - | 3 | 9 | San Jose, Calif. | 125 | 83 | 25 | 12 | 5 | - | 8 |
| Duluth, Minn. | 30 | 22 | 7 | - | 1 | - | 2 | Santa Cruz, Calif. | 41 | 31 | 4 | 2 | 4 | - | 2 |
| Kansas City, Kans. | 241 | 154 | 64 | 12 | 6 | 5 | 24 | Seattle, Wash. | 88 | 61 | 20 | 6 | - | 1 | 5 |
| Kansas City, Mo. | 90 | 60 | 19 | 3 | 6 | 2 | 4 | Spokane, Wash. | 53 | 38 | 7 | 4 | 3 | 1 | 5 |
| Lincoln, Nebr. | 23 | 12 | 7 | 1 | 2 | 1 | 2 | Tacoma, Wash. | 73 | 66 | 6 | - | - | - | 8 |
| Minneapolis, Minn. | 131 | 88 | 29 | 5 | 4 | 5 | 8 | TOTAL | 10,860† | 7,340 | 2,136 | 864 | 280 | 231 | 754 |
| Omaha, Nebr. | 67 | 43 | 13 | 6 | 1 | 4 | 3 | | | | | | | | |
| St. Louis, Mo. | 97 | 59 | 23 | 10 | 3 | 2 | - | | | | | | | | |
| St. Paul, Minn. | 83 | 63 | 11 | 6 | 1 | 2 | 3 | | | | | | | | |
| Wichita, Kans. | 560 | 403 | 94 | 36 | 15 | 12 | 51 | | | | | | | | |

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. 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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