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Serosurveys for West Nile Virus Infection — New York and Connecticut Counties, 2000

In 2000, 21 persons were reported with acute illness attributed to West Nile virus (WNV) infection; 19 were hospitalized with encephalitis or meningitis. Of the 21, 10 resided in the Staten Island borough (Richmond County) of New York City. Other ill persons resided in nine other counties—Kings (Brooklyn), New York (Manhattan), and Queens counties in New York; Hudson, Passaic, Monmouth, Morris, and Bergen counties in New Jersey; and Fairfield County in Connecticut. Because ill persons represent only a fraction of the persons who are infected, many more persons probably were infected in 2000. To determine the prevalence of recently acquired WNV infection and associated risk factors for infection, random household cluster serosurveys were conducted in Staten Island and portions of Fairfield County, Connecticut, and Suffolk County, New York, during October–November 2000. All three areas had intense WNV epizootics as determined by avian mortality and mosquito surveillance systems (*1*). This report summarizes the preliminary results of this survey and indicates that in areas with intense epizootic WNV activity, asymptomatic or mildly symptomatic human infections can occur.

After obtaining consent, persons aged ≥12 years were interviewed to identify risk factors for infection and submitted serum specimens for WNV IgM antibody testing. IgM-positive samples were tested for WNV neutralizing antibody.

A total of 2436 persons from 1989 (39%) of 5141 selected households participated in the serosurvey. Five persons aged 14–54 years had positive WNV IgM and neutralizing antibody tests indicating recent infection. Of 871 residents of Staten Island surveyed, four (unweighted seroprevalence estimate: 0.46%; 95% confidence interval [CI]=0.18%–1.17%) had positive samples indicative of recent infection. Of 834 surveyed in Suffolk County, one (0.12%; 95% CI=0.01%–0.67%) had a positive sample, and of 731 surveyed in Fairfield County, none (95% CI=0.0–0.52%) had positive samples.

Of 176 persons reporting fever and headache during July–August 2000, two (1.1%) were infected recently, compared with three (0.1%) of 2222 persons who did not have these symptoms (relative risk=8.6; 95% CI=1.4–51.1; Fisher exact test, p=0.05). However, persons recently infected with WNV did not differ significantly from other surveyed residents by age or sex.

In 2000, hospital-based surveillance identified 10 Staten Island residents with severe WNV neurologic illness (rate: 2.5 per 100,000 population). On the basis of Staten Island serosurvey data, an estimated 1574 (95% CI=616–4003) residents aged ≥12 years were infected with WNV in 2000; an estimated one in 157 (95% CI=1:62–1:400) WNV-infected Staten Island resident developed severe neurologic illness. In Suffolk County, although

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hospital-based surveillance did not identify any persons with severe WNV neurologic illness, an estimated 121 (95% CI=10–673) infections occurred among the approximately 100,500 persons aged ≥12 years in the serosurvey area.

Reported by: F Mostashari, MD, I Poshni, PhD, B Edwin, M Layton, MD, New York City Dept of Health; D Graham, MD, C Bradley, MD, Suffolk County Dept of Health Svcs, Hauppauge; M Kacica, MD, S Wong, PhD, C Franchell, MS, D Morse, MD, B Wallace, MD, P Smith, MD, State Epidemiologist, New York State Dept of Health. E Bresnitz, MD, State Epidemiologist, New Jersey Dept of Health and Senior Svcs. C Baisley, MPH, Greenwich Dept of Health, Greenwich; A Iton, MD, Stamford Dept of Health and Social Svcs, Stamford; G Archambault, MS, D Mayo, ScD, J Hadler, MD, State Epidemiologist, Connecticut Dept of Public Health. Arbovirus Diseases Br, Div of Vectorborne Infectious Diseases, National Center for Infectious Diseases; and EIS officers, CDC.

Editorial Note: In 2000, the estimated incidence of recent WNV infection in three survey areas was less than the 2.6% estimated from a 1999 serosurvey in a north Queens neighborhood (CDC and New York City Department of Health, unpublished data, 1999). One possible reason for the lower incidence in Staten Island compared with Queens may have been that the 1999 WNV epizootic in Queens was more intense than that in Staten Island. Although few data exist to compare the epizootics in these boroughs, the seroprevalence of specific WNV neutralizing antibody among house sparrows was more than six times greater in north Queens in 1999 than in Staten Island in 2000. These differences may reflect the prevention measures implemented in 2000 that contributed to the decreased incidence in humans; these measures included mosquito larviciding before the transmission season, wide dissemination of public health messages promoting personal protection behaviors, reduction of peridomestic mosquito breeding sites, and intensive insecticide spraying to control adult mosquitoes. These differences also may reflect the sporadic nature of WNV outbreaks (*2*).

Another important factor may have been the methods used to select the sites for the serosurveys. The 1999 Queens site was a 3 square mile area where the nine persons with severe WNV neurologic illness resided. Because the 10 case-patients in Staten Island were more evenly dispersed across the 56 square mile area, a sampling method that included the entire island was used. In 1999, the serosurvey results in Queens may have been lower if a wider area that included Queens neighborhoods with lower rates of severe neurologic illness had been used.

Fairfield and Suffolk counties were surveyed because of the many WNV-infected birds and mosquitoes reported. In Suffolk County, recent human infections were identified in the survey, although no cases of encephalitis were reported. In Fairfield County, although no recently infected persons were found, public health surveillance identified a mildly symptomatic resident with confirmed infection in 2000. The detection of WNV infection in these counties suggests that in areas with very intense epizootics human infections occurred but not at levels that resulted in recognized severe neurologic illness. Because older persons infected with WNV are more likely than younger persons to develop severe neurologic illness, in areas with equally intense epizootics and older residents, these lower infection incidences may still result in severe neurologic illness.

The comparable ratio of severe neurologic illness to infection observed in Queens in 1999 and Staten Island in 2000 suggests that, when adequate surveillance for severe WNV neurologic illness is in place, surveillance data may be used to estimate the WNV infection incidence from year to year. The identification of 62 persons in 1999 and 20 in 2000 with acute WNV illness suggests that approximately three times as many WNV infections occurred in 1999 as 2000 despite a widely expanding epizootic in 2000.

West Nile Virus — Continued

Although some decrease in the rate of WNV infection in humans may be attributable to vector control, other prevention activities, or the variable and sporadic nature of WNV outbreaks, it is unknown why the estimated rates of infection varied widely among the three 2000 survey sites despite high levels of WNV epizootic activity in each. Additional analysis of the 2000 surveillance data will be necessary to identify surveillance indicators of increased risk for human infection to target prevention and control activities.

References

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Influenza Activity — United States, 2000–01 Season

This report summarizes influenza activity in the United States during November 26, 2000–January 13, 2001 (*1*). Influenza activity was low to moderate but increasing in the United States. Since October 1, the most frequently isolated viruses were influenza A (H1N1) and were well matched antigenically with the 2000–01 influenza A (H1N1) vaccine strain.

During October 1, 2000–January 13, 2001, World Health Organization collaborating laboratories and National Respiratory and Enteric Virus Surveillance System laboratories in the United States tested 26,789 specimens for influenza: 1545 (6%) were positive. Of these, 1132 (73%) were influenza A and 413 (27%) were influenza B. Of the 1132 influenza A isolates collected, 457 (40%) have been subtyped: 441 (96%) were A (H1N1) and 16 (4%) were A (H3N2). Of the 56 influenza A (H1N1) isolates characterized antigenically at CDC, 53 (95%) were A/New Caledonia/20/99-like (H1N1) viruses, the H1N1 component of the 2000–01 vaccine strain, and three (5%) were A/Bayern/07/95-like (H1N1) viruses. The A/New Caledonia/20/99 vaccine strain produces high titers of antibody that are cross-reactive to A/Bayern/07/95-like (H1N1) viruses (*2*). Ten influenza A (H3N2) viruses and 20 influenza B viruses were characterized; all were similar antigenically to vaccine strains A/Panama/2007/99 (H3N2) and B/Beijing/184/93, respectively. The percentage of positive influenza infections, an important indicator of influenza activity, increased from 4% during the week ending November 25 to 15% during the week ending January 13.

During November 6, 2000–January 13, 2001, 2%–3% of patient visits to U.S. sentinel physicians were for influenza-like illness (ILI)*. During the week ending January 13 (week 2), patient visits for ILI were at baseline levels (0–3%) in seven of nine surveillance regions. Levels were above baseline in the Pacific (6%) and West South Central (4%) regions. During the same week, widespread† influenza activity was reported in Rhode Island and Virginia, and regional activity was reported in 21 states (Alabama, Arizona, Colorado, Connecticut, Idaho, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Nevada, North Carolina, Oregon, Tennessee, Texas, Utah,

*Temperature of >100.0 F (>37.8 C) and either cough or sore throat in the absence of a known cause.

†Levels of activity are 1) *no activity*; 2) *sporadic*—sporadically occurring ILI or culture-confirmed influenza with no outbreaks detected; 3) *regional*—outbreaks of ILI or culture-confirmed influenza in counties with a combined population of <50% of the state's population; and 4) *widespread*—outbreaks of ILI or culture-confirmed influenza in counties with a combined population of ≥50% of the state's population.

Influenza Activity — Continued

Washington, and Wyoming); 26 states reported sporadic activity, and one state did not report.

The 122 Cities Mortality Reporting System attributed 7.7% of recorded deaths to pneumonia and influenza (P&I). This percentage was below the epidemic threshold[§] of 8.5% for week 2. The percentage of P&I deaths has remained below the epidemic threshold for each week since October 1.

Reported by: Participating state and territorial epidemiologists and state public health laboratory directors. WHO collaborating laboratories. National Respiratory and Enteric Virus Surveillance System laboratories. Sentinel Physicians Influenza Surveillance System. Surveillance Systems Br, Div of Public Health Surveillance and Informatics, Epidemiology Program Office; Mortality Statistics Br, Div of Vital Statistics, National Center for Health Statistics; WHO Collaborating Center for Reference and Research on Influenza, Respiratory and Enteric Virus Br, and Influenza Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; and an EIS Officer, CDC.

Editorial Note: Influenza activity has been low to moderate in the United States; however, the percentage of respiratory specimens that were laboratory-confirmed influenza increased to 15% for the week ending January 13. During peak influenza-activity periods each year from 1990 to 2000, 19%–35% of weekly specimens submitted for respiratory virus testing were positive for influenza viruses. Although influenza A (H1N1) viruses have predominated this season, approximately one fourth of the isolates have been influenza B.

The best prevention against influenza is vaccination; therefore, persons susceptible to complications (*3*) and close contacts of such persons (e.g., health-care providers and household members who care for high-risk persons) should continue to be vaccinated. An estimated average of 900 deaths and 1300 hospitalizations can be prevented for each additional million elderly persons vaccinated against influenza (CDC, unpublished data, 2000).

Approximately 70.4 million doses of influenza vaccine have been shipped by manufacturers, but another 6.2 million doses of vaccine are available from Aventis Pasteur (Swiftwater, Pennsylvania). This vaccine may be ordered by calling Aventis Pasteur at (800) 822-2463 through February 1, 2001 (*4*). The minimum order size is five vials (50 doses). Additional information on vaccine prices and ordering procedures is available on the World-Wide Web, http://www.cdc.gov/nip/flu-vac-supply.

CDC collects and reports U.S. influenza surveillance data during October–May. This information is updated weekly and is available through CDC voice information system, telephone (888) 232-3228, the fax information system, telephone (888) 232-3299 (request document no. 361100), or on the World-Wide Web, http://www.cdc.gov/ncidod/diseases/flu/weekly.htm.

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[§] The epidemic threshold is 1.645 standard deviations above the seasonal baseline. The expected seasonal baseline is projected using a robust regression procedure in which a periodic regression model is applied to observed percentages of deaths from P&I since 1983.

Circulation of a Type 2 Vaccine-Derived Poliovirus — Egypt, 1982–1993

In 1988, the World Health Assembly resolved to eradicate poliomyelitis globally by 2000 (*1*). Substantial progress has been achieved toward this goal (*2,3*), and with the circulation of wild poliovirus eliminated in most of the world, attention has focused on examining the potential for vaccine-derived poliovirus to circulate where wild poliovirus has disappeared. During 1999, sequences of historic poliovirus isolates were examined. This report summaries the results of that study, which indicate that oral poliovirus vaccine (OPV)-derived poliovirus type 2 circulated in Egypt during the 1980s and early 1990s and caused widespread infection and paralytic disease. The findings underscore the need for countries using OPV to target communities with low vaccine coverage for intense vaccination activities to prevent circulation of both wild and vaccine-derived polioviruses.

During 1988–1993, 32 polio cases associated with vaccine-derived poliovirus type 2 were found in eight of 27 governorates in Egypt. Although initial antigenic characterization of the isolates indicated that they had nonvaccine-like properties, nucleotide sequence analysis (i.e., comparing the 903 nucleotides encoding the major capsid protein, VP1) performed during 1999 revealed that all of the isolates were related (93%–96% nucleotide sequence identity) to the Sabin type 2 OPV strain (Sabin 2). The isolates were not related (<81% nucleotide sequence identity) to the wild type 2 poliovirus that had been indigenous to Egypt (last isolated in 1979) or to any other wild type 2 polioviruses (*3*). The isolates also differed from type 2 vaccine-derived polioviruses normally isolated from patients with acute flaccid paralysis that typically are related closely (>99.5% nucleotide sequence identity) to Sabin 2.

Both epidemiologic and genetic data among the 32 case isolates indicate extensive circulation of type 2 vaccine-derived polioviruses in Egypt during 1988–1993. Several type 2 isolates were associated with clusters of cases within the same governorate, and sustained circulation of Sabin 2-derived poliovirus probably occurred in some communities. The isolates grouped into approximately 10 genetic lineages (corresponding to chains of transmission), and isolates from the same governorate usually were closely related. The extent of VP1 sequence divergence from Sabin 2 was similar for isolates for any given year, and divergence increased at a nearly constant rate from 1988 to 1993. However, the sequence diversity (4%–5%) of the early isolates suggested that circulation had started several years before 1988. Although the precise duration and extent of vaccine-derived poliovirus circulation in Egypt is uncertain because of gaps in surveillance before 1990, regression analysis of the VP1 evolution rate suggested that all lineages derived from one OPV infection that occurred approximately during 1982, and that progeny from that initiating infection circulated in Egypt during 1982–1993. The estimate of the time of the initiating OPV infection is based on the assumption that the rate of VP1 evolution was nearly constant throughout the period of virus circulation.

Circulation of the Sabin 2-derived poliovirus occurred when OPV coverage probably was low in the affected communities. OPV coverage rates increased steadily in the mid-1990s, and no highly divergent vaccine-derived poliovirus isolates have been found in Egypt since 1993.

Reported by: WHO Regional Reference Laboratory, Egyptian Institute for Biological Products and Vaccine Production; Ministry of Health; Expanded Programme on Immunization, Regional Office for the Eastern Mediterranean Region, Cairo, Egypt. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.

Vaccine-Derived Poliovirus — Continued

Editorial Note: The finding that vaccine-derived polioviruses may circulate under suitable conditions presents an additional challenge to efforts to eradicate polio worldwide (*1,2,4*). During 2000, circulation of type 1 vaccine-derived poliovirus in the Dominican Republic and Haiti was associated with 19 suspected polio cases (*5*). Nucleotide sequence relationships among Sabin 2-derived polioviruses isolated in China during the mid-1990s also were consistent with establishment of genetic lineages by person-to-person transmission (*6*).

Low OPV coverage following the elimination of at least one indigenous wild poliovirus serotype probably is critical for circulation of vaccine-derived polioviruses. Such conditions permit expansion of the cohort of children who are not immune to one or more poliovirus serotypes. The threshold rates of vaccine coverage needed to suppress circulation of vaccine-derived polioviruses are unknown but probably vary by poliovirus serotype and environmental factors (e.g., population density, levels of sanitation, and climate). However, when OPV coverage rates are sufficient to prevent circulation of wild polioviruses, they probably are sufficient to prevent circulation of vaccine-derived polioviruses (*4*).

Because the outbreak described in this report involved extensive person-to-person transmission of poliovirus, it differs from vaccine-associated paralytic polio (VAPP). Cases of VAPP are not linked epidemiologically or virologically to each other but are associated with separate recent exposures to OPV (*7*). However, the early events associated with the circulation of vaccine-derived polioviruses may be similar to events associated with contact cases of VAPP: an unimmunized person is exposed to vaccine-derived poliovirus excreted by a recent OPV recipient (*7*). Excreted vaccine-derived viruses often are more virulent than the original OPV strains (*8*). Low levels of population immunity may favor the selection and transmission of vaccine-derived variants with biologic properties indistinguishable from those of wild polioviruses.

The outbreak in the Dominican Republic and Haiti involved circulating poliovirus type 1; the cases in China and Egypt (and possibly infections detected by environmental surveillance in Israel [*9*]) involved circulating type 2 vaccine-derived viruses. The type 2 OPV strain is the most transmissible of the three poliovirus serotypes (*4,7*). Because circulation of wild type 2 polioviruses probably has ceased worldwide (*2,3*), the only type 2 polioviruses infecting humans and conferring type-specific immunity are likely to be those derived from OPV.

The potential of vaccine-derived polioviruses to establish and maintain circulation has important implications for developing an appropriate strategy for the cessation of vaccination with OPV after wild poliovirus eradication has been achieved (*4*). Potential vaccine-derived poliovirus circulation also underscores the importance of maintaining high rates of poliovirus vaccine coverage worldwide. Countries using OPV should target communities with low vaccine coverage for intensified vaccination activities to prevent circulation of vaccine-derived and wild polioviruses. Countries using inactivated poliovirus vaccine should take steps to ensure high coverage rates in all communities to prevent the transmission of imported polioviruses.

References

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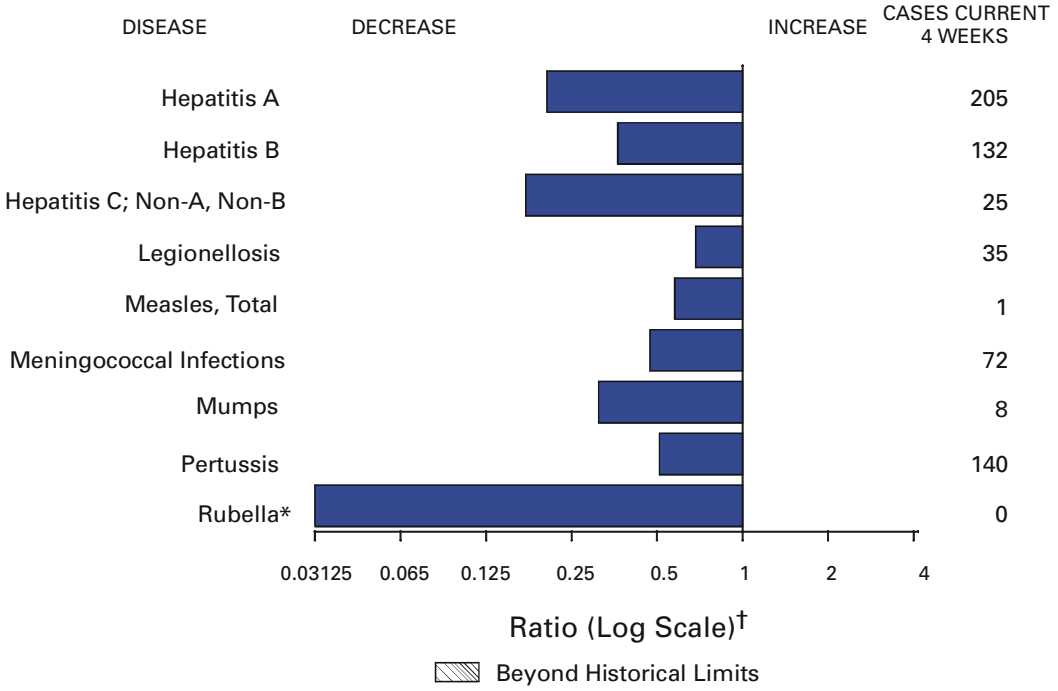
2. CDC. Progress toward global poliomyelitis eradication, 1999. MMWR 2000;49:349–54.
3. CDC. Progress toward the global interruption of wild poliovirus type 2 transmission, 1999. MMWR 1999;48:736–8.

(Continued on page 51)

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending January 20, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 3 of zero (0).

† 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 January 20, 2001 (3rd Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	-	Psittacosis*	-
Cholera	-	Q fever*	-
Cyclosporiasis*	-	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	3
Ehrlichiosis: human granulocytic (HGE)*	2	Rubella, congenital syndrome	-
human monocytic (HME)*	1	Streptococcal disease, invasive, group A	83
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	-
eastern equine*	-	Syphilis, congenital¶	-
St. Louis*	-	Tetanus	-
western equine*	-	Toxic-shock syndrome	3
Hansen disease (leprosy)*	-	Trichinosis	-
Hantavirus pulmonary syndrome*†	-	Tularemia*	-
Hemolytic uremic syndrome, postdiarrheal*	-	Typhoid fever	3
HIV infection, pediatric*§	-	Yellow fever	-
Plague	-		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ 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 December 24, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2001§	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	-	1,493	16,042	30,321	36	60	24	57	8	76
NEW ENGLAND	-	235	866	1,279	3	2	5	5	1	11
Maine	-	3	-	66	1	1	-	-	-	-
N.H.	-	4	29	60	-	-	-	2	1	3
Vt.	-	-	23	31	2	1	-	-	-	1
Mass.	-	228	577	550	-	-	5	1	-	1
R.I.	-	-	136	138	-	-	-	-	-	-
Conn.	-	-	101	434	-	-	-	2	-	6
MID. ATLANTIC	-	531	421	2,744	-	4	4	-	-	18
Upstate N.Y.	-	19	N	N	-	1	4	-	-	16
N.Y. City	-	335	-	1,243	-	2	-	-	-	-
N.J.	-	146	56	726	-	-	-	-	-	1
Pa.	-	31	365	775	-	1	N	N	-	1
E.N. CENTRAL	-	45	2,820	5,469	10	13	2	15	2	4
Ohio	-	24	172	1,314	5	4	1	1	-	1
Ind.	-	-	599	531	2	-	-	1	-	1
Ill.	-	-	855	2,018	-	2	1	5	-	-
Mich.	-	19	903	702	3	2	-	5	-	1
Wis.	-	2	291	904	-	5	-	3	2	1
W.N. CENTRAL	-	20	451	1,754	4	1	5	13	-	17
Minn.	-	11	-	451	-	-	-	-	-	9
Iowa	-	-	14	39	1	-	-	2	-	1
Mo.	-	-	-	749	-	-	4	8	-	5
N. Dak.	-	-	-	30	-	1	-	1	-	-
S. Dak.	-	-	106	66	-	-	1	-	-	-
Nebr.	-	-	53	154	3	-	-	-	-	1
Kans.	-	9	278	265	-	-	-	2	-	1
S. ATLANTIC	-	342	4,056	4,566	4	2	3	2	-	9
Del.	-	-	165	179	-	-	-	-	-	-
Md.	-	87	466	466	1	-	-	-	-	1
D.C.	-	5	136	144	1	-	-	-	U	U
Va.	-	29	-	463	1	-	-	-	-	3
W. Va.	-	1	103	94	-	-	-	-	-	-
N.C.	-	2	737	267	-	-	2	2	-	-
S.C.	-	6	1,064	1,036	-	-	1	-	-	-
Ga.	-	-	236	864	-	-	-	-	-	3
Fla.	-	212	1,149	1,053	1	2	-	-	-	2
E.S. CENTRAL	-	17	2,231	1,147	2	3	-	-	2	1
Ky.	-	-	279	316	-	-	-	-	1	-
Tenn.	-	17	640	684	-	-	-	-	1	1
Ala.	-	-	637	146	1	3	-	-	-	-
Miss.	-	-	675	1	1	-	-	-	-	-
W.S. CENTRAL	-	235	2,038	5,109	1	4	-	5	1	8
Ark.	-	8	-	173	-	-	-	2	-	1
La.	-	24	970	856	-	-	-	-	1	3
Okla.	-	-	502	408	1	-	-	-	-	1
Tex.	-	203	566	3,672	-	4	-	3	-	3
MOUNTAIN	-	57	818	1,932	4	6	4	8	2	3
Mont.	-	1	-	35	-	-	-	4	-	-
Idaho	-	-	113	112	-	-	2	-	-	-
Wyo.	-	1	45	35	-	-	-	1	-	1
Colo.	-	31	-	419	1	2	1	2	-	1
N. Mex.	-	5	161	200	1	-	-	-	-	-
Ariz.	-	-	499	687	1	2	1	-	1	1
Utah	-	-	-	218	1	2	-	-	1	-
Nev.	-	19	-	226	-	-	-	1	-	-
PACIFIC	-	11	2,341	6,321	8	25	1	9	-	5
Wash.	-	-	755	679	N	N	-	-	-	3
Oreg.	-	-	-	269	1	1	1	-	-	1
Calif.	-	2	1,432	5,061	7	24	-	7	-	-
Alaska	-	-	75	107	-	-	-	-	-	-
Hawaii	-	9	79	205	-	-	-	2	-	1
Guam	-	-	-	-	-	-	N	N	U	U
P.R.	-	-	211	U	-	-	-	-	U	U
V.I.	-	-	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases. 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 December 31, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2001§	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	9,114	16,516	15	184	18	23	9	63	105
NEW ENGLAND	284	396	-	1	1	5	2	17	26
Maine	-	2	-	-	-	2	-	-	-
N.H.	3	5	-	-	-	-	-	16	7
Vt.	10	1	-	-	1	-	-	-	-
Mass.	202	158	-	1	-	3	2	1	5
R.I.	38	29	-	-	-	-	-	-	-
Conn.	31	201	-	-	-	-	-	-	14
MID. ATLANTIC	374	1,428	-	29	-	-	1	22	49
Upstate N.Y.	115	70	-	-	-	-	1	22	2
N.Y. City	-	454	-	-	-	-	-	-	6
N.J.	27	418	-	27	-	-	-	-	10
Pa.	232	486	-	2	-	-	-	-	31
E.N. CENTRAL	1,376	3,511	4	23	12	6	2	7	2
Ohio	112	781	-	-	9	4	-	7	-
Ind.	311	349	-	-	1	-	-	-	-
Ill.	398	1,447	-	3	-	-	-	-	1
Mich.	439	485	4	20	2	2	2	-	-
Wis.	116	449	-	-	-	-	-	U	1
W.N. CENTRAL	163	806	4	21	2	-	1	-	3
Minn.	-	193	-	-	-	-	-	-	-
Iowa	3	12	-	-	-	-	-	-	-
Mo.	-	423	3	20	1	-	-	-	1
N. Dak.	-	1	-	-	-	-	-	-	-
S. Dak.	14	6	-	-	-	-	-	-	-
Nebr.	8	53	-	-	1	-	-	-	-
Kans.	138	118	1	1	-	-	1	-	2
S. ATLANTIC	3,212	4,460	1	4	1	6	1	12	20
Del.	73	98	-	-	-	-	-	-	4
Md.	232	351	1	1	1	5	-	11	14
D.C.	163	160	-	-	-	-	-	1	-
Va.	-	574	-	-	-	-	1	-	-
W. Va.	19	35	-	-	N	N	-	-	1
N.C.	741	355	-	3	-	1	-	-	1
S.C.	1,208	1,418	-	-	-	-	-	-	-
Ga.	104	645	-	-	-	-	-	-	-
Fla.	672	824	-	-	-	-	-	-	-
E.S. CENTRAL	1,738	915	4	35	1	-	-	1	-
Ky.	136	171	-	1	-	-	-	1	-
Tenn.	518	607	2	-	-	-	-	-	-
Ala.	610	137	-	3	1	-	-	-	-
Miss.	474	-	2	31	-	-	-	-	-
W.S. CENTRAL	1,226	3,036	-	48	-	3	-	-	-
Ark.	-	101	-	-	-	-	-	-	-
La.	703	752	-	19	-	1	-	-	-
Okla.	245	167	-	-	-	-	-	-	-
Tex.	278	2,016	-	29	-	2	-	-	-
MOUNTAIN	213	573	-	10	-	1	-	-	-
Mont.	-	-	-	-	-	-	-	-	-
Idaho	7	9	-	-	-	1	-	-	-
Wyo.	7	2	-	8	-	-	-	-	-
Colo.	-	217	-	1	-	-	-	-	-
N. Mex.	39	38	-	1	-	-	-	-	-
Ariz.	160	182	-	-	-	-	-	-	-
Utah	-	39	-	-	-	-	-	-	-
Nev.	-	86	-	-	-	-	-	-	-
PACIFIC	528	1,391	2	13	1	2	2	4	5
Wash.	164	134	-	1	-	-	-	-	-
Oreg.	-	17	-	4	N	N	-	-	1
Calif.	338	1,200	2	8	1	2	2	4	4
Alaska	11	16	-	-	-	-	-	-	-
Hawaii	15	24	-	-	-	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	52	32	-	-	-	-	-	N	N
V.I.	U	U	U	U	U	U	-	U	U
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	U	U	-	U	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	21	37	100	207	541	1,247	131	1,247
NEW ENGLAND	-	2	16	24	64	71	14	73
Maine	-	-	-	3	2	4	-	-
N.H.	-	-	-	-	7	6	2	2
Vt.	-	-	6	2	5	-	2	2
Mass.	-	2	7	11	50	50	-	43
R.I.	-	-	3	1	-	-	-	8
Conn.	-	-	-	7	-	11	10	18
MID. ATLANTIC	1	5	16	34	30	167	3	203
Upstate N.Y.	1	1	13	29	13	8	3	51
N.Y. City	-	2	U	U	17	49	-	61
N.J.	-	1	3	3	-	81	-	26
Pa.	-	1	-	2	-	29	-	65
E.N. CENTRAL	2	4	1	-	88	196	37	100
Ohio	1	1	-	-	55	41	-	41
Ind.	1	-	-	-	4	3	3	20
Ill.	-	3	-	-	12	87	-	-
Mich.	-	-	1	-	17	24	23	24
Wis.	-	-	-	-	-	41	11	15
W.N. CENTRAL	1	2	7	17	47	49	26	60
Minn.	-	-	-	3	3	1	6	23
Iowa	-	-	5	2	6	2	-	8
Mo.	1	1	1	1	23	27	19	12
N. Dak.	-	-	-	1	-	1	-	1
S. Dak.	-	-	-	6	5	3	-	4
Nebr.	-	-	-	-	5	6	-	2
Kans.	-	1	1	4	5	9	1	10
S. ATLANTIC	8	8	36	68	138	145	11	223
Del.	-	-	-	-	3	7	1	7
Md.	4	6	8	17	19	44	3	30
D.C.	1	-	-	-	6	-	U	U
Va.	2	-	6	16	10	9	-	25
W. Va.	-	-	5	7	-	6	6	5
N.C.	1	2	12	21	60	54	-	34
S.C.	-	-	3	3	14	14	1	25
Ga.	-	-	-	-	-	-	-	79
Fla.	-	-	2	4	26	11	-	18
E.S. CENTRAL	-	-	1	7	44	74	14	54
Ky.	-	-	-	1	6	11	6	7
Tenn.	-	-	1	6	5	4	7	29
Ala.	-	-	-	-	24	28	-	15
Miss.	-	-	-	-	9	31	1	3
W.S. CENTRAL	1	1	4	37	18	109	6	135
Ark.	-	-	-	-	16	8	-	10
La.	1	1	-	-	-	20	3	29
Okla.	-	-	4	4	2	-	1	11
Tex.	-	-	-	33	-	81	2	85
MOUNTAIN	1	1	7	11	25	114	15	100
Mont.	-	-	1	5	2	3	-	-
Idaho	1	-	-	-	3	9	-	6
Wyo.	-	-	-	4	1	1	-	-
Colo.	-	1	-	-	1	23	8	16
N. Mex.	-	-	-	-	11	7	-	11
Ariz.	-	-	6	2	4	29	2	43
Utah	-	-	-	-	3	28	5	24
Nev.	-	-	-	-	-	14	-	-
PACIFIC	7	14	12	9	87	322	5	299
Wash.	-	-	-	-	-	1	-	36
Oreg.	2	1	-	-	9	17	-	34
Calif.	5	12	7	9	77	277	-	209
Alaska	-	-	5	-	1	6	-	7
Hawaii	-	1	-	-	-	21	5	13
Guam	-	-	-	-	-	-	U	U
P.R.	-	-	4	2	1	7	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	Shigellosis* NETSS Cum. 2001	Shigellosis* NETSS Cum. 2000	Shigellosis* PHLIS Cum. 2001	Shigellosis* PHLIS Cum. 2000	Syphilis (Primary & Secondary) Cum. 2001	Syphilis (Primary & Secondary) Cum. 2000	Tuberculosis Cum. 2001	Tuberculosis Cum. 2000
UNITED STATES	325	559	98	345	164	272	133	304
NEW ENGLAND	4	18	3	13	3	5	2	3
Maine	-	-	-	-	-	-	-	-
N.H.	-	1	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-
Mass.	4	15	-	9	2	3	2	1
R.I.	-	-	-	3	-	1	-	-
Conn.	-	2	3	1	1	1	-	2
MID. ATLANTIC	48	45	2	43	8	9	8	27
Upstate N.Y.	40	2	-	7	-	-	-	-
N.Y. City	8	18	2	15	5	3	-	10
N.J.	-	23	-	10	1	4	5	11
Pa.	-	2	-	11	2	2	3	6
E.N. CENTRAL	50	164	9	35	12	56	11	9
Ohio	21	10	-	-	2	6	1	1
Ind.	4	5	-	2	7	20	4	1
Ill.	5	75	-	-	3	24	6	7
Mich.	20	61	8	31	-	-	-	-
Wis.	-	13	1	2	-	6	-	-
W.N. CENTRAL	55	27	48	20	-	5	4	4
Minn.	6	4	29	7	-	1	4	1
Iowa	6	6	-	5	-	-	-	-
Mo.	28	14	15	4	-	4	-	1
N. Dak.	-	-	1	-	-	-	-	-
S. Dak.	1	1	-	-	-	-	-	-
Nebr.	5	1	-	2	-	-	-	1
Kans.	9	1	3	2	-	-	-	1
S. ATLANTIC	39	18	5	27	55	86	10	20
Del.	-	-	-	-	-	1	-	-
Md.	3	3	-	2	6	26	-	3
D.C.	3	-	U	U	2	1	3	-
Va.	2	1	-	10	-	12	-	-
W. Va.	-	-	4	-	-	-	1	1
N.C.	16	4	-	2	17	19	-	-
S.C.	6	1	1	1	7	8	-	16
Ga.	-	-	-	7	7	1	6	-
Fla.	9	9	-	5	16	18	-	-
E.S. CENTRAL	35	31	8	24	63	36	10	11
Ky.	14	5	6	4	2	1	-	-
Tenn.	-	6	1	17	9	27	-	4
Ala.	12	2	-	1	8	8	10	7
Miss.	9	18	1	2	44	-	-	-
W.S. CENTRAL	8	100	9	121	14	42	8	91
Ark.	7	1	-	-	-	1	8	-
La.	1	19	9	10	8	7	-	-
Okla.	-	-	-	2	3	10	-	-
Tex.	-	80	-	109	3	24	-	91
MOUNTAIN	23	52	14	34	2	7	2	12
Mont.	-	-	-	-	-	-	-	-
Idaho	1	2	-	1	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-
Colo.	-	11	7	10	-	-	1	-
N. Mex.	12	8	-	8	-	-	-	3
Ariz.	10	20	6	13	2	7	1	-
Utah	-	2	1	2	-	-	-	-
Nev.	-	9	-	-	-	-	-	9
PACIFIC	63	104	-	28	7	26	78	127
Wash.	-	2	-	15	3	2	8	6
Oreg.	8	7	-	11	-	-	-	-
Calif.	55	91	-	-	4	24	68	117
Alaska	-	1	-	-	-	-	2	-
Hawaii	-	3	-	2	-	-	-	4
Guam	-	-	U	U	-	-	-	-
P.R.	-	1	U	U	16	15	-	-
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

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

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2001†	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	35	52	165	607	93	274	-	-	-	-	-	2
NEW ENGLAND	2	6	5	16	1	8	-	-	-	-	-	-
Maine	-	-	-	1	-	1	-	-	-	-	-	-
N.H.	-	-	2	1	-	1	-	-	-	-	-	-
Vt.	-	1	-	-	-	2	-	-	-	-	-	-
Mass.	2	5	1	8	1	-	-	-	-	-	-	-
R.I.	-	-	-	-	-	-	-	-	-	-	-	-
Conn.	-	-	2	6	-	4	-	-	-	-	-	-
MID. ATLANTIC	5	7	8	29	4	53	-	-	-	-	-	-
Upstate N.Y.	4	3	5	-	1	1	-	-	-	-	-	-
N.Y. City	1	3	3	22	3	36	-	-	-	-	-	-
N.J.	-	-	-	1	-	3	U	-	U	-	-	-
Pa.	-	1	-	6	-	13	-	-	-	-	-	-
E.N. CENTRAL	5	8	34	104	31	37	-	-	-	-	-	1
Ohio	4	2	9	25	6	6	-	-	-	-	-	-
Ind.	-	1	-	-	-	1	-	-	-	-	-	-
Ill.	-	4	3	37	-	-	-	-	-	-	-	-
Mich.	1	1	22	32	25	30	-	-	-	-	-	1
Wis.	-	-	-	10	-	-	-	-	-	-	-	-
W.N. CENTRAL	-	1	24	73	6	19	-	-	-	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	1	2	-	2	-	-	-	-	-	-
Mo.	-	1	6	59	4	15	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	1	-	-	-	-	-	-	-
Nebr.	-	-	13	2	1	2	-	-	-	-	-	-
Kans.	-	-	4	10	-	-	-	-	-	-	-	-
S. ATLANTIC	12	9	27	20	16	24	-	-	-	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	1	8	14	5	2	12	-	-	-	-	-	-
D.C.	-	-	1	-	1	-	-	-	-	-	-	-
Va.	1	-	3	-	2	-	-	-	-	-	-	-
W. Va.	1	-	-	-	-	-	-	-	-	-	-	-
N.C.	5	1	4	12	8	11	-	-	-	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-	-	-
Ga.	1	-	-	-	-	-	-	-	-	-	-	-
Fla.	3	-	5	3	3	1	-	-	-	-	-	-
E.S. CENTRAL	1	1	11	35	4	15	-	-	-	-	-	-
Ky.	-	-	1	1	-	-	-	-	-	-	-	-
Tenn.	-	1	2	-	1	1	-	-	-	-	-	-
Ala.	1	-	8	5	1	2	-	-	-	-	-	-
Miss.	-	-	-	29	2	12	-	-	-	-	-	-
W.S. CENTRAL	-	6	5	123	1	14	-	-	-	-	-	-
Ark.	-	-	3	2	1	3	-	-	-	-	-	-
La.	-	3	-	4	-	9	-	-	-	-	-	-
Okla.	-	3	2	12	-	1	-	-	-	-	-	-
Tex.	-	-	-	105	-	1	-	-	-	-	-	-
MOUNTAIN	6	4	11	37	4	11	-	-	-	-	-	-
Mont.	-	-	2	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	1	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	3	1	12	-	5	-	-	-	-	-	-
N. Mex.	6	-	1	6	3	4	-	-	-	-	-	-
Ariz.	-	-	6	9	1	-	-	-	-	-	-	-
Utah	-	1	1	5	-	-	-	-	-	-	-	-
Nev.	-	-	-	5	-	1	-	-	-	-	-	-
PACIFIC	4	10	40	170	26	93	-	-	-	-	-	1
Wash.	-	-	-	-	-	-	-	-	-	-	-	-
Oreg.	4	2	4	19	3	10	-	-	-	-	-	-
Calif.	-	4	32	150	22	82	-	-	-	-	-	1
Alaska	-	1	4	-	1	1	-	-	-	-	-	-
Hawaii	-	3	-	1	-	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	U	-	U	-	-	-
P.R.	-	-	-	2	-	4	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
† Of 4 cases among children aged <5 years, serotype was reported for 3 and of those, 0 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 20, 2001, and January 22, 2000 (3rd Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	65	143	-	3	8	28	76	250	-	-	-
NEW ENGLAND	6	7	-	-	-	2	29	80	-	-	-
Maine	-	1	-	-	-	-	-	-	-	-	-
N.H.	1	-	-	-	-	-	-	8	-	-	-
Vt.	-	1	-	-	-	2	11	21	-	-	-
Mass.	4	4	-	-	-	-	18	51	-	-	-
R.I.	-	-	-	-	-	-	-	-	-	-	-
Conn.	1	1	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	5	11	-	-	1	1	2	11	-	-	-
Upstate N.Y.	3	1	-	-	-	1	2	2	-	-	-
N.Y. City	2	5	-	-	1	-	-	9	-	-	-
N.J.	-	1	U	-	-	U	-	-	U	-	-
Pa.	-	4	-	-	-	-	-	-	-	-	-
E.N. CENTRAL	7	31	-	-	2	16	20	63	-	-	-
Ohio	5	4	-	-	1	16	19	54	-	-	-
Ind.	-	3	-	-	-	-	-	-	-	-	-
Ill.	-	10	-	-	-	-	-	2	-	-	-
Mich.	2	8	-	-	1	-	1	4	-	-	-
Wis.	-	6	-	-	-	-	-	3	-	-	-
W.N. CENTRAL	4	12	-	-	1	2	10	4	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-
Iowa	2	2	-	-	1	1	2	2	-	-	-
Mo.	2	9	-	-	-	-	5	1	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	1	-	-	-	1	3	1	-	-	-
S. ATLANTIC	17	9	-	-	2	4	7	8	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-
Md.	4	2	-	-	1	1	4	3	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	1	-	-	-	-	-	-	1	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	6	4	-	-	-	1	1	4	-	-	-
S.C.	2	2	-	-	1	2	2	-	-	-	-
Ga.	1	-	-	-	-	-	-	-	-	-	-
Fla.	3	1	-	-	-	-	-	-	-	-	-
E.S. CENTRAL	3	3	-	-	-	1	2	17	-	-	-
Ky.	-	1	-	-	-	-	-	13	-	-	-
Tenn.	-	-	-	-	-	-	1	1	-	-	-
Ala.	3	1	-	-	-	1	1	2	-	-	-
Miss.	-	1	-	-	-	-	-	1	-	-	-
W.S. CENTRAL	4	18	-	-	1	-	-	1	-	-	-
Ark.	-	1	-	-	-	-	-	1	-	-	-
La.	2	10	-	-	-	-	-	-	-	-	-
Okla.	2	-	-	-	-	-	-	-	-	-	-
Tex.	-	7	-	-	1	-	-	-	-	-	-
MOUNTAIN	6	4	-	-	-	2	5	42	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-
Idaho	3	1	-	-	-	1	4	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	1	-	-	-	-	-	30	-	-	-
N. Mex.	2	1	-	-	N	-	-	9	-	-	-
Ariz.	-	-	-	-	-	1	1	-	-	-	-
Utah	1	1	-	-	-	-	-	2	-	-	-
Nev.	-	-	-	-	-	-	-	1	-	-	-
PACIFIC	13	48	-	3	1	-	1	24	-	-	-
Wash.	-	3	-	-	-	-	-	1	-	-	-
Oreg.	6	9	N	N	N	-	1	3	-	-	-
Calif.	7	35	-	3	1	-	-	16	-	-	-
Alaska	-	-	-	-	-	-	-	2	-	-	-
Hawaii	-	1	-	-	-	-	-	2	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	2	-	-	-	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	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 January 20, 2001 (3rd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	658	480	109	37	13	19	58
Boston, Mass.	159	111	24	14	5	5	23
Bridgeport, Conn.	39	33	4	1	-	1	2
Cambridge, Mass.	19	14	4	-	1	-	2
Fall River, Mass.	27	22	3	-	-	2	3
Hartford, Conn.	34	21	9	3	-	1	2
Lowell, Mass.	27	22	2	2	-	1	1
Lynn, Mass.	17	13	-	3	1	-	1
New Bedford, Mass.	26	23	3	-	-	-	2
New Haven, Conn.	48	30	9	5	2	2	5
Providence, R.I.	104	76	19	3	1	5	-
Somerville, Mass.	4	4	-	-	-	-	-
Springfield, Mass.	58	40	14	1	2	1	6
Waterbury, Conn.	28	21	6	1	-	-	2
Worcester, Mass.	68	50	12	4	1	1	9
MID. ATLANTIC	2,568	1,831	503	152	45	36	149
Albany, N.Y.	58	42	9	4	2	1	5
Allentown, Pa.	20	20	-	-	-	-	-
Buffalo, N.Y.	81	68	10	2	1	-	15
Camden, N.J.	44	31	8	3	1	1	4
Elizabeth, N.J.	21	14	5	1	-	1	-
Erie, Pa.§	51	39	10	2	-	-	5
Jersey City, N.J.	56	37	12	6	-	1	-
New York City, N.Y.	1,329	954	260	85	19	11	58
Newark, N.J.	58	22	24	9	1	1	1
Paterson, N.J.	23	16	3	1	2	1	1
Philadelphia, Pa.	386	242	101	25	10	8	22
Pittsburgh, Pa.§	76	56	12	1	2	5	4
Reading, Pa.	21	18	3	-	-	-	2
Rochester, N.Y.	134	111	13	4	4	2	17
Schenectady, N.Y.	33	26	4	2	1	-	1
Scranton, Pa.§	38	30	5	1	1	1	3
Syracuse, N.Y.	63	50	8	2	-	3	7
Trenton, N.J.	45	28	13	3	1	-	3
Utica, N.Y.	31	27	3	1	-	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,815	1,271	366	111	24	43	143
Akron, Ohio	66	45	15	2	-	4	7
Canton, Ohio	39	30	4	4	-	1	6
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	145	95	23	12	7	8	17
Cleveland, Ohio	155	109	35	8	2	1	10
Columbus, Ohio	170	120	35	8	1	6	21
Dayton, Ohio	121	92	14	13	-	2	6
Detroit, Mich.	240	131	78	22	5	4	16
Evansville, Ind.	45	29	9	3	-	4	2
Fort Wayne, Ind.	75	58	8	5	3	1	9
Gary, Ind.	16	11	4	-	1	-	1
Grand Rapids, Mich.	58	47	10	1	-	-	8
Indianapolis, Ind.	209	144	45	14	1	5	12
Lansing, Mich.	52	37	14	-	-	1	2
Milwaukee, Wis.	131	98	22	8	1	2	7
Peoria, Ill.	46	39	5	1	-	1	3
Rockford, Ill.	63	53	8	-	-	2	5
South Bend, Ind.	41	34	5	2	-	-	4
Toledo, Ohio	76	52	17	5	1	1	5
Youngstown, Ohio	67	47	15	3	2	-	2
W.N. CENTRAL	796	598	129	38	13	18	65
Des Moines, Iowa	41	33	7	-	-	1	9
Duluth, Minn.	40	36	3	1	-	-	5
Kansas City, Kans.	32	20	6	3	2	1	3
Kansas City, Mo.	121	73	31	11	4	2	9
Lincoln, Nebr.	52	40	8	1	-	3	2
Minneapolis, Minn.	136	105	20	5	4	2	10
Omaha, Nebr.	114	93	16	2	-	3	12
St. Louis, Mo.	61	45	7	6	2	1	-
St. Paul, Minn.	115	88	15	7	1	4	5
Wichita, Kans.	84	65	16	2	-	1	10
S. ATLANTIC	1,406	883	349	122	29	23	100
Atlanta, Ga.	156	101	34	15	5	1	-
Baltimore, Md.	201	113	57	26	5	-	21
Charlotte, N.C.	119	86	20	10	2	1	14
Jacksonville, Fla.	182	117	42	12	4	7	5
Miami, Fla.	66	41	17	8	-	-	9
Norfolk, Va.	58	36	16	3	1	2	10
Richmond, Va.	61	38	17	2	2	2	5
Savannah, Ga.	53	44	6	3	-	-	5
St. Petersburg, Fla.	68	49	9	6	2	2	4
Tampa, Fla.	219	147	50	14	5	3	22
Washington, D.C.	199	104	64	23	3	5	5
Wilmington, Del.	24	7	17	-	-	-	-
E.S. CENTRAL	1,158	789	241	77	21	27	113
Birmingham, Ala.	211	140	42	13	8	5	20
Chattanooga, Tenn.	122	87	18	8	-	9	13
Knoxville, Tenn.	136	99	28	5	2	2	17
Lexington, Ky.	67	48	15	3	-	1	5
Memphis, Tenn.	284	186	68	23	5	2	20
Mobile, Ala.	105	74	18	9	2	2	5
Montgomery, Ala.	71	52	13	4	1	1	14
Nashville, Tenn.	162	103	39	12	3	5	19
W.S. CENTRAL	1,761	1,191	344	144	39	43	127
Austin, Tex.	131	90	29	8	2	2	9
Baton Rouge, La.	68	43	15	8	1	1	1
Corpus Christi, Tex.	64	40	11	8	3	2	8
Dallas, Tex.	259	170	57	23	3	6	19
El Paso, Tex.	85	65	16	4	-	-	5
Ft. Worth, Tex.	146	97	35	3	4	7	13
Houston, Tex.	421	264	76	58	11	12	41
Little Rock, Ark.	108	71	22	7	5	3	-
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	250	187	36	14	6	7	17
Shreveport, La.	78	51	17	6	1	3	4
Tulsa, Okla.	151	113	30	5	3	-	10
MOUNTAIN	1,126	787	220	70	23	26	101
Albuquerque, N.M.	112	81	20	9	2	-	12
Boise, Idaho	49	38	7	3	1	-	1
Colo. Springs, Colo.	61	45	7	6	1	2	5
Denver, Colo.	120	79	27	7	5	2	14
Las Vegas, Nev.	263	197	55	8	1	2	23
Ogden, Utah	31	23	6	2	-	-	4
Phoenix, Ariz.	180	114	40	14	4	8	21
Pueblo, Colo.	28	21	5	2	-	-	-
Salt Lake City, Utah	137	86	30	9	6	6	15
Tucson, Ariz.	145	103	23	10	3	6	6
PACIFIC	1,616	1,179	277	103	30	24	163
Berkeley, Calif.	14	11	2	1	-	-	4
Fresno, Calif.	43	30	8	4	-	1	3
Glendale, Calif.	24	21	2	1	-	-	1
Honolulu, Hawaii	64	50	7	5	-	2	4
Long Beach, Calif.	94	71	13	8	1	1	23
Los Angeles, Calif.	504	343	99	42	14	6	40
Pasadena, Calif.	22	19	2	1	-	-	3
Portland, Oreg.	150	111	25	10	4	-	12
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	174	132	24	10	2	6	22
San Francisco, Calif.	157	112	33	7	2	3	21
San Jose, Calif.	U	U	U	U	U	U	U
Santa Cruz, Calif.	33	29	3	1	-	-	4
Seattle, Wash.	171	116	43	6	4	2	12
Spokane, Wash.	63	51	3	5	1	3	7
Tacoma, Wash.	103	83	13	2	2	-	7
TOTAL	12,904¶	9,009	2,538	854	237	259	1,019

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.

Vaccine-Derived Poliovirus — Continued

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

Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data

Samuel L. Groseclose, D.V.M., M.P.H.

State Support Team
Robert Fagan
Jose Aponte
Gerald Jones
David Nitschke
Scott Noldy
Carol A. Worsham

CDC Operations Team
Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Patsy A. Hall
Suzette A. Park
Felicia J. Perry
Pearl Sharp

Informatics

T. Demetri Vacalis, Ph.D.

Michele D. Renshaw Erica R. Shaver

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