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WEEKLY REPORT

Outbreak of Ebola Hemorrhagic Fever — Uganda, August 2000–January 2001

On October 8, 2000, an outbreak of an unusual febrile illness with occasional hemorrhage and significant mortality was reported to the Ministry of Health (MoH) in Kampala by the superintendent of St. Mary's Hospital in Lacor, and the District Director of Health Services in the Gulu District. A preliminary assessment conducted by MoH found additional cases in Gulu District and in Gulu Hospital, the regional referral hospital. On October 15, suspicion of Ebola hemorrhagic fever (EHF) was confirmed when the National Institute of Virology (NIV), Johannesburg, South Africa, identified Ebola virus infection among specimens from patients, including health-care workers at St. Mary's Hospital. This report describes surveillance and control activities related to the EHF outbreak and presents preliminary clinical and epidemiologic findings.

Control activities were organized around surveillance and epidemiology, clinical case management, social education and mobilization, and coordination and logistic support. An active EHF surveillance system was initiated to determine the extent and magnitude of the outbreak, identify foci of disease activity, and detect cases early. Ill persons were encouraged to be assessed at a hospital and, if indicated, to be hospitalized to reduce further community transmission. Targeted prevention activities included follow-up of contacts of identified cases for 21 days; establishment of trained burial teams for all potential and confirmed EHF deaths; community education; cessation of traditional healing and burial practices; cessation of large public gatherings; and updates of hospital infection-control measures, including isolation wards. Laboratory testing was performed at a field laboratory established at St. Mary's Hospital by CDC and supplemented by additional testing at CDC and NIV. Sequence analysis revealed that the virus associated with this outbreak was Ebola-Sudan and differed at the nucleotide sequence level from earlier Ebola-Sudan isolates by 3.3% and 4.2% in the polymerase (362 nucleotides sequenced) and nucleocapsid (146 nucleotides sequenced) protein encoding genes, respectively.

During the third week of October, active surveillance was established and included three case notification categories: alert, suspect, and probable. The alert category comprised persons with sudden onset of high fever, sudden death, or hemorrhage, and was used by community members to alert health-care personnel. The suspect category comprised persons with fever and contact with a potential case-patient; persons with unexplained bleeding; persons with fever and three or more specified symptoms (i.e., headache, vomiting, anorexia, diarrhea, weakness or severe fatigue, abdominal pain, body aches or joint pains, difficulty swallowing, difficulty breathing, and hiccups), and all

Ebola Hemorrhagic Fever — Continued

unexplained deaths. The suspect category was used by mobile surveillance teams to determine whether a patient required transport to an isolation ward. The probable category included persons who met these criteria and were assessed and reported by a physician. Laboratory tests included virus antigen detection and antibody ELISA tests and reverse transcriptase polymerase chain reaction. Laboratory-confirmed case-patients were defined as patients who met the surveillance case definitions and were either positive for Ebola virus antigen or Ebola IgG antibody.

During October 5–November 27, among 62 persons with laboratory-confirmed EHF admitted to Gulu Hospital, symptoms included diarrhea (66%), asthenia (64%), anorexia (61%), headache (63%), nausea and vomiting (60%), abdominal pain (55%), and chest pain (48%). Patients presented for care a mean of 8 days (range: 2–20 days) after symptom onset. Bleeding occurred in 12 (20%) patients and primarily involved the gastrointestinal tract. Among the 62 confirmed case-patients, 36 (58%) died; among patients aged <15 years, four of five died (case fatality: 80%). Spontaneous abortions were reported among pregnant women infected with EHF. Patients who died usually exhibited a rapid progression of shock, increasing coagulopathy, and loss of consciousness.

As of January 23, 2001, 425 presumptive* case-patients with 224 (53%) deaths attributed to EHF were recorded from three districts in Uganda: 393 (93%) from Gulu, 27 (6%) from Masindi, and five (1%) from Mbarara. The combined area comprises approximately 11,700 square miles (31,000 square kilometers; 2000 combined population: 1.8 million) (Figure 1) (*1*). Although the cluster of cases in early October triggered identification of the outbreak and response measures, investigations (i.e., case-record review and interviews with surviving patients or their surrogates) identified cases occurring in the community and patients hospitalized several weeks earlier. The onset of illness of the earliest presumptive case was August 30, 2000, and onset of last presumptive case was January 9, 2001 (Figure 2). The ages of presumptive case-patients ranged from 3 days–72 years (median: 28 years); 269 (63%) were women. Mean time from symptom onset to death was 8 days (95% confidence interval=±5 days); 218 (51%) presumptive cases were laboratory confirmed.

Epidemiologic investigations identified the three most important means of transmission as attending funerals of presumptive EHF case-patients where ritual contact with the deceased occurred, and intrafamilial or nosocomial transmission. Fourteen (64%) of 22 health-care workers in Gulu were infected after establishing the isolation wards; these incidenses led to the reinforcement of infection-control measures. Two distant focal outbreaks were initiated by movement of infected contacts of EHF cases from Gulu to Mbarara and Masindi districts. National notification and surveillance efforts led to the rapid identification of these foci and effective containment.

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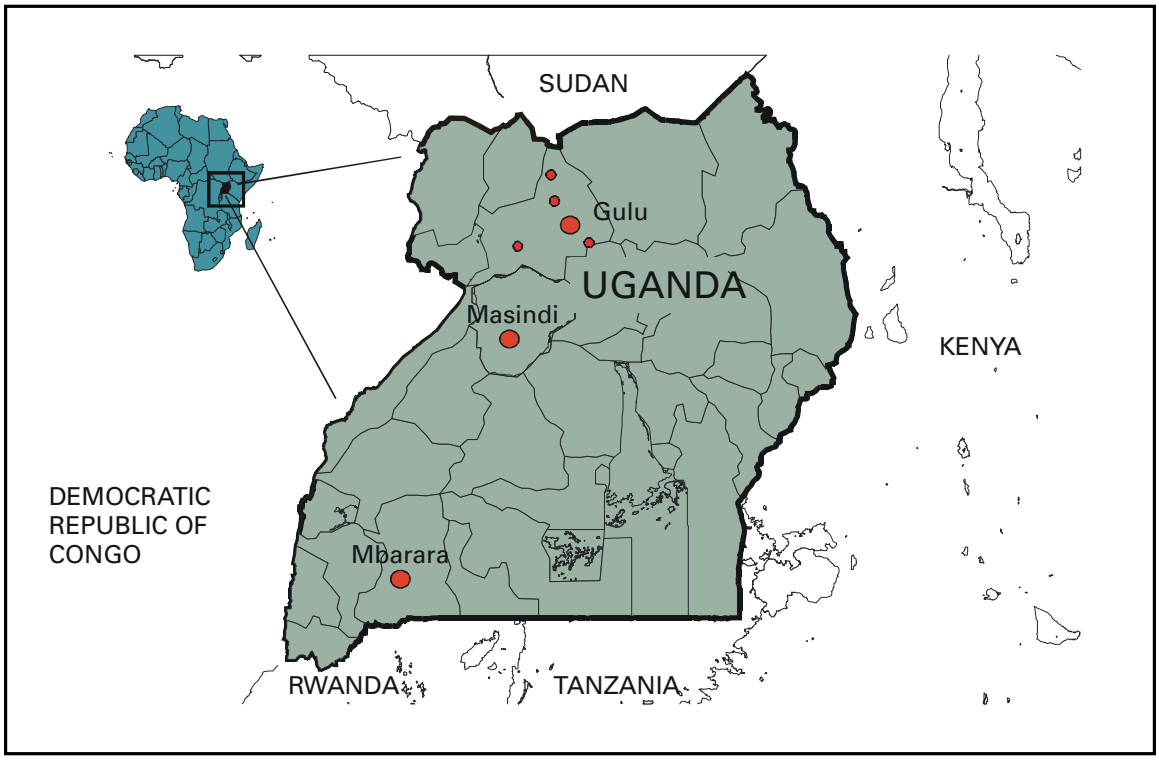
*Persons initially identified by the mobile teams or assessed by a health-care worker (suspect and probable cases using the notification scheme) who were not laboratory negative and met the following case definition: a) unexplained bleeding; or b) fever and three or more specified symptoms (i.e., headache, vomiting, anorexia, diarrhea, weakness or severe fatigue, abdominal pain, body aches or joint pains, difficulty in swallowing, difficulty in breathing, and hiccups); or c) unexplained deaths. All laboratory-confirmed cases also were included.

Ebola Hemorrhagic Fever — Continued

FIGURE 1. Distribution of presumptive* case-patients with Ebola hemorrhagic fever — Uganda, August 2000–January 2001



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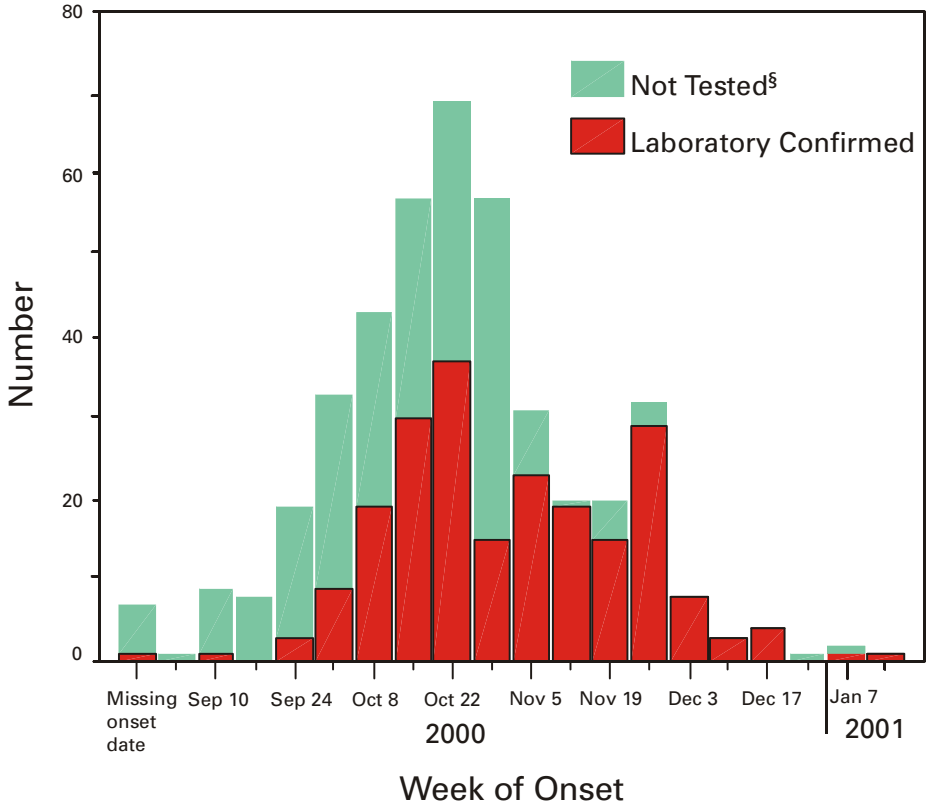
Ebola Hemorrhagic Fever — Continued

FIGURE 2. Number of presumptive* case-patients with Ebola hemorrhagic fever, by week of onset — Uganda, August 2000–January 2001†



* Persons initially identified by the mobile teams or assessed by a health-care worker (suspect and probable cases using the notification scheme) who were not laboratory negative and met the following case definition: a) unexplained bleeding; or b) fever and three or more specified symptoms (i.e., headache, vomiting, anorexia, diarrhea, weakness or severe fatigue, abdominal pains, body aches or joint pains, difficulty in swallowing, difficulty in breathing, and hiccups); or c) unexplained deaths. All laboratory-confirmed cases were also included.

† n=425.

§ Persons meeting presumptive definition but no specimens collected or laboratory tested.

Editorial Note: EHF is caused by infection with viruses of the genus *Ebolavirus* in the family Filoviridae (*2*). The zoonotic reservoir for the viruses is unknown; however, outbreaks of EHF are associated most often with the introduction of the virus into the community by one infected person followed by dissemination by person-to-person transmission, often within medical facilities. This is the largest reported EHF outbreak and the third known Ebola-Sudan virus-associated outbreak (*3,4*). The first occurred in 1976 in the southern Sudan towns of Nzara and Maridi and was concurrent with an Ebola-Zaire outbreak in Zaire (Democratic Republic of the Congo). The second Ebola-Sudan outbreak occurred in 1979 in the same locations. Similar to the 1976 and 1979 outbreaks, the 2000 outbreak had a case fatality of approximately 50%. Also similar to the earlier outbreaks, the 2000 outbreak seemed to have begun with the introduction of

Ebola Hemorrhagic Fever — Continued

the virus into Gulu District followed by transmission into the community and health-care facilities. However, the first cases associated with this EHF outbreak remain obscure, which has limited the ability to investigate possible reservoirs of the virus.

Community transmission was eliminated by recognition of the outbreak, initiation of case finding, case isolation and other infection-control practices, and hospitalization of identified case-patients in medical facilities where barrier nursing (e.g., wearing personal protective clothing) and other infection-control procedures were implemented (*5*). Decreased transmission also was the result of community education about the dangers of contact with symptomatic and deceased EHF patients, the establishment of specialized burial teams, and heightened awareness of the disease among health-care staff. Although transmission to health-care workers occurred during this outbreak, the use of isolation facilities remains the most effective means of controlling EHF outbreaks (*5*). During the 4-month outbreak and response period, approximately 5600 contacts in Gulu District were under surveillance for 21 days by approximately 150 trained volunteers. The goal of ongoing prevention efforts is to identify specific risk factors for disease acquisition in the community and hospitals, examine virologic and clinical parameters of infection, and increase the reporting of potentially epidemic diseases into a national surveillance system.

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Evaluation of a Child Sexual Abuse Prevention Program — Vermont, 1995–1997

Public health social marketing campaigns have targeted adults to prevent drinking and driving, smoking, and human immunodeficiency virus transmission (*1,2*); however, adults have not been targeted for prevention of child sexual abuse. In Vermont, STOP IT NOW! addresses child sexual abuse systematically as a public health issue by using social marketing and public education to emphasize the responsibility of adults for prevention. As one component of STOP IT NOW!, Vermont sex offender treatment providers and state attorneys' offices were surveyed in September 1997 to assess self-reported abuse by adults and adolescents. This report summarizes the results of the survey, which indicate that some adults who abuse will turn themselves in voluntarily for treatment despite mandated reporting to the legal system, and some parents will intervene to seek help for their children who have sexual behavior problems even without a victim's report. Continued studies are needed to evaluate this approach to preventing child sexual abuse.

Child Sexual Abuse Prevention Program — Continued

The Vermont Center for the Prevention and Treatment of Sexual Abusers, a public agency jointly funded through Vermont's Department of Correction and Social and Rehabilitative Services, sent a survey to all 18 Vermont treatment providers working with adult and adolescent sex offenders. Sex offender treatment providers were asked to report the number of persons who self-reported before entering the legal system during 1995–September 1997. Fifteen (83%) sex offender treatment providers responded to the survey.

State attorneys' offices in Vermont's 14 counties were contacted by telephone to determine the number of adults and adolescents with sexual behavior problems who voluntarily entered the legal system during 1995–September 1997. These cases were distinguished from those that entered the legal system after a child victim or an adult informed by a child victim reported the situation. Because Vermont does not track self-disclosure, it was not possible to determine the percentage of sex offenders who self-reported.

Vermont sex offender treatment providers reported that 50 persons self-reported sexual abuse before entering the legal system during 1995–September 1997. Of these, 11 were adults who self-reported, and 39 were adolescents who entered treatment as a result of a parent or guardian soliciting help. State attorneys' offices reported that eight adults who had sexually abused a child self-reported to legal authorities in five counties.

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Editorial Note: During 1993, approximately 300,000 children were sexually abused (*3*). Most child sexual abuse prevention programs focus on teaching children how to lower their risk for becoming a victim of sexual abuse (*4*). However, the greatest potential for prevention may be with persons who abuse or other adults who can intervene with the abuser. With treatment, those who abuse can modify their behaviors (*5*).

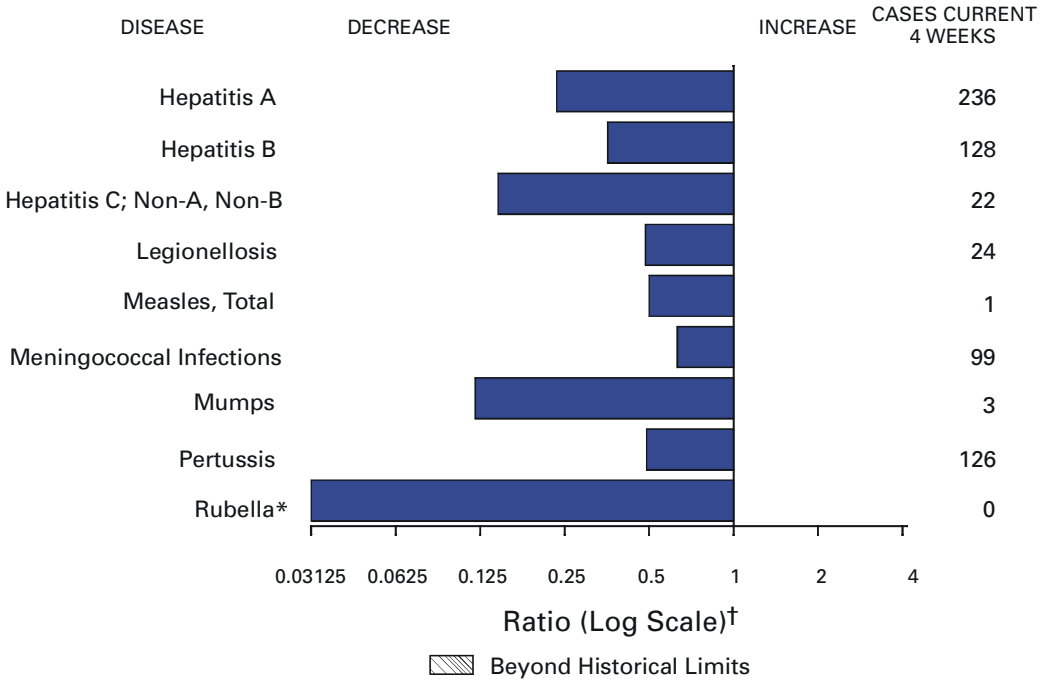
This report underscores the potential efficacy of targeting persons who abuse and the adults who know them. In Vermont, STOP IT NOW!'s public health intervention uses three strategies: 1) a media campaign targeting all Vermont residents to increase residents' awareness of abuse and its signs; 2) an outreach campaign targeting high-risk families that provides a helpline for adults with questions about or experience of sexual abuse and provides information to agencies working with these families; and 3) a strategy to explore partnerships with Vermont decision-makers and leaders and develop approaches to prevent child sexual abuse.

Community factors may be critical to the success of these programs. Vermont has treatment programs throughout the state and within the prison system. In this setting, STOP IT NOW! can guarantee treatment to anyone who enters the legal system. Vermont also offers accessible media markets for its small population. Finally, Vermont has a coalition of victim and abuser treatment organizations that supported the introduction of this approach to prevention.

The findings in this report probably underestimate the actual number of self-reported cases of child sexual abuse because the state attorneys' offices and sex offender treatment providers do not maintain an official record of self-reports. If information or evidence was insufficient to warrant an investigation, cases might never have reached the

(Continued on page 87)

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending February 3, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 4 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 February 3, 2001 (5th Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	-	Psittacosis*	2
Cholera	-	Q fever*	-
Cyclosporiasis*	-	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	5
Ehrlichiosis: human granulocytic (HGE)*	3	Rubella, congenital syndrome	-
human monocytic (HME)*	1	Streptococcal disease, invasive, group A	170
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	5
eastern equine*	-	Syphilis, congenital¶	-
St. Louis*	-	Tetanus	1
western equine*	-	Toxic-shock syndrome	7
Hansen disease (leprosy)*	-	Trichinosis	1
Hantavirus pulmonary syndrome*†	-	Tularemia*	1
Hemolytic uremic syndrome, postdiarrheal*	3	Typhoid fever	6
HIV infection, pediatric*§	10	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 February 3, 2001, and February 5, 2000 (5th 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	2,792	2,720	38,851	56,095	67	86	61	135	51	110
NEW ENGLAND	91	283	1,601	2,169	4	3	9	12	1	14
Maine	3	3	-	140	-	1	-	1	-	1
N.H.	5	4	73	97	-	-	3	3	1	3
Vt.	5	-	62	52	2	1	-	1	-	1
Mass.	51	228	1,045	872	-	1	6	3	-	3
R.I.	11	6	295	229	1	-	-	-	-	-
Conn.	16	42	126	779	1	-	-	4	-	6
MID. ATLANTIC	555	796	1,405	5,327	5	8	7	18	2	32
Upstate N.Y.	4	21	N	N	3	3	7	16	2	27
N.Y. City	360	495	85	2,253	2	4	-	1	-	-
N.J.	157	195	178	1,236	-	-	-	1	-	2
Pa.	34	85	1,142	1,838	-	1	N	N	-	3
E.N. CENTRAL	224	141	5,298	10,754	18	21	12	23	30	4
Ohio	46	24	199	2,862	9	4	9	4	5	1
Ind.	26	26	1,122	1,147	3	-	1	1	-	1
Ill.	121	63	1,687	3,309	-	4	2	9	-	-
Mich.	23	19	1,661	1,910	6	2	-	6	-	1
Wis.	8	9	629	1,526	-	11	-	3	25	1
W.N. CENTRAL	44	47	1,756	3,216	3	1	8	31	5	22
Minn.	12	11	419	788	-	-	-	7	2	10
Iowa	9	7	119	93	1	-	-	3	-	1
Mo.	7	15	352	1,288	-	-	6	18	-	7
N. Dak.	-	-	-	67	-	1	-	1	-	1
S. Dak.	-	1	182	136	-	-	1	-	1	-
Nebr.	6	4	109	260	2	-	-	-	-	2
Kans.	10	9	575	584	-	-	1	2	2	1
S. ATLANTIC	734	578	8,961	9,405	13	5	8	9	-	12
Del.	15	15	271	285	-	-	-	-	-	-
Md.	41	92	992	862	2	1	-	4	-	1
D.C.	62	23	307	223	1	-	-	-	U	U
Va.	48	41	1,193	833	2	-	-	1	-	4
W. Va.	6	4	198	187	-	-	-	1	-	1
N.C.	57	27	1,654	1,043	2	-	6	2	-	-
S.C.	61	34	1,065	1,761	-	-	1	-	-	-
Ga.	104	97	1,009	2,121	-	-	-	-	-	3
Fla.	340	245	2,272	2,090	6	4	1	1	-	3
E.S. CENTRAL	148	140	3,895	2,784	3	3	3	5	3	1
Ky.	18	20	675	588	-	-	-	2	2	-
Tenn.	80	35	1,342	1,163	-	-	2	2	1	1
Ala.	25	50	1,002	695	2	3	1	1	-	-
Miss.	25	35	876	338	1	-	-	-	-	-
W.S. CENTRAL	409	267	5,923	9,167	1	5	-	8	5	12
Ark.	19	8	904	336	-	1	-	2	-	1
La.	130	44	1,644	1,519	-	-	-	-	4	4
Okla.	20	10	953	839	1	-	-	2	-	3
Tex.	240	205	2,422	6,473	-	4	-	4	1	4
MOUNTAIN	145	100	1,703	3,371	4	7	5	14	4	6
Mont.	1	1	40	44	-	-	-	5	-	-
Idaho	-	3	113	190	-	1	2	-	-	-
Wyo.	-	1	66	61	-	-	-	2	-	2
Colo.	38	33	89	806	-	2	1	5	1	1
N. Mex.	7	8	174	419	2	-	-	-	-	-
Ariz.	52	21	999	1,169	1	2	2	1	2	2
Utah	11	12	-	296	1	2	-	-	1	1
Nev.	36	21	222	386	-	-	-	1	-	-
PACIFIC	442	368	8,309	9,902	16	33	9	15	1	7
Wash.	26	46	1,298	1,237	N	U	4	-	-	3
Oreg.	17	11	592	374	4	1	2	1	1	2
Calif.	398	302	6,026	7,737	12	32	3	11	-	-
Alaska	1	-	116	208	-	-	-	-	-	-
Hawaii	-	9	277	346	-	-	-	3	-	2
Guam	2	-	-	-	-	-	N	N	U	U
P.R.	48	75	382	U	-	-	-	-	U	U
V.I.	1	-	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 February 3, 2001, and February 5, 2000 (5th 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	19,666	30,534	68	349	38	53	17	153	229
NEW ENGLAND	480	719	1	1	1	5	4	37	35
Maine	-	6	-	-	-	2	-	-	-
N.H.	9	11	-	-	-	-	-	34	10
Vt.	14	1	1	-	1	-	-	-	-
Mass.	331	275	-	1	-	3	3	1	11
R.I.	82	54	-	-	-	-	-	-	-
Conn.	44	372	-	-	-	-	1	2	14
MID. ATLANTIC	944	2,879	4	60	1	2	1	72	141
Upstate N.Y.	285	257	1	-	1	1	1	51	11
N.Y. City	37	926	-	-	-	-	-	-	10
N.J.	90	687	-	55	-	-	-	-	39
Pa.	532	1,009	3	5	-	1	-	21	81
E.N. CENTRAL	2,475	6,766	14	33	21	17	3	8	3
Ohio	132	1,725	-	-	13	8	1	8	1
Ind.	511	566	-	-	3	-	-	-	-
Ill.	764	2,385	-	5	-	1	-	-	1
Mich.	807	1,406	14	28	5	5	2	-	-
Wis.	261	684	-	-	-	3	-	U	1
W.N. CENTRAL	762	1,447	21	42	4	2	1	4	5
Minn.	153	304	-	-	-	-	-	3	1
Iowa	45	49	-	-	-	1	-	-	-
Mo.	246	719	20	41	2	1	-	1	2
N. Dak.	-	3	-	-	-	-	-	-	-
S. Dak.	24	14	-	-	-	-	-	-	-
Nebr.	28	94	-	-	1	-	-	-	-
Kans.	266	264	1	1	1	-	1	-	2
S. ATLANTIC	6,507	8,277	6	5	3	15	3	25	35
Del.	131	159	-	-	-	1	-	-	4
Md.	622	639	2	1	2	7	1	22	27
D.C.	310	247	-	-	-	-	-	1	-
Va.	834	971	-	-	1	-	1	1	-
W. Va.	35	55	-	-	N	N	-	-	1
N.C.	1,439	691	1	3	-	1	-	1	3
S.C.	1,208	2,342	-	-	-	2	-	-	-
Ga.	557	1,472	-	-	-	-	1	-	-
Fla.	1,371	1,701	3	1	-	4	-	-	-
E.S. CENTRAL	2,859	2,228	10	56	2	1	1	1	-
Ky.	292	274	-	3	1	-	-	1	-
Tenn.	997	997	3	10	-	-	-	-	-
Ala.	937	556	-	3	1	1	1	-	-
Miss.	633	401	7	40	-	-	-	-	-
W.S. CENTRAL	3,299	5,148	2	101	1	4	-	-	2
Ark.	674	196	1	-	-	-	-	-	-
La.	1,203	1,256	1	54	1	2	-	-	2
Okla.	454	407	-	-	-	-	-	-	-
Tex.	968	3,289	-	47	-	2	-	-	-
MOUNTAIN	525	1,000	4	29	-	4	-	-	-
Mont.	2	-	-	-	-	-	-	-	-
Idaho	7	12	-	-	-	1	-	-	-
Wyo.	9	4	1	18	-	-	-	-	-
Colo.	116	376	-	5	-	2	-	-	-
N. Mex.	39	79	3	3	-	-	-	-	-
Ariz.	273	337	-	3	-	-	-	-	-
Utah	-	46	-	-	-	1	-	-	-
Nev.	79	146	-	-	-	-	-	-	-
PACIFIC	1,815	2,070	6	22	5	3	4	6	8
Wash.	309	244	-	2	1	1	-	-	-
Oreg.	114	47	2	5	N	N	1	1	1
Calif.	1,332	1,716	4	15	4	2	3	5	7
Alaska	16	22	-	-	-	-	-	-	-
Hawaii	44	41	-	-	-	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	87	53	-	1	2	-	-	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 February 3, 2001, and February 5, 2000 (5th 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	54	71	270	337	1,261	2,155	766	1,988
NEW ENGLAND	5	2	41	36	119	123	46	142
Maine	-	-	4	7	7	9	5	9
N.H.	-	-	1	-	11	10	4	8
Vt.	-	-	9	2	6	2	7	3
Mass.	-	2	12	16	67	84	1	84
R.I.	-	-	4	1	6	1	11	9
Conn.	5	-	11	10	22	17	18	29
MID. ATLANTIC	3	10	59	54	90	303	125	327
Upstate N.Y.	1	4	47	42	42	30	15	73
N.Y. City	2	4	U	U	35	87	74	96
N.J.	-	1	12	6	-	130	2	65
Pa.	-	1	-	6	13	56	34	93
E.N. CENTRAL	14	9	3	3	191	317	115	162
Ohio	2	2	-	-	93	81	40	63
Ind.	1	-	1	-	12	15	11	33
Ill.	-	5	-	-	47	115	-	-
Mich.	11	2	2	-	39	45	41	46
Wis.	-	-	-	3	-	61	23	20
W.N. CENTRAL	1	4	31	35	90	109	65	103
Minn.	-	-	9	11	3	21	25	37
Iowa	-	-	10	3	14	9	1	9
Mo.	1	1	2	2	39	41	27	26
N. Dak.	-	-	-	2	-	1	1	2
S. Dak.	-	-	6	10	11	4	4	8
Nebr.	-	-	-	-	8	11	-	7
Kans.	-	3	4	7	15	22	7	14
S. ATLANTIC	14	19	99	109	345	286	154	333
Del.	-	-	-	5	8	8	5	9
Md.	7	14	21	27	53	72	32	52
D.C.	1	-	-	-	11	-	U	U
Va.	4	3	28	31	31	28	18	38
W. Va.	-	-	8	9	1	13	9	7
N.C.	1	2	25	30	107	73	-	56
S.C.	-	-	7	3	37	41	19	33
Ga.	-	-	-	-	9	-	71	108
Fla.	1	-	10	4	88	51	-	30
E.S. CENTRAL	1	2	1	12	119	119	39	84
Ky.	-	1	-	2	22	18	17	12
Tenn.	1	-	1	10	15	19	19	43
Ala.	-	1	-	-	68	43	-	23
Miss.	-	-	-	-	14	39	3	6
W.S. CENTRAL	1	1	7	60	29	192	97	232
Ark.	-	-	-	-	20	13	13	15
La.	1	1	-	-	2	32	28	46
Okla.	-	-	7	6	7	11	3	18
Tex.	-	-	-	54	-	136	53	153
MOUNTAIN	2	5	9	14	81	197	77	155
Mont.	1	-	3	5	6	5	-	-
Idaho	1	-	-	-	4	13	4	11
Wyo.	-	-	-	7	2	2	1	-
Colo.	-	1	-	-	1	40	19	29
N. Mex.	-	-	-	-	20	13	10	19
Ariz.	-	2	6	2	31	67	30	64
Utah	-	2	-	-	9	39	13	32
Nev.	-	-	-	-	8	18	-	-
PACIFIC	13	19	20	14	197	509	48	450
Wash.	-	-	-	-	5	7	-	54
Oreg.	3	2	-	-	22	34	18	41
Calif.	10	16	10	14	166	433	22	327
Alaska	-	-	10	-	4	7	-	8
Hawaii	-	1	-	-	-	28	8	20
Guam	-	-	-	-	-	-	U	U
P.R.	-	2	7	2	5	17	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 February 3, 2001, and February 5, 2000 (5th 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	616	1,163	331	760	329	545	294	643
NEW ENGLAND	11	28	3	22	4	7	5	13
Maine	-	1	-	-	-	-	-	-
N.H.	-	1	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-
Mass.	9	24	-	14	3	5	4	5
R.I.	-	-	-	3	-	1	-	-
Conn.	2	2	3	5	1	1	1	8
MID. ATLANTIC	69	65	53	72	12	20	28	67
Upstate N.Y.	47	7	2	11	1	-	-	4
N.Y. City	18	25	35	22	5	11	-	35
N.J.	-	26	-	13	3	5	20	22
Pa.	4	7	16	26	3	4	8	6
E.N. CENTRAL	124	240	32	68	16	122	60	56
Ohio	46	14	14	3	2	11	7	10
Ind.	13	16	4	6	8	39	10	2
Ill.	33	103	-	-	5	40	37	41
Mich.	32	85	12	57	-	23	-	-
Wis.	-	22	2	2	1	9	6	3
W.N. CENTRAL	82	53	87	41	-	13	11	25
Minn.	6	12	58	17	-	2	7	11
Iowa	16	8	-	10	-	-	-	-
Mo.	39	25	24	9	-	10	2	11
N. Dak.	-	-	1	-	-	-	-	-
S. Dak.	1	1	-	-	-	-	1	-
Nebr.	5	4	-	3	-	-	1	1
Kans.	15	3	4	2	-	1	-	2
S. ATLANTIC	96	61	21	41	130	157	32	84
Del.	1	-	-	-	-	1	-	-
Md.	12	9	1	3	13	34	3	6
D.C.	5	-	U	U	3	8	3	-
Va.	4	9	3	10	7	17	-	-
W. Va.	1	-	4	-	-	-	4	4
N.C.	32	7	-	5	43	39	2	9
S.C.	10	3	7	1	20	12	-	18
Ga.	-	-	6	16	9	14	20	21
Fla.	31	33	-	6	35	32	-	26
E.S. CENTRAL	60	57	23	35	86	75	20	42
Ky.	29	12	12	5	4	3	-	3
Tenn.	-	18	9	27	21	53	-	12
Ala.	21	3	-	1	14	11	20	19
Miss.	10	24	2	2	47	8	-	8
W.S. CENTRAL	18	215	60	229	44	90	10	147
Ark.	13	13	10	2	8	1	10	3
La.	3	35	16	15	11	18	-	1
Okla.	2	3	-	4	7	24	-	2
Tex.	-	164	34	208	18	47	-	141
MOUNTAIN	51	132	41	55	9	15	4	27
Mont.	-	-	-	-	-	-	-	-
Idaho	2	13	-	12	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-
Colo.	2	22	10	12	-	-	1	2
N. Mex.	18	13	7	11	-	-	1	4
Ariz.	25	57	21	16	9	13	2	8
Utah	1	3	3	4	-	-	-	4
Nev.	3	24	-	-	-	2	-	9
PACIFIC	105	312	11	197	28	46	124	182
Wash.	11	19	-	152	12	2	15	12
Oreg.	13	60	11	40	2	-	-	-
Calif.	81	225	-	-	12	44	106	161
Alaska	-	2	-	1	-	-	3	1
Hawaii	-	6	-	4	2	-	-	8
Guam	-	-	U	U	-	-	-	-
P.R.	-	2	U	U	27	21	-	-
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 February 3, 2001, and February 5, 2000 (5th 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	88	114	486	1,131	258	495	3	4	1	1	5	2
NEW ENGLAND	4	12	28	28	4	13	-	-	-	-	-	-
Maine	-	-	-	1	1	1	-	-	-	-	-	-
N.H.	-	1	3	5	2	3	-	-	-	-	-	-
Vt.	-	2	-	1	-	2	-	-	-	-	-	-
Mass.	4	9	5	11	1	1	-	-	-	-	-	-
R.I.	-	-	2	-	-	-	-	-	-	-	-	-
Conn.	-	-	18	10	-	6	-	-	-	-	-	-
MID. ATLANTIC	12	14	22	55	22	88	-	-	-	-	-	-
Upstate N.Y.	4	6	10	7	1	4	-	-	-	-	-	-
N.Y. City	3	5	10	39	15	52	-	-	-	-	-	-
N.J.	4	2	-	3	-	6	-	-	-	-	-	-
Pa.	1	1	2	6	6	26	-	-	-	-	-	-
E.N. CENTRAL	10	17	80	199	51	57	-	-	-	-	-	1
Ohio	8	7	24	47	12	9	-	-	-	-	-	-
Ind.	1	2	1	4	1	1	-	-	-	-	-	-
Ill.	-	7	11	82	-	-	-	-	-	-	-	-
Mich.	1	1	44	55	38	46	-	-	-	-	-	1
Wis.	-	-	-	11	-	1	-	-	-	-	-	-
W.N. CENTRAL	1	3	46	121	12	35	-	-	-	-	-	-
Minn.	-	-	-	7	-	-	-	-	-	-	-	-
Iowa	-	-	3	10	-	6	-	-	-	-	-	-
Mo.	1	3	8	89	7	25	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	1	-	-	-	-	-	-	-
Nebr.	-	-	15	3	4	2	-	-	-	-	-	-
Kans.	-	-	20	12	-	2	-	-	-	-	-	-
S. ATLANTIC	30	22	78	53	38	52	1	1	1	1	2	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	6	13	29	15	8	18	1	1	1	1	2	-
D.C.	-	-	1	-	2	-	-	-	-	-	-	-
Va.	3	6	9	3	6	6	-	-	-	-	-	-
W. Va.	1	1	-	5	-	-	-	-	-	-	-	-
N.C.	6	2	5	21	9	21	-	-	-	-	-	-
S.C.	1	-	4	1	-	1	-	-	-	-	-	-
Ga.	4	-	-	-	1	-	-	-	-	-	-	-
Fla.	9	-	30	8	12	6	-	-	-	-	-	-
E.S. CENTRAL	1	3	23	62	15	44	-	-	-	-	-	-
Ky.	-	1	1	3	2	3	-	-	-	-	-	-
Tenn.	-	2	12	16	1	21	-	-	-	-	-	-
Ala.	1	-	10	8	9	3	-	-	-	-	-	-
Miss.	-	-	-	35	3	17	-	-	-	-	-	-
W.S. CENTRAL	1	11	26	222	13	35	-	-	-	-	-	-
Ark.	-	-	11	8	6	5	-	-	-	-	-	-
La.	-	4	5	10	1	17	-	-	-	-	-	-
Okla.	1	7	10	29	6	3	-	-	-	-	-	-
Tex.	-	-	-	175	-	10	-	-	-	-	-	-
MOUNTAIN	23	19	68	82	17	39	1	1	-	-	1	-
Mont.	-	-	2	1	-	1	-	-	-	-	-	-
Idaho	-	1	-	3	-	3	1	1	-	-	1	-
Wyo.	-	-	1	-	-	-	U	-	U	-	-	-
Colo.	-	5	1	24	-	10	-	-	-	-	-	-
N. Mex.	7	7	3	9	5	9	-	-	-	-	-	-
Ariz.	16	5	45	30	9	14	-	-	-	-	-	-
Utah	-	1	4	8	-	1	-	-	-	-	-	-
Nev.	-	-	12	7	3	1	-	-	-	-	-	-
PACIFIC	6	13	115	309	86	132	1	2	-	-	2	1
Wash.	-	2	1	3	3	1	-	-	-	-	-	-
Oreg.	6	2	14	24	14	11	1	2	-	-	2	-
Calif.	-	5	93	276	68	117	-	-	-	-	-	1
Alaska	-	1	7	3	1	2	-	-	-	-	-	-
Hawaii	-	3	-	3	-	1	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	22	1	9	-	-	-	-	-	-
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 17 cases among children aged <5 years, serotype was reported for 8 and of those, 0 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending February 3, 2001, and February 5, 2000 (5th 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	190	260	2	9	35	134	338	454	1	1	2
NEW ENGLAND	20	13	-	-	-	6	84	118	-	-	1
Maine	-	1	-	-	-	-	-	2	-	-	-
N.H.	2	-	-	-	-	4	4	20	-	-	-
Vt.	-	1	-	-	-	1	13	23	-	-	-
Mass.	12	6	-	-	-	-	66	73	-	-	1
R.I.	-	1	-	-	-	-	-	-	-	-	-
Conn.	6	4	-	-	-	1	1	-	-	-	-
MID. ATLANTIC	15	18	-	-	3	1	10	28	-	-	1
Upstate N.Y.	4	3	-	-	1	1	10	15	-	-	-
N.Y. City	3	5	-	-	1	-	-	11	-	-	1
N.J.	7	4	-	-	-	-	-	-	-	-	-
Pa.	1	6	-	-	1	-	-	2	-	-	-
E.N. CENTRAL	13	50	-	-	6	29	57	105	1	1	-
Ohio	10	6	-	-	3	27	51	83	-	-	-
Ind.	-	5	-	-	-	1	1	1	-	-	-
Ill.	-	19	-	-	-	-	-	3	1	1	-
Mich.	3	10	-	-	3	1	4	5	-	-	-
Wis.	-	10	-	-	-	-	1	13	-	-	-
W.N. CENTRAL	13	19	1	1	2	4	17	11	-	-	-
Minn.	-	1	-	-	-	-	-	2	-	-	-
Iowa	4	3	-	-	1	-	2	3	-	-	-
Mo.	6	12	-	-	-	2	7	2	-	-	-
N. Dak.	-	1	-	-	-	-	-	-	-	-	-
S. Dak.	-	1	-	-	-	1	2	1	-	-	-
Nebr.	1	-	-	-	1	-	-	-	-	-	-
Kans.	2	1	1	1	-	1	6	3	-	-	-
S. ATLANTIC	42	26	-	1	4	7	16	24	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-
Md.	8	4	-	1	1	-	5	10	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	3	5	-	-	-	-	-	1	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	10	8	-	-	-	7	8	4	-	-	-
S.C.	4	5	-	-	2	-	3	8	-	-	-
Ga.	3	-	-	-	-	-	-	-	-	-	-
Fla.	14	4	-	-	1	-	-	1	-	-	-
E.S. CENTRAL	14	10	-	-	1	2	8	18	-	-	-
Ky.	2	3	-	-	-	-	1	13	-	-	-
Tenn.	5	3	-	-	-	2	6	1	-	-	-
Ala.	7	3	-	-	1	-	1	3	-	-	-
Miss.	-	1	-	-	-	-	-	1	-	-	-
W.S. CENTRAL	16	33	-	-	5	1	2	2	-	-	-
Ark.	2	1	-	-	-	1	2	1	-	-	-
La.	8	16	-	-	-	-	-	-	-	-	-
Okla.	6	4	-	-	-	-	-	-	-	-	-
Tex.	-	12	-	-	5	-	-	1	-	-	-
MOUNTAIN	13	13	-	1	2	82	138	95	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-
Idaho	3	1	-	-	-	3	7	13	-	-	-
Wyo.	-	-	U	-	-	U	-	-	U	-	-
Colo.	-	2	-	-	-	-	-	60	-	-	-
N. Mex.	4	1	-	1	N	3	4	15	-	-	-
Ariz.	3	6	-	-	-	74	125	3	-	-	-
Utah	2	2	-	-	-	2	2	3	-	-	-
Nev.	1	1	-	-	2	-	-	1	-	-	-
PACIFIC	44	78	1	6	12	2	6	53	-	-	-
Wash.	3	4	-	-	-	2	3	1	-	-	-
Oreg.	9	13	N	N	N	-	3	6	-	-	-
Calif.	32	59	1	6	11	-	-	42	-	-	-
Alaska	-	-	-	-	-	-	-	2	-	-	-
Hawaii	-	2	-	-	1	-	-	2	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-
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 February 3, 2001 (5th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	579	431	88	33	11	15	61
Boston, Mass.	165	117	27	11	5	4	21
Bridgeport, Conn.	46	35	6	3	1	1	6
Cambridge, Mass.	14	13	1	-	-	-	2
Fall River, Mass.	33	28	3	1	1	-	1
Hartford, Conn.	72	50	9	5	2	6	5
Lowell, Mass.	11	9	2	-	-	-	1
Lynn, Mass.	13	9	4	-	-	-	-
New Bedford, Mass.	42	37	3	1	1	-	5
New Haven, Conn.	40	27	10	3	-	-	3
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	5	4	1	-	-	-	-
Springfield, Mass.	48	34	10	2	-	2	6
Waterbury, Conn.	30	19	8	2	-	1	4
Worcester, Mass.	60	49	4	5	1	1	7
MID. ATLANTIC	2,307	1,635	441	155	29	45	129
Albany, N.Y.	48	35	8	4	-	1	3
Allentown, Pa.	25	22	3	-	-	-	2
Buffalo, N.Y.	101	75	16	9	-	1	3
Camden, N.J.	36	15	18	3	-	-	1
Elizabeth, N.J.	24	18	3	1	-	2	-
Erie, Pa.§	40	30	6	2	2	-	1
Jersey City, N.J.	46	32	7	6	1	-	-
New York City, N.Y.	1,235	869	244	82	18	20	65
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	7	4	2	1	-	-	-
Philadelphia, Pa.	277	168	62	33	4	10	18
Pittsburgh, Pa.§	46	32	12	1	-	1	4
Reading, Pa.	34	31	3	-	-	-	3
Rochester, N.Y.	143	103	29	7	2	2	8
Schenectady, N.Y.	35	31	3	1	-	-	2
Scranton, Pa.§	37	29	3	1	1	3	1
Syracuse, N.Y.	121	98	13	4	1	5	13
Trenton, N.J.	24	20	4	-	-	-	2
Utica, N.Y.	28	23	5	-	-	-	3
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,901	1,312	372	121	42	54	120
Akron, Ohio	73	55	16	1	1	-	5
Canton, Ohio	45	33	10	-	-	2	5
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	113	68	28	8	4	5	7
Cleveland, Ohio	174	114	40	11	2	7	10
Columbus, Ohio	215	153	39	15	5	3	15
Dayton, Ohio	152	109	32	7	2	2	5
Detroit, Mich.	217	120	57	22	10	8	7
Evansville, Ind.	68	54	10	3	1	-	8
Fort Wayne, Ind.	85	61	13	6	2	3	4
Gary, Ind.	25	11	7	6	-	1	-
Grand Rapids, Mich.	72	50	11	4	1	6	12
Indianapolis, Ind.	199	128	35	17	10	9	11
Lansing, Mich.	43	32	6	3	-	2	4
Milwaukee, Wis.	140	106	23	6	1	4	11
Peoria, Ill.	52	40	7	3	1	1	4
Rockford, Ill.	40	35	5	-	-	-	2
South Bend, Ind.	42	32	9	1	-	-	3
Toledo, Ohio	87	63	16	6	1	1	6
Youngstown, Ohio	59	48	8	2	1	-	1
W.N. CENTRAL	806	591	144	37	12	22	52
Des Moines, Iowa	72	56	10	4	1	1	15
Duluth, Minn.	40	28	11	1	-	-	3
Kansas City, Kans.	20	13	4	2	1	-	2
Kansas City, Mo.	119	88	18	5	3	5	4
Lincoln, Nebr.	39	33	6	-	-	-	1
Minneapolis, Minn.	215	156	40	11	-	8	15
Omaha, Nebr.	U	U	U	U	U	U	U
St. Louis, Mo.	112	72	29	8	2	1	-
St. Paul, Minn.	112	93	12	2	2	3	9
Wichita, Kans.	77	52	14	4	3	4	3
S. ATLANTIC	1,612	1,067	327	140	40	38	151
Atlanta, Ga.	221	135	43	33	7	3	9
Baltimore, Md.	248	140	63	33	7	5	32
Charlotte, N.C.	110	69	23	7	2	9	20
Jacksonville, Fla.	174	124	30	14	3	3	16
Miami, Fla.	149	95	34	12	5	3	18
Norfolk, Va.	U	U	U	U	U	U	U
Richmond, Va.	86	58	21	3	2	2	8
Savannah, Ga.	73	51	13	3	3	3	5
St. Petersburg, Fla.	79	64	13	1	1	-	9
Tampa, Fla.	257	198	43	8	5	3	28
Washington, D.C.	199	122	44	21	5	7	6
Wilmington, Del.	16	11	-	5	-	-	-
E.S. CENTRAL	902	616	185	59	23	19	66
Birmingham, Ala.	224	161	42	12	5	4	23
Chattanooga, Tenn.	81	60	10	6	1	4	4
Knoxville, Tenn.	125	90	22	6	3	4	9
Lexington, Ky.	60	41	16	1	1	1	1
Memphis, Tenn.	107	59	31	14	3	-	3
Mobile, Ala.	83	55	17	9	1	1	6
Montgomery, Ala.	54	39	13	1	1	-	4
Nashville, Tenn.	168	111	34	10	8	5	16
W.S. CENTRAL	1,675	1,131	331	134	46	33	130
Austin, Tex.	106	68	23	7	1	7	7
Baton Rouge, La.	66	49	16	-	1	-	2
Corpus Christi, Tex.	54	38	12	2	-	2	1
Dallas, Tex.	267	167	65	22	6	7	36
El Paso, Tex.	98	80	9	6	2	1	6
Ft. Worth, Tex.	165	109	37	11	6	2	15
Houston, Tex.	405	242	83	45	27	8	26
Little Rock, Ark.	66	50	7	8	-	1	2
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	238	177	41	13	3	4	22
Shreveport, La.	54	37	13	3	-	1	7
Tulsa, Okla.	156	114	25	17	-	-	6
MOUNTAIN	1,151	814	225	65	25	22	104
Albuquerque, N.M.	118	92	19	7	-	-	11
Boise, Idaho	40	34	4	2	-	-	4
Colo. Springs, Colo.	64	50	10	4	-	-	4
Denver, Colo.	102	62	20	7	3	10	17
Las Vegas, Nev.	281	195	62	18	5	1	19
Ogden, Utah	28	17	7	2	2	-	2
Phoenix, Ariz.	197	135	39	11	8	4	22
Pueblo, Colo.	25	22	1	2	-	-	1
Salt Lake City, Utah	112	80	24	4	1	3	11
Tucson, Ariz.	184	127	39	8	6	4	13
PACIFIC	1,908	1,362	372	117	27	29	168
Berkeley, Calif.	19	16	2	-	-	1	1
Fresno, Calif.	142	102	24	13	1	2	11
Glendale, Calif.	22	19	2	-	1	-	5
Honolulu, Hawaii	92	71	18	2	-	1	4
Long Beach, Calif.	60	46	11	3	-	-	13
Los Angeles, Calif.	586	403	118	48	9	8	28
Pasadena, Calif.	24	20	1	2	-	1	4
Portland, Oreg.	145	112	23	4	1	5	10
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	197	134	41	12	5	5	23
San Francisco, Calif.	133	87	35	8	1	2	19
San Jose, Calif.	183	133	38	9	3	-	28
Santa Cruz, Calif.	29	21	6	2	-	-	4
Seattle, Wash.	117	75	29	7	4	2	9
Spokane, Wash.	49	41	3	2	2	1	6
Tacoma, Wash.	110	82	21	5	-	1	3
TOTAL	12,841¶	8,959	2,485	861	255	277	981

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.

Child Sexual Abuse Prevention Program — Continued

state attorneys' offices. In addition, case-patients also may have left the state or met with a therapist not specifically trained in sex offender treatment; these persons would not have been included in the survey.

Evaluation of programs such as STOP IT NOW! will help determine the potential efficacy and need for media and outreach campaigns that focus on persons who abuse and the adults who know them. A collaborative effort between public health officials, sex offender treatment providers, and the criminal justice system in the model of STOP IT NOW! may benefit the well being of children.

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