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WEEKLY REPORT

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

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

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

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

2000 Surveillance

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

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

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

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

	Original five sites					All sites
Pathogen	**1996**	**1997**	**1998**	**1999†**	**2000†**	**2000**
Campylobacter	23.5	25.2	21.4	17.5	20.1	15.7
Cryptosporidium	NR§	3.7¶	2.9¶	1.8¶	2.4¶	1.5
Cyclospora	NR§	0.4¶	0.1¶	0.1¶	0.1¶	0.1
Escherichia coli O157	2.7	2.3	2.8	2.1	2.9	2.1
Listeria	0.5	0.5	0.6	0.5	0.4	0.3
Salmonella	14.5	13.6	12.3	13.6	12.0	14.4
Shigella	8.9	7.5	8.5	5.0	11.6	7.9
Vibrio	0.2	0.3	0.3	0.2	0.3	0.2
Yersinia	1.0	0.9	1.0	0.8	0.5	0.4

*Per 100,000 population.

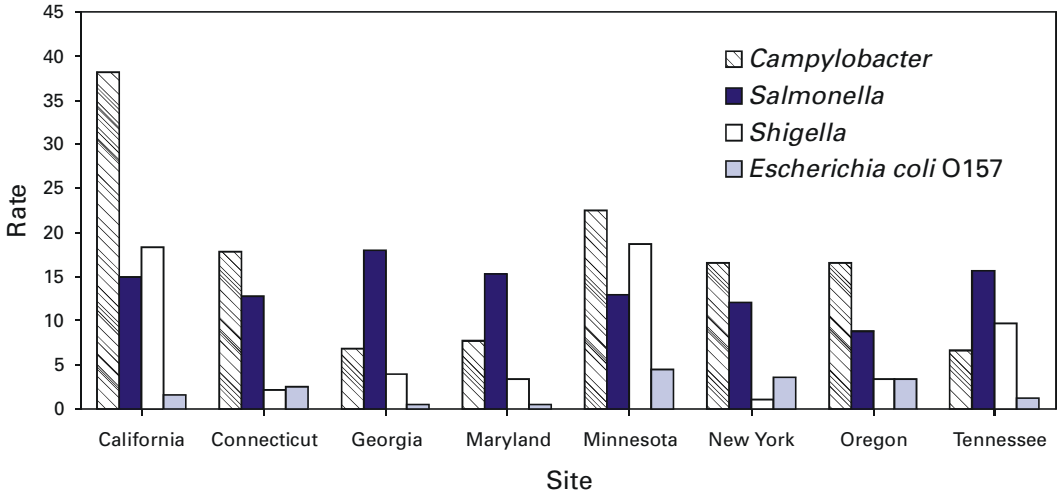
† Urine isolates excluded because urine isolates were not reported before 1999.

§ Not reported.

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

FoodNet Data — Continued

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



*Per 100,000 population.
† Reporting was statewide in Connecticut, Georgia, Minnesota, and Oregon, and from selected counties in California, Maryland, New York, and Tennessee.

1996–2000 Rate Comparison

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

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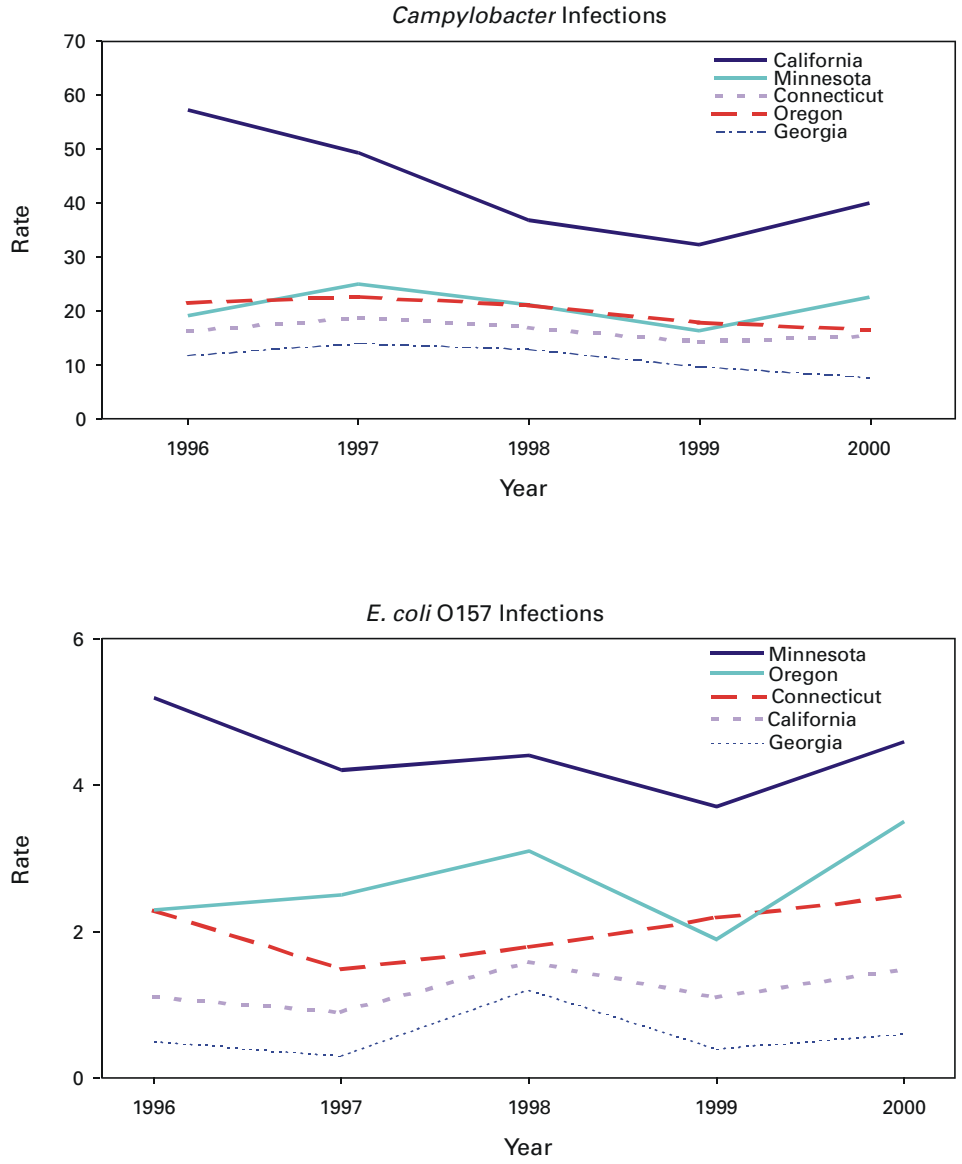
FoodNet Data — Continued

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



* Per 100,000 population.

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FoodNet Data — Continued

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

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

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

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

FoodNet Data — Continued

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

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

References

1. Mead PS, Slutsker L, Dietz V, et al. Food-related illness and death in the United States. Emerg Infect Dis 1999;5:607–25.
2. CDC. The Foodborne Diseases Active Surveillance Network, 1996. MMWR 1997;46:258–61.
3. CDC. Incidence of foodborne illnesses—FoodNet, 1997. MMWR 1998;47:782–6.
4. CDC. Incidence of foodborne illnesses: preliminary data from the Foodborne Diseases Active Surveillance Network (FoodNet)—United States, 1998. MMWR 1999;48:189–94.
5. CDC. Preliminary FoodNet data on the incidence of foodborne illnesses—selected sites, United States, 1999. MMWR 2000;49:201–5.
6. Bureau of the Census, Economics and Statistics Administration, US Department of Commerce. Population estimates. Available at http://www.census.gov/population/www/estimates/popest.html. Accessed September 2000.
7. US Department of Health and Human Services. Healthy people 2010 (conference ed, 2 vols). Washington, DC: US Department of Health and Human Services, 2000.
8. CDC. Outbreak of *Shigella sonnei* infections associated with eating a nationally distributed dip—California, Oregon, and Washington, January 2000. MMWR 2000;49:60–1.
9. CDC. Surveillance for foodborne-disease outbreaks—United States, 1993–1997. In: CDC surveillance summaries (March). MMWR 2000;49(no. SS-1).

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

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

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

Lead Poisoning — Continued

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

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

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

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

The nurse advised the affected families on cleaning residences and vehicles. At the residence of the index case, a wipe sample taken on a carpet where the worker played with his children showed a lead surface concentration of 30 $\mu g/ft^2$. After steam cleaning the carpet, the level was 14 $\mu g/ft^2$. This lead level on interior floors is below 40 $\mu g/ft^2$, the threshold level the Environmental Protection Agency has determined to be harmful (*3*). In addition to the take-home lead contamination, the investigation identified deteriorated lead paint, which the landlord remediated. When the 4-month-old infant's BLL remained elevated several months later, more thorough testing of painted surfaces was performed, and the landlord was required to remediate additional lead painted surfaces. The infant's BLL then decreased steadily.

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

Lead Poisoning — Continued

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

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

References

1. CDC. Screening young children for lead poisoning: guidance for state and local public health officials. Atlanta, Georgia: US Department of Health and Human Services, CDC, 1997.
2. Department of Labor, Occupational Safety and Health Administration. Final standard for occupational exposure to lead. Federal Register 1978;43:52952–3014.
3. Environmental Protection Agency. Lead; identification of dangerous levels of lead; final rule. Federal Register 2001;66:1205–40.
4. National Institute for Occupational Safety and Health. Protecting workers exposed to lead-based paint hazards: a report to Congress. Cincinnati, Ohio: US Department of Health and Human Services, CDC, National Institute for Occupational Safety and Health, 1997.
5. Department of Housing and Urban Development. Guidelines for the evaluation and control of lead-based paint hazards in housing. Washington, DC: US Department of Housing and Urban Development, 1995.
6. Drisko RW, Tye MK, Polly DR. Lead-based paint problems on exterior redwood siding at Naval Station, San Diego. Port Hueneme, California: US Naval Civil Engineering Laboratory, 1993.
7. Lax MB, Siwinski G. Lead exposure in a developmentally disabled workforce. Am J Indus Med 1998;34:191–6.

Notice to Readers

Satellite Broadcast on a Public Health Response to Asthma

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

Notice to Readers — Continued

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

Notice to Readers

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

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

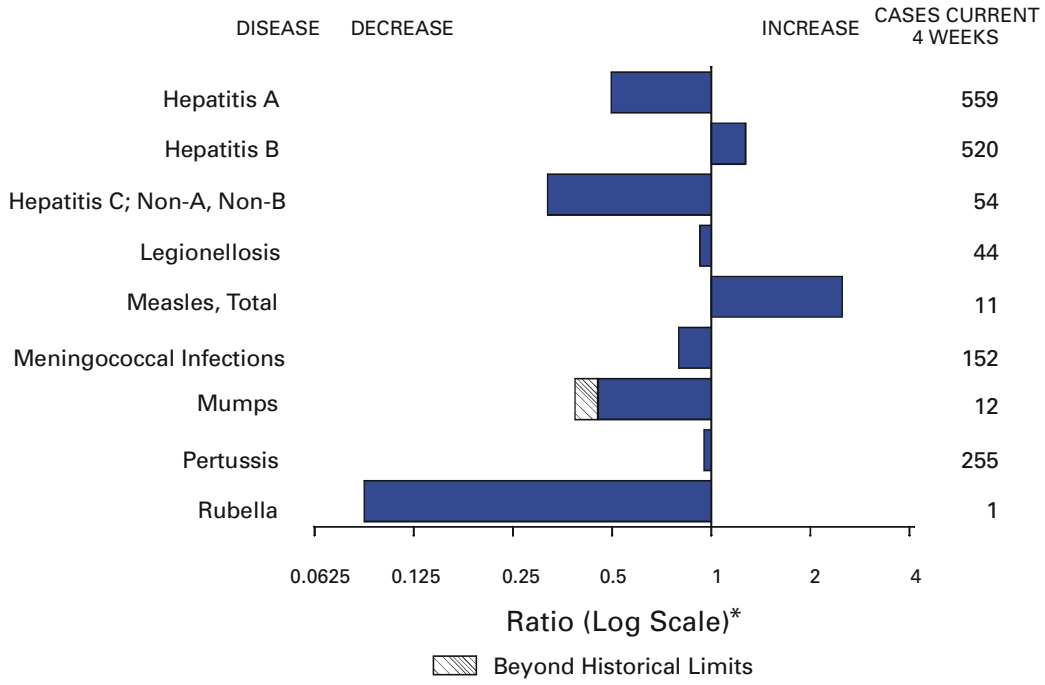
The 4-day course covers hands-on experience with the new Windows® version of Epi Info, programming Epi Info software at the intermediate to advanced level, and computerized interactive exercises for developing public health information system. There is a tuition charge. Deadline for application is April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

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

Erratum: Vol. 50, No. 12

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

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



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending March 31, 2001 (13th Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	14	Psittacosis*	3
Cholera	-	Q fever*	2
Cyclosporiasis*	27	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	26
Ehrlichiosis: human granulocytic (HGE)*	6	Rubella, congenital syndrome	-
human monocytic (HME)*	3	Streptococcal disease, invasive, group A	798
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	15
eastern equine*	-	Syphilis, congenital¶	10
St. Louis*	-	Tetanus	2
western equine*	-	Toxic-shock syndrome	36
Hansen disease (leprosy)*	10	Trichinosis	4
Hantavirus pulmonary syndrome*†	2	Tularemia*	5
Hemolytic uremic syndrome, postdiarrheal*	13	Typhoid fever	32
HIV infection, pediatric*§	37	Yellow fever	-
Plague	-		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update February 27, 2001.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

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

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	5,820	9,320	146,554	167,592	315	341	212	345	130	281
NEW ENGLAND	200	653	5,184	5,859	13	24	27	34	19	34
Maine	3	11	245	318	-	3	3	3	3	3
N.H.	12	9	261	272	-	-	5	4	3	4
Vt.	9	-	148	143	5	8	1	1	-	2
Mass.	118	439	2,182	2,430	4	6	13	13	10	11
R.I.	24	20	743	597	2	2	-	-	-	-
Conn.	34	174	1,605	2,099	2	5	5	13	3	14
MID. ATLANTIC	1,180	2,343	10,993	15,399	31	69	15	35	10	45
Upstate N.Y.	29	102	N	N	13	17	15	31	6	35
N.Y. City	740	1,428	6,815	6,470	18	48	-	3	1	1
N.J.	241	481	1,226	3,294	-	1	-	1	3	4
Pa.	170	332	2,952	5,635	-	3	N	N	-	5
E.N. CENTRAL	463	850	18,423	28,914	100	70	44	61	18	20
Ohio	77	112	435	7,864	27	13	17	12	10	6
Ind.	45	75	3,295	3,228	13	3	9	2	1	7
Ill.	226	535	5,125	8,143	-	7	7	22	4	-
Mich.	97	99	7,425	5,526	27	10	7	11	-	3
Wis.	18	29	2,143	4,153	33	37	4	14	3	4
W.N. CENTRAL	110	164	7,526	9,530	13	20	21	55	16	60
Minn.	29	36	1,419	2,044	-	4	3	11	8	27
Iowa	15	13	811	998	5	3	3	11	1	6
Mo.	38	72	2,506	3,336	4	5	10	23	4	14
N. Dak.	1	-	213	247	-	1	-	2	-	4
S. Dak.	-	2	459	442	1	2	1	1	1	1
Nebr.	9	9	662	871	3	2	-	3	-	5
Kans.	18	32	1,456	1,592	-	3	4	4	2	3
S. ATLANTIC	1,673	2,492	31,619	31,760	65	48	29	30	10	18
Del.	37	44	753	758	-	-	-	-	-	-
Md.	131	267	3,273	2,968	18	5	1	5	-	1
D.C.	166	186	729	746	3	-	-	-	U	U
Va.	137	158	4,484	3,719	5	1	6	6	4	5
W. Va.	12	13	555	529	-	-	1	2	-	1
N.C.	101	101	4,938	5,057	11	3	14	7	2	2
S.C.	171	174	3,205	4,001	-	-	1	-	-	-
Ga.	187	293	6,181	6,052	14	30	2	3	2	4
Fla.	731	1,256	7,501	7,930	14	9	4	7	2	5
E.S. CENTRAL	360	343	12,398	12,803	9	11	9	20	4	16
Ky.	51	56	2,176	1,973	1	-	1	6	2	5
Tenn.	132	133	3,788	3,549	2	1	4	7	1	9
Ala.	95	100	3,421	4,314	2	7	4	1	-	-
Miss.	82	54	3,013	2,967	4	3	-	6	1	2
W.S. CENTRAL	629	757	23,871	25,091	6	16	17	19	18	31
Ark.	45	30	2,083	1,227	2	1	-	4	-	3
La.	188	124	4,097	4,762	3	2	-	-	6	8
Okla.	36	31	2,520	2,120	1	1	6	4	5	3
Tex.	360	572	15,171	16,982	-	12	11	11	7	17
MOUNTAIN	241	289	7,611	9,918	28	23	17	33	10	14
Mont.	5	5	398	328	1	1	2	8	-	-
Idaho	5	4	472	481	5	1	2	4	-	1
Wyo.	-	1	175	202	-	2	-	3	-	2
Colo.	40	62	681	2,788	12	7	7	12	4	5
N. Mex.	15	40	1,165	1,226	6	1	-	-	-	-
Ariz.	93	92	3,360	3,278	1	3	5	4	4	4
Utah	23	30	279	669	3	6	-	1	1	1
Nev.	60	55	1,081	946	-	2	1	1	1	1
PACIFIC	964	1,429	28,929	28,318	50	60	33	58	25	43
Wash.	117	141	3,443	3,190	N	U	8	8	5	16
Oreg.	38	35	1,638	1,196	8	2	3	8	2	9
Calif.	798	1,215	22,446	22,589	42	58	22	36	16	13
Alaska	2	5	590	605	-	-	-	1	-	1
Hawaii	9	33	812	738	-	-	-	5	2	4
Guam	5	13	-	-	-	-	N	N	U	U
P.R.	158	184	1,272	U	-	-	-	1	U	U
V.I.	1	11	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 February 27, 2001.

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

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	69,088	87,016	379	822	143	162	78	510	1,012
NEW ENGLAND	1,448	1,644	5	5	5	15	10	137	150
Maine	36	20	-	-	-	2	-	-	-
N.H.	31	24	-	-	-	2	-	42	17
Vt.	21	14	3	2	2	-	-	1	-
Mass.	669	644	2	3	2	8	6	15	49
R.I.	180	146	-	-	-	-	-	-	-
Conn.	511	796	-	-	1	3	4	79	84
MID. ATLANTIC	6,876	8,778	19	159	13	33	7	245	690
Upstate N.Y.	1,677	1,407	12	12	9	12	3	189	250
N.Y. City	3,000	2,790	-	-	3	5	1	-	24
N.J.	748	1,908	-	139	-	1	-	-	93
Pa.	1,451	2,673	7	8	1	15	3	56	323
E.N. CENTRAL	9,539	17,652	49	67	44	50	9	10	25
Ohio	236	4,413	4	-	22	23	2	10	2
Ind.	1,453	1,457	-	-	5	7	1	-	-
Ill.	2,877	5,693	2	8	-	5	-	-	1
Mich.	4,273	4,278	43	59	13	8	5	-	-
Wis.	700	1,811	-	-	4	7	1	U	22
W.N. CENTRAL	3,224	4,012	65	113	11	6	2	14	15
Minn.	439	780	-	-	1	1	-	10	6
Iowa	210	238	-	-	2	2	-	-	-
Mo.	1,619	1,963	62	107	5	3	1	4	4
N. Dak.	9	12	-	-	-	-	-	-	-
S. Dak.	51	64	-	-	-	-	-	-	-
Nebr.	225	300	2	2	2	-	-	-	1
Kans.	671	655	1	4	1	-	1	-	4
S. ATLANTIC	19,596	24,321	22	18	23	30	14	83	109
Del.	410	404	-	1	-	2	-	-	14
Md.	2,051	2,061	6	3	6	9	2	73	81
D.C.	741	552	-	-	1	-	-	5	-
Va.	2,396	2,437	-	-	3	3	2	2	5
W. Va.	121	142	-	1	N	N	1	1	4
N.C.	4,066	4,570	6	7	2	3	-	2	4
S.C.	2,353	4,779	2	-	-	2	-	-	-
Ga.	3,239	3,803	-	-	2	2	3	-	-
Fla.	4,219	5,573	8	6	9	9	6	-	1
E.S. CENTRAL	7,912	8,973	59	129	15	5	5	2	1
Ky.	851	805	1	13	5	3	1	2	-
Tenn.	2,481	2,688	14	26	6	1	3	-	1
Ala.	2,734	3,236	1	3	2	1	1	-	-
Miss.	1,846	2,244	43	87	2	-	-	-	-
W.S. CENTRAL	11,751	13,129	103	259	1	4	2	-	4
Ark.	1,299	575	2	3	-	-	1	-	-
La.	2,852	3,398	52	153	1	2	-	-	2
Okla.	1,202	974	1	-	-	-	-	-	-
Tex.	6,398	8,182	48	103	-	2	1	-	2
MOUNTAIN	2,399	2,673	22	27	8	8	6	1	-
Mont.	19	4	-	-	-	-	-	-	-
Idaho	24	25	1	-	-	1	-	-	-
Wyo.	15	17	3	-	-	-	-	-	-
Colo.	837	856	8	11	3	4	1	-	-
N. Mex.	190	249	6	4	1	-	2	-	-
Ariz.	908	1,102	1	9	3	-	1	-	-
Utah	26	87	-	-	-	3	-	-	-
Nev.	380	333	3	3	1	-	2	1	-
PACIFIC	6,343	5,834	35	45	23	11	23	18	18
Wash.	771	586	9	6	5	5	1	1	-
Oreg.	278	138	5	9	N	N	3	2	1
Calif.	5,079	4,942	21	30	18	6	19	15	17
Alaska	71	68	-	-	-	-	-	-	-
Hawaii	144	100	-	-	-	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	327	114	-	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 March 31, 2001, and April 1, 2000 (13th 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	191	218	1,057	1,311	4,547	5,765	3,418	5,274
NEW ENGLAND	17	6	121	148	387	380	319	412
Maine	1	1	17	38	21	29	12	22
N.H.	1	-	3	3	29	24	24	25
Vt.	-	-	25	9	19	29	16	33
Mass.	5	5	32	46	235	223	174	225
R.I.	-	-	12	6	21	8	28	25
Conn.	10	-	32	46	62	67	65	82
MID. ATLANTIC	23	45	159	217	363	835	484	998
Upstate N.Y.	8	12	129	162	159	167	64	255
N.Y. City	14	23	1	3	165	249	179	281
N.J.	-	5	28	31	-	248	111	184
Pa.	1	5	1	21	39	171	130	278
E.N. CENTRAL	26	29	4	14	668	865	516	473
Ohio	5	2	-	2	252	190	157	164
Ind.	8	1	1	-	59	76	43	100
Ill.	-	16	-	-	163	305	144	1
Mich.	13	9	3	6	129	134	119	143
Wis.	-	1	-	6	65	160	53	65
W.N. CENTRAL	5	11	72	108	275	263	275	360
Minn.	1	4	14	22	31	39	88	107
Iowa	1	-	14	11	49	31	37	41
Mo.	2	1	5	2	103	87	104	107
N. Dak.	-	-	12	19	1	4	5	17
S. Dak.	-	-	9	32	22	13	12	22
Nebr.	-	2	-	-	24	39	-	29
Kans.	1	4	18	22	45	50	29	37
S. ATLANTIC	55	52	480	462	1,174	971	720	838
Del.	1	-	10	10	19	14	16	21
Md.	22	23	88	99	143	159	114	155
D.C.	4	-	-	-	16	-	U	U
Va.	11	14	90	110	138	100	79	116
W. Va.	-	-	35	28	9	26	16	19
N.C.	1	5	134	118	233	177	115	125
S.C.	2	-	23	26	132	86	164	76
Ga.	3	1	51	45	170	150	188	248
Fla.	11	9	49	26	314	259	28	78
E.S. CENTRAL	8	9	29	43	317	290	97	230
Ky.	2	2	5	8	57	59	30	43
Tenn.	3	1	19	27	83	63	56	100
Ala.	3	5	5	8	124	102	-	75
Miss.	-	1	-	-	53	66	11	12
W.S. CENTRAL	3	2	78	227	271	552	305	376
Ark.	-	-	-	-	53	54	29	29
La.	1	2	-	-	38	62	95	79
Okla.	1	-	19	14	25	55	23	47
Tex.	1	-	59	213	155	381	158	221
MOUNTAIN	15	14	35	44	355	494	273	433
Mont.	1	1	5	9	12	19	-	-
Idaho	1	-	-	-	17	28	4	30
Wyo.	-	-	10	21	9	8	6	5
Colo.	9	7	-	-	103	135	82	115
N. Mex.	1	-	1	3	44	48	39	44
Ariz.	1	2	19	11	111	150	81	136
Utah	1	2	-	-	37	68	38	67
Nev.	1	2	-	-	22	38	23	36
PACIFIC	39	50	79	48	737	1,115	429	1,154
Wash.	1	3	-	-	77	67	37	136
Oreg.	6	7	-	-	49	71	43	90
Calif.	31	38	55	38	602	910	284	870
Alaska	1	-	24	10	9	16	-	15
Hawaii	-	2	-	-	-	51	65	43
Guam	-	-	-	-	-	-	U	U
P.R.	-	2	37	12	71	76	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 March 31, 2001, and April 1, 2000 (13th 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	2,260	3,687	1,132	2,327	1,159	1,582	1,786	2,642
NEW ENGLAND	36	78	29	61	10	22	74	74
Maine	1	2	1	-	-	-	-	2
N.H.	-	1	-	1	-	-	6	1
Vt.	-	1	-	-	-	-	1	-
Mass.	26	57	19	42	7	18	42	45
R.I.	2	6	1	6	-	1	3	5
Conn.	7	11	8	12	3	3	22	21
MID. ATLANTIC	206	473	150	341	75	74	425	442
Upstate N.Y.	108	142	2	98	4	3	46	38
N.Y. City	79	247	65	142	50	34	222	263
N.J.	-	53	39	50	9	13	100	105
Pa.	19	31	44	51	12	24	57	36
E.N. CENTRAL	358	585	193	219	129	325	223	258
Ohio	109	33	54	29	16	20	35	44
Ind.	66	62	11	14	34	112	20	17
Ill.	87	228	68	2	15	119	113	156
Mich.	78	196	57	168	57	56	33	24
Wis.	18	66	3	6	7	18	22	17
W.N. CENTRAL	260	216	216	168	13	27	86	113
Minn.	66	43	126	57	6	3	44	39
Iowa	56	32	31	38	-	6	9	8
Mo.	70	106	46	55	6	14	22	48
N. Dak.	9	1	1	1	-	-	-	-
S. Dak.	15	1	1	-	-	-	1	3
Nebr.	16	21	-	11	-	2	10	3
Kans.	28	12	11	6	1	2	-	12
S. ATLANTIC	368	432	107	132	486	527	367	451
Del.	3	3	-	2	1	2	-	-
Md.	30	27	6	9	56	95	34	57
D.C.	14	-	U	U	10	17	11	-
Va.	27	15	6	15	48	35	44	46
W. Va.	4	2	6	2	-	1	7	9
N.C.	98	26	47	14	124	134	52	50
S.C.	28	3	13	3	76	53	19	18
Ga.	26	50	25	55	47	88	74	107
Fla.	138	306	4	32	124	102	126	164
E.S. CENTRAL	217	174	38	127	142	242	137	179
Ky.	77	36	16	22	12	22	15	14
Tenn.	20	83	16	99	76	157	31	62
Ala.	54	9	-	4	26	30	67	70
Miss.	66	46	6	2	28	33	24	33
W.S. CENTRAL	241	591	233	185	170	220	55	456
Ark.	127	49	65	3	12	17	33	33
La.	14	75	48	38	32	58	-	25
Okla.	3	8	-	6	22	48	22	18
Tex.	97	459	120	138	104	97	-	380
MOUNTAIN	164	240	99	132	46	42	67	111
Mont.	-	-	-	-	-	-	-	4
Idaho	5	22	-	15	-	-	4	-
Wyo.	-	1	-	1	-	-	-	-
Colo.	34	42	23	18	2	1	20	10
N. Mex.	33	24	23	15	4	5	5	18
Ariz.	74	88	36	35	32	34	18	38
Utah	5	13	9	15	6	-	5	7
Nev.	13	50	8	33	2	2	15	34
PACIFIC	410	898	67	962	88	103	352	558
Wash.	44	168	37	208	19	12	38	52
Oreg.	26	80	22	49	3	2	-	2
Calif.	339	635	-	694	63	89	305	463
Alaska	1	4	-	3	-	-	9	15
Hawaii	-	11	8	8	3	-	-	26
Guam	-	-	U	U	-	-	-	-
P.R.	7	10	U	U	87	46	38	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 March 31, 2001, and April 1, 2000 (13th 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	340	356	2,038	3,200	1,373	1,451	-	14	2	15	29	9
NEW ENGLAND	14	31	93	90	13	25	-	3	-	1	4	-
Maine	1	1	1	4	1	1	-	-	-	-	-	-
N.H.	-	5	3	8	4	6	-	-	-	-	-	-
Vt.	-	3	2	3	1	3	-	1	-	-	1	-
Mass.	13	18	33	39	1	1	-	2	-	1	3	-
R.I.	-	-	4	5	6	2	-	-	-	-	-	-
Conn.	-	4	50	31	-	12	-	-	-	-	-	-
MID. ATLANTIC	35	52	144	203	135	245	-	1	2	4	5	-
Upstate N.Y.	14	20	51	57	31	26	-	-	2	4	4	-
N.Y. City	13	19	79	115	92	136	-	-	-	-	-	-
N.J.	7	10	-	-	-	11	-	-	-	-	-	-
Pa.	1	3	14	31	12	72	-	1	-	-	1	-
E.N. CENTRAL	35	56	227	448	169	132	-	-	-	7	7	3
Ohio	24	16	71	100	32	28	-	-	-	2	2	2
Ind.	6	4	18	10	4	5	-	-	-	2	2	-
Ill.	-	23	47	191	13	2	-	-	-	3	3	-
Mich.	2	3	91	134	120	96	-	-	-	-	-	1
Wis.	3	10	-	13	-	1	-	-	-	-	-	-
W.N. CENTRAL	10	12	124	256	52	78	-	4	-	-	4	-
Minn.	4	7	7	28	4	4	-	1	-	-	1	-
Iowa	1	-	10	30	5	11	-	-	-	-	-	-
Mo.	4	4	40	154	34	50	-	3	-	-	3	-
N. Dak.	-	1	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	1	-	1	-	-	-	-	-	-	-
Nebr.	1	-	17	8	5	9	-	-	-	-	-	-
Kans.	-	-	49	36	3	4	-	-	-	-	-	-
S. ATLANTIC	127	89	429	333	288	258	-	2	-	1	3	-
Del.	-	-	-	5	-	4	-	-	-	-	-	-
Md.	35	27	62	42	37	41	-	2	-	1	3	-
D.C.	-	-	12	-	3	-	-	-	-	-	-	-
Va.	10	15	35	45	29	35	-	-	-	-	-	-
W. Va.	4	3	1	29	3	-	-	-	-	-	-	-
N.C.	18	8	30	60	51	81	-	-	-	-	-	-
S.C.	2	4	13	7	1	2	-	-	-	-	-	-
Ga.	23	22	132	47	85	39	-	-	-	-	-	-
Fla.	35	10	144	98	79	56	-	-	-	-	-	-
E.S. CENTRAL	23	17	70	134	92	106	-	-	-	-	-	-
Ky.	1	9	9	10	8	16	-	-	-	-	-	-
Tenn.	12	5	34	46	36	49	-	-	-	-	-	-
Ala.	9	3	23	20	27	8	-	-	-	-	-	-
Miss.	1	-	4	58	21	33	-	-	-	-	-	-
W.S. CENTRAL	8	22	236	612	196	159	-	1	-	-	1	-
Ark.	-	-	16	46	24	19	-	-	-	-	-	-
La.	2	7	14	27	12	40	-	-	-	-	-	-
Okla.	6	15	47	100	23	18	-	-	-	-	-	-
Tex.	-	-	159	439	137	82	-	1	-	-	1	-
MOUNTAIN	67	40	223	221	128	111	-	-	-	1	1	-
Mont.	-	-	4	1	1	3	-	-	-	-	-	-
Idaho	1	2	24	11	4	4	-	-	-	1	1	-
Wyo.	-	-	1	3	-	-	U	-	U	-	-	-
Colo.	11	11	27	49	28	26	-	-	-	-	-	-
N. Mex.	10	11	7	23	36	36	-	-	-	-	-	-
Ariz.	37	11	112	102	43	33	-	-	-	-	-	-
Utah	1	3	18	15	4	3	-	-	-	-	-	-
Nev.	7	2	30	17	12	6	-	-	-	-	-	-
PACIFIC	21	37	492	903	300	337	-	3	-	1	4	6
Wash.	1	2	20	57	22	15	-	-	-	-	-	3
Oreg.	15	10	28	76	43	31	-	2	-	-	2	-
Calif.	4	14	436	761	231	284	-	1	-	1	2	3
Alaska	1	1	8	3	4	2	-	-	-	-	-	-
Hawaii	-	10	-	6	-	5	-	-	-	-	-	-
Guam	-	-	-	-	-	-	U	-	U	-	-	-
P.R.	-	2	28	93	13	68	-	-	-	-	-	-
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 61 cases among children aged <5 years, serotype was reported for 27, and of those, five were type b.

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

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	705	713	1	32	117	52	1,189	1,212	-	2	13
NEW ENGLAND	48	41	-	-	2	1	207	343	-	-	5
Maine	-	3	-	-	-	-	-	9	-	-	-
N.H.	4	3	-	-	-	-	16	48	-	-	1
Vt.	4	2	-	-	-	-	22	56	-	-	-
Mass.	27	25	-	-	-	1	163	216	-	-	3
R.I.	1	2	-	-	1	-	-	5	-	-	-
Conn.	12	6	-	-	1	-	6	9	-	-	1
MID. ATLANTIC	58	65	-	-	5	4	72	85	-	1	2
Upstate N.Y.	25	13	-	-	3	2	62	59	-	1	2
N.Y. City	13	19	-	-	-	-	-	-	-	-	-
N.J.	19	16	-	-	-	2	2	-	-	-	-
Pa.	1	17	-	-	2	-	8	26	-	-	-
E.N. CENTRAL	55	119	-	5	13	1	130	177	-	1	-
Ohio	28	19	-	1	4	-	102	108	-	-	-
Ind.	2	16	-	-	-	-	5	8	-	-	-
Ill.	-	34	-	3	3	-	7	16	-	1	-
Mich.	16	36	-	1	6	1	15	9	-	-	-
Wis.	9	14	-	-	-	-	1	36	-	-	-
W.N. CENTRAL	47	42	-	2	5	2	39	34	-	-	1
Minn.	1	3	-	-	-	-	-	14	-	-	-
Iowa	13	10	-	-	3	-	3	6	-	-	-
Mo.	19	23	-	-	1	2	23	5	-	-	-
N. Dak.	2	1	-	-	-	-	-	1	-	-	-
S. Dak.	2	2	-	-	-	-	2	1	-	-	-
Nebr.	2	2	-	-	1	-	-	2	-	-	1
Kans.	8	1	-	2	-	-	11	5	-	-	-
S. ATLANTIC	149	106	-	4	14	8	56	84	-	-	2
Del.	-	-	-	-	-	-	-	1	-	-	-
Md.	21	11	-	2	5	-	12	22	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	16	17	-	1	2	-	6	5	-	-	-
W. Va.	4	3	-	-	-	-	1	-	-	-	-
N.C.	36	20	-	-	2	4	23	28	-	-	-
S.C.	13	6	-	1	4	1	7	12	-	-	1
Ga.	18	20	-	-	-	1	1	9	-	-	-
Fla.	41	29	-	-	1	2	6	7	-	-	1
E.S. CENTRAL	49	48	-	-	1	-	24	31	-	-	-
Ky.	8	10	-	-	-	-	6	21	-	-	-
Tenn.	19	21	-	-	-	-	13	2	-	-	-
Ala.	18	12	-	-	1	-	2	7	-	-	-
Miss.	4	5	-	-	-	-	3	1	-	-	-
W.S. CENTRAL	106	80	1	3	13	6	15	21	-	-	3
Ark.	7	5	-	1	1	-	2	5	-	-	-
La.	34	23	-	1	3	-	-	2	-	-	-
Okla.	13	9	-	-	-	-	1	-	-	-	-
Tex.	52	43	1	1	9	6	12	14	-	-	3
MOUNTAIN	40	43	-	4	7	25	571	218	-	-	-
Mont.	-	1	-	-	1	-	3	1	-	-	-
Idaho	3	6	-	-	-	3	151	32	-	-	-
Wyo.	-	-	U	1	-	U	-	-	U	-	-
Colo.	16	12	-	1	1	4	121	131	-	-	-
N. Mex.	7	7	-	2	1	1	15	35	-	-	-
Ariz.	7	11	-	-	-	16	271	11	-	-	-
Utah	4	5	-	-	2	-	9	5	-	-	-
Nev.	3	1	-	-	2	1	1	3	-	-	-
PACIFIC	153	169	-	14	57	5	75	219	-	-	-
Wash.	22	15	-	-	2	5	27	56	-	-	-
Oreg.	21	23	N	N	N	-	5	20	-	-	-
Calif.	109	127	-	13	50	-	43	132	-	-	-
Alaska	1	1	-	1	-	-	-	3	-	-	-
Hawaii	-	3	-	-	5	-	-	8	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	1	3	-	-	-	-	-	-	-	-	-
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 March 31, 2001 (13th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	602	431	100	42	17	12	66
Boston, Mass.	161	109	27	12	10	3	21
Bridgeport, Conn.	28	20	8	-	-	-	3
Cambridge, Mass.	23	18	5	-	-	-	6
Fall River, Mass.	35	31	3	1	-	-	2
Hartford, Conn.	36	26	7	2	1	-	3
Lowell, Mass.	23	18	1	4	-	-	1
Lynn, Mass.	14	8	6	-	-	-	-
New Bedford, Mass.	36	29	2	4	1	-	6
New Haven, Conn.	39	23	7	6	-	3	2
Providence, R.I.	74	53	13	5	2	1	-
Somerville, Mass.	6	4	1	1	-	-	1
Springfield, Mass.	45	28	9	3	3	2	8
Waterbury, Conn.	25	21	3	1	-	-	5
Worcester, Mass.	57	43	8	3	-	3	8
MID. ATLANTIC	2,323	1,659	437	155	35	37	151
Albany, N.Y.	43	36	4	3	-	-	3
Allentown, Pa.	16	14	2	-	-	-	1
Buffalo, N.Y.	93	63	24	4	-	2	8
Camden, N.J.	37	28	5	2	-	2	1
Elizabeth, N.J.	19	13	4	2	-	-	1
Erie, Pa.§	51	39	11	1	-	-	6
Jersey City, N.J.	51	33	7	9	1	1	-
New York City, N.Y.	1,132	802	221	78	20	11	61
Newark, N.J.	74	31	23	12	5	3	1
Paterson, N.J.	23	8	7	6	1	1	-
Philadelphia, Pa.	391	287	62	24	7	11	23
Pittsburgh, Pa.§	33	26	5	2	-	-	1
Reading, Pa.	30	24	5	1	-	-	4
Rochester, N.Y.	118	97	14	6	-	1	12
Schenectady, N.Y.	22	18	3	1	-	-	2
Scranton, Pa.§	27	22	5	-	-	-	1
Syracuse, N.Y.	124	92	23	3	1	5	18
Trenton, N.J.	20	14	6	-	-	-	4
Utica, N.Y.	19	12	6	1	-	-	4
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,811	1,290	344	109	23	45	125
Akron, Ohio	59	41	13	1	2	2	5
Canton, Ohio	52	34	10	5	-	3	9
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	99	73	21	4	-	1	11
Cleveland, Ohio	158	107	29	14	4	4	10
Columbus, Ohio	200	130	50	16	-	4	12
Dayton, Ohio	115	82	19	9	3	2	6
Detroit, Mich.	187	113	49	22	-	3	13
Evansville, Ind.	38	27	7	1	1	2	4
Fort Wayne, Ind.	55	46	4	4	-	1	8
Gary, Ind.	14	9	4	1	-	-	1
Grand Rapids, Mich.	92	68	12	2	3	7	10
Indianapolis, Ind.	213	148	42	9	5	9	11
Lansing, Mich.	47	34	9	3	-	1	2
Milwaukee, Wis.	123	90	24	6	3	-	7
Peoria, Ill.	58	46	9	1	1	1	1
Rockford, Ill.	53	42	7	4	-	-	2
South Bend, Ind.	31	26	3	1	1	-	6
Toledo, Ohio	146	117	22	3	-	4	7
Youngstown, Ohio	71	57	10	3	-	1	-
W.N. CENTRAL	893	647	165	46	15	20	86
Des Moines, Iowa	136	101	23	7	4	1	14
Duluth, Minn.	60	49	9	1	1	-	6
Kansas City, Kans.	36	24	9	1	1	1	5
Kansas City, Mo.	102	70	22	6	1	3	14
Lincoln, Nebr.	36	32	3	1	-	-	2
Minneapolis, Minn.	209	160	34	8	2	5	17
Omaha, Nebr.	86	57	18	6	3	2	6
St. Louis, Mo.	89	51	19	11	2	6	2
St. Paul, Minn.	71	59	11	-	-	1	13
Wichita, Kans.	68	44	17	5	1	1	7
S. ATLANTIC	1,164	749	254	108	30	22	89
Atlanta, Ga.	154	85	40	18	6	5	6
Baltimore, Md.	192	114	44	27	2	5	15
Charlotte, N.C.	120	87	25	6	2	-	18
Jacksonville, Fla.	178	110	42	16	5	4	13
Miami, Fla.	U	U	U	U	U	U	U
Norfolk, Va.	41	22	8	3	4	4	3
Richmond, Va.	60	40	16	3	1	-	6
Savannah, Ga.	44	31	8	3	-	2	3
St. Petersburg, Fla.	82	62	13	5	2	-	8
Tampa, Fla.	194	142	35	15	1	1	15
Washington, D.C.	99	56	23	12	7	1	2
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	792	529	165	60	22	16	69
Birmingham, Ala.	191	138	38	11	2	2	19
Chattanooga, Tenn.	69	46	13	6	3	1	6
Knoxville, Tenn.	99	73	21	5	-	-	5
Lexington, Ky.	100	60	25	8	5	2	15
Memphis, Tenn.	221	133	48	22	8	10	14
Mobile, Ala.	77	54	14	4	4	1	3
Montgomery, Ala.	35	25	6	4	-	-	7
Nashville, Tenn.	U	U	U	U	U	U	U
W.S. CENTRAL	1,498	988	307	123	38	42	80
Austin, Tex.	117	75	28	13	1	-	6
Baton Rouge, La.	90	48	21	12	4	5	1
Corpus Christi, Tex.	52	44	7	1	-	-	4
Dallas, Tex.	199	128	51	12	3	5	12
El Paso, Tex.	91	68	18	3	2	-	6
Ft. Worth, Tex.	116	64	26	10	2	14	2
Houston, Tex.	343	203	71	46	13	10	26
Little Rock, Ark.	69	50	10	4	4	1	3
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	272	200	47	16	5	4	8
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	149	108	28	6	4	3	12
MOUNTAIN	1,242	854	242	101	20	24	97
Albuquerque, N.M.	146	111	21	13	-	1	20
Boise, Idaho	50	33	11	2	1	3	4
Colo. Springs, Colo.	60	45	8	4	1	2	2
Denver, Colo.	122	78	25	14	2	2	9
Las Vegas, Nev.	290	194	72	18	2	4	17
Ogden, Utah	33	27	2	4	-	-	2
Phoenix, Ariz.	189	111	41	25	7	5	11
Pueblo, Colo.	30	24	4	2	-	-	-
Salt Lake City, Utah	133	98	21	10	1	3	15
Tucson, Ariz.	189	133	37	9	6	4	17
PACIFIC	1,566	1,158	259	87	37	25	158
Berkeley, Calif.	17	10	5	1	-	1	-
Fresno, Calif.	70	55	9	3	3	-	6
Glendale, Calif.	29	24	4	-	1	-	2
Honolulu, Hawaii	65	47	10	5	1	2	7
Long Beach, Calif.	91	76	10	4	-	1	18
Los Angeles, Calif.	388	271	74	22	12	9	32
Pasadena, Calif.	36	28	8	-	-	-	5
Portland, Oreg.	178	140	22	14	1	1	7
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	165	112	37	9	2	5	21
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	224	176	29	8	9	2	21
Santa Cruz, Calif.	26	21	3	2	-	-	5
Seattle, Wash.	119	77	23	12	5	2	15
Spokane, Wash.	58	45	7	4	-	2	7
Tacoma, Wash.	100	76	18	3	3	-	12
TOTAL	11,891¶	8,305	2,273	831	237	243	921

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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