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WEEKLY REPORT

Outbreak of Legionnaires' Disease Among Automotive Plant Workers — Ohio, 2001

During March 12–15, 2001, four cases of Legionnaires' disease (LD) among workers at an automotive engine manufacturing plant (plant X) were reported to the Cuyahoga County Board of Health, Cleveland, Ohio; all four diagnoses were confirmed by *Legionella* urine antigen. Illness onset among the four workers occurred during March 2–4; two workers died. Beginning March 14, CDC assisted state and local health departments with an investigation to identify new cases and potential sources of *Legionella* transmission in the plant. This report summarizes the investigation; findings indicate an epidemiologic association with exposure to one of the plant finishing lines but did not identify a specific source.

Plant X manufactures cast iron engine components, is operated by approximately 2500 employees, and covers approximately 1.6 million square feet of floor space. The plant is divided into four areas: core making, mold production, iron melting, and finishing. A confirmed case of LD was defined as radiograph-confirmed pneumonia and laboratory evidence of *Legionella* infection, defined as a positive *Legionella* urine antigen or isolation of *Legionella* from respiratory secretions or lung tissue. Specimens from the four initial case-patients were sent to CDC for isolation of *Legionella*; available specimens included one sputum specimen, one broncho-alveolar lavage specimen, and lung tissue from the two decedents. Active LD surveillance was established in all hospitals in the greater Cleveland area. Hospital records and plant X employee absentee records were reviewed to identify additional cases. An environmental investigation was conducted to identify aerosol-producing water sources for *Legionella* transmission, including cooling towers, water hoses, and water heaters.

No additional confirmed LD cases were identified among the workers. Nine workers from plant X were hospitalized during February 14–March 28; four had pneumonia, and all nine had negative *Legionella* urine antigen tests. *Legionella pneumophila*, serogroup 1, was isolated from a worker's sputum sample, which was stored at 40 F (4 C) for >1 week before culture. Results are pending from lung tissue samples. *Legionella* was isolated from 18 (9%) of 197 environmental samples, and at least five species were identified. Three samples grew *L. pneumophila*, serogroup 1; none matched the clinical isolate by monoclonal antibody staining.

A case-control study was conducted to determine risk factors for exposure to *Legionella* among plant workers. A case-patient was defined as a worker at plant X during February 14–March 28 who had either a confirmed case of LD or a possible case of legionellosis. A possible case-patient of legionellosis was defined as a worker with a

Legionnaires' Disease — Continued

titer of anti-legionella IgG antibody ≥1:1024 and any two of the following symptoms: cough, shortness of breath, fever, headache, myalgia, or fatigue. Controls were randomly selected workers with fewer than two symptoms and IgG antibody ≤1:64. Serologic specimens were collected 4–5 weeks after the presumed exposure. Each study participant was asked detailed questions about time spent inside and outside of the plant and information about underlying medical conditions associated with LD.

Among 855 workers who were contacted, 484 (57%) agreed to participate in the case-control study; 11 met case criteria (four confirmed and seven possible cases), and 105 met criteria for controls. Visiting one of the finishing lines in the plant (odds ratio [OR]=15.1; 95% confidence interval [CI]=3.0–76.2) and working in the finishing region of the plant (OR=3.8; CI=1.0–13.8) were associated with disease.

Plant X was closed during March 14–19 to facilitate environmental sampling and decontamination. All water systems were decontaminated, and ongoing environmental surveillance for *Legionella* was implemented throughout the plant, including the finishing area. Sources of aerosolized water from the finishing area that had been sampled before decontamination did not yield cultures positive for *Legionella*. On the basis of the case-control study results, additional environmental samples were collected in the finishing area on April 14; all samples were negative for *Legionella*. County health officials are obtaining maintenance records from the implicated area of plant X to determine how transmission might have occurred.

Reported by: T Allan, T Horgan, H Scaife, Cuyahoga County Board of Health, Cleveland; E Koch, S Nowicki, MK Parrish, E Salehi, Ohio Dept of Health. Respiratory Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; Hazard Evaluations and Technical Assistance Br, Div of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health; and EIS officers, CDC.

Editorial Note: Industrial plants can be a source for the propagation and transmission of *Legionella*. The identification of *L. pneumophila* in the environmental samples demonstrated that legionellae can survive in this work environment. The tightly clustered onset of illness, lack of other epidemiologic associations among the four confirmed patients besides working in plant X, and the results of the case-control study implicated a particular finishing line within the plant as the likely source of *Legionella*. The narrow period of illness onset and the failure to identify new cases among plant workers suggest that exposure to the infecting *Legionella* strain was short-lived and transient, which may explain the failure to find an environmental sample that matched the clinical isolate.

LD outbreaks have been reported in industrial settings, including an automotive plant where workers were exposed to contaminated metal-working fluids (*1*), factories that used water to cool molded plastics (*2*), and waste-water treatment facilities (*3*). In each setting, an aerosol-producing device was implicated. Guidelines to minimize the risk for *Legionella* transmission in these sites are available (*4*). In addition to LD, clinicians should consider hypersensitivity pneumonitis, metal fume fever, and humidifier fever as possible diagnoses of an acute febrile respiratory illness with systemic symptoms in persons who work in an industrial setting (*5*).

Legionella species are estimated to account for 2%–15% of all community-acquired pneumonia; however, only 1200–1500 cases are reported annually (*6,7*). Appropriate diagnostic testing for LD includes *Legionella* urine antigen and culture of respiratory secretions. *Legionella* urine antigen tests provide rapid and accurate diagnosis of disease caused by *L. pneumophila*, serogroup 1; however, these tests do not identify less common species or serogroups and do not provide an isolate necessary to compare

Legionnaires' Disease — Continued

clinical with environmental isolates during outbreak investigations. LD also can be diagnosed by a four-fold rise in anti-legionella antibody titer or by direct fluorescent antibody on sputum samples, although the latter method lacks specificity and sensitivity. In addition to testing for Legionella urine antigen, the diagnosis and investigation of LD cases would be improved if clinicians obtained respiratory specimens for culture by a laboratory proficient in *Legionella* isolation. To facilitate appropriate investigation and improve understanding of disease associated with *Legionella* species, health-care providers should report legionellosis cases to county or state health departments, and state health departments should report legionellosis cases to CDC.

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Public Health Dispatch

Update: Outbreak of Acute Febrile Respiratory Illness Among College Students — Acapulco, Mexico, March 2001

On March 30, CDC was notified by the Pennsylvania Department of Health of an acute febrile respiratory illness characterized by fever, chills, dry cough, chest pain, and headache among college students who traveled to Acapulco during March 2001. Initial laboratory testing indicated that most students had histoplasmosis, an infection caused by the soil-inhabiting fungus, *Histoplasma capsulatum*. While in Acapulco, most ill students had stayed at the Calinda Beach Hotel. This report updates the investigation of the outbreak and presents possible evidence of ongoing transmission (*1*).

As of May 1, 44 colleges in 22 states* and the District of Columbia have reported 229 students with acute febrile respiratory illness defined by fever for at least 3 days and one or more of the following symptoms: cough, shortness of breath, chest pain, or

*Arizona, Connecticut, Delaware, Florida, Illinois, Iowa, Maryland, Massachusetts, Michigan, Minnesota, Missouri, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Texas, and Wisconsin.

Outbreak of Acute Febrile Respiratory Illness — Continued

headache. Laboratory testing of serum specimens from many of these students is ongoing to confirm the cause of illness. Confirmation of histoplasmosis ideally requires testing of acute- and convalescent-phase serum specimens using complement fixation and immunodiffusion methods (*2*).

To determine where the infection may have been acquired, a cohort study was conducted among students who stayed at three different hotels in Acapulco during the first 2 weeks of March. A total of 109 randomly selected students were interviewed using a standardized questionnaire about symptoms, daily activities, and environmental exposures while in Acapulco. Thirty-one students stayed at the Calinda Beach Hotel, and 78 stayed at other hotels; 58 (53%) were women, and the median age was 21 years (range: 17–25 years). Univariate analysis indicated that having stayed at the Calinda Beach Hotel was significantly associated with illness (22 [71%] of 31 versus four [5%] of 78; risk ratio [RR]=13.8; p<0.001). Other activities (e.g., visiting clubs and restaurants) were not associated with illness.

During April, CDC and the Mexico Ministry of Health conducted a joint investigation of the Calinda Beach Hotel and surrounding areas to determine potential sources of *H. capsulatum* (e.g., construction sites and bird and bat roosts). No sources at the hotel or in its vicinity were identified. Reports of illness in travelers who visited the hotel during April are continuing to be obtained and investigated. To identify specific sources of infection, a cohort study is being conducted among college students who stayed at the hotel during March. This study involves administration of a detailed questionnaire about activities in and near the Calinda Beach Hotel and collection of serum specimens from ill and non-ill visitors. Environmental samples were collected from areas in and around the hotel that were frequented by the students; testing of these environmental specimens for *H. capsulatum* is difficult and requires intraperitoneal mouse inoculation. CDC is awaiting results of the cohort study to determine which samples to test.

On May 3, CDC was notified about two cases of histoplasmosis in a couple from California who had traveled to Acapulco during April 9–16 and had stayed at the Calinda Beach Hotel. The couple, both aged 26 years, had onset of symptoms consistent with acute histoplasmosis 8 days after returning from Acapulco. Urine antigen test for histoplasmosis (*3*) at the Histoplasmosis Reference Laboratory (Indianapolis, Indiana) was positive for both persons. Although this test is not sensitive for diagnosis of acute pulmonary histoplasmosis, the test is very specific. These cases suggest ongoing transmission of histoplasmosis associated with the hotel.

Visitors to the Calinda Beach Hotel should be aware of the risk for histoplasmosis and should contact their physicians if they develop symptoms. Physicians should contact CDC's Mycotic Diseases Branch, telephone (404) 639-1299 or e-mail: zqg9@cdc.gov. Until further information is available, U.S. visitors to Acapulco are advised to avoid the area of the Calinda Beach Hotel.

Reported by: Pennsylvania Dept of Health. Council of State and Territorial Epidemiologists. American College Health Association. Naval Medical Center, San Diego, California. Mycotic Diseases Br, Respiratory Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; and EIS officers, CDC.

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Pregnancy-Related Deaths Among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native Women — United States, 1991–1997

In the United States in 1997, the Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native population represented 16% of all reproductive-age women (aged 15–49 years) but accounted for 23.5% of all live births (*1,2*). Although statistics by race/ethnicity are available for maternal deaths (*3*), pregnancy-related mortality ratios (PRMRs) have been reported regularly only for black and white women. Pregnancy-related deaths in Hispanic women have been studied (*4*); however, combining pregnancy-related mortality risk among Asians/Pacific Islanders and American Indians/Alaska Natives into an "other" category masks differences in their health status. This report presents PRMRs among Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women in the United States during 1991–1997. The findings indicate that these groups have higher PRMRs than non-Hispanic white (white) women and lower ratios than non-Hispanic black (black) women and underscore the need for targeted interventions that address the maternal health needs of racial/ethnic minority women.

For this report, pregnancy-related death was defined as a death that occurred during pregnancy or within 1 year after the end of pregnancy and resulted from 1) complications of pregnancy itself, 2) a chain of events initiated by pregnancy, or 3) aggravation of an unrelated condition by the physiologic effects of pregnancy. PRMRs were defined as the number of pregnancy-related deaths per 100,000 live births. PRMRs were calculated using data from the National Pregnancy Mortality Surveillance System (NPMSS) for the numerator and the public use natality files from CDC's National Center for Health Statistics for the denominator (*2*). NPMSS data are derived from death certificates sent to CDC by the 50 states, the District of Columbia (DC), and New York City. The death certificates are those on which pregnancy was indicated and for women who had given birth during the year preceding their death; matching live birth and fetal death certificates also are forwarded when available. In this analysis, racial/ethnic categories used were Hispanic, defined as a woman of any race who was of Hispanic origin, Asian/Pacific Islander, and American Indian/Alaska Native. Findings for white and black women were included for comparison. Place of birth (i.e., the 50 states, DC, and outside the United States) was analyzed for 1993 through 1997.

During 1991–1997, 3193 pregnancy-related deaths occurred. The overall PRMR was 11.5. PRMR among American Indians/Alaska Natives was 12.2, among Asians/Pacific Islanders was 11.3, and among Hispanics was 10.3. PRMR was 29.6 and 7.3 among blacks and whites, respectively (Table 1). The risk among Hispanics, Asians/Pacific Islanders, and American Indians/Alaska Natives was lower than for blacks but higher than for whites; relative ratios ranged from 1.4 to 1.7. Among racial/ethnic groups for which rates have been estimated, the risk for death was lowest among women aged <30 years and increased after age 35 years. In all age groups, the risk for death was highest among black women, with a risk three to four times greater than white women. During 1993–1997, approximately 19% of all live births were to women born outside the 50 states and DC: among white, black, and American Indian/Alaska Native women, the percentage of live births to foreign-born women was <10%; among Hispanic women, approximately 62%; and among Asian/Pacific Islander women, approximately 86%. Hispanic women born outside the United States had a PRMR approximately 50% higher than U.S.-born Hispanic women (Table 2). Asian/Pacific Islander women born outside the United States also had a higher PRMR than their U.S.-born counterparts. However, the estimate should

TABLE 1. Number of pregnancy-related deaths and pregnancy-related mortality ratios (PRMRs)* among Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, non-Hispanic black (black), and non-Hispanic white (white) women, by age group — United States, 1991–1997

Age group (yrs)	Hispanic		Asian/ Pacific Islander		American Indian/ Alaska Native		Black		White		Total	
	No.	PRMR	No.	PRMR	No.	PRMR	No.	PRMR	No.	PRMR	No.	PRMR
<20	45	5.5	—†		—†		160	16.0	96	5.8	**306**	**8.5**
20–29	200	7.4	43	8.4	16	11.0§	590	25.0	35	6.0	**1384**	**9.3**
30–34	125	16.0	28	8.7	—†		260	38.8	330	7.4	**749**	**11.9**
35–39	82	26.0	34	22.7	—†		202	70.8	226	12.3	**549**	**21.1**
>39	31	48.2	14	42.4§	—†		80	151.2	79	25.5	**205**	**44.3**
Total	**483**	**10.3**	**121**	**11.3**	**31**	**12.2**	**1292**	**29.6**	**1266**	**7.3**	**3193**	**11.5**
RR¶		1.4		1.6		1.7		4.0		(ref)		
95% CI**		(1.3–1.6)		(1.3–1.9)		(1.2–2.4)		(3.8–4.4)				

* Per 100,000 live births.
† Fewer than seven pregnancy-related deaths; considered unreliable (relative standard error [RSE]=>38%).
§ Point estimates based on seven–19 deaths are highly variable (RSE=23%–38%).
¶ Relative ratio of PRMR for each racial/ethnic group divided by PRMR for whites.
**Confidence interval.

Pregnancy-Related Deaths — Continued

TABLE 2. Pregnancy-related mortality ratios (PRMRs) among Hispanic, Asian/Pacific Islander, American Indian/Alaska Native, non-Hispanic black (black), and non-Hispanic white (white) women — United States, 1993–1997*

PRMR	Hispanic	Asian/ Pacific Islander	American Indian/Alaska Native	Black	White	Total
U.S.-born women†	8.0	6.1§	13.2	30.0	7.6	**11.6**
Foreign-born women	11.8	12.7	—¶	29.5	6.2	**12.4**

* n=2334.
† The 50 states or District of Columbia.
§ Fewer than seven pregnancy-related deaths; considered unreliable (relative standard error [RSE]=>38%).
¶ Point estimates based on seven–19 deaths are highly variable (RSE=23%–38%).

be interpreted with caution because of the small number of events. Black and white women had no significant differences in PRMRs by place of birth. PRMR for American Indians/Alaska Natives could not be analyzed by place of birth because of small numbers.

Reported by: Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion; and an EIS Officer, CDC.

Editorial Note: By 2025, Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native women are expected to represent approximately 25% of the females of reproductive age in the United States (*1*). The findings in this report indicate that these women have a significantly higher risk for pregnancy-related death than white women. The report also found that being born outside the 50 states and DC may be a more important risk factor than racial/ethnic heritage for some groups; increased risk for pregnancy-related death was found among foreign-born Hispanic women and possibly among Asians/Pacific Islanders.

Examination of health outcomes only by racial and ethnic classification is insufficient to understand and reduce health disparities. Race and ethnicity may be indicators of differences in socioeconomic status, access to and quality of care, and psychosocial and environmental stress. Nativity also may be associated with factors (e.g., low income, low levels of education, lack of health insurance, and legal, language, and cultural barriers) that can adversely affect health outcomes, including inadequate health care (*5*). In addition, heterogeneity within racial/ethnic minority groups should be considered. Among Hispanics, reproductive health outcomes may differ among Mexican, Puerto Rican, and Cuban women (*3,6*). Asians/Pacific Islanders have many differences in language, culture, history, demographic characteristics, and circumstances of migration, and have a pattern of socioeconomic extremes, with a large proportion at high income levels and a large proportion in poverty (*7*). American Indians/Alaska Natives are from more than 500 different tribes, with differences in health status among tribes and between urban and reservation communities. This heterogeneity means that the PRMRs in this report could mask higher levels of risk among groups that have been combined with other groups at lower risk.

The findings in this report are subject to at least four limitations. First, race/ethnicity information on death certificates, which is reported by a funeral director, may be less accurate than on birth certificates, which is usually reported by the mother. Death rates are estimated to be understated for Native Americans by 21%, for Asians/Pacific Islanders by 11%, and for Hispanics by 2% (*8*). Second, pregnancy-related deaths in general

Pregnancy-Related Deaths — Continued

are underestimated because the death certificate frequently does not reflect the relation between a woman's pregnancy and her death (*9*). Third, in some groups the number of cases is small, which can lead to unstable PRMR estimates. Fourth, this report is limited to women who lived in the 50 states, DC, and New York City. Inclusion of data from Puerto Rico would be useful for investigating reproductive health outcomes among Hispanic women from that commonwealth.

An important national health objective for 2010 is to eliminate racial disparities, including those in pregnancy-related death. Additional information on maternal health of minority women is needed to plan effective interventions. Studies could address the unique concerns of immigrant women in pregnancy and the prevalence and case-fatality rates for specific conditions in each group.

Although rare, pregnancy-related deaths can be viewed as sentinel events in women's health; pregnancy-related illness is more common, with 18 pregnancy-associated hospitalizations per 100 live births (*10*). Developing systems to monitor pregnancy-related illness would contribute to a comprehensive understanding of factors that affect maternal health. Existing systems to monitor maternal health, such as the Pregnancy Risk Assessment Monitoring System, may be adapted to assist in this process. Reducing the maternal health disparities will require ongoing surveillance of morbidity and mortality, prevention research to identify the impact of key cultural and health issues, and prevention programs to address them.

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Notice to Readers

National Melanoma/Skin Cancer Detection and Prevention Month — May 2001

May is National Melanoma/Skin Cancer Detection and Prevention Month. This month is dedicated to increasing public awareness of the importance of prevention, early detection, and treatment of skin cancer, including basal cell, squamous cell, and melanoma. The American Cancer Society estimates that in 2001, approximately 1.3 million new cases of curable basal cell and squamous cell carcinomas will be detected, approximately 51,400 new cases of malignant melanoma will be diagnosed, and an estimated 7800 persons will die from melanoma and 2000 from other skin cancers (*1*). Although death rates from basal cell and squamous cell carcinomas are low, these cancers can cause damage and disfigurement if left untreated. However, when detected early, approximately 95% of these carcinomas can be cured.

Malignant melanoma, the most rapidly increasing form of cancer in the United States, causes approximately 75% of all skin cancer deaths. This disease can spread to other organs, most commonly to the lungs and liver. Malignant melanoma diagnosed at an early stage usually can be cured; melanoma diagnosed at a late stage is more likely to spread and cause death.

CDC's skin cancer prevention and education efforts, including the Choose Your Cover campaign aimed at young persons, encourage all persons to protect themselves from the sun's ultraviolet (UV) rays year-round. The goals include influencing social norms related to sun protection and tanned skin, and improving awareness, knowledge, and behaviors related to skin cancer. CDC's efforts focus on 1) informing the public that even a few serious sunburns can increase a person's risk for skin cancer, and 2) promoting the Choose Your Cover sun protection options: seeking shade, covering up, wearing a hat and sunglasses, and using sunscreen that has a sun protection factor of 15 or higher and has both UVA and UVB protection. Additional information about Choose Your Cover skin cancer prevention campaign is available at http://www.cdc.gov/chooseyourcover or telephone, (770) 488-3070.

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Notice to Readers — Continued

Notice to Readers

Buckle Up America! Week — May 21–28, 2001

May 21–28, 2001, is Buckle Up America! Week. During this week, the National Highway Traffic Safety Administration (NHTSA) and the Air Bag and Seat Belt Safety Campaign, through Operation ABC (America Buckles Up Children) Mobilization, will call the public's attention to the need for drivers and passengers always to wear safety belts on short, low-speed trips in addition to longer trips driven on high-speed highways. During the week, law enforcement agencies will increase enforcement of child restraint and safety-belt laws on rural roads, city streets, and in local neighborhoods as well as on highways and interstates. Adult safety belt use is being emphasized because research shows that when adults buckle up, they buckle up their children a higher percentage of the time.

During 2000, approximately 42,000 persons died in traffic-related crashes in the United States; of these, 18,000 failed to wear their safety belts (*1*). In 1999, of the 550 vehicle-occupant deaths among children aged <5 years, 53% were unrestrained (*2*). Motor-vehicle collisions are the leading cause of death among children aged 1–14 years (CDC, unpublished data, 2000). Safety-belt laws and law enforcement are the most effective means of reducing crash-related deaths and serious injuries (*3*)—saving an estimated 11,000 lives in 1999 (*4*). However, approximately 30% of drivers do not use safety belts regularly.

Partner organizations and community-based advocates are urged to take the following actions during Buckle Up America! Week: 1) express support for local law enforcement's strict enforcement of local safety-belt laws; 2) conduct educational and media activities about the importance of using safety belts on every trip; 3) assess the rates of local safety belt and child safety seat use and promote increased use; and 4) conduct press events in support of law enforcement mobilization activities. Additional information on child passenger safety and Operation ABC Mobilization is available from NHTSA at http://www.nhtsa.dot.gov or telephone, (888) 327-4236.

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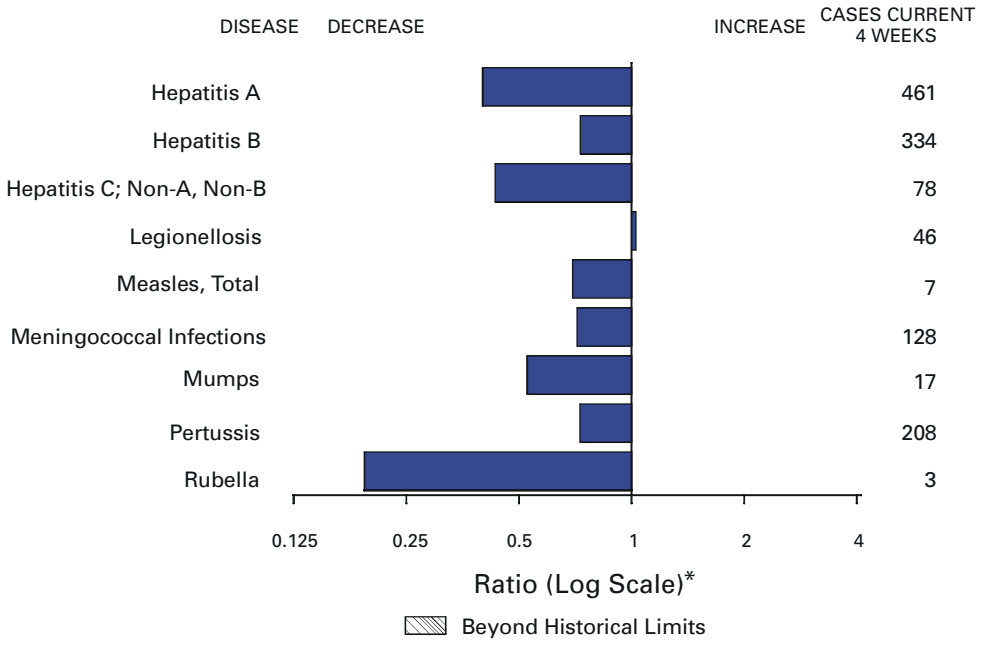
FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending May 5, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 16 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 May 5, 2001 (18th Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	18	Psittacosis*	4
Cholera	-	Q fever*	4
Cyclosporiasis*	35	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	42
Ehrlichiosis: human granulocytic (HGE)*	27	Rubella, congenital syndrome	-
human monocytic (HME)*	4	Streptococcal disease, invasive, group A	1,348
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	19
eastern equine*	-	Syphilis, congenital¶	35
St. Louis*	-	Tetanus	6
western equine*	-	Toxic-shock syndrome	51
Hansen disease (leprosy)*	27	Trichinosis	5
Hantavirus pulmonary syndrome*†	3	Tularemia*	9
Hemolytic uremic syndrome, postdiarrheal*	21	Typhoid fever	66
HIV infection, pediatric*§	72	Yellow fever	-
Plague	-		

-: No reported cases.
*Not notifiable in all states.
† Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update April 24, 2001.
§ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 5, 2001, and May 6, 2000 (18th 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	11,921	12,725	208,487	233,615	471	488	350	517	240	431
NEW ENGLAND	469	789	7,830	7,982	18	28	42	57	35	51
Maine	14	14	425	411	2	5	5	3	4	4
N.H.	13	11	374	366	-	1	8	5	6	4
Vt.	10	1	206	193	6	8	2	1	1	2
Mass.	271	526	3,565	3,479	5	7	18	27	15	20
R.I.	40	33	951	818	3	2	3	-	2	-
Conn.	121	204	2,309	2,715	2	5	6	21	7	21
MID. ATLANTIC	2,254	3,159	17,359	22,308	50	96	33	67	21	64
Upstate N.Y.	97	157	N	N	24	26	26	58	10	38
N.Y. City	1,028	1,930	9,518	9,571	24	65	-	6	1	2
N.J.	635	628	1,374	4,529	1	1	7	3	10	11
Pa.	494	444	6,467	8,208	1	4	N	N	-	13
E.N. CENTRAL	926	1,259	29,788	41,385	145	98	77	93	32	59
Ohio	167	172	3,394	10,787	37	18	26	17	16	10
Ind.	85	97	5,121	4,523	17	6	14	11	2	10
Ill.	433	803	7,859	11,968	-	15	9	30	7	24
Mich.	189	141	10,115	8,283	40	12	16	13	-	10
Wis.	52	46	3,299	5,824	51	47	12	22	7	5
W.N. CENTRAL	243	271	10,420	13,313	23	27	28	72	28	70
Minn.	47	47	2,102	2,804	-	4	8	10	12	30
Iowa	24	23	1,325	1,711	13	7	4	13	2	7
Mo.	117	123	3,195	4,492	5	6	6	25	8	16
N. Dak.	1	-	323	321	-	1	-	5	2	4
S. Dak.	-	3	646	615	2	3	3	2	1	2
Nebr.	16	19	824	1,245	3	3	-	11	-	8
Kans.	38	56	2,005	2,125	-	3	7	6	3	3
S. ATLANTIC	3,720	3,357	44,443	42,244	106	76	45	46	22	36
Del.	72	63	1,034	1,049	1	1	-	1	-	-
Md.	436	388	4,370	4,253	20	4	2	8	-	1
D.C.	297	264	1,206	1,097	7	-	-	-	U	U
Va.	270	237	6,230	5,137	5	3	9	10	7	10
W. Va.	28	19	799	722	-	-	1	2	-	2
N.C.	190	169	7,168	6,863	14	6	20	8	9	3
S.C.	250	256	4,339	3,604	-	-	2	2	2	2
Ga.	392	355	8,758	8,407	38	49	5	5	2	8
Fla.	1,785	1,606	10,539	11,112	21	13	6	10	2	10
E.S. CENTRAL	682	596	16,364	17,477	12	17	14	28	12	21
Ky.	121	80	3,052	2,795	1	-	1	10	3	8
Tenn.	220	259	5,051	4,987	2	3	8	11	8	11
Ala.	174	163	4,183	5,599	4	7	5	1	-	-
Miss.	167	94	4,078	4,096	5	7	-	6	1	2
W.S. CENTRAL	1,296	1,097	31,279	35,077	7	21	22	30	23	43
Ark.	81	68	2,728	2,016	2	1	1	4	-	3
La.	331	213	5,624	6,416	3	3	-	2	9	9
Okla.	67	67	3,374	3,054	2	1	8	4	6	3
Tex.	817	749	19,553	23,591	-	16	13	20	8	28
MOUNTAIN	510	444	11,135	13,674	41	28	38	46	23	28
Mont.	11	6	808	567	3	2	3	8	-	-
Idaho	7	9	619	666	5	3	5	7	-	4
Wyo.	1	2	260	271	-	3	1	3	-	2
Colo.	109	101	934	3,915	14	8	17	16	12	7
N. Mex.	40	50	1,968	1,725	8	1	2	2	1	2
Ariz.	202	141	4,599	4,357	1	2	6	8	5	10
Utah	48	48	318	883	10	7	3	1	4	1
Nev.	92	87	1,629	1,290	-	2	1	1	1	2
PACIFIC	1,821	1,753	39,869	40,155	69	97	51	78	44	59
Wash.	201	196	4,759	4,504	N	U	11	12	13	26
Oreg.	69	47	599	2,374	2	3	6	12	6	13
Calif.	1,526	1,456	32,451	31,492	67	94	29	47	23	14
Alaska	9	5	884	867	-	-	1	1	-	1
Hawaii	16	49	1,176	918	-	-	4	6	2	5
Guam	9	13	-	-	-	-	N	N	U	U
P.R.	408	284	1,859	U	-	-	-	2	U	U
V.I.	2	18	53	-	-	-	-	-	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 April 24, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 5, 2001, and May 6, 2000 (18th 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	98,219	115,575	736	7,023	221	233	121	723	1,475
NEW ENGLAND	2,126	2,218	12	7	10	16	11	208	227
Maine	43	26	-	-	-	2	-	-	-
N.H.	42	32	-	-	3	2	-	42	18
Vt.	30	18	5	3	3	-	-	1	2
Mass.	1,094	895	7	3	3	9	7	45	91
R.I.	255	208	-	1	-	-	-	-	-
Conn.	662	1,039	-	-	1	3	4	120	116
MID. ATLANTIC	10,467	12,445	24	244	22	55	20	303	966
Upstate N.Y.	2,472	2,119	15	19	14	20	9	241	374
N.Y. City	4,014	3,907	-	-	4	6	3	-	38
N.J.	829	2,541	-	212	3	2	5	-	111
Pa.	3,152	3,878	9	13	1	27	3	62	443
E.N. CENTRAL	16,372	23,348	77	92	60	66	14	20	50
Ohio	2,486	6,004	5	2	33	28	3	19	7
Ind.	2,137	2,051	-	-	5	9	2	1	-
Ill.	4,752	7,146	3	10	-	7	-	-	4
Mich.	5,892	5,692	69	80	15	11	8	-	1
Wis.	1,105	2,455	-	-	7	11	1	U	38
W.N. CENTRAL	4,216	5,577	201	172	19	11	2	25	27
Minn.	626	1,080	-	1	1	1	-	16	11
Iowa	349	378	-	-	5	3	-	2	-
Mo.	2,008	2,709	197	165	9	5	1	4	10
N. Dak.	11	16	-	-	-	-	-	-	-
S. Dak.	79	88	-	-	-	1	-	-	-
Nebr.	255	436	1	2	3	-	-	2	1
Kans.	888	870	3	4	1	1	1	1	5
S. ATLANTIC	27,158	30,077	35	26	34	43	24	135	160
Del.	548	581	-	2	-	4	-	-	29
Md.	2,566	2,943	11	4	7	11	2	99	107
D.C.	1,046	763	-	-	1	-	-	7	-
Va.	2,986	3,581	-	1	6	3	4	21	12
W. Va.	179	210	4	3	N	N	2	1	4
N.C.	5,943	5,918	7	9	4	6	-	4	4
S.C.	3,155	3,148	3	-	1	2	2	1	-
Ga.	4,870	5,289	-	-	2	2	7	-	-
Fla.	5,865	7,644	10	7	13	15	7	2	4
E.S. CENTRAL	10,458	12,216	82	169	22	6	7	3	1
Ky.	1,183	1,135	3	15	6	4	1	2	-
Tenn.	3,289	3,804	26	34	9	1	3	1	1
Ala.	3,396	4,153	1	5	5	1	3	-	-
Miss.	2,590	3,124	52	115	2	-	-	-	-
W.S. CENTRAL	15,259	18,056	144	6,223	3	9	2	1	16
Ark.	1,711	1,023	3	3	-	-	1	-	-
La.	3,805	4,476	58	207	2	5	-	1	1
Okla.	1,594	1,348	2	1	1	1	-	-	-
Tex.	8,149	11,209	81	6,012	-	3	1	-	15
MOUNTAIN	3,422	3,533	126	32	19	13	11	3	1
Mont.	41	14	-	1	-	-	-	-	-
Idaho	29	30	1	-	-	1	-	1	-
Wyo.	17	24	101	1	1	-	-	1	1
Colo.	1,098	1,113	8	13	6	6	1	-	-
N. Mex.	334	352	9	4	1	1	3	-	-
Ariz.	1,256	1,438	4	10	6	2	2	-	-
Utah	33	102	-	-	3	3	1	-	-
Nev.	614	460	3	3	2	-	4	1	-
PACIFIC	8,741	8,105	35	58	32	14	30	25	27
Wash.	1,056	799	9	8	6	6	2	2	-
Oreg.	97	302	2	12	N	N	1	1	3
Calif.	7,263	6,771	24	38	24	8	27	22	24
Alaska	116	103	-	-	-	-	-	-	-
Hawaii	209	130	-	-	2	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	616	177	-	1	2	-	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
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 May 5, 2001, and May 6, 2000 (18th 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	277	340	1,629	2,058	7,271	8,791	5,764	8,741
NEW ENGLAND	23	11	197	223	611	543	519	578
Maine	2	1	28	53	82	39	36	31
N.H.	2	-	7	3	46	36	37	40
Vt.	-	2	30	15	27	38	25	47
Mass.	6	6	56	73	359	316	252	314
R.I.	1	-	23	18	28	22	46	41
Conn.	12	2	53	61	69	92	123	105
MID. ATLANTIC	53	63	248	327	656	1,278	861	1,504
Upstate N.Y.	14	18	195	229	259	281	122	383
N.Y. City	28	28	3	3	241	385	338	408
N.J.	8	7	49	49	107	325	159	285
Pa.	3	10	1	46	49	287	242	428
E.N. CENTRAL	30	42	9	16	1,080	1,300	889	1,211
Ohio	7	3	1	3	406	288	346	273
Ind.	8	2	1	-	104	130	91	152
Ill.	1	25	1	-	239	454	179	464
Mich.	14	9	6	7	208	212	184	232
Wis.	-	3	-	6	123	216	89	90
W.N. CENTRAL	8	18	110	186	404	459	480	611
Minn.	1	4	15	24	71	42	178	176
Iowa	1	1	19	25	77	59	64	65
Mo.	3	2	8	8	127	163	157	205
N. Dak.	-	2	17	48	1	14	14	22
S. Dak.	-	-	15	41	28	24	23	31
Nebr.	1	3	-	-	34	65	-	43
Kans.	2	6	36	40	66	92	44	69
S. ATLANTIC	72	78	702	701	1,923	1,462	1,171	1,253
Del.	1	2	12	13	24	29	23	33
Md.	30	33	92	141	208	197	183	221
D.C.	4	-	-	-	23	-	U	U
Va.	15	17	138	177	326	182	262	188
W. Va.	-	-	49	40	19	42	18	32
N.C.	1	8	205	174	335	226	175	177
S.C.	3	1	43	47	229	128	215	110
Ga.	3	2	78	67	265	245	249	368
Fla.	15	15	85	42	494	413	46	124
E.S. CENTRAL	8	12	65	72	417	440	206	344
Ky.	2	2	7	10	73	93	45	64
Tenn.	3	3	49	43	121	105	115	154
Ala.	3	6	9	19	161	140	31	108
Miss.	-	1	-	-	62	102	15	18
W.S. CENTRAL	4	9	90	371	516	955	421	571
Ark.	1	1	-	-	87	87	29	57
La.	1	3	-	-	89	159	155	115
Okla.	1	-	31	27	48	83	39	71
Tex.	1	5	59	344	292	626	198	328
MOUNTAIN	19	16	83	70	560	773	439	738
Mont.	2	1	13	23	23	31	-	-
Idaho	2	-	-	-	24	43	4	40
Wyo.	-	-	16	22	25	18	13	16
Colo.	9	8	-	-	168	251	145	233
N. Mex.	1	-	2	3	68	64	56	60
Ariz.	1	2	52	21	161	181	140	196
Utah	2	3	-	1	60	118	58	121
Nev.	2	2	-	-	31	67	23	72
PACIFIC	60	91	125	92	1,104	1,581	778	1,931
Wash.	2	4	-	-	107	98	205	206
Oreg.	3	19	-	-	28	106	75	142
Calif.	51	66	91	80	852	1,296	401	1,508
Alaska	1	-	34	12	14	20	-	18
Hawaii	3	2	-	-	103	61	97	57
Guam	-	-	-	-	-	-	U	U
P.R.	-	2	53	18	101	100	U	U
V.I.	-	-	-	-	-	-	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 May 5, 2001, and May 6, 2000 (18th 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	3,415	5,638	1,766	3,650	1,705	2,241	3,221	4,179
NEW ENGLAND	57	103	61	90	13	24	111	98
Maine	1	4	1	-	-	-	5	3
N.H.	1	1	1	4	-	-	7	3
Vt.	2	1	1	-	-	-	2	1
Mass.	39	71	35	56	9	20	63	81
R.I.	6	7	9	10	1	1	10	10
Conn.	8	19	14	20	3	3	24	-
MID. ATLANTIC	314	842	287	573	117	103	668	705
Upstate N.Y.	137	287	6	136	4	4	86	78
N.Y. City	107	427	164	286	81	49	365	400
N.J.	40	69	52	74	14	20	149	173
Pa.	30	59	65	77	18	30	68	54
E.N. CENTRAL	518	988	293	587	253	502	339	444
Ohio	162	62	113	46	27	26	51	84
Ind.	84	187	17	30	62	165	28	48
Ill.	133	354	84	268	63	168	173	225
Mich.	110	275	71	229	92	119	60	57
Wis.	29	110	8	14	9	24	27	30
W.N. CENTRAL	355	354	341	306	20	31	141	174
Minn.	105	44	184	88	9	3	77	58
Iowa	75	67	67	84	-	8	9	13
Mo.	81	195	59	110	6	15	37	66
N. Dak.	9	2	1	1	-	-	-	-
S. Dak.	26	1	16	-	-	-	4	8
Nebr.	26	22	-	11	-	2	14	6
Kans.	33	23	14	12	5	3	-	23
S. ATLANTIC	580	641	169	196	681	723	628	741
Del.	4	5	3	4	2	2	-	2
Md.	42	36	14	10	84	117	63	78
D.C.	19	-	U	U	13	15	15	-
Va.	38	33	19	32	50	45	60	81
W. Va.	4	2	6	2	-	1	10	14
N.C.	135	38	54	22	162	196	79	101
S.C.	41	13	25	18	100	74	24	26
Ga.	74	81	44	68	92	130	121	169
Fla.	223	433	4	40	178	143	256	270
E.S. CENTRAL	313	259	85	197	199	336	206	279
Ky.	106	52	33	31	15	33	32	29
Tenn.	35	131	28	152	116	211	43	114
Ala.	90	13	17	11	30	44	98	90
Miss.	82	63	7	3	38	48	33	46
W.S. CENTRAL	489	958	262	295	231	311	363	662
Ark.	193	71	65	24	17	34	47	58
La.	27	97	63	48	50	72	-	46
Okla.	10	11	2	8	31	57	41	35
Tex.	259	779	132	215	133	148	275	523
MOUNTAIN	224	307	149	203	66	68	93	156
Mont.	-	2	-	-	-	-	-	4
Idaho	8	27	-	18	-	-	4	3
Wyo.	-	2	-	2	-	1	-	-
Colo.	52	55	38	29	9	3	27	19
N. Mex.	40	32	28	20	6	6	11	20
Ariz.	94	106	61	62	42	56	27	61
Utah	14	25	14	30	6	-	5	10
Nev.	16	58	8	42	3	2	19	39
PACIFIC	565	1,186	119	1,203	125	143	672	920
Wash.	56	208	76	255	22	20	61	66
Oreg.	8	90	31	52	2	3	-	28
Calif.	485	868	-	883	98	119	543	761
Alaska	2	6	-	3	-	-	14	26
Hawaii	14	14	12	10	3	1	54	39
Guam	-	-	U	U	-	-	-	-
P.R.	7	14	U	U	126	63	38	50
V.I.	-	-	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 May 5, 2001, and May 6, 2000 (18th 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	518	475	2,962	4,360	2,004	2,072	2	22	2	19	41	29
NEW ENGLAND	17	41	139	109	34	37	-	3	-	1	4	-
Maine	1	1	3	6	3	2	-	-	-	-	-	-
N.H.	-	6	5	11	7	8	-	-	-	-	-	-
Vt.	-	3	2	3	1	3	-	1	-	-	1	-
Mass.	16	23	45	44	3	1	-	2	-	1	3	-
R.I.	-	1	6	6	8	7	-	-	-	-	-	-
Conn.	-	7	78	39	12	16	-	-	-	-	-	-
MID. ATLANTIC	59	70	258	319	266	349	1	2	-	5	7	10
Upstate N.Y.	23	28	81	81	43	40	1	1	-	4	5	-
N.Y. City	21	24	116	164	160	193	-	-	-	-	-	10
N.J.	14	14	46	-	44	15	U	-	U	1	1	-
Pa.	1	4	15	74	19	101	-	1	-	-	1	-
E.N. CENTRAL	62	77	345	603	250	237	-	-	2	9	9	3
Ohio	28	24	93	117	46	36	-	-	-	2	2	2
Ind.	17	8	30	17	7	16	-	-	2	4	4	-
Ill.	10	28	91	243	21	33	-	-	-	3	3	-
Mich.	3	6	125	188	176	142	-	-	-	-	-	1
Wis.	4	11	6	38	-	10	-	-	-	-	-	-
W.N. CENTRAL	21	17	154	312	68	89	-	4	-	-	4	-
Minn.	9	7	12	44	10	7	-	2	-	-	2	-
Iowa	1	-	15	33	7	14	-	-	-	-	-	-
Mo.	8	7	42	168	37	47	-	2	-	-	2	-
N. Dak.	-	1	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	1	-	1	-	-	-	-	-	-	-
Nebr.	2	2	20	19	6	16	-	-	-	-	-	-
Kans.	1	-	64	48	7	5	-	-	-	-	-	-
S. ATLANTIC	174	114	641	433	438	344	-	3	-	1	4	-
Del.	-	-	-	6	-	5	-	-	-	-	-	-
Md.	44	28	98	50	52	50	-	2	-	1	3	-
D.C.	-	-	16	-	3	-	-	-	-	-	-	-
Va.	10	24	48	52	45	51	-	-	-	-	-	-
W. Va.	4	3	2	35	10	2	-	-	-	-	-	-
N.C.	22	9	43	80	84	96	-	-	-	-	-	-
S.C.	4	3	22	14	5	2	-	-	-	-	-	-
Ga.	43	33	227	56	110	48	-	1	-	-	1	-
Fla.	47	14	185	140	129	90	-	-	-	-	-	-
E.S. CENTRAL	34	20	103	193	123	156	-	-	-	-	-	-
Ky.	1	9	12	20	14	29	-	-	-	-	-	-
Tenn.	14	8	47	68	44	64	-	-	-	-	-	-
Ala.	18	3	40	25	34	18	-	-	-	-	-	-
Miss.	1	-	4	80	31	45	-	-	-	-	-	-
W.S. CENTRAL	18	28	377	850	236	225	-	1	-	-	1	-
Ark.	-	-	18	69	36	36	-	-	-	-	-	-
La.	2	10	32	33	16	59	-	-	-	-	-	-
Okla.	16	17	63	121	34	30	-	-	-	-	-	-
Tex.	-	1	264	627	150	100	-	1	-	-	1	-
MOUNTAIN	86	52	289	308	212	168	-	-	-	1	1	10
Mont.	-	-	4	1	1	3	-	-	-	-	-	-
Idaho	1	2	27	12	6	4	-	-	-	1	1	-
Wyo.	4	-	15	3	16	-	U	-	U	-	-	-
Colo.	19	11	28	61	42	33	-	-	-	-	-	3
N. Mex.	12	11	8	35	54	52	-	-	-	-	-	-
Ariz.	40	22	148	153	68	56	-	-	-	-	-	-
Utah	3	4	26	18	10	4	-	-	-	-	-	3
Nev.	7	2	33	25	15	16	U	-	U	-	-	4
PACIFIC	47	56	656	1,233	377	467	1	9	-	2	11	6
Wash.	1	3	24	93	31	17	-	-	-	-	-	3
Oreg.	3	16	20	91	10	37	-	1	-	-	1	-
Calif.	23	22	600	1,037	324	405	-	7	-	1	8	3
Alaska	2	1	11	4	4	2	-	-	-	-	-	-
Hawaii	18	14	1	8	8	6	1	1	-	1	2	-
Guam	-	-	-	-	-	-	U	-	U	-	-	-
P.R.	-	2	39	119	25	82	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	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 109 cases among children aged <5 years, serotype was reported for 54, and of those, eight were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending May 5, 2001, and May 6, 2000 (18th 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	984	975	3	62	151	40	1,590	1,801	2	6	43
NEW ENGLAND	64	54	-	-	2	-	229	470	-	-	9
Maine	1	3	-	-	-	-	-	10	-	-	-
N.H.	6	3	-	-	-	-	16	52	-	-	1
Vt.	4	2	-	-	-	-	22	87	-	-	-
Mass.	37	36	-	-	-	-	183	297	-	-	7
R.I.	1	3	-	-	1	-	1	6	-	-	-
Conn.	15	7	-	-	1	-	7	18	-	-	1
MID. ATLANTIC	75	91	-	1	11	5	95	163	-	1	6
Upstate N.Y.	31	22	-	-	5	5	79	75	-	1	2
N.Y. City	20	25	-	1	3	-	6	33	-	-	4
N.J.	22	20	U	-	-	U	2	-	U	-	-
Pa.	2	24	-	-	3	-	8	55	-	-	-
E.N. CENTRAL	125	166	-	7	19	6	182	243	1	2	-
Ohio	44	28	-	1	6	1	117	142	-	-	-
Ind.	19	18	-	1	-	1	12	17	1	1	-
Ill.	20	45	-	5	4	4	18	23	-	1	-
Mich.	23	54	-	-	8	-	17	16	-	-	-
Wis.	19	21	-	-	1	-	18	45	-	-	-
W.N. CENTRAL	64	57	-	4	8	-	75	58	-	1	1
Minn.	8	3	-	1	-	-	17	31	-	-	-
Iowa	17	13	-	-	4	-	10	8	-	1	-
Mo.	23	31	-	-	2	-	33	8	-	-	-
N. Dak.	3	1	-	-	-	-	-	1	-	-	-
S. Dak.	2	4	-	-	-	-	3	1	-	-	-
Nebr.	2	3	-	-	1	-	2	2	-	-	1
Kans.	9	2	-	3	1	-	10	7	-	-	-
S. ATLANTIC	190	135	2	8	20	11	81	135	1	2	11
Del.	-	-	-	-	-	-	-	1	-	-	-
Md.	24	13	1	4	5	2	13	36	-	-	-
D.C.	-	-	-	-	-	-	1	-	-	-	-
Va.	21	24	-	2	4	2	10	13	-	-	-
W. Va.	4	4	-	-	-	-	1	-	-	-	-
N.C.	40	25	-	-	3	5	30	38	-	-	8
S.C.	19	11	-	1	6	1	15	16	-	-	2
Ga.	27	23	-	-	1	-	2	16	-	1	-
Fla.	55	35	1	1	1	1	9	15	1	1	1
E.S. CENTRAL	69	63	-	1	4	1	38	39	-	-	4
Ky.	13	12	-	1	-	-	11	25	-	-	1
Tenn.	23	27	-	-	2	-	16	5	-	-	-
Ala.	27	18	-	-	1	1	8	8	-	-	3
Miss.	6	6	-	-	1	-	3	1	-	-	-
W.S. CENTRAL	141	138	-	6	15	8	43	63	-	-	4
Ark.	10	6	-	1	1	-	3	9	-	-	-
La.	46	32	-	2	3	-	1	4	-	-	1
Okla.	16	18	-	-	-	-	1	-	-	-	-
Tex.	69	82	-	3	11	8	38	50	-	-	3
MOUNTAIN	51	52	1	6	9	9	719	305	-	-	-
Mont.	-	1	-	-	1	-	5	6	-	-	-
Idaho	4	6	1	1	-	-	160	37	-	-	-
Wyo.	1	-	U	1	-	U	1	-	U	-	-
Colo.	20	14	-	1	1	2	133	184	-	-	-
N. Mex.	8	7	-	2	1	3	45	44	-	-	-
Ariz.	9	16	-	-	-	4	359	25	-	-	-
Utah	5	6	-	-	4	-	11	6	-	-	-
Nev.	4	2	U	1	2	U	5	3	U	-	-
PACIFIC	205	219	-	29	63	-	128	325	-	-	8
Wash.	34	15	-	-	1	-	30	89	-	-	6
Oreg.	15	25	N	N	N	-	6	28	-	-	-
Calif.	147	170	-	18	55	-	83	186	-	-	2
Alaska	1	3	-	1	2	-	-	4	-	-	-
Hawaii	8	6	-	10	5	-	9	18	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	1	4	-	-	-	-	-	1	-	-	-
V.I.	-	-	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 May 5, 2001 (18th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	563	403	91	44	15	10	57
Boston, Mass.	163	110	31	12	4	6	16
Bridgeport, Conn.	26	15	6	3	1	1	2
Cambridge, Mass.	20	14	4	1	1	-	3
Fall River, Mass.	35	27	7	1	-	-	-
Hartford, Conn.	23	13	5	5	-	-	2
Lowell, Mass.	24	15	7	2	-	-	3
Lynn, Mass.	21	16	2	2	1	-	1
New Bedford, Mass.	24	22	2	-	-	-	2
New Haven, Conn.	45	35	4	5	1	-	4
Providence, R.I.	40	31	6	2	-	1	8
Somerville, Mass.	3	3	-	-	-	-	1
Springfield, Mass.	40	31	3	3	2	1	3
Waterbury, Conn.	31	21	8	2	-	-	1
Worcester, Mass.	68	50	6	6	5	1	11
MID. ATLANTIC	2,255	1,634	413	145	36	27	115
Albany, N.Y.	46	32	8	3	1	2	6
Allentown, Pa.	21	19	1	1	-	-	-
Buffalo, N.Y.	96	68	20	7	1	-	7
Camden, N.J.	23	18	4	1	-	-	2
Elizabeth, N.J.	22	17	4	1	-	-	-
Erie, Pa.§	50	44	5	1	-	-	-
Jersey City, N.J.	38	30	4	4	-	-	-
New York City, N.Y.	1,142	793	231	82	18	18	38
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	22	16	2	3	1	-	2
Philadelphia, Pa.	379	283	66	20	9	1	25
Pittsburgh, Pa.§	45	30	11	2	2	-	4
Reading, Pa.	23	17	5	1	-	-	2
Rochester, N.Y.	147	116	15	8	3	5	11
Schenectady, N.Y.	25	23	2	-	-	-	2
Scranton, Pa.§	33	25	5	3	-	-	1
Syracuse, N.Y.	69	53	11	3	1	1	9
Trenton, N.J.	45	29	13	3	-	-	1
Utica, N.Y.	29	21	6	2	-	-	5
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,742	1,156	368	118	46	54	121
Akron, Ohio	56	45	8	1	1	1	6
Canton, Ohio	32	24	5	-	1	2	4
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	93	55	22	4	6	6	7
Cleveland, Ohio	147	93	31	14	5	4	4
Columbus, Ohio	199	118	50	19	5	7	7
Dayton, Ohio	136	92	29	10	1	4	12
Detroit, Mich.	213	123	56	24	6	4	17
Evansville, Ind.	49	41	5	1	-	2	1
Fort Wayne, Ind.	69	51	14	2	2	-	3
Gary, Ind.	24	13	8	2	1	-	1
Grand Rapids, Mich.	40	32	3	1	1	3	3
Indianapolis, Ind.	230	142	51	23	7	7	18
Lansing, Mich.	39	28	8	1	2	-	4
Milwaukee, Wis.	114	83	22	1	4	4	8
Peoria, Ill.	61	41	12	4	1	3	5
Rockford, Ill.	45	34	7	2	-	2	7
South Bend, Ind.	44	34	8	2	-	-	1
Toledo, Ohio	94	68	17	4	3	2	9
Youngstown, Ohio	57	39	12	3	-	3	4
W.N. CENTRAL	659	475	115	29	16	24	40
Des Moines, Iowa	58	47	6	1	-	4	8
Duluth, Minn.	30	21	5	2	1	1	1
Kansas City, Kans.	19	8	8	1	1	1	1
Kansas City, Mo.	U	U	U	U	U	U	U
Lincoln, Nebr.	24	22	1	1	-	-	3
Minneapolis, Minn.	171	126	30	3	2	10	15
Omaha, Nebr.	90	68	15	4	2	1	4
St. Louis, Mo.	116	64	31	9	6	6	-
St. Paul, Minn.	80	67	9	2	2	-	4
Wichita, Kans.	71	52	10	6	2	1	4
S. ATLANTIC	1,152	732	244	118	33	25	75
Atlanta, Ga.	165	96	41	19	7	2	4
Baltimore, Md.	182	108	42	23	5	4	21
Charlotte, N.C.	114	71	18	16	6	3	12
Jacksonville, Fla.	142	101	28	9	2	2	10
Miami, Fla.	71	42	11	9	6	3	10
Norfolk, Va.	51	32	9	6	1	3	1
Richmond, Va.	69	38	19	6	4	2	3
Savannah, Ga.	58	37	13	7	-	1	4
St. Petersburg, Fla.	68	49	11	5	1	2	7
Tampa, Fla.	U	U	U	U	U	U	U
Washington, D.C.	200	126	52	18	1	3	3
Wilmington, Del.	32	32	-	-	-	-	-
E.S. CENTRAL	920	623	185	60	27	23	63
Birmingham, Ala.	208	140	41	14	4	7	18
Chattanooga, Tenn.	69	54	12	2	1	-	5
Knoxville, Tenn.	96	64	25	6	1	-	4
Lexington, Ky.	54	34	13	4	3	-	2
Memphis, Tenn.	244	158	46	22	12	6	17
Mobile, Ala.	77	51	15	3	4	4	4
Montgomery, Ala.	34	24	10	-	-	-	6
Nashville, Tenn.	138	98	23	9	2	6	7
W.S. CENTRAL	1,431	923	289	127	54	37	89
Austin, Tex.	100	66	16	15	2	1	8
Baton Rouge, La.	38	27	7	-	2	2	2
Corpus Christi, Tex.	72	51	13	4	1	3	5
Dallas, Tex.	225	124	50	28	10	13	9
El Paso, Tex.	65	47	13	3	1	1	5
Ft. Worth, Tex.	131	102	16	10	2	1	3
Houston, Tex.	347	191	94	36	21	5	16
Little Rock, Ark.	59	37	14	3	3	2	2
New Orleans, La.	53	34	8	5	6	-	8
San Antonio, Tex.	217	154	40	14	5	4	17
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	124	90	18	9	1	5	14
MOUNTAIN	1,097	739	206	100	31	20	92
Albuquerque, N.M.	111	82	16	11	1	1	13
Boise, Idaho	39	29	5	3	-	2	7
Colo. Springs, Colo.	65	48	9	3	3	2	4
Denver, Colo.	102	68	21	9	2	2	12
Las Vegas, Nev.	254	159	57	28	7	3	23
Ogden, Utah	37	30	3	3	1	-	6
Phoenix, Ariz.	180	110	41	20	5	3	13
Pueblo, Colo.	35	23	8	2	2	-	2
Salt Lake City, Utah	110	71	21	11	2	5	8
Tucson, Ariz.	164	119	25	10	8	2	4
PACIFIC	1,628	1,176	310	87	26	25	131
Berkeley, Calif.	20	14	3	1	-	2	1
Fresno, Calif.	124	100	18	3	2	1	9
Glendale, Calif.	9	9	-	-	-	-	2
Honolulu, Hawaii	48	32	13	3	-	-	4
Long Beach, Calif.	69	47	16	5	-	1	6
Los Angeles, Calif.	232	172	37	19	2	2	17
Pasadena, Calif.	25	18	4	2	-	1	1
Portland, Oreg.	183	138	29	9	3	4	11
Sacramento, Calif.	203	148	46	6	3	-	21
San Diego, Calif.	160	112	28	10	4	6	19
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	200	136	48	10	2	4	12
Santa Cruz, Calif.	44	36	6	2	-	-	4
Seattle, Wash.	131	90	23	8	8	2	13
Spokane, Wash.	68	47	15	4	-	2	3
Tacoma, Wash.	112	77	24	5	2	-	8
TOTAL	11,447¶	7,861	2,221	828	284	245	783

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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