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Echovirus Type 13 — United States, 2001

Echoviruses constitute one of the major groups of the genus *Enterovirus* and are associated with illnesses including aseptic meningitis, nonspecific rashes, encephalitis, and myositis (1). Echovirus 13 is an enterovirus that rarely has been detected in the United States, accounting for only 65 of approximately 45,000 enterovirus isolates reported to CDC during 1970–2000. No associated outbreaks have been reported in this country. As of June 2001, eight state public health laboratories and one private laboratory had reported an increased number of echovirus 13 isolates to CDC, most associated with aseptic meningitis. This report summarizes echovirus 13 activity in the United States and highlights the investigation of aseptic meningitis outbreaks in Louisiana, Mississippi, Montana, and Tennessee. Echovirus 13 should be considered in the differential diagnosis of persons with aseptic meningitis.

CDC's National Enterovirus Surveillance System (NESS) relies on voluntary reporting of enterovirus isolates by serotype from state public health laboratories (2). Aseptic meningitis was removed as a nationally notifiable disease in 1995, and no uniform nationally recognized case definition exists for this condition (3). Cases of aseptic meningitis described in this report represent physician diagnoses based on clinical presentation and laboratory findings.

As of August 14, 2001, echovirus 13 has been isolated in specimens from 76 patients in 13 states (Tennessee [26], Mississippi [10], Louisiana [nine], Florida [eight], Texas [six], California [six], Kentucky [three], Ohio [two], Montana [two], and Georgia, Illinois, Indiana, and North Carolina [one each]). Of 76 isolates tested, 51 (67%) were from cerebrospinal fluid (CSF) and 12 (16%) from stool or rectal swabs. The source specimens for these isolates were collected during March–June 2001.

Of the 76 patients, 47 (62%) were male. The patients ranged in age from 2 weeks to 29 years (median age: 7 months). Most (73 [96%]) were aged <15 years, 41 (54%) were infants aged <1 year, and 29 (38%) were aged <3 months.

Clinical diagnoses were reported for 52 (68%) of the 76 patients and included aseptic meningitis (50 patients), febrile illness (one), and diarrhea (one). Of 50 isolates from patients with a diagnosis of aseptic meningitis, 45 were associated with outbreaks of aseptic meningitis in four states (26 from Tennessee, nine from Mississippi, eight from Louisiana, and two from Montana) during April–July 2001.

Louisiana. In June, 27 cases of aseptic meningitis among patients admitted to one hospital during May 22–June 20 were reported to the Louisiana Office of Public Health (Table 1), representing a nine-fold increase in the number of aseptic meningitis

Echovirus Type 13 — Continued

TABLE 1. Number of persons with aseptic meningitis, by selected characteristics — Louisiana, Mississippi, and Montana, 2001

		isiana =27)		issippi =56)	_	tana :23)
Characteristic	No.	(%)	No.	(%)	No.	(%)
Sex						
Male	18	(67)	26	(46)	13	(56)
Female	9	(33)	30	(54)	10	(44)
Age group						
≤3 mos	9	(33)	11	(20)	6	(26)
4–11 mos	0	_	3	(5)	2	(9)
1–14 yrs	14	(52)	33	(59)	14	(61)
≥15 yrs	4	(15)	9	(16)	1	(4)
Median age (range)	7 yrs (3 w	ks–43 yrs)	6 yrs (3 a	lays–48 yrs)	7 yrs (8 days–23 yrs	
Enterovirus isolates*						
Echovirus 13	8	3		3		2
Total	9	9		9		3

^{*} Echovirus 13 was isolated from cerebrospinal fluid (CSF) for all isolates in the Louisiana and Mississippi outbreaks and from rectal swabs for both isolates from Montana. Echovirus 6 was isolated from the CSF of one patient from the Louisiana outbreak. Eight CSF specimens from the Mississippi outbreak tested positive for an enterovirus in a polymerase chain reaction with pan-enterovirus primers. Echovirus 13 was cultured from two of these specimens. Echovirus 25 was isolated from a throat swab of one patient from Montana.

hospitalizations over the same period during 2000. All of the patients resided in three parishes (i.e., counties) in the southeastern part of the state. Of the 27 cases, 20 (74%) occurred in the same parish (hospitalization rate: 20 per 100,000 population). Reported clinical symptoms included fever (94%), headache (77%), vomiting (77%), stiff neck (50%), and photophobia (23%).

Mississippi. During May 5–July 31, 56 cases of aseptic meningitis were reported to the Mississippi State Department of Health from one regional medical center (Table 1). Of the 56 patients, 41 (73%) resided in a county adjacent to the Louisiana parish that accounted for most of the cases in Louisiana. The hospitalization rate for this Mississippi county was 111 per 100,000 population. Reported clinical symptoms included fever (75%), headache (70%), vomiting (55%), nausea (52%), and stiff neck (20%).

Montana. During June 8–July 11, 23 cases of aseptic meningitis were reported to the Montana Department of Public Health and Human Services (MDPHHS) from a single county in the southeastern part of the state (hospitalization rate: 181 per 100,000 population) (Table 1). Eighteen additional cases of aseptic meningitis reported from a neighboring county since early July are being investigated by MDPHHS.

Tennessee. An outbreak of aseptic meningitis involving approximately 250 persons admitted to a hospital in Tennessee since April 2001 is being investigated by the Tennessee State Health Department. Echovirus 13 has been confirmed as the etiologic agent for 33 of 75 cases.

Echovirus Type 13 — Continued

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Editorial Note: This is the first report of widespread circulation of echovirus 13 and of outbreaks associated with this enterovirus in the United States. Increased echovirus 13 activity also was reported in Europe during 2000 when echovirus 13 was associated for the first time with outbreaks of aseptic meningitis in England, Wales, and Germany (4.5).

Clinical manifestations of enterovirus infections are protean, ranging from asymptomatic carriage to life-threatening illness (6). Because echovirus 13 rarely has been isolated, the spectrum of disease associated with this virus has not been well established. Conditions previously associated with echovirus 13 are typical of enterovirus infections (6) and include asymptomatic carriage (6), mild febrile illness (7), aseptic meningitis (4,5,8,9), respiratory diseases (e.g., coryza, pharyngitis, bronchitis, and bronchiolitis [7,9]), poliomyelitis-like illness (8), diarrhea with fever (7,9), rash (7,9), encephalitis (9), and enteroviral sepsis (9). Aseptic meningitis is the predominant illness that has been associated with the current echovirus 13 activity in the United States and with echovirus activity reported in Europe in 2000. However, patients with meningitis are more likely be tested for enteroviruses than are patients with milder illnesses.

In temperate climates, enteroviruses demonstrate a marked seasonality, with widespread circulation during summer and fall. A typical enterovirus season in the United States lasts from June through October (9). In 2001, the first isolations of echovirus 13 in the United States were reported in March. The reported outbreaks of aseptic meningitis associated with this serotype started early in the enterovirus season.

The age distribution of patients with echovirus 13 isolates and of the other cases involved in the three aseptic meningitis outbreaks indicates that young children are at highest risk for infection. A similar age distribution was observed during the aseptic meningitis outbreak associated with echovirus 13 in Germany in 2000 (5), but the outbreaks in England and Wales predominantly affected older children (4).

In addition to echovirus 13, other enterovirus serotypes have been identified in these outbreaks of aseptic meningitis. The isolation of several enteroviruses in community outbreaks is not unusual because numerous serotypes commonly co-circulate. Predominant enterovirus serotypes tend to change over time (10). In the United States, the serotypes most commonly reported to NESS were echoviruses 30, 6, and 7 in 1997, echoviruses 30, 9, and 11 in 1998, and echoviruses 11, 16, and 9 in 1999 (2). Although the clinical spectrum of diseases associated with various enterovirus serotypes overlap, some manifestations of enterovirus infection are associated commonly with certain serotypes (i.e., aseptic meningitis and echovirus 30, hand-foot-and-mouth disease and coxsackievirus A16, and acute hemorrhagic conjunctivitis and enterovirus 70 and coxsackievirus A24) (6).

Echovirus Type 13 — Continued

Enterovirus surveillance is important for understanding circulation patterns of these viruses in the United States. In addition, this information may be helpful for evaluating potential antienterovirus drugs and in understanding the links of enteroviruses with disease. More information is needed to clarify the epidemiologic characteristics and to define better the clinical spectrum of associated diseases.

No specific prevention or control measures are available for nonpolio enteroviruses, including echovirus 13. Adherence to good hygienic practices, such as frequent and thorough hand washing (especially after diaper changes), disinfection of contaminated surfaces by household cleaners (e.g., diluted bleach solution), and avoidance of sharing utensils and drinking containers may be effective in reducing the spread of infection.

References

- 1. Modlin JF. Update on enterovirus infection in infants and children. Adv Pediatr Infect Dis 1996;12:161.
- 2. CDC. Enterovirus surveillance—United States, 1997-1999. MMWR 2000;49:913-6.
- 3. CDC. Summary of notifiable diseases, United States, 1994. MMWR 1994;43:1-8.
- 4. Communicable Disease Surveillance Centre. Viral meningitis associated with increase in echovirus type 13. Commun Dis Rep CDR Wkly 2000;10:277,280.
- 5. Twisselmann B. Cluster of cases of viral meningitis caused by echovirus type 13 in Germany. Eurosurveillance Weekly 2000;4. Available at http://www.eurosurv.org/2000/pfp/001005_pfp.htm. Accessed September 2001.
- 6. Melnick J. Enteroviruses: polioviruses, coxsackieviruses, echoviruses, and newer enteroviruses. In: Fields BN, Knippe DM, Howley PM, et al, eds. Fields Virology. 3rd ed. Philadelphia, Pennsylvania: Lippincott-Raven Publishers, 1996.
- 7. Hooft C, Nihoul E, Labmert Y, Valcke R. Clinical findings during an echovirus type 13 endemic infection. Helvetica Pediatrica Acta 1963;3:231–9.
- 8. Hammon WMcD, Yohn DS, Pavia RA, Sather GE. Echovirus type 13: epidemiological and clinical associations. Amer J Trop Med Hyg 1961;10:62–6.
- 9. Moore M. Enteroviral disease in the United States, 1970-1979. J Infect Dis 1982;146:103-8.
- 10. Strikas RA, Anderson LJ, Parker RA. Temporal and geographic patterns of isolates of nonpolio enterovirus in the United States, 1970–1983. J Infect Dis 1986;153:346–51.

Influence of Homicide on Racial Disparity in Life Expectancy — United States, 1998

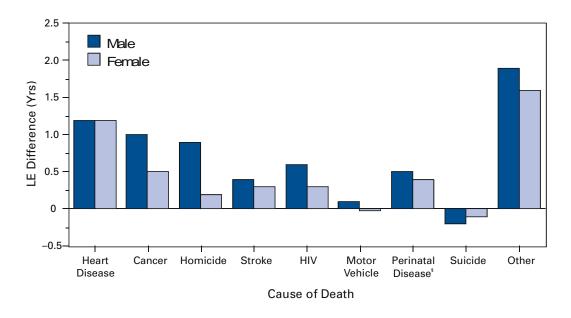
Life expectancy (LE) is an important indicator of the health of populations. Since the early 1900s, when estimates of LE began to be tabulated in the United States, the LE of blacks has been lower than that of whites (1). Homicide, which disproportionately affects blacks, particularly young males, contributes to this difference in LE. To examine the associations between homicide, LE, and race, CDC analyzed 1998 mortality files from the National Center for Health Statistics (NCHS). This report summarizes the results of that analysis, which indicate, that in 1998, the LE for blacks was approximately 6 years shorter than for whites and that, after heart disease and cancer, homicide was the next largest contributor to the 6-year discrepancy. Violence prevention strategies (e.g., programs for youth offenders) have been implemented for the general population. More research is needed to determine an approach to target the male black population and to reduce LE disparity.

Influence of Homicide on Racial Disparity — Continued

NCHS mortality files for 1998 (2) and the multiple-decrement life table (3) were used to examine differences between whites and blacks. These methods were used to partition the contribution to LE at birth by selected causes of death using the *International Classification of Diseases*, *Ninth Revision*, (*ICD-9*) codes* for the four major race-sex groups (black-males, black-females, white-males, white-females) in the United States. The contribution in years for each cause of death to the black/white differential and statistical tests of difference (Z-scores) were determined using Survival software (4), with whites as the referent group. Causes of death used were based on the leading causes of death in 1998 for the total population and for both racial populations. Other causes of death were categorized as "all other causes."

In the United States during 1998, whites lived 6.2 years longer than blacks. Among the leading causes of death that contributed to the difference were heart disease (1.7 years; 27.4%), cancer (1.2 years; 19.4%), homicide (0.6 years; 9.7%), stroke (0.5 years; 8.1%), and "all other causes" (1.9 years; 30.6%). The LE differential was 6.4 years for males and 4.4 years for females. Among males, some of the leading causes of death that contributed to the LE differential were heart disease (1.2 years; 19.0%), cancer (1.0 years; 15.6%), and homicide (0.9 years; 14.1%) (Figure 1), and among females were

FIGURE 1. Number of years difference in life expectancy (LE) between blacks and whites*, by cause of death[†] and sex — United States, 1998



^{*} Above zero indicates greater LE among whites than blacks; below zero indicates greater LE among blacks than whites.

Source: National Center for Health Statistics mortality data.

^{*}Codes 042-044; 140-208; 390-398, 402, 404-429; 430-438; 760-779; E950-E959; E810-E825, E958.5, E960-E978.

[†] International Classification of Diseases, Ninth Revision, codes 042–044; 140–208; 390–398, 402, 404–429; 430–438; 760–779; E950–E959; E810–E825, E958.5, E988.5; E960–E978.

[§] Conditions that occur during the perinatal period include birth trauma, birth asphyxia, ectopic pregnancy, and maternal death.

Influence of Homicide on Racial Disparity — Continued

heart disease (1.2 years; 27.3%), cancer (0.5 years; 11.4%), and perinatal disease (e.g., birth trauma, birth asphyxia, ectopic pregnancy, and maternal death) (0.4 years; 9.1%). Stroke and human immunodeficiency virus (HIV) accounted for 0.3 years (6.8%) and 0.3 years (6.8%), respectively, of the LE differential among females and 0.4 years (6.3%) and 0.6 years (9.4%), respectively, among males. Homicide among black females contributed 0.2 years (4.5%) to the LE differential (Figure 1).

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Editorial Note: The findings in this report document racial disparities in LE, which were attributable mainly to blacks having a shorter LE than whites for each examined cause of death (except suicide). For the total U.S. population in 1998, homicide ranked 13th among causes of death (5), accounting for <1% of all deaths. However, homicide accounted for approximately 10% of the LE differential. This finding suggests that causes of death that rank low for the total population may be important targets to address in attempting to eliminate the LE gap between these populations.

During 1985, the U.S. Department of Health and Human Services conducted the first analyses using health indicators that documented the health status of minority populations and found that approximately 60,000 excess deaths (i.e., the difference between the number of deaths observed in a racial/ethnic group and the number of deaths that would have occurred in that group if it had the same death rate as the non-Hispanic white population) occurred among blacks each year in the United States (6). Health disparities between blacks and the general population have been attributed to less access to health care and to health-care coverage. Risk factors for violence include living at or below the poverty level, living in single parent households, and having poor academic performance and/or exposure to neighborhood violence (e.g., gangs) (7).

The 1998 publication of *The Initiative to Eliminate Racial and Ethnic Disparities in Health* indicated a commitment to eliminating longstanding racial/ethnic disparities in health status by 2010. The initiative focuses on six key areas of health that disproportionately affect multiple racial/ethnic minority groups at all ages (8): infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV, and vaccination coverage. The findings in this report are consistent with previous findings that show homicide to be a leading contributor to the difference in LE between blacks and whites (9) and underscore the need to include homicide among the key areas.

The findings in this report are subject to at least three limitations. First, incorrect diagnoses or errors can result in inaccuracies in death records. Second, although approximately 99% of deaths in the United States are reported systematically (5), denominator data (population estimates) that refer to race or color may be inaccurate (5). Third, several assumptions (e.g., that life expectancy is aged 85 years) that could be technically flawed were made in constructing the life table model in this analysis (3).

Preventing homicide requires integrated approaches from multiple disciplines, including criminal justice, education, social services, community advocacy, and public health. Strategies for preventing violence among youth (e.g., social-cognitive, mentoring, and family-based approaches) have been described in *Best Practices to Prevent Violence by Children and Adolescents: A Sourcebook for Community Action* (10) and in

Influence of Homicide on Racial Disparity — Continued

the Surgeon General's Report on Youth Violence (7). These prevention programs and strategies could be implemented by educators, public health practitioners, and law enforcement agencies to target black males. Reducing the racial LE differential in homicide will improve the health of blacks in the United States and thus reduce racial disparities in health.

References

- 1. National Center for Health Statistics. Life expectancy at birth, by race and sex, selected years 1929–97. Available at http://www/cdc/nchs/fastats/pdf/47_28t12.pdf. Accessed September 2001.
- 2. US Department of Health and Human Services, National Center for Health Statistics. Vital statistics mortality data, underlying cause death, 1998. [Machine-readable public-use data tapes]. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 2001.
- 3. Arriaga EE. Measuring and explaining the change in life expectancies. Demography 1984;21:83–96.
- 4. Smith DP. Survival program 4.1, and users' guide. Austin, Texas: University of Texas School of Public Health, 1995.
- 5. Murphy SL. Deaths: final data for 1998. Monthly vital statistics report; vol. 48, no. 11. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 2000.
- 6. US Department of Health and Human Services. Report of the Secretary's Task Force on Black and Minority Health. Bethesda, Maryland: US Department of Health and Human Services, August 1985.
- 7. US Department of Health and Human Services. Youth violence: a report of the Surgeon General. Rockville, Maryland: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health, 2000. Available at http://www.surgeongeneral.gov/library/youthviolence. Accessed September 2001.
- 8. US Department of Health and Human Services. Race and health initiative. Available at http://raceandhealth.hhs.gov>. Accessed September 2001.
- 9. Kochanek KD, Maurer JD, Rosenberg HM. Why did black life expectancy decline from 1984 through 1989 in the United States? Am J Public Health 1994;84:938–44.
- Thornton TN, Craft CA, Dahlberg LL, Lynch BS, Bear K. Best practices to prevent violence by children and adolescents: a sourcebook for community action. Atlanta, Georgia: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control, 2000.

Notice to Readers

Decreased Availability of Pneumococcal Conjugate Vaccine

In February 2000, Prevnar[™], the new 7-valent pneumococcal conjugate vaccine (PCV7) marketed by Wyeth Lederle Vaccines (Pearl River, New York) was licensed for use among infants and young children. CDC recommends this vaccine for all children aged <2 years and for children aged 2–5 years who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease or anatomic asplenia, chronic illness,

Notice to Readers — Continued

or who are immunosuppressed, including those with human immunodeficiency virus infection) (1). In August 2001, deliveries of Prevnar[™] were delayed resulting in shortages for some health-care providers and health departments. Although the manufacturer projects shipping sufficient vaccine to meet needs throughout the remainder of 2001 and has sufficient manufacturing capacity to meet U.S. demand, health-care providers may continue to experience temporary shortages as supplies are replenished. In the meantime, CDC recommends that all providers defer the vaccination of children aged >2 years except those aged 2–5 years who are at increased risk for pneumococcal disease (see previous examples) (1). Providers should give highest priority to vaccinating all infants aged <12 months and children aged 1–5 years at increased risk. Catch-up vaccinations for healthy children aged 1–2 years and booster doses for healthy children who have completed the primary series may be deferred. Records should be kept so that the deferred vaccinations can be given when vaccine becomes available.

Reference

 CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(no. RR-9).

Notice to Readers

Publication of Health, United States, 2001 with Urban and Rural Health Chartbook

CDC has published *Health, United States, 2001 with Urban and Rural Health Chartbook*, the 25th edition of the annual report on the nation's health. This report includes 148 trend tables organized around four broad subject areas: health status and determinants, health-care use, health-care resources, and health-care expenditures. Disparities in health by race/ethnicity and socioeconomic status are presented in several tables.

This year's report also includes the *Urban and Rural Health Chartbook*. Communities at different urbanization levels differ in their demographic, environmental, economic, and social characteristics, and these characteristics influence the magnitude and types of health problems that communities face. The chartbook presents population characteristics, health risk factors, health status indicators, and health-care access measures for residents of counties grouped by five urbanization levels (from the most urban to the most rural). Of U.S. residents examined, those who have the best health measures are residents of fringe counties of large metropolitan areas. In comparison, the urbanization level associated with adverse health measures is less consistent. Residents of the most rural counties fare worst on some measures (e.g., motor vehicle traffic-related injury mortality) and residents of the most urban counties fare worst on other measures (e.g., homicide).

Additional information about the report is available at http://www.cdc.gov/nchs (click on "Top 10 Links" to locate "Health, United States"). Print copies may be purchased from the Government Printing Office, telephone: (202) 512-1800; website: http://bookstore.gpo.gov/index.html.

Notice to Readers — Continued

Notice to Readers

Satellite Broadcast on Immunization

Immunization Update 2001, a live interactive satellite broadcast, will be held Thursday, September 20, 2001, from 9–11:30 a.m. eastern daylight time with a repeat broadcast from 12–2:30 p.m. This broadcast will provide up-to-date information on the changing field of immunization. Topics include pneumococcal conjugate vaccine; influenza vaccine (including vaccine supply and recommendations for the 2001–02 influenza season); national shortage of tetanus and diphtheria toxoids; meningococcal vaccine; hepatitis B vaccine for adolescents; global polio eradication; and recent vaccine safety issues. Both broadcasts will feature a question and answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines. Continuing education credits will be offered for a variety of professions based on 2.5 hours of instruction.

This broadcast has been designed for physicians, nurses, physician assistants, nurse practitioners, pharmacists, medical students, and others who provide immunizations and counsel patients about immunization. Online registration information is available at http://www.phppo.cdc.gov/phtnonline/ or by fax, telephone (888) 232-3299 or (877) 232-1010 and request document number 130024 (for sites) or number 130021 (for individual registration). Questions about the broadcast should be directed to Craig Wilkins, telephone (404) 639-8799, or email ckw4@cdc.gov. For questions about registration, call (800) 418-7246 (800 41-[TRAIN]).

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending September 8, 2001, with historical data

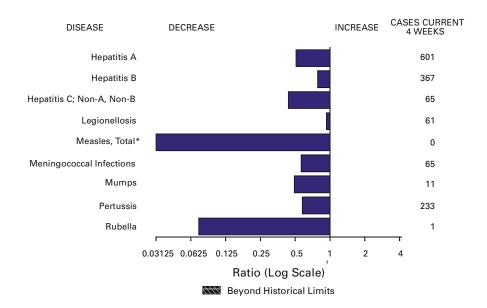


TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending September 8, 2001 (36th Week)*

		Cum. 2001		Cum. 2001
Anthrax		-	Poliomyelitis, paralytic	-
Brucellosis [†]		55	Psittacosis [†]	9
Cholera		3	Q fever [†]	16
Cyclosporiasis	S [†]	112	Rabies, human	1
Diphtheria		1	Rocky Mountain spotted fever (RMSF)	336
Ehrlichiosis:	human granulocytic (HGE)†	130	Rubella, congenital syndrome	-
	human monocytic (HME) [†]	56	Streptococcal disease, invasive, group A	2,632
Encephalitis:		28	Streptococcal toxic-shock syndrome [†]	44
	eastern equine [†]	4	Syphilis, congenital [¶]	164
	St. Louis [†]	1	Tetanus	21
	western equine [†]	-	Toxic-shock syndrome	84
Hansen diseas		54	Trichinosis	15
	Ilmonary syndrome [†]	5	Tularemia†	73
	emic syndrome, postdiarrheal [†]	82	Typhoid fever	182
HIV infection,		131	Yellow fever	-
Plague	•	2		

^{*} No measles cases were reported for the current 4-week period yielding a ratio for week 36 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.

^{-:} No reported cases. *Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). † Not notifiable in all states.

⁵ 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 August 28, 2001. **Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th Week)*

									coli O157:H7	
	Cum.	DS Cum.	Chlan Cum.	nydia⁵ Cum.	Cryptos Cum.	poridiosis Cum.	NET Cum.	TSS Cum.	PH Cum.	LIS Cum.
Reporting Area	20011	2000	2001	2000	2001	2000	2001	2000	2001	2000
UNITED STATES NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	25,869 996 26 27 11 541 72 319	26,230 1,418 25 25 27 889 61 391	463,660 15,248 668 809 418 6,857 2,005 4,491	474,745 16,041 985 708 367 6,754 1,764 5,463	1,586 74 11 4 25 27 3 4	1,661 89 13 13 19 28 2	1,695 167 23 24 11 85 9	3,060 274 19 26 27 130 11 61	1,343 157 22 21 5 77 7 25	2,644 296 25 31 29 133 12 66
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	5,634 697 2,742 1,194 1,001	5,811 607 3,135 1,153 916	51,772 9,131 20,641 8,099 13,901	44,148 1,042 18,176 7,941 16,989	173 68 68 7 30	241 63 128 12 38	130 91 8 31 N	311 192 19 100 N	122 85 8 29	219 39 14 98 68
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	1,922 367 225 882 328 120	2,457 388 250 1,364 331 124	70,135 13,962 9,605 18,342 20,349 7,877	81,853 21,362 8,991 22,904 17,458 11,138	534 115 49 1 117 252	499 74 32 70 64 259	412 106 52 100 63 91	750 159 87 153 92 259	282 84 32 80 50 36	561 166 69 120 77 129
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	571 104 63 271 2 19 49 63	612 115 65 285 2 6 43 96	23,187 4,469 1,858 9,007 599 1,225 2,112 3,917	26,729 5,453 3,710 9,070 625 1,243 2,516 4,112	221 99 62 28 7 6 18	174 21 50 22 9 12 51	265 92 56 34 12 25 32	434 102 127 86 14 35 50 20	233 98 39 49 21 19	443 136 113 79 17 43 43
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	8,247 185 1,089 591 673 58 574 500 935 3,642	7,194 131 842 499 461 42 431 530 873 3,385	88,216 1,912 7,760 1,869 12,738 1,544 14,059 7,990 17,522 22,822	89,408 1,975 9,462 2,135 10,852 1,463 15,431 6,311 19,146 22,633	212 2 29 10 15 2 19 - 78 57	260 5 9 7 12 3 19 - 100 105	152 3 14 - 39 9 35 7 20 25	239 1 22 - 49 12 53 16 35 51	99 4 1 U 30 6 26 9 13 10	226 1 1 U 48 7 56 13 36 64
E.S. CENTRAL Ky. Tenn. Ala. Miss.	1,279 245 408 308 318	1,295 146 531 337 281	32,686 6,134 9,857 8,841 7,854	34,747 5,399 9,764 11,092 8,492	33 3 10 11 9	37 5 9 12 11	86 41 26 12 7	95 28 42 6 19	79 39 30 6 4	83 25 42 7 9
W.S. CENTRAL Ark. La. Okla. Tex.	2,836 144 602 172 1,918	2,667 126 443 219 1,879	69,172 4,940 11,314 7,147 45,771	71,555 4,588 12,811 6,014 48,142	22 5 7 8 2	93 8 10 9 66	45 7 3 18 17	194 50 13 13 118	59 - 24 20 15	235 34 38 11 152
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	955 14 17 2 197 84 395 84 162	1,006 10 16 7 239 107 318 97 212	26,696 1,349 1,211 576 5,284 4,104 9,684 1,454 3,034	27,226 1,016 1,255 539 8,050 3,366 8,758 1,569 2,673	106 8 12 2 29 18 6 27 4	85 8 6 5 36 9 8 10 3	188 11 38 7 69 10 20 22 11	292 26 45 13 110 15 36 37	100 - - 1 54 8 12 24 1	217
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	3,429 371 134 2,871 15 38	3,770 332 113 3,224 15 86	86,548 9,300 3,212 69,676 1,841 2,519	83,038 8,933 4,688 65,286 1,692 2,439	211 37 24 146 1 3	183 U 13 170	250 65 40 129 4 12	471 141 102 190 25 13	212 62 27 119 - 4	364 161 95 95 3 10
Guam P.R. V.I. Amer. Samoa C.N.M.I.	10 816 2 - -	13 759 25 - -	1,764 53 U 85	341 U - U U	- - U -	- - U U	N 1 - U	N 6 - 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.

*Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

† 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.

† Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update August 28, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th Week)*

	Gono	rrhea	Hepati Non-A,	tis C;	Legione		Listeriosis	Ly	me ease
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	213,146	241,110	2,344	2,245	635	680	308	7,130	11,321
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	4,283 79 107 48 2,089 526 1,434	4,571 60 74 44 1,843 429 2,121	14 - - 6 8 - -	22 2 - 4 11 5	35 5 8 4 9 2 7	39 2 2 3 15 3	32 2 2 16 1	2,168 - 88 7 472 267 1,334	3,457 - 41 26 999 213 2,178
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	25,925 5,537 8,627 4,983 6,778	25,626 4,817 7,744 5,076 7,989	981 42 - 896 43	499 26 - 438 35	130 39 13 7 71	184 47 27 17 93	49 20 8 10 11	3,561 1,978 2 448 1,133	5,955 2,264 154 2,170 1,367
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	37,698 7,674 4,047 11,555 11,646 2,776	48,950 13,035 4,224 14,378 12,519 4,794	123 8 1 11 103	175 8 - 17 150 -	155 83 14 - 36 22	181 71 27 24 31 28	35 11 4 1 17 2	391 95 16 - 1 279	678 47 19 33 21 558
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak.	9,852 1,445 428 5,364 19 188	11,869 2,193 826 5,770 51 198	482 7 - 465 -	404 5 1 388 -	42 9 6 17 1 3	44 3 11 21 - 2	11 - 1 6 -	262 215 25 17	184 100 23 43 1
Nebr. Kans.	700 1,708	985 1,846	3 7	3 7	5 1	3 4	1 3	3 2	3 14
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	54,612 1,122 4,277 1,714 7,611 423 11,483 5,465 9,580 12,937	63,088 1,150 6,455 1,687 6,856 454 12,721 5,805 12,216 15,744	81 - 14 - 9 16 5 - 37	68 2 9 3 13 13 1 1 3 21	133 3 28 7 18 N 7 6 9	117 6 42 - 23 N 11 4 6	51 - 9 - 9 5 2 4 8 14	598 31 390 8 98 10 29 3	861 167 509 3 108 23 37 4
E.S. CENTRAL Ky. Tenn. Ala. Miss.	21,095 2,424 6,579 6,896 5,196	25,079 2,354 7,850 8,583 6,292	160 6 51 3 100	334 29 70 7 228	43 9 21 11 2	25 14 8 2 1	16 4 7 5	36 18 11 7	36 6 22 5 3
W.S. CENTRAL Ark. La. Okla. Tex.	33,971 3,098 7,848 3,302 19,723	37,653 2,625 9,362 2,593 23,073	165 3 78 3 81	550 7 305 6 232	5 - 2 3	20 7 2 11	6 1 - 2 3	7 - 1 - 6	61 5 6 - 50
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	6,785 78 53 49 2,054 667 2,677 116 1,091	7,152 28 60 37 2,150 747 2,956 162 1,012	238 1 2 191 16 11 9 2 6	57 4 3 2 12 12 13 -	40 - 2 4 11 2 11 7 3	26 1 4 - 9 1 6 5	27 1 1 6 6 6 1 6	11 - 5 3 1 - - 1 1	7 - 1 3 - - 1 2
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	18,925 2,077 461 15,708 271 408	17,122 1,551 635 14,388 224 324	100 16 12 72 -	136 23 22 89 -	52 7 N 41 - 4	44 14 N 30 -	81 7 3 67 - 4	96 7 6 81 2 N	82 6 6 68 2 N
Guam P.R. V.I. Amer. Samoa C.N.M.I.	399 6 U 7	35 361 - U U	1 - U	2 1 - U U	2 - U	- 1 - U U	- - -	N U	- N - U U

N: Not notifiable.
U: Unavailable.
-: No reported cases.
*Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th Week)*

	to onamy	Coptonii	0, 0, 20	or, and se			nellosis†	<u> </u>
		aria		es, Animal		TSS		HLIS
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	780	988	4,267	4,898	22,683	25,703	18,195	22,433
NEW ENGLAND	47	51	477	563	1,582	1,585	1,518	1,651
Maine N.H.	4 2	5 1	47 16	94 9	144 130	93 97	121 120	77 99
Vt. Mass.	1 16	2 22	47 183	44 194	52 961	88 942	45 801	92 945
R.I. Conn.	6 18	5 16	43 141	40 182	87 208	83 282	114 317	120 318
MID. ATLANTIC	203	254	855	884	2,952	3,441	2,554	3,674
Upstate N.Y. N.Y. City	45 105	47 138	550 22	569 8	819 750	806 871	816 790	921 920
N.J. Pa.	25 28	39 30	136 147	120 187	651 732	847 917	527 421	711 1,122
E.N. CENTRAL	74	108	95	124	3,271	3,596	2,690	2,453
Ohio Ind.	21 14	15 5	36 1	40 -	977 354	888 433	795 310	1,045 447
III. Mich.	1 25	54 22	16 36	19 54	819 570	1,133 624	704 566	1 672
Wis.	13	12	6	11	551	518	315	288
W.N. CENTRAL Minn.	27 6	39 13	252 30	423 65	1,471 386	1,655 380	1,518 474	1,809 494
lowa Mo.	5 9	2 9	62 33	62 38	228 425	251 497	209 549	243 602
N. Dak. S. Dak.	-	2	29 25	98 78	43 114	47 68	59 92	58 79
Nebr. Kans.	2 5	7 6	4 69	1 81	105 170	150 262	135	115 218
S. ATLANTIC	210	216	1,491	1,684	5,625	5,004	3,818	4,123
Del. Md.	1 89	3 75	25 185	31 299	58 583	82 549	61 603	94 497
D.C. Va.	13 41	13	298	409	57 972	39 682	U 678	U 665
W. Va.	1	42 2 21	107	89	85	113	92 723	110
N.C. S.C.	11 5	2	420 90	413 113	818 575	689 510	459	767 389
Ga. Fla.	12 37	15 43	224 142	218 112	873 1,604	852 1,488	884 318	1,239 362
E.S. CENTRAL Ky.	22 8	33 11	154 16	140 18	1,516 241	1,531 261	1,057 143	1,219 191
Tenn.	8	8	87	75	411	402	452	546
Ala. Miss.	4 2	13 1	51 -	46 1	441 423	439 429	328 134	400 82
W.S. CENTRAL Ark.	10 3	61 3	510 20	650 20	1,595 499	3,225 453	1,297 92	1,956 373
La.	4 2	10 5	- 48	3	272	532	458	430
Okla. Tex.	1	43	442	45 582	278 546	273 1,967	236 511	211 942
MOUNTAIN Mont.	35 2	35 1	186 31	201 53	1,463 50	1,871 6 9	1,080	1,828
ldaho Wyo.	3	2	15 21	9 43	101 44	91 49	4 43	83 40
Colo.	18	18	-	-	406	516	360	510
N. Mex. Ariz.	3 3	6	11 100	17 6 8	192 415	167 447	146 368	155 506
Utah Nev.	3 3	4 4	7 1	9 2	155 100	341 191	136 23	358 176
PACIFIC Wash	152 5	191 22	247	229	3,208	3,795 361	2,663	3,720
Wash. Oreg.	9	31	1	- 7	355 171	361 219	491 230	485 274
Calif. Alaska	129 1	128	209 37	197 25	2,399 28	3,016 39	1,701 2	2,770 25
Hawaii	8	10	-	-	255	160	239	166
Guam P.R.	3	2 4	67	58	405	20 436	U U	U U
V.I. Amer. Samoa	Ū	Ü	Ū	Ü	Ū	ū	U U	U U
C.N.M.I.	-	U	-	U	8	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

tunidative year-to-date).

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 September 8, 2001, and September 9, 2000 (36th Week)*

weel	<u>ks ending</u>			01, and Se	ptember	· 9, 2000 (3	6th Weel	<u>()*</u>
	NET	Shige SS		PHLIS		philis & Secondary)	Tube	rculosis
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	11,017	15,046	5,227	8,529	3,861	4,173	8,077	9,642
NEW ENGLAND	191	285	172	279	37	56	290	289
Maine N.H.	6 4	8 4	2 2	11 7	- 1	1 1	7 11	12 15
Vt. Mass.	7 136	3 207	2 116	- 191	2 19	39	2 164	4 170
R.I. Conn.	16 22	19 44	19 31	25 45	.5 7 8	4 11	24 82	25 63
MID. ATLANTIC	995	1,939	582	45 1,248	330	194	∞ 1,575	1,579
Upstate N.Y. N.Y. City	392 265	549 789	93 267	179 533	18 176	7 82	234 811	212 844
N.J.	185	409	157	344	79	48	344	371
Pa.	153	192	65	192	57	57	186	152
E.N. CENTRAL Ohio	2,873 2,023	3,099 238	1,331 923	884 213	668 58	879 55	873 150	930 199
Ind. III.	153 281	1,164 887	28 204	129 2	120 194	264 303	71 428	90 434
Mich. Wis.	210 206	554 256	156 20	497 43	278 18	217 40	175 49	146 61
W.N. CENTRAL	1,081	1,669	851	جہ 1,411	51	49	308	348
Minn. Iowa	286 317	541 371	341 261	610 261	22 1	9 10	160 18	110 25
Mo.	226	511	140	362	11	25	92	134
N. Dak. S. Dak.	20 122	12 5	21 59	27 3	-	-	3 10	2 13
Nebr. Kans.	54 56	81 148	29	65 83	2 15	2 3	25 -	14 50
S. ATLANTIC	1,613	1,921	517	769	1,356	1,375	1,641	1,966
Del. Md.	7 110	13 137	7 57	16 76	8 162	8 203	9 148	14 176
D.C. Va.	42 211	49 318	Ü 110	Ü 246	30 81	29 96	51 172	19 190
W. Va.	8	4	8	3	-	3	21	21
N.C. S.C.	253 204	134 96	125 91	141 71	317 178	361 143	233 134	263 188
Ga. Fla.	161 617	177 993	91 28	137 <i>7</i> 9	230 350	265 267	299 574	430 665
E.S. CENTRAL	942	681	400	377	422	603	523	636
Ky. Tenn.	344 71	247 254	175 <i>7</i> 5	52 289	31 228	59 365	<i>7</i> 8 199	70 254
Ala. Miss.	176 351	39 141	124 26	31 5	83 80	84 95	175 71	205 107
W.S. CENTRAL	1,069	2,409	714	745	478	569	712	1,440
Ark. La.	420 114	150 202	155 132	43 128	26 100	75 156	100	143 135
Okla.	32	78	15	31	48	83	100	110
Tex. MOUNTAIN	503 653	1,979 737	412 372	543 536	304 170	255 157	512 309	1,052 348
Mont.	2	7	-	-	-	-	6	10
ldaho Wyo.	25 3	41 5	1	25 3	1	1 1	8 2	6 2
Colo. N. Mex.	157 85	137 97	140 45	109 64	31 16	7 13	78 21	57 30
Ariz. Utah	284 44	294 57	137 41	204 65	111 7	130 1	119 24	139 32
Nev.	53	99	8	66	4	4	51	72 72
PACIFIC Wash.	1,600 142	2,306 346	288 167	2,280 328	349 37	291 48	1,846 167	2,106 170
Oreg.	59	123	74	82	8	10	75	65
Calif. Alaska	1,346 4	1,803 7	1	1,843 3	296 -	232	1,475 31	1,701 76
Hawaii	49	27	46	24	8	1	98	94
Guam P.R.	8	34 26	U	U U	172	3 120	76	38 109
V.I. Amer. Samoa	Ū	Ü	U U	U U	Ū	Ü	Ü	Ü
C.N.M.I.	4	U	U	U	-	U	20	U

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

*Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

† 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 September 8, 2001, and September 9, 2000 (36th Week)*

	H. influenzae, Hepatitis (Viral), By Type							CCR	Meas	les (Rubec	ola)	
	Inva	sive	Α		В		Indige		Impo	rted⁺	Tota	
Reporting Area	Cum. 2001⁵	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	953	892	6,587	8,914	4,427	4,735	-	47	-	42	89	65
NEW ENGLAND Maine	58 1	67 1	376 8	271 14	61 5	<i>7</i> 7 5	-	4	-	1	5	6
N.H. Vt.	4 3	12 5	12 8	18 8	11 4	12 6	U	- 1	U	-	- 1	3 3
Mass.	34	32	151	104	-	10	-	2	-	1	3	-
R.I. Conn.	3 13	2 15	26 171	16 111	17 24	14 30	-	1	-	-	1	-
MID. ATLANTIC Upstate N.Y.	137 53	168 68	677 173	994 154	674 94	830 87	-	4 1	-	11 4	15 5	21 10
N.Y. City N.J.	36 32	47 31	209 159	341 193	322 64	409 130	-	2	-	1 1	3 1	10
Pa.	16	22	136	306	194	204	-	1	-	5	6	1
E.N. CENTRAL Ohio	126 53	140 42	693 166	1,178 199	639 83	498 78	-	-	-	10 3	10 3	7 2
Ind.	37 10	25 47	63 192	57 520	35 100	36 84	-	-	-	4 3	4 3	3
Mich.	7 19	9 17	230	336	421	277 23	-	-	-	-	-	2
Wis. W.N. CENTRAL	49	49	42 284	66 549	130	208	-	4	-	-	4	- 1
Minn. Iowa	28	24	24 26	154 56	13 16	27 21	-	2	-	-	2	1
Mo. N. Dak.	13 6	16 2	77 2	227 2	68	106 2	Ū	2	Ū	-	2	-
S. Dak. Nebr.	- 1	3	2 28	1 24	1 17	1 31	-	-	-	-	-	-
Kans.	i	4	125	85	15	20	-	-	-	-	-	-
S. ATLANTIC Del.	275	202	1,551 -	940 10	917	817 10	- U	4	- U	1 -	5 -	2
Md. D.C.	64	57	190 33	131 20	95 11	90 27	Ū	2	Ū	1	3	-
Va. W. Va.	20 10	32 5	94 9	107 49	115 20	105 10	- -	1	-	-	1	2
N.C.	41	19	132	111	133	165	-	-	-	-	-	-
S.C. Ga.	5 68	7 52	61 609	44 180	24 223	11 142		1		-	1	-
Fla. E.S. CENTRAL	67 61	30 38	423 266	288 313	296 304	257 333	U -	2	U	-	2	-
Ky. Tenn.	2 31	12 16	84 105	40 111	31 159	61 159	-	2	-	-	2	-
Ala. Miss.	26 2	8 2	63 14	43 119	61 53	35 78	-	-	-	-	-	-
W.S. CENTRAL	35	54	638	1,720	466	70 719	-	1	-	-	1	-
Ark. La.	3	2 15	55 54	111 62	67 30	72 107	Ū	-	Ū	-	-	-
Okla. Tex.	32	35 2	96 433	192 1,355	70 299	107 433	Ŭ	- 1	Ŭ	-	- 1	-
MOUNTAIN	129	87	586	639	406	363	_	-	_	1	1	12
Mont. Idaho	- 1	1 3	9 50	5 19	2 10	4 6	-	-	-	- 1	- 1	-
Wyo. Colo.	17 29	1 20	25 61	4 142	31 79	1 57	- U	-	Ū	-	-	2
N. Mex. Ariz.	15 51	18 34	29 305	59 323	114 115	108 138	-	-	-	-	-	-
Utah Nev.	6 10	7 3	61 46	40 47	23 32	17 32	Ū	-	Ū	-	-	3 7
PACIFIC	83	87	1,516	2,310	830	890	-	28	-	18	46	16
Wash. Oreg.	2 17	5 24	93 63	206 141	96 71	72 77	-	13 3	-	2	15 3	3
Calif. Alaska	35 6	30 6	1,345 14	1,939 11	640 8	722 9	-	10	-	11 -	21 -	9 1
Hawaii	23	22	1	13	15	10	-	2	-	5	7	3
Guam P.R.	- 1	1 3	- 75	1 196	- 127	9 196	U	-	U	-	-	2
V.I. Amer. Samoa	Ū	- U	Ū	Ū	Ū	Ū	U U	Ū	U	Ū	Ū	Ū
C.N.M.I.	-	U	-	U	26	U	U	-	U	-	-	U

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

*Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

† For imported measles, cases include only those resulting from importation from other countries.

§ Of 197 cases among children aged <5 years, serotype was reported for 97, and of those, 17 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 8, 2001, and September 9, 2000 (36th Week)*

		and	Septe	mber 9	, 2000	(36th	Week)	A-			
	Disc	gococcal ease		Mumps			Pertussis			Rubella	
Reporting Area	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	1,582	1,573	2	153	251	34	3,067	4,372	-	17	109
NEW ENGLAND	85	94	-	-	4	-	275	1,129	-	-	12
Maine N.H.	1 10	8 9	Ū	-	-	Ū	25	31 82	Ū	-	2
Vt. Mass.	5 48	2 54	-	-	- 1	-	25 206	175 790	-	-	- 8
R.I.	3	8	-	-	1	-	5	14	-	-	1
Conn.	18	13	-	-	2	-	14	37	-	-	1
MID. ATLANTIC Upstate N.Y.	166 46	178 48	-	17 3	20 7	1 1	220 118	398 184	-	5 1	9 1
N.Y. City N.J.	31 39	35 33	-	9 2	6 3	-	34 13	58 30	-	3 1	8
Pa.	50	62	-	3	4	-	55	126	-	-	-
E.N. CENTRAL	206	272	-	14	19	4	391	508	-	3	1
Ohio Ind.	72 29	64 32	-	1 1	7 1	4	217 50	237 68	-	1	-
III. Mich.	22 47	68 78	-	10 2	6 4	-	42 40	57 55	-	2	1
Wis.	36	30	-	-	1	-	42	91	-	-	-
W.N. CENTRAL	107	109	-	8	14	12	180	323	-	3	1
Minn. Iowa	16 21	17 22	-	3	6	12 -	70 17	189 39	-	- 1	-
Mo. N. Dak.	39 5	51 2	Ū	-	4	Ū	70	49 3	Ū	1	-
S. Dak.	5	5	-	-	-	-	3	3	-	-	
Nebr. Kans.	10 11	5 7	-	1 4	1 3	-	4 16	9 31	-	- 1	1 -
S. ATLANTIC	301	224	1	27	37	3	167	328	-	4	60
Del. Md.	3 35	22	U 1	- 5	- 8	U 3	25	8 80	U	-	-
D.C.	-	-	U	-	-	U	1	3	U	-	-
Va. W. Va.	31 11	35 10	-	6 -	8 -	-	31 2	58 1	-	-	-
N.C. S.C.	58 31	32 18	-	3 2	5 10	-	51 26	76 23	-	2	52 6
Ga.	36	3 8	-	7	2		7	27		-	-
Fla.	96 103	69	U	4 3	4	U 1	24	52 90	U	2	2 5
E.S. CENTRAL Ky.	103 18	110 24	-	1	4 -	1	87 19	45	-	-	1
Tenn. Ala.	44 30	45 30	-	-	2 2	-	3 8 27	25 17	-	-	1 3
Miss.	11	11	-	2	-	-	3	3	-	-	-
W.S. CENTRAL Ark.	176 16	167 11	-	9 1	26 1	3 1	255 12	233 31	-	-	7 1
La.	56	3 8	Ü	2	5	Ú	2	17	U	-	1
Okla. Tex.	24 80	22 96	U	6	20	U 2	1 240	15 170	U -	-	- 5
MOUNTAIN	76	71	-	9	16	7	1,050	518	-	1	2
Mont. Idaho	3 7	4 6	-	1 1	1	- 1	21 166	32 47	-	-	-
Wyo.	6	-	-	1	1	-	2	3	-	-	-
Colo. N. Mex.	27 11	23 6	U	1 2	- 1	U 6	205 97	284 77	U -	1 -	1 -
Ariz. Utah	11 7	22 7	-	1 1	4 4	-	491 57	51 15	-	-	1
Nev.	4	3	Ū	i	5	Ū	11	9	Ū	-	-
PACIFIC	362	348	1	66	111	3	442	845	-	1	12
Wash. Oreg.	53 31	37 46	- N	1 N	5 N	3	107 35	259 92	-	-	7 -
Calif. Alaska	265 2	251 6	-	29 1	78 8	-	268 3	444 18	-	-	5 -
Hawaii	11	8	1	35	20	-	29	32	-	1	-
Guam	-	-	Ų	-	12	Ų	-	3	Ų	-	1
P.R. V.I.	4 -	8 -	U U	-	-	U U	2	6	U U	-	-
Amer. Samoa C.N.M.I.	U -	U U	U U	U -	U	U	U -	U U	U	U -	U U

U: Unavailable. -: No reported cases.

^{*}Incidence data for reporting year 2001 are provisonal and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

TABLE IV. Deaths in 122 U.S. cities,* week ending September 8, 2001 (36th Week)

		All Cau	ıses, By	Age (Ye			P&I	OUT (SOLIT W		All Cau	ses, By	/ Age (Y	ears)		P&I†
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn Cambridge, Mass Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Ma New Haven, Conn Providence, R.I. Somerville, Mass. Springfield, Mass Waterbury, Conn.	. 18 U 57 27 10 ss. 35 i. 35 i. 48 . 6	252 U 16 15 U 30 18 8 24 24 24 34 6 24 20	U 6 1 U 12 5 1 8 4 9	29 U 1 2 U 9 4 - 2 5	9 U - - U 1 - 1 - 2 3	9 U - - U 5 - - 1 - 2	25 U 3 · U 5 2 2 3 2 · · 2 3	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, F Tampa, Fla. Washington, D.C. Wilmington, Del	62 53 47 58 Fla. 32 148 C. 101	547 U 72 52 71 34 32 29 39 22 101 61 34	182 U 26 19 31 15 8 10 12 8 24 29	83 U 13 12 9 10 6 6 5 -	26 U 3 4 3 2 3 1 2 1 5 2	24 U 3 6 4 1 4 1 3 1	50 U 15 8 8 4 2 2 3 - 4 4
Waterbury, Comm. Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§ Jersey City, N.J. New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	46 2,101 54 16 102 33 34 41 43 Y. 1,008 U U 468 36 16	33 1,464 38 31 24 6922 U U 317 22 21 10 85 21 14 U U	8 415 11 2 16 4 6 7 13 210 U U 100 9 2 17 2 3 10 3 10 3 10 3 10 4 10 10 10 10 10 10 10 10 10 10 10 10 10	3 151 2 - 7 4 - 2 5 76 U U 31 5 3 10 - 1 3 2 U U	36 2 2 14 U U 12 - 1 4 U U	31 1 - 4 2 - 1 16 10 4 3	33 953 · 9 2 1 2 · 35 U U 24 2 1 1 5 2 1 8 · U U	E.S. CENTRAL Birmingham, Ali Chattanooga, Te Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, A Nashville, Tenn. W.S. CENTRAL Austin, Tex. Baton Rouge, La Corpus Christi, 1 Dallas, Tex. El Paso, Tex. El Paso, Tex. Little Rock, Ark. New Orleans, La San Antonio, Te Shreveport, La. Tulsa, Okla.	nn. 68 86 191 75 Ia. 32 108 1,089 74 . 48 Tex. 40 172 94 311 U	513 108 55 61 32 115 57 9 66 655 48 35 30 31 53 163 U U 112 29 66	169 30 8 18 13 50 9 8 33 254 19 6 9 56 15 21 8 8 0 0 0 0 15 15 15 15 15 15 15 15 15 15 15 15 15	47 6 16 66 165 3 4 109 4 5 12 45 U U 13 4 4	14 3 1 1 2 4 2 1 1 2 4 2 1 2 2 2 2 2 2 2 2 2	20 2 3 1 1 6 2 1 5 29 2 - 1 1 0 0 0 0 1 0 0 1 0 0 0 1 0 1 0 1 0	54 12 6 3 2 13 2 4 12 50 4 2 3 13 2 1 12 U 7 7 3 3
E.N. CENTRAL Akron, Ohio Canton, Ohio Canton, Ohio Chicago, Ill. Cincinnati, Ohio Cleveland, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind. Gary, Ind. Grand Rapids, Mi Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, Ill. South Bend, Ind. Toledo, Ohio Youngstown, Ohi W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans Kansas City, Kans Kansas City, Mo. Lincoln, Nebr. Minneapolis, Min Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	176 32 99 44 38 55 64 0 539 62 37 51 29	9899 300 599 800 977 333 8 400 1033 282 711 360 283 377 11 411 217 73 53 53 42 62 99	5 6 U 17 20 39 17 51 5 9 3 8 46 4 20 5 6 15 17 10 99 6 8 2 15 8 18 12 19 9	93 2 2 11 6 11 4 4 4 4 4 16 3 1 3 1 1 1 10 3 5 8 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1	37 1 - U 3 1 6 1 5 3 2 3 2 7 - 2 - 1 19 1 2 1 2 2 5 5 1	39 1 - U 4 - 4 5 5 7 4 - 3 2 - 2 1 1 1 0 3 1 1 1 1	6634U4565822:58334:1:51 3741:51118:7:	MOUNTAIN Albuquerque, N Boise, Idaho Colo. Springs, C Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, U Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawa Long Beach, Cali Los Angeles, Cal Pasadena, Calif. Portland, Oreg. Sacramento, Cal San Diego, Califi San Francisco, C San Jose, Calif. Santa Cruz, Calif Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	25 olo. 43 99 231 37 150 28 tah 94 124 1384 22 ii 80 if. 92 iif. 140 clif. 140 clif. 157 5. 34 96	628 67 180 666 164 293 177 648 85 977 7 322 1562 700 219 83 127 23 55 29 68 6,405	189 20 7 8 14 46 7 31 8 30 253 2 4 6 13 17 51 3 0 29 24 18 9 29 3 15 1,925	72 10 - 5 11 12 4 16 3 4 7 87 1 6 - 2 4 2 2 2 2 0 9 7 7 7 6 1 1 9 1 9 1 6 1 6 1 6 1 6 1 6 1 6 1 6	27 1 - 4 8 8 2 5 - 6 1 31 - 2 1 10 - U 4 4 2 2 4 4 1 1 2 2 1 2 2 1 2 2 1 2 2 1	12 - 4 1 1 - 4 - 2 1 1 3 3 5 2 2 - 1 1 96	64 13 2 3 4 18 2 10 1 8 3 9 3 1 4 1 9 6 8 4 U 10 7 7 7 11 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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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