CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

October 12, 2001 / Vol. 50 / No. 40

MMWR™
MORBIDITY AND MORTALITY
WEEKLY REPORT

Cigarette Smoking among Adults — United States, 1999

One of the national health objectives for 2010 is to reduce the prevalence of cigarette smoking among adults from 24% in 1998 to ≤12% (objective 27.1a) (*1*). To assess progress toward this objective, CDC analyzed self-reported data from the 1999 National Health Interview Survey (NHIS) about cigarette smoking among U.S. adults. This report summarizes the findings of this analysis, which indicate that, in 1999, approximately 23.5% of adults were current smokers, representing a modest decline in prevalence since 1993. If states were to invest resources consistent with CDC recommendations and implement proven interventions, the decline in cigarette smoking could be accelerated.

The 1999 NHIS adult core questionnaire was administered by personal interview to a nationally representative sample (n=30,801) of the U.S. noninstitutionalized civilian population aged ≥18 years; the overall response rate was 69.6%. Respondents were asked, "Have you smoked ≥100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Current smokers were persons who reported both having smoked ≥100 cigarettes during their lifetime and who smoked every day or some days. Former smokers were those who had smoked ≥100 cigarettes during their lifetime but currently did not smoke. Attempts to quit were determined by asking current smokers, "During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to stop smoking?" Data were adjusted for nonresponses and weighted to provide national estimates. Confidence intervals (CIs) were calculated using SUDAAN.

In 1999, an estimated 46.5 million adults (23.5% [95% CI=±0.6]) were current smokers. Overall, 19.2% (95% CI=±0.6) of adults were everyday smokers and 4.3% (95% CI=±0.3) were some day smokers. The prevalence of smoking was higher among men (25.7% [95% CI=±0.9]) than women (21.5% [95% CI=±0.7]) (Table 1). Among racial/ethnic groups, Hispanics (18.1% [95% CI=±1.3]) and Asians/Pacific Islanders (15.1% [95% CI=±3.1]) had the lowest prevalence of cigarette use; American Indians/Alaska Natives had the highest prevalence (40.8% [95% CI=±8.6]). Adults who had earned a General Educational Development diploma had the highest smoking prevalence (44.4% [95% CI=±4.5]); persons with masters, professional, and doctoral degrees had the lowest prevalence and met the 2010 objective (8.5% [95% CI=±1.3]). Prevalence was highest among persons aged 18–24 years (27.9% [CI=±1.9]) and 25–44 years (27.3% [CI=±1.0]) and lowest among those aged ≥65 years (10.6% [CI=±0.9]). The prevalence of smoking was highest among adults living below the poverty level* (33.1% [(95% CI=±2.0]) compared

*Poverty thresholds for 1998 from the Bureau of the Census, Economics and Statistics Administration, U.S. Department of Commerce.

Cigarette Smoking among Adults — Continued

TABLE 1. Percentage of persons aged ≥18 years who were current smokers*, by selected characteristics, National Health Interview Survey — United States, 1999

Characteristic	Men (n=13,202) %	Men (n=13,202) (95% CI†)	Women (n=17,599) %	Women (n=17,599) (95% CI)	Total (n=30,801) %	Total (n=30,801) (95% CI)
Race/Ethnicity§						
White, non-Hispanic	25.5	(± 1.1)	23.1	(± 0.9)	24.3	(±0.7)
Black, non-Hispanic	28.7	(± 2.8)	20.8	(± 1.9)	24.3	(±1.7)
Hispanic	24.1	(± 2.2)	12.3	(± 1.4)	18.1	(±1.3)
American Indian/ Alaska Native¶	40.9	(±14.3)	40.8	(±12.1)	40.8	(±8.6)
Asian/Pacific Islander	24.3	(± 5.5)	7.1	(± 2.6)	15.1	(±3.1)
Education**						
≤8	24.7	(± 3.0)	12.8	(± 2.1)	18.3	(±1.8)
9–11	42.4	(± 3.7)	33.5	(± 2.9)	37.7	(±2.4)
0–12 (no diploma)	33.7	(± 2.3)	23.8	(± 1.8)	28.4	(±1.5)
12 (no diploma)	29.2	(± 6.2)	23.3	(± 5.1)	26.0	(±3.9)
GED†† diploma	42.6	(± 6.5)	46.4	(± 6.1)	44.4	(±4.5)
12 (diploma)	30.2	(± 1.9)	23.2	(± 1.5)	26.3	(±1.2)
Associate degree	23.6	(± 3.0)	22.1	(± 2.4)	22.8	(±1.9)
Some college	27.6	(± 2.2)	23.3	(± 1.8)	25.3	(±1.4)
Undergraduate degree	14.0	(± 1.7)	11.9	(± 1.5)	13.0	(±1.1)
Graduate degree	9.1	(± 1.9)	7.8	(± 1.7)	8.5	(±1.3)
Age group (yrs)						
18–24	29.5	(± 2.8)	26.3	(± 2.5)	27.9	(±1.9)
25–44	29.6	(± 1.4)	25.1	(± 1.2)	27.3	(±1.0)
45–64	25.8	(± 1.5)	21.0	(± 1.3)	23.3	(±1.0)
≥65	10.5	(± 1.4)	10.7	(± 1.1)	10.6	(±0.9)
Poverty status§§						
At or above	25.6	(± 1.1)	21.3	(± 0.9)	23.4	(±0.7)
Below	37.1	(± 3.5)	30.4	(± 2.3)	33.1	(±2.0)
Unknown	22.4	(± 1.8)	18.4	(± 1.5)	20.2	(±1.2)
Total	**25.7**	**(± 0.9)**	**21.5**	**(± 0.7)**	**23.5**	**(±0.6)**

* Smoked ≥100 cigarettes during their lifetime and reported at the time of interview smoking every day or some days. Excludes 276 respondents for whom smoking status was unknown.
† Confidence interval.
§ Excludes 101 respondents of unknown, multiple, and other racial/ethnic categories.
¶ Wide variances among estimates reflect small sample sizes.
** Persons aged ≥25 years. Excludes 281 persons with unknown years of education.
†† General Educational Development.
§§ The 1998 poverty thresholds from the Bureau of the Census were used in these calculations.

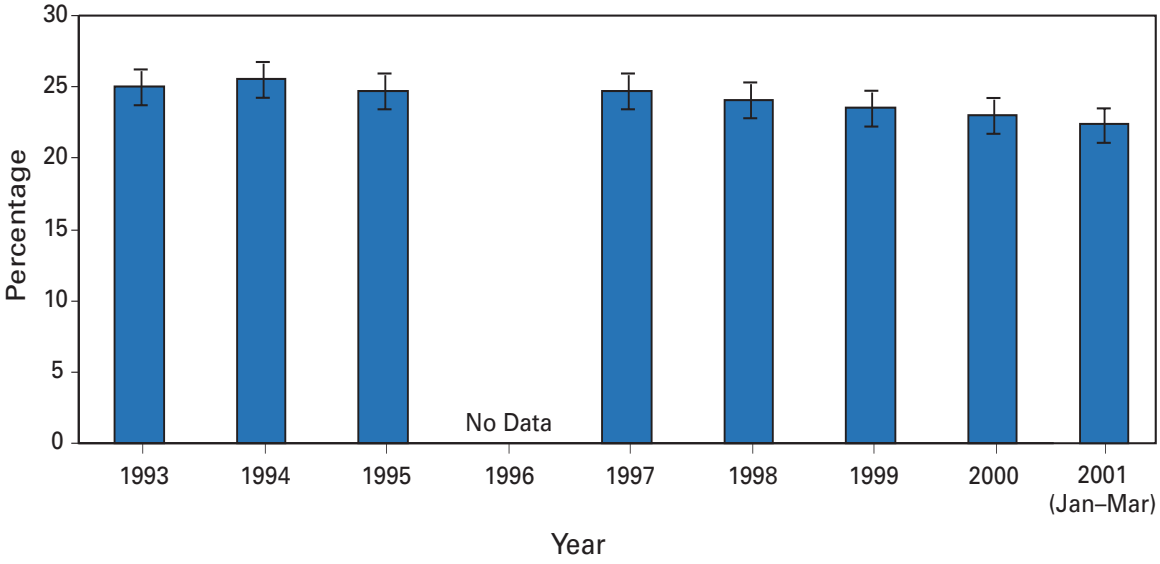
with those living at or above the poverty level (23.4% [95% CI=±0.7]), and lowest among those with unknown poverty status (20.2% [95% CI=±1.2]).

In 1999, an estimated 45.7 million adults (23.1% [95% CI=±0.6]) were former smokers; 25.8 million were men and 19.9 million were women. Former smokers constituted 49.5% (95% CI=±1.0) of persons who had ever smoked ≥100 cigarettes. Among current smokers, an estimated 15.7 million (41.3% [95% CI=±1.5]) had stopped smoking at least 1 day during the preceding 12 months because they were trying to quit.

During 1998–1999, significant changes in smoking prevalence (*2*) did not occur; however, since 1993, the prevalence of current smoking has slowly declined (Figure 1).

Cigarette Smoking among Adults — Continued

FIGURE 1. Prevalence of current smoking* among adults, by year — United States, 1993–2001



* Smoked ≥100 cigarettes during their lifetime and reported at the time of interview smoking every day or some days. Excludes respondents with unknown smoking status. Brackets indicate 95% confidence intervals.

Source: Sample adult core component of the National Health Interview Survey. Estimate for 2000 based on data collected during January–June 2000.

To assess changes over time, 1993 data were compared with 1999 data[†] (*3*). Overall prevalence of current smoking declined significantly from 1993 (25.0% [95% CI=±0.7]) to 1999 (23.5% [95% CI=±0.6]). Data for 2000 (23.3% [95% CI=±0.6]) and preliminary data for January–March 2001 (22.3% [95% CI=±1.1]) suggest a continuing decline (*4*).

During 1993–1999, no significant changes were observed in current smoking prevalence for any racial/ethnic group or for the population living below the poverty level; however, reductions were reported in adults with 12 years of education (from 29.2% [95% CI=±1.2] to 26.3% [95% CI=±1.1]), and in persons aged 45–64 years (from 26.0% [95% CI=±1.3] to 23.3% [95% CI=±1.0]). Prevalence of smoking among persons aged 18–24 years has not increased significantly; this age group continues to have the highest smoking prevalence (*2*).

Reported by: Epidemiology Br, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: After 4 years during which the prevalence of current smoking among U.S. adults remained unchanged (*2*), data from 1999 indicated a slow but significant decline; however, the 2010 objective of ≤12% for adult smoking prevalence will not be met unless the rate of decline increases significantly. The 2000 report of the Surgeon General (*5*) concluded that the 2010 objective could be met if comprehensive approaches to tobacco control were implemented fully.

[†] The first year NHIS asked about some day smoking was 1991; refinements were made to the questions in 1992. Since 1993, the full sample of adults has been asked identical questions about some day smoking.

Cigarette Smoking among Adults — Continued

Increasing the unit price of tobacco products, smoking bans and restrictions, and mass media education campaigns for tobacco-use cessation are among the recommended measures (*5,6*) to increase quitting among a wide range of smokers. The decline in smoking prevalence that began in 1997 (Figure 1) may be explained, in part, by the December 1997–December 1999 increase in taxes and wholesale prices that resulted in a 49% price increase (*7*).

The findings in this report are subject to at least two limitations. First, questionnaires and data collection procedures for NHIS have changed since 1993. In 1995, the sample was redesigned; in 1997, questions on tobacco use were moved from supplementary questionnaires to the adult core questionnaire. It is impossible to assess how these changes affected prevalence estimates and trend analysis or comparisons; therefore, statistical trend analysis from the years preceding 1997 should be approached with caution. Second, because the NHIS sample size of some racial/ethnic populations was small (e.g., American Indians/Alaska Natives), data for a single year might be unstable. Combining data from several years would produce more reliable estimates.

Expanded access to treatment for nicotine dependence (e.g., FDA-approved pharmacotherapy and individual, group, and telephone counseling) will help more persons stop smoking. One method to increase access to treatment is to reduce out-of-pocket costs by covering therapies as a standard insurance benefit (*1,5,7*). *Best Practices for Comprehensive Tobacco Control* (*8*) recommends that cessation interventions be incorporated into comprehensive, statewide programs. Following the implementation of a comprehensive program, the Arizona Department of Health Services Tobacco Education and Prevention Program reported that prevalence among adult smokers decreased from 23.1% to 18.3% during 1996–1999, and the proportion of Arizona smokers who reported that a health-care provider had both asked them about their tobacco use and advised them to quit increased significantly during this period (*9*). To eliminate tobacco-related disease nationwide, comprehensive tobacco control programs similar to those in Arizona must focus on groups with high levels of smoking prevalence, including persons aged 18–24 years, with low incomes, with low education levels, and American Indians/Alaska Natives.

Seven states (Arizona, Indiana, Maine, Massachusetts, Mississippi, Ohio, and Vermont) are funding tobacco prevention and control programs at the minimum level recommended by CDC (*10*). If all states invested resources consistent with these recommendations and spent resources on proven interventions, the decline in prevalence could be accelerated.

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Cigarette Smoking among Adults — Continued

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Public Health Dispatch

Potential Risk for Lead Exposure in Dental Offices

In December 2000, the Washington State Health Department discovered white powder that was found to be lead oxide in boxes used to store dental intraoral radiograph film. The Washington State Health Department alerted state health departments throughout the United States. Subsequently, the Wisconsin Division of Public Health (WDPH) conducted an investigation of dental offices in the state. This report summarizes the investigation, which indicated that similar storage boxes are used in Wisconsin. The findings indicate that patients are at risk for exposure to a substantial amount of lead during a dental radiograph procedure if the office stores dental film in these boxes.

During January–March 2001, radiation safety inspectors in Wisconsin visited 240 (9%) of 2,748 dental offices with radiograph equipment. Of these, 43 (18%) stored radiograph film in table-top, lead-lined boxes. Of 11 dental offices in use for >20 years, four (36%) used this storage method.

The boxes were usually made of wood and shaped like a shoe box. All boxes contained a white powder residue. A bulk sample of the residue contained 77% lead identified as lead oxide. Visits to dental offices occurred before and after a mailing had been sent by WDPH to all dental offices with radiograph equipment warning about possible lead exposure and recommending that lead-lined storage boxes be discarded. Many offices discarded the boxes before the inspection. In one office, after receiving the warning, paper was placed in the bottom of the box and film was placed on top of the paper. In another office, dental instruments had been placed in the box. Other offices used a vertical wall-mounted, lead-lined film dispensing box. Some of these boxes and the film in them also contained lead.

A mock dental radiograph procedure was performed during which wipes were placed on the tips of a dental hygienist's fingers whenever a patient's mouth was touched. Analysis of these wipe samples found 3,378μg lead that could have been transferred from the hygienist's fingers to a patient's mouth. Lead also could have been introduced directly from the film. Wipe samples of eight film packets from two dental offices that used the lead-lined storage boxes identified average lead levels of 3,352μg (range: 262μg–34,000μg). During a typical radiographic procedure, usually conducted once per year, $\geq$4 separate views are taken. When children's teeth develop to the point where

Lead Exposure in Dental Offices — Continued

adjacent teeth touch (usually age 3 years), radiographs may be taken if the dentist suspects decay.

Because of the increased susceptibility of children and the developing fetus (*1*), lead exposure is particularly dangerous for children and for women who are or may soon become pregnant. The approximate half-life of lead in blood is 25 days (*2*); as a result, the window for identifying lead exposure following dental radiographs is a few months. Health-care providers who discover high blood lead levels of unexplained origin should consider this possible route of exposure.

Advances in dental radiograph technology have reduced scatter radiation—the reason for protective boxes—making lead-lined radiograph storage boxes unnecessary. Because lead oxide cannot be removed adequately, the film packets stored in lead-lined boxes and the film packets stored in them should be discarded.

Reported by: M Chamberlain, M Bunge, W Otto, HA Anderson, MD, State Epidemiologist, Bur of Environmental Health; N McKenney, MS, W LeMay, DDS, Wisconsin Div of Public Health. Lead Poisoning Prevention Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; and an EIS Officer, CDC.

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Public Health Dispatch

Acute Flaccid Paralysis Associated with Circulating Vaccine-Derived Poliovirus — Philippines, 2001

Three cases of acute flaccid paralysis (AFP) associated with circulating vaccine-derived poliovirus (cVDPV) isolates were reported in the Philippines during March 15–July 26, 2001. The first case-patient, a child aged 8 years from northern Mindanao island (500 miles south of Manila) who had received 3 doses of oral polio vaccine (OPV), had onset of paralysis on March 15. A second child, aged 3 years from Laguna province on Luzon island (60 miles south of Manila) who had received 3 OPV doses, presented with signs of meningitis but no paralysis on July 23. A third child, aged 14 months from Cavite province (25 miles from Manila and 45 miles north of Laguna province) who had received 2 OPV doses, had onset of paralysis on July 26. No patients had traveled outside of their province of residence since birth. Characterization of isolates from the three patients revealed type 1 polioviruses derived from Sabin vaccine strain type 1, with a 3% genetic sequence difference between Sabin 1 vaccine and vaccine-derived poliovirus (VDPV) isolates. The three polioviruses are not identical but are closely related (>99% sequence homology); they also appear to share an identical recombination site with a nonpolio enterovirus in the noncapsid region of the genome.

Following cVDPV outbreaks in the Dominican Republic and Haiti (Hispaniola) during 2000–2001 (*1*), the global polio laboratory network implemented additional testing requirements for all polioviruses under investigation, prospectively and retrospectively. Both an antigenic-based (ELISA) and a molecular-based test (probe hybridization) are

Acute Flaccid Paralysis — Continued

used to determine whether a poliovirus is wild or derived from vaccine (i.e., intratypic differentiation [ITD]). Divergent ITD results (one test showing vaccine-derived and the other wild-type virus) for any poliovirus isolate now require genomic sequencing of the suspect isolates. Retrospective testing of >2,000 vaccine-related isolates from AFP cases globally has revealed no additional cVDPVs, although testing results of other isolates in the laboratory network are pending. The cVDPVs from the Philippines were detected after the implementation of new testing requirements for prospective virus investigations.

In response to these cases, the Department of Health in the Philippines 1) enhanced surveillance by active record review for AFP cases in hospitals and other health-care facilities in the affected and neighboring provinces, 2) established surveillance to conduct virologic investigations of aseptic meningitis at major health-care facilities, 3) collected stool samples from healthy contacts of case-patients, 4) conducted field investigations of clustered AFP cases to determine the extent of cVDPV circulation, and 5) assessed polio vaccination coverage in these communities. The investigations have found no unreported cases, although some AFP cases remain under investigation. To interrupt cVDPV circulation, a large-scale mass vaccination campaign with OPV is planned.

Low routine vaccination coverage is one of the most important causes of VDPV. Because the location of the originating events is unknown, the contribution of other factors is difficult to assess; however, a combination of two concurrent events within the virus is necessary for cVDPV emergence: reversion of attenuating mutations to increase neurovirulence, and a presumed increase in transmission characteristics that might be related to recombination with a nonpolio enterovirus. The molecular basis for the second property is not understood.

Wild poliovirus was last reported in the Philippines in 1993 (*2*), and national vaccination rounds were last conducted in the Philippines in 1997 followed by subnational immunization days in 1998 and 1999. Among the areas covered were Cebu, Davao, Manila, and parts of Mindanao; however, coverage did not extend to the three provinces now reporting cVDPV cases. Routine coverage with 3 OPV doses has been approximately 80% nationwide since the early 1990s; however, coverage gaps are likely, particularly in slum areas.

Travelers to the Philippines should ensure that they are vaccinated appropriately against polio according to national recommendations (*3*).

Reported by: National Epidemiology Center, National Center for Disease Prevention and Control, Research Institute of Tropical Medicine, Dept of Health; World Health Organization, Manila, Philippines. Regional Reference Laboratory, Victorian Infectious Diseases Reference Laboratory, Fairfield, Victoria, Australia. Global Specialized Laboratory, National Institute of Infectious Diseases, Tokyo, Japan. Vaccines and Biologicals Dept, World Health Organization, Geneva, Switzerland. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.

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Weekly Update: West Nile Virus Activity — United States, October 3–9, 2001

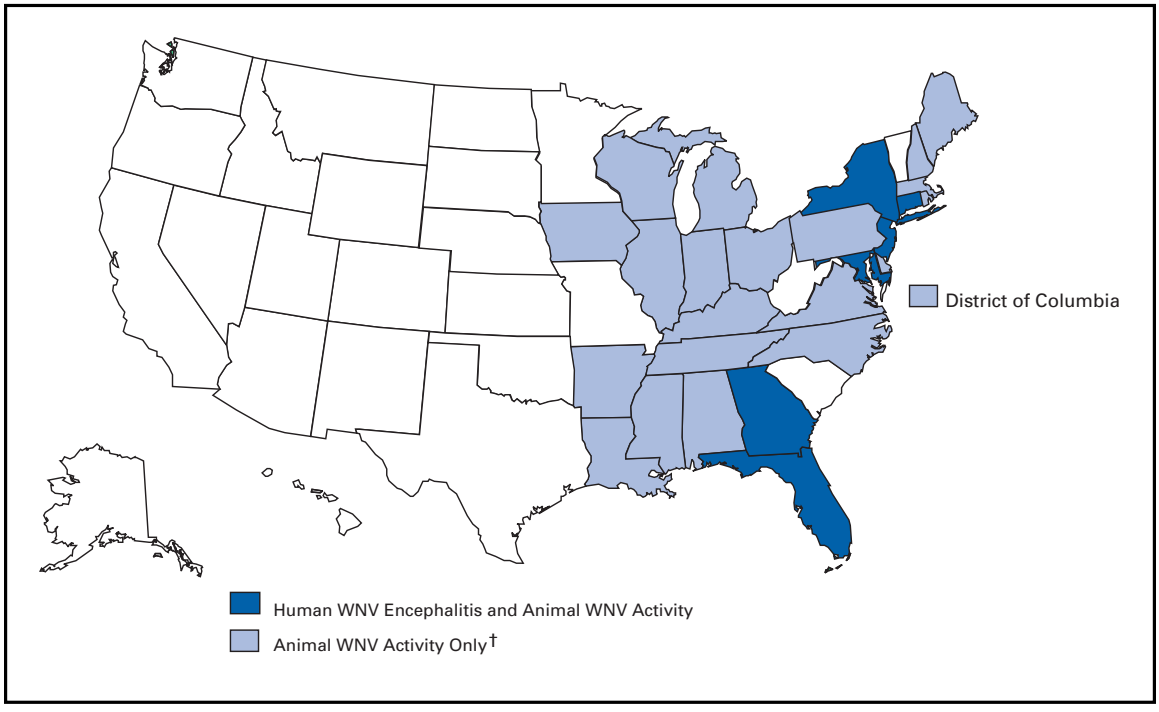
The following report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET and verified by states and other jurisdictions as of October 9, 2001.

During the week of October 3–9, no human cases of WNV encephalitis were reported. During the same period, WNV infections were reported in 323 crows, 108 other birds, and five horses. A total of 51 WNV-positive mosquito pools were reported in five states (Georgia, Kentucky, Michigan, New York, and Pennsylvania).

During 2001, 25 human cases of WNV encephalitis have been reported in New York (six), Connecticut (five), Maryland (five), Florida (four), New Jersey (four), and Georgia (one); one death occurred in Georgia. Of these, 13 (52%) cases occurred in females, median age was 71 years (range: 37–81 years), and dates of onset ranged from July 13 to September 11. A total of 3,383 crows and 1,299 other birds with WNV infection were reported from 25 states and the District of Columbia (Figure 1); 113 WNV infections in other animals (all horses) were reported from 11 states (Alabama, Connecticut, Florida, Georgia, Kentucky, Louisiana, Massachusetts, Mississippi, New York, Pennsylvania, and Virginia); and 671 WNV-positive mosquito pools were reported from 14 states (Connecticut, Florida, Georgia, Illinois, Kentucky, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, and Rhode Island).

Additional information about WNV activity is available at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and <http://cindi.usgs.gov/hazard/event/west_nile/west_nile.html>.

FIGURE 1. Areas reporting West Nile virus (WNV) activity — United States, 2001*



* As of October 9, 2001.
† Mississippi reported WNV infection in a horse but no birds.

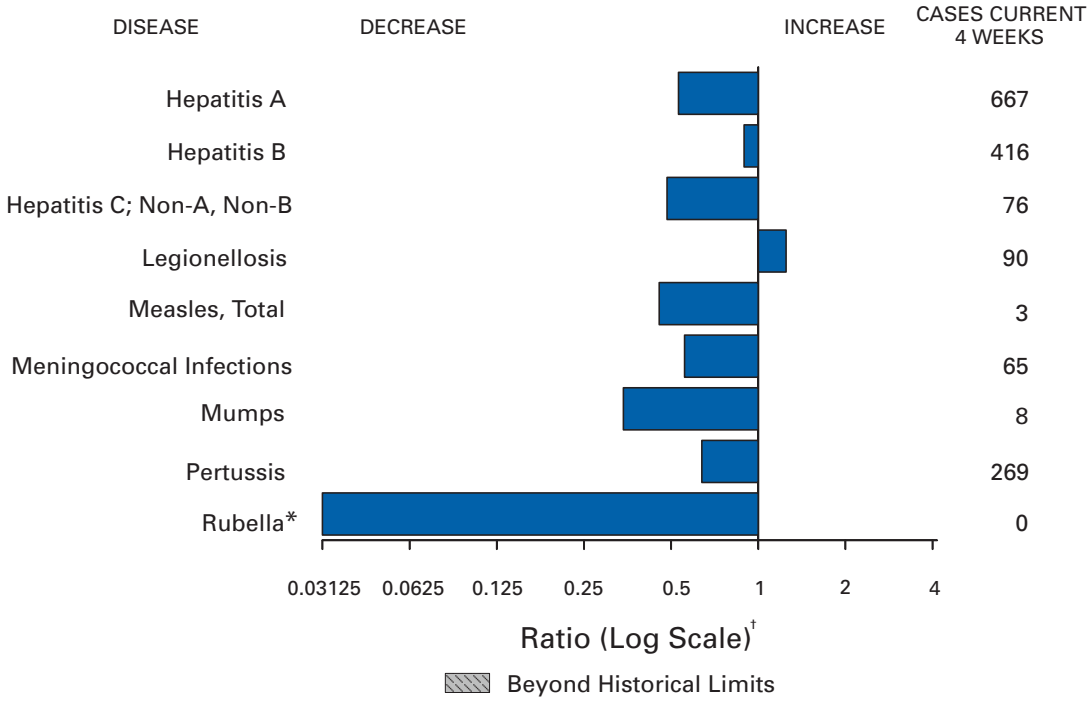
Notice to Readers

Ongoing Investigation of Anthrax — Florida, October 2001

On October 4, 2001, the Palm Beach County Health Department (PBCHD), the Florida State Department of Health (FSDOH), and CDC reported a case of anthrax in a 63-year-old resident of Florida. The patient was hospitalized with the respiratory form of anthrax and subsequently died. PBCHD, FSDOH, and CDC initiated an epidemiologic investigation and public health surveillance to identify how infection with *Bacillus anthracis* occurred and to identify other infections. An environmental investigation identified one sample taken from the patient's workplace (America Media Inc. [AMI], Boca Raton, Florida) as positive for anthrax. *B. anthracis* also was identified in one nasal sample from another worker in the same building, which suggests exposure. Testing of additional samples is in progress. Public health officials, in conjunction with the Federal Bureau of Investigation, are continuing the investigation.

In response to these cases, PBCHD is evaluating and offering prophylactic antibiotic treatment to persons who might have been in the building for at least 1 hour since August 1. The incubation period from exposure to onset of illness is usually 1–7 days but may be up to 60 days. Symptoms of inhalational anthrax include fever, muscle aches, and fatigue that rapidly progress to severe systemic illness. Workers and visitors associated with the AMI worksite in Florida who develop such symptoms should be evaluated thoroughly to exclude anthrax. Clinicians who evaluate persons with exposure to anthrax should contact their state or local health department to provide information that may assist this investigation. This information was current as of October 10, 2001. Additional information about the Florida investigation, prophylactic antibiotic treatment guidelines, and anthrax is available from CDC at <http://www.bt.cdc.gov>. Public health guidance about the management of anthrax threat letters or packages can be found at <http://www.cdc.gov/mmwr>.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending October 6, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 40 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 October 6, 2001 (40th Week)*

		Cum. 2001		Cum. 2001
Anthrax		2	Poliomyelitis, paralytic	-
Brucellosis†		62	Psittacosis†	11
Cholera		3	Q fever†	18
Cyclosporiasis†		116	Rabies, human	1
Diphtheria		2	Rocky Mountain spotted fever (RMSF)	420
Ehrlichiosis:	human granulocytic (HGE)†	160	Rubella, congenital syndrome	-
	human monocytic (HME)†	67	Streptococcal disease, invasive, group A	2,847
Encephalitis:	California serogroup viral†	61	Streptococcal toxic-shock syndrome†	45
	eastern equine†	6	Syphilis, congenital¶	166
	St. Louis†	1	Tetanus	22
	western equine†	-	Toxic-shock syndrome	88
Hansen disease (leprosy)†		65	Trichinosis	17
Hantavirus pulmonary syndrome†		6	Tularemia†	83
Hemolytic uremic syndrome, postdiarrheal†		108	Typhoid fever	197
HIV infection, pediatric†§		153	Yellow fever	-
Plague		2		

-: No reported cases.
*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date).
† 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 September 25, 2001.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2001, and October 7, 2000 (40th 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	29,580	29,952	523,680	532,096	2,146	2,298	2,148	3,633	1,655	3,026
NEW ENGLAND	1,129	1,586	17,405	17,791	100	116	202	319	172	336
Maine	36	27	814	1,122	14	17	24	24	26	27
N.H.	31	27	1,021	849	10	18	30	29	23	31
Vt.	13	29	468	404	30	23	13	31	8	33
Mass.	602	998	7,177	7,536	38	32	103	143	77	151
R.I.	78	75	2,263	2,036	3	3	10	14	9	16
Conn.	369	430	5,662	5,844	5	23	22	78	29	78
MID. ATLANTIC	6,710	6,678	58,200	49,566	206	299	169	364	163	259
Upstate N.Y.	731	662	10,450	1,480	85	88	130	235	121	55
N.Y. City	3,385	3,609	22,561	20,345	68	145	8	21	8	15
N.J.	1,389	1,295	8,600	8,279	7	15	31	108	34	108
Pa.	1,205	1,112	16,589	19,462	46	51	N	N	-	81
E.N. CENTRAL	2,238	2,865	80,190	91,516	775	786	546	892	396	647
Ohio	430	430	16,712	24,082	145	208	140	215	124	197
Ind.	264	282	11,055	10,154	62	52	62	100	38	76
Ill.	992	1,568	20,998	25,560	1	99	126	169	107	138
Mich.	413	437	22,932	19,198	143	81	74	121	67	98
Wis.	139	148	8,493	12,522	424	346	144	287	60	138
W.N. CENTRAL	637	680	25,512	30,022	321	220	323	515	283	505
Minn.	108	129	4,958	6,209	120	23	95	117	98	161
Iowa	71	69	1,858	4,084	71	66	72	160	48	130
Mo.	312	318	10,154	10,101	33	26	40	94	62	82
N. Dak.	2	2	728	685	12	9	16	15	26	18
S. Dak.	22	7	1,389	1,406	6	15	36	49	40	55
Nebr.	52	53	2,148	2,886	78	72	49	56	-	45
Kans.	70	102	4,277	4,651	1	9	15	24	9	14
S. ATLANTIC	9,497	8,257	98,775	100,628	259	366	181	299	120	252
Del.	203	156	2,041	2,205	5	5	4	2	6	1
Md.	1,506	1,056	8,381	10,904	32	9	23	27	1	1
D.C.	644	569	2,291	2,471	10	13	-	1	U	U
Va.	723	556	14,039	12,033	20	15	46	57	36	55
W. Va.	61	46	1,796	1,641	2	3	9	13	8	11
N.C.	726	505	16,108	17,270	24	21	38	74	28	64
S.C.	577	639	8,684	7,403	-	-	7	19	11	16
Ga.	1,031	991	19,519	21,204	97	133	22	35	15	36
Fla.	4,026	3,739	25,916	25,497	69	167	32	71	15	68
E.S. CENTRAL	1,423	1,507	37,279	39,059	39	42	99	109	88	94
Ky.	278	159	6,875	6,122	4	5	44	34	39	31
Tenn.	456	635	11,308	11,146	12	10	33	48	36	46
Ala.	347	395	9,965	12,231	13	14	15	7	6	7
Miss.	342	318	9,131	9,560	10	13	7	20	7	10
W.S. CENTRAL	3,141	3,005	79,258	80,495	31	136	68	206	64	256
Ark.	159	149	5,624	5,130	6	10	10	54	-	37
La.	665	493	13,182	14,125	7	10	3	13	25	43
Okla.	186	259	8,005	6,785	11	14	24	15	24	14
Tex.	2,131	2,104	52,447	54,455	7	102	31	124	15	162
MOUNTAIN	1,073	1,105	30,859	30,201	172	131	229	352	106	258
Mont.	14	11	1,489	1,057	28	10	16	29	-	-
Idaho	17	19	1,415	1,395	19	12	52	58	-	32
Wyo.	3	7	605	615	4	5	5	15	1	9
Colo.	231	259	6,848	8,641	33	58	80	130	50	95
N. Mex.	103	116	4,273	3,829	20	14	11	19	9	16
Ariz.	437	348	10,907	9,982	7	10	23	42	21	33
Utah	90	108	1,513	1,656	57	18	28	47	24	63
Nev.	178	237	3,809	3,026	4	4	14	12	1	10
PACIFIC	3,732	4,269	96,202	92,818	243	202	331	577	263	419
Wash.	395	379	10,418	9,875	43	U	96	183	62	184
Oreg.	154	113	5,576	5,218	37	15	55	117	37	103
Calif.	3,112	3,669	75,337	73,054	159	187	159	238	158	119
Alaska	16	15	1,988	1,925	1	-	4	26	-	3
Hawaii	55	93	2,883	2,746	3	-	17	13	6	10
Guam	10	13	-	383	-	-	N	N	U	U
P.R.	934	1,023	1,930	U	-	-	1	6	U	U
V.I.	2	27	53	-	-	-	-	-	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	103	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 provisional 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 updated September 25, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending October 6, 2001, and October 7, 2000 (40th 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	241,413	271,608	2,565	2,439	735	818	358	9,627	13,223
NEW ENGLAND	4,951	5,028	14	23	48	44	38	3,052	4,186
Maine	88	70	-	2	7	2	-	-	-
N.H.	145	85	-	-	9	2	4	110	51
Vt.	51	51	6	4	5	4	2	13	28
Mass.	2,199	2,063	8	12	12	16	18	569	1,055
R.I.	635	487	-	5	6	5	1	393	381
Conn.	1,833	2,272	-	-	9	15	13	1,967	2,671
MID. ATLANTIC	29,133	29,348	1,308	545	145	225	56	4,880	6,896
Upstate N.Y.	6,301	5,428	49	29	49	63	25	2,670	2,874
N.Y. City	9,521	8,791	-	-	13	36	8	2	159
N.J.	5,261	5,587	1,214	480	7	19	10	927	2,277
Pa.	8,050	9,542	45	36	76	107	13	1,281	1,586
E.N. CENTRAL	43,490	54,513	137	186	190	218	43	449	712
Ohio	9,367	14,667	8	9	95	88	13	100	51
Ind.	4,773	4,787	1	-	15	30	4	17	21
Ill.	12,970	16,096	13	18	-	27	1	-	33
Mich.	13,430	13,572	115	159	55	38	20	1	21
Wis.	2,950	5,391	-	-	25	35	5	331	586
W.N. CENTRAL	11,081	13,413	527	438	44	48	12	319	265
Minn.	1,596	2,440	8	5	9	3	-	266	176
Iowa	428	929	-	1	7	13	1	27	25
Mo.	6,243	6,510	508	421	18	22	6	21	45
N. Dak.	32	56	-	-	1	-	-	-	1
S. Dak.	223	229	-	-	3	2	-	-	-
Nebr.	705	1,160	3	4	5	4	1	3	3
Kans.	1,854	2,089	8	7	1	4	4	2	15
S. ATLANTIC	61,162	71,273	86	77	156	152	57	686	945
Del.	1,212	1,312	-	2	7	8	-	49	167
Md.	4,643	7,462	13	11	30	53	10	430	551
D.C.	2,108	1,966	-	3	7	4	-	10	5
Va.	8,230	7,915	-	3	19	28	9	104	125
W. Va.	510	510	9	14	N	N	5	10	26
N.C.	13,091	14,173	18	13	7	13	4	35	42
S.C.	5,885	6,541	6	2	10	4	4	5	6
Ga.	10,676	13,700	-	3	9	6	11	-	-
Fla.	14,807	17,694	40	26	67	36	14	43	23
E.S. CENTRAL	24,070	28,072	166	370	46	27	18	48	44
Ky.	2,698	2,684	8	31	9	15	5	22	9
Tenn.	7,633	8,921	55	76	23	8	7	17	27
Ala.	7,757	9,418	3	7	12	3	6	8	5
Miss.	5,982	7,049	100	256	2	1	-	1	3
W.S. CENTRAL	38,892	42,522	165	590	5	21	17	79	70
Ark.	3,472	3,002	3	7	-	-	1	-	5
La.	9,085	10,456	78	341	2	7	-	1	7
Okla.	3,677	2,998	3	7	3	2	2	-	-
Tex.	22,658	26,066	81	235	-	12	14	78	58
MOUNTAIN	7,713	8,141	56	61	44	31	29	10	10
Mont.	84	36	1	4	-	1	-	-	-
Idaho	60	64	2	3	2	4	1	5	2
Wyo.	59	40	6	2	1	-	1	1	3
Colo.	2,291	2,470	17	12	13	10	7	1	-
N. Mex.	702	843	11	13	2	1	6	-	-
Ariz.	2,981	3,359	9	15	18	7	6	-	-
Utah	120	167	3	-	5	8	2	1	2
Nev.	1,416	1,162	7	12	3	-	6	2	3
PACIFIC	20,921	19,298	106	149	57	52	88	104	95
Wash.	2,309	1,734	18	26	7	15	7	8	7
Oreg.	859	726	12	24	N	N	6	7	8
Calif.	16,991	16,214	76	97	46	36	69	87	78
Alaska	312	263	-	-	-	-	-	2	2
Hawaii	450	361	-	2	4	1	6	N	N
Guam	-	43	-	3	-	-	-	-	-
P.R.	461	400	1	1	2	1	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	10	U	-	U	-	U	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 are provisional 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 October 6, 2001, and October 7, 2000 (40th 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	879	1,138	5,290	5,564	27,346	30,024	21,711	25,777
NEW ENGLAND	62	63	581	638	1,922	1,795	1,656	1,845
Maine	4	6	55	105	152	106	137	85
N.H.	2	1	20	9	145	108	129	120
Vt.	1	2	54	49	62	98	63	94
Mass.	26	29	209	218	1,086	1,038	801	1,049
R.I.	7	8	49	46	110	117	139	128
Conn.	22	17	194	211	367	328	387	369
MID. ATLANTIC	216	305	984	1,018	3,251	3,905	2,951	4,248
Upstate N.Y.	54	57	627	642	948	942	1,043	1,051
N.Y. City	105	178	22	11	750	976	830	1,065
N.J.	25	40	161	153	651	962	657	831
Pa.	32	30	174	212	902	1,025	421	1,301
E.N. CENTRAL	83	117	115	141	3,698	4,180	3,397	2,820
Ohio	21	16	42	46	1,091	1,090	1,036	1,167
Ind.	15	5	3	-	404	499	389	509
Ill.	1	58	23	21	932	1,272	943	48
Mich.	32	26	41	63	647	702	639	773
Wis.	14	12	6	11	624	617	390	323
W.N. CENTRAL	29	44	283	463	1,642	1,918	1,770	2,081
Minn.	6	13	40	72	399	437	474	566
Iowa	5	2	69	66	275	292	222	281
Mo.	11	13	36	46	463	563	718	692
N. Dak.	-	2	33	105	53	48	69	65
S. Dak.	-	-	25	84	120	79	111	90
Nebr.	2	8	4	2	122	187	-	130
Kans.	5	6	76	88	210	312	176	257
S. ATLANTIC	234	254	1,784	1,907	6,700	6,037	4,489	4,754
Del.	2	4	30	42	79	94	87	112
Md.	100	84	257	338	651	632	678	563
D.C.	13	15	-	-	68	52	U	U
Va.	43	45	360	448	1,102	788	747	756
W. Va.	1	3	118	97	98	129	107	122
N.C.	13	30	474	461	1,023	866	905	908
S.C.	6	2	92	130	641	582	532	453
Ga.	12	16	294	268	1,095	1,028	1,061	1,399
Fla.	44	55	159	123	1,943	1,866	372	441
E.S. CENTRAL	30	38	178	168	1,978	1,835	1,409	1,442
Ky.	12	14	25	18	284	310	143	214
Tenn.	11	10	95	87	491	467	586	643
Ala.	5	13	56	62	561	502	409	481
Miss.	2	1	2	1	642	556	271	104
W.S. CENTRAL	10	66	874	737	2,875	3,859	1,461	2,350
Ark.	3	3	20	20	686	564	92	456
La.	4	10	-	3	286	660	566	548
Okla.	2	8	55	50	365	316	292	244
Tex.	1	45	799	664	1,538	2,319	511	1,102
MOUNTAIN	43	39	213	228	1,705	2,185	1,340	2,047
Mont.	2	1	31	57	60	72	-	-
Idaho	3	3	28	9	114	98	4	94
Wyo.	-	-	20	49	50	52	43	44
Colo.	19	20	-	-	466	587	466	568
N. Mex.	3	-	13	18	234	191	186	177
Ariz.	6	7	106	77	484	572	482	594
Utah	3	4	14	10	177	390	136	391
Nev.	7	4	1	8	120	223	23	179
PACIFIC	172	212	278	264	3,575	4,310	3,238	4,190
Wash.	7	24	-	-	406	425	491	553
Oreg.	10	33	2	7	192	245	244	300
Calif.	145	145	239	232	2,652	3,399	2,218	3,112
Alaska	1	-	37	25	34	51	2	33
Hawaii	9	10	-	-	291	190	283	192
Guam	-	2	-	-	-	21	U	U
P.R.	3	5	73	62	455	517	U	U
V.I.	-	-	-	-	-	-	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	11	U	U	U

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

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† 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 October 6, 2001, and October 7, 2000 (40th 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	13,095	17,144	5,874	9,827	4,373	4,655	9,060	10,763
NEW ENGLAND	220	329	184	320	45	61	325	314
Maine	6	10	2	11	-	1	8	12
N.H.	6	4	3	8	1	1	13	16
Vt.	7	4	5	-	2	-	4	4
Mass.	163	237	116	221	25	43	184	184
R.I.	17	24	20	25	8	4	29	27
Conn.	21	50	38	55	9	12	87	71
MID. ATLANTIC	1,025	2,124	618	1,369	385	222	1,765	1,723
Upstate N.Y.	408	606	101	180	21	9	261	229
N.Y. City	265	838	268	581	202	92	889	924
N.J.	185	451	184	388	105	57	386	407
Pa.	167	229	65	220	57	64	229	163
E.N. CENTRAL	3,266	3,461	1,504	979	740	932	969	1,041
Ohio	2,312	288	1,024	240	65	62	178	221
Ind.	165	1,321	31	139	130	283	78	103
Ill.	319	998	248	31	218	328	459	489
Mich.	249	576	177	522	309	217	197	159
Wis.	221	278	24	47	18	42	57	69
W.N. CENTRAL	1,285	1,890	1,028	1,607	61	57	340	387
Minn.	296	623	341	708	22	14	167	118
Iowa	335	414	265	284	1	10	34	28
Mo.	251	565	158	394	17	26	97	146
N. Dak.	20	14	24	44	-	-	3	2
S. Dak.	265	6	206	4	-	-	10	14
Nebr.	59	98	-	76	4	2	29	18
Kans.	59	170	34	97	17	5	-	61
S. ATLANTIC	1,867	2,213	604	948	1,531	1,552	1,766	2,216
Del.	13	19	10	20	9	8	15	14
Md.	121	158	67	91	177	234	160	194
D.C.	48	67	U	U	39	30	51	23
Va.	246	350	124	288	85	105	191	200
W. Va.	8	4	8	3	-	3	25	23
N.C.	286	196	143	230	362	394	263	271
S.C.	219	106	107	78	191	166	143	212
Ga.	207	192	111	148	276	300	343	489
Fla.	719	1,121	34	90	392	312	575	790
E.S. CENTRAL	1,081	826	407	439	492	690	579	727
Ky.	396	334	175	65	37	63	83	93
Tenn.	78	273	79	323	262	415	213	271
Ala.	182	54	124	45	93	99	205	242
Miss.	425	165	29	6	100	113	78	121
W.S. CENTRAL	1,781	2,685	721	840	550	637	728	1,569
Ark.	453	162	155	47	27	80	116	149
La.	117	221	137	139	126	172	-	135
Okla.	49	93	17	36	53	97	100	121
Tex.	1,162	2,209	412	618	344	288	512	1,164
MOUNTAIN	752	899	513	644	193	184	376	394
Mont.	4	7	-	-	-	-	6	10
Idaho	31	43	-	25	1	1	8	7
Wyo.	3	5	1	3	1	1	3	2
Colo.	184	195	190	151	35	8	90	65
N. Mex.	105	113	69	80	17	14	23	34
Ariz.	313	363	204	248	124	155	165	160
Utah	49	67	41	71	8	1	29	38
Nev.	63	106	8	66	7	4	52	78
PACIFIC	1,818	2,717	295	2,681	376	320	2,212	2,392
Wash.	159	367	167	350	37	51	189	188
Oreg.	66	148	78	96	13	10	82	75
Calif.	1,532	2,165	-	2,205	316	258	1,790	1,941
Alaska	6	7	1	3	-	-	39	84
Hawaii	55	30	49	27	10	1	112	104
Guam	-	34	U	U	-	3	-	43
P.R.	8	29	U	U	172	127	76	119
V.I.	-	-	U	U	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	4	U	U	U	4	U	23	U

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

* Incidence data for reporting year 2001 are provisional 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 October 6, 2001, and October 7, 2000 (40th 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	1,005	968	7,662	10,069	4,963	5,354	1	49	-	42	91	71
NEW ENGLAND	70	78	469	303	76	89	-	4	-	1	5	6
Maine	1	1	10	15	5	5	-	-	-	-	-	-
N.H.	4	12	16	18	12	15	-	-	-	-	-	3
Vt.	3	7	12	8	4	6	-	1	-	-	1	3
Mass.	35	36	195	116	2	13	-	2	-	1	3	-
R.I.	3	4	38	21	22	15	-	-	-	-	-	-
Conn.	24	18	198	125	31	35	-	1	-	-	1	-
MID. ATLANTIC	148	180	728	1,157	806	915	-	4	-	11	15	21
Upstate N.Y.	58	76	192	177	108	99	-	1	-	4	5	10
N.Y. City	36	49	209	399	322	449	-	2	-	1	3	10
N.J.	38	32	159	227	169	143	-	-	-	1	1	-
Pa.	16	23	168	354	207	224	-	1	-	5	6	1
E.N. CENTRAL	136	147	795	1,311	685	563	-	-	-	10	10	7
Ohio	56	44	183	218	86	88	-	-	-	3	3	2
Ind.	40	26	75	75	37	40	-	-	-	4	4	-
Ill.	10	48	232	572	118	98	-	-	-	3	3	3
Mich.	8	9	258	376	444	305	-	-	-	-	-	2
Wis.	22	20	47	70	-	32	U	-	U	-	-	-
W.N. CENTRAL	51	60	326	576	154	226	-	4	-	-	4	1
Minn.	30	32	33	163	17	30	-	2	-	-	2	1
Iowa	-	-	29	59	21	27	-	-	-	-	-	-
Mo.	13	18	88	235	83	112	-	2	-	-	2	-
N. Dak.	6	2	2	3	-	2	-	-	-	-	-	-
S. Dak.	-	1	2	1	1	1	-	-	-	-	-	-
Nebr.	1	3	29	27	17	33	U	-	U	-	-	-
Kans.	1	4	143	88	15	21	-	-	-	-	-	-
S. ATLANTIC	292	222	1,818	1,090	1,092	926	-	4	-	1	5	3
Del.	-	-	-	12	-	12	-	-	-	-	-	-
Md.	69	65	206	165	110	102	U	2	U	1	3	-
D.C.	-	-	43	20	11	27	-	-	-	-	-	-
Va.	21	34	104	120	126	128	-	1	-	-	1	2
W. Va.	14	6	14	52	20	10	-	-	-	-	-	-
N.C.	42	20	165	116	171	183	-	-	-	-	-	-
S.C.	5	7	63	54	26	13	-	-	-	-	-	-
Ga.	68	54	701	216	285	157	-	1	-	-	1	-
Fla.	73	36	522	335	343	294	-	-	-	-	-	1
E.S. CENTRAL	63	39	309	337	347	367	-	2	-	-	2	-
Ky.	2	12	108	43	40	63	-	2	-	-	2	-
Tenn.	33	16	117	118	180	173	-	-	-	-	-	-
Ala.	26	9	68	43	73	45	-	-	-	-	-	-
Miss.	2	2	16	133	54	86	-	-	-	-	-	-
W.S. CENTRAL	36	59	1,039	1,913	494	879	-	1	-	-	1	-
Ark.	-	2	59	119	77	79	-	-	-	-	-	-
La.	3	16	55	67	32	121	-	-	-	-	-	-
Okla.	33	39	102	210	70	119	-	-	-	-	-	-
Tex.	-	2	823	1,517	315	560	-	1	-	-	1	-
MOUNTAIN	120	93	617	711	410	399	-	1	-	1	2	12
Mont.	-	1	10	5	3	6	-	-	-	-	-	-
Idaho	1	3	52	21	10	6	-	-	-	1	1	-
Wyo.	-	1	7	4	2	2	U	-	U	-	-	-
Colo.	31	22	75	165	88	68	-	-	-	-	-	2
N. Mex.	18	19	31	60	123	111	-	-	-	-	-	-
Ariz.	54	35	333	358	125	147	-	1	-	-	1	-
Utah	6	8	60	45	23	19	-	-	-	-	-	3
Nev.	10	4	49	53	36	40	-	-	-	-	-	7
PACIFIC	89	90	1,561	2,671	899	990	1	29	-	18	47	21
Wash.	2	5	108	231	110	82	-	13	-	2	15	3
Oreg.	17	27	66	147	76	85	1	4	-	-	4	-
Calif.	42	30	1,372	2,269	689	803	U	10	U	11	21	14
Alaska	6	6	14	11	9	9	-	-	-	-	-	1
Hawaii	22	22	1	13	15	11	-	2	-	5	7	3
Guam	-	1	-	1	-	9	U	-	U	-	-	-
P.R.	1	3	91	214	136	217	U	-	U	-	-	2
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	28	U	U	-	U	-	-	U

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

* Incidence data for reporting year 2001 are provisional 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 214 cases among children aged <5 years, serotype was reported for 110, and of those, 19 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending October 6, 2001, and October 7, 2000 (40th 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	1,679	1,730	1	167	269	76	3,508	5,148	-	19	124
NEW ENGLAND	91	106	-	-	4	16	333	1,285	-	-	12
Maine	3	8	-	-	-	16	21	35	-	-	-
N.H.	12	11	-	-	-	-	26	87	-	-	2
Vt.	5	3	-	-	-	-	27	196	-	-	-
Mass.	49	60	-	-	1	-	237	913	-	-	8
R.I.	3	8	-	-	1	-	5	14	-	-	1
Conn.	19	16	-	-	2	-	17	40	-	-	1
MID. ATLANTIC	171	190	1	19	21	6	242	515	-	5	9
Upstate N.Y.	47	54	-	3	8	1	120	243	-	1	1
N.Y. City	31	36	-	9	6	-	38	68	-	3	8
N.J.	41	36	1	3	3	5	18	30	-	1	-
Pa.	52	64	-	4	4	-	66	174	-	-	-
E.N. CENTRAL	222	304	-	15	20	13	490	596	-	3	1
Ohio	75	72	-	1	7	8	257	263	-	-	-
Ind.	33	36	-	1	1	2	65	81	-	1	-
Ill.	22	72	-	11	6	1	59	81	-	2	1
Mich.	51	89	-	2	5	2	53	69	-	-	-
Wis.	41	35	U	-	1	U	56	102	U	-	-
W.N. CENTRAL	116	121	-	7	17	5	194	415	-	3	1
Minn.	16	18	-	3	-	-	70	246	-	-	-
Iowa	21	26	-	-	7	-	19	46	-	1	-
Mo.	43	57	-	-	4	-	75	58	-	1	-
N. Dak.	5	2	-	-	1	4	4	6	-	-	-
S. Dak.	5	5	-	-	-	1	4	4	-	-	-
Nebr.	12	6	U	1	2	U	4	21	U	-	1
Kans.	14	7	-	3	3	-	18	34	-	1	-
S. ATLANTIC	319	247	-	30	39	2	190	385	-	5	72
Del.	4	1	-	-	-	-	-	8	-	1	-
Md.	37	26	U	5	9	U	29	93	U	-	-
D.C.	-	-	-	-	-	-	1	3	-	-	-
Va.	33	36	-	6	9	-	36	87	-	-	-
W. Va.	12	12	-	-	-	-	2	1	-	-	-
N.C.	59	32	-	4	5	2	58	77	-	-	64
S.C.	31	19	-	3	10	-	31	26	-	2	6
Ga.	38	40	-	7	2	-	7	35	-	-	-
Fla.	105	81	-	5	4	-	26	55	-	2	2
E.S. CENTRAL	115	119	-	6	5	3	112	97	-	-	6
Ky.	19	25	-	1	1	-	22	48	-	-	1
Tenn.	53	48	-	1	2	-	52	29	-	-	1
Ala.	30	33	-	-	2	3	34	17	-	-	4
Miss.	13	13	-	4	-	-	4	3	-	-	-
W.S. CENTRAL	184	185	-	11	28	9	317	297	-	1	8
Ark.	17	11	-	1	1	5	17	33	-	-	1
La.	57	41	-	2	5	-	2	19	-	-	1
Okla.	25	25	-	-	-	4	11	16	-	-	-
Tex.	85	108	-	8	22	-	287	229	-	1	6
MOUNTAIN	83	75	-	11	17	19	1,125	619	-	1	2
Mont.	4	4	-	1	1	-	31	35	-	-	-
Idaho	7	7	-	1	-	1	168	55	-	-	-
Wyo.	5	-	U	1	1	U	1	4	U	-	-
Colo.	29	25	-	1	-	1	220	352	-	1	1
N. Mex.	12	7	-	2	1	9	128	81	-	-	-
Ariz.	13	22	-	1	4	3	494	63	-	-	1
Utah	7	7	-	1	4	5	71	17	-	-	-
Nev.	6	3	-	3	6	-	12	12	-	-	-
PACIFIC	378	383	-	68	118	3	505	939	-	1	13
Wash.	57	41	-	1	9	2	129	300	-	-	7
Oreg.	34	53	N	N	N	1	44	99	-	-	-
Calif.	274	273	U	30	81	U	298	485	U	-	6
Alaska	2	8	-	1	8	-	3	19	-	-	-
Hawaii	11	8	-	36	20	-	31	36	-	1	-
Guam	-	-	U	-	13	U	-	3	U	-	1
P.R.	4	9	U	-	-	U	2	6	U	-	-
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

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

* Incidence data for reporting year 2001 are provisional 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 October 6, 2001 (40th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	422	311	59	37	8	6	40
Boston, Mass.	U	U	U	U	U	U	U
Bridgeport, Conn.	20	14	1	1	3	1	1
Cambridge, Mass.	17	9	5	2	-	-	-
Fall River, Mass.	22	18	3	-	1	-	3
Hartford, Conn.	58	36	11	10	1	-	5
Lowell, Mass.	24	21	1	2	-	-	3
Lynn, Mass.	19	16	2	1	-	-	4
New Bedford, Mass.	30	25	3	2	-	-	-
New Haven, Conn.	38	28	7	2	-	1	6
Providence, R.I.	60	49	3	5	-	3	4
Somerville, Mass.	6	4	2	-	-	-	1
Springfield, Mass.	37	22	11	2	1	1	1
Waterbury, Conn.	26	18	1	6	1	-	1
Worcester, Mass.	65	51	9	4	1	-	11
MID. ATLANTIC	1,214	846	226	85	30	26	95
Albany, N.Y.	48	33	12	1	-	2	7
Allentown, Pa.	19	16	3	-	-	-	3
Buffalo, N.Y.	98	76	14	7	1	-	8
Camden, N.J.	25	11	4	6	1	3	1
Elizabeth, N.J.	14	7	7	-	-	-	-
Erie, Pa.§	55	43	8	2	2	-	3
Jersey City, N.J.	58	41	11	3	-	3	-
New York City, N.Y.	U	U	U	U	U	U	U
Newark, N.J.	31	17	7	5	1	1	1
Paterson, N.J.	28	16	6	2	2	2	5
Philadelphia, Pa.	513	335	100	46	18	13	34
Pittsburgh, Pa.§	25	16	7	2	-	-	2
Reading, Pa.	24	17	6	1	-	-	3
Rochester, N.Y.	111	87	18	3	3	-	10
Schenectady, N.Y.	18	11	5	1	1	-	1
Scranton, Pa.§	22	19	3	-	-	-	3
Syracuse, N.Y.	98	79	13	3	1	2	12
Trenton, N.J.	15	13	1	1	-	-	2
Utica, N.Y.	12	9	1	2	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,201	827	233	70	32	37	78
Akron, Ohio	51	35	9	2	3	2	5
Canton, Ohio	29	24	4	1	-	-	8
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	U	U	U	U	U	U	U
Cleveland, Ohio	126	69	41	8	4	4	5
Columbus, Ohio	U	U	U	U	U	U	U
Dayton, Ohio	126	95	16	8	3	4	7
Detroit, Mich.	206	111	55	18	5	15	11
Evansville, Ind.	48	41	3	3	1	-	3
Fort Wayne, Ind.	66	53	7	2	2	2	4
Gary, Ind.	U	U	U	U	U	U	U
Grand Rapids, Mich.	57	37	14	3	2	1	8
Indianapolis, Ind.	U	U	U	U	U	U	U
Lansing, Mich.	55	36	11	6	2	-	3
Milwaukee, Wis.	115	80	23	8	2	2	8
Peoria, Ill.	60	47	9	1	-	3	2
Rockford, Ill.	74	51	15	2	4	2	6
South Bend, Ind.	53	38	8	5	2	-	1
Toledo, Ohio	96	75	16	2	1	2	4
Youngstown, Ohio	39	35	2	1	1	-	3
W.N. CENTRAL	768	504	155	60	28	21	46
Des Moines, Iowa	86	63	12	10	1	-	7
Duluth, Minn.	30	23	3	2	-	2	4
Kansas City, Kans.	35	26	5	1	2	1	3
Kansas City, Mo.	75	50	11	7	5	2	5
Lincoln, Nebr.	28	18	7	2	1	-	1
Minneapolis, Minn.	142	107	26	4	2	3	10
Omaha, Nebr.	99	61	20	12	2	4	11
St. Louis, Mo.	111	57	33	9	6	6	-
St. Paul, Minn.	80	60	12	3	3	2	3
Wichita, Kans.	82	39	26	10	6	1	2
S. ATLANTIC	1,255	823	259	117	32	23	89
Atlanta, Ga.	128	83	27	11	4	3	5
Baltimore, Md.	180	111	37	21	8	3	21
Charlotte, N.C.	79	45	18	8	3	5	6
Jacksonville, Fla.	138	84	28	14	8	4	12
Miami, Fla.	133	84	32	14	2	1	15
Norfolk, Va.	48	26	13	6	3	-	-
Richmond, Va.	64	38	17	6	2	1	6
Savannah, Ga.	73	48	18	7	-	-	5
St. Petersburg, Fla.	85	69	13	3	-	-	5
Tampa, Fla.	207	150	34	18	1	3	11
Washington, D.C.	104	69	22	9	1	3	3
Wilmington, Del.	16	16	-	-	-	-	-
E.S. CENTRAL	840	564	179	64	19	13	62
Birmingham, Ala.	163	116	29	10	5	2	10
Chattanooga, Tenn.	73	55	9	5	3	1	3
Knoxville, Tenn.	109	82	19	6	2	-	6
Lexington, Ky.	65	41	15	5	3	1	8
Memphis, Tenn.	163	107	34	15	3	4	16
Mobile, Ala.	74	48	19	6	-	1	5
Montgomery, Ala.	46	22	16	4	2	2	2
Nashville, Tenn.	147	93	38	13	1	2	12
W.S. CENTRAL	1,418	915	308	116	41	38	76
Austin, Tex.	64	43	15	4	2	-	2
Baton Rouge, La.	56	34	15	6	-	1	2
Corpus Christi, Tex.	75	52	19	-	-	4	6
Dallas, Tex.	196	120	48	17	5	6	16
El Paso, Tex.	92	61	22	5	1	3	4
Ft. Worth, Tex.	113	78	17	6	2	10	3
Houston, Tex.	432	247	96	55	22	12	25
Little Rock, Ark.	42	28	9	2	3	-	-
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	216	156	41	16	2	1	12
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	132	96	26	5	4	1	6
MOUNTAIN	917	651	165	61	25	15	68
Albuquerque, N.M.	U	U	U	U	U	U	U
Boise, Idaho	37	27	7	2	-	1	2
Colo. Springs, Colo.	60	45	9	6	-	-	1
Denver, Colo.	99	53	24	9	6	7	8
Las Vegas, Nev.	184	128	42	11	2	1	10
Ogden, Utah	31	26	3	2	-	-	5
Phoenix, Ariz.	237	189	30	16	1	1	22
Pueblo, Colo.	26	19	3	1	2	1	-
Salt Lake City, Utah	111	71	25	6	6	3	10
Tucson, Ariz.	132	93	22	8	8	1	10
PACIFIC	1,115	779	215	74	20	23	84
Berkeley, Calif.	21	16	5	-	-	-	1
Fresno, Calif.	95	67	18	8	2	-	4
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	59	41	12	3	1	2	4
Long Beach, Calif.	63	42	12	5	1	3	9
Los Angeles, Calif.	349	243	64	28	6	8	24
Pasadena, Calif.	14	11	3	-	-	-	-
Portland, Oreg.	84	62	13	6	1	1	2
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	173	117	34	12	4	6	23
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	U	U	U	U	U	U	U
Santa Cruz, Calif.	U	U	U	U	U	U	U
Seattle, Wash.	111	71	25	7	5	3	6
Spokane, Wash.	39	32	5	2	-	-	5
Tacoma, Wash.	107	77	24	3	-	-	6
TOTAL	9,150¶	6,220	1,799	684	235	202	638

U: Unavailable. -:No reported cases.

* Mortality data in this table are reported voluntarily 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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☆U.S. Government Printing Office: 2002-733-100/49016 Region IV