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Progress Toward Elimination of Perinatal HIV Infection — Michigan, 1993–2000

In 1994, the U.S. Public Health Service (PHS) issued guidelines for maternal and neonatal zidovudine (ZDV) use to reduce perinatal human immunodeficiency virus (HIV) transmission (1). These guidelines recommend maternal ZDV use during the second and third trimesters of pregnancy and during labor and delivery (L&D) and administration of ZDV to the neonate for the first 6 weeks of life. In 2001, PHS updated 1995 guidelines for routine HIV counseling and voluntary testing of pregnant women (2,3). The Michigan Department of Community Health (MDCH) requires reporting of all children who are perinatally exposed to HIV and follows up these children to monitor their infection status and record demographic, clinical, and laboratory characteristics of infected children. The reporting of perinatally HIV-exposed children enables MDCH to monitor the effectiveness of public health efforts to prevent perinatal HIV transmission (4) and assists the targeting of prevention programs and activities. This report summarizes surveillance data collected through December 31, 2001, on children born to HIV-infected women in Michigan during 1993–2000. The report highlights rapid adoption of PHS guidelines that resulted in the reduction of perinatally acquired HIV infection to historically low levels in Michigan. Improving levels of prenatal care (PNC) for HIV-infected pregnant women, especially substance users, and routine HIV counseling and voluntary testing for all pregnant women are needed to further reduce perinatal HIV infection.

MDCH collects testing and treatment data on all children born to HIV-infected mothers through routine completion of case reports by state health department staff in cooperation with health-care providers, hospitals, and clinics. To ensure complete reporting of mother-infant pairs and to identify

possible factors that can improve outcomes for HIV-infected mothers and their infants, additional case ascertainment and public health follow-up activities are conducted. To identify recent births to HIV-infected women who were previously reported as having HIV infection or acquired immunodeficiency syndrome (AIDS), the Michigan HIV/AIDS Registry (HARS) was matched to the Michigan Birth Registry for birth years 1993 through 1999 using standard matching algorithms. Maternal records (i.e., PNC, clinic, and L&D records) and pediatric records (i.e., birth and clinic records) were reviewed to complete and supplement information collected on the routine case-report form. Timing of maternal HIV testing, number of PNC visits received, maternal use of alcohol and illegal drugs during the most recent pregnancy, and the frequency of sexually transmitted disease (STD) diagnoses during pregnancy were abstracted from available medical records.

For birth years 1993–2000, data were abstracted for 512 mother-infant pairs and for six HIV-exposed infants for whom maternal information was unavailable. The HARS-birth registry match identified 39 (8%) of these HIV-exposed children. For birth years 1993 and 1994 combined, the case ascertainment methods identified 146 (95%) of 153 perinatally exposed infants when compared with available data

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for that period from the Survey of Childbearing Women, an anonymous serologic survey of the presence of maternal antibodies in all newborns.

Maternal ZDV use prenatally and/or during L&D increased significantly from 27% in 1993 to 85% in 2000 ($p < 0.01$; chi square for linear trends) (Table 1), and peaked at 95% in 1998. Neonatal ZDV use increased from 12% in 1993 to 93% in 2000 ($p < 0.01$; chi square for linear trends). Of six women who refused ZDV treatment during both pregnancy and L&D, five gave birth before 1996, and four of their infants received neonatal ZDV. The percentage of mothers who received other antiretroviral medications in addition to ZDV during pregnancy increased from 5% in 1993 to 71% in 2000. On the basis of follow up of children for at least 12 months, the number of children known to be perinatally HIV-infected decreased from 19% to 3% from 1993 to 2000 ($p < 0.01$; chi square for linear trends). Although there has been insufficient follow-up time to determine infection status definitively for children born in 1999 and 2000 who are of indeterminate status, most had one negative polymerase chain reaction test before age 4 months (5) and are not likely to be infected.

Medical records were reviewed for 488 HIV-infected women who gave birth during 1993–2000. Of these women, information on receipt of PNC was missing for 57 (12%) (Table 2). Of the 431 women with documented PNC information, 45 (10%) received no PNC. Overall, 49% of women were tested for HIV before their most recent pregnancy. Of women who had zero PNC visits, 58% had been tested before or during their most recent pregnancy compared with 94% and 93% who had 1–2 and ≥ 3 PNC visits, respectively. Additional information on illegal drug use, alcohol, and STDs was available on 344 (80%) of these women (Table 2). Of these, drugs and alcohol were used more frequently by women who had zero or 1–2 PNC visits, compared with those who had ≥ 3 (chi square $p = 0.02$ and $p = 0.06$, respectively). For all categories of PNC care, cocaine and/or crack were the most frequently used illegal drugs (62%). A higher proportion of women who had ≥ 3 PNC visits were diagnosed with one or more STD (gonorrhea, chlamydia, syphilis, primary genital herpes, pelvic inflammatory disease, and trichomonas) (49%), compared with women with < 3 visits (26%) ($p = 0.09$; chi square).

To allow time for health-care providers to adopt the 1994 PHS guidelines for ZDV use and to examine their impact on perinatal HIV transmission, the characteristics and infection status of children born during 1995–2000 were examined. Of the 381 perinatally HIV-exposed children born during these years, 31 (8%) became HIV-infected (Table 1). Of these, nine (29%) were reported with AIDS by January 1, 2002.

TABLE 1. Number and percentage of HIV-positive pregnant women and HIV-exposed infants, by perinatal zidovudine (ZDV) use, and serostatus of infants exposed to HIV perinatally, by birth year — Michigan, 1993–2000*

ZDV use/Serostatus	1993	1994	1995	1996	1997	1998	1999	2000†
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
HIV-positive mothers of HIV-exposed infants[§]	75	51	50	56	69	63	58	66
Received ZDV during pregnancy and/or labor and delivery (L&D) ^{¶**}	20 (27)	24 (47)	40 (80)	49 (88)	56 (81)	60 (95)	50 (86)	56 (85)
During pregnancy	20 (26)	23 (45)	36 (72)	47 (84)	53 (77)	56 (89)	45 (78)	49 (74)
During L&D	11 (15)	13 (25)	36 (72)	43 (77)	53 (77)	57 (90)	48 (83)	52 (79)
Did not receive ZDV ^{¶**}	52 (69)	24 (47)	6 (12)	7 (13)	11 (16)	3 (5)	8 (14)	10 (15)
Refused ZDV during pregnancy and L&D	1 (1)	1 (2)	3 (6)	0 —	1 (1)	0 —	0 —	0 —
Received multiple ART ^{††} drugs during pregnancy	4 (5)	1 (2)	0 —	5 (9)	30 (43)	45 (71)	43 (74)	47 (71)
HIV-exposed infants^{§§}	81	56	52	57	75	67	61	69
Received neonatal ZDV	10 (12)	17 (30)	44 (85)	51 (89)	59 (79)	63 (94)	56 (92)	64 (93)
Infected with HIV or diagnosed with AIDS	15 (19)	12 (21)	9 (17)	6 (11)	8 (11)	3 (4)	3 (5)	2 (3)
Not infected with HIV	51 (63)	34 (61)	35 (67)	39 (68)	46 (61)	49 (73)	38 (62)	39 (57)
Indeterminate serostatus ^{¶¶}	15 (19)	10 (18)	8 (15)	12 (21)	21 (28)	15 (22)	20 (33)	28 (41)

* Data reported to Michigan HIV/AIDS Surveillance as of December 31, 2001. N=488 mothers and 518 infants.

† Data for 2000 are incomplete.

§ Number of mothers differs from the number of infants because of twins (12 sets) and infants with missing information on the mother (18). Mothers of twins are counted once.

¶ The denominator is the number of reported HIV-infected mothers of HIV-exposed infants.

** Because of missing data, percentages might not total 100%.

†† Antiretroviral therapy (e.g., lamivudine, nevirapine, and protease inhibitors).

§§ The number of infants is the denominator for the percentage of infant ZDV use and serostatus.

¶¶ Many of these children probably are HIV negative because of at least one negative qualitative polymerase chain reaction HIV test but were lost to follow up.

Information on maternal prenatal testing and care was available for 27 (87%) of the infected children. A PNC visit included any clinic (e.g., obstetric or medical) visit at which PNC was provided and excluded visits to emergency departments. Of the 27 mothers for whom PNC information was obtained, four (15%) mothers of HIV-infected children had no PNC visits, four (15%) had 1–2 visits, and 17 (63%) had ≥ 3 (mean: 8.4 visits); two had an unknown number of visits, neither of whom received ZDV either before or during L&D. Of the 17 mothers of infected children who had ≥ 3 PNC visits, seven (41%) were not tested for HIV until after L&D.

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Editorial Note: The findings in this report indicate that a high proportion of health-care providers in Michigan are following PHS guidelines for maternal and neonatal ZDV use to reduce perinatal HIV transmission. Since 1994 in Michigan and in other states, an increasing proportion of pregnant women received HIV counseling and testing and ZDV therapy, resulting in a dramatic decrease in the number of

children with perinatally acquired HIV/AIDS (6,7). The use of other antiretrovirals increased following the 1996 introduction of combination highly active antiretroviral therapy (HAART) (8), which lowers maternal HIV viral load and contributes to the decreasing transmission rate. Promoting access to PNC, acceptance of HIV testing, and ZDV use are necessary to sustain these trends and to achieve further reductions.

Since 1989, Michigan law has required testing of pregnant women at the time of initial examination for HIV, hepatitis B, and other STDs unless they do not consent to the test or it is contraindicated. In 1994, Michigan law was expanded to include this voluntary testing at the time of delivery or immediately postpartum if no previous testing is documented in her medical records. To comply with these laws, obstetric providers should offer all pregnant women HIV counseling and voluntary testing regardless of their race, age, or marital or socioeconomic status. The findings in this report indicate that most Michigan obstetric providers who care for HIV-infected women are complying with the law. Despite high rates of compliance, opportunities are being missed for perinatal HIV prevention. When women present for delivery to high-prevalence hospitals without documented HIV test

TABLE 2. Number of women who received HIV testing, used illegal drugs and alcohol, and/or had a sexually transmitted disease (STD), by number of prenatal care visits (PNC) — Michigan, 1993–2000*

Testing/Substance use/STDs	No visits	1–2 visits	≥3 visits	Total
	No. (%)	No. (%)	No. (%)	No. (%)
HIV testing				
Before most recent pregnancy	20 (44)	20 (65)	172 (48)	212 (49)
During most recent pregnancy	6 (13)	9 (29)	157 (44)	172 (40)
At Delivery/Postpartum	3 (7)	2 (6)	1 (<1)	6 (1)
After most recent pregnancy	11 (24)	0 —	16 (5)	27 (6)
Unknown†	5 (11)	0 —	9 (3)	14 (3)
Total	45 (10)	31 (7)	355 (82)	431§ —
Substance use/STD				
Illegal drugs¶	21 (41)	18 (46)	76 (30)	115 (33)
Cocaine/Crack	18 (86)	11 (61)	42 (55)	71 (62)
Marijuana	1 (5)	4 (22)	28 (37)	33 (29)
Heroin	0 —	2 (11)	4 (5)	6 (5)
Combination/Other	2 (10)	1 (6)	2 (3)	5 (4)
Alcohol**	18 (35)	10 (26)	54 (21)	82 (24)
STD††	12 (24)	11 (28)	124 (49)	147 (43)
Total	51 (15)	39 (11)	254 (74)	344§§ —

* The denominator is the percentage of women in each PNC category, except for the percentages of specific illegal drugs. The denominator for the percentage of each drug is the number of women who used illegal drugs in that PNC category.

† Includes 11 women who were tested at an unknown time before birth and three whose time of testing was unknown.

§ A total of 57 women with an unknown number of PNC visits was excluded.

¶ One or more of these drugs were detected on a urine drug screening during the most recent pregnancy and/or recorded in the maternal prenatal or labor and delivery medical records.

** Used alcohol during most recent pregnancy.

†† One or more of the following STDs were diagnosed during the most recent pregnancy: gonorrhea, chlamydia, syphilis, primary genital herpes, pelvic inflammatory disease, and/or trichomonas.

§§ Data were missing for 87 women.

results, counseling and voluntary rapid testing should be provided at L&D and results returned to the patient and her obstetric provider as soon as possible so that, if appropriate, timely initiation of intrapartum antiretrovirals or neo-natal ZDV is possible within 48 hours after birth (9). At lower prevalence hospitals, expedited use of standard EIA tests and rapid turnaround of test results at the time of delivery to allow time for administration of intrapartum and neonatal ZDV for women whose HIV status is unknown might be another way to enhance these efforts.

Continued efforts are needed to assist pregnant women to obtain PNC and to provide them with HIV counseling and testing. In Michigan, 10% of HIV-infected women received no PNC, compared with 1% in the general population (10). The high prevalence of STDs and illegal drug and alcohol use among HIV-infected women giving birth in Michigan suggests that medical practitioners need to provide treatment or appropriate care referrals for HIV-infected women to manage their HIV infection, substance abuse, and other co-morbid conditions and to prevent perinatal HIV transmission (1,8).

HIV-infected infants continue to be born to women who receive both HAART and the recommended prevention protocol. Factors that might contribute to continued transmission include incomplete adherence to medication regimens,

advanced maternal disease stage or high viral load, obstetric factors surrounding L&D, or treatment-resistant virus.

The findings in this report are subject to at least two limitations. First, although completeness of reporting was high for HIV-exposed infants in 1993 and 1994 compared with the number of HIV-positive mothers known to have given birth, comparable data on the total number of infected women giving birth are not available for 1995–2000. Second, the HARS-birth registry match cannot account for unreported maternal cases and would fail to properly identify a match for a woman reported to HARS and birth registries with more than two reported surnames.

CDC provides funds to 21 states to collect expanded perinatal surveillance data as part of a comprehensive public health effort to further reduce rates of perinatal transmission. In Michigan, pediatric HIV surveillance includes children exposed to HIV perinatally, those with HIV, and those who meet the AIDS case definition (4). The findings in this report underscore the importance of collecting comprehensive perinatal surveillance data for monitoring and evaluating both successes and failures in preventing perinatal transmission of HIV (6).

References

1. CDC. Recommendations of the US Public Health Service Task Force on the use of zidovudine to reduce perinatal transmission of human immunodeficiency virus. *MMWR* 1994;43 (No. RR-11).
2. CDC. US Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR* 1995;44 (No. RR-7).
3. CDC. Revised recommendations for HIV screening of pregnant women. *MMWR* 2001;50(No. RR-19).
4. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *MMWR* 1999;48 (No. RR-13).
5. The Working Group on Antiretroviral Therapy. Guidelines for the use of antiretroviral agents in pediatric HIV infection. Available at <http://www.hivatis.org>. Accessed January 2002.
6. Wortley PM, Lindegren ML, Fleming PL. Successful implementation of perinatal HIV prevention guidelines: a multistate surveillance evaluation. *MMWR* 2001;50(No. RR-6).
7. CDC. Prenatal discussion of HIV testing and maternal HIV testing—14 states, 1996–1997. *MMWR* 1999;48:401–4.
8. Panel on Clinical Practices for Treatment of HIV Infection. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. Available at <http://www.hivatis.org>. Accessed January 2002.
9. U.S. Public Health Services. U.S. Public Health Service task force recommendations for the use of antiretroviral drugs in pregnant women infected with HIV-1 for maternal health and for reducing perinatal HIV-1 transmission in the United States. Available at <http://www.hivatis.org>. Accessed January 2002.
10. Humphrys KS, Beebe, MA. Michigan Health Statistics, 1998. Div of Health Statistics, Michigan Department of Community Health, 1999.

Use of Assisted Reproductive Technology — United States, 1996 and 1998

Since 1983, when the first infant was conceived from in vitro fertilization (IVF) in the United States, the use of IVF and related procedures (assisted reproductive technology [ART]) has increased substantially. In 1998, an estimated 0.7% of the 3.9 million births were the result of ART (1). ART patients are more likely to deliver multiple infants than women who conceive without treatment, and these multiple-infant births are associated with increased risks for pregnancy complications, premature delivery, low birth-weight infants, and long-term disability among surviving infants (2). This report examines state-specific use of ART in 1996 and 1998 and provides data on ART live-born and multiple-infant birth rates in 1998. Findings indicate that the use of ART is increasing in most states and that more than half the infants born as a result of these procedures are multiple births. These high-risk births contribute disproportionately to health-care costs and might negatively affect maternal and child health outcomes, particularly in states where large numbers of ART procedures are performed.

The 1992 Fertility Clinic Success Rate and Certification Act* requires all U.S. clinics performing ART to report data annually to CDC for every ART procedure initiated (3). ART is defined as any procedure in which both oocytes and sperm are handled outside the body; these include IVF and gamete and zygote intrafallopian transfer (gametes or zygotes transferred into the fallopian tubes rather than the uterus). Procedures are classified according to whether the ART patient uses her own eggs or eggs donated by another woman, whether the embryos transferred were freshly fertilized or previously frozen, and whether the embryos were transferred into a gestational surrogate or a new treatment procedure was used. Clinics submit their data to CDC through the Society for Assisted Reproductive Technology reporting system (3). This report uses data from 1996, the first full year CDC collected data, and 1998, the latest year of completed data collection. State-specific comparisons of live-birth and multiple-birth rates as a result of ART require consideration of both ART type and patient age; however, because of insufficient sample sizes, age-adjusted rates could not be calculated for each state. Live-birth delivery (i.e., the percentage of procedures that resulted in the delivery of one or more live-born infants) and multiple birth rates are presented for ART procedures performed on women aged <35 years using fresh, nondonor embryos (excluding gestational surrogate and new treatment procedures).

During 1996–1998, the number of ART clinics increased nationally from 330 to 390 (18%), of which 315 (95%) reported data in 1996 and 360 (92%) reported data in 1998 (Table 1). The total number of reported ART procedures increased 26.5%, from 64,724 in 1996 to 81,899 in 1998. Increases were reported for 35 of the 38 states that had complete data for 1996 (i.e., no nonreporting clinics). The states where the greatest number of reported ART procedures were performed during 1998 were California (10,615), New York (8,689), Massachusetts (7,236), Illinois (5,145), and New Jersey (5,105). ART was not performed in Alaska, Idaho, Maine, Montana, or Wyoming.

In 1998, a total of 20,143 live-birth deliveries resulted from the 81,899 ART procedures. The national live-birth delivery rate was 24.7%. Nationally, 61,650 (75%) of the 81,899 ART procedures performed in 1998 were fresh nondonor; 11,228 (14%) were frozen nondonor; 5,828 (7%) were fresh donor; 1,928 (2%) were frozen donor; and 1,265 (2%) were procedures involving gestational surrogates, new treatments, or embryo banking. Live-birth delivery rates for the five ART types were 25%, 17%, 37%, 21%, and 30%[†], respectively.

* Publication L No. 102–493(42 U.S.C. 263a-1 et seq.) October 24, 1992.

[†] Calculation excludes embryo banking procedures in which all embryos were frozen for later use.

TABLE 1. Number of assisted reproductive technology (ART) clinics and reported ART procedures performed — United States, 1996 and 1998

Reporting area	No. of ART clinics		No. of reported ART procedures			Rank*
	1996	1998	1996	1998	% change	
Alabama	4	4	427	644	50.8	27
Alaska	0	0				
Arizona	7	8 (1)†	937	1,130§	20.6	20
Arkansas	2	2	231	308	33.3	38
California	35 (4)	51 (8)	7,984§	10,615§	33.0	1
Colorado	6	7	1,219	1,459	19.7	17
Connecticut	6	5 (1)	1,221	1,475§	20.8	16
Delaware	1	2	306	383	25.2	35
District of Columbia	3	3	848	1,051	23.9	21
Florida	8	22 (3)	2,353	3,254§	38.3	7
Georgia	4	3 (1)	1,527	1,681§	10.1	14
Hawaii	1	2	271	370	36.5	37
Idaho	0	0				
Illinois	16	21 (1)	4,260	5,145§	20.8	4
Indiana	6	8	1,359	1,919	41.2	12
Iowa	3	3	685	729	6.4	26
Kansas	3	4	595	640	7.6	28
Kentucky	3	4	323	402	24.5	33
Louisiana	4	6	442	545	23.3	31
Maine	0	0				
Maryland	7	8	1,850	2,835	53.2	11
Massachusetts	10	9 (1)	7,252	7,236§	-0.2	3
Michigan	12 (1)	14	2,406§	2,879	19.7	10
Minnesota	4	4	1,288	1,749	35.8	13
Mississippi	1	1	108	174	61.1	41
Missouri	6	7 (2)	696	912§	31.0	22
Montana	0	0				
Nebraska	2	2	693	618	-10.8	30
Nevada	2 (1)	2	197§	243	23.4	39
New Hampshire	1	1	22	66	200.0	46
New Jersey	13	16 (2)	4,424	5,105§	15.4	5
New Mexico	2	2	188	220	17.0	40
New York	20 (4)	29 (1)	5,750§	8,689§	51.1	2
North Carolina	7 (1)	7 (1)	864§	1,171§	35.5	19
North Dakota	1 (1)	1	48§	42	-12.5	47
Ohio	12 (1)	14	2,439§	3,122	28.0	8
Oklahoma	3	3	333	382	14.7	36
Oregon	2	2	510	620	21.6	29
Pennsylvania	16	19 (1)	2,522	3,029§	20.1	9
Puerto Rico	2	1 (2)	231	110§	-52.4	43
Rhode Island	1	1	540	814	50.7	25
South Carolina	2	2 (1)	350	501§	43.1	32
South Dakota	1	1	43	79	83.7	44
Tennessee	8	6 (1)	738	815§	10.4	24
Texas	17 (1)	23	2,836§	4,315	52.2	6
Utah	1	3	213	384	80.3	34
Vermont	1	1	61	68	11.5	45
Virginia	8 (1)	8 (3)	1,234§	1,362§	10.4	18
Washington	6	8	1,031	1,653	60.3	15
West Virginia	1	1	115	134	16.5	42
Wisconsin	9	9	754	822	9.0	23
Wyoming	0	0				
Total	315 (15)	360 (30)	64,724	81,899	26.5	

* Based on number of reported ART procedures performed in 1998.

† Numbers in parentheses indicate number of clinics not reporting data for that year.

§ Actual number of procedures performed was higher than reported because some clinics did not report data for that year.

For 27,858 procedures performed on women aged <35 years using fresh, nondonor embryos (Table 2), the live-birth rate was 32.0% (95% confidence interval: 31.4%–32.5%).

The 20,143 live-birth deliveries from ART procedures performed in 1998 resulted in 28,873 live-born infants (Table 3). The number of infants born was higher than the number of live-birth deliveries because of multiple-infant births. The five states with the largest number of ART procedures performed also reported the most infants born by ART procedures. A total of 16,281 (56%) infants were multiple-births[§], 12,598 (44%) were twins. Nationally, 61.6% of the ART infants born to women aged <35 years were multiple births; 16.4% were triplets and higher order multiples. The multiple-infant birth rate for these women was 70%–74% for six states (Connecticut, Hawaii, Louisiana, Nevada, New Mexico, and South Carolina).

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Editorial Note: Data in this report indicate that ART-related multiple births are an increasingly important public health problem nationally and in many states. The proportion of infants born as a result of ART in the United States in 1998 that were multiple births (56%) was substantially higher than the overall national average of 3% (4). This rate was even higher (62%) for the most common group receiving ART procedures: women aged <35 years who used fresh nondonor eggs. The triplet and higher-order birth rate for this group was 16%, 100 times higher than the national average of 0.16% among women this age in 1998 (4).

The findings in this report are subject to at least four limitations. First, not all clinics that perform ART procedures in the United States report data. Second, the incompleteness of residency data precludes the calculation of the contribution of ART to total births and multiple births among residents of each state. Some states are more likely to have nonresident ART patients, including states with military hospitals that perform ART (e.g., District of Columbia), states with clinics near borders (e.g., Kansas, Missouri, New Jersey, and Rhode Island), and states neighboring those with no ART clinics. Completeness of residency data was from 5% to 70% for 13 states and from 90% to 100% for 25 states. Among these 25 states,

TABLE 2. Live-birth deliveries for assisted reproductive technology (ART) procedures performed — United States, 1998

Reporting area	All ART procedures	No. live-birth deliveries to women aged <35 years		Live-birth delivery rate* among women aged <35 years	
		Fresh nondonor	Fresh	%	Fresh nondonor (95% CI) [†]
Alabama	139	86		25.5	(20.9–30.2)
Alaska	NA [§]	—		—	—
Arizona	236	106		30.4	(25.2–35.2)
Arkansas	65	42		30.7	(22.9–38.4)
California	2,652	764		30.9	(29.1–32.7)
Colorado	521	200		45.6	(40.9–50.2)
Connecticut	365	152		32.6	(28.4–36.9)
Delaware	61	33		20.8	(14.4–27.1)
District of Columbia	241	126		37.6	(32.4–42.8)
Florida	873	446		35.5	(32.9–38.2)
Georgia	412	181		31.4	(27.6–35.2)
Hawaii	106	46		44.7	(35.1–54.3)
Idaho	NA	—		—	—
Illinois	1,089	562		28.2	(26.2–30.2)
Indiana	456	256		34.1	(30.7–37.5)
Iowa	189	105		34.2	(28.9–39.5)
Kansas	207	104		40.9	(34.9–47.0)
Kentucky	76	47		25.3	(19.0–31.5)
Louisiana	90	62		24.1	(18.9–29.4)
Maine	NA	—		—	—
Maryland	584	288		27.3	(24.6–30.0)
Massachusetts	1,684	710		30.6	(28.7–32.5)
Michigan	643	346		30.0	(27.3–32.6)
Minnesota	608	256		42.2	(38.3–46.2)
Mississippi	38	21		24.7	(15.5–33.9)
Missouri	195	117		28.3	(23.9–32.6)
Montana	NA	—		—	—
Nebraska	147	84		31.9	(26.3–37.6)
Nevada	60	33		29.2	(20.8–37.6)
New Hampshire	17	10		29.4	(14.1–44.7)
New Jersey	1,502	595		36.4	(34.0–38.7)
New Mexico	80	37		50.7	(39.2–62.1)
New York	2,238	885		34.5	(32.6–36.3)
North Carolina	313	182		35.2	(31.1–39.3)
North Dakota	6	3		14.3	(0 –29.3)
Ohio	740	342		30.1	(27.4–32.7)
Oklahoma	124	74		40.9	(33.7–48.0)
Oregon	149	42		28.8	(21.4–36.1)
Pennsylvania	522	246		21.6	(19.2–24.0)
Puerto Rico	34	18		36.7	(23.2–50.2)
Rhode Island	137	84		22.7	(18.4–27.0)
South Carolina	151	76		40.6	(33.6–47.7)
South Dakota	16	9		23.1	(9.9–36.3)
Tennessee	248	142		38.5	(33.5–43.4)
Texas	1,059	527		33.9	(31.6–36.3)
Utah	139	93		42.7	(36.1–49.2)
Vermont	11	5		16.1	(3.2–29.1)
Virginia	338	134		29.7	(25.2–33.9)
Washington	350	125		31.1	(26.6–35.6)
West Virginia	22	11		21.2	(10.1–32.2)
Wisconsin	210	94		31.7	(26.4–36.9)
Wyoming	NA	—		—	—
Total	20,143	8,907		32.0	(31.4–32.5)

* The percentage of procedures that resulted in the delivery of one or more live-born infants.

[†] Confidence interval.

[§] Not applicable because no clinics performed ART procedures in that state in 1998.

[§] Fetuses delivered with at least one being live-born.

Table 3. Number of infants born who were conceived using assisted reproductive technology (ART) procedures performed and number and proportion born in multiple-birth deliveries, by plurality and state where ART was performed — United States, 1998

	Infants born all ART procedures			Infants born ART procedures women aged <35 fresh nondonor eggs						
	Multiple birth deliveries		Triplet/+ birth deliveries	Multiple birth deliveries		Triplet/+ birth deliveries	All deliveries			
	No.	(%)	No.	(%)	No.	(%)				
Alabama	136	(63.6)	43	(20.1)	214	93	(67.4)	34	(24.6)	138
Alaska	—	—	—	—	NA*	—	—	—	—	—
Arizona	192	(56.8)	36	(10.7)	338	101	(63.1)	21	(13.1)	160
Arkansas	36	(42.9)	8	(9.5)	84	24	(43.6)	8	(14.5)	55
California	2,047	(54.9)	337	(9.0)	3,728	727	(63.1)	157	(13.6)	1,152
Colorado	414	(55.8)	87	(11.7)	742	165	(57.1)	39	(13.5)	289
Connecticut	302	(57.3)	72	(13.7)	527	176	(71.0)	52	(21.0)	248
Delaware	38	(46.9)	6	(7.4)	81	21	(47.7)	3	(6.8)	44
District of Columbia	203	(57.8)	56	(16.0)	351	122	(62.9)	43	(22.2)	194
Florida	787	(60.4)	223	(17.1)	1,302	439	(63.8)	140	(20.3)	688
Georgia	342	(57.2)	95	(15.9)	598	164	(60.5)	51	(18.8)	271
Hawaii	101	(62.7)	29	(18.0)	161	55	(71.4)	23	(29.9)	77
Idaho	—	—	—	—	NA	—	—	—	—	—
Illinois	874	(56.0)	226	(14.5)	1,562	508	(60.6)	139	(16.6)	838
Indiana	378	(57.0)	109	(16.4)	663	242	(62.4)	68	(17.5)	388
Iowa	160	(58.6)	35	(12.8)	273	93	(60.0)	26	(16.8)	155
Kansas	179	(58.9)	51	(16.8)	304	103	(64.0)	36	(22.4)	161
Kentucky	73	(62.4)	28	(23.9)	117	55	(69.6)	25	(31.6)	79
Louisiana	100	(69.9)	25	(17.5)	143	76	(73.8)	18	(17.5)	103
Maine	—	—	—	—	NA	—	—	—	—	—
Maryland	448	(54.6)	80	(9.8)	820	256	(60.1)	58	(13.6)	426
Massachusetts	1,175	(51.2)	153	(6.7)	2,296	561	(56.0)	72	(7.2)	1,002
Michigan	543	(57.8)	150	(16.0)	940	337	(63.2)	105	(19.7)	533
Minnesota	517	(58.6)	111	(12.6)	883	245	(63.1)	60	(15.5)	388
Mississippi	28	(52.8)	6	(11.3)	53	15	(51.7)	3	(10.3)	29
Missouri	141	(52.0)	34	(12.5)	271	85	(51.8)	25	(15.2)	164
Montana	—	—	—	—	NA	—	—	—	—	—
Nebraska	150	(65.2)	48	(20.9)	230	90	(67.7)	26	(19.5)	133
Nevada	64	(68.8)	6	(6.5)	93	38	(71.7)	6	(11.3)	53
New Hampshire	4	(21.1)	0	—	19	4	(33.3)	0	—	12
New Jersey	1,232	(56.9)	311	(14.4)	2,167	532	(60.0)	156	(17.6)	886
New Mexico	71	(60.7)	9	(7.7)	117	41	(70.7)	3	(5.2)	58
New York	1,822	(56.8)	378	(11.8)	3,209	863	(63.8)	217	(16.1)	1,352
North Carolina	301	(62.7)	95	(19.8)	480	193	(66.6)	64	(22.1)	290
North Dakota	4	(50.0)	0	—	8	2	(50.0)	0	—	4
Ohio	580	(54.8)	167	(15.8)	1,058	293	(57.9)	101	(20.0)	506
Oklahoma	120	(63.5)	28	(14.8)	189	74	(65.6)	12	(10.6)	113
Oregon	105	(51.7)	9	(4.4)	203	40	(63.5)	6	(9.5)	63
Pennsylvania	387	(53.0)	82	(11.2)	730	205	(57.1)	58	(16.2)	359
Puerto Rico	20	(45.5)	2	(4.5)	44	16	(61.5)	2	(7.7)	26
Rhode Island	129	(62.6)	30	(14.6)	206	89	(67.9)	18	(13.7)	131
South Carolina	139	(61.8)	27	(12.0)	225	92	(73.0)	22	(17.5)	126
South Dakota	14	(58.3)	6	(25.0)	24	10	(66.7)	6	(40.0)	15
Tennessee	199	(55.7)	57	(16.0)	357	119	(57.2)	39	(18.8)	208
Texas	903	(58.2)	247	(15.9)	1,551	480	(60.6)	148	(18.7)	792
Utah	124	(59.3)	48	(23.0)	209	94	(64.4)	36	(24.7)	146
Vermont	4	(30.8)	0	—	13	4	(57.1)	0	—	7
Virginia	297	(59.9)	55	(11.1)	496	150	(69.8)	34	(15.8)	215
Washington	230	(48.9)	28	(6.0)	470	87	(51.2)	9	(5.3)	170
West Virginia	12	(41.4)	6	(20.7)	29	8	(50.0)	6	(37.5)	16
Wisconsin	156	(52.9)	44	(14.9)	295	71	(53.4)	23	(17.3)	133
Wyoming	—	—	—	—	NA	—	—	—	—	—
Total	16,281	(56.4)	3,683	(12.8)	28,873	8,258	(61.6)	2,198	(16.4)	13,396

*Not applicable because no clinics performed ART procedures.

the proportion of ART procedures performed on in-state residents ranged from 74% to 100%. Third, the ART procedure is the unit of analysis for the surveillance data set; it is not possible to link data from multiple ART procedures performed on the same patient in a given year. Finally, these data reflect procedures performed in 1998 and resulting births (i.e., 1998 and 1999). Subsequent changes in ART technology and practice patterns that might have occurred might have affected live-birth and multiple-birth outcomes.

Multiple births disproportionately contribute to infant and maternal morbidity and mortality rates. Data in this report indicate a need to reduce multiple births associated with ART. Professional organizations such as the American Society for Reproductive Medicine have guidelines on the use of judicious limits on the number of embryos transferred (5). In addition, maternal residency and other data need to be monitored closely and to be well described to understand the growing impact of ART on maternal and child health.

References

1. CDC, American Society for Reproductive Medicine, Society for Assisted Reproductive Technology, and RESOLVE. 1998 Assisted reproductive technology success rates. Atlanta, Georgia: US Department of Health and Human Services, CDC, 2000.
2. ESHRE Capri Workshop Group. Multiple gestation pregnancy. *Hum Reprod* 2000;15:1856–64.
3. Schieve LA, Peterson HB, Meikle SF, et al. Live-birth rates and multiple birth risk using in vitro fertilization. *JAMA* 1999;282:1832–8.
4. National Center for Health Statistics. Births: final data for 1998. National Vital Statistics Report; vol. 48, no. 3. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 1999.
5. American Society for Reproductive Medicine. Guidelines on number of embryos transferred. Birmingham, Alabama: American Society for Reproductive Medicine, 1999.

Tuberculosis Morbidity Among U.S.-Born and Foreign-Born Populations — United States, 2000

In collaboration with all state health departments, CDC conducts public health surveillance for tuberculosis (TB). This report summarizes data from the national TB surveillance system for 2000 and compares them with data from 1992–1999. During 2000, a total of 16,377 cases (5.8 cases per 100,000 population) of TB were reported to CDC from the 50 states and the District of Columbia (DC), representing a 7% decrease from 1999 (1) and a 39% decrease from 1992, when the number of cases and case rate most recently peaked in the United States. However, the case rate among foreign-born persons remains at least seven times higher than among U.S.-born persons. To address the high rate, CDC is collaborating

with public health partners to implement TB control initiatives among recent international arrivals and residents along the border between the United States and Mexico and to strengthen TB programs in countries with a high incidence of TB disease.

The 50 states and DC report cases to the national TB surveillance system using a standard case definition and report form (1). The case report was expanded in 1993 to include information about initial susceptibility results and treatment. Completeness of reporting to the national system is estimated to be >95% (2). Data were analyzed for cases reported during 1992–2000 using case reports updated by April 17, 2001. A U.S.-born person was defined as someone born in the United States or its jurisdictions or born in a foreign country but having at least one U.S.-born parent; others were classified as foreign born. U.S.-born and foreign-born populations in 1992 were obtained from postcensus estimates (3); those for 2000 were based on an extrapolation from the March 2000 Current Population Survey (4) to the April 2000 population. Multidrug-resistant (MDR) TB was defined as resistance to at least isoniazid and rifampin.

During 2000, a total of 16,377 U.S. cases (5.8 cases per 100,000 population) of TB were reported, representing a 7% decrease from 1999 (1) and a 39% decrease from 1992 (26,673 cases; 10.5 cases per 100,000 population). Of the 16,377 cases, 8,714 cases (3.5 per 100,000 population) were reported among U.S.-born persons; 7,554 (25.8 per 100,000 population) were among foreign-born persons, representing 46% of all cases (Figure 1). In 1992, a total of 19,225 cases (8.2 per 100,000 population) were reported among U.S.-born persons; 7,270 (34.2 per 100,000 population) cases were reported among foreign-born persons, representing 27% of all cases. The number of states with $\geq 50\%$ of their annual total of reported TB cases among foreign-born persons increased from four in 1992 to 21 in 2000 (Figure 2). Of these 21 states, California, Hawaii, Massachusetts, Minnesota, and New Hampshire had $\geq 70\%$ of their annual total of cases among foreign-born persons.

In 2000, of the 7,554 cases of TB in foreign-born persons, 3,120 (41%) occurred among persons from Central and South America or the Caribbean, and 2,463 (33%) were from the Western Pacific region*. These regions also had the largest number of persons with cases in 1992 (3,202 [44%] of 7,270 and 2,873 [40%] of 7,554, respectively). During 1992–2000, the number of cases approximately doubled among persons from the Mediterranean (167 [2%] of 7,270 and 385 [5%] of 7,554, respectively) and among persons from South-East Asia

* Designated by the World Health Organization (5).

FIGURE 1. Number of cases of tuberculosis in U.S.-born and foreign-born persons — United States, 1992–2000

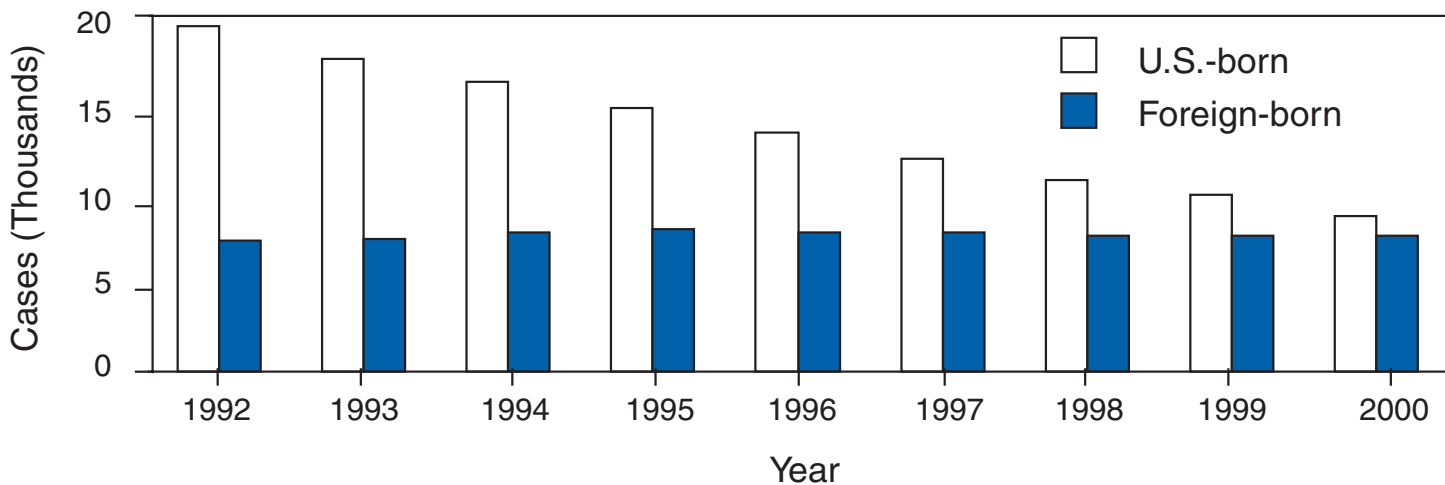
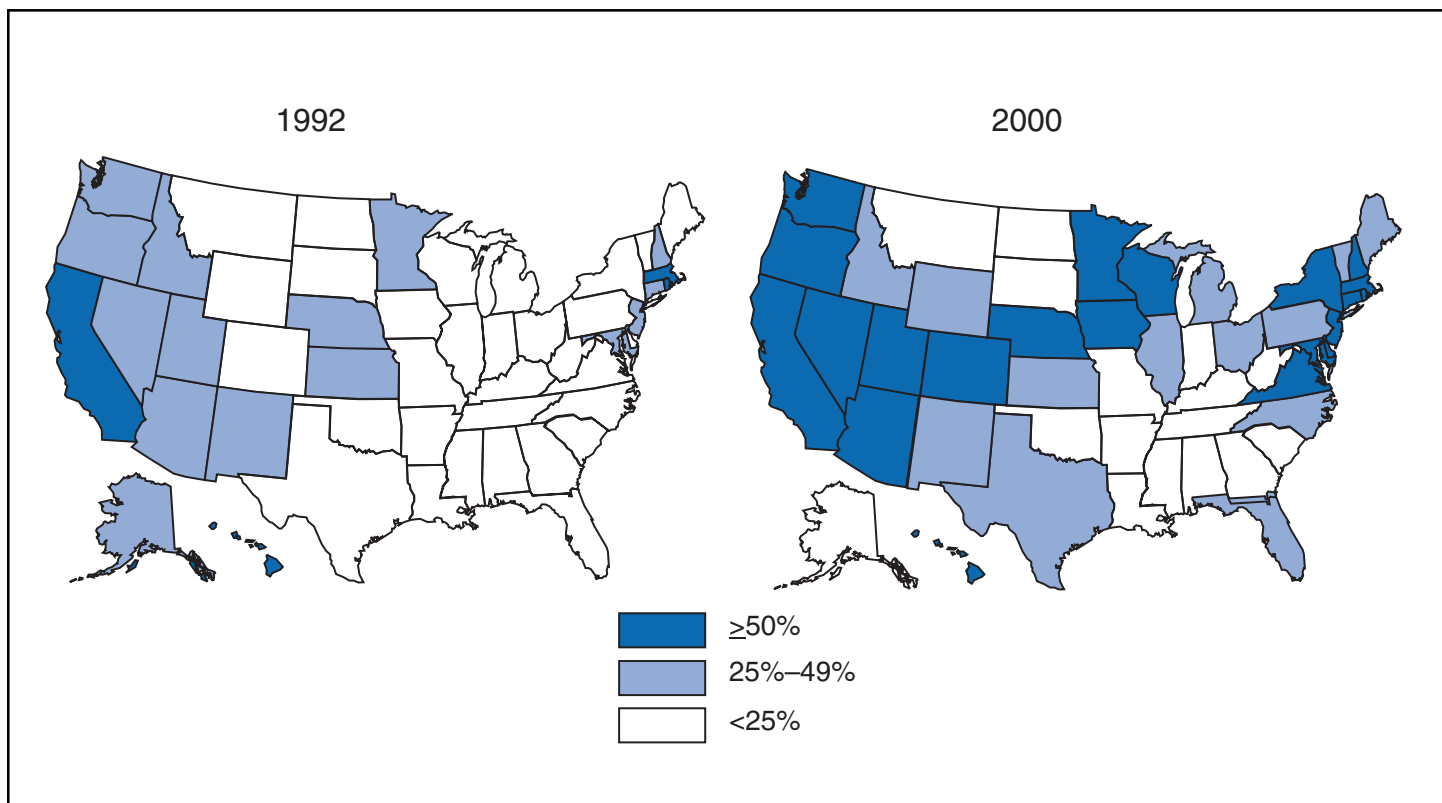


FIGURE 2. Percentage of cases of tuberculosis in foreign-born persons — United States, 1992 and 2000



(438 [6%] of 7,270 and 748 [10%] of 7,554, respectively), and the number of cases among persons from Africa tripled (161 [2%] of 7,270 and 463 [6%] of 7,554, respectively).

The proportion of patients with MDR TB decreased from 486 (3%) of 17,684 in 1993 to 141 (1%) of 12,056 in 2000 (the smaller denominator reflects the subset of culture-positive cases with initial susceptibility results). However, of the total number of reported MDR TB cases, the proportion occurring in foreign-born persons increased from 31% (150 of 486) in 1993 to 72% (101 of 141) in 2000. The proportion of TB patients placed on a recommended initial treatment regimen (i.e., isoniazid, rifampin, pyrazinamide, and streptomycin or ethambutol [6]) increased during 1993–1998. (The latest year that data were available on treatment outcomes was 1998 because of the extended duration of treatment for TB.) The proportions of patients who completed treatment within 1 year and who were treated with directly observed therapy (at least for a portion of treatment) also increased during this period (Table 1).

Reported by: *Div of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, CDC.*

Editorial Note: During 1992–2000, TB case rates in the United States decreased for U.S.-born and foreign-born persons; however, the decrease among foreign-born persons was less substantial. Decreases in the number and proportion of MDR TB cases also occurred. The overall improvement is consistent with the finding of an increasing proportion of patients receiving initial four-drug regimens, completing treatment within 1 year, and being treated with directly observed therapy.

The findings in this report are subject to at least one limitation. Case rates by birth country should be interpreted with caution because final population estimates based on April 2000 U.S. census data were not available.

Despite the decrease in case rate among foreign-born persons, approximately half of TB cases in the United States in 2000 occurred in this population, and the case rate was seven times greater in this population than among U.S.-born persons. To address the high rate, CDC is collaborating with other national and international public health organizations 1) to improve overseas screening of immigrants and refugees by developing systematic tools for monitoring and evaluating the screening process; 2) to improve the current notification system that alerts local health departments about the arrival of immigrants or refugees with suspected TB to assist patients in obtaining a medical evaluation and, if necessary, in completing a course of recommended drugs; 3) to improve coordination of and communication about TB control activities between the United States and Mexico to ensure completion of treatment among TB patients who cross the border; and 4) to test recent arrivals from high-incidence countries for latent TB infection and ensure completion of treatment. In addition, CDC continues to strengthen collaborations with international partners, including the World Health Organization, to improve TB control in high-incidence countries.

Accelerating national TB elimination activities will require broader prevention efforts to evaluate and address the needs of other high-risk groups such as persons with HIV and those with limited access to medical care and adequate housing and nutrition. Low-incidence areas need to maintain the capacity

TABLE 1. Number and percentage of cases of tuberculosis in U.S.-born and foreign-born persons, by selected treatment characteristics — United States, 1993 and 1998*

Characteristics	1993		1998	
	U.S.-born No. (%)	Foreign-born No. (%)	U.S.-born No. (%)	Foreign-born No. (%)
Started on four first-line anti-TB drugs[†]	(n=16,463) 5,982 (36)	(n=7,236) 3,732 (52)	(n=10,218) 7,100 (69)	(n=7,465) 6,111 (82)
Reason therapy stopped	(n=16,313)	(n=7,164)	(n=10,148)	(n=7,395)
Completed therapy	12,121 (74)	5,747 (80)	8,148 (80)	6,311 (85)
Died	2,547 (16)	460 (6)	1,166 (11)	383 (5)
Moved	564 (3)	540 (8)	176 (2)	347 (5)
Other	1,081 (7)	417 (6)	658 (6)	354 (5)
Completed therapy within 1 year[§]	(n=13,489) 8,560 (64)	(n=6,540) 4,195 (64)	(n=8,862) 6,989 (79)	(n=6,909) 5,485 (79)
Directly observed therapy	(n=16,050)	(n=6,959)	(n=9,763)	(n=7,200)
All	3,946 (25)	1,061 (15)	5,434 (56)	3,345 (46)
Part	2,488 (16)	841 (12)	2,104 (22)	1,703 (24)

* Data first collected in 1993; latest year with outcomes is 1998.

[†] Recommended initial regimen.

[§] Excludes persons who died during therapy and persons with initial isolate resistant to rifampin and pediatric (aged <15 years) cases with meningeal, bone or joint, or military disease.

and expertise to respond to persons with TB. CDC is updating its plan (7) to ensure that prevention activities are undertaken with optimal coordination among national and international public health partners.

References

1. CDC. Reported tuberculosis in the United States, 2000. Atlanta, Georgia: US Department of Health and Human Services, CDC, August 2001. Available at <http://www.cdc.gov/nchstp/tb/surv/surv.htm>. Accessed January 2002.
2. Curtis AB, McCray E, McKenna M, Onorato IM. Completeness and timeliness of tuberculosis case reporting. *Am J Prev Med* 2001;20:108–12.
3. US Census Bureau. Quarterly estimates of the United States foreign-born and native resident populations: April 1, 1990, to July 1, 1999. Available at <http://www.census.gov/population/estimates/nation/nativity/ftrab001.txt>. Accessed January 2002.
4. US Census Bureau. The foreign-born population in the United States, March 2000 (US Census Bureau Current Population Reports, P20-534). Available at: <http://www.census.gov/population/www/socdemo/foreign/cps2000.html>. Accessed January 2002.
5. World Health Organization. WHO report 2001: global tuberculosis control. Geneva, Switzerland: World Health Organization. Available at <http://www.who.int/gtb/publications/globrep01>. Accessed January 2002.
6. American Thoracic Society and CDC. Treatment of tuberculosis and tuberculosis infection in adults and children. *Am J Respir Crit Care Med* 1994;149:1359–74.
7. CDC. National action plan to combat multidrug-resistant tuberculosis. *MMWR* 1992;41(No. RR-11).

Notice to Readers

Child Passenger Safety Week, February 10–16, 2002

Motor vehicle crashes are the leading cause of death among children in the United States. In 2000, 1,283 child passengers aged 0–12 years died in motor vehicle crashes (1), and 214,884 received injuries requiring emergency department treatment (2). Child Passenger Safety Week, February 10–16, will focus on interventions to prevent these injuries and deaths.

Placing children in age-appropriate restraint systems reduces serious and fatal injuries by approximately half. Children should be placed in age-appropriate child safety seats until at least age 8 years. Child-restraint laws have been enacted in all 50 states and effectively promote child safety seat and seat belt use and help reduce injuries (3).

All children aged 0–12 years should ride in the back seat, the safest part of the vehicle in the event of a crash. Placing children aged ≤ 12 years in the back seat is associated with at least a 30% decrease in the risk for fatal injury in cars without front passenger side air bags. For vehicles with front passenger side air bags, placing children in the back seat reduces fatal injury risk by 46% (4). Infants in rear-facing child safety seats should never be placed in a seat with an air bag. Few states have laws requiring children to ride in the back seat.

Information about Child Passenger Safety Week activities and child passenger safety is available from the National Highway Traffic Safety Administration, Office of Communications and Outreach, 400 Seventh St., SW, NTS-21, Washington, DC, 20590; fax (202) 493-2062, <http://www.nhtsa.dot.gov>; and from CDC at <http://www.cdc.gov/ncipc>.

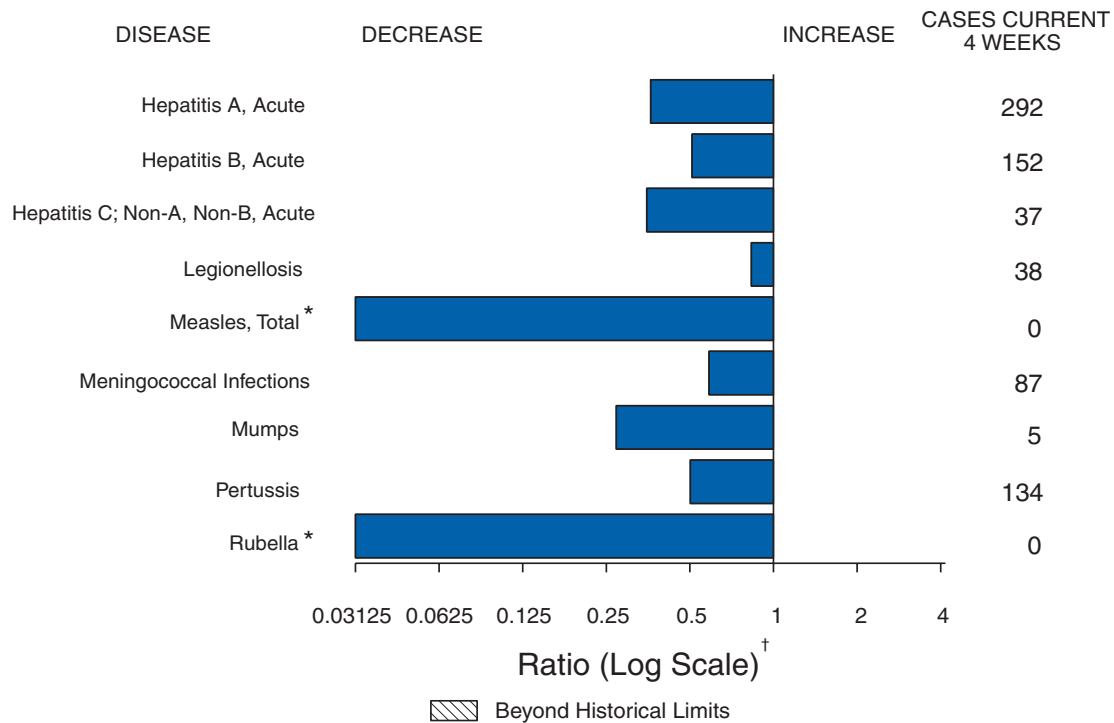
References

1. US Department of Transportation, National Highway Traffic Safety Administration. Fatality analysis reporting system 2000. Available at <http://www.fars.nhtsa.dot.gov/queryReport.cfm>. Accessed December 2001.
2. CDC. Data from the National Electronic Injury Surveillance System-All Injury Program operated by the US Consumer Product Safety Commission. Atlanta, Georgia: CDC, National Center for Injury Prevention and Control, 2001.
3. Zaza S, Sleet DA, Thompson RS, et al. Reviews of evidence regarding interventions to increase use of child safety seats. *Am J Prev Med* 2001;21:31–47.
4. Braver ER, Whitfield R, Ferguson SA. Seating position and children's risk of dying in motor vehicle crashes. *Injury Prev* 1998;4:181–7.

Erratum: Vol. 51, Nos. 1–4

In the *MMWR* issues for weeks 1–4 (Vol 51:1–4), there was an error in Table II, “Provisional cases of selected notifiable diseases, United States.” For each of the 4 weeks, data from two pairs of columns were transposed: data from the two columns titled “*Streptococcus pneumoniae*, drug-resistant, invasive, (Cum. 2002 and Cum. 2001)” were placed in the columns titled “*Streptococcus pneumoniae*, invasive (<5 years), (Cum. 2002 and Cum. 2001),” and data from the two columns titled “*Streptococcus pneumoniae*, invasive (<5 years), (Cum. 2002 and Cum. 2001)” were placed in the columns titled “*Streptococcus pneumoniae*, drug-resistant, invasive, (Cum. 2002 and Cum. 2001).” Corrected versions of Table II for weeks 1–4, 2002 are available at <http://www.wonder.cdc.gov/mmwr/mmwr morb.asp>.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending February 2, 2002, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 5 of zero (0).

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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending February 2, 2002 (5th Week)*

	Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax	-	-	Encephalitis: West Nile [†]	3	-
Botulism: foodborne	3	2	Hansen disease (leprosy) [†]	2	7
infant	4	5	Hantavirus pulmonary syndrome [†]	-	1
other (wound & unspecified)	1	-	Hemolytic uremic syndrome, postdiarrheal [†]	7	9
Brucellosis [†]	5	4	HIV infection, pediatric ^{‡§}	4	10
Chancroid	2	4	Plague	-	-
Cholera	-	-	Poliomyelitis, paralytic	-	-
Cyclosporiasis [†]	6	8	Psittacosis [†]	6	1
Diphtheria	-	-	Q fever [†]	2	-
Ehrlichiosis: human granulocytic (HGE) [†]	4	2	Rabies, human	-	-
human monocytic (HME) [†]	1	2	Streptococcal toxic-shock syndrome [†]	4	8
other and unspecified	-	-	Tetanus	-	5
Encephalitis: California serogroup viral [†]	6	1	Toxic-shock syndrome	10	14
eastern equine [†]	-	-	Trichinosis	-	3
Powassan [†]	-	-	Tularemia [†]	3	1
St. Louis [†]	-	-	Yellow fever	-	-
western equine [†]	-	-			

-: No reported cases.

* Incidence data for reporting year 2001 and 2002 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 January 27, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		Escherichia coli			
	Cum. 2002 [§]	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	O157:H7		Shiga Toxin Positive, Serogroup non-O157	
							Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	3,550	4,178	40,743	63,455	102	128	78	83	4	3
NEW ENGLAND	119	87	1,562	2,011	4	4	5	8	-	-
Maine	1	3	123	106	-	-	-	-	-	-
N.H.	2	5	122	109	1	-	-	1	-	-
Vt.	2	5	76	63	-	2	-	-	-	-
Mass.	83	50	978	760	-	1	4	7	-	-
R.I.	6	9	263	295	3	1	1	-	-	-
Conn.	25	15	-	678	-	-	-	-	-	-
MID. ATLANTIC	874	2,021	3,987	5,469	8	21	7	11	-	-
Upstate N.Y.	52	489	530	606	1	3	7	7	-	-
N.Y. City	600	1,371	2,568	2,447	3	10	-	-	-	-
N.J.	163	131	224	673	-	2	-	4	-	-
Pa.	59	30	665	1,743	4	6	N	N	-	-
E.N. CENTRAL	375	217	5,983	12,370	23	46	24	17	-	-
Ohio	106	37	288	3,720	5	8	5	9	-	-
Ind.	53	26	919	1,246	3	2	2	1	-	-
Ill.	175	123	2,116	4,077	-	5	6	4	-	-
Mich.	31	23	2,012	1,661	9	7	4	-	-	-
Wis.	10	8	648	1,666	6	24	7	3	-	-
W.N. CENTRAL	47	46	1,606	3,475	5	3	13	8	2	-
Minn.	9	7	460	833	2	-	4	3	2	-
Iowa	15	9	-	212	1	1	4	-	-	-
Mo.	22	6	525	1,291	2	-	2	2	-	-
N. Dak.	-	-	37	83	-	-	-	-	-	-
S. Dak.	-	-	198	182	-	-	-	1	-	-
Nebr.	-	15	-	262	-	2	-	-	-	-
Kans.	1	9	386	612	-	-	3	2	-	-
S. ATLANTIC	1,156	709	8,665	11,685	35	16	15	9	1	1
Del.	23	14	181	271	-	-	1	-	-	-
Md.	143	39	1,311	1,309	1	2	-	-	-	-
D.C.	19	61	237	327	1	1	-	-	-	-
Va.	113	88	1,312	1,188	-	2	1	-	-	1
W. Va.	8	4	231	203	-	-	-	-	-	-
N.C.	64	33	1,388	1,664	3	2	3	6	-	-
S.C.	112	50	935	1,653	-	-	-	1	-	-
Ga.	377	104	430	2,590	27	3	10	1	1	-
Fla.	297	316	2,640	2,480	3	6	-	1	-	-
E.S. CENTRAL	158	126	4,285	4,336	6	3	-	3	-	-
Ky.	16	18	782	733	1	-	-	-	-	-
Tenn.	86	58	1,418	1,355	-	-	-	2	-	-
Ala.	20	25	1,389	1,124	5	2	-	1	-	-
Miss.	36	25	696	1,124	-	1	-	-	-	-
W.S. CENTRAL	401	385	7,250	10,187	2	3	-	5	-	-
Ark.	14	19	215	902	2	-	-	-	-	-
La.	75	117	1,667	1,644	-	1	-	-	-	-
Okla.	7	20	847	943	-	1	-	-	-	-
Tex.	305	229	4,521	6,698	-	1	-	5	-	-
MOUNTAIN	121	144	2,214	3,338	5	8	3	5	1	1
Mont.	3	1	139	53	-	-	-	-	-	-
Idaho	1	-	114	138	2	-	1	2	-	-
Wyo.	1	-	58	69	-	-	-	-	1	-
Colo.	21	51	482	1,015	1	4	1	1	-	1
N. Mex.	6	10	135	517	-	2	1	-	-	-
Ariz.	52	37	677	999	-	1	-	2	-	-
Utah	7	9	609	67	2	1	-	-	-	-
Nev.	30	36	-	480	-	-	-	-	-	-
PACIFIC	299	443	5,191	10,584	14	24	11	17	-	1
Wash.	-	28	1,133	1,299	-	U	3	2	-	-
Oreg.	76	18	-	590	6	2	5	-	-	1
Calif.	220	396	3,488	8,095	8	22	3	12	-	-
Alaska	-	1	283	191	-	-	-	-	-	-
Hawaii	3	-	287	409	-	-	-	3	-	-
Guam	1	1	-	-	-	-	N	N	-	-
P.R.	68	48	-	289	-	-	-	-	-	-
V.I.	33	1	-	12	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	15	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 and 2002 are provisional and cumulative (year-to-date).

† 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 January 27, 2002.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	<i>Escherichia coli</i>		Giardiasis	Gonorrhea		<i>Haemophilus influenzae</i> , Invasive			
	Shiga Toxin Positive, Not Serogrouped					All Ages, All Serotypes		Age <5 Years	
	Cum. 2002	Cum. 2001						Serotype B	
						Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	1	1	734	20,539	31,451	113	133	-	-
NEW ENGLAND	-	-	71	499	586	4	4	-	-
Maine	-	-	15	7	16	-	-	-	-
N.H.	-	-	8	9	11	-	-	-	-
Vt.	-	-	12	13	14	-	-	-	-
Mass.	-	-	12	388	233	4	4	-	-
R.I.	-	-	8	82	82	-	-	-	-
Conn.	-	-	16	-	230	-	-	-	-
MID. ATLANTIC	-	-	156	1,928	2,833	24	23	-	-
Upstate N.Y.	-	-	36	333	332	13	4	-	-
N.Y. City	-	-	57	1,135	1,112	9	9	-	-
N.J.	-	-	-	198	457	-	8	-	-
Pa.	-	-	63	262	932	2	2	-	-
E.N. CENTRAL	1	-	132	3,219	6,261	14	24	-	-
Ohio	1	-	44	200	2,071	10	8	-	-
Ind.	-	-	-	449	575	3	1	-	-
Ill.	-	-	19	1,308	2,182	-	10	-	-
Mich.	-	-	54	1,043	807	1	2	-	-
Wis.	-	-	15	219	626	-	3	-	-
W.N. CENTRAL	-	-	72	863	1,600	2	3	-	-
Minn.	-	-	14	183	269	-	-	-	-
Iowa	-	-	20	-	68	1	-	-	-
Mo.	-	-	19	467	829	1	3	-	-
N. Dak.	-	-	-	-	1	-	-	-	-
S. Dak.	-	-	7	25	24	-	-	-	-
Nebr.	-	-	-	-	119	-	-	-	-
Kans.	-	-	12	188	290	-	-	-	-
S. ATLANTIC	-	-	118	5,898	8,227	38	39	-	-
Del.	-	-	4	141	131	-	-	-	-
Md.	-	-	15	721	836	12	8	-	-
D.C.	-	-	6	220	322	-	-	-	-
Va.	-	-	3	907	829	2	3	-	-
W. Va.	-	-	-	85	37	-	1	-	-
N.C.	-	-	-	1,385	1,507	3	6	-	-
S.C.	-	-	-	602	1,571	-	1	-	-
Ga.	-	-	34	312	1,522	12	11	-	-
Fla.	-	-	56	1,525	1,472	9	9	-	-
E.S. CENTRAL	-	1	23	2,677	3,153	1	1	-	-
Ky.	-	1	-	332	327	-	-	-	-
Tenn.	-	-	6	880	1,021	-	-	-	-
Ala.	-	-	17	951	1,028	1	1	-	-
Miss.	-	-	-	514	777	-	-	-	-
W.S. CENTRAL	-	-	7	3,663	5,328	2	1	-	-
Ark.	-	-	7	164	675	-	-	-	-
La.	-	-	-	1,149	1,203	-	-	-	-
Okla.	-	-	-	375	452	2	1	-	-
Tex.	-	-	-	1,975	2,998	-	-	-	-
MOUNTAIN	-	-	70	589	962	14	27	-	-
Mont.	-	-	3	11	3	-	-	-	-
Idaho	-	-	2	6	8	-	-	-	-
Wyo.	-	-	-	4	9	-	-	-	-
Colo.	-	-	37	278	369	3	5	-	-
N. Mex.	-	-	8	25	109	2	6	-	-
Ariz.	-	-	6	221	275	6	16	-	-
Utah	-	-	14	44	9	3	-	-	-
Nev.	-	-	-	-	180	-	-	-	-
PACIFIC	-	-	85	1,203	2,501	14	11	-	-
Wash.	-	-	16	265	310	-	-	-	-
Oreg.	-	-	52	-	114	9	-	-	-
Calif.	-	-	-	839	1,987	-	9	-	-
Alaska	-	-	7	57	24	-	-	-	-
Hawaii	-	-	10	42	66	5	2	-	-
Guam	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	93	-	-	-	-
V.I.	-	-	-	-	1	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	1	U	-	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	<i>Haemophilus influenzae</i> , Invasive				Hepatitis (Viral, Acute), By Type					
	Age <5 Years				A		B		C; Non-A, Non-B	
	Non-Serotype B		Unknown Serotype		Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001						
UNITED STATES	12	29	-	2	458	1,438	214	491	72	457
NEW ENGLAND	1	2	-	-	23	49	6	16	-	5
Maine	-	-	-	-	1	-	-	1	-	-
N.H.	-	-	-	-	1	2	2	1	-	-
Vt.	-	-	-	-	-	1	1	1	-	2
Mass.	1	2	-	-	5	23	2	4	-	3
R.I.	-	-	-	-	2	2	1	-	-	-
Conn.	-	-	-	-	14	21	-	9	-	-
MID. ATLANTIC	1	3	-	-	44	119	40	117	15	198
Upstate N.Y.	1	-	-	-	7	10	2	-	3	1
N.Y. City	-	2	-	-	9	42	15	57	-	-
N.J.	-	-	-	-	1	53	8	46	10	193
Pa.	-	1	-	-	27	14	15	14	2	4
E.N. CENTRAL	1	6	-	-	40	559	40	50	6	41
Ohio	-	1	-	-	16	24	6	13	1	-
Ind.	1	-	-	-	1	2	-	1	-	-
Ill.	-	4	-	-	4	478	-	-	-	19
Mich.	-	-	-	-	19	48	34	36	5	22
Wis.	-	1	-	-	-	7	-	-	-	-
W.N. CENTRAL	-	-	-	1	28	56	8	23	25	88
Minn.	-	-	-	-	-	-	2	-	-	-
Iowa	-	-	-	-	8	3	2	2	-	-
Mo.	-	-	-	1	3	17	2	15	25	86
N. Dak.	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	1	-	-	1	-	-
Nebr.	-	-	-	-	-	15	-	4	-	1
Kans.	-	-	-	-	16	21	2	1	-	1
S. ATLANTIC	4	5	-	-	183	121	60	86	5	4
Del.	-	-	-	-	-	1	-	2	2	-
Md.	-	-	-	-	46	28	12	8	1	-
D.C.	-	-	-	-	8	1	1	2	-	-
Va.	1	-	-	-	2	9	2	6	-	-
W. Va.	-	-	-	-	-	-	1	1	-	-
N.C.	-	-	-	-	31	5	12	9	2	1
S.C.	-	-	-	-	4	4	2	-	-	-
Ga.	1	3	-	-	33	49	12	48	-	1
Fla.	2	2	-	-	59	24	18	10	-	2
E.S. CENTRAL	1	-	-	-	13	26	6	30	6	4
Ky.	-	-	-	-	6	1	3	6	1	-
Tenn.	-	-	-	-	-	12	-	4	-	2
Ala.	1	-	-	-	4	13	3	10	1	-
Miss.	-	-	-	-	3	-	-	10	4	2
W.S. CENTRAL	1	1	-	-	9	240	13	29	-	108
Ark.	-	-	-	-	5	11	12	6	-	1
La.	-	-	-	-	-	12	-	17	-	38
Okla.	1	1	-	-	3	11	-	6	-	-
Tex.	-	-	-	-	1	206	1	-	-	69
MOUNTAIN	2	4	-	1	28	87	16	36	9	4
Mont.	-	-	-	-	2	2	-	-	-	-
Idaho	-	-	-	-	-	6	-	1	-	-
Wyo.	-	-	-	-	2	1	2	-	4	2
Colo.	-	-	-	-	10	13	9	12	5	-
N. Mex.	1	2	-	1	3	3	1	11	-	2
Ariz.	1	2	-	-	8	45	1	8	-	-
Utah	-	-	-	-	3	4	3	-	-	-
Nev.	-	-	-	-	-	13	-	4	-	-
PACIFIC	1	8	-	-	90	181	25	104	6	5
Wash.	-	-	-	-	4	1	-	3	-	-
Oreg.	1	-	-	-	15	1	13	2	2	1
Calif.	-	7	-	-	71	169	12	96	4	4
Alaska	-	-	-	-	-	9	-	1	-	-
Hawaii	-	1	-	-	-	1	-	2	-	-
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	-	4	-	-
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	4	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	Legionellosis		Listeriosis		Lyme Disease		Malaria		Measles Total	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	44	63	19	30	278	324	46	101	-	17†
NEW ENGLAND	1	1	1	3	9	47	5	12	-	1
Maine	-	-	1	-	-	-	-	-	-	-
N.H.	-	-	-	-	6	1	3	-	-	-
Vt.	-	1	-	-	-	-	-	-	-	-
Mass.	-	-	-	3	3	22	-	7	-	1
R.I.	-	-	-	-	-	-	-	-	-	-
Conn.	1	-	-	-	-	24	2	5	-	-
MID. ATLANTIC	9	10	5	4	213	197	3	22	-	-
Upstate N.Y.	1	1	3	1	145	50	1	1	-	-
N.Y. City	-	-	1	1	-	4	2	15	-	-
N.J.	-	2	-	2	12	57	-	4	-	-
Pa.	8	7	1	-	56	86	-	2	-	-
E.N. CENTRAL	22	30	3	4	2	21	5	20	-	-
Ohio	15	12	2	-	2	8	3	2	-	-
Ind.	-	2	-	-	-	-	-	1	-	-
Ill.	-	5	-	1	-	2	-	6	-	-
Mich.	7	5	1	2	-	-	2	11	-	-
Wis.	-	6	-	1	U	11	-	-	-	-
W.N. CENTRAL	1	5	-	1	4	3	3	2	-	-
Minn.	-	-	-	-	1	3	-	-	-	-
Iowa	-	1	-	-	1	-	1	-	-	-
Mo.	1	2	-	-	2	-	2	2	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-
Nebr.	-	1	-	-	-	-	-	-	-	-
Kans.	-	1	-	1	-	-	-	-	-	-
S. ATLANTIC	7	4	3	3	42	39	17	20	-	3
Del.	1	-	-	-	5	4	-	-	-	-
Md.	3	3	1	1	30	32	8	9	-	3
D.C.	-	-	-	-	2	1	2	1	-	-
Va.	-	1	-	1	-	1	-	4	-	-
W. Va.	N	N	-	-	-	-	-	-	-	-
N.C.	-	-	-	-	-	1	2	1	-	-
S.C.	-	-	1	-	-	-	1	-	-	-
Ga.	-	-	-	1	-	-	-	4	-	-
Fla.	3	-	1	-	5	-	4	1	-	-
E. S. CENTRAL	-	2	-	3	-	1	2	1	-	-
Ky.	-	1	-	1	-	1	-	-	-	-
Tenn.	-	-	-	1	-	-	1	1	-	-
Ala.	-	1	-	1	-	-	1	-	-	-
Miss.	-	-	-	-	-	-	-	-	-	-
W. S. CENTRAL	-	1	-	1	1	11	-	2	-	-
Ark.	-	-	-	-	-	-	-	-	-	-
La.	-	1	-	-	-	-	-	1	-	-
Okla.	-	-	-	-	-	-	-	-	-	-
Tex.	-	-	-	1	1	11	-	1	-	-
MOUNTAIN	3	2	2	1	2	-	1	3	-	1
Mont.	-	-	-	-	-	-	-	1	-	-
Idaho	-	-	-	-	-	-	-	1	-	1
Wyo.	-	-	-	-	-	-	-	-	-	-
Colo.	1	2	1	1	1	-	1	1	-	-
N. Mex.	1	-	-	-	1	-	-	-	-	-
Ariz.	-	-	1	-	-	-	-	-	-	-
Utah	1	-	-	-	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-	-	-	-
PACIFIC	1	8	5	10	5	5	10	19	-	12
Wash.	-	1	-	-	-	-	-	-	-	9
Oreg.	N	N	1	1	-	-	-	2	-	2
Calif.	1	7	4	9	5	5	8	16	-	-
Alaska	-	-	-	-	-	-	-	1	-	-
Hawaii	-	-	-	-	N	N	2	-	-	1
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	-	-	N	N	-	-	-	-
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

† Of 17 cases reported, 14 were indigenous and three were imported from another country.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	Meningococcal Disease		Mumps		Pertussis		Rabies, Animal	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	111	324	6	16	248	465	206	511
NEW ENGLAND	7	22	-	-	79	85	40	45
Maine	1	-	-	-	3	-	2	8
N.H.	1	1	-	-	-	4	-	-
Vt.	2	-	-	-	14	16	11	9
Mass.	3	15	-	-	62	64	14	12
R.I.	-	-	-	-	-	-	2	4
Conn.	-	6	-	-	-	1	11	12
MID. ATLANTIC	16	39	1	1	12	19	52	69
Upstate N.Y.	4	4	-	-	12	16	43	47
N.Y. City	2	9	-	1	-	3	-	-
N.J.	1	20	-	-	-	-	-	12
Pa.	9	6	1	-	-	-	9	10
E.N. CENTRAL	18	34	-	1	26	70	1	6
Ohio	11	10	-	1	18	50	-	-
Ind.	4	-	-	-	-	1	1	1
Ill.	-	9	-	-	-	-	-	-
Mich.	3	9	-	-	7	5	-	2
Wis.	-	6	-	-	1	14	-	3
W.N. CENTRAL	5	15	-	1	32	23	11	31
Minn.	-	-	-	-	-	-	1	9
Iowa	-	4	-	-	9	2	4	9
Mo.	3	7	-	-	16	13	-	2
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	1	-	-	-	1	2	-	6
Nebr.	-	1	-	-	-	-	-	-
Kans.	1	3	-	1	6	6	6	5
S. ATLANTIC	23	46	2	1	18	17	67	113
Del.	-	-	-	-	1	-	-	-
Md.	1	8	1	1	4	5	-	21
D.C.	-	-	-	-	-	-	-	-
Va.	1	3	1	-	3	-	22	28
W. Va.	-	-	-	-	-	-	10	8
N.C.	3	10	-	-	7	8	32	25
S.C.	-	4	-	-	2	3	3	7
Ga.	6	7	-	-	-	1	-	15
Fla.	12	14	-	-	1	-	-	9
E. S. CENTRAL	7	16	1	-	11	8	7	108
Ky.	-	3	-	-	4	1	-	-
Tenn.	1	5	-	-	5	4	4	106
Ala.	6	7	1	-	2	1	3	2
Miss.	-	1	-	-	-	2	-	-
W.S. CENTRAL	7	86	-	-	8	2	10	83
Ark.	4	3	-	-	4	2	-	-
La.	1	12	-	-	-	-	-	1
Okla.	1	6	-	-	-	-	10	7
Tex.	1	65	-	-	4	-	-	75
MOUNTAIN	9	18	-	1	46	204	8	26
Mont.	-	-	-	-	1	-	-	3
Idaho	-	3	-	-	5	8	-	-
Wyo.	-	-	-	-	1	-	1	9
Colo.	4	5	-	-	28	67	-	-
N. Mex.	-	4	-	1	9	4	-	-
Ariz.	2	3	-	-	-	122	7	14
Utah	3	2	-	-	2	3	-	-
Nev.	-	1	-	-	-	-	-	-
PACIFIC	19	48	2	11	16	37	10	30
Wash.	6	3	-	-	3	3	-	-
Oreg.	6	1	N	N	11	1	-	-
Calif.	6	40	2	7	-	26	-	12
Alaska	-	-	-	-	2	-	10	18
Hawaii	1	4	-	4	-	7	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	8	11
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	Rocky Mountain Spotted Fever		Rubella				Salmonellosis	
	Cum. 2002	Cum. 2001	Rubella		Congenital Rubella		Cum. 2002	Cum. 2001
			Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001		
UNITED STATES	25	6	-	-	-	-	1,464	2,159
NEW ENGLAND	-	-	-	-	-	-	109	119
Maine	-	-	-	-	-	-	12	8
N.H.	-	-	-	-	-	-	3	8
Vt.	-	-	-	-	-	-	5	6
Mass.	-	-	-	-	-	-	59	89
R.I.	-	-	-	-	-	-	4	6
Conn.	-	-	-	-	-	-	26	2
MID. ATLANTIC	3	-	-	-	-	-	135	364
Upstate N.Y.	-	-	-	-	-	-	20	41
N.Y. City	-	-	-	-	-	-	54	89
N.J.	-	-	-	-	-	-	1	152
Pa.	3	-	-	-	-	-	60	82
E.N. CENTRAL	1	1	-	-	-	-	195	317
Ohio	1	-	-	-	-	-	48	92
Ind.	-	-	-	-	-	-	18	10
Ill.	-	1	-	-	-	-	54	109
Mich.	-	-	-	-	-	-	59	48
Wis.	-	-	-	-	-	-	16	58
W.N. CENTRAL	-	-	-	-	-	-	124	124
Minn.	-	-	-	-	-	-	23	33
Iowa	-	-	-	-	-	-	16	13
Mo.	-	-	-	-	-	-	60	39
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	9	11
Nebr.	-	-	-	-	-	-	-	10
Kans.	-	-	-	-	-	-	16	18
S. ATLANTIC	20	5	-	-	-	-	472	434
Del.	-	-	-	-	-	-	-	8
Md.	5	2	-	-	-	-	58	53
D.C.	-	-	-	-	-	-	6	11
Va.	-	-	-	-	-	-	45	32
W. Va.	-	-	-	-	-	-	1	1
N.C.	15	3	-	-	-	-	86	108
S.C.	-	-	-	-	-	-	15	37
Ga.	-	-	-	-	-	-	138	96
Fla.	-	-	-	-	-	-	123	88
E.S. CENTRAL	1	-	-	-	-	-	106	132
Ky.	-	-	-	-	-	-	12	21
Tenn.	1	-	-	-	-	-	24	19
Ala.	-	-	-	-	-	-	55	68
Miss.	-	-	-	-	-	-	15	24
W.S. CENTRAL	-	-	-	-	-	-	41	263
Ark.	-	-	-	-	-	-	21	20
La.	-	-	-	-	-	-	-	39
Okla.	-	-	-	-	-	-	18	7
Tex.	-	-	-	-	-	-	2	197
MOUNTAIN	-	-	-	-	-	-	77	116
Mont.	-	-	-	-	-	-	2	6
Idaho	-	-	-	-	-	-	6	4
Wyo.	-	-	-	-	-	-	4	6
Colo.	-	-	-	-	-	-	38	32
N. Mex.	-	-	-	-	-	-	9	20
Ariz.	-	-	-	-	-	-	5	30
Utah	-	-	-	-	-	-	13	9
Nev.	-	-	-	-	-	-	-	9
PACIFIC	-	-	-	-	-	-	205	290
Wash.	-	-	-	-	-	-	5	5
Oreg.	-	-	-	-	-	-	27	3
Calif.	-	-	-	-	-	-	154	249
Alaska	-	-	-	-	-	-	8	5
Hawaii	-	-	-	-	-	-	11	28
Guam	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	-	52
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	1	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	Shigellosis		Streptococcal Disease, Invasive, Group A		<i>Streptococcus pneumoniae</i> , Drug Resistant, Invasive		<i>Streptococcus pneumoniae</i> , Invasive (<5 Years)	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	824	1,139	240	343	160	191	10	5
NEW ENGLAND	16	14	10	14	-	2	5	-
Maine	-	-	3	4	-	-	-	-
N.H.	-	-	2	2	-	-	-	-
Vt.	-	-	1	3	-	2	5	-
Mass.	16	12	4	5	-	-	-	-
R.I.	-	-	-	-	-	-	-	-
Conn.	-	2	-	-	-	-	-	-
MID. ATLANTIC	26	164	39	70	5	13	1	3
Upstate N.Y.	5	48	18	14	5	13	1	3
N.Y. City	8	49	14	34	-	-	-	-
N.J.	-	41	1	22	-	-	-	-
Pa.	13	26	6	-	-	-	-	-
E.N. CENTRAL	116	171	37	97	8	10	2	2
Ohio	66	43	16	18	1	-	2	-
Ind.	4	13	-	-	7	10	-	2
Ill.	29	68	1	32	-	-	-	-
Mich.	16	37	20	43	-	-	-	-
Wis.	1	10	-	4	-	-	-	-
W.N. CENTRAL	126	156	9	22	18	2	-	-
Minn.	19	76	-	-	-	-	-	-
Iowa	6	16	-	-	-	-	-	-
Mo.	15	42	6	12	1	-	-	-
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	72	1	-	2	-	-	-	-
Nebr.	-	5	-	-	-	1	-	-
Kans.	14	16	3	8	17	1	-	-
S. ATLANTIC	364	114	75	30	108	128	2	-
Del.	2	1	-	-	-	-	-	-
Md.	35	10	11	6	-	-	-	-
D.C.	3	5	2	-	2	-	2	-
Va.	92	5	5	3	-	-	-	-
W. Va.	1	1	-	-	1	3	-	-
N.C.	24	32	14	10	-	-	-	-
S.C.	5	10	2	1	14	24	-	-
Ga.	159	19	30	4	42	40	-	-
Fla.	43	31	11	6	49	61	-	-
E. S. CENTRAL	53	73	5	7	14	15	-	-
Ky.	13	30	-	-	-	4	-	-
Tenn.	5	3	5	7	14	10	-	-
Ala.	26	21	-	-	-	1	-	-
Miss.	9	19	-	-	-	-	-	-
W.S. CENTRAL	39	205	5	47	2	17	-	-
Ark.	14	13	-	-	2	4	-	-
La.	-	18	-	-	-	13	-	-
Okla.	24	1	4	4	-	-	-	-
Tex.	1	173	1	43	-	-	-	-
MOUNTAIN	21	63	32	46	5	4	-	-
Mont.	-	-	-	-	-	-	-	-
Idaho	1	2	-	1	-	-	-	-
Wyo.	-	-	1	-	2	-	-	-
Colo.	9	13	20	28	-	-	-	-
N. Mex.	3	17	11	13	3	4	-	-
Ariz.	3	25	-	3	-	-	-	-
Utah	5	1	-	1	-	-	-	-
Nev.	-	5	-	-	-	-	-	-
PACIFIC	63	179	28	10	-	-	-	-
Wash.	-	11	-	-	-	-	-	-
Oreg.	12	-	-	-	-	-	-	-
Calif.	47	166	22	8	-	-	-	-
Alaska	1	-	-	-	-	-	-	-
Hawaii	3	2	6	2	-	-	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	-	1	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	-	U	-	U	-	-	-	U

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

*Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending February 2, 2002, and February 3, 2001 (5th Week)*

Reporting Area	Syphilis				Tuberculosis		Typhoid Fever	
	Primary & Secondary		Congenital†		Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001				
UNITED STATES	338	396	-	42	249	587	8	20
NEW ENGLAND	2	2	-	-	12	10	3	3
Maine	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	1	-	-
Mass.	2	-	-	-	2	4	2	3
R.I.	-	-	-	-	4	-	-	-
Conn.	-	2	-	-	6	5	1	-
MID. ATLANTIC	22	32	-	7	40	55	2	11
Upstate N.Y.	1	1	-	3	2	8	-	2
N.Y. City	13	17	-	-	17	20	2	-
N.J.	7	2	-	4	-	20	-	9
Pa.	1	12	-	-	21	7	-	-
E.N. CENTRAL	60	37	-	4	61	73	1	2
Ohio	5	5	-	-	10	12	-	-
Ind.	6	7	-	-	8	11	-	-
Ill.	12	24	-	4	41	37	-	1
Mich.	34	-	-	-	-	7	-	1
Wis.	3	1	-	-	2	6	1	-
W.N. CENTRAL	1	9	-	1	28	11	-	1
Minn.	-	8	-	-	10	7	-	-
Iowa	-	-	-	-	-	-	-	-
Mo.	1	1	-	-	18	2	-	1
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	1	-	-
Nebr.	-	-	-	-	-	1	-	-
Kans.	-	-	-	1	-	-	-	-
S. ATLANTIC	105	146	-	12	14	100	2	1
Del.	1	-	-	-	-	-	-	-
Md.	8	24	-	1	-	3	-	1
D.C.	5	-	-	-	-	4	-	-
Va.	3	7	-	-	1	2	-	-
W. Va.	-	-	-	-	3	4	-	-
N.C.	39	43	-	1	6	2	-	-
S.C.	9	21	-	2	2	5	-	-
Ga.	11	17	-	4	2	19	1	-
Fla.	29	34	-	4	-	61	1	-
E.S. CENTRAL	53	46	-	2	16	31	-	-
Ky.	1	4	-	-	6	-	-	-
Tenn.	22	21	-	1	-	6	-	-
Ala.	26	11	-	1	10	20	-	-
Miss.	4	10	-	-	-	5	-	-
W.S. CENTRAL	56	66	-	7	3	139	-	1
Ark.	-	8	-	2	2	10	-	-
La.	16	11	-	-	-	-	-	-
Okla.	8	7	-	1	1	-	-	-
Tex.	32	40	-	4	-	129	-	1
MOUNTAIN	21	13	-	2	10	24	-	-
Mont.	-	-	-	-	-	-	-	-
Idaho	1	-	-	-	-	-	-	-
Wyo.	-	-	-	-	1	-	-	-
Colo.	-	-	-	-	2	7	-	-
N. Mex.	3	-	-	-	2	2	-	-
Ariz.	16	9	-	2	4	7	-	-
Utah	1	4	-	-	1	-	-	-
Nev.	-	-	-	-	-	8	-	-
PACIFIC	18	45	-	7	65	144	-	1
Wash.	1	13	-	-	14	16	-	-
Oreg.	-	2	-	-	-	8	-	-
Calif.	16	28	-	7	31	101	-	1
Alaska	-	-	-	-	7	5	-	-
Hawaii	1	2	-	-	13	14	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	-	43	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	1	U	-	U	3	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

† Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE III. Deaths in 122 U.S. cities,* week ending February 2, 2002 (5th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total	Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	>65	45-64	25-44	1-24	<1			All Ages	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	390	289	79	14	5	3	55	S. ATLANTIC	1,606	1,062	328	139	50	27	83
Boston, Mass.	U	U	U	U	U	U	U	Atlanta, Ga.	199	124	43	24	6	2	4
Bridgeport, Conn.	45	29	12	2	1	1	3	Baltimore, Md.	210	133	48	20	6	3	17
Cambridge, Mass.	23	18	5	-	-	-	3	Charlotte, N.C.	100	65	18	8	4	5	7
Fall River, Mass.	24	22	2	-	-	-	5	Jacksonville, Fla.	169	122	29	11	6	1	17
Hartford, Conn.	72	49	20	3	-	-	9	Miami, Fla.	45	26	12	5	1	1	2
Lowell, Mass.	40	33	7	-	-	-	5	Norfolk, Va.	50	33	13	1	2	1	1
Lynn, Mass.	11	10	-	1	-	-	3	Richmond, Va.	74	48	13	5	4	4	5
New Bedford, Mass.	40	33	3	3	1	-	5	Savannah, Ga.	71	44	18	7	2	-	1
New Haven, Conn.	47	32	11	1	2	1	10	St. Petersburg, Fla.	86	64	14	7	1	-	4
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	386	266	70	31	10	9	22
Somerville, Mass.	7	4	3	-	-	-	-	Washington, D.C.	200	124	50	17	8	1	3
Springfield, Mass.	U	U	U	U	U	U	U	Wilmington, Del.	16	13	-	3	-	-	-
Waterbury, Conn.	23	18	3	1	1	-	5	E.S. CENTRAL	959	660	202	55	22	20	91
Worcester, Mass.	58	41	13	3	-	1	7	Birmingham, Ala.	187	136	38	9	1	3	30
MID. ATLANTIC	2,410	1,708	475	144	45	36	150	Chattanooga, Tenn.	64	52	6	5	1	-	7
Albany, N.Y.	55	40	7	4	2	2	3	Knoxville, Tenn.	105	73	24	1	1	6	4
Allentown, Pa.	29	25	3	1	-	-	3	Lexington, Ky.	50	31	12	5	2	-	2
Buffalo, N.Y.	101	74	18	5	3	1	5	Memphis, Tenn.	228	145	56	14	9	4	19
Camden, N.J.	36	24	5	4	1	2	1	Mobile, Ala.	119	83	25	7	1	3	5
Elizabeth, N.J.	28	18	6	1	3	-	1	Montgomery, Ala.	59	44	8	4	2	1	11
Erie, Pa.	54	47	5	2	-	-	3	Nashville, Tenn.	147	96	33	10	5	3	13
Jersey City, N.J.	56	39	13	2	2	-	-	W.S. CENTRAL	1,411	987	247	97	42	38	110
New York City, N.Y.	1,287	889	269	86	19	24	71	Austin, Tex.	90	62	12	7	6	3	4
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	99	66	20	9	1	3	1
Paterson, N.J.	23	15	3	1	2	2	3	Corpus Christi, Tex.	59	43	9	5	1	1	5
Philadelphia, Pa.	329	227	71	22	6	1	10	Dallas, Tex.	291	203	44	22	11	11	35
Pittsburgh, Pa.‡	48	35	9	3	1	-	2	El Paso, Tex.	136	97	22	9	5	3	9
Reading, Pa.	25	23	1	1	-	-	2	Ft. Worth, Tex.	146	108	21	8	1	8	13
Rochester, N.Y.	144	113	26	4	-	1	15	Houston, Tex.	U	U	U	U	U	U	U
Schenectady, N.Y.	18	12	4	1	1	-	5	Little Rock, Ark.	52	21	24	3	2	2	-
Scranton, Pa.	29	25	3	1	-	-	-	New Orleans, La.	31	17	6	5	3	-	-
Syracuse, N.Y.	96	64	23	5	2	2	20	San Antonio, Tex.	273	202	41	20	6	4	25
Trenton, N.J.	33	26	5	1	-	1	5	Shreveport, La.	84	55	19	6	3	1	10
Utica, N.Y.	19	12	4	-	3	-	1	Tulsa, Okla.	150	113	29	3	3	2	8
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1,063	750	187	76	37	10	96
E.N. CENTRAL	1,643	1,132	347	92	32	40	116	Albuquerque, N.M.	108	82	15	6	4	1	16
Akron, Ohio	49	34	9	2	3	1	1	Boise, Idaho	45	35	7	3	-	-	8
Canton, Ohio	51	43	7	1	-	-	5	Colo. Springs, Colo.	56	45	1	9	1	-	3
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	102	57	24	12	9	-	16
Cincinnati, Ohio	127	90	23	6	5	3	11	Las Vegas, Nev.	245	169	50	17	3	6	15
Cleveland, Ohio	132	90	23	14	1	4	6	Ogden, Utah	38	30	4	1	2	1	1
Columbus, Ohio	179	119	37	12	3	8	11	Phoenix, Ariz.	175	109	36	15	11	1	9
Dayton, Ohio	137	100	27	6	3	1	13	Pueblo, Colo.	32	27	4	1	-	-	2
Detroit, Mich.	172	102	54	10	2	4	10	Salt Lake City, Utah	102	75	19	5	3	-	14
Evansville, Ind.	60	46	10	2	-	2	5	Tucson, Ariz.	160	121	27	7	4	1	12
Fort Wayne, Ind.	70	48	15	3	3	1	2	PACIFIC	2,289	1,660	403	127	53	46	202
Gary, Ind.	11	6	5	-	-	-	-	Berkeley, Calif.	20	16	4	-	-	-	1
Grand Rapids, Mich.	56	36	11	5	1	3	4	Fresno, Calif.	161	125	18	8	8	2	19
Indianapolis, Ind.	200	144	42	3	4	7	14	Glendale, Calif.	39	34	5	-	-	-	6
Lansing, Mich.	39	26	8	1	4	-	5	Honolulu, Hawaii	85	74	5	4	1	1	6
Milwaukee, Wis.	142	93	39	7	-	3	8	Long Beach, Calif.	80	54	22	2	-	2	7
Peoria, Ill.	40	29	7	4	-	-	6	Los Angeles, Calif.	721	504	130	52	19	16	51
Rockford, Ill.	37	29	6	2	-	-	3	Pasadena, Calif.	36	23	10	1	1	1	3
South Bend, Ind.	41	33	3	2	2	1	7	Portland, Oreg.	245	185	41	14	3	2	26
Toledo, Ohio	100	64	21	12	1	2	5	Sacramento, Calif.	194	141	32	9	3	9	26
Youngstown, Ohio	U	U	U	U	U	U	U	San Diego, Calif.	181	114	43	11	7	6	14
W.N. CENTRAL	553	382	109	35	12	15	47	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	34	29	4	-	1	-	3	San Jose, Calif.	159	119	26	9	2	3	9
Duluth, Minn.	U	U	U	U	U	U	U	Santa Cruz, Calif.	25	20	5	-	-	-	6
Kansas City, Kans.	19	10	8	-	1	-	3	Seattle, Wash.	129	87	25	10	5	2	9
Kansas City, Mo.	73	46	20	5	2	-	6	Spokane, Wash.	89	68	16	3	1	1	8
Lincoln, Nebr.	48	39	7	1	1	-	4	Tacoma, Wash.	125	96	21	4	3	1	11
Minneapolis, Minn.	26	15	9	1	-	1	3	TOTAL	12,324‡	8,630	2,377	779	298	235	950
Omaha, Nebr.	136	94	18	12	3	9	17								
St. Louis, Mo.	73	52	12	6	1	2	-								
St. Paul, Minn.	81	64	11	3	2	1	7								
Wichita, Kans.	63	33	20	7	1	2	4								

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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