



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

May 31, 2002 / Vol. 51 / No. 21

Occupational Exposures to Air Contaminants at the World Trade Center Disaster Site — New York, September–October, 2001

Amid concerns about the fires and suspected presence of toxic materials in the rubble pile following the collapse of the World Trade Center (WTC) buildings on September 11, 2001, the New York City Department of Health (NYCDOH) asked CDC for assistance in evaluating occupational exposures at the site. CDC's National Institute for Occupational Safety and Health (NIOSH) collected general area (GA) and personal breathing zone (PBZ) air samples for numerous potential air contaminants. This report summarizes the results of the assessment, which indicate that most exposures, including asbestos, did not exceed NIOSH recommended exposure limits (RELs) or Occupational Safety and Health Administration (OSHA) permissible exposure limits (PELs) (1,2). One torch cutter was overexposed to cadmium; another worker was overexposed to carbon monoxide (CO) while cutting metal beams with an oxyacetylene torch or a gasoline-powered saw, and two more were possibly overexposed to CO. NIOSH recommended that workers ensure adequate on-site ventilation when using gas-powered equipment and use rechargeable, battery-powered equipment when possible.

Toxic substances of concern included asbestos (from insulation and fireproofing materials), concrete (made from Portland cement and used in the buildings' construction) and the crystalline silica it contained, CO (from fires and engine exhaust), diesel exhaust (from vehicles and equipment), mercury (from fluorescent lights), chlorodifluoromethane (FreonTM-22, from air conditioning systems), heavy metals (from building materials), hydrogen sulfide (from sewers, anaerobically decomposing bodies, and spoiled food), inorganic acids, volatile organic compounds (VOCs), and polynuclear aromatic hydrocarbons (PAHs) (from fires and engine exhaust). Environmental sampling during September 18–October 4 focused on search-and-rescue personnel, heavy equipment operators, and workers cutting metal beams (Figure 1) but

also included various other occupations. A total of 1,174 air samples was collected, including 804 for asbestos. NYCDOH contractors collected most of the asbestos samples; NIOSH personnel collected all other samples. In addition, NIOSH collected 33 bulk samples of dust, debris, and other materials.

FIGURE 1. A worker clears rubble at the World Trade Center disaster site using an oxyacetylene torch



Photo/National Institute for Occupational Safety and Health

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The *MMWR* series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. *MMWR* 2002;51:[inclusive page numbers].

Centers for Disease Control and Prevention

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Information Technology Specialists

Division of Public Health Surveillance and Informatics

Notifiable Disease Morbidity and 122 Cities Mortality Data

Robert F. Fagan
Deborah A. Adams
Felicia J. Connor
Lateka Dammond
Patsy A. Hall
Pearl C. Sharp

All samples were collected and analyzed according to the NIOSH Manual of Analytic Methods (3) with some modifications.

A total of 29 bulk samples of undisturbed settled material from various locations was analyzed for asbestos; 27 of these also were analyzed for crystalline silica and metals. Of the 29 samples, 26 (90%) had <1% asbestos (by mass); the three others had 1%–3%. All but one of 27 samples had crystalline silica; concentrations (by mass) ranged from 0–18%, with a median (for all 27 samples) of 3.2%. The most abundant metals in the samples were calcium, magnesium, aluminum, iron, and zinc. Lead, arsenic, cadmium, and beryllium concentrations (by mass) were <0.1%. Three bulk samples of fireproofing material on I-beams from the main debris pile were analyzed for asbestos; one was negative, and two had <1% asbestos. A sample of paint from a metal beam had 0.3% lead.

Phase contrast microscopy (PCM) revealed fibers in 358 (45%) of the 804 asbestos air samples. Excluding 30-minute samples, 25 samples had fiber concentrations that, if the fibers had been asbestos, would have exceeded the REL of 0.1 fibers per cubic centimeter of air (f/cc) (1). None of the 30-minute sample concentrations exceeded the OSHA short-term excursion limit of 1.0 f/cc (2). Of the 25 samples with fiber concentrations ≥ 0.1 f/cc (range: 0.1–0.5 f/cc) by PCM, 18 were analyzed by transmission electron microscopy (TEM), which can distinguish between asbestos and nonasbestos fibers. All had asbestos concentrations <0.1 f/cc. The seven samples not analyzed by TEM had fiber concentrations ranging from 0.1–0.2 f/cc. Differential analysis by polarized light microscopy of these same 25 air samples revealed most nonasbestos fibers to be fibrous glass, gypsum, and cellulose.

Air concentrations of total (36 samples) and respirable (18 samples) particulate ranged up to 2.3 milligrams per cubic meter (mg/m^3) and $0.3 \text{ mg}/\text{m}^3$, respectively, which are below the corresponding RELs of $10.0 \text{ mg}/\text{m}^3$ and $5.0 \text{ mg}/\text{m}^3$ for Portland cement (1). Respirable crystalline silica was not detected in any of 18 air samples. Of 45 air samples analyzed for various metals, one from a 6½-hour PBZ sample from a torch cutter had a cadmium concentration (8.6 microgram per cubic meter [$\mu\text{g}/\text{m}^3$]) that would have exceeded the PEL (8-hour time-weighted average [TWA]) of $5.0 \mu\text{g}/\text{m}^3$ even without further exposure during the remainder of the 8-hour shift. None of the samples had concentrations of lead, arsenic, beryllium, or other metals that exceeded NIOSH or OSHA exposure limits.

Two instantaneous peak CO measurements (1,239 and 1,368 parts per million [ppm]) exceeded 1,200 ppm, the level NIOSH considers an immediate danger to life and health (1). One was from a torch cutter and the other from a gasoline-powered saw operator. In 99 air samples, concentrations

of CO ranged from 0.2 to 242.0 ppm; the highest finding (in a 32½-minute PBZ sample from a saw operator) exceeded the NIOSH limit of 200 ppm and would have exceeded the PEL of 50 ppm (8-hour TWA) had it been sustained for 2 hours (1,2). CO concentrations of 41 ppm and 45 ppm in PBZ samples from torch cutters and 40 ppm in a GA sample near a saw operator, with sampling durations of ½, 5, and 2½ hours, respectively, would have exceeded the REL of 35 ppm had they represented full-shift exposures (1,2).

Hydrogen sulfide was present in seven of 10 samples, one or more inorganic acids in all 27 samples, mercury in five of 16 samples, and one or more VOCs in 14 of 76 samples; all concentrations were below applicable NIOSH and OSHA exposure limits except for two benzene concentrations (0.4 mg/m³ and 0.5 mg/m³) that exceeded the REL of 0.3 mg/m³ (1). Both were in GA samples from a smoke plume and did not represent any specific worker's exposure. The highest concentration of elemental carbon (an indicator of diesel exhaust) was 0.023 mg/m³. Neither NIOSH nor OSHA has a numerical exposure limit for diesel exhaust, but the American Conference of Governmental Hygienists has proposed a limit of 0.2 mg/m³ (measured as elemental carbon) (4). No Freon™-22 was detected in any of five samples. Small amounts of various PAHs were present in all 12 samples, but not at concentrations that exceeded individually or collectively any applicable NIOSH or OSHA exposure limit.

Reported by: K McKinney, MPA, New York City Dept of Health; S Benson, New York City Office of Emergency Management; A Lempert, New York City School Construction Authority. M Singal, MD, Cincinnati, Ohio. K Wallingford, MS, E Snyder, MS, Div of Surveillance, Hazard Evaluations and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: In addition to the physical hazards associated with work at the WTC site, hazardous exposures to toxic dusts and gases were suspected initially. Asbestos exposure, in particular, was an occupational and community health concern. The findings of this survey documented no occupational exposure to asbestos, at least after September 18, in excess of NIOSH or OSHA occupational exposure limits. The seven air samples that had fiber concentrations (determined by PCM) higher than the REL for asbestos probably would have had asbestos concentrations <0.1 f/cc if analyzed by TEM. In many other samples, asbestos concentrations determined by TEM tended to be lower than those determined by PCM. The NIOSH asbestos sampling did not provide data about occupational exposures before September 18 and was designed to assess occupational exposures, not community exposures, which probably were lower.

The absence of exposure to respirable crystalline silica, despite its presence in the bulk samples, indicates either that the crystalline silica in the dust at the site consisted of larger, nonrespirable particles or that work activities were not causing the dust to become airborne. In the absence of effective dust-control measures, the former explanation seems more likely. Although the air sampling indicated the presence of respirable airborne particulate, this material was apparently not crystalline silica. One torch cutter had cadmium overexposure, and excess CO was associated with workers using oxy-acetylene torches and gasoline-powered saws. To reduce CO exposure, NIOSH recommended replacing gasoline-powered saws with rechargeable, battery-powered saws.

At the time of the NIOSH sampling, the ambient air did not appear to be contaminated with toxic substances from the buildings or their contents or with combustion products to an extent that posed an occupational health hazard. However, the presence of hazards related to specific work activities at the WTC disaster site underscores the importance of assessing suspected occupational exposures. In response to the WTC disaster, NIOSH has issued guidelines for addressing a variety of occupational safety and health hazards at disaster sites (5).

Acknowledgments

This report is based on data contributed by: New York City School Construction Authority. Data Chem Laboratories, Salt Lake City, Utah. B Bernard, MD, D Booher, G Burr, E Esswein, MSPH, R Hall, MS, J Harney, MS, D Hewett, MS, B King, MPH, S Lenhart, MSPH, B Lushniak, MD, R McCleery, MSPH, K Martinez, MSEE, D Mattorano, MS, A Weber, MS, Div of Surveillance, Hazard Evaluations, and Field Studies; K Linch, MS, P Middendorf, PhD, Div of Respiratory Disease Studies; S Earnest, PhD, A Echt, MPH, J Fernback, A Grote, C Neumeister, E Kennedy, PhD, T Zimmer, PhD, Div of Applied Research Technology, National Institute for Occupational Safety and Health, CDC.

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State-Specific Trends in Self-Reported Blood Pressure Screening and High Blood Pressure — United States, 1991–1999

High blood pressure (HBP) increases the risk for heart disease and stroke, the first and third leading causes of death in the United States, respectively. An estimated one in four U.S. adults has HBP, which is defined as taking antihypertensive medication or having either a systolic blood pressure (SBP) of ≥ 140 mmHg or a diastolic blood pressure (DBP) of ≥ 90 mmHg (1). Optimal blood pressure is defined as SBP of ≤ 120 mmHg or DBP of ≤ 80 mmHg. To reduce the prevalence of HBP in the United States, the National Heart, Lung, and Blood Institute initiated the National High Blood Pressure Education Program (NHBPEP) in 1972, recommending that all adults aged ≥ 20 years have their blood pressure (BP) checked at least once every 2 years. Although HBP is easily detectable and can usually be controlled with treatment, greater awareness of BP levels among U.S. adults is needed (2). This report summarizes data from the Behavioral Risk Factor Surveillance System (BRFSS) on state-specific trends in recent BP screening and prevalence of HBP (both by self-report). The findings indicate that during 1991–1999, BP screening levels were very high, and the percent of adults reporting HBP increased among some populations. Innovative education and intervention programs are needed to prevent and treat HBP in five high-risk groups: men, blacks, Hispanics, persons with less education, and older adults.

BRFSS is a state-based, random-digit-dialed telephone survey of the civilian, noninstitutionalized U.S. population aged ≥ 18 years. CDC analyzed BRFSS data from 1991, 1993, 1995, 1997, and 1999 for persons from the 50 states and the District of Columbia (DC). The range of sample sizes for individual states was 1,163–3,404 in 1991, 1,182–4,294 in 1993, 1,184–5,052 in 1995, 1,437–4,877 in 1997, and 1,225–4,914 in 1999. BRFSS CASRO median response rates ranged from 70.9% in 1991 to 55.2% in 1999. These rates reflect both telephone sampling efficiency and the degree of cooperation among eligible respondents who were contacted. Survey participants were asked 1) about how long it had been since they last had their BP taken by a doctor, nurse, or other health-care professional, and 2) if they had ever been told by a

doctor, nurse, or other health-care professional that they had HBP. Recent BP screening was defined if the respondent's blood pressure had been checked during the 2 years preceding the interview. Persons who reported that they were ever told they had HBP were classified as having self-reported HBP. Analyses were restricted to persons aged ≥ 20 years. Data were weighted and analyzed using SUDAAN (version 7.0) to account for the complex sampling design in each state and to obtain prevalence and variance estimates. Prevalences were age-adjusted to the 2000 U.S. standard population. The state-specific percentage point differences between 1991 and 1999 for recent BP screening and HBP were limited to DC and the 47 states that participated in BRFSS during 1991–1999.

During 1991–1999, approximately 100% of adults reported that they ever had their BP checked. The age-adjusted prevalence of adults reporting that they had recent BP screening remained relatively constant at 95.3% in 1991 and 94.5% in 1999 (Table 1). The prevalence of recent BP screening declined in 30 states; the decline was statistically significant in 11 states (California, Georgia, Idaho, Indiana, Mississippi, New Mexico, Oregon, South Carolina, Virginia, Washington, and Wisconsin). Recent BP screening increased significantly in Minnesota, New Jersey, North Dakota, and Vermont.

The age-adjusted prevalence of adults reporting having ever been told that they had HBP increased significantly from 22.9% in 1991 to 24.9% in 1999 (Table 2). In 1999, age-adjusted prevalence of self-reported HBP ranged from 14.0% in Arizona to 31.6% in Alabama. During 1991–1999, statistically significant increases in age-adjusted prevalence of self-reported HBP were observed in 17 states (Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, New Mexico, North Carolina, North Dakota, Ohio, South Dakota, Tennessee, Virginia, Washington, and West Virginia). Significant declines were observed in Arizona, Connecticut, and Oklahoma.

In 1991 and 1999, age-specific prevalences of recent BP screening and self-reported HBP were higher among adults aged ≥ 65 years than among those aged 20–64 years (Table 3). Recent BP screening declined significantly among persons aged 20–44 years and those aged 45–64 years, but increased among those aged ≥ 65 years. Prevalences of self-reported HBP increased in all age groups except among persons aged 20–44 years. In 1991 and 1999, age-adjusted prevalences of recent BP screening were higher among non-Hispanic blacks, women, and persons with >12 years of education compared, respectively, with those of other racial/ethnic groups, men, and persons with less education. However, recent BP screening declined significantly among non-Hispanic whites, men, women, and persons with ≤ 12 years of education. In 1999, age-adjusted prevalences of self-reported HBP were higher

TABLE 1. Percentage of adults who reported having had their blood pressure checked during the 2 years preceding the survey, by state and year — United States, Behavioral Risk Factor Surveillance System, 1991–1999*

State	1991	1993	1995	1997	1999	% change 1991–1999	(95% CI) [†]
Alabama	96.4	97.2	93.9	95.7	95.4	-1.0	(±1.4)
Alaska	94.9	92.4	92.2	92.6	94.1	-0.7	(±2.2)
Arizona	95.8	94.8	94.1	95.3	94.8	-1.0	(±2.0)
Arkansas	93.1	93.6	94.2	93.6	93.3	0.1	(±1.9)
California	94.9	92.8	92.7	91.9	92.7	-2.2	(±1.3)
Colorado	94.5	92.9	91.8	93.8	92.6	-1.8	(±1.8)
Connecticut	96.6	95.5	95.4	96.0	96.0	-0.6	(±1.3)
Delaware	96.2	95.0	96.2	94.7	96.8	0.6	(±1.4)
District of Columbia	97.1	97.3	NA [§]	97.4	96.3	-0.7	(±1.6)
Florida	94.2	93.4	93.8	94.2	94.7	0.5	(±1.4)
Georgia	97.4	96.1	96.3	96.5	95.9	-1.6	(±1.3)
Hawaii	97.2	96.0	96.0	95.5	96.8	-0.3	(±1.3)
Idaho	93.5	92.0	92.1	91.4	90.8	-2.7	(±1.7)
Illinois	95.0	95.0	94.4	94.3	94.1	-0.8	(±1.9)
Indiana	95.3	93.8	93.5	93.2	92.5	-2.8	(±2.1)
Iowa	95.5	93.7	93.5	92.6	94.5	-1.0	(±1.5)
Kansas	NA	94.3	93.2	94.6	95.7	NA	—
Kentucky	95.1	95.3	94.4	94.0	94.7	-0.4	(±1.4)
Louisiana	95.0	95.5	95.6	94.6	95.9	0.9	(±1.6)
Maine	93.6	93.2	94.0	94.8	94.9	1.3	(±1.9)
Maryland	95.8	96.1	95.4	96.4	96.6	0.8	(±1.3)
Massachusetts	95.0	95.0	94.5	96.4	96.3	1.3	(±1.6)
Michigan	94.8	94.3	94.9	94.8	95.0	0.2	(±1.4)
Minnesota	93.7	92.4	93.5	92.7	95.2	1.4	(±1.1)
Mississippi	97.0	94.1	93.7	96.1	95.4	-1.5	(±1.5)
Missouri	95.5	95.2	93.4	95.0	95.1	-0.4	(±1.6)
Montana	93.2	93.5	91.9	92.3	93.5	0.3	(±2.1)
Nebraska	94.3	93.5	93.5	93.0	94.4	0.1	(±1.8)
Nevada	NA	91.4	93.8	93.7	92.5	NA	—
New Hampshire	94.4	92.7	94.3	94.2	94.7	0.4	(±2.0)
New Jersey	95.5	94.7	95.3	94.8	96.6	1.2	(±2.0)
New Mexico	94.8	92.8	91.8	91.8	90.6	-4.3	(±1.8)
New York	95.1	95.2	95.8	95.1	94.8	-0.3	(±1.6)
North Carolina	96.8	95.9	94.6	94.4	96.1	-0.7	(±1.3)
North Dakota	94.3	94.7	93.8	92.9	95.2	0.9	(±1.6)
Ohio	97.2	95.0	95.6	95.6	96.0	-1.3	(±1.5)
Oklahoma	95.3	93.9	94.8	94.3	95.3	0.0	(±1.5)
Oregon	94.5	91.2	91.4	92.1	92.4	-2.1	(±1.7)
Pennsylvania	96.0	94.2	93.0	95.6	96.1	0.1	(±1.1)
Rhode Island	95.3	94.9	95.2	95.9	96.8	1.5	(±1.4)
South Carolina	97.6	96.2	95.7	96.6	95.4	-2.3	(±1.2)
South Dakota	94.9	93.7	95.7	92.3	94.5	-0.4	(±1.3)
Tennessee	95.8	95.3	96.1	95.2	95.9	0.1	(±1.2)
Texas	93.6	94.0	94.4	93.3	92.9	-0.7	(±1.8)
Utah	93.5	93.0	92.7	92.7	92.7	-0.8	(±1.8)
Vermont	93.3	92.2	93.9	93.6	94.4	1.1	(±1.7)
Virginia	95.9	95.6	96.1	94.9	94.0	-1.9	(±1.8)
Washington	95.4	92.7	93.2	92.8	93.3	-2.1	(±1.5)
West Virginia	94.5	94.8	94.2	93.5	93.8	-0.7	(±1.5)
Wisconsin	96.0	93.3	93.3	92.4	93.3	-2.7	(±1.6)
Wyoming	NA	NA	91.8	90.8	92.7	NA	—
Total[¶]	95.3	94.3	94.3	94.2	94.5	-0.8	(±0.3)

* All data are self-reported and age-adjusted to the 2000 U.S. standard population.

[†] Confidence interval.[§] Data not available.[¶] Includes District of Columbia and 47 states with estimates available from 1991–1999 (excludes Kansas, Nevada, and Wyoming).

TABLE 2. Percentage of adults who reported having ever been told by a health-care provider that they had high blood pressure, by state and year — United States, Behavioral Risk Factor Surveillance System, 1991–1999*

State	1991	1993	1995	1997	1999	% change 1991–1999	(95% CI) [†]
Alabama	28.4	21.8	26.0	29.6	31.6	3.2	(±3.1)
Alaska	23.9	22.3	23.9	27.1	25.2	1.3	(±4.7)
Arizona	20.8	19.9	21.1	16.7	14.0	-6.9	(±2.9)
Arkansas	23.5	23.8	26.3	26.0	28.0	4.5	(±3.0)
California	22.6	23.4	24.6	23.1	24.7	2.1	(±2.2)
Colorado	21.5	24.0	23.8	22.0	23.4	1.9	(±2.9)
Connecticut	23.4	23.9	20.1	21.3	20.4	-3.0	(±2.8)
Delaware	23.6	23.9	22.7	26.3	26.0	2.4	(±3.4)
District of Columbia	22.9	18.6	NA [§]	20.5	26.2	3.3	(±3.6)
Florida	19.7	23.5	22.5	24.8	26.1	6.4	(±2.4)
Georgia	23.9	24.1	21.6	23.1	28.2	4.3	(±3.0)
Hawaii	23.2	23.8	22.7	25.1	23.6	0.7	(±3.1)
Idaho	21.7	24.2	22.3	24.7	23.4	1.8	(±2.4)
Illinois	23.9	23.4	23.1	24.8	26.1	2.2	(±3.2)
Indiana	26.3	27.1	27.3	26.0	26.2	-0.2	(±3.3)
Iowa	21.2	20.5	23.2	22.8	23.4	2.2	(±2.6)
Kansas	NA	24.5	23.9	20.9	21.7	NA	—
Kentucky	24.0	24.2	22.4	27.5	28.0	4.0	(±2.4)
Louisiana	23.9	24.9	25.7	26.6	27.6	3.7	(±3.3)
Maine	22.4	22.9	21.1	23.0	26.8	4.4	(±3.2)
Maryland	22.4	23.7	23.0	25.3	25.8	3.4	(±2.8)
Massachusetts	22.9	21.7	24.9	20.3	22.1	-0.9	(±2.9)
Michigan	25.7	23.7	25.5	24.0	26.0	0.3	(±2.6)
Minnesota	21.4	23.9	19.7	22.0	22.7	1.4	(±1.9)
Mississippi	31.7	31.5	30.8	34.8	24.6	3.0	(±3.5)
Missouri	25.2	25.5	23.6	27.5	24.6	-0.6	(±2.8)
Montana	20.0	21.3	20.0	23.0	23.1	3.1	(±3.2)
Nebraska	24.6	23.8	22.1	22.6	22.1	-2.6	(±3.0)
Nevada	NA	24.6	23.2	25.0	30.0	NA	—
New Hampshire	21.7	23.7	21.7	23.3	24.2	2.4	(±3.5)
New Jersey	22.5	21.7	27.1	23.6	23.0	0.6	(±3.0)
New Mexico	16.4	19.8	21.1	22.6	22.0	5.6	(±2.9)
New York	23.4	23.0	22.9	23.1	22.9	0.6	(±2.7)
North Carolina	19.8	18.1	22.0	24.4	24.8	4.9	(±2.7)
North Dakota	22.0	23.7	22.6	25.4	26.5	6.6	(±2.8)
Ohio	20.3	19.4	24.8	22.4	28.0	7.7	(±3.5)
Oklahoma	26.3	22.1	21.8	22.1	21.2	-5.2	(±2.8)
Oregon	20.8	22.5	24.7	22.9	22.2	1.4	(±2.5)
Pennsylvania	24.3	23.2	24.4	21.3	23.3	-1.0	(±2.4)
Rhode Island	22.8	24.0	24.1	22.6	22.7	-0.1	(±2.5)
South Carolina	26.8	27.6	25.1	28.0	26.3	-0.5	(±2.6)
South Dakota	19.6	19.8	20.8	20.4	23.6	4.0	(±2.4)
Tennessee	24.7	25.8	28.0	28.2	29.0	4.3	(±2.5)
Texas	24.0	21.5	26.4	24.9	25.8	1.8	(±2.9)
Utah	23.1	21.2	21.4	25.1	23.6	0.5	(±2.9)
Vermont	24.3	22.6	24.2	21.5	21.9	-2.4	(±2.7)
Virginia	17.5	22.9	25.7	26.6	25.5	7.9	(±2.8)
Washington	21.2	23.8	22.1	24.2	22.9	1.7	(±2.4)
West Virginia	25.4	24.8	25.4	27.9	30.1	4.7	(±2.6)
Wisconsin	23.3	22.6	24.0	23.6	24.8	1.4	(±3.0)
Wyoming	NA	NA	22.8	23.1	22.7	NA	—
Total[¶]	22.9	23.0	24.1	24.0	24.9	2.1	(±0.5)

* All data are self-reported and age-adjusted to the 2000 U.S. standard population.

[†] Confidence interval.[§] Data not available.[¶] Includes District of Columbia and 47 states with estimates available from 1991–1999 (excludes Kansas, Nevada, and Wyoming).

TABLE 3. Percentage of adults who reported having had their blood pressure checked during the 2 years preceding the survey and ever being told by a health-care provider that they had high blood pressure, by selected characteristics — United States, Behavioral Risk Factor Surveillance System, 1991 and 1999*

Characteristic	Blood pressure checked				Told of high blood pressure			
	1991 %	1999 %	% change	(95% CI) [†]	1991 %	1999 %	% change	(95% CI)
Age group (yrs)								
20–44	94.3	93.0	-1.3	(±0.5)	11.7	12.2	0.5	(±0.6)
45–64	95.7	95.1	-0.6	(±0.5)	30.8	32.7	2.0	(±1.2)
≥65	97.2	97.8	0.6	(±0.5)	41.8	48.5	6.7	(±1.5)
Race/ethnicity								
Non-Hispanic white	95.4	94.8	-0.6	(±0.3)	22.2	23.9	1.7	(±0.6)
Non-Hispanic black	97.0	96.8	-0.2	(±0.8)	31.2	35.9	4.7	(±2.0)
Hispanic	93.2	91.6	-1.6	(±1.7)	21.6	23.1	1.9	(±2.7)
Other	92.6	93.1	0.5	(±1.9)	19.4	23.8	4.4	(±3.6)
Sex								
Male	93.6	92.5	-1.1	(±0.5)	22.2	25.1	2.9	(±0.8)
Female	96.9	96.5	-0.4	(±0.3)	23.2	24.7	1.5	(±0.7)
Education								
<High school	93.0	90.1	-2.9	(±1.3)	27.4	30.4	3.0	(±1.7)
High school/GED	95.0	93.8	-1.1	(±0.6)	23.4	26.1	2.7	(±1.0)
Some college	95.8	95.5	-0.4	(±0.5)	22.3	24.7	2.4	(±1.1)
College graduate	96.1	95.9	-0.2	(±0.5)	19.5	21.5	1.9	(±1.1)

*All data are self-reported and age-adjusted to the 2000 U.S. standard population.

[†]Confidence interval.

among non-Hispanic blacks than among other racial/ethnic groups, among men than among women, and among persons with less education. Self-reported HBP increased during 1991–1999 among almost all groups, irrespective of race/ethnicity, sex, or education.

Reported by: *C Ayala, PhD, KJ Greenlund, PhD, JB Croft, PhD, LJ Neff, PhD, S Dai, PhD, ZJ Zheng, MD, ML Casper, PhD, NL Keenan, PhD, GA Mensab, MD, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: The findings in this report indicate that although BP screening prevalences were high in all states and demographic groups, the lowest levels were among men, Hispanics, persons with less education, and younger adults, suggesting that ongoing programs should increase efforts to reach these populations. Factors that might be associated with disparities in some groups and in some states include differences in perception of the risk for heart disease and stroke and the benefits of lowering BP, limited access to quality health care, and limited socioeconomic resources (3). Although data on prevalences of treatment and control of HBP were not available in this BRFSS report, the impact of uncontrolled HBP on cardiovascular disease is an important public health issue.

The National Health and Nutrition Examination Surveys (NHANES) based on actual blood pressure measurements suggest that the age-adjusted (2000 standard) prevalence of HBP declined from 39.8% during 1971–1974 to 23.9% during 1988–1991 (4). However, BRFSS data suggest increases

during 1991–1999 in the percentage of the U.S. population who have ever been told by a health-care provider that they had HBP. Although a real increase in the prevalences of HBP is possible in association with observed increases in the prevalence of obesity and being overweight (5), the increase in reported HBP also might be associated with increased detection and reporting of conditions by health-care providers to their patients.

The findings in this report are subject to several limitations. First, estimates of self-reported HBP depend both on screening and awareness of BP measurements and might be overstated if patients reported having HBP but actually had been told that they had high-normal or borderline HBP. Conversely, prevalences might be underestimated if members of a population were not screened and were unaware of their BP status. In a study using similar questions, the sensitivity and specificity of self-reported HBP was high compared with actual HBP or use of BP medications (6). Second, because interstate migration was high during the 1980s and 1990s, current state prevalences cannot be assumed to reflect the prevalences among long-term state residents (7). Third, the declining median response rates in the BRFSS (from 70.9% to 55.2%) could affect measurements over time. Fourth, BRFSS excludes an unknown number of persons in institutions and all persons aged ≤18 years. Fifth, because BRFSS is a telephone-based survey, persons of low socioeconomic status who are less likely to have a telephone might not have been included in

representative numbers. Finally, because time and functional capacity are required for participation in the questionnaire, BRFSS might underrepresent those with a severe impairment.

Estimates of self-reported HBP depend on screening, awareness of BP measurements, and the accurate reporting of HBP rather than clinical diagnoses such as high-normal or borderline HBP. HBP is a major modifiable risk factor for cardiovascular diseases, and BP screening is an important first step in identifying and controlling HBP and preventing heart disease and stroke. Clinical guidelines for BP screening and management emphasize prevention of HBP by improving lifestyles, self-measurement of BP, the use of new combination antihypertensive medications, and strategies for improving adherence to treatment (2). Many CDC-sponsored state cardiovascular health programs, the NHBPEP, and the American Heart Association provide programs that raise public awareness and understanding about HBP as a risk factor for heart disease and stroke. Eleven states (Alaska, California, Connecticut, Illinois, Iowa, Massachusetts, Michigan, Nebraska, North Carolina, South Dakota, and Vermont) provide BP screening and other services to participants in the National Breast and Cervical Cancer Early Detection program (8). Some states use prevention block grant funds to conduct BP screening campaigns that target priority populations (e.g., younger members of certain racial/ethnic groups or older adults). In addition to these ongoing public health efforts, prevention programs are encouraged to seek innovative strategies to ensure that high BP screening rates continue among priority populations.

Acknowledgments

This report is based on data contributed by the following BRFSS coordinators: S Reese, MPH, Alabama; P Owens, Alaska; R Weyant, Arizona; B Woodson, Arkansas; B Davis, PhD, California; B Rosenblatt, Colorado; M Adams, MPH, Connecticut; F Breukelman, Delaware; J Davies-Cole, District of Columbia; S Oba, MSPH, Florida; L Martin, MS, Georgia; F Reyes-Salvail, MS, Hawaii; J Aydelotte, MA, Idaho; B Steiner, MS, Illinois; L Stemnock, Indiana; D Sheperd, PhD, Iowa; M Arnold, Kansas; T Sparks, Kentucky; B Bates, MSPH, Louisiana; J Graber, MS, Maine; H Lopez, Maryland; Z Zhang, MPH, Massachusetts; H McGee, MPH, Michigan; N Salem, PhD, Minnesota; D Johnson, MS, Mississippi; J Jackson-Thompson, PhD, Missouri; P Feigley, PhD, Montana; L Andelt, PhD, Nebraska; E DeJan, MPH, Nevada; J Porter, MPH, New Hampshire; G Boeselager, MS, New Jersey; W Honey, MPH, New Mexico; C Baker, New York; Z Gizlice, PhD, North Carolina; L Shireley, MPH, North Dakota; P (Pullen) Cross, Ohio; K Baker, MPH, Oklahoma; K Pickle, MPH, Oregon; L Mann, Pennsylvania; J Hesser, PhD, Rhode Island; DJ Goodwin, DrPH, South Carolina; M Gildemaster, South Dakota; D Ridings,

Tennessee; K Condon, MS, Texas; K Marti, Utah; R McCormick, PhD, Vermont; G Seifen, MS, Virginia; KW Simmons, PhD, Washington; F King, West Virginia; K Pearson, Wisconsin; M Futa, Wyoming.

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Nonfatal Physical Assault–Related Injuries Treated in Hospital Emergency Departments — United States, 2000

CDC, in collaboration with the Consumer Product Safety Commission (CPSC), expanded CPSC's National Electronic Injury Surveillance System (NEISS) in July 2000 to include all types and external causes of nonfatal injuries treated in U.S. hospital emergency departments (EDs). This ongoing surveillance system, called NEISS All Injury Program (NEISS-AIP), can be used to calculate national, annualized, weighted estimates for nonfatal injuries treated in U.S. hospital EDs. This report summarizes NEISS-AIP data, which indicate that approximately 1.6 million persons were treated in U.S. EDs during 2000 for nonfatal physical (i.e., nonsexual) assault-related injuries. Such injuries occurred disproportionately among males, adolescents, and young adults, particularly among black males; most of these injuries were contusions or lacerations, few of which resulted in hospital admission.

NEISS-AIP data can increase understanding of physical assault-related injuries and serve as a basis for monitoring trends, facilitating additional research, and evaluating intervention approaches.

NEISS-AIP includes data from 66 (out of the 100) NEISS hospitals, which are a nationally representative, stratified probability sample of all hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED (1,2). NEISS-AIP provides data on approximately 500,000 injury- and consumer product-related ED cases each year. Data from these cases are weighted by the inverse of the probability of selection to provide national estimates (1). Annualized estimates for this report are based on weighted data for 13,976 nonfatal assault-related injuries treated in EDs during July–December 2000. The weight of each case was doubled, and then these adjusted values were added to provide annualized estimates for the overall population and population subgroups (i.e., age, sex, and race/ethnicity*). A direct variance estimation procedure was used to calculate 95% confidence intervals and to account for the complex sample design (1).

Injuries were defined as bodily harm resulting from acute exposure to an external force or substance, including unintentional and violence-related causes. Cases were excluded from this analysis if 1) the principal diagnosis was an illness, pain only, psychological harm (e.g., anxiety and depression) only, contact dermatitis associated with exposure to consumer products (e.g., body lotions, detergents, and diapers) and plants (e.g., poison ivy), or unknown; or 2) the ED visit was for adverse effects of therapeutic drugs or of surgical and medical care (3). All injuries were classified according to the intent (i.e., unintentional, sexual and physical assault, self-harm, and legal intervention†) of the most severe injury (4). Suspected and confirmed instances of interpersonal violence were coded as assaults; persons injured included victims, bystanders, police, and perpetrators. Data also were collected about injury diagnosis, primary body part injured, disposition, and mechanism. The mechanism of injury is the precipitating mechanism (e.g., struck by/against, cut/pierced, or bitten) that initiated the chain of events leading to the injury, similar to the underlying cause of an injury-related death. Mechanisms of injury were classified into recommended major external cause-of-injury groupings (3,5) according to definitions consistent with *International Classification of Diseases, Ninth Revision, Clinical Modifications* (ICD-9-CM) external-cause coding guidelines (6).

* Often only one entry is available on the ED record for race/ethnicity. The classification scheme for this report assumed that most white Hispanics probably were recorded on the ED record as Hispanics and that most black Hispanics probably were recorded as black.

† Injuries inflicted by law enforcement personnel during official duties.

During 2000, an estimated 1,021,118 males and 650,361 females were treated in EDs for injuries resulting from nonfatal assaults, including an estimated 63,984 sexual assaults. Although sexual assaults accounted for a small proportion (females: 8%, males: 1%) of all assault-related injuries, the rate of ED visits for sexual assault-related injuries was five times higher for females (38.2 per 100,000 population) than for males (7.6). Because the number of sexual assaults during the period studied was too low to permit reliable estimates by victim and injury characteristics, this report focuses only on nonfatal injuries resulting from nonsexual assaults (i.e., nonfatal physical assault-related injuries).

NEISS-AIP data on nonfatal physical assault-related injuries were analyzed by sex, age, race/ethnicity, mechanism of injury, diagnosis, primary body part injured, and disposition. The physical assault rate was approximately 77% higher for males than for females (Table 1). Males and females aged 20–24 years had the highest injury rates per 100,000 persons (1,848 and 1,122, respectively) among all age groups; the rate for black males was approximately 4.6 times higher than the rate for non-Hispanic white males. Most (81%) physical assault-related injuries were caused by a person being struck by another person, either with an object or a personal weapon (e.g., fist or foot). Fewer injuries resulted from being cut or pierced with a sharp instrument (8%) or from gunshots (3%). Although males had higher rates of being struck or injured with a sharp instrument than females, the rate of being bitten was comparable for males and females. Most injuries were diagnosed as contusions (31%) or lacerations (23%), followed by fractures (10%), internal injuries (7%), punctures (7%), and strains or sprains (7%). The parts of the body affected most were the head (54%), arms/hands (19%), and upper trunk (10%). Most (93%) patients were treated and released, and 6% required hospitalization; the hospitalization rate was approximately five times higher for males than for females.

To estimate variations in the lethality of physical assaults by sex and injury mechanism, CDC compared the 2000 NEISS-AIP data with 1999 homicide data from the National Vital Statistics System, which includes information from all death certificates filed in the 50 states and the District of Columbia (7). The ratio of nonfatal injuries to homicides was 94:1, and the ratio of firearm-related injuries from nonfatal physical assaults to firearm-related homicides was 4:1. The ratios of nonfatal to fatal injuries were substantially higher for injuries in which a person was cut or pierced with a sharp instrument (64:1) or struck by/against (3,143:1). Although men were far more likely to be assaulted or killed than women, the ratio of nonfatal injuries to homicides was higher for females (144:1) than for males (78:1).

TABLE 1. Estimated number*, percentage†, and rate‡ of nonfatal injuries from physical (nonsexual) assaults treated in hospital emergency departments, by sex and selected characteristics — United States, 2000

Characteristic	Male				Female				Total			
	No.	%	Rate	(95% CI¶)	No.	%	Rate	(95% CI)	No.	%	Rate	(95% CI)
Age group (yrs)												
0–4	18,488	1.8	192	(100– 284)	12,079	2.0	131	(75– 187)	30,568	1.9	162	(90– 234)
5–9	39,572**	3.9**	—**	—**	20,884**	3.5**	—**	—**	60,455**	3.8**	—**	—**
10–14	77,742	7.7	762	(437–1,088)	41,224	6.9	424	(224– 625)	118,966	7.4	598	(336– 859)
15–19	169,703	16.8	1,659	(1,220–2,098)	97,071	16.3	1,004	(691–1,317)	266,774	16.6	1,341	(976–1,706)
20–24	174,330	17.2	1,848	(1,399–2,297)	101,913	17.1	1,122	(770–1,474)	276,243	17.2	1,492	(1,124–1,859)
25–34	235,481	23.3	1,269	(1,042–1,496)	139,541	23.4	739	(573– 905)	375,232	23.3	1,002	(817–1,187)
35–44	178,963	17.7	803	(592–1,014)	115,374	19.3	510	(386– 635)	294,337	18.3	656	(494– 818)
45–54	80,544	8.0	443	(320– 567)	45,128	7.6	238	(172– 303)	125,987	7.8	339	(251– 427)
55–64	24,433	2.4	214	(149– 278)	11,239	1.9	89	(50– 129)	35,672	2.2	149	(104– 193)
65–74	7,539	0.7	92	(60– 124)	7,192	1.2	72	(53– 91)	14,731	0.9	81	(61– 101)
75–84	2,335	0.2	47	(25– 69)	3,567	0.6	48	(28– 69)	5,902	0.4	48	(32– 63)
≥85	878**	0.1**	—**	—**	1,051**	0.2**	—**	—**	1,929**	0.1**	—**	—**
Unknown	931**	0.1**	—**	—**	293**	0**	—**	—**	1,337**	0.1**	—**	—**
Race/ethnicity††												
White, non-Hispanic	357,298	35.3	371	(267– 475)	205,789	34.5	205	(153– 257)	563,088	35.0	286	(211– 362)
Black	284,210	28.1	1,694	(715–2,672)	209,109**	35.1**	—**	—**	493,634**	30.7**	—**	—**
Hispanic	160,176**	15.8**	—**	—**	70,590**	11.8**	—**	—**	230,766**	14.3**	—**	—**
Other, non-Hispanic	43,064**	4.3**	—**	—**	21,289**	3.6**	—**	—**	64,563**	4.0**	—**	—**
Unknown	166,191**	16.4**	—**	—**	89,779**	15.0**	—**	—**	256,083**	15.9**	—**	—**
Diagnosis												
Contusion	258,792	25.6	192	(162– 222)	236,310	39.6	168	(144– 192)	495,103	30.8	180	(155– 204)
Laceration	274,911	27.2	204	(147– 262)	96,341	16.1	68	(44– 93)	371,567	23.1	135	(95– 175)
Fracture	117,273	11.6	87	(72– 102)	41,407	6.9	29	(25– 34)	158,679	9.9	58	(49– 66)
Strain/sprain	45,879	4.5	34	(28– 40)	58,175	9.8	41	(34– 49)	104,054	6.5	38	(32– 43)
Internal injuries	79,214**	7.8**	—**	—**	31,048	5.2	22	(12– 32)	110,319**	6.9**	—**	—**
Puncture	79,770	7.9	59	(25– 94)	26,223**	4.4**	—**	—**	106,051	6.6	39	(16– 61)
Foreign body	2,650**	0.3**	—**	—**	741**	0.1**	—**	—**	3,391**	0.2**	—**	—**
Other	145,183**	14.4**	—**	—**	98,665**	16.5**	—**	—**	244,057**	15.2**	—**	—**
Unknown	7,268**	0.7**	—**	—**	7,646**	1.3**	—**	—**	14,914**	0.9**	—**	—**
Primary body part												
Head/neck	572,243	56.6	425	(334– 517)	291,709	48.9	207	(156– 258)	864,324	53.7	314	(245– 383)
Upper trunk	98,270	9.7	73	(55– 91)	62,698	10.5	45	(30– 59)	161,025	10.0	58	(44– 73)
Lower trunk	46,220	4.6	34	(21– 47)	40,089	6.7	28	(17– 40)	86,311	5.4	31	(20– 43)
Arm/hand	194,220	19.8	144	(102– 187)	116,845	19.6	83	(56– 110)	311,065	19.3	113	(79– 147)
Leg/foot	56,477	5.6	42	(30– 54)	39,681	6.7	28	(21– 35)	96,369	6.0	35	(26– 44)
Other	34,289	3.4	25	(15– 36)	34,643	5.8	25	(16– 33)	68,931	4.3	25	(16– 34)
Unknown	9,217**	0.9**	—**	—**	10,890**	1.8**	—**	—**	20,108**	1.3**	—**	—**
Disposition												
Treated/released	919,254	90.9	683	(511– 855)	574,514	96.3	408	(293– 523)	1,494,292	92.9	543	(402– 683)
Hospitalized	75,033	7.4	56	(27– 85)	15,927	2.7	11	(6– 17)	91,074	5.7	33	(17– 50)
Other	14,928	1.5	11	(6– 16)	4,662†	0.8**	—**	—**	19,591	1.2	7	(4– 10)
Unknown	1,724**	0.2**	—**	—**	1,453†	0.2**	—**	—**	3,176**	0.2**	—**	—**
Mechanism												
Struck/by/against	794,219	78.6	590	(455– 725)	499,796	83.8	355	(258– 453)	1,294,597	80.5	470	(357– 584)
Cut/pierce	93,238	9.2	69	(39– 100)	28,842	4.8	20	(9– 32)	122,080	7.6	44	(24– 65)
Bitten	27,194	2.7	20	(14– 27)	24,947	4.2	18	(12– 23)	52,141	3.2	19	(13– 25)
Firearm gunshot	44,150	4.4	33	(14– 52)	4,362**	0.7**	—**	—**	48,570	3.0	18	(7– 28)
Poison	530**	0.1**	—**	—**	1,047**	0.2**	—**	—**	1,576**	0.1**	—**	—**
Other specified	44,208	4.4	33	(25– 41)	33,426	5.6	24	(19– 29)	77,634**	4.8	28	(23– 33)
Unknown/unspecified	7,400	0.7	5	(3– 8)	4,135**	0.7**	—**	—**	11,536**	0.7**	—**	—**
Total	1,010,939	100.0	751	(566– 936)	596,556	100.0	424	(304– 543)	1,608,133	100.0	584	(436– 732)

* Includes weighted data for persons of unknown sex.

† Some percentages do not total 100% because of rounding.

‡ Per 100,000 population.

¶ Confidence interval.

** National estimate might be unstable because it is based on <20 cases or the coefficient of variation is >30%.

†† Black includes Hispanic and non-Hispanic; Hispanic excludes black Hispanic. Rates should be interpreted with caution because of the relatively high percentage of unknowns.

Reported by: TR Simon, PhD, LE Saltzman, PhD, MH Swahn, PhD, JA Mercy, PhD, EM Ingram, PhD, RR Mahendra, MPH, Div of Violence Prevention; JL Annest, PhD, P Holmgreen, MS, Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

Editorial Note: In 2000, an estimated 1,608,133 persons were treated for nonfatal physical assault–related injuries in U.S. EDs. The NEISS-AIP results and the ratios of physical assault–related ED visits to homicides underscore the need to prevent both fatal and nonfatal assault-related injuries.

A previous study found that estimates of nonfatal physical assault–related injuries treated in EDs obtained through a supplement to NEISS are approximately 3.2 times higher than the estimated number of ED visits based on reports by crime victims interviewed in the National Crime Victimization Survey (NCVS) (8). The NCVS estimate of the number of ED visits might be lower because of victim reluctance to report injuries as crime-related and difficulty in securing a sample that adequately represents those at greatest risk for violent victimization (8,9). Although NCVS includes fewer assault-related injuries treated in EDs, NCVS data indicate that most (82%) injured victims of physical assaults were not treated in an ED or hospital (10). NCVS provides estimates of all physical assault–related injuries whereas NEISS-AIP data reflect only injuries that were treated in EDs.

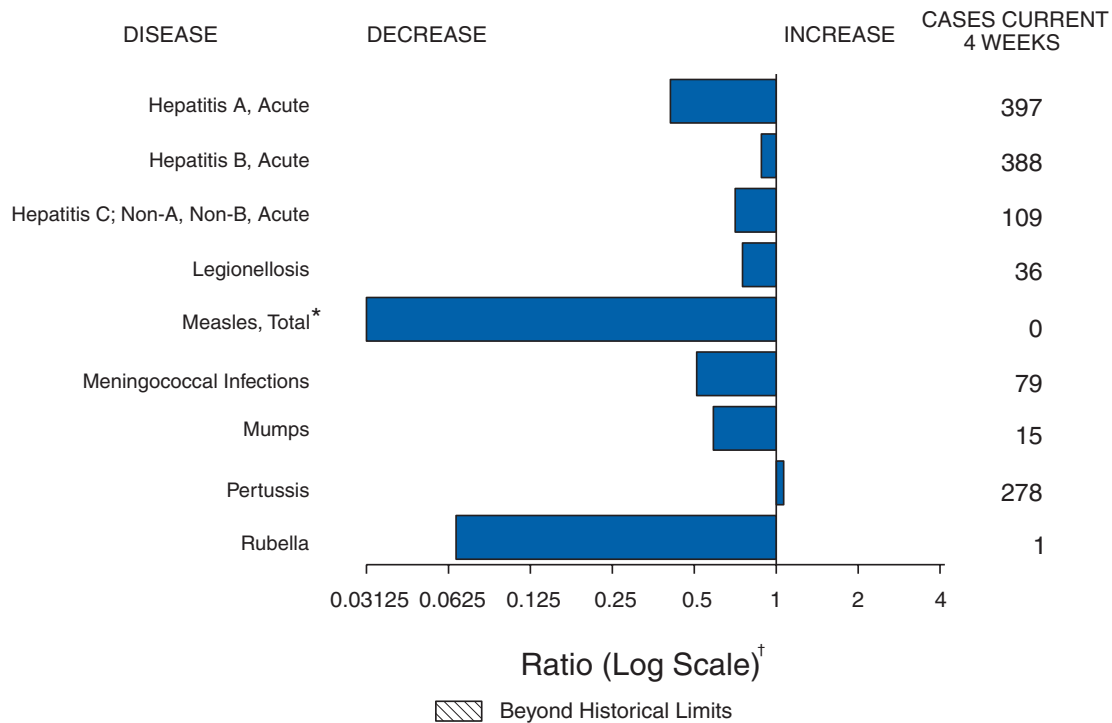
The findings in this report are subject to at least five limitations. First, data were collected for a 6-month period and might not reflect seasonal differences in the number of physical assault–related injuries. Second, NEISS-AIP data are based only on information in ED records and are not linked to or supplemented with other data sources (e.g., police reports). Third, outcomes are specific to ED visits and do not include subsequent outcomes of the injuries. Fourth, NEISS-AIP data reflect only those injuries that were severe enough to require treatment in an ED. Finally, NEISS-AIP data probably provide a conservative estimate of the number of physical assault–related injuries treated in EDs because the violent intent of injury might not be reported.

This analysis highlights the value of NEISS-AIP for estimating the number of nonfatal physical assault–related injuries treated in U.S. hospital EDs and for analyzing the characteristics of these injuries. When additional data become available, similar analyses can be generated for sexual assault–related injuries. NEISS-AIP data can help health-care professionals better understand the magnitude and characteristics of physical assault–related injuries and serve as a basis for monitoring trends, facilitating additional research on the costs and consequences of these injuries, and evaluating prevention programs and policies.

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FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending May 25, 2002, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 21 of zero (0).
 † Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending May 25, 2002 (21st Week)*

	Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax	1	-	Encephalitis: West Nile†	1	-
Botulism: foodborne	7	9	Hansen disease (leprosy)†	29	28
infant	17	42	Hantavirus pulmonary syndrome†	3	3
other (wound & unspecified)	7	4	Hemolytic uremic syndrome, postdiarrheal†	42	36
Brucellosis†	30	42	HIV infection, pediatric§	31	71
Chancroid	27	15	Plague	-	-
Cholera	1	2	Poliomyelitis, paralytic	-	-
Cyclosporiasis†	46	47	Psittacosis†	11	4
Diphtheria	-	1	Q fever†	10	4
Ehrlichiosis: human granulocytic (HGE)†	41	27	Rabies, human	-	-
human monocytic (HME)†	17	17	Streptococcal toxic-shock syndrome†	30	40
other and unspecified	2	1	Tetanus	5	14
Encephalitis: California serogroup viral†	6	1	Toxic-shock syndrome	47	58
eastern equine†	-	-	Trichinosis	5	5
Powassan†	-	-	Tularemia†	10	17
St. Louis†	-	-	Yellow fever	1	-
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 April 28, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 25, 2002, and May 26, 2001 (21st 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	13,092	14,829	279,185	302,480	761	728	537	541	20	29
NEW ENGLAND	459	528	10,332	8,987	34	31	39	52	2	14
Maine	8	18	560	543	1	3	1	7	-	-
N.H.	13	14	645	525	9	-	4	8	-	2
Vt.	5	10	296	236	8	9	1	2	-	-
Mass.	243	328	4,254	3,556	7	13	23	23	2	4
R.I.	42	38	1,042	1,078	5	3	3	4	-	-
Conn.	148	120	3,535	3,049	4	3	7	8	-	8
MID. ATLANTIC	2,520	3,959	28,542	31,290	82	107	38	45	-	-
Upstate N.Y.	304	666	6,355	5,069	26	30	29	30	-	-
N.Y. City	1,397	2,097	11,735	11,766	35	50	-	3	-	-
N.J.	544	657	1,517	4,684	6	2	9	12	-	-
Pa.	275	539	8,935	9,771	15	25	N	N	-	-
E.N. CENTRAL	1,335	961	43,938	56,378	196	252	154	138	-	1
Ohio	269	159	8,608	14,647	55	45	25	31	-	1
Ind.	155	84	6,281	6,391	20	26	12	21	-	-
Ill.	560	437	11,122	16,959	18	21	50	39	-	-
Mich.	282	224	12,803	11,808	43	49	29	18	-	-
Wis.	69	57	5,124	6,573	60	111	38	29	-	-
W.N. CENTRAL	197	314	13,339	15,659	79	32	74	61	3	2
Minn.	45	48	3,558	3,344	29	-	27	29	3	-
Iowa	41	24	629	1,794	7	15	18	7	-	-
Mo.	66	160	4,716	5,457	12	11	15	9	-	-
N. Dak.	-	1	410	438	5	-	-	-	-	-
S. Dak.	2	9	902	749	5	3	1	4	-	1
Nebr.	22	29	574	1,351	15	3	8	4	-	1
Kans.	21	43	2,550	2,526	6	-	5	8	-	-
S. ATLANTIC	4,422	4,350	54,655	57,819	143	128	57	54	10	9
Del.	82	83	1,117	1,199	1	1	1	-	-	-
Md.	645	580	5,854	5,939	5	24	1	3	-	-
D.C.	202	295	1,330	1,459	3	7	-	-	-	-
Va.	281	421	6,614	6,968	1	7	10	13	-	1
W. Va.	25	26	945	932	1	-	1	1	-	-
N.C.	357	187	8,205	8,864	17	14	9	21	-	-
S.C.	335	278	5,459	6,819	2	1	-	2	-	-
Ga.	788	391	10,963	11,688	75	49	27	6	6	6
Fla.	1,707	2,089	14,168	13,951	38	25	8	8	4	2
E.S. CENTRAL	621	778	20,943	19,961	53	15	25	26	-	-
Ky.	109	181	3,344	3,532	1	1	6	8	-	-
Tenn.	270	227	6,806	5,900	27	2	14	11	-	-
Ala.	118	181	6,664	5,512	21	5	2	5	-	-
Miss.	124	189	4,129	5,017	4	7	3	2	-	-
W.S. CENTRAL	1,494	1,546	42,000	43,289	8	13	4	40	-	-
Ark.	100	89	2,038	3,147	4	2	1	1	-	-
La.	375	353	7,643	7,184	1	-	-	2	-	-
Okla.	77	90	4,025	4,210	3	2	3	8	-	-
Tex.	942	1,014	28,294	28,748	-	9	-	29	-	-
MOUNTAIN	449	571	16,794	17,469	50	44	49	51	3	1
Mont.	6	12	699	900	4	3	8	3	-	-
Idaho	8	12	871	724	15	5	5	6	-	-
Wyo.	2	1	358	326	5	1	2	2	1	-
Colo.	96	138	4,203	4,750	10	15	13	23	1	1
N. Mex.	28	53	2,600	2,465	6	8	3	3	1	-
Ariz.	191	189	4,400	5,744	5	1	5	7	-	-
Utah	22	47	1,960	443	2	9	7	4	-	-
Nev.	96	119	1,703	2,117	3	2	6	3	-	-
PACIFIC	1,595	1,822	48,642	51,628	116	106	97	74	2	2
Wash.	176	199	5,611	5,597	24	U	11	15	-	-
Oreg.	155	69	2,739	2,824	16	11	31	11	2	2
Calif.	1,242	1,523	37,468	40,513	75	93	40	42	-	-
Alaska	2	9	1,405	1,102	-	-	4	1	-	-
Hawaii	20	22	1,419	1,592	1	2	11	5	-	-
Guam	2	8	-	114	-	-	N	N	-	-
P.R.	376	487	1,385	1,201	-	-	-	-	-	-
V.I.	55	2	30	75	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	85	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 April 28, 2002.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 25, 2002, and May 26, 2001 (21st 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	4	4	5,191	118,454	135,979	654	688	9	11
NEW ENGLAND	-	1	535	3,081	2,434	50	28	-	1
Maine	-	-	63	28	58	1	1	-	-
N.H.	-	-	19	51	54	4	-	-	-
Vt.	-	1	46	40	33	3	1	-	-
Mass.	-	-	253	1,365	1,085	24	20	-	1
R.I.	-	-	43	383	274	8	1	-	-
Conn.	-	-	111	1,214	930	10	5	-	-
MID. ATLANTIC	-	-	1,042	13,251	14,591	121	83	1	1
Upstate N.Y.	-	-	417	3,300	3,218	56	26	1	-
N.Y. City	-	-	436	4,842	4,920	27	28	-	-
N.J.	-	-	-	1,614	1,676	27	21	-	-
Pa.	-	-	189	3,495	4,777	11	8	-	1
E.N. CENTRAL	2	2	983	20,712	28,511	81	120	2	1
Ohio	2	2	319	4,671	7,653	46	37	-	1
Ind.	-	-	-	2,729	2,643	20	19	1	-
Ill.	-	-	217	6,012	9,028	-	43	-	-
Mich.	-	-	310	5,644	6,882	9	6	1	-
Wis.	-	-	137	1,656	2,305	6	15	-	-
W.N. CENTRAL	-	-	646	5,559	6,409	22	24	-	1
Minn.	-	-	228	1,069	1,040	15	11	-	-
Iowa	-	-	94	170	476	1	-	-	-
Mo.	-	-	184	3,038	3,214	4	11	-	-
N. Dak.	-	-	6	23	14	-	-	-	-
S. Dak.	-	-	23	98	104	-	-	-	-
Nebr.	-	-	49	135	481	-	1	-	1
Kans.	-	-	62	1,026	1,080	2	1	-	-
S. ATLANTIC	-	-	934	31,745	35,052	174	192	-	1
Del.	-	-	17	670	666	-	-	-	-
Md.	-	-	37	3,173	3,442	39	45	-	-
D.C.	-	-	18	1,124	1,210	-	-	-	-
Va.	-	-	75	4,249	3,529	11	15	-	-
W. Va.	-	-	10	381	228	2	4	-	1
N.C.	-	-	-	5,736	6,653	18	23	-	-
S.C.	-	-	22	3,157	5,191	6	4	-	-
Ga.	-	-	359	5,846	6,327	58	50	-	-
Fla.	-	-	396	7,409	7,806	40	51	-	-
E.S. CENTRAL	-	1	123	11,844	12,775	23	45	1	-
Ky.	-	1	-	1,312	1,376	2	2	-	-
Tenn.	-	-	57	3,734	3,847	14	18	-	-
Ala.	-	-	66	4,235	4,383	5	23	1	-
Miss.	-	-	-	2,563	3,169	2	2	-	-
W.S. CENTRAL	-	-	53	18,463	20,816	28	26	2	1
Ark.	-	-	53	1,160	1,982	1	-	-	-
La.	-	-	-	4,693	4,920	2	4	-	-
Okla.	-	-	-	1,772	1,910	23	21	-	-
Tex.	-	-	-	10,838	12,004	2	1	2	1
MOUNTAIN	2	-	497	3,584	4,147	93	88	2	2
Mont.	-	-	31	39	46	-	-	-	-
Idaho	-	-	26	36	35	1	1	-	-
Wyo.	-	-	8	26	22	1	-	-	-
Colo.	2	-	166	1,321	1,253	17	24	-	-
N. Mex.	-	-	65	493	389	14	13	-	-
Ariz.	-	-	65	1,022	1,599	47	40	1	1
Utah	-	-	84	152	40	9	3	-	-
Nev.	-	-	52	495	763	4	7	1	1
PACIFIC	-	-	378	10,215	11,244	62	82	1	3
Wash.	-	-	152	1,135	1,197	2	1	1	-
Oreg.	-	-	151	331	474	33	26	-	-
Calif.	-	-	-	8,333	9,179	9	37	-	3
Alaska	-	-	33	226	133	1	2	-	-
Hawaii	-	-	42	190	261	17	16	-	-
Guam	-	-	-	-	18	-	-	-	-
P.R.	-	-	-	226	285	-	1	-	-
V.I.	-	-	-	17	11	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	6	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 May 25, 2002, and May 26, 2001 (21st 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	111	125	7	13	3,413	3,975	2,455	2,755	1,089	1,850
NEW ENGLAND	5	8	-	-	151	186	81	58	15	22
Maine	-	-	-	-	6	5	3	5	-	-
N.H.	-	-	-	-	9	4	7	8	-	-
Vt.	-	-	-	-	-	3	2	3	8	5
Mass.	3	6	-	-	69	65	44	12	7	17
R.I.	-	-	-	-	19	8	12	9	-	-
Conn.	2	2	-	-	48	101	13	21	-	-
MID. ATLANTIC	17	13	1	1	422	480	547	540	462	594
Upstate N.Y.	7	3	-	1	81	105	56	52	26	14
N.Y. City	5	4	-	-	185	172	317	258	-	-
N.J.	4	2	-	-	41	123	93	109	428	552
Pa.	1	4	1	-	115	80	81	121	8	28
E.N. CENTRAL	11	22	-	1	453	455	341	279	49	93
Ohio	5	5	-	-	149	100	42	52	5	5
Ind.	5	4	-	1	22	37	9	12	-	1
Ill.	-	8	-	-	126	137	31	23	7	7
Mich.	-	-	-	-	104	144	259	189	37	80
Wis.	1	5	-	-	52	37	-	3	-	-
W.N. CENTRAL	2	1	2	2	142	151	87	90	325	529
Minn.	2	1	1	-	22	12	2	9	-	-
Iowa	-	-	-	-	33	16	10	7	1	-
Mo.	-	-	1	2	30	29	52	54	317	525
N. Dak.	-	-	-	-	1	-	1	-	-	-
S. Dak.	-	-	-	-	3	1	-	1	-	-
Nebr.	-	-	-	-	5	21	14	10	6	1
Kans.	-	-	-	-	48	72	8	9	1	3
S. ATLANTIC	27	32	-	4	1,081	760	644	552	64	40
Del.	-	-	-	-	8	3	5	8	3	1
Md.	1	4	-	-	126	88	57	56	9	3
D.C.	-	-	-	-	38	18	8	3	-	-
Va.	2	4	-	-	36	55	88	57	1	-
W. Va.	-	-	-	-	10	2	12	12	1	5
N.C.	3	1	-	4	117	49	91	98	12	8
S.C.	2	1	-	-	34	23	35	6	3	3
Ga.	13	13	-	-	260	320	203	160	11	-
Fla.	6	9	-	-	452	202	145	152	24	20
E.S. CENTRAL	7	9	-	2	66	139	69	160	72	104
Ky.	-	-	-	1	23	25	17	21	2	4
Tenn.	5	4	-	-	-	58	-	59	16	27
Ala.	2	4	-	1	21	46	27	42	2	2
Miss.	-	1	-	-	22	10	25	38	52	71
W.S. CENTRAL	6	4	-	-	47	692	167	342	8	386
Ark.	-	-	-	-	20	27	51	45	1	4
La.	1	-	-	-	11	47	10	54	7	92
Okla.	5	4	-	-	15	70	1	37	-	3
Tex.	-	-	-	-	1	548	105	206	-	287
MOUNTAIN	22	10	3	1	261	286	194	204	33	27
Mont.	-	-	-	-	7	4	3	1	-	-
Idaho	-	-	-	-	19	27	3	7	-	1
Wyo.	-	-	-	-	3	2	9	-	5	4
Colo.	2	-	-	-	43	31	41	49	16	5
N. Mex.	4	6	-	1	7	11	40	57	-	10
Ariz.	11	4	2	-	132	146	63	62	4	4
Utah	4	-	-	-	24	28	14	11	-	-
Nev.	1	-	1	-	26	37	21	17	8	3
PACIFIC	14	26	1	2	790	826	325	530	61	55
Wash.	1	-	-	1	65	34	27	42	10	12
Oreg.	4	5	-	-	38	52	60	65	9	10
Calif.	6	20	1	1	679	720	232	410	42	33
Alaska	1	-	-	-	7	12	3	3	-	-
Hawaii	2	1	-	-	1	8	3	10	-	-
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	1	-	-	36	55	24	91	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	24	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 May 25, 2002, and May 26, 2001 (21st 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	242	317	141	193	1,759	1,855	388	488	8†	71§
NEW ENGLAND	9	12	17	20	71	407	23	35	-	5
Maine	2	-	2	-	-	-	1	3	-	-
N.H.	1	3	2	-	20	5	5	2	-	-
Vt.	-	4	-	-	1	1	1	-	-	1
Mass.	4	2	10	11	34	145	8	15	-	3
R.I.	-	1	1	1	16	15	1	3	-	-
Conn.	2	2	2	8	-	241	7	12	-	1
MID. ATLANTIC	55	70	22	32	1,384	1,042	85	118	4	9
Upstate N.Y.	16	17	10	10	966	274	16	17	-	4
N.Y. City	10	6	5	8	55	29	51	72	4	1
N.J.	10	5	3	7	89	204	11	15	-	1
Pa.	19	42	4	7	274	535	7	14	-	3
E.N. CENTRAL	68	85	19	29	15	113	46	66	-	10
Ohio	32	37	9	4	13	5	10	9	-	3
Ind.	5	4	1	3	2	2	1	10	-	4
Ill.	-	10	-	8	-	11	9	23	-	3
Mich.	23	17	7	12	-	-	20	15	-	-
Wis.	8	17	2	2	U	95	6	9	-	-
W.N. CENTRAL	17	17	4	4	31	36	31	15	-	4
Minn.	2	1	-	-	15	21	11	6	-	2
Iowa	4	4	1	-	5	4	2	1	-	-
Mo.	6	8	1	2	9	9	7	4	-	2
N. Dak.	-	-	1	-	-	-	1	-	-	-
S. Dak.	1	-	-	-	-	-	-	-	-	-
Nebr.	4	3	-	1	-	-	5	2	-	-
Kans.	-	1	1	1	2	2	5	2	-	-
S. ATLANTIC	52	44	20	24	193	171	120	103	1	4
Del.	3	-	-	-	23	18	1	1	-	-
Md.	5	7	3	2	105	105	28	36	-	3
D.C.	2	2	-	-	6	7	5	4	-	-
Va.	3	6	1	4	8	31	10	20	-	-
W. Va.	N	N	-	3	2	1	1	1	-	-
N.C.	5	4	2	-	25	5	8	2	-	-
S.C.	5	1	3	2	2	1	4	4	-	-
Ga.	7	5	5	6	1	-	43	16	-	1
Fla.	22	19	6	7	21	3	20	19	1	-
E.S. CENTRAL	7	26	8	8	11	7	6	11	-	2
Ky.	4	6	2	2	5	4	1	2	-	2
Tenn.	-	9	3	3	2	3	2	5	-	-
Ala.	3	7	3	3	4	-	2	3	-	-
Miss.	-	4	-	-	-	-	1	1	-	-
W.S. CENTRAL	2	12	3	18	2	40	3	34	-	1
Ark.	-	-	-	1	-	-	1	2	-	-
La.	-	5	-	-	1	2	2	2	-	-
Okla.	2	2	3	-	-	-	-	1	-	-
Tex.	-	5	-	17	1	38	-	29	-	1
MOUNTAIN	17	19	12	18	9	3	13	20	-	1
Mont.	1	-	-	-	-	-	-	2	-	-
Idaho	-	-	-	1	1	2	-	2	-	1
Wyo.	3	1	-	1	-	-	-	-	-	-
Colo.	4	8	2	4	3	-	6	10	-	-
N. Mex.	1	1	1	3	1	-	-	1	-	-
Ariz.	3	5	7	3	1	-	2	1	-	-
Utah	5	2	2	1	2	-	2	2	-	-
Nev.	-	2	-	5	1	1	3	2	-	-
PACIFIC	15	32	36	40	43	36	61	86	3	35
Wash.	1	6	3	2	-	1	5	2	-	15
Oreg.	N	N	2	4	2	4	3	7	-	2
Calif.	14	21	27	34	41	31	48	70	3	13
Alaska	-	1	-	-	-	-	1	1	-	-
Hawaii	-	4	4	-	N	N	4	6	-	5
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	-	-	N	N	-	3	-	-
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 eight cases reported, three were indigenous and five were imported from another country.

§ Of 71 cases reported, 35 were indigenous and 36 were imported from another country.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 25, 2002, and May 26, 2001 (21st 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	725	1,268	113	98	2,110	2,065	1,943	2,501
NEW ENGLAND	52	60	5	-	253	200	304	245
Maine	4	1	-	-	3	-	19	31
N.H.	5	6	3	-	4	16	11	6
Vt.	4	4	-	-	40	22	52	34
Mass.	27	36	2	-	200	152	99	78
R.I.	4	2	-	-	1	1	20	27
Conn.	8	11	-	-	5	9	103	69
MID. ATLANTIC	72	120	12	9	115	159	349	154
Upstate N.Y.	24	38	2	2	79	86	216	-
N.Y. City	9	22	1	4	5	23	8	5
N.J.	11	24	1	-	3	2	49	63
Pa.	28	36	8	3	28	48	76	86
E.N. CENTRAL	97	173	13	14	273	231	20	19
Ohio	46	50	3	1	162	125	4	2
Ind.	19	15	1	1	18	19	5	1
Ill.	-	40	4	10	41	26	4	3
Mich.	20	41	5	2	31	20	7	9
Wis.	12	27	-	-	21	41	-	4
W.N. CENTRAL	73	78	10	4	226	85	154	135
Minn.	17	10	2	1	70	17	7	15
Iowa	11	18	-	-	80	10	21	23
Mo.	29	28	3	-	48	40	15	13
N. Dak.	-	3	1	-	-	-	8	18
S. Dak.	2	4	-	-	5	3	20	19
Nebr.	9	6	-	1	4	2	-	1
Kans.	5	9	4	2	19	13	83	46
S. ATLANTIC	129	206	17	17	158	96	831	940
Del.	5	-	-	-	2	-	9	16
Md.	4	25	3	4	18	13	119	191
D.C.	-	-	-	-	1	1	-	-
Va.	18	21	3	2	69	10	210	168
W. Va.	-	4	-	-	4	1	65	54
N.C.	15	45	1	1	15	33	262	242
S.C.	13	19	2	1	24	18	31	48
Ga.	21	31	4	7	12	9	132	136
Fla.	53	61	4	2	13	11	3	85
E.S. CENTRAL	37	80	9	3	53	37	65	128
Ky.	6	13	4	1	15	11	9	10
Tenn.	16	30	2	-	30	15	43	106
Ala.	10	29	2	-	8	8	13	12
Miss.	5	8	1	2	-	3	-	-
W.S. CENTRAL	37	212	8	8	430	115	40	615
Ark.	15	11	-	-	205	7	-	-
La.	11	52	1	2	2	4	-	4
Okla.	10	18	-	-	27	3	40	37
Tex.	1	131	7	6	196	101	-	574
MOUNTAIN	54	60	7	7	323	826	75	102
Mont.	2	-	-	-	2	6	4	14
Idaho	3	6	1	-	35	157	-	1
Wyo.	-	2	-	1	5	-	6	18
Colo.	16	23	1	1	149	146	-	-
N. Mex.	1	8	-	2	35	39	4	3
Ariz.	17	11	-	1	73	453	60	66
Utah	4	6	4	1	16	17	-	-
Nev.	11	4	1	1	8	8	1	-
PACIFIC	174	279	32	36	279	316	105	163
Wash.	33	37	-	-	130	39	-	-
Oreg.	25	34	N	N	48	16	-	-
Calif.	111	198	25	20	94	248	81	127
Alaska	1	2	-	1	2	-	24	36
Hawaii	4	8	7	15	5	13	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	1	2	-	-	-	2	30	48
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 May 25, 2002, and May 26, 2001 (21st 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	139	68	3	8	2	-	9,910	10,777
NEW ENGLAND	-	-	-	-	-	-	590	818
Maine	-	-	-	-	-	-	56	88
N.H.	-	-	-	-	-	-	35	52
Vt.	-	-	-	-	-	-	22	32
Mass.	-	-	-	-	-	-	338	459
R.I.	-	-	-	-	-	-	27	40
Conn.	-	-	-	-	-	-	112	147
MID. ATLANTIC	8	1	-	3	-	-	1,184	1,532
Upstate N.Y.	2	-	-	1	-	-	406	332
N.Y. City	-	-	-	2	-	-	440	408
N.J.	-	-	-	-	-	-	90	383
Pa.	6	1	-	-	-	-	248	409
E.N. CENTRAL	3	6	-	2	-	-	1,671	1,516
Ohio	3	-	-	-	-	-	485	471
Ind.	-	-	-	-	-	-	134	133
Ill.	-	6	-	2	-	-	487	414
Mich.	-	-	-	-	-	-	317	247
Wis.	-	-	-	-	-	-	248	251
W.N. CENTRAL	14	14	-	1	-	-	790	625
Minn.	-	-	-	-	-	-	165	203
Iowa	-	1	-	1	-	-	126	89
Mo.	14	13	-	-	-	-	317	147
N. Dak.	-	-	-	-	-	-	9	11
S. Dak.	-	-	-	-	-	-	27	40
Nebr.	-	-	-	-	-	-	49	50
Kans.	-	-	-	-	-	-	97	85
S. ATLANTIC	94	26	1	1	-	-	2,515	2,345
Del.	-	-	-	-	-	-	15	23
Md.	13	4	1	-	-	-	242	233
D.C.	-	-	-	-	-	-	27	26
Va.	1	-	-	-	-	-	266	382
W. Va.	-	-	-	-	-	-	31	33
N.C.	59	12	-	-	-	-	373	373
S.C.	11	4	-	-	-	-	150	262
Ga.	9	3	-	-	-	-	610	371
Fla.	1	3	-	1	-	-	801	642
E.S. CENTRAL	15	12	-	-	1	-	588	577
Ky.	-	-	-	-	-	-	103	102
Tenn.	12	10	-	-	1	-	178	144
Ala.	3	1	-	-	-	-	184	192
Miss.	-	1	-	-	-	-	123	139
W.S. CENTRAL	3	6	1	-	-	-	314	1,107
Ark.	-	4	-	-	-	-	145	120
La.	-	1	-	-	-	-	65	234
Okla.	3	1	-	-	-	-	102	74
Tex.	-	-	1	-	-	-	2	679
MOUNTAIN	2	3	-	-	-	-	707	648
Mont.	-	-	-	-	-	-	34	25
Idaho	-	1	-	-	-	-	51	32
Wyo.	1	1	-	-	-	-	19	25
Colo.	-	-	-	-	-	-	192	192
N. Mex.	-	-	-	-	-	-	100	84
Ariz.	-	-	-	-	-	-	182	165
Utah	-	1	-	-	-	-	59	73
Nev.	1	-	-	-	-	-	70	52
PACIFIC	-	-	1	1	1	-	1,551	1,609
Wash.	-	-	-	-	-	-	126	147
Oreg.	-	-	-	-	-	-	140	99
Calif.	-	-	1	-	-	-	1,174	1,218
Alaska	-	-	-	-	-	-	23	17
Hawaii	-	-	-	1	1	-	88	128
Guam	-	-	-	-	-	-	-	3
P.R.	-	-	-	-	-	-	52	296
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	14	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 May 25, 2002, and May 26, 2001 (21st 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	4,817	5,243	1,908	1,989	1,215	1,505	100	183
NEW ENGLAND	93	91	96	127	5	73	9	60
Maine	3	3	14	8	-	-	-	-
N.H.	4	1	22	9	-	-	-	-
Vt.	-	3	8	7	3	6	1	-
Mass.	65	61	45	36	-	-	8	34
R.I.	4	6	7	5	2	-	-	1
Conn.	17	17	-	62	-	67	-	25
MID. ATLANTIC	264	537	328	307	62	86	36	55
Upstate N.Y.	61	159	164	133	58	84	36	55
N.Y. City	144	159	72	96	U	U	-	-
N.J.	20	114	66	55	-	-	-	-
Pa.	39	105	26	23	4	2	-	-
E. N. CENTRAL	525	763	286	447	104	109	31	64
Ohio	296	230	117	116	-	-	1	-
Ind.	30	107	16	34	100	109	22	33
Ill.	108	200	4	153	2	-	-	21
Mich.	57	129	149	107	2	-	8	10
Wis.	34	97	-	37	-	-	-	-
W. N. CENTRAL	456	529	135	197	291	37	19	3
Minn.	75	197	66	74	202	2	19	2
Iowa	35	91	-	-	-	-	-	-
Mo.	55	113	30	46	5	9	-	-
N. Dak.	7	9	-	7	-	2	-	1
S. Dak.	128	49	8	7	1	3	-	-
Nebr.	104	31	13	22	23	4	-	-
Kans.	52	39	18	41	60	17	-	-
S. ATLANTIC	1,971	743	358	340	637	894	5	1
Del.	5	4	1	2	3	2	-	-
Md.	294	42	51	25	-	-	-	-
D.C.	20	21	4	2	29	3	1	-
Va.	363	54	36	50	-	-	-	-
W. Va.	2	4	7	10	31	29	-	1
N.C.	115	152	72	77	-	-	-	-
S.C.	24	68	23	5	108	175	4	-
Ga.	704	108	103	102	201	245	-	-
Fla.	444	290	61	67	265	440	-	-
E. S. CENTRAL	385	479	55	39	76	157	-	-
Ky.	58	155	6	16	8	19	-	-
Tenn.	24	41	49	23	68	137	-	-
Ala.	172	108	-	-	-	1	-	-
Miss.	131	175	-	-	-	-	-	-
W. S. CENTRAL	246	1,042	23	164	15	123	-	-
Ark.	75	233	3	-	5	12	-	-
La.	42	109	-	-	10	84	-	-
Okla.	128	13	19	26	-	27	-	-
Tex.	1	687	1	138	-	-	-	-
MOUNTAIN	206	279	359	195	25	25	-	-
Mont.	1	-	-	-	-	-	-	-
Idaho	2	14	5	3	-	-	-	-
Wyo.	3	-	6	4	9	3	-	-
Colo.	45	63	129	78	-	-	-	-
N. Mex.	47	49	57	40	16	22	-	-
Ariz.	81	115	162	67	-	-	-	-
Utah	15	17	-	3	-	-	-	-
Nev.	12	21	-	-	-	-	-	-
PACIFIC	671	780	268	173	-	1	-	-
Wash.	35	67	26	-	-	-	-	-
Oreg.	37	43	-	-	-	-	-	-
Calif.	578	651	217	151	-	-	-	-
Alaska	2	2	-	-	-	-	-	-
Hawaii	19	17	25	22	-	1	-	-
Guam	-	14	-	1	-	-	-	-
P.R.	1	6	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	6	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 May 25, 2002, and May 26, 2001 (21st 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	2,289	2,193	37	189	3,623	4,609	96	119
NEW ENGLAND	37	16	-	3	137	167	10	7
Maine	-	-	-	-	5	7	-	1
N.H.	2	1	-	-	6	8	-	1
Vt.	1	1	-	-	-	4	-	-
Mass.	23	9	-	2	80	90	8	4
R.I.	2	1	-	-	15	23	-	-
Conn.	9	4	-	1	31	35	2	1
MID. ATLANTIC	240	192	6	28	821	726	26	34
Upstate N.Y.	12	5	1	16	116	-	3	7
N.Y. City	137	113	-	-	430	423	13	10
N.J.	44	34	5	10	189	188	9	15
Pa.	47	40	-	2	86	115	1	2
E.N. CENTRAL	420	347	-	28	418	491	11	17
Ohio	59	34	-	1	64	86	4	2
Ind.	27	75	-	4	44	34	1	1
Ill.	104	122	-	21	214	257	1	9
Mich.	222	104	-	2	90	84	3	3
Wis.	8	12	-	-	6	30	2	2
W.N. CENTRAL	26	29	-	5	191	192	3	6
Minn.	10	17	-	-	82	91	2	2
Iowa	-	1	-	-	14	9	-	-
Mo.	9	6	-	3	66	47	1	4
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	7	6	-	-
Nebr.	4	-	-	-	6	15	-	-
Kans.	3	5	-	2	16	24	-	-
S. ATLANTIC	589	802	5	48	759	826	11	18
Del.	8	6	-	-	7	-	-	-
Md.	67	111	-	1	78	77	1	4
D.C.	36	14	-	1	-	28	-	-
Va.	24	48	-	1	60	90	-	4
W. Va.	-	-	-	-	9	12	-	-
N.C.	120	192	-	7	119	100	-	1
S.C.	52	109	-	9	47	81	-	-
Ga.	92	126	-	11	122	165	7	6
Fla.	190	196	5	18	317	273	3	3
E. S. CENTRAL	243	231	1	9	274	299	2	-
Ky.	37	18	-	-	48	38	2	-
Tenn.	99	136	-	4	102	98	-	-
Ala.	81	36	1	2	88	115	-	-
Miss.	26	41	-	3	36	48	-	-
W.S. CENTRAL	313	282	23	33	106	746	-	6
Ark.	11	19	-	2	52	51	-	-
La.	49	56	-	-	-	-	-	-
Okla.	27	32	-	1	54	50	-	-
Tex.	226	175	23	30	-	645	-	6
MOUNTAIN	105	81	1	7	95	192	8	4
Mont.	-	-	-	-	4	-	-	1
Idaho	2	-	-	-	-	3	-	-
Wyo.	-	-	-	-	2	1	-	-
Colo.	6	13	1	-	21	49	4	-
N. Mex.	21	8	-	-	8	27	-	-
Ariz.	69	51	-	7	46	71	-	-
Utah	6	6	-	-	12	6	3	-
Nev.	1	3	-	-	2	35	1	3
PACIFIC	316	213	1	28	822	970	25	27
Wash.	19	23	-	-	89	88	2	1
Oreg.	5	5	-	-	33	40	2	3
Calif.	288	181	1	28	621	762	21	21
Alaska	-	-	-	-	24	18	-	-
Hawaii	4	4	-	-	55	62	-	2
Guam	-	2	-	-	-	15	-	-
P.R.	77	104	-	10	8	30	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	13	U	-	U	19	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 May 25, 2002 (21st 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	483	353	90	27	7	6	48	S. ATLANTIC	1,231	781	263	119	39	29	80
Boston, Mass.	147	97	35	9	3	3	19	Atlanta, Ga.	147	90	26	23	5	3	3
Bridgeport, Conn.	25	18	4	2	1	-	3	Baltimore, Md.	200	125	46	22	7	-	18
Cambridge, Mass.	17	15	1	1	-	-	2	Charlotte, N.C.	118	79	26	8	2	3	15
Fall River, Mass.	31	26	3	2	-	-	2	Jacksonville, Fla.	137	86	33	10	2	6	7
Hartford, Conn.	50	35	10	3	1	1	3	Miami, Fla.	83	55	17	8	2	1	4
Lowell, Mass.	22	14	5	3	-	-	1	Norfolk, Va.	66	42	12	5	4	3	3
Lynn, Mass.	9	7	2	-	-	-	1	Richmond, Va.	75	37	16	16	3	3	5
New Bedford, Mass.	21	17	3	1	-	-	2	Savannah, Ga.	64	36	24	2	2	-	7
New Haven, Conn.	31	25	1	3	1	1	1	St. Petersburg, Fla.	75	56	8	8	1	2	5
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	153	108	26	10	7	2	12
Somerville, Mass.	3	2	1	-	-	-	1	Washington, D.C.	100	63	20	7	4	6	1
Springfield, Mass.	52	42	5	3	1	1	3	Wilmington, Del.	13	4	9	-	-	-	-
Waterbury, Conn.	17	12	5	-	-	-	1	E.S. CENTRAL	629	427	142	41	9	10	51
Worcester, Mass.	58	43	15	-	-	-	9	Birmingham, Ala.	174	122	37	11	3	1	19
MID. ATLANTIC	2,101	1,435	421	168	44	32	109	Chattanooga, Tenn.	80	51	21	5	1	2	4
Albany, N.Y.	51	25	11	10	3	2	4	Knoxville, Tenn.	87	64	18	1	1	3	7
Allentown, Pa.	21	18	2	-	-	1	3	Lexington, Ky.	U	U	U	U	U	U	U
Buffalo, N.Y.	109	73	29	4	1	2	7	Memphis, Tenn.	U	U	U	U	U	U	U
Camden, N.J.	22	15	6	-	-	1	3	Mobile, Ala.	106	71	23	9	1	2	2
Elizabeth, N.J.	21	16	3	1	1	-	-	Montgomery, Ala.	42	19	17	5	1	-	7
Erie, Pa.	30	24	5	1	-	-	1	Nashville, Tenn.	140	100	26	10	2	2	12
Jersey City, N.J.	43	27	11	4	-	1	-	W.S. CENTRAL	1,356	888	289	102	50	27	101
New York City, N.Y.	1,103	761	215	93	24	10	37	Austin, Tex.	89	57	21	7	4	-	4
Newark, N.J.	51	28	10	9	2	1	4	Baton Rouge, La.	93	72	15	3	2	1	2
Paterson, N.J.	18	13	3	-	2	-	2	Corpus Christi, Tex.	45	26	15	3	1	-	3
Philadelphia, Pa.	277	167	64	33	9	4	21	Dallas, Tex.	194	115	51	16	10	2	16
Pittsburgh, Pa. [§]	32	21	9	1	-	1	3	El Paso, Tex.	90	63	20	5	1	1	3
Reading, Pa.	23	19	4	-	-	-	2	Ft. Worth, Tex.	105	68	20	9	4	4	5
Rochester, N.Y.	120	92	18	6	-	4	7	Houston, Tex.	375	230	80	34	18	13	37
Schenectady, N.Y.	19	16	3	-	-	-	1	Little Rock, Ark.	U	U	U	U	U	U	U
Scranton, Pa.	26	21	2	2	-	1	1	New Orleans, La.	U	U	U	U	U	U	U
Syracuse, N.Y.	77	62	10	1	1	3	9	San Antonio, Tex.	197	142	37	11	5	2	13
Trenton, N.J.	34	22	7	3	1	1	2	Shreveport, La.	59	41	9	6	3	-	6
Utica, N.Y.	10	6	4	-	-	-	-	Tulsa, Okla.	109	74	21	8	2	4	12
Yonkers, N.Y.	14	9	5	-	-	-	2	MOUNTAIN	853	576	177	65	22	12	74
E.N. CENTRAL	1,353	913	283	95	27	35	77	Albuquerque, N.M.	135	87	34	11	2	-	18
Akron, Ohio	U	U	U	U	U	U	U	Boise, Idaho	29	24	2	2	1	-	-
Canton, Ohio	35	26	6	3	-	-	3	Colorado Springs, Colo.	73	52	13	7	1	-	5
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	103	63	19	11	5	5	9
Cincinnati, Ohio	80	47	20	7	4	2	8	Las Vegas, Nev.	200	130	44	19	5	2	21
Cleveland, Ohio	136	80	36	11	1	8	6	Ogden, Utah	32	25	7	-	-	-	1
Columbus, Ohio	190	126	40	16	3	5	10	Phoenix, Ariz.	U	U	U	U	U	U	U
Dayton, Ohio	131	86	33	8	4	-	9	Pueblo, Colo.	30	27	1	1	1	-	-
Detroit, Mich.	U	U	U	U	U	U	U	Salt Lake City, Utah	101	66	24	5	3	3	11
Evansville, Ind.	39	32	4	3	-	-	4	Tucson, Ariz.	150	102	33	9	4	2	9
Fort Wayne, Ind.	78	51	16	4	4	3	2	PACIFIC	1,300	942	225	83	25	25	116
Gary, Ind.	18	10	3	3	1	1	-	Berkeley, Calif.	19	11	6	2	-	-	1
Grand Rapids, Mich.	55	39	9	2	3	2	5	Fresno, Calif.	86	56	18	10	1	1	5
Indianapolis, Ind.	164	111	32	13	3	5	12	Glendale, Calif.	U	U	U	U	U	U	U
Lansing, Mich.	29	17	9	1	1	1	2	Honolulu, Hawaii	80	64	10	4	1	1	5
Milwaukee, Wis.	98	58	26	10	1	3	4	Long Beach, Calif.	71	51	16	4	-	-	5
Peoria, Ill.	60	47	8	5	-	-	3	Los Angeles, Calif.	U	U	U	U	U	U	U
Rockford, Ill.	49	37	10	1	1	-	3	Pasadena, Calif.	25	17	6	1	-	1	4
South Bend, Ind.	49	42	6	1	-	-	1	Portland, Oreg.	126	95	18	6	3	4	8
Toledo, Ohio	93	65	18	5	1	4	4	Sacramento, Calif.	227	157	50	12	5	3	24
Youngstown, Ohio	49	39	7	2	-	1	1	San Diego, Calif.	156	113	23	14	4	2	14
W.N. CENTRAL	522	348	109	34	16	15	40	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	U	U	U	U	U	U	U	San Jose, Calif.	186	142	26	11	2	5	24
Duluth, Minn.	26	18	4	2	2	-	1	Santa Cruz, Calif.	42	29	7	6	-	-	5
Kansas City, Kans.	34	21	11	1	1	-	1	Seattle, Wash.	117	85	19	4	4	5	10
Kansas City, Mo.	87	57	18	7	2	3	8	Spokane, Wash.	63	48	11	1	1	2	7
Lincoln, Nebr.	34	25	5	3	-	1	-	Tacoma, Wash.	102	74	15	8	4	1	4
Minneapolis, Minn.	95	54	28	6	6	1	9	TOTAL	9,828 [¶]	6,663	1,999	734	239	191	696
Omaha, Nebr.	85	60	16	6	1	2	9								
St. Louis, Mo.	U	U	U	U	U	U	U								
St. Paul, Minn.	57	39	9	5	1	3	6								
Wichita, Kans.	104	74	18	4	3	5	6								

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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