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Unrecognized HIV Infection, Risk Behaviors, and Perceptions of Risk Among Young Black Men Who Have Sex with Men — Six U.S. Cities, 1994–1998

The incidence of human immunodeficiency virus (HIV) infection among young black men who have sex with men (BMSM) is among the highest of all risk groups in the United States (*1–3*). Two important strategies to reduce HIV transmission among young BMSM are to increase the proportion of men who are aware of their HIV infection and to increase the consistent use of condoms among sexually active men (*4,5*). However, limited information is available to help develop HIV-testing and condom-promotion programs for young BMSM. To address this need, data from CDC's Young Men's Survey (YMS) were used to evaluate the prevalence of unrecognized HIV infection, barriers to testing, and reasons for nonuse of condoms among BMSM aged 15–22 years. This report summarizes the results of the survey, which indicated that of the 16% of young BMSM participants who were infected with HIV, nearly all were unaware of their infection. Few young BMSM reported testing frequently for HIV, and many reported engaging in behaviors that could transmit HIV because they perceived themselves or their partners to be at low risk for infection. These findings underscore the urgency of expanding and improving prevention efforts for young BMSM by increasing the demand for and availability of HIV-testing services and by providing high-quality prevention counseling that includes assessment and clarification of perceived risks for infection.

YMS was a cross-sectional survey conducted during 1994–1998 of males aged 15–22 years who attended MSM-identified venues (e.g., shopping areas, dance clubs, bars, and organizations) in Baltimore, Maryland; Dallas, Texas; Los Angeles, California; Miami, Florida; New York, New York; the San Francisco Bay Area, California; and Seattle, Washington (*1*). Extensive formative research was conducted to construct monthly sampling frames of the days, times, and venues attended by young BMSM. Each month, 12–16 venues and their associated day/time periods were selected randomly and scheduled for sampling. During sampling events, men were approached consecutively to assess their survey eligibility. BMSM eligible for the survey were aged 15–22 years and residents in one or more local counties. Participants were interviewed by using a standard questionnaire, had blood drawn for HIV testing, were given appointments to obtain test results, and were provided HIV-prevention counseling and referral for care when needed.

Specimens were tested for HIV at local laboratories with standard assays. Analyses were restricted to men who reported ever having sex with men and who described their racial background as either being only black or having a mixed background that included being black. Analyses excluded records of duplicate participants, who were identified by using the Miragen antibody profile assay (*6*). Records also were excluded from Seattle because few BMSM had participated in that city.

In the six cities, 920 BMSM participated in YMS (range: 127–202). The participation rate among eligible blacks was 61% (range: 53%–77%). Of the 920 participants, 150 (16%) tested positive for HIV (range: 13%–18%). Of the 150 HIV-infected BMSM, 139 (93%) were unaware of their infection (range: 88%–100%). Of those with unrecognized infection,

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99 (71%) reported either that there was no chance, that it was very unlikely, or that it was unlikely that they were infected with HIV; 58 (42%) perceived themselves at low risk for ever becoming infected; and 45 (32%) perceived themselves at low risk both for being and for ever becoming HIV-infected (Table).

During the 6 months preceding the survey, the 920 BMSM reported a median of two male sex partners (interquartile range: one to three), 712 (77%) reported having anal intercourse with another man, and 342 (37%) reported having unprotected anal intercourse (UAI). Of the 79 BMSM with unrecognized HIV infection who had UAI, 41 (52%) reported not using condoms for one or more of the following reasons: they "knew" they were HIV-negative (24%), they "knew" their partners were HIV-negative (20%), or they thought their partners were at low risk for infection (35%); 34 (43%) also reported not using condoms because none were available (Table).

Of the 920 BMSM, 585 (64%) had ever tested previously for HIV, but few had tested frequently (median number of tests: one; interquartile range: zero to two). Of those who had tested previously, 536 (92%) reported last testing HIV-negative, and of these, 87 (16%) were found to be infected with HIV. The 332 (36%) men who had not tested previously gave the following reasons for not testing (more than one reason could be given): low risk for infection (45%), fear of learning their results (41%), and fear of needles (21%). Of those who had not tested previously, 42 (13%) were HIV-infected. Of the 148 men who had not tested previously because of perceived low risk, 122 (82%) ever had anal intercourse with a man, 99 (67%) had at least three lifetime male partners, and 11 (7%) were HIV-infected.

Compared with their noninfected peers, young BMSM with unrecognized infection were more likely to report engaging in UAI and not testing previously because of fear about learning their results (Table). Noninfected young BMSM were more likely to perceive themselves at low risk for infection and not to have tested previously because of this perception.

Reported by: *T Bingham, MPH, Los Angeles County Dept of Health Svcs, Los Angeles; W McFarland, MD, San Francisco Dept of Public Health, San Francisco, California. DA Shehan, Univ of Texas Southwestern Medical Center at Dallas, Texas. M LaLota, MPH, Florida Dept of Health. DD Celentano, ScD, Johns Hopkins Univ School of Hygiene and Public Health, Baltimore, Maryland. BA Koblin, PhD, New York Blood Center; LV Torian, PhD, New York City Dept of Health, New York. DA MacKellar, MPH, LA Valleroy, PhD, GS Secura, MPH, RS Janssen, MD, Div of HIV/AIDS Prevention–Surveillance, and Epidemiology; GW Roberts, PhD, Div of HIV/AIDS Prevention–Intervention, Research, and Support, National Center for HIV, STD, and TB Prevention, CDC.*

TABLE. Percentage of black men aged 15–22 years who have sex with men who reported low perceived risk for human immunodeficiency virus (HIV) infection, previous HIV testing, and sexual risk behavior, by HIV status — six cities*, United States, 1994–1998

Characteristic	Infected unaware† (n=139) %	Noninfected (n=770) %	p value§
Low perceived risk			
Being HIV-infected¶	71	86	<0.01
Becoming HIV-infected**	42	51	0.06
Being/becoming HIV-infected††	32	47	<0.01
Previous HIV tests			
Ever	70	62	0.07
Last test negative§§	*63*	*58*	*0.34*
Last test unknown or indeterminate	*7*	*4*	*0.06*
Last negative test <1 year before interview	41	41	0.88
≥3 tests	28	21	0.08
Reasons for not testing previously			
(Of nontested men; n=332)	*(n=42)*	*(n=290)*	
Perceived low risk for infection	26	47	<0.01
Scared to learn results	55	39	0.04
Scared of needles	17	22	0.69
Sexual risk behavior¶¶			
≥3 partners	41	37	0.40
Anal intercourse, insertive or receptive	91	75	<0.01
Unprotected anal intercourse (UAI)***	57	34	<0.01
Reasons for nonuse of condoms†††			
(Of men who had UAI; n=338)	*(n=79)*	*(n=259)*	
Participant "knew" he was HIV-negative	24	33	0.11
Participant "knew" his partner was HIV-negative	20	33	0.02
Participant thought his partner was at low risk for HIV	35	36	0.81
Condom was not available	43	37	0.42
Participant was under the influence of alcohol or drugs	27	16	0.06
Participant did not think about it or was too emotionally involved	16	16	0.90
Partner did not like using condoms	23	20	0.69
Participant did not like using condoms	15	14	0.81

* Baltimore, Maryland; Dallas, Texas; Los Angeles, California; Miami, Florida; New York, New York; and the San Francisco Bay Area, California.
† Study participants who tested HIV-positive and who reported not ever testing HIV-positive previously.
§ Cochran-Mantel-Haenszel chi-square comparing infected unaware with noninfected, controlling for city.
¶ Measured by respondent answering "no chance of it," "very unlikely," or "unlikely" to the following question: "Which of the following describes how likely it is that you are infected with HIV today?"
** Measured by respondent agreeing with the following statement: "There is little chance that I could become infected with HIV, or infect others, from what I do sexually."
†† Perceived low risk for both being HIV-infected and ever becoming infected.
§§ Most recent HIV test before study participation.
¶¶ With other men only during the 6-month period preceding the survey.
*** Measured as not always using condoms during insertive or receptive anal intercourse.
††† More than one reason could be given.

Editorial Note: The findings in this report are consistent with previous studies suggesting that in several U.S. cities, the majority of young HIV-infected MSM, particularly BMSM, were unaware of their infection (*1,7*). In a preliminary analysis of 573 HIV-infected MSM aged 16–29 years sampled in six U.S. cities, proportionally more BMSM were unaware of their infection than were white MSM (91% versus 60%) (*7*). However, among all young MSM with unrecognized HIV infection, no racial or ethnic differences were observed among those perceiving themselves at low risk for being infected (66%), engaging in UAI (54%), or not using condoms during anal intercourse because of perceived low personal or partner risks for HIV infection (46%) (*7*). These findings underscore the urgency of improving HIV-prevention efforts for all young MSM by 1) increasing the demand for and availability of HIV-testing services and *2*) providing young MSM with high-quality HIV- and STD-prevention services that include assessment and clarification of personal risks for infection.

In accordance with recently revised guidelines, health-care providers should assess the HIV risks of their patients routinely and encourage all MSM at risk for HIV to test at least annually (*8,9*). Findings from this report indicate that demand for testing by young BMSM might be increased by

implementing efforts that increase personal risk perceptions; addressing concerns about testing positive by conveying the benefits of early diagnosis and HIV care; and marketing the availability of oral fluid, urine-based, or finger-stick HIV tests that do not require venipuncture (*9*). Use of testing services also might be increased by offering testing in nonclinical settings that serve or are attended by young BMSM and by providing high-quality partner referral services for all those who test positive (*5,9*).

HIV testing should be accompanied by high-quality prevention counseling that includes an in-depth personalized risk assessment, clarification of risk perceptions, and negotiation of steps to reduce risks (*9*). Because 16% of young BMSM who reported being HIV-negative were found to be HIV-infected, providers should encourage young BMSM to use condoms consistently with all partners, including those who have tested negative previously. In negotiating risk reduction with young BMSM, providers should be prepared to address alcohol, drug, and partner influences on condom use and to help young BMSM cope with emotional responses in high-risk situations. Providers should refer clients who have difficulty in initiating or sustaining safer behavior for more intensive individualized prevention counseling and support services (*9,10*). Finally, managers of prevention programs should consider increasing the availability of condoms in settings where young BMSM are likely to encounter sex partners.

The findings in this report are subject to at least three limitations. First, findings might not be applicable to young BMSM who do not attend MSM-identified venues or reside in the six participating cities. Second, because approximately 39% of eligible young BMSM chose not to participate, selective nonparticipation could have biased reported findings. Finally, data were collected during face-to-face interviews and are subject to disclosure biases. The finding that nearly all HIV-infected young BMSM in this survey were unaware of their infection might be attributed, in part, to one or more of these biases. However, a high proportion of young BMSM who are unaware of their infection is likely given the high HIV incidence and low frequency of testing among young BMSM (*2*).

In partnership with state and local health departments, nongovernment organizations, community stakeholders, and other federal agencies, CDC is taking steps to reduce HIV transmission and unrecognized infection among young MSM, particularly BMSM. Since September 2001, five national consultations have helped identify current prevention needs of MSM, including young minority MSM. In 2001, additional resources were made available to expand HIV counseling and testing, outreach services, and behavioral risk-reduction interventions for young minority MSM. Ongoing prevention efforts also are being strengthened through capacity development for minority community-based organizations serving young MSM, and through recently released guidelines calling for expanded risk assessment and HIV testing for homosexual and bisexual men (*8,9*). Finally, new research efforts, including rapid ethnographic assessments, have been initiated to identify additional factors that influence HIV-acquisition risks among young minority MSM. These and similar efforts signal the increased priority at national, state, and local levels to reduce the considerable racial disparities in HIV morbidity and unrecognized infection among young MSM.

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Nonfatal Sports- and Recreation-Related Injuries Treated in Emergency Departments — United States, July 2000–June 2001

Each year in the United States, an estimated 30 million children and adolescents participate in organized sports (*1*), and approximately 150 million adults participate in some type of nonwork-related physical activity (*2*). Engaging in these activities has numerous health benefits but involves a risk for injury. CDC analyzed data from the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP) to characterize sports- and recreation-related injuries among

the U.S. population. This report summarizes the results of that analysis, which indicate that during July 2000–June 2001 an estimated 4.3 million nonfatal sports- and recreation-related injuries were treated in U.S. hospital emergency departments (EDs). Injury rates varied by sex and age and were highest for boys aged 10–14 years. Effective prevention strategies, including those tailored to specific activities and those aimed at children, adolescents, and adults, are needed to reduce sports- and recreation-related injuries in the United States.

NEISS-AIP is operated by the U.S. Consumer Product Safety Commission (CPSC) and collects data on initial visits for all types and causes of injuries treated in U.S. EDs. NEISS-AIP data are drawn from a nationally representative subsample of 66 out of 100 NEISS hospitals, which were selected as a stratified probability sample of hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED. NEISS-AIP provides data on approximately 500,000 injury- and consumer product–related ED cases each year.

Sports- and recreation-related injuries included those occurring during organized and unorganized activities, whether work-related or not. An injury was defined as bodily harm resulting from exposure to an external force or substance. Each case was classified into one of 39 mutually exclusive sports- and recreation-related groups based on an algorithm that considered both the consumer products involved (e.g., bicycles or accessories, swings or swing sets, or in-line skating [activity, apparel, or equipment]) and the narrative description of the incident. Cases were excluded if 1) the principal diagnosis was an illness, pain only, psychological harm only, contact dermatitis associated with consumer products or plants, or unknown; 2) the ED visit resulted from the adverse effects of therapeutic drugs or surgical care; or 3) the injury was violence-related, including intentional self-harm, assault, or legal intervention. Because deaths are not captured completely by NEISS-AIP, persons who were dead on arrival or who died in the ED also were excluded.

Each case was assigned a sample weight based on the inverse probability of selection; these weights were added to provide national estimates of sports- and recreation-related injuries. Estimates were based on weighted data for 70,060 sports- and recreation-related ED visits during July 2000–June 2001. Confidence intervals (CIs) were calculated by using a direct variance estimation procedure that accounted for the sample weights and complex sample design. Rates were calculated by using averaged 2000–2001 U.S. Census Bureau population data.

During July 2000–June 2001, an estimated 4.3 million (95% CI=3.7–4.8 million) sports- and recreation-related injuries were treated in U.S. hospital EDs, comprising 16% of all unintentional injury-related ED visits (Table 1). The percentage of all unintentional injury-related ED visits that were sports- and recreation-related was highest for persons aged 10–14 years (51.5% for boys, 38.0% for girls), and lowest for persons aged ≥45 years (6.4% for men, 3.1% for women). The overall rate of sports- and recreation-related injuries was 15.4 per 1,000 population (Table 1). Rates were highest among persons aged 10–14 years (75.4 for boys, 36.3 for girls), and lowest among persons aged 0–4 years (11.1 for boys, 6.8 for girls) and persons aged ≥45 years (4.3 for men, 2.2 for women). Among all ages, rates were higher for males than for females (Figure).

Types of sports- and recreation-related activities in which persons were engaged when injured varied by age and sex. For persons aged 0–9 years, the leading types were playground- and bicycle-related injuries (Table 2). Both scooter- and trampoline-related injuries ranked among the top seven types of injuries for both boys and girls aged 0–9 years. For males aged 10–19 years, football-, basketball-, and bicycle-related injuries were most common. For females aged 10–19 years, basketball-related injuries ranked highest. For persons aged 20–24 years, basketball- and bicycle-related injuries ranked among the three leading types of injuries. Basketball-related injuries ranked highest for men aged 25–44 years. Exercise (e.g., weight lifting, aerobics, stretching, walking, jogging, and running) was the leading injury-related activity for women aged ≥20 years and ranked among the top four types of injuries for men aged ≥20 years.

The most frequent injury diagnoses were strains/sprains (29.1%; 95% CI=25.2%–33.0%), fractures (20.5%; 95% CI=16.5%–24.5%), contusions/abrasions (20.1%; 95% CI=17.5%–22.8%), and lacerations (13.8%; 95% CI=11.9%–15.8%). The body parts injured most commonly were ankles (12.1%; 95% CI=10.9%–13.4%), fingers (9.5%; 95% CI=8.2%–10.8%), face (9.2%; 95% CI=7.9%–10.5%), head (8.2%; 95% CI=6.4%–10.1%), and knees (8.1%; 95% CI=6.8%–9.4%). Of an estimated 350,734 (95% CI=270,417–431,051) persons with sports- and recreation-related head injuries, approximately 199,050 (95% CI=127,947–270,153) had a brain injury diagnosed (i.e., diagnosis of concussion or internal injury). Overall, 2.3% (95% CI=1.5%–3.0%) of persons with sports- and recreation-related injuries were hospitalized.

Reported by: *K Gotsch, JL Annest, PhD, P Holmgreen, MS, Office of Statistics and Programming; J Gilchrist, MD, Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.*

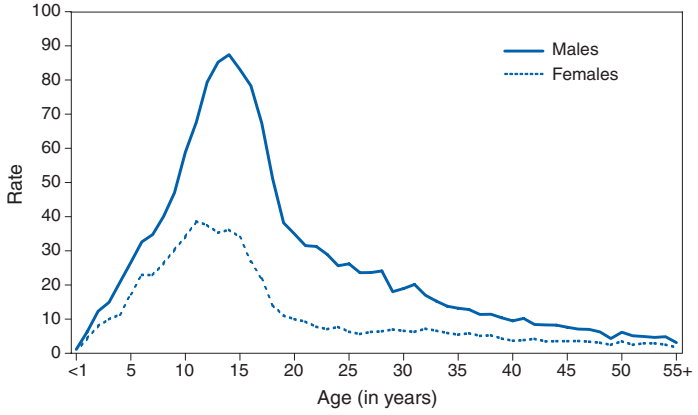
Editorial Note: This report indicates that an estimated 4.3 million sports- and recreation-related injuries are treated each year in U.S. EDs. These injuries occur among all population

TABLE 1. Number* and rate† of nonfatal unintentional injuries and nonfatal unintentional sports- and recreation-related injuries treated in emergency departments, by age group and sex — National Electronic Injury Surveillance System All Injury Program, United States, July 2000–June 2001

	All nonfatal unintentional injuries			Nonfatal unintentional sports- and recreation-related injuries				
Sex and age (yrs)	No.	Rate	(95% CI§)	No.	Rate	(95% CI)	%	(95% CI)
Male								
0– 4	1,350,795	140.0	(113.5–166.6)	107,019	11.1	(9.2–13.0)	7.9	(7.2– 8.6)
5– 9	1,203,060	119.6	(100.3–138.9)	366,102	36.4	(32.0–40.8)	30.4	(27.2–33.7)
10–14	1,506,104	146.4	(126.6–166.2)	775,938	75.4	(65.2–85.7)	51.5	(48.1–55.0)
15–19	1,690,177	164.6	(144.3–184.8)	650,430	63.3	(54.5–72.2)	38.5	(36.6–40.4)
20–24	1,573,437	164.6	(138.0–191.2)	292,743	30.6	(24.5–36.8)	18.6	(16.9–20.4)
25–44	4,771,763	117.3	(105.0–129.5)	596,063	14.6	(12.2–17.1)	12.5	(10.8–14.2)
≥45	2,962,276	66.3	(59.6– 73.1)	190,023	4.3	(2.9– 5.6)	6.4	(4.6– 8.2)
Unknown	3,773			105				
All ages	15,061,385	111.4	(99.7–123.1)	2,978,423	22.0	(19.1–25.0)	19.8	(18.3–21.3)
Female								
0– 4	987,236	106.9	(88.2–125.6)	63,220	6.8	(5.6– 8.1)	6.4	(5.7– 7.1)
5– 9	842,959	87.8	(75.1–100.4)	231,143	24.1	(20.9–27.3)	27.4	(24.6–30.3)
10–14	936,619	95.6	(83.3–107.8)	355,950	36.3	(30.8–41.9)	38.0	(34.5–41.5)
15–19	1,043,606	107.5	(94.8–120.2)	207,660	21.4	(17.7–25.0)	19.9	(17.9–21.9)
20–24	1,003,129	109.0	(93.3–124.6)	77,416	8.4	(5.7–11.1)	7.7	(6.1– 9.4)
25–44	3,474,024	84.0	(77.3– 90.7)	221,135	5.3	(4.3– 6.4)	6.4	(5.3– 7.5)
≥45	3,680,452	70.1	(62.2– 78.1)	115,518	2.2	(1.4– 3.0)	3.1	(2.1– 4.1)
Unknown	1,949			256				
All ages	11,969,974	84.7	(77.2– 92.1)	1,272,299	9.0	(7.6–10.4)	10.6	(9.4–11.8)
Total¶	**27,038,199**	**97.8**	**(88.5–107.1)**	**4,251,599**	**15.4**	**(13.2–17.5)**	**15.7**	**(14.4–17.1)**

* Numbers might not add to totals because of rounding.
† Per 1,000 persons.
§ Confidence interval.
¶ Includes persons for whom sex was not recorded.

FIGURE. Rate* of nonfatal unintentional sports- and recreation-related injuries treated in emergency departments, by age and sex — United States, July 2000–June 2001



* Per 1,000 population.

groups and account for more ED visits annually than injuries involving motor-vehicle occupants (3.5 million).

Effective prevention efforts are needed to reduce the risk for these injuries among all population groups. Interventions to reduce the risk for sports- and recreation-related injuries can be classified into three categories: personal countermeasures (e.g., use of safety gear), behavioral interventions (e.g., proper conditioning), and environmental modifications (e.g., use of padded goal posts). Specific prevention recommendations vary by sport and recreation activity, and some activity-specific interventions can decrease the risk for injury. For example, wearing helmets while bicycling reduces the risk for head injury by 85% (*4*), and using breakaway bases decreases the number of sliding-related baseball and softball injuries by 96% (*5*). Further studies are needed to identify effective interventions for other activities and injury types.

Data on sports- and recreation-related injuries from other national and state hospital-based data systems are limited because the *International Classification of Diseases, Ninth Revision, Clinical Modification* external cause-of-injury codes (E codes) typically do not specify the type of activity in which the person was engaged at the time of injury. In comparison, these types of injuries can be classified from NEISS-AIP data by using the consumer product codes and a narrative description of the incident. This approach makes NEISS-AIP a useful surveillance tool for characterizing and monitoring sports- and recreation-related injuries and identifying emerging injury problems requiring further investigation.

Estimates in this report are higher than those found during 1997–1998 by the National Hospital Ambulatory Medical Care Survey, which indicated that an estimated 3.7 million ED visits were made annually to treat sports- and recreation-

TABLE 2. Number and percentage* of persons with nonfatal unintentional sports- and recreation-related injuries treated in emergency departments, by rank, activity, age group, and sex — National Electronic Injury Surveillance System All Injury Program, United States, July 2000–June 2001

Rank	0–4 yrs No. (%)	5–9 yrs No. (%)	10–14 yrs No. (%)	15–19 yrs No. (%)	20–24 yrs No. (%)	25–44 yrs No. (%)	≥45 yrs No. (%)	Total No. (%)
Males								
1	Playground 32,237 (30.1)	Bicycle 85,770 (23.4)	Football 144,907 (18.7)	Basketball 168,691 (25.9)	Basketball 85,056 (29.1)	Basketball 117,861 (19.8)	Bicycle 40,926 (21.5)	**Basketball 520,032 (17.5)**
2	Bicycle 24,694 (23.1)	Playground 67,883 (18.5)	Bicycle 123,764 (16.0)	Football 138,689 (21.3)	Bicycle 29,112 (9.9)	Bicycle 77,102 (12.9)	Exercise† 21,672 (11.4)	**Bicycle 434,371 (14.6)**
3	Exercise 7,784 (7.3)	Football 25,348 (6.9)	Basketball 117,807 (15.2)	Bicycle 52,937 (8.1)	Football 26,439 (9.0)	Exercise 49,356 (8.3)	Fishing 17,798 (9.4)	**Football 374,072 (12.6)**
4	Swimming 7,292 (6.8)	Scooter 21,335 (5.8)	Baseball 47,546 (6.1)	Soccer 30,222 (4.6)	Exercise 17,504 (6.0)	Softball 35,604 (6.0)	Horseback 11,020 (5.8)	**Exercise 140,661 (4.7)**
5	Scooter 5,455 (5.1)	Baseball 20,062 (5.5)	Skateboarding 39,271 (5.1)	Combative§ 28,616 (4.4)	ATV¶ 13,520 (4.6)	Football 34,914 (5.9)	Basketball 10,930 (5.8)	**Baseball 136,632 (4.6)**
6	Baseball 4,771 (4.5)	Basketball 17,949 (4.9)	Soccer 29,049 (3.7)	Baseball 26,679 (4.1)	Soccer 11,061 (3.8)	ATV 23,488 (3.9)	Golf 8,469 (4.5)	**Playground 127,028 (4.3)**
7	Trampoline 4,539 (4.2)	Trampoline 14,677 (4.0)	Scooter 25,752 (3.3)	Exercise 24,892 (3.8)	Combative 10,859 (3.7)	Baseball 23,115 (3.9)	ATV 5,760 (3.0)	**Soccer 104,775 (3.5)**
8	Misc ball games** 2,762 (2.6)	Swimming 12,338 (3.4)	Playground 20,994 (2.7)	Skateboarding 23,476 (3.6)	Softball 10,294 (3.5)	Soccer 20,581 (3.5)	Softball 4,926 (2.6)	**Skateboarding 84,457 (2.8)**
Other††	17,485 (16.3)	100,740 (27.5)	226,848 (29.2)	156,228 (24.0)	88,898 (30.4)	214,042 (35.9)	68,522 (36.1)	**1,056,395 (35.5)**
Total	**107,019**	**366,102**	**775,938**	**650,430**	**292,743**	**596,063**	**190,023**	**2,978,423**
Females								
1	Playground 25,290 (40.0)	Playground 58,219 (25.2)	Basketball 53,130 (14.9)	Basketball 37,674 (18.1)	Exercise 10,202 (13.2)	Exercise 29,285 (13.2)	Exercise 26,059 (22.6)	**Bicycle 163,012 (12.8)**
2	Bicycle 11,387 (18.0)	Bicycle 52,955 (22.9)	Bicycle 38,889 (10.9)	Gymnastics§§ 21,865 (10.5)	Bicycle 7,429¶¶ (9.6)	Bicycle 25,806 (11.7)	Bicycle 16,270 (14.1)	**Basketball 114,644 (9.0)**
3	Trampoline 4,016 (6.4)	Scooter 15,299 (6.6)	Soccer 28,137 (7.9)	Soccer 19,865 (9.6)	Basketball 6,077 (7.8)	Horseback 17,743 (8.0)	Horseback 8,380 (7.3)	**Playground 108,023 (8.5)**
4	Swimming 3,818 (6.0)	Trampoline 14,063 (6.1)	Gymnastics 23,183 (6.5)	Softball 17,040 (8.2)	Gymnastics 5,307 (6.9)	Softball 12,113 (5.5)	Golf 5,050¶¶ (4.4)	**Exercise 98,475 (7.7)**
5	Exercise 3,223 (5.1)	Swimming 9,723 (4.2)	Softball 19,886 (5.6)	Volleyball 12,202 (5.9)	Softball 4,017 (5.2)	Basketball 9,924 (4.5)	Gymnastics 4,899 (4.2)	**Gymnastics 73,405 (5.8)**
6	Baseball 2,193 (3.5)	Gymnastics 7,772 (3.4)	Scooter 16,127 (4.5)	Exercise 10,652 (5.1)	Horseback 3,035 (3.9)	Gymnastics 9,000 (4.1)	Swimming 4,221 (3.7)	**Soccer 60,987 (4.8)**
7	Scooter 1,947¶¶ (3.1)	Exercise 7,670 (3.3)	Playground 16,000 (4.5)	Bicycle 10,275 (4.9)	Misc. ball games 3,016¶¶ (3.9)	Volleyball 7,755 (3.5)	Bowling 3,753 (3.2)	**Softball 56,759 (4.5)**
8	Gymnastics 1,380 (2.2)	Other skating*** 7,240 (3.1)	Trampoline 13,610 (3.8)	Football 6,711 (3.2)	Swimming 2,826¶¶ (3.7)	Swimming 7,598 (3.4)	Racquet sports††† 3,400 (2.9)	**Horseback 45,336 (3.6)**
Other††	9,966 (15.8)	58,202 (25.2)	146,988 (41.3)	71,376 (34.4)	35,507 (45.9)	101,911 (46.1)	43,486 (37.6)	**551,658 (43.4)**
Total	**63,220**	**231,143**	**355,950**	**207,660**	**77,416**	**221,135**	**115,518**	**1,272,299**

* Numbers are national estimates of nonfatal sports- and recreation-related injuries for each sex and age group. Percentages are of the total sports- and recreation-related injuries for each sex and age group. Percentages might not add to 100% because of rounding. Totals for all ages include persons for whom age was not recorded.
† Includes weight lifting, aerobics, stretching, walking, jogging, and running.
§ Includes boxing, wrestling, martial arts, and fencing.
¶ All-terrain vehicle.
** Includes lacrosse, tetherball, handball, rugby, other specified ball sports, and unspecified ball sports.
†† Comprises 31 other sports and recreation categories.
§§ Includes batons, gymnastics, cheerleading, and dancing.
¶¶ Estimates might be unstable because the coefficient of variation is >30%.
*** Includes roller skating and unspecified types of skating; excludes ice and in-line skating.
††† Includes badminton, squash, racquet ball, and tennis.

related injuries (*6*). Although this estimate was based on a review of narrative fields, no consumer product codes were collected, which might have resulted in an underestimation of the number of ED visits. Sports- and recreation-related injuries treated in EDs represent only a portion of these types of injuries that receive medical attention; many more of these injuries are treated in other settings (e.g., health-care providers' offices and clinics) (*7*).

The findings in this report are subject to at least five limitations. First, injury rates were based on the U.S. population; data on exposure time or frequency of participation were not collected. Because of the lack of exposure data, these estimates cannot be used to compare relative risks for different sports or for different age groups or sexes. Second, NEISS-AIP captures only injuries treated in hospital EDs. Third, it could not be determined whether a sports- and recreation-related injury was a new injury or an aggravation of an injury sustained previously. Fourth, NEISS-AIP narrative descriptions do not provide detailed information about injury circumstances (e.g., whether or not the activity was organized, whether the injury occurred during training or competition, or whether protective equipment was used). Finally, NEISS-AIP is designed to provide national estimates but not state or local estimates.

The national health objectives for 2010 (*8*) and *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity* (*9*) emphasize the importance of physical activity. The benefits of physical activity are substantial; however, persons engaging in such activity should be aware of their risk for injury. Additional information about safe participation in sports- and recreation-related activities are available at http://www.cdc.gov/safeusa/siteindex.htm.

Acknowledgments

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Delayed Diagnosis of Fragile X Syndrome — United States, 1990–1999

Fragile X syndrome (FXS) is the leading cause of inherited mental retardation, affecting approximately 50,000 persons in the United States (*1*). FXS occurs when a mutation on the X chromosome is passed from mother to child. Preliminary data suggest that children affected by FXS experience a delay in diagnosis, a pattern common to other single-gene disorders (*2*). The molecular test used to definitively diagnose FXS became available in 1991. The first indication of FXS within a family is usually the diagnosis of FXS in a child. Although no proven treatments exist for FXS, prompt diagnosis enables children to receive early intervention services and families to receive genetic counseling (*3,4*). To assess the timing of a diagnosis of FXS in an affected child and genetic counseling for the family, the Frank Porter Graham Child Development Institute (University of North Carolina at Chapel Hill) conducted a survey during August–October 2001 of 140 parents whose first child affected by FXS was born and had the condition diagnosed during 1990–1999. This report summarizes the results of that survey, which indicate that approximately half of the families did not learn the diagnosis for more than a year after first concerns about their child's development or behavior, and half reported having subsequent pregnancies before FXS was diagnosed in their first child. These findings emphasize the importance of increased opportunities for early diagnosis so children and families can receive all possible benefits, including genetic counseling and intervention services.

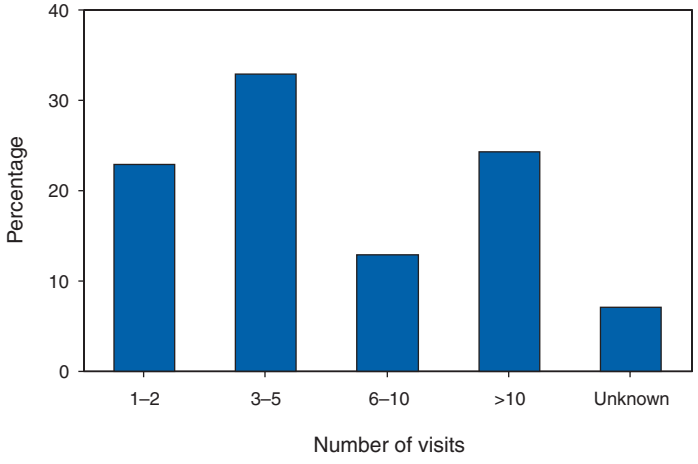
No population-based registries for FXS exist in the United States, and few children are identified by routine surveillance systems for birth defects and developmental disabilities. To gather an adequate number of families in a short time frame, investigators used a convenience sample from mailing lists of research institutions and parent-based groups. The families surveyed were identified through two sources: the Carolina

Fragile X Project, comprising families in the southeastern United States ascertained for a longitudinal cohort study of FXS (*2*), and the FRAXA Research Foundation, a parent-based group focused on FXS education and research. The questionnaire asked about the process of finding out about the FXS diagnosis and the impact of the diagnosis on the family. Each parent of a child with FXS was asked to complete the questionnaire, with the assurance that answers were confidential and could not be linked to names. Approximately 535 questionnaires were mailed, and 460 questionnaires representing 299 distinct families were completed. If both parents from the same family responded, the mother's questionnaire was chosen for analysis. Nonbiologic parents (n=nine), parents who knew their FXS carrier status before the index pregnancy (n=16), and parents whose children were born before 1990 (n=134) were excluded; 140 families (126 boys) were included in the survey.

At the time the questionnaire was completed, the mean age of the 140 respondents was 37.6 years (standard deviation: 5.8 years); 93% of the respondents were white, 61% had completed at least an undergraduate degree, and 37% had an annual household income >$100,000. Before becoming pregnant with the first child affected by FXS, 40 (29%) of 139 respondents knew that they had a family history of mental retardation, learning problems, or behavioral problems.

In this sample, all children had FXS diagnosed after birth when symptoms began to develop. After the first contact with a health-care provider, 34 (24%) of 140 respondents reported visiting a health-care provider about the child's development >10 times before the genetic test for FXS was ordered (Figure). Because girls with FXS might have less distinct physical features, historical endpoints were calculated only for boys.

FIGURE. Percentage of children* who had fragile X syndrome diagnosed, by number of visits to a health-care provider about concerns for the child's development and behavior before diagnosis was made — United States, 1990–1999



* n=140.

A substantial gap existed between the child's age at the time someone became concerned about the child's development or behavior (median age: 12 months; range: 0–50 months) and the child's age at diagnosis of FXS (median age: 26 months; range: 6–101 months).

For many parents, the delay between the birth of the child and FXS diagnosis precluded informed reproductive decisions. Of the 140 parents, 70 (50%) reported having another child before their first child had FXS diagnosed; of these 70 parents, 30 (43%) had another child affected by FXS before the first child had FXS diagnosed. Overall, 124 (89%) of 139 parents reported receiving genetic counseling, and 99 (73%) of 136 reported that the diagnosis affected their decision to have another child. When parents were asked to choose the best time to offer voluntary genetic testing for FXS, 103 (75%) of 138 indicated that the best time would be before a woman becomes pregnant.

Reported by: *DB Bailey, PhD, D Skinner, PhD, K Sparkman, Frank Porter Graham Child Development Institute, Univ of North Carolina at Chapel Hill. CA Moore, MD, RS Olney, MD, National Center on Birth Defects and Developmental Disabilities; DC Crawford, PhD, EIS Officer, CDC.*

Editorial Note: This report documents both the occurrence of a delayed diagnosis for a child with FXS and the impact this delay has on family planning. Early identification provides benefits for both the family and the affected child. First, early identification provides parents with a diagnosis, potentially reducing the psychosocial impact they face in searching for the cause of their child's disorder and providing more impetus for participation in early intervention programs. Second, early identification could provide parents an opportunity to receive genetic counseling for family planning. Third, early identification would allow the child to receive available intervention services. Infants who have FXS diagnosed are immediately eligible for publicly funded developmental services (e.g., early intervention programs) in all 50 states under Part C of the Individuals with Disabilities Education Act (*5*). Finally, early identification allows researchers to better understand the natural history of the disorder and provides an opportunity for testing the effectiveness of new interventions (*5*).

Despite the potential benefits of early identification, strategies for obtaining an early diagnosis in a child are limited. Two such strategies are newborn screening (*3,6,7*) and early clinical recognition (*8,9*). Adding disorders such as FXS to newborn screening programs would guarantee a timely diagnosis. However, FXS does not have a proven treatment that must be administered shortly after birth, which is the fundamental criterion used to justify rapid, universal identification of a disorder in a newborn (*3,6*). Similarly, the clinical screening strategy might not be optimal for early identification of

disorders such as FXS. The signs for FXS clinical recognition often are subtle, and no single factor (e.g., severity of mental retardation or behavior) is associated with the variability in the length of time from a child's birth to diagnosis of FXS (*5*). Strategies to enhance early clinical identification of FXS could include education programs for health-care providers that emphasize the importance of developmental screening and ascertaining family history as part of routine well-child health care, and focusing on improved recognition of the signs and symptoms of FXS and other developmental disorders in young children.

The findings in this report are subject to at least two limitations. First, the convenience sample used for this survey probably does not represent all families affected by FXS in the United States. Respondents were parents who have elected to participate in research in the past or have an active interest in research and policy concerning FXS. Second, because the analyses were limited to a specific time frame, the sample size was relatively small.

Despite these limitations, this survey documents the consequences of a delayed diagnosis of FXS for both the child and the family. Although the strategies to obtain an early diagnosis for disorders such as FXS are limited, new approaches are needed to optimize access to services and information for personal health decisions and family planning.

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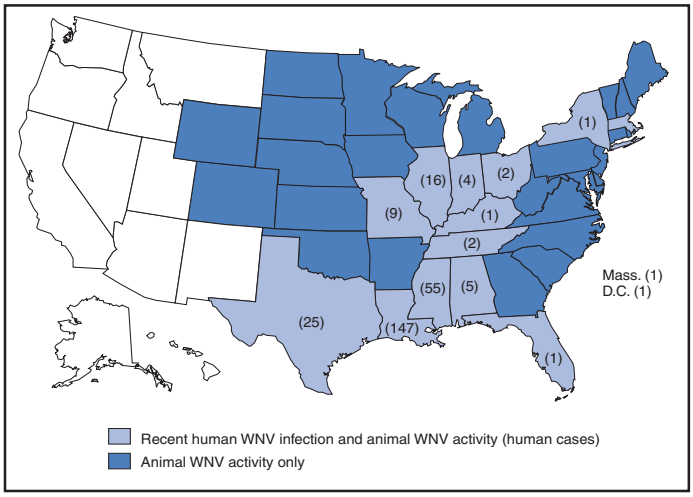
West Nile Virus Activity — United States, August 15–21, 2002

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET and by states and other jurisdictions as of 7:30 a.m. Mountain Daylight Time, August 21, 2002.

During the reporting period of August 15–21, a total of 114 laboratory-positive human cases of WNV-associated illness were reported from Louisiana (n=62), Illinois (n=fourteen), Texas (n=11), Missouri (n=nine), Mississippi (n=seven), Indiana (n=three), Alabama (n=two), Ohio (two), Tennessee (two), Kentucky (n=one), and New York City (n=one). During this period, Kentucky, Missouri, Ohio, Tennessee, and New York City reported their first human cases. During the same period, WNV infections were reported in 458 dead crows, 430 other dead birds, 117 horses, and 318 mosquito pools. During this period, WNV activity was reported for the first time ever in Colorado and Wyoming.

During 2002, a total of 270 human cases with laboratory evidence of recent WNV infection have been reported from Louisiana (n=147), Mississippi (n=55), Texas (n=25), Illinois (n=16), Missouri (n=nine), Alabama (n=five), Indiana (n=four), Ohio (n=two), Tennessee (n=two), the District of Columbia (n=one), Florida (n=one), Kentucky (n=one), Massachusetts (n=one), and New York City (n=one). Thirteen deaths have been reported from Louisiana (n=eight), Mississippi (n=two), Illinois (n=one), Kentucky (n=one), and Texas (n=one) (Figure). Among the patients with available data, the median age was 53 years (range: 3–94 years), and

FIGURE 1. Areas reporting West Nile virus (WNV) activity — United States, 2002*

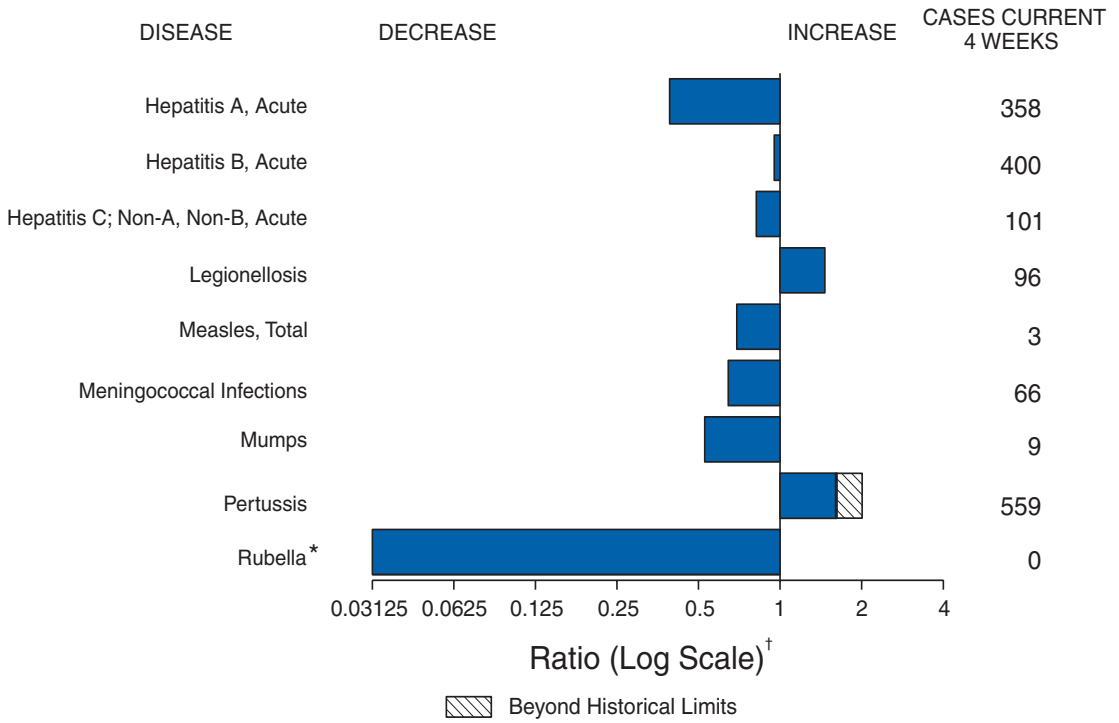


* As of August 21, 2002.

the dates of illness onset ranged from June 10 to August 14. In addition, 1,916 dead crows and 1,567 other dead birds with WNV infection were reported from 38 states, New York City, and the District of Columbia; 256 WNV infections in mammals (all but one in horses) have been reported from 19 states (Alabama, Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Nebraska, New York, North Dakota, Ohio, Oklahoma, South Dakota, Tennessee, Texas, and Wyoming). During 2002, WNV seroconversions have been reported in 65 sentinel chicken flocks from Florida, Nebraska, Pennsylvania, and New York City; 1,105 WNV-positive mosquito pools have been reported from 15 states (Alabama, Georgia, Illinois, Indiana, Kentucky, Massachusetts, Mississippi, Nebraska, New Jersey, New York, Ohio, Pennsylvania, South Dakota, Texas, and Virginia), New York City, and the District of Columbia.

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 17, 2002, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 33 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 August 17, 2002 (33rd Week)*

		Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax		2	1	Encephalitis: West Nile†	60	8
Botulism:	foodborne	9	16	Hansen disease (leprosy)†	52	46
	infant	38	58	Hantavirus pulmonary syndrome†	9	5
	other (wound & unspecified)	13	12	Hemolytic uremic syndrome, postdiarrheal†	105	84
Brucellosis†		46	83	HIV infection, pediatric†§	116	107
Chancroid		46	23	Plague	-	2
Cholera		6	3	Poliomyelitis, paralytic	-	-
Cyclosporiasis†		127	92	Psittacosis†	15	9
Diphtheria		1	1	Q fever†	23	16
Ehrlichiosis:	human granulocytic (HGE)†	182	130	Rabies, human	1	1
	human monocytic (HME)†	78	73	Streptococcal toxic-shock syndrome†	58	57
	other and unspecified	5	4	Tetanus	18	26
Encephalitis:	California serogroup viral†	25	24	Toxic-shock syndrome	75	81
	eastern equine†	2	4	Trichinosis	12	11
	Powassan†	-	-	Tularemia†	40	83
	St. Louis†	-	27	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 July 28, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd Week)*

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7		*Escherichia coli* Shiga Toxin Positive, Serogroup non-O157	
	Cum. 2002§	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	24,713	23,760	467,380	482,532	1,337	1,890	1,568	1,610	69	78
NEW ENGLAND	1,011	845	16,659	14,711	84	82	152	153	18	27
Maine	23	22	989	800	5	9	24	17	2	-
N.H.	20	16	1,022	864	16	3	16	20	-	3
Vt.	8	10	532	376	19	23	5	10	-	1
Mass.	519	479	6,809	6,185	23	36	69	79	5	8
R.I.	71	61	1,732	1,793	13	3	5	6	-	-
Conn.	370	257	5,575	4,693	8	8	33	21	11	15
MID. ATLANTIC	5,619	6,282	52,438	51,880	162	185	112	117	-	-
Upstate N.Y.	404	976	10,146	8,415	55	53	91	68	-	-
N.Y. City	3,210	3,338	17,942	19,329	70	77	6	11	-	-
N.J.	925	1,070	5,696	8,303	8	9	15	38	-	-
Pa.	1,080	898	18,654	15,833	29	46	N	N	-	-
E.N. CENTRAL	2,494	1,689	78,785	88,567	342	892	365	413	8	6
Ohio	453	300	19,880	22,942	80	87	72	89	6	4
Ind.	347	197	9,817	9,737	27	42	34	51	-	-
Ill.	1,170	776	19,339	26,968	45	378	98	113	-	-
Mich.	398	322	19,781	18,695	65	96	68	48	2	2
Wis.	126	94	9,968	10,225	125	289	93	112	-	-
W.N. CENTRAL	421	504	25,833	24,168	159	181	249	225	8	14
Minn.	90	92	5,855	4,958	73	85	88	89	6	12
Iowa	54	54	2,765	2,827	16	42	56	37	-	-
Mo.	189	233	9,245	8,828	21	26	39	31	N	N
N. Dak.	1	1	607	642	6	7	3	9	-	-
S. Dak.	3	18	1,354	969	7	6	27	13	1	1
Nebr.	43	51	1,857	2,144	26	15	16	31	1	1
Kans.	41	55	4,150	3,800	10	-	20	15	-	-
S. ATLANTIC	7,537	7,131	89,210	93,568	200	217	145	126	21	16
Del.	131	142	1,628	1,811	2	2	4	2	-	-
Md.	1,066	899	9,477	9,465	13	28	12	9	-	-
D.C.	371	507	2,054	2,043	4	9	-	-	-	-
Va.	538	593	9,894	12,070	7	15	30	34	2	2
W. Va.	58	50	1,442	1,494	2	1	2	4	-	-
N.C.	555	494	15,448	14,160	23	19	23	28	-	-
S.C.	547	434	7,969	9,800	3	3	1	11	-	-
Ga.	1,160	852	16,899	19,765	89	92	47	22	10	7
Fla.	3,111	3,160	24,399	22,960	57	48	26	16	9	7
E.S. CENTRAL	1,128	1,075	31,155	31,280	88	28	64	83	-	-
Ky.	173	219	5,385	5,573	3	3	19	42	-	-
Tenn.	483	333	10,132	9,483	44	6	25	24	-	-
Ala.	197	260	8,867	8,546	37	10	14	11	-	-
Miss.	275	263	6,771	7,678	4	9	6	6	-	-
W.S. CENTRAL	2,696	2,406	67,576	67,830	24	59	25	134	-	-
Ark.	163	123	4,088	4,751	7	5	5	5	-	-
La.	693	548	12,050	11,277	4	7	1	5	-	-
Okla.	133	128	7,197	6,792	8	7	15	19	-	-
Tex.	1,707	1,607	44,241	45,010	5	40	4	105	-	-
MOUNTAIN	790	843	28,777	28,252	100	85	179	151	9	9
Mont.	8	13	1,338	1,288	4	7	13	8	-	-
Idaho	18	16	1,535	1,161	19	8	27	22	2	2
Wyo.	6	2	551	513	6	2	4	5	1	-
Colo.	157	184	8,665	8,150	35	24	55	59	2	5
N. Mex.	53	75	3,990	3,854	15	15	4	9	3	2
Ariz.	327	336	8,789	9,139	12	4	20	18	1	-
Utah	43	71	1,512	1,044	6	21	41	22	-	-
Nev.	178	146	2,397	3,103	3	4	15	8	-	-
PACIFIC	3,017	2,985	76,947	82,276	178	161	277	208	5	6
Wash.	302	325	9,043	8,647	24	U	69	52	-	-
Oreg.	216	119	4,328	4,657	26	21	60	29	5	6
Calif.	2,416	2,489	58,724	64,810	127	136	112	114	-	-
Alaska	17	14	2,155	1,711	-	1	5	3	-	-
Hawaii	66	38	2,697	2,451	1	3	31	10	-	-
Guam	2	8	-	257	-	-	N	N	-	-
P.R.	668	732	1,635	1,687	-	-	-	1	-	-
V.I.	66	2	98	115	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	127	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 July 28, 2002.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd Week)*

Reporting Area	*Escherichia coli* Shiga Toxin Positive, Not Serogrouped		Giardiasis	Gonorrhea		*Haemophilus influenzae*, Invasive			
						All Ages, All Serotypes		Age <5 Years Serotype B	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	30	7	9,023	197,511	221,778	1,029	994	17	17
NEW ENGLAND	-	1	954	4,649	4,055	72	68	-	1
Maine	-	-	111	78	91	1	1	-	-
N.H.	-	-	29	76	106	6	2	-	-
Vt.	-	1	77	65	47	5	3	-	-
Mass.	-	-	465	2,053	1,888	35	36	-	1
R.I.	-	-	83	540	461	10	2	-	-
Conn.	-	-	189	1,837	1,462	15	24	-	-
MID. ATLANTIC	-	-	1,905	23,984	25,595	176	143	3	3
Upstate N.Y.	-	-	648	5,107	5,212	76	47	2	-
N.Y. City	-	-	749	7,287	8,046	43	37	-	-
N.J.	-	-	181	3,799	4,440	38	32	-	-
Pa.	-	-	327	7,791	7,897	19	27	1	3
E.N. CENTRAL	10	2	1,639	37,762	45,900	164	185	2	2
Ohio	9	2	507	10,796	12,540	63	50	-	1
Ind.	-	-	-	4,289	4,127	33	36	1	-
Ill.	-	-	388	10,394	14,759	53	63	-	-
Mich.	1	-	481	8,678	10,791	8	12	1	-
Wis.	-	-	263	3,605	3,683	7	24	-	1
W.N. CENTRAL	-	2	1,041	10,151	10,343	42	47	1	1
Minn.	-	-	374	1,732	1,577	29	25	1	-
Iowa	-	-	160	619	824	1	-	-	-
Mo.	N	N	281	5,242	5,332	9	16	-	-
N. Dak.	-	2	11	31	22	-	4	-	-
S. Dak.	-	-	45	160	146	-	-	-	-
Nebr.	-	-	74	652	763	-	1	-	1
Kans.	-	-	96	1,715	1,679	3	1	-	-
S. ATLANTIC	-	-	1,672	51,322	57,802	265	243	4	1
Del.	-	-	29	991	1,039	-	-	-	-
Md.	-	-	67	5,281	5,459	62	62	2	-
D.C.	-	-	28	1,695	1,822	-	-	-	-
Va.	-	-	141	5,617	7,183	22	19	-	-
W. Va.	-	-	30	580	389	8	10	-	1
N.C.	-	-	-	10,336	10,951	24	32	-	-
S.C.	-	-	50	4,804	7,214	9	4	-	-
Ga.	-	-	523	9,303	10,741	72	64	-	-
Fla.	-	-	804	12,715	13,004	68	52	2	-
E.S. CENTRAL	7	1	206	17,817	20,271	44	59	1	-
Ky.	7	1	-	2,217	2,195	4	2	-	-
Tenn.	-	-	93	5,799	6,351	21	29	-	-
Ala.	-	-	113	5,709	6,669	14	26	1	-
Miss.	-	-	-	4,092	5,056	5	2	-	-
W.S. CENTRAL	-	-	122	29,893	33,352	40	39	2	1
Ark.	-	-	82	2,323	2,964	1	-	-	-
La.	-	-	2	7,490	7,902	2	6	-	-
Okla.	-	-	38	3,059	3,119	32	32	-	-
Tex.	-	-	-	17,021	19,367	5	1	2	1
MOUNTAIN	13	1	888	6,085	6,455	131	104	2	4
Mont.	-	-	57	56	78	-	-	-	-
Idaho	-	-	67	53	48	2	1	-	-
Wyo.	-	-	18	39	41	1	1	-	-
Colo.	13	1	292	2,111	1,984	26	30	-	-
N. Mex.	-	-	97	821	601	19	16	-	1
Ariz.	-	-	124	2,133	2,492	63	40	1	1
Utah	-	-	154	143	93	14	5	-	-
Nev.	-	-	79	729	1,118	6	11	1	2
PACIFIC	-	-	596	15,848	18,005	95	106	2	4
Wash.	-	-	216	1,740	1,942	2	2	1	-
Oreg.	-	-	259	529	730	46	31	-	-
Calif.	-	-	-	12,813	14,698	19	47	1	4
Alaska	-	-	55	365	240	1	5	-	-
Hawaii	-	-	66	401	395	27	21	-	-
Guam	-	-	-	-	29	-	-	-	-
P.R.	-	-	11	243	390	1	1	-	-
V.I.	-	-	-	25	19	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	13	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. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd Week)*

Reporting Area	*Haemophilus influenzae*, Invasive, Age <5 Years, Non-Serotype B		*Haemophilus influenzae*, Invasive, Age <5 Years, Unknown Serotype		Hepatitis (Viral, Acute), By Type, A		Hepatitis (Viral, Acute), By Type, B		Hepatitis (Viral, Acute), By Type, C; Non-A, Non-B	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	161	164	15	22	5,266	5,854	4,227	4,450	2,919	2,603
NEW ENGLAND	7	11	-	-	204	351	129	82	20	29
Maine	-	-	-	-	7	5	5	5	-	-
N.H.	-	1	-	-	11	10	12	10	-	-
Vt.	-	-	-	-	1	8	3	5	12	6
Mass.	4	7	-	-	89	155	74	15	8	23
R.I.	-	-	-	-	28	16	17	14	-	-
Conn.	3	3	-	-	68	157	18	33	-	-
MID. ATLANTIC	23	22	-	3	618	773	856	866	1,054	802
Upstate N.Y.	9	6	-	1	124	168	85	75	37	18
N.Y. City	7	6	-	-	253	269	451	403	-	-
N.J.	4	3	-	-	86	189	180	189	997	740
Pa.	3	7	-	2	155	147	140	199	20	44
E.N. CENTRAL	24	32	1	2	709	725	527	604	65	114
Ohio	7	9	1	-	229	152	72	74	6	7
Ind.	7	6	-	1	33	57	31	31	-	1
Ill.	8	11	-	-	188	250	66	92	9	9
Mich.	1	-	-	1	154	217	358	381	50	97
Wis.	1	6	-	-	105	49	-	26	-	-
W.N. CENTRAL	2	2	3	6	226	240	134	131	579	781
Minn.	2	1	1	2	32	16	12	12	13	6
Iowa	-	-	-	-	58	25	12	15	1	-
Mo.	-	-	2	4	62	52	75	75	553	767
N. Dak.	-	1	-	-	1	2	4	-	-	-
S. Dak.	-	-	-	-	3	1	-	1	-	-
Nebr.	-	-	-	-	11	29	18	18	8	3
Kans.	-	-	-	-	59	115	13	10	4	5
S. ATLANTIC	39	34	2	5	1,639	1,115	1,122	830	112	44
Del.	-	-	-	-	9	6	7	18	5	2
Md.	3	4	-	1	193	158	83	89	10	4
D.C.	-	-	-	-	55	33	13	11	-	-
Va.	3	5	-	-	62	83	131	97	2	-
W. Va.	-	1	1	-	13	8	14	20	1	9
N.C.	3	1	-	4	151	99	163	131	18	13
S.C.	2	1	-	-	45	50	62	19	4	5
Ga.	16	14	-	-	345	584	319	246	26	-
Fla.	12	8	1	-	766	94	330	199	46	11
E.S. CENTRAL	9	12	1	2	166	243	221	296	123	160
Ky.	1	-	-	1	39	65	38	32	3	5
Tenn.	5	6	-	-	64	95	80	146	23	51
Ala.	3	5	1	1	25	63	47	60	4	2
Miss.	-	1	-	-	38	20	56	58	93	102
W.S. CENTRAL	9	5	-	-	191	626	332	523	822	535
Ark.	-	-	-	-	29	52	64	63	4	6
La.	1	-	-	-	23	69	31	81	16	113
Okla.	6	5	-	-	34	91	17	71	4	4
Tex.	2	-	-	-	105	414	220	308	798	412
MOUNTAIN	27	13	7	1	394	498	395	309	67	40
Mont.	-	-	-	-	10	8	3	2	-	1
Idaho	1	-	-	-	23	47	6	9	-	1
Wyo.	-	-	-	-	2	3	14	1	8	4
Colo.	2	-	-	-	67	49	56	68	28	5
N. Mex.	4	7	1	1	12	28	103	83	1	11
Ariz.	14	4	5	-	210	256	149	97	4	9
Utah	4	2	-	-	36	55	27	15	4	2
Nev.	2	-	1	-	34	52	37	34	22	7
PACIFIC	21	33	1	3	1,119	1,283	511	809	77	98
Wash.	1	1	-	1	112	87	39	81	15	16
Oreg.	5	5	-	-	50	79	91	108	14	12
Calif.	11	25	1	1	949	1,089	372	598	48	70
Alaska	1	1	-	-	7	14	3	7	-	-
Hawaii	3	1	-	1	1	14	6	15	-	-
Guam	-	-	-	-	-	1	-	-	-	-
P.R.	-	1	-	-	70	122	61	169	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	35	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. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd 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	547	607	285	359	6,543	9,116	741	914	16†	94§
NEW ENGLAND	51	34	35	33	1,168	2,598	43	55	-	5
Maine	2	3	2	-	53	-	3	3	-	-
N.H.	4	6	3	2	128	44	6	2	-	-
Vt.	20	4	2	2	14	6	2	-	-	1
Mass.	17	11	19	17	583	869	15	28	-	3
R.I.	1	2	1	1	138	197	3	3	-	-
Conn.	7	8	8	11	252	1,482	14	19	-	1
MID. ATLANTIC	127	140	50	61	4,366	4,901	159	257	5	18
Upstate N.Y.	43	38	26	18	2,679	1,708	27	37	-	4
N.Y. City	23	23	11	15	81	56	94	152	5	6
N.J.	12	11	3	11	337	1,675	20	40	-	1
Pa.	49	68	10	17	1,269	1,462	18	28	-	7
E.N. CENTRAL	135	159	36	53	48	575	88	117	3	10
Ohio	63	73	14	10	40	17	14	19	1	3
Ind.	12	12	6	4	8	16	6	13	2	4
Ill.	-	19	1	21	-	29	22	53	-	3
Mich.	42	29	12	15	-	5	36	20	-	-
Wis.	18	26	3	3	U	508	10	12	-	-
W.N. CENTRAL	28	37	8	9	143	199	46	27	1	4
Minn.	2	9	-	-	90	150	16	6	-	2
Iowa	7	6	1	-	23	21	2	4	-	-
Mo.	10	13	5	6	25	22	13	10	1	2
N. Dak.	-	1	1	-	-	-	1	-	-	-
S. Dak.	2	3	-	-	-	-	-	-	-	-
Nebr.	7	4	-	1	1	4	5	2	-	-
Kans.	-	1	1	2	4	2	9	5	-	-
S. ATLANTIC	104	102	50	43	681	666	218	190	1	5
Del.	6	3	-	2	83	100	2	1	-	-
Md.	18	24	10	7	397	418	66	79	-	3
D.C.	5	7	-	-	15	8	14	13	-	-
Va.	11	17	3	8	56	92	17	37	-	1
W. Va.	N	N	-	4	8	9	3	1	-	-
N.C.	7	7	4	2	69	26	12	9	-	-
S.C.	5	5	7	4	10	3	5	5	-	-
Ga.	10	9	10	8	1	-	59	31	-	1
Fla.	42	30	16	8	42	10	40	14	1	-
E.S. CENTRAL	23	45	9	13	31	37	12	22	-	2
Ky.	9	11	2	4	13	17	5	8	-	2
Tenn.	8	21	4	5	11	9	2	8	-	-
Ala.	6	9	3	4	7	6	3	3	-	-
Miss.	-	4	-	-	-	5	2	3	-	-
W.S. CENTRAL	7	17	11	28	11	65	9	64	1	1
Ark.	-	-	-	1	2	-	1	3	-	-
La.	1	6	-	-	1	4	3	5	-	-
Okla.	3	3	6	2	-	-	5	2	-	-
Tex.	3	8	5	25	8	61	-	54	1	1
MOUNTAIN	25	33	20	28	13	7	34	35	1	1
Mont.	3	-	-	-	-	-	1	2	-	-
Idaho	-	2	2	1	2	4	-	3	-	1
Wyo.	1	2	-	1	-	1	-	-	-	-
Colo.	4	11	3	7	3	-	19	19	-	-
N. Mex.	1	2	2	6	1	-	2	3	-	-
Ariz.	7	8	9	6	2	-	5	3	-	-
Utah	8	5	3	1	4	-	4	2	-	-
Nev.	1	3	1	6	1	2	3	3	1	-
PACIFIC	47	40	66	91	82	68	132	147	4	48
Wash.	5	6	5	5	6	4	12	4	-	15
Oreg.	N	N	8	6	12	7	7	11	-	2
Calif.	42	29	47	76	63	55	105	122	3	24
Alaska	-	1	-	-	1	2	2	1	-	-
Hawaii	-	4	6	4	N	N	6	9	1	7
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	1	-	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 16 cases reported, seven were indigenous and nine were imported from another country.
§ Of 94 cases reported, 45 were indigenous and 49 were imported from another country.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd 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	1,144	1,645	174	155	4,352	3,197	3,620	4,451
NEW ENGLAND	71	76	7	1	373	289	537	441
Maine	7	1	-	-	5	-	30	45
N.H.	9	9	4	-	8	14	28	15
Vt.	4	5	-	-	78	25	72	39
Mass.	33	45	2	1	266	231	174	161
R.I.	5	2	-	-	10	2	42	38
Conn.	13	14	1	-	6	17	191	143
MID. ATLANTIC	112	178	17	18	193	230	686	778
Upstate N.Y.	34	49	2	3	139	111	420	488
N.Y. City	15	28	1	11	8	35	10	20
N.J.	22	30	1	-	3	8	105	122
Pa.	41	71	13	4	43	76	151	148
E.N. CENTRAL	153	245	17	19	518	456	73	75
Ohio	57	66	2	1	261	199	16	23
Ind.	24	29	2	1	40	46	21	1
Ill.	30	59	6	14	90	45	13	11
Mich.	30	55	6	2	35	40	23	30
Wis.	12	36	1	1	92	126	-	10
W.N. CENTRAL	96	103	12	7	387	151	253	230
Minn.	24	15	3	3	141	47	23	24
Iowa	12	21	1	-	121	16	43	51
Mo.	37	39	3	-	80	66	30	25
N. Dak.	-	5	1	-	-	-	11	24
S. Dak.	2	4	-	-	5	3	41	33
Nebr.	16	10	-	1	3	4	-	4
Kans.	5	9	4	3	37	15	105	69
S. ATLANTIC	202	258	19	22	251	154	1,537	1,540
Del.	6	3	-	-	2	-	24	29
Md.	5	34	4	4	38	22	168	303
D.C.	-	-	-	-	1	1	-	-
Va.	28	31	3	5	94	26	321	273
W. Va.	3	11	-	-	23	2	118	92
N.C.	24	57	1	1	24	46	437	376
S.C.	17	27	2	2	28	24	74	81
Ga.	29	36	4	7	17	17	237	260
Fla.	90	59	5	3	24	16	158	126
E.S. CENTRAL	66	106	12	5	144	78	113	162
Ky.	11	19	4	1	57	19	18	16
Tenn.	26	44	2	-	54	31	59	106
Ala.	18	29	3	-	26	25	36	40
Miss.	11	14	3	4	7	3	-	-
W.S. CENTRAL	137	250	14	9	1,162	303	76	797
Ark.	20	14	-	-	389	12	-	-
La.	23	61	1	2	4	5	-	7
Okla.	17	23	-	-	65	12	76	48
Tex.	77	152	13	7	704	274	-	742
MOUNTAIN	70	74	13	12	564	987	174	177
Mont.	2	3	-	1	4	20	10	26
Idaho	3	7	1	1	50	166	20	11
Wyo.	-	4	-	1	10	-	14	22
Colo.	22	29	2	3	217	207	29	-
N. Mex.	3	9	1	2	116	70	5	10
Ariz.	21	11	1	1	100	461	90	104
Utah	4	7	5	1	35	52	3	3
Nev.	15	4	3	2	32	11	3	1
PACIFIC	237	355	63	62	760	549	171	251
Wash.	46	51	-	1	289	92	-	-
Oreg.	34	45	N	N	127	38	3	1
Calif.	150	248	51	29	329	387	144	212
Alaska	1	2	-	1	4	3	24	38
Hawaii	6	9	12	31	11	29	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	3	4	-	-	1	-	49	65
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	1	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. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd Week)*

Reporting Area	Rocky Mountain Spotted Fever		Rubella				Salmonellosis	
			Rubella		Congenital Rubella			
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	555	331	9	16	2	-	20,960	22,589
NEW ENGLAND	-	2	-	-	-	-	1,222	1,531
Maine	-	-	-	-	-	-	93	132
N.H.	-	-	-	-	-	-	77	121
Vt.	-	-	-	-	-	-	42	45
Mass.	-	2	-	-	-	-	670	892
R.I.	-	-	-	-	-	-	95	64
Conn.	-	-	-	-	-	-	245	277
MID. ATLANTIC	32	15	4	7	-	-	2,528	3,039
Upstate N.Y.	8	-	2	1	-	-	843	700
N.Y. City	6	1	-	5	-	-	739	780
N.J.	8	4	2	1	-	-	343	763
Pa.	10	10	-	-	-	-	603	796
E.N. CENTRAL	14	14	-	2	-	-	3,222	3,163
Ohio	10	1	-	-	-	-	823	848
Ind.	2	1	-	-	-	-	290	316
Ill.	-	12	-	2	-	-	1,024	915
Mich.	2	-	-	-	-	-	570	556
Wis.	-	-	-	-	-	-	515	528
W.N. CENTRAL	75	47	-	3	-	-	1,452	1,301
Minn.	-	-	-	-	-	-	340	388
Iowa	1	2	-	1	-	-	248	199
Mo.	68	43	-	1	-	-	522	328
N. Dak.	-	-	-	-	-	-	25	37
S. Dak.	-	2	-	-	-	-	59	80
Nebr.	4	-	-	-	-	-	70	99
Kans.	2	-	-	1	-	-	188	170
S. ATLANTIC	286	156	-	3	-	-	5,519	5,058
Del.	2	1	-	-	-	-	40	57
Md.	38	29	-	-	-	-	565	477
D.C.	-	-	-	-	-	-	48	55
Va.	19	16	-	-	-	-	562	858
W. Va.	1	-	-	-	-	-	80	74
N.C.	165	83	-	-	-	-	709	701
S.C.	37	16	-	2	-	-	324	488
Ga.	18	8	-	-	-	-	1,019	947
Fla.	6	3	-	1	-	-	2,172	1,401
E.S. CENTRAL	51	67	-	-	1	-	1,495	1,324
Ky.	3	2	-	-	-	-	207	205
Tenn.	36	46	-	-	1	-	398	326
Ala.	12	10	-	-	-	-	440	381
Miss.	-	9	-	-	-	-	450	412
W.S. CENTRAL	82	22	2	-	-	-	1,222	2,716
Ark.	21	4	-	-	-	-	500	409
La.	-	2	-	-	-	-	183	473
Okla.	61	16	-	-	-	-	268	237
Tex.	-	-	2	-	-	-	271	1,597
MOUNTAIN	10	8	-	-	-	-	1,262	1,332
Mont.	1	1	-	-	-	-	63	47
Idaho	-	1	-	-	-	-	85	89
Wyo.	3	2	-	-	-	-	38	45
Colo.	1	-	-	-	-	-	303	365
N. Mex.	-	1	-	-	-	-	174	162
Ariz.	-	-	-	-	-	-	356	370
Utah	-	3	-	-	-	-	113	135
Nev.	5	-	-	-	-	-	130	119
PACIFIC	5	-	3	1	1	-	3,038	3,125
Wash.	-	-	-	-	-	-	280	301
Oreg.	2	-	-	-	-	-	235	188
Calif.	3	-	3	-	-	-	2,305	2,387
Alaska	-	-	-	-	-	-	41	27
Hawaii	-	-	-	1	1	-	177	222
Guam	-	-	-	-	-	-	-	18
P.R.	-	-	-	3	-	-	120	606
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	24	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. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd Week)*

Reporting Area	Shigellosis		Streptococcal Disease, Invasive, Group A		*Streptococcus pneumoniae*, Drug Resistant, Invasive		*Streptococcus pneumoniae*, Invasive (<5 Years)	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	9,322	11,000	2,921	2,594	1,483	1,924	157	298
NEW ENGLAND	179	180	142	168	9	90	1	31
Maine	3	6	20	10	-	-	-	-
N.H.	7	4	27	N	-	-	N	N
Vt.	-	6	9	9	4	7	1	-
Mass.	115	127	73	53	N	N	N	N
R.I.	7	8	13	8	5	-	-	2
Conn.	47	29	-	88	-	83	-	29
MID. ATLANTIC	630	995	477	476	80	126	48	77
Upstate N.Y.	145	349	223	204	72	122	48	77
N.Y. City	233	271	121	135	U	U	U	U
N.J.	148	202	91	91	N	N	N	N
Pa.	104	173	42	46	8	4	-	-
E.N. CENTRAL	943	2,592	524	609	159	130	64	79
Ohio	373	1,675	164	153	29	-	-	-
Ind.	62	146	39	48	125	130	39	39
Ill.	313	366	105	201	2	-	-	40
Mich.	102	199	216	156	3	-	N	N
Wis.	93	206	-	51	N	N	25	-
W.N. CENTRAL	699	987	180	261	152	104	36	46
Minn.	147	294	95	112	48	49	36	38
Iowa	75	301	-	-	N	N	N	N
Mo.	109	177	37	56	6	9	-	-
N. Dak.	15	16	-	11	1	5	-	8
S. Dak.	150	92	10	7	1	3	-	-
Nebr.	141	54	14	30	25	10	N	N
Kans.	62	53	24	45	71	28	N	N
S. ATLANTIC	3,657	1,436	584	442	915	1,031	3	4
Del.	31	6	2	2	3	2	N	N
Md.	685	79	95	N	N	N	N	N
D.C.	37	38	6	15	48	5	1	3
Va.	587	172	56	62	N	N	N	N
W. Va.	5	7	14	18	34	37	2	1
N.C.	216	240	102	117	N	N	U	U
S.C.	60	175	28	8	138	212	N	N
Ga.	1,012	186	133	143	256	295	N	N
Fla.	1,024	533	148	77	436	480	N	N
E.S. CENTRAL	807	956	72	79	103	190	-	-
Ky.	86	359	13	29	12	22	N	N
Tenn.	38	60	59	50	91	167	N	N
Ala.	438	165	-	-	-	1	N	N
Miss.	245	372	-	-	-	-	-	-
W.S. CENTRAL	652	1,806	93	237	36	219	3	61
Ark.	137	420	5	-	6	14	-	-
La.	94	167	-	1	30	205	1	61
Okla.	302	31	35	34	N	N	2	-
Tex.	119	1,188	53	202	N	N	-	-
MOUNTAIN	409	577	483	275	29	32	2	-
Mont.	3	2	-	-	-	-	-	-
Idaho	5	24	6	7	N	N	N	N
Wyo.	5	2	7	7	9	5	-	-
Colo.	79	147	159	114	-	-	-	-
N. Mex.	76	70	75	59	19	25	-	-
Ariz.	195	242	209	85	-	-	N	N
Utah	23	41	27	3	1	-	2	-
Nev.	23	49	-	-	-	2	-	-
PACIFIC	1,346	1,471	366	47	-	2	-	-
Wash.	96	129	36	-	-	-	N	N
Oreg.	66	76	N	N	N	N	N	N
Calif.	1,147	1,221	279	-	N	N	N	N
Alaska	2	4	-	-	-	-	N	N
Hawaii	35	41	51	47	-	2	-	-
Guam	-	33	-	1	-	-	-	-
P.R.	5	14	N	N	-	-	N	N
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	17	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. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 17, 2002, and August 18, 2001 (33rd 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	3,796	3,674	196	327	7,211	8,448	157	215
NEW ENGLAND	82	33	-	3	238	302	11	11
Maine	2	-	-	-	10	12	-	1
N.H.	3	1	-	-	8	11	-	1
Vt.	1	2	-	-	-	4	-	-
Mass.	58	16	-	2	133	156	8	8
R.I.	3	6	-	-	23	40	-	-
Conn.	15	8	-	1	64	79	3	1
MID. ATLANTIC	414	313	37	50	1,311	1,435	40	71
Upstate N.Y.	22	15	4	3	192	217	5	14
N.Y. City	259	171	15	26	662	721	20	28
N.J.	81	68	17	21	319	322	12	25
Pa.	52	59	1	-	138	175	3	4
E.N. CENTRAL	637	628	26	47	736	851	14	26
Ohio	90	56	-	2	119	168	5	3
Ind.	45	106	-	7	60	65	2	2
Ill.	165	202	20	30	372	411	1	13
Mich.	323	247	6	5	144	162	3	5
Wis.	14	17	-	3	41	45	3	3
W.N. CENTRAL	60	58	-	7	336	328	6	8
Minn.	25	25	-	2	142	142	3	4
Iowa	2	4	-	-	17	18	-	-
Mo.	15	11	-	4	93	86	1	4
N. Dak.	-	-	-	-	1	3	-	-
S. Dak.	-	-	-	-	9	8	-	-
Nebr.	4	2	-	-	9	21	2	-
Kans.	14	16	-	1	65	50	-	-
S. ATLANTIC	1,006	1,294	44	80	1,465	1,546	27	27
Del.	9	10	-	-	13	9	-	-
Md.	122	169	8	3	168	136	5	8
D.C.	53	18	1	2	-	47	-	-
Va.	45	70	1	4	116	161	1	8
W. Va.	2	-	-	-	18	20	-	-
N.C.	182	299	16	8	199	202	1	2
S.C.	78	170	5	18	116	124	-	-
Ga.	198	230	1	18	250	276	8	6
Fla.	317	328	12	27	585	571	12	3
E.S. CENTRAL	331	397	13	24	432	520	4	1
Ky.	63	29	2	-	78	78	4	-
Tenn.	122	215	3	14	168	193	-	1
Ala.	112	76	6	4	130	164	-	-
Miss.	34	77	2	6	56	85	-	-
W.S. CENTRAL	534	450	44	54	1,009	1,326	4	12
Ark.	16	26	1	5	80	95	-	-
La.	94	94	-	-	-	85	-	-
Okla.	43	44	2	4	84	94	-	-
Tex.	381	286	41	45	845	1,052	4	12
MOUNTAIN	170	135	10	20	210	329	10	7
Mont.	-	-	-	-	6	-	-	1
Idaho	1	-	1	-	8	7	-	-
Wyo.	-	-	-	-	2	2	-	-
Colo.	26	15	1	1	28	79	5	-
N. Mex.	21	11	-	2	21	42	-	-
Ariz.	112	99	8	17	115	125	-	1
Utah	5	7	-	-	17	20	3	1
Nev.	5	3	-	-	13	54	2	4
PACIFIC	562	366	22	42	1,474	1,811	41	52
Wash.	32	34	1	-	155	164	4	3
Oreg.	11	8	1	-	63	66	2	3
Calif.	512	315	19	42	1,128	1,463	34	43
Alaska	-	-	-	-	33	28	-	1
Hawaii	7	9	1	-	95	90	1	2
Guam	-	2	-	1	-	45	-	2
P.R.	139	171	10	6	33	53	-	-
V.I.	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	14	U	-	U	29	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 III. Deaths in 122 U.S. cities,* week ending August 17, 2002 (33rd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	582	408	94	55	16	9	53
Boston, Mass.	152	96	32	13	6	5	20
Bridgeport, Conn.	29	20	4	5	-	-	4
Cambridge, Mass.	30	26	2	2	-	-	1
Fall River, Mass.	21	12	5	4	-	-	3
Hartford, Conn.	54	35	12	5	1	1	4
Lowell, Mass.	23	19	3	1	-	-	4
Lynn, Mass.	9	5	2	2	-	-	-
New Bedford, Mass.	20	16	3	1	-	-	-
New Haven, Conn.	43	29	4	6	4	-	2
Providence, R.I.	47	35	8	2	1	1	4
Somerville, Mass.	6	3	1	2	-	-	1
Springfield, Mass.	50	35	8	4	2	1	4
Waterbury, Conn.	44	35	4	3	1	1	1
Worcester, Mass.	54	42	6	5	1	-	5
MID. ATLANTIC	2,006	1,366	407	151	40	42	99
Albany, N.Y.	37	28	5	1	1	2	3
Allentown, Pa.	27	21	2	2	1	1	-
Buffalo, N.Y.	85	59	13	6	4	3	8
Camden, N.J.	29	21	5	2	-	1	3
Elizabeth, N.J.	19	14	5	-	-	-	1
Erie, Pa.	U	U	U	U	U	U	U
Jersey City, N.J.	35	24	10	1	-	-	-
New York City, N.Y.	1,056	713	229	79	17	18	48
Newark, N.J.	45	14	16	10	2	3	-
Paterson, N.J.	18	12	4	1	-	1	-
Philadelphia, Pa.	252	162	57	21	7	5	5
Pittsburgh, Pa.§	31	21	6	-	1	3	3
Reading, Pa.	28	21	4	1	1	1	2
Rochester, N.Y.	124	91	22	7	2	2	10
Schenectady, N.Y.	21	17	2	2	-	-	4
Scranton, Pa.	37	30	4	3	-	-	1
Syracuse, N.Y.	95	71	16	6	2	-	8
Trenton, N.J.	29	16	3	8	-	2	1
Utica, N.Y.	14	12	2	-	-	-	1
Yonkers, N.Y.	24	19	2	1	2	-	1
E.N. CENTRAL	1,353	903	280	97	41	32	79
Akron, Ohio	49	34	11	1	1	2	6
Canton, Ohio	35	26	6	3	-	-	2
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	U	U	U	U	U	U	U
Cleveland, Ohio	120	78	32	7	1	2	4
Columbus, Ohio	179	121	32	15	6	5	13
Dayton, Ohio	123	95	15	9	3	1	11
Detroit, Mich.	100	53	24	18	3	2	4
Evansville, Ind.	36	29	3	1	1	2	1
Fort Wayne, Ind.	61	39	18	3	-	1	2
Gary, Ind.	15	7	6	1	1	-	-
Grand Rapids, Mich.	60	39	13	1	4	3	4
Indianapolis, Ind.	194	123	43	16	5	7	17
Lansing, Mich.	U	U	U	U	U	U	U
Milwaukee, Wis.	97	62	21	9	4	1	5
Peoria, Ill.	32	26	3	1	-	2	1
Rockford, Ill.	56	33	17	3	2	1	6
South Bend, Ind.	59	38	11	4	4	2	2
Toledo, Ohio	71	47	18	5	1	-	1
Youngstown, Ohio	66	53	7	-	5	1	-
W.N. CENTRAL	535	371	107	35	13	9	37
Des Moines, Iowa	55	37	10	7	1	-	3
Duluth, Minn.	32	28	3	-	1	-	1
Kansas City, Kans.	41	27	8	3	3	-	2
Kansas City, Mo.	83	54	25	2	-	2	5
Lincoln, Nebr.	44	33	9	-	1	1	3
Minneapolis, Minn.	61	36	14	6	2	3	4
Omaha, Nebr.	74	53	12	5	2	2	9
St. Louis, Mo.	U	U	U	U	U	U	U
St. Paul, Minn.	41	31	7	2	-	1	4
Wichita, Kans.	104	72	19	10	3	-	6
S. ATLANTIC	1,307	812	320	115	29	29	106
Atlanta, Ga.	164	87	45	21	8	3	6
Baltimore, Md.	267	156	78	22	6	5	31
Charlotte, N.C.	105	69	20	10	3	3	15
Jacksonville, Fla.	91	64	18	7	2	-	12
Miami, Fla.	90	62	18	8	-	2	3
Norfolk, Va.	49	37	8	3	-	1	1
Richmond, Va.	49	24	13	6	1	5	4
Savannah, Ga.	47	32	10	-	2	3	6
St. Petersburg, Fla.	61	43	17	1	-	-	8
Tampa, Fla.	170	113	29	20	2	5	13
Washington, D.C.	201	120	56	17	5	2	7
Wilmington, Del.	13	5	8	-	-	-	-
E.S. CENTRAL	794	522	164	64	23	21	51
Birmingham, Ala.	144	100	30	11	3	-	13
Chattanooga, Tenn.	67	49	12	3	1	2	4
Knoxville, Tenn.	57	40	12	3	1	1	1
Lexington, Ky.	102	64	27	6	1	4	9
Memphis, Tenn.	177	108	38	14	10	7	10
Mobile, Ala.	76	50	15	9	-	2	3
Montgomery, Ala.	37	24	6	7	-	-	2
Nashville, Tenn.	134	87	24	11	7	5	9
W.S. CENTRAL	1,229	735	272	146	50	26	67
Austin, Tex.	78	52	13	10	2	1	-
Baton Rouge, La.	43	29	10	3	-	1	-
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	209	106	49	36	13	5	18
El Paso, Tex.	80	54	17	7	2	-	2
Ft. Worth, Tex.	94	42	22	19	9	2	5
Houston, Tex.	305	179	73	39	8	6	21
Little Rock, Ark.	71	42	18	4	6	1	4
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	207	143	36	19	3	6	8
Shreveport, La.	42	28	10	2	2	-	3
Tulsa, Okla.	100	60	24	7	5	4	6
MOUNTAIN	769	518	159	67	20	5	36
Albuquerque, N.M.	121	95	17	5	4	-	3
Boise, Idaho	34	23	8	1	1	1	-
Colo. Springs, Colo.	41	28	5	6	1	1	4
Denver, Colo.	102	65	30	5	2	-	2
Las Vegas, Nev.	172	104	39	23	6	-	9
Ogden, Utah	38	29	1	6	2	-	2
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	28	18	6	4	-	-	2
Salt Lake City, Utah	96	63	19	9	2	3	8
Tucson, Ariz.	137	93	34	8	2	-	6
PACIFIC	1,566	1,101	308	93	41	23	80
Berkeley, Calif.	15	11	4	-	-	-	1
Fresno, Calif.	107	73	22	8	1	3	7
Glendale, Calif.	14	13	1	-	-	-	-
Honolulu, Hawaii	87	65	15	3	1	3	7
Long Beach, Calif.	83	56	17	7	3	-	6
Los Angeles, Calif.	346	239	71	23	9	4	-
Pasadena, Calif.	22	16	5	1	-	-	2
Portland, Oreg.	92	67	19	3	3	-	4
Sacramento, Calif.	161	111	26	17	2	5	6
San Diego, Calif.	152	109	31	5	5	2	6
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	155	118	24	7	6	-	22
Santa Cruz, Calif.	31	19	7	1	3	1	5
Seattle, Wash.	133	89	30	9	4	1	7
Spokane, Wash.	77	54	15	3	2	3	5
Tacoma, Wash.	91	61	21	6	2	1	2
TOTAL	10,141¶	6,736	2,111	823	273	196	608

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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