



# MMWR™

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### ***Exophiala* Infection from Contaminated Injectable Steroids Prepared by a Compounding Pharmacy — United States, July–November 2002**

In the United States, pharmacists compound medications to meet unique patient drug requirements or to prepare drug products that are not available commercially (1). In September 2002, the North Carolina Division of Public Health (NCDPH) was notified of two cases of meningitis caused by a rare fungus in patients who had received epidural injections at outpatient pain management clinics. This report describes five cases of fungal infection associated with contaminated drugs prepared at a compounding pharmacy. Clinicians should consider the possibility of improperly compounded medications as a source of infection in patients after epidural or intra-articular injections.

#### **Case Reports**

**Case 1.** On July 5, 2002, a woman aged 77 years with chronic low back pain was admitted to hospital A in North Carolina with a 4-day history of progressive diffuse headache, fever, chills, and malaise with subsequent development of vertigo, nausea, and vomiting. She was febrile (100.4° F [38.0°C]) and had slight nuchal rigidity. Analysis of cerebrospinal fluid (CSF) was consistent with meningitis: 979 white blood cells (WBC)/mm<sup>3</sup> (normal: <10 WBC/mm<sup>3</sup>) with 63% neutrophils, protein of 134 mg/dL (normal: 15–45 mg/dL), and glucose of 38 mg/dL (normal: 40–80 mg/dL). The patient showed no improvement on antibacterial drugs, and a follow-up CSF analysis on July 18 revealed yeast-like elements on microscopic examination. The patient was treated with amphotericin B and transferred to hospital B in North Carolina. On July 24, a fungus cultured from CSF was identified as *Exophiala* (*Wangiella*) *dermatitidis*. Amphotericin B was discontinued, and voriconazole and flucytosine were started. The patient's condition continued to deteriorate, and she died 51 days after hospitalization. The patient had been treated at pain

management clinic A in North Carolina and had received lumbar epidural injections with methylprednisolone acetate 100 and 35 days before hospital admission. The injectable methylprednisolone had been prepared by compounding pharmacy A in South Carolina.

**Case 2.** On August 14, 2002, a woman aged 61 years who was being treated for chronic low back pain at pain management clinic A was admitted to hospital A after CSF obtained during a myelogram was consistent with meningitis (820 WBC/mm<sup>3</sup> with 52% neutrophils, protein of 108 mg/dL, and glucose of 57 mg/dL). The patient had a 3–5 day history of mild headache, subjective fever, chills, sweats, and mild neck stiffness. The patient had received lumbar epidural injections at pain management clinic A 84 and 34 days before hospital admission. The injections contained methylprednisolone acetate prepared by compounding pharmacy A. CSF grew yeast, later identified as *E. dermatitidis*, 27 days after collection. The patient was begun on intravenous voriconazole and later switched to oral voriconazole; as of December 5 (70 days into therapy), she has improved.

**Additional cases.** Clinicians from hospital A notified NCDPH of the two cases of *E. dermatitidis* meningitis; three additional cases have been identified. Case 3 occurred in a woman aged 71 years who had *E. dermatitidis* meningitis. She was admitted to hospital B in North Carolina on July 8 and had received epidural methylprednisolone acetate injections at pain management clinic B 82, 55, and 35 days before

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#### Centers for Disease Control and Prevention

Julie L. Gerberding, M.D., M.P.H.  
*Director*

David W. Fleming, M.D.  
*Deputy Director for Science and Public Health*

Dixie E. Snider, Jr., M.D., M.P.H.  
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#### Division of Public Health Surveillance and Informatics

##### Notifiable Disease Morbidity and 122 Cities Mortality Data

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

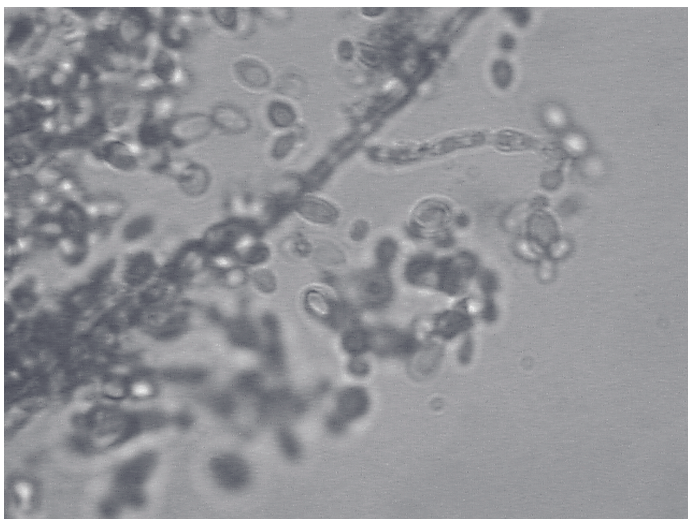
hospitalization. Case 4 occurred in a woman aged 65 years who had *E. dermatitidis* meningitis. She was admitted to hospital C in North Carolina on October 8 and had received epidural methylprednisolone acetate injections at pain management clinic A 116 days before hospitalization. Case 5 occurred in a woman aged 52 years who had *E. dermatitidis* sacroiliitis. She was admitted to hospital D in North Carolina on November 4 and had received intra-articular methylprednisolone acetate injections at pain management clinic B 103 and 152 days before hospitalization.

#### Investigation of Compounding Pharmacy A

Compounding pharmacy A was the source of the methylprednisolone acetate administered to all five patients with *Exophiala* infections. The pharmacy had been supplying the compounded product to hospitals and pain management clinics in five states after a proprietary form of methylprednisolone acetate injectable suspension (Depo Medrol<sup>®</sup>, Pharmacia Corp., Peapack, New Jersey) became difficult to obtain from the manufacturer. An investigation of compounding pharmacy A by the South Carolina Board of Pharmacy (SCBP) found improper performance of an autoclave with no written procedures for autoclave operation, no testing for sterility or appropriate checking of quality indicators, and inadequate clean-room practices as outlined in the American Society of Health-System Pharmacists (ASHP) guidance for pharmacy-prepared sterile products (2). Microbiologic culture at CDC and the Food and Drug Administration (FDA) of unopened vials from three separate lots of injectable methylprednisolone obtained from compounding pharmacy A yielded *E. dermatitidis* (Figure). On September 27, SCBP ordered the pharmacy to halt further sale of compounded drug products. Injectable drugs had been distributed to physicians, hospitals, clinics, and consumers in 11 states (Connecticut, Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, North Carolina, South Carolina, and Virginia). FDA inspection of the compounding facility revealed that the firm failed to have adequate controls to ensure necessary sterility, including the absence of appropriate testing for potency and sterility before distribution. On November 15, based on the lack of assurance that the pharmacy's products were sterile, FDA announced a nationwide alert about all injectable drug products prepared by the pharmacy.

All sites that received injectable methylprednisolone prepared by compounding pharmacy A have been contacted and have returned all unused products for testing. Treating clinicians were informed of the investigation of the adulterated product. In two states, patients who might have received the product were sent letters directing them to seek medical

**FIGURE. Slide culture of *Exophiala (Wangiella) dermatitidis* stained with lactophenol blue demonstrating conidial structure and numerous budding cells, magnified by 1,000**



attention if they developed symptoms, and laboratories were instructed to notify state officials if they isolated *E. dermatitidis* from clinical specimens.

**Reported by:** J Engemann, MD, K Kaye, MD, G Cox, MD, J Perfect, MD, W Schell, MS, SA McGarry, MD, Duke Univ, Durham; K Patterson, MD, S Edupuganti, MD, Univ of North Carolina, Chapel Hill; P Cook, MD, East Carolina Univ, Greenville; WA Rutala, PhD, DJ Weber, MD, KK Hoffmann, MS, Statewide Program in Infection Control and Epidemiology and Univ of North Carolina, Chapel Hill; J Engel, MD, North Carolina State Dept of Health and Human Svcs, Raleigh, North Carolina. S Young, E Durant, K McKinnon, N Cobb, South Carolina Board of Pharmacy, Columbia; L Bell, MD, J Gibson, MD, South Carolina Dept of Health and Environmental Control. D Jernigan, MD, M Arduino, PhD, S Fridkin, MD, L Archibald, MD, L Schulster, PhD, Div of Healthcare Quality Promotion; J Morgan, MD, R Hajjeh, MD, M Brandt, PhD, D Warnoch, PhD, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; WA Duffus, MD, EIS Officer, CDC.

**Editorial Note:** As of December 5, five cases of *Exophiala* infection associated with injectable medication from compounding pharmacy A had occurred. Cases occurred up to 152 days following an injection.

Pharmacy compounding is the process of combining drug ingredients to prepare medications that are not commercially available or to alter commercially available medications to meet specific patient needs such as dye-free or liquid formulations (3). The practice of compounding has been reported to be increasing with an estimated 43,000 compounded medications prepared daily in the United States (4,5). Pharmacists traditionally have prepared medications to fulfill individual prescription requests or manipulated reasonable quantities of

human drugs on receipt of a valid prescription for an individually identified patient from a licensed practitioner. Some compounding is legal under state laws, and, when appropriate, FDA can exercise its enforcement discretion regarding new drugs and certain other requirements of the federal Food, Drug, and Cosmetic Act (6).

On-site investigation of compounding pharmacy A by state and federal regulators identified several instances of nonadherence to sterile technique. Microbiologic cultures at CDC and FDA of methylprednisolone from unopened vials prepared by compounding pharmacy A yielded isolates of *E. dermatitidis*. This fungus caused the death from meningitis in one patient, sacroiliitis in another, and meningitis in three other patients who had received either epidural or intra-articular injections of methylprednisolone compounded at pharmacy A. Other recent clusters of infections associated with products prepared by compounding pharmacies include *Serratia* meningitis from epidural injections of betamethasone in California (Contra Costa Health Services, unpublished data, 2002) and *Chryseomonas* meningitis from epidural injections of methylprednisolone in Michigan (CDC, unpublished data, 2002). These meningitis clusters all occurred among patients who received epidural injections for chronic pain management.

*E. dermatitidis* is a neurotropic, dark pigment-forming fungus found in soil and is an uncommon cause of human illness (7). Limited data are available on treatment; however, in vitro data suggest that amphotericin B, itraconazole, terbinafine, and voriconazole might be effective (8). Isolates from four of the five infected persons reported were tested in vitro and were susceptible to voriconazole, itraconazole, and amphotericin B. Voriconazole was chosen for treating the five persons reported because of in vitro susceptibility results and availability of an oral form of the drug.

Clinicians or laboratorians diagnosing any cases of *Exophiala* should determine if the patient had received injections of methylprednisolone in the last year. Although the implicated product has been recalled, clinicians should be aware that cases might still occur because of the possible long incubation period of the fungal infection. Patients with possible injection-associated *Exophiala* infections should be reported to their state health department and to CDC, telephone 800-893-0485; such information should be exchanged rapidly with other state and local health departments. Clinicians should consider the possibility of contaminated medication as a source of infection in patients after epidural or intra-articular injections. Compounding pharmacies should ensure that pharmacy staff are trained appropriately and that proper sterile technique is followed in accordance with existing standards from ASHP (2) and the United States Pharmacopeia (<http://www.usp.org>). FDA has outlined specific activities that

help distinguish the role of compounding pharmacies from pharmaceutical manufacturing (4).

Some health-system pharmacists might not realize that they are purchasing injectables prepared through compounding (1). Purchasers of pharmaceuticals should determine if supplies are provided from a compounding pharmacy that is licensed in their state and that follows appropriate measures to ensure that injectable products are free of contamination. In most states, compounding pharmacies are not required to report adverse events associated with their products to state or federal agencies. Such reporting to FDA is required for pharmaceutical manufacturing companies. Health-care professionals and compounding pharmacies are urged to report contaminated compounded drug products or adverse events associated with compounded drug products to their state boards of pharmacy and health departments. To help prevent further cases, practitioners also are encouraged to submit such reports to FDA's MedWatch program by telephone at 1-800-332-1088 or at <http://www.fda.gov/medwatch/report.htm>.

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## Outbreaks of Gastroenteritis Associated with Noroviruses on Cruise Ships — United States, 2002

During January 1–December 2, 2002, CDC's Vessel Sanitation Program (VSP), which conducts surveillance for acute gastroenteritis (AGE) on cruise ships with foreign itineraries sailing into U.S. ports (1), received reports of 21 outbreaks of

AGE\* on 17 cruise ships. Of the 21 outbreaks, nine were confirmed by laboratory analysis of stool specimens from affected persons to be associated with noroviruses, three were attributable to bacterial agents, and nine were of unknown etiology. Seven outbreaks were reported in 2001, and of these, four were confirmed to be associated with norovirus (CDC, unpublished data, 2002). This report describes five of the norovirus outbreaks that occurred during July 1–December 2, 2002, on cruise ships.

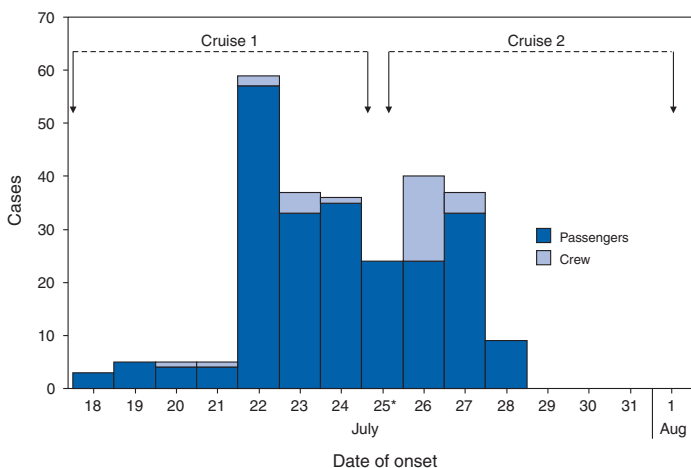
### Outbreaks

**Cruise Ship A.** On July 18, cruise ship A, owned by cruise line A, embarked 1,318 passengers and 564 crew members for a 7-day cruise from Vancouver to Alaska. On July 19, five passengers reported to the ship's infirmary with symptoms of AGE (Figure 1). By July 25, a total of 167 (13%) passengers and nine (2%) crew members had reported illness. Among the 176 patients, the predominant symptoms were vomiting (76%) and diarrhea (73%). Five of 10 stool specimens from ill passengers were positive for norovirus by reverse transcriptase polymerase chain reaction (RT-PCR). On July 25, when passengers disembarked, the ship was disinfected in accordance with CDC recommendations, and the same day, a new group of passengers embarked for another 7-day cruise. During the cruise, 189 (14%) of 1,336 passengers and 30 (5.3%) of 571 crew members had AGE with diarrhea (91%) and vomiting (85%) (Figure 1). An environmental health inspection conducted by CDC revealed no sanitary deficiencies. Cruise line A cancelled a subsequent cruise and voluntarily took the ship out of service for 1 week for aggressive cleaning and sanitizing. No outbreaks were reported on subsequent cruises.

**Cruise Ship B.** On October 1, cruise ship B, also owned by cruise line A, embarked 1,281 passengers and 598 crew members for a 21-day cruise from Washington to Florida. By October 16, a total of 101 (8%) passengers and 14 (2%) crew members reported to the infirmary with AGE symptoms. On October 18, CDC investigators boarded the ship to conduct an epidemiologic and environmental investigation. Of 972 surveyed passengers, 399 (41%) met the case definition for AGE. Investigators found no association between illness and water, specific meals served on the ship, or with offshore excursions. Stool specimens from 12 of 13 patients tested posi-

\* An outbreak of AGE was defined as one in which  $\geq 3\%$  of passengers or crew members report illness (defined as three or more episodes of loose stools in a 24-hour period or as vomiting with one additional symptom such as abdominal cramps, headache, myalgia, or fever). The evaluation of an outbreak might consist of environmental, epidemiologic, and laboratory investigative components, including an epidemic survey distributed to passengers and crew members, environmental sampling, and collection of stool specimens from patients.

**FIGURE 1. Number of passengers and crew members reporting to the ship's infirmary with symptoms of acute gastroenteritis during two consecutive 7-day cruises on cruise ship A, by date of illness onset — Vancouver to Alaska, July 18–August 1, 2002**



\* Passenger disembarkation at 8:00 a.m.; (cruise 1) embarkation (cruise 2) at 2:00 p.m.

tive for norovirus. Characterization of the strain by sequence analysis of RT-PCR products matched those from cruise ship A. Despite implementation of control measures that included disinfection of the vessel and quarantine of ill passengers and crew members, a total of 264 passengers and 41 crew members reported illness on three subsequent 10-day cruises. Cruise line A voluntarily withdrew cruise ship B from service for 10 days for aggressive cleaning and sanitizing. No outbreaks were reported on subsequent voyages.

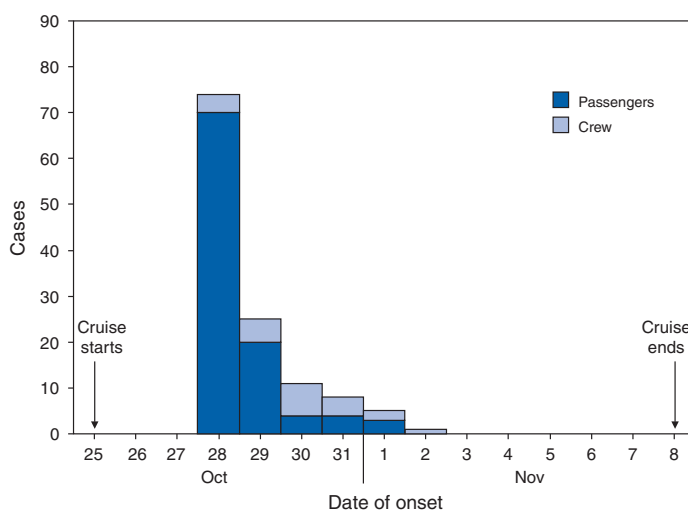
**Cruise Ship C.** On September 28, cruise ship C, owned by cruise line B, embarked 1,984 passengers and 941 crew members for a 7-day round-trip cruise from Florida to the Caribbean. Several passengers had AGE within 24 hours of embarkation, and by October 1, a total of 70 (4%) passengers and two (0.2%) crew members reported illness. On October 3, CDC investigators boarded the ship to conduct an epidemiologic and environmental investigation. Questionnaires completed by 1,879 (95%) passengers and 860 (91%) crew members identified 356 (19%) passengers and 13 (1.5%) crew members who met the AGE case definition. The epidemiologic investigation suggested a point source of infection, followed by cases associated with person-to-person transmission. The investigation identified an association between illness among passengers and lunch served at embarkation (odds ratio=2.4; 95% confidence interval=1.1–5.2; p value=0.02). Four of 11 stool specimens from patients were positive for norovirus by RT-PCR. Characterization of the strain by sequence analysis of RT-PCR products matched those from

an outbreak on the same ship that occurred 3 weeks previously but was not identical to the outbreak strain on cruise ships A and B. CDC recommended reinforcing sanitation practices and excluding ill foodhandlers from the work place. Cruise ship C continued service, and no new cases were reported on subsequent cruises.

**Cruise Ship D.** On October 25, cruise ship D, owned by cruise line C, embarked 2,882 passengers and 944 crew members in Spain for a 14-day cruise to Florida. On October 28, a total of 70 (2.5%) passengers reported to the infirmary with AGE; the number of ill passengers declined rapidly during the following days (Figure 2). By November 2, a total of 106 (5%) passengers and 25 (3%) crew members had reported illness. Stool specimens from four of six patients tested positive for norovirus by RT-PCR. Characterization of the strain by sequence analysis of RT-PCR products identified a strain distinct from the other cruise-ship outbreaks. With passengers aboard, control measures included quarantine of ill crew members until symptom-free for 72 hours, disinfection of the ship, and reinforcement of sanitation practices. No new outbreaks were reported on subsequent cruises.

**Cruise Ship E.** On November 16, cruise ship E, owned by cruise line D, embarked 2,318 passengers and 988 crew members for a 7-day cruise from Florida to the Caribbean. By November 20, a total of 28 (1%) passengers and seven (1%) crew members had reported to the ship's infirmary with AGE. By disembarkation on November 23, a total of 260 (12%) passengers and 17 (2%) crew members had reported illness. On November 23, CDC investigators boarded the ship and

**FIGURE 2. Number of passengers and crew members reporting to the ship's infirmary with symptoms of acute gastroenteritis during a 14-day cruise on cruise ship D, by date of illness onset — Spain to Florida, October 25–November 8, 2002**



collected questionnaires that had been distributed to all passengers before disembarkation. A total of 1,280 (55%) passengers returned a questionnaire; of these, 492 (21%) met the case definition for AGE. Seven of 12 specimens from patients were positive for norovirus by RT-PCR. Characterization of the strain by sequence analysis of RT-PCR products identified a perfect match with those products from the outbreaks on cruise ships A and B. Despite implementation of disinfection and sanitation measures, the outbreak continued on the subsequent cruise. On November 30, cruise line D removed the ship from service for 1 week for aggressive cleaning and sanitizing.

**Reported by:** *EH Cramer, MD, D Forney, Vessel Sanitation Program; AL Dannenberg, MD, Div of Emergency and Environmental Health Svcs, National Center for Environmental Health; MA Widdowson, VetMB, JS Bresee, MD, S Monroe, PhD, RS Beard, H White, MS, S Bulens, MPH, Div of Viral and Rickettsial Diseases; E Mintz, MD, C Stover, MPH, Div of Bacterial Diseases, National Center of Infectious Diseases; E Isakbaeva, MD, J Mullins, DVM, J Wright, DVM, V Hsu, MD, W Chege, MD, J Varma, MD, EIS officers, CDC.*

**Editorial Note:** Cruise-ship outbreaks demonstrate how easily noroviruses can be transmitted from person to person in a closed environment, resulting in large outbreaks (2–4). The continuation of these outbreaks on consecutive cruises with new passengers and the resurgence of outbreaks caused by the same virus strains during previous cruises on the same ship, or even on different ships of the same company, suggests that environmental contamination and infected crew members can serve as reservoirs of infection for passengers.

The increase in reported norovirus outbreaks on cruise ships in 2002 might reflect an actual increase in norovirus outbreaks or it might be attributable to improved surveillance with an electronic reporting format implemented January 1, 2001, and increased application of sensitive molecular assays. The surveillance system captures cases of illness reported to the ship's infirmary or to designated staff on board the ship. Other cases of AGE among passengers and crew members are not reported. In 2002, CDC has confirmed 26 land-based outbreaks of AGE attributable to norovirus; three were caused by strains closely related to the strain detected from cruise ships A, B, and E. Although several land-based outbreaks are linked to norovirus strains with unique sequence types, strains with identical sequence types are identified commonly in outbreaks with no obvious epidemiologic link. Further genetic characterization of common outbreak strains associated with epidemiologic data might help establish possible links among these outbreaks.

Noroviruses (i.e., Norwalk-like viruses or NLV) are members of the family *Caliciviridae* and are well-recognized etiologic agents of nonbacterial AGE (5). Noroviruses cause

approximately 23 million cases of AGE each year and are the leading cause of outbreaks of gastroenteritis (5,6). Illness caused by norovirus infection lasts 12–60 hours and is characterized by sudden onset of nausea, vomiting, and watery diarrhea (7); the incubation period is 12–48 hours. The virus is transmitted by hands contaminated through the fecal-oral route, directly from person to person, through contaminated food or water, or by contact with contaminated surfaces or fomites (8). Aerosolized vomitus also has been implicated as a transmission mode (9). Because of high infectivity and persistence in the environment, transmission of noroviruses is difficult to control through routine sanitary measures (3,4,9). Although norovirus causes a self-limited AGE, elderly passengers, children, and those with severe underlying medical conditions might be at increased risk for complications because of volume depletion and electrolyte disturbances. Hospitalization of adults with norovirus who are otherwise healthy is rare. Neither specific antiviral treatment nor a vaccine has been developed for noroviruses.

In addition to emphasizing basic food and water sanitation measures, control efforts should include thorough and prompt disinfection of ships during cruises, and isolation of ill crew members and, if possible, passengers for 72 hours after clinical recovery. Suitable disinfectants include freshly prepared chlorine solutions at concentrations of  $\geq 1,000$  ppm, phenol-based compounds, and accelerated hydrogenperoxide products (10). Cruise ships also should promote frequent, rigorous hand washing with soap and water by passengers and crew members.

Rapid implementation of control measures at the first sign of a suspected AGE outbreak is critical in preventing additional cases. When routine disinfection measures are unsuccessful at interrupting the spread of virus during an outbreak, more extensive disinfection and a period of time without passengers aboard a ship might facilitate elimination of the virus.

CDC encourages local and state health departments to test for noroviruses when investigating outbreaks of suspected viral AGE. For assistance in testing for noroviruses and for strain characterization, local and state health departments should contact CDC's Viral Gastroenteritis Section, telephone 404-639-3577 or by e-mail: [CaliciNet@cdc.gov](mailto:CaliciNet@cdc.gov).

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## Measles Outbreak Among Internationally Adopted Children Arriving in the United States, February–March 2001

On February 16, 2001, the Texas Department of Health was notified about a child aged 10 months adopted from orphanage A in China who was taken to a Texas hospital with fever, conjunctivitis, coryza, Koplik spots, and a maculopapular rash. Measles was confirmed by serologic testing. Public health authorities in Texas notified CDC, which then collaborated with health officials in other states to contact other recently adopted children from China and their adoptive families. This report summarizes the results of multistate contact investigations that identified 14 U.S. measles cases and outlines measures taken in the United States and China to control and prevent measles transmission.

The index patient had traveled with prodromal fever on international (China to Los Angeles) and domestic (Los Angeles to Houston) flights on commercial airlines and had been part of a cohort of adopted children from China who had resided in orphanage A. These children and their adoptive families had spent  $\geq 2$  weeks together in China while the families were visiting the orphanage and completing the immigrant visa process. The index patient potentially exposed multiple persons during the communicable period, including members of 63 families who had traveled to China to adopt children, representatives from 16 international adoption agencies who accompanied the families, staff at the local medical facility in China at which the patient was examined as a requirement for a U.S. immigrant visa, staff at the U.S. Consulate, passengers and crew members of the international and

domestic flights on which the patient traveled, and adoption-agency representatives who met the returning family.

By February 22, consulate staff in China, staff at the medical facility, administrators at orphanage A, and all adoption agencies involved received information from CDC about measles exposure and prevention. Through the U.S. Consulate in China, the Central China Adoption Agency (CCAA) and CDC developed a collaborative strategy to control and prevent further spread of measles. The strategy included nine steps: 1) retrospective notification of families of adopted children from orphanage A who were interviewed at the U.S. Consulate during January 30–February 12; 2) prospective notification of families planning to travel to orphanage A advising them to delay travel to China until further notice; 3) distribution of alerts to adoptive families already in China; 4) notification of international adoption agencies in China to advise prospective adoptive families to verify and update the vaccination status of household members; 5) active screening for febrile and rash illnesses among adopted children examined at the medical facility in China; 6) isolation of children suspected to have measles and restriction of their travel on commercial conveyances; 7) temporary suspension of adoption proceedings at orphanage A until no new measles cases were identified; 8) evaluation of children at orphanage A for measles; and 9) initiation of a vaccination campaign in orphanage A under the direction of CCAA.

Contact investigations identified 14 U.S. measles cases (13 confirmed serologically and one linked epidemiologically) among children who were recently adopted from China and their family members and close contacts in eight states, including 10 recently adopted children aged 9–12 months from seven states (New York [three], Ohio [two], Illinois [one], Indiana [one], Minnesota [one], Missouri [one], and Texas [one]), two U.S.-born adoptive mothers (Indiana [aged 46 years] and Missouri [aged 39 years]), a U.S.-born caretaker (Connecticut [aged 47 years]) who had lived for a week in the same household as an adopted child with measles, and a sibling (Georgia [aged 28 months]) of a healthy adopted child from China. Thirteen U.S. measles cases were imported; the case of the U.S.-born caretaker was an indigenous, import-linked case.

All 14 cases of measles were identified during multistate investigations during February–March 2001. Among the 13 imported cases in adopted children and their family members, dates of onset of measles rash ranged from February 15 to March 7, 2001. These dates suggest incubation periods consistent with measles exposure in China, most likely at orphanage A but possibly during the medical screening or travel. The one indigenous, epidemiologically linked measles

case was consistent with secondary transmission of measles in the United States from an adopted child. During the investigation, representatives of orphanage A retrospectively identified cases of suspected measles that preceded the index patient's illness and reported that newly arrived children at orphanage A had not been vaccinated adequately against measles. After completion of a measles vaccine campaign at orphanage A, no additional cases were reported, and the adoption of children from the orphanage resumed on March 29, a total of 3 weeks after the onset of the last known case of measles.

**Reported by:** *A Reynolds, T Gong, U.S. Consulate; H Li, MD, International Travelers Health Care Center, Guangzhou, China. K Hendricks, MD, J Pelosi, MPH, Texas Dept of Health. S Lance-Parker, DVM, Georgia Div of Public Health. W Staggs, MS, Indiana State Dept of Health. C Miller, MS, Minnesota Dept of Health. G Storm, V Tomlinson, MPH, Missouri Dept of Health. E Herlihy, MS, New York State Dept of Health. C Jennings, K Hunt, Illinois Dept of Public Health. F Smith, MD, J Daniels, MD, Ohio Dept of Health. Div of Global Migration and Quarantine, National Center for Infectious Diseases; Div of Epidemiology and Surveillance, National Immunization Program, CDC.*

**Editorial Note:** During 1997–2001, the annual number of reported measles cases in the United States ranged from 86 to 138, with imported cases accounting for 26%–47% of the total (Table). The proportion of imported cases of measles among internationally adopted children increased from 2% in 1997 to 20% in 2001; 10 of the 11 imported cases of measles among internationally adopted children in 2001 were associated with this outbreak. During fiscal year 2001, the U.S. Immigration and Naturalization Service reported that 19,230 internationally adopted children, of whom 4,681 (24%) were from China, were admitted to the United States.

Imported cases of measles continue to infect susceptible U.S. residents. The current high level of immunity to measles in U.S. residents and the coordinated efforts of numerous agencies in responding to imported cases has limited indigenous

spread. Three (23%) of 13 imported measles cases in this investigation were in U.S. residents returning from abroad and constituted 6% of all imported cases for 2001, underscoring the need for U.S. residents to verify their immunity against measles before international travel. The criteria for immunity to measles are 1) having been born before 1957, 2) a history of physician-diagnosed measles, 3) documentation of having received 2 doses of measles-containing vaccine, or 3) serologic evidence of measles immunity. Travelers who are not immune should be vaccinated (1).

Since 1996, all persons seeking a U.S. immigrant visa are required to show proof of having received at least the first vaccine of each series of vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), which includes measles (2). However, internationally adopted children who are aged  $\leq 10$  years are exempted from the Immigration and Nationality Act vaccination requirements with a signed statement from the adopting parent(s) indicating that the child will receive vaccination within 30 days of entry into the United States. Parents of internationally adopted children should be aware of the importance of confirming that they and their family members are current in their vaccinations and that, soon after arrival in the United States, their adopted children's vaccination status is updated according to ACIP guidelines (1). In addition, persons who will be in contact with internationally adopted children during their first 3 weeks in the United States, especially household members and caretakers, should be immune to measles or be vaccinated before the adoption.

#### References

1. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1998;47(No. RR-8).
2. Illegal Immigration Reform and Immigrant Responsibility Act. Public Law no. 10-208, 110 Stat 3009 (1996).

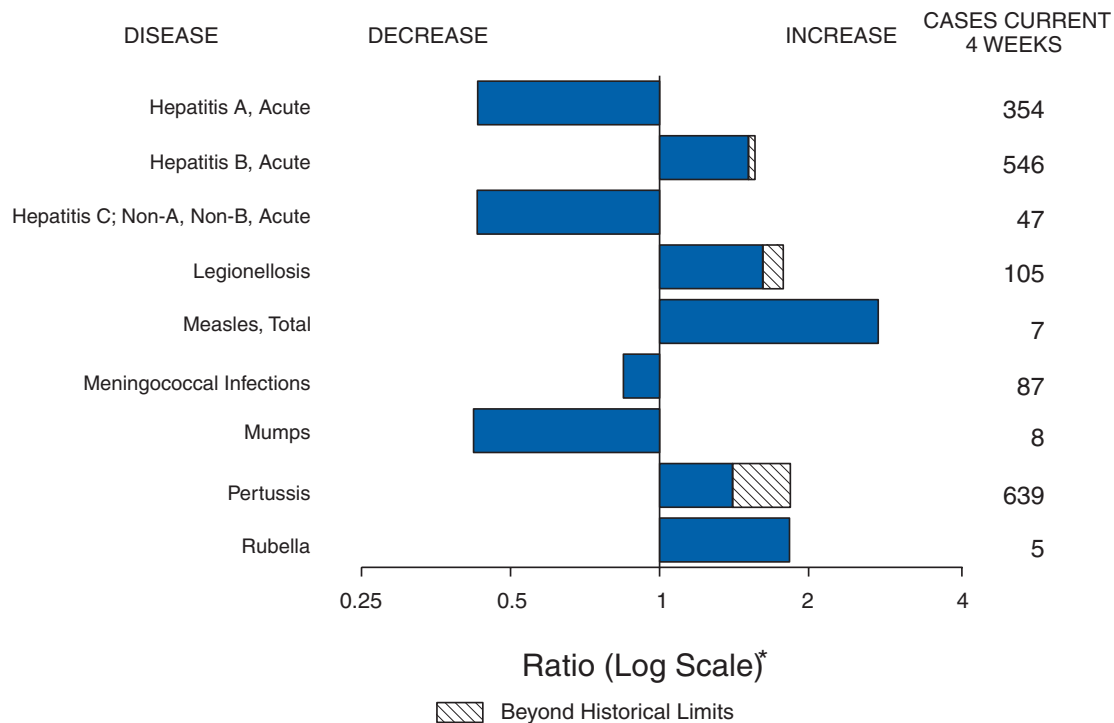
**TABLE. Number and percentage of imported measles cases, by travel/immigration status and year — United States, 1997–2001**

Travel/Immigration status	1997		1998		1999		2000		2001	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Returning U.S. residents	19	(33)	12	(46)	19	(58)	14	(54)	20	(37)
Foreign visitors	35	(61)	10	(38)	9	(47)	8	(57)	21	(39)
Immigrants	2	(3)	0	(0)	0	(0)	0	(0)	1	(2)
Refugees	0	(0)	3	(11)	1	(3)	0	(0)	1	(2)
Internationally adopted children	1	(2)	1	(4)	4	(12)	4	(15)	11	(20)
<b>Total</b>	<b>57</b>		<b>26</b>		<b>33</b>		<b>26</b>		<b>54</b>	

(Continued on page 1127)



**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending December 7, 2002, with historical data**



\* 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 December 7, 2002 (49th Week)\***

	Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax	2	22	Encephalitis: West Nile <sup>†</sup>	1,528	56
Botulism: foodborne	13	33	Hansen disease (leprosy) <sup>†</sup>	66	68
infant	51	89	Hantavirus pulmonary syndrome <sup>†</sup>	14	7
other (wound & unspecified)	27	18	Hemolytic uremic syndrome, postdiarrheal <sup>†</sup>	183	173
Brucellosis <sup>†</sup>	73	121	HIV infection, pediatric <sup>†§</sup>	116	190
Chancroid	67	32	Plague	1	2
Cholera	5	5	Poliomyelitis, paralytic	-	-
Cyclosporiasis <sup>†</sup>	162	143	Psittacosis <sup>†</sup>	17	22
Diphtheria	1	2	Q fever <sup>†</sup>	48	23
Ehrlichiosis: human granulocytic (HGE) <sup>†</sup>	348	218	Rabies, human	2	1
human monocytic (HME) <sup>†</sup>	169	111	Streptococcal toxic-shock syndrome <sup>†</sup>	82	71
other and unspecified	12	6	Tetanus	21	31
Encephalitis: California serogroup viral <sup>†</sup>	125	115	Toxic-shock syndrome	107	112
eastern equine <sup>†</sup>	5	8	Trichinosis	13	21
Powassan <sup>†</sup>	1	-	Tularemia <sup>†</sup>	58	126
St. Louis <sup>†</sup>	12	76	Yellow fever	1	-
western equine <sup>†</sup>	2	-			

-:No reported cases.

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

<sup>†</sup> Not notifiable in all states.

<sup>§</sup> 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 October 31, 2002.

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 7, 2002, and December 8, 2001 (49th Week)\***

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		<i>Escherichia coli</i> , Enterohemorrhagic			
	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	24,713	38,400	724,657	728,832	2,685	3,596	3,415	3,099	155	155
NEW ENGLAND	1,011	1,390	25,570	22,900	171	144	255	241	32	40
Maine	23	44	1,649	1,269	11	18	38	27	5	1
N.H.	20	37	1,458	1,300	29	16	32	34	-	3
Vt.	8	15	884	598	32	32	14	14	1	1
Mass.	519	694	10,268	9,729	62	53	113	113	9	10
R.I.	71	93	2,617	2,775	21	8	14	16	-	1
Conn.	370	507	8,694	7,229	16	17	44	37	17	24
MID. ATLANTIC	5,619	10,582	79,372	81,081	330	337	235	229	-	-
Upstate N.Y.	404	1,296	15,840	14,049	136	104	173	144	-	-
N.Y. City	3,210	6,169	25,681	28,127	124	118	14	16	-	-
N.J.	925	1,584	10,764	13,957	10	22	48	69	-	-
Pa.	1,080	1,533	27,087	24,948	60	93	N	N	-	-
E.N. CENTRAL	2,494	2,796	126,432	135,581	864	1,555	815	792	19	12
Ohio	453	531	29,995	35,883	120	174	149	224	15	10
Ind.	347	342	16,095	14,511	55	81	75	83	1	-
Ill.	1,170	1,251	35,172	40,800	88	479	166	168	-	-
Mich.	398	497	30,032	28,771	118	180	134	99	3	2
Wis.	126	175	15,138	15,616	483	641	291	218	-	-
W.N. CENTRAL	421	805	40,040	37,285	401	515	498	495	37	40
Minn.	90	130	9,209	7,801	211	177	161	205	32	30
Iowa	54	86	4,986	4,796	45	81	122	79	-	-
Mo.	189	394	14,342	13,290	32	50	69	65	N	N
N. Dak.	1	2	801	970	20	13	17	19	-	3
S. Dak.	3	23	2,089	1,703	30	7	40	42	2	6
Nebr.	43	77	2,456	3,010	47	184	54	59	3	1
Kans.	41	93	6,157	5,715	16	3	35	26	-	-
S. ATLANTIC	7,537	11,422	140,126	139,867	339	359	417	244	40	38
Del.	131	230	2,513	2,650	3	6	8	4	-	1
Md.	1,066	1,685	15,744	14,374	21	39	26	29	-	-
D.C.	371	777	3,202	3,105	5	12	1	-	-	-
Va.	538	954	16,036	16,888	24	26	63	50	10	6
W. Va.	58	93	2,151	2,217	2	2	9	10	-	-
N.C.	555	817	23,309	20,601	35	28	191	55	-	-
S.C.	547	633	11,311	14,277	6	7	5	22	-	-
Ga.	1,160	1,520	28,507	30,505	143	153	55	44	10	10
Fla.	3,111	4,713	37,353	35,250	100	86	59	30	20	21
E.S. CENTRAL	1,128	1,646	45,386	46,846	114	51	107	138	-	1
Ky.	173	315	8,310	8,493	8	5	30	64	-	1
Tenn.	483	519	15,040	13,571	54	14	46	44	-	-
Ala.	197	415	12,391	13,557	43	17	20	18	-	-
Miss.	275	397	9,645	11,225	9	15	11	12	-	-
W.S. CENTRAL	2,696	3,801	101,007	100,394	36	127	71	213	-	-
Ark.	163	188	6,701	6,916	8	9	12	16	-	-
La.	693	795	17,762	17,065	6	7	2	7	-	-
Okla.	133	214	10,227	10,062	16	15	22	33	-	-
Tex.	1,707	2,604	66,317	66,351	6	96	35	157	-	-
MOUNTAIN	790	1,291	45,310	43,692	156	234	354	282	19	18
Mont.	8	15	2,139	1,798	6	37	30	20	-	-
Idaho	18	19	2,375	1,902	29	22	50	72	8	4
Wyo.	6	4	876	775	9	7	14	10	2	2
Colo.	157	281	12,946	12,503	57	41	100	87	5	6
N. Mex.	53	141	5,870	5,824	19	29	12	16	3	6
Ariz.	327	489	13,741	13,595	17	9	34	29	1	-
Utah	43	107	2,621	2,661	15	82	86	32	-	-
Nev.	178	235	4,742	4,634	4	7	28	16	-	-
PACIFIC	3,017	4,667	121,414	121,186	274	274	663	465	8	6
Wash.	302	473	13,972	12,795	43	U	138	125	-	-
Oreg.	216	215	6,516	6,877	40	54	222	81	8	6
Calif.	2,416	3,865	93,537	95,186	188	216	255	236	-	-
Alaska	17	19	3,397	2,509	1	1	7	4	-	-
Hawaii	66	95	3,992	3,819	2	3	41	19	-	-
Guam	2	11	-	377	-	-	N	N	-	-
P.R.	668	1,111	1,997	2,585	-	-	-	2	-	-
V.I.	66	11	125	141	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	144	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 October 31, 2002.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 7, 2002, and December 8, 2001 (49th Week)\*

Reporting Area	<i>Escherichia coli</i> <i>Enterohemorrhagic</i>		Giardiasis	Gonorrhea		<i>Haemophilus influenzae</i> , Invasive			
	Shiga Toxin Positive, Not Serogrouped			Cum. 2002	Cum. 2001	All Ages, All Serotypes		Age <5 Years Serotype B	
	Cum. 2002	Cum. 2001				Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	35	19	16,191	306,678	337,453	1,403	1,373	25	22
NEW ENGLAND	1	1	1,572	7,181	6,511	122	104	-	1
Maine	-	-	200	132	137	2	2	-	-
N.H.	-	-	41	118	170	10	6	-	-
Vt.	1	1	137	93	69	7	4	-	-
Mass.	-	-	806	3,070	2,996	51	41	-	1
R.I.	-	-	145	891	788	10	5	-	-
Conn.	-	-	243	2,877	2,351	42	46	-	-
MID. ATLANTIC	-	3	3,494	36,458	40,852	245	213	6	3
Upstate N.Y.	-	-	1,183	8,155	8,238	109	74	2	-
N.Y. City	-	-	1,258	10,790	11,943	60	57	-	-
N.J.	-	-	342	6,130	8,114	49	45	-	-
Pa.	-	3	711	11,383	12,557	27	37	4	3
E.N. CENTRAL	13	7	3,091	61,752	71,119	199	261	3	2
Ohio	12	7	900	16,817	20,087	76	73	-	1
Ind.	-	-	-	6,924	6,577	41	46	1	-
Ill.	-	-	714	18,817	22,424	58	96	-	-
Mich.	1	-	882	13,640	16,254	16	13	2	-
Wis.	-	-	595	5,554	5,777	8	33	-	1
W.N. CENTRAL	2	4	1,958	15,639	15,962	69	71	1	1
Minn.	-	-	791	2,814	2,509	47	40	1	-
Iowa	-	-	296	1,180	1,253	1	-	-	-
Mo.	N	N	469	8,105	8,246	12	19	-	-
N. Dak.	2	4	28	47	53	-	7	-	-
S. Dak.	-	-	72	258	267	-	-	-	-
Nebr.	-	-	133	713	1,092	1	3	-	1
Kans.	-	-	169	2,522	2,542	8	2	-	-
S. ATLANTIC	1	-	2,760	79,191	86,861	343	339	4	1
Del.	-	-	51	1,503	1,640	-	-	-	-
Md.	-	-	108	8,363	8,667	82	83	2	-
D.C.	-	-	42	2,575	2,735	-	-	-	-
Va.	-	-	308	9,187	10,008	32	27	-	-
W. Va.	1	-	57	849	685	15	14	-	1
N.C.	-	-	-	14,867	15,868	31	46	-	-
S.C.	-	-	121	6,864	10,140	13	8	-	-
Ga.	-	-	859	15,813	16,948	86	93	-	-
Fla.	-	-	1,214	19,170	20,170	84	68	2	-
E.S. CENTRAL	8	3	369	26,106	30,462	63	74	1	-
Ky.	8	3	-	3,571	3,408	6	2	-	-
Tenn.	-	-	172	8,800	9,122	32	43	-	-
Ala.	-	-	197	8,067	10,574	16	27	1	-
Miss.	-	-	-	5,668	7,358	9	2	-	-
W.S. CENTRAL	4	-	236	45,175	49,282	59	54	2	2
Ark.	-	-	162	4,237	4,297	1	2	-	-
La.	-	-	4	10,981	11,723	9	9	-	-
Okla.	-	-	70	4,409	4,545	45	41	-	-
Tex.	4	-	-	25,548	28,717	4	2	2	2
MOUNTAIN	6	1	1,591	9,920	9,809	182	136	5	8
Mont.	-	-	92	108	99	-	-	-	-
Idaho	-	-	127	91	71	2	2	-	-
Wyo.	-	-	29	57	76	1	1	-	-
Colo.	6	1	548	3,199	3,009	33	38	-	-
N. Mex.	-	-	137	1,226	964	25	24	-	1
Ariz.	-	-	192	3,417	3,709	91	52	3	4
Utah	-	-	316	268	188	18	8	1	1
Nev.	-	-	150	1,554	1,693	12	11	1	2
PACIFIC	-	-	1,120	25,256	26,595	121	121	3	4
Wash.	-	-	391	2,738	2,823	3	5	2	-
Oreg.	-	-	427	837	1,070	60	34	-	-
Calif.	-	-	110	20,448	21,716	22	53	1	4
Alaska	-	-	106	565	410	2	6	-	-
Hawaii	-	-	86	668	576	34	23	-	-
Guam	-	-	-	-	47	-	-	-	-
P.R.	-	-	38	292	564	1	2	-	-
V.I.	-	-	-	31	34	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	1	14	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 December 7, 2002, and December 8, 2001 (49th 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	235	228	15	27	7,776	9,731	6,409	6,826	3,182	3,675
NEW ENGLAND	14	15	-	-	275	703	263	135	23	33
Maine	-	-	-	-	8	11	14	5	-	-
N.H.	-	1	-	-	11	17	22	15	-	-
Vt.	-	-	-	-	3	16	5	5	13	7
Mass.	8	7	-	-	136	366	127	35	9	26
R.I.	-	-	-	-	30	66	28	28	1	-
Conn.	6	7	-	-	87	227	67	47	-	-
MID. ATLANTIC	28	37	-	3	997	1,222	1,484	1,297	1,599	1,276
Upstate N.Y.	12	10	-	1	177	260	133	119	65	27
N.Y. City	8	13	-	-	495	420	786	611	-	-
N.J.	5	6	-	-	122	278	345	275	1,499	1,170
Pa.	3	8	-	2	203	264	220	292	35	79
E.N. CENTRAL	36	39	1	2	1,017	1,154	658	896	105	155
Ohio	9	13	1	-	319	245	115	90	4	8
Ind.	8	6	-	1	45	95	56	48	-	1
Ill.	12	14	-	-	257	418	129	151	13	12
Mich.	5	-	-	1	218	319	315	562	84	134
Wis.	2	6	-	-	178	77	43	45	4	-
W.N. CENTRAL	7	6	3	6	294	371	217	211	731	1,082
Minn.	6	4	1	2	42	41	35	29	1	10
Iowa	-	-	-	-	79	35	18	21	1	-
Mo.	-	-	2	4	81	84	115	115	710	1,056
N. Dak.	-	1	-	-	3	3	5	2	-	-
S. Dak.	-	-	-	-	3	3	2	1	1	-
Nebr.	1	1	-	-	17	33	22	30	13	8
Kans.	-	-	-	-	69	172	20	13	5	8
S. ATLANTIC	47	45	2	6	2,260	2,421	1,535	1,470	182	104
Del.	-	-	-	-	13	16	7	28	5	11
Md.	4	8	-	1	291	262	113	133	8	9
D.C.	-	-	-	-	75	59	21	13	-	-
Va.	5	5	-	-	151	128	194	169	16	-
W. Va.	1	1	1	1	20	27	18	20	3	9
N.C.	3	2	-	4	203	223	216	208	26	21
S.C.	2	1	-	-	60	71	119	29	4	6
Ga.	18	19	-	-	420	894	345	409	34	-
Fla.	14	9	1	-	1,027	741	502	461	86	48
E.S. CENTRAL	15	12	1	4	250	390	356	455	187	185
Ky.	2	-	-	1	41	127	49	52	4	11
Tenn.	8	6	-	2	113	155	128	235	29	63
Ala.	3	5	1	1	39	72	99	80	10	4
Miss.	2	1	-	-	57	36	80	88	144	107
W.S. CENTRAL	14	9	-	-	575	794	569	793	196	659
Ark.	-	1	-	-	50	68	91	98	8	12
La.	2	2	-	-	68	85	96	118	67	146
Okla.	10	6	-	-	49	109	44	96	5	4
Tex.	2	-	-	-	408	532	338	481	116	497
MOUNTAIN	50	24	7	1	534	681	571	437	55	53
Mont.	-	-	-	-	13	12	9	3	1	1
Idaho	1	-	-	-	30	55	7	11	1	2
Wyo.	-	-	-	-	3	7	17	3	5	8
Colo.	3	3	-	-	74	86	74	98	12	8
N. Mex.	6	10	1	1	29	40	140	126	1	11
Ariz.	31	8	5	-	273	349	204	126	4	9
Utah	5	3	-	-	64	66	59	23	4	3
Nev.	4	-	1	-	48	66	61	47	27	11
PACIFIC	24	41	1	5	1,574	1,995	756	1,132	104	128
Wash.	1	3	-	2	143	150	66	139	24	23
Oreg.	5	7	-	-	64	98	119	160	16	15
Calif.	13	29	1	1	1,355	1,717	559	806	64	90
Alaska	2	1	-	-	10	14	4	9	-	-
Hawaii	3	1	-	2	2	16	8	18	-	-
Guam	-	-	-	-	-	2	-	-	-	-
P.R.	-	1	-	-	96	215	84	256	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	37	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 December 7, 2002, and December 8, 2001 (49th 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	1,116	1,033	556	569	16,916	14,585	1,219	1,388	34†	114§
NEW ENGLAND	99	71	57	55	5,634	4,301	66	99	-	5
Maine	4	8	5	2	111	-	6	4	-	-
N.H.	7	11	4	4	240	108	7	2	-	-
Vt.	36	5	3	3	32	17	4	1	-	1
Mass.	32	21	31	30	1,255	1,148	27	52	-	3
R.I.	5	12	1	1	335	493	7	13	-	-
Conn.	15	14	13	15	3,661	2,535	15	27	-	1
MID. ATLANTIC	305	246	157	103	9,267	7,981	316	415	7	20
Upstate N.Y.	99	65	56	27	4,838	3,451	44	63	1	4
N.Y. City	58	43	34	25	166	62	202	244	6	7
N.J.	27	24	31	19	1,641	2,003	36	64	-	1
Pa.	121	114	36	32	2,622	2,465	34	44	-	8
E.N. CENTRAL	256	292	77	85	104	714	128	167	3	10
Ohio	116	128	25	15	72	42	24	25	1	3
Ind.	23	21	12	8	19	23	13	16	2	4
Ill.	-	24	12	24	-	31	30	68	-	3
Mich.	83	75	21	24	13	21	46	38	-	-
Wis.	34	44	7	14	U	597	15	20	-	-
W.N. CENTRAL	61	47	17	20	442	392	56	37	3	5
Minn.	17	9	3	3	346	317	17	6	1	3
Iowa	12	8	2	2	40	35	4	9	-	-
Mo.	17	21	8	10	40	34	15	14	2	2
N. Dak.	1	1	1	-	1	-	1	-	-	-
S. Dak.	4	3	1	-	2	-	1	-	-	-
Nebr.	10	4	1	1	6	4	5	2	-	-
Kans.	-	1	1	4	7	2	13	6	-	-
S. ATLANTIC	208	178	78	77	1,234	927	352	276	2	5
Del.	10	12	-	2	172	152	4	2	-	-
Md.	46	32	19	15	651	571	106	110	-	3
D.C.	6	8	-	-	21	16	20	13	-	-
Va.	30	27	7	13	149	116	32	48	-	1
W. Va.	N	N	-	5	17	13	3	1	-	-
N.C.	11	11	6	6	127	40	22	19	-	-
S.C.	9	13	8	5	20	5	7	7	-	-
Ga.	18	12	12	15	2	-	85	44	-	1
Fla.	78	63	26	16	75	14	73	32	2	-
E.S. CENTRAL	47	57	20	22	49	69	19	36	12	2
Ky.	21	12	4	7	22	23	7	14	-	2
Tenn.	18	28	11	8	24	30	3	12	-	-
Ala.	8	13	4	7	3	9	4	6	12	-
Miss.	-	4	1	-	-	7	5	4	-	-
W.S. CENTRAL	25	27	20	33	18	83	22	85	1	1
Ark.	-	-	-	1	3	1	2	3	-	-
La.	4	7	-	-	4	8	4	6	-	-
Okla.	3	3	9	2	-	-	10	3	-	-
Tex.	18	17	11	30	11	74	6	73	1	1
MOUNTAIN	46	55	29	38	19	13	47	61	2	2
Mont.	3	-	-	-	-	-	2	3	-	-
Idaho	1	3	2	1	4	5	-	3	-	1
Wyo.	1	2	-	2	2	1	-	1	-	-
Colo.	7	16	6	10	1	-	22	23	-	-
N. Mex.	2	3	3	7	1	1	3	3	-	-
Ariz.	12	20	14	9	3	2	12	15	-	1
Utah	15	7	3	2	7	1	5	4	1	-
Nev.	5	4	1	7	1	3	3	9	1	-
PACIFIC	69	60	101	136	149	105	213	212	4	64
Wash.	7	10	8	10	10	7	23	14	-	15
Oreg.	N	N	9	12	16	13	9	17	-	3
Calif.	61	44	76	108	120	83	172	169	3	39
Alaska	-	1	-	-	3	2	2	1	-	-
Hawaii	1	5	8	6	N	N	7	11	1	7
Guam	-	-	-	-	-	-	-	1	-	-
P.R.	-	2	1	-	N	N	-	5	-	1
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 34 cases reported, 21 were indigenous and 13 were imported from another country.

§ Of 114 cases reported, 60 were indigenous and 54 were imported from another country.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 7, 2002, and December 8, 2001 (49th 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	1,541	2,160	234	236	7,468	5,473	5,853	6,752
NEW ENGLAND	86	105	7	2	696	607	882	709
Maine	8	6	-	-	17	22	58	64
N.H.	14	12	4	-	43	27	48	21
Vt.	4	6	-	-	141	51	89	60
Mass.	41	56	2	2	456	481	295	266
R.I.	5	6	-	-	13	6	72	69
Conn.	14	19	1	-	26	20	320	229
MID. ATLANTIC	145	243	24	27	467	347	1,102	1,264
Upstate N.Y.	42	68	6	3	337	136	668	760
N.Y. City	22	41	2	12	13	56	23	36
N.J.	26	43	-	4	4	22	171	186
Pa.	55	91	16	8	113	133	240	282
E.N. CENTRAL	201	345	38	27	884	821	147	158
Ohio	73	90	14	1	414	304	39	52
Ind.	32	41	2	3	139	80	31	15
Ill.	36	82	14	16	148	102	31	24
Mich.	44	81	7	5	58	143	46	47
Wis.	16	51	1	2	125	192	-	20
W.N. CENTRAL	147	163	17	16	704	403	430	356
Minn.	35	25	4	5	356	179	34	46
Iowa	24	31	1	1	136	80	77	80
Mo.	49	56	5	4	136	97	50	40
N. Dak.	3	6	1	-	2	5	33	37
S. Dak.	2	5	-	-	6	4	79	56
Nebr.	26	25	-	1	8	7	-	4
Kans.	8	15	6	5	60	31	157	93
S. ATLANTIC	274	329	25	40	386	248	2,440	2,373
Del.	7	6	-	-	3	-	53	30
Md.	9	41	5	8	59	43	336	486
D.C.	-	-	-	-	2	1	-	-
Va.	41	38	4	8	133	49	490	476
W. Va.	4	13	-	-	31	4	168	136
N.C.	32	62	2	5	43	72	687	550
S.C.	28	32	3	5	43	33	137	111
Ga.	36	53	4	9	22	23	395	386
Fla.	117	84	7	5	50	23	174	198
E.S. CENTRAL	86	133	13	9	248	188	170	203
Ky.	14	25	3	3	93	86	27	29
Tenn.	36	57	2	1	113	60	106	106
Ala.	22	33	3	-	33	37	33	64
Miss.	14	18	5	5	9	5	4	4
W.S. CENTRAL	187	315	11	14	1,526	706	125	1,077
Ark.	23	23	-	-	480	213	8	-
La.	37	75	1	2	7	10	-	9
Okla.	22	31	-	-	66	28	116	60
Tex.	105	186	10	12	973	455	1	1,008
MOUNTAIN	90	93	19	14	1,246	1,309	288	253
Mont.	2	4	-	1	9	36	19	38
Idaho	4	7	1	1	144	170	38	28
Wyo.	-	5	-	1	11	1	18	28
Colo.	23	37	2	3	413	334	59	-
N. Mex.	4	11	1	2	178	136	7	15
Ariz.	31	14	1	1	340	517	123	128
Utah	6	8	8	1	104	76	13	15
Nev.	20	7	6	4	47	39	11	1
PACIFIC	325	434	80	87	1,311	844	269	359
Wash.	62	63	-	2	425	163	-	-
Oreg.	45	58	N	N	179	52	13	4
Calif.	206	297	64	44	685	574	232	316
Alaska	4	3	-	1	5	14	24	39
Hawaii	8	13	16	40	17	41	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	5	6	-	1	3	-	49	93
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 December 7, 2002, and December 8, 2001 (49th 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	974	577	12	21	2	2	39,234	37,678
NEW ENGLAND	8	3	-	-	-	-	2,066	2,235
Maine	-	-	-	-	-	-	142	163
N.H.	-	1	-	-	-	-	133	159
Vt.	-	-	-	-	-	-	73	79
Mass.	4	2	-	-	-	-	1,147	1,286
R.I.	4	-	-	-	-	-	163	131
Conn.	-	-	-	-	-	-	408	417
MID. ATLANTIC	48	32	1	8	-	-	4,873	4,944
Upstate N.Y.	9	2	1	1	-	-	1,498	1,166
N.Y. City	9	2	-	6	-	-	1,364	1,253
N.J.	10	9	-	1	-	-	671	1,135
Pa.	20	19	-	-	-	-	1,340	1,390
E.N. CENTRAL	19	16	1	2	-	1	5,052	4,754
Ohio	13	2	-	-	-	-	1,348	1,303
Ind.	3	1	-	-	-	-	485	490
Ill.	-	12	-	2	-	-	1,532	1,326
Mich.	3	1	1	-	-	-	844	828
Wis.	-	-	-	-	-	-	843	807
W.N. CENTRAL	99	68	-	3	-	-	2,527	2,169
Minn.	-	-	-	-	-	-	559	587
Iowa	3	2	-	1	-	-	498	327
Mo.	91	62	-	1	-	-	846	600
N. Dak.	-	1	-	-	-	-	43	59
S. Dak.	1	2	-	-	-	-	103	145
Nebr.	4	1	-	-	-	-	150	151
Kans.	-	-	-	1	-	-	328	300
S. ATLANTIC	504	291	5	5	-	1	10,937	8,974
Del.	4	11	-	-	-	-	94	92
Md.	58	39	-	1	-	-	901	768
D.C.	2	1	-	-	-	-	76	80
Va.	42	28	-	-	-	1	1,173	1,258
W. Va.	2	-	-	-	-	-	146	134
N.C.	285	168	-	-	-	-	1,480	1,305
S.C.	69	31	-	2	-	-	789	850
Ga.	27	9	-	-	-	-	1,967	1,641
Fla.	15	4	5	2	-	-	4,311	2,846
E.S. CENTRAL	110	113	-	-	1	-	3,116	2,610
Ky.	5	2	-	-	-	-	378	363
Tenn.	81	77	-	-	1	-	788	630
Ala.	20	18	-	-	-	-	840	725
Miss.	4	16	-	-	-	-	1,110	892
W.S. CENTRAL	163	42	1	1	-	-	3,462	4,869
Ark.	97	9	-	-	-	-	1,033	893
La.	-	2	-	-	-	-	753	805
Okla.	61	31	-	-	-	-	485	462
Tex.	5	-	1	1	-	-	1,191	2,709
MOUNTAIN	14	11	1	-	-	-	2,143	2,082
Mont.	1	1	-	-	-	-	87	72
Idaho	-	1	-	-	-	-	147	135
Wyo.	5	2	-	-	-	-	103	59
Colo.	2	2	-	-	-	-	584	562
N. Mex.	1	1	-	-	-	-	306	271
Ariz.	-	-	-	-	-	-	539	583
Utah	-	3	1	-	-	-	197	214
Nev.	5	1	-	-	-	-	180	186
PACIFIC	9	1	3	2	1	-	5,058	5,041
Wash.	-	-	-	-	-	-	486	518
Oreg.	3	1	-	-	-	-	339	267
Calif.	6	-	3	1	-	-	3,891	3,868
Alaska	-	-	-	-	-	-	76	47
Hawaii	-	-	-	1	1	-	266	341
Guam	-	-	-	-	-	-	-	24
P.R.	-	-	-	3	-	-	201	872
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	25	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 December 7, 2002, and December 8, 2001 (49th 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	18,038	18,527	3,786	3,413	2,179	2,413	270	405
NEW ENGLAND	306	295	173	218	18	122	3	45
Maine	12	6	20	12	-	-	-	-
N.H.	12	6	35	N	-	-	N	N
Vt.	1	7	10	16	5	9	2	1
Mass.	183	202	93	66	N	N	N	N
R.I.	17	22	15	13	13	4	1	3
Conn.	81	52	-	111	-	109	-	41
MID. ATLANTIC	1,328	1,430	605	629	111	158	73	106
Upstate N.Y.	327	458	272	250	87	151	71	106
N.Y. City	419	401	142	161	U	U	U	U
N.J.	349	263	128	136	N	N	N	N
Pa.	233	308	63	82	24	7	2	-
E.N. CENTRAL	1,727	4,248	730	754	237	171	117	124
Ohio	634	2,854	202	192	77	3	28	-
Ind.	100	218	46	59	155	168	63	58
Ill.	649	595	196	248	2	-	-	66
Mich.	177	289	285	204	3	-	N	N
Wis.	167	292	1	51	N	N	26	-
W.N. CENTRAL	973	1,884	227	355	422	155	55	60
Minn.	219	412	114	167	292	70	55	51
Iowa	120	357	-	-	N	N	N	N
Mo.	193	303	42	71	5	11	-	-
N. Dak.	16	21	3	17	1	6	-	9
S. Dak.	156	626	13	11	1	4	-	-
Nebr.	179	92	18	39	29	24	N	N
Kans.	90	73	37	50	94	40	N	N
S. ATLANTIC	6,804	2,902	756	551	1,145	1,258	8	9
Del.	356	17	2	4	3	6	N	N
Md.	1,159	147	136	N	N	N	N	N
D.C.	58	54	9	22	54	11	1	4
Va.	927	508	71	75	N	N	N	N
W. Va.	12	8	19	19	43	38	7	5
N.C.	422	331	113	136	N	N	U	U
S.C.	120	244	35	12	181	262	N	N
Ga.	1,612	616	161	176	275	408	N	N
Fla.	2,138	977	210	107	589	533	N	N
E.S. CENTRAL	1,426	1,645	108	111	124	228	-	-
Ky.	187	792	18	38	17	26	N	N
Tenn.	119	108	90	73	107	201	N	N
Ala.	789	203	-	-	-	1	N	N
Miss.	331	542	-	-	-	-	-	-
W.S. CENTRAL	1,733	2,811	113	312	81	273	10	61
Ark.	192	556	8	-	9	18	-	-
La.	401	235	-	1	72	255	4	61
Okla.	561	97	43	45	N	N	6	-
Tex.	579	1,923	62	266	N	N	-	-
MOUNTAIN	902	920	546	401	41	44	4	-
Mont.	4	8	-	-	-	-	-	-
Idaho	17	40	11	7	N	N	N	N
Wyo.	9	7	7	12	10	9	-	-
Colo.	210	239	136	151	-	-	-	-
N. Mex.	216	117	102	84	30	33	-	-
Ariz.	360	379	260	144	-	-	N	N
Utah	39	60	30	3	-	-	4	-
Nev.	47	70	-	-	1	2	-	-
PACIFIC	2,839	2,392	528	82	-	4	-	-
Wash.	170	203	65	-	-	-	N	N
Oreg.	115	111	N	N	N	N	N	N
Calif.	2,485	2,014	370	-	N	N	N	N
Alaska	6	7	-	-	-	-	N	N
Hawaii	63	57	93	82	-	4	-	-
Guam	-	49	-	1	-	-	-	-
P.R.	8	18	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 December 7, 2002, and December 8, 2001 (49th 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	5,965	5,696	328	469	11,038	13,140	255	340
NEW ENGLAND	132	64	-	8	386	437	14	18
Maine	2	1	-	3	20	20	-	1
N.H.	8	1	-	-	17	16	-	2
Vt.	1	3	-	-	6	4	-	-
Mass.	89	39	-	3	221	226	8	12
R.I.	6	9	-	-	35	60	-	-
Conn.	26	11	-	2	87	111	6	3
MID. ATLANTIC	652	498	61	71	1,947	2,161	60	109
Upstate N.Y.	31	18	11	5	281	338	9	15
N.Y. City	409	266	23	32	994	1,078	32	47
N.J.	138	126	26	34	439	475	15	38
Pa.	74	88	1	-	233	270	4	9
E. N. CENTRAL	1,034	995	57	67	1,106	1,350	18	34
Ohio	161	73	4	2	140	258	6	5
Ind.	68	146	1	13	110	102	2	2
Ill.	325	375	30	42	582	635	1	18
Mich.	456	378	22	6	233	281	4	5
Wis.	24	23	-	4	41	74	5	4
W. N. CENTRAL	101	94	-	9	507	502	9	15
Minn.	52	32	-	2	211	214	3	6
Iowa	2	4	-	-	30	34	-	-
Mo.	26	25	-	5	126	130	2	9
N. Dak.	-	-	-	-	4	3	-	-
S. Dak.	-	-	-	-	10	12	-	-
Nebr.	3	8	-	-	23	32	4	-
Kans.	18	25	-	2	103	77	-	-
S. ATLANTIC	1,594	1,892	76	111	2,250	2,523	45	45
Del.	11	14	-	-	15	15	-	1
Md.	196	251	14	4	264	222	8	10
D.C.	62	40	1	2	-	51	-	-
Va.	63	99	1	5	173	261	7	11
W. Va.	2	4	-	-	28	27	-	-
N.C.	267	430	19	14	334	356	2	3
S.C.	122	226	11	21	147	188	-	-
Ga.	338	375	10	23	380	452	9	10
Fla.	533	453	20	42	909	951	19	10
E. S. CENTRAL	437	629	22	33	679	783	4	1
Ky.	86	44	3	1	123	121	4	-
Tenn.	160	313	11	18	265	284	-	1
Ala.	149	135	4	5	190	249	-	-
Miss.	42	137	4	9	101	129	-	-
W. S. CENTRAL	806	722	67	79	1,474	1,945	5	18
Ark.	32	44	2	9	118	147	-	-
La.	146	170	-	-	-	114	-	-
Okla.	67	57	3	6	135	139	2	-
Tex.	561	451	62	64	1,221	1,545	3	18
MOUNTAIN	290	218	15	33	345	527	9	8
Mont.	-	-	-	-	6	14	-	1
Idaho	9	1	-	-	9	7	-	-
Wyo.	-	1	-	-	3	3	-	-
Colo.	46	21	1	1	55	121	4	1
N. Mex.	31	16	-	2	22	53	1	-
Ariz.	182	162	14	30	205	215	-	1
Utah	8	10	-	-	31	33	2	1
Nev.	14	7	-	-	14	81	2	4
PACIFIC	919	584	30	58	2,344	2,912	91	92
Wash.	58	49	2	-	215	223	6	6
Oreg.	23	13	1	-	103	110	2	8
Calif.	830	510	26	58	1,846	2,391	78	74
Alaska	-	-	-	-	45	48	-	1
Hawaii	8	12	1	-	135	140	5	3
Guam	-	11	-	1	-	61	-	3
P.R.	227	251	15	13	75	95	-	-
V.I.	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	15	U	-	U	32	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 December 7, 2002 (49th Week)

Reporting Area	All Causes, By Age (Years)						P&I <sup>†</sup> Total	Reporting Area	All Causes, By Age (Years)						P&I <sup>†</sup> Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	589	423	109	37	12	8	50	S. ATLANTIC	1,047	668	234	101	23	20	71
Boston, Mass.	145	92	37	10	4	2	17	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	46	32	11	1	-	2	2	Baltimore, Md.	186	102	56	18	4	5	20
Cambridge, Mass.	25	21	4	-	-	-	1	Charlotte, N.C.	84	53	15	10	4	2	8
Fall River, Mass.	38	30	6	1	1	-	5	Jacksonville, Fla.	166	114	34	16	-	2	9
Hartford, Conn.	69	42	14	7	5	1	7	Miami, Fla.	103	67	18	13	2	3	10
Lowell, Mass.	18	14	4	-	-	-	1	Norfolk, Va.	U	U	U	U	U	U	U
Lynn, Mass.	12	9	1	1	1	-	-	Richmond, Va.	66	35	14	9	6	2	2
New Bedford, Mass.	33	27	3	3	-	-	3	Savannah, Ga.	59	37	19	3	-	-	3
New Haven, Conn.	39	28	7	4	-	-	1	St. Petersburg, Fla.	70	53	11	2	1	3	5
Providence, R.I.	31	20	4	6	1	-	-	Tampa, Fla.	196	146	33	12	2	3	11
Somerville, Mass.	8	5	3	-	-	-	-	Washington, D.C.	99	47	31	17	4	-	1
Springfield, Mass.	40	29	9	-	-	2	6	Wilmington, Del.	18	14	3	1	-	-	2
Waterbury, Conn.	29	27	2	-	-	-	-	E.S. CENTRAL	907	597	207	70	23	9	67
Worcester, Mass.	56	47	4	4	-	1	7	Birmingham, Ala.	159	100	35	16	5	2	10
MID. ATLANTIC	2,430	1,690	477	170	43	50	131	Chattanooga, Tenn.	73	45	17	9	2	-	3
Albany, N.Y.	51	33	10	3	2	3	4	Knoxville, Tenn.	112	76	25	8	2	1	7
Allentown, Pa.	21	20	1	-	-	-	2	Lexington, Ky.	58	36	15	4	2	1	6
Buffalo, N.Y.	102	76	21	3	1	1	12	Memphis, Tenn.	185	124	43	12	4	2	19
Camden, N.J.	28	16	5	5	1	1	1	Mobile, Ala.	76	52	18	3	1	2	4
Elizabeth, N.J.	U	U	U	U	U	U	U	Montgomery, Ala.	60	50	7	1	2	-	6
Erie, Pa.	54	41	10	1	1	1	2	Nashville, Tenn.	184	114	47	17	5	1	12
Jersey City, N.J.	48	34	6	7	-	1	-	W.S. CENTRAL	1,373	933	267	100	45	28	86
New York City, N.Y.	1,224	851	243	96	15	19	52	Austin, Tex.	90	64	16	7	2	1	3
Newark, N.J.	59	30	14	10	3	2	6	Baton Rouge, La.	25	13	7	3	2	-	-
Paterson, N.J.	25	18	6	1	-	-	5	Corpus Christi, Tex.	77	51	18	2	4	2	4
Philadelphia, Pa.	406	263	94	27	10	12	16	Dallas, Tex.	243	150	56	22	13	2	18
Pittsburgh, Pa. <sup>§</sup>	27	18	5	3	1	-	3	El Paso, Tex.	71	56	7	6	2	-	-
Reading, Pa.	24	19	3	1	-	1	1	Ft. Worth, Tex.	140	91	27	8	6	8	7
Rochester, N.Y.	156	121	17	9	6	3	10	Houston, Tex.	255	172	47	24	4	8	19
Schenectady, N.Y.	24	22	1	1	-	-	3	Little Rock, Ark.	76	53	9	9	2	3	3
Scranton, Pa.	24	18	5	1	-	-	-	New Orleans, La.	35	18	11	4	2	-	-
Syracuse, N.Y.	90	65	22	1	1	1	8	San Antonio, Tex.	177	128	36	9	2	2	12
Trenton, N.J.	37	22	8	1	1	5	3	Shreveport, La.	43	34	6	-	1	2	6
Utica, N.Y.	14	9	4	-	1	-	-	Tulsa, Okla.	141	103	27	6	5	-	14
Yonkers, N.Y.	16	14	2	-	-	-	3	MOUNTAIN	1,003	703	195	50	28	26	79
E.N. CENTRAL	2,337	1,625	472	156	38	46	157	Albuquerque, N.M.	126	90	25	6	5	-	14
Akron, Ohio	63	46	12	3	1	1	12	Boise, Idaho	52	39	9	1	1	2	5
Canton, Ohio	49	38	9	2	-	-	4	Colorado Springs, Colo.	94	66	15	10	-	3	5
Chicago, Ill.	365	247	74	26	7	11	29	Denver, Colo.	102	61	28	1	3	9	9
Cincinnati, Ohio	101	72	21	7	-	1	12	Las Vegas, Nev.	243	161	58	17	5	1	13
Cleveland, Ohio	117	76	27	8	3	3	7	Ogden, Utah	34	27	6	1	-	-	4
Columbus, Ohio	232	155	50	14	7	6	1	Phoenix, Ariz.	U	U	U	U	U	U	U
Dayton, Ohio	166	126	28	11	1	-	11	Pueblo, Colo.	34	26	5	1	1	1	3
Detroit, Mich.	251	135	73	28	8	7	18	Salt Lake City, Utah	147	100	24	7	9	7	15
Evansville, Ind.	32	28	3	1	-	-	2	Tucson, Ariz.	171	133	25	6	4	3	11
Fort Wayne, Ind.	70	52	11	4	3	-	2	PACIFIC	1,662	1,149	336	100	46	29	159
Gary, Ind.	24	15	8	1	-	-	1	Berkeley, Calif.	30	20	6	3	-	1	1
Grand Rapids, Mich.	78	64	7	3	-	4	5	Fresno, Calif.	148	106	27	6	5	4	12
Indianapolis, Ind.	206	132	51	13	5	5	15	Glendale, Calif.	10	6	3	-	1	-	1
Lansing, Mich.	39	28	8	3	-	-	3	Honolulu, Hawaii	83	62	15	3	1	2	5
Milwaukee, Wis.	162	117	28	14	-	3	10	Long Beach, Calif.	67	46	13	6	2	-	7
Peoria, Ill.	48	39	4	3	-	2	4	Los Angeles, Calif.	215	128	60	16	8	3	16
Rockford, Ill.	74	52	17	4	-	1	3	Pasadena, Calif.	27	18	9	-	-	-	3
South Bend, Ind.	70	53	12	4	1	-	4	Portland, Ore.	109	90	17	2	-	-	11
Toledo, Ohio	102	84	10	5	2	1	10	Sacramento, Calif.	155	114	26	8	2	4	24
Youngstown, Ohio	88	66	19	2	-	1	4	San Diego, Calif.	219	144	49	14	10	1	19
W.N. CENTRAL	584	408	105	34	20	17	45	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	84	64	15	4	1	-	11	San Jose, Calif.	199	143	31	16	4	5	31
Duluth, Minn.	32	23	8	-	1	-	5	Santa Cruz, Calif.	36	25	8	2	-	1	3
Kansas City, Kans.	36	22	9	3	2	-	4	Seattle, Wash.	150	95	31	15	6	3	6
Kansas City, Mo.	80	57	13	3	3	4	2	Spokane, Wash.	83	62	14	4	2	1	11
Lincoln, Nebr.	42	30	10	2	-	-	2	Tacoma, Wash.	131	90	27	5	5	4	9
Minneapolis, Minn.	68	45	12	2	4	5	6	TOTAL	11,932 <sup>¶</sup>	8,196	2,402	818	278	233	845
Omaha, Nebr.	76	49	11	11	2	3	8								
St. Louis, Mo.	U	U	U	U	U	U	U								
St. Paul, Minn.	59	45	6	3	2	3	2								
Wichita, Kans.	107	73	21	6	5	2	5								

U: Unavailable. -:No reported cases.

\* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

<sup>†</sup> Pneumonia and influenza.

<sup>§</sup> 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.

<sup>¶</sup> Total includes unknown ages.

(Continued from page 1116)

### Erratum: Vol. 51, No. 48

In the article, "State-Specific Trends in U.S. Live Births to Women Born Outside the 50 States and the District of Columbia — United States, 1990 and 2000," Table 1 on page 1093 was labeled incorrectly. The title of the table should read, "TABLE 1. Number and percentages of births to women who were born outside the 50 states and the District of Columbia, by area of maternal residence and race/ethnicity — United States\*, 1990 and 2000."

### Erratum: Vol. 51, No. 48

In the report, "Influenza Activity — United States, 2001–02 Season," two errors occurred on page 1095. In the title, the years for the influenza season should be 2002–03, and in the \* footnote, the reference should be 1.

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