Please note: An erratum has been published for this issue. To view the erratum, please click here.



Weekly

October 3, 2003 / Vol. 52 / No. 39

Cardiac Deaths After a Mass Smallpox Vaccination Campaign — New York City, 1947

During the first wave of the 2003 smallpox vaccination campaign, two ischemic cardiac deaths occurred in civilian vaccinees aged 55 and 57 years, and one occurred in a military vaccinee aged 55 years, 4-17 days after vaccination with the New York City Board of Health (NYCBOH) vaccinia strain (1-3). Whether these and 13 other recognized military and civilian nonfatal ischemic events among vaccinees were associated with smallpox vaccination is unclear. The same NYCBOH strain was used in 1947 to vaccinate approximately six million New York City (NYC) residents (80% of the population) during a 4-week period (April 4-May 2) after a smallpox outbreak (Figure 1). To determine whether smallpox vaccination increased the risk for cardiac death in 1947, the NYC Department of Health and Mental Hygiene (DOHMH) analyzed data from NYC death certificates during that period. This report summarizes the results of that analysis, which found no increases in cardiac, atherosclerotic, or all-cause deaths. The findings are consistent with a growing body of evidence suggesting that ischemic cardiac deaths observed after the 2003 campaign might have been unrelated to vaccine.

In April 2003, data were extracted from NYC death certificates filed during March–June 1947 and from the same period in 1946 and 1948 (N = 81,529). DOHMH estimated the relative risk for cardiac deaths in the period after vaccination compared with other periods, adjusting for secular trends. The number of adults vaccinated on each of the 29 days of the vaccination campaign was estimated by using DOHMH records and articles from local newspapers and magazines (4). Death certificates issued in NYC during March–June in 1946– 1948 were obtained from the NYC Municipal Archives. Date of death, age of decedent, and primary and other cause-ofdeath data (classified according to the *International Classification of Diseases, Fifth Revision* [ICD-5] codes) were abstracted from all records. Causes of death were defined as cardiac if the FIGURE 1. New York City residents line up for vaccinations during a smallpox vaccination campaign — New York City, 1947



Photo/Associated Press

ICD-5 codes for primary or other cause included pericarditis (090), acute endocarditis (091), chronic endocarditis (092), myocardial disease (093), coronary artery diseases (094), or other disease of the heart (095). Certificates with illegible primary cause-of-death codes (0.6% of records) were excluded.

INSIDE

- 937 Follow-Up of Deaths Among U.S. Postal Service Workers Potentially Exposed to Bacillus anthracis — District of Columbia, 2001–2002
- 938 Recognition of Illness Associated With Exposure to Chemical Agents — United States, 2003
- 941 West Nile Virus Activity United States, September 25– October 1, 2003
- 941 Notices to Readers

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION The *MMWR* series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. MMWR 2003;52:[inclusive page numbers].

Centers for Disease Control and Prevention

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

Dixie E. Snider, M.D., M.P.H. (Acting) Deputy Director for Public Health Science

Donna F. Stroup, Ph.D., M.Sc. (Acting) Associate Director for Science

Epidemiology Program Office

Stephen B. Thacker, M.D., M.Sc. Director

Office of Scientific and Health Communications

John W. Ward, M.D. Director Editor, MMWR Series

Suzanne M. Hewitt, M.P.A. Managing Editor, MMWR Series

David C. Johnson (Acting) Lead Technical Writer/Editor

> Jude C. Rutledge Teresa F. Rutledge Jeffrey D. Sokolow, M.A. *Writers/Editors*

Lynda G. Cupell Malbea A. Heilman Visual Information Specialists

Kim L. Bright, M.B.A. Quang M. Doan, M.B.A. Erica R. Shaver Information Technology Specialists

Division of Public Health Surveillance and Informatics

Notifiable Disease Morbidity and 122 Cities Mortality Data Robert F. Fagan Deborah A. Adams Felicia J. Connor Lateka Dammond Donna Edwards Patsy A. Hall Pearl C. Sharp Approximately 6.4 million NYC residents were vaccinated during April 4–May 2, 1947 (4) (Figure 2), including an estimated 500,000–1,000,000 persons each day during the peak 5 days of the vaccination campaign (April 17–21). The putative high-risk period for cardiac death was an estimated 4–17 days after vaccination, corresponding to the range of onset dates of cardiac events observed during the 2003 campaign. On the basis of these estimates, 2-week and 4-week risk periods were identified.

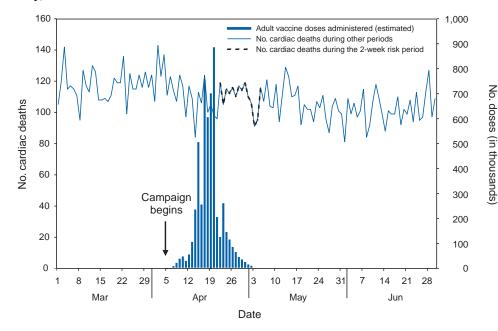
Daily mortality rates during the postvaccination risk periods were compared with rates during other periods. Counts of cardiac deaths were modeled by using Poisson regression analysis, adjusting for a long-term temporal trend during 1946–1948 and a seasonal trend during March–June each year.

Of the 81,010 legible records available, 39,150 (48%) listed cardiac disease and 9,112 (11%) specified coronary artery or atherosclerotic disease as a cause of death. Counts of cardiac deaths ranged from 72 to 149 deaths per day during the study period (Figure 3). The difference in the rate of cardiac deaths was not statistically significant during the 2-week risk period compared with other periods among persons aged 50–64 years (rate ratio: 1.05; 95% confidence interval [CI] = 0.95–1.15) or among all adults (rate ratio: 1.01; 95% CI = 0.95–1.07) (Table). Similarly, no statistically significant increases in risk were observed in all-cause deaths, atherosclerotic deaths, or deaths caused by myo/pericarditis during the 4-week risk period compared with other periods.

Reported by: T Frieden, F Mostashari, SP Schwartz, New York City Dept of Health and Mental Hygiene, New York. LE Thorpe, Div of Adult Community Health, National Center for Chronic Disease Prevention and Health Promotion; AM Karpati, Epidemiology Program Office; MA Marx, SE Manning, EIS officers, CDC.

Editorial Note: The findings in this report indicate that incidence of cardiac deaths did not increase after the 1947 mass smallpox vaccination campaign in NYC. The large number and proportion of persons vaccinated in a short time permitted a focused assessment of cardiac deaths after vaccination. These results suggest that cardiac deaths observed in 2003 might have been unrelated to smallpox vaccination. However, factors that could limit the applicability of the 1947 study results to the 2003 vaccination campaign include 1) changes in characteristics or administration of the vaccine, 2) changes in population distribution of cardiac risk factors, and 3) differences in the vaccination and smallpox infection history (i.e., immunity status) of vaccine recipients in the two periods.

Both campaigns used the same NYCBOH vaccinia strain. Although long-term storage might have resulted in antigenic shift of the vaccine, DNA viruses such as vaccinia are not prone to antigenic variability (5). Both campaigns



administered the vaccine intradermally. In 1947, vaccinators used various multiple-pressure techniques; the 2003 technique involved multiple punctures with a bifurcated needle to administer the vaccine. Both campaigns used a vaccine that contained a mixture of lymph and other components. Before 1960, the vaccine consisted of wet glycerinated lymph (with a titer of $\geq 10^6$ plaque-forming units [pfu]/mL) composed of 50% glycerine and 50% calf lymph (6). Currently, lyophilized NYCBOH vaccinia containing calf lymph is mixed with a diluent containing polymixin B, streptomycin, chlortetracycline, and neomycin to a titer of $\geq 10^8$ pfu/mL. However, no evidence has been found to indicate that these changes would lead to increases in cardiac adverse events after vaccination.

Each of the 2003 vaccinees with cardiac fatalities had multiple risk factors for cardiac disease, including hypertension, hyperlipidemia, and smoking, and each had been vaccinated for smallpox in childhood. If risk factors for cardiac death were more prevalent in 2003 than in 1947, the number of cardiac-associated deaths probably would be greater among 2003 campaign vaccinees than among those in 1947. However, the prevalence of these three risk factors and cardiac mortality rates was substantially higher in 1947 than in 2003 (7,8). In addition, the 1947 vaccination campaign encouraged residents to participate regardless of health status, whereas the first wave of the 2003 campaign targeted only military, health-care, and emergency response professionals, all of whom were screened for noncardiac health problems and contraindications to vaccination. If a greater proportion of those vaccinated in 1947 were revaccinees compared with those vaccinated in 2003, and if previous vaccination reduced the risk for subsequent cardiac mortality, the 1947 findings would underestimate the risk for cardiac death after vaccination in 2003. However, nearly all of the 2003 civilian vaccinees were born before 1971, when childhood smallpox vaccination was routine in the United States, and would have received the smallpox vaccine once during childhood.

This was an ecologic study; data about individual vaccination status for the 1947 population were unavailable. However, approximately 80% of the NYC population was vaccinated during the 1947 campaign. Although the 20% who were not vaccinated during the campaign might have differed systematically from the general population, any bias prob-

ably would not be substantial enough to alter the results of this study qualitatively.

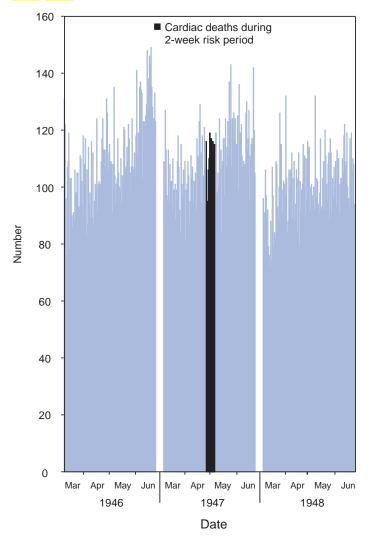
Myo/pericarditis after smallpox vaccination has been described previously (9) and has been observed in both civilians and military personnel vaccinated during the 2003 campaign. However, autopsy findings indicate that the 2003 cardiac deaths were linked not to myo/pericarditis but directly to ischemic events (2). In contrast to studies of inflammatory complications, few data support the association of ischemic cardiac adverse events with smallpox vaccination. Only one case series was found describing the experience of eight French vaccinees (of 12 million) aged 53–83 years who experienced acute ischemic events after smallpox vaccination, five of whom died (10).

Smallpox vaccination is recommended for military personnel and civilian first responders without contraindications who are identified as part of terrorism preparedness and firstresponse teams. New screening guidelines have been instituted to minimize potential ischemic risks by excluding persons with known cardiac disease or three or more cardiac risk factors. Although this study casts doubt on the causal link between death caused by cardiac adverse events and smallpox vaccination, in the absence of a smallpox outbreak, all potential volunteers should be screened for risk factors, and those at high risk for adverse reactions to vaccination should be excluded.

936

MMWR

FIGURE 3. Number of daily cardiac deaths during risk periods compared with other periods <u>New York City</u>, March June (1946 1948)



Acknowledgments

This report is based on contributions by data entry staff, D Nash, New York City Dept of Health and Mental Hygiene; Public Health Library; Bur of Management Information Systems; Bur of Vital Statistics and Vital Records; New York City Dept of Records and Information Svcs; BS Chang, New York. DA Henderson, Johns Hopkins Bloomburg School of Public Health, Baltimore, Maryland. M Kulldorf, Div of Epidemiology and Biostatistics, Dept of Community Medicine and Health Care, Univ of Connecticut Health Center, Farmington, Connecticut. JM Lane, Atlanta, Georgia. J Grabenstein, U.S. Army Surgeon General's Office. Smallpox Vaccination and Adverse Events Team; National Immunization Program Cardiac Investigation Task Force, R Chen, S Chu, W Orenstein, National Immunization Program; D Stroup, J Livengood, Office of Science Policy and Technology Transfer; S Zaza, Epidemiology Program Office; L Neff, R Schreiber, Div of Adult Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

References

- CDC. Cardiac adverse events following smallpox vaccination—United States, 2003. MMWR 2003;52:248–50.
- CDC. Update: adverse events following smallpox vaccination—United States, 2003. MMWR 2003;52:278–82.
- CDC. Update: cardiac-related events during the civilian smallpox vaccination program—United States, 2003. MMWR 2003;52:492–6.
- Weinstein I. An outbreak of smallpox in New York City. Am J Public Health 1947;37:1347–84.
- Wittek R. Vaccinia virus. In: Webster RG, Granoff A, eds. Encyclopedia of Virology, Vol. 3. London, England: Academic Press, 1994.
- CDC. Smallpox vaccine. Available at http://www.bt.cdc.gov/agent/ smallpox/training/aeworkshop/smallpox-vaccine.pdf.
- Mosterd A, D'Agostino RB, Silbershatz H, et al. Trends in prevalence of hypertension, antihypertensive therapy, and left-ventricular hypertrophy from 1950 to 1989. N Engl J Med 1999;340:1221–7.
- 8. CDC. Health, US, 2002 with chartbook on trends in the health of Americans. Hyattsville, Maryland: U.S. Department of Health and Human Services, CDC, National Center for Health Statistics, 2002.
- 9. Dalgaard JB. Fatal myocarditis following smallpox vaccination. Am Heart J 1957;54:156–7.
- Mathieu L, Hadot S, Hadot E, Vincent J, Hueber E. Smallpox vaccination and acute coronary thrombosis. Arch Mal Coeur 1953;48:802–6.

TABLE. Rate ratios of cardiac deaths comparing postvaccination periods with reference periods*, by outcome — New York City, March–June 1946–1948

Outcome (ICD-5 [†] code)	Postvaccination period	Rate ratio	(95% CI§)
All cardiac deaths (090–095)	April 22–May 5 (2-week)	1.01	(0.96–1.07)
Persons aged 50–64 years		1.05	(0.95-1.15)
Atherosclerotic cardiac deaths (094)	April 22–May 5 (2-week)	1.06	(0.97-1.16)
Persons aged 50–64 years		1.00	(0.86–1.15)
Myo/pericarditis deaths (090, 093)	April 22–May 5 (2-week)	1.00	(0.94–1.07)
All deaths	April 22–May 5 (2-week)	1.00	(0.97-1.04)
All cardiac deaths (090–095)	April 16–May 13 (4-week)	0.99	(0.95–1.04)

* All models are adjusted for long-term temporal and seasonal trends.

¹ International Classification of Diseases, Fifth Revision.

⁸Confidence interval.

Follow-Up of Deaths Among U.S. Postal Service Workers Potentially Exposed to Bacillus anthracis — District of Columbia, 2001–2002

In October 2001, two letters contaminated with Bacillus anthracis spores were processed by mechanical and manual methods at the U.S. Postal Service (USPS) Brentwood Mail Processing and Distribution Center in the District of Columbia. Four postal workers at the Brentwood facility became ill with what was diagnosed eventually as inhalational anthrax; two died. The facility was closed on October 21, and postexposure prophylaxis was recommended for approximately 2,500 workers and business visitors (1). Subsequent reports of deaths of facility workers prompted concern about whether mortality was unusually high among workers, perhaps related to the anthrax attacks. To evaluate the rates and causes of death among workers at the Brentwood facility during October 12, 2001-October 11, 2002, CDC, in collaboration with state and local health departments, analyzed death certificate data. In addition, these data were compared with aggregate mortality data from the five USPS facilities contaminated with B. anthracis during the fall 2001 anthrax attacks. This report summarizes the results of that analysis, which indicate that rates and causes of death among Brentwood workers during the 12 months after the anthrax attacks of 2001 were not different from rates and causes of deaths that occurred during the preceding 5 years.

Deaths among Brentwood workers were identified through review of death certificates, which were obtained from the USPS Office of Personnel Management, the District of Columbia Health Department, and state health departments in Maryland and Virginia. Cause-specific deaths were compared with actuary/mortality tables from the National Center for Health Statistics. Aggregate mortality data for the five USPS facilities were obtained from the USPS Human Resources Management. Death rates for each USPS fiscal year were calculated by dividing the total number of deaths occurring at the respective facility by the number of USPS personnel assigned to that facility as of October 12, 2001. For each contaminated postal facility, a general linear model was used to compare death rates during the 5 years preceding the study period with the death rate during the study period.

During the study period, 2,646 persons were employed at the Brentwood facility; 2,434 (92%) were black, and 1,496 (57%) were male. A total of 11 deaths occurred among facility workers during this period, excluding the two deaths resulting from known inhalational anthrax (Table 1); deaths occurred during eight of 12 months. Of the 11 deaths, 10 (91%) were among blacks, and four (36%) were among

TABLE 1. Age, sex, race, and cause of death of U.S. Postal Service workers* at the Brentwood Mail Processing and Distribution Center — District of Columbia, October 12, 2001– October 11, 2002

Age at death (yrs)	Sex	Race	Cause of death
43	Male	Black	Heart disease
51	Female	White	Cancer
53	Female	Black	Cancer
55	Male	Black	Heart disease
55	Male	Black	Heart disease
59	Female	Black	Heart disease
59	Male	Black	Heart disease
59	Male	Black	Heart disease
62	Male	Black	Liver disease
62	Female	Black	Liver disease
65	Male	Black	Septicemia

* N = 11; excludes two previously known deaths resulting from inhalational anthrax.

female workers; these proportions were not statistically different from the expected proportion of deaths in this population. The median age of workers at death was 56 years (range: 43-65 years) for both males and females, compared with the median worker age of 52 years (range: 25–75 years). Six (55%) deaths resulted from heart disease, two (18%) from malignant neoplasm, two (18%) from liver disease, and one from septicemia after a prolonged coma resulting from a cerebrovascular accident. On the basis of comparisons with U.S. mortality data (2), the rates of these causes of death among Brentwood workers during the study period did not differ from the rates for expected causes of death for the U.S. population, adjusted for age and race. Although annual death rates for workers from the five contaminated USPS facilities varied, consistent with differences in demographics, no statistically significant differences were observed between death rates during the study period and those during the 5 years preceding the study period (Table 2).

Reported by: K Berry, MD, S Colvin, MD, District of Columbia Health Dept. D Blythe, MD, Maryland State Dept of Health. RB Stroube, MD, CD Woolard, PhD, B Essex, Virginia Dept of Health. EA Bresnitz, MD, New Jersey Dept of Health. JA Hayslett, PharmD, PM Dull, MD, EAS Whitney, MPH, DB Reissman, MD, TH Taylor, Jr., MS, B Plikaytis, MSc, N Rosenstein, MD, B Perkins, MD, DA Ashford, DVM, R Pinner, MD, National Center for Infectious Diseases, CDC.

Editorial Note: The findings in this report suggest that the rates and causes of death among workers of the Brentwood mail facility during the 12 months after the anthrax attacks of 2001 were not different from those expected for this population. Although death certificate data might be subject to misclassification (3, 4), the listed causes of death for the 11 workers do not raise suspicion of anthrax or mortality caused by adverse drug reactions.

Facility	No.	1997	1998	1999	2000	2001	2002	p value
Brentwood P&DC ¹ , Washington, D.C.	2,646	4.54	6.80	3.78	4.54	2.65	4.16	0.86
Southern New Jersey P&DC, Bellmawr, New Jersey	714	7.00	5.60	4.20	7.00	4.20	2.80	0.14
Trenton P&DC, Trenton, New Jersey	963	3.12	2.08	4.15	2.08	3.12	4.15	0.26
Morgan P&DC, New York City, New York	4,662	3.70	3.04	2.83	1.96	2.83	2.39	0.52
Southern Connecticut P&DC, Wallingford, Connecticut	1,724	2.32	1.16	0.58	0	1.16	1.74	0.50

TABLE 2. Number* of U.S. Postal Service (USPS) workers and death rates[†], by USPS facility and fiscal year[§] — United States, 1997–2002

* As of October 2002.

^TPer 1,000 workers.

SUSPS fiscal year is approximately October–September (varies slightly by year).

[¶]Processing and distribution center.

If another anthrax attack were to occur, prevention of deaths would probably depend on heightened surveillance and rapid diagnostics to identify an attack and prompt prophylaxis with antibiotics and vaccination. Three types of surveillance are needed: 1) pre-event surveillance systems to detect the initial case of anthrax, which signals a new outbreak or release; 2) event surveillance to focus on continuous case-finding; and 3) postevent surveillance to identify any cases that might have been missed and morbidity and mortality associated with treatment or prophylaxis. In each stage of surveillance, the goals, priorities, and methods differ. Evaluation of unexplained deaths is an ongoing surveillance initiative that is part of CDC's Emerging Infections Program (5).

Monitoring of death rates among persons potentially exposed to *B. anthracis* spores during the anthrax attacks of 2001 continues; however, the onset of anthrax disease 2 years after the exposures is unlikely. Through December 2003, CDC, in collaboration with federal, state, and local partners, will continue to assess mortality among postal workers potentially exposed to *B. anthracis* at the USPS facilities and rates of adverse events among all 10,000 persons for whom \geq 60 days of postexposure prophylaxis was recommended (6).

References

- Dewan PK, Fry AM, Laserson K, et al. Inhalational anthrax outbreak among postal workers, Washington, DC, 2001. Emerg Infect Dis 2002;8:1066–72.
- 2. CDC. National Vital Statistics Report 2002;50(16):1-86.
- Lloyd-Jones DM, Martin DO, Larson MG, Levy D. Accuracy of death certificates for coding coronary heart disease as the cause of death. Ann Intern Med 1998;129:1020–6.
- Sington JD, Cottrell BJ. Analysis of the sensitivity of death certificates in 440 hospital deaths: a comparison with necropsy findings. J Clin Pathol 2002;55:499–502.
- Hajjeh RA, Relman D, Cieslak PR, et al. Surveillance for unexplained deaths and critical illnesses due to possibly infectious causes, United States, 1995–1998. Emerg Infect Dis 2002;8:145–52.
- CDC. Evaluation of postexposure antibiotic prophylaxis to prevent anthrax. MMWR 2002;51:59.

Recognition of Illness Associated With Exposure to Chemical Agents — United States, 2003

Since September 11, 2001, concern has increased about potential terrorist attacks involving the use of chemical agents. In addition, recent cases involving intentional or inadvertent contamination of food with chemicals have highlighted the need for health-care providers and public health officials to be alert for patients in their communities who have signs and symptoms consistent with chemical exposures (1-3). For example, in February 2003, a Michigan supermarket worker was charged with intentionally contaminating 200 lbs. of meat with a nicotine-containing insecticide (3). Although intentional release of chemical agents might be an overt event (i.e., one whose nature reveals itself), such as release of a nerve agent in a subway or a large explosion of a chemical container, a chemical release might instead be a covert event (i.e., an unrecognized release in which the presence of ill persons might be the first sign of an exposure), such as deliberate contamination of food, water, or a consumer product. To increase the likelihood that health-care providers will recognize a chemical-release-related illness and that public health authorities will implement the appropriate emergency response and public health actions, CDC identified examples of chemicalinduced illness (Table) and created appropriate guidance for health-care providers and public health personnel. This report summarizes the epidemiologic clues and clinical signs or patterns of illness that might suggest covert release of a chemical agent. CDC is working to develop national surveillance capabilities for detecting chemicalrelease-related illnesses.

A covert release of a chemical agent might not be identified easily for at least five reasons. First, symptoms of exposure to some chemical agents (e.g., ricin) might be similar to those of common diseases (e.g., gastroenteritis). Second, immediate symptoms of certain chemical exposures might be nonexistent or mild despite the risk for long-term effects (e.g.,

Category	Clinical syndrome	Potential chemical etiology
Cholinergic crisis	 Salivation, diarrhea, lacrimation, bronchorrhea, diaphoresis, and/or urination Miosis, fasciculations, weakness, bradycardia or tachycardia, hypotension or hypertension, altered mental status, and/or seizures 	 Nicotine[†] Organophosphate insecticides[†] decreased acetylcholinesterase activity Carbamate insecticides Medicinal carbamates (e.g., physostigmine)
Generalized muscle rigidity	 Seizure-like, generalized muscle contractions or painful spasms (neck and limbs) and usually tachycardia and hypertension 	Strychnine — intact sensorium
Oropharyngeal pain and ulcerations	 Lip, mouth, and pharyngeal ulcerations and burning pain 	 Paraquat[†] dyspnea and hemoptysis secondary to pulmonary edema or hemorrhage; can progress to pulmonary fibrosis over days to weeks Diquat Caustics (i.e., acids and alkalis) Inorganic mercuric salts Mustards (e.g., sulfur)
Cellular hypoxia	 Mild: nausea, vomiting, and headache Severe: altered mental status, dyspnea, hypotension, seizures, and metabolic acidosis 	 Cyanide[†] (e.g., hydrogen cyanide gas or sodium cyanide) — bitter almond odor[§] Sodium monofluoroacetate (SMFA)[†] — hypocalcemia or hypokalemia Carbon monoxide Hydrogen sulfide Sodium azide Methemoglobin-causing agents
Peripheral neuropathy and/or neurocognitive effects	 Peripheral neuropathy signs and symptoms: muscle weakness and atrophy, "glove and stocking" sensory loss, and depressed or absent deep tendon reflexes Neurocognitive effects: memory loss, delirium, ataxia, and/or encephalopathy 	 Mercury (organic)[†] visual disturbances, paresthesias, and/or ataxia Arsenic (inorganic)[†] delirium and/or peripheral neuropathy Thallium delirium and/or peripheral neuropathy Lead encephalopathy Acrylamide encephalopathy and/or peripheral neuropathy
Severe gastrointestinal illness, dehydration	 Abdominal pain, vomiting, profuse diarrhea (possibly bloody), and hypotension, possibly followed by multisystem organ failure 	 Arsenic[†] Ricin[†] inhalation an additional route of exposure; severe respiratory illness possible Colchicine Barium hypokalemia common

TABLE. Selected* clinical syndromes and potential chemical etiologies

*Not intended as a complete differential diagnosis for each syndrome or a list of all chemicals that might be used in a covert chemical release. [†]Potential agents for a covert chemical release based on historic use (i.e., intentional or inadvertent use), high toxicity, and/or ease of availability. [§]Unreliable sign.

neurocognitive impairment from dimethyl mercury, teratogenicity from isotretinoin, or cancer from aflatoxin). Third, exposure to contaminated food, water, or consumer products might result in reports of illness to health-care providers over a long period and in various locations. Fourth, persons exposed to two or more agents might have symptoms not suggestive of any one chemical agent (i.e., a mixed clinical presentation). Finally, health-care providers might be less familiar with clinical presentations suggesting exposure to chemical agents than they are with illnesses that are treated frequently.

Epidemiologic Clues Suggesting a Covert Chemical Release

Epidemiologic clues that might suggest the covert release of a chemical agent include 1) an unusual increase in the number of patients seeking care for potential chemical-release– related illness; 2) unexplained deaths among young or healthy persons; 3) emission of unexplained odors by patients; 4) clusters of illness in persons who have common characteristics, such as drinking water from the same source; 5) rapid onset of symptoms after an exposure to a potentially contaminated medium (e.g., paresthesias and vomiting within minutes of eating a meal); 6) unexplained death of plants, fish, or animals (domestic or wild); and 7) a syndrome (i.e., a constellation of clinical signs and symptoms in patients) suggesting a disease associated commonly with a known chemical exposure (e.g., neurologic signs or pinpoint pupils in eyes of patients with a gastroenteritis-like syndrome or acidosis in patients with altered mental status).

Various chemical agents could be used as covert weapons, and the actual clinical syndrome will vary depending on the type of agent, the amount and concentration of the chemical, and the route of the exposure. However, certain clinical presentations might be more common with a covert chemical release. Certain syndromes are associated with groups of chemical agents with similar toxic properties that have been used previously, have high toxicity, or are easily available (Table) (4–10). **Reported by:** *M Patel, MD, J Schier, MD, M Belson, MD, C Rubin, DVM, P Garbe, DVM, Div of Environmental Hazards and Health Effects; J Osterloh, MD, Div of Laboratory Sciences, National Center for Environmental Health, CDC.*

Editorial Note: Health-care providers, public health agencies, and poison control centers might be the first to recognize illness, treat patients, and implement the appropriate emergency response to a chemical release. Familiarity with general characteristics of a covert chemical release and recognition of epidemiologic clues and syndromic presentations of chemical agent exposures could improve recognition of these releases and might reduce further morbidity and mortality.

Public health agencies and health-care providers might render the most appropriate, timely, and clinically relevant treatment possible by using treatment modalities based on syndromic categories (e.g., burns, respiratory depression, neurologic damage, and shock). Treating exposed persons by clinical syndrome rather than by specific agent probably is the most pragmatic approach to the treatment of illness caused by chemical exposures.

State and local health departments should educate healthcare providers to recognize unusual illnesses that might indicate release of a chemical agent. Strategies for responding to intentional chemical releases include 1) providing information or reminders to health-care providers and clinical laboratories; 2) encouraging reporting of acute poisonings to local poison control centers, which can guide patient management and facilitate notification of the proper health agencies, and to the local or state health department; 3) initiating surveillance for incidents that potentially involve the covert release of a chemical agent; 4) implementing the capacity to receive and investigate any report of such an event; 5) implementing appropriate protocols, including potentially accessing the Laboratory Response Network for Bioterrorism, to collect and transport specimens and to store them appropriately before laboratory analysis; 6) reporting immediately to CDC and local law enforcement if the results of an investigation suggest the intentional release of a chemical agent; and 7) requesting CDC assistance when necessary.

To begin developing national surveillance capabilities for detecting chemical-release-related illnesses, CDC is collaborating with the American Association of Poison Control Centers to use its Toxic Exposure Surveillance System to identify index cases, evolving patterns, or emerging clusters of hazardous exposures. Identification of early markers for chemical releases (e.g., characteristic symptom complexes, temporal and regional increases in hospitalizations, or sudden increases in case frequency or severity) will enable public health authorities to respond quickly and appropriately to an intentional chemical release.

CDC materials for emergency and health-care personnel, including a list of chemical agents and biologic toxins and their expected clinical syndromes, are available at http:// www.bt.cdc.gov/agent/agentlistchem.asp. Additional information about responding to chemical attacks is available from the U.S. Army Medical Research and Materiel Command at http://www.biomedtraining.org/progmat.htm, the U.S. Army Medical Research Institute of Chemical Defense at http:// ccc.apgea.army.mil, and CDC and the Agency for Toxic Substances and Disease Registry at http://www.atsdr.cdc.gov/ mhmi.html.

References

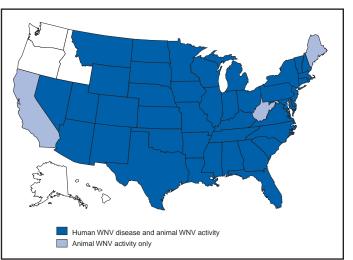
- 1. Khan AS, Swerdlow DL, Juranek DD. Precautions against biological and chemical terrorism directed at food and water supplies. Public Health Rep 2001;116:3–14.
- Buchholz U, Mermin J, Rios R, et al. An outbreak of food-borne illness associated with methomyl-contaminated salt. JAMA 2002;288:604–10.
- 3. CDC. Nicotine poisoning after ingestion of contaminated ground beef—Michigan 2003. MMWR 2003;52:413–6.
- 4. Namba T, Nolte CT, Jackrel J, Grob D. Poisoning due to organophosphate insecticides. Am J Med 1971;50:475–91.
- 5. Daisley H, Simmons V. Homicide by paraquat poisoning. Med Sci Law 1999;39:266–9.
- 6. Wolnik KA. The Tylenol tampering incident—tracing the source. Anal Chem 1984;56:466–70, 474.
- Chi CH, Chen KW, Chan SH, et al. Clinical presentation and prognostic factors in sodium monofluoroacetate intoxication. Clin Toxicol 1996;34:707–12.
- Nierenberg DW, Nordgren RE, Chang MB, et al. Delayed cerebellar disease and death after accidental exposure to dimethylmercury. N Engl J Med 1998;338:1672–6.
- Falkenrath RA, Newnan RD, Thayer BA. America's Achilles' Heel: Nuclear, Biological, and Chemical Terrorism and Covert Attack. Cambridge, Massachusetts: Massachusetts Institute of Technology Press, 1998.
- Franz DR, Jaax N. Ricin toxin. In: Sidell FR, Takafuji ET, Franz DR, eds. Medical Aspects of Chemical and Biological Warfare. Washington, DC: Office of the Surgeon General, 1997.

West Nile Virus Activity — United States, September 25– October 1, 2003

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m., Mountain Daylight Time, October 1, 2003.

During the reporting week of September 25–October 1, a total of 1,034 human cases of WNV infection were reported from 27 states (Colorado, Connecticut, Georgia, Illinois, Iowa, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Vermont, Virginia, and Wyoming), including 22 fatal cases from 10 states (Colorado, Georgia, Maryland, Michigan, Montana, Nebraska, New York, Pennsylvania, Texas, and Wyoming). During the same period, WNV infections were reported in 692 mosquito pools, 549 dead birds, 306 horses, four squirrels, two unidentified animal species, and one dog.

During 2003, a total of 5,861 human cases of WNV infection have been reported from Colorado (n = 1,991), Nebraska (n = 999), South Dakota (n = 840), Texas (n = 335), Wyoming (n = 313), Montana (n = 207), New Mexico (n = 174), North Dakota (n = 148), Iowa (n = 98), Minnesota (n = 96), Pennsylvania (n = 91), Louisiana (n = 67), Ohio (n = 57), Mississippi (n = 51), New York (n = 45), Oklahoma (n = 40), Kansas (n = 40), Missouri (n = 38), Florida (n = 32), Alabama (n = 26), Illinois (n = 22), Maryland (n = 20), North Carolina (n = 19), New Jersey (n = 17), Georgia (n = 13), Arkansas (n = 11), Massachusetts (n = 10), Wisconsin (n = 10), Connecticut (n = nine), Tennessee (n = eight), Virginia (n = seven), Indiana (n = six), Kentucky (n = six), Delaware (n = four), Rhode Island (n = three), New Hampshire (n = two), Arizona (n = one), Michigan (n = one), Nevada (n = one), South Carolina (n = one), Utah (n = one), and Vermont (n = one) (Figure). Of 5,787 (99%) cases for which demographic data were available, 3,028 (52%) occurred among males; the median age was 47 years (range: 1 month-99 years), and the dates of illness onset ranged from March 28 to September 26. Of the 5,787 cases, 115 fatal cases were reported from Colorado (n = 36), Nebraska (n = 15), Texas (n = 11), South Dakota (n = eight), Wyoming (n = eight), New York (n = six), New Mexico (n = four), Alabama (n = three), Iowa (n = three), Minnesota (n = three), Ohio (n = three), Georgia (n = two), Maryland (n = two), Missouri (n = two), Montana (n = two), Kansas (n = one), Louisiana (n = one), Michigan (n = one), Mississippi (n = one), New Jersey (n = one), North Dakota (n = one), and Pennsylvania (n = one). A total of 617 presumptive West Nile viremic blood donors have been FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2003*



* As of 3 a.m., Mountain Daylight Time, October 1, 2003.

reported to ArboNET. Of these, 558 (90%) were reported from the following nine western and midwestern states: Colorado, Kansas, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, and Wyoming. Of the 489 donors for whom data was completely reported, four subsequently had meningoencephalitis, and 66 subsequently had West Nile fever. In addition, 8,955 dead birds with WNV infection were reported from 42 states, the District of Columbia, and New York City; 2,449 WNV infections in horses have been reported from 36 states, 19 infections in unidentified animal species, 13 infections in dogs, and nine infections in squirrels. During 2003, WNV seroconversions have been reported in 612 sentinel chicken flocks from 13 states. Of the eight seropositive sentinel horses reported, Minnesota reported four; South Dakota, three; and West Virginia, one. A total of 5,633 WNV-positive mosquito pools have been reported from 39 states and New York City.

Additional information about WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/ index.htm and http://www.westnilemaps.usgs.gov.

Notice to Readers

SARS, Influenza, and Use of Influenza Vaccine

CDC supports and emphasizes the use of influenza vaccination for reducing influenza infections and their associated complications. CDC does not recommend influenza vaccination for the primary purpose of reducing the number of persons who might be evaluated for severe acute respiratory syndrome (SARS).

Influenza vaccine is effective only against influenza virus infection and is the best option for preventing influenza and its complications. These complications occur most often in children aged <24 months, persons aged ≥65 years, and those of any age who have certain medical conditions placing them at high-risk for having complications from influenza infection.* Annual vaccination is recommended for persons at high risk aged >6 months and for persons in other target groups, including family members and other close contacts of highrisk persons, those aged 50-64 years, and health-care workers. Vaccination is encouraged, when feasible, for children aged 6-23 months and for their household contacts and out-ofhome caregivers. Influenza vaccination of health-care workers is especially important for reducing transmission of influenza viruses to patients with high-risk conditions in hospital and other health-care settings and for protecting the health-care workforce during the influenza season. Additional information about prevention and control of influenza is available http://www.cdc.gov/mmwr/preview/mmwrhtml/ at rr5208a1.htm.

On a population level, widespread use of the influenza vaccine will reduce the number of influenza cases and might decrease the number of persons with a febrile respiratory illness who are evaluated for SARS. However, such secondary benefits cannot be reliably anticipated. For example, the overall decrease in febrile respiratory illnesses would be minimal if circulating levels of influenza viruses are low or if other respiratory pathogens are actively circulating in a community.

Persons vaccinated against influenza can still have a febrile respiratory illness because influenza vaccine will not prevent infection by noninfluenza agents and the effectiveness of influenza vaccine is <100%. Therefore, receipt of influenza vaccination in a person who subsequently experiences a febrile respiratory illness does not eliminate influenza as a possible cause nor necessarily increase the likelihood that the illness is SARS.

Notice to Readers

Domestic Violence Awareness Month, October 2003

October is Domestic Violence Awareness Month (DVAM). Approximately 1.5 million U.S. women and 835,000 U.S. men are raped or physically assaulted by a current or former spouse, cohabitating partner, or date each year (1). The annual health-related costs of intimate partner violence in the United States is approximately \$5.8 billion (2). During October, state and territorial domestic violence coalitions, corporations, health-care providers, faith-based groups, and CDC will highlight activities that increase awareness about intimate partner violence.

A packet of materials designed to help plan events, initiate outreach in communities, and generate public awareness about domestic violence during October and throughout the year is available from the National Resource Center on Domestic Violence, Domestic Violence Awareness Month Project, 6400 Flank Drive, Suite 1300, Harrisburg, PA 17112-2778, telephone 800-537-2238, and at http://dvam.vawnet.org. Additional information about DVAM is available from CDC at http://www.cdc.gov/injury.

References

- Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women. Washington, DC: National Institute of Justice and CDC, 2000 (NCJ183781).
- CDC. Costs of intimate partner violence against women in the United States. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2003. Available at http://www.cdc.gov/ncipc/pub-res/ ipv_cost/ipv.htm.

Erratum: Vol. 52, No. SS-9

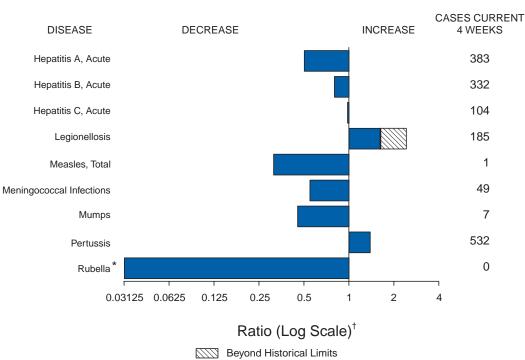
In the Surveillance Summary, "Assisted Reproductive Technology Surveillance—United States, 2000," dated August 29, 2003, an error occurred on page 6, in the third paragraph of the Discussion section. The text should read, "This divergence is not surprising because Massachusetts had a statewide mandate for insurance coverage for ART procedures in 2000." Although a similar mandate was introduced in New Jersey in early 2000, it was not approved until August 2001 and did not take effect until January 1, 2002.

Erratum: Vol. 52, No. 38

In the article, "Update: Detection of West Nile Virus in Blood Donations United States, 2003," an error occurred on page 918 in the second sentence of the third full paragraph discussing Case 2. The sentence should read, "These 20 samples were tested by NAT at three different laboratories; one sample tested equivocal at one laboratory (Lab A), reactive in a second, and nonreactive in a third." This sample subsequently tested positive for West Nile virus RNA at a fourth laboratory and was reactive when retested at Lab A by using a larger extraction volume (estimated virus titer: 0.1 plaqueforming units/mL).

^{*} Persons at high risk include residents of chronic care facilities, persons with chronic pulmonary or cardiovascular disorders (e.g., asthma, chronic metabolic diseases, renal dysfunction, hemoglobinopathies, or immunosuppression), children receiving long-term aspirin therapy, and women who will be in the second or third trimester of pregnancy during the influenza season.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 27, 2003, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 39 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 September 27, 2003 (39th Week)*

	Cum. 2003	Cum. 2002		Cum. 2003	Cum. 2002
Anthrax	-	2	Hansen disease (leprosy) [†]	43	67
Botulism:	-	-	Hantavirus pulmonary syndrome [†]	15	15
foodborne	9	23	Hemolytic uremic syndrome, postdiarrheal [†]	103	158
infant	40	51	HIV infection, pediatric ^{†§}	151	120
other (wound & unspecified)	22	12	Measles, total	37¶	26**
Brucellosis [†]	53	89	Mumps	142	208
Chancroid	33	54	Plague	1	-
Cholera	1	1	Poliomyelitis, paralytic	-	-
Cyclosporiasis [†]	54	146	Psittacosis [†]	12	13
Diphtheria	-	1	Q fever [†]	52	43
Ehrlichiosis:	-	-	Rabies, human	-	2
human granulocytic (HGE) [†]	236	220	Rubella	7	11
human monocytic (HME) [†]	118	148	Rubella, congenital	-	1
other and unspecified	20	16	Streptococcal toxic-shock syndrome [†]	121	90
Encephalitis/Meningitis:	-	-	Tetanus	11	17
California serogroup viral [†]	49	96	Toxic-shock syndrome	99	82
eastern equine [†]	7	2	Trichinosis	2	13
Powassan [†]	-	1	Tularemia [†]	58	60
St. Louis [†]	8	16	Yellow fever	-	-
western equine ⁺	-	-			

-: No reported cases.

Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date). t

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. Last update August 24, 2003.

Of 37 cases reported, 29 were indigenous, and eight were imported from another country.

** Of 26 cases reported, 13 were indigenous, and 13 were imported from another country.

(39th Week)*			Chie	mudiat	Cassidia	demueseie	Crivitan	aridiania		is/Meningitis
Deperting eres	All Cum. 2003§	Cum. 2002	Cum. 2003	mydia [†] Cum. 2002	Cum.	domycosis Cum. 2002	Cryptosp Cum. 2003	Cum. 2002	Cum.	st Nile Cum. 2002
Reporting area	30,269	2002	606,232	615,449	2,820	3,369	2,104	2,232	812	1,877
NEW ENGLAND	989	1,225	20,219	20,367	-	- 3,303	125	152	-	23
Maine N.H.	49 24	27	1,439 1,023	1,227	Ν	Ν	16 11	9 25	-	-
Vt.	13	12	752	1,169 672	-	-	26	26	-	-
Mass. R.I.	408 79	629 74	8,285 2,183	8,156 2,043	-	-	48 12	63 16	-	16
Conn.	416	458	6,537	7,100	Ν	Ν	12	13	-	7
MID. ATLANTIC Upstate N.Y.	6,726 693	6,786 522	81,771 14,548	68,999 12,396	N	N	265 88	286 84	52	72 21
N.Y. City	3,390	3,943	23,888	22,807	-	-	62	113	-	26
N.J. Pa.	1,159 1,484	1,075 1,246	9,670 33,665	10,513 23,283	N	N	4 111	15 74	2 50	21 4
E.N. CENTRAL	2,925	2,916	99,963	112,994	7	20	536	767	52	1,077
Ohio Ind.	555 378	513 397	24,261 12,362	28,335 12,713	N	N	97 69	98 33	52	137 17
III.	1,348	1,359	29,711	35,986	-	2	56	101	-	547
Mich. Wis.	506 138	502 145	22,468 11,161	23,249 12,711	7	18	99 215	91 444	-	335 41
W.N. CENTRAL	563	487	34,269	34,872	1	1	408	305	208	53
Minn. Iowa	110 63	106 58	7,479 2,676	7,803 4,073	N N	N N	114 76	154 37	27 33	-
Mo. N. Dak.	266	224	13,033	11,767	N	N	31 12	29 10	20 5	24
S. Dak.	2 9	1 3	700 1,956	910 1,606	-	-	31	18	38	14
Nebr.¶ Kans.	39 74	44 51	3,269 5,156	3,570 5,143	1 N	1 N	15 129	43 14	32 53	11 4
S. ATLANTIC	8,582	8,879	116,625	115,897	3	3	258	226	65	44
Del. Md.	176 994	155 1,399	2,239 12,201	1,966 11,971	N 3	N 3	3 17	2 16	2 13	- 17
D.C.	765	399	2,101	2,423	-	-	12	4	-	-
Va. W.Va.	655 61	607 67	12,536 1,916	13,056 1,836	N	N	35 4	12 2	6	-
N.C. S.C. ¹	869 551	760 608	19,337 11,795	18,486 10,848	N	N	34 3	28 6	- 1	- 1
Ga.	1,369	1,236	24,292	23,747	-	-	79	90	15	19
Fla. E.S. CENTRAL	3,142 1,306	3,648 1,384	30,208 39,076	31,564 39,667	N N	N N	71 97	66 104	28 20	7 237
Ky.	111	222	5,934	6,582	N	N	21	4	4	30
Tenn. Ala.	575 308	566 298	15,051 9,097	12,106 12,228	N	N	32 35	50 43	6 10	1 23
Miss.	312	298	8,994	8,751	Ν	Ν	9	7	-	183
W.S. CENTRAL Ark.	3,128 127	3,308 190	74,155 5,754	81,671 5,699	-	10	46 13	51 7	166 11	370 8
La.	414	808	12,610	14,584	N	N	2	9	2	191
Okla. Tex.	154 2,433	155 2,155	6,828 48,963	8,520 52,868	N -	N 10	10 21	11 24	13 140	- 171
MOUNTAIN	1,152	1,025	34,244	38,090	1,957	2,142	104	125	245	1
Mont. Idaho	11 17	9 24	1,325 1,860	1,614 1,832	N N	N N	17 20	4 23	200	- 1
Wyo. Colo.	6	8 211	739	692	1 N	- N	4 27	9 45	41	-
N. Mex.	296 92	65	8,147 5,052	10,519 5,620	5	7	8	18	2	-
Ariz. Utah	490 47	432 49	9,880 3,114	11,147 2,182	1,914 9	2,093 11	5 16	11 11	- 1	-
Nev.	193	227	4,127	4,484	28	31	7	4	1	-
PACIFIC Wash.	4,898 311	3,537 336	105,910 12,264	102,892 10,875	851 N	1,192 N	265 25	216 22	4	-
Oreg.	184	234	4,709	5,033	-	-	33	33	4	-
Calif. Alaska	4,319 13	2,858 22	83,679 2,693	80,929 2,727	851 -	1,192	206 1	159	-	-
Hawaii	71	87	2,565	3,328	-	-	-	2	-	-
Guam P.R.	6 787	1 798	- 1,391	481 1,917	N	- N	- N	- N	-	-
V.I. Amer. Samoa	25 U	63 U	142 U	125 U	U	U	U	U	- U	- U
C.N.M.I.	2	U	-	U	-	U	-	U	-	U
N: Not potifichlo			ported appea		-	alth of Northorn				

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002 (39th Week)*

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands. * Incidence data for reporting years 2002 and 2003 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 August 31, 2003. ¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

MMWR

Eschericha colf, Entro-hummerhagic (EHC) Shiga toxin positive, sing positive, service and the service protein of the se	(39th Week)*		Escher	ichia coli Ente	rohemorrhadi					1	
Com. Cum. Cum. <th< th=""><th></th><th></th><th>Lother</th><th>· · · · · · · · · · · · · · · · · · ·</th><th></th><th><u>, , , , , , , , , , , , , , , , , , , </u></th><th>n positive,</th><th></th><th></th><th></th><th></th></th<>			Lother	· · · · · · · · · · · · · · · · · · ·		<u>, , , , , , , , , , , , , , , , , , , </u>	n positive,				
Regording area 2003 2003 2003 2003 2003 2002 2003			1	<u> </u>	1		<u> </u>		1	+	1
NEW ENCLAND 107 203 27 39 13 4 802 1,51 5,316 6,770 N,H, 11 22 - - - 123 153 164 101 N,H, 11 22 - - - 123 153 146 101 Mass. 13 9 728 2,117 2 123 153 2,117 2,102 2,137 4,645 Conn. 29 37 22 14 - - 175 2,10 2,132 2,320 MID.ALLANTIC 179 296 11 1 2,44 5,366 5,744 6,765 6,466 N.J. 31 50 - - 1 2,44 5,744 6,797 6,678 6,646 1 1,767 1,616 1,767 1,617 1,617 1,617 1,617 1,617 1,617 1,617 1,617 1,617 1,617 <td< th=""><th>Reporting area</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Reporting area										
Maine 8 24 . 6 . . 123 155 146 101 Mass. 45 98 3 17 13 4 399 228 2.197 2.472 Mass. 45 98 3 17 13 4 399 218 2.197 2.402 2.320 Mass. 19 29 37 22 14 - - 175 3.069 31.427 3.050 <td< td=""><td>UNITED STATES</td><td>1,682</td><td>2,728</td><td>167</td><td>147</td><td>105</td><td>34</td><td>12,601</td><td>15,017</td><td>230,483</td><td>262,380</td></td<>	UNITED STATES	1,682	2,728	167	147	105	34	12,601	15,017	230,483	262,380
N.H. 11 26 2 - - 21 33 76 94 Vesses 45 80 3 11 1 - 90 92 74 2.32 Kass 45 80 3 11 1 - 14 334 715 210 2.320 MID.ATLATTIC 179 206 11 1 24 6 2.475 3.059 31.427 31.500 N.Y. Chy 4 130 - - - 184 1116 9.422 9.463 N.Y. Chy 4 130 - - - 184 110 9.422 9.463 N.Y. Chy 4 130 - - - - 844 110 9.422 9.463 N.Y. Chy 4 130 - - - - - 4.338 5.445 Ind. 71 47 - 1 - - - - 4.338 5.445 Ind. 71 47 - 1 - - - - 4.338 5.445 Ind. 71 147 148 2.027 7.375				27		13	4				
vi. 13 8 . 1 . . 90 61 78 Maba 4 364 72 93 7 22 14 - - 175 217 2.102 2.33 MD.ATLANTC 179 298 7 - 11 - - 175 217 2.102 2.33 Upstates N.Y. 72 128 7 - 11 - 733 866 5.738 6.445 N.C.UY 4 135 646 - - - - 733 6.68 13.147 16.053 5.50.48 Ch.CENTRAL 391 674 15 3 - - 5.237 62.148 14.08 16.24 16.93 5.448 16.147 16.09 - 6 - - - - - 4.338 6.07 5.248 Oho 71 167 13 - - 12.27<				- 2		-	-				
R.I. 1 0 - 1 - - - 119 734 645 Conn. 29 37 22 14 - - 175 217 2,102 2,350 MID ATLANTIC 79 286 11 1 24 6 2,472 3,169 5,744 6,754 6,754 6,754 6,772 N.J. 13 150 - - - 1 56 600 757 6,574 6,772 9,07 EN CENTRAL 381 674 18 28 16 4 2,070 10,523 9,071 16,53 660 13,147 16,076 16,076 16,177 16,076 16,099 10,757 4,501 11,019 14,45,025 56,048 11,019 14,45,025 56,048 11,01 13 16 22 1 - 14,532 16,089 11,019 14,45,025 56,048 10,757 4,501 10,757 4,501 10,757 4,501 10,757 4,501 10,757 4,501 10,757	Vt.	13	8	-		-	-	90	99	61	78
Conn. 29 37 22 14 - 17 2,102 2,300 MD.ATLANTC 179 266 11 1 1 24 6 2,475 3,506 31,472 31,500 Upstale N. 72 128 7 - 11 - 730 866 5,738 6,415 N. Chr. 4 13 3 - 1 - 14 4 1,16 9,424 5,46 N. Chr. 30 105 4 1 1 3 5 207 20 10,523 5,50,40 Chr. 577 14 7 - 1 1 - 73 2,072 2,010,523 5,50,40 Chr. 76 115 13 28 16 4 2,037 2,611 45,025 5,50,40 Chr. 76 115 13 28 16 4 2,037 2,611 45,025 5,50,40 Chr. 76 115 13 28 16 4 2,037 2,611 45,025 5,50,40 Chr. 71 47 - 1 1 - 6 4 4,83 5,448 II. 73 158 - 6 - 7 5,77 39 13,458 16,166 MM. 1 01 28 5 9 1 1 5 32 628 2,000 10,277 MM. CENTRAL 201 386 29 26 22 4 4 1,419 1,488 12,108 4,588 MM. 6 10 186 2 9 26 22 4 4 1,419 14,888 12,108 4,588 MM. CENTRAL 201 386 29 26 22 4 4 1,419 14,888 12,108 4,588 MM. CENTRAL 201 386 16 22 1 - 244 14 30 75 5,50,44 I. 38 4 4 7 9 - 244 14 307 5,50 ND. C. 44 36 1 4 3 380 1361 6,266 6,658 N. Dak. 8 4 4 7 9 - 24 14 307 5,50 ND. C. 4 38 N N N N N 341 6,246 6,658 N. Dak. 19 23 - 111 4 138 136 1,393 1,393 2,096 S,ATLANTC 110 245 55 - 7 7 - 189 132 1,083 1,393 1,505 Chr. 7 2 - 7 39 3,325 1,507 66,799 Dat. 7 4 36 21 233 4 1,507 66,799 Dat. 7 4 36 21 123 44 5,668 1,191 M. N. N N N N N 146 1,386 1,573 66,795 D. C. 4 36 21 123 4 4 6,665 7,755 N. C. 4 36 21 133 - 235 5,502 6,775 N. C. 4 36 21 133 - 235 5,502 6,778 D. C. 4 36 21 133 4 1,575 66,795 D. C. 4 36 21 133 4 4 6,665 7,755 N. C. 4 36 21 133 4 4 6,665 7,755 N. C. 4 36 21 123 3,44 6,677 5,67,798 D. C. 4 36 21 123 3,44 6,677 5,578 P. C. 5 5 7 123 44 6,677 7,578 P. C. 7 5 7,766 7,769 P. C. 7 5 7,766 7,769 P. C. 7 5 7,766 7,769 P. C. 7 5 7,767 7,622 P. M. 1,086 12,177 N. M 1,1086 12,177 N. M 1,086 12						13	4				
Upsate N.Y. C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.C1V N.V1V N.						-	-				
NY.Chy 4 13 - </td <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>					1						
N.J. 13 50 - - - 1 241 357 5,744 5,723 9,917 E.N.CENTRAL 381 674 18 28 16 4 2,037 2,611 45,025 55,048 Ind. 77 4,674 13 9 15 3 653 668 13,147 16,076 Ind. 77 4,639 5,444 5,446 5,446 568 668 1,474 16,076 Mich. 61 109 - 3 - 1 522 682 1,909 10,787 WN.CENTRAL 201 385 29 26 22 4 1,419 1,466 1,34,388 Mon. 63 95 - - - 204 233 6,075 2,349 Nobr. 15 45 1 3 - - 207 161 167 133 Nobr. 15 45 1 3 - - 30 216 6,625 59				7	-						6,415 9.466
E N CENTRAL 381 674 18 28 16 4 2.037 2.011 44.025 55.048 16.076 16.076 17. 47 47 - 1 4.838 5.448 16.076	N.J.	13	50	-	-	-		241	357	5,744	5,792
Ohio 76 115 13 9 15 3 663 668 13,147 16,076 III, dr. 73 188 - 6 - - 527 782 13,488 16,105 Wis. 100 245 5 9 1 327 622 23,775 4,483 16,105 Wis. 100 245 5 9 1 - 326 522,775 13,438 Wis. 101 385 29 26 22 4 1,419 1,462 12,139 13,438 Wis. 103 361 6,246 6,568 6,77 2,339 13,439 1,030<											
Ind. 71 47 - 1 - - - - - 4.838 5.448 Mich. 61 109 - 3 - 1 552 682 9.809 10.767 Wis. 100 245 5 9 1 - 325 522 9.809 10.775 Win. 101 134 16 22 4 14.19 1.486 12.138 13.438 Min. 101 134 16 22 1 - 5.46 6.858 6.858 Min. 64 51 8 - - - 9 2.44 1.44 30 5.5 N.Dak. 64 4 - - 9 2.44 1.44 30 5.67 S.Dak. 21 33 4 1 - - 801 1.686 1.191 Kans. 19 2.3 - - 1.967 2.195 5.57 7 - 1.967 2.198 5.892 6.7											
Mich. 61 109 - 3 - 1 532 562 9,809 10,767 Wis. 100 245 5 9 1 - 332 522 3,775 4,591 Win. 101 134 16 226 22 4 1,419 1,486 1,2138 13,338 Iowa 63 95 - - - 204 233 607 3323 Nok. 8 4 - - 9 - 224 14 30 55 Sak. 21 33 4 1 - 59 51 1607 19 100 190 100	Ind.	71	47		1	-	-	-	-	4,838	5,448
Wis. 100 245 5 9 1 - 225 522 3,775 4,591 WIN.CENTRAL 101 134 16 22 1 - 546 522 3,935 Mon. 63 95 - - - 264 233 607 932 Mo. 64 51 8 - 1 - 264 143 301 55 S.Dak. 215 36 4 1 - - 59 51 101 118 1183 136 1193 1196 1193 1196 1193 1196 1193 1196 1193 1196 1193 1196 1193 1196 1193 1196 1193 1196 1196 1193 1196 1196 1193 1196 1193 1196 1198 1198 1198 1198 1198 1198 1198 1198 1198 1198 1198 11											
Minn. 101 134 16 22 1 - 546 568 2,075 2,349 Mo. 64 51 8 - 1 - 361 361 6,246 6,658 N.Dak. 8 4 - - 9 - 24 14 30 55 S.Dak. 21 33 4 1 - - 51 161 193 1,156 S.Dak. 21 33 4 1 - - 51 66,789 SATLANTC 10 215 55 27 7 - 1,967 2,199 57,875 66,789 Dal. 4 8 N N N N 34 41 868 1,771 Va. 32 49 8 7 - - 250 1,217 Wa. 32 49 8 7 - - 250 1,313 1,211 1,313 1,42 1,31 1,42 1,31 1,42 1,4						1					
lowa 63 95 - - - 204 233 607 932 NDak. 8 4 - - 9 - 24 14 30 55 S.Dak. 21 33 4 1 - - 89 123 1.083 1.155 Nabr. 15 45 1 3 - - 89 123 1.083 1.155 S.ATLANTIC 110 215 55 27 7 - 1.967 2.199 57.875 66.789 S.ATLANTIC 10 215 55 27 7 - 1.967 2.199 57.875 66.789 D.C. 1 - - - - 373 2 1.672 1.980 Va. 32 49 8 7 - - 8.0 1.135 1.130 1.135 1.130 1.130 1.131 1.130 1.142	W.N. CENTRAL						4				
Mo. 64 51 8 - - 1 - 361 361 6,246 6,658 N.Dak. 21 33 4 1 - - 57 51 167 193 S.Dak. 21 33 4 1 - - 57 51 167 193 Kans. 19 23 - - 11 4 138 1336 1,330 2,096 Del. 4 8 N N N 34 41 668 1,191 Dcl. 1 - - - 323 31 1,672 1,989 7,775 Dcl. 1 - - - - 33 1,672 1,989 7,775 Dcl. 1 - - - - - 33 1,672 1,989 7,775 NC. - 5 21 - - - 33 1,672 1,989 7,775 NC. - - 30				16			-				
S.Dak. 21 33 4 1 - - 57 51 167 193 Kans. 19 23 - - 11 4 138 136 1,930 2,096 S.DLANTIC 110 215 55 27 7 - 1,967 2,199 5,542 6,721 Del 4 8 N N N N 82 215 5,524 7,751 Md. 2 - - - 33 34 655 735 NC. 1 - - - 33 34 655 735 S.C. - 5 - - - 33 34 665 735 S.C. - 5 - - - 82 106 6,424 6,944 Ga. 23 38 3 7 - 22 106 6,424 6,944 Ky. 22 25 3 - 6 9 N N		64		8			-		361		
Nebr. 15 45 1 3 - - 89 123 1,083 1,155 SATLANTIC 110 215 55 27 7 - 1,967 2,199 57,875 66,789 Dal. 4 8 N N N N 34 44 688 1,781 Mac. 1 2 - - - 37 32 1,672 1,980 Va. 32 49 8 7 - - 250 215 5,824 7,781 N.C. 4 36 21 - - N N 110,86 12,117 S.C. - 5 - - - N N 11,12,118 13,06 S.C. - 5 3 - 6 9 27 289 19,131 22,431 Ga. 22 28 3 - - - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>							-				
SATLANTIC 110 215 55 27 7 - 1,967 2,199 57,875 66,789 Del. 4 8 N N N N 34 41 868 1,191 Mc. 1 2 - - - 82 92 5,824 7,751 W.a. 32 49 8 7 - - 250 215 18,824 7,751 W.a. 36 6 - - - 33 444 665 735 N.C. 4 36 21 - - - 82 106 6,424 6,94 Ga. 23 38 3 7 - 82 106 6,424 6,94 Fla. 36 51 23 13 7 - 729 19,131 22,483 Ky.m. 22 25 3 - 6 9 257 289 19,131 22,483 Ky.m. 22 25 3 - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>						-	-				
	Kans.	19		-	-		4	138	136	1,930	2,096
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$							- N				
Va. 32 49 8 7 - - 250 215 5,624 7,751 N.C. 4 36 21 - - N N N 11,086 12,117 S.C. - 5 - - - N N N 11,086 12,118 Ga. 23 38 3 7 - - 667 701 12,118 13,062 Fla. 36 51 22 3 - 6 9 N N 2,627 2,798 Tenn. 24 38 - - - 121 128 6,631 7,742 Afa. 13 17 - - - 136 161 5,735 7,822 Miss. 3 8 - - - 136 161 5,735 7,642 Mas. 3 8 - - - 136 161 5,735 7,64 7,643 7,645 9,030 6,661 109 </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>82</td> <td>95</td> <td></td> <td>6,721</td>					-	-		82	95		6,721
			-			-	-				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					-	-	-				
Ga.23383766770112,11813,062Fla.365123137-76296513,33616,284E.S. CENTRAL62883-69NN2,6272,796Tenn.24381211286,2317,042Ala.13171361615,7367,822Miss.384,5375,183W.S. CENTRAL65951-12321518130,63536,661Ark.891091242,9943,561La.34101512,6913,620Okla.2119101512,6913,620MOUNTAIN2152682120541,1561,1907,3788,267Mont.122513770101512,6913,620MOUNTAIN2152682120541,1561,1907,3788,267Mont.122513770101512,641Mont.1225137701041,0833,620Mont.<		4			-	-	-				
E.S.CENTRAL62883-6925728919,13122,843Ky.22253-69NN2,6272,796Tenn.24381211286,2317,042Ala.13171361615,7367,822Miss.381361615,7367,823Miss.381091242,9943,561La.891091242,9943,561La.34101512,6813,620Okla.2119101512,6813,620Tex.33631-123-217,30520,450MOUNTAIN2152682120541,1561,1907,3788,267Mont.1225137895766Mont.1225117233344Colo.548035543293911,4422,614Ariz.2531NNNN2021502,7022,738Nev.18231223303 </td <td></td> <td>23</td> <td></td> <td>3</td> <td>7</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td>		23		3	7	-	-				
Ky. 22 25 3 - 6 9 N N 2,627 2,796 Ala. 13 17 - - - 121 128 6,231 7,042 Ala. 13 17 - - - - 136 161 5,736 7,822 Miss. 3 8 - - - - 136 161 5,736 7,822 MS. CENTRAL 65 95 1 - 12 3 215 181 30,635 36,661 Ark. 8 9 - - - - 5 4 7,645 9,030 Okla. 21 268 21 20 5 4 1,156 1,190 7,378 8,267 Mont. 12 25 - - - 137 89 57 66 Mont. 12 25 3 3	Fla.	36	51	23	13	7	-	782	965	13,336	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$					-						
Ala.13171361615,7367,822Miss.384,5375,183Miss.65951-12321518130,63536,661Ark.891091242,9943,561La.34547,6459,030Okla.2119101512,6913,620Tex.33631-123-217,30520,450Mont.122577727370Idaho46361410137895766Wyo.211-217233344Colo.548035543293911,9422,614N.Mex.7633361198191,108Nev.182312233032,0572,157Oreg.7117416-2,2832,65121,55822,034Wash.7611212,283324659636Oreg.7117416-<					-						
WS. CENTRAL 65 95 1 - 12 3 215 181 30,635 36,661 Ark. 8 9 - - - 109 124 2,994 3,561 La. 3 4 - - - - 101 51 2,691 3,620 Okla. 21 19 - - - 101 51 2,691 3,620 Tex. 33 63 1 - 12 3 - 2 17,305 20,450 MOUNTAIN 215 268 21 20 5 4 1,156 1,190 7,378 8,267 Mont. 12 25 - - - 137 89 57 66 Mont. 12 25 - - - 137 89 57 66 Mont. 12 25 - - - 137 89 57 66 Nex. 7 6 3 3 -				-	-	-		136	161	5,736	
Ark.891091242,9943,561La.34547,6459,030Okla.2119101512,6913,620Tex.33631-123-217,30520,450MOUNTAIN2152682120541,1561,1907,3788,267Mont.1225137895766Wyo.211-217233344N.Mex.7633361198191,108Ariz.2531NNNN2021502,7022,738Nev.18231921091,4491,414PACIFIC272504262,1832,65121,55822,034Wash.7611212983032,0572,157Oreg.7117416-2,98324659636Calif.1161795976393451Hawaii6335976393451Rex.1<				-	-			-	-		
La.34547,6459,030Okla.2119101512,6913,620Tex.33631-123-217,30520,450MOUNTAIN2152682120541,1561,1907,3788,267Mont.122577727370Idaho46361410137895766Wyo.211-217233344Colo.548035543293911,9422,614Ariz.2531NNNN2021502,7022,738Vath5156266237303213Nev.182312233032,0572,157Vash.7611212921091,4491,414PACIFIC272504262,1832,65121,55822,034Wash.761121298324659636Calif.1161795976393451Alaxai633-<				-	-	12	-				36,661
Tex. 33 63 1 - 12 3 - 2 17,305 20,450 MOUNTAIN 215 268 21 20 5 4 1,156 1,190 7,378 8,267 Mont. 12 25 - - - 77 72 73 70 Idaho 46 36 14 10 - - 77 72 73 70 Kont. 12 25 - - - 137 89 57 66 Wyo. 2 11 - 2 - - 17 23 33 44 Colo. 54 80 3 5 5 4 329 391 1,942 2,614 N.Mex. 7 6 3 3 - - 36 119 819 1,108 Ariz. 25 31 N N N 202 150 2,702 2,738 Utah 51 56 - - </td <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td>9,030</td>				-	-	-	-				9,030
MOUNTAIN 215 268 21 20 5 4 1,156 1,190 7,378 8,267 Mont. 12 25 - - - 77 72 73 70 Idaho 46 36 14 10 - - 137 89 57 66 Wyo. 2 11 - 2 - - 17 23 33 44 Colo. 54 80 3 5 5 4 329 391 1,942 2,614 N.Mex. 7 6 3 3 - - 36 119 819 1,08 Ariz. 25 31 N N N 202 150 2,702 2,738 Utah 51 56 - - - 223 303 2,155 2,2034 Wash. 76 112 1 - - 2,218 <td></td> <td></td> <td></td> <td>- 1</td> <td>-</td> <td>12</td> <td>3</td> <td>-</td> <td></td> <td></td> <td></td>				- 1	-	12	3	-			
Mont. 12 25 - - - - 77 72 73 70 Idaho 46 36 14 10 - - 137 89 57 66 Wyo. 2 11 - 2 - - 17 23 33 44 Colo. 54 80 3 5 5 4 329 391 1,942 2,614 N.Mex. 7 6 3 3 - - 36 119 819 1,108 Ariz. 25 31 N N N 202 150 2,702 2,738 Utah 51 56 - - - 266 237 303 213 Nev. 18 23 1 - - 92 109 1,449 1,414 PACIFIC 272 504 2 6 - - 2,183 2,651 21,558 22,034 Wash. 76 112 1 <td< td=""><td>MOUNTAIN</td><td>215</td><td>268</td><td>21</td><td>20</td><td>5</td><td>4</td><td>1,156</td><td>1,190</td><td></td><td>8,267</td></td<>	MOUNTAIN	215	268	21	20	5	4	1,156	1,190		8,267
Wyo. 2 11 - 2 - - 17 23 33 44 Colo. 54 80 3 55 5 4 329 391 1,942 2,614 N.Mex. 7 6 3 3 - - 36 119 819 1,108 Ariz. 25 31 N N N N202 150 2,702 2,738 Utah 51 56 - - - - 266 237 303 213 Nev. 18 23 1 - - - 266 237 303 213 Nev. 18 23 1 - - - 22,06 237 303 21,35 Nev. 18 23 1 - - - 22,33 303 2,157 Oreg. 71 174 1 6 - - 22,33 324 659 636 Calif. 116 179						-	-	77	72	73	70
Colo. 54 80 3 5 5 4 329 391 1,942 2,614 N.Mex. 7 6 3 3 - - 36 119 819 1,108 Ariz. 25 31 N N N N 202 150 2,702 2,738 Utah 51 56 - - - 266 237 303 213 Nev. 18 23 1 - - 92 109 1,449 1,414 PACIFIC 272 504 2 6 - - 2,183 2,651 21,558 22,034 Wash. 76 112 1 - - 298 324 659 636 Calif. 116 179 - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59		40				-	-				
Ariz. 25 31 N N N N 202 150 2,702 2,738 Utah 51 56 - - - - 266 237 303 213 Nev. 18 23 1 - - - 92 109 1,449 1,414 PACIFIC 272 504 2 6 - - 2183 2,651 21,558 22,034 Wash. 76 112 1 - - 223 303 2,057 2,157 Oreg. 71 174 1 6 - 298 324 659 636 Calif. 116 179 - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - - 7 - 37 P.R. - 1 - - - <td></td>											
Utah 51 56 - - - - 266 237 303 213 Nev. 18 23 1 - - 92 109 1,449 1,414 PACIFIC 272 504 2 6 - - 92 109 1,449 1,414 Wash. 76 112 1 - - 223 303 2,057 2,157 Oreg. 71 174 1 6 - - 298 324 659 636 Calif. 116 179 - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - 63 70 598 510 Guam N N - - - - 7 - <td></td>											
PACIFIC 272 504 2 6 - - 2,183 2,651 21,558 22,034 Wash. 76 112 1 - - - 223 303 2,057 2,157 Oreg. 71 174 1 6 - - 298 324 659 636 Calif. 116 179 - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - 63 70 598 510 Guam N N - - - - 7 - 37 P.R. - 1 - - - 35 66 151 276 V.I. - - - - - 36 31					-	-	-				213
Wash. 76 112 1 - - 223 303 2,057 2,157 Oreg. 71 174 1 6 - - 298 324 659 636 Calif. 116 179 - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - 63 70 598 510 Guam N N - - - - 7 - 37 P.R. - 1 - - - 35 66 151 276 V.I. - - - - - 36 31 Amer. Samoa U U U U U U U U U					-	-	-				
Oreg. 71 174 1 6 - - 298 324 659 636 Calif. 116 179 - - - - 1,540 1,878 17,851 18,280 Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - - 59 76 393 451 Guam N N - - - 63 70 598 510 Guam N N - - - - 7 - 37 P.R. - 1 - - - 35 66 151 276 V.I. - - - - - - 36 31 Amer.Samoa U U U U U U U U U U U </td <td></td> <td>76</td> <td></td> <td></td> <td>-</td> <td>-</td> <td>-</td> <td>223</td> <td>303</td> <td></td> <td></td>		76			-	-	-	223	303		
Alaska 3 6 - - - 59 76 393 451 Hawaii 6 33 - - - - 59 76 393 451 Hawaii 6 33 - - - - 59 76 393 451 Hawaii 6 33 - - - - 63 70 598 510 Guam N N - - - - - 63 70 598 510 Guam N N - - - - - 76 37 - 37 P.R. - 1 - - - 35 66 151 276 V.I. - - - - - - 36 31 Amer. Samoa U U U U U U U U U U				1		-	-				
Hawaii 6 33 - - - 63 70 598 510 Guam N N - - - - 63 70 598 510 Guam N N - - - - - 63 70 598 510 Guam N N - - - - - 77 - 37 P.R. - 1 - - - - 35 66 151 276 V.I. - - - - - - 36 31 Amer.Samoa U U U U U U U U U U				-	-	-	-				
P.R. - 1 - - - 35 66 151 276 V.I. - - - - - - 36 31 Amer. Samoa U U U U U U U U U			33	-	-	-	-				
V.I 36 31 Amer. Samoa U U U U U U U U U U U				-	-	-	-	-		-	
	V.I.	-	-	-	-	-		-	-	36	31
				U							U

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002

(39th Week)*				Haemophilus	influenzae, inv	asive [†]			Hen	atitis
	All a	iges		naemoprinus	Age <				- ·	te), by type
	All ser	otypes	Serot	ype b	Non-sei	otype b	Unknown	serotype		A
Reporting area	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	1,292	1,266	15	25	72	102	135	116	4,444	6,894
NEW ENGLAND	103	85	1		6	8	5	2	232	243
Maine	4	1 7	- 1	-	-	-	1	-	9	8
N.H. Vt.	11 7	6	-	-	-	-	-	-	11 6	11 1
Mass. R.I.	47 6	40 10	-	-	6	4	3 1	2	133 12	110 30
Conn.	28	21	-	-	-	4	-	-	61	83
MID. ATLANTIC	296	234	-	2	1	14	38	20	892	882
Upstate N.Y. N.Y. City	110 47	91 55	-	2	1	4	11 10	6 9	94 324	141 340
N.J.	52	46	-	-	-	-	6	5	103	149
Pa.	87	42	-	-	-	10	11	-	371	252
E.N. CENTRAL Ohio	183 58	248 63	4	3	7	9 1	28 10	32 7	476 84	861 241
Ind.	37	35	1	1	4	7	-	-	58	38
III. Mich.	58 19	97 11	- 3	- 2	- 3	- 1	14 1	17	146 150	233 179
Wis.	11	42	-	-	-	-	3	8	38	170
W.N. CENTRAL	92	56	1	1	7	2	12	4	145	243
Minn. Iowa	36	36 1	1	1	7	2	2	2	37 25	36 54
Mo.	36	11	-	-	-	-	10	2	51	73
N. Dak. S. Dak.	1 1	4 1	-	-	-	-	-	-	-	1 3
Nebr.	2	-	-	-	-	-	-	-	8	16
Kans. S. ATLANTIC	16	3	-	-				-	24	60
Del.	302	288	-	5	12	15	14	22	1,067 4	1,900 11
Md. D.C.	67	72	-	2	5	3	-	1	110 30	243 65
Va.	41	25	-	-	-	-	5	4	69	97
W.Va. N.C.	14 35	16 30	-	-	- 3	1 3	- 1	1	14 72	15 182
S.C.	3	11	-	-	-	-	-	2	26	54
Ga. Fla.	54 88	61 73	- 1	- 3	- 4	- 8	5 3	10 4	408 334	367 866
E.S. CENTRAL	59	54	1	1	-	4	8	10	158	206
Ky.	4	4	-	-	-	1	-	-	25	41
Tenn. Ala.	33 20	27 14	- 1	- 1	-	- 3	4 3	7 1	105 14	83 32
Miss.	2	9	-	-	-	-	1	2	14	50
W.S. CENTRAL	52	46	1	2	7	8	3	2	201	809
Ark. La.	7 7	1 6	-	-	1	-	- 2	- 2	17 38	45 64
Okla.	35	37	÷	-	6	8	1	-	10	39
Tex.	3	2	1	2	-	-	-	-	136	661
MOUNTAIN Mont.	128	139	4	4	18	25	17	13	364 7	439 12
Idaho	4	2 2	-	-	-	-	1	1	-	24
Wyo. Colo.	1 26	26	-	-	-	-	5	2	1 56	2 67
N. Mex.	14 64	22 62	-	- 2	4	6	1	1	15	20
Ariz. Utah	11	62 14	4	2 1	6 5	14 3	8 2	6	209 34	237 39
Nev.	8	11	-	1	3	2	-	3	42	38
PACIFIC Wash.	77 9	116 2	2	7 1	14 6	17 1	10 2	11	909 42	1,311 134
Oreg.	37	44	-	-	-	-	3	3	46	50
Calif. Alaska	17	39 1	2	6	8	16	4	4 1	806 8	1,096 8
Hawaii	14	30	-	-	-	-	- 1	3	0 7	23
Guam	-	-	-	-	-	-	-	-	-	-
P.R. V.I.	-	1	-	-	-	-	-	-	26	177
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I. N: Not notifiable	U: Unavailable	U	- orted cases	U	-	U	-	U	-	U

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002 (39th Week)*

N: Not notifiable. U: Unavailable. -: No reported cases. * Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date). † Non-serotype b: nontypeable and type other than b; Unknown serotype: type unknown or not reported. Previously, cases reported without type information were counted as non-serotype b.

MMWR

(39th Week)*										
		epatitis (viral B	, acute), by ty	pe C	Legior	nellosis	Lister	iosis	Lyme	disease
Reporting area	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	4,494	5,463	1,213	1,420	1,416	837	436	456	12,515	15,259
NEW ENGLAND	180	212	3	18	64	74	35	51	2,193	4,298
Maine N.H.	1 11	8 15	-	-	2 6	2 4	6 3	5 4	161 87	49 189
Vt. Mass.	2 147	4 118	3	12 6	5 22	31 28	- 13	3 27	32 487	30 1,666
R.I. Conn.	11 8	21 46	- U	U U	13 16	1	13	1 11	434 992	252 2,112
MID. ATLANTIC	720	1,158	124	80	398	233	85	134	8,430	8,255
Upstate N.Y. N.Y. City	90 254	91 575	36	35	118 32	61 50	24 14	42 31	3,481 5	3,611 56
N.J.	165	233	-	4	34	27	11	27	1,372	1,991
Pa. E.N. CENTRAL	211 293	259 501	88 129	41 81	214 278	95 217	36 52	34 59	3,572 592	2,597 1,131
Ohio	108	70	7	-	175	85	18 5	15	57	49 18
Ind. III.	28 1	38 115	14	18	20 3	14 21	7	6 15	17	46
Mich. Wis.	133 23	235 43	101	60 3	67 13	65 32	17 5	15 8	7 511	25 993
W.N. CENTRAL	237	168	183	605	52	43	16	12	269	193
Minn. Iowa	29 8	20 13	7	2	3 9	10 10	8	1	196 29	112 32
Mo. N. Dak.	165 2	88 4	174	591 -	24 1	11 -	5	7 1	33	36
S. Dak. Nebr.	2 18	1 22	- 1	1 10	2 4	2 10	- 3	- 1	1 2	1 6
Kans.	13	20	-	-	9	-	-	1	8	6
S. ATLANTIC Del.	1,389 5	1,290 13	126	159 -	397 21	142 7	94 N	58 N	848 137	1,098 153
Md. D.C.	98 9	97 15	13	9	98 13	28 5	14	14	486 6	619 18
Va. W. Va.	137 25	152 18	7 1	9 2	72 15	17	9 6	4	66 17	123 12
N.C.	111	174	11	22	30	9	15	5	77	101
S.C. Ga.	110 409	90 333	24 3	4 61	5 24	6 13	2 25	8 9	3 12	13
Fla. E.S. CENTRAL	485 303	398 284	67 64	52 104	119 79	57 26	23 23	18 13	44 43	57 56
Ky.	50	47	10	4	35	10	5	2	11	19
Tenn. Ala.	147 47	106 59	18 6	22 6	28 13	10 6	5 11	7 4	12 5	20 8
Miss. W.S. CENTRAL	59 225	72 753	30 456	72 239	3 36	- 25	2 21	- 27	15 38	9 124
Ark.	38	94	3	10	2	-	1	-	-	2
La. Okla.	46 31	102 52	46 2	76 5	- 6	4 3	1 2	2 7	3	3
Tex. MOUNTAIN	110 472	505 482	405 41	148 45	28 50	18 33	17 28	18 25	35 15	119 13
Mont.	13	7	1	-	3	3	2	-	-	-
ldaho Wyo.	27	6 15	-	- 5	3 2	1 2	2	2	3 1	3 1
Colo. N. Mex.	63 27	61 137	12	6 2	11 2	7 2	10 2	6 2	4	1 1
Ariz. Utah	234 49	176 33	7	4 4	9 15	7 8	9	11 3	1 3	2 4
Nev.	59	47	21	24	5	3	3	1	3	1
PACIFIC Wash.	675 54	615 56	87 14	89 17	62 8	44 3	82 3	77 8	87 3	91 9
Oreg. Calif.	84 509	102 443	12 58	10 61	N 54	N 41	5 70	8 53	16 65	11 68
Alaska	8	6	1	-	- 54	41	-	-	3	3
Hawaii Guam	20	8	2	1	-	-	4	8	N	N
P.R.	41	144	-	-	-	-	-	2	N	N
V.I. Amer. Samoa	U	U	U	U	U	U	U	- U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002

(39th Week)*	Meningococcal									
	Ma	laria		jococcal ease	Pert	ussis	Rabie	s, animal		lountain d fever
Reporting area	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	775	1,085	1,223	1,402	5,115	6,019	4,303	5,896	578	774
NEW ENGLAND	29	63	57	78	507	543	431	707	-	6
Maine N.H.	3 2	5 7	5 3	4 11	12 57	12 11	47 13	45 38	-	-
Vt. Mass.	1 6	2 26	2 36	4 41	55 365	101 379	28 160	82 222	-	- 3
R.I.	2	5	2	5	16	13	50	59	-	3
Conn. MID. ATLANTIC	15 189	18 291	9 145	13 172	2 533	27 314	133 681	261 963	- 31	47
Upstate N.Y.	47	32	36	38	308	215	318	546	2	-
N.Y. City N.J.	87 25	188 38	28 19	32 26	- 39	15	5 62	10 138	10 10	9 16
Pa.	30	33	62	76	186	84	296	269	9	22
E.N. CENTRAL Ohio	72 15	139 16	175 47	202 63	433 192	706 339	133 46	146 31	13 10	26 10
Ind.	2	12	39	24	50	91	22	30	1	3
III. Mich.	23 23	58 42	38 34	44 33	- 80	111 41	19 39	30 41	2	11 2
Wis.	9	11	17	38	111	124	7	14	-	-
W.N. CENTRAL Minn.	41 21	52 16	112 22	119 29	306 120	516 241	473 27	386 35	57 1	99
Iowa Mo.	5 5	4 14	18 54	19 39	78 66	108 105	95 42	62 44	2 45	3 91
N. Dak.	1	1	1	-	4	5	45	32	-	-
S. Dak. Nebr.	2	1 5	1 7	2 23	3 5	6 7	67 58	76	4 3	1 4
Kans.	7	11	9	7	30	44	139	137	2	-
S. ATLANTIC Del.	236 3	256 3	223 7	228 7	470 1	345 2	1,954 43	2,059 24	353 1	361 1
Md.	59	88	24	7	60	55	246	307	86	33
D.C. Va.	9 28	18 22	- 20	34	1 83	1 117	- 412	459	23	- 27
W.Va. N.C.	4 19	3 19	4 30	4 29	14 99	30 36	70 601	144 551	5 173	1 226
S.C.	3	7	20	23	90	36	172	104	14	45
Ga. Fla.	47 64	43 53	28 90	25 99	30 92	24 44	286 124	328 142	42 9	19 9
E.S. CENTRAL	13	18	62	78	119	195	142	193	73	104
Ky. Tenn.	6 4	6 3	15 16	12 31	41 57	81 76	30 86	21 108	1 52	5 63
Ala. Miss.	3	4 5	15 16	19 16	15 6	30 8	26	60 4	12 8	11 25
W.S. CENTRAL	22	61	132	173	429	1,369	- 180	932	41	115
Ark.	4 3	2	12 25	22 35	30	470	25	3	-	42
La. Okla.	4	8	14	17	6 12	7 35	- 155	- 97	40	61
Tex.	11	47	81	99	381	857	-	832	1	12
MOUNTAIN Mont.	36	38 1	60 3	77 2	745 4	725 5	144 20	262 16	9 1	13 1
Idaho Wyo.	1 1	-	6 2	3	62 123	56 10	14 6	32 18	2 2	- 4
Colo.	16	21	18	23	254	283	34	56	2	2
N. Mex. Ariz.	1 12	2 6	7 15	4 23	50 126	156 109	5 52	10 116	- 1	1 -
Utah Nev.	4 1	5 3	1 8	4 18	101 25	62 44	10 3	10 4	1	- 5
PACIFIC	137	167	257	275	1,573	1,306	165	248	-	3
Wash.	21	16	25	51	490	364	-	-	-	-
Oreg. Calif.	10 100	9 134	44 176	39 175	366 705	162 749	6 152	14 208	-	2 1
Alaska Hawaii	- 6	2 6	3 9	4 6	1 11	4 27	7	26	-	-
Guam	-	-	-	1	-	2	-	-	-	-
P.R. V.I.	1	1	2	6	-	2	59	66	N	Ν
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002 (39th Week)*

MMWR

(39th Week)*							Stre	ptococcus pne	<i>umoniae</i> , inv	asive
	Salmo	onellosis	Shige	ellosis	Streptococo invasive,		Drug re all a	sistant, ges	Age <	5 years
Reporting area	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	28,208	31,144	15,835	14,264	4,201	3,656	1,620	1,859	327	248
NEW ENGLAND	1,598	1,667	236	255	333	274	40	89	6	2 10
Maine	99	108	6	4	22	20	-	-	-	-
N.H. Vt.	94 52	106 66	5 6	9 1	21 18	31 9	6	4	N 3	N 1
Mass. R.I.	944 107	941 122	157 14	163 12	159 11	94 14	N 10	N 12	N 3	N 1
Conn.	302	324	48	66	102	106	24	73	Ŭ	Ů
MID. ATLANTIC	3,270	4,202	1,690	1,288	765	583	100	88	75	60
Upstate N.Y. N.Y. City	856 876	1,131 1,065	325 287	208 360	305 101	235 133	55 U	75 U	58 U	49 U
N.J. Pa.	358	816	206	476	130	124	N	N	N	N
Pa. E.N. CENTRAL	1,180 4,080	1,190 4,322	872 1,319	244 1,609	229 900	91 783	45 337	13 166	17 134	11 97
Ohio	1,091	1,021	254	480	255	174	219	33	77	5
Ind. III.	461 1,289	408 1,458	125 642	79 773	94 181	41 227	118	131 2	35	46
Mich.	612	699	198	136	308	246	N	N	Ν	Ν
Wis.	627	736	100	141	62	95	N	N	22	46
W.N. CENTRAL Minn.	1,880 403	1,902 432	613 78	800 165	269 135	202 100	131 -	333 220	45 39	41 37
lowa Mo.	276 752	325 641	54 302	99 126	N 57	N 41	N 9	N 5	N 2	N 1
N. Dak.	28	24	3	16	11	-	3	1	4	3
S. Dak. Nebr.	90 113	83 135	13 95	151 173	19 21	12 18	1	1 25	N	N
Kans.	218	262	68	70	26	31	118	81	N	N
S. ATLANTIC	7,571	7,794	5,699	4,507	743	603	847	865	16	25
Del. Md.	61 641	71 727	148 502	139 863	6 220	2 93	1	3	N -	N 19
D.C. Va.	35 809	57 846	60 322	48 721	12 90	6 66	2 N	- N	6 N	3 N
W.Va.	107	98	-	9	31	16	57	36	10	3
N.C. S.C.	959 472	1,042 552	815 305	278 91	92 32	107 32	N 117	N 150	U N	U N
Ga.	1,431	1,443	1,359	1,030	93	115	197	219	N	N
Fla.	3,056	2,958	2,188	1,328	167	166	473	457	Ν	N
E.S. CENTRAL Ky.	1,864 316	2,318 265	669 91	1,028 113	165 37	90 18	109 15	115 13	N	N
Tenn. Ala.	557 406	592 598	245 198	77 538	128	72	94	102	N N	N N
Miss.	585	863	135	300	-	-	-	-	-	-
W.S. CENTRAL	2,588	3,352	2,897	2,198	189	244	33	161	47	19
Ark. La.	568 258	727 585	79 144	152 352	5 1	6 1	8 25	6 152	10	- 6
Okla.	350	379	633	402	69	37 200	N N	N	27 10	2 11
Tex. MOUNTAIN	1,412 1,646	1,661 1,664	2,041 877	1,292 609	114 369	432	20	N 42	4	4
Mont.	78	75	2	3	2	-	-	-	-	-
Idaho Wyo.	135 69	105 58	24 6	7 7	18 2	9 7	N 4	N 11	N	N
Colo.	379	469	209	134	111	90	-	-	-	-
N. Mex. Ariz.	174 514	229 433	154 390	120 272	90 135	85 213	16	31	N	N
Utah Nev.	170 127	130 165	39 53	22 44	9 2	28	-	-	4	4
PACIFIC	3,711	3,923	1,835	1,970	468	- 445	- 3	-	-	-
Wash.	392	382	119	117	38	46	-	-	N	N
Oreg. Calif.	309 2,801	273 3,015	184 1,489	76 1,726	N 344	N 343	N N	N N	N N	N N
Alaska	55	46	7	4	-	-	-	-	N	N
Hawaii Guam	154 -	207 37	36	47 27	86	56	3	-	-	-
P.R.	177	385	3	28	N	N	N	4 N	N	N
V.I. Amer. Samoa	- U	- U	- U	- U	- U	- U	- U	- U	- U	- U
C.N.M.I.	-	Ŭ	-	Ŭ	-	Ŭ	-	Ŭ	-	Ŭ

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002

		Syp	1						Varicella
		secondary		jenital		culosis		id fever	(Chickenpox)
Reporting area	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003
UNITED STATES	4,976	4,968	268	307	7,972	9,462	217	236	9,238
NEW ENGLAND	150	108	1	-	221	296	21	11	1,297
Maine N.H.	6 13	2 2	1	-	5 7	10 10	- 2	-	640
Vt.	-	1	-	-	3	4	-	-	518
Mass.	101	75	-	-	146	156	11	7	136
R.I. Conn.	15 15	6 22	-	-	27 33	41 75	2 6	4	3
MID. ATLANTIC	610	529	50	49	1,562	1,633	33	62	26
Upstate N.Y.	32	23	17	1	210	235	8	7	N
N.Y. City N.J.	340 115	313 111	25 8	21 26	847 294	783 373	13 9	31 16	-
Pa.	123	82	-	1	211	242	3	8	26
E.N. CENTRAL	661	924	50	44	824	949	16	25	3,950
Ohio Ind.	164 34	117 48	3 7	2 2	152 94	152 83	2 3	6 2	947
III.	254	355	15	33	391	457	1	10	-
Mich. Wis.	198	385	25	7	151	203 54	10	3	2,408
	11	19		-	36			4	595
W.N. CENTRAL Minn.	100 34	93 43	4	1 1	344 138	408 172	4	9 3	39 N
Iowa	4	2	-	-	17	24	2	-	N
Mo. N. Dak.	36	26	4	-	91	110 4	1	2	- 39
S. Dak.	1	-	-	-	16	10	-	-	-
Nebr.	4 21	5 17	-	-	10 72	20 68	1	4	-
Kans.			-	-			-		-
S. ATLANTIC Del.	1,326 4	1,245 10	48	69	1,584	1,948 13	40	30	1,655 21
Md.	220	149	8	13	172	217	8	7	-
D.C. Va.	38 63	41 53	- 1	1 1	- 186	204	- 11	- 3	22 466
W.Va.	2	2	-	-	12	26	-	-	967
N.C. S.C.	122 81	219 94	16 4	17 9	231 120	242 135	7	1	N 179
Ga.	321	272	5	13	250	393	7	5	-
Fla.	475	405	14	15	613	718	7	14	N
E.S. CENTRAL	233	372	12	21	472	571	4	4	-
Ky. Tenn.	29 96	73 135	1 5	3 7	89 157	99 223	- 2	4	N N
Ala.	90	130	4	7	159	157	2	-	-
Miss.	18	34	2	4	67	92	-	-	-
W.S. CENTRAL Ark.	677 41	642 27	49	68 7	1,077 69	1,434 98	15	24	1,839
La.	103	117	-	-	-	-	-	-	4
Okla. Tex.	34 499	51	1 48	2 59	90	123	- 15	- 24	N
		447			918	1,213 303	5	24 9	1,835 432
MOUNTAIN Mont.	218	239	21	13	291 5	303	5	9	432 N
Idaho	5	1	-	-	5	11	-	-	N
Wyo. Colo.	- 19	50	- 3	2	3 62	2 64	- 3	- 4	44
N. Mex.	38	26	-	-	6	29	-	1	-
Ariz. Utah	143 4	148 5	18	11	159 29	156 21	2	- 2	4 384
Nev.	9	9	-	-	22	14	-	2	-
PACIFIC	1,001	816	33	42	1,597	1,920	79	62	-
Wash.	58	44	-	1	187	182	3	4	-
Oreg. Calif.	32 909	12 753	- 33	40	83 1,238	88 1,497	4 71	2 53	-
Alaska	-	-	-	-	43	39	-	-	-
Hawaii	2	7	-	1	46	114	1	3	-
Guam P.R.	- 152	6 193	- 1	- 21	- 75	55 86	-	-	- 288
V.I.	1	1	-	-	-	-	-	-	-
Amer. Samoa C.N.M.I.	U	U U	U	U U	U	U U	U	U U	U

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2003, and September 28, 2002

TABLE III. Deaths in 122 U.S. cities,* week ending September 27, 2003 (39th Week)

	n 122 U.S. cities,* week ending September 27, 2003 All causes, by age (years)								All causes, by age (years)						
Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&l [†] Total	Reporting Area	All Ages	<u>≥</u> 65	45-64	25-44	1-24	<1	P&I [†] Total
NEW ENGLAND	554	366	123	34	12	19	. 44	S. ATLANTIC	1,134	704	264	98	33	35	48
Boston, Mass.	149	88	33	19	5	4	13	Atlanta, Ga.	146	89	38	9	6	4	3
Bridgeport, Conn.	48	35	12	-	-	1	3	Baltimore, Md.	140	79	40	14	3	4	12
Cambridge, Mass.	14	11	2	-	-	1	4	Charlotte, N.C.	85	46	23	11	4	1	1
Fall River, Mass.	27 47	16	9	- 2	2 1	-7	3 4	Jacksonville, Fla.	131	92 75	25	7 10	3 2	4 3	6 4
Hartford, Conn. Lowell, Mass.	47 17	25 12	12 3	2	I		4	Miami, Fla. Norfolk, Va.	113 67	75 37	23 13	8	2 4	3 5	4
Lynn, Mass.	13	8	5	-	-		-	Richmond, Va.	45	23	12	6	3	1	1
New Bedford, Mass.	31	23	3	4	-	1	1	Savannah, Ga.	55	36	14	3	-	2	1
New Haven, Conn.	34	24	8	1	1	-	4	St. Petersburg, Fla.	68	41	16	6	2	3	3
Providence, R.I.	47	32	13	-	1	1	4	Tampa, Fla.	160	111	27	14	1	7	8
Somerville, Mass.	4	3	-	-	1	-	-	Washington, D.C.	101	59	29	7	5	1	3
Springfield, Mass.	45	32	7	2	1	3	1	Wilmington, Del.	23	16	4	3	-	-	3
Waterbury, Conn.	32	26	6	-	-	-	2	E.S. CENTRAL	772	478	188	62	26	17	52
Worcester, Mass.	46	31	10	4	-	1	5	Birmingham, Ala.	165	112	29	13	7	3	14
MID. ATLANTIC	1,987	1,361	402	150	36	28	95	Chattanooga, Tenn.	68	46	13	7	2	-	3
Albany, N.Y.	55	40	7	6	2	-	5	Knoxville, Tenn.	92	59	23	4	5	1	1
Allentown, Pa.	18	12	1	5	-	-	1	Lexington, Ky.	69	41	20	3	1	4	7
Buffalo, N.Y.	82	58	16	5	-	3	10	Memphis, Tenn.	116	70	32	10	1	3	9
Camden, N.J.	26	16	7	2	1	-	4	Mobile, Ala.	60	37	14	5	3	1	4
Elizabeth, N.J.	10	6	3	1	-	-	-	Montgomery, Ala.	49	27	15	5	2	-	4
Erie, Pa.	47	34	9	4	-	-	3	Nashville, Tenn.	153	86	42	15	5	5	10
Jersey City, N.J.	55	40	9	4	- 15	2	-	W.S. CENTRAL	1,423	890	302	123	69	39	65
New York City, N.Y. Newark, N.J.	1,026 50	703 27	207 15	76 3	4	15 1	39 7	Austin, Tex.	73	49	21	1	-	2	5
Paterson, N.J.	13	6	5	1	4	-	-	Baton Rouge, La.	U	U	U	U	U	U	U
Philadelphia, Pa.	212	125	54	25	7	1	7	Corpus Christi, Tex.	72	51	14	5	1	1	-
Pittsburgh, Pa.§	30	22	5	1	2	-	2	Dallas, Tex.	207	137	36	24	6	4	10
Reading, Pa.	25	19	4	-	-	2	-	El Paso, Tex.	86	68	14	2	2	-	1
Rochester, N.Y.	143	109	23	8	2	1	11	Ft. Worth, Tex.	104	62	31	9	2	-	4
Schenectady, N.Y.	11	9	2	-	-	-	2	Houston, Tex.	439	236	91	48	45	19	23
Scranton, Pa.	25	20	5	-	-	-	-	Little Rock, Ark. New Orleans, La.	69 41	51 23	11 15	2 3	3	2	1
Syracuse, N.Y.	99	74	15	5	2	3	4	San Antonio, Tex.	194	121	40	17	9	7	11
Trenton, N.J.	48	31	13	4	-	-	-	Shreveport, La.	47	29	40	5	-	2	9
Utica, N.Y.	12	10	2	-	-	-	-	Tulsa, Okla.	91	63	18	7	1	2	1
Yonkers, N.Y.	U	U	U	U	U	U	U								
E.N. CENTRAL	2,036	1,336	441	132	51	70	116	MOUNTAIN Albuquerque, N.M.	898 55	555 40	159 10	55 3	25 2	19	48 2
Akron, Ohio	57	38	15	3	1	-	5	Boise, Idaho	42	32	7	-	2	- 1	4
Canton, Ohio	33	26	5	1	1	-	2	Colo. Springs, Colo.	80	48	16	13	3	-	3
Chicago, III.	367	219	94	28	11	9	20	Denver, Colo.	106	67	22	7	2	8	8
Cincinnati, Ohio	82	54	16	9	1	2	5	Las Vegas, Nev.	236	157	53	16	2	8	11
Cleveland, Ohio	122	77 142	26	9	3	7	7 15	Ogden, Utah	33	25	6	2	-	-	-
Columbus, Ohio Dayton, Ohio	216 98	70	46 18	12 4	5 5	11 1	15	Phoenix, Ariz.	90	4	-	1	-	-	7
Detroit, Mich.	222	129	63	19	3	8	15	Pueblo, Colo.	25	19	4	2	-	-	-
Evansville, Ind.	49	30	10	5	4	-	3	Salt Lake City, Utah	97	65	14	7	9	2	5
Fort Wayne, Ind.	80	63	13	2	-	2	5	Tucson, Ariz.	134	98	27	4	5	-	8
Gary, Ind.	17	9	6	-	-	2	1	PACIFIC	1,447	1,011	289	84	39	24	108
Grand Rapids, Mich.	36	25	5	3	1	2	5	Berkeley, Calif.	12	8	1	1	1	1	2
Indianapolis, Ind.	230	147	47	16	10	10	12	Fresno, Calif.	163	115	31	12	5	-	15
Lansing, Mich.	45	30	9	5	1	-	1	Glendale, Calif.	17	15	2	-	-	-	-
Milwaukee, Wis.	109	69	28	6	2	4	5	Honolulu, Hawaii	80	60	15	3	1	1	8
Peoria, III.	31	25	1	1	-	4	2	Long Beach, Calif.	82	60	17	2	2	1	5
Rockford, III.	55	43	7	1	-	4	3	Los Angeles, Calif.	276	199	51	12	6	8	17
South Bend, Ind.	43 85	34 58	5 17	2 6	- 3	2 1	1 5	Pasadena, Calif.	U 214	U 120	U 51	U 14	U 4	U 6	U 14
Toledo, Ohio Youngstown, Ohio	85 59	58 48	17 10	0	-	1	э -	Portland, Oreg. Sacramento. Calif.	214 U	139 U	51 U	14 U	4 U	U	14 U
u				-				San Diego, Calif.	176	122	39	7	7	1	17
W.N. CENTRAL	541	378	106	36	12	9	28	San Francisco, Calif.	U	U	39 U	ú	Ú	U	Ű
Des Moines, Iowa	126	80	34	8	3	1	4	San Jose, Calif.	143	95	26	16	4	2	17
Duluth, Minn.	23	18	3	2	-	-	1	Santa Cruz, Calif.	29	23	6	-		-	1
Kansas City, Kans.	21	13	5	2	1	-	2	Seattle, Wash.	109	73	22	9	4	1	5
Kansas City, Mo.	105	78	19	4	4	-	6	Spokane, Wash.	47	32	9	3	2	1	3
Lincoln, Nebr. Minneapolis. Minn.	35	29	5	1	-	-	2	Tacoma, Wash.	99	70	19	5	3	2	4
Minneapolis, Minn. Omaha, Nebr.	75 59	43 45	19 8	7 4	2 1	4 1	2 4	TOTAL	10,792 [¶]	7,079	2,274	774	303	260	604
St. Louis, Mo.	59 U	45 U	ů	4 U	Ů	U	4 U	IUIAL	10,792"	1,019	2,214	114	505	200	004
St. Paul, Minn.	56	41	6	7	-	2	5								
Wichita, Kans.	41	31	7	1	1	1	2								
							-	1							

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

¹ Total includes unknown ages.

The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/publications/mmwr*. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone 888-232-3228.

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

All MMWR references are available on the Internet at http://www.cdc.gov/mmwr. Use the search function to find specific articles.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

☆U.S. Government Printing Office: 2004-633-140/69148 Region IV ISSN: 0149-2195