

Weekly

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World No Tobacco Day — May 31, 2004

"Up in Smoke: Tobacco's Cost to the Family" is the U.S. theme of this year's World No Tobacco Day, May 31. Tobacco use is responsible for nearly one in 10 adult deaths worldwide and five million deaths each year (1).

In the United States, on average, men and women who smoke have their lives cut short by 13.2 and 14.5 years, respectively (2). Each year, secondhand smoke is associated with thousands of new cases of asthma, bronchitis, and pneumonia among children and an increased risk for sudden infant death syndrome (2). The economic toll for smoking exceeds \$150 billion (i.e., \$3,400 per smoker) per year (3). In 1994, smoking-related Social Security Survivors Insurance payments cost the nation about \$1.4 billion (4). The poorest socioeconomic groups suffer the consequences of tobacco use the most (5), because of adverse health effects and having less money to spend on basic items such as food, education, and health care (6). Additional information is available at http:// www.who.int/tobacco/en.

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Cigarette Smoking Among Adults — United States, 2002

One of the national health objectives for 2010 is to reduce the prevalence of cigarette smoking among adults to $\leq 12\%$ (objective 27.1a) (1). To assess progress toward this objective, CDC analyzed self-reported data from the 2002 National Health Interview Survey (NHIS) sample adult core questionnaire. This report summarizes the results of that analysis, which indicated that, in 2002, approximately 22.5% of adults were current smokers. Although this prevalence is slightly lower than the 22.8% prevalence among U.S. adults in 2001 and substantially lower than the 24.1% prevalence in 1998, the rate of decline has not been at a sufficient pace to achieve the 2010 national health objective. During 1983-2002, adults with household incomes below the poverty level and those with less than some college education consistently had higher smoking prevalence. A comprehensive approach to smoking cessation that comprises educational, economic, clinical, and regulatory strategies and emphasizes reducing disparities is required to reduce further the prevalence of smoking (2).

The 2002 NHIS adult core questionnaire was administered by personal interview to a nationally representative sample (n = 31,044) of the U.S. civilian, noninstitutionalized population aged \geq 18 years; the overall survey response rate was 74.3%. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Ever smokers were defined as those who reported having smoked \geq 100 cigarettes during their lifetimes. Current smokers were defined as

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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 Felicia J. Connor Lateka Dammond Rosaline Dhara Donna Edwards Patsy A. Hall Pearl C. Sharp those who reported both having smoked ≥ 100 cigarettes during their lifetimes and currently smoking every day or some days. Former smokers were defined as ever smokers who currently did not smoke. Data were adjusted for nonresponses and weighted to provide national estimates of cigarette smoking prevalence. Confidence intervals (CIs) were calculated by using SUDAAN to account for the multistage probability sample.

In 2002, an estimated 45.8 million adults (22.5%; 95% CI = ±0.6) were current smokers; of these, an estimated 37.5 million (81.8%) smoked every day, and 8.3 million (18.2%) smoked some days. Among those who smoked every day, an estimated 15.4 million (41.2%; 95% CI = ±1.5) reported that they had stopped smoking for \geq 1 day during the preceding 12 months because they were trying to quit. In 2002, an estimated 46.0 million adults were former smokers, representing 50.1% (95% CI = ±1.1) of adults who had ever smoked; 2002 was the first year that more than half of ever smokers were former smokers.

Cigarette smoking prevalence rates varied substantially across population subgroups (Table). The prevalence of smoking was higher among men (25.2%) than women (20.0%) and inversely related to age, from 28.5% for those aged 18-24 years to 9.3% for those aged \geq 65 years. Among racial/ethnic groups, Asians (13.3%) and Hispanics (16.7%) had the lowest prevalence, and American Indians/Alaska Natives had the highest (40.8%). Current smoking prevalence also was higher among adults living below the poverty level* (32.9%) than among those at or above the poverty level (22.2%). During 1983–2002, the gap in smoking prevalence between those living below the poverty line and those living at or above it increased from 8.7 percentage points to 10.7 percentage points (Figure 1). In addition, the percentage of ever smokers who had quit was higher for persons at or above the poverty level than for those below the poverty line. As with current smoking prevalence, this gap was larger in 2002 than in 1983 (20.0 percentage points versus 18.7 percentage points).

Educational attainment has been associated consistently with adult smoking prevalence since 1983 (Figure 2). By education level, smoking prevalence was highest among adults who had earned a General Educational Development diploma (42.3%) and lowest among those with graduate degrees (7.2%). Women with undergraduate (10.5%) or graduate degrees (6.4%) and men with graduate degrees (7.8%) also had smoking prevalence rates below the overall U.S. 2010 objective. During 1983–2002, the largest decreases in smoking prevalence occurred among adults with a college degree

^{*} Published 2000 poverty thresholds from the U.S. Bureau of the Census were used in these calculations.

TABLE. Percentage of persons aged ≥18 years who were current smokers*, by selected characteristics — National Health Interview Survey, United States, 2002

		/len 13,332)		omen 17,374)		Total : 30,706)
Characteristic	%	(95% CI†)	%	(95% CI)	%	(95% CI)
Race/Ethnicity [§]						
White, non-Hispanic	25.5	(±1.1)	21.8	(±1.0)	23.6	(±0.8)
Black, non-Hispanic	27.1	(±2.4)	18.7	(±1.8)	22.4	(±1.6)
Hispanic	22.7	(±2.2)	10.8	(±1.3)	16.7	(±1.2)
American Indian/Alaska Native [¶]	40.5	(±13.9)	40.9	(±12.8)	40.8	(±9.8)
Asian**	19.0	(±4.0)	6.5	(±2.2)	13.3	(±2.4)
Education ^{††}						
0–12 yrs (no diploma)	32.0	(±2.2)	23.8	(±1.8)	27.6	(±1.4)
<8 yrs	25.4	(±3.2)	13.5	(±2.2)	19.3	(±2.0)
9–11 yrs	38.1	(±3.7)	30.9	(±2.9)	34.1	(±2.1)
12 yrs (no diploma)	32.3	(±6.8)	29.7	(±6.1)	31.0	(±4.4)
GED (diploma) ^{§§}	47.4	(±5.6)	37.2	(±5.0)	42.3	(±3.7)
12 yrs (diploma)	29.8	(±2.0)	22.1	(±1.5)	25.6	(±1.3)
Associate degree	24.1	(±2.9)	19.6	(±2.2)	21.5	(±1.7)
Some college (no degree)	24.8	(±2.2)	21.6	(±1.6)	23.1	(±1.4)
Undergraduate degree	13.6	(±1.7)	10.5	(±1.4)	12.1	(±1.1)
Graduate degree	7.8	(±1.6)	6.4	(±1.5)	7.2	(±1.1)
Age group (yrs)						
18–24	32.4	(±2.8)	24.6	(±2.5)	28.5	(±2.0)
25–44	28.7	(±1.4)	22.8	(±1.3)	25.7	(±1.0)
45–64	24.5	(±1.4)	21.1	(±1.2)	22.7	(±0.9)
<u>≥</u> 65	10.1	(±1.4)	8.6	(±1.1)	9.3	(±0.8)
Poverty level ^{¶¶}						
At or above	24.8	(±1.1)	19.7	(±0.9)	22.2	(±0.7)
Below	36.9	(±3.3)	30.1	(±2.8)	32.9	(±2.3)
Unknown	23.0	(±1.8)	16.9	(±1.3)	19.7	(±1.1)
Fotal	25.2	(±0.9)	20.0	(±0.8)	22.5	(±0.6)

* Persons who reported smoking ≥100 cigarettes during their lifetimes and who reported at the time of interview smoking every day or some days. Excludes 338 respondents whose smoking status was unknown.

[†] Confidence interval.

§ Excludes 343 respondents of unknown, multiple, and other racial/ethnic categories.

[¶] Wide variances among estimates reflect small sample sizes.

** Does not include native Hawaiians or other Pacific Islanders.

^{††} Persons aged \geq 25 years. Excludes 369 persons with unknown years of education.

§§ General Educational Development.

[¶] Published 2000 poverty thresholds from the U.S. Bureau of the Census were used in these calculations.

(10.0 percentage points) and those with some college education (9.3 percentage points); those with a high school diploma (6.6 percentage points) and those with less than a high school education (5.8 percentage points) showed the smallest decreases. During this period, the gap in smoking prevalence between adults who had graduated from college and those with less than a high school education increased from 14.0 percentage points in 1983 to 18.2 percentage points in 2002 (Figure 2). Similar patterns occurred in the percentage of ever smokers who had quit among different educational groups. The percentage of ever smokers who had quit was highest for those with college degrees, followed by persons with some college education. High school graduates and those with less than high school education had the lowest percentage of ever smokers who had quit. The gap between adults with a college degree and those with less than a high school education

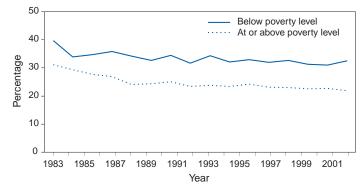
increased from 19.0 percentage points in 1983 to 25.9 percentage points in 2002.

Reported by: C Husten, MD, K Jackson, MSPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion; C Lee, PhD, EIS Officer, CDC.

Editorial Note: The findings in this report indicate that 1) the socioeconomic status of U.S. adults is inversely related to their likelihood of smoking and 2) during 1983–2002, the gap in smoking prevalence by socioeconomic status did not narrow and might have widened. These findings underscore the need for targeted interventions that can better reach persons of lower socioeconomic status.

Persons of low socioeconomic status have less access to health care than those of high socioeconomic status (3). Specific efforts to reduce socioeconomic disparities in smoking prevalence could include 1) offering comprehensive smoking

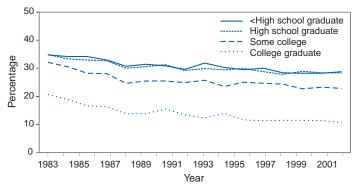
FIGURE 1.Trends in the percentage of current cigarette smoking among persons aged \geq 18 years, by poverty level* and year — National Health Interview Survey, United States, 1983–2002



* Published 2000 poverty thresholds from the U.S. Bureau of the Census were used in these calculations.

cessation assistance through Medicaid and Medicare; 2) offering smoking cessation advice and counseling through clinics that care for the uninsured; 3) increasing support for smoking cessation at work places, particularly for low-income and blue-collar workers; 4) implementing telephone quitlines in all states; and 5) employing more media-based cessation campaigns (2,4,5). Expanding the scope of cessation coverage through Medicaid, Medicare, and private insurance and ensuring that persons without health insurance can obtain medical assistance to quit smoking is a key strategy to help low-income smokers quit (4). The lower rates of quitting among blue-collar workers can be partially explained by the lack of social support for quitting in their work environments (5). Encouraging all employers to implement programs and policies supporting smoking cessation can help reduce consistently observed disparities in smoking prevalence between blue- and white-collar workers (6). In addition, because tobacco use prevalence is associated with failing or dropping out of high school (7), school-based antismoking programs and policies should target younger students before they leave school (8,9). The U.S. Department of Health and Human Services recently announced a new initiative to increase access to telephone quitlines. Quitlines provide free counseling and have been shown to be effective in reaching low-income populations (10). Media campaigns also have been shown to reach low-income smokers and increase cessation (4, 10).

The findings in this report are subject to at least two limitations. First, both the wording of NHIS cigarette smoking questions and NHIS data-collection procedures have changed since 1993. Because of these changes, trend analyses or comparisons of data from before 1993 with data collected since 1993 should be interpreted with caution. Second, because NHIS data for some population subgroups (e.g., American FIGURE 2.Trends in the percentage of current cigarette smoking among persons aged ≥18 years, by education and year — National Health Interview Survey, United States, 1983–2002



Indians/Alaska Natives) are small, data for a single year might be unreliable. Combining data for several years can produce more accurate estimates for these subpopulations.

National health objectives for 2010 focus on eliminating health disparities among population subgroups (1). Closing the gap in smoking prevalence among persons of different socioeconomic strata will require comprehensive tobaccocontrol programs that discourage smoking initiation and promote smoking cessation among members of populations at high risk. Comprehensive tobacco-control programs at local, state, and national levels must ensure that their intervention efforts reach persons with inadequate resources and limited access to health care. Such efforts should address the needs of the uninsured (e.g., providing treatment through telephone quitlines and in community health centers), increase coverage for tobacco-use treatment under both public and private insurance, and improve workplace and social environments to better support smoking cessation, particularly for lowincome and blue-collar workers.

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Immunization Registry Progress — United States, January–December 2002

Immunization registries are confidential, computerized information systems that collect vaccination data within a geographic area (1). By consolidating vaccination records from multiple health-care providers, generating reminder and recall notifications, and assessing clinic and vaccination coverage, registries serve as key tools to increase and sustain high vaccination coverage (2). One of the national health objectives for 2010 is to increase to 95% the proportion of children aged <6 years who participate (i.e., have two or more vaccinations recorded) in fully operational, population-based immunization registries (objective 14.26) (3). This report summarizes data from CDC's 2002 Immunization Registry Annual Report (2002 IRAR), a survey of registry activity among immunization programs in the 50 states and the District of Columbia (DC) that receive grant funding under section 317b of the Public Health Service Act. These data indicate that approximately 43% of children aged <6 years are enrolled in a registry; achieving the national health objective will require increased implementation of functional standards to improve data quality.

The 2002 IRAR, a self-administered questionnaire, was distributed to immunization program managers as part of the annual reporting requirement. Respondents were asked about the number of children aged <6 years with two or more vaccinations recorded in an immunization registry and progress toward implementing the 12 functional standards considered essential for immunization registry operation (4).

A total of 37 (72%) states* reported operating registries that target their entire geographic areas. Seven (14%) other states (California, Georgia, Indiana, Massachusetts, Maryland, Minnesota, and New York) reported operating registries that target only regions or counties within their geographic areas, and the remaining seven (14%) states (Colorado, Kansas, Kentucky, Nebraska, New Mexico, Vermont, and Wyoming) reported no regional registry activity but were planning or piloting a statewide system. Nationwide, approximately 43% of U.S. children aged <6 years had two or more vaccinations recorded in a grantee registry[†]. Four (8%) states (Arizona, Mississippi, North Dakota, and South Dakota) reported that >95% of children aged <6 years participated in an immunization registry (Figure). In the 44 states that operate registries regionally or statewide, an average of 75% of public vaccination providers and 31% of private providers submitted data to a registry during the last 6 months of 2002. Seven (16%) states (Arkansas, Connecticut, DC, Mississippi, North Dakota, Oregon, and South Dakota) reported that >75% of private vaccination providers submitted data to a registry.

All 51 immunization programs reported efforts to implement key elements of the 12 functional standards established for immunization registries (Table). Four (8%) states (Ohio, West Virginia, Wisconsin, and Wyoming) reported implementing all elements of the 12 functional standards. Seven (14%) other states (Alaska, Arkansas, Delaware, Idaho, Indiana, Louisiana, and Minnesota) implemented all elements of the functional standards except for exchanging data using the Health Level 7 (HL7) standard or establishing an immunization registry record within 6 weeks of birth.

Reported by: *DL Bartlett, MPH, Immunization Svcs Div, National Immunization Program, CDC.*

[†] Estimates of the number of children aged <6 years in the 50 states and DC are based on 2002 U.S. Census birth estimates.

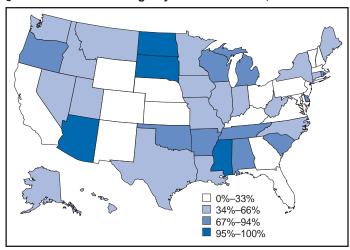


FIGURE. Percentage of children aged <6 years with two or more vaccinations recorded in a Public Health Service Act § 317b immunization registry — United States, 2002

^{*} For this report, DC is considered a state when summary data are presented.

	Registries all key el		Registries I least two ke	
Functional standard	No.	(%)	No.	(%)
Electronically store data on all National Vaccine Advisory Committee–approved core data elements	32	(63)	47	(92)
Establish a registry record within 6 weeks of birth for each newborn child born in the catchment area	31	(61)	31	(61)
Enable access to vaccine information from the registry at the time of encounter	43	(84)	43	(84)
Receive and process information within 30 days of vaccine administration	41	(80)	41	(80)
Protect the confidentiality of medical information	27	(53)	36	(71)
Ensure the security of medical information	26	(51)	30	(59)
Exchange vaccination records by using Health Level 7 standards	11	(22)	11	(22)
Automatically determine the vaccination(s) needed when a person is seen for a scheduled vaccination	40	(78)	40	(78)
Automatically identify persons due or late for vaccinations to enable the production of reminder and				
recall notifications	37	(73)	37	(73)
Automatically produce vaccination coverage reports by providers, age groups, and geographic areas	34	(67)	39	(76)
Produce authorized vaccination records	41	(80)	41	(80)
Promote accuracy and completeness of registry data	42	(82)	42	(82)

TABLE. Number and percentage of 51 grantee immunization registries that implemented key elements of the 12 functional standards, by standard — United States, 2002

Editorial Note: Immunization registries have made progress toward implementing the 12 immunization registry functional standards and enrolling more children and health-care providers in their systems. In 2002, only three functional standards (i.e., receive and process vaccination data within 30 days of vaccination, access information from the registry at the time of patient encounter, and produce reminder and recall notifications) reflected no increase in implementation at the state level, compared with six standards from the 2001 IRAR (*5*). In 2002, a total of 36 (71%) states included birth data in their registries, compared with 32 (63%) states in 2000 (*6*).

The findings in this report are subject to at least one limitation. Data from the 2002 IRAR are self-reported and might result in reporting bias, although site visits to certain immunization registries have shown high concordance with IRAR data (5).

Because 2002 IRAR data are self-reported by immunization program managers, efforts are under way to validate responses using data from the National Immunization Survey (NIS), a random-digit-dialed telephone survey of vaccine providers for children aged 19-35 months that estimates vaccination coverage for all 50 states and 28 urban areas (7,8). Although NIS focuses on a narrower age group, it can provide external validation to registry data and indicate areas for improving data quality. NIS also validates child participation in registries because it asks vaccine providers whether they submitted any child vaccination information to community or state immunization registries. In 2002, NIS data for 21,317 U.S. children, weighted to represent the U.S. population, indicated that 44% of children aged 19-35 months had their vaccination records reported to a community or state immunization registry, similar to the 43% reported in the 2002 IRAR for children aged <6 years.

NIS data also can be used to assess the completeness of registry data. Three months of 2002 NIS data were compared with data from four registries in three states and one city during the same period (9, 10); the unweighted percentage of children with provider-verified NIS data who had two or more vaccinations logged in the registry ranged from 60% to 88% (9). In all cases, vaccination coverage estimates based on NIS provider-validated data were higher than registry-based data; approximately 40% of children had missing or incomplete registry information on doses of vaccine (10).

This level of data completeness indicates that registries need to improve data quality so that state and local health authorities can reliably calculate vaccination coverage and measure participation in immunization registries. Efforts are under way to develop additional tools to improve data quality; in 2002, CDC provided a tool to assess computer algorithms that prevent duplicate records in registry databases. For the 2002 IRAR, eight states and New York City reported performing this data quality test.

Registries also must improve functional and technical capacity to provide reliable evaluations and encourage data use by health-care providers and public health managers. In 2002, the National Immunization Program's Technical Working Group created Immunization Registry Certification guide-lines for validating improvements to immunization registry functional standards and identifying registries with accept-able levels of technical capability. Additional information is available at http://www.cdc.gov/nip/registry; by telephone, 800-799-7062; or by e-mail, siisclear@cdc.gov.

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Wild Poliovirus Importations — West and Central Africa, January 2003–March 2004

Since the 1988 World Health Assembly resolution to eradicate poliomyelitis (1), three World Health Organization (WHO) regions (Americas, European, and Western Pacific) have been certified polio-free, and the number of countries with endemic polio has decreased from 125 in 1988 to six in 2003 (Afghanistan, Egypt, India, Niger, Nigeria, and Pakistan). During January 2003–March 2004, importations of wild poliovirus (WPV) occurred in eight countries that were previously polio-free: five in the West African block* (Benin, Burkina Faso, Côte d'Ivoire, Ghana, and Togo) and three in the Central African block (Cameroon, Central African Republic, and Chad), resulting in 63 polio cases (2,3). This report summarizes the 1) investigation and response to these WPV importations and 2) progress toward polio eradication in West and Central Africa.

Routine and Supplementary Immunization

In 2002, reported routine coverage with 3 doses of oral poliovirus vaccine (OPV) varied from 13% to 93% for countries in West and Central Africa, excluding Ghana[†]. All West and Central African countries conducted supplementary immunization activities (SIAs) annually during 1999–2002. In 2002, all except Algeria conducted National Immunization Days (NIDs)[§], vaccinating approximately 30.6 million children aged <5 years with \geq 2 doses of OPV.

Acute Flaccid Paralysis (AFP) Surveillance

AFP surveillance quality is evaluated by two key indicators: 1) annual reporting rate (target: nonpolio AFP rate of more than one case per 100,000 children aged <15 years) and 2) completeness of specimen collection (target: two adequate stool specimens from >80% of all persons with AFP). In 2002, these targets were met by all but six West and Central African countries (Algeria, Cape Verde, Chad, Equatorial Guinea, Gambia, and Sao Tome and Principe). In 2003, the number of countries not meeting the targets increased to eight (Algeria, Cameroon, Cape Verde, Chad, Ghana, Liberia, Niger, and Sao Tome and Principe).

WPV Importation and Spread

During January 2003–March 2004, a total of 63 cases of polio resulted from importation of WPV into the previously polio-free countries of West and Central Africa (Table). All imported viruses were type 1 and could be traced to common ancestral strains that circulate in endemic reservoirs shared by northern Nigeria and southern Niger (Figure). During this same period, Nigeria and Niger have reported 497 cases of infection with WPV type 1 or type 3, with cross-border transmission of both serotypes between the two countries. Of the 63 polio cases resulting from importation of WPV, 48 (76%) occurred during June–December 2003, coinciding with the peak transmission of indigenous WPV type 1 in Nigeria and Niger.

East of Nigeria, the first importation occurred in Chad in August 2003 from northeastern Nigeria, leading to an outbreak of 29 cases[¶]. The outbreak spread to the adjacent countries of Cameroon (two cases) and the Central African Republic (one case) during October–December. The continued circulation of virus after importation suggests that Chad

^{*} The African regional office of WHO has divided its member states into four blocks (East, Central, South, and West) plus Angola, Democratic Republic of the Congo, Ethiopia, and Nigeria. The Central African countries are as follows: Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, and Sao Tome and Principe. The West African countries are as follows: Algeria, Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Senegal, Sierra Leone, and Togo.

[†]Ghana reported 120% coverage.

[§] Nationwide mass campaigns during a short period (usually a few days) in which 2 doses of OPV are administered to all children (usually aged <5 years), regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

[¶]As of May 4, 2004.

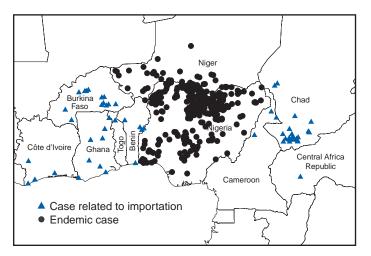
	Date of last WPV	Date of WPV importation, during	Polio-free period before	No. cases		
Country	before importation	January 2003–March 2004	importation (mos)	2003	2004	
Benin	March 4, 2000	November 4, 2003	44	2	3	
Burkina Faso	1998 [†]	July 20, 2003	>36	11	2	
Cameroon	August 16, 1999	October 8, 2003	50	2	0	
Central African Republic	July 26, 2000	December 16, 2003	41	1	0	
Chad	June 30, 2000	August 2, 2003	37	25	4	
Côte d'Ivoire	July 17, 2000	December 17, 2003	41	1	3	
Ghana	October 16, 2000	February 5, 2003	28	8	0	
Тодо	January 1, 1999	July 22, 2003	55	1	0	

TABLE. Number* and timeframe of wild poliovirus (WPV) cases related to importations in West and Central African countries, January 2003–March 2004

* N = 63.

[†]WPV was imported previously into Burkina Faso in 2002; the most recent indigenous WPV was detected in 1998.

FIGURE. Endemic wild poliovirus (WPV) type 1 and type 3 in Nigeria and Niger and spread* of WPV type 1 to eight neighboring countries, January 2003–March 2004



* During 2001–2002, WPV spread from southern Niger to Burkina Faso, from where, in 2003, it later spread to Ghana, Togo, and Côte d'Ivoire. In 2003, genetically distinct WPV spread from northeastern Nigeria into Chad, and then into Cameroon and the Central African Republic. WPV from two areas in northern Nigeria was independently introduced into Benin during 2003– 2004.

is at high risk for reestablishment of endemic poliovirus transmission.

West of Nigeria, three independent importations into Benin (five cases) occurred from different parts of Nigeria from late 2003 to early 2004. In addition, genetic sequencing data indicated that after a 2002 importation into Burkina Faso, in early 2003, WPV spread to Ghana. In 2003, closely related strains continued to circulate in Ghana (eight cases) and, during 2003–2004, in Burkina Faso (13 cases). The WPV strains isolated in Côte d'Ivoire (four cases) and Togo (one case) were linked genetically to the strains circulating in Burkina Faso and Ghana, indicating spread of poliovirus from Burkina Faso and possibly Ghana. These data suggest that independent circulation of WPV might have been reestablished in Burkina Faso during 2003 and early 2004.

Among the 63 patients with WPV, 13% were aged <12 months, 21% were aged 12–23 months, 49% were aged 24–59 months, and 17% were aged >59 months. Of the 52 patients with known vaccination status, 16 (31%) had never received OPV, 26 (50%) had received 1–2 OPV doses, and 10 (19%) had received \geq 3 OPV doses.

Response to WPV Importation

Investigations were initiated within 2 days of identifying the index patients in four of the eight countries (median: 4 days; range: 1–22 days). Clinical and epidemiologic information was verified, stool specimens were collected from immediate contacts, and the search for unreported AFP cases was intensified. Two of the eight index patients in the eight countries had traveled recently to a country with endemic polio, whereas the remaining six patients had no relevant travel history or immediate contact with persons who traveled to a country where polio is endemic. All index patients lived near commercial centers with substantial foreign trade with countries where polio is endemic.

All eight countries implemented SIAs in response to detection of imported WPV. The median duration from onset of paralysis to the start of SIAs was 12.5 weeks (range: 6–17 weeks). The magnitude of the response varied; four countries conducted NIDs, two countries conducted subnational immunization days^{**} (SNIDs), and two countries conducted both SNIDs and NIDs. These campaigns provided approximately 21.7 million children aged <5 years with \geq 2 doses of OPV.

Reported vaccination coverage exceeded 90% for all SIAs conducted; reported coverage at district level ranged from 48% to >100%. To determine the proportion of previously

^{**} Campaigns similar to NIDs but confined to certain parts of the country.

unvaccinated children, caregivers were asked whether their children were receiving OPV for the first time during the campaign. The Central African Republic (4%) and Côte d'Ivoire (8%) were the only countries reporting that \geq 4% of children received their first dose of OPV during the most recent campaigns.

Four of the eight countries (Benin, Burkina Faso, Chad, and Ghana) detected WPV after at least two rounds of SIAs. The most recent WPV patient in Burkina Faso had onset in January 2004; two rounds of NIDs were then conducted in February and March 2004. The four WPV cases in Chad in 2004 were detected in provinces that had conducted at least two rounds of SNIDs in November and December 2003 and in January 2004; two rounds of NIDs were conducted in March and May 2004 after onset of these cases. The most recent WPV patient in Ghana had onset in September 2003 after two SNIDs in June and July 2003; since the most recent case, four rounds of NIDs were conducted (in October and December 2003 and February and March 2004).

Reported by: World Health Organization (WHO) Inter-Country Program Office, Abidjan, Côte d'Ivoire. WHO Inter-Country Program Office, Yaounde, Cameroon. Vaccine-Preventable Disease Unit, WHO Regional Office for Africa, Harare, Zimbabwe. Vaccines and Biologicals Dept; National, Regional, and Specialized Polio Reference Laboratories, Global Polio Laboratory Network; WHO, Geneva, Switzerland. Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Global Immunization Div, National Immunization Program, CDC.

Editorial Note: During 1999–2000, West and Central African countries began intensifying and synchronizing NIDs, leading to a decrease in the number of countries with endemic WPV from 13 in 1999 to one in 2001 (4). During January 2003–March 2004, eight previously polio-free countries reported WPV importations from endemic poliovirus reservoirs shared by northern Nigeria and southern Niger, which were largely a result of suspension of immunization campaigns in certain northern states of Nigeria in August 2003 (3). Many of these countries had continued transmission after importation because of low routine vaccination coverage, increased intervals between SIAs, and possibly declining quality of SIAs. The importations and spread highlight the increased vulnerability of countries with low routine vaccination coverage that are no longer conducting SIAs.

Preparedness for response to WPV importation should be strengthened in West and Central African countries, which will continue to be at risk until WPV transmission in Nigeria and Niger is interrupted. According to WHO recommendations, \geq 80% of all outbreaks should be investigated within 48 hours of their notification. However, only four (50%) of the outbreaks during 2003–2004 were investigated within the recommended period. In addition, WHO recommends that outbreak response vaccination occur within 4 weeks after confirmation of WPV; this was achieved in only one (13%) of the eight countries.

Four (50%) of the eight countries had continued transmission of WPV after completing two rounds of SIAs, indicating suboptimal quality of campaigns despite reported high coverage. The main challenges faced in implementing high-quality SIAs included 1) delayed provision of funds to support detailed planning aimed at vaccinating every eligible child, 2) gaps in supervision by national and subnational authorities, 3) lack of consistently effective social mobilization, and 4) inadequate commitment to conducting successful campaigns. The quality of SIAs has been improved in certain countries through enhanced political commitment and strengthened monitoring. In addition, experience was gained from the response to the importations during 2003-2004. This will lead to improved planning and more rapid implementation of high-quality SIAs during 2004–2005, an essential step to achieving eradication.

Ongoing transmission in Nigeria and Niger has set back the goal to interrupt poliovirus transmission in Africa by the end of 2004 (3). To restore gains made in polio eradication in West and Central Africa, WPV transmission must be interrupted in Nigeria and Niger. Until that time, neighboring countries must create a population immunity barrier by implementing high routine vaccination coverage and highquality SIAs. In 2002, these steps proved successful in preventing importation of WPV into Bangladesh and Nepal during resurgence of polio in India. Surveillance standards also must be maintained to ensure rapid detection of any WPV importation, allowing for timely response and containment.

References

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Notice to Readers

Publication of Surgeon General's Report on Smoking and Health

The Surgeon General's report, *The Health Consequences of Smoking* (1), was released on May 27, 2004. This report provides an update, evaluation, and synthesis of evidence on the health consequences of active smoking and examines cancer,

cardiovascular diseases, respiratory diseases, and adverse reproductive and other effects.

The four major conclusions of the report are 1) smoking harms nearly every organ of the body, causing many diseases and reducing the health of smokers in general; 2) quitting smoking has immediate as well as long-term benefits, reducing risks for diseases caused by smoking and improving health in general; 3) smoking cigarettes with lower machinemeasured yields of tar and nicotine provides no clear benefit to health; and 4) the list of diseases caused by smoking has been expanded to include abdominal aortic aneurysm, acute myeloid leukemia, cataract, cervical cancer, kidney cancer, pancreatic cancer, pneumonia, periodontitis, and stomach cancer.

Additional information about the Surgeon General's report and a free copy of the executive summary are available from CDC's Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion at mailstop K-50, 4770 Buford Highway, N.E., Atlanta, Georgia 30341-3724 or by telephone, 770-488-5705 (press "3" for a publications specialist). Copies of the full report (stock no. 017-023-00211-2) can be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954; by tollfree telephone, 866-512-1800; or at http://bookstore.gpo.gov. The full report, executive summary, and the consumeroriented publication, *The Health Consequences of Smoking* — *What It Means To You*, can also be downloaded from http:// www.cdc.gov/tobacco.

Reference

 U.S. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.

Notice to Readers

Buckle Up America! Week, May 24–31, 2004

Motor-vehicle crashes are a leading cause of death overall and the most common cause of death among children and young adults in the United States. During 2002, a total of 42,815 persons died in motor-vehicle crashes; of these, more than half were not wearing safety belts (1). Enactment and enforcement of safety-belt laws are the most effective means of reducing crash-related deaths and serious injuries, saving an estimated 14,000 lives in 2002.

Age is a key predictor of safety-belt use. In 2002, prevalence of safety-seat or safety-belt restraint use was 99% for infants, 94% for toddlers, 83% for children aged 4–7 years, 82% among youths aged 8–15 years, and 69% among persons aged 16–24 years (2). The national rate of usage overall increased to 79% in 2003, an improvement of 4% since the preceding year (3). Greater safety-belt use has potential for saving lives, preventing injuries, and reducing economic costs associated with traffic crashes.

Buckle Up America! Week includes efforts to promote proper use of safety belts and child safety seats in the United States and move toward the National Highway Traffic Safety Administration's goal of 90% usage by 2005 (4) and the national health objective of 92% usage by 2010 (5). Safetybelt use is the most effective means of reducing fatal and nonfatal injuries in motor-vehicle crashes. Information about motor-vehicle injury prevention is available from CDC's National Center for Injury Prevention and Control at http:// www.cdc.gov/ncipc. Information regarding Buckle Up America! Week activities is available at http:// www.buckleupamerica.org.

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CASES CURRENT DISEASE DECREASE INCREASE 4 WEEKS 218 Hepatitis A, acute 294 Hepatitis B, acute 39 Hepatitis C, acute Legionellosis 39 1 Measles, total 57 Meningococcal disease Mumps 11 412 Pertussis 0 Rubella 0.03125 0.0625 0.125 0.25 0.5 1 2 4

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals May 22, 2004, with historical data

Ratio (Log scale)[†]

Beyond historical limits

* No rubella cases were reported for the current 4-week period yielding a ratio for week 20 of zero (0).
 * Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending May 22, 2004 (20th Week)*

	Cum. 2004	Cum. 2003		Cum. 2004	Cum. 2003
Anthrax	-	-	Hemolytic uremic syndrome, postdiarrheal [†]	25	42
Botulism:	-	-	HIV infection, pediatric ^{†§}	52	86
foodborne	6	6	Measles, total	9¶	22**
infant	23	29	Mumps	65	81
other (wound & unspecified	4	7	Plague	-	-
Brucellosis [†]	30	33	Poliomyelitis, paralytic	-	-
Chancroid	11	25	Psittacosis [†]	2	5
Cholera	2	1	Q fever [†]	12	27
Cyclosporiasis [†]	42	14	Rabies, human	1	-
Diphtheria	-	-	Rubella	10	4
Ehrlichiosis:	-	-	Rubella, congenital syndrome	-	1
human granulocytic (HGE) [†]	19	25	SARS-associated coronavirus disease ^{† ††}	-	5
human monocytic (HME) [†]	17	22	Smallpox ^{† §§}	-	NA
human, other and unspecified	-	5	Staphylococcus aureus:	-	-
Encephalitis/Meningitis:	-	-	Vancomycin-intermediate (VISA)† §§	4	NA
California serogroup viral [†]	1		Vancomycin-resistant (VRSA)† §§	-	1
eastern equine [†]	-		Streptococcal toxic-shock syndrome [†]	41	87
Powassan [†]	-	-	Tetanus	3	3
St. Louis [†]	1	1	Toxic-shock syndrome	44	57
western equine [†]	-	-	Trichinosis	4	-
Hansen disease (leprosy) [†]	27	31	Tularemia [†]	11	5
Hantavirus pulmonary syndrome [†]	4	6	Yellow fever	-	-

-: No reported cases.

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

^T_a Not notifiable in all states.

⁶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update March 26, 2004.

[¶] Of nine cases reported, five were indigenous, and four were imported from another country.

** Of 22 cases reported, 16 were indigenous, and six were imported from another country.

the Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).

§§ Not previously notifiable.

(20th Week)*	All	DS	Chla	mydia⁺	Coccidio	domycosis	Cryptosp	oridiosis		s/Meningitis t Nile
Reporting area	Cum. 2004 [§]	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	8,989	15,309	311,294	330,202	1,803	1,259	838	729	4	-
NEW ENGLAND	312	499	10,559	10,599	-	-	52	46	-	-
Maine	5	23	690	731	N	Ν	9	3	-	-
N.H. /t.	11 8	12 6	593 373	599 393	-	-	14 6	7 7	-	-
Mass. R.I.	84 32	226 38	5,350	3,998 1,235	-	-	16 1	22 5	-	-
Conn.	172	194	1,295 2,258	3,643	N	N	6	2	-	-
MID. ATLANTIC	1,286	3,333	42,320	39,990	-	-	136	110	-	-
Upstate N.Y. N.Y. City	134 380	182 1,627	8,480 11,794	7,210 13,551	N	N	31 29	25 42	-	-
N.J.	387	595	5,121	5,745	-	-	9	4	-	-
Pa.	385	929	16,925	13,484	N	N	67	39	-	-
E.N. CENTRAL Ohio	809 231	1,390 228	52,329 11,628	61,269 16,742	5	3	193 53	178 23	-	-
Ind.	118	224	6,929	6,486	Ν	Ν	30	16	-	-
III. Mich.	279 132	595 277	13,584 15,261	19,034 12,405	- 5	- 3	13 47	30 33	-	-
Wis.	49	66	4,927	6,602	-	-	50	76	-	-
W.N. CENTRAL	228	288	18,271	18,945	4 N	2 N	95 40	68 34	1	-
Minn. Iowa	48 11	56 34	3,358 1,087	4,181 1,957	N N	N	40 14	10	-	-
Mo. N. Dak.	107 10	139	7,473 555	6,912 528	3 N	1 N	17	6 2	1	-
S. Dak.	-	6	944	922	-	-	10	12	-	-
Nebr.¶ Kans.	6 46	22 31	1,967 2,887	1,753 2,692	1 N	1 N	3 11	3 1	-	-
S. ATLANTIC	3,515	4,482	58,393	61,143	-	1	169	98	2	-
Del.	42	80	1,141	2,392	Ν	Ν	-	1	-	-
Md. D.C.	343 149	411 476	7,346 1,389	6,274 1,305	-	1	9 2	8	-	-
Va.	141	421	8.749	6,927	-	-	22	11	-	-
W.Va. N.C.	30 243	32 504	1,080 10,639	985 9,092	N N	N N	2 31	- 12	-	-
S.C. ¹	205	311	6,579	5,139	-	-	7	2	2	-
Ga. Fla.	509 1,853	609 1,638	5,925 15,545	12,993 16,036	N	N	51 45	36 28	-	-
E.S. CENTRAL	448	621	19,715	21,246	Ν	Ν	36	45	-	-
Ky. Tenn.	42 189	67 269	2,121 8,594	3,197 7,362	N N	N N	9 12	9 13	-	-
Ala.	127	144	4,138	5,752	-	-	9	20	-	-
Miss.	90	141	4,862	4,935	N	N	6	3	-	-
W.S. CENTRAL Ark.	1,309 43	1,634 47	40,133 2,951	40,783 2,751	2 1	-	23 8	16 2	1	-
La.	281	192	10,049	7,416	1	-	-	1	1	-
Okla. Tex.	37 948	74 1,321	3,832 23,301	3,947 26,669	N	N -	7 8	3 10	-	-
MOUNTAIN	259	586	15,849	19,840	1,161	855	42	34	-	-
Mont.	- 2	8	749	934	N	N	4	7	-	-
ldaho Wyo.	2	10 4	1,191 425	953 397	N -	N -	4 2	6 1	-	-
Colo. N. Mex.	48 20	127 42	2,924 2,298	5,008 2,827	N 9	N 2	23 1	6 1	-	-
Ariz.	109	274	5,660	6,027	1,118	835	6	2	-	-
Utah Nev.	19 59	29 92	845 1,757	1,376 2,318	12 22	3 15	1 1	8 3	-	-
PACIFIC	823	2,476	53,725	56,387	629	397	92	134	-	-
Wash.	127	178	6,608	6,050	N	Ν	9	12	-	-
Oreg. Calif.	53 604	108 2,148	2,069 42,863	2,978 43,829	629	- 397	11 71	15 107	-	-
Alaska Hawaii	8 31	9 33	1,434 751	1,446 2,084	-	-	- 1	-	-	-
Guam	31	33 1	101	∠,004	-	-	-	-	-	-
P.R.	143	437	594	824	N	N	N	N	-	-
V.I.	2 U	13 U	20 U	127 U	- U	- U	- U	- U	- U	- U
Amer. Samoa										

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003 (20th Week)*

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.L: Commonwealth of Northern Mariana Islands. * Incidence data for reporting years 2003 and 2004 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 March 26, 2004. * Contains data reported through National Electronic Disease Surveillance System (NEDSS).

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(20th Week)*		Escher	ichia coli, Ente	rohemorrhagio	: (EHEC)					
			Shiga toxi	n positive,	Shiga toxi	n positive,				
	015 Cum.	7:H7 Cum.	<u> </u>	o non-0157	not sero Cum.	<u> </u>	Giar Cum.	diasis	Gor Cum.	orrhea
Reporting area	2004	2003	Cum. 2004	Cum. 2003	2004	Cum. 2003	2004	Cum. 2003	2004	Cum. 2003
UNITED STATES	393	407	55	76	46	32	5,305	5,794	107,450	122,648
NEW ENGLAND	27	24	16	13	6	2	470	434	2,467	2,657
Maine N.H.	- 4	3 6	- 2	- 1	-	-	47 13	43 19	100 51	81 47
Vt.	-	-	-	-	-	-	39	33	29	33
Mass. R.I.	10 2	6 1	2	5	6	2	253 37	213 42	1,245 349	995 365
Conn.	11	8	12	7	-	-	81	84	693	1,136
MID. ATLANTIC	31	48	2	6	12	10	1,213	1,214	13,405	15,528
Upstate N.Y. N.Y. City	10 4	16 3	1	3	4	5	382 372	292 460	2,800 3,761	2,674 5,128
N.J.	5	5	1	-	4	-	119	172	2,048	3,460
Pa.	12	24	-	3	4	5	340	290	4,796	4,266
E.N. CENTRAL Ohio	68 19	107 24	12 1	16 9	4 4	6 6	651 271	1,045 304	20,799 5,541	26,410 8,592
Ind.	8	12	-	- 1	-	-	- 84	-	2,385	2,454
III. Mich.	14 12	20 20	- 2	-	-	-	84 196	315 248	5,661 5,873	8,140 4,979
Wis.	15	31	9	6	-	-	100	178	1,339	2,245
W.N. CENTRAL	67 25	54 20	7	7 6	9	6	630	570 190	5,869	6,242 1,014
Minn. Iowa	25 11	20	3	-	2	-	205 94	80	1,205 160	414
Mo. N. Dak.	10 2	17 1	4	1	2 3	- 1	175 11	170 16	2,984 50	3,185 25
S. Dak.	2	2	-	-	-	-	19	17	100	64
Nebr. Kans.	8 9	4 3	-	-	- 2	- 5	53 73	49 48	392 978	578 962
S. ATLANTIC	35	28	13	- 22	7	1	817	863	25,936	29,810
Del.	-	-	N	N	N	N	20	15	364	934
Md. D.C.	4	1 1	-	-	1	1	34 25	44 14	3,110 950	2,903 938
Va.	1	8	6	1	-	-	138	98	3,517	3,234
W.Va. N.C.	1	1	- 4	- 10	-	-	12 N	10 N	323 5,559	323 5,152
S.C.	1	-	-	-	-	-	17	45	3,003	2,994
Ga. Fla.	11 16	6 11	1 2	2 9	- 6	-	192 379	280 357	2,712 6,398	6,261 7,071
E.S. CENTRAL	17	21	1	-	6	4	112	115	8,559	10,348
Ky.	8	8	1	-	4	4	N	N	897	1,335
Tenn. Ala.	3 2	9 3	-	-	2	-	52 60	51 64	3,049 2,407	3,039 3,449
Miss.	4	1	-	-	-	-	-	-	2,206	2,525
W.S. CENTRAL	20	18	-	2	1	-	98	91	14,891	16,294
Ark. La.	4	2 1	-	-	-	-	44 12	49 6	1,382 4,551	1,438 4,147
Okla.	4 12	2 13	-	- 2	- 1	-	42	36	1,647	1,525
Tex. MOUNTAIN			-			-			7,311	9,184
Mont.	63 2	42 1	3	8	1	3	454 15	454 22	3,737 30	4,153 55
Idaho Wyo.	12	12 1	1	4	-	-	64 5	58 6	34 22	30 19
Colo.	25	14	- 1	1	- 1	3	151	128	948	1,130
N. Mex. Ariz.	4 7	1 9	- N	3 N	N	N	21 72	18 80	267 1,598	466 1,585
Utah	8	3	-	-	-	-	91	97	102	138
Nev.	5	1	1	-	-	-	35	45	736	730
PACIFIC Wash.	65 19	65 19	1	2 1	-	-	860 99	1,008 86	11,787 979	11,206 1,119
Oreg.	11	8	1	1	-	-	150	119	265	368
Calif. Alaska	29 1	37 1	-	-	-	-	554 25	735 31	10,133 240	9,111 201
Hawaii	5	-	-	-	-	-	32	37	170	407
Guam	Ν	N	-	-	-	-	-	-		-
P.R. V.I.	-	1	-	-	-	-	8	43	57 4	92 37
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	3	U

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003 (20th Week)*

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(20th Week)*		Haemophilus influenzae, invasive												
	All	ages		naomopiniao		5 years				atitis te), by type				
		rotypes	Serot	ype b		rotype b	Unknown	serotype		A				
Reporting area	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003				
UNITED STATES	797	721	7	10	42	54	92	87	2,047	2,393				
NEW ENGLAND	72	51	1	1	4	4	3	3	357	98				
Maine	7	2 5	-	-	-	-	-	1	8 7	1				
N.H. Vt.	12 5	5 6	-	-	2	-	- 1	-	5	6 4				
Mass.	30	25	1	1	-	4	2	1	302	50				
R.I. Conn.	2 16	2 11	-	-	- 2	-	-	1 -	6 29	10 27				
MID. ATLANTIC	161	124	-	-	3	1	24	18	240	506				
Upstate N.Y. N.Y. City	58 32	37 22	-	-	3	1	3 7	4 5	33 80	38 187				
N.J.	25	27	-	-	-	-	2	3	51	84				
Pa.	46	38	-	-	-	-	12	6	76	197				
E.N. CENTRAL	118 58	126 34	-	1	10	4	17 10	24 7	186	228				
Ohio Ind.	20	21	-	-	2 4	2	1	-	22 15	37 15				
III.	19	52	-	-	-	-	5	14	69	75				
Mich. Wis.	9 12	7 12	-	1	4	2	- 1	- 3	63 17	75 26				
W.N. CENTRAL	42	46	1	-	2	5	3	5	64	63				
Minn.	14	18	-	-	2	5	-	-	10	14				
lowa Mo.	1 14	- 18	1	-	-	-	- 2	- 5	19 19	13 19				
N. Dak.	3	1	-	-	-	-	-	-	1	-				
S. Dak. Nebr.	- 5	1	-	-	-	-	-	-	2 7	- 4				
Kans.	5	8	-	-	-	-	1	-	6	13				
S. ATLANTIC	191	146	-	-	9	6	16	9	375	556				
Del. Md.	7 35	- 35	-	-	- 2	- 4	2	-	3 59	4 52				
D.C.	- 35		-	-	-	-	-	-	3	17				
Va. W. Va.	17 8	15 3	-	-	-	-	1	3	33 2	35 6				
N.C.	° 24	10	-	-	- 3	-	3	-	25	26				
S.C.	2	2	-	-	-	-	-	-	13	22				
Ga. Fla.	47 51	31 50	-	-	- 4	2	10	4 2	141 96	224 170				
E.S. CENTRAL	28	41	-	1	-	2	7	4	67	66				
Ky.	-	3	-	-	-	1	-	-	9	11				
Tenn. Ala.	19 9	22 16	-	- 1	-	1	5 2	3 1	40 6	35 9				
Miss.	-	-	-	-	-	-	-	-	12	11				
W.S. CENTRAL	31	39	1	-	3	6	1	3	151	231				
Ark. La.	1 4	4 13	-	-	-	1 2	- 1	- 3	32 5	12 21				
Okla.	25	22	-	-	3	3	-	-	16	4				
Tex.	1	-	1	-	-	-	-	-	98	194				
MOUNTAIN Mont.	120	87	2	5	11	13	17	11	200 3	156 2				
Idaho	4	1	-	-	-	-	2	1	10	7				
Wyo. Colo.	-	- 15	-	-	-	-	- 6	- 4	1 28	1 22				
N. Mex.	34 20	12	-	-	3	3	3	4	20 5	8				
Ariz.	46	48	-	5	7	6	1	3	125	87				
Utah Nev.	9 7	7 4	2	-	- 1	2 2	3 2	2	23 5	12 17				
PACIFIC	34	61	2	2	-	13	4	10	407	489				
Wash.	3	3	2	-	-	2	1	1	26	26				
Oreg. Calif.	21 3	20 33	-	- 2	-	- 11	- 2	2 7	29 342	28 427				
Alaska	2	-	-	-	-	-	1	-	3	5				
Hawaii	5	5	-	-	-	-	-	-	7	3				
Guam P.R.	-	-	-	-	-	-	-	-	- 7	- 32				
V.I.	-	-	-	-	-	-	-	-	-	-				
Amer. Samoa C.N.M.I.	U	U U	U	U U	U	U U	U	U U	U	U U				
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 TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003 (20th Week)*

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(20th Week)*						,		,,		
		epatitis (viral B	, acute), by ty			nellosis	Lister	iosis	Lyme	disease
Deperting eres	Cum.	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum.	Cum. 2004	Cum.	Cum. 2004	Cum. 2003
Reporting area UNITED STATES	2,262	2,474	452	417	355	2003 373	153	2003 181	2,743	3,059
NEW ENGLAND	88	127	1	1	8	14	10	7	252	359
Maine N.H.	1 20	- 5	-	-	-	- 2	2 1	- 2	31 13	- 5
Vt.	1	1	1	1	-	1	-	-	9	4
Mass. R.I.	63 1	93 3	-	-	3 1	6 1	2 1	3	91 28	188 80
Conn.	2	25	U	U	4	4	4	2	80	82
MID. ATLANTIC Upstate N.Y.	345 41	335 28	47 4	46 7	84 18	78 25	34 12	37 7	2,131 756	2,248 720
N.Y. City	34	115	-	-	3	8	3	10	-	3
N.J. Pa.	158 112	90 102	43	- 39	22 41	5 40	8 11	7 13	489 886	550 975
E.N. CENTRAL	173	183	25	65	79	85	21	22	34	94
Ohio Ind.	61 8	57 10	2 2	4	39 7	35 4	9 4	3 1	28	11 5
III.	-	-	2	11	2	13	-	7	-	2
Mich. Wis.	104	94 22	19 -	47 3	29 2	26 7	7 1	7 4	6	76
W.N. CENTRAL	157	111	183	89	8	14	4	5	38	31
Minn. Iowa	12 6	13 4	1	1	- 2	2 4	2 1	2	12 5	17 4
Mo.	122	74	182	87	4	5	1	1	16	7
N. Dak. S. Dak.	1	- 1	-	-	1 1	1	-	-	-	-
Nebr. Kans.	9 7	12 7	-	1	-	1 1	-	2	2 3	1 2
S. ATLANTIC	679	638	69	69	86	104	24	39	237	238
Del.	12	3	-	-	3	-	N	N	24	45
Md. D.C.	59 12	43 1	6 1	5	13 1	17 1	4	4	142 2	150 3
Va. W.Va.	75 2	40 7	10 8	1 1	7 2	6	3 1	4 1	10 1	10
N.C.	57	53	6	3	8	9	4	8	34	17
S.C. Ga.	37 218	60 202	1 6	17 6	1 4	4 10	- 4	2 10	1 1	1 5
Fla.	207	229	31	36	47	57	8	10	22	7
E.S. CENTRAL Ky.	286 21	159 34	37 12	37 7	15 4	15 3	7 2	6	9 5	15 2
Tenn.	69	53	11	7	9	7	4	1	2	6
Ala. Miss.	24 172	31 41	- 14	4 19	2	3 2	1	3 2	- 2	- 7
W.S. CENTRAL	61	418	48	76	24	22	13	22	4	39
Ark. La.	17 23	38 61	- 25	3 43	- 1	- 1	- 1	- 1	-	- 4
Okla.	16	18	2	-	2	2	-	1	-	-
Tex. MOUNTAIN	5	301 222	21 20	30 12	21	19 10	12 6	20 11	4	35
Mont.	193 -	8	20	1	25	19	-	1	8	3
Idaho Wyo.	6 3	2 9	-	1	1 4	2 1	1	-	2 1	1
Colo.	27	34	4	4	4	3	1	4	-	-
N. Mex. Ariz.	5 101	17 112	3 2	- 3	- 5	2 6	-	2 4	- 1	-
Utah Nev.	20 31	14 26	1 8	- 3	9 2	3 2	- 4	-	4	1 1
PACIFIC	280	281	22	22	26	22	4 34	32	30	32
Wash.	22	29	7	9	5	2	5	3	3	-
Oreg. Calif.	41 202	- 243	4 9	4 8	N 21	N 20	4 25	1 28	11 16	8 23
Alaska Hawaii	12 3	3 6	2	-	-	-	-	-	N	1 N
Guam	-	-	-	-	-	-	-	-	- -	- -
P.R.	9	57	-	-	1	-	-	-	N	N
V.I. Amer. Samoa	- U	U	- U	- U	- U	- U	U	Ū	- U	U
C.N.M.I.	-	Ŭ	-	Ū	-	Ū	-	Ū	-	U

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003

	Mal	Malaria		Meningococcal disease		Pertussis		s, animal	Rocky Mountai spotted fever	
Reporting area	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003	Cum. 2004	Cum. 2003
UNITED STATES	356	363	639	793	3,072	2,474	1,407	2,657	182	119
NEW ENGLAND	29	8	29	38	665	251	182	172	9	-
Maine	2	1	7	5	-	2	18	14	-	-
N.H. Vt.	- 1	2	3 1	3	20 30	14 27	6 6	9 10	-	-
Mass.	17	5	18	23	597	189	79	65	9	-
R.I. Conn.	2 7	-	-	2 5	9 9	4 15	10 63	22 52	-	-
MID. ATLANTIC	74	86	81	90	811	231	152	318	16	11
Upstate N.Y.	13	17	19	14	613	88	119	114	1	-
N.Y. City N.J.	29 16	45 10	14 19	21 12	- 72	27 39	4	2 62	2 5	4 4
Pa.	16	14	29	43	126	77	29	140	8	3
E.N. CENTRAL	23	39	91	124	370	174	10	16	10	4
Ohio Ind.	8	6	37 10	32 19	163 23	87 24	5 2	5 2	6 1	2
III.	2	18	9	36	-	-	2	1	-	1
Mich. Wis.	8 5	12 3	29 6	22 15	36 148	17 46	1	8	3	1
W.N. CENTRAL	22	14	37	57	164	113	174	250	7	4
Minn.	9	8	9	13	40	33	18	11	-	-
lowa Mo.	1 3	2 1	9 9	10 24	21 80	33 24	21 6	28 2	- 7	1 3
N. Dak.	2	-	1	-	6	2	23	24	-	-
S. Dak. Nebr.	1 1	-	1	1 5	7	2 1	10 53	51 48	-	-
Kans.	5	3	7	4	10	18	43	86	-	-
S. ATLANTIC	106	92	116	143	171	169	668	1,078	91	88
Del. Md.	2 26	- 24	1 6	8 12	3 36	1 20	9 50	18 147	- 7	- 15
D.C.	5	5	4	1	1	-	-	-	-	-
Va. W. Va.	10	7 2	7 3	9 1	46 2	33 3	176 27	205 28	-	1
N.C.	5	6	18	16	33	62	249	280	78	47
S.C. Ga.	5 12	1 18	10 6	11 18	17 8	8 17	56 99	67 145	2 1	8 13
Fla.	41	29	61	67	25	25	2	188	3	4
E.S. CENTRAL	12	9	26	33	40	47	52	81	27	10
Ky. Tenn.	1 2	1 4	3 9	3 8	7 21	11 22	11 17	11 61	- 15	- 6
Ala.	7	2	6	10	6	9	21	8	4	-
Miss.	2	2	8	12	6	5	3	1	8	4
W.S. CENTRAL Ark.	32 2	43 3	58 12	104 9	120 7	141 8	74 23	634 25	16	1
La.	2	2	14	30	2	4	-	-	3	-
Okla. Tex.	1 27	2 36	3 29	8 57	13 98	14 115	51	100 509	13	- 1
MOUNTAIN	14	11	33	37	387	424	38	35	2	1
Mont.	-	-	1	2	11	-	5	5	-	-
Idaho Wyo.	1	1	4	2	17	9 119	-	1	1	- 1
Colo.	6	8	14	7	209	159	4	1	1	-
N. Mex. Ariz.	1 1	- 1	4 5	4 16	46 65	22 75	- 29	2 25	-	-
Utah	3	1	3	-	27	30	-	1	-	-
Nev.	2	-	-	4	9	10	-	-	-	-
PACIFIC Wash.	44 2	61 8	168 17	167 15	344 171	924 152	57	73	4	-
Oreg.	8	5	36	29	125	130	-	1	2	-
Calif. Alaska	33	46	110 1	114 2	35 8	639	49 8	67 5	2	-
Hawaii	1	2	4	7	5	3	-	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-
P.R. V.I.	-	-	2	5	1 -	-	17	25	N	N
Amer. Samoa	U	U U	U	U U	U	U U	U	U U	U	U U

MMWR

Reporting area 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003 2004 2003	· ·							Stre	ptococcus pne	<i>umoniae</i> , inv	asive
Cum, 2007 Cum, 2008 Cum, 2009 Cum, 2008 Cum, 2009 Cum, 2009 <t< th=""><th></th><th>Salmo</th><th>nellosis</th><th>Shige</th><th>llosis</th><th></th><th></th><th></th><th></th><th>Ane</th><th>5 vears</th></t<>		Salmo	nellosis	Shige	llosis					Ane	5 vears
DUNTES 9.244 10.210 3.583 7.813 2.057 2.922 1.099 1.118 2.14 NEW ENGLAND 456 509 84 107 97 3 284 13 46 4 NH 27 35 3 3 11 15 - N NH 28 285 53 70 56 130 N N N Mass 243 284 195 70 66 134 N N N Conn 107 1044 21 24 66 133 183 88 29 37 NCGIV 331 302 123 150 43 716 U		Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.
NEW ENCLAND 456 509 64 107 97 284 13 46 4 N.H. 27 35 3 3 14 15 - N N.H. 28 255 3 3 14 16 - - N R.I. 32 255 4 3 16 44 6 - 3 Conn. 107 104 215 120 13 183 23 3 14 13 184 63 30 3 14 13 184 43 30 35 14 Distate N.Y. 312 224 195 150 131 155 162 131 145 143 433 35 14 N.J. 322 211 64 74 44 44 46 66 180 16 164 Min. 132 177 47 44 45 <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2003</td>				· · · · · · · · · · · · · · · · · · ·							2003
Maine 29 32 1 4 3 14 14 - - - Mass. 243 289 53 3 14 15 5 N Mass. 243 289 53 70 63 130 N N N Mass. 126 4 3 16 4 6 - 3 Conn. 107 104 21 24 - 107 - 43 U MUDATLANTC 1323 122 445 157 58 107 N N N Nethy 322 244 149 266 133 143 143 35 14 Nethy 322 244 49 282 131 158 142 155 47 Ohio 342 409 67 99 131 158 14 15 16 16 164 12											262 1
Vt. 18 15 2 3 4 14 6 5 1 Mass. 24 24 24 3 10 107 6 3 Molyale hYN. 1235 1.280 435 700 237 502 343 64 51 Molyale hYN. 313 352 123 150 143 71 10 U </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>4 -</td> <td>-</td>										4 -	-
Mess. 243 298 53 70 63 130 N N N Conf. 107 104 21 24 - 107 - 43 U MDATLANTIC 123 1289 1455 120 113 181 30 22 31 NLTV 312 242 1455 120 113 143 43 32 14 NLTV 312 242 1451 1453 143 33 253 70 Pa. 390 442 49 282 113 143 343 325 70 Ohio 132 142 265 634 316 205 -		27	35								N
R.I. 32 25 4 3 16 4 6 . 3 MD. ALLANTIC 1.235 1.299 435 709 327 502 81 64 51 MD. ALLANTIC 3121 284 1185 120 113 183 33 29 37 NULLOW 3121 284 118 113 143 43 335 14 Pa, 390 442 49 282 131 158 192 155 47 Ind. 132 152 47 44 44 63 192 155 47 Ind. 312 470 84 354 138 230 1 18 192 155 147 Wo. 132 170 84 34 387 1 18 14 19 14 19 14 19 14 19 14 19 14 14 14 14 14 14 14 14 14 14 14 14											1 N
MD. ATLANTIC 1.235 1.299 435 709 327 502 81 6.4 51 N.Y. City, 331 382 123 150 43 71 U U U Pa. 390 442 49 282 113 143 43 35 144 EN. CENTRAL 327 502 611 64 51 66 70 Chio 342 400 67 69 131 158 152 155 47 Chio 342 400 67 69 131 158 161 80 N N N Mich. 252 210 34 87 149 208 N <t< td=""><td>R.I.</td><td>32</td><td>25</td><td>4</td><td>3</td><td>16</td><td>4</td><td></td><td>-</td><td>3</td><td>-</td></t<>	R.I.	32	25	4	3	16	4		-	3	-
Upstate N.Y. 312 264 195 120 113 183 38 29 37 N.Z. (i) 202 211 68 157 68 105 N N N Pa. 300 442 49 222 113 143 43 35 14 EN CENTRAL 1.278 1.452 265 634 371 73 253 235 70 Otion 342 497 87 354 35 205 - - - - - - 166 163 30 50 12 99 N								-			U
N.Y.C.(Diy) 331 382 123 150 43 71 U U U Pa. 390 442 49 282 113 143 43 35 14 Pa. 390 442 49 282 113 143 43 35 70 Chio 342 400 67 69 131 158 152 455 47 Ind. 322 157 47 444 444 463 61 80 16											45 32
Pa. 390 442 49 282 113 143 43 43 45 14 EN.CENTRAL 342 409 67 99 131 158 160 17 17 17 17 17 17 17 17 17 17 180 160 10 160	N.Y. City	331	382	123	150	43	71	U	U	U	U
E.N.CENTRAL 1.278 1.452 285 6.34 371 733 253 2.255 70 Ind. 132 152 477 47 44 44 63 61 90 16 Mich. 252 210 34 87 149 209 N N N Wis. 221 200 34 87 149 209 N N N Win. 155 114 12 93 35 6 3 37 - - 183 Work 135 1145 50 105 39 38 5 6 3 9 5 6 3 9 5 6 3 9 5 6 3 9 5 6 3 9 5 6 3 9 5 6 3 9 5 6 3 9 5 5 3 6 3											N 13
Ohio 342 409 67 99 131 158 192 155 47 Ind. 321 477 87 354 35 205 - - - Wis. 231 204 30 50 12 90 N N N Wis. 231 204 30 50 12 90 N N N N Win.CENTRAL 669 663 136 260 N											98
III. 321 477 87 354 35 205 - - - Wick. 231 204 30 50 12 99 N N N Wins. 231 204 30 50 12 99 N N N Minn. 167 154 17 34 73 87 - - 18 Mon. 167 154 17 34 73 87 - - 18 Mon. 164 146 50 105 39 39 5 6 3 Nakow. 131 13 6 8 9 19 - - N Nakow. 13 1,013 2,450 414 450 504 538 5 Not. 16 2,34 1,013 2,450 414 42 3 - 3 Min. 16 2,34 2,35 32 105 38 45 N N Q.C.											90 52
Mich. 252 210 34 87 149 299 N N N Wis. 231 204 30 50 12 98 N N N 7 Win.CENTRAL 669 563 136 256 161 184 112 93 21 Iowa 135 114 29 20 N									80	16	18
Wis. 231 204 30 50 12 98 N N 7 Mino. 167 154 17 34 73 87 12 93 21 Mino. 185 114 17 34 73 87 N									N	N	N
Minn. 167 154 17 34 73 87 - - 18 Mo. 184 145 50 105 39 39 5 6 3 Mo. 13 13 6 8 - 3 - - S.Dak. 23 25 6 8 8 14 1 - - Kans. 100 63 26 28 27 17 106 84 N SATLANTIC 209 2,343 1,013 2,469 41 450 504 538 5 Del. 15 27 3 120 2 5 3 1 N Md. 169 241 42 210 94 132 - 4 - - - 4 - - - 4 3 16 44 3 N N N N N N N N N N N N N N N <											28
iowa 135 114 29 20 N N N N N N N Mo. 13 13 13 1 3 6 8 4 1 - - Nbh. 13 13 1 3 6 8 4 1 - - N Nebr. 47 49 7 58 8 19 - - N SATLANTIC 2.039 2.343 1.013 2.459 414 450 504 538 5 Del 15 27 3 120 2 5 3 1 N Va. 234 235 32 105 38 45 N								112			20
Mo. 184 145 50 105 39 39 5 6 3 N.Dak. 23 25 6 8 8 14 1 - - S.Dak. 23 25 6 8 8 19 - - N Kans. 100 63 26 28 27 17 106 84 N S.Dak. 102 2.343 1.013 2.459 414 450 504 538 5 Dcl. 189 2.24 32 109 4132 - 4 - 3 - 3 1 N<								- N			17 N
S. Dak. 23 25 6 8 8 14 1 - - N Kans. 100 63 26 28 27 17 106 84 N S.ATLANTIC 2.039 2.343 1.013 2.459 414 450 504 538 5 Del 189 2.21 3 2.21 94 4 4 3 - 3 N N Va. 134 220 24 4 4 3 - 3 N		184		50	105	39	39				1
Nebr. 47 49 7 58 8 19 - - N SATLANTIC 2,039 2,343 1,013 2,459 414 450 504 538 5 Del. 15 27 3 120 2 5 3 1 N Md. 184 21 20 24 4 4 3 - - Md. 144 12 20 24 4 4 3 - - Va. 46 22 - - 12 19 55 2 2 N.C. 247 350 129 143 130 28 6 M N N Ga. 289 325 206 521 79 96 109 138 N Fla. 880 1,001 438 1,076 101 97 293 287 N N										-	2
SATLANTIC 2,039 2,343 1,013 2,459 414 450 504 538 5 Del. 15 27 3 120 2 5 3 1 N Md. 189 241 42 210 94 44 3 - 3 D.C. 144 12 20 24 4 4 3 - 3 Va. 234 235 325 206 38 45 N N N S.C. 125 129 143 130 28 16 41 80 N Ga. 289 325 206 521 79 96 109 138 N Fla. 880 1,001 438 1076 101 97 293 287 N Ky. 919 60 346 362 - - - - - N Md. 102 109 192 26 5 3 5 17 5 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>N</td> <td>N</td>								-		N	N
Del. 15 27 3 120 2 5 3 1 N Md. 189 241 42 210 94 132 - 4 - D.C. 14 12 20 24 4 4 3 - - 3 W.Va. 46 23 - - 12 19 55 28 2 N.C. 247 350 129 273 56 36 N N U S.C. 125 129 143 130 28 16 41 80 N Ga. 289 325 206 521 79 96 109 138 N Fla. 880 1,001 438 1,076 101 97 293 287 N E.S. CENTRAL 517 609 206 392 104 92 62 76 - - N Mat. 163 166 68 132 7 5 3	Kans.		63		28	27	17	106	84	Ν	Ν
Md. 189 241 42 210 94 132 - 4 - DC. 14 12 20 24 4 4 3 - - Va. 234 235 32 105 38 45 N N N VVa. 46 23 - - 12 19 55 28 2 N.C. 247 350 129 273 56 36 N N U Sc. 125 129 143 130 28 16 41 80 N Ga. 289 325 206 521 79 96 109 138 N Fla. 880 1,001 438 1,076 101 97 293 287 N ES.CENTRAL 517 60 392 104 92 62 76 - - N M Ky. 99 108 31 46 36 72 17 5											5
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$								3			N
W.Va. 46 23 - - 12 19 55 28 2 N.C. 125 129 143 130 28 16 41 80 N S.C. 125 129 143 130 28 16 41 80 N Fla. 289 325 206 521 79 96 109 138 N Fla. 880 1,001 438 1,076 101 97 293 287 N E.S.CENTRAL 517 609 206 392 104 92 62 76 - Ky. 99 108 31 46 36 22 17 6 N Miss. 117 130 23 79 - - - N N Atk. 112 1.063 710 2.058 112 143 28 47 53 La. 79 179 65 186 1 1 23 30 7	D.C.	14	12	20	24	4	4		-		-
N.C. 247 350 129 273 56 36 N N U Ga. 289 325 120 521 79 96 109 138 N Fla. 880 1,001 438 1,076 101 97 293 287 N ES.CENTRAL 517 609 206 392 104 92 62 76 - Ky. 99 108 31 46 36 22 17 6 N Tenn. 148 205 84 132 - - - N N Miss. 117 1003 70 2.058 112 143 28 47 53 Ky. 102 109 19 26 5 3 5 17 5 La 79 77 2.058 112 143 28 47 53 Miss. 112 1.063 70 2.058 112 143 28 17 5					105						N 5
Ga.2893252065217996109138NFla.8801,0014381,07610197293287NE.S. CENTRAL517609206392104926276-Ky.9910831463622176NAla.15316668132NMiss.1171302379NWS. CENTRAL7121,0637102,058112143284753Ark.1021091926535175La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NN10MOUNTAIN776670275329279247151510Mont.523632-1Vio.20322115-42Nex.685838684264513NWyo.203211112NNN <td>N.C.</td> <td>247</td> <td>350</td> <td></td> <td></td> <td>56</td> <td>36</td> <td>N</td> <td>N</td> <td>U</td> <td>U</td>	N.C.	247	350			56	36	N	N	U	U
Fla.8801,0014381,07610197293287NE.S. CENTRAL517609206392104926276-Ky.99108314636622176NTenn.1482058413568704570NAla.15316668132NW.S. CENTRAL7121,0637102,058112143284753Ark.10210637102,058112143284753La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NN17MOUNTAIN776670275329279247151510Mont.523632-18N.Mex.685838684264513-New.64521916112-NNUtah776416172344-2-New.64521916112-NNNNN											N N
Ky.9910831463622176NTenn.1482058413568704570NMiss.11316668132NMiss.1171302379NMiss.11710637102,058112143284753Ark.1021091926535175La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NN17MOUNTAIN776670275329279247151510Mont.523632-1Idaho567058411NNNNWyo.2032115NNNNWhex.685838684264513NNew.64521916112NNNNNey.645219772426NN											N
Ky.9910831463622176NTenn.1482058413568704570NMiss.11316668132NMiss.1171302379NMiss.11710637102,058112143284753Ark.1021091926535175La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NN17MOUNTAIN776670275329279247151510Mont.523632-1Idaho567058411NNNNWyo.2032115-42 <td>E.S. CENTRAL</td> <td>517</td> <td></td> <td>206</td> <td>392</td> <td>104</td> <td>92</td> <td>62</td> <td>76</td> <td>-</td> <td>-</td>	E.S. CENTRAL	517		206	392	104	92	62	76	-	-
Ala. 153 166 68 132 - - - - N Miss. 117 130 23 79 - <td>Ky.</td> <td>99</td> <td>108</td> <td>31</td> <td>46</td> <td>36</td> <td>22</td> <td>17</td> <td>6</td> <td></td> <td>N</td>	Ky.	99	108	31	46	36	22	17	6		N
Miss. 117 130 23 79 - <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>45</td><td></td><td></td><td>N N</td></th<>								45			N N
Ark.1021091926535175La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NN17MOUNTAIN776670275329279247151510Mont.523632-1Idaho567058411NNNWyo.2032115-42-Colo.186181595287718Ariz.25317713416511795NNev.64521916112PACIFIC1,5621,702459869192287312-Vash.13518229772426NNOreg.1111521931NNNNNNCalif.1,1711,267393746134217NNNNHawaii1136715113444312NP.R.40241<						-	-	-	-	-	-
La.79179651861123307Okla.95821662743142NN24Tex.4366934601,5727597NNN17MOUNTAIN776670275329279247151510Mont.523632-1Idaho567058411NNNVyo.2032115-42-Colo.186181595287718N.Mex.685838684264513-Ariz.2531771341651795NUtah776416172344-2Nev.64521916112PACIFIC1,5621,702459869192287312-Vash.13518229772426NOreg.1111521931NNNNNCalif.1,1711,267393746134217NNNHawaii1136715113444 <td></td> <td>61</td>											61
Okla.95821662743142NN24Tex.4366934601,5727597NNN17MOUNTAIN776670275329279247151510Mont.523632-1Idaho567058411NNNNWyo.2032115-42-Colo.186181595287718N. Mex.685838684264513-Ariz.25317713416511795NNev.64521916112PACIFIC1,5621,702459869192287312-Vash.13518229772426NOreg.1111521931NNNNNCalif.1,1711,267393746134217NNNHawaii1136715113444312-NHawaii1136715113444312-NNumber<											4 13
MOUNTAIN 776 670 275 329 279 247 15 15 10 Mont. 52 36 3 2 - 1 - - - Idaho 56 70 5 8 4 11 N N N Wyo. 20 32 1 1 5 - 4 2 - Colo. 186 181 59 52 87 71 - - 8 N.Mex. 68 58 38 68 42 64 5 13 - Ariz. 253 177 134 165 117 95 - - N Utah 77 64 16 17 23 4 4 - 2 Nev. 64 52 19 16 1 1 2 - N Oreg. 111 152<	Okla.	95	82	166	274	31	42	N	N	24	26
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						75		N	N		18
Idaho 56 70 5 8 4 11 N N N Wyo. 20 32 1 1 5 - 4 2 - Colo. 186 181 59 52 87 71 - - 8 N.Mex. 68 58 38 68 42 64 5 13 - Ariz. 253 177 134 165 117 95 - - N Utah 77 64 16 17 23 4 4 - 2 Nev. 64 52 19 16 1 1 2 - - PACIFIC 1,562 1,702 459 869 192 287 31 2 - Vash. 135 182 29 77 24 26 - N N Calif. 1,171 1,267 393 746 134 217 N N N Haw				275	329	279					32
		56	70		8						N
N. Mex.685838684264513-Ariz.25317713416511795NUtah776416172344-2Nev.64521916112PACIFIC1,5621,702459869192287312-Wash.13518229772426NOreg.1111521931NNNNNCalif.1,1711,267393746134217NNNAlaska323434NHawaii1136715113444312-PR.4024114NNNNNVI								4			- 30
Utah776416172344-2Nev.64521916112PACIFIC1,5621,702459869192287312-Wash.13518229772426NOreg.1111521931NNNNNCalif.1,1711,267393746134217NNNAlaska323434NHawaii1136715113444312-GuamPR.4024114NNNNV.I								5			- 30
Nev. 64 52 19 16 1 1 2 - - PACIFIC 1,562 1,702 459 869 192 287 31 2 - Wash. 135 182 29 77 24 26 - - N Oreg. 111 152 19 31 N N N N N Calif. 1,171 1,267 393 746 134 217 N N N Alaska 32 34 3 4 - - - N N Hawaii 113 67 15 11 34 44 31 2 - Guam - N N N								-			N
PACIFIC 1,562 1,702 459 869 192 287 31 2 - Wash. 135 182 29 77 24 26 - - N Oreg. 111 152 19 31 N N N N N Calif. 1,171 1,267 393 746 134 217 N N N Alaska 32 34 3 4 - - - N N Hawaii 113 67 15 11 34 44 31 2 - Guam -											2
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Calif. 1,171 1,267 393 746 134 217 N N N Alaska 32 34 3 4 - - - N N N Hawaii 113 67 15 11 34 44 31 2 - Guam - </td <td>Wash.</td> <td>135</td> <td>182</td> <td>29</td> <td>77</td> <td>24</td> <td>26</td> <td>-</td> <td>-</td> <td></td> <td>N</td>	Wash.	135	182	29	77	24	26	-	-		N
Alaska 32 34 3 4 - - - - N Hawaii 113 67 15 11 34 44 31 2 - Guam - - - - - - - - P.R. 40 241 1 4 N N N N V.I. - - - - - - -											N N
Guam -	Alaska	32	34	3	4	-	-	-	-		N
P.R. 40 241 1 4 N N N N N V.I		113	67	15	11	34	44	31	2	-	-
VI		-	- 241	-	- A	- N	- N	- NI	- N	- NI	N
		-	-	-	-	-	IN -	-	-	-	-
Amer. Samoa U U U U U U U U U U C.N.M.I. 3 U - U - U - U -	Amer. Samoa	U	U	U	U	U	U	U	U	U	U U

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003

(20th Week)*						Weeks chang		· · ·	-	
	- Dimension	Syph						1.6.	Varic	
	Cum.	& secondary Cum.	Cong Cum.	enital Cum.	Cum.	culosis Cum.	Typhoi Cum.	d fever Cum.	(Chicke Cum.	npox) Cum.
Reporting area	2004	2003	2004	2003	2004	2003	2004	2003	2004	2003
UNITED STATES	2,561	2,699	84	184	2,982	4,445	88	118	7,090	7,410
NEW ENGLAND Maine	57	75 3	1	-	102	132 4	8	9	356 43	1,663 490
N.H.	1	9	-	-	6	6	-	-	-	-
Vt. Mass.	42	- 51	-	-	- 76	3 62	- 8	- 4	313	367 85
R.I.	6	4	Ţ	-	10	17	-	2	-	2
Conn.	8	8	1	-	10	40	-	3	-	719
MID. ATLANTIC Upstate N.Y.	369 34	305 8	10 1	31 2	708 79	778 86	20 2	21 3	28	9
N.Y. City N.J.	168 70	168 66	6 3	19 10	369 146	420 141	5 9	11 6	-	-
Pa.	97	63	-	-	140	131	9 4	1	28	9
E.N. CENTRAL	289	367	27	35	359	363	4	15	3,063	2,789
Ohio Ind.	92 21	82 16	1 7	2 6	64 19	58 47	1	- 4	867	625
III.	90	140	1	11	180	176	-	5	-	-
Mich. Wis.	78 8	119 10	18	16	72 24	61 21	2 1	6	2,084 112	1,734 430
W.N. CENTRAL	50	77	-	3	135	171	2	2	109	20
Minn.	7	22	-	-	57	63	1	1	-	-
Iowa Mo.	2 24	6 27	-	- 3	13 31	10 52	- 1	1	N 2	N -
N. Dak. S. Dak.	-	-	-	-	3 4	- 9	-	-	67 40	20
Nebr.	4	2	-		6	7	-	-	40	-
Kans.	13	20	-	-	21	30	-	-	-	-
S. ATLANTIC Del.	699 2	703 8	11	37	631	774	16	25	1,117 4	1,082 8
Md.	136	106	2	6	81	78	2	7	-	-
D.C. Va.	30 25	15 32	- 1	- 1	74	78	- 2	10	17 317	7 265
W.Va.	2	1	-	-	10	7	-	-	620	701
N.C. S.C.	54 44	64 46	1	9 4	71 68	79 53	2	4	- 159	101
Ga. Fla.	115 291	174 257	- 7	7 10	11 316	192 287	8 2	2 2	-	-
E.S. CENTRAL	133	131	4	7	176	258	4	2	2	
Ky.	22	20	-	1	29	42	2	-	-	-
Tenn. Ala.	53 47	52 49	1 2	1 4	46 68	83 99	2	1	-	-
Miss.	11	10	1	1	33	34	-	-	2	-
W.S. CENTRAL	405	315	16	26	177	712	6	5	1,058	1,694
Ark. La.	16 83	13 41	-	1	52	41	-	-	- 5	- 8
Okla.	9	19	2	-	50	49	- 6	- 5	-	-
Tex. MOUNTAIN	297 138	242 116	14 12	25 19	75 132	622 122	6	5 4	1,053 1,357	1,686 153
Mont.	-	-	-	-	-	-	-	-	-	-
Idaho Wyo.	10 1	4	-	-	- 1	1 2	-	-	- 16	- 21
Colo.	8	15	-	3	36	36	3	3	1,039	-
N. Mex. Ariz.	25 84	22 69	1 11	5 11	- 80	6 59	- 1	-	29	- 2
Utah	3	1	-	-	15	9	1	-	273	130
Nev. PACIFIC	7 421	5 610	-	- 26	-	9 1 135	1	-	-	-
Wash.	421 32	610 26	3	26	562 77	1,135 91	22 1	35 2	-	-
Oreg. Calif.	9 378	16 562	- 3	- 26	28 406	34 948	1 15	1 32	-	-
Alaska	-	-	-	-	9	23	-	-	-	-
Hawaii	2	6	-	-	42	39	5	-	-	-
Guam P.R.	- 45	- 73	-	- 8	- 14	- 33	-	-	- 98	- 246
V.I.	-	1 U	-	- U	-	-	-	-	- U	-
Amer. Samoa C.N.M.I.	U 2	U	U -	U	U 10	U U	U -	U U	-	U U

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 22, 2004, and May 17, 2003

TABLE III. Deaths in 122 U.S. cities,* week ending May 22, 2004 (20th Week)

Bridgeport, Come. 33 25 6 2 - - 1 Baltmore, Md. (77) 94 61 24 8 2 14 Cambridge, Mass. 2 1 1 - - - 5 Mathematical Res. 10 151 14 1 4 6 Mathematical Res. 10 10 11 1 - 1	TABLE III. Deaths				y age (ye	-	2004	(2011 11		All causes, by age (years)						
New Expland Art LANTIC 13:10 10 33 26 6 7 Bridgenon, Gran. 33 25 6 2 - 1 Ballmore, Ma. 173 94 45 24 8 2 14 Charding, Mass. 21 16 - - 1 Ballmore, Md. 173 94 45 24 8 2 14 Charding, Mass. 21 16 - - 1 Ballmore, Md. 170 111 22 1 2 1 - 1 Charding, Mass. 21 1 - - 1 Ballmore, Md. 89 44 1 1 - 1 - 1 - 1 - 1 <th>Reporting Area</th> <th></th> <th>>65</th> <th>45-64</th> <th>25-44</th> <th>1-24</th> <th><1</th> <th></th> <th>Reporting Area</th> <th></th> <th>>65</th> <th>45-64</th> <th>25-44</th> <th>1-24</th> <th><1</th> <th></th>	Reporting Area		>65	45-64	25-44	1-24	<1		Reporting Area		>65	45-64	25-44	1-24	<1	
Beaton, Mass. 116 75 20 10 6 5 - Allorin, G.a. 132 72 46 10 4 - 2 1 Gambridg, Mass. 21 16 5 - - - 3 Ballinners, ML 10 16 5 - - 3 Ballinners, ML 10 16 5 - - 3 Ballinners, ML 10 16 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>										-						
Cambringe, Mass. 21 16 5	Boston, Mass.															
Fall River, Mass. 19 18 1 - - - 5 Jacksonville, Fila. 131 72 37 16 4 2 1 Lowel, Mass. 22 1 4 1 - - 2 Morbic, Vat. 65 44 1 1 4 1 1 2 1 2 1 5 State 1 1 2 1 1 2 1 1 2 2 1 1 2 1 <td>Bridgeport, Conn.</td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Bridgeport, Conn.					-	-									
 Hartloot, Conn. 66 42 11 6 23 5 Miami, Fia. 170 11 42 10 4 1 1<td></td><td></td><td></td><td></td><td>-</td><td>-</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td>					-	-	-									
Lovell, Mass. 26 21 4 1 2 Mortok, Va. 45 26 10 4 1 4 1 4 1 1 2 Nortok, Va. 45 26 10 4 4 1 4 4 1 1 2 Nortok, Va. 45 26 10 4 4 1 4 4 1 1 - 2 2 3 Nortok, Va. 45 26 10 4 4 1 4 4 1 1 - 2 2 3 Nortok, Va. 45 26 10 4 4 1 4 4 1 1 - 2 2 3 Nortok, Va. 45 26 10 4 4 1 3 2 1 1 1 Nortok, Va. 58 4 1 3 5 1 5 - 1 5 1 1 4 2 3 Nortok, Va. 10 1 1 1 1 2 2 1 1 2 1 1 Nortok, Va. 58 4 1 1 1 2 2 1 1 1 Nortok, Va. 58 4 1 1 1 1 1 Nortok, Va. 58 4 1 1 1 1 1 Nortok, Va. 58 4 1 1 1 2 2 1 1 1 Nortok, Va. 58 4 1 1 1 2 2 1 1 1 Nortok, Va. 58 4 1 1 1 2 2 1 1 1 Nortok, Va. 58 4 1 1 1 2 2 1 1 1 Nortok, Va. 58 4 1 1 3 1 1 2 2 1 Nortok, Va. 58 4 1 1 3 1 1 2 2 1 Nortok, Va. 58 4 1 1 3 1 1 2 2 1 Nortok, Va. 58 4 1 1 3 1 1 2 2 1 Nortok, Va. 10 1 1 1 4 1 1 1 2 2 1 Nortok, Va. 10 1 1 1 1 1 1 1 2 2 1 Nortok, Va. 10 1 1 1 1 1 1 1 1 1 1 2 2 1 Nortok, Va. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-											
Lynn, Mass. 4 2 1 1 1 Richmond, Ya. 65 44 13 4 1 2 2 3 1 2 1 2 1 2 1 2 1 2 2 1 2 1 3 2 1 2 2 1 2 1						2			· · ·							
New Bear, Conc. B. J. B. S. B. B. S. 2 1 Savannah, Ga. S. B. 43. 13. 1 1. 1 2. New Haven, Conn. U. U. U. U. U. U. U. V. Ferriburg, Fla. 170 143. 20 115 6. Derrovidance, R. I. 54. 37 12 2. 1 2 1 3. Waterburg, Conn. 23. 18 2. 2 1 - 2 5. Songrifeld, Mass. 31 8. 2 2. 1 - 2 5. Songrifeld, Mass. 31 8. 2 2. 1 - 2 5. MID. ALLANTIC 2.046 14.00 434 129 39 42 111 Chattanoog, Tenn. 58 42 11 3. 1 1 2. Mar. ALLANTIC 2.046 14.00 434 129 39 42 111 Chattanoog, Tenn. 58 42 11 3. 1 1 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 3. 1 1 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 3. 1 1 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 3. 1 1 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 3. 1 1 4 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 0 4 0 1 1 1 4 2. Allentown, Pa. 19 16 3 4 1 Lownging, Tenn. 58 42 11 0 4 0 1 1 1 4 4 1 4 2. Allentown, Pa. 19 17 1 4 3 1 4 1 4 - 2 4. Moritgomery, Ala. 38 22 9 5. 1 1 1 4 4 1 4 - 2 4. Moritgomery, Ala. 38 22 9 5. 1 1 4 4 4 1 4 1 4 4 1 Lownging, Tenn. 58 42 10 4 1 0 1 1 4 5 4 4 1 4 4 1 4 4 1 4 2 4 1 4 4 1 4 4 1 4 2 4 4 1 4 4 1 4 4 1 4 2 4 4 1 4 4 4 1 4 4 4 1 4 4 4 1 4 4 4 1 4 4 4 1 4 4 4 1 4						-							-			
New Haven, Conn. U U U U U U U U U U U U SI, Petersburg, Fia. 61 448 7 5 5 1 - 6 Forvièrence, R. 154 57 12 2 1 2 - 7 Samaroville, Mass. 2 1 1 1 Washington, D.C. 199 11 6 56 15 6 7 2 Washington, D.C. 199 11 6 56 15 6 7 2 Washington, D.C. 199 11 6 56 15 6 7 2 Washington, D.C. 199 11 6 56 15 19 9 8 53 E.S. CENTRAL, 723 460 184 51 19 9 53 E.S. CENTRAL, 723 460 184 57 1 2 2 4 Knowlie, Tenn. 10 48 11 7 1 2 2 2 Abary, N.Y. 57 66 13 4 2 2 4 4 Merphis, Tenn. U U U U U U U U U U U E.S. CENTRAL, 142 951 45 1 1 2 2 4 Knowlie, Tenn. 10 48 11 7 1 2 2 2 E.S. CENTRAL, 142 951 45 1 1 2 2 4 Knowlie, Tenn. U U U U U U U U U U U U E.S. CENTRAL, 142 951 52 10 30 50 7 1 New York City, N.Y. 87 66 13 4 2 2 4 4 Merphis, Tenn. U U U U U U U U U U U E.S. CENTRAL, 142 951 52 110 50 12 7 16 5 E.S. CENTRAL, 142 951 52 110 50 12 7 16 15 15 Reading, Pa. 28 19 5 4 - 1 1 5 Filespecify, N.N. 152 2702 223 64 16 15 53 Austin, Tex. 81 7 10 43 1 - 1 4 Corpus Chist, Tex. 27 19 8 52 10 13 0 27 16 Schenetany, N.J. 152 27 10 5 2 2 10 13 1 5 1 Reading, Pa. 28 19 5 4 - 1 1 E.P. CENTRAL, 142 951 35 2 1 0 30 7 18 Reading, Pa. 28 19 5 4 - 1 1 E.P. CENTRAL, 142 951 35 2 1 0 13 1 5 1 E.P. CENTRAL, 142 951 35 2 1 1 1 3 1 5 E.S. CENTRAL, 142 951 35 2 1 1 1 3 1 5 E.S. CENTRAL, 142 9 11 18 3 2 - 1 4 Corpus Chist, Tex. 27 19 8 52 1 1 1 3 1 5 E.S. CENTRAL, 142 2 14 1 2 4 1 4 3 1 Schenetany, N.J. 15 7 19 3 1 5 4 Reading, Pa. 28 19 5 4 - 1 1 E.P. Rak, N.J. 15 7 19 3 1 5 4 Reading, Pa. 28 19 5 4 - 1 1 E.P. Rak, N.J. 115 67 13 3 1 5 4 E.P. CENTRAL, 142 2 14 2 5 13 1 1 2 5 Schenetany, N.J. 115 7 19 3 1 5 5 E.S. CENTRAL, 142 2 5 10 4 1 1 5 Corpus Chist, Tex. 23 164 3 6 16 4 1 3 1 5 E.S. CENTRAL, 142 2 5 10 4 1 1 5 Corpus Chist, Tex. 23 164 3 5 1 4 2 - 1 1 E.P. Rak, N.M. 115 67 13 3 1 5 Corpus Chist, Tex. 23 16 5 2 1 2 1 1 Schenetany, N.J. 115 7 19 2 2 1 1 1 Schenetan	New Bedford, Mass.					-	-									
Somerule, Mass. 2 1 1 - - - Wainfright, D.C. 199 116 55 15 6 7 2 Wainfrugt, Conn. 23 18 2 2 1 - 2 5 5 5 5 5 5 5 5 5 5 6 7 2 5 5 5 11 4 4 6 3 2 1 1 2 2 4 5 60 7 1 2 2 4 5 5 1 1 1 2 2 4 5 5 1 1 1 2 1 4 4 1	New Haven, Conn.	U	U	U	U	U	U	U	St. Petersburg, Fla.	61	48	7	5	1	-	
Spingfield, Mass. 31 19 10 1 - 1 33 Willingfor, Del. 15 11 4 - - - 1 Warebury, Cons, Alass, Mass. 58 40 013 2 - 3 52 15 14 6 3 21 Mark, Mass. 58 42 11 C.SCHTRAL 183 17 2 2 - Albar, M.Y. 52 400 7 1 2 2 4 Knowlile, Tenn. 10 68 31 7 2 2 - - Moleila, Ala. 35 22 19 4 1 1 5 5 10 38 70 39 70 14 14 4 1 1 5 10 38 70 52 10 30 70 10 4 3 - - - Hous Mark (Mass. 10 15 1 Austin, Ten.	Providence, R.I.				2	1		-								
Waterbury, Conn. 23 18 2 2 1 - 2 ES, CE, TITPAL TZ, SA 460 14 51 19 9 53 MID, ATLANTIC 2.046 1.400 434 129 39 42 111 Chattanoga, Tern. 58 42 11 3 1 2 2 Allantown, Pa. 19 16 3 - - 1 Lexington, Ky. 70 44 18 7 1 2 2 Allantown, Ky. 70 44 18 7 1 2 2 4 Mobile, Ala. 66 2 1					-	-										
Watchesir, Mass. 58 40 13 2 - 3 5 Est. UENTRAL. Est. UENTRAL. 440 164 51 16 3 12 2 Albary, N.Y. 52 40 7 12 2 41 13 1 1 2 2 1 1 3 1 2 2 1 1 3 1 1 2 2 1 1 2 1 Northinger, Name, Na						-			Wilmington, Del.	15	11	4	-	-	-	1
MID. ATLANTIC 2,046 1,400 434 129 39 42 111 Convention, Ana. 198 122 53 14 6 3 2 12 2 Allenitow, Pa. 19 16 3 - - - 1 10 10 11 10 10 11 2 1 10 10 10 10 10 10 11 2 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 10									E.S. CENTRAL	723	460	184	51	19		53
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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.

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