

MMWR™

MORBIDITY AND MORTALITY WEEKLY REPORT

- 229 *Shigella sonnei* Outbreak Associated with Contaminated Drinking Water — Island Park, Idaho, August 1995
- 232 Rabies Postexposure Prophylaxis — Connecticut, 1990–1994
- 235 Abortion Surveillance: Preliminary Data — United States, 1993
- 239 Notices to Readers

***Shigella sonnei* Outbreak Associated with Contaminated Drinking Water — Island Park, Idaho, August 1995**

On August 20, 1995, the District 7 Health Department requested the Idaho Department of Health to assist in investigating reports of diarrheal illness among visitors to a resort in Island Park in eastern Idaho; *Shigella sonnei* had been isolated from stool cultures of some cases. This report summarizes the findings of the investigation, which implicated contaminated drinking water as the cause of the outbreak.

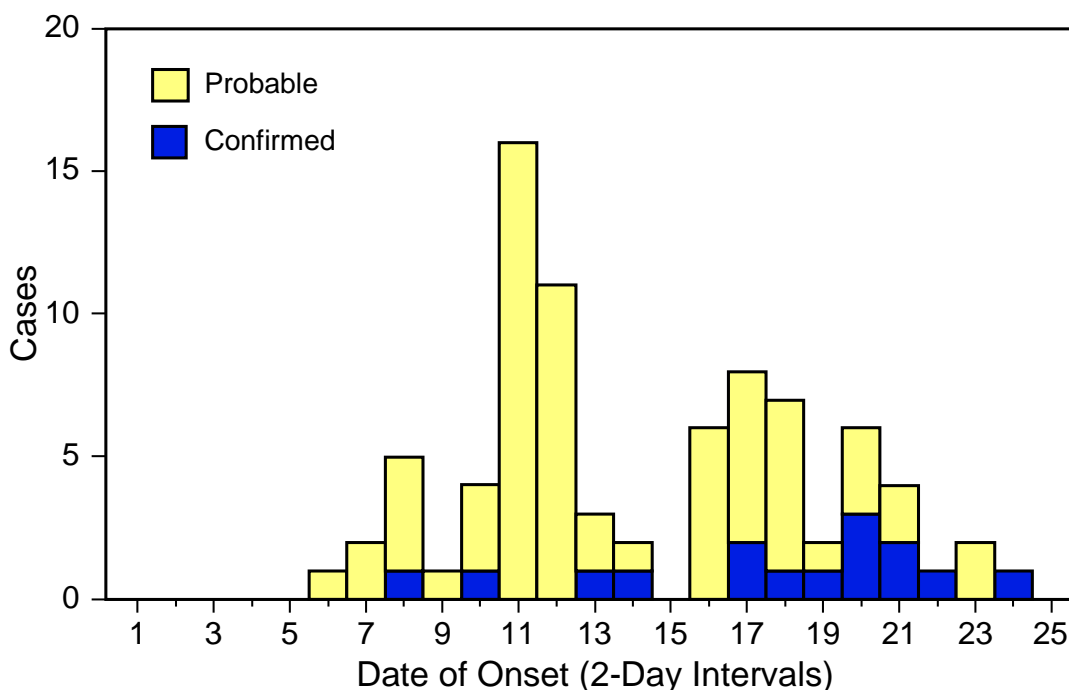
The resort is located in an area frequented by tourists because of its recreational waters and proximity to a large national park. Facilities include a 36-room motel, conference room, two hot tubs, and 10 hook-ups for recreational vehicles. The resort does not have a restaurant but offers catered meals to groups. To determine the source and extent of the outbreak, persons who had either stayed overnight or eaten at the resort during August 1–21 were telephoned and interviewed; resort staff also were interviewed. Names of visitors were obtained from the resort's records and from interviews with other guests. A probable case was defined as onset of diarrhea (two or more loose stools during a 24-hour period) with either fever or bloody stools while at the resort or within 11 days of leaving the resort. A confirmed case additionally required *Shigella sonnei* isolated from stool.

Approximately 810 persons stayed or ate at the resort during August 1–21; of these, 222 were contacted, and 221 (99%) agreed to be interviewed. A total of 82 cases (attack rate: 35%) were identified, including 67 probable and 15 confirmed. The median age of case-patients was 31 years (range: 3 months–81 years), and 42 (51%) were male. Onset of illness occurred during August 6–24 (Figure 1). The average duration from time of arrival until onset of diarrhea was 4 days (range: 1–11 days). Fifteen patients (18%) had bloody diarrhea, eight sought treatment in local emergency departments, and five were admitted to local hospitals.

Risk for illness was higher among persons who had drunk tap water or had used ice from the ice machines at the resort than among those who did not (80 [46%] of 175 versus one [3%] of 39; relative risk=17.6; 95% confidence interval=2.5–123.0). Increased risk for illness was not associated with eating or drinking any resort food or beverages (other than water), swimming or fishing in the area recreational waters, using a hot tub, or dining in any local restaurants in Island Park. At least 14 of the case-patients stayed only one night at the resort and had drunk tap water obtained in their rooms but had not eaten food prepared at the resort.

Shigella sonnei — Continued

FIGURE 1. Number of confirmed and probable cases of *Shigella sonnei, by date of onset — Idaho, August 6–August 24, 1995**



*A probable case was defined as onset of diarrhea (two or more loose stools during a 24-hour period) with either fever or bloody stools while at the resort or within 11 days of leaving the resort. A confirmed case additionally required *Shigella sonnei* isolated from stool. A total of 82 cases were identified, including 67 probable and 15 confirmed.

After receiving reports of diarrheal illness among guests at the resort, the District 7 Health Department recommended several prevention measures before initiating the investigation. On August 17, the resort posted warning signs at water taps cautioning against drinking water; on August 19, food service was terminated; and on August 21, bottled water was placed in every room. Resort water is supplied by one well, which was dug in 1993. Samples of water obtained from the well on August 23 were positive for fecal coliform bacteria; however, cultures were negative for *Shigella*.

During the outbreak investigation, residents in some houses in a new subdivision adjacent to the resort reported acute diarrheal illness. Each house either had a private well or shared a well with a neighbor. *S. sonnei* was isolated from stool samples from six persons who resided in three of these homes. All six persons denied direct contact with other neighbors or visiting the resort. Fecal coliform bacteria were identified in samples obtained from six of 10 neighborhood wells during August 21–23. However, cultures of water samples from two of these wells were negative for *S. sonnei*.

The water table in the area was substantially higher than normal because of high rainfall levels during the spring. Initial inspection of a sewer line that had been placed from the subdivision and the resort by a private developer indicated that sewage was draining improperly, although no breaks were identified in selected sections that were excavated for inspection.

Shigella sonnei — Continued

Plasmid profiles were performed on *Shigella* isolates from 15 ill resort visitors, two ill staff members, and five of six ill residents of the neighboring houses; all 22 isolates shared seven identical plasmids. *S. sonnei* isolates obtained from patients elsewhere in Idaho did not match this pattern.

The District 7 Health Department required that the resort provide bottled or boiled water to visitors and recommended that persons residing in the area have their well water tested and boil all drinking water. Since the investigation, the resort has drilled a new and deeper well.

Reported by: B Arnell, District 7; J Bennett, Southeast District; R Chehey, State Bur of Laboratories; J Greenblatt, MD, State Epidemiologist; Idaho State Dept of Health. Foodborne and Diarrheal Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; Div of Field Epidemiology, Epidemiology Program Office, CDC.

Editorial Note: *S. sonnei* is a well-recognized cause of gastrointestinal illness and the most common cause of bacillary dysentery in the United States. In addition to diarrhea, common manifestations of shigellosis include fever, abdominal pain, and blood or mucus in the stool. Although most outbreaks of shigellosis have been attributed to person-to-person transmission (1), foodborne (2–4), waterborne (5), and swimming-related (6,7) outbreaks have been reported. Waterborne outbreaks commonly are associated with wells that have been fecally contaminated. However, because *Shigella* organisms rarely are isolated from water sources, the identification of a waterborne source usually is based on epidemiologic evidence.

The findings of this investigation indicate possible transmission from multiple wells in the same area, suggesting possible contamination and spread of viable *Shigella* organisms through the groundwater. Plasmid profile analysis confirmed that the outbreak isolates were the same strain that caused illness among persons in the neighboring community. Although investigation of the sewer line continues, the source of the contamination of the well water has not yet been determined.

Routine water-quality testing, including testing for fecal coliform (thermotolerant) bacteria, is the most practical indicator of possible bacterial contamination of drinking water from both community and private water supplies. However, many privately owned wells never are tested for fecal coliform bacteria. In addition, timely testing, reporting, and follow-up in cases of contaminated public water systems often are constrained because of limited resources available to local health departments.

References

1. Mandell GM, Bennett JE, Dolin R. Principles and practice of infectious diseases. 4th ed. New York: Churchill Livingstone Inc, 1995:2033–5.
2. Jewell Ja, Warren RE, Buttery RB. Foodborne shigellosis. Commun Dis Rep CDR Rev 1993;3:R42–R44.
3. Kapperud G, Rorvik LM, Hasseltvedt V, et al. Outbreak of *Shigella sonnei* infection traced to imported iceberg lettuce. J Clin Microbiol 1995;33:609–14.
4. Hedburg CW, Levine WC, White KE. An international foodborne outbreak of shigellosis associated with a commercial airline. JAMA 1992;268:3208–12.
5. Samonis G, Elting L, Skoulika E, et al. An outbreak of diarrhoeal disease attributed to *Shigella sonnei*. Epidemiol Infect 1994;112:235–45.
6. Keene WE, McAnulty JM, Hoesly FC, et al. A swimming-associated outbreak of hemorrhagic colitis caused by *Escherichia coli* 0157:H7 and *Shigella sonnei*. N Engl J Med 1994;331:579–84.
7. Sorvillo FJ, Waterman SH, Vogt JK, England B. Shigellosis associated with recreational water contact in Los Angeles County. Am J Trop Med Hyg 1988;38:6613–7.

Rabies Postexposure Prophylaxis — Connecticut, 1990–1994

In Connecticut, the first case of animal rabies associated with the ongoing raccoon rabies epizootic was identified in March 1991; since then, cases of animal rabies have been confirmed in all eight counties of the state. Because of heightened awareness of the potential for rabies and the nearly always fatal outcome of this disease, the numbers of persons in Connecticut receiving rabies postexposure prophylaxis (PEP) was suspected to have increased substantially during 1990–1994. In Connecticut, PEP is administered with pharmaceuticals obtained through retail channels. In 1994, the Connecticut Department of Public Health surveyed Connecticut hospitals and the two pharmaceutical manufacturers that produce human rabies immunoglobulin (HRIG) to estimate the number of persons receiving PEP during 1990–1994* and the costs associated with treatment. This report summarizes the survey findings, which suggest an increasing trend in the administration of PEP in Connecticut corresponding with the statewide spread of raccoon rabies.

In October 1994, a questionnaire was mailed to the pharmacy director at each of the 33 acute-care hospitals in Connecticut. The questionnaire asked about rabies vaccine and HRIG, including the number of vials used each year during 1990–1994 and the amount charged for each vial. Questionnaires were returned from 32 (97%) of the 33 hospitals. Because of limitations in the maintenance of inventory records, only 9–15 (28%–47%) hospitals were able to provide information about the amount of HRIG used for any period before 1994.

At the time of the survey, all 32 hospitals reported stocking vaccine, and 31 (97%) also stocked HRIG. Charges to patients for these products varied widely (Table 1). In 1994, the median estimated cost for HRIG and rabies vaccine for a person weighing 165 lbs (i.e., 10 mL HRIG and five vaccine doses) was \$1498 (range: \$787–\$4548) and

*For 1994, data were reported for January–September.

TABLE 1. Hospital charges for human rabies immunoglobulin (HRIG), rabies vaccine, and postexposure prophylaxis* (PEP), by product — Connecticut, 1994

Product	No. hospitals reporting (n=32)	Hospital charge to patient	
		Median	(Range)
Rabies vaccine	19	\$ 189	(\$ 80–\$ 594)
HRIG			
2 mL	17	\$ 136	(\$ 67–\$ 400)
10 mL	17	\$ 504	(\$268–\$1577)
PEP			
For persons weighing 33 lbs [†]	14	\$1127	(\$481–\$3371)
For persons weighing 132 lbs [§]	16	\$1430	(\$709–\$4233)
For persons weighing 165 lbs [¶]	16	\$1498	(\$787–\$4548)

*PEP consists of doses of rabies vaccine and HRIG based on the patient's weight.

[†]2 mL HRIG and five vaccine doses.

[§]8 mL HRIG and five vaccine doses.

[¶]10 mL HRIG and five vaccine doses.

Rabies — Continued

for a child weighing 33 lbs (i.e., 2 mL HRIG and five vaccine doses) was \$1127 (\$481–\$3371).

Because most hospital pharmacies do not monitor the number of patients who receive rabies PEP, the amount of HRIG dispensed by the hospital pharmacies was used as a surrogate measure of the number of treatments initiated. During 1990–1993, the mean number of milliliters used by each hospital annually (based on 9–15 hospitals each year) increased from 10 mL to 203 mL (Table 2). Because most hospitals also do not monitor the characteristics (e.g., age and weight) of persons who receive rabies PEP, the average volume of HRIG administered to each patient was estimated to be 8 mL—a dosage appropriate for a 132-lb person. To estimate the total number of doses of HRIG administered, the mean number of milliliters dispensed was divided by 8 mL. Based on these data, the estimated number of persons treated at Connecticut hospitals increased from 41 in 1990 to 887 during the first 9 months of 1994 (Table 2).

Complete sales data for HRIG sold in Connecticut were available from both manufacturers only for 1993. HRIG sufficient for an estimated 1879 doses (based on an 8-mL dose per patient) was sold to Connecticut health-care providers. Based on these data, in 1993, PEP was administered to 1879 persons in Connecticut.

Reported by: RS Nelson, DVM, GH Cooper, Jr, ML Cartter, MD, JL Hadler, MD, State Epidemiologist, Connecticut Dept of Public Health. Viral and Rickettsial Zoonoses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: Since the 1950s, cases of human rabies in the United States have steadily declined. During 1980–1995, only 18 indigenously acquired cases occurred, and no human deaths were attributed to the raccoon rabies virus variant associated with the epizootic (1–3). In Connecticut, a bat-associated case in 1995 was the first human case to be reported since 1932 (4). The decline in human rabies cases, in part, reflects the availability of an effective treatment for humans following exposure to a rabid animal and widespread use of canine rabies vaccination. The Advisory Committee on Immunization Practices (ACIP) periodically revises recommendations to guide decisions regarding treatment following exposure (5). Adherence to these guidelines

TABLE 2. Number of milliliters of human rabies immunoglobulin (HRIG) dispensed at hospitals and estimated total doses administered,* by year — Connecticut, 1990–1994†

Year	No. hospitals reporting (n=32)	HRIG dispensed per hospital (mL)		Total HRIG dispensed (mL)	Estimated total doses administered
		Mean	(Range)		
1990	9	10	(0– 36)	90	41
1991	9	63	(0–343)	565	260
1992	11	163	(12–470)	1790	672
1993	15	203	(10–490)	3050	837
1994 [§]	28	215	(26–548)	6016	887

* Because most hospitals do not monitor the characteristics (e.g., age and weight) of persons who receive rabies postexposure prophylaxis, the average volume of HRIG administered to each patient was estimated to be 8 mL—a dosage appropriate for a 132-lb person. To estimate the total number of doses of HRIG administered, the mean number of milliliters dispensed was divided by 8 mL.

† Because most hospital pharmacies do not monitor the number of patients who receive rabies postexposure prophylaxis, the amount of HRIG dispensed by the hospital pharmacies was used as a surrogate measure of the number of treatments initiated.

§ Reported for January–September.

Rabies — Continued

should reduce the number of unnecessary administrations of PEP, associated costs, and potential risks for adverse reactions.

The findings in this report are subject to at least three limitations. First, because data from the hospital pharmacies for 1990–1993 were incomplete, the findings for those years may not be representative of all hospital pharmacies in Connecticut. Second, the amount of HRIG dispensed by hospital pharmacies was used as a surrogate measure of the number of treatments administered and did not account for unused HRIG; therefore, these findings may overestimate the number of persons receiving rabies PEP in Connecticut. Third, because of the use of an estimate for the average bodyweight of persons receiving rabies PEP in Connecticut, the estimate of PEP usage may not be precise.

Despite limitations in the precision of the estimates of the number of administrations of rabies PEP in Connecticut, estimates such as those presented in this report are one important measure of the cost associated with rabies prevention. PEP usage also may reflect changes in the epizootiology of rabies in specific areas, as illustrated by the increased numbers of persons who received PEP in areas affected by raccoon rabies (6).

The findings in this report indicate an increasing trend in the administration of rabies PEP that corresponded with the statewide spread of raccoon rabies in Connecticut. Similarly, administration of PEP increased in two counties in New Jersey during 1988–1990 and in New York state during 1992–1993 as the raccoon rabies epizootic progressed in those states (6,7).

One of the national health objectives for the year 2000 is to reduce the number of rabies PEP administrations in the United States to no more than 9000 per year (objective 20.12) (8). Although national PEP usage has not been estimated since 1980–1981, the findings in Connecticut and other states (6,7) suggest this objective is unlikely to be achieved.

References

1. CDC. Human rabies—West Virginia, 1994. *MMWR* 1995;44:86–7,93.
2. CDC. Human rabies—Washington, 1995. *MMWR* 1995;44:625–7.
3. Connecticut Department of Public Health. Human rabies case—Connecticut. *Connecticut Epidemiologist* 1995;15:21–2.
4. CDC. Human rabies—Connecticut, 1995. *MMWR* 1996;45:207–9.
5. CDC. Rabies prevention—United States, 1991: recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40(no. RR-3).
6. CDC. Raccoon rabies epizootic—United States, 1993. *MMWR* 1994;43:269–73.
7. Uhaa IJ, Dato VM, Sorhage FE, et al. Benefits and costs of using an orally absorbed vaccine to control rabies in raccoons. *JAVMA* 1992;201:1873–82.
8. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991:122;DHHS publication no. (PHS)91-50213.

Abortion Surveillance: Preliminary Data — United States, 1993

For 1993, CDC received data about legal induced abortions from 52 reporting areas (the 50 states, New York City, and the District of Columbia). This report presents preliminary data for 1993.

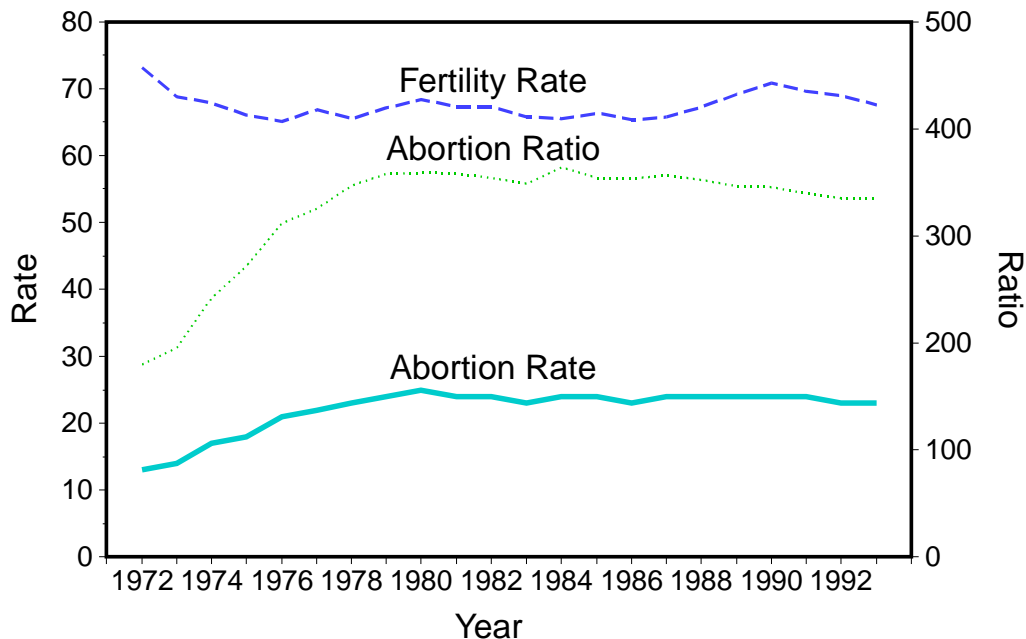
In 1993, a total of 1,330,414 legal induced abortions were reported to CDC (Table 1), a decrease of 2.1% from the number reported for 1992 (1), and the number of live births decreased by 1.6% (2). The number of reported abortions declined in 39 of 52 reporting areas. The national abortion ratio (number of legal abortions per 1000 live births) decreased from 335 in 1992 to 334 in 1993 (Figure 1). The national abortion rate was 23 legal abortions per 1000 women aged 15–44 years, unchanged from 1992. Consistent with previous years, approximately 92% of women who had a legal abortion were residents of the state in which the procedure was performed.

Women who obtained legal abortions in 1993 were predominately aged <25 years, white, and unmarried. In 1993, 20% of women who obtained a legal abortion were adolescents (aged ≤19 years), unchanged from 1992. Curettage (suction and sharp) remained the primary abortion procedure (99% of all procedures). As in previous years, approximately 52% of legal abortions were performed during the first 8 weeks of gestation and approximately 89% were performed during the first 12 weeks of pregnancy.

Reported by: Statistics and Computer Resources Br, Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Since 1980, the annual number of legal induced abortions reported in the United States has remained stable, varying each year by ≤5% (Table 1). However,

FIGURE 1. Fertility rate* and abortion ratio† and rate‡, by year — United States, 1972–1993



*Live births per 1000 women aged 15–44 years.

†Number of legal induced abortions per 1000 live births.

‡Number of legal induced abortions per 1000 women aged 15–44 years.

TABLE 1. Reported number of legal induced abortions, abortion ratios,* abortion rates,† and characteristics of women who obtained legal induced abortions, by year — United States, selected years, 1972–1993

Characteristic	1972	1976	1980	1985	1988	1990	1991	1992	1993 [§]
Reported no. legal induced abortions	586,760	988,267	1,297,606	1,328,570	1,371,285	1,429,577	1,388,937	1,359,145	1,330,414
Abortion ratios	180	312	359	354	352	345	339	335	334
Abortion rates	13	21	25	24	24	24	24	23	23
Percentage distribution[¶]									
Residence									
In-state	56.2	90.0	92.6	92.4	91.4	91.8	91.6	92.0	91.9
Out-of-state	43.8	10.0	7.4	7.6	8.6	8.2	8.4	8.0	8.1
Age (yrs)									
≤19	32.6	32.1	29.2	26.3	25.3	22.4	21.0	20.1	20.0
20–24	32.5	33.3	35.5	34.7	32.8	33.2	34.4	34.5	34.4
≥25	34.9	34.6	35.3	39.0	41.9	44.4	44.6	45.4	45.6
Race									
White	77.0	66.6	69.9	66.6	64.4	64.8	63.8	61.5	62.0
Black	23.0	33.4	30.1	29.8	31.1	31.8	32.5	33.9	34.1
Other**	—	—	—	3.5	4.5	3.4	3.7	4.6	3.9
Ethnicity									
Hispanic	—	—	—	—	—	9.8	13.5	15.2	14.5
Non-Hispanic	—	—	—	—	—	90.2	86.5	84.8	85.5
Marital status									
Married	29.7	24.6	23.1	19.3	20.3	21.7	21.4	20.8	20.6
Unmarried	70.3	75.4	76.9	80.7	79.7	78.3	78.6	79.2	79.4
No. live births^{††}									
0	49.4	47.7	58.4	56.3	52.4	49.2	47.8	45.9	46.8
1	18.2	20.7	19.4	21.6	23.4	24.4	25.3	25.9	25.9
2	13.3	15.4	13.7	14.5	16.0	16.9	17.5	18.0	17.6
3	8.7	8.3	5.3	5.1	5.6	6.1	6.4	6.7	6.5
≥4	10.4	7.9	3.2	2.5	2.6	3.4	3.0	3.5	3.2
Type of procedure									
Curettage	88.6	92.8	95.5	97.5	98.6	98.8	98.9	98.9	99.0
Suction	65.2	82.6	89.8	94.6	95.1	96.0	97.3	97.0	98.1
Sharp	23.4	10.2	5.7	2.9	3.5	2.8	1.6	1.9	0.9
Intrauterine instillation	10.4	6.0	3.1	1.7	1.1	0.8	0.7	0.7	0.6
Other ^{§§}	1.0	1.2	1.4	0.8	0.3	0.4	0.4	0.4	0.4

Weeks' gestation									
≤8	34.0	47.0	51.7	50.3	48.7	51.6	52.3	52.1	52.2
≤6	—	—	—	—	—	—	—	14.1¶¶	14.3***
7	—	—	—	—	—	—	—	15.4¶¶	16.1***
8	—	—	—	—	—	—	—	21.9¶¶	20.9***
9–10	30.7	28.1	26.2	26.6	26.4	25.3	25.1	24.2	24.6
11–12	17.5	14.4	12.2	12.5	12.7	11.7	11.5	12.0	11.8
13–15	8.4	4.5	5.1	5.9	6.6	6.4	6.1	6.0	6.1
16–20	8.2	5.1	3.9	3.9	4.5	4.0	3.9	4.2	4.0
≥21	1.2	0.9	0.9	0.8	1.1	1.0	1.1	1.5	1.3

* Per 1000 live births.

† Per 1000 women aged 15–44 years.

§ Preliminary data.

¶ Excludes unknown values. The number of areas reporting a given characteristic varied. For 1993, the number of areas reporting residence was 40; age, 43; race, 35; ethnicity, 23; marital status, 37; number of live births, 39; type of procedure, 40; and weeks' gestation, 39.

** Reported as "other race."

†† For 1972–1976, data indicate number of living children.

§§ Includes hysterotomy and hysterectomy.

¶¶ Data are for 36 reporting areas only.

*** Data are for 37 reporting areas only.

Abortion — Continued

since 1990 (the year in which the number was highest), the number of reported abortions has decreased each year. From 1972 through 1980, the national abortion rate increased each year; since 1980, the rate has remained stable, fluctuating between 23 and 24 (Figure 1).

In 1993, the national ratio of abortions to live births (334 abortions per 1000 live births) was lower than for any year since 1977 (325 abortions per 1000 live births), indicating that a smaller proportion of pregnancies ended in an abortion (3). Factors that could have contributed to this recent change include reduced access to abortion services, changes in contraceptive practices, attitudinal changes concerning the decision to have an abortion or to carry a pregnancy to term, and a possible decline in the number of unintended pregnancies (4–6).

The number of live births and the national fertility rate (number of live births per 1000 women of reproductive age [i.e., aged 15–44 years]) peaked in 1990 (Figure 1). Subsequent declines in the annual number of abortions and live births indicate decreases in the numbers of pregnancies each year in the United States. Although the actual number of women of reproductive age has increased by 11% since 1980, the age distribution in this population has shifted and a higher proportion of women are now in later reproductive years (aged 35–44 years); among these women, fertility is lower when compared with younger women (2). For example, in 1980, approximately 58% of women of reproductive age were aged <30 years (the age with highest fertility), compared with 47% in 1992 (Unpublished data, Bureau of the Census). In addition, in 1980, women aged 35–44 years accounted for 25% of reproductive-aged women, compared with 34% in 1992.

Many states emphasize the prevention of unintended pregnancy, particularly among teenagers. During 1993, the total number of legal induced abortions was available for all 52 reporting areas; however, approximately 26% of abortions were reported from states without centralized reporting, and these states could not provide information about the characteristics of women obtaining abortions. To assist efforts to prevent unintended pregnancy, an accurate assessment of abortion (including the number and characteristics of women obtaining legal abortions in all states) is needed on an ongoing basis.

Additional statistical and epidemiologic information on legal induced abortions is available from CDC's automated Reproductive Health Information line at (404) 330-1230, which provides information by fax, by voice recordings, or through the mail.

References

1. CDC. Abortion surveillance: preliminary data—United States, 1992. *MMWR* 1994;43:930–3,939.
2. NCHS. Advance report of final natality statistics, 1993. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, 1995; DHHS publication no.(PHS)95-1120. (Monthly vital statistics report; vol 44, no. 3, suppl).
3. CDC. Abortion surveillance, 1977. Atlanta: US Department of Health and Human Services, Public Health Service, CDC 1979.
4. Council on Scientific Affairs. Induced termination of pregnancy before and after *Roe v. Wade*. *JAMA* 1992;268:3231–9.
5. Henshaw SK. The accessibility of abortion services in the United States. *Fam Plann Perspect* 1991;23:246–52.
6. Henshaw SK, VanVort J. Abortion services in the United States, 1991 and 1992. *Fam Plann Perspect* 1994;26:100–12

Notice to Readers

National Public Health Week

April 1–7, 1996, has been designated as National Public Health Week. During this week, federal, state, and local public health agencies will collaborate with private and educational organizations to promote healthy lifestyles, encourage communitywide health-protecting actions, and highlight the unique and essential services of the public health system. This year's theme, "Celebrating Success," focuses on the approximately 25 years of average life expectancy that have been added during the 1900s through population-based or public health efforts.

Additional information about National Public Health Week is available from local and state health departments or the national offices of the American Public Health Association, telephone (202) 789-5600; the Association of State and Territorial Health Officials, telephone (202) 546-5400; the National Association of County and City Health Officials, telephone (202) 783-5550; the National Association of Local Boards of Health, telephone (419) 353-7714; or CDC's Office of Communications (404) 639-3286.

Notice to Readers

Establishment of VARIVAX[®] Pregnancy Registry

VARIVAX^{®*} (Merck & Co., Inc. [West Point, Pennsylvania]), a live attenuated virus vaccine for preventing chickenpox, recently has been licensed for children aged ≥ 12 months. Adults without a reliable history of chickenpox also can receive the vaccine. However, because no data exist about the effects of VARIVAX[®] on fetal development and because natural varicella infection can cause a complex of congenital anomalies (i.e., congenital varicella syndrome), the package circular states that VARIVAX[®] should not be administered during pregnancy and that pregnancy should be avoided for at least 3 months after vaccination.

Merck & Co., Inc., in collaboration with CDC, has established a registry to follow the outcomes of pregnancy when women are vaccinated within 3 months before pregnancy or at any time during pregnancy. Patients and health-care providers should report any vaccinations with VARIVAX[®] during this period to the registry, telephone (800) 986-8999; mailing address, Merck Research Labs, Worldwide Product Safety & Epidemiology, BLA-31, West Point, PA 19486. Questions regarding the registry should be directed to Dr. Jeanne Manson at this address; telephone (610) 397-7290 (collect); or fax (610) 397-2328. An annual report will be sent to health-care providers participating in the registry.

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

Notice to Readers**Epidemiology in Action Course**

CDC and Emory University will cosponsor a course designed for practicing state and local health department professionals. This course, "Epidemiology in Action," will be held at CDC, April 29–May 10, 1996. The course emphasizes the practical application of epidemiology to public health problems and will consist of lectures, workshops, classroom exercises (including actual epidemiologic problems), roundtable discussions, and an on-site community survey. Topics covered include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, computers and Epi Info software, and discussions of selected prevalent diseases. There is a tuition charge.

Additional information and applications are available from Emory University, Rollins School of Public Health, 7th Floor, 1518 Clifton Rd., NE, Atlanta GA 30322; telephone (404) 727-3485 or 727-0199; fax (404) 727-4590.

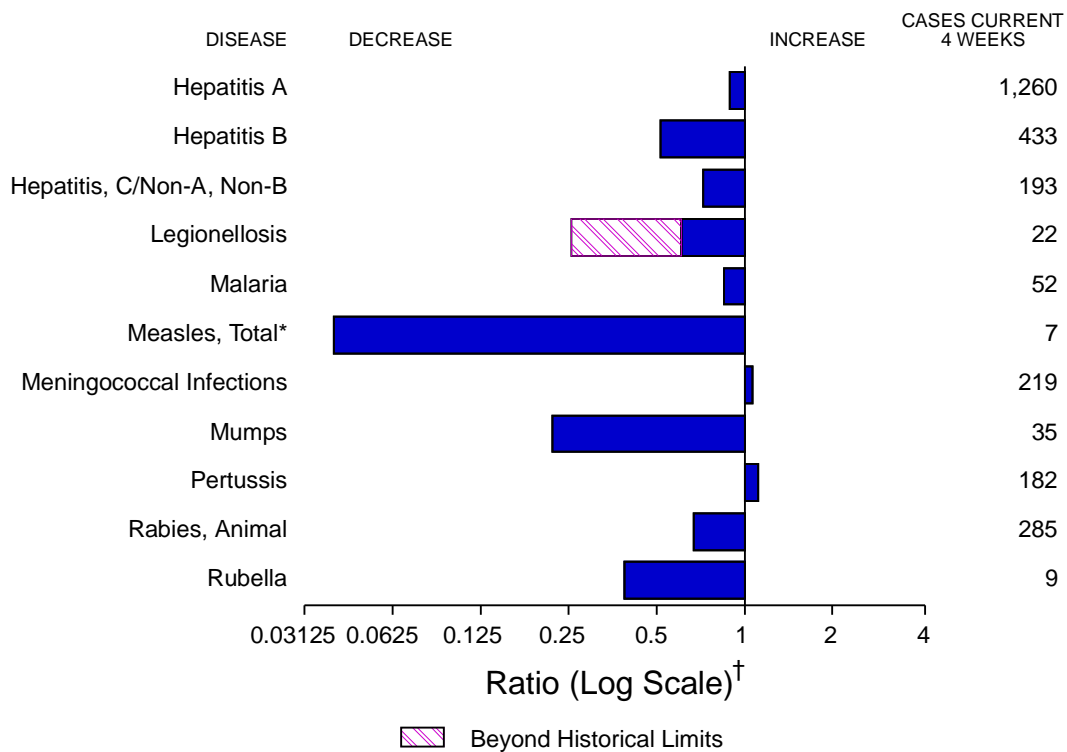
Notice to Readers**1997 CDC and ATSDR Symposium on Statistical Methods**

CDC and the Agency for Toxic Substances and Disease Registry (ATSDR) will cosponsor a statistical methods symposium, "Statistical Bases for Public Health Decision Making: From Exploration to Modeling," January 29–30, 1997, in Atlanta. A short course on Exploratory Data Analysis will be offered January 28, 1997, in conjunction with the symposium. The symposium and course are open to the public.

Scientists are encouraged to submit abstracts in one of the following areas: 1) the influence of statistical methods on development/implementation of public health policy; 2) statistical approaches to assessing the effectiveness and economic impact of preventive interventions and technologies; 3) exploratory data analysis, robust methods; and 4) miscellaneous modeling applications.

Abstracts should be postmarked no later than July 1, 1996. Authors of papers accepted for presentation or posters will be notified by September 30, 1996. Registration and abstract information and additional information regarding scientific content of the symposium is available from the CDC/ATSDR Symposium on Statistical Methods, 1600 Clifton Rd., NE, Mailstop C-08, Atlanta, GA 30333; telephone (404) 639-3806; internet address bgm4@epo.em.cdc.gov.

FIGURE I. Selected notifiable disease reports, comparison of 4-week totals ending March 16, 1996, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

[†] 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 — cases of selected notifiable diseases, United States, cumulative, week ending March 16, 1996 (11th Week)

	Cum. 1996		Cum. 1996
Anthrax	-	HIV infection, pediatric* [§]	49
Brucellosis	8	Plague	-
Cholera	-	Poliomyelitis, paralytic [¶]	-
Congenital rubella syndrome	-	Psittacosis	3
Cryptosporidiosis*	229	Rabies, human	-
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	16
Encephalitis: California*	-	Streptococcal toxic-shock syndrome*	8
eastern equine*	1	Syphilis, congenital**	-
St. Louis*	-	Tetanus	2
western equine*	-	Toxic-shock syndrome	25
Hansen Disease	20	Trichinosis	6
Hantavirus pulmonary syndrome* [†]	1	Typhoid fever	39

*Not notifiable in all states.

[†] Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

[§] Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services (NCPS), last update February 27, 1996.

[¶] No suspected cases of polio reported for 1996.

**Updated quarterly from reports to the Division of STD Prevention, NCPS. First quarter 1996 is not yet available.

-: no reported cases

TABLE II. Cases of selected notifiable diseases, United States, weeks ending March 16, 1996, and March 18, 1995 (11th Week)

Reporting Area	AIDS*		Chlamydia	<i>Escherichia coli</i> O157:H7		Gonorrhea		Hepatitis C/NA,NB		Legionellosis	
	Cum. 1996	Cum. 1995		Cum. 1996	NETSS†	PHLIS‡	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996
			Cum. 1996		Cum. 1996						
UNITED STATES	10,058	15,846	42,360	125	42	57,565	81,911	618	857	122	221
NEW ENGLAND	454	795	2,022	16	3	1,578	1,172	15	19	3	3
Maine	8	15	-	2	-	9	12	-	-	1	-
N.H.	14	11	128	1	1	27	23	-	1	-	-
Vt.	5	6	-	3	2	17	6	9	1	-	-
Mass.	250	447	1,388	6	-	483	674	5	17	1	2
R.I.	17	55	506	2	-	137	130	1	-	1	1
Conn.	160	261	-	2	-	905	327	-	-	N	N
MID. ATLANTIC	2,863	3,913	6,189	19	9	4,890	9,289	58	75	28	26
Upstate N.Y.	324	276	N	11	6	875	1,923	53	28	8	6
N.Y. City	1,615	2,301	765	-	-	1,012	3,176	1	1	-	1
N.J.	554	888	1,155	5	-	673	763	-	37	2	7
Pa.	370	448	4,269	N	3	2,330	3,427	4	9	18	12
E.N. CENTRAL	822	1,358	9,339	18	2	9,876	17,422	73	66	44	82
Ohio	250	378	1,667	14	-	894	5,869	2	2	19	35
Ind.	91	103	1,926	2	-	1,576	1,721	3	-	11	15
Ill.	315	533	-	2	1	3,649	4,345	7	25	1	12
Mich.	108	270	4,994	-	1	3,295	4,027	61	39	12	10
Wis.	58	74	752	N	-	462	1,460	-	-	1	10
W.N. CENTRAL	254	386	4,469	13	12	3,470	4,599	73	19	8	26
Minn.	56	91	-	1	8	874	657	-	-	-	-
Iowa	23	15	549	4	1	197	310	47	2	2	4
Mo.	93	146	2,416	1	-	1,779	2,695	25	12	1	21
N. Dak.	-	-	-	1	1	-	7	-	-	-	-
S. Dak.	3	1	222	-	-	34	37	-	1	1	-
Nebr.	22	38	388	1	-	57	238	-	2	4	-
Kans.	57	95	894	5	2	529	655	1	2	-	1
S. ATLANTIC	2,485	3,999	10,740	10	1	23,318	23,878	28	57	11	40
Del.	72	69	-	-	-	332	451	-	-	-	-
Md.	198	626	1,149	N	-	2,902	2,948	-	2	2	9
D.C.	125	236	N	-	-	966	1,302	-	-	1	3
Va.	129	326	2,288	N	1	2,184	2,417	1	-	2	2
W. Va.	19	19	-	N	-	99	141	4	14	1	3
N.C.	34	245	-	4	-	4,382	5,499	8	16	3	7
S.C.	93	167	-	1	-	2,619	2,547	4	1	1	5
Ga.	446	450	2,597	2	-	5,811	4,097	-	9	-	5
Fla.	1,369	1,861	4,706	-	-	4,023	4,476	11	15	1	6
E.S. CENTRAL	360	491	2,067	5	1	5,860	9,467	87	349	11	8
Ky.	66	39	-	-	-	884	1,073	4	7	2	2
Tenn.	141	220	2,026	N	1	1,964	2,711	82	341	4	3
Ala.	90	157	-	-	-	2,845	3,793	1	1	-	2
Miss.	63	75	41	2	-	167	1,890	-	-	5	1
W.S. CENTRAL	956	1,352	1,581	6	1	3,318	7,550	60	35	-	3
Ark.	45	63	-	4	-	592	873	1	-	-	-
La.	225	267	-	N	1	1,739	2,658	13	13	-	1
Okla.	28	83	1,581	1	-	987	553	33	19	-	2
Tex.	658	939	-	1	-	-	3,466	13	3	-	-
MOUNTAIN	254	556	3,527	16	6	1,409	1,960	129	89	5	21
Mont.	3	8	-	-	-	4	24	6	4	-	2
Idaho	4	16	302	6	4	14	28	31	12	-	1
Wyo.	-	4	149	-	-	9	11	41	32	-	-
Colo.	85	214	-	5	2	427	657	4	19	4	12
N. Mex.	20	42	-	-	-	176	246	24	14	-	1
Ariz.	96	135	2,259	N	-	573	638	15	4	-	1
Utah	39	37	254	3	-	49	39	6	3	-	2
Nev.	7	100	563	2	-	157	317	2	1	1	2
PACIFIC	1,610	2,996	2,426	22	7	3,846	6,574	95	148	12	12
Wash.	141	282	2,096	4	4	536	584	17	34	-	-
Oreg.	103	93	-	8	-	78	100	2	6	-	-
Calif.	1,340	2,514	-	7	-	3,059	5,554	42	99	12	9
Alaska	3	29	N	-	-	87	201	2	1	-	-
Hawaii	23	78	318	N	3	86	135	32	8	-	3
Guam	3	-	-	N	-	-	20	-	-	-	-
P.R.	255	638	N	N	U	85	131	35	31	-	-
V.I.	1	14	N	N	U	-	8	-	-	-	-
Amer. Samoa	-	-	-	N	U	-	8	-	-	-	-
C.N.M.I.	-	-	N	N	U	8	5	-	-	-	-

N: Not notifiable U: Unavailable -: no reported cases C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update February 27, 1996.

†National Electronic Telecommunications System for Surveillance.

‡Public Health Laboratory Information System.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending March 16, 1996, and March 18, 1995 (11th Week)

Reporting Area	Lyme Disease		Malaria		Meningococcal Disease		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal	
	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	643	801	173	200	771	743	2,083	3,417	2,487	2,846	745	1,272
NEW ENGLAND	34	41	4	8	19	46	41	47	79	54	93	336
Maine	-	1	1	-	7	3	-	-	4	-	-	-
N.H.	-	3	-	1	1	8	1	1	2	1	13	48
Vt.	-	1	1	-	1	5	-	-	-	-	20	45
Mass.	11	6	2	-	10	13	17	17	29	23	23	154
R.I.	18	-	-	2	-	-	-	-	11	7	10	14
Conn.	5	30	-	5	-	17	23	29	33	23	27	75
MID. ATLANTIC	546	608	43	46	59	74	72	221	386	556	125	355
Upstate N.Y.	191	230	12	8	17	27	3	22	51	52	55	175
N.Y. City	128	28	20	22	6	8	28	123	191	315	-	-
N.J.	15	99	8	12	18	24	18	40	103	98	32	59
Pa.	212	251	3	4	18	15	23	36	41	91	38	121
E.N. CENTRAL	7	8	20	26	101	114	386	567	409	332	5	2
Ohio	5	4	4	1	46	30	152	185	65	52	2	1
Ind.	2	3	2	2	8	19	58	49	31	13	-	-
Ill.	-	1	4	19	29	34	103	224	250	183	-	1
Mich.	-	-	7	2	7	17	43	65	53	76	-	-
Wis.	-	-	3	2	11	14	30	44	10	8	3	-
W.N. CENTRAL	20	18	3	6	65	37	111	186	71	88	60	54
Minn.	-	-	-	3	3	6	26	13	14	16	3	5
Iowa	11	-	1	-	16	7	4	14	10	15	31	13
Mo.	-	8	1	3	25	14	78	155	31	37	6	8
N. Dak.	-	-	-	-	1	-	-	-	1	-	5	6
S. Dak.	-	-	-	-	2	-	-	-	6	-	10	13
Nebr.	-	-	-	-	8	4	3	4	-	5	1	-
Kans.	9	10	1	-	10	6	-	-	9	15	4	9
S. ATLANTIC	25	94	27	48	135	130	709	920	304	450	380	366
Del.	1	9	2	1	2	1	10	5	-	10	10	17
Md.	17	68	12	15	16	4	112	84	52	93	106	86
D.C.	-	-	1	3	2	1	34	34	14	20	2	1
Va.	-	2	5	9	14	17	98	136	25	6	83	68
W. Va.	2	5	-	-	4	2	1	1	17	18	12	20
N.C.	4	6	4	4	22	23	215	238	40	25	89	77
S.C.	1	4	1	-	18	16	95	160	40	60	8	26
Ga.	-	-	2	6	37	37	68	164	-	77	54	62
Fla.	-	-	-	10	20	29	76	98	116	141	16	9
E.S. CENTRAL	-	7	2	2	55	45	547	799	239	214	14	45
Ky.	-	1	-	-	8	16	37	53	49	39	2	5
Tenn.	-	4	1	-	3	8	160	175	44	82	-	23
Ala.	-	-	1	2	23	13	136	129	86	92	12	16
Miss.	-	2	-	-	21	8	214	442	60	1	-	1
W.S. CENTRAL	1	9	6	2	92	79	193	494	101	272	3	29
Ark.	1	-	-	1	10	7	45	102	20	31	-	15
La.	-	-	-	-	18	10	115	237	-	-	-	9
Okla.	-	9	-	-	4	10	33	33	18	32	3	5
Tex.	-	-	6	1	60	52	-	122	63	209	-	-
MOUNTAIN	-	1	16	12	54	58	23	56	86	90	12	11
Mont.	-	-	-	1	1	1	-	3	-	-	-	6
Idaho	-	-	1	-	6	3	1	-	3	3	-	-
Wyo.	-	-	2	-	3	1	1	-	-	-	8	-
Colo.	-	-	8	6	7	13	11	32	15	5	-	-
N. Mex.	-	-	1	3	12	15	-	1	7	18	1	-
Ariz.	-	-	1	1	17	21	7	11	48	56	2	5
Utah	-	-	2	1	3	2	-	2	-	7	-	-
Nev.	-	1	1	-	5	2	3	7	13	1	1	-
PACIFIC	10	15	52	50	191	160	1	127	812	790	53	74
Wash.	-	-	-	5	18	17	-	4	46	48	-	-
Oreg.	4	1	4	4	32	33	1	4	21	9	-	-
Calif.	5	14	45	37	136	109	-	119	703	680	47	71
Alaska	-	-	-	1	3	-	-	-	15	17	6	3
Hawaii	1	-	3	3	2	1	-	-	27	36	-	-
Guam	-	-	-	-	-	1	-	1	-	4	-	-
P.R.	-	-	-	-	1	10	38	66	-	-	8	12
V.I.	-	-	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-	2	-	-
C.N.M.I.	-	-	-	-	-	-	-	-	-	9	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE III. Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 16, 1996, and March 18, 1995 (11th Week)

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (viral), by type				Measles (Rubeola)			
	Cum. 1996*	Cum. 1995	A		B		Indigenous		Imported†	
			Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	1996	Cum. 1996	1996	Cum. 1996
UNITED STATES	277	291	4,441	5,017	1,312	1,747	2	17	-	1
NEW ENGLAND	7	13	51	32	27	55	1	5	-	-
Maine	-	-	8	6	2	2	-	-	-	-
N.H.	5	1	3	1	-	5	-	-	-	-
Vt.	-	1	-	2	2	1	-	1	-	-
Mass.	2	4	23	9	3	13	-	3	-	-
R.I.	-	-	2	7	1	6	-	-	-	-
Conn.	-	7	15	7	19	28	1	1	-	-
MID. ATLANTIC	32	28	254	248	201	188	-	1	-	-
Upstate N.Y.	9	8	58	55	62	54	-	-	-	-
N.Y. City	2	4	152	107	119	31	-	1	-	-
N.J.	13	6	17	46	1	68	-	-	-	-
Pa.	8	10	27	40	19	35	-	-	-	-
E.N. CENTRAL	47	57	403	786	146	249	-	-	-	-
Ohio	31	31	212	447	25	21	-	-	-	-
Ind.	1	5	79	37	19	52	-	-	-	-
Ill.	12	18	35	162	12	71	-	-	-	-
Mich.	2	3	59	83	85	90	-	-	-	-
Wis.	1	-	18	57	5	15	-	-	-	-
W.N. CENTRAL	11	13	395	218	109	130	-	-	-	-
Minn.	1	3	11	12	2	5	-	-	-	-
Iowa	6	1	121	10	44	14	-	-	-	-
Mo.	4	8	171	157	45	97	-	-	-	-
N. Dak.	-	-	5	2	-	1	-	-	-	-
S. Dak.	-	-	24	3	-	-	-	-	-	-
Nebr.	-	-	34	15	3	7	-	-	-	-
Kans.	-	1	29	19	15	6	-	-	-	-
S. ATLANTIC	53	72	171	222	230	236	1	2	-	-
Del.	-	-	3	3	-	1	1	1	-	-
Md.	14	26	41	45	62	56	-	1	-	-
D.C.	-	-	6	2	3	8	-	-	-	-
Va.	2	10	28	41	29	17	-	-	-	-
W. Va.	-	1	5	7	8	14	-	-	-	-
N.C.	6	11	25	23	81	71	-	-	-	-
S.C.	2	-	17	5	17	7	-	-	-	-
Ga.	29	10	-	32	-	19	-	-	-	-
Fla.	-	14	46	64	30	43	-	-	-	-
E.S. CENTRAL	6	3	151	301	31	228	-	-	-	-
Ky.	2	1	6	18	14	23	-	-	-	-
Tenn.	-	-	19	233	6	177	-	-	-	-
Ala.	3	2	60	31	11	28	-	-	-	-
Miss.	1	-	66	19	-	-	-	-	-	-
W.S. CENTRAL	8	11	676	371	87	100	-	-	-	-
Ark.	-	1	125	14	12	1	-	-	-	-
La.	-	-	14	11	11	12	-	-	-	-
Okla.	8	8	340	114	19	19	-	-	-	-
Tex.	-	2	197	232	45	68	-	-	-	-
MOUNTAIN	35	30	662	889	172	118	-	3	-	-
Mont.	-	-	16	14	-	4	-	-	-	-
Idaho	1	1	93	110	22	18	-	-	-	-
Wyo.	16	1	6	27	5	2	-	-	-	-
Colo.	3	4	22	124	8	22	-	-	-	-
N. Mex.	6	5	118	193	87	40	-	-	-	-
Ariz.	4	8	179	170	14	14	-	-	-	-
Utah	3	3	191	220	26	11	-	-	-	-
Nev.	2	8	37	31	10	7	-	3	-	-
PACIFIC	78	64	1,678	1,950	309	443	-	6	-	1
Wash.	-	4	110	94	18	28	-	4	-	-
Oreg.	10	8	220	371	20	26	-	-	-	-
Calif.	66	50	1,308	1,438	268	382	-	1	-	-
Alaska	-	-	19	14	2	2	-	1	-	-
Hawaii	2	2	21	33	1	5	-	-	-	1
Guam	-	-	-	-	-	-	U	-	U	-
P.R.	-	3	21	6	129	58	-	-	-	-
V.I.	-	-	-	-	-	1	U	-	U	-
Amer. Samoa	-	-	-	4	-	-	U	-	U	-
C.N.M.I.	10	-	1	8	3	-	U	-	U	-

*Of 62 cases among children aged <5 years, serotype was reported for 15 and of those, 3 were type B.

†For imported measles, cases include only those resulting from importation from other countries.

N: Not notifiable U: Unavailable -: no reported cases

TABLE III. (Cont'd.) Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 16, 1996, and March 18, 1995 (11th Week)

Reporting Area	Measles (Rubeola), cont'd.		Mumps			Pertussis			Rubella		
	Total		1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995
	Cum. 1996	Cum. 1995									
UNITED STATES	18	132	7	115	171	55	380	565	2	33	15
NEW ENGLAND	5	3	-	-	3	14	78	81	2	2	2
Maine	-	-	-	-	2	-	2	8	-	-	-
N.H.	-	-	-	-	-	3	13	5	-	-	1
Vt.	1	-	-	-	-	-	6	2	-	-	-
Mass.	3	1	-	-	-	8	54	62	-	-	1
R.I.	-	2	-	-	-	-	-	-	-	-	-
Conn.	1	-	-	-	1	3	3	4	2	2	-
MID. ATLANTIC	1	1	2	17	25	4	52	45	-	3	1
Upstate N.Y.	-	-	-	5	7	-	31	26	-	2	-
N.Y. City	1	-	-	3	2	1	9	9	-	1	1
N.J.	-	1	-	-	4	-	-	4	-	-	-
Pa.	-	-	2	9	12	3	12	6	-	-	-
E.N. CENTRAL	-	-	1	29	24	11	58	63	-	-	-
Ohio	-	-	-	14	11	6	41	29	-	-	-
Ind.	-	-	-	5	4	3	6	6	-	-	-
Ill.	-	-	-	-	-	-	-	-	-	-	-
Mich.	-	-	1	10	9	2	9	24	-	-	-
Wis.	-	-	-	-	-	-	2	4	-	-	-
W.N. CENTRAL	-	1	-	2	10	-	3	25	-	-	-
Minn.	-	-	-	-	-	-	1	-	-	-	-
Iowa	-	-	-	-	1	-	2	1	-	-	-
Mo.	-	1	-	-	7	-	-	7	-	-	-
N. Dak.	-	-	-	2	-	-	-	5	-	-	-
S. Dak.	-	-	-	-	-	-	-	4	-	-	-
Nebr.	-	-	-	-	2	-	-	1	-	-	-
Kans.	-	-	-	-	-	-	-	7	-	-	-
S. ATLANTIC	2	-	-	13	30	10	34	59	-	-	1
Del.	1	-	-	-	-	3	3	3	-	-	-
Md.	1	-	-	7	5	2	20	-	-	-	-
D.C.	-	-	-	-	-	-	-	1	-	-	-
Va.	-	-	-	2	7	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	-	-	-	-	14	-	-	46	-	-	-
S.C.	-	-	-	3	1	-	2	7	-	-	-
Ga.	-	-	-	1	-	-	1	-	-	-	-
Fla.	-	-	-	-	3	5	8	2	-	-	1
E.S. CENTRAL	-	-	-	5	6	-	8	14	-	-	-
Ky.	-	-	-	-	-	-	5	-	-	-	-
Tenn.	-	-	-	-	-	-	-	2	-	-	-
Ala.	-	-	-	3	2	-	1	12	-	-	-
Miss.	-	-	-	2	4	-	2	-	N	N	N
W.S. CENTRAL	-	2	-	3	12	1	4	13	-	-	1
Ark.	-	2	-	-	3	-	2	-	-	-	-
La.	-	-	-	3	2	1	2	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	-	-	-
Tex.	-	-	-	-	7	-	-	13	-	-	1
MOUNTAIN	3	53	-	9	9	2	45	167	-	-	2
Mont.	-	-	-	-	-	-	2	2	-	-	-
Idaho	-	-	-	-	1	-	13	48	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	17	-	-	-	2	6	32	-	-	-
N. Mex.	-	27	N	N	N	-	13	5	-	-	-
Ariz.	-	8	-	1	1	-	2	77	-	-	2
Utah	-	-	-	-	1	-	1	2	-	-	-
Nev.	3	1	-	8	6	-	8	1	-	-	-
PACIFIC	7	72	4	37	52	13	98	98	-	28	8
Wash.	4	-	1	3	3	13	23	11	-	1	-
Oreg.	-	1	N	N	N	-	16	2	-	-	1
Calif.	1	70	3	26	42	-	55	83	-	26	7
Alaska	1	-	-	1	6	-	-	-	-	-	-
Hawaii	1	1	-	7	1	-	4	2	-	1	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	-	-	1	1	-	-	3	-	-	-
V.I.	-	-	U	-	1	U	-	-	U	-	-
Amer. Samoa	-	-	U	-	-	U	-	-	U	-	-
C.N.M.I.	-	-	U	-	-	U	-	-	U	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

**TABLE IV. Deaths in 121 U.S. cities,* week ending
March 16, 1996 (11th Week)**

Reporting Area	All Causes, By Age (Years)						P&J† Total	Reporting Area	All Causes, By Age (Years)						P&J† Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	628	449	117	42	8	11	55	S. ATLANTIC	1,674	1,062	349	190	42	27	96
Boston, Mass.	130	85	30	11	-	4	9	Atlanta, Ga.	162	84	42	31	4	1	1
Bridgeport, Conn.	36	22	9	2	1	2	-	Baltimore, Md.	514	311	113	68	10	9	47
Cambridge, Mass.	15	13	2	-	-	-	5	Charlotte, N.C.	133	88	27	13	1	3	8
Fall River, Mass.	31	25	4	2	-	-	1	Jacksonville, Fla.	139	91	25	13	5	5	6
Hartford, Conn.	61	47	7	6	-	1	2	Miami, Fla.	137	74	32	22	6	3	-
Lowell, Mass.	34	28	5	1	-	-	2	Norfolk, Va.	60	35	16	5	2	2	3
Lynn, Mass.	17	14	2	1	-	-	5	Richmond, Va.	74	51	14	8	1	-	2
New Bedford, Mass.	27	19	7	1	-	-	-	Savannah, Ga.	54	37	10	2	5	-	5
New Haven, Conn.	53	39	8	4	2	-	4	St. Petersburg, Fla.	68	53	9	3	2	1	4
Providence, R.I.	64	47	8	6	1	1	3	Tampa, Fla.	223	166	38	13	3	3	18
Somerville, Mass.	9	8	1	-	-	-	3	Washington, D.C.	98	66	17	12	3	-	2
Springfield, Mass.	56	31	16	5	2	2	6	Wilmington, Del.	12	6	6	-	-	-	-
Waterbury, Conn.	23	19	4	-	-	-	5	E.S. CENTRAL	916	593	197	70	30	25	65
Worcester, Mass.	72	52	14	3	2	1	10	Birmingham, Ala.	194	114	46	17	8	8	7
MID. ATLANTIC	2,350	1,590	461	227	30	42	131	Chattanooga, Tenn.	92	65	17	7	2	1	6
Albany, N.Y.	49	39	4	5	1	-	4	Knoxville, Tenn.	99	73	14	7	3	2	10
Allentown, Pa.	26	22	4	-	-	-	1	Lexington, Ky.	75	53	14	2	3	3	7
Buffalo, N.Y.	85	69	11	4	1	-	3	Memphis, Tenn.	134	76	35	11	7	5	11
Camden, N.J.	29	19	4	5	-	1	3	Mobile, Ala.	101	68	21	8	3	1	8
Elizabeth, N.J.	17	13	2	2	-	-	1	Montgomery, Ala.	70	47	16	5	-	2	8
Erie, Pa.§	47	38	7	1	-	1	3	Nashville, Tenn.	151	97	34	13	4	3	8
Jersey City, N.J.	43	28	11	4	-	-	3	W.S. CENTRAL	1,503	997	281	145	41	39	81
New York City, N.Y.	1,300	844	274	139	18	25	51	Austin, Tex.	81	55	11	10	3	2	9
Newark, N.J.	63	32	15	10	4	2	5	Baton Rouge, La.	42	36	4	-	1	1	2
Paterson, N.J.	29	18	3	7	1	-	4	Corpus Christi, Tex.	53	35	13	3	2	-	4
Philadelphia, Pa.	205	132	43	20	2	8	9	Dallas, Tex.	186	118	29	29	6	4	5
Pittsburgh, Pa.§	59	35	16	7	1	-	4	El Paso, Tex.	87	56	16	11	2	2	8
Reading, Pa.	8	6	2	-	-	-	1	Ft. Worth, Tex.	126	85	20	10	6	5	-
Rochester, N.Y.	141	110	21	8	1	1	12	Houston, Tex.	434	268	103	42	10	11	24
Schenectady, N.Y.	37	28	7	2	-	-	6	Little Rock, Ark.	77	50	19	5	-	3	-
Scranton, Pa.§	25	24	1	-	-	-	1	New Orleans, La.	60	32	8	10	6	4	-
Syracuse, N.Y.	96	73	15	4	1	3	13	San Antonio, Tex.	193	144	27	16	3	3	11
Trenton, N.J.	36	22	8	5	-	1	4	Shreveport, La.	64	42	12	7	-	3	14
Utica, N.Y.	20	17	1	2	-	-	1	Tulsa, Okla.	100	76	19	2	2	1	4
Yonkers, N.Y.	35	21	12	2	-	-	2	MOUNTAIN	969	659	165	91	35	19	79
E.N. CENTRAL	2,209	1,490	437	174	49	51	156	Albuquerque, N.M.	127	91	17	13	4	2	11
Akron, Ohio	55	45	6	1	1	2	-	Colo. Springs, Colo.	54	43	9	-	2	-	4
Canton, Ohio	40	33	7	-	-	-	3	Denver, Colo.	144	93	27	18	4	2	13
Chicago, Ill.	414	243	99	49	11	12	41	Las Vegas, Nev.	161	106	30	19	4	2	18
Cincinnati, Ohio	142	100	29	5	5	3	15	Ogden, Utah	29	24	2	3	-	-	1
Cleveland, Ohio	138	92	30	9	3	4	3	Phoenix, Ariz.	212	138	42	24	5	3	16
Columbus, Ohio	167	107	38	16	2	4	14	Pueblo, Colo.	35	28	3	2	2	-	2
Dayton, Ohio	115	80	26	9	-	-	10	Salt Lake City, Utah	90	54	14	7	8	7	5
Detroit, Mich.	226	132	47	25	8	6	12	Tucson, Ariz.	117	82	21	5	6	3	9
Evansville, Ind.	49	31	13	3	1	1	1	PACIFIC	2,082	1,428	359	209	46	38	183
Fort Wayne, Ind.	59	46	9	1	2	1	3	Berkeley, Calif.	22	14	4	4	-	-	2
Gary, Ind.	20	13	4	1	1	1	-	Fresno, Calif.	73	45	12	11	4	-	7
Grand Rapids, Mich.	62	50	8	1	1	2	6	Glendale, Calif.	44	37	6	1	-	-	3
Indianapolis, Ind.	255	171	49	23	3	9	8	Honolulu, Hawaii	91	57	20	7	1	5	8
Madison, Wis.	50	37	5	6	1	1	5	Long Beach, Calif.	70	46	9	8	4	3	10
Milwaukee, Wis.	122	90	21	5	3	3	10	Los Angeles, Calif.	634	440	117	56	10	11	33
Peoria, Ill.	45	33	7	4	1	-	7	Pasadena, Calif.	24	19	3	1	1	-	2
Rockford, Ill.	50	36	10	3	1	-	5	Portland, Ore.	143	102	23	13	3	2	17
South Bend, Ind.	46	32	7	5	1	1	3	Sacramento, Calif.	163	103	35	17	6	2	20
Toledo, Ohio	98	78	12	4	3	1	7	San Diego, Calif.	204	148	27	21	5	3	26
Youngstown, Ohio	56	41	10	4	1	-	3	San Francisco, Calif.	141	81	31	27	2	-	17
W.N. CENTRAL	857	614	142	58	22	13	64	San Jose, Calif.	187	137	26	19	2	3	16
Des Moines, Iowa	83	64	12	5	-	2	13	Santa Cruz, Calif.	32	20	7	3	1	1	3
Duluth, Minn.	13	9	4	-	-	-	2	Seattle, Wash.	126	86	19	14	4	3	6
Kansas City, Kans.	49	30	8	9	2	-	2	Spokane, Wash.	43	31	8	2	-	2	7
Kansas City, Mo.	98	66	14	6	1	3	9	Tacoma, Wash.	85	62	12	5	3	3	6
Lincoln, Nebr.	37	23	10	1	2	1	-	TOTAL	13,188 [§]	8,882	2,508	1,206	303	265	910
Minneapolis, Minn.	192	145	36	8	2	1	17								
Omaha, Nebr.	133	92	19	11	8	3	8								
St. Louis, Mo.	115	85	17	9	3	1	6								
St. Paul, Minn.	71	51	10	6	2	2	3								
Wichita, Kans.	66	49	12	3	2	-	4								

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

U: Unavailable - -: no reported cases

Contributors to the Production of the *MMWR* (Weekly)

Weekly Notifiable Disease Morbidity Data and 121 Cities Mortality Data

Denise Koo, M.D., M.P.H.

Deborah A. Adams

Patsy A. Hall

Carol M. Knowles

Sarah H. Landis

Myra A. Montalbano

Graphics Support

Sandra L. Ford

Beverly J. Holland

Desktop Publishing

Jolene W. Altman

Morie M. Higgins

Peter M. Jenkins

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 on Friday of each week, send an e-mail message to lists@list.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/> or from CDC's file transfer protocol server at <ftp.cdc.gov>. 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 (404) 332-4555.

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.

Director, Centers for Disease Control and Prevention David Satcher, M.D., Ph.D.	Editor, <i>MMWR</i> Series Richard A. Goodman, M.D., M.P.H.
Deputy Director, Centers for Disease Control and Prevention Claire V. Broome, M.D.	Managing Editor, <i>MMWR</i> (weekly) Karen L. Foster, M.A.
Director, Epidemiology Program Office Stephen B. Thacker, M.D., M.Sc.	Writers-Editors, <i>MMWR</i> (weekly) David C. Johnson Darlene D. Rumph-Person Caran R. Wilbanks

☆ U.S. Government Printing Office: 1996-733-175/27046 Region IV