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Outbreaks of *Salmonella* Serotype Enteritidis Infection Associated with Eating Raw or Undercooked Shell Eggs — United States, 1996–1998

During the 1980s and 1990s, *Salmonella* serotype Enteritidis (SE) emerged as an important cause of human illness in the United States. The rate of SE isolates reported to CDC increased from 0.6 per 100,000 population in 1976 to 3.6 per 100,000 in 1996 (Figure 1). Case-control studies of sporadic infections and outbreak investigations found that this increase was associated with eating raw or undercooked shell eggs (*1*). From 1996 to 1998, the rate of culture-confirmed SE cases reported to CDC declined to 2.2 per 100,000; however, outbreaks of illness caused by SE continue to occur. This report describes four SE outbreaks during 1996–1998 associated with eating raw or undercooked shell eggs and discusses measures that may be contributing to the decline in culture-confirmed SE cases.

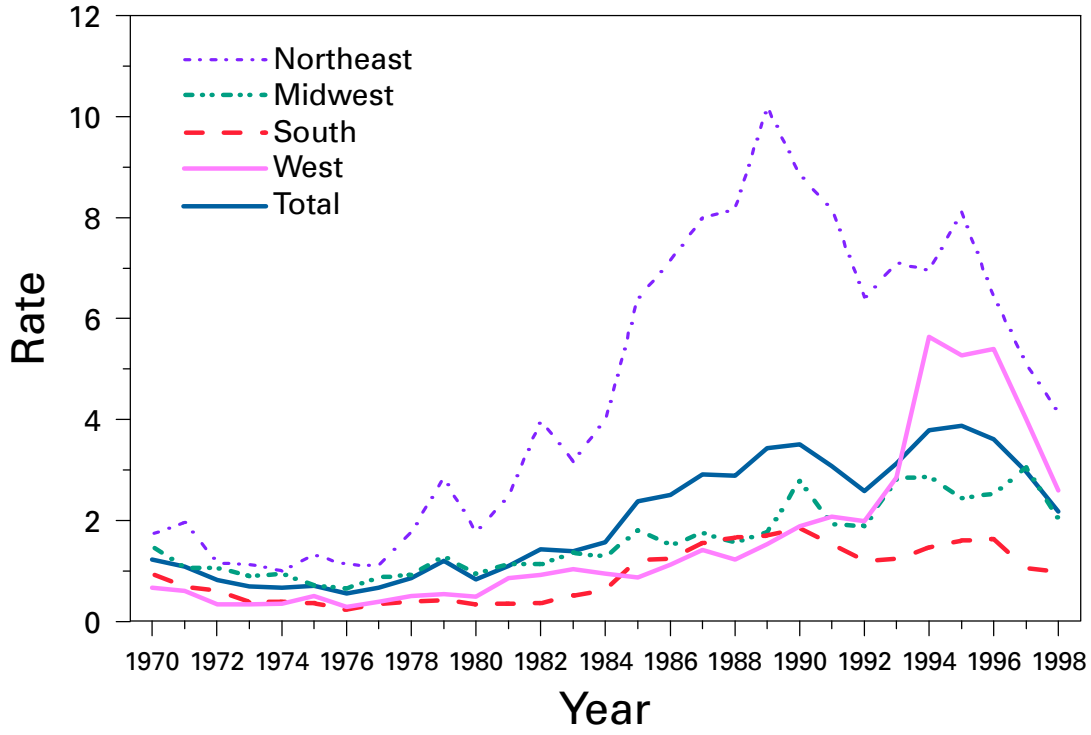
Los Angeles County, California

In August 1997, the Los Angeles County Department of Health Services (LACDHS) received reports of gastrointestinal illness in members of a Girl Scout troop and some of their parents. The ill persons had eaten food prepared in a private residence by the scouts. Stool cultures taken from 12 ill persons yielded SE; selected isolates tested were phage type 4.

An investigation by LACDHS found that of 17 persons at the dinner, 13 had gastrointestinal illness consistent with salmonellosis. Cheesecake served at the dinner was associated with illness; all 13 ill persons and two well persons ate the cheesecake (attack rate=87%; relative risk [RR]=undefined; p=0.04). The cheesecake contained raw egg whites and egg yolks that were cooked in a double boiler until slightly thickened. California Department of Health Services and Department of Food and Agriculture investigated the farm that supplied the eggs and found SE contamination. Of 476 environmental cultures taken from manure, feed, and water, 21 (4.4%) yielded SE; all positive cultures were from manure. Nineteen isolates were phage type 4, and two were phage type 7. SE also was isolated from one (0.5%) of 200 pooled egg samples obtained at the farm. On the basis of these findings, the layer flock was depopulated to prevent further SE cases.

Outbreaks of Salmonella — *Continued*

FIGURE 1. Rate* of isolation of *Salmonella* serotype Enteritidis, by region† and year — United States, 1970–1998



*Per 100,000 population.

†*Northeast*=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

District of Columbia

In October 1997, the District of Columbia Bureau of Epidemiology and Disease Control (DCBEDC) received reports of gastroenteritis among 75 attendees at seven events (a workshop dinner, nursing home luncheon, and five meals in private residences) at which lasagna from the same commercial manufacturer was served. Forty-three cases of illness compatible with salmonellosis were identified among attendees. Stool cultures from nine patients yielded *Salmonella* group D or SE; at least one culture-confirmed case was associated with each event. Isolates tested from attendees at five events were phage type 8. Three patients were hospitalized; none died.

DCBEDC interviewed 48 of the 75 attendees. Of the 47 persons who ate lasagna at the events, 39 became ill; the only person who did not eat lasagna did not become ill (attack rate=83%; RR=undefined; p=0.19). Lasagna was not associated statistically with illness but was implicated because it was the only food item common to all events. Cultures of two leftover lasagnas and one lasagna made on the same day but not eaten yielded SE phage type 8. The lasagnas were prepared commercially by a company in Gaithersburg, Maryland, using fully cooked meat or spinach sauce and a

Outbreaks of Salmonella *— Continued*

mixture of raw shell eggs, ricotta and mozzarella cheeses, and spices. Although the lasagnas were not labeled with a manufacture date, investigators determined that most, if not all, of the lasagnas implicated were made on the same day from a single batch of the egg-cheese mixture. The product was then frozen (except for one event in which the lasagnas were kept refrigerated as a special order) and held without further cooking until purchased. In at least four of six events for which lasagnas were purchased frozen, the lasagna was not thawed before reheating.

A traceback investigation led to two egg processors. Sampling of the farms that supplied eggs to these processors showed that five of 13 poultry houses had environmental samples positive for SE. In compliance with recommendations from DCBEDC, the manufacturer voluntarily switched to using pasteurized eggs in egg-containing foods.

Clark County, Nevada

In November 1997, 91 persons who ate either of two meals served 2 weeks apart at a hotel restaurant in Las Vegas, Nevada, developed gastroenteritis. Fifteen patients were hospitalized; none died. Stool cultures taken from ill persons yielded SE; selected isolates tested were phage type 13A.

An investigation by the Clark County Health District found 28 culture-confirmed and 63 probable salmonellosis cases. A case was defined as diarrheal illness in a patient who ate at restaurant A on November 13 or November 27. Two separate case-control studies implicated broccoli with hollandaise sauce: one study among persons who ate at the restaurant on November 13 (odds ratio [OR]=25.5; p=0.04) and a second among persons who ate at the restaurant on November 27 (OR=27.8; p=<0.001). Broccoli with hollandaise sauce was offered on a special menu that rotated biweekly. The hollandaise sauce was prepared from pooled shell eggs, cooked to a temperature inadequate to kill SE, and kept at room temperature for several hours until served.

Maricopa County, Arizona

In July 1998, 58 persons developed gastroenteritis associated with eating at any of four Mexican restaurants that were part of a local chain. Eleven persons were hospitalized; none died. Stool cultures taken from 22 persons yielded *Salmonella* group D or SE; selected isolates tested were phage type 6A.

An investigation by the Maricopa County Environmental Services Department found that 14 (64%) of the 22 persons with culture-confirmed infections had eaten chiles rellenos, a precooked commercial product. Cultures of chiles rellenos from all four restaurants yielded SE with the same phage type as the patient isolates. The chiles rellenos consisted of raw egg-white batter on roasted green chile peppers stuffed with cheese, and were commercially processed in Mexico where they were cooked, packed, and frozen. Local public health officials observed that the internal temperature of the chiles rellenos was not checked after reheating at the restaurants. Improper foodhandling and cross-contamination were presumed responsible for the other cases among persons who did not consume chiles rellenos. Cultures of chiles rellenos from other lots distributed in the United States also yielded SE. The distributor of the chiles rellenos voluntarily recalled all products.

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Editorial Note: SE was recognized as a public health problem in northeastern states during the 1980s and has since spread throughout the United States (*1*). During 1985–1998, state and territorial health departments reported 796 SE outbreaks that accounted for 28,689 illnesses, 2839 hospitalizations, and 79 deaths (Table 1). Of the 360 SE outbreaks with a confirmed source, 279 (82%) were associated with raw or undercooked shell eggs. This report illustrates that outbreaks can occur because of breakdowns in procedures at multiple steps in egg production from farm to table. SE prevention measures include on-farm control programs, refrigeration, consumer and food worker education about food preparation and consumption, adoption of the Food and Drug Administration (FDA) Food Code (*2*) in restaurants and institutions, and improved surveillance.

On-farm control measures may include actions resulting from egg traceback investigations and quality assurance programs (QAPs). When eggs are implicated in SE outbreaks, state health departments and/or FDA may conduct tracebacks to identify the source farm(s) and conduct environmental sampling of poultry houses to detect SE. When SE is detected in a house, eggs are voluntarily diverted to pasteurization facilities until egg testing has shown negative results for SE. Tracebacks have been successful in removing potentially contaminated eggs from the market. During the early 1990s, the U.S. Department of Agriculture (USDA), the egg industry, state departments of agriculture, and academia collaborated to design QAPs (*3*). Elements may include purchasing chicks from SE-monitored breeders, stringent rodent and pest control, cleaning and disinfecting hen houses, routine environmental cultures

TABLE 1. Characteristics of all outbreaks of *Salmonella* serotype Enteritidis infection and outbreaks in health-care facilities, by year — United States, 1985–1998

	All outbreaks						Outbreaks in health-care facilities*					
			Hospitalizations		Deaths				Hospitalizations		Deaths	
Year	No. outbreaks	No. ill	No.	(%)	No.	(%)	No. outbreaks	No. ill	No.	(%)	No.	(%)
1985	26	1,159	144	(12)	1	(0.09)	3	55	10	(18)	1	(2)
1986	47	1,444	107	(7)	6	(0.42)	6	96	10	(10)	5	(5)
1987	58	2,616	557	(21)	15	(0.57)	8	489	391	(80)	14	(3)
1988	48	1,201	155	(13)	11	(0.92)	8	227	6	(3)	9	(4)
1989	81	2,518	206	(8)	15	(0.60)	19	505	34	(7)	13	(3)
1990	85	2,656	318	(12)	3	(0.11)	12	265	22	(8)	3	(1)
1991	74	2,461	200	(8)	5	(0.20)	8	118	6	(5)	4	(3)
1992	63	2,348	233	(10)	4	(0.17)	2	42	2	(5)	2	(5)
1993	66	2,215	219	(10)	6	(0.27)	6	66	5	(8)	4	(6)
1994	51	5,492	214	(4)	0	—	2	32	6	(19)	0	—
1995	56†	1,312	113	(9)	8	(0.61)	6	147	19	(13)	6	(4)
1996	50	1,460	159	(11)	2	(0.14)	3	64	9	(14)	0	—
1997	44	1,098	124	(11)	0	—	1	13	1	(8)	0	—
1998	47	709	90	(13)	3	(0.42)	3	32	6	(19)	3	(9)
Total	**796**	**28,689**	**2,839**	**(10)**	**79**	**(0.28)**	**87**	**2,151**	**527**	**(25)**	**64**	**(3)**

* Includes hospitals and nursing homes.
† Includes one outbreak associated with a Komodo dragon exhibit at a zoologic park.

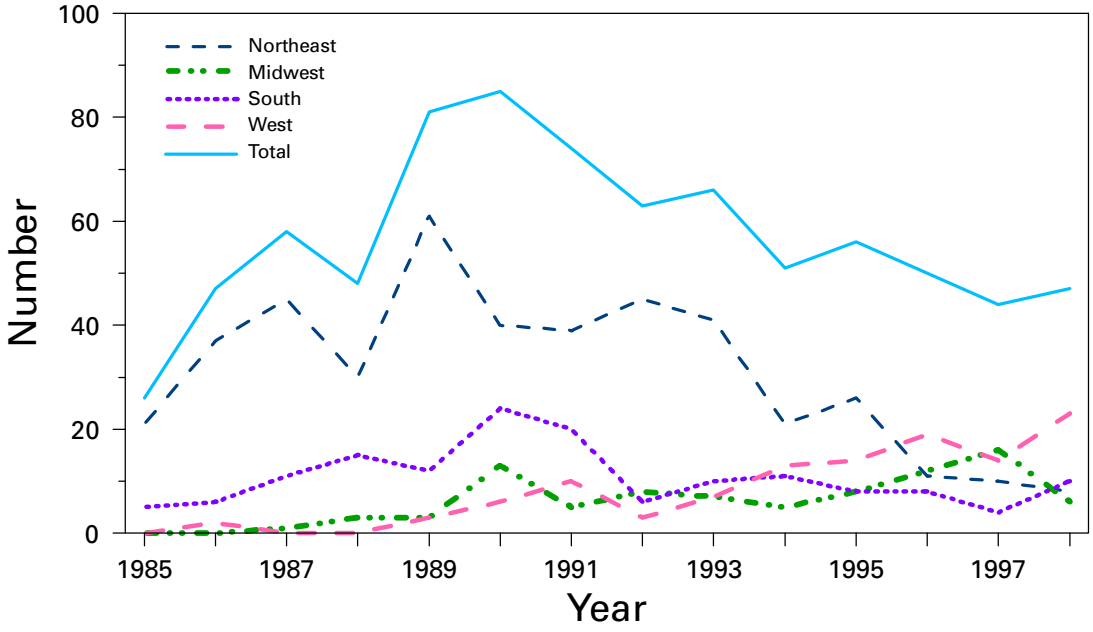
Outbreaks of Salmonella — *Continued*

with diversion of eggs to pasteurization if SE is found, and proper refrigeration of eggs. Currently, 13 states participate in voluntary QAPs (*4*). Northeastern states were the first to implement such QAPs. The decrease in SE outbreaks from 61 in 1989 to eight in 1998 (Figure 2), and in sporadic cases in the region may reflect these collaborative preventive efforts.

Ensuring that eggs are sold soon after being produced and that they are kept refrigerated are important steps in reducing egg-associated SE illness. Although required in 17 states, no federal law exists that requires an expiration or "sell-by" date on egg cartons. Currently, USDA requires that eggs be stored and transported at ≤45 F (≤7.2 C) and that consumer containers be labeled to indicate that refrigeration is required (*5*). A proposed rule scheduled to be finalized in 2000 by FDA also would require that eggs sold at retail stores be refrigerated at ≤45 F (≤7.2 C) (*6*).

The education of consumers and food service workers to store, handle, and cook eggs appropriately can prevent many SE infections in humans (see box). FDA has a proposed rule that would require safe handling messages on all egg cartons (*6*). FDA's Food Code for retail food stores, food service establishments, nursing homes, and day care centers recommends that pasteurized eggs be substituted for raw shell eggs in preparing foods such as Caesar salad, hollandaise sauce, ice cream, and egg-fortified beverages that are not cooked (*2*). The outbreaks described in this report could have been prevented if pasteurized eggs had been used or if the eggs used in the recipes

FIGURE 2. Number of *Salmonella* serotype Enteritidis outbreaks, by region* and year — United States, 1985–1998†



* *Northeast*=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.
† n=796.

Outbreaks of Salmonella *— Continued*

Recommendations for Preventing *Salmonella* Serotype Enteritidis Infections Associated with Eating Raw or Undercooked Shell Eggs

- Eating raw or undercooked eggs should be avoided, especially by young children, the elderly, and immunocompromised persons.
- In hospitals, nursing homes, food service establishments, day care centers, elementary schools, and commercial kitchens, pasteurized egg products should be used in recipes that call for pooled eggs or in which eggs are not thoroughly cooked.
- Eggs should be cooked at ≥145 F (≥63 C) for ≥15 seconds (until both the yolk and white are firm) and eaten promptly after cooking. Casseroles and other dishes containing eggs should be cooked to 160 F (71 C).
- Hands, cooking utensils, and food-preparation surfaces should be washed with hot water and soap after contact with raw eggs or foods containing raw eggs.
- Eggs should be stored at ≤45 F (≤7.2 C) at all times.

had been cooked fully. FDA's Food Code recommendations are especially important for children, the elderly, immunocompromised persons, and pregnant women who are at increased risk for severe complications from SE infection. The effectiveness of these recommendations and education efforts are demonstrated by the decline in the number of deaths in health-care facilities, particularly nursing homes (Table 1).

Throughout the 1980s, SE phage type 4 emerged as the predominant phage type in Europe, causing a marked increase in human infections. Phage type 4 had not been seen in the United States except among persons who became ill after international travel. In 1993, the first U.S. outbreak of SE phage type 4 infections occurred in Texas (*7*), and during the next several years, phage type 4 caused human illness in Arizona, California, Hawaii, Nevada, and Utah. Since then, the isolation rate and number of SE outbreaks in the western United States have increased dramatically; most of these outbreaks have been phage type 4. SE phage type 4 also has been isolated from eggs and the farm environment of laying flocks implicated as sources for human outbreaks in that region (*8*). CDC monitors the spread of phage type 4 by phage typing isolates from U.S. outbreaks of SE and sporadic cases.

Further reductions in SE incidence and SE-related outbreaks will require multiple interventions along the entire farm-to-table continuum. To address SE prevention issues, on December 10, 1999, the President's Council on Food Safety announced an Egg Safety Action Plan, which calls for a 50% reduction in egg-associated SE illnesses by 2005 (*9*). The plan's objectives are aimed at reducing consumer exposure to SE-containing foods; expanding and upgrading surveillance systems for human and poultry SE infection; improving communication among federal, state, and local agencies to accelerate SE outbreak detection and initiation of investigations; conducting research; and educating persons using science-based materials.

Additional information about preventing SE infections associated with eating raw or undercooked shell eggs is available on the World-Wide Web at

Outbreaks of Salmonella *— Continued*

http://www.cdc.gov/ncidod/dbmd/diseaseinfo/salment_g.htm; http://vm.cfsan.fda.gov/~dms/fs-eggs.html; http://vm.cfsan.fda.gov/~dms/fs-eggs2.html; and http://www.foodsafety.gov/~fsg/ceggs.html.

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Prevalence of Selected Risk Factors for Chronic Disease and Injury Among American Indians and Alaska Natives — United States, 1995–1998

Since the 1950s, morbidity and mortality attributable to infectious diseases among American Indians and Alaska Natives (AIs/ANs) have declined and chronic diseases, especially diabetes, and injury have remained important determinants of poor health (*1*). Knowledge of the prevalence of behavioral risk factors for chronic disease and injury can be used to form policies and programs to improve the health of AIs/ANs. Based on data obtained from the Behavioral Risk Factor Surveillance System (BRFSS) from 1993 through 1996, CDC published regional estimates of the prevalence of 10 behavioral risk factors for AIs/ANs (*2*). This report updates data from the earlier report and focuses on three of the 10 risk factors for chronic disease and injury among AIs/ANs.

BRFSS is a state-based, random-digit–dialed telephone survey of the civilian, noninstitutionalized U.S. population aged ≥18 years. For this analysis, data from 5964 AI/AN respondents to BRFSS from 1995 through 1998 in 36 states, corresponding to the area covered by the Indian Health Service (IHS) administrative areas, were aggregated into five geographic regions.* Identification as AI/AN was based on

* *Alaska*=Alaska; *East*=Alabama, Connecticut, Florida, Kansas, Louisiana, Maine, Massachusetts, Mississippi, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, and Texas; *Northern Plains*=Indiana, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, and Wyoming; *Pacific Coast*=California, Idaho, Oregon, Washington; *Southwest*=Arizona, Colorado, Nevada, New Mexico, and Utah.

Risk Factors — Continued

response to the question, "What is your race?" Data were weighted to both the respondent's probability of selection and the 1990 sex-specific AI/AN census estimates for each state. To account for the complex survey design, SUDAAN was used to calculate confidence intervals (*3*). Risk measures used for this analysis included current cigarette smoking, awareness of having diabetes, and safety belt non-use. Current cigarette smoking was defined as currently smoking cigarettes and having smoked at least 100 cigarettes. Awareness of having diabetes was defined as having answered "yes" to the question, "Have you ever been told by a doctor that you have diabetes?" Women who were told they had diabetes only during pregnancy were not classified as being aware of having diabetes. At-risk safety belt use was defined as not reporting "always" in response to the question "How often do you use seatbelts when you drive or ride in a car?" The questions on cigarette smoking and diabetes were asked during all 4 years of data collection; the safety belt use question was asked only in 1995 and 1997.

The prevalence of current cigarette smoking among both AI/AN men and women was highest in the northern plains (47.0% for men and 42.1% for women) and lowest in the southwest (25.4% for men and 17.8% for women) (Table 1). The percentage of women who reported current cigarette smoking in Alaska was high (41.8%) compared with the percentage of women smokers in other regions. For all regions combined, men reported current cigarette smoking more frequently than did women (34.7% versus 27.9%).

The prevalence of awareness of having diabetes was slightly higher among AI/AN women (8.4%) than men (6.4%). AI/AN men and women in Alaska had the lowest reported awareness of having diabetes (2.8% and 3.3%, respectively).

Not always wearing a safety belt when riding or driving in a motor vehicle was reported most frequently by men (60.5%) and women (47.1%) in the northern plains and least frequently by men (21.6%) and women (17.2%) in the Pacific coast region. For all regions combined, men reported not always wearing a safety belt when driving or riding in a motor vehicle more frequently than did women (39.7% versus 30.5%).

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Editorial Note: The findings in this report document regional and sex differences in the prevalence of selected risk factors for chronic disease and injury among AIs/ANs. Significant regional variations were found in the prevalence of cigarette smoking and at-risk safety belt use for both men and women, and in awareness of having diabetes, particularly among women. These rates and the differences

TABLE 1. Prevalence of selected risk factors for American Indians and Alaska Natives, by sex and region* — Behavioral Risk Factor Surveillance System, United States, 1995–1998†

	Alaska (n=1314)		East (n=1334)		Northern Plains (n=1460)		Pacific Coast (n=897)		Southwest (n=959)		Total (n=5964)	
Risk factors	**%**	**(95% CI§)**	**%**	**(95% CI)**	**%**	**(95% CI)**	**%**	**(95% CI)**	**%**	**(95% CI)**	**%**	**(95% CI)**
Current cigarette smoking¶												
Men	38.0	(±5.9)	37.3	(±5.5)	47.0	(±5.1)	30.3	(±6.2)	25.4	(± 6.8)	**34.7**	**(±2.9)**
Women	41.8	(±5.2)	26.6	(±4.2)	42.1	(±4.4)	26.4	(±5.7)	17.8	(± 5.5)	**27.9**	**(±2.4)**
Total	**39.9**	**(±3.9)**	**31.9**	**(±3.5)**	**44.5**	**(±3.4)**	**28.3**	**(±4.2)**	**21.5**	**(± 4.4)**	**31.3**	**(±1.9)**
Awareness of having diabetes**												
Men	2.8	(±2.0)	5.6	(±2.2)	6.5	(±2.1)	7.4	(±4.0)	7.4	(± 5.4)	**6.4**	**(±1.7)**
Women	3.3	(±1.5)	8.9	(±2.7)	9.5	(±2.9)	8.2	(±3.9)	7.9	(± 3.2)	**8.4**	**(±1.5)**
Total	**3.0**	**(±1.3)**	**7.3**	**(±1.7)**	**8.1**	**(±1.8)**	**7.8**	**(±2.8)**	**7.7**	**(± 3.2)**	**7.4**	**(±1.2)**
Safety belt non-use††												
Men	45.2	(±9.7)	42.1	(±7.5)	60.5	(±6.5)	21.6	(±6.2)	37.9	(±11.0)	**39.7**	**(±4.1)**
Women	40.8	(±8.4)	33.2	(±6.9)	47.1	(±6.5)	17.2	(±6.9)	25.4	(± 9.4)	**30.5**	**(±3.8)**
Total	**43.0**	**(±6.4)**	**37.6**	**(±5.1)**	**53.8**	**(±4.6)**	**19.4**	**(±4.6)**	**31.5**	**(± 7.2)**	**35.1**	**(±2.8)**

* *East*=Alabama, Connecticut, Florida, Kansas, Louisiana, Maine, Massachusetts, Mississippi, New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, and Texas; *Northern Plains*=Indiana, Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, and Wyoming; *Pacific Coast*=California, Idaho, Oregon, and Washington; and *Southwest*=Arizona, Colorado, Nevada, New Mexico, and Utah.
† Safety belt non-use questions asked only in 1995 and 1997.
§ Confidence interval.
¶ Reported currently smoking cigarettes and having smoked ≥100 cigarettes.
** Reported having been told by a doctor that he or she had diabetes.
†† Reported not always using safety belts when driving or riding in a car.

Risk Factors — Continued

observed are similar to those found among AIs/ANs during 1993–1996 (*2*). Although the earlier study examined 10 risk behaviors or health conditions, this report only examined three because they demonstrate the most substantial geographic variation and because AIs/ANs are at higher risk for these behaviors or conditions than the general U.S. population (*2*).

Comparison of these findings with the 1994 and 1995 BRFSS for the general U.S. population demonstrate disparities between AIs/ANs and the general population (*4*). Except for the southwest region, compared with the general population, the prevalence of smoking among AIs/ANs was greater. In addition, in 1995, the prevalence of awareness of having diabetes was greater for AIs/ANs than for the general population, with the exception of AIs/ANs in Alaska. These comparisons can be used to target efforts to eliminate these disparities.

The findings in this report are subject to at least three limitations. First, BRFSS reaches only persons with telephones. Approximately 23% of AI/AN households do not have a telephone—a higher percentage than for any other racial/ethnic group in the United States (*5*). As a result, these findings probably underestimate the health risks for AIs/ANs because those without telephones are more likely to be of lower socioeconomic status and at higher risk for disease than those with telephones (*6,7*). Second, BRFSS does not collect information on tribal affiliation or reservation residency. Aggregating AIs/ANs into geographic regions alone does not account for the diversity of health behaviors among different tribes (*1,8*). Finally, because the estimates were based on self-reported data, they may be subject to recall and social desirability biases. Despite these limitations, BRFSS is the only source of continuously collected population-based information on AI/AN health behaviors. These findings are especially important because little population-based research has been conducted on the health behaviors of this population group (*9,10*).

Monitoring the health behaviors of AIs/ANs enables public health officials to assess levels of risk and regional and sex differences for these risks to better direct prevention efforts. In this way, disparities in risk behaviors that previously have been shown to exist between AIs/ANs and the general U.S. population can be identified (*2*). This is particularly important with the increase in chronic disease among adults in the United States.

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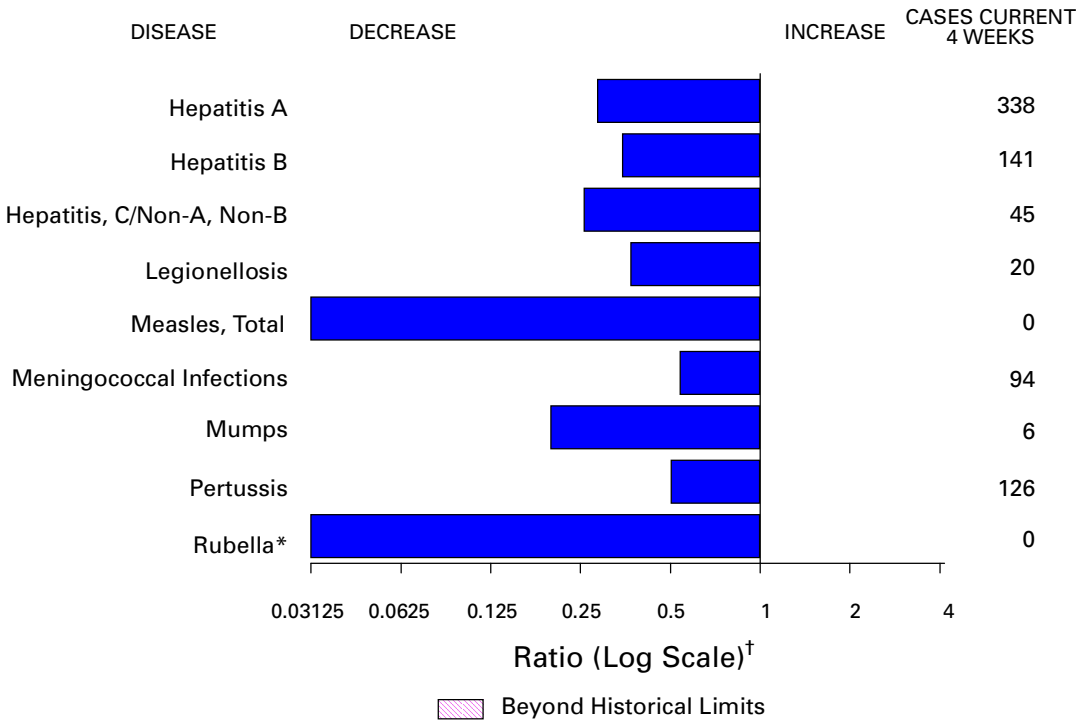
(Continued on page 91)

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending January 29, 2000, with historical data — United States



*No rubella cases were reported for the current 4-week period, yielding a ratio for week 3 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 — provisional cases of selected notifiable diseases, United States, cumulative, week ending January 29, 2000 (4th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*§	-
Brucellosis*	2	Plague	-
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	-	Psittacosis*	-
Cyclosporiasis*	1	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	9
Encephalitis: California* serogroup viral	-	Streptococcal disease, invasive Group A	149
eastern equine*	-	Streptococcal toxic-shock syndrome*	4
St. Louis*	-	Syphilis, congenital¶	-
western equine*	-	Tetanus	-
Ehrlichiosis human granulocytic (HGE)*	-	Toxic-shock syndrome	6
human monocytic (HME)*	1	Trichinosis	-
Hansen Disease*	1	Typhoid fever	18
Hantavirus pulmonary syndrome*†	-	Yellow fever	-
Hemolytic uremic syndrome, post-diarrheal*	4		

-:no reported cases
*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 from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update December 26, 1999.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	AIDS		Chlamydia[§]		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000[†]	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	-	3,075	19,566	52,793	37	61	51	80	29	69
NEW ENGLAND	-	156	1,216	1,568	2	2	10	13	8	16
Maine	-	3	112	17	1	-	-	1	-	-
N.H.	-	3	55	92	-	-	3	-	3	1
Vt.	-	-	45	27	1	1	-	-	-	-
Mass.	-	122	754	677	-	1	2	11	1	7
R.I.	-	9	-	161	-	-	-	-	-	-
Conn.	-	19	250	594	-	-	5	1	4	8
MID. ATLANTIC	-	486	419	5,243	2	8	1	3	-	-
Upstate N.Y.	-	18	N	N	2	1	1	2	-	-
N.Y. City	-	236	-	2,725	-	6	-	-	-	-
N.J.	-	158	45	877	-	-	-	1	-	-
Pa.	-	74	374	1,641	-	1	N	N	-	-
E.N. CENTRAL	-	177	4,450	8,916	5	15	11	20	3	10
Ohio	-	37	516	3,273	4	3	3	13	1	3
Ind.	-	25	229	781	-	-	-	3	-	3
Ill.	-	77	1,427	2,026	-	2	5	1	-	2
Mich.	-	22	1,664	1,844	1	1	3	3	1	1
Wis.	-	16	614	992	-	9	N	N	1	1
W.N. CENTRAL	-	114	1,136	2,928	1	4	5	14	10	11
Minn.	-	22	200	648	-	1	-	4	3	7
Iowa	-	4	32	82	-	-	1	4	-	2
Mo.	-	73	585	1,161	1	2	4	1	5	1
N. Dak.	-	-	-	69	-	-	-	-	-	-
S. Dak.	-	-	112	185	-	-	-	-	-	-
Nebr.	-	5	13	321	-	-	-	2	1	1
Kans.	-	10	194	462	-	1	-	3	1	-
S. ATLANTIC	-	845	3,841	11,245	2	2	5	8	2	7
Del.	-	13	223	217	-	-	-	-	-	-
Md.	-	81	249	1,106	-	1	1	1	1	-
D.C.	-	8	138	N	-	1	-	-	U	U
Va.	-	54	481	1,059	-	-	1	2	-	2
W. Va.	-	10	-	161	-	-	-	-	1	1
N.C.	-	68	1,329	1,704	-	-	2	2	-	2
S.C.	-	56	135	2,498	-	-	-	1	-	1
Ga.	-	110	331	2,249	-	-	-	-	U	U
Fla.	-	445	955	2,251	2	-	1	2	-	1
E.S. CENTRAL	-	155	954	2,496	-	1	3	8	-	3
Ky.	-	15	498	485	-	1	1	2	U	U
Tenn.	-	62	-	1,039	-	-	2	3	-	2
Ala.	-	30	430	736	-	-	-	1	-	1
Miss.	-	48	26	236	-	-	-	2	-	-
W.S. CENTRAL	-	530	1,670	6,669	1	2	2	-	3	5
Ark.	-	19	194	304	1	-	2	-	-	2
La.	-	26	-	1,427	-	-	-	-	3	1
Okla.	-	6	366	695	-	-	-	-	-	-
Tex.	-	479	1,110	4,243	-	2	-	-	-	2
MOUNTAIN	-	45	1,243	2,786	5	7	7	5	2	4
Mont.	-	-	-	60	-	-	5	-	-	-
Idaho	-	4	64	124	1	1	-	-	-	-
Wyo.	-	-	60	51	-	-	1	1	-	1
Colo.	-	26	196	636	-	-	-	2	1	1
N. Mex.	-	4	12	451	-	3	-	-	-	-
Ariz.	-	4	533	1,088	2	3	-	1	1	-
Utah	-	4	265	128	N	N	-	1	-	2
Nev.	-	3	113	248	-	-	1	-	-	-
PACIFIC	-	567	4,637	10,942	19	20	7	9	1	13
Wash.	-	28	947	1,004	N	N	1	-	1	3
Oreg.	-	15	269	373	1	2	-	5	-	5
Calif.	-	509	3,284	9,184	18	18	6	4	-	5
Alaska	-	5	137	142	-	-	-	-	-	-
Hawaii	-	10	-	239	-	-	-	-	-	-
Guam	-	1	-	35	-	-	N	N	U	U
P.R.	-	92	113	U	-	-	-	1	U	U
V.I.	-	-	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	U	-	U	U	U

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

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

[†]Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update December 26, 1999.

[§]Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	Gonorrhea		Hepatitis C/NA,NB		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	10,328	28,953	81	217	24	48	35	283
NEW ENGLAND	376	543	-	1	2	3	13	30
Maine	6	1	-	-	2	-	-	-
N.H.	6	2	-	-	-	1	7	-
Vt.	1	4	-	-	-	1	-	-
Mass.	238	218	-	1	-	1	6	30
R.I.	-	45	-	-	-	-	-	-
Conn.	125	273	-	-	-	-	-	-
MID. ATLANTIC	417	3,032	-	4	-	11	7	181
Upstate N.Y.	134	208	-	-	-	-	6	6
N.Y. City	-	1,353	-	-	-	4	-	9
N.J.	21	645	-	-	-	2	-	75
Pa.	262	826	-	4	-	5	1	91
E.N. CENTRAL	2,683	5,337	24	142	8	20	-	9
Ohio	207	1,325	-	-	7	5	-	4
Ind.	168	506	-	-	-	1	-	-
Ill.	700	1,576	1	-	-	3	-	-
Mich.	1,239	1,418	23	47	1	7	-	-
Wis.	369	512	-	95	-	4	U	5
W.N. CENTRAL	508	1,459	6	15	1	-	-	3
Minn.	89	247	-	-	-	-	-	-
Iowa	13	25	-	-	-	-	-	-
Mo.	309	843	6	15	1	-	-	1
N. Dak.	-	6	-	-	-	-	-	1
S. Dak.	8	20	-	-	-	-	-	-
Nebr.	1	146	-	-	-	-	-	-
Kans.	88	172	-	-	-	-	-	1
S. ATLANTIC	3,346	8,957	3	18	7	4	11	45
Del.	115	128	-	-	-	1	-	2
Md.	146	1,512	-	15	5	-	9	35
D.C.	159	236	-	-	-	-	-	1
Va.	572	1,061	-	-	-	1	-	-
W. Va.	-	65	-	1	N	N	-	-
N.C.	1,308	1,619	3	1	1	2	2	7
S.C.	110	1,371	-	1	1	-	-	-
Ga.	209	1,233	-	-	-	-	-	-
Fla.	727	1,732	-	-	-	-	-	-
E.S. CENTRAL	638	2,325	24	10	-	3	-	8
Ky.	242	298	1	-	-	2	-	-
Tenn.	-	878	2	6	-	1	-	2
Ala.	376	843	3	1	-	-	-	3
Miss.	20	306	18	3	-	-	-	3
W.S. CENTRAL	945	4,102	-	1	-	-	-	-
Ark.	137	144	-	-	-	-	-	-
La.	-	1,206	-	1	-	-	-	-
Okla.	181	415	-	-	-	-	-	-
Tex.	627	2,337	-	-	-	-	-	-
MOUNTAIN	519	776	11	15	2	4	-	-
Mont.	-	1	-	-	-	-	-	-
Idaho	4	8	-	3	1	-	-	-
Wyo.	4	2	9	6	-	-	-	-
Colo.	227	94	-	1	-	1	-	-
N. Mex.	1	104	1	5	-	1	-	-
Ariz.	191	452	1	-	-	-	-	-
Utah	42	13	-	-	1	2	-	-
Nev.	50	102	-	-	-	-	-	-
PACIFIC	896	2,422	13	11	4	3	4	7
Wash.	198	185	1	1	-	-	-	-
Oreg.	17	70	4	-	N	N	1	-
Calif.	661	2,098	8	10	4	3	3	7
Alaska	20	26	-	-	-	-	-	-
Hawaii	-	43	-	-	-	-	N	N
Guam	-	8	-	-	-	-	-	-
P.R.	28	18	-	-	-	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

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

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	29	81	173	275	1,036	1,694	313	1,931
NEW ENGLAND	-	2	25	48	67	92	43	114
Maine	-	-	3	4	4	7	-	5
N.H.	-	-	-	-	8	-	2	4
Vt.	-	-	2	9	1	4	-	7
Mass.	-	2	14	18	42	63	27	61
R.I.	-	-	-	5	-	2	1	12
Conn.	-	-	6	12	12	16	13	25
MID. ATLANTIC	2	27	37	51	48	258	4	236
Upstate N.Y.	1	4	34	30	22	29	4	65
N.Y. City	1	12	U	U	23	81	-	98
N.J.	-	10	3	15	-	93	-	72
Pa.	-	1	-	6	3	55	-	1
E.N. CENTRAL	1	9	-	1	147	330	66	284
Ohio	1	1	-	-	69	79	28	50
Ind.	-	-	-	-	-	3	-	19
Ill.	-	4	-	-	51	100	-	102
Mich.	-	1	-	1	27	85	24	80
Wis.	-	3	-	-	-	63	14	33
W.N. CENTRAL	-	3	12	42	29	67	39	119
Minn.	-	-	9	6	1	12	20	36
Iowa	-	1	2	5	9	10	-	16
Mo.	-	2	1	2	18	24	7	33
N. Dak.	-	-	-	6	-	-	1	3
S. Dak.	-	-	-	15	-	2	4	7
Nebr.	-	-	-	1	1	9	2	12
Kans.	-	-	-	7	-	10	5	12
S. ATLANTIC	10	18	80	93	186	277	36	346
Del.	-	-	-	3	7	5	-	7
Md.	5	7	17	26	45	57	16	44
D.C.	-	5	-	-	-	7	U	U
Va.	3	-	25	20	16	33	-	50
W. Va.	-	-	-	5	-	2	5	6
N.C.	2	1	21	26	63	86	-	80
S.C.	-	-	2	-	32	12	15	29
Ga.	-	2	-	-	-	27	-	92
Fla.	-	3	15	13	23	48	-	38
E.S. CENTRAL	1	-	-	4	63	139	-	78
Ky.	-	-	-	1	9	27	U	U
Tenn.	-	-	-	3	2	32	-	54
Ala.	1	-	-	-	32	35	-	21
Miss.	-	-	-	-	20	45	-	3
W.S. CENTRAL	-	2	-	7	8	52	25	220
Ark.	-	-	-	-	8	14	6	20
La.	-	1	-	-	-	1	18	39
Okla.	-	-	-	7	-	14	-	3
Tex.	-	1	-	-	-	23	1	158
MOUNTAIN	2	3	11	11	119	142	72	143
Mont.	-	1	5	1	4	1	-	-
Idaho	-	-	-	-	13	4	-	8
Wyo.	-	-	4	5	1	2	-	3
Colo.	1	-	-	1	4	37	10	36
N. Mex.	-	1	-	-	9	19	5	18
Ariz.	-	1	2	4	35	47	37	47
Utah	1	-	-	-	38	12	20	18
Nev.	-	-	-	-	15	20	-	13
PACIFIC	13	17	8	18	369	337	28	391
Wash.	-	1	-	-	5	2	2	52
Oreg.	1	2	-	-	23	15	24	33
Calif.	12	14	8	18	335	290	-	276
Alaska	-	-	-	-	6	5	2	3
Hawaii	-	-	-	-	-	25	-	27
Guam	-	-	-	-	-	8	U	U
P.R.	-	-	2	4	-	34	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

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

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS					
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999†
UNITED STATES	495	927	101	611	241	519	145	730
NEW ENGLAND	15	20	10	24	3	6	2	15
Maine	-	-	-	-	-	-	-	-
N.H.	1	2	-	3	-	-	-	-
Vt.	-	1	-	1	-	1	-	-
Mass.	14	16	9	16	3	3	2	4
R.I.	-	-	-	-	-	-	-	8
Conn.	-	1	1	4	-	2	-	3
MID. ATLANTIC	7	68	3	47	9	21	35	57
Upstate N.Y.	2	13	3	14	-	2	-	2
N.Y. City	5	19	-	17	6	10	18	12
N.J.	-	26	-	16	-	5	11	24
Pa.	-	10	-	-	3	4	6	19
E.N. CENTRAL	135	218	27	92	37	56	3	63
Ohio	13	82	-	7	8	7	3	20
Ind.	2	1	-	2	13	12	-	6
Ill.	48	78	-	76	10	33	-	36
Mich.	72	27	25	-	-	-	-	-
Wis.	-	30	2	7	6	4	-	1
W.N. CENTRAL	21	62	12	55	4	21	7	14
Minn.	4	9	6	11	-	-	6	8
Iowa	7	-	-	-	-	-	-	-
Mo.	10	43	4	38	4	19	1	4
N. Dak.	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	1
Nebr.	-	5	2	3	-	1	-	-
Kans.	-	5	-	3	-	1	-	1
S. ATLANTIC	35	89	2	29	130	208	28	58
Del.	-	3	-	1	1	1	-	2
Md.	5	8	2	1	9	37	-	7
D.C.	-	5	U	U	47	8	-	4
Va.	3	2	-	-	12	15	-	9
W. Va.	-	3	-	-	-	1	-	3
N.C.	6	23	-	8	36	56	1	12
S.C.	2	13	-	3	4	18	16	20
Ga.	-	6	-	6	7	44	11	-
Fla.	19	26	-	10	14	28	-	1
E.S. CENTRAL	26	134	1	85	13	101	20	36
Ky.	8	11	U	U	3	10	-	5
Tenn.	4	96	1	77	-	41	4	3
Ala.	3	13	-	8	10	33	16	25
Miss.	11	14	-	-	-	17	-	3
W.S. CENTRAL	3	96	12	210	18	70	1	135
Ark.	3	7	-	7	1	2	1	-
La.	-	2	10	14	-	17	-	U
Okla.	-	44	1	5	11	14	-	3
Tex.	-	43	1	184	6	37	-	132
MOUNTAIN	81	62	27	43	12	16	11	14
Mont.	-	1	-	-	-	-	-	-
Idaho	2	2	-	-	-	-	-	-
Wyo.	-	1	-	-	-	-	-	-
Colo.	2	15	7	14	1	-	-	U
N. Mex.	10	4	5	6	-	-	3	2
Ariz.	56	35	13	17	11	16	4	8
Utah	2	3	2	4	-	-	4	2
Nev.	9	1	-	2	-	-	-	2
PACIFIC	172	178	7	26	15	20	38	338
Wash.	3	1	2	13	2	-	15	5
Oreg.	27	5	5	7	-	1	-	8
Calif.	141	167	-	-	13	18	23	310
Alaska	1	-	-	-	-	-	-	4
Hawaii	-	5	-	6	-	1	-	11
Guam	-	1	U	U	-	-	-	-
P.R.	-	3	U	U	16	19	-	-
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

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

*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	*H. influenzae*, invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	45	66	477	983	225	334	-	1	-	-	1	9
NEW ENGLAND	5	2	6	13	5	12	-	-	-	-	-	-
Maine	-	-	1	1	1	-	-	-	-	-	-	-
N.H.	1	1	1	1	3	-	-	-	-	-	-	-
Vt.	1	-	1	-	1	-	-	-	-	-	-	-
Mass.	3	1	3	8	-	6	-	-	-	-	-	-
R.I.	-	-	-	-	-	-	U	-	U	-	-	-
Conn.	-	-	-	3	-	6	-	-	-	-	-	-
MID. ATLANTIC	4	10	7	74	20	48	-	-	-	-	-	-
Upstate N.Y.	4	4	3	4	3	4	-	-	-	-	-	-
N.Y. City	-	5	4	39	17	15	-	-	-	-	-	-
N.J.	-	1	-	15	-	8	U	-	U	-	-	-
Pa.	-	-	-	16	-	21	-	-	-	-	-	-
E.N. CENTRAL	9	6	91	248	37	44	-	1	-	-	1	-
Ohio	6	6	40	45	8	9	-	-	-	-	-	-
Ind.	-	-	-	2	-	-	-	-	-	-	-	-
Ill.	2	-	6	-	-	-	-	-	-	-	-	-
Mich.	1	-	45	198	29	32	-	1	-	-	1	-
Wis.	-	-	-	3	-	3	U	-	U	-	-	-
W.N. CENTRAL	1	4	45	60	9	22	-	-	-	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	1	3	1	-	1	-	-	-	-	-	-
Mo.	1	1	42	48	9	15	-	-	-	-	-	-
N. Dak.	-	-	-	-	-	-	U	-	U	-	-	-
S. Dak.	-	1	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	5	-	5	-	-	-	-	-	-
Kans.	-	1	-	6	-	1	U	-	U	-	-	-
S. ATLANTIC	12	16	37	77	25	43	-	-	-	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	5	13	7	35	6	22	-	-	-	-	-	-
D.C.	-	-	-	4	-	-	-	-	-	-	-	-
Va.	6	-	3	3	6	2	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-	-
N.C.	1	2	20	10	11	16	-	-	-	-	-	-
S.C.	-	-	1	-	1	2	-	-	-	-	-	-
Ga.	-	1	-	25	-	1	-	-	-	-	-	-
Fla.	-	-	6	-	1	-	U	-	U	-	-	-
E.S. CENTRAL	-	4	35	39	7	27	-	-	-	-	-	-
Ky.	-	1	1	5	-	2	-	-	-	-	-	-
Tenn.	-	2	-	9	-	10	-	-	-	-	-	-
Ala.	-	-	8	16	2	7	-	-	-	-	-	-
Miss.	-	1	26	9	5	8	-	-	-	-	-	-
W.S. CENTRAL	-	6	5	71	3	14	-	-	-	-	-	2
Ark.	-	-	5	3	3	2	-	-	-	-	-	-
La.	-	1	-	1	-	-	U	-	U	-	-	-
Okla.	-	4	-	33	-	6	-	-	-	-	-	-
Tex.	-	1	-	34	-	6	U	-	U	-	-	2
MOUNTAIN	12	10	43	118	16	40	-	-	-	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	3	1	2	4	-	-	-	-	-	-
Wyo.	-	1	-	1	-	-	-	-	-	-	-	-
Colo.	3	-	10	27	2	12	U	-	U	-	-	-
N. Mex.	2	3	7	4	11	12	-	-	-	-	-	-
Ariz.	6	5	11	67	-	3	-	-	-	-	-	-
Utah	1	1	7	7	-	3	-	-	-	-	-	-
Nev.	-	-	5	11	1	6	U	-	U	-	-	-
PACIFIC	2	8	208	283	103	84	-	-	-	-	-	7
Wash.	-	-	2	4	-	-	-	-	-	-	-	-
Oreg.	2	3	21	12	8	5	-	-	-	-	-	7
Calif.	-	4	185	265	94	78	-	-	-	-	-	-
Alaska	-	1	-	2	1	1	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	U	-	U	-	-	-
Guam	-	-	-	-	-	1	U	-	U	-	-	-
P.R.	-	-	-	4	-	10	-	-	-	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

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

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

†Of 12 cases among children aged <5 years, serotype was reported for 3 and of those, 0 were type b.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 29, 2000, and January 30, 1999 (4th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	138	137	4	7	21	48	182	277	-	-	-
NEW ENGLAND	6	15	-	-	3	4	33	45	-	-	-
Maine	1	2	-	-	-	-	-	-	-	-	-
N.H.	-	2	-	-	1	-	8	1	-	-	-
Vt.	1	1	-	-	-	-	18	5	-	-	-
Mass.	3	10	-	-	2	4	7	39	-	-	-
R.I.	-	-	U	-	-	U	-	-	U	-	-
Conn.	1	-	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	5	21	-	-	4	8	10	8	-	-	-
Upstate N.Y.	2	3	-	-	-	8	10	2	-	-	-
N.Y. City	2	8	-	-	2	-	-	4	-	-	-
N.J.	1	6	U	-	-	U	-	2	U	-	-
Pa.	-	4	-	-	2	-	-	-	-	-	-
E.N. CENTRAL	17	14	-	-	1	18	73	44	-	-	-
Ohio	6	10	-	-	-	18	72	36	-	-	-
Ind.	-	3	-	-	-	-	-	-	-	-	-
Ill.	4	-	-	-	1	-	-	3	-	-	-
Mich.	7	1	-	-	-	-	1	2	-	-	-
Wis.	-	-	U	-	-	U	-	3	U	-	-
W.N. CENTRAL	18	15	-	1	1	1	2	7	-	-	-
Minn.	-	-	-	-	-	1	1	-	-	-	-
Iowa	3	2	-	1	1	-	-	4	-	-	-
Mo.	15	7	-	-	-	-	1	-	-	-	-
N. Dak.	-	-	U	-	-	U	-	-	U	-	-
S. Dak.	-	3	-	-	-	-	-	1	-	-	-
Nebr.	-	1	-	-	-	-	-	-	-	-	-
Kans.	-	2	U	-	-	U	-	2	U	-	-
S. ATLANTIC	21	13	-	1	2	9	16	21	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-
Md.	3	6	-	-	-	1	3	12	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	5	1	-	-	-	-	1	1	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	7	3	-	-	1	-	4	7	-	-	-
S.C.	4	3	-	1	1	8	8	1	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-	-
Fla.	2	-	U	-	-	U	-	-	U	-	-
E.S. CENTRAL	3	14	-	-	-	-	5	8	-	-	-
Ky.	1	-	-	-	-	-	3	1	-	-	-
Tenn.	-	6	-	-	-	-	-	3	-	-	-
Ala.	2	5	-	-	-	-	2	4	-	-	-
Miss.	-	3	-	-	-	-	-	-	-	-	-
W.S. CENTRAL	1	6	-	-	2	-	1	7	-	-	-
Ark.	1	1	-	-	-	-	1	2	-	-	-
La.	-	2	U	-	-	U	-	-	U	-	-
Okla.	-	2	-	-	-	-	-	-	-	-	-
Tex.	-	1	U	-	2	U	-	5	U	-	-
MOUNTAIN	7	16	-	-	1	7	35	64	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-
Idaho	1	2	-	-	-	1	1	31	-	-	-
Wyo.	-	1	-	-	-	-	-	1	-	-	-
Colo.	-	4	U	-	-	U	17	12	U	-	-
N. Mex.	1	2	N	N	N	1	10	5	-	-	-
Ariz.	4	4	-	-	-	5	5	6	-	-	-
Utah	1	2	-	-	-	-	2	8	-	-	-
Nev.	-	1	U	-	1	U	-	1	U	-	-
PACIFIC	60	23	4	5	7	1	7	73	-	-	-
Wash.	4	3	-	-	-	-	1	1	-	-	-
Oreg.	12	6	N	N	N	1	4	2	-	-	-
Calif.	44	9	4	5	4	-	-	69	-	-	-
Alaska	-	3	-	-	-	-	2	-	-	-	-
Hawaii	-	2	U	-	3	U	-	1	U	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	-	-	-	-	-	-	-	-	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

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

TABLE IV. Deaths in 122 U.S. cities,* week ending January 29, 2000 (4th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	692	530	99	35	13	15	84
Boston, Mass.	159	118	22	10	3	6	18
Bridgeport, Conn.	37	31	5	1	-	-	6
Cambridge, Mass.	U	U	U	U	U	U	U
Fall River, Mass.	42	39	2	1	-	-	5
Hartford, Conn.	62	40	16	6	-	-	8
Lowell, Mass.	33	28	3	1	1	-	5
Lynn, Mass.	17	14	2	-	1	-	3
New Bedford, Mass.	37	32	2	2	-	1	2
New Haven, Conn.	48	36	5	1	4	2	5
Providence, R.I.	75	55	16	1	2	1	8
Somerville, Mass.	5	4	1	-	-	-	2
Springfield, Mass.	46	27	11	7	-	1	6
Waterbury, Conn.	56	46	7	3	-	-	6
Worcester, Mass.	75	60	7	2	2	4	10
MID. ATLANTIC	2,638	1,862	506	172	51	45	157
Albany, N.Y.	57	36	13	5	1	2	2
Allentown, Pa.	U	U	U	U	U	U	U
Buffalo, N.Y.	85	57	19	5	2	2	11
Camden, N.J.	33	22	6	3	1	1	1
Elizabeth, N.J.	25	22	3	-	-	-	-
Erie, Pa.	46	36	8	1	1	-	3
Jersey City, N.J.	56	41	10	3	1	1	-
New York City, N.Y.	1,497	1,054	298	95	28	20	46
Newark, N.J.	73	31	22	12	2	6	5
Paterson, N.J.	32	19	6	5	1	1	-
Philadelphia, Pa.	287	198	57	18	9	5	18
Pittsburgh, Pa.§	50	30	11	6	2	1	8
Reading, Pa.	32	27	3	2	-	-	4
Rochester, N.Y.	136	102	19	11	1	3	25
Schenectady, N.Y.	28	23	3	1	-	1	5
Scranton, Pa.	41	38	2	1	-	-	6
Syracuse, N.Y.	94	71	18	4	1	-	9
Trenton, N.J.	47	37	7	-	1	2	10
Utica, N.Y.	19	18	1	-	-	-	4
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,333	1,674	431	135	46	47	282
Akron, Ohio	63	49	11	2	-	1	17
Canton, Ohio	43	37	4	1	1	-	2
Chicago, Ill.	377	242	81	33	11	10	37
Cincinnati, Ohio	150	108	24	8	5	5	15
Cleveland, Ohio	189	121	42	13	4	9	15
Columbus, Ohio	266	182	53	19	8	4	32
Dayton, Ohio	142	124	11	6	1	-	19
Detroit, Mich.	212	137	50	14	5	6	28
Evansville, Ind.	62	51	9	-	2	-	2
Fort Wayne, Ind.	81	66	9	4	1	1	12
Gary, Ind.	15	10	3	2	-	-	2
Grand Rapids, Mich.	67	55	7	4	-	1	13
Indianapolis, Ind.	199	141	46	9	2	1	23
Lansing, Mich.	45	30	10	3	-	2	6
Milwaukee, Wis.	U	U	U	U	U	U	U
Peoria, Ill.	72	55	12	1	-	4	14
Rockford, Ill.	67	49	12	3	3	-	9
South Bend, Ind.	65	51	12	1	1	-	10
Toledo, Ohio	130	95	23	9	-	3	19
Youngstown, Ohio	88	71	12	3	2	-	7
W.N. CENTRAL	1,029	780	173	52	15	9	140
Des Moines, Iowa	74	56	13	5	-	-	13
Duluth, Minn.	34	22	8	3	1	-	6
Kansas City, Kans.	31	21	7	1	2	-	4
Kansas City, Mo.	117	88	21	4	2	2	14
Lincoln, Nebr.	60	49	9	2	-	-	7
Minneapolis, Minn.	208	164	27	11	3	3	37
Omaha, Nebr.	135	108	18	4	3	2	17
St. Louis, Mo.	121	85	28	5	1	2	-
St. Paul, Minn.	150	116	24	9	1	-	25
Wichita, Kans.	99	71	18	8	2	-	17

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,135	768	194	131	21	20	90
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	139	95	24	16	4	-	15
Charlotte, N.C.	109	80	18	8	-	3	20
Jacksonville, Fla.	193	131	34	24	3	1	15
Miami, Fla.	119	75	8	32	2	2	15
Norfolk, Va.	44	31	9	2	-	2	5
Richmond, Va.	45	25	16	2	1	1	3
Savannah, Ga.	U	U	U	U	U	U	U
St. Petersburg, Fla.	U	U	U	U	U	U	U
Tampa, Fla.	329	247	50	17	9	6	15
Washington, D.C.	129	74	31	16	2	5	2
Wilmington, Del.	28	10	4	14	-	-	-
E.S. CENTRAL	1,224	846	255	69	33	18	160
Birmingham, Ala.	306	216	60	14	9	5	40
Chattanooga, Tenn.	76	54	19	3	-	-	12
Knoxville, Tenn.	132	101	22	7	1	1	21
Lexington, Ky.	48	36	10	1	-	1	8
Memphis, Tenn.	296	182	77	22	9	6	29
Mobile, Ala.	172	133	23	9	6	1	28
Montgomery, Ala.	27	20	5	2	-	-	10
Nashville, Tenn.	167	104	39	11	8	4	12
W.S. CENTRAL	1,846	1,272	355	139	52	28	192
Austin, Tex.	84	53	20	6	3	2	9
Baton Rouge, La.	50	39	2	5	3	1	4
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	242	163	42	25	7	5	24
El Paso, Tex.	95	68	20	4	3	-	9
Ft. Worth, Tex.	132	98	27	5	1	1	18
Houston, Tex.	468	310	103	44	7	4	44
Little Rock, Ark.	75	49	16	4	4	2	7
New Orleans, La.	140	83	27	15	11	4	1
San Antonio, Tex.	305	218	59	15	9	4	37
Shreveport, La.	91	63	18	7	2	1	16
Tulsa, Okla.	164	128	21	9	2	4	23
MOUNTAIN	940	667	165	59	29	20	118
Albuquerque, N.M.	116	75	19	14	7	1	9
Boise, Idaho	56	44	10	1	1	-	7
Colo. Springs, Colo.	68	51	9	3	-	5	9
Denver, Colo.	116	77	25	8	4	2	17
Las Vegas, Nev.	U	U	U	U	U	U	U
Ogden, Utah	30	21	5	2	1	1	2
Phoenix, Ariz.	188	128	36	9	9	6	26
Pueblo, Colo.	32	22	8	2	-	-	4
Salt Lake City, Utah	140	99	22	8	6	5	19
Tucson, Ariz.	194	150	31	12	1	-	25
PACIFIC	1,872	1,332	347	127	28	35	240
Berkeley, Calif.	U	U	U	U	U	U	U
Fresno, Calif.	84	61	14	7	-	2	17
Glendale, Calif.	16	15	-	1	-	-	2
Honolulu, Hawaii	85	68	8	7	-	2	9
Long Beach, Calif.	101	76	16	6	-	3	16
Los Angeles, Calif.	365	241	74	30	8	12	23
Pasadena, Calif.	23	16	5	1	-	1	6
Portland, Oreg.	151	111	28	7	2	3	14
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	212	144	43	18	4	3	34
San Francisco, Calif.	157	109	31	11	3	2	22
San Jose, Calif.	309	226	49	21	8	5	53
Santa Cruz, Calif.	U	U	U	U	U	U	U
Seattle, Wash.	193	134	46	10	1	2	23
Spokane, Wash.	73	58	14	1	-	-	11
Tacoma, Wash.	103	73	19	7	2	-	10
TOTAL	13,709¶	9,731	2,525	919	288	237	1,463

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 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 this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

Risk Factors — Continued

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Notice to Readers

National Child Passenger Safety Week — February 13–19, 2000

In 1998, 1772 children aged <15 years were killed and 274,000 were injured while riding in motor vehicles in the United States (*1*). National Child Passenger Safety Week, February 13–19, 2000, will highlight efforts to improve the safety of children riding in motor vehicles, especially the importance of booster seats for proper restraint of children aged 4–8 years who have outgrown their forward-facing safety seat (*2*).

Information about National Child Passenger Safety Week activities and child passenger safety is available from the National Highway Traffic Safety Administration (NHTSA), Office of Communications and Outreach, 400 Seventh St., SW, NTS-21, Washington, DC 20590, fax (202) 493-2062, or NHTSA World-Wide Web site http://www.nhtsa.dot.gov*; and at CDC's site, http://www.cdc.gov/ncipc.

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*References to sites of non-CDC organizations on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

Clarification: Vol. 49, No. 1

In "HIV/AIDS Among Racial/Ethnic Minority Men Who Have Sex with Men—United States, 1989–1998," the sentence in the section entitled "Trends in AIDS Incidence and Deaths Among MSM with AIDS" that reads, "In 1989, racial/ethnic minority MSM accounted for 24,444 (31%) AIDS cases among MSM, and by 1998, racial/ethnic minority MSM accounted for 18,153 (52%) AIDS cases among MSM" is unclear. A less ambiguous statement is "In 1989, racial/ethnic minority MSM accounted for 7609 (31%) of 24,444 AIDS cases among MSM, and by 1998, racial/ethnic minority MSM accounted for 9429 (52%) of 18,153 AIDS cases among MSM."

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