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WEEKLY REPORT

Update: Newborn Screening for Sickle Cell Disease — California, Illinois, and New York, 1998

Sickle cell disease (SCD) is a common single-gene disorder that affects three of every 1000 black newborns and approximately 50,000 persons in the United States (*1*). Children affected with SCD are at increased risk for severe morbidity (e.g., severe hemolytic anemia, splenic dysfunction, pain crises, and bacterial infections) and mortality, especially during the first 3 years of life (*1,2*). In 1993, California, Illinois, and New York collectively accounted for approximately 20% of all births to blacks. All three states offer universal newborn screening for hemoglobinopathies. To assess the effectiveness of newborn screening programs for SCD and for receipt of and compliance with early medical interventions (e.g., penicillin prophylaxis and pneumococcal vaccination and other vaccination patterns), a 3-year collaborative follow-up study was conducted from 1995 through 1998 in California, Illinois, and New York (*3*). This report summarizes the results of this study, which demonstrate the difficulty in retrospectively finding children who were screened at birth so that data for evaluating program effectiveness can be assessed.

The study comprised children born in 1992 and 1993 and in whom SCD was diagnosed during 1992–1993. Follow-up information about these children was ascertained through complementary surveys administered to parents and physicians of affected children. State health departments administered physician surveys, which were mailed to the child's last known provider. Parental surveys were administered by Battelle/Survey Research Associates, Inc., which conducted telephone interviews and, along with the respective health departments, made repeated attempts to locate the children.

During 1992–1993, SCD was diagnosed in 1042 children in California (265 cases), Illinois (254), and New York (523). Fourteen children (six in California, three in Illinois, and five in New York) died before the study began. Completed physician surveys were returned for 752 (72%) of the children (144 in California, 254 in Illinois, and 354 in New York). Parental surveys were completed for 252 (24%) children (87 in California, 52 in Illinois, and 113 in New York). When data from both surveys were merged, physician and parental surveys were completed for 184 (18%) children.

Among physician respondents, 575 (76%) reported providing antibiotic (penicillin) prophylaxis to their SCD patients; 253 (44%) patients complied with the prophylaxis antibiotic regimen. One hundred eighty-nine (25%) patients received pneumococcal vaccine, and 179 (24%) received at least the first dose of *Haemophilus influenzae* type b vaccine (Hib).

Sickle Cell Disease — Continued

Among parental respondents, 111 (44%) were informed of SCD services available for their children, and 68 (27%) had used these services. Parents reported that 234 (93%) of their children with SCD regularly received penicillin prophylaxis; 189 (75%) received pneumococcal vaccine, and 164 (65%) received a full series of Hib.

Merged results from physician and parental surveys provided discrepant results regarding provision of and compliance with standard medical interventions for children with SCD. Although provision of penicillin prophylaxis was high in both surveys, physician-reported compliance for their patients' medical intervention was low.

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Editorial Note: Evaluations of pediatric outcomes after newborn screening are important to ensure provision and receipt of necessary services and to target high-risk groups for public health interventions. Data to assess program goals are incomplete for most disorders identified by newborn screening. The findings in this report demonstrate the difficulties in finding and contacting families retrospectively and the need for ongoing, prospective collection of follow-up information to identify gaps in delivering proper medical services and interventions.

In 1972, Congress passed the National Sickle Cell Anemia Control Act, and the first state newborn screening program for SCD was implemented in 1975*. However, states did not widely adopt newborn screening for SCD until 1986, when results of a randomized trial demonstrated that oral penicillin significantly reduced SCD-related morbidity and mortality in children (*4*). Results of this trial and statements from key organizations (*5–7*) resulted in adoption of newborn screening. In 2000, most states screen newborns for SCD (*8*).

To reduce SCD-related morbidity and mortality, neonatal screening programs must be conducted as part of a comprehensive medical-care program (*2,5–7,9*). Newborn screening programs identify children with SCD to allow early medical interventions, thereby preventing development of SCD-related complications and reducing morbidity and mortality. Standard preventive interventions for SCD include routine infant vaccination (e.g., pneumococcal vaccination) and prophylactic administration of penicillin (*2,5–7,9*).

The findings in this report are subject to at least three limitations. First, because of the poor contact rate, especially for parental surveys, results of this analysis are limited in generalizability and reflect the difficulty of ascertaining retrospective follow-up. Second, discrepant compliance rates should be interpreted with caution. The high compliance rate reported by parents was derived from a selected population (e.g., parents who were contacted successfully). However, the low compliance rate recorded by providers needs further investigation to ensure that they followed the children past age 2 years when the interventions actually were administered. Finally, ascertaining information retrospectively introduces possible recall bias.

A model program that allows program evaluation is the Cystic Fibrosis Foundation (CFF) Patient Registry, in which children diagnosed with cystic fibrosis are registered at health-care centers nationwide. The CFF Patient Registry prospectively collects annual

*National Sickle Cell Anemia Control Act of 1972 (Public law no. 92-294).

Sickle Cell Disease — Continued

epidemiologic, clinical, and laboratory data that can be used readily to assess the effectiveness of interventions and cystic fibrosis programs. SCD and other disorders identified by newborn screening would benefit from prospective evaluations of data related to morbidity, mortality, and receipt of preventive services. As the role of public health genetics programs expands beyond newborn screening, these types of long-term outcome data will be essential for developing effective programs and policies.

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Progress Toward Global Dracunculiasis Eradication, June 2000

In 1986, an estimated 3 million persons were infected with dracunculiasis (Guinea worm disease) and another 120 million were at risk for infection (*1*). That year and in 1991, the World Health Assembly called for the eradication of dracunculiasis (*2,3*), and as a result of the implementation of the Dracunculiasis Eradication Program (DEP)*, the annual incidence was reduced by approximately 95% by 1995 (*4*). This report updates the status of the eradication program as of June 2000, which indicates that dracunculiasis has been eliminated from seven of 20 countries where it was endemic in 1995; however, in parts of Africa, particularly Sudan, dracunculiasis remains a serious public health problem.

For surveillance purposes, village-based health workers search for infected persons in each village with endemic disease and complete a register that provides the basis for monthly zonal, district, and national surveillance reports (*5*). During 1999, dracunculiasis was endemic in 13 countries in Africa†. These countries reported 96,293 cases in 10,914

*Program partners include The Carter Center, CDC, United Nations Children's Fund (UNICEF), the World Health Organization (WHO), ministries of health in countries where dracunculiasis is endemic, private industry, and many other donors, including the Bill and Melinda Gates Foundation.

† Benin, Burkina Faso, Central African Republic, Cote d'Ivoire, Ethiopia, Ghana, Niger, Nigeria, Mali, Mauritania, Sudan, Togo, and Uganda.

Dracunculiasis Eradication — Continued

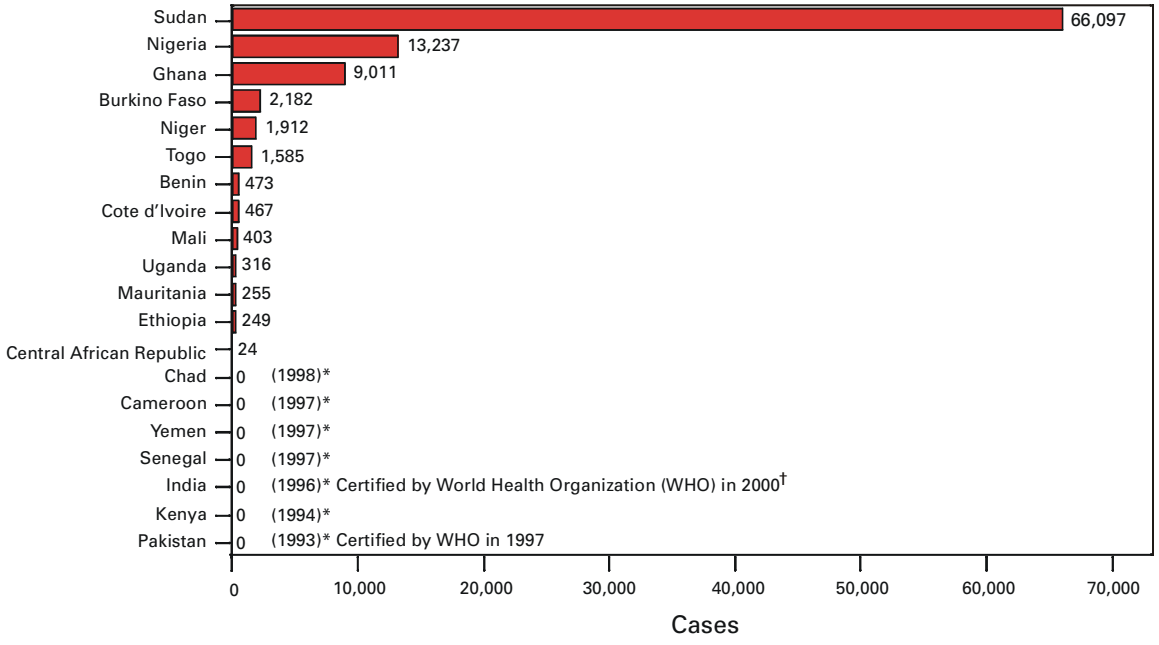
villages. Of the total number of cases, Sudan reported 66,097 (69%) cases in 7271 villages; 2606 of the known villages with endemic disease in Sudan were not accessible to program surveillance. Outside Sudan, 93% of 3068 villages reported monthly; in Sudan, 44% of 4892 accessible villages reported monthly. Outside Sudan, 20% of all villages with endemic disease reported 1 case each. Seven of the 13 countries with endemic disease reported <500 cases each in 1999 (Figure 1).

During January–June 2000, the number of cases reported by all countries except Sudan was 12,097, 18% less than the 14,828 cases reported during the same period in 1999. The rate of reduction in all countries outside of Sudan was 35% except in Ghana, which reported a slight increase in cases during the first half of 2000. Niger reported 59% fewer cases during January–June 2000. Benin, Cote d'Ivoire, Ethiopia, Mali, Mauritania, and Uganda have reduced the number of cases by an average of 55% during January–June 2000. Nigeria reported 35% fewer cases during January–June 2000 than during the same period in 1999.

All programs attempt to control the spread of disease using case containment (i.e., patients were not allowed to contaminate water and transmit infection) aimed at detecting cases within 24 hours of emergence of the worm and instituting prevention measures immediately. Approximately 62% of the case-patients reported outside of Sudan during 1999 were contained; 68% were contained during January–June 2000. The long-standing civil war in Sudan is the primary reason for the high rate of dracunculiasis in the southern part of that country; however, the 10 northern states of Sudan have reported 66% fewer cases during the first 6 months of 2000 compared with the same period last year (21 versus 61 cases); 16 (76%) of the 21 cases were contained.

Reported by: Global 2000, The Carter Center, Atlanta, Georgia. World Health Organization Collaborating Center for Research, Training, and Eradication of Dracunculiasis. Div of Parasitic Diseases, National Center for Infectious Diseases, CDC.

FIGURE 1. Number of dracunculiasis cases, by country, 1999



*Year last indigenous case reported.
† Certification granted after ≥3 years without transmission.

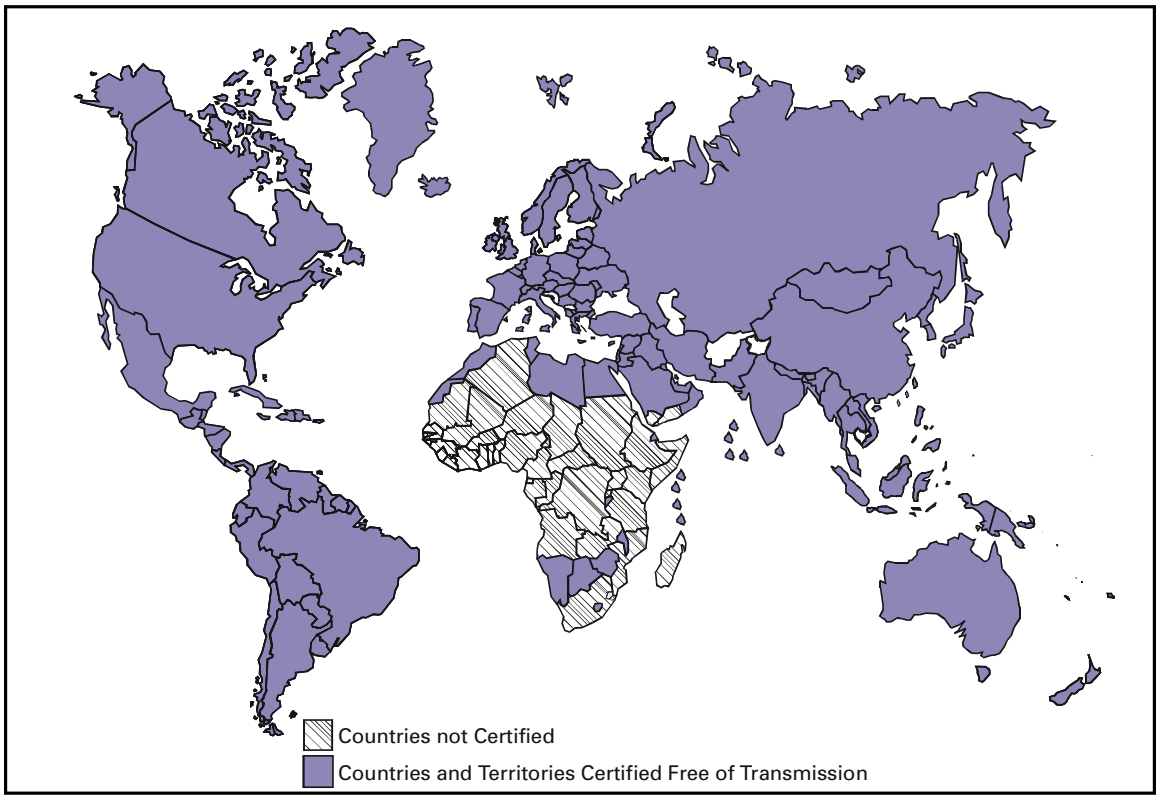
Dracunculiasis Eradication — Continued

Editorial Note: Dracunculiasis is a parasitic infection acquired by drinking water from ponds contaminated by copepods (water fleas) that contain immature forms of the parasite. A year after entering the infected person, the 40-inch (1 meter) worm(s) emerge, usually on the lower limbs through skin wounds that frequently become contaminated secondarily. Reinfection can occur if the person again drinks contaminated water. No effective treatment exists; however, two countries in which dracunculiasis was endemic at the beginning of the program (Pakistan and India) have been certified by the World Health Organization (WHO) to have interrupted transmission. WHO also has certified the absence of transmission from almost all countries outside Africa (Figure 2) (*6*). All countries with endemic disease are required to submit a report to the International Commission for the Certification of Dracunculiasis Eradication, documenting the absence of indigenous cases of the disease for at least 3 consecutive years to be recommended for certification.

Most eradication programs have begun listing villages with endemic disease in descending order of number of cases reported to help monitor the status of interventions. Nylon filters have been distributed to all households in 47% of villages with known endemic disease, including 67% outside Sudan. The larvicide Abate®[§] (temephos) (American Home Products, Princeton, New Jersey) is being used in approximately 35% of villages with endemic disease outside Sudan, and 43% of villages with endemic

[§] Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

FIGURE 2. Countries and territories certified free of dracunculiasis transmission and countries not certified free by the World Health Organization, May 2000



Dracunculiasis Eradication — Continued

TABLE 1. Number of months of surveillance during 2000, villages reporting ≥1 cases of endemic dracunculiasis during 1999 or 2000, percentage of villages reporting monthly, status of interventions, and percentage reduction in cases, by country, January–June 1999 and 2000

Country	No. months surveillance Jan–Jun 2000	Villages reporting ≥1 case 1999 or 2000	% villages reporting monthly	% Endemic villages with filters in 100% of households	% Endemic villages with ≥1 source of safe drinking water	% Endemic villages with ponds treated with Abate®*	% Change in no. reported cases Jan–Jun 1999, 2000†
Sudan§	6	3824	26%	31%	61%	1%	–78%
Nigeria	6	1517	100%	71%	46%	28%	–35%
Ghana	6	1242	99%	53%	27%	25%	14%
Burkina Faso	4	198	NR¶	NR	NR	NR	5%
Niger	6	170	100%	52%	74%	63%	–59%
Togo	6	171	99%	54%	34%	75%	–8%
Benin	6	159	91%	100%	60%	47%	–33%
Mali	6	114	68%	100%	59%	11%	–72%
Uganda	6	122	100%	100%	65%	96%	–78%
Cote d'Ivoire	6	101	100%	NR	85%	95%	–31%
Mauritania	6	41	100%	100%	NR	32%	–50%
Ethiopia	6	38	100%	95%	45%	26%	–68%
Central African Republic	6	15	NR	0	NR	0	14%
Total		**7712**	**50%**	**47%**	**53%**	**21%**	**–52%**
Total (excluding Sudan)		**3888**	**98%**	**67%**	**43%**	**35%**	**–18%**

* Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.
† Imported cases are excluded.
§ As of May 2000, 2606 (36%) of 7211 known villages endemic with disease in Sudan were not accessible to the program. The percentages shown are based on the 4605 villages endemic with disease accessible to the program.
¶ Not reported.

disease outside Sudan have access to at least one source of safe drinking water (Table 1). Health education and community mobilization activities (e.g., radio announcements; posters; town criers; and talks by religious, political, and traditional leaders) aimed at persons in villages endemic with disease or at high risk for disease have been intensified.

The current goal of DEP is to eliminate transmission in all remaining countries with endemic disease outside Sudan by 2001. An estimated 3 to 4 years of intense activities will be required to halt dracunculiasis transmission after a peace agreement is signed in Sudan. To attain these targets, ministries of health in the remaining countries with endemic disease must make dracunculiasis eradication a top national, regional, and local public health priority. The infection can be prevented by teaching at-risk persons to filter their drinking water through a finely woven cloth, to avoid entering sources of water when worms are emerging, by treating water sources with Abate to kill copepods, or by providing clean drinking water from sources such as borehole wells. Each national program needs to intensify supervision and motivation of village-based health workers, extend and diversify efforts to educate and mobilize villagers in communities with endemic disease, advocate for provision of safe water sources to villages with endemic disease, monitor the status of all interventions, and ensure that active surveillance is maintained in all communities with endemic disease and in areas at risk for dracunculiasis.

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Dracunculiasis Eradication — Continued

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Public Health Dispatch

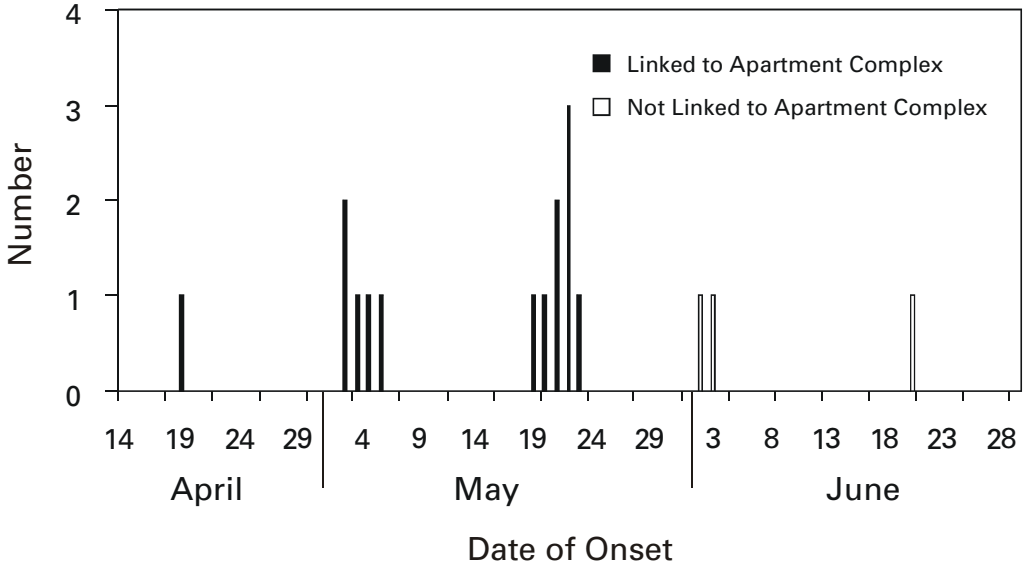
Varicella Outbreaks Among Mexican Adults — Alabama, 2000

On May 19, 2000, a physician in southern Alabama reported seven cases of varicella to the Alabama Department of Public Health (ADPH). All the cases were in previously healthy young adults living in an apartment complex in town A and working in a poultry processing plant in nearby town B. On May 24, ADPH invited CDC to assist in outbreak investigation and control. This report summarizes the investigation.

Investigators identified 18 varicella cases among persons with illness onset during April 1–June 22; 14 patients resided in the same apartment complex (Figure 1). Of the 18 cases, 17 were confirmed* and one was probable. Two patients developed severe

*A confirmed case was one that was laboratory-confirmed or that met the clinical case definition and was linked epidemiologically to a confirmed or to a probable case (*1*).

FIGURE 1. Number of varicella cases linked and not linked to the apartment complex, by date of rash onset* — Alabama, April 1–June 22, 2000



*The date in April of rash onset for one case not linked to the apartment complex is unknown.

Varicella — Continued

complications (pneumonia and ataxia with postviral sensory neuritis) and were hospitalized. All the patients were born in Mexico. The median age was 22 years (range: 18–28 years), and 17 were men.

On May 31, ADPH initiated control measures at the apartment complex and poultry processing plant. To increase community awareness, ADPH distributed flyers in English and Spanish and gave press releases to the local news media. In the apartment complex, ADPH vaccinated susceptible persons on the basis of disease history and performed serology to identify those who would need a second dose of vaccine. At the plant, ADPH offered serologic testing to all workers and vaccinated persons with a negative varicella IgG.

On June 22, a second cluster of seven varicella cases was identified among adults born in Mexico who worked at a sawmill in another Alabama county. The two outbreaks could not be linked.

Varicella outbreaks among adults are less common than among children. Because the potential for serious disease is higher in adults, state and local health departments should be alert to these outbreaks. In addition, the susceptibility among adults from certain regions in Mexico is higher than in U.S.-born adults (*2*). Outbreaks associated with severe complications or among adults and adolescents should be investigated and controlled (*1*). During varicella outbreaks, infected patients should be isolated at home; varicella vaccine is recommended for exposed persons (*3*). Depending on urgency, vaccination can be offered on the basis of a negative or uncertain disease history and/or a negative serologic test. Because most adults with a negative or uncertain varicella history are immune to varicella when tested, serologic testing may decrease the number of vaccine doses needed for outbreak control (*4*).

Virus isolation from vesicular fluid, a swab from the base of a skin lesion, or from saliva can assist in confirming an outbreak. Exposed persons who are at high risk for severe disease, including susceptible pregnant women, should receive varicella zoster immune globulin (VZIG) within 96 hours of varicella exposure (*1*). Managing varicella in adults includes the routine administration of acyclovir. The optimal strategy for varicella control is to prevent outbreaks by implementing existing policy recommendations. The Advisory Committee on Immunization Practices recommends vaccinating susceptible adults, especially those at high risk for exposure or transmission (*3*).

Reported by: C Woernle, MD, G Higginbotham, R Judy, Alabama Dept of Public Health. E Gordon, DO; National Varicella-zoster Virus Laboratory, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Child Vaccine Preventable Diseases Br, Epidemiology and Surveillance Div, National Immunization Program, CDC.

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Notice to Readers

Workshop on Vaccine Communication

The National Vaccine Advisory Committee, the Inter-Agency Vaccine Communications Group, and the National Vaccine Program Office will co-sponsor a *Workshop on Vaccine Communication*, October 5–6, 2000, in Arlington, Virginia. The purpose of the workshop is to identify key issues, forces, and trends that influence and shape perceptions about vaccines; determine how to establish more meaningful discussions regarding issues of concern; define options for establishing more effective mechanisms for communicating vaccine benefits and risks; and examine and discuss the effectiveness, purpose, methods, and timing of current vaccine communications.

This workshop should be of interest to persons working in the vaccine and immunization field including health communication and public affairs specialists, public and private sector health-care providers, parent and consumer groups, vaccine manufacturers, and immunization program managers and directors. Additional information is available from the National Vaccine Program Office, telephone (404) 687-6672 or from the World-Wide Web, http://www.cdc.gov/od/nvpo/calendar.htm.

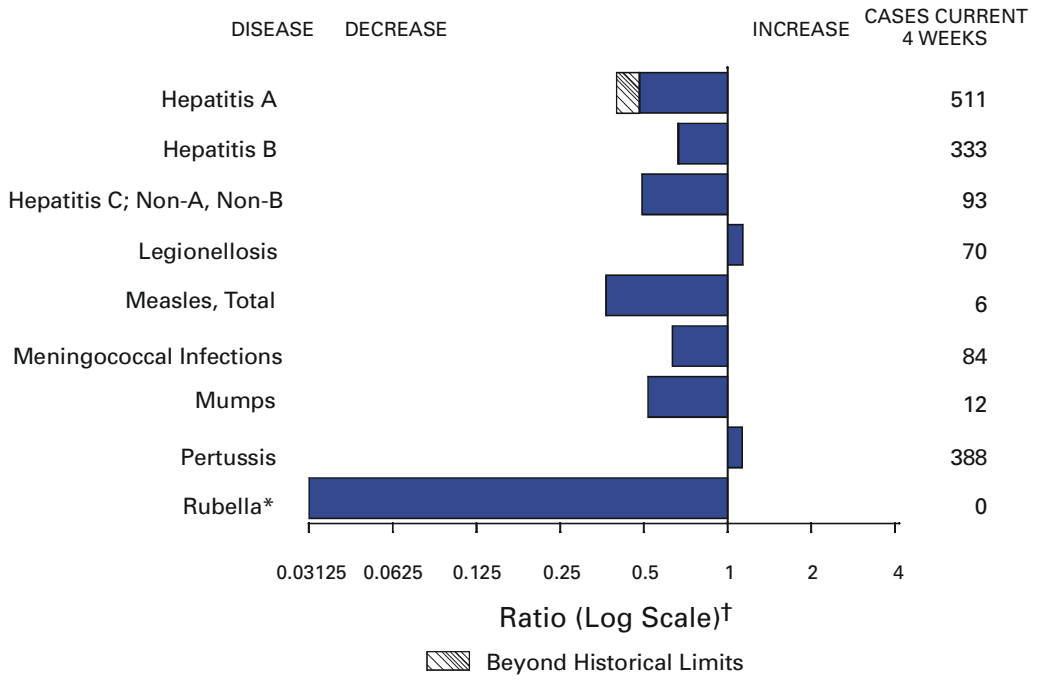
Erratum: Vol. 49, No. 30

An error was made in the article "Missed Opportunities for Prevention of Tuberculosis Among Persons With HIV Infection — Selected Locations, United States, 1996–1997," in the first paragraph on page 685. It should read, "The risk for *active TB* is increased greatly if the close contact is infected with the human immunodeficiency virus (HIV) (*1,2*)."

Erratum: Vol. 48, No. RR-1

In the *MMWR Recommendations and Reports*, "Human Rabies Prevention—United States, 1999," on page 2 , Table 1, under the "Manufacturer" column, the telephone number for BioPort Corporation should be *(517) 327-1500*.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 12, 2000, with historical data



*No Rubella cases were reported for the current 4-week period, yielding a ratio for week 32 of zero (0).

† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 12, 2000 (32nd Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*§	127
Brucellosis*	36	Plague	5
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	4	Psittacosis*	8
Cyclosporiasis*	24	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	218
Encephalitis: California serogroup viral*	15	Streptococcal disease, invasive, group A	1,882
eastern equine*	-	Streptococcal toxic-shock syndrome*	60
St. Louis*	-	Syphilis, congenital¶	85
western equine*	-	Tetanus	17
Ehrlichiosis human granulocytic (HGE)*	99	Toxic-shock syndrome	99
human monocytic (HME)*	34	Trichinosis	4
Hansen disease (leprosy)*	38	Typhoid fever	191
Hantavirus pulmonary syndrome*†	17	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	79		

-: 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 July 30, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 12, 2000, and August 14, 1999 (32nd 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	23,669	26,225	380,958	401,566	852	1,208	2,105	1,501	1,259	1,417
NEW ENGLAND	1,335	1,282	13,240	13,052	44	74	221	223	197	223
Maine	20	44	836	684	10	16	14	17	16	-
N.H.	22	33	632	602	8	7	20	20	18	23
Vt.	11	6	324	294	14	14	23	19	17	11
Mass.	852	826	5,944	5,576	10	31	97	103	89	111
R.I.	55	70	1,479	1,421	2	-	11	17	10	18
Conn.	375	303	4,025	4,475	-	6	56	47	47	60
MID. ATLANTIC	5,487	6,723	33,234	41,206	83	233	205	120	106	62
Upstate N.Y.	572	846	N	N	53	76	152	79	38	-
N.Y. City	2,971	3,589	13,885	17,199	7	130	7	10	7	11
N.J.	1,116	1,261	4,817	7,538	3	16	46	31	31	46
Pa.	828	1,027	14,532	16,469	20	11	N	N	30	5
E.N. CENTRAL	2,282	1,715	61,683	66,808	177	279	383	293	161	274
Ohio	360	267	15,522	18,338	29	26	76	104	44	99
Ind.	217	221	7,772	7,259	13	18	64	38	48	28
Ill.	1,295	781	15,435	19,991	7	43	99	93	-	69
Mich.	297	356	15,362	12,459	45	30	67	58	34	44
Wis.	113	90	7,592	8,761	83	162	77	N	35	34
W.N. CENTRAL	575	603	21,565	22,940	109	81	371	284	212	329
Minn.	102	105	4,073	4,630	21	13	100	88	82	112
Iowa	59	56	2,916	2,662	38	24	102	57	13	46
Mo.	284	293	7,583	8,358	17	14	91	22	63	37
N. Dak.	2	4	352	535	7	12	8	8	16	11
S. Dak.	4	13	1,093	936	9	4	23	29	19	37
Nebr.	38	43	1,944	2,041	13	12	31	62	9	81
Kans.	86	89	3,604	3,778	4	2	16	18	10	5
S. ATLANTIC	6,331	7,202	77,876	86,228	168	195	179	166	127	117
Del.	111	95	1,790	1,667	4	-	-	5	-	3
Md.	710	793	7,898	8,071	9	11	13	11	1	-
D.C.	448	271	1,965	N	7	6	-	-	U	U
Va.	418	366	9,631	9,010	5	10	37	42	31	37
W. Va.	39	40	1,177	1,095	3	-	10	8	5	3
N.C.	394	483	13,482	14,052	16	5	37	32	36	40
S.C.	509	674	7,487	11,275	-	-	11	16	11	13
Ga.	704	1,088	15,434	21,629	76	94	29	17	18	1
Fla.	2,998	3,392	19,012	19,429	48	69	42	35	25	20
E.S. CENTRAL	1,128	1,136	28,210	27,877	33	16	71	79	51	61
Ky.	128	173	4,851	4,610	5	5	23	19	18	15
Tenn.	461	439	8,747	8,674	8	5	32	36	29	27
Ala.	304	285	8,687	7,290	10	4	5	16	-	16
Miss.	235	239	5,925	7,303	10	2	11	8	4	3
W.S. CENTRAL	2,418	2,842	58,916	56,092	39	47	102	60	132	74
Ark.	112	107	2,876	3,562	5	-	36	9	30	7
La.	381	542	11,433	9,831	8	21	4	9	30	11
Okla.	182	74	4,469	5,141	4	4	9	14	7	11
Tex.	1,743	2,119	40,138	37,558	22	22	53	28	65	45
MOUNTAIN	862	1,014	23,007	21,189	50	51	233	131	118	107
Mont.	9	5	944	887	8	8	24	8	-	-
Idaho	16	15	1,135	1,064	3	3	30	15	-	10
Wyo.	7	4	423	467	3	-	10	4	2	9
Colo.	199	196	6,909	4,741	16	5	95	50	56	33
N. Mex.	88	65	2,849	3,116	5	21	10	5	6	2
Ariz.	265	515	7,104	7,701	4	9	32	18	24	12
Utah	90	84	1,412	1,281	8	N	27	20	30	29
Nev.	188	130	2,231	1,932	3	5	5	11	-	12
PACIFIC	3,251	3,708	63,227	66,174	149	232	340	145	155	170
Wash.	301	213	7,577	7,168	N	N	114	40	95	70
Oreg.	106	118	3,161	3,816	9	79	57	32	52	35
Calif.	2,749	3,314	49,530	52,083	140	153	141	64	-	58
Alaska	12	13	1,423	1,139	-	-	20	-	1	-
Hawaii	83	50	1,536	1,968	-	-	8	9	7	7
Guam	14	11	-	298	-	-	N	N	U	U
P.R.	710	823	846	U	-	-	4	5	U	U
V.I.	24	18	-	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 can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 30, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 12, 2000, and August 14, 1999 (32nd Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	198,426	215,482	1,905	1,646	483	549	5,568	8,278
NEW ENGLAND	3,709	3,973	29	13	24	35	1,292	2,760
Maine	49	37	2	2	2	3	-	22
N.H.	66	66	-	-	2	3	35	3
Vt.	38	34	3	5	3	8	7	7
Mass.	1,604	1,560	20	3	9	12	443	566
R.I.	369	369	4	3	3	3	213	234
Conn.	1,583	1,907	-	-	5	6	594	1,928
MID. ATLANTIC	19,911	24,100	413	83	98	130	3,222	4,018
Upstate N.Y.	4,015	3,760	44	39	39	33	1,681	2,048
N.Y. City	5,553	8,060	-	-	-	17	7	106
N.J.	3,648	4,589	347	-	7	11	691	955
Pa.	6,695	7,691	22	44	52	69	843	909
E.N. CENTRAL	37,006	41,185	153	575	124	166	229	466
Ohio	9,396	10,888	5	1	50	51	54	29
Ind.	3,577	3,904	1	1	31	23	15	11
Ill.	10,305	13,791	10	35	8	22	8	16
Mich.	10,575	8,726	137	522	22	40	-	11
Wis.	3,153	3,876	-	16	13	30	152	399
W.N. CENTRAL	9,537	9,995	427	129	39	33	131	151
Minn.	1,644	1,712	5	4	3	4	68	75
Iowa	620	658	1	-	7	9	10	20
Mo.	4,778	4,935	409	123	23	14	39	37
N. Dak.	15	53	-	-	-	-	-	1
S. Dak.	175	98	-	-	2	2	-	-
Nebr.	712	936	3	2	1	4	-	9
Kans.	1,593	1,603	9	-	3	-	14	9
S. ATLANTIC	58,006	63,467	80	108	99	74	582	703
Del.	1,023	1,037	-	-	5	9	100	46
Md.	5,369	5,983	13	17	34	13	322	524
D.C.	1,530	2,299	2	-	-	1	2	3
Va.	5,977	6,008	3	10	14	17	86	58
W. Va.	366	371	12	13	N	N	21	14
N.C.	10,917	12,252	13	28	9	13	29	44
S.C.	9,755	7,366	1	15	3	7	3	4
Ga.	9,812	14,326	2	1	6	-	-	-
Fla.	13,257	13,825	34	24	28	14	19	10
E.S. CENTRAL	20,679	22,116	274	185	18	32	20	59
Ky.	2,117	2,016	23	11	9	13	4	10
Tenn.	6,885	6,966	61	67	7	14	14	30
Ala.	7,017	6,541	7	1	2	3	2	16
Miss.	4,660	6,593	183	106	-	2	-	3
W.S. CENTRAL	30,665	31,683	291	309	12	5	13	27
Ark.	1,552	1,791	8	18	-	1	4	3
La.	8,221	7,735	180	210	8	2	1	4
Okla.	1,935	2,536	5	13	2	2	-	4
Tex.	18,957	19,621	98	68	2	-	8	16
MOUNTAIN	5,962	5,746	122	120	24	30	11	10
Mont.	28	26	4	4	1	-	-	-
Idaho	54	50	3	6	4	-	2	1
Wyo.	33	15	70	35	1	-	1	3
Colo.	1,852	1,443	15	21	8	8	5	1
N. Mex.	609	608	11	21	1	1	-	1
Ariz.	2,398	2,727	13	21	5	5	-	-
Utah	147	118	1	5	4	10	1	2
Nev.	841	759	5	7	-	6	2	2
PACIFIC	12,951	13,217	116	124	45	44	68	84
Wash.	1,332	1,241	18	11	15	9	3	4
Oreg.	426	539	21	12	N	N	4	9
Calif.	10,794	10,975	75	101	30	34	61	71
Alaska	184	186	-	-	-	1	-	-
Hawaii	215	276	2	-	-	-	N	N
Guam	-	38	-	1	-	-	-	-
P.R.	362	200	1	-	1	-	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 August 12, 2000, and August 14, 1999 (32nd 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	639	820	3,445	3,927	18,785	21,048	13,727	19,467
NEW ENGLAND	35	30	444	516	1,250	1,313	1,216	1,342
Maine	4	2	88	96	89	84	63	67
N.H.	1	2	8	29	84	83	77	88
Vt.	2	3	40	66	72	52	66	47
Mass.	10	12	147	115	709	725	677	727
R.I.	5	3	32	62	65	64	89	100
Conn.	13	8	129	148	231	305	244	313
MID. ATLANTIC	115	223	655	732	2,326	2,831	2,419	2,872
Upstate N.Y.	42	44	455	520	676	702	624	741
N.Y. City	38	114	U	U	550	862	602	859
N.J.	16	41	101	115	536	588	393	642
Pa.	19	24	99	97	564	679	800	630
E.N. CENTRAL	63	101	70	81	2,549	3,120	1,434	2,771
Ohio	13	16	15	23	644	684	453	600
Ind.	4	10	-	-	307	288	301	281
Ill.	21	44	13	4	713	1,022	1	972
Mich.	19	24	37	40	540	585	470	596
Wis.	6	7	5	14	345	541	209	322
W.N. CENTRAL	33	39	361	473	1,381	1,366	1,372	1,499
Minn.	13	13	57	70	313	362	368	472
Iowa	1	11	52	79	224	148	174	137
Mo.	6	11	28	16	449	436	509	514
N. Dak.	2	-	89	88	34	32	51	45
S. Dak.	-	-	59	136	56	65	60	84
Nebr.	5	-	1	3	90	119	44	106
Kans.	6	4	75	81	215	204	166	141
S. ATLANTIC	181	208	1,398	1,283	4,087	4,311	2,605	3,640
Del.	3	1	27	31	61	70	62	95
Md.	65	63	256	249	484	496	440	500
D.C.	12	13	-	-	33	53	U	U
Va.	35	48	353	325	558	758	458	690
W. Va.	2	1	77	74	96	100	79	98
N.C.	13	12	351	268	556	613	466	745
S.C.	1	7	88	102	406	284	295	250
Ga.	4	19	157	124	690	628	709	917
Fla.	46	44	89	110	1,203	1,309	96	345
E.S. CENTRAL	23	17	115	181	1,110	1,130	824	823
Ky.	7	6	15	25	216	240	154	168
Tenn.	5	6	63	65	289	289	369	337
Ala.	10	4	37	91	327	329	260	266
Miss.	1	1	-	-	278	272	41	52
W.S. CENTRAL	8	13	61	299	1,487	1,856	1,984	1,554
Ark.	2	2	20	14	357	254	250	91
La.	2	9	-	-	110	406	339	355
Okla.	4	2	41	69	224	230	142	186
Tex.	-	-	-	216	796	966	1,253	922
MOUNTAIN	31	27	156	124	1,632	1,821	1,118	1,628
Mont.	1	4	43	41	68	38	-	1
Idaho	2	3	8	-	82	60	-	58
Wyo.	-	1	34	32	39	31	14	32
Colo.	16	11	-	1	458	485	423	477
N. Mex.	-	2	14	6	142	261	121	208
Ariz.	5	2	49	39	402	520	367	475
Utah	3	3	6	3	272	310	193	328
Nev.	4	1	2	2	169	116	-	49
PACIFIC	150	162	185	238	2,963	3,300	755	3,338
Wash.	15	13	-	-	301	382	371	546
Oreg.	27	15	5	1	201	298	241	332
Calif.	105	122	159	230	2,304	2,346	-	2,245
Alaska	-	1	21	7	36	30	23	18
Hawaii	3	11	-	-	121	244	120	197
Guam	-	-	-	-	-	28	U	U
P.R.	-	-	47	51	182	331	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 can 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 August 12, 2000, and August 14, 1999 (32nd Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999†
UNITED STATES	10,856	8,854	5,542	5,201	3,574	4,117	7,059	9,344
NEW ENGLAND	227	365	206	334	48	36	239	257
Maine	6	4	4	-	1	-	2	12
N.H.	4	8	7	8	1	1	7	6
Vt.	3	4	-	3	-	3	2	1
Mass.	158	295	137	270	35	21	151	146
R.I.	19	14	20	10	4	1	24	26
Conn.	37	40	38	43	7	10	53	66
MID. ATLANTIC	1,315	589	821	414	181	188	1,446	1,554
Upstate N.Y.	495	156	166	40	8	14	159	190
N.Y. City	530	202	378	140	82	81	819	809
N.J.	184	140	135	137	34	44	332	338
Pa.	106	91	142	97	57	49	136	217
E.N. CENTRAL	2,274	1,642	633	867	689	737	755	931
Ohio	181	296	96	81	49	61	178	142
Ind.	906	128	105	47	248	246	52	77
Ill.	562	666	2	499	177	277	362	450
Mich.	477	233	390	184	182	129	108	199
Wis.	148	319	40	56	33	24	55	63
W.N. CENTRAL	1,303	757	972	520	41	92	287	305
Minn.	359	150	376	179	4	9	93	120
Iowa	324	15	201	17	10	8	25	29
Mo.	446	498	314	253	22	60	114	109
N. Dak.	4	2	5	2	-	-	2	2
S. Dak.	4	10	3	6	-	-	13	9
Nebr.	40	48	9	35	2	5	11	12
Kans.	126	34	64	28	3	10	29	24
S. ATLANTIC	1,683	1,419	477	347	1,184	1,361	1,505	1,916
Del.	10	9	9	4	5	6	-	21
Md.	114	94	56	28	167	252	157	167
D.C.	30	34	U	U	30	33	13	35
Va.	287	65	193	39	79	103	152	149
W. Va.	3	7	3	3	2	3	20	30
N.C.	102	133	48	62	333	316	181	239
S.C.	76	79	57	40	129	171	64	194
Ga.	150	130	49	52	224	268	325	377
Fla.	911	868	62	119	215	209	593	704
E.S. CENTRAL	526	819	322	509	543	706	454	609
Ky.	156	167	51	115	58	63	67	105
Tenn.	237	510	245	350	331	394	205	205
Ala.	23	74	23	40	75	142	182	184
Miss.	110	68	3	4	79	107	-	115
W.S. CENTRAL	1,174	1,522	1,443	630	499	637	677	1,264
Ark.	133	56	41	20	56	39	109	96
La.	80	132	110	65	127	184	73	U
Okla.	74	384	24	118	79	128	79	104
Tex.	887	950	1,268	427	237	286	416	1,064
MOUNTAIN	610	483	283	327	136	147	280	291
Mont.	6	7	-	-	-	-	10	10
Idaho	39	9	-	7	1	1	5	12
Wyo.	2	2	2	1	1	-	2	1
Colo.	98	85	52	65	3	1	37	U
N. Mex.	72	60	34	46	17	6	29	41
Ariz.	262	246	153	165	109	133	127	139
Utah	40	35	42	37	1	2	28	26
Nev.	91	39	-	6	4	4	42	62
PACIFIC	1,744	1,258	385	1,253	253	213	1,416	2,217
Wash.	329	58	298	64	47	46	165	148
Oreg.	112	45	64	40	4	4	9	64
Calif.	1,269	1,131	-	1,126	201	161	1,099	1,864
Alaska	8	-	3	-	-	1	60	37
Hawaii	26	24	20	23	1	1	83	104
Guam	-	11	U	U	-	-	-	47
P.R.	3	80	U	U	82	106	-	126
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 can 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 August 12, 2000, and August 14, 1999 (32nd 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	743	769	6,823	10,091	4,133	4,207	-	37	-	13	50	65
NEW ENGLAND	52	56	195	164	42	96	-	2	-	4	6	10
Maine	1	5	12	5	5	1	-	-	-	-	-	-
N.H.	10	10	17	9	11	10	-	2	-	1	3	1
Vt.	4	5	7	4	6	2	-	-	-	3	3	-
Mass.	24	23	75	63	7	33	-	-	-	-	-	7
R.I.	1	1	15	13	13	22	-	-	-	-	-	-
Conn.	12	12	69	70	-	28	-	-	-	-	-	2
MID. ATLANTIC	125	136	659	733	588	549	-	8	-	1	9	5
Upstate N.Y.	64	57	134	158	88	123	-	8	-	-	8	2
N.Y. City	27	42	210	212	267	164	-	-	-	-	-	3
N.J.	26	34	104	89	83	80	-	-	-	-	-	-
Pa.	8	3	211	274	150	182	-	-	-	1	1	-
E.N. CENTRAL	100	130	837	1,906	446	445	-	7	-	-	7	2
Ohio	39	41	163	429	72	61	-	2	-	-	2	-
Ind.	17	20	46	70	30	31	-	-	-	-	-	1
Ill.	38	57	320	426	81	39	-	4	-	-	4	-
Mich.	6	10	295	930	262	289	-	1	-	-	1	1
Wis.	-	2	13	51	1	25	-	-	-	-	-	-
W.N. CENTRAL	39	40	616	467	547	171	-	1	-	1	2	-
Minn.	22	22	150	45	22	30	-	-	-	1	1	-
Iowa	-	1	58	88	28	26	-	1	-	-	1	-
Mo.	10	5	315	277	456	96	-	-	-	-	-	-
N. Dak.	1	-	2	1	2	-	U	-	U	-	-	-
S. Dak.	-	2	-	8	-	1	-	-	-	-	-	-
Nebr.	4	4	20	37	22	14	U	-	U	-	-	-
Kans.	2	6	71	11	17	4	-	-	-	-	-	-
S. ATLANTIC	203	172	852	1,142	760	657	-	3	-	-	3	4
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	54	47	116	205	78	97	-	-	-	-	-	-
D.C.	-	4	15	37	19	14	-	-	-	-	-	-
Va.	31	13	96	100	95	59	-	2	-	-	2	3
W. Va.	5	6	48	27	7	16	-	-	-	-	-	-
N.C.	19	26	100	93	154	142	-	-	-	-	-	-
S.C.	11	3	35	25	6	39	-	-	-	-	-	-
Ga.	53	48	145	313	122	86	-	-	-	-	-	-
Fla.	30	25	297	340	279	203	-	1	-	-	1	1
E.S. CENTRAL	35	47	266	261	287	295	-	-	-	-	-	2
Ky.	12	6	31	53	53	27	-	-	-	-	-	2
Tenn.	16	25	99	107	131	146	-	-	-	-	-	-
Ala.	6	14	42	38	35	57	-	-	-	-	-	-
Miss.	1	2	94	63	68	65	-	-	-	-	-	-
W.S. CENTRAL	38	47	1,116	1,971	405	707	-	-	-	-	-	7
Ark.	1	2	99	28	66	49	-	-	-	-	-	-
La.	7	11	28	144	52	124	-	-	-	-	-	-
Okla.	28	30	178	356	98	94	-	-	-	-	-	-
Tex.	2	4	811	1,443	189	440	-	-	-	-	-	7
MOUNTAIN	74	64	577	832	319	391	-	11	-	1	12	1
Mont.	1	1	4	16	4	16	-	-	-	-	-	-
Idaho	3	1	19	30	6	21	-	-	-	-	-	-
Wyo.	1	1	10	4	3	9	-	-	-	-	-	-
Colo.	11	11	132	156	58	60	-	1	-	1	2	-
N. Mex.	16	17	50	32	82	126	-	-	-	-	-	-
Ariz.	34	28	288	480	123	98	-	-	-	-	-	1
Utah	7	3	35	31	16	24	-	3	-	-	3	-
Nev.	1	2	39	83	27	37	-	7	-	-	7	-
PACIFIC	77	77	1,705	2,615	739	896	-	5	-	6	11	34
Wash.	3	3	174	200	51	41	-	2	-	1	3	5
Oreg.	20	26	135	164	64	67	-	-	-	-	-	12
Calif.	27	39	1,384	2,231	610	765	-	2	-	3	5	16
Alaska	6	5	9	5	8	13	-	1	-	-	1	-
Hawaii	21	4	3	15	6	10	-	-	-	2	2	1
Guam	-	-	-	1	-	2	U	-	U	-	-	1
P.R.	1	2	73	205	82	147	-	-	-	-	-	-
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 149 cases among children aged <5 years, serotype was reported for 64 and of those, 17 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 12, 2000, and August 14, 1999 (32nd 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	1,406	1,620	4	218	240	126	3,249	3,666	-	93	210
NEW ENGLAND	84	77	-	2	6	4	782	422	-	11	7
Maine	7	5	-	-	-	-	14	-	-	-	-
N.H.	9	11	-	-	1	4	78	65	-	2	-
Vt.	2	4	-	-	1	-	160	33	-	-	-
Mass.	51	41	-	-	4	-	485	293	-	8	7
R.I.	6	4	-	1	-	-	12	19	-	-	-
Conn.	9	12	-	1	-	-	33	12	-	1	-
MID. ATLANTIC	136	154	-	10	33	12	246	647	-	2	27
Upstate N.Y.	45	42	-	6	6	9	145	524	-	2	17
N.Y. City	30	43	-	-	9	-	-	30	-	-	4
N.J.	27	36	-	-	1	-	-	16	-	-	3
Pa.	34	33	-	4	17	3	101	77	-	-	3
E.N. CENTRAL	240	282	1	25	32	7	367	334	-	1	2
Ohio	58	104	-	7	10	-	195	143	-	-	-
Ind.	35	37	-	-	3	-	40	37	-	-	1
Ill.	61	72	1	6	9	5	38	67	-	1	1
Mich.	66	43	-	12	8	2	45	29	-	-	-
Wis.	20	26	-	-	2	-	49	58	-	-	-
W.N. CENTRAL	120	162	-	14	9	37	225	172	-	-	118
Minn.	14	36	-	-	1	36	125	58	-	-	-
Iowa	21	29	-	5	4	1	31	30	-	-	29
Mo.	68	58	-	5	1	-	36	42	-	-	2
N. Dak.	2	3	U	-	-	U	2	4	U	-	-
S. Dak.	5	10	-	-	-	-	3	5	-	-	-
Nebr.	5	9	U	2	-	U	5	2	U	-	87
Kans.	5	17	-	2	3	-	23	31	-	-	-
S. ATLANTIC	232	266	1	35	37	28	282	247	-	51	29
Del.	-	7	-	-	-	1	8	4	-	-	-
Md.	22	41	-	7	3	-	68	77	-	-	1
D.C.	-	3	-	-	2	-	2	-	-	-	-
Va.	34	33	1	6	8	5	41	15	-	-	-
W. Va.	10	4	-	-	-	-	1	1	-	-	-
N.C.	31	30	-	5	8	17	68	64	-	42	28
S.C.	16	32	-	11	3	-	20	13	-	7	-
Ga.	37	49	-	2	3	4	25	22	-	-	-
Fla.	82	67	-	4	10	1	49	51	-	2	-
E.S. CENTRAL	99	116	-	6	10	2	62	65	-	5	2
Ky.	21	21	-	-	-	1	27	19	-	1	-
Tenn.	40	46	-	2	-	1	21	27	-	1	-
Ala.	28	30	-	2	7	-	13	16	-	3	2
Miss.	10	19	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	100	177	-	22	31	10	166	121	-	4	6
Ark.	12	30	-	2	-	-	26	13	-	-	-
La.	28	53	-	3	7	-	3	9	-	-	-
Okla.	21	26	-	-	1	-	6	13	-	-	-
Tex.	39	68	-	17	23	10	131	86	-	4	6
MOUNTAIN	92	97	-	15	10	19	481	441	-	2	15
Mont.	4	2	-	1	-	11	23	2	-	-	-
Idaho	6	8	-	-	1	1	45	111	-	-	-
Wyo.	-	3	-	1	-	-	2	2	-	-	-
Colo.	26	24	-	1	3	4	256	168	-	1	-
N. Mex.	7	13	-	1	N	-	84	52	-	-	-
Ariz.	39	29	-	3	-	2	49	60	-	1	13
Utah	7	12	-	4	3	1	13	43	-	-	1
Nev.	3	6	-	4	3	-	9	3	-	-	1
PACIFIC	303	289	2	89	72	7	638	1,217	-	17	4
Wash.	36	47	-	5	2	2	208	535	-	7	-
Oreg.	45	53	N	N	N	5	79	26	-	-	-
Calif.	209	177	1	69	61	-	310	627	-	10	4
Alaska	5	6	-	7	1	-	19	4	-	-	-
Hawaii	8	6	1	8	8	-	22	25	-	-	-
Guam	-	1	U	-	1	U	-	1	U	-	-
P.R.	5	9	-	-	-	-	1	16	-	-	-
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 August 12, 2000 (32nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	495	370	70	30	16	9	39
Boston, Mass.	161	115	20	12	10	4	12
Bridgeport, Conn.	33	23	8	2	-	-	2
Cambridge, Mass.	14	13	1	-	-	-	2
Fall River, Mass.	34	31	2	1	-	-	-
Hartford, Conn.	46	29	9	3	3	2	2
Lowell, Mass.	25	24	-	1	-	-	1
Lynn, Mass.	8	5	2	1	-	-	-
New Bedford, Mass.	21	19	2	-	-	-	2
New Haven, Conn.	27	19	4	2	2	-	4
Providence, R.I.	11	7	1	1	-	2	3
Somerville, Mass.	4	2	1	-	-	1	-
Springfield, Mass.	34	19	11	3	1	-	3
Waterbury, Conn.	23	19	3	1	-	-	3
Worcester, Mass.	54	45	6	3	-	-	5
MID. ATLANTIC	2,136	1,479	401	178	39	37	91
Albany, N.Y.	53	41	8	2	-	2	3
Allentown, Pa.	U	U	U	U	U	U	U
Buffalo, N.Y.	91	62	12	13	2	2	5
Camden, N.J.	20	13	3	4	-	-	2
Elizabeth, N.J.	22	18	2	-	1	1	-
Erie, Pa.§	41	32	6	3	-	-	5
Jersey City, N.J.	33	25	4	2	1	1	-
New York City, N.Y.	1,065	722	222	82	19	18	34
Newark, N.J.	44	24	14	3	2	1	-
Paterson, N.J.	15	8	6	1	-	-	-
Philadelphia, Pa.	385	253	72	44	9	7	12
Pittsburgh, Pa.§	44	32	9	2	1	-	1
Reading, Pa.	29	27	1	-	-	1	5
Rochester, N.Y.	141	116	18	6	1	-	14
Schenectady, N.Y.	26	21	4	1	-	-	1
Scranton, Pa.§	24	16	4	4	-	-	2
Syracuse, N.Y.	64	42	12	5	3	2	5
Trenton, N.J.	24	16	3	3	-	2	1
Utica, N.Y.	15	11	1	3	-	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,104	1,409	451	141	50	50	157
Akron, Ohio	50	30	9	6	2	3	2
Canton, Ohio	39	28	7	2	1	1	6
Chicago, Ill.	436	252	110	48	14	9	46
Cincinnati, Ohio	59	37	12	6	2	2	3
Cleveland, Ohio	167	104	43	8	5	7	2
Columbus, Ohio	173	113	46	7	1	6	9
Dayton, Ohio	130	98	29	1	1	1	10
Detroit, Mich.	191	113	53	17	4	4	18
Evansville, Ind.	43	31	9	2	1	-	3
Fort Wayne, Ind.	54	45	2	4	2	1	5
Gary, Ind.	16	10	3	1	2	-	-
Grand Rapids, Mich.	72	52	7	5	3	5	11
Indianapolis, Ind.	170	125	33	6	3	3	10
Lansing, Mich.	58	42	11	4	1	-	6
Milwaukee, Wis.	139	94	30	8	5	2	10
Peoria, Ill.	61	48	8	3	-	2	4
Rockford, Ill.	45	27	12	3	1	2	2
South Bend, Ind.	48	38	7	2	-	1	1
Toledo, Ohio	88	74	9	3	1	1	8
Youngstown, Ohio	65	48	11	5	1	-	1
W.N. CENTRAL	666	488	99	46	16	17	36
Des Moines, Iowa	U	U	U	U	U	U	U
Duluth, Minn.	17	15	-	1	-	1	1
Kansas City, Kans.	28	17	8	2	1	-	5
Kansas City, Mo.	84	61	11	9	2	1	4
Lincoln, Nebr.	42	36	2	3	-	1	1
Minneapolis, Minn.	163	126	20	12	2	3	5
Omaha, Nebr.	83	53	19	1	4	6	9
St. Louis, Mo.	93	60	16	12	5	-	-
St. Paul, Minn.	87	65	17	3	2	-	7
Wichita, Kans.	69	55	6	3	-	5	4
S. ATLANTIC	1,050	657	228	108	28	27	76
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	196	110	47	31	6	2	13
Charlotte, N.C.	97	58	20	11	4	4	6
Jacksonville, Fla.	117	70	33	10	-	4	7
Miami, Fla.	113	69	22	17	3	-	11
Norfolk, Va.	42	26	8	3	2	3	2
Richmond, Va.	67	41	11	8	3	4	4
Savannah, Ga.	62	40	13	5	1	3	12
St. Petersburg, Fla.	59	41	12	1	4	1	4
Tampa, Fla.	169	119	35	11	2	2	16
Washington, D.C.	100	55	27	11	3	4	1
Wilmington, Del.	28	28	-	-	-	-	-
E.S. CENTRAL	850	562	183	63	27	15	42
Birmingham, Ala.	173	113	39	12	6	3	9
Chattanooga, Tenn.	84	66	13	2	3	-	4
Knoxville, Tenn.	111	70	25	12	1	3	5
Lexington, Ky.	38	30	7	1	-	-	3
Memphis, Tenn.	208	135	48	18	3	4	13
Mobile, Ala.	69	45	14	3	6	1	1
Montgomery, Ala.	52	32	15	3	1	1	-
Nashville, Tenn.	115	71	22	12	7	3	7
W.S. CENTRAL	1,431	917	313	115	51	35	103
Austin, Tex.	77	49	13	9	4	2	3
Baton Rouge, La.	59	35	14	6	3	1	2
Corpus Christi, Tex.	70	39	22	5	3	1	7
Dallas, Tex.	212	126	45	17	10	14	8
El Paso, Tex.	68	42	18	5	-	3	3
Ft. Worth, Tex.	97	65	18	6	5	3	15
Houston, Tex.	420	262	97	42	15	4	35
Little Rock, Ark.	74	52	8	6	5	3	3
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	166	117	34	8	6	1	11
Shreveport, La.	66	49	11	5	-	1	8
Tulsa, Okla.	122	81	33	6	-	2	8
MOUNTAIN	944	636	183	84	24	15	49
Albuquerque, N.M.	97	68	16	9	4	-	7
Boise, Idaho	42	28	10	2	1	1	1
Colo. Springs, Colo.	49	37	8	2	1	1	4
Denver, Colo.	94	60	20	11	2	1	5
Las Vegas, Nev.	200	125	48	21	3	2	15
Ogden, Utah	29	21	4	3	-	1	2
Phoenix, Ariz.	154	101	27	18	4	4	-
Pueblo, Colo.	33	24	7	2	-	-	1
Salt Lake City, Utah	119	78	17	14	5	5	9
Tucson, Ariz.	127	94	26	2	4	-	5
PACIFIC	1,469	1,027	229	93	33	27	145
Berkeley, Calif.	22	16	3	3	-	-	1
Fresno, Calif.	99	79	15	1	2	2	5
Glendale, Calif.	7	5	2	-	-	-	1
Honolulu, Hawaii	84	57	17	7	1	2	10
Long Beach, Calif.	68	56	9	2	1	-	9
Los Angeles, Calif.	231	154	40	26	8	3	15
Pasadena, Calif.	31	22	3	3	-	3	7
Portland, Oreg.	71	47	14	4	5	1	4
Sacramento, Calif.	201	120	13	2	4	3	22
San Diego, Calif.	162	114	29	12	2	5	15
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	196	145	31	14	3	3	34
Santa Cruz, Calif.	32	27	5	-	-	-	3
Seattle, Wash.	100	69	16	9	4	2	7
Spokane, Wash.	58	42	10	4	1	1	3
Tacoma, Wash.	107	74	22	6	2	2	9
TOTAL	11,145¶	7,545	2,157	858	284	232	738

U: Unavailable. -:No reported cases.

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

†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.

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