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**MORBIDITY AND MORTALITY
WEEKLY REPORT**

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National Arthritis Month — May 2001

May is National Arthritis Month. Arthritis and other rheumatic conditions are the leading cause of disability in the United States, affecting approximately 43 million persons in 1997, and may affect 60 million by 2020 (1,2). Early symptom recognition is needed to achieve better control of arthritis. CDC, the Arthritis Foundation, and other organizations continue to implement the *National Arthritis Action Plan: A Public Health Strategy* (3) to promote progress toward reaching the arthritis-related national health objectives for 2010 (4).

Additional information about arthritis, National Arthritis Month, Arthritis Action Day, the National Arthritis Action Plan, and local Arthritis Foundation programs and services is available from the Arthritis Foundation, telephone (800) 283-7800, or at <http://www.arthritis.org>.*

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Prevalence of Arthritis — United States, 1997

Arthritis and other rheumatic conditions (i.e., arthritis) are among the most prevalent diseases in the United States (1) and the most frequent cause of disability (2). In 1985, an estimated 35 million persons were affected by arthritis (3); in 1990 (1), a study using a broader arthritis definition estimated that 38 million were affected. To better characterize these conditions, CDC analyzed a variety of data for 1997 using common definitions from the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM). The findings of one such analysis in the National Health Interview Survey (NHIS) indicated that, in 1997, the prevalence of persons with arthritis had increased by approximately 750,000 per year since 1990. Findings also support earlier projections that by 2020, 60 million persons may be affected by arthritis and that the activities of 11.6 million persons may be limited by arthritis (1). More widespread implementation of existing interventions may reduce the occurrence and progression of arthritis.

Prevalence rates were estimated from NHIS, a probability sample of the civilian, noninstitutionalized population in the United States (1). Data from the 1994–1995 NHIS, the most recent surveys using ICD-9 codes for health conditions, were used to estimate the 1997 prevalence and physical activity limitations from arthritis. Estimates of arthritis prevalence rates were derived from a random sample of 36,057 (16.7%) of 218,646 respondents who were asked about the presence during the 12 months preceding the survey of any of various musculoskeletal conditions and for details of these conditions. Each condition reported was assigned an ICD-9 code. Respondents with one or more codes recommended by the National Arthritis Data Workgroup (NADW) to represent arthritis* (1) were included in the analysis. Estimated rates of activity limitations attributed to arthritis were based on responses from 218,646 respondents who were asked whether they were limited in or prevented from working, housekeeping, or performing other activities as a result of a health condition(s) and, if so, did they attribute the limitation to arthritis.

To determine the number of persons affected or limited by arthritis, age- and sex-specific prevalence rates were calculated for the civilian, noninstitutionalized population, the referent population for NHIS, and were applied to the estimated 1997 U.S. population (4) by age and sex. Rates of disease burden for the total population were generated by totaling the age- and sex-specific estimates; 95% confidence intervals were calculated using SUDAAN to account for NHIS's complex survey design.

Results of these analyses indicated that an estimated 43 million persons had arthritis in 1997. All age groups were affected, including the working-age population, and rates increased with age. Females had higher arthritis rates than males overall and for each age group (Table 1). An estimated eight million persons (3% of the U.S. population) reported arthritis as a major or contributing cause of activity limitations (Table 1). Rates increased with age and females had higher rates of activity limitations than males overall and for each age group (Table 1).

Reported by: Health Care and Aging Studies Br, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

*Codes 95.6, 95.7, 98.5, 99.3, 136.1, 274, 277.2, 287.0, 344.6, 353.0, 354.0, 355.5, 357.1, 390, 391, 437.4, 443, 446, 447.6, 696.0, 710–716, 719.0, 719.2–719.9, 720–721, 725–727, 728.0–728.3, 728.6–728.9, 729.0–729.1, and 729.4.

Arthritis — Continued

TABLE 1. Estimated prevalence of self-reported arthritis and activity limitations attributed to self-reported arthritis, by sex and age — United States, 1997

Sex/Age	Persons with arthritis			Persons with activity limitations caused by arthritis		
	No.*	Rate [†]	(95% CI) [‡]	No.	Rate	(95% CI)
Male[¶]	16,367	12.5	(±1.3)	2,385	1.8	(±0.2)
≤24	400	0.8	(±0.2)	46	0.1	(±0.0)
25–34	1,080	5.5	(±1.0)	97	0.5	(±0.1)
35–44	2,303	10.5	(±1.2)	289	1.3	(±0.2)
45–54	3,190	19.4	(±1.9)	340	2.1	(±0.3)
55–64	3,081	29.7	(±2.4)	537	5.2	(±0.6)
65–74	3,684	44.5	(±3.0)	588	7.1	(±0.7)
75–84	2,154	46.4	(±4.3)	371	8.0	(±1.0)
≥85	477	42.1	(±8.7)	116	10.3	(±2.3)
Female	26,777	19.5	(±1.5)	5,502	4.0	(±0.3)
≤24	696	1.5	(±0.3)	69	0.2	(±0.0)
25–34	1,708	8.6	(±1.0)	210	1.1	(±0.2)
35–44	3,487	15.7	(±1.6)	482	2.2	(±0.2)
45–54	4,761	27.7	(±2.1)	848	4.9	(±0.4)
55–64	4,676	40.9	(±2.6)	1,076	9.4	(±0.6)
65–74	5,348	52.2	(±2.6)	1,183	11.6	(±0.8)
75–84	4,339	61.1	(±3.0)	1,074	15.1	(±1.0)
≥85	1,762	63.3	(±5.9)	559	20.1	(±2.3)
Total	43,147	16.1	(±1.4)	7,887	2.9	(±0.3)

* In thousands. To generate national estimates, 1994–1995 NHIS-estimated age- and sex-specific rates of the civilian, noninstitutionalized population were applied to the estimated 1997 U.S. population of that age and sex.

† Per 100 persons.

‡ Confidence interval.

¶ Male, female, and total population cases and rates estimated from totaling age- and sex-specific cells. CIs estimated using age- and sex-specific rates to calculate lower and upper ranges of age- and sex-specific cases, totaling, and then dividing by estimated population. Source: 1994–1995 National Health Interview Survey.

Editorial Note: The findings in this report indicate that from 1990 to 1997, the prevalence of persons with arthritis and with activity limitations from arthritis increased substantially. Related analyses have documented 744,000 hospitalizations and 44 million ambulatory-care visits for arthritis in 1997 (5).

NADW's definition of arthritis aims to include specific conditions that would be understood as arthritis (e.g., systemic lupus erythematosus, infectious arthritis, and carpal tunnel syndrome). Because many persons with arthritis may not consult a physician for their condition (6), NHIS self-reported data may provide a more accurate estimate of the prevalence and impact of arthritis than medical encounter-based data. In addition, the data allow an understanding of the time trends in arthritis because the case definitions and survey methods are the same as the 1990 estimates (7).

The findings in this study are subject to at least four limitations. First, the estimates used self-reported data that were not confirmed by a physician. Second, to estimate the total burden of disease, the analysis used rates based on surveys of the civilian, noninstitutionalized population, which represents 98% of the total U.S. population but excluded certain groups (e.g., the institutionalized elderly) that are likely to have different

Arthritis — Continued

rates. Third, data used intercensal projections for denominators; these projected denominators may be inaccurate. Finally, rate estimates were assumed unchanged from 1995 to 1997; however, this may be reasonable because age- and sex-specific prevalence rates were virtually unchanged from 1990 (1).

Further studies are needed to define the prevalence of specific types of arthritis, to provide direct measures of arthritis prevalence, to determine the financial and societal impact of arthritis, and to quantify the impact of arthritis at the state level and in health-care systems. Future analyses of NHIS data will need to accommodate the change from ICD-9-based code assignment of conditions to a symptom-based approach to the case definition of arthritis.

Interventions are available that may reduce the occurrence and progression of arthritis. Measures to reduce obesity and avoid occupational and sports injuries can be expected to reduce the risk for osteoarthritis of the knees (7). Other interventions include supervised exercise programs, weight loss, and self-education courses such as the Arthritis Self-Help Course, which has been shown to reduce pain and physician visits (8). Unless such interventions are implemented quickly and widely, national projections suggest that arthritis will become a larger public health problem (1). Health-care providers, policymakers, and the public health community need to plan for the impact of this growth. CDC funds 37 state health departments to develop or enhance prevention programs and to identify new approaches to improving the quality of life for persons affected by arthritis (9).

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Trends in Blood Lead Levels Among Children — Boston, Massachusetts, 1994–1999

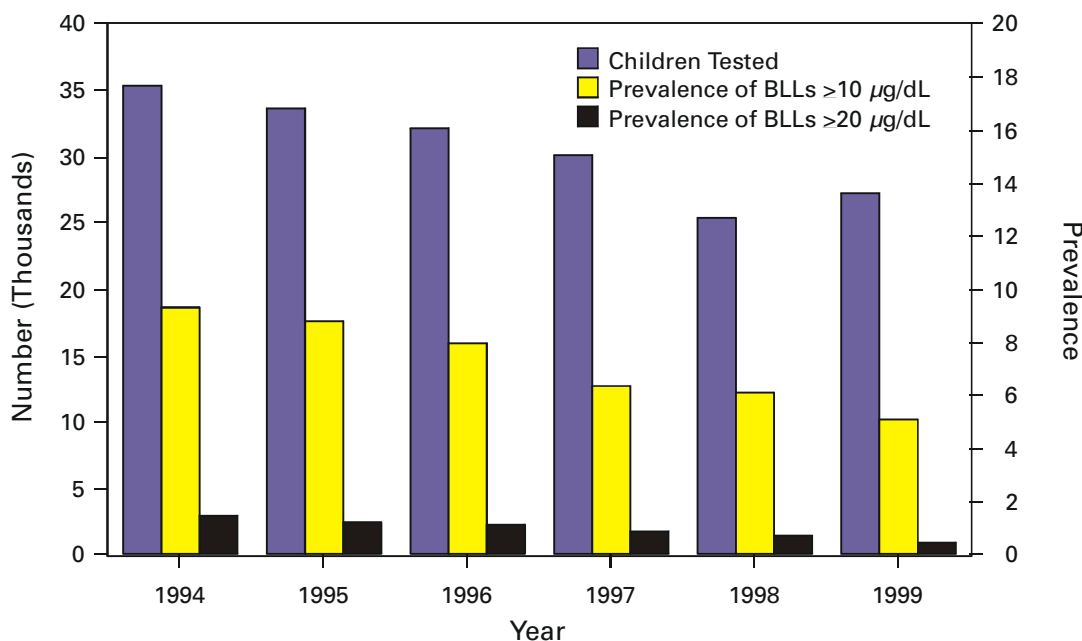
Data from the National Health and Nutrition Examination Survey and national childhood blood lead surveillance data from 19 states indicated that average blood lead levels (BLLs) in young children decreased during the late 1990s (1–3). The proportion of children tested who had BLLs ≥ 10 $\mu\text{g}/\text{dL}$ declined from 10.5% in 1996 to 7.6% in 1998, although the proportion was higher in certain counties (3). To determine whether a similar decline had occurred in Boston, Massachusetts, where a high proportion of children are tested each year, and whether any changes were similar in high- and low-risk neighborhoods, CDC, in collaboration with the Boston Childhood Lead Poisoning Prevention Program (BCLPPP) performed an analysis of BLLs among children aged 6–72 months in Boston during 1994–1999. The results indicate that BLLs in Boston declined during this period, but because of the geographic variation in lead exposure, continued surveillance will be necessary to eliminate childhood lead poisoning.

Private laboratories are mandated by Massachusetts law to report all blood lead test results to the state laboratory. BCLPPP receives all blood lead test results for Boston residents from the state laboratory. Massachusetts lead screening regulations require that health-care providers screen children at age 9–12 months and annually up to age 48 months. Children at high risk for lead poisoning are screened every 6 months during ages 6 months–3 years and annually from ages 3–6 years. The proportion of children tested who had BLLs ≥ 10 $\mu\text{g}/\text{dL}$ and ≥ 20 $\mu\text{g}/\text{dL}$ by fiscal year (FY) from July 1, 1993, through June 30, 1999, was computed. Children were counted once in each FY in which they had at least one blood lead test, and the highest test result in a given FY was considered in the analysis. Because sample contamination of a capillary test can result in a slight overestimation of BLLs, only tests performed on venous samples with BLLs ≥ 10 $\mu\text{g}/\text{dL}$ were considered in the numerator, and tests using both venous and capillary samples were used in the denominator (4,5). Massachusetts Institute for Social and Economic Research data were used to estimate the population of children aged <6 years for 1994 and 1998 (4). U.S. census data from 1990 were used to characterize 16 Boston neighborhoods by ZIP code according to factors that may indicate risk for lead exposure (e.g., percentage of pre-1950 housing, minority children, and children aged <6 years living in poverty). Housing parcel information was obtained from tax assessor data.

The number of children aged 6–72 months screened annually in Boston declined 23%, from 35,304 (73.3% of the population aged <6 years) in 1994 to 27,233 (61.6% of population aged <6 years) in 1999 (Figure 1). However, screening among children aged 9–48 months remained high (82% during FY 1999).

During 1994–1999, the overall prevalence of children with BLLs ≥ 10 $\mu\text{g}/\text{dL}$ declined 45%, from 9.3% (3265) to 5.1% (1398). The prevalence of children with BLLs ≥ 20 $\mu\text{g}/\text{dL}$ declined 66%, from 1.5% (545) to 0.5% (140) (Figure 1). Neighborhoods with prevalence rates in the upper tertile in 1994 had a higher percentage of children living in poverty, Spanish-speaking households, and vacant parcels than neighborhoods with lower prevalence rates (Table 1). Overall, about two thirds of houses were built before 1950, and no substantial differences were found in the proportion of houses built before 1950 between the highest and lowest risk neighborhoods. The prevalence of elevated BLLs declined from 1994 to 1999 in all 16 neighborhoods, with the highest absolute average decline

Blood Lead Levels — Continued

FIGURE 1. Number of children tested for blood lead and prevalence of these children with elevated blood lead levels (BLLs), by year — Boston, Massachusetts, 1994–1999**TABLE 1. Risk levels for elevated blood lead levels (BLLs) in 16 neighborhoods, by risk factor — Boston, Massachusetts, 1994–1999**

Neighborhood prevalence tertile*	Average prevalence of BLLs $\geq 10 \mu\text{g/dL}$		Absolute change in average prevalence of BLLs $\geq 10 \mu\text{g/dL}$ 1994–1999	% children aged <6 years with BLLs $\geq 10 \mu\text{g/dL}$ 1999	Average % children aged <6 years living below poverty level	Average % pre-1950 housing	% vacant parcels	% minorities	Average % Spanish-speaking households
	1994	1999							
High	11.0	6.2	4.8	79.8%	31.1%	67.6%	63.0%	21.0%	12.1%
Medium	5.5	3.0	1.5	18.6%	24.8%	65.2%	25.0%	9.4%	8.4%
Low	2.5	1.2	1.3	1.6%	22.5%	66.2%	12.0%	3.5%	4.4%

* Neighborhood risk was based on the 1999 average prevalence of BLLs $\geq 10 \mu\text{g/dL}$ in 16 neighborhoods.

(4.8%) in neighborhoods with the highest prevalence in 1994. In 1999, six high-risk neighborhoods accounted for 80% of children with elevated BLLs, approximately the same as in 1994 (83%).

The decline in prevalence of elevated BLLs during 1994–1999 was similar across age groups: 51% among children aged <12 months, 42% among children aged 12–36 months, and 46% among children aged 36–72 months.

Reported by: S Franco, MS, Childhood Lead Poisoning Prevention Program, Boston Public Health Commission, Boston, Massachusetts. Lead Poisoning Prevention Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC.

Blood Lead Levels — Continued

Editorial Note: The findings in this report indicate that the prevalence of elevated BLLs in Boston declined consistently during 1994–1999, similar to declines reported from 19 states (3). Building of new houses and remodeling of older houses that removed lead painted building components, such as windows, may have contributed to this decrease (6). In addition, under the Massachusetts Lead Law*, BCLPPP has required property owners to correct lead paint hazards in dwellings occupied by children aged <6 years. Since 1985, approximately 6800 de-leading code enforcement activities have occurred in Boston, and the law has encouraged many additional property owners to comply with de-leading activities (BCLPPP, unpublished data, 2000).

Although BLLs have declined in all Boston neighborhoods, levels remained higher in 1999 in the areas with the highest levels in 1994. These high-risk neighborhoods are characterized by higher proportions of minority children, children living in poverty, and vacant properties; a high proportion of old housing, likely to have leaded paint, is found in all neighborhoods. Low socioeconomic status and associated deterioration of older housing are major contributors to lead exposure in Boston (7).

The findings in this report are subject to at least four limitations. First, reporting of blood lead test results varied among different laboratories; therefore, results may not be uniform. Second, children at high risk for blood lead poisoning also may have high screening rates. Third, this analysis does not include lead exposure measures associated with the children in the study; as a result, the prevalence rates in the population screened may not be representative of all children in Boston. Finally, the use of older housing and demographic information (i.e., census and tax assessor data) may not reflect changes in some Boston neighborhoods.

Approximately 1300 children in Boston are identified annually with BLLs ≥ 10 $\mu\text{g/dL}$, levels high enough to adversely affect cognitive development and behavior. One of the national health objectives for 2010 is to eliminate childhood lead poisoning (8). Because of the substantial geographic variation in lead exposure, continued use of blood lead data for surveillance purposes will be essential in Boston and other jurisdictions to focus resources on high-risk neighborhoods and to achieve the health objective.

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*105 Code of Massachusetts Regulations 460.700.

National Estimates of Nonfatal Injuries Treated in Hospital Emergency Departments — United States, 2000

On July 1, 2000, the Consumer Product Safety Commission's (CPSC) National Electronic Injury Surveillance System (NEISS) was expanded to collect data on all types and external causes of nonfatal injuries and poisonings treated in U.S. hospital emergency departments (EDs). This augmented system, called NEISS All Injury Program (NEISS-AIP), is a collaborative effort between CDC's National Center for Injury Prevention and Control and CPSC. This report presents annualized national estimates using NEISS-AIP data obtained during July 1–September 30, 2000, which indicate that approximately 31,000,000 persons were treated for nonfatal injuries in EDs in 2000. Although most of the injuries were unintentional, an estimated 1,973,000 were violence-related. Data from NEISS-AIP can be used for monitoring temporal trends in nonfatal injuries by mechanism and intent of injury.

NEISS-AIP data were collected from 66 of the 100 NEISS hospitals, which were selected as a stratified probability sample of all hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED (1,2). The 66 NEISS-AIP hospitals are a nationally representative sample of U.S. hospital EDs. NEISS-AIP hospitals provide data on approximately 600,000 injury- and consumer product-related ED cases each year. Data from these cases are weighted by the inverse of the probability of selection to provide national estimates (1). Annualized estimates were based on weighted data for 126,547 nonfatal injury-related ED visits during July 1–September 30, 2000. Each sample was weighted by four and then these adjusted weights were added to provide annualized estimates for the overall population and population subgroups (i.e., age, sex, and race/ethnicity*). SUDAAN was used to account for the complex sample design (1).

Nonfatal injuries and poisonings were defined as bodily harm resulting from acute exposure to an external force or substance (i.e., mechanical, thermal, electrical, chemical, or radiant) and near drowning, including unintentional and violence-related causes. Cases were excluded if 1) the principal diagnosis was an illness, pain only, psychological harm (e.g., anxiety and depression) only, contact dermatitis associated with exposure to consumer products (e.g., body lotions, detergents, and diapers) and plants (e.g., poison ivy), or unknown; or 2) the ED visit was for adverse effects of therapeutic drugs or of surgical and medical care (3).

All injuries were classified for intent of injury (i.e., unintentional, assault, self harm, and legal intervention) and mechanism of injury (i.e., fall, struck by/against, motor-vehicle-occupant-related incident, cut/pierce, and fire/burn) (4). Unintentional included unintended injuries and injuries in which no indication of intent to harm was documented in the ED record. Assault included suspected and confirmed injuries from interpersonal violent events (e.g., injuries to victims, innocent bystanders, police, and perpetrators). Self harm included suspected and confirmed intentionally self-inflicted injuries. Legal intervention included injuries inflicted by police or other legal authorities (e.g., security guards) while acting in the line of duty. The mechanism of injury represents the precipitating mechanism that initiated the chain of events leading to the injury, which is similar

*On the ED record, often only one entry is available for race or ethnicity. The classification scheme for this report assumed that most white Hispanics probably were recorded on the ED record as Hispanics and most black Hispanics probably were recorded as black.

Nonfatal Injuries — Continued

to the underlying cause for injury-related death. Mechanisms of injury were classified by trained coders into recommended major external cause-of-injury groupings (3,5) using definitions consistent with *International Classification of Diseases, Ninth Revision, Clinical Modifications* (ICD-9-CM) external cause coding guidelines (6). Because of limited resources, ICD-9-CM external cause-of-injury codes were not assigned.

During 2000, persons with nonfatal injuries were treated in EDs at an estimated rate of 11,188 per 100,000 population. The nonfatal injury rate was approximately 40% higher for males than for females (Table 1). Males aged 15–19 years had the highest nonfatal injury rate (20,528 per 100,000 population) (Table 1). Of the estimated 31,000,000 nonfatal injuries, 93.6% were unintentional and the remaining 6.4% were violence-related, including assaults (5.5%), intentional self harm (0.7%), and legal interventions (0.2%) (Table 2). Falls were the leading cause of unintentional nonfatal injuries, accounting for an estimated 7,021,000 (24.4%) of unintentional injury-related ED visits. An estimated 3,299,000 persons were injured as an occupant in a motor vehicle (Table 2), of which 95.2% were traffic-related. Injuries to motor-vehicle occupants were the leading cause of unintentional nonfatal injury-related ED visits for females aged 15–24 years. The nonfatal injury rate for pedal cyclists was 2.9 times higher for males than for females (Table 2). An estimated 389,000 persons were treated in EDs for dog bites (Table 2).

Of an estimated 1,973,000 violence-related nonfatal injuries, 66% were physical assaults that included being hit with an object or by another person (Table 2). Sexual assault was the fourth leading cause of violence-related, nonfatal injury-related ED visits; the nonfatal rate of sexual assault for females was 4.8 times higher than that for males (Table 2). Approximately 150,000 persons were treated in EDs for poisoning-related suicide attempts and the rate of intentionally self-inflicted, nonfatal poisonings for females was 1.6 times that for males (Table 2).

Reported by: Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

Editorial Note: The findings in this report indicate that, in 2000, approximately 10% of U.S. residents were treated for nonfatal injuries in EDs. On the basis of NEISS-AIP and National Vital Statistics System data (7), for every injury-related death in the United States, approximately 200 persons were treated for nonfatal injuries in EDs. Most (93.6%) of these injuries were unintentional; however, approximately 2 million persons were treated for violence-related injuries. NEISS-AIP will provide a national data source for further characterizing these injuries by unintentional and violence-related causes and helping to identify those at risk.

NEISS-AIP will provide additional data on the characteristics and circumstances of injuries that are treated in EDs. In addition to age, race/ethnicity, sex, intent of injury, and mechanism of injury, data are being collected on principal diagnosis, primary body part affected, locale where the injury occurred, work-relatedness, consumer products involved, and disposition at ED discharge. For transport-related injuries, data are being collected on traffic-relatedness and on motor-vehicle occupant status (e.g., driver, passenger, boarding, and alighting) at the time of the injury. For assaults, data are being collected on the relationship of the perpetrator to the injured person (e.g., spouse/partner, parent, other relative, friend, and stranger) and the context (e.g., altercation, robbery, sexual assault, drug-related, and gang-related). In addition, on the basis of information in the ED record, a brief narrative is being recorded that provides further details about the circumstances of the incident.

Nonfatal Injuries — Continued

Annualized national estimates of NEISS-AIP data for July 1–September 30, 2000, are comparable to estimates based on other surveys. Data for 1998 from the National Hospital Ambulatory Medical Care Survey (NHAMCS), which collects data on all types of ED visits and focuses primarily on health-care utilization, identified an average annual estimate of 37,111,000 injury-related ED visits (8). NHAMCS used an injury definition similar to that of NEISS AIP. However, the NHAMCS estimate includes both initial ED visits and revisits for the same injury; the NEISS-AIP estimate includes only initial ED visits. Data from a 3-month NEISS All Injury Pilot Study conducted during May 1–July 31, 1997, of a nationally representative sample of 21 NEISS hospitals identified an annualized estimate of 29,060,000 injuries (9). The distributions of injuries by intent and mechanism of injury were similar among all three data sources. For example, the percentage of injury-related ED visits that were violence-related was 5.2% for NHAMCS, 5.6% for the NEISS All Injury Pilot Study, and 6.4% for NEISS-AIP. The percentage of violence-related cases for NEISS-AIP might be expected to be highest because data were obtained for ED visits during July–September when assault rates are higher than during other months of the year (10).

The findings in this report are subject to at least three limitations. First, this system provides only national estimates and does not allow for estimates by region, state, or local jurisdiction. Second, data are based solely on information provided in the ED record and are not linked to criminal justice, police reports, or other data sources to supplement or verify the cause and intent of injury. Finally, because the estimates were derived from 3 months of data, they do not account for cause-specific seasonal differences in the number of injuries (10).

Hospital audits conducted by CPSC indicate that NEISS hospital coders identify approximately 90% of all reportable product-related cases (A. McDonald, CPSC, personal communication, 2001). NEISS also has the capacity to conduct special studies to collect more details about specific types and causes of injury, and in-depth follow-up interviews for case studies of injury circumstances and consumer product involvement.

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TABLE 1. Estimated number of nonfatal injuries treated in hospital emergency departments, by sex, age, and race/ethnicity — United States, 2000

Characteristic	Male				Female				Both sexes*			
	No.	% [†]	Rate [‡]	(95% CI) [¶]	No.	%	Rate	(95% CI)	No.	%	Rate	(95% CI)
Age group (yrs)												
0–4	1,509,016	8.6	15,582	(12,851–18,313)	1,076,466	8.2	11,671	(9,856– 13,485)	2,587,021	8.4	13,682	(11,425–15,940)
5–9	1,444,411	8.2	14,162	(11,844–16,480)	966,869	7.3	9,966	(8,460– 11,472)	2,411,708	7.8	12,119	(10,222–14,015)
10–14	1,722,428	9.8	16,738	(14,268–19,209)	973,302	7.4	9,941	(8,521– 11,360)	2,696,014	8.8	13,425	(11,501–15,350)
15–19	2,078,167	11.9	20,528	(17,772–23,284)	1,248,809	9.5	12,962	(11,044–14,879)	3,327,434	10.8	16,841	(14,565–19,117)
20–24	1,880,497	10.7	20,451	(17,085–23,817)	1,190,749	9.0	13,281	(11,242–15,319)	3,071,245	10.0	16,911	(14,284–19,538)
25–34	3,065,461	17.5	16,427	(14,233–18,622)	2,033,962	15.4	10,845	(9,500– 12,190)	5,099,967	16.6	13,630	(11,897–15,364)
35–44	2,646,100	15.1	11,927	(10,420–13,433)	1,953,457	14.8	8,691	(7,679– 9,704)	4,600,868	15.0	10,302	(9,081– 11,522)
45–54	1,508,207	8.6	8,318	(7,293– 9,343)	1,352,626	10.2	7,148	(6,323– 7,974)	2,861,165	9.3	7,722	(6,817– 8,626)
55–64	728,385	4.2	6,353	(5,519– 7,187)	713,436	5.4	5,697	(4,938– 6,456)	1,441,821	4.7	6,011	(5,232– 6,790)
65–74	449,200	2.6	5,426	(4,546– 6,305)	595,003	4.5	5,963	(5,060– 6,866)	1,044,627	3.4	5,722	(4,879– 6,564)
75–84	347,636	2.0	7,084	(5,876– 8,292)	653,379	4.9	8,791	(7,252– 10,329)	1,001,015	3.3	8,112	(6,746– 9,478)
≥85	153,255	0.9	12,615	(9,825–15,406)	443,077	3.4	14,415	(11,379–17,451)	596,565	1.9	13,911	(11,038–16,784)
Unknown	4,389	0.0	—	—	2,284	0.0	—	—	7,135	0.0	—	—
Race/Ethnicity**												
White,												
non-Hispanic	9,852,505	56.2	—	—	7,430,883	56.3	—	—	17,285,964	56.2	—	—
Black	2,548,498	14.5	—	—	2,144,643	16.2	—	—	4,693,939	15.3	—	—
Hispanic	1,361,627	7.8	—	—	791,211	6.0	—	—	2,152,838	7.0	—	—
Other,												
non-Hispanic	500,451	2.9	—	—	406,156	3.1	—	—	907,035	3.0	—	—
Unknown	3,274,071	18.7	—	—	2,430,525	18.4	—	—	5,706,809	18.6	—	—
Total	17,537,152	100.0	13,054	(11,453–14,656)	13,203,419	100.0	9,399	(8,321– 10,477)	30,746,586	100.0	11,188	(9,875– 12,501)

* Includes weighted data for persons of unknown sex.

† Percentages may not total 100% because of rounding.

‡ Per 100,000 population.

¶ Confidence interval.

** Black includes Hispanic and non-Hispanic; Hispanic excludes black Hispanic. Rates are not presented because of the relatively high percentage of unknowns.

TABLE 2. Estimated number of nonfatal injuries treated in hospital emergency departments (EDs), by sex, intent, and mechanism of injury — United States, 2000

Intent/Mechanism*	Male				Female				Both sexes**			
	No.	%†	Rate‡	(95% CI¶)	No.	%	Rate	(95% CI)	No.	%	Rate	(95% CI)
UNINTENTIONAL												
Fall	3,323,673	19.0	2,474	(2,169– 2,779)	3,696,934	28.0	2,632	(2,320– 2,944)	7,021,456	22.8	2,555	(2,256– 2,854)
Struck by/ against	3,590,362	20.5	2,673	(2,310– 3,036)	1,972,864	14.9	1,404	(1,235– 1,574)	5,565,289	18.1	2,025	(1,767– 2,283)
Transport-related	2,964,384	16.9	2,207	(1,855– 2,558)	2,386,488	18.1	1,699	(1,399– 1,999)	5,352,798	17.4	1,948	(1,627– 2,269)
<i>Motor-vehicle</i>												
<i>occupant</i>	1,561,790	8.9	1,163	(932– 1,393)	1,736,193	13.1	1,236	(980– 1,492)	3,298,869	10.7	1,200	(959– 1,441)
<i>Motorcyclist</i>	228,499	1.3	170	(128– 212)	37,638	0.3	27	(18– 36)	266,598	0.9	97	(73– 121)
<i>Pedal cyclist</i>	708,774	4.0	528	(419– 636)	258,031	2.0	184	(150– 217)	967,382	3.1	352	(285– 419)
<i>Pedestrian</i>	108,914	0.6	81	(61– 101)	67,306	0.5	48	(36– 59)	176,220	0.6	64	(49– 79)
<i>Other transport</i>	356,409	2.0	265	(222– 309)	287,320	2.2	205	(169– 240)	643,729	2.1	234	(197– 271)
Overexertion	1,782,534	10.2	1,327	(1,122– 1,532)	1,461,168	11.1	1,040	(874– 1,206)	3,243,702	10.5	1,180	(999– 1,361)
Cut/pierce/stab	1,585,313	9.0	1,180	(1,007– 1,353)	842,484	6.4	600	(514– 685)	2,428,021	7.9	884	(758– 1,009)
Other bite/sting	760,423	4.3	566	(475– 657)	755,387	5.7	538	(457– 618)	1,515,810	4.9	552	(471– 632)
Foreign body	480,180	2.7	357	(300– 415)	271,336	2.1	193	(163– 224)	751,516	2.4	273	(233– 314)
Fire/burn	316,218	1.8	235	(200– 271)	246,804	1.9	176	(148– 203)	563,022	1.8	205	(175– 235)
Dog bite	220,775	1.3	164	(134– 195)	167,949	1.3	120	(95– 144)	388,724	1.3	141	(115– 168)
Machinery	279,570	1.6	208	(166– 250)	52,413	0.4	37	(27– 48)	331,983	1.1	121	(96– 145)
Poisoning	164,480	0.9	122	(91– 154)	120,203	0.9	86	(66– 105)	284,683	0.9	104	(79– 128)
Natural												
environmental	62,650	0.4	47	(14– 79)	27,864	0.2	20	(9– 31)	90,514	0.3	33	(14– 52)
Inhalation/ suffocation	14,663	0.1	11	(8– 14)	16,883	0.1	12	(7– 17)	31,546	0.1	11	(8– 15)
BB/pellet gunshot	15,831	0.1	12	(8– 15)	2,787 ^{††}	0.0 ^{††}	— ^{††}	— ^{††}	18,651	0.1	7	(5– 9)
Firearm gunshot	14,907	0.1	11	(6– 16)	1,919 ^{††}	0.0 ^{††}	— ^{††}	— ^{††}	16,827	0.1	6	(4– 9)
Near drowning/ submersion	8,018	0.0	6	(3– 9)	2,275 ^{††}	0.0 ^{††}	— ^{††}	— ^{††}	10,293	0.0	4	(2– 6)
Other specified	232,279	1.3	173	(141– 205)	169,729	1.3	121	(96– 146)	402,008	1.3	146	(119– 173)
Unknown/ unspecified	534,055	3.0	398	(290– 505)	221,704	1.7	158	(118– 197)	756,251	2.5	275	(204– 346)
Total	16,350,316	93.2	12,171	(10,666–13,676)	12,417,190	94.0	8,839	(7,814– 9,865)	28,773,094	93.6	10,470	(9,230– 11,710)

Nonfatal Injuries — Continued

VIOLENCE-RELATED

Assault																		
Sexual assault	10,683	0.1	8	(	4–	12)	53,797	0.4	38	(	20–	57)	64,480	0.2	23	(	12–	35)
Other assault	1,027,264	5.9	765	(	596–	933)	593,598	4.5	423	(	322–	523)	1,621,290	5.3	590	(	459–	721)
<i>Struck</i>																		
<i>by/against</i>	803,334	4.6	598	(	478–	718)	503,887	3.8	359	(	275–	443)	1,307,649	4.3	476	(	377–	575)
<i>Cut/pierce</i>	93,975	0.5	70	(	41–	99)	26,414	0.2	19	(	9–	29)	120,388	0.4	44	(	25–	63)
<i>Other bite/sting</i>	30,221	0.2	22	(	14–	31)	24,987	0.2	18	(	12–	23)	55,209	0.2	20	(	14–	26)
<i>Firearm gunshot</i>	41,499	0.2	31	(	12–	49)	4,133 ^{††}	0.0^{††}	—^{††}	(	—^{††}	)	45,632	0.1	17	(	7–	27)
<i>Other specified</i>	47,916	0.3	36	(	27–	44)	30,896	0.2	22	(	17–	27)	78,812	0.3	29	(	23–	34)
<i>Unknown/ unspecified</i>	10,319	0.1	8	(	4–	11)	3,281 ^{††}	0.0^{††}	—^{††}	(	—^{††}	)	13,600	0.0	5	(	3–	7)
Total	1,037,947	5.9	773	(	602–	943)	647,396	4.9	461	(	349–	572)	1,685,770	5.5	613	(	476–	751)
Self harm																		
Poisoning	57,065	0.3	42	(	28–	57)	92,833	0.7	66	(	42–	90)	149,898	0.5	55	(	36–	73)
Cut/pierce	28,845	0.2	21	(	13–	30)	25,385	0.2	18	(	11–	25)	54,231	0.2	20	(	13–	27)
Other specified	13,129	0.1	10	(	6–	13)	7,464	0.1	5	(	2–	8)	20,593	0.1	7	(	5–	10)
Unknown/ unspecified	428 ^{††}	0.0^{††}	—^{††}	(	—^{††}	)	428 ^{††}	0.0^{††}	—^{††}	(	—^{††}	)	855 ^{††}	0.0 ^{††}	— ^{††}	(— ^{††})
Total	99,467	0.6	74	(	51–	97)	126,110	1.0	90	(	60–	120)	225,577	0.7	82	(	56–	108)
Legal intervention	49,422	0.3	37	(	24–	50)	12,723	0.1	9	(	5–	13)	62,145	0.2	23	(	15–	30)
Total	1,186,836	6.8	883	(	697–	1069)	786,228	6.0	560	(	440–	680)	1,973,492	6.4	718	(	568–	869)
TOTAL	17,537,152	100.0	13,054	(	11,453–	14,656)	13,203,419	100.0	9,399	(	8,321–	10,477)	30,746,586	100.0	11,188	(	9,875–	12,501)

* Unintentional includes unintended injuries and injuries in which no indication of intent to harm was documented in the ED record; assault includes suspected and confirmed injuries from interpersonal violent events; self harm includes suspected and confirmed intentionally self-inflicted injuries; legal intervention includes injuries inflicted by police or other legal authorities while acting in the line of duty.

† Percentages may not total 100% because of rounding.

§ Per 100,000 population.

¶ Confidence interval.

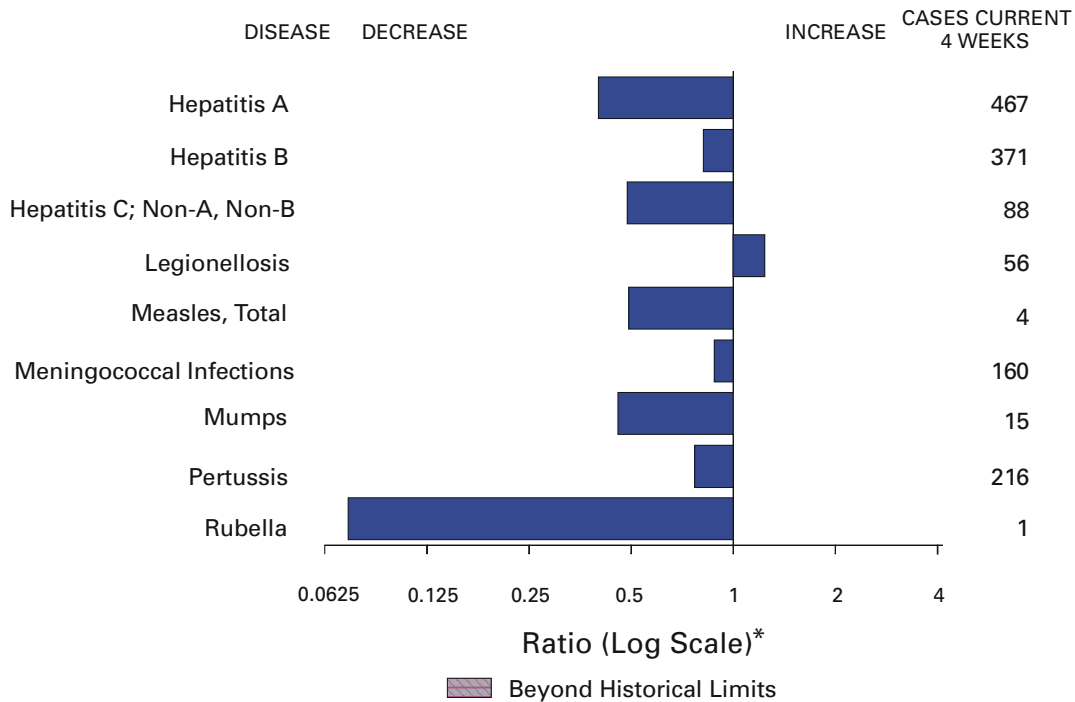
**Includes weighted data for persons of unknown sex.

†† National estimate might be unstable because it is based on <20 cases or the coefficient of variation is >30%.

Nonfatal Injuries — Continued

9. Quinlan KP, Thompson MP, Annest JL, et al. Expanding the National Electronic Injury Surveillance System to monitor all nonfatal injuries treated in US hospital emergency departments. *Annals Emerg Med* 1999;34:637-45.
10. Gotsch KE, Annest JL, Mercy JA, Ryan GW. Surveillance for fatal and nonfatal firearm-related injuries—United States, 1993-1998. In: CDC surveillance summaries (March). *MMWR* 2001;50(no. SS-2).

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending April 28, 2001, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 16 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 April 28, 2001 (17th Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	18	Psittacosis*	4
Cholera	-	Q fever*	4
Cyclosporiasis*	33	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	39
Ehrlichiosis: human granulocytic (HGE)*	27	Rubella, congenital syndrome	-
human monocytic (HME)*	3	Streptococcal disease, invasive, group A	1,290
Encephalitis: California serogroup viral*	-	Streptococcal toxic-shock syndrome*	20
eastern equine*	-	Syphilis, congenital†	17
St. Louis*	-	Tetanus	5
western equine*	-	Toxic-shock syndrome	45
Hansen disease (leprosy)*	23	Trichinosis	5
Hantavirus pulmonary syndrome*†	3	Tularemia*	9
Hemolytic uremic syndrome, postdiarrheal*	19	Typhoid fever	56
HIV infection, pediatric*§	72	Yellow fever	-
Plague	-		

-: No reported cases.

*Not notifiable in all states.

† Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update April 24, 2001.

§ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	AIDS		Chlamydia [†]		Cryptosporidiosis		<i>Escherichia coli</i> O157:H7*			
	Cum. 2001 [‡]	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	NETSS		PHLIS	
							Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	11,921	12,725	197,475	219,929	445	457	320	466	209	375
NEW ENGLAND	469	789	7,528	7,568	18	27	38	42	32	44
Maine	14	14	393	398	2	4	5	3	4	3
N.H.	13	11	359	352	-	1	7	4	6	4
Vt.	10	1	194	189	6	8	2	1	-	2
Mass.	271	526	3,328	3,274	5	7	17	20	15	16
R.I.	40	33	945	770	3	2	1	-	2	-
Conn.	121	204	2,309	2,585	2	5	6	14	5	19
MID. ATLANTIC	2,254	3,159	16,811	21,105	46	92	31	63	15	56
Upstate N.Y.	97	157	N	N	21	24	24	56	10	38
N.Y. City	1,028	1,930	8,970	8,968	23	63	-	4	1	2
N.J.	635	628	1,374	4,318	1	1	7	3	4	7
Pa.	494	444	6,467	7,819	1	4	N	N	-	9
E.N. CENTRAL	926	1,259	27,689	38,276	137	95	66	88	26	29
Ohio	167	172	2,898	10,074	35	17	22	17	10	9
Ind.	85	97	4,873	4,226	17	5	12	10	2	10
Ill.	433	803	7,366	10,602	-	15	9	29	7	-
Mich.	189	141	9,675	7,981	36	12	14	12	-	5
Wis.	52	46	2,877	5,393	49	46	9	20	7	5
W.N. CENTRAL	243	271	10,034	12,412	21	25	26	67	24	68
Minn.	47	47	1,906	2,665	-	4	8	10	12	30
Iowa	24	23	1,325	1,406	11	6	4	13	2	7
Mo.	117	123	3,195	4,241	5	6	5	25	6	16
N. Dak.	1	-	323	308	-	1	-	2	1	4
S. Dak.	-	3	611	583	2	3	3	2	1	2
Nebr.	16	19	778	1,167	3	2	-	10	-	6
Kans.	38	56	1,896	2,042	-	3	6	5	2	3
S. ATLANTIC	3,720	3,357	42,100	40,349	98	59	39	38	20	32
Del.	72	63	987	989	1	1	-	1	-	-
Md.	436	388	4,043	3,919	20	4	2	6	-	1
D.C.	297	264	1,206	1,062	7	-	-	-	U	U
Va.	270	237	5,544	4,951	6	3	6	8	5	9
W. Va.	28	19	755	682	-	-	1	2	-	2
N.C.	190	169	6,923	6,635	14	6	20	8	9	2
S.C.	250	256	4,130	3,523	-	-	2	2	2	1
Ga.	392	355	8,214	8,027	30	32	2	3	2	8
Fla.	1,785	1,606	10,298	10,561	20	13	6	8	2	9
E.S. CENTRAL	682	596	15,410	16,387	12	15	13	27	8	21
Ky.	121	80	2,832	2,563	1	-	1	10	2	8
Tenn.	220	259	4,756	4,665	2	2	7	10	5	11
Ala.	174	163	4,183	5,234	4	7	5	1	-	-
Miss.	167	94	3,639	3,925	5	6	-	6	1	2
W.S. CENTRAL	1,296	1,097	31,021	32,949	7	20	21	29	23	42
Ark.	81	68	2,639	1,901	2	1	1	4	-	3
La.	331	213	5,624	6,027	3	2	-	2	9	8
Okla.	67	67	3,205	2,930	2	1	7	4	6	3
Tex.	817	749	19,553	22,091	-	16	13	19	8	28
MOUNTAIN	510	444	10,047	12,905	39	28	38	38	22	25
Mont.	11	6	650	543	3	1	3	8	-	-
Idaho	7	9	554	632	5	3	5	4	-	3
Wyo.	1	2	260	257	-	3	1	3	-	2
Colo.	109	101	912	3,675	13	8	17	14	12	7
N. Mex.	40	50	1,571	1,598	8	1	2	1	-	2
Ariz.	202	141	4,153	4,140	1	3	6	6	5	8
Utah	48	48	318	820	9	7	3	1	4	1
Nev.	92	87	1,629	1,240	-	2	1	1	1	2
PACIFIC	1,821	1,753	36,835	37,978	67	96	48	74	39	58
Wash.	201	196	4,484	4,261	N	U	11	12	8	25
Oreg.	69	47	481	2,287	2	2	2	12	6	13
Calif.	1,526	1,456	29,998	29,726	65	94	27	43	23	14
Alaska	9	5	799	826	-	-	-	1	-	1
Hawaii	16	49	1,073	878	-	-	4	6	2	5
Guam	9	13	-	-	-	-	N	N	U	U
P.R.	408	284	1,628	U	-	-	-	1	U	U
V.I.	2	18	53	-	-	-	-	-	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	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 April 24, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	93,865	109,895	688	1,074	205	218	111	641	1,333
NEW ENGLAND	2,038	2,107	12	6	10	16	11	164	185
Maine	43	25	-	-	-	2	-	-	-
N.H.	40	28	-	-	3	2	-	42	18
Vt.	28	17	5	3	3	-	-	1	1
Mass.	1,020	836	7	3	3	9	7	38	76
R.I.	245	201	-	-	-	-	-	-	-
Conn.	662	1,000	-	-	1	3	4	83	90
MID. ATLANTIC	10,142	11,700	24	226	20	50	20	296	902
Upstate N.Y.	2,350	1,982	15	17	13	18	9	234	352
N.Y. City	3,811	3,733	-	-	3	6	3	-	37
N.J.	829	2,431	-	197	3	2	5	-	101
Pa.	3,152	3,554	9	12	1	24	3	62	412
E.N. CENTRAL	15,169	22,840	73	87	57	63	11	17	42
Ohio	2,150	5,574	5	2	32	27	3	17	5
Ind.	2,030	1,931	-	-	5	9	1	-	-
Ill.	4,512	7,457	3	9	-	7	-	-	2
Mich.	5,554	5,546	65	76	14	11	6	-	-
Wis.	923	2,332	-	-	6	9	1	U	35
W.N. CENTRAL	4,079	5,222	169	170	18	11	2	22	24
Minn.	556	1,026	-	1	1	1	-	15	11
Iowa	349	314	-	-	5	3	-	1	-
Mo.	2,008	2,555	164	162	9	5	1	4	7
N. Dak.	11	16	-	-	-	-	-	-	-
S. Dak.	71	83	-	-	-	1	-	-	-
Nebr.	248	402	2	2	2	-	-	1	1
Kans.	836	826	3	5	1	1	1	1	5
S. ATLANTIC	26,254	28,738	34	24	29	41	20	112	141
Del.	528	540	-	2	-	4	-	-	23
Md.	2,415	2,763	11	4	6	10	2	93	94
D.C.	1,046	727	-	-	1	-	-	7	-
Va.	2,918	3,454	-	1	4	3	3	7	12
W. Va.	165	195	4	3	N	N	2	1	4
N.C.	5,832	5,756	7	8	3	5	-	3	4
S.C.	3,042	3,033	2	-	1	2	1	-	-
Ga.	4,572	4,975	-	-	2	2	5	-	-
Fla.	5,736	7,295	10	6	12	15	7	1	4
E. S. CENTRAL	9,890	11,456	72	161	20	6	7	2	1
Ky.	1,091	1,041	3	15	6	4	1	2	-
Tenn.	3,112	3,533	21	31	8	1	3	-	1
Ala.	3,396	3,916	1	4	4	1	3	-	-
Miss.	2,291	2,966	47	111	2	-	-	-	-
W. S. CENTRAL	15,113	16,859	144	310	3	5	2	1	13
Ark.	1,654	920	3	3	-	-	1	-	-
La.	3,805	4,226	58	199	2	2	-	1	1
Okla.	1,505	1,277	2	1	1	1	-	-	-
Tex.	8,149	10,436	81	107	-	2	1	-	12
MOUNTAIN	3,167	3,297	126	32	17	13	11	3	1
Mont.	35	10	-	1	-	-	-	-	-
Idaho	27	30	1	-	-	1	-	1	-
Wyo.	17	23	101	1	1	-	-	1	1
Colo.	1,069	1,012	9	13	6	6	1	-	-
N. Mex.	274	334	8	4	1	1	3	-	-
Ariz.	1,098	1,355	4	10	6	2	2	-	-
Utah	33	97	-	-	1	3	1	-	-
Nev.	614	436	3	3	2	-	4	1	-
PACIFIC	8,013	7,676	34	58	31	13	27	24	24
Wash.	1,005	763	9	8	6	6	2	2	-
Oreg.	73	287	2	12	N	N	1	1	3
Calif.	6,648	6,406	23	38	25	7	24	21	21
Alaska	100	95	-	-	-	-	-	-	-
Hawaii	187	125	-	-	-	-	-	N	N
Guam	-	-	-	-	-	-	-	-	-
P.R.	578	159	-	1	2	-	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	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 April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	NETSS		PHLIS	
					Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	252	304	1,525	1,895	6,807	8,213	5,245	7,631
NEW ENGLAND	23	10	180	209	548	502	483	537
Maine	2	1	26	51	73	38	36	25
N.H.	2	-	5	3	42	25	34	37
Vt.	-	1	28	15	24	37	23	44
Mass.	6	6	51	65	314	295	252	291
R.I.	1	-	21	18	26	18	35	37
Conn.	12	2	49	57	69	89	103	103
MID. ATLANTIC	43	59	231	305	599	1,203	798	1,400
Upstate N.Y.	11	17	178	213	230	261	122	358
N.Y. City	21	27	3	3	219	359	291	383
N.J.	8	6	49	47	107	317	143	263
Pa.	3	9	1	42	43	266	242	396
E.N. CENTRAL	27	39	9	15	1,008	1,223	749	695
Ohio	5	3	1	2	392	272	274	246
Ind.	8	2	1	-	93	123	75	144
Ill.	-	23	1	-	229	425	179	1
Mich.	14	9	6	7	192	198	143	218
Wis.	-	2	-	6	102	205	78	86
W.N. CENTRAL	7	18	101	169	382	412	427	548
Minn.	1	4	15	24	71	38	156	164
Iowa	1	1	17	23	73	53	60	55
Mo.	2	2	6	7	118	145	146	180
N. Dak.	-	2	17	39	1	14	12	21
S. Dak.	-	-	13	40	27	21	12	29
Nebr.	1	3	-	-	32	62	-	41
Kans.	2	6	33	36	60	79	41	58
S. ATLANTIC	68	67	656	655	1,795	1,330	1,106	1,153
Del.	1	2	12	10	24	22	23	32
Md.	29	27	92	137	188	191	170	206
D.C.	4	-	-	-	23	-	U	U
Va.	13	17	126	159	307	165	217	171
W. Va.	-	-	46	38	16	38	18	29
N.C.	1	7	189	162	325	207	175	170
S.C.	3	-	40	43	216	118	208	95
Ga.	3	1	77	67	237	216	249	339
Fla.	14	13	74	39	459	373	46	111
E.S. CENTRAL	8	11	59	64	401	411	177	319
Ky.	2	2	7	9	73	83	36	58
Tenn.	3	2	43	40	112	101	98	139
Ala.	3	6	9	15	155	129	31	104
Miss.	-	1	-	-	61	98	12	18
W.S. CENTRAL	4	4	89	335	501	863	401	522
Ark.	1	1	-	-	79	78	29	50
La.	1	3	-	-	89	146	135	98
Okla.	1	-	30	23	41	77	39	66
Tex.	1	-	59	312	292	562	198	308
MOUNTAIN	19	16	81	58	533	745	406	664
Mont.	2	1	13	16	19	23	-	-
Idaho	2	-	-	-	21	40	4	38
Wyo.	-	-	16	22	25	15	13	14
Colo.	9	8	-	-	158	240	138	212
N. Mex.	1	-	2	3	62	63	48	52
Ariz.	1	2	50	16	160	195	127	183
Utah	2	3	-	1	57	110	53	108
Nev.	2	2	-	-	31	59	23	57
PACIFIC	53	80	119	85	1,040	1,524	698	1,793
Wash.	2	4	-	-	107	98	144	185
Oreg.	3	18	-	-	28	101	71	130
Calif.	45	56	87	75	796	1,250	401	1,406
Alaska	1	-	32	10	14	19	-	18
Hawaii	2	2	-	-	95	56	82	54
Guam	-	-	-	-	-	-	U	U
P.R.	-	2	49	18	83	95	U	U
V.I.	-	-	-	-	-	-	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	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 April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS		Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000				
UNITED STATES	3,263	5,246	1,594	3,169	1,623	2,081	3,010	3,729
NEW ENGLAND	51	101	56	86	13	24	101	77
Maine	1	2	1	-	-	-	5	3
N.H.	1	1	1	4	-	-	6	2
Vt.	2	1	1	-	-	-	1	1
Mass.	35	71	35	54	9	20	57	64
R.I.	4	7	5	9	1	1	10	7
Conn.	8	19	13	19	3	3	22	-
MID. ATLANTIC	301	809	245	562	115	96	630	637
Upstate N.Y.	129	276	6	135	4	4	75	68
N.Y. City	102	412	125	282	79	45	338	374
N.J.	40	69	49	70	14	18	149	159
Pa.	30	52	65	75	18	29	68	36
E.N. CENTRAL	498	883	246	294	245	438	316	386
Ohio	153	58	73	43	27	23	47	80
Ind.	83	124	16	24	55	155	27	29
Ill.	129	331	84	2	63	151	167	215
Mich.	108	263	66	216	92	88	51	33
Wis.	25	107	7	9	8	21	24	29
W.N. CENTRAL	348	331	308	269	16	31	135	166
Minn.	105	43	173	83	7	3	71	54
Iowa	74	61	64	64	-	8	9	13
Mo.	79	181	55	99	6	15	37	63
N. Dak.	9	1	1	1	-	-	-	-
S. Dak.	26	1	1	-	-	-	4	8
Nebr.	24	22	-	11	-	2	14	6
Kans.	31	22	14	11	3	3	-	22
S. ATLANTIC	541	591	163	173	647	679	552	603
Del.	4	4	3	4	2	2	-	2
Md.	38	33	13	10	78	107	57	72
D.C.	19	-	U	U	13	18	15	-
Va.	38	33	19	26	48	43	58	71
W. Va.	4	2	6	2	-	1	9	14
N.C.	130	37	54	18	157	180	79	98
S.C.	33	9	20	10	93	70	24	26
Ga.	68	66	44	65	83	120	121	156
Fla.	207	407	4	38	173	138	189	164
E.S. CENTRAL	299	234	76	178	185	312	199	252
Ky.	106	47	30	28	15	32	32	27
Tenn.	33	118	23	138	106	198	43	93
Ala.	82	12	17	9	30	42	91	87
Miss.	78	57	6	3	34	40	33	45
W.S. CENTRAL	474	831	257	260	227	295	359	626
Ark.	182	66	65	22	15	33	45	48
La.	27	94	58	42	50	69	-	46
Okla.	6	11	2	8	29	56	39	32
Tex.	259	660	132	188	133	137	275	500
MOUNTAIN	217	311	140	187	59	67	84	146
Mont.	-	2	-	-	-	-	-	4
Idaho	7	26	-	17	-	-	4	2
Wyo.	-	1	-	2	-	1	-	-
Colo.	49	52	38	27	4	3	26	18
N. Mex.	40	32	28	18	4	6	5	19
Ariz.	92	119	53	56	42	55	25	57
Utah	13	21	13	28	6	-	5	8
Nev.	16	58	8	39	3	2	19	38
PACIFIC	534	1,155	103	1,160	116	139	634	836
Wash.	56	208	62	241	21	20	55	63
Oreg.	8	89	30	52	1	3	-	22
Calif.	455	840	-	856	91	116	512	689
Alaska	2	6	-	3	-	-	14	25
Hawaii	13	12	11	8	3	-	53	37
Guam	-	-	U	U	-	-	-	-
P.R.	7	14	U	U	115	59	38	50
V.I.	-	-	U	U	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	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 III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	<i>H. influenzae</i> , Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
	Cum. 2001 [†]	Cum. 2000	A		B		Indigenous		Imported*		Total	
			Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	493	457	2,842	4,106	1,881	1,947	-	20	-	16	36	25
NEW ENGLAND	16	37	136	104	31	33	-	3	-	1	4	-
Maine	1	1	3	6	3	2	-	-	-	-	-	-
N.H.	-	6	5	8	7	6	-	-	-	-	-	-
Vt.	-	3	2	3	1	3	-	1	-	-	1	-
Mass.	15	21	42	42	2	1	-	2	-	1	3	-
R.I.	-	1	6	6	6	6	-	-	-	-	-	-
Conn.	-	5	78	39	12	15	-	-	-	-	-	-
MID. ATLANTIC	58	67	246	288	253	326	-	1	-	5	6	8
Upstate N.Y.	22	27	79	77	43	36	-	-	-	4	4	-
N.Y. City	21	23	106	151	147	184	-	-	-	-	-	8
N.J.	14	13	46	-	44	14	-	-	-	1	1	-
Pa.	1	4	15	60	19	92	-	1	-	-	1	-
E.N. CENTRAL	59	75	326	585	235	223	-	-	-	7	7	3
Ohio	27	24	90	115	42	36	-	-	-	2	2	2
Ind.	16	8	29	15	6	15	-	-	-	2	2	-
Ill.	9	28	87	228	20	27	-	-	-	3	3	-
Mich.	3	4	115	176	167	136	-	-	-	-	-	1
Wis.	4	11	5	51	-	9	-	-	-	-	-	-
W.N. CENTRAL	19	15	143	288	63	82	-	4	-	-	4	-
Minn.	8	7	9	36	7	7	-	2	-	-	2	-
Iowa	1	-	15	32	7	14	-	-	-	-	-	-
Mo.	8	7	42	162	35	42	-	2	-	-	2	-
N. Dak.	-	1	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	1	-	1	-	-	-	-	-	-	-
Nebr.	2	-	18	13	6	14	U	-	U	-	-	-
Kans.	-	-	58	45	7	5	-	-	-	-	-	-
S. ATLANTIC	166	110	598	414	420	320	-	3	-	1	4	-
Del.	-	-	-	6	-	4	-	-	-	-	-	-
Md.	43	28	87	49	51	45	-	2	-	1	3	-
D.C.	-	-	15	-	3	-	-	-	-	-	-	-
Va.	9	21	45	50	43	50	-	-	-	-	-	-
W. Va.	4	3	2	34	7	2	-	-	-	-	-	-
N.C.	22	8	38	77	85	92	-	-	-	-	-	-
S.C.	4	5	21	14	5	2	-	-	-	-	-	-
Ga.	40	31	214	52	108	45	-	1	-	-	1	-
Fla.	44	14	176	132	118	80	-	-	-	-	-	-
E.S. CENTRAL	33	19	96	180	110	144	-	-	-	-	-	-
Ky.	1	9	12	19	14	28	-	-	-	-	-	-
Tenn.	14	7	44	60	41	62	-	-	-	-	-	-
Ala.	17	3	36	23	34	11	-	-	-	-	-	-
Miss.	1	-	4	78	21	43	-	-	-	-	-	-
W.S. CENTRAL	15	27	369	781	222	215	-	1	-	-	1	-
Ark.	-	-	18	59	32	31	-	-	-	-	-	-
La.	2	10	31	31	15	54	-	-	-	-	-	-
Okla.	13	17	56	117	25	30	-	-	-	-	-	-
Tex.	-	-	264	574	150	100	-	1	-	-	1	-
MOUNTAIN	85	53	288	302	195	160	-	-	-	1	1	8
Mont.	-	-	4	1	1	3	-	-	-	-	-	-
Idaho	1	2	27	12	4	4	-	-	-	1	1	-
Wyo.	4	-	15	3	16	-	-	-	-	-	-	-
Colo.	18	11	31	59	40	32	-	-	-	-	-	3
N. Mex.	12	11	8	33	44	51	-	-	-	-	-	-
Ariz.	40	23	146	153	66	52	-	-	-	-	-	-
Utah	3	4	24	18	9	4	-	-	-	-	-	3
Nev.	7	2	33	23	15	14	-	-	-	-	-	2
PACIFIC	42	54	640	1,164	352	444	-	8	-	1	9	6
Wash.	1	3	24	93	31	17	-	-	-	-	-	3
Oreg.	3	16	20	81	10	35	-	1	-	-	1	-
Calif.	23	20	584	979	300	384	-	7	-	1	8	3
Alaska	1	1	11	4	4	2	-	-	-	-	-	-
Hawaii	14	14	1	7	7	6	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	33	113	18	80	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	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 107 cases among children aged <5 years, serotype was reported for 52, and of those, eight were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending April 28, 2001, and April 29, 2000 (17th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	936	889	4	58	149	45	1,535	1,688	1	4	37
NEW ENGLAND	62	52	-	-	2	-	224	436	-	-	6
Maine	1	3	-	-	-	-	-	9	-	-	-
N.H.	5	3	-	-	-	-	16	52	-	-	1
Vt.	4	2	-	-	-	-	22	82	-	-	-
Mass.	36	34	-	-	-	-	178	272	-	-	4
R.I.	1	3	-	-	1	-	1	6	-	-	-
Conn.	15	7	-	-	1	-	7	15	-	-	1
MID. ATLANTIC	71	84	-	1	11	1	90	158	-	1	6
Upstate N.Y.	29	17	-	-	5	1	74	72	-	1	2
N.Y. City	18	24	-	1	3	-	6	31	-	-	4
N.J.	22	20	-	-	-	-	2	-	-	-	-
Pa.	2	23	-	-	3	-	8	55	-	-	-
E.N. CENTRAL	112	155	1	7	19	8	174	219	-	1	-
Ohio	43	27	-	1	6	4	116	131	-	-	-
Ind.	14	18	1	1	-	4	11	12	-	-	-
Ill.	20	44	-	5	4	-	14	19	-	1	-
Mich.	23	49	-	-	8	-	15	14	-	-	-
Wis.	12	17	-	-	1	-	18	43	-	-	-
W.N. CENTRAL	62	53	-	5	7	-	74	58	1	1	1
Minn.	7	3	-	1	-	-	17	31	-	-	-
Iowa	16	12	-	-	4	-	9	8	1	1	-
Mo.	23	28	-	-	1	-	33	8	-	-	-
N. Dak.	3	1	-	-	-	-	-	1	-	-	-
S. Dak.	2	4	-	-	-	-	3	1	-	-	-
Nebr.	2	3	U	-	1	U	2	2	U	-	1
Kans.	9	2	-	4	1	-	10	7	-	-	-
S. ATLANTIC	179	128	-	6	19	5	71	116	-	1	9
Del.	-	-	-	-	-	-	-	1	-	-	-
Md.	24	12	-	3	5	-	11	35	-	-	-
D.C.	-	-	-	-	-	-	1	-	-	-	-
Va.	20	23	-	2	4	-	8	10	-	-	-
W. Va.	4	3	-	-	-	-	1	-	-	-	-
N.C.	40	24	-	-	3	1	25	29	-	-	6
S.C.	18	10	-	1	6	1	14	15	-	-	2
Ga.	24	22	-	-	-	-	2	13	-	1	-
Fla.	49	34	-	-	1	3	9	13	-	-	1
E.S. CENTRAL	67	57	1	1	4	3	37	39	-	-	4
Ky.	13	12	1	1	-	1	11	25	-	-	1
Tenn.	23	24	-	-	2	-	16	5	-	-	-
Ala.	27	16	-	-	1	2	7	8	-	-	3
Miss.	4	5	-	-	1	-	3	1	-	-	-
W.S. CENTRAL	139	102	-	6	15	7	33	60	-	-	4
Ark.	10	5	-	1	1	-	3	6	-	-	-
La.	46	32	-	2	3	-	1	4	-	-	1
Okla.	14	17	-	-	-	-	1	-	-	-	-
Tex.	69	48	-	3	11	7	28	50	-	-	3
MOUNTAIN	51	52	1	6	9	20	713	287	-	-	-
Mont.	-	1	-	-	1	-	5	6	-	-	-
Idaho	4	6	-	-	-	1	160	35	-	-	-
Wyo.	1	-	-	1	-	-	1	-	-	-	-
Colo.	20	14	-	2	1	-	135	173	-	-	-
N. Mex.	8	7	-	2	1	-	42	41	-	-	-
Ariz.	9	16	-	-	-	17	354	23	-	-	-
Utah	5	6	-	-	4	2	11	6	-	-	-
Nev.	4	2	1	1	2	-	5	3	-	-	-
PACIFIC	193	206	1	26	63	1	119	315	-	-	7
Wash.	34	15	-	-	1	1	30	89	-	-	6
Oreg.	12	25	N	N	N	-	6	26	-	-	-
Calif.	139	158	1	17	55	-	75	178	-	-	1
Alaska	1	3	-	1	2	-	-	4	-	-	-
Hawaii	7	5	-	8	5	-	8	18	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-
P.R.	1	4	-	-	-	-	-	-	-	-	-
V.I.	-	-	U	U	U	U	-	-	U	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	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
April 28, 2001 (17th Week)**

Reporting Area	All Causes, By Age (Years)						P&I [†] Total	Reporting Area	All Causes, By Age (Years)						P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	567	414	94	43	5	11	53	S. ATLANTIC	1,414	887	290	132	64	41	87
Boston, Mass.	140	100	21	10	3	6	15	Atlanta, Ga.	219	125	47	25	16	6	-
Bridgeport, Conn.	47	34	10	3	-	-	3	Baltimore, Md.	151	88	38	20	2	3	13
Cambridge, Mass.	22	19	3	-	-	-	4	Charlotte, N.C.	106	65	20	10	6	5	6
Fall River, Mass.	27	21	4	2	-	-	3	Jacksonville, Fla.	180	121	38	9	4	8	12
Hartford, Conn.	86	54	20	10	1	1	3	Miami, Fla.	109	52	13	20	13	11	9
Lowell, Mass.	24	18	5	1	-	-	5	Norfolk, Va.	52	34	11	2	4	1	1
Lynn, Mass.	22	18	4	-	-	-	3	Richmond, Va.	63	35	12	10	5	1	11
New Bedford, Mass.	33	31	1	1	-	-	2	Savannah, Ga.	54	37	10	4	1	2	5
New Haven, Conn.	43	34	6	3	-	-	3	St. Petersburg, Fla.	61	47	10	3	1	-	6
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	202	144	38	10	7	3	17
Somerville, Mass.	9	7	1	1	-	-	-	Washington, D.C.	199	128	46	19	5	1	7
Springfield, Mass.	31	23	3	4	-	1	5	Wilmington, Del.	18	11	7	-	-	-	-
Waterbury, Conn.	31	24	2	2	-	3	2	E. S. CENTRAL	756	535	136	57	15	13	69
Worcester, Mass.	52	31	14	6	1	-	5	Birmingham, Ala.	161	116	28	9	4	4	18
MID. ATLANTIC	2,253	1,577	438	151	42	44	120	Chattanooga, Tenn.	75	57	13	3	-	2	5
Albany, N.Y.	60	40	12	3	1	4	7	Knoxville, Tenn.	91	56	20	11	2	2	7
Allentown, Pa.	19	16	1	2	-	-	2	Lexington, Ky.	83	63	13	5	-	2	7
Buffalo, N.Y.	89	67	14	6	-	2	9	Memphis, Tenn.	188	130	35	14	7	2	18
Camden, N.J.	31	18	8	4	-	1	1	Mobile, Ala.	108	71	22	13	1	1	7
Elizabeth, N.J.	35	24	8	2	-	1	-	Montgomery, Ala.	50	42	5	2	1	-	7
Erie, Pa.‡	57	42	10	2	2	1	4	Nashville, Tenn.	U	U	U	U	U	U	U
Jersey City, N.J.	43	34	6	2	1	-	-	W. S. CENTRAL	1,601	1,043	334	130	63	31	110
New York City, N.Y.	1,241	848	262	91	19	20	50	Austin, Tex.	110	82	14	9	3	2	4
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	92	53	25	7	5	2	3
Paterson, N.J.	30	18	7	4	1	-	1	Corpus Christi, Tex.	75	58	10	3	3	1	10
Philadelphia, Pa.	258	171	47	23	9	8	10	Dallas, Tex.	224	143	43	24	6	8	18
Pittsburgh, Pa.‡	58	45	11	-	1	1	4	El Paso, Tex.	87	59	22	3	1	2	4
Reading, Pa.	30	28	1	1	-	-	6	Ft. Worth, Tex.	148	93	33	11	8	3	3
Rochester, N.Y.	141	101	25	4	6	5	10	Houston, Tex.	373	226	77	34	26	10	28
Schenectady, N.Y.	20	17	1	1	1	-	-	Little Rock, Ark.	75	48	20	3	2	2	5
Scranton, Pa.‡	27	23	3	1	-	-	3	New Orleans, La.	69	31	22	9	6	1	11
Syracuse, N.Y.	77	60	13	2	1	1	10	San Antonio, Tex.	173	122	35	13	3	-	14
Trenton, N.J.	20	13	5	2	-	-	2	Shreveport, La.	50	36	10	4	-	-	4
Utica, N.Y.	17	12	4	1	-	-	2	Tulsa, Okla.	125	92	23	10	-	-	6
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1,000	714	167	76	26	17	80
E. N. CENTRAL	1,605	1,137	312	87	33	36	111	Albuquerque, N.M.	101	81	12	4	3	1	11
Akron, Ohio	61	48	12	-	-	1	2	Boise, Idaho	42	29	8	1	3	1	3
Canton, Ohio	54	41	11	2	-	-	4	Colo. Springs, Colo.	47	33	8	5	1	-	9
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	111	74	20	10	2	5	9
Cincinnati, Ohio	110	70	17	7	7	9	6	Las Vegas, Nev.	214	158	34	16	5	1	10
Cleveland, Ohio	129	75	32	15	3	4	13	Ogden, Utah	35	26	6	2	1	-	5
Columbus, Ohio	212	156	32	13	5	6	14	Phoenix, Ariz.	170	110	33	16	6	5	10
Dayton, Ohio	114	84	22	7	1	-	13	Pueblo, Colo.	27	20	3	3	1	-	5
Detroit, Mich.	170	108	45	9	4	4	9	Salt Lake City, Utah	110	77	18	8	4	3	9
Evansville, Ind.	50	40	8	2	-	-	2	Tucson, Ariz.	143	106	25	11	-	1	9
Fort Wayne, Ind.	67	53	6	5	2	1	10	PACIFIC	1,325	950	246	81	25	20	102
Gary, Ind.	14	9	3	1	-	1	-	Berkeley, Calif.	19	13	5	1	-	-	3
Grand Rapids, Mich.	55	45	7	2	1	-	4	Fresno, Calif.	120	85	22	9	2	2	4
Indianapolis, Ind.	180	130	34	6	6	4	10	Glendale, Calif.	U	U	U	U	U	U	U
Lansing, Mich.	43	34	8	1	-	-	4	Honolulu, Hawaii	62	48	8	2	2	2	3
Milwaukee, Wis.	117	77	32	6	-	2	14	Long Beach, Calif.	82	53	19	5	3	2	8
Peoria, Ill.	54	37	10	5	1	1	2	Los Angeles, Calif.	U	U	U	U	U	U	U
Rockford, Ill.	43	29	11	2	1	-	-	Pasadena, Calif.	32	24	8	-	-	-	3
South Bend, Ind.	61	44	12	1	2	2	3	Portland, Oreg.	160	121	25	10	4	-	10
Toledo, Ohio	U	U	U	U	U	U	U	Sacramento, Calif.	178	127	34	10	5	2	17
Youngstown, Ohio	71	57	10	3	-	1	1	San Diego, Calif.	165	119	22	18	2	3	14
W. N. CENTRAL	725	527	126	38	17	17	52	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	55	40	9	3	2	1	8	San Jose, Calif.	202	148	34	11	4	5	16
Duluth, Minn.	45	36	8	1	-	-	3	Santa Cruz, Calif.	29	21	7	1	-	-	5
Kansas City, Kans.	31	20	6	3	1	1	2	Seattle, Wash.	130	87	36	4	1	2	6
Kansas City, Mo.	97	62	20	6	4	5	8	Spokane, Wash.	59	44	10	3	-	2	8
Lincoln, Nebr.	33	25	5	2	1	-	1	Tacoma, Wash.	87	60	16	7	2	-	5
Minneapolis, Minn.	155	125	23	6	1	-	8	TOTAL	11,246 [§]	7,784	2,143	795	290	230	784
Omaha, Nebr.	74	60	9	4	-	1	5								
St. Louis, Mo.	79	49	21	4	3	2	-								
St. Paul, Minn.	87	65	14	3	2	3	11								
Wichita, Kans.	69	45	11	6	3	4	6								

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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