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Human Anthrax Associated With an Epizootic Among Livestock — North Dakota, 2000

On August 28, 2000, the North Dakota Department of Health was notified by a local clinician of a patient with a cutaneous lesion suggestive of anthrax following exposure to an infected animal carcass. This report summarizes the investigation of this case, which was associated with an anthrax epizootic among livestock in North Dakota, and emphasizes the importance of increased vigilance for human cases of anthrax during and following outbreaks of anthrax among livestock.

On August 19, 2000, a 67-year-old resident of eastern North Dakota participated in the disposal of five cows that had died of anthrax. On the day of disposal, he placed chains around the heads and hooves of the animals and moved them to a burial site. He reported having worn leather gloves throughout transportation and disposal.

On August 23, he noticed a small bump on his left cheek at the angle of his jaw. On August 25, the lesion had enlarged and he sought medical attention. He denied fever, malaise, headache, pruritus, or difficulty swallowing. On examination, the lesion was indurated to approximately the size of a quarter and was surrounded by a purple colored ring. The patient was afebrile and did not appear ill. The physician reported a firm, nontender, superficial nodule with an overlying 0.5 cm black eschar. No drainage was noted and neither wound nor blood cultures was obtained. The patient was placed on ciprofloxacin 500 mg twice a day for presumed cutaneous anthrax.

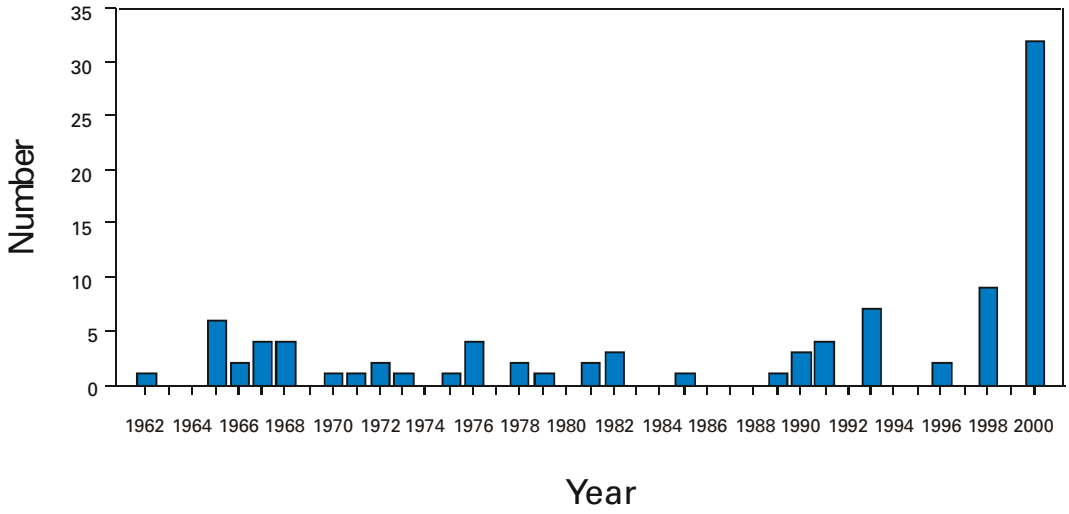
On follow-up examination on August 28, the eschar had enlarged to 1 cm. Following consultation with the North Dakota Department of Health and based on clinical suspicion of anthrax, the patient continued the course of ciprofloxacin for a total of 14 days. The lesion slowly improved over several weeks. Paired serum specimens were obtained on September 22 and October 5, 2000, and were tested at CDC; both had positive antibody titers by ELISA of 200 to protective antigen, confirming infection with *Bacillus anthracis*.

This case was associated with an anthrax epizootic in North Dakota, during which 32 farms were quarantined for anthrax in 2000*, compared with an average of two farms per year during the preceding 40 years (Figure 1). The initial cases were detected in May 2000, when four animals were found dead on a farm; the deaths were later confirmed to be associated with anthrax. During the epizootic, which extended from July 6 through September 24, 2000, 157 animals died on 31 farms on which 62 persons were involved with animal care, vaccination, specimen processing, or carcass disposal. No other cases of symptomatic anthrax were identified in humans in North Dakota.

*A quarantined farm is one on which at least one case of culture-confirmed anthrax has occurred among livestock.

Human Anthrax — Continued

FIGURE 1. Number of farms quarantined for anthrax — North Dakota, 1962–2000



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Editorial Note: This report presents the first case of cutaneous anthrax in the United States since 1992. In the United States, the annual incidence of human anthrax declined from approximately 200 cases in the early 1900s to no human cases since 1992. Although most cases reported in the United States have been cutaneous, 18 cases of inhalational anthrax were reported during the 20th century, most recently in 1976 (*1*). No cases of gastrointestinal anthrax have been reported in the United States.

Anthrax most commonly occurs in both wild and domestic mammals (e.g., cattle, sheep, goats, camels, antelopes, and other herbivores) (*2*). Humans develop anthrax infection following exposure to infected animals, tissue from infected animals, or by direct exposure to *B. anthracis* (*3,4*). Exposure to infected animal tissue can occur during postmortem examination, slaughter, or handling of infected meat or hides. Exposure also can occur during laboratory manipulation of infected blood, muscle, or other tissues. Human-to-human transmission of anthrax is rare.

Anthrax can occur in three forms: cutaneous, gastrointestinal, and inhalational (*2*). Most cases (95% worldwide) are cutaneous. The incubation period for cutaneous anthrax ranges from 12 hours to 12 days (*2–5*). Cutaneous anthrax may begin with pruritus at the affected site, typically followed by a small, painless papule that progresses to a vesicle in 1–2 days. The lesion erodes, leaving a necrotic ulcer with a characteristic black center. Secondary vesicles are sometimes observed, lymphadenopathy may occur, and local edema may be extensive. Patients may have fever, malaise, and headache. The most common sites of cutaneous anthrax are the hands, forearms, and head. Of the 203 cases reported in the United States since 1955 in which the site of infection was known, 64 (27%) have been in the head and neck region (*2*). Presumably, the mechanism of inoculation in this case was the transfer of infective spores on the patient's gloves to broken skin on his face.

Human Anthrax — Continued

Untreated, 20% of persons with cutaneous anthrax die, compared with <1% of those who receive antibiotic therapy (*2,6*). *B. anthracis* is sensitive *in vitro* to penicillin, tetracycline, chloramphenicol, and ciprofloxacin (*7*). In localized or uncomplicated cases of cutaneous anthrax, the recommended regimen is penicillin V, 500 mg taken orally every 6 hours for 5–7 days. For more severe cases of cutaneous anthrax, penicillin G, 4–6 million units every 6 hours intravenously for 7–10 days is recommended. Doxycycline, 100 mg twice a day for localized cases or intravenously for serious cases, also can be used (*7–9*).

Veterinarians and agricultural workers should minimize direct contact with animals suspected to have died of anthrax. For confirmation by smear or culture, the carcass should not be opened, and a postmortem blood sample should be obtained aseptically by a veterinarian from an accessible peripheral vein (e.g., jugular vein). Specimens also can be obtained from hemorrhagic nasal, buccal, or anal exudate or from materials contaminated with the exudate. If possible, the carcass should be burned or buried where it is found. To minimize environmental contamination, burning is the preferred disposal method. Bedding and other materials found around the carcass (e.g., contaminated soil) also should be burned or buried, and all remaining animals should be promptly removed from the affected pasture. Farms where anthrax deaths among livestock are confirmed should be quarantined and all susceptible healthy livestock on the affected and neighboring premises vaccinated with the Sterne vaccine. Where anthrax is suspected or confirmed, use of long-acting antibiotics followed by vaccination may be effective in reducing livestock deaths. However, this regimen has not been systematically evaluated.

Because this epizootic may continue in North Dakota and because anthrax cases among livestock occur each year, health-care providers should consider the possibility of anthrax when evaluating patients with characteristic skin lesions, particularly if the exposure history includes handling of animals with confirmed or suspected anthrax. Vigilance for human cases of anthrax should be heightened during anthrax epizootics. Veterinary health services should work closely with public and private health officials to ensure early detection and treatment of possible human anthrax cases resulting from exposure to animals during an epizootic. Any person who handles carcasses of animals that have died or are suspected to have died of anthrax should contact their health-care provider if they develop a skin lesion. Although veterinarians, agricultural workers, and laboratory workers might be at increased risk for *B. anthracis* infection during these epizootics, the risk is low and anthrax vaccination is not recommended (*10*).

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[†] All *MMWR* references are available on the Internet at <http://www.cdc.gov/mmwr>. Use the search function to find specific articles.

Human Anthrax — Continued

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Botulism Outbreak Associated With Eating Fermented Food — Alaska, 2001

On January 18, 2001, the Alaska Division of Public Health was informed by a local physician of a possible botulism outbreak in a southwest Alaska village. This report summarizes the findings of the outbreak investigation, which linked disease to eating fermented food, and describes a new botulism prevention program in Alaska.

A case of foodborne botulism was defined as a clinically compatible illness in a village resident with laboratory confirmation of botulism or a history of eating the same food as a laboratory-confirmed case; 14 persons in the village had eaten fermented beaver tail and paw on January 17. Approximately 20 hours later, three of the 14 had symptoms suggestive of botulism, including dry mouth, blurry vision, and general weakness. Two patients developed respiratory failure and required intubation and mechanical ventilation. One of the two intubated patients suffered cardiac arrest and underwent successful cardiopulmonary resuscitation. Approximately 6 hours after the onset of symptoms, the three patients received types A/B and E botulism antitoxin. They subsequently were evacuated to an intensive care unit (ICU) in Anchorage. Two patients recovered without further complication. The third required tracheostomy tube placement and mechanical ventilation for 1 month; this patient had been hospitalized with botulism in 1997. Of the other 11 exposed persons, four reported minor symptoms compatible with botulism, including dry mouth and nausea, and were admitted to a hospital for overnight observation. One was hospitalized for 10 days with persistent ileus. The remaining seven exposed persons were held for observation for 48 hours.

Clinical specimens from the 14 exposed persons were tested for botulinum toxin at CDC. Type E toxin was detected in serum specimens from two of the ICU patients and in stool from the third. Although they displayed minor symptoms, the other 11 persons had no toxin found in specimens and were not considered laboratory-confirmed cases. Type E toxin also was detected in three beaver paws tested from the implicated meal.

Beaver is hunted in southwest Alaska, and certain parts often are fermented and eaten later. In this outbreak, the tail and paws had been wrapped in a paper rice sack and stored for up to 3 months in the entry of a patient's house. Some of the beaver tail and paw had been added to the sack as recently as 1 week before it was eaten.

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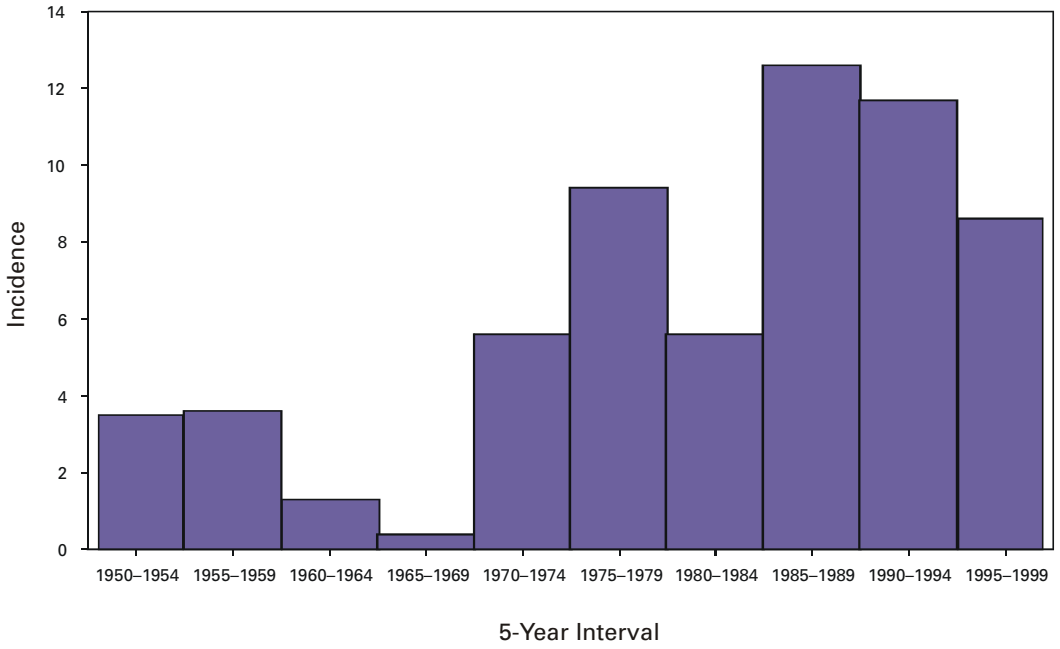
Editorial Note: This report illustrates how the use of nontraditional fermentation methods is associated with foodborne botulism in Alaska. Botulism results from eating preformed

Botulism Outbreak — Continued

toxin produced by *Clostridium botulinum*. Botulism begins with cranial nerve paralysis, including diplopia, dilated and fixed pupils, dysarthria, dysphagia, and dry throat. Botulism intoxication can result in death, which most often is caused by respiratory failure. The latent period is typically 12–36 hours but can range from 6 hours to 10 days (*1*). *C. botulinum* and closely related organisms produce toxins designated as types A, B, C, D, E, F, and G. Human botulism is most commonly caused by types A, B, and E. Type E is associated with foods of marine or freshwater origin. Alaska's foodborne botulism rates exceed those in any other state and are among the highest in the world (*1*). During 1950–2000, Alaska recorded 226 cases of foodborne botulism from 114 outbreaks. All patients were Alaska Natives, and all cases with known causes were associated with eating fermented foods (*1,2*). Approximately 27% of U.S. foodborne botulism cases occur in Alaska.

In traditional fermentation, food is kept in a grass-lined hole in the ground or a wooden barrel sunken into the ground or is placed in a shady area above ground for several weeks to months. Since the 1970s, however, plastic or glass containers have been used and fermentation has been done above ground or indoors. The anaerobic condition of sealed containers and warmer temperatures make fermentation more rapid and production of botulism toxin more likely (*3–5*). These nontraditional methods have been associated with increased botulism rates in Alaska during 1970–1989 (Figure 1) (*4,5*). Although a plastic container was not used in this outbreak, the beaver tail and paw were fermented in a closed rice sack and stored in a warm area.

FIGURE 1. Incidence* of foodborne botulism among Alaska Natives, by 5-year intervals — Alaska, 1950–1999



*Per 100,000 population.

Botulism Outbreak — Continued

Early diagnosis and antitoxin treatment have contributed to the decline of the case-fatality rate from approximately 31% during 1950–1959 to no deaths in Alaska since 1994 (*1*). However, Alaska continues to have high foodborne botulism rates because fermented foods are part of Alaska Native culture. In a 1999 survey, 107 (77%) of 140 Alaska Natives reported having eaten fermented foods at least once in their lifetime (*3*).

In 1998, the Bristol Bay Area Health Corporation, a health-care delivery organization operated by Alaska Natives in southwest Alaska, collaborated with CDC's Arctic Investigations Program to design a community-based botulism prevention strategy, including an education video entitled, "A Helping Hand: Keeping Your Family Safe From Botulism." It features Alaska Native elders and botulism survivors discussing the risks of eating improperly fermented foods and recommends returning to traditional methods. The video also suggests boiling fermented foods for 10 minutes to destroy botulinum toxin. Both an English and an Alaska Native language version of the video were produced and distributed to all village clinics and schools in the Bristol Bay region. Information on botulism prevention also is available at http://www.cdc.gov/phtn/botulism/default/default.htm.

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Self-Reported Asthma Prevalence Among Adults — United States, 2000

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of wheezing, shortness of breath, chest tightness, and cough and is among the most common chronic diseases in the United States, affecting approximately 10.2 million adults during 1996 (*1*). Direct and indirect costs associated with asthma during 1998 were an estimated $12.7 billion (*2*). Despite the prevalence and associated costs of asthma, state-specific data have not been available (*3,4*). This report summarizes state asthma prevalence data collected from the 2000 Behavioral Risk Factor Surveillance System (BRFSS) survey, which indicated that approximately 7.2% of adults residing in the United States reported having asthma. This is the first state-specific asthma prevalence data available for all 50 states. Continued use of the BRFSS asthma questions will allow state health departments to monitor trends in asthma prevalence and to provide data to direct asthma management.

Self-Reported Asthma — Continued

BRFSS is a state-based, random-digit–dialed survey of the noninstitutionalized U.S. population aged ≥18 years; the survey collects information about modifiable risk factors for chronic diseases and other leading causes of death (*5*). CDC and state and territorial departments of health use the system to monitor trends that affect public health decisions. During 1999, the first optional two-item module on asthma was added to the BRFSS questionnaire. During 2000, the asthma questions were used in the 50 states, Puerto Rico, and the District of Columbia. Two asthma case definitions were constructed. Lifetime asthma was defined as answering "yes" to "Have you ever been told by a doctor that you have asthma?" Current asthma was defined as answering "yes" to "Have you ever been told by a doctor that you have asthma?" and "Do you still have asthma?" Weighted prevalence estimates and 95% confidence intervals were calculated using SUDAAN to account for the complex survey design (*6*).

The median response rate was 51.3% (from 33.4% in New Jersey to 75.5% in Minnesota). On the basis of answers from 182,293 respondents, the overall prevalence of lifetime asthma was 10.5%. The median rate of lifetime asthma from the 52 reporting areas was also 10.5% (from 8.0% in Louisiana to 15.9% in Puerto Rico) (Table 1). During 2000, an estimated 14.6 million adults had current asthma; the overall prevalence of current asthma was 7.2%. The median rate of current asthma from the 52 reporting areas was 7.3% (from 5.0% in Louisiana to 8.9% in Maine) (Table 1). Current asthma was higher among blacks (8.5%) than whites (7.1%) and persons of other race/ethnicity (5.6%). The prevalence of current asthma decreased with increasing family income (from 9.8% among persons with family incomes of <$15,000 to 5.9% among persons with family incomes of ≥$75,000). Women had higher rates of current asthma than men both overall (9.1% versus 5.1%) and in each reporting area (Table 2).

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Editorial Note: This report provides the first estimates of self-reported asthma in U.S. adults collected and reported at the state level. Previous state estimates were calculated using National Health Interview Survey regional data and demographic data from the states. In 1998, national prevalence of current asthma among adults and children was 6.4% (from 5.8% in Florida, Oklahoma, and West Virginia to 7.2% in Nevada) (*7*). BRFSS data indicate no consistent regional pattern and some variability among the states. Possible reasons for this variability include demographic, socioeconomic (e.g., income and education levels) and environmental factors (e.g., outdoor air pollution and climate), physician diagnostic procedures, or response rates. Asthma rates consistently were

Self-Reported Asthma — Continued

TABLE 1. Estimated lifetime* and current† asthma prevalence — Behavioral Risk Factor Surveillance System (BRFSS), United States, Puerto Rico, and the District of Columbia, 2000

Area	Lifetime Asthma Prevalence			Current Asthma Prevalence		
	No.	(%)	(95% CI§)	No.	(%)	(95% CI)
Alabama	2,238	9.1	(7.8–10.5)	2,233	6.1	(5.0– 7.2)
Alaska	2,079	11.3	(8.9–13.6)	2,076	6.9	(5.3– 8.5)
Arizona	2,677	11.1	(8.7–13.5)	2,670	8.6	(6.3–10.9)
Arkansas	3,003	9.9	(8.7– 9.1)	2,997	6.6	(5.6– 7.6)
California	3,905	11.5	(10.4–12.7)	3,898	7.3	(6.4– 8.2)
Colorado	3,055	9.5	(8.1–10.9)	3,051	6.6	(5.4– 7.7)
Connecticut	3,909	10.8	(9.6–11.9)	3,898	7.8	(6.9– 8.8)
Delaware	2,756	10.4	(8.8–12.0)	2,745	7.1	(5.8– 8.4)
District of Columbia	1,713	11.0	(9.3–12.7)	1,705	8.0	(6.5– 9.4)
Florida	5,195	9.1	(8.2–10.0)	5,181	5.7	(5.0– 6.4)
Georgia	4,104	9.6	(8.4–10.8)	4,089	6.2	(5.3– 7.1)
Hawaii	6,015	11.4	(10.3–12.5)	6,007	7.3	(6.4– 8.3)
Idaho	4,976	10.8	(9.8–11.8)	4,965	7.7	(6.8– 8.5)
Illinois¶	1,856	10.5	(8.8–12.2)	1,854	7.9	(6.4– 9.4)
Indiana	2,919	11.2	(9.8–12.6)	2,913	8.1	(7.0– 9.2)
Iowa	3,608	8.5	(7.4– 9.6)	3,599	6.3	(5.4– 7.2)
Kansas	4,234	10.9	(9.8–12.0)	4,227	7.8	(6.9– 8.7)
Kentucky	6,402	10.7	(9.6–11.8)	6,391	7.8	(6.9– 8.7)
Louisiana	5,006	8.0	(7.2– 8.9)	4,994	5.0	(4.4– 5.7)
Maine	4,596	12.5	(10.8–14.1)	4,589	8.9	(7.6–10.3)
Maryland	4,587	10.6	(9.4–11.7)	4,580	7.3	(6.4– 8.2)
Massachusetts	8,139	11.9	(11.0–12.8)	8,122	8.5	(7.8– 9.2)
Michigan	2,602	10.3	(8.9–11.7)	2,593	7.3	(6.2– 8.5)
Minnesota	2,848	9.5	(8.2–10.8)	2,842	7.2	(6.1– 8.3)
Mississippi	2,177	9.9	(8.3–11.4)	2,172	6.8	(5.4– 8.1)
Missouri	4,384	10.6	(9.3–11.9)	4,376	7.2	(6.2– 8.3)
Montana	3,014	11.4	(9.9–13.0)	3,007	8.3	(7.0– 9.6)
Nebraska	3,092	8.7	(7.5– 9.9)	3,091	6.6	(5.5– 7.6)
Nevada	2,100	13.4	(11.3–15.6)	2,093	8.3	(6.6– 9.9)
New Hampshire	1,955	12.0	(10.3–13.7)	1,952	8.3	(7.0– 9.7)
New Jersey	3,776	8.7	(7.6– 9.7)	3,772	6.2	(5.3– 7.0)
New Mexico	3,247	10.0	(8.9–11.2)	3,238	6.9	(6.0– 7.9)
New York	3,355	10.7	(9.5–11.9)	3,347	7.7	(6.6– 8.7)
North Carolina	3,011	10.1	(8.9–11.4)	3,008	7.1	(6.1– 8.2)
North Dakota	1,913	9.2	(7.7–10.7)	1,912	7.4	(6.1– 8.8)
Ohio	3,253	10.9	(9.4–12.4)	3,247	8.6	(7.2–10.0)
Oklahoma	3,686	9.2	(8.1–10.2)	3,682	6.3	(5.5– 7.2)
Oregon	3,741	12.1	(10.9–13.2)	3,730	8.5	(7.6– 9.5)
Pennsylvania	3,534	9.3	(8.2–10.4)	3,529	6.6	(5.7– 7.4)
Puerto Rico	4,205	15.9	(14.4–17.3)	4,204	7.5	(6.6– 8.5)
Rhode Island	3,537	11.7	(10.5–13.0)	3,523	8.5	(7.5– 9.5)
South Carolina	3,312	10.4	(9.2–11.6)	3,306	6.8	(5.8– 7.7)
South Dakota	4,995	8.0	(7.2– 9.0)	4,984	5.6	(4.9– 6.3)
Tennessee	3,034	10.4	(9.2–11.7)	3,026	7.3	(6.3– 8.3)
Texas	5,015	10.5	(9.6–11.4)	5,006	6.5	(5.8– 7.3)
Utah	2,888	10.3	(8.9–11.8)	2,882	7.6	(6.3– 9.0)
Vermont	3,626	9.7	(8.7–10.8)	3,621	7.2	(6.2– 8.1)
Virginia	1,991	10.5	(8.9–12.2)	1,983	7.1	(5.7– 8.5)
Washington	3,578	11.9	(10.7–13.1)	3,570	8.2	(7.2– 9.2)
West Virginia	2,351	11.8	(10.3–13.2)	2,346	8.5	(7.3– 9.7)
Wisconsin	2,716	10.6	(9.2–11.9)	2,710	7.7	(6.6– 8.9)
Wyoming	2,385	11.8	(10.4–13.2)	2,378	8.6	(7.4– 9.9)
Total	**182,293**	**10.5**	**(10.3–10.7)**	**181,914**	**7.2**	**(7.0– 7.4)**

* Answering "yes" to "Have you ever been told by a doctor that you have asthma?"
† Answering "yes" to "Have you ever been told by a doctor that you have asthma?" and "Do you still have asthma?"
§ Confidence interval.
¶ Estimates are inexact because Illinois deviated from standard BRFSS sampling methodology.

Self-Reported Asthma — Continued

TABLE 2. Estimated current asthma* prevalence, by sex — Behavioral Risk Factor Surveillance System (BRFSS), United States, Puerto Rico, and the District of Columbia, 2000

	Men			Women		
Area	**No.**	**(%)**	**(95% CI†)**	**No.**	**(%)**	**(95% CI)**
Alabama	833	4.9	(3.2– 6.5)	1,400	7.2	(5.8– 8.7)
Alaska	985	4.3	(2.6– 5.9)	1,091	9.7	(7.0–12.5)
Arizona	1,084	7.0	(3.3–10.7)	1,586	10.0	(7.2–12.8)
Arkansas	1,153	4.4	(3.1– 5.7)	1,844	8.6	(7.0–10.1)
California	1,642	5.6	(4.4– 6.8)	2,256	9.0	(7.6–10.4)
Colorado	1,292	5.3	(3.8– 6.8)	1,759	7.8	(6.0– 9.5)
Connecticut	1,518	5.9	(4.5– 7.2)	2,380	9.6	(8.3–10.9)
Delaware	1,128	5.9	(3.9– 7.8)	1,617	8.3	(6.6–10.0)
District of Columbia	668	5.8	(3.7– 7.8)	1,037	9.8	(7.7–11.9)
Florida	2,089	4.1	(3.2– 5.0)	3,092	7.2	(6.1– 8.3)
Georgia	1,566	4.8	(3.5– 6.2)	2,523	7.5	(6.2– 8.7)
Hawaii	2,675	5.4	(4.2– 6.7)	3,332	9.3	(7.9–10.6)
Idaho	2,112	6.2	(5.0– 7.4)	2,853	9.1	(7.9–10.3)
Illinois§	785	4.9	(3.1– 6.7)	1,069	10.8	(8.5–13.1)
Indiana	1,206	5.8	(4.3– 7.4)	1,707	10.2	(8.5–11.8)
Iowa	1,419	5.7	(4.4– 7.0)	2,180	6.9	(5.7– 8.2)
Kansas	1,641	6.0	(4.7– 7.4)	2,586	9.5	(8.3–10.8)
Kentucky	2,542	5.5	(4.4– 6.6)	3,849	9.8	(8.5–11.2)
Louisiana	1,874	3.6	(2.7– 4.6)	3,120	6.3	(5.3– 7.3)
Maine	1,883	6.9	(5.0– 8.8)	2,706	10.8	(8.9–12.8)
Maryland	1,778	4.3	(3.2– 5.4)	2,802	10.0	(8.6–11.5)
Massachusetts	3,212	6.8	(5.7– 7.8)	4,910	10.1	(9.0–11.1)
Michigan	1,119	4.9	(3.3– 6.5)	1,474	9.6	(7.8–11.3)
Minnesota	1,253	5.0	(3.7– 6.4)	1,589	9.2	(7.6–10.9)
Mississippi	822	5.9	(3.7– 8.1)	1,350	7.6	(6.0– 9.2)
Missouri	1,693	5.9	(4.5– 7.4)	2,683	8.4	(6.9– 9.9)
Montana	1,286	7.2	(5.2– 9.1)	1,721	9.4	(7.5–11.2)
Nebraska	1,243	4.2	(2.9– 5.5)	1,848	8.8	(7.1–10.4)
Nevada	1,039	6.6	(4.4– 8.8)	1,054	9.9	(7.5–12.4)
New Hampshire	788	6.7	(4.6– 8.7)	1,164	9.9	(8.0–11.8)
New Jersey	1,472	4.5	(3.3– 5.7)	2,300	7.7	(6.5– 8.9)
New Mexico	1,468	5.5	(4.3– 6.8)	1,770	8.2	(6.8– 9.6)
New York	1,332	4.9	(3.6– 6.1)	2,015	10.2	(8.6–11.8)
North Carolina	1,143	4.7	(3.4– 5.9)	1,865	9.4	(7.8–11.0)
North Dakota	813	6.1	(4.3– 7.8)	1,099	8.8	(6.8–10.8)
Ohio	1,272	5.8	(4.0– 7.7)	1,975	11.1	(9.1–13.0)
Oklahoma	1,567	5.1	(3.9– 6.2)	2,115	7.5	(6.3– 8.7)
Oregon	1,488	5.6	(4.4– 6.8)	2,242	11.3	(9.8–12.7)
Pennsylvania	1,421	3.6	(2.7– 4.6)	2,108	9.2	(7.8–10.5)
Puerto Rico	1,544	5.4	(4.0– 6.9)	2,660	9.4	(8.1–10.8)
Rhode Island	1,370	5.9	(4.5– 7.4)	2,153	10.8	(9.3–12.2)
South Carolina	1,319	3.9	(2.7– 5.1)	1,987	9.4	(8.0–10.8)
South Dakota	1,927	4.6	(3.6– 5.6)	3,057	6.5	(5.5– 7.5)
Tennessee	995	4.3	(3.0– 5.6)	2,031	10.0	(8.5–11.6)
Texas	2,011	4.8	(3.7– 5.8)	2,995	8.2	(7.1– 9.3)
Utah	1,259	5.8	(4.1– 7.6)	1,623	9.4	(7.4–11.3)
Vermont	1,511	6.1	(4.8– 7.4)	2,110	8.1	(6.8– 9.4)
Virginia	846	4.5	(2.7– 6.3)	1,137	9.5	(7.4–11.6)
Washington	1,482	5.8	(4.6– 7.1)	2,088	10.5	(9.0–11.9)
West Virginia	953	6.7	(5.0– 8.4)	1,393	10.1	(8.4–11.9)
Wisconsin	1,218	5.5	(4.0– 7.1)	1,492	9.8	(8.1–11.5)
Wyoming	1,003	6.5	(4.9– 8.1)	1,375	10.7	(8.9–12.6)
Total	**73,742**	**5.1**	**(4.9– 5.4)**	**108,172**	**9.1**	**(8.8– 9.4)**

* Answering "yes" to "Have you ever been told by a doctor that you have asthma?" and "Do you still have asthma?"

† Confidence interval.

§ Estimates are inexact because Illinois deviated from standard BRFSS sampling methodology.

Self-Reported Asthma — Continued

higher among women than men. Higher rates among women have been described for both prevalence and other measures of asthma (e.g., hospitalization and mortality) (*3*) and may be associated with hormones, obesity, or other factors (*8,9*). It is unclear whether variability in rates reflects a true difference in prevalence, differences in reporting, or other factors.

The findings in this report are subject to at least three limitations. First, the median response rate for the survey was only 51.3%. Second, BRFSS does not measure asthma prevalence in institutionalized adults, persons aged <18 years, and residents without telephones; the percentage of households with telephones ranges from 87% (Mississippi) to 98% (Massachusetts) (*6*). Third, the validity of self-reported asthma status in BRFSS is unknown. BRFSS case definitions include respondents who have been told by a physician that they have asthma; either the physician's diagnosis or the subjects' recall of that diagnosis may be inaccurate. A 1998 review of asthma questionnaires reported a mean sensitivity of 68% (range: 48%–100%) and a mean specificity of 94% (range: 78%–100%) when self-reported asthma was compared with a clinical diagnosis of asthma (*10*).

The continued use of the BRFSS asthma questions will allow state health departments to monitor trends in asthma prevalence and to provide data to direct asthma management. In addition, the data will provide state-specific information on asthma prevalence by age, race/ethnicity, education level, and family income.

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*All *MMWR* references are available on the Internet at <http://www.cdc.gov/mmwr>. Use the search function to find specific articles.

Notice to Readers

Draft of Guidelines for the Prevention of Opportunistic Infections (OIs) in Persons Infected with Human Immunodeficiency Virus

The 2001 *Guidelines for the Prevention of Opportunistic Infections (OIs) in Persons Infected with Human Immunodeficiency Virus* are now available in draft form on the AIDS Treatment and Information Service website (http://www.hivatis.org). These guidelines, originally published in 1995 and revised in 1997 and 1999, address prevention of 19 HIV-associated OIs, or groups of OIs, with regard to preventing exposure to the infectious agent, preventing disease by chemoprophylaxis or vaccination (primary prophylaxis), and preventing disease recurrence in persons already treated for an OI (secondary prophylaxis). The guidelines include recommendations for adults and children, with specific information on care of pregnant women. As in earlier editions of the guidelines, recommendations are rated using a system that indicates the strength of each recommendation and quality of evidence supporting it.

The primary changes in the 2001 guidelines pertain to discontinuing chemoprophylaxis in patients whose CD4+ lymphocyte counts have increased in response to highly active antiretroviral therapy. Since the 1999 guidelines, new or strengthened recommendations are offered concerning discontinuation of primary prophylaxis against *Pneumocystis carinii* pneumonia (PCP), toxoplasmic encephalitis (TE), and disseminated *Mycobacterium avium* complex (MAC) disease; and for discontinuation of secondary prophylaxis against PCP, cytomegalovirus retinitis, disseminated MAC, TE, and cryptococcal meningitis. Other changes include new information on drug interactions and revised recommendations for vaccinating HIV-exposed/infected children.

The 2001 guidelines were developed by representatives of U.S. government agencies, professional organizations, academic institutions, and patient advocacy groups after reviewing published manuscripts, abstracts, and material presented at scientific meetings.

Comments on the guidelines may be addressed to Henry Masur, M.D., <hmasur@nih.gov> and will be accepted until September 1, 2001. After this date, the document will be revised and finalized. The guidelines are expected to be updated periodically as new information becomes available.

Notice to Readers

Epidemiology in Action

CDC and Emory University's Rollins School of Public Health will co-sponsor a course, "Epidemiology in Action" from November 5–16, 2001, at CDC and Emory University campuses. The course is designed for state and local public health professionals.

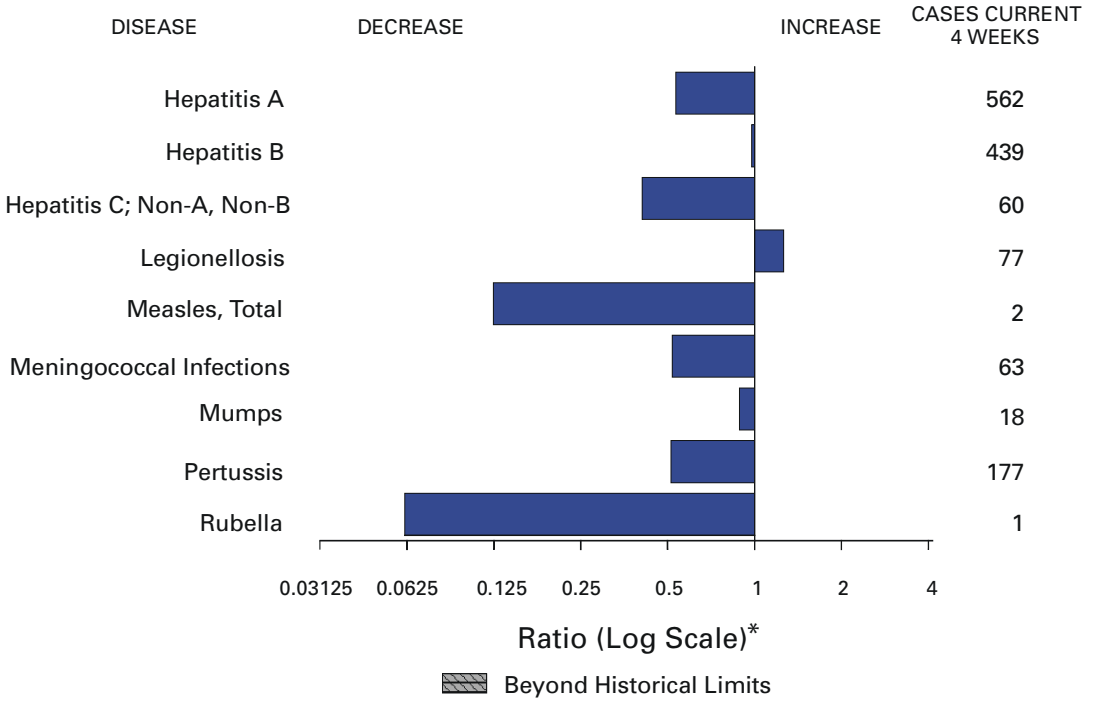
The course emphasizes the practical application of epidemiology to public health problems and will consist of lectures, workshops, classroom exercises (including actual epidemiologic problems), and roundtable discussions. Topics include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health

Notices to Readers — Continued

surveillance, surveys and sampling, Epi Info 2000 (Windows® version) training, and discussions of selected prevalent diseases. There is a tuition charge. Deadline for application is September 15. Additional information and applications are available from Emory University, International Health Dept.(PIA), 1518 Clifton Road, N.E., Room 746, Atlanta, GA 30322; telephone (404) 727-3485; fax (404) 727-4590; or from <http://www.sph.emory.edu/EPICOURSES>*; or e-mail pvaleri@sph.emory.edu.

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 11, 2001, with historical data



* 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 11, 2001 (32nd Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	46	Psittacosis*	9
Cholera	4	Q fever*	15
Cyclosporiasis*	81	Rabies, human	1
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	269
Ehrlichiosis: human granulocytic (HGE)*	112	Rubella, congenital syndrome	-
human monocytic (HME)*	40	Streptococcal disease, invasive, group A	2,456
Encephalitis: California serogroup viral*	10	Streptococcal toxic-shock syndrome*	42
eastern equine*	2	Syphilis, congenital §	84
St. Louis*	-	Tetanus	15
western equine*	-	Toxic-shock syndrome	79
Hansen disease (leprosy)*	46	Trichinosis	14
Hantavirus pulmonary syndrome*	4	Tularemia*	58
Hemolytic uremic syndrome, postdiarrheal*	67	Typhoid fever	151
HIV infection, pediatric*†	98	Yellow fever	-
Plague	2		

-: 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 June 26, 2001.
§ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 11, 2001, and August 12, 2000 (32nd Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2001§	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	19,145	23,248	407,630	420,126	1,169	1,141	1,264	2,366	977	2,092
NEW ENGLAND	746	1,317	13,499	14,220	54	63	141	228	92	237
Maine	20	20	668	870	6	10	17	14	15	18
N.H.	17	21	797	641	3	8	22	19	17	22
Vt.	10	17	364	329	20	14	10	24	5	24
Mass.	411	837	6,253	6,020	18	20	71	108	28	109
R.I.	53	54	1,659	1,560	3	2	6	11	6	11
Conn.	235	368	3,758	4,800	4	9	15	52	21	53
MID. ATLANTIC	3,974	5,374	46,085	39,865	140	190	95	254	102	183
Upstate N.Y.	322	539	8,164	840	56	51	73	151	66	38
N.Y. City	1,996	2,958	17,748	16,528	57	98	4	17	7	10
N.J.	960	1,065	6,272	7,340	4	7	18	86	29	81
Pa.	696	812	13,901	15,157	23	34	N	N	-	54
E.N. CENTRAL	1,408	2,253	57,843	72,293	370	292	292	546	196	437
Ohio	237	344	8,627	18,734	87	32	82	84	64	110
Ind.	165	214	8,643	7,873	38	20	45	68	25	60
Ill.	665	1,289	15,799	20,506	1	46	64	123	41	94
Mich.	261	297	18,016	15,256	87	41	36	65	39	54
Wis.	80	109	6,758	9,924	157	153	65	206	27	119
W.N. CENTRAL	454	568	21,056	23,675	151	116	213	337	171	347
Minn.	85	101	4,025	4,846	77	21	85	82	69	104
Iowa	47	60	1,858	3,243	37	38	37	87	28	85
Mo.	218	277	8,083	8,064	12	16	29	76	42	64
N. Dak.	1	2	569	553	6	7	9	8	17	15
S. Dak.	18	4	957	1,102	6	9	13	23	8	33
Nebr.	39	38	2,018	2,266	13	21	26	44	-	35
Kans.	46	86	3,546	3,601	-	4	14	17	7	11
S. ATLANTIC	6,167	6,200	77,947	78,351	183	172	110	178	72	181
Del.	116	111	1,755	1,790	2	4	1	1	3	-
Md.	751	705	7,126	8,273	28	8	9	14	1	1
D.C.	465	448	1,764	1,913	9	6	-	-	U	U
Va.	501	395	11,466	9,780	15	5	31	38	20	38
W. Va.	49	37	1,429	1,290	1	3	4	10	3	7
N.C.	402	371	12,446	13,482	19	16	27	37	17	45
S.C.	350	486	7,062	5,117	-	-	3	11	9	12
Ga.	757	704	14,507	16,811	63	76	15	29	12	35
Fla.	2,776	2,943	20,392	19,895	46	54	20	38	7	43
E.S. CENTRAL	977	1,097	29,371	30,027	27	32	63	77	59	70
Ky.	201	127	5,404	4,851	3	5	30	23	33	24
Tenn.	293	438	8,827	8,731	6	7	21	31	23	35
Ala.	224	301	8,208	8,955	10	10	10	5	-	4
Miss.	259	231	6,932	7,490	8	10	2	18	3	7
W.S. CENTRAL	2,058	2,383	62,436	63,704	21	63	39	172	57	214
Ark.	104	111	4,358	4,028	5	5	4	37	-	30
La.	472	366	10,084	11,434	7	10	2	13	24	33
Okla.	107	185	6,606	5,008	7	4	16	9	18	9
Tex.	1,375	1,721	41,388	43,234	2	44	17	113	15	142
MOUNTAIN	714	836	23,646	24,556	76	51	141	229	83	171
Mont.	12	9	1,015	944	6	8	8	24	-	-
Idaho	15	16	956	1,135	8	3	18	29	-	21
Wyo.	1	7	482	478	1	5	7	11	1	7
Colo.	140	200	4,750	7,372	23	15	56	90	44	62
N. Mex.	56	88	3,621	2,983	12	4	8	10	8	9
Ariz.	295	244	8,916	7,827	4	5	17	34	9	26
Utah	63	86	996	1,440	19	8	19	26	20	39
Nev.	132	186	2,910	2,377	3	3	8	5	1	7
PACIFIC	2,647	3,220	75,747	73,435	147	162	170	345	145	252
Wash.	290	291	8,313	7,912	N	U	52	116	31	126
Oreg.	112	107	2,599	4,238	15	10	23	58	20	62
Calif.	2,204	2,727	60,927	57,647	129	152	83	140	91	55
Alaska	13	12	1,673	1,483	-	-	3	22	-	1
Hawaii	28	83	2,235	2,155	3	-	9	9	3	8
Guam	9	13	-	310	-	-	N	N	U	U
P.R.	580	707	1,638	U	-	-	1	5	U	U
V.I.	2	24	53	-	-	-	-	-	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	81	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 June 26, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 11, 2001, and August 12, 2000 (32nd 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	186,983	210,795	2,208	2,054	534	549	258	5,006	9,021
NEW ENGLAND	3,735	4,030	14	18	28	28	31	1,364	2,457
Maine	79	51	-	2	3	2	-	-	-
N.H.	103	65	-	-	7	2	2	82	36
Vt.	47	38	6	4	4	3	2	4	15
Mass.	1,909	1,629	8	8	6	13	15	207	879
R.I.	422	380	-	4	2	3	1	197	211
Conn.	1,175	1,867	-	-	6	5	11	874	1,316
MID. ATLANTIC	22,906	22,650	939	431	93	144	38	2,611	4,960
Upstate N.Y.	4,923	4,035	37	23	33	38	16	1,484	1,673
N.Y. City	7,453	7,039	-	-	6	21	7	1	152
N.J.	3,752	4,499	869	379	5	13	7	247	1,998
Pa.	6,778	7,077	33	29	49	72	8	879	1,137
E.N. CENTRAL	31,156	42,503	114	166	135	144	32	259	601
Ohio	5,103	11,191	7	7	72	55	11	68	40
Ind.	3,610	3,661	1	-	14	24	4	8	16
Ill.	9,775	12,747	11	17	-	21	1	-	30
Mich.	10,390	10,681	95	142	30	22	14	1	19
Wis.	2,278	4,223	-	-	19	22	2	182	496
W.N. CENTRAL	9,003	10,422	449	385	37	39	7	168	135
Minn.	1,325	1,937	3	5	9	3	-	126	69
Iowa	428	684	-	1	6	8	-	21	14
Mo.	4,855	5,112	439	369	12	20	4	14	36
N. Dak.	18	42	-	-	1	-	-	-	-
S. Dak.	144	176	-	-	3	2	-	-	-
Nebr.	687	882	3	3	5	2	1	3	2
Kans.	1,546	1,589	4	7	1	4	2	4	14
S. ATLANTIC	48,228	54,799	68	63	113	91	42	491	716
Del.	996	1,023	-	2	3	5	-	31	147
Md.	3,938	5,580	11	8	24	30	5	310	414
D.C.	1,558	1,460	-	2	7	-	-	7	2
Va.	6,637	6,072	-	3	17	14	8	89	91
W. Va.	381	393	9	12	N	N	4	9	21
N.C.	10,324	10,936	11	13	5	9	2	24	29
S.C.	4,979	4,888	5	1	4	3	3	2	3
Ga.	7,830	10,630	-	2	6	6	7	-	-
Fla.	11,585	13,817	32	20	47	24	13	19	9
E.S. CENTRAL	18,899	21,690	141	299	38	20	11	23	30
Ky.	2,120	2,117	5	24	8	11	4	13	6
Tenn.	5,891	6,884	44	62	19	6	3	6	19
Ala.	6,342	7,164	2	7	9	2	4	4	3
Miss.	4,546	5,525	90	206	2	1	-	-	2
W.S. CENTRAL	30,453	33,294	162	522	5	20	6	7	53
Ark.	2,692	2,240	3	5	-	-	1	-	5
La.	7,058	8,223	75	282	2	7	-	1	4
Okla.	3,041	2,153	3	5	3	2	2	-	-
Tex.	17,662	20,678	81	230	-	11	3	6	44
MOUNTAIN	6,252	6,405	234	46	39	24	24	8	5
Mont.	53	28	1	4	-	1	-	-	-
Idaho	39	54	1	3	2	4	1	3	1
Wyo.	37	36	190	2	4	-	1	3	2
Colo.	1,951	1,951	14	8	11	7	4	1	-
N. Mex.	592	638	11	11	2	1	6	-	-
Ariz.	2,449	2,668	9	13	11	6	6	-	-
Utah	88	148	2	-	6	5	1	-	-
Nev.	1,043	882	6	5	3	-	5	1	2
PACIFIC	16,351	15,002	87	124	46	39	67	75	64
Wash.	1,855	1,370	16	19	6	14	5	4	3
Oreg.	388	563	9	21	N	N	1	5	5
Calif.	13,513	12,588	62	82	36	25	58	64	55
Alaska	232	191	-	-	-	-	-	2	1
Hawaii	363	290	-	2	4	-	3	N	N
Guam	-	29	-	2	-	-	-	-	-
P.R.	382	323	1	1	2	1	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	7	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 11, 2001, and August 12, 2000 (32nd Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	627	811	3,704	4,198	18,752	21,320	14,806	18,678
NEW ENGLAND	35	43	378	462	1,365	1,319	1,118	1,364
Maine	3	4	42	87	122	89	102	66
N.H.	2	1	7	8	124	84	115	84
Vt.	-	2	38	40	43	72	45	73
Mass.	11	17	145	149	802	780	460	775
R.I.	3	5	34	27	66	65	101	93
Conn.	16	14	112	151	208	229	295	273
MID. ATLANTIC	134	185	690	759	2,367	2,921	2,331	3,024
Upstate N.Y.	38	40	458	469	689	675	622	769
N.Y. City	57	96	16	6	619	749	761	758
N.J.	21	26	104	101	501	709	527	579
Pa.	18	23	112	183	558	788	421	918
E.N. CENTRAL	64	94	64	81	2,679	2,888	2,101	1,884
Ohio	18	13	20	19	828	658	630	720
Ind.	13	5	1	-	301	344	274	362
Ill.	1	49	9	14	664	934	429	1
Mich.	19	19	28	37	468	538	525	578
Wis.	13	8	6	11	418	414	243	223
W.N. CENTRAL	24	37	206	377	1,210	1,398	1,243	1,554
Minn.	6	13	23	56	382	315	383	426
Iowa	4	1	45	54	188	201	185	208
Mo.	8	9	20	31	316	440	446	516
N. Dak.	-	2	24	89	16	34	49	55
S. Dak.	-	-	25	70	80	57	63	63
Nebr.	2	6	4	1	89	126	-	95
Kans.	4	6	65	76	139	225	117	191
S. ATLANTIC	178	177	1,345	1,430	4,632	4,030	3,072	3,364
Del.	1	3	25	27	53	65	48	83
Md.	74	66	178	263	464	454	481	416
D.C.	11	12	-	-	48	35	U	U
Va.	36	35	265	370	848	553	497	560
W. Va.	1	2	83	77	73	95	83	90
N.C.	9	13	360	363	627	556	570	608
S.C.	5	1	78	86	433	405	403	319
Ga.	8	4	223	157	708	670	745	1,003
Fla.	33	41	133	87	1,378	1,197	245	285
E.S. CENTRAL	19	24	130	118	1,159	1,206	892	986
Ky.	7	8	15	15	195	226	137	166
Tenn.	8	5	80	66	313	300	365	442
Ala.	3	10	35	37	354	322	280	311
Miss.	1	1	-	-	297	358	110	67
W.S. CENTRAL	9	56	507	596	1,336	2,688	1,187	1,646
Ark.	3	2	19	20	337	358	92	299
La.	3	10	-	2	251	455	398	365
Okla.	2	4	46	42	202	221	186	175
Tex.	1	40	442	532	546	1,654	511	807
MOUNTAIN	33	31	156	174	1,256	1,617	794	1,543
Mont.	2	1	22	43	45	68	-	-
Idaho	3	2	10	8	81	82	4	76
Wyo.	-	-	20	40	42	43	22	36
Colo.	17	16	-	-	357	441	276	437
N. Mex.	2	-	8	14	152	145	131	141
Ariz.	3	5	92	61	349	381	216	408
Utah	3	3	3	6	135	286	122	281
Nev.	3	4	1	2	95	171	23	164
PACIFIC	131	164	228	201	2,748	3,253	2,068	3,313
Wash.	4	15	-	-	295	303	358	407
Oreg.	7	27	-	5	135	201	197	251
Calif.	112	114	191	172	2,068	2,580	1,332	2,492
Alaska	1	-	37	24	26	35	2	24
Hawaii	7	8	-	-	224	134	179	139
Guam	-	-	-	-	-	19	U	U
P.R.	3	4	64	52	335	380	U	U
V.I.	-	-	-	-	-	-	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	8	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 11, 2001, and August 12, 2000 (32nd 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	9,265	12,888	4,355	7,202	3,326	3,720	7,112	8,488
NEW ENGLAND	143	239	116	228	29	53	267	253
Maine	6	6	2	10	-	1	7	8
N.H.	4	4	2	7	1	1	11	12
Vt.	5	3	2	-	2	-	2	4
Mass.	98	169	63	150	17	36	149	151
R.I.	8	19	18	20	3	4	21	24
Conn.	22	38	29	41	6	11	77	54
MID. ATLANTIC	842	1,744	552	1,103	293	180	1,387	1,404
Upstate N.Y.	346	487	76	175	17	7	188	186
N.Y. City	226	736	254	465	155	75	720	753
N.J.	145	350	157	293	64	43	314	330
Pa.	125	171	65	170	57	55	165	135
E.N. CENTRAL	2,172	2,604	990	782	554	775	744	826
Ohio	1,462	186	662	163	51	50	131	181
Ind.	142	921	25	117	103	238	63	82
Ill.	248	768	143	2	143	271	380	373
Mich.	175	509	141	462	240	181	135	134
Wis.	145	220	19	38	17	35	35	56
W.N. CENTRAL	951	1,389	735	1,164	46	47	272	306
Minn.	286	411	288	465	20	7	139	97
Iowa	289	301	237	234	1	10	18	25
Mo.	167	474	122	322	8	25	83	115
N. Dak.	16	4	14	12	-	-	3	2
S. Dak.	92	4	50	3	-	-	8	13
Nebr.	53	64	-	55	2	2	21	12
Kans.	48	131	24	73	15	3	-	42
S. ATLANTIC	1,337	1,672	402	616	1,210	1,230	1,459	1,723
Del.	5	10	7	11	8	5	9	8
Md.	74	109	45	59	141	181	125	155
D.C.	32	34	U	U	24	22	18	15
Va.	154	284	57	223	70	83	149	173
W. Va.	7	3	7	3	-	2	19	20
N.C.	225	102	112	66	283	333	206	225
S.C.	165	76	74	61	163	137	123	164
Ga.	138	149	81	122	193	236	235	372
Fla.	537	905	19	71	328	231	575	591
E.S. CENTRAL	866	594	382	341	377	548	441	558
Ky.	324	200	169	50	28	58	75	69
Tenn.	60	238	69	262	208	331	160	210
Ala.	157	34	119	26	76	76	154	182
Miss.	325	122	25	3	65	83	52	97
W.S. CENTRAL	1,037	2,080	701	620	423	495	693	1,253
Ark.	395	129	155	43	22	66	91	118
La.	108	185	120	115	83	127	-	94
Okla.	31	72	14	27	44	72	90	100
Tex.	503	1,694	412	435	274	230	512	941
MOUNTAIN	551	605	263	418	141	140	263	311
Mont.	1	6	-	-	-	-	-	10
Idaho	23	39	-	23	-	1	8	4
Wyo.	2	4	-	3	-	1	2	2
Colo.	136	98	80	65	25	6	69	46
N. Mex.	68	69	41	53	13	11	16	28
Ariz.	244	252	99	162	92	116	104	131
Utah	40	45	35	51	7	1	19	28
Nev.	37	92	8	61	4	4	45	62
PACIFIC	1,366	1,961	214	1,930	253	252	1,586	1,854
Wash.	122	331	119	307	34	47	147	150
Oreg.	49	113	67	74	4	9	60	54
Calif.	1,153	1,486	-	1,526	209	195	1,261	1,496
Alaska	4	7	1	3	-	-	27	69
Hawaii	38	24	27	20	6	1	91	85
Guam	-	32	U	U	-	2	-	33
P.R.	7	21	U	U	172	107	54	92
V.I.	-	-	U	U	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	4	U	U	U	-	U	20	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 August 11, 2001, and August 12, 2000 (32nd Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2001†	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	858	821	5,621	7,801	3,875	4,251	1	48	-	34	82	61
NEW ENGLAND	48	63	281	236	59	71	-	4	-	1	5	6
Maine	1	1	5	12	5	5	U	-	U	-	-	-
N.H.	2	10	11	17	11	11	-	-	-	-	-	3
Vt.	2	5	8	7	3	6	-	1	-	-	1	3
Mass.	33	31	99	94	2	8	-	2	-	1	3	-
R.I.	2	1	16	15	14	13	-	-	-	-	-	-
Conn.	8	15	142	91	24	28	-	1	-	-	1	-
MID. ATLANTIC	114	157	512	855	573	747	-	2	-	9	11	20
Upstate N.Y.	47	62	164	141	84	82	-	1	-	4	5	9
N.Y. City	27	43	185	303	293	367	-	-	-	-	-	10
N.J.	30	30	70	157	64	119	-	-	-	1	1	-
Pa.	10	22	93	254	132	179	-	1	-	4	5	1
E.N. CENTRAL	117	122	606	1,020	550	453	-	-	-	10	10	6
Ohio	49	39	148	166	72	73	-	-	-	3	3	2
Ind.	35	19	56	42	29	30	-	-	-	4	4	-
Ill.	10	41	173	459	92	80	-	-	-	3	3	3
Mich.	7	8	190	300	357	247	-	-	-	-	-	1
Wis.	16	15	39	53	-	23	-	-	-	-	-	-
W.N. CENTRAL	43	43	238	512	117	192	-	4	-	-	4	1
Minn.	25	22	16	140	12	22	-	2	-	-	2	1
Iowa	-	-	23	53	15	19	-	-	-	-	-	-
Mo.	11	14	60	223	59	103	-	2	-	-	2	-
N. Dak.	4	2	2	2	-	2	U	-	U	-	-	-
S. Dak.	-	-	1	-	1	-	-	-	-	-	-	-
Nebr.	2	3	28	22	17	29	-	-	-	-	-	-
Kans.	1	2	108	72	13	17	-	-	-	-	-	-
S. ATLANTIC	254	193	1,299	802	808	718	-	4	-	1	5	2
Del.	-	-	-	10	-	10	-	-	-	-	-	-
Md.	60	54	171	105	91	81	-	2	-	1	3	-
D.C.	-	-	30	15	11	19	-	-	-	-	-	-
Va.	18	32	82	97	96	95	-	1	-	-	1	2
W. Va.	9	4	8	47	20	7	-	-	-	-	-	-
N.C.	32	19	92	100	131	154	-	-	-	-	-	-
S.C.	5	7	45	34	19	6	-	-	-	-	-	-
Ga.	65	50	508	144	181	122	-	1	-	-	1	-
Fla.	65	27	363	250	259	224	-	-	-	-	-	-
E.S. CENTRAL	57	36	224	288	263	294	-	2	-	-	2	-
Ky.	2	12	59	34	27	57	-	2	-	-	2	-
Tenn.	28	15	89	100	138	135	-	-	-	-	-	-
Ala.	26	7	63	41	55	33	-	-	-	-	-	-
Miss.	1	2	13	113	43	69	-	-	-	-	-	-
W.S. CENTRAL	32	44	621	1,476	426	640	-	1	-	-	1	-
Ark.	-	1	47	102	59	67	-	-	-	-	-	-
La.	3	13	48	52	29	91	-	-	-	-	-	-
Okla.	29	28	93	171	64	93	-	-	-	-	-	-
Tex.	-	2	433	1,151	274	389	-	1	-	-	1	-
MOUNTAIN	115	81	526	549	354	326	-	-	-	1	1	12
Mont.	-	1	8	4	2	4	-	-	-	-	-	-
Idaho	1	3	48	19	9	5	-	-	-	1	1	-
Wyo.	17	1	22	4	31	1	-	-	-	-	-	-
Colo.	26	17	50	132	73	53	-	-	-	-	-	2
N. Mex.	14	17	27	50	88	101	-	-	-	-	-	-
Ariz.	42	32	273	264	106	118	-	-	-	-	-	-
Utah	6	7	55	35	16	16	-	-	-	-	-	3
Nev.	9	3	43	41	29	28	-	-	-	-	-	7
PACIFIC	78	82	1,314	2,063	725	810	1	31	-	12	43	14
Wash.	2	3	86	182	77	53	-	13	-	2	15	3
Oreg.	17	23	52	137	43	67	-	3	-	-	3	-
Calif.	32	30	1,161	1,721	584	672	-	12	-	6	18	8
Alaska	4	6	14	11	6	9	-	-	-	-	-	1
Hawaii	23	20	1	12	15	9	1	3	-	4	7	2
Guam	-	1	-	1	-	9	U	-	U	-	-	-
P.R.	1	3	62	178	106	176	-	-	-	-	-	2
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	23	U	-	-	-	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
† Of 172 cases among children aged <5 years, serotype was reported for 82, and of those, 15 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 11, 2001, and August 12, 2000 (32nd 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	1,491	1,486	8	134	229	58	2,682	3,664	-	14	96
NEW ENGLAND	80	87	-	-	3	1	268	951	-	-	11
Maine	1	7	U	-	-	U	-	14	U	-	-
N.H.	10	9	-	-	-	-	25	78	-	-	2
Vt.	4	2	-	-	-	1	25	165	-	-	-
Mass.	46	50	-	-	1	-	202	649	-	-	8
R.I.	2	6	-	-	1	-	2	12	-	-	-
Conn.	17	13	-	-	1	-	14	33	-	-	1
MID. ATLANTIC	151	170	1	13	17	2	204	333	-	4	8
Upstate N.Y.	44	47	1	3	5	2	111	159	-	1	1
N.Y. City	30	35	-	7	5	-	33	49	-	2	7
N.J.	38	31	-	-	3	-	8	24	-	1	-
Pa.	39	57	-	3	4	-	52	101	-	-	-
E.N. CENTRAL	191	254	2	14	18	13	321	412	-	3	1
Ohio	65	57	-	1	7	3	192	197	-	-	-
Ind.	28	31	-	1	-	5	37	42	-	1	-
Ill.	20	65	2	10	6	2	35	41	-	2	1
Mich.	44	73	-	2	4	3	33	51	-	-	-
Wis.	34	28	-	-	1	-	24	81	-	-	-
W.N. CENTRAL	102	102	-	6	12	-	131	221	-	2	1
Minn.	15	14	-	2	-	-	31	123	-	-	-
Iowa	21	21	-	-	5	-	17	27	-	1	-
Mo.	38	50	-	-	4	-	62	37	-	-	-
N. Dak.	5	2	U	-	-	U	-	2	U	-	-
S. Dak.	4	5	-	-	-	-	3	3	-	-	-
Nebr.	10	4	-	1	1	-	4	5	-	-	1
Kans.	9	6	-	3	2	-	14	24	-	1	-
S. ATLANTIC	285	216	1	21	34	14	146	278	-	3	50
Del.	3	-	-	-	-	-	-	8	-	-	-
Md.	34	22	-	4	7	1	19	70	-	-	-
D.C.	-	-	-	-	-	-	1	2	-	-	-
Va.	30	34	1	5	6	12	27	41	-	-	-
W. Va.	10	10	-	-	-	-	1	1	-	-	-
N.C.	57	31	-	1	5	-	46	68	-	-	42
S.C.	28	15	-	1	10	-	23	20	-	2	6
Ga.	35	37	-	7	2	-	7	25	-	-	-
Fla.	88	67	-	3	4	1	22	43	-	1	2
E.S. CENTRAL	100	102	-	3	4	2	70	81	-	-	5
Ky.	18	21	-	1	-	-	15	42	-	-	1
Tenn.	44	41	-	-	2	2	31	23	-	-	1
Ala.	29	29	-	-	2	-	21	13	-	-	3
Miss.	9	11	-	2	-	-	3	3	-	-	-
W.S. CENTRAL	171	159	-	8	24	8	230	193	-	-	6
Ark.	12	11	-	1	1	-	8	29	-	-	1
La.	56	36	-	2	5	-	2	13	-	-	1
Okla.	23	21	-	-	-	-	1	9	-	-	-
Tex.	80	91	-	5	18	8	219	142	-	-	4
MOUNTAIN	75	66	1	8	14	17	961	456	-	1	2
Mont.	3	4	1	1	1	7	21	23	-	-	-
Idaho	7	6	-	-	-	-	164	44	-	-	-
Wyo.	6	-	-	1	1	-	1	2	-	-	-
Colo.	26	21	-	1	-	5	183	246	-	1	1
N. Mex.	11	6	-	2	1	3	73	75	-	-	-
Ariz.	11	19	-	1	3	-	460	43	-	-	1
Utah	7	7	-	1	4	2	50	14	-	-	-
Nev.	4	3	-	1	4	-	9	9	-	-	-
PACIFIC	336	330	3	61	103	1	351	739	-	1	12
Wash.	52	35	-	1	4	-	90	219	-	-	7
Oreg.	25	41	N	N	N	1	31	79	-	-	-
Calif.	248	241	-	29	73	-	199	394	-	-	5
Alaska	2	5	-	1	8	-	3	18	-	-	-
Hawaii	9	8	3	30	18	-	28	29	-	1	-
Guam	-	-	U	-	11	U	-	3	U	-	1
P.R.	3	7	-	-	-	-	2	5	-	-	-
V.I.	-	-	U	-	-	U	-	-	U	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	-	U	-	-	U	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.

TABLE IV. Deaths in 122 U.S. cities,* week ending August 11, 2001 (32nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	436	320	73	22	11	10	39
Boston, Mass.	125	82	32	4	5	2	12
Bridgeport, Conn.	13	9	2	1	1	-	2
Cambridge, Mass.	10	7	2	1	-	-	-
Fall River, Mass.	25	22	1	2	-	-	-
Hartford, Conn.	54	39	8	2	3	2	5
Lowell, Mass.	25	17	4	4	-	-	1
Lynn, Mass.	18	13	3	2	-	-	1
New Bedford, Mass.	28	21	5	1	-	1	3
New Haven, Conn.	32	27	3	-	1	1	2
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	2	2	-	-	-	-	-
Springfield, Mass.	28	25	2	1	-	-	4
Waterbury, Conn.	19	15	3	1	-	-	-
Worcester, Mass.	57	41	8	3	1	4	9
MID. ATLANTIC	2,165	1,484	452	149	37	41	111
Albany, N.Y.	57	37	12	5	2	1	4
Allentown, Pa.	23	19	3	-	-	1	1
Buffalo, N.Y.	96	66	17	8	2	3	14
Camden, N.J.	38	18	10	6	-	4	2
Elizabeth, N.J.	17	9	4	2	-	2	1
Erie, Pa.§	25	15	8	1	1	-	1
Jersey City, N.J.	44	30	9	3	2	-	-
New York City, N.Y.	1,127	775	239	78	17	16	49
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	24	15	7	1	-	1	3
Philadelphia, Pa.	328	217	70	25	9	7	13
Pittsburgh, Pa.§	29	13	9	4	2	1	2
Reading, Pa.	19	15	3	1	-	-	1
Rochester, N.Y.	134	97	28	7	-	2	10
Schenectady, N.Y.	30	26	4	-	-	-	1
Scranton, Pa.§	29	27	-	1	1	-	2
Syracuse, N.Y.	78	55	15	4	1	3	3
Trenton, N.J.	37	24	11	2	-	-	1
Utica, N.Y.	30	26	3	1	-	-	3
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,338	934	264	79	24	37	66
Akron, Ohio	48	37	5	2	1	3	3
Canton, Ohio	46	31	9	5	-	1	3
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	71	43	16	7	4	1	3
Cleveland, Ohio	134	91	30	8	2	3	3
Columbus, Ohio	179	123	32	14	3	7	12
Dayton, Ohio	117	88	26	3	-	-	7
Detroit, Mich.	U	U	U	U	U	U	U
Evansville, Ind.	44	34	6	2	-	2	1
Fort Wayne, Ind.	48	31	11	3	2	1	-
Gary, Ind.	15	5	9	1	-	-	1
Grand Rapids, Mich.	52	32	7	2	3	8	5
Indianapolis, Ind.	164	102	40	15	3	4	11
Lansing, Mich.	36	27	6	3	-	-	3
Milwaukee, Wis.	116	92	12	5	2	5	3
Peoria, Ill.	40	29	8	1	1	1	-
Rockford, Ill.	50	41	8	1	-	-	3
South Bend, Ind.	43	28	8	4	3	-	2
Toledo, Ohio	74	53	20	1	-	-	4
Youngstown, Ohio	61	47	11	2	-	1	2
W.N. CENTRAL	773	549	132	52	25	15	37
Des Moines, Iowa	107	86	17	2	1	1	7
Duluth, Minn.	36	28	5	2	1	-	1
Kansas City, Kans.	19	11	3	4	1	-	-
Kansas City, Mo.	79	56	16	5	1	1	6
Lincoln, Nebr.	48	37	5	2	2	2	1
Minneapolis, Minn.	165	120	30	7	5	3	13
Omaha, Nebr.	77	51	14	9	3	-	6
St. Louis, Mo.	104	60	22	11	7	4	-
St. Paul, Minn.	75	55	11	5	2	2	3
Wichita, Kans.	63	45	9	5	2	2	-
S. ATLANTIC	1,321	807	321	121	36	34	73
Atlanta, Ga.	160	89	40	16	8	7	3
Baltimore, Md.	192	112	44	25	6	3	14
Charlotte, N.C.	115	81	23	7	1	3	17
Jacksonville, Fla.	128	83	27	11	3	4	4
Miami, Fla.	119	67	37	12	2	1	8
Norfolk, Va.	47	33	8	4	-	2	2
Richmond, Va.	60	30	17	7	3	3	5
Savannah, Ga.	76	41	22	7	2	4	6
St. Petersburg, Fla.	45	35	7	2	1	-	-
Tampa, Fla.	179	127	41	7	2	2	7
Washington, D.C.	200	109	55	23	8	5	7
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	831	555	179	55	20	21	66
Birmingham, Ala.	174	119	37	7	2	8	15
Chattanooga, Tenn.	80	62	13	4	-	1	5
Knoxville, Tenn.	79	52	19	5	1	2	1
Lexington, Ky.	65	41	15	4	2	3	3
Memphis, Tenn.	151	94	39	14	4	-	11
Mobile, Ala.	97	69	15	5	4	4	3
Montgomery, Ala.	33	17	6	5	5	-	13
Nashville, Tenn.	152	101	35	11	2	3	15
W.S. CENTRAL	1,345	898	251	117	44	35	87
Austin, Tex.	79	54	13	8	2	2	4
Baton Rouge, La.	53	39	9	2	2	1	2
Corpus Christi, Tex.	51	37	9	2	1	2	3
Dallas, Tex.	193	123	39	20	5	6	13
El Paso, Tex.	89	64	18	4	1	2	3
Ft. Worth, Tex.	103	74	13	9	6	1	2
Houston, Tex.	329	189	72	41	15	12	25
Little Rock, Ark.	61	43	9	3	5	1	2
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	220	158	41	11	3	7	17
Shreveport, La.	56	44	5	5	2	-	4
Tulsa, Okla.	111	73	23	12	2	1	12
MOUNTAIN	968	621	212	77	35	22	59
Albuquerque, N.M.	113	74	26	9	3	1	6
Boise, Idaho	37	25	6	4	2	-	-
Colo. Springs, Colo.	69	46	11	8	1	3	4
Denver, Colo.	101	68	20	12	-	1	10
Las Vegas, Nev.	218	130	57	12	10	8	9
Ogden, Utah	27	18	5	2	2	-	2
Phoenix, Ariz.	165	98	34	18	10	5	8
Pueblo, Colo.	18	15	3	-	-	-	1
Salt Lake City, Utah	97	62	24	5	4	2	10
Tucson, Ariz.	123	85	26	7	3	2	9
PACIFIC	1,705	1,251	280	105	37	31	125
Berkeley, Calif.	16	11	3	-	-	2	3
Fresno, Calif.	56	41	11	3	1	-	2
Glendale, Calif.	29	22	6	1	-	-	1
Honolulu, Hawaii	90	69	14	4	1	2	7
Long Beach, Calif.	46	31	11	2	2	-	10
Los Angeles, Calif.	506	389	74	27	11	5	36
Pasadena, Calif.	26	21	4	-	-	1	2
Portland, Oreg.	102	72	16	7	5	2	5
Sacramento, Calif.	186	130	29	18	4	5	13
San Diego, Calif.	146	95	28	12	5	6	9
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	182	131	31	12	4	4	17
Santa Cruz, Calif.	40	28	5	7	-	-	6
Seattle, Wash.	116	84	21	7	2	2	3
Spokane, Wash.	69	56	11	-	-	2	8
Tacoma, Wash.	95	71	16	5	2	-	3
TOTAL	10,882¶	7,419	2,164	777	269	246	663

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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