

MMWRTM
**MORBIDITY AND MORTALITY
WEEKLY REPORT**

- 777 Echovirus Type 13 — United States, 2001
780 Influence of Homicide on Racial Disparity in Life Expectancy — United States, 1998
783 Notices to Readers

Echovirus Type 13 — United States, 2001

Echoviruses constitute one of the major groups of the genus *Enterovirus* and are associated with illnesses including aseptic meningitis, nonspecific rashes, encephalitis, and myositis (1). Echovirus 13 is an enterovirus that rarely has been detected in the United States, accounting for only 65 of approximately 45,000 enterovirus isolates reported to CDC during 1970–2000. No associated outbreaks have been reported in this country. As of June 2001, eight state public health laboratories and one private laboratory had reported an increased number of echovirus 13 isolates to CDC, most associated with aseptic meningitis. This report summarizes echovirus 13 activity in the United States and highlights the investigation of aseptic meningitis outbreaks in Louisiana, Mississippi, Montana, and Tennessee. Echovirus 13 should be considered in the differential diagnosis of persons with aseptic meningitis.

CDC's National Enterovirus Surveillance System (NESS) relies on voluntary reporting of enterovirus isolates by serotype from state public health laboratories (2). Aseptic meningitis was removed as a nationally notifiable disease in 1995, and no uniform nationally recognized case definition exists for this condition (3). Cases of aseptic meningitis described in this report represent physician diagnoses based on clinical presentation and laboratory findings.

As of August 14, 2001, echovirus 13 has been isolated in specimens from 76 patients in 13 states (Tennessee [26], Mississippi [10], Louisiana [nine], Florida [eight], Texas [six], California [six], Kentucky [three], Ohio [two], Montana [two], and Georgia, Illinois, Indiana, and North Carolina [one each]). Of 76 isolates tested, 51 (67%) were from cerebrospinal fluid (CSF) and 12 (16%) from stool or rectal swabs. The source specimens for these isolates were collected during March–June 2001.

Of the 76 patients, 47 (62%) were male. The patients ranged in age from 2 weeks to 29 years (median age: 7 months). Most (73 [96%]) were aged <15 years, 41 (54%) were infants aged <1 year, and 29 (38%) were aged <3 months.

Clinical diagnoses were reported for 52 (68%) of the 76 patients and included aseptic meningitis (50 patients), febrile illness (one), and diarrhea (one). Of 50 isolates from patients with a diagnosis of aseptic meningitis, 45 were associated with outbreaks of aseptic meningitis in four states (26 from Tennessee, nine from Mississippi, eight from Louisiana, and two from Montana) during April–July 2001.

Louisiana. In June, 27 cases of aseptic meningitis among patients admitted to one hospital during May 22–June 20 were reported to the Louisiana Office of Public Health (Table 1), representing a nine-fold increase in the number of aseptic meningitis

*Echovirus Type 13 — Continued***TABLE 1. Number of persons with aseptic meningitis, by selected characteristics — Louisiana, Mississippi, and Montana, 2001**

Characteristic	Louisiana (n=27)		Mississippi (n=56)		Montana (n=23)	
	No.	(%)	No.	(%)	No.	(%)
Sex						
Male	18	(67)	26	(46)	13	(56)
Female	9	(33)	30	(54)	10	(44)
Age group						
≤3 mos	9	(33)	11	(20)	6	(26)
4–11 mos	0	—	3	(5)	2	(9)
1–14 yrs	14	(52)	33	(59)	14	(61)
≥15 yrs	4	(15)	9	(16)	1	(4)
Median age (range)	7 yrs (3 wks–43 yrs)		6 yrs (3 days–48 yrs)		7 yrs (8 days–23 yrs)	
Enterovirus isolates*						
<i>Echovirus 13</i>	8		3		2	
Total	9		9		3	

* Echovirus 13 was isolated from cerebrospinal fluid (CSF) for all isolates in the Louisiana and Mississippi outbreaks and from rectal swabs for both isolates from Montana. Echovirus 6 was isolated from the CSF of one patient from the Louisiana outbreak. Eight CSF specimens from the Mississippi outbreak tested positive for an enterovirus in a polymerase chain reaction with pan-enterovirus primers. Echovirus 13 was cultured from two of these specimens. Echovirus 25 was isolated from a throat swab of one patient from Montana.

hospitalizations over the same period during 2000. All of the patients resided in three parishes (i.e., counties) in the southeastern part of the state. Of the 27 cases, 20 (74%) occurred in the same parish (hospitalization rate: 20 per 100,000 population). Reported clinical symptoms included fever (94%), headache (77%), vomiting (77%), stiff neck (50%), and photophobia (23%).

Mississippi. During May 5–July 31, 56 cases of aseptic meningitis were reported to the Mississippi State Department of Health from one regional medical center (Table 1). Of the 56 patients, 41 (73%) resided in a county adjacent to the Louisiana parish that accounted for most of the cases in Louisiana. The hospitalization rate for this Mississippi county was 111 per 100,000 population. Reported clinical symptoms included fever (75%), headache (70%), vomiting (55%), nausea (52%), and stiff neck (20%).

Montana. During June 8–July 11, 23 cases of aseptic meningitis were reported to the Montana Department of Public Health and Human Services (MDPHHS) from a single county in the southeastern part of the state (hospitalization rate: 181 per 100,000 population) (Table 1). Eighteen additional cases of aseptic meningitis reported from a neighboring county since early July are being investigated by MDPHHS.

Tennessee. An outbreak of aseptic meningitis involving approximately 250 persons admitted to a hospital in Tennessee since April 2001 is being investigated by the Tennessee State Health Department. Echovirus 13 has been confirmed as the etiologic agent for 33 of 75 cases.

Echovirus Type 13 — Continued

Reported by: N Krishna, MS, M Little, MPH, R Ratard, MD, Louisiana Office of Public Health. M Currier, MD, S Hand, Mississippi State Dept of Health. J Murphy, Montana Dept of Public Health and Human Svcs; S Zanto, Montana Public Health Laboratory; C Taft, P Schwaiger, Big Horn County Health Dept, Hardin, Montana. T Jones, MD, Tennessee State Health Dept; J Hindman, Tennessee State Public Health Laboratory; S Buckingham, MD, G Grandberry, LeBonheur Hospital, Memphis, Tennessee. MA Patterson, W Sessions, Texas Dept of Health Laboratory. P Colarusso, MSH, R Melear, MHA, Bur of Laboratories, Florida Dept of Health. D Schnurr, PhD, California Dept of Health Svcs; J Giesick, San Diego Public Health Dept. P Brantley, North Carolina Public Health Laboratory. J Dunn, PhD, ARUP Laboratories, Salt Lake City, Utah. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; and EIS officers, CDC.

Editorial Note: This is the first report of widespread circulation of echovirus 13 and of outbreaks associated with this enterovirus in the United States. Increased echovirus 13 activity also was reported in Europe during 2000 when echovirus 13 was associated for the first time with outbreaks of aseptic meningitis in England, Wales, and Germany (4,5).

Clinical manifestations of enterovirus infections are protean, ranging from asymptomatic carriage to life-threatening illness (6). Because echovirus 13 rarely has been isolated, the spectrum of disease associated with this virus has not been well established. Conditions previously associated with echovirus 13 are typical of enterovirus infections (6) and include asymptomatic carriage (6), mild febrile illness (7), aseptic meningitis (4,5,8,9), respiratory diseases (e.g., coryza, pharyngitis, bronchitis, and bronchiolitis [7,9]), poliomyelitis-like illness (8), diarrhea with fever (7,9), rash (7,9), encephalitis (9), and enteroviral sepsis (9). Aseptic meningitis is the predominant illness that has been associated with the current echovirus 13 activity in the United States and with echovirus activity reported in Europe in 2000. However, patients with meningitis are more likely be tested for enteroviruses than are patients with milder illnesses.

In temperate climates, enteroviruses demonstrate a marked seasonality, with widespread circulation during summer and fall. A typical enterovirus season in the United States lasts from June through October (9). In 2001, the first isolations of echovirus 13 in the United States were reported in March. The reported outbreaks of aseptic meningitis associated with this serotype started early in the enterovirus season.

The age distribution of patients with echovirus 13 isolates and of the other cases involved in the three aseptic meningitis outbreaks indicates that young children are at highest risk for infection. A similar age distribution was observed during the aseptic meningitis outbreak associated with echovirus 13 in Germany in 2000 (5), but the outbreaks in England and Wales predominantly affected older children (4).

In addition to echovirus 13, other enterovirus serotypes have been identified in these outbreaks of aseptic meningitis. The isolation of several enteroviruses in community outbreaks is not unusual because numerous serotypes commonly co-circulate. Predominant enterovirus serotypes tend to change over time (10). In the United States, the serotypes most commonly reported to NESS were echoviruses 30, 6, and 7 in 1997, echoviruses 30, 9, and 11 in 1998, and echoviruses 11, 16, and 9 in 1999 (2). Although the clinical spectrum of diseases associated with various enterovirus serotypes overlap, some manifestations of enterovirus infection are associated commonly with certain serotypes (i.e., aseptic meningitis and echovirus 30, hand-foot-and-mouth disease and coxsackievirus A16, and acute hemorrhagic conjunctivitis and enterovirus 70 and coxsackievirus A24) (6).

Echovirus Type 13 — Continued

Enterovirus surveillance is important for understanding circulation patterns of these viruses in the United States. In addition, this information may be helpful for evaluating potential antienterovirus drugs and in understanding the links of enteroviruses with disease. More information is needed to clarify the epidemiologic characteristics and to define better the clinical spectrum of associated diseases.

No specific prevention or control measures are available for nonpolio enteroviruses, including echovirus 13. Adherence to good hygienic practices, such as frequent and thorough hand washing (especially after diaper changes), disinfection of contaminated surfaces by household cleaners (e.g., diluted bleach solution), and avoidance of sharing utensils and drinking containers may be effective in reducing the spread of infection.

References

1. Modlin JF. Update on enterovirus infection in infants and children. *Adv Pediatr Infect Dis* 1996;12:161.
2. CDC. Enterovirus surveillance—United States, 1997–1999. *MMWR* 2000;49:913–6.
3. CDC. Summary of notifiable diseases, United States, 1994. *MMWR* 1994;43:1–8.
4. Communicable Disease Surveillance Centre. Viral meningitis associated with increase in echovirus type 13. *Commun Dis Rep CDR Wkly* 2000;10:277,280.
5. Twisselmann B. Cluster of cases of viral meningitis caused by echovirus type 13 in Germany. *Eurosurveillance Weekly* 2000;4. Available at <http://www.eurosurv.org/2000/pfp/001005_pfp.htm>. Accessed September 2001.
6. Melnick J. Enteroviruses: polioviruses, coxsackieviruses, echoviruses, and newer enteroviruses. In: Fields BN, Knippe DM, Howley PM, et al, eds. *Fields Virology*. 3rd ed. Philadelphia, Pennsylvania: Lippincott-Raven Publishers, 1996.
7. Hooft C, Nihoul E, Labmert Y, Valcke R. Clinical findings during an echovirus type 13 endemic infection. *Helvetica Pediatrica Acta* 1963;3:231–9.
8. Hammon WMcD, Yohn DS, Pavia RA, Sather GE. Echovirus type 13: epidemiological and clinical associations. *Amer J Trop Med Hyg* 1961;10:62–6.
9. Moore M. Enteroviral disease in the United States, 1970–1979. *J Infect Dis* 1982;146:103–8.
10. Strikas RA, Anderson LJ, Parker RA. Temporal and geographic patterns of isolates of nonpolio enterovirus in the United States, 1970–1983. *J Infect Dis* 1986;153:346–51.

Influence of Homicide on Racial Disparity in Life Expectancy — United States, 1998

Life expectancy (LE) is an important indicator of the health of populations. Since the early 1900s, when estimates of LE began to be tabulated in the United States, the LE of blacks has been lower than that of whites (1). Homicide, which disproportionately affects blacks, particularly young males, contributes to this difference in LE. To examine the associations between homicide, LE, and race, CDC analyzed 1998 mortality files from the National Center for Health Statistics (NCHS). This report summarizes the results of that analysis, which indicate, that in 1998, the LE for blacks was approximately 6 years shorter than for whites and that, after heart disease and cancer, homicide was the next largest contributor to the 6-year discrepancy. Violence prevention strategies (e.g., programs for youth offenders) have been implemented for the general population. More research is needed to determine an approach to target the male black population and to reduce LE disparity.

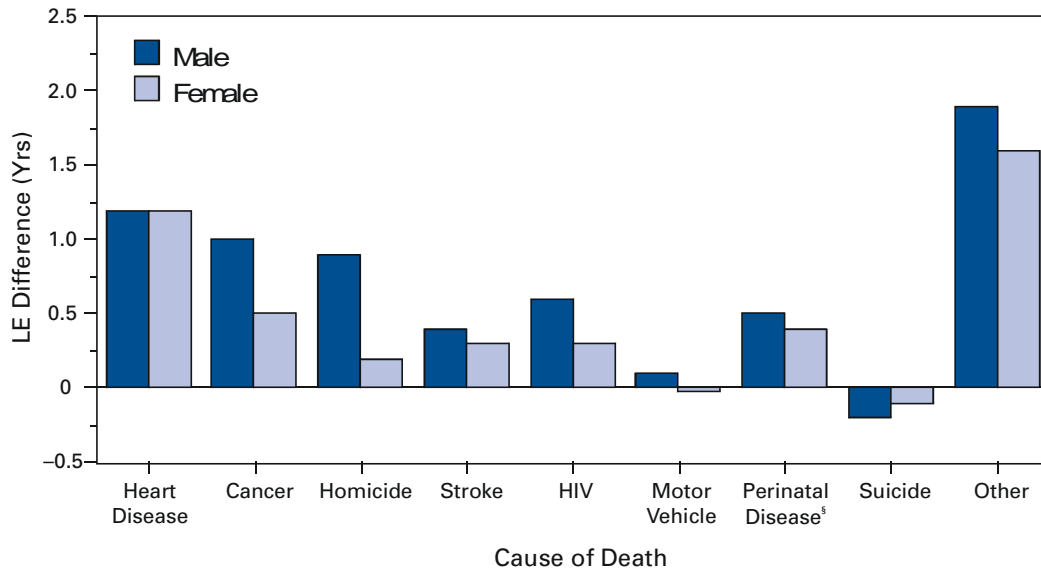
Influence of Homicide on Racial Disparity — Continued

NCHS mortality files for 1998 (2) and the multiple-decrement life table (3) were used to examine differences between whites and blacks. These methods were used to partition the contribution to LE at birth by selected causes of death using the *International Classification of Diseases, Ninth Revision, (ICD-9) codes** for the four major race-sex groups (black-males, black-females, white-males, white-females) in the United States. The contribution in years for each cause of death to the black/white differential and statistical tests of difference (Z-scores) were determined using Survival software (4), with whites as the referent group. Causes of death used were based on the leading causes of death in 1998 for the total population and for both racial populations. Other causes of death were categorized as “all other causes.”

In the United States during 1998, whites lived 6.2 years longer than blacks. Among the leading causes of death that contributed to the difference were heart disease (1.7 years; 27.4%), cancer (1.2 years; 19.4%), homicide (0.6 years; 9.7%), stroke (0.5 years; 8.1%), and “all other causes” (1.9 years; 30.6%). The LE differential was 6.4 years for males and 4.4 years for females. Among males, some of the leading causes of death that contributed to the LE differential were heart disease (1.2 years; 19.0%), cancer (1.0 years; 15.6%), and homicide (0.9 years; 14.1%) (Figure 1), and among females were

*Codes 042–044; 140–208; 390–398, 402, 404–429; 430–438; 760–779; E950–E959; E810–E825, E958.5, E988.5; E960–E978.

FIGURE 1. Number of years difference in life expectancy (LE) between blacks and whites*, by cause of death† and sex — United States, 1998



* Above zero indicates greater LE among whites than blacks; below zero indicates greater LE among blacks than whites.

† *International Classification of Diseases, Ninth Revision, codes 042–044; 140–208; 390–398, 402, 404–429; 430–438; 760–779; E950–E959; E810–E825, E958.5, E988.5; E960–E978.*

§ Conditions that occur during the perinatal period include birth trauma, birth asphyxia, ectopic pregnancy, and maternal death.

Source: National Center for Health Statistics mortality data.

Influence of Homicide on Racial Disparity — Continued

heart disease (1.2 years; 27.3%), cancer (0.5 years; 11.4%), and perinatal disease (e.g., birth trauma, birth asphyxia, ectopic pregnancy, and maternal death) (0.4 years; 9.1%). Stroke and human immunodeficiency virus (HIV) accounted for 0.3 years (6.8%) and 0.3 years (6.8%), respectively, of the LE differential among females and 0.4 years (6.3%) and 0.6 years (9.4%), respectively, among males. Homicide among black females contributed 0.2 years (4.5%) to the LE differential (Figure 1).

Reported by: L Potter, PhD, Children's Safety Network, Education Development Center, Inc., Boston, Massachusetts. Etiology and Surveillance Br, Div of Violence Prevention, Office of Statistics and Programming, National Center for Injury Prevention and Control; National Center for Health Statistics; and an EIS Officer, CDC.

Editorial Note: The findings in this report document racial disparities in LE, which were attributable mainly to blacks having a shorter LE than whites for each examined cause of death (except suicide). For the total U.S. population in 1998, homicide ranked 13th among causes of death (5), accounting for <1% of all deaths. However, homicide accounted for approximately 10% of the LE differential. This finding suggests that causes of death that rank low for the total population may be important targets to address in attempting to eliminate the LE gap between these populations.

During 1985, the U.S. Department of Health and Human Services conducted the first analyses using health indicators that documented the health status of minority populations and found that approximately 60,000 excess deaths (i.e., the difference between the number of deaths observed in a racial/ethnic group and the number of deaths that would have occurred in that group if it had the same death rate as the non-Hispanic white population) occurred among blacks each year in the United States (6). Health disparities between blacks and the general population have been attributed to less access to health care and to health-care coverage. Risk factors for violence include living at or below the poverty level, living in single parent households, and having poor academic performance and/or exposure to neighborhood violence (e.g., gangs) (7).

The 1998 publication of *The Initiative to Eliminate Racial and Ethnic Disparities in Health* indicated a commitment to eliminating longstanding racial/ethnic disparities in health status by 2010. The initiative focuses on six key areas of health that disproportionately affect multiple racial/ethnic minority groups at all ages (8): infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV, and vaccination coverage. The findings in this report are consistent with previous findings that show homicide to be a leading contributor to the difference in LE between blacks and whites (9) and underscore the need to include homicide among the key areas.

The findings in this report are subject to at least three limitations. First, incorrect diagnoses or errors can result in inaccuracies in death records. Second, although approximately 99% of deaths in the United States are reported systematically (5), denominator data (population estimates) that refer to race or color may be inaccurate (5). Third, several assumptions (e.g., that life expectancy is aged 85 years) that could be technically flawed were made in constructing the life table model in this analysis (3).

Preventing homicide requires integrated approaches from multiple disciplines, including criminal justice, education, social services, community advocacy, and public health. Strategies for preventing violence among youth (e.g., social-cognitive, mentoring, and family-based approaches) have been described in *Best Practices to Prevent Violence by Children and Adolescents: A Sourcebook for Community Action* (10) and in

Influence of Homicide on Racial Disparity — Continued

the *Surgeon General's Report on Youth Violence* (7). These prevention programs and strategies could be implemented by educators, public health practitioners, and law enforcement agencies to target black males. Reducing the racial LE differential in homicide will improve the health of blacks in the United States and thus reduce racial disparities in health.

References

1. National Center for Health Statistics. Life expectancy at birth, by race and sex, selected years 1929–97. Available at <http://www.cdc/nchs/fastats/pdf/47_28t12.pdf>. Accessed September 2001.
2. US Department of Health and Human Services, National Center for Health Statistics. Vital statistics mortality data, underlying cause death, 1998. [Machine-readable public-use data tapes]. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 2001.
3. Arriaga EE. Measuring and explaining the change in life expectancies. *Demography* 1984;21:83–96.
4. Smith DP. Survival program 4.1, and users' guide. Austin, Texas: University of Texas School of Public Health, 1995.
5. Murphy SL. Deaths: final data for 1998. Monthly vital statistics report; vol. 48, no. 11. Hyattsville, Maryland: US Department of Health and Human Services, CDC, National Center for Health Statistics, 2000.
6. US Department of Health and Human Services. Report of the Secretary's Task Force on Black and Minority Health. Bethesda, Maryland: US Department of Health and Human Services, August 1985.
7. US Department of Health and Human Services. Youth violence: a report of the Surgeon General. Rockville, Maryland: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health, 2000. Available at <<http://www.surgeongeneral.gov/library/youthviolence>>. Accessed September 2001.
8. US Department of Health and Human Services. Race and health initiative. Available at <<http://raceandhealth.hhs.gov>>. Accessed September 2001.
9. Kochanek KD, Maurer JD, Rosenberg HM. Why did black life expectancy decline from 1984 through 1989 in the United States? *Am J Public Health* 1994;84:938–44.
10. Thornton TN, Craft CA, Dahlberg LL, Lynch BS, Bear K. Best practices to prevent violence by children and adolescents: a sourcebook for community action. Atlanta, Georgia: US Department of Health and Human Services, CDC, National Center for Injury Prevention and Control, 2000.

*Notice to Readers***Decreased Availability of Pneumococcal Conjugate Vaccine**

In February 2000, Prevnar™, the new 7-valent pneumococcal conjugate vaccine (PCV7) marketed by Wyeth Lederle Vaccines (Pearl River, New York) was licensed for use among infants and young children. CDC recommends this vaccine for all children aged <2 years and for children aged 2–5 years who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease or anatomic asplenia, chronic illness,

Notice to Readers — Continued

or who are immunosuppressed, including those with human immunodeficiency virus infection) (1). In August 2001, deliveries of Prevnar™ were delayed resulting in shortages for some health-care providers and health departments. Although the manufacturer projects shipping sufficient vaccine to meet needs throughout the remainder of 2001 and has sufficient manufacturing capacity to meet U.S. demand, health-care providers may continue to experience temporary shortages as supplies are replenished. In the meantime, CDC recommends that all providers defer the vaccination of children aged >2 years except those aged 2–5 years who are at increased risk for pneumococcal disease (see previous examples) (1). Providers should give highest priority to vaccinating all infants aged <12 months and children aged 1–5 years at increased risk. Catch-up vaccinations for healthy children aged 1–2 years and booster doses for healthy children who have completed the primary series may be deferred. Records should be kept so that the deferred vaccinations can be given when vaccine becomes available.

Reference

1. CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(no. RR-9).

*Notice to Readers***Publication of Health, United States, 2001
with Urban and Rural Health Chartbook**

CDC has published *Health, United States, 2001 with Urban and Rural Health Chartbook*, the 25th edition of the annual report on the nation's health. This report includes 148 trend tables organized around four broad subject areas: health status and determinants, health-care use, health-care resources, and health-care expenditures. Disparities in health by race/ethnicity and socioeconomic status are presented in several tables.

This year's report also includes the *Urban and Rural Health Chartbook*. Communities at different urbanization levels differ in their demographic, environmental, economic, and social characteristics, and these characteristics influence the magnitude and types of health problems that communities face. The chartbook presents population characteristics, health risk factors, health status indicators, and health-care access measures for residents of counties grouped by five urbanization levels (from the most urban to the most rural). Of U.S. residents examined, those who have the best health measures are residents of fringe counties of large metropolitan areas. In comparison, the urbanization level associated with adverse health measures is less consistent. Residents of the most rural counties fare worst on some measures (e.g., motor vehicle traffic-related injury mortality) and residents of the most urban counties fare worst on other measures (e.g., homicide).

Additional information about the report is available at <<http://www.cdc.gov/nchs>> (click on "Top 10 Links" to locate "Health, United States"). Print copies may be purchased from the Government Printing Office, telephone: (202) 512-1800; website: <<http://bookstore.gpo.gov/index.html>>.

Notice to Readers — Continued

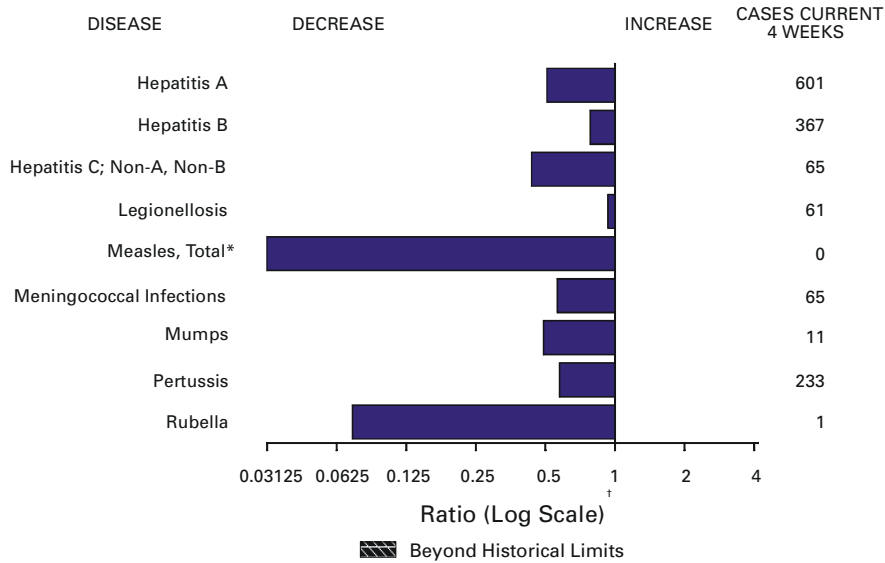
Notice to Readers

Satellite Broadcast on Immunization

Immunization Update 2001, a live interactive satellite broadcast, will be held Thursday, September 20, 2001, from 9–11:30 a.m. eastern daylight time with a repeat broadcast from 12–2:30 p.m. This broadcast will provide up-to-date information on the changing field of immunization. Topics include pneumococcal conjugate vaccine; influenza vaccine (including vaccine supply and recommendations for the 2001–02 influenza season); national shortage of tetanus and diphtheria toxoids; meningococcal vaccine; hepatitis B vaccine for adolescents; global polio eradication; and recent vaccine safety issues. Both broadcasts will feature a question and answer session in which participants nationwide can interact with the course instructors via toll-free telephone lines. Continuing education credits will be offered for a variety of professions based on 2.5 hours of instruction.

This broadcast has been designed for physicians, nurses, physician assistants, nurse practitioners, pharmacists, medical students, and others who provide immunizations and counsel patients about immunization. Online registration information is available at <<http://www.phppo.cdc.gov/phtnonline/>> or by fax, telephone (888) 232-3299 or (877) 232-1010 and request document number 130024 (for sites) or number 130021 (for individual registration). Questions about the broadcast should be directed to Craig Wilkins, telephone (404) 639-8799, or email ckw4@cdc.gov. For questions about registration, call (800) 418-7246 (800 41-[TRAIN]).

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending September 8, 2001, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 36 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 September 8, 2001 (36th Week)*

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis [†]	55	Psittacosis [†]	9
Cholera	3	Q fever [†]	16
Cyclosporiasis [†]	112	Rabies, human	1
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	336
Ehrlichiosis: human granulocytic (HGE) [†]	130	Rubella, congenital syndrome	-
human monocytic (HME) [†]	56	Streptococcal disease, invasive, group A	2,632
Encephalitis: California serogroup viral [†]	28	Streptococcal toxic-shock syndrome [†]	44
eastern equine [†]	4	Syphilis, congenital [†]	164
St. Louis [†]	1	Tetanus	21
western equine [†]	-	Toxic-shock syndrome	84
Hansen disease (leprosy) [†]	54	Trichinosis	15
Hantavirus pulmonary syndrome [†]	5	Tularemia [†]	73
Hemolytic uremic syndrome, postdiarrheal [†]	82	Typhoid fever	182
HIV infection, pediatric ^{‡§}	131	Yellow fever	-
Plague	2		

-: No reported cases.

* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date).

† 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 August 28, 2001.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th Week)*

Reporting Area	AIDS		Chlamydia [§]		Cryptosporidiosis		Escherichia coli 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	25,869	26,230	463,660	474,745	1,586	1,661	1,695	3,060	1,343	2,644
NEW ENGLAND	996	1,418	15,248	16,041	74	89	167	274	157	296
Maine	26	25	668	985	11	13	23	19	22	25
N.H.	27	25	809	708	4	13	24	26	21	31
Vt.	11	27	418	367	25	19	11	27	5	29
Mass.	541	889	6,857	6,754	27	28	85	130	77	133
R.I.	72	61	2,005	1,764	3	2	9	11	7	12
Conn.	319	391	4,491	5,463	4	14	15	61	25	66
MID. ATLANTIC	5,634	5,811	51,772	44,148	173	241	130	311	122	219
Upstate N.Y.	697	607	9,131	1,042	68	63	91	192	85	39
N.Y. City	2,742	3,135	20,641	18,176	68	128	8	19	8	14
N.J.	1,194	1,153	8,099	7,941	7	12	31	100	29	98
Pa.	1,001	916	13,901	16,989	30	38	N	N	-	68
E.N. CENTRAL	1,922	2,457	70,135	81,853	534	499	412	750	282	561
Ohio	367	388	13,962	21,362	115	74	106	159	84	166
Ind.	225	250	9,605	8,991	49	32	52	87	32	69
Ill.	882	1,364	18,342	22,904	1	70	100	153	80	120
Mich.	328	331	20,349	17,458	117	64	63	92	50	77
Wis.	120	124	7,877	11,138	252	259	91	259	36	129
W.N. CENTRAL	571	612	23,187	26,729	221	174	265	434	233	443
Minn.	104	115	4,469	5,453	99	21	92	102	98	136
Iowa	63	65	1,858	3,710	62	50	56	127	39	113
Mo.	271	285	9,007	9,070	28	22	34	86	49	79
N. Dak.	2	2	599	625	7	9	12	14	21	17
S. Dak.	19	6	1,225	1,243	6	12	25	35	19	43
Nebr.	49	43	2,112	2,516	18	51	32	50	-	43
Kans.	63	96	3,917	4,112	1	9	14	20	7	12
S. ATLANTIC	8,247	7,194	88,216	89,408	212	260	152	239	99	226
Del.	185	131	1,912	1,975	2	5	3	1	4	1
Md.	1,089	842	7,760	9,462	29	9	14	22	1	1
D.C.	591	499	1,869	2,135	10	7	-	-	U	U
Va.	673	461	12,738	10,852	15	12	39	49	30	48
W. Va.	58	42	1,544	1,463	2	3	9	12	6	7
N.C.	574	431	14,059	15,431	19	19	35	53	26	56
S.C.	500	530	7,990	6,311	-	-	7	16	9	13
Ga.	935	873	17,522	19,146	78	100	20	35	13	36
Fla.	3,642	3,385	22,822	22,633	57	105	25	51	10	64
E.S. CENTRAL	1,279	1,295	32,686	34,747	33	37	86	95	79	83
Ky.	245	146	6,134	5,399	3	5	41	28	39	25
Tenn.	408	531	9,857	9,764	10	9	26	42	30	42
Ala.	308	337	8,841	11,092	11	12	12	6	6	7
Miss.	318	281	7,854	8,492	9	11	7	19	4	9
W.S. CENTRAL	2,836	2,667	69,172	71,555	22	93	45	194	59	235
Ark.	144	126	4,940	4,588	5	8	7	50	-	34
La.	602	443	11,314	12,811	7	10	3	13	24	38
Okla.	172	219	7,147	6,014	8	9	18	13	20	11
Tex.	1,918	1,879	45,771	48,142	2	66	17	118	15	152
MOUNTAIN	955	1,006	26,696	27,226	106	85	188	292	100	217
Mont.	14	10	1,349	1,016	8	8	11	26	-	-
Idaho	17	16	1,211	1,255	12	6	38	45	-	28
Wyo.	2	7	576	539	2	5	7	13	1	9
Colo.	197	239	5,284	8,050	29	36	69	110	54	78
N. Mex.	84	107	4,104	3,366	18	9	10	15	8	14
Ariz.	395	318	9,684	8,758	6	8	20	36	12	27
Utah	84	97	1,454	1,569	27	10	22	37	24	51
Nev.	162	212	3,034	2,673	4	3	11	10	1	10
PACIFIC	3,429	3,770	86,548	83,038	211	183	250	471	212	364
Wash.	371	332	9,300	8,933	37	U	65	141	62	161
Oreg.	134	113	3,212	4,688	24	13	40	102	27	95
Calif.	2,871	3,224	69,676	65,286	146	170	129	190	119	95
Alaska	15	15	1,841	1,692	1	-	4	25	-	3
Hawaii	38	86	2,519	2,439	3	-	12	13	4	10
Guam	10	13	-	341	-	-	N	N	U	U
P.R.	816	759	1,764	U	-	-	1	6	U	U
V.I.	2	25	53	-	-	-	-	-	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	85	U	-	U	-	U	U	U

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

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

[†] 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*.

[†] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update August 28, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th 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	213,146	241,110	2,344	2,245	635	680	308	7,130	11,321
NEW ENGLAND	4,283	4,571	14	22	35	39	32	2,168	3,457
Maine	79	60	-	2	5	2	-	-	-
N.H.	107	74	-	-	8	2	2	88	41
Vt.	48	44	6	4	4	3	2	7	26
Mass.	2,089	1,843	8	11	9	15	16	472	999
R.I.	526	429	-	5	2	3	1	267	213
Conn.	1,434	2,121	-	-	7	14	11	1,334	2,178
MID. ATLANTIC	25,925	25,626	981	499	130	184	49	3,561	5,955
Upstate N.Y.	5,537	4,817	42	26	39	47	20	1,978	2,264
N.Y. City	8,627	7,744	-	-	13	27	8	2	154
N.J.	4,983	5,076	896	438	7	17	10	448	2,170
Pa.	6,778	7,989	43	35	71	93	11	1,133	1,367
E.N. CENTRAL	37,698	48,950	123	175	155	181	35	391	678
Ohio	7,674	13,035	8	8	83	71	11	95	47
Ind.	4,047	4,224	1	-	14	27	4	16	19
Ill.	11,555	14,378	11	17	-	24	1	-	33
Mich.	11,646	12,519	103	150	36	31	17	1	21
Wis.	2,776	4,794	-	-	22	28	2	279	558
W.N. CENTRAL	9,852	11,869	482	404	42	44	11	262	184
Minn.	1,445	2,193	7	5	9	3	-	215	100
Iowa	428	826	-	1	6	11	1	25	23
Mo.	5,364	5,770	465	388	17	21	6	17	43
N. Dak.	19	51	-	-	1	-	-	-	1
S. Dak.	188	198	-	-	3	2	-	-	-
Nebr.	700	985	3	3	5	3	1	3	3
Kans.	1,708	1,846	7	7	1	4	3	2	14
S. ATLANTIC	54,612	63,088	81	68	133	117	51	598	861
Del.	1,122	1,150	-	2	3	6	-	31	167
Md.	4,277	6,455	14	9	28	42	9	390	509
D.C.	1,714	1,687	-	3	7	-	-	8	3
Va.	7,611	6,856	-	3	18	23	9	98	108
W. Va.	423	454	9	13	N	N	5	10	23
N.C.	11,483	12,721	16	13	7	11	2	29	37
S.C.	5,465	5,805	5	1	6	4	4	3	4
Ga.	9,580	12,216	-	3	9	6	8	-	-
Fla.	12,937	15,744	37	21	55	25	14	29	10
E. S. CENTRAL	21,095	25,079	160	334	43	25	16	36	36
Ky.	2,424	2,354	6	29	9	14	4	18	6
Tenn.	6,579	7,850	51	70	21	8	7	11	22
Ala.	6,896	8,583	3	7	11	2	5	7	5
Miss.	5,196	6,292	100	228	2	1	-	-	3
W.S. CENTRAL	33,971	37,653	165	550	5	20	6	7	61
Ark.	3,098	2,625	3	7	-	-	1	-	5
La.	7,848	9,362	78	305	2	7	-	1	6
Okla.	3,302	2,593	3	6	3	2	2	-	-
Tex.	19,723	23,073	81	232	-	11	3	6	50
MOUNTAIN	6,785	7,152	238	57	40	26	27	11	7
Mont.	78	28	1	4	-	1	-	-	-
Idaho	53	60	2	3	2	4	1	5	1
Wyo.	49	37	191	2	4	-	1	3	3
Colo.	2,054	2,150	16	12	11	9	6	1	-
N. Mex.	667	747	11	12	2	1	6	-	-
Ariz.	2,677	2,956	9	13	11	6	6	-	-
Utah	116	162	2	-	7	5	1	1	1
Nev.	1,091	1,012	6	11	3	-	6	1	2
PACIFIC	18,925	17,122	100	136	52	44	81	96	82
Wash.	2,077	1,551	16	23	7	14	7	7	6
Oreg.	461	635	12	22	N	N	3	6	6
Calif.	15,708	14,388	72	89	41	30	67	81	68
Alaska	271	224	-	-	-	-	-	2	2
Hawaii	408	324	-	2	4	-	4	N	N
Guam	-	35	-	2	-	-	-	-	-
P.R.	399	361	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.

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 8, 2001, and September 9, 2000 (36th 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	780	988	4,267	4,898	22,683	25,703	18,195	22,433
NEW ENGLAND	47	51	477	563	1,582	1,585	1,518	1,651
Maine	4	5	47	94	144	93	121	77
N.H.	2	1	16	9	130	97	120	99
Vt.	1	2	47	44	52	88	45	92
Mass.	16	22	183	194	961	942	801	945
R.I.	6	5	43	40	87	83	114	120
Conn.	18	16	141	182	208	282	317	318
MID. ATLANTIC	203	254	855	884	2,952	3,441	2,554	3,674
Upstate N.Y.	45	47	550	569	819	806	816	921
N.Y. City	105	138	22	8	750	871	790	920
N.J.	25	39	136	120	651	847	527	711
Pa.	28	30	147	187	732	917	421	1,122
E.N. CENTRAL	74	108	95	124	3,271	3,596	2,690	2,453
Ohio	21	15	36	40	977	888	795	1,045
Ind.	14	5	1	-	354	433	310	447
Ill.	1	54	16	19	819	1,133	704	1
Mich.	25	22	36	54	570	624	566	672
Wis.	13	12	6	11	551	518	315	288
W.N. CENTRAL	27	39	252	423	1,471	1,655	1,518	1,809
Minn.	6	13	30	65	386	380	474	494
Iowa	5	2	62	62	228	251	209	243
Mo.	9	9	33	38	425	497	549	602
N. Dak.	-	2	29	98	43	47	59	58
S. Dak.	-	-	25	78	114	68	92	79
Nebr.	2	7	4	1	105	150	-	115
Kans.	5	6	69	81	170	262	135	218
S. ATLANTIC	210	216	1,491	1,684	5,625	5,004	3,818	4,123
Del.	1	3	25	31	58	82	61	94
Md.	89	75	185	299	583	549	603	497
D.C.	13	13	-	-	57	39	U	U
Va.	41	42	298	409	972	682	678	665
W. Va.	1	2	107	89	85	113	92	110
N.C.	11	21	420	413	818	689	723	767
S.C.	5	2	90	113	575	510	459	389
Ga.	12	15	224	218	873	852	884	1,239
Fla.	37	43	142	112	1,604	1,488	318	362
E.S. CENTRAL	22	33	154	140	1,516	1,531	1,057	1,219
Ky.	8	11	16	18	241	261	143	191
Tenn.	8	8	87	75	411	402	452	546
Ala.	4	13	51	46	441	439	328	400
Miss.	2	1	-	1	423	429	134	82
W.S. CENTRAL	10	61	510	650	1,595	3,225	1,297	1,956
Ark.	3	3	20	20	499	453	92	373
La.	4	10	-	3	272	532	458	430
Okla.	2	5	48	45	278	273	236	211
Tex.	1	43	442	582	546	1,967	511	942
MOUNTAIN	35	35	186	201	1,463	1,871	1,080	1,828
Mont.	2	1	31	53	50	69	-	-
Idaho	3	2	15	9	101	91	4	83
Wyo.	-	-	21	43	44	49	43	40
Colo.	18	18	-	-	406	516	360	510
N. Mex.	3	-	11	17	192	167	146	155
Ariz.	3	6	100	68	415	447	368	506
Utah	3	4	7	9	155	341	136	358
Nev.	3	4	1	2	100	191	23	176
PACIFIC	152	191	247	229	3,208	3,795	2,663	3,720
Wash.	5	22	-	-	355	361	491	485
Oreg.	9	31	1	7	171	219	230	274
Calif.	129	128	209	197	2,399	3,016	1,701	2,770
Alaska	1	-	37	25	28	39	2	25
Hawaii	8	10	-	-	255	160	239	166
Guam	-	2	-	-	-	20	U	U
P.R.	3	4	67	58	405	436	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.

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

[†] 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 September 8, 2001, and September 9, 2000 (36th 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	11,017	15,046	5,227	8,529	3,861	4,173	8,077	9,642
NEW ENGLAND	191	285	172	279	37	56	290	289
Maine	6	8	2	11	-	1	7	12
N.H.	4	4	2	7	1	1	11	15
Vt.	7	3	2	-	2	-	2	4
Mass.	136	207	116	191	19	39	164	170
R.I.	16	19	19	25	7	4	24	25
Conn.	22	44	31	46	8	11	82	63
MID. ATLANTIC	995	1,939	582	1,248	330	194	1,575	1,579
Upstate N.Y.	392	549	93	179	18	7	234	212
N.Y. City	265	789	267	533	176	82	811	844
N.J.	185	409	157	344	79	48	344	371
Pa.	153	192	65	192	57	57	186	152
E.N. CENTRAL	2,873	3,099	1,331	884	668	879	873	930
Ohio	2,023	238	923	213	58	55	150	199
Ind.	153	1,164	28	129	120	264	71	90
Ill.	281	887	204	2	194	303	428	434
Mich.	210	554	156	497	278	217	175	146
Wis.	206	256	20	43	18	40	49	61
W.N. CENTRAL	1,081	1,669	851	1,411	51	49	308	348
Minn.	286	541	341	610	22	9	160	110
Iowa	317	371	261	261	1	10	18	25
Mo.	226	511	140	362	11	25	92	134
N. Dak.	20	12	21	27	-	-	3	2
S. Dak.	122	5	59	3	-	-	10	13
Nebr.	54	81	-	65	2	2	25	14
Kans.	56	148	29	83	15	3	-	50
S. ATLANTIC	1,613	1,921	517	769	1,356	1,375	1,641	1,966
Del.	7	13	7	16	8	8	9	14
Md.	110	137	57	76	162	203	148	176
D.C.	42	49	U	U	30	29	51	19
Va.	211	318	110	246	81	96	172	190
W. Va.	8	4	8	3	-	3	21	21
N.C.	253	134	125	141	317	361	233	263
S.C.	204	96	91	71	178	143	134	188
Ga.	161	177	91	137	230	265	299	430
Fla.	617	993	28	79	350	267	574	665
E.S. CENTRAL	942	681	400	377	422	603	523	636
Ky.	344	247	175	52	31	59	78	70
Tenn.	71	254	75	289	228	365	199	254
Ala.	176	39	124	31	83	84	175	205
Miss.	351	141	26	5	80	95	71	107
W.S. CENTRAL	1,069	2,409	714	745	478	569	712	1,440
Ark.	420	150	155	43	26	75	100	143
La.	114	202	132	128	100	156	-	135
Okla.	32	78	15	31	48	83	100	110
Tex.	503	1,979	412	543	304	255	512	1,052
MOUNTAIN	653	737	372	536	170	157	309	348
Mont.	2	7	-	-	-	-	6	10
Idaho	25	41	-	25	-	1	8	6
Wyo.	3	5	1	3	1	1	2	2
Colo.	157	137	140	109	31	7	78	57
N. Mex.	85	97	45	64	16	13	21	30
Ariz.	284	294	137	204	111	130	119	139
Utah	44	57	41	65	7	1	24	32
Nev.	53	99	8	66	4	4	51	72
PACIFIC	1,600	2,306	288	2,280	349	291	1,846	2,106
Wash.	142	346	167	328	37	48	167	170
Oreg.	59	123	74	82	8	10	75	65
Calif.	1,346	1,803	-	1,843	296	232	1,475	1,701
Alaska	4	7	1	3	-	-	31	76
Hawaii	49	27	46	24	8	1	98	94
Guam	-	34	U	U	-	3	-	38
P.R.	8	26	U	U	172	120	76	109
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.

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

[†] 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 September 8, 2001, and September 9, 2000 (36th 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	953	892	6,587	8,914	4,427	4,735	-	47	-	42	89	65
NEW ENGLAND	58	67	376	271	61	77	-	4	-	1	5	6
Maine	1	1	8	14	5	5	-	-	-	-	-	-
N.H.	4	12	12	18	11	12	U	-	U	-	-	3
Vt.	3	5	8	8	4	6	-	1	-	-	1	3
Mass.	34	32	151	104	-	10	-	2	-	1	3	-
R.I.	3	2	26	16	17	14	-	-	-	-	-	-
Conn.	13	15	171	111	24	30	-	1	-	-	1	-
MID. ATLANTIC	137	168	677	994	674	830	-	4	-	11	15	21
Upstate N.Y.	53	68	173	154	94	87	-	1	-	4	5	10
N.Y. City	36	47	209	341	322	409	-	2	-	1	3	10
N.J.	32	31	159	193	64	130	-	-	-	1	1	-
Pa.	16	22	136	306	194	204	-	1	-	5	6	1
E.N. CENTRAL	126	140	693	1,178	639	498	-	-	-	10	10	7
Ohio	53	42	166	199	83	78	-	-	-	3	3	2
Ind.	37	25	63	57	35	36	-	-	-	4	4	-
Ill.	10	47	192	520	100	84	-	-	-	3	3	3
Mich.	7	9	230	336	421	277	-	-	-	-	-	2
Wis.	19	17	42	66	-	23	-	-	-	-	-	-
W.N. CENTRAL	49	49	284	549	130	208	-	4	-	-	4	1
Minn.	28	24	24	154	13	27	-	2	-	-	2	1
Iowa	-	-	26	56	16	21	-	-	-	-	-	-
Mo.	13	16	77	227	68	106	-	2	-	-	2	-
N. Dak.	6	2	2	2	-	2	U	-	U	-	-	-
S. Dak.	-	-	2	1	1	1	-	-	-	-	-	-
Nebr.	1	3	28	24	17	31	-	-	-	-	-	-
Kans.	1	4	125	85	15	20	-	-	-	-	-	-
S. ATLANTIC	275	202	1,551	940	917	817	-	4	-	1	5	2
Del.	-	-	-	10	-	10	U	-	U	-	-	-
Md.	64	57	190	131	95	90	-	2	-	1	3	-
D.C.	-	-	33	20	11	27	U	-	U	-	-	-
Va.	20	32	94	107	115	105	-	1	-	-	1	2
W. Va.	10	5	9	49	20	10	-	-	-	-	-	-
N.C.	41	19	132	111	133	165	-	-	-	-	-	-
S.C.	5	7	61	44	24	11	-	-	-	-	-	-
Ga.	68	52	609	180	223	142	-	1	-	-	1	-
Fla.	67	30	423	288	296	257	U	-	U	-	-	-
E.S. CENTRAL	61	38	266	313	304	333	-	2	-	-	2	-
Ky.	2	12	84	40	31	61	-	2	-	-	2	-
Tenn.	31	16	105	111	159	159	-	-	-	-	-	-
Ala.	26	8	63	43	61	35	-	-	-	-	-	-
Miss.	2	2	14	119	53	78	-	-	-	-	-	-
W.S. CENTRAL	35	54	638	1,720	466	719	-	1	-	-	1	-
Ark.	-	2	55	111	67	72	-	-	-	-	-	-
La.	3	15	54	62	30	107	U	-	U	-	-	-
Okla.	32	35	96	192	70	107	U	-	U	-	-	-
Tex.	-	2	433	1,355	299	433	-	1	-	-	1	-
MOUNTAIN	129	87	586	639	406	363	-	-	-	1	1	12
Mont.	-	1	9	5	2	4	-	-	-	-	-	-
Idaho	1	3	50	19	10	6	-	-	-	1	1	-
Wyo.	17	1	25	4	31	1	-	-	-	-	-	-
Colo.	29	20	61	142	79	57	U	-	U	-	-	2
N. Mex.	15	18	29	59	114	108	-	-	-	-	-	-
Ariz.	51	34	305	323	115	138	-	-	-	-	-	-
Utah	6	7	61	40	23	17	-	-	-	-	-	3
Nev.	10	3	46	47	32	32	U	-	U	-	-	7
PACIFIC	83	87	1,516	2,310	830	890	-	28	-	18	46	16
Wash.	2	5	93	206	96	72	-	13	-	2	15	3
Oreg.	17	24	63	141	71	77	-	3	-	-	3	-
Calif.	35	30	1,345	1,939	640	722	-	10	-	11	21	9
Alaska	6	6	14	11	8	9	-	-	-	-	-	1
Hawaii	23	22	1	13	15	10	-	2	-	5	7	3
Guam	-	1	-	1	-	9	U	-	U	-	-	-
P.R.	1	3	75	196	127	196	U	-	U	-	-	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	U	U	26	U	U	U	U	U	U	U

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

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

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

[§] Of 197 cases among children aged <5 years, serotype was reported for 97, and of those, 17 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 8, 2001, and September 9, 2000 (36th 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	1,582	1,573	2	153	251	34	3,067	4,372	-	17	109
NEW ENGLAND	85	94	-	-	4	-	275	1,129	-	-	12
Maine	1	8	-	-	-	-	-	31	-	-	-
N.H.	10	9	U	-	-	U	25	82	U	-	2
Vt.	5	2	-	-	-	-	25	175	-	-	-
Mass.	48	54	-	-	1	-	206	790	-	-	8
R.I.	3	8	-	-	1	-	5	14	-	-	1
Conn.	18	13	-	-	2	-	14	37	-	-	1
MID. ATLANTIC	166	178	-	17	20	1	220	398	-	5	9
Upstate N.Y.	46	48	-	3	7	1	118	184	-	1	1
N.Y. City	31	35	-	9	6	-	34	58	-	3	8
N.J.	39	33	-	2	3	-	13	30	-	1	-
Pa.	50	62	-	3	4	-	55	126	-	-	-
E.N. CENTRAL	206	272	-	14	19	4	391	508	-	3	1
Ohio	72	64	-	1	7	-	217	237	-	-	-
Ind.	29	32	-	1	1	4	50	68	-	1	-
Ill.	22	68	-	10	6	-	42	57	-	2	1
Mich.	47	78	-	2	4	-	40	55	-	-	-
Wis.	36	30	-	-	1	-	42	91	-	-	-
W.N. CENTRAL	107	109	-	8	14	12	180	323	-	3	1
Minn.	16	17	-	3	-	12	70	189	-	-	-
Iowa	21	22	-	-	6	-	17	39	-	1	-
Mo.	39	51	-	-	4	-	70	49	-	1	-
N. Dak.	5	2	U	-	-	U	-	3	U	-	-
S. Dak.	5	5	-	-	-	-	3	3	-	-	-
Nebr.	10	5	-	1	1	-	4	9	-	-	1
Kans.	11	7	-	4	3	-	16	31	-	1	-
S. ATLANTIC	301	224	1	27	37	3	167	328	-	4	60
Del.	3	-	U	-	-	U	-	8	U	-	-
Md.	35	22	1	5	8	3	25	80	-	-	-
D.C.	-	-	U	-	-	U	1	3	U	-	-
Va.	31	35	-	6	8	-	31	58	-	-	-
W. Va.	11	10	-	-	-	-	2	1	-	-	-
N.C.	58	32	-	3	5	-	51	76	-	-	52
S.C.	31	18	-	2	10	-	26	23	-	2	6
Ga.	36	38	-	7	2	-	7	27	-	-	-
Fla.	96	69	U	4	4	U	24	52	U	2	2
E.S. CENTRAL	103	110	-	3	4	1	87	90	-	-	5
Ky.	18	24	-	1	-	1	19	45	-	-	1
Tenn.	44	45	-	-	2	-	38	25	-	-	1
Ala.	30	30	-	-	2	-	27	17	-	-	3
Miss.	11	11	-	2	-	-	3	3	-	-	-
W.S. CENTRAL	176	167	-	9	26	3	255	233	-	-	7
Ark.	16	11	-	1	1	1	12	31	-	-	1
La.	56	38	U	2	5	U	2	17	U	-	1
Okla.	24	22	U	-	-	U	1	15	U	-	-
Tex.	80	96	-	6	20	2	240	170	-	-	5
MOUNTAIN	76	71	-	9	16	7	1,050	518	-	1	2
Mont.	3	4	-	1	1	-	21	32	-	-	-
Idaho	7	6	-	1	-	1	166	47	-	-	-
Wyo.	6	-	-	1	1	-	2	3	-	-	-
Colo.	27	23	U	1	-	U	205	284	U	1	1
N. Mex.	11	6	-	2	1	6	97	77	-	-	-
Ariz.	11	22	-	1	4	-	491	51	-	-	1
Utah	7	7	-	1	4	-	57	15	-	-	-
Nev.	4	3	U	1	5	U	11	9	U	-	-
PACIFIC	362	348	1	66	111	3	442	845	-	1	12
Wash.	53	37	-	1	5	3	107	259	-	-	7
Oreg.	31	46	N	N	N	-	35	92	-	-	-
Calif.	265	251	-	29	78	-	268	444	-	-	5
Alaska	2	6	-	1	8	-	3	18	-	-	-
Hawaii	11	8	1	35	20	-	29	32	-	1	-
Guam	-	-	U	-	12	U	-	3	U	-	1
P.R.	4	8	U	-	-	U	2	6	U	-	-
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	-	U	U	-	U

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

*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

**TABLE IV. Deaths in 122 U.S. cities,* week ending
September 8, 2001 (36th 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	360	252	61	29	9	9	25	S. ATLANTIC	863	547	182	83	26	24	50
Boston, Mass.	U	U	U	U	U	U	U	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	23	16	6	1	-	-	3	Baltimore, Md.	117	72	26	13	3	3	15
Cambridge, Mass.	18	15	1	2	-	-	3	Charlotte, N.C.	93	52	19	12	4	6	8
Fall River, Mass.	U	U	U	U	U	U	U	Jacksonville, Fla.	118	71	31	9	3	4	8
Hartford, Conn.	57	30	12	9	1	5	5	Miami, Fla.	62	34	15	10	2	1	4
Lowell, Mass.	27	18	5	4	-	-	2	Norfolk, Va.	53	32	8	6	3	4	2
Lynn, Mass.	10	8	1	-	1	-	2	Richmond, Va.	47	29	10	6	1	1	2
New Bedford, Mass.	35	24	8	2	-	1	3	Savannah, Ga.	58	39	12	5	2	-	3
New Haven, Conn.	35	24	4	5	2	-	2	St. Petersburg, Fla.	32	22	8	-	1	1	-
Providence, R.I.	48	34	9	-	3	2	-	Tampa, Fla.	148	101	24	15	5	3	4
Somerville, Mass.	6	6	-	-	-	-	-	Washington, D.C.	101	61	29	7	2	1	4
Springfield, Mass.	31	24	4	2	-	1	2	Wilmington, Del.	34	34	-	-	-	-	-
Waterbury, Conn.	24	20	3	1	-	-	3	E.S. CENTRAL	763	513	169	47	14	20	54
Worcester, Mass.	46	33	8	3	2	-	3	Birmingham, Ala.	149	108	30	6	3	2	12
MID. ATLANTIC	2,101	1,464	415	151	36	31	95	Chattanooga, Tenn.	68	55	8	1	1	3	6
Albany, N.Y.	54	38	11	2	2	1	3	Knoxville, Tenn.	86	61	18	6	1	-	3
Allentown, Pa.	16	14	2	-	-	-	-	Lexington, Ky.	54	32	13	6	2	1	2
Buffalo, N.Y.	102	75	16	7	-	4	9	Memphis, Tenn.	191	115	50	16	4	6	13
Camden, N.J.	33	21	4	4	2	2	2	Mobile, Ala.	75	57	9	5	2	2	2
Elizabeth, N.J.	24	18	6	-	-	-	1	Montgomery, Ala.	32	19	8	3	1	1	4
Erie, Pa.§	41	31	7	2	-	1	2	Nashville, Tenn.	108	66	33	4	-	5	12
Jersey City, N.J.	43	24	13	5	1	-	2	W.S. CENTRAL	1,089	655	254	109	42	29	50
New York City, N.Y.	1,008	692	210	76	14	16	35	Austin, Tex.	74	48	19	4	1	2	4
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	48	35	6	5	2	-	2
Paterson, N.J.	U	U	U	U	U	U	U	Corpus Christi, Tex.	40	30	9	-	-	1	3
Philadelphia, Pa.	468	317	100	31	12	4	24	Dallas, Tex.	172	88	56	19	6	3	13
Pittsburgh, Pa.§	36	22	9	5	-	-	2	El Paso, Tex.	51	31	15	3	2	-	2
Reading, Pa.	16	10	2	3	1	-	1	Ft. Worth, Tex.	94	53	21	12	2	6	1
Rochester, N.Y.	116	85	17	10	4	-	5	Houston, Tex.	311	163	69	45	23	11	12
Schenectady, N.Y.	23	21	2	-	-	-	2	Little Rock, Ark.	U	U	U	U	U	U	U
Scranton, Pa.§	21	17	3	1	-	-	1	New Orleans, La.	U	U	U	U	U	U	U
Syracuse, N.Y.	81	65	10	3	-	3	8	San Antonio, Tex.	172	112	38	13	4	5	7
Trenton, N.J.	19	14	3	2	-	-	U	Shreveport, La.	39	29	6	4	-	-	3
Utica, N.Y.	U	U	U	U	U	U	U	Tulsa, Okla.	88	66	15	4	2	1	3
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	929	628	189	72	27	12	64
E.N. CENTRAL	1,461	989	303	93	37	39	66	Albuquerque, N.M.	98	67	20	10	1	-	13
Akron, Ohio	39	30	5	2	1	1	3	Boise, Idaho	25	18	7	-	-	-	2
Canton, Ohio	38	30	6	2	-	-	4	Colo. Springs, Colo.	43	30	8	5	-	-	3
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	99	66	14	11	4	4	4
Cincinnati, Ohio	94	59	17	11	3	4	4	Las Vegas, Nev.	231	164	46	12	8	1	18
Cleveland, Ohio	107	80	20	6	1	-	5	Ogden, Utah	37	24	7	4	2	-	2
Columbus, Ohio	157	97	39	11	6	4	6	Phoenix, Ariz.	150	93	31	16	5	4	10
Dayton, Ohio	116	89	17	4	1	5	5	Pueblo, Colo.	28	17	8	3	-	-	1
Detroit, Mich.	175	101	51	13	5	5	8	Salt Lake City, Utah	94	64	18	4	6	2	8
Evansville, Ind.	37	27	5	2	3	-	2	Tucson, Ariz.	124	85	30	7	1	1	3
Fort Wayne, Ind.	48	33	9	4	2	-	2	PACIFIC	1,384	977	253	87	31	22	93
Gary, Ind.	18	8	3	4	3	-	-	Berkeley, Calif.	10	7	2	1	-	-	1
Grand Rapids, Mich.	61	40	8	4	2	7	5	Fresno, Calif.	44	32	4	6	2	-	4
Indianapolis, Ind.	176	103	46	16	7	4	8	Glendale, Calif.	22	15	6	-	-	1	1
Lansing, Mich.	32	28	4	-	-	-	3	Honolulu, Hawaii	80	62	13	2	-	3	9
Milwaukee, Wis.	99	71	20	3	2	3	4	Long Beach, Calif.	92	70	17	4	1	-	6
Peoria, Ill.	44	36	5	1	-	2	-	Los Angeles, Calif.	312	219	51	26	10	6	18
Rockford, Ill.	38	28	6	3	1	-	1	Pasadena, Calif.	23	18	3	2	-	-	4
South Bend, Ind.	55	37	15	1	-	2	-	Portland, Oreg.	U	U	U	U	U	U	U
Toledo, Ohio	64	42	17	4	-	1	5	Sacramento, Calif.	140	96	30	9	4	1	10
Youngstown, Ohio	63	50	10	2	-	1	1	San Diego, Calif.	134	93	29	7	2	3	7
W.N. CENTRAL	539	380	99	31	19	10	37	San Francisco, Calif.	101	63	24	7	2	5	7
Des Moines, Iowa	62	51	6	1	1	3	4	San Jose, Calif.	157	127	18	6	4	2	11
Duluth, Minn.	37	27	8	-	2	-	1	Santa Cruz, Calif.	34	23	9	1	1	-	2
Kansas City, Kans.	5	1	2	1	1	-	-	Seattle, Wash.	96	55	29	9	2	1	3
Kansas City, Mo.	71	41	15	10	2	3	5	Spokane, Wash.	47	29	3	1	2	-	5
Lincoln, Nebr.	29	21	8	-	-	-	1	Tacoma, Wash.	92	68	15	6	1	-	5
Minneapolis, Minn.	96	73	18	3	-	2	11	TOTAL	9,489†	6,405	1,925	702	241	196	534
Omaha, Nebr.	72	53	12	5	2	-	8								
St. Louis, Mo.	75	42	19	8	5	1	-								
St. Paul, Minn.	79	62	9	2	5	1	7								
Wichita, Kans.	13	9	2	1	1	-	-								

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.

Contributors to the Production of the *MMWR* (Weekly)**Weekly Notifiable Disease Morbidity Data and 122 Cities Mortality Data**

Samuel L. Groseclose, D.V.M., M.P.H.
Wayne S. Brathwaite

State Support Team

Robert Fagan
Jose Aponte
Gerald Jones
David Nitschke
Scott Noldy
Jim Vaughan
Carol A. Worsham

CDC Operations Team

Carol M. Knowles
Deborah A. Adams
Willie J. Anderson
Lateka M. Dammond
Patsy A. Hall
Mechele A. Hester
Felicia J. Connor
Pearl Sharp

Informatics

T. Demetri Vacalis, Ph.D.
Michele D. Renshaw Erica R. Shaver

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

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

References to non-CDC sites 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.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy on Friday of each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's World-Wide Web server at <http://www.cdc.gov/mmwr> or from CDC's file transfer protocol server at <ftp://ftp.cdc.gov/pub/Publications/mmwr>. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to: Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone (888) 232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Director, Centers for Disease Control and Prevention Jeffrey P. Koplan, M.D., M.P.H.	Director, Epidemiology Program Office Stephen B. Thacker, M.D., M.Sc.	Writers-Editors, <i>MMWR</i> (Weekly) Jill Crane David C. Johnson
Deputy Director for Science and Public Health, Centers for Disease Control and Prevention David W. Fleming, M.D.	Editor, <i>MMWR</i> Series John W. Ward, M.D.	Desktop Publishing Lynda G. Cupell Morie M. Higgins
	Acting Editor, <i>MMWR</i> Series Terrence L. Chorba, M.D., M.P.H.	
	Acting Managing Editor, <i>MMWR</i> (Weekly) Teresa F. Rutledge	

☆U.S. Government Printing Office: 2001-633-173/49009 Region IV