

**MMWR**<sup>TM</sup>  
**MORBIDITY AND MORTALITY  
WEEKLY REPORT**

- 825** Progress Toward Poliomyelitis Eradication — Afghanistan, 1994–1999  
**829** National Vaccination Coverage Levels Among Children Aged 19–35 Months — United States, 1998  
**830** Notices to Readers

**Progress Toward Poliomyelitis Eradication —  
Afghanistan, 1994–1999**

In 1988, the World Health Assembly adopted a resolution to eradicate poliomyelitis globally by 2000. During the same year, the Regional Committee, Eastern Mediterranean Region (EMR) of the World Health Organization (WHO) resolved to eradicate polio from the region by 2000. Substantial progress in reaching this goal has been made globally and in countries of EMR (1–3). This report describes the current status of polio eradication in Afghanistan, a country in EMR with ongoing civil conflict where eradication efforts began in late 1994.

**Routine Vaccination**

Routine vaccination services have been maintained through approximately 20 years of civil conflict in Afghanistan. In 1996, estimated national coverage with three doses of oral poliovirus vaccine (OPV) among infants aged <1 year was 30%. Coverage surveys conducted during the 1998 Expanded Program on Immunization (EPI) review suggested that vaccination coverage levels varied widely by region. Coverage levels <30% were reported in several regions; in northern areas, coverage levels were even lower because of access problems resulting from the ongoing conflict. Supplemental campaigns to accelerate overall EPI coverage using diphtheria and tetanus toxoids and pertussis vaccine (DTP) and measles vaccine (MV) for children and tetanus toxoid (TT) for women of childbearing age have been conducted annually since 1997. The 1999 EPI acceleration campaigns provided catch-up vaccination to children aged <2 years (n=82,000) and women of reproductive age (n=206,000) in 14 urban areas.

**Supplementary OPV Vaccination**

Supplementary vaccination for polio eradication began with three multiantigen immunization campaigns (MICs) conducted during 1994–1996. MICs provided DTP, MV, and OPV for children aged <5 years and TT for women of childbearing age. Reported MICs coverage levels were >80% in most targeted areas; however, MICs targeted approximately 70% of the total population. Beginning with MICs and continuing with National Immunization Days (NIDs)\*, the United Nations Children's Fund

\*Mass campaigns over a short period (days to weeks) in which two doses of OPV are administered to all children in the target group (usually aged 0–4 years) regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

*Polio Eradication — Continued*

(UNICEF) and WHO attempted to arrange periods of cease-fire between warring parties in conflict areas to allow vaccination of children.

The first NIDs were conducted nationwide during April–May 1997, and repeated during April–May 1998 and May–June 1999. In 1997, an estimated 80% of Afghan children aged <5 years (approximately 3.5 million) received two doses of OPV during NIDs.

In 1998, NIDs were not conducted in northern Afghanistan because of armed conflict; as a result, approximately one third of the target group was excluded from vaccination. Nevertheless, 1998 NID coverage for the accessible areas was >85%. The first round of 1999 NIDs was delayed in three northern provinces because of the conflict; surveys following both rounds indicated that 83%–87% of targeted children had been vaccinated. Afghanistan will conduct two additional NID rounds in late October and November 1999. In 1998 and 1999, supplemental OPV vaccination campaigns were conducted in border districts with Pakistan and Iran simultaneously with the NIDs in these countries.

**Surveillance for Acute Flaccid Paralysis (AFP)**

No national disease surveillance system is in place in Afghanistan. In 1997, AFP surveillance was established at major health facilities in regional capitals. Local staff were trained in AFP surveillance procedures to conduct regular active surveillance visits to surveillance sites to identify and investigate AFP cases. Local offices of WHO and UNICEF facilitate the collection and shipment of stool specimens to the WHO Afghanistan support office in Islamabad, Pakistan through scheduled United Nations flights; specimens are forwarded for processing to the Regional Polio Network Laboratory at the National Institute of Health in Islamabad.

All three poliovirus serotypes were isolated within a few months after the establishment of AFP surveillance. Poliovirus has been detected in many parts of the country (Figure 1). All three serotypes were detected in 1997; however, type 2 virus has not been isolated during 1998 and 1999. Since May 1999, an outbreak of polio is occurring in Kunduz province in northern Afghanistan (4).

The sensitivity of AFP surveillance is measured by the rate of nonpolio AFP per 100,000 population aged <15 years (target: 1 per 100,000 population), and the quality is assessed by the percentage of cases from which two stool specimens are taken within 14 days of paralysis onset ("adequate" stool specimen; target: 80%). Both performance indicators continue to improve. From 1998 to 1999, the nonpolio AFP rate increased from 0.6 to 1.2, and the proportion of AFP cases with two adequate stool specimens increased from 52% to 61% in 1999 (Table 1).

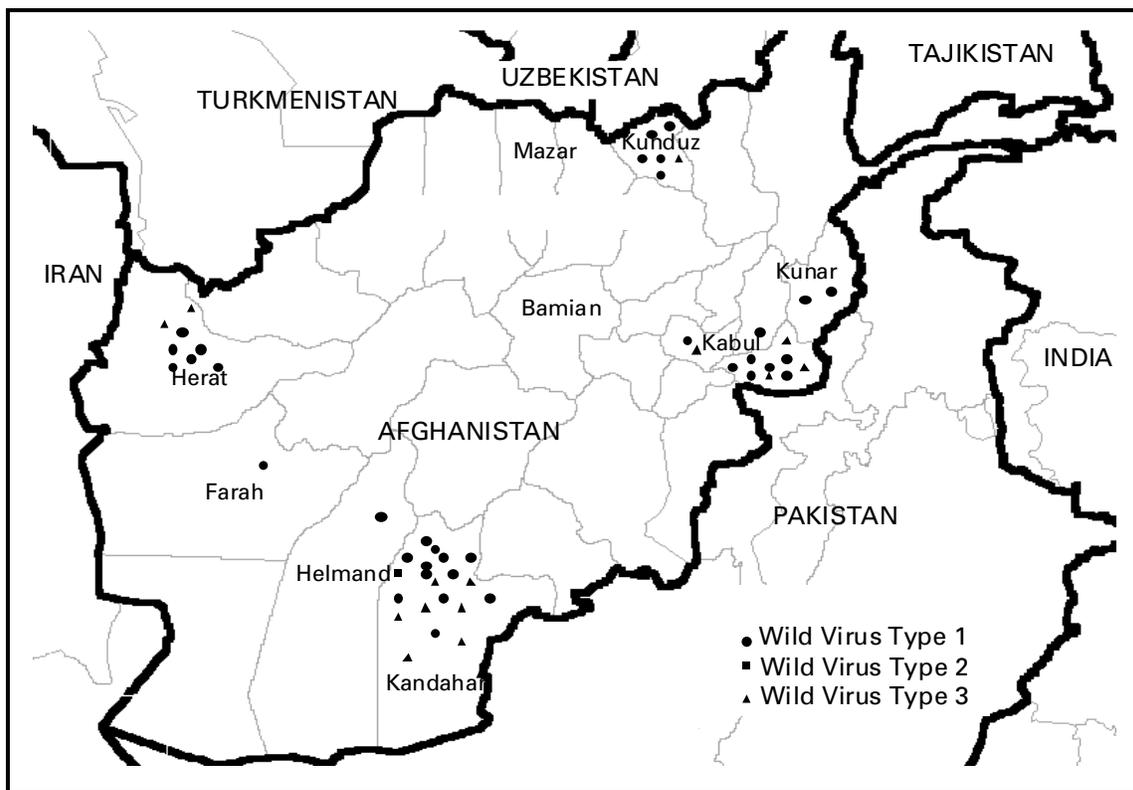
*Reported by: Afghanistan Country Office, World Health Organization, Islamabad, Pakistan. Eastern Mediterranean Regional Office, World Health Organization, Alexandria, Egypt. Vaccines and Other Biologicals Dept, World Health Organization, Geneva, Switzerland. Respiratory and Enterovirus Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.*

**Editorial Note:** Polio remains the leading cause of permanent disability in Afghanistan, a country with civil strife for approximately 20 years (5). Poliovirus transmission must be interrupted in Afghanistan both to prevent morbidity, mortality, and permanent disability and to reach the 2000 global polio eradication target.

Limited cease-fire agreements were effective between fighting parties during MICs and NIDs, allowing health-care workers to vaccinate children in areas with ongoing

*Polio Eradication — Continued*

**FIGURE 1. Location of polio cases confirmed through wild poliovirus isolation — Afghanistan, September 1997–July 1999**



conflict. Since 1997, NIDs have achieved relatively high coverage rates among the target population; however, interruption of virus transmission in Afghanistan may take longer than in countries with well-functioning routine vaccination programs.

AFP surveillance systems require a well-coordinated and sustained effort to identify suspected cases; collect, store, and ship stool specimens; and collect, tabulate, and analyze data. Despite the prevailing conflict, AFP surveillance has improved rapidly in Afghanistan and is becoming the model for establishing AFP surveillance in other countries under difficult circumstances (6). Measles and neonatal tetanus case reporting have been added to the AFP surveillance system as a first step toward establishing an integrated communicable disease reporting system. Contributing to the success in establishing surveillance is the cooperation among national health services, WHO, UNICEF, and nongovernmental organizations and with resources provided by the international donors. Although the quality of AFP surveillance in Afghanistan is better than in other countries where polio is endemic, it must improve to better establish the degree of virus transmission and to target areas for supplemental vaccination activities.

Polio eradication activities, particularly NIDs, can play a key role in initiating and revitalizing health services in countries where conflict has damaged the infrastructure; the investment in vaccination may serve as an example to restore other basic health services in the country. As demonstrated in other countries, critical elements of the

*Polio Eradication — Continued***TABLE 1. Surveillance for acute flaccid paralysis (AFP) and National Immunization Days (NIDs) coverage — Afghanistan, 1997–1999**

Surveillance	1997*	1998	1999†
AFP cases	28	121	111
Confirmed polio cases	19	59	43
Nonpolio AFP rate <sup>§</sup>	0.3	0.6	1.2
Wild virus confirmed	6	27	17
Type 1	4	15	11
Type 2	2	0	0
Type 3	0	12	6
Stool specimen <sup>¶</sup>	50%	52%	61%
No. children vaccinated during NIDs (in millions)			
Round 1	3.7	2.6	4.0
Round 2	3.8	2.7	4.0

\*September–December 1997.

†January–August 1999.

<sup>§</sup>Per 100,000 children aged <15 years. The rate is projected for 1997 and 1999.<sup>¶</sup>Percentage of AFP cases from which two stool specimens were collected within 14 days of onset of paralysis.

polio eradication strategies implemented in Afghanistan—political commitment, international partnerships, capacity for surveillance, and integration of preventive services—now serve as a platform for strengthening vaccination and other preventive health services. Social mobilization and additional resources available for polio eradication (i.e., cold chain equipment, training, and additional staff) may lead to increased awareness and use of routine vaccination services.

Continued public health efforts are essential to eradicate polio in Afghanistan. End-stage acceleration of polio eradication in Afghanistan will require extra rounds of NIDs and house-to-house vaccination activities to administer OPV, which will require substantial additional external funding<sup>†</sup>. In the final phase of polio eradication, increased efforts are necessary. Unless polio eradication succeeds even under the most challenging circumstances, polio will remain endemic in some countries, resulting in exportation of poliovirus into neighboring and distant polio-free areas, and delaying regional and global polio eradication.

*References*

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<sup>†</sup>Polio eradication in Afghanistan is supported by the national government. External support is provided by global polio eradication partners, including Rotary International, UNICEF, WHO, and the governments of the United States, Great Britain, Denmark, Norway, Netherlands, Sweden, Luxemburg, Germany, and the European Community.

Notice to Readers**National Vaccination Coverage Levels  
Among Children Aged 19–35 Months — United States, 1998**

Sustained high vaccination coverage levels in the United States are necessary to decrease rates of vaccine-preventable diseases. Therefore, an important component of the U.S. vaccination program is the assessment of vaccination coverage (1). To assist in this assessment, in 1993, the Childhood Immunization Initiative (CII) was begun to increase vaccination coverage levels among children during the first 2 years of life to  $\geq 90\%$  by 1996 for universally recommended childhood vaccinations and to monitor trends in vaccination coverage. Vaccination objectives also were included in the national health objectives for 2000 initiative (2). Except for hepatitis B vaccine, the 90% coverage goals were achieved and maintained through implementation of CII by public- and private-sector organizations and health-care providers at the national, state, and local levels (3).

CDC's National Immunization Survey (NIS) provides ongoing estimates of vaccination coverage in the United States (3,4). In 1998, the NIS assessed vaccination coverage levels among children born during February 1995–May 1997 (i.e., aged 19–35 months; median age: 27 months).

National vaccination coverage achieved was  $\geq 90\%$  each for three doses of poliovirus vaccine, three doses of *Haemophilus influenzae* type b vaccine, and one dose of measles-containing vaccine. Coverage with four doses of diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids (DTP/DT) and three doses of hepatitis B vaccine was the highest ever reported (84% and 87%, respectively). Varicella vaccine, first recommended for use in 1996, also had the highest coverage ever reported (43.2%) (Table 1). State-specific coverage estimates for each recommended antigen and for two combined series of vaccines and coverage estimates by state among children living in poverty will be published in *CDC Surveillance Summaries*.

*References*

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2. Public Health Service. *Healthy people 2000: national health promotion and disease prevention objectives—full report, with commentary*. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS)91-50212.
3. CDC. National, state, and urban area vaccination coverage levels among children aged 19–35 months—United States, 1997. *MMWR* 1998;47:547–54.
4. CDC. Sample design in procedures to produce estimates of vaccination coverage in the national immunization survey. Atlanta, Georgia: US Department of Health and Human Services, CDC, National Immunization Program, April 18, 1996.

Notices to Readers — Continued

**TABLE 1. Vaccination coverage levels among children aged 19–35 months, by selected vaccines — United States, National Immunization Survey, 1995–1998\***

Vaccine/Dose	1995		1996		1997		1998	
	%	(95% CI) <sup>†</sup>	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT <sup>§</sup>								
≥3 Doses	94.7	(±0.6)	95.0	(±0.4)	95.5	(±0.4)	95.6	(±0.5)
≥4 Doses	78.5	(±1.0)	81.1	(±0.7)	81.5	(±0.7)	83.9	(±0.8)
Poliovirus								
≥3 Doses	87.9	(±0.8)	91.1	(±0.5)	90.8	(±0.5)	90.8	(±0.7)
<i>Haemophilus influenzae</i> type b (Hib)								
≥3 Doses	91.7	(±0.6)	91.7	(±0.5)	92.7	(±0.5)	93.4	(±0.6)
Measles-containing vaccine (MCV)								
≥1 Doses	89.9	(±0.7)	90.7	(±0.5)	90.5	(±0.5)	92.1	(±0.6)
Hepatitis B								
≥3 Doses	68.0	(±1.0)	81.8	(±0.7)	83.7	(±0.6)	87.0	(±0.7)
Varicella vaccine								
1 Dose		NA <sup>¶</sup>	16.0	(±0.7)	25.9	(±0.7)	43.2	(±1.0)
Combined series								
4 DTP/3 Polio/1 MCV**	76.2	(±1.0)	78.4	(±0.8)	77.9	(±0.7)	80.6	(±0.9)
4 DTP/3 Polio/1 MCV/3 Hib <sup>††</sup>	74.2	(±1.0)	76.5	(±0.8)	76.2	(±0.8)	79.2	(±0.9)

\*Children were born during February 1992–May 1994 (1995 survey), February 1993–May 1995 (1996 survey), February 1994–May 1996 (1997 survey), and February 1995–May 1997 (1998 survey).

<sup>†</sup> Confidence interval.

<sup>§</sup> Diphtheria and tetanus toxoids and pertussis vaccine/diphtheria and tetanus toxoids.

<sup>¶</sup> Not available. Data collection for varicella began in July 1996.

\*\*Four or more doses of DTP/DT, three or more doses of poliovirus vaccine, and one or more doses of MCV.

<sup>††</sup> Four or more doses of DTP/DT, three or more doses of poliovirus vaccine, one or more doses of MCV, and three or more doses of Hib.

### Notice to Readers

#### **Publication of Survey Results of Assessment of State Health Agencies' Readiness for 2000**

Following publication of the results of a CDC assessment of the readiness for the year 2000 (Y2K) of state health agencies, CDC conducted a follow-up survey during June–August 1999 in which 47 states and the District of Columbia—covering 98.7% of the U.S. population—responded. Overall, responding states are 99% complete with Y2K assessment and 90% complete with Y2K readiness. Additional information from the states and trends from the initial to the follow-up survey identify no significant Y2K readiness vulnerabilities in critical public health functions. Complete results of this survey are available on the World-Wide Web at <http://www.cdc.gov/y2k/y2kssurvey.htm> and from the Information Resources Management Office, CDC, Mail-stop D45, 1600 Clifton Rd., N.E., Atlanta, GA 30333. CDC continues to work with states on Y2K readiness, including identifying and communicating Y2K issues that may occur during the transition to 2000.

In addition, CDC has completed end-to-end testing of six “high impact” federal systems covering disease monitoring, vaccine ordering, and financial transactions involving external partners. The tests were fully successful; results are available at <http://www.cdc.gov/y2k/y2khighimpact.htm>.

#### *Reference*

1. CDC. Assessment of public health computer readiness for 2000—United States, 1999. *MMWR* 1999;48:359–60,367.

*Notices to Readers — Continued*

*Notice to Readers*

**Satellite Broadcast on Breast Cancer Screening**

CDC, the University of North Carolina at Chapel Hill School of Public Health, the Association of Schools of Public Health, and the Public Health Training Network will cosponsor "Breast Cancer Screening: More Than Just Mammograms," on September 29, 1999, at 2–3 p.m. eastern time. The broadcast will be delivered through satellite downlink to sites nationwide and through an Internet webcast. Continuing education credit will be offered for various professions based on 1 hour of instruction.

This second in the series of Public Health Grand Rounds will feature a case demonstrating how a screening program can save lives. Participants will discuss the challenges of screening programs and the strategies implemented to meet them. The goal of this program is to promote a leadership-level national dialogue on breast cancer screening and the outreach efforts of state and local public health agencies.

This videoconference targets professionals from local, state, and federal health agencies; community and women's health centers; academic institutions; managed-care organizations; and others who want to learn more about breast cancer and improve the life expectancy of women at risk.

Registration for downlink sites and program participants is available only on the World-Wide Web at <http://www.PublicHealthGrandRounds.unc.edu>. There is no registration fee, but all participants must register to ensure adequate seating at satellite sites. Additional information is available from Donna Davis, MPH, Grand Rounds Project Director, telephone (919) 966-9134; fax (919) 966-9138; e-mail [Grand.Rounds@sph.unc.edu](mailto:Grand.Rounds@sph.unc.edu).

*Notice to Readers*

**Satellite Broadcast on HIV Prevention**

"HIV Prevention with Faith Communities and Communities of Color," a satellite broadcast, is scheduled for Thursday, November 18, 1999, at 1–3 p.m. eastern time. Cosponsors are CDC and the Public Health Training Network. This forum will focus on activities and resources for human immunodeficiency virus (HIV) infection prevention within faith communities and racial and ethnic minority communities. Viewers will hear about CDC activities and programs throughout the country.

This broadcast is designed for organizations and persons interested in conducting HIV infection prevention activities and includes national and local faith-based institutions and organizations; community-based organizations; health departments; national and regional minority organizations; and HIV infection prevention community planning groups. Speakers will discuss the impact of the epidemic on faith communities and racial and ethnic minority communities, how local communities are responding, and partnerships and resources available to communities. Viewers are invited to fax questions and comments before and during the satellite broadcast.

Additional information for organizations and potential viewers is available through the World-Wide Web site for this broadcast, <http://www.cdcnpin.org/broadcast>, and

*Notices to Readers — Continued*

CDC's Fax Information System, telephone (888) 232-3299 ([888] CDC-FAXX), by entering document number 130031 and a return fax number. Organizations setting up viewing sites are encouraged to register online or by fax as early as possible so that potential viewers may access information about viewing locations when visiting the web site or calling the information line.

*Notice to Readers*

**Satellite Broadcast on Surveillance of Vaccine-Preventable Diseases**

CDC's National Immunization Program and the Public Health Training Network will cosponsor a live satellite broadcast, Surveillance of Vaccine-Preventable Diseases (VPDs), on December 2, 1999, from 12 noon to 3:30 p.m. eastern time. The broadcast is intended for physicians, infection control practitioners, epidemiologists, nurses, laboratorians, sanitarians, and others involved in surveillance of VPDs. The program will present guidelines for surveillance, case investigation, and outbreak control for diphtheria, *Haemophilus influenzae* type b, hepatitis A, influenza, measles, pertussis, rubella, and varicella, and will provide an in-depth discussion of several other issues related to VPD surveillance.

Continuing education credit for a variety of professions will be offered based on 3.5 hours of instruction. Additional information about the broadcast is available on the World-Wide Web at <http://www.cdc.gov/phtn/surveillance/vpd.htm>.

*Notice to Readers*

**Epidemiology in Action**

CDC and Emory University's Rollins School of Public Health will cosponsor a course, "Epidemiology in Action," during November 8–19, 1999, in Atlanta. 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 covered include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, Epi Info software training, and discussions of selected prevalent diseases. There is a tuition charge.

Deadline for application is October 8, 1999. Additional information and applications are available from Emory University, International Health, Dept. (PIA), 1518 Clifton Rd., N.E., Room 742, Atlanta, GA 30322; telephone (404) 727-3485; fax (404) 727-4590; or on the World-Wide Web, <http://www.sph.emory.edu/EPICOURSES/>; or e-mail [pvaleri@sph.emory.edu](mailto:pvaleri@sph.emory.edu).

**Erratum: Vol. 48, No. RR-7**

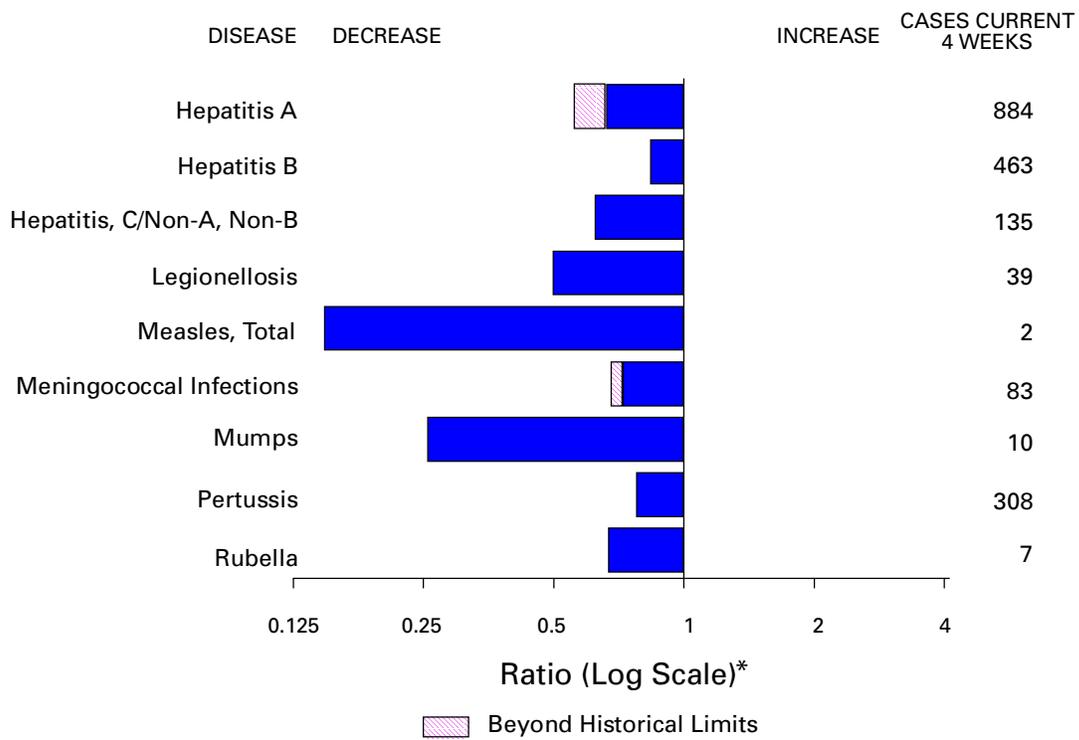
In "Recommendations for the Use of Lyme Disease Vaccine: Recommendations of the Advisory Committee on Immunization Practice (ACIP)," in the section "Effect of Vaccination on the Serologic Diagnosis of Lyme Disease," on page 9 the statement that "anti-OspA antibodies do not develop after natural infection" is incorrect. Although antibody to OspA in patients with early Lyme disease is rarely evident, this antibody can be found in increasing amounts in patients with later stages of Lyme disease, particularly those with Lyme arthritis. Therefore, the paragraph should read: "Care providers and laboratorians should be advised that vaccine-induced anti-rOspA antibodies routinely cause false-positive ELISA results for exposure to *Borrelia burgdorferi* (74). Experienced laboratory workers, through careful interpretation of the results of immunoblots, can usually discriminate between *B. burgdorferi* infection and previous rOspA immunization. Although vaccination is expected to elicit antibody to OspA only, natural infection results in the production of antibody to additional diagnostic antigen bands in immunoblots."

**Erratum: Vol. 48, No. SS-3**

In the *CDC Surveillance Summaries* article titled "Surveillance of Work-Related Asthma in Selected U.S. States Using Surveillance Guidelines for State Health Departments—California, Massachusetts, Michigan, and New Jersey, 1993–1995," the second and third sentences of the second paragraph under "Epidemiology" on page 9 should have read: "Only 29 case-patients in Michigan and New Jersey (5.2% of the 562 case-patients in these two states) had medical record documentation of pulmonary function testing performed in relation to work. Of these, only 19 case-patients (3.4% overall) had medical record documentation of pulmonary function testing that substantiated work-relatedness." These two sentences also should be corrected in the third and fourth sentences in the first full paragraph on page 19.



**FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending September 18, 1999, with historical data — United States**



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

**TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending September 18, 1999 (37th Week)**

	Cum. 1999		Cum. 1999
Anthrax	-	HIV infection, pediatric* <sup>§</sup>	100
Brucellosis*	33	Plague	5
Cholera	4	Poliomyelitis, paralytic	-
Congenital rubella syndrome	3	Psittacosis*	15
Cyclosporiasis*	47	Rabies, human	-
Diphtheria	3	Rocky Mountain spotted fever (RMSF)	378
Encephalitis: California*	20	Streptococcal disease, invasive Group A	1,550
eastern equine*	4	Streptococcal toxic-shock syndrome*	28
St. Louis*	1	Syphilis, congenital <sup>¶</sup>	146
western equine*	-	Tetanus	27
Ehrlichiosis	109	Toxic-shock syndrome	86
human granulocytic (HGE)*	26	Trichinosis	8
human monocytic (HME)*	62	Typhoid fever	226
Hansen Disease*	16	Yellow fever	-
Hantavirus pulmonary syndrome* <sup>†</sup>	65		
Hemolytic uremic syndrome, post-diarrheal*			

-:no reported cases

\*Not notifiable in all states.

<sup>†</sup> Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

<sup>§</sup> 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 29, 1999.

<sup>¶</sup> Updated from reports to the Division of STD Prevention, NCHSTP.

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	AIDS		Chlamydia		Cryptosporidiosis		<i>Escherichia coli</i> O157:H7*			
	Cum. 1999†	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	NETSS		PHLIS	
							Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	30,285	32,804	409,305	415,063	1,396	2,788	2,039	2,051	1,325	1,662
NEW ENGLAND	1,532	1,274	14,082	14,438	89	118	223	258	225	223
Maine	51	22	739	680	19	25	25	29	-	-
N.H.	36	25	672	689	10	12	24	34	26	40
Vt.	11	17	340	298	26	21	23	12	12	10
Mass.	1,005	684	6,509	5,890	33	55	128	126	115	130
R.I.	73	93	1,630	1,633	1	5	23	11	6	1
Conn.	356	433	4,192	5,248	-	-	U	46	66	42
MID. ATLANTIC	7,780	9,314	47,543	42,952	230	417	142	218	47	76
Upstate N.Y.	890	1,100	N	N	100	246	112	151	-	-
N.Y. City	4,062	5,216	21,963	18,720	107	155	6	11	14	12
N.J.	1,476	1,685	7,025	8,260	13	16	24	56	32	44
Pa.	1,352	1,313	18,555	15,972	10	N	N	N	1	20
E.N. CENTRAL	1,980	2,377	59,167	70,053	263	543	411	334	311	287
Ohio	291	509	17,240	18,620	33	53	139	87	112	55
Ind.	247	376	7,041	7,563	26	41	60	74	32	40
Ill.	933	881	20,358	18,912	17	61	135	94	81	66
Mich.	405	466	14,528	15,203	37	31	77	79	48	54
Wis.	104	145	U	9,755	150	357	N	N	38	72
W.N. CENTRAL	678	604	24,144	24,576	158	219	446	314	223	310
Minn.	114	118	4,847	4,932	60	77	183	120	124	165
Iowa	62	51	2,934	3,168	46	56	88	74	37	47
Mo.	340	281	8,595	8,851	21	18	34	37	41	48
N. Dak.	4	4	325	709	14	25	10	10	1	13
S. Dak.	13	13	1,135	1,098	6	19	38	22	13	28
Nebr.	45	56	2,082	1,911	10	20	72	29	-	-
Kans.	100	81	4,226	3,907	1	4	21	22	7	9
S. ATLANTIC	8,314	8,433	87,529	79,977	256	210	227	169	129	132
Del.	112	104	1,902	1,799	-	3	6	-	3	2
Md.	889	1,035	7,447	5,344	11	14	13	30	-	14
D.C.	321	635	N	N	8	6	-	1	U	U
Va.	508	685	10,135	9,712	18	12	56	N	42	46
W. Va.	46	65	1,204	1,716	2	1	8	8	4	7
N.C.	552	636	15,777	15,537	6	N	49	43	46	37
S.C.	764	504	8,449	12,980	-	-	17	8	14	7
Ga.	1,235	858	21,374	16,298	110	73	23	56	-	-
Fla.	3,887	3,911	21,241	16,591	101	101	55	23	20	19
E.S. CENTRAL	1,363	1,381	32,681	28,903	21	19	91	91	50	52
Ky.	201	193	5,033	4,477	5	8	25	28	-	-
Tenn.	540	489	10,028	9,481	6	6	43	38	30	33
Ala.	337	394	9,204	7,173	8	N	19	20	16	17
Miss.	285	305	8,416	7,772	2	5	4	5	4	2
W.S. CENTRAL	3,201	3,860	60,408	63,057	51	838	67	75	74	78
Ark.	123	159	4,195	2,758	1	6	9	8	7	8
La.	596	686	10,879	10,440	22	14	9	4	11	4
Okla.	94	238	5,637	7,018	6	N	16	12	12	6
Tex.	2,388	2,777	39,697	42,841	22	818	33	51	44	60
MOUNTAIN	1,174	1,102	22,918	23,045	75	106	195	272	86	200
Mont.	7	23	1,099	924	10	9	13	14	-	5
Idaho	16	19	1,200	1,370	7	16	26	31	8	19
Wyo.	6	1	504	485	1	-	10	51	5	54
Colo.	208	230	4,617	5,674	10	15	71	57	40	46
N. Mex.	67	178	2,814	2,508	32	42	8	17	4	15
Ariz.	607	384	8,935	8,094	9	16	24	33	15	25
Utah	102	91	1,521	1,564	N	N	30	56	12	21
Nev.	161	176	2,228	2,426	6	8	13	13	2	15
PACIFIC	4,263	4,459	60,833	68,062	253	318	237	320	180	304
Wash.	250	300	8,325	7,809	N	N	80	66	64	86
Oreg.	136	129	3,988	3,830	80	49	54	N	55	85
Calif.	3,803	3,882	45,184	53,331	173	266	97	159	52	120
Alaska	13	17	1,350	1,327	-	-	1	4	-	-
Hawaii	61	131	1,986	1,765	-	3	5	-	9	13
Guam	5	-	226	287	-	-	N	N	U	U
P.R.	936	1,243	U	U	-	N	5	5	U	U
V.I.	25	24	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

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

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

†Updated monthly from reports to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update August 29, 1999.

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	Gonorrhea		Hepatitis C/NA,NB		Legionellosis		Lyme Disease	
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	223,601	247,002	2,356	2,292	596	913	7,822	11,126
NEW ENGLAND	4,212	4,286	59	48	50	56	2,679	3,594
Maine	42	46	2	-	4	1	22	63
N.H.	81	70	-	-	4	3	5	32
Vt.	36	25	4	2	11	4	12	9
Mass.	1,816	1,519	50	43	16	26	811	623
R.I.	412	264	3	3	6	13	350	343
Conn.	1,825	2,362	-	-	9	9	1,479	2,524
MID. ATLANTIC	27,125	26,470	105	155	114	232	3,913	5,848
Upstate N.Y.	4,541	4,953	70	80	36	73	2,796	2,999
N.Y. City	9,463	8,402	-	-	9	32	27	179
N.J.	4,284	5,517	-	U	11	14	376	1,024
Pa.	8,837	7,598	35	75	58	113	714	1,646
E.N. CENTRAL	39,738	48,145	1,219	522	166	305	90	611
Ohio	10,421	11,923	1	7	55	98	58	32
Ind.	3,834	4,488	1	5	26	55	16	25
Ill.	15,084	15,699	27	34	10	39	10	11
Mich.	10,399	11,646	600	361	48	61	1	12
Wis.	U	4,389	590	115	27	52	5	531
W.N. CENTRAL	9,895	12,176	91	29	37	50	123	166
Minn.	1,847	1,856	6	9	6	5	73	125
Iowa	672	1,056	-	7	14	7	14	22
Mo.	4,448	6,474	76	10	12	14	17	11
N. Dak.	31	57	-	-	-	-	1	-
S. Dak.	130	173	-	-	2	3	-	-
Nebr.	941	790	3	2	3	15	6	3
Kans.	1,826	1,770	6	1	-	6	12	5
S. ATLANTIC	63,808	66,462	155	76	91	102	785	686
Del.	1,191	1,002	1	-	10	9	22	55
Md.	6,110	6,094	34	8	17	27	555	498
D.C.	1,395	3,178	1	-	3	6	3	4
Va.	6,736	6,438	10	11	21	16	86	50
W. Va.	363	630	14	6	-	N	14	9
N.C.	13,839	13,482	30	18	13	8	61	42
S.C.	4,842	8,403	18	3	7	7	5	3
Ga.	14,359	14,200	1	9	-	7	-	5
Fla.	14,973	13,035	46	21	20	22	39	20
E.S. CENTRAL	26,082	27,788	197	213	33	51	64	84
Ky.	2,234	2,561	14	18	16	25	6	18
Tenn.	8,071	8,269	83	127	14	14	30	38
Ala.	8,141	9,307	2	4	3	5	17	15
Miss.	7,636	7,651	98	64	-	7	11	13
W.S. CENTRAL	34,113	38,905	158	355	5	14	24	18
Ark.	2,113	2,920	8	14	-	1	4	6
La.	8,653	8,946	102	33	2	2	-	3
Okla.	2,785	3,820	14	9	3	8	4	2
Tex.	20,562	23,219	34	299	-	3	16	7
MOUNTAIN	6,601	6,356	111	301	36	55	12	12
Mont.	33	30	5	7	-	2	-	-
Idaho	59	129	6	86	1	2	3	3
Wyo.	20	24	34	69	-	1	3	1
Colo.	1,644	1,448	18	21	10	13	-	-
N. Mex.	573	623	7	74	1	2	1	4
Ariz.	3,211	2,886	27	6	5	14	-	-
Utah	147	167	6	19	13	17	3	-
Nev.	914	1,049	8	19	6	4	2	4
PACIFIC	12,027	16,414	261	593	64	48	132	107
Wash.	1,424	1,334	13	15	11	9	5	6
Oreg.	562	560	15	15	N	N	10	16
Calif.	9,538	13,937	233	509	52	37	117	84
Alaska	220	228	-	-	1	1	-	1
Hawaii	283	355	-	54	-	1	N	N
Guam	32	43	-	1	-	2	-	1
P.R.	215	284	-	-	-	-	N	N
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	NETSS		PHLIS	
					Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	881	1,036	4,170	5,422	24,045	28,491	19,365	24,528
NEW ENGLAND	48	45	629	1,069	1,203	1,793	1,322	1,714
Maine	3	3	116	169	104	127	75	48
N.H.	2	4	38	54	94	137	110	178
Vt.	4	-	77	50	68	96	56	74
Mass.	15	16	143	380	857	1,006	718	1,019
R.I.	4	4	72	67	80	96	52	33
Conn.	20	18	183	349	U	331	311	362
MID. ATLANTIC	195	312	772	1,185	2,731	4,694	2,516	4,481
Upstate N.Y.	53	62	566	832	897	1,120	860	1,051
N.Y. City	84	180	U	U	937	1,448	712	1,223
N.J.	37	45	133	148	370	1,024	535	1,005
Pa.	21	25	73	205	527	1,102	409	1,202
E.N. CENTRAL	83	115	121	89	3,530	4,643	2,389	3,511
Ohio	18	10	29	48	838	1,105	702	890
Ind.	12	10	11	8	351	507	277	410
Ill.	20	48	9	N	1,156	1,432	399	1,056
Mich.	28	38	69	30	692	854	658	771
Wis.	5	9	3	3	493	745	353	384
W.N. CENTRAL	49	70	558	554	1,604	1,675	1,525	1,717
Minn.	21	39	83	94	470	401	516	464
Iowa	12	7	126	120	196	293	121	229
Mo.	12	13	12	31	471	460	663	628
N. Dak.	-	2	119	102	38	45	4	59
S. Dak.	-	-	129	128	72	81	58	94
Nebr.	-	1	2	6	138	128	-	30
Kans.	4	8	87	73	219	267	163	213
S. ATLANTIC	254	205	1,503	1,808	5,627	5,365	3,782	4,198
Del.	1	2	34	33	105	63	120	98
Md.	71	63	292	352	615	644	627	644
D.C.	13	14	-	-	57	55	U	U
Va.	52	39	375	427	961	728	739	664
W. Va.	1	2	87	62	115	115	110	112
N.C.	23	18	310	459	853	748	918	952
S.C.	11	5	117	104	373	357	307	373
Ga.	21	27	145	224	858	1,059	651	994
Fla.	61	35	143	147	1,690	1,596	310	361
E.S. CENTRAL	18	23	196	219	1,222	1,562	747	1,156
Ky.	6	4	31	27	287	280	-	124
Tenn.	7	12	65	117	326	411	386	517
Ala.	4	5	100	73	395	491	308	421
Miss.	1	2	-	2	214	380	53	94
W.S. CENTRAL	14	28	81	26	2,029	2,936	2,193	2,204
Ark.	1	1	14	26	388	365	116	263
La.	10	11	-	-	334	411	370	530
Okla.	2	3	67	N	260	315	212	154
Tex.	1	13	-	-	1,047	1,845	1,495	1,257
MOUNTAIN	34	51	144	184	2,173	1,791	1,456	1,571
Mont.	4	1	50	44	45	64	1	39
Idaho	3	7	-	N	71	85	56	72
Wyo.	1	-	33	53	40	49	22	47
Colo.	14	14	1	22	559	414	537	396
N. Mex.	2	12	8	5	263	229	198	203
Ariz.	5	8	43	35	677	548	564	549
Utah	3	1	6	19	381	256	25	121
Nev.	2	8	3	6	137	146	53	144
PACIFIC	186	187	166	288	3,926	4,032	3,435	3,976
Wash.	18	16	-	-	459	353	576	486
Oreg.	15	13	1	3	337	227	402	254
Calif.	145	152	158	262	2,829	3,219	2,233	3,006
Alaska	1	2	7	23	35	43	6	27
Hawaii	7	4	-	-	266	190	218	203
Guam	-	2	-	-	20	23	U	U
P.R.	-	-	47	37	255	537	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

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

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS		Cum. 1999	Cum. 1998	Cum. 1999†	Cum. 1998†
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998				
UNITED STATES	10,052	14,302	4,948	8,011	4,461	5,040	9,963	11,481
NEW ENGLAND	461	333	381	296	37	55	279	316
Maine	4	11	-	-	-	1	13	6
N.H.	13	13	12	15	-	1	6	-
Vt.	5	6	3	-	3	4	1	3
Mass.	421	222	315	212	23	34	166	183
R.I.	18	25	9	13	1	1	29	39
Conn.	U	56	42	56	10	14	64	85
MID. ATLANTIC	582	1,827	306	1,429	161	218	1,818	2,051
Upstate N.Y.	207	388	45	137	24	29	216	253
N.Y. City	201	574	82	529	67	48	990	1,003
N.J.	102	564	121	538	40	72	367	440
Pa.	72	301	58	225	30	69	245	355
E.N. CENTRAL	1,768	2,059	997	1,066	817	743	907	1,165
Ohio	326	396	92	98	68	100	179	172
Ind.	183	126	50	33	294	145	59	112
Ill.	704	1,110	592	884	303	306	390	557
Mich.	300	204	197	4	152	141	209	251
Wis.	255	223	66	47	U	51	70	73
W.N. CENTRAL	825	791	527	455	92	98	322	319
Minn.	191	246	184	278	7	6	108	104
Iowa	24	55	16	37	9	-	33	28
Mo.	520	91	289	67	60	76	132	117
N. Dak.	2	6	-	3	-	-	6	7
S. Dak.	11	30	5	21	-	1	12	16
Nebr.	40	325	-	16	6	4	12	11
Kans.	37	38	33	33	10	11	19	36
S. ATLANTIC	1,741	3,014	355	951	1,461	1,840	2,151	1,972
Del.	12	23	7	20	6	17	12	27
Md.	106	149	34	53	269	496	191	223
D.C.	42	20	U	U	45	60	34	82
Va.	92	143	43	71	117	116	168	187
W. Va.	7	11	3	7	2	2	31	30
N.C.	156	222	67	106	356	543	314	278
S.C.	94	116	49	56	193	214	201	214
Ga.	162	822	37	197	248	199	432	364
Fla.	1,070	1,508	115	441	225	193	768	567
E.S. CENTRAL	840	626	429	421	819	874	636	834
Ky.	192	92	-	45	69	79	112	124
Tenn.	509	131	374	189	465	405	245	264
Ala.	84	362	47	180	160	210	223	282
Miss.	55	41	8	7	125	180	56	164
W.S. CENTRAL	1,441	2,790	1,410	867	709	756	1,026	1,669
Ark.	61	144	21	43	45	84	126	90
La.	118	221	72	203	200	302	U	127
Okla.	372	264	128	77	139	51	92	128
Tex.	890	2,161	1,189	544	325	319	808	1,324
MOUNTAIN	689	874	392	549	164	177	293	381
Mont.	7	8	-	3	1	-	10	15
Idaho	17	17	7	12	1	2	14	7
Wyo.	3	2	1	-	-	1	2	4
Colo.	118	144	80	112	1	8	U	44
N. Mex.	90	213	53	114	9	22	47	46
Ariz.	350	427	240	273	144	128	155	142
Utah	48	35	5	26	2	3	30	42
Nev.	56	28	6	9	6	13	35	81
PACIFIC	1,705	1,988	151	1,977	201	279	2,531	2,774
Wash.	72	125	65	126	48	23	139	184
Oreg.	63	108	62	98	6	4	75	98
Calif.	1,544	1,718	-	1,718	143	249	2,159	2,326
Alaska	-	4	-	2	1	1	40	36
Hawaii	26	33	24	33	3	2	118	130
Guam	7	29	U	U	1	1	-	63
P.R.	62	46	U	U	121	143	41	108
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

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

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

**TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 1999†	Cum. 1998	A		B		Indigenous		Imported*		Total	
			Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	1999	Cum. 1999	1999	Cum. 1999	Cum. 1999	Cum. 1998
UNITED STATES	829	805	10,788	16,075	4,639	6,946	-	37	-	19	56	58
NEW ENGLAND	61	52	171	215	72	152	-	6	-	4	10	3
Maine	5	2	5	16	1	2	-	-	-	-	-	-
N.H.	14	8	11	9	10	13	-	-	-	1	1	-
Vt.	5	5	8	13	2	6	-	-	-	-	-	1
Mass.	23	33	58	90	32	56	-	5	-	2	7	2
R.I.	1	3	14	13	27	49	-	-	-	-	-	-
Conn.	13	1	75	74	-	26	-	1	-	1	2	-
MID. ATLANTIC	130	129	672	1,241	497	908	-	-	-	2	2	14
Upstate N.Y.	63	43	185	257	142	173	-	-	-	2	2	2
N.Y. City	28	36	181	427	153	316	-	-	-	-	-	-
N.J.	38	43	57	253	40	165	-	-	-	-	-	8
Pa.	1	7	249	304	162	254	-	-	-	-	-	4
E.N. CENTRAL	128	139	2,001	2,537	456	1,034	-	1	-	1	2	15
Ohio	47	42	473	243	70	57	U	-	U	-	-	1
Ind.	20	35	78	114	35	80	-	1	-	-	1	3
Ill.	51	49	405	583	1	180	-	-	-	-	-	-
Mich.	10	7	1,019	1,441	349	335	-	-	-	1	1	10
Wis.	-	6	26	156	1	382	-	-	-	-	-	1
W.N. CENTRAL	72	73	576	1,113	228	294	-	-	-	-	-	-
Minn.	35	57	58	95	37	33	-	-	-	-	-	-
Iowa	7	2	108	373	27	45	-	-	-	-	-	-
Mo.	21	8	319	518	125	178	-	-	-	-	-	-
N. Dak.	1	-	2	3	-	4	-	-	-	-	-	-
S. Dak.	1	-	8	21	1	2	-	-	-	-	-	-
Nebr.	3	-	41	22	11	12	-	-	-	-	-	-
Kans.	4	6	40	81	27	20	-	-	-	-	-	-
S. ATLANTIC	193	146	1,432	1,360	889	731	-	1	-	4	5	8
Del.	-	-	2	3	-	-	-	-	-	-	-	1
Md.	50	44	264	301	129	108	-	-	-	-	-	1
D.C.	4	-	53	44	19	10	-	-	-	-	-	-
Va.	14	15	113	160	67	75	-	1	-	2	3	2
W. Va.	6	5	28	4	20	5	-	-	-	-	-	-
N.C.	28	23	110	90	182	158	-	-	-	-	-	-
S.C.	5	3	31	23	58	27	-	-	-	-	-	-
Ga.	51	32	347	401	122	124	-	-	-	-	-	2
Fla.	35	24	484	334	292	224	-	-	-	2	2	2
E.S. CENTRAL	51	43	286	295	326	346	-	-	-	-	-	2
Ky.	6	7	51	24	31	36	-	-	-	-	-	-
Tenn.	28	24	142	173	172	192	-	-	-	-	-	1
Ala.	15	10	44	53	65	48	-	-	-	-	-	1
Miss.	2	2	49	45	58	70	-	-	-	-	-	-
W.S. CENTRAL	42	41	2,039	2,817	664	1,568	-	5	-	3	8	-
Ark.	2	-	42	69	35	79	-	-	-	-	-	-
La.	7	19	73	57	77	74	U	-	U	-	-	-
Okla.	29	20	351	417	99	69	-	-	-	-	-	-
Tex.	4	2	1,573	2,274	453	1,346	-	5	-	3	8	-
MOUNTAIN	70	90	973	2,470	442	611	-	3	-	-	3	-
Mont.	1	-	17	74	17	5	-	-	-	-	-	-
Idaho	1	-	33	196	22	27	-	-	-	-	-	-
Wyo.	1	1	6	32	12	4	-	-	-	-	-	-
Colo.	10	19	172	223	68	78	-	-	-	-	-	-
N. Mex.	18	5	38	109	143	235	-	-	-	-	-	-
Ariz.	30	44	570	1,513	114	139	-	1	-	-	1	-
Utah	7	3	37	151	26	56	-	2	-	-	2	-
Nev.	2	18	100	172	40	67	-	-	-	-	-	-
PACIFIC	82	92	2,638	4,027	1,065	1,302	-	21	-	5	26	16
Wash.	3	6	228	797	50	69	-	-	-	-	-	1
Oreg.	31	36	190	310	58	138	-	9	-	-	9	-
Calif.	38	40	2,203	2,862	935	1,075	-	12	-	4	16	7
Alaska	5	3	6	15	12	10	-	-	-	-	-	8
Hawaii	5	7	11	43	10	10	-	-	-	1	1	-
Guam	-	-	2	1	2	2	U	1	U	-	1	-
P.R.	1	2	112	50	102	189	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

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

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

†Of 158 cases among children aged <5 years, serotype was reported for 82 and of those, 21 were type b.

**TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 18, 1999, and September 19, 1998 (37th Week)**

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998
UNITED STATES	1,746	1,969	3	232	512	88	3,859	4,210	-	178	332
NEW ENGLAND	87	84	-	4	6	10	444	726	-	7	38
Maine	5	5	-	-	-	-	-	5	-	-	-
N.H.	12	11	-	1	-	-	73	68	-	-	-
Vt.	4	1	-	1	-	6	46	66	-	-	-
Mass.	50	39	-	2	4	-	290	545	-	7	8
R.I.	4	3	-	-	-	4	24	7	-	-	1
Conn.	12	25	-	-	2	-	11	35	-	-	29
MID. ATLANTIC	160	202	-	27	172	20	644	434	-	22	144
Upstate N.Y.	45	52	-	8	3	20	558	222	-	18	114
N.Y. City	43	24	-	3	153	-	10	27	-	-	16
N.J.	39	48	-	-	6	-	12	14	-	1	13
Pa.	33	78	-	16	10	-	64	171	-	3	1
E.N. CENTRAL	290	309	-	30	61	1	336	526	-	2	-
Ohio	114	112	U	11	23	U	156	191	U	-	-
Ind.	40	52	-	4	5	-	49	85	-	1	-
Ill.	76	84	-	8	9	-	49	53	-	1	-
Mich.	36	37	-	7	22	1	39	49	-	-	-
Wis.	24	24	-	-	2	-	43	148	-	-	-
W.N. CENTRAL	190	170	-	10	26	12	263	324	-	84	32
Minn.	40	29	-	1	12	6	132	184	-	5	-
Iowa	36	28	-	4	9	1	45	58	-	29	-
Mo.	72	65	-	2	3	5	41	25	-	2	2
N. Dak.	3	3	-	-	1	-	4	3	-	-	-
S. Dak.	11	6	-	-	-	-	5	8	-	-	-
Nebr.	10	12	-	-	-	-	1	13	-	48	-
Kans.	18	27	-	3	1	-	35	33	-	-	30
S. ATLANTIC	310	328	1	40	40	12	294	220	-	35	15
Del.	7	2	-	-	-	-	4	3	-	-	-
Md.	44	24	-	3	-	-	77	38	-	1	1
D.C.	1	-	-	2	-	-	-	1	-	-	-
Va.	36	28	-	8	6	-	13	19	-	-	-
W. Va.	5	12	-	-	-	-	2	1	-	-	-
N.C.	35	46	-	8	10	-	73	76	-	34	11
S.C.	38	48	-	3	6	-	14	22	-	-	-
Ga.	49	75	-	4	1	4	30	18	-	-	-
Fla.	95	93	1	12	17	8	81	42	-	-	3
E.S. CENTRAL	115	148	-	9	13	-	64	95	-	1	1
Ky.	24	25	-	-	-	-	16	39	-	-	-
Tenn.	45	53	-	-	1	-	28	30	-	-	1
Ala.	27	41	-	8	7	-	16	22	-	1	-
Miss.	19	29	-	1	5	-	4	4	-	-	-
W.S. CENTRAL	148	231	-	29	49	4	134	269	-	7	87
Ark.	31	26	-	-	7	-	17	52	-	-	-
La.	34	47	U	3	6	U	3	6	U	-	-
Okla.	25	31	-	1	-	-	12	21	-	-	-
Tex.	58	127	-	25	36	4	102	190	-	7	87
MOUNTAIN	103	111	1	13	34	15	441	733	-	16	5
Mont.	2	4	-	-	-	-	2	7	-	-	-
Idaho	8	9	-	1	4	13	127	197	-	-	-
Wyo.	4	5	-	-	1	-	2	8	-	-	-
Colo.	27	21	1	4	6	-	129	184	-	1	-
N. Mex.	13	20	N	N	N	2	94	78	-	-	1
Ariz.	29	36	-	-	6	-	30	149	-	13	1
Utah	13	10	-	5	5	-	53	75	-	1	2
Nev.	7	6	-	3	12	-	4	35	-	1	1
PACIFIC	343	386	1	70	111	14	1,239	883	-	4	10
Wash.	55	54	-	2	7	12	557	236	-	-	5
Oreg.	59	65	N	N	N	1	33	68	-	-	-
Calif.	220	260	1	56	79	1	620	552	-	4	3
Alaska	5	3	-	1	2	-	4	14	-	-	-
Hawaii	4	4	-	11	23	-	25	13	-	-	2
Guam	1	2	U	1	2	U	1	1	U	-	-
P.R.	5	9	-	-	2	-	16	4	-	-	8
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable

U: Unavailable

-: no reported cases

**TABLE IV. Deaths in 122 U.S. cities,\* week ending  
September 18, 1999 (37th Week)**

Reporting Area	All Causes, By Age (Years)						P&J† Total	Reporting Area	All Causes, By Age (Years)						P&J† Total
	All Ages	>65	45-64	25-44	1-24	<1			All Ages	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	497	352	104	24	9	8	39	S. ATLANTIC	888	566	197	71	32	20	42
Boston, Mass.	140	102	27	8	-	3	9	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	U	U	U	U	U	U	U	Baltimore, Md.	132	69	37	19	4	3	7
Cambridge, Mass.	10	7	2	1	-	-	2	Charlotte, N.C.	99	64	21	11	1	2	9
Fall River, Mass.	23	18	3	1	-	1	1	Jacksonville, Fla.	79	52	13	6	5	3	3
Hartford, Conn.	45	22	16	5	1	1	2	Miami, Fla.	119	63	42	9	4	1	-
Lowell, Mass.	23	17	5	1	-	-	-	Norfolk, Va.	28	16	6	3	2	1	3
Lynn, Mass.	14	9	4	1	-	-	-	Richmond, Va.	64	42	13	6	2	1	1
New Bedford, Mass.	32	26	6	-	-	-	2	Savannah, Ga.	37	21	10	5	-	1	2
New Haven, Conn.	37	24	9	1	1	2	2	St. Petersburg, Fla.	81	63	12	2	3	1	4
Providence, R.I.	57	44	11	-	2	-	9	Tampa, Fla.	147	104	26	6	9	2	11
Somerville, Mass.	4	2	1	1	-	-	-	Washington, D.C.	89	59	17	4	2	5	2
Springfield, Mass.	35	24	4	3	4	-	4	Wilmington, Del.	13	13	-	-	-	-	-
Waterbury, Conn.	27	21	5	-	-	1	4	E.S. CENTRAL	767	507	166	54	16	24	51
Worcester, Mass.	50	36	11	2	1	-	4	Birmingham, Ala.	171	115	39	12	3	2	13
MID. ATLANTIC	2,270	1,533	459	197	39	42	71	Chattanooga, Tenn.	82	67	12	3	-	-	4
Albany, N.Y.	45	31	5	6	1	2	-	Knoxville, Tenn.	63	44	9	6	1	3	3
Allentown, Pa.	U	U	U	U	U	U	U	Lexington, Ky.	26	14	9	2	-	1	2
Buffalo, N.Y.	79	54	16	6	-	3	7	Memphis, Tenn.	153	92	40	12	5	4	8
Camden, N.J.	40	23	7	5	2	3	6	Mobile, Ala.	83	52	19	3	2	7	2
Elizabeth, N.J.	U	U	U	U	U	U	U	Montgomery, Ala.	44	27	9	4	4	-	8
Erie, Pa.	43	33	8	-	1	1	2	Nashville, Tenn.	145	96	29	12	1	7	11
Jersey City, N.J.	53	38	11	4	-	-	-	W.S. CENTRAL	1,495	924	334	140	57	40	89
New York City, N.Y.	1,106	746	240	88	18	14	12	Austin, Tex.	70	44	16	6	1	3	2
Newark, N.J.	77	30	30	12	2	3	2	Baton Rouge, La.	46	33	11	-	2	-	-
Paterson, N.J.	20	10	1	8	1	-	2	Corpus Christi, Tex.	56	38	10	2	2	4	2
Philadelphia, Pa.	365	237	74	38	8	8	17	Dallas, Tex.	204	121	37	27	7	12	2
Pittsburgh, Pa.‡	76	53	13	6	3	1	2	El Paso, Tex.	82	53	15	11	3	-	3
Reading, Pa.	19	17	2	-	-	-	-	Ft. Worth, Tex.	111	82	20	6	2	1	11
Rochester, N.Y.	113	86	19	4	1	3	9	Houston, Tex.	355	188	89	44	27	7	35
Schenectady, N.Y.	29	24	4	1	-	-	2	Little Rock, Ark.	60	34	18	3	-	5	6
Scranton, Pa.	36	32	4	-	-	-	1	New Orleans, La.	84	51	24	8	1	-	6
Syracuse, N.Y.	138	106	16	10	2	4	6	San Antonio, Tex.	261	166	60	21	11	3	14
Trenton, N.J.	16	5	6	5	-	-	2	Shreveport, La.	46	30	12	2	-	2	1
Utica, N.Y.	15	8	3	4	-	-	1	Tulsa, Okla.	120	84	22	10	1	3	7
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	761	505	154	60	20	22	48
E.N. CENTRAL	1,724	1,201	295	134	50	43	104	Albuquerque, N.M.	83	54	13	11	3	2	1
Akron, Ohio	41	25	9	3	2	2	1	Boise, Idaho	U	U	U	U	U	U	U
Canton, Ohio	39	32	5	2	-	-	3	Colo. Springs, Colo.	42	29	9	2	2	-	1
Chicago, Ill.	349	225	55	45	15	8	28	Denver, Colo.	105	72	16	10	2	5	9
Cincinnati, Ohio	102	67	20	6	2	7	6	Las Vegas, Nev.	178	113	50	8	1	6	10
Cleveland, Ohio	132	87	21	17	4	3	3	Ogden, Utah	33	27	4	2	-	-	1
Columbus, Ohio	197	130	45	13	6	3	12	Phoenix, Ariz.	66	41	10	8	4	3	3
Dayton, Ohio	128	97	23	7	-	1	9	Pueblo, Colo.	21	15	5	1	-	-	5
Detroit, Mich.	U	U	U	U	U	U	U	Salt Lake City, Utah	107	69	21	7	4	6	12
Evansville, Ind.	44	36	5	1	1	1	3	Tucson, Ariz.	126	85	26	11	4	-	6
Fort Wayne, Ind.	71	45	19	4	1	2	4	PACIFIC	1,236	856	243	83	31	22	81
Gary, Ind.	17	9	5	1	-	2	-	Berkeley, Calif.	15	9	2	3	1	-	-
Grand Rapids, Mich.	51	38	6	4	1	2	6	Fresno, Calif.	107	81	18	5	1	2	8
Indianapolis, Ind.	38	27	7	1	2	1	2	Glendale, Calif.	U	U	U	U	U	U	U
Lansing, Mich.	58	43	11	2	1	1	2	Honolulu, Hawaii	79	64	8	2	3	2	2
Milwaukee, Wis.	119	82	21	10	5	1	-	Long Beach, Calif.	51	33	9	5	2	2	5
Peoria, Ill.	57	37	7	3	5	5	6	Los Angeles, Calif.	U	U	U	U	U	U	U
Rockford, Ill.	52	40	8	2	1	1	3	Pasadena, Calif.	24	14	7	2	-	1	2
South Bend, Ind.	73	62	3	7	-	1	7	Portland, Oreg.	178	128	29	12	4	5	16
Toledo, Ohio	96	71	19	2	3	1	6	Sacramento, Calif.	U	U	U	U	U	U	U
Youngstown, Ohio	60	48	6	4	1	1	3	San Diego, Calif.	166	103	39	16	5	2	6
W.N. CENTRAL	645	442	122	38	16	24	47	San Francisco, Calif.	114	80	23	9	1	1	9
Des Moines, Iowa	81	49	19	6	2	5	7	San Jose, Calif.	165	114	34	9	5	3	10
Duluth, Minn.	19	14	3	-	1	1	-	Santa Cruz, Calif.	27	20	4	3	-	-	2
Kansas City, Kans.	U	U	U	U	U	U	U	Seattle, Wash.	158	98	40	13	5	2	5
Kansas City, Mo.	71	48	14	5	2	2	6	Spokane, Wash.	65	45	16	1	1	2	7
Lincoln, Nebr.	38	26	8	1	3	-	-	Tacoma, Wash.	87	67	14	3	3	-	9
Minneapolis, Minn.	148	106	22	8	2	7	18	TOTAL	10,283 <sup>§</sup>	6,886	2,074	801	270	245	572
Omaha, Nebr.	87	63	12	7	3	2	7								
St. Louis, Mo.	86	53	21	5	2	5	1								
St. Paul, Minn.	115	83	23	6	1	2	8								
Wichita, Kans.	U	U	U	U	U	U	U								

U: Unavailable - : no reported cases

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

†Pneumonia and influenza.

‡Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

§Total includes unknown ages.

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