



- 845 Pesticide-Related Illnesses Associated with the Use of a Plant Growth Regulator
- 847 Vaccination Coverage Among Children Enrolled in Head Start Programs and Licensed Child Care Centers and Entering School — United States and Selected Reporting Areas
- 855 Update: Outbreak of Poliomyelitis Dominican Republic and Haiti
- 857 Weekly Update: West Nile Virus Activity United States

Pesticide-Related Illnesses Associated with the Use of a Plant Growth Regulator — Italy, 2001

During January–February 2001, eight cases of acute illness in the county of Ragusa, Italy, were reported to the Italian National Institute for Health (INIH) by the Milan Poison Control Center (MPCC) and were attributed to exposure to Dormex®, a plant growth regulator with hydrogen cyanamide as the active ingredient. These cases were identified during a pilot project for acute pesticide-related illness surveillance. Subsequent active case finding at health-care clinics by the Ragusa Occupational Health Unit identified six additional cases. MPCC identified nine cases in other areas of Italy. Of the 23 cases of acute illness, 22 resulted from occupational exposure during mixing and/or applying of Dormex®, and one was from unintentional ingestion. This report summarizes the investigation of these cases, which implicates a pesticide as the causative agent and demonstrates the usefulness of surveillance for detecting pesticide-related illnesses.

All 22 workers were male with a median age of 41 years (range: 16–76 years). It is not known whether personal protection equipment was used. Eighteen of the workers reported dermatologic manifestations, including macular or papular rash (11), erythema/hyperemia (nine), pruritus (two), and caustic burns to the hand (two). Two workers reported eye irritation. Fourteen workers had systemic signs and/or symptoms characteristic of adverse effects of the active ingredient, including tachycardia (four), weakness (four), dizziness (four), palpitations (three), headache (three), vomiting and/or nausea (three), dyspnea (three), and hypotension (one). Of 21 persons initially treated in an emergency department, 12 (52%) were hospitalized; one person was treated by a local physician. Thirteen patients had low severity effects (i.e., minimal effects that rapidly resolved), and nine had moderate severity effects (i.e., nonlife threatening effects that are more pronounced, prolonged, or of a systemic nature) (CDC, unpublished data, 2001).

The nonoccupational case occurred in a man aged 44 years who unintentionally ingested the product that had been placed in a plastic water bottle in the refrigerator. He became seriously ill with third degree shock, coma, miosis, and hepatic necrosis and required care in an intensive care unit.

In May 2001, INIH notified the Italian Ministry of Health (IMH) about the outbreak. IMH, which acts as the regulatory agency for pesticides and agricultural products, suspended use of the product in Italy.

Pesticide-Related Illnesses — Continued

Reported by: F Davanzo, L Faraoni, Milan Poison Control Center; G Miceli, M Conticello, L Bongiovanni, Ragusa Occupational Health Unit; T Ballard, L Settimi, M Rubbiani, I Marcello, S Bascherini, Italian National Institute of Health. L Mehler, MD, California Dept of Pesticide Regulation, Sacramento. Surveillance Br, Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health, CDC.

Editorial Note: This report describes the adverse health effects of hydrogen cyanamide, the active ingredient in Dormex®, which is a plant growth regulator designed to stimulate more uniform budbreak following dormancy, resulting in more uniform flowering and maturity at harvest. Dormex® is applied by nebulization with an atomizer. Adverse health effects from contact with hydrogen cyanamide include severe irritation and ulceration of the eyes, skin, and respiratory tract (1,2). It also inhibits aldehyde dehydrogenase and can produce the acetaldehyde syndrome (e.g., vomiting, parasympathetic hyperactivity, dyspnea, hypotension, tachycardia, and confusion) when exposure coincides with alcohol use (2).

Hydrogen cyanamide is classified in the European Union as "toxic" if swallowed, "harmful" in contact with skin, "irritating" to eyes and skin, and capable of producing sensitization after skin contact. The U.S. Environmental Protection Agency (EPA) places both the active ingredient (hydrogen cyanamide) and the product (Dormex®), which contains 50% hydrogen cyanamide, into the acute toxicity category I (danger)*. The Dormex® product label provided by the manufacturer to EPA indicates that the following personal protective equipment must be used by applicators and other handlers of this product: chemical-resistant suit, chemical-resistant gloves, chemical-resistant footwear, eye and face protection, and a respirator with either an organic vapor-removing cartridge with a prefilter approved for pesticides or a canister approved for pesticides.

On the basis of experimental trials of the product, Dormex® was classified in Italy as "harmful" if swallowed, "harmful" in contact with the skin, "irritating" to the eyes and skin, capable of causing serious damage to the eyes, and of causing sensitization after skin contact. This corresponds to EPA acute toxicity category II. The product sold in Italy was for use only by licensed applicators and required wearing suitable protective clothing, gloves, and eye and face protection.

Since 1981, only five cases of acute pesticide-related illness associated with hydrogen cyanamide have been identified in the United States (CDC, unpublished data, 2001). All five patients were exposed in California. No cases were identified in the other seven states with acute pesticide-related illness surveillance programs or by the Toxic Exposure Surveillance System, which collects poisoning reports submitted by approximately 85% of U.S. poison control centers. The low number of U.S. cases compared with Italy may be related to greater precautions required by the label of the U.S.-distributed product.

The findings in this report are subject to at least two limitations. First, because active surveillance for acute pesticide-related illness cases was conducted in Ragusa only, patients who sought health care in other parts of Italy may have been missed. Second, lack of detailed information on the events surrounding exposure may have precluded identification of additional risk factors for hydrogen cyanamide-related illness.

^{*}EPA classifies all pesticide products into one of four acute toxicity categories based on established criteria (40 CFR Part 156). Pesticides with the greatest toxicity are in category I, and those with the least are in category IV.

Pesticide-Related Illnesses — Continued

Although use of Dormex® in Italy began in 2000, only three cases of acute illness associated with this product were identified by MPCC in 2000 (i.e., before establishment of the pilot surveillance program). One occurred in Ragusa and the other two were from other regions in southern Italy. These data suggest that fewer cases occurred in 2000 compared with 2001. Because emergency department medical records in Ragusa for 2000 were not available to the Occupational Health Unit, the total number of Ragusa cases that occurred in 2000 is unknown. The establishment of the pilot surveillance system in January 2001 probably enabled the detection of this outbreak through active case-finding and the use of a standardized form. Ragusa was selected for this pilot program, in part, because it is an area characterized by greenhouse cultivation of fruits and vegetables with extensive use of pesticides and because of heightened awareness of pesticide-related illnesses by the Ragusa Occupational Health Unit.

These findings demonstrate the usefulness of surveillance for detecting emerging pesticide problems (3). In addition, this outbreak suggests the need for international uniformity in both the acute toxicity category assigned to a pesticide and in the detailed recommendations and requirements provided on the pesticide label.

References

- 1. Grant WM. Toxicology of the eye. 3rd ed. Springfield, Illinois: Charles C. Tomas, 1986.
- 2. Hathaway GJ, Proctor NH, Hughes JP. Proctor and Hughes' chemical hazards in the work-place. 4th ed. New York, New York: Van Nostrand Reinnold, 1996.
- 3. Thacker SB, Stroup DF, Parrish RG, Anderson HA. Surveillance in environmental public health. Am J Public Health 1996;86:633–8.

Vaccination Coverage Among Children Enrolled in Head Start Programs and Licensed Child Care Centers and Entering School — United States and Selected Reporting Areas, 1999–2000 School Year

Undervaccinated children enrolled in child care centers (1) and schools (2) are vulnerable to outbreaks of vaccine-preventable disease. One of the national health objectives for 2010 is to maintain ≥95% vaccination coverage among children attending licensed child care centers and kindergarten through postsecondary school (objective 14-23) (3). To identify children who have not been vaccinated in compliance with state law, all states, five large cities (Chicago, Houston, New York, Philadelphia, and San Antonio), and eight territories conduct annual vaccination assessment surveys of coverage with basic vaccines among children enrolled in the Head Start program, enrolled in licensed child care centers, and entering kindergarten or first grade. These survey results are aggregated and analyzed by CDC to estimate national vaccination coverage. This report summarizes estimated coverage with the basic vaccines: ≥3 doses of poliovirus vaccine, ≥3 tetanus containing doses (diphtheria and tetanus toxoids and acellular pertussis vaccine [DTaP]), diphtheria and tetanus toxoids (DT), or tetanus toxoids (Td), and 1 dose each of measles, mumps, and rubella vaccines for the September 1999–June 2000 school year. Results indicate that among reporting programs, the mean coverage for all vaccines was ≥95% for the surveyed population. However, coverage varied from state to state, and approximately 30% of states did not submit reports. High rates of vaccination coverage must be maintained to prevent transmission of vaccinepreventable disease. States should conduct yearly assessments to maintain these rates among preschool- and school-aged children.

Because state and territorial laws determine vaccine and dosage requirements for child care and school attendance (4), methods of assessing vaccination coverage, sampling procedures, and data abstraction methods varied among the 64 participating vaccination programs. Overall mean coverage levels were estimated by weighting vaccine-specific coverage levels reported by each program to the birth cohort in the program area. Data were combined for all programs that reported coverage levels for kindergarten and/or first grade.

The 50 states, eight territories, five cities, and the District of Columbia (4) have vaccination programs that report findings of school-based surveys to CDC annually. During the reporting period, the 64 programs used a one page form that provided a line for reporting the proportion of children who received each of the basic antigens: \geq 3 doses of DTaP/DT/Td, \geq 3 doses of poliovirus vaccine, and 1 dose each of measles, mumps, and rubella vaccines.

Kindergarten/First Grade

Of the 64 programs, 44 (68.8%) submitted vaccination coverage levels for children enrolled in kindergarten and/or first grade (Table 1). The mean level among programs was 97.3% for poliovirus vaccine (range: 85.6%–99.9%), 97.2% for DTaP/DT/Td (range: 85.3%–99.9%), 97.1% for measles (range: 86%–100%), and 97.4% for mumps and rubella vaccines (range: 86%–100%); 38 (86.4%) programs reached the 2010 goal of ≥95% coverage for poliovirus vaccine and measles, mumps, and rubella vaccines, and 37 (84.1%) reached the goal for DTaP/DT/Td.

Head Start Programs

Of the 64 programs, 44 (68.8%) submitted vaccination coverage levels for children enrolled in Head Start (Table 2). The mean level among programs was 96.7% for poliovirus vaccine (range: 85%−100%), 96.6% for DTaP/DT/Td (range: 83.9%−100%), and 96.8% for measles, mumps, and rubella (range: 80%−100%) vaccines. The number of programs that reached ≥95% coverage was 36 (81.8%) for poliovirus vaccine, 28 (63.6%) for DTaP/DT/Td, and 37 (84.1%) for measles, mumps, and rubella vaccines.

Licensed Child Care Centers

Of the 64 programs, 42 (65.6%) submitted vaccination coverage levels for children enrolled in child care (Table 3). The mean level among programs was 94.6% for poliovirus vaccine (range: 75%–99.8%), 95.5% for DTaP/DT/Td (range: 76%–100%), 94.7% for measles vaccine (range: 74%–99.9%), 94.8% for mumps vaccine (range: 74%–99.9%), and 94.8% for rubella vaccine (range: 74%–99.9%); 20 (47.6%) programs reached \geq 95% coverage for poliovirus vaccine, 23 (54.8%) for DTaP/DT/Td, and for mumps and rubella vaccines, and 22 (52.4%) for measles vaccine.

Reported by: Assessment Br, Data Management Div, National Immunization Program; and an EIS Officer, CDC.

Editorial Note: Since 1980, national coverage for recommended childhood vaccines among children entering school has been >90% (5). Although the incidence of vaccine-preventable disease is at an all-time low, coverage from >90% to >95% is considered necessary to prevent transmission of measles in secondary schools (5).

Although national coverage remained >95% for children entering kindergarten or first grade and children enrolled in Head Start during the 1999–2000 school year, state-specific coverage levels varied, especially among children in licensed child care; these

TABLE 1. Estimated vaccination coverage among children in kindergarten and first grade, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999-2000 school year

	0/	%	•/	2/	2/
Reporting area	% Grade*	Population assessed [†]	% Poliovirus§	% DTaP/DT/Td [¶]	% M/M/R**
United States					
(weighted mean)			97.3	97.2	97.1/97.4/97.4
New England					, ,
Connecticut	K-12	_	_	_	_
Maine	K	_	88.0	88.0	88.0
Massachusetts	K	98.4	97.2	97.3	98.0
New Hampshire***	1	_	99.6	99.5	98.4
Rhode Island***	K	90.3	98.7	98.2	96.9
Vermont***	K-1	97.0	96.2	97.1	91.4
Middle Atlantic					
New York State	Κ	100.0	98.8	98.8	97.2/98.6/98.6
New York City	ĸ	100.0	98.2	98.5	96.4/98.5/98.4
New Jersey	-		—		—
Pennsylvania	_	_	_	_	_
Philadelphia	K-1	6.1	91.0	91.0	91.0
East North Central		• • • • • • • • • • • • • • • • • • • •	00	••	••
Illinois	K-12			_	
Chicago	- IX 12			_	
Indiana	K-12			_	
Michigan	K	100.0	98.8	99.0	99.2
Ohio	K	100.0	96.0	95.0	98.0
Wisconsin	K	1.1	95.8	96.6	94.3
West North Central			00.0	00.0	0 110
lowa	K	100.0	95.0	90.0	98.0
Kansas***	K-2	—			
Minnesota	_				
Missouri	Κ	_	97.7	97.1	97.3/99.1/99.1
Nebraska	K	100.0	97.3	97.5	96.2
North Dakota	_	_	_	_	_
South Dakota	Κ	100.0	98.0	98.8	98.7
South Atlantic					
Delaware	K	100.0	85.6	85.3	86.0
District of Columbia	PreK, K-1	100.0	93.6	94.2	95.8
Florida	K	3.0	99.0	99.1	98.8
Georgia	_	_	_	_	_
Maryland	K	95.1	99.8	99.7	98.5/99.8/99.7
North Carolina***	K-1	93.2	99.7	99.6	99.7
South Carolina***	K	9.5	99.0	99.0	100.0
Virginia	K	2.7	90.0	94.0	87.0
West Virginia	K	100.0	98.5	98.8	99.9

^{*} Coverage estimates are from states that reported data for children entering kindergarten and/or first grade only.

[†] The proportion of eligible children included in the assessment survey.

§ At least 3 doses of poliovirus vaccine unless otherwise indicated.

§ At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

^{**} One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported separately unless otherwise indicated.

^{††} At least 4 doses of poliovirus vaccine.

§§ At least 5 doses of DTaP, DT, or Td.

¶ At least 2 doses of measles, 2 doses of mumps, and 2 doses of rubella vaccines.

^{***} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR). One dose of MMR unless otherwise indicated.

^{†††} Two doses of MMR.

^{\$§§} At least 4 doses of DTaP, DT, or Td.

TABLE 1. (Continued) Estimated vaccination coverage among children in kindergarten and first grade, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999-2000 school year

	%	% Population	%	%	%
Reporting area	Grade*	assessed [†]		DTaP/DT/Td¶	M/M/R**
East South Central					
Alabama		_	_	_	_
Kentucky***	K	99.7	96.0	97.0	96.0
Mississippi	1	100.0	99.2	99.2	99.2
Tennessee	K	100.0	98.5	98.5	98.5
West South Central					
Arkansas		_	97.0	98.0	99.0
Louisiana	K-1	100.0	97.0	98.6	98.9
Oklahoma	K	88.2	97.5	96.5	97.4
Texas	K-12	_	_	_	_
Houston		_	_	_	_
San Antonio		_		_	_
Mountain					
Arizona	K-1	99.2	97.3	98.0	98.2
Colorado		_	_	_	_
Idaho	PreK, K	_	96.6	95.1	97.2
Montana	K-1	100.0	99.1	98.9	99.1
Nevada	1	100.0	98.8	98.2	98.8
New Mexico	K-1	73.0	96.0	96.0	96.0
Utah	K	99.8	96.6	95.8	96.4/96.7/96.8
Wyoming	K	100.0	97.5	95.3	96.0
Pacific					
Alaska***	K-1	87.0	96.0	96.0	95.9
California ^{¶ §§§}	K	99.2	97.1	96.3	96.4
Hawaii	K	99.5	99.9	99.9	100.0
Oregon	K-1	99.0	96.7	96.0	97.6
Washington	K-1	100.0	95.0	95.0	98.0
Territories					
American Samoa	K-1	95.0	94.0	88.0	95.7
Guam	_	_	_	_	_
Marshall Islands	_	_	_	_	_
Micronesia	_	_	_	_	_
Northern Mariana Island	s —	_		_	_
Palau	1	100.0	95.0	95.0	97.0
Puerto Rico	K	93.0	97.0	97.0	97.0
Virgin Islands	_	_	_	_	_
No. achieving ≥95%					
coverage goal			38	37	38

^{*} Coverage estimates are from states that reported data for children entering kindergarten and/or first grade only.

[†] The proportion of eligible children included in the assessment survey.

§ At least 3 doses of poliovirus vaccine unless otherwise indicated.

At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

^{**} One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported separately unless otherwise indicated.

†† At least 4 doses of poliovirus vaccine.

** At least 5 doses of DTaP, DT, or Td.

** At least 2 doses of measles, 2 doses of mumps, and 2 doses of rubella vaccines.

¹¹ At least 2 doses of measles, 2 doses of mumps, and 2 doses of rubella vaccines.

^{***} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR). One dose of MMR unless otherwise indicated.

***Two doses of MMR.

^{§§§} At least 4 doses of DTaP, DT, or Td.

TABLE 2. Estimated vaccination coverage among children enrolled in Head Start programs, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999-2000 school year

	% Population	%	%	%
Reporting area	assessed*	Poliovirus [†]	DTaP/DT/Td [§]	M/M/R¶
United States				
(weighted mean)		96.7	96.6	96.8
New England				
Connecticut			_	
Maine	77.0	96.0	96.0	96.0
Massachusetts	99.9	99.3	98.9	99.4
New Hampshire*	*	100.0	97.6	100.0
Rhode Island**	100.0	98.8	97.0	99.3
Vermont	100.0	89.2	88.3	91.1
Middle Atlantic				
New York State	100.0	98.7	98.7	98.4
New York City	100.0	99.3	99.4	99.5
New Jersey '	_	_	_	_
Pennsylvania	_	_	_	_
Philadelphia	_	_	_	_
East North Central				
Illinois	56.3	97.0	97.5	97.9
Chicago	_	_	_	_
Indiana	_	96.0	94.0	97.0
Michigan	100.0	97.1	97.9	98.3
Ohio ^{††}	_	97.0	94.0	99.0
Wisconsin	98.8	86.6	83.9	89.0
West North Central				
lowa	61.0	99.0	97.0	98.0
Kansas**	12.0	100.0	99.0	99.0
Minnesota	_	_	_	_
Missouri	_	98.3	94.8	98.1
Nebraska	_	_	_	_
North Dakota	_	_	_	_
South Dakota	98.6	95.3	91.3	96.1
South Atlantic				
Delaware	100.0	87.0	92.0	83.0
District of Columbia	a 100.0	94.3	95.6	96.2
Florida	11.7	96.8	97.9	97.7
Georgia	_	_	_	_
Maryland	_	_	_	_
North Carolina**	37.7	97.6	98.2	97.8
South Carolina	_	_	_	_
Virginia	15.0	91.0	94.0	86.0
West Virginia	100.0	98.7	98.9	97.5

^{*} The proportion of eligible children included in the assessment survey.

[†] At least 3 doses of poliovirus vaccine unless otherwise indicated.

§ At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

¶ One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported

separately unless otherwise indicated.

^{**} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR).
One dose of MMR unless otherwise indicated.

†† At least 4 doses of DTaP, DT, or Td.

TABLE 2. (Continued) Estimated vaccination coverage among children enrolled in Head Start programs, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999-2000 school year

	% Population	%	%	%
Reporting area	assessed*	Poliovirus [†]	DTaP/DT/Td [§]	M/M/R [¶]
East South Central				
Alabama	_	_	_	_
Kentucky	83.0	98.0	97.0	98.0
Mississippi	2.7	99.6	99.7	99.6
Tennessee	95.7	99.7	99.5	99.3
West South Central				
Arkansas	54.0	97.0	92.0	99.0
Louisiana	100.0	85.0	93.0	80.0
Oklahoma	_	_	_	_
Texas	_	_	_	_
Houston	_	_	_	_
San Antonio	_	_	_	_
Mountain				
Arizona	99.1	98.3	99.5	99.5
Colorado	_	_	_	_
ldaho		96.4	92.7	95.8
Montana	_	100.0	99.9	100.0
Nevada	100.0	97.7	98.9	99.4
New Mexico	18.0	90.0	93.0	80.0
Utah	79.9	98.2	96.9	99.1
Wyoming	100.0	96.7	94.6	96.2
Pacific				
Alaska**	76.6	96.1	90.4	97.9
California	99.2	98.8	99.0	99.1
Hawaii	100.0	99.6	99.9	99.8
Oregon	100.0	97.2	97.7	98.0
Washington	98.0	99.0	100.0	99.0
Territories				
American Samoa	100.0	99.5	91.8	99.0
Guam	_	_	_	_
Marshall Islands	_	_	_	_
Micronesia	_	_	_	_
Northern Mariana	9			
Islands	100.0	94.0	94.0	92.0
Palau	100.0	96.0	96.0	96.0
Puerto Rico	99.0	97.0	96.0	98.0
Virgin Islands	100.0	100.0	100.0	100.0
No. achieving ≥9	5%			
coverage goal		36	28	37

^{*} The proportion of eligible children included in the assessment survey.

[†] At least 3 doses of poliovirus vaccine unless otherwise indicated.

§ At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

§ One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported

separately unless otherwise indicated.

^{**} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR). One dose of MMR unless otherwise indicated.

^{††} At least 4 doses of DTaP, DT, or Td.

TABLE 3. Estimated vaccination coverage among children enrolled in licensed child care centers, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999–2000 school year

	% Population	%	%	%
Reporting area	assessed*	Poliovirus [†]	DTaP/DT/Td§	M/M/R [¶]
United States				
(weighted mean)		94.6	95.5	94.7/94.8/94.8
New England				
Connecticut **	100.0	98.0	97.0	99.0
Maine	34.0	75.0	76.0	74.0
Massachusetts	90.6	97.9	97.3	98.0
New Hampshire **	_	96.3	94.9	95.4
Rhode Island ††	_	97.2	96.1	97.1
Vermont	100.0	77.9	81.2	79.2
Middle Atlantic				
New York State	100.0	96.8	97.4	96.8/96.9/96.9
New York City	100.0	95.1	96.5	94.9/95.0/95.0
New Jersey	_	_	_	_
Pennsylvania	_	_	_	_
Philadelphia Philadelphia	7.7	89.0	93.0	85.0
East North Central				
Illinois	46.6	92.7	94.1	93.2/93.1/93.2
Chicago	_	_	_	_
Indiana		90.0	88.0	89.0/93.0/93.0
Michigan	100.0	93.8	96.4	93.4
Ohio**	51.9	98.0	97.0	98.0
Wisconsin	67.5	86.2	88.0	86.5
West North Central				
Iowa	81.0	93.0	91.0	92.0
Kansas⁺⁺	15.0	87.0	94.0	94.0
Minnesota	_	_	_	_
Missouri	_	97.0	93.3	97.0
Nebraska	_	_	_	_
North Dakota	_	_	_	_
South Dakota	76.7	96.3	94.0	96.1
South Atlantic				
Delaware	2.4	86.0	92.0	83.0
District of Columbia	100.0	95.9	97.8	93.6
Florida	2.3	94.7	97.0	95.8
Georgia	_	_	_	_
Maryland	57.1	98.2	97.9	98.6/99.2/99.1
North Carolina ^{††}	8.3	90.8	94.1	90.7
South Carolina	_	-	_	_
Virginia	1.8	92.0	97.0	88.0
West Virginia	81.0	96.5	96.7	96.6

^{*} The proportion of eligible children included in the assessment survey.

¹ At least 3 doses of poliovirus vaccine unless otherwise indicated.
⁵ At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

¹ One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported separately unless otherwise indicated.

^{**} At least 4 doses of DTaP, DT, or Td.

^{**} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR). One dose of MMR unless otherwise indicated.

TABLE 3. (Continued) Estimated vaccination coverage among children enrolled in licensed child care centers, by reporting area and vaccine — 64 vaccination programs, United States and selected territories, 1999-2000 school year

	% Population	%	%	%
Reporting area	assessed*	Poliovirus [†]	DTaP/DT/Td⁵	M/M/R¶
East South Central				
Alabama	_	_	_	_
Kentucky	45.0	93.0	93.0	94.0
Mississippi	3.5	95.8	98.4	94.9
Tennessee	_	_	_	_
West South Central				
Arkansas	44.0	92.0	90.0	95.0
Louisiana	100.0	91.0	96.0	83.0
Oklahoma	_	_	_	_
Texas	_	_	_	
Houston	_	_	_	
San Antonio	_	_	_	
Mountain				
Arizona	99.6	97.5	98.6	97.7
Colorado	_	_	_	_
Idaho	_	_	_	_
Montana	_	94.0	99.0	91.0
Nevada	100.0	96.6	97.7	97.9
New Mexico	8.0	87.0	93.0	80.0
Utah	86.9	97.6	96.8	97.4/97.4/97.1
Wyoming	100.0	93.7	95.1	95.1
Pacific				
Alaska ^{††}	61.8	93.9	88.4	96.2
California	99.2	97.4	97.8	97.7
Hawaii	99.4	99.8	99.9	99.9
Oregon	99.0	93.6	94.4	93.4
Washington	83.0	97.0	100.0	97.0
Territories				
American Samoa	_	_	_	_
Guam	_	_	_	_
Marshall Islands	_	_	_	_
Micronesia	_	_	_	_
Northern Mariana				
Islands	_	99.0	95.0	95.0
Palau	_	_	_	
Puerto Rico	52.0	90.0	89.0	96.0
Virgin Islands	_	_	_	_
No. achieving ≥95%				
coverage goal		20	23	22/23/23

^{*} The proportion of eligible children included in the assessment survey.

† At least 3 doses of poliovirus vaccine unless otherwise indicated.

§ At least 3 doses of diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP), diphtheria and tetanus toxoids (DT), or tetanus toxoid (Td) unless otherwise indicated.

¹ One dose of measles vaccine, 1 dose of mumps vaccine, and 1 dose of rubella vaccine. Each antigen reported separately unless otherwise indicated.

** At least 4 doses of DTaP, DT, or Td.

^{††} Measles, mumps, and rubella coverage reported for combined measles, mumps, and rubella vaccine (MMR). One dose of MMR unless otherwise indicated.

levels might have been lower because younger children, for whom the complete basic series of vaccines was not yet applicable, were included in the survey data.

The findings in this report are subject to at least five limitations. First, approximately 30% of the participating programs did not submit 1999–2000 vaccination coverage data for the survey. Second, coverage estimates reported by programs might have varied because of differences in state vaccination requirements. Third, not all programs assessed vaccination coverage for all eligible children. Fourth, children attending private schools were not surveyed by all of the programs. Finally, because children at licensed child care centers represented a wide range of ages and some centers did not report the ages of all children participating in the survey, it was impossible to determine the reasons for lower coverage levels among these children.

The implementation and enforcement of state vaccination requirements have resulted in high levels of coverage among the U.S. school-aged and licensed child care population attending these facilities. State requirements constitute an important component of the effort to meet 2010 objectives and ensure vaccination of children aged 5 and 6 years who had not been vaccinated during early childhood (6,7).

References

- 1. Izurieta HS, Strebel PM, Blake PA. Postlicensure effectiveness of varicella vaccine during an outbreak in a child care center. JAMA 1997;278:1495–9.
- 2. CDC. Transmission of measles among a highly vaccinated school population—Anchorage, Alaska, 1998. MMWR 1999;47:1109–11.
- 3. US Department of Health and Human Services. Healthy people 2010 (conference ed, 2 vols). Washington, DC: US Department of Health and Human Services, 2000.
- 4. Jiles RB, Fuchs C, Klevens RM. Vaccination coverage among children enrolled in Head Start programs or day care facilities or entering school. In: CDC surveillance summaries (September 22). MMWR 2000;49(no. SS-9):27–38.
- 5. Orenstein WA, Hinman AR, Williams WW. The impact of legislation on immunisation in the United States. In: Hall R, Richters J, eds. Immunisation: the old and the new. Proceedings of the 2nd National Immunisation Conference, May 27–29, 1991. Canberra, Australia: Public Health Association of Australia, 1992:58–62.
- 6. Orenstein WA, Bernier RH. Surveillance—information for action. Pediatr Clin North Am 1990;37:709–34.
- 7. Orenstein WA, Hinman AR. The immunization system in the United States—role of school immunization laws. Vaccine 1999;17:S19–S24.

Public Health Dispatch

Update: Outbreak of Poliomyelitis — Dominican Republic and Haiti, 2000–2001

From July 12, 2000, through September 18, 2001, a total of 21 cases of poliomyelitis (including two fatal cases) were reported from the Caribbean island of Hispaniola, divided between Haiti and the Dominican Republic (1,2). In the Dominican Republic, 13 of 168 reported cases of acute flaccid paralysis (AFP) were confirmed as polio by isolation of poliovirus type 1 from either patients or their healthy contacts. The median age of the patients was 3 years (range: 9 months—14 years). None was vaccinated adequately. The

Outbreak of Poliomyelitis — Continued

most recent confirmed case-patient in the Dominican Republic had paralysis onset on January 25, 2001. In Haiti, eight of 40 AFP cases were confirmed virologically; seven of the confirmed cases occurred during January–July 2001. The median age of the patients was 7 years (range: 2–12 years). One patient had received at least 3 doses of oral poliovirus vaccine (OPV). The most recent confirmed case occurred in Haiti and the patient had paralysis onset on July 12, 2001. Eighteen AFP cases from the Dominican Republic and three from Haiti are pending final classification.

This outbreak was the first in the Americas since 1991 and was associated with the circulation of a type 1 OPV-derived virus, having substitutions affecting 1.8% to 4.1% of nucleotides encoding the major capsid protein (VP1). The circulating vaccine-derived poliovirus associated with the outbreak recovered the capacity to cause paralytic disease and widespread person-to-person transmission and was biologically indistinguishable from type 1 wild poliovirus. Contemporary vaccine-derived poliovirus isolates from persons with AFP cases in other countries of the Americas are more closely related (>99.5% VP1 sequence similarity) to the respective OPV strains, are unrelated to the Hispaniola outbreak viruses, and show no evidence of extensive person-to-person transmission. The outbreak in Hispaniola occurred in areas of very low OPV coverage.

In response to the outbreak, health authorities in both countries conducted house-to-house vaccination with OPV. Three rounds of mass vaccination campaigns were conducted in the Dominican Republic in December 2000, and February and April 2001. In each round, approximately 1.2 million OPV doses were administered to an estimated population of 1.1 million children aged <5 years. Haiti conducted two rounds of mass vaccination in February and March 2001. However, these campaigns were hampered by logistic difficulties and heavy rains and reached an estimated 40% of the 1.2 million children aged <5 years. During May–July 2001, a door-to-door and school-based campaign among all 2.3 million children aged <10 years was conducted sequentially in all of the country's departments. Preliminary results suggest that 2.4 million OPV doses were administered, and a second door-to-door campaign is under way.

Travelers to the Dominican Republic and Haiti who are not vaccinated adequately are at risk for polio. Travelers should have received poliovirus vaccination according to national vaccination policies (3).

Reported by: Ministry of Health, Pan American Health Organization, Santo Domingo, Dominican Republic. Ministry of Health, Pan American Health Organization, Port-au-Prince, Haiti. Caribbean Epidemiology Center Laboratory, Pan American Health Organization, Trinidad and Tobago. Div of Vaccines and Immunization, Pan American Health Organization, Washington, DC. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.

References

- 1. CDC. Outbreak of poliomyelitis—Dominican Republic and Haiti, 2000. MMWR 2000;49: 1094–103.
- 2. CDC. Outbreak of poliomyelitis—Dominican Republic and Haiti, 2000–2001. MMWR 2001;50:147–8.
- 3. CDC. Poliomyelitis prevention in the United States: updated recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(no.RR-5).

Weekly Update: West Nile Virus Activity — United States, September 26-October 2, 2001

The following report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET and verified by states and other jurisdictions as of October 2, 2001.

During the week of September 26–October 2, five human cases of WNV encephalitis were reported in Connecticut (two) and New Jersey (three); no deaths were reported. During the same period, WNV infections were reported in 539 crows, 239 other birds, and 19 horses. A total of 52 WNV-positive mosquito pools were reported in four states (Connecticut, Massachusetts, New Jersey, and Ohio).

During 2001, 25 human cases of WNV encephalitis have been reported in New York (six), Connecticut (five), Maryland (five), Florida (four), New Jersey (four), and Georgia (one); one death occurred in Georgia. A total of 3,060 crows and 1,191 other birds with WNV infection were reported from 23 states and the District of Columbia (Figure 1); 108 WNV infections in other animals (all horses) were reported from 11 states (Alabama, Connecticut, Florida, Georgia, Kentucky, Louisiana, Massachusetts, Mississippi, New York, Pennsylvania, and Virginia); and 620 WNV-positive mosquito pools were reported from 12 states (Connecticut, Florida, Georgia, Illinois, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, and Rhode Island).

Additional information about WNV activity is available at http://cindi.usgs.gov/hazard/event/west_nile/west_nile.html.

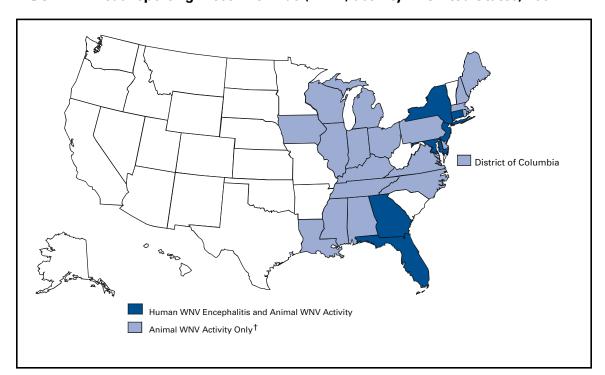
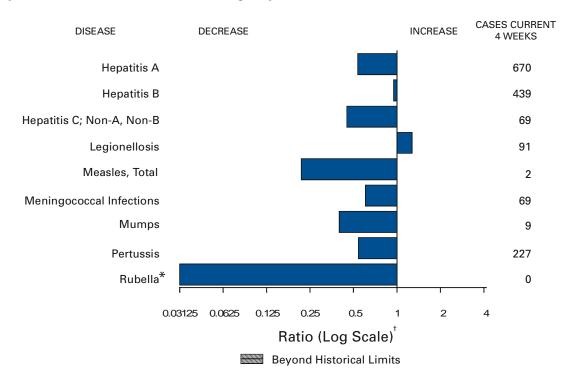


FIGURE 1. Areas reporting West Nile virus (WNV) activity — United States, 2001*

^{*} As of October 2, 2001.

[†] Kentucky and Mississippi reported WNV infection in a horse but no birds.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending September 29, 2001, with historical data



^{*} No rubella cases were reported for the current 4-week period yielding a ratio for week 39 of zero (0).

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending September 29, 2001 (39th Week)*

	Cum. 2001		Cum. 2001
Anthrax	_	Poliomyelitis, paralytic	_
Brucellosis†	59	Psittacosis [†]	11
Cholera	3	Q fever [†]	18
Cyclosporiasis†	114	Rabies, human	1
Diphtheria	2	Rocky Mountain spotted fever (RMSF)	398
Ehrlichiosis: human granulocytic (HGE) [†]	152	Rubella, congenital syndrome	-
human monocytic (HME) [†]	63	Streptococcal disease, invasive, group A	2,748
Encephalitis: California serogroup viral [†]	50	Streptococcal toxic-shock syndrome [†]	45
eastern equine [†]	5	Syphilis, congenital [¶]	166
St. Louis [†]	1	Tetanus	22
western equine [†]	-	Toxic-shock syndrome	88
Hansen disease (leprosy)†	56	Trichinosis	17
Hantavirus pulmonary syndrome [†]	5	Tularemia [†]	81
Hemolytic uremic syndrome, postdiarrheal [†]	103	Typhoid fever	194
HIV infection, pediatric ^{†§}	153	Yellow fever	-
Plague	2		

[†] 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.

^{-:} No reported cases.
*Incidence data for reporting year 2001 are provisional and cumulative (year-to-date).

⁵ 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 September 25, 2001. Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2001, and September 30, 2000 (39th Week)*

							Escherichia coli O157:H7 [†]			
	Cum.	OS Cum.	Chlan Cum.	nydia ^ş Cum.	Cryptos Cum.	poridiosis Cum.	NET Cum.	Cum.	PH Cum.	LIS Cum.
Reporting Area	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000
UNITED STATES NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	29,580 1,129 36 31 13 602 78 369	29,952 1,586 27 27 29 998 75 430	513,425 17,036 802 979 448 7,068 2,206 5,533	518,744 17,379 1,085 823 394 7,344 1,970 5,763	2,097 100 14 10 30 38 3	2,189 109 17 17 23 31 3 18	2,065 197 24 29 13 99 10 22	3,528 311 24 29 30 142 14 72	1,619 172 26 23 8 77 9	2,945 328 25 31 33 147 16 76
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	6,710 731 3,385 1,389 1,205	6,678 662 3,609 1,295 1,112	56,845 10,144 21,719 8,393 16,589	48,209 1,403 19,724 8,210 18,872	199 81 68 7 43	285 79 142 14 50	161 122 8 31 N	350 222 21 107 N	163 121 8 34	250 48 15 107 80
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	2,238 430 264 992 413 139	2,865 430 282 1,568 437 148	77,657 15,766 10,690 20,387 22,321 8,493	89,243 23,456 9,858 25,038 18,714 12,177	767 143 62 1 137 424	745 190 49 94 78 334	527 131 62 118 72 144	869 207 99 166 113 284	391 124 38 107 62 60	625 188 74 132 95 136
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	637 108 71 312 2 22 52 70	680 129 69 318 2 7 53 102	25,241 4,958 1,858 9,969 699 1,345 2,148 4,264	29,156 6,032 3,982 9,776 672 1,364 2,802 4,528	317 120 70 33 9 6 78 1	214 22 63 26 9 13 72	315 95 72 40 12 33 49	492 112 149 91 15 46 56 23	283 98 48 62 26 40	496 159 128 82 17 52 44
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	9,497 203 1,506 644 723 61 726 577 1,031 4,026	8,257 156 1,056 569 556 46 505 639 991 3,739	97,702 2,041 8,381 2,221 13,852 1,752 15,420 8,600 19,519 25,916	98,052 2,153 10,538 2,400 11,870 1,587 16,860 7,146 20,700 24,798	245 5 32 10 18 2 23 - 86 69	341 5 9 12 15 3 21 - 120 156	177 4 23 - 46 9 36 7 20 32	293 2 27 1 55 13 70 19 35 71	120 6 1 U 36 8 28 11 15	243 1 1 U 51 10 62 16 36 66
E.S. CENTRAL Ky. Tenn. Ala. Miss.	1,423 278 456 347 342	1,507 159 635 395 318	35,943 6,751 11,057 9,640 8,495	38,073 5,966 10,827 11,969 9,311	38 4 12 12 10	39 5 10 12 12	98 44 32 15 7	106 32 47 7 20	88 39 36 6 7	87 27 43 7 10
W.S. CENTRAL Ark. La. Okla. Tex.	3,141 159 665 186 2,131	3,005 149 493 259 2,104	77,144 5,426 12,829 7,906 50,983	78,447 5,002 13,793 6,594 53,058	26 6 7 11 2	133 10 10 13 100	51 8 3 23 17	204 54 13 14 123	64 25 24 15	253 37 42 14 160
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	1,073 14 17 3 231 103 437 90 178	1,105 11 19 7 259 116 348 108 237	29,994 1,465 1,378 605 6,482 4,193 10,683 1,494 3,694	29,330 1,023 1,381 598 8,385 3,650 9,757 1,606 2,930	163 25 19 4 32 20 6 53 4	128 10 12 5 57 13 10 17 4	222 16 49 5 77 11 22 28 14	344 29 58 14 125 19 42 46 11	86 - 1 30 9 21 24 1	250 - 32 9 89 16 32 62 10
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	3,732 395 154 3,112 16 55	4,269 379 113 3,669 15 93	95,863 10,196 5,473 75,337 1,974 2,883	90,855 9,732 5,185 71,400 1,869 2,669	242 43 36 159 1	195 U 14 181 -	317 87 50 159 4 17	559 175 114 231 26 13	252 62 37 147 - 6	413 181 103 116 3 10
Guam P.R. V.I. Amer. Samoa C.N.M.I.	10 934 2 - -	13 1,023 27 - -	1,930 53 U 96	366 U U U	- - U -	- - - U U	N 1 - U	N 6 - U U	U U U U	U U U U

I: 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). 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 September 25, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending September 29, 2001, and September 30, 2000 (39th Week)*

- WCCKS	ending 3		Hepati	tis C;				Ly	me
	Gono Cum.	Cum.	Non-A, Cum.	Cum.	Legione Cum.	Cum.	Listeriosis Cum.	Cum.	Cum.
Reporting Area UNITED STATES	2001 235,999	2000 264,359	2001 2,443	2000 2,384	2001 720	2000 786	2001 338	2001 9,114	2000 12,860
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	4,838 88 138 51 2,174 606 1,781	4,918 69 84 48 2,008 474 2,235	14 - - 6 8	23 2 - 4 12 5	46 6 8 5 12 6	44 2 2 4 16 5	38 - 4 - 2 18 - 1 13	2,983 104 12 558 393 1,916	4,045 51 28 1,043 315 2,608
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	28,442 6,113 9,152 5,127 8,050	28,529 5,347 8,542 5,472 9,168	1,197 45 - 1,107 45	535 28 - 471 36	141 46 13 7 75	214 59 31 18 106	53 22 8 10 13	4,537 2,497 2 783 1,255	6,727 2,789 156 2,249 1,533
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	41,999 8,782 4,574 12,712 12,981 2,950	53,222 14,253 4,628 15,752 13,356 5,233	133 8 1 12 112	182 9 - 18 155	187 94 15 - 53 25	211 87 30 26 35 33	42 13 4 1 19 5	451 102 17 - 1 331	706 49 21 33 21 582
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak.	10,910 1,596 428 6,091 27 220	12,900 2,381 892 6,222 56 225	527 8 - 508 -	434 5 1 417 -	44 9 7 18 1 3	47 3 13 22 - 2	11 - 1 6 -	298 245 27 21 -	242 156 24 44 1
Nebr. Kans.	705 1,843	1,113 2,011	3 8	4 7	5 1	3 4	1 3	3 2	3 14
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	60,465 1,212 4,643 2,025 8,088 497 12,681 5,836 10,676 14,807	69,206 1,269 7,211 1,871 7,755 492 13,788 6,370 13,243 17,207	84 - 13 - 9 16 6 - 40	72 2 10 3 14 13 2 3 22	155 6 30 7 19 N 7 10 9	144 8 48 3 27 N 13 4 6	55 - 10 - 9 5 2 4 11 14	681 49 430 8 103 10 33 5	928 167 543 4 123 26 41 5
E.S. CENTRAL Ky. Tenn. Ala. Miss.	23,194 2,646 7,455 7,519 5,574	27,402 2,634 8,693 9,213 6,862	163 8 52 3 100	362 30 75 7 250	44 9 21 12 2	26 15 8 2 1	16 4 7 5	43 19 15 8 1	42 8 26 5 3
W.S. CENTRAL Ark. La. Okla. Tex.	37,766 3,287 8,845 3,598 22,036	41,364 2,948 10,183 2,894 25,339	165 3 78 3 81	575 7 326 7 235	5 - 2 3 -	21 - 7 2 12	6 1 - 2 3	7 - 1 - 6	69 5 7 - 57
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	7,523 83 60 59 2,213 679 2,929 117 1,383	7,928 31 64 39 2,419 810 3,287 164 1,114	55 1 2 6 17 11 9 3 6	60 4 3 2 12 13 14	41 2 1 12 2 16 5	29 1 4 - 10 1 7 6	29 1 1 7 6 6 2 6	11 - 6 1 1 - - 1 2	9 - 2 3 - - 1 3
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	20,862 2,259 852 16,991 310 450	18,890 1,704 711 15,864 259 352	105 17 12 76 -	141 24 23 92 - 2	57 7 N 46 - 4	50 14 N 35 - 1	88 7 6 69 - 6	103 8 6 87 2 N	92 7 8 75 2 N
Guam P.R. V.I. Amer. Samoa C.N.M.I.	461 6 U 9	43 395 - U U	1 U -	3 1 - U U	2 - U -	1 - U U	- - - -	- N - U -	N U

N: Not notifiable.

-: 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 29, 2001, and September 30, 2000 (39th Week)*

- WCCKC	Citating	Бертенье	71 20, 20	o i, aiiu Se	T		nellosis†	- K
	Ma	laria	Rabie	s, Animal	NE	TSS		HLIS
Reporting Area	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	872	1,094	4,832	5,418	25,755	29,106	21,440	24,964
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	61 4 2 1 25 7 22	59 5 1 2 29 6 16	564 52 20 51 203 48 190	622 103 9 48 214 45 203	1,892 148 144 61 1,062 110 367	1,737 101 103 96 1,017 106 314	1,656 137 129 63 801 139 387	1,790 78 113 94 1,022 125 358
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	215 53 105 25 32	285 50 165 40 30	954 611 22 155 166	986 618 9 148 211	3,178 918 750 651 859	3,820 911 965 937 1,007	2,951 1,043 830 657 421	4,147 1,033 1,048 810 1,256
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	81 21 15 1 30 14	115 15 5 57 26 12	115 42 3 23 41 6	138 46 - 20 61 11	3,631 1,065 404 915 623 624	4,086 1,065 494 1,242 686 599	3,363 1,036 377 943 617 390	2,720 1,141 495 15 753 316
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	29 6 5 11 - 2 5	44 13 2 13 2 - 8 6	277 39 66 36 33 25 4 74	451 71 66 43 103 81 1	1,608 399 264 463 43 118 122	1,863 428 283 547 48 78 181 298	1,745 474 222 705 69 111	2,024 552 275 666 64 89 125 253
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	233 2 100 13 43 1 12 6 12 44	247 4 82 15 44 3 27 2 16 54	1,755 30 257 349 115 459 92 294	1,852 41 332 - 443 91 448 123 251 123	6,550 77 651 65 1,082 96 980 641 1,015 1,943	5,866 94 615 50 772 128 829 560 1,019 1,799	4,489 87 678 U 747 107 905 532 1,061 372	4,578 104 550 U 727 118 868 436 1,355 420
E.S. CENTRAL Ky. Tenn. Ala. Miss.	30 12 11 5 2	38 14 10 13 1	169 21 91 55 2	163 18 85 59 1	1,891 281 470 546 594	1,738 300 438 480 520	1,355 143 586 409 217	1,390 210 624 456 100
W.S. CENTRAL Ark. La. Okla. Tex.	10 3 4 2 1	64 3 10 7 44	516 20 - 54 442	722 20 3 50 649	1,797 625 286 340 546	3,683 528 619 305 2,231	1,461 92 566 292 511	2,248 445 510 237 1,056
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	42 2 3 19 3 6 3 6	38 1 3 - 20 - 6 4 4	204 31 24 20 - 13 104 11	228 57 9 49 - 18 77 10 8	1,650 60 111 50 452 220 463 176 118	2,139 71 98 52 578 187 553 381 219	1,306 4 43 458 170 472 136 23	1,993 - 92 44 553 172 575 379 178
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	171 6 10 145 1 9	204 23 32 139 - 10	278 - 2 239 37 -	256 - 7 224 25 -	3,558 401 184 2,652 32 289	4,174 417 238 3,290 47 182	3,114 491 244 2,094 2 283	4,074 528 293 3,035 32 186
Guam P.R. V.I. Amer. Samoa	- 3 - U	2 4 - U	- 73 - U	60 - U	- 455 - U	21 499 - U	U U U	U U U
C.N.M.I.	-	U	-	U	10	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).

tunidative 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 29, 2001, and September 30, 2000 (39th Week)*

weeks	enaing S			vi, and Se			(39th Week)*		
	NET		ellosis† F	PHLIS		philis k Secondary)	Tub	erculosis	
Reporting Area	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	
	2001	2000	2001	2000	2001	2000	2001	2000	
UNITED STATES	12,265	16,676	5,850	9,514	4,266	4,553	8,928	10,558	
NEW ENGLAND	214	317	184	309	43	61	320	310	
Maine N.H.	6 6	10 4	2	11 8	1	1 1	8 11	12 16	
Vt. Mass.	7 157	4 229	5 116	211	2 24	43	4 182	4 183	
R.I.	17	22	20	25	8	4	28	27	
Conn.	21	48	38	54	8	12	87	68	
MID. ATLANTIC	1,019	2,080	618	1,344	364	216	1,731	1,685	
Upstate N.Y.	405	589	101	179	21	9	251	223	
N.Y. City	265	828	268	575	200	91	889	909	
N.J.	185	443	184	378	86	53	371	398	
Pa.	164	220	<i>6</i> 5	212	57	63	220	155	
E.N. CENTRAL	3,215	3,396	1,497	937	732	918	956	1,017	
Ohio	2,273	286	1,024	234	64	62	166	214	
Ind.	166	1,292	30	137	125	277	<i>7</i> 7	100	
III.	311	977	248	5	218	320	459	475	
Mich.	244	570	171	517	307	217	197	159	
Wis.	221	271	24	44	18	42	57	69	
W.N. CENTRAL	1,279	1,838	1,024	1,551	60	56	340	380	
Minn.	296	603	341	680	22	13	167	118	
Iowa	331	400	265	275	1	10	34	27	
Mo.	251	554	156	384	16	26	97	146	
N. Dak. S. Dak.	20 263	14 6	24 206	39 4	-	-	3 10	2 14	
Nebr. Kans.	59 59	96 165	32	74 95	4 17	2 5	29	17 56	
S. ATLANTIC	1,840	2,125	604	916	1,508	1,516	1,725	2,192	
Del.	12	18	10	19	9	8	15	14	
Md.	121	154	67	87	177	229	160	192	
D.C.	45	63	U	U	37	30	51	22	
Va.	245	343	124	275	84	105	191	198	
W. Va.	8	4	8	3	344	3	24	22	
N.C.	283	162	143	220		387	252	271	
S.C.	219	106	107	76	189	160	134	206	
Ga.	188	191	111	146	276	292	323	477	
Fla.	719	1,084	34	90	392	302	575	790	
E.S. CENTRAL	1,062	789	407	421	466	676	568	706	
Ky.	388	309	175	58	35	63	83	86	
Tenn.	<i>7</i> 7	269	<i>7</i> 9	316	249	404	207	266	
Ala.	182	52	124	41	91	98	200	239	
Miss.	415	159	29	6	91	111	78	115	
W.S. CENTRAL	1,107	2,607	721	812	534	621	727	1,530	
Ark.	439	160	155	44	27	77	115	148	
La.	117	215	137	138	119	171	100	135	
Okla.	48	87	17	33	52	93		118	
Tex.	503	2,145	412	597	336	280	512	1,129	
MOUNTAIN Mont.	722 4	881 7	500	621	183	180	359 6	388 1 <u>0</u>	
ldaho	31	43	1	25	1	1	8	7	
Wyo.	3	5		3	1	1	3	2	
Colo.	177	193	183	148	33	8	81	63	
N. Mex.	101	109	66	<i>7</i> 3	16	14	21	34	
Ariz.	296	352	201	235	117	151	159	157	
Utah	47	66	41	71		1	29	37	
Nev.	63	106	8	66	8 7	4	29 52	78	
PACIFIC	1,807	2,643	295	2,603	376	309	2,202	2,350	
Wash.	152	363	167	342	37	51	184	188	
Oreg.	63	145	78	94	13	10	81	73	
Calif.	1.532	2,098	-	2,138	316	247	1,790	1,906	
Alaska Hawaii	5 55	7 30	1 49	3 26	10	1	39 108	83 100	
Guam P.R.	- 8	34 28	U	U	- 172	3 127	- 76	41 119	
V.I. Amer. Samoa	° - U	26 - U	Ü	Ü	1/2 - U	127 - U	/6 - U	- U	
C.N.M.I.	4	Ü	Ü	Ü	3	Ü	22	Ü	

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 29, 2001, and September 30, 2000 (39th Week)*

	H. influ	H. influenzae, Hepatitis (Viral), By Type						Measles (Rubeola)				
	Inva		Α		В		Indiger		-	orted [†]	Total	
Reporting Area	Cum. 2001 [§]	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	992	949	7,142	9,787	4,873	5,218	-	48	-	42	90	71
NEW ENGLAND Maine	65 1	<i>7</i> 5 1	439 10	298 15	76 5	89 5	-	4	-	1	5	6
N.H. Vt.	4	12 7	12 10	18 8	12 4	15 6	-	- 1	-	-	- 1	3 3
Mass. R.I.	35 3	36 4	175 38	115 21	2 22	13 15	-	2	-	1	3	-
Conn.	19	15	194	121	31	35	-	1	-	-	1	-
MID. ATLANTIC Upstate N.Y.	148 58	179 <i>7</i> 5	720 188	1,117 172	799 104	890 93	-	4 1	-	11 4	15 5	21 10
N.Y. City N.J.	36 38	49 32	209 159	380 219	322 168	438 140	-	2	-	1 1	3 1	10 -
Pa.	16	23	164	346	205	219	-	1	-	5	6	1
E.N. CENTRAL Ohio	132 53	147 44	775 181	1,273 215	675 86	547 88	-	-	-	10 3	10 3	7 2
Ind. III.	40 1 <u>0</u>	26 48	75 218	74 553	37 118	40 90	-	-	-	4 3	4 3	3
Mich. Wis.	7 22	9 20	254 47	362 69	434 -	297 32	-	-	-	-	-	2 -
W.N. CENTRAL Minn.	51 30	57 29	322 33	571 161	152 17	224 30	-	4 2	-	-	4 2	1 1
lowa Mo.	13	18	29 88	59 233	19 83	27 111	-	2	-	-	2	- :
N. Dak. S. Dak.	6	2 1	2 2	3 1	1	2	-	-	-	-	-	-
Nebr. Kans.	1	3 4	29 139	26 88	17 15	32 21	-	-	-	-	-	-
S. ATLANTIC	291	213	1,778	1,054	1,041	908	-	4	_	1	5	3
Del. Md.	- 69	- 63	206	12 160	110	12 101	-	2	-	- 1	- 3	-
D.C. Va.	- 21	33	43 104	20 118	11 126	27 124	-	- 1	-	-	- 1	2
W. Va. N.C.	14 41	6 20	11 157	52 116	20 161	10 182	-	-	-	-	-	-
S.C. Ga.	5 6 8	7 54	63 672	52 198	26 244	13 155	-	- 1	-	-	- 1	-
Fla.	73	30	522	326	343	284	-	-	-	-	-	1
E.S. CENTRAL Ky.	62	39 12	303 107	330 42	338 40	357 62	-	2 2	-	-	2 2	-
Tenn. Ala.	32 26	16 9	112 6 8	115 43	178 6 6	167 44	-	-	-	-	-	-
Miss. W.S. CENTRAL	2 36	2 59	16 647	130 1,869	54 491	84 843	-	- 1	-	-	- 1	-
Ark. La.	3	2 16	59 55	1,609 118 66	75 32	78 115	-	-	-	-	-	-
Okla. Tex.	33	39 2	100 433	205 1,480	70 314	117 533	-	- - 1	-	-	- - 1	-
MOUNTAIN	118	91	602	697	404	395	-	1	_	1	2	12
Mont. Idaho	- 1	1 3	10 51	5 21	3 10	6 6	-	-	-	- 1	- 1	-
Wyo. Colo.	- 31	1 22	7 73	4 163	2 86	2 67	-	-	-	-	-	2
N. Mex. Ariz.	18 52	19	30 322	60 352	122 123	111 146	-	- 1	-	-	- 1	-
Utah Nev.	6 10	35 7 3	60 49	41 51	22 36	19 38	-	-	-	-	-	3 7
PACIFIC	89	89	1,556	2,578	897	965	-	28	-	18	46	21
Wash. Oreg.	2 17	5 26	105 64	219 146	109 <i>7</i> 5	77 84	-	13 3	-	2	15 3	3
Calif. Alaska	42 6	30 6	1,372 14	2,189 11	689 9	784 9	-	10	-	11 -	21 -	14 1
Hawaii Guam	22	22 1	1 -	13 1	15 -	11 9	-	2	-	5 -	7 -	3 -
P.R. V.I.	1	3	91 -	210	136	211	Ū	-	Ū	-	-	2
Amer. Samoa C.N.M.I.	U	U U	U -	U U	U 28	U U	Ŭ	U	Ŭ	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 212 cases among children aged <5 years, serotype was reported for 108, and of those, 19 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 29, 2001, and September 30, 2000 (39th Week)*

and September 30, 2000 (39th Week)* Meningococcal													
Disease			Mumps				Pertussis		Rubella				
Reporting Area	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000		
UNITED STATES	1,663	1,690	3	166	266	72	3,422	4,982	-	19	124		
NEW ENGLAND Maine	91 3	101 8	-	-	4	1	311 5	1,232 35	-	-	12		
N.H.	12	11	-	-	-	-	26	86	-	-	2		
Vt. Mass.	5 49	3 56	-	-	- 1	1	26 232	186 871	-	-	8		
R.I. Conn.	3 19	8 15	-	-	1 2	-	5 17	14 40	-	-	1 1		
MID. ATLANTIC	168	187	-	18	21	1	232	495	-	5	9		
Upstate N.Y. N.Y. City	46 31	52 36	-	3 9	8 6	1 -	119 34	231 68	-	1 3	1 8		
N.J. Pa.	40 51	36 63	-	2 4	3 4	-	13 66	30 166	-	1 -	-		
E.N. CENTRAL	221	298	-	15	19	11	481	579	-	3	1		
Ohio Ind.	75 33	72 32	-	1 1	7 1	8 2	253 63	263 78	-	- 1	-		
III.	22	71	-	11	6	1	58	76	-	2	1		
Mich. Wis.	50 41	88 35	-	2	4 1	-	51 56	61 101	-	-	-		
W.N. CENTRAL	116	119	-	7	17	-	189	407	-	3	1		
Minn. Iowa	16 21	17 26	-	3 -	7	-	70 19	241 45	-	1	-		
Mo. N. Dak.	43 5	56 2	-	-	4 1	-	75 -	58 6	-	1 -	-		
S. Dak. Nebr.	5 12	5 6	-	- 1	2	-	3 4	4 21	-	-	- 1		
Kans.	14	7	-	3	3	-	18	32	-	1	-		
S. ATLANTIC Del.	319 4	234	2	30	38	6	187	364 8	-	5 1	72		
Md. D.C.	37	26	-	5	9	-	29 1	92 3	-	-	-		
Va.	33	36	-	6	8	-	35	71	-	-	-		
W. Va. N.C.	12 59	12 32	- 1	4	- 5	5	2 56	1 77	-	-	64		
S.C. Ga.	31 38	19 39	1	3 7	10 2	-	31 7	24 34	-	2	6		
Fla.	105	70	-	5	4	1	26	54	-	2	2		
E.S. CENTRAL Ky.	113 19	118 <i>2</i> 5	-	6 1	5 1	16 3	109 22	95 46	-	-	6 1		
Ténn. Ala.	51 30	48 32	-	1	2	11 2	52 31	29 17	-	-	1 4		
Miss.	13	13	-	4	-	-	4	3	-	-	-		
W.S. CENTRAL Ark.	178 17	178 11	-	11 1	28 1	3	307 12	296 33	-	1	8 1		
La. Okla.	56 25	40 24	-	2 -	5 -	-	2 6	18 16	-	-	<u>i</u>		
Tex.	80 80	103	-	8	22	3	287	229	-	1	6		
MOUNTAIN	82 4	75	1	11	17	14	1,104	605 35	-	1	2		
Mont. Idaho	7	4 7	-	1 1	1 -	-	31 167	54	-	-	-		
Wyo. Colo.	5 29 12	25 7	-	1 1	1 -	2	1 219	4 343	-	1	1		
N. Mex. Ariz.	12 12	7 22	-	2 1	1 4	6	118 491	80 62	-	-	- 1		
Utah Nev.	7 6	7	- 1	i 3	4 6	6	65 12	16 11	-	-	-		
PACIFIC	375	380	-	68	0 117	20	502	909	-	1	13		
Wash.	56 32	40 52	- N	1 N	9 N	17 1	127 43	289 96	-	:	7 -		
Oreg. Calif.	274	272 8	-	30	80	-	298	471	-	-	6		
Alaska Hawaii	2 11	8 8	-	1 36	8 20	2	3 31	18 35	-	1	-		
Guam	-	-	-	-	12	-	-	3	-	-	1		
P.R. V.I.	4 -	9 -	Ū	-	-	Ū	2	6	Ū	-	-		
Amer. Samoa C.N.M.I.	U -	U U	U U	U -	U	U U	U -	U U	U U	U -	U U		

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 29, 2001 (39th Week)

September 29, 2001 (39th Week)															
	All Causes, By Age (Years)							P&I [†]	All Causes, By Age (Years)						P&I [†]
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn Cambridge, Mass Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Ma New Haven, Conn Providence, R.I. Somerville, Mass. Springfield, Mass Waterbury, Conn.	. 19 18 27 28 6 ss. 18 . 38 . 77 4 . 31	348 91 20 15 14 18 21 4 12 20 53 3 17	30 9 4 3 7 5 1 5 13 12 1	31 13 - - 1 - 2 1 - 5 5 - 1 2	12 5 - - 1 - - - 4 - 2	7 1 - - 1 - 1 - 3	51 20 3 3 2 3 - 2 - 2 3 1	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, F Tampa, Fla. Washington, D.C Wilmington, Del	133 50 66 44 Fla. 53 206 C. 106	807 61 109 81 86 93 34 41 35 42 139 63 23	278 30 59 23 32 22 11 17 7 4 43 30	110 13 23 15 12 11 - 4 2 5 16 9	29 6 2 1 7 1 1 4 - 2 3 2	37 3 7 4 6 6 4 - - 5 2	79 2 13 17 15 9 2 3 4 9 2
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§ Jersey City, N.J. New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	57 1,070 41 15 77 21 24 62 23 7. U 17 443 28 19 140	149 7755 225 133 589 100 17 488 15 U U 8 3111 13 112 16 29 51 U U 27 U U	7 197 8 2 15 6 4 11 3 3 5 8 8 5 6 6 11 0 8 8 15 15 15 15 15 15 15 15 15 15 15 15 15	1 68 5 · 2 2 3 3 2 4 U U 3 31 1 · 8 · 1 2 U 4 U	19 - 1 2 - 1 1 UU 1 1 10 1 1 - 1 UU 1 UU 1 UU 1	11 3 - 1 - U U - 3 - 1 U - U U	-12	E.S. CENTRAL Birmingham, Ala Chattanooga, Te Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Al Nashville, Tenn. W.S. CENTRAL Austin, Tex. Baton Rouge, La Corpus Christi, T Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Te: Shreveport, La. Tulsa, Okla.	nn. 72 75 76 217 100 la. 40 138 1,440 88 66 lex. 41 180 U 129 412 73	602 125 48 46 142 83 93 939 52 43 27 109 U 84 42 250 43 U 183 67 81	210 444 18 20 22 47 28 305 21 12 42 U 26 92 20 U 40 18 22	59 14 3 5 5 5 15 6 2 9 127 9 9 2 23 U 9 52 4 U 8 2 9	26 4 2 1 3 9 7 39 - 2 - 3 0 4 15 5 0 4 2 4	10 2 - 1 4 2 - 1 29 6 - 3 3 U 6 3 1 U 5 4 1	67 13 5 7 5 16 1 5 5 7 4 8 U 6 4 1 U 1 7 3 9
E.N. CENTRAL Akron, Ohio Canton, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind. Gary, Ind. Grand Rapids, Mi Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohi W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans Kansas City, Kans Kansas City, Mo. Lincoln, Nebr. Minneapolis, Min Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	196 39 126 56 51 58 81 0 49 934 102 28 . 73 71	1,160 26 31 15 92 136 86 102 24 56 6 46 137 31 94 45 51 39 680 83 23 44 48 116 64 122	10 12 14 31 41 47 6 9 2 7 34 7 23 5 10 12 22 7 148 12 13 12 44 12 13 12 14 13 14 14 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	95 5 1 U 4 4 13 10 3 20 5 3 20 5 5 1 1 1 3 1 60 4 1 10 5 5 7 3 9 2 14	31 	44 2 · U 11 4 4 4 3 1 1 · 2 2 1 1 1 3 · 2 2 2 1 1 1 5	106 - 6U 7 6 10 11 1 3 7 3 3 3 14 5 8 8 4 2 2 2 3 2 5 0 4 - 5 1 3 3 14 8 3 2 2 10	MOUNTAIN Albuquerque, N Boise, Idaho Colo. Springs, C Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, U Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawa Long Beach, Cali Los Angeles, Cal Pasadena, Calif. Portland, Oreg. Sacramento, Cal San Diego, Calif. San Francisco, C San Jose, Calif. Santa Cruz, Calif Seattle, Wash. Spokane, Wash. Total	40 olo. 57 200 29 172 22 tah 102 15 89 17 470 16 63 15 16 163 161 123 184 122 122	10 65 14 46 51 332 24 101 102 111 82 133 29 83 33 68	191 36 3 11 15 2 40 2 19 24 365 2 16 3 13 17 8 8 41 35 25 33 9 22 8 9 2,114	81 11 2 5 13 16 21 16 6 6 123 1 4 2 9 34 2 7 15 15 10 25 10 25 10 21 21 21 21 21 21 21 21 21 21 21 21 21	33 8 2 3 2 3 1 9 - 2 3 48 - 3 - 1 2 11 1 - 9 2 6 6 4 3 4 4 1 1 1 265	22 4 4 4 1 5 - 4 1 29 2 1 1 - 5 2 1 1 4 3 3 5 - 3 2 2 - 207	67 7 1 1 5 12 4 15 11 10 126 4 2 2 85 3 13 8 14 18 13 5 6 6 5 2 685

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.

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Director, Centers for Disease Control and Prevention Jeffrey P. Koplan, M.D., M.P.H. Deputy Director for Science and Public Health, Centers for Disease Control and Prevention David W. Fleming, M.D.

Director, Epidemiology Program Office Stephen B. Thacker, M.D., M.Sc. Editor, MMWR Series

John W. Ward, M.D. Acting Managing Editor, MMWR (Weekly)

Teresa F. Rutledge

Writers-Editors, MMWR (Weekly)

Jill Crane David C. Johnson

Desktop Publishing Lynda G. Cupell Morie M. Higgins

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