

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

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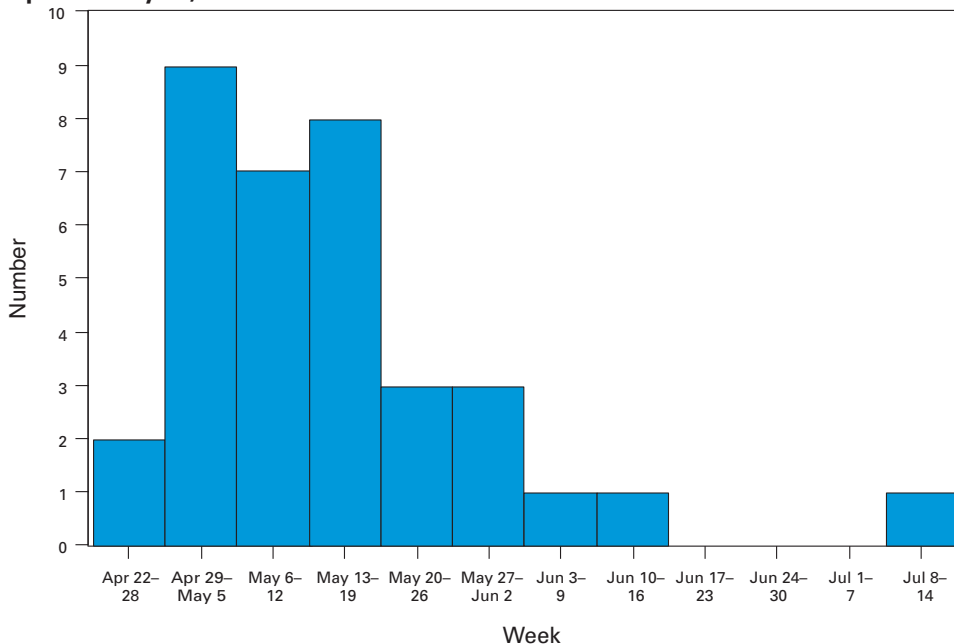
**Rubella Among Hispanic Adults — Kansas, 1998, and Nebraska, 1999**

Since 1994, the incidence of rubella has been low; most reported rubella cases have been associated with outbreaks (1,2). Recent outbreaks have occurred primarily among adult Hispanics, many of whom are natives of countries where rubella vaccination is not routine or has been implemented recently (1). This report describes two workplace-associated outbreaks of rubella and summarizes the characteristics of the recent outbreaks in the United States.

**Kansas**

During April 22–July 14, 1998, 35 confirmed cases of rubella were reported to the Kansas Department of Health and Environment (Figure 1), compared with one case in

**FIGURE 1. Number of confirmed cases of rubella, by week of rash onset — Kansas, April 22–July 14, 1998**



*Rubella — Continued*

1997 and no cases during January–April 1998. The first case was identified in a 45-year-old Hispanic female employee of a meat-packing plant who developed the characteristic rubella rash on April 22. Of the 35 confirmed cases, 28 (80%) occurred in employees in meat-packing plants in the same region. The median age was 29 years (range: 3 months–47 years); 27 (77%) were men. Of the eight cases among females, four occurred among women of childbearing age; two were infected during pregnancy (one in the second and one in the third trimester). Both women delivered full-term, healthy infants who had no clinical findings suggestive of rubella and had negative rubella IgM antibodies. Of the 35 confirmed cases, 28 (80%) occurred among Hispanics. Of the 32 case-patients with known place of birth, 20 (63%) were born outside the United States in Latin American countries (15 in Mexico, four in El Salvador, and one in Guatemala). Of these, the median length of residence in the United States was 9.5 years. The median age of U.S.-born case-patients during the Kansas outbreak was 34.5 years, compared with 26.5 years in foreign-born case-patients.

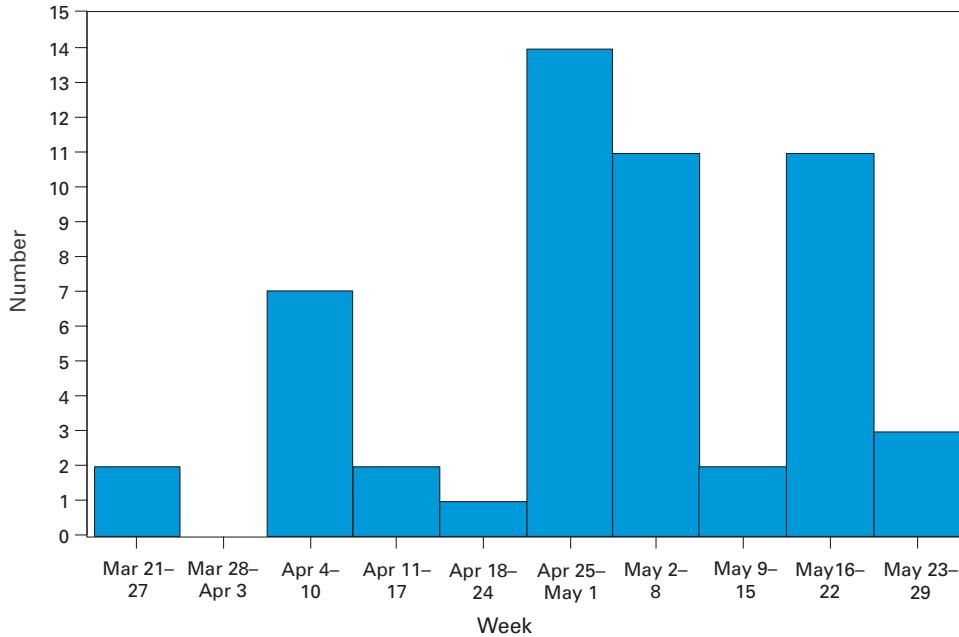
Active surveillance for rubella was established in counties where cases had been reported and in adjacent counties. From May 8 to June 19, 1998, worksite vaccination clinics were established in six Kansas meat-packing plants. Clinic activities included 1) screening for persons who presented with rash or who had a history of rash illness during the previous 2 months; 2) vaccination with measles, mumps, and rubella vaccine (MMR) for every consenting employee without contraindications and without proof of rubella immunity; and 3) serologic testing of pregnant women. At these clinics, 7334 doses of vaccine were administered, and 64% of plant employees were vaccinated. An additional 1210 doses of MMR were administered in clinics established in county health departments, associated workplaces (e.g., cattle-feeding farms), and Spanish-language churches. The last confirmed case of rubella associated with this outbreak was reported in Kansas on July 11, 1998.

**Nebraska**

On April 1, 1999, a 29-year-old Hispanic man residing in Omaha sought treatment at a local sexually transmitted diseases clinic. He had a rash, low grade fever, and lymphadenopathy and tested positive for rubella-specific IgM. He worked in a meat-packing plant. Seven additional cases subsequently were detected in the same plant.

Rubella surveillance was enhanced and, during March 21–May 29, the Douglas County Health Department identified 53 confirmed cases of rubella (Figure 2), compared with none for the previous 8 years. Of these, 44 (83%) occurred among Hispanics born outside the United States, and 45 (85%) occurred either among workers in a meat-packing plant or who resided in the same household with a meat-packing-plant worker. Four cases occurred among pregnant women; two were in the first trimester.

Outbreak control measures included mass vaccination campaigns in the community, encouragement by health-care providers to receive vaccination (e.g., assuring that missed opportunities were minimized and vaccinating all family members with no contraindications at the health-care visit), collaboration with the Special Supplemental Food Program for Women, Infants and Children (WIC) to reach potentially under-vaccinated populations, and efforts to increase community awareness. Rash onset for the last reported case-patient was July 27, 1999. A total of 95 cases of rubella associated with this outbreak have been reported to the Nebraska Health and Human Services System.

*Rubella — Continued***FIGURE 2. Number of confirmed cases of rubella, by week of rash onset — Nebraska, March 21–May 29, 1999**

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**Editorial Note:** During 1969–1989, the annual number of reported cases of rubella in the United States decreased 99.6% as a result of a successful childhood vaccination program (1). Indigenous rubella is targeted for elimination in the United States by the end of 2000 (3). However, approximately two thirds of other countries did not routinely vaccinate against rubella before 1997 (2). Rubella remains endemic in many Latin American countries, and large epidemics of rubella occur periodically. For example, during January–June 1998, approximately 25,000 cases of rubella were reported to the Ministry of Health in Mexico.

During 1996–1998, 14 rubella outbreaks were reported in the United States (median number of reported cases: 21; range: eight–95). Seven outbreaks were workplace associated and most occurred among workers at food-processing plants or other industries employing predominantly foreign-born workers. Most cases reported in these outbreaks occurred among persons of Hispanic origin (median: 92.5%; range: 32%–100%). No case-patients in the Kansas or Nebraska outbreaks reported having received rubella vaccination.

*Rubella — Continued*

Although rubella is near record low levels in the United States, epidemics continue to occur among susceptible foreign-born adults. Workers born outside the United States are a potentially susceptible population in which outbreaks may occur after importation of the virus from areas outside the United States where rubella is endemic. Vaccinating against rubella in workplaces is a strategy to reach this susceptible population and can be a critical step in eliminating indigenous rubella. Public health professionals, other health-care professionals, and industrial health-care services should design appropriate programs to assure high coverage of foreign-born employees with rubella vaccine.

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### **Adoption of Perinatal Group B Streptococcal Disease Prevention Recommendations by Prenatal-Care Providers — Connecticut and Minnesota, 1998**

Group B streptococcal (GBS) infections are the leading bacterial cause of serious neonatal disease in the United States (1). In 1996, in collaboration with the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, CDC issued consensus guidelines for preventing perinatal GBS disease (2–4). These guidelines recommend using either a screening-based or a risk-based strategy to identify women who should receive intrapartum antimicrobial prophylaxis. To assess adoption of the GBS disease prevention guidelines, the Connecticut and Minnesota state health departments surveyed prenatal-care providers during January–April 1998. This report presents the survey findings, which indicate that most prenatal-care providers in Connecticut and Minnesota have adopted perinatal GBS disease prevention policies and that strategy choice may vary by state and provider type.

In Connecticut, surveys were mailed to all (n=576) licensed obstetricians/gynecologists (OBs). Group practices were allowed to submit a single response for all members. A second mailing was sent to nonrespondents. A sample of nonrespondents was then contacted by telephone to determine reasons for nonresponse. After eliminating providers from the sample who did not deliver prenatal care and those who were represented by a response from another provider in their practice, the final response rate was 77% (250 of 323). In Minnesota, surveys were mailed to a random sample of approximately 50% of practicing OBs, a random sample of approximately 25% of family physicians (FPs) who indicated on their licensure application they provided prenatal care, and all certified nurse midwives (CNMs). After three mailings, 431 (77%) of those sampled responded. The response rate was similar for all three provider groups.

In 1998, most prenatal-care providers in Connecticut and Minnesota reported that their practices had a perinatal GBS disease prevention policy, although most practices did not have a written policy (Table 1). Practices in Connecticut were more likely than

*Group B Streptococcal Disease — Continued***TABLE 1. Number and percentage of prenatal-care providers with group B streptococcal (GBS) disease prevention policies, by type of policy — Connecticut and Minnesota, 1998**

Policy	Connecticut		Minnesota	
	No.	(%)	No.	(%)
<b>Policies at the practice level</b>	(n=250)		(n=431)	
Written policy	114	(46)	199	(46)
Any GBS disease prevention policy*	237	(95)	348	(81)
No policy*	5	( 2)	74	(17)
Not reported	8	( 3)	9	( 2)
<b>GBS disease prevention strategy used by individual physicians</b>	(n=250)		(n=431)	
Screening-based <sup>†</sup>	181	(72)	143	(33)
Risk-based <sup>†</sup>	62	(25)	236	(55)
Other	3	( 1)	28	( 6)
None/Unknown	4	( 2)	24	( 6)
<b>Culture sites (screening-based strategy only)</b>	(n=181)		(n=143)	
Vagina and rectum	128	(71)	108	(76)
Vagina only	37	(20)	23	(16)
Cervix only	7	( 4)	4	( 3)
Other/Unknown	9	( 5)	8	( 6)
<b>Timing of culture (screening-based strategy only)</b>	(n=181)		(n=143)	
34–38 weeks	148	(82)	114	(80)
First trimester	12	( 7)	3	( 2)

\*  $p < 0.001$  for the presence of any GBS disease prevention policy, Connecticut compared with Minnesota.

<sup>†</sup>  $p < 0.001$  for screening-based vs. risk-based strategy, Connecticut compared with Minnesota.

those in Minnesota ( $p < 0.001$ ) to have a GBS disease prevention policy, primarily because of the relatively low percentage of Minnesota family practices with a policy. More than 90% of individual providers from both states reported having a GBS disease prevention policy. Most providers in Connecticut chose a screening-based strategy (72%), and most in Minnesota chose a risk-based strategy (55%). When the analysis was limited to OBs in both states, OBs in Connecticut were more likely than OBs in Minnesota to choose a screening-based strategy ( $p < 0.001$ ).

Of providers who used a screening-based strategy, 71% from Connecticut and 76% from Minnesota collected specimens from both the vagina and rectum, as recommended by the consensus guidelines. Providers using the screening-based strategy from Connecticut (82%) and Minnesota (80%) obtained cultures within 1 week of the recommended 35–37 weeks' gestation. Of providers who used a risk-based strategy in Minnesota, 80% indicated that they would administer intrapartum prophylaxis for all five of the high-risk criteria (i.e., previous infant with invasive GBS disease, GBS bacteriuria during the current pregnancy, delivery at  $< 37$  weeks' gestation, duration of rupture of membranes  $\geq 18$  hours, and intrapartum fever  $\geq 100.4$  F [ $\geq 38$  C]) as specified in the consensus guidelines. Questions about indications for prophylaxis under the risk-based strategy were not asked in the Connecticut survey.

*Group B Streptococcal Disease — Continued*

In Minnesota, differences were observed between the responses of FPs compared with OBs or CNMs (Table 2). OBs and CNMs were more likely than FPs ( $p<0.001$ ) to report that their practices had a GBS disease prevention policy. Individual FPs were less likely to choose a risk-based strategy or to use penicillin for intrapartum prophylaxis ( $p<0.001$  for all comparisons except strategy choice between FPs and OBs). OBs were significantly more likely than either CNMs (91% vs. 46%,  $p=0.001$ ) or FPs (91% vs. 73%,  $p=0.03$ ) to report collecting specimens from both the vagina and rectum. FPs were less likely to respond that they would follow all five recommended indications than either OBs (69% vs. 89%,  $p=0.004$ ) or CNMs (69% vs. 84%,  $p=0.04$ ).

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**Editorial Note:** Perinatal GBS disease is largely preventable through targeted use of intrapartum antibiotic prophylaxis (2). Since the release of the 1996 consensus prevention guidelines, the incidence of perinatal GBS disease has declined in the United States (5). Prenatal-care providers play a critical role in preventing GBS disease. The findings in this report suggest that most prenatal-care providers in Connecticut and Minnesota have adopted one of the two GBS disease prevention strategies recom-

**TABLE 2. Number and percentage of prenatal-care providers with group B streptococcal (GBS) disease prevention policies, by type of policy and provider specialty — Minnesota, 1998**

Policy	Obstetricians/ Gynecologists (n=127)		Certified nurse midwives (n=104)		Family physicians (n=200)	
	No.	(%)	No.	(%)	No.	(%)
<b>Policies at the practice level</b>						
Written policy	63	(50)	57	(55)	79	(40)
Any GBS disease prevention policy*	120	(94)	93	(89)	135	(68)
No policy*	7	(6)	11	(11)	56	(28)
Not reported	0	—	0	—	9	(4)
<b>GBS disease prevention strategy used by individual physicians</b>						
Screening-based <sup>†</sup>	46	(36)	13	(12)	84	(42)
Risk-based <sup>†</sup>	74	(58)	75	(72)	87	(44)
Other	6	(5)	10	(10)	12	(6)
None/Unknown	1	(1)	6	(6)	17	(8)
<b>Antibiotic for intrapartum prophylaxis</b>						
Penicillin*	91	(72)	72	(69)	81	(40)
Ampicillin*	35	(28)	28	(27)	112	(56)
Other	0	—	1	(1)	2	(1)
Not reported	1	(1)	3	(3)	5	(2)

\*  $p<0.001$  for comparison of family physicians with obstetricians/gynecologists and family physicians with certified nurse midwives.

<sup>†</sup>  $p=0.09$  for comparison of family physicians with obstetricians/gynecologists and  $p<0.001$  for comparison of family physicians with certified nurse midwives.

*Group B Streptococcal Disease — Continued*

mended in the consensus guidelines and that strategy choice may vary by state and provider type. Pregnant women should discuss GBS disease prevention with their prenatal-care providers to optimize GBS disease prevention opportunities.

In Minnesota, FPs providing prenatal care were less likely than OBs or CNMs to report that their practices have a GBS disease prevention policy and to report following all the guidelines within either the risk-based or screening-based strategy. These findings suggest that additional efforts are needed to inform FPs in Minnesota about GBS disease prevention recommendations. FPs also were less likely to use penicillin, the recommended intrapartum antibiotic. Although ampicillin is an acceptable alternative (2), penicillin is preferred because it has a narrower spectrum of activity and is therefore less likely to promote antimicrobial resistance. This study was conducted before the recent shortage of penicillin G for intravenous administration. A new supplier has been identified, and penicillin G should be more available for intrapartum prophylaxis (6).

In 1997, hospital obstetric departments were surveyed in both Connecticut and Minnesota about perinatal GBS disease prevention policies (7). In both states, the percentage of OBs providing prenatal care who reported adopting a perinatal GBS disease prevention policy was higher than the percentage of hospitals with a policy. Hospitals may leave decisions about GBS disease prevention activities to prenatal-care providers. Efforts to expand perinatal GBS disease prevention activities should be directed at both hospitals and prenatal-care providers (8).

Although the surveys presented in this report were not designed to measure provider practices, the results suggest that prenatal-care providers are aware of the recommendations outlined in the consensus guidelines. The screening-based strategy relies on appropriate and accurate specimen collection by prenatal-care providers. Most providers in Connecticut and in Minnesota using the screening-based strategy reported collecting specimens from both the vagina and rectum. Collection site is important because vaginal/rectal specimens improve group B *Streptococcus* isolation rates by 40% over vaginal specimens alone (9,10). At least 80% of prenatal-care providers using the screening-based strategy in both states also reported collecting specimens at appropriate times. The risk-based strategy depends on prenatal-care providers identifying and administering prophylaxis to women at increased risk for delivering an affected infant. In Minnesota, 80% of prenatal-care providers using the risk-based strategy reported following the recommended indications for intrapartum antibiotic prophylaxis.

The findings in this report are subject to at least two limitations. First, because the surveys were conducted in only two states, the results might not be generalizable to other states. Second, the surveys measured only the reported practices of prenatal-care providers and not the services actually rendered.

GBS disease prevention guidelines and order forms for other information for prenatal-care providers and patients are available on the World-Wide Web at <http://www.cdc.gov/ncidod/dbmd/gbs> or from CDC's National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, Respiratory Diseases Branch, Mailstop C-23, 1600 Clifton Road, N.E., Atlanta, GA 30333.

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*Group B Streptococcal Disease — Continued*

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**National Public Health Week — April 3–9, 2000**

“Healthy People in Healthy Communities” is the focus of this year’s National Public Health Week, April 3–9, 2000. U.S. residents are living 30 years longer than they did in 1900; at least 25 years are attributable to advances in public health (1). Among the most notable achievements are control of infectious diseases; fewer deaths from heart disease and stroke; healthier mothers and babies; family planning; higher rates of vaccination; safer foods, motor vehicles, and workplaces; fluoridated water; and recognizing tobacco as a health hazard. As part of public health week, the U.S. Department of Health and Human Services and the Surgeon General will release *Healthy People 2010*, health promotion and disease prevention objectives for the next decade. Additional information on National Public Health Week is available from the American Public Health Association, telephone (202) 777-2434, World-Wide Web site at <http://www.apha.org>\*; or from the CDC Office of Communications, telephone (404) 639-3286, World-Wide Web site at <http://www.cdc.gov>. *Healthy People 2010* is available at <http://www.health.gov/healthypeople>.

*Reference*

1. CDC. Ten great public health achievements—United States, 1900–1999. *MMWR* 1999;48:241–3.

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



### Notice to Readers

#### **Availability of Work-Related Lung Disease Surveillance Report, 1999**

CDC's National Institute for Occupational Safety and Health (NIOSH) has released the Work-Related Lung Disease (WoRLD) Surveillance Report for 1999 (1). This report is the fifth in a series of WoRLD reports presenting summary tables and figures concerning various occupationally relevant respiratory diseases, including pneumoconioses, occupational asthma, other airway diseases, and other respiratory conditions. The report has three major sections: 1) summary highlights and limitations; 2) disease-specific tables and figures; and 3) appendices describing data sources, methods, and supplementary information.

The WoRLD report presents national and state summary statistics such as counts, crude and age-adjusted mortality rates, and years of potential life lost to age 65 years and to life expectancy; U.S. maps showing the geographic distribution of mortality by state; and tables and figures summarizing selected occupational exposure data for asbestos, coal and coal mine dust, silica dust, cotton dust, and other substances. Proportionate mortality ratios by industry and occupation are based on the most recent decade of data from a subset of states for which usual industry and occupation have been coded for decedents. Also included are tables summarizing silicosis and asthma surveillance data collected by states funded by the Sentinel Event Notification Systems for Occupational Risks Program.

The 1999 WoRLD Surveillance Report is available from Surveillance Branch, Division of Respiratory Disease Studies, NIOSH, CDC, 1095 Willowdale Road, Morgantown, WV 26505-2888; fax (304) 285-6111; or e-mail [WoRLD@cdc.gov](mailto:WoRLD@cdc.gov).

#### *Reference*

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### Notice to Readers

#### **Satellite Broadcast on HIV Prevention**

"HIV Prevention with Incarcerated Persons," a satellite broadcast, is scheduled for Thursday, April 27, 2000, at 1–3 p.m. eastern time. Co-sponsors are CDC and the Public Health Training Network. This forum will focus on activities and resources for human immunodeficiency virus (HIV) infection prevention within correctional facilities. Viewers will hear about CDC activities and programs throughout the country.

This broadcast is designed for organizations and persons involved in providing health care and HIV prevention for incarcerated persons and their partners. This audience includes administrators and other staff in correctional facilities, public health programs,

*Notices to Readers — Continued*

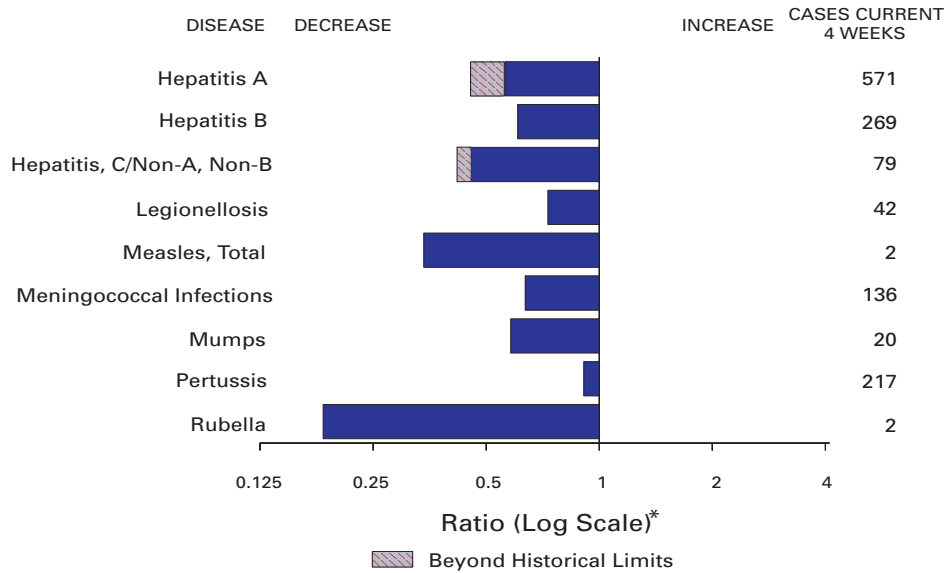
community-based organizations, legislative staffs, and managed care. Speakers will discuss why incarceration is a critical opportunity for HIV prevention, benefits of HIV prevention for correctional programs and public health, specific programs in HIV prevention at correctional facilities, and resources and technical assistance for corrections and public health. Viewers can 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 CDC's Fax Information System, telephone (888) 232-3299 ([888] CDC-FAXX), by entering document number 130026 and a return fax number. Organizations setting up viewing sites can 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.

**Erratum: Vol. 49, No. 10**

In the article "Hantavirus Pulmonary Syndrome—Panama, 1999–2000," on page 205, the year given in the first sentence of the second paragraph was incorrect. The sentence should read: "In mid-January 2000..."

**FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending March 18, 2000, 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 March 18, 2000 (11th Week)**

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric* <sup>‡</sup>	34
Brucellosis*	4	Plague	2
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	1	Psittacosis*	4
Cyclosporiasis*	2	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	24
Encephalitis: California* serogroup viral	1	Streptococcal disease, invasive Group A	606
eastern equine*	-	Streptococcal toxic-shock syndrome*	30
St. Louis*	-	Syphilis, congenital <sup>‡</sup>	-
western equine*	-	Tetanus	2
Ehrlichiosis human granulocytic (HGE)*	14	Toxic-shock syndrome	29
human monocytic (HME)*	1	Trichinosis	1
Hansen Disease*	8	Typhoid fever	59
Hantavirus pulmonary syndrome* <sup>‡</sup>	-	Yellow fever	-
Hemolytic uremic syndrome, post-diarrheal*	14		

-: 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 February 27, 2000.

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

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)**

Reporting Area	AIDS		Chlamydia <sup>§</sup>		Cryptosporidiosis		<i>Escherichia coli</i> O157:H7*			
	Cum. 2000 <sup>†</sup>	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
							Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	6,288	6,945	99,460	140,011	220	285	271	240	154	194
NEW ENGLAND	511	352	4,261	4,378	10	14	21	38	22	34
Maine	6	5	247	146	2	1	2	2	2	-
N.H.	5	13	216	224	-	1	4	2	4	2
Vt.	1	4	118	91	5	1	1	3	2	-
Mass.	370	238	1,657	1,889	1	8	6	18	6	16
R.I.	17	20	477	459	2	-	-	1	-	1
Conn.	112	72	1,546	1,569	-	3	8	12	8	15
MID. ATLANTIC	1,592	1,492	4,032	16,434	19	56	25	13	37	2
Upstate N.Y.	65	76	N	N	12	20	25	9	31	-
N.Y. City	986	835	-	7,966	4	28	-	1	-	1
N.J.	387	370	668	2,715	-	3	-	3	1	1
Pa.	154	211	3,364	5,753	3	5	N	N	5	-
E.N. CENTRAL	590	489	18,024	21,933	30	53	37	45	8	28
Ohio	92	97	4,569	7,041	13	7	10	20	3	9
Ind.	56	52	2,256	2,414	3	3	5	9	1	7
Ill.	353	231	5,061	5,814	-	6	11	8	-	5
Mich.	67	81	4,629	4,226	6	8	10	8	2	4
Wis.	22	28	1,509	2,438	8	29	N	N	2	3
W.N. CENTRAL	151	161	5,138	8,986	16	21	66	52	29	53
Minn.	32	28	1,238	1,659	4	10	16	11	10	12
Iowa	10	13	605	481	2	1	11	5	4	2
Mo.	70	84	902	4,142	6	4	31	4	10	3
N. Dak.	-	3	-	195	1	-	2	2	1	1
S. Dak.	2	3	371	451	1	2	-	-	-	1
Nebr.	7	10	667	807	2	2	2	16	2	34
Kans.	30	20	1,355	1,251	-	2	4	14	2	-
S. ATLANTIC	1,531	1,832	18,454	29,119	37	43	24	22	15	12
Del.	26	31	607	653	-	-	-	1	-	-
Md.	153	252	1,303	2,802	3	4	5	1	1	-
D.C.	112	69	628	N	-	3	-	-	U	U
Va.	115	102	2,968	3,375	1	-	5	6	5	2
W. Va.	6	14	400	465	-	-	2	-	1	1
N.C.	75	125	4,000	4,750	3	1	6	5	1	4
S.C.	156	128	669	4,813	-	-	-	1	-	1
Ga.	183	207	3,442	5,943	22	30	2	1	3	U
Fla.	705	904	4,437	6,318	8	5	4	7	4	4
E.S. CENTRAL	281	300	9,702	9,728	7	3	13	18	8	11
Ky.	37	37	1,683	1,655	-	1	5	5	3	4
Tenn.	105	130	2,956	2,919	1	1	5	7	5	3
Ala.	92	69	2,810	3,051	6	1	1	3	-	3
Miss.	47	64	2,253	2,103	-	-	2	3	-	1
W.S. CENTRAL	542	980	17,098	18,034	7	15	10	7	12	12
Ark.	20	34	939	1,241	1	-	4	2	1	2
La.	92	67	3,442	2,037	-	12	-	3	7	2
Okla.	16	19	1,517	1,737	1	1	3	1	3	1
Tex.	414	860	11,200	13,019	5	2	3	1	1	7
MOUNTAIN	213	207	4,416	7,238	16	23	28	14	9	11
Mont.	3	3	-	225	1	1	8	-	-	-
Idaho	3	5	64	399	1	2	4	-	-	2
Wyo.	1	-	168	164	1	-	2	1	2	1
Colo.	52	56	747	1,651	4	3	8	4	3	1
N. Mex.	26	9	416	933	1	10	-	1	-	-
Ariz.	56	86	1,930	2,836	2	7	3	3	3	1
Utah	28	27	468	370	6	N	2	5	1	5
Nev.	44	21	623	660	-	-	1	-	-	1
PACIFIC	877	1,132	18,335	24,161	78	57	47	31	14	31
Wash.	102	58	2,670	2,573	N	N	5	3	7	12
Oreg.	22	32	1,005	1,263	1	3	5	12	4	10
Calif.	727	1,021	13,531	19,221	77	54	34	16	-	9
Alaska	-	5	496	424	-	-	-	-	-	-
Hawaii	26	16	633	680	-	-	3	-	3	-
Guam	9	1	-	98	-	-	N	N	U	U
P.R.	153	215	142	U	-	-	-	1	U	U
V.I.	6	3	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	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).

<sup>†</sup> Updated monthly from reports to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update February 27, 2000.

<sup>§</sup> Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

**TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)**

Reporting Area	Gonorrhea		Hepatitis C/NA,NB		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	52,130	76,133	413	739	124	189	593	915
NEW ENGLAND	1,253	1,545	-	2	9	12	87	225
Maine	15	10	-	-	2	2	-	1
N.H.	19	18	-	-	2	1	15	-
Vt.	10	13	-	1	-	3	-	-
Mass.	463	604	-	1	3	3	44	95
R.I.	111	115	-	-	-	1	-	2
Conn.	635	785	-	-	2	2	28	127
MID. ATLANTIC	3,100	9,231	10	30	20	52	396	490
Upstate N.Y.	1,077	1,163	10	18	11	12	176	112
N.Y. City	-	3,825	-	-	-	8	2	16
N.J.	321	1,588	-	-	-	5	-	114
Pa.	1,702	2,655	-	12	9	27	218	248
E.N. CENTRAL	11,282	13,113	57	393	31	58	4	33
Ohio	2,656	3,504	-	-	17	15	4	9
Ind.	1,036	1,450	-	-	5	4	-	1
Ill.	3,281	4,183	3	7	1	10	-	2
Mich.	3,377	2,934	54	109	7	17	-	1
Wis.	932	1,042	-	277	1	12	U	20
W.N. CENTRAL	1,797	4,227	53	45	7	7	22	13
Minn.	484	608	-	-	1	-	6	2
Iowa	133	179	-	-	2	3	-	2
Mo.	367	2,520	48	40	4	2	5	3
N. Dak.	-	14	-	-	-	-	-	1
S. Dak.	54	35	-	-	-	1	-	-
Nebr.	211	388	1	1	-	1	-	-
Kans.	548	483	4	4	-	-	11	5
S. ATLANTIC	13,155	22,429	19	46	28	23	61	107
Del.	321	376	-	-	2	2	1	5
Md.	604	3,251	2	19	8	4	44	85
D.C.	503	1,522	-	-	-	-	-	1
Va.	1,870	2,259	-	6	3	4	5	-
W. Va.	105	130	1	4	N	N	4	1
N.C.	3,625	4,201	7	10	3	4	4	13
S.C.	574	2,264	-	6	2	4	-	1
Ga.	2,345	3,948	-	1	-	-	-	-
Fla.	3,208	4,478	9	-	10	5	3	1
E.S. CENTRAL	7,026	7,712	83	47	3	11	-	12
Ky.	682	792	9	5	1	5	-	-
Tenn.	2,286	2,367	20	22	1	5	-	4
Ala.	2,244	2,785	3	1	1	1	-	5
Miss.	1,814	1,768	51	19	-	-	-	3
W.S. CENTRAL	9,119	10,372	94	83	-	1	-	-
Ark.	486	585	3	3	-	-	-	-
La.	2,558	2,158	36	61	-	1	-	-
Okla.	697	905	-	2	-	-	-	-
Tex.	5,378	6,724	55	17	-	-	-	-
MOUNTAIN	1,829	2,083	58	58	9	12	1	2
Mont.	-	4	-	4	-	-	-	-
Idaho	4	25	-	4	1	-	-	-
Wyo.	17	8	42	21	1	-	-	1
Colo.	775	454	8	8	4	1	-	-
N. Mex.	77	187	4	7	-	1	-	1
Ariz.	646	1,076	4	11	-	1	1	-
Utah	69	40	-	1	3	5	-	-
Nev.	241	289	-	2	-	4	-	-
PACIFIC	3,569	5,421	39	35	17	13	22	33
Wash.	492	456	4	2	5	2	-	-
Oreg.	110	200	8	4	N	N	1	1
Calif.	2,828	4,569	27	29	12	11	21	32
Alaska	62	80	-	-	-	-	-	-
Hawaii	77	116	-	-	-	-	N	N
Guam	-	16	-	-	-	-	-	-
P.R.	30	67	1	-	-	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	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 March 11, 2000, and March 20, 1999 (11th Week)**

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
					Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	138	250	759	1,037	4,127	5,083	2,464	4,671
NEW ENGLAND	1	4	93	156	275	280	242	300
Maine	1	-	17	23	29	26	12	16
N.H.	-	-	2	14	20	9	15	11
Vt.	-	-	6	30	12	11	4	13
Mass.	-	4	31	37	159	164	149	159
R.I.	-	-	-	15	6	13	12	28
Conn.	-	-	37	37	49	57	50	73
MID. ATLANTIC	14	81	165	210	338	768	540	572
Upstate N.Y.	9	18	131	130	109	144	124	175
N.Y. City	2	35	U	U	129	244	194	229
N.J.	-	21	22	47	-	198	51	163
Pa.	3	7	12	33	100	182	171	5
E.N. CENTRAL	11	24	8	1	550	790	249	679
Ohio	2	2	2	-	162	173	70	132
Ind.	1	4	-	-	61	44	46	50
Ill.	2	10	-	-	179	243	1	243
Mich.	6	5	6	1	98	190	88	174
Wis.	-	3	-	-	50	140	44	80
W.N. CENTRAL	6	10	72	156	221	294	184	320
Minn.	4	-	22	18	42	80	48	110
Iowa	-	2	8	20	25	37	19	32
Mo.	-	6	2	5	76	65	64	96
N. Dak.	-	-	9	28	2	2	10	11
S. Dak.	-	-	18	35	11	8	13	17
Nebr.	1	-	-	1	27	26	7	24
Kans.	1	2	13	49	38	76	23	30
S. ATLANTIC	40	57	321	357	796	916	437	838
Del.	-	-	10	7	10	17	7	18
Md.	19	20	71	88	134	107	103	112
D.C.	-	6	-	-	-	20	U	U
Va.	12	9	81	83	81	106	66	104
W. Va.	-	1	22	15	22	17	14	20
N.C.	4	4	64	79	159	194	69	171
S.C.	-	-	23	24	76	56	41	58
Ga.	-	6	28	33	124	183	137	245
Fla.	5	11	22	28	190	216	-	110
E.S. CENTRAL	6	5	32	53	221	315	99	191
Ky.	2	1	5	17	41	67	19	41
Tenn.	-	2	23	19	56	85	54	82
Ala.	4	2	4	17	83	93	23	55
Miss.	-	-	-	-	41	70	3	13
W.S. CENTRAL	1	9	8	24	239	366	244	489
Ark.	-	1	-	-	43	54	22	44
La.	1	6	-	-	26	57	72	69
Okla.	-	1	8	24	28	43	18	29
Tex.	-	1	-	-	142	212	132	347
MOUNTAIN	12	10	31	27	416	365	270	360
Mont.	1	1	9	12	18	4	-	1
Idaho	-	1	-	-	24	14	-	19
Wyo.	-	-	16	7	6	3	3	6
Colo.	6	3	-	1	93	105	82	112
N. Mex.	-	1	2	-	41	50	28	45
Ariz.	2	3	4	7	135	113	108	103
Utah	2	1	-	-	63	43	49	49
Nev.	1	-	-	-	36	33	-	25
PACIFIC	47	50	29	53	1,071	989	199	922
Wash.	2	3	-	-	53	57	99	136
Oreg.	5	7	-	-	52	72	58	98
Calif.	39	36	22	50	908	790	-	623
Alaska	-	-	7	3	12	7	8	5
Hawaii	1	4	-	-	46	63	34	60
Guam	-	-	-	-	-	14	U	U
P.R.	-	-	6	14	10	61	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	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 March 18, 2000, and March 20, 1999 (11th Week)**

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS		Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999†
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999				
UNITED STATES	2,506	2,562	1,015	1,396	1,106	1,391	1,569	2,501
NEW ENGLAND	60	64	43	61	14	13	47	72
Maine	2	1	-	-	-	-	-	3
N.H.	1	4	1	5	-	-	1	-
Vt.	1	3	-	3	-	1	-	-
Mass.	41	42	31	38	12	8	35	35
R.I.	7	9	4	7	1	1	2	15
Conn.	8	5	7	8	1	3	9	19
MID. ATLANTIC	122	212	138	128	22	61	312	432
Upstate N.Y.	70	39	31	19	1	7	20	35
N.Y. City	39	71	60	57	6	22	187	222
N.J.	-	67	15	52	4	14	79	101
Pa.	13	35	32	-	11	18	26	74
E. N. CENTRAL	380	457	119	210	244	210	179	249
Ohio	26	159	4	16	13	18	34	64
Ind.	60	18	9	8	92	56	15	23
Ill.	115	171	2	159	68	103	111	113
Mich.	170	52	99	13	56	26	13	37
Wis.	9	57	5	14	15	7	6	12
W. N. CENTRAL	173	130	92	116	16	59	83	83
Minn.	42	19	38	22	2	5	31	33
Iowa	25	2	21	3	6	2	7	-
Mo.	85	81	25	79	5	48	34	38
N. Dak.	-	1	-	1	-	-	-	1
S. Dak.	1	-	-	1	-	-	3	3
Nebr.	14	9	4	4	2	1	2	1
Kans.	6	18	4	6	1	3	6	7
S. ATLANTIC	293	394	66	105	343	511	253	382
Del.	1	5	-	1	2	1	-	4
Md.	24	24	8	5	64	111	38	44
D.C.	-	19	U	U	15	33	-	10
Va.	12	16	12	5	25	34	-	17
W. Va.	1	3	1	1	1	1	8	7
N.C.	18	53	5	33	111	120	43	60
S.C.	3	24	1	10	11	47	18	75
Ga.	25	42	18	17	59	94	99	74
Fla.	209	208	21	33	55	70	47	91
E. S. CENTRAL	121	292	70	176	188	244	109	133
Ky.	28	27	16	20	18	26	-	15
Tenn.	58	214	51	145	123	122	48	42
Ala.	9	28	1	11	24	59	61	59
Miss.	26	23	2	-	23	37	-	17
W. S. CENTRAL	238	401	192	456	167	202	27	406
Ark.	45	30	3	20	12	20	20	14
La.	19	30	34	26	45	29	-	U
Okla.	9	111	4	26	36	51	7	20
Tex.	165	230	151	384	74	102	-	372
MOUNTAIN	210	156	63	87	36	32	67	64
Mont.	-	3	-	-	-	-	-	-
Idaho	22	2	-	2	-	-	-	-
Wyo.	1	2	1	1	-	-	-	-
Colo.	29	31	15	20	3	-	6	U
N. Mex.	25	18	13	12	3	-	15	11
Ariz.	79	83	28	38	28	32	22	27
Utah	5	11	6	12	-	-	7	11
Nev.	49	6	-	2	2	-	17	15
PACIFIC	909	456	232	57	76	59	492	680
Wash.	162	13	182	27	11	5	35	29
Oreg.	75	12	43	15	2	1	-	19
Calif.	660	419	-	-	63	51	428	590
Alaska	2	-	1	-	-	1	12	8
Hawaii	10	12	6	15	-	1	17	34
Guam	-	3	U	U	-	-	-	-
P.R.	1	7	U	U	20	52	-	-
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	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 March 18, 2000, and March 20, 1999 (11th Week)**

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 2000 <sup>a</sup>	Cum. 1999	A		B		Indigenous		Imported*		Total	
			Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	244	267	2,337	3,786	895	1,200	-	3	-	-	3	21
NEW ENGLAND	20	18	44	42	11	39	-	-	-	-	-	1
Maine	1	2	1	2	1	-	-	-	-	-	-	-
N.H.	3	2	7	5	6	2	-	-	-	-	-	1
Vt.	2	3	2	-	2	1	-	-	-	-	-	-
Mass.	11	10	11	17	2	21	-	-	-	-	-	-
R.I.	-	-	-	-	-	2	-	-	-	-	-	-
Conn.	3	1	23	18	-	13	-	-	-	-	-	-
MID. ATLANTIC	33	42	97	245	78	178	-	-	-	-	-	-
Upstate N.Y.	17	19	51	56	21	31	-	-	-	-	-	-
N.Y. City	5	10	46	77	57	54	-	-	-	-	-	-
N.J.	10	12	-	34	-	24	-	-	-	-	-	-
Pa.	1	1	-	78	-	69	-	-	-	-	-	-
E.N. CENTRAL	31	37	287	848	113	118	-	3	-	-	3	-
Ohio	16	15	90	170	24	22	-	2	-	-	2	-
Ind.	3	3	5	17	5	4	-	-	-	-	-	-
Ill.	9	16	75	166	-	-	-	-	-	-	-	-
Mich.	3	3	111	477	84	85	-	1	-	-	1	-
Wis.	-	-	6	18	-	7	-	-	-	-	-	-
W.N. CENTRAL	12	17	247	190	50	59	-	-	-	-	-	-
Minn.	5	5	21	6	3	4	-	-	-	-	-	-
Iowa	-	3	28	28	9	10	-	-	-	-	-	-
Mo.	3	3	135	115	25	32	-	-	-	-	-	-
N. Dak.	1	-	-	-	-	-	U	-	U	-	-	-
S. Dak.	-	1	-	2	-	-	-	-	-	-	-	-
Nebr.	1	1	8	19	5	8	-	-	-	-	-	-
Kans.	2	4	55	20	8	5	-	-	-	-	-	-
S. ATLANTIC	62	57	254	278	186	168	-	-	-	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-	-
Md.	20	19	33	87	26	46	-	-	-	-	-	-
D.C.	-	2	-	15	-	6	-	-	-	-	-	-
Va.	13	7	42	25	28	14	-	-	-	-	-	-
W. Va.	1	1	22	2	-	-	-	-	-	-	-	-
N.C.	5	9	56	36	73	44	-	-	-	-	-	-
S.C.	1	2	3	4	2	24	-	-	-	-	-	-
Ga.	17	13	33	86	10	27	-	-	-	-	-	-
Fla.	5	4	65	23	47	7	U	-	U	-	-	-
E.S. CENTRAL	13	20	78	101	61	98	-	-	-	-	-	-
Ky.	7	5	7	18	13	7	-	-	-	-	-	-
Tenn.	4	7	21	46	28	46	-	-	-	-	-	-
Ala.	2	6	14	24	5	25	-	-	-	-	-	-
Miss.	-	2	36	13	15	20	-	-	-	-	-	-
W.S. CENTRAL	14	18	362	742	37	155	-	-	-	-	-	2
Ark.	-	-	40	8	11	12	-	-	-	-	-	-
La.	2	6	8	37	17	45	-	-	-	-	-	-
Okla.	12	10	71	127	9	29	-	-	-	-	-	-
Tex.	-	2	243	570	-	69	-	-	-	-	-	2
MOUNTAIN	36	34	167	367	79	99	-	-	-	-	-	-
Mont.	-	1	1	4	3	1	-	-	-	-	-	-
Idaho	2	1	8	9	4	4	-	-	-	-	-	-
Wyo.	-	1	5	1	-	1	-	-	-	-	-	-
Colo.	10	1	38	69	20	22	-	-	-	-	-	-
N. Mex.	10	9	20	7	17	30	-	-	-	-	-	-
Ariz.	12	18	68	224	28	21	-	-	-	-	-	-
Utah	2	3	13	16	3	7	-	-	-	-	-	-
Nev.	-	-	14	37	4	13	-	-	-	-	-	-
PACIFIC	23	24	801	973	280	286	-	-	-	-	-	18
Wash.	2	-	40	61	7	5	-	-	-	-	-	3
Oreg.	7	8	49	58	19	22	-	-	-	-	-	8
Calif.	4	14	709	849	250	249	-	-	-	-	-	7
Alaska	1	2	3	3	3	6	-	-	-	-	-	-
Hawaii	9	-	-	2	1	4	-	-	-	-	-	-
Guam	-	-	-	2	-	2	U	-	U	-	-	-
P.R.	-	-	15	17	8	25	U	-	U	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	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.

<sup>a</sup>Of 61 cases among children aged <5 years, serotype was reported for 26 and of those, 5 were type b.



**TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 18, 2000, and March 20, 1999 (11th Week)**

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	528	601	9	84	88	49	758	1,086	-	5	8
NEW ENGLAND	28	33	1	1	3	9	190	118	-	1	2
Maine	3	3	-	-	-	-	7	-	-	-	-
N.H.	-	3	-	-	1	7	42	18	-	1	-
Vt.	1	2	-	-	-	2	45	9	-	-	-
Mass.	18	22	-	-	2	-	86	85	-	-	2
R.I.	-	2	1	1	-	-	6	2	-	-	-
Conn.	6	1	-	-	-	-	4	4	-	-	-
MID. ATLANTIC	39	61	1	5	13	7	66	137	-	2	-
Upstate N.Y.	9	9	1	3	2	7	45	95	-	2	-
N.Y. City	10	22	-	-	3	-	-	10	-	-	-
N.J.	10	14	-	-	-	-	-	3	-	-	-
Pa.	10	16	-	2	8	-	21	29	-	-	-
E.N. CENTRAL	77	94	2	11	10	3	140	135	-	-	-
Ohio	18	35	-	3	3	-	108	79	-	-	-
Ind.	17	6	-	-	-	-	8	8	-	-	-
Ill.	18	34	2	3	3	3	8	20	-	-	-
Mich.	20	10	-	5	4	-	6	14	-	-	-
Wis.	4	9	-	-	-	-	10	14	-	-	-
W.N. CENTRAL	52	78	-	10	2	2	27	32	-	2	-
Minn.	3	18	-	-	-	-	9	-	-	-	-
Iowa	9	13	-	3	2	-	7	6	-	-	-
Mo.	36	27	-	1	-	-	3	7	-	-	-
N. Dak.	1	-	U	-	-	U	1	-	U	-	-
S. Dak.	2	5	-	-	-	-	1	1	-	-	-
Nebr.	1	3	-	4	-	2	2	1	-	-	-
Kans.	1	12	-	2	-	-	4	17	-	2	-
S. ATLANTIC	93	80	1	10	12	8	53	61	-	-	1
Del.	-	1	-	-	-	-	1	-	-	-	-
Md.	9	16	1	3	3	-	14	23	-	-	1
D.C.	-	1	-	-	1	-	-	-	-	-	-
Va.	16	10	-	1	2	-	3	7	-	-	-
W. Va.	2	1	-	-	-	-	-	-	-	-	-
N.C.	17	13	-	2	1	-	15	21	-	-	-
S.C.	6	15	-	4	2	1	11	5	-	-	-
Ga.	18	14	-	-	-	7	9	4	-	-	-
Fla.	25	9	U	-	3	U	-	1	U	-	-
E.S. CENTRAL	33	51	-	1	1	1	19	24	-	-	-
Ky.	8	10	-	-	-	-	12	5	-	-	-
Tenn.	14	16	-	-	-	-	1	12	-	-	-
Ala.	10	15	-	1	1	1	6	6	-	-	-
Miss.	1	10	-	-	-	-	-	1	-	-	-
W.S. CENTRAL	23	55	-	-	12	-	3	30	-	-	4
Ark.	3	12	-	-	-	-	3	2	-	-	-
La.	12	29	-	-	2	-	-	2	-	-	-
Okla.	8	11	-	-	1	-	-	3	-	-	-
Tex.	-	3	-	-	9	-	-	23	-	-	4
MOUNTAIN	35	54	-	3	7	12	182	181	-	-	1
Mont.	1	-	-	-	-	-	1	1	-	-	-
Idaho	4	6	-	-	-	3	31	74	-	-	-
Wyo.	-	2	-	-	-	-	-	1	-	-	-
Colo.	8	16	-	-	2	4	96	37	-	-	-
N. Mex.	4	7	-	1	N	2	31	9	-	-	-
Ariz.	11	18	-	-	-	3	17	39	-	-	-
Utah	6	3	-	-	4	-	4	18	-	-	1
Nev.	1	2	-	2	1	-	2	2	-	-	-
PACIFIC	148	95	4	43	28	7	78	368	-	-	-
Wash.	10	14	-	2	-	7	27	129	-	-	-
Oreg.	13	23	N	N	N	-	16	3	-	-	-
Calif.	122	50	4	40	23	-	32	224	-	-	-
Alaska	1	4	-	-	1	-	2	1	-	-	-
Hawaii	2	4	-	1	4	-	1	11	-	-	-
Guam	-	-	U	-	1	U	-	-	U	-	-
P.R.	-	2	U	-	-	U	-	-	U	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

N: Not notifiable

U: Unavailable

-: no reported cases

**TABLE IV. Deaths in 122 U.S. cities,\* week ending March 18, 2000 (11th Week)**

Reporting Area	All Causes, By Age (Years)						P&I <sup>1</sup> Total	Reporting Area	All Causes, By Age (Years)						P&I <sup>1</sup> Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	417	299	69	25	8	16	38	S. ATLANTIC	1,006	645	211	88	34	28	85
Boston, Mass.	141	91	25	13	4	8	14	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	34	26	7	1	-	-	2	Baltimore, Md.	226	127	49	37	8	5	21
Cambridge, Mass.	8	6	2	-	-	-	2	Charlotte, N.C.	84	56	19	4	1	4	11
Fall River, Mass.	U	U	U	U	U	U	U	Jacksonville, Fla.	130	79	31	12	4	4	10
Hartford, Conn.	U	U	U	U	U	U	U	Miami, Fla.	U	U	U	U	U	U	U
Lowell, Mass.	23	16	6	1	-	-	3	Norfolk, Va.	72	43	18	4	2	5	4
Lynn, Mass.	16	11	4	1	-	-	1	Richmond, Va.	53	35	13	3	2	-	6
New Bedford, Mass.	25	22	3	-	-	-	1	Savannah, Ga.	53	34	9	6	3	1	10
New Haven, Conn.	44	31	4	4	1	4	7	St. Petersburg, Fla.	71	60	4	3	4	-	6
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	188	130	35	12	7	4	16
Somerville, Mass.	1	1	-	-	-	-	-	Washington, D.C.	100	59	26	7	3	5	1
Springfield, Mass.	37	31	2	-	2	2	1	Wilmington, Del.	29	22	7	-	-	-	-
Waterbury, Conn.	19	15	3	1	-	-	4	E.S. CENTRAL	937	649	185	66	21	15	89
Worcester, Mass.	69	49	13	4	1	2	4	Birmingham, Ala.	207	139	47	15	2	3	17
MID. ATLANTIC	2,411	1,729	461	152	36	31	149	Chattanooga, Tenn.	80	57	16	3	3	1	7
Albany, N.Y.	44	30	9	2	-	3	3	Knoxville, Tenn.	104	75	19	9	1	-	1
Allentown, Pa.	U	U	U	U	U	U	U	Lexington, Ky.	60	37	19	3	1	-	8
Buffalo, N.Y.	130	88	31	3	3	4	15	Memphis, Tenn.	181	127	25	19	4	6	23
Camden, N.J.	30	16	10	1	-	3	-	Mobile, Ala.	93	60	20	8	2	3	5
Elizabeth, N.J.	19	14	3	2	-	-	-	Montgomery, Ala.	53	42	6	3	2	-	11
Erie, Pa.§	51	42	8	-	-	1	5	Nashville, Tenn.	159	112	33	6	6	2	17
Jersey City, N.J.	26	16	6	2	2	-	-	W.S. CENTRAL	1,556	1,000	331	126	50	49	137
New York City, N.Y.	1,184	826	237	92	18	10	31	Austin, Tex.	59	39	14	3	2	1	1
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	90	60	20	5	2	3	6
Paterson, N.J.	14	8	3	2	1	-	3	Corpus Christi, Tex.	71	45	18	4	2	2	4
Philadelphia, Pa.	462	325	96	32	4	5	43	Dallas, Tex.	203	119	48	20	8	8	14
Pittsburgh, Pa.§	85	67	14	4	-	-	8	El Paso, Tex.	64	45	16	2	-	1	2
Reading, Pa.	31	28	2	-	1	-	3	Ft. Worth, Tex.	135	88	30	8	4	5	12
Rochester, N.Y.	135	103	20	4	4	4	20	Houston, Tex.	461	262	103	59	21	16	61
Schenectady, N.Y.	32	25	7	-	-	-	1	Little Rock, Ark.	76	52	12	5	2	5	5
Scranton, Pa.§	34	31	2	1	-	-	5	New Orleans, La.	U	U	U	U	U	U	U
Syracuse, N.Y.	92	73	11	4	3	1	7	San Antonio, Tex.	192	139	34	10	7	2	9
Trenton, N.J.	21	17	2	2	-	-	3	Shreveport, La.	57	48	8	-	1	-	7
Utica, N.Y.	21	20	-	1	-	-	2	Tulsa, Okla.	148	103	28	10	1	6	16
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1,070	735	211	76	25	23	93
E.N. CENTRAL	2,091	1,473	375	142	46	54	192	Albuquerque, N.M.	146	106	27	7	3	3	14
Akron, Ohio	69	50	10	6	1	2	8	Boise, Idaho	47	35	7	2	-	3	5
Canton, Ohio	40	28	9	2	-	1	5	Colo. Springs, Colo.	57	39	9	8	1	-	1
Chicago, Ill.	436	312	70	33	14	6	63	Denver, Colo.	126	87	28	6	4	1	20
Cincinnati, Ohio	82	60	14	5	-	3	7	Las Vegas, Nev.	215	143	46	17	6	3	21
Cleveland, Ohio	125	81	32	9	1	2	3	Ogden, Utah	25	24	1	-	-	-	3
Columbus, Ohio	201	132	43	13	7	6	22	Phoenix, Ariz.	175	109	36	17	7	6	9
Dayton, Ohio	131	95	19	8	5	4	8	Pueblo, Colo.	33	28	4	1	-	-	3
Detroit, Mich.	171	99	37	19	7	9	11	Salt Lake City, Utah	89	54	25	5	-	5	8
Evansville, Ind.	51	36	11	3	1	-	2	Tucson, Ariz.	157	110	28	13	4	2	9
Fort Wayne, Ind.	65	52	10	2	1	-	3	PACIFIC	2,847	2,142	473	145	51	35	302
Gary, Ind.	17	13	4	-	-	-	-	Berkeley, Calif.	21	16	4	1	-	-	4
Grand Rapids, Mich.	44	28	8	2	2	4	9	Fresno, Calif.	203	155	31	10	4	3	24
Indianapolis, Ind.	178	121	33	15	3	6	12	Glendale, Calif.	92	79	9	4	-	-	9
Lansing, Mich.	39	32	5	2	-	-	3	Honolulu, Hawaii	76	56	16	2	1	1	4
Milwaukee, Wis.	104	74	20	6	2	2	-	Long Beach, Calif.	87	60	21	5	1	-	11
Peoria, Ill.	45	41	1	1	1	1	9	Los Angeles, Calif.	1,187	933	168	56	22	7	117
Rockford, Ill.	43	32	7	2	-	2	3	Pasadena, Calif.	31	20	5	1	-	5	4
South Bend, Ind.	56	44	8	3	-	1	4	Portland, Oreg.	113	84	21	4	3	1	13
Toledo, Ohio	112	75	22	9	1	5	12	Sacramento, Calif.	186	129	43	8	1	5	30
Youngstown, Ohio	82	68	12	2	-	-	8	San Diego, Calif.	197	137	31	15	5	9	27
W.N. CENTRAL	854	584	149	73	36	12	44	San Francisco, Calif.	155	110	30	11	3	1	10
Des Moines, Iowa	121	89	20	7	2	3	5	San Jose, Calif.	176	128	38	6	2	2	25
Duluth, Minn.	33	30	2	1	-	-	1	Santa Cruz, Calif.	42	36	5	1	-	-	3
Kansas City, Kans.	42	17	9	12	4	-	1	Seattle, Wash.	119	85	20	8	6	-	8
Kansas City, Mo.	114	81	23	5	3	2	5	Spokane, Wash.	67	48	14	4	-	1	9
Lincoln, Nebr.	38	31	4	-	2	1	7	Tacoma, Wash.	95	66	17	9	3	-	4
Minneapolis, Minn.	211	153	36	14	4	4	13	TOTAL	13,189 <sup>1</sup>	9,256	2,465	893	307	263	1,129
Omaha, Nebr.	78	57	18	2	-	1	4								
St. Louis, Mo.	88	57	16	10	5	-	-								
St. Paul, Minn.	U	U	U	U	U	U	U								
Wichita, Kans.	129	69	21	22	16	1	8								

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.

<sup>1</sup>Pneumonia and influenza.

<sup>2</sup>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.

<sup>3</sup>Total includes unknown ages.

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