



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

April 16, 2004 / Vol. 53 / No. 14

Effect of Ending an Antitobacco Youth Campaign on Adolescent Susceptibility to Cigarette Smoking — Minnesota, 2002–2003

The majority of persons who become regular cigarette smokers begin smoking during adolescence. Comprehensive state antitobacco programs, especially those with strong advertising (i.e., paid media) campaigns, have contributed to the substantial decline in adolescent smoking since 1997 (1,2). In Minnesota, annual funding for tobacco-control programs was reduced from \$23.7 million to \$4.6 million in July 2003, ending the Target Market (TM) campaign directed at youths since 2000. To assess the effects of cutting the state's tobacco-control funding, during November–December 2003, the University of Miami School of Medicine surveyed Minnesota adolescents aged 12–17 years to determine their awareness of the TM campaign and their susceptibility to smoking. These data were compared with results from previous surveys. This report summarizes the results of that analysis, which indicated that the percentage of adolescents who were aware of the TM campaign declined from 84.5% during July–August 2003 to 56.5% during November–December 2003, and the percentage of adolescents susceptible to cigarette smoking increased from 43.3% to 52.9%. These findings underscore the need to maintain adequate funding of state antitobacco programs to prevent tobacco use among youths.

Begun in 2000, the Minnesota TM campaign was organized around three components: a paid advertising campaign, a youth organization, and a website targeted to youth. Each component was branded with the TM logo. Data from four cross-sectional telephone surveys of Minnesota youths aged 12–17 years were used to measure the target audience's awareness of the campaign and the impact of the campaign on susceptibility to smoking. The four surveys were conducted during July–September 2002, March–April 2003, July–August 2003, and November–December 2003. A \$10 department store gift card was used as an incentive to participate, and parental permission was required. Response rates for the four surveys

ranged from 73.2% to 76.1%, and sample sizes ranged from 1,079 to 1,150. The demographic distribution of each sample, according to 2000 U.S. census data, was similar to that of the adolescent population in Minnesota by age group, sex, race/ethnicity, and geographic region (i.e., Minneapolis/St. Paul metropolitan area versus the rest of the state) (3).

Confirmed campaign awareness was defined as awareness of the TM brand logo, as indicated by responses to the statement, "When you see the capital letters 'TM' inside of a circle, tell me what you think of." To confirm brand awareness, survey participants had to provide responses that were specific to the TM brand message (e.g., linking specific campaign components to campaign objectives, the brand logo with a major message theme, or acknowledging TM as an organized movement). Overly general responses, such as "Don't smoke," were not counted as confirmed awareness. To determine susceptibility to cigarette smoking (4,5), participants were asked to respond to the statement, "You will smoke a cigarette in the next year." Susceptibility was defined as any response other than "strongly disagree." The same statements and response categories for confirmed campaign awareness and susceptibility to smoking were used for all four surveys.

Findings from surveys conducted during July–September 2002 (2 years after the campaign began), March–April 2003,

INSIDE

- 304 Progress Toward Measles Elimination — Region of the Americas, 2002–2003
- 306 Measles Outbreak in a Boarding School — Pennsylvania, 2003
- 309 Update: Measles Among Adoptees from China — April 14, 2004
- 309 Multistate Investigation of Measles Among Adoptees from China — April 9, 2004
- 310 Notice to Readers

The *MMWR* series of publications is published by the Epidemiology Program Office, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. *MMWR* 2004;53:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, M.D., M.P.H.
Director

Dixie E. Snider, M.D., M.P.H.
(Acting) Deputy Director for Public Health Science

Tanja Popovic, M.D., Ph.D.
(Acting) Associate Director for Science

Epidemiology Program Office

Stephen B. Thacker, M.D., M.Sc.
Director

Office of Scientific and Health Communications

John W. Ward, M.D.
Director
Editor, MMWR Series

Suzanne M. Hewitt, M.P.A.
Managing Editor, MMWR Series

Jeffrey D. Sokolow, M.A.
(Acting) Lead Technical Writer/Editor

Jude C. Rutledge
Teresa F. Rutledge
Douglas W. Weatherwax
Writers/Editors

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Kim L. Bright, M.B.A.
Quang M. Doan, M.B.A.
Erica R. Shaver

Information Technology Specialists

Division of Public Health Surveillance and Informatics

Notifiable Disease Morbidity and 122 Cities Mortality Data

Robert F. Fagan
Deborah A. Adams
Judith Allen
Felicia J. Connor
Lateka Dammond
Rosaline Dhara
Donna Edwards
Patsy A. Hall
Pearl C. Sharp

and July–August 2003 indicated an increase in confirmed campaign awareness from 74.6% to 84.5%, with a plateau observed between the second and third surveys. The youth campaign was ended in July 2003, and a statistically significant decline to 56.5% occurred in confirmed awareness between the surveys conducted during July–August 2003 and November–December 2003 (Figure). Similar patterns for campaign awareness were observed by age group, sex, and geographic area (Table). In addition, between the July–August 2003 and November–December 2003 surveys, a corresponding statistically significant increase in susceptibility to smoking, from 43.3% to 52.9%, occurred among Minnesota adolescents (Figure). Susceptibility to smoking increased in all age groups, both sexes, and by geographic area.

Reported by: D Sly, PhD, K Arheart, EdD, N Dietz, PhD, Univ of Miami School of Medicine, Florida. C Borgen, MBA, Minnesota Dept of Health. E Trapido, SciD, Div of Cancer Control and Population Sciences, National Cancer Institute. D Nelson, MD, J McKenna, MS, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report demonstrate the impact on awareness of elimination of a Minnesota youth antitobacco campaign 6 months after that campaign ended and suggest that state cutbacks in antitobacco campaigns might increase the susceptibility of youths to smoking, which is a key predictor of adolescent tobacco use (4,5). These findings are consistent with data from a previous study in Massachusetts that documented an increase in illegal tobacco sales to minors after funding cuts to that state's antitobacco program (6). These findings are of particular concern in states where antitobacco efforts have been cut substantially. For example, programs in Massachusetts and Florida included paid media campaigns and substantial youth components before funding declined 92% and 99%, respectively, from peak levels (7).

The prevalence of smoking among youths has declined most rapidly in states that have used the most extensive paid media

FIGURE. Trends in antitobacco campaign awareness and susceptibility to smoking among adolescents aged 12–17 years, by survey date — Minnesota, July 2002–December 2003

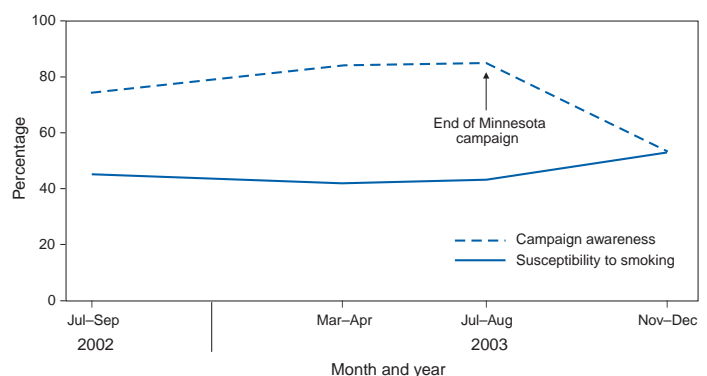


TABLE. Percentage of adolescents aged 12–17 years aware of antitobacco campaign and susceptible to cigarette smoking, by date, age group, sex, and geographic area — Minnesota, July 2002–December 2003

| Characteristic | July–September 2002 | | | | March–April 2003 | | | | July–August 2003 | | | | November–December 2003 | | | |
|------------------------|---------------------|---------------|-------------|---------------|------------------|---------------|-------------|---------------|------------------|---------------|-------------|---------------|------------------------|---------------|-------------|---------------|
| | Aware | | Susceptible | | Aware | | Susceptible | | Aware | | Susceptible | | Aware | | Susceptible | |
| | % | (95% CI)* | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) | % | (95% CI) |
| Age group (yrs) | | | | | | | | | | | | | | | | |
| 12–13 | 57.9 | (±5.5) | 28.8 | (±7.6) | 74.9 | (±4.4) | 30.7 | (±4.7) | 77.4 | (±4.2) | 35.4 | (±4.8) | 36.4 | (±4.8) | 46.7 | (±5.0) |
| 14–15 | 81.8 | (±3.8) | 44.4 | (±7.3) | 87.6 | (±3.0) | 44.0 | (±4.5) | 83.8 | (±3.7) | 46.0 | (±5.0) | 61.0 | (±4.7) | 53.7 | (±4.9) |
| 16–17 | 81.2 | (±4.0) | 48.7 | (±3.5) | 90.4 | (±3.2) | 51.7 | (±5.4) | 93.1 | (±2.7) | 48.7 | (±5.0) | 75.9 | (±4.8) | 59.4 | (±5.5) |
| Sex | | | | | | | | | | | | | | | | |
| Female | 74.0 | (±3.7) | 43.3 | (±4.2) | 83.7 | (±3.0) | 35.6 | (±4.0) | 83.7 | (±3.0) | 41.8 | (±4.1) | 57.7 | (±4.1) | 51.2 | (±4.2) |
| Male | 75.2 | (±3.6) | 47.1 | (±4.2) | 84.8 | (±2.9) | 48.0 | (±4.1) | 85.4 | (±3.0) | 44.8 | (±4.2) | 55.2 | (±4.1) | 54.5 | (±4.0) |
| Geographic area | | | | | | | | | | | | | | | | |
| Minneapolis/St. Paul | 76.2 | (±4.0) | 46.2 | (±4.2) | 86.0 | (±2.9) | 42.2 | (±4.0) | 89.7 | (±2.5) | 44.5 | (±4.2) | 60.9 | (±4.1) | 52.0 | (±4.2) |
| Remainder of state | 73.0 | (±3.7) | 44.2 | (±4.2) | 82.6 | (±3.1) | 41.5 | (±4.1) | 79.3 | (±3.3) | 42.0 | (±4.1) | 52.1 | (±4.2) | 53.7 | (±4.1) |
| Total | 74.6 | (±2.6) | 45.2 | (±3.0) | 84.3 | (±2.1) | 41.8 | (±2.8) | 84.5 | (±3.1) | 43.3 | (±3.0) | 56.5 | (±3.0) | 52.9 | (±3.0) |

* Confidence interval.

campaigns in combination with other antitobacco activities (8). For example, after a comprehensive program with an extensive paid media campaign was initiated in Florida, smoking prevalence among middle school students declined 40% in 2 years (8).

In 1998, the Master Settlement Agreement (MSA) was accepted by states and the tobacco industry. MSA provided more than \$200 billion to states over 25 years (7). Proponents of MSA, including governors and other state leaders, supported using these funds for antitobacco programs (7). However, at least 20 states and the District of Columbia have issued or plan to issue bonds backed by MSA payments, allowing them to receive their MSA funds in advance, often to help reduce state revenue shortfalls (7). As a result, MSA funds in multiple states might not be available to sustain effective antitobacco efforts.

The findings in this report are subject to at least four limitations. First, all data are self-reported and might be subject to recall bias. Second, participants' campaign awareness was assessed on the basis of their TM brand awareness; certain respondents might not have recognized the logo yet still might have been aware of the campaign and vice versa. Third, susceptibility to smoking might be caused by factors other than cuts in antitobacco programs, such as increased marketing of tobacco products. Finally, not all adolescents categorized as having increased susceptibility become regular cigarette smokers. However, in prospective studies, this categorization has been found to be strongly and independently associated with increased likelihood of regular cigarette smoking (4,5).

The components of successful state youth antitobacco programs are based on substantial research; such programs include countermarketing, increased tobacco excise taxes, comprehensive school-based education programs, enforcement of tobacco-control laws, and ongoing surveillance and evaluation (1,9). Paid media campaigns are critical to countermarketing (9). When combined with other interventions, such campaigns are strongly recommended by the Task

Force on Community Preventive Services to prevent initiation of tobacco use by youth (1). In Minnesota, paid advertisements consistently have accounted for >90% of total campaign awareness (3).

Because tobacco use remains the leading preventable cause of death in the United States, efforts to prevent smoking initiation among youths can have a profound impact on public health. While cutbacks in state programs were occurring, the tobacco industry spent \$11.2 billion in 2001 (the most recent year for which data are available), or \$39 per person in the United States, on advertising and promotion expenditures (10). These tobacco industry expenditures were 17% higher than the previous year and nearly double the amount spent on marketing in 1997, the year before MSA (10). The decline in campaign awareness and increase in adolescent susceptibility in Minnesota suggest that antitobacco funding cuts could reverse the recent declines in youth tobacco use.

References

1. Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med* 2001;20(suppl 2):10–5.
2. CDC. Tobacco use among middle and high school students—United States, 2002. *MMWR* 2003;52:1096–8.
3. Minnesota Tobacco Control and Prevention Program. Evaluation of the Target Market Youth Prevention Campaign, Final Report. St. Paul, Minnesota: Minnesota Department of Health, 2004.
4. Jackson C. Cognitive susceptibility to smoking and initiation of smoking during childhood: a longitudinal study. *Prev Med* 1998;27:129–34.
5. Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychol* 1996;15:355–61.
6. Tobacco Free Mass. Data indicates surge in illegal tobacco sales to minors. Framingham, Massachusetts: Tobacco Free Mass: The Massachusetts Coalition for a Healthy Future, 2004. Available at: <http://www.tobaccofreemass.org>.
7. Schroeder SA. Tobacco control in the wake of the 1998 Master Settlement Agreement. *N Engl J Med* 2004;350:293–301.
8. Siegel M. The effectiveness of state-level tobacco control interventions: a review of program implementation and behavioral outcomes. *Ann Rev Public Health* 2002;23:45–71.

9. CDC. Best practices for comprehensive tobacco control programs. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 1999. Available at <http://www.cdc.gov/tobacco/bestprac.htm>.
10. Federal Trade Commission. Cigarette Report for 2001. Washington, DC: Federal Trade Commission, 2003.

Progress Toward Measles Elimination — Region of the Americas, 2002–2003

In 1994, countries in the Region of the Americas adopted the goal of eliminating endemic measles transmission* in the Western hemisphere by 2000 (2). Since 1994, rapid progress has been made. The number of measles cases has declined >99%, from approximately 250,000 in 1990 to 105 confirmed cases† reported in six countries in 2003. During 2003, only Mexico and the United States reported outbreaks. The three chains of transmission in Mexico and two U.S. outbreaks were import-related (3); a third U.S. outbreak was of unknown source. Since November 2002, no transmission of the D6 and D9 genotypes has been reported; these genotypes were responsible for several large outbreaks in the region during 1997–2002 (4). This report summarizes the epidemiology of measles in the Americas during 2002–2003 and highlights progress toward measles elimination, including the lowest ever number of reported measles cases in the region. Because the region is under constant threat of measles importation from regions where the disease is endemic, countries must maintain high population immunity to measles and sensitive surveillance to ensure the timely detection of imported cases and allow for rapid implementation of control measures.

Vaccination Activities

Key vaccination activities in the measles-elimination initiative include implementing the Pan American Health Organization (PAHO)'s recommended vaccination strategies§ or attaining ≥95% routine vaccination coverage with 2 doses of measles-containing vaccine (MCV) (5). Special efforts in the region have focused on identifying and increasing vaccination levels in districts at high risk because of high population density, high rural-to-urban migration, presence of indigenous populations and tourism, populous border regions,

* Measles elimination refers to interruption of endemic transmission in a sizable geographic area in which vaccination must continue because of the continued threat of reintroduction of the virus (1).

† Provisional data as of week 7 (week ending February 21, 2004).

§ The PAHO-recommended measles vaccination strategy has three key components: 1) a one-time national "catch-up" campaign for all children aged 1–14 years, 2) routine "keep-up" vaccination for infants aged 1 year, and 3) national "follow-up" campaigns every 3–5 years for all children aged 1–4 years, regardless of measles vaccination history.

areas with low vaccination coverage, and areas with poor surveillance or poor access to health services.

The most important of these activities were nationwide supplemental immunization activities (SIAs); 10 of these were conducted in 2002. The estimated number of children vaccinated against measles in SIAs was 10.4 million in 2000; 10.6 million in 2001; and 9.9 million in 2002.

Reported routine measles vaccination coverage for the region‡ was 94% in 2000, 96% in 2001, and 92% in 2002. In 2002, reported routine coverage ranged from 51% in the Latin American/Caribbean subregion to 99% in the Southern Cone subregion (i.e., Argentina, Chile, Paraguay, and Uruguay). Coverage of ≥90% was reported by 28 countries; 12 reported coverage of <90%. The percentage of children living in municipalities with routine coverage of ≥95% was 55% in 2000, 59% in 2001, and 50% in 2002**.

Measles Surveillance

During 2002–2003, the number of suspected measles and rubella cases (defined as a febrile rash illness or any case for which a health-care provider suspects measles or rubella) notified to national surveillance systems decreased from 46,629 to 30,118 (Table). The proportion of suspected cases with a timely home visit for case investigation increased from 65% in 2002 to 85% in 2003. During 2002–2003, the proportion of persons with suspected measles with adequate specimens taken for laboratory diagnosis increased from 74% to 81%, and the proportion of notification sites sending weekly reports increased from 85% to 91%. The rate of notification of febrile rash illnesses that are not measles, rubella, or dengue declined from 6.7 per 100,000 population in 2001, to 6.2 in 2002, and to 4.6 in 2003.

Measles Epidemiology, 2002–2003

In 2002, a total of 2,584 confirmed†† measles cases were reported in the Americas. Of these, 2,397 occurred during an outbreak in Venezuela after an importation of a D9 measles virus from Europe (6,7). The outbreak affected 16 (67%) of the 24 states in Venezuela. The age groups most affected were children aged <1 year (120 cases per 100,000 population). This outbreak spread to Colombia, where 139 cases were reported. The last confirmed measles case in these outbreaks, and the last case attributed to the D9 virus in the Americas, occurred in Venezuela in November 2002. In 2002, an additional 44 confirmed cases were reported in the United States, six were reported in Canada, and one was reported in Brazil.

‡ Excluding the United States and Canada.

** This information is not collected in the United States or Canada.

†† Include clinically confirmed cases, laboratory-confirmed cases, and suspected cases linked epidemiologically to a laboratory-confirmed measles case.

TABLE. Measles surveillance indicators, by subregion*— Region of the Americas, 2001–2003

| Subregion† | Suspected cases reported | | | % persons with timely home visits‡ | | | % sites reporting weekly | | | % persons with adequate samples¶ | | | % laboratories receiving samples in ≤5 days | | | % laboratories with results in <4 days | | |
|--------------|--------------------------|---------------|---------------|------------------------------------|-----------|-----------|--------------------------|-----------|-----------|----------------------------------|-----------|-----------|---|-----------|-----------|--|-----------|-----------|
| | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 | 2001 | 2002 | 2003 |
| AND | 10,217 | 15,816 | 5,756 | 88 | 74 | 78 | 91 | 90 | 90 | 94 | 94 | 96 | 64 | 67 | 69 | 79 | 65 | 80 |
| BRA | 38,680 | 23,950 | 15,727 | 56 | 57 | 56 | 78 | 83 | 92 | 65 | 58 | 70 | 52 | 48 | 61 | 73 | 75 | 80 |
| CAP | 2,155 | 2,166 | 1,734 | 75 | 81 | 85 | 78 | 62 | 92 | 91 | 99 | 99 | 68 | 74 | 79 | 84 | 86 | 84 |
| CAR | 320 | 423 | 314 | 100 | 99 | 98 | 99 | 100 | 100 | 94 | 97 | 87 | 15 | 25 | 25 | 86 | 100 | 99 |
| LAC | 2,484 | 1,712 | 1,606 | 84 | 95 | 99 | 50 | 100 | 100 | 95 | 97 | 98 | 67 | 51 | 46 | 68 | 90 | 95 |
| MEX | 1,204 | 1,633 | 3,801 | 95 | — | 98 | — | — | 89 | 89 | — | 99 | 69 | — | 82 | 44 | — | 54 |
| SOC | 906 | 879 | 1,117 | 36 | 47 | 42 | 93 | 91 | 96 | 97 | 98 | 90 | 74 | 73 | 74 | 87 | 88 | 91 |
| NOA | 170 | 50 | 63 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| Total | 56,136 | 46,629 | 30,118 | 61 | 65 | 85 | 85 | 85 | 91 | 71 | 74 | 81 | 54 | 58 | 63 | 74 | 74 | 73 |

* Excludes United States and Canada.

† AND=Andean Region (Bolivia, Colombia, Ecuador, Peru, and Venezuela); BRA=Brazil; CAP=Central American Region and Panama (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama); CAR=Non-Hispanic Caribbean countries; LAC=Latin American Caribbean Region (Cuba, Dominican Republic, French Guyana, Guyana, Haiti, Martinique, and Puerto Rico); MEX=Mexico; SOC=Southern Cone Region (Argentina, Chile, Paraguay, and Uruguay); and NOA=North American Region (Canada and United States).

‡ Within 48 hours of case notification.

¶ Obtained <30 days after rash onset.

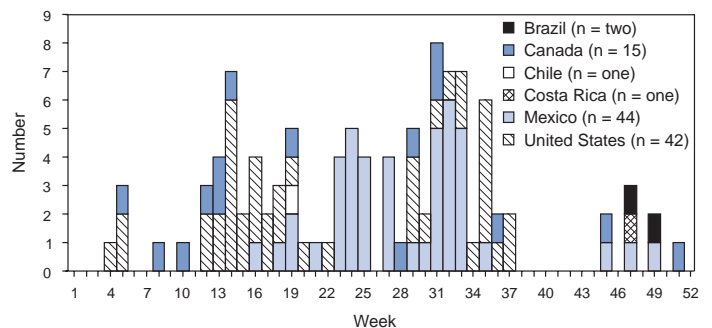
In 2003, a total of 105 confirmed measles cases were reported in the Americas, the lowest number ever reported in the region. Of these, one occurred in Chile, one in Costa Rica, two in Brazil, 15 in Canada, 42 in the United States, and 44 in Mexico (Figure).

The case in Chile occurred in a man aged 33 years who had rash onset on March 28 after travel to Japan. The case in Costa Rica occurred in a man aged 38 years who had rash onset on November 17 after returning from travel to India. In Brazil, the first case occurred in a man aged 34 years who had rash onset on November 21 after travel to Germany, England, and Holland. The second case occurred in a child aged 11 months of the initial patient, with symptom onset on December 1. The 15 cases in Canada were all imported^{§§}. Of 42 U.S. cases, 33 were imported or linked to an importation; the remaining nine cases were of unknown origin^{¶¶}.

During 2003, Mexico reported three chains of transmission, with a total of 44 confirmed measles cases occurring in 17 municipalities. In 41 cases, rash onset occurred during April 13–August 25. Subsequently, three cases were detected with rash onset in November and early December. Of the 44 confirmed cases, 14 occurred in infants aged <1 year and 12 in adults aged 20–29 years; 42 patients were unvaccinated. The first chain of 22 cases had rash onset during April 13–July 4, the second chain of 19 cases had rash onset during July 22–August 25, and the last chain of three cases had rash onset in November and early December. To control the outbreaks, Mexican authorities conducted clinical and epidemiologic case studies and active case searches around homes of confirmed patients and in areas at high risk. Approximately 10 million children aged 6–11 years were vaccinated as well as groups at high risk (e.g., health-care workers).

^{§§} Cases among persons who were infected outside Canada.^{¶¶} Includes all other cases acquired in the United States for which no epidemiologic link or virologic evidence is found to indicate importation.

FIGURE. Number of confirmed measles cases*, by week and country — Region of the Americas, 2003



* As of February 21, 2004, N = 105.

During 2003, two measles-related deaths occurred in the United States. One death occurred in an immunosuppressed male aged 13 years who had neurologic complications and had measles virus isolated from a brain biopsy. The other fatal case occurred in a man aged 75 years who, within 2 weeks of his arrival from overseas, had a rash illness and subsequently died of pulmonary and neurologic complications. Serologic tests were positive for measles IgM.

Virologic Surveillance

The H1 virus genotype, known to circulate in parts of Eastern Asia, was identified from three separate chains of transmission in Mexico and from one chain of transmission in Hawaii that were either imported from the Marshall Islands (H1) or of unknown source. This genotype also was found in Chile's imported measles case.

The D9 virus, imported from Europe, circulated for 16 months in Venezuela and Colombia during 2001 through November 2002. In addition to the Hawaiian cases, outbreaks and cases reported in the United States during 2003 for which viral genotype information was available were associated with

travel from Lebanon (D4) (3), Germany (D7), France or Italy (D7), and Israel (D6).

Reported by: *Ministries of health or public health authorities in the countries of the Region of the Americas. J Andrus, G Tambini, K Kohler, A Roper, C Castillo, M Landaverde, J Fitzimmons, S Garcia, Family and Community Health Area, Pan American Health Organization, District of Columbia. J Rota, P Rota, W Bellini, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; F Lievano, C Lee, V Dietz, Global Immunization Div, National Immunization Program, CDC.*

Editorial Note: During 2003, the countries in the Western Hemisphere reported the lowest number of measles cases ever and two measles-related deaths. The goal of measles elimination in the region might have been achieved. Ongoing epidemiologic and virologic surveillance will be required to confirm the absence of endemic strains of measles virus. The substantial reduction in transmission of measles in the Americas underscores the need for criteria to define and certify when elimination has been achieved. The outbreaks in Mexico during 2003 also highlight the need for criteria for determining when any importation-related chain(s) of transmission suggests reestablishment of endemic transmission.

Despite these successes, several trends in the region are of concern. First, measles vaccination coverage indicates a slightly decreasing trend, which has been attributed to improvements in calculating population-based coverage (PAHO, unpublished data, 2004). Second, the number of reported suspected cases and the rate of notification of suspected cases have decreased. The cause of these decreases is unknown but could be explained in part by long-term cyclical trends in the circulation of other viruses that produce febrile rash illnesses. PAHO is evaluating the surveillance data to identify a specific indicator for monitoring sensitivity of surveillance. The measles-associated deaths that occurred in the United States underscore the risks associated with importation of measles. One case might have been an importation from overseas; the other is of unknown origin, although the virologic genotype isolated matched a Philippines genotype.

Because the region is under constant threat of measles importation from regions where the disease is endemic, countries must maintain sensitive surveillance to ensure the timely detection of imported cases and allow for rapid implementation of control measures. Continuous training of health professionals is necessary to maintain this high quality of surveillance. Vaccination activities must continue to ensure the highest possible population immunity (i.e., $\geq 95\%$), and timely follow-up campaigns are necessary to reduce the number of susceptible persons. Active case-finding should continue, and countries should identify and prioritize high-risk areas.

Success with measles elimination and the development of a strong surveillance and laboratory network in the region provide the foundation for additional accelerated disease-control activities. In September 2003, PAHO passed a resolution to eliminate rubella and congenital rubella syndrome from the region by 2010 (8). To meet this goal, countries are drafting national plans of action. The integration of measles and rubella surveillance and combined measles-rubella vaccines will facilitate this endeavor.

References

1. CDC. Measles eradication: recommendations from a meeting cosponsored by the World Health Organization, the Pan American Health Organization, and CDC. *MMWR* 1997;46(No. RR-11).
2. Pan American Health Organization. Elimination of measles in the Americas [Abstract]. Presented at the 24th Meeting of the Pan American Sanitary Conference. Washington, DC: Pan American Sanitary Conference, 1994.
3. CDC. Measles outbreak in a boarding school—Pennsylvania, 2003. *MMWR* 2004;53:306–9.
4. CDC. Absence of transmission of the d9 measles virus—Region of the Americas, November 2002–March 2003. *MMWR* 2003;52:228–9.
5. De Quadros CA, Olivé JM, Hersh BS, et al. Measles elimination in the Americas—evolving strategies. *JAMA* 1996;275:224–9.
6. CDC. Outbreak of measles—Venezuela and Colombia, 2001–2002. *MMWR* 2002;51:757–60.
7. CDC. Progress toward interrupting indigenous measles transmission—region of the Americas, January–November 2001. *MMWR* 2001;50:1133–7.
8. Pan American Health Organization. PAHO announces new drive to eliminate rubella. Available at <http://www.paho.org/english/dd/pin/pr030922c.htm>.

Measles Outbreak in a Boarding School — Pennsylvania, 2003

Measles has not been endemic in the United States since 1997, although limited outbreaks continue to be caused by imported* cases (1,2). In 2003, CDC assisted in investigating the largest school outbreak of measles in the United States since 1998 (3). The outbreak consisted of 11 laboratory-confirmed cases: nine cases in a boarding school in eastern Pennsylvania and two epidemiologically linked cases in New York City (NYC). This report summarizes the results of the outbreak investigation, which indicated that measles continues to be imported into the United States and that high coverage with 2 doses of measles-containing vaccine (MCV) among students was effective in limiting the size of the outbreak. Health-care providers should maintain a high index of suspicion for measles, especially in those who have traveled abroad recently, and recommendations for 2 doses of MCV in all school-aged children should be followed.

*An imported case of measles has its source outside the country, rash onset occurs within 21 days of entering the country, and illness cannot be linked to local transmission.

In April 2003, the Pennsylvania Department of Health reported to CDC two cases of measles in unvaccinated twins aged 13 years in a boarding school with 663 students. Active surveillance for measles[†] was conducted in the school, hospitals, and doctors' offices through May 2003. Patients were interviewed, acute- and convalescent-phase sera were collected for measles IgM enzyme-linked immunosorbent assay testing, and throat swabs and urine samples were collected for viral genotyping. Efforts to control the outbreak included vaccinating or excluding from campus and isolating all students and staff members with no evidence of immunity to measles[§]. School and personal vaccination records were reviewed to identify susceptible students and staff members, respectively.

For evaluation of vaccine effectiveness, only students enrolled in the school at the beginning of the outbreak were included. All staff members and those students who received measles vaccination during the outbreak were excluded. Vaccine effectiveness (VE) was calculated as $VE (\%) = [(ARU - ARV) / ARU] \times 100$, where ARU is the attack rate in unvaccinated persons and ARV is the attack rate in students who had received 2 doses of MCV previously (4).

A total of 11 laboratory-confirmed cases of measles were identified. The source patient was a student aged 17 years who had received 2 doses of MCV. On March 15, 2003, the student had returned to the United States from Beirut, Lebanon, where measles was known to be circulating. He had cough and fever the following day and rash on March 21, when he visited an emergency department and was diagnosed with a viral exanthem. Upon returning to school, the patient stayed at the school health center before returning to his dormitory.

Five persons with laboratory-confirmed measles were linked epidemiologically to the source patient. These five included the unvaccinated twins who lived in the same dormitory, the dormitory houseparent, and two other students in different dormitories. One of these latter students infected two additional students in his dormitory and an unvaccinated child aged 13 months in NYC, who was linked epidemiologically to an unvaccinated immigrant aged 33 years, who was diagnosed with measles and who lived in the same apartment building. The ninth school patient was linked epidemiologically to, and might have been infected by, any one of five infected persons from different dormitories.

[†] Surveillance was conducted by using the 1997 case definition for measles issued by CDC and the Council of State and Territorial Epidemiologists: illness characterized by a generalized maculopapular rash lasting ≥ 3 days; a temperature of $\geq 101.0^\circ F$ ($\geq 38.3^\circ C$); and cough, coryza, or conjunctivitis.

[§] Students and staff members were classified as having no evidence of measles immunity if they were born after 1957 and could not document history of physician-diagnosed measles illness, positive serology of measles IgG, history of 2 doses of MCV at least 28 days apart (students), or 1 dose (adults) with the first dose at or after age 1 year.

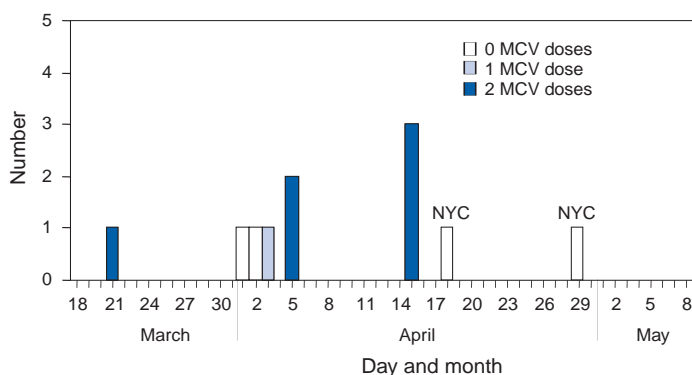
All nine measles cases in the school were confirmed serologically. Measles genotype D4 was identified in two school patients and the child in NYC. The last date of rash onset in a boarding school patient was April 15 (Figure). No deaths or major complications were reported; two students with measles, who were unvaccinated because of religious exemptions, required hospitalization for dehydration.

The median age of the nine patients in the school was 17 years (range: 13–26 years). Of the nine, two had not received any doses of MCV, one had received 1 dose, and six had received 2 doses. Patients with 1 or 2 doses of MCV had milder illness than unvaccinated patients, including a shorter duration of rash (median: 5 days versus 10 days; $p < 0.05$) and fewer days of school or work missed (median: 5 days versus 8 days; $p < 0.05$) (Table).

Of the 663 students in the boarding school, eight (1.2%) students had never received any doses of MCV, 26 (3.9%) students had received 1 dose, and 629 (94.9%) students had received 2 doses before the outbreak. Thus, vaccine coverage for 2 doses was 94.9% and for ≥ 1 dose was 98.8%. Vaccination with measles, mumps, and rubella vaccine was begun on April 3. Of the eight unvaccinated students, four had claimed religious or philosophical exemptions. Of these four students, two contracted measles, one was excluded from the school, and one was vaccinated during the outbreak. All of the remaining four unvaccinated students who did not claim any exemptions were vaccinated during the outbreak as well as other susceptible students and staff members.

Excluding five previously unvaccinated students who were vaccinated during the outbreak and two students who had 2 doses of MCV previously but were inadvertently revaccinated during the outbreak, the measles attack rate was 66.7% (two of three) among unvaccinated students and 1.0% (six of 627) among students who had received 2 doses of MCV. All

FIGURE. Number* of confirmed measles patients, by date of rash onset and number of measles-containing vaccine (MCV) doses received previously — Pennsylvania and New York City (NYC), March–May 2003



* N = 11.

TABLE. Demographic, vaccination, clinical, and hospitalization status for nine patients with laboratory-confirmed measles at a boarding school — Pennsylvania, 2003

| Patient | Age (yrs) | Grade | Dormitory | No. measles vaccination doses received* | Duration of rash (days)* | Highest fever (°F) | Had cough/coryza/conjunctivitis? (yes/no) | Met clinical case definition? (yes/no) | Admitted to school health center? (yes/no) | Visited hospital emergency department? (yes/no) | Admitted to hospital? (yes/no) | School/work missed (days)* |
|---------|-----------|-------|-----------|---|--------------------------|--------------------|---|--|--|---|--------------------------------|----------------------------|
| 1† | 17 | 12 | 1 | 2 | 5 | 103.0 | Y/Y/N | Y | Y | Y | N | 5 |
| 2 | 13 | 8 | 1 | 0 | 11 | 104.0 | Y/Y/Y | Y | Y | Y | Y/3 days | 8 |
| 3 | 13 | 8 | 1 | 0 | 9 | 104.0 | Y/Y/Y | Y | Y | Y | Y/3 days | 8 |
| 4 | 26 | Staff | 1 | 1 | 8 | —§ | N/N/N | N | N | Y | N | 7 |
| 5 | 16 | 11 | 2 | 2 | 4 | 104.5 | Y/N/N | Y | Y | Y | N | 3 |
| 6 | 17 | 12 | 3 | 2 | 7 | 102.0 | Y/Y/Y | Y | N | Y | N | 7 |
| 7 | 18 | 12 | 3 | 2 | 4 | 99.4 | Y/Y/N | N | Y | N | N | 2 |
| 8 | 18 | 11 | 3 | 2 | 6 | 101.9 | N/N/N | N | Y | N | N | 4 |
| 9 | 17 | 12 | 1 | 2 | 4 | 101.6 | Y/N/N | Y | Y | N | N | 5 |

* Patients with 1 or 2 doses of measles-containing vaccine had shorter median duration of rash (5 days versus 10 days; $p < 0.05$) and fewer days of school or work missed (5 days versus 8 days; $p < 0.05$); Wilcoxon rank-sum test for one-sided p value used.

† The source patient.

§ Record of temperature not available.

vaccinees with 1 dose of MCV received a second dose during the outbreak; no measles cases were diagnosed among these students. VE was 98.6% among students who had received 2 doses of MCV.

Reported by: *P Lurie, MD, P Britz, J Bowen, P Tran, MEd, H Stafford, Pennsylvania Dept of Health. YA Gillan, DrPH, New York City Dept of Health and Mental Hygiene. W Bellini, PhD, P Rota, PhD, J Rota, MPH, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; E Eduardo, MPH, National Center for HIV, STD, and TB Prevention; G Dayan, MD, S Redd, M Papania, MD, J Seward, MBBS, Epidemiology and Surveillance Div, National Immunization Program; RJ Berry, MD, Birth Defects and Developmental Disabilities Div, National Center on Birth Defects and Developmental Disabilities; L Yeung, MD, EIS Officer, CDC.*

Editorial Note: Measles is rare in the United States, with only 42 confirmed cases in 2003, according to provisional data (2). The limited outbreak described in this report highlights both the success of the U.S. vaccination program and the continuing risk for imported measles despite a high immunity among the U.S. population. The last reported U.S. school outbreak occurred in 2000 and involved nine persons, including six high school students (1). Five of those six student patients had received only 1 dose of MCV, which was in compliance with state requirements at that time (1).

Before 1989, when the Advisory Committee on Immunization Practices recommended a routine 2-dose MCV schedule for school-aged children, larger measles outbreaks with >100 cases occurred in schools (5,6). All states but one now require 2 doses of MCV for children attending school (7). However, exemptions for religious or philosophical reasons are permitted in the majority of states, resulting in exemption for 0.6% of the nation's children (8). These children have a higher likelihood of acquiring and spreading measles than those who have been vaccinated (9).

In the outbreak described in this report, consistent with previous evaluations (10), 2 doses of MCV were highly effective in preventing the spread of measles, although a substantial number of exposed students, combined with a 1% failure rate among recipients with 2 doses, resulted in two generations of transmission in the school. Recipients of 2 doses of MCV had milder symptoms and shorter duration of illness than unvaccinated patients. Two unvaccinated students were hospitalized for dehydration, but none of the vaccinated students required hospitalization.

If an outbreak occurs, all persons whose illness is consistent with the definition for suspected[§] measles should be tested for both measles IgM and measles virus by culture or reverse transcriptase polymerase chain reaction. A convalescent serum should be obtained if the acute IgM is negative. This investigation highlighted the importance of viral specimens to document importation from overseas, confirm spread of the same genotype to NYC, and provide continued evidence for the absence of endemic transmission in the United States (1).

This outbreak of measles was caused by importation; the source patient was infected in Lebanon. Although the patient had classic signs for the disease (e.g., fever, rash, cough, and coryza), measles was not diagnosed initially, and the outbreak was not recognized until two unvaccinated students were hospitalized. A history of recent travel outside the United States should raise suspicion for a diagnosis of measles in a patient with appropriate clinical signs, regardless of vaccination status.

References

1. CDC. Measles—United States, 2000. *MMWR* 2002;51:120–3.
2. CDC. Progress toward measles elimination—Region of the Americas, 2002–2003. *MMWR* 2004;53:304–6.
3. CDC. Epidemiology of measles—United States, 1998. *MMWR* 1999;48:749–53.
4. Orenstein WA, Bernier RH, Dondero TJ, et al. Field evaluation of vaccine efficacy. *Bull World Health Organ* 1985;63:1055–68.

[§] Suspected measles is a febrile illness with a generalized maculopapular rash.

5. CDC. Measles prevention: recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1989;38(No. S-9):1–18.
6. Hutchins S, Markowitz L, Atkinson W, Swint E, Hadler S. Measles outbreaks in the United States, 1987 through 1990. *Pediatr Infect Dis J* 1996;15:31–8.
7. CDC. 2001–2002 State Immunization Requirements. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2002.
8. CDC. National Vaccine Advisory Committee. Report of the NVAC Working Group on Philosophical Exemptions, Minutes of the National Vaccine Advisory Committee, January 13, 1998. Atlanta, Georgia: National Vaccine Program Office, 1998:1–5.
9. Feikin DR, Lezotte DC, Hamman RF, Salmon DA, Chen RT, Hoffman RE. Individual and community risks of measles and pertussis associated with personal exemptions to immunization. *JAMA* 2000;284:3145–50.
10. CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases, 6th ed. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2000.

Brief Report

Update: Measles Among Adoptees from China — April 14, 2004

As of April 14, 2004, investigators had identified six confirmed and three suspected cases of measles among the 12 adoptees from China who departed for the United States on March 26 (*I*). Three other children remain under observation by public health authorities. The latest confirmed cases of measles were in an adoptee aged 13 months who traveled to New York state and in an adoptee aged 12 months who traveled to Washington state.

Among the nine children with either confirmed or suspected measles, three had been considered infectious while traveling. A fourth child has been identified as potentially infectious during travel on the following commercial airline flights:

- March 26, China Southern flight 327 from Guangzhou, China, to Los Angeles
- March 27, Delta Airlines flight 484 from Los Angeles to Cincinnati
- March 27, Delta Airlines flight 518 from Cincinnati to Washington, DC.

Persons on these flights who have fever and rash on or before April 17 should be evaluated for measles by a health-care provider. Although the typical incubation period for measles from exposure to rash onset is approximately 10 days (range: 7–18 days), on rare occasions the incubation period can be as long as 19–21 days.

Other children adopted recently from China, not identified by this investigation, might have been exposed to measles and become potentially infectious. Health-care providers should remain vigilant for measles among persons with febrile rash illness. Persons with suspected measles should be reported immediately to local public health officials.

Reported by: Alaska Dept of Health and Social Svcs. Florida Dept of Health. Maryland Dept of Health and Mental Hygiene. New York State Dept of Health. Public Health—Seattle and King County; Snohomish Health District; Washington State Department of Health. Epidemiology and Surveillance Div, National Immunization Program; Div of Global Migration and Quarantine, National Center for Infectious Diseases, CDC.

Reference

1. CDC. Multistate investigation of measles among adoptees from China—April 9, 2004. *MMWR* 2004;53:309–10.

Multistate Investigation of Measles Among Adoptees from China — April 9, 2004

On April 9, this report was posted as an MMWR Dispatch on the MMWR website (<http://www.cdc.gov/mmwr>).

On April 6, 2004, Public Health — Seattle and King County, Washington, reported a laboratory-confirmed case of measles in a recently adopted child from China. Public health authorities in Washington state notified CDC, which collaborated with health officials in other states to locate other recently adopted children from China and contact their adoptive families. This report summarizes the preliminary results of an ongoing multistate investigation that has so far identified four confirmed and five suspected cases of measles among adoptees from China, underscoring the need for health-care providers to remain vigilant for measles and other vaccine-preventable communicable diseases in children adopted from international regions.

The investigation determined that a group of 11 families traveled to China in March to adopt children. The group, and their 12 adopted children, remained together for approximately 10 days during the adoption process before departing for the United States on March 26. The 12 children were adopted from two orphanages in Hunan Province. They traveled to five U.S. states. Eight traveled to Washington, and one each traveled to Alaska, Florida, Maryland, and New York.

As of April 9, investigators had determined that nine of the 12 adopted children had measles-like rash illness, including four (three in Washington and one in Maryland) who were serologically confirmed to have measles. The nine serologically confirmed or suspected cases were in patients aged 12–18 months; they had rash onset during March 22–April 6. The three children who did not develop measles-like rash illness traveled to Washington (a child aged 7 years), Alaska (a child aged 13 months), and Florida (a child aged 13 months). To date, all 12 children have been or are being evaluated for laboratory evidence of measles or are under observation by public health authorities. Vaccination status or history of

measles illness is not known for any of the 12 children. State and local health departments are continuing to investigate, seeking potential cases, identifying and evaluating potential contacts, and providing prophylaxis when indicated, as recommended by the Advisory Committee on Immunization Practices (1).

Three of the children with suspected measles were likely infectious* while traveling from China to the United States on March 26 on the following airline flights: United Airlines flight 862 from Hong Kong to San Francisco, Cathay Pacific flight CX872 from Hong Kong to San Francisco, United Airlines flight 476 from San Francisco to Seattle, and United Airlines flight 794 from San Francisco to Seattle. Because most persons in the United States are immune to measles, U.S. airline passengers usually are at low risk. However, persons traveling on the four flights who have fever or rash on or before April 16† should be evaluated for measles by a health-care provider. Investigators have determined that the other six children with rash illness were not likely to have been infectious with measles during the time they traveled from China to their ultimate destinations in the United States.

Reported by: Alaska Dept of Health and Social Svcs. Florida Dept of Health. Maryland Dept of Health and Mental Hygiene. New York State Dept of Health. Public Health—Seattle and King County; Snohomish Health District; Washington State Department of Health. Epidemiology and Surveillance Div, National Immunization Program; Div of Global Migration and Quarantine, National Center for Infectious Diseases, CDC.

Editorial Note: Measles, a highly infectious viral illness that can cause pneumonia, diarrhea, encephalitis, and death, continues to be imported into the United States (2). Although measles is no longer endemic in the United States (3), as this investigation highlights, maintaining high levels of vaccination coverage and strong surveillance in the United States is critical.

During 2001, an outbreak among children adopted internationally resulted in 14 U.S. measles cases, 10 among adopted children and four among caregivers and siblings aged 28 months–47 years (4). Health-care providers should have a high index of suspicion for measles in persons with febrile rash illness from families who recently adopted children from abroad and among persons who have had close contact with children who were adopted recently from abroad. Suspected cases should be reported to the local health department.

In the latest outbreak, all confirmed and suspected cases of measles have been in children aged >12 months, for whom vaccination with measles-containing vaccine is recommended in both the United States (1) and China (5). Vaccination of internationally adopted children is not required before their

immigration into the United States, but should occur within 30 days of entry (6). Although this measure should ensure that internationally adopted children receive recommended vaccines expeditiously, it cannot prevent importation of vaccine-preventable infectious diseases. Efforts to ensure that adoptees are administered safe and age-appropriate vaccines in their country of origin in accordance with recommendations of the World Health Organization or the country of origin could help prevent this type of importation in the future.

References

1. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998;47(No. RR-8).
2. CDC. Brief report: imported measles case associated with nonmedical vaccine exemption—Iowa, March 2004. MMWR 2004;53:244–6.
3. Measles—United States, 1999. MMWR 2000;49:557–60.
4. Measles outbreak among internationally adopted children arriving in the United States, February–March 2001. MMWR 2002;51:1115–6.
5. Lixia W, Guang Z, Lee LA, et al. Progress in accelerated measles control in the People's Republic of China, 1991–2000. J Infect Dis 2003;187(Suppl 1):S252–7.
6. Illegal Immigration Reform and Immigrant Responsibility Act of 1996. Public Law 10-208; 110 Stat 3009.

Notice to Readers

Vaccination Week of the Americas, April 24–30, 2004

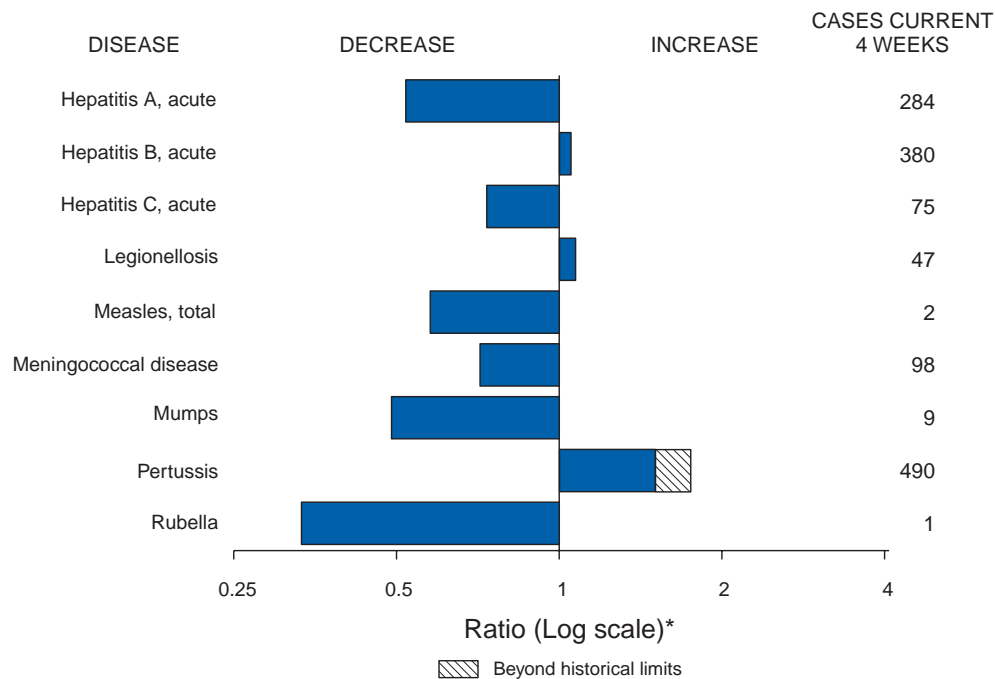
During April 24–30, all 42 countries in the Region of the Americas will participate in Vaccination Week of the Americas (VWA). The objective is to vaccinate susceptible populations by improving access among underserved populations, keeping vaccination programs on the political agendas of countries in the Western Hemisphere, and promoting cooperation among countries in the region. By ensuring the vaccination of susceptible persons, health authorities will maintain measles-elimination programs in the region and support implementation of rubella and congenital rubella syndrome–elimination plans.

During VWA, surveillance gaps will be identified through active searches for unreported cases of measles, rubella, and acute flaccid paralysis. The target group to be vaccinated during this week is children aged <5 years who have incomplete vaccination series and adults, including women of childbearing age (WCBA), with no previous contact with the vaccination program. The total population to be vaccinated is estimated at 40 million persons. Countries with vaccination activities scheduled for 2004 will conduct these activities during VWA. Other countries of the region will intensify vaccination efforts among children aged <5 years and WCBA. Additional information is available from the Pan American Health Organization at http://www.paho.org/english/dd/pin/sv_2004.htm.

*The infectious period for measles is from 4 days before to 4 days after onset of rash.

†The incubation period for measles from the time of exposure to onset of rash is 7–21 days.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals April 10, 2004, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending April 10, 2004 (14th Week)*

| | Cum. 2004 | Cum. 2003 | | Cum. 2004 | Cum. 2003 |
|--|-----------|-----------|---|----------------|-----------------|
| Anthrax | - | - | Hemolytic uremic syndrome, postdiarrheal [†] | 13 | 32 |
| Botulism: | - | - | HIV infection, pediatric [§] | - | 76 |
| foodborne | 3 | 5 | Measles, total | 6 [¶] | 6 ^{**} |
| infant | 20 | 19 | Mumps | 43 | 61 |
| other (wound & unspecified) | 4 | 5 | Plague | - | - |
| Brucellosis [†] | 16 | 26 | Poliomyelitis, paralytic | - | - |
| Chancroid | 9 | 16 | Psittacosis [†] | 2 | 6 |
| Cholera | 1 | - | Q fever [†] | 6 | 17 |
| Cyclosporiasis [†] | 18 | 22 | Rabies, human | - | - |
| Diphtheria | - | - | Rubella | 11 | 3 |
| Ehrlichiosis: | - | - | Rubella, congenital syndrome | - | - |
| human granulocytic (HGE) [†] | 5 | 23 | SARS-associated coronavirus disease ^{† ††} | - | 5 |
| human monocytic (HME) [†] | 8 | 20 | Smallpox ^{† §§} | - | NA |
| human, other and unspecified | - | 1 | <i>Staphylococcus aureus</i> : | - | - |
| Encephalitis/Meningitis: | - | - | Vancomycin-intermediate (VISA) ^{† §§} | 4 | NA |
| California serogroup viral [†] | - | - | Vancomycin-resistant (VRSA) ^{† §§} | - | NA |
| eastern equine [†] | - | 2 | Streptococcal toxic-shock syndrome [†] | 28 | 63 |
| Powassan [†] | - | - | Tetanus | 3 | 4 |
| St. Louis [†] | 1 | 2 | Toxic-shock syndrome | 35 | 41 |
| western equine [†] | - | - | Trichinosis | 2 | - |
| Hansen disease (leprosy) [†] | 18 | 29 | Tularemia [†] | 4 | 4 |
| Hantavirus pulmonary syndrome [†] | 2 | 4 | Yellow fever | - | - |

-: No reported cases.
 * Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).
[†] Not notifiable in all states.
[§] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update December 28, 2003.
[¶] Of six cases reported, five were indigenous, and one was imported from another country.
^{**} Of six cases reported, two were indigenous, and four were imported from another country.
^{††} Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).
^{§§} Not previously notifiable.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | AIDS | | Chlamydia† | | Coccidiomycosis | | Cryptosporidiosis | | Encephalitis/Meningitis West Nile | |
|----------------|---------------|--------------|--------------|--------------|-----------------|--------------|-------------------|--------------|--------------------------------------|--------------|
| | Cum. 2004§ | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | - | 12,488 | 201,418 | 225,306 | 1,329 | 968 | 626 | 597 | 7 | 57 |
| NEW ENGLAND | - | 429 | 7,664 | 7,412 | - | - | 33 | 35 | - | - |
| Maine | - | 13 | 436 | 528 | N | N | 5 | 2 | - | - |
| N.H. | - | 7 | 437 | 418 | - | - | 9 | 3 | - | - |
| Vt. | - | 5 | 326 | 296 | - | - | 4 | 5 | - | - |
| Mass. | - | 186 | 3,917 | 2,864 | - | - | 9 | 19 | - | - |
| R.I. | - | 29 | 936 | 823 | - | - | 1 | 4 | - | - |
| Conn. | - | 189 | 1,612 | 2,483 | N | N | 5 | 2 | - | - |
| MID. ATLANTIC | - | 2,857 | 28,089 | 26,587 | - | - | 110 | 74 | 2 | - |
| Upstate N.Y. | - | 144 | 5,693 | 4,540 | N | N | 24 | 15 | - | - |
| N.Y. City | - | 1,585 | 8,553 | 9,174 | - | - | 23 | 26 | - | - |
| N.J. | - | 424 | 3,383 | 3,866 | - | - | 7 | 3 | - | - |
| Pa. | - | 704 | 10,460 | 9,007 | N | N | 56 | 30 | 2 | - |
| E.N. CENTRAL | - | 1,180 | 32,071 | 41,351 | 4 | 2 | 123 | 110 | 1 | - |
| Ohio | - | 154 | 6,199 | 11,474 | - | - | 42 | 16 | 1 | - |
| Ind. | - | 178 | 4,041 | 4,640 | N | N | 18 | 6 | - | - |
| Ill. | - | 553 | 8,672 | 13,465 | - | - | 8 | 17 | - | - |
| Mich. | - | 235 | 10,177 | 7,240 | 4 | 2 | 33 | 23 | - | - |
| Wis. | - | 60 | 2,982 | 4,532 | - | - | 22 | 48 | - | - |
| W.N. CENTRAL | - | 194 | 11,717 | 13,087 | 2 | 1 | 69 | 40 | 1 | - |
| Minn. | - | 41 | 2,201 | 2,912 | N | N | 27 | 22 | - | - |
| Iowa | - | 27 | - | 1,295 | N | N | 10 | 7 | - | - |
| Mo. | - | 83 | 5,086 | 4,732 | 1 | 1 | 15 | 2 | 1 | - |
| N. Dak. | - | - | 324 | 354 | N | N | - | - | - | - |
| S. Dak. | - | 4 | 684 | 629 | - | - | 7 | 7 | - | - |
| Nebr.† | - | 18 | 1,404 | 1,225 | 1 | - | 1 | 2 | - | - |
| Kans. | - | 21 | 2,018 | 1,940 | N | N | 9 | - | - | - |
| S. ATLANTIC | - | 3,597 | 33,405 | 40,913 | - | 1 | 140 | 182 | 2 | 57 |
| Del. | - | 58 | 811 | 813 | N | N | - | 1 | - | - |
| Md. | - | 193 | 5,257 | 4,374 | - | 1 | 7 | 6 | - | - |
| D.C. | - | 380 | 942 | 930 | - | - | 1 | - | - | - |
| Va. | - | 297 | 1,245 | 4,298 | - | - | 16 | 7 | - | - |
| W. Va. | - | 20 | 761 | 655 | N | N | 2 | - | - | - |
| N.C. | - | 437 | 7,510 | 6,434 | N | N | 27 | 10 | - | - |
| S.C.† | - | 213 | 5,204 | 3,876 | - | - | 5 | 1 | 2 | - |
| Ga. | - | 493 | 1,298 | 8,509 | - | - | 48 | 28 | - | - |
| Fla. | - | 1,506 | 10,377 | 11,024 | N | N | 34 | 129 | - | 57 |
| E.S. CENTRAL | - | 493 | 12,922 | 14,840 | N | N | 31 | 33 | - | - |
| Ky. | - | 57 | 1,443 | 2,272 | N | N | 7 | 7 | - | - |
| Tenn. | - | 221 | 5,797 | 5,180 | N | N | 12 | 11 | - | - |
| Ala. | - | 110 | 3,077 | 3,893 | - | - | 8 | 12 | - | - |
| Miss. | - | 105 | 2,605 | 3,495 | N | N | 4 | 3 | - | - |
| W.S. CENTRAL | - | 1,284 | 27,707 | 27,940 | 1 | 1 | 20 | 11 | 1 | - |
| Ark. | - | 35 | 2,135 | 1,755 | 1 | - | 8 | 2 | - | - |
| La. | - | 136 | 6,886 | 5,145 | N | N | - | - | 1 | - |
| Okla. | - | 51 | 2,534 | 2,414 | N | N | 8 | 2 | - | - |
| Tex. | - | 1,062 | 16,152 | 18,626 | - | 1 | 4 | 7 | - | - |
| MOUNTAIN | - | 460 | 11,482 | 13,932 | 828 | 696 | 33 | 22 | - | - |
| Mont. | - | 7 | 263 | 574 | N | N | 3 | 2 | - | - |
| Idaho | - | 5 | 871 | 731 | N | N | 2 | 4 | - | - |
| Wyo. | - | 4 | 285 | 273 | - | - | 2 | 1 | - | - |
| Colo. | - | 105 | 2,109 | 3,542 | N | N | 18 | 5 | - | - |
| N. Mex. | - | 42 | 1,245 | 2,056 | 6 | - | 1 | 1 | - | - |
| Ariz. | - | 217 | 4,787 | 4,345 | 799 | 684 | 5 | 2 | - | - |
| Utah | - | 22 | 653 | 755 | 5 | 1 | 1 | 5 | - | - |
| Nev. | - | 58 | 1,269 | 1,656 | 18 | 11 | 1 | 2 | - | - |
| PACIFIC | - | 1,994 | 36,361 | 39,244 | 492 | 267 | 67 | 90 | - | - |
| Wash. | - | 161 | 4,621 | 4,064 | N | N | 4 | - | - | - |
| Oreg. | - | 87 | 1,630 | 2,054 | - | - | 7 | 8 | - | - |
| Calif. | - | 1,705 | 29,132 | 30,764 | 492 | 267 | 55 | 82 | - | - |
| Alaska | - | 9 | 967 | 950 | - | - | - | - | - | - |
| Hawaii | - | 32 | 11 | 1,412 | - | - | 1 | - | - | - |
| Guam | - | 1 | - | - | - | - | - | - | - | - |
| P.R. | - | 325 | 494 | 566 | N | N | N | N | - | - |
| V.I. | - | 9 | 20 | 93 | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | 32 | U | - | U | - | U | - | U |

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

† 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 December 28, 2003.

¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | <i>Escherichia coli</i> , Enterohemorrhagic (EHEC) | | | | | | Giardiasis | | Gonorrhea | |
|----------------|--|-----------|--|-----------|---------------------------------------|-----------|------------|-----------|-----------|-----------|
| | O157:H7 | | Shiga toxin positive, serogroup non-O157 | | Shiga toxin positive, not serogrouped | | | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 234 | 298 | 33 | 66 | 31 | 27 | 3,704 | 4,850 | 70,014 | 85,756 |
| NEW ENGLAND | 15 | 12 | 1 | 7 | 4 | 3 | 344 | 290 | 1,857 | 1,873 |
| Maine | - | 1 | - | - | - | - | 32 | 28 | 69 | 40 |
| N.H. | 2 | 3 | - | 1 | - | - | 11 | 16 | 28 | 33 |
| Vt. | - | - | - | - | - | - | 21 | 20 | 21 | 28 |
| Mass. | 2 | 3 | - | 2 | 4 | 3 | 176 | 153 | 940 | 701 |
| R.I. | 1 | 1 | - | - | - | - | 23 | 29 | 257 | 266 |
| Conn. | 10 | 4 | 1 | 4 | - | - | 81 | 44 | 542 | 805 |
| MID. ATLANTIC | 18 | 30 | 1 | 1 | 9 | 4 | 795 | 849 | 9,080 | 10,636 |
| Upstate N.Y. | 6 | 7 | 1 | - | 3 | 2 | 237 | 186 | 1,885 | 1,778 |
| N.Y. City | 4 | 3 | - | - | - | - | 263 | 345 | 2,754 | 3,555 |
| N.J. | - | 4 | - | - | 2 | - | 60 | 114 | 1,307 | 2,383 |
| Pa. | 8 | 16 | - | 1 | 4 | 2 | 235 | 204 | 3,134 | 2,920 |
| E.N. CENTRAL | 45 | 63 | 7 | 11 | 4 | 2 | 442 | 684 | 12,699 | 18,646 |
| Ohio | 14 | 14 | - | 8 | 4 | 2 | 201 | 199 | 2,919 | 5,904 |
| Ind. | 9 | 7 | - | - | - | - | - | - | 1,448 | 1,771 |
| Ill. | 6 | 13 | - | - | - | - | 59 | 200 | 3,451 | 5,926 |
| Mich. | 8 | 12 | 1 | - | - | - | 138 | 170 | 4,021 | 3,422 |
| Wis. | 8 | 17 | 6 | 3 | - | - | 44 | 115 | 860 | 1,623 |
| W.N. CENTRAL | 42 | 33 | 7 | 5 | 6 | 6 | 420 | 400 | 4,019 | 4,437 |
| Minn. | 20 | 13 | 3 | 4 | - | - | 149 | 117 | 825 | 724 |
| Iowa | 4 | 3 | - | - | - | - | 54 | 58 | - | 261 |
| Mo. | 5 | 9 | 4 | 1 | 1 | - | 117 | 131 | 2,102 | 2,293 |
| N. Dak. | 2 | 1 | - | - | 3 | 1 | 7 | 12 | 37 | 13 |
| S. Dak. | - | 2 | - | - | - | - | 18 | 11 | 71 | 36 |
| Nebr. | 5 | 4 | - | - | - | - | 35 | 41 | 297 | 402 |
| Kans. | 6 | 1 | - | - | 2 | 5 | 40 | 30 | 687 | 708 |
| S. ATLANTIC | 20 | 57 | 12 | 34 | 3 | 10 | 621 | 1,476 | 15,477 | 20,476 |
| Del. | - | - | N | N | N | N | 14 | 15 | 278 | 351 |
| Md. | 2 | - | - | - | - | - | 26 | 28 | 2,285 | 2,104 |
| D.C. | - | 1 | - | - | - | - | 14 | 6 | 604 | 675 |
| Va. | - | 3 | 5 | - | - | - | 92 | 58 | 472 | 2,124 |
| W. Va. | 1 | 1 | - | - | - | - | 9 | 7 | 228 | 225 |
| N.C. | - | - | 4 | 7 | - | - | N | N | 4,083 | 3,616 |
| S.C. | - | - | - | - | - | - | 15 | 30 | 2,443 | 2,242 |
| Ga. | 6 | 5 | 2 | 2 | - | - | 155 | 196 | 780 | 4,202 |
| Fla. | 11 | 47 | 1 | 25 | 3 | 10 | 296 | 1,136 | 4,304 | 4,937 |
| E.S. CENTRAL | 8 | 12 | 1 | - | 4 | - | 80 | 76 | 5,871 | 7,465 |
| Ky. | 4 | 2 | 1 | - | 4 | - | N | N | 616 | 930 |
| Tenn. | 2 | 6 | - | - | - | - | 28 | 34 | 2,138 | 2,301 |
| Ala. | 1 | 3 | - | - | - | - | 52 | 42 | 1,783 | 2,436 |
| Miss. | 1 | 1 | - | - | - | - | - | - | 1,334 | 1,798 |
| W.S. CENTRAL | 15 | 15 | - | 2 | - | 2 | 65 | 51 | 10,282 | 11,437 |
| Ark. | 1 | 2 | - | - | - | - | 33 | 31 | 974 | 1,018 |
| La. | - | - | - | - | - | - | 7 | 3 | 3,221 | 2,925 |
| Okla. | 3 | - | - | - | - | - | 25 | 17 | 1,092 | 977 |
| Tex. | 11 | 13 | - | 2 | - | 2 | - | - | 4,995 | 6,517 |
| MOUNTAIN | 41 | 32 | 3 | 5 | 1 | - | 329 | 323 | 2,857 | 2,970 |
| Mont. | 2 | - | - | - | - | - | 7 | 11 | 11 | 37 |
| Idaho | 5 | 8 | 1 | 3 | - | - | 47 | 41 | 19 | 25 |
| Wyo. | - | - | - | - | - | - | 3 | 4 | 14 | 12 |
| Colo. | 21 | 14 | 1 | 1 | 1 | - | 99 | 88 | 676 | 820 |
| N. Mex. | 3 | - | - | 1 | - | - | 15 | 15 | 152 | 342 |
| Ariz. | 3 | 8 | N | N | N | N | 66 | 60 | 1,365 | 1,161 |
| Utah | 3 | 2 | - | - | - | - | 61 | 70 | 73 | 68 |
| Nev. | 4 | - | 1 | - | - | - | 31 | 34 | 547 | 505 |
| PACIFIC | 30 | 44 | 1 | 1 | - | - | 608 | 701 | 7,872 | 7,816 |
| Wash. | 6 | 15 | - | - | - | - | 60 | 51 | 691 | 761 |
| Oreg. | 2 | 6 | 1 | 1 | - | - | 93 | 77 | 198 | 259 |
| Calif. | 16 | 23 | - | - | - | - | 422 | 528 | 6,817 | 6,371 |
| Alaska | 1 | - | - | - | - | - | 13 | 20 | 165 | 152 |
| Hawaii | 5 | - | - | - | - | - | 20 | 25 | 1 | 273 |
| Guam | N | N | - | - | - | - | - | - | - | - |
| P.R. | - | - | - | - | - | 21 | 4 | 20 | 46 | 68 |
| V.I. | - | - | - | - | - | - | - | - | 4 | 27 |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | 3 | U |

N: Not notifiable. U: Unavailable. -: No reported cases.
 * Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | <i>Haemophilus influenzae</i> , invasive | | | | | | | | Hepatitis (viral, acute), by type | |
|----------------|--|-----------|--------------|-----------|----------------|-----------|------------------|-----------|-----------------------------------|-----------|
| | All ages | | Age <5 years | | | | | | A | |
| | All serotypes | | Serotype b | | Non-serotype b | | Unknown serotype | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 568 | 565 | 6 | 6 | 30 | 36 | 62 | 67 | 1,442 | 1,921 |
| NEW ENGLAND | 55 | 41 | 1 | 1 | 2 | 3 | 2 | 1 | 264 | 48 |
| Maine | 5 | 2 | - | - | - | - | - | 1 | 8 | 1 |
| N.H. | 9 | 4 | - | - | 1 | - | - | - | 6 | 3 |
| Vt. | 4 | 6 | - | - | - | - | - | - | 5 | 2 |
| Mass. | 25 | 19 | 1 | 1 | - | 3 | 2 | - | 213 | 27 |
| R.I. | 1 | 1 | - | - | - | - | - | - | 6 | 4 |
| Conn. | 11 | 9 | - | - | 1 | - | - | - | 26 | 11 |
| MID. ATLANTIC | 104 | 85 | - | - | 2 | 1 | 15 | 12 | 169 | 316 |
| Upstate N.Y. | 37 | 26 | - | - | 2 | 1 | 3 | 4 | 22 | 24 |
| N.Y. City | 15 | 16 | - | - | - | - | 4 | 4 | 58 | 120 |
| N.J. | 20 | 15 | - | - | - | - | 2 | 1 | 34 | 54 |
| Pa. | 32 | 28 | - | - | - | - | 6 | 3 | 55 | 118 |
| E.N. CENTRAL | 89 | 69 | - | 1 | 9 | 2 | 12 | 14 | 117 | 180 |
| Ohio | 39 | 17 | - | - | 2 | - | 5 | 4 | 16 | 29 |
| Ind. | 12 | 9 | - | - | 3 | 1 | 1 | - | 5 | 10 |
| Ill. | 19 | 30 | - | - | - | - | 5 | 9 | 43 | 64 |
| Mich. | 9 | 6 | - | 1 | 4 | 1 | - | - | 42 | 56 |
| Wis. | 10 | 7 | - | - | - | - | 1 | 1 | 11 | 21 |
| W.N. CENTRAL | 22 | 33 | 1 | - | 1 | 4 | 1 | 3 | 36 | 41 |
| Minn. | 9 | 12 | - | - | 1 | 4 | - | - | 1 | 4 |
| Iowa | 1 | - | 1 | - | - | - | - | - | 8 | 12 |
| Mo. | 7 | 14 | - | - | - | - | - | 3 | 15 | 10 |
| N. Dak. | - | 1 | - | - | - | - | - | - | - | - |
| S. Dak. | - | 1 | - | - | - | - | - | - | 2 | - |
| Nebr. | 4 | - | - | - | - | - | - | - | 7 | 3 |
| Kans. | 1 | 5 | - | - | - | - | 1 | - | 3 | 12 |
| S. ATLANTIC | 154 | 189 | - | 1 | 3 | 9 | 13 | 13 | 293 | 691 |
| Del. | 3 | - | - | - | - | - | 2 | - | 3 | 3 |
| Md. | 27 | 21 | - | - | 1 | 2 | - | - | 48 | 40 |
| D.C. | - | - | - | - | - | - | - | - | 3 | 7 |
| Va. | 11 | 9 | - | - | - | - | - | 2 | 27 | 29 |
| W. Va. | 6 | 3 | - | - | - | - | 3 | - | 2 | 4 |
| N.C. | 14 | 9 | - | - | - | - | - | - | 19 | 24 |
| S.C. | - | 2 | - | - | - | - | - | - | 11 | 17 |
| Ga. | 55 | 22 | - | - | - | - | 8 | 2 | 111 | 155 |
| Fla. | 38 | 123 | - | 1 | 2 | 7 | - | 9 | 69 | 412 |
| E.S. CENTRAL | 21 | 33 | - | - | - | 1 | 5 | 4 | 48 | 48 |
| Ky. | - | 3 | - | - | - | 1 | - | - | 5 | 7 |
| Tenn. | 13 | 17 | - | - | - | - | 4 | 3 | 28 | 24 |
| Ala. | 8 | 12 | - | - | - | - | 1 | 1 | 5 | 9 |
| Miss. | - | 1 | - | - | - | - | - | - | 10 | 8 |
| W.S. CENTRAL | 19 | 28 | - | - | 2 | 3 | - | 3 | 75 | 134 |
| Ark. | 2 | 4 | - | - | - | 1 | - | - | 7 | 8 |
| La. | 3 | 8 | - | - | - | - | - | 3 | 1 | 26 |
| Okla. | 14 | 16 | - | - | 2 | 2 | - | - | 13 | 4 |
| Tex. | - | - | - | - | - | - | - | - | 54 | 96 |
| MOUNTAIN | 85 | 55 | 2 | 1 | 10 | 8 | 11 | 10 | 152 | 109 |
| Mont. | - | - | - | - | - | - | - | - | 3 | 1 |
| Idaho | 2 | - | - | - | - | - | 1 | - | 6 | 6 |
| Wyo. | - | - | - | - | - | - | - | - | 1 | 1 |
| Colo. | 25 | 11 | - | - | - | - | 5 | 4 | 24 | 10 |
| N. Mex. | 14 | 6 | - | - | 3 | 2 | 2 | 1 | 3 | 7 |
| Ariz. | 35 | 28 | - | 1 | 6 | 3 | 1 | 3 | 93 | 63 |
| Utah | 4 | 6 | 2 | - | - | 1 | 1 | 2 | 19 | 6 |
| Nev. | 5 | 4 | - | - | 1 | 2 | 1 | - | 3 | 15 |
| PACIFIC | 19 | 32 | 2 | 2 | 1 | 5 | 3 | 7 | 288 | 354 |
| Wash. | 3 | 3 | 2 | - | - | 2 | 1 | 1 | 13 | 14 |
| Oreg. | 10 | 12 | - | - | - | - | - | 3 | 15 | 22 |
| Calif. | 3 | 15 | - | 2 | 1 | 3 | 2 | 3 | 251 | 312 |
| Alaska | - | - | - | - | - | - | - | - | 3 | 3 |
| Hawaii | 3 | 2 | - | - | - | - | - | - | 6 | 3 |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | - | - | - | - | - | - | - | 3 | 15 |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | - | U |

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | Hepatitis (viral, acute), by type | | | | Legionellosis | | Listeriosis | | Lyme disease | |
|----------------|-----------------------------------|-----------|-----------|-----------|---------------|-----------|-------------|-----------|--------------|-----------|
| | B | | C | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | | | | | | |
| UNITED STATES | 1,431 | 2,446 | 312 | 638 | 256 | 382 | 101 | 150 | 1,610 | 2,028 |
| NEW ENGLAND | 59 | 84 | - | - | 4 | 11 | 4 | 5 | 121 | 154 |
| Maine | 1 | - | - | - | - | - | 1 | - | 18 | - |
| N.H. | 12 | 3 | - | - | - | - | 1 | 1 | 8 | 4 |
| Vt. | 1 | 1 | - | - | - | 1 | - | - | 4 | 3 |
| Mass. | 45 | 60 | - | - | 1 | 5 | - | 2 | 41 | 87 |
| R.I. | - | 1 | - | - | 1 | 1 | - | - | 18 | 32 |
| Conn. | - | 19 | U | U | 2 | 4 | 2 | 2 | 32 | 28 |
| MID. ATLANTIC | 192 | 303 | 32 | 42 | 54 | 50 | 23 | 22 | 1,267 | 1,518 |
| Upstate N.Y. | 18 | 20 | 3 | 9 | 11 | 13 | 6 | 3 | 476 | 475 |
| N.Y. City | 14 | 146 | - | - | 2 | 6 | 2 | 7 | - | - |
| N.J. | 87 | 68 | - | - | 11 | 4 | 5 | 3 | 249 | 320 |
| Pa. | 73 | 69 | 29 | 33 | 30 | 27 | 10 | 9 | 542 | 723 |
| E.N. CENTRAL | 95 | 115 | 14 | 37 | 62 | 66 | 14 | 9 | 28 | 48 |
| Ohio | 47 | 37 | 2 | 3 | 32 | 27 | 7 | 1 | 22 | 8 |
| Ind. | 2 | 4 | - | - | 4 | 3 | 1 | 1 | - | 3 |
| Ill. | - | 1 | 1 | 11 | 2 | 10 | - | 3 | - | - |
| Mich. | 46 | 54 | 11 | 23 | 22 | 20 | 5 | 4 | - | - |
| Wis. | - | 19 | - | - | 2 | 6 | 1 | - | 6 | 37 |
| W.N. CENTRAL | 113 | 77 | 148 | 74 | 6 | 8 | 3 | 3 | 22 | 19 |
| Minn. | 8 | 5 | 1 | 1 | - | 2 | 2 | 1 | 6 | 13 |
| Iowa | 1 | 4 | - | - | 1 | 3 | - | - | 3 | 2 |
| Mo. | 94 | 53 | 147 | 73 | 4 | 1 | 1 | - | 12 | 3 |
| N. Dak. | 1 | - | - | - | - | 1 | - | - | - | - |
| S. Dak. | - | 1 | - | - | 1 | - | - | - | - | - |
| Nebr. | 6 | 8 | - | - | - | - | - | 2 | - | - |
| Kans. | 3 | 6 | - | - | - | 1 | - | - | 1 | 1 |
| S. ATLANTIC | 508 | 1,104 | 54 | 111 | 66 | 187 | 16 | 59 | 144 | 224 |
| Del. | 5 | 2 | - | - | 2 | - | N | N | 8 | 33 |
| Md. | 44 | 28 | 3 | 7 | 10 | 13 | 2 | 3 | 78 | 81 |
| D.C. | 5 | 1 | 1 | - | - | 1 | - | - | 1 | 2 |
| Va. | 57 | 34 | 9 | - | 5 | 5 | - | 3 | 6 | 10 |
| W. Va. | 2 | 2 | 3 | - | 2 | - | 1 | 1 | 1 | - |
| N.C. | 44 | 49 | 3 | 3 | 7 | 7 | 4 | 5 | 31 | 15 |
| S.C. | 24 | 41 | - | 14 | 1 | 3 | - | 2 | 1 | - |
| Ga. | 167 | 311 | 7 | 7 | 6 | 7 | 4 | 7 | 1 | 3 |
| Fla. | 160 | 636 | 28 | 80 | 33 | 151 | 5 | 38 | 17 | 80 |
| E.S. CENTRAL | 105 | 96 | 16 | 24 | 9 | 5 | 4 | 4 | 2 | 12 |
| Ky. | 13 | 13 | 9 | 3 | 2 | - | 1 | - | 1 | 1 |
| Tenn. | 45 | 29 | 5 | 3 | 5 | 2 | 3 | - | 1 | 2 |
| Ala. | 18 | 24 | - | 4 | 2 | 1 | - | 3 | - | - |
| Miss. | 29 | 30 | 2 | 14 | - | 2 | - | 1 | - | 9 |
| W.S. CENTRAL | 22 | 265 | 22 | 325 | 12 | 19 | 9 | 16 | 2 | 28 |
| Ark. | 9 | 28 | - | 2 | - | - | - | - | - | - |
| La. | 7 | 47 | 9 | 49 | - | - | - | - | - | 3 |
| Okla. | 6 | 13 | - | - | 2 | 2 | - | 1 | - | - |
| Tex. | - | 177 | 13 | 274 | 10 | 17 | 9 | 15 | 2 | 25 |
| MOUNTAIN | 134 | 167 | 14 | 9 | 21 | 15 | 5 | 10 | 3 | 3 |
| Mont. | - | 4 | 2 | 1 | - | - | - | 1 | - | - |
| Idaho | 3 | 2 | - | 1 | 1 | 1 | 1 | - | - | 1 |
| Wyo. | 1 | 5 | - | - | 4 | 1 | - | - | 1 | - |
| Colo. | 18 | 26 | 4 | 3 | 3 | 4 | 1 | 4 | - | - |
| N. Mex. | 5 | 12 | - | - | - | 1 | - | 1 | - | - |
| Ariz. | 72 | 90 | 2 | 3 | 5 | 4 | - | 4 | 1 | - |
| Utah | 15 | 9 | - | - | 7 | 2 | - | - | 1 | 1 |
| Nev. | 20 | 19 | 6 | 1 | 1 | 2 | 3 | - | - | 1 |
| PACIFIC | 203 | 235 | 12 | 16 | 22 | 21 | 23 | 22 | 21 | 22 |
| Wash. | 21 | 14 | 2 | 2 | 3 | 2 | 5 | 1 | 3 | - |
| Oreg. | 27 | 37 | 4 | 3 | N | N | 3 | 1 | 6 | 6 |
| Calif. | 149 | 177 | 4 | 10 | 19 | 19 | 15 | 20 | 12 | 15 |
| Alaska | 4 | 2 | - | - | - | - | - | - | - | 1 |
| Hawaii | 2 | 5 | 2 | 1 | - | - | - | - | N | N |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | 6 | 34 | - | - | - | - | - | - | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | - | U |

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | Malaria | | Meningococcal disease | | Pertussis | | Rabies, animal | | Rocky Mountain spotted fever | |
|----------------|-----------|-----------|-----------------------|-----------|-----------|-----------|----------------|-----------|------------------------------|-----------|
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 241 | 328 | 488 | 630 | 2,036 | 1,770 | 884 | 1,384 | 119 | 93 |
| NEW ENGLAND | 16 | 8 | 24 | 28 | 517 | 176 | 107 | 113 | 4 | - |
| Maine | - | 1 | 7 | 3 | - | 1 | 11 | 11 | - | - |
| N.H. | - | 2 | 2 | 1 | 10 | 10 | 6 | 5 | - | - |
| Vt. | 1 | - | 1 | - | 15 | 18 | 5 | 8 | - | - |
| Mass. | 8 | 5 | 14 | 20 | 479 | 132 | 40 | 41 | 4 | - |
| R.I. | 2 | - | - | 1 | 9 | 1 | 6 | 8 | - | - |
| Conn. | 5 | - | - | 3 | 4 | 14 | 39 | 40 | - | - |
| MID. ATLANTIC | 49 | 59 | 60 | 60 | 569 | 179 | 108 | 204 | 11 | 9 |
| Upstate N.Y. | 11 | 11 | 17 | 8 | 424 | 68 | 79 | 65 | 1 | - |
| N.Y. City | 18 | 34 | 11 | 14 | - | 15 | - | 1 | 1 | 4 |
| N.J. | 7 | 4 | 8 | 10 | 45 | 28 | - | 51 | 1 | 4 |
| Pa. | 13 | 10 | 24 | 28 | 100 | 68 | 29 | 87 | 8 | 1 |
| E.N. CENTRAL | 16 | 27 | 64 | 88 | 231 | 118 | 3 | 6 | 6 | 1 |
| Ohio | 4 | 5 | 28 | 26 | 120 | 65 | 2 | - | 6 | 1 |
| Ind. | - | - | 7 | 12 | 11 | 9 | 1 | 2 | - | - |
| Ill. | 2 | 11 | 1 | 21 | - | - | - | 1 | - | - |
| Mich. | 5 | 8 | 22 | 18 | 28 | 11 | - | 3 | - | - |
| Wis. | 5 | 3 | 6 | 11 | 72 | 33 | - | - | - | - |
| W.N. CENTRAL | 19 | 6 | 24 | 46 | 111 | 82 | 94 | 155 | 4 | 2 |
| Minn. | 8 | 4 | 7 | 10 | 14 | 27 | 14 | 5 | - | - |
| Iowa | 1 | 2 | 4 | 7 | 15 | 31 | 12 | 18 | - | 1 |
| Mo. | 3 | - | 6 | 22 | 68 | 13 | 3 | 2 | 4 | 1 |
| N. Dak. | 1 | - | - | - | 3 | 1 | 13 | 17 | - | - |
| S. Dak. | 1 | - | 1 | - | 1 | 2 | 10 | 28 | - | - |
| Nebr. | 1 | - | 1 | 3 | - | 1 | 15 | 28 | - | - |
| Kans. | 4 | - | 5 | 4 | 10 | 7 | 27 | 57 | - | - |
| S. ATLANTIC | 90 | 137 | 93 | 165 | 132 | 224 | 447 | 734 | 81 | 75 |
| Del. | 2 | - | 1 | 7 | 3 | 1 | 9 | - | - | - |
| Md. | 23 | 21 | 4 | 9 | 32 | 16 | 50 | 92 | 4 | 6 |
| D.C. | 4 | 2 | - | - | 1 | - | - | - | - | - |
| Va. | 6 | 7 | 4 | 6 | 28 | 30 | 105 | 115 | - | 1 |
| W. Va. | - | 2 | 3 | 1 | 2 | 1 | 17 | 17 | - | - |
| N.C. | 5 | 5 | 12 | 14 | 26 | 51 | 157 | 189 | 70 | 44 |
| S.C. | 4 | 1 | 8 | 9 | 10 | 6 | 40 | 46 | 2 | 3 |
| Ga. | 12 | 7 | 12 | 12 | 15 | 5 | 64 | 93 | 3 | 3 |
| Fla. | 34 | 92 | 49 | 107 | 15 | 114 | 5 | 182 | 2 | 18 |
| E.S. CENTRAL | 7 | 6 | 23 | 23 | 26 | 31 | 30 | 50 | 9 | 4 |
| Ky. | 1 | 1 | 3 | 2 | 3 | 4 | 5 | 9 | - | - |
| Tenn. | 1 | 3 | 8 | 4 | 15 | 16 | 10 | 35 | 3 | 3 |
| Ala. | 4 | 2 | 6 | 6 | 4 | 8 | 15 | 5 | 1 | - |
| Miss. | 1 | - | 6 | 11 | 4 | 3 | - | 1 | 5 | 1 |
| W.S. CENTRAL | 6 | 22 | 47 | 74 | 65 | 81 | 42 | 66 | - | 2 |
| Ark. | 1 | 1 | 8 | 7 | 3 | 3 | 13 | 17 | - | - |
| La. | 2 | 1 | 12 | 22 | 3 | 4 | - | - | - | - |
| Okla. | 1 | - | 3 | 5 | 6 | 4 | 29 | 49 | - | - |
| Tex. | 2 | 20 | 24 | 40 | 53 | 70 | - | - | - | 2 |
| MOUNTAIN | 12 | 9 | 28 | 22 | 239 | 281 | 20 | 17 | - | - |
| Mont. | - | - | 1 | 1 | 4 | - | 3 | 2 | - | - |
| Idaho | - | 1 | 2 | 1 | 14 | 8 | - | - | - | - |
| Wyo. | - | - | 2 | 2 | 3 | 86 | - | - | - | - |
| Colo. | 5 | 7 | 14 | 5 | 138 | 96 | - | - | - | - |
| N. Mex. | 1 | - | 4 | 2 | 10 | 19 | - | - | - | - |
| Ariz. | 1 | 1 | 4 | 8 | 46 | 47 | 17 | 15 | - | - |
| Utah | 3 | - | 1 | - | 21 | 20 | - | - | - | - |
| Nev. | 2 | - | - | 3 | 3 | 5 | - | - | - | - |
| PACIFIC | 26 | 54 | 125 | 124 | 146 | 598 | 33 | 39 | 4 | - |
| Wash. | 2 | 7 | 8 | 11 | 103 | 90 | - | - | - | - |
| Oreg. | 2 | 5 | 28 | 24 | 37 | 68 | - | - | 2 | - |
| Calif. | 22 | 42 | 85 | 83 | - | 439 | 26 | 36 | 2 | - |
| Alaska | - | - | 1 | - | 3 | - | 7 | 3 | - | - |
| Hawaii | - | - | 3 | 6 | 3 | 1 | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | - | 2 | 4 | 1 | - | 16 | 17 | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | - | U | - | U | - | U | - | U | - | U |

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | Salmonellosis | | Shigellosis | | Streptococcal disease, invasive, group A | | <i>Streptococcus pneumoniae</i> , invasive | | | |
|----------------|---------------|-----------|-------------|-----------|--|-----------|--|-----------|--------------|-----------|
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Drug resistant, all ages | | Age <5 years | |
| | | | | | | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 6,109 | 10,654 | 2,530 | 7,067 | 1,460 | 2,201 | 823 | 1,263 | 118 | 143 |
| NEW ENGLAND | 293 | 311 | 57 | 87 | 60 | 191 | 7 | 35 | 3 | 1 |
| Maine | 16 | 16 | 1 | 3 | 3 | 11 | - | - | - | - |
| N.H. | 17 | 22 | 3 | - | 8 | 13 | - | - | N | N |
| Vt. | 13 | 5 | 1 | 3 | 1 | 8 | 3 | 4 | 1 | 1 |
| Mass. | 174 | 187 | 37 | 57 | 46 | 84 | N | N | N | N |
| R.I. | 13 | 17 | 1 | 2 | 2 | 1 | 4 | - | 2 | - |
| Conn. | 60 | 64 | 14 | 22 | - | 74 | - | 31 | U | U |
| MID. ATLANTIC | 782 | 841 | 303 | 438 | 213 | 343 | 48 | 42 | 28 | 25 |
| Upstate N.Y. | 178 | 140 | 138 | 66 | 82 | 115 | 21 | 21 | 21 | 17 |
| N.Y. City | 234 | 271 | 79 | 114 | 27 | 51 | U | U | U | U |
| N.J. | 139 | 153 | 48 | 110 | 33 | 82 | N | N | N | N |
| Pa. | 231 | 277 | 38 | 148 | 71 | 95 | 27 | 21 | 7 | 8 |
| E.N. CENTRAL | 850 | 953 | 212 | 377 | 244 | 484 | 183 | 147 | 42 | 62 |
| Ohio | 244 | 276 | 47 | 71 | 85 | 104 | 146 | 103 | 29 | 36 |
| Ind. | 75 | 54 | 40 | 24 | 24 | 28 | 37 | 44 | 10 | 5 |
| Ill. | 216 | 348 | 71 | 189 | 25 | 138 | - | - | - | - |
| Mich. | 170 | 134 | 32 | 61 | 101 | 139 | N | N | N | N |
| Wis. | 145 | 141 | 22 | 32 | 9 | 75 | N | N | 3 | 21 |
| W.N. CENTRAL | 398 | 365 | 91 | 180 | 115 | 131 | 75 | 74 | 12 | 16 |
| Minn. | 88 | 95 | 11 | 24 | 57 | 55 | - | - | 9 | 13 |
| Iowa | 75 | 82 | 26 | 9 | N | N | N | N | N | N |
| Mo. | 118 | 92 | 26 | 65 | 20 | 27 | 3 | 3 | 3 | 1 |
| N. Dak. | 12 | 7 | 1 | 3 | 4 | 7 | - | 3 | - | 2 |
| S. Dak. | 18 | 18 | 4 | 8 | 7 | 13 | 1 | - | - | - |
| Nebr. | 32 | 27 | 4 | 48 | 7 | 15 | - | - | N | N |
| Kans. | 55 | 44 | 19 | 23 | 20 | 14 | 71 | 68 | N | N |
| S. ATLANTIC | 1,530 | 5,583 | 828 | 3,809 | 364 | 493 | 426 | 868 | 3 | 4 |
| Del. | 8 | 21 | 2 | 89 | 1 | 4 | 3 | - | N | N |
| Md. | 111 | 161 | 30 | 159 | 69 | 100 | - | 2 | - | - |
| D.C. | 8 | 7 | 13 | 15 | 2 | 3 | 1 | - | 3 | - |
| Va. | 163 | 136 | 29 | 67 | 15 | 28 | N | N | N | N |
| W. Va. | 29 | 15 | - | - | 9 | 11 | 42 | 16 | - | 4 |
| N.C. | 205 | 277 | 116 | 210 | 37 | 31 | N | N | U | U |
| S.C. | 83 | 84 | 118 | 55 | 21 | 9 | 31 | 55 | N | N |
| Ga. | 308 | 213 | 169 | 365 | 140 | 76 | 148 | 184 | N | N |
| Fla. | 615 | 4,669 | 351 | 2,849 | 70 | 231 | 201 | 611 | N | N |
| E.S. CENTRAL | 338 | 386 | 152 | 240 | 68 | 61 | 50 | 40 | - | - |
| Ky. | 61 | 72 | 22 | 35 | 24 | 12 | 12 | 3 | N | N |
| Tenn. | 98 | 137 | 57 | 78 | 44 | 49 | 38 | 37 | N | N |
| Ala. | 122 | 115 | 54 | 86 | - | - | - | - | N | N |
| Miss. | 57 | 62 | 19 | 41 | - | - | - | - | - | - |
| W.S. CENTRAL | 364 | 565 | 370 | 1,013 | 49 | 163 | 21 | 44 | 26 | 12 |
| Ark. | 55 | 68 | 14 | 14 | 3 | 2 | 3 | 13 | 4 | 4 |
| La. | 33 | 92 | 27 | 107 | - | 1 | 18 | 31 | 3 | 4 |
| Okla. | 53 | 48 | 95 | 172 | 19 | 29 | N | N | 11 | 4 |
| Tex. | 223 | 357 | 234 | 720 | 27 | 131 | N | N | 8 | - |
| MOUNTAIN | 516 | 457 | 199 | 257 | 187 | 177 | 13 | 12 | 4 | 23 |
| Mont. | 25 | 30 | 3 | 1 | - | - | - | - | - | - |
| Idaho | 41 | 55 | 1 | 5 | 3 | 10 | N | N | N | N |
| Wyo. | 13 | 5 | 1 | 1 | 4 | - | 4 | 2 | - | - |
| Colo. | 133 | 124 | 42 | 42 | 56 | 53 | - | - | 2 | 21 |
| N. Mex. | 33 | 36 | 32 | 46 | 27 | 47 | 5 | 10 | - | - |
| Ariz. | 171 | 136 | 93 | 142 | 84 | 63 | - | - | N | N |
| Utah | 54 | 41 | 11 | 9 | 12 | 4 | 2 | - | 2 | 2 |
| Nev. | 46 | 30 | 16 | 11 | 1 | - | 2 | - | - | - |
| PACIFIC | 1,038 | 1,193 | 318 | 666 | 160 | 158 | - | 1 | - | - |
| Wash. | 72 | 97 | 19 | 49 | 20 | - | - | - | N | N |
| Oreg. | 65 | 104 | 16 | 21 | N | N | N | N | N | N |
| Calif. | 802 | 929 | 269 | 583 | 110 | 130 | N | N | N | N |
| Alaska | 27 | 23 | 2 | 4 | 1 | - | - | - | N | N |
| Hawaii | 72 | 40 | 12 | 9 | 29 | 28 | - | 1 | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | 30 | 123 | 1 | 2 | N | N | N | N | N | N |
| V.I. | - | - | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 3 | U | - | U | - | U | - | U | - | U |

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending April 10, 2004, and April 5, 2003 (14th Week)*

| Reporting area | Syphilis | | | | Tuberculosis | | Typhoid fever | | Varicella (Chickenpox) | |
|----------------|---------------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|---------------------------|--------------|
| | Primary & secondary | | Congenital | | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | | | | | | |
| UNITED STATES | 1,666 | 1,912 | 52 | 129 | 1,711 | 2,739 | 54 | 88 | 4,119 | 4,865 |
| NEW ENGLAND | 33 | 48 | 1 | - | 52 | 71 | 7 | 6 | 252 | 1,186 |
| Maine | - | 2 | - | - | - | - | - | - | 43 | 339 |
| N.H. | 1 | 7 | - | - | 1 | 4 | - | - | - | - |
| Vt. | - | - | - | - | - | 2 | - | - | 209 | 252 |
| Mass. | 22 | 31 | - | - | 41 | 32 | 7 | 2 | - | 74 |
| R.I. | 3 | 3 | - | - | 5 | 11 | - | 2 | - | 2 |
| Conn. | 7 | 5 | 1 | - | 5 | 22 | - | 2 | - | 519 |
| MID. ATLANTIC | 217 | 209 | 6 | 20 | 443 | 542 | 8 | 14 | 15 | 5 |
| Upstate N.Y. | 16 | 4 | 1 | 1 | 48 | 43 | - | 3 | - | - |
| N.Y. City | 122 | 111 | 3 | 11 | 241 | 267 | 3 | 7 | - | - |
| N.J. | 38 | 52 | 2 | 8 | 94 | 81 | 3 | 3 | - | - |
| Pa. | 41 | 42 | - | - | 60 | 151 | 2 | 1 | 15 | 5 |
| E.N. CENTRAL | 174 | 255 | 18 | 23 | 243 | 254 | 3 | 8 | 1,899 | 2,034 |
| Ohio | 55 | 56 | 1 | 2 | 47 | 39 | 1 | - | 520 | 443 |
| Ind. | 10 | 10 | - | 6 | 13 | 31 | - | 2 | - | - |
| Ill. | 55 | 95 | 1 | 10 | 156 | 125 | - | 1 | - | - |
| Mich. | 49 | 90 | 16 | 5 | 8 | 48 | 2 | 5 | 1,347 | 1,281 |
| Wis. | 5 | 4 | - | - | 19 | 11 | - | - | 32 | 310 |
| W.N. CENTRAL | 32 | 64 | - | 2 | 63 | 105 | 2 | - | 91 | 11 |
| Minn. | 4 | 21 | - | - | 30 | 34 | 1 | - | - | - |
| Iowa | - | 5 | - | - | 7 | 8 | - | - | N | N |
| Mo. | 20 | 22 | - | 2 | 11 | 29 | 1 | - | 2 | - |
| N. Dak. | - | - | - | - | 2 | - | - | - | 65 | 11 |
| S. Dak. | - | - | - | - | 2 | 9 | - | - | 24 | - |
| Nebr. | 4 | 1 | - | - | 6 | 5 | - | - | - | - |
| Kans. | 4 | 15 | - | - | 5 | 20 | - | - | - | - |
| S. ATLANTIC | 448 | 484 | 7 | 27 | 338 | 492 | 9 | 30 | 630 | 700 |
| Del. | 2 | 2 | - | - | - | - | - | - | 2 | 3 |
| Md. | 81 | 75 | 2 | 5 | 47 | 40 | 2 | 3 | - | - |
| D.C. | 20 | 11 | - | - | - | - | - | - | 6 | 7 |
| Va. | 1 | 25 | - | 1 | 6 | 44 | 2 | 8 | 147 | 136 |
| W. Va. | 1 | - | - | - | 6 | 4 | - | - | 383 | 511 |
| N.C. | 43 | 48 | 1 | 5 | 48 | 37 | 2 | 2 | - | - |
| S.C. | 33 | 35 | - | 4 | 35 | 40 | - | - | 92 | 43 |
| Ga. | 60 | 104 | - | 5 | 11 | 125 | 1 | 2 | - | - |
| Fla. | 207 | 184 | 4 | 7 | 185 | 202 | 2 | 15 | - | - |
| E.S. CENTRAL | 87 | 103 | 2 | 7 | 94 | 168 | 1 | 1 | 1 | - |
| Ky. | 14 | 16 | - | 1 | 15 | 27 | - | - | - | - |
| Tenn. | 43 | 41 | 1 | 1 | 41 | 51 | 1 | - | - | - |
| Ala. | 24 | 37 | 1 | 4 | 38 | 69 | - | 1 | - | - |
| Miss. | 6 | 9 | - | 1 | - | 21 | - | - | 1 | - |
| W.S. CENTRAL | 281 | 229 | 15 | 19 | 127 | 434 | 3 | 2 | 334 | 849 |
| Ark. | 12 | 12 | - | - | 30 | 19 | - | - | - | - |
| La. | 63 | 29 | - | - | - | - | - | - | 1 | 7 |
| Okla. | 7 | 13 | 2 | - | 36 | 29 | - | - | - | - |
| Tex. | 199 | 175 | 13 | 19 | 61 | 386 | 3 | 2 | 333 | 842 |
| MOUNTAIN | 105 | 90 | 3 | 15 | 47 | 61 | 3 | 3 | 897 | 80 |
| Mont. | - | - | - | - | - | - | - | - | - | - |
| Idaho | 8 | 4 | - | - | - | 1 | - | - | - | - |
| Wyo. | 1 | - | - | - | - | 1 | - | - | 14 | 2 |
| Colo. | - | 10 | - | 3 | 6 | 25 | - | 3 | 651 | - |
| N. Mex. | 20 | 19 | - | 4 | - | 3 | - | - | 23 | - |
| Ariz. | 69 | 52 | 3 | 8 | 27 | 25 | 1 | - | - | - |
| Utah | 3 | 1 | - | - | 14 | 6 | 1 | - | 209 | 78 |
| Nev. | 4 | 4 | - | - | - | - | 1 | - | - | - |
| PACIFIC | 289 | 430 | - | 16 | 304 | 612 | 18 | 24 | - | - |
| Wash. | 20 | 16 | - | - | 52 | 60 | 1 | - | - | - |
| Oreg. | 9 | 13 | - | - | 16 | 24 | 1 | 2 | - | - |
| Calif. | 260 | 396 | - | 16 | 201 | 482 | 11 | 22 | - | - |
| Alaska | - | - | - | - | 7 | 17 | - | - | - | - |
| Hawaii | - | 5 | - | - | 28 | 29 | 5 | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | 38 | 51 | - | 7 | 14 | 22 | - | - | 78 | 136 |
| V.I. | - | 1 | - | - | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 2 | U | - | U | 10 | U | - | U | - | U |

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

* Incidence data for reporting years 2003 and 2004 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending April 10, 2004 (14th Week)

| Reporting Area | All causes, by age (years) | | | | | | | P&I [†] Total | Reporting Area | All causes, by age (years) | | | | | | | P&I [†] Total |
|------------------------------|----------------------------|-------|-------|-------|------|----|-------------|---------------------------|---------------------|----------------------------|-------|-------|------|-----|-----|--|---------------------------|
| | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | All Ages | | | ≥65 | 45-64 | 25-44 | 1-24 | <1 | | | |
| NEW ENGLAND | 374 | 266 | 82 | 19 | 4 | 3 | 31 | S. ATLANTIC | 1,174 | 750 | 257 | 95 | 41 | 31 | 78 | | |
| Boston, Mass. | 128 | 83 | 32 | 8 | 3 | 2 | 8 | Atlanta, Ga. | 127 | 67 | 36 | 15 | 4 | 5 | 7 | | |
| Bridgeport, Conn. | U | U | U | U | U | U | U | Baltimore, Md. | 182 | 103 | 50 | 19 | 7 | 3 | 21 | | |
| Cambridge, Mass. | 26 | 20 | 5 | 1 | - | - | 3 | Charlotte, N.C. | 91 | 57 | 24 | 5 | 4 | 1 | 11 | | |
| Fall River, Mass. | 24 | 18 | 5 | 1 | - | - | 4 | Jacksonville, Fla. | 155 | 101 | 31 | 12 | 7 | 4 | 6 | | |
| Hartford, Conn. | U | U | U | U | U | U | U | Miami, Fla. | 97 | 70 | 16 | 7 | 3 | 1 | 3 | | |
| Lowell, Mass. | 27 | 19 | 8 | - | - | - | 2 | Norfolk, Va. | 55 | 34 | 11 | 4 | 2 | 4 | 3 | | |
| Lynn, Mass. | 8 | 4 | 4 | - | - | - | - | Richmond, Va. | 64 | 44 | 10 | 6 | 3 | 1 | 2 | | |
| New Bedford, Mass. | 28 | 25 | 2 | 1 | - | - | 2 | Savannah, Ga. | 62 | 37 | 12 | 5 | 1 | 7 | 5 | | |
| New Haven, Conn. | U | U | U | U | U | U | U | St. Petersburg, Fla. | 48 | 29 | 9 | 6 | 3 | 1 | 7 | | |
| Providence, R.I. | U | U | U | U | U | U | U | Tampa, Fla. | 177 | 129 | 32 | 10 | 3 | 3 | 10 | | |
| Somerville, Mass. | 4 | 3 | - | 1 | - | - | 1 | Washington, D.C. | 100 | 67 | 23 | 5 | 4 | 1 | 2 | | |
| Springfield, Mass. | 32 | 24 | 5 | 2 | - | 1 | 4 | Wilmington, Del. | 16 | 12 | 3 | 1 | - | - | 1 | | |
| Waterbury, Conn. | 34 | 27 | 6 | 1 | - | - | 1 | E.S. CENTRAL | 860 | 577 | 203 | 47 | 19 | 13 | 80 | | |
| Worcester, Mass. | 63 | 43 | 15 | 4 | 1 | - | 6 | Birmingham, Ala. | 176 | 126 | 34 | 7 | 4 | 4 | 15 | | |
| MID. ATLANTIC | 2,169 | 1,523 | 449 | 131 | 40 | 25 | 150 | Chattanooga, Tenn. | 48 | 38 | 8 | - | 1 | 1 | 2 | | |
| Albany, N.Y. | 43 | 24 | 15 | 2 | 2 | - | - | Knoxville, Tenn. | 73 | 52 | 15 | 5 | - | 1 | - | | |
| Allentown, Pa. | 18 | 13 | 3 | 1 | 1 | - | - | Lexington, Ky. | 56 | 33 | 17 | 3 | 1 | 2 | 4 | | |
| Buffalo, N.Y. | 85 | 58 | 22 | 3 | 2 | - | 11 | Memphis, Tenn. | 205 | 133 | 54 | 11 | 6 | 1 | 24 | | |
| Camden, N.J. | 34 | 23 | 8 | 2 | - | 1 | 3 | Mobile, Ala. | 95 | 61 | 26 | 5 | 3 | - | 7 | | |
| Elizabeth, N.J. | 15 | 10 | 2 | 2 | 1 | - | - | Montgomery, Ala. | 41 | 31 | 5 | 3 | 2 | - | 7 | | |
| Erie, Pa. | 42 | 33 | 7 | 2 | - | - | 2 | Nashville, Tenn. | 166 | 103 | 44 | 13 | 2 | 4 | 21 | | |
| Jersey City, N.J. | 47 | 30 | 13 | 4 | - | - | - | W.S. CENTRAL | 1,496 | 930 | 378 | 105 | 42 | 41 | 104 | | |
| New York City, N.Y. | 1,098 | 777 | 226 | 61 | 18 | 15 | 69 | Austin, Tex. | 90 | 53 | 22 | 8 | 3 | 4 | 6 | | |
| Newark, N.J. | 37 | 14 | 16 | 5 | 1 | 1 | 3 | Baton Rouge, La. | U | U | U | U | U | U | U | | |
| Paterson, N.J. | 13 | 7 | 4 | 1 | 1 | - | - | Corpus Christi, Tex. | 61 | 35 | 19 | 3 | 2 | 2 | 8 | | |
| Philadelphia, Pa. | 361 | 244 | 79 | 28 | 8 | 2 | 17 | Dallas, Tex. | 224 | 126 | 60 | 19 | 8 | 11 | 13 | | |
| Pittsburgh, Pa. [‡] | 18 | 13 | 2 | - | 1 | 2 | 1 | El Paso, Tex. | 99 | 64 | 22 | 6 | 4 | 3 | 8 | | |
| Reading, Pa. | 26 | 21 | 4 | 1 | - | - | 1 | Ft. Worth, Tex. | 121 | 81 | 26 | 8 | 3 | 3 | 6 | | |
| Rochester, N.Y. | 145 | 106 | 26 | 9 | 2 | 2 | 23 | Houston, Tex. | 369 | 225 | 89 | 32 | 10 | 13 | 25 | | |
| Schenectady, N.Y. | 25 | 20 | 3 | 2 | - | - | 3 | Little Rock, Ark. | 65 | 36 | 23 | 2 | 2 | 2 | 2 | | |
| Scranton, Pa. | 29 | 25 | 3 | 1 | - | - | 4 | New Orleans, La. | 51 | 30 | 14 | 7 | - | - | - | | |
| Syracuse, N.Y. | 89 | 69 | 13 | 3 | 3 | 1 | 10 | San Antonio, Tex. | 215 | 142 | 51 | 13 | 6 | 3 | 21 | | |
| Trenton, N.J. | 24 | 17 | 2 | 4 | - | 1 | 1 | Shreveport, La. | 90 | 65 | 20 | 5 | - | - | 7 | | |
| Utica, N.Y. | 20 | 19 | 1 | - | - | - | 2 | Tulsa, Okla. | 111 | 73 | 32 | 2 | 4 | - | 8 | | |
| Yonkers, N.Y. | U | U | U | U | U | U | U | MOUNTAIN | 863 | 559 | 198 | 66 | 21 | 18 | 68 | | |
| E.N. CENTRAL | 1,888 | 1,262 | 397 | 128 | 43 | 56 | 120 | Albuquerque, N.M. | 103 | 73 | 18 | 9 | 3 | - | 11 | | |
| Akron, Ohio | 50 | 31 | 14 | 2 | - | 3 | 4 | Boise, Idaho | 42 | 28 | 9 | 4 | 1 | - | 2 | | |
| Canton, Ohio | 39 | 25 | 8 | 6 | - | - | 4 | Colo. Springs, Colo. | 86 | 48 | 33 | 3 | - | 2 | 6 | | |
| Chicago, Ill. | 341 | 205 | 86 | 22 | 7 | 19 | 24 | Denver, Colo. | 103 | 58 | 26 | 10 | 2 | 7 | 6 | | |
| Cincinnati, Ohio | 66 | 41 | 15 | 3 | 3 | 4 | 4 | Las Vegas, Nev. | 248 | 154 | 63 | 17 | 11 | 3 | 16 | | |
| Cleveland, Ohio | 171 | 127 | 27 | 7 | 6 | 4 | 10 | Ogden, Utah | 25 | 18 | 4 | 2 | 1 | - | 2 | | |
| Columbus, Ohio | 213 | 141 | 47 | 15 | 7 | 3 | 13 | Phoenix, Ariz. | 94 | 58 | 24 | 7 | 1 | 3 | 7 | | |
| Dayton, Ohio | 123 | 82 | 30 | 10 | 1 | - | 11 | Pueblo, Colo. | 26 | 19 | 5 | 2 | - | - | - | | |
| Detroit, Mich. | 130 | 74 | 30 | 16 | 7 | 3 | 2 | Salt Lake City, Utah | 136 | 103 | 16 | 12 | 2 | 3 | 18 | | |
| Evansville, Ind. | 37 | 28 | 8 | - | 1 | - | 2 | Tucson, Ariz. | U | U | U | U | U | U | U | | |
| Fort Wayne, Ind. | 46 | 35 | 7 | 2 | 1 | 1 | 2 | PACIFIC | 1,506 | 1,047 | 298 | 102 | 31 | 28 | 128 | | |
| Gary, Ind. | 5 | 3 | 1 | 1 | - | - | 2 | Berkeley, Calif. | 14 | 10 | 2 | - | 1 | 1 | 1 | | |
| Grand Rapids, Mich. | 43 | 26 | 8 | 2 | 1 | 6 | 7 | Fresno, Calif. | 140 | 91 | 29 | 16 | 3 | 1 | 7 | | |
| Indianapolis, Ind. | 193 | 132 | 39 | 10 | 2 | 10 | 14 | Glendale, Calif. | 17 | 12 | 2 | 2 | 1 | - | 2 | | |
| Lansing, Mich. | 30 | 18 | 7 | 4 | - | 1 | - | Honolulu, Hawaii | 83 | 55 | 20 | 7 | - | 1 | 3 | | |
| Milwaukee, Wis. | 114 | 77 | 25 | 9 | 1 | 2 | 11 | Long Beach, Calif. | 69 | 47 | 15 | 4 | 2 | 1 | 9 | | |
| Peoria, Ill. | 45 | 34 | 6 | 4 | 1 | - | 2 | Los Angeles, Calif. | 268 | 168 | 69 | 23 | 4 | 4 | 30 | | |
| Rockford, Ill. | 59 | 49 | 7 | 3 | - | - | 2 | Pasadena, Calif. | 30 | 22 | 6 | - | - | 2 | 6 | | |
| South Bend, Ind. | 38 | 26 | 7 | 4 | 1 | - | 3 | Portland, Oreg. | 140 | 98 | 20 | 10 | 5 | 7 | 9 | | |
| Toledo, Ohio | 68 | 48 | 14 | 6 | - | - | 2 | Sacramento, Calif. | U | U | U | U | U | U | U | | |
| Youngstown, Ohio | 77 | 60 | 11 | 2 | 4 | - | 1 | San Diego, Calif. | 189 | 138 | 36 | 10 | 3 | 2 | 19 | | |
| W.N. CENTRAL | 668 | 455 | 145 | 32 | 18 | 17 | 46 | San Francisco, Calif. | 100 | 71 | 19 | 7 | 2 | 1 | 8 | | |
| Des Moines, Iowa | 72 | 49 | 18 | 3 | 2 | - | 8 | San Jose, Calif. | 198 | 152 | 30 | 10 | 3 | 3 | 16 | | |
| Duluth, Minn. | 33 | 27 | 6 | - | - | - | 1 | Santa Cruz, Calif. | 36 | 26 | 7 | - | 3 | - | 6 | | |
| Kansas City, Kans. | 42 | 28 | 8 | 4 | 1 | 1 | 3 | Seattle, Wash. | 74 | 53 | 14 | 7 | - | - | 7 | | |
| Kansas City, Mo. | 98 | 60 | 25 | 5 | 4 | 4 | 9 | Spokane, Wash. | 54 | 41 | 9 | 1 | 2 | 1 | 2 | | |
| Lincoln, Nebr. | 25 | 21 | 2 | 1 | - | 1 | 2 | Tacoma, Wash. | 94 | 63 | 20 | 5 | 2 | 4 | 3 | | |
| Minneapolis, Minn. | 59 | 51 | 6 | 1 | 1 | - | 5 | TOTAL | 10,998 [†] | 7,369 | 2,407 | 725 | 259 | 232 | 805 | | |
| Omaha, Nebr. | 99 | 66 | 20 | 7 | 4 | 2 | 7 | | | | | | | | | | |
| St. Louis, Mo. | 85 | 42 | 31 | 6 | 2 | 3 | 2 | | | | | | | | | | |
| St. Paul, Minn. | 59 | 40 | 10 | 2 | 1 | 6 | 3 | | | | | | | | | | |
| Wichita, Kans. | 96 | 71 | 19 | 3 | 3 | - | 6 | | | | | | | | | | |

U: Unavailable. -:No reported cases.

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

† Pneumonia and influenza.

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

§ Total includes unknown ages.

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

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

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

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

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

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.