



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

August 20, 2004 / Vol. 53 / No. 32

HIV Transmission Among Black College Student and Non-Student Men Who Have Sex With Men — North Carolina, 2003

In the United States, young black men who have sex with men (MSM) and reside in urban settings have high rates of infection with human immunodeficiency virus (HIV), with incidence and prevalence as high as 14% and 32%, respectively (1–4). Few epidemiologic and behavioral studies have been conducted in this population, and even fewer data are available for black MSM from non-urban areas of the southern United States. In November 2002, the North Carolina Department of Health (NCDOH) identified two cases of acute HIV infection among non-Hispanic black male college students. A retrospective review of all men aged 18–30 years with HIV diagnosed during January 2000–May 2003 indicated an increase in HIV case reports in male college students, from two cases in 2000 to 56 during January 2001–May 2003 (5). Of these 56, a total of 49 (88%) were black, and nearly all were MSM, including some men who had sex with both men and women. In August 2003, NCDOH invited CDC to assist with an epidemiologic investigation of young HIV-positive black MSM in North Carolina. This report summarizes the results of that investigation, which indicated that black MSM college students and non-students in North Carolina had high rates of HIV risk behaviors, underscoring the need for enhanced HIV-prevention programs in these populations.

NCDOH surveillance data from 1998–2002 for newly reported HIV infections and North Carolina census data were reviewed (6); age- and race-specific HIV rates were calculated. A case-control study was conducted to identify behavioral risk factors for HIV infection in young black MSM. Cases were defined as those occurring in HIV-positive college students who had HIV diagnosed during 2001–2003, were black MSM aged 18–30 years, and were North Carolina residents. Two groups of HIV-negative controls were enrolled in the study (i.e., college students and non-students), all of whom also were black MSM aged 18–30 years who lived in North Carolina.

Face-to-face interviews were conducted to obtain epidemiologic and behavioral information. Sexual behaviors were reported for the 12-month period preceding either the date of diagnosis for HIV-positive college students or the date of interview for HIV-negative college students and non-students.

To complement quantitative information collected by questionnaire, all participants were asked to share insights about why high-risk sexual behavior was occurring among young black MSM. In addition, three discussion groups were convened with approximately 60 black male and female students from 11 colleges in North Carolina to discern perceived barriers to sexual risk reduction and to elicit suggestions for prevention programs targeting college students.

During 1998–2002, rates of newly reported HIV infection in North Carolina were higher in black men in all age groups compared with white men overall (Figure). Among black men aged 18–24 years, a statistically significant increase was observed during this period, from 65 per 100,000 population in 1998 to 92 in 2002 ($p < 0.01$).

Of the 49 HIV-positive black male college students who had been identified previously by the NCDOH HIV surveillance system, 17 (35%) were recruited for the study; 24 could

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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].

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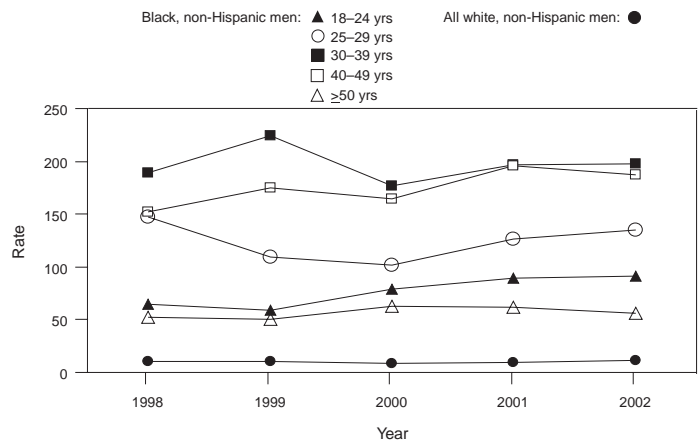
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Notifiable Disease Morbidity and 122 Cities Mortality Data

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FIGURE. Rates* of newly reported human immunodeficiency virus infection among non-Hispanic black men, by year and age group, and among all non-Hispanic white men, by year — North Carolina, 1998–2002



* Per 100,000 population.

no longer be located or did not respond to inquiries, seven refused participation, and one was deceased. One case was identified in an HIV-positive college student during control recruitment activities. Overall, 19 HIV-negative college students and 15 HIV-negative non-students were recruited during HIV pre- or post-test counseling activities at local health departments (n = five), gay nightclubs (n = 26), and the North Carolina Pride Festival (n = three).

In general, characteristics of the HIV-positive and HIV-negative college student groups were similar to one another but different from the HIV-negative non-student group (Table). Other than lifetime history of gonorrhea, no statistically significant differences were seen among the three groups. College students were younger than non-students, and the mean number of lifetime sex partners was lower for college students than non-students. The mean number of partners and the frequency of unprotected receptive anal intercourse with casual and steady partners were similar for the three groups. The majority of both steady and casual sexual partners for all three groups were black and aged 18–30 years. Approximately 20% of study participants had a female sex partner during the preceding 12 months.

Nearly one third of both HIV-positive and HIV-negative college students met sex partners on college campuses, but the majority of both of these groups met their sex partners at gay nightclubs or over the Internet. Fewer college students than non-students identified as gay or disclosed their sexual identity to everyone or to most people. Nearly 70% of study participants previously had tested for HIV, and 70% believed they were unlikely to have been infected with HIV at the time of their most recent HIV test. Two HIV-positive students, six

TABLE. Selected characteristics of young non-Hispanic black college student and non-student men who have sex with men — North Carolina, 1998–2002

| | HIV*-positive college students (n = 18) | HIV-negative college students (n = 19) | HIV-negative non-students (n = 15) |
|--|---|--|------------------------------------|
| Median age (yrs) | 21.2 | 21.2 | 24.7 |
| Mean no. (median; range) of lifetime sex partners | 20 (20; 3–60) | 18 (12; 3–70) | 43 (12; 4–250) |
| No. and % with steady male partners during preceding 12 months | 16 (89) | 17 (89) | 13 (87) |
| Mean no. of partners | 1.8 | 1.5 | 1.7 |
| % black, non-Hispanic | 100 | 94 | 69 |
| % 18–22 years old | 56 | 65 | 39 |
| % 23–30 years old | 62 | 41 | 54 |
| % unprotected receptive anal intercourse | 56 | 47 | 38 |
| No. and % with casual male partners during preceding 12 months | 10 (55) | 12 (63) | 12 (80) |
| Mean no. of partners | 3.8 | 3.9 | 6.3 |
| % black, non-Hispanic | 100 | 92 | 92 |
| % 18–22 years old | 80 | 75 | 50 |
| % 23–30 years old | 70 | 75 | 83 |
| % unprotected receptive anal intercourse | 40 | 33 | 25 |
| No. and % with recent female partner during preceding 12 months | 4 (22) | 3 (16) | 3 (20) |
| % unprotected vaginal intercourse | 50 | 33 | 100 |
| No. and % with lifetime history of sexually transmitted disease | | | |
| Gonorrhea† | 7 (39) | 1 (5) | 4 (27) |
| Syphilis | 1 (6) | 1 (5) | 0 (0) |
| Chlamydia | 1 (6) | 1 (5) | 0 (0) |
| No. and % by partner meeting venues | | | |
| College campus | 6 (33) | 6 (32) | 0 (0) |
| Gay night clubs | 6 (33) | 10 (53) | 9 (60) |
| Internet | 6 (33) | 7 (37) | 5 (33) |
| Telephone chat lines | 4 (22) | 1 (5) | 3 (20) |
| No. and % by sexual identity§ | | | |
| Straight | 2 (11) | 0 (0) | 0 (0) |
| Bisexual | 7 (39) | 8 (42) | 3 (20) |
| Gay | 8 (44) | 11 (58) | 12 (80) |
| No. and % by disclosure of sexual identity | | | |
| No one/Some people | 13 (72) | 12 (63) | 5 (33) |
| Half of people | 2 (11) | 1 (5) | 1 (7) |
| Everyone/Most people | 3 (17) | 6 (32) | 9 (60) |
| No. and % by HIV risk perception | | | |
| Likely | 0 (0) | 2 (11) | 0 (0) |
| Equally likely/Unlikely | 4 (22) | 5 (26) | 5 (33) |
| Unlikely | 13 (72) | 12 (63) | 10 (67) |
| No. and % with previous HIV test | 12 (67) | 13 (68) | 11 (73) |

* Human immunodeficiency virus.

† HIV-negative college students compared with HIV-positive college students by Fisher exact test (p<0.05).

§ One HIV-positive college student had no preferred sexual identity.

HIV-negative students, and four non-students reported having had recent sex partners in multiple states outside of North Carolina, including Delaware, Florida, Georgia, New York, South Carolina, Tennessee, Texas, Virginia, and the District of Columbia.

Both MSM study participants and college student discussion group participants provided similar explanations for why MSM specifically, and young black people in general, continue to engage in high-risk sexual behavior. The most common reasons were 1) lack of sustained prevention messages targeting young blacks, 2) feeling personally disconnected from the reality that they might contract HIV, and 3) believing that physical characteristics and appearance can inform one about their partner's HIV status.

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Editorial Note: The findings in this report highlight the need for enhanced HIV-prevention programs among young black MSM and are consistent with previous studies documenting elevated HIV risk behaviors and infection in this population (3,4). The high-risk sexual behaviors noted among the limited number of black MSM college students and non-students in this investigation could be related to the increase in HIV rates observed for black men aged 18–24 years in North Carolina surveillance data and might provide insights into the broader HIV transmission patterns among young, black MSM in general.

Although one third of black MSM college students reported meeting partners on campus, the majority reported meeting partners either at nightclubs or over the Internet, suggesting that prevention activities need to be targeted both on and off campus. Moreover, because many young black MSM might not regularly visit traditional testing sites such as health departments for sexually transmitted disease (STD)- and HIV-related health concerns, alternative venues such as nightclubs and the Internet should be considered as nontraditional testing and/or prevention sites for this population.

Despite the high rates of high-risk behaviors, STDs, and previous HIV testing in this population, the majority of study participants did not perceive themselves at risk for HIV infection at the time of their most recent HIV tests. This finding suggests that current HIV-prevention messages are not effectively reaching young black MSM and that education about HIV risk needs to be more effectively communicated at the time of HIV testing. Moreover, because risk perception might

be diminished by receipt of a negative HIV test, reports of high-risk sexual behavior must be addressed with appropriate prevention messages at the time of HIV pre- and post-test counseling. In addition, the results of this study support the integration of HIV-prevention activities into routine STD evaluation and care.

Because a substantial proportion of the college students either did not identify as gay or were not open about their sexual identity, prevention messages that focus on sexual risk reduction rather than gay identity should be developed for young black MSM. In addition, because nearly 20% of study participants also reported having recent female sex partners, HIV risk-reduction messages should be developed and communicated to young women as well. The information collected in the discussion groups with black college students highlights the value of soliciting community input before developing on- and off-campus HIV-prevention messages for this population.

Because study participants reported having recent sex contacts in multiple states, the frequency of high-risk behaviors in this population might not be limited to North Carolina. Further surveillance activities are needed to define the extent of high-risk behaviors among young black MSM in other geographic areas so appropriate on- and off-campus HIV-prevention activities can be designed.

The findings in this report are subject to at least four limitations. First, the sexual behaviors of enrolled participants might have been different from those persons not enrolled. Second, recall bias for high-risk behaviors might have occurred, especially for students with HIV diagnosed in 2001. Third, a selection bias might have been introduced because HIV-positive participants were identified through case reports, whereas HIV-negative participants were recruited primarily at nightclubs. Finally, the small sample size limits the ability to make certain inferences regarding differences in sexual behaviors.

This investigation demonstrates that expansion of multiple HIV-prevention activities for young black MSM is needed. Because this is the first investigation conducted in young black MSM outside of large urban settings, further studies should explore whether similar phenomena are occurring in other states, particularly in the southern United States. In response to these findings, CDC and NCDOH are collaborating to adapt a scientifically based preventive intervention for the black MSM population in North Carolina (7). In addition, CDC recently announced the availability of funding to implement rapid-HIV-testing demonstration projects in settings that include college campuses. State and local health departments as well as community-based organizations should consider

engaging in similar HIV-prevention efforts and in the development of effective preventive interventions for young black MSM.

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Tuberculosis Transmission in Multiple Correctional Facilities — Kansas, 2002–2003

Tuberculosis (TB) is a substantial health concern in correctional facilities; inmates and employees are at high risk, and TB outbreaks can lead to transmission in surrounding communities (1–3). The Advisory Council for the Elimination of Tuberculosis (ACET) recommends that all correctional facilities have a written TB infection-control plan (TBICP) (4). In September 2002, after diagnosis of smear-positive pulmonary TB in a prison inmate, the Kansas TB Control Program, with assistance from CDC, initiated a 6-month contact investigation. This report summarizes the results of that investigation, which determined that, while symptomatic for TB, the inmate had resided in three different jails and a state prison, placing hundreds of employees and other inmates at risk for TB infection. The circumstances of this case underscore the need for effective TBICPs to be implemented by trained employees in jails and prisons and for establishment of mechanisms to facilitate information-sharing between correctional facilities and local and state health departments.

Case Report

In October 2001, a U.S.-born man aged 36 years who was living temporarily in a California homeless shelter had a productive cough with hemoptysis. In December 2001, a physician at the shelter examined the man, suspected TB or

a•ware: *adj*

(ə-'wâr) 1 : marked by comprehension, cognizance, and perception; see also *MMWR*.



know what matters.



neoplasia, and recommended a chest radiograph; however, the man did not follow the recommendation.

In January 2002, the man returned to his residence in Kansas. Shortly after arrival, he turned himself in to police on an outstanding arrest warrant. He was held in jail A for 3 days before being transferred to jail B. While in jail B, he received a medical evaluation, and bronchial asthma was diagnosed. A tuberculin skin test (TST) was not administered, nor was a chest radiograph obtained. After 7 weeks in jail B, the man was released in March 2002.

In June 2002, the man was convicted of a crime and again placed in jail A for 3 days. He was then transferred to jail C, a large overflow facility, pending sentencing. During the 6 weeks the man was in jail C, 125 transferred inmates passed through the facility.

In August 2002, after being held for a total of 14 weeks in three jails, none of which had a TBICP or had provided TB screening for inmates or employees, the man was sentenced and transported to a Kansas state prison. During routine processing of entering inmates, he answered affirmatively to six of seven questions regarding TB symptoms. The state prison had a TBICP in place, and a medical evaluation was indicated on the basis of the man's answers; however, he was not referred for medical evaluation. Following the prison's TBICP procedure for entering prisoners who are to be serially TB screened, medical staff performed a two-step TST, which was read as 0 mm induration on both occasions. The new inmate was then placed among the general prison population.

Medical staff at the state prison did not see the inmate again until 4 weeks later, when he was scheduled to receive chronic care for asthma. At this medical examination, he received a chest radiograph that showed a cavitory lesion of the right lower lobe. Despite having TB symptoms, he was placed back with the general prison population and scheduled for a computerized tomography (CT) scan 2 weeks later to rule out neoplasia. After the CT scan indicated cavitory lesions consistent with TB, the man, now the TB index patient, was placed in airborne infection isolation (AII), and sputum samples were collected. The AII room was newly constructed and in working condition, according to maintenance and monitoring documentation. However, because the recommended N95 respirators (5) were not available, prison health staff used surgical masks when in the AII room with the index patient. The first laboratory result from the index patient of 4+ smear-positive *Mycobacterium tuberculosis* was reported in late September, 6 weeks after he had arrived at the prison facility.

Contact Investigation

A contact investigation conducted in Kansas and Missouri identified 318 of an estimated 800 possible contacts of the index patient during the infectious period, defined as the time from symptom onset to diagnosis, October 2001–September 2002. Of these contacts, two (0.6%) received a diagnosis of TB disease. These two patients had been cellmates of the index patient, one in jail A and the other in jail C. Tests of samples from these patients and the index patient determined they had *M. tuberculosis* isolates with a matching 10-band restriction fragment-length polymorphism pattern. The three isolates also had matching spacer oligonucleotide typing and mycobacterial interspersed repetitive unit patterns.

Of 318 contacts identified, 256 were tested, and 47 (19.1%) of those received diagnoses of latent TB infection (LTBI); 60 contacts could not be located or refused follow-up. Two (4.1%) had a previously documented positive TST. Sixty (23.4%) contacts had a previously documented negative TST, and six (10.0%) of these had a positive TST during investigation screening. Among 196 contacts with no previously documented TST, 41 (20.9%) had a positive TST during the investigation screening (Table). The majority of infections among jail and prison employees occurred in jail B (TST reaction rate: eight of 36 [22.2%]) and jail C (TST reaction rate: five of 32 [15.6%]), compared with jail A (TST reaction rate: one of 14 [7.1%]) and the state prison (TST reaction rate: one of 58 [1.7%]). All three jails had an open-cell design with multiple inmates per cell; the state prison had single-occupancy cells with solid walls and doors.

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TABLE. Tuberculin skin test (TST) reaction rate*, by contact group and TST history — Kansas, 2002–2003

| Contact group | Total tested† | Contacts with positive TST | TST reaction rate (%) |
|------------------------------|---------------|----------------------------|-----------------------|
| Household | | | |
| Previously negative TST | 1 | 1 | 100 |
| No previous TST | 5 | 3 | 60 |
| Inmates | | | |
| Previously negative TST | 21 | 3 | 14.3 |
| No previous TST | 81 | 25 | 30.9 |
| Jail/Prison employees | | | |
| Previously negative TST | 38 | 2 | 5.3 |
| No previous TST | 102 | 13 | 12.7 |
| Other contacts | | | |
| Previously negative TST | 0 | 0 | 0 |
| No previous TST | 8 | 0 | 0 |
| Total contacts | | | |
| Previously negative TST | 60 | 6 | 10.0 |
| No previous TST | 196 | 41 | 20.9 |

* TST reaction rate = contacts with positive TST/total contacts.

† N = 256.

Editorial Note: During 1992–2002, the TB rate in Kansas increased from 2.2 per 100,000 population to 3.3, the largest increase among all 50 states and the District of Columbia; in the majority of states, the TB rate declined (6). Although the contribution of correctional facilities to the TB burden in Kansas is unknown, a study in Tennessee reported that 43% of persons identified with TB in the city of Memphis had previous contact with a single urban jail and no other identified common exposure (3).

As a result of the investigation findings described in this report, the Kansas TB Control Program worked with prisons, jails, and local health departments to provide guidance for developing or improving TBICPs and providing TB education and baseline TSTs for all correctional employees. This guidance has improved communication among all agencies to coordinate the return to the community of inmates receiving TB medications.

Outbreak investigators were limited in their ability to determine the extent of TB transmission directly attributable to the index patient because of lack of previously documented TST results and the large number of contacts who could not be located or refused follow-up.

Compared with the general population, inmates have higher TB prevalence, associated with their higher prevalence of human immunodeficiency virus, increased illicit substance use, and lower socioeconomic status [SES]. The risk for TB is known to increase with lower SES, with crowded living conditions having the greatest impact (7). Overcrowding enhances the likelihood of infectious droplet nuclei transmission and has been correlated with TST conversion in the Maryland state correctional system (8). Cell design and overcrowding might have been factors in TB transmission in these three Kansas jails. However, the impact of overcrowding and ventilation could not be assessed directly in this investigation because facility surveys were not conducted.

Early identification and treatment of persons with TB disease remains the most effective means of preventing disease transmission. With the assistance of state and local health departments, correctional facilities should develop formal TBICPs (Box). Health departments should provide assistance to correctional facilities in developing TBICPs and conducting contact investigations, thereby controlling transmission within facilities and the surrounding communities. Employee education and continuous monitoring and evaluation of these policies should be part of every TBICP. In addition, correctional facilities should maintain a tracking system for inmate TB screening and treatment and establish a mechanism for sharing this information with local and state health departments and other correctional facilities (4).

BOX. Recommendations for a tuberculosis (TB) infection-control plan (TBICP) in a correctional facility

Goal of TBICP in correctional facilities

- Prevent disease transmission by enabling early identification and prompt initiation of treatment of TB disease.

Screen inmates

- Identify inmates with TB disease and latent TB infection (LTBI) promptly.
- Follow guidelines of the Advisory Council for the Elimination of Tuberculosis for screening based on correctional facility type.
- Report cases of suspected or confirmed TB disease to the health department.

Isolate persons with suspected or confirmed TB disease

- Use an airborne-infection isolation (AII) room within the facility or transfer the patient to a local hospital where an AII room is available.
- Instruct persons who enter the AII room to wear N95 respirators.
- Implement a thorough contact investigation promptly.

Treat persons with TB disease and LTBI

- Provide appropriate diagnostic, treatment, and laboratory services.
- Follow American Thoracic Society treatment guidelines.
- Perform directly observed therapy with all TB medications.
- Follow up with inmates released before completing treatment.

Assess TB prevention activities

- Monitor and evaluate screening and containment efforts.
- Collect and analyze data to monitor whether these activities are being implemented successfully.

Engineering controls

- Ensure that all engineering controls are properly installed and maintained.
- Consider supplementing ventilation systems in temporary holding and communal areas with high-efficiency particulate air filtration and ultraviolet germicidal irradiation.

Employee protection program

- Obtain medical history, provide physical examinations, and perform tuberculin skin testing for all new employees at the time of hiring.
- Implement a formal respiratory protection program, including employee education and fit testing for respirator use.

Sources: CDC. Prevention and control of tuberculosis in correctional facilities: recommendations of the Advisory Council for the Elimination of Tuberculosis. MMWR 1996;45(No. RR-8).

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Acknowledgments

The findings in this report are based in part on contributions from county health departments, prison health services, Kansas Dept of Corrections, Missouri Tuberculosis Control Program.

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Possible Dialysis-Related West Nile Virus Transmission — Georgia, 2003

In October 2003, the Georgia Division of Public Health (DPH) was notified of two patients from the same county with confirmed West Nile virus (WNV) disease who had received hemodialysis on the same day and on the same dialysis machine. The two dialysis patients (patients A and C) had the only confirmed cases of human WNV disease reported in their county in 2003. Review of the dialysis center's records indicated that another patient (patient B) had received dialysis on the same machine between these two patients on the same day. This report summarizes results of the epidemiologic investigation, which suggested that WNV might have been transmitted at the dialysis center. Hemodialysis centers should adhere strictly to established infection-control procedures to avoid WNV transmission through dialysis.

Patient A. The first patient, who received dialysis on the machine (machine A) in late August, was a man aged 77 years with a history of hypertension and end-stage renal disease (ESRD). Eight days after dialysis, patient A was hospitalized with a 48-hour history of fever, chills, confusion, and anorexia. Blood cultures were negative. Serologic testing of serum

revealed IgM and IgG antibodies to WNV by enzyme-linked immunosorbent assay (ELISA) and a higher neutralizing antibody titer to WNV (1:1,280) than to St. Louis encephalitis virus (SLEV) (1:320). Patient A had not received a blood transfusion <30 days before symptom onset. After a 9-day hospitalization, he was afebrile at discharge.

Patient B. The second patient, who received dialysis on machine A between patients A and C, was a woman aged 71 years with a history of type 2 diabetes, ESRD, and hypertension. Dialysis center and hospital records and patient interview revealed no symptoms of illness during late August or early September, and patient B had not received a blood transfusion in July, August, or September. In addition, she had never received a flavivirus vaccination (which might elicit cross-reactive antibody to serologic tests for WNV) or traveled outside the United States. A serum sample obtained 42 days after dialysis was uninterpretable for IgM antibody to WNV (i.e., because of high background reactivity), negative for IgM to SLEV, and positive for IgG to both WNV and SLEV by ELISA; the neutralizing antibody titers were 1:160 to WNV and 1:10 to SLEV. A second specimen taken from this patient 84 days after dialysis was negative for IgM antibody to WNV and SLEV by ELISA, positive for IgG to both WNV and SLEV by ELISA, and had neutralizing antibody titers of 1:320 to WNV and 1:20 to SLEV.

Patient C. The third and last patient to receive dialysis on machine A on the same day in late August was a man aged 60 years with a history of type 2 diabetes, hypertension, alcoholism, recent onset of ESRD, and prostate cancer. Nineteen days after his dialysis procedure, patient C was admitted to a local hospital with fever, chills, altered mental status, and cachexia. After admission, he had seizures and was intubated and placed on a ventilator. Analysis of cerebrospinal fluid (CSF) indicated a mild pleocytosis (67 white blood cells [62% polynuclear cells, 38% mononuclear cells] and five red blood cells/mm³) and an elevated protein level (122 mg/dL). Computerized tomography scans of the patient's brain on the second and tenth days of hospitalization revealed bilateral lacunar infarcts, white matter changes, and cortical and subcortical atrophy. Serologic tests of serum were positive for IgM and IgG antibodies to WNV by ELISA. The neutralizing antibody titer was higher to WNV (1:1,280) than to SLEV (1:20). Patient C had not received a blood transfusion <30 days before symptom onset. Twenty days after admission, he had a high fever and respiratory failure and died.

DPH and the local health department investigated practices and procedures at the dialysis center. No breakdowns in disinfection procedures for the dialysis machine or dialyzers

and no breaches in infection-control practices were revealed. All bloodline attachments to the dialysis machine were disposable and discarded after each dialysis session. Patient blood samples were withdrawn from the bloodline for testing on a monthly basis, unless otherwise directed by the physician. Medications were bottled in multiple-dose units but were drawn by using a needle in a separate medication room and injected into the patients' bloodlines with a syringe. Both the needle and syringe were then discarded. No single medication was administered to all three patients on the day of their dialyses. However, patients A and B had received a common medication, and patients A and C also had received a common medication, although most likely from separate vials. Blood samples from three other patients who had received dialysis on machine A on the previous day and on the following day were all negative for IgM and IgG antibodies to WNV.

Patients A and C resided in the same neighborhood, 0.2 miles apart, and patient B resided approximately 1 mile away from this neighborhood. An environmental assessment around the homes of patients A and C and in the neighborhood where they resided revealed a high potential for mosquito exposure, including lack of window screens, barrels of stagnant water, and wooded areas between homes. Mosquito surveillance of the area in mid-October indicated that *Culex quinquefasciatus* mosquitoes were the most abundant mosquito species; however, no WNV-positive mosquitoes were identified, as would be expected from mosquito collections obtained so late in the transmission season. Pesticide spraying to kill adult mosquitoes in the neighborhood was conducted two days after surveillance. Three neighbors of patients A and C submitted blood samples for testing for WNV; all samples were negative for IgM and IgG antibodies to WNV.

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Editorial Note: This cluster of hemodialysis patients with WNV infections suggests possible transmission of WNV in the dialysis center. However, the epidemiologic investigation was inconclusive in determining a source of infection. One or more of these dialysis patients might have acquired WNV infection at the dialysis center through an undetected breach in infection-control procedures, or outside the dialysis center from the bite of an infected mosquito. Mosquito bites are the

most common transmission route for WNV; however, WNV transmissions through blood transfusion, organ transplantation, in utero, and possibly through breast milk have been described (1–4). Unlike patients A and C, patient B was not confirmed with WNV disease, although laboratory results for patient B were consistent with previous WNV infection (with typical cross-reactivity to the closely related SLEV). The lack of detectable IgM and stable neutralization titers precluded very recent infection of patient B but was consistent with infection as recent as early September.

In the United States, transmission of bloodborne pathogens such as hepatitis B and hepatitis C viruses has occurred in health-care settings. The majority of the outbreaks of hepatitis viruses among hemodialysis patients were caused by cross-contamination of supplies, equipment, or medication and lapses in infection-control practices (5). Human immunodeficiency virus transmission to hemodialysis patients outside of the United States has been associated with reuse of access needles, dialyzers, and improper injection practices (6–8).

Patients on dialysis are highly susceptible to infections because they often are immunocompromised and are exposed routinely to invasive techniques and devices (9,10). The possibility that WNV might be transmitted during dialysis underscores the necessity for dialysis facilities to strictly adhere to proper infection-control procedures at all times (9).

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*Brief Report***Illness Associated with Drift of Chloropicrin Soil Fumigant into a Residential Area — Kern County, California, 2003**

Chloropicrin is the fourth most commonly used soil fumigant in California. Exposure to chloropicrin causes eye and respiratory tract irritation, vomiting, and diarrhea (1). This report describes an investigation by the California Department of Pesticide Regulation (CDPR) and the Kern County Agriculture Commissioner (KCAC) into illnesses associated with the offsite drift of chloropicrin in Kern County. A total of 165 persons experienced symptoms consistent with chloropicrin exposure. The findings underscore health risks associated with fumigants and the usefulness of procedures adopted in California to ensure both prompt identification of exposure events and timely notification of the affected public.

On October 3, 2003, an agricultural pest control service began applying 100% chloropicrin at a concentration of 80 pounds/acre to 34 acres of fallow land in Kern County. Chloropicrin was injected 17–18 inches into the soil; a weighted board was used to compact the soil, treating 18 acres. That evening, residents living one quarter mile west of the application site experienced irritant symptoms. The Kern County Fire Department (KCFD) was contacted to investigate; however, darkness, distance from the treated field, and absence of chloropicrin odor prevented firefighters from identifying the source of the irritation. Records from a weather station approximately 7 miles southeast of the application site indicated low wind speeds and stable atmospheric conditions but also that the wind direction had changed that evening, blowing from the field toward the residential dwellings.

The next day, chloropicrin was applied to the remaining 16 acres. A 60-foot, chloropicrin-free buffer was maintained around the perimeter of the field because workers noted a persistent odor when they arrived. Residents one quarter mile west and south of the field complained about irritant symptoms that evening. Residents notified KCFD; several responding firefighters experienced eye irritation. The wind had changed again that evening and begun blowing from the field toward the residential dwellings. Suspecting a pesticide release, KCFD notified KCAC. The field was recompacted, and the odor ceased.

On October 6, KCAC notified CDPR about the incident. KCAC and CDPR conducted in-person interviews at 35 households located approximately one quarter mile west and

south of the field and at a day care center; additional interviews were conducted on October 15. The 35 households and day care center had a total of 172 persons present during the exposure period. Representatives from each household and the day care center were interviewed by using a standardized questionnaire (2). In addition, five workers involved with the fumigation were questioned informally, and KCFD records were reviewed to identify affected firefighters.

The investigation determined that 165 persons reported symptoms compatible with illness caused by chloropicrin; median age of the persons was 16 years (range: 3 months–63 years). Nearly all (99%) had irritant symptoms (e.g., eye or upper respiratory) (Table); nine (5%) received medical evaluations. Seven had persistent respiratory symptoms when interviewed 11 days after the event. Follow-up medical care was limited because most of the affected persons lacked health insurance.

Exposures were retrospectively estimated by using a standard air dispersion model (3). Estimated 1-hour average chloropicrin air concentrations in areas south and west of the field ranged up to 0.20 parts per million (ppm). Peak-to-mean extrapolations indicated that peak concentrations might have exceeded 1 ppm. The Occupational Safety and Health Administration permissible exposure limit and the National Institute for Occupational Safety and Health (NIOSH)-recommended exposure limit is 0.10 ppm averaged during 8 hours. However, extrapolations from animal studies suggest 0.0044 ppm as a safe level for a 1-hour environmental exposure (4).

According to KCAC, a possible cause of the offsite drift was failure to contain the chloropicrin adequately after application. After the incident, KCAC imposed new restrictions on chloropicrin applications, including prohibition of applications within one quarter mile of an occupied structure and mandatory use of a heavy-duty tarp or water seal for applications within one half mile of such structures.

The findings in this report are subject to at least two limitations. First, this report is limited by an imprecise estimate of reported cases. Some affected persons likely were not interviewed, leading to an underestimation. Conversely, false-positive cases cannot be excluded because some self-reported symptoms might not have been related to exposure. Second, environmental measurements were not conducted to confirm chloropicrin exposure.

Adequate chloropicrin containment measures are needed to prevent similar community outbreaks. In addition, when outbreaks occur, measures are needed to prevent the community

distress that arises when government authorities do not provide timely information regarding the emergency response and follow-up investigation findings. In 2003, CDPR developed procedures to respond to incidents involving offsite drift of pesticides (2). This approach might be useful in other jurisdictions where offsite pesticide drift can occur.

TABLE. Number* and percentage of persons with acute chloropicrin-related illness, by selected characteristics — Kern County, California, October 2003

| Characteristic | No. | (%) |
|--------------------------------------|-----|------|
| Age group (yrs) | | |
| 0–5 | 22 | (13) |
| 6–9 | 17 | (10) |
| 10–14 | 23 | (14) |
| 15–19 | 15 | (9) |
| 20–29 | 18 | (11) |
| 30–39 | 21 | (13) |
| 40–64 | 26 | (16) |
| Unknown | 23 | (14) |
| Sex | | |
| Female | 77 | (47) |
| Male | 88 | (53) |
| Severity† | | |
| Low | 163 | (99) |
| Moderate | 2 | (1) |
| Date of exposure | | |
| October 3 | 9 | (6) |
| October 4 | 135 | (82) |
| Both dates | 22 | (14) |
| Occupation | | |
| Firefighter | 9 | (6) |
| Applicator/Grower | 4 | (2) |
| Day care worker | 2 | (1) |
| Nonoccupational (community resident) | 150 | (91) |
| Symptoms | | |
| Eye | 164 | (99) |
| Lacrimation | 125 | (82) |
| Pain/Burning | 89 | (54) |
| Skin (pruritis or rash) | 3 | (2) |
| Gastrointestinal | 77 | (47) |
| Vomiting | 37 | (22) |
| Nausea | 35 | (21) |
| Abdominal pain | 10 | (6) |
| Diarrhea | 5 | (3) |
| Hematochezia | 1 | (1) |
| Respiratory | 85 | (51) |
| Cough | 53 | (32) |
| Dyspnea | 27 | (16) |
| Upper respiratory irritation | 22 | (13) |
| Chest pain | 8 | (5) |
| Asthma exacerbation | 6 | (4) |
| Neurologic | 40 | (24) |
| Headache | 39 | (25) |
| Dizziness | 1 | (1) |
| Fatigue | 1 | (1) |

* N = 165.

† Using CDC's severity index for use in state-based surveillance of acute pesticide-related illness and injury. Available at <http://www.cdc.gov/niosh/topics/pesticides/pdfs/pest-sevindexv6.pdf>.

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a teacher appears."*

Chinese Proverb

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West Nile Virus Activity — United States, August 11–17, 2004

During August 11–17, a total of 194 cases of human West Nile virus (WNV) illness were reported from 17 states (Alabama, Arizona, California, Colorado, Florida, Illinois, Louisiana, Maryland, Minnesota, Mississippi, Missouri, New Mexico, Ohio, South Dakota, Texas, Utah, and Virginia).

During 2004, a total of 27 states have reported 689 cases of human WNV illness to CDC through ArboNET (Table, Figure). Of these, 291 (42%) cases were reported from Arizona. A total of 386 (56%) of the 689 cases occurred in males; the median age of patients was 50 years (range: 1 month–99 years). Illness onset ranged from April 23 to August 12; a total of 20 cases were fatal.

A total of 55 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET in 2004. Of these, 33 (60%) were reported from Arizona, eight from California, three each from Florida, New Mexico, and South Dakota, two from Colorado, and one each from Iowa, Missouri, and Wisconsin. Of the 55 PVDs, two persons aged 66 and 69 years subsequently had neuroinvasive illness, and 11 persons (median age: 55 years [range: 22–73 years]) subsequently had West Nile fever.

In addition, during 2004, a total of 2,530 dead corvids and 441 other dead birds with WNV infection have been

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2004*

| State | Neuroinvasive disease [†] | West Nile fever [§] | Other clinical/ unspecified [¶] | Total reported to CDC ^{**} | Deaths |
|--------------|------------------------------------|------------------------------|--|-------------------------------------|-----------|
| Alabama | 4 | 0 | 0 | 4 | 0 |
| Arizona | 112 | 31 | 148 | 291 | 3 |
| Arkansas | 1 | 2 | 0 | 3 | 0 |
| California | 64 | 74 | 24 | 162 | 5 |
| Colorado | 18 | 104 | 0 | 122 | 1 |
| Florida | 9 | 3 | 0 | 12 | 1 |
| Illinois | 3 | 2 | 1 | 6 | 0 |
| Iowa | 1 | 2 | 0 | 3 | 1 |
| Kentucky | 0 | 1 | 0 | 1 | 0 |
| Louisiana | 10 | 0 | 0 | 10 | 5 |
| Maryland | 0 | 1 | 0 | 1 | 0 |
| Michigan | 1 | 0 | 0 | 1 | 0 |
| Minnesota | 4 | 3 | 0 | 7 | 0 |
| Mississippi | 3 | 1 | 1 | 5 | 1 |
| Missouri | 2 | 1 | 1 | 4 | 0 |
| Nebraska | 0 | 1 | 0 | 1 | 0 |
| Nevada | 2 | 0 | 0 | 2 | 0 |
| New Mexico | 5 | 12 | 1 | 18 | 0 |
| New York | 2 | 1 | 0 | 3 | 0 |
| North Dakota | 0 | 2 | 0 | 2 | 0 |
| Ohio | 2 | 0 | 0 | 2 | 1 |
| Pennsylvania | 1 | 0 | 0 | 1 | 0 |
| South Dakota | 2 | 13 | 0 | 15 | 0 |
| Texas | 4 | 1 | 0 | 5 | 2 |
| Utah | 2 | 2 | 0 | 4 | 0 |
| Virginia | 0 | 0 | 1 | 1 | 0 |
| Wyoming | 1 | 2 | 0 | 3 | 0 |
| Total | 253 | 259 | 177 | 689 | 20 |

* As of August 17, 2004.

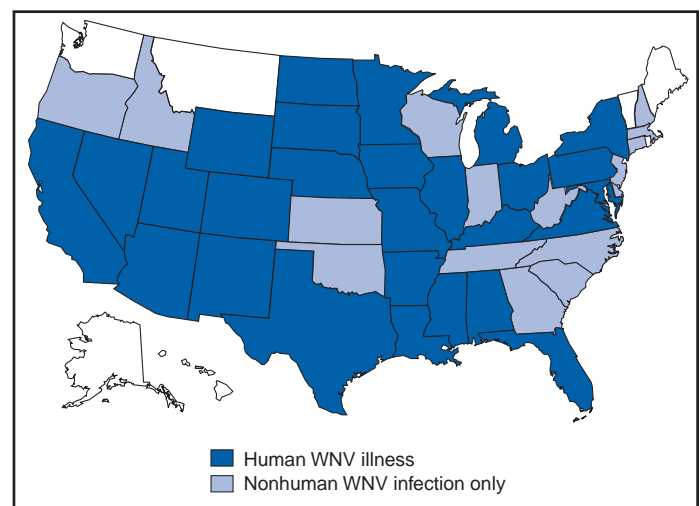
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).

§ Cases with no evidence of neuroinvasion.

¶ Illnesses for which sufficient clinical information was not provided.

** Total number of cases of human WNV illness reported to CDC through ArboNET by state and local health departments.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2004*



* As of 3 a.m., Mountain Standard Time, August 17, 2004.

reported from 36 states. WNV infections have been reported in horses from 25 states (Alabama, Arizona, Arkansas, California, Colorado, Florida, Idaho, Illinois, Iowa, Kentucky, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, South Dakota, Tennessee, Texas, Virginia, Wisconsin, and Wyoming) and in one dog each from Nevada and New Mexico. Two unidentified animal species with WNV infection were reported from Illinois and Nevada. WNV seroconversions have been reported in 393 sentinel chicken flocks from eight states (Arizona, California, Delaware, Florida, Louisiana, Nebraska, Nevada, and Utah) and in two wild hatchling birds from Ohio. Three seropositive sentinel horses were reported from Puerto Rico. A total of 3,109 WNV-positive mosquito pools have been reported from 30 states (Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Virginia, and Wisconsin).

Additional information about national WNV activity is available from CDC at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm> and at <http://westnilemaps.usgs.gov>.

Notice to Readers

Release of BRFSS Maps

BRFSS Maps is an Internet-based Behavioral Risk Factor Surveillance System (BRFSS) mapping application that allows users to map BRFSS data interactively for state and metropolitan/micropolitan statistical areas (MMSAs). Beginning with 2002 BRFSS data, visitors to the BRFSS website can create, save, and print state- and MMSA-level maps for health-related risk factors.

State and MMSA data can be displayed independently or in combination to facilitate exploratory data analysis of within-state variations and identification of regional patterns. Users can choose from several advanced map display options, including number of data classes (i.e., two through six), data classification method (e.g., equal interval, natural breaks, quantile, and standard deviations), state and MMSA labels, and the option to display or hide outlying states and territories. Standard map interface tools are provided to enhance users' abilities to interact with the map, including zoom (via tool or drop-down menus), pan, rate retrieval, map recenter, and map reset. Users also can download state and MMSA BRFSS data in a geographic information system (GIS) shapefile format for in-depth analysis in a GIS.

BRFSS Maps is available at <http://apps.nccd.cdc.gov/gisbrfss>. Plans are under way for additional enhancements to BRFSS Maps, including advanced exploratory data analysis tools, data histograms, multivariate mapping capabilities, county-level mapping, and trend maps. Additional information is available at e-mail jgh4@cdc.gov.

Notice to Readers

Third Global Conference on the Promotion of Mental Health and Prevention of Mental Health and Behavioral Disorders

The Third Global Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders will be held in Auckland, New Zealand, September 15–17, 2004. The conference is organized by the World Federation for Mental Health (WFMH), the Clifford Beers Foundation, and the Mental Health Foundation of New Zealand, in collaboration with the Carter Center.

WFMH is an international, nongovernmental organization founded in 1948 with the purpose of advancing, among all persons and nations, the prevention of mental and emotional disorders, advocating the appropriate treatment and care for those with such disorders, and promoting mental health. Planning for the WFMH conferences was initiated in 1997 with support from the Carter Center. The first of the biennial conferences was held in Atlanta, Georgia, in 2000. The 2004 conference will celebrate mental health promotion and prevention around the world and highlight the federation's support of World Mental Health Day, October 10, which has as its theme, "The Relationship Between Physical and Mental Health: Co-Occurring Disorders." Key topics to be covered at the conference are worldwide research, evidence-based programs, implementation of programs, discrimination, policy-making, and training and workforce issues. Additional information is available at <http://www.wfmh.org/PandPConference.htm>.

Erratum: Vol. 53, No. RR-6

In the *MMWR Recommendations and Reports*, "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," an error occurred on page 14 in Table 4. The first sentence of the first footnote (*) should read, "A 0.5-mL dose contains 15 mg each of A/Fujian/411/2002 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Shanghai/361/2002-like antigens."

Erratum: Vol. 52, No. RR-12

Incorrect information was contained in Table 6 on page 10 of the *MMWR Recommendations and Reports*, "Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: Recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America." Following is the corrected table:

TABLE 6. Adjusted rate ratios of the risk for transmission of human immunodeficiency virus type 1 (HIV-1) among discordant partners*

| Serum viral load of HIV-infected partners (copies/mL) [†] | Risk among HIV-1-positive partners for transmission to HIV-1-negative partners (adjusted rate ratio [95% confidence interval]) | |
|--|--|--------------|
| | | |
| <3,500 | Referent | |
| 3,500–9,999 | 5.80 | (2.26–17.80) |
| 10,000–49,999 | 6.91 | (2.96–20.15) |
| ≥50,000 | 11.87 | (5.02–34.88) |
| Per log increment viral load | 2.45 | (1.85–3.26) |

* **Source:** Quinn TC, Wawer MJ, Sewankambo N, et al. Viral load and heterosexual transmission of human immunodeficiency virus type 1. Rakai project study group. *N Engl J Med* 2000;342:921–9.

[†] Patients in this study did not receive antiretroviral medications, and those with low viral loads might have been long-term nonprogressors. Risks might not be equivalent for treated persons with low viral loads. Viral load in the blood might not be predictive of viral load in the genital tract; therefore, risks can vary with genital tract viral load.

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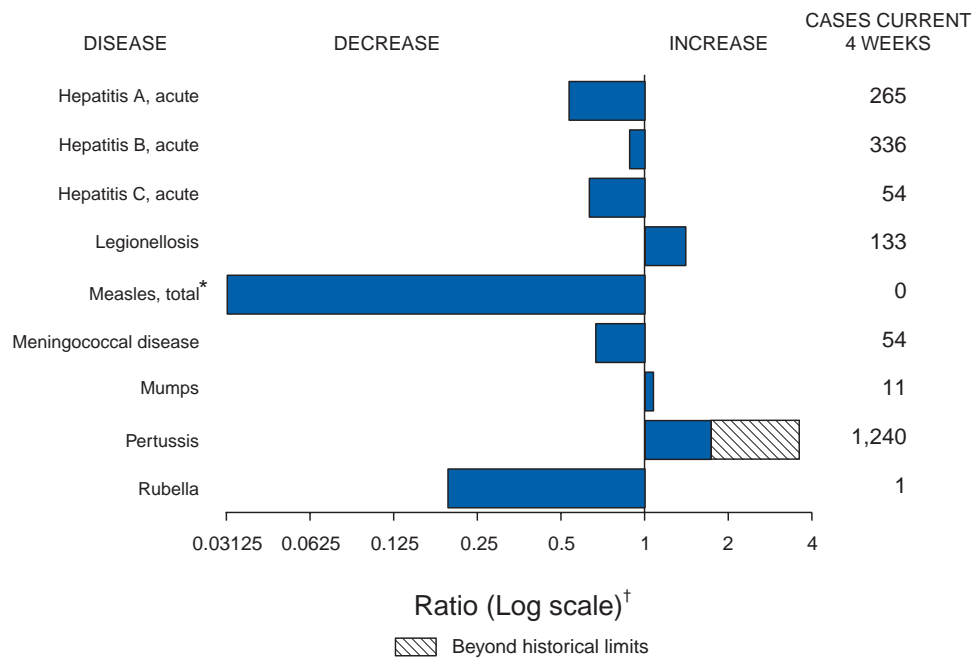
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FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals August 14, 2004, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 32 of zero (0).

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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 14, 2004 (32nd Week)*

| | Cum. 2004 | Cum. 2003 | | Cum. 2004 | Cum. 2003 |
|--------------------------------|-----------|-----------|---|-----------|-----------|
| Anthrax | - | - | Hemolytic uremic syndrome, postdiarrheal† | 68 | 87 |
| Botulism: | - | - | HIV infection, pediatric†¶ | 98 | 135 |
| foodborne | 8 | 8 | Measles, total | 19** | 40†† |
| infant | 42 | 39 | Mumps | 124 | 136 |
| other (wound & unspecified) | 8 | 16 | Plague | - | 1 |
| Brucellosis† | 67 | 60 | Poliomyelitis, paralytic | - | - |
| Chancroid | 19 | 36 | Psittacosis† | 5 | 8 |
| Cholera | 4 | 1 | Q fever† | 38 | 50 |
| Cyclosporiasis† | 124 | 51 | Rabies, human | 3 | 1 |
| Diphtheria | - | - | Rubella | 17 | 6 |
| Ehrlichiosis: | - | - | Rubella, congenital syndrome | - | 1 |
| human granulocytic (HGE)† | 128 | 154 | SARS-associated coronavirus disease† §§ | - | 8 |
| human monocytic (HME)† | 106 | 116 | Smallpox† ¶¶ | - | NA |
| human, other and unspecified | 8 | 25 | <i>Staphylococcus aureus</i> : | - | - |
| Encephalitis/Meningitis: | - | - | Vancomycin-intermediate (VISA)† ¶¶ | 4 | NA |
| California serogroup viral† § | 21 | 44 | Vancomycin-resistant (VRSA)† ¶¶ | 1 | NA |
| eastern equine† § | 1 | 8 | Streptococcal toxic-shock syndrome† | 66 | 121 |
| Powassan† § | - | - | Tetanus | 7 | 7 |
| St. Louis† § | 3 | 12 | Toxic-shock syndrome | 64 | 79 |
| western equine† § | - | - | Trichinosis | 5 | - |
| Hansen disease (leprosy)† | 52 | 55 | Tularemia† | 41 | 43 |
| Hantavirus pulmonary syndrome† | 13 | 17 | 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 weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

¶ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 25, 2004.

** Of 19 cases reported, 10 were indigenous, and nine were imported from another country.

†† Of 40 cases reported, 25 were indigenous, and 15 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 August 14, 2004, and August 9, 2003 (32nd 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 | 23,710 | 26,286 | 526,048 | 523,409 | 3,554 | 2,082 | 1,582 | 1,435 | 252 | 864 |
| NEW ENGLAND | 775 | 907 | 17,989 | 16,523 | - | - | 86 | 96 | - | 2 |
| Maine | 10 | 49 | 1,213 | 1,196 | N | N | 14 | 8 | - | - |
| N.H. | 29 | 22 | 890 | 944 | - | - | 16 | 12 | - | 1 |
| Vt. | 13 | 11 | 613 | 621 | - | - | 12 | 18 | - | - |
| Mass. | 236 | 371 | 8,302 | 6,540 | - | - | 29 | 43 | - | 1 |
| R.I. | 82 | 68 | 2,035 | 1,668 | - | - | 3 | 10 | - | - |
| Conn. | 405 | 386 | 4,936 | 5,554 | N | N | 12 | 5 | - | - |
| MID. ATLANTIC | 5,023 | 6,201 | 66,604 | 64,886 | - | - | 240 | 192 | 3 | 26 |
| Upstate N.Y. | 625 | 645 | 13,810 | 11,615 | N | N | 62 | 49 | - | - |
| N.Y. City | 2,759 | 3,193 | 20,165 | 21,392 | - | - | 51 | 64 | 2 | 3 |
| N.J. | 923 | 1,045 | 10,252 | 9,784 | - | - | 12 | 10 | - | 3 |
| Pa. | 716 | 1,318 | 22,377 | 22,095 | N | N | 115 | 69 | 1 | 20 |
| E.N. CENTRAL | 1,946 | 2,620 | 88,118 | 94,400 | 9 | 6 | 405 | 401 | 6 | 15 |
| Ohio | 240 | 463 | 20,998 | 25,868 | N | N | 103 | 53 | 2 | 8 |
| Ind. | 257 | 346 | 10,379 | 10,390 | N | N | 52 | 34 | - | 4 |
| Ill. | 961 | 1,235 | 23,014 | 29,144 | - | - | 13 | 52 | 3 | 2 |
| Mich. | 382 | 452 | 23,281 | 18,574 | 9 | 6 | 93 | 61 | 1 | 1 |
| Wis. | 106 | 124 | 10,446 | 10,424 | - | - | 144 | 201 | - | - |
| W.N. CENTRAL | 483 | 490 | 31,659 | 30,304 | 4 | 2 | 223 | 166 | 8 | 159 |
| Minn. | 120 | 96 | 5,690 | 6,598 | N | N | 74 | 61 | 4 | 6 |
| Iowa | 37 | 54 | 3,642 | 3,410 | N | N | 47 | 34 | - | 13 |
| Mo. | 211 | 233 | 12,213 | 10,860 | 3 | 1 | 36 | 15 | 2 | - |
| N. Dak. | 13 | 3 | 952 | 962 | N | N | 9 | 10 | - | 17 |
| S. Dak. | 7 | 7 | 1,513 | 1,528 | - | - | 23 | 23 | 2 | 50 |
| Nebr.** | 18 | 33 | 3,145 | 2,677 | 1 | 1 | 16 | 6 | - | 47 |
| Kans. | 77 | 64 | 4,504 | 4,269 | N | N | 18 | 17 | - | 26 |
| S. ATLANTIC | 7,289 | 7,613 | 102,787 | 98,096 | - | 3 | 282 | 186 | 9 | 25 |
| Del. | 105 | 146 | 1,756 | 1,858 | N | N | - | 3 | - | - |
| Md. | 808 | 877 | 11,604 | 10,012 | - | 3 | 11 | 11 | - | 1 |
| D.C. | 460 | 724 | 1,948 | 1,994 | - | - | 8 | 4 | - | - |
| Va. | 403 | 625 | 13,686 | 11,395 | - | - | 30 | 19 | - | 3 |
| W. Va. | 33 | 53 | 1,730 | 1,551 | N | N | 3 | 3 | - | - |
| N.C. | 401 | 782 | 17,612 | 15,822 | N | N | 49 | 19 | - | 2 |
| S.C.** | 428 | 497 | 9,921 | 8,543 | - | - | 9 | 3 | - | 1 |
| Ga. | 1,034 | 1,205 | 18,609 | 21,430 | - | - | 95 | 69 | - | 3 |
| Fla. | 3,617 | 2,704 | 25,921 | 25,491 | N | N | 77 | 55 | 9 | 15 |
| E.S. CENTRAL | 1,179 | 1,143 | 34,607 | 34,008 | 3 | 1 | 57 | 67 | 7 | 30 |
| Ky. | 130 | 98 | 3,502 | 5,006 | N | N | 23 | 15 | - | 4 |
| Tenn.** | 466 | 517 | 13,781 | 12,151 | N | N | 12 | 24 | - | 3 |
| Ala. | 295 | 272 | 7,417 | 9,010 | - | - | 13 | 24 | 4 | 11 |
| Miss. | 288 | 256 | 9,907 | 7,841 | 3 | 1 | 9 | 4 | 3 | 12 |
| W.S. CENTRAL | 2,978 | 2,691 | 67,157 | 65,397 | 2 | - | 43 | 45 | 15 | 256 |
| Ark. | 130 | 106 | 4,844 | 4,750 | 1 | - | 13 | 5 | 1 | 5 |
| La. | 606 | 403 | 13,364 | 13,221 | 1 | - | - | 2 | 10 | 41 |
| Okla. | 120 | 137 | 7,081 | 6,795 | N | N | 14 | 7 | - | 13 |
| Tex. | 2,122 | 2,045 | 41,868 | 40,631 | - | - | 16 | 31 | 4 | 197 |
| MOUNTAIN | 861 | 963 | 28,097 | 30,480 | 2,293 | 1,384 | 96 | 70 | 140 | 351 |
| Mont. | 5 | 10 | 1,306 | 1,345 | N | N | 29 | 13 | - | 13 |
| Idaho | 9 | 16 | 1,749 | 1,491 | N | N | 9 | 15 | - | - |
| Wyo. | 8 | 5 | 647 | 595 | 1 | 1 | 2 | 2 | 1 | 39 |
| Colo. | 166 | 213 | 6,497 | 7,824 | N | N | 32 | 16 | 18 | 274 |
| N. Mex. | 118 | 71 | 2,586 | 4,571 | 9 | 5 | 4 | 6 | 5 | 22 |
| Ariz. | 331 | 433 | 10,096 | 8,880 | 2,224 | 1,350 | 16 | 3 | 112 | 2 |
| Utah | 44 | 40 | 2,207 | 2,275 | 19 | 4 | 2 | 9 | 2 | - |
| Nev. | 180 | 175 | 3,009 | 3,499 | 40 | 24 | 2 | 6 | 2 | 1 |
| PACIFIC | 3,176 | 3,658 | 89,030 | 89,315 | 1,243 | 686 | 150 | 212 | 64 | - |
| Wash. | 215 | 287 | 10,594 | 9,859 | N | N | 17 | 25 | - | - |
| Oreg. | 157 | 166 | 5,053 | 4,527 | - | - | 20 | 26 | - | - |
| Calif. | 2,717 | 3,130 | 69,574 | 69,320 | 1,243 | 686 | 112 | 161 | 64 | - |
| Alaska | 29 | 13 | 2,169 | 2,362 | - | - | - | - | - | - |
| Hawaii | 58 | 62 | 1,640 | 3,247 | - | - | 1 | - | - | - |
| Guam | 2 | 5 | - | 408 | - | - | - | - | - | - |
| P.R. | 401 | 723 | 1,474 | 1,491 | N | N | N | N | - | - |
| V.I. | 6 | 22 | 143 | 234 | - | - | - | - | - | - |
| Amer. Samoa | U | U | U | U | U | U | U | U | U | U |
| C.N.M.I. | 2 | 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 weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

^{††} Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 25, 2004.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending August 14, 2004, and August 9, 2003 (32nd 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 | 1,209 | 1,133 | 121 | 128 | 90 | 80 | 9,395 | 10,042 | 183,293 | 197,737 |
| NEW ENGLAND | 79 | 73 | 30 | 25 | 18 | 8 | 808 | 746 | 4,252 | 4,149 |
| Maine | 5 | 6 | - | - | - | - | 73 | 88 | 147 | 127 |
| N.H. | 10 | 11 | 5 | 2 | - | - | 18 | 24 | 64 | 69 |
| Vt. | 6 | 6 | - | - | 1 | - | 79 | 56 | 49 | 50 |
| Mass. | 39 | 28 | 6 | 7 | 17 | 8 | 392 | 359 | 1,976 | 1,612 |
| R.I. | 6 | 1 | 1 | - | - | - | 62 | 66 | 524 | 520 |
| Conn. | 13 | 21 | 18 | 16 | - | - | 184 | 153 | 1,492 | 1,771 |
| MID. ATLANTIC | 137 | 137 | 21 | 14 | 14 | 16 | 2,097 | 2,072 | 21,238 | 24,808 |
| Upstate N.Y. | 64 | 46 | 11 | 6 | 5 | 7 | 715 | 518 | 4,507 | 4,503 |
| N.Y. City | 26 | 4 | - | - | - | - | 605 | 703 | 6,453 | 8,204 |
| N.J. | 18 | 21 | 3 | 2 | 4 | - | 210 | 302 | 3,869 | 5,182 |
| Pa. | 29 | 66 | 7 | 6 | 5 | 9 | 567 | 549 | 6,409 | 6,919 |
| E.N. CENTRAL | 238 | 269 | 22 | 19 | 12 | 9 | 1,172 | 1,799 | 36,022 | 41,665 |
| Ohio | 55 | 51 | 8 | 10 | 11 | 9 | 471 | 500 | 10,513 | 13,464 |
| Ind. | 34 | 47 | - | - | - | - | - | - | 3,621 | 3,925 |
| Ill. | 39 | 49 | - | 2 | - | - | 84 | 559 | 9,868 | 12,806 |
| Mich. | 48 | 42 | 4 | - | 1 | - | 402 | 403 | 9,307 | 7,951 |
| Wis. | 62 | 80 | 10 | 7 | - | - | 215 | 337 | 2,713 | 3,519 |
| W.N. CENTRAL | 267 | 196 | 18 | 19 | 15 | 13 | 1,079 | 1,021 | 9,960 | 10,319 |
| Minn. | 57 | 60 | 8 | 10 | 2 | 1 | 371 | 385 | 1,883 | 1,726 |
| Iowa | 76 | 45 | - | - | - | - | 169 | 136 | 649 | 795 |
| Mo. | 50 | 46 | 10 | 2 | 6 | 1 | 270 | 285 | 5,043 | 5,204 |
| N. Dak. | 9 | 6 | - | 3 | 5 | 4 | 18 | 25 | 71 | 48 |
| S. Dak. | 18 | 13 | - | 3 | - | - | 35 | 24 | 162 | 121 |
| Nebr. | 38 | 11 | - | 1 | - | - | 83 | 72 | 617 | 863 |
| Kans. | 19 | 15 | - | - | 2 | 7 | 133 | 94 | 1,535 | 1,562 |
| S. ATLANTIC | 92 | 79 | 17 | 30 | 22 | 20 | 1,556 | 1,509 | 45,978 | 48,531 |
| Del. | 1 | 2 | N | N | N | N | 30 | 20 | 557 | 721 |
| Md. | 20 | 4 | 1 | 2 | 3 | 1 | 69 | 66 | 5,044 | 4,770 |
| D.C. | 1 | 1 | - | - | - | - | 37 | 25 | 1,427 | 1,508 |
| Va. | 19 | 22 | 7 | 5 | - | - | 258 | 206 | 5,501 | 5,296 |
| W. Va. | 2 | 3 | - | - | - | - | 19 | 24 | 560 | 523 |
| N.C. | - | - | - | - | 13 | 17 | N | N | 9,413 | 9,031 |
| S.C. | 4 | - | - | - | - | - | 28 | 68 | 4,675 | 4,961 |
| Ga. | 17 | 18 | 5 | 4 | - | - | 450 | 487 | 7,944 | 10,576 |
| Fla. | 28 | 29 | 4 | 19 | 6 | 2 | 665 | 613 | 10,857 | 11,145 |
| E.S. CENTRAL | 47 | 46 | 1 | 1 | 8 | 5 | 175 | 194 | 14,870 | 16,635 |
| Ky. | 17 | 15 | 1 | 1 | 5 | 5 | N | N | 1,513 | 2,179 |
| Tenn. | 15 | 19 | - | - | 3 | - | 81 | 89 | 5,040 | 4,939 |
| Ala. | 8 | 9 | - | - | - | - | 94 | 105 | 4,532 | 5,582 |
| Miss. | 7 | 3 | - | - | - | - | - | - | 3,785 | 3,935 |
| W.S. CENTRAL | 47 | 48 | 2 | 3 | 1 | 4 | 163 | 172 | 25,182 | 26,963 |
| Ark. | 9 | 5 | 1 | - | - | - | 69 | 93 | 2,352 | 2,535 |
| La. | 2 | 3 | - | - | - | - | 19 | 8 | 6,056 | 7,437 |
| Okla. | 12 | 14 | - | - | - | - | 75 | 71 | 3,013 | 2,678 |
| Tex. | 24 | 26 | 1 | 3 | 1 | 4 | - | - | 13,761 | 14,313 |
| MOUNTAIN | 118 | 139 | 9 | 15 | - | 5 | 837 | 820 | 6,021 | 6,420 |
| Mont. | 11 | 5 | - | - | - | - | 30 | 44 | 39 | 70 |
| Idaho | 26 | 26 | 3 | 10 | - | - | 98 | 95 | 49 | 42 |
| Wyo. | 1 | 2 | 1 | - | - | - | 14 | 11 | 32 | 28 |
| Colo. | 34 | 45 | 2 | 3 | - | 5 | 296 | 242 | 1,600 | 1,761 |
| N. Mex. | 5 | 4 | 1 | 2 | - | - | 43 | 28 | 313 | 747 |
| Ariz. | 11 | 19 | N | N | N | N | 115 | 142 | 2,290 | 2,392 |
| Utah | 21 | 28 | 1 | - | - | - | 178 | 182 | 329 | 210 |
| Nev. | 9 | 10 | 1 | - | - | - | 63 | 76 | 1,369 | 1,170 |
| PACIFIC | 184 | 146 | 1 | 2 | - | - | 1,508 | 1,709 | 19,770 | 18,247 |
| Wash. | 67 | 40 | - | 1 | - | - | 193 | 169 | 1,502 | 1,696 |
| Oreg. | 31 | 22 | 1 | 1 | - | - | 254 | 230 | 658 | 611 |
| Calif. | 79 | 80 | - | - | - | - | 973 | 1,210 | 16,858 | 14,912 |
| Alaska | 1 | 1 | - | - | - | - | 39 | 49 | 351 | 332 |
| Hawaii | 6 | 3 | - | - | - | - | 49 | 51 | 401 | 696 |
| Guam | N | N | - | - | - | - | - | - | - | 42 |
| P.R. | - | 1 | - | - | - | - | 30 | 145 | 119 | 164 |
| V.I. | - | - | - | - | - | - | - | - | 49 | 56 |
| 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 August 14, 2004, and August 9, 2003 (32nd 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. | Cum. |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | 2004 | 2003 |
| UNITED STATES | 1,189 | 1,201 | 10 | 17 | 64 | 77 | 114 | 133 | 3,323 | 3,851 |
| NEW ENGLAND | 104 | 86 | 1 | 2 | 5 | 5 | 3 | 3 | 575 | 180 |
| Maine | 9 | 2 | - | - | - | - | - | 1 | 10 | 8 |
| N.H. | 13 | 10 | - | 1 | 2 | - | - | - | 11 | 9 |
| Vt. | 5 | 6 | - | - | - | - | 1 | - | 8 | 5 |
| Mass. | 45 | 43 | 1 | 1 | - | 5 | 2 | 1 | 487 | 96 |
| R.I. | 3 | 4 | - | - | - | - | - | 1 | 13 | 11 |
| Conn. | 29 | 21 | - | - | 3 | - | - | - | 46 | 51 |
| MID. ATLANTIC | 255 | 257 | - | 1 | 3 | 2 | 28 | 31 | 399 | 812 |
| Upstate N.Y. | 84 | 91 | - | 1 | 3 | 2 | 4 | 7 | 55 | 72 |
| N.Y. City | 54 | 46 | - | - | - | - | 9 | 8 | 161 | 293 |
| N.J. | 50 | 51 | - | - | - | - | 3 | 7 | 75 | 127 |
| Pa. | 67 | 69 | - | - | - | - | 12 | 9 | 108 | 320 |
| E.N. CENTRAL | 191 | 197 | - | 3 | 6 | 3 | 28 | 36 | 326 | 386 |
| Ohio | 72 | 48 | - | - | 2 | - | 12 | 8 | 32 | 75 |
| Ind. | 37 | 32 | - | - | 4 | - | 1 | 3 | 59 | 38 |
| Ill. | 41 | 73 | - | - | - | - | 9 | 18 | 110 | 112 |
| Mich. | 14 | 16 | - | 3 | - | 3 | 5 | 1 | 102 | 124 |
| Wis. | 27 | 28 | - | - | - | - | 1 | 6 | 23 | 37 |
| W.N. CENTRAL | 67 | 81 | 2 | - | 3 | 6 | 4 | 10 | 125 | 112 |
| Minn. | 29 | 31 | 1 | - | 3 | 6 | - | 1 | 28 | 33 |
| Iowa | 1 | - | 1 | - | - | - | - | - | 35 | 16 |
| Mo. | 21 | 34 | - | - | - | - | 2 | 9 | 38 | 37 |
| N. Dak. | 3 | 2 | - | - | - | - | - | - | 1 | - |
| S. Dak. | - | 1 | - | - | - | - | - | - | 2 | - |
| Nebr. | 6 | 1 | - | - | - | - | - | - | 8 | 8 |
| Kans. | 7 | 12 | - | - | - | - | 2 | - | 13 | 18 |
| S. ATLANTIC | 279 | 250 | - | - | 17 | 9 | 21 | 16 | 628 | 827 |
| Del. | 8 | - | - | - | - | - | 2 | - | 5 | 5 |
| Md. | 45 | 61 | - | - | 5 | 5 | - | - | 81 | 86 |
| D.C. | - | - | - | - | - | - | - | - | 4 | 26 |
| Va. | 25 | 36 | - | - | - | - | 1 | 5 | 59 | 48 |
| W. Va. | 10 | 11 | - | - | - | - | 3 | - | 4 | 12 |
| N.C. | 40 | 22 | - | - | 5 | 1 | 1 | 1 | 63 | 46 |
| S.C. | 2 | 5 | - | - | - | - | - | 1 | 21 | 25 |
| Ga. | 74 | 45 | - | - | - | - | 13 | 6 | 212 | 336 |
| Fla. | 75 | 70 | - | - | 7 | 3 | 1 | 3 | 179 | 243 |
| E.S. CENTRAL | 43 | 49 | 1 | 1 | - | 2 | 8 | 4 | 95 | 110 |
| Ky. | 4 | 3 | - | - | - | 1 | - | - | 17 | 22 |
| Tenn. | 27 | 29 | - | - | - | 1 | 6 | 3 | 53 | 62 |
| Ala. | 12 | 16 | 1 | 1 | - | - | 2 | 1 | 6 | 12 |
| Miss. | - | 1 | - | - | - | - | - | - | 19 | 14 |
| W.S. CENTRAL | 50 | 54 | 1 | 1 | 6 | 8 | 1 | 4 | 245 | 381 |
| Ark. | 2 | 5 | - | - | - | 1 | - | - | 51 | 21 |
| La. | 8 | 17 | - | - | - | 2 | 1 | 4 | 15 | 34 |
| Okla. | 39 | 30 | - | - | 6 | 5 | - | - | 18 | 9 |
| Tex. | 1 | 2 | 1 | 1 | - | - | - | - | 161 | 317 |
| MOUNTAIN | 138 | 124 | 3 | 6 | 17 | 21 | 15 | 13 | 287 | 295 |
| Mont. | - | - | - | - | - | - | - | - | 4 | 4 |
| Idaho | 5 | 3 | - | - | - | - | 2 | 1 | 12 | 9 |
| Wyo. | - | 1 | - | - | - | - | - | - | 4 | 1 |
| Colo. | 32 | 24 | - | - | - | - | 3 | 5 | 32 | 46 |
| N. Mex. | 25 | 15 | - | - | 5 | 4 | 3 | 1 | 11 | 12 |
| Ariz. | 53 | 64 | - | 6 | 8 | 9 | 2 | 4 | 180 | 167 |
| Utah | 12 | 10 | 2 | - | 1 | 5 | 4 | 2 | 35 | 19 |
| Nev. | 11 | 7 | 1 | - | 3 | 3 | 1 | - | 9 | 37 |
| PACIFIC | 62 | 103 | 2 | 3 | 7 | 21 | 6 | 16 | 643 | 748 |
| Wash. | 3 | 6 | 2 | - | - | 4 | 1 | 1 | 39 | 40 |
| Oreg. | 31 | 25 | - | - | - | - | 2 | 2 | 43 | 42 |
| Calif. | 18 | 46 | - | 3 | 7 | 17 | 2 | 8 | 540 | 652 |
| Alaska | 4 | 18 | - | - | - | - | 1 | 5 | 5 | 7 |
| Hawaii | 6 | 8 | - | - | - | - | - | - | 16 | 7 |
| Guam | - | - | - | - | - | - | - | - | - | 2 |
| P.R. | - | - | - | - | - | - | - | - | 15 | 54 |
| 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 August 14, 2004, and August 9, 2003 (32nd 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 | 3,754 | 4,229 | 675 | 663 | 925 | 1,080 | 352 | 373 | 8,343 | 11,618 |
| NEW ENGLAND | 200 | 196 | 4 | 3 | 19 | 49 | 14 | 27 | 825 | 2,094 |
| Maine | 1 | 1 | - | - | - | 1 | 5 | 5 | 53 | 70 |
| N.H. | 23 | 11 | - | - | 1 | 5 | 1 | 2 | 52 | 52 |
| Vt. | 3 | 2 | 1 | 3 | 2 | 2 | - | - | 19 | 17 |
| Mass. | 113 | 138 | 3 | - | 4 | 27 | 3 | 14 | 207 | 1,124 |
| R.I. | 3 | 8 | - | - | 2 | 2 | 1 | - | 108 | 141 |
| Conn. | 57 | 36 | U | U | 10 | 12 | 4 | 6 | 386 | 690 |
| MID. ATLANTIC | 711 | 486 | 78 | 81 | 253 | 265 | 84 | 74 | 6,173 | 7,789 |
| Upstate N.Y. | 56 | 51 | 8 | 10 | 49 | 62 | 27 | 15 | 2,121 | 2,125 |
| N.Y. City | 68 | 144 | - | - | 20 | 28 | 12 | 15 | - | 156 |
| N.J. | 404 | 120 | - | - | 49 | 34 | 14 | 16 | 1,584 | 2,176 |
| Pa. | 183 | 171 | 70 | 71 | 135 | 141 | 31 | 28 | 2,468 | 3,332 |
| E.N. CENTRAL | 340 | 310 | 61 | 97 | 241 | 236 | 57 | 47 | 306 | 674 |
| Ohio | 77 | 86 | 5 | 7 | 112 | 130 | 23 | 12 | 56 | 30 |
| Ind. | 30 | 22 | 4 | 4 | 40 | 15 | 15 | 2 | 55 | 13 |
| Ill. | 50 | 38 | 9 | 15 | 10 | 29 | - | 13 | - | 55 |
| Mich. | 160 | 133 | 43 | 66 | 72 | 48 | 17 | 14 | 13 | - |
| Wis. | 23 | 31 | - | 5 | 7 | 14 | 2 | 6 | 182 | 576 |
| W.N. CENTRAL | 231 | 202 | 202 | 139 | 23 | 46 | 7 | 10 | 208 | 162 |
| Minn. | 30 | 26 | 11 | 7 | 3 | 3 | 3 | 3 | 137 | 105 |
| Iowa | 12 | 7 | - | 1 | 3 | 9 | 1 | - | 14 | 23 |
| Mo. | 154 | 137 | 191 | 129 | 12 | 22 | 2 | 4 | 48 | 29 |
| N. Dak. | 4 | 1 | - | - | 1 | 1 | - | - | - | - |
| S. Dak. | - | 2 | - | - | 3 | 1 | - | - | - | - |
| Nebr. | 18 | 17 | - | 2 | - | 2 | 1 | 3 | 6 | 2 |
| Kans. | 13 | 12 | - | - | 1 | 8 | - | - | 3 | 3 |
| S. ATLANTIC | 1,148 | 1,194 | 110 | 103 | 209 | 293 | 60 | 70 | 713 | 734 |
| Del. | 22 | 6 | - | - | 4 | 11 | N | N | 86 | 128 |
| Md. | 97 | 74 | 13 | 6 | 39 | 68 | 9 | 11 | 434 | 463 |
| D.C. | 13 | 6 | 1 | - | 5 | 8 | - | - | 3 | 5 |
| Va. | 136 | 102 | 14 | 4 | 26 | 55 | 12 | 8 | 65 | 44 |
| W. Va. | 24 | 16 | 17 | 1 | 4 | 11 | 2 | 4 | 8 | 8 |
| N.C. | 107 | 110 | 8 | 8 | 24 | 21 | 14 | 11 | 64 | 56 |
| S.C. | 54 | 94 | 7 | 23 | 1 | 5 | - | 2 | 5 | 1 |
| Ga. | 382 | 390 | 8 | 8 | 28 | 21 | 9 | 19 | 9 | 10 |
| Fla. | 313 | 396 | 42 | 53 | 78 | 93 | 14 | 15 | 39 | 19 |
| E.S. CENTRAL | 243 | 274 | 59 | 49 | 46 | 68 | 17 | 15 | 26 | 33 |
| Ky. | 38 | 44 | 21 | 9 | 20 | 25 | 4 | 3 | 11 | 7 |
| Tenn. | 103 | 114 | 20 | 11 | 16 | 23 | 8 | 4 | 9 | 9 |
| Ala. | 42 | 55 | 2 | 5 | 9 | 16 | 3 | 6 | 1 | 3 |
| Miss. | 60 | 61 | 16 | 24 | 1 | 4 | 2 | 2 | 5 | 14 |
| W.S. CENTRAL | 147 | 685 | 83 | 123 | 37 | 42 | 23 | 36 | 22 | 76 |
| Ark. | 36 | 53 | 2 | 3 | - | 2 | 2 | 1 | 4 | - |
| La. | 34 | 90 | 44 | 78 | 3 | 1 | 2 | 2 | 2 | 6 |
| Okla. | 29 | 40 | 3 | 2 | 3 | 4 | - | 1 | - | - |
| Tex. | 48 | 502 | 34 | 40 | 31 | 35 | 19 | 32 | 16 | 70 |
| MOUNTAIN | 315 | 360 | 33 | 27 | 51 | 42 | 15 | 19 | 16 | 7 |
| Mont. | 2 | 8 | 2 | 1 | 1 | 2 | - | 1 | - | - |
| Idaho | 6 | 5 | - | 1 | 6 | 3 | 1 | 1 | 2 | 2 |
| Wyo. | 7 | 22 | - | - | 5 | 2 | - | - | 2 | - |
| Colo. | 35 | 52 | 8 | 6 | 10 | 7 | 6 | 6 | 1 | - |
| N. Mex. | 10 | 28 | 7 | - | - | 2 | - | 2 | - | 1 |
| Ariz. | 177 | 165 | 4 | 6 | 10 | 9 | - | 5 | 5 | - |
| Utah | 30 | 30 | 2 | - | 16 | 13 | 1 | 2 | 6 | 1 |
| Nev. | 48 | 50 | 10 | 13 | 3 | 4 | 7 | 2 | - | 3 |
| PACIFIC | 419 | 522 | 45 | 41 | 46 | 39 | 75 | 75 | 54 | 49 |
| Wash. | 33 | 42 | 13 | 11 | 9 | 5 | 7 | 4 | 4 | - |
| Oreg. | 72 | 76 | 11 | 7 | N | N | 5 | 3 | 22 | 10 |
| Calif. | 298 | 386 | 18 | 21 | 37 | 34 | 61 | 64 | 27 | 37 |
| Alaska | 13 | 3 | - | - | - | - | - | - | 1 | 2 |
| Hawaii | 3 | 15 | 3 | 2 | - | - | 2 | 4 | N | N |
| Guam | - | 4 | - | 3 | - | - | - | - | - | - |
| P.R. | 37 | 84 | - | - | 1 | - | - | - | 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 August 14, 2004, and August 9, 2003 (32nd 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 | 721 | 697 | 904 | 1,138 | 7,248 | 4,615 | 3,218 | 4,298 | 637 | 397 |
| NEW ENGLAND | 48 | 30 | 47 | 51 | 798 | 535 | 340 | 318 | 14 | 5 |
| Maine | 5 | 1 | 8 | 5 | 2 | 11 | 32 | 29 | - | - |
| N.H. | 1 | 5 | 3 | 3 | 26 | 38 | 11 | 14 | - | - |
| Vt. | 3 | - | 2 | - | 44 | 49 | 13 | 21 | - | - |
| Mass. | 24 | 13 | 27 | 32 | 698 | 408 | 146 | 112 | 12 | 5 |
| R.I. | 2 | - | 1 | 2 | 16 | 7 | 20 | 40 | 1 | - |
| Conn. | 13 | 11 | 6 | 9 | 12 | 22 | 118 | 102 | 1 | - |
| MID. ATLANTIC | 174 | 177 | 111 | 137 | 1,560 | 478 | 307 | 537 | 41 | 26 |
| Upstate N.Y. | 24 | 33 | 27 | 32 | 1,111 | 197 | 274 | 222 | 1 | - |
| N.Y. City | 77 | 89 | 21 | 31 | 83 | 68 | 4 | 5 | 7 | 9 |
| N.J. | 37 | 34 | 24 | 18 | 126 | 81 | - | 62 | 11 | 12 |
| Pa. | 36 | 21 | 39 | 56 | 240 | 132 | 29 | 248 | 22 | 5 |
| E.N. CENTRAL | 67 | 64 | 125 | 185 | 1,646 | 428 | 58 | 77 | 35 | 9 |
| Ohio | 22 | 11 | 48 | 45 | 316 | 141 | 26 | 31 | 12 | 4 |
| Ind. | 8 | 2 | 19 | 32 | 57 | 33 | 5 | 6 | 20 | 1 |
| Ill. | 12 | 30 | 12 | 50 | 238 | 38 | 16 | 13 | - | 2 |
| Mich. | 15 | 16 | 36 | 33 | 84 | 52 | 11 | 23 | 3 | 2 |
| Wis. | 10 | 5 | 10 | 25 | 951 | 164 | - | 4 | - | - |
| W.N. CENTRAL | 45 | 29 | 63 | 85 | 926 | 199 | 304 | 444 | 68 | 38 |
| Minn. | 18 | 15 | 17 | 20 | 152 | 59 | 49 | 22 | - | 1 |
| Iowa | 2 | 3 | 12 | 16 | 41 | 52 | 51 | 59 | - | 2 |
| Mo. | 13 | 3 | 18 | 34 | 191 | 50 | 20 | 10 | 54 | 30 |
| N. Dak. | 3 | 1 | 2 | 1 | 493 | 3 | 46 | 40 | - | - |
| S. Dak. | 1 | 2 | 2 | 1 | 10 | 3 | 10 | 100 | 3 | 2 |
| Nebr. | 2 | - | 2 | 6 | 4 | 5 | 53 | 83 | 10 | 2 |
| Kans. | 6 | 5 | 10 | 7 | 35 | 27 | 75 | 130 | 1 | 1 |
| S. ATLANTIC | 183 | 174 | 175 | 208 | 356 | 352 | 1,190 | 1,728 | 274 | 229 |
| Del. | 4 | 2 | 23 | 8 | 5 | 6 | 9 | 26 | - | 1 |
| Md. | 39 | 41 | 8 | 23 | 77 | 51 | 163 | 243 | 32 | 56 |
| D.C. | 9 | 7 | 4 | 4 | 2 | - | - | - | - | - |
| Va. | 16 | 20 | 11 | 19 | 105 | 64 | 299 | 342 | 12 | 13 |
| W. Va. | - | 4 | 5 | 4 | 5 | 6 | 40 | 59 | 3 | 4 |
| N.C. | 11 | 13 | 24 | 27 | 49 | 83 | 397 | 505 | 185 | 97 |
| S.C. | 7 | 3 | 12 | 19 | 28 | 67 | 92 | 135 | 9 | 12 |
| Ga. | 36 | 40 | 10 | 23 | 11 | 20 | 184 | 230 | 19 | 39 |
| Fla. | 61 | 44 | 78 | 81 | 74 | 55 | 6 | 188 | 14 | 7 |
| E.S. CENTRAL | 21 | 14 | 36 | 53 | 94 | 103 | 79 | 132 | 69 | 59 |
| Ky. | 3 | 1 | 5 | 11 | 33 | 29 | 16 | 27 | - | - |
| Tenn. | 3 | 4 | 11 | 13 | 37 | 51 | 26 | 86 | 29 | 33 |
| Ala. | 11 | 6 | 10 | 15 | 16 | 15 | 28 | 18 | 21 | 8 |
| Miss. | 4 | 3 | 10 | 14 | 8 | 8 | 9 | 1 | 19 | 18 |
| W.S. CENTRAL | 65 | 83 | 83 | 125 | 320 | 351 | 733 | 825 | 119 | 26 |
| Ark. | 7 | 4 | 14 | 11 | 30 | 28 | 33 | 25 | 77 | - |
| La. | 2 | 3 | 23 | 31 | 7 | 7 | - | 2 | 3 | - |
| Okla. | 4 | 3 | 7 | 12 | 17 | 41 | 80 | 142 | 38 | 18 |
| Tex. | 52 | 73 | 39 | 71 | 266 | 275 | 620 | 656 | 1 | 8 |
| MOUNTAIN | 30 | 22 | 45 | 60 | 701 | 625 | 102 | 96 | 12 | 5 |
| Mont. | - | - | 3 | 3 | 28 | 1 | 19 | 13 | 3 | 1 |
| Idaho | 1 | 1 | 6 | 6 | 21 | 48 | 1 | 4 | 2 | 1 |
| Wyo. | - | 1 | 2 | 2 | 12 | 119 | - | 1 | 1 | 2 |
| Colo. | 11 | 12 | 12 | 15 | 370 | 213 | 20 | 17 | - | 1 |
| N. Mex. | 1 | - | 6 | 7 | 73 | 44 | 2 | 5 | 2 | - |
| Ariz. | 8 | 4 | 9 | 21 | 131 | 114 | 55 | 46 | 1 | - |
| Utah | 5 | 3 | 4 | - | 54 | 63 | 4 | 6 | 3 | - |
| Nev. | 4 | 1 | 3 | 6 | 12 | 23 | 1 | 4 | - | - |
| PACIFIC | 88 | 104 | 219 | 234 | 847 | 1,544 | 105 | 141 | 5 | - |
| Wash. | 9 | 16 | 23 | 22 | 421 | 380 | - | - | - | - |
| Oreg. | 12 | 7 | 45 | 35 | 269 | 320 | 4 | 5 | 3 | - |
| Calif. | 66 | 77 | 146 | 163 | 138 | 836 | 93 | 130 | 2 | - |
| Alaska | - | - | 1 | 4 | 8 | 1 | 8 | 6 | - | - |
| Hawaii | 1 | 4 | 4 | 10 | 11 | 7 | - | - | - | - |
| Guam | - | - | - | - | - | 1 | - | - | - | - |
| P.R. | - | - | 5 | 8 | 3 | 2 | 36 | 46 | 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 August 14, 2004, and August 9, 2003 (32nd 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 | 21,102 | 22,991 | 6,363 | 14,121 | 3,162 | 4,134 | 1,423 | 1,386 | 429 | 479 |
| NEW ENGLAND | 1,134 | 1,233 | 153 | 189 | 139 | 371 | 22 | 72 | 49 | 6 |
| Maine | 58 | 77 | 2 | 6 | 6 | 22 | 2 | - | 2 | - |
| N.H. | 51 | 89 | 5 | 5 | 15 | 23 | - | - | N | N |
| Vt. | 33 | 41 | 2 | 6 | 8 | 16 | 7 | 6 | 1 | 3 |
| Mass. | 678 | 746 | 95 | 131 | 93 | 167 | N | N | 40 | N |
| R.I. | 72 | 60 | 12 | 6 | 17 | 9 | 13 | 10 | 6 | 3 |
| Conn. | 242 | 220 | 37 | 35 | - | 134 | - | 56 | U | U |
| MID. ATLANTIC | 3,255 | 2,730 | 739 | 1,509 | 534 | 716 | 103 | 92 | 77 | 72 |
| Upstate N.Y. | 696 | 573 | 325 | 206 | 180 | 268 | 47 | 49 | 53 | 52 |
| N.Y. City | 741 | 744 | 217 | 246 | 73 | 99 | U | U | U | U |
| N.J. | 458 | 485 | 129 | 259 | 122 | 141 | - | - | 4 | 2 |
| Pa. | 1,360 | 928 | 68 | 798 | 159 | 208 | 56 | 43 | 20 | 18 |
| E.N. CENTRAL | 2,449 | 3,347 | 451 | 1,216 | 633 | 1,007 | 344 | 317 | 111 | 208 |
| Ohio | 798 | 842 | 97 | 234 | 171 | 239 | 239 | 208 | 56 | 76 |
| Ind. | 324 | 321 | 119 | 91 | 77 | 96 | 105 | 109 | 25 | 19 |
| Ill. | 321 | 1,198 | 87 | 638 | 133 | 255 | - | - | - | 77 |
| Mich. | 516 | 466 | 72 | 170 | 216 | 289 | N | N | N | N |
| Wis. | 490 | 520 | 76 | 83 | 36 | 128 | N | N | 30 | 36 |
| W.N. CENTRAL | 1,452 | 1,375 | 252 | 456 | 217 | 250 | 12 | 11 | 56 | 54 |
| Minn. | 342 | 310 | 32 | 58 | 113 | 120 | - | - | 39 | 38 |
| Iowa | 310 | 216 | 53 | 36 | N | N | N | N | N | N |
| Mo. | 377 | 500 | 103 | 238 | 43 | 55 | 8 | 7 | 8 | 2 |
| N. Dak. | 27 | 24 | 2 | 6 | 10 | 12 | - | 3 | 2 | 4 |
| S. Dak. | 64 | 61 | 8 | 9 | 9 | 19 | 4 | 1 | - | - |
| Nebr. | 95 | 89 | 13 | 64 | 11 | 22 | - | - | 5 | 5 |
| Kans. | 237 | 175 | 41 | 45 | 31 | 22 | N | N | 2 | 5 |
| S. ATLANTIC | 5,466 | 5,282 | 1,671 | 4,385 | 617 | 688 | 723 | 731 | 27 | 13 |
| Del. | 41 | 60 | 4 | 151 | 3 | 6 | 4 | 1 | N | N |
| Md. | 519 | 459 | 85 | 391 | 130 | 172 | - | 9 | 16 | - |
| D.C. | 28 | 19 | 24 | 43 | 4 | 5 | 4 | - | 3 | 4 |
| Va. | 676 | 550 | 92 | 250 | 55 | 84 | N | N | N | N |
| W. Va. | 133 | 77 | 4 | - | 17 | 30 | 82 | 50 | 8 | 9 |
| N.C. | 666 | 643 | 175 | 596 | 85 | 80 | N | N | U | U |
| S.C. | 387 | 278 | 204 | 269 | 35 | 33 | 65 | 106 | N | N |
| Ga. | 897 | 996 | 386 | 854 | 129 | 134 | 163 | 161 | N | N |
| Fla. | 2,119 | 2,200 | 697 | 1,831 | 159 | 144 | 405 | 404 | N | N |
| E.S. CENTRAL | 1,251 | 1,531 | 374 | 605 | 144 | 142 | 85 | 101 | - | - |
| Ky. | 205 | 237 | 45 | 67 | 50 | 37 | 21 | 12 | N | N |
| Tenn. | 241 | 441 | 143 | 210 | 94 | 105 | 64 | 89 | N | N |
| Ala. | 359 | 358 | 151 | 194 | - | - | - | - | N | N |
| Miss. | 446 | 495 | 35 | 134 | - | - | - | - | - | - |
| W.S. CENTRAL | 1,695 | 3,281 | 1,419 | 3,731 | 188 | 187 | 36 | 54 | 75 | 74 |
| Ark. | 301 | 369 | 47 | 67 | 14 | 6 | 6 | 18 | 7 | 5 |
| La. | 274 | 495 | 170 | 288 | 2 | 1 | 30 | 36 | 12 | 14 |
| Okla. | 230 | 238 | 304 | 525 | 45 | 63 | N | N | 31 | 36 |
| Tex. | 890 | 2,179 | 898 | 2,851 | 127 | 117 | N | N | 25 | 19 |
| MOUNTAIN | 1,394 | 1,234 | 464 | 583 | 355 | 352 | 24 | 4 | 34 | 52 |
| Mont. | 92 | 57 | 4 | 2 | - | 1 | - | - | - | - |
| Idaho | 104 | 105 | 8 | 17 | 7 | 14 | N | N | N | N |
| Wyo. | 31 | 59 | 2 | 3 | 6 | 2 | 6 | 3 | - | - |
| Colo. | 338 | 300 | 91 | 111 | 88 | 98 | - | - | 31 | 40 |
| N. Mex. | 130 | 128 | 64 | 116 | 61 | 86 | 5 | - | - | 8 |
| Ariz. | 457 | 369 | 246 | 276 | 159 | 127 | N | N | N | N |
| Utah | 140 | 116 | 26 | 28 | 32 | 23 | 11 | 1 | 3 | 4 |
| Nev. | 102 | 100 | 23 | 30 | 2 | 1 | 2 | - | - | - |
| PACIFIC | 3,006 | 2,978 | 840 | 1,447 | 335 | 421 | 74 | 4 | - | - |
| Wash. | 300 | 346 | 67 | 114 | 38 | 41 | - | - | N | N |
| Oreg. | 250 | 256 | 39 | 166 | N | N | N | N | N | N |
| Calif. | 2,207 | 2,204 | 700 | 1,138 | 237 | 305 | N | N | N | N |
| Alaska | 39 | 51 | 4 | 5 | - | - | - | - | N | N |
| Hawaii | 210 | 121 | 30 | 24 | 60 | 75 | 74 | 4 | - | - |
| Guam | - | 28 | - | 23 | - | - | - | - | - | - |
| P.R. | 126 | 398 | 3 | 14 | 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 August 14, 2004, and August 9, 2003 (32nd 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 | 4,401 | 4,306 | 206 | 276 | 6,040 | 7,524 | 160 | 203 | 12,233 | 10,535 |
| NEW ENGLAND | 122 | 132 | 1 | - | 212 | 250 | 16 | 19 | 587 | 2,179 |
| Maine | 2 | 6 | - | - | - | 14 | - | - | 179 | 641 |
| N.H. | 3 | 15 | - | - | 9 | 10 | - | 1 | - | - |
| Vt. | - | - | - | - | - | 7 | - | - | 408 | 492 |
| Mass. | 79 | 83 | - | - | 133 | 119 | 13 | 11 | - | 112 |
| R.I. | 17 | 13 | - | - | 19 | 33 | 1 | 2 | - | 3 |
| Conn. | 21 | 15 | 1 | - | 51 | 67 | 2 | 5 | - | 931 |
| MID. ATLANTIC | 603 | 519 | 35 | 43 | 1,221 | 1,317 | 33 | 37 | 63 | 17 |
| Upstate N.Y. | 59 | 24 | 5 | 7 | 159 | 150 | 4 | 5 | - | - |
| N.Y. City | 362 | 289 | 10 | 24 | 612 | 701 | 11 | 20 | - | - |
| N.J. | 101 | 105 | 19 | 12 | 245 | 256 | 9 | 11 | - | - |
| Pa. | 81 | 101 | 1 | - | 205 | 210 | 9 | 1 | 63 | 17 |
| E.N. CENTRAL | 467 | 590 | 35 | 46 | 703 | 706 | 8 | 25 | 3,945 | 3,788 |
| Ohio | 136 | 126 | 1 | 2 | 122 | 121 | 2 | - | 1,019 | 929 |
| Ind. | 35 | 32 | 8 | 9 | 76 | 87 | - | 4 | - | - |
| Ill. | 161 | 239 | 4 | 17 | 310 | 328 | - | 14 | - | - |
| Mich. | 119 | 179 | 22 | 18 | 141 | 129 | 5 | 7 | 2,534 | 2,267 |
| Wis. | 16 | 14 | - | - | 54 | 41 | 1 | - | 392 | 592 |
| W.N. CENTRAL | 106 | 101 | 2 | 4 | 262 | 278 | 7 | 4 | 122 | 40 |
| Minn. | 14 | 32 | - | - | 101 | 106 | 3 | 2 | - | - |
| Iowa | 5 | 7 | - | - | 23 | 18 | - | 1 | N | N |
| Mo. | 64 | 34 | 1 | 4 | 68 | 71 | 2 | 1 | 5 | - |
| N. Dak. | - | 2 | - | - | 3 | - | - | - | 74 | 40 |
| S. Dak. | - | 1 | - | - | 5 | 16 | - | - | 43 | - |
| Nebr. | 5 | 5 | - | - | 18 | 12 | 2 | - | - | - |
| Kans. | 18 | 20 | 1 | - | 44 | 55 | - | - | - | - |
| S. ATLANTIC | 1,176 | 1,124 | 25 | 53 | 1,195 | 1,437 | 33 | 36 | 1,559 | 1,547 |
| Del. | 4 | 4 | 1 | - | - | - | - | - | 4 | 20 |
| Md. | 229 | 180 | 3 | 9 | 149 | 140 | 9 | 8 | - | - |
| D.C. | 49 | 33 | 1 | - | 54 | - | 1 | - | 17 | 22 |
| Va. | 66 | 56 | 2 | 1 | 137 | 158 | 3 | 11 | 394 | 432 |
| W. Va. | 2 | 2 | - | - | 14 | 12 | - | - | 919 | 905 |
| N.C. | 110 | 100 | 6 | 11 | 156 | 180 | 3 | 6 | N | N |
| S.C. | 67 | 67 | 1 | 4 | 115 | 97 | - | - | 225 | 168 |
| Ga. | 175 | 298 | 1 | 13 | 11 | 311 | 11 | 5 | - | - |
| Fla. | 474 | 384 | 10 | 15 | 559 | 539 | 6 | 6 | - | - |
| E. S. CENTRAL | 249 | 196 | 16 | 10 | 347 | 419 | 5 | 5 | - | - |
| Ky. | 27 | 24 | 1 | 1 | 62 | 68 | 2 | - | - | - |
| Tenn. | 86 | 83 | 7 | 2 | 127 | 145 | 3 | 2 | - | - |
| Ala. | 110 | 70 | 6 | 5 | 125 | 139 | - | 3 | - | - |
| Miss. | 26 | 19 | 2 | 2 | 33 | 67 | - | - | - | - |
| W. S. CENTRAL | 709 | 526 | 32 | 48 | 466 | 1,157 | 10 | 14 | 4,335 | 2,603 |
| Ark. | 30 | 31 | - | 1 | 73 | 60 | - | - | - | - |
| La. | 142 | 80 | - | 1 | - | - | - | - | 42 | 9 |
| Okla. | 19 | 33 | 2 | 1 | 91 | 89 | 1 | - | - | - |
| Tex. | 518 | 382 | 30 | 45 | 302 | 1,008 | 9 | 14 | 4,293 | 2,594 |
| MOUNTAIN | 205 | 196 | 37 | 27 | 281 | 239 | 5 | 4 | 1,622 | 361 |
| Mont. | - | - | - | - | 4 | 5 | - | - | - | - |
| Idaho | 13 | 4 | 2 | 2 | 4 | 5 | - | - | - | - |
| Wyo. | 1 | - | - | - | 2 | 2 | - | - | 24 | 38 |
| Colo. | 21 | 23 | - | 3 | 58 | 58 | 1 | 3 | 1,225 | - |
| N. Mex. | 26 | 37 | 1 | 4 | 14 | 30 | - | - | 68 | - |
| Ariz. | 124 | 120 | 34 | 18 | 126 | 96 | 2 | 1 | - | - |
| Utah | 4 | 3 | - | - | 27 | 21 | 1 | - | 305 | 323 |
| Nev. | 16 | 9 | - | - | 46 | 22 | 1 | - | - | - |
| PACIFIC | 764 | 922 | 23 | 45 | 1,353 | 1,721 | 43 | 59 | - | - |
| Wash. | 65 | 47 | - | - | 142 | 146 | 3 | 2 | - | - |
| Oreg. | 19 | 29 | - | - | 52 | 65 | 1 | 2 | - | - |
| Calif. | 677 | 839 | 23 | 45 | 1,072 | 1,404 | 33 | 55 | - | - |
| Alaska | - | 1 | - | - | 20 | 37 | - | - | - | - |
| Hawaii | 3 | 6 | - | - | 67 | 69 | 6 | - | - | - |
| Guam | - | 1 | - | - | - | 38 | - | - | - | 90 |
| P.R. | 71 | 122 | 3 | 9 | 60 | 58 | - | - | 186 | 396 |
| V.I. | 4 | 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 August 14, 2004 (32nd 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 | 487 | 338 | 97 | 30 | 8 | 14 | 37 | S. ATLANTIC | 1,037 | 628 | 253 | 101 | 26 | 29 | 50 | | |
| Boston, Mass. | 112 | 76 | 21 | 10 | 3 | 2 | 8 | Atlanta, Ga. | 128 | 72 | 35 | 13 | 6 | 2 | 6 | | |
| Bridgeport, Conn. | 34 | 27 | 6 | - | - | 1 | 7 | Baltimore, Md. | 193 | 105 | 56 | 21 | 7 | 4 | 8 | | |
| Cambridge, Mass. | 11 | 10 | 1 | - | - | - | 1 | Charlotte, N.C. | 107 | 64 | 19 | 14 | 2 | 8 | 7 | | |
| Fall River, Mass. | 24 | 18 | 5 | - | 1 | - | 1 | Jacksonville, Fla. | 130 | 87 | 32 | 6 | 2 | 3 | 5 | | |
| Hartford, Conn. | 57 | 35 | 16 | 3 | - | 3 | 3 | Miami, Fla. | 29 | 17 | 8 | 4 | - | - | 2 | | |
| Lowell, Mass. | 21 | 15 | 4 | 2 | - | - | 2 | Norfolk, Va. | 44 | 26 | 13 | 3 | 1 | 1 | 2 | | |
| Lynn, Mass. | 9 | 8 | 1 | - | - | - | - | Richmond, Va. | 39 | 18 | 14 | 4 | 1 | 2 | 3 | | |
| New Bedford, Mass. | 26 | 21 | 3 | 2 | - | - | - | Savannah, Ga. | 60 | 42 | 13 | 2 | - | 3 | 1 | | |
| New Haven, Conn. | 43 | 31 | 6 | 4 | - | 2 | 3 | St. Petersburg, Fla. | 41 | 32 | 4 | 3 | 2 | - | 1 | | |
| Providence, R.I. | 45 | 31 | 7 | 2 | 1 | 4 | 3 | Tampa, Fla. | 152 | 99 | 30 | 16 | 2 | 5 | 11 | | |
| Somerville, Mass. | 4 | 3 | 1 | - | - | - | - | Washington, D.C. | 94 | 50 | 28 | 13 | 2 | 1 | 3 | | |
| Springfield, Mass. | 41 | 22 | 11 | 5 | 1 | 2 | 4 | Wilmington, Del. | 20 | 16 | 1 | 2 | 1 | - | 1 | | |
| Waterbury, Conn. | 13 | 9 | 4 | - | - | - | 1 | E.S. CENTRAL | 875 | 570 | 201 | 64 | 23 | 17 | 60 | | |
| Worcester, Mass. | 47 | 32 | 11 | 2 | 2 | - | 4 | Birmingham, Ala. | 156 | 101 | 37 | 8 | 5 | 5 | 17 | | |
| MID. ATLANTIC | 2,002 | 1,375 | 418 | 116 | 54 | 37 | 92 | Chattanooga, Tenn. | 79 | 50 | 20 | 4 | 3 | 2 | 5 | | |
| Albany, N.Y. | 51 | 35 | 11 | 2 | - | 3 | 2 | Knoxville, Tenn. | 113 | 68 | 28 | 15 | 2 | - | 1 | | |
| Allentown, Pa. | 21 | 16 | 3 | 2 | - | - | 2 | Lexington, Ky. | 77 | 55 | 14 | 5 | 1 | 2 | 6 | | |
| Buffalo, N.Y. | 76 | 51 | 21 | 2 | 1 | 1 | 4 | Memphis, Tenn. | 193 | 133 | 37 | 16 | 6 | 1 | 19 | | |
| Camden, N.J. | 17 | 9 | 5 | 2 | 1 | - | - | Mobile, Ala. | 89 | 59 | 26 | 2 | 1 | 1 | 3 | | |
| Elizabeth, N.J. | 12 | 4 | 5 | 3 | - | - | - | Montgomery, Ala. | 41 | 29 | 7 | 4 | 1 | - | 1 | | |
| Erie, Pa. | 49 | 39 | 10 | - | - | - | 2 | Nashville, Tenn. | 127 | 75 | 32 | 10 | 4 | 6 | 8 | | |
| Jersey City, N.J. | 29 | 16 | 8 | 5 | - | - | - | W.S. CENTRAL | 1,469 | 923 | 354 | 122 | 39 | 31 | 70 | | |
| New York City, N.Y. | 1,002 | 714 | 198 | 54 | 22 | 12 | 34 | Austin, Tex. | 82 | 52 | 20 | 8 | 1 | 1 | 3 | | |
| Newark, N.J. | 51 | 31 | 10 | 8 | 1 | 1 | - | Baton Rouge, La. | 47 | 31 | 8 | 6 | 2 | - | - | | |
| Paterson, N.J. | 19 | 13 | 4 | 2 | - | - | 1 | Corpus Christi, Tex. | 47 | 30 | 12 | 1 | 1 | 3 | 5 | | |
| Philadelphia, Pa. | 292 | 175 | 77 | 19 | 12 | 9 | 16 | Dallas, Tex. | 237 | 139 | 58 | 23 | 10 | 7 | 15 | | |
| Pittsburgh, Pa. [‡] | 27 | 12 | 9 | 4 | 2 | - | 2 | El Paso, Tex. | 39 | 31 | 5 | 2 | 1 | - | 1 | | |
| Reading, Pa. | 27 | 21 | 5 | 1 | - | - | 1 | Ft. Worth, Tex. | 107 | 68 | 24 | 7 | 3 | 5 | 5 | | |
| Rochester, N.Y. | 110 | 85 | 17 | 2 | 3 | 3 | 13 | Houston, Tex. | 358 | 205 | 94 | 45 | 7 | 7 | 19 | | |
| Schenectady, N.Y. | 23 | 15 | 2 | - | 5 | 1 | 2 | Little Rock, Ark. | 67 | 47 | 14 | 3 | 3 | - | 1 | | |
| Scranton, Pa. | 23 | 17 | 4 | 1 | 1 | - | - | New Orleans, La. | 56 | 31 | 16 | 7 | 2 | - | - | | |
| Syracuse, N.Y. | 116 | 85 | 19 | 5 | 2 | 5 | 9 | San Antonio, Tex. | 231 | 158 | 52 | 12 | 4 | 5 | 17 | | |
| Trenton, N.J. | 33 | 19 | 6 | 2 | 4 | 2 | 1 | Shreveport, La. | 69 | 47 | 16 | 2 | 2 | 2 | 4 | | |
| Utica, N.Y. | 14 | 11 | 2 | 1 | - | - | 2 | Tulsa, Okla. | 129 | 84 | 35 | 6 | 3 | 1 | - | | |
| Yonkers, N.Y. | 10 | 7 | 2 | 1 | - | - | 1 | MOUNTAIN | 942 | 594 | 214 | 84 | 26 | 24 | 44 | | |
| E.N. CENTRAL | 1,921 | 1,247 | 437 | 143 | 42 | 52 | 102 | Albuquerque, N.M. | 103 | 62 | 31 | 3 | 3 | 4 | 4 | | |
| Akron, Ohio | 45 | 25 | 12 | 3 | 3 | 2 | 4 | Boise, Idaho | 40 | 29 | 5 | 5 | - | 1 | 5 | | |
| Canton, Ohio | 30 | 23 | 6 | 1 | - | - | - | Colo. Springs, Colo. | 39 | 24 | 11 | 4 | - | - | - | | |
| Chicago, Ill. | 326 | 187 | 87 | 31 | 11 | 10 | 23 | Denver, Colo. | 105 | 62 | 20 | 15 | 2 | 6 | 3 | | |
| Cincinnati, Ohio | 64 | 47 | 9 | 5 | - | 3 | 1 | Las Vegas, Nev. | 289 | 188 | 65 | 24 | 7 | 5 | 17 | | |
| Cleveland, Ohio | 246 | 171 | 53 | 14 | 3 | 5 | 7 | Ogden, Utah | 31 | 18 | 10 | 3 | - | - | 1 | | |
| Columbus, Ohio | 166 | 112 | 39 | 11 | 2 | 2 | 12 | Phoenix, Ariz. | 51 | 23 | 17 | 9 | 1 | 1 | 1 | | |
| Dayton, Ohio | 92 | 67 | 17 | 7 | - | 1 | 7 | Pueblo, Colo. | 27 | 15 | 11 | - | 1 | - | 2 | | |
| Detroit, Mich. | 150 | 78 | 44 | 18 | 6 | 4 | 6 | Salt Lake City, Utah | 106 | 74 | 19 | 5 | 5 | 3 | 4 | | |
| Evansville, Ind. | 40 | 26 | 9 | 4 | - | 1 | 1 | Tucson, Ariz. | 151 | 99 | 25 | 16 | 7 | 4 | 7 | | |
| Fort Wayne, Ind. | 51 | 33 | 11 | 5 | 2 | - | 1 | PACIFIC | 1,759 | 1,196 | 365 | 117 | 46 | 35 | 128 | | |
| Gary, Ind. | 14 | 7 | 4 | 1 | 2 | - | - | Berkeley, Calif. | 16 | 11 | 4 | - | 1 | - | - | | |
| Grand Rapids, Mich. | 36 | 26 | 8 | 1 | - | 1 | 3 | Fresno, Calif. | 105 | 71 | 24 | 9 | 1 | - | 8 | | |
| Indianapolis, Ind. | 203 | 130 | 50 | 10 | 2 | 11 | 10 | Glendale, Calif. | 19 | 16 | 2 | 1 | - | - | 2 | | |
| Lansing, Mich. | 41 | 31 | 2 | 6 | 2 | - | 1 | Honolulu, Hawaii | 85 | 62 | 15 | 7 | 1 | - | 2 | | |
| Milwaukee, Wis. | 112 | 71 | 31 | 6 | 3 | 1 | 8 | Long Beach, Calif. | 62 | 40 | 18 | 3 | - | 1 | 5 | | |
| Peoria, Ill. | 66 | 41 | 15 | 2 | 2 | 6 | 2 | Los Angeles, Calif. | 366 | 245 | 67 | 32 | 11 | 11 | 42 | | |
| Rockford, Ill. | 61 | 42 | 13 | 4 | 2 | - | 5 | Pasadena, Calif. | 35 | 23 | 7 | 3 | 1 | 1 | 5 | | |
| South Bend, Ind. | 46 | 36 | 8 | 1 | - | 1 | 2 | Portland, Oreg. | 122 | 84 | 27 | 7 | 3 | 1 | 4 | | |
| Toledo, Ohio | 83 | 60 | 11 | 11 | - | 1 | 3 | Sacramento, Calif. | 177 | 119 | 40 | 10 | 5 | 3 | 8 | | |
| Youngstown, Ohio | 49 | 34 | 8 | 2 | 2 | 3 | 6 | San Diego, Calif. | 149 | 106 | 28 | 9 | 3 | 3 | 9 | | |
| W.N. CENTRAL | 607 | 391 | 140 | 45 | 19 | 10 | 49 | San Francisco, Calif. | 143 | 85 | 35 | 10 | 4 | 9 | 12 | | |
| Des Moines, Iowa | 52 | 38 | 10 | 2 | 2 | - | 4 | San Jose, Calif. | 180 | 129 | 38 | 6 | 4 | 3 | 16 | | |
| Duluth, Minn. | 29 | 23 | 5 | 1 | - | - | 2 | Santa Cruz, Calif. | 28 | 23 | 4 | 1 | - | - | 5 | | |
| Kansas City, Kans. | 25 | 16 | 5 | 2 | 1 | 1 | 1 | Seattle, Wash. | 130 | 72 | 34 | 13 | 8 | 3 | 3 | | |
| Kansas City, Mo. | 69 | 47 | 14 | 4 | 2 | 1 | 3 | Spokane, Wash. | 50 | 40 | 7 | 2 | 1 | - | 2 | | |
| Lincoln, Nebr. | 30 | 24 | 5 | 1 | - | - | 4 | Tacoma, Wash. | 92 | 70 | 15 | 4 | 3 | - | 5 | | |
| Minneapolis, Minn. | 55 | 31 | 17 | 6 | - | 1 | 8 | TOTAL | 11,099 [¶] | 7,262 | 2,479 | 822 | 283 | 249 | 632 | | |
| Omaha, Nebr. | 83 | 53 | 19 | 3 | 3 | 5 | 11 | | | | | | | | | | |
| St. Louis, Mo. | 115 | 62 | 33 | 10 | 8 | 1 | 8 | | | | | | | | | | |
| St. Paul, Minn. | 49 | 33 | 12 | 2 | 2 | - | 2 | | | | | | | | | | |
| Wichita, Kans. | 100 | 64 | 20 | 14 | 1 | 1 | 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.

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