

Erratum: Vol. 48, No. RR-7

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

Erratum: Vol. 48, No. SS-3

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

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

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

Routine Vaccination

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

Supplementary OPV Vaccination

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

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