

# MMWR™

MORBIDITY AND MORTALITY WEEKLY REPORT

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## National Farm Safety and Health Week — September 20–26, 1998

September 20–26 is National Farm Safety and Health Week. Agriculture is one of the most dangerous industries in the United States; in 1997, an estimated 150,000 workers suffered disabling injuries and approximately 700 workers were killed in agricultural work-related activities. Safety and health education plays an important role in reducing fatalities and injuries on the farm.

This year is the 55th anniversary of National Farm Safety and Health Week, and the theme is "Precision Farming Includes Safety and Health." National Farm Safety and Health Week is an annual activity of the National Safety Council's (NSC) Agricultural Division. During this week and throughout the year, the NSC encourages all U.S. residents to emphasize farm safety and health by using and promoting safe work practices on farms. Additional information about National Farm Safety and Health Week is available from NSC, telephone (800) 621-7615, ext. 2379, or World-Wide Web site, <http://www.nsc.org/farmsafe.htm>.

## Youth Agricultural Work-Related Injuries Treated in Emergency Departments — United States, October 1995–September 1997

National estimates and descriptions of agricultural injuries occurring to youths are limited (1,2). In 1996, the National Committee for Childhood Agricultural Injury Prevention recommended establishing and maintaining a comprehensive national surveillance system of fatal and nonfatal childhood agricultural injuries (2). In response to these recommendations, CDC's National Institute for Occupational Safety and Health (NIOSH) began analyzing existing surveillance data while exploring new data collection strategies. The goals of these efforts are to add to knowledge about the incidence and circumstances of childhood agricultural injuries and to improve collection and analysis of data regarding childhood agricultural injuries (3). This report presents an analysis of data from the National Electronic Injury Surveillance System (NEISS)\* during October 1995–September 1997 for youths aged <20 years, which in-

\*The Consumer Product Safety Commission (CPSC) developed NEISS to monitor injuries involving consumer products and to serve as a source for follow-up investigation of selected product-related injuries. CPSC collects all work-related injuries for NIOSH regardless of consumer product involvement.

*Youth Agricultural Work-Related Injuries — Continued*

dicates that youths in this age group are at increased risk for agricultural work-related injuries.

NEISS collects data on all work-related injury cases from a probability sample of 65 U.S. hospitals with emergency departments (4). A work-related case is defined as any injury sustained during performance of 1) work for compensation, 2) volunteer work for an organized group, or 3) a work task on a farm. Estimates of agricultural work-related injuries are rounded to the nearest 100.

NEISS data were analyzed for agricultural work-related injuries that occurred to youths aged <20 years during October 1, 1995–September 30, 1997. To identify agricultural injuries, keyword searches of narrative information were conducted.<sup>†</sup> Incidents identified were reviewed on a case-by-case basis to determine which injuries to include in the analyses. Injuries associated with crop production, livestock production, and agricultural services were included in the analyses.

Injury rates were calculated using employment data from the Current Population Survey (CPS) of the Bureau of Labor Statistics, a monthly, national population-based household survey that includes approximately 60,000 households (5). Rates are presented per 100 full-time equivalents (FTE)<sup>§</sup>; injury rates per FTE are preferred to rates per worker when analyzing occupational injury data for youths, who typically work part-time, because hours of work are a proxy measure for exposure (4,6).

During October 1, 1995–September 30, 1997, 1208 agricultural work-related injuries among persons of all ages were reported to NEISS, corresponding to a national estimate of 117,700 injuries (95% confidence interval [CI]=79,600–155,800) that were treated in emergency departments in the United States. Of the 1208 cases, 104 (9%) were among youths aged <20 years, corresponding to a national estimate of approximately 10,700 injuries (95% CI=6,500–14,900)—an average of approximately 5400 youth injuries each year. Of the injured youths aged <20 years, 96% were treated and released from the emergency departments; no fatal agricultural injuries among youths aged <20 years were reported in the NEISS data. The highest rates for injury were among workers aged 18–19 years and 20–24 years (2.7 injuries per 100 FTE), which differed significantly from injury rates for workers aged 45–64 years (Table 1). Injury rates for 15–17-year-olds (1.8 per 100 FTE) were similar to those for workers aged 25–34 years (1.9 per 100 FTE) and 35–44 years (1.7 per 100 FTE) and were higher than, but not significantly different from, workers aged ≥45 years. An estimated 1600 youths aged <15 years were injured while working in agriculture, representing 15% of the cases among youths aged <20 years; the rate of injury for this age group was not calculated because employment data are not collected for youths aged <15 years.

Among youths aged <20 years, 89 injuries were to males, corresponding to a national estimate of 9300 injuries (95% CI=5,600–12,900). Injuries to males accounted for 86% of all injuries to youths. The overall injury rate for 15–19-year-olds was 2.3 per 100 FTE (95% CI=1.5–3.1); the rate for males was 2.4 per 100 FTE (95% CI=1.7–3.2), and the rate for females was 1.5 per 100 FTE (95% CI=0.4–2.2).

<sup>†</sup>Keyword searches were conducted on the following narrative fields: business type, business name, occupation type, and injury description fields. Examples of keywords in each field include: business type—farm, orchard, fruit, and grain; business name—farm, nursery, landscape, and veterinary; occupation type—farm; and comment fields—farm, tractor, cattle, cow, livestock, tobacco, and landscape.

<sup>§</sup>An FTE is defined as 2000 hours of work during a calendar year and was calculated from the CPS microdata files because published estimates were not available.

*Youth Agricultural Work-Related Injuries — Continued***TABLE 1. Estimated number\* and rate† of agricultural-related injuries among workers treated in hospital emergency departments, by age group — United States, October 1995–September 1997**

Age group (yrs)	Incidence		Rate	
	Estimated no.	(95% CI <sup>§</sup> )	Injuries	(95% CI)
<15	1,600	( 300– 2,900)	NA <sup>¶</sup>	
15–17	3,300	( 2,000– 4,600)	1.8	(1.1–2.6)
18–19	5,800	( 3,500– 8,100)	2.7	(1.6–3.9)**
20–24	16,700	(11,500– 21,900)	2.7	(1.8–3.6)**
25–34	30,600	(20,400– 40,800)	1.9	(0.7–3.1)
35–44	30,400	(19,700– 41,200)	1.7	(1.1–2.3)
45–54	13,800	( 8,100– 19,500)	1.1	(0.6–1.6)
55–64	9,100	( 5,800– 12,300)	1.1	(0.7–1.5)
≥65	6,400	( 3,100– 9,600)	1.2	(0.6–1.8)
<b>Total</b>	<b>117,700</b>	<b>(79,600–155,800)</b>	<b>1.6</b>	<b>(1.1–2.1)</b>

\*Estimates of agricultural work-related injuries are rounded to the nearest 100.

†Per 100 full-time equivalents.

§Confidence interval.

¶Not available. Employment data are not collected for this age group.

\*\*CI does not overlap with the CIs for workers aged 45–54 and 55–64 years.

Contusions and/or abrasions were the most common types of injury among youths aged <20 years, accounting for 24.0% of the injuries; lacerations accounted for 23.3%. The body parts most commonly injured by persons in this age group were the fingers or hands (23.5%) and the knee, ankle, or foot (23.0%).

The events most likely to result in injuries to youths were contact with objects or equipment (e.g., struck by a falling object, struck by a slipping object, and caught in equipment or between objects), accounting for approximately 55.4% of the injuries, and falls (both to a lower level and on the same level), accounting for 14.7% of injuries. The sources of injury varied: persons, plants, animals, and minerals contributed to 17.4% of the injuries; tools (primarily nonpowered hand tools), 15.2%; machinery (primarily agricultural and garden), 15.2%; structures and surfaces (e.g., floors, walkways, and ground surfaces), 14.9%; and parts and materials (primarily materials used in the construction of buildings and other structures, such as bricks and lumber), 14.7%.

*Reported by: Div of Safety Research, National Institute for Occupational Safety and Health, CDC.*

**Editorial Note:** Information about the incidence and circumstances of agricultural work-related injuries among youths is needed to target and develop effective injury-prevention efforts. This report estimates that each year approximately 5400 youths aged <20 years working on farms or in agricultural service jobs sustain occupational injuries that are treated in hospital emergency departments and indicates that youths are among the age groups at greatest risk for such injuries.

In this report, work-related data were collected using an existing emergency department surveillance system. Emergency department visits represent only a fraction (approximately 36%) (4) of the work injuries that occur to agricultural workers, and surveillance limited to this setting does not include injuries treated on site, at private physicians' offices or clinics, or in other medical treatment facilities. Further research is needed to clarify the treatment patterns of agricultural work-related injuries; to determine the proportion and characteristics of injuries that can be expected to be cap-

*Youth Agricultural Work-Related Injuries — Continued*

tured by emergency department surveillance; and to assess whether any differences in treatment patterns by demographic characteristics (e.g., age, sex, race/ethnicity) or relationship of the worker to the farm owner (e.g., family member or employee) exist. Such information would guide assessments about using emergency departments for routine and ongoing collection of data on childhood agricultural injuries and whether special surveys are needed to provide supplementary data about groups not well represented in emergency department data.

Although NEISS surveillance of work injuries can provide information on the incidence of youth agricultural work-related injuries requiring emergency department treatment, the small number of cases each year—and the limited information available from the system—precludes analyses that can focus prevention efforts, such as estimates and rates by specific agricultural sectors or by particular machinery or circumstances. Furthermore, it is unknown how well NEISS captured agricultural work injury cases, given the difficulty in distinguishing work, chores, and exposure to agricultural production hazards in settings that serve as both a place of work and a residence for youths. Children can be exposed to and injured by agricultural production hazards without direct participation in farm work when they live on farms, visit farms, or accompany their working parents into the fields (2). However, NEISS can provide a valuable mechanism for gathering detailed information on the circumstances and associated risk factors for injuries through follow-back surveys. NIOSH will conduct follow-back interviews of youths identified through the NEISS as having sustained agricultural injuries, regardless of their work-relatedness. This study will assess the ability of the NEISS to characterize childhood agricultural injuries.

Although much remains to be learned about the incidence of, contributors to, and prevention of youth agricultural work injuries (2,3), there are numerous recommendations and programs aimed at preventing agricultural injuries, both in general and among children. To provide technical assistance, professional training, and consensus development for preventing childhood agricultural injuries, NIOSH helped establish the National Children's Center for Rural and Agricultural Health and Safety, telephone (888) 924-7233 or (715) 389-4999; or World-Wide Web, <http://www.marshmed.org/nfmc/children>. Additional information about prevention strategies is also available from county agricultural extension agents; the Wage and Hour Office of the U.S. Department of Labor World-Wide Web site, <http://www.dol.gov/dol/teensafety.htm>; the National Safety Council, telephone (800) 621-7615, ext. 2379 or (630) 285-1121, or World-Wide Web site, <http://www.nsc.org/farmsafe.htm>; Farm Safety 4 Just Kids, telephone (800) 423-5437 or (515) 758-2827, World-Wide Web site, <http://www.fs4jk.org>; and NIOSH, telephone (800) 356-4674 or (513) 533-8328.

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### ***Haemophilus influenzae* Invasive Disease Among Children Aged <5 Years — California, 1990–1996**

*Haemophilus influenzae* (Hi) causes a variety of severe clinical illnesses including meningitis, pneumonia, epiglottitis, and septic arthritis (1). In the prevaccine era (i.e., before 1988), *Haemophilus influenzae* type b (Hib) caused approximately 95% of the Hi invasive disease among children aged <5 years (1). In 1988, Hib conjugate vaccines were introduced for use among children aged 18 months–5 years; they were subsequently recommended for routine use in infants by the Advisory Committee on Immunization Practices (ACIP) in 1990 (2). During 1989–1995, Hib invasive disease among children aged <5 years declined 95% nationally (3). To document the decline of Hib invasive disease and to examine the epidemiology of reported nontype b Hi invasive disease among children aged <5 years, CDC, in collaboration with the California Department of Health Services, analyzed reported cases in California from 1990 to 1996. This report summarizes the results of the analysis and documents the decline of Hib without an increase of nontype b Hi invasive disease among children aged <5 years.

Hi invasive disease has been a reportable disease in California since 1989, and cases were collected passively from laboratories, clinics, and hospitals. In Los Angeles County, which accounts for 30% of the population in the state aged <5 years, active surveillance for Hi invasive disease was conducted during 1986–1992 (4) and 1995–1996 through monthly telephone calls to all local laboratories and periodic laboratory audits. In 1989, three counties in the San Francisco Bay area (Alameda, Contra Costa, and San Francisco), which account for 7% of the population aged <5 years, initiated active, laboratory-based surveillance. Laboratorians and infection-control practitioners were contacted biweekly, and laboratory audits were performed once in 1991, 1993, and 1994, and twice in 1995 and 1996. Cases were reported to CDC.

Data from these surveillance systems were combined (n=1090), and the 65 duplicate cases (i.e., cases with identical date of birth, onset, county of residence, and demographic data) and 11 reports that did not include age were eliminated. California census information for 1990 to 1996 was used to calculate race/ethnicity-, sex-, and county-specific incidence rates; county-specific incidence rates were mapped using the Atlas GIS mapping program. Census data from 1993 was used to calculate the average annual incidence of nontype b Hi invasive disease by race/ethnicity.

During 1990–1996 in California, 1014 cases of invasive Hi disease were reported among children aged <5 years: 591 (58%) cases of Hib, 160 (16%) cases of nontype b Hi, and 263 (26%) cases of unknown serotype; 71 (27%) of the 263 isolates with unknown serotype were from the three Bay area counties or Los Angeles County. From 1990 to 1996, the number of reported Hib cases decreased 99% (from 346 [13.9 per 100,000] to four [0.1 per 100,000]) (Table 1), and the number of reported Hi cases attributable to unknown serotype declined 93% (from 134 to 10). The proportion of isolates

*Haemophilus influenzae* Invasive Disease — Continued

**TABLE 1. Number and rate\* of *Haemophilus influenzae* type b invasive disease cases among children aged <5 years, by year and serotype — California, 1990–1996**

Serotype	1990		1991		1992		1993		1994		1995		1996	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Type b	346	(13.9)	148	(5.8)	55	(2.1)	17	(0.6)	14	(0.5)	7	(0.3)	4	(0.1)
Nontype b†	30	(1.2)	28	(1.1)	28	(1.1)	20	(0.8)	7	(0.3)	21	(0.8)	26	(1.0)
Unknown	134	(5.4)	52	(2.0)	30	(1.2)	13	(0.5)	14	(0.5)	10	(0.4)	10	(0.4)

\*Per 100,000 children.

†Includes serotypes a, c, d, e, f, and nontypeable Hi.

with unknown serotype (approximately 30%) remained relatively constant. During 1990–1996, the incidence of nontype b invasive disease remained stable; the average annual incidence was 0.9 per 100,000 children aged <5 years.

During 1990–1996, most (51% [82 of 160]) nontype b Hi invasive disease cases among children aged <5 years were reported from Los Angeles County, where the average annual incidence was 1.5 per 100,000 children aged <5 years (Table 2). In the three Bay area counties, the number of nontype b Hi cases ranged from one to four per year (1.5 per 100,000 children aged <5 years). Overall, 20 (35%) of 58 counties in California reported at least one case of nontype b Hi invasive disease. The average annual incidence rates were higher for both the Bay area counties (1.5 per 100,000 children aged <5 years) and Los Angeles County (1.5), compared with the rate for all of California (0.9). The two counties with nontype b incidence rates of  $\geq 3$  per 100,000 children aged <5 years had populations of <20,000 children in this age group.

The average annual incidence rates of nontype b Hi invasive disease among non-Hispanic black children were higher than for other racial/ethnic groups (Table 3). The average annual incidence rates of nontype b Hi invasive disease for each racial/ethnic group was higher in the active surveillance sites (the three Bay area counties and in Los Angeles County) than in the remainder of California. The proportion of case-patients aged <1 year was similar among nontype b Hi cases (59%) and Hib cases (61%). The average annual incidence of nontype b was similar for males (0.9) and females (0.8).

*Reported by: G Rothrock, MPH, A Reingold, MD, California Emerging Infections Program, Oakland; N Alexopoulos, MPH, Los Angeles County Dept of Health Svcs, Los Angeles; C O'Malley, PhD, NJ Smith, MD, SH Waterman, MD, State Epidemiologist, California Dept of Health Svcs. Meningitis and Special Pathogens Br, and Respiratory Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; Child Vaccine-Preventable Diseases Br, Epidemiology and Surveillance Div, National Immunization Program, CDC.*

**Editorial Note:** The decline of reported Hib invasive disease cases among children aged <5 years from 1990 to 1996 in California reflects the decline in Hib invasive disease cases reported nationally associated with the widespread use of Hib vaccine in children (3). The parallel decline in the number of Hi invasive disease cases attributable to unknown serotypes in California suggests that a large number of cases with unknown serotype had been serotype b. In California, the proportion of Hi isolates with unknown serotype information (26%) was lower than for national data in 1994 and 1995 (44%) (3), suggesting more complete ascertainment of serotype information by the active surveillance sites and the California Department of Health Services.

*Haemophilus influenzae* Invasive Disease — Continued

**TABLE 2. Number and rate\* of nontype b *Haemophilus influenzae* invasive disease cases among children aged <5 years, by year and region — California, 1990–1996**

Region	1990		1991		1992		1993		1994		1995		1996		Total†	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Bay Area‡	4	(2.1)	4	(2.0)	3	(1.5)	3	(1.4)	1	(0.5)	4	(2.0)	3	(1.5)	22	(1.5)
Los Angeles Co.	11	(1.4)	12	(1.5)	19	(2.4)	7	(0.9)	6	(0.8)	10	(1.3)	17	(2.1)	82	(1.5)
Remainder of state	15	(0.6)	12	(0.5)	6	(0.2)	10	(0.4)	0	(0)	7	(0.3)	6	(0.2)	56	(0.3)

\*Per 100,000 children.

†Average annual incidence.

‡Alameda, Contra Costa, and San Francisco counties.

**TABLE 3. Number\* and rate† of nontype b *Haemophilus influenzae* invasive disease cases‡ among children aged <5 years, by region and race/ethnicity — California, 1990–1996**

Region	Hispanic		Non-Hispanic Black		Non-Hispanic White		Other¶	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Bay Area**	4	(1.3)	6	(2.4)	10	(1.5)	2	(0.8)
Los Angeles Co.	44	(1.3)	14	(2.1)	10	(0.7)	3	(0.6)
Remainder of state	24	(0.6)	0	(0.0)	24	(0.4)	2	(0.2)

\*Number of cases during the 7-year period.

†Per 100,000 children.

‡Race/ethnicity data were not reported for 17 cases.

¶Numbers for other racial/ethnic groups were too small for meaningful analysis.

\*\*Alameda, Contra Costa, and San Francisco counties.

The decline of Hib invasive disease raised concerns about an increase of Hi invasive disease caused by other serotypes (5,6). However, the rate of nontype b invasive disease has remained stable. The low number of reported nontype b Hi invasive disease cases in 1994 may be due to random variation in incidence. By year and by racial/ethnic groups, the rate of nontype b invasive disease was higher in the two regions of California with active surveillance compared with passive reporting from the remainder of California, a trend consistent with other analyses of reporting practices (7). The differences in disease incidence among racial/ethnic groups may be a marker for other risk factors, such as low socioeconomic status (3).

Surveillance for all Hi invasive disease needs to be strengthened to document the remaining disease burden and to monitor vaccination program effectiveness (8). Because the clinical presentation of Hi invasive disease may not vary by serotype (a, b, c, d, e, f, and nontypeable strains), laboratory testing is necessary to identify an isolate's serotype. The identification of serotype b is needed because only Hib invasive disease can be prevented with vaccination. State health departments should identify laboratories that can perform serotyping on Hi isolates from children aged <15 years with invasive disease; if serotyping is not available, state health departments can contact CDC.

*Haemophilus influenzae Invasive Disease — Continued*

The incidence rate of nontype b Hi invasive disease is under evaluation by CDC as a tool to help jurisdictions assess whether their surveillance system is sensitive enough to detect a Hib case. If a standard rate can be identified, and if it is relatively stable over time and by geographic regions, it may serve as an external standard for monitoring the quality of reporting of Hib invasive disease (8). Additional studies are needed to establish a baseline rate of nontype b Hi invasive disease that could be used as a surveillance evaluation tool throughout the United States.

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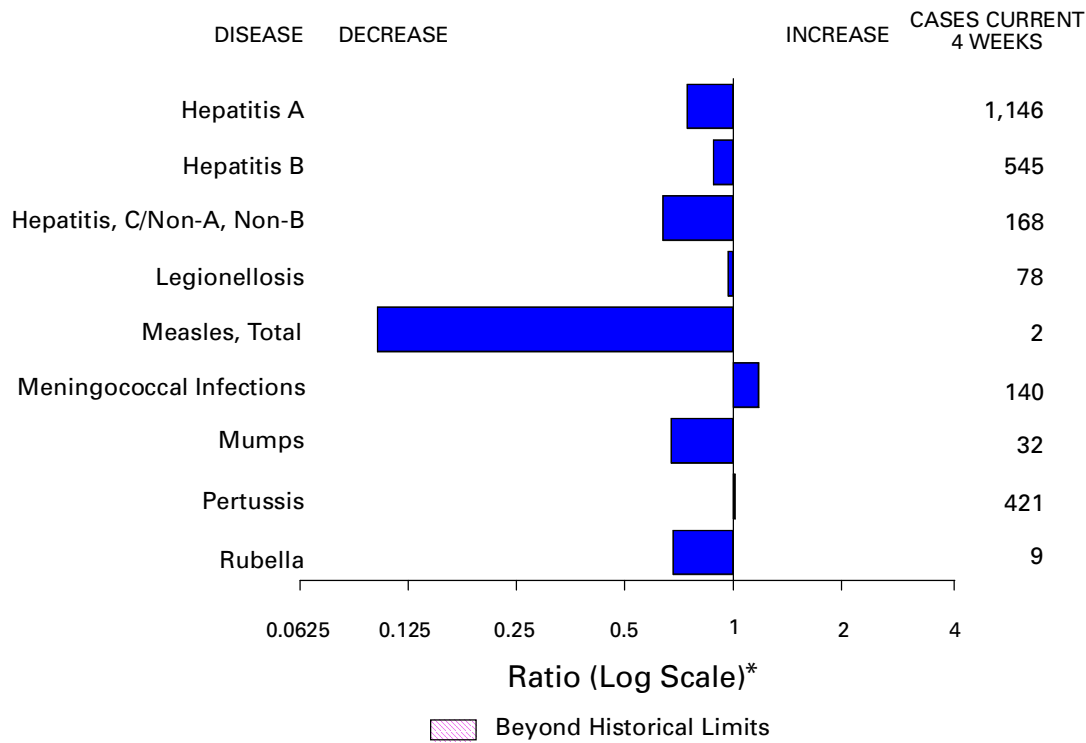
*Notice to Readers***National Food Safety Education Month — September 1998**

September is National Food Safety Education Month. This year, CDC, the U.S. Department of Agriculture, and the Food and Drug Administration are participating in the fourth annual National Food Safety Education Month. This year's theme, "Keep It Clean," emphasizes that an important step in food safety is proper handling and preparation of food, especially foods of animal origin (e.g., meat, poultry, and eggs). The primary goal of National Food Safety Education Month is to educate the public about handling and preparing food properly. Other important food safety messages that will be emphasized include the prevention of cross-contamination and cooking foods to their proper temperature.

Additional information about food safety is available at the World-Wide Web site, <http://www.foodsafety.gov>. A free "Keep It Clean" brochure is available from the International Food Safety Council, telephone (800) 266-5762 ([800] COOKSMART).



**FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending September 5, 1998, with historical data — United States**



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

**TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending September 5, 1998 (35th Week)**

	Cum. 1998		Cum. 1998
Anthrax	-	Plague	6
Brucellosis	35	Poliomyelitis, paralytic	1
Cholera	6	Psittacosis	27
Congenital rubella syndrome	3	Rabies, human	-
Cryptosporidiosis*†	2,229	Rocky Mountain spotted fever (RMSF)	194
Diphtheria	2	Streptococcal disease, invasive Group A	1,588
Encephalitis: California*	43	Streptococcal toxic-shock syndrome*	40
eastern equine*	2	Syphilis, congenital**	196
St. Louis*	2	Tetanus	28
western equine*	-	Toxic-shock syndrome	86
Hansen Disease	76	Trichinosis	9
Hantavirus pulmonary syndrome*§	12	Typhoid fever	220
Hemolytic uremic syndrome, post-diarrheal*	44	Yellow fever	-
HIV infection, pediatric*¶	164		

-:no reported cases  
 \*Not notifiable in all states.  
 † Between the 34th and 35th week of report, Texas reported 89 laboratory-confirmed cases of cryptosporidiosis associated with a community outbreak and 756 cases epidemiologically linked to the confirmed cases.  
 § Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).  
 ¶ Updated monthly to the Division of HIV/AIDS Prevention-Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update August 30, 1998.  
 \*\* Updated from reports to the Division of STD Prevention, NCHSTP.

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 5, 1998, and August 30, 1997 (35th Week)**

Reporting Area	AIDS		Chlamydia		Escherichia coli O157:H7		Gonorrhea		Hepatitis C/NA,NB	
	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	NETSS†	PHLIS‡	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997
					Cum. 1998	Cum. 1998				
UNITED STATES	31,523	40,204	356,718	304,137	1,795	1,019	215,231	192,129	2,394	2,351
NEW ENGLAND	1,194	1,732	13,012	11,684	237	161	3,733	3,949	32	45
Maine	22	42	655	646	28	-	44	37	-	-
N.H.	28	26	630	524	30	34	60	70	-	-
Vt.	17	31	282	269	10	7	25	36	-	2
Mass.	604	598	5,478	4,826	112	104	1,396	1,460	29	36
R.I.	88	113	1,570	1,326	11	1	250	306	3	7
Conn.	435	922	4,397	4,093	46	15	1,958	2,040	-	-
MID. ATLANTIC	8,893	12,414	42,949	37,942	183	36	24,674	24,636	271	216
Upstate N.Y.	1,014	1,931	N	N	132	-	3,788	4,198	208	157
N.Y. City	5,005	6,451	23,035	18,054	5	7	10,052	8,996	-	-
N.J.	1,655	2,598	7,224	6,634	46	28	4,790	5,094	-	-
Pa.	1,219	1,434	12,690	13,254	N	1	6,044	6,348	63	59
E.N. CENTRAL	2,276	3,016	59,461	40,558	278	177	41,424	26,212	353	410
Ohio	485	663	17,029	14,601	81	39	10,736	9,555	7	12
Ind.	379	408	4,049	6,049	62	31	2,629	4,037	4	12
Ill.	888	1,176	17,815	U	66	14	14,652	U	23	68
Mich.	390	581	13,964	12,633	69	38	10,620	9,521	319	296
Wis.	134	188	6,604	7,275	N	55	2,787	3,099	-	22
W.N. CENTRAL	599	778	20,768	20,878	261	196	10,177	9,136	127	47
Minn.	119	136	4,149	4,370	102	91	1,518	1,524	7	3
Iowa	51	78	2,063	2,858	74	35	660	756	7	23
Mo.	282	377	7,915	7,925	22	40	5,689	4,871	108	8
N. Dak.	4	10	616	555	7	13	51	38	-	2
S. Dak.	13	7	1,058	836	17	10	168	91	-	-
Nebr.	56	71	1,416	1,273	21	-	502	462	2	2
Kans.	74	99	3,551	3,061	18	7	1,589	1,394	3	9
S. ATLANTIC	7,960	9,668	73,490	63,376	158	88	60,933	61,990	133	155
Del.	104	174	1,698	-	-	1	933	802	-	-
Md.	914	1,167	5,315	4,789	22	10	5,966	7,858	6	4
D.C.	635	717	N	N	1	-	2,437	2,983	-	-
Va.	650	769	8,444	8,039	N	28	5,506	5,313	11	20
W. Va.	60	77	1,747	1,974	7	4	518	637	4	13
N.C.	536	597	15,002	11,419	40	34	12,968	11,241	17	38
S.C.	507	535	12,049	8,412	8	3	7,587	7,807	3	30
Ga.	846	1,161	15,727	11,245	51	-	14,206	13,025	9	-
Fla.	3,708	4,471	13,508	17,498	29	8	10,812	12,324	83	50
E.S. CENTRAL	1,273	1,366	26,310	23,265	81	27	25,756	23,227	142	252
Ky.	195	237	4,306	4,350	22	-	2,483	2,769	16	11
Tenn.	434	570	8,892	8,527	36	24	7,782	7,225	119	168
Ala.	372	334	6,875	5,682	20	2	8,833	7,956	5	6
Miss.	272	225	6,237	4,706	3	1	6,658	5,277	2	67
W.S. CENTRAL	3,799	4,171	52,130	41,025	91	12	30,421	27,178	470	311
Ark.	136	159	2,417	2,020	7	6	1,238	3,282	6	10
La.	654	733	9,967	6,274	4	2	8,675	5,913	24	144
Okla.	224	216	6,683	5,022	11	4	3,665	3,204	8	7
Tex.	2,785	3,063	33,063	27,709	69	-	16,843	14,779	432	150
MOUNTAIN	1,052	1,127	14,512	19,666	242	149	5,532	5,269	289	201
Mont.	20	33	793	697	11	-	29	31	7	15
Idaho	19	37	1,155	1,027	27	7	113	81	86	40
Wyo.	1	13	399	390	50	53	18	38	69	48
Colo.	209	292	10	4,622	49	38	1,538	1,353	20	22
N. Mex.	166	112	2,405	2,568	17	13	592	585	69	36
Ariz.	385	269	7,537	7,181	21	13	2,724	2,381	3	24
Utah	91	93	1,471	1,146	57	17	157	175	21	3
Nev.	161	278	742	2,035	10	8	361	625	14	13
PACIFIC	4,477	5,932	54,086	45,743	264	173	12,581	10,532	577	714
Wash.	303	454	7,078	6,015	50	56	1,248	1,257	13	20
Oreg.	128	222	3,847	3,273	75	72	558	503	5	2
Calif.	3,919	5,170	40,528	34,317	136	35	10,273	8,176	504	575
Alaska	17	42	1,268	1,003	3	-	216	260	1	-
Hawaii	110	44	1,365	1,135	N	10	286	336	54	117
Guam	-	2	8	193	N	-	2	27	-	-
P.R.	1,246	1,381	U	U	6	U	257	403	-	-
V.I.	19	74	N	U	N	U	U	U	U	U
Amer. Samoa	-	-	U	U	N	U	U	U	U	U
C.N.M.I.	-	1	N	N	N	U	25	17	-	2

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

\*Updated monthly to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update August 30, 1998.

†National Electronic Telecommunications System for Surveillance.

‡Public Health Laboratory Information System.

**TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending September 5, 1998, and August 30, 1997 (35th Week)**

Reporting Area	Legionellosis		Lyme Disease		Malaria		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal
	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998
UNITED STATES	793	609	7,352	7,257	833	1,224	4,779	5,773	9,449	11,849	4,735
NEW ENGLAND	38	52	1,936	2,005	41	66	46	104	287	296	957
Maine	1	2	6	8	4	1	1	-	5	17	146
N.H.	3	5	28	15	3	7	1	-	6	10	44
Vt.	4	9	8	6	-	2	4	-	2	4	43
Mass.	13	18	406	247	13	25	28	49	153	162	334
R.I.	8	5	323	219	3	5	1	2	38	24	60
Conn.	9	13	1,165	1,510	18	26	11	53	83	79	330
MID. ATLANTIC	199	116	4,559	4,014	201	367	178	281	1,902	2,097	1,115
Upstate N.Y.	64	31	2,772	1,649	60	52	24	28	237	288	788
N.Y. City	23	13	13	140	88	226	41	63	973	1,069	U
N.J.	11	17	808	1,245	30	68	55	113	415	426	136
Pa.	101	55	966	980	23	21	58	77	277	314	191
E.N. CENTRAL	238	200	79	387	81	115	649	424	821	1,221	101
Ohio	96	79	57	25	9	14	89	145	78	198	46
Ind.	46	30	16	23	10	11	124	102	76	96	8
Ill.	17	16	5	10	22	48	261	U	419	645	10
Mich.	55	47	1	22	36	30	130	93	245	198	28
Wis.	24	28	U	307	4	12	45	84	3	84	9
W.N. CENTRAL	55	35	124	82	64	37	93	122	261	380	518
Minn.	5	1	98	56	36	15	6	14	99	101	91
Iowa	7	9	19	5	7	8	-	6	27	43	118
Mo.	18	5	1	15	10	7	71	76	86	149	19
N. Dak.	-	2	-	-	2	2	-	-	6	8	102
S. Dak.	3	2	-	1	-	-	1	-	14	9	109
Nebr.	16	12	3	2	1	1	4	2	11	14	6
Kans.	6	4	3	3	8	4	11	24	18	56	73
S. ATLANTIC	100	80	467	537	195	213	1,962	2,363	1,369	2,191	1,378
Del.	9	7	12	103	1	3	17	17	U	22	17
Md.	20	14	316	344	57	64	419	647	206	210	338
D.C.	6	3	4	7	13	11	53	82	70	69	-
Va.	16	17	47	35	38	51	108	167	174	220	409
W. Va.	N	N	8	3	1	-	2	3	30	43	60
N.C.	8	11	41	24	15	12	492	583	278	280	136
S.C.	7	3	3	2	5	11	195	269	195	224	104
Ga.	7	-	5	1	25	25	523	376	346	413	165
Fla.	25	25	31	18	40	36	153	219	70	710	149
E.S. CENTRAL	48	40	60	62	22	24	815	1,252	744	897	206
Ky.	23	7	13	12	4	7	73	100	115	120	27
Tenn.	13	24	32	27	11	6	384	534	224	316	106
Ala.	5	2	14	5	5	8	190	314	265	296	71
Miss.	7	7	1	18	2	3	168	304	140	165	2
W.S. CENTRAL	19	12	19	55	18	17	675	869	1,303	1,739	124
Ark.	-	1	6	15	1	4	79	117	76	131	29
La.	2	2	3	2	7	8	288	255	73	153	-
Okla.	8	1	2	11	3	5	54	81	115	151	95
Tex.	9	8	8	27	7	-	254	416	1,039	1,304	-
MOUNTAIN	46	40	11	7	40	57	154	120	281	380	136
Mont.	2	1	-	-	-	2	-	-	16	6	36
Idaho	2	2	3	2	7	-	1	-	8	7	-
Wyo.	1	1	-	1	-	2	1	-	4	2	52
Colo.	12	15	3	-	13	26	8	10	U	62	19
N. Mex.	2	2	3	1	11	8	19	5	38	37	5
Ariz.	10	8	-	1	8	7	119	91	138	174	12
Utah	16	7	-	-	1	3	3	5	43	18	11
Nev.	1	4	2	2	-	9	3	9	34	74	1
PACIFIC	50	34	97	108	171	328	207	238	2,481	2,648	200
Wash.	9	6	5	6	16	16	23	8	148	214	-
Oreg.	-	-	12	15	13	16	5	5	94	108	2
Calif.	39	27	79	87	138	288	177	223	2,102	2,137	176
Alaska	1	-	1	-	1	3	1	1	31	57	22
Hawaii	1	1	-	-	3	5	1	1	106	132	-
Guam	-	-	-	-	-	-	-	3	-	13	-
P.R.	-	-	-	-	-	5	139	169	68	129	36
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	-	-	-	-	156	9	73	2	-

N: Not notifiable U: Unavailable -: no reported cases

\*Additional information about areas displaying "U" for cumulative 1998 Tuberculosis cases can be found in Notice to Readers, *MMWR* Vol. 47, No. 2, p. 39.

**TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 5, 1998, and August 30, 1997 (35th Week)**

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 1998*	Cum. 1997	A		B		Indigenous		Imported†		Total	
			Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997
UNITED STATES	732	761	14,628	18,577	5,519	6,294	1	30	-	19	49	107
NEW ENGLAND	39	43	164	468	112	120	-	1	-	2	3	19
Maine	2	4	16	47	2	6	-	-	-	-	-	1
N.H.	7	6	8	21	11	9	-	-	-	-	-	1
Vt.	5	3	13	9	3	6	-	-	-	1	1	-
Mass.	22	26	46	196	22	52	-	1	-	1	2	16
R.I.	2	2	12	107	56	12	-	-	-	-	-	-
Conn.	1	2	69	88	18	35	-	-	-	-	-	1
MID. ATLANTIC	105	118	990	1,454	777	923	-	9	-	4	13	23
Upstate N.Y.	43	35	238	220	206	192	-	2	-	-	2	5
N.Y. City	20	31	240	649	198	344	-	-	-	-	-	7
N.J.	37	37	224	214	144	173	-	7	-	1	8	3
Pa.	5	15	288	371	229	214	-	-	-	3	3	8
E.N. CENTRAL	124	126	2,113	1,917	564	1,018	-	11	-	3	14	10
Ohio	42	70	230	234	55	58	-	-	-	1	1	-
Ind.	31	13	110	211	70	76	U	2	U	1	3	-
Ill.	44	28	339	513	111	194	-	-	-	-	-	7
Mich.	3	15	1,310	819	303	298	-	9	-	1	10	2
Wis.	4	-	124	140	25	392	-	-	-	-	-	1
W.N. CENTRAL	70	39	1,011	1,457	269	332	-	-	-	-	-	12
Minn.	55	27	90	133	31	27	-	-	-	-	-	3
Iowa	2	5	377	290	48	26	-	-	-	-	-	-
Mo.	8	4	411	740	157	241	-	-	-	-	-	1
N. Dak.	-	-	3	10	4	4	U	-	U	-	-	-
S. Dak.	-	2	21	18	1	1	-	-	-	-	-	8
Nebr.	-	1	29	69	9	10	-	-	-	-	-	-
Kans.	5	-	80	197	19	23	-	-	-	-	-	-
S. ATLANTIC	150	117	1,250	1,146	813	826	-	3	-	5	8	10
Del.	-	-	3	23	-	4	-	-	-	1	1	-
Md.	42	44	211	137	111	114	-	-	-	1	1	2
D.C.	-	-	42	17	9	25	-	-	-	-	-	1
Va.	14	10	156	150	74	85	-	-	-	2	2	1
W. Va.	4	3	3	8	5	11	-	-	-	-	-	-
N.C.	23	17	76	138	150	177	-	-	-	-	-	1
S.C.	3	4	23	74	24	71	-	-	-	-	-	1
Ga.	32	23	365	264	124	94	-	1	-	1	2	1
Fla.	32	16	371	335	316	245	-	2	-	-	2	3
E.S. CENTRAL	40	40	275	437	273	479	-	-	-	2	2	1
Ky.	6	6	18	56	32	27	-	-	-	-	-	-
Tenn.	22	24	160	268	191	311	-	-	-	1	1	-
Ala.	10	8	54	61	49	46	-	-	-	1	1	1
Miss.	2	2	43	52	1	95	-	-	-	-	-	-
W.S. CENTRAL	42	34	2,870	3,727	951	769	1	1	-	-	1	7
Ark.	-	2	70	162	58	58	-	-	-	-	-	-
La.	19	7	53	145	67	95	1	1	-	-	1	-
Okla.	20	23	402	1,074	59	29	-	-	-	-	-	-
Tex.	3	2	2,345	2,346	767	587	-	-	-	-	-	7
MOUNTAIN	74	70	2,202	2,913	575	601	-	-	-	-	-	7
Mont.	-	-	72	58	5	7	-	-	-	-	-	-
Idaho	-	1	189	98	24	24	-	-	-	-	-	-
Wyo.	1	3	29	24	4	22	-	-	-	-	-	-
Colo.	16	13	198	297	80	113	-	-	-	-	-	-
N. Mex.	5	7	108	227	239	183	-	-	-	-	-	-
Ariz.	41	28	1,371	1,471	138	137	U	-	U	-	-	5
Utah	4	3	147	432	53	68	-	-	-	-	-	-
Nev.	7	15	88	306	32	47	-	-	-	-	-	2
PACIFIC	88	174	3,753	5,058	1,185	1,226	-	5	-	3	8	18
Wash.	7	3	742	368	76	52	-	-	-	1	1	2
Oreg.	34	29	257	251	74	74	-	-	-	-	-	-
Calif.	39	132	2,708	4,311	1,021	1,081	-	4	-	2	6	12
Alaska	1	3	15	25	9	11	-	1	-	-	1	-
Hawaii	7	7	31	103	5	8	U	-	U	-	-	4
Guam	-	-	-	-	-	3	U	-	U	-	-	-
P.R.	2	-	48	219	316	519	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	6	3	1	45	34	U	-	U	-	-	1

N: Not notifiable U: Unavailable -: no reported cases

\*Of 174 cases among children aged <5 years, serotype was reported for 98 and of those, 38 were type b.

†For imported measles, cases include only those resulting from importation from other countries.

**TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending September 5, 1998, and August 30, 1997 (35th Week)**

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997
UNITED STATES	1,911	2,359	6	337	418	84	3,429	3,577	-	307	130
NEW ENGLAND	76	146	-	2	8	5	548	662	-	36	1
Maine	5	16	-	-	-	-	5	7	-	-	-
N.H.	4	12	-	-	-	4	51	85	-	-	-
Vt.	1	3	-	-	-	1	59	187	-	-	-
Mass.	38	73	-	1	2	-	395	356	-	6	1
R.I.	3	14	-	-	5	-	7	12	-	1	-
Conn.	25	28	-	1	1	-	31	15	-	29	-
MID. ATLANTIC	177	247	-	19	46	5	361	272	-	124	31
Upstate N.Y.	46	68	-	4	10	5	201	107	-	110	4
N.Y. City	19	42	-	4	3	-	9	58	-	9	27
N.J.	47	46	-	2	7	-	5	11	-	4	-
Pa.	65	91	-	9	26	-	146	96	-	1	-
E.N. CENTRAL	293	345	2	59	52	14	361	377	-	-	5
Ohio	110	126	2	23	18	14	183	105	-	-	-
Ind.	51	38	U	5	7	U	70	38	U	-	-
Ill.	71	100	-	10	8	-	45	50	-	-	1
Mich.	36	52	-	21	16	-	46	46	-	-	-
Wis.	25	29	-	-	3	-	17	138	-	-	4
W.N. CENTRAL	158	169	1	25	13	2	281	225	-	27	-
Minn.	28	29	-	12	5	-	168	142	-	-	-
Iowa	29	39	1	9	6	-	53	12	-	-	-
Mo.	57	72	-	3	-	-	22	44	-	2	-
N. Dak.	3	1	U	1	-	U	2	1	U	-	-
S. Dak.	6	4	-	-	-	-	8	3	-	-	-
Nebr.	8	8	-	-	1	1	10	5	-	-	-
Kans.	27	16	-	-	1	1	18	18	-	25	-
S. ATLANTIC	332	401	2	41	48	24	223	308	-	13	59
Del.	1	5	-	-	-	-	3	1	-	-	-
Md.	24	37	-	-	1	3	37	96	-	1	-
D.C.	-	7	-	-	-	-	1	3	-	-	-
Va.	27	40	1	6	9	10	19	34	-	-	1
W. Va.	12	14	-	-	-	-	1	6	-	-	-
N.C.	47	77	1	10	8	-	74	85	-	9	51
S.C.	46	42	-	5	10	-	22	19	-	-	6
Ga.	72	77	-	1	6	8	18	8	-	-	-
Fla.	103	102	-	19	14	3	48	56	-	3	1
E.S. CENTRAL	164	176	-	13	22	4	81	95	-	2	1
Ky.	20	38	-	-	3	-	25	40	-	-	-
Tenn.	52	61	-	1	3	4	31	27	-	1	-
Ala.	70	55	-	7	6	-	22	19	-	1	1
Miss.	22	22	-	5	10	-	3	9	-	-	-
W.S. CENTRAL	223	219	1	49	44	14	245	161	-	86	4
Ark.	26	26	-	7	1	8	53	15	-	-	-
La.	46	46	1	9	11	2	5	13	-	-	-
Okla.	31	25	-	-	-	-	18	24	-	-	-
Tex.	120	122	-	33	32	4	169	109	-	86	4
MOUNTAIN	111	140	-	29	51	8	649	867	-	5	6
Mont.	4	7	-	-	-	2	7	15	-	-	-
Idaho	9	8	-	4	2	-	196	481	-	-	2
Wyo.	6	2	-	1	1	-	8	6	-	-	-
Colo.	23	36	-	8	3	2	141	239	-	-	-
N. Mex.	18	24	N	N	N	-	76	69	-	1	-
Ariz.	35	37	U	5	31	U	142	30	U	1	4
Utah	11	11	-	4	7	4	53	13	-	2	-
Nev.	5	15	-	7	7	-	26	14	-	1	-
PACIFIC	377	516	-	100	134	8	680	610	-	14	23
Wash.	52	66	-	7	14	2	223	251	-	9	5
Oreg.	63	98	N	N	N	6	65	27	-	-	-
Calif.	256	345	-	74	94	-	375	300	-	3	10
Alaska	2	2	-	2	6	-	11	16	-	-	-
Hawaii	4	5	U	17	20	U	6	16	U	2	8
Guam	-	1	U	-	1	U	-	-	U	-	-
P.R.	6	8	-	1	5	-	3	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	2	4	U	1	-	U	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

**TABLE IV. Deaths in 122 U.S. cities,\* week ending  
September 5, 1998 (35th Week)**

Reporting Area	All Causes, By Age (Years)						P&J†	Total	Reporting Area	All Causes, By Age (Years)						P&J†	Total
	All Ages	>65	45-64	25-44	1-24	<1				All Ages	>65	45-64	25-44	1-24	<1		
NEW ENGLAND	402	305	61	27	4	5	30	S. ATLANTIC	1,111	727	215	104	40	25	56		
Boston, Mass.	123	88	22	8	2	3	7	Atlanta, Ga.	185	110	44	22	6	3	3		
Bridgeport, Conn.	26	21	-	4	-	1	1	Baltimore, Md.	100	61	21	11	7	-	8		
Cambridge, Mass.	19	16	2	1	-	-	2	Charlotte, N.C.	76	48	21	4	1	2	7		
Fall River, Mass.	16	11	2	2	1	-	-	Jacksonville, Fla.	150	105	22	14	4	5	10		
Hartford, Conn.	U	U	U	U	U	U	U	Miami, Fla.	92	61	14	12	3	2	1		
Lowell, Mass.	14	10	2	2	-	-	2	Norfolk, Va.	34	24	3	4	1	2	1		
Lynn, Mass.	16	12	2	1	-	1	2	Richmond, Va.	60	28	19	7	5	1	1		
New Bedford, Mass.	27	25	2	-	-	-	3	Savannah, Ga.	46	33	6	3	2	2	3		
New Haven, Conn.	27	21	4	1	1	-	2	St. Petersburg, Fla.	52	38	6	5	2	1	5		
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	187	137	34	11	3	2	12		
Somerville, Mass.	6	4	2	-	-	-	-	Washington, D.C.	122	76	24	11	6	5	5		
Springfield, Mass.	41	33	7	1	-	-	6	Wilmington, Del.	7	6	1	-	-	-	-		
Waterbury, Conn.	34	22	7	5	-	-	3	E.S. CENTRAL	778	521	169	53	15	17	45		
Worcester, Mass.	53	42	9	2	-	-	2	Birmingham, Ala.	160	116	28	7	-	6	10		
MID. ATLANTIC	1,960	1,338	400	147	38	37	102	Chattanooga, Tenn.	81	55	16	8	-	2	5		
Albany, N.Y.	40	35	1	1	1	2	-	Knoxville, Tenn.	82	60	18	2	2	-	5		
Allentown, Pa.	12	9	1	1	1	-	-	Lexington, Ky.	68	38	21	4	2	3	4		
Buffalo, N.Y.	85	51	17	13	2	2	3	Memphis, Tenn.	179	123	38	15	2	1	17		
Camden, N.J.	22	13	6	3	-	-	2	Mobile, Ala.	50	32	11	5	1	1	-		
Elizabeth, N.J.	12	7	3	2	-	-	-	Montgomery, Ala.	52	36	10	3	2	1	-		
Erie, Pa.	46	32	11	2	-	1	2	Nashville, Tenn.	106	61	27	9	6	3	4		
Jersey City, N.J.	17	10	5	2	-	-	-	W.S. CENTRAL	1,395	926	280	116	39	34	73		
New York City, N.Y.	1,114	748	244	83	17	22	55	Austin, Tex.	75	48	15	7	4	1	5		
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	28	16	9	1	1	1	-		
Paterson, N.J.	10	4	3	3	-	-	-	Corpus Christi, Tex.	50	35	10	3	1	1	3		
Philadelphia, Pa.	200	123	48	11	11	7	14	Dallas, Tex.	197	125	42	19	6	5	5		
Pittsburgh, Pa.‡	72	50	13	7	1	1	3	El Paso, Tex.	72	53	10	3	4	2	4		
Reading, Pa.	30	26	2	2	-	-	1	Ft. Worth, Tex.	119	81	15	11	3	9	7		
Rochester, N.Y.	125	104	15	3	3	-	12	Houston, Tex.	395	252	84	43	12	4	26		
Schenectady, N.Y.	23	14	6	2	-	1	2	Little Rock, Ark.	78	48	18	8	1	3	4		
Scranton, Pa.	24	23	-	-	1	-	1	New Orleans, La.	113	69	37	6	-	1	-		
Syracuse, N.Y.	74	58	11	4	-	1	7	San Antonio, Tex.	171	127	24	7	7	6	14		
Trenton, N.J.	40	23	9	8	-	-	-	Shreveport, La.	U	U	U	U	U	U	U		
Utica, N.Y.	14	8	5	-	1	-	-	Tulsa, Okla.	97	72	16	8	-	1	5		
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	923	609	185	92	19	18	54		
E.N. CENTRAL	1,479	1,009	302	92	34	42	85	Albuquerque, N.M.	109	72	16	16	4	1	6		
Akron, Ohio	39	26	4	1	1	7	-	Boise, Idaho	37	29	3	4	1	-	4		
Canton, Ohio	42	33	6	-	2	1	6	Colo. Springs, Colo.	48	30	13	3	1	1	-		
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	97	57	21	13	3	3	3		
Cincinnati, Ohio	34	22	9	2	-	1	4	Las Vegas, Nev.	198	124	50	18	4	2	7		
Cleveland, Ohio	135	87	29	10	6	3	2	Ogden, Utah	25	16	5	3	1	-	1		
Columbus, Ohio	176	112	42	10	4	8	21	Phoenix, Ariz.	168	109	30	20	3	6	13		
Dayton, Ohio	120	88	18	11	2	1	6	Pueblo, Colo.	23	21	1	1	-	-	2		
Detroit, Mich.	179	101	50	19	6	3	1	Salt Lake City, Utah	104	75	22	3	1	3	8		
Evansville, Ind.	36	28	7	1	-	-	2	Tucson, Ariz.	114	76	24	11	1	2	10		
Fort Wayne, Ind.	58	47	7	3	1	-	2	PACIFIC	1,942	1,339	352	157	58	36	150		
Gary, Ind.	4	-	-	2	2	-	-	Berkeley, Calif.	16	12	2	1	-	1	2		
Grand Rapids, Mich.	64	49	9	4	1	1	6	Fresno, Calif.	196	144	36	13	2	1	11		
Indianapolis, Ind.	194	132	38	10	6	8	6	Glendale, Calif.	23	16	4	2	1	-	3		
Lansing, Mich.	42	32	6	2	2	-	4	Honolulu, Hawaii	86	63	12	7	3	1	1		
Milwaukee, Wis.	108	78	23	4	-	3	11	Long Beach, Calif.	65	49	6	7	1	2	9		
Peoria, Ill.	32	23	4	-	-	5	3	Los Angeles, Calif.	412	274	74	47	10	7	23		
Rockford, Ill.	41	27	14	-	-	-	2	Pasadena, Calif.	33	26	5	2	-	-	4		
South Bend, Ind.	38	25	9	3	-	1	-	Portland, Oreg.	209	136	43	18	7	5	18		
Toledo, Ohio	80	58	14	7	1	-	7	Sacramento, Calif.	187	135	34	10	5	3	33		
Youngstown, Ohio	57	41	13	3	-	-	2	San Diego, Calif.	143	97	26	10	7	3	10		
W.N. CENTRAL	767	557	134	41	16	18	38	San Francisco, Calif.	119	81	24	7	5	2	10		
Des Moines, Iowa	67	53	10	3	1	-	2	San Jose, Calif.	163	115	27	12	7	2	9		
Duluth, Minn.	18	13	3	2	-	-	-	Santa Cruz, Calif.	25	15	4	4	1	1	2		
Kansas City, Kans.	30	18	7	5	-	-	-	Seattle, Wash.	121	77	26	9	3	6	6		
Kansas City, Mo.	91	67	16	5	2	-	11	Spokane, Wash.	50	40	7	1	2	-	6		
Lincoln, Nebr.	27	20	5	-	1	1	5	Tacoma, Wash.	94	59	22	7	4	2	3		
Minneapolis, Minn.	171	138	25	5	1	2	10	TOTAL	10,757†	7,331	2,098	829	263	232	633		
Omaha, Nebr.	97	73	14	2	-	8	4										
St. Louis, Mo.	99	59	26	6	4	4	-										
St. Paul, Minn.	81	56	15	6	2	2	3										
Wichita, Kans.	86	60	13	7	5	1	3										

U: Unavailable - : no reported cases

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

†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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