CENTERS FOR DISEASE CONTROL December 4, 1987 / Vol. 36 / No. 47

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

RECEIVED

Current Trends

CDC CHAMBLEE LIBRARY

Update: *Aedes albopictus* Infestation — United States

In August 1985, an infestation of *Aedes albopictus*, a mosquito known to transmit epidemic dengue in its native Asia, was discovered in Harris County, Texas (*1,2*). This mosquito transmits a number of pathogenic arboviruses, including members of the California serogroup indigenous to the United States.

Surveillance to determine the distribution of *Ae. albopictus* in the United States began in 1986 (*3,4*). By October of that year, the mosquito had been found in one or more counties in 12 states. Since then, infestations have been discovered in five additional states (Table 1).* To date, *Ae. albopictus* has been found principally in southern, eastern, and midwestern states, with the northernmost infestation being in downtown Chicago, Illinois (Figure 1).

Eight cities known to be infested with *Ae. albopictus* in Texas, Louisiana, Florida, Missouri, Tennessee, and Indiana were surveyed in detail during 1987 to determine how far the mosquito had spread from the original foci of introduction and the manner in which it was spreading. Preliminary data from seven of the eight cities suggest that *Ae. albopictus* is not yet well established† in the more northerly cities surveyed (Table 2). With the exception of Jacksonville, Florida, however, it was a prominent *Aedes* species in all of the southern cities surveyed. The Jacksonville infestation may be of short duration, or control efforts may have reduced its spread. Several state and local agencies have attempted to eliminate or reduce focal infestations, with mixed results.

Ae. albopictus and other container-breeding *Aedes* species commonly breed in water found in tires stored outdoors, and tires appear to be a major means of distribution of these mosquitoes. During 1986, larvae of *Ae. albopictus* and several other mosquito species were intercepted in shipments of used tires from Japan (*6*).

*In 1987, 52 cities in 14 states used the CDC ovitrap (*5*) in their surveillance.
†As indicated by the size of the current population in comparison with the populations of other container-breeding *Aedes* species.

A notice regarding changes in telephone numbers throughout the Centers for Disease Control and the Agency for Toxic Substances and Disease Registry appears on page 784.

Infestation — Continued

TABLE 1. *Aedes albopictus*-infested counties reported to CDC by state/local agencies — United States, 1986-October 1, 1987

State	County	1986*	1987*
AL	Colbert	+	
	Covington	?	+
	Cullman	+	+
	Jefferson	−	+
	Mobile	−	+
AR	Grant	+	
CA	Alameda	−	±
DE	Kent	?	+
FL	Duval	+	+
GA	Chatham	+	+
	Clarke	?	+
	Fulton	+	
IL	Cook	−	+
	Jefferson	+	
	St. Clair	+	
IN	Dearborn	−	+
	Marion	+	+
	Vanderburgh	+	+
KY	Fayette	−	+
LA	Caddo	+	+
	Calcasieu	+	+
	East Baton Rouge	+	+
	Iberia	+	+
	Jefferson	+	+
	Lafayette	?	+
	Orleans	+	+
	Ouachita	−	+
	Plaquemines	+	
	Rapides	?	+
	St. Bernard	+	
	St. Charles	+	+
	St. Tammany	+	
	Tangipahoa	+	
	Vermilion	+	+
	Vernon	?	+
MD	Baltimore (City)	?	+
MS	Forrest	+	
	Harrison	+	+
	Hinds	+	+
	Warren	+	
MO	Clay	−	+
	Jackson	+	+
	St. Charles	+	+
	St. Louis	+	+
	Washington	+	
NC	New Hanover	?	+
	Rockingham	?	+
	Stokes	?	+
	Mecklenburg	?	+
OH	Darke	±	±
	Hancock	−	±
	Jackson	−	+
TN	Shelby	+	+
TX	Anderson	+	+
	Angelina	?	+
	Bell	?	+
	Bexar	+	+
	Bowie	+	
	Brazoria	+	+
	Chambers	+	+
	Coryell	?	+
	Dallas	+	+
	Ellis	+	+
	Fort Bend	+	+
	Galveston	+	+
	Harris	+	+
	Houston	?	+
	Jefferson	+	+
	Liberty	+	+
	Montgomery	+	+
	Orange	?	+
	Rusk	?	+
	San Jacinto	+	+
	Tarrant	+	+
	Tyler	?	+
	Walker	?	+
	Webb	±	−

* "+" = positive; "−" = negative; "±" = positive, but population was eradicated or area became negative without treatment; "?" = unknown, not surveyed; (blank) = no data for this season.

Infestation — Continued

Personnel of the Alameda County Mosquito Abatement District collected *Ae. albopictus* from large equipment tires shipped from Hawaii to an Oakland, California, tire dealer. No additional *Ae. albopictus* mosquitoes have been recovered from the Oakland site.

Reported by: Covington County Health Dept, Andalusia; Jefferson County Health Dept, Birmingham; Choctaw County Health Dept, Butler; Cullman County Health Dept, Cullman; Houston County Health Dept, Dothan; Madison County Health Dept, Huntsville; Mobile County Health Dept, Mobile; Tuscaloosa County Health Dept, Tuscaloosa; General Sanitation Br, Alabama Dept of Public Health. North Little Rock Health Unit, North Little Rock; Jefferson County Health Unit,

FIGURE 1. Counties with confirmed *Aedes albopictus* infestation — United States, 1987

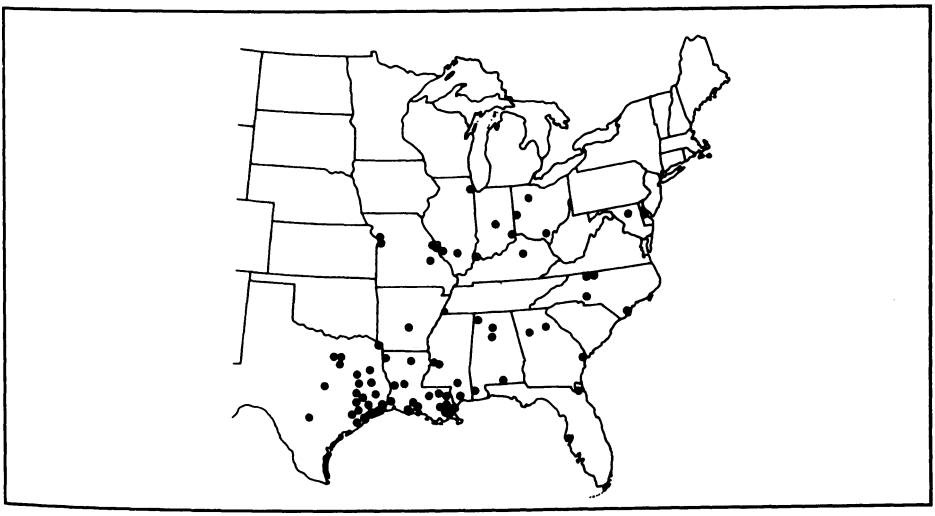


TABLE 2. Preliminary analysis of abundance of *Aedes albopictus* in seven cities — United States, July-August 1987

City	Latitude	Collections			*Ae. albopictus* as percentage of	
		Ae. albopictus No.	Other *Aedes* No.	All Species No.	*Aedes* spp.	All spp.
Kansas City, MO	39° 04′N	195	1,958	3,800	9.06	5.13
Evansville, IN	38° 58′N	98	841	1,773	10.44	5.53
Memphis, TN	35° 08′N	132	655	1,774	16.77	7.44
Baton Rouge, LA	30° 28′N	1,508	3,422	8,936	30.59	16.88
Jacksonville, FL	30° 20′N	251	1,535	2,165	14.05	11.59
Lafayette, LA	30° 13′N	2,315	3,441	7,582	40.22	30.53
Baytown, TX	29° 45′N	6,319	158	9,001	97.56	70.20
Total		**10,818**	**12,010**	**35,031**	**47.39**	**30.88**

Infestation — Continued

Pine Bluff; Miller County Health Dept, Texarkana; Vector Control Section, Arkansas Dept of Environmental Support Svcs, Little Rock, Arkansas. Alameda County Mosquito Abatement Dist, Oakland; Vector Surveillance and Control Br, California Dept of Health Svcs. Delaware Dept of Natural Resources. Escambia County Mosquito Control, Jacksonville Mosquito Control Br, Jacksonville; Monroe County Mosquito Control Dist, Key West; Dade County Mosquito Control Div, Miami; Orange County Mosquito Control, Orlando; Sarasota County Environmental Svcs, Sarasota; Hillsborough County Mosquito Control, Tampa; Broward County Mosquito Control, West Hollywood; Florida Dept of Health and Rehabilitative Svcs. Clarke County Dept of Public Health; Cooperative Extension Svc of the Univ of Georgia, Athens; Dept of Environmental Svcs, Brunswick; Macon-Bibb County Health Dept, Macon; Chatham County Mosquito Control Commission, Savannah, Georgia. Illinois Natural History Survey, Illinois Dept of Public Health. Evansville-Vanderburg County Health Dept, Evansville; Indiana State Board of Health. Dept of Entomology of the Univ of Kentucky, Lexington-Fayette County Health Dept, Lexington; Louisville-Jefferson County Health Dept, Louisville, Kentucky. Vermillion Parish Mosquito Control, Abbeville; Louisiana Dept of Agriculture, Alexandria; East Baton Rouge Mosquito and Rodent Control Dist, Baton Rouge; Caddo Parish Health Dept, Shreveport; Calcasieu Parish Mosquito Control, Lake Charles; Ouachita Parish Mosquito Control, Monroe; Orleans Parish Mosquito Control, New Orleans; Louisiana Dept of Health and Human Resources. Mosquito Control Section, Maryland Dept of Agriculture, Annapolis, Maryland. Gulf Coast Mosquito Control, Gulfport; Vector Control and Sanitation Br, Mississippi State Dept of Health. City Health Dept, Independence; Kansas City Health Dept, Kansas City; St. Louis County Health Dept, Clayton; Missouri Dept of Health. Carteret County Vector Control Br, Atlantic Beach; Mecklenburg County Dept of Environmental Health, Charlotte; Onslow County Mosquito Control, Jacksonville; Agricultural Extension Svc of North Carolina State Univ; Wake County Vector Control Br, Raleigh; Environmental Svcs Div, Rocky Mount; New Hanover County Health Dept, Wilmington; Forsyth County Health Dept, Winston-Salem; Vector Control Br, North Carolina Dept of Human Resources. Vector-Borne Disease Unit, Ohio Dept of Health. Tulsa City-County Health Dept, Tulsa, Oklahoma. Charleston County Mosquito Abatement Program, Charleston; Richland County Health Dept, Columbia; Florence County Health Dept, Florence; Greenville County Health Dept, Greenville; Orangeburg County Health Dept, Orangeburg; South Carolina Dept of Health and Environmental Control. Memphis-Shelby County Health Dept, Memphis, Tennessee. Brownsville Health Dept, Brownsville; Nueces County Health Dept, Corpus Christi; Dept of Environmental Health and Conservation, Dallas; Harris County Mosquito Control Dist, Houston; Webb County Health Dept, Laredo; McAllen Health Dept, McAllen; Metro Health Dist, San Antonio; Texas Dept of Health. Washington Borough Mosquito Control, Deep Creek Borough Mosquito Control, Great Bridge Borough Mosquito Control, Chesapeake; Rodent and Insect Control, Norfolk; Princess Anne Mosquito Control, Virginia Beach; Public Health Sanitation Div, Charleston, Virginia. Div of Quarantine, Center for Prevention Svcs, Div of Vector-Borne Viral Diseases, Center for Infectious Diseases, CDC.

Editorial Note: Several counties that were negative for *Ae. albopictus* in 1986 were positive in 1987 (Table 1), suggesting expansion of the species rather than discovery of preexisting foci. The additional infestations in the midwestern states increase the likelihood of involvement of *Ae. albopictus* in the La Crosse virus cycle. This mosquito species has been shown to be capable of surviving the winter in many of the La Crosse-endemic areas of the United States (*7,8*).

Despite its rapid northward extension, *Ae. albopictus* has so far failed to move into south Texas or south Florida. The mosquito's current southern limit is between 29° and 30° north latitude. The characteristic diapause (hibernation) of the *Ae. albopictus* populations in the United States makes them uniquely adaptable to the northern temperate environment and may also be limiting their southern spread.

The control or eradication of *Ae. albopictus* is complicated by several factors. Insecticide susceptibility tests conducted by the New Orleans Mosquito Board, Rutgers University, and CDC show that this mosquito has increased tolerance to malathion, temephos, and bendiocarb, among the limited number of insecticides evaluated to date. Although source reduction programs, which eliminate breeding in

Infestation — Continued

tires and other water-holding containers, are expensive and difficult to carry out, they provide the only long-lasting solution to the problem. The possibility of reintroduction of the mosquito in containers (such as tires) coming from outside the community will necessitate continual monitoring and treatment.

Since this mosquito is capable of vertically passing a number of viruses to its young during the egg stage (*9*), other arboviruses could be imported into the United States in the eggs or larvae of this species. In addition, the importation of populations from other areas could expand the genetic variability, providing, for example, genes for greater insecticide resistance or greater susceptibility to disease agents.

Because of the importance of preventing continued introduction of *Ae. albopictus* into this country, beginning January 1, 1988, under the provisions of Public Law 78-410, Public Health Service Act, Section 361, and 42 CFR §71.32(c)(*10*), CDC will require that all used tire casings coming from Asia be certified as being dry, clean, and free of insects.

References

1. Sprenger D, Wuithiranyagool T. The discovery and distribution of *Aedes albopictus* in Harris County, Texas. J Am Mosq Control Assoc 1986;2:217-9.
2. Centers for Disease Control. *Aedes albopictus* introduction—Texas. MMWR 1986;35:141-2.
3. Centers for Disease Control. *Aedes albopictus* infestation—United States, Brazil. MMWR 1986;35:493-5.
4. Centers for Disease Control. Update: *Aedes albopictus* infestation—United States. MMWR 1986;35:649-51.
5. Fay RW, Eliason DA. A preferred oviposition site as a surveillance method for *Aedes aegypti*. Mosq News 1966;26:531-5.
6. Craven RB, Eliason DA, Francy DB, et al. Importation of *Ae. albopictus* (Skuse) and other exotic mosquito species into the United States in used tires from Asia. J Am Mosq Control Assoc [in press].
7. Hawley WA, Reiter P, Copeland RS, Pumpuni CB, Craig GB Jr. *Aedes albopictus* in North America: probable introduction in used tires from northern Asia. Science 1987;236:1114-6.
8. Nawrocki SJ, Hawley WA. Estimation of the northern limits of distribution of *Ae. albopictus* in North America. J Am Mosq Control Assoc 1987;3:314-7.
9. Shroyer DA. *Aedes albopictus* and arboviruses: a concise review of the literature. J Am Mosq Control Assoc 1986;2:424-8.
10. Centers for Disease Control. Requirement of certification of used tire casings from Asia prior to entry into the United States. Federal Register 1987; 52 (Nov 20):44636.

Epidemiologic Notes and Reports

Subtype of Influenza A Isolates — United States

Influenza A viruses isolated in October from two patients in California and one patient in South Dakota (*1*) have been confirmed by the WHO Collaborating Center for Influenza, CDC, as subtype (H3N2). Identification of the subtype for two isolates from Wyoming is pending. The cases in California occurred in an 83-year-old woman who had been touring China and the 62-year-old physician who treated her upon her return to the United States.

Influenza A — Continued

Colorado has reported its first isolate of influenza A(H3N2), recovered from a specimen collected from a 3-year-old child who became ill in late November. For the week ending November 21, 18 states reported sporadically occurring cases of influenza-like illness. No outbreaks of influenza-like illness have been reported thus far this season.

Reported by: Participating State Epidemiologists and Laboratory Directors. Influenza Virus Laboratory, Univ of Colorado Health Science Center, Univ of Colorado, Denver. Div of Field Svcs, Epidemiology Program Office; WHO Collaborating Center for Influenza, Influenza Br, Div of Viral Diseases, Center for Infectious Diseases, CDC.

Reference

1. Centers for Disease Control. Influenza A isolates—United States, 1987. MMWR 1987;36:751.

TABLE I. Summary — cases of specified notifiable diseases, United States

Disease	47th Week Ending			Cumulative, 47th Week Ending		
	Nov. 28, 1987	Nov. 22, 1986	Median 1982-1986	Nov. 28, 1987	Nov. 22, 1986	Median 1982-1986
Acquired Immunodeficiency Syndrome (AIDS)	213	289	N	18,016	12,106	N
Aseptic meningitis	153	292	174	10,313	9,919	9,458
Encephalitis: Primary (arthropod-borne & unspec)	26	23	27	1,177	1,112	1,211
Post-infectious	-	3	1	90	98	98
Gonorrhea: Civilian	10,441	18,846	16,898	692,655	805,997	805,997
Military	136	383	383	14,790	15,326	19,305
Hepatitis: Type A	486	406	406	22,056	20,603	20,581
Type B	453	484	484	22,844	23,325	23,325
Non A, Non B	39	59	N	2,627	3,202	N
Unspecified	49	90	117	2,809	3,972	5,186
Legionellosis	10	26	N	793	747	N
Leprosy	4	5	4	178	232	217
Malaria	8	19	17	784	1,030	939
Measles: Total*	16	32	32	3,545	5,890	2,501
Indigenous	14	32	N	3,125	5,587	N
Imported	2	-	N	420	303	N
Meningococcal infections: Total	40	42	48	2,595	2,246	2,406
Civilian	40	42	48	2,594	2,244	2,402
Military	-	-	-	1	2	7
Mumps	92	156	58	11,542	4,732	2,987
Pertussis	36	32	32	2,259	3,865	2,138
Rubella (German measles)	1	12	12	320	502	696
Syphilis (Primary & Secondary): Civilian	1,100	556	556	32,424	24,439	25,198
Military	3	1	5	142	147	268
Toxic Shock syndrome	3	6	N	296	322	N
Tuberculosis	386	456	428	19,145	19,836	19,836
Tularemia	1	10	2	180	153	236
Typhoid Fever	12	6	6	309	294	350
Typhus fever, tick-borne (RMSF)	1	9	4	577	729	812
Rabies, animal	46	68	83	4,178	4,987	4,987

TABLE II. Notifiable diseases of low frequency, United States

	Cum. 1987		Cum. 1987
Anthrax	1	Leptospirosis	34
Botulism: Foodborne	10	Plague	9
Infant	44	Poliomyelitis, Paralytic	-
Other	2	Psittacosis	75
Brucellosis (Mo. 1, Tex. 1)	100	Rabies, human	-
Cholera	4	Tetanus	36
Congenital rubella syndrome	5	Trichinosis	33
Congenital syphilis, ages < 1 year	127	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	34
Diphtheria	3		

*Two of the 16 reported cases for this week were imported from a foreign country or can be directly traceable to a known internationally imported case within two generations.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending November 28, 1987 and November 22, 1986 (47th Week)

Reporting Area	AIDS	Aseptic Meningitis	Encephalitis		Gonorrhea (Civilian)		Hepatitis (Viral), by type				Legionellosis	Leprosy
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1987	1987	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1986	1987	1987	1987	1987	1987	Cum. 1987
UNITED STATES	18,016	153	1,177	90	692,655	805,997	486	453	39	49	10	178
NEW ENGLAND	749	6	41	2	21,572	19,881	14	35	-	4	-	12
Maine	26	1	4	-	622	789	-	-	-	-	-	-
N.H.	28	-	2	-	363	521	-	1	-	-	-	2
Vt.	12	-	5	-	201	243	-	2	-	-	-	-
Mass.	417	3	17	1	7,567	7,828	8	22	-	4	-	9
R.I.	53	1	3	1	1,971	1,690	1	3	-	-	-	-
Conn.	213	1	10	-	10,848	8,810	5	7	-	-	-	1
MID. ATLANTIC	5,086	15	130	7	107,260	140,085	21	19	9	3	1	19
Upstate N.Y.	584	5	48	3	15,134	16,845	6	8	1	-	1	-
N.Y. City	2,753	6	12	-	57,022	81,396	7	7	6	3	-	19
N.J.	1,176	4	9	-	14,848	17,755	8	4	2	-	-	-
Pa.	573	-	61	4	20,256	24,089	-	-	-	-	-	-
E.N. CENTRAL	1,169	21	342	12	105,928	108,561	26	30	4	-	-	8
Ohio	235	9	154	5	24,246	27,024	2	9	1	-	-	3
Ind.	102	3	52	-	8,359	11,349	3	3	-	-	-	-
Ill.	534	-	25	7	30,486	25,047	16	5	1	-	-	1
Mich.	210	9	75	-	34,069	33,501	5	13	2	-	-	3
Wis.	88	-	36	-	8,768	11,388	-	-	-	-	-	1
W.N. CENTRAL	402	18	85	-	28,099	34,601	40	11	3	-	1	-
Minn.	110	1	51	-	4,187	4,959	1	1	-	-	-	-
Iowa	25	2	13	-	2,715	3,563	2	2	-	-	-	-
Mo.	201	1	1	-	14,955	17,056	6	6	1	-	1	-
N. Dak.	2	-	1	-	258	287	-	-	-	-	-	-
S. Dak.	2	1	-	-	556	711	-	-	-	-	-	-
Nebr.	18	-	10	-	1,857	2,603	-	-	-	-	-	-
Kans.	44	13	9	-	3,571	5,422	31	2	2	-	-	-
S. ATLANTIC	3,133	22	159	33	182,239	208,428	27	107	5	14	3	6
Del.	28	1	6	1	3,115	3,425	-	-	-	-	-	-
Md.	406	2	19	6	20,880	24,710	5	24	2	1	1	2
D.C.	418	-	-	-	12,174	15,573	-	1	-	-	-	-
Va.	212	3	38	2	13,332	16,937	5	13	-	13	1	-
W. Va.	20	-	54	-	1,286	2,035	-	-	-	-	-	-
N.C.	155	11	26	-	26,986	32,239	6	21	-	-	-	-
S.C.	71	-	1	-	14,192	17,779	1	13	-	-	-	1
Ga.	436	1	1	-	32,456	34,487	2	14	-	-	-	-
Fla.	1,387	4	14	24	57,818	61,243	8	21	3	-	1	3
E.S. CENTRAL	263	8	60	7	52,393	64,423	7	21	2	-	-	-
Ky.	43	4	31	1	5,292	7,080	7	8	1	-	-	-
Tenn.	53	1	12	-	18,465	24,383	-	8	-	-	-	-
Ala.	136	1	17	1	16,442	18,895	-	2	-	-	-	-
Miss.	31	2	-	5	12,194	14,065	-	3	1	-	-	-
W.S. CENTRAL	1,922	13	142	4	78,577	92,760	55	43	5	10	2	4
Ark.	44	1	2	2	8,887	8,902	20	6	1	1	-	-
La.	299	-	28	-	13,119	15,817	1	8	-	-	-	-
Okla.	94	-	24	1	8,479	10,723	2	4	1	-	1	-
Tex.	1,485	12	88	1	48,092	57,318	32	25	3	9	1	4
MOUNTAIN	530	5	73	4	18,014	23,668	30	11	1	1	2	2
Mont.	6	-	1	-	505	623	1	1	-	-	-	-
Idaho	10	-	-	-	631	800	15	3	-	-	-	1
Wyo.	3	-	1	-	390	493	-	-	-	-	-	-
Colo.	205	2	42	-	4,089	6,090	2	3	1	1	1	-
N. Mex.	45	1	5	-	1,987	2,501	4	2	-	-	-	-
Ariz.	168	-	18	1	6,042	7,674	-	-	-	-	-	-
Utah	38	-	1	3	565	1,022	8	-	-	-	1	-
Nev.	55	2	5	-	3,805	4,465	-	2	-	-	-	1
PACIFIC	4,762	45	145	21	98,573	113,590	266	176	10	17	1	127
Wash.	298	-	11	4	7,863	8,359	28	3	1	1	-	6
Oreg.	147	-	-	-	3,637	4,957	21	17	-	-	-	-
Calif.	4,230	40	129	17	84,771	96,923	212	144	7	16	1	98
Alaska	14	-	2	-	1,547	2,426	5	1	1	-	-	-
Hawaii	73	5	3	-	755	1,177	-	11	1	-	-	23
Guam	3	-	-	-	179	190	-	-	-	-	-	-
P.R.	158	-	1	1	1,763	2,198	1	1	-	-	-	5
V.I.	-	-	-	-	260	250	-	-	-	-	-	-
Pac. Trust Terr.	-	-	-	-	349	429	1	-	-	-	-	48
Amer. Samoa	-	-	-	-	74	51	-	1	-	-	-	1

N: Not notifiable U: Unavailable

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 28, 1987 and November 22, 1986 (47th Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1987	1987	Cum. 1987	1987	Cum. 1987	Cum. 1986	Cum. 1987	1987	Cum. 1987	1987	Cum. 1987	Cum. 1986	1987	Cum. 1987	Cum. 1986
UNITED STATES	784	14	3,125	2	420	5,890	2,595	92	11,542	36	2,259	3,865	1	320	502
NEW ENGLAND	52	-	119	1	163	103	215	1	60	7	158	157	-	1	9
Maine	2	-	3	-	-	13	13	-	1	-	28	2	-	1	-
N.H.	2	-	61	-	102	43	20	-	11	-	39	81	-	-	1
Vt.	-	-	11	-	15	-	18	-	7	-	4	3	-	-	1
Mass.	21	-	27	1†	39	36	105	1	23	4	55	41	-	-	4
R.I.	8	-	1	-	1	2	14	-	2	-	3	6	-	-	2
Conn.	19	-	16	-	6	9	45	-	16	3	29	24	-	-	1
MID. ATLANTIC	106	-	525	-	57	1,763	335	5	255	2	270	197	-	12	37
Upstate N.Y.	33	-	26	-	14	101	116	4	109	2	156	124	-	10	27
N.Y. City	20	-	444	-	19	727	34	-	10	-	13	10	-	1	5
N.J.	27	-	32	-	7	909	65	1	71	-	17	18	-	1	5
Pa.	26	-	23	-	17	26	120	-	65	-	84	45	-	-	-
E.N. CENTRAL	51	9	360	-	25	1,088	395	25	6,349	2	235	380	-	37	77
Ohio	13	-	1	-	4	10	132	-	113	-	74	158	-	-	1
Ind.	7	-	-	-	-	38	41	2	934	-	17	35	-	-	-
Ill.	7	9	187	-	18	679	97	12	2,604	1	16	38	-	27	67
Mich.	18	-	29	-	-	75	101	11	1,030	1	49	35	-	9	8
Wis.	6	-	143	-	3	286	24	-	1,668	-	79	111	-	1	1
W.N. CENTRAL	28	-	208	-	22	340	107	2	1,403	-	134	1,345	-	2	14
Minn.	8	-	19	-	20	49	30	-	781	-	13	48	-	-	1
Iowa	6	-	-	-	-	134	5	1	436	-	57	19	-	1	1
Mo.	8	-	188	-	1	32	31	1	32	-	33	22	-	-	1
N. Dak.	-	-	1	-	-	25	1	-	6	-	12	5	-	-	-
S. Dak.	-	-	-	-	-	-	3	-	90	-	3	14	-	-	-
Nebr.	5	-	-	-	-	1	6	-	4	-	1	10	-	-	-
Kans.	1	-	-	-	1	99	31	-	54	-	15	1,227	-	1	10
S. ATLANTIC	138	1	155	-	13	832	428	7	296	4	310	749	-	18	9
Del.	3	-	32	-	-	1	6	-	-	-	5	227	-	2	-
Md.	32	-	6	-	2	35	42	-	28	1	19	164	-	3	-
D.C.	19	-	-	-	1	2	10	-	1	-	-	-	-	1	-
Va.	25	-	1	-	-	60	67	6	80	2	52	41	-	1	-
W. Va.	2	-	-	-	-	2	5	-	39	-	50	25	-	-	-
N.C.	13	-	2	-	4	4	51	-	29	-	119	76	-	1	-
S.C.	6	-	2	-	-	301	39	-	19	-	-	18	-	-	-
Ga.	5	1	9	-	1	93	84	-	40	-	23	132	-	2	-
Fla.	33	-	103	-	5	334	124	1	60	1	42	66	-	8	9
E.S. CENTRAL	15	2	5	-	3	70	134	-	1,275	-	47	49	-	3	4
Ky.	3	-	-	-	-	6	23	-	223	-	2	5	-	2	4
Tenn.	1	-	-	-	-	56	59	-	990	-	15	18	-	1	-
Ala.	5	-	1	-	3	2	43	-	61	-	24	25	-	-	-
Miss.	6	2	4	-	-	6	9	N	N	-	6	1	-	-	-
W.S. CENTRAL	53	-	444	-	4	723	177	26	1,234	2	276	250	-	11	71
Ark.	1	-	-	-	-	283	21	-	291	1	13	20	-	2	1
La.	1	-	-	-	-	4	23	12	656	1	50	15	-	-	-
Okla.	5	-	3	-	1	39	24	N	N	-	162	126	-	5	-
Tex.	46	-	441	-	3	397	109	14	286	-	51	89	-	4	70
MOUNTAIN	41	-	479	-	19	330	86	1	224	10	196	269	-	25	24
Mont.	-	-	127	-	1	8	4	-	6	-	6	20	-	8	2
Idaho	3	-	-	-	-	1	6	1	6	9	65	42	-	1	-
Wyo.	2	-	-	-	2	-	-	-	-	-	5	4	-	1	1
Colo.	13	-	5	-	4	10	30	-	30	1	65	66	-	-	1
N. Mex.	2	-	310	-	9	38	7	N	N	-	12	26	-	-	-
Ariz.	17	-	35	-	1	258	26	-	165	-	33	65	-	5	2
Utah	1	-	-	-	1	13	9	-	12	-	10	42	-	10	15
Nev.	3	-	2	-	1	2	4	-	5	-	-	4	-	-	3
PACIFIC	300	2	830	1	114	641	718	25	446	9	633	469	1	211	257
Wash.	26	-	34	1†	11	167	77	-	56	2	96	149	-	2	17
Oreg.	6	-	19	-	81	12	32	N	N	1	71	12	-	2	4
Calif.	262	2	777	-	17	433	593	24	367	5	225	291	1	135	230
Alaska	3	-	-	-	1	-	6	-	7	-	5	4	-	2	-
Hawaii	3	-	-	-	4	29	10	1	16	1	236	16	-	70	6
Guam	-	-	2	-	-	5	5	-	5	-	-	-	-	1	4
P.R.	1	-	771	-	-	36	5	-	12	-	20	19	-	3	62
V.I.	-	-	-	-	-	-	-	2	19	-	-	-	-	1	-
Pac. Trust Terr.	-	-	1	-	-	-	1	-	5	-	1	-	-	1	2
Amer. Samoa	-	1	2	-	-	2	-	-	7	-	-	-	-	-	1

*For measles only, imported cases includes both out-of-state and international importations.
N: Not notifiable U: Unavailable †International §Out-of-state

TABLE III. (Cont'd.) Cases of specified notifiable diseases, United States, weeks ending November 28, 1987 and November 22, 1986 (47th Week)

Reporting Area	Syphilis (Civilian) (Primary & Secondary)		Toxic-shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1987	Cum. 1986	1987	Cum. 1987	Cum. 1986	Cum. 1987	Cum. 1987	Cum. 1987	Cum. 1987
UNITED STATES	32,424	24,439	3	19,145	19,836	180	309	577	4,178
NEW ENGLAND	576	452	1	577	629	1	30	8	7
Maine	1	19	-	22	34	-	1	-	3
N.H.	3	13	-	18	30	-	-	-	-
Vt.	4	9	-	14	16	-	1	-	-
Mass.	273	240	-	317	346	1	18	4	-
R.I.	11	19	1	58	42	-	3	-	1
Conn.	284	152	-	148	161	-	7	4	3
MID. ATLANTIC	5,845	3,425	-	3,515	3,925	1	36	25	367
Upstate N.Y.	225	179	-	470	571	1	9	11	54
N.Y. City	4,327	1,924	-	1,734	2,050	-	6	5	-
N.J.	650	604	-	612	661	-	21	1	15
Pa.	643	718	-	699	643	-	-	8	298
E.N. CENTRAL	801	789	1	2,140	2,340	3	34	38	151
Ohio	101	112	-	382	414	1	11	22	17
Ind.	54	103	-	211	255	-	4	1	17
Ill.	403	370	-	956	1,021	-	11	7	44
Mich.	187	162	1	504	549	-	5	5	27
Wis.	56	42	-	87	101	2	3	3	46
W.N. CENTRAL	166	199	-	560	580	64	11	53	877
Minn.	18	31	-	110	136	-	5	-	213
Iowa	26	9	-	38	44	4	2	1	254
Mo.	76	102	-	302	285	40	3	18	53
N. Dak.	1	6	-	14	10	1	-	-	101
S. Dak.	11	9	-	24	28	9	-	1	202
Nebr.	14	12	-	25	15	3	-	3	16
Kans.	20	30	-	47	62	7	1	30	38
S. ATLANTIC	11,436	7,377	1	4,102	3,962	5	34	221	1,182
Del.	65	52	-	38	44	1	-	2	-
Md.	566	414	-	358	281	-	4	46	380
D.C.	359	270	-	144	147	-	2	-	41
Va.	298	317	-	398	332	2	9	21	340
W. Va.	13	20	-	93	115	-	1	7	65
N.C.	657	472	1	503	581	2	3	80	8
S.C.	668	626	-	420	506	-	-	33	56
Ga.	1,527	1,362	-	721	659	-	2	29	193
Fla.	7,283	3,844	-	1,427	1,297	-	13	3	99
E.S. CENTRAL	1,748	1,604	-	1,730	1,753	8	4	98	295
Ky.	23	64	-	388	403	3	2	13	131
Tenn.	699	575	-	526	511	1	1	58	81
Ala.	456	479	-	503	550	1	1	15	76
Miss.	570	486	-	313	289	3	-	12	7
W.S. CENTRAL	4,052	4,780	-	2,266	2,524	70	29	117	562
Ark.	233	244	-	269	346	37	2	12	117
La.	816	827	-	285	391	3	-	-	13
Okla.	143	135	-	216	233	27	5	87	32
Tex.	2,860	3,574	-	1,496	1,554	3	22	18	400
MOUNTAIN	616	541	-	443	495	16	15	13	340
Mont.	9	7	-	15	27	2	-	11	153
Idaho	5	14	-	17	23	1	-	-	9
Wyo.	3	4	-	-	-	-	-	1	71
Colo.	112	126	-	40	64	5	-	-	7
N. Mex.	54	62	-	85	87	1	10	-	3
Ariz.	268	219	-	230	228	3	4	-	76
Utah	23	18	-	25	31	2	-	1	7
Nev.	142	91	-	31	35	2	1	-	14
PACIFIC	7,184	5,272	-	3,812	3,628	12	116	4	397
Wash.	129	164	-	216	195	4	8	-	-
Oreg.	276	107	-	117	112	5	2	1	-
Calif.	6,761	4,967	-	3,238	3,104	2	98	3	394
Alaska	4	-	-	62	55	1	-	-	3
Hawaii	14	34	-	179	162	-	8	-	-
Guam	2	1	-	26	34	-	-	-	-
P.R.	832	796	-	271	305	-	-	-	66
V.I.	9	1	-	2	1	-	-	-	-
Pac. Trust Terr.	222	246	-	150	81	-	20	-	-
Amer. Samoa	2	-	-	2	5	-	1	-	-

U: Unavailable

TABLE IV. Deaths in 121 U.S. cities,* week ending November 28, 1987 (47th Week)

Reporting Area	All Causes, By Age (Years)						P&I**
	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	561	392	110	37	15	6	44
Boston, Mass.	181	114	43	13	8	2	18
Bridgeport, Conn.	40	28	8	3	-	1	1
Cambridge, Mass.	13	9	4	-	-	-	1
Fall River, Mass.	23	20	2	1	-	-	1
Hartford, Conn.	43	31	6	3	1	2	3
Lowell, Mass.	20	15	3	2	-	-	2
Lynn, Mass.	9	6	3	-	-	-	1
New Bedford, Mass.	20	17	3	-	-	-	4
New Haven, Conn.	74	52	14	7	1	-	7
Providence, R.I.	37	27	9	-	1	-	1
Somerville, Mass.	1	1	-	-	-	-	-
Springfield, Mass.	26	17	4	2	2	1	1
Waterbury, Conn.	24	20	2	1	1	-	2
Worcester, Mass.	50	35	9	5	1	-	2
MID. ATLANTIC	2,386	1,542	484	229	68	57	101
Albany, N.Y.	40	26	7	4	1	2	-
Allentown, Pa.	25	16	8	1	-	-	2
Buffalo, N.Y.	80	55	17	4	3	1	-
Camden, N.J.	36	26	2	1	1	-	1
Elizabeth, N.J.	16	13	3	-	-	-	1
Erie, Pa.†	42	33	6	2	-	1	2
Jersey City, N.J.	54	33	13	8	-	-	2
N.Y. City, N.Y.	1,349	861	266	159	40	23	49
Newark, N.J.	58	23	13	11	3	8	3
Paterson, N.J.	28	14	3	5	-	6	-
Philadelphia, Pa.	297	185	72	21	11	8	12
Pittsburgh, Pa.†	27	20	4	1	1	1	1
Reading, Pa.	24	21	3	-	-	-	2
Rochester, N.Y.	137	102	23	6	2	4	19
Schenectady, N.Y.	21	13	7	-	1	-	-
Scranton, Pa.†	20	13	4	-	3	-	2
Syracuse, N.Y.	66	48	13	2	1	2	3
Trenton, N.J.	27	14	9	2	1	1	-
Utica, N.Y.	20	12	8	-	-	-	-
Yonkers, N.Y.	19	14	3	2	-	-	2
E.N. CENTRAL	1,961	1,306	417	119	46	72	76
Akron, Ohio	19	13	3	-	2	1	-
Canton, Ohio	21	13	7	1	-	-	2
Chicago, Ill.§	564	362	125	45	10	22	16
Cincinnati, Ohio§	138	87	35	10	2	4	11
Cleveland, Ohio	136	77	36	12	4	7	-
Columbus, Ohio	134	89	28	10	-	6	3
Dayton, Ohio	80	58	17	3	1	1	4
Detroit, Mich.	171	106	28	16	10	11	4
Evansville, Ind.	49	39	9	1	-	-	4
Fort Wayne, Ind.	50	40	8	1	1	-	1
Gary, Ind.	8	5	3	-	-	-	1
Grand Rapids, Mich.	56	47	7	-	1	1	3
Indianapolis, Ind.	139	91	28	8	6	6	2
Madison, Wis.	35	23	9	1	2	-	5
Milwaukee, Wis.	104	72	21	3	1	7	1
Peoria, Ill.	31	23	6	-	-	2	3
Rockford, Ill.	46	29	9	4	2	2	2
South Bend, Ind.	33	25	8	-	-	-	2
Toledo, Ohio	97	67	22	3	4	1	9
Youngstown, Ohio	50	40	8	1	-	1	3
W.N. CENTRAL	769	519	143	49	26	31	47
Des Moines, Iowa§	62	53	7	2	-	-	4
Duluth, Minn.	18	10	3	1	-	4	-
Kansas City, Kans.	29	18	5	3	1	1	1
Kansas City, Mo.	108	65	26	9	4	4	6
Lincoln, Nebr.	22	15	3	2	1	1	2
Minneapolis, Minn.	218	147	40	14	12	5	16
Omaha, Nebr.	65	46	13	3	1	2	5
St. Louis, Mo.	159	105	29	9	6	10	5
St. Paul, Minn.	46	36	4	3	-	3	1
Wichita, Kans.	42	24	13	3	1	1	7
S. ATLANTIC	1,220	741	276	122	39	41	53
Atlanta, Ga.§	157	93	33	22	4	5	4
Baltimore, Md.	266	156	70	24	8	8	16
Charlotte, N.C.	83	43	20	9	7	4	8
Jacksonville, Fla.	67	41	21	3	2	-	1
Miami, Fla.	121	71	24	18	6	2	-
Norfolk, Va.	48	31	12	3	1	1	3
Richmond, Va.	71	46	18	6	1	-	5
Savannah, Ga.	36	26	5	1	1	3	3
St. Petersburg, Fla.	78	63	9	-	1	5	5
Tampa, Fla.	38	31	3	1	1	1	4
Washington, D.C.	225	114	59	33	7	12	3
Wilmington, Del.	30	26	2	2	-	-	1
E.S. CENTRAL	706	466	147	45	22	26	43
Birmingham, Ala.	99	60	23	7	2	7	4
Chattanooga, Tenn.	80	58	11	6	2	3	2
Knoxville, Tenn.	84	56	14	6	4	4	5
Louisville, Ky.	102	72	23	4	2	1	3
Memphis, Tenn.	125	80	29	11	4	1	16
Mobile, Ala.	57	37	12	4	1	3	4
Montgomery, Ala.	39	23	8	4	1	3	3
Nashville, Tenn.	120	80	27	3	6	4	6
W.S. CENTRAL	1,090	689	230	101	39	31	43
Austin, Tex.	44	31	7	1	4	1	4
Baton Rouge, La.	24	16	4	3	-	1	2
Corpus Christi, Tex.§	53	35	12	4	1	1	1
Dallas, Tex.	181	107	41	21	6	6	5
El Paso, Tex.	47	31	9	3	4	-	2
Fort Worth, Tex	60	39	12	6	2	1	2
Houston, Tex.§	308	176	74	34	13	11	7
Little Rock, Ark.	59	38	11	6	-	4	5
New Orleans, La.	66	44	14	6	2	-	-
San Antonio, Tex.	145	93	32	13	6	1	8
Shreveport, La.	56	40	10	3	-	3	2
Tulsa, Okla.	47	39	4	1	1	2	5
MOUNTAIN	623	408	125	43	24	23	31
Albuquerque, N. Mex.	68	35	14	12	5	2	6
Colo. Springs, Colo.	39	25	5	3	1	5	2
Denver, Colo.	111	67	24	6	7	7	3
Las Vegas, Nev.	79	49	22	6	1	1	3
Ogden, Utah	19	18	-	-	-	1	2
Phoenix, Ariz.	136	95	27	6	4	4	4
Pueblo, Colo.	17	12	4	-	1	-	4
Salt Lake City, Utah	46	33	6	4	-	3	-
Tucson, Ariz.	108	74	23	6	5	-	7
PACIFIC	1,566	1,028	294	127	55	58	106
Berkeley, Calif.	16	12	2	1	1	-	1
Fresno, Calif.	78	46	17	5	7	3	6
Glendale, Calif.	10	6	3	1	-	-	-
Honolulu, Hawaii	56	43	7	4	1	1	8
Long Beach, Calif.	84	54	13	8	4	5	16
Los Angeles Calif.	305	187	61	30	17	7	13
Oakland, Calif.§	66	44	14	5	2	1	4
Pasadena, Calif.	23	15	5	-	1	2	2
Portland, Oreg.	142	97	25	11	3	6	10
Sacramento, Calif.	101	67	21	10	1	2	9
San Diego, Calif.	143	93	24	13	4	9	7
San Francisco, Calif.	124	79	23	18	2	2	6
San Jose, Calif.	174	115	35	12	2	9	14
Seattle, Wash.	176	122	29	6	9	10	7
Spokane, Wash.	41	32	7	1	1	-	1
Tacoma, Wash.	27	16	8	2	-	1	2
TOTAL	10,882††	7,091	2,226	872	334	345	544

*Mortality data in this table are voluntarily reported from 121 cities in the United states, most of which have populations of 100,000 o more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are no included.

**Pneumonia and influenza.

†Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week Complete counts will be available in 4 to 6 weeks.

Topics in Minority Health

Injuries in an Indian Community — Cherokee, North Carolina

The American Indian/Alaskan Native population experiences a disproportionate amount of morbidity and mortality from injuries (*1*). To address this public health problem, the Cherokee Service Unit of the Indian Health Service studied the injury morbidity and mortality of the Eastern Band of the Cherokee Indians in North Carolina. Investigators reviewed the emergency room (ER) records from the Cherokee Indian Hospital for the period July 1, 1984, through June 30, 1985.* This ER is the only emergency care facility within the 56,000 acres of the rural Cherokee Indian Reservation, located near the Smoky Mountain National Park.

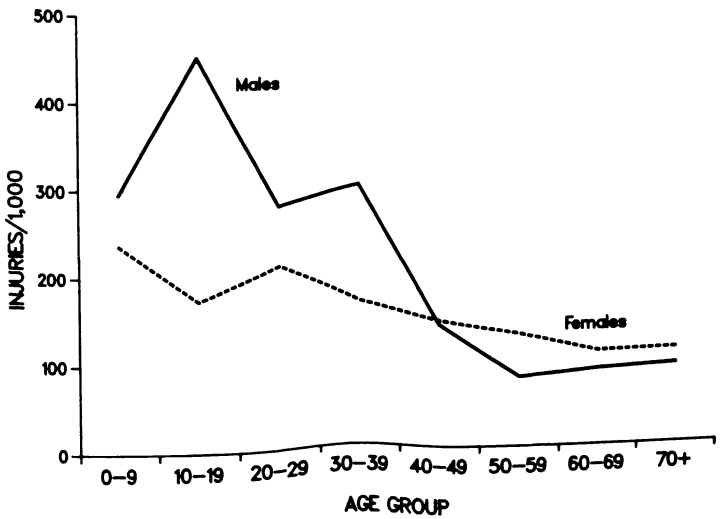
During this period, 1,448 injured persons visited the ER, for an incidence rate of 240 visits per 1,000 population. Sixty-three percent of those who sought care were male. The male to female injury rate ratio was 1.6:1. Injury rates for males exceeded rates for females in all age groups up to age 40 (Figure 1). After age 40, females had a higher injury rate than males. Rates for males peaked at 10-19 years of age and declined sharply thereafter. For females, rates generally decreased with increasing age.

Falls (25.2%) were the most frequent cause of ER visits, followed by sports-related injuries (14.0%) and unintentional cutting/piercing injuries (13.1%) (Table 1). Motor vehicles were involved in 56.9% of the 144 vehicle-related injuries; bicycles were involved in 30.6%; and motorcycles, in 5.5%. The highest rates for all injuries occurred during the late summer and early fall.

The category, "other unintentional injuries," included 12 poisonings, nine of which involved children less than 4 years of age. Three of these children had consumed

*Analysis based on 1984 population of the Eastern Band of the Cherokee Indians (6,089).

FIGURE 1. Age- and sex-specific injury rates, by age group — Cherokee Reservation, Cherokee, North Carolina, July 1, 1984-June 30, 1985



Injuries – Continued

gasoline, and three had consumed household cleaning agents. Cutting wood with an axe resulted in 11 injuries. Four injuries (including one death) involved firearms.

Most (1,389, or 95.9%) of the injured persons were treated and released. Fifty-one (3.5%) had serious injuries—49 of these were admitted to a local hospital or transferred to a referral hospital, and two died. Eight (0.6%) of the outcomes were unknown. Over half (58.5%) of the patients who were treated and released had lacerations, punctures, contusions, or abrasions. Thirteen (25.5%) of the seriously injured patients had fractures; 12 (23.5%) had lacerations; 7 (13.7%), contusions; 6 (11.8%), head/skull injuries; and 13 (25.5%), other injuries. One-third of the serious injuries were intentional (assaults, stabbings, and gunshot wounds); 23.5% were vehicle-related; and 23.5% were due to falls. Less than 3.0% of the patients with lacerations, punctures, and contusions required hospitalization, whereas 20.0% of those with head/skull injuries and 11.0% of those with fractures required hospitalization. Forty-six percent of those admitted to a hospital required more than 1 day of care. One of the two deaths resulted from a motor vehicle crash, and the other, from a gunshot wound.

Reported by: J Moore, J Mills, Cherokee Svc Unit, Indian Health Svc (IHS), Cherokee, North Carolina. J Meredith, Nashville Area IHS, Nashville, Tennessee. RJ Smith III, Environmental Health Br, IHS, Rockville, Maryland. HJ Winick, MPH, Univ of Minnesota School of Public Health, Minneapolis. Div of Injury Epidemiology and Control, Center for Environmental Health and Injury Control, CDC.

Editorial Note: The combined unintentional and intentional injury mortality rate among the American Indian/Alaskan Native population is three times the rate for the general U.S. population (*1*). Injuries account for more than 12.0% of all hospitalizations in Indian Health Service (IHS) hospitals and over 5.0% of the outpatient visits at IHS clinics (*2*).

ER records offer a unique opportunity to develop population-based surveillance for injuries. One limitation of ER-based surveillance, however, is that it does not include data on injuries resulting in death at the scene. Data analyzed in this study noted two

TABLE 1. Disposition of injured patients, by type of injury – Cherokee Indian Hospital, Cherokee, North Carolina, July 1, 1984-June 30, 1985

	Disposition									
	Treated & Released		Admitted or Referred		Died		Unknown		Total	
Type of Injury	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Unintentional										
Falls	365	(25.2)	12	(0.8)	0	–	1	(0.1)	378	(26.1)
Sports-Related	202	(14.0)	0	–	0	–	3	(0.2)	205	(14.2)
Cutting/Piercing	190	(13.1)	4	(0.3)	0	–	0	–	194	(13.4)
Vehicular	132	(9.1)	11	(0.8)	1	(0.1)	0	–	144	(9.9)
Machinery	105	(7.3)	3	(0.2)	0	–	0	–	108	(7.5)
Animal-Related	35	(2.4)	0	–	0	–	1	(0.1)	36	(2.5)
Fire	6	(0.4)	0	–	0	–	1	(0.1)	7	(0.5)
Other	173	(11.9)	2	(0.1)	0	–	0	–	175	(12.1)
Intentional	152	(10.5)	16	(1.1)	1	(0.1)	2	(0.1)	171	(11.8)
Unknown	29	(2.0)	1	(0.1)	0	–	0	–	30	(2.1)
Total	**1,389**	**(95.9)**	**49**	**(3.4)**	**2**	**(0.1)**	**8**	**(0.6)**	**1,448**	**(~100.0)**

Injuries — Continued

deaths. However, during the same period, the North Carolina Medical Examiner received reports on five injury-related deaths involving American Indians residing in the five counties of the Cherokee Indian Reservation.

This study indicated that the most serious injuries occurring in the Cherokee Service Unit are intentional injuries, vehicle-related injuries, and falls. As a result of these findings, the tribal council, the Community Injury Control Committee, and other community leaders and organizations have planned interventions to decrease sports-related injuries, improve roads, and reduce intentional injuries. In addition, activities encouraging the use of seat belts and child-restraint seats to reduce vehicle-related injuries have been planned.

The IHS, working with the tribes, the Bureau of Indian Affairs, and other community groups, coordinates a variety of injury prevention activities including health fairs, national poster and essay contests, and school safety programs. This campaign provides an opportunity for a variety of interested health professionals and organizations to participate in injury prevention programs. To increase the awareness of injuries as a preventable health problem, the IHS designated November as the 5th Annual American Indian/Alaskan Native Safety Awareness Month.

References

1. Indian Health Service. Bridging the gap: report on the task force on parity of Indian health services. Washington, DC: US Department of Health and Human Services, Public Health Service, 1986.
2. Smith SM, Molloy BK, Graitcer PL. Intentional and unintentional injuries at three Indian Health Service units, 1981-1985 [Abstract]. In: Program and abstracts of the 22nd annual meeting of the U.S. Public Health Service Professional Association. Washington, DC: Commissioned Officers Association of the U.S. Public Health Service, 1987.

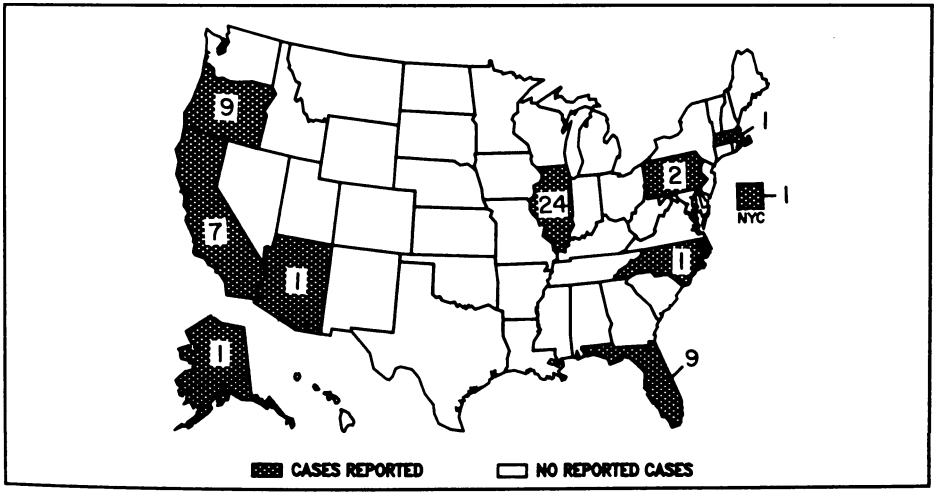
Errata: Vol. 36, Nos. 40 and 45

p. 666 Section 1(B) in the listing of the six clinical categories used to classify congenital rubella cases monitored through the National Congenital Rubella Syndrome Register was in error. The corrected list is published below in its entirety:

1. CRS CONFIRMED—Defects present and one or more of the following:
   A. Rubella virus isolated.
   B. Rubella-specific immunoglobulin M (IgM) present.
   C. Infant's rubella IgG antibody titer persists above and beyond that expected from passive transfer of maternal antibody (i.e., infant's rubella IgG titer does not fall off at the expected rate of one twofold dilution/month).
2. CRS COMPATIBLE—Laboratory data insufficient for confirmation and any two complications listed in A or one from A and one from B:
   A. Cataracts and congenital glaucoma (either or both count as one), congenital heart disease, loss of hearing, pigmentary retinopathy.
   B. Purpura, splenomegaly, jaundice, microcephaly, mental retardation, meningoencephalitis, radiolucent bone disease.
3. CRS POSSIBLE—Some compatible clinical findings that do not fulfill the criteria for a compatible case.
4. CONGENITAL RUBELLA INFECTION ONLY—No defects present but laboratory evidence of infection.
5. STILLBIRTHS—Stillbirths that are thought to be secondary to maternal rubella infection.
6. NOT CRS—One or more of any of the following inconsistent laboratory findings for a child without evidence of an immunodeficiency disease:
   A. Rubella antibody titer absent in a child $\leq$24 months.
   B. Rubella antibody titer absent in mother.
   C. Rubella antibody titer decline in an infant consistent with the normal decline of passively transferred maternal antibody after birth. (The expected rate of decline of maternal antibodies is one twofold dilution/month.)

p. 751 The source listed in the credits as reporting the first influenza A virus isolate of the season should have been the Clinical Virology Laboratory, School of Medicine, University of South Dakota, instead of the Veterans Administration Medical Center, Sioux Falls.

FIGURE I. Reported measles cases — United States, Weeks 43-46, 1987



WE'RE CHANGING

Effective December 14, 1987, CDC/ATSDR will be changing telephone numbers as follows:

Current Numbers	New Numbers
320, 321, 329–XXXX	639–XXXX
262 or 264–XXXX	842–XXXX
452–XXXX	488–XXXX
454–4300 thru 454–4799	488–XXXX
728–XXXX or 454–0700 thru 454–0899	Total Change
All FTS Prefixes (236)	Unchanged

Recorded Messages Will Provide New Numbers

The *Morbidity and Mortality Weekly Report* is prepared by the Centers for Disease Control, Atlanta, Georgia, and available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 783-3238.

The data in this report are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Such reports and any other matters pertaining to editorial or other textual considerations should be addressed to: Editor, *Morbidity and Mortality Weekly Report*, Centers for Disease Control, Atlanta, Georgia 30333.

Director, Centers for Disease Control
James O. Mason, M.D., Dr.P.H.
Director, Epidemiology Program Office
Carl W. Tyler, Jr., M.D.

Editor
Michael B. Gregg, M.D.
Managing Editor
Gwendolyn A. Ingraham

☆U.S. Government Printing Office: 1988-530-111/60046 Region IV

DEPARTMENT OF
HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control
Atlanta, GA 30333

FIRST-CLASS MAIL
POSTAGE & FEES PAID
PHS/CDC
Permit No. G-284

Official Business
Penalty for Private Use $300

X

HHS Publication No. (CDC) 88-8017

Redistribution using indicia is illegal.