CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

January 8, 1993 / Vol. 41 / Nos. 52 & 53

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Acute Respiratory Illness Linked to Use of Aerosol Leather Conditioner — Oregon, December 1992

At 8 a.m. on December 27, 1992, the Oregon Poison Center (OPC) notified the Oregon Health Division (OHD) that 13 persons in one household became ill following the use of an aerosol leather conditioner and that this report was similar to two reports received on December 26 that also involved use of this product. A review of telephone logs identified similar calls on December 23 and 24, for a total of 29 persons in six households who reported illness associated with use of this spray. By midday on December 27, the product producer issued a voluntary nationwide recall of this product. Following the public announcement of the recall, as of December 31, the number of preliminary reports to the OHD and the OPC of illness associated with use of this spray increased to 400 and involved approximately 550 persons. This report summarizes the preliminary findings of the ongoing investigation of this problem by the OHD.

Among persons who reported seeking medical attention, reported symptoms typically began within a few minutes to several hours after applying the conditioner to leather products. Manifestations of the illness most commonly reported included prolonged cough, shortness of breath, and pleuritic chest pain. Many persons also reported headache, malaise, chills, and fever as high as 104 F (40 C). At least three persons exhibited signs of pulmonary infiltrates based on radiographic examination; one person was admitted to a hospital with a diagnosis of adult respiratory distress syndrome. At least four other persons were admitted to hospitals for observation or treatment. For many persons, the symptoms appeared to resolve in less than 24 hours. Information on the age and sex of persons who reported symptoms was not immediately available.

From December 27 through December 31, following publicity and contact by the OHD, OPC, and CDC, poison control centers in at least 17 other states reported persons who experienced symptoms associated with this spray. CDC received reports from California, Colorado, Georgia, Idaho, Maine, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

Following the prompt voluntary recall, by December 31, all cans of the leather conditioner were reported to have been removed from stores and distribution channels. The cans are not marked with specific lot identifiers. The OHD and CDC are conducting

Aerosol Leather Conditioner — Continued

epidemiologic investigations to further define the association between illness and use of this product, and the specific cause for this problem. CDC is also working with the Consumer Product Safety Commission (CPSC) regarding the CPSC-administered Federal Hazardous Substances Act, which requires hazardous household products to bear appropriate cautionary labeling.

Reported by: MJ Smilkstein, MD, BT Burton, MD, Oregon Poison Center; W Keene, PhD, M Barnett, MS, K Hedberg, MD, D Fleming, MD, State Epidemiologist, Oregon Health Div, Dept of Human Resources. CM Jacobson, Consumer Product Safety Commission, Bethesda, Maryland. Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; Div of Field Epidemiology, Epidemiology Program Office, CDC.

Editorial Note: Preliminary information indicates this outbreak is associated with the use of Wilsons Leather Protector, distributed nationally by Wilsons, the Leather Experts, headquartered in Minneapolis. Leather Protector is sold nationally at more than 550 stores owned by Wilsons; the stores are operated under several names. Typically, one or two applications of the protector are intended to be applied to new leather garments. This investigation suggests that in most households where persons developed symptoms, the product had been used indoors or in other areas with limited ventilation. The new product was distributed to Wilsons stores in late November 1992; however, stores did not begin to sell the new product until the old product supply was exhausted. Sales of the product in Oregon began after December 18.

The product is packaged in 5-ounce black aerosol cans with red and white lettering. The cans are a new formulation of Wilsons Leather Protector that had previously been sold in a 7-ounce can. The product is sold exclusively by Wilsons. The product changes involved the propellant (from carbon dioxide to propane), the solvent (from 1-1-1 trichloroethane to isooctane), and an active ingredient (from 1% FC-905 to 1.2% FC-3537 [which are both fluoroalkyl polymers in different solvents]).

The most commonly reported symptoms suggest an acute chemical pneumonitis (*1*) or a hypersensitivity pneumonitis (*2*). Some patients have had symptoms consistent with inhalation fevers such as polymer-fume fever (e.g., chest tightness, headache, shivering, fever, weakness, and shortness of breath). This syndrome is caused by inhalation of fumes containing pyrolytic products released when fluoropolymers are heated to high temperatures. In most cases, patients with polymer-fume fever have been cigarette smokers (*3,4*). However, it is also possible that an unknown contaminant in the leather spray may be causing this illness.

Consumers should be warned against using Wilsons Leather Protector. In addition, any spray containing polymers or solvents should be used only in areas where there is adequate ventilation.

A provisional case definition used by the OHD includes any two of three pulmonary symptoms (i.e., pleuritic chest pain, shortness of breath, and nonproductive cough), with the onset of at least one symptom within 6 hours after exposure to this spray and at least one symptom lasting 12 hours or more; or any pulmonary symptom with onset within 6 hours of exposure to the spray and pulmonary infiltrates on radiographic examination. CDC has requested that state health departments report to CDC cases that involved persons being hospitalized, using a standardized case report form available from CDC's Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health,

Aerosol Leather Conditioner — Continued

telephone (404) 488-7320. Further consumer information regarding this product is available from the CPSC Hotline, telephone (800) 638-2772.

References

1. Woo OF, Healy KM, Sheppard D, Tong TG. Chest pain and hypoxemia from inhalation of a trichloroethane aerosol product. J Toxicol Clin Toxicol 1983;20:333–41.
2. Fink JN. Hypersensitivity pneumonitis. In: Epler GR, ed. Clinics in chest medicine: occupational lung diseases. Philadelphia: WB Saunders, 1992.
3. Lewis CE, Kerby GR. An epidemic of polymer fume fever. JAMA 1965;191:375–8.
4. Albrecht WN, Bryant CJ. Polymer fume fever associated with smoking and use of a mold-release spray containing polyterafluoroethylene. J Occup Med 1987;29:817–9.

Air Pollution Information Activities at State and Local Agencies — United States, 1992

Because air pollution is a pervasive environmental health problem in the United States, one of the national health objectives for the year 2000 is to increase from 49.7% to 85.0% the proportion of persons who live in counties that have not exceeded any air quality standard during the previous 12 months (*1*). Public support for air pollution control efforts is critical if this national health objective is to be achieved. To characterize public health information activities related to air pollution, in 1992, the State and Territorial Air Pollution Program Administrators (STAPPA) and the Association of Local Air Pollution Control Officials (ALAPCO), with the assistance of CDC, conducted a survey of state and local air pollution control agencies. This report summarizes the findings of that survey.

In July 1992, a questionnaire was mailed to 225 state, territorial, and local air pollution control agencies. Agencies that did not respond were contacted by telephone. The questionnaire sought information on attainment of National Ambient Air Quality Standards, publication of an air quality index (e.g., the Pollutant Standards Index [PSI]*), issuance of forecasts or warnings, communication with outside health officials, distribution of educational materials, evaluation of health information, and air pollution issues of greatest concern to the community. Of the 55 STAPPA agencies, 48 (87%) responded to the questionnaire; of the 170 ALAPCO agencies, 149 (88%) responded (overall response rate: 88%). Together, responding agencies represented 49 states, the District of Columbia, and the Virgin Islands. No agency was represented more than once.

Of the 197 respondents, 134 (68%) represented jurisdictions that had exceeded one or more National Ambient Air Quality Standards during the preceding 3 years. State and local agencies that represented such areas were more likely to calculate the PSI—a summary air quality measure—than were other agencies (76% compared with 43%). Air quality information was more likely to be released to the media in areas that exceeded one or more of the ambient air quality standards (84% compared with 48%). Forecasts regarding air quality were issued by about half (48%) of the responding

*The PSI converts the daily measured concentrations of five major pollutants (ozone, carbon monoxide, particulate matter, nitrogen dioxide, and sulfur dioxide) into a number on a scale of 0–500. The index value of 100 corresponds to the National Ambient Air Quality Standard for that pollutant. Intervals on the PSI scale are associated with descriptive terms (e.g., "good" [0–50], "moderate" [50–100], or "unhealthful" [100–200]).

Air Pollution Information — Continued

agencies but usually when conditions were predicted to exceed one or more federal standards.

One third (34%) of the responding agencies employed a health professional (e.g., physician, nurse, epidemiologist, or health educator). Agencies employing a health professional were more likely to communicate with physicians or health officials about the health risks of air pollution (79% compared with 49%).

Most agencies (86%) distributed educational materials or information about the health effects of air pollution to persons seeking such information. Methods included pamphlets, press releases, and educational materials for schools. Distributed materials were produced locally or by organizations such as the American Lung Association and the U.S. Environmental Protection Agency (EPA). Thirteen percent of the responding agencies indicated they had evaluated the effectiveness of their health information activities.

Respondents were asked to name a maximum of three air pollution issues they believed were of highest public concern in their communities; responses were not mutually exclusive. The most frequently cited concern was toxic air pollutants (air toxics [i.e., pollutants not regulated by the National Ambient Air Quality Standards] were listed by 81 agencies, and unspecified industrial emissions by 20 agencies). The second most commonly cited concern was ozone or urban smog (listed by 61 agencies). Automobile or mobile source emissions in general (a major contributor to urban smog) were listed by 44 agencies; carbon monoxide (a pollutant emitted mainly by automobiles) was specifically cited by 24 agencies. The third most commonly cited concern was particulate matter; 45 agencies listed particulates or visibility, and 17 listed dust. The combustion of materials was also cited by several agencies: open burning by 25, and waste incineration and woodsmoke by 22 each. Other concerns included odors (35 agencies), indoor air quality (14), and the economic impact of regulations (14).

Reported by: State and local air pollution control officials. SW Becker, State and Territorial Air Pollution Program Administrators/Association of Local Air Pollution Control Officials, Washington, DC. Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC.

Editorial Note: The National Ambient Air Quality Standards were developed to protect the public from the adverse health effects of air pollution, such as lung diseases (including asthma), cancer, eye irritation, and other disorders (*1*). The report *Healthy People 2000* underscored the need for educating the public about environmental risks and rational approaches for reducing those risks (*1*).

In October 1991, the EPA designated 98 metropolitan areas across the United States as not having attained standards for ozone (i.e., above the National Ambient Air Quality Standard). In addition, 76 areas were designated as nonattainment for carbon monoxide; 70, for particulate matter; 50, for sulfur dioxide; and 11, for lead (*2*). In 1991, more than 84 million persons in the United States lived in counties that exceeded at least one National Ambient Air Quality Standard (*3*).

Forecasts of expected air quality may be helpful to persons who should limit the time they spend outdoors. However, the findings in this report indicate that many agencies do not release the PSI or forecasts to the media, including some agencies in areas where a federal standard has been exceeded. The usefulness of the PSI or fore-

Air Pollution Information — Continued

cast also depends on whether local media disseminate the information on a regular basis.

Health education and risk communication are important activities for air pollution control agencies, whether they function outside or inside health agencies. The findings in this report indicate that state and local air pollution agencies have identified a variety of complex potential health hazards they consider to be of concern to the public. Although the PSI can be used to convey summary information about the short-term health risks of certain pollutants, additional education and information methods are needed to adequately address public concerns about these and other air quality issues, particularly chronic health effects.

The state health agency is the designated lead agency responsible for implementing the Clean Air Act in only 10 states: Colorado, Hawaii, Kansas, Montana, New Mexico, North Dakota, Oklahoma, South Carolina, Tennessee, and Utah (*4*). Many state and local air pollution agencies have no health professionals on staff and may lack the expertise to develop and implement effective public information programs regarding the health risks of air pollution. In 1988, the Institute of Medicine recommended that state and local health agencies strengthen their capacities for identifying, understanding, and controlling environmental problems as health hazards (*5*). The results of this survey suggest that some areas may improve public information on air pollution health risks by strengthening environmental health programs in state and local health departments and by improving coordination between health and environmental agencies.

References

1. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives. Washington, DC: US Department of Health and Human Services, Public Health Service, 1990; DHHS publication no. (PHS)91-50213.
2. US Environmental Protection Agency. Air quality designation and classifications: final rule. Federal Register 1991;56:56694.
3. US Environmental Protection Agency. National air quality and emissions trends report, 1991. Research Triangle Park, North Carolina: US Environmental Protection Agency, Office of Air Quality Planning and Standards, Technical Support Division, 1992.
4. Public Health Foundation. 1991 Public health chartbook. Washington, DC: Public Health Foundation, 1991.
5. Institute of Medicine. The future of public health. Washington, DC: National Academy Press, 1988.

Deaths and Hospitalizations from Chronic Liver Disease and Cirrhosis — United States, 1980–1989

In 1989, chronic liver disease,* including cirrhosis, was the ninth most frequent cause of death in the United States (*1*). Periodic analysis of trends and factors related to preventable death and hospitalization for chronic liver disease may be used to target prevention and control programs. This report examines national trends in death and hospitalization rates and state-specific death rates for chronic liver disease using data from CDC's National Center for Health Statistics' multiple-cause-of-death file and the National Hospital Discharge Survey (NHDS).

**International Classification of Diseases, Ninth Revision,* code 571.

Chronic Liver Disease — Continued

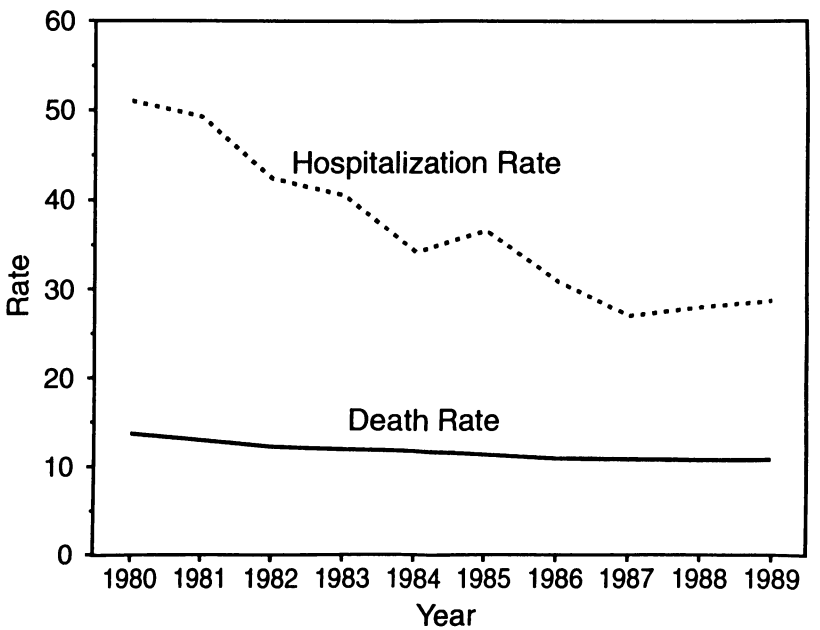
From 1980 through 1989, the age-adjusted death rate[†] for chronic liver disease decreased 23%, from 13.5 to 10.4 per 100,000 persons (Figure 1). During this period, rates for men were more than two times higher than for women, and rates for blacks were more than 50% higher than for whites.[§] Death rates for each of these groups declined steadily during this period.

In 1989, chronic liver disease was the underlying cause of death for 26,720 persons (Table 1) and a contributing cause of death for an additional 14,101 persons. Among deaths for which chronic liver disease was the underlying cause, 46.1% were diagnostically associated with alcohol (i.e., alcoholic fatty liver, acute alcoholic hepatitis, alcoholic cirrhosis of the liver, and alcoholic liver damage–unspecified); 2.9%, with chronic hepatitis; 1.5%, with biliary cirrhosis; and 49.5%, with unspecified conditions and no mention of alcohol (i.e., cirrhosis of the liver without mention of alcohol, other chronic nonalcoholic liver disease, and unspecified chronic liver disease without mention of alcohol).

[†]Based on the underlying cause of death. Intercensal population estimates were used to calculate age-adjusted rates standardized to the 1980 U.S. population.

[§]Estimates are presented by race to address the national health objectives for the year 2000 to reduce cirrhosis deaths in special populations. Estimates are not presented for races other than black and white because numbers were too small for analysis.

FIGURE 1. Hospitalization and death rates* of chronic liver disease — United States, 1980–1989



*Per 100,000 persons, age-adjusted to the 1980 U.S. standard population.

Chronic Liver Disease — Continued

Age-specific death rates increased with age for men in the 35–44-year through 65–74-year age groups (from 15.2 to 49.0 per 100,000 men) and for women in the 35–44-year through 75–84-year age groups (from 4.8 to 26.7 per 100,000 women) (Table 1). State-specific age-adjusted death rates of chronic liver disease in 1989 varied more than fivefold, from 6.1 per 100,000 population (for Idaho) to 31.5 per 100,000 (for the District of Columbia). The median rate was 9.6 per 100,000.

Chronic liver disease was also an important, although diminishing, cause of hospitalizations during 1980–1989. The age-adjusted hospitalization rate of chronic liver disease decreased 44% during this period (from 50.6 to 28.2 per 100,000) (Figure 1). Rates for women were generally one third lower than for men, and for both, declined steadily throughout the decade. For most years, rates for whites were 20%–30% lower than rates for blacks.

Chronic liver disease appeared as the first-listed diagnosis in an estimated 72,232 hospitalizations in 1989 (Table 2). Among these hospitalizations, 49.3% were diagnostically associated with alcohol, 10.5% with chronic hepatitis, 1.8% with biliary cirrhosis, and 38.3% with unspecified conditions and no mention of alcohol. Chronic liver disease was also listed as a diagnosis (other than first-listed) in an additional 218,156 hospitalizations.

Age-adjusted hospitalization rates of chronic liver disease in 1989 were 38% higher for men than for women (33.1 versus 23.9 per 100,000) and 27% higher for blacks than for whites (30.1 versus 23.7 per 100,000). Rates were successively higher in each age group from 35–44 years through 55–64 years for both men and women (from 40.9 to 96.5 per 100,000 and from 30.1 to 88.9 per 100,000, respectively) and decreased sharply after this age.

Reported by: Chronic Disease Surveillance Br, Office of Surveillance and Analysis, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Most specific types of chronic liver disease in the United States are preventable (*2*). The findings in this report indicate a steady decline in rates of hospitalization and death from chronic liver disease during the 1980s. The variation in state-specific age-adjusted death rates suggests underlying regional differences in the occurrence of chronic liver disease and related risk factors. These findings may be

TABLE 1. Age- and sex-specific death rates* of chronic liver disease† — United States, 1989

Age group (yrs)	Men		Women		Total	
	No.	Rate	No.	Rate	No.	Rate
35–44	2,720	15.2	888	4.8	**3,608**	**9.9**
45–54	3,389	28.1	1,345	10.6	**4,734**	**19.1**
55–64	4,521	44.6	2,238	19.8	**6,759**	**31.5**
65–74	3,941	49.0	2,562	25.5	**6,503**	**36.0**
75–84	1,732	47.2	1,611	26.7	**3,343**	**34.5**
≥85	302	35.7	402	18.4	**704**	**23.3**
All ages	**17,325**	**14.4**	**9,395**	**7.4**	**26,720**	**10.8**
Crude rate	*14.4*		*7.4*		*10.8*	
Adjusted rate§	*14.7*		*6.6*		*10.4*	

*Per 100,000 persons.
†*International Classification of Diseases, Ninth Revision,* code 571.
§Age-adjusted to the 1980 U.S. standard population.

Chronic Liver Disease — Continued

used to target prevention and treatment programs and in the design of further epidemiologic research.

The findings in this report are subject to at least two limitations. First, because NHDS data do not distinguish initial from recurrent hospitalizations for a given person, these results represent the number of hospitalizations rather than the number of persons hospitalized for chronic liver disease. Thus, the declines might reflect a decline in the number of persons with chronic liver disease or in fewer hospitalizations among those with chronic liver disease, or some combination of both. Second, for both hospitalization and death certificate data, alcohol-related diagnoses may be underreported.

Despite these potential limitations, the declining hospitalization and death rates reported here may indicate a true decrease in the underlying occurrence of chronic liver disease as a result of decreases in the prevalences of major risk factors (e.g., heavy alcohol use). In the United States, heavy alcohol use is considered the most important risk factor for chronic liver disease; even among deaths coded as chronic liver disease with unspecified conditions and no mention of alcohol, approximately 50% are thought to be due to alcohol use (*3*). Thus, decreasing hospitalization and death rates may reflect, in part, the decline in per capita alcohol consumption from 1977 through 1989 (*4*). These findings also are consistent with data from CDC's Behavioral Risk Factor Surveillance System that have shown a greater proportion of heavy drinkers among men than women and that alcohol consumption is inversely related to age (*5*). Strategies for reducing per capita consumption of alcohol include price controls (e.g., increased taxes on alcohol), control of the physical availability of alcohol, changes in legal accessibility, information and education programs, health warning labels, targeted health-promotion programs, and related activities (*6*).

Hepatitis B and C viruses are also important risk factors for chronic liver disease (*7*), and their relative contribution to chronic liver disease, alone and in combination with alcohol, requires further study. A comprehensive vaccination strategy for eliminating hepatitis B virus transmission and its sequelae in the United States has been recommended (*8*). Other potential risk factors include certain drugs, industrial chemicals, and less common infectious agents.

TABLE 2. Age- and sex-specific hospitalization rates* of chronic liver disease† — United States, 1989

	Men		Women		Total	
Age group (yrs)	**No.**	**Rate**	**No.**	**Rate**	**No.**	**Rate**
35–44	7,325	40.9	5,523	30.1	**12,848**	**35.4**
45–54	8,877	73.7	6,947	54.6	**15,824**	**63.9**
55–64	9,789	96.5	10,065	88.9	**19,854**	**92.5**
65–74	6,146	76.4	6,653	66.3	**12,799**	**70.8**
75–84	3,061	83.4	1,618	26.8	**4,679**	**48.2**
≥85	586	69.4	881	40.4	**1,467**	**48.5**
All ages	**39,717**	**33.0**	**32,515**	**25.7**	**72,232**	**29.3**
Crude rate	*33.0*		*25.7*		*29.3*	
Adjusted rate§	*33.1*		*23.9*		*28.2*	

*Per 100,000 persons.
†*International Classification of Diseases, Ninth Revision,* code 571.
§Age-adjusted to the 1980 U.S. standard population.

Chronic Liver Disease — Continued

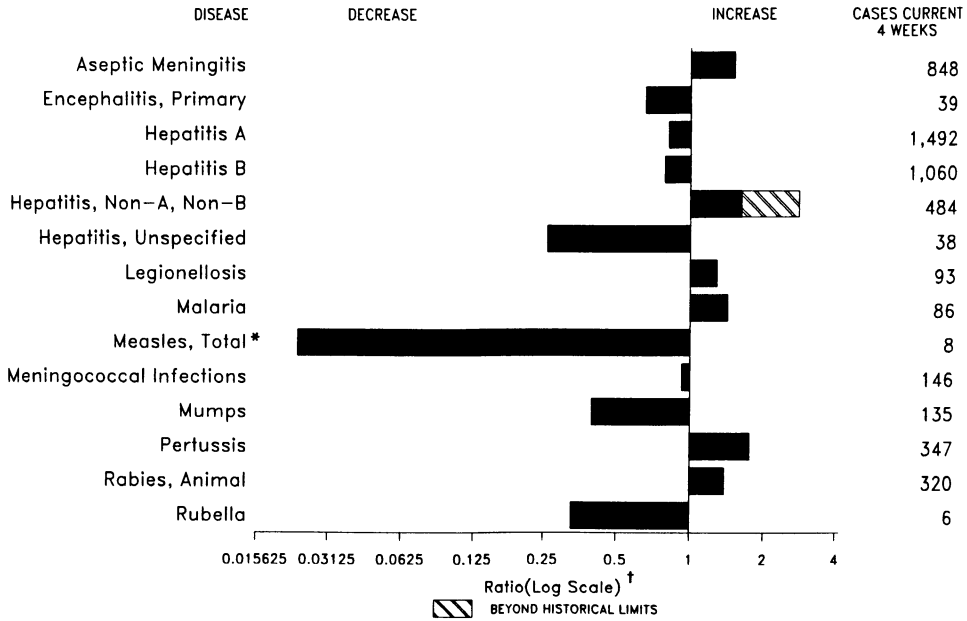
An estimated 90% of deaths attributed to cirrhosis is preventable (*2*). The national health objectives for the year 2000 include reducing cirrhosis deaths to no more than six per 100,000[¶] (*9*). The findings in this report underscore that efforts to decrease mortality associated with chronic liver disease will have to be intensified if this objective is to be met.

References

1. NCHS. Advanced report of final mortality statistics, 1989. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, 1992. (Monthly vital statistics report; vol 40, no. 8, suppl 2).
2. Rothenberg RB, Koplan JP. Chronic disease in the 1990s. Ann Rev Public Health 1990;11:267–96.
3. Shultz JM, Parker DL, Rice DP. ARDI: alcohol-related disease impact software [Software documentation]. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1989.
4. National Institute on Alcohol Abuse and Alcoholism. Apparent per capita consumption: national, state, and regional trends, 1977–1989. Rockville, Maryland: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (ADM)281-89-0001.
5. Anda RF, Waller MN, Wooten KG, et al. Behavioral risk factor surveillance, 1988. In: CDC surveillance summaries (June). MMWR 1990;39(no. SS-2):1–21.
6. Rankin JG, Ashley MJ. Alcohol-related health problems. In: Last JM, Wallace RB, eds. Maxcy-Rosenau-Last public health and preventive medicine. 13th ed. East Norwalk, Connecticut: Appleton and Lange, 1992.
7. Hurwitz ES, Neal JJ, Holman RC, et al. Chronic liver disease deaths associated with viral hepatitis in the United States [Abstract]. In: Program and abstracts of the Seventh National Conference on Chronic Disease Prevention and Control. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1992:85.
8. ACIP. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination—recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991;40(no. RR-13).
9. Public Health Service. Healthy people 2000: national health promotion and disease prevention objectives—full report, with commentary. Washington, DC: US Department of Health and Human Services, Public Health Service, 1991; DHHS publication no. (PHS)91-50212.

[¶]Age-adjusted to the 1940 U.S. standard population.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending December 26, 1992, with historical data — United States



*The large apparent decrease in reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

† 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 — cases of specified notifiable diseases, United States, cumulative, week ending December 26, 1992 (52nd Week)

	Cum. 1992		Cum. 1992
AIDS*	42,978	Measles: imported	130
Anthrax	1	indigenous	2,071
Botulism: Foodborne	19	Plague	13
Infant	59	Poliomyelitis, Paralytic†	-
Other	4	Psittacosis	86
Brucellosis	87	Rabies, human	1
Cholera	102	Syphilis, primary & secondary	34,179
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year§	1,639
Diphtheria	4	Tetanus	40
Encephalitis, post-infectious	109	Toxic shock syndrome	224
Gonorrhea	491,447	Trichinosis	40
Haemophilus influenzae (invasive disease)	1,242	Tuberculosis	22,971
Hansen Disease	148	Tularemia	155
Leptospirosis	51	Typhoid fever	378
Lyme Disease	7,863	Typhus fever, tickborne (RMSF)	492

*Updated monthly; last update December 5, 1992.
†Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.
§Reports through second quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	42,978	11,529	669	109	491,447	607,472	21,009	14,751	5,643	712	1,267	7,863
NEW ENGLAND	1,607	444	28	-	10,168	13,950	588	523	107	25	52	1,604
Maine	44	42	3	-	88	158	29	27	6	-	2	5
N.H.	45	43	3	-	124	183	31	45	27	2	8	41
Vt.	26	26	6	-	26	54	14	13	16	-	2	8
Mass.	796	170	13	-	3,608	6,002	290	407	52	23	27	229
R.I.	93	163	3	-	636	1,196	153	18	6	-	13	276
Conn.	603	-	-	-	5,686	6,357	71	13	-	-	-	1,045
MID. ATLANTIC	11,036	928	25	8	54,502	77,287	1,536	1,889	323	23	315	4,700
Upstate N.Y.	1,467	466	-	-	10,858	14,302	340	499	187	13	102	2,894
N.Y. City	6,393	160	6	2	18,819	27,519	682	362	5	-	8	24
N.J.	1,976	-	-	-	7,441	11,222	263	480	97	-	44	681
Pa.	1,200	302	19	6	17,384	24,244	251	548	34	10	161	1,101
E.N. CENTRAL	3,853	1,931	167	29	91,205	116,404	2,771	1,739	781	28	343	138
Ohio	686	499	54	2	27,298	36,303	445	228	93	4	159	63
Ind.	380	231	14	12	8,973	11,376	758	206	25	2	37	21
Ill.	1,866	556	71	6	31,207	34,566	645	316	102	8	31	27
Mich.	683	582	25	9	19,893	27,015	147	575	483	14	73	27
Wis.	238	63	3	-	3,834	7,144	776	414	78	-	43	-
W.N. CENTRAL	1,196	631	43	6	37,799	29,355	2,926	678	232	36	79	354
Minn.	213	105	20	-	2,953	3,120	763	81	20	3	6	176
Iowa	78	105	-	3	1,560	1,974	53	33	7	5	18	32
Mo.	654	258	8	-	28,338	17,551	1,375	454	168	26	29	112
N. Dak.	5	2	3	-	59	89	127	3	4	1	2	1
S. Dak.	8	10	3	1	165	348	214	5	-	-	1	1
Nebr.	55	38	4	2	8	1,817	259	42	18	1	18	15
Kans.	183	113	5	-	4,716	4,456	135	60	15	-	5	17
S. ATLANTIC	9,729	1,795	169	52	140,613	177,091	1,370	2,518	933	122	202	651
Del.	122	53	7	-	1,763	2,961	56	208	191	2	24	213
Md.	1,207	215	16	-	16,462	19,657	249	377	33	10	37	176
D.C.	685	28	1	-	6,553	9,059	17	84	278	-	20	3
Va.	623	303	39	13	15,763	18,172	153	187	43	47	21	113
W. Va.	49	39	75	-	817	1,265	10	50	7	28	-	13
N.C.	634	209	26	-	24,604	33,701	110	416	86	-	40	73
S.C.	260	26	-	-	10,421	14,055	22	53	1	1	16	2
Ga.	1,207	218	2	-	36,727	42,904	218	314	138	-	16	24
Fla.	4,942	704	3	39	27,503	35,317	535	829	156	34	28	34
E.S. CENTRAL	1,309	555	34	-	48,729	60,499	343	1,322	1,311	2	60	69
Ky.	202	205	21	-	4,715	5,918	128	104	6	-	26	26
Tenn.	419	138	7	-	15,404	20,799	124	1,079	1,287	-	28	33
Ala.	454	136	5	-	16,914	19,776	51	135	17	1	6	10
Miss.	234	76	1	-	11,696	14,006	40	4	1	1	-	-
W.S. CENTRAL	4,053	1,190	69	5	53,429	66,902	2,073	1,864	181	170	26	122
Ark.	269	20	9	-	7,523	7,992	135	97	8	6	1	18
La.	672	77	10	1	14,349	15,258	217	199	93	3	6	6
Okla.	219	-	3	2	5,547	6,862	207	191	49	5	12	26
Tex.	2,893	1,093	47	2	26,010	36,790	1,514	1,377	31	156	7	72
MOUNTAIN	1,236	392	30	5	12,026	12,783	3,053	764	291	70	102	16
Mont.	20	12	1	1	110	100	87	37	28	1	9	-
Idaho	34	25	-	-	114	161	117	82	-	3	5	2
Wyo.	5	6	2	-	59	93	12	17	55	-	1	5
Colo.	382	124	11	1	4,290	3,938	858	113	92	32	20	-
N. Mex.	110	54	4	1	923	983	296	220	52	8	3	2
Ariz.	348	103	6	1	4,174	4,622	1,077	168	28	15	33	-
Utah	118	18	3	1	343	338	505	25	29	10	8	6
Nev.	219	50	3	-	2,013	2,548	101	102	7	1	23	1
PACIFIC	8,959	3,663	104	4	42,976	53,201	6,349	3,454	1,484	236	88	209
Wash.	506	-	2	-	3,850	4,727	793	355	161	8	13	13
Oreg.	274	-	-	-	1,653	2,097	485	284	79	9	1	-
Calif.	8,023	3,547	95	3	36,298	44,806	4,778	2,779	1,028	208	69	194
Alaska	14	18	7	-	686	876	125	18	6	2	-	-
Hawaii	142	98	-	1	489	695	168	18	210	9	5	2
Guam	-	6	-	-	51	33	5	2	-	6	-	1
P.R.	1,546	164	3	-	239	523	44	410	164	17	1	-
V.I.	10	-	-	-	107	344	6	7	-	-	-	-
Amer. Samoa	-	-	-	-	50	73	1	1	-	-	-	-
C.N.M.I.	-	-	-	-	77	100	3	-	-	-	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly; last update December 5, 1992.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
UNITED STATES	1,004	2	2,071	-	130	9,804	2,121	35	2,433	92	3,198	2,791	1	147	1,398
NEW ENGLAND	46	-	54	-	13	90	119	-	20	20	327	316	-	6	4
Maine	1	-	-	-	4	7	12	-	-	-	11	54	-	1	-
N.H.	3	-	16	-	-	-	7	-	6	8	133	22	-	-	1
Vt.	1	-	-	-	-	5	9	-	1	1	19	5	-	-	-
Mass.	24	-	16	-	5	43	51	-	3	10	113	207	-	-	2
R.I.	5	-	20	-	-	4	2	-	2	-	6	-	-	4	-
Conn.	12	-	2	-	4	31	38	-	8	1	45	28	-	1	1
MID. ATLANTIC	278	1	209	-	21	5,002	258	12	195	18	309	308	-	9	591
Upstate N.Y.	44	1	104	-	10	401	109	1	84	2	122	177	-	3	539
N.Y. City	151	-	42	-	8	2,100	25	-	10	-	20	40	-	-	7
N.J.	52	-	58	-	2	1,035	51	-	17	-	48	20	-	3	2
Pa.	31	-	5	-	1	1,466	73	11	84	16	119	71	-	3	43
E.N. CENTRAL	66	-	41	-	14	97	355	3	331	8	566	416	-	11	321
Ohio	15	-	-	-	6	11	83	-	117	6	128	106	-	-	283
Ind.	12	-	20	-	-	6	64	-	11	1	62	76	-	-	3
Ill.	20	-	10	-	4	28	94	-	104	-	45	74	-	9	9
Mich.	15	-	11	-	2	43	87	3	84	1	16	37	-	2	25
Wis.	4	-	-	-	2	9	27	-	15	-	315	123	-	-	1
W.N. CENTRAL	44	-	8	-	8	59	104	2	92	10	323	235	-	8	19
Minn.	17	-	7	-	5	27	20	-	24	7	115	96	-	-	6
Iowa	5	-	-	-	3	17	18	-	13	-	11	26	-	3	6
Mo.	12	-	-	-	-	1	37	1	43	3	117	83	-	1	5
N. Dak.	1	-	-	-	-	-	1	-	3	-	14	4	-	-	1
S. Dak.	2	-	-	-	-	-	1	-	-	-	17	5	-	-	-
Nebr.	1	-	-	-	-	1	10	-	6	-	17	9	-	-	-
Kans.	6	-	1	-	-	13	17	1	3	-	32	12	-	4	1
S. ATLANTIC	223	-	123	-	15	740	380	2	812	1	195	267	-	22	13
Del.	5	-	1	-	-	21	2	-	8	-	7	-	-	-	-
Md.	63	-	10	-	7	178	36	-	84	-	39	61	-	6	1
D.C.	15	-	1	-	1	-	3	-	7	-	1	2	-	1	1
Va.	48	-	11	-	5	30	58	-	58	1	17	24	-	-	-
W. Va.	2	-	-	-	-	-	18	-	27	-	9	9	-	1	-
N.C.	23	-	23	-	1	44	84	-	217	-	44	41	-	-	2
S.C.	1	-	29	-	-	13	22	-	51	-	10	15	-	7	-
Ga.	17	-	2	-	1	15	61	-	75	-	17	56	-	-	-
Fla.	49	-	46	-	-	439	96	2	285	-	51	59	-	7	9
E.S. CENTRAL	19	-	450	-	18	72	135	-	60	-	33	95	-	1	100
Ky.	1	-	449	-	2	65	44	-	-	-	1	-	-	-	-
Tenn.	11	-	-	-	-	4	39	-	15	-	10	38	-	1	100
Ala.	6	-	-	-	-	3	40	-	14	-	19	51	-	-	-
Miss.	1	-	1	-	16	-	12	-	31	-	3	6	-	-	-
W.S. CENTRAL	33	-	1,059	-	5	296	169	6	417	3	174	226	-	-	20
Ark.	3	-	-	-	-	5	19	-	9	-	19	15	-	-	1
La.	1	-	-	-	-	-	31	1	25	-	15	19	-	-	1
Okla.	5	-	12	-	-	-	20	-	21	3	52	49	-	-	2
Tex.	24	-	1,047	-	5	291	99	5	362	-	88	143	-	-	16
MOUNTAIN	34	-	25	-	9	1,266	101	1	154	3	421	359	-	9	38
Mont.	-	-	-	-	-	-	15	-	2	-	9	6	-	-	11
Idaho	1	-	-	-	-	452	10	-	4	-	43	29	-	1	-
Wyo.	-	-	1	-	-	3	3	-	1	-	-	3	-	-	-
Colo.	10	-	21	-	8	13	27	1	32	1	94	151	-	2	3
N. Mex.	5	-	1	-	1	98	10	N	N	1	104	47	-	-	4
Ariz.	10	-	2	-	-	457	20	-	78	1	127	77	-	2	2
Utah	5	-	-	-	-	224	4	-	24	-	42	44	-	2	11
Nev.	3	-	-	-	-	19	12	-	13	-	2	2	-	2	7
PACIFIC	261	1	102	-	27	2,182	500	9	352	29	850	569	1	81	292
Wash.	17	-	-	-	11	67	79	1	18	4	226	149	-	8	8
Oreg.	17	-	3	-	1	92	71	N	N	-	45	68	-	2	5
Calif.	215	-	56	-	3	1,986	333	7	304	25	511	264	1	48	267
Alaska	1	-	8	-	1	5	10	-	3	-	15	15	-	-	1
Hawaii	11	1	35	-	11	32	7	1	27	-	53	73	-	23	11
Guam	2	-	10	-	-	-	1	-	12	-	-	-	-	3	-
P.R.	-	-	481	-	-	94	3	1	3	-	11	61	-	-	1
V.I.	-	-	-	-	-	2	-	-	23	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	24	-	-	-	-	6	-	-	-	-
C.N.M.I.	-	-	1	-	1	-	-	-	-	-	2	-	-	-	-

*For measles only, imported cases include both out-of-state and international importations.

-: Not notifiable U: Unavailable † International § Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	34,179	41,386	224	22,971	24,244	155	378	492	7,788
NEW ENGLAND	689	1,085	16	535	784	1	30	8	906
Maine	5	3	2	21	49	-	-	-	-
N.H.	74	12	6	18	11	-	1	1	9
Vt.	1	2	1	6	12	-	-	-	23
Mass.	327	498	5	305	452	1	20	3	53
R.I.	38	57	2	46	102	-	-	2	-
Conn.	244	513	-	139	158	-	9	2	821
MID. ATLANTIC	4,618	7,070	25	5,221	5,772	1	100	49	2,465
Upstate N.Y.	330	667	10	606	452	-	18	17	1,385
N.Y. City	2,511	3,530	-	3,067	3,685	-	42	6	18
N.J.	555	1,162	-	907	900	1	25	14	707
Pa.	1,222	1,711	15	641	735	-	15	12	355
E.N. CENTRAL	5,080	5,006	53	2,294	2,350	1	42	29	155
Ohio	852	662	17	330	380	-	10	17	14
Ind.	270	191	5	210	263	-	1	4	19
Ill.	2,370	2,373	10	1,180	1,181	1	26	2	39
Mich.	905	1,136	21	478	418	-	4	3	15
Wis.	683	644	-	96	108	-	1	3	68
W.N. CENTRAL	2,638	912	40	537	557	54	7	36	1,022
Minn.	91	71	7	141	106	-	2	-	166
Iowa	58	68	7	47	69	-	1	3	174
Mo.	2,286	589	10	233	254	38	3	25	34
N. Dak.	1	1	4	7	10	-	-	-	145
S. Dak.	-	1	-	28	35	11	-	1	124
Nebr.	1	17	4	26	21	2	1	2	13
Kans.	201	165	8	55	62	3	-	5	366
S. ATLANTIC	8,800	11,997	24	4,261	4,551	5	37	173	1,792
Del.	201	185	3	53	36	-	1	14	209
Md.	601	972	2	418	462	1	7	17	537
D.C.	405	703	-	122	182	-	1	1	17
Va.	718	871	3	347	337	2	5	24	362
W. Va.	19	33	2	92	65	-	1	5	51
N.C.	2,384	2,008	3	588	624	1	-	64	45
S.C.	1,165	1,527	1	377	418	-	2	8	161
Ga.	1,721	2,942	5	861	909	1	3	37	367
Fla.	1,586	2,756	5	1,403	1,518	-	17	3	43
E.S. CENTRAL	4,141	4,528	3	1,482	1,660	10	5	64	194
Ky.	179	112	-	390	348	2	1	7	61
Tenn.	1,183	1,445	3	431	614	8	-	54	41
Ala.	1,365	1,686	-	415	408	-	1	3	91
Miss.	1,414	1,285	-	246	290	-	3	-	1
W.S. CENTRAL	6,180	7,650	5	2,819	2,832	47	17	116	681
Ark.	862	743	1	232	260	32	1	26	44
La.	2,586	2,811	-	217	330	2	1	1	8
Okla.	460	205	3	157	179	13	-	88	286
Tex.	2,272	3,891	1	2,213	2,063	-	15	1	343
MOUNTAIN	330	562	23	560	649	29	6	11	242
Mont.	7	6	1	13	19	13	-	3	24
Idaho	1	4	2	24	15	-	1	1	7
Wyo.	8	10	1	-	5	1	-	4	83
Colo.	60	88	9	52	93	5	2	-	26
N. Mex.	44	32	1	80	80	5	1	1	9
Ariz.	162	344	4	251	310	-	1	-	70
Utah	7	9	5	68	59	2	-	1	6
Nev.	41	69	-	72	68	3	1	1	17
PACIFIC	1,703	2,576	35	5,262	5,089	7	134	6	331
Wash.	74	189	3	301	310	2	9	-	-
Oreg.	54	86	2	130	137	-	2	3	2
Calif.	1,560	2,289	30	4,511	4,373	2	116	3	314
Alaska	6	4	-	54	67	3	-	-	15
Hawaii	9	8	-	266	202	-	7	-	-
Guam	3	1	-	60	8	-	3	-	-
P.R.	347	424	-	225	211	-	1	-	47
V.I.	68	97	-	3	3	-	-	-	-
Amer. Samoa	-	-	-	-	3	-	1	-	-
C.N.M.I.	6	9	-	56	26	-	1	-	-

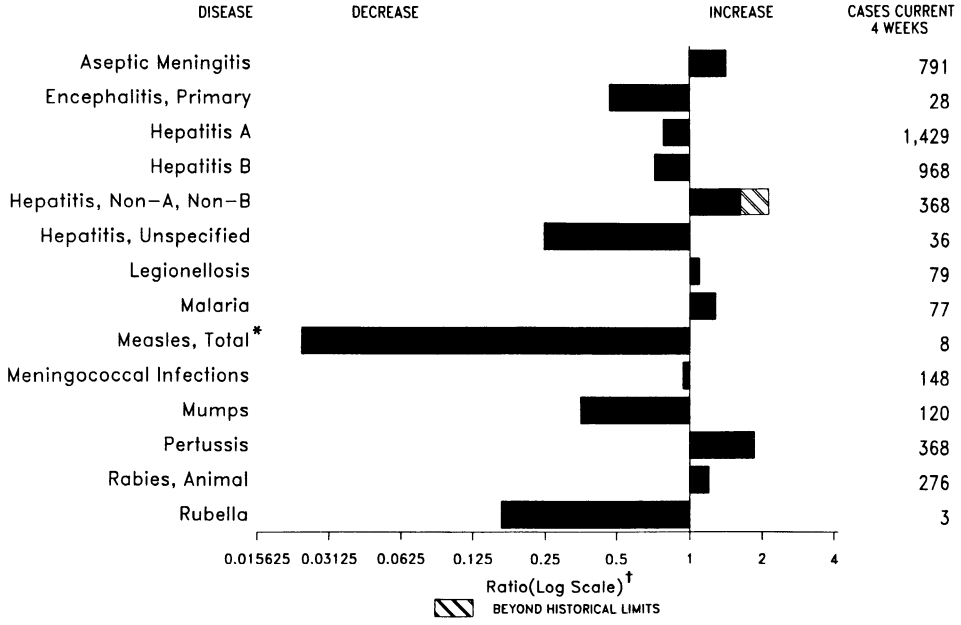
U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending December 26, 1992 (52nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	486	342	83	42	8	11	40
Boston, Mass.	138	94	26	10	3	5	13
Bridgeport, Conn.	47	31	8	7	-	1	3
Cambridge, Mass.	23	18	-	5	-	-	2
Fall River, Mass.	23	19	3	1	-	-	-
Hartford, Conn.	U	U	U	U	U	U	U
Lowell, Mass.	29	20	4	4	1	-	4
Lynn, Mass.	12	8	3	1	-	-	1
New Bedford, Mass.	32	29	1	2	-	-	3
New Haven, Conn.	41	23	7	6	2	3	4
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	5	3	1	1	-	-	-
Springfield, Mass.	46	36	9	1	-	-	2
Waterbury, Conn.	30	19	9	1	1	-	3
Worcester, Mass.	60	42	12	3	1	2	5
MID. ATLANTIC	2,356	1,537	466	269	50	34	109
Albany, N.Y.	64	39	18	3	1	3	3
Allentown, Pa.	28	21	3	3	1	-	2
Buffalo, N.Y.	100	77	10	7	5	1	3
Camden, N.J.	28	14	6	6	1	1	2
Elizabeth, N.J.	14	5	8	1	-	-	3
Erie, Pa.§	38	34	3	1	-	-	2
Jersey City, N.J.	26	20	4	1	-	1	1
New York City, N.Y.	1,299	808	264	184	28	15	47
Newark, N.J.	41	18	12	10	-	1	9
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	298	176	72	34	10	6	12
Pittsburgh, Pa.§	59	45	9	4	-	1	8
Reading, Pa.	24	18	2	3	1	-	2
Rochester, N.Y.	120	91	20	6	2	1	3
Schenectady, N.Y.	38	32	6	-	-	-	2
Scranton, Pa.§	26	23	2	-	-	1	1
Syracuse, N.Y.	106	81	21	2	1	1	5
Trenton, N.J.	25	14	5	4	-	2	4
Utica, N.Y.	22	21	1	-	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,716	1,055	324	195	99	43	92
Akron, Ohio	75	49	14	7	3	2	-
Canton, Ohio	34	30	3	-	1	-	4
Chicago, Ill.	511	223	92	112	68	16	20
Cincinnati, Ohio	88	60	20	3	2	3	3
Cleveland, Ohio	117	72	28	12	-	5	5
Columbus, Ohio	120	77	24	12	3	4	3
Dayton, Ohio	113	73	28	4	5	3	7
Detroit, Mich.	U	U	U	U	U	U	U
Evansville, Ind.	29	23	3	2	1	-	1
Fort Wayne, Ind.	38	27	8	3	-	-	4
Gary, Ind.	14	5	2	6	1	-	1
Grand Rapids, Mich.	62	42	10	7	1	2	4
Indianapolis, Ind.	181	127	34	14	3	3	13
Madison, Wis.	28	18	7	-	3	-	2
Milwaukee, Wis.	85	65	16	2	-	2	5
Peoria, Ill.	40	31	4	4	1	-	6
Rockford, Ill.	39	28	8	1	1	1	4
South Bend, Ind.	36	28	5	1	1	1	-
Toledo, Ohio	106	77	18	5	5	1	10
Youngstown, Ohio	U	U	U	U	U	U	U
W.N. CENTRAL	662	469	114	43	20	16	34
Des Moines, Iowa	73	59	7	6	-	1	6
Duluth, Minn.	19	17	1	1	-	-	2
Kansas City, Kans.	14	8	3	3	-	-	1
Kansas City, Mo.	106	75	15	8	6	2	3
Lincoln, Nebr.	27	20	5	1	-	1	-
Minneapolis, Minn.	115	78	24	7	3	3	11
Omaha, Nebr.	89	54	26	5	2	2	6
St. Louis, Mo.	124	85	20	8	6	5	-
St. Paul, Minn.	56	42	7	4	2	1	5
Wichita, Kans.	39	31	6	-	1	1	-
S. ATLANTIC	1,030	670	190	113	24	33	53
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	164	111	26	19	3	5	11
Charlotte, N.C.	56	31	17	3	2	3	4
Jacksonville, Fla.	100	67	18	10	2	3	9
Miami, Fla.	123	73	28	15	4	3	1
Norfolk, Va.	37	24	6	5	-	2	4
Richmond, Va.	51	30	15	3	3	-	-
Savannah, Ga.	38	25	5	4	1	3	2
St. Petersburg, Fla.	61	55	1	1	1	3	2
Tampa, Fla.	178	126	31	17	1	3	14
Washington, D.C.	194	108	40	34	5	7	6
Wilmington, Del.	28	20	3	2	2	1	-
E.S. CENTRAL	627	429	128	32	21	17	34
Birmingham, Ala.	91	64	18	-	6	3	-
Chattanooga, Tenn.	35	26	6	3	-	-	1
Knoxville, Tenn.	90	64	18	3	3	2	10
Lexington, Ky.	49	34	10	2	2	1	4
Memphis, Tenn.	180	124	35	9	7	5	11
Mobile, Ala.	75	47	16	6	1	5	1
Montgomery, Ala.	31	23	6	2	-	-	-
Nashville, Tenn.	76	47	19	7	2	1	7
W.S. CENTRAL	793	503	164	70	36	19	37
Austin, Tex.	48	27	13	6	2	-	3
Baton Rouge, La.	49	37	4	6	2	-	2
Corpus Christi, Tex.	33	20	8	2	2	1	2
Dallas, Tex.	184	106	44	18	12	4	2
El Paso, Tex.	88	60	18	7	1	2	9
Ft. Worth, Tex.	79	54	15	8	1	1	11
Houston, Tex.	U	U	U	U	U	U	U
Little Rock, Ark.	50	32	9	4	1	4	3
New Orleans, La.	62	32	14	10	4	2	-
San Antonio, Tex.	141	93	30	7	6	4	5
Shreveport, La.	U	U	U	U	U	U	U
Tulsa, Okla.	59	42	9	2	5	1	-
MOUNTAIN	778	544	129	67	21	17	55
Albuquerque, N.M.	68	43	10	12	3	-	1
Colo. Springs, Colo.	59	38	5	9	2	5	5
Denver, Colo.	122	78	20	19	4	1	13
Las Vegas, Nev.	84	60	19	5	-	-	4
Ogden, Utah	35	29	4	2	-	-	3
Phoenix, Ariz.	147	99	31	5	6	6	10
Pueblo, Colo.	22	15	5	1	1	-	1
Salt Lake City, Utah	84	60	14	5	2	3	8
Tucson, Ariz.	157	122	21	9	3	2	10
PACIFIC	1,517	994	280	158	49	32	84
Berkeley, Calif.	19	14	2	2	-	1	2
Fresno, Calif.	78	51	14	10	1	2	3
Glendale, Calif.	8	5	1	2	-	-	-
Honolulu, Hawaii	65	46	8	7	2	2	5
Long Beach, Calif.	68	43	10	9	3	3	11
Los Angeles, Calif.	297	167	69	40	15	2	14
Pasadena, Calif.	20	14	2	4	-	-	1
Portland, Oreg.	161	118	24	8	8	3	8
Sacramento, Calif.	146	93	29	16	3	5	11
San Diego, Calif.	81	55	14	8	3	1	1
San Francisco, Calif.	119	73	20	24	2	-	-
San Jose, Calif.	153	109	26	10	2	6	13
Santa Cruz, Calif.	30	26	1	2	1	-	5
Seattle, Wash.	132	82	28	12	6	4	2
Spokane, Wash.	62	47	9	3	1	2	3
Tacoma, Wash.	78	51	23	1	2	1	5
TOTAL	9,965¶	6,543	1,878	989	328	222	538

*Mortality data in this table are voluntarily reported from 121 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 these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
¶Total includes unknown ages.
U: Unavailable.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending January 2, 1993, with historical data — United States



*The large apparent decrease in reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

† 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 — cases of specified notifiable diseases, United States, cumulative, week ending January 2, 1993 (53rd Week)

	Cum. 1992		Cum. 1992
AIDS*	46,648	Measles: imported	131
Anthrax	1	indigenous	2,069
Botulism: Foodborne	19	Plague	13
Infant	61	Poliomyelitis, Paralytic†	-
Other	5	Psittacosis	86
Brucellosis	88	Rabies, human	1
Cholera	102	Syphilis, primary & secondary	34,547
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year§	2,634
Diphtheria	4	Tetanus	42
Encephalitis, post-infectious	111	Toxic shock syndrome	231
Gonorrhea	497,980	Trichinosis	40
Haemophilus influenzae (invasive disease)	1,277	Tuberculosis	24,073
Hansen Disease	151	Tularemia	157
Leptospirosis	51	Typhoid fever	382
Lyme Disease	7,941	Typhus fever, tickborne (RMSF)	493

*Updated monthly; last update January 2, 1993.
†Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.
§Reports through third quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

Reporting Area	AIDS*	Aseptic Meningitis	Encephalitis		Gonorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease
			Primary	Post-infectious			A	B	NA,NB	Unspecified		
	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	46,648	11,739	680	111	497,980	607,472	21,437	14,957	5,729	722	1,289	7,941
NEW ENGLAND	1,756	444	28	-	10,241	13,950	591	542	123	25	51	1,615
Maine	44	42	3	-	88	158	29	27	6	-	2	5
N.H.	53	43	3	-	129	183	31	53	42	2	8	46
Vt.	26	26	6	-	26	54	14	13	16	-	2	8
Mass.	880	170	13	-	3,608	6,002	292	418	53	23	26	229
R.I.	106	163	3	-	636	1,196	153	18	6	-	13	276
Conn.	647	-	-	-	5,754	6,357	72	13	-	-	-	1,051
MID. ATLANTIC	11,988	944	26	8	55,267	77,287	1,563	1,917	324	23	318	4,755
Upstate N.Y.	1,600	472	-	-	11,164	14,302	350	506	188	13	104	2,930
N.Y. City	6,884	162	6	2	18,819	27,519	696	371	5	-	8	25
N.J.	2,138	-	-	-	7,521	11,222	263	480	97	-	44	681
Pa.	1,366	310	20	6	17,763	24,244	254	560	34	10	162	1,119
E.N. CENTRAL	4,214	1,978	171	29	93,431	116,404	2,808	1,763	797	28	352	132
Ohio	770	518	56	2	27,761	36,303	449	235	99	4	162	57
Ind.	404	231	14	12	9,124	11,376	766	209	25	2	43	21
Ill.	2,072	579	73	6	31,207	34,566	667	323	106	8	31	27
Mich.	729	586	25	9	21,470	27,015	150	581	488	14	73	27
Wis.	239	64	3	-	3,869	7,144	776	415	79	-	43	-
W.N. CENTRAL	1,323	641	45	6	38,226	29,355	3,035	696	233	36	80	357
Minn.	233	105	21	-	3,006	3,120	763	81	20	3	6	177
Iowa	112	105	-	3	1,560	1,974	53	33	7	5	18	33
Mo.	711	265	8	-	28,708	17,551	1,476	470	169	26	30	112
N. Dak.	5	2	3	-	59	89	129	3	4	1	2	1
S. Dak.	8	10	3	1	169	348	215	5	-	-	1	1
Nebr.	62	40	5	2	8	1,817	261	42	18	1	18	15
Kans.	192	114	5	-	4,716	4,456	138	62	15	-	5	18
S. ATLANTIC	10,714	1,819	169	54	141,673	177,091	1,384	2,536	952	127	206	660
Del.	141	53	7	-	1,787	2,961	56	209	204	2	24	218
Md.	1,300	218	16	-	16,662	19,657	254	383	33	10	39	177
D.C.	742	28	1	-	6,669	9,059	17	85	278	-	22	3
Va.	791	303	39	13	15,855	18,172	153	186	44	52	21	113
W. Va.	56	39	75	-	820	1,265	10	50	8	28	-	14
N.C.	641	209	26	-	24,604	33,701	110	416	86	-	40	73
S.C.	394	26	-	-	10,522	14,055	22	53	1	1	16	2
Ga.	1,331	221	2	-	36,927	42,904	224	314	138	-	16	24
Fla.	5,318	722	3	41	27,827	35,317	538	840	160	34	28	36
E.S. CENTRAL	1,386	569	34	-	49,309	60,499	356	1,337	1,318	2	61	70
Ky.	214	213	21	-	4,768	5,918	139	104	6	-	27	27
Tenn.	424	143	7	-	15,791	20,799	124	1,091	1,293	-	28	33
Ala.	486	137	5	-	16,914	19,776	53	138	18	1	6	10
Miss.	262	76	1	-	11,836	14,006	40	4	1	1	-	-
W.S. CENTRAL	4,275	1,207	71	5	53,934	66,902	2,111	1,896	181	173	26	126
Ark.	295	21	9	-	7,523	7,992	138	102	8	7	1	21
La.	718	77	10	1	14,724	15,258	217	199	93	3	6	6
Okla.	275	-	3	2	5,677	6,862	214	195	48	5	12	26
Tex.	2,987	1,109	49	2	26,010	36,790	1,542	1,400	32	158	7	73
MOUNTAIN	1,366	397	30	5	12,209	12,783	3,116	772	300	70	104	16
Mont.	24	12	1	1	110	100	87	37	28	1	9	-
Idaho	36	25	-	-	115	161	130	84	-	3	5	2
Wyo.	5	6	2	-	61	93	13	17	61	-	1	5
Colo.	411	124	11	1	4,363	3,938	882	117	93	32	21	-
N. Mex.	115	59	4	1	946	983	298	221	53	8	3	2
Ariz.	391	103	6	1	4,235	4,622	1,081	169	29	15	33	-
Utah	135	18	3	1	345	338	523	25	29	10	9	6
Nev.	249	50	3	-	2,034	2,548	102	102	7	1	23	1
PACIFIC	9,626	3,740	106	4	43,690	53,201	6,473	3,498	1,501	238	91	210
Wash.	553	-	2	-	3,938	4,727	820	371	168	9	14	14
Oreg.	290	-	-	-	1,686	2,097	512	295	81	9	1	-
Calif.	8,621	3,615	97	3	36,874	44,806	4,837	2,795	1,035	209	71	194
Alaska	15	18	7	-	694	876	135	19	7	2	-	-
Hawaii	147	107	-	1	498	695	169	18	210	9	5	2
Guam	-	6	-	-	51	33	5	2	-	6	-	1
P.R.	1,629	170	3	-	239	523	46	417	165	17	1	-
V.I.	11	-	-	-	108	344	6	7	-	-	-	-
Amer. Samoa	-	-	-	-	51	73	1	1	-	-	-	-
C.N.M.I.	-	-	-	-	78	100	3	-	-	-	-	-

N: Not notifiable U: Unavailable C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly; last update January 2, 1993.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

Reporting Area	Malaria	Measles (Rubeola)					Menin-gococcal Infections	Mumps		Pertussis			Rubella		
		Indigenous		Imported*		Total									
	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
UNITED STATES	1,021	1	2,069	-	131	9,804	2,158	23	2,460	141	3,359	2,791	1	148	1,398
NEW ENGLAND	47	-	54	-	13	90	126	-	20	108	435	316	-	6	4
Maine	1	-	-	-	4	7	12	-	-	-	11	54	-	1	-
N.H.	3	-	16	-	-	-	7	-	6	53	186	22	-	-	1
Vt.	1	-	-	-	-	5	10	-	1	8	27	5	-	-	-
Mass.	24	-	16	-	5	43	51	-	3	47	160	207	-	-	2
R.I.	5	-	20	-	-	4	2	-	2	-	6	-	-	4	-
Conn.	13	-	2	-	4	31	44	-	8	-	45	28	-	1	1
MID. ATLANTIC	282	-	209	-	22	5,002	260	3	199	11	332	308	1	10	591
Upstate N.Y.	46	-	104	-	10	401	110	3	87	11	133	177	1	4	539
N.Y. City	152	-	42	-	8	2,100	25	-	10	-	20	40	-	-	7
N.J.	52	-	58	-	3	1,035	51	-	18	-	60	20	-	3	2
Pa.	32	-	5	-	1	1,466	74	-	84	-	119	71	-	3	43
E.N. CENTRAL	69	-	41	-	14	97	361	1	334	2	569	416	-	11	321
Ohio	16	-	-	-	6	11	87	-	117	-	128	106	-	-	283
Ind.	14	-	20	-	-	6	64	1	12	2	64	76	-	-	3
Ill.	20	-	10	-	4	28	96	-	106	-	46	74	-	9	9
Mich.	15	-	11	-	2	43	87	-	84	-	16	37	-	2	25
Wis.	4	-	-	-	2	9	27	-	15	-	315	123	-	-	1
W.N. CENTRAL	46	-	8	-	8	59	108	-	93	3	326	235	-	8	19
Minn.	19	-	7	-	5	27	20	-	24	-	115	96	-	-	6
Iowa	5	-	-	-	3	17	18	-	13	-	11	26	-	3	6
Mo.	12	-	-	-	-	1	41	-	44	2	119	83	-	1	5
N. Dak.	1	-	-	-	-	-	1	-	3	-	14	4	-	-	1
S. Dak.	2	-	-	-	-	-	1	-	-	-	17	5	-	-	-
Nebr.	1	-	-	-	-	1	10	-	6	-	17	9	-	-	-
Kans.	6	-	1	-	-	13	17	-	3	1	33	12	-	4	1
S. ATLANTIC	225	-	123	-	15	740	384	2	814	1	196	267	-	22	13
Del.	6	-	1	-	-	21	2	-	8	1	8	-	-	-	-
Md.	63	-	10	-	7	178	37	1	85	-	39	61	-	6	1
D.C.	15	-	1	-	1	-	3	-	7	-	1	2	-	1	1
Va.	48	-	11	-	5	30	58	-	58	-	17	24	-	-	-
W. Va.	2	-	-	-	-	-	18	-	27	-	9	9	-	1	-
N.C.	23	-	23	-	1	44	84	-	217	-	44	41	-	-	2
S.C.	1	-	29	-	-	13	22	-	51	-	10	15	-	7	-
Ga.	17	-	2	-	1	15	62	-	75	-	17	56	-	-	-
Fla.	50	-	46	-	-	439	98	1	286	-	51	59	-	7	9
E.S. CENTRAL	19	-	450	-	18	72	138	3	63	7	41	95	-	1	100
Ky.	1	-	449	-	2	65	46	3	3	6	7	-	-	-	-
Tenn.	11	-	-	-	-	4	40	-	15	-	11	38	-	1	100
Ala.	6	-	-	-	-	3	40	-	14	1	20	51	-	-	-
Miss.	1	-	1	-	16	-	12	-	31	-	3	6	-	-	-
W.S. CENTRAL	35	-	1,059	-	5	296	174	9	426	-	174	226	-	-	20
Ark.	3	-	-	-	-	5	21	-	9	-	19	15	-	-	1
La.	1	-	-	-	-	-	31	-	25	-	15	19	-	-	1
Okla.	5	-	12	-	-	-	21	-	21	-	52	49	-	-	2
Tex.	26	-	1,047	-	5	291	101	9	371	-	88	143	-	-	16
MOUNTAIN	34	-	25	-	9	1,266	101	1	155	1	425	359	-	9	38
Mont.	-	-	-	-	-	-	15	-	2	-	9	6	-	-	11
Idaho	1	-	-	-	-	452	10	-	4	-	46	29	-	1	-
Wyo.	-	-	1	-	-	3	3	-	1	-	-	3	-	-	-
Colo.	10	-	21	-	8	13	27	1	33	1	95	151	-	2	3
N. Mex.	5	-	1	-	1	98	10	N	N	-	104	47	-	-	4
Ariz.	10	-	2	-	-	457	20	-	78	-	127	77	-	2	2
Utah	5	-	-	-	-	224	4	-	24	-	42	44	-	2	11
Nev.	3	-	-	-	-	19	12	-	13	-	2	2	-	2	7
PACIFIC	264	1	100	-	27	2,182	506	4	356	8	861	569	-	81	292
Wash.	17	-	-	-	11	67	82	-	18	2	228	149	-	8	8
Oreg.	18	-	3	-	1	92	72	N	N	2	47	68	-	2	5
Calif.	217	1	54	-	3	1,986	334	3	307	3	515	264	-	48	267
Alaska	1	-	8	-	1	5	11	-	3	1	18	15	-	-	1
Hawaii	11	-	35	-	11	32	7	1	28	-	53	73	-	23	11
Guam	2	U	10	U	-	-	1	U	12	U	-	-	U	3	-
P.R.	-	36	517	-	-	94	3	-	3	1	12	61	-	-	1
V.I.	-	-	-	-	-	2	-	-	23	-	-	-	-	-	-
Amer. Samoa	-	U	-	U	-	24	-	U	-	U	6	-	U	-	-
C.N.M.I.	-	U	1	U	1	-	-	U	2	U	2	-	U	2	-

*For measles only, imported cases include both out-of-state and international importations.

N: Not notifiable U: Unavailable † International § Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic-Shock Syndrome	Tuberculosis		Tula-remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	34,547	41,386	231	24,073	24,244	157	382	493	7,844
NEW ENGLAND	694	1,085	18	624	784	1	30	8	926
Maine	5	3	2	21	49	-	-	-	-
N.H.	78	12	7	18	11	-	1	1	9
Vt.	1	2	1	7	12	-	-	-	23
Mass.	327	498	6	387	452	1	20	3	57
R.I.	38	57	2	46	102	-	-	2	-
Conn.	245	513	-	145	158	-	9	2	837
MID. ATLANTIC	4,632	7,070	25	6,022	5,772	1	103	49	2,465
Upstate N.Y.	337	667	10	629	452	-	18	17	1,382
N.Y. City	2,511	3,530	-	3,830	3,685	-	43	6	18
N.J.	549	1,162	-	905	900	1	25	14	710
Pa.	1,235	1,711	15	658	735	-	17	12	355
E.N. CENTRAL	5,165	5,006	54	2,371	2,350	3	42	28	156
Ohio	872	662	17	346	380	-	10	16	14
Ind.	283	191	5	220	263	-	1	4	19
Ill.	2,370	2,373	10	1,214	1,181	2	26	2	39
Mich.	949	1,136	22	486	418	1	4	3	15
Wis.	691	644	-	105	108	-	1	3	69
W.N. CENTRAL	2,650	912	40	552	557	54	7	36	1,034
Minn.	93	71	7	149	106	-	2	-	168
Iowa	58	68	7	47	69	-	1	3	175
Mo.	2,296	589	10	233	254	38	3	25	34
N. Dak.	1	1	4	8	10	-	-	-	150
S. Dak.	-	1	-	32	35	11	-	1	126
Nebr.	1	17	4	26	21	2	1	2	13
Kans.	201	165	8	57	62	3	-	5	368
S. ATLANTIC	8,926	11,997	25	4,292	4,551	5	37	173	1,803
Del.	209	185	3	53	36	-	1	14	213
Md.	606	972	3	418	462	1	7	17	539
D.C.	431	703	-	122	182	-	1	1	17
Va.	718	871	3	347	337	2	5	24	362
W. Va.	21	33	2	92	65	-	1	5	53
N.C.	2,384	2,008	3	588	624	1	-	64	45
S.C.	1,207	1,527	1	390	418	-	2	8	161
Ga.	1,742	2,942	5	879	909	1	3	37	370
Fla.	1,608	2,756	5	1,403	1,518	-	17	3	43
E.S. CENTRAL	4,220	4,528	3	1,482	1,660	10	5	64	202
Ky.	181	112	-	390	348	2	1	7	61
Tenn.	1,224	1,445	3	431	614	8	-	54	48
Ala.	1,365	1,686	-	415	408	-	1	3	92
Miss.	1,450	1,285	-	246	290	-	3	-	1
W.S. CENTRAL	6,222	7,650	5	2,824	2,832	47	17	118	685
Ark.	862	743	1	236	260	32	1	26	46
La.	2,628	2,811	-	217	330	2	1	1	8
Okla.	460	205	3	158	179	13	-	90	288
Tex.	2,272	3,891	1	2,213	2,063	-	15	1	343
MOUNTAIN	334	562	23	574	649	29	6	11	242
Mont.	7	6	1	13	19	13	-	3	24
Idaho	1	4	2	26	15	-	1	1	7
Wyo.	8	10	1	-	5	1	-	4	83
Colo.	60	88	9	52	93	5	2	-	26
N. Mex.	44	32	1	89	80	5	1	1	9
Ariz.	166	344	4	252	310	-	1	-	70
Utah	7	9	5	68	59	2	-	1	6
Nev.	41	69	-	74	68	3	1	1	17
PACIFIC	1,704	2,576	38	5,332	5,089	7	135	6	331
Wash.	74	189	4	304	310	2	9	-	-
Oreg.	55	86	2	137	137	-	2	3	2
Calif.	1,560	2,289	32	4,568	4,373	2	117	3	314
Alaska	6	4	-	54	67	3	-	-	15
Hawaii	9	8	-	269	202	-	7	-	-
Guam	3	1	-	60	8	-	3	-	-
P.R.	347	424	-	285	211	-	1	-	47
V.I.	68	97	-	3	3	-	-	-	-
Amer. Samoa	-	-	-	-	3	-	1	-	-
C.N.M.I.	6	9	-	59	26	-	1	-	-

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending January 2, 1993 (53rd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	643	475	90	57	11	10	46
Boston, Mass.	185	117	30	31	3	4	12
Bridgeport, Conn.	44	34	9	1	-	-	8
Cambridge, Mass.	19	14	3	2	-	-	2
Fall River, Mass.	38	30	6	1	1	-	1
Hartford, Conn.	44	32	9	2	1	-	1
Lowell, Mass.	22	21	1	-	-	-	2
Lynn, Mass.	11	9	-	-	1	1	1
New Bedford, Mass.	19	14	3	2	-	-	1
New Haven, Conn.	47	31	6	7	1	2	2
Providence, R.I.	60	48	6	4	2	-	6
Somerville, Mass.	8	5	2	1	-	-	-
Springfield, Mass.	55	42	8	3	1	1	4
Waterbury, Conn.	36	30	2	2	1	1	1
Worcester, Mass.	55	48	5	1	-	1	5
MID. ATLANTIC	2,528	1,661	456	297	57	57	109
Albany, N.Y.	48	39	5	4	-	-	5
Allentown, Pa.	21	15	5	1	-	-	1
Buffalo, N.Y.	100	72	18	6	2	2	4
Camden, N.J.	46	23	9	9	1	4	-
Elizabeth, N.J.	30	25	3	2	-	-	2
Erie, Pa.§	30	23	5	2	-	-	1
Jersey City, N.J.	72	49	10	9	2	2	6
New York City, N.Y.	1,407	869	279	200	37	22	49
Newark, N.J.	61	29	15	12	3	2	7
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	300	206	55	30	5	4	13
Pittsburgh, Pa.§	71	39	12	4	1	15	-
Reading, Pa.	24	18	2	3	1	-	2
Rochester, N.Y.	130	97	18	9	4	2	7
Schenectady, N.Y.	38	32	6	-	-	-	2
Scranton, Pa.§	20	18	-	2	-	-	1
Syracuse, N.Y.	79	66	6	3	1	3	3
Trenton, N.J.	32	24	6	1	-	1	4
Utica, N.Y.	19	17	2	-	-	-	2
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,039	1,265	381	212	130	51	96
Akron, Ohio	54	44	8	1	-	1	2
Canton, Ohio	31	26	4	1	-	-	2
Chicago, Ill.	590	261	123	114	83	9	16
Cincinnati, Ohio	115	71	28	10	3	3	7
Cleveland, Ohio	116	80	20	10	3	3	5
Columbus, Ohio	148	98	25	13	4	8	6
Dayton, Ohio	82	51	17	6	6	2	2
Detroit, Mich.	183	109	30	26	8	10	4
Evansville, Ind.	32	22	7	2	1	-	1
Fort Wayne, Ind.	59	45	9	4	1	-	7
Gary, Ind.	19	11	5	3	-	-	-
Grand Rapids, Mich.	50	37	10	2	-	1	5
Indianapolis, Ind.	106	64	29	6	3	4	5
Madison, Wis.	31	21	6	1	1	2	1
Milwaukee, Wis.	129	99	19	5	4	2	11
Peoria, Ill.	27	25	2	-	-	-	2
Rockford, Ill.	52	33	9	-	6	4	2
South Bend, Ind.	67	59	5	2	-	1	6
Toledo, Ohio	106	77	18	5	5	1	10
Youngstown, Ohio	42	32	7	1	2	-	2
W.N. CENTRAL	706	529	114	39	13	11	25
Des Moines, Iowa	43	32	8	1	1	1	4
Duluth, Minn.	26	22	1	1	1	1	-
Kansas City, Kans.	56	42	13	-	-	1	1
Kansas City, Mo.	145	116	19	9	-	1	3
Lincoln, Nebr.	30	24	3	2	1	-	2
Minneapolis, Minn.	136	99	22	12	1	2	7
Omaha, Nebr.	68	50	12	2	4	-	3
St. Louis, Mo.	107	76	19	6	3	3	-
St. Paul, Minn.	44	31	9	2	2	-	4
Wichita, Kans.	51	37	8	4	-	2	1

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,217	739	259	141	37	40	79
Atlanta, Ga.	249	130	70	41	5	3	12
Baltimore, Md.	238	133	57	26	12	9	21
Charlotte, N.C.	106	65	26	10	2	3	6
Jacksonville, Fla.	86	49	21	9	3	4	8
Miami, Fla.	97	62	18	12	4	1	1
Norfolk, Va.	72	42	14	9	1	6	5
Richmond, Va.	U	U	U	U	U	U	U
Savannah, Ga.	44	31	8	3	2	-	4
St. Petersburg, Fla.	46	37	6	2	-	1	1
Tampa, Fla.	131	97	17	10	4	3	13
Washington, D.C.	131	78	21	19	4	9	4
Wilmington, Del.	17	15	1	-	-	1	4
E.S. CENTRAL	536	350	109	46	17	14	33
Birmingham, Ala.	89	62	17	5	1	4	1
Chattanooga, Tenn.	72	60	6	3	2	1	6
Knoxville, Tenn.	52	33	12	4	2	1	4
Lexington, Ky.	50	34	10	3	2	1	7
Memphis, Tenn.	93	49	24	14	6	-	6
Mobile, Ala.	36	25	5	3	1	2	2
Montgomery, Ala.	31	19	8	3	1	-	2
Nashville, Tenn.	113	68	27	11	2	5	5
W.S. CENTRAL	1,214	749	267	117	45	36	77
Austin, Tex.	56	40	11	2	1	2	4
Baton Rouge, La.	27	16	8	2	1	-	1
Corpus Christi, Tex.	44	29	6	7	-	2	1
Dallas, Tex.	182	91	49	21	8	13	16
El Paso, Tex.	49	33	8	4	2	2	4
Ft. Worth, Tex.	106	71	21	5	9	-	2
Houston, Tex.	330	194	75	36	16	9	28
Little Rock, Ark.	67	47	16	3	1	-	4
New Orleans, La.	37	19	9	8	-	1	-
San Antonio, Tex.	154	107	28	12	4	3	5
Shreveport, La.	76	51	14	7	2	2	5
Tulsa, Okla.	86	51	22	10	1	2	7
MOUNTAIN	702	469	124	63	27	19	56
Albuquerque, N.M.	77	57	8	8	4	-	4
Colo. Springs, Colo.	U	U	U	U	U	U	U
Denver, Colo.	82	45	20	9	2	6	8
Las Vegas, Nev.	116	71	27	11	5	2	10
Ogden, Utah	23	17	1	1	-	4	1
Phoenix, Ariz.	151	96	27	17	10	1	17
Pueblo, Colo.	21	17	1	3	-	-	-
Salt Lake City, Utah	89	61	15	6	4	3	7
Tucson, Ariz.	143	105	25	8	2	3	9
PACIFIC	1,629	1,139	237	169	48	32	108
Berkeley, Calif.	12	11	1	-	-	-	1
Fresno, Calif.	U	U	U	U	U	U	U
Glendale, Calif.	19	15	2	1	1	-	2
Honolulu, Hawaii	70	52	14	2	2	-	3
Long Beach, Calif.	87	63	15	7	1	1	13
Los Angeles, Calif.	397	256	58	52	20	7	13
Pasadena, Calif.	31	25	3	1	1	1	3
Portland, Oreg.	99	68	15	8	5	3	3
Sacramento, Calif.	162	123	17	13	4	5	16
San Diego, Calif.	116	78	19	13	3	3	16
San Francisco, Calif.	126	75	19	29	3	-	3
San Jose, Calif.	201	149	25	18	3	6	21
Santa Cruz, Calif.	41	32	6	2	1	-	4
Seattle, Wash.	145	99	21	18	3	4	1
Spokane, Wash.	47	36	8	1	1	1	5
Tacoma, Wash.	76	57	14	4	-	1	4
TOTAL	11,214¶	7,376	2,037	1,141	385	270	629

*Mortality data in this table are voluntarily reported from 121 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 these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

U: Unavailable.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 783-3238.

The data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. Inquiries about the *MMWR* Series, including material to be considered for publication, should be directed to: Editor, *MMWR* Series, Mailstop C-08, Centers for Disease Control and Prevention, Atlanta, GA 30333; telephone (404) 332-4555.

☆U.S. Government Printing Office: 1993-733-131/67053 Region IV

HHS Publication No. (CDC) 93-8017