

MMWRTM
**MORBIDITY AND MORTALITY
WEEKLY REPORT**

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in the United States, 2000
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**Summary of Notifiable Diseases —
United States, 2000**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333



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Preface

The *MMWR Summary of Notifiable Diseases, United States, 2000* contains, in tabular and graphical form, the official statistics for the reported occurrence of nationally notifiable diseases in the United States for 2000. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System (NNDSS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE).

The *Summary* is located on the Internet at <<http://www2.cdc.gov/mmwr/summary.html>>. This site also includes publications from past years.

Because dates of onset or diagnosis for notifiable diseases are not always reported, surveillance data are presented by the week they were reported to CDC by public health officials in state and territorial health departments. Data are finalized and published each year in the *Summary* for use by state and local health departments; schools of medicine and public health; communications media; local, state, and federal agencies; and other agencies or persons interested in following the trends of reportable diseases in the United States. This publication also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases.

The Highlights section presents information on selected nationally notifiable diseases to provide a context in which to interpret surveillance and disease-trend data and to provide further information on the epidemiology and prevention of selected diseases. Past publications included information on selected non-notifiable diseases, but in 1999, the *Summary* began presenting only highlights of nationally notifiable diseases.

Part 1 contains tables of incidence data for each disease considered nationally notifiable during 2000.* These tables provide the number of cases of notifiable diseases reported to CDC for 2000, as well as the distribution of cases by month and geographic location and by patient's age, sex, race, and Hispanic ethnicity. Data are final totals as of August 24, 2001, unless otherwise noted. In all tables, leprosy is listed as Hansen disease, and tickborne typhus fever is listed as Rocky Mountain spotted fever (RMSF). In addition, syphilis (all stages) includes the following categories: latent; early latent; late latent; latent of unknown duration; neurosyphilis; late, with clinical manifestations other than neurosyphilis; syphilitic stillbirth; and congenital syphilis. Part 2 contains graphs and maps that depict summary data for many of the notifiable diseases described in tabular form in Part 1. Part 3 contains tables of the number of cases of notifiable diseases reported to CDC since 1969. This section also includes a table enumerating deaths associated with specified notifiable diseases reported to the National Center for Health Statistics (NCHS), CDC, during 1989–1998.

The Selected Reading section presents general and disease-specific references for notifiable infectious diseases. These references provide additional information on surveillance and epidemiologic issues, diagnostic issues, and disease-control activities.

*Because no cases of paralytic poliomyelitis, western equine encephalitis, or yellow fever were reported in the United States during 2000, these diseases do not appear in the tables in Part 1.

Background

As of January 1, 2000, a total of 60 infectious diseases were designated as notifiable at the national level. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. This section briefly summarizes the history of the reporting of nationally notifiable diseases in the United States.

In 1878, Congress authorized the U.S. Marine Hospital Service (the forerunner of the Public Health Service [PHS]) to collect morbidity reports regarding cholera, smallpox, plague, and yellow fever from U.S. consuls overseas. The intention was to use this information to institute quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. Congress expanded the authority for weekly reporting and publication of these reports in 1893 to include data from states and municipal authorities. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General to provide forms for the collection and compilation of data and for the publication of reports at the national level. In 1912, state and territorial health authorities — in conjunction with PHS — recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting, by letter, of 10 additional diseases. The first annual summary of *The Notifiable Diseases* in 1912 included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, state and territorial health officers authorized the Council of State and Territorial Epidemiologists (CSTE) to determine which diseases should be reported to PHS. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

The list of nationally notifiable diseases is revised periodically. For example, a disease might be added to the list as a new pathogen emerges, or a disease might be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable. CSTE, with input from CDC, makes recommendations annually for additions and deletions. Although disease reporting is mandated by legislation or regulation at the state and local levels, state reporting to CDC is voluntary. Thus, the list of diseases considered notifiable varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

**Infectious Diseases Designated as Notifiable
at the National Level During 2000**

Acquired immunodeficiency syndrome (AIDS)	Hansen disease (leprosy)	Rocky Mountain spotted fever
Anthrax	Hantavirus pulmonary syndrome	Rubella
Botulism	Hemolytic uremic syndrome, postdiarrheal	Rubella, congenital syndrome
Brucellosis	Hepatitis A	Salmonellosis
Chancroid	Hepatitis B	Shigellosis
<i>Chlamydia trachomatis</i> , genital infection	Hepatitis C; non-A, non-B	Streptococcal disease, invasive, group A
Cholera	Human immunodeficiency virus (HIV) infection, adult	<i>Streptococcus pneumoniae</i> , drug-resistant, invasive disease
Coccidioidomycosis	HIV infection, pediatric	Streptococcal toxic-shock syndrome
Cryptosporidiosis	Legionellosis	Syphilis
Cyclosporiasis	Listeriosis	Syphilis, congenital
Diphtheria	Lyme disease	Tetanus
Ehrlichiosis, human granulocytic	Malaria	Toxic-shock syndrome
Ehrlichiosis, human monocytic	Measles	Trichinosis
Encephalitis, California serogroup viral	Meningococcal disease	Tuberculosis
Encephalitis, eastern equine	Mumps	Tularemia
Encephalitis, St. Louis	Pertussis	Typhoid fever
Encephalitis, western equine	Plague	Varicella (chickenpox)*
<i>Escherichia coli</i> O157:H7	Poliomyelitis, paralytic	Varicella deaths
Gonorrhea	Psittacosis	Yellow fever
<i>Haemophilus influenzae</i> , invasive disease	Q Fever	
	Rabies, animal	
	Rabies, human	

*Although varicella (chickenpox) is not a nationally notifiable disease, the Council of State and Territorial Epidemiologists recommends reporting cases of this disease to CDC.

Data Sources

Provisional data concerning reported occurrence of notifiable diseases are published weekly in *MMWR*. After each reporting year, staff members in state health departments finalize reports of cases for that year with local or county health departments and reconcile the data with reports previously sent to CDC throughout the year. These data are compiled in final form in the *Summary*.

Notifiable disease reports are the authoritative and archival counts of cases. They must be approved by the appropriate epidemiologist from each submitting state or territory before being published in the *Summary*. Although useful for detailed epidemiologic analyses, data published in *CDC Surveillance Summaries* or other surveillance reports produced by CDC programs might not agree with data reported in the *Summary* because of differences in the timing of reports, source of data, and case definitions.

Data in the *Summary* were derived primarily from reports transmitted to the Division of Public Health Surveillance and Informatics, Epidemiology Program Office, CDC, from health departments in the 50 states, five territories, New York City, and the District of Columbia through the National Electronic Telecommunications System for Surveillance (NETSS). More information regarding NETSS and notifiable diseases, including case definitions for these conditions, is available on the Internet at <<http://www.cdc.gov/epo/phs.htm>>. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction, depending on case status classification (i.e., confirmed, probable, or suspect).

Final data for selected diseases (presented in Parts 1, 2, and 3 of the *Summary*) are from the surveillance records of CDC programs listed below. Requests for further information regarding these data should be directed to the appropriate program.

National Center for Health Statistics (NCHS)

Office of Vital and Health Statistics Systems (deaths from selected notifiable diseases).

National Center for Infectious Diseases (NCID)

Division of Bacterial and Mycotic Diseases (toxic-shock syndrome and laboratory data for botulism, *Escherichia coli* O157:H7, salmonellosis, and shigellosis).

Division of Viral and Rickettsial Diseases (animal rabies and hantavirus pulmonary syndrome).

National Center for HIV, STD, and TB Prevention (NCHSTP)

Division of HIV/AIDS Prevention — Surveillance and Epidemiology (acquired immunodeficiency syndrome [AIDS]).

Division of Sexually Transmitted Diseases Prevention (chancroid, chlamydia, gonorrhea, and syphilis).

Division of Tuberculosis Elimination (tuberculosis).

National Immunization Program (NIP)

Epidemiology and Surveillance Division (poliomyelitis).

Disease totals for the United States, unless otherwise stated, do not include data for American Samoa, Guam, Puerto Rico, the U.S. Virgin Islands, or the Commonwealth of the Northern Mariana Islands (CNMI).

Population estimates for the states are from the Bureau of the Census (1991–1999, machine readable files). Population numbers for territories are 1998 estimates from the Bureau of the Census press releases PR-99-1* and CB98-219.† More information regarding census estimates is available at <<http://www.census.gov/>>.

Rates in the *Summary* are presented as incidence rates per 100,000 population based on data for the U.S. total-resident population. Population data from states in which diseases were not notifiable or disease data were not available were excluded from rate calculations. The denominator used for infant botulism rate calculation is restricted to persons aged <1 year.

Interpreting Data

Data reported in the *Summary* are useful for analyzing disease trends and determining relative disease burdens. However, data must be interpreted in light of reporting practices. Certain diseases that cause severe clinical illness (e.g., plague and rabies) are most likely reported accurately if they are diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) might not seek medical care from a health-care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

The degree of completeness of data reporting also is influenced by the diagnostic facilities available; control measures in effect; public awareness of a specific disease; and interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in case definitions for public health surveillance, introduction of new diagnostic tests, or discovery of new disease entities can cause changes in disease reporting that are independent of the true incidence of disease.

Public health surveillance data are published for selected racial and ethnic population groups because these variables can be risk markers for certain notifiable diseases. Risk markers can identify potential risk factors for investigation in future studies. Race and ethnicity data also can be used to target populations for prevention efforts. However, caution must be used when drawing conclusions from reported race and ethnicity data. Certain racial/ethnic population groups have differential patterns of access to health care, potentially resulting in data that are not representative of disease incidence in these populations.

In addition, not all race and ethnicity data are collected uniformly for all diseases. For example, in NCHSTP, the Division of HIV/AIDS Prevention — Surveillance and Epidemiology and the Division of Sexually Transmitted Diseases Prevention collect race/ethnicity data using a single variable. A person's race/ethnicity is reported as American Indian/Alaska Native, Asian/Pacific Islander, black non-Hispanic, white non-Hispanic, or Hispanic. Additionally, although the recommended standard for classifying a person's race or ethnicity is based on self-reporting, this procedure might not always be followed.

* Available at <<http://www.census.gov/population/estimates/puerto-rico/prmunnet.txt>>.

† Available at <<http://www.census.gov/Press-Release/www/1999/cb99-254.html>>.

Highlights for 2000

This section presents information on the public health importance of selected nationally notifiable diseases reported from the states to CDC, including a) domestic and some international disease outbreaks, b) active surveillance findings, c) changes in data reporting practices, d) the impact of prevention programs, e) the emergence of antimicrobial resistance, and f) changes in immunization policies. This information is intended to provide a context in which to interpret surveillance and disease-trend data and to provide further information on the epidemiology and prevention of selected diseases.

AIDS*

As of December 31, 2000, a total of 774,467 acquired immunodeficiency syndrome (AIDS) cases were reported; 448,060 cases resulted in death, and 3,542 cases had unknown vital status. Of the total, approximately one third of cases were reported during 1993–1995 and 1996–2000; the remaining third were reported before 1993. The number of persons presumed living with AIDS (322,865) at the end of 2000 was the highest ever reported; of these persons, 79% were men, 61% were black or Hispanic, and 41% were infected through male-to-male sex. Since 1981, approximately 85% of persons diagnosed with AIDS have been aged 20–49 years (1).

From January 1998 through June 2000, AIDS incidence and deaths leveled off, but AIDS prevalence continued to increase. The number of reported cases is affected by epidemic trends and other factors that can affect case reporting (e.g., changes in the AIDS surveillance case definition and widespread introduction of effective treatments).

To provide better data for prevention of human immunodeficiency virus (HIV) infection (the virus that causes AIDS), CDC and CSTE recommend that national surveillance include the monitoring of both HIV infection and AIDS (2,3). CDC supports several supplemental surveillance projects that collect data on barriers to preventing AIDS cases and death of persons with AIDS, including access to HIV testing and treatment in accordance with current public health service guidelines.

1. CDC. HIV and AIDS—United States, 1981–2000. *MMWR* 2001;50:430–4.
2. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *MMWR* 1999;48(No. RR-13):1–11.
3. Council of State and Territorial Epidemiologists. CSTE position statement ID-4: National HIV surveillance—addition to the National Public Health Surveillance System. Atlanta, GA: Council of State and Territorial Epidemiologists, 1997.

Chancroid

During 2000, a total of 78 cases of chancroid were reported (rate: 0.03 cases/100,000 population), representing a 45% decline from 1999 and a continuing decline since 1987 (1). However, chancroid is difficult to culture and could be substantially underdiagnosed. Several studies that used DNA amplification tests (which are not commercially available) have identified this infection in cities where it was previously undetected (2).

1. CDC. Sexually transmitted disease surveillance 2000. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 2001.
2. Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 US cities. The Genital Ulcer Disease Surveillance Group. *J Infect Dis* 1998;178:1795–8.

*For information on HIV infection, see page xiv.

***Chlamydia trachomatis*, Genital Infection**

During 2000, a total of 702,093 cases of genital chlamydial infection were reported (rate: 257.5/100,000). This rate was the highest since voluntary case reporting began in the mid-1980s and the highest since genital chlamydial infection became a nationally notifiable disease in 1995 (1). This increase could be caused in part by the continued expansion of chlamydia screening programs and increased use of more sensitive diagnostic tests for this condition. Since the late 1980s, data on chlamydia prevalence obtained by monitoring test positivity rates of persons screened in different clinic settings have generally documented declining levels of infection in many parts of the United States (1).

1. CDC. Sexually transmitted disease surveillance 2000. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 2001.

Cholera

During 1995–2000, a total of 61 laboratory-confirmed cases of cholera, all caused by *Vibrio cholerae* O1, were reported. Thirty-five (57%) patients were hospitalized, and one died. Thirty-seven (61%) infections were acquired outside the United States, whereas six (10%) were acquired through consumption of contaminated seafood harvested in Gulf Coast waters. Among the 37 travel-associated cholera cases, 31% of isolates were resistant to trimethoprim-sulfamethoxazole, sulfisoxazole, streptomycin, and furazolidone. Thus, foreign travel and contaminated seafood continue to account for most cholera cases in the United States, and antimicrobial resistance is increasing among *V. cholerae* O1 strains isolated from ill travelers (1). Production and sale of the only licensed cholera vaccine in the United States ceased in 2001.

1. Steinberg EB, Greene KD, Bopp CA, Cameron DN, Wells JG, Mintz ED. Cholera in the United States, 1995–2000: trends at the end of the millennium. *J Infect Dis* 2001;184:799–802.

Diphtheria

During 2000, one confirmed case of diphtheria was reported from California in a female patient aged 86 years who had acute membranous pharyngitis. A culture taken from the patient was positive for *Corynebacterium diphtheriae*, but toxigenicity testing was not conducted. Non-toxicogenic *C. diphtheriae* can cause localized membranous pharyngitis.

Ehrlichiosis

During 2000, the second full year of national reporting of the emerging tick-borne zoonosis ehrlichiosis, 200 cases of human monocytic ehrlichiosis (HME) and 351 cases of human granulocytic ehrlichiosis (HGE) were reported through NETSS. By comparison, 99 cases of HME and 203 cases of HGE were reported during 1999 (1). Through December 2000, ehrlichiosis was a notifiable disease in 36 states, compared with 19 states through August 1998 (2).

In 2000, CSTE changed the case definition for human ehrlichiosis. A third reporting category (i.e., ehrlichiosis, other or unspecified agent) was added to clarify reporting criteria and provide a mechanism for classifying and reporting cases caused by unspecified or novel *Ehrlichia* species, including *E. ewingii* (3).

In addition to reporting via NETSS, case information on the three categories of ehrlichiosis also should be reported on the revised Tick-Borne Rickettsial Disease Case Report form (CDC 55.1 Rev. 01/2001), which was distributed to state health departments in April 2001 and replaces all previous Rocky Mountain Spotted Fever Case

Report forms. Copies of this form are available at <<http://www.cdc.gov/ncidod/dvrd/ehrlichia>> and <<http://www.cdc.gov/ncidod/dvrd/rmsf>>.

1. CDC. Summary of notifiable diseases, United States, 1999. MMWR 2001;48(No. 53):5.
2. McQuiston JH, Paddock CD, Holman RC, Childs JE. The human ehrlichioses in the United States. *Emerg Infect Dis* 1999;5:635–42.
3. Council of State and Territorial Epidemiologists. CSTE position statement ID-3: Changes in the case definition for human ehrlichiosis, and addition of a new ehrlichiosis category as a condition placed under surveillance according to the National Public Health Surveillance System (NPHSS). Atlanta, GA: Council of State and Territorial Epidemiologists, 2000. Available at <<http://www.cste.org/ps/2000/2000-id-03.htm>>.

Encephalitis

During 1999, a summer epidemic of acute meningoencephalitis of unknown etiology in the greater New York City area, with 62 human cases and seven fatalities, signaled the first known introduction of West Nile virus from the Eastern Hemisphere to the Western Hemisphere (1). Urban *Culex* species were the apparent primary mosquito vectors to humans. Birds were the primary amplifying hosts, and unprecedented morbidity and mortality were observed among some native bird species, especially crows. Previously, the known geographic distribution of West Nile virus included Africa, West Asia, and Europe (2). West Nile virus is related closely to St. Louis encephalitis virus, historically the major cause of epidemic viral encephalitis in the United States.

During early 2000, West Nile virus was detected in dormant mosquitoes collected in the northeastern United States, indicating its successful overwintering and potential reemergence across a larger area of the eastern United States during the following spring and summer (3). During the summer and fall of 2000, a total of 21 cases of West Nile viral disease among humans were reported from the greater New York City area (14 in New York, six in New Jersey, and one in Connecticut); two of these cases were fatal (4).

1. Nash D, Mostashari F, Fine A, et al. The outbreak of West Nile virus infection in the New York City area. *N Eng J Med* 2001;344:1807–14.
2. Hayes CG. West Nile fever. In: Monath TP, ed. *The arboviruses: epidemiology and ecology*. Vol. V. Boca Raton, FL: CRC Press, 1989:59–88.
3. CDC. Update: West Nile virus isolated from mosquitoes—New York, 2000. MMWR 2000;49:211.
4. CDC. Human West Nile virus surveillance—Connecticut, New Jersey, and New York, 2000. MMWR 2001;50:265–8.

Gonorrhea

During 2000, a total of 358,995 cases of gonorrhea were reported (rate: 131.6/100,000). The 2000 rate was similar to rates for 1999 (132.0/100,000) and 1998 (121.4/100,000) (1). Although rates have stabilized, increases have been observed in some areas among men who have sex with men (2). Additionally, decreased susceptibility to the fluoroquinolone antibiotics and azithromycin has been reported from some regions (3).

1. CDC. Sexually transmitted disease surveillance 2000. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 2001.
2. Fox KK, del Rio C, Holmes KK, et al. Gonorrhea in the HIV era: a reversal in trends among men who have sex with men. *Am J Public Health* 2001;91:1–5.
3. CDC. Fluoroquinolone-resistance in *Neisseria gonorrhoeae*, Hawaii, 1999, and decreased susceptibility to azithromycin in *N. gonorrhoeae*, Missouri, 1999. MMWR 2000;49:833–7.

***Haemophilus influenzae*, Invasive Disease**

During 2000, a total of 293 cases of *Haemophilus influenzae* (Hi) invasive disease among children aged <5 years were reported.* Before a vaccine was introduced in 1987, approximately 20,000 cases of *H. influenzae* type b (Hib) invasive disease occurred among children annually (1). Because of widespread use of the Hib vaccine among preschool-aged children, the number of Hib cases has declined sharply. Of the 293 cases reported during 2000, a total of 227 (78%) Hi isolates were serotyped, and 55 (24%) of these were type b. Among the 55 cases of Hib invasive disease reported among children aged <5 years, 23 (42%) were among those aged <6 months, who had not completed a two- or three-dose primary Hib vaccination. However, 23 (72%) of the 32 children who were old enough (i.e., aged ≥ 6 months) to have completed a three-dose primary series either had unknown vaccination status (six children) or were incompletely or not vaccinated (17 children). Data as of August 2001 are provided to the National Immunization Program Office.

1. Cochi SL, Broome CV, Hightower AW. Immunization of U.S. children with *Haemophilus influenzae* type b polysaccharide vaccine: a cost-effectiveness model of strategy assessment. *JAMA* 1985;253:521-9.

Hantavirus Pulmonary Syndrome

During 2000, a total of 41 probable cases of hantavirus pulmonary syndrome (HPS) were reported from 10 states. Of the 34 cases laboratory confirmed by CDC, seven (21%) were fatal. Since 1993, a total of 256 cases from 30 states have been confirmed. An additional 32 cases were identified retrospectively back to 1959. Cases of HPS have now been recognized in countries throughout the Western Hemisphere. Reports of confirmed cases in patients with mild disease that does not meet the clinical criteria for HPS are increasing (1). Treatment is available only for the symptoms of HPS, as a 1993-1994 open-label trial of the antiviral drug ribavirin did not suggest a benefit (2). Although most HPS in the United States is caused by Sin Nombre virus and its variants (i.e., New York and Monongahela), some cases have been associated with other hantaviruses, including Bayou and Black Creek Canal. Virus is shed in rodent urine, feces, and saliva and is primarily transmitted through inhalation. Since the initial recognition of HPS in 1993, researchers continue to investigate the probable relationship between environmental conditions and reports of HPS cases (3,4).

1. Kitsutani PI, Denton RW, Fritz CL, et al. Acute Sin Nombre hantavirus infection without pulmonary syndrome, United States. *Emerg Infect Dis* 1999;5:701-5. Available at <<http://www.cdc.gov/ncidod/eid/vol5no5/kitsutani.htm>>.
2. Chapman LE, Mertz GJ, Peters CJ, et al. Intravenous ribavirin for hantavirus pulmonary syndrome: safety and tolerance during 1 year of open-label experience. *Antivir Ther* 1999;4:211-9. Abstract available at <http://www.intmedpress.com/journals_avt_abst404_3.cfm>.
3. Glass GE, Cheek JE, Patz JA, et al. Using remotely sensed data to identify areas at risk for hantavirus pulmonary syndrome. *Emerg Infect Dis* 2000;6:238-47. Available at <<http://www.cdc.gov/ncidod/eid/vol6no3/glass.htm>>.
4. Hjelle B, Glass G. Outbreak of hantavirus infection in the four corners region of the United States in the wake of the 1997-1998 El Niño-Southern Oscillation. *J Infect Dis* 2000;181:1569-73. Abstract available at <<http://www.journals.uchicago.edu/JID/journal/issues/v181n5/991334/brief/991334.abstract.html>>.

*National Immunization Program data based on date of onset, not *MMWR* reporting week.

Hemolytic Uremic Syndrome, Postdiarrheal

During 2000, the fifth year of national reporting, 24 states reported 249 cases of postdiarrheal hemolytic uremic syndrome (HUS). The median age of patients was 4 years (range: <1–91), and 56% were female. Illness was seasonal, with 45% of cases occurring from June through September. By comparison, 26 states reported 181 cases in 1999, and 17 states reported 119 cases in 1998. Though the number of areas reporting and the number of cases reported increased in 2000, the increased number of cases is likely a result of improved ascertainment rather than a change in incidence. Eight states and at least one territory did not list HUS as a notifiable disease in 2000, contributing to substantial underreporting.

Postdiarrheal HUS is a life-threatening illness characterized by hemolytic anemia, thrombocytopenia, and renal injury. In the United States, most cases are caused by infection with *Escherichia coli* O157:H7; some are caused by other Shiga toxin-producing *E. coli* (1,2).

1. Banatvala N, Griffin PM, Greene KD, et al. The United States prospective hemolytic uremic syndrome study: microbiologic, serologic, clinical, and epidemiologic findings. *J Infect Dis* 2001;183:1063–70.
2. CDC. *Escherichia coli* O111:H8 outbreak among teenage campers—Texas, 1999. *MMWR* 2000;49:321–4.

Hepatitis A

During 2000, the overall hepatitis A rate (4.9/100,000) reported was the lowest ever recorded. However, because hepatitis A rates tend to vary from year to year and from region to region, determining whether this low rate was caused by routine immunization or natural variability in infection rates is not possible. Monitoring hepatitis A incidence to determine if these low rates are sustained over time is critical to assessing the impact of routine vaccination.

Routine childhood hepatitis A vaccination is recommended in the 11 states where the average annual hepatitis A rate during 1987–1997 was ≥ 20 cases/100,000 (i.e., approximately twice the national average) (1). Routine childhood vaccination should be considered in the six states where the average rate during 1987–1997 was approximately 10–20/100,000.

1. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1999;48(No. RR-12).

Hepatitis B

During 2000, a total of 8,036 acute hepatitis B cases were reported, representing a >60% decrease since 1990 (21,102 cases). Surveillance data are being used to monitor the impact of the national strategy for eliminating hepatitis B virus (HBV) infection. *Healthy People 2010* objectives call for a 75%–90% reduction in the national incidence of hepatitis B among adults (baseline: 15–24 cases/100,000), a 99% reduction among children aged 2–18 years (baseline: 945 cases/year), and a 75% reduction in the number of perinatal HBV infections (baseline: 1,682 infections/year) (1).

Reported hepatitis B cases can be used to monitor the occurrence of disease among adults. However, because most infections among infants and young children are asymptomatic, reported cases underestimate the incidence of disease in these age groups. Thus, data from other sources (e.g., serosurveys) are needed to monitor progress toward eliminating HBV transmission among younger age groups.

1. US Department of Health and Human Services. *Healthy People 2010*, vols I and II. 2nd ed. Washington, DC: US Government Printing Office, November 2000.

Hepatitis C; Non-A, Non-B

Cases of hepatitis C reported to CDC are considered unreliable because a) no serologic marker for acute infection exists and b) most health departments do not have the resources to determine if a positive laboratory report for hepatitis C virus (HCV) infection represents acute infection, chronic infection, repeated testing of a person previously reported, or a false-positive result (1). Historically, the most reliable national estimates of acute disease incidence have come from sentinel surveillance. After adjusting for underreporting and asymptomatic infections, the annual number of new infections has decreased >80% since 1989 to 35,000 cases in 1999 (CDC, unpublished data, 2000). Because surveillance for acute hepatitis C can be used to evaluate the effectiveness of prevention efforts and identify missed opportunities for prevention, efforts are underway to help states establish and improve surveillance.

1. CDC. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998;47(No. RR-19).

HIV Infection, Adult*

During 2000, a total of 21,704 cases of HIV infection (in the absence of AIDS diagnosis) in persons aged ≥ 13 years were reported. The number of reported cases of HIV infection is affected by epidemic trends as well as other factors (e.g., testing rates among populations at risk or when states initiated HIV case reporting). Before 1991, surveillance for HIV infection was not standardized, and reporting was primarily passive. CDC has since helped states conduct active surveillance for HIV infection using standardized report forms and software.

In December 1999, CDC published a revised HIV case definition (effective January 2000) for adults and children aged ≥ 18 months that includes laboratory criteria requiring positive HIV antibody test results or reports of a detectable quantity of HIV nucleic acid or plasma HIV RNA (1). As states have begun implementing laboratory-initiated reporting of viral load tests, they have identified additional HIV and AIDS cases.

HIV infection data should be interpreted with caution because not all infected persons have been tested and not all anonymous tests have been reported (2). Many factors influence testing patterns, including the extent that testing is targeted or routinely offered to specific groups and the availability of and access to medical care and testing services.

To provide better data for HIV prevention, CDC and CSTE recommend that national surveillance include both HIV infection and AIDS (1,3). An integrated national HIV/AIDS surveillance system would provide information regarding persons in whom HIV infection has been newly diagnosed, those with severe HIV disease (i.e., AIDS), and those dying of HIV disease.

1. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR 1999;48(No. RR-13):1-11.
2. CDC. Diagnosis and reporting of HIV and AIDS in states with integrated HIV and AIDS surveillance—United States, January 1994–June 1997. MMWR 1998;47:309-14.
3. Council of State and Territorial Epidemiologists. CSTE position statement ID-4: National HIV surveillance—addition to the National Public Health Surveillance System. Atlanta, GA: Council of State and Territorial Epidemiologists, 1997.

* For information on AIDS, see page ix.

HIV Infection, Pediatric

As of December 31, 2000, all states and U.S. territories reported AIDS in children aged ≤ 13 years, and 34 states and two territories also conducted surveillance for HIV infection among children. During 2000, a total of 224 children whose HIV infection had not progressed to AIDS and 196 children who had AIDS were reported. Data for 2000 indicated continued declines in perinatally acquired AIDS, reflecting declines in perinatal HIV transmission (1). The increasing use of zidovudine (ZDV) by mothers and newborns was temporally associated with this decline, demonstrating success in nationwide efforts to implement guidelines for routine, voluntary prenatal HIV testing (2) and the use of ZDV to reduce perinatal HIV transmission (3).

Beginning January 1, 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests and to incorporate the reporting criteria for HIV infection and AIDS into one case definition for adults and children (4). For children aged ≥ 18 months, the definition includes laboratory criteria requiring positive HIV antibody test results or reports of a detectable quantity of HIV nucleic acid or plasma HIV RNA (4). For children aged < 18 months, the reporting criteria permit diagnosis of HIV infection during the first month of life. Children aged < 18 months born to an HIV-infected mother are categorized as having perinatal exposure to HIV infection if they do not meet the criteria for either "HIV infection" or "not infected with HIV" (4,5).

1. CDC. US HIV and AIDS cases reported through June 2000. HIV/AIDS surveillance report 2000;12(No. 1):1–42. Available at <http://www.cdc.gov/hiv/stats/hasr1201.htm>.
2. CDC. US Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. MMWR 1995;44(No. RR-7):1–15.
3. CDC. Public Health Service Task Force recommendations for the use of antiretroviral drugs in pregnant women infected with HIV-1 for maternal health and for reducing perinatal HIV-1 transmission in the United States. MMWR 1998;47(No. RR-2).
4. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR 1999;48(No. RR-13):1–11.
5. CDC. Guidelines for the use of antiretroviral agents in pediatric HIV infection. MMWR 1998;47(No. RR-4):1–31.

Lyme Disease

During 2000, approximately 17,730 cases of Lyme disease were reported, most from the northeastern and north-central United States. CDC promotes community-based Lyme disease prevention using strategies aimed at reducing vector tick densities, preventing human exposure to infected vector ticks, and vaccinating persons aged 15–70 years when appropriate (1). CDC has funded new community-based prevention projects in Connecticut, Massachusetts, New Jersey, and New York.

1. CDC. Recommendations for the use of Lyme disease vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No. RR-7):1–25.

Malaria

During 2000, a total of 1,560 malaria cases were reported in the United States. Most cases were imported, with approximately half occurring among U.S. residents traveling to malarious areas and half occurring among foreign residents immigrating to or visiting the United States (1). Although the number of reported cases was similar to 1999 (1,666) (2), the annual number of cases has increased during the past 15 years. This increase was likely caused by increases in both international travel (3) and

immigration (4), as well as the spread and intensification of antimalarial drug resistance globally (5).

1. MacArthur JR, Levin AR, Roberts J, et al. Malaria surveillance—United States, 1997. In: CDC Surveillance Summaries, March 30, 2001. MMWR 2001;50(No. SS-1):25–44.
2. CDC. Summary of notifiable diseases, United States, 1999. MMWR 1999;48:1–104.
3. International Trade Administration, Tourism Industries. US resident travel to overseas countries historical visitation outbound, 1988–1998 (one or more nights). Washington, DC: US Department of Commerce, International Trade Administration, Tourism Industries. Available at <<http://www.tinet.ita.doc.gov/view/f-1998-11-001/index.html>>.
4. US Census Bureau. Current population reports. Series P23-205. Population profile of the United States: 1999. Washington, DC: US Government Printing Office, 2001. Available at <<http://www.census.gov/prod/2001pubs/p23-205.pdf>>.
5. Barat LM, Bloland PB. Drug resistance among malaria and other parasites. Infect Dis Clin North Am 1997;11:969–87.

Measles

During 2000, a total of 86 confirmed measles cases were reported. Thirty states and the District of Columbia did not report any confirmed cases. Thirty-seven case-patients were aged <5 years, 17 were aged 5–19 years, and 32 were aged ≥ 20 years. Ten outbreaks (range: 3–9 cases) were reported. Of the 86 cases reported, 26 were imported from outside the United States, and 19 cases were epidemiologically linked to imported cases. Nine additional cases had virologic evidence of importation (i.e., genotypic analysis of measles viruses indicated no evidence of an endemic strain). The remaining 32 cases were classified as unknown source cases because no link to importation was detected.

Meningococcal Disease

Rates of meningococcal disease have been relatively stable in the United States. A total of 2,256 cases were reported in 2000, of which 1,808 were confirmed, 111 probable, seven suspect, and 330 of unknown case status. Serogroup information was reported for 32% of cases, and serogroup Y accounted for 31% of those reported. Most other cases were caused by serogroup C (30%) or serogroup B (28%). Although rates of meningococcal disease are usually highest among children aged <1 year, 55% of cases in 2000 occurred among persons aged ≥ 18 years.

Using the technology applied to the development of *Haemophilus influenzae* type b (Hib) conjugate vaccines, several companies are in the final stages of developing and testing meningococcal conjugate vaccines with various serogroup-specific formulas and in combination with other antigens for licensure in the United States (1). Three serogroup C meningococcal conjugate vaccines were licensed and integrated into routine childhood immunization in the United Kingdom last year; early results confirm $\geq 90\%$ efficacy in toddlers and teenagers (2).

1. Rosenstein NE, Perkins BA, Stephens DA, Popovic T, Hughes JM. Meningococcal disease. N Engl J Med 2000;344:1378–88.
2. Ramsey ME, Andrews N, Kaczmarski EB, Miller E. Efficacy of meningococcal serogroup C conjugate vaccine in teenagers and toddlers in England. Lancet 2000;357:195–6.

Mumps

Because of the recommendation of two doses of MMR and its high coverage rate in the United States, mumps is at record low levels. During the 1990s, mumps cases declined substantially, from 5,292 reported cases in 1990 to 338 reported cases in 2000, meeting the *Healthy People 2000* objective of <500 cases per year (1).

1. CDC. Mumps surveillance United States, 1988–1993. In: CDC surveillance summaries, August 11, 1995. MMWR 1995;44(No. SS-3).

Pertussis

During 2000, a total of 7,867 cases of pertussis were reported. Of these cases, 24% occurred among children too young to have received the recommended three doses of a pertussis-containing vaccine (i.e., those aged <7 months); 2% among children aged 7–11 months; 10% among preschool-aged children (aged 1–4 years); 8% among children aged 5–9 years; 36% among persons aged 10–19 years; and 20% among persons aged ≥ 20 years.

Since 1995, the coverage rate with ≥ 3 doses of a pertussis-containing vaccine has been 95% among U.S. children aged 19–35 months (1). Since 1990, the incidence of pertussis among preschool-aged children has not changed, but the incidence among adolescents has increased in some states (2). Because vaccine-induced immunity wanes approximately 5–10 years after pertussis vaccination, adolescents can become susceptible to disease. Pertussis deaths reported through NNDSS also increased in the 1990s, predominantly among infants too young to receive three doses (CDC, unpublished data, 2000).

Since 1980, the number of reported pertussis cases has increased in the United States (2). The reasons are unknown but could include increased awareness of pertussis among health-care providers, increased use of more sensitive diagnostic tests, better reporting of cases to health departments, and an increase in circulating pertussis.

1. CDC. National, state, and urban area vaccination coverage levels among children aged 19–35 months—United States, 1999. MMWR 2000;49:585–9.
2. Guris D, Strebel PM, Bardenheier B, et al. Changing epidemiology of pertussis in the United States: increasing reported incidence among adolescents and adults, 1990–1996. Clin Infect Dis 1999;28:1230–7.

Plague

During 2000, six cases of human plague were reported from six states (Arizona, California, Colorado, New Mexico, Utah, and Wyoming), representing <50% of the average number reported during the past 20 years (i.e., 13.1 cases/year during 1980–1999). None of the six cases were fatal, and all were acquired from naturally occurring sources. The low number of reported cases is possibly linked to hot summer and dry winter conditions during the past 2 years in the southwestern states of Arizona, New Mexico, Colorado, and Utah (1,2). CDC works cooperatively with state and local health departments and other federal agencies to improve human and animal-based plague surveillance programs, including the ability to detect human cases acquired from natural sources or as a result of bioterrorism. In 2000, these efforts included CDC participation in a bioterrorism exercise designed to test the abilities of public health and other agencies to respond to a large pneumonic plague outbreak caused by an aerosol release of *Yersinia pestis* in a major U.S. city (Denver) (3). The exercise highlighted the need for an improved understanding of concerns related to leadership, decision-making, prioritization and distribution of resources, formulation of appropriate principles for containment, and development of methods for managing the crises that would occur in health-care facilities during such an incident.

1. Parmenter RR, Yadav EP, Parmenter CA, Ettestad P, Gage KL. Incidence of plague associated with increased winter-spring precipitation in New Mexico. Am J Trop Med Hyg 1999;61:814–21.
2. Ensore RE, Biggerstaff BJ, Brown TL, et al. Modeling relationships between climate and the frequency of human plague in the southwestern United States, 1960–1997. Am J Trop Med Hyg 2001 (in press).

3. Inglesby TV, Grossman R, O'Toole T. A plague on your city: observations from TOPOFF. *Clin Infect Dis* 2000;32:436–45.

Poliomyelitis, Paralytic

In January 2000, the Advisory Committee on Immunization Practices (ACIP) approved an all inactivated polio vaccine (IPV) schedule for routine childhood vaccination to eliminate the risk for vaccine-associated paralytic polio (VAPP) (1). Since implementation of this schedule, no cases of VAPP have been confirmed in the United States. Continued monitoring with additional observation time is required to confirm these preliminary findings because of potential delays in reporting.

Under the previous schedule of all oral poliovirus vaccine (OPV), which ended in 1997, an average eight VAPP cases were reported each year (2). Under the sequential polio vaccine schedule (two doses of IPV followed by two doses of OPV) used during 1997–1999, the number of VAPP cases declined steadily from seven cases in 1997 to two cases each in 1998 and 1999 (3).

1. CDC. Poliomyelitis prevention in the United States: updated recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2000;49(No. RR-5).
2. Strebel PM, Sutter RW, Cochi SL, et al. Epidemiology of poliomyelitis in the United States one decade after the last reported case of indigenous wild virus-associated disease. *Clin Infect Dis* 1992;14:568–79.
3. CDC. Poliomyelitis prevention in the United States: introduction of a sequential schedule of inactivated poliovirus vaccine followed by oral poliovirus vaccine. Recommendations of the Advisory Committee on Immunization Practices. *MMWR* 1997;46(No. RR-3).

Rubella

Because of the success of the U.S. rubella vaccination program, rubella is at a record low level, with 176 reported cases in 2000. In recent years, surveillance data have indicated that rubella has disproportionately affected adults of Hispanic ethnicity, with an increase in the proportion of cases among Hispanics from 19% in 1991 to 78% in 2000. Rubella now mostly occurs among persons born in countries that do not have routine rubella vaccination programs or that have only recently implemented such programs.

1. Danovaro-Holliday MC, LeBaron CW, Allensworth C, et al. A large rubella outbreak with spread from the workplace to the community. *JAMA* 2000;284:2733–9.
2. CDC. Control and prevention of rubella: evaluation and management of suspected rubella outbreaks, rubella in pregnant women, and surveillance for congenital rubella. *MMWR* 2001;50(No. RR-12).
3. Reef SE, Plotkin S, Cordero JF, et al. Preparing for elimination of congenital rubella syndrome (CRS): summary of a workshop on CRS elimination in the United States. *Clin Infect Dis* 2000;31:85–95.
4. CDC. Rubella among Hispanic adults—Kansas, 1998 and Nebraska, 1999. *MMWR* 2000;49:225–8.

Salmonellosis

During 2000, a total of 32,021 *Salmonella* isolates were reported through the Public Health Laboratory Information System (PHLIS) (rate: 11.7/100,000), which was a 24% decrease from 1990 and a 2% decrease from 1999. Of the 2,449 known *Salmonella* serotypes, the two most commonly reported in 2000 were Typhimurium and Enteritidis, accounting for 42% of isolates. *S. Typhimurium* and *S. Enteritidis* have ranked first and second, respectively, in frequency since 1990, although their rankings reversed during 1994–1996 (1). According to a 1999 national survey, 49% of *S. Typhimurium* isolates were resistant to more than one drug, and 28% had a five-drug resistance pattern characteristic of a single phage type, Definitive Type 104 (2). The number of reported *S. Enteritidis* isolates has decreased since the

mid-1990s, possibly because of egg safety regulations and egg industry improvements in the 1990s (3).

1. Olsen SJ, Bishop R, Brenner FW, et al. The changing epidemiology of *Salmonella*: trends in serotypes isolated from humans in the United States, 1987–1997. *J Clin Microbiol* 2001;183:753–61.
2. CDC. The National Antimicrobial Resistance Monitoring System: enteric bacteria. Available at <<http://www.cdc.gov/ncidod/dbmd/narms>>.
3. CDC. Outbreaks of *Salmonella* serotype Enteritidis infection associated with eating raw or undercooked shell eggs—United States, 1996–1998. *MMWR* 2000;49:73–9.

Shigellosis

During 2000, a total of 12,732 isolates of shigellosis were reported through PHLIS, with *Shigella sonnei* infections continuing to account for most cases in the United States. Prolonged, communitywide outbreaks of *S. sonnei* infections transmitted in child care centers and other settings where maintenance of good hygienic conditions requires special care account for much of the problem (1). *S. sonnei* also can be transmitted through contaminated foods and water used for drinking or recreational purposes (2,3), and recent evidence has indicated that infections are increasing among men who have sex with men (4).

1. Mohle-Boetani JC, Stapleton M, Finger R, et al. Communitywide shigellosis: control of an outbreak and risk factors in child day-care centers. *Am J Public Health* 1995;85:812–6.
2. CDC. Outbreaks of *Shigella sonnei* infection associated with eating fresh parsley—United States and Canada, July–August 1998. *MMWR* 1999;48:285–9.
3. CDC. Outbreak of gastroenteritis associated with an interactive water fountain at a beachside park—Florida, 1999. *MMWR* 2000;49:565–8.
4. CDC. *Shigella sonnei* outbreak among men who have sex with men — San Francisco, California, 2000–2001. *MMWR* 2001;50:922.

Streptococcal Disease, Invasive, Group A (including streptococcal toxic-shock syndrome)

During 2000, a total of 915 cases of invasive group A streptococcal (GAS) disease were reported from nine states (California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee) through the Active Bacterial Core Surveillance (ABCs) project under CDC's Emerging Infections Program (1). Based on these 915 cases, CDC estimates that approximately 8,800 cases of invasive GAS disease (rate: 3.2/100,000) and 1,000 deaths occurred nationally during 2000.

Disease incidence was highest among children aged 1 year (5.8/100,000) and adults aged ≥65 years (8.5/100,000). Streptococcal toxic-shock syndrome and necrotizing fasciitis accounted for approximately 4.0% and 6.0% of invasive cases, respectively. The overall case-fatality rate among patients with invasive GAS disease was 11.5%. CDC identifies invasive GAS isolates based on sequences of the variable portion of the M-protein gene (i.e., *emm* typing). Although approximately 50% of the GAS isolates *emm*-typed for 2000 were one of the five known *emm* types (i.e., 1, 3, 12, 28, and 82), *emm*-type distribution shows considerable geographic diversity.

1. CDC. Active Bacterial Core Surveillance (ABCs) report. Emerging Infections Program Network. Group A streptococcus, 2000 (preliminary). Available at <<http://www.cdc.gov/ncidod/dbmd/abcs/survreports/gas00prelim.pdf>>.

Streptococcus pneumoniae, Drug-Resistant, Invasive Disease

During 2000, CDC collected information on invasive pneumococcal disease, including drug-resistant *Streptococcus pneumoniae*, in nine states (California, Colorado, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee) (1). Of the

3,607 *S. pneumoniae* isolates collected, 9.8% exhibited intermediate resistance to penicillin (minimum inhibitory concentration [MIC] of 0.1–1 µg/mL), and 17.1% were fully resistant (MIC \geq 2 µg/mL) (2). For cefotaxime, 9.8% of all isolates had intermediate resistance and 7.5% were resistant. For erythromycin, 21.3% were resistant. Approximately one-fifth (18.9%) of isolates were not susceptible to the three classes of drugs commonly used to treat pneumococcal infections.

In February 2000, the U.S. Food and Drug Administration (FDA) licensed a pneumococcal conjugate vaccine for use in infants and young children. In October 2000, ACIP issued recommendations for use of the vaccine in children aged <5 years (3). Of isolates from children aged <5 years reported during 2000, a total of 67.6% of all strains (n = 887) and 77.7% of strains not susceptible to penicillin (n = 328) were serotypes included in this 7-valent vaccine.

1. Schuchat A, Hilger T, Zell E, et al. Active Bacterial Core Surveillance of the Emerging Infections Program Network. *Emerg Infect Dis* 2001;7:1–8.
2. National Committee for Clinical Laboratory Standards. Performance standards for antimicrobial susceptibility testing: M100–S10 Wayne, PA: National Committee for Clinical Laboratory Standards, 2000.
3. CDC. Prevention of pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2000;49 (No. RR-9):1–38.

Syphilis, Congenital

During 2000, a total of 529 cases of congenital syphilis were reported (rate: 12.6/100,000 live births). Like primary and secondary syphilis, the rate of congenital syphilis has declined sharply in recent years, from a peak of 107.3/100,000 in 1991 (1). Congenital syphilis persists in the United States because a substantial number of women do not receive syphilis serologic testing until late in their pregnancy or not at all. This lack of screening is often related to absent or late prenatal care (2).

1. CDC. Sexually transmitted disease surveillance 2000. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 2001.
2. CDC. Congenital syphilis—United States, 2000. *MMWR* 2001;50:573–7.

Syphilis, Primary and Secondary

During 2000, a total of 5,979 primary and secondary syphilis cases were reported. During 1990–2000, the primary and secondary syphilis rate declined 89%, from 20.3/100,000 to 2.2/100,000. The 2000 rate was the lowest since reporting began in 1941 (1). Although syphilis has declined in all regions of the United States and in all racial/ethnic groups, rates remain disproportionately high in the South and among non-Hispanic blacks, and focal outbreaks continue to occur (including recent outbreaks among men who have sex with men [2,3]).

1. CDC. Sexually transmitted disease surveillance 2000. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 2001.
2. CDC. Outbreak of syphilis among men who have sex with men—Southern California, 2000. *MMWR* 2001;50:117–20.
3. CDC. Primary and secondary syphilis—United States, 1999. *MMWR* 2001;50:113–7.

Tetanus

During 2000, a total of 35 cases of tetanus were reported from 19 states; no cases of neonatal tetanus were reported. Four (11%) cases were among persons aged <25 years, 19 (54%) among persons aged 25–59 years, and 12 (34%) among persons aged >59 years. The percentage of cases among persons aged 25–59 years has increased

during the 1990s; previously, most cases were among persons aged >59 years (1). One case occurred in a child aged 12 years who had never been vaccinated against tetanus because of the parents' objection to vaccination. Six (15%) cases were fatal.

1. Bardenheier B, Prevots DR, Khetsuriani N, Wharton M. Tetanus surveillance—United States, 1995–1997. In: CDC surveillance summaries, July 3, 1998. MMWR 1998;47(No. SS2):1–13.

Toxic-Shock Syndrome

During 2000, a total of 135 cases of toxic-shock syndrome (TSS) were reported. Of these cases, three occurred in men. Three cases were fatal, with two of the deaths menstruation-related. The limited number of reported cases in recent years is likely caused by decreased reporting and not a true decline in incidence of disease (1). Continued surveillance will be important to monitor the reemergence of TSS that could occur among women using barrier contraceptive devices and to define better the risk factors for nonmenstrual TSS.

1. Hajjeh RA, Reingold R, Weil A, Shutt K, Schuchat A, Perkins BA. Toxic shock syndrome in the United States: surveillance update, 1979–1996. Emerg Infect Dis 1999;5:807–10.

Trichinosis

During 2000, a total of 16 cases of trichinosis were reported from eight states (Alaska, Florida, Hawaii, Illinois, Maryland, Michigan, Ohio, and Wisconsin). Case-patients included seven men and three women whose ages ranged from 34 to 65 years. Bear meat was the cause of the five cases reported from Alaska, and pork was identified as the source of cases from Illinois (n = 2) and Hawaii (n = 1).

Tuberculosis

During 2000, a total of 16,377 tuberculosis (TB) cases (rate: 6.0/100,000) were reported (1), representing a 7% decrease from 1999 and a 39% decrease from 1992, when cases peaked during the resurgence of TB in the United States. During 1992–2000, TB cases among U.S.-born persons decreased 55%, whereas cases among foreign-born persons increased 4% (1).

Since 1993, when states began reporting initial drug susceptibility results to CDC, the number of multidrug-resistant TB (MDR TB) cases in persons with no previous history of TB decreased from approximately 400 (2.5%) to approximately 120 (1.1%) (1). These declines could be the result of stronger control efforts after the resurgence of TB and the emergence of MDR TB. The relatively stable number of cases reported among foreign-born persons indicates that most cases could be caused by infection with *Mycobacterium tuberculosis* in the person's country of origin. CDC has collaborated with state and local health departments to publish recommendations for enhancing TB control efforts among foreign-born persons and is working to expand current efforts based on these recommendations (2,3).

1. CDC. Reported tuberculosis in the United States, 2000. Atlanta, GA: US Department of Health and Human Services, CDC, August 2001. Available at <<http://www.cdc.gov/nchstp/tb/>>.
2. CDC. Recommendations for prevention and control of tuberculosis among foreign-born persons: report of the working group on tuberculosis among foreign-born persons. MMWR 1998;47(No. RR-16).
3. CDC. Preventing and controlling tuberculosis along the US-Mexico border: work group report. MMWR 2001;50(No. RR-1).

Tularemia

During 2000, a total of 142 cases of tularemia were reported. The incidence of tularemia in the United States has declined substantially, from nearly 0.36/100,000 in 1955 to 0.06/100,000 in 2000 (1). Although tularemia was removed as a nationally notifiable

disease in 1994, it was reinstated effective January 1, 2000, primarily because of the potential for use of *Francisella tularensis* as a bioterrorism agent (2). Guidelines for public health and medical response to the use of *F. tularensis* as a biological weapon are available (3). During the summer of 2000, lawn mowing or brush-cutting was identified as a risk factor in an outbreak of pneumonic tularemia on Martha's Vineyard, Massachusetts (4).

1. Cross JT, Penn RL. *Francisella tularensis* (tularemia). In: Mandell GL, Bennett JE, Dolin R, eds. Mandell, Douglas, and Bennett's principles and practice of infectious diseases. Philadelphia, PA: Churchill Livingstone, 2000:2393–402.
2. Notice to readers: changes in national notifiable diseases data presentation. MMWR 2000;49:892.
3. Dennis DT, Inglesby TV, Henderson DA, et al. Tularemia as a biological weapon: medical and public health management. JAMA 2001;285:2763–73.
4. Feldman KA, Lathrop SL, Ensore RE, et al. Lawnmower tularemia—Martha's Vineyard, Massachusetts, 2000. In: Program and abstract of the 50th Annual Epidemic Intelligence Service (EIS) Conference. Atlanta, GA: CDC, 2001:29.

Typhoid Fever

During 2000, a total of 377 cases of typhoid fever were reported. Despite the availability of two effective vaccines, 300–400 cases are reported each year. Approximately 80% of these cases occur in persons who report international travel during the 6 weeks before illness. Persons traveling to and from their country of origin can be at high risk (1). In many areas of the world, *Salmonella* Typhi strains have acquired resistance to multiple antimicrobial agents, including ampicillin, chloramphenicol, and trimethoprim-sulfamethoxazole (1).

1. Ackers ML, Puhr ND, Tauxe RV, Mintz ED. Laboratory-based surveillance of *Salmonella* serotype Typhi infections in the United States: antimicrobial resistance on the rise. JAMA 2000;283:2668–73.

Varicella

In 1995, varicella vaccine was licensed in the United States, and in 1996, the vaccine became available for use in the public sector (1). Although varicella is not a nationally notifiable disease, since 1990, six states (Massachusetts, Michigan, Missouri, Rhode Island, Texas, and West Virginia) have maintained adequate reporting levels by reporting varicella disease burden constituting $\geq 5\%$ of their birth cohort.* In these states, a 67% reduction in disease incidence has occurred between the immediate prevaccination years (1993–1995) and the most recent year for which data are available (2000). This decrease is associated with rapidly increasing vaccination coverage; among children aged 19–35 months, vaccination coverage reached 63% during July 1999–June 2000. The marked decline in reported cases from passive reporting to CDC was consistent with data from active varicella surveillance sites (CDC, unpublished data, 2000).

Ongoing surveillance will be important to monitor the impact of the varicella vaccination program. Although deaths from varicella became nationally notifiable beginning January 1, 1999, reporting remains incomplete (2). CDC encourages all states to review death certificates and vital statistics to identify and report deaths from varicella among children, adolescents, and adults.

1. CDC. Notice to readers: licensure of varicella virus vaccine, live. MMWR 1995;44:264.
2. Council of State and Territorial Epidemiologists. CSTE position statement ID-10: Inclusion of varicella-related deaths in the National Public Health Surveillance System. Atlanta, GA: Council of State and Territorial Epidemiologists, 1998.

*Data obtained from the National Immunization Program.

PART 1

Summaries of Notifiable Diseases in the United States, 2000

ABBREVIATIONS AND SYMBOLS USED IN TABLES

Data not available	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
No reported cases	—
Commonwealth of Northern Mariana Islands	C.N.M.I.
Puerto Rico	P.R.
U.S. Virgin Islands	V.I.
Note: Rates <0.01 after rounding are listed as 0.00.	

TABLE 1. Reported cases of notifiable diseases,* by month — United States, 2000

Table with 14 columns: Disease, Total, Jan., Feb., Mar., Apr., May, June, July, Aug., Sept., Oct., Nov., Dec. Rows include various diseases like AIDS, Anthrax, Botulism, etc.

* No cases of paralytic poliomyelitis, western equine encephalitis, or yellow fever were reported in 2000.

† Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHS/PTB), through December 31, 2000.

‡ Totals reported quarterly to the Division of Sexually Transmitted Diseases Prevention, NCHS/PTB, as of May 4, 2001.

§ Chlamydia refers to genital infections caused by C. trachomatis.

** Notifiable in <40 states.

†† Totals reported to the Division of Tuberculosis Elimination, NCHS/PTB, as of April 17, 2001.

TABLE 2. Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Total resident population (in thousands)	AIDS*	Anthrax	Botulism			Brucellosis	Chancroid [§]
				Foodborne	Infant	Other [†]		
United States	272,692	40,758[*]	1	23	93	22	87	78
New England	13,496	2,028	—	—	1	—	2	2
Maine	1,253	40	—	—	1	—	—	—
N.H.	1,201	31	—	—	—	—	1	—
Vt.	594	38	—	—	—	—	—	—
Mass.	6,175	1,197	—	—	—	—	1	2
R.I.	991	102	—	—	—	—	—	—
Conn.	3,282	620	—	—	—	—	—	—
Mid. Atlantic	38,334	9,825	—	8	22	1	2	26
Upstate N.Y.	10,829	1,212	—	1	2	—	—	—
N.Y. City	7,368	4,992	—	—	1	—	—	26
N.J.	8,143	1,929	—	6	10	—	—	—
Pa.	11,994	1,692	—	1	9	1	2	—
E.N. Central	44,442	3,734	—	4	7	1	9	3
Ohio	11,257	599	—	4	5	—	1	1
Ind.	5,943	389	—	—	—	—	—	—
Ill.	12,128	1,761	—	—	2	—	8	—
Mich.	9,864	767	—	—	—	—	—	—
Wis.	5,250	218	—	—	—	1	—	2
W.N. Central	18,800	956	1	1	1	—	8	—
Minn.	4,776	185	—	1	—	—	2	—
Iowa	2,869	94	—	—	NN	—	—	—
Mo.	5,468	459	—	—	—	—	5	—
N. Dak.	634	3	1	—	—	—	—	—
S. Dak.	733	8	—	—	1	—	—	—
Nebr.	1,666	79	—	—	—	—	—	—
Kans.	2,654	128	—	—	—	—	1	—
S. Atlantic	49,561	11,234	—	—	3	1	13	17
Del.	754	221	—	—	—	—	—	—
Md.	5,172	1,465	—	—	1	—	—	—
D.C.	519	875	—	—	—	—	—	—
Va.	6,873	891	—	—	2	—	1	2
W. Va.	1,807	63	—	—	—	—	—	—
N.C.	7,651	696	—	—	—	1	3	5
S.C.	3,886	810	—	—	—	—	—	10
Ga.	7,788	1,237	—	—	—	—	3	—
Fla.	15,111	4,976	—	—	—	—	6	—
E.S. Central	16,584	1,989	—	—	5	—	—	1
Ky.	3,961	212	—	—	2	—	—	—
Tenn.	5,484	863	—	—	2	—	—	—
Ala.	4,370	483	—	—	1	—	—	1
Miss.	2,769	431	—	—	—	—	—	—
W.S. Central	30,325	3,892	—	2	9	1	25	25
Ark.	2,551	194	—	2	1	—	2	—
La.	4,372	679	—	—	—	—	—	6
Okla.	3,358	352	—	—	—	—	1	—
Tex.	20,044	2,667	—	—	8	1	22	19
Mountain	17,128	1,403	—	—	15	—	5	1
Mont.	883	16	—	—	2	—	—	—
Idaho	1,252	22	—	—	—	—	—	—
Wyo.	480	11	—	—	—	—	1	—
Colo.	4,056	313	—	—	—	—	1	1
N. Mex.	1,740	144	—	—	2	—	—	—
Ariz.	4,778	460	—	—	1	—	1	—
Utah	2,130	151	—	—	8	—	2	—
Nev.	1,809	286	—	—	2	—	—	—
Pacific	44,022	5,599	—	8	30	18	23	3
Wash.	5,756	515	—	5	—	—	—	—
Oreg.	3,316	210	—	—	1	—	3	—
Calif.	33,145	4,737	—	3	27	18	19	3
Alaska	620	22	—	—	—	—	—	—
Hawaii	1,185	115	—	—	2	—	1	—
Guam	149	15	—	—	—	—	—	—
P.R.	3,890	1,349	—	—	—	—	—	3
V.I.	118	34	NA	NN	NN	NA	NN	1
American Samoa	62	NA	—	—	—	—	—	NA
C.N.M.I.	67	NA	NA	NA	NA	NA	NA	NA

*Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2000.

[†] Includes cases reported as wound and unspecified botulism.

[§] Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

[¶] Total includes 98 cases in persons with unknown state of residence.

TABLE 2 (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Chlamydia*	Cholera	Cryptosporidiosis	Cyclosporiasis	Diphtheria	Ehrlichiosis	
						Human granulocytic	Human monocytic
United States	702,093	5	3,128	60	1	351	200
New England	24,333	—	143	10	—	168	3
Maine	1,474	—	20	—	—	1	—
N.H.	1,130	—	25	—	—	—	1
Vt.	526	—	28	NN	—	NN	NN
Mass.	10,967	—	37	8	—	30	1
R.I.	2,632	—	4	NN	—	26	1
Conn.	7,604	—	29	2	—	111	—
Mid. Atlantic	68,783	1	393	16	—	95	20
Upstate N.Y.	5,324†	1	139	NN	—	85	12
N.Y. City	26,170	—	171	16	—	—	1
N.J.	10,814	—	19	NN	—	1	7
Pa.	26,475	—	64	—	—	9	—
E.N. Central	120,846	—	983	4	—	—	—
Ohio	31,190	—	260	1	—	—	—
Ind.	14,063	—	72	1	—	—	—
Ill.	32,991	—	126	—	—	NN	NN
Mich.	26,237	—	97	—	—	—	—
Wis.	16,365	—	428	2	—	—	—
W.N. Central	40,127	1	422	1	—	86	64
Minn.	8,102	1	190	1	—	79	4
Iowa	5,987	—	77	—	—	—	—
Mo.	13,448	—	31	—	—	7	60
N. Dak.	909	—	18	NN	—	NN	NN
S. Dak.	1,834	—	15	—	—	—	—
Nebr.	3,791	—	82	—	—	—	—
Kans.	6,056	—	9	NN	—	—	—
S. Atlantic	132,774	—	524	22	—	2	27
Del.	2,856	—	9	—	—	—	1
Md.	14,533	—	14	NN	—	NN	NN
D.C.	3,205	—	18	1	—	NN	NN
Va.	15,352	—	21	—	—	—	—
W. Va.	2,144	—	3	—	—	—	—
N.C.	21,985	—	28	—	—	2	11
S.C.	9,950	—	—	1	—	—	—
Ga.	29,359	—	191	11	—	—	5
Fla.	33,390	—	240	9	—	—	10
E.S. Central	51,152	—	51	—	—	—	52
Ky.	8,063	—	7	NN	—	—	3
Tenn.	15,069	—	12	—	—	—	47
Ala.	15,323	—	16	NN	—	—	2
Miss.	12,697	—	16	—	—	—	—
W.S. Central	102,210	3	175	2	—	—	34
Ark.	6,219	—	16	NN	—	—	22
La.	17,846	3	14	—	—	NN	NN
Okla.	9,331	—	30	NN	—	—	12
Tex.	68,814	—	115	2	—	—	—
Mountain	40,187	—	182	5	—	—	—
Mont.	1,469	—	10	—	—	NN	NN
Idaho	1,907	—	28	NN	—	NN	NN
Wyo.	807	—	5	—	—	—	—
Colo.	12,000	—	72	5	—	NN	NN
N. Mex.	5,204	—	25	—	—	NN	NN
Ariz.	12,591	—	10	—	—	—	—
Utah	2,190	—	28	—	—	—	—
Nev.	4,019	—	4	—	—	NN	NN
Pacific	121,681	—	255	—	1	—	—
Wash.	13,066	—	NN	—	—	—	—
Oreg.	7,107	—	20	—	—	NN	NN
Calif.	95,392	—	235	NN	1	—	—
Alaska	2,569	—	—	—	—	NN	NN
Hawaii	3,547	—	—	—	—	NN	NN
Guam	525	4	—	—	—	—	—
P.R.	2,695	—	—	—	—	—	—
V.I.	131	NA	NA	NA	NA	NA	NA
American Samoa	NA	—	—	—	—	—	—
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001. Chlamydia refers to genital infections caused by *C. trachomatis*.

† Data from New York State are incomplete.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Encephalitis*			<i>Escherichia coli</i> O157:H7		Gonorrhea [†]	<i>Haemophilus influenzae</i> , invasive disease	Hansen disease (leprosy)
	California serogroup viral	Eastern equine	St. Louis	NETSS [‡]	PHLIS [§]			
United States	114	3	2	4,528	3,625	358,995	1,398	91
New England	—	1	—	380	383	6,883	132	—
Maine	—	—	—	32	30	90	2	—
N.H.	—	—	—	40	39	110	14	—
Vt.	—	—	—	37	37	65	10	NN
Mass.	—	1	—	167	175	3,045	46	—
R.I.	—	—	—	20	18	661	9	—
Conn.	—	—	—	84	84	2,912	51	—
Mid. Atlantic	1	—	—	443	348	40,953	243	6
Upstate N.Y.	—	—	—	303	82	8,445	109	NN
N.Y. City	—	—	—	23	18	11,669	65	4
N.J.	—	—	—	117	119	7,232	41	1
Pa.	1	—	—	NN	129	13,607	28	1
E.N. Central	29	—	—	1,103	755	71,694	186	4
Ohio	18	—	—	275	226	19,303	55	2
Ind.	2	—	—	131	88	6,525	33	—
Ill.	3	—	—	194	158	20,671	62	1
Mich.	—	—	—	141	104	18,182	11	—
Wis.	6	—	—	362	179	7,013	25	1
W.N. Central	12	—	—	683	625	18,114	86	4
Minn.	8	—	—	212	232	3,160	51	—
Iowa	4	—	—	180	148	1,392	—	2
Mo.	—	—	—	111	98	8,883	23	1
N. Dak.	—	—	—	23	21	73	4	NN
S. Dak.	—	—	—	56	59	277	1	—
Nebr.	—	—	—	71	49	1,534	3	1
Kans.	—	—	—	30	18	2,795	4	—
S. Atlantic	49	2	—	387	295	94,350	333	4
Del.	—	—	—	3	1	1,735	—	—
Md.	—	—	—	35	2	9,837	81	—
D.C.	—	—	—	1	NA	2,706	—	—
Va.	—	—	—	77	68	10,175	41	—
W. Va.	40	—	—	15	13	645	15	—
N.C.	7	2	—	93	75	17,823	23	—
S.C.	—	—	—	21	17	8,383	7	—
Ga.	2	—	—	44	40	20,265	85	NN
Fla.	—	—	—	98	79	22,781	81	4
E.S. Central	21	—	—	151	119	36,658	54	1
Ky.	2	—	—	40	33	3,502	12	—
Tenn.	19	—	—	62	55	11,876	26	1
Ala.	—	—	—	10	9	12,063	14	—
Miss.	—	—	—	39	22	9,217	2	—
W.S. Central	—	—	2	227	287	54,035	68	19
Ark.	—	—	—	56	38	3,642	2	1
La.	—	—	—	15	54	13,245	16	2
Okla.	—	—	—	19	17	4,229	46	—
Tex.	—	—	2	137	178	32,919	4	16
Mountain	1	—	—	424	306	10,389	135	2
Mont.	—	—	—	31	NA	60	1	—
Idaho	—	—	—	73	41	98	4	1
Wyo.	—	—	—	21	11	53	1	—
Colo.	1	—	—	156	110	3,112	33	NN
N. Mex.	—	—	—	22	18	1,152	26	—
Ariz.	—	—	—	56	45	4,130	53	—
Utah	—	—	—	50	71	231	11	—
Nev.	—	—	—	15	10	1,553	6	1
Pacific	1	—	—	730	507	25,919	161	51
Wash.	NN	NN	—	237	206	2,418	9	1
Oreg.	1	—	—	134	115	1,038	34	2
Calif.	—	—	—	313	169	21,619	48	33
Alaska	NN	NN	NN	32	6	361	45	—
Hawaii	—	—	—	14	11	483	25	15
Guam	—	—	—	—	NA	62	3	3
P.R.	—	—	—	7	NA	527	4	2
V.I.	NA	NA	NA	NA	NA	24	NA	NA
American Samoa	—	—	—	—	NA	NA	—	1
C.N.M.I.	NA	NA	NA	NN	NA	NA	NA	NA

* No cases of western equine encephalitis were reported in 2000.

[†] National Electronic Telecommunications System for Surveillance.

[‡] Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of May 25, 2001.

[§] Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2000

Area	Malaria	Measles		Meningo- coccal disease	Mumps	Pertussis	Plague	Psittacosis
		Indigenous	Imported†					
United States	1,560	60	26	2,256	338	7,867	6	17
New England	79	2	4	123	5	1,952	—	—
Maine	7	—	—	9	—	46	—	—
N.H.	1	2	1	12	—	159	—	—
Vt.	4	—	3	4	—	254	—	—
Mass.	32	—	—	70	1	1,411	—	—
R.I.	13	—	—	9	1	28	—	—
Conn.	22	—	—	19	3	54	—	NN
Mid. Atlantic	392	15	9	262	31	819	—	3
Upstate N.Y.	80	9	1	79	12	385	—	3
N.Y. City	228	6	7	46	8	90	—	—
N.J.	49	—	—	54	4	56	—	—
Pa.	35	—	1	83	7	288	—	—
E.N. Central	155	9	1	403	27	942	—	2
Ohio	23	3	—	94	9	389	—	1
Ind.	11	—	—	59	2	153	—	1
Ill.	68	3	—	91	6	133	—	—
Mich.	34	3	—	115	7	127	—	—
Wis.	19	—	1	44	3	140	—	—
W.N. Central	84	1	2	157	26	829	—	2
Minn.	42	—	1	23	7	575	—	2
Iowa	2	—	—	37	8	67	—	—
Mo.	21	—	—	67	5	97	—	—
N. Dak.	3	—	—	3	1	9	—	NN
S. Dak.	1	—	—	6	—	11	—	—
Nebr.	8	—	—	9	2	28	—	—
Kans.	7	1	1	12	3	42	—	—
S. Atlantic	382	4	—	337	50	593	—	5
Del.	5	—	—	1	—	9	—	—
Md.	126	—	—	28	9	133	—	—
D.C.	17	—	—	—	—	3	—	—
Va.	55	2	—	42	11	134	—	—
W. Va.	4	—	—	15	1	3	—	—
N.C.	36	—	—	39	9	129	—	1
S.C.	2	—	—	26	11	63	—	—
Ga.	47	—	—	53	2	52	—	—
Fla.	90	2	—	133	7	67	—	4
E.S. Central	48	—	—	137	7	132	—	1
Ky.	18	—	—	26	1	63	—	1
Tenn.	13	—	—	59	2	45	—	—
Ala.	16	—	—	36	4	20	NN	—
Miss.	1	—	—	16	—	4	—	—
W.S. Central	73	1	—	245	38	452	—	—
Ark.	3	1	—	19	3	44	—	—
La.	14	—	—	46	5	21	—	—
Okla.	10	—	—	34	3	60	—	—
Tex.	46	—	—	146	27	327	—	NN
Mountain	60	12	—	106	24	887	5	—
Mont.	1	—	—	6	1	35	—	—
Idaho	5	—	—	7	1	64	—	—
Wyo.	—	—	—	2	1	4	1	—
Colo.	30	2	—	35	1	488	1	—
N. Mex.	—	—	—	11	1	91	1	—
Ariz.	11	—	—	33	6	143	1	—
Utah	6	3	—	7	7	47	1	—
Nev.	7	7	—	5	6	15	—	—
Pacific	287	16	10	486	130	1,261	1	4
Wash.	43	2	1	71	10	458	—	1
Oreg.	40	—	—	70	NN	110	—	3
Calif.	194	13	6	328	89	631	1	—
Alaska	—	1	—	9	8	21	—	—
Hawaii	10	—	3	8	23	41	—	—
Guam	2	—	—	—	16	4	—	—
P.R.	5	3	—	10	2	12	—	—
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	4	—	—	—	—
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

* No cases of paralytic poliomyelitis were reported in 2000.

† Imported cases include only those resulting from importation from other countries.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Q fever	Rabies		RMSF*	Rubella		Salmonellosis	
		Animal	Human		Rubella	Congenital syndrome	NETSS†	PHLIS‡
United States	21	6,934	4	495	176	9	39,574	32,021
New England	—	829	—	2	12	—	2,191	2,215
Maine	—	139	—	—	—	—	127	104
N.H.	—	23	—	—	2	—	148	149
Vt.	NN	57	—	—	—	NN	110	104
Mass.	NN	277	—	2	8	—	1,236	1,252
R.I.	NN	60	—	—	1	—	152	158
Conn.	—	273	—	—	1	—	418	448
Mid. Atlantic	—	1,294	1	46	11	4	5,045	5,270
Upstate N.Y.	NN	823	1	7	1	1	1,293	1,282
N.Y. City	—	18	—	2	9	3	1,197	1,281
N.J.	—	195	—	12	1	—	1,138	1,028
Pa.	NN	258	—	25	—	—	1,417	1,679
E.N. Central	—	169	—	31	1	—	5,451	3,706
Ohio	NN	52	—	18	—	—	1,602	1,459
Ind.	—	14	—	4	—	—	678	615
Ill.	NN	22	—	5	1	—	1,502	303
Mich.	—	69	—	4	—	—	904	942
Wis.	—	12	—	—	—	—	765	387
W.N. Central	3	542	1	54	2	—	2,483	2,516
Minn.	1	98	1	—	1	—	614	679
Iowa	NN	81	—	2	—	—	373	351
Mo.	—	50	—	41	—	—	713	864
N. Dak.	—	117	—	—	—	—	73	78
S. Dak.	—	96	—	2	—	—	100	104
Nebr.	1	3	—	6	1	—	231	139
Kans.	1	97	—	3	—	—	379	301
S. Atlantic	—	2,402	1	189	119	4	8,629	5,922
Del.	NN	49	—	—	1	—	125	134
Md.	NN	413	—	19	—	—	804	733
D.C.	—	—	—	—	—	—	64	NA
Va.	NN	574	—	7	—	—	1,020	935
W. Va.	—	114	—	3	—	—	181	152
N.C.	—	571	—	78	89	—	1,149	1,138
S.C.	—	163	—	51	27	3	781	575
Ga.	—	357	1	19	—	—	1,689	1,726
Fla.	—	161	—	12	2	1	2,816	529
E.S. Central	—	210	—	88	6	—	2,483	1,834
Ky.	—	21	—	4	1	—	393	269
Tenn.	—	107	—	58	1	—	709	821
Ala.	—	81	—	14	4	—	676	607
Miss.	NN	1	—	12	—	—	705	137
W.S. Central	—	880	—	69	10	—	4,952	3,025
Ark.	NN	32	—	24	3	—	729	578
La.	—	4	—	2	1	—	877	755
Okla.	NN	58	—	37	—	—	405	304
Tex.	NN	786	—	6	6	—	2,941	1,388
Mountain	6	294	—	13	2	—	2,786	2,496
Mont.	—	65	—	4	—	—	97	NA
Idaho	1	10	—	1	—	—	132	118
Wyo.	—	78	—	3	—	—	76	60
Colo.	3	—	—	—	1	—	692	679
N. Mex.	—	21	—	1	—	—	239	208
Ariz.	—	101	—	—	1	—	798	770
Utah	1	10	—	2	—	—	487	479
Nev.	1	9	—	2	—	—	265	182
Pacific	12	314	1	3	13	1	5,554	5,037
Wash.	—	—	—	—	7	—	659	677
Oreg.	4	7	—	2	—	—	297	362
Calif.	8	272	1	1	6	1	4,300	3,715
Alaska	NN	35	—	NN	—	NN	61	36
Hawaii	—	—	—	NN	—	—	237	247
Guam	—	—	—	—	1	—	28	NA
P.R.	NN	80	—	—	—	—	742	NA
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	—	—	—	2	NA
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

* Rocky Mountain spotted fever.

† National Electronic Telecommunications System for Surveillance.

‡ Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of April 9, 2001.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Shigellosis		Streptococcal disease, invasive, group A	Streptococcal toxic-shock syndrome	Streptococcus pneumoniae, drug-resistant	Syphilis ⁵		
	NETSS*	PHLIS [†]				All stages	Congenital (age <1 yr)	Primary & secondary
United States	22,922	12,732	3,144	83	4,533	31,575	529	5,979
New England	409	385	229	2	143	662	1	91
Maine	11	11	12	—	—	7	—	1
N.H.	7	8	16	1	NN	19	—	2
Vt.	4	—	14	1	16	—	—	—
Mass.	283	262	47	—	NN	447	—	68
R.I.	35	34	15	—	—	38	—	4
Conn.	69	70	125	NN	127	151	1	16
Mid. Atlantic	2,879	1,726	548	8	228	4,431	69	280
Upstate N.Y.	859	212	300	NA	226	234	6	15
N.Y. City	939	628	136	—	NA	2,711	32	117
N.J.	508	440	69	6	—	801	22	71
Pa.	573	446	43	2	2	685	9	77
E.N. Central	4,215	1,334	792	53	223	3,843	75	1,210
Ohio	437	332	255	31	—	282	5	69
Ind.	1,591	157	36	2	223	747	—	351
Ill.	1,188	179	204	20	NN	1,646	50	412
Mich.	667	610	267	—	NN	984	16	330
Wis.	332	56	30	—	NN	184	4	48
W.N. Central	2,627	2,064	258	8	500	507	5	64
Minn.	901	926	148	—	453	77	—	16
Iowa	569	350	—	—	NN	55	—	11
Mo.	671	466	63	1	2	299	3	29
N. Dak.	61	52	9	—	24	1	—	—
S. Dak.	8	6	16	2	8	1	—	—
Nebr.	162	117	5	1	—	7	—	2
Kans.	255	147	17	4	13	67	2	6
S. Atlantic	3,196	1,171	502	6	2,224	9,033	124	2,002
Del.	25	23	1	—	5	45	—	9
Md.	202	115	NN	NN	NN	1,172	16	300
D.C.	80	NA	18	NN	69	516	4	37
Va.	460	350	57	NN	NN	537	5	126
W. Va.	26	17	28	6	39	13	—	3
N.C.	400	271	88	NN	NN	1,494	18	483
S.C.	144	94	13	—	376	853	24	229
Ga.	339	194	150	—	581	1,635	17	402
Fla.	1,520	107	147	—	1,154	2,768	40	413
E.S. Central	1,213	587	117	1	309	3,398	48	877
Ky.	530	121	30	—	32	253	3	85
Tenn.	354	380	87	1	277	1,708	24	532
Ala.	100	79	NN	—	NN	752	7	123
Miss.	229	7	NN	NN	—	685	14	137
W.S. Central	3,525	1,169	262	—	879	4,964	95	825
Ark.	235	63	5	—	14	367	16	104
La.	300	200	—	NN	50	973	7	209
Okla.	131	45	28	NN	NN	327	1	116
Tex.	2,859	861	229	—	815	3,297	71	396
Mountain	1,295	868	399	5	26	1,135	26	225
Mont.	8	NA	—	NN	—	—	—	—
Idaho	44	25	16	2	NN	11	—	1
Wyo.	5	3	8	—	11	5	—	1
Colo.	269	221	67	1	—	63	—	11
N. Mex.	188	119	66	1	15	98	—	16
Ariz.	577	350	236	—	—	847	25	189
Utah	82	84	6	—	—	59	1	2
Nev.	122	66	—	—	—	52	—	5
Pacific	3,563	3,428	37	—	1	3,602	86	405
Wash.	501	414	NN	—	NN	171	—	66
Oreg.	164	113	NN	NN	NN	49	—	12
Calif.	2,853	2,865	NN	NN	NN	3,354	86	325
Alaska	7	3	NN	NN	NN	6	—	—
Hawaii	38	33	37	—	1	22	—	2
Guam	46	NA	—	—	—	9	—	1
P.R.	39	NA	—	—	—	1,339	16	175
V.I.	NA	NA	NA	NN	—	11	—	3
American Samoa	24	NA	—	—	—	NA	NA	NA
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

* National Electronic Telecommunications System for Surveillance.

[†] Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of April 9, 2001.⁵ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2000

Area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis [†]	Tularemia	Typhoid fever	Varicella [‡] (chickenpox)
United States	35	135	16	16,377	142	377	27,382
New England	—	5	—	489	17	27	1,477
Maine	—	2	—	24	—	1	1,270
N.H.	—	—	—	22	—	—	NN
Vt.	—	1	—	4	NN	—	NN
Mass.	—	2	—	285	17	14	195
R.I.	—	—	—	49	—	4	12
Conn.	—	NN	—	105	—	8	NN
Mid. Atlantic	6	25	—	2,692	—	111	—
Upstate N.Y.	4	8	—	412	—	18	NN
N.Y. City	—	3	—	1,332	—	56	NN
N.J.	1	—	—	565	—	28	NN
Pa.	1	14	—	383	—	9	NN
E.N. Central	4	36	8	1,607	14	51	10,017
Ohio	—	3	1	340	1	8	1,192
Ind.	—	5	—	145	5	6	NN
Ill.	1	3	2	743	4	26	NA
Mich.	3	19	1	287	1	9	8,809
Wis.	—	6	4	92	3	2	16
W.N. Central	4	22	—	551	58	3	5,766
Minn.	2	6	—	178	2	1	NN
Iowa	1	4	—	40	NN	—	NN
Mo.	—	3	—	211	28	1	5,744
N. Dak.	—	1	—	5	2	—	21
S. Dak.	—	—	—	16	13	—	NN
Nebr.	—	6	—	24	2	—	1
Kans.	1	2	—	77	11	1	NN
S. Atlantic	4	8	2	3,327	5	56	2,786
Del.	—	1	—	28	2	—	NN
Md.	1	NN	1	282	—	9	NN
D.C.	—	—	—	85	—	—	87
Va.	—	—	—	292	NN	22	592
W. Va.	1	1	—	33	—	1	2,024
N.C.	—	5	—	447	2	3	NN
S.C.	—	—	—	286	—	—	83
Ga.	1	—	NN	703	1	9	NN
Fla.	1	1	1	1,171	—	12	NN
E.S. Central	3	8	—	1,013	4	3	123
Ky.	1	2	NN	147	3	1	NN
Tenn.	—	4	—	383	1	2	123 [§]
Ala.	2	2	—	310	—	—	NN
Miss.	—	NN	—	173	—	—	NN
W.S. Central	6	1	—	2,190	34	18	7,066
Ark.	1	—	NN	199	23	1	NN
La.	—	—	—	331	—	—	102
Okla.	—	1	—	154	11	1	NN
Tex.	5	NN	—	1,506	NN	16	6,964
Mountain	1	13	—	590	5	10	147
Mont.	1	—	—	21	—	2	NN
Idaho	—	5	—	16	—	1	NN
Wyo.	—	—	—	4	—	—	NN
Colo.	—	3	—	97	2	2	NN
N. Mex.	—	1	—	46	—	—	NN
Ariz.	—	—	—	261	1	4	NA
Utah	—	3	—	49	2	1	147
Nev.	—	1	—	96	—	—	NN
Pacific	7	17	6	3,918	5	98	—
Wash.	1	NN	—	258	2	6	NN
Oreg.	—	NN	—	119	2	6	NN
Calif.	6	17	—	3,297	1	78	NN
Alaska	—	NN	5	108	—	2	NN
Hawaii	—	NN	1	136	—	6	NN
Guam	—	—	—	54	—	—	297
P.R.	—	—	—	174	—	—	5,200
V.I.	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	NA	—	1	104
C.N.M.I.	NA	NA	NA	75	NA	NA	NA

* No cases of yellow fever were reported in 2000.

[†] Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.[‡] Although not nationally notifiable, reporting is recommended by the Council of State and Territorial Epidemiologists.[§] Total represents partial reporting by state. Varicella is no longer notifiable in this state.

TABLE 4. Reported cases and incidence rates of notifiable diseases,* by sex — United States, 2000

Disease	Total	Male		Female		Sex not stated
		No.	(Rate)	No.	(Rate)	
AIDS [†]	40,758	30,583	(22.98)	10,175	(7.31)	—
Anthrax	1	—	(—)	—	(—)	1
Botulism, foodborne	23	12	(0.01)	11	(0.01)	—
Infant	93	48	(2.48)	41	(2.22)	4
Other (includes wound)	22	14	(0.01)	7	(0.01)	1
Brucellosis	87	46	(0.03)	39	(0.03)	2
Chancroid [§]	78	46	(0.03)	32	(0.02)	—
Chlamydia ^{§¶}	702,093	NA	(NA)	563,206	(404.51)	1,838
Cholera	5	4	(0.00)	1	(0.00)	—
Cryptosporidiosis	3,128	1,753	(1.35)	1,341	(0.98)	34
Cyclosporiasis**	60	25	(0.03)	35	(0.04)	—
Diphtheria	1	—	(—)	1	(0.00)	—
Ehrlichiosis, human granulocytic**	351	137	(0.12)	102	(0.09)	112
Human monocytic**	200	137	(0.12)	62	(0.05)	1
Encephalitis, California serogroup viral	114	63	(0.05)	50	(0.04)	1
Eastern equine	3	1	(0.00)	2	(0.00)	—
St. Louis	2	2	(0.00)	—	(—)	—
<i>Escherichia coli</i> 0157:H7	4,528	2,082	(1.64)	2,308	(1.74)	138
Gonorrhea [§]	358,995	179,375	(134.78)	178,854	(128.46)	766
<i>Haemophilus influenzae</i> , invasive disease	1,398	608	(0.46)	730	(0.52)	60
Hansen disease (leprosy)	91	50	(0.04)	26	(0.02)	15
Hantavirus pulmonary syndrome	41	22	(0.02)	19	(0.02)	—
Hemolytic uremic syndrome, postdiarrheal	249	108	(0.09)	141	(0.12)	—
Hepatitis A	13,397	7,753	(5.83)	5,552	(3.99)	92
Hepatitis B	8,036	4,981	(3.74)	2,997	(2.15)	58
Hepatitis C; non-A, non-B	3,197	1,935	(1.48)	1,180	(0.86)	82
Legionellosis	1,127	706	(0.54)	418	(0.31)	3
Listeriosis	755	325	(0.25)	421	(0.31)	9
Lyme disease	17,730	9,472	(7.15)	8,191	(5.91)	67
Malaria	1,560	1,019	(0.77)	522	(0.37)	19
Measles	86	40	(0.03)	46	(0.03)	—
Meningococcal disease	2,256	1,170	(0.88)	1,058	(0.76)	28
Mumps	338	179	(0.14)	147	(0.11)	12
Pertussis (whooping cough)	7,867	3,634	(2.73)	4,217	(3.03)	16
Plague	6	4	(0.00)	2	(0.00)	—
Psittacosis	17	10	(0.01)	7	(0.01)	—
Q fever**	21	18	(0.02)	3	(0.00)	—
Rabies, human	4	4	(0.00)	—	(—)	—
Rocky Mountain spotted fever	495	303	(0.23)	191	(0.14)	1
Rubella	176	114	(0.09)	62	(0.04)	—
Salmonellosis	39,574	16,833	(12.65)	17,755	(12.75)	4,986
Shigellosis	22,922	9,332	(7.01)	10,324	(7.41)	3,266
Streptococcal disease, invasive, group A**	3,144	1,531	(1.45)	1,425	(1.28)	188
Streptococcal toxic-shock syndrome**	83	42	(0.05)	41	(0.04)	—
<i>Streptococcus pneumoniae</i> , drug-resistant, invasive disease**	4,533	2,284	(3.00)	1,964	(2.45)	285
Syphilis, primary and secondary [§]	5,979	3,532	(2.65)	2,445	(1.76)	2
Tetanus	35	23	(0.02)	12	(0.01)	—
Toxic-shock syndrome	135	49	(0.04)	86	(0.07)	—
Trichinosis	16	12	(0.01)	4	(0.00)	—
Tuberculosis ^{††}	16,377	10,225	(7.68)	6,148	(4.42)	4
Tularemia	142	100	(0.08)	42	(0.03)	—
Typhoid fever	377	203	(0.15)	159	(0.11)	15

* No cases of paralytic poliomyelitis, western equine encephalitis, or yellow fever were reported in 2000.

[†] Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2000.

[§] Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

[¶] Chlamydia refers to genital infections caused by *C. trachomatis*.

** Notifiable in <40 states.

^{††} Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.

TABLE 5. Reported cases and incidence rates of notifiable diseases,* by race — United States, 2000

Disease	Total	American Indian or Alaska Native		Asian or Pacific Islander		Black		White		Other	Race not stated	
		No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)		No.	No.
AIDS [†]	40,758	204	(8.51)	368	(3.40)	19,864	(56.98)	13,389	(5.96)	—	6,933 [§]	
Botulism, infant	93	2	(1.11)	6	(14.19)	2	(0.35)	49	(1.64)	—	34	
Brucellosis	87	—	(—)	4	(0.04)	—	(—)	31	(0.01)	—	52	
Chlamydia ^{**}	700,461	9,609	(400.80)	9,887	(91.37)	236,573	(678.60)	145,368	(64.72)	—	299,024 [§]	
Cryptosporidiosis	3,128	6	(0.26)	32	(0.31)	322	(0.93)	1,807	(0.82)	14	947	
Cyclosporiasis ^{††}	60	—	(—)	—	(—)	2	(0.01)	35	(0.02)	—	23	
Ehrlichiosis,												
Human granulocytic ^{††}	351	—	(—)	1	(0.01)	2	(0.01)	114	(0.06)	2	232	
Human monocytic ^{††}	200	3	(0.16)	1	(0.01)	3	(0.01)	139	(0.07)	—	54	
Encephalitis, California serogroup viral	114	2	(0.09)	—	(—)	4	(0.01)	95	(0.04)	—	13	
<i>Escherichia coli</i> O157:H7	4,528	10	(0.42)	43	(0.40)	96	(0.28)	2,907	(1.36)	24	1,448	
Gonorrhea ^{**}	358,440	1,772	(73.91)	2,365	(21.86)	212,729	(610.20)	42,136	(18.76)	—	99,438 [§]	
<i>Haemophilus influenzae</i> , invasive disease	1,398	45	(1.88)	21	(0.19)	133	(0.38)	827	(0.37)	5	367	
Hansen disease (leprosy)	91	—	(—)	22	(0.22)	4	(0.01)	19	(0.01)	1	45	
Hantavirus pulmonary syndrome	41	13	(0.65)	1	(0.01)	—	(—)	20	(0.01)	—	7	
Hemolytic uremic syndrome, postdiarrheal	249	—	(—)	7	(0.07)	5	(0.02)	192	(0.10)	1	44	
Hepatitis A	13,397	81	(3.38)	235	(2.17)	1,424	(4.08)	6,693	(2.98)	87	4,877	
Hepatitis B	8,036	72	(3.00)	416	(3.84)	1,559	(4.47)	3,255	(1.45)	21	2,713	
Hepatitis C; non-A, non-B	3,197	14	(0.59)	16	(0.15)	446	(1.29)	1,306	(0.59)	5	1,410	
Legionellosis	1,127	2	(0.09)	8	(0.07)	154	(0.44)	761	(0.35)	2	200	
Listeriosis	755	4	(0.18)	19	(0.18)	63	(0.19)	455	(0.21)	3	211	
Lyme disease	17,730	25	(1.05)	93	(0.92)	223	(0.64)	13,011	(5.80)	54	4,324	
Malaria	1,560	2	(0.08)	99	(0.91)	586	(1.68)	402	(0.18)	25	446	
Measles	86	—	(—)	10	(0.09)	4	(0.01)	59	(0.03)	—	13	
Meningococcal disease	2,256	17	(0.71)	35	(0.32)	334	(0.96)	1,318	(0.59)	16	536	
Mumps	338	3	(0.13)	37	(0.35)	18	(0.05)	160	(0.07)	5	115	
Pertussis (whooping cough)	7,867	72	(3.00)	95	(0.88)	423	(1.21)	5,123	(2.28)	25	2,129	
Rocky Mountain spotted fever	495	7	(0.31)	1	(0.01)	16	(0.05)	353	(0.16)	1	117	
Rubella	176	—	(—)	3	(0.03)	2	(0.01)	105	(0.05)	1	65	
Salmonellosis	39,574	242	(10.09)	514	(4.75)	3,055	(8.76)	18,799	(8.37)	84	16,880	
Shigellosis	22,922	346	(14.43)	142	(1.31)	4,146	(11.89)	8,788	(3.91)	104	9,396	
Streptococcal disease, invasive, group A	3,144	67	(3.74)	44	(0.73)	413	(1.45)	1,755	(0.97)	9	856	
Streptococcal toxic-shock syndrome ^{††}	83	—	(—)	1	(0.02)	7	(0.03)	66	(0.04)	—	9	
<i>Streptococcus pneumoniae</i> ,												
drug-resistant, invasive disease ^{††}	4,533	20	(1.65)	27	(0.63)	811	(3.90)	2,012	(1.55)	3	1,660	
Syphilis, primary and secondary ^{**}	5,971	51	(2.13)	36	(0.33)	4,130	(11.85)	1,055	(0.47)	—	699 [§]	
Tetanus	35	—	(—)	—	(—)	3	(0.01)	27	(0.01)	—	5	
Toxic-shock syndrome	135	—	(—)	1	(0.01)	7	(0.02)	109	(0.06)	—	18	
Tuberculosis ^{§§}	16,377	245	(10.22)	3,491	(32.26)	5,283	(15.15)	7,313	(3.26)	—	45	
Tularemia	142	15	(0.66)	—	(—)	5	(0.02)	79	(0.04)	1	42	
Typhoid fever	377	2	(0.08)	109	(1.01)	32	(0.09)	52	(0.02)	10	172	

* No cases of paralytic poliomyelitis, western equine encephalitis, or yellow fever were reported in 2000. Diseases with <25 reported cases are not included in this table.

[†] Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2000.

[§] Includes the following cases originally reported as Hispanic: 6,817 for AIDS; 94,707 for chlamydia; 18,994 for gonorrhea; and 551 for syphilis, primary and secondary.

^{††} Chlamydia refers to genital infections caused by *C. trachomatis*.

^{**} In addition to data collected through the National Electronic Telecommunications System for Surveillance (NETSS), some ethnicity data are collected on aggregate forms different from those used for reported cases. Thus, total number of cases reported here can differ slightly from others. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

^{††} Notifiable in <40 states.

^{§§} Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.

TABLE 6. Reported cases and incidence rates of notifiable diseases,* by ethnicity — United States, 2000

Disease	Total	Hispanic		Non-Hispanic		Ethnicity not stated
		No.	(Rate)	No.	(Rate)	
AIDS [†]	40,758	6,817	(21.75)	33,253	(13.78)	688
Botulism, infant	93	14	(1.94)	48	(1.57)	31
Brucellosis	87	49	(0.16)	19	(0.01)	19
Chlamydia ^{§†}	700,461	94,707	(302.22)	401,437	(166.33)	204,317
Cryptosporidiosis	3,128	187	(0.60)	1,576	(0.67)	1,365
Cyclosporiasis**	60	8	(0.05)	26	(0.01)	26
Ehrlichiosis,						
Human granulocytic**	351	4	(0.01)	79	(0.04)	268
Human monocytic**	200	1	(0.00)	130	(0.06)	69
Encephalitis, California serogroup viral	114	1	(0.00)	41	(0.02)	72
<i>Escherichia coli</i> O157:H7	4,528	134	(0.43)	2,346	(1.02)	2,048
Gonorrhea [†]	358,440	18,994	(60.61)	259,002	(107.31)	80,444
<i>Haemophilus influenzae</i> , invasive disease	1,398	108	(0.34)	650	(0.27)	640
Hansen disease (leprosy)	91	37	(0.13)	33	(0.02)	21
Hantavirus pulmonary syndrome	41	8	(0.03)	27	(0.01)	6
Hemolytic uremic syndrome, postdiarrheal	249	20	(0.07)	151	(0.07)	78
Hepatitis A	13,397	3,408	(10.88)	5,448	(2.26)	4,541
Hepatitis B	8,036	696	(2.22)	4,333	(1.80)	3,007
Hepatitis C; non-A, non-B	3,197	9	(0.03)	92	(0.04)	3,096
Legionellosis	1,127	22	(0.07)	670	(0.28)	435
Listeriosis	755	70	(0.23)	370	(0.16)	315
Lyme disease	17,730	212	(0.68)	7,234	(3.01)	10,284
Malaria	1,560	185	(0.59)	827	(0.34)	548
Measles	86	10	(0.03)	53	(0.02)	23
Meningococcal disease	2,256	237	(0.76)	1,179	(0.49)	840
Mumps	338	60	(0.19)	177	(0.07)	101
Pertussis (whooping cough)	7,867	865	(2.76)	4,901	(2.03)	2,101
Rocky Mountain spotted fever	495	8	(0.03)	300	(0.13)	187
Rubella	176	138	(0.44)	30	(0.01)	8
Salmonellosis	39,574	2,415	(7.71)	14,382	(5.96)	22,777
Shigellosis	22,922	2,901	(9.26)	8,055	(3.34)	11,966
Streptococcal disease, invasive, group A	3,144	235	(1.18)	1,322	(0.67)	1,587
Streptococcal toxic-shock syndrome**	83	3	(0.02)	41	(0.02)	39
<i>Streptococcus pneumoniae</i> , drug-resistant, invasive disease**	4,533	216	(1.34)	1,817	(1.30)	2,500
Syphilis, primary and secondary [†]	5,971	551	(1.76)	5,272	(2.18)	148
Tetanus	35	9	(0.03)	18	(0.01)	8
Toxic-shock syndrome	135	7	(0.03)	83	(0.04)	45
Tuberculosis ^{††}	16,377	3,805	(12.14)	12,541	(5.20)	31
Tularemia	142	3	(0.01)	76	(0.03)	63
Typhoid fever	377	56	(0.18)	139	(0.06)	182

* No cases of paralytic poliomyelitis, western equine encephalitis, or yellow fever were reported in 2000. Diseases with <25 reported cases are not included in this table.

[†] Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2000.

[§] Chlamydia refers to genital infections caused by *C. trachomatis*.

^{††} In addition to data collected through the National Electronic Telecommunications System for Surveillance (NETSS), some ethnicity data are collected on aggregate forms different from those used for reported cases. Thus, total number of cases reported here can differ slightly from others. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

** Notifiable in <40 states.

^{††} Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.

PART 2

Graphs and Maps for Selected Notifiable Diseases in the United States

ABBREVIATIONS AND SYMBOLS USED IN GRAPHS AND MAPS

Data not available	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
Commonwealth of Northern Mariana Islands	C.N.M.I.
Puerto Rico	P.R.
U.S. Virgin Islands	V.I.

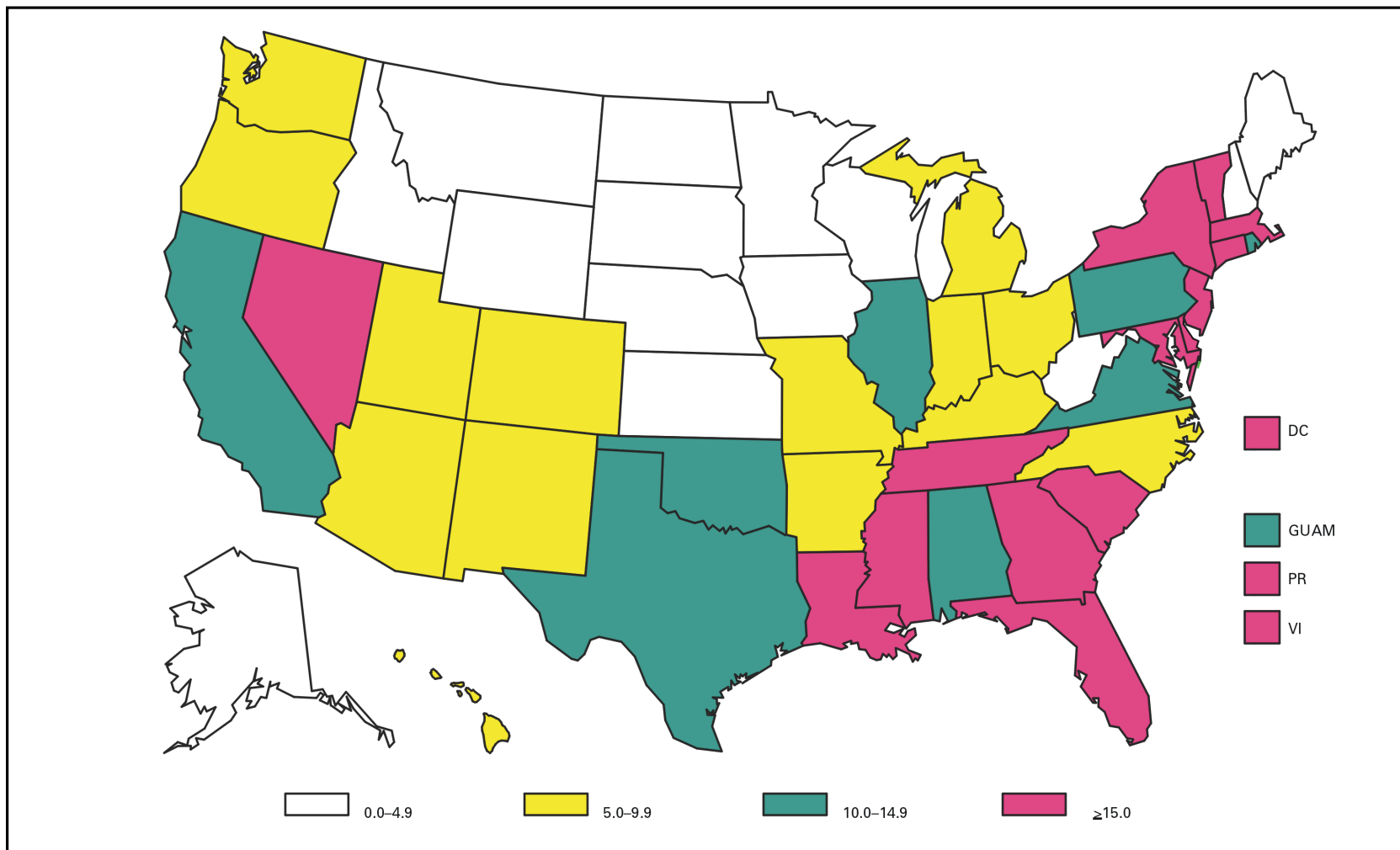
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported cases by quarter — United States,* 1989–2000



*Includes Guam, Puerto Rico, the U.S. Pacific Islands, and the U.S. Virgin Islands.

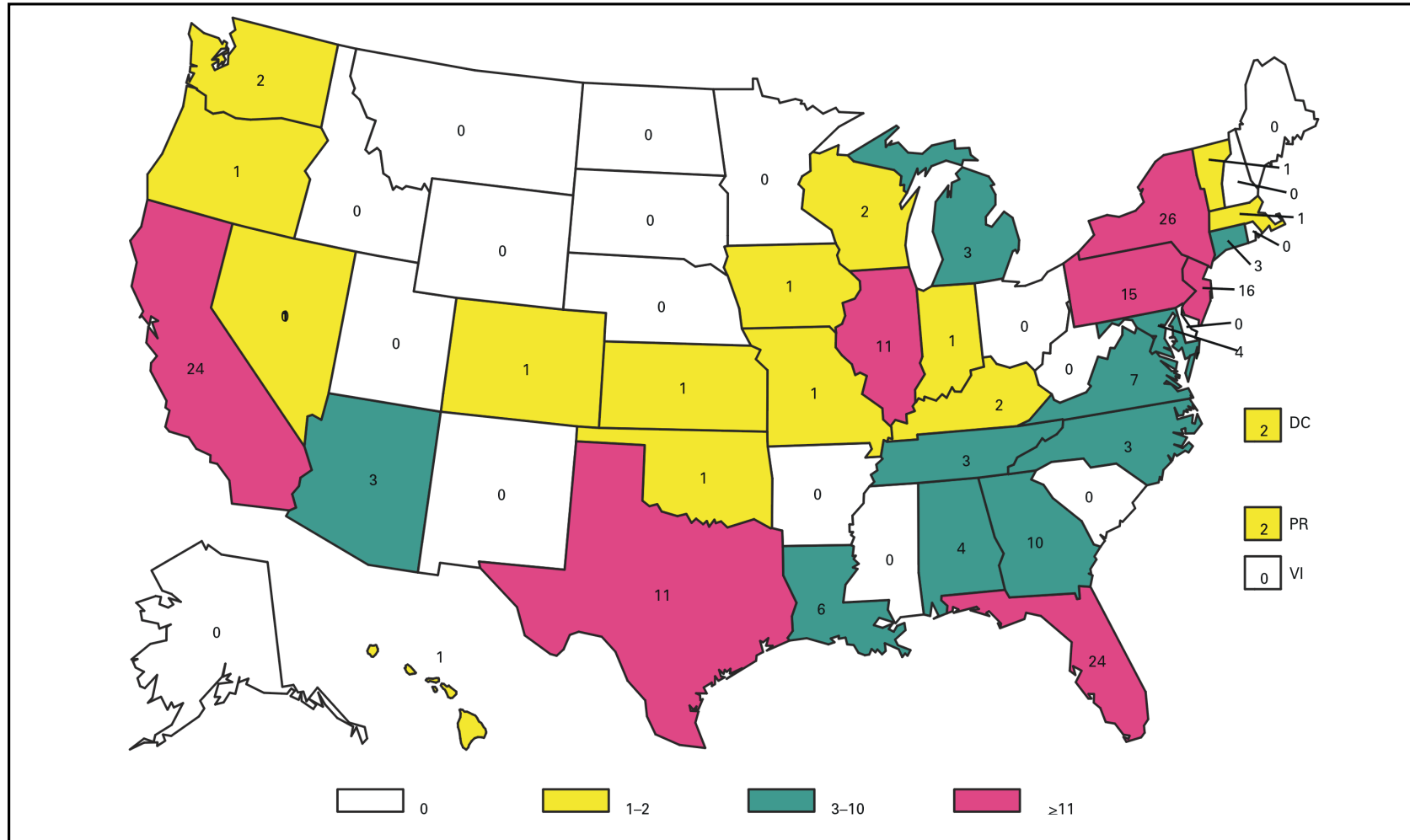
AIDS cases peaked in 1993 following the expansion of the case definition to include HIV-infected persons with severe immune suppression (CD4+ T-lymphocyte counts <200 μ L). Since 1996, AIDS cases have declined in association with the widespread use of potent combination antiretroviral therapy, which improves survival among treated persons.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported cases per 100,000 population — United States, Guam, Puerto Rico, and U.S. Virgin Islands, 2000



AIDS case reports continue to reflect the connection of the epidemic in populous states in the northeastern, southeastern, and western United States. Because successful treatment delays progression of HIV infection to AIDS, AIDS surveillance data alone are now insufficient to monitor trends in the epidemic. Therefore, most states have implemented, or are considering implementing, HIV infection case reporting in addition to the reporting of AIDS.

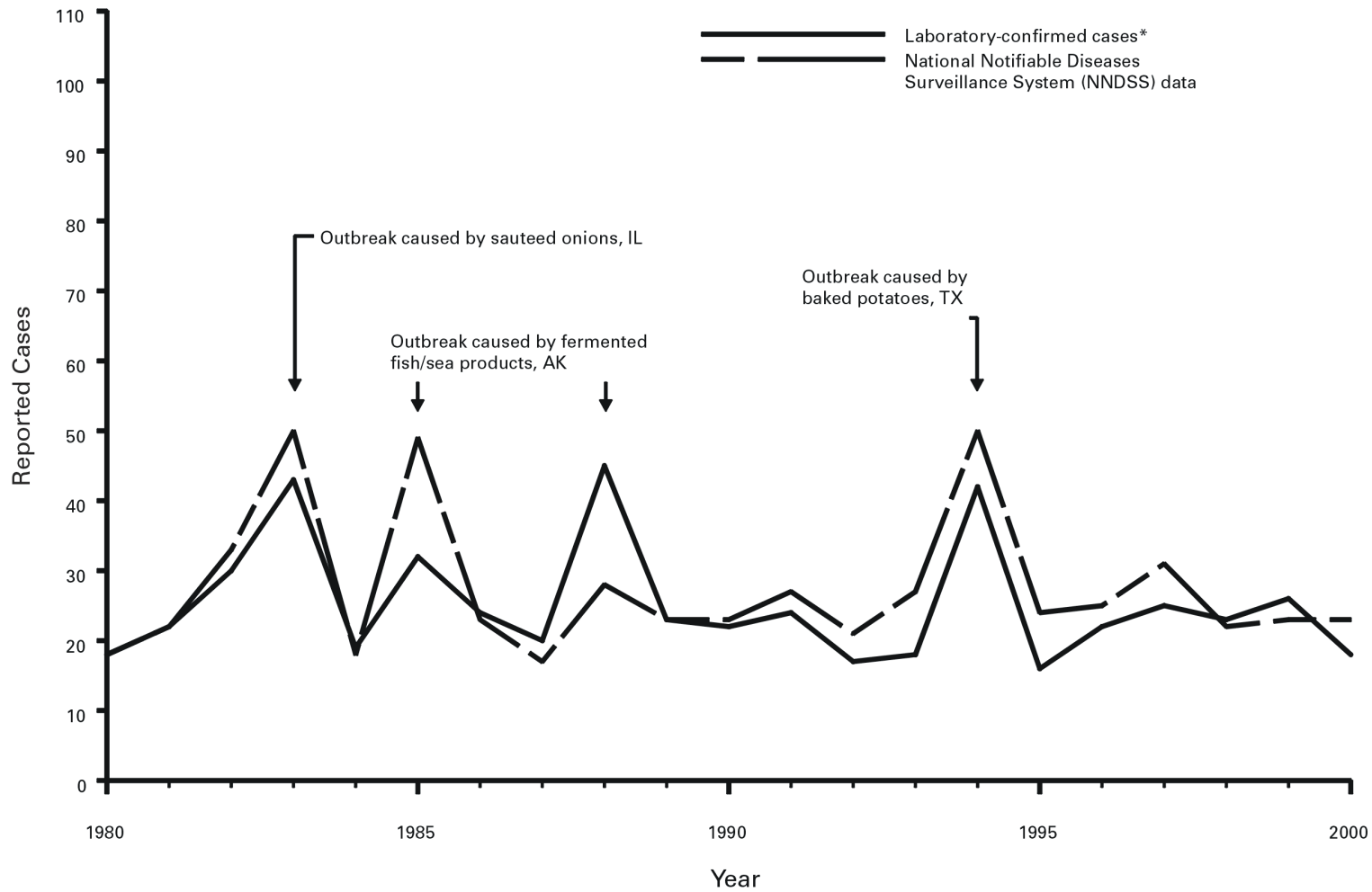
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported pediatric cases* — United States, Puerto Rico, and U.S. Virgin Islands, 2000



*Children and adolescents aged <13 years.

The number of pediatric AIDS cases reported each year has declined since 1992. The decline in pediatric AIDS cases is associated with the implementation of Public Health Service guidelines for universal counseling and voluntary HIV testing of pregnant women and recommendations regarding zidovudine treatment of pregnant women and their newborn infants to prevent perinatal HIV transmission. In addition, some of the decline may be ascribed to improved treatments that delay the onset of AIDS-defining illnesses for HIV-infected children.

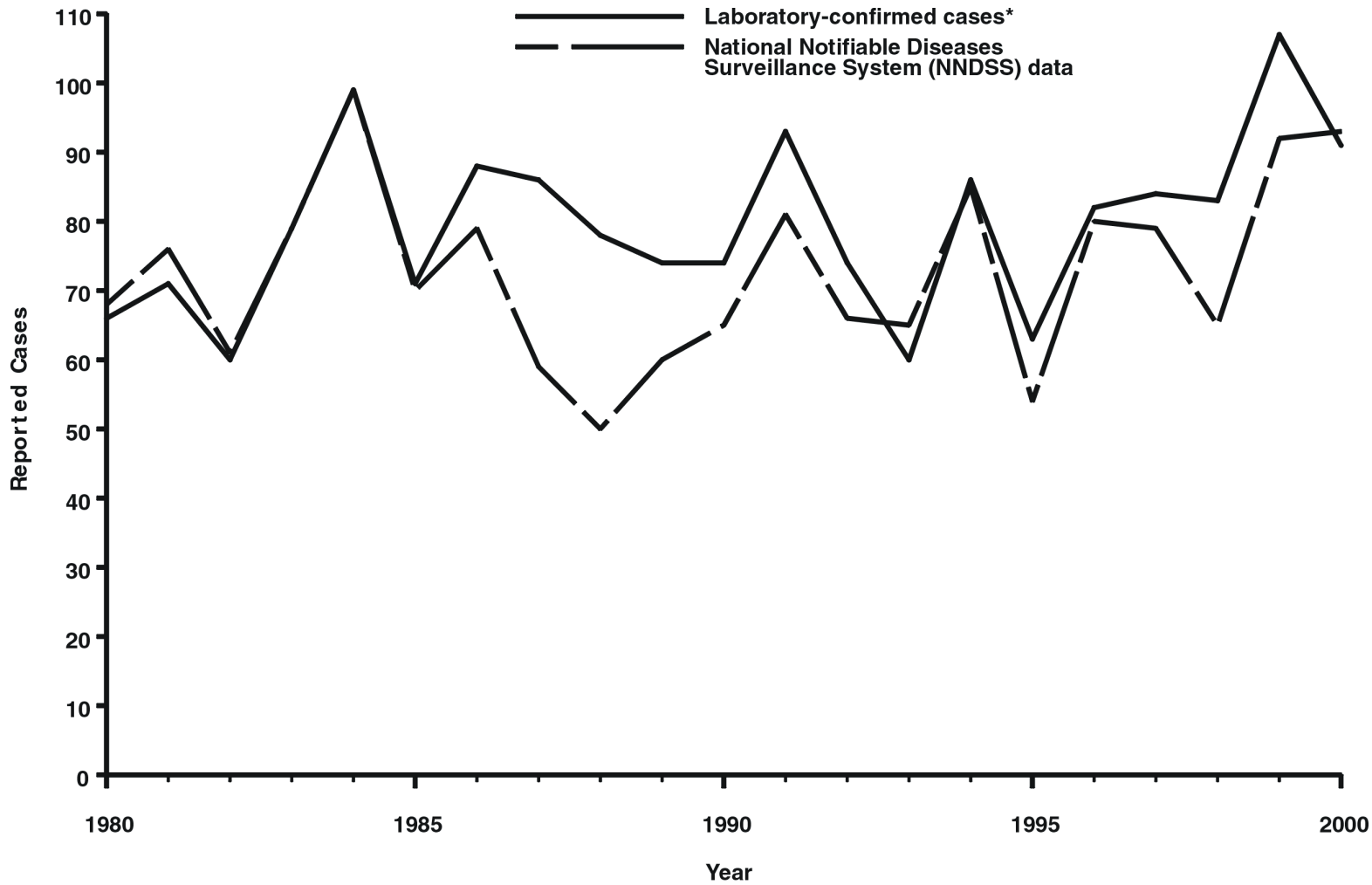
BOTULISM, FOODBORNE. Reported cases by year — United States, 1980–2000



*Data from Annual Survey of State Epidemiologists and Directors of State Public Health Laboratories.

Foodborne botulism is a rare but potentially fatal disease. Every case of botulism must be treated as a public health emergency, and the source of the contaminated food and all exposed persons must be identified.

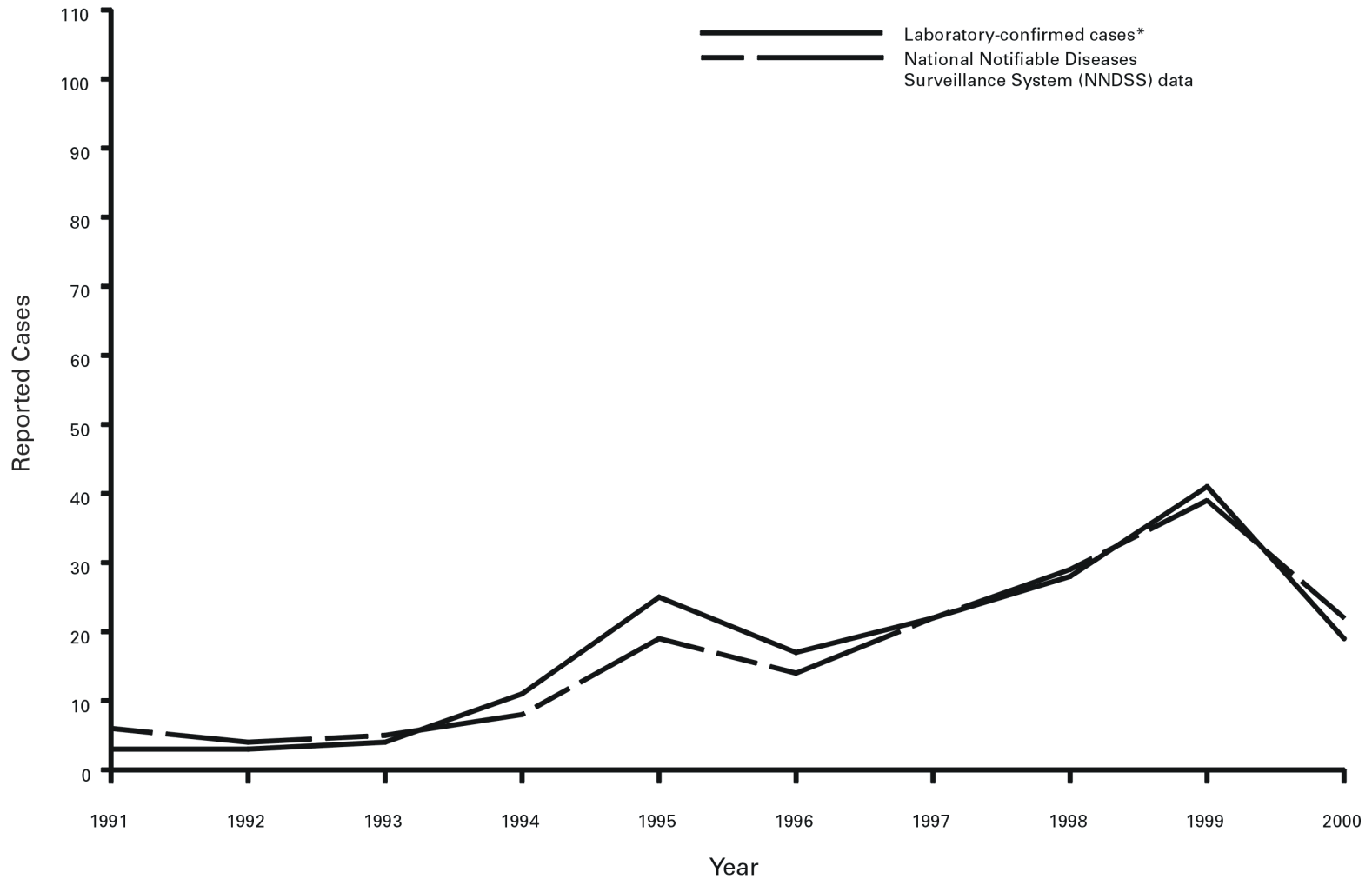
BOTULISM, INFANT. Reported cases by year — United States, 1980–2000



*Data from Annual Survey of State Epidemiologists and Directors of State Public Health Laboratories.

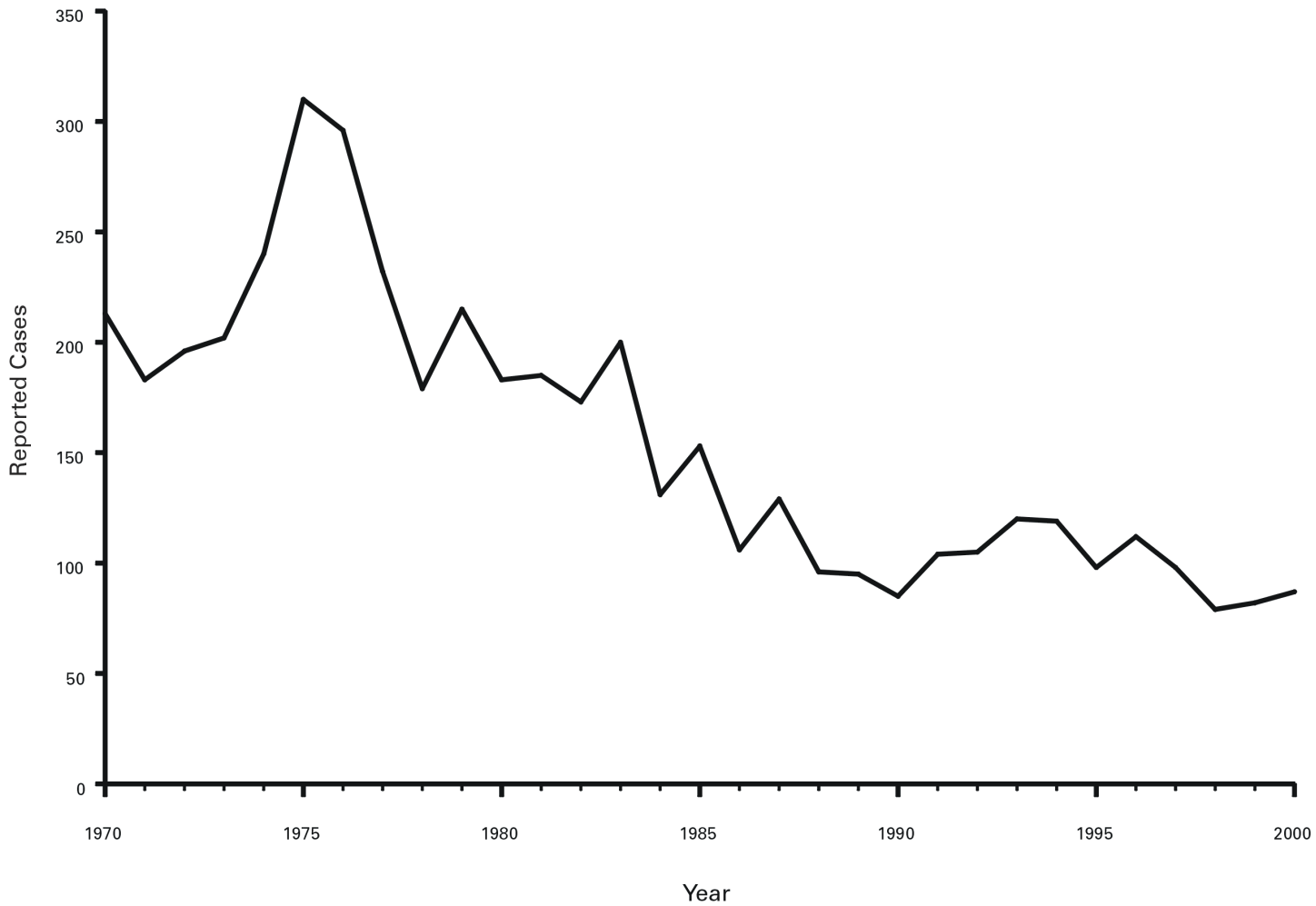
Infant botulism is the most common type of botulism in the United States. Cases are sporadic, and risk factors remain largely unknown.

BOTULISM, OTHER (includes wound and unspecified). Reported cases by year — United States, 1991–2000



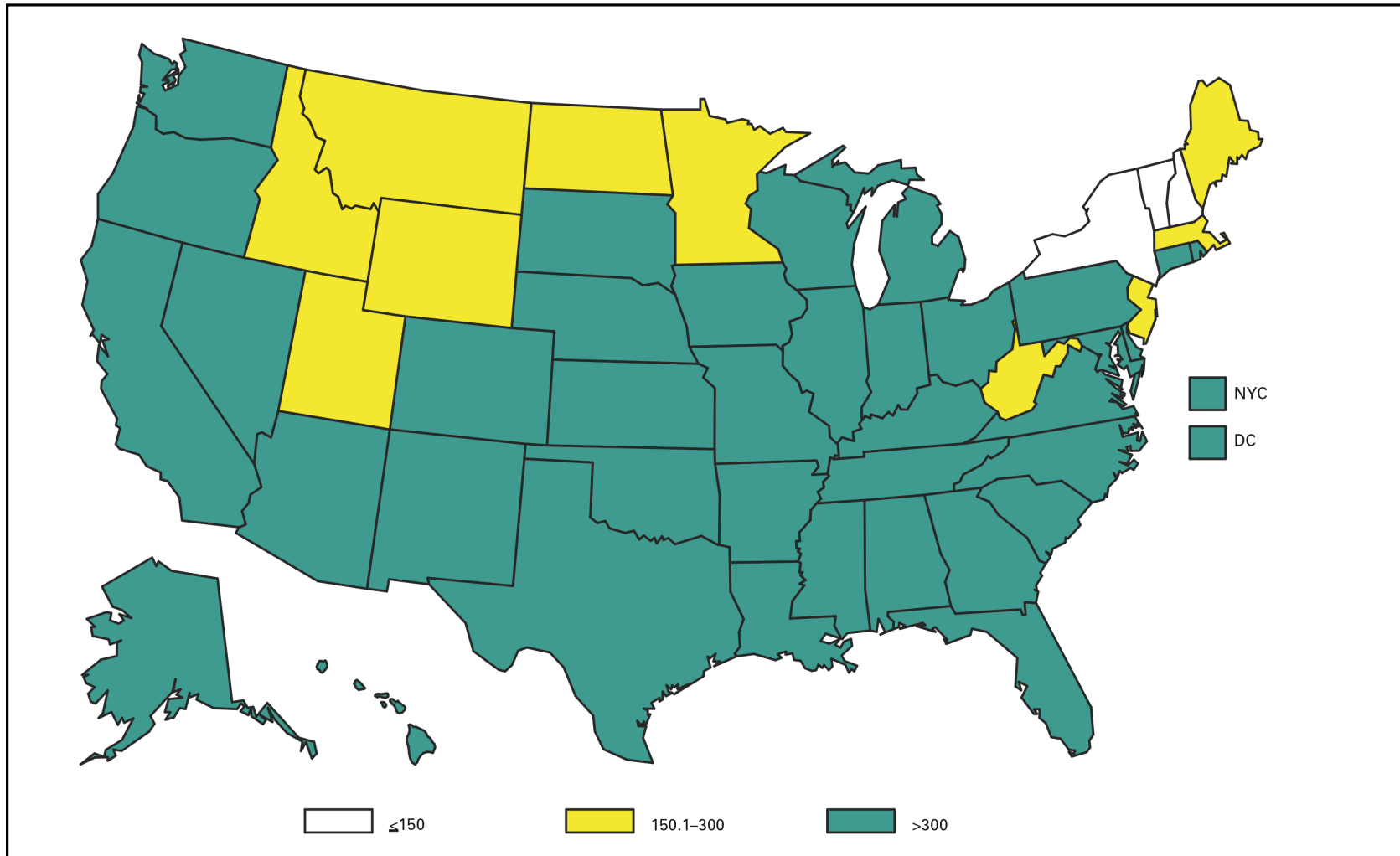
*Data from Annual Survey of State Epidemiologists and Directors of State Public Health Laboratories. Data for wound botulism only. Wound botulism has increased sharply during the past decade and is now the leading cause of adult botulism in the United States.

BRUCELLOSIS. Reported cases by year — United States, 1970–2000



In 2000, the control program for brucellosis among cattle in the United States neared closure, with *Brucella abortus* being nearly eliminated from U.S. herds. The control of *B. abortus* in cattle, combined with other public health programs in the United States, has nearly eliminated the risk for brucellosis among U.S. residents. However, brucellosis remains a threat for international travelers and foreign nationals who consume unpasteurized milk products, for hunters exposed to infected wildlife, and for laboratory workers exposed to *Brucella* species.

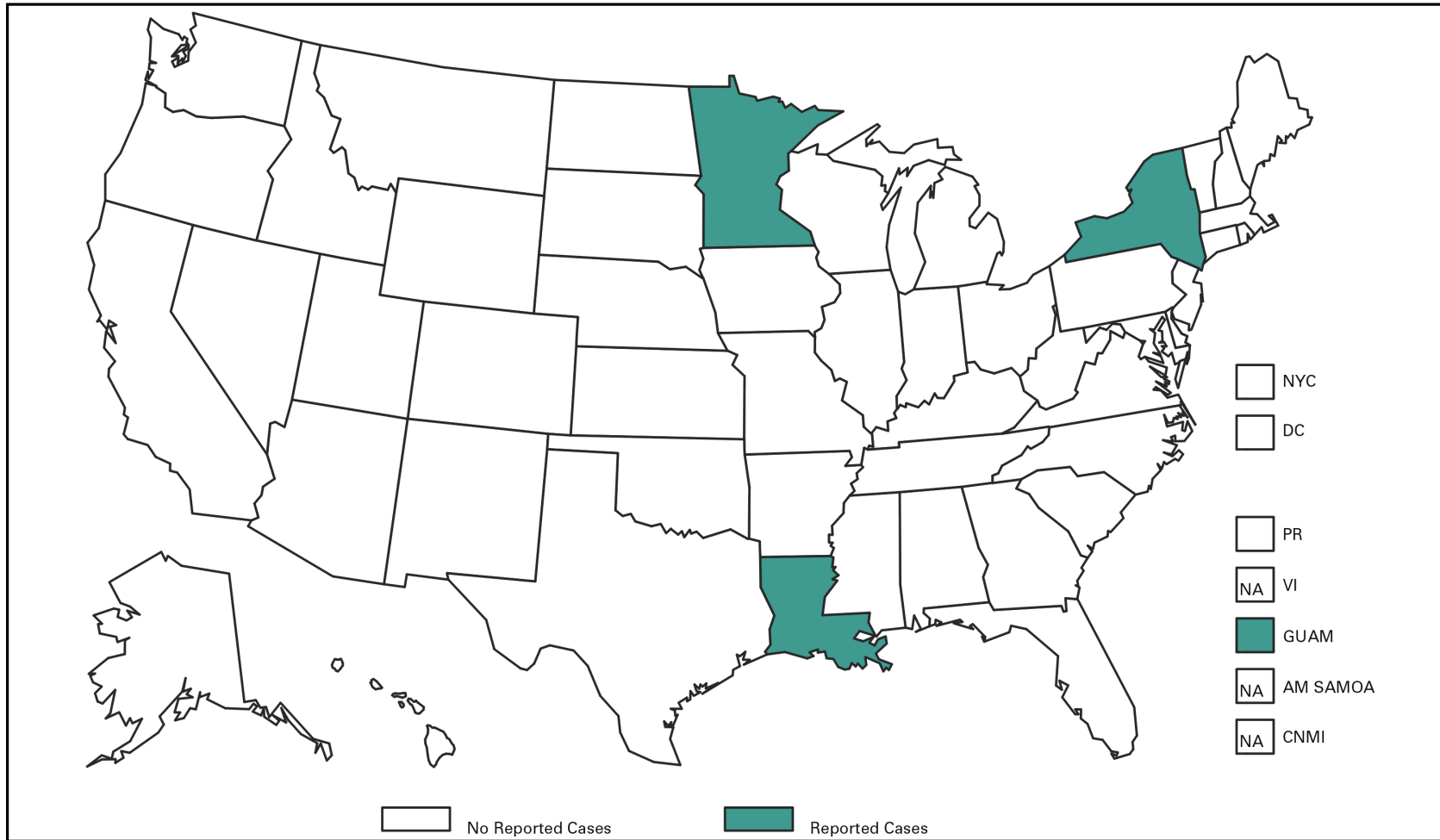
CHLAMYDIA. Reported cases among women per 100,000 female population — United States,* 2000



*Data from New York State are incomplete.

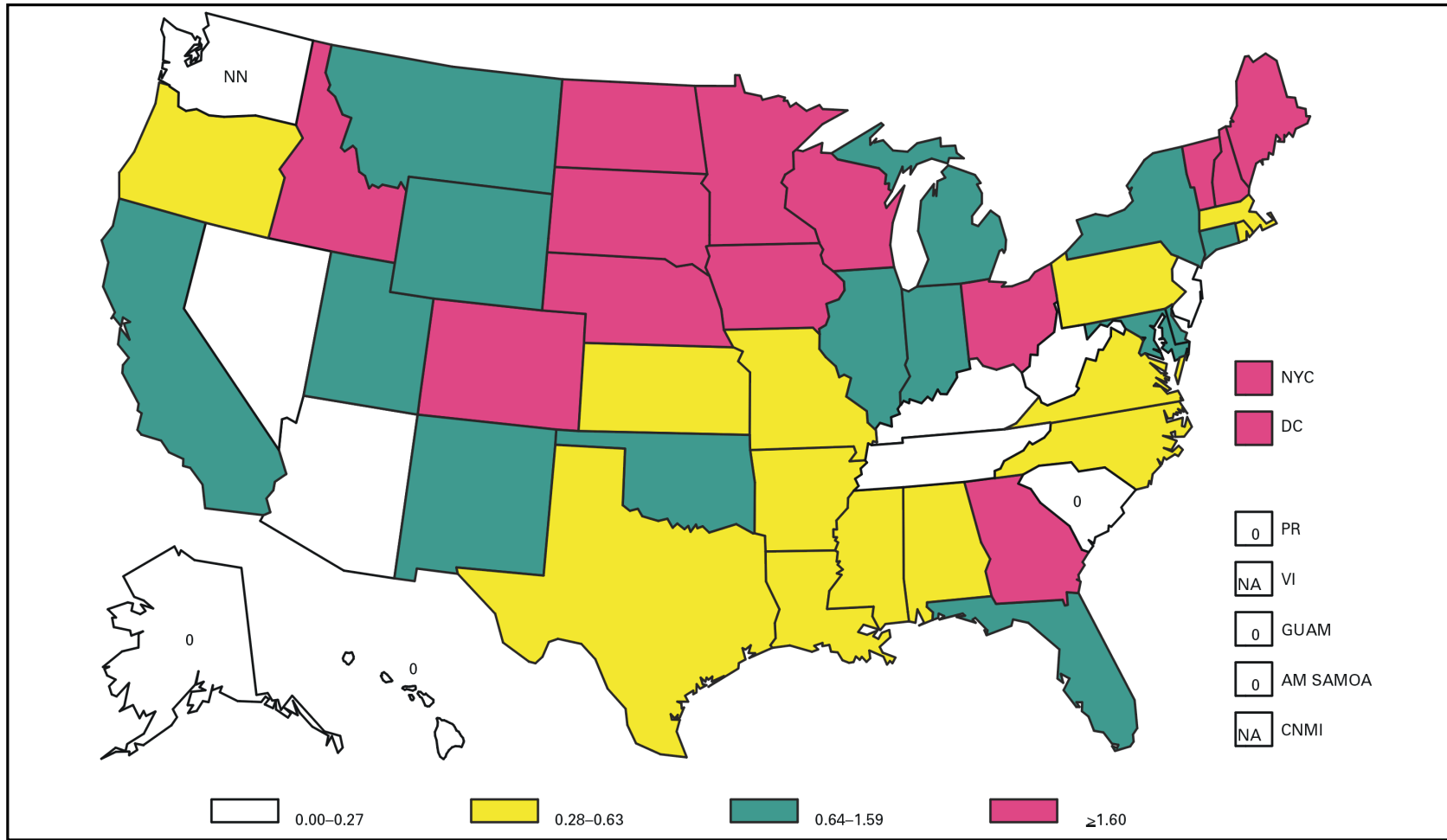
Chlamydia refers to genital infections caused by *Chlamydia trachomatis*. In 2000, the chlamydia rate among women was 404.5 cases/100,000 population. Rates for men are not given because reporting for men is limited.

CHOLERA. Reported cases — United States and U.S. territories, 2000



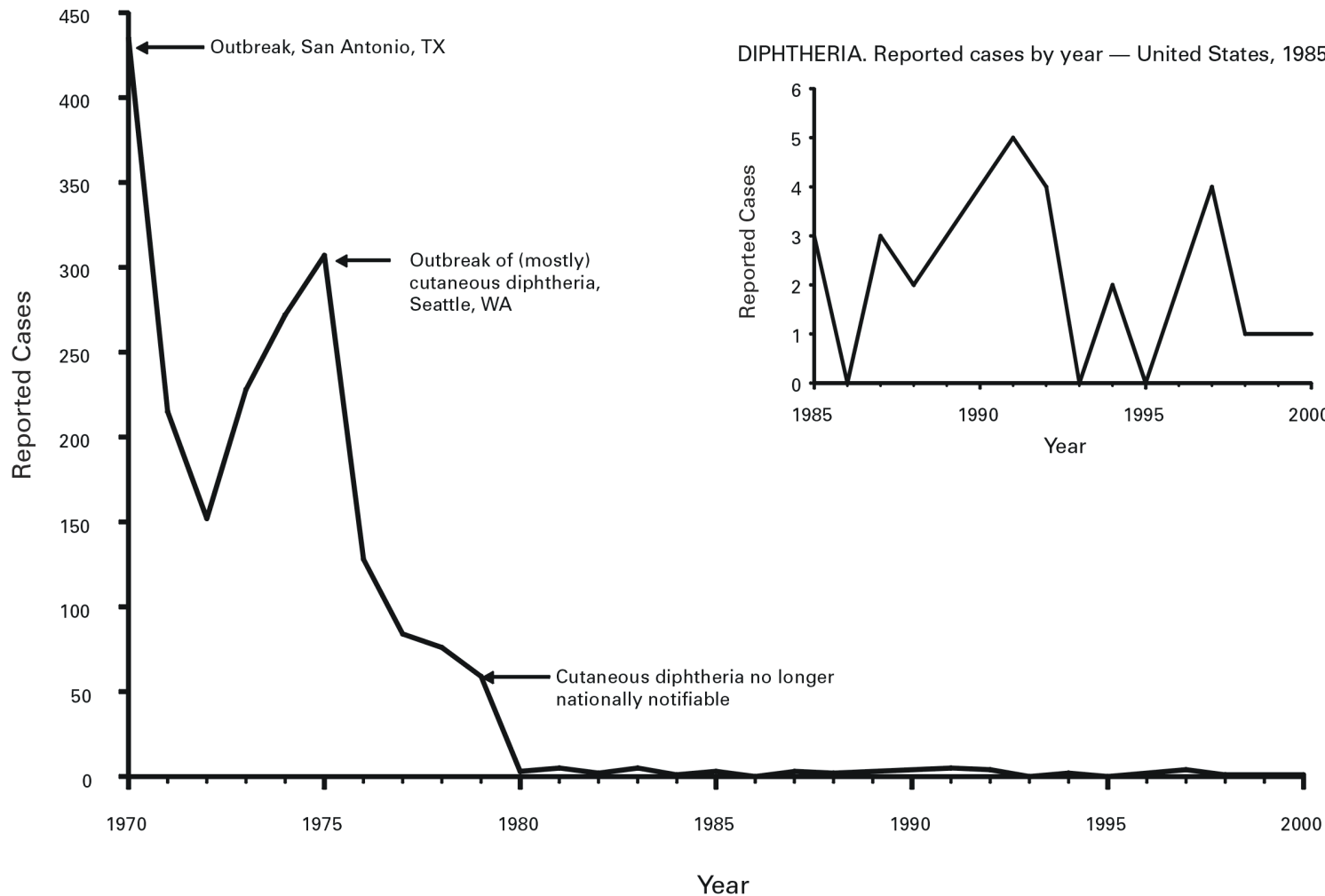
Most cholera infections in the United States are acquired in developing countries or through consumption of contaminated seafood. Cholera vaccine is not recommended for international travelers and is no longer available in the United States.

CRYPTOSPORIDIOSIS. Reported cases per 100,000 population — United States and U.S. territories, 2000



Surveillance data from 2000 suggest that infection with *Cryptosporidium* is geographically widespread. Case-detection and reporting rates likely are higher in states that participate in CDC's FoodNet or Emerging Infectious Diseases Program and in states that report outbreaks. States conducting active surveillance included California, Connecticut, Georgia, Maryland, Minnesota, New York, Tennessee, and Oregon. Outbreaks were reported from Colorado, Florida, Georgia, Ohio, Minnesota, and Nebraska.

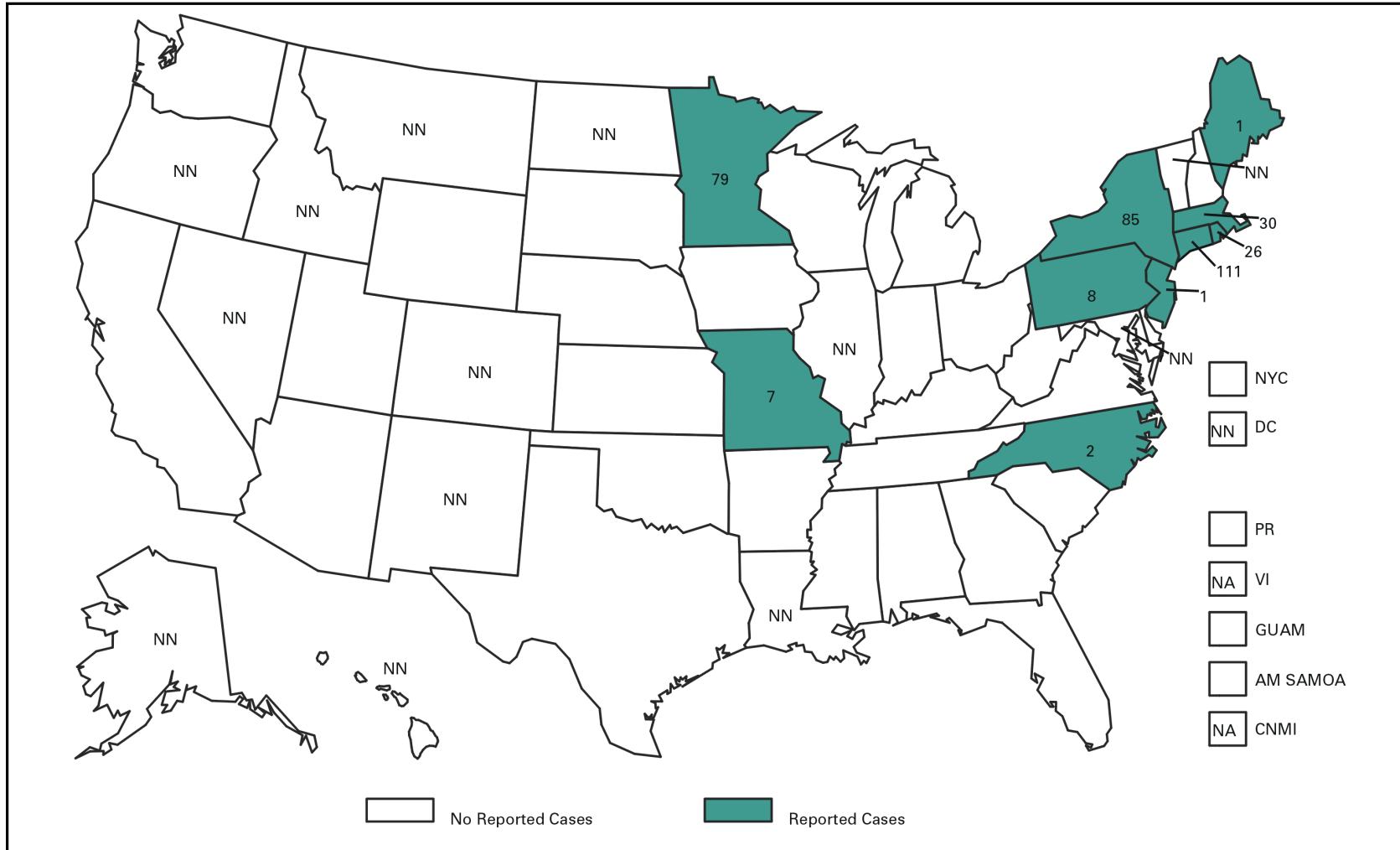
DIPHTHERIA. Reported cases by year — United States, 1970–2000



During 2000, one confirmed case of diphtheria was reported from California in a patient with acute membranous pharyngitis. A culture taken from the patient was positive for *Corynebacterium diphtheriae*, but toxigenicity testing was not done. Non-toxicogenic *C. diphtheriae* can cause localized membranous pharyngitis.

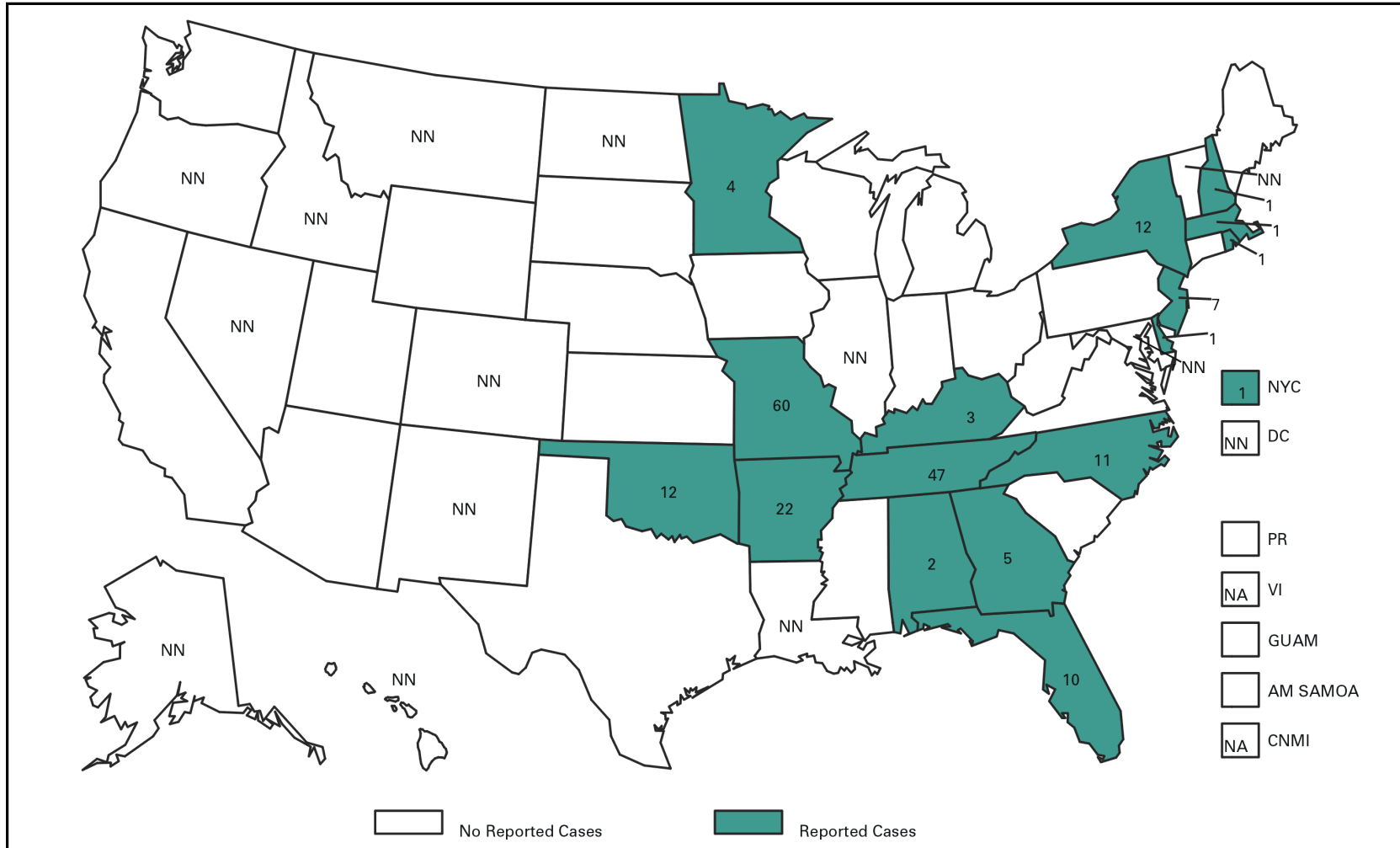
Note: Diphtheria vaccine was first licensed in 1949.

EHRlichiosis, HUMAN GRANULOCYtic. Reported cases — United States and U.S. territories, 2000



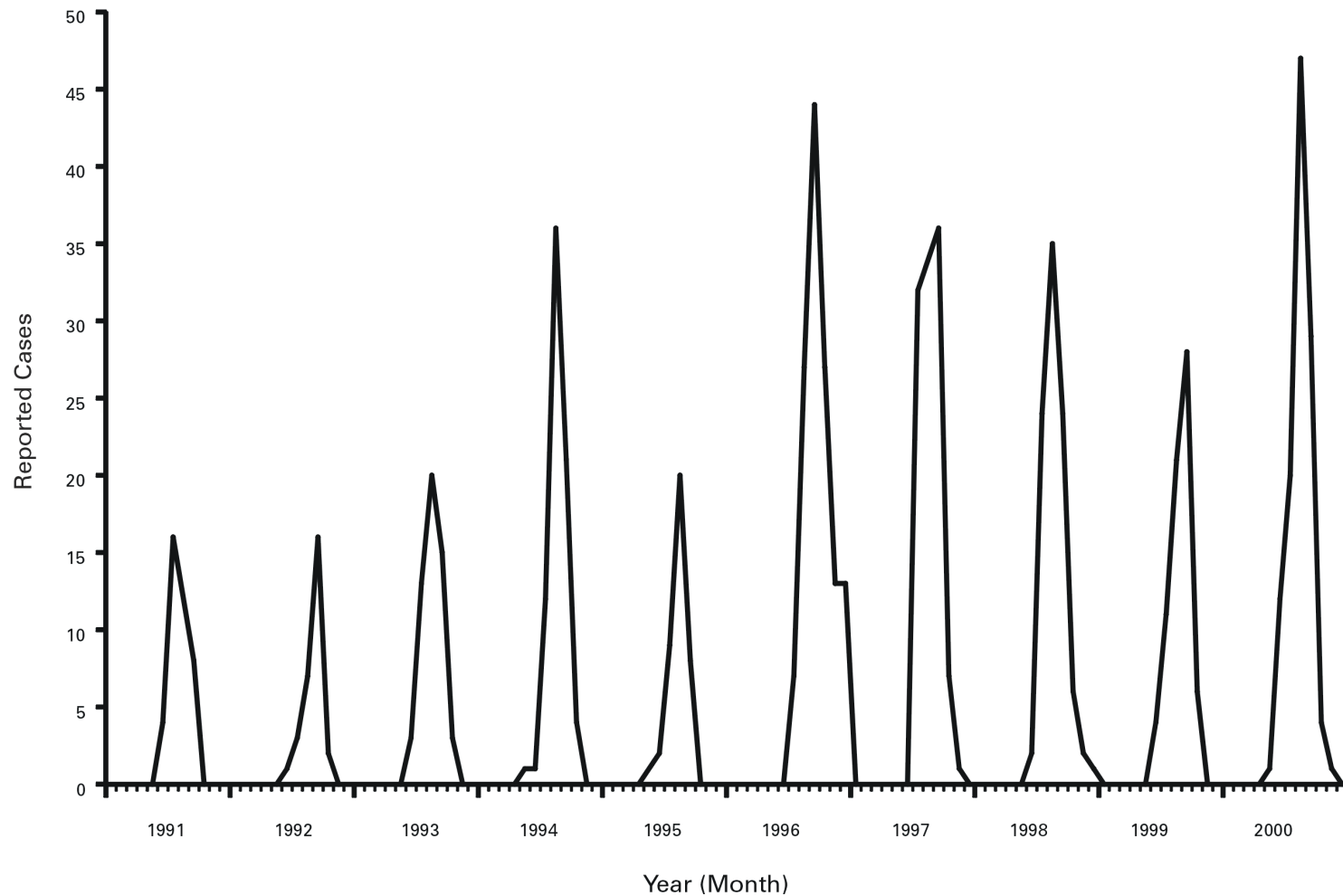
Human ehrlichiosis is an emerging tickborne disease that only became nationally notifiable in 1999. Identification and reporting of human ehrlichiosis are incomplete, and numbers of cases reported in this publication are not definitive for the overall distribution or the regional prevalence of disease.

EHRlichiosis, HUMAN MONOCYtic. Reported cases — United States and U.S. territories, 2000



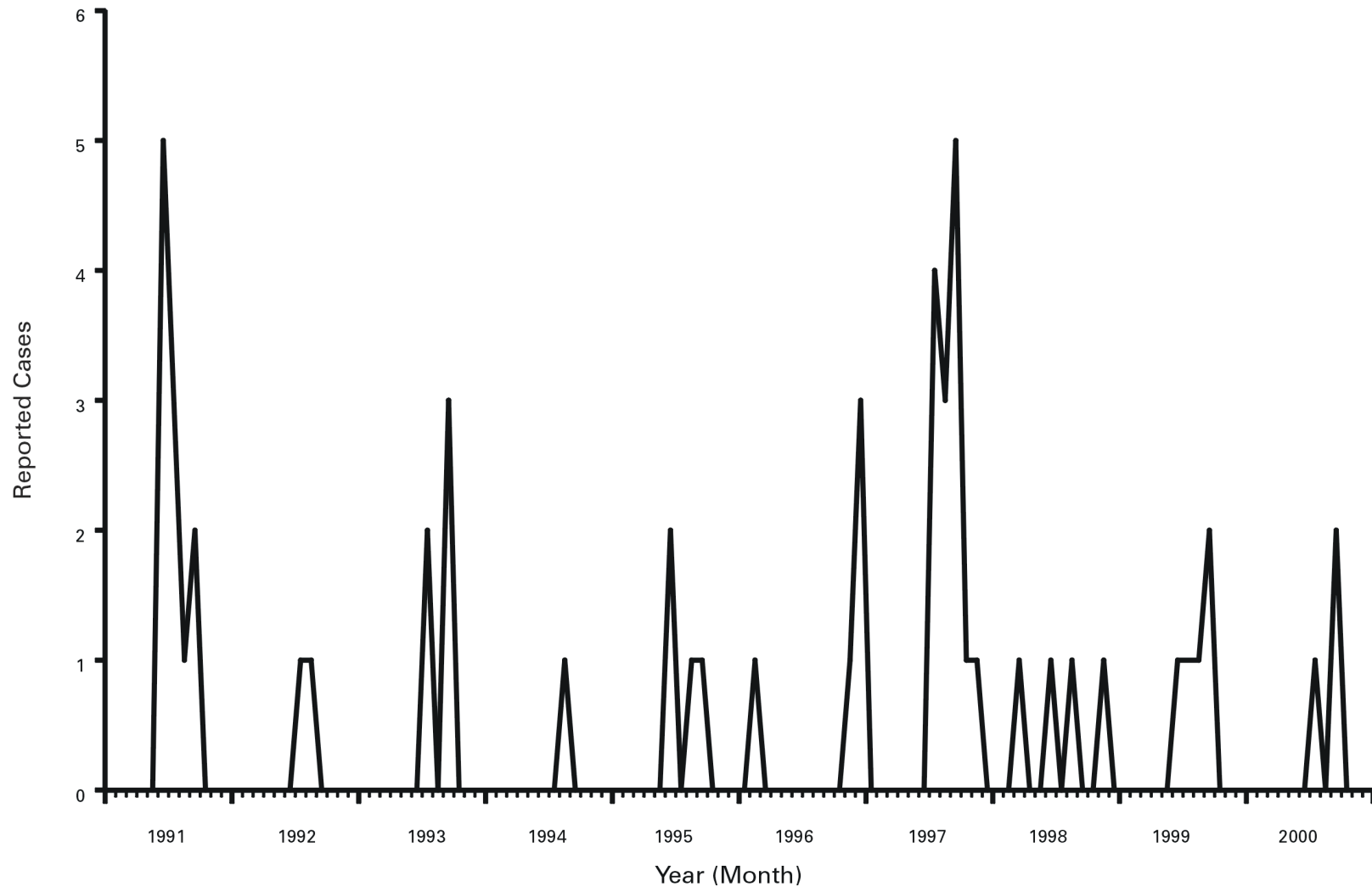
Human ehrlichiosis is an emerging tickborne disease that only became nationally notifiable in 1999. Identification and reporting of human ehrlichiosis are incomplete, and numbers of cases reported in this publication are not definitive for the overall distribution or the regional prevalence of disease.

ENCEPHALITIS. Reported cases caused by California serogroup viruses, by month of onset — United States, 1991–2000



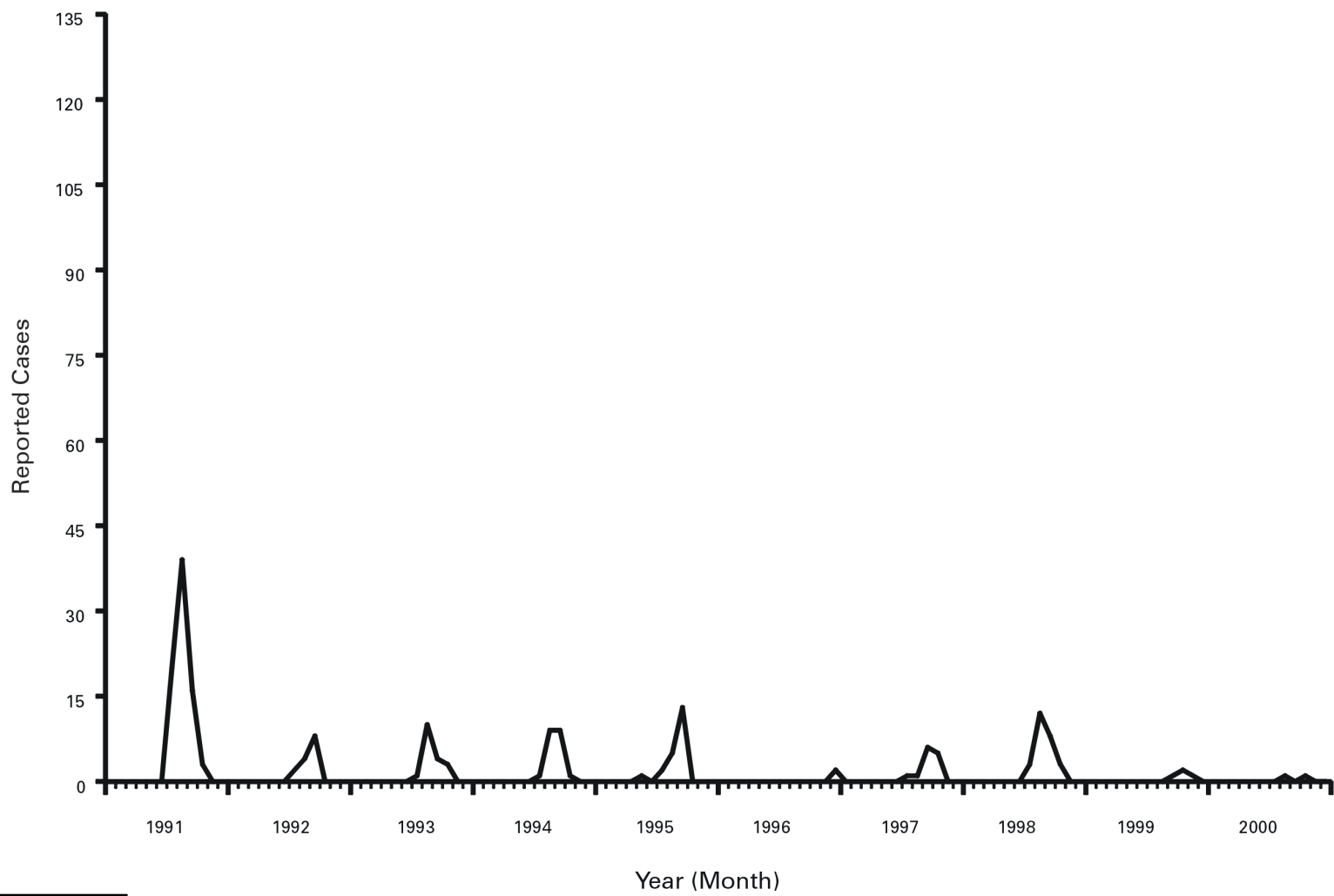
California serogroup viruses (mainly La Crosse virus in the eastern United States, where the eastern treehole mosquito, *Ochlerotatus triseriatus*, is the primary vector) are an endemic cause of encephalitis — especially in children. In 2000, a total of 114 cases were reported from 14 states. During 1964–2000, an average of 75 cases (median: 66) were reported per year in the United States.

ENCEPHALITIS. Reported cases caused by eastern equine encephalitis virus, by month of onset — United States, 1991–2000



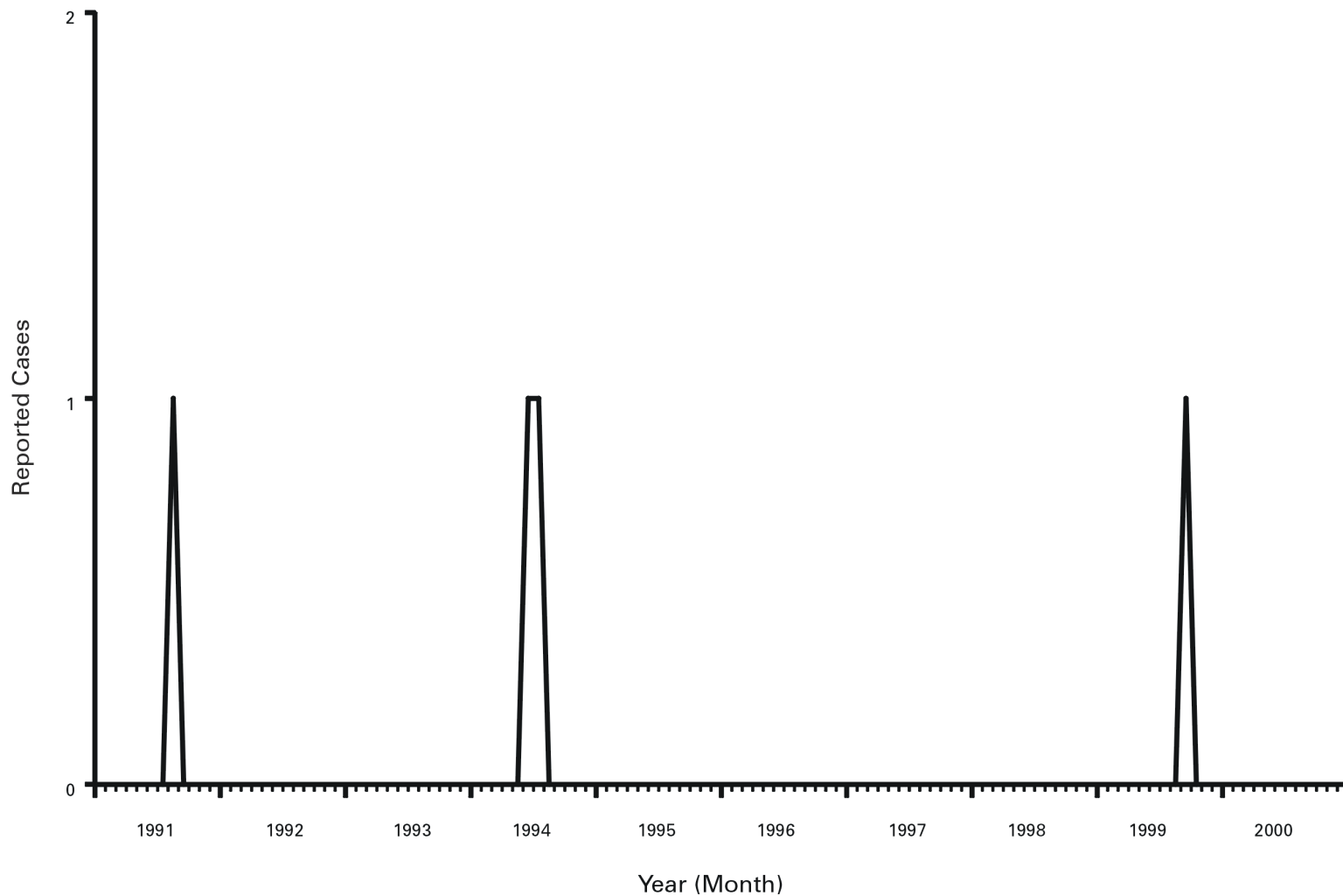
Cases of eastern equine encephalitis among humans, often associated with high mortality rates (i.e., >20%) and severe neurologic sequelae, occur sporadically in the eastern United States. In 2000, three cases were reported from Massachusetts and North Carolina. During 1964–2000, an average of five cases (median: 4) were reported per year in the United States.

ENCEPHALITIS. Reported cases caused by St. Louis encephalitis virus, by month of onset — United States, 1991–2000



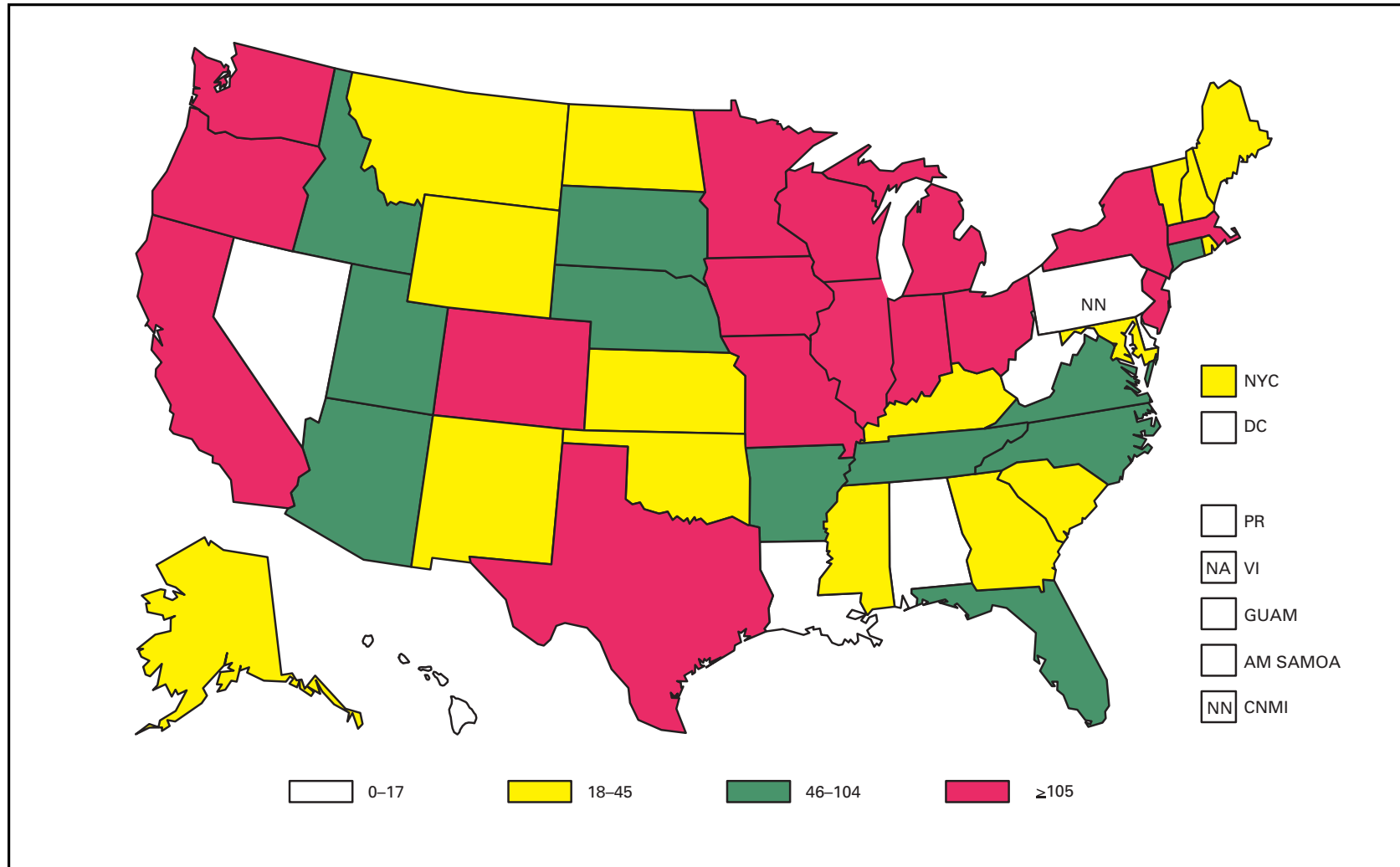
Historically, St. Louis encephalitis virus has been the primary cause of epidemic viral encephalitis in the United States. In 2000, two cases were reported, both from Texas. During 1964–2000, an average of 121 cases (median: 26) were reported per year in the United States.

ENCEPHALITIS. Reported cases caused by western equine encephalitis virus, by month of onset — United States, 1991–2000



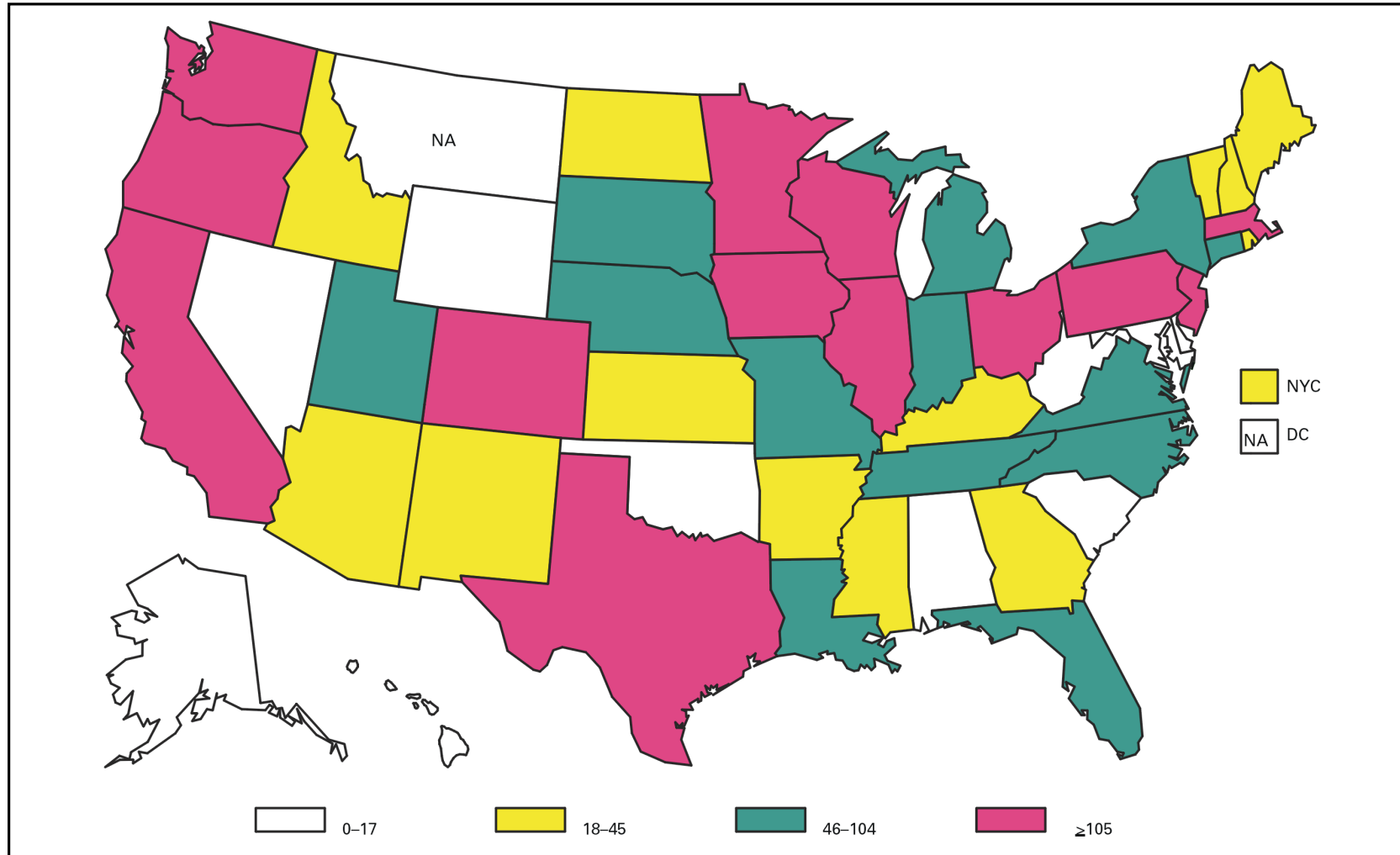
The most recent epidemic of western equine encephalitis occurred in Colorado in 1987. The reasons for the recent absence of epidemic transmission are poorly understood. No cases were reported nationally in 2000. During 1964–2000, an average of 17 cases (median: 3) were reported per year in the United States.

ESCHERICHIA COLI O157:H7. Reported cases — United States and U.S. territories, 2000



The number of states in which *E. coli* O157:H7 infection is a notifiable condition increased to 49 in 2000. However, because <60% of clinical laboratories routinely test all stool specimens — even all bloody stool specimens — for *E. coli* O157:H7, many infections are not recognized or reported.

ESCHERICHIA COLI O157:H7. Reported isolates* — United States, 2000

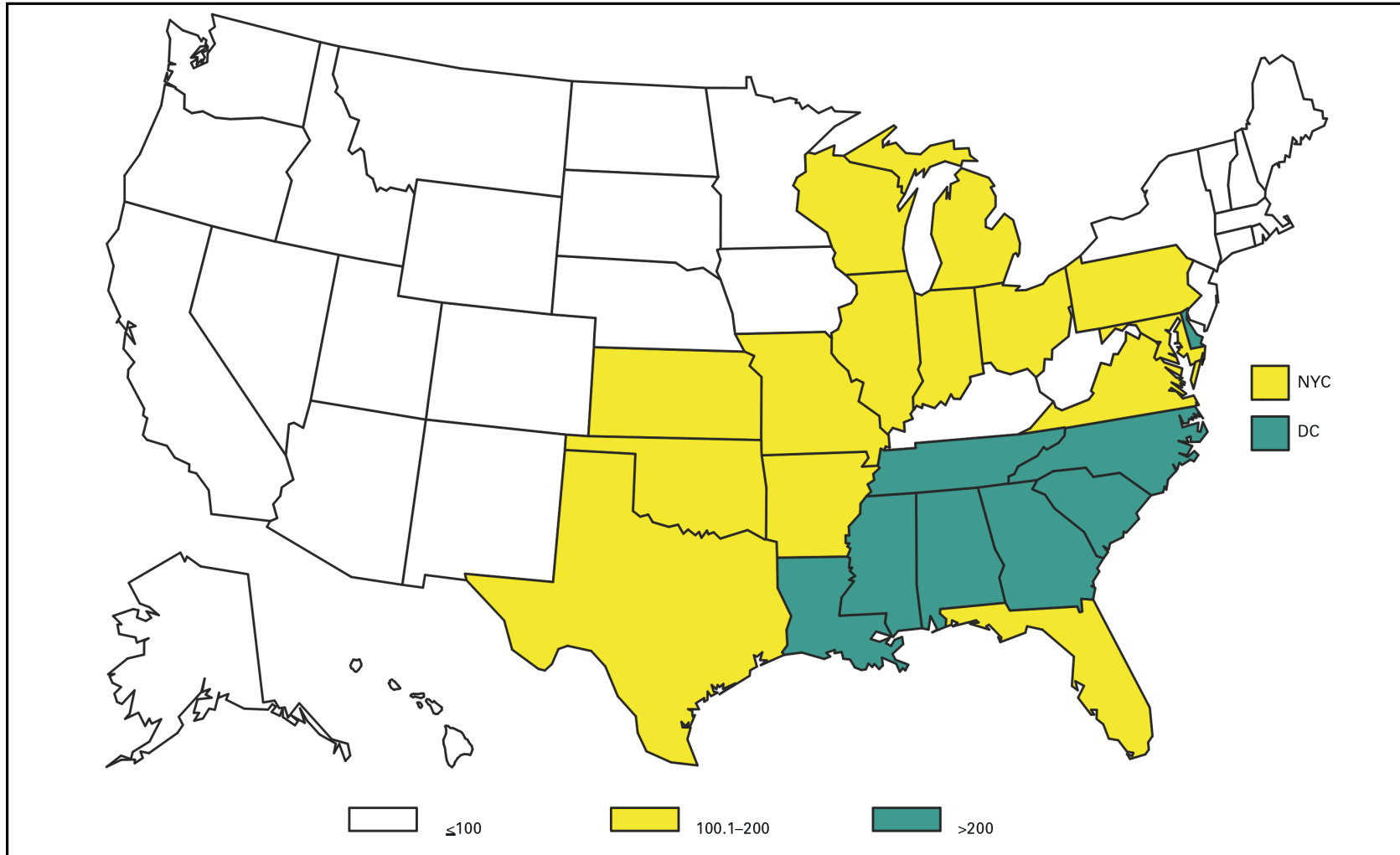


*Data from the Public Health Laboratory Information System (PHLIS).

Only *E. coli* O157:H7 isolates confirmed by a state public health laboratory are reported to PHLIS. Many public health laboratories can subtype isolates using pulsed-field electrophoresis and compare their findings electronically with other states through PulseNet, a national network of public health laboratories.

GONORRHEA. Reported cases per 100,000 population — United States, 2000

38



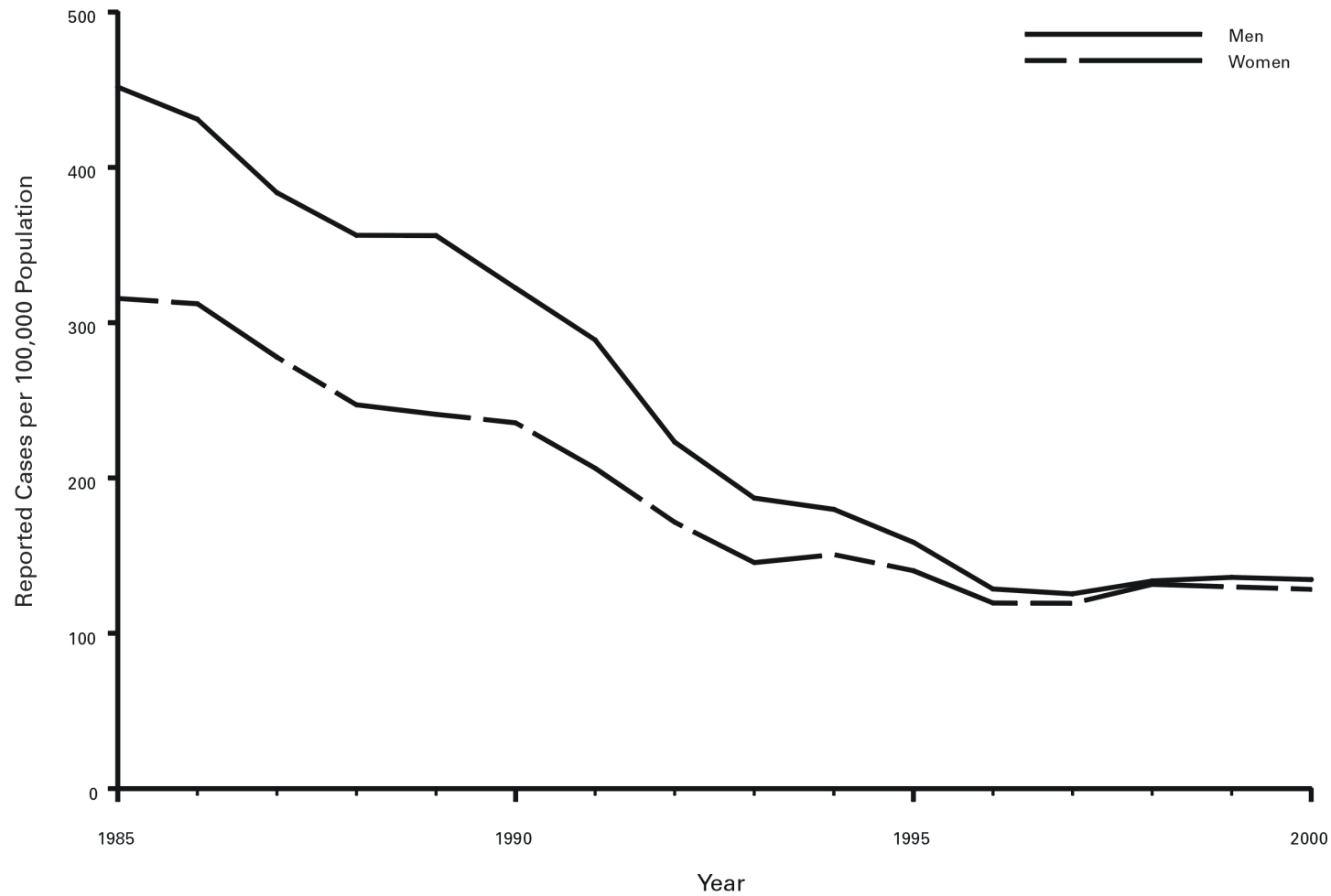
MMWR

June 14, 2002

In 2000, the overall U.S. rate of gonorrhea was 131.6 cases/100,000 population. Twenty-seven states reported gonorrhea rates below the *Healthy People 2010* national objective of 100 cases/100,000 population per year.

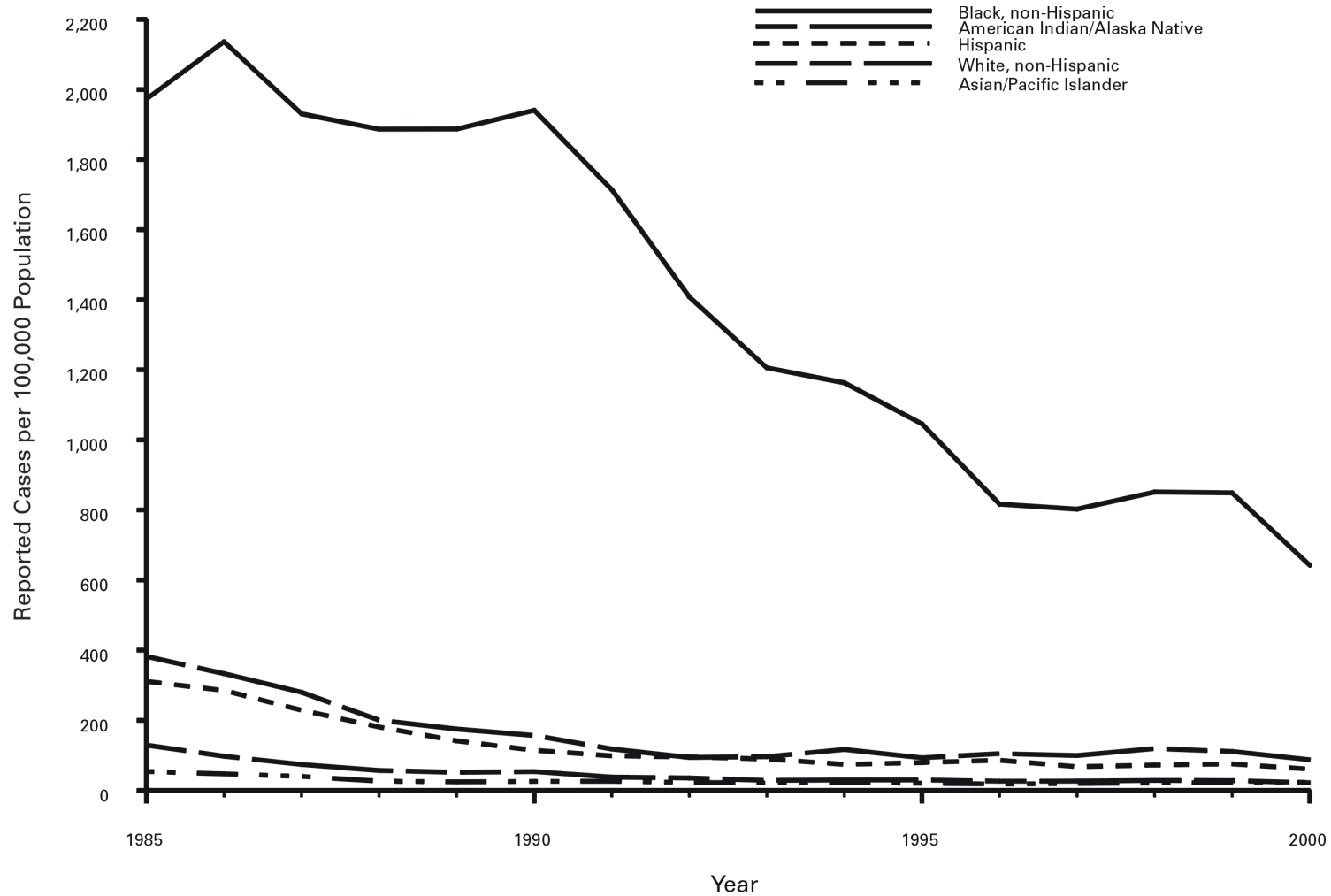
Note: The revised *Healthy People 2000* national objective is ≤ 19 cases per 100,000 population.

GONORRHEA. Reported cases per 100,000 population by sex — United States, 1985–2000



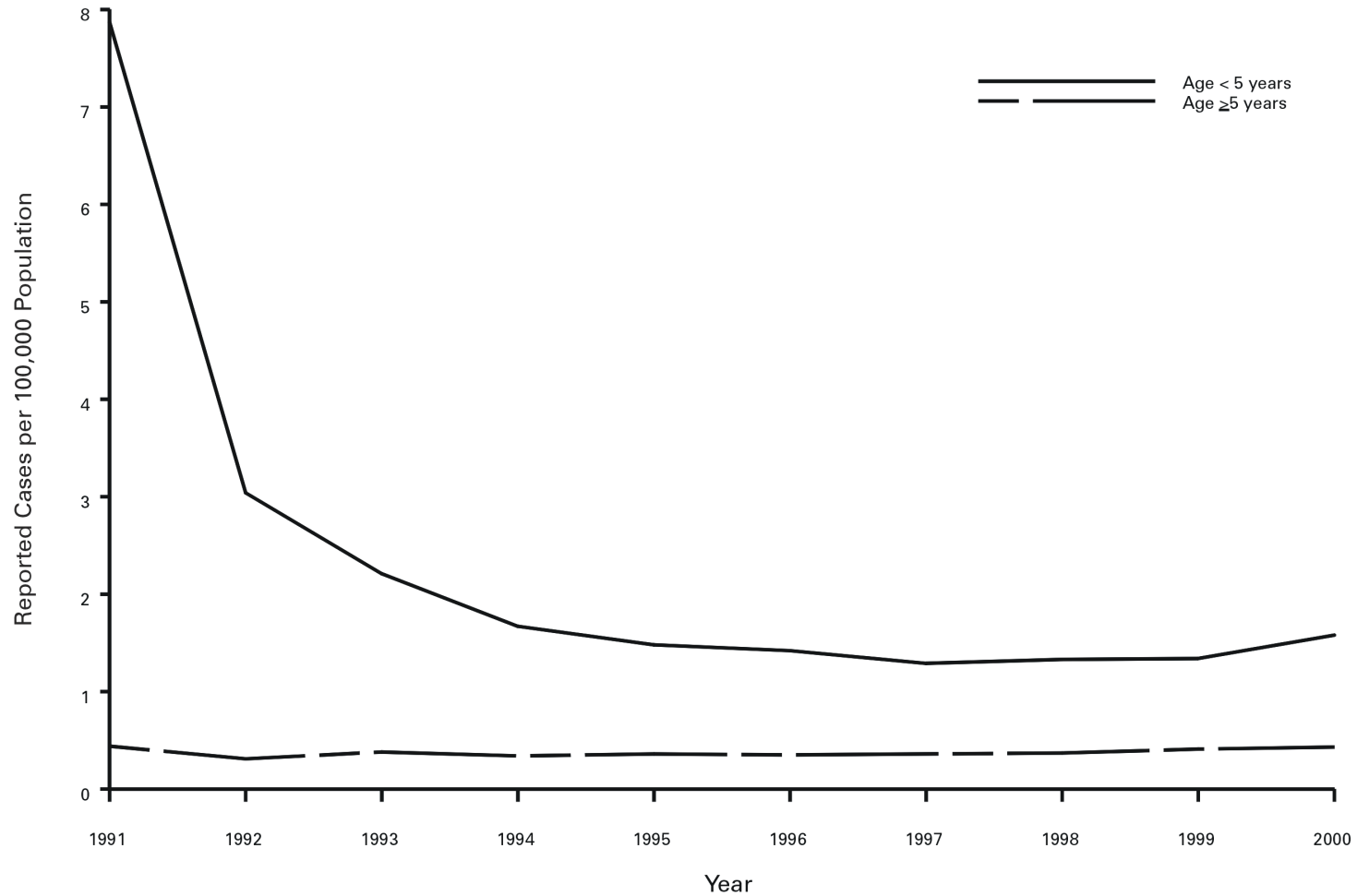
Rates of gonorrhea in the United States have been steady since 1998, at about 132 cases per 100,000 population (131.6 in 2000, 132.0 in 1999, and 131.6 in 1998). No substantial change occurred in the reported gonorrhea rate among women during the years 1999 and 2000 (128.7 and 128.3 cases per 100,000 females, respectively). The gonorrhea rate in men remained the same with 134.7 and 134.6 cases per 100,000 males in 1999 and 2000, respectively.

GONORRHEA. Reported cases per 100,000 population by race and ethnicity — United States, 1985–2000



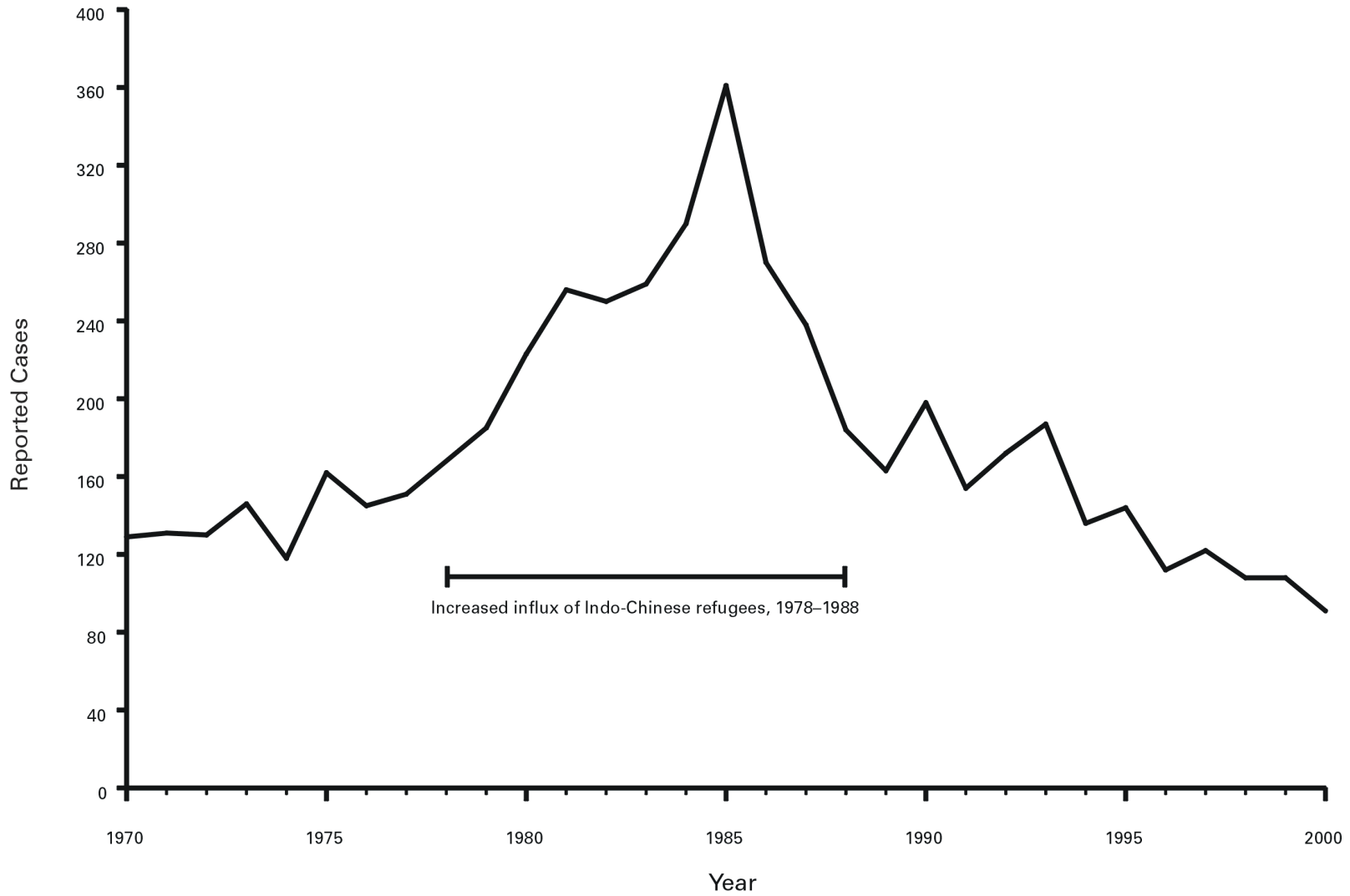
In 2000, gonorrhea rates decreased in non-Hispanic blacks, but increased among American Indian/Alaska Natives, Asian/Pacific Islanders, Hispanics, and non-Hispanic whites.

HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE. Reported cases per 100,000 population by age group — United States, 1991–2000



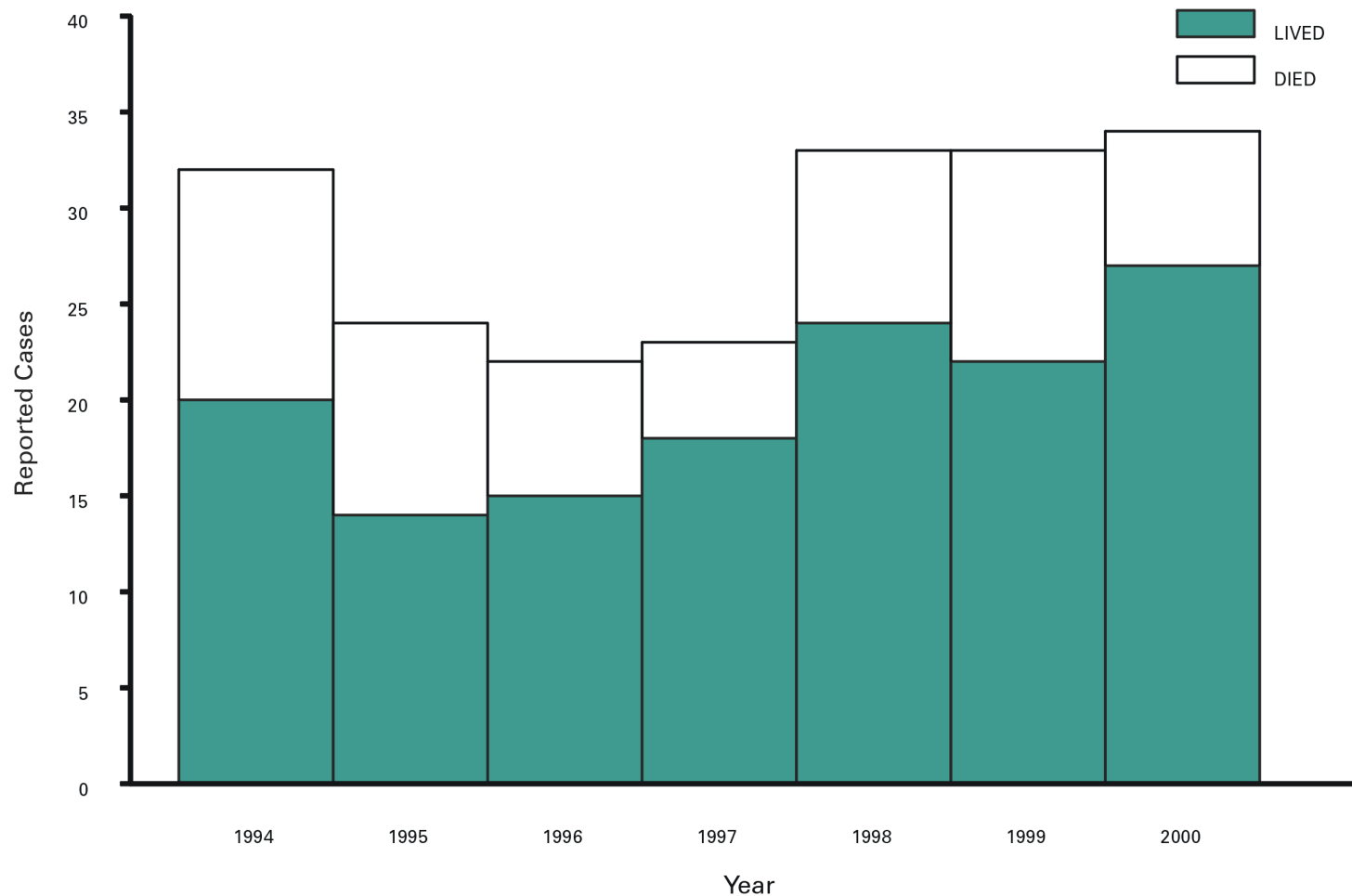
Before the introduction of the *Haemophilus influenzae* type b (Hib) vaccine in December 1987, the incidence of Hib invasive disease among children aged <5 years was estimated to be 100 per 100,000 population. In 2000, a total of 293 cases of all serotypes of *H. influenzae* invasive disease were reported among children aged <5 years (incidence: 1.6/100,000 children), with 51 (17%) cases caused by Hib.

HANSEN DISEASE (leprosy). Reported cases by year — United States, 1970–2000



In 2000, a total of 91 cases of Hansen's Disease were reported in the United States. The number of cases peaked at 361 in 1985.

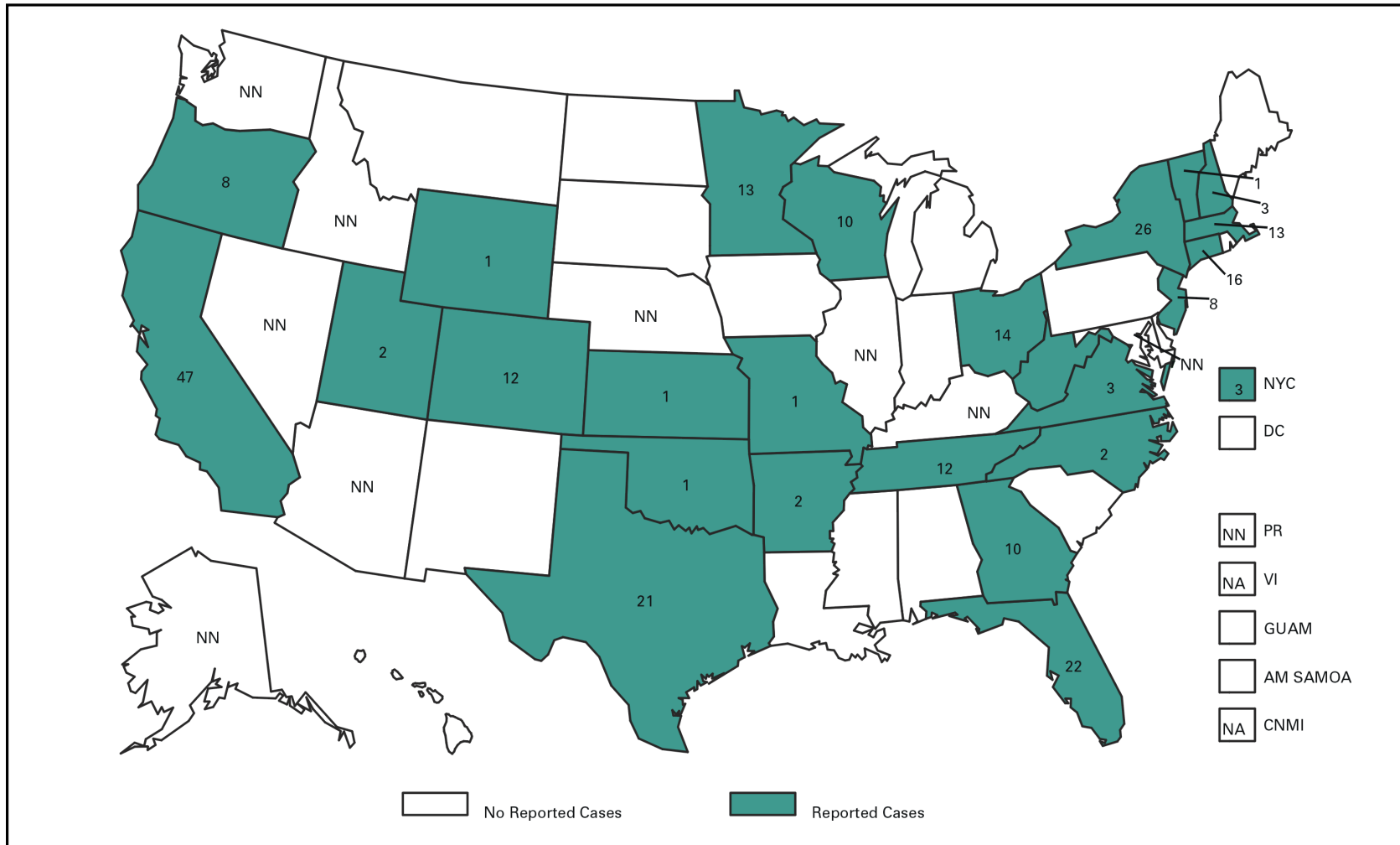
HANTAVIRUS PULMONARY SYNDROME. Reported cases by survival status,* by year — United States, 1994–2000



*Data from National Center for Infectious Diseases.

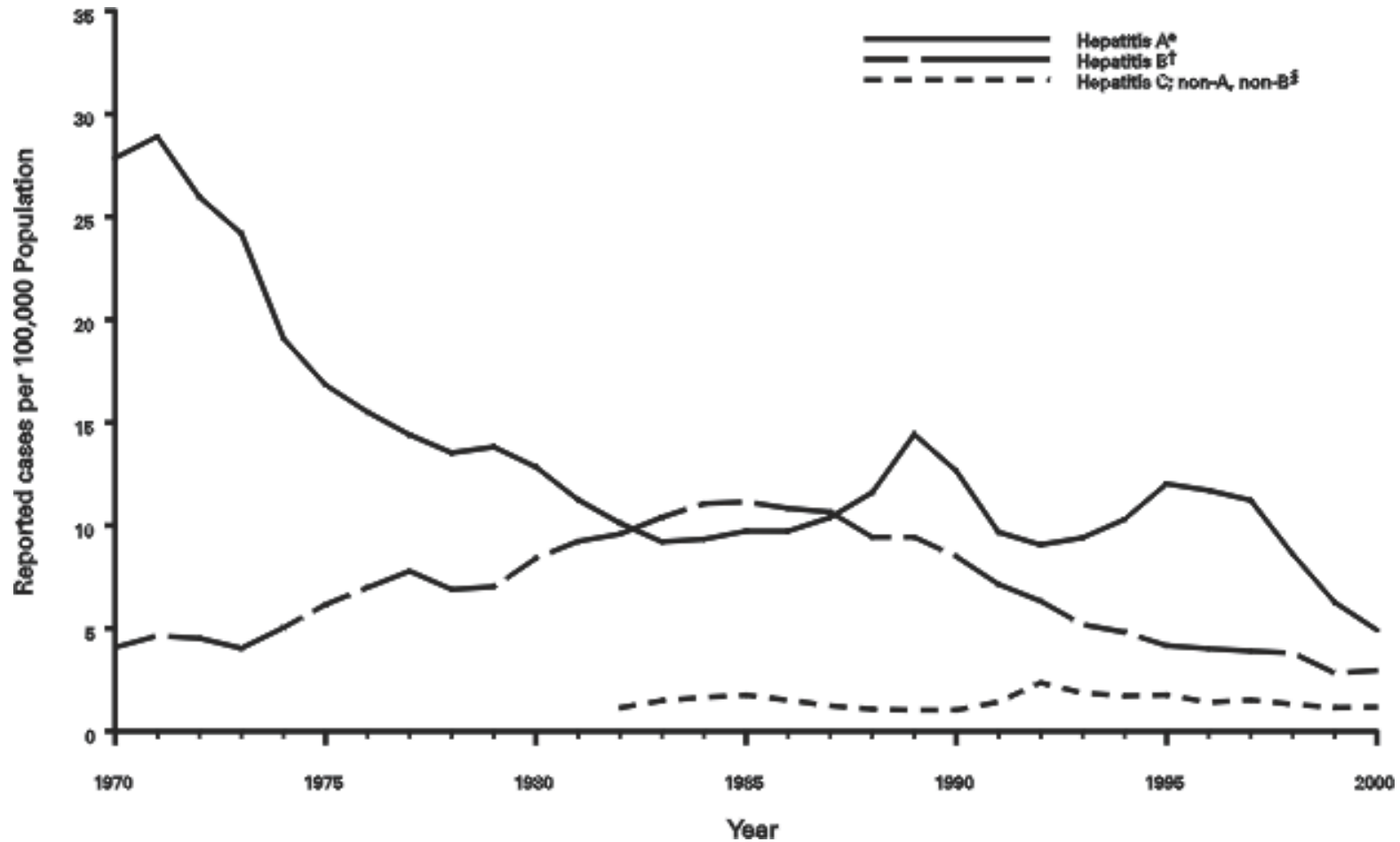
The overall case fatality ratio (CFR) for the period 1994–2000 is 30%.

HEMOLYTIC UREMIC SYNDROME, POSTDIARRHEAL. Reported cases — United States and U.S. territories, 2000



In the United States, most cases of postdiarrheal hemolytic uremic syndrome are caused by infection with *Escherichia coli* O157:H7 or other *E. coli* bacteria that produce Shiga toxin.

HEPATITIS. Reported cases per 100,000 population by year — United States, 1970–2000



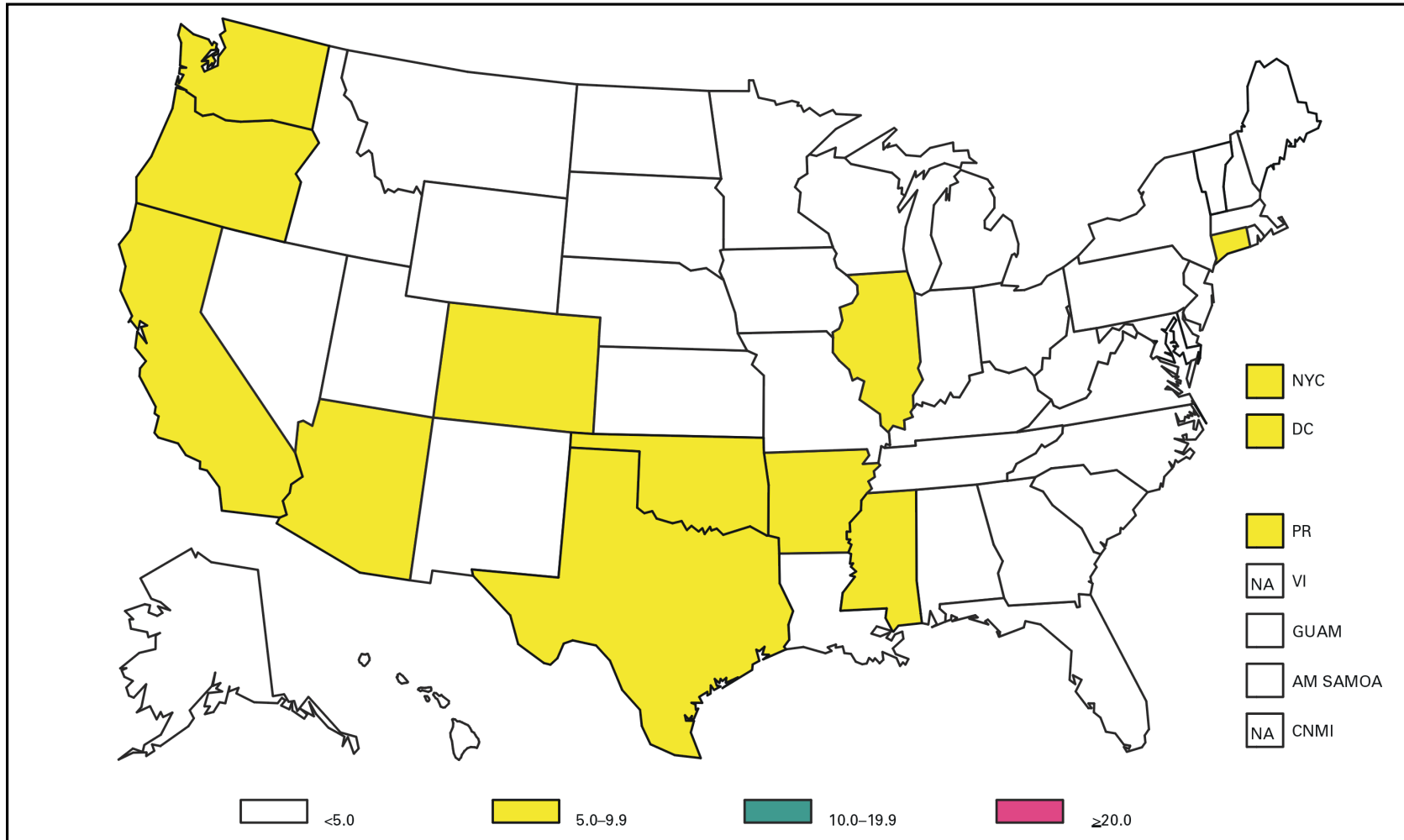
* Hepatitis A vaccine was first licensed in 1995.

† Hepatitis B vaccine was first licensed in 1982.

‡ An anti-HCV (hepatitis C virus) antibody test first became available in 1990.

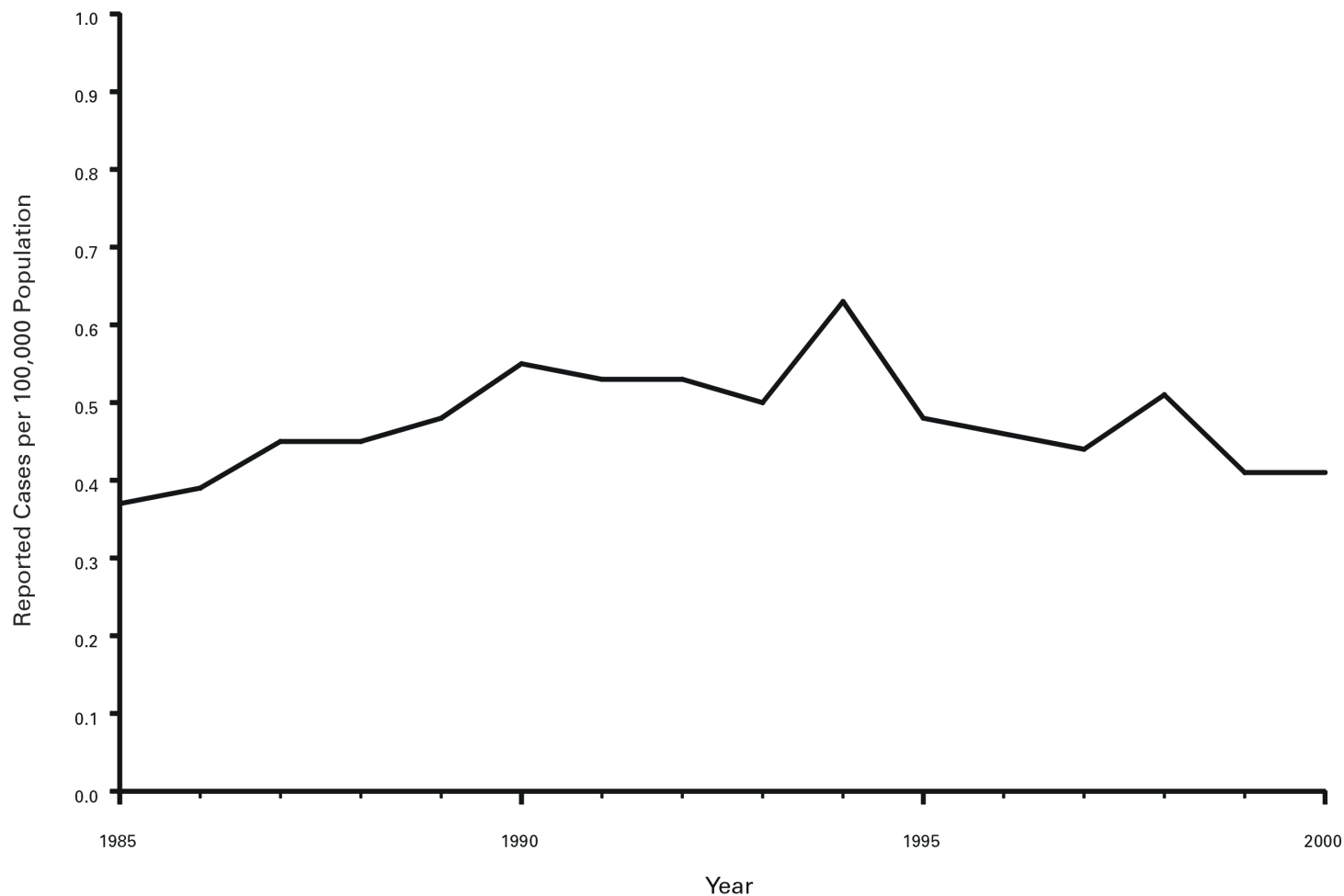
In 2000, the hepatitis A rate was the lowest ever recorded. However, cyclic increases in hepatitis A have been observed approximately every 10 years, and thus rates could increase again. The incidence of hepatitis B continues to decline, but because of asymptomatic infections and under reporting, reported cases represent only a fraction of actual infections occurring (approximately 105,000 new infections annually during 1995–1999). The trend in reported hepatitis C; non-A, non-B after 1990 is misleading, because reported cases have included those based only on a positive laboratory test for anti-HCV, and most of these cases represent chronic HCV infection.

HEPATITIS A. Reported cases per 100,000 population — United States and U.S. territories, 2000



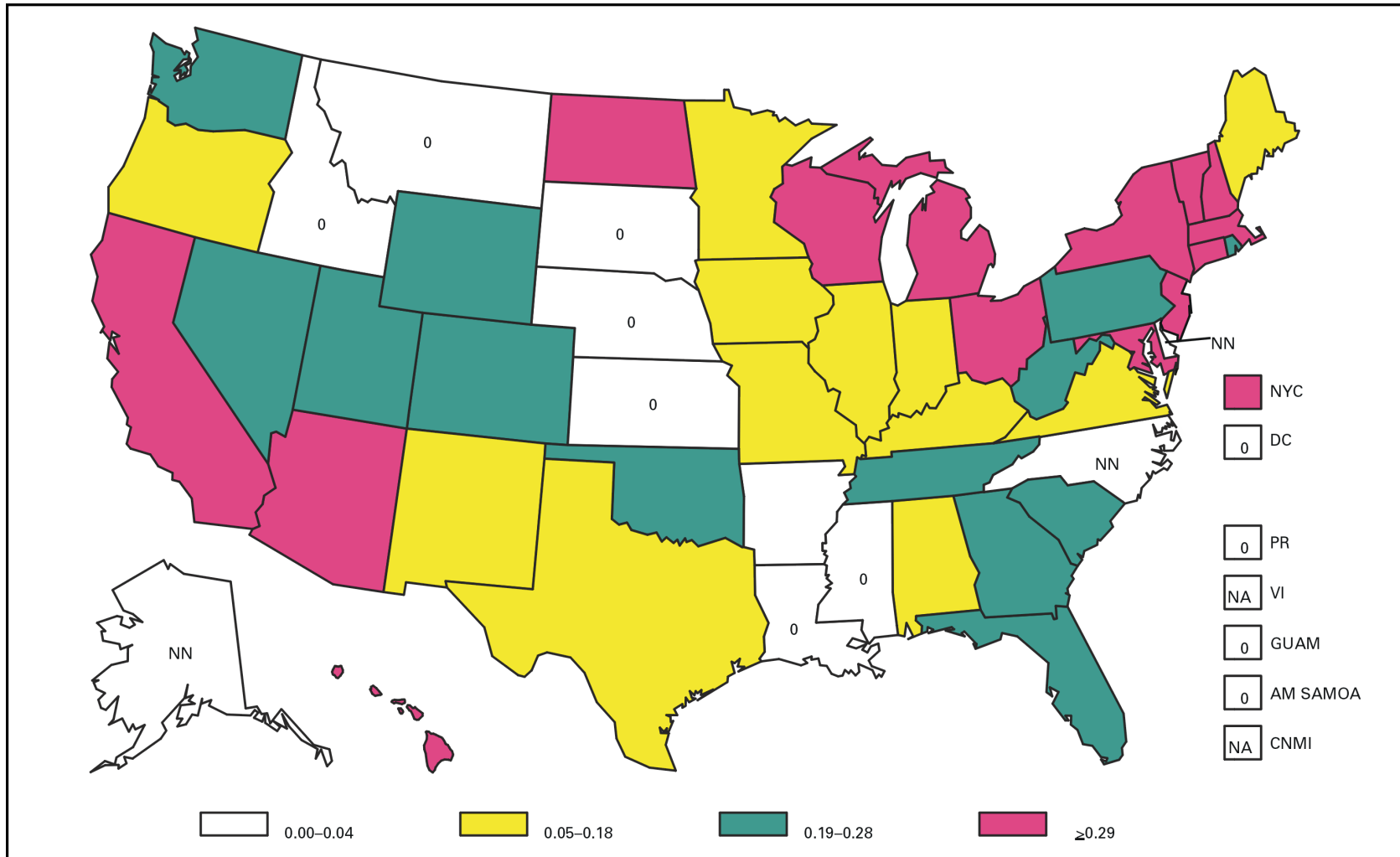
Hepatitis A rates have declined in all regions of the United States, including the western states where rates have historically been higher than elsewhere in the country. Because hepatitis A rates vary from year to year with nationwide increases observed approximately every 10 years, further monitoring is needed to determine whether these rates will remain low.

LEGIONELLOSIS. Reported cases per 100,000 population by year — United States, 1985–2000



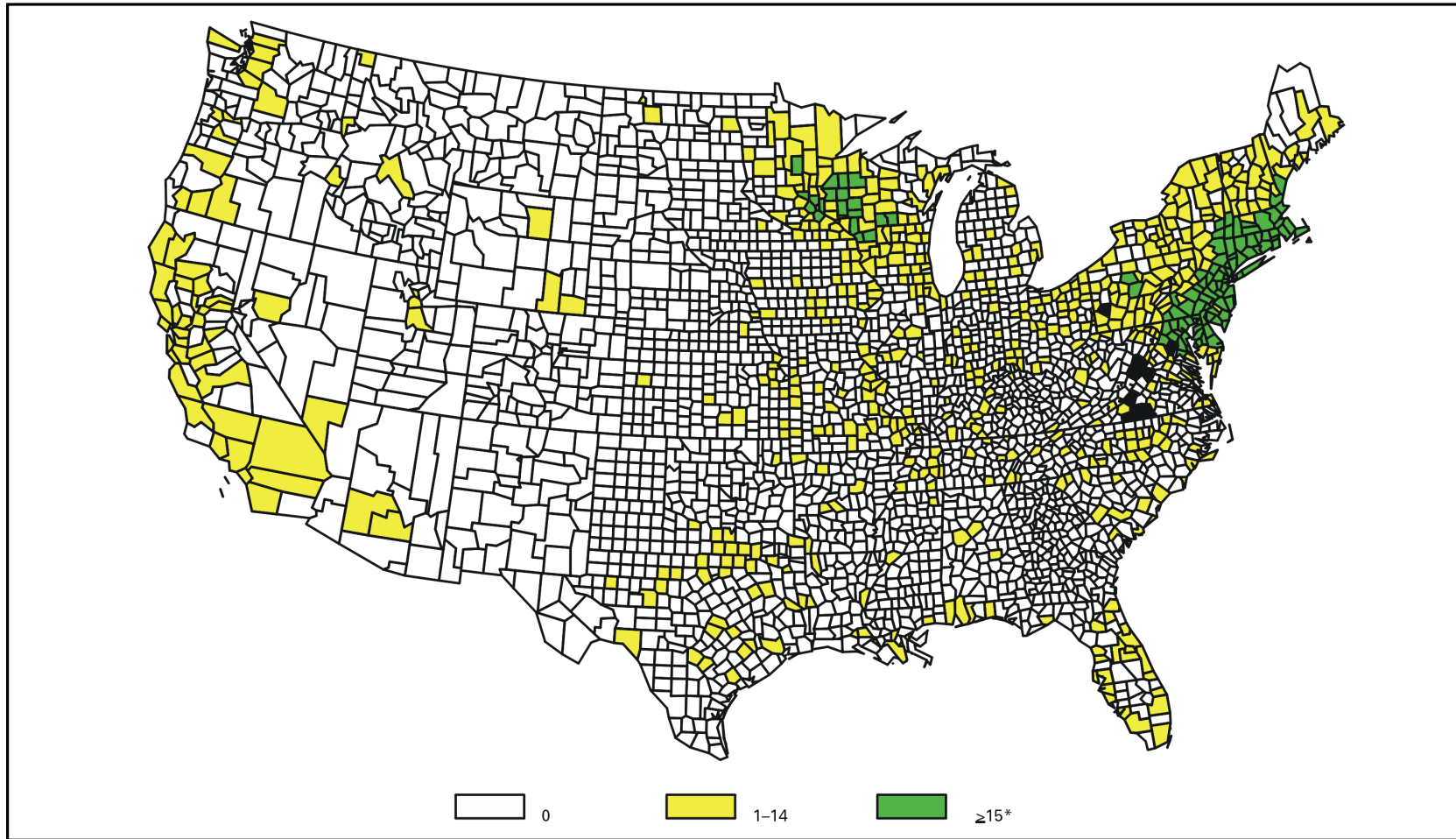
In 2000, the overall reported rate of legionellosis was 0.42/100,000. However, data from population-based studies indicate that the actual rate is approximately 10 times higher.

LISTERIOSIS. Reported cases per 100,000 population — United States and U.S. territories, 2000



Listeriosis was made a nationally notifiable disease in 2000. Although infection is relatively uncommon, listeriosis is a leading cause of death caused by foodborne illness in the United States.

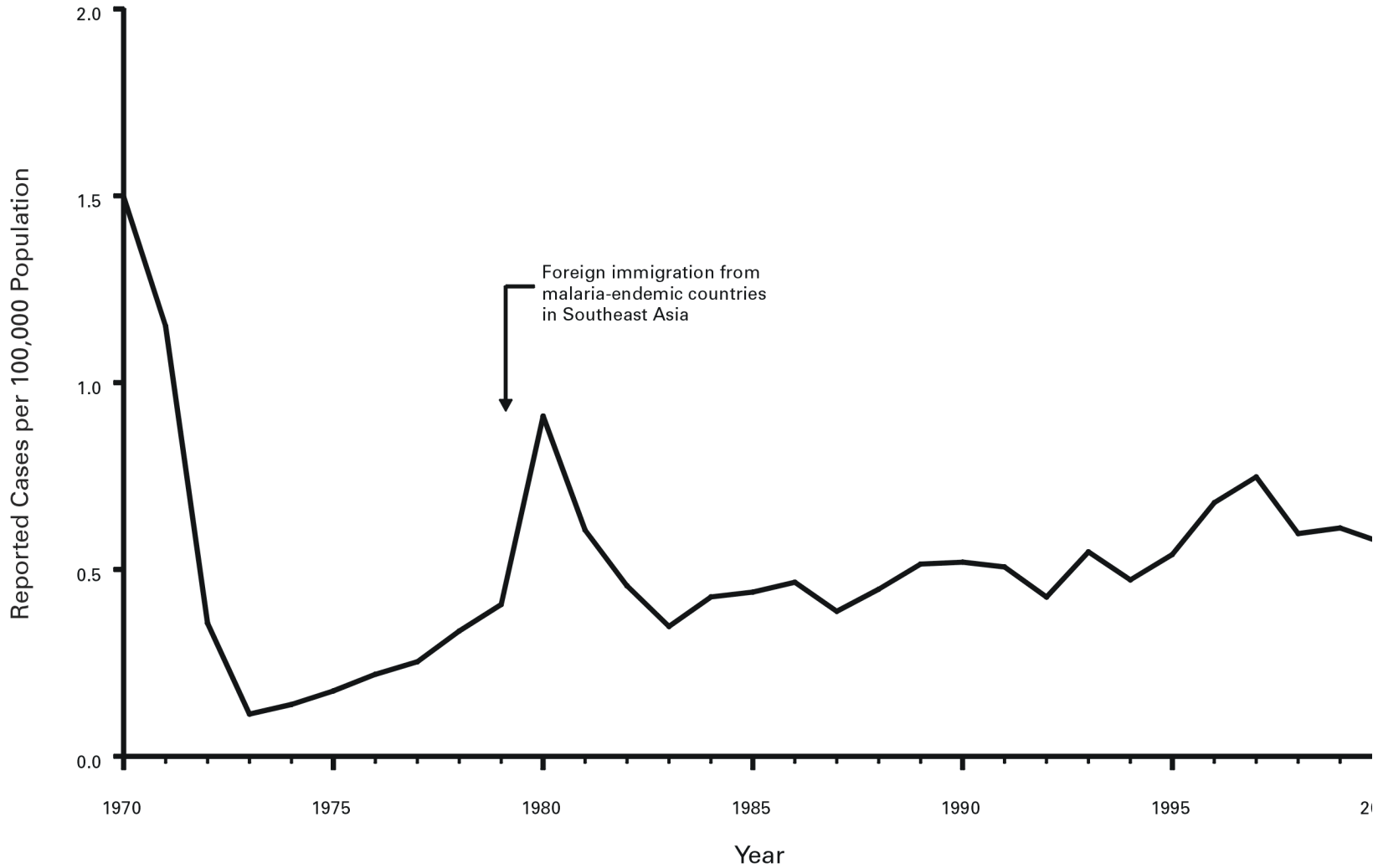
LYME DISEASE. Reported cases by county — United States, 2000



*The total number of cases from these counties represented 90% of all cases reported in 2000.

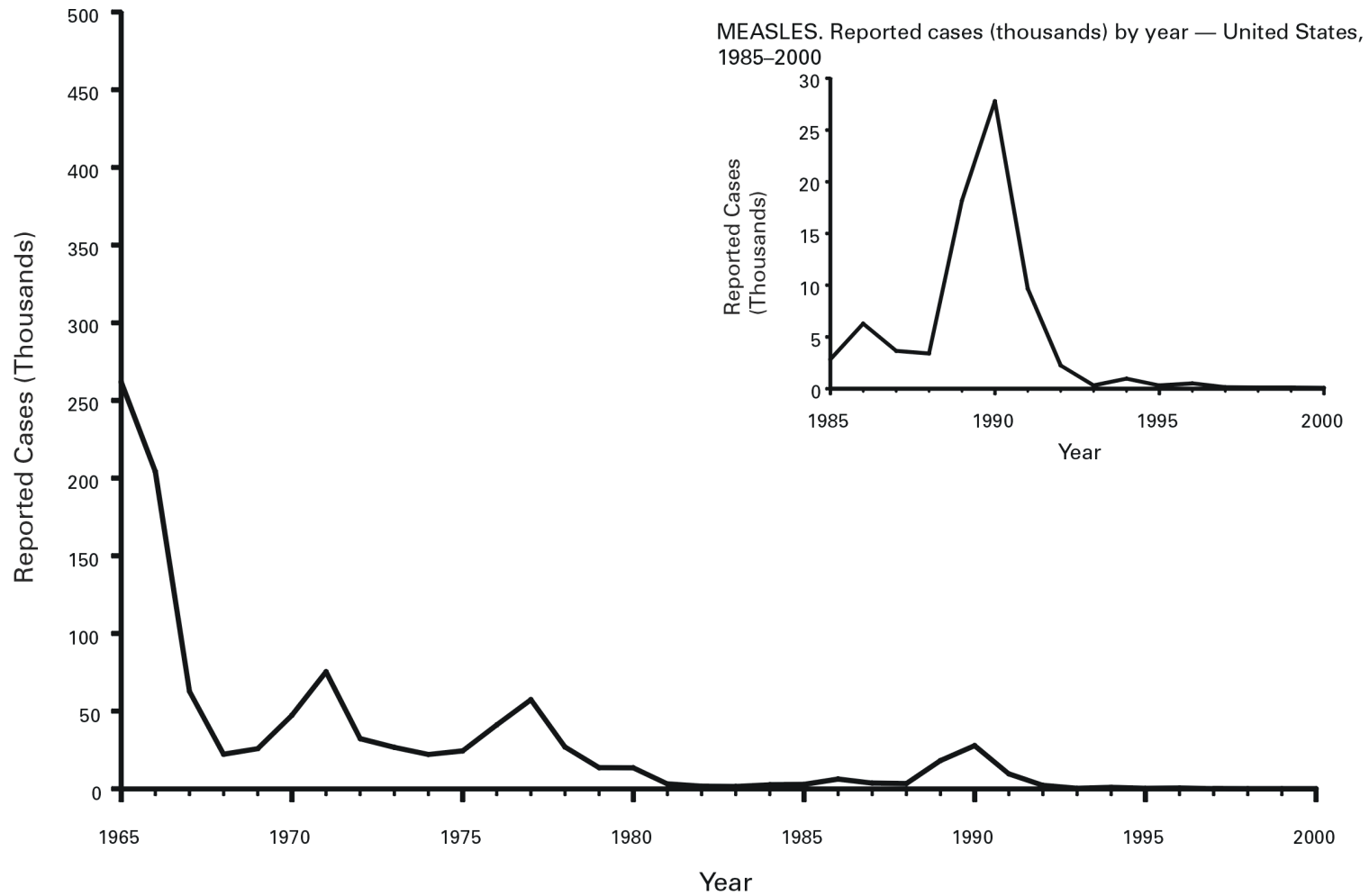
More Lyme disease cases were reported in 2000 (n = 17,730 cases) than in any previous year. In 10 endemic states (Connecticut, Delaware, Massachusetts, Maryland, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin), a total of 16,688 cases were reported (incidence: 25.0/100,000 in 2000). By integrating prevention strategies into community-based programs, CDC and state health departments hope to achieve the *Healthy People 2010* goal of reducing the incidence of Lyme disease to 9.7 cases/100,000 population in endemic states.

MALARIA. Reported cases per 100,000 population by year — United States, 1970–2000



Imported malaria cases have increased over the last 15 years, most likely as a result of increasing international travel and immigration and growing antimalarial drug resistance.

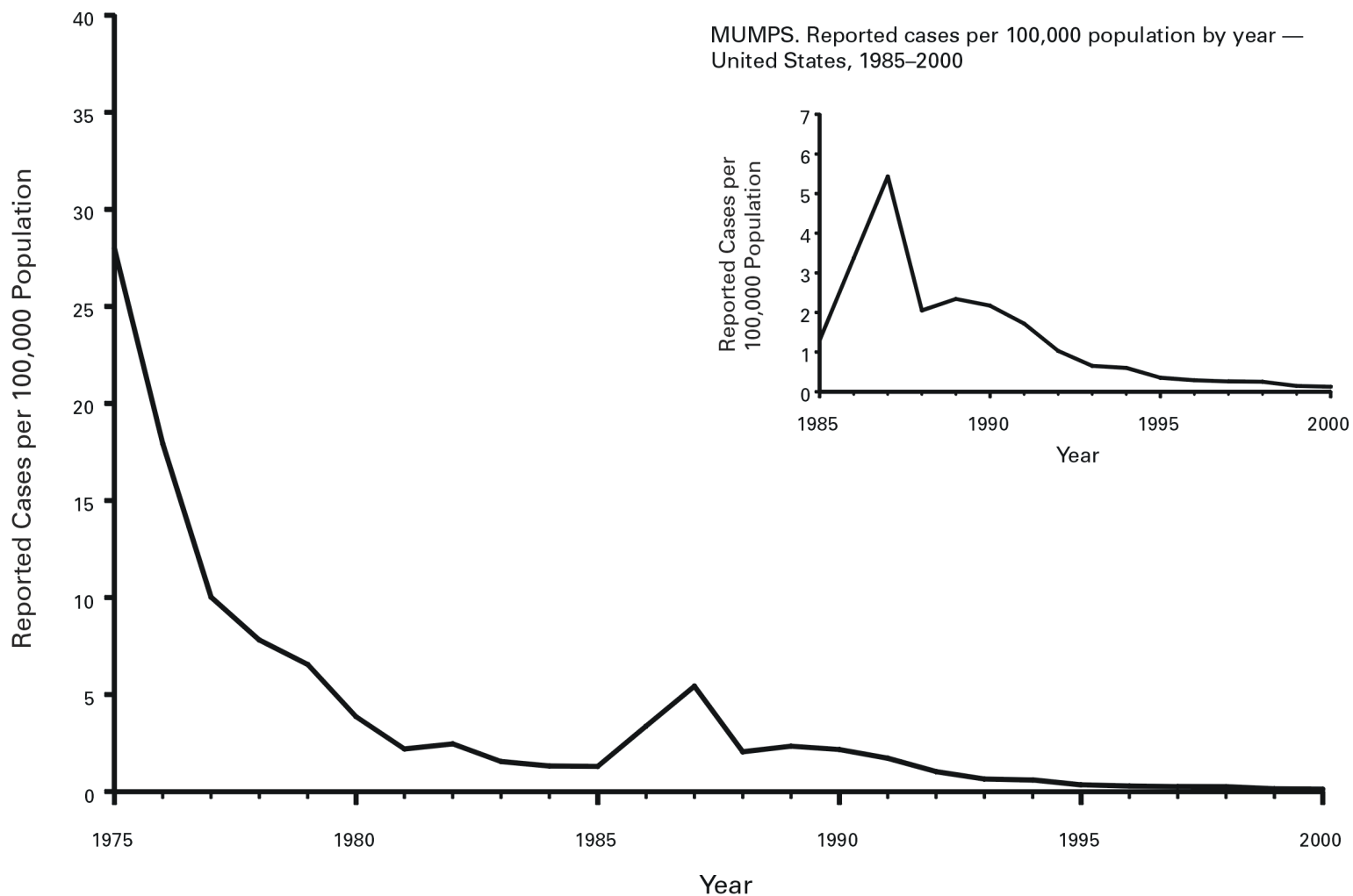
MEASLES. Reported cases (thousands) by year — United States, 1965–2000



With a record low of 86 measles cases reported in 2000, measles incidence remains at <1 case per million population for the fourth consecutive year. Imported cases accounted for 30% of all cases, and an additional 32% of cases were epidemiologically or virologically linked to an international source.

Note: A measles vaccine was first licensed in 1963.

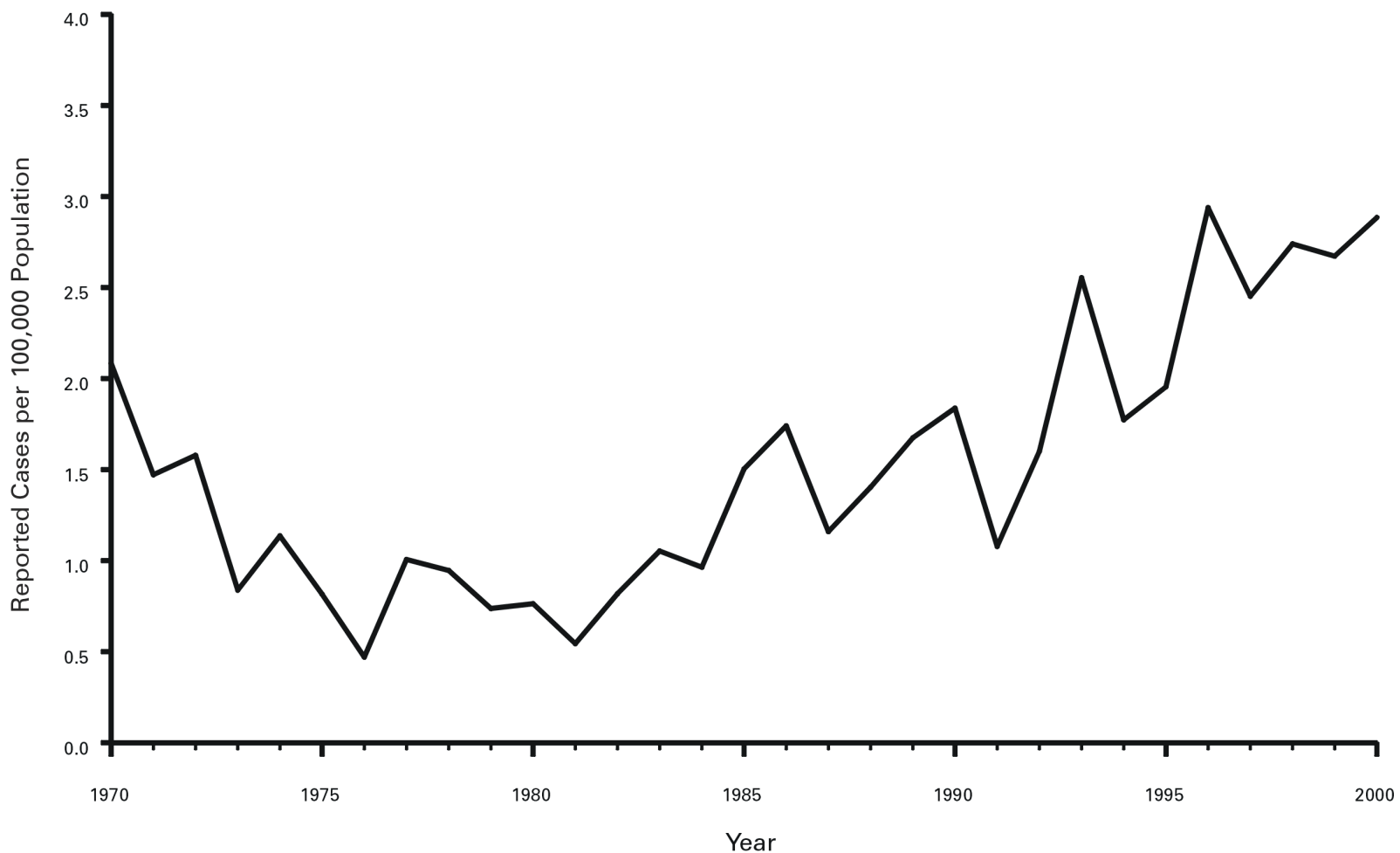
MUMPS. Reported cases per 100,000 population by year — United States, 1975–2000



Because of the recommendation of two doses of measles-mumps-rubella (MMR) vaccine and its high coverage rate in the United States, mumps is at record low levels. During the 1990s, mumps cases declined substantially from 5,292 reported cases in 1990 to 338 reported cases in 2000, meeting the *Healthy People 2000* objective of <500 cases per year.

Note: A mumps vaccine was first licensed in December 1967.

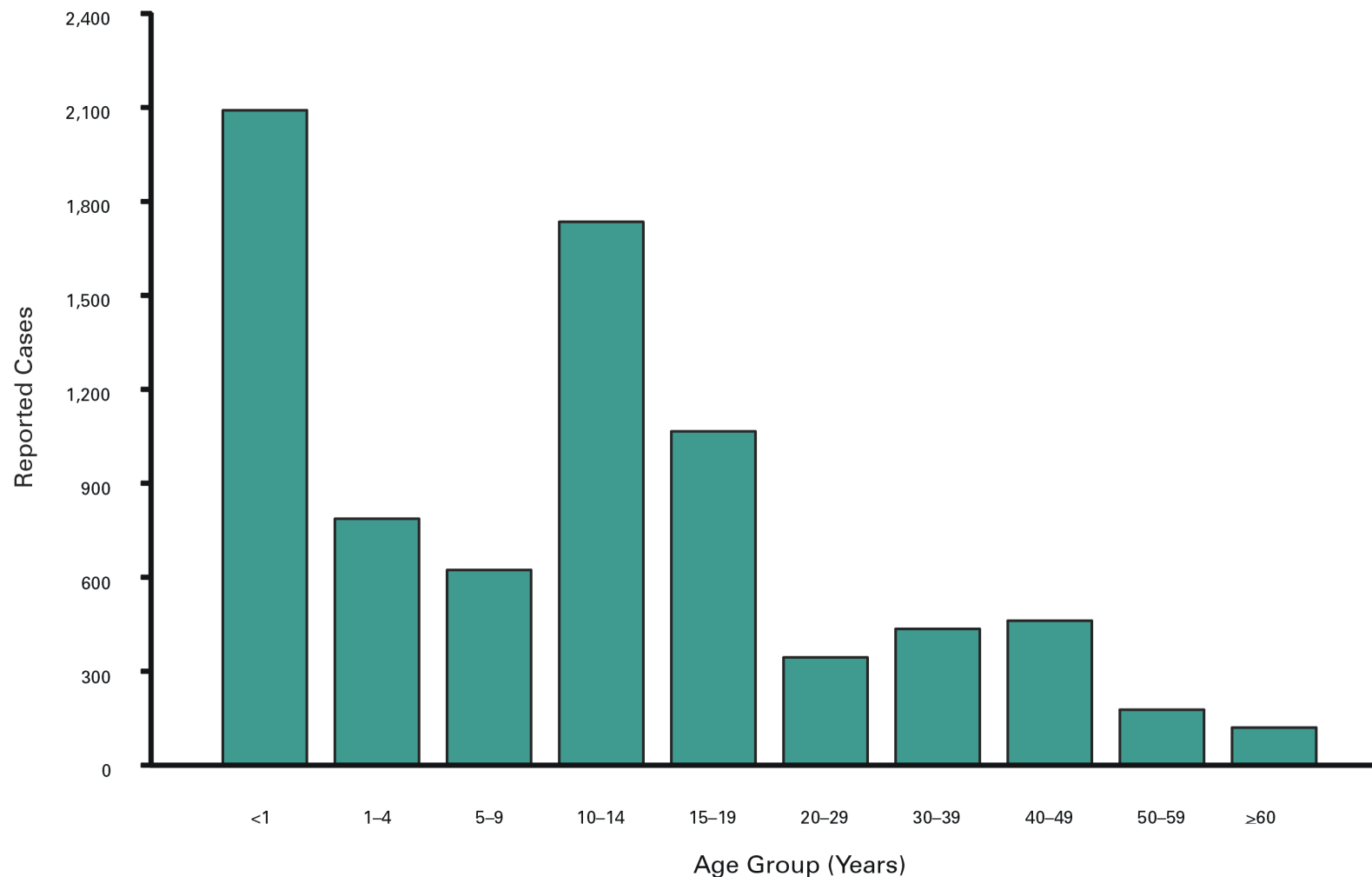
PERTUSSIS (whooping cough). Reported cases per 100,000 population by year — United States, 1970–2000



Pertussis epidemics occur every 3–4 years. During 2000, the highest number of pertussis cases (7,867) since 1967 was reported (incidence: 2.9 cases per 100,000 population). Since 1993, the number of cases reported after each epidemic year has not returned to the baseline of the pre-epidemic year.

Note: A pertussis vaccine was first licensed in 1949.

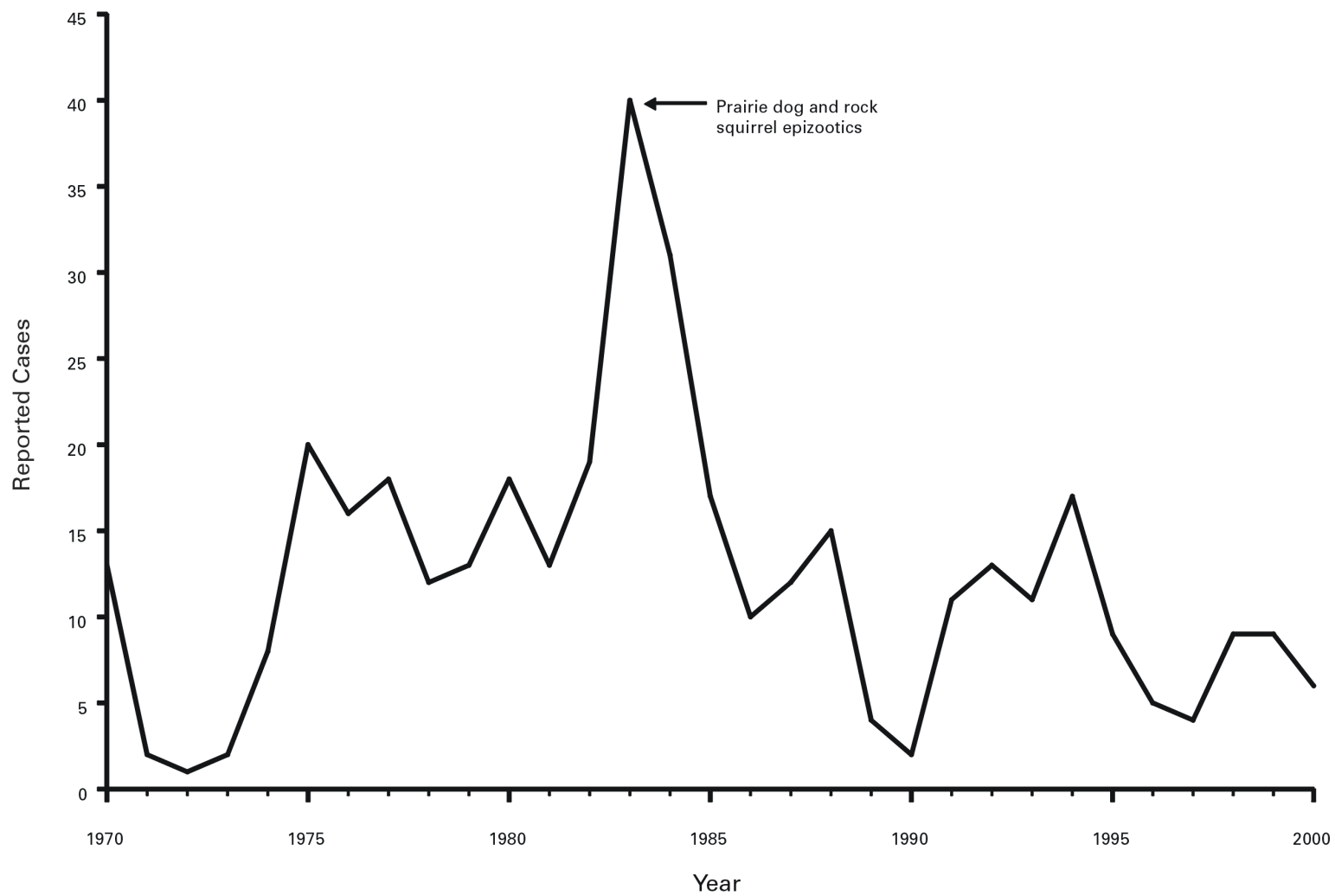
PERTUSSIS (whooping cough). Reported cases* by age group — United States, 2000



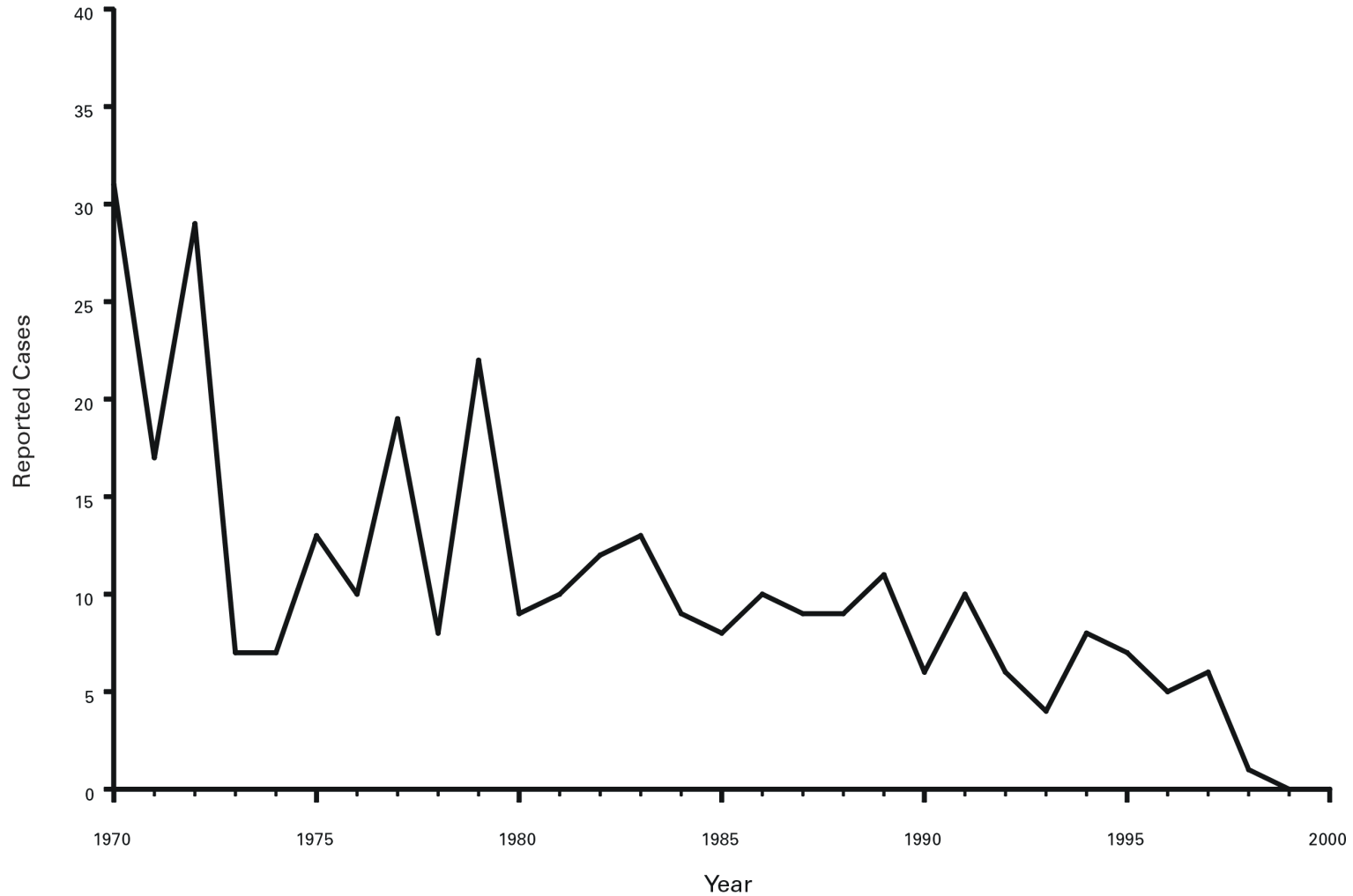
*Of 7,867 cases, 29 were reported with unknown age.

Although the highest number of cases continues to be reported among children aged <1 year, pertussis cases among adolescents and adults increasingly are being reported to CDC. In 1999, 49% of all reported pertussis cases occurred among persons aged ≥10 years; in 2000, a total of 56% of all reported cases occurred among persons in this age group.

PLAGUE. Reported cases among humans, by year — United States, 1970–2000



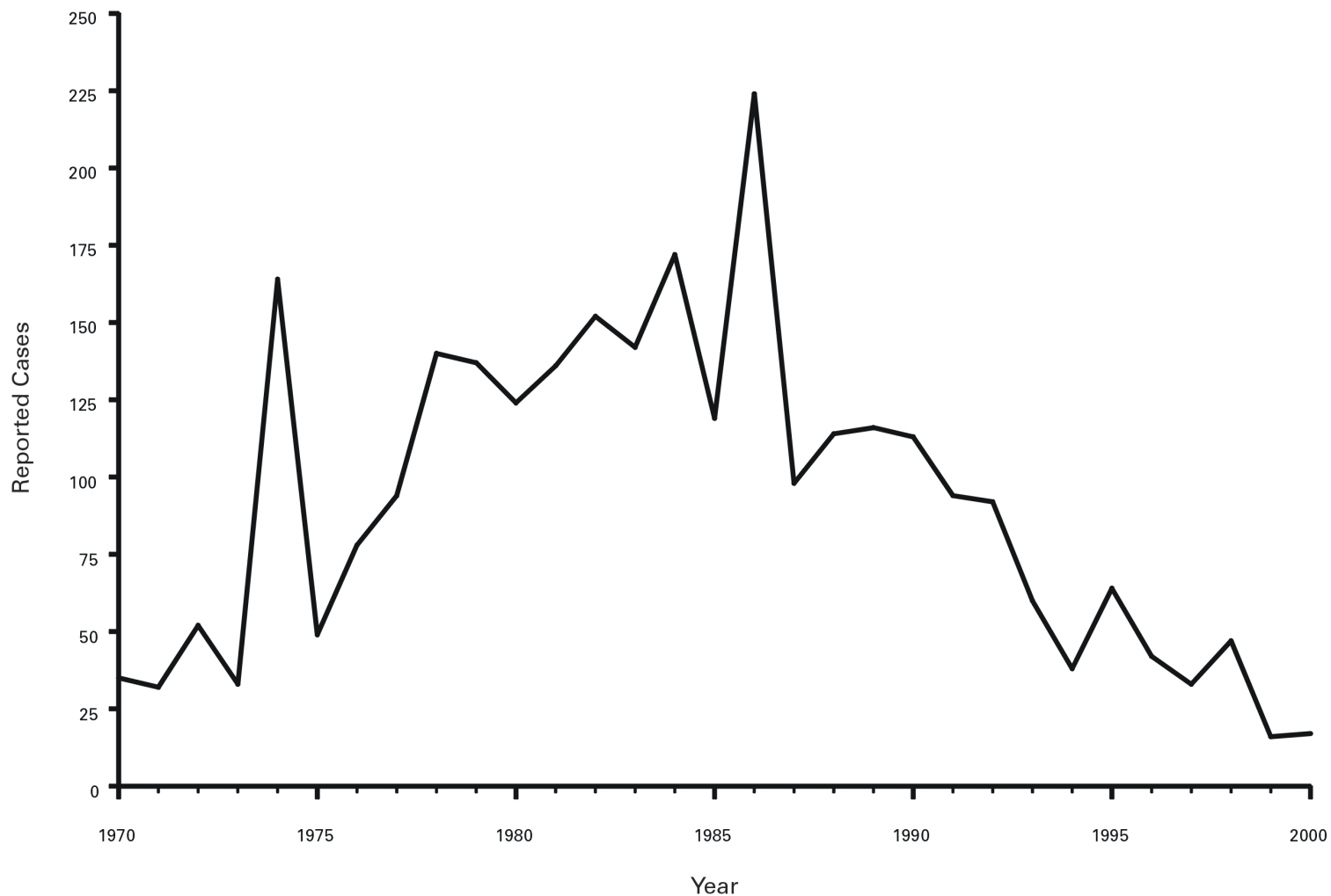
POLIOMYELITIS, PARALYTIC. Reported cases by year — United States, 1970–2000



As of January 1, 2000, the Advisory Committee on Immunization Practices (ACIP) recommended the exclusive use of inactivated poliovirus vaccine (IPV) for routine childhood polio vaccination in the United States.

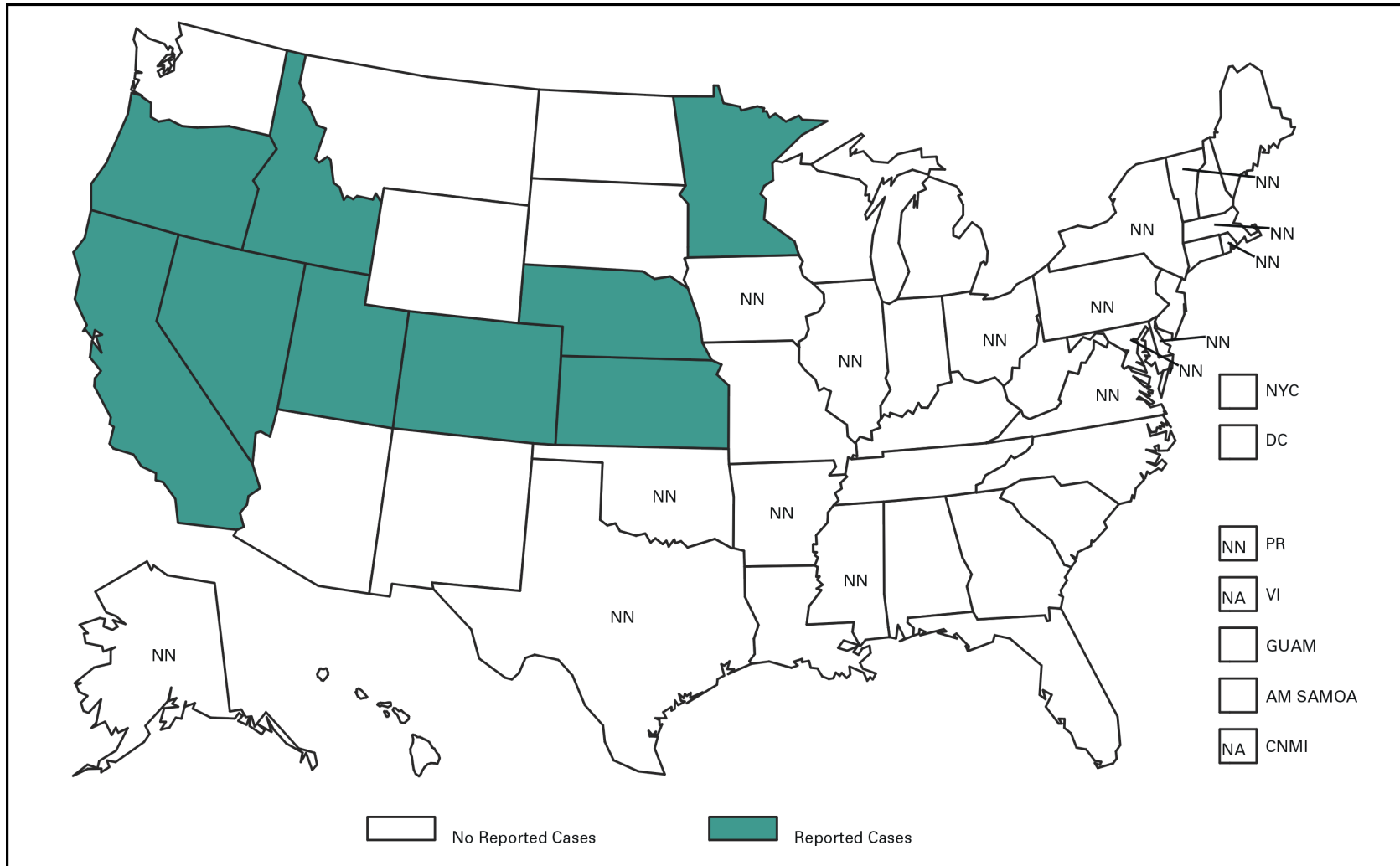
Note: An inactivated poliomyelitis vaccine was first licensed in 1955. An oral vaccine was licensed in 1961.

PSITTACOSIS. Reported cases by year — United States, 1970–2000



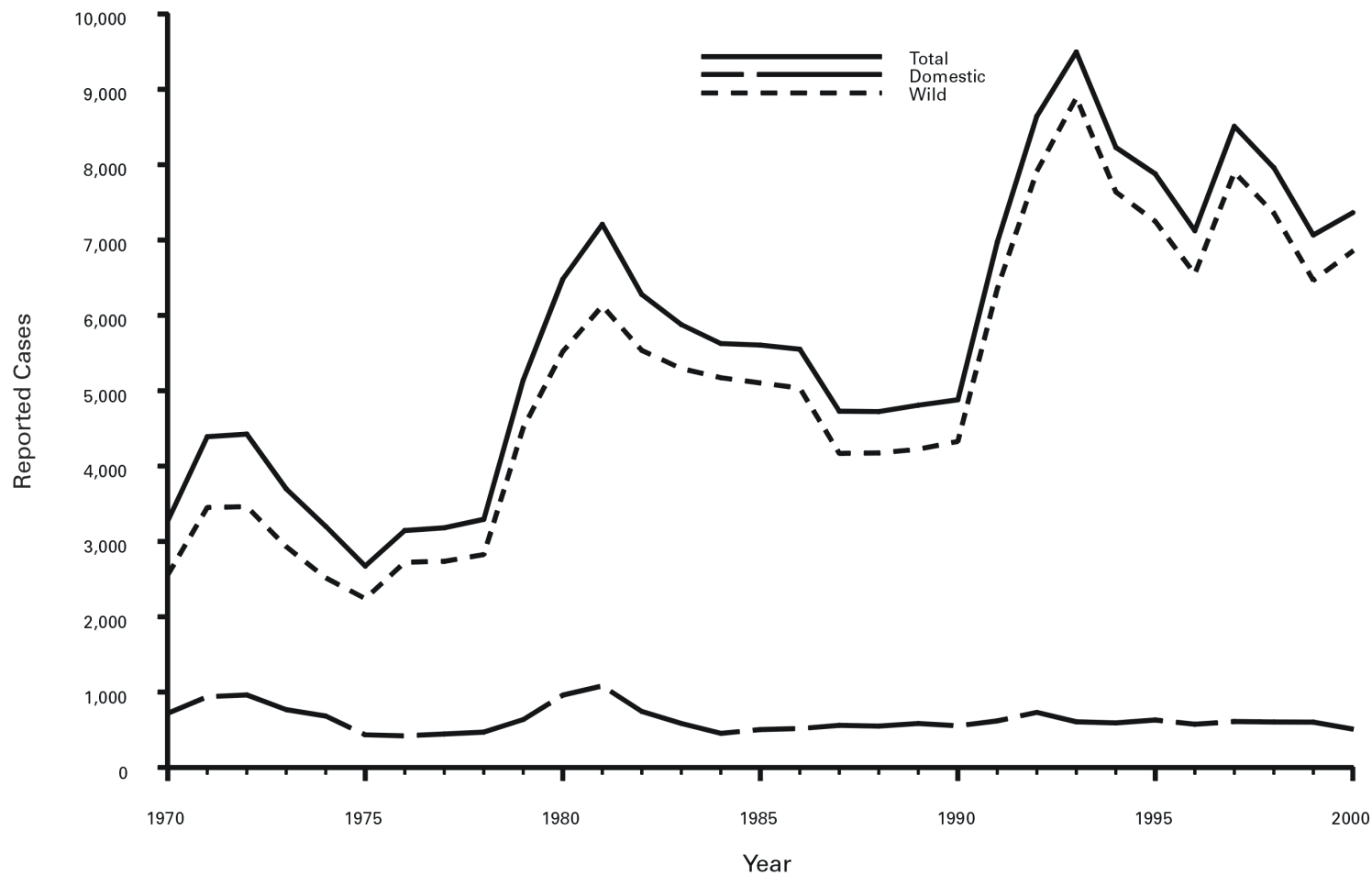
During the 1990s, the number of reported psittacosis cases steadily declined. This decline could reflect both improved diagnostic testing to distinguish *Chlamydophila psitaci* (formerly *Chlamydia psittaci*) from *C. pneumoniae* infections and improved control measures for psittacosis among birds.

Q FEVER. Reported cases — United States and U.S. territories, 2000



Q fever became nationally notifiable in 1999. Identification and reporting of Q fever is incomplete, and the number of cases reported do not represent the overall distribution or regional prevalence of disease.

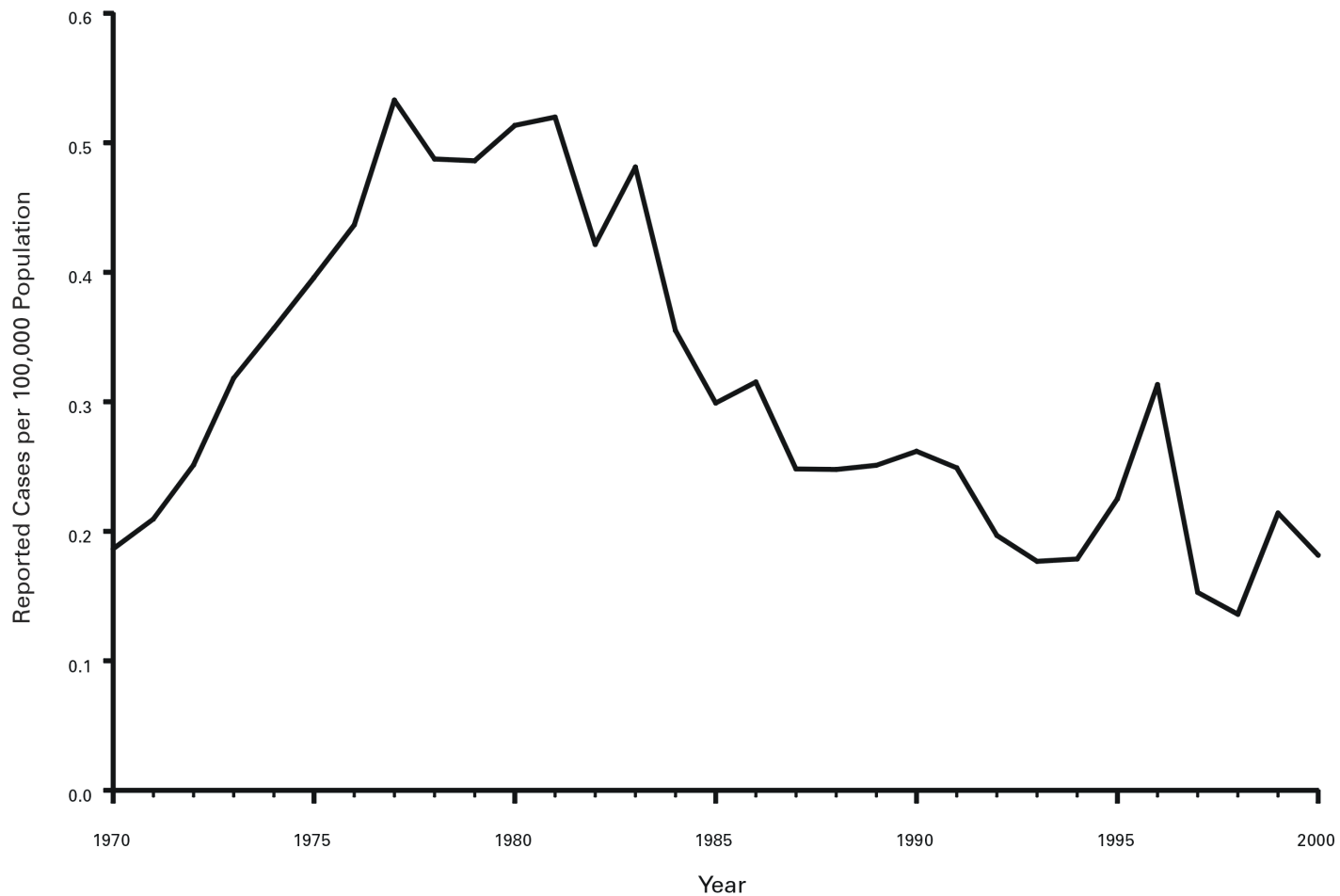
RABIES. Reported wild and domestic animal cases by year* — United States and Puerto Rico, 1970–2000



*Data from the National Center for Infectious Diseases.

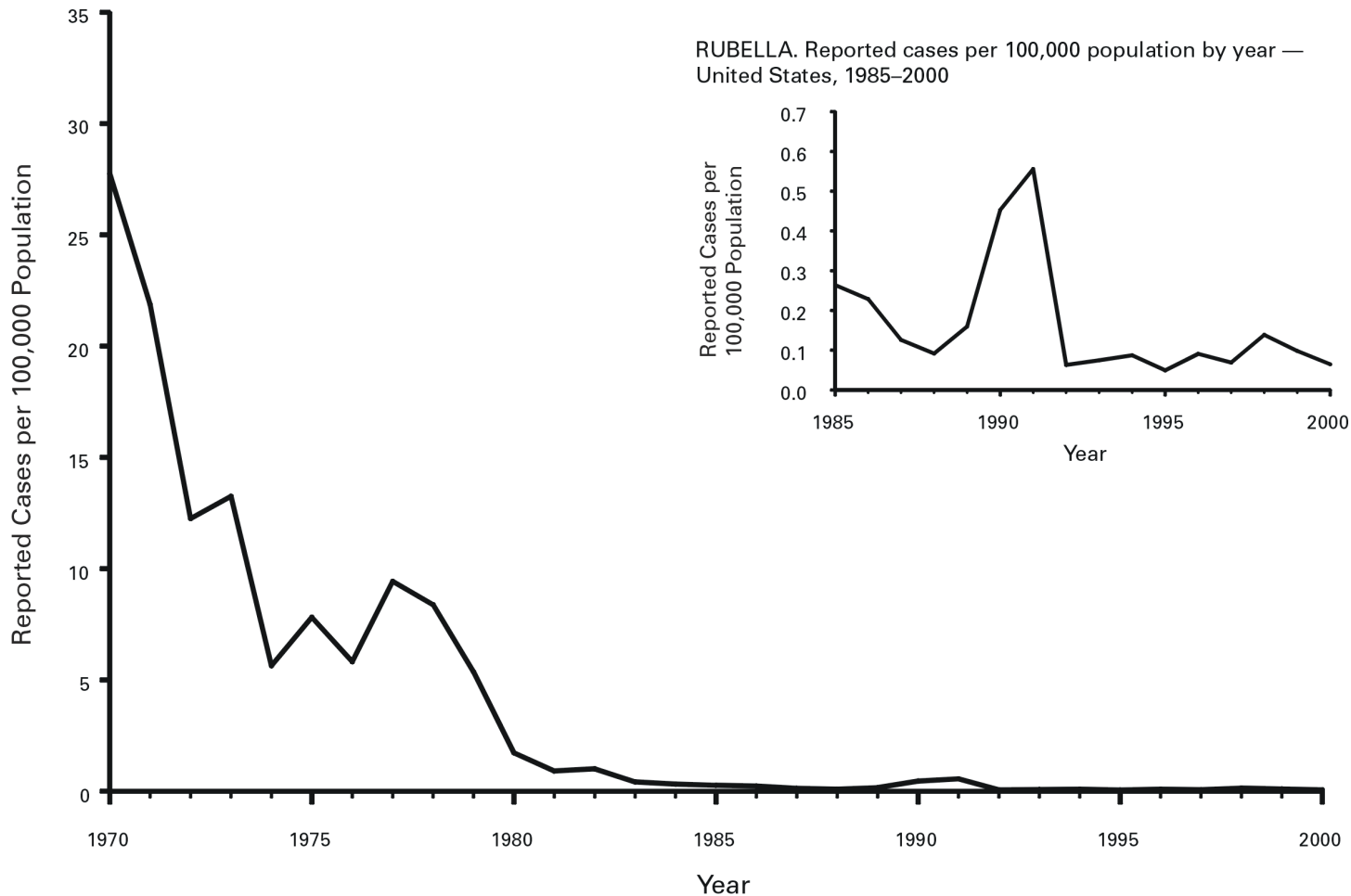
Periods of resurgence and decline of rabies incidence primarily are the result of cyclic re-emergence, mainly among raccoons in the eastern United States. Wildlife populations increase and reach densities sufficient to support epizootic transmission of the disease, resulting in substantial increases in reported cases. As populations are decimated by these epizootics, numbers of reported cases decline until populations again reach levels to support epizootic transmission of the disease.

ROCKY MOUNTAIN SPOTTED FEVER. Reported cases per 100,000 population by year — United States, 1970–2000



Changes in the number of reported cases of Rocky Mountain spotted fever might reflect changes in surveillance algorithms for this and other tickborne diseases. Biological factors (e.g., changes in tick populations resulting from fluctuating environmental conditions) also could be involved.

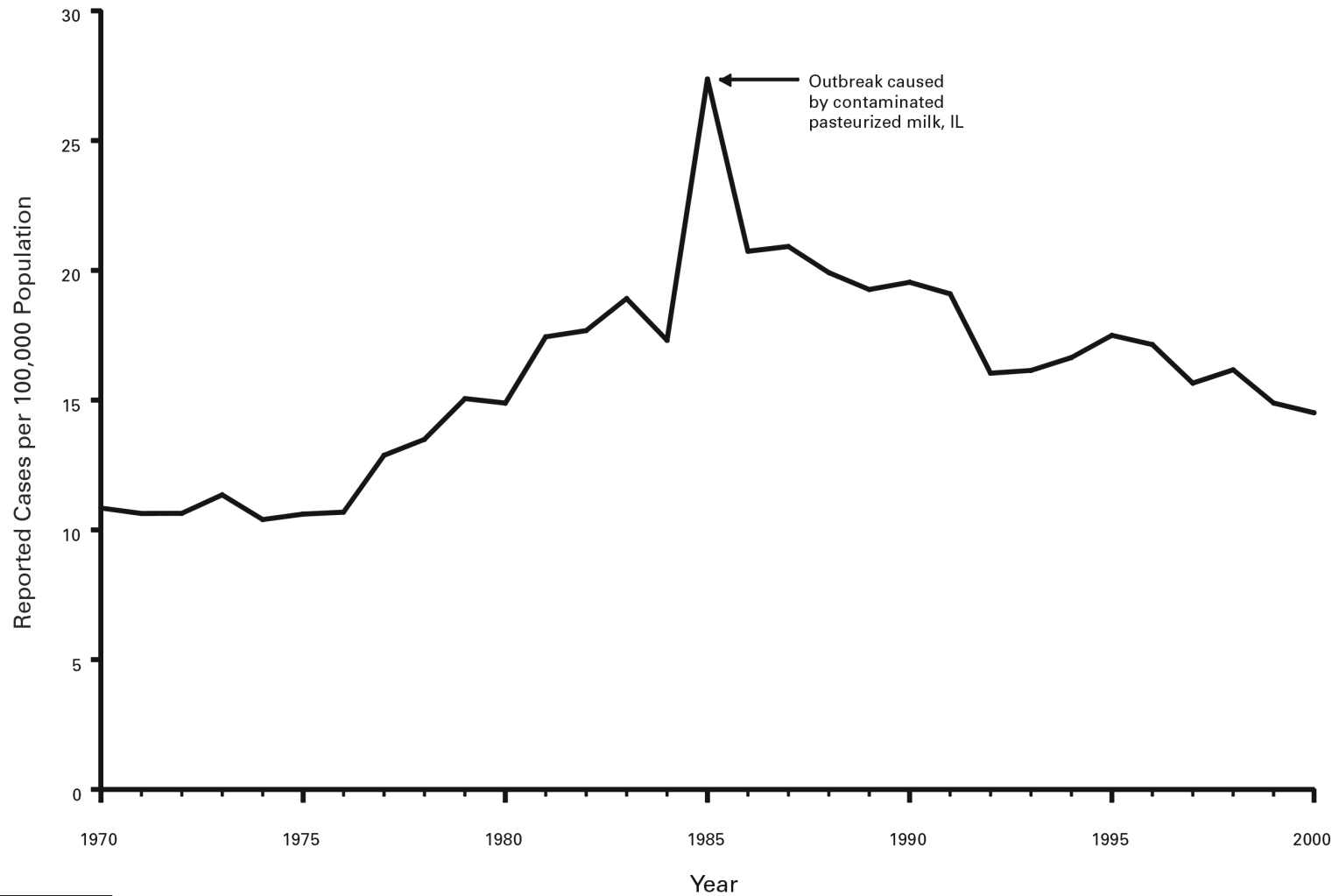
RUBELLA. Reported cases per 100,000 population by year — United States, 1970–2000



Because of the success of the U.S. rubella vaccination program, rubella is at record low levels, with 176 reported cases in 2000. In recent years, surveillance data have indicated that rubella has affected adults of Hispanic ethnicity disproportionately, with an increase in the proportion of cases among Hispanics from 19% in 1991 to 78% in 2000. Rubella now occurs mostly among persons born in countries that do not have routine rubella vaccination programs or that have only recently implemented such programs.

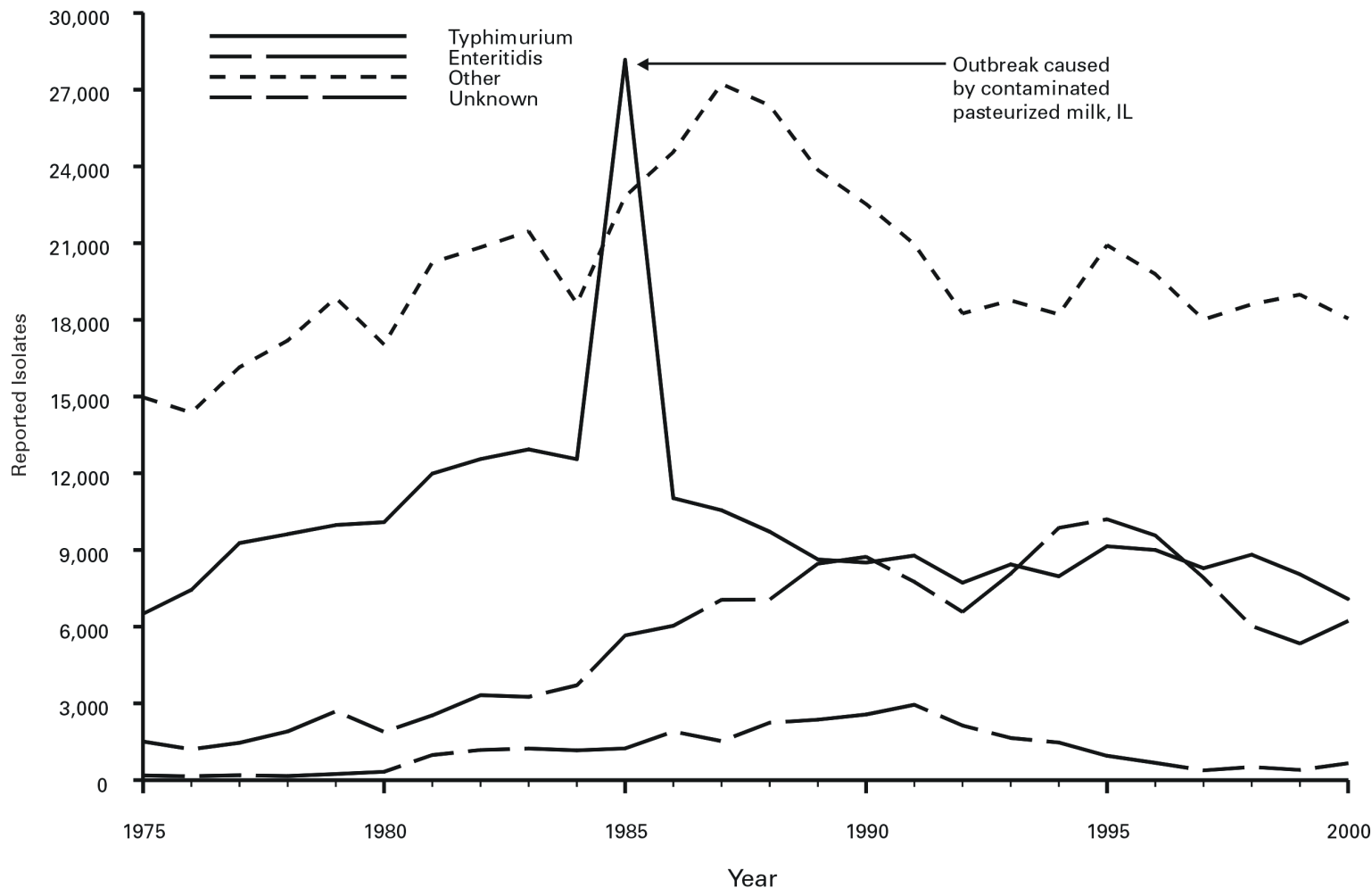
Note: A rubella vaccine was first licensed in 1969.

SALMONELLOSIS. Reported cases per 100,000 population by year — United States, 1970–2000



Public Health Laboratory Information System (PHLIS) data indicate that in 2000, *Salmonella* serotypes Typhimurium and Enteritidis accounted for 42% of all reported laboratory-confirmed salmonellosis cases among humans.

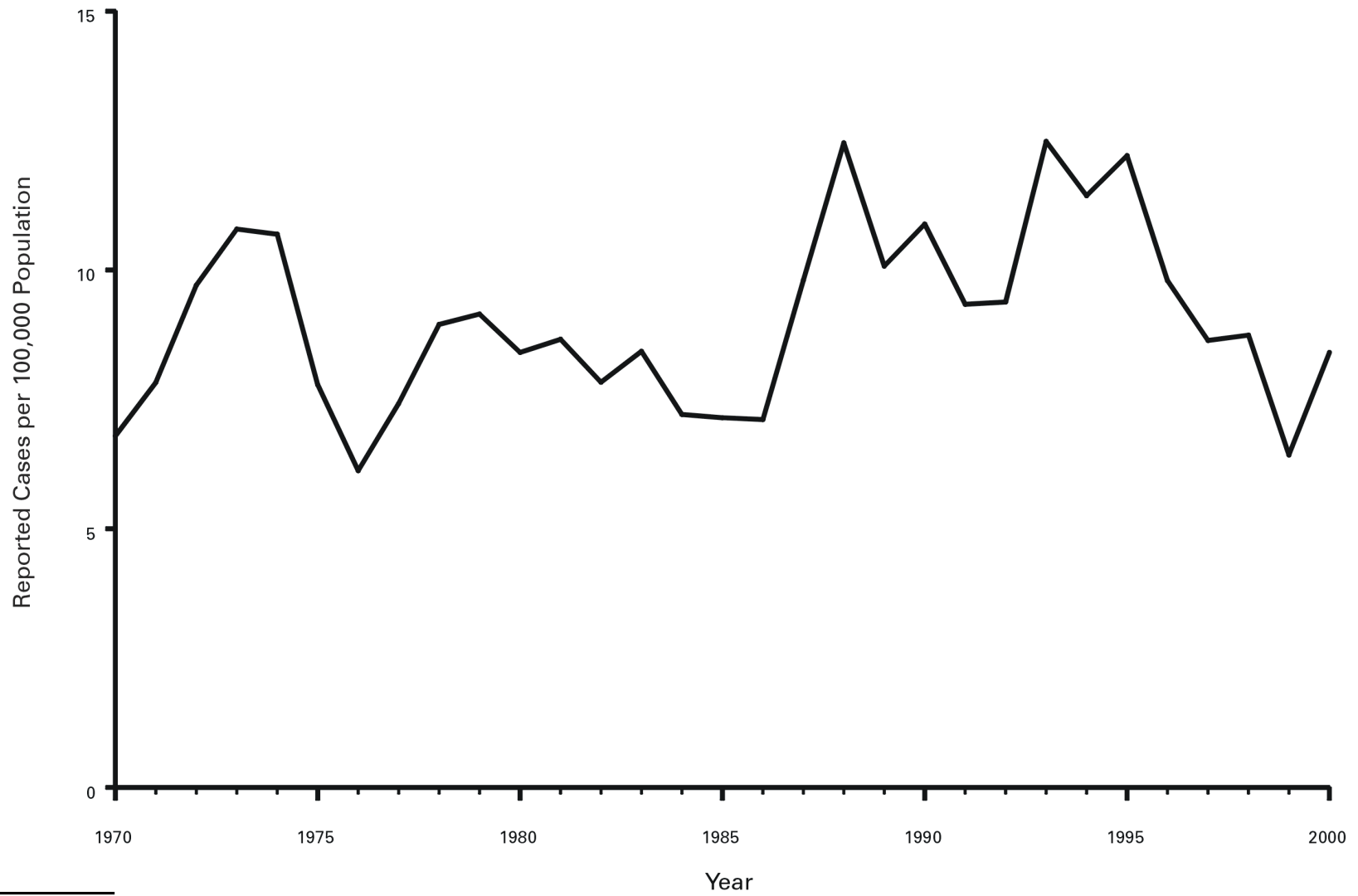
SALMONELLA. Reported isolates by serotype and year* — United States, 1975–2000



*Data from Public Health Laboratory Information System (PHLIS).

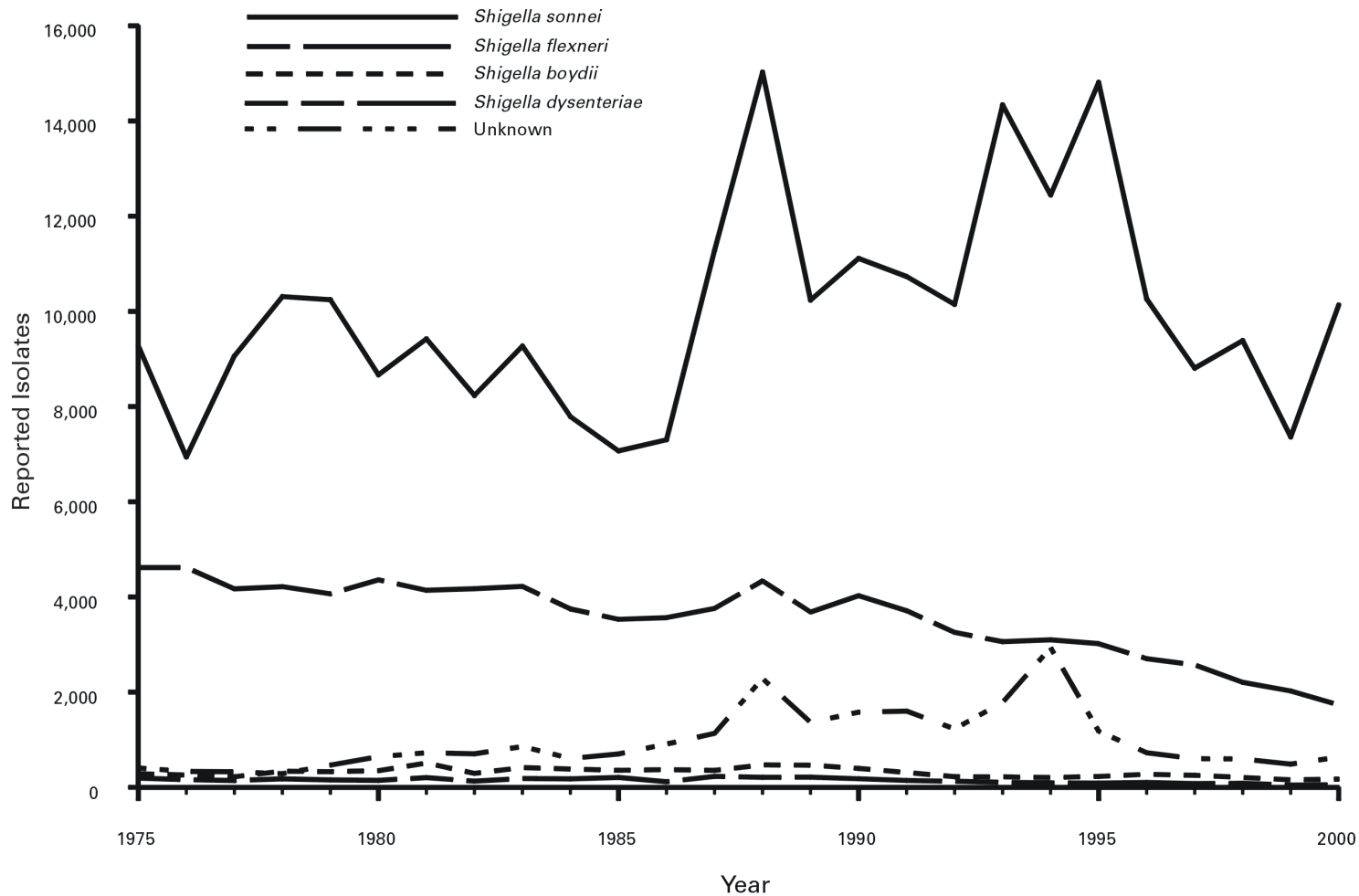
A multiple-resistant strain of *Salmonella* Typhimurium now accounts for approximately 30% of the *S. Typhimurium* isolates in the country. The continued decline in *Salmonella* Enteritidis may be associated with expanded control programs.

SHIGELLOSIS. Reported cases per 100,000 population by year — United States, 1970–2000



An apparent downward trend in the incidence of shigellosis was reversed in the year 2000.

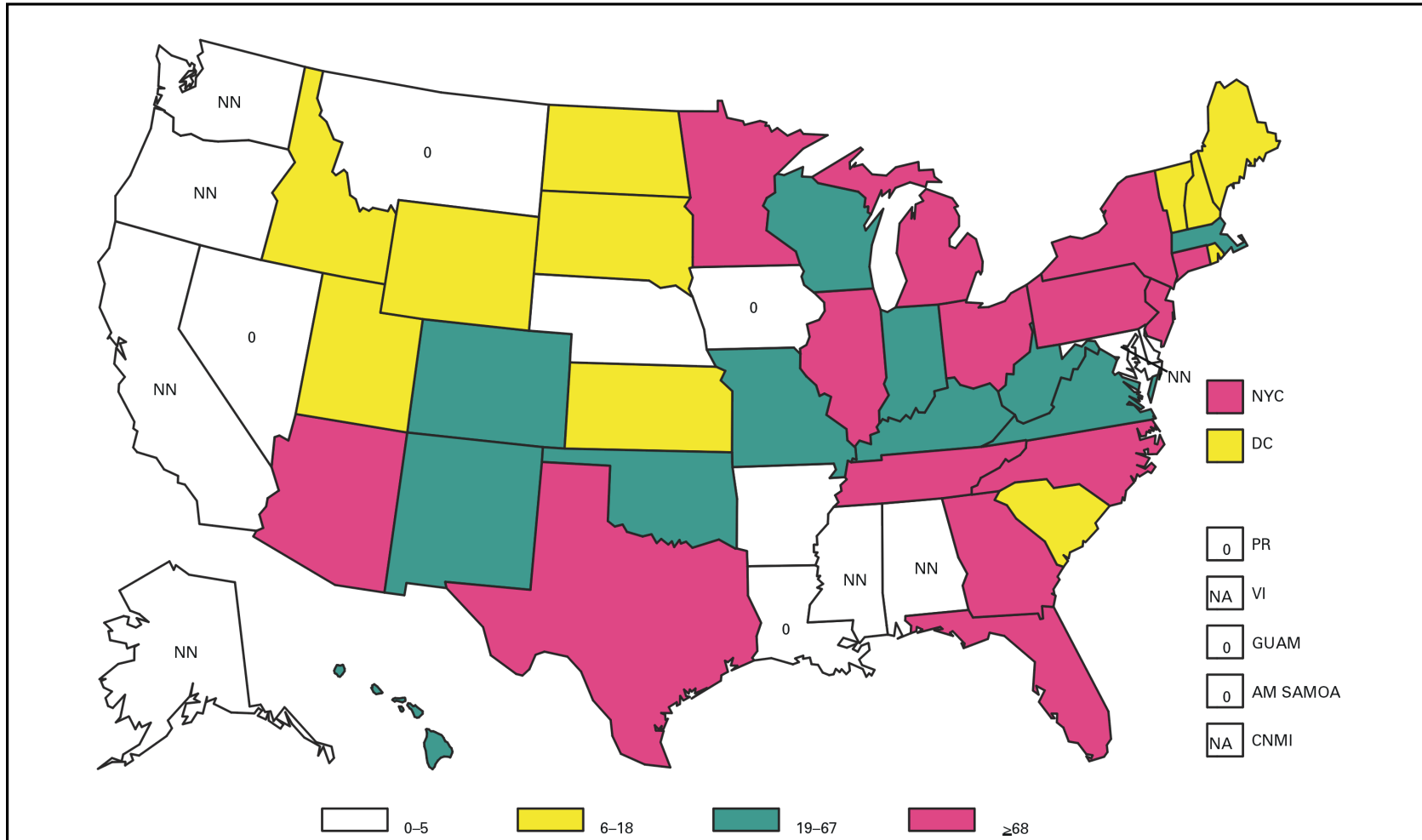
SHIGELLA. Reported isolates by species and year* — United States, 1975–2000



*Data from Public Health Laboratory Information System (PHLIS).

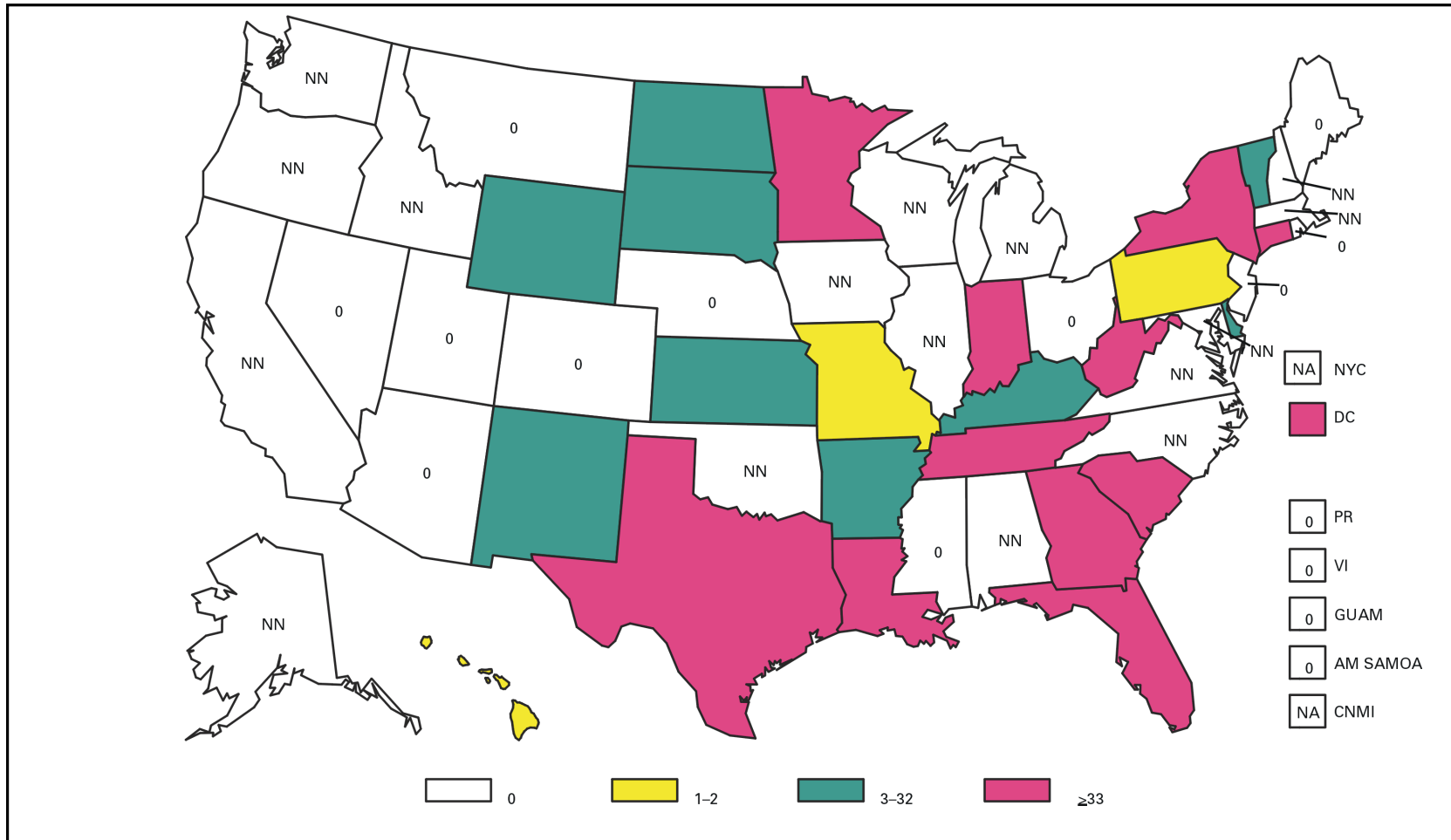
Prolonged and extensive outbreaks of *Shigella sonnei* continue to occur in child care settings and are recognized with increasing frequency among men who have sex with men. Resistance to first-line antimicrobial agents, including trimethoprim-sulfamethoxazole, continues to increase among *S. sonnei*.

STREPTOCOCCAL DISEASE, INVASIVE, GROUP A. Reported cases — United States and U.S. territories, 2000



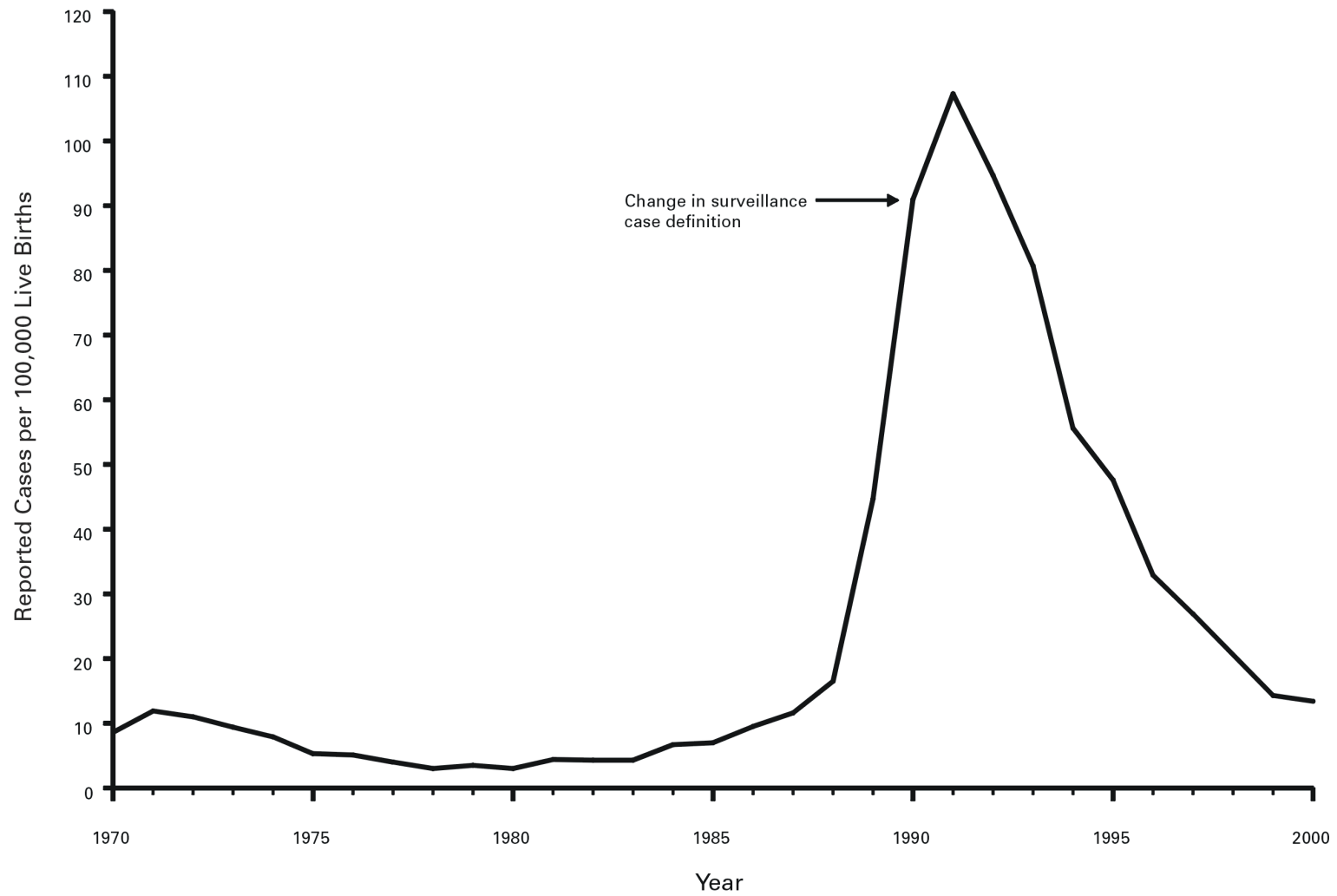
Passive reporting likely underestimates the number of invasive Group A *Streptococcus* (GAS) infections in the United States. In 2000, a total of 915 invasive GAS infections were reported by nine sites participating in CDC's Active Bacterial Core Surveillance (ABCs), corresponding to an incidence rate of 3.2 cases per 100,000 population and a projected 8,800 cases nationwide.

STREPTOCOCCUS PNEUMONIAE, DRUG-RESISTANT, INVASIVE DISEASE. Reported cases — United States and U.S. territories, 2000



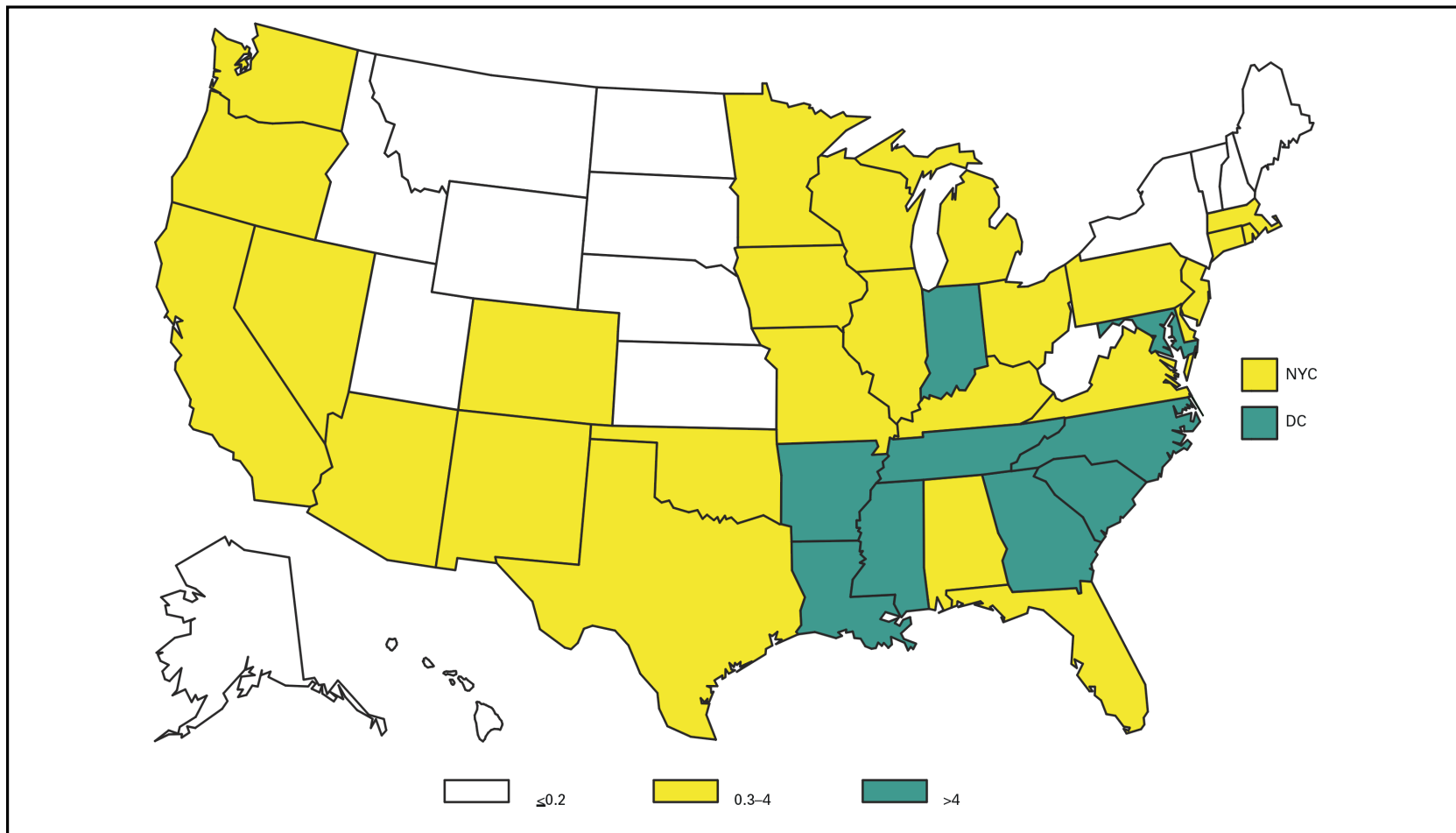
The burden of disease caused by drug-resistant *Streptococcus pneumoniae* may be under represented because of passive reporting. According to data from CDC's Active Bacterial Core Surveillance (ABCs), the rate of invasive pneumococcal disease in the United States was 22 cases/100,000 population; in 2000, 27.5% of pneumococcal strains causing invasive pneumococcal disease had decreased susceptibility to penicillin, and 38.4% were resistant to one or more antibiotics. A new vaccine was licensed in 2000 to prevent pneumococcal disease in young children.

SYPHILIS, CONGENITAL. Reported cases per 100,000 live births among infants aged <1 year — United States, 1970–2000



The rate of congenital syphilis decreased from 14.5 cases/100,000 live births in 1999 to 13.4/100,000 in 2000.

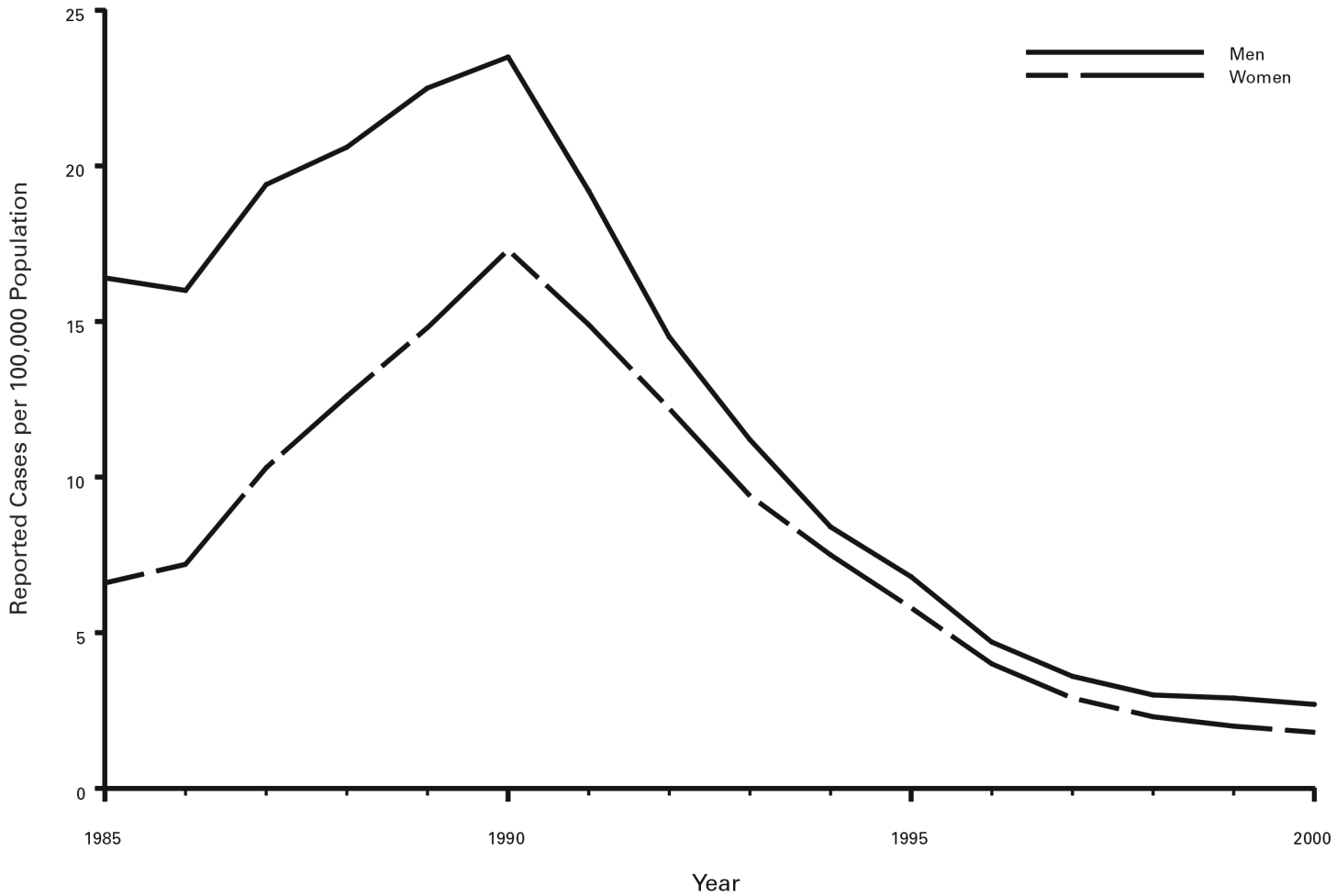
SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population — United States, 2000



In 2000, the rate of primary and secondary syphilis in the United States was 2.2 cases/100,000 population, which is above the *Healthy People 2010* national objective of 4.0 cases/100,000 population per year. Fourteen states reported rates at or below the national objective and 15 states reported fewer than six cases.

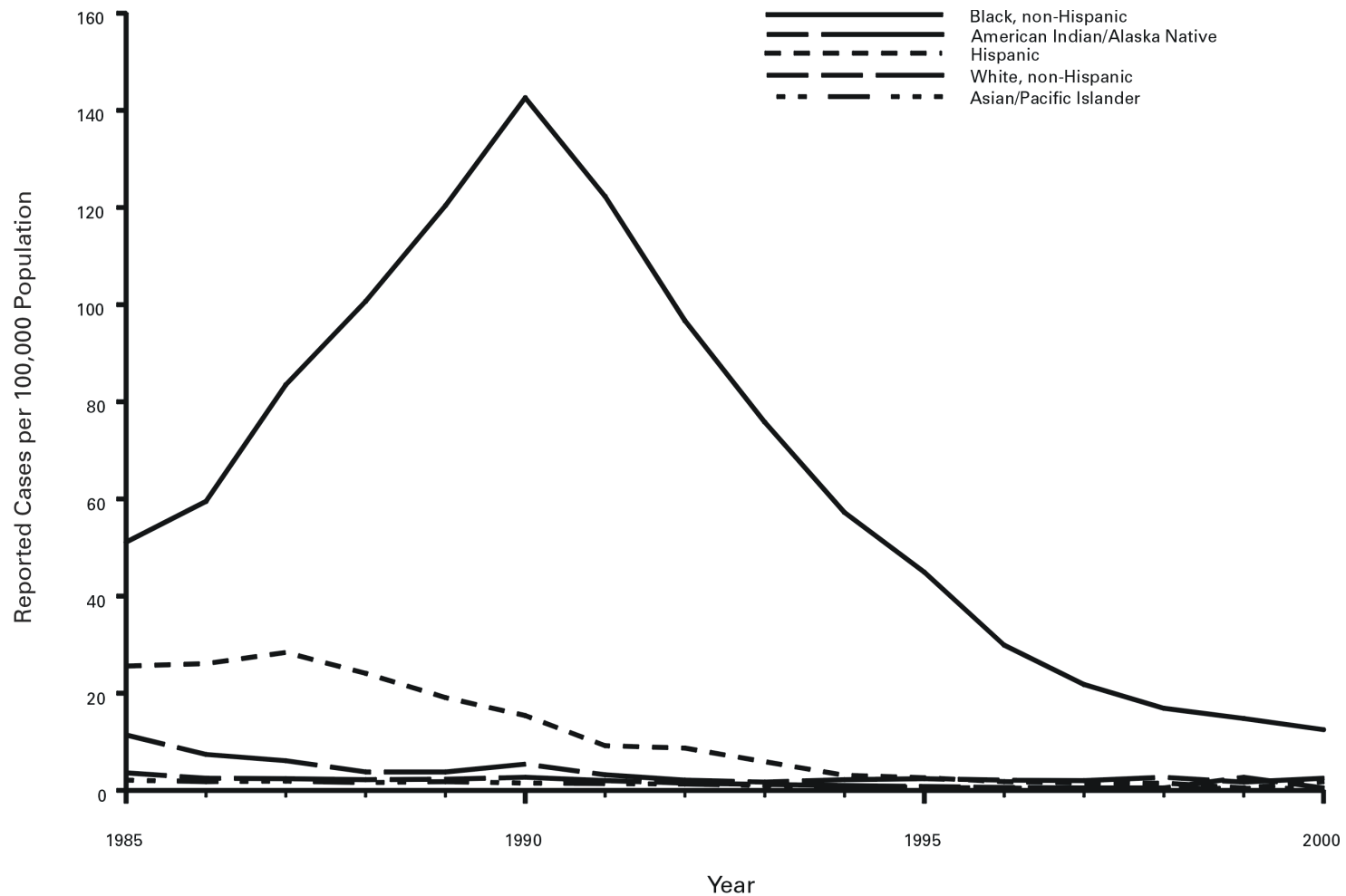
Note: The revised *Healthy People 2000* national objective is 0.2 cases of primary and secondary syphilis per 100,000 population.

SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population by sex — United States, 1985–2000



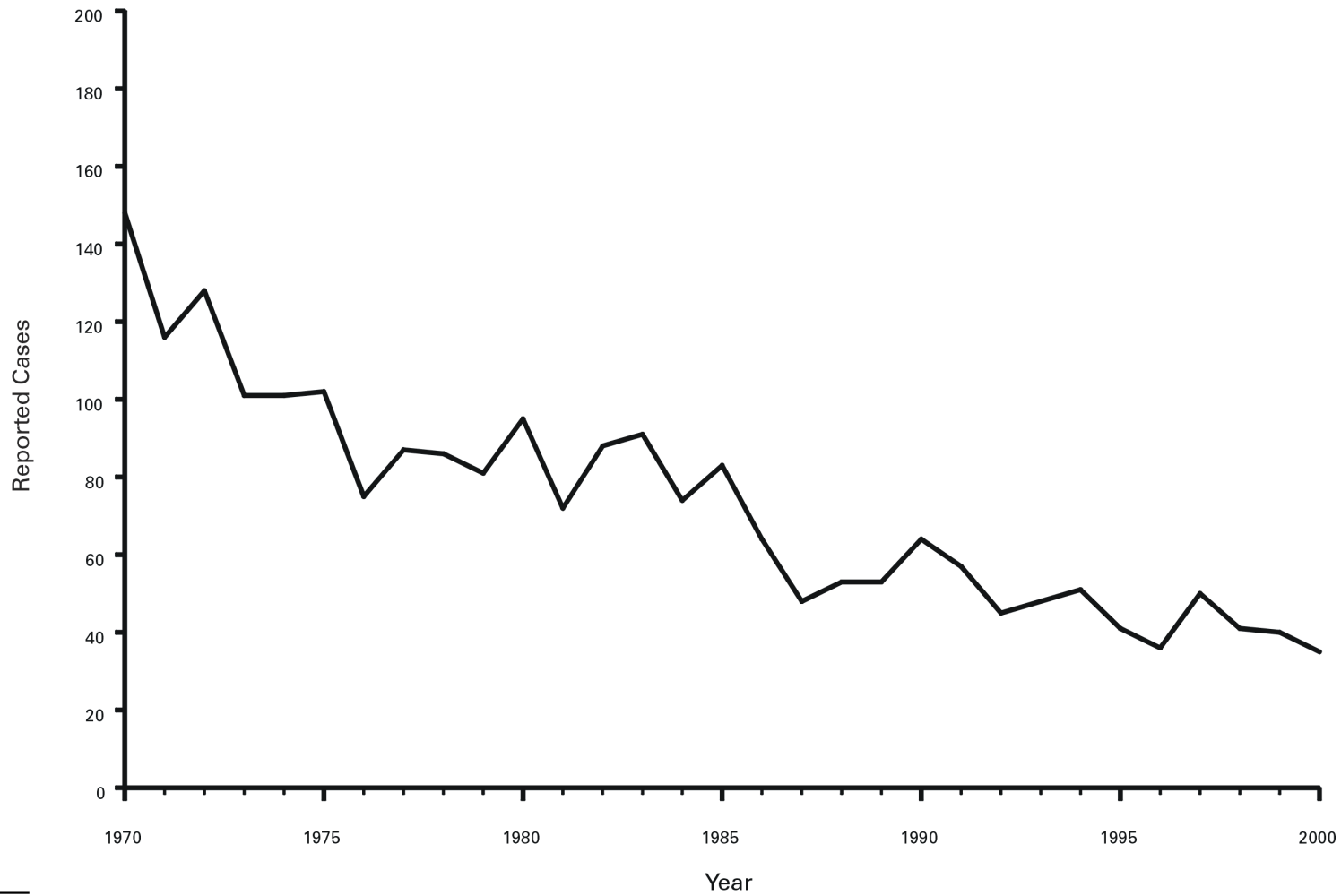
The reported rate of primary and secondary syphilis continues to decline in the United States. In 2000, rates among both males and females were at the lowest since reporting began in 1941. Rates decreased from 2.9 cases/100,000 population in 1999 to 2.7 in 2000 among men and from 2.0 cases/100,000 population in 1999 to 1.8 cases in 2000 among women.

SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population by race and ethnicity — United States, 1985–2000



Since 1996, rates of primary and secondary syphilis have generally been stable among all racial and ethnic groups except non-Hispanic blacks, among whom rates have steadily declined. Although the rate for non-Hispanic blacks declined from 15.0 to 12.8 cases/100,000 population during 1999–2000, the rate in 2000 was 21 times greater than the rate of 0.6/100,000 population among non-Hispanic whites.

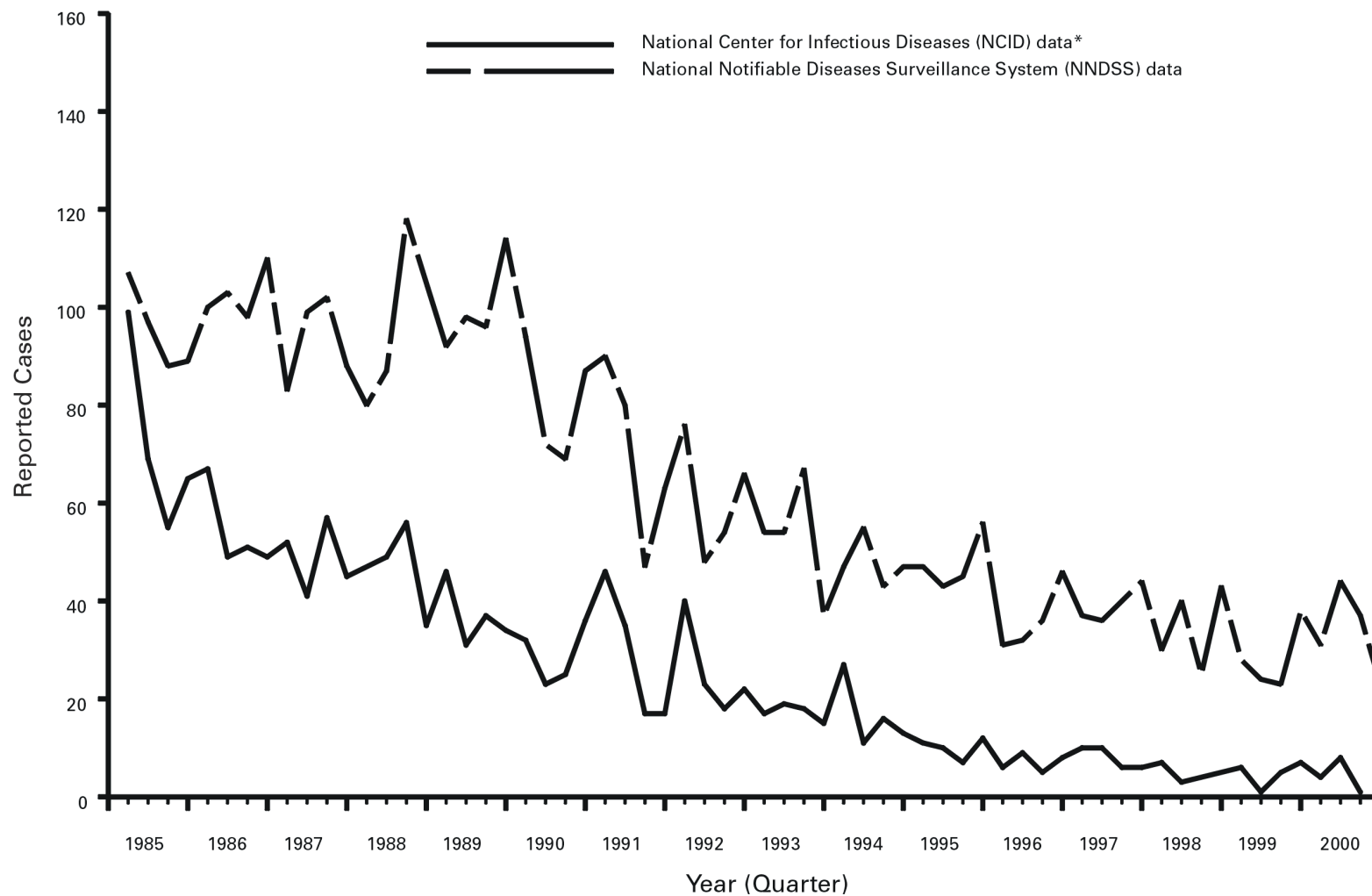
TETANUS. Reported cases by year — United States, 1970–2000



During 2000, a total of 35 cases of tetanus were reported. The percentage of cases among persons aged 25–59 years has increased in the last decade, representing a shift in the age distribution of cases.

Note: A tetanus vaccine was first available in 1933.

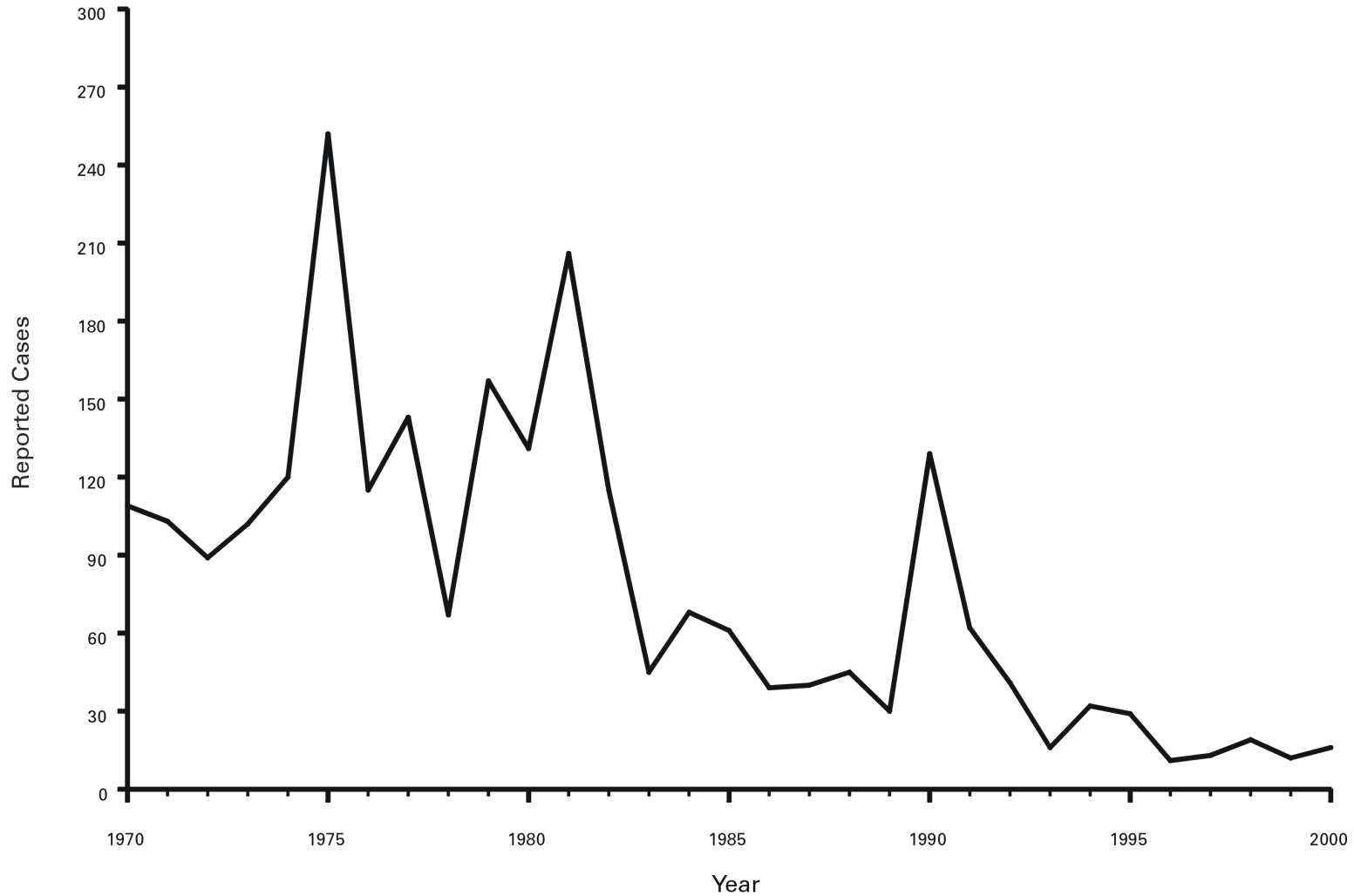
TOXIC-SHOCK SYNDROME (TSS). Reported cases by quarter — United States, 1985–2000



* Includes cases meeting the CDC definition for confirmed and probable cases of staphylococcal TSS. Data for 4th quarter 2000 are not yet available.

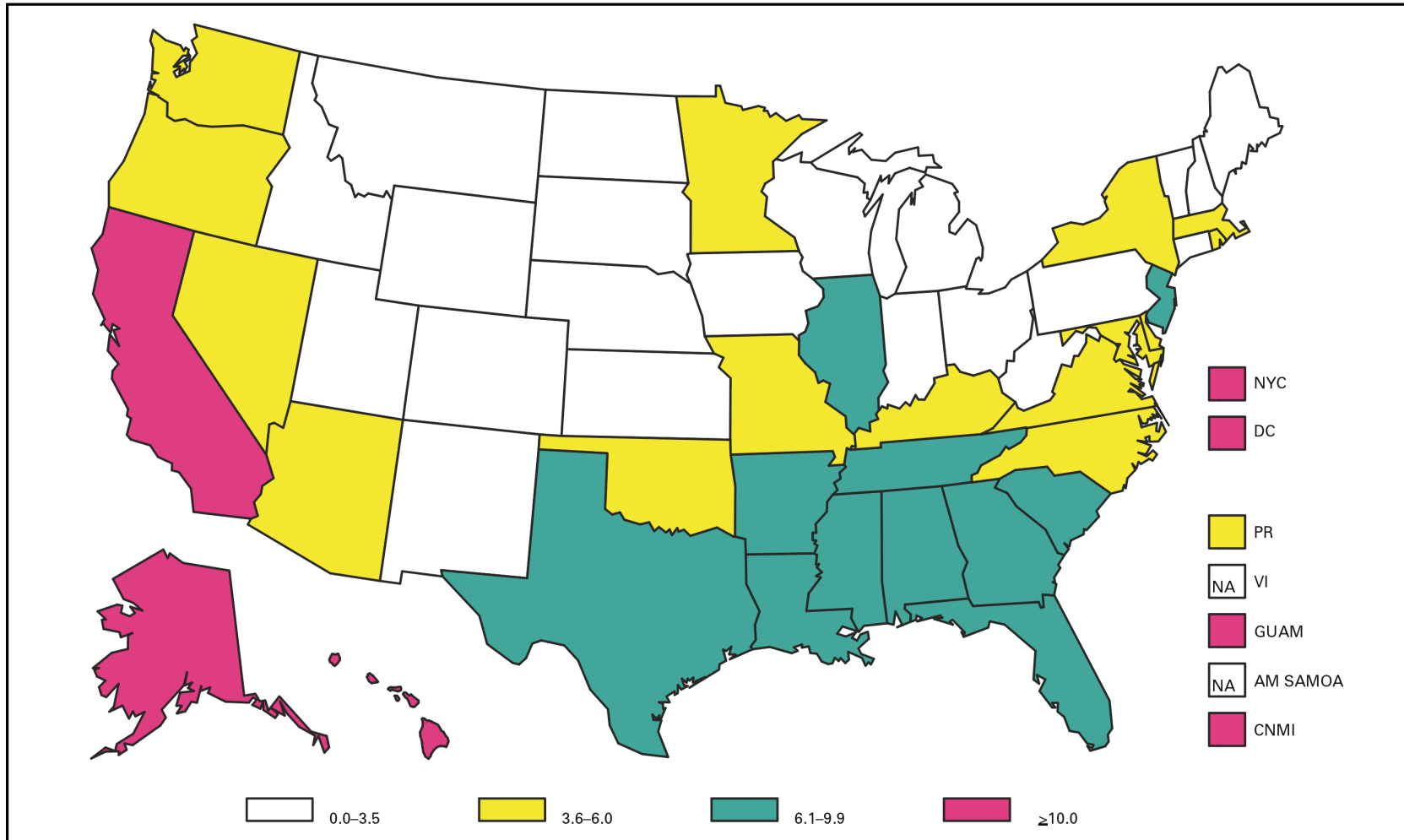
In 2000, a total of 13 cases of staphylococcal TSS were reported to NCID. Of those cases, six persons (46%) had menstrual TSS as of July 11, 2001.

TRICHINOSIS. Reported cases by year — United States, 1970–2000



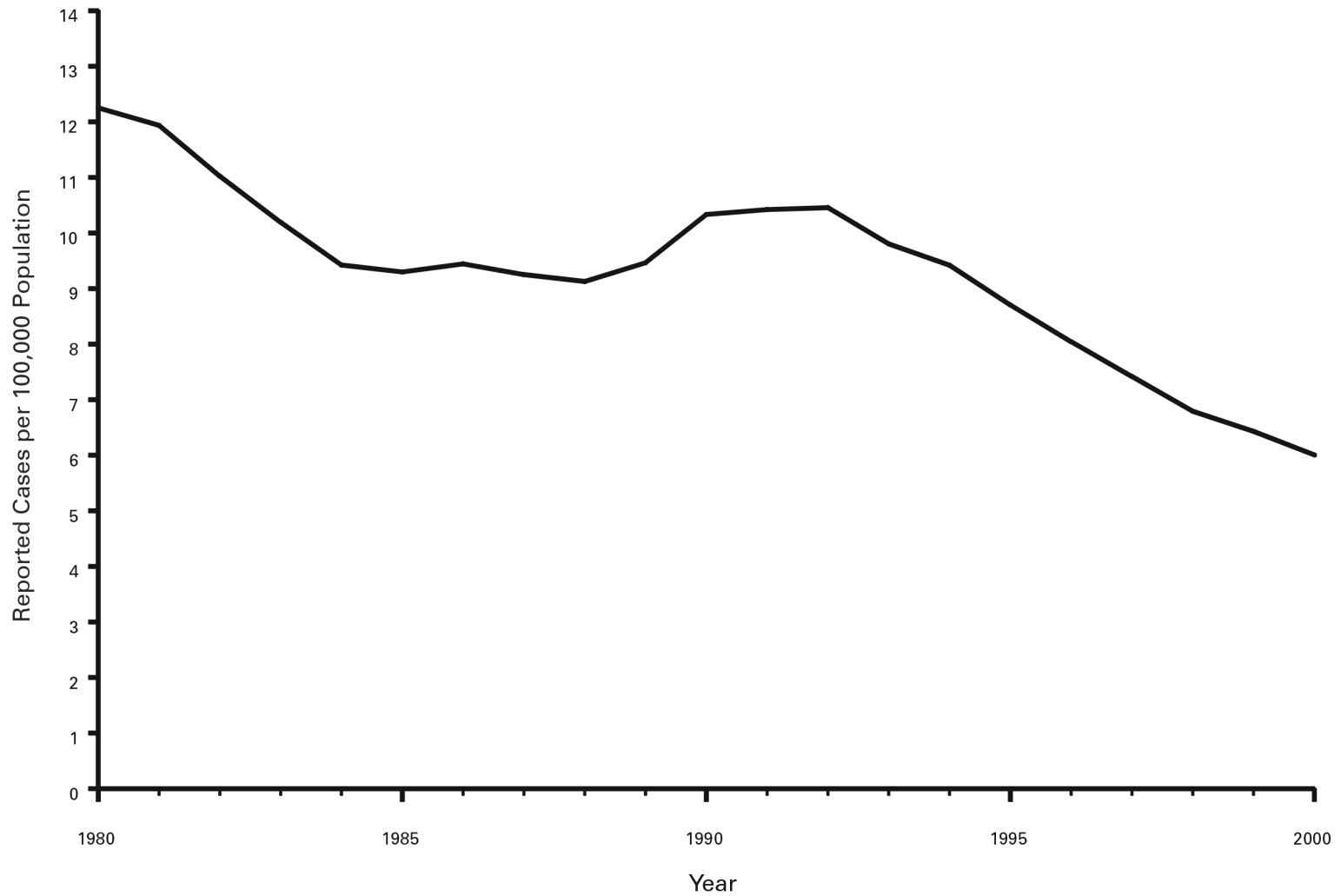
In 2000, 16 cases of trichinosis were reported from eight states (i.e., Alaska, Wisconsin, Illinois, Hawaii, Florida, Maryland, Michigan, and Ohio). The year 2000 marked the fifth consecutive year in which <20 cases were reported from each state.

TUBERCULOSIS (TB). Reported cases per 100,000 population — United States and U.S. territories, 2000



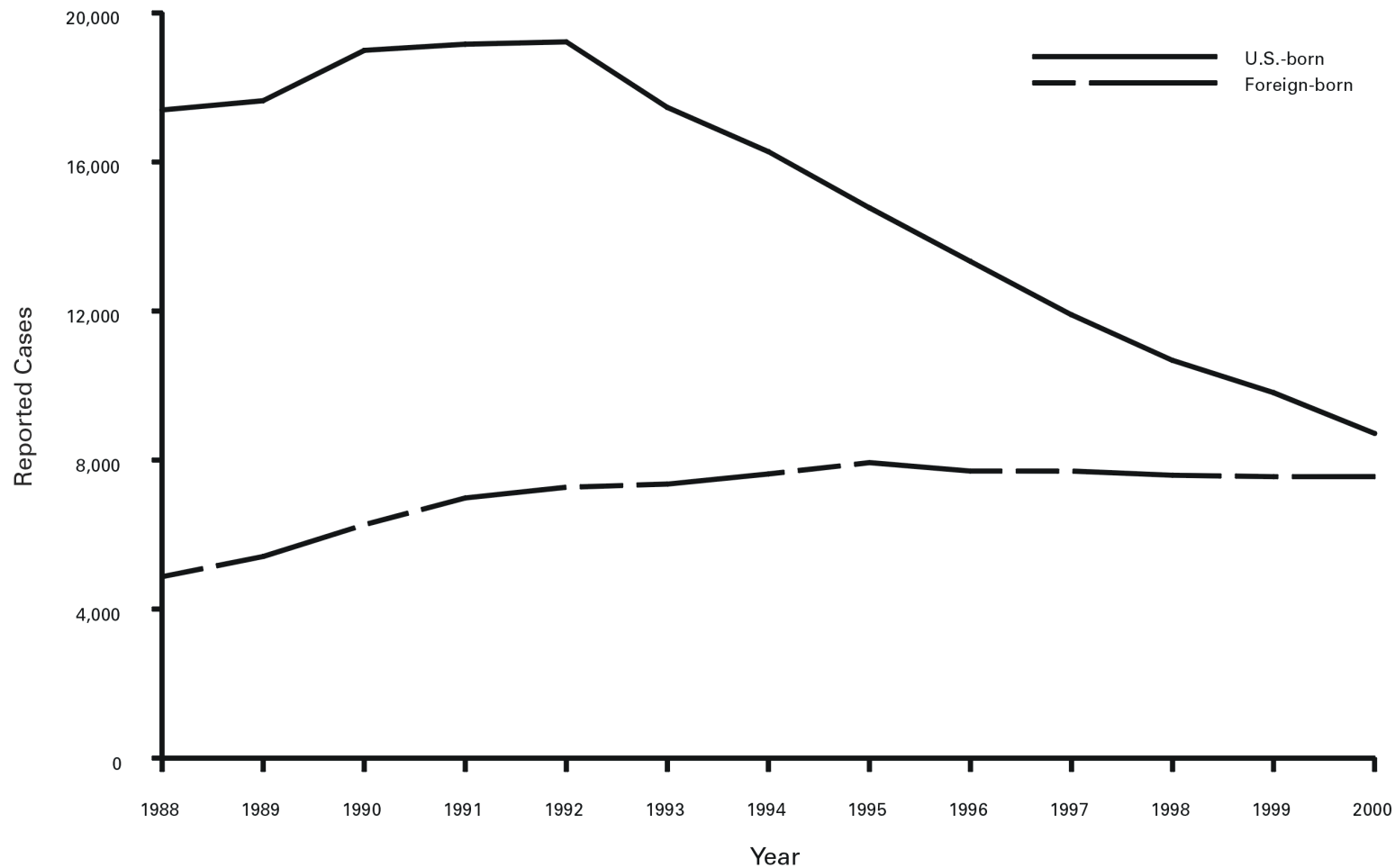
In 2000, a total of 22 states had tuberculosis rates of ≤ 3.5 cases/100,000 population, which is the interim (i.e., year 2000) incidence target for the elimination of TB by the year 2010.

TUBERCULOSIS (TB). Reported cases per 100,000 population by year — United States, 1980–2000



In 2000, a total of 16,377 cases of tuberculosis were reported to CDC, representing a 6.6% decrease from 1999.

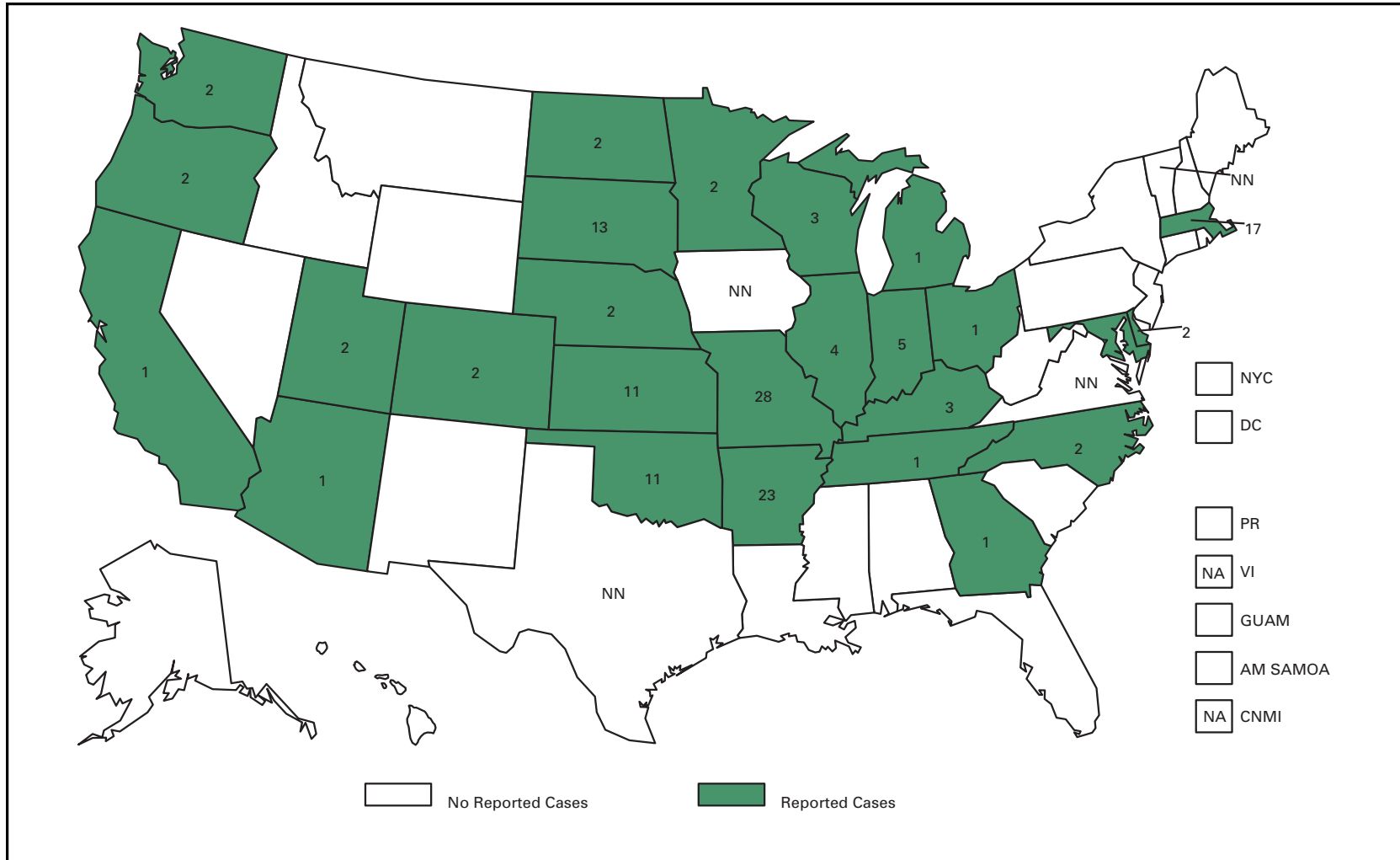
TUBERCULOSIS (TB). Reported cases among U.S.-born and foreign-born persons* by year — United States, 1988–2000



*In 2000, place of birth was unknown for 109 case-patients.

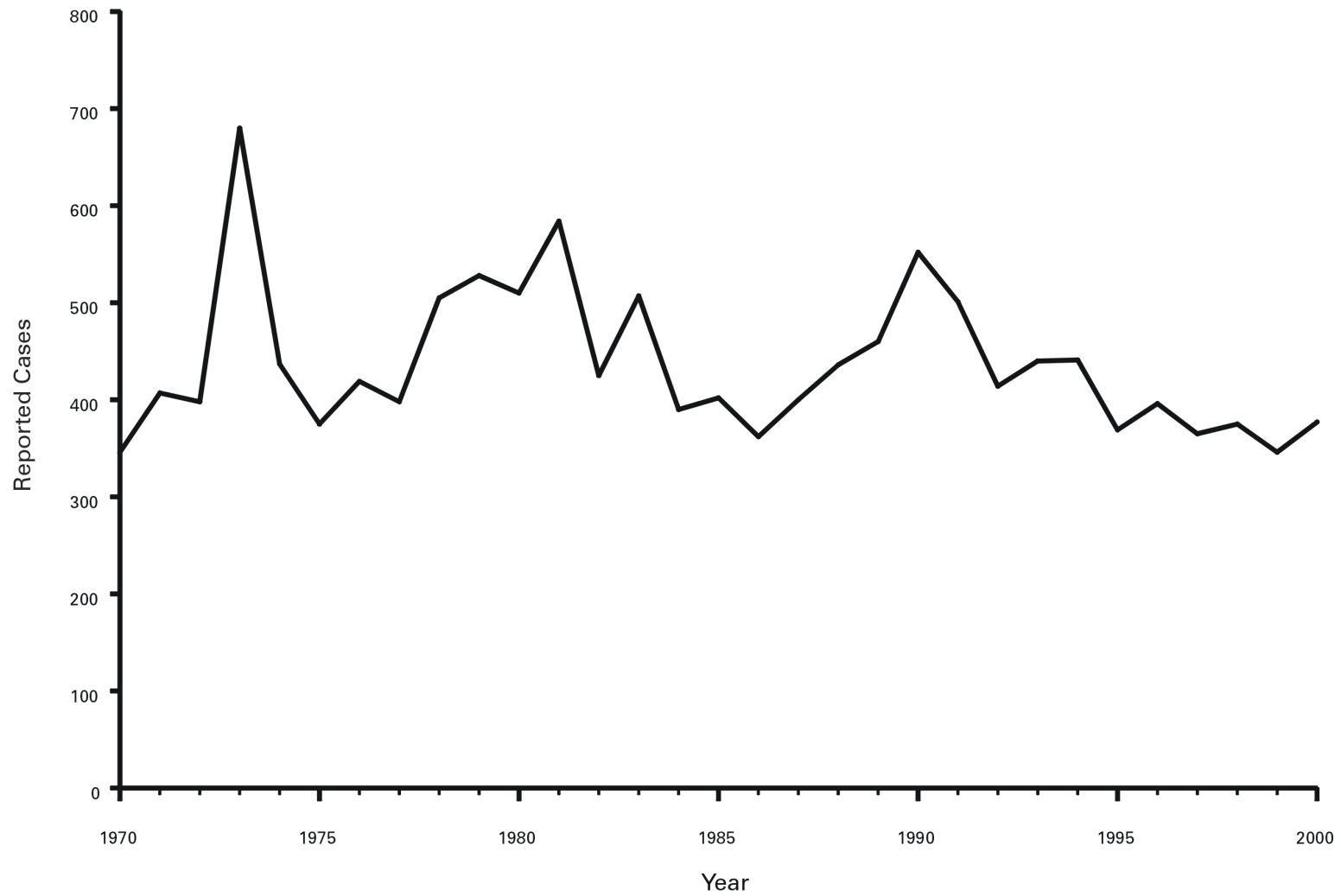
The number of TB cases among foreign-born persons in the United States increased from 4,868 (22%) of the total number of cases in 1988 to 7,554 (46%) of the total in 2000.

TULAREMIA. Reported cases — United States, 2000



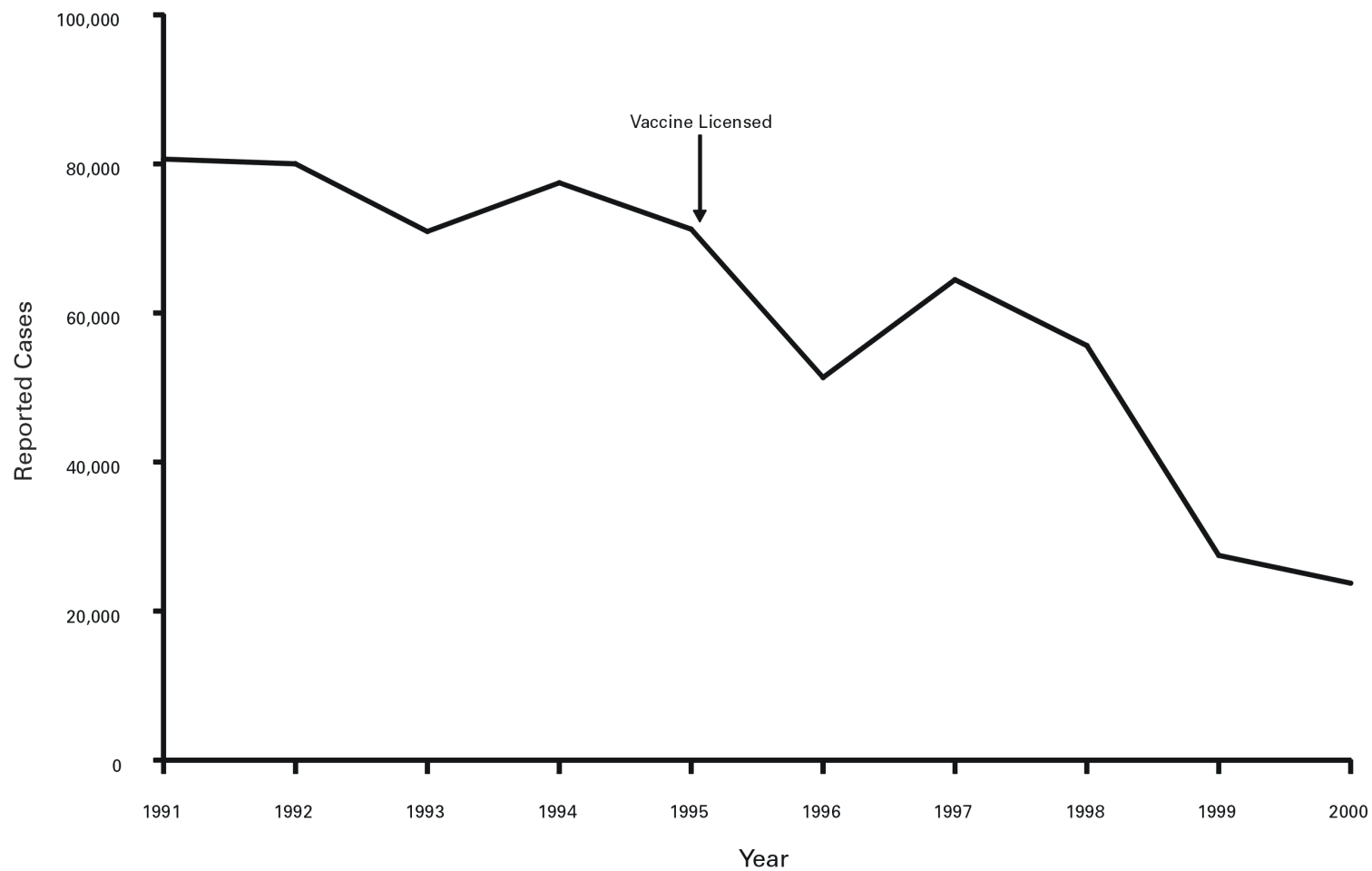
In 2000, 142 cases of tularemia were reported. The incidence of tularemia in the United States has declined substantially, from nearly 0.36/100,000 in 1955 to 0.06/100,000 in 2000. Although tularemia was removed as a nationally notifiable disease in 1994, it was reinstated effective January 1, 2000, primarily because of the potential for use of *Francisella tularensis* as a bioterrorism agent.

TYPHOID FEVER. Reported cases by year — United States, 1970–2000



The recent discontinuation of one licensed typhoid fever vaccine and shortages of another may lead to an increase in preventable cases of typhoid fever among international travelers.

VARICELLA (Chickenpox). Reported cases from selected U.S. states* (n = 6), 1991–2000



*Massachusetts, Michigan, Missouri, Rhode Island, Texas, and West Virginia maintained adequate reporting by reporting cases constituting $\geq 5\%$ of their cohort during 1990–1995 (National Immunization Program).

The number of varicella cases reported in 2000 is the lowest ever reported, constituting a 13.6% decline compared with cases reported in 1999 and a 67.5% decline compared with cases reported in the pre-vaccine years of 1993–1995.

PART 3

Historical Summaries of Notifiable Diseases in the United States, 1969–2000

SYMBOL USED IN TABLES

No reported cases —

Data not available NA

Rates <0.01 after rounding are listed as 0.00.

Note: Data in the *MMWR Summary of Notifiable Disease, United States, 2000* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 7. Reported incidence rates of notifiable diseases per 100,000 population — United States, 1990–2000

Disease	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
AIDS*	16.72	17.32	17.83	40.20	30.07	27.20	25.21	21.85	17.21	16.66	14.95
Amebiasis	1.38	1.23	1.21	1.21	1.20	†	†	†	†	†	†
Anthrax	—	—	0.00	—	—	—	—	—	—	—	0.00
Aseptic meningitis	4.77	6.26	5.18	5.39	3.71	†	†	†	†	†	†
Botulism, total (includes wound and unspecified)	0.04	0.05	0.04	0.04	0.06	0.04	0.05	0.05	0.04	0.06	0.05
Foodborne	0.01	0.01	0.00	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.01
Brucellosis	0.03	0.04	0.04	0.05	0.05	0.04	0.05	0.04	0.03	0.03	0.03
Chancroid	1.70	1.40	0.80	0.54	0.30	0.20	0.15	0.09	0.07	0.06	0.03
Chlamydia [§]	†	†	†	†	†	182.60	188.10	196.80	236.57	254.10	257.76
Cholera	0.00	0.01	0.04	0.00	0.02	0.01	0.01	0.01	0.01	0.00	0.00
Cryptosporidiosis	†	†	†	†	†	†	†	1.12	1.61	0.92	1.17
Cyclosporiasis	†	†	†	†	†	†	†	†	†	†	0.03
Diphtheria	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00
Ehrlichiosis, human granulocytic (HGE)	†	†	†	†	†	†	†	†	†	†	0.15
human monocytic (HME)	†	†	†	†	†	†	†	†	†	†	0.09
Encephalitis, primary	0.54	0.40	0.30	0.36	0.28	†	†	†	†	†	†
Post-infectious	0.04	0.03	0.05	0.07	0.06	†	†	†	†	†	†
Encephalitis, California serogroup viral	†	†	†	†	†	†	†	†	0.04	0.03	0.04
Eastern equine	†	†	†	†	†	†	†	†	0.00	0.00	0.00
St. Louis	†	†	†	†	†	†	†	†	0.01	0.00	0.00
Western equine	†	†	†	†	†	†	†	†	0.00	0.00	0.00
<i>Escherichia coli</i> O157:H7	†	†	†	†	†	1.01	1.18	1.04	1.28	1.77	1.74
Gonorrhea	276.60	249.48	201.60	172.40	168.40	149.50	122.80	121.40	132.88	133.20	131.65
Granuloma inguinale	0.00	0.01	0.00	0.00	0.00	†	†	†	†	†	†
<i>Haemophilus influenzae</i> , invasive disease	†	1.10	0.55	0.55	0.45	0.45	0.45	0.44	0.44	0.48	0.51
Hansen disease (leprosy)	0.08	0.06	0.07	0.07	0.05	0.06	0.05	0.05	0.05	0.04	0.04
Hantavirus pulmonary syndrome	†	†	†	†	†	NA	NA	NA	NA	NA	0.02
Hemolytic uremic syndrome, postdiarrheal	†	†	†	†	†	NA	NA	NA	NA	NA	0.10
Hepatitis A	12.64	9.67	9.06	9.40	10.29	12.13	11.70	11.22	8.59	6.25	4.91
Hepatitis B	8.48	7.14	6.32	5.18	4.81	4.19	4.01	3.90	3.80	2.82	2.95
Hepatitis, C/non-A, non-B**	1.03	1.42	2.36	1.86	1.78	1.78	1.41	1.43	1.30	1.14	1.17
Hepatitis, unspecified	0.67	0.50	0.35	0.24	0.17	†	†	†	†	†	†
Legionellosis	0.55	0.53	0.53	0.50	0.63	0.48	0.47	0.44	0.51	0.41	0.42
Leptospirosis	0.03	0.02	0.02	0.02	0.02	†	†	†	†	†	†
Listeriosis	†	†	†	†	†	†	†	†	†	†	0.29
Lyme disease	†	3.80	3.93	3.20	5.01	4.49	6.21	4.79	6.39	5.99	6.53
Lymphogranuloma venereum	0.10	0.19	0.10	0.10	0.10	†	†	†	†	†	†
Malaria	0.52	0.51	0.43	0.55	0.47	0.55	0.68	0.75	0.60	0.61	0.57
Measles	11.17	3.82	0.88	0.12	0.37	0.12	0.20	0.06	0.04	0.04	0.03
Meningococcal disease	0.99	0.84	0.84	1.02	1.11	1.25	1.30	1.24	1.01	0.92	0.83
Mumps	2.17	1.72	1.03	0.66	0.60	0.35	0.29	0.27	0.25	0.14	0.13
Murine typhus fever	0.02	0.02	0.02	0.01	0.01	†	†	†	†	†	†

TABLE 7. (Continued) Reported incidence rates of notifiable diseases per 100,000 population — United States, 1990–2000

Disease	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Pertussis (whooping cough)	1.84	1.08	1.60	2.55	1.77	1.97	2.94	2.46	2.74	2.67	2.88
Plague	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.01	0.00	0.00	0.00
Poliomyelitis, paralytic	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00
Psittacosis	0.05	0.04	0.04	0.02	0.02	0.03	0.02	0.02	0.02	0.01	0.01
Q Fever	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Rabies, human	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00
Rheumatic fever, acute	0.09	0.12	0.06	0.08	0.09	†	†	†	†	†	†
Rocky Mountain spotted fever	0.26	0.25	0.20	0.18	0.18	0.23	0.32	0.16	0.14	0.21	0.18
Rubella	0.45	0.56	0.06	0.07	0.09	0.05	0.10	0.07	0.13	0.10	0.06
Salmonellosis, excluding typhoid fever	19.54	19.10	16.04	16.15	16.64	17.66	17.15	15.66	16.17	14.89	14.51
Shigellosis	10.89	9.34	9.38	12.48	11.44	12.32	9.80	8.64	8.74	6.43	8.41
Streptococcal disease, invasive, group A	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	1.45
Streptococcal toxic shock syndrome	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	0.04
<i>Streptococcus pneumoniae</i> , drug resistant, invasive disease	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	2.77
Syphilis, primary and secondary	20.10	17.26	13.70	10.40	8.10	6.30	4.29	3.19	2.61	2.50	2.19
Total, all stages	53.80	51.69	45.30	39.70	32.00	26.20	19.97	17.39	14.19	13.07	11.58
Tetanus	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.01
Toxic-shock syndrome	0.13	0.11	0.10	0.08	0.10	0.07	0.06	0.06	0.06	0.05	0.06
Trichinosis	0.05	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01
Tuberculosis	10.33	10.42	10.46	9.82	9.36	8.70	8.04	7.42	6.79	6.43	6.01
Tularemia	0.06	0.08	0.06	0.05	0.04	†	†	†	†	†	0.06
Typhoid fever	0.22	0.20	0.16	0.17	0.17	0.14	0.15	0.14	0.14	0.13	0.14
Varicella (chickenpox) [¶]	120.06	135.82	176.54	118.54	135.76	118.11	44.13	93.55	70.28	44.56	26.18
Yellow fever	—	—	—	—	—	—	0.00	—	—	0.00	—

* Acquired Immunodeficiency syndrome.

† No longer nationally notifiable.

‡ Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Not nationally notifiable.

** Anti-HCV antibody test became available May 1990.

Note: Rates <0.01 after rounding are listed as 0.00. Data in the *MMWR Summary of Notifiable Diseases, United States* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 8. Reported cases of notifiable diseases — United States, 1993–2000

Disease	1993	1994	1995	1996	1997	1998	1999	2000
AIDS	103,691	78,279	71,547	66,885	58,492	46,521	45,104	40,758*
Amebiasis	2,970	2,983	†	†	†	†	†	†
Anthrax	—	—	—	—	—	—	—	1
Aseptic meningitis	12,848	8,932	†	†	†	†	†	†
Botulism, total (includes wound and unspecified)	97	143	97	119	132	116	154	138
Foodborne	27	50	24	25	31	22	23	23
Infant	65	85	54	80	79	65	92	93
Brucellosis	120	119	98	112	98	79	82	87
Chancroid	1,399	773	606	386	243	189	143	78 [§]
Chlamydia [†]	**	**	477,638	498,884	526,671	604,420	656,721	702,093 [§]
Cholera	18	39	23	4	6	17	6	5
Cryptosporidiosis	**	**	NA	NA	2,566	3,793	2,361	3,128
Cyclosporiasis	**	**	NA	NA	NA	NA	NA	60
Diphtheria	—	2	—	2	4	1	1	1
Ehrlichiosis, human granulocytic (HGE)	**	**	**	NA	NA	NA	NA	351
Human monocytic (HME)	**	**	**	NA	NA	NA	NA	200
Encephalitis, primary	919	717	†	†	†	†	†	†
Postinfectious	170	143	†	†	†	†	†	†
Encephalitis, California serogroup viral	**	**	NA	NA	NA	97	70	114
Eastern equine	**	**	NA	NA	NA	4	5	3
St. Louis	**	**	NA	NA	NA	24	4	2
Western	**	**	NA	NA	NA	—	1	—
<i>Escherichia coli</i> O157:H7	**	1,420	2,139	2,741	2,555	3,161	4,513	4,528
Gonorrhea	439,673	418,068	392,848	325,883	324,907	355,642	360,076	358,995 [§]
Granuloma inguinale	19	3	†	†	†	†	†	†
<i>Haemophilus influenzae</i> , invasive disease	1,419	1,174	1,180	1,170	1,162	1,194	1,309	1,398
Hansen disease (leprosy)	187	136	144	112	122	108	108	91
Hantavirus pulmonary syndrome	**	**	NA	NA	NA	NA	NA	41
Hemolytic uremic syndrome, postdiarrheal	**	**	NA	NA	NA	NA	NA	249
Hepatitis A	24,238	26,796	31,582	31,032	30,021	23,229	17,047	13,397
Hepatitis B	13,361	12,517	10,805	10,637	10,416	10,258	7,694	8,036
Hepatitis C; non-A, non-B ^{††}	4,786	4,470	4,576	3,716	3,816	3,518	3,111	3,197
Hepatitis, unspecified	627	444	†	†	†	†	†	†
Legionellosis	1,280	1,615	1,241	1,198	1,163	1,355	1,108	1,127
Leptospirosis	51	38	†	†	†	†	†	†
Listeriosis	**	**	**	**	**	**	**	755
Lyme disease	8,257	13,043	11,700	16,455	12,801	16,801	16,273	17,730
Lymphogranuloma venereum	285	235	†	†	†	†	†	†

TABLE 8. (Continued) Reported cases of notifiable diseases — United States, 1993–2000

Disease	1993	1994	1995	1996	1997	1998	1999	2000
Malaria	1,411	1,229	1,419	1,800	2,001	1,611	1,666	1,560
Measles	312	963	309	508	138	100	100	86
Meningococcal disease	2,637	2,886	3,243	3,437	3,308	2,725	2,501	2,256
Mumps	1,692	1,537	906	751	683	666	387	338
Murine typhus fever	25	†	†	†	†	†	†	†
Pertussis (whooping cough)	6,586	4,617	5,137	7,796	6,564	7,405	7,288	7,867
Plague	10	17	9	5	4	9	9	6
Poliomyelitis, paralytic ^{§§}	4	8	7	5	5	1	—	—
Psittacosis	60	38	64	42	33	47	16	17
Q fever	**	**	**	**	**	**	**	21
Rabies, animal	9,377	8,147	7,811	6,982	8,105	7,259	6,730	6,934
Rabies, human	3	6	5	3	2	1	—	4
Rheumatic fever, acute	112	112	†	†	†	†	†	†
Rocky Mountain spotted fever	456	465	590	831	409	365	579	495
Rubella	192	227	128	238	181	364	267	176
Rubella, congenital syndrome	5	7	6	4	5	7	9	9
Salmonellosis, excluding typhoid fever	41,641	43,323	45,970	45,471	41,901	43,694	40,596	39,574
Shigellosis	32,198	29,769	32,080	25,978	23,117	23,626	17,521	22,922
Streptococcal disease, invasive, group A	**	**	**	**	**	**	**	3,144
Streptococcal toxic-shock syndrome	**	**	**	**	**	**	**	83
<i>Streptococcus pneumoniae</i> , drug resistant, invasive disease	**	**	**	**	**	**	**	4,533
Syphilis, primary and secondary	26,498	20,627	16,500	11,387	8,550	6,993	6,657	5,979 [¶]
Total, all stages	101,259	81,696	68,953	52,976	46,540	37,977	35,628	31,575 [¶]
Tetanus	48	51	41	36	50	41	40	35
Toxic-shock syndrome	212	192	191	145	157	138	113	135
Trichinosis	16	32	29	11	13	19	12	16
Tuberculosis	25,313	24,361	22,860	21,337	19,851	18,361	17,531	16,377 ^{¶¶}
Tularemia	132	96	†	†	†	†	†	142
Typhoid fever	440	441	369	396	365	375	346	377
Varicella (chickenpox) ^{***}	134,722	151,219	120,624	83,511	98,727	82,455	46,016	27,382
Yellow fever	†††	†††	†††	†	—	—	†	—

* Total number of acquired immunodeficiency syndrome cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 2000.

† No longer nationally notifiable.

‡ Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

§ Chlamydia refers to genital infections caused by *C. trachomatis*.

** Not previously nationally notifiable.

†† Anti-HCV (hepatitis C virus) antibody test available May 1990.

‡‡ Numbers might not reflect changes based on retrospective case evaluations or late reports (see *MMWR* 1986;35:180–2).

¶ Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.

¶¶ Varicella was taken off the nationally notifiable disease list in 1991. Many states continue to report these cases to CDC.

††† The last indigenous case of yellow fever was reported in 1911; before 1996, the last imported case was reported in 1924.

Note: Rates <0.01 after rounding are listed as 0.00. Data in the *MMWR Summary of Notifiable Diseases, United States* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 9. Reported cases of notifiable diseases* — United States, 1985–1992

Disease	1985	1986	1987	1988	1989	1990	1991	1992
AIDS†	8,249	12,932	21,070	31,001	33,722	41,595	43,672	45,472
Amebiasis	4,433	3,532	3,123	2,860	3,217	3,328	2,989	2,942
Anthrax	—	—	1	2	—	—	—	1
Aseptic meningitis	10,619	11,374	11,487	7,234	10,274	11,852	14,526	12,223
Botulism, total (includes wound and unspecified)	122	109	82	84	89	92	114	91
Foodborne	49	23	17	28	23	23	27	21
Infant	70	79	59	50	60	65	81	66
Brucellosis	153	106	129	96	95	82	104	105
Chancroid	2,067	3,756	4,998	5,001	4,692	4,212	3,476	1,886
Cholera	4	23	6	8	—	6	26	103
Diphtheria	3	—	3	2	3	—	5	4
Encephalitis, primary [§]	1,376	1,302	1,418	882	981	1,341	1,021	774
Postinfectious	161	124	121	121	88	105	82	129
Gonorrhea	911,419	900,868	780,905	719,536	733,151	690,169	620,478	501,409
Granuloma inguinale	44	61	22	11	7	97	29	6
<i>Haemophilus influenzae</i> , invasive disease	‡	‡	‡	‡	‡	‡	‡	1,412
Hansen disease (leprosy)	361	270	238	184	163	198	154	172
Hepatitis A	23,210	23,430	25,280	28,507	35,821	31,441	24,378	23,112
Hepatitis B	26,611	26,107	25,916	23,177	23,419	21,102	18,003	16,126
Hepatitis C; non-A, non-B	4,184	3,634	2,999	2,619	2,529	2,553	3,582	6,010
Hepatitis, unspecified	5,517	3,940	3,102	2,470	2,306	1,671	1,260	884
Legionellosis	830	980	1,038	1,085	1,190	1,370	1,317	1,339
Leptospirosis	57	41	43	54	93	77	58	54
Lyme disease	‡	‡	‡	‡	‡	‡	‡	9,895
Lymphogranuloma venereum	226	396	303	185	189	277	471	302
Malaria	1,049	1,123	944	1,099	1,277	1,292	1,278	1,087
Measles	2,822	6,282	3,655	3,396	18,193	27,786	9,643	2,237
Meningococcal disease	2,479	2,594	2,930	2,964	2,727	2,451	2,130	2,134
Mumps	2,982	7,790	12,848	4,866	5,712	5,292	4,264	2,572
Murine typhus fever	37	67	49	54	41	50	43	28
Pertussis (whooping cough)	3,589	4,195	2,823	3,450	4,157	4,570	2,719	4,083

TABLE 9. (Continued) Reported cases of notifiable diseases — United States, 1985–1992

Disease	1985	1986	1987	1988	1989	1990	1991	1992
Plague	17	10	12	15	4	2	11	13
Poliomyelitis, paralytic	8	10	9	9	11	6	10	6
Psittacosis	119	224	98	114	116	113	94	92
Rabies, animal	5,565	5,504	4,658	4,651	4,724	4,826	6,910	8,589
Rabies, human	1	—	1	—	1	1	3	1
Rheumatic fever, acute	90	147	141	158	144	108	127	75
Rocky Mountain spotted fever	714	760	604	609	623	651	628	502
Rubella	630	551	306	225	396	1,125	1,401	160
Rubella, congenital syndrome	—	14	5	6	3	11	47	11
Salmonellosis, excluding typhoid fever	65,347	49,984	50,916	48,948	47,812	48,603	48,154	40,912
Shigellosis	17,057	17,138	23,860	30,617	25,010	27,077	23,548	23,931
Syphilis, primary and secondary	27,131	27,883	35,147	40,117	44,540	50,223	42,935	33,973
Total, all stages	67,563	68,215	86,545	103,437	110,797	134,255	128,569	112,581
Tetanus	83	64	48	53	53	64	57	45
Toxic-shock syndrome	384	412	372	390	400	322	280	244
Trichinosis	61	39	40	45	30	129	62	41
Tuberculosis	22,201	22,768	22,517	22,436	23,495	25,701	26,283	26,673
Tularemia	177	170	214	201	152	152	193	159
Typhoid fever	402	362	400	436	460	552	501	414
Varicella (chickenpox)	178,162	183,243	213,196	192,857	185,441	173,099	147,076	158,364

* No cases of yellow fever were reported during 1985–1992.

† Acquired immunodeficiency syndrome (AIDS).

‡ Beginning in 1984, data were recorded by date of report to state health departments. Before 1984, data were recorded by onset date.

§ Not nationally notifiable.

Note: Data in the *MMWR Summary of Notifiable Diseases, United States* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 10. Reported cases of notifiable diseases* — United States, 1977–1984

Disease	1977	1978	1979	1980	1981	1982	1983	1984
AIDS†	§	§	§	§	§	§	§	4,445
Amebiasis	3,044	3,937	4,107	5,271	6,632	7,304	6,658	5,252
Anthrax	—	6	—	1	—	—	—	1
Aseptic meningitis	4,789	6,573	8,754	8,028	9,547	9,680	12,696	8,326
Botulism, total (includes wound and unspecified)	129	105	45	89	103	97	133	123
Brucellosis	232	179	215	183	185	173	200	131
Chancroid	455	521	840	788	850	1,392	847	666
Cholera	3	12	1	9	19	—	1	1
Diphtheria†	84	76	59	3	5	2	5	1
Encephalitis, primary	1,414	1,351	1,504	1,362	1,492	1,464	1,761	1,257
Postinfectious**	119	78	84	40	43	36	34	108
Gonorrhea	1,002,219	1,013,436	1,004,058	1,004,029	990,864	960,633	900,435	878,556
Granuloma inguinale	75	72	76	51	66	17	24	30
Hansen disease (leprosy)	151	168	185	223	256	250	259	290
Hepatitis A	31,153	29,500	30,407	29,087	25,802	23,403	21,532	22,040
Hepatitis B	16,831	15,016	15,452	19,015	21,152	22,177	24,318	26,115
Hepatitis C; non-A, non-B	§	§	§	§	§	§	§	3,871
Hepatitis, unspecified	8,639	8,776	10,534	11,894	10,975	8,564	7,149	5,531
Legionellosis	359	761	593	475	408	654	852	750
Leptospirosis	71	110	94	85	82	100	61	40
Lymphogranuloma venereum	348	284	250	199	263	235	335	170
Malaria	547	731	894	2,062	1,388	1,056	813	1,007
Measles	57,345	26,871	13,597	13,506	3,124	1,714	1,497	2,587
Meningococcal disease	1,828	2,505	2,724	2,840	3,525	3,056	2,736	2,746
Mumps	21,436	16,817	14,225	8,576	4,941	5,270	3,355	3,021
Murine typhus fever	75	46	69	81	61	58	62	53
Pertussis (whooping cough)	2,177	2,063	1,623	1,730	1,248	1,898	2,463	2,276
Plague	18	12	13	18	13	19	40	31
Poliomyelitis, total	19	8	22	9	10	12	13	9
Paralytic††	19	8	22	9	10	12	13	9
Psittacosis	94	140	137	124	136	152	142	172
Rabies, animal	3,130	3,254	5,119	6,421	7,118	6,212	5,878	5,567
Rabies, human	1	4	4	—	2	—	2	3
Rheumatic fever, acute	1,738	851	629	432	264	137	88	117
Rocky Mountain spotted fever	1,153	1,063	1,070	1,163	1,192	976	1,126	838
Rubella	20,395	18,269	11,795	3,904	2,077	2,325	970	752
Rubella, congenital syndrome	23	30	62	50	19	7	22	5
Salmonellosis, excluding typhoid fever	27,850	29,410	33,138	33,715	39,990	40,936	44,250	40,861
Shigellosis	16,052	19,511	20,135	19,041	19,859	18,129	19,719	17,371
Syphilis, primary and secondary	20,399	21,656	24,874	27,204	31,266	33,613	32,698	28,607
Total, all stages	64,621	64,875	67,049	68,832	72,799	75,579	74,637	69,888
Tetanus	87	86	81	95	72	88	91	74
Toxic shock syndrome	§	§	§	§	§	§	§	482
Trichinosis	143	67	157	131	206	115	45	68
Tuberculosis	30,145	28,521	27,669	27,749	27,373	25,520	23,846	22,255
Tularemia	165	141	196	234	288	275	310	291
Typhoid fever	398	505	528	510	584	425	507	390
Varicella (chickenpox)	188,396	154,089	199,081	190,894	200,766	167,423	177,462	221,983

* No cases of yellow fever were reported during 1977–1984.

† Acquired immunodeficiency syndrome.

§ Not nationally notifiable.

¶ Cutaneous diphtheria is no longer notifiable nationally after 1979.

** Beginning in 1984, data were recorded by date of report to state health departments. Before 1984, data were recorded by onset date.

†† No cases of paralytic poliomyelitis caused by wild virus have been reported in the United States since 1979.

Note: Rates <0.01 after rounding are listed as 0.00. Data in the *MMWR Summary of Notifiable Diseases, United States* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 11. Reported cases of notifiable diseases* — United States, 1969–1976

Disease	1969	1970	1971	1972	1973	1974	1975	1976
Amebiasis	2,915	2,888	2,752	2,199	2,235	2,743	2,775	2,906
Anthrax	4	2	5	2	2	2	2	2
Aseptic meningitis	3,672	6,480	5,176	4,634	4,846	3,197	4,475	3,510
Botulism, total (includes wound and unspecified)	16	12	25	22	34	28	20	55
Brucellosis	235	213	183	196	202	240	310	296
Chancroid	1,104	1,416	1,320	1,414	1,165	945	700	628
Cholera	—	—	1	—	1	—	—	—
Diphtheria	241	435	215	152	228	272	307	128
Encephalitis, primary	1,613	1,580	1,524	1,059	1,613	1,164	4,064	1,651
Postinfectious	304	370	439	243	354	218	237	175
Gonorrhea	534,872	600,072	670,268	767,215	842,621	906,121	999,937	1,001,994
Granuloma inguinale	154	124	89	81	62	47	60	71
Hansen disease (leprosy)	98	129	131	130	146	118	162	145
Hepatitis A, infectious	48,416	56,797	59,606	54,074	50,749	40,358	35,855	33,288
Hepatitis B, serum	5,909	8,310	9,556	9,402	8,451	10,631	13,121	14,973
Hepatitis, unspecified	†	†	†	†	†	†	†	7,488
Legionellosis	†	†	†	†	†	†	†	235
Leptospirosis	89	47	62	41	57	8,351	93	73
Lymphogranuloma venereum	520	612	692	756	408	394	353	365
Malaria	3,102	3,051	2,375	742	237	293	373	471
Measles	25,826	47,351	75,290	32,275	26,690	22,094	24,374	41,126
Meningococcal disease	2,951	2,505	2,262	1,323	1,378	1,346	1,478	1,605
Mumps	90,918	104,953	124,939	74,215	69,612	59,128	59,647	38,492
Murine typhus fever	36	27	23	18	32	26	41	69
Pertussis (whooping cough)	3,285	4,249	3,036	3,287	1,759	2,402	1,738	1,010
Plague	5	13	2	1	2	8	20	16
Poliomyelitis, total	20	33	21	31	8	7	13	10
Paralytic	18	31	17	29	7	7	13	10
Psittacosis	57	35	32	52	33	164	49	78
Rabies, animal	3,490	3,224	4,310	4,369	3,640	3,151	2,627	3,073
Rabies, human	1	3	2	2	1	—	2	2
Rheumatic fever, acute	3,229	3,227	2,793	2,614	2,560	2,431	2,854	1,865
Rocky Mountain spotted fever	498	380	432	523	668	754	844	937
Rubella	57,686	56,552	45,086	25,507	27,804	11,917	16,652	12,491
Rubella, congenital syndrome	31	77	68	42	35	45	30	30
Salmonellosis, excluding typhoid fever	18,419	22,096	21,928	22,151	23,818	21,980	22,612	22,937
Shigellosis	11,946	13,845	16,143	20,207	22,642	22,600	16,584	13,140
Streptococcal sore throat and scarlet fever	450,008	433,405	†	†	†	†	†	†
Syphilis, primary and secondary	19,130	21,982	23,783	24,429	24,825	25,385	25,561	23,731
Total, all stages	92,162	91,382	95,997	91,149	87,469	83,771	80,356	71,761
Tetanus	192	148	116	128	101	101	102	75
Trichinosis	215	109	103	89	102	120	252	115
Tuberculosis [§]	39,120	37,137	35,217	32,882	30,998	30,122	33,989	32,105
Tularemia	149	172	187	152	171	144	129	157
Typhoid fever	364	346	407	398	680	437	375	419
Varicella (chickenpox)	†	†	†	164,114	182,927	141,495	154,248	183,990

* No cases of yellow fever were reported during 1969–1976.

† Not nationally notifiable.

§ Case data after 1974 are not comparable with earlier years because of changes in reporting criteria that became effective in 1975.

Note: Rates <0.01 after rounding are listed as 0.00. Data in the *MMWR Summary of Notifiable Diseases, United States* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and the use of different case definitions.

TABLE 12. Deaths from selected notifiable diseases — United States, 1989–1998

Cause of Death	ICD-9*	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
AIDS†	*042–*044	22,082	25,188	29,555	33,566	37,267	42,114	43,115	31,130	16,516	13,426
Anthrax	022	—	—	—	—	—	—	—	—	—	—
Botulism, foodborne	005.1	2	4	2	1	—	—	2	1	2	—
Brucellosis	023	—	—	—	—	1	—	1	—	1	1
Chancroid	099.0	—	—	1	—	—	—	—	—	—	—
Cholera	001	—	2	2	2	—	1	—	2	—	1
Diphtheria	032	—	1	—	1	—	—	1	—	—	1
Encephalitis, California serogroup viral	062.5	—	—	—	—	—	—	—	1	1	—
Eastern equine	062.2	—	1	1	1	1	—	1	1	2	1
St. Louis	062.3	1	13	9	2	1	3	6	—	1	—
Western equine	062.1	—	—	—	—	—	—	—	—	—	1
Gonococcal infections	098	4	3	3	4	5	3	3	4	3	4
<i>Haemophilus influenzae</i> , invasive disease	041.5	16	16	17	16	7	5	12	7	7	11
Hansen disease (leprosy)	030	4	3	—	2	1	3	2	—	2	—
Hepatitis, infectious	070.0,070.1	88	76	71	82	95	97	142	121	127	114
Hepatitis, serum	070.2,070.3	711	816	912	903	1,041	1,120	1,027	1,082	1,030	1,052
Hepatitis, other and unspecified	070.4–070.9	717	686	857	1,016	1,353	1,844	2,231	2,577	2,900	3,630
Malaria	084	11	3	4	8	12	3	8	4	7	6
Measles	055	32	64	27	4	—	—	2	1	2	—
Meningococcal disease	036	273	215	198	201	260	276	273	290	309	234
Mumps	072	3	1	1	—	—	—	—	1	—	1
Pertussis (whooping cough)	033	12	12	—	5	7	8	6	4	6	5
Plague	020	—	—	—	1	2	2	1	2	—	—
Poliomyelitis, total	045.0–045.9	—	—	1	—	—	—	1	—	—	—
Psittacosis	073	1	2	—	4	1	—	—	1	—	—
Rabies, human	071	1	1	3	1	1	3	3	3	4	1
Rubella	056	4	8	1	1	—	—	1	—	—	—
Salmonellosis, including											
paratyphoid fever	002.1–002.9,003	99	80	53	47	52	49	66	58	51	37
Shigellosis	004	16	10	10	8	5	13	8	5	5	5
Spotted fevers	082.0	10	20	13	13	5	9	8	6	12	3
Syphilis	090–097	105	106	93	91	80	79	65	73	62	45
Tetanus	037	9	11	11	9	11	9	5	1	4	7
Trichinosis	124	1	—	—	—	—	—	—	—	—	—
Tuberculosis (all forms)	010–018	1,970	1,810	1,713	1,705	1,631	1,478	1,336	1,202	1,166	1,112
Typhoid fever	002.0	—	1	1	—	—	1	—	1	—	—
Varicella (chickenpox)§	052	89	120	81	100	100	124	115	81	99	81
Yellow fever	060	—	—	—	—	—	—	—	1	—	—

* *International Classification of Diseases, Ninth Revision, 1975*. Numbers in this column are ICD-9 categories.

† Acquired immunodeficiency syndrome. In 1987, the National Center for Health Statistics introduced categories *042–*044 for classifying and coding human immunodeficiency virus (HIV) infection. The asterisks are not footnote symbols, but indicate that these codes are not part of ICD-9.

§ Varicella was taken off the nationally notifiable disease list in 1991. Many states continue to report these cases to CDC.

Source: National Center for Health Statistics System, 1989–1998. Deaths are classified according to the ICD-9. Data for 1999 and 2000 currently are not available.

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State and Territorial Epidemiologists and Laboratory Directors are acknowledged for their contributions to *CDC Surveillance Summaries*. The epidemiologists and laboratory directors listed below were in the positions shown as of December 2001.

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