

**MMWR**<sup>TM</sup>  
**MORBIDITY AND MORTALITY  
WEEKLY REPORT**

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**Surveillance of Mortality During a Refugee Crisis —  
Guinea, January–May 2001**

Since 1990, the republic of Guinea (2000 population: 7.5 million) has accepted 390,000–450,000 refugees from Sierra Leone and Liberia (1,2). During this 10-year period, refugees have lived in small villages scattered throughout rural southeastern Guinea (3). During September–December 2000, attacks by armed factions in Guinea led to the widespread displacement of refugees living in the southeastern camps; the refugees subsequently were transferred to safer camps in the northwest. Approximately 280,000 refugees initially were estimated to have been displaced (4). After the attacks, the number of refugees relocated was approximately 58,000. This report demonstrates methods used to calculate mortality rates when large populations are displaced. The findings indicate that the number of refugees in Guinea before the relocation probably was overestimated. The mortality rates calculated using conservative denominator numbers did not meet the definition of an emergency phase\* of a complex emergency†, and mortality rates were lower for refugees compared with baseline rates for the local population. Accurate methods are needed to estimate population size in complex emergencies to provide resources to vulnerable groups.

In camps that were accessible to site visits by international agencies, nongovernmental organizations (NGOs)<sup>§</sup> collected and reported camp mortality data from NGOs and government health posts, camp health-care workers, the referral hospital, and burial workers. Deaths were line listed (i.e., one line for each death), and duplications of reported deaths were deleted. Estimates of camp populations were provided by the government of Guinea, the United Nations High Commissioner for Refugees (UNHCR), NGOs, and refugee and other organizations. Because these estimates varied widely, the lowest estimates for all camps were used to calculate mortality rates. Nutrition surveys could not be conducted in less accessible camps; the prevalence of acute malnutrition among children aged 6–49 months was estimated using nutrition screening data collected from all children entering new camps in northwestern Guinea. Monthly camp

\*Crude mortality rate of  $\geq 1$  death per 10,000 population per day or a mortality rate of  $\geq 2$ –4 deaths per 10,000 children aged <5 years per day.

† Relatively acute situations affecting large civilian populations, usually involving a combination of war or civil strife, food shortages, and population displacement, resulting in excess mortality.

§ Action Against Hunger, American Refugee Committee, International Federation of the Red Cross and Crescent, Doctors of the World, and Doctors Without Borders.

*Refugee Crisis — Continued*

death rates usually are calculated by dividing the sum of all deaths in the camps by the sum of each camp's midpoint population size and then dividing by the number of days in the month or by the mean number of days the camps were open. However, using this approach would have underrepresented camps that were not open for the entire month.

Individual camp mortality rates were calculated based on the number of days each camp was open during the month. Several sites were transit camps; opening and closing of these camps depended on refugee migration patterns. The mean mortality rates weighted by population were used to calculate overall camp mortality rates by month; mortality rates of each camp were weighted using the overall population and totaled. Only camps reporting data for the entire time they were open during each month were included in the overall monthly mortality rates. The same weighting method was used to calculate the overall crude mortality rate (CMR) and the mortality rate for children aged <5 years (<5MR) during January–May 2001.

The number of camps included in the health information systems (HIS) during January–May 2001 varied from four to 15 camps sheltering approximately 34,000–89,500 persons because of large population movements and changing security conditions. Before relocation, an estimated 280,000 refugees were housed in approximately 43 camps. However, in three HIS camps, census or relocation numbers determined by UNHCR were 1.6–3.9 times higher than original estimates of 280,000. If the overestimation ratios of 1.6–3.9 are applied to the original population estimate, the actual refugee population in southeastern Guinea may have ranged from 72,000 to 175,000 persons. Camps represented in the HIS tended to be larger and more accessible to UN and NGO health workers. All children aged 6 months–15 years were vaccinated for measles on entry to the new camps<sup>1</sup>.

During January–May 2001, a total of 304 deaths were reported; 173 (57%) were among children aged <5 years. The CMR and <5MR of 0.3 and 0.9 deaths per 10,000 per day, respectively, were well below the levels used to define the emergency phase of a complex emergency (5,6). These rates also were lower than the CMR and <5MR reported for the Guinean population (0.5 and 1.3 deaths per 10,000 per day, respectively) (7). The CMR and <5MR monthly trends were higher at the beginning of relocation in January and after most refugees had been transferred in May. Mortality rates decreased then stabilized from February to April as refugees who arrived in secure camps were provided with services. In May, however, mortality rates increased (Figure 1) (5). NGOs anecdotally reported an increase in malnutrition in some of the less accessible camps. However, of 4,771 children who were screened in the new camps using weight-for-height during February–May, 119 (2.5%) were acutely malnourished.

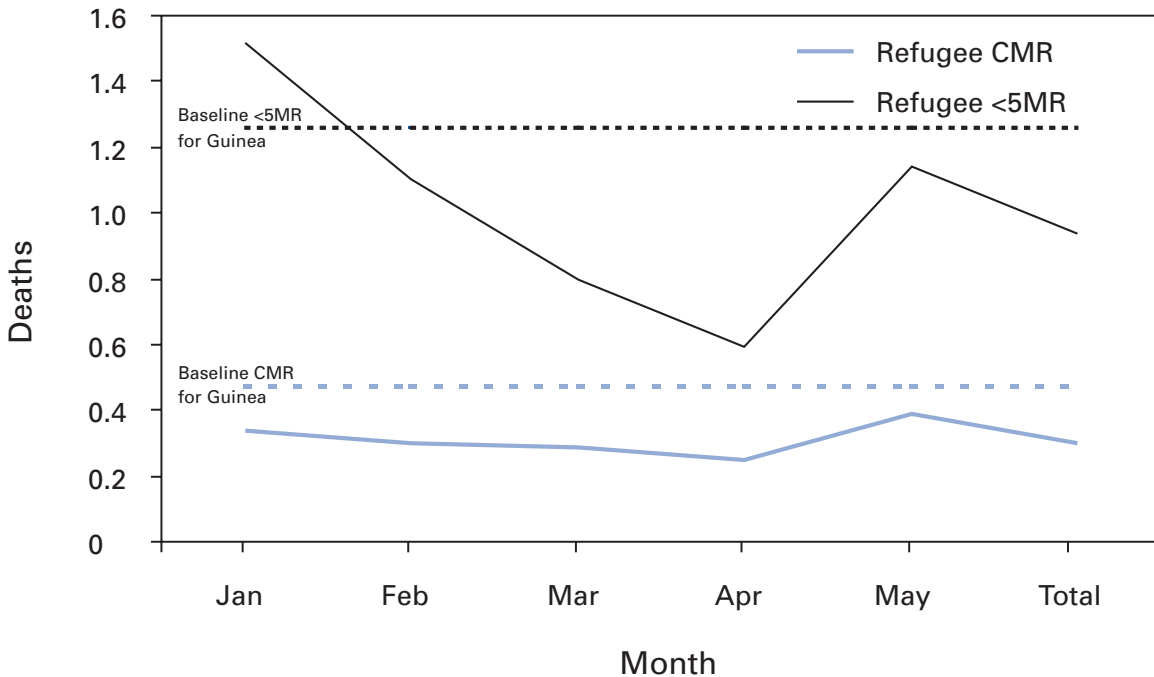
In response to the increase in mortality rates among refugees in Guinea during May, UN agencies and NGOs 1) accelerated efforts to move the refugees in the new camps from crowded temporary shelters to permanent family structures, 2) enhanced communicable disease surveillance, 3) improved water and sanitation provisions in the new camps, 4) stockpiled cholera-control supplies, and 5) increased the number of health posts.

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<sup>1</sup>Provided by United Nations Children's Fund and the government of Guinea.

## Refugee Crisis — Continued

**FIGURE 1. Reported crude mortality rate\* (CMR) and mortality rate among children aged <5 years (<5MR)<sup>†</sup> among refugees in Guinea compared with respective baseline rates among the resident population, by month and refugee group — Guinea, January–May 2001**



\* Per 10,000 population per day.

<sup>†</sup> Per 10,000 children aged <5 years per day.

**Editorial Note:** During complex emergencies, agencies must resolve immediate health questions affecting tens of thousands of refugees, despite the uncertainty of population size and the inaccuracy of data. This report used methods to calculate rates that suggest an effective response to the 2001 Guinea refugee crisis in which large populations were displaced. Mortality rates might have been kept below emergency threshold rates because of the prompt engagement of international agencies together with sufficient resources and coping mechanisms developed by the refugees during the 10 years in Guinea preceding the latest crisis. The increase in mortality after most refugees were relocated into the new camps might have occurred because some refugees were not relocated to individual family shelters as quickly as planned, causing overcrowding of temporary shelters and overburdening of existing facilities. This increase demonstrates the need to ensure that adequate human and material resources and programs are in place before large transfers of persons occur.

Lower mortality rates among refugees than among host populations have been documented in postemergency settings (8,9); in Guinea during the displacement, the refugee population had lower mortality rates than those of the baseline population in Guinea. The lack of mortality data for the local and internally displaced populations during the refugee crisis suggests that organizations whose mandates cover nonrefugee populations need to be included early in the process of emergency response.

*Refugee Crisis — Continued*

Despite all refugees being offered transportation, far fewer relocated to the new camps than had been anticipated. Populations commonly are overestimated in refugee crises because food distribution is linked to camp size. In Guinea, internally displaced and local persons sought to be counted as refugees to receive food aid and other services; distinguishing among the three groups, where refugees came from the same ethnic group and lived among the local population, was particularly difficult.

The findings in this report are subject to at least five limitations. First, data were unavailable from inaccessible camps where mortality rates may have been higher than in more accessible camps. Second, population denominators for camps that did not have a recent census probably overestimated population sizes. Third, underreporting and underestimates of mortality might have occurred in camps with limited access. Fourth, only camps with data for 1 month were included in the monthly HIS calculations. The changing number of camps with data available for an entire month and the opening and closing of some transit camps make the comparison of monthly rates difficult, because the same sites and populations were not represented each month. Finally, mid-point rather than the mean population size was used as the denominator in calculating mortality rates. The preferred method is unclear because of the constant changes in population throughout this period (10).

Difficulties arise when estimating mortality and nutrition rates among displaced populations that are moving at different rates in areas with varying accessibility (10). In Guinea, some approaches to these challenges were 1) including mortality data only for the days in which individual camps were open for each month throughout the 5-month reporting period, 2) using the lowest population estimates and applying them retrospectively when appropriate, and 3) calculating overall mortality rates using population-weighted mean rates to allow for an unbiased estimate from camps being open for different numbers of days within a month.

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### Imported Wild Poliovirus Causing Poliomyelitis — Bulgaria, 2001

In March 2001, a 13-month-old unvaccinated Roma (i.e., gypsy) girl from Bourgas, Bulgaria, had onset of bilateral leg weakness. The National Enterovirus Laboratory in the capital city of Sofia subsequently isolated a wild type 1 poliovirus in the patient's stool. In April, a second case, with wild type 1 poliovirus isolate was found in Iambol located approximately 50 miles west of Bourgas in an unvaccinated 26-month-old Roma girl who had onset of paralysis of both legs. Subsequent analyses indicated that these viruses were related closely to a strain isolated from Uttar Pradesh, India, in July 2000. A third confirmed case with clinical and serologic evidence of poliomyelitis was diagnosed in a 3-month-old Roma boy in Bourgas who had onset of paralysis on May 7. Following the identification of the poliovirus, the Bulgarian Ministry of Health implemented contact investigations, screening of children at high risk, retrospective record review, intensified acute flaccid paralysis (AFP) surveillance, and mass vaccinations. This report summarizes the outbreak investigation and supplemental vaccination activities in response to these polio cases. High routine vaccination coverage and certification standard AFP surveillance are necessary to detect rapidly and prevent the spread of poliovirus importations in areas and countries where polio is not endemic.

During 1998–2000, AFP surveillance in Bulgaria had detected 0.9 nonpolio cases per 100,000 persons aged <15 years per year (adequate surveillance is indicated by a nonpolio AFP case detection of  $\geq 1$  per 100,000 persons aged <15 years). In addition, 79% of AFP cases were investigated with adequate stool specimens\* (adequate performance is indicated by an adequate specimen collection rate of at least 80%). During January–March 2001, two AFP cases were detected in Bulgaria. Following identification of case 1, the number of AFP cases identified increased rapidly. As of November 1, a total of 33 cases had been identified, including 30 nonpolio cases, corresponding to a nonpolio AFP detection rate of 2.6 per 100,000 persons aged <15 years. The proportion of cases with adequate specimens was 94%.

During April–May 2001, serosurveys were conducted among high-risk children (i.e., children from minority communities or residing close to areas with large minority populations) aged 0–83 months. Among 26 Roma children hospitalized in Bourgas, 12 (46%) lacked detectable antibodies (Table 1). High-risk children from Sofia were more likely to lack antibodies to all three types of polioviruses (nine of 12 children) than children residing in Dobrich, Pazardjik, and Plovdiv (six of 33 children). Stool specimens also were obtained from children at high risk for exposure. Wild type 1 poliovirus was found in an 11-month-old girl in Karnobat whose sister had shared the hospital ward with case 1, and in a 15-month-old girl in Sofia. These children had no symptoms compatible with polio.

To control the outbreak, a mass vaccination campaign of high-risk children was initiated on April 19 in the area of residence of case 1 and was expanded to the entire Bourgas district and the three neighboring districts of Iambol, Sliven, and Stara Zagora on April 27. During May 28–June 1 and June 25–29, 2001, a national campaign composed of two rounds with a goal of vaccinating all 468,720 children aged 0–6 years was

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\*Two stool specimens collected at least 24 hours apart within 14 days of onset of paralysis and shipped adequately to the laboratory.

*Imported Wild Poliovirus — Continued***TABLE 1. Distribution of antibodies to poliovirus serotypes 1, 2, and 3 among hospitalized Roma children, by age — Bourgas, Bulgaria, 2001**

Age group (mos)	No. with antibodies to all three serotypes	No. with antibody to serotype one	No. with no antibodies	Total
0– 2	0	1	6	7
3– 5	1	0	2	3
6–23	7	2	2	11
24–35	1	0	0	1
36–83	1	1	2	4
<b>Total</b>	<b>10</b>	<b>4</b>	<b>12</b>	<b>26</b>

conducted. Administrative<sup>†</sup> coverage estimates suggested that 94% of all children in the country were vaccinated during the first round and 95% during the second. Because the initial contact investigations revealed that up to half of the children from high-risk groups were not vaccinated fully by the routine program, one additional round of mass vaccination was conducted during October for high-risk children aged 0–4 years; another round is scheduled for November.

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**Editorial Note:** This report describes the transmission for several months of a wild poliovirus imported into a country that had been free of polio for approximately 10 years. This outbreak of polio occurred because poliovirus was introduced into population subgroups with low immunity. The last indigenous wild poliovirus in the 51-country European Region (EUR) of the World Health Organization (WHO) occurred in November 1998 in Turkey (1). The last outbreak of polio in Bulgaria occurred in 1991 and involved 46 confirmed cases from the Roma community (2).

Suboptimal immunity in the Roma population contributed to the 1991 and 2001 outbreaks. Population subgroups with lower vaccination coverage can sustain the circulation of wild polioviruses for several years within a country (3–5). High-risk communities are present in all European countries. As polio is eliminated, areas or population groups with lower immunity remain vulnerable to importation of wild poliovirus and subsequent transmission (6,7).

When wild poliovirus type 1 was confirmed in this outbreak, WHO immediately informed authorities in all EUR member states and asked them to enhance AFP surveillance and rapidly enhance vaccination coverage in hard-to-reach minority population subgroups. WHO conducted training and consultation to improve surveillance and vaccination in several countries neighboring Bulgaria.

<sup>†</sup>Vaccination coverage determined by the administrative method (in which the doses administered is the numerator and the estimated number of children to be vaccinated is the denominator) is often higher than coverage determined through surveys because of overestimates in the number of doses of vaccine administered and underestimates of the size of the population that should receive vaccination.

*Imported Wild Poliovirus — Continued*

Bulgarian authorities promptly implemented National Immunization Days<sup>§</sup> within 64 days of paralysis onset in case 1. High coverage reported for the campaign countrywide, improved performance of AFP surveillance, and the absence of wild polioviruses in subsequent stool surveys of high-risk children suggest that circulation of the wild virus has been interrupted. The investigations and interventions by the Bulgarian Ministry of Health exemplify an effective response to possible importation of poliovirus that is particularly useful as EUR prepares to certify eradication of polio. Until polio is eradicated, the risk for importation will persist in countries and areas free of polio.

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<sup>§</sup>Mass campaigns over a period of days to weeks in which two doses of oral poliovirus vaccine are administered to all children usually aged <5 years regardless of previous vaccination history with an interval of 4–6 weeks between doses.

*Notice to Readers***Unexplained Deaths Following Knee Surgery — Minnesota, November 2001**

The Minnesota Department of Health (MDOH) has received reports of three previously healthy persons who died unexpectedly following uncomplicated knee surgery; two had total knee replacements and one had a cartilage graft implantation. The surgeries were performed at two local hospitals. Two patients died on November 11, 2001, and one died on November 16, approximately 36–82 hours following surgery. CDC is assisting MDOH in the investigation of these events.

All three patients became ill 1–4 days following surgery. Symptoms included severe abdominal pain and a sudden decline in blood pressure followed by a fulminant course with death within 24 hours of symptom onset. The clinical course was consistent with septic or cardiogenic shock. After 5 days of incubation, a blood culture taken from one of the patients yielded *Clostridium sordellii*. The source of infection in the one patient and the cause of death in all patients remain unknown.

In response to these deaths, MDOH is recommending that all elective knee surgery in Minnesota be suspended pending findings of the investigation. To identify possible cases in other areas, CDC is seeking reports of patients who have had orthopedic surgery since

*Notices to Readers — Continued*

October 1, 2001, involving the knee or other large joint, and within 7 days following surgery who have 1) had hypotension and other clinical findings of cardiogenic or septic shock or abdominal pain; 2) had no other identified cause; and 3) required intensive care or have died. Clinicians should report such patients to their state health department or CDC's Division of Healthcare Quality Promotion, telephone 800-893-0485.

*Notice to Readers***Weekly Update: West Nile Virus Activity —  
United States, November 14–20, 2001**

West Nile virus (WNV) surveillance data for the week of November 14–20 will be published in next week's *MMWR*.

**Erratum: Vol. 50, No. 45**

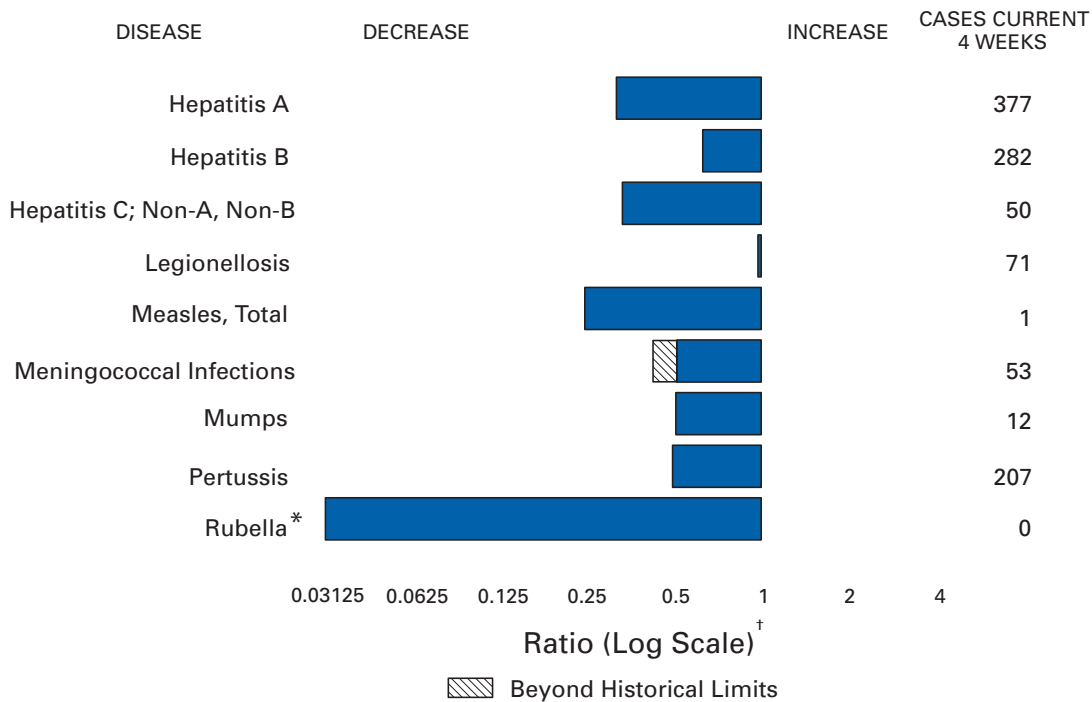
In the Notice to Readers "Reducing the Risk for Injury While Traveling for Thanksgiving Holiday," the first line of the fourth paragraph should read "Place all children aged  $\leq 12$  years in the back seat." The second sentence of the fifth paragraph should read "More than 16,000 (40%) traffic deaths each year are associated with alcohol use."

**Erratum: Vol. 50, No. SS-4**

In the surveillance summary "Youth Tobacco Surveillance — United States, 2000," on page 49, Table 4, under the column titled "Any tobacco\*," the total for middle school students should read 15.1 ( $\pm 1.5$ ).



**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending November 17, 2001, with historical data**



\* No rubella cases were reported for the current 4-week period yielding a ratio for week 46 of zero (0).

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

**TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending November 17, 2001 (46th Week)\***

	Cum. 2001		Cum. 2001
Anthrax	13	Poliomyelitis, paralytic	-
Brucellosis <sup>†</sup>	75	Psittacosis <sup>†</sup>	22
Cholera	3	Q fever <sup>†</sup>	20
Cyclosporiasis <sup>†</sup>	127	Rabies, human	1
Diphtheria	2	Rocky Mountain spotted fever (RMSF)	537
Ehrlichiosis: human granulocytic (HGE) <sup>†</sup>	186	Rubella, congenital syndrome	-
human monocytic (HME) <sup>†</sup>	79	Streptococcal disease, invasive, group A	3,162
Encephalitis: California serogroup viral <sup>†</sup>	99	Streptococcal toxic-shock syndrome <sup>†</sup>	42
eastern equine <sup>†</sup>	8	Syphilis, congenital <sup>†</sup>	190
St. Louis <sup>†</sup>	1	Tetanus	22
western equine <sup>†</sup>	-	Toxic-shock syndrome	103
Hansen disease (leprosy) <sup>†</sup>	73	Trichinosis	21
Hantavirus pulmonary syndrome <sup>†</sup>	6	Tularemia <sup>†</sup>	93
Hemolytic uremic syndrome, postdiarrheal <sup>†</sup>	134	Typhoid fever	241
HIV infection, pediatric <sup>§</sup>	181	Yellow fever	-
Plague	2		

-: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date).

† Not notifiable in all states.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last updated October 30, 2001.

¶ Updated from reports to the Division of STD Prevention, NCHSTP.

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	AIDS		Chlamydia <sup>§</sup>		Cryptosporidiosis		Escherichia coli O157:H7 <sup>†</sup>			
	Cum. 2001 <sup>†</sup>	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	NETSS		PHLIS	
							Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	33,013	32,692	622,555	615,338	2,973	2,754	2,726	4,147	2,053	3,416
NEW ENGLAND	1,276	1,673	20,498	20,828	114	129	214	358	211	365
Maine	40	28	1,187	1,304	18	20	26	31	26	28
N.H.	31	28	1,166	980	15	22	33	35	27	38
Vt.	13	29	542	476	31	26	13	33	8	34
Mass.	661	1,049	8,730	8,933	46	34	113	158	107	164
R.I.	85	81	2,602	2,372	4	3	14	19	11	18
Conn.	446	458	6,271	6,763	-	24	15	82	32	83
MID. ATLANTIC	7,683	7,090	66,940	58,010	242	348	193	409	180	325
Upstate N.Y.	823	665	12,657	2,672	96	115	150	274	136	67
N.Y. City	3,788	3,755	26,225	23,286	84	156	12	22	10	18
N.J.	1,537	1,423	9,798	9,403	10	17	31	113	34	113
Pa.	1,535	1,247	18,260	22,649	52	60	N	N	-	127
E.N. CENTRAL	2,513	3,164	103,743	105,665	1,366	911	719	1,013	473	712
Ohio	482	475	21,662	27,359	153	250	198	247	146	214
Ind.	306	320	13,217	11,890	77	57	79	118	39	83
Ill.	1,115	1,596	29,501	29,663	399	114	152	186	128	155
Mich.	459	601	26,784	22,252	166	90	86	136	73	104
Wis.	151	172	12,579	14,501	571	400	204	326	87	156
W.N. CENTRAL	719	762	31,159	34,856	407	344	508	599	410	574
Minn.	121	153	6,361	7,250	170	123	242	161	186	189
Iowa	78	73	3,944	4,638	78	74	79	173	60	147
Mo.	347	349	11,275	11,881	41	29	57	106	81	96
N. Dak.	2	2	767	774	13	15	18	18	31	21
S. Dak.	23	7	1,571	1,626	6	15	41	54	41	58
Nebr.	63	64	2,175	3,287	96	79	52	60	-	46
Kans.	85	114	5,066	5,400	3	9	19	27	11	17
S. ATLANTIC	10,366	9,072	119,206	115,757	308	430	209	346	129	274
Del.	218	182	2,309	2,551	6	6	4	3	7	1
Md.	1,529	1,127	10,712	12,457	36	9	23	32	1	2
D.C.	738	694	2,642	2,834	10	14	-	1	U	U
Va.	803	580	16,192	13,893	24	18	48	67	39	62
W. Va.	73	54	2,082	1,897	2	3	10	14	8	13
N.C.	807	585	18,039	19,481	27	25	46	87	33	67
S.C.	623	682	9,717	8,583	7	-	16	21	11	16
Ga.	1,239	1,049	26,228	24,632	127	161	30	38	15	37
Fla.	4,336	4,119	31,285	29,429	69	194	32	83	15	76
E.S. CENTRAL	1,554	1,618	42,865	45,186	45	46	118	138	99	111
Ky.	299	168	7,615	7,082	4	5	57	39	47	32
Tenn.	507	684	12,770	13,112	13	11	37	53	39	51
Ala.	378	418	12,401	13,786	16	15	16	10	6	9
Miss.	370	348	10,079	11,206	12	15	8	36	7	19
W.S. CENTRAL	3,488	3,366	92,626	93,119	34	155	88	221	91	273
Ark.	178	158	6,118	5,839	7	14	13	56	-	38
La.	711	587	15,402	16,177	7	12	4	15	26	47
Okla.	203	294	9,205	8,360	13	17	29	19	28	17
Tex.	2,396	2,327	61,901	62,743	7	112	42	131	37	171
MOUNTAIN	1,172	1,211	34,694	33,931	219	166	265	402	128	298
Mont.	15	12	1,584	1,221	36	10	20	30	-	-
Idaho	19	19	1,698	1,665	21	23	64	69	-	40
Wyo.	3	9	736	708	7	5	6	19	1	11
Colo.	248	294	7,156	8,941	35	69	88	152	52	108
N. Mex.	129	126	5,202	4,534	27	19	14	22	10	18
Ariz.	459	386	12,659	11,309	7	10	28	47	22	41
Utah	101	113	1,512	2,063	81	26	30	49	42	70
Nev.	198	252	4,147	3,490	5	4	15	14	1	10
PACIFIC	4,242	4,736	110,824	107,986	238	225	412	661	332	484
Wash.	435	428	12,013	11,548	-	U	116	218	62	200
Oreg.	177	145	6,463	5,958	48	18	64	129	58	112
Calif.	3,552	4,042	86,648	85,077	186	207	211	270	203	155
Alaska	18	22	2,284	2,235	1	-	4	30	1	6
Hawaii	60	99	3,416	3,168	3	-	17	14	8	11
Guam	12	13	-	442	-	-	N	N	U	U
P.R.	1,021	1,133	2,193	U	-	-	1	6	U	U
V.I.	2	31	53	-	-	-	-	-	U	U
Amer. Samoa	1	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	117	U	-	U	-	U	U	U

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

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

<sup>†</sup> Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

<sup>§</sup> Chlamydia refers to genital infections caused by *C. trachomatis*.

<sup>††</sup> Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last updated October 30, 2001.

**TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	Gonorrhea		Hepatitis C: Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	287,475	315,461	2,876	2,817	915	981	416	11,191	15,328
NEW ENGLAND	5,903	5,851	15	29	70	53	39	3,631	4,933
Maine	119	81	-	2	9	2	2	-	-
N.H.	163	96	-	-	10	3	4	136	60
Vt.	61	60	7	4	5	5	3	15	39
Mass.	2,756	2,445	8	18	22	17	24	826	1,128
R.I.	754	578	-	5	10	9	1	449	550
Conn.	2,050	2,591	-	-	14	17	5	2,205	3,156
MID. ATLANTIC	34,282	34,650	1,439	624	174	274	62	5,540	7,985
Upstate N.Y.	7,594	6,580	52	35	61	84	26	3,219	3,450
N.Y. City	11,078	10,203	-	-	23	45	11	2	176
N.J.	6,831	6,403	1,338	547	8	21	10	927	2,395
Pa.	8,779	11,464	49	42	82	124	15	1,392	1,964
E.N. CENTRAL	54,242	63,086	149	209	273	252	62	633	761
Ohio	12,096	16,929	5	12	122	105	14	110	58
Ind.	5,856	5,615	1	-	22	34	8	23	22
Ill.	16,306	18,643	13	19	19	29	11	21	35
Mich.	15,392	15,684	130	178	74	47	22	13	23
Wis.	4,592	6,215	-	-	36	37	7	466	623
W.N. CENTRAL	13,350	15,903	647	539	48	55	17	356	365
Minn.	2,065	2,823	9	5	9	7	-	292	267
Iowa	1,016	1,114	-	2	8	13	2	35	31
Mo.	7,047	7,847	625	521	21	25	10	24	45
N. Dak.	34	62	-	-	1	-	-	-	1
S. Dak.	248	259	-	-	3	2	-	-	-
Nebr.	710	1,334	4	4	5	4	1	3	4
Kans.	2,230	2,464	9	7	1	4	4	2	17
S. ATLANTIC	73,547	82,125	97	97	180	178	66	775	1,034
Del.	1,398	1,537	-	2	12	10	-	49	167
Md.	6,020	8,610	16	12	34	65	14	499	602
D.C.	2,417	2,341	-	3	8	5	-	15	8
Va.	9,505	9,286	-	3	20	31	12	115	139
W. Va.	621	574	9	14	N	N	5	11	29
N.C.	14,714	15,998	19	17	10	15	5	38	44
S.C.	6,483	7,535	6	3	13	5	5	5	11
Ga.	14,463	16,091	1	3	10	7	11	-	-
Fla.	17,926	20,153	46	40	73	40	14	43	34
E. S. CENTRAL	27,870	32,574	171	414	53	36	20	56	47
Ky.	3,045	3,132	8	34	11	19	5	22	11
Tenn.	8,606	10,409	59	91	27	10	8	25	28
Ala.	9,590	10,798	4	10	13	4	7	8	5
Miss.	6,629	8,235	100	279	2	3	-	1	3
W.S. CENTRAL	45,324	49,135	176	672	5	23	18	81	85
Ark.	3,853	3,426	4	8	-	-	1	-	5
La.	10,500	11,972	88	413	2	7	-	2	7
Okla.	4,212	3,733	3	8	3	3	2	-	1
Tex.	26,759	30,004	81	243	-	13	15	79	72
MOUNTAIN	8,690	9,350	62	69	50	41	33	13	12
Mont.	88	45	1	5	-	1	-	-	-
Idaho	69	77	2	3	3	5	1	5	2
Wyo.	77	42	8	2	1	-	1	1	3
Colo.	2,509	2,854	20	13	14	14	7	3	-
N. Mex.	877	1,000	11	13	3	1	7	-	-
Ariz.	3,421	3,762	9	18	19	7	8	1	-
Utah	119	208	3	1	6	12	2	1	3
Nev.	1,530	1,362	8	14	4	1	7	2	4
PACIFIC	24,267	22,787	120	164	62	69	99	106	106
Wash.	2,674	2,061	21	29	9	17	10	8	9
Oreg.	993	878	12	25	N	N	9	9	12
Calif.	19,708	19,108	87	108	49	51	74	87	83
Alaska	372	315	-	-	-	-	-	2	2
Hawaii	520	425	-	2	4	1	6	N	N
Guam	-	49	-	3	-	-	-	-	-
P.R.	531	461	1	1	2	1	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	14	U	-	U	-	U	-	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

**TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	Malaria		Rabies, Animal		Salmonellosis <sup>†</sup>			
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	NETSS		PHLIS	
					Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	1,100	1,316	5,866	6,337	32,115	34,970	26,538	29,233
NEW ENGLAND	71	68	659	753	2,162	1,991	2,037	2,028
Maine	4	6	63	124	161	115	150	88
N.H.	2	1	20	21	159	129	144	135
Vt.	1	3	58	55	72	103	63	99
Mass.	31	31	241	252	1,216	1,150	1,078	1,157
R.I.	9	8	65	52	122	124	164	137
Conn.	24	19	212	249	432	370	438	412
MID. ATLANTIC	311	352	1,088	1,196	3,687	4,548	3,483	4,811
Upstate N.Y.	63	71	715	757	1,104	1,113	1,213	1,175
N.Y. City	180	201	26	18	972	1,099	1,192	1,188
N.J.	34	46	173	179	652	1,057	657	931
Pa.	34	34	174	242	959	1,279	421	1,517
E.N. CENTRAL	129	132	133	151	4,301	4,795	3,786	3,272
Ohio	21	19	42	50	1,150	1,326	1,067	1,315
Ind.	16	6	15	-	481	586	449	561
Ill.	33	62	24	22	1,187	1,379	1,049	189
Mich.	39	31	46	68	737	804	767	853
Wis.	20	14	6	11	746	700	454	354
W.N. CENTRAL	32	63	321	495	2,097	2,172	2,193	2,332
Minn.	6	27	43	82	599	491	609	623
Iowa	7	2	74	71	324	333	301	321
Mo.	12	17	41	50	594	651	878	800
N. Dak.	-	2	35	107	56	55	78	73
S. Dak.	-	1	42	88	141	89	118	96
Nebr.	2	8	4	2	128	204	-	137
Kans.	5	6	82	95	255	349	209	282
S. ATLANTIC	266	301	2,044	2,167	7,873	7,269	5,530	5,413
Del.	2	5	30	49	87	107	98	120
Md.	108	105	332	382	734	709	815	645
D.C.	13	15	-	-	75	60	U	U
Va.	45	49	441	520	1,211	915	958	857
W. Va.	1	4	131	108	127	144	128	141
N.C.	17	34	528	522	1,210	1,010	1,186	1,039
S.C.	6	2	105	145	807	692	677	519
Ga.	30	26	311	302	1,555	1,347	1,210	1,596
Fla.	44	61	166	139	2,067	2,285	458	496
E.S. CENTRAL	33	44	190	191	2,397	2,199	1,715	1,668
Ky.	12	18	26	19	333	352	217	242
Tenn.	11	11	101	97	582	586	738	752
Ala.	6	14	61	74	692	610	474	557
Miss.	4	1	2	1	790	651	286	117
W.S. CENTRAL	12	67	879	831	3,402	4,553	2,537	2,785
Ark.	3	3	20	20	830	673	92	544
La.	5	11	3	4	333	819	952	690
Okla.	3	8	57	52	432	350	375	275
Tex.	1	45	799	755	1,807	2,711	1,118	1,276
MOUNTAIN	51	46	230	258	1,937	2,487	1,590	2,314
Mont.	3	1	37	64	68	87	-	-
Idaho	3	3	28	9	128	110	4	104
Wyo.	-	-	20	54	53	64	52	56
Colo.	20	21	-	-	541	650	549	633
N. Mex.	3	-	14	19	265	215	215	195
Ariz.	10	9	115	93	551	662	555	701
Utah	4	6	15	10	197	449	192	444
Nev.	8	6	1	9	134	250	23	181
PACIFIC	195	243	322	295	4,259	4,956	3,667	4,610
Wash.	10	31	-	-	465	532	491	607
Oreg.	13	37	3	7	216	270	292	330
Calif.	162	165	282	261	3,206	3,885	2,526	3,419
Alaska	1	-	37	27	39	55	28	33
Hawaii	9	10	-	-	333	214	330	221
Guam	-	2	-	-	-	25	U	U
P.R.	4	5	83	72	510	620	U	U
V.I.	-	-	-	-	-	-	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	14	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

† Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

**TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	Shigellosis <sup>†</sup>				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS		Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000				
UNITED STATES	15,682	20,121	7,225	11,509	5,161	5,389	10,681	12,514
NEW ENGLAND	239	374	260	354	56	76	364	374
Maine	6	10	2	11	1	1	3	16
N.H.	6	6	4	8	1	2	16	18
Vt.	7	4	5	-	2	-	4	4
Mass.	186	259	177	239	33	54	212	211
R.I.	17	30	25	31	9	4	34	28
Conn.	17	65	47	65	10	15	95	97
MID. ATLANTIC	1,138	2,421	693	1,573	448	250	2,007	2,004
Upstate N.Y.	446	702	113	209	23	9	316	290
N.Y. City	324	890	331	608	246	107	1,010	1,069
N.J.	185	483	184	415	119	62	433	479
Pa.	183	346	65	341	60	72	248	166
E.N. CENTRAL	3,823	3,842	1,678	1,162	917	1,094	1,163	1,265
Ohio	2,609	361	1,111	293	71	65	232	246
Ind.	205	1,452	42	148	147	322	94	129
Ill.	463	1,095	288	108	303	369	530	604
Mich.	281	623	210	558	374	294	234	210
Wis.	265	311	27	55	22	44	73	76
W.N. CENTRAL	1,766	2,259	1,182	1,876	78	60	403	458
Minn.	417	735	384	823	27	15	201	140
Iowa	351	499	290	327	4	11	34	33
Mo.	296	612	198	435	20	26	121	171
N. Dak.	21	42	29	49	-	-	3	2
S. Dak.	543	7	246	4	-	-	12	16
Nebr.	72	136	-	113	5	2	32	22
Kans.	66	228	35	125	22	6	-	74
S. ATLANTIC	2,237	2,694	731	1,065	1,768	1,801	2,234	2,466
Del.	14	22	11	21	9	8	15	14
Md.	139	182	87	105	230	273	201	216
D.C.	53	72	U	U	33	36	51	29
Va.	367	425	175	332	96	120	228	236
W. Va.	8	4	8	5	4	3	26	27
N.C.	313	352	166	246	404	435	307	311
S.C.	239	128	120	85	206	205	153	238
Ga.	367	239	130	169	330	353	409	532
Fla.	737	1,270	34	102	456	368	844	863
E.S. CENTRAL	1,430	1,071	564	533	584	789	717	813
Ky.	651	460	300	107	43	78	103	109
Tenn.	92	331	104	356	294	474	265	302
Ala.	196	87	130	63	118	109	239	270
Miss.	491	193	30	7	129	128	110	132
W.S. CENTRAL	2,050	3,178	1,146	1,039	651	741	770	1,835
Ark.	518	191	155	57	31	95	136	165
La.	128	263	166	171	154	193	-	176
Okla.	78	114	36	43	60	108	122	134
Tex.	1,326	2,610	789	768	406	345	512	1,360
MOUNTAIN	874	1,128	640	801	214	210	433	458
Mont.	8	7	-	-	-	-	6	17
Idaho	39	44	-	25	1	1	8	8
Wyo.	3	5	5	3	1	1	3	4
Colo.	219	242	246	200	36	8	108	73
N. Mex.	113	154	75	106	17	16	24	39
Ariz.	370	482	253	320	143	178	199	190
Utah	56	75	53	81	8	1	33	41
Nev.	66	119	8	66	8	5	52	86
PACIFIC	2,125	3,154	331	3,106	445	368	2,590	2,841
Wash.	187	416	167	387	42	60	210	221
Oreg.	80	156	102	104	13	11	94	88
Calif.	1,793	2,542	-	2,582	379	296	2,113	2,315
Alaska	6	7	6	3	-	-	43	98
Hawaii	59	33	56	30	11	1	130	119
Guam	-	37	U	U	-	3	-	49
P.R.	8	33	U	U	240	148	76	135
V.I.	-	-	U	U	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	7	U	U	U	10	U	31	U

N: Not notifiable. U: Unavailable. -: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

† Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

**TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	<i>H. influenzae</i> , Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
	Cum. 2001 <sup>†</sup>	Cum. 2000	A		B		Indigenous		Imported <sup>‡</sup>		Total	
			Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	1,134	1,143	8,910	11,698	5,770	6,273	-	49	-	44	93	75
NEW ENGLAND	83	95	571	356	89	99	-	4	-	1	5	6
Maine	2	1	11	21	5	5	-	-	-	-	-	-
N.H.	4	12	16	18	14	15	U	-	U	-	-	3
Vt.	3	8	16	10	4	6	-	1	-	-	1	3
Mass.	39	37	251	126	10	14	-	2	-	1	3	-
R.I.	5	4	59	23	25	21	-	-	-	-	-	-
Conn.	30	33	218	158	31	38	-	1	-	-	1	-
MID. ATLANTIC	170	211	851	1,378	892	1,047	-	5	-	11	16	21
Upstate N.Y.	66	91	242	230	116	120	-	1	-	4	5	10
N.Y. City	44	58	266	471	383	509	-	3	-	1	4	10
N.J.	40	37	159	260	169	162	U	-	U	1	1	-
Pa.	20	25	184	417	224	256	U	1	U	5	6	1
E.N. CENTRAL	155	161	1,043	1,512	804	655	-	-	-	10	10	8
Ohio	55	49	204	238	84	96	-	-	-	3	3	2
Ind.	46	27	93	110	45	44	-	-	-	4	4	-
Ill.	20	56	385	645	134	108	-	-	-	3	3	3
Mich.	12	9	295	444	541	369	-	-	-	-	-	3
Wis.	22	20	66	75	-	38	-	-	-	-	-	-
W.N. CENTRAL	58	65	376	612	189	263	-	4	-	1	5	2
Minn.	36	35	40	167	21	34	-	2	-	1	3	1
Iowa	-	-	35	62	25	31	-	-	-	-	-	-
Mo.	13	20	103	246	103	128	-	2	-	-	2	-
N. Dak.	7	2	3	3	1	2	U	-	U	-	-	-
S. Dak.	-	1	3	2	1	1	U	-	U	-	-	-
Nebr.	1	3	30	30	22	42	U	-	U	-	-	-
Kans.	1	4	162	102	16	25	-	-	-	-	-	1
S. ATLANTIC	333	250	2,134	1,314	1,340	1,145	-	4	-	1	5	4
Del.	-	-	-	15	-	14	-	-	-	-	-	-
Md.	77	75	262	182	129	112	-	2	-	1	3	-
D.C.	-	-	51	24	11	29	-	-	-	-	-	-
Va.	27	37	119	142	158	147	-	1	-	-	1	2
W. Va.	14	8	18	53	20	14	-	-	-	-	-	-
N.C.	44	23	206	129	191	219	-	-	-	-	-	-
S.C.	7	7	70	74	29	21	-	-	-	-	-	-
Ga.	91	62	856	279	442	218	-	1	-	-	1	-
Fla.	73	38	552	416	360	371	-	-	-	-	-	2
E.S. CENTRAL	68	45	356	367	379	425	-	2	-	-	2	-
Ky.	2	12	118	47	40	68	-	2	-	-	2	-
Tenn.	38	20	144	131	208	201	-	-	-	-	-	-
Ala.	26	11	70	48	77	56	-	-	-	-	-	-
Miss.	2	2	24	141	54	100	U	-	U	-	-	-
W.S. CENTRAL	44	62	1,180	2,181	628	999	-	-	-	1	1	-
Ark.	1	2	62	125	88	90	-	-	-	-	-	-
La.	6	16	57	85	44	140	-	-	-	-	-	-
Okla.	36	42	109	238	85	141	-	-	-	-	-	-
Tex.	1	2	952	1,733	411	628	-	-	-	1	1	-
MOUNTAIN	127	113	659	828	444	475	-	1	-	1	2	12
Mont.	-	1	11	7	3	6	U	-	U	-	-	-
Idaho	2	4	54	29	11	6	-	-	-	1	1	-
Wyo.	-	1	7	4	3	3	-	-	-	-	-	-
Colo.	34	28	81	186	99	91	-	-	-	-	-	2
N. Mex.	20	22	37	68	128	124	-	-	-	-	-	-
Ariz.	54	41	353	406	132	176	-	1	-	-	1	-
Utah	7	11	64	55	26	24	-	-	-	-	-	3
Nev.	10	5	52	73	42	45	U	-	U	-	-	7
PACIFIC	96	141	1,740	3,150	1,005	1,165	-	29	-	18	47	22
Wash.	5	7	139	258	128	103	-	13	-	2	15	3
Oreg.	19	32	68	157	100	108	-	4	-	-	4	-
Calif.	43	35	1,516	2,709	751	932	U	10	U	11	21	15
Alaska	6	44	14	13	9	11	-	-	-	-	-	1
Hawaii	23	23	3	13	17	11	-	2	-	5	7	3
Guam	-	1	-	1	-	10	U	-	U	-	-	-
P.R.	1	4	119	233	173	259	U	-	U	-	-	2
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	33	U	-	-	-	-	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

<sup>†</sup> For imported measles, cases include only those resulting from importation from other countries.

<sup>‡</sup> Of 245 cases among children aged <5 years, serotype was reported for 117, and of those, 20 were type b.

**TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 17, 2001, and November 18, 2000 (46th Week)\***

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	1,918	1,939	3	194	289	49	4,126	6,261	-	21	165
NEW ENGLAND	99	117	-	-	4	-	374	1,649	-	-	12
Maine	4	8	-	-	-	-	21	41	-	-	-
N.H.	13	12	U	-	-	U	28	117	U	-	2
Vt.	5	3	-	-	-	-	30	226	-	-	-
Mass.	51	67	-	-	1	-	273	1,201	-	-	8
R.I.	4	9	-	-	1	-	5	19	-	-	1
Conn.	22	18	-	-	2	-	17	45	-	-	1
MID. ATLANTIC	191	230	-	20	25	2	261	638	-	5	9
Upstate N.Y.	56	69	-	3	10	2	129	316	-	1	1
N.Y. City	38	39	-	10	6	-	44	81	-	3	8
N.J.	43	47	U	3	3	U	18	30	U	1	-
Pa.	54	75	U	4	6	U	70	211	U	-	-
E.N. CENTRAL	229	348	1	19	22	12	589	726	-	3	1
Ohio	69	83	-	1	7	9	228	309	-	-	-
Ind.	35	41	-	3	1	1	79	93	-	1	-
Ill.	25	77	-	11	6	1	68	107	-	2	1
Mich.	58	105	1	4	6	1	127	100	-	-	-
Wis.	42	42	-	-	2	-	87	117	-	-	-
W.N. CENTRAL	135	137	-	7	17	5	306	530	-	3	2
Minn.	20	20	-	3	-	-	146	314	-	-	1
Iowa	28	32	-	-	7	3	31	52	-	1	-
Mo.	48	62	-	-	4	-	92	84	-	1	-
N. Dak.	6	2	U	-	1	U	4	6	U	-	-
S. Dak.	5	5	U	-	-	U	4	7	U	-	-
Nebr.	14	7	U	1	2	U	4	27	U	-	1
Kans.	14	9	-	3	3	2	25	40	-	1	-
S. ATLANTIC	339	261	1	37	41	6	236	453	-	7	112
Del.	4	1	-	-	-	-	-	8	-	1	1
Md.	38	26	1	7	9	4	37	111	-	-	-
D.C.	-	-	-	-	-	-	1	3	-	-	-
Va.	37	38	-	8	9	-	41	106	-	-	-
W. Va.	12	13	-	-	-	-	3	1	-	-	-
N.C.	62	36	-	5	7	1	69	98	-	-	82
S.C.	33	21	-	5	10	1	32	30	-	2	27
Ga.	46	43	-	7	2	-	27	38	-	1	-
Fla.	107	83	-	5	4	-	26	58	-	3	2
E.S. CENTRAL	122	127	-	9	5	-	131	108	-	-	6
Ky.	20	26	-	3	1	-	35	55	-	-	1
Tenn.	56	53	-	1	2	-	57	32	-	-	1
Ala.	31	34	-	-	2	-	35	18	-	-	4
Miss.	15	14	U	5	-	U	4	3	U	-	-
W.S. CENTRAL	313	205	1	13	31	8	437	348	-	1	8
Ark.	18	12	-	1	3	1	44	35	-	-	1
La.	61	43	-	2	5	-	2	19	-	-	1
Okla.	27	26	-	-	-	1	20	47	-	-	-
Tex.	207	124	1	10	23	6	371	247	-	1	6
MOUNTAIN	83	85	-	11	19	12	1,185	713	-	1	2
Mont.	4	4	U	1	1	U	35	35	U	-	-
Idaho	7	7	-	1	-	-	170	59	-	-	-
Wyo.	5	1	-	1	1	-	1	4	-	-	-
Colo.	31	32	-	1	-	11	253	419	-	1	1
N. Mex.	10	9	-	2	1	-	135	85	-	-	-
Ariz.	13	22	-	1	4	-	498	72	-	-	1
Utah	7	7	-	1	6	1	75	24	-	-	-
Nev.	6	3	U	3	6	U	18	15	U	-	-
PACIFIC	407	429	-	78	125	4	607	1,096	-	1	13
Wash.	60	51	-	2	9	-	142	372	-	-	7
Oreg.	40	63	N	N	N	2	50	106	-	-	-
Calif.	292	299	U	39	87	U	374	558	U	-	6
Alaska	2	8	-	1	8	2	10	21	-	-	-
Hawaii	13	8	-	36	21	-	31	39	-	1	-
Guam	-	-	U	-	16	U	-	4	U	-	1
P.R.	4	9	U	-	-	U	2	9	U	-	-
V.I.	-	-	U	-	-	U	-	-	U	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	-	U	-	-	U	-	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

\* Incidence data for reporting year 2001 are provisional and cumulative (year-to-date). Incidence data for reporting year 2000 are finalized and cumulative (year-to-date).

**TABLE IV. Deaths in 122 U.S. cities,\* week ending  
November 17, 2001 (46th Week)**

Reporting Area	All Causes, By Age (Years)						P&I† Total	Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	549	394	92	41	10	12	40	S. ATLANTIC	1,146	728	242	113	38	23	85
Boston, Mass.	139	92	27	12	4	4	13	Atlanta, Ga.	143	88	34	17	4	-	7
Bridgeport, Conn.	41	33	3	4	-	1	1	Baltimore, Md.	141	89	24	22	5	1	17
Cambridge, Mass.	19	15	4	-	-	-	2	Charlotte, N.C.	105	67	27	4	3	4	17
Fall River, Mass.	29	25	4	-	-	-	-	Jacksonville, Fla.	152	98	28	11	6	7	11
Hartford, Conn.	U	U	U	U	U	U	U	Miami, Fla.	104	73	14	11	4	2	9
Lowell, Mass.	21	14	5	2	-	-	2	Norfolk, Va.	36	19	14	2	-	1	3
Lynn, Mass.	18	15	2	1	-	-	3	Richmond, Va.	63	36	15	9	2	1	6
New Bedford, Mass.	23	18	3	2	-	-	3	Savannah, Ga.	50	35	9	5	1	-	1
New Haven, Conn.	35	27	6	1	1	-	-	St. Petersburg, Fla.	73	52	11	7	3	-	4
Providence, R.I.	59	46	7	4	1	1	3	Tampa, Fla.	178	116	40	13	6	3	10
Somerville, Mass.	5	3	1	1	-	-	-	Washington, D.C.	101	55	26	12	4	4	-
Springfield, Mass.	56	30	16	6	2	2	4	Wilmington, Del.	U	U	U	U	U	U	U
Waterbury, Conn.	27	20	4	2	-	1	4	E.S. CENTRAL	804	542	157	61	21	23	59
Worcester, Mass.	77	56	10	6	2	3	8	Birmingham, Ala.	179	121	38	10	5	5	20
MID. ATLANTIC	2,265	1,522	458	201	52	30	99	Chattanooga, Tenn.	51	33	12	1	2	3	3
Albany, N.Y.	51	34	11	4	-	2	2	Knoxville, Tenn.	76	50	16	8	-	2	3
Allentown, Pa.	28	25	2	1	-	-	1	Lexington, Ky.	61	45	9	2	4	1	7
Buffalo, N.Y.	101	81	17	1	-	2	2	Memphis, Tenn.	176	128	23	15	3	7	8
Camden, N.J.	44	25	13	4	1	1	4	Mobile, Ala.	72	55	8	8	1	-	4
Elizabeth, N.J.	13	8	5	-	-	-	-	Montgomery, Ala.	38	24	12	-	2	-	5
Erie, Pa.‡	47	41	6	-	-	-	2	Nashville, Tenn.	151	86	39	17	4	5	9
Jersey City, N.J.	35	20	11	2	2	-	-	W.S. CENTRAL	1,017	659	220	71	36	19	73
New York City, N.Y.	1,230	781	260	139	30	18	39	Austin, Tex.	74	53	14	4	2	1	3
Newark, N.J.	U	U	U	U	U	U	U	Baton Rouge, La.	78	52	11	9	4	2	2
Paterson, N.J.	16	12	1	2	1	-	1	Corpus Christi, Tex.	50	31	15	1	1	2	5
Philadelphia, Pa.	343	211	82	29	14	7	15	Dallas, Tex.	197	118	50	12	8	9	24
Pittsburgh, Pa.‡	31	26	4	1	-	-	-	El Paso, Tex.	88	59	21	7	1	-	1
Reading, Pa.	33	30	2	1	-	-	6	Ft. Worth, Tex.	108	63	32	7	6	-	5
Rochester, N.Y.	142	111	22	9	-	-	10	Houston, Tex.	U	U	U	U	U	U	U
Schenectady, N.Y.	26	20	5	1	-	-	4	Little Rock, Ark.	77	43	12	6	2	2	2
Scranton, Pa.‡	25	21	2	2	-	-	2	New Orleans, La.	U	U	U	U	U	U	U
Syracuse, N.Y.	53	40	9	2	2	-	9	San Antonio, Tex.	166	111	33	13	6	3	9
Trenton, N.J.	31	24	5	2	-	-	1	Shreveport, La.	55	40	7	7	1	-	7
Utica, N.Y.	16	12	1	1	2	-	1	Tulsa, Okla.	124	89	25	5	5	-	15
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	998	689	175	78	26	28	60
E.N. CENTRAL	1,714	1,163	364	98	43	46	124	Albuquerque, N.M.	114	76	16	11	5	6	5
Akron, Ohio	43	33	7	2	-	1	4	Boise, Idaho	57	44	6	3	3	1	2
Canton, Ohio	40	32	7	1	-	-	6	Colo. Springs, Colo.	68	50	13	4	1	-	3
Chicago, Ill.	U	U	U	U	U	U	U	Denver, Colo.	101	60	20	9	5	7	6
Cincinnati, Ohio	96	63	17	4	6	6	11	Las Vegas, Nev.	227	162	44	18	2	1	11
Cleveland, Ohio	125	79	26	13	2	5	7	Ogden, Utah	26	20	3	1	1	1	3
Columbus, Ohio	193	124	50	11	2	6	10	Phoenix, Ariz.	157	97	28	21	5	4	10
Dayton, Ohio	126	93	24	8	1	-	10	Pueblo, Colo.	27	23	4	-	-	-	1
Detroit, Mich.	196	106	58	20	8	4	12	Salt Lake City, Utah	123	85	23	4	4	7	13
Evansville, Ind.	59	46	9	2	-	2	6	Tucson, Ariz.	98	72	18	7	-	1	6
Fort Wayne, Ind.	52	40	7	2	3	-	5	PACIFIC	1,515	1,073	294	95	31	21	114
Gary, Ind.	16	9	2	2	2	1	1	Berkeley, Calif.	15	11	1	3	-	-	4
Grand Rapids, Mich.	63	44	10	2	4	3	4	Fresno, Calif.	69	49	15	5	-	-	6
Indianapolis, Ind.	203	127	54	9	5	8	21	Glendale, Calif.	19	15	4	-	-	-	1
Lansing, Mich.	41	24	9	6	2	-	3	Honolulu, Hawaii	55	45	10	-	-	-	2
Milwaukee, Wis.	116	82	24	6	2	2	11	Long Beach, Calif.	69	44	19	3	2	1	6
Peoria, Ill.	53	40	9	-	1	3	4	Los Angeles, Calif.	322	205	70	27	13	7	20
Rockford, Ill.	73	60	10	1	1	1	4	Pasadena, Calif.	13	12	-	1	-	-	1
South Bend, Ind.	51	35	10	2	2	2	4	Portland, Oreg.	169	115	37	10	2	4	9
Toledo, Ohio	94	68	19	6	-	1	4	Sacramento, Calif.	193	140	39	11	2	1	20
Youngstown, Ohio	74	58	12	1	2	1	1	San Diego, Calif.	149	105	29	8	3	4	16
W.N. CENTRAL	673	465	129	40	19	20	47	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	79	56	18	3	-	2	7	San Jose, Calif.	141	109	24	4	3	1	8
Duluth, Minn.	29	21	5	2	-	1	4	Santa Cruz, Calif.	35	23	7	4	1	-	4
Kansas City, Kans.	21	12	6	1	2	-	1	Seattle, Wash.	103	79	11	10	1	2	7
Kansas City, Mo.	76	50	17	3	2	4	4	Spokane, Wash.	55	47	7	-	1	-	5
Lincoln, Nebr.	16	15	-	1	-	-	1	Tacoma, Wash.	108	74	21	9	3	1	5
Minneapolis, Minn.	135	102	22	9	1	1	12	TOTAL	10,681†	7,235	2,131	798	276	222	701
Omaha, Nebr.	89	61	13	4	2	9	12								
St. Louis, Mo.	90	45	24	11	8	2	-								
St. Paul, Minn.	81	60	14	4	3	-	5								
Wichita, Kans.	57	43	10	2	1	1	1								

U: Unavailable. --:No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.







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