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Summary of Notifiable Diseases — United States, 2002

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Preface

The *Summary of Notifiable Diseases, United States, 2002* contains the official statistics, in tabular and graphic form, for the reported occurrence of nationally notifiable diseases in the United States for 2002. The data are final totals for 2002 reported as of June 30, 2003, unless otherwise noted. These statistics are collected and compiled from reports sent by state health departments 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://www.cdc.gov/mmwr/summary.html>. This site also includes publications from past years.

The Highlights section presents noteworthy epidemiologic or prevention information for 2002 for selected diseases and additional information to aid in the interpretation of surveillance and disease-trend data.

Part 1 contains tables showing incidence data for each of the nationally notifiable diseases during 2002.* The tables provide the number of cases reported to CDC for 2002, as well as the distribution of cases by month, geographic location, and by patient's age, sex, race, and Hispanic ethnicity. Nationally notifiable diseases that are reportable in <40 states do not appear in these tables. 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 that list the number of cases of notifiable diseases reported to CDC since 1970. This section also includes a table enumerating deaths associated with specified notifiable diseases reported to the National Center for Health Statistics (NCHS), CDC, during 1996–2000.†

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, or disease control activities.

* Because no cases of paralytic poliomyelitis and western equine encephalitis were reported in the United States during 2002, these diseases do not appear in the tables in Part 1.

† In 1999, mortality data began to be coded according to the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision*. To bridge the mortality data for the period 1996–1998 (deaths coded using the *International Classification of Diseases, Ninth Revision*), and 1999–2000, we use comparability ratios provided by the National Center for Health Statistics.

Background

The infectious diseases designated as notifiable at the national level during 2002 are listed on page 3. 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. overseas consuls. 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 2002

Acquired immunodeficiency syndrome (AIDS)	Legionellosis
Anthrax	Listeriosis
Botulism	Lyme disease
Brucellosis	Malaria
Chancroid	Measles
<i>Chlamydia trachomatis</i> , genital infection	Meningococcal disease
Cholera	Mumps
Coccidioidomycosis	Pertussis
Cryptosporidiosis	Plague
Cyclosporiasis	Poliomyelitis, paralytic
Diphtheria	Psittacosis
Ehrlichiosis,	Q fever
Human granulocytic	Rabies, animal
Human monocytic	Rabies, human
Human, other or unspecified agent	Rocky Mountain spotted fever
Encephalitis/meningitis, arboviral	Rubella
California serogroup	Rubella, congenital syndrome
Eastern equine	Salmonellosis
Powassan	Shigellosis
St. Louis	Streptococcal disease, invasive, group A
Western equine	Streptococcal toxic-shock syndrome
West Nile	<i>Streptococcus pneumoniae</i> , drug-resistant, invasive disease
Enterohemorrhagic <i>Escherichia coli</i> (EHEC), O157:H7	<i>Streptococcus pneumoniae</i> , invasive, <5 yrs
EHEC serogroup non-O157	Syphilis
EHEC, not serogrouped	Syphilis, congenital
Giardiasis	Tetanus
Gonorrhea	Toxic-shock syndrome
<i>Haemophilus influenzae</i> , invasive disease	Trichinosis
Hansen disease	Tuberculosis
Hantavirus pulmonary syndrome	Tularemia
Hemolytic uremic syndrome, postdiarrheal	Typhoid fever
Hepatitis A, acute	Varicella*
Hepatitis B, acute	Varicella deaths
Hepatitis B, perinatal infection	Yellow fever
Hepatitis C/non-A, non-B, acute	
Human immunodeficiency virus (HIV) infection	
Adult (≥ 13 yrs)	
Pediatric (<13 yrs)	

* 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 the reported occurrence of notifiable diseases are published weekly in the *MMWR*. After each reporting year, staff 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*. Data published in *CDC Surveillance Summaries* or other surveillance reports produced by CDC programs might not agree exactly with data reported in the annual *Summary* because of differences in the timing of reports, the source of the data, or surveillance methodology.

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. More information regarding notifiable diseases, including case definitions for these conditions, is available on the Internet at <http://www.cdc.gov/epo/dphsi/phs.htm>. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction.

Final data for some diseases are derived from the surveillance records of the 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; streptococcal disease, invasive, group A; streptococcal toxic-shock syndrome; laboratory data regarding botulism, *Escherichia coli*, enterohemorrhagic O157:H7, salmonellosis, and shigellosis).

Division of Vector-Borne Infectious Diseases (laboratory data regarding arboviral encephalitis).

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

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

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

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

Population estimates for the states are from the U.S. Census Bureau, Population Division, Table ST-EST2002-01 - State Population Estimates: April 1, 2000, available at <http://eire.census.gov/popest/data/states/tables/NST-EST2003-01.php>. Numbers for territories are estimates from the U.S. Bureau of the Census, International Data Base, available at <http://www.census.gov/ipc/www/idbprint.html>. The choice of population denominators for incidence rates reported in the *MMWR* is based on 1) the availability of census population data at the time of preparation for publication, and 2) the desire for consistent use of the same population data to compute incidence rates reported by various CDC programs. Rates in the *Summary* are presented as incidence rates per 100,000 population, based on data for the U.S. total resident population. However, population data from states in which diseases were not notifiable or disease data were not available were excluded from rate calculations.

Interpreting Data

Incidence data in the *Summary* are presented by the date of report to CDC as determined by the *MMWR* week and year assigned by the state or territorial health department. In addition, data in the *Summary* are reported by the state in which the patient resides at the time of diagnosis. For many of the nationally notifiable infectious diseases, surveillance data are independently reported to EPO and other CDC programs. Thus, surveillance data reported by other CDC programs may vary from data reported in the *Summary* because of differences in 1) the date used to aggregate data (e.g., date of report, date of disease occurrence), 2) the timing of reports, 3) the source of the data, 4) surveillance case definitions, and 5) policies regarding case jurisdiction (i.e., which state should report the case to CDC).

The data reported in the *Summary* are useful for analyzing disease trends and determining relative disease burdens. However, these data must be interpreted in light of reporting practices. Disease reporting is likely incomplete, and its completeness may vary depending on the disease. The degree of completeness of data reporting may be influenced by the diagnostic facilities available; the 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 methods 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. Race and ethnicity data can also be used to highlight populations for focused prevention efforts. However, caution must be used when drawing conclusions from reported race and ethnicity data. Different racial/ethnic population groups may have differential patterns of access to health care, potentially resulting

in data that are not representative of true racial/ethnic group-specific disease incidence. Surveillance data reported to NNDSS are either in individual case-specific form or summary form (aggregated data for a group of cases). Summary data often lack demographic information (e.g., race); therefore, the demographic-specific incidence rates presented in the *Summary* may be underestimated.

In addition, not all race and ethnicity data are collected uniformly for all diseases. For example, some disease programs collect race and ethnicity as one variable; other programs collect these data as two variables. 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.



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Highlights for 2002

AIDS

Since 1981, confidential name-based AIDS surveillance has been the cornerstone of national, state, and local efforts to monitor the scope and impact of the HIV epidemic. The data have many uses, including developing policy to help prevent and control AIDS. However, because of the introduction of therapies that effectively slow the progression of the infection, AIDS data no longer adequately represent the populations affected by the epidemic. By providing a window into the epidemic at an earlier stage, HIV data, combined with AIDS data, better represent the overall impact. Since 1998, 30 areas (29 states and the U.S. Virgin Islands) have had integrated name-based HIV surveillance into their AIDS surveillance systems while other jurisdictions have used other methods for reporting cases of HIV infection.

During 1998–1999, declines in AIDS began to level, and essentially no change occurred during 1999–2002. This trend follows a period of sharp declines in incident cases after 1996, when highly effective antiretroviral therapies were introduced. The estimated annual number of deaths among persons with AIDS, however, declined 14% from 1998 to 2002. At the end of 2002, an estimated 384,906 persons were known to be living with AIDS.

Anthrax

In November 2002, the Advisory Committee on Immunization Practices (ACIP) recommended preexposure use of anthrax vaccine for groups at risk for repeated exposures, including 1) laboratory personnel handling environmental specimens and performing confirmatory testing for *Bacillus anthracis* in U.S. Laboratory Response Network for Bioterrorism level B laboratories or above, 2) workers making repeated entries into known *B. anthracis* spore-contaminated areas after a terrorist attack, and 3) workers in other settings in which repeated exposure to aerosolized *B. anthracis* spores might occur. The ACIP recommendations are available at <http://www.cdc.gov/mmwr/PDF/wk/mm5145.pdf>.

Brucellosis

By 2002, the control program for brucellosis among cattle in the United States had nearly eliminated *Brucella abortus* infection from U.S. herds. Therefore, at present, the risk of contracting brucellosis either from occupational exposure to livestock in the United States or from domestically produced

food items is minimal. However, a risk remains for infection with both *B. abortus* and *B. melitensis* from consumption of unpasteurized goat and cow milk products, in particular those produced outside the United States. Most cases in the United States are now seen in international travelers or recent immigrants. Laboratory personnel working with *Brucella* species and hunters exposed to infected wildlife also have an elevated risk for infection. *B. melitensis* and *B. suis* are considered Category B bioterrorism threat agents.

Chancroid

During 2002, a total of 67 cases of chancroid were reported (rate: 0.02/100,000), an increase from 38 cases in 2001 but an overall decline of 99% of the cases reported since 1987 (1). Of the 2002 cases, 43 (64%) were reported from one state. Overall, only 10 states and one outlying area reported ≥ 1 case of chancroid in 2002. The causative agent of chancroid is difficult to culture and therefore the disease 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 2002. Atlanta: US Department of Health and Human Services, CDC, 2003.
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;178:175–8.

Chlamydia trachomatis, Genital Infection

During 2002, a total of 834,555 cases of genital chlamydial infection were reported (rate: 296.55/100,000). 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. From 1998 to 2002, the reported chlamydial infection rate in men increased by 55% compared with a 20% increase in women. However, the rate among women was over three times the rate reported among men, reflecting the larger number of women screened for this disease.

1. CDC. Sexually transmitted disease surveillance 2002. Atlanta: US Department of Health and Human Services, CDC, 2003.

Cholera

During 1995–2002, a total of 66 laboratory-confirmed cases of cholera, all caused by *Vibrio cholerae* O1, were reported to CDC. Forty-two (64%) infections were acquired outside the United States, whereas six (9%) were acquired through consumption of contaminated seafood harvested in Gulf Coast waters. One patient died (1). Only two laboratory-confirmed cases of cholera were reported to CDC in 2002. Both were caused by *V. cholerae* O1 and were acquired outside the United States. Both isolates were resistant to furazolidone. 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.

Coccidioidomycosis

In recent years, Arizona and California have experienced significant increases in the incidence rates of coccidioidomycosis. This increase is likely related to demographic and climatic changes. Physicians should maintain a high suspicion for acute coccidioidomycosis, especially among patients with a flu-like illness who live in or have visited areas with endemic disease.

Diphtheria

During 2002, one probable, nonfatal case of diphtheria was reported to CDC. The patient was a female resident of California, aged 38 years. Symptoms and signs included a sore throat and difficulty in swallowing for 7 days, an extensive pharyngeal membrane, and low-grade fever 99°–101°F. A throat swab specimen for culture was negative for *Corynebacterium diphtheriae*, but it was obtained a day after an antibiotic regimen was started. The patient had recent, prolonged, frequent face-to-face exposure to visitors from eastern Europe and Australia. She had received the last booster dose of vaccine in 1987.

Encephalitis, Arboviral

In 2002, an unprecedented epidemic and epizootic of West Nile virus (WNV) occurred in the United States (1). Epidemic and epizootic activity was most intense in the central United States. A total of 2,146 human WNV encephalitis and/or meningitis (i.e., meningoencephalitis) cases were reported through the ArboNet Arboviral Surveillance System from 36 states, representing the largest arboviral meningoencephalitis epidemic documented in the Western Hemisphere. In addition,

WNV-infected birds, mosquitoes, or horses were detected in 44 states and the District of Columbia. Of these 45 jurisdictions, 16 reported their first ever WNV activity. One human case reported in a Los Angeles County, California, resident with no known travel history and a report of a WNV-infected horse in Island County, Washington, indicated the complete transcontinental movement of WNV within 3 years of its first appearance in the Eastern United States. An unprecedented equine WNV epizootic occurred in the midwestern states and resulted in 14,539 reported cases. Three mosquito species, *Culex pipiens*, *Cx. quinquefasciatus*, and *Cx. restuans*, accounted for the majority of the 6,604 reported WNV-positive mosquito pools. WNV was also detected for the first time in *Cx. tarsalis*, an important vector of St. Louis encephalitis virus, raising concerns about its potential to transmit WNV to humans in western states where it is common (2).

In 2002, 164 cases of encephalitis caused by California (CAL) serogroup viruses were reported from 16 states, representing the most reported to CDC in any year since 1964. WNV human case surveillance may have resulted in improved surveillance for CAL serogroup virus meningoencephalitis cases. During 1964–2002, a median of 67 cases (average: 80; range: 29–167) were reported per year in the United States.

1. CDC. Provisional surveillance summary of the West Nile virus epidemic—United States, January–November 2002. *MMWR* 2002;51:1129–33.
2. Turell MJ, O'Guinn ML, Dohm JD, et al. Vector competence of *Culex tarsalis* from Orange County, California, for West Nile virus. *Vector-Borne Zoonotic Dis* 2002;2:193–6.

Gonorrhea

During 2002, a total of 351,852 cases of gonorrhea were reported (rate: 125.03/100,000 population). This rate is slightly lower than rates in 2001 (128.53/100,000), 2000 (129.04/100,000), 1999 (132.32/100,000), and 1998 (131.89/100,000) (1). In 2002, the reported gonorrhea rate among women (125.3/100,000) was similar to that among men (124.2/100,000). Rates among non-Hispanic black women aged 15–19 years (3,307.7/100,000) and non-Hispanic black men aged 20–24 years (3,256.2/100,000) remain higher than in any other racial/ethnic or age group. Increases have been observed in some areas among men who have sex with men (2). Decreased susceptibility to the fluoroquinolone antibiotics has also been reported from some regions (3). In 2002, the prevalence of fluoroquinolone-resistant *Neisseria gonorrhoeae* infections continued to increase in California. Fluoroquinolones are no longer advised for treatment of gonorrhea in Hawaii or California or for infections that might have been acquired in those states (4).

1. CDC. Sexually transmitted disease surveillance 2002. Atlanta: US Department of Health and Human Services, CDC, 2003.
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. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae*—Hawaii and California, 2001. *MMWR* 2002;51:1041–4.
4. CDC. Sexually transmitted diseases treatment guidelines 2002. *MMWR* 2002;51(No. RR-6).

Haemophilus influenzae, Invasive Disease

In 2002, 331 cases of invasive *Haemophilus influenzae* disease in children aged <5 years were reported; 34 (10%) were reported as *H. influenzae* type b (Hib), 144 (44%) were reported as other serotypes or nontypeable isolates, and 153 (46%) were reported with serotype information unknown or missing. The continued remarkably low number of invasive Hib infections in children (down from an estimated 20,000 cases annually in the prevaccine era) is a result of the successful delivery of highly effective conjugate Hib vaccines to children, beginning at age 2 months (1,2). Because discrepancies in serotyping results have occurred between laboratories, CDC requests that state health departments obtain and send all invasive *H. influenzae* isolates from children aged <5 years to CDC for serotype confirmation (3,4).

1. CDC. Progress toward elimination of *Haemophilus influenzae* type b disease among infants and children—United States, 1998–2000. *MMWR* 2002;51:234–7.
2. Zhou, F, Bisgard KM, Yusuf H, et al. Impact of universal *Haemophilus influenzae* type b vaccination starting at 2 months of age in the United States: an economic analysis. *Pediatrics* 2002;110:653–61.
3. LaClaire LL, Tondella ML, Beall DS, et al. Identification of *Haemophilus influenzae* serotypes by standard slide agglutination serotyping and PCR-based capsule typing. *J Clin Microbiol* 2003;41:393–6.
4. CDC. Serotyping discrepancies in *Haemophilus influenzae* type b disease—United States, 1998–1999. *MMWR* 2002;51:706–7.

Hantavirus Pulmonary Syndrome

The geographic center of hantavirus pulmonary syndrome (HPS) cases during the 2002 season was more northerly than in previous years. This reflects weather patterns that delivered greater rainfall or milder antecedent winter conditions resulting in more abundant food supplies and an increase in the host rodent species in those northerly areas. CDC guidance for prevention of HPS has been updated and made available in Spanish and English (1).

1. CDC. All about hantaviruses. Atlanta: US Department of Health and Human Services, CDC, 2003. Available at <http://www.cdc.gov/ncidod/diseases/hanta/hps/index.htm>.

Hepatitis A

Hepatitis A vaccine is recommended for persons at increased risk of acquiring hepatitis A (e.g., international travelers, men who have sex with men (MSM), and injection- and noninjection-drug users) (1) and also for children in states and counties that have historically had consistently elevated rates of hepatitis A (2). Since childhood vaccination in high-risk areas was recommended, the overall hepatitis A rate has declined steadily, and in 2002, it was the lowest yet recorded (3.1/100,000). The decline in rates has been greater among children and in states where routine childhood vaccination is recommended, suggesting an impact of childhood vaccination. The dramatic declines in disease rates in these groups and areas that have historically accounted for the majority of reported cases have resulted in a shift in the epidemiology of this disease in the United States. Hepatitis A rates, historically much higher in the western states, are now similar in all regions of the United States, and an increasing proportion of cases are among adults, particularly those in high-risk groups such as MSM. Continued monitoring of disease rates is needed to determine if the current low rates are sustained and attributable to vaccination and to identify groups and areas where additional vaccination efforts are needed.

1. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 1996;45(No. RR-15).
2. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 1999;48(No. RR-12).

Hepatitis B

During 2002, a total of 7,996 acute hepatitis B cases were reported, representing a >65% decrease since 1990 (21,102 cases). The steady decline in hepatitis B rates coincides with the implementation of a national strategy to achieve the elimination of hepatitis B virus (HBV) infection (1). The primary elements of this strategy are 1) screening of all pregnant women for HBV infection with provision of postexposure prophylaxis to infants born to infected women, 2) routine vaccination of all infants and children aged ≤18 years, and 3) vaccination of others at increased risk of acquiring hepatitis B (e.g., health-care workers, MSM, injection drug users, and household and sex contacts of persons with chronic HBV infection).

The rate among children aged ≤18 years, the age group covered by the recommendation for routine childhood immunization, has declined by approximately 90% since 1990. In comparison, high rates of disease continue among adults,

particularly males aged 25–39 years. This and the high proportion of cases occurring among persons in identified risk groups (i.e., injection-drug users, MSM and persons with multiple sex partners) indicate a need to strengthen efforts to reach these populations with vaccine.

1. CDC. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the Immunization Practices Advisory Committee. *MMWR* 1991;40(No. RR-13).

Hepatitis C; Non-A, Non-B

Monitoring acute hepatitis C rates nationally has been challenging because 1) no serologic marker for acute infection exists, and 2) many health departments do not have the resources to determine if a positive laboratory report for hepatitis C virus (HCV) infection represents acute infection. Consequently, the most reliable estimates of acute hepatitis C incidence have historically come from sentinel surveillance. Incidence of hepatitis C has declined by >80% since the late 1980s, largely the result of a decrease in cases among injection-drug users, the reasons for which are unknown. The majority of hepatitis C cases continue to occur among persons aged >25 years, with injection-drug use the most common risk factor for infection.

In recent years, analysis of cases of acute, symptomatic hepatitis C reported through NNDSS has yielded similar results as those from sentinel surveillance, suggesting that the quality of national surveillance data for acute hepatitis C has improved. Direct reporting of anti-HCV–positive test results by laboratories has increased the completeness of reporting of HCV-infected persons to health departments. Reporting other available laboratory or clinical data would improve surveillance for hepatitis C by providing information to identify patients with acute disease. Improving the accuracy of hepatitis C surveillance data continues to be a priority because monitoring hepatitis C incidence trends provides information needed to evaluate the effectiveness of prevention efforts and identify opportunities for prevention.

HIV Infection, Adult

By December 2002, 49 states and the District of Columbia had an HIV surveillance system in place. Since 1998, 30 areas (29 states and the U.S. Virgin Islands) have had laws or regulations requiring confidential reporting by name for adults/adolescents or children with confirmed HIV infection, in addition to reporting of persons with AIDS (1). CDC also initiated a pilot system in 2002 to monitor HIV incidence.

Beginning in 2003, CDC expanded its HIV/AIDS surveillance activities through the addition of a national HIV behavioral surveillance system. CDC will assess the implementation and effectiveness of prevention activities through several monitoring systems, including the use of new performance indicators for state and local health departments and community-based organizations.

At the end of 2002, 142,713 adults and adolescents in the 30 areas were known to be living with HIV infection (not AIDS). The prevalence rate of HIV infection (not AIDS) in this group was 125.7/100,000 population (1).

1. CDC. HIV/AIDS Surveillance Report, 2002. Atlanta: US Department of Health and Human Services, CDC. Vol. 14. Available at <http://www.cdc.gov/hiv/stats/hasrlink.htm>.

HIV Infection, Pediatric

Effective January 1, 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virology tests. The definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children (1).

In the 30 areas (29 states and the U.S. Virgin Islands) that have had laws or regulations since 1998 requiring confidential reporting by name for children with confirmed HIV infection, 1,416 children (aged <13 years) were known to be living with HIV infection (not AIDS) at the end of 2002. The prevalence rate of HIV infection (not AIDS) in this group was 5.6/100,000 population (2).

1. CDC. Appendix: Revised surveillance case definition for HIV infection. *MMWR* 1999;48(No. RR-13):29–31.
2. CDC. HIV/AIDS Surveillance Report, 2002. Atlanta: US Department of Health and Human Services, CDC, Vol. 14. Available at <http://www.cdc.gov/hiv/stats/hasrlink.htm>.

Lyme Disease

A total of 23,763 cases of Lyme disease were reported in 2002, a 39% increase over 2001 and the highest number reported since national surveillance began in 1982. As in previous years, the majority of cases were reported from the northeastern and north-central United States. Factors potentially contributing to the overall increase in Lyme disease include better reporting, increased development in wooded areas, and growing deer populations. In addition, ecological studies suggest that infected ticks are spreading to new areas. The only Lyme disease vaccine licensed in the United States (LYMERix[®]) was removed from the market in February 2002. New products aimed at reducing ticks on mice and deer are under development.

Malaria

Almost all malaria cases are imported, with more than twice as many cases occurring among U.S. residents traveling to malarious areas as occur among foreign residents immigrating to or visiting the United States (1). Over 75% of cases among U.S. residents occur in persons who were either not taking malaria chemoprophylaxis or did not take recommended drugs (1). The annual number of cases has increased during the past 15 years, likely because of increases in both international travel (2) and immigration (3), as well as the spread and intensification of antimalarial drug resistance globally (4).

1. Filler S, Causer LM, Newman RD, et al. Malaria surveillance—United States, 2001. In: CDC Surveillance Summaries, July 18, 2003. MMWR 2003;52(No SS-5):1–14.
2. Office of Travel and Tourism Industries. International travelers to and from the U.S.—international visitors (inbound) and U.S. residents (outbound), 1992–2002r. Washington, DC: US Department of Commerce, ITA, Office of Travel and Tourism Industries. Available at <http://www.tinet.ita.doc.gov/view/f-2001-05-001/index.html>.
3. US Census Bureau. Current population reports. Series P23–206. Profile of the foreign-born population in the United States, 2000. Washington, DC: US Government Printing Office, 2001. Available at <http://www.census.gov/prod/2002pubs/p23-206.pdf>.
4. Barat LM, Bloland PB. Drug resistance among malaria and other parasites. *Infect Dis Clin North Am* 1997;11:969–87.

Measles

A record low of 44 confirmed measles cases was reported in 2002, with cases occurring in 17 states. Eighteen cases were internationally imported, and exposure to these cases resulted in 15 additional cases. Three other cases had only virologic evidence of importation (i.e., genotypic analysis of measles viruses indicated an imported source). The remaining eight cases were classified as unknown source cases because no link to importation was detected. The majority of cases were either in infants aged <12 months (18 cases) or persons aged >20 years (19 cases); only three cases occurred among children aged <5 years, and four cases among those aged 5–19 years. Three outbreaks, ranging in size from 3 to 13 cases, accounted for 43% of cases (n=19). In two of these outbreaks, the source cases were imported.

Pertussis

During 2002, 9,771 cases of pertussis were reported (rate: 3.4/100,000), the highest number of reported cases since 1964. Of these cases, 21% occurred among infants aged <6 months (108.8/100,000), who were too young to have received the

first 3 of the 5 doses of diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine recommended by age 6; 3% occurred among children aged 6–11 months (15.4/100,000); 14% among children aged 1–4 years (8.9/100,000); 10% among children aged 5–9 years (4.8/100,000); 29% among persons aged 10–19 years (7.0/100,000); and 23% among persons aged ≥20 years (1.2/100,000).

Since 1995, the coverage rate with ≥3 doses of pertussis vaccine has been >94% among U.S. children aged 19–35 months (1). Since 1980, the number of reported cases of pertussis in infants aged <6 months and in adolescents and adults has increased in some states (2). The reasons for this increase are unknown but could include increased awareness of pertussis among health-care providers, better reporting of cases to health departments (3), and possibly an increase in circulating *Bordetella pertussis*. The true number of pertussis cases in adolescents and adults has likely been underreported because the pertussis cough is not pathognomonic for pertussis, persons may not seek medical care for a cough illness, and (if medical care is sought) diagnostic tests are not sufficiently sensitive. Adolescents and adults can become susceptible to disease when vaccine-induced immunity wanes, approximately 5–10 years after pertussis vaccination. The incidence of reported pertussis among children aged 7 months to 9 years has been relatively stable, suggesting protection against pertussis by routine vaccination according to the recommended schedule.

1. CDC. National, state, and urban area vaccination levels among children aged 19–35 months—United States, 2002. MMWR 2003;52:728–32.
2. CDC. Pertussis—United States, 1997–2000. MMWR 2002;51:73–6.
3. Cherry JD. The science and fiction of the “resurgence” of pertussis. *Pediatrics* 2003;112:405–6.

Shigellosis

Shigella sonnei infections continue to account for over 75% of shigellosis in the United States (1). Prolonged, multistate outbreaks of *S. sonnei* infections that are transmitted in day care centers, where maintenance of good hygienic conditions requires special care, account for much of the problem (2). From June 2001 through March 2003, one such outbreak in six eastern states accounted for over 3,000 laboratory-confirmed infections (3). *S. sonnei* can also be transmitted through contaminated foods and through water used for drinking or recreational purposes (4). Recent evidence suggests that *S. sonnei* infections may be increasing among men who have sex with men (1).

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2. Shane A, Crump J, Tucker N, Painter J, Mintz E. Sharing Shigella: risk factors and costs of a multi-community outbreak of shigellosis. *Arch Pediatr Adolesc Med* 2003;157:601–3.
3. Day care-related outbreaks of rhamnase-negative *Shigella sonnei*—six states, June 2001–March 2003. *MMWR* 2004;53:60–3.
4. CDC. Outbreaks of *Shigella sonnei* infection associated with eating fresh parsley—United States and Canada, July–August 1998. *MMWR* 1999;48:285–9.

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

During 2002, 986 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 (*I*). Based on these 986 cases, CDC estimates that approximately 9,100 cases of invasive GAS disease (rate: 3.2/100,000) and 1,350 deaths occurred nationally during 2002. Disease incidence was highest among children aged <1 year (6.9/100,000) and adults aged >65 years (8.9/100,000). Streptococcal toxic-shock syndrome and necrotizing fasciitis accounted for approximately 5.9% and 6.1% of invasive cases, respectively. The overall case-fatality rate among persons with invasive GAS disease was 14.6%.

In 2002, CDC published recommendations for the control of invasive group A streptococcal disease among household contacts of persons with invasive GAS infections and for responding to postpartum and postsurgical infections. These recommendations are based on routine surveillance data, studies of the epidemiology of subsequent invasive GAS infections among household contacts of case-patients and postpartum and postsurgical GAS clusters, and studies of the effectiveness of chemoprophylactic regimens for eradicating carriage (2–4).

1. CDC. Active Bacterial Core Surveillance (ABCs) report. Emerging Infections Program Network. Group A streptococcus, 2001. Available at http://www.cdc.gov/ncidod/dbmd/abcs/survreports/gas01_provis.pdf
2. The Prevention of Invasive Group A Streptococcal Infections Workshop Participants. Prevention of invasive group A streptococcal disease among household contacts of case patients and among postpartum and postsurgical patients: recommendations from the Centers for Disease Control and Prevention. *Clin Infect Dis* 2002;35:950–9.
3. Robinson KA, Rothrock G, Phan Q, Sayler B, Stefonek K, Van Beneden C, Levine OS, for the Active Bacterial Core Surveillance (ABCs)/Emerging Infections Program Network. Risk of severe group A streptococcal disease among patients' household contacts. *Emerg Infect Dis* 2003;9:443–7.
4. Factor SH, Levine OS, Schwartz B, et al. Invasive group A streptococcal disease: risk factors for adults. *Emerg Infect Dis* 2003; 9: 970–7.

Streptococcus pneumoniae, Invasive, Drug-Resistant

In 2002, the Active Bacterial Core Surveillance (ABCs) project of CDC's Emerging Infections Program (*I*) 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). For the second straight year, the proportion of pneumococcal isolates that were drug resistant declined. Of the 3,012 *S. pneumoniae* isolates collected in 2002, 9.1% exhibited intermediate resistance to penicillin (minimum inhibitory concentration [MIC] 0.1–1 µg/mL), and 11.5% were fully resistant (MIC >2 µg/mL) (2). For cefotaxime, 8.4% of all isolates had intermediate resistance and 3.5% were fully resistant in 2001. For erythromycin, 16.4% were resistant in 2001. Approximately one in eight (13.2%) isolates had reduced susceptibility to at least three classes of drugs commonly used to treat pneumococcal infections, a decline from a peak of one in five (18.3%) isolates in 2000.

In February 2000, the Food and Drug Administration licensed a pneumococcal conjugate vaccine for use in infants and young children. In October 2000, the Advisory Committee on Immunization Practices issued recommendations for use of the vaccine in children aged <5 years (3). Vaccine use has reduced rates of invasive pneumococcal disease markedly among children, the vaccine's target age group, but also among unvaccinated older persons (4).

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. Available at <http://www.cdc.gov/ncidod/eid/vol7no1/schuchat.htm>.
2. NCCLS. Performance standards for antimicrobial susceptibility testing: M100-S12. Wayne, PA: National Committee for Clinical Laboratory Standards, 2002.
3. CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 2000;49(No. RR-9):1–38.
4. Whitney CG, Farley MM, Hadler J, et al. Decline in invasive pneumococcal disease following the introduction of protein-polysaccharide conjugate vaccine. *N Engl J Med* 2003;348:1737–46.

Syphilis, Congenital

During 2002, a total of 412 cases of congenital syphilis were reported (10.20/100,000 live births), down from 492 in 2001. 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 (*I*). The continuing decrease in the

rate of congenital syphilis likely reflects the substantial reduction in the rate of primary and secondary syphilis among women that has occurred in the last decade and continues to occur. 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 2002. Atlanta: US Department of Health and Human Services, CDC, 2003.
2. CDC. Congenital syphilis — United States, 2000. *MMWR* 2001;50:573–7.

Syphilis, Primary and Secondary

During 2002, a total of 6,862 primary and secondary syphilis cases were reported, an increase from 6,103 cases in 2001. From 1990 to 2000, the primary and secondary syphilis rate declined 90%, from 20.34/100,000 to 2.12/100,000. The 2001 rate (2.2/100,000), the first annual increase in syphilis in over a decade, was 2.1% higher than the 2000 rate, which was the lowest since reporting began in 1941. The 2002 rate (2.4/100,000) was 9.1% higher than the reported rate in 2001. The 2002 primary and secondary syphilis rate reflects a 27% increase among men from 2001 but a 21% decrease among women (1). This disparity between men and women, observed across all racial and ethnic groups, along with reported outbreaks of syphilis among MSM in large urban areas, suggests that increases in syphilis are occurring among MSM. Rates remain disproportionately high in the South and among non-Hispanic blacks, but rates in these two groups are continuing to decline (1,2,3).

1. CDC. Sexually transmitted disease surveillance 2002. Atlanta, GA: US Department of Health and Human Services, CDC 2003.
2. CDC. Primary and secondary syphilis among men who have sex with men—New York City, 2001. *MMWR* 2002;51:853–6.
3. CDC. Primary and secondary syphilis—United States, 2000–2001. *MMWR* 2002;51:971–3.

Tetanus

In 2002, 25 cases of tetanus were reported from 14 states. Three (12%) cases were among persons aged <25 years, 12 (48%) cases were among persons aged 25–59 years, and 10 (40%) cases were among persons aged >60 years. Although the annual number of reported cases continues to decrease, the percentage of cases among persons aged 25–59 years has increased during the last decade; previously, most cases were among persons aged >60 years (1). Three (12%) of the cases were fatal.

1. CDC. Tetanus Surveillance—United States, 1995–1997. In: CDC Surveillance Summaries, July 3, 1998. *MMWR* 1998;47(No. SS-2):1–13.

2. Pascual FB, McGinley EL, Zanardi LR, Cortese MM, Murphy TV, Tetanus surveillance—United States, 1998–2000. In: CDC Surveillance Summaries, June 20, 2003. *MMWR* 2003;52(No. SS-3).

Tuberculosis

During 2002, a total of 15,075 cases (rate: 5.3/100,000) of tuberculosis (TB) were reported to CDC from the 50 states and the District of Columbia, representing a 5.7% decrease from 2001 and a 43.5% decrease from 1992, when the number and rate of cases most recently peaked in the United States (1).

Despite a 68.4% decline in case rates from 1992 to 2002 (31.0/100,000 to 9.8/100,000), U.S.-born non-Hispanic blacks continued to have the highest TB rate of any U.S.-born racial/ethnic population (2). U.S.-born, non-Hispanic blacks had the largest number of TB cases among both U.S.-born and foreign-born populations, representing 46.7% of TB cases among U.S.-born persons and approximately one fourth of all cases (2).

In 1992, 72.6% of reported cases were among U.S.-born persons (8.2/100,000), and 27.4% were among foreign-born persons (34.5/100,000). In comparison in 2002, 48.2% of reported cases were among U.S.-born persons (2.8/100,000), and 51.8% of reported cases were among foreign-born persons (23.6/100,000) (2).

Despite the decrease in case rate among foreign-born persons during the past decade, more than half the TB cases in the United States in 2002 occurred in this population, and the case rate was eight times greater in this population than among U.S.-born persons. To address the high rate, CDC is collaborating with public health partners to implement TB control initiatives among recent international arrivals and residents along the border between the United States and Mexico and to strengthen TB programs in countries with a high incidence of TB disease (2). CDC recently updated its comprehensive national action plan to reflect the alignment of its priorities with the Institute of Medicine report (3) and to ensure that priority prevention activities are undertaken with optimal collaboration and coordination among national and international public health partners (4).

1. CDC. Reported tuberculosis in the United States, 2002. Atlanta, GA: US Department of Health and Human Services, CDC, 2003. Available at <http://www.cdc.gov/tb>.
2. CDC. Trends in tuberculosis morbidity—United States, 1992–2002. *MMWR* 2003;52:217–222.
3. Institute of Medicine. Ending neglect: the elimination of tuberculosis in the United States. Washington, DC: National Academy Press, 2000.
4. CDC. CDC's response to ending neglect: the elimination of tuberculosis in the United States. Atlanta: US Department of Health and Human Services, CDC, 2002.

Typhoid Fever

In 2002, typhoid fever was diagnosed in 321 persons in the United States (NNDSS data), despite the availability of two effective vaccines. Approximately 80% of these cases occurred among persons who reported international travel during the preceding 6 weeks. Persons visiting friends and relatives in their country of origin appear to be at higher 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). *S. Typhi* outbreaks in the United States are usually small in size but can cause significant morbidity and are often foodborne, warranting thorough investigation (2). Recently a sexually transmitted outbreak of typhoid fever was recognized and reported (3).

1. Ackers ML, Puhf 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.
2. Olsen SJ, Bleasdale SC, Magnano AR, et al. Outbreaks of typhoid fever in the United States, 1960–1999. *Epidemiol Infect* 2003;130:13–21.
3. Reller M, Olsen S, Kressel A, et al. Sexual transmission of typhoid fever: a multi-state outbreak among men who have sex with men. *Clin Infect Dis* 2003;37:141–4.

Varicella deaths

In 2002, nine varicella deaths were reported to CDC from eight states (1). Three of the deaths occurred among children

aged 5–11 years, and six occurred among adults aged 26–74 years. In 1999, the Council of State and Territorial Epidemiologists recommended that varicella deaths be reported to CDC to monitor the impact of routine varicella vaccination on varicella-related mortality (2). However, reporting of varicella deaths is incomplete, limiting the usefulness of mortality data in assessing the impact of the varicella vaccination program. CDC encourages states to report varicella deaths so that risk factors for varicella-related mortality can be identified and the percentage of deaths that would have been directly preventable by following current recommendations for vaccination can be determined.

In 2003, as an adjunct to mortality surveillance, varicella infection was again designated a nationally notifiable condition. The objectives of varicella morbidity surveillance at state and national levels are to monitor the epidemiology of varicella by age, place, and over time, to monitor the impact of widespread and increasing immunization on the epidemiology of varicella, and to allow prompt implementation of disease control measures (3).

1. CDC. Varicella-related deaths—United States, 2002. *MMWR* 2003;52:545–7.
2. Council of State and Territorial Epidemiologists. CSTE position statement 1998-ID-10: inclusion of varicella-related deaths in the National Public Health Surveillance System (NPHSS). Available at <http://www.cste.org/ps/1998/1998-id-10.htm>.
3. Council of State and Territorial Epidemiologists. CSTE position statement 2003-ID-06: Varicella surveillance. Available at <http://www.cste.org/position%20statements/02-ID-06.pdf>.

PART 1

Summaries of Notifiable Diseases in the United States, 2002

Abbreviations and Symbols Used in Tables

NA	Data not available
NN	Report of disease is not required in that jurisdiction (not notifiable)
—	No reported cases
AS	American Samoa
CNMI	Commonwealth of Northern Mariana Islands
GU	Guam
PR	Puerto Rico
VI	U.S. Virgin Islands
Note:	Rates <0.01 after rounding are listed as 0.

TABLE 1. Reported cases of notifiable diseases,* by month — United States, 2002

Disease	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
AIDS†	2,481	2,487	4,273	2,708	3,706	4,288	3,769	3,290	3,580	4,114	3,279	4,770	42,745
Anthrax	—	—	1	—	—	—	1	—	—	—	—	—	2
Botulism, foodborne	2	2	—	1	1	—	12	2	3	1	2	2	28
Infant	7	3	8	2	8	8	5	6	4	6	5	7	69
Other (includes wound)	2	1	1	1	—	2	1	2	2	3	3	3	21
Brucellosis	6	9	8	15	8	13	7	10	13	10	12	14	125
Chancroid§	—	25	—	—	16	—	—	13	—	—	13	—	67
Chlamydia§¶	—	198,259	—	—	205,818	—	—	211,442	—	—	219,036	—	834,555
Cholera	—	—	—	—	—	—	1	—	—	—	1	—	2
Coccidioidomycosis**	113	387	480	205	453	594	335	406	395	230	223	1,147	4,968
Cryptosporidiosis	138	168	213	160	162	201	223	541	426	304	245	235	3,016
Cyclosporiasis	5	8	14	2	23	23	31	30	6	4	6	4	156
Diphtheria	—	—	—	—	—	1	—	—	—	—	—	—	1
Ehrlichiosis, human granulocytic	2	1	2	4	23	32	76	48	32	44	30	217	511
Human monocytic	2	1	2	1	13	24	36	45	24	27	11	30	216
Encephalitis/meningitis,													
arboviral, California serogroup	4	1	1	—	—	1	10	38	48	37	10	14	164
Eastern equine	—	—	—	—	—	1	—	—	1	3	2	3	10
Powassan	—	—	—	—	—	—	—	1	—	—	—	—	1
St. Louis	—	—	1	—	—	2	3	7	3	4	—	8	28
West Nile	—	2	—	—	—	3	136	801	937	507	204	250	2,840
<i>Escherichia coli</i> ,													
enterohemorrhagic													
(EHEC) O157:H7	95	85	110	157	147	334	413	793	594	388	372	352	3,840
EHEC, serogroup non-O157	4	7	4	7	8	26	21	47	23	18	15	14	194
EHEC, not serogrouped	—	2	1	1	1	4	11	10	4	6	10	10	60
Giardiasis	1,135	1,340	1,687	1,423	1,392	1,594	1,438	2,604	2,404	2,033	2,132	2,024	21,206
Gonorrhea§	—	85,773	—	—	85,441	—	—	91,189	—	—	89,449	—	351,852
<i>Haemophilus influenzae</i> ,													
invasive disease	130	160	228	150	128	152	106	127	85	90	171	216	1,743
Age <5 yrs, serotype b	1	2	3	3	4	3	3	6	—	1	2	6	34
Age <5 yrs, non-serotype b	10	18	12	17	14	5	7	11	8	2	24	16	144
Age <5 yrs, unknown serotype	5	22	28	11	14	9	11	9	7	10	15	12	153
Hansen disease	4	6	17	9	7	8	8	5	3	2	10	17	96
Hantavirus pulmonary syndrome	—	1	—	3	2	5	1	3	—	1	1	2	19
Hemolytic uremic syndrome,													
postdiarrheal	7	4	10	13	10	30	24	43	17	11	27	20	216
Hepatitis A, acute	710	852	1,026	771	657	768	587	796	727	656	646	599	8,795
Hepatitis B, acute	381	493	808	516	656	677	597	747	542	574	772	1,233	7,996
Hepatitis C/non-A, non-B	95	128	205	170	162	154	128	224	154	108	142	165	1,835
Legionellosis	58	62	70	46	57	124	121	155	145	165	181	137	1,321
Listeriosis	29	27	39	36	43	49	56	103	74	74	76	59	665

TABLE 1. (Continued) Reported cases of notifiable diseases,* by month — United States, 2002

Disease	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Lyme disease	357	414	632	546	835	2,335	3,358	3,856	2,926	3,083	2,485	2,936	23,763
Malaria	83	88	83	86	97	147	134	220	147	121	97	127	1,430
Measles	2	2	4	4	—	3	5	6	—	—	13	5	44
Meningococcal disease	124	197	253	183	150	173	90	140	92	96	148	168	1,814
Mumps	13	23	43	16	26	31	15	22	19	19	17	26	270
Pertussis	292	495	664	561	549	893	708	1,142	715	788	976	1,988	9,771
Plague	—	—	—	—	—	—	—	—	—	—	1	1	2
Psittacosis	6	1	2	—	1	1	—	1	—	—	3	3	18
Q fever	3	1	5	7	3	4	8	4	8	5	4	9	61
Rabies, animal	406	411	677	676	606	710	602	986	763	608	698	466	7,609
Rabies, human	—	—	—	1	—	—	—	—	1	1	—	—	3
Rocky Mountain spotted fever	22	24	28	31	71	158	131	185	124	147	70	113	1,104
Rubella	—	2	1	1	2	1	2	1	1	5	—	2	18
Rubella, congenital syndrome	—	—	1	—	—	—	—	—	—	—	—	—	1
Salmonellosis	1,885	2,282	2,477	2,358	2,809	4,161	4,305	5,889	4,978	4,870	4,354	3,896	44,264
Shigellosis	984	1,089	1,290	1,124	1,209	1,892	1,730	2,666	2,280	2,717	2,867	3,693	23,541
Streptococcal disease, invasive, group A	331	405	583	589	459	434	297	307	251	246	298	520	4,720
Streptococcal toxic-shock syndrome	10	9	12	17	11	12	4	7	5	4	10	17	118
<i>Streptococcus pneumoniae</i> , invasive, drug-resistant	177	224	424	259	227	192	93	80	101	185	172	412	2,546
<i>Streptococcus pneumoniae</i> , invasive, <5 yrs	29	29	47	54	31	27	51	22	18	51	64	90	513
Syphilis, total (all stages) [§]	—	7,943	—	—	8,278	—	—	8,056	—	—	8,593	—	32,871
Congenital (age <1 yr) [§]	—	113	—	—	89	—	—	116	—	—	93	—	412
Primary and secondary [§]	—	1,507	—	—	1,710	—	—	1,750	—	—	1,895	—	6,862
Tetanus	—	1	4	1	3	3	3	1	1	2	2	4	25
Toxic-shock syndrome	10	4	18	7	6	16	6	6	8	5	12	11	109
Trichinosis	—	2	1	5	2	—	—	3	—	—	1	—	14
Tuberculosis ^{††}	552	886	1,187	1,233	1,354	1,353	1,211	1,326	1,152	1,276	1,173	2,372	15,075
Tularemia	2	1	2	—	6	17	13	12	7	8	4	18	90
Typhoid fever	19	31	32	18	24	28	24	22	38	32	35	18	321
Varicella ^{§§}	1,544	1,896	2,767	1,808	1,846	1,711	272	381	741	1,316	2,646	5,913	22,841
Varicella deaths	2	—	1	1	1	—	1	—	3	—	—	—	9
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	1	1

* No cases of western equine encephalitis or paralytic poliomyelitis were reported in 2002.

† 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, 2002.

§ Totals reported quarterly to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

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

** Notifiable in <40 states.

†† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

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

TABLE 2. Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Total resident population (in thousands)	AIDS*	Anthrax	Botulism			Brucellosis	Chancroid [§]
				Foodborne	Infant	Other [†]		
UNITED STATES	281,418	42,745 [¶]	2	28	69	21	125	67
NEW ENGLAND	13,923	1,616	-	2	1	-	1	3
Maine	1,275	28	-	2	1	-	-	-
N.H.	1,236	41	-	-	-	-	-	-
Vt.	609	12	-	-	-	-	-	-
Mass.	6,349	810	-	-	-	-	1	3
R.I.	1,048	107	-	-	-	-	-	-
Conn.	3,406	618	-	-	-	-	-	-
MID. ATLANTIC	39,671	9,911	-	1	22	-	4	2
Upstate N.Y.	11,291	1,342	-	-	-	-	1	-
N.Y. City	7,685	5,322	-	-	4	-	2	2
N.J.	8,414	1,436	-	-	3	-	-	-
Pa.	12,281	1,811	-	1	15	-	1	-
E.N. CENTRAL	45,154	4,355	-	-	5	-	18	1
Ohio	11,353	780	-	-	2	-	3	-
Ind.	6,080	491	-	-	1	-	-	-
Ill.	12,419	2,108	-	-	1	-	7	-
Mich.	9,938	789	-	-	1	-	7	-
Wis.	5,364	187	-	-	-	-	1	1
W.N. CENTRAL	19,236	800	1	-	-	-	2	-
Minn.	4,919	161	-	-	-	-	1	-
Iowa	2,926	94	-	-	-	-	-	-
Mo.	5,595	391	-	-	-	-	1	-
N. Dak.	642	3	-	-	-	-	-	-
S. Dak.	755	11	1	-	-	-	-	-
Nebr.	1,711	70	-	-	-	-	-	-
Kans.	2,688	70	-	-	-	-	-	-
S. ATLANTIC	51,768	12,435	-	1	3	-	12	51
Del.	784	193	-	-	-	-	-	-
Md.	5,296	1,854	-	-	-	-	1	-
D.C.	572	927	-	-	-	-	-	-
Va.	7,079	955	-	1	3	-	-	1
W. Va.	1,808	83	-	-	-	-	-	-
N.C.	8,049	1,061	-	-	-	N	2	-
S.C.	4,012	833	-	-	-	-	1	43
Ga.	8,186	1,471	-	-	-	-	2	-
Fla.	15,982	5,058	-	-	-	-	6	7
E.S. CENTRAL	17,023	1,962	-	-	3	-	1	-
Ky.	4,042	305	-	-	-	-	1	-
Tenn.	5,689	792	-	-	3	-	-	-
Ala.	4,447	432	-	-	-	-	-	-
Miss.	2,845	433	-	-	-	-	-	-
W.S. CENTRAL	31,445	4,751	1	1	1	1	38	7
Ark.	2,673	240	-	-	-	-	-	-
La.	4,469	1,167	-	-	-	-	-	2
Okla.	3,451	204	-	-	-	-	1	-
Tex.	20,852	3,140	1	1	1	1	37	5
MOUNTAIN	18,172	1,518	-	-	9	-	14	-
Mont.	902	17	-	-	-	-	-	-
Idaho	1,294	31	-	-	-	-	2	-
Wyo.	494	12	-	-	-	-	1	-
Colo.	4,301	332	-	-	2	-	2	-
N. Mex.	1,819	88	-	-	1	-	2	-
Ariz.	5,131	630	-	-	3	-	6	-
Utah	2,233	94	-	-	3	-	1	-
Nev.	1,998	314	-	-	-	-	-	-
PACIFIC	45,026	5,303	-	23	25	20	35	3
Wash.	5,894	477	-	6	-	-	2	1
Oreg.	3,421	301	-	1	2	-	-	-
Calif.	33,872	4,364	-	1	22	20	32	2
Alaska	627	33	-	15	-	-	-	-
Hawaii	1,212	128	-	-	1	-	1	-
Guam	149	3	-	-	-	-	-	-
P.R.	3,937	1,139	-	-	-	-	-	2
V.I.	118	58	U	U	U	U	U	U
Amer. Samoa	62	1	-	-	-	-	-	-
C.N.M.I.	67	3	-	5	-	-	-	-

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

* 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, 2002.

† Includes cases reported as wound and unspecified botulism.

§ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

¶ Total includes 94 cases in persons with unknown state of residence.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Chlamydia*	Cholera	Coccidioidomycosis	Cryptosporidiosis	Cyclosporiasis	Diphtheria
UNITED STATES	834,555	2	4,968	3,016	156	1
NEW ENGLAND	27,870	-	-	193	22	-
Maine	1,805	-	N	12	-	-
N.H.	1,557	-	-	31	1	-
Vt.	954	-	N	33	N	-
Mass.	10,914	-	-	77	14	-
R.I.	2,832	-	-	21	-	-
Conn.	9,808	-	N	19	7	-
MID. ATLANTIC	97,078	-	-	428	59	-
Upstate N.Y.	18,060	-	N	153	13	-
N.Y. City	33,063	-	-	147	36	-
N.J.	14,164	-	-	17	7	-
Pa.	31,791	-	N	111	3	-
E.N. CENTRAL	152,505	-	23	960	6	-
Ohio	38,032	-	N	119	-	-
Ind.	17,100	-	N	70	-	-
Ill.	48,101	-	3	121	3	-
Mich.	32,272	-	20	135	3	-
Wis.	17,000	-	N	515	-	-
W.N. CENTRAL	47,517	-	2	447	-	-
Minn.	10,107	-	-	206	-	-
Iowa	6,195	-	N	49	-	-
Mo.	16,181	-	-	41	-	-
N. Dak.	1,256	-	N	41	N	-
S. Dak.	2,215	-	-	42	-	-
Nebr.	4,779	-	2	52	-	-
Kans.	6,784	-	N	16	-	-
S. ATLANTIC	158,923	1	4	343	61	-
Del.	2,649	-	N	4	-	-
Md.	16,891	1	4	19	-	-
D.C.	3,305	-	-	5	3	-
Va.	18,518	-	-	35	1	-
W. Va.	2,464	-	N	3	-	-
N.C.	24,726	-	N	40	-	-
S.C.	14,314	-	-	8	3	-
Ga.	33,998	-	N	123	22	-
Fla.	42,058	-	N	106	32	-
E.S. CENTRAL	52,209	-	-	128	1	-
Ky.	8,756	-	N	10	N	-
Tenn.	16,042	-	-	61	1	-
Ala.	15,611	-	-	47	-	-
Miss.	11,800	-	N	10	-	-
W.S. CENTRAL	106,079	-	14	68	1	-
Ark.	7,312	-	-	8	-	-
La.	18,442	-	N	10	-	-
Okla.	10,804	-	N	16	-	-
Tex.	69,521	-	14	34	1	-
MOUNTAIN	51,816	-	3,198	160	1	-
Mont.	2,475	-	-	6	-	-
Idaho	2,503	-	-	29	1	-
Wyo.	944	-	1	9	-	-
Colo.	14,028	-	N	57	-	-
N. Mex.	7,417	-	9	20	-	-
Ariz.	14,973	-	3,133	19	N	-
Utah	3,540	-	11	16	-	-
Nev.	5,936	-	44	4	-	-
PACIFIC	140,558	1	1,727	289	5	1
Wash.	14,934	1	N	46	5	-
Oreg.	7,009	-	-	40	-	-
Calif.	110,288	-	1,727	200	-	1
Alaska	3,806	-	-	1	-	-
Hawaii	4,521	-	-	2	-	-
Guam	550	1	-	-	-	-
P.R.	2,999	-	N	N	N	-
V.I.	207	U	U	U	U	U
Amer. Samoa	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-

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

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Ehrlichiosis		Encephalitis/meningitis, arboviral*				
	Human granulocytic	Human monocytic	California serogroup	Eastern equine	Powassan	St. Louis	West Nile
UNITED STATES	511	216	164	10	1	28	2,840
NEW ENGLAND	145	9	-	-	-	-	29
Maine	1	-	-	-	-	-	-
N.H.	1	3	-	-	-	-	-
Vt.	-	-	-	-	-	-	-
Mass.	29	1	-	-	-	-	18
R.I.	65	5	-	-	-	-	1
Conn.	49	-	-	-	-	-	10
MID. ATLANTIC	181	28	-	-	-	-	138
Upstate N.Y.	159	19	-	-	-	-	51
N.Y. City	17	2	-	-	-	-	28
N.J.	5	6	-	-	-	-	23
Pa.	-	1	-	-	-	-	36
E.N. CENTRAL	5	4	71	6	1	5	1,629
Ohio	-	3	26	-	-	-	439
Ind.	1	-	4	-	-	-	19
Ill.	-	1	8	-	-	2	554
Mich.	-	-	11	6	1	3	566
Wis.	4	-	22	-	-	-	51
W.N. CENTRAL	170	55	16	-	-	-	200
Minn.	149	4	13	-	-	-	17
Iowa	-	-	3	-	-	-	-
Mo.	19	50	-	-	-	-	113
N. Dak.	N	N	-	-	-	-	2
S. Dak.	-	-	-	-	-	-	14
Nebr.	-	-	-	-	-	-	35
Kans.	2	1	-	-	-	-	19
S. ATLANTIC	7	52	56	2	-	2	104
Del.	2	3	-	-	-	-	-
Md.	3	27	-	-	-	-	21
D.C.	-	-	-	-	-	-	-
Va.	-	1	2	-	-	1	29
W. Va.	-	-	40	-	-	-	3
N.C.	1	13	13	-	-	-	-
S.C.	-	-	-	1	-	-	1
Ga.	-	3	1	-	-	-	21
Fla.	1	5	-	1	-	1	29
E.S. CENTRAL	1	30	18	2	-	-	279
Ky.	-	2	2	-	-	-	42
Tenn.	-	26	15	-	-	-	11
Ala.	1	2	-	-	-	-	34
Miss.	-	-	1	2	-	-	192
W.S. CENTRAL	1	38	3	-	-	19	455
Ark.	-	18	-	-	-	-	33
La.	-	-	1	-	-	-	204
Okla.	-	13	-	-	-	-	14
Tex.	1	7	2	-	-	19	204
MOUNTAIN	-	-	-	-	-	2	6
Mont.	-	-	-	-	-	-	1
Idaho	-	-	-	-	-	-	1
Wyo.	-	-	-	-	-	-	-
Colo.	N	N	-	-	-	-	-
N. Mex.	-	-	-	-	-	-	-
Ariz.	-	-	-	-	-	2	4
Utah	-	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-
PACIFIC	1	-	-	-	-	-	-
Wash.	-	-	-	-	-	-	-
Oreg.	-	-	-	-	-	-	-
Calif.	1	-	-	-	-	-	-
Alaska	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-
Guam	-	-	-	-	-	-	-
P.R.	N	N	-	-	-	-	-
V.I.	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-	-

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

* No cases of western equine encephalitis were reported in 2002.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	<i>Escherichia coli</i> , enterohemorrhagic (EHEC)					<i>Haemophilus influenzae</i> , invasive disease			
	O157:H7	Shiga toxin positive		Giardiasis	Gonorrhea*	All ages All serotypes	Age <5 years		Unknown serotype
		Non-O157	Not serogrouped				Serotype b	Non-serotype b	
UNITED STATES	3,840	194	60	21,206	351,852	1,743	34	144	153
NEW ENGLAND	265	51	7	1,769	7,743	135	-	12	2
Maine	39	10	-	213	142	2	-	-	-
N.H.	35	-	-	46	120	14	-	-	-
Vt.	14	1	1	145	98	7	-	-	-
Mass.	120	21	6	935	3,242	46	-	5	2
R.I.	12	1	-	170	900	16	-	-	-
Conn.	45	18	-	260	3,241	50	-	7	-
MID. ATLANTIC	426	1	8	4,304	43,029	326	4	17	26
Upstate N.Y.	183	N	N	1,347	9,114	134	2	4	9
N.Y. City	19	-	-	1,417	12,727	70	-	-	10
N.J.	63	-	1	474	7,894	58	-	-	7
Pa.	161	1	7	1,066	13,294	64	2	13	-
E.N. CENTRAL	855	31	6	3,597	74,540	319	4	15	44
Ohio	154	11	5	972	22,008	82	-	1	10
Ind.	87	1	-	N	7,395	44	2	9	-
Ill.	191	6	-	1,011	24,026	120	-	-	21
Mich.	134	3	1	923	14,770	18	2	5	-
Wis.	289	10	-	691	6,341	55	-	-	13
W.N. CENTRAL	521	34	12	2,321	18,124	81	1	3	7
Minn.	163	29	-	982	3,049	52	1	3	4
Iowa	121	-	-	314	1,480	1	-	-	-
Mo.	70	-	-	512	8,952	13	-	-	2
N. Dak.	20	-	4	47	72	7	-	-	1
S. Dak.	41	2	-	83	263	1	-	-	-
Nebr.	74	3	-	191	1,564	2	-	-	-
Kans.	32	-	8	192	2,744	5	-	-	-
S. ATLANTIC	488	39	3	3,076	89,450	385	5	17	29
Del.	10	N	N	54	1,576	-	-	-	-
Md.	29	-	-	118	9,355	98	2	4	1
D.C.	3	-	-	47	2,669	-	-	-	-
Va.	70	11	-	386	10,462	41	-	-	5
W. Va.	9	-	3	78	974	20	-	1	1
N.C.	244	N	N	N	15,531	33	-	3	-
S.C.	7	-	-	149	9,152	15	-	-	2
Ga.	47	8	-	926	18,383	84	-	-	13
Fla.	69	20	-	1,318	21,348	94	3	9	7
E.S. CENTRAL	113	-	10	396	30,113	74	1	5	13
Ky.	30	-	10	N	3,772	10	-	1	2
Tenn.	52	-	-	191	9,348	38	-	1	7
Ala.	20	-	-	205	10,118	16	1	3	1
Miss.	11	N	N	-	6,875	10	-	-	3
W.S. CENTRAL	115	2	9	269	47,620	76	4	12	3
Ark.	12	-	-	175	4,584	5	-	-	-
La.	4	-	-	6	11,387	11	-	-	3
Okla.	25	-	-	85	4,661	53	-	12	-
Tex.	74	2	9	3	26,988	7	4	-	-
MOUNTAIN	347	29	5	1,750	11,412	199	7	42	17
Mont.	31	-	-	94	123	-	-	-	-
Idaho	45	18	-	137	94	2	-	-	1
Wyo.	15	2	-	29	65	2	-	-	-
Colo.	98	6	5	571	3,511	35	-	-	4
N. Mex.	14	3	-	153	1,462	27	-	6	1
Ariz.	39	N	N	269	3,795	101	5	30	7
Utah	77	-	-	335	374	20	1	4	1
Nev.	28	-	-	162	1,988	12	1	2	3
PACIFIC	710	7	-	3,724	29,821	148	8	21	12
Wash.	166	-	-	510	2,925	5	2	3	-
Oreg.	206	7	-	447	909	57	-	-	3
Calif.	293	-	-	2,561	24,606	44	6	17	4
Alaska	8	-	-	115	641	2	-	-	2
Hawaii	37	-	-	91	740	40	-	1	3
Guam	-	-	-	7	49	-	-	-	-
P.R.	1	-	N	86	411	2	-	-	1
V.I.	-	-	-	-	49	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	1	-	-	-	-	-

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

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Hansen disease (leprosy)	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome, postdiarrheal	Hepatitis, acute viral			Legionellosis	Listeriosis
				A	B	C; non-A non-B		
UNITED STATES	96	19	216	8,795	7,996	1,835	1,321	665
NEW ENGLAND	4	-	31	295	251	22	123	64
Maine	-	-	3	8	14	-	6	5
N.H.	-	-	2	12	25	-	7	4
Vt.	N	-	1	4	7	15	35	3
Mass.	-	-	16	144	169	6	45	34
R.I.	2	-	1	34	36	1	11	2
Conn.	2	N	8	93	U	-	19	16
MID. ATLANTIC	15	-	23	1,121	1,559	119	377	194
Upstate N.Y.	-	N	18	189	140	56	118	59
N.Y. City	10	-	3	445	733	-	66	39
N.J.	4	-	2	188	344	5	35	37
Pa.	1	-	-	299	342	58	158	59
E.N. CENTRAL	1	-	16	1,030	756	118	296	91
Ohio	-	-	11	301	110	2	123	26
Ind.	-	-	-	51	85	1	22	12
Ill.	-	-	-	262	185	24	28	23
Mich.	-	-	-	220	327	87	85	22
Wis.	1	-	5	196	49	4	38	8
W.N. CENTRAL	1	2	19	299	257	643	71	22
Minn.	1	-	11	53	52	14	18	4
Iowa	-	-	3	66	20	1	13	3
Mo.	-	-	2	84	119	612	19	10
N. Dak.	N	-	-	4	8	-	1	1
S. Dak.	-	-	-	3	3	1	4	1
Nebr.	-	1	2	19	31	15	16	2
Kans.	-	1	1	70	24	-	-	1
S. ATLANTIC	4	1	24	2,422	1,811	215	234	90
Del.	-	-	-	15	14	-	10	N
Md.	-	1	N	300	131	14	56	21
D.C.	-	-	-	81	22	-	6	-
Va.	-	-	8	163	224	15	35	10
W. Va.	N	-	-	24	25	4	-	1
N.C.	N	-	2	209	233	29	13	8
S.C.	-	-	-	65	135	5	10	8
Ga.	N	-	9	509	484	64	19	14
Fla.	4	-	5	1,056	543	84	85	28
E.S. CENTRAL	2	-	7	273	405	140	50	21
Ky.	2	-	N	47	67	5	22	4
Tenn.	-	-	7	124	145	31	20	12
Ala.	-	-	-	39	101	11	8	4
Miss.	-	-	-	63	92	93	-	1
W.S. CENTRAL	21	3	7	1,070	1,473	405	37	38
Ark.	-	-	-	74	118	12	-	-
La.	-	-	1	89	135	99	4	5
Okla.	-	-	3	52	110	21	5	9
Tex.	21	3	3	855	1,110	273	28	24
MOUNTAIN	4	10	22	569	635	58	57	34
Mont.	-	-	-	13	10	1	4	-
Idaho	2	1	1	31	7	1	3	2
Wyo.	-	-	1	3	17	5	2	-
Colo.	-	1	14	74	79	6	9	7
N. Mex.	-	-	1	32	146	3	2	3
Ariz.	-	3	N	306	252	7	15	18
Utah	2	4	4	56	53	4	16	3
Nev.	-	1	1	54	71	31	6	1
PACIFIC	44	3	67	1,716	849	115	76	111
Wash.	-	-	1	162	83	27	8	11
Oreg.	1	-	22	65	128	13	5	9
Calif.	32	3	43	1,452	614	74	60	83
Alaska	-	-	-	12	12	-	2	-
Hawaii	11	-	1	25	12	1	1	8
Guam	-	-	-	1	1	-	-	-
P.R.	1	N	N	239	211	-	1	2
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	21	12	-	-	-
C.N.M.I.	1	-	-	-	37	-	-	-

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

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Lyme disease	Malaria	Measles		Meningococcal disease	Mumps	Pertussis	Plague
			Indigenous	Imported*				
UNITED STATES	23,763	1,430	26	18	1,814	270	9,771	2
NEW ENGLAND	7,807	85	-	-	95	8	925	-
Maine	219	6	-	-	7	-	21	-
N.H.	261	8	-	-	14	5	78	-
Vt.	37	4	-	-	4	-	172	-
Mass.	1,807	33	-	-	48	2	602	-
R.I.	852	12	-	-	6	-	22	-
Conn.	4,631	22	-	-	16	1	30	-
MID. ATLANTIC	11,873	375	4	5	222	34	694	-
Upstate N.Y.	5,476	52	-	1	60	5	442	-
N.Y. City	59	230	3	3	37	4	24	-
N.J.	2,349	43	-	1	29	3	34	-
Pa.	3,989	50	1	-	96	22	194	-
E.N. CENTRAL	1,266	163	2	3	265	39	1,097	-
Ohio	82	24	-	1	74	11	441	-
Ind.	21	15	1	1	37	2	183	-
Ill.	47	62	1	-	57	18	231	-
Mich.	26	46	-	-	45	7	62	-
Wis.	1,090	16	-	1	52	1	180	-
W.N. CENTRAL	966	73	1	3	154	20	822	-
Minn.	867	31	-	2	36	5	429	-
Iowa	42	4	-	-	29	1	157	-
Mo.	41	16	1	1	52	4	147	-
N. Dak.	1	1	-	-	4	2	9	-
S. Dak.	2	2	-	-	2	-	8	-
Nebr.	6	6	-	-	23	2	9	-
Kans.	7	13	-	-	8	6	63	-
S. ATLANTIC	1,486	334	2	3	297	28	453	-
Del.	194	5	-	-	7	-	4	-
Md.	738	109	-	-	9	9	68	-
D.C.	25	22	-	-	-	-	2	-
Va.	259	36	-	-	46	5	168	-
W. Va.	26	3	-	-	5	-	35	-
N.C.	137	22	-	-	35	2	46	-
S.C.	26	9	-	-	34	3	48	-
Ga.	2	52	1	2	32	2	29	-
Fla.	79	76	1	1	129	7	53	-
E.S. CENTRAL	76	22	11	1	98	13	273	-
Ky.	25	8	-	-	18	3	103	-
Tenn.	28	4	-	-	38	2	124	-
Ala.	11	5	11	1	22	3	37	-
Miss.	12	5	-	-	20	5	9	-
W.S. CENTRAL	147	87	-	1	229	18	1,870	-
Ark.	3	3	-	-	26	-	488	-
La.	5	4	-	-	48	1	7	-
Okla.	-	11	-	-	25	2	135	-
Tex.	139	69	-	1	130	15	1,240	-
MOUNTAIN	19	57	1	-	95	18	1,717	2
Mont.	-	2	-	-	3	-	10	-
Idaho	4	-	-	-	5	1	151	-
Wyo.	2	-	-	-	-	-	11	-
Colo.	1	25	-	-	26	2	465	-
N. Mex.	1	3	-	-	4	1	200	2
Ariz.	4	17	-	-	32	1	717	-
Utah	5	6	-	-	5	7	115	-
Nev.	2	4	1	-	20	6	48	-
PACIFIC	123	234	5	2	359	92	1,920	-
Wash.	11	26	-	1	76	-	575	-
Oreg.	12	12	-	-	46	-	188	-
Calif.	97	185	5	-	224	70	1,120	-
Alaska	3	2	-	-	4	-	7	-
Hawaii	-	9	-	1	9	22	30	-
Guam	-	-	9	-	1	-	2	-
P.R.N	1	2	-	7	6	3	3	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	2	4	-	-
C.N.M.I.	-	-	-	-	-	-	1	-

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

* Imported cases include only those directly related to importation from other countries.

TABLE 2. (Continued) Reported cases of notifiable diseases,* by geographic division and area — United States, 2002

Area	Psittacosis	Q Fever	Rabies		RMSF†	Rubella		Salmonellosis
			Animal	Human		Rubella	Congenital syndrome	
UNITED STATES	18	61	7,609	3	1,104	18	1	44,264
NEW ENGLAND	-	-	837	-	10	-	-	2,234
Maine	-	-	64	-	-	-	-	147
N.H.	-	-	50	-	-	-	-	142
Vt.	-	N	89	-	-	-	-	77
Mass.	-	-	303	-	3	-	-	1,222
R.I.	-	-	N	-	4	-	-	189
Conn.	N	-	331	-	3	-	-	457
MID. ATLANTIC	3	2	1,348	-	59	2	-	5,884
Upstate N.Y.	2	-	701	-	-	1	-	1,614
N.Y. City	1	1	21	1	10	-	-	1,396
N.J.	-	-	188	-	16	-	-	1,044
Pa.	-	1	438	-	33	1	-	1,830
E.N. CENTRAL	-	6	163	-	33	3	-	5,568
Ohio	-	1	39	-	13	-	-	1,425
Ind.	-	-	31	-	5	-	-	599
Ill.	-	3	31	-	12	2	-	1,770
Mich.	-	1	46	-	3	1	-	875
Wis.	-	1	16	-	-	-	-	899
W.N. CENTRAL	-	9	485	1	105	-	-	2,659
Minn.	-	1	47	-	1	-	-	591
Iowa	-	N	79	1	3	-	-	507
Mo.	-	1	50	-	96	-	-	830
N. Dak.	N	-	59	-	-	-	-	55
S. Dak.	-	1	96	-	1	-	-	121
Nebr.	-	4	-	-	4	-	-	203
Kans.	-	2	154	-	-	-	-	352
S. ATLANTIC	5	7	2,660	-	494	5	-	11,725
Del.	-	N	55	-	1	-	-	103
Md.	-	1	396	-	43	-	-	938
D.C.	-	1	-	-	2	-	-	82
Va.	-	-	592	-	43	-	-	1,277
W. Va.	-	N	172	-	2	-	-	173
N.C.	-	2	702	-	294	-	-	1,655
S.C.	2	-	151	-	75	-	-	895
Ga.	-	1	411	-	19	-	-	1,952
Fla.	3	2	181	-	15	5	-	4,650
E.S. CENTRAL	-	14	216	1	134	-	1	3,331
Ky.	-	9	28	-	5	-	-	415
Tenn.	-	3	108	1	85	-	1	886
Ala.	-	-	76	-	16	-	-	864
Miss.	-	2	4	-	28	-	-	1,166
W.S. CENTRAL	-	6	1,295	-	249	3	-	4,718
Ark.	-	-	131	-	125	-	-	1,074
La.	-	-	-	-	-	1	-	792
Okla.	-	N	126	-	111	-	-	527
Tex.	N	6	1,038	-	13	2	-	2,325
MOUNTAIN	1	5	311	-	15	-	-	2,558
Mont.	-	-	19	-	1	-	-	91
Idaho	-	2	38	-	-	-	-	184
Wyo.	-	-	18	-	5	-	-	107
Colo.	-	1	59	-	2	-	-	607
N. Mex.	-	-	10	-	1	-	-	338
Ariz.	-	-	143	-	1	-	-	829
Utah	1	-	13	-	-	-	-	185
Nev.	-	2	11	-	5	-	-	217
PACIFIC	9	12	294	1	5	5	-	5,587
Wash.	-	-	-	-	-	2	-	656
Oreg.	-	-	14	-	3	-	-	342
Calif.	9	12	253	1	2	3	-	4,235
Alaska	-	-	27	-	-	-	-	86
Hawaii	-	-	-	-	-	-	-	268
Guam	-	-	-	-	-	-	-	46
P.R.	-	-	87	-	N	-	-	616
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	1
C.N.M.I.	-	-	-	-	-	-	-	25

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

* No cases of paralytic poliomyelitis were reported in 2002.

† Rocky Mountain spotted fever.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Shigellosis	Streptococcal	Streptococcal	<i>Streptococcus</i>	<i>Streptococcus</i>	Syphilis*		
		invasive, group A	toxic-shock syndrome	<i>pneumoniae</i> , invasive, drug-resistant	<i>pneumoniae</i> , invasive, (<5 years)	All stages†	Congenital (age <1 yr)	Primary & secondary
UNITED STATES	23,541	4,720	118	2,546	513	32,871	412	6,862
NEW ENGLAND	353	334	6	136	81	831	1	152
Maine	10	20	-	-	-	9	-	2
N.H.	15	36	-	-	-	24	-	8
Vt.	1	10	5	5	2	2	-	2
Mass.	203	112	-	N	74	541	1	99
R.I.	20	23	1	27	5	67	-	13
Conn.	104	133	N	104	U	188	-	28
MID. ATLANTIC	1,908	745	5	139	95	5,630	66	752
Upstate N.Y.	405	313	N	106	80	396	3	43
N.Y. City	506	157	-	-	-	3,483	22	435
N.J.	617	146	1	N	N	1,062	36	169
Pa.	380	129	4	33	15	689	5	105
E.N. CENTRAL	2,294	998	80	301	172	3,576	81	1,216
Ohio	661	212	15	107	31	351	3	159
Ind.	138	68	18	192	79	318	7	62
Ill.	1,105	279	47	2	-	1,592	39	479
Mich.	200	312	N	N	N	1,181	32	486
Wis.	190	127	-	-	62	134	-	30
W.N. CENTRAL	1,111	282	6	407	77	508	2	127
Minn.	222	147	-	373	70	148	1	59
Iowa	122	N	-	N	N	54	-	8
Mo.	217	47	3	5	1	204	1	34
N. Dak.	22	5	-	2	4	-	-	-
S. Dak.	157	14	-	1	-	-	-	-
Nebr.	279	28	2	26	2	25	-	6
Kans.	92	41	1	N	N	77	-	20
S. ATLANTIC	8,380	741	4	1,161	49	8,706	82	1,839
Del.	418	3	-	N	N	62	-	11
Md.	1,233	125	N	2	26	839	15	228
D.C.	68	10	-	-	4	431	1	58
Va.	1,061	82	2	-	-	528	1	71
W. Va.	13	22	2	60	9	5	-	2
N.C.	1,074	122	-	N	N	1,049	13	279
S.C.	148	42	-	201	10	619	14	134
Ga.	1,826	133	N	289	N	1,893	10	439
Fla.	2,539	202	N	609	N	3,280	28	617
E.S. CENTRAL	1,573	119	5	151	-	2,437	17	454
Ky.	210	24	5	19	N	212	3	88
Tenn.	180	95	-	132	-	1,074	2	168
Ala.	836	-	-	-	-	700	6	149
Miss.	347	-	-	-	-	451	6	49
W.S. CENTRAL	3,494	322	-	200	34	5,389	84	847
Ark.	199	12	-	15	-	217	8	34
La.	508	1	-	182	11	775	1	152
Okla.	718	56	N	N	11	287	2	72
Tex.	2,069	253	-	3	12	4,110	73	589
MOUNTAIN	1,270	603	12	51	5	1,581	21	333
Mont.	4	-	-	N	-	4	-	-
Idaho	22	11	-	-	-	23	-	8
Wyo.	8	7	1	14	-	1	-	-
Colo.	213	125	7	N	-	174	2	64
N. Mex.	250	114	-	36	-	110	-	39
Ariz.	685	314	-	N	N	1,085	19	200
Utah	35	32	3	-	5	71	-	7
Nev.	53	-	1	1	-	113	-	15
PACIFIC	3,158	576	-	-	-	4,213	58	1,142
Wash.	230	60	-	N	N	158	2	70
Oreg.	109	-	-	-	-	75	-	28
Calif.	2,742	406	-	-	-	3,912	56	1,033
Alaska	5	-	-	-	-	9	-	-
Hawaii	72	110	-	-	-	59	-	11
Guam	37	-	-	4	-	18	-	6
P.R.	31	N	N	N	N	1,390	20	270
V.I.	-	-	-	-	-	4	-	1
Amer. Samoa	33	-	-	-	-	-	-	-
C.N.M.I.	18	-	-	-	-	-	-	-

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

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

† Includes the following categories: primary, secondary, early, late (including neurosyphilis, late latent, late with clinical manifestations, and unknown latent), and congenital syphilis.

TABLE 2. (Continued) Reported cases of notifiable diseases, by geographic division and area — United States, 2002

Area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis*	Tularemia	Typhoid fever	Varicella† (chickenpox)	Varicella§ deaths	Yellow fever
UNITED STATES	25	109	14	15,075	90	321	22,841	9	1
NEW ENGLAND	2	5	1	474	5	13	5,714	-	-
Maine	1	1	-	23	-	-	792	-	-
N.H.	-	-	-	19	-	-	-	-	-
Vt.	-	2	1	8	-	-	799	-	-
Mass.	-	2	-	271	5	7	2,290	-	-
R.I.	1	-	-	49	-	-	12	-	-
Conn.	-	N	-	104	-	6	1,821	-	-
MID. ATLANTIC	4	20	1	2,317	1	80	-	1	-
Upstate N.Y.	1	7	-	350	-	10	N	-	-
N.Y. City	1	1	-	1,084	1	42	-	-	-
N.J.	1	1	-	530	-	19	-	-	-
Pa.	1	11	1	353	-	9	-	1	-
E.N. CENTRAL	3	24	1	1,458	7	34	8,325	3	-
Ohio	1	4	-	257	1	7	1,748	-	-
Ind.	-	-	-	128	1	2	N	1	-
Ill.	1	5	1	680	5	17	-	2	-
Mich.	1	11	-	315	-	4	5,352	-	-
Wis.	-	4	-	78	-	4	1,225	-	-
W.N. CENTRAL	1	21	-	543	23	10	20	1	-
Minn.	-	10	-	237	1	4	-	-	-
Iowa	1	1	-	34	N	-	N	-	-
Mo.	-	6	-	136	16	2	1	-	-
N. Dak.	-	-	-	6	-	-	19	-	-
S. Dak.	-	1	-	13	3	-	-	-	-
Nebr.	-	3	-	28	1	4	-	-	-
Kans.	-	-	-	89	2	-	N	1	-
S. ATLANTIC	3	14	1	3,058	6	45	2,489	1	-
Del.	-	2	-	25	1	-	56	-	-
Md.	-	N	-	306	2	11	-	-	-
D.C.	-	1	-	82	-	-	43	-	-
Va.	-	3	-	315	1	8	605	-	-
W. Va.	-	-	-	30	1	-	1,586	-	-
N.C.	-	5	1	434	1	2	-	-	-
S.C.	-	2	-	256	-	-	199	-	-
Ga.	-	1	N	524	-	5	N	-	-
Fla.	3	N	-	1,086	-	19	N	1	-
E.S. CENTRAL	2	2	1	821	8	4	-	1	-
Ky.	-	-	N	146	2	4	N	-	-
Tenn.	-	2	1	308	4	-	-	-	-
Ala.	1	-	-	233	1	-	-	-	-
Miss.	1	-	-	134	1	-	-	1	-
W.S. CENTRAL	2	-	-	2,106	27	30	6,076	-	1
Ark.	-	-	-	136	14	-	-	-	-
La.	-	-	-	230	-	-	29	-	-
Okla.	-	-	-	190	10	2	N	-	-
Tex.	2	N	-	1,550	3	28	6,047	-	1
MOUNTAIN	-	10	-	569	6	11	217	-	-
Mont.	-	-	-	12	-	-	-	-	-
Idaho	-	1	-	14	-	-	-	-	-
Wyo.	-	-	-	3	2	-	68	-	-
Colo.	-	5	-	104	1	5	N	-	-
N. Mex.	-	-	-	57	2	2	-	-	-
Ariz.	-	-	-	263	-	-	2	-	-
Utah	-	3	-	31	1	2	147	-	-
Nev.	-	1	-	85	-	2	-	-	-
PACIFIC	8	13	9	3,729	7	94	-	2	-
Wash.	-	-	-	252	3	7	-	-	-
Oreg.	-	-	-	111	2	2	-	-	-
Calif.	8	13	2	3,169	1	80	-	1	-
Alaska	-	-	7	49	1	-	-	-	-
Hawaii	-	-	-	148	-	5	-	1	-
Guam	-	-	-	65	-	-	68	-	-
P.R.	3	N	-	129	-	-	1,137	-	-
V.I.	U	U	U	U	U	U	U	U	U
Amer. Samoa	2	-	-	-	-	3	211	-	-
C.N.M.I.	-	-	-	53	-	-	-	-	-

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

* Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

† Although not nationally notifiable, reporting is recommended by the Council of State and Territorial Epidemiologists.

§ Death counts provided by the Epidemiology and Surveillance Division, National Immunization Program.

TABLE 3. Reported cases and incidence rates (per 100,000 population) of notifiable diseases,* by age group — United States, 2002

Disease	<1 yr		1–4 yrs		5–14 yrs		15–24 yrs		25–39 yrs		40–64 yrs		≥65 yrs		Age not stated		Total
	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)			
AIDS†	46	(1.21)	49	(0.32)	131	(0.32)	1,858	(4.74)	19,812	(31.65)	20,045	(23.75)	804	(2.30)	–	–	42,745
Anthrax	–	(0)	–	(0)	–	(0)	–	(0)	1	(0)	1	(0)	–	(0)	–	–	2
Botulism, foodborne	2	(0.05)	–	(0)	2	(0)	1	(0)	1	(0)	12	(0.01)	10	(0.03)	–	–	28
Infant	69	(1.79)	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	–	–	69
Other (includes wound)	–	(0)	1	(0.01)	–	(0)	–	(0)	6	(0.01)	13	(0.02)	1	(0)	–	–	21
Brucellosis	2	(0.05)	4	(0.03)	14	(0.03)	15	(0.04)	28	(0.04)	39	(0.05)	21	(0.06)	2	–	125
Chlamydia§¶	–	(0)	2,270	(14.77)	15,341	(37.35)	600,224	(1,531.81)	188,556	(301.22)	20,321	(24.08)	805	(2.30)	7,038	–	834,555
Cholera	–	(0)	–	(0)	–	(0)	1	(0)	–	(0)	1	(0)	–	(0)	–	–	2
Coccidioidomycosis**	19	(0.87)	39	(0.44)	241	(1.03)	515	(2.34)	1,126	(3.19)	1,954	(4.23)	1,012	(5.56)	62	–	4,968
Cryptosporidiosis	79	(2.08)	541	(3.52)	451	(1.10)	337	(0.86)	752	(1.20)	631	(0.75)	165	(0.47)	60	–	3,016
Cyclosporiasis	–	(0)	2	(0.01)	4	(0.01)	15	(0.04)	32	(0.05)	75	(0.09)	22	(0.07)	6	–	156
Diphtheria	–	(0)	–	(0)	–	(0)	–	(0)	1	(0)	–	(0)	–	(0)	–	–	1
Ehrlichiosis, human granulocytic	2	(0.05)	6	(0.04)	30	(0.07)	25	(0.06)	80	(0.13)	235	(0.28)	131	(0.38)	2	–	511
Human monocytic	1	(0.03)	4	(0.03)	7	(0.02)	9	(0.02)	37	(0.06)	97	(0.12)	59	(0.17)	2	–	216
Encephalitis/meningitis, arboviral,																	
California serogroup	3	(0.08)	35	(0.23)	100	(0.24)	5	(0.01)	10	(0.02)	11	(0.01)	–	(0)	–	–	164
Eastern equine	1	(0.03)	–	(0)	1	(0)	1	(0)	2	(0)	3	(0)	2	(0.01)	–	–	10
Powassan	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	1	(0)	–	(0)	–	–	1
St. Louis	2	(0.05)	–	(0)	1	(0)	3	(0.01)	5	(0.01)	11	(0.01)	6	(0.02)	–	–	28
West Nile	10	(0.26)	14	(0.09)	47	(0.11)	135	(0.34)	405	(0.65)	1,065	(1.26)	1,159	(3.31)	5	–	2,840
<i>Escherichia coli</i> , enterohemorrhagic (EHEC)																	
O157:H7	93	(2.44)	794	(5.17)	1,024	(2.49)	550	(1.40)	360	(0.58)	638	(0.76)	356	(1.02)	25	–	3,840
EHEC, serogroup non-O157	15	(0.45)	37	(0.28)	38	(0.11)	28	(0.08)	22	(0.04)	27	(0.04)	23	(0.08)	4	–	194
EHEC, not serogrouped	2	(0.06)	12	(0.09)	10	(0.03)	8	(0.02)	8	(0.01)	8	(0.01)	11	(0.04)	1	–	60
Giardiasis	386	(10.85)	3,541	(24.61)	2,823	(7.33)	1,350	(3.69)	4,497	(7.68)	4,802	(6.09)	1,027	(3.13)	2,780	–	21,206
Gonorrhea¶	–	(0)	679	(4.42)	5,567	(13.55)	207,324	(529.11)	108,219	(172.88)	26,812	(31.77)	785	(2.24)	2,466	–	351,852
<i>Haemophilus influenzae</i> , invasive disease	–	(0)	–	(0)	89	(0.22)	65	(0.17)	120	(0.19)	401	(0.48)	714	(2.04)	354	–	1,743
Age <5 yrs, serogroup b	14	(0.37)	20	(0.13)	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	–	–	34
Age <5 yrs, non-serogroup b	90	(2.36)	54	(0.35)	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	–	–	144
Age <5 yrs, unknown serogroup	89	(2.34)	64	(0.42)	–	(0)	–	(0)	–	(0)	–	(0)	–	(0)	–	–	153
Hansen disease	–	(0)	–	(0)	–	(0)	15	(0.04)	24	(0.04)	17	(0.02)	6	(0.02)	34	–	96
Hantavirus pulmonary syndrome	–	(0)	–	(0)	1	(0)	3	(0.01)	7	(0.01)	8	(0.01)	–	(0)	–	–	19
Hemolytic uremic syndrome, postdiarrheal	6	(0.17)	119	(0.82)	48	(0.12)	13	(0.03)	4	(0.01)	13	(0.02)	11	(0.03)	2	–	216
Hepatitis A	39	(1.02)	258	(1.68)	1,089	(2.65)	1,268	(3.24)	2,556	(4.08)	2,531	(3.00)	952	(2.72)	102	–	8,795
Hepatitis B	10	(0.27)	6	(0.04)	27	(0.07)	1,094	(2.82)	3,316	(5.36)	2,939	(3.53)	388	(1.12)	216	–	7,996
Hepatitis C/non-A, non-B	12	(0.34)	6	(0.04)	12	(0.03)	163	(0.42)	537	(0.86)	995	(1.18)	80	(0.24)	30	–	1,835
Legionellosis	4	(0.11)	–	(0)	5	(0.01)	28	(0.07)	128	(0.20)	673	(0.80)	476	(1.36)	7	–	1,321

TABLE 3. (Continued) Reported cases and incidence rates (per 100,000 population) of notifiable diseases,* by age group — United States, 2002

Disease	<1 yr		1–4 yrs		5–14 yrs		15–24 yrs		25–39 yrs		40–64 yrs		≥65 yrs		Age not stated	Total
	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)		
Listeriosis	69	(1.82)	4	(0.03)	10	(0.02)	18	(0.05)	74	(0.12)	170	(0.20)	314	(0.90)	6	665
Lyme disease	96	(2.52)	1,232	(8.02)	4,617	(11.24)	2,155	(5.50)	3,495	(5.58)	8,764	(10.38)	2,991	(8.55)	413	23,763
Malaria	7	(0.18)	42	(0.27)	148	(0.36)	248	(0.63)	453	(0.72)	458	(0.54)	52	(0.15)	22	1,430
Measles	17	(0.45)	3	(0.02)	4	(0.01)	5	(0.01)	11	(0.02)	3	(0)	—	(0)	1	44
Meningococcal disease	242	(6.36)	254	(1.65)	226	(0.55)	346	(0.88)	169	(0.27)	317	(0.38)	255	(0.73)	5	1,814
Mumps	4	(0.11)	51	(0.33)	100	(0.24)	25	(0.06)	38	(0.06)	43	(0.05)	7	(0.02)	2	270
Pertussis	2,352	(61.80)	1,348	(8.77)	2,642	(6.43)	1,397	(3.57)	876	(1.40)	1,020	(1.21)	111	(0.32)	25	9,771
Plague	—	(0)	—	(0)	—	(0)	—	(0)	—	(0)	2	(0)	—	(0)	—	2
Psittacosis	—	(0)	3	(0.02)	1	(0)	1	(0)	3	(0.01)	6	(0.01)	4	(0.01)	—	18
Q fever	—	(0)	—	(0)	1	(0)	3	(0.01)	15	(0.02)	33	(0.04)	9	(0.03)	—	61
Rabies, human	—	(0)	—	(0)	1	(0)	1	(0)	1	(0)	—	(0)	—	(0)	—	3
Rocky Mountain spotted fever	4	(0.11)	43	(0.28)	137	(0.33)	100	(0.26)	227	(0.36)	437	(0.52)	148	(0.42)	8	1,104
Rubella	—	(0)	—	(0)	2	(0)	—	(0)	13	(0.02)	3	(0)	—	(0)	—	18
Salmonellosis	5,268	(138.43)	7,607	(49.49)	5,536	(13.48)	3,695	(9.43)	5,716	(9.13)	7,683	(9.10)	3,789	(10.83)	4,970	44,264
Shigellosis	473	(12.43)	6,958	(45.27)	6,489	(15.80)	1,605	(4.10)	2,809	(4.49)	1,731	(2.05)	372	(1.06)	3,104	23,541
Streptococcal disease, invasive, group A	148	(3.93)	237	(1.56)	337	(0.83)	223	(0.58)	619	(1.00)	1,493	(1.79)	1,443	(4.18)	220	4,720
Streptococcal toxic–shock syndrome	—	(0)	2	(0.02)	13	(0.04)	8	(0.03)	21	(0.04)	46	(0.07)	28	(0.11)	—	118
<i>Streptococcus pneumoniae</i> , invasive, drug-resistant	159	(5.27)	326	(2.67)	109	(0.33)	57	(0.18)	205	(0.41)	730	(1.10)	826	(2.99)	134	2,546
<i>Streptococcus pneumoniae</i> , invasive, <5 yrs	186	(6.62)	327	(2.88)	—	(0)	—	(0)	—	(0)	—	(0)	—	(0)	—	513
Syphilis, primary and secondary [¶]	—	(0)	3	(0.02)	16	(0.04)	1,193	(3.04)	3,359	(5.37)	2,222	(2.63)	67	(0.19)	2	6,862
Tetanus	—	(0)	—	(0)	—	(0)	3	(0.01)	7	(0.01)	8	(0.01)	7	(0.02)	—	25
Toxic–shock syndrome	2	(0.06)	2	(0.02)	13	(0.04)	33	(0.10)	25	(0.05)	29	(0.04)	5	(0.02)	—	109
Trichinosis	—	(0)	—	(0)	1	(0)	2	(0.01)	3	(0.01)	7	(0.01)	1	(0)	—	14
Tuberculosis ^{††}	103	(2.71)	454	(2.95)	389	(0.95)	1,499	(3.83)	3,853	(6.16)	5,624	(6.66)	3,147	(8.99)	6	15,075
Tularemia	—	(0)	8	(0.05)	15	(0.04)	11	(0.03)	12	(0.02)	30	(0.04)	13	(0.04)	1	90
Typhoid fever	7	(0.18)	44	(0.29)	59	(0.14)	65	(0.17)	86	(0.14)	49	(0.06)	8	(0.02)	3	321
Yellow fever	—	(0)	—	(0)	—	(0)	—	(0)	—	(0)	1	(0)	—	(0)	—	1

* No cases of paralytic poliomyelitis or western equine encephalitis were reported in 2002.

† 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, 2002.

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

¶ Age-related data are collected on aggregate forms different from those used for the number of reported cases. Thus, total cases reported here will differ slightly from other tables. Cases among persons aged <15 years are not shown because some might not be caused by sexual transmission; these cases are included in the totals. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

** Notifiable in <40 states.

†† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

TABLE 4. Reported cases and incidence rates (per 100,000 population) of notifiable diseases, * by sex — United States, 2002

Disease	Male		Female		Sex not stated	Total
	No.	(Rate)	No.	(Rate)		
AIDS†	31,712	(22.97)	11,033	(7.70)	—	42,745
Anthrax	1	(0)	1	(0)	—	2
Botulism, foodborne	15	(0.01)	13	(0.01)	—	28
Infant	31	(1.57)	38	(2.02)	—	69
Other (includes wound)	17	(0.01)	4	(0)	—	21
Brucellosis	62	(0.04)	62	(0.04)	1	125
Chancroid§	24	(0.02)	42	(0.03)	1	67
Chlamydia§¶	179,580	(130.08)	652,811	(455.34)	2,164	834,555
Cholera	—	(0)	2	(0)	—	2
Coccidioidomycosis**	2,808	(3.65)	2,085	(2.63)	75	4,968
Cryptosporidiosis	1,658	(1.20)	1,301	(0.91)	57	3,016
Cyclosporiasis	68	(0.05)	82	(0.06)	6	156
Diphtheria	—	(0)	1	(0)	—	1
Ehrlichiosis, human granulocytic	282	(0.21)	226	(0.16)	3	511
Human monocytic	129	(0.10)	86	(0.06)	1	216
Encephalitis/meningitis, arboviral, California serogroup	95	(0.07)	69	(0.05)	—	164
Eastern equine	7	(0.01)	3	(0)	—	10
Powassan	—	(0)	1	(0)	—	1
St. Louis	16	(0.01)	12	(0.01)	—	28
West Nile	1,522	(1.10)	1,306	(0.91)	12	2,840
<i>Escherichia coli</i> , enterohemorrhagic (EHEC), O157:H7	1,815	(1.31)	2,010	(1.40)	15	3,840
EHEC, serogroup non-O157	91	(0.08)	96	(0.08)	7	194
EHEC, not serogrouped	20	(0.02)	40	(0.03)	—	60
Giardiasis	10,141	(7.85)	8,329	(6.21)	2,736	21,206
Gonorrhea§	171,496	(124.22)	179,640	(125.30)	716	351,852
<i>Haemophilus influenzae</i> , invasive disease	780	(0.56)	950	(0.66)	13	1,743
Age <5 yrs, serotype b	17	(0.17)	17	(0.18)	—	34
Age <5 yrs, non-serotype b	81	(0.82)	62	(0.66)	1	144
Age <5 yrs, unknown serotype	84	(0.85)	67	(0.71)	2	153
Hansen disease	61	(0.05)	24	(0.02)	11	96
Hantavirus pulmonary syndrome	14	(0.01)	5	(0)	—	19
Hemolytic uremic syndrome postdiarrheal	99	(0.08)	116	(0.09)	1	216
Hepatitis A	5,431	(3.93)	3,316	(2.31)	48	8,795
Hepatitis B	4,831	(3.54)	3,095	(2.19)	70	7,996
Hepatitis C/non-A, non-B	1,088	(0.79)	727	(0.51)	20	1,835

TABLE 4. (Continued) Reported cases and incidence rates (per 100,000 population) of notifiable diseases, * by sex — United States, 2002

Disease	Male		Female		Sex not stated	Total
	No.	(Rate)	No.	(Rate)		
Legionellosis	831	(0.60)	489	(0.34)	1	1,321
Listeriosis	322	(0.23)	337	(0.24)	6	665
Lyme disease	12,481	(9.04)	11,040	(7.70)	242	23,763
Malaria	934	(0.68)	478	(0.33)	18	1,430
Measles	20	(0.01)	24	(0.02)	—	44
Meningococcal disease	954	(0.69)	857	(0.60)	3	1,814
Mumps	146	(0.11)	121	(0.08)	3	270
Pertussis	4,409	(3.19)	5,330	(3.72)	32	9,771
Plague	1	(0)	1	(0)	—	2
Psittacosis	4	(0)	14	(0.01)	—	18
Q fever	50	(0.04)	11	(0.01)	—	61
Rabies, human	3	(0)	—	(0)	—	3
Rocky Mountain spotted fever	617	(0.45)	481	(0.34)	6	1,104
Rubella	14	(0.01)	4	(0)	—	18
Salmonellosis	19,116	(13.85)	20,387	(14.22)	4,761	44,264
Shigellosis	9,634	(6.98)	10,895	(7.60)	3,012	23,541
Streptococcal disease invasive, group A	2,345	(1.72)	2,152	(1.52)	223	4,720
Streptococcal toxic-shock syndrome	53	(0.05)	65	(0.06)	—	118
<i>Streptococcus pneumoniae</i> , invasive, drug-resistant,	1,288	(1.18)	1,147	(1.01)	111	2,546
<i>Streptococcus pneumoniae</i> , invasive, <5 yrs	283	(3.91)	224	(3.24)	6	513
Syphilis, primary and secondary [§]	5,267	(3.82)	1,594	(1.11)	1	6,862
Tetanus	17	(0.01)	8	(0.01)	—	25
Toxic-shock syndrome	30	(0.03)	79	(0.07)	—	109
Trichinosis	9	(0.01)	5	(0)	—	14
Tuberculosis ^{††}	9,186	(6.65)	5,884	(4.10)	5	15,075
Tularemia	70	(0.05)	20	(0.01)	—	90
Typhoid fever	157	(0.11)	162	(0.11)	2	321
Yellow fever	1	(0)	—	(0)	—	1

* No cases of western equine encephalitis or paralytic poliomyelitis were reported in 2002.

† 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, 2002.

§ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

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

** Notifiable in <40 states.

†† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

TABLE 5. Reported cases and incidence rates (per 100,000 population) of notifiable diseases,* by race — United States, 2002

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black		White		Other	Race not stated	Total
	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)			
AIDS†	197	(9.24)	453	(4.12)	21,748	(62.58)	13,174	(6.65)	0	7,173	42,745§
Botulism, foodborne	15	(0.70)	0	(0)	0	(0)	7	(0)	0	6	28
Infant	0	(3.99)	5	(2.96)	1	(0.16)	42	(1.39)	0	21	69
Brucellosis	0	(0)	2	(0.02)	1	(0)	51	(0.03)	1	70	125
Chlamydia¶**	10,924	(512.13)	11,871	(108.04)	280,075	(805.90)	178,802	(90.19)	0	352,883	834,555§
Coccidioidomycosis††	42	(3.24)	87	(1.09)	148	(0.83)	1,154	(1.12)	10	3,527	4,968
Cryptosporidiosis	11	(0.52)	26	(0.24)	267	(0.77)	1,842	(0.93)	17	853	3,016
Cyclosporiasis	0	(0)	2	(0.02)	5	(0.01)	105	(0.06)	1	43	156
Ehrlichiosis, human granulocytic	2	(0.09)	2	(0.02)	2	(0.01)	267	(0.14)	1	237	511
Human monocytic	1	(0.05)	0	(0)	6	(0.02)	146	(0.08)	0	63	216
Encephalitis/meningitis, arboviral,											
California serogroup	1	(0.05)	0	(0)	5	(0.01)	122	(0.06)	2	34	164
St. Louis	0	(0)	0	(0)	1	(0)	14	(0.01)	0	13	28
West Nile	5	(0.23)	8	(0.07)	366	(1.05)	1,669	(0.84)	3	789	2,840
<i>Escherichia coli</i> , enterohemorrhagic (EHEC), O157:H7	153	(7.17)	63	(0.57)	101	(0.29)	2,412	(1.22)	22	1,089	3,840
EHEC, serogroup non-O157	1	(0.06)	1	(0.01)	5	(0.02)	113	(0.06)	0	74	194
EHEC, not serogrouped	0	(0)	0	(0)	2	(0.01)	32	(0.02)	1	25	60
Giardiasis	76	(3.77)	498	(4.62)	808	(2.51)	9,853	(5.37)	99	9,872	21,206
Gonorrhea**	2,049	(96.06)	2,013	(18.32)	198,221	(570.37)	46,781	(23.60)	0	102,788	351,852§
<i>Haemophilus influenzae</i> ,											
invasive disease	39	(1.83)	25	(0.23)	209	(0.60)	1,020	(0.51)	11	439	1,743
Age <5 yrs, serotype b	2	(0.76)	1	(0.12)	2	(0.06)	24	(0.16)	0	5	34
Age <5 yrs, non-serotype b	14	(5.30)	1	(0.12)	15	(0.48)	69	(0.46)	0	45	144
Age <5 yrs, unknown serogroup	8	(3.03)	2	(0.24)	28	(0.90)	74	(0.49)	2	39	153
Hansen disease	0	(0)	23	(0.21)	3	(0.01)	24	(0.01)	1	45	96
Hemolytic uremic syndrome, postdiarrheal	0	(0)	6	(0.06)	6	(0.02)	153	(0.08)	6	45	216
Hepatitis A	90	(4.22)	252	(2.29)	705	(2.03)	4,544	(2.29)	67	3,137	8,795
Hepatitis B	118	(5.55)	237	(2.16)	1,343	(3.86)	2,932	(1.48)	49	3,317	7,996
Hepatitis C/non-A, non-B	16	(0.79)	9	(0.08)	141	(0.41)	913	(0.46)	4	752	1,835
Legionellosis	5	(0.23)	10	(0.09)	160	(0.46)	860	(0.43)	4	282	1,321
Listeriosis	2	(0.09)	35	(0.32)	60	(0.17)	351	(0.18)	6	211	665
Lyme disease	45	(2.11)	134	(1.22)	229	(0.66)	15,408	(7.77)	44	7,903	23,763

TABLE 5. (Continued) Reported cases and incidence rates (per 100,000 population) of notifiable diseases,* by race — United States, 2002

Disease	American Indian or Alaska Native		Asian or Pacific Islander		Black		White		Other	Race not stated	Total
	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)			
Malaria	3	(0.14)	66	(0.60)	634	(1.82)	321	(0.16)	37	369	1,430
Measles	0	(0)	9	(0.08)	2	(0.01)	28	(0.01)	1	4	44
Meningococcal disease	16	(0.75)	28	(0.26)	230	(0.66)	1,107	(0.56)	6	427	1,814
Mumps	3	(0.14)	38	(0.35)	16	(0.05)	139	(0.07)	2	72	270
Pertussis	89	(4.17)	110	(1.00)	538	(1.55)	7,355	(3.71)	42	1,637	9,771
Q fever	0	(0)	1	(0.01)	3	(0.01)	40	(0.02)	0	17	61
Rocky Mountain spotted fever	21	(0.99)	6	(0.05)	73	(0.21)	816	(0.41)	0	188	1,104
Salmonellosis	371	(17.39)	607	(5.53)	3,863	(11.12)	21,557	(10.87)	137	17,729	44,264
Shigellosis	421	(19.74)	159	(1.45)	5,838	(16.80)	7,884	(3.98)	97	9,142	23,541
Streptococcal disease, invasive, group A	79	(3.72)	56	(0.52)	514	(1.48)	2,186	(1.12)	22	1,863	4,720
Streptococcal toxic-shock syndrome	0	(0)	0	(0)	18	(0.08)	94	(0.06)	0	6	118
<i>Streptococcus pneumoniae</i> , invasive, drug-resistant	10	(0.81)	11	(0.12)	428	(1.48)	1,431	(0.72)	5	661	2,546
<i>Streptococcus pneumoniae</i> , invasive, <5 yrs	4	(2.04)	7	(1.03)	63	(2.89)	212	(1.91)	16	211	513
Syphilis, primary and secondary**	49	(2.30)	89	(0.81)	3,268	(9.40)	2,190	(1.10)	0	1,266	6,862[§]
Tetanus	0	(0)	1	(0.01)	1	(0)	15	(0.01)	0	8	25
Toxic-shock syndrome	0	(0)	1	(0.01)	4	(0.01)	84	(0.05)	0	20	109
Tuberculosis ^{§§}	202	(9.47)	3,371	(30.68)	4,537	(13.05)	6,886	(3.47)	0	79	15,075
Tularemia	6	(0.28)	0	(0)	5	(0.01)	60	(0.03)	0	19	90
Typhoid fever	2	(0.09)	80	(0.73)	29	(0.08)	44	(0.02)	13	153	321

* No cases of paralytic poliomyelitis or western equine encephalitis were reported in 2002. 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, 2002.

§ Includes the following cases originally reported as Hispanic: 7,128 for AIDS; 116,869 for chlamydia; 20,537 for gonorrhea; and 919 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 individual case reports. Thus, the 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 2, 2003.

†† Notifiable in <40 states.

§§ Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

TABLE 6. Reported cases and incidence rates (per 100,000 population) of notifiable diseases,* by ethnicity — United States, 2002

Disease	Hispanic		Non-Hispanic		Ethnicity not stated	Total
	No.	(Rate)	No.	(Rate)		
AIDS†	7,128	(20.19)	34,922	(14.19)	695	42,745
Botulism, foodborne	2	(0.01)	19	(0.01)	7	28
Infant	13	(1.69)	36	(1.17)	20	69
Brucellosis	91	(0.26)	14	(0.01)	20	125
Chlamydia§¶	116,869	(331.02)	481,672	(195.71)	236,014	834,555
Coccidioidomycosis**	758	(2.95)	926	(0.71)	3,284	4,968
Cryptosporidiosis	182	(0.52)	1,639	(0.67)	1,195	3,016
Cyclosporiasis	10	(0.03)	89	(0.04)	57	156
Ehrlichiosis, human granulocytic	7	(0.02)	170	(0.07)	334	511
Human monocytic	4	(0.01)	144	(0.06)	68	216
Encephalitis/meningitis, arboviral, California serogroup	3	(0.01)	65	(0.03)	96	164
St. Louis	10	(0.03)	14	(0.01)	4	28
West Nile	82	(0.23)	927	(0.38)	1,831	2,840
<i>Escherichia coli</i> , enterohemorrhagic (EHEC), O157:H7	176	(0.50)	2,264	(0.92)	1,400	3,840
EHEC, serogroup non-O157	9	(0.03)	96	(0.04)	89	194
EHEC, not serogrouped	2	(0.01)	24	(0.01)	34	60
Giardiasis	1,486	(4.29)	8,206	(3.59)	11,514	21,206
Gonorrhea¶	20,537	(58.17)	249,064	(101.20)	82,251	351,852
<i>Haemophilus influenzae</i> , invasive disease	118	(0.33)	892	(0.36)	733	1,743
Age <5 yrs, serotype b	10	(0.27)	18	(0.12)	6	34
Age <5 yrs, non-serotype b	31	(0.83)	67	(0.43)	46	144
Age <5 yrs, unknown serotype	14	(0.38)	72	(0.47)	67	153
Hansen disease	32	(0.09)	37	(0.02)	27	96
Hemolytic uremic syndrome, postdiarrheal	20	(0.06)	132	(0.06)	64	216
Hepatitis A	1,509	(4.27)	4,308	(1.75)	2,978	8,795
Hepatitis B	581	(1.65)	3,627	(1.49)	3,788	7,996
Hepatitis C/non-A, non-B	109	(0.31)	888	(0.36)	838	1,835
Legionellosis	43	(0.12)	740	(0.30)	538	1,321
Listeriosis	70	(0.20)	339	(0.14)	256	665
Lyme disease	347	(0.98)	11,017	(4.48)	12,399	23,763
Malaria	75	(0.21)	818	(0.33)	537	1,430
Measles	4	(0.01)	18	(0.01)	22	44
Meningococcal disease	227	(0.64)	1,072	(0.44)	515	1,814
Mumps	44	(0.12)	160	(0.07)	66	270
Pertussis	1,518	(4.30)	6,690	(2.72)	1,563	9,771
Q fever	8	(0.02)	36	(0.02)	17	61
Rocky Mountain spotted fever	19	(0.05)	810	(0.33)	275	1,104
Salmonellosis	2,964	(8.40)	19,250	(7.82)	22,050	44,264
Shigellosis	2,945	(8.34)	9,589	(3.90)	11,007	23,541
Streptococcal disease, invasive, group A	393	(1.12)	2,101	(0.86)	2,226	4,720
Streptococcal toxic-shock syndrome	4	(0.01)	72	(0.04)	42	118
<i>Streptococcus pneumoniae</i> , invasive, drug-resistant	121	(0.40)	1,129	(0.59)	1,296	2,546
<i>Streptococcus pneumoniae</i> , invasive, <5 yrs	38	(1.27)	210	(1.88)	265	513
Syphilis, primary and secondary¶	919	(2.60)	5,596	(2.27)	—	6,862
Tetanus	6	(0.02)	13	(0.01)	6	25
Toxic-shock syndrome	3	(0.01)	65	(0.03)	41	109
Tuberculosis††	3,976	(11.26)	11,032	(4.48)	67	15,075
Tularemia	2	(0.01)	53	(0.02)	35	90
Typhoid fever	51	(0.14)	147	(0.06)	123	321

* No cases of paralytic poliomyelitis or western equine encephalitis were reported in 2002. 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, 2002.

§ 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 individual case reports. Thus, the 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 2, 2003.

** Notifiable in <40 states

†† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 28, 2003.

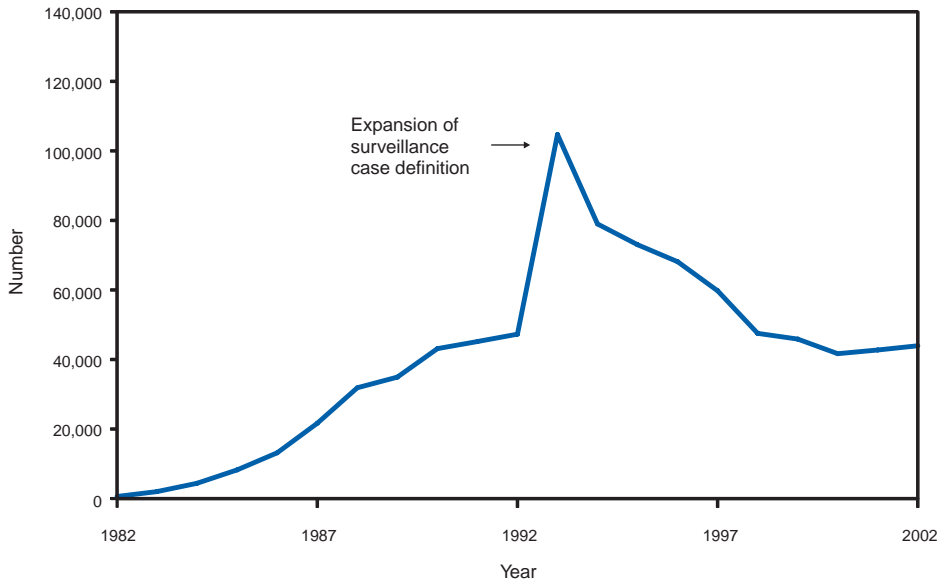
PART 2

Graphs and Maps for Selected Notifiable Diseases in the United States

Abbreviations and Symbols Used in Graphs and Maps

NA	Data not available
NN	Report of disease is not required in that jurisdiction (not notifiable)
AS	American Samoa
CNMI	Commonwealth of Northern Mariana Islands
GU	Guam
PR	Puerto Rico
VI	U.S. Virgin Islands

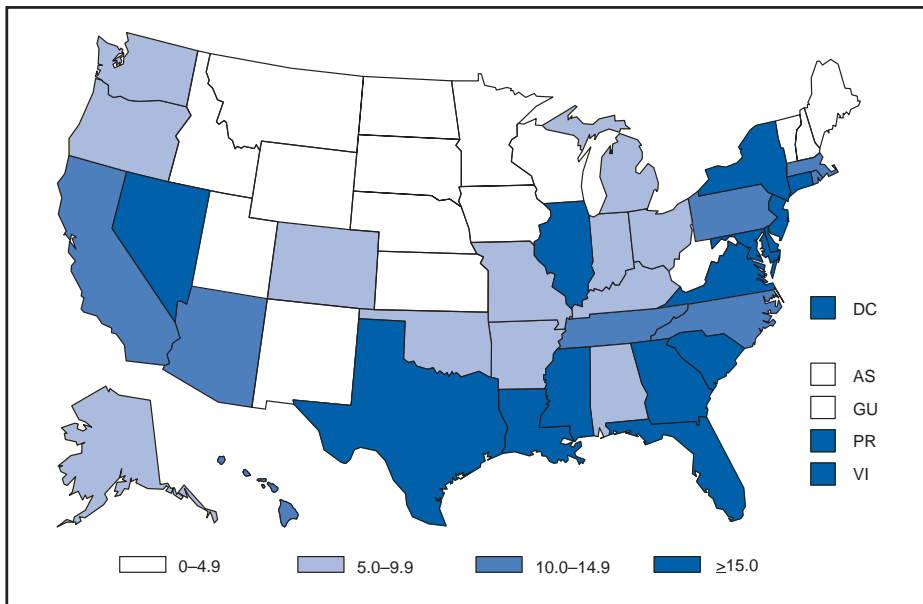
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported cases, by year — United States* and U.S. territories, 1982–2002



*Total number of AIDS cases includes all cases reported to CDC as of December 31, 2002. Total includes cases among residents in the U.S. territories and 94 cases among persons with unknown state of residence.

The number of reported AIDS cases increased rapidly throughout the 1980s, peaked in the early 1990s, and then declined. Since 1997, the number of new cases has been stable.

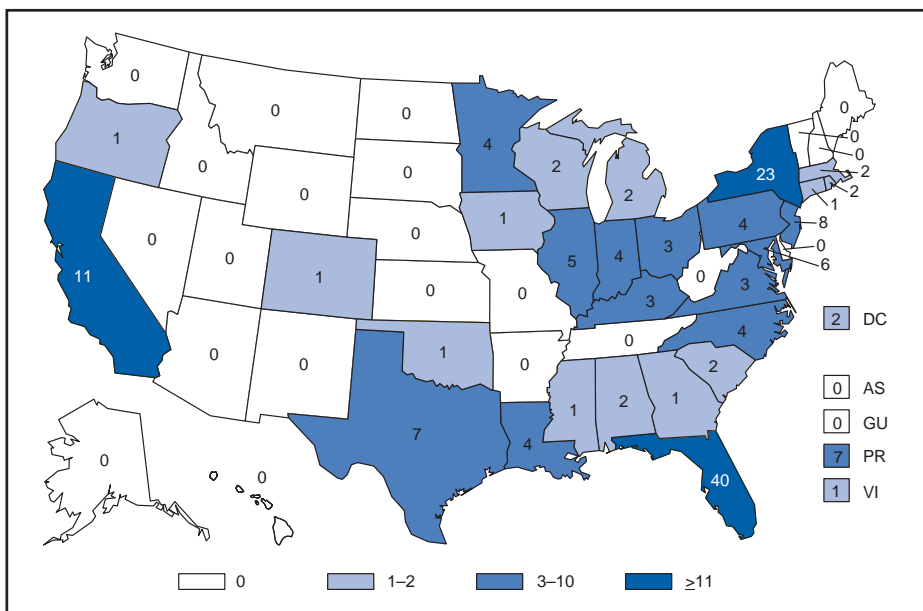
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported cases per 100,000 population — United States* and U.S. territories, 2002



* 94 cases with unknown state of residence.

Reported cases of AIDS continue to reflect the concentration of the epidemic in populous states in the northeastern, southeastern, and western United States. In 2002, rates were $\geq 15/100,000$ population in 16 geographic areas.

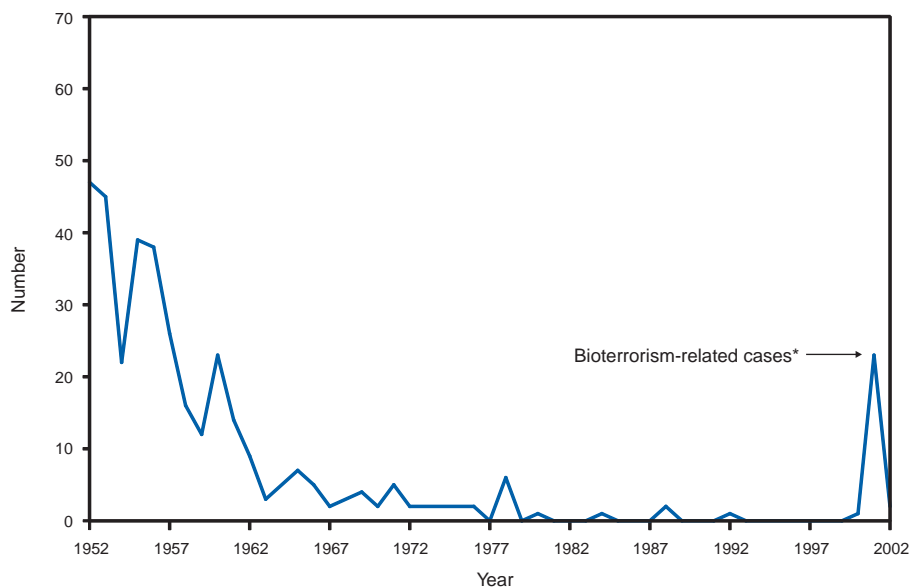
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS). Reported pediatric cases* — United States and U.S. territories, 2002



* Children and adolescents aged <13 years.

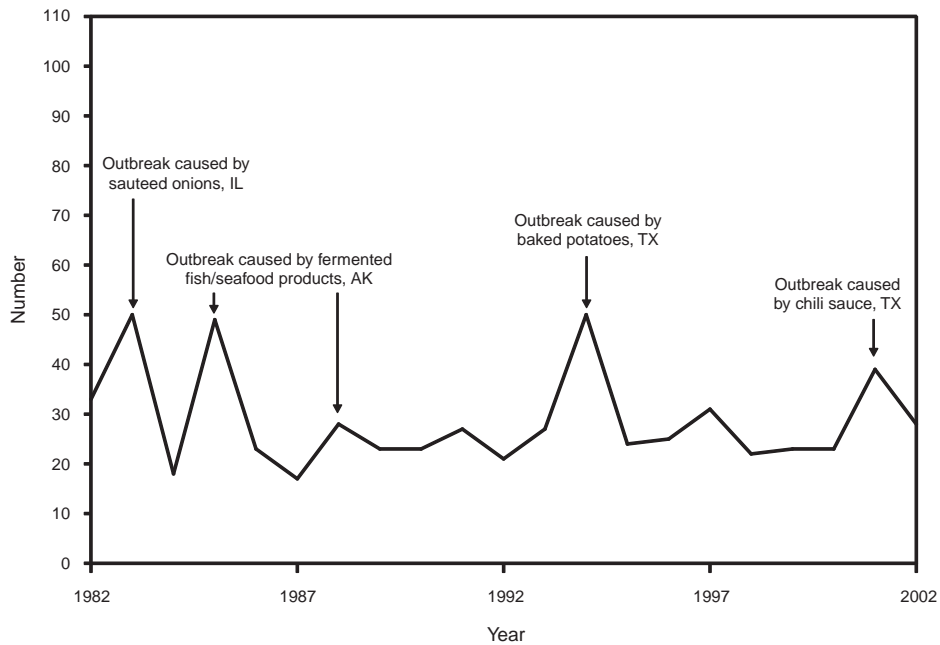
The number of reported pediatric AIDS cases has declined each year since 1992. During 2002, 158 new cases were reported in the United States and U.S. territories.

ANTHRAX. Reported cases, by year — United States, 1952–2002

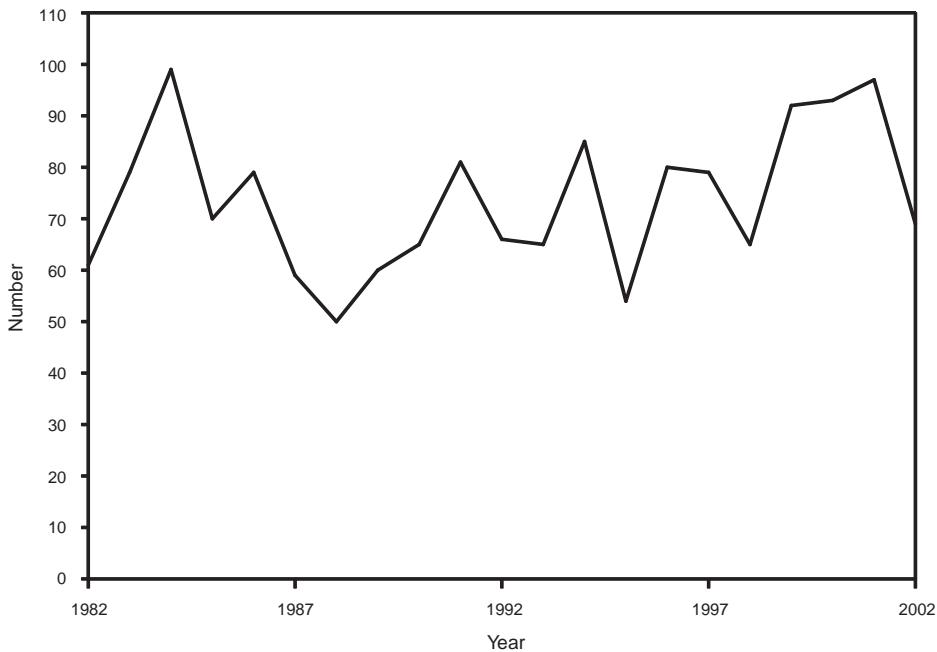


* One epizootic-associated cutaneous case was reported in 2001 from Texas.

Two cases of cutaneous anthrax were reported to CDC in 2002. One case occurred in a laboratorian who had been processing environmental samples for *Bacillus anthracis* in support of investigations of the bioterrorist attacks in the United States during fall 2001. The other was a naturally occurring case in a veterinarian who was performing a necropsy of a cow.

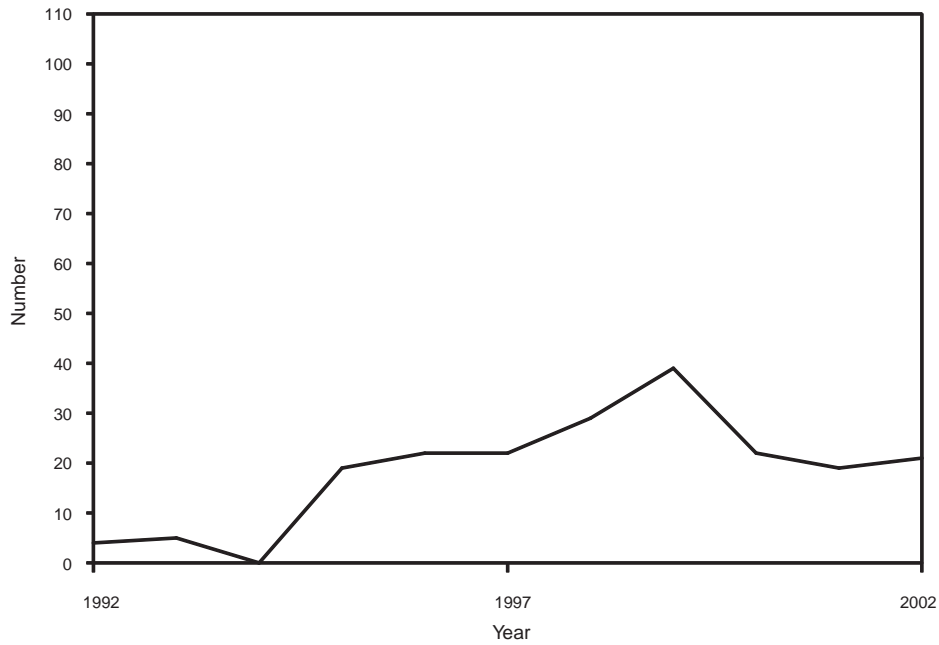
BOTULISM, FOODBORNE. Reported cases, by year — United States, 1982–2002

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

BOTULISM, INFANT. Reported cases, by year — United States, 1982–2002

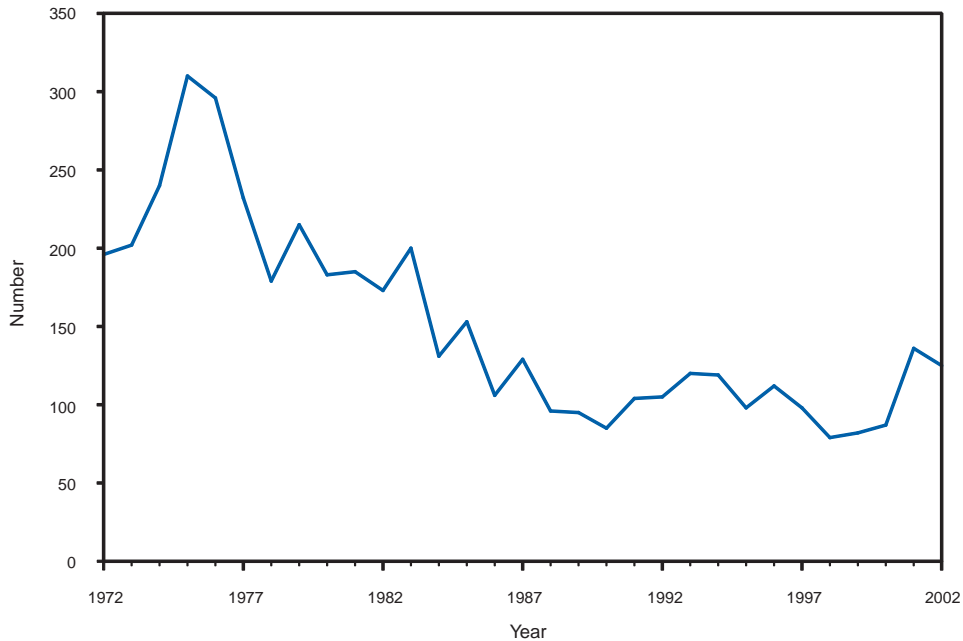
Infant botulism is the most common type of botulism in the United States. Cases are sporadic and risk factors remain largely unknown.

BOTULISM, OTHER (includes wound and unspecified). Reported cases, by year — United States, 1992–2002

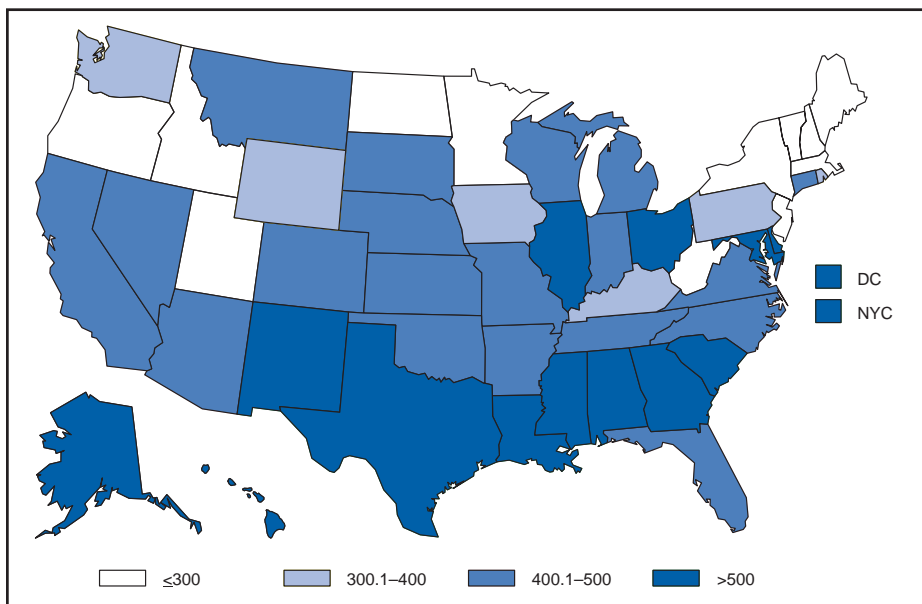


Incidence of wound botulism has increased sharply during the past decade. Most cases occur in injection-drug users in the western United States and appear to be associated with injection of a particular type of heroin.

BRUCELLOSIS. Reported cases, by year — United States, 1972–2002

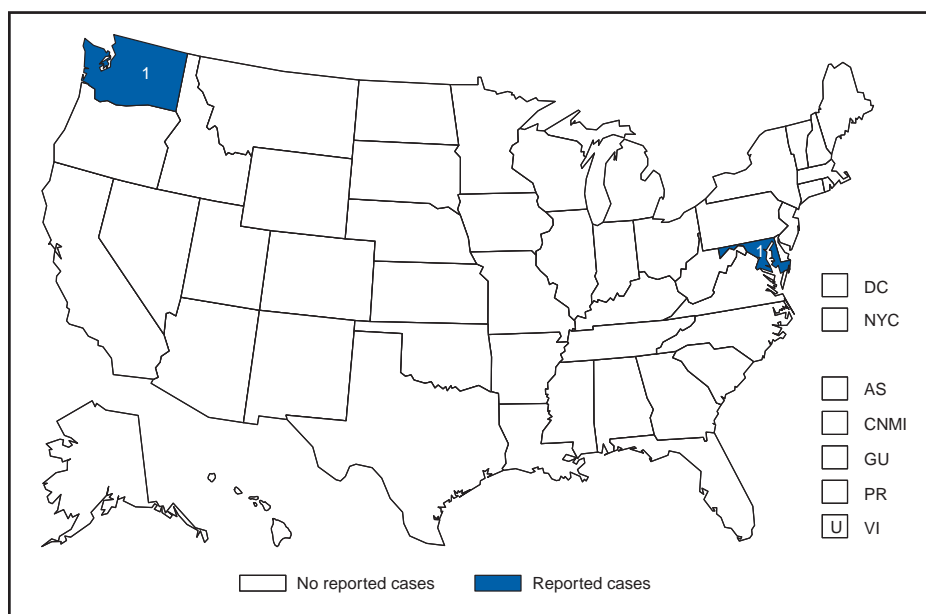


CHLAMYDIA. Reported cases among women per 100,000 female population — United States, 2002



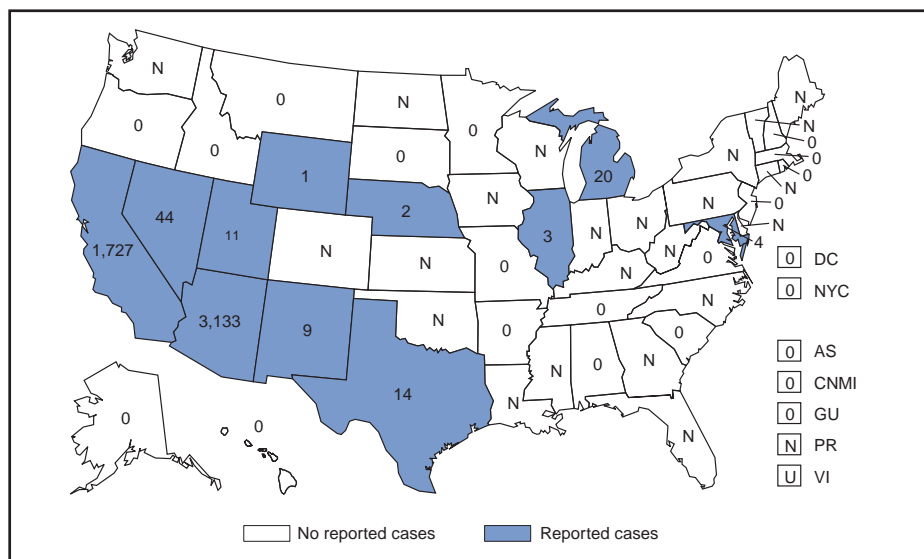
Chlamydia refers to genital infections caused by *Chlamydia trachomatis*. In 2002, the chlamydia rate among women was 455.37 cases/100,000 population. Rates for men are not given because reporting for men is limited.

CHOLERA. Reported cases — United States and U.S. territories, 2002



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.

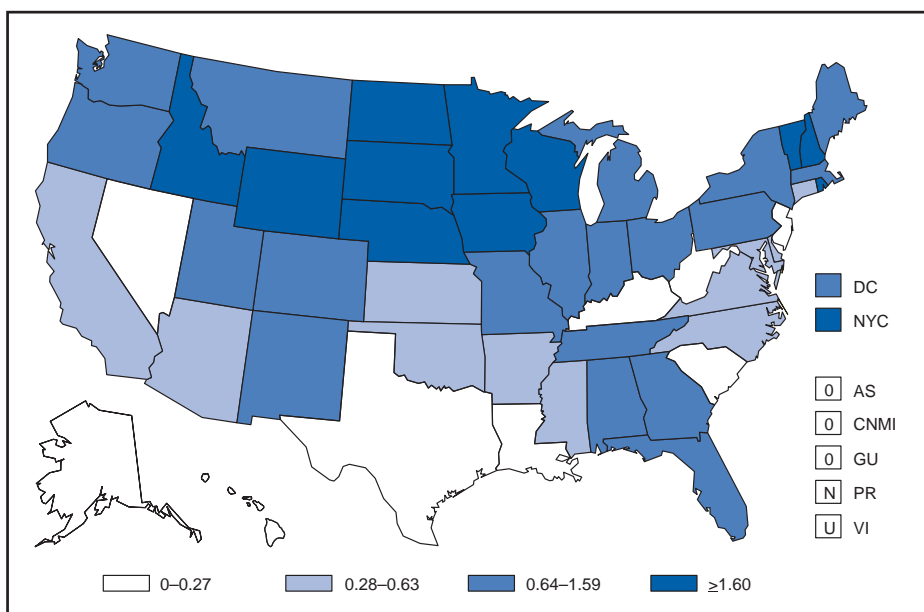
COCCIDIOIDOMYCOSIS. Reported cases — United States* and U.S. territories, 2002



* In the United States, coccidioidomycosis is endemic in the southwestern region. However, cases have been reported in other states, usually among travelers returning from areas of endemic disease.

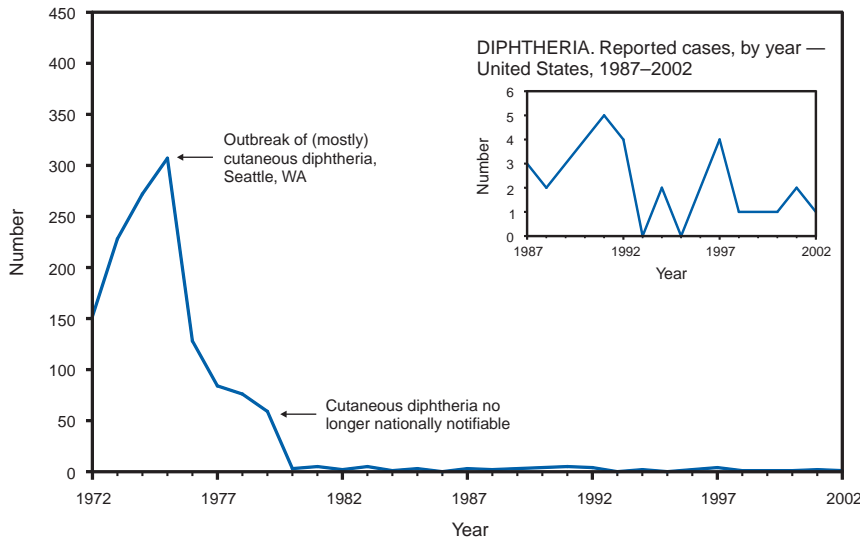
During the last few years, Arizona has experienced a significant increase in the incidence rates of coccidioidomycosis, from 18/100,000 in 1997 to 42/100,000 in 2001. This increase is likely related to demographic and climactic changes. Physicians should maintain a high suspicion for acute coccidioidomycosis, especially for patients with a flu-like illness who live or have visited areas with endemic disease.

CRYPTOSPORIDIOSIS. Reported cases per 100,000 population — United States and U.S. territories, 2002



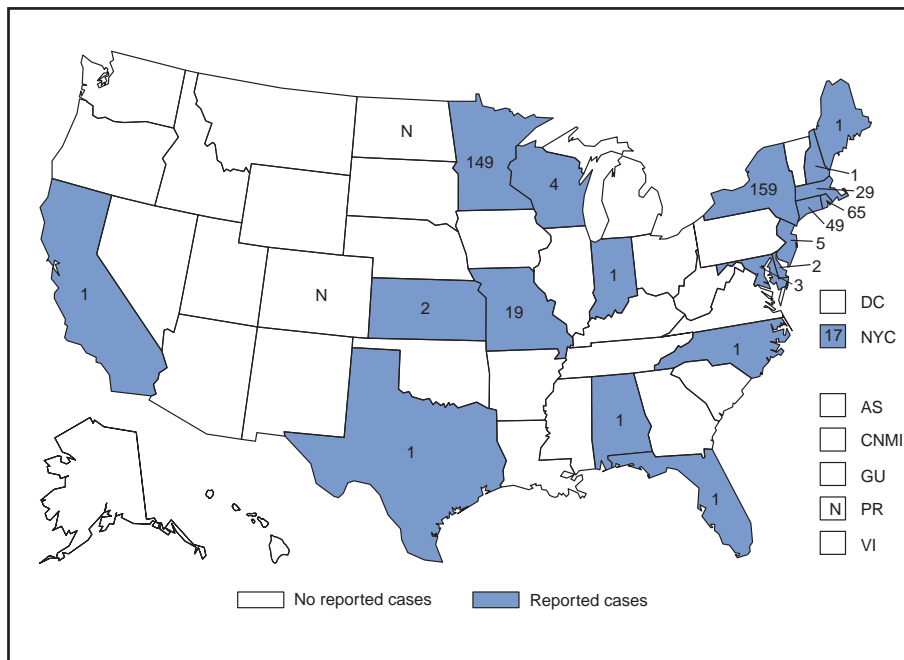
Surveillance data from 2002 suggest that infection with *Cryptosporidium* spp. is geographically widespread in the United States. The incidence of cryptosporidiosis may be particularly high in northern midwestern states, although state-by-state differences in cryptosporidiosis surveillance systems can affect the capacity to detect cases, thus making it difficult to interpret this observation. Reported illness onset dates exhibited a seasonal increase from July to October.

DIPHTHERIA. Reported cases, by year — United States, 1972–2002

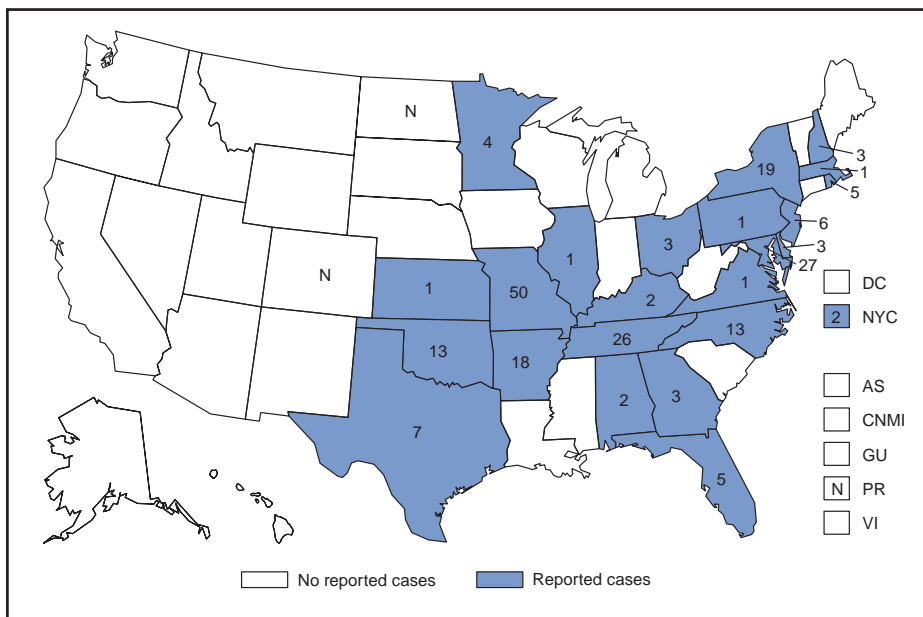


In 2002, a probable, unconfirmed, diphtheria case was reported in an inadequately immunized adult female with history of recent and close contact with foreign visitors. Respiratory diphtheria can manifest as an acute membranous pharyngitis in persons who are unimmunized or inadequately immunized. The Advisory Committee on Immunization Practices recommends a 5-dose primary series of DTP/DTaP (diphtheria and tetanus and pertussis) vaccine by age 6 years, a combined adult formulation of diphtheria and tetanus (Td) vaccine at age 11–18 years, and a booster dose (Td) at 10-year intervals thereafter.

EHRlichiosis, HUMAN GRANULOCYtic. Reported cases — United States and U.S. territories, 2002

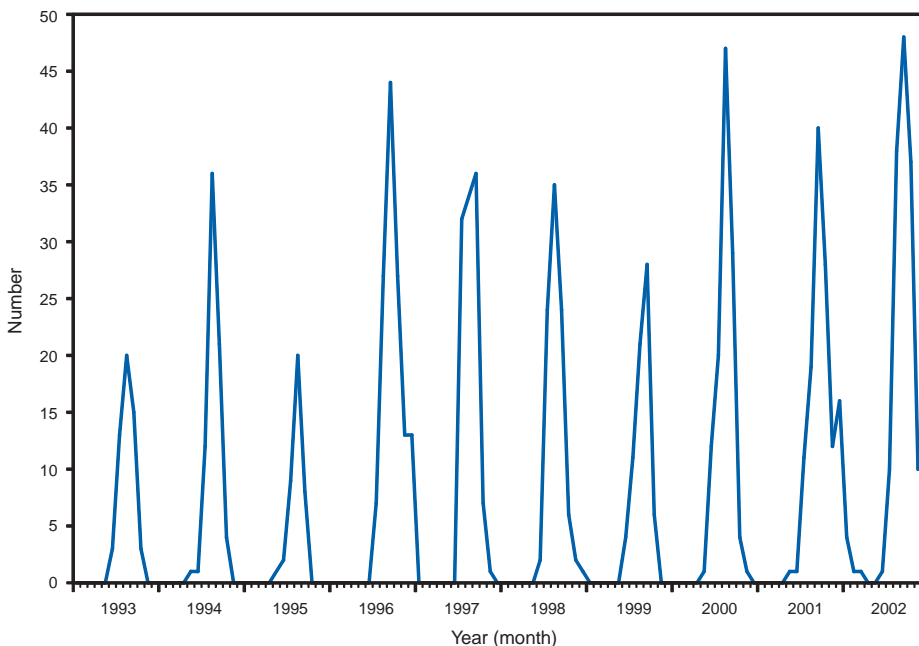


EHRlichiosis, HUMAN MONOCYtic. Reported cases — United States and U.S. territories, 2002



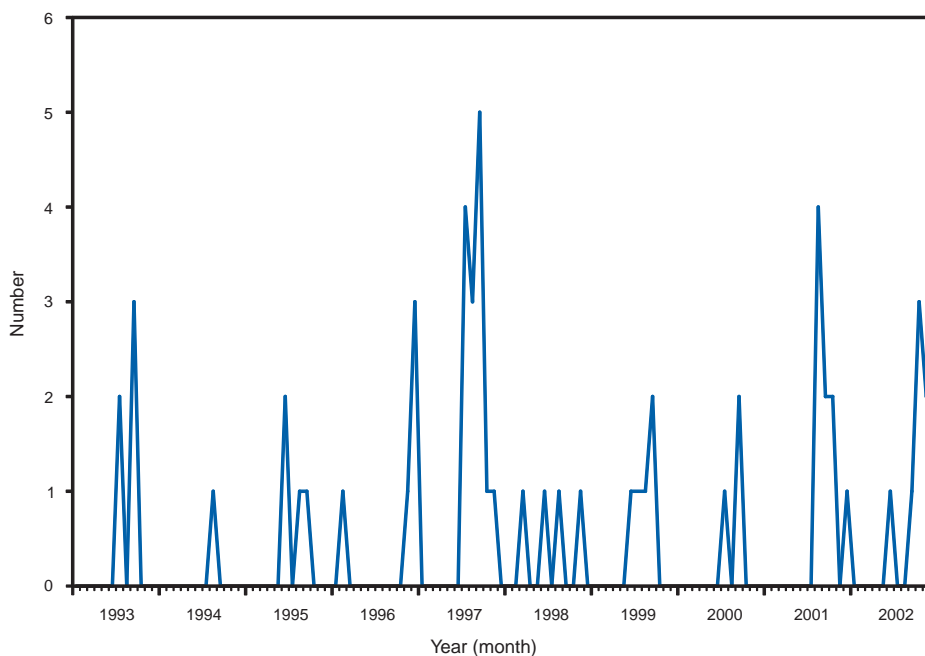
Human ehrlichiosis is an emerging tickborne disease that became nationally notifiable only in 1999 (in some states, ehrlichiosis is not a notifiable disease). Identification and reporting of human ehrlichioses are incomplete, and numbers of cases reported here are not indicative of the overall distribution or the regional prevalence of disease. Twenty-three cases of ehrlichiosis classified as other or unspecified were also reported in 2002.

ENCEPHALITIS/MENINGITIS, CALIFORNIA SEROGROUP VIRAL. Reported cases, by month of onset — United States, 1993–2002



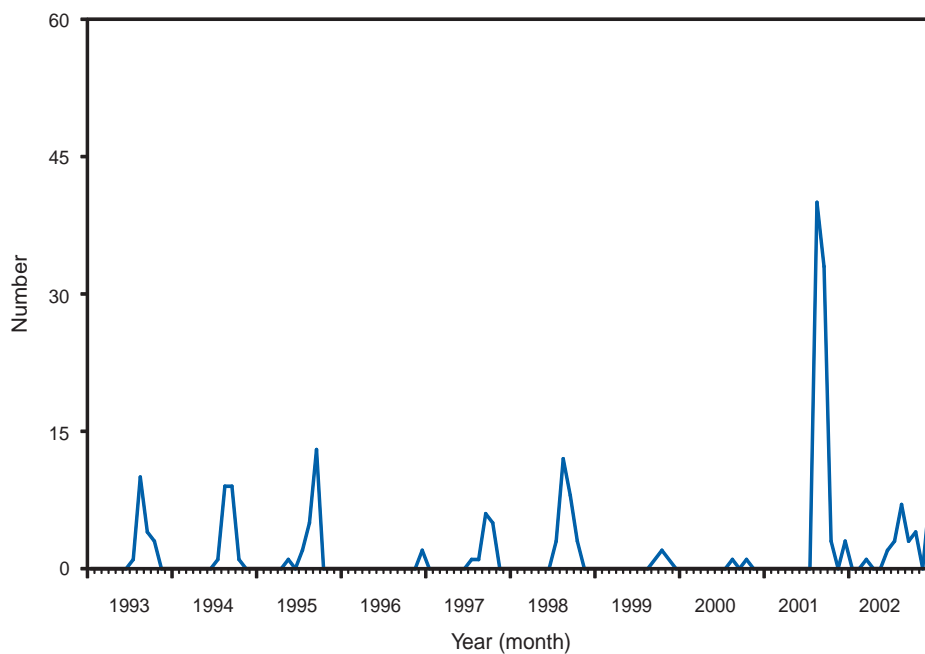
California (CAL) serogroup viruses (mainly La Crosse virus in the eastern United States, where the eastern treehole mosquito, *Ochlerotatus triseriatus* [formerly *Aedes triseriatus*], is the primary vector) are a cause of endemic meningoencephalitis, especially in children. During 1964–2002, a median of 67 (average: 80; range: 29–167) cases were reported per year in the United States. In 2002, 167 cases were reported from 16 states, representing the most reported to CDC in any year during 1964–2000. West Nile virus human case surveillance may have resulted in improved surveillance for CAL serogroup virus meningoencephalitis cases.

ENCEPHALITIS/MENINGITIS, EASTERN EQUINE. Reported cases, by month of onset — United States, 1993–2002



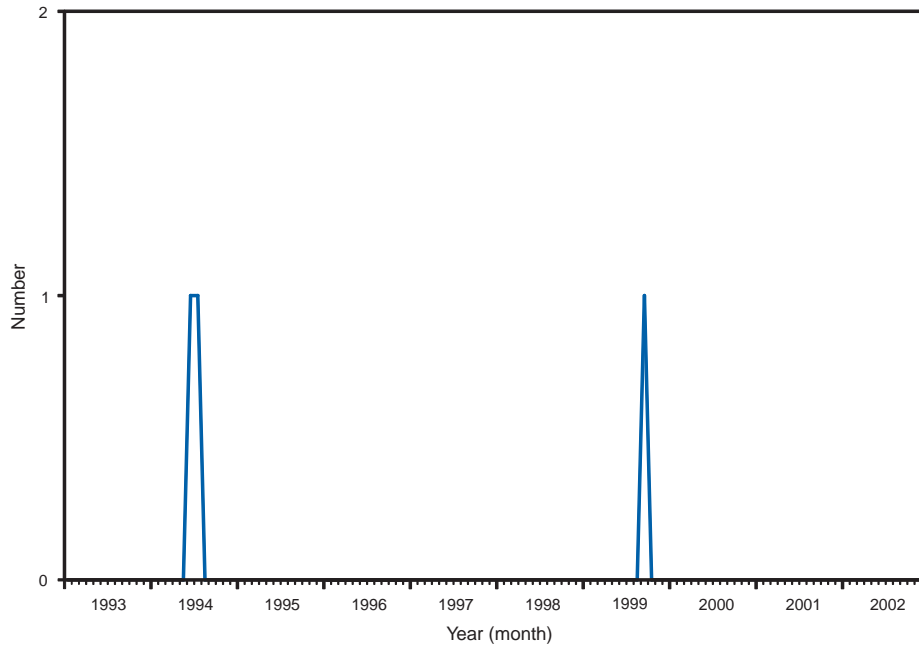
Cases of eastern equine encephalitis among humans, often associated with high mortality rates (>20%) and severe neurologic sequelae, occur sporadically in the eastern United States. In 2002, 9 cases were reported from Florida, Michigan, Mississippi, and South Carolina. During 1964–2002, a median of 4 (average: 6; range: 0–24) cases were reported per year in the United States.

ENCEPHALITIS/MENINGITIS, ST. LOUIS. Reported cases, by month of onset — United States, 1993–2002



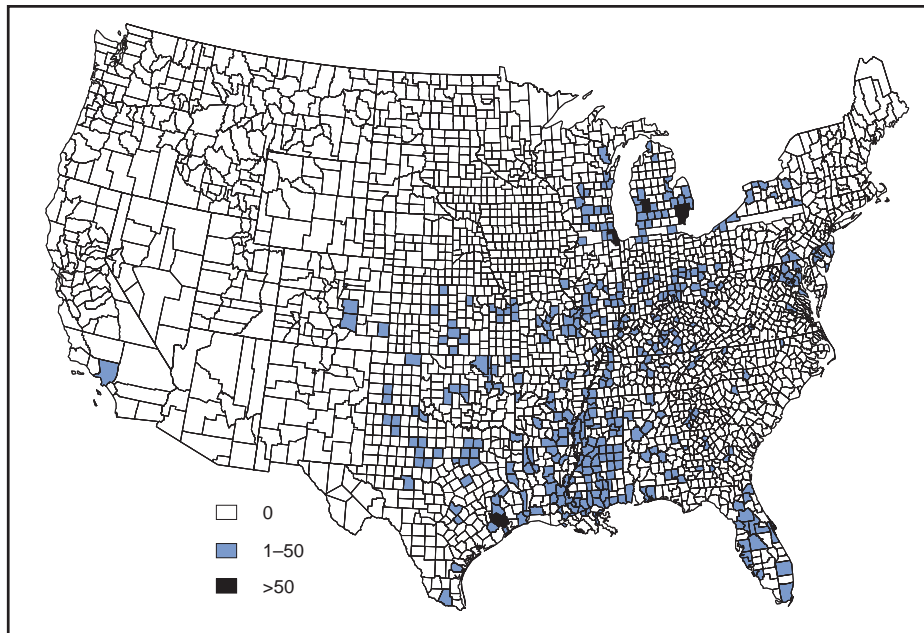
Before the emergence of West Nile virus (WNV) in the United States, St. Louis encephalitis (SLE) virus was the country's most common cause of epidemic viral encephalitis. In 2002, 28 SLE cases were reported from Arizona, Florida, Illinois, Michigan, and Texas; and SLE virus cocirculated with WNV, especially in Texas. During 1964–2002, a median of 28 (average: 118; range: 2–1,967) cases were reported per year in the United States.

ENCEPHALITIS/MENINGITIS, WESTERN EQUINE. Reported cases, by month of onset — United States, 1993–2002



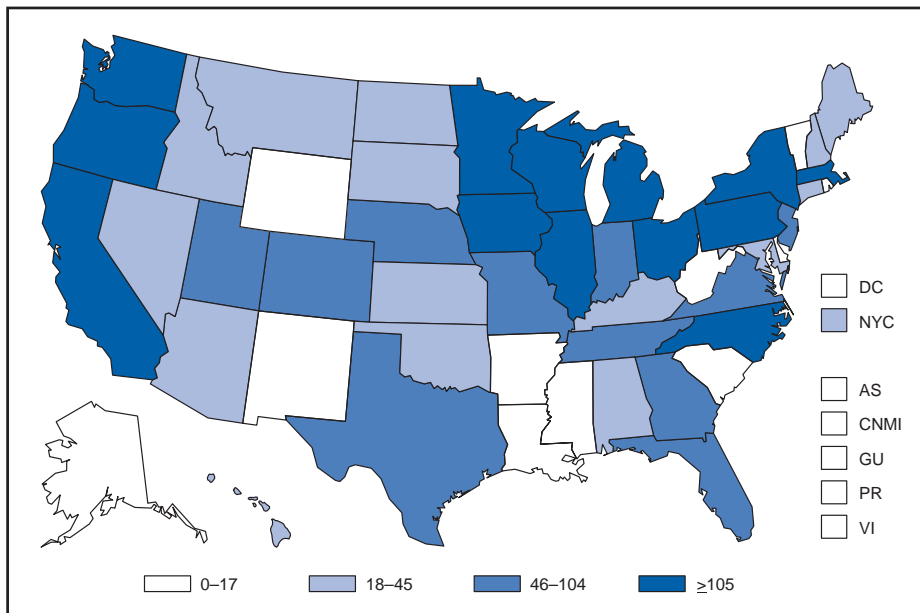
The most recent epidemic of western equine encephalitis occurred in Colorado in 1987. The reasons for the recent absence of epidemic transmission are poorly understood. No cases were reported nationally in 2002. During 1964–2002, a median of 2 (average: 18; range: 0–172) cases were reported per year in the United States.

ENCEPHALITIS/MENINGITIS, WEST NILE. Reported cases, by county — United States, 2002



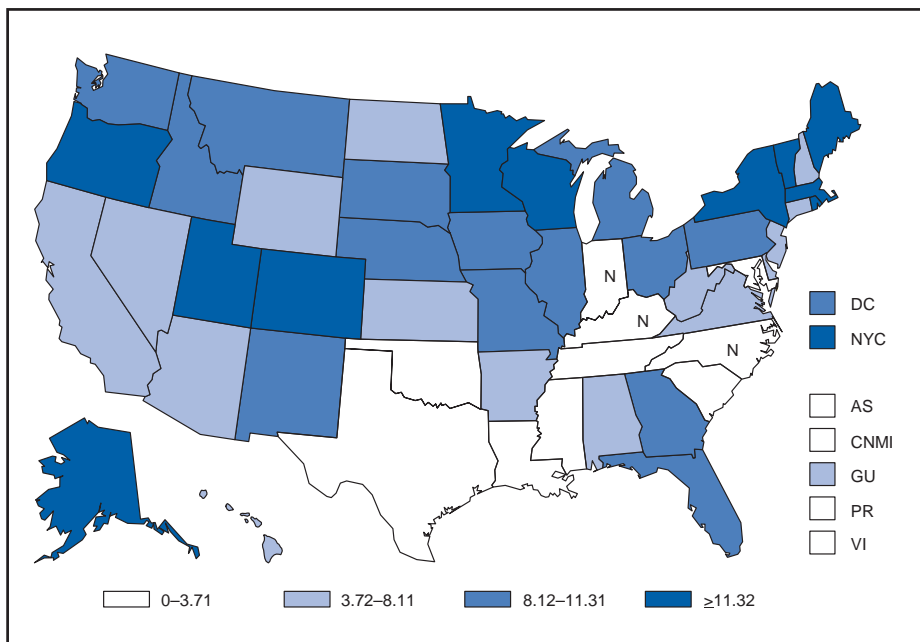
In 2002, 36 states and the District of Columbia reported 2,146 West Nile virus (WNV), through the ArboNet surveillance system, neuroinvasive cases (i.e., encephalitis or meningitis) compared with a total of 64 cases from 10 states in 2001. Since WNV was first discovered during an encephalitis outbreak in New York City, a median of 61.5 (average: 572; range: 21–2,146) cases were reported per year in the United States.

ESCHERICHIA COLI, ENTEROHEMORRHAGIC O157:H7. Reported cases — United States and U.S. territories, 2002



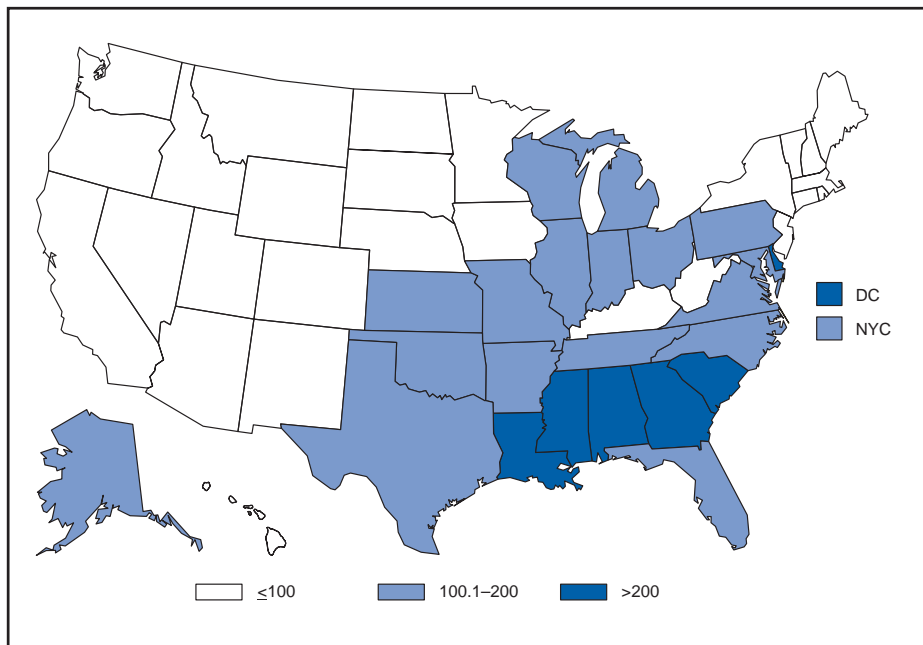
E. coli O157:H7, represented in this graph, constitutes the major serotype of the enterohemorrhagic *E. coli*, although many other *E. coli* serotypes can produce Shiga toxin and cause hemorrhagic colitis. *E. coli* O157:H7 has been a nationally notifiable disease since 1994. In 2001, surveillance was expanded to include all serotypes of enterohemorrhagic *E. coli*; however, some laboratories still lack the capacity to isolate and identify *E. coli* serotypes other than O157:H7.

GIARDIASIS. Reported cases per 100,000 population — United States and U.S. territories, 2002



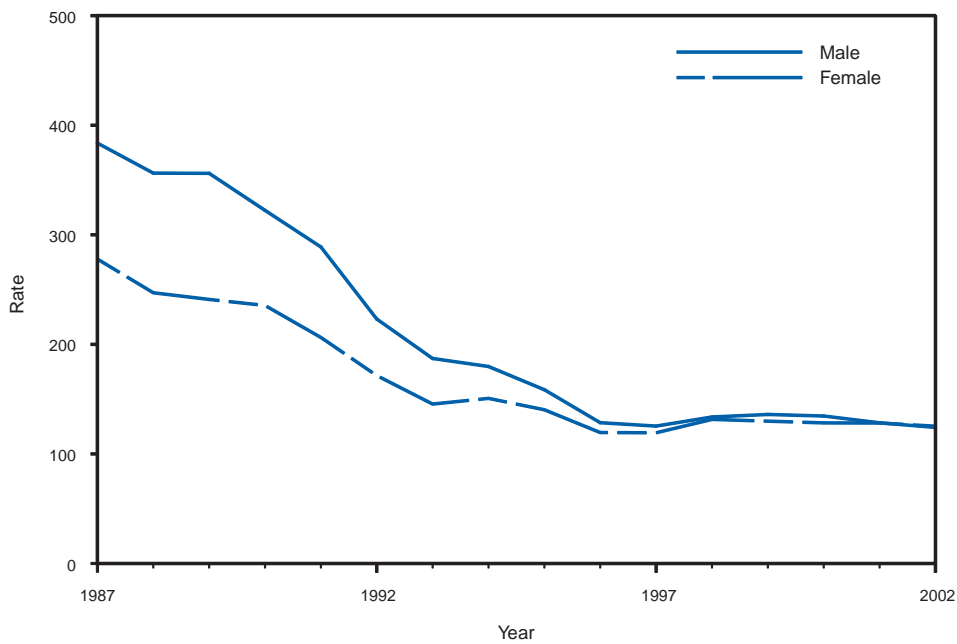
Giardiasis became a nationally notifiable disease in 2002. Reporting was previously voluntary (1992–2001). Surveillance data for 2002 suggest that infection with *Giardia intestinalis* is geographically widespread. Reported illness onset dates exhibited a seasonal increase from July to October.

GONORRHEA. Reported cases per 100,000 population — United States, 2002



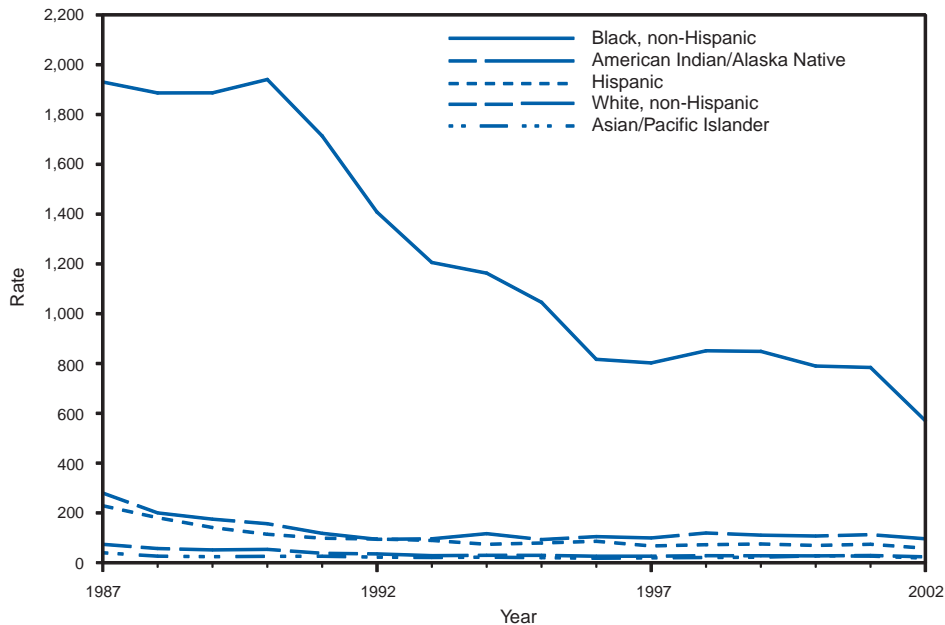
In 2002, the overall U.S. gonorrhea rate was 125.03/100,000 population. The *Healthy People 2010* national objective is ≤ 19 cases/100,000 population. Idaho, Maine, Montana, New Hampshire, North Dakota, Utah, Vermont, and Wyoming reported rates below the national objective.

GONORRHEA. Reported cases per 100,000 population, by sex — United States, 1987–2002



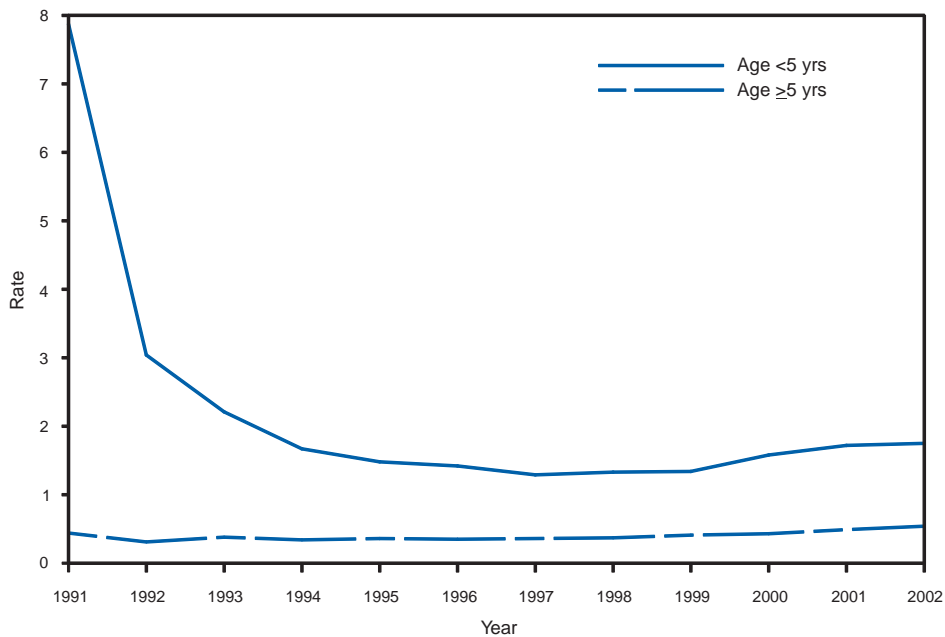
Rates of gonorrhea in the United States have been steady since 1998, at approximately 130 cases/100,000 population (125.0 in 2002, 128.5 in 2001, 129.0 in 2002, 132.3 in 1999, and 131.9 in 1998). In 2002, rates among men and women were similar (122.6 cases/100,000 men and 125.3 cases/100,000 women).

GONORRHEA. Reported cases per 100,000 population, by race and ethnicity — United States, 1987–2002



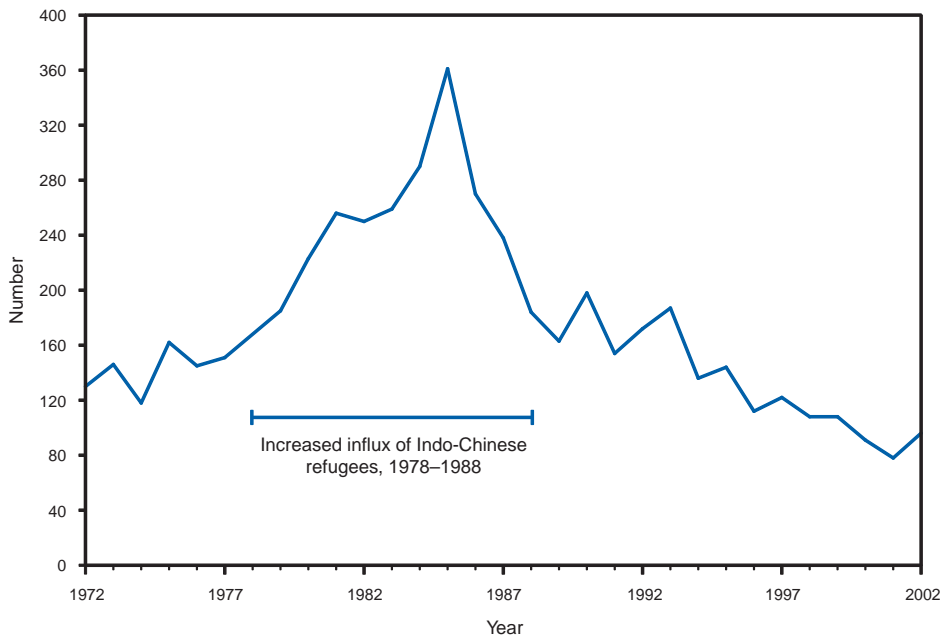
Gonorrhea rates among blacks decreased considerably in the 1990s but continue to be the highest among all race/ethnic groups. In 2002, the gonorrhea rate among non-Hispanic blacks was approximately 24 times greater than the rate for non-Hispanic whites.

HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE. Reported cases per 100,000 population, by age group — United States, 1991–2002



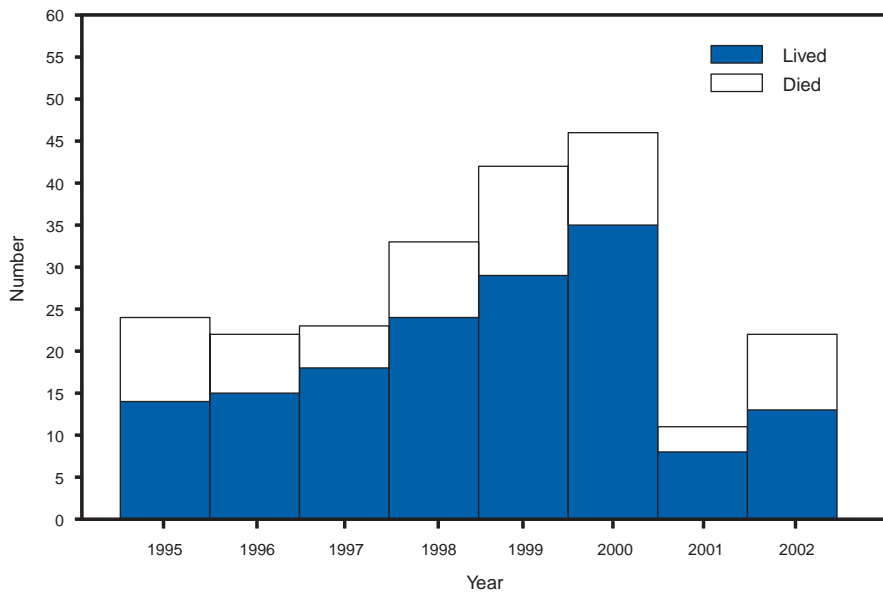
Before the introduction of conjugate *Haemophilus influenzae* serotype b (Hib) vaccines in December 1987, the incidence of invasive Hib disease among children aged <5 years was estimated to be 100/100,000 population. In 2002, the incidence of invasive *H. influenzae* disease (all serotypes) was 1.8/100,000 in this age group (331 reported cases: 34 [10%] reported as Hib, 144 [44%] as other serotypes or nontypeable isolates, and 153 [46%] with serotype information unknown or missing).

HANSEN DISEASE. Reported cases, by year — United States, 1972–2002



A total of 96 Hansen disease cases were reported from 17 states, Puerto Rico, and the Commonwealth of Northern Mariana Islands in 2002. Four states (Texas, New York, California and Hawaii) accounted for 77% of the total number of cases reported.

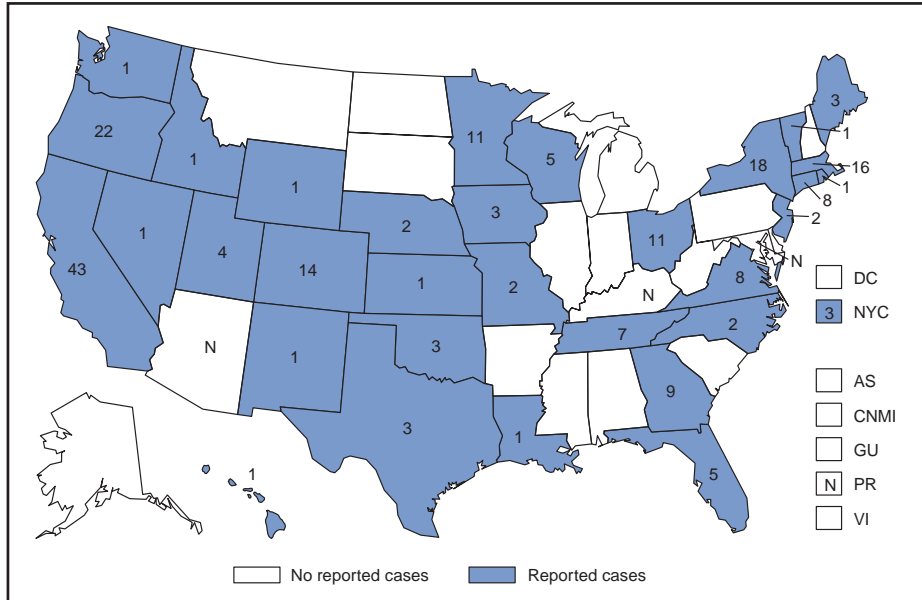
HANTAVIRUS PULMONARY SYNDROME. Reported cases by survival status,* by year — United States, 1995–2002



* Data from the National Center for Infectious Diseases.

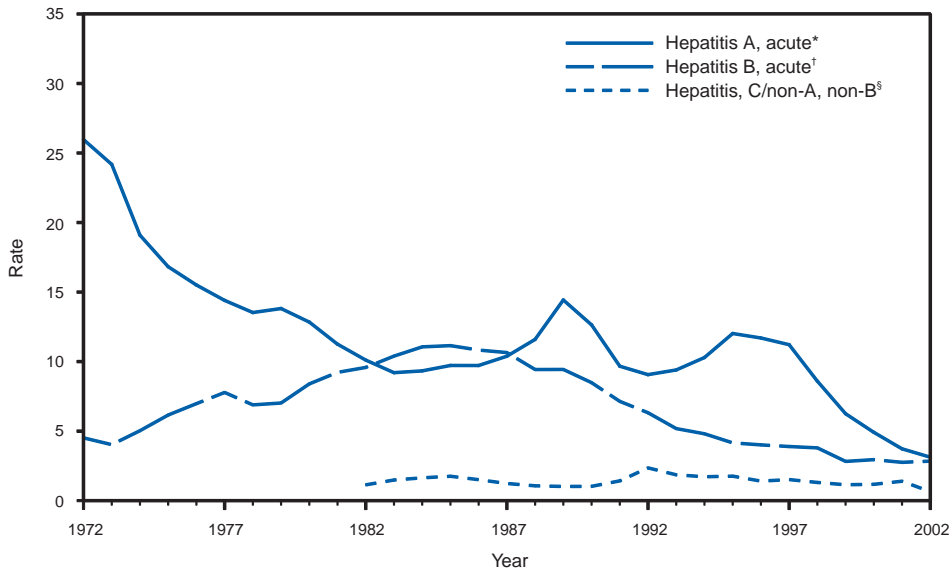
After record lows in 2001, reported cases of hantavirus pulmonary syndrome increased in 2002.

HEMOLYTIC UREMIC SYNDROME, POSTDIARRHEAL. Reported cases — United States and U.S. territories, 2002



In the United States, most cases of postdiarrheal hemolytic uremic syndrome are caused by infections with *Escherichia coli* O157:H7 or other *E. coli* bacteria that produce Shiga toxin. Approximately 59% of cases occur in children aged <5 years.

HEPATITIS, VIRAL. Reported cases per 100,000 population, by year — United States, 1972–2002



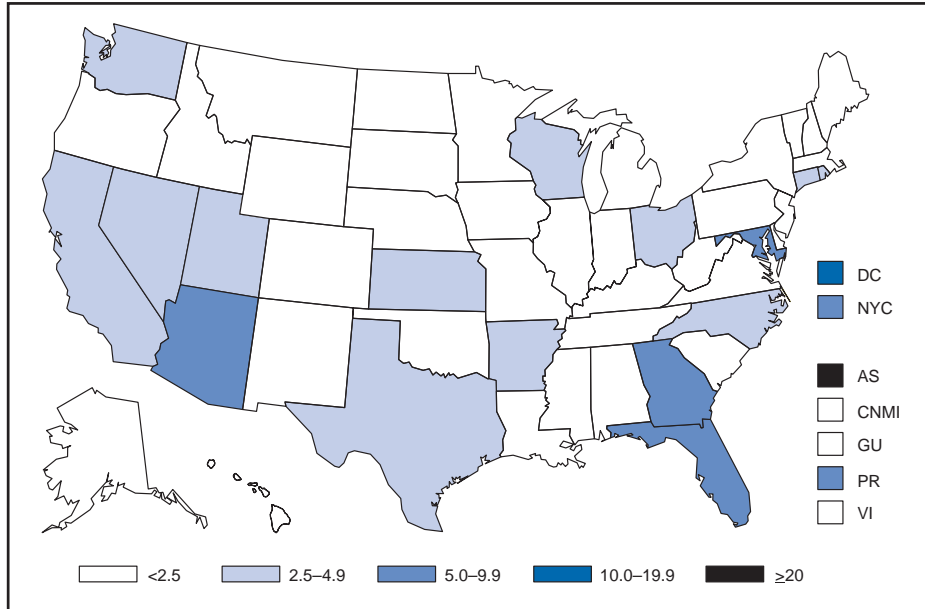
* Hepatitis A vaccine was first licensed in 1995.

† Hepatitis B vaccine was first licensed in June 1982.

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

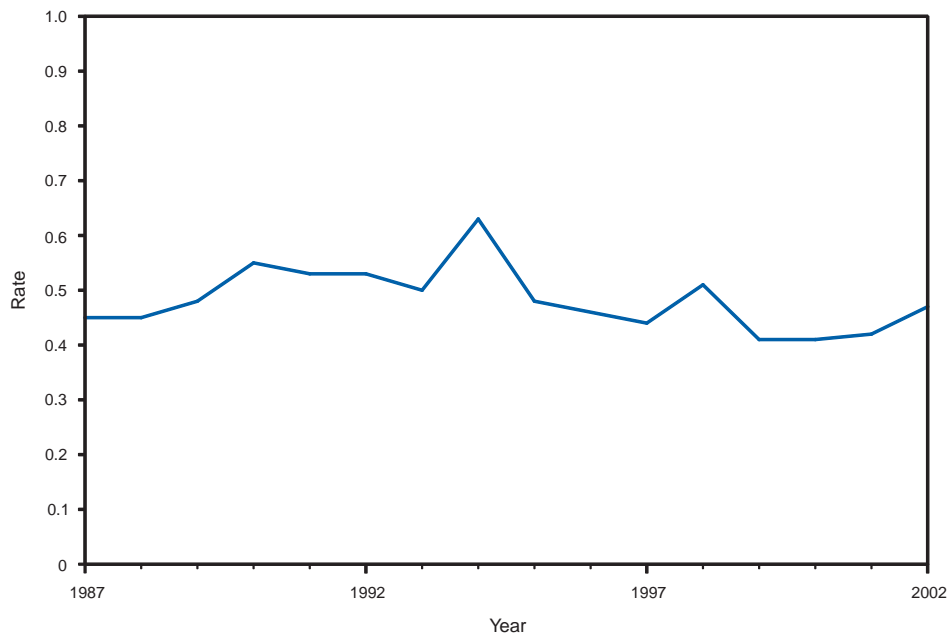
Hepatitis A incidence continues to decline and in 2002 was the lowest ever recorded. However, cyclic increases in hepatitis A have been observed approximately every 10 years, and thus rates could increase again. Hepatitis B incidence, which declined by >65% between 1990 and 2000, has remained unchanged for the past 3 years, reflecting ongoing transmission in adult high-risk groups. The trend in reported hepatitis C/non-A, non-B cases 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, 2002

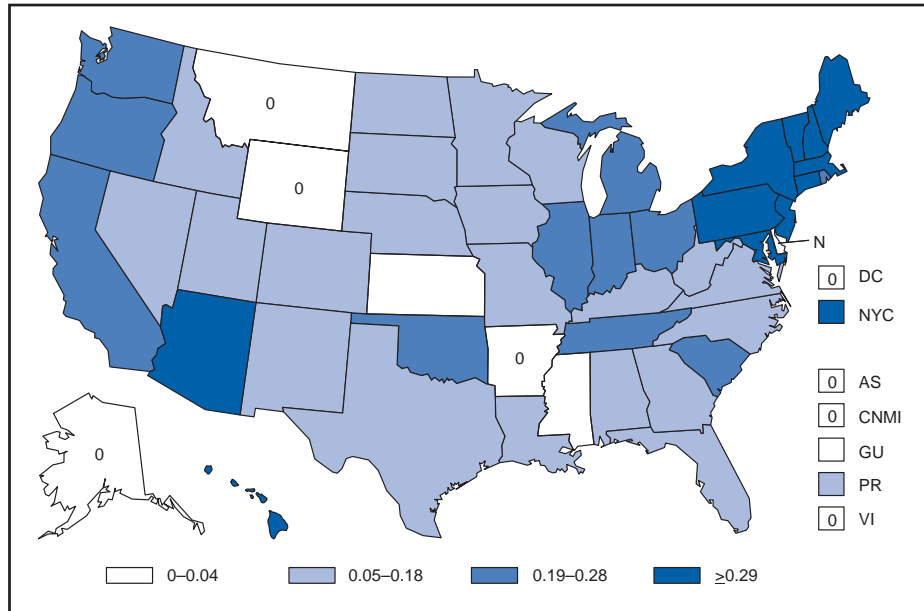


In 1999, routine hepatitis A vaccination was recommended for children living in 11 states with consistently elevated disease rates. Since then, hepatitis A rates have declined in all regions, with the greatest declines occurring in the West, where 10 of these states are located. Hepatitis A rates are now similar in all regions. Several of the states with the highest rates in 2002 reported large outbreaks among adult high-risk groups, including men who have sex with men and injection-drug users.

LEGIONELLOSIS. Reported cases per 100,000 population, by year — United States, 1987-2002

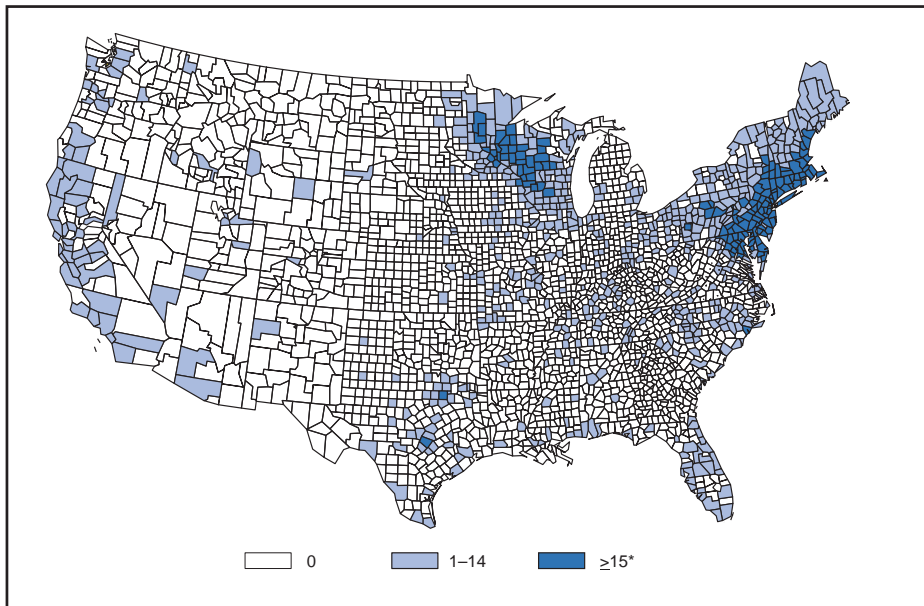


LISTERIOSIS. Reported cases per 100,000 population — United States and U.S. territories, 2002



Listeriosis was made a nationally notifiable disease in 2000. Although the infection is relatively uncommon, listeriosis is a leading cause of death due to foodborne illness in the United States. In 2002, a large outbreak of listeriosis occurred caused by contaminated turkey deli meat. Fifty-four cases were confirmed in nine states, including eight deaths and three fetal deaths. The greatest concentration of cases was in Pennsylvania and New York. Recent outbreaks have been linked to frankfurters, deli meats, and Mexican-style cheeses.

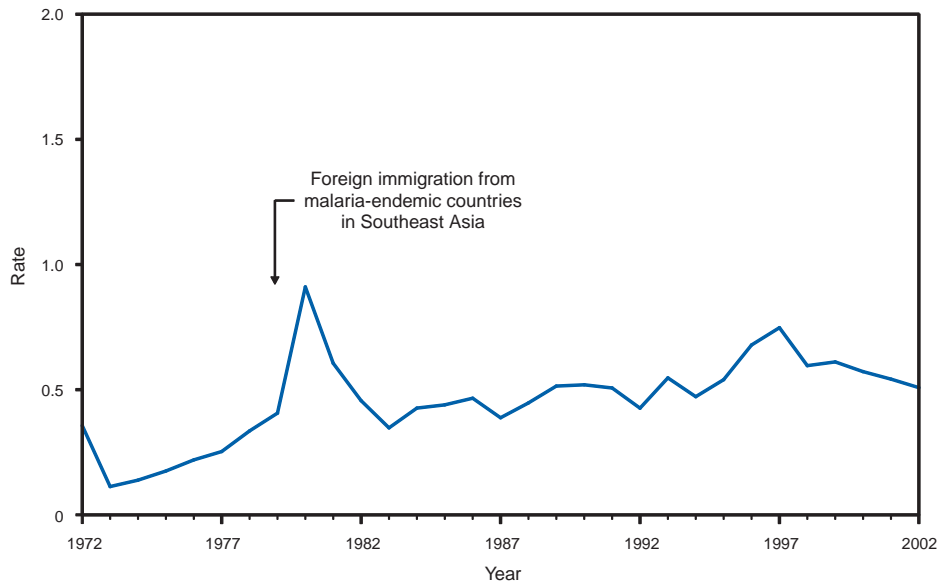
LYME DISEASE. Reported cases by county — United States, 2002



* The total number of cases from these counties represented 90% of all cases reported in 2002.

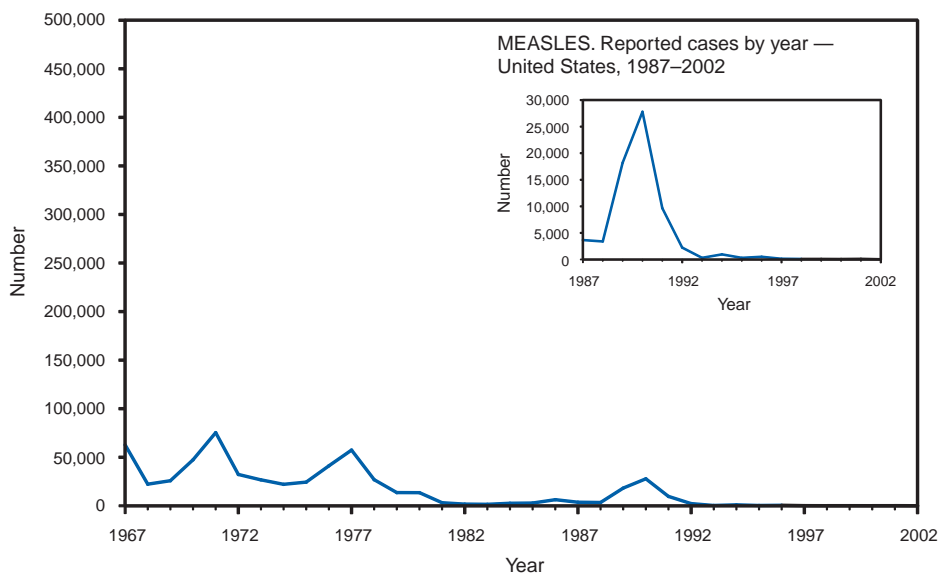
More Lyme disease cases were reported in 2002 ($N = 23,763$) than in any previous year. The incidence in 10 endemic-disease states (Connecticut, Delaware, Massachusetts, Maryland, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, and Wisconsin) was 32/100,000 population, over threefold higher than the *Healthy People 2010* objective.

MALARIA. Reported cases per 100,000 population, by year — United States, 1972–2002



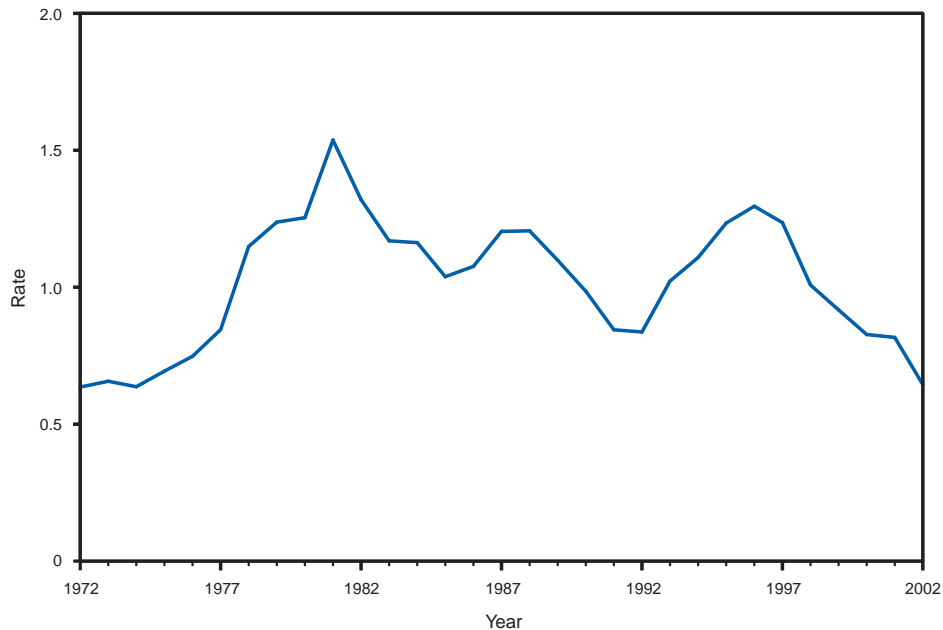
In the past 15 years, a general upward trend has occurred in imported malaria cases, likely caused by increasing international travel and immigration and increased antimalarial drug resistance. The decline since 1997 may reflect a decrease in international travel and immigration.

MEASLES. Reported cases, by year — United States, 1967–2002



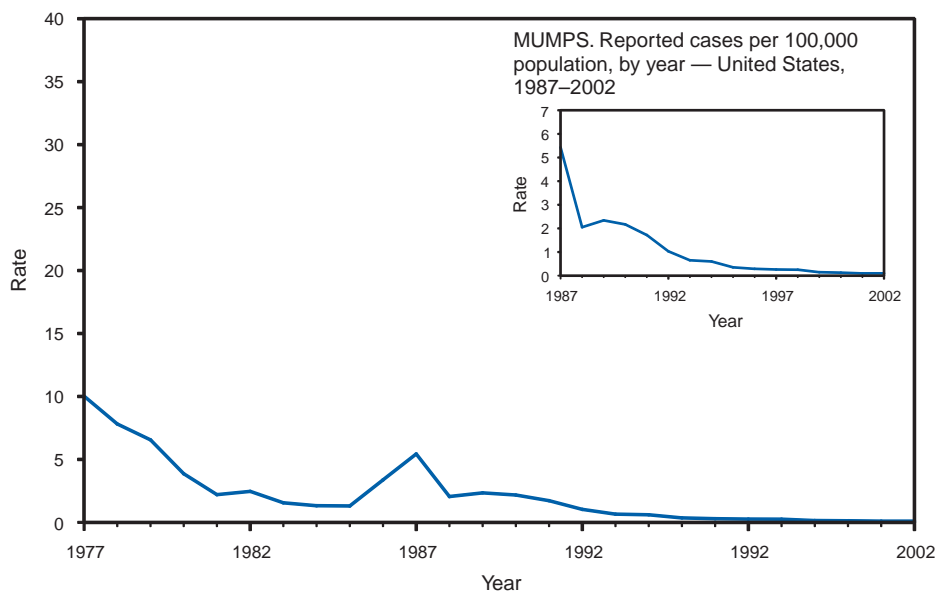
In 2002, only 44 cases of measles were reported, which is the lowest number ever reported and a 72% decrease from the previous year. Measles incidence remains at <1 per million population for the sixth consecutive year. Fewer than 600 cases were reported during 1997–2002. Of the 44 cases reported this year, 18 were identified as international importations and 15 others were epidemiologically linked to an imported case.

MENINGOCOCCAL DISEASE. Reported cases per 100,000 population, by year — United States, 1972–2002



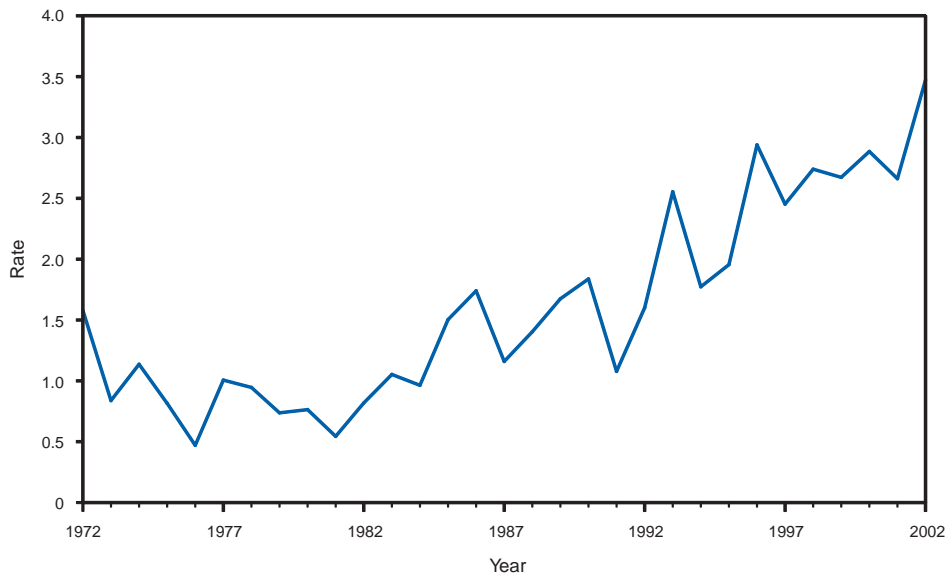
Rates of meningococcal disease have been nearly stable in the United States. A total of 1,814 cases were reported in 2002, of which 1,524 were confirmed, 64 probable, two suspected, and 224 of unknown case status. Although rates of meningococcal disease are highest among children aged <1 year, 54.3 % of cases in 2002 occurred among persons aged >18 years.

MUMPS. Reported cases per 100,000 population, by year — United States, 1977–2002



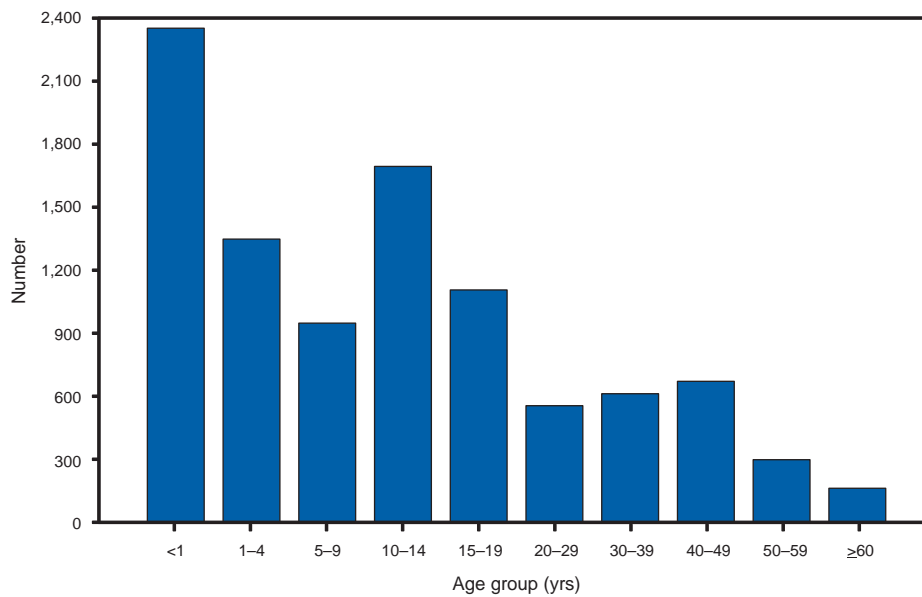
Because of the recommendation of two doses of measles-mumps-rubella (MMR) vaccine and the continued high coverage rate in the United States, mumps incidence continues to be low, with 270 cases reported for 2002, thus meeting the *Healthy People 2010* objective of <500 cases per year. **Note:** A mumps vaccine was first licensed in December 1967.

PERTUSSIS. Reported cases per 100,000 population, by year — United States, 1972–2002



Pertussis epidemics occur every 3–5 years. In 2002, 9,771 cases were reported, the highest number reported since 1964.

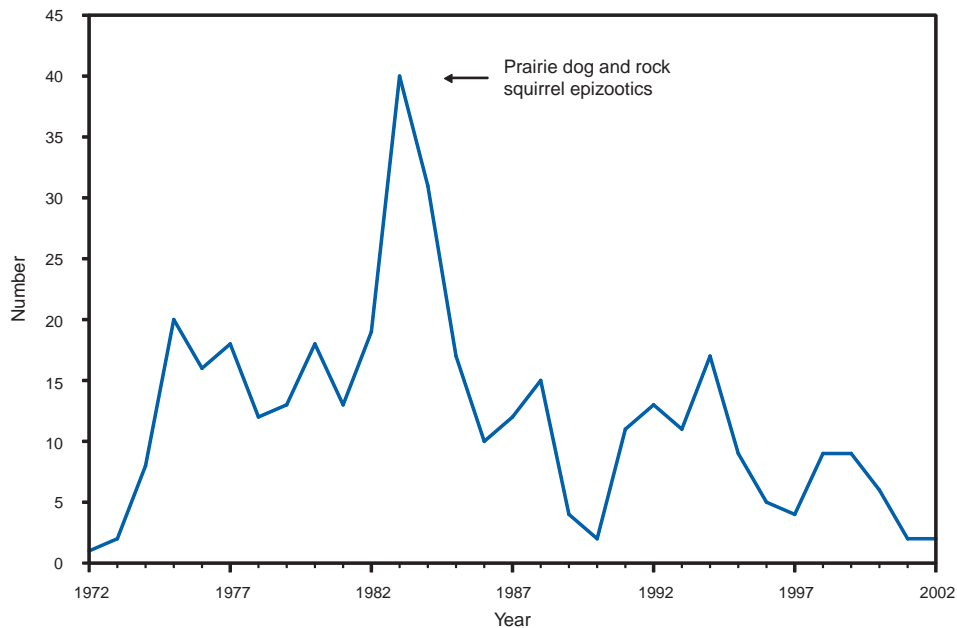
PERTUSSIS. Reported cases,* by age group — United States, 2002



* Of 9,771 cases, 25 cases were reported with unknown age.

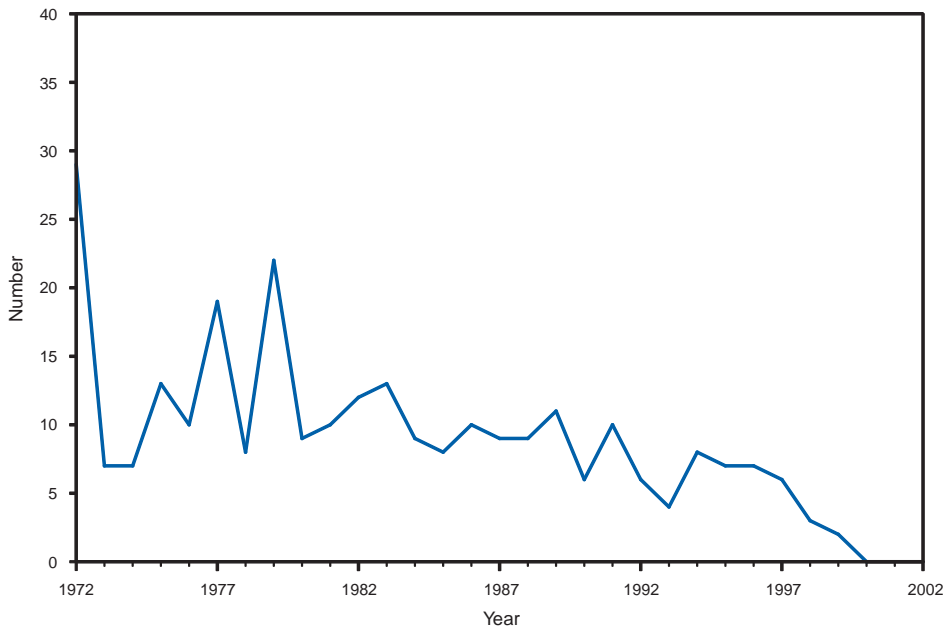
In 2002, 21% of reported cases were in infants aged <6 months (who were too young to receive 3 DTaP doses), and 52% of cases were in persons aged ≥10 years (no pertussis vaccine is licensed for use in persons aged ≥7 years).

PLAGUE. Reported cases among humans, by year — United States, 1972–2002



Since 1983, nearly 90% of all plague cases have been contracted in the four states of New Mexico (50%), Colorado (17%), Arizona (11%), and California (11%). The limited number of cases in recent years correlate with hot, dry conditions in the Southwest. In 2002, only two cases were reported, both in travelers to New York City who contracted the disease in New Mexico.

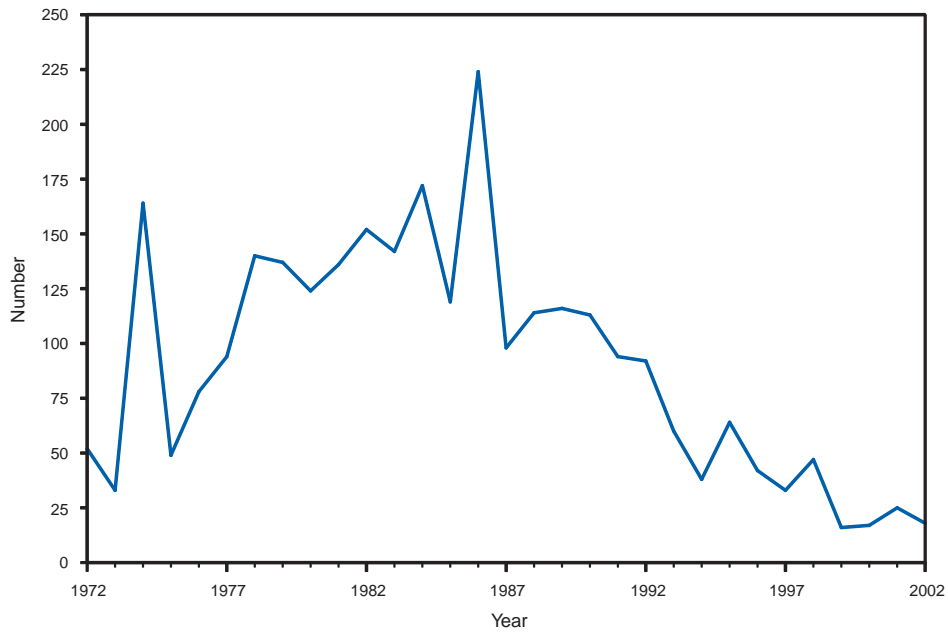
POLIOMYELITIS, PARALYTIC, VACCINE ASSOCIATED. Reported cases, by year — United States, 1972–2002



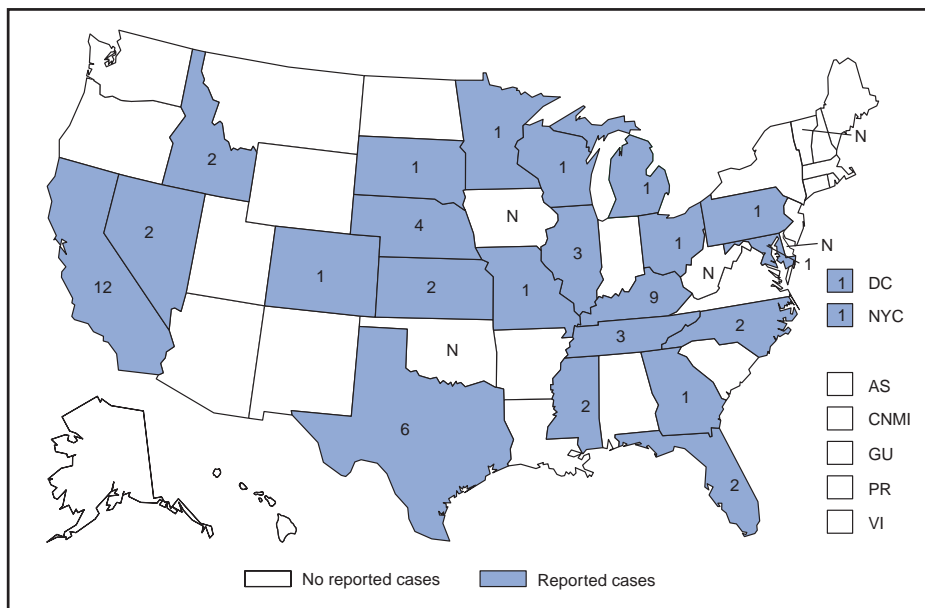
No cases of vaccine-associated paralytic poliomyelitis have been reported since the all-IPV schedule was implemented in 2000.

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

PSITTACOSIS. Reported cases, by year — United States, 1972–2002

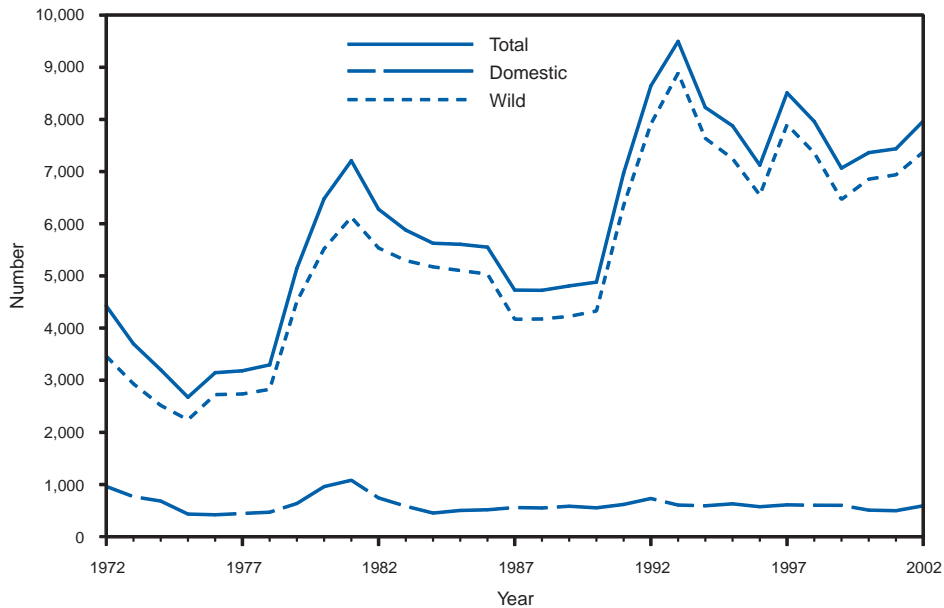


Q FEVER. Reported cases — United States and U.S. territories, 2002



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

ANIMAL RABIES. Reported cases among wild and domestic animals, by year* — United States and Puerto Rico, 1972–2002



* Data from the National Center for Infectious Diseases.

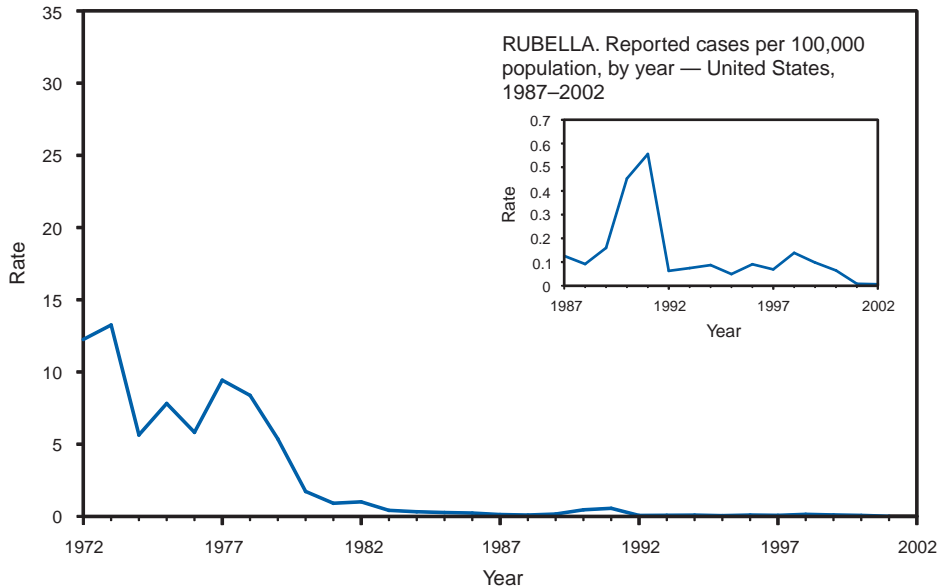
Periods of resurgence and decline of rabies incidence are primarily the result of cyclic reemergence, mainly among raccoons in the eastern United States. Wildlife populations increase and reach densities sufficient to support epizootic transmission of the disease, resulting in substantial increases in 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, 1972–2002



Changes in the number of reported cases of Rocky Mountain spotted fever might reflect alterations to 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.

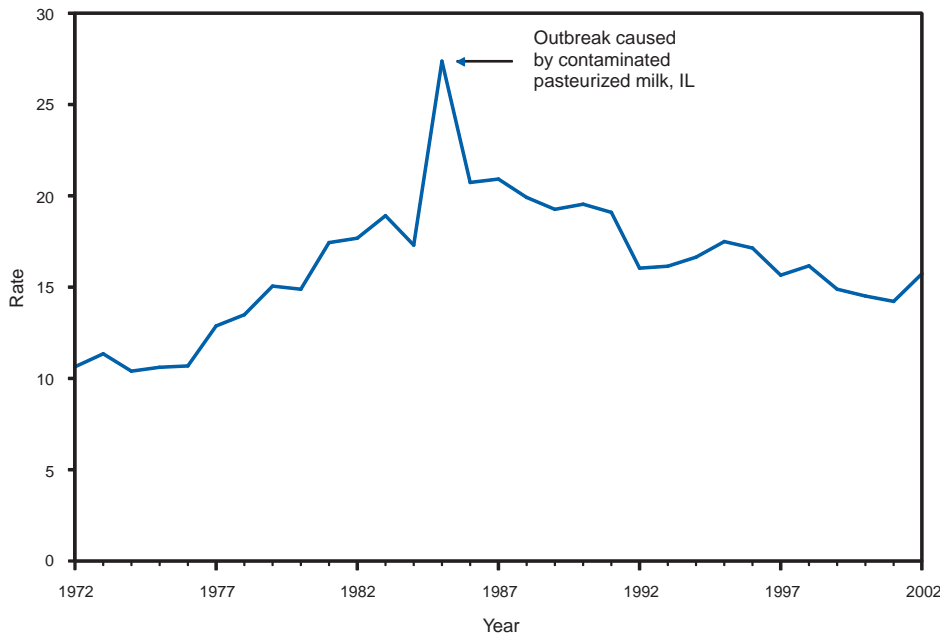
RUBELLA. Reported cases per 100,000 population, by year — United States, 1972–2002



In 2002, only 18 cases of rubella were reported by nine states, which is the lowest number of rubella cases ever reported. Eight (44%) cases were identified as importations. The majority of reported cases continue to be among persons aged >20 years; however, in contrast to year 2000, most of the cases in the last 2 years were among non-Hispanics.

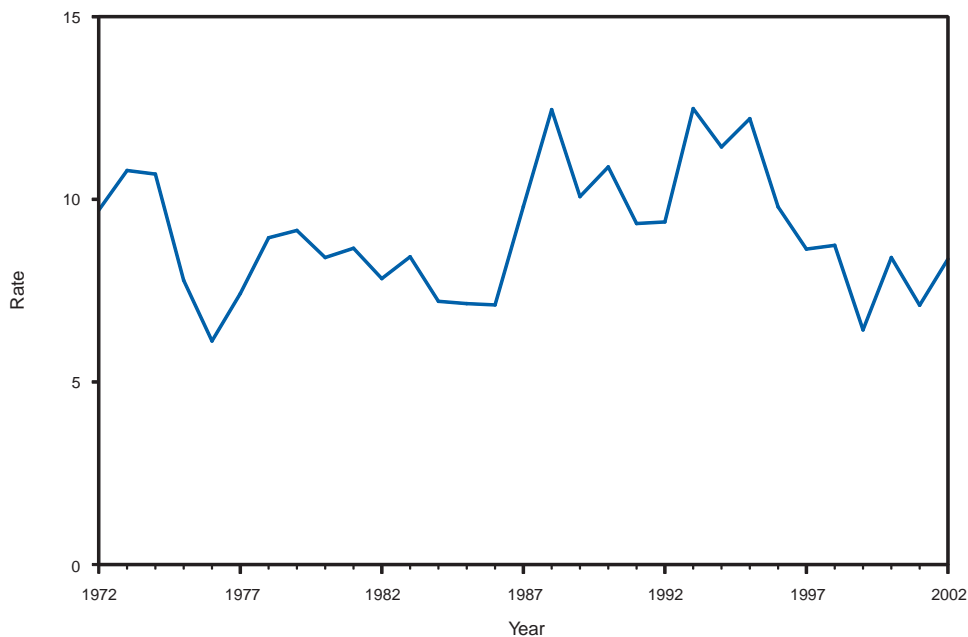
Note: A rubella vaccine was first licensed in 1969.

SALMONELLOSIS. Reported cases per 100,000 population, by year — United States, 1972–2002



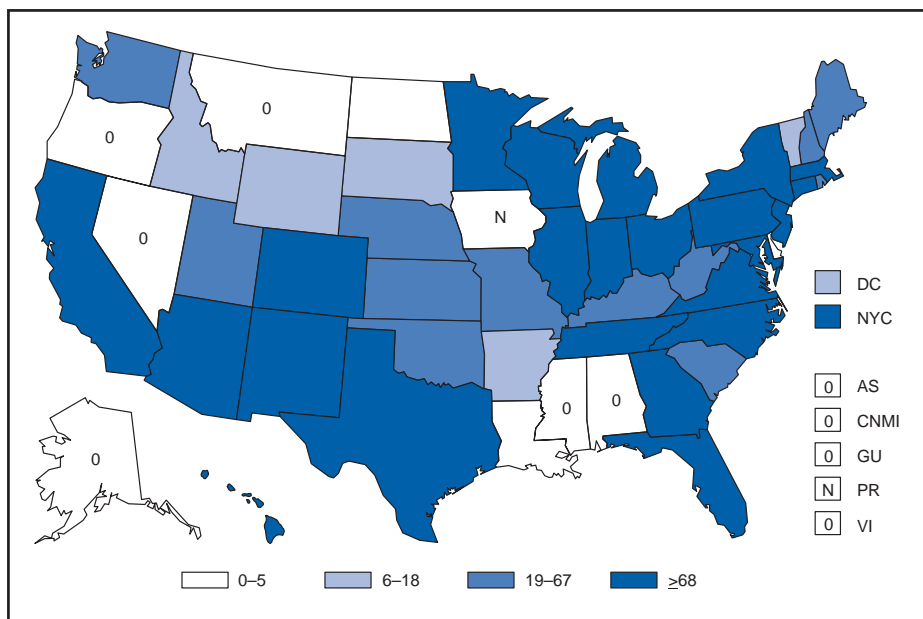
Foodborne transmission accounts for approximately 95% of salmonellosis in the United States. CDC estimates that approximately 38 cases occur for every one case reported through national surveillance. The three *Salmonella* serotypes that cause most cases are *S. Typhimurium*, *S. Enteritidis*, and *S. Newport*.

SHIGELLOSIS. Reported cases per 100,000 population, by year — United States, 1972–2002



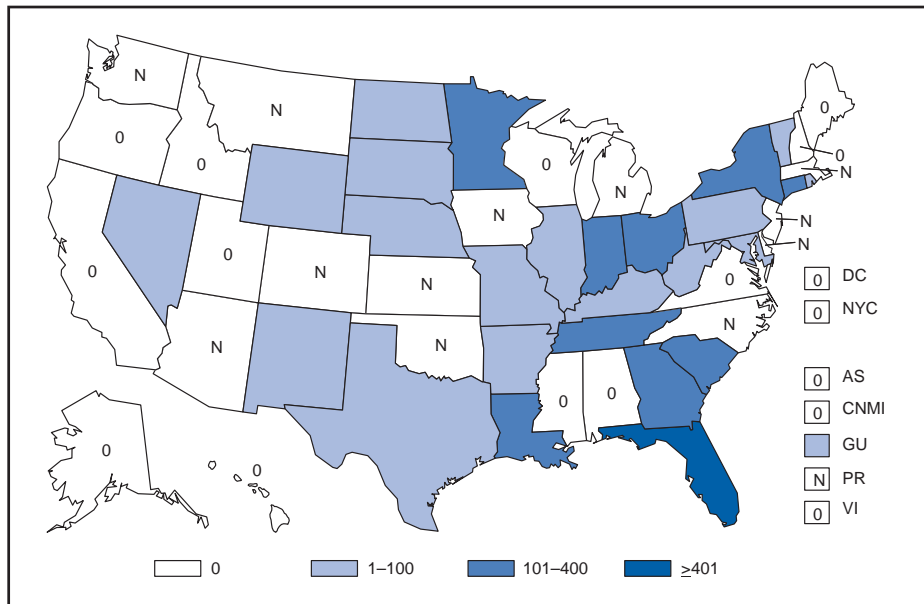
Prolonged and extensive outbreaks of *Shigella sonnei* infections continue to occur in child care settings and are responsible for a large proportion of shigellosis cases in the United States. Resistance to first-line antimicrobial agents, including trimethoprim-sulfamethoxazole, continues to increase among *S. sonnei* in the United States.

STREPTOCOCCAL DISEASE, INVASIVE, GROUP A. Reported cases — United States and U.S. territories, 2002



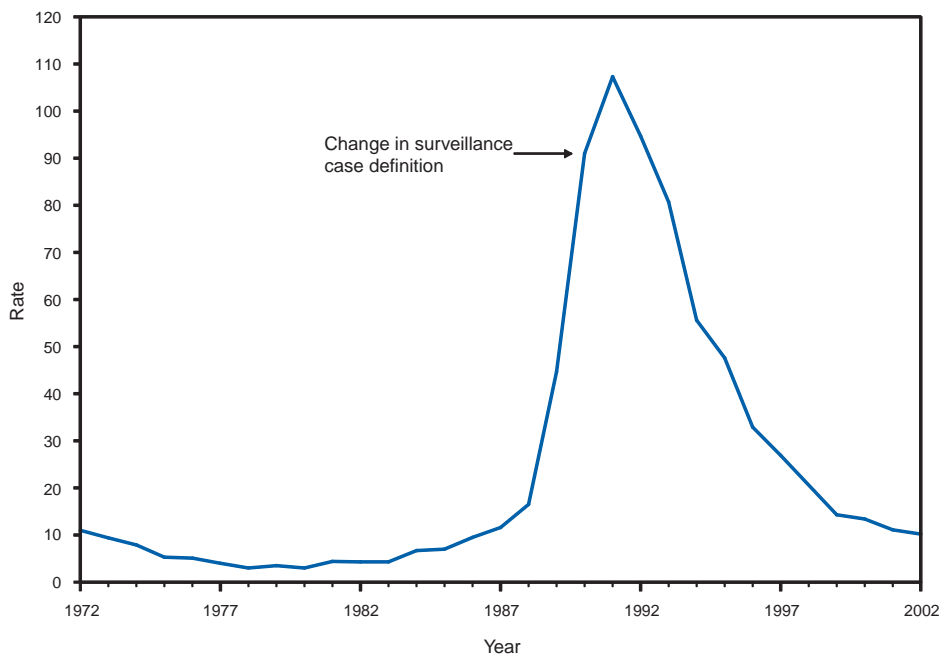
Passive reporting likely underestimates the numbers of invasive group A *Streptococcus* (GAS) infections in the United States. In 2002, approximately 980 invasive GAS infections were reported by nine sites participating in CDC's Active Bacterial Core Surveillance (ABCs). The incidence rate of invasive GAS infections in the United States has been nearly stable during the past 5 years (range: 3.1–3.8 cases/100,000 population).

STREPTOCOCCUS PNEUMONIAE, INVASIVE, DRUG-RESISTANT. Reported cases — United States and U.S. territories, 2002



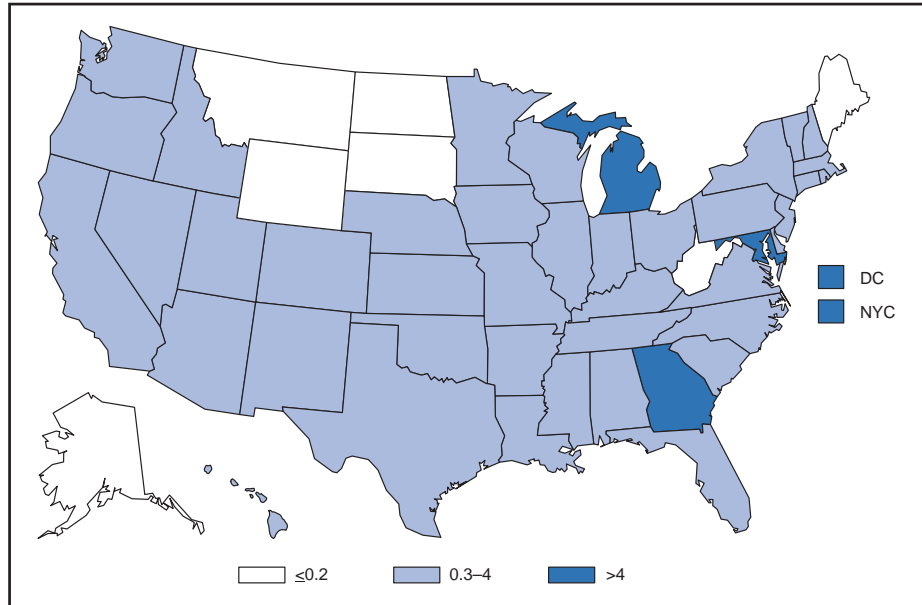
A conjugate pneumococcal vaccine was licensed for young children in early 2000 and became widely used later that year. Data from CDC's Active Bacterial Core (ABCs) Surveillance/Emerging Infections Program Network indicate that rates of invasive disease caused by drug-resistant pneumococci are declining after the vaccine licensure.

SYPHILIS, CONGENITAL. Reported cases per 100,000 live births among infants aged <1 year — United States, 1972–2002



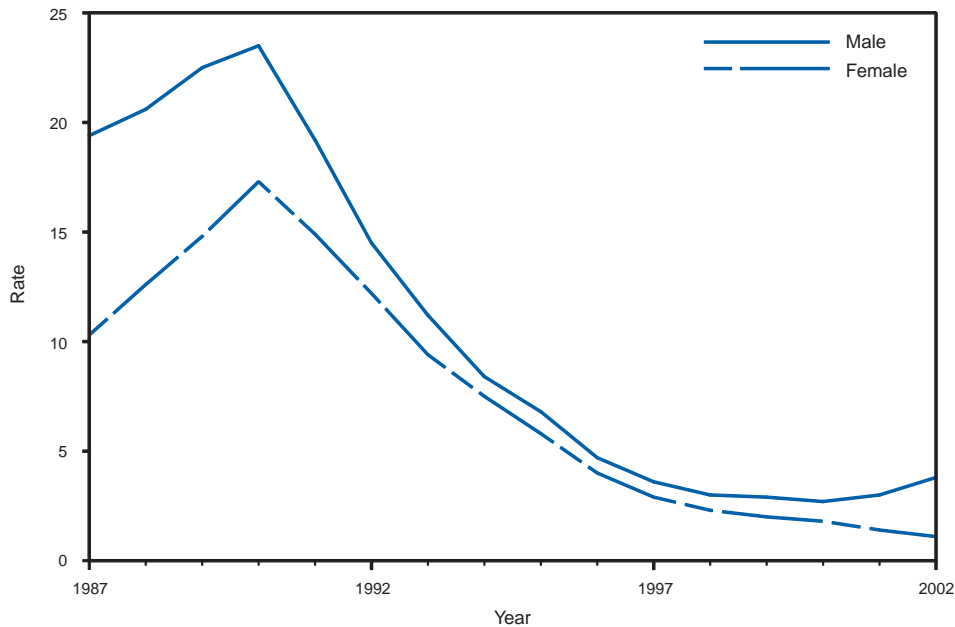
The rate of congenital syphilis continues to decline, from 12.2 cases/100,000 live births in 2001 to 10.2 cases/100,000 in 2002.

SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population — United States, 2002



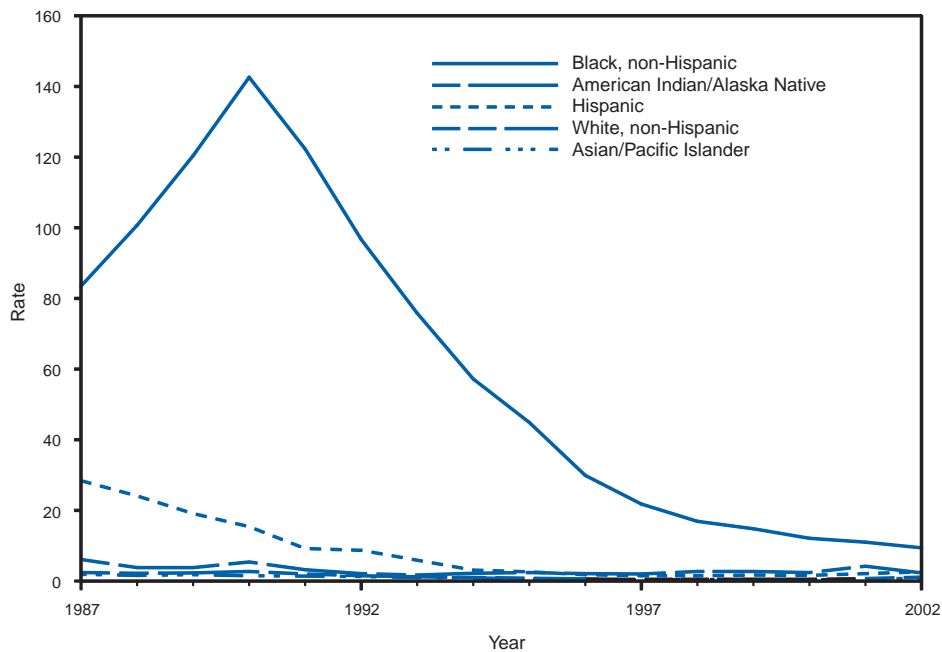
In 2002, the overall U.S. rate of primary and secondary syphilis was 2.4 cases/100,000 population, which is above the *Healthy People 2010* objective of 0.2 cases/100,000 population per year. Seven states reported rates at or below the national objective, compared with 10 in 2001. Eight states reported fewer than six cases.

SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population, by sex — United States, 1987–2002



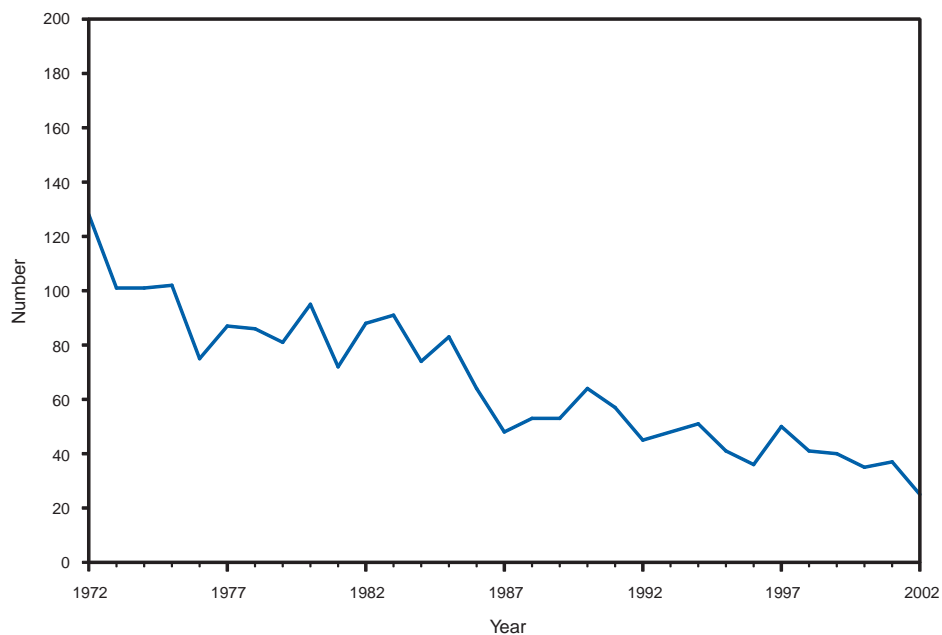
The reported rate of primary and secondary syphilis increased slightly in the United States from 2.2 cases/100,000 in 2001 to 2.4 cases/100,000 in 2002. Among women, rates continued to decline, from 1.4 cases/100,000 women in 2001 to 1.1 cases/100,000, the lowest rate for women since reporting began in 1941. Among men, rates increased from 3.0 cases/100,000 in 2001 to 3.8 cases/100,000 in 2002, after a low rate of 2.6 cases/100,000 in 2000.

SYPHILIS, PRIMARY AND SECONDARY. Reported cases per 100,000 population, by race and ethnicity — United States, 1987–2002



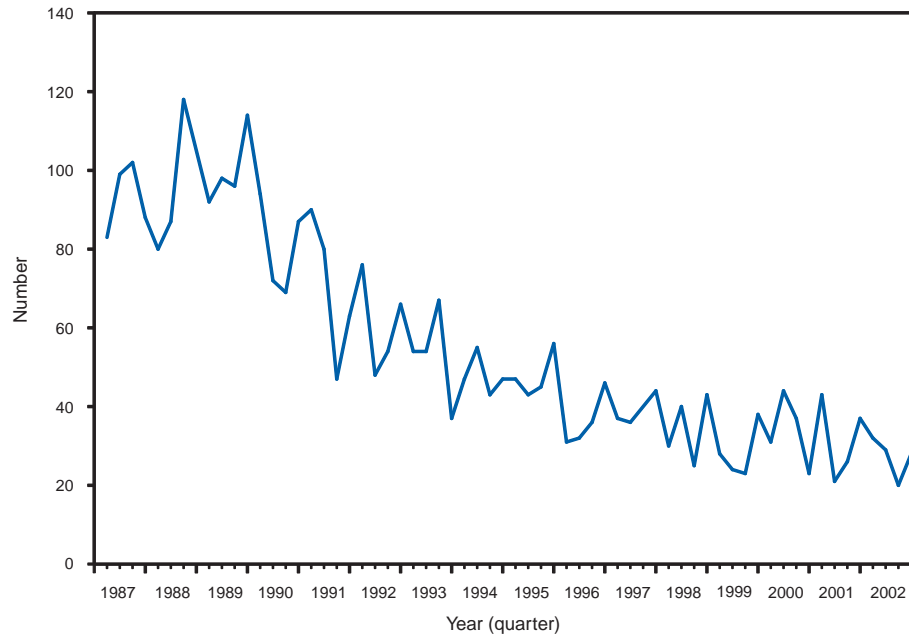
Rates of primary and secondary syphilis declined among non-Hispanic blacks, from 11.0 cases/100,000 in 2001 to 9.8 cases/100,000 in 2002, and among American Indians/Alaska Natives from 4.2 cases/100,000 in 2001 to 2.4 cases/100,000 in 2002. Increases occurred in all other race/ethnic groups (non-Hispanic whites from 0.7/100,000 to 1.2/100,000, Hispanics from 2.1/100,000 to 2.7/100,000, and Asian/Pacific Islanders from 0.5/100,000 to 0.9/100,000.). The overall rate among non-Hispanic blacks has decreased from 64 times the rate of non-Hispanic whites in 1992 to 8 times the non-Hispanic white rate in 2002.

TETANUS. Reported cases, by year — United States, 1972–2002



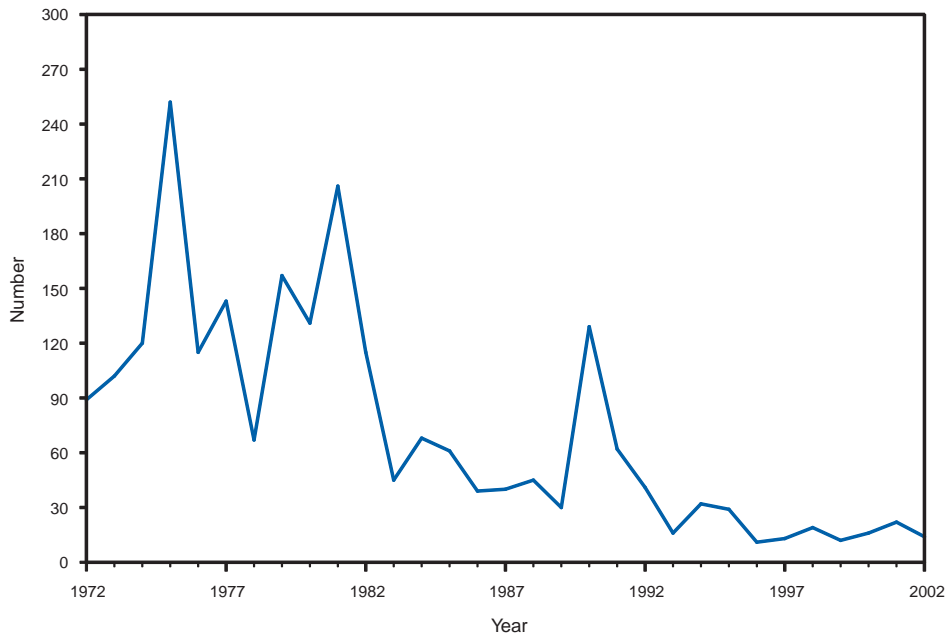
The majority of tetanus cases reported in 2002, including both fatal cases, occurred in persons who were not appropriately vaccinated against tetanus or who had an unknown vaccination history.

TOXIC-SHOCK SYNDROME. Reported cases, by quarter — United States, 1987–2002



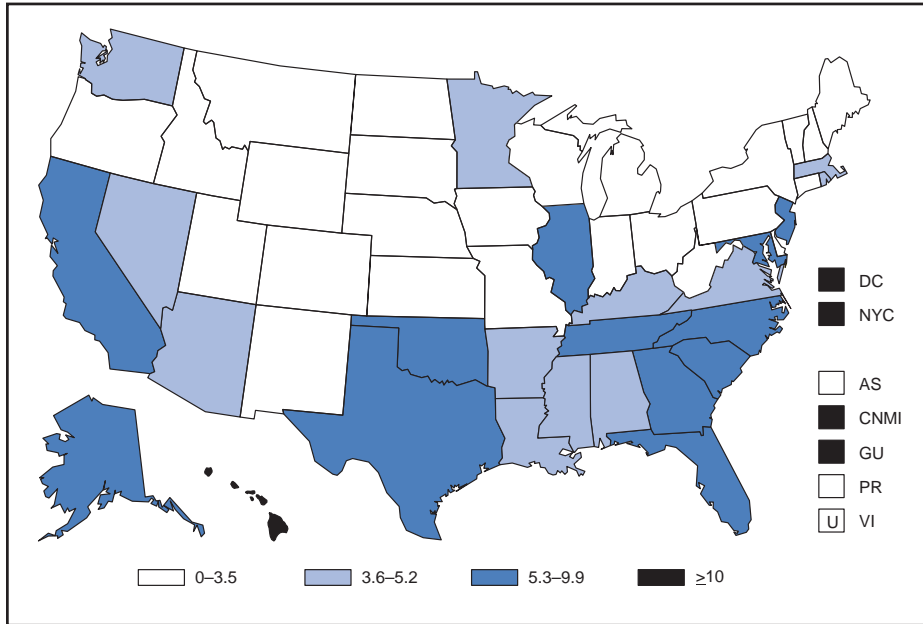
The limited number of reported cases of toxic-shock syndrome (TSS) in recent years is likely caused by decreased reporting and not a true decline in incidence of disease. Continued surveillance will be important to monitor the reemergence of TSS that could occur among women using barrier contraceptive devices.

TRICHINOSIS. Reported cases, by year — United States, 1972–2002



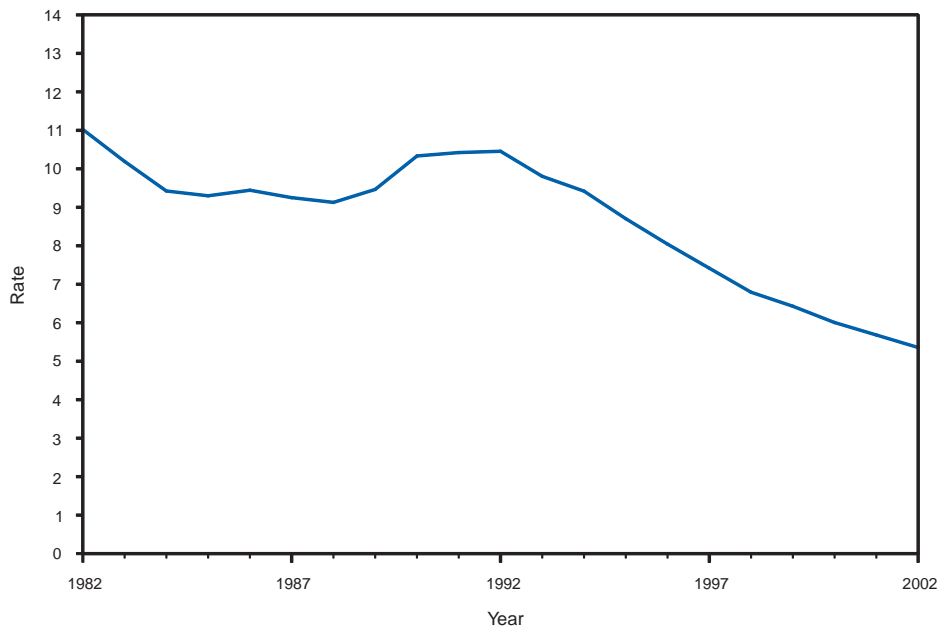
In 2002, 14 cases of trichinosis were reported by seven states (Alaska, California, Illinois, North Carolina, Pennsylvania, Tennessee, and Vermont). The year 2002 was the seventh consecutive year in which <25 cases were reported.

TUBERCULOSIS. Reported cases per 100,000 population. United States and U.S. territories, 2002



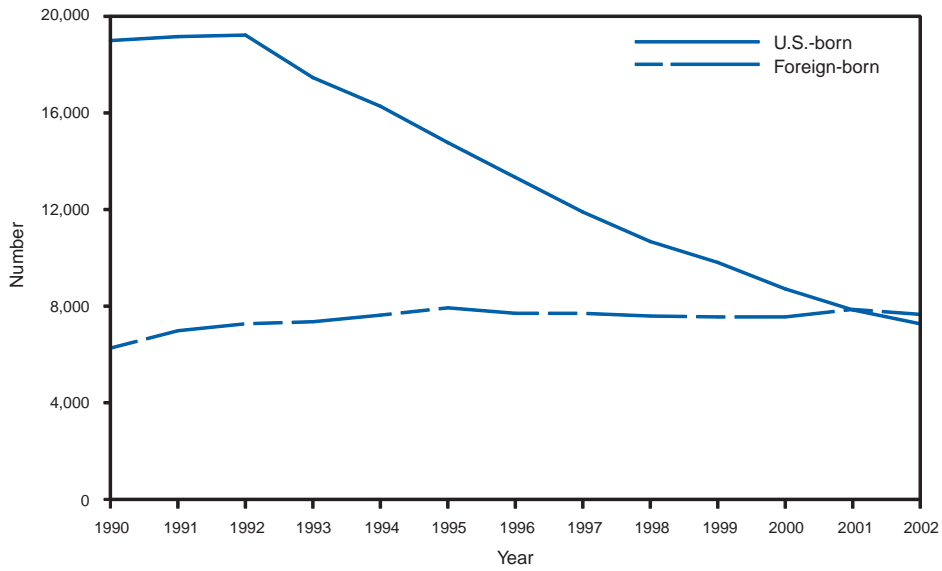
In 2002, a total of 25 states and Puerto Rico had tuberculosis rates ≤ 3.5 cases/100,000, which is the interim (i.e., year 2000) incidence target for the elimination of tuberculosis by the year 2010.

TUBERCULOSIS. Reported cases per 100,000 population, by year — United States, 1982–2002



In 2002, a total of 15,075 cases of tuberculosis were reported to CDC, representing a 5.7% decrease from 2001.

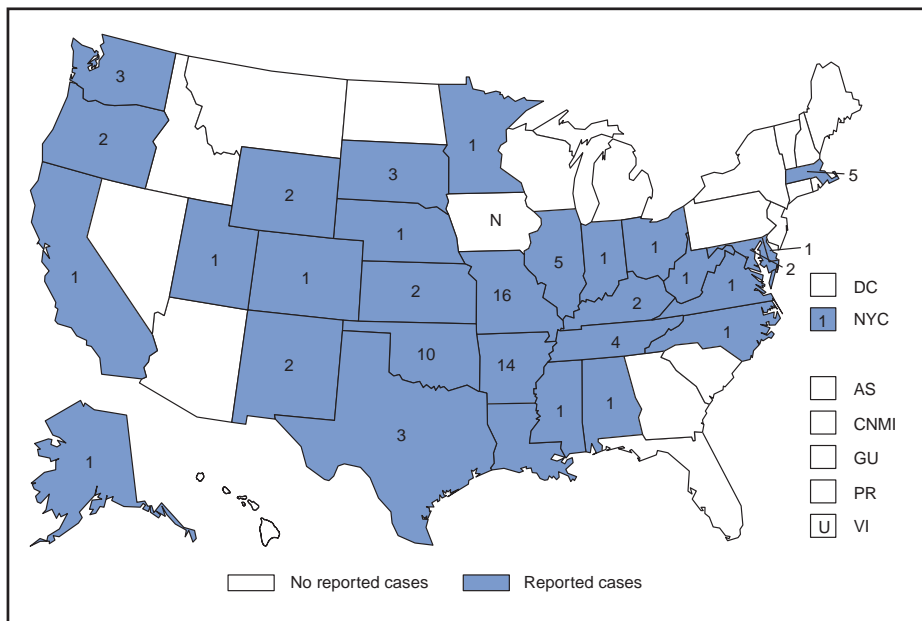
TUBERCULOSIS. Reported cases among U.S.-born and foreign-born persons,* by year — United States, 1990–2002



* For 120 cases, origin of patients was unknown.

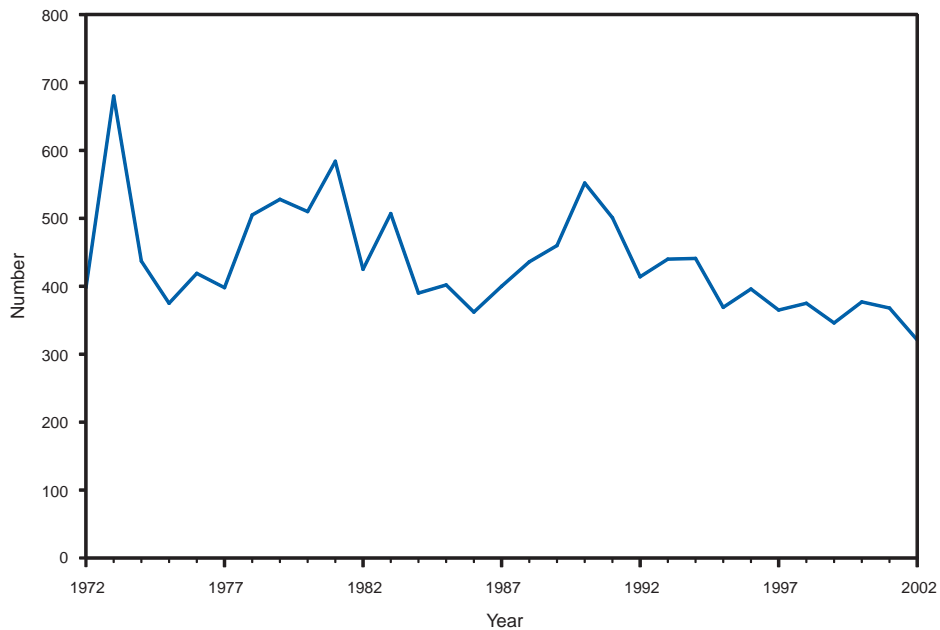
The number of tuberculosis cases among foreign-born persons in the United States increased from 6,262 (25% of the total number) in 1990 to 7,659 (51% of the total) in 2002.

TULAREMIA. Reported cases — United States and U.S. territories, 2002



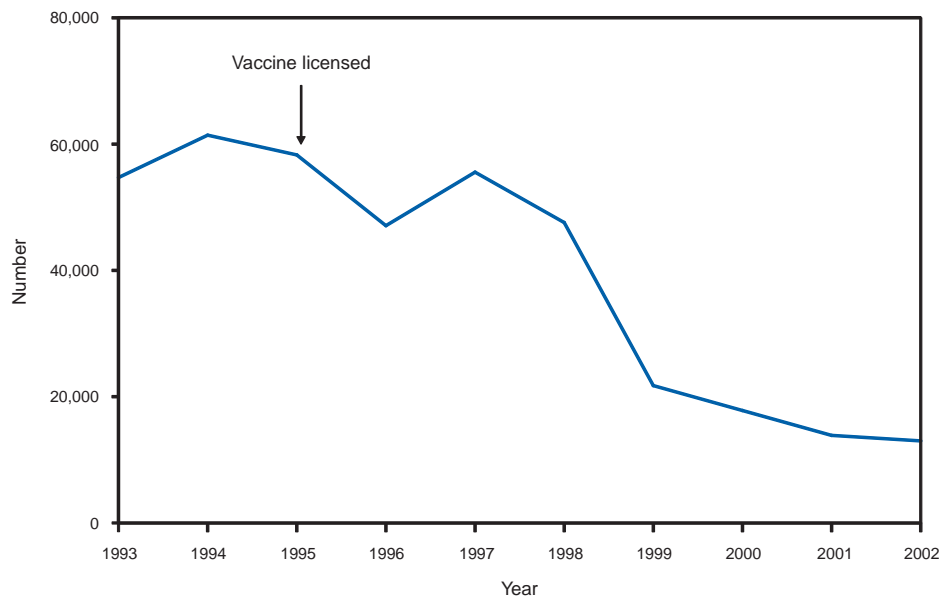
In 2002, 90 cases of tularemia were reported. Areas with high rates of infection in recent years include Missouri and neighboring states, and Martha's Vineyard, Massachusetts. Tularemia was reinstated as a nationally notifiable disease in 2000.

TYPHOID FEVER. Reported cases, by year — United States, 1972–2002



Approximately 80% of reported cases of typhoid fever are acquired by unvaccinated travelers to countries where the disease is endemic. Increasing antimicrobial resistance has complicated the treatment of typhoid fever.

VARICELLA. Reported cases from selected U.S. states* (n=4), 1993–2002



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

The number of varicella cases in four states (Michigan, Rhode Island, Texas, and West Virginia) that reported in 2002 is the lowest ever reported, constituting a 6.29% decline compared with cases reported in 2001 and a 77.64% decline compared with cases reported in the prevaccine years of 1993–1995.

PART 3

Historical Summaries of Notifiable Diseases in the United States, 1971–2002

Abbreviations and Symbols Used in Tables

NA Data not available

– No reported cases

Rates <0.01 after rounding are listed as 0.

Note: Data in the *MMWR Summary of Notifiable Diseases, United States, 2002* might not match data in other CDC surveillance reports because of differences in the timing of reports, the source of the data, and case definition.

TABLE 7. (Continued) Reported incidence rates of notifiable diseases per 100,000 population, United States, 1992–2002

Disease	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Listeriosis	¶	¶	¶	¶	¶	¶	¶	¶	0.29	0.22	0.24
Lyme disease	3.93	3.20	5.01	4.49	6.21	4.79	6.39	5.99	6.53	6.05	8.44
Lymphogranuloma venereum	0.10	0.10	0.10	†	†	†	†	†	†	†	†
Malaria	0.43	0.55	0.47	0.55	0.68	0.75	0.60	0.61	0.57	0.55	0.51
Measles	0.88	0.12	0.37	0.12	0.20	0.06	0.04	0.04	0.03	0.04	0.02
Meningococcal disease	0.84	1.02	1.11	1.25	1.30	1.24	1.01	0.92	0.83	0.83	0.64
Mumps	1.03	0.66	0.60	0.35	0.29	0.27	0.25	0.14	0.13	0.10	0.10
Murine typhus fever	0.02	0.01	0.01	†	†	†	†	†	†	†	†
Pertussis	1.60	2.55	1.77	1.97	2.94	2.46	2.74	2.67	2.88	2.69	3.47
Plague	0.01	0.00	0.01	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00
Poliomyelitis, paralytic	0.00	0.00	0.00	0.00	0.03	0.02	0.01	0.00	0.00	0.00	0.00
Psittacosis	0.04	0.02	0.02	0.03	0.02	0.02	0.02	0.01	0.01	0.01	0.01
Q Fever	¶	¶	¶	¶	¶	¶	¶	¶	0.01	0.01	0.02
Rabies, human	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.00	0.00	0.00	0.00
Rheumatic fever, acute	0.06	0.08	0.09	†	†	†	†	†	†	†	†
Rocky Mountain spotted fever	0.20	0.18	0.18	0.23	0.32	0.16	0.14	0.21	0.18	0.25	0.39
Rubella	0.06	0.07	0.09	0.05	0.10	0.07	0.13	0.10	0.06	0.01	0.01
Rubella, congenital syndrome	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Salmonellosis	16.04	16.15	16.64	17.66	17.15	15.66	16.17	14.89	14.51	14.39	15.73
Shigellosis	9.38	12.48	11.44	12.32	9.80	8.64	8.74	6.43	8.41	7.19	8.37
Streptococcal disease, invasive, group A	¶	¶	¶	¶	¶	¶	¶	¶	1.45	1.60	1.69
Streptococcal toxic-shock syndrome	¶	¶	¶	¶	¶	¶	¶	¶	0.04	0.04	0.05
<i>Streptococcus pneumoniae</i> , invasive, drug resistant	¶	¶	¶	¶	¶	¶	¶	¶	2.77	2.11	1.14
<i>Streptococcus pneumoniae</i> , invasive <5 years	¶	¶	¶	¶	¶	¶	¶	¶	¶	1.03	3.62
Syphilis, primary and secondary	13.70	10.40	8.10	6.30	4.29	3.19	2.61	2.50	2.19	2.17	2.44
Total, all stages	45.30	39.70	32.00	26.20	19.97	17.39	14.19	13.07	11.58	11.45	11.68
Tetanus	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.01	0.01	0.01
Toxic–shock syndrome	0.10	0.08	0.10	0.07	0.06	0.06	0.06	0.05	0.06	0.05	0.05
Trichinosis	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01	0.01	0.01
Tuberculosis	10.46	9.82	9.36	8.70	8.04	7.42	6.79	6.43	6.01	5.68	5.36
Tularemia	0.06	0.05	0.04	†	†	†	†	†	0.06	0.05	0.03
Typhoid fever	0.16	0.17	0.17	0.14	0.15	0.14	0.14	0.13	0.14	0.13	0.11
Varicella¶	176.54	118.54	135.76	118.11	44.13	93.55	70.28	44.56	26.18	19.51	10.27
Yellow fever	–	–	–	–	0.00	–	–	0.00	–	–	0.00

* Acquired Immunodeficiency syndrome (AIDS).

† 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, 1995–2002

Disease	1995	1996	1997	1998	1999	2000	2001	2002
AIDS	71,547	66,885	58,492	46,521	45,104	40,758	41,868	42,745*
Anthrax	—	—	—	—	—	1	23	2
Botulism, total (including wound and unsp.)	97	119	132	116	154	138	155	118
Foodborne	24	25	31	22	23	23	39	28
Infant	54	80	79	65	92	93	97	69
Brucellosis	98	112	98	79	82	87	136	125
Chancroid	606	386	243	189	143	78	38	67†
Chlamydia§	477,638	498,884	526,671	604,420	656,721	702,093	783,242	834,555†
Cholera	23	4	6	17	6	5	3	2
Coccidioidomycosis	1,212	1,696	1,749	2,275	2,827	2,867	3,922	4,968
Cryptosporidiosis	2,970	2,827	2,566	3,793	2,361	3,128	3,785	3,016
Cyclosporiasis	NA	NA	94	58	63	60	147	156
Diphtheria	—	2	4	1	1	1	2	1
Ehrlichiosis, human granulocytic	¶	¶	¶	¶	216	351	261	511
Human monocytic	¶	¶	¶	¶	116	200	142	216
Encephalitis, California serogroup viral	11	123	129	97	70	114	128	164
Eastern equine	1	5	14	4	5	3	9	10
Powassan	¶	¶	¶	¶	¶	¶	¶	1
St. Louis	3	2	13	24	4	2	79	28
West Nile	¶	¶	¶	¶	¶	¶	¶	2,840
Western equine	—	—	—	—	1	—	—	—
<i>Escherichia coli</i> , enterohemorrhagic (EHEC) O157:H7	2,139	2,741	2,555	3,161	4,513	4,528	3,287	3,840
EHEC, serogroup non-O157	¶	¶	¶	¶	¶	¶	171	194
EHEC, not serogrouped	¶	¶	¶	¶	¶	¶	20	60
Giardiasis	¶	¶	¶	¶	¶	¶	¶	21,206
Gonorrhea	392,848	325,883	324,907	355,642	360,076	358,995	361,705	351,852†
<i>Haemophilus influenzae</i> , invasive disease	1,180	1,170	1,162	1,194	1,309	1,398	1,597	1,743
Age <5 yrs serotype B	¶	¶	¶	¶	¶	¶	¶	34
Age <5 yrs non-serotype B	¶	¶	¶	¶	¶	¶	¶	144
Age <5 yrs unknown serotype	¶	¶	¶	¶	¶	¶	¶	153
Hansen disease	144	112	122	108	108	91	79	96
Hantavirus pulmonary syndrome	NA	NA	NA	NA	31	41	8	19
Hemolytic uremic syndrome, postdiarrheal	72	97	91	119	180	249	202	216
Hepatitis A, acute	31,582	31,032	30,021	23,229	17,047	13,397	10,609	8,795
Hepatitis B, acute	10,805	10,637	10,416	10,258	7,694	8,036	7,843	7,996
Hepatitis C/non-A, non-B**	4,576	3,716	3,816	3,518	3,111	3,197	3,976	1,835
Legionellosis	1,241	1,198	1,163	1,355	1,108	1,127	1,168	1,321
Listeriosis	¶	¶	¶	¶	¶	755	613	665
Lyme disease	11,700	16,455	12,801	16,801	16,273	17,730	17,029	23,763
Malaria	1,419	1,800	2,001	1,611	1,666	1,560	1,544	1,430
Measles	309	508	138	100	100	86	116	44
Meningococcal disease	3,243	3,437	3,308	2,725	2,501	2,256	2,333	1,814

TABLE 8. (Continued) Reported cases of notifiable diseases — United States, 1995–2002

Disease	1995	1996	1997	1998	1999	2000	2001	2002
Mumps	906	751	683	666	387	338	266	270
Pertussis	5,137	7,796	6,564	7,405	7,288	7,867	7,580	9,771
Plague	9	5	4	9	9	6	2	2
Poliomyelitis, paralytic ^{††}	7	7	6	3	2	—	—	—
Psittacosis	64	42	33	47	16	17	25	18
Q Fever	¶	¶	¶	¶	¶	21	26	61
Rabies, animal	7,811	6,982	8,105	7,259	6,730	6,934	7,150	7,609
Rabies, human	5	3	2	1	—	4	1	3
Rocky Mountain spotted fever	590	831	409	365	579	495	695	1,104
Rubella	128	238	181	364	267	176	23	18
Rubella, congenital syndrome	6	4	5	7	9	9	3	1
Salmonellosis	45,970	45,471	41,901	43,694	40,596	39,574	40,495	44,264
Shigellosis	32,080	25,978	23,117	23,626	17,521	22,922	20,221	23,541
Streptococcal disease, invasive, group A	613	1,445	1,973	2,260	2,667	3,144	3,750	4,720
<i>Streptococcus pneumoniae</i> , drug-resistant, invasive	309	1,514	1,799	2,823	4,625	4,533	2,896	2,546
<i>Streptococcus pneumoniae</i> , invasive <5 yrs	¶	¶	¶	¶	¶	¶	498	513
Streptococcal toxic-shock syndrome	10	19	33	58	65	83	77	118
Syphilis, primary and secondary	16,500	11,387	8,550	6,993	6,657	5,979	6,103	6,862 [†]
Total, all stages	68,953	52,976	46,540	37,977	35,628	31,575	32,221	32,871 [†]
Tetanus	41	36	50	41	40	35	37	25
Toxic-shock syndrome	191	145	157	138	113	135	127	109
Trichinosis	29	11	13	19	12	16	22	14
Tuberculosis	22,860	21,337	19,851	18,361	17,531	16,377	15,989	15,075 ^{§§}
Tularemia	¶	¶	¶	¶	¶	142	129	90
Typhoid fever	369	396	365	375	346	377	368	321
Varicella ^{¶¶}	120,624	83,511	98,727	82,455	46,016	27,382	22,536	22,841
Varicella deaths	**	**	**	**	**	**	**	9
Yellow fever ^{***}	—	1	—	—	1	—	—	1

* The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention—Surveillance, and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 2002.

† Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 2, 2003.

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

¶ Not previously nationally notifiable.

** Anti-HCV 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 March 28, 2003.

¶¶ 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 1991; all others since then have been imported.

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 9. Reported cases of notifiable diseases* — United States, 1987–1994

Disease	1987	1988	1989	1990	1991	1992	1993	1994
AIDS†	21,070	31,001	33,722	41,595	43,672	45,472	103,691	78,279
Amebiasis	3,123	2,860	3,217	3,328	2,989	2,942	2,970	2,983
Anthrax	1	2	—	—	—	1	—	—
Aseptic meningitis	11,487	7,234	10,274	11,852	14,526	12,223	12,848	8,932
Botulism, total (including wound and unsp.)	82	84	89	92	114	91	97	143
Foodborne	17	28	23	23	27	21	27	50
Infant	59	50	60	65	81	66	65	85
Brucellosis	129	96	95	82	104	105	120	119
Chancroid	4,998	5,001	4,692	4,212	3,476	1,886	1,399	773
Cholera	6	8	—	6	26	103	18	39
Diphtheria	3	2	3	4	5	4	—	2
Encephalitis, primary§	1,418	882	981	1,341	1,021	774	919	717
Postinfectious	121	121	88	105	82	129	170	143
<i>Escherichia coli</i> O157:H7	2,139	2,741	2,555	3,161	4,513	4,528	3,287	1,420
Gonorrhea	780,905	719,536	733,151	690,169	620,478	501,409	439,673	418,068
Granuloma inguinale	22	11	7	97	29	6	19	3
<i>Haemophilus influenzae</i> , invasive disease	¶	¶	¶	¶	¶	1,412	1,419	1,174
Hansen disease	238	184	163	198	154	172	187	136
Hepatitis A, acute	25,280	28,507	35,821	31,441	24,378	23,112	24,238	26,796
Hepatitis B, acute	25,916	23,177	23,419	21,102	18,003	16,126	13,361	12,517
Hepatitis C/non-A, non-B	2,999	2,619	2,529	2,553	3,582	6,010	4,786	4,470
Hepatitis, unspecified	3,102	2,470	2,306	1,671	1,260	884	627	444
Legionellosis	1,038	1,085	1,190	1,370	1,317	1,339	1,280	1,615
Leptospirosis	43	54	93	77	58	54	51	38
Lyme disease	¶	¶	¶	¶	¶	9,895	8,257	13,043
Lymphogranuloma venereum	303	185	189	277	471	302	285	235
Malaria	944	1,099	1,277	1,292	1,278	1,087	1,411	1,229
Measles	3,655	3,396	18,193	27,786	9,643	2,237	312	963
Meningococcal disease	2,930	2,964	2,727	2,451	2,130	2,134	2,637	2,886
Mumps	12,848	4,866	5,712	5,292	4,264	2,572	1,692	1,537
Murine typhus fever	49	54	41	50	43	28	25	**
Pertussis	2,823	3,450	4,157	4,570	2,719	4,083	6,586	4,617
Plague	12	15	4	2	11	13	10	17
Poliomyelitis, paralytic	9	9	11	6	10	6	4	8
Psittacosis	98	114	116	113	94	92	60	38
Rabies, animal	4,658	4,651	4,724	4,826	6,910	8,589	9,377	8,147
Rabies, human	1	—	1	1	3	1	3	6
Rheumatic fever, acute	141	158	144	108	127	75	112	112
Rocky Mountain spotted fever	604	609	623	651	628	502	456	465
Rubella	306	225	396	1,125	1,401	160	192	227
Rubella, congenital syndrome	5	6	3	11	47	11	5	7
Salmonellosis, excluding typhoid fever	50,916	48,948	47,812	48,603	48,154	40,912	41,641	43,323
Shigellosis	23,860	30,617	25,010	27,077	23,548	23,931	32,198	29,769
Syphilis, primary and secondary	35,147	40,117	44,540	50,223	42,935	33,973	26,498	20,627
Total, all stages	86,545	103,437	110,797	134,255	128,569	112,581	101,259	81,696
Tetanus	48	53	53	64	57	45	48	51
Toxic-shock syndrome	372	390	400	322	280	244	212	192
Trichinosis	40	45	30	129	62	41	16	32
Tuberculosis	22,517	22,436	23,495	25,701	26,283	26,673	25,313	24,361
Tularemia	214	201	152	152	193	159	132	96
Typhoid fever	400	436	460	552	501	414	440	441
Varicella	213,196	192,857	185,441	173,099	147,076	158,364	134,722	151,219

* No cases of yellow fever were reported during 1987–1994.

† Acquired immunodeficiency syndrome (AIDS).

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

¶ Not previously nationally notifiable.

** No longer 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, 1979–1986

Disease	1979	1980	1981	1982	1983	1984	1985	1986
AIDS†	§	§	§	§	§	4,445	8,249	12,932
Amebiasis	4,107	5,271	6,632	7,304	6,658	5,252	4,433	3,532
Anthrax	—	1	—	—	—	1	—	—
Aseptic meningitis	8,754	8,028	9,547	9,680	12,696	8,326	10,619	11,374
Botulism, total (including wound and unsp.)	45	89	103	97	133	123	122	109
Foodborne	§	§	§	§	§	§	49	23
Infant	§	§	§	§	§	§	70	79
Brucellosis	215	183	185	173	200	131	153	106
Chancroid	840	788	850	1,392	847	666	2,067	3,756
Cholera	1	9	19	—	1	1	4	23
Diphtheria¶	59	3	5	2	5	1	3	—
Encephalitis, primary**	1,504	1,362	1,492	1,464	1,761	1,257	1,376	1,302
Postinfectious	84	40	43	36	34	108	161	124
Gonorrhea	1,004,058	1,004,029	990,864	960,633	900,435	878,556	911,419	900,868
Granuloma inguinale	76	51	66	17	24	30	44	61
Hansen disease	185	223	256	250	259	290	361	270
Hepatitis A, acute	30,407	29,087	25,802	23,403	21,532	22,040	23,210	23,430
Hepatitis B, acute	15,452	19,015	21,152	22,177	24,318	26,115	26,611	26,107
Hepatitis C/ non-A, non-B	§	§	§	§	§	3,871	4,184	3,634
Hepatitis, unspecified	10,534	11,894	10,975	8,564	7,149	5,531	5,517	3,940
Legionellosis	593	475	408	654	852	750	830	980
Leptospirosis	94	85	82	100	61	40	57	41
Lymphogranuloma venereum	250	199	263	235	335	170	226	396
Malaria	894	2,062	1,388	1,056	813	1,007	1,049	1,123
Measles (rubeola)	13,597	13,506	3,124	1,714	1,497	2,587	2,822	6,282
Meningococcal disease	2,724	2,840	3,525	3,056	2,736	2,746	2,479	2,594
Mumps	14,225	8,576	4,941	5,270	3,355	3,021	2,982	7,790
Murine typhus fever	69	81	61	58	62	53	37	67
Pertussis	1,623	1,730	1,248	1,895	2,463	2,276	3,589	4,195
Plague	13	18	13	19	40	31	17	10
Poliomyelitis, total	22	9	10	12	13	9	8	10
Paralytic††	22	9	10	12	13	9	8	10
Psittacosis	137	124	136	152	142	172	119	224
Rabies, animal	5,119	6,421	7,118	6,212	5,878	5,567	5,565	5,504
Rabies, human	4	—	2	—	2	3	1	—
Rheumatic fever, acute	629	432	264	137	88	117	90	147
Rocky Mountain spotted fever	1,070	1,163	1,192	976	1,126	838	714	760
Rubella	11,795	3,904	2,077	2,325	970	752	630	551
Rubella, congenital syndrome	62	50	19	7	22	5	—	14
Salmonellosis	33,138	33,715	39,990	40,936	44,250	40,861	65,347	49,984
Shigellosis	20,135	19,041	19,859	18,129	19,719	17,371	17,057	17,138
Syphilis, primary and secondary	24,874	27,204	31,266	33,613	32,698	28,607	27,131	27,883
Total, all stages	67,049	68,832	72,799	75,579	74,637	69,888	67,563	68,215
Tetanus	81	95	72	88	91	74	83	64
Toxic-shock syndrome	§	§	§	§	§	482	384	412
Trichinosis	157	131	206	115	45	68	61	39
Tuberculosis	27,669	27,749	27,373	25,520	23,846	22,255	22,201	22,768
Tularemia	196	234	288	275	310	291	177	170
Typhoid fever	528	510	584	425	507	390	402	362
Varicella	199,081	190,894	200,766	167,423	177,462	221,983	178,162	183,243

* No cases of yellow fever were reported during 1979–1986.

† Acquired immunodeficiency syndrome (AIDS).

§ Not previously notifiable nationally

¶ Cutaneous diphtheria ceased being notifiable nationally after 1979.

** Beginning in 1984, data were recorded by date of record 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.

§§ No longer 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 11. Reported cases of notifiable diseases* — United States, 1971–1978

Disease	1971	1972	1973	1974	1975	1976	1977	1978
Amebiasis	2,752	2,199	2,235	2,743	2,775	2,906	3,044	3,937
Anthrax	5	2	2	2	2	2	—	6
Aseptic meningitis	5,176	4,634	4,846	3,197	4,475	3,510	4,789	6,573
Botulism, total (including wound and unsp.)	25	22	34	28	20	55	129	105
Brucellosis	183	196	202	240	310	296	232	179
Chancroid	1,320	1,414	1,165	945	700	628	455	521
Cholera	—	—	1	—	—	—	3	12
Diphtheria	215	152	228	272	307	128	84	76
Encephalitis, primary	1,524	1,059	1,613	1,164	4,064	1,651	1,414	1,351
Postinfectious	439	243	354	218	237	175	119	78
Gonorrhea	670,268	767,215	842,621	906,121	999,937	1,001,994	1,002,219	1,013,436
Granuloma inguinale	89	81	62	47	60	71	75	72
Hansen disease	131	130	146	118	162	145	151	168
Hepatitis A (infectious)	59,606	54,074	50,749	40,358	35,855	33,288	31,153	29,500
Hepatitis B (serum)	9,556	9,402	8,451	10,631	13,121	14,973	16,831	15,016
Hepatitis, unspecified	†	†	†	†	†	7,488	8,639	8,776
Legionellosis	†	†	†	†	†	235	359	761
Leptospirosis	62	41	57	8,351	93	73	71	110
Lymphogranuloma venereum	692	756	408	394	353	365	348	284
Malaria	2,375	742	237	293	373	471	547	731
Measles	75,290	32,275	26,690	22,094	24,374	41,126	57,345	26,871
Meningococcal disease	2,262	1,323	1,378	1,346	1,478	1,605	1,828	2,505
Mumps	124,939	74,215	69,612	59,128	59,647	38,492	21,436	16,817
Murine typhus fever	23	18	32	26	41	69	75	46
Pertussis	3,036	3,287	1,759	2,402	1,738	1,010	2,177	2,063
Plague	2	1	2	8	20	16	18	12
Poliomyelitis, total	21	31	8	7	13	10	19	8
Paralytic	17	29	7	7	13	10	19	8
Psittacosis	32	52	33	164	49	78	94	140
Rabies, animal	4,310	4,369	3,640	3,151	2,627	3,073	3,130	3,254
Rabies, human	2	2	1	—	2	2	1	4
Rheumatic fever, acute	2,793	2,614	2,560	2,431	2,854	1,865	1,738	851
Rocky Mountain spotted fever	432	523	668	754	844	937	1,153	1,063
Rubella	45,086	25,507	27,804	11,917	16,652	12,491	20,395	18,269
Rubella, congenital syndrome	68	42	35	45	30	30	23	30
Salmonellosis	21,928	22,151	23,818	21,980	22,612	22,937	27,850	29,410
Shigellosis	16,143	20,207	22,642	22,600	16,584	13,140	16,052	19,511
Syphilis, primary and secondary	23,783	24,429	24,825	25,385	25,561	23,731	20,399	21,656
Total, all stages	95,997	91,149	87,469	83,771	80,356	71,761	64,621	64,875
Tetanus	116	128	101	101	102	75	87	86
Trichinosis	103	89	102	120	252	115	143	67
Tuberculosis§	35,217	32,882	30,998	30,122	33,989	32,105	30,145	28,521
Tularemia	187	152	171	144	129	157	165	141
Typhoid fever	407	398	680	437	375	419	398	505
Varicella	†	164,114	182,927	141,495	154,248	183,990	188,396	154,089

* No cases of yellow fever were reported during 1971–1978.

† Not previously nationally notifiable.

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

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 12. Deaths from selected notifiable diseases — United States, 1996–2000

Cause of death	Cause of death codes		Estimated comparability ratio [§]	1996 No. of deaths according to		1997 No. of deaths according to		1998 No. of deaths according to		1999 No. of deaths ICD-10	2000 No. of deaths ICD-10
	ICD-10*	ICD-9†		ICD-10¶	ICD-9**	ICD-10	ICD-9	ICD-10	ICD-9		
AIDS††	B20–B24	042–044	1.0824	33,695	31,130	17,877	16,516	14,532	13,426	14,802	14,478
Anthrax	A22	022	§§	§§	–	§§	–	§§	–	–	–
Botulism, foodborne	A05.1	005.1	§§	§§	1	§§	2	§§	–	4	4
Brucellosis	A23	023	§§	§§	–	§§	1	§§	1	–	1
Chancroid	A57	099.0	§§	§§	–	§§	–	§§	–	–	–
Cholera	A00	001	§§	§§	2	§§	–	§§	1	1	1
Diphtheria	A36	032	§§	§§	–	§§	–	§§	1	1	–
Encephalitis/meningitis, arboviral											
California serogroup	A83.5	062.5	§§	§§	1	§§	1	§§	–	1	–
Eastern equine	A83.2	062.2	§§	§§	1	§§	2	§§	1	–	–
St. Louis	A83.3	062.3	§§	§§	–	§§	1	§§	–	2	1
Western equine	A83.1	062.1	§§	§§	–	§§	–	§§	1	–	1
Gonorrhea	A54	098	§§	§§	4	§§	3	§§	4	9	12
<i>Haemophilus influenzae</i>	A49.2	041.5	§§	§§	7	§§	7	§§	11	6	6
Hansen disease	A30	030	§§	§§	–	§§	2	§§	–	2	2
Hepatitis A	B15	070.0–070.1	0.9328	113	121	118	127	106	114	134	106
Hepatitis B	B16,B18.0,B18.1	070.2–070.3	0.6879	744	1,082	709	1,030	724	1,052	832	886
Hepatitis C	B17.1, B18.2	070.4–070.5	0.7114	1,692	2,378	1,940	2,727	2,457	3,454	3,763	4,225
Malaria	B50–B54	084	§§	§§	4	§§	7	§§	6	7	3
Measles	B05	055	§§	§§	1	§§	2	§§	–	2	1
Meningococcal disease	A39	036	0.9861	286	290	305	309	231	234	227	211
Mumps	B26	072	§§	§§	1	§§	–	§§	1	1	2
Pertussis	A37	033	§§	§§	4	§§	6	§§	5	7	12
Plague	A20	020	§§	§§	2	§§	–	§§	–	1	–
Poliomyelitis	A80	045	§§	§§	–	§§	–	§§	–	–	–
Psittacosis	A70	073	§§	§§	1	§§	–	§§	–	–	–
Q fever	A78	083.0	§§	§§	1	§§	–	§§	–	–	–
Rabies, human	A82	071	§§	§§	3	§§	4	§§	1	–	3
Rubella	B06	056	§§	§§	–	§§	–	§§	–	–	–
Rubella, congenital syndrome	P35.0	771.0	§§	§§	4	§§	4	§§	4	8	4
Salmonellosis	A02	003	0.8929	52	58	46	51	33	37	38	28
Shigellosis	A03	004	§§	§§	5	§§	5	§§	5	6	9
Spotted fever (tickborne rickettsioses)	A77.0	082.0	§§	§§	6	§§	12	§§	3	5	4
Syphilis, all stages	A50–A53	090–097	0.7887	58	73	49	62	35	45	33	41
Tetanus	A35	037	§§	§§	1	§§	4	§§	7	7	5
Trichinosis	B75	124	§§	§§	–	§§	–	§§	–	–	–
Tuberculosis	A16–A19	010–018	0.8821	1,060	1,202	1,029	1,166	981	1,112	930	776
Tularemia	A21	021	§§	§§	–	§§	1	§§	1	1	3
Typhoid fever	A01.0	002.0	§§	§§	1	§§	–	§§	–	–	–
Varicella¶¶	B01	052	0.7848	64	81	78	99	64	81	48	44
Yellow fever	A95	060	§§	§§	1	§§	–	§§	–	1	–

* World Health Organization. *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, 1992.*

† World Health Organization. *International Classification of Diseases, Ninth Revision, 1975.*

§ Unpublished estimates; see also Anderson RN, Minino AM, Hoyert DL, et al. Comparability of cause of death between ICD-9 and ICD-10: Preliminary estimates. CDC, National Center for Health Statistics. 2001; DHHS publication no. (PHS) 2001-1120. (National vital statistics report Vol. 49, No. 2).

¶ Number of deaths modified with the comparability ratio for ICD-10 code.

** Number of deaths based on ICD-9 code; unmodified with the comparability ratio for ICD-10 code.

†† Acquired immunodeficiency syndrome. In 1987, the National Center for Health Statistics introduced ICD-9 categories 042–044 for classifying and coding human immunodeficiency virus (HIV) infection.

§§ Comparability ratio not calculated because it does not meet standards of reliability or precision.

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

Source: CDC. CDC WONDER Compressed mortality files Available at <http://wonder.cdc.gov/mortSQL.html>. Provided by the National Center for Health Statistics. National Vital Statistics System, 1996–2000. Deaths are classified according to ICD-9 (1996–1998) and ICD-10 (1999–2000). Data for 2001 and 2002 currently are not available.

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