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Summary of Notifiable Diseases, United States

1999

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Preface

The MMWR Summary of Notifiable Diseases, United States, 1999 contains, in tabular and graphical form, the official statistics for the reported occurrence of nationally notifiable diseases in the United States for 1999. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System (NNDSS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE).

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

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

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

Part 1 contains tables that present incidence data for each of the diseases considered nationally notifiable during 1999.* The tables provide the number of cases of notifiable diseases reported to CDC for 1999, as well as the distribution of cases by month and geographic location and by patient's age, sex, race, and Hispanic ethnicity. The data are final totals as of August 15, 2000, unless otherwise noted. In all tables, leprosy is listed as Hansen disease, and tickborne typhus fever is listed as Rocky Mountain spotted fever (RMSF).

Part 2 contains graphs and maps. These graphs and maps 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 1968. This section also includes a table enumerating deaths associated with specified notifiable diseases reported to the National Center for Health Statistics (NCHS), CDC, during 1989–1998.

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

^{*}Because no cases of anthrax, human rabies, or paralytic poliomyelitis were reported in the United States during 1999, these diseases do not appear in the tables in Part 1.

Background

As of January 1, 1999, a total of 58 infectious diseases were designated as notifiable at the national level. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. This section briefly summarizes the history of the reporting of nationally notifiable diseases in the United States.

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

The list of nationally notifiable diseases is revised periodically. For example, a disease might be added to the list as a new pathogen emerges, or a disease might be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable. CSTE, with input from CDC, makes recommendations annually for additions and deletions. Although disease reporting is mandated (i.e., 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.

The list of infectious diseases designated as notifiable at the national level during 1999 is as follows:

Infectious Diseases Designated as Notifiable at the National Level During 1999

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

^{*}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*. Although useful for detailed epidemiologic analyses, data published in *CDC Surveillance Summaries* or other surveillance reports produced by CDC programs can be different from data reported in the annual summary because of differences in the timing of reports, the source of the data, and the case definitions.

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

Final data for selected diseases (presented in Parts 1, 2, and 3) are 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; and laboratory data regarding botulism, *Escherichia coli* O157:H7, salmonellosis, and shigellosis).

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]).

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

Division of Tuberculosis Elimination (tuberculosis).

National Immunization Program (NIP)

Epidemiology and Surveillance Division (poliomyelitis; *Haemophilus influenzae*, invasive disease, type B; and varicella).

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

Population estimates for the states are from the July 1, 1999, estimates by the U.S. Department of Commerce, Economics, and Statistics Administration, Bureau of the Census, Population Division, Population Distribution Branch, Internet press release ST-99-1, December 29, 1999.* Population numbers for territories are 1998 estimates from Bureau of the Census press release PR-99-1* and CB98-219.† More information regarding census estimates is available at http://www.census.gov/.

Rates in the *Summary* are presented as incidence rates per 100,000 population, based on data for the U.S. total-resident population. However, population data from states in which diseases were not notifiable or disease data were not available were excluded from rate calculations.

Interpreting Data

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. Some diseases that cause severe clinical illness (e.g., plague and rabies) are most likely reported accurately, if they were diagnosed by a clinician. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) might not seek medical care from a health-care provider. Even if these less severe diseases are diagnosed, they are less likely to be reported.

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

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

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

^{*}Available at http://www.census.gov/population/estimates/state/st-99-1.txt. Accessed January 29, 2001.

[†] Available at <http://www.census.gov/Press-Release/cb98-219.html>. Accessed January 29, 2001.

Highlights for 1999

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

AIDS

The annual incidence of acquired immunodeficiency syndrome (AIDS) and deaths among persons with AIDS declined during 1996, reflecting the beneficial impact of newly available therapies. Although this trend continued through 1998, provisional data for 1999 suggest that the number of AIDS cases and deaths might be leveling. Before the widespread availability of effective treatments, AIDS surveillance data were representative of underlying trends in human immunodeficiency virus (HIV) transmission. Because of changes in the epidemiology of AIDS associated with treatment successes, AIDS incidence no longer accurately reflects HIV incidence trends. AIDS data now reflect a combination of factors, including a) variation in HIV transmission patterns over a long period, b) differences in access to and use of testing and treatment among populations who are at risk or infected, and c) treatment regimens that might be failing because of drug resistance and poor adherence.

To provide better data for HIV prevention efforts, CDC and the Council of State and Territorial Epidemiologists (CSTE) have recommended that national surveillance expand to include both HIV infection and AIDS cases (*MMWR* 1999;48[RR-13]; CSTE position statement ID-4, 1997). An integrated national HIV/AIDS surveillance system would provide information regarding persons in whom HIV infection has been newly diagnosed, persons with severe HIV disease (AIDS), and those dying of HIV disease. Currently, at the local level, 33 states and 1 U.S. territory report HIV infections by the patient's name, 6 states and 1 U.S. territory use codes provided by health-care providers for HIV reporting, and 2 states convert names to codes after a report is received.

Chancroid

In 1999, a total of 143 cases of chancroid was reported to CDC, for a rate of 0.1 cases/100,000 population. The number of cases reported in 1999 represent a 24.3% decline from 1998 and a continuing decline since 1987. However, chancroid is difficult to culture and could be substantially underdiagnosed. Several studies that have used DNA amplification tests (which are not commercially available) have identified this infection in cities where it was previously undetected (*J Infect Dis* 1998;178:1795–8).

Chlamydia trachomatis, Genital Infection

In 1999, a total of 656,721 cases of genital chlamydial infection was reported to CDC, for a rate of 254.1 cases/100,000 population. This is the highest rate of chlamydial infection reported to CDC since voluntary case reporting began in the mid-1980s. It is also the highest rate since genital chlamydial infection became a nationally notifiable disease in 1995. This increase is primarily caused by the continued expansion of chlamydia screening programs and the increased use of more sensitive diagnostic tests for this condition. Since the late 1980s, data on chlamydia prevalence obtained by monitoring test positivity rates of persons screened in different clinic settings have generally

documented declining levels of infection in many parts of the United States (CDC. Sexually transmitted disease surveillance 1999 supplement: Chlamydia Prevalence Monitoring Project. November 2000).

Cholera

During 1995–1999, a total of 53 laboratory-confirmed cases of cholera, all caused by *Vibrio cholerae* O1, was reported to CDC. Twenty-nine (53%) patients were hospitalized, and one died. Thirty-six (68%) infections were acquired outside the United States, whereas four (8%) were acquired through consumption of contaminated seafood harvested in Gulf Coast waters. Among travel-associated cholera cases, 32% of isolates were resistant to trimethoprim-sulfamethoxazole, sulfisoxazole, streptomycin, and furazolidone. Thus, foreign travel and contaminated seafood continue to account for most cholera cases in the United States, and antimicrobial resistance is increasing among *V. cholerae* O1 strains isolated from ill travelers.

Diphtheria

In 1999, no probable or confirmed cases of toxigenic *Corynebacterium diphtheriae* were reported in the United States. However, one man aged 75 years who had visited a nondairy cattle farm 2 weeks earlier died of an illness clinically consistent with respiratory diphtheria. A toxigenic strain of *C. ulcerans* was isolated from a throat swab from the patient. *C. ulcerans* is primarily an animal pathogen, but can be toxigenic and cause fatal or nonfatal clinical respiratory diphtheria in humans.

Gonorrhea

In 1999, a total of 360,076 cases of gonorrhea was reported to CDC, for a rate of 133.2 cases/100,000 population. This was a 9.2% increase over the 1997 rate (122.0/100,000) and a 1.2% increase over the 1998 rate (131.6/100,000). Possible reasons for this trend include expansion of screening programs (motivated by the availability of simultaneous testing for genital chlamydial infections), increased use of new diagnostic tests with improved sensitivity, improvements in surveillance systems, and true increases in morbidity in some geographic areas and segments of the population.

Haemophilus influenzae, Invasive Disease

In 1999, a total of 261 cases of *Haemophilus influenzae* (Hi) invasive disease among children aged <5 years was reported (data was provided by the National Immunization Program and were based on date of onset, not *MMWR* week). Before a vaccine was introduced in 1987, approximately 20,000 cases of *H. influenzae* type b (Hib) invasive disease occurred among children annually (*JAMA* 1993;269:221–6). Because of widespread use of the Hib vaccine among preschool-aged children, the number of Hib cases has declined sharply. Of the 261 cases reported during 1999, a total of 215 (82%) Hi isolates were serotyped, and 71 (33%) of these were type b. Among the 71 cases of Hib invasive disease reported among children aged <5 years, 30 (42%) were among those aged <6 months, which is too young to have completed a three-dose primary Hib vaccination. However, 23 (56%) of the 41 children who were old enough (i.e., aged ≥6 months) to have completed a three-dose primary series either had unknown vaccination status (3 children) or were incompletely vaccinated (20 children). These cases might have been prevented with age-appropriate vaccination.

Hantavirus Pulmonary Syndrome

In 1999, a total of 42 probable cases of hantavirus pulmonary syndrome (HPS) from 15 states was reported to CDC's National Center for Infectious Diseases; of the 33 cases that were laboratory confirmed by CDC, 10 (30%) were fatal. CDC also confirmed two case-patients with hantavirus infection that did not develop into HPS. Since surveillance began in 1993, cases of HPS have been reported from Canada, Argentina, Paraguay, Brazil, Uruguay, Chile, and Bolivia. Cases with onset in 1999 were retrospectively recognized from Panama, the first Central American country to report HPS. HPS is caused by several hantaviruses in the Western Hemisphere, and most have specific sigmodontine rodent reservoirs of the family *Muridae*. Although most HPS in the United States is caused by Sin Nombre virus and its variants (i.e., New York and Monongahela), some cases have been associated with other hantaviruses, including Bayou and Black Creek Canal. Virus is shed in rodent urine, feces, and saliva, then transmitted through inhalation.

Hemolytic Uremic Syndrome, Postdiarrheal

Postdiarrheal hemolytic uremic syndrome (HUS) is a life-threatening illness characterized by hemolytic anemia, thrombocytopenia, and renal injury. In the United States, most cases are caused by infection with *Escherichia coli* O157:H7 or other Shiga toxin-producing *E. coli*. In 1999, the fourth year of national reporting, 26 states reported 181 cases of postdiarrheal HUS to CDC. The median age of patients was 4 years (range: <1–93), and 58% of patients were female. Illness was seasonal, with 54% of cases occurring during June–September.

By comparison, 17 states reported 119 cases in 1998, and 20 states reported 93 cases in 1997. Although the number of areas reporting and the number of cases reported increased in 1999, eight states and at least one territory did not list HUS as a notifiable disease in 1999, contributing to substantial underreporting.

Hepatitis A

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

The overall rate of hepatitis A reported during 1999 was the lowest recorded. However, because hepatitis A rates tend to vary from year to year and from region to region, determining whether this low rate is caused by routine immunization or the natural variability in infection rates is impossible. Monitoring the incidence of hepatitis A to determine if these low rates are sustained over time is critical to assessing the impact of routine vaccination.

Hepatitis B

Reported cases of acute hepatitis B have decreased >60% during the past decade, from 21,102 cases in 1990 to 7,694 cases in 1999. Surveillance data are being used to monitor the impact of the national strategy for eliminating hepatitis B virus (HBV) infection. *Healthy People 2010* objectives call for a 75–90% reduction in the national incidence of hepatitis B among adults (baseline: 15–24 cases/100,000 persons), a 99% reduction among children aged 2–18 years (baseline: 945 cases/year), and a 75% reduction in the number of perinatal HBV infections (baseline: 1,682 infections/year).

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

Hepatitis C; Non-A, Non-B

Cases of hepatitis C reported to the National Notifiable Disease Surveillance System (NNDSS) are considered unreliable because a) there is no serologic marker for acute infection and b) most health departments do not have the resources to determine if a positive laboratory report for hepatitis C virus (HCV) infection represents acute infection, chronic infection, repeated testing of a person previously reported, or a false-positive result. Historically, the most reliable national estimates of acute disease incidence have come from sentinel surveillance. After adjusting for underreporting and asymptomatic infections, the annual number of new infections has decreased >80% since 1989 to 38,000 cases in 1997 (CDC, unpublished data, 1999). Because surveillance for acute hepatitis C provides the best means to evaluate the effectiveness of prevention efforts and identify missed opportunities for prevention, efforts are underway to help states improve and establish surveillance.

HIV Infection, Adult

In 1998–1999, reports based on AIDS data indicated that the recent decline in AIDS cases and deaths was slowing. Because of improvements in treatment and care of persons infected with HIV, these data could represent a) persons whose treatment was unsuccessful, b) persons who were not tested for HIV before developing AIDS, or c) persons who did not seek or have access to testing and treatment earlier. Public health officials need data concerning persons in whom HIV infection was diagnosed before AIDS to determine who could benefit from prevention and treatment services. In June 1997, reporting of HIV infection among adults and adolescents (i.e., persons aged ≥13 years) was added to the list of nationally notifiable diseases at the annual CSTE meeting. CSTE recommended that all states and U.S. territories implement confidential HIV infection reporting based on methods that provide accurate and representative data for all persons diagnosed confidentially. Recommendations for implementing national HIV case surveillance were published in December 1999, and the revised surveillance case definition became effective January 1, 2000. Currently, 33 states and the U.S. Virgin Islands have implemented confidential reporting of HIV among adults and adolescents as an extension of current AIDS surveillance.

HIV Infection, Pediatric

In 1999, AIDS surveillance data indicated continued, substantial declines in perinatally acquired AIDS, reflecting declines in perinatal HIV transmission. HIV surveillance data indicated that the increasing use of zidovudine by mothers and newborns was temporally associated with this decline, demonstrating success in nationwide efforts to implement Public Health Service guidelines for routine, voluntary prenatal HIV testing (*MMWR* 1995;44[No. RR-7]) and the use of zidovudine to reduce perinatal HIV transmission (*MMWR* 1998;47[RR-2]).

States that conduct surveillance for perinatally exposed and infected children aged <13 years can evaluate the impact of the guidelines and document resources needed to care for perinatally exposed infants. In 1999, a total of 33 states and the U.S. Virgin

Islands conducted surveillance for HIV infection among children, reporting 233 children whose infection had not progressed to AIDS and 123 children who had AIDS. These states also received 2,004 new reports of perinatally exposed children who required follow-up with health-care providers to determine their HIV infection status. Recommendations for implementing a national HIV case surveillance were published in December 1999, and the revised surveillance case definition became effective January 1, 2000. Enhanced programmatic and surveillance efforts to further reduce perinatal HIV transmission are underway.

Lyme Disease

In 1999, approximately 16,273 cases of Lyme disease were reported to CDC. Most cases continue to be reported from the northeastern and north-central United States. CDC promotes community-based prevention of Lyme disease using a combination of strategies aimed at reducing vector tick densities, preventing human exposure to infected vector ticks, and vaccinating persons aged 15–70 years when appropriate. A model prevention project is underway in a community in Connecticut. CDC plans to expand prevention projects to other endemic areas.

Measles

In 1999, a total of 100 confirmed cases of measles was reported. Thirty-one states and the District of Columbia reported no confirmed measles cases. Forty-two case-patients were aged <5 years, 26 were aged 5−19 years, and 32 were aged ≥20 years. Eleven outbreaks (range: 3−15 cases) were reported. Of the 100 cases reported, 33 were imported from outside the United States, and exposure to these case-patients caused 33 additional cases. The remaining 34 cases were of unknown source. Genotypic analysis of isolated measles viruses in seven chains of transmission showed no evidence of an endemic strain (*MMWR* 2000:49:557–60). In 1999, CDC convened a panel of expert consultants to review the information on measles epidemiology, molecular virology, surveillance quality, and population immunity in the United States. The experts concluded that measles is not currently endemic in the United States. Because of the continued threat of imported measles, high population immunity must be maintained to continue low levels of transmission.

Pertussis

Since 1980, the number of reported cases of pertussis has increased in the United States. The reasons for this rise are unknown, but could include increased awareness of pertussis among health-care providers, increased use of more sensitive diagnostic tests, and better reporting of cases to health departments. Of 7,288 cases reported during 1999, a total of 27% occurred among children aged <7 months, who were too young to have received the recommended three doses of a pertussis-containing vaccine; 11% were among preschool-aged children (i.e., those aged 1–4 years); and 28% were among children aged 10–19 years. Since 1995, the coverage rate with at least three doses of a pertussis-containing vaccine has been 95% among U.S. children aged 19–35 months (*MMWR* 2000;49:585–9). Because vaccine-induced immunity wanes approximately 5–10 years after pertussis vaccination, adolescents can become susceptible to disease. Since 1990, the incidence of pertussis among preschool-aged children has not changed, but the incidence among adolescents has increased in some states (*Clin Inf Dis* 1999;28:1230–7).

Poliomyelitis, Paralytic

A sequential schedule of inactivated poliovirus vaccine (IPV) and live, attenuated oral poliovirus vaccine (OPV) (i.e., two doses of IPV followed by two doses of OPV) was introduced in 1997 for routine childhood polio vaccination in the United States. Since implementation of this schedule, five cases of vaccine-associated paralytic poliomyelitis (VAPP) with onset in 1997 and two cases with onset in 1998 have been confirmed. Three of these cases were associated with administration of the first or second dose of OPV to children who had not previously received IPV, and one of the 1998 cases was associated with the third dose of OPV. Before the sequential schedule, the average annual number of VAPP cases was eight, which suggests that VAPP has declined since introduction of the sequential schedule. Continued monitoring with additional observation time is required to confirm these preliminary findings because of potential delays in reporting. Further reductions are expected because the Advisory Committee on Immunization Practices (ACIP) has approved an all-IPV schedule beginning January 2000, which is intended to eliminate the risk for VAPP.

Rubella and Rubella, Congenital Syndrome

During the 1990s, rubella cases declined substantially in the United States, from 1,125 reported cases in 1990 to 267 reported cases in 1999. Since 1997, approximately 19 rubella outbreaks have occurred in the United States, mostly among persons born in countries that do not have routine rubella vaccination programs or that have only recently implemented such programs. During the 1990s, <10 cases of congenital rubella syndrome have been reported annually; most cases were among infants born to mothers born outside the United States.

Shigellosis

Shigella sonnei infections continue to account for most shigellosis in the United States. Prolonged, communitywide outbreaks of *S. sonnei* infections that are transmitted in child care centers and other settings where maintenance of good hygienic conditions requires special care account for much of the problem. *S. sonnei* can also be transmitted through contaminated foods and through water used for drinking or recreational purposes.

Streptococcal Disease, Invasive, Group A

In 1999, approximately 10,200 cases of invasive group A streptococcal (GAS) disease and 1,200 deaths occurred nationally, according to reports from the Active Bacterial Core Surveillance (ABCs) project under CDC's Emerging Infections Program. This program operates in eight states (California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee). During 1999, the incidence of this disease was 3.8 cases/100,000 population. Rates were highest among children aged <1 year (4.6 cases/100,000) and adults aged ≥65 years (9.2 cases/100,000). Streptococcal toxic-shock syndrome and necrotizing fasciitis accounted for approximately 3.4% and 6.0% of invasive cases, respectively. The overall case-fatality rate among patients with invasive GAS disease was 11.8%. CDC identifies invasive GAS isolates based on sequences of the variable portion of the M-protein gene (i.e., *emm* typing); 9.3% of the 645 GAS isolates submitted and *emm* typed in 1999 were newly recognized *emm* types.

Streptococcus pneumoniae, Drug-Resistant, Invasive Disease

In 1999, the ABCs project of CDC's Emerging Infections Program collected information on invasive pneumococcal disease, including drug-resistant *Streptococcus pneumoniae*, in eight states (California, Connecticut, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee). Of the 3,745 *S. pneumoniae* isolates collected, 10.3% exhibited intermediate resistance to penicillin (minimum inhibitory concentration [MIC] 0.1–1 ug/mL), and 16.7% were fully resistant (MIC≥2 ug/mL). For cefotaxime, 11.1% of all isolates had intermediate resistance and 5.9% were resistant. For erythromycin, 20.7% were resistant. Nearly 1 in 5 (18%) isolates were not susceptible to ≥3 classes of drugs commonly used to treat pneumococcal infections. In February 2000, the U.S. Food and Drug Administration licensed a pneumococcal conjugate vaccine for use in infants and young children. Information is available on the Internet at http://www.fda.gov/cber/products/pneuled021700.htm. Among isolates from children aged <5 years reported to ABCs during 1999, a total of 76.7% of all strains (n=977) and 81.4% of strains not susceptible to penicillin (n=370) were serotypes included in this 7-valent vaccine.

Syphilis, Congenital

In 1999, a total of 556 cases of congenital syphilis was reported to CDC, for a rate of 14.3 cases/100,000 live births. Like primary and secondary syphilis, the rate of congenital syphilis has declined sharply in recent years, from a peak of 107.3/100,000 in 1991. Congenital syphilis persists in the United States because a substantial number of women don't receive syphilis serologic testing until late in their pregnancy or not at all. This lack of screening is often related to a lack of prenatal care or late prenatal care (*MMWR* 1999;48:757–61).

Syphilis, Primary and Secondary

In 1999, a total of 6,657 primary and secondary syphilis cases was reported to CDC. During 1990–1998, the primary and secondary syphilis rate declined 88%, from 20.3 cases/100,000 population to 2.5/100,000. This is the lowest level since reporting began in 1941. Although syphilis has declined in all regions of the United States and in all racial/ethnic groups, rates remain disproportionately high in the South and among non-Hispanic blacks, and focal outbreaks continue to occur, including recent outbreaks among men who have sex with men.

Tetanus

In 1999, a total of 40 cases of tetanus was reported. Five (12.5%) cases were among persons aged <25 years, 22 (55.0%) were among persons aged 25–59 years, and 13 (32.5%) were among persons aged >59 years. The percentage of cases among persons aged 25–59 years has increased during the last decade; previously, most cases were among persons aged >59 years. Seven of the cases among persons aged 25–59 years were reported in intravenous drug users; two of these cases were fatal. Two cases were in children (aged 4 and 5 years) who had never been vaccinated against tetanus because of their parents' philosophic objection to vaccination.

Tuberculosis

In 1999, a total of 17,531 tuberculosis (TB) cases (rate: 6.4 cases/100,000 population) was reported to CDC from all states and the District of Columbia. This is a 5% decrease from 1998 and a 34% decrease from 1992, when cases peaked during the resurgence of

TB in the United States. During 1992–1999, TB cases among U.S.-born persons decreased 49%, whereas cases among foreign-born persons increased 4%. Since 1993, when states began reporting initial drug susceptibility results to CDC, the number of multidrug-resistant TB (MDR TB) cases among persons with no history of TB decreased from >400 (2.5%) to <150 (1.1%).

These declines appear to be the result of successful efforts to strengthen TB control after the resurgence of TB and the emergence of MDR TB. The relatively stable number of cases reported among foreign-born persons supports the inference that most cases are caused by infection with *Mycobacterium tuberculosis* in the person's country of origin. CDC has collaborated with state and local health departments to publish recommendations for enhancing TB control efforts among foreign-born persons and is working with these jurisdictions to expand current efforts based on these recommendations (*MMWR* 1998;47[No. RR-16]).

Typhoid Fever

In 1999, typhoid fever was diagnosed in 346 persons in the United States. Despite the availability of effective vaccines, NNDSS reports 300–400 cases each year. Approximately 80% of these cases occur among persons who report international travel during the preceding 6 weeks. Persons traveling to and from their country of origin appear to be at high risk (*JAMA* 2000;283:2668–73). In many areas of the world, *Salmonella* Typhi strains have acquired resistance to multiple antimicrobial agents, including ampicillin, chloramphenicol, and trimethoprim-sulfamethoxazole (*JAMA* 2000;283:2668–73).

Varicella

In 1995, varicella vaccine was licensed in the United States. During 1999, vaccine coverage among children aged 19–35 months was 59%. Although varicella is not a nationally notifiable disease, seven states maintained adequate levels of reporting by reporting varicella cases constituting ≥5% of their birth cohort during 1990–1995. Although the number of reported cases varied annually, the number declined steadily in these states during 1997–1999. The marked decline in reported cases in 1999 is consistent with data from active varicella surveillance (in which attenuation of seasonality and marked decline in reported cases occurred in 1999) and is suggestive of vaccine impact (CDC, unpublished data, 2000). Ongoing surveillance will be important to monitor impact of the varicella vaccination program.

PART 1

Summaries of Notifiable Diseases in the United States, 1999

EXPLANATION OF SYMBOLS USED IN TABLES

Data not available	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
No reported cases	. —
Commonwealth of Northern Mariana Islands C.N.	M.I.
Puerto Rico	P.R.
U.S. Virgin Islands	V.I.

TABLE 1. Reported cases of notifiable diseases,* by month, United States, 1999

Disease	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
AIDS†	45,104	3.084	3,878	4,450	3,357	3,784	4,556	3,240	3,887	3,834	3,371	3,567	4,096	
Botulism, foodborne		_	3	1	1	· 1	4	2	1	3	4	1	2	
Infant	23 92	3	7	2	7	13	4	11	4	10	14	8	9	
Other (includes wound)	39	4	1	3	1	1	4	3	5	1	2	4	10	
Brucellosis	82	3	6	2	4	4	4	10	6	4	4	5	30	
Chancroid§	143		24						64			31		
Chlamydia ^{§¶}	656,721		153,227			162,460						177,559		
Cholera	6	_	_	_	_	2	_	2	_	1	_	_	1	
Cryptosporidiosis	2,361	55	113	102	146	163	179	198	211	361	342	181	310	
Cyclosporiasis	56	_	_	_	4	6	5	10	17	5	1	1	7	
Diphtheria	1	_	_	_	_	_	_	_	_	_	_	_	1	
Ehrlichiosis, human granulocytic	203	1	3	5	10	12	38	33	17	18	9	10	47	
Human monocytic	99	2	1	2	1	_	4	19	14	8	5	6	37	
Encephalitis, California serogroup vira	I 70	_	_	_	_	_	1	2	19	14	24	6	4	
Eastern equine	5	_	_	_	_	_	1	1	_	2	-	-	1	
St. Louis	4	_	_	_	_	_	_	_	_	_	2	1	1	
_ Western equine	1		=						_ 			1		
Escherichia coli 0157:H7	4,513	78	77	91	88	167	216	493	509	889	532	325	1,048	
Gonorrheas	360,076		. 80,692			84,600			96,231			98,553		
Haemophilus influenzae,		_												
invasive disease	1,309	77	109	103	90	121	97	138	75	76	101	83	239	
Hansen disease (leprosy)	108	6	7	7	4	20	6	8	10	12	13	4	11	
Hantavirus pulmonary syndrome**	33	1	3	5	5	5	6	3	1	2	1	_	1	
Hemolytic uremic syndrome,		_	_		_	_								
postdiarrheal	181	3	5	4	2	9	14	. 19	21	. 14	_16	12	62	
Hepatitis A	17,047	1,060	1,446	1,316	1,365	1,635	1,184	1,426	1,194	1,385	1,537	1,298	2,201	
Hepatitis B	7,694	337	418	604	573	747	610	679 337	601	558	605	536	1,426	
Hepatitis C; non-A, non-B	3,111	114	174	170	216	295	257		197	253	350	270	478	
Legionellosis	1,108	48	87	66	64	_68	78	98	76	106	142	91	184	
Lyme disease	16,273	253 79	332	375	433	752	1,306	3,394	2,291	2,026	1,960	1,249	1,902	
Malaria	1,666	79 12	101	81	70	117	117	184	159 3	141	170	100	347	
Measles	100		6	8	14	15	2	6		4	15	100	8	
Meningococcal disease	2,501	156	233	300	216	266	189	205	125	135	189	122	365	
Mumps	387	22	36	42	25	38	28	_39	_16	22	_38	24	57	
Pertussis (whooping cough)	7,288	305	322	625	651	495	422	527	548	628 3	730	630	1,405	
Plague	9 16		1			_	2	1	1	3		2 1	2	
Psittacosis						740			- I					
Rabies, animal	6,730	298 10	421 9	479	540	746	505	661 125	590	660 67	753 59	474 43	603	
Rocky Mountain spotted fever Rubella, congenital syndrome	579 9	IU	9	/	13	30	53 2	IZO	118	b/ 1	29	43 1	45	
Rubella Rubella	267	_		1 5	17	46	72	35	39	15	3 6	3	27	
	40.596	1.702		•	2.009	46 3.173	3.253			4.152		3.259	5.023	
Salmonellosis		930	1,814 942	1,788 858	2,009 809	3,173 1,383	3,253 1,293	5,222 1.757	4,177 1.720	4,152 1.850	5,024	3,259 1,487	5,023 2,441	
Shigellosis Streptococcal disease,	17,521	930	942	රපර	809	1,383	1,293	1,/5/	1,720	1,650	2,051	1,487	2, 44 I	
invasive, group A	2,382	107	169	211	218	294	154	219	113	119	184	171	423	
Streptococcus pneumoniae,	2,302	107	103	411	210	∠34	154	213	113	119	104	17.1	423	
drug-resistant, invasive disease	4,618	114	194	315	281	734	211	333	194	136	250	211	1,645	
Streptococcal toxic-shock syndrome	61		8	12	8	11	4	2		1	3	- 1	10	
Syphilis, congenital (age < 1 yr)§	556								142			134		
Primary and secondary §	6.657		1,561									1,718		
Total (all stages)§	35,628					0.050			0 407			9,001		
Tetanus	40	3	2	2	2	4	1	2	4	6	4	3	7	
Toxic-shock syndrome	113	8	12	8	7	10	ż	10	10	3	12	8	18	
Trichinosis	12	ž	_	ĭ	2	.1	1		. 1	_		_	3	
Tuberculosis ^{††}	17,531	613	952	1,376	1,529	1,197	1.662	1,602	1,507	1,399	1,454	1.160	3,080	
Typhoid fever	346	12	21	34	25	26	24	42	25	35	34	24	44	
Varicella (chickenpox)	46,016	4.404	4,598	5,435	3.592	6,949	2.664	1,070	2,498	980	3,036	3,303	7,487	
Yellow fever	10,010	-, 10 1	-1,000	o, 100			_,55	.,	2,100	_		1	-,	
* N			_							•				

^{*} No cases of anthrax, paralytic poliomyelitis, or human rabies were reported in 1999.

† 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, 1999.

† Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

† Chlamydia refers to genital infections caused by *C. trachomatis.*** Totals reported to the National Center for Infectious Diseases as of June 30, 2000.

†† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of May 3, 2000.

TABLE 2. Reported cases of notifiable diseases,* by geographic division and area, United States, 1999

	Total resident population		В	otulism			
Area	(in thousands)	AIDS [†]	Foodborne	Infant	Other⁵	Brucellosis	Chancroid [¶]
United States	272,692	45,104**	23	92	39	82	143
New England	13,496	2,293	_	1	1	3	2
Maine	1,253	80	_	-	_	_	
N.H.	1,201	46	_	1	_	_	NN
Vt. Mass.	594 6,175	20 1,454	_	_	<u>_</u>		NN 1
R.I.	991	107	_	_		_	1
Conn.	3,282	586	_	_	_	1	
Mid. Atlantic	38,334	11,713	1	24	_	2	39
Upstate N.Y.	10,827	1,690	1	_	_	2	_
N.Y. City	7,370	6,013	_	1	_	_	39
N.J. Pa.	8,143 11,994	2,043 1,967		14 9	_		
E.N. Central	44,442	3,268	1	2	_	14	4
Ohio	11,257	547		1	_		
Ind.	5,943	363	1		_	1	_
III.	12,128	1,557	_	_	_	10	NN
Mich.	9,864	649	_	_	_	2	_
Wis. W.N. Central	5,250	152 1,069	_ 1	1 5	_ 1	1 7	4 1
Minn.	18,800 4,776	190	1	5	'	,	1
lowa	2,869	87	1	NN	_	<u></u>	
Mo.	5,468	531	<u>.</u>	2	_	1	_
N. Dak.	634	7	_	1	1		NN
S. Dak.	733	16	_	1	_	_	_
Nebr.	1,666	67	_	1	_	_	_
Kans. S. Atlantic	2,654	171 12,460	4	10	_		<u></u>
Del.	49,561 754	186	4	10	_	_	02
Md.	5,172	1,525	_	3	_	_	_
D.C.	519	838	_	_	_	_	_
Va.	6,873	943	_	3	_	_	3
W. Va.	1,807	_69	_	_	_	_	_
N.C. S.C.	7,651	794 959	_	2	_	NN	7
Ga.	3,886 7,788	1,678	_		_	ININ	48 1
Fla.	15,111	5,468	4		_	3	3
E.S. Central	16,584	1,933	2	5	_	2	1
Ky.	3,961	277	_	3	_	_	_
Tenn.	5,484	759	2	2	_	_	_
Ala.	4,370	476 421	_	_	_	2	1
Miss. W.S. Central	2,769 30,325	421 4,377	_	6	_		
Ark.	2,551	194		_	_	2	25
La.	4,372	854	_	1	_	_	9
Okla.	3,358	148	_	1	_	_	_
Tex.	20,044	3,181	_	4	_	23	16
Mountain	17,128	1,742	_	10	1	6	1
Mont.	883	13	_	1 1	_	_	_
ldaho Wyo.	1,252 480	25 15		_'	_	_	1
Colo.	4,056	319	_	2	1	4	
N. Mex.	1,740	93	_	1	_	1	_
Ariz.	4,778	880	_	_	_	1	_
Utah	2,130	155	_	4	_	_	_
Nev. Pacific	1,809 44,022	242 6,145	 14	1 29	<u></u>	20	8
Wash.	5,756	360	7			20	-
Oreg.	3,316	225		3	1	_	1
Calif.	33,145	5,445	4	26	35	18	1 7
Alaska	620	15	3	_	_	_	_
Hawaii	1,185	100	_	_	_	2	NN
Guam	149	10	_	_	_	_	
P.R.	3,890	1,247					1
V.I.	118	39	NN	NN	NA	NN	
American Samoa	62	_	NA	NA	NA NA	NA	NA NA

^{*} No cases of anthrax were reported in 1999.

† 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, 1999.

† Includes cases reported as wound or unspecified botulism.

† Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

** Total includes 104 cases among persons with unknown state of residence.

TABLE 2 (Continued) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

							hiosis
Area	Chlamydia*	Cholera	Cryptosporidiosis	Cyclosporiasis	Diphtheria	Human granulocytic	Human monocytic
United States	656,721	6	2,361	56	1	203	99
New England	21,224	_	186	7	_	90	_
Maine	1,220	_	31	_	_	_	_
N.H.	976	_	20	_	_	1	_
Vt.	485	_	36	NN	_	NN	NN
Mass.	8,776	_	71	7	_	9	_
R.I.	2,345	_	6	_	_	7	_
Conn.	7,422	_	22		_	73 97	_
Mid. Atlantic	66,209	1	629	18	_	87	_
Upstate N.Y.	NN 26.766	_	192	-	_	75	_
N.Y. City N.J.	26,766 12.424	1	260 54	18	_	2	_
Pa.	27,019		123			10	
E.N. Central	111,571	_	256	1	_		_
Ohio	29,398	_	67	1	_	_	_
Ind.	11,734	_	47	NN	_	NN	NN
III.	32,870	_	90	_	_	NN	NN
Mich.	23,107	_	52	_	_	-	_
Wis.	14,462	_	NN	NN	_	NN	NN
W.N. Central	38,516	_	217	_	_	4	53
Minn.	7,450	_	91	_	_	_	_
lowa	5,511	_	56	_	_	_	_
Mo.	13,355	_	26	_	_	3	53
N. Dak.	947	_	20	_	_	_	_
S. Dak.	1,544	_	7	_	_	_	_
Nebr. Kans.	3,616 6,093	_	15 2	_	_	_ 1	_
S. Atlantic	134,306	_ 1	452		_		<u></u>
Del.	2,761		1	20	_	_	21
Md.	13,568		17	NN		NN	NN
D.C.	NN	_	7	5	_	NN	NN
Va.	13,735	_	30	_	_	_	_
W. Va.	1,820	_	3	3	_	_	_
N.C.	21,812	_	35	_	_	_	12
S.C.	18,499	_	_	_	_	_	_
Ga.	30,368	1	170	10	_	_	1
_Fla.	31,743	_	189	10	_		8
E.S. Central	45,514	_	48	_	_	21	_
<u>K</u> y.	7,378	_	7	_	_	_	_
Tenn.	14,216	_	13	_	_	21	NINI
Ala. Miss.	12,375 11,545	_	16 12	_	_	NN NN	NN NN
W.S. Central	93,653		95		_	ININ	23
Ark.	5,865		2				22
La.	16,635		24			NN	NN
Okla.	8,195	_	NN	NN	_	NN	NN
Tex.	62,958	_	69	_	_		1
Mountain	37,430	2	101	2	_	_	1
Mont.	1,584	_	13	_	_	NN	NN
ldaho	1,778	_	NN	NN	_	NN	NN
Wyo.	787	_	1	_	_	_	_
Colo.	10,848	_	14	2	_	_	_
N. Mex.	5,017	-	44	_	_	NN	NN
Ariz.	12,111	2	16	_	_	_	_
Utah	2,219	_	4	_	_	NINI	1
Nev.	3,086	_	9 377	_	_ 1	NN 1	NN 1
Pacific	108,298	2		_		I NINI	I NINI
Wash.	11,964 6 127	_	NN oo	_	1	NN NN	NN NN
Oreg. Calif.	6,127 85,156	1	98 279	_	_	1	1
Alaska	1,886			_	_	NN	NN
Hawaii	3,165	1	_	_	_	NN	NN
	497	•					
Guam		_	_	_	_	_	_
P.R.	1,445	NA	NA	NA	NA	NA	NA
1/1							
V.I. American Sam	136 noa NA	NA	NA	NA	NA NA	NA	ŇÄ

^{*} Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

TABLE 2. (*Continued*) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

_		Encepha	iitis					
	California serogroup	Eastern		Western	Escherichia co	oli O157:H7		
Area	viral	equine	St. Louis	equine	NETSS*	PHLIS [†]	Gonorrheas	
United States	70	5	4	1	4,513	2,809	360,076	
New England	_	_	_	_	404	366	6,625	
Maine N.H.			_		40 36	NA 34	83 115	
Vt.	_	_	_	_	30 32	21	52	
Mass.	_	_	_	_	177	188	2,453	
R.I.	_	_	_	_	27	26	601	
Conn.	_	_	_	_	92	97	3,321	
Mid. Atlantic	_	_	_	_	1,034	239	40,973	
Upstate N.Y. N.Y. City				_	939 17	18 18	7,616 12,210	
N.J.	_	_	_	_	78	144	7,852	
Pa.	_	_	_	_	NN	59	13,295	
E.N. Central	31	_	_	_	994	532	70,056	
Ohio	14	_	_	_	262	219	18,141	
Ind. III.	_ 3	_	_	_	107 498	67 92	6,092 23,254	
Mich.	3 1			_	127	92 85	23,254 15,907	
Wis.	13	_	_	_	NN	69	6,662	
W.N. Central	6	_	_	1	595	550	16,793	
Minn.	6	_	_	1	175	187	2,830	
lowa	_	_	_	_	114	82	1,365	
Mo. N. Dak.	_	_	_	_	47 19	71 19	8,187 83	
S. Dak.			_	_	47	62	192	
Nebr.	_	_	_	_	159	113	1,471	
Kans.	_	_	_	_	34	16	2,665	
S. Atlantic	26	3	4	_	357	190	104,262	
Del.	_		_	_	6	3	1,662	
Md. D.C.	_	NN	_	_	43 1	4 NA	10,430	
Va.	_	_	_		79	63	3,536 9,402	
W. Va.	16	_	_	_	16	11	584	
N.C.	10	_	_	_	74	53	19,428	
S.C.	_	_	_	_	22	14	15,037	
Ga.	_	<u></u>	_	_	43	3	21,244	
Fla. E.S. Central	7	3	4	_	73 142	39 106	22,939	
Ky.	1	_	_	_	50	35	36,014 3,349	
Tenn.	6	_	_	_	55	35 45	11,366	
Ala.	_	_	_	_	28	21	10,888	
Miss.	_	_	_	_	9	5	10,411	
W.S. Central	_	2	_	_	174	174	53,346	
Ark.	_		_	_	15	14	3,226	
La. Okla.			_		14 40	15 30	13,189 4,021	
Tex.	_	_	_	_	105	115	32,910	
Mountain	_	_	_	_	346	245	9,535	
Mont.	_	_	_	_	25	NA	53	
Idaho	_	_	_	_	78	43	89	
Wyo.	_	_	_	_	17 115	17	43	
Colo. N. Mex.	_	_	_	_	115 13	89 7	2,526 974	
Ariz.	_	_	_	_	37	24	4,293	
Utah	_	_	_	_	36	50	254	
Nev.	_	_	_	_	25	15	1,303	
Pacific	. 		_	_	467	407	22,472	
Wash.	NN	NN			186	185	2,132	
Oreg. Calif.	NN	NN	NN	NN —	68 197	69 140	903 18,672	
Alaska	NN	NN	NN	NN	197	140	302	
Hawaii		_	_	NN	15	12	463	
Guam		_			NN	NA	59	
P.R.	_	_	_	_	9	NA	321	
V.I.	NA	NA	NA	NA	NA	NA	51	
American Samo		NA	NA	NA	NN	NA	NA	
C.N.M.I.	NA Sia Talagamana	NA unicationa Sva	NA stom for Surve	NA	NN	NA	NA	

^{*} National Electronic Telecommunications System for Surveillance.
† Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of July 18, 2000.

† Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

TABLE 2. ($\it Continued$) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

	Haemophilus	Hansen	Hantavirus	Hemolytic uremic		Hepatitis		
Area	influenzae, invasive disease	disease (leprosy)	pulmonary syndrome*	syndrome, postdiarrheal	Α	В	C; non-A, non-B	Legionellosis
United States	1,309	108	33	181	17,047	7,694	3,111	1,108
New England	117	1	_	12	373	153	16	91
Maine	8		_	_	27	3	2	3
N.H.	19	_	_	_	18	17	NN	10
Vt.	6	NN	_	1	24	5	7	15
Mass.	41	1	_	_	142	44	4	27
R.I.	9	_	_	1	35	43	3	20
Conn.	34	_	_	10	127	41		16
Mid. Atlantic	210	12	2	38	1,211	922	136	273
Upstate N.Y.	<u>86</u>	_	_	25	293	200	68	74
N.Y. City	57 59	9 2	_	7	403	293	_	44 24
N.J. Pa.	59 8	1		6	151 364	138 291	<u>—</u> 68	24 131
E.N. Central	212	2	1	12	2.940	913	893	279
Ohio	63	2	•	12	655	95	4	273 85
Ind.	32	NN	1	NN	105	55 77	3	52
III.	89		NN.	NN	849	202	48	33
Mich.	20	_		_	1,253	509	822	64
Wis.	8	_		NN	78	30	16	45
W.N. Central	92	1	4	23	1,133	393	344	71
Minn.	57	_	_	13	128	80	25	18
lowa	2	_	2	_	161	44	_	17
Mo.	14	_	_	6	712	227	315	22
N. Dak.	2	NN	_	_	3	2	1	2
S. Dak.	4	_	_	4	10	1	_	6
Nebr.	5	_	NN	NN	53	22	3	6
Kans.	8	1	2	_	66	17		
S. Atlantic	289	4	_	25	2,151	1,412	184	165
Del.	_1	_			2	1	_	21
Md.	71	1	NN	NN	306	148	22	37
D.C.	5	_	NINI	_	59 105	25 106	1	5
Va. W. Va.	24 8	_	NN	3	185 47	106 29	11 21	41 NN
N.C.	36	_	NN	10	167	224	33	15
S.C.	6	_	_	-	48	64	22	12
Ga.	80	NN	_	4	482	230	4	5
Fla.	58	3	_	8	855	585	70	29
E.S. Central	72	_	_	10	404	473	348	53
Ky.	9	_	_	NN	67	50	28	22
Tenn.	40	_	_	8	147	207	123	24
Ala.	18	_	NN	2	62	86	1	5
Miss.	5	_	NN	_	128	130	196	2
W.S. Central	68	24	1	19	3,343	1,319	713	41
Ark.	2	_	_	_	81	98	31	1
La.	15	3	_	-	213	172	302	11
Okla.	47	1	_	1	533	185	18	7
Tex.	4	20	1	18	2,516	864	362	22
Mountain	117	3	14	9	1,258	614	237	49
Mont.	3	_	2	_	18	21	5	_
Idaho	2 1	_	2 1	2	47 9	29 14	8	3
Wyo. Colo.	15	1	2	1 2	219	14 99	88 37	 14
N. Mex.	19	_'	4	1	55	215	37 34	1
Ariz.	63	_	2	NN	700	138	49	7
Utah	10	_	_	1	64	39	6	18
Nev.	4	2	1	ż	146	59	10	6
Pacific	132	61	11	33	4,234	1,495	240	86
Wash.	9	1	5	NN	505	111	24	22
Oreg.	45	2	NŇ	4	251	116	23	NN
Calif.	54	35	6	29	3,439	1,234	193	62
Alaska	9	1	_	_	15	18	_	1
Hawaii	15	22	_	_	24	16		1
Guam	_	1	_	_	1	4	2	_
P.R.	2	5	_	_	417	307	_	_
V.I.	NĀ	NĂ	_	NA	NA	NA	NA	NA
American Sam		NA	_	NA	NA	NA	NA	NA
C.N.M.I.	NA	NA	_	NA	NA	NA	NA	NA

^{*} Totals reported to the National Center for Infectious Diseases as of June 30, 2000.

TABLE 2. ($\it Continued$) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

	Lyme		Mea	sles	Meningo- coccal			
Area	disease	Malaria	Indigenous	Imported*	disease	Mumps	Pertussis	Plague
United States	16,273	1,666	66	34	2,501	387	7,288	9
New England	4,642	70	5	6	115	9	978	_
Maine	41	3	_	_	5	_	33	_
N.H. Vt.	27 26	2 5		1	13 5	2 1	116 96	_
Mass.	787	22	4	4	66	4	649	_
R.I.	546	8	_	_	9	2	49	_
Conn.	3,215	30	1	<u>1</u>	17	_	35	_
Mid. Atlantic	8,902	431	_	5	237	46	1,319	_
Upstate N.Y. N.Y. City	4,266 136	78 251	_	2 3	80 57	14 12	1,020 61	_
N.J.	1,719	57	_	_	52	1	19	_
Pa.	2,781	45	_	_	48	19	219	
E.N. Central	586	169	5	5	423	56	743	_
Ohio	47	18	_	_	134	21	322	_
Ind. III.	21 17	22 77	1	1 2	<i>7</i> 6 111	5 16	90 140	
Mich.	11	42	4	2	64	10	74	_
Wis.	490	10	_	_	38	4	117	_
W.N. Central	407	104	_	1	243	16	571	_
Minn.	283	71	_	1	56	1	281	
lowa Mo.	24 72	13 14	_	_	42 94	8 1	111 <i>7</i> 5	
N. Dak.	1	_	_	_	4	i	31	_
S. Dak.	_	_	_	_	11	_	8	_
Nebr.	11	1	_	_	13	1	9	_
Kans.	16	5		 5	23	4	56 500	_
S. Atlantic Del.	1,353 167	395 2	15	5	446 10	55	500 8	_
Md.	899	110	_	_	55	<u></u>	124	_
D.C.	6	19	_	_	4	2	1	_
Va.	122	76	15	3	60	11	65	_
W. Va.	20 74	4 36	_	_	9 49	9	6 104	_
N.C. S.C.	6	36 19	_	_	49 48	6	27	_
Ga.	_	32	_	_	72	4	52	
Fla.	59	97	_	2	139	17	113	_
E.S. Central	102	27	2	_	161	12	118	_
Ky. Tenn.	19 59	7 9	2	_	35 65	_	49 45	
Ala.	20	7	_	_	38	11	45 21	NN
Miss.	4	4	_	_	23	1	3	
W.S. Central	96	128	8	4	260	50	230	_
Ark.	7	3	5	_	35		26	_
La. Okla.	9 8	10 2		_	70 40	11 4	9 43	_
Tex.	72	113	3	4	40 115	35	43 152	_
Mountain	17	46	2		149	27	829	9
Mont.	_	4	_	_	5	_	2	_
ldaho	3	3	_	_	14	4	146	
Wyo. Colo.	3 3	1 18	_	_	5 39	<u> </u>	2 313	3
N. Mex.	1	4	_	_	16	NN	155	6
Ariz.	3	7	1	_	45	8	139	_
Utah	2	4	-	_	17	4	58	_
Nev.	2 169	5 206	1	 8	8 467	5 116	14 2 000	_
Pacific Wash.	168 14	296 43	29 4	1	467 93	116 2	2,000 739	_
Oreg.	15	22	12		93 76	NN	739 61	_
Calif.	139	218	13	4	280	95 3	1,144	_
Alaska	_	1	_	_	8	3	5	_
Hawaii	NN	12		3	10	16	51	_
Guam	_	1	1	_	1	3	2	_
P.R.		3	1		15	1	14	
V.I. American Samo	NA oa NA	NA NA	NA NA	NA NA	NA NA	NA NA	NA NA	NA NA
C.N.M.I.	NA NA	NA	NA NA	NA NA	NA	NA	NA NA	NA

^{*} Imported cases include only those resulting from importation from other countries.

TABLE 2. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area, United States, 1999

				R	ubella	Salmone	ellosis
Area	Psittacosis	Rabies, Animal	RMSF [†]	Rubella	Congenital syndrome	NETSS [§]	PHLIS ¹
United States	16	6,730	579	267	9	40,596	32,782
New England	_	919	6	7	_	2,237	2,250
Maine	_	200	_	_	_	132	104
N.H.	_	47	_		_	141	137
Vt.	_	92	_	_	NN	93	82
Mass. R.I.	_	226 101	2 4	7	_	1,208 151	1,229 169
Conn.	NN	253	<u>4</u>	_	_	512	529
Mid. Atlantic	4	1,305	39	35	2	5,634	5,280
Upstate N.Y.	1	919	14	21	_	1,516	1,363
N.Y. City	1	NA	_	6	2	1,457	1,527
N.J.	1	180	7	5	_	1,199	1,119
Pa. E.N. Central	1 2	206 172	18 32	3 2	_	1,462	1,271
Ohio	1	36	32 8		_	5,432 1,313	4,690 1,093
Ind.	i	13	12	<u> </u>	_	572	479
III.	<u>.</u>	10	7	1	_	1,600	1,568
Mich.	_	92	5	_	_	973	968
Wis.	_	21	_		_	974	582
W.N. Central	_	746	33	140	_	2,349	2,410
Minn.	_	120	1	5	_	626	710
lowa Mo.	_	159 31	1 16	30 2	_	260 758	232 881
N. Dak.		147	- IO	_	_	758 58	62
S. Dak.	_	180	4	_	_	100	118
Nebr.	_	4	9	103	_	214	180
Kans.	_	105	2		_	333	227
S. Atlantic	3	2,172	279	39	_	9,742	6,489
Del.	_ 1	58	_	_	_	179	160
Md. D.C.	1	394	33	_1	_	860 76	888 NA
Va.	_	581	20	_	_	1,286	1,036
W. Va.	_	115	1		_	189	154
N.C.	1	442	152	37	_	1,331	1,311
S.C.	_	149	52	_	_	702	530
Ga.	_	247	14	_	_	1,976	1,701
Fla. E.S. Central	1 1	186 256	7 99	1 2	_	3,143 2,239	709 1,481
Ky.		250 35	3	_		419	294
Tenn.	_	95	65	_	_	593	597
Ala.	1	124	17	2	_	605	491
Miss.	_	2	14	_	_	622	99
W.S. Central	_	524	66	22	_	4,088	2,807
Ark.	_	31	25	12	_	698	265
La. Okla.	NN	<u> </u>	2 29	<u> </u>	_	726 466	617 352
Tex.	NN	399	10	9	_	2,198	1,573
Mountain	3	272	19	16	5	3,071	2,615
Mont.	_	64	2	_	_	86	2
ldaho	_	6	_	_	_	135	97
Wyo.	1	45	5	_	-	_70	_59
Colo.	2	51	4	1	1	720	708
N. Mex. Ariz.	_	9 81	1 1	 13	1 2	370 924	293 820
Utah	_	8	5	13	1	566	587
Nev.	_	8	ĭ	i		200	49
Pacific	3	364	6	4	2	5,804	4,760
Wash.	_	_	3 2	_	_	792	848
Oreg.	_	4	2	-	_	426	477
Calif.	3	351	1 NN	4	2	4,193	3,111
Alaska Hawaii	_	9	NN NN	_	NN —	55 338	35 289
						37	NA
Guam P.R.	_	— 74				3/ 715	
V.I.	NA	NA	NA	NA NA	NA	NA	NA NA
American Sam		NA	NA NA	NA	NA NA	NA	NA
C.N.M.I.	NA	NA	NA	NA	NA	ŇA	NA

^{*} No cases of paralytic poliomyelitis or human rabies were reported in 1999.

† Rocky Mountain spotted fever.

§ National Electronic Telecommunications System for Surveillance.

† Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of May 4, 2000.

TABLE 2. (*Continued*) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

			Streptococcal	Streptococcus	•	Syph	
Area	NETSS*	ellosis PHLIS [†]	disease, invasive, group A	<i>pneumoniae,</i> drug resistant	toxic-shock syndrome	Congenital (age <1 yr)	Primary & secondary
United States	17,521	10,084	2,382	4,618	61	556	6,657
New England	885	851	81	14	1	2	60
Maine	5	_	9	_	_	_	_
N.H.	19	17	17	NN	-	1	1
Vt.	7	4	14	14	1	_	3
Mass. R.I.	748 37	731 29	26 15	NN	_		37 3
Conn.	69	70	——————————————————————————————————————	_	NN	1	16
Viid. Atlantic	1,188	750	410	152	4	96	302
Upstate N.Y.	314	84	245	150	NN	2	20
N.Y. City	353	247	118	NA	_	41	130
N.J.	297	236	29 18		3 1	46 7	68
Pa. E.N. Central	224 3,300	183 1,853	638	197	43	93	84 1,254
Ohio	422	150	149	137	 14	6	92
Ind.	368	118	37	197	2	7	450
III.	1,330	1,018	246	NN	27	53	422
Mich.	535	489	206	NN	-	20	249
Wis.	645	78 200	NN	NN	NN	7	41
W.N. Central Minn.	1,246 254	806 254	252 182	626 609	3	10	135 10
lowa	254 74	254 62	102	NN	_		9
Mo.	721	353	45	_	_	9	96
N. Dak.	3	2	8	5	_	_	_
S. Dak.	18	10	11	3	_	1	_
Nebr. Kans.	87 89	68 57	<u> </u>	9		_	6 14
S. Atlantic	2,702	534	334	1,708	3 4	115	2,102
Del.	15	11	_	10		_	10
Md.	162	58	NN	NN	NN	27	343
D.C.	53	NA	11	45	NN	_	45
Va.	136	66	36	NN	_	3	153
W. Va.	9 211	5 93	27 48	31 NN	_	 19	5 464
N.C. S.C.	122	93 64	46 5	356	_	19	269
Ga.	284	83	112	555	_	15	430
Fla.	1,710	154	95	711	4	32	383
E.S. Central	1,223	699	85	318	5	25	1,138
<u>К</u> у.	235	149	26	_	_	_	101
Tenn. Ala.	691 117	476 63	59	318	_5 	7 6	641 202
Miss.	180	11	NN	NN	NN	12	194
N.S. Central	3,143	1,212	243	1,558	_	102	1,053
Ark.	76	27	8	30	_	14	87
La.	226	137	1	116	NN	12	306
Okla.	560	171	NN	NN	NN	8	187
Tex. Vlountain	2,281 1,164	877 773	234 311	1,412 44	_ 1	68 25	473 241
Mont.	1, 104	773	311	44	NN	20	241 1
Idaho	28	12		NN		_	i
Wyo.	3	1	2	8	_	_	
Colo.	205	164	_	6	_	1	8
N. Mex.	152	109	41	20	_	_	12
Ariz.	602 66	413 68	260 NN	NN	_ 1	24	212
Utah Nev.	98	6	1	10			2 5
Pacific	2,670	2,606	28	ĭ	_	88	372
Wash.	172	116	NN	NN	_	_	77
Oreg.	95	91	NN	NN	NN	_	8
Calif.	2,364	2,358	NN	_	NN	88	283
Alaska	4	5		_	_	_	1
Hawaii	35	36	28	1	_		3
Guam	19	NA	3	_	_	_	2
P.R.	141	NA NA	NI A	NIA	NINI	17	146
V.I. American Samo	NA a NA	NA NA	NA NA	NA NA	NN NA	NA	1 NA
C.N.M.I.	NA NA	NA	NA	NA	NA	NA	NA

^{*} National Electronic Telecommunications System for Surveillance.

† Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of April 17, 2000.

† Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

TABLE 2. (*Continued*) Reported cases of notifiable diseases, by geographic division and area, United States, 1999

Aron	Syphilis* All	Toto	Toxic- shock	Tuinhimesi-	Tuberculosis [†]	Typhoid	Varicella§	Yellow
Area	stages	Tetanus	syndrome	Trichinosis		fever	(chickenpox)	fever
United States New England	35,628 587	40	113 7	12 1	17,531 489	346 28	46,016 497	1
Maine	1	_	2		23	20	45	_
N.H.	17	_	2	_	19	_	NN	NN
Vt.	3	_	_	_	3	1	NN	_
Mass.	385	_	3	_	270	17	427	_
R.I.	.55 100	_	NN	<u> </u>	53	3	25 NN	_
Conn. Mid. Atlantic	126 5,826	 5	13	3	121 2,862	7 100	ININ	_
Upstate N.Y.	357	4	6	3	377	15	NN	
N.Y. City	3,737		ž	_	1,460	49	NN	_
N.J.	800	_	_		571	35	NN	_
Pa.	932	1	5	_	454	1	NN	_
E.N. Central	4,101	4	35	3	1,753	41	28,004	_
Ohio Ind.	364 802	2 2	4 2		317 150	4 6	1,307 NN	_
III.	1,967		5		825	17	13,846	_
Mich.	778	_	17	_	351	14	12,260	_
Wis.	190	_	7	1	110	_	591	_
W.N. Central	625	3	13	1	582	3	5,297	_
Minn.	71	1	2	_	201	1	NN	_
lowa Mo.	37 395	1	4 3	_	58 208	_1	NN 5,291	_
N. Dak.	-		_	_	7	_	5	_
S. Dak.	3	_	_	_	21	_	NN	_
Nebr.	24	_	2	_	18	_	1	_
Kans.	95	1	2	1 1	69 3 F 1 8	1	NN	_
S. Atlantic Del.	10,220 72	5	8	1	3,518 34	57 2	3,565 5	_
Md.	1,385	_	NN	_	294	9	NN	NN
D.C.	458	_	_	_	70	_	75	
Va.	722	_	_		334	11	1,490	_
W. Va.	15	_	_	_	41	_	1,995	_
N.C. S.C.	1,713 925	2	1 2	_	488 315	3 3	NN NN	_
Ga.	1,973	_	2	_	665	5	NN	_
Fla.	2,957	3	3	1	1,277	24	NN	_
E.S. Central	3,960	_	7	_	1,120	2	584	_
<u>K</u> y.	302	_	3	NN	209	1	NN	_
Tenn.	1,734	_	4	_	382 314	1	584 NN	_
Ala. Miss.	1,018 906	_	NN	_	215	_	NN	_
W.S. Central	6,024	6	2	_	2,395	24	7,646	_
Ark.	364	_	_	NN	181	1	NN	_
La.	1,423	_	-	. 	357	_	173	_
Okla. Tex.	538	_	2	NN	208	_	NN 7 472	_
Mountain	3,699 1,161	6	NN 4	_ 1	1,649 580	23 7	7,473 423	_
Mont.	3	_			14		NN	
ldaho	13	_	_		16	_	NN	_
Wyo.	_	_	1		3	_	NN	_
Colo.	91	_	_	1	88	2	NN	_
N. Mex. Ariz.	80 833	_	2		64 262		NN 245	_
Utah	49	_	1	_	40	2	136	_
Nev.	92	_	_	_	93	1	42	NN
Pacific	3,124	17	24	2	4,232	84	_	1
Wash.	204	_	5	_	258	8	NN	_
Oreg. Calif.	37 2 950	1 16	NN 10		123 2 606	5 71	NN NN	_
Calif. Alaska	2,859 13	16 —	19 NN		3,606 61	71 —	NN NN	1
Hawaii	11	=	NN	_	184	_	NN	_
Guam	12				69		210	
P.R.	1,457	2	_	_	200	_	5,019	_
V.I.	13	NÁ	NA	NA	NA	NA	NA NA	NA
American Samo	oa NA	NA	NA	NA	4	NA	NA	NA
C.N.M.I.	NA	NA	NA	NA	66	NA	NA	NA

^{*} Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of May 3, 2000.

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

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TABLE 3. Reported cases and incidence rates of notifiable diseases,* by age group, United States, 1999

		_	_	_											Age
Disease	Total	<u><1 yrs</u> No. (Rate)	No.	-4 yrs (Rate)	No.	(Rate)	No.	–24 yrs (Rate)	<u>25–3</u> No.	(Rate)	<u>40-</u> No.	-64 yrs (Rate)	<u>≥6</u> t No.	(Rate)	not
AIDS [†]				(0.59)	135	(0.34)	1,700	(4.51)	23,291	(38.57)	19,083	(23.45)		(2.08)	stated
Botulism, foodborne	45,104 23 92 39 82	88 (2.31) 7 (0.18) 89 (2.36)	<u>89</u>	(0.00)	_	(—)	1,700	0.00	23,291	(0.00)	19,063	(0.01)	718 3	(0.01)	=
Infant	92	89 \ 2.36	1	(0.01)	1	(0.00	_	$\left\{\begin{array}{c} 0.00 \\ 0.00 \end{array}\right\}$	<u></u>	$\left\{\begin{array}{c} 0.03 \end{array}\right\}$	10	$\left(\begin{array}{c} 0.02 \\ 0.02 \end{array}\right)$		$\left\{\begin{array}{c} 0.00 \\ 0.00 \end{array}\right\}$	1
Other (includes wound) Brucellosis	39 82	1 (0.03)		(0.00) (0.01)	12	0.03	15	(0.00)	18 13	(0.03)	18 29	(0.02)	10	(0.00)	<u></u>
Chlamydia ^{§¶}	655,335	NA (NA)	NĄ	(NA)	ΝĀ	(NA)	480,195	(1,273.72)	13 138,422	(229.24)	13,036	(16.02)	899 2	(2.60)	7,004
Cholerá Cryptosporidiosis	6 2.361	51 (1.42)	432 1	(0.01) (3.03)	338 J	(0.00)	205	(0.00)	710	1.24	1 492	(0.00) (0.64)	108	(0.01)	25
Cyclosporiasis	2,301 56	51 (1.42) 4 (0.11)	432 3	(0.02)	338 3	(0.01)	11	0.03	710 6	0.01	492 23	(0.03)	5	(0.02)	-1 1
Díphtheria	1	— (—)	_	(—)	_	(—)	_	(—)	_	(—)	_	(—)	1	(0.00)	_
Ehrlichiosis, Human granulocytic	203 99	1 (0.03)	4	(0.03)	8	(0.03)	10	(0.03)	46	(0.10)	77	(0.12)	56	(0.21)	1
Human monocytic	99	1 (0.03) 2 (0.07)	_	()	8 3	(0.01)	4	(0.01)	16	(0.03)	49	(80.0	56 22	(80.0	3
Encephalitis, Califórnia serogroup viral	70	2 (0.05)	12	(0.08)	46	(0.12)	4	(0.01)	1	(0.00)	3	(0.00)	2	(0.01)	_
Eastĕrn eguine	5	_ (- 0.00)		()	46 2	(0.01)	1	(0.00)		()	3 2	(0.00)		(—)	_
St. Louis ' Western equine	4	— { —}	_	{ -}	_	{ —}	_	{ —}	1	0.00	2	(0.00	1	(0.00)	_
Escherichia coli O157:H7	4.513	99 (2.75)	792 NA	5.56	915	2.47	593 210,892	1.67	609	1.07	875	1.15	392 894	(1.23)	238 3,612
Gonorrhea	359,442	NĂ (NĂ)	NA	(NA)	ŇÄ	(NA)	210,892	(559.39)	110,680	(183.29)	26,402	(32.44)	894	(2.59)	3,612
Haemophilus influenzae, invasive disease	1,309	149 (3.91)	105	(0.70)	59	(0.15)	57	(0.15)	110	(0.18)	305	(0.37)	504	(1.46)	20
Hansen disease (leprosy)	108	_ ()	_	()	59 2	(0.01)	57 7	(0.15) (0.02)	110 29	(0.05)	305 29	(0.04)	17	(0.05)	20 24
Hantavirus pulmonary ´ svndrome**	33	_ (_)	_	(—)	3	(0.01)	3	(0.01)	12	(0.02)	12	(0.01)	3	(0.01)	_
Hemolytic uremic				, ,		,					12		-	,	
syndrome, postdiarrheal Hepatitis A	181 17.047	5 (0.16) 85 (2.23) 33 (0.87) 29 (0.76) 3 (0.08) 3 (0.87) 7 (0.18)	92 888 30 7	(0.73) (5.88)	42 2 546	(0.13) (9.00)	2,7 6 8	(0.03) (7.34)	5 246	(0.01) (8.69)	2 502	(0.02) (4.30)	17 877	(0.06) (2.54)	12/
Hepatitis B	7,694	85 (2.23) 33 (0.87)	30	(0.20)	3,546 73 16 5	(0.19)	1.311	3.48)	5,246 3,375	(5.59)	3,503 2,395 1,654 503 5,837	(2.94)	333	(0.96)	134 144 79 11
Hepatitis C; non-A, non-B	3,111	29 (0.76)	7	(0.05)	16	(0.04)	7182 25	(0.48)	980 120	(1.62)	1,654	(2.94) (2.03) (0.63)	164 440	(0.48)	79 11
Legionellosis Lyme disease	1,108 16,273	3 (0.08) 33 (0.87)	870	(0.01) (5.79)	3.160	8.05	1,410	(0.07)	2.722	(0.20) (4.53)	5.837	7.20	2.100	(6.11)	141
Malaria	1,666		76	(0.50)	3,160 155 21 322 156 2,056	(0.39)	[′] 315	(0.84)	2,722 600	(0.99)	438	(0.54)	47	(0.14)	28
Measles Meningococcal disease	100 2 501	17 (0.45) 354 (9.29)	24 364	(0.16)	21 322	(0.05)	12 467	0.03)	20 222	0.03	5 379	(0.01)	375	1.09	1 18
Mumps	2,501 387	4 (0.11)	61	(0.41)	156	(0.40)	42	(0.11)	20 222 62 579	(0.10)	44	(0.06)	7	(0.02)	18 11
Pertussis (whooping cough) Plague	7,288 9	2,168 \ 56.87	833	\$ 5.52	2,056	5.22	883	(2.34)	579	(0.96)	674 3	(0.83) (0.00)	80 4	(0.23)	15 —
Psittacosis	16	= \ = \		} ={		(—)	_	} ={	ż	(0.00)	10	(0.01)	3	(0.01)	1
Rocky Mountain spotted feve	er 579	1 0.03	38 15 6,682	0.25	89 4	0.23	57	0.15	124 97	(0.21)	200 20	(0.25)	66	(0.19)	4
Rubella Salmonellosis	267 40.596	16 (0.42) 5,163 (135.44)	6.682	(0.10) (44.27)		(0.01) (12.59)	111 3.472	(0.29)	5.505	(0.16)	6.280	(0.02)	3.580	(10.37)	4.951
Shigellosis	40,596 17,521	5,163 (135.44) 370 (9.71)	4,667	(30.92)	4,963 4,619	(11.72)	1,228	(3.26)	5,505 2,397	(3.97)	6,280 1,322	(7.7 <u>2</u>) (1.62)	3,580 327	(0.95)	4,951 2,591
Streptococcal disease, invasive, group A	2.382	102 (3,49)	142	(1.23)	184	(0.61)	132	(0.46)	339	(0.73)	732	(1.15)	726	(2.64)	25
Streptococcus pneumoniae,	,			,		,				,		,		,	
drug-resistant, invasive Streptococcal	4,618	715 (26.81)	1,232	(11.66)	153	(0.56)	95	(0.36)	363	(0.87)	878	(1.56)	1,062	(4.39)	120
toxic-shock syndrome	61	— (—)	_	(—)	10	(0.03)	6	(0.02)	15	(0.03)	23	(0.04)	7	(0.03)	_
Syphilis		NIA (NIA)	NIA	. , ,		/			2 220				74		17
_ Primary and secondary¶ Tetanus	6,650 40	NA (NA)	NA 1	(NA) (0.01)	NA 1	(NA) (0.00)	1,410 3	(3.74)	3,239 14	(5.36)	1,793 12	(2.20)	74 9	(0.21)	<u>17</u>
Toxic-shock syndrome	113	2 \ 0.06	Ż	0.02	17	0.05	19	(0.06)	35	(0.07)	30	(0.04)	8	(0.03)	_
Trichinosis Tuberculosis††	12 17 531	98 { 2.57}	507	(3.36)	439	$\{1, 11\}$	4 1.516	(0.01)	4 4.388	(0.01) (7.27)	6.552	(0.00) (8.05)	4,028	(0.01) (11.67)	_ 3
Typhoid fever	17,531 346	1 (0.03)	46	(0.30)	439 74	0.19	73	0.15	4,300	0.15	51	(0.06)	12	(80.0	ĭ
Yellow fever * No cases of anthrax paralytic	1	<u> </u>		(—)	<u> </u>	(—)		(—)		(—)	1	(0.00)		(—)	

Yellow fever 1 — (—) —

TABLE 4. Reported cases and incidence rates of notifiable diseases,* by sex, United States, 1999

						Sex
		Male Female			not	
Disease	Total	No.	(Rate)	No.	(Rate)	stated
AIDS†	45,104	34,532	(25.95)	10,572	(7.59)	_
Botulism, foodborne	23	12	(0.01)	11	(0.01)	_
Infant	92	44	(1.15)	45	(1.23)	3
Other (includes wound)	39	26	(0.02)	13	(0.01)	_
Brucellosis	82	58	(0.04)	24	(0.02)	_
Chancroids	143	91	(0.07)	51	(0.04)	1
Chlamydia ^{§¶}	656,721	NA	(NA)	534,612	(400.99)	2,331
Cholera	6	4	(0.00)	2	(0.00)	_
Cryptosporidiosis	2.361	1,419	(1.13)	930	(0.71)	12
Cyclosporiasis	56	29	(0.02)	27	(0.02)	_
Diphtheria	1	1	(0.00)	_	(—)	_
Ehrlichiosis, human granulocytic	203	113	(0.11)	90	(80.0)	_
Human monocytic	99	69	(0.07)	30	(0.03)	_
Encephalitis, California serogroup viral	70	48	(0.04)	22	(0.02)	_
Eastern equine	5	3	(0.00)	2	(0.00)	_
St. Louis	4	4	(0.00)	_	(—)	_
Western equine	1	1	(0.00)	_	(<u>—</u>)	_
Escherichia coli 0157:H7	4,513	2,053	(1.65)	2,329	(1.79)	131
Gonorrhea [§]	360,076	179,564	(134.92)	179,534	(128.94)	978
Haemophilus influenzae,						
invasive disease	1,309	614	(0.46)	684	(0.49)	11
Hansen disease (leprosy)	108	65	(0.05)	21	(0.02)	22
Hantavirus pulmonary syndrome**	33	20	(0.02)	13	(0.01)	_
Hemolytic uremic syndrome, postdiarrheal	181	73	(0.07)	106	(0.09)	2
Hepatitis A	17,047	10,286	(7.73)	6,653	(4.78)	108
Hepatitis B	7,694	4,532	(3.41)	3,095	(2.22)	67
Hepatitis C; non-A, non-B	3,111	1,889	(1.42)	1,179	(0.85)	43
Legionellosis	1,108	666	(0.51)	436	(0.32)	6
Lyme disease	16,273	8,511	(6.42)	7,715	(5.56)	47
Malaria	1,666	1,063	(0.80)	570	(0.41)	33
Measles	100	46	(0.03)	54	(0.04)	_
Meningococcal disease	2,501	1,223	(0.92)	1,254	(0.90)	24
Mumps	387	191	(0.15)	188	(0.14)	8
Pertussis (whooping cough)	7,288	3,341	(2.51)	3,931	(2.82)	16
Plague	9	4	(0.00)	5	(0.00)	_
Psittacosis	16	5	(0.00)	11	(0.01)	_
Rocky Mountain spotted fever	579	331	(0.25)	245	(0.18)	3
Rubella	267	171	(0.13)	93	(0.07)	3
Salmonellosis	40,596	17,310	(13.01)	18,477	(13.27)	4,809
Shigellosis	17,521	6,793	(5.10)	8,082	(5.80)	2,646
Streptococcal disease,						
invasive, group A	2,382	1,199	(1.16)	1,097	(1.01)	86
Streptococcus pneumoniae,						
drug-resistant, invasive disease	4,618	2,288	(2.47)	1,985	(2.05)	345
Streptococcal toxic-shock syndrome	61	27	(0.03)	34	(0.03)	_
Syphilis, primary and secondary [§]	6,657	3,856	(2.90)	2,796	(2.01)	5
Tetanus	40	29	(0.02)	11	(0.01)	_
Toxic-shock syndrome	113	25	(0.02)	88	(0.07)	_
Trichinosis	12	10	(0.01)	2	(0.00)	_
Tuberculosis††	17,531	10,948	(8.23)	6,582	(4.73)	<u>1</u>
Typhoid fever	346	159	(0.12)	180	(0.13)	7
Yellow fever	1	11	(0.00)		(—)	_

^{*} No cases of anthrax, paralytic poliomyelitis, or human rabies were reported in 1999.

† Total number of acquired immunodeficiency sydrome (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, 1999.

† Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

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

** Totals reported to the National Center for Infectious Diseases as of June 30, 2000.

**Totals reported to the Vivision of Tuberculosis Elimination, NCHSTP, as of May 3, 2000.

**Note: Rates < 0.01 after rounding are listed as 0.00.

TABLE 5. Reported cases and incidence rates of notifiable diseases,* by race, United States, 1999

		Indi	erican ian or a Native		ian or clslander	Di	ack	14/1	nite	Other	Race not stated
Disease	Total	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	(Rate)	No.	No.
AIDS† Botulism, foodborne Infant Other (includes wound) Brucellosis Chlamydia*** Cholera Cryptosporidiosis Cyclosporiasis Diphtheria Ehrlichiosis,	45,104 23 92 39 82 655,335 6 2,361 56 1	178 2 1 — 8,746 — 5 —	(7.42) (0.08) (2.35) (—) (—) (364.81) (—) (0.26) (—)	361 2 3 — 9,121 2 31 1	(3.34) (0.02) (1.65) (—) (84.29) (0.02) (0.30) (0.01) (—)	21,877 — 2 3 228,126 1 289 6	(62.75) () (0.35) (0.01) () (654.37) (0.00) (0.85) (0.02) ()	14,805 17 54 17 47 136,881 — 1,312 34	(6.59) (0.01) (1.78) (0.01) (0.02) (60.94) (—) (0.62) (0.02) (0.00)	1 1 3 	7,883 [§] 1 32 19 34 272,461 [§] 3 721 15 —
Human granulocytic Human monocytic Encephalitis, California serogroup viral Eastern equine St. Louis Western equine Escherichia coli 0157:H7 Gonorrhea** Haemophilus influenzae, invasive disease Hansen disease (leprosy) Hantavirus pulmonary syndrome† Hemolytic uremic syndrome, postdiarrheal Hepatitis A Hepatitis B Hepatitis C; non-A, non-B Legionellosis Lyme disease Malaria Measles Meningococcal disease Mumps Pertussis (whooping cough) Plague Psittacosis Rocky Mountain spotted fever Rubella Rubella, congenital syndrome Salmonellosis Shigellosis Streptococcal disease, invasive, group A Streptococcal disease, invasive, group A	203 99 70 5 4 4,513 359,442 1,309 108 33 181 17,047 7,694 3,111 1,108 16,273 1,666 100 2,501 387 7,288 9 16 579 267 9 40,596 17,521 2,382	3 	(0.21) (—) (0.14) (—) (0.43) (71.70) (1.38) (—) (0.17) (7.38) (3.46) (0.17) (0.09) (0.13) (0.04) (1.13) (0.41) (2.29) (0.39) (0.39) (0.39) (0.39) (1.01) (9.18) (3.57)	2 	(0.02) () () () () (0.31) (0.16) (0.25) (0.01) (0.03) (2.58) (3.98) (0.04) (0.06) (0.85) (0.99) (0.14) (1.01) () (0.03) (0.03) (0.03) (0.01) (0.03) (0.01) (0.03) (0.01) (0.03) (0.01) (0.03) (0.01) (0.03) (0.04) (0.03) (0.04) (0.03) (0.04) (0.04) (0.05) (0.04)		(—) (0.02) (0.00) (0.00) (0.00) (0.29) (632.72) (0.51) (0.03) (5.49) (4.42) (0.12) (0.34) (0.55) (2.03) (0.03) (1.07) (0.09) (1.14) (—) (0.00) (0.09) (0.01) (—) (0.01) (0.01) (1.17)	134 66 61 4 2,265 40,896 767 26 28 134 9,246 3,075 145 737 12,481 403 62 1,547 191 5,003 7 11 449 194 3 19,504 7,333 1,364	(0.08) (0.04) (0.03) (0.00) (0.00) (1.08) (18.21) (0.34) (0.01) (0.07) (4.12) (1.37) (0.06) (0.34) (5.57) (0.18) (0.03) (0.09) (0.09) (2.23) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (0.00) (3.26) (0.78)		64 28 5 — 1 2,102 94,584 312 46 — 35 5,372 2,535 2,535 2,537 238 3,452 423 11 513 126 1,687 4 87 4 16,889 7,279 597
drug-resistant, invasive disease	4,618	11	(0.69)	24	(0.29)	581	(2.48)	1,736	(1.11)	6	2,260
Streptococcal toxic-shock syndrome Syphilis, primary and secondary** Tetanus Toxic-shock syndrome Trichinosis Tuberculosis ^{§§} Typhoid fever Yellow fever	61 6,650 40 113 12 17,531 346	54 253 	(—) (2.25) (—) (—) (10.55) (—) (—)	41 1 5 3,639 99	(—) (0.38) (0.01) (0.06) (—) (33.63) (0.91) (—)	4,854 3 3 1 5,666 18	(0.03) (1 3.92) (0.01) (0.01) (0.00) (16.25) (0.05) (—)	48 1,008 25 91 10 7,913 65 1	(0.03) (0.45) (0.01) (0.05) (0.00) (3.52) (0.03) (0.00)		5 693 ⁵ 11 14 1 60 149

Yellow fever 1 — (—) — (—) — (—) — (—) — (—) — (—) — —

* No cases of anthrax, paralytic poliomyelitis, or human rabies were reported in 1999.

† Total number of acquired immunodeficiency sydrome (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, 1999.

§ Includes the following cases originally reported as Hispanic: 7,764 for AIDS; 81,708 for chlamydia; 17,170 for gonorrhea; and 527 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 data concerning ethnicity are collected on aggregate forms different from those used for reported cases. Thus, the total number of cases reported on this table can differ slightly from others. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

† Totals reported to the National Center for Infectious Diseases as of June 30, 2000.

*Note: Rates < 0.01 after rounding are listed as 0.00.

TABLE 6. Reported cases and incidence rates of notifiable diseases,* by ethnicity, United **States, 1999**

		Hisp	Hispanic		spanic	Ethnicity	
Disease	Total	No.	(Rate)	No.	(Rate)	not stated	
AIDS†	45,104	7,764	(24.78)	36,682	(15.20)	658	
Botulism, foodborne	23	1	(0.00)	18	(0.01)	4	
Infant	92	16	(2.22)	46	(1.48)	30	
Other (includes wound)	39	13	(0.04)	19	(0.01)	7	
Brucellosis	82	47	(0.15)	14	(0.01)	21	
	655,335	81,708		365,007	(151.23)	208,620	
Chlamydia ^{§¶}		81,/08	(260.74)				
Cholera	6		()	4	(0.00)	2	
Cryptosporidiosis	2,361	208	(0.68)	1,154	(0.51)	999	
Cyclosporiasis	56	5	(0.02)	29	(0.01)	22	
Diphtheria	1	_	(—)	1	(0.00)	_	
Ehrlichiosis							
Human granulocytic	203	3	(0.01)	141	(0.08)	59	
Human monocytic	99	3	(0.01)	67	(0.04)	29	
Encephalitis, California serogroup viral	70	_	(—)	36	(0.02)	34	
Eastern equine	5	_	ii	3	(0.00)	2	
St. Louis	4	_	(4	(0.00)	_	
Western equine	1	_	\\	4	(0.00)	1	
	4 5 4 5	110	(0.36)	1 700			
Escherichia coli 0157:H7	4,513	110		1,788	(0.80)	2,615	
Gonorrhea [¶]	359,442	17,170	(54.79)	261,477	(108.34)	80,795	
Haemophilus influenzae, invasive disease	1,309	90	(0.29)	648	(0.27)	571	
Hansen disease (leprosy)	108	33	(0.11)	40	(0.02)	35	
Hantavirus pulmonary syndrome**	33	2	(0.01)	15	(0.01)	16	
Hemolytic uremic syndrome, postdiarrheal	181	18	(0.06)	117	(0.06)	46	
Hepatitis A	17,047	3,949	(12.60)	7,243	(3.00)	5,855	
Hepatitis B	7,694	693	(2.21)	4,030	(1.67)	2,971	
Hepatitis C; non-A, non-B	3,111	23	(0.07)	111	(0.05)	2,977	
Legionellosis	1,108	25	(0.08)	591	(0.25)	492	
Lyme disease	16,273	181	(0.58)	7,613	(3.17)	8,479	
Malaria	1,666	188	(0.60)	916	(0.38)	562	
Measles	100	11	(0.04)	84	(0.03)	5	
Meningococcal disease	2,501	227	(0.72)	1,384	(0.57)	890	
Mumps	387	75	(0.25)	181	(0.08)	131	
Pertussis (whooping cough)	7,288	935	(2.98)	4,768	(1.98)	1,585	
Plague	9	1	(0.00)	7	(0.00)	1	
Psittacosis	16	_	(—)	7	(0.00)	9	
Rocky Mountain spotted fever	579	7	(0.02)	378	(0.16)	194	
Rubella	267	183	(0.58)	53	(0.02)	31	
Rubella, congenital syndrome	9	7	(0.02)	_	(—)	2	
Salmonellosis	40,596	2,498	(7.97)	15,684	(6.50)	22.414	
Shigellosis	17,521	2,998	(9.57)	6,181	(2.56)	8,342	
Streptococcal disease, invasive, group A	2,382	197	(1.00)	1,135	(0.59)	1,050	
Streptococcus pneumoniae, drug-resistant, invasive	4.618	152	(0.57)	1,636	(1.00)	2.830	
Streptococcal toxic-shock syndrome	4,018	132	(0.01)	39	(0.02)	2,030	
	6.650	527	(0.01)	5,862	(2.43)	21 261	
Syphilis, primary and secondary							
Tetanus	40	14	(0.04)	22	(0.01)	4	
Toxic-shock syndrome	113	6	(0.02)	59	(0.03)	48	
Trichinosis	12	1	(0.00)	10	(0.00)	_1	
Tuberculosis ^{††}	17,531	3,875	(12.37)	13,621	(5.64)	35	
Typhoid fever	346	69	(0.22)	130	(0.05)	147	
Yéİlow fever	1	_	(<u>—</u>)	1	(0.00)	_	

^{*}No cases of anthrax, paralytic poliomyelitis, or human rabies were reported in 1999.

* No cases of anthrax, paralytic poliomyelitis, or human rabies were reported in 1999.

† 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, 1999.

† In addition to data collected through the National Electronic Telecommunications System for Surveillance (NETSS), some data concerning ethnicity are collected on aggregate forms different from those used for reported cases. Thus, the total number of cases reported on this table can differ slightly from others. Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

**Totals reported to the National Center for Infectious Diseases as of June 30, 2000.

**Totals reported to the Vision of Tuberculosis Elimination, NCHSTP, as of May 3, 2000.

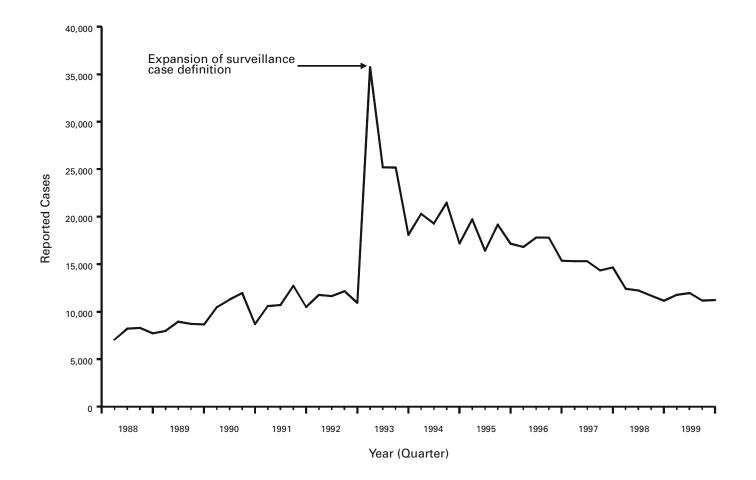
**Note: Rates < 0.01 after rounding are listed as 0.00.

PART 2

Graphs and Maps for Selected Notifiable Diseases in the United States

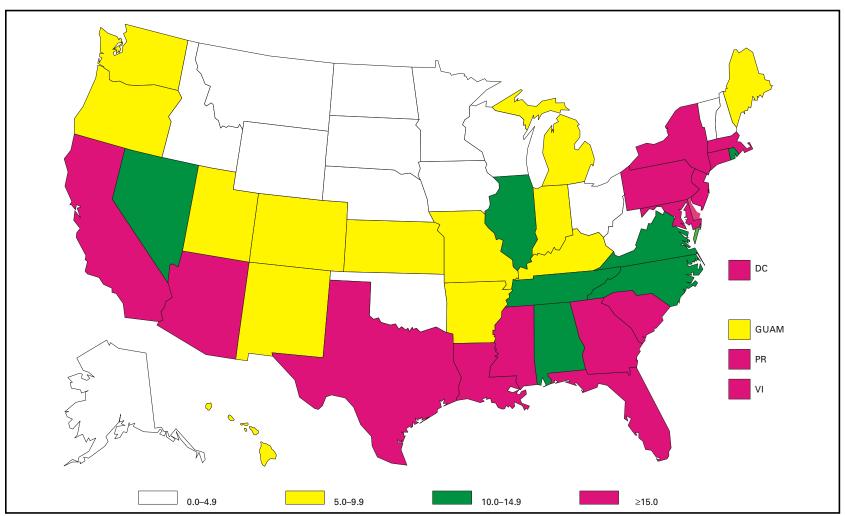
EXPLANATION OF SYMBOLS USED IN GRAPHS AND MAPS

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



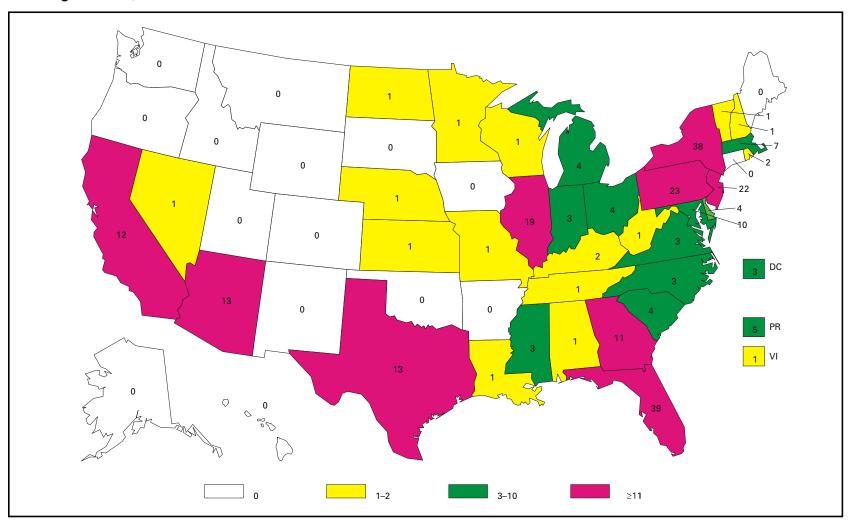
^{*}Includes Guam, Puerto Rico, the U.S. Pacific Islands, and the U.S. Virgin Islands.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported cases per 100,000 population, United States, Guam, Puerto Rico, and U.S. Virgin Islands, 1999



Total number of AIDS cases includes all cases reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, as of December 31, 1999. Total includes cases among residents in U.S. territories and 104 cases among persons with unknown state of residence.

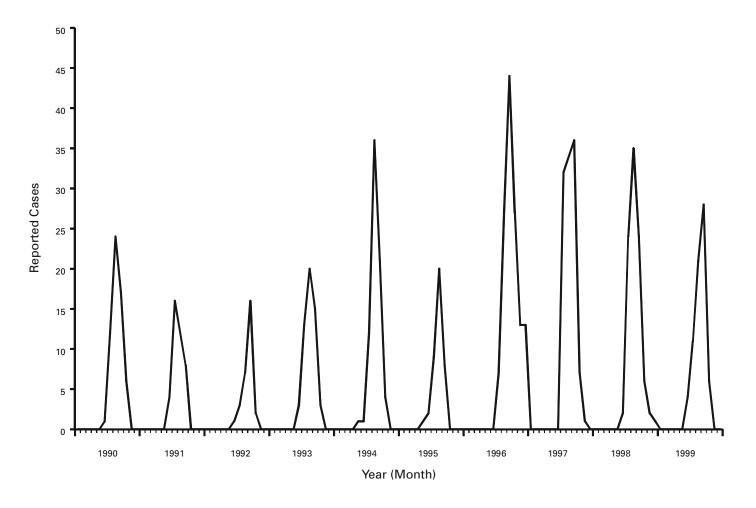
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported pediatric cases,* United States, Puerto Rico, and U.S. Virgin Islands, 1999



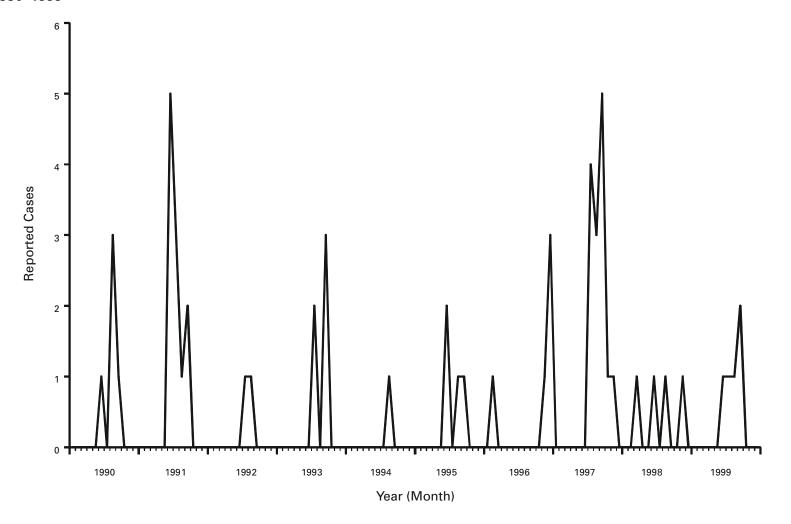
*Children and adolescents aged <13 years.

Trends in AIDS incidence among children continued to decrease with the success of efforts to reduce perinatal (i.e., mother-to-child) human immunodeficiency virus (HIV) transmission. Although the number of perinatally acquired AIDS cases declined 43% during 1992–1996, new cases continue to occur disproportionally among young children from racial/ethnic minority populations.

ARBOVIRAL ENCEPHALITIS — reported cases caused by California serogroup viruses by month of onset, United States, 1990–1999

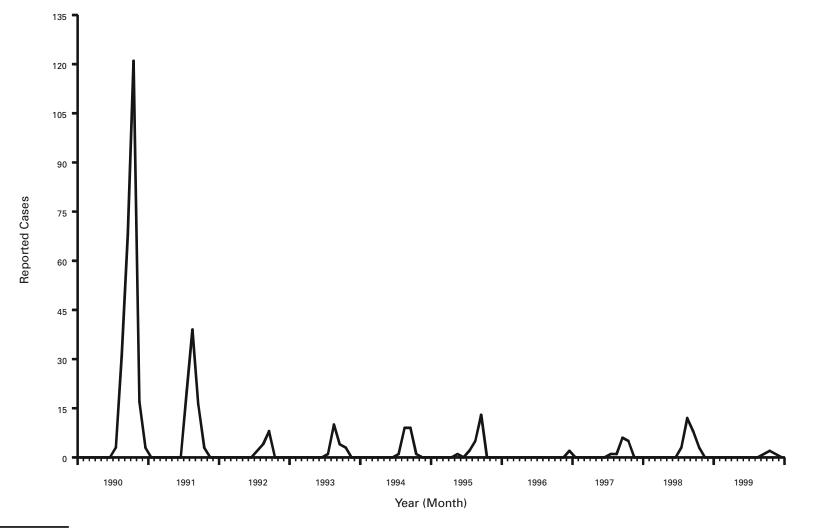


California serogroup viruses (mainly LaCrosse virus in the eastern United States, where the eastern treehole mosquito, *Aedes triseriatus*, is the primary vector) are an endemic cause of encephalitis, especially among children. In 1999, a total of 70 cases was reported from nine states. During 1964–1999, a median of 66 (average: 74) cases was reported each year.

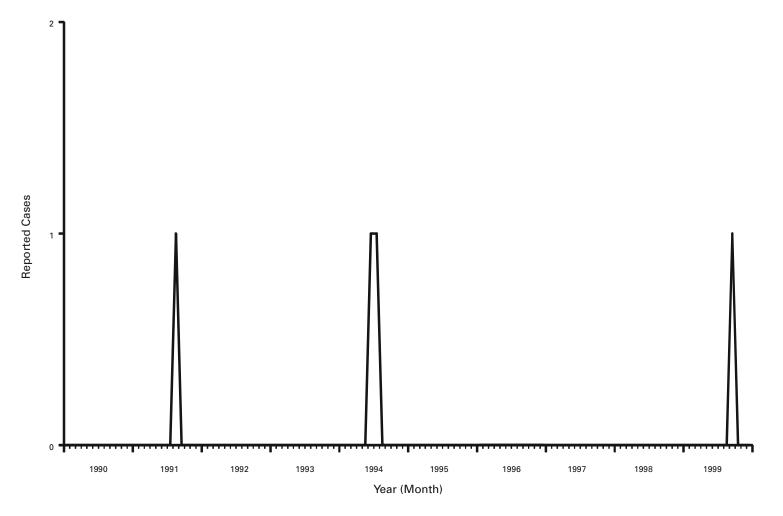


Cases of eastern equine encephalitis among humans, often associated with high mortality rates (i.e., >20%) and severe neurologic sequelae, occur sporadically in the eastern United States. In 1999, five cases were reported from two states. During 1964–1999, a median of four (average: five) cases was reported each year.

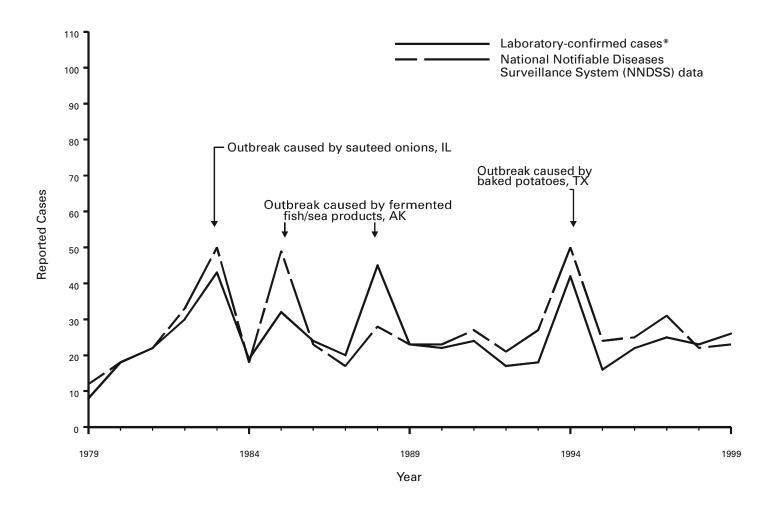
ARBOVIRAL ENCEPHALITIS — reported cases caused by St. Louis encephalitis virus by month of onset, United States, 1990–1999



St. Louis encephalitis virus is the main cause of epidemic viral encephalitis in the United States. In 1999, four cases were reported, all from Florida. During 1964–1999, a median of 26 (average: 124) cases was reported each year.

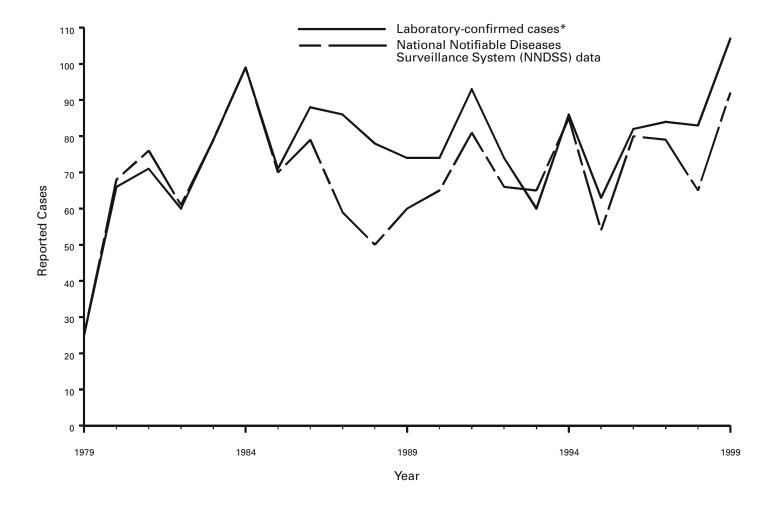


The most recent epidemic of western equine encephalitis occurred in Colorado in 1987. Reasons for the recent absence of epidemic transmission are not fully understood. The first nationally reported case since 1994 was reported from Minnesota in 1999. During 1964–1999, a median of three (average: 18) cases was reported each year.

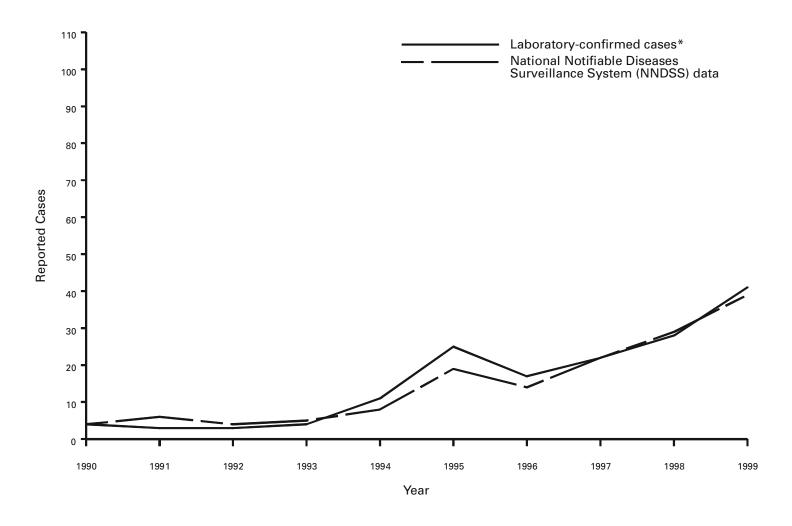


^{*}Data from annual survey of State Epidemiologists and Directors of State Public Health Laboratories.

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

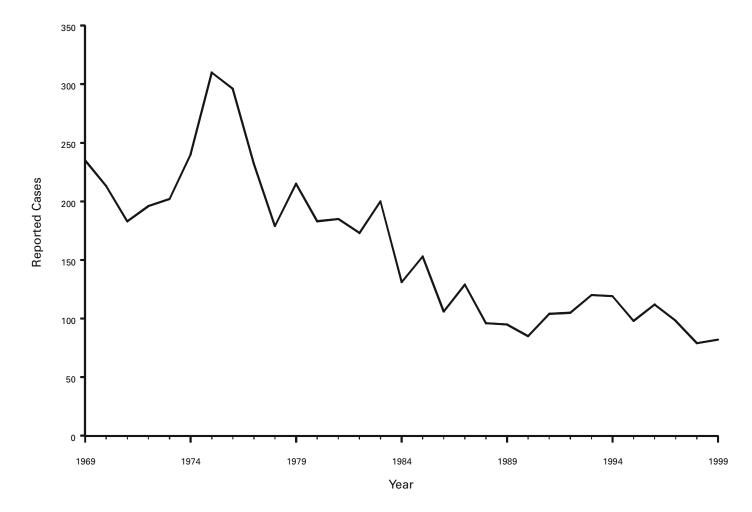


^{*}Data from annual survey of State Epidemiologists and Directors of State Public Health Laboratories.



*Data from annual survey of State Epidemiologists and Directors of State Public Health Laboratories. Data for wound botulism only.

Wound botulism has increased sharply during the past decade and is now the leading cause of adult botulism in the United States.

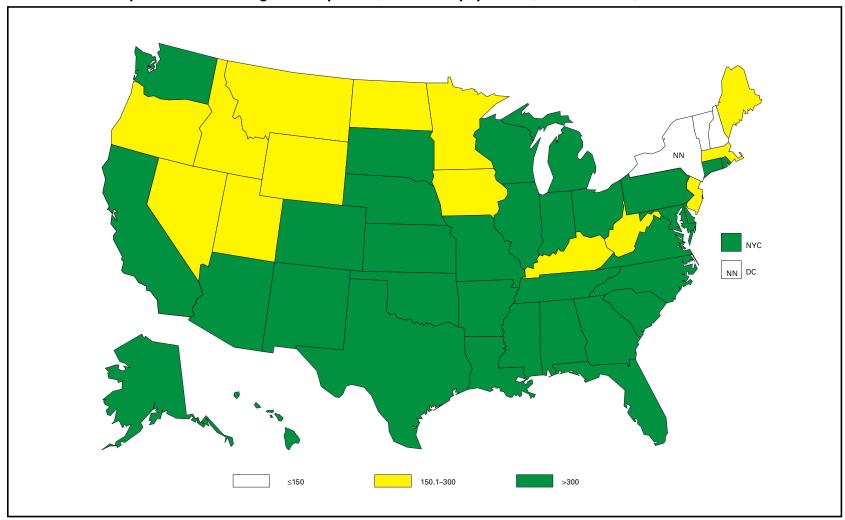


In 1999, Brucella abortus was nearly eliminated from U.S. cattle after a brucellosis control program. The control of B. abortus among cattle, combined with other public health programs, has nearly eliminated the risk for brucellosis among U.S. residents. However, the disease remains a threat for travelers and foreign nationals who consume unpasteurized milk products and for lab workers exposed to Brucella species.

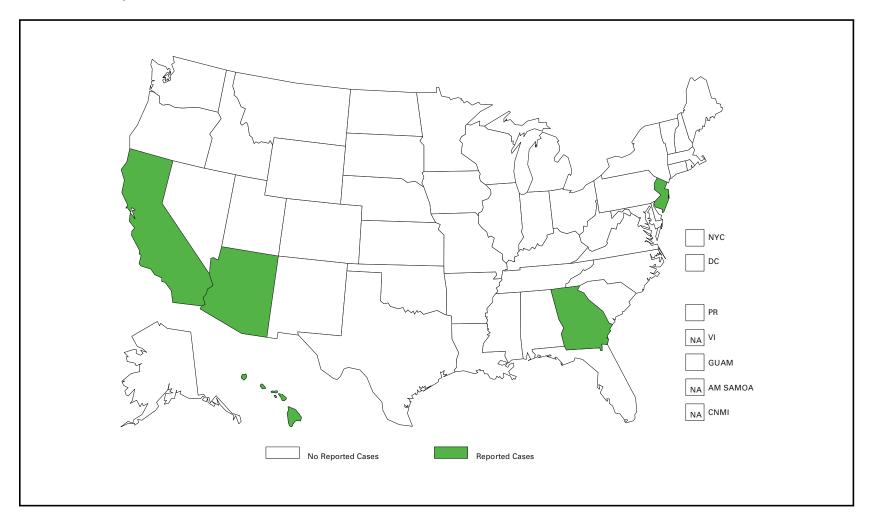
MMWR

April 6, 2001

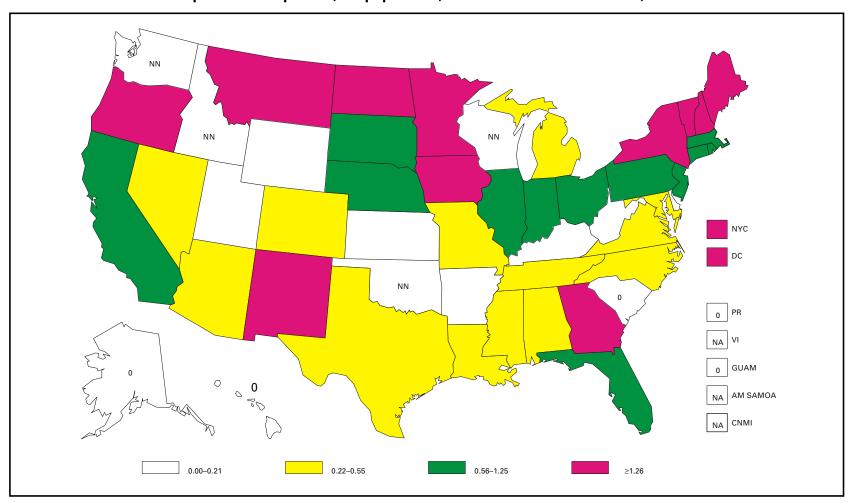
CHLAMYDIA — reported cases among women per 100,000 female population, United States, 1999



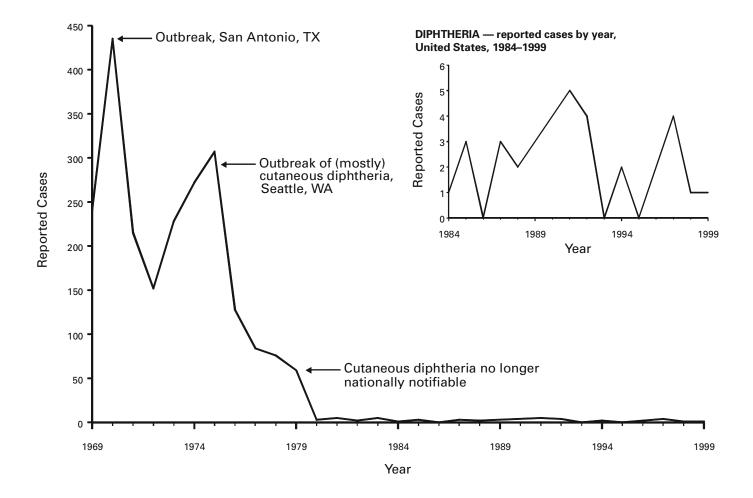
Chlamydia refers to genital infections caused by *Chlamydia trachomatis*. In 1999, the chlamydia rate among women was 400.99 cases/100,000 population. Rates for men are not presented because reporting for men is limited.



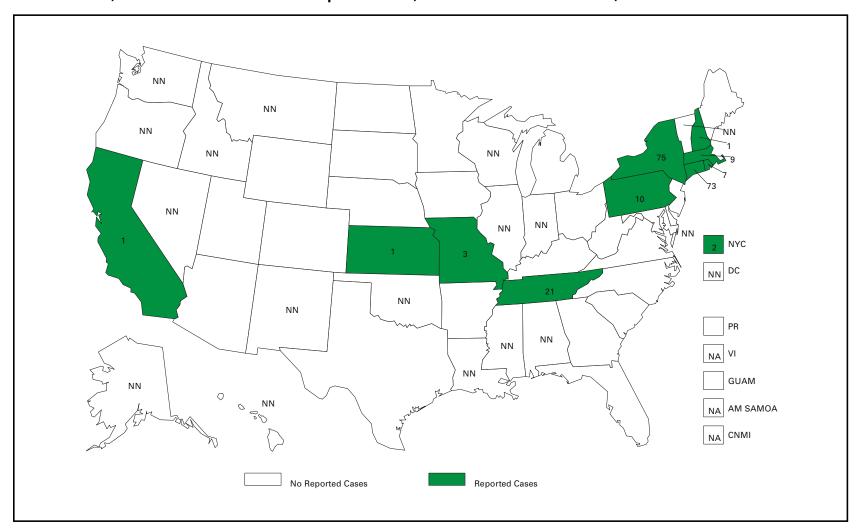
Although cholera has been primarily a disease of travelers to Latin America, Asia, and Africa in recent years, cases are occasionally acquired in the United States from contaminated seafood.



In 1999, Cryptosporidium infection was geographically widespread. Waterborne (i.e., from drinking or recreational water) and foodborne outbreaks were reported from Florida, Massachusetts, Minnesota, and Wisconsin. Cases primarily occur in the late summer and early fall and are most prevalent among children aged 1–9 years and adults aged 30–49 years. Case detection and reporting rates can be higher in states that participate in CDC's FoodNet or Emerging Infectious Diseases Program. States participating in 1999 included California, Connecticut, Georgia, Maryland, Minnesota, New York, and Oregon.

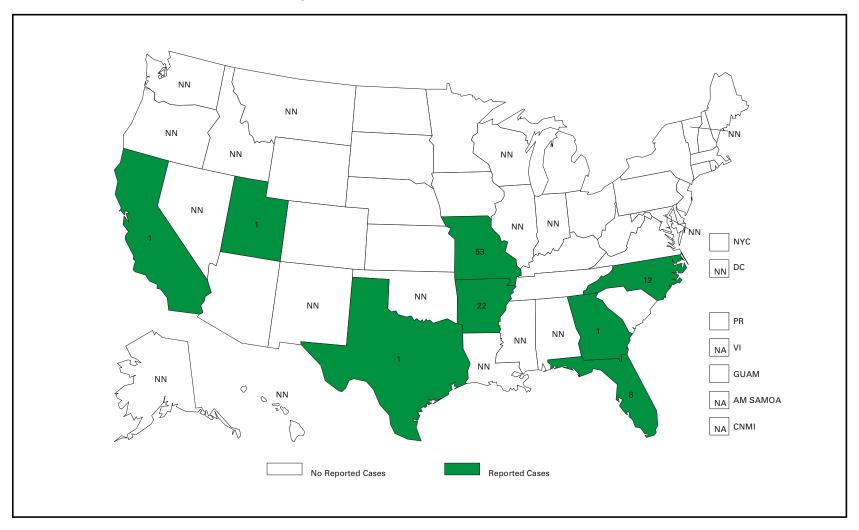


Respiratory diphtheria continues to be rare in the United States. In 1999, only one case of clinical diphtheria associated with a toxigenic strain of *Corynebacterium ulcerans* was reported.

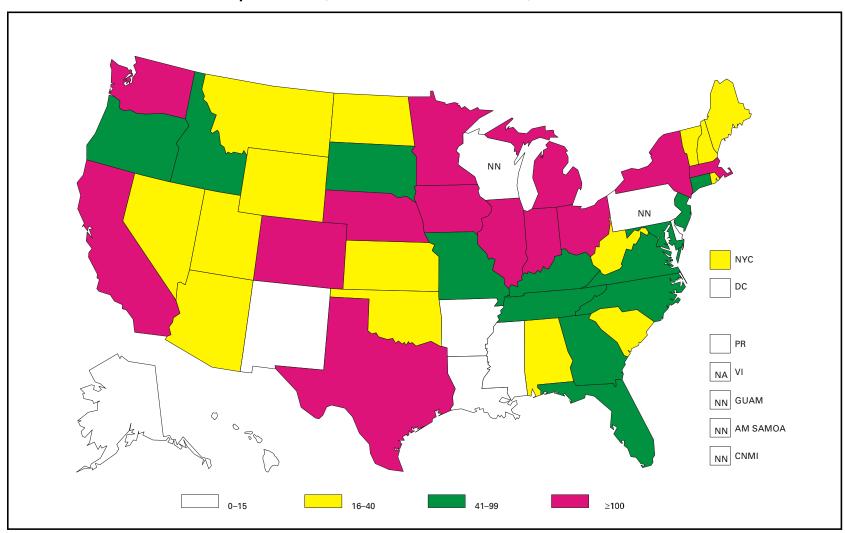


Human ehrlichiosis is an emerging infectious disease that became nationally notifiable in 1999. Identification and reporting of human ehrlichiosis are incomplete, and the number of cases reported here do not represent the overall distribution or regional prevalence of disease.

EHRLICHIOSIS, HUMAN MONOCYTIC — reported cases, United States and territories, 1999

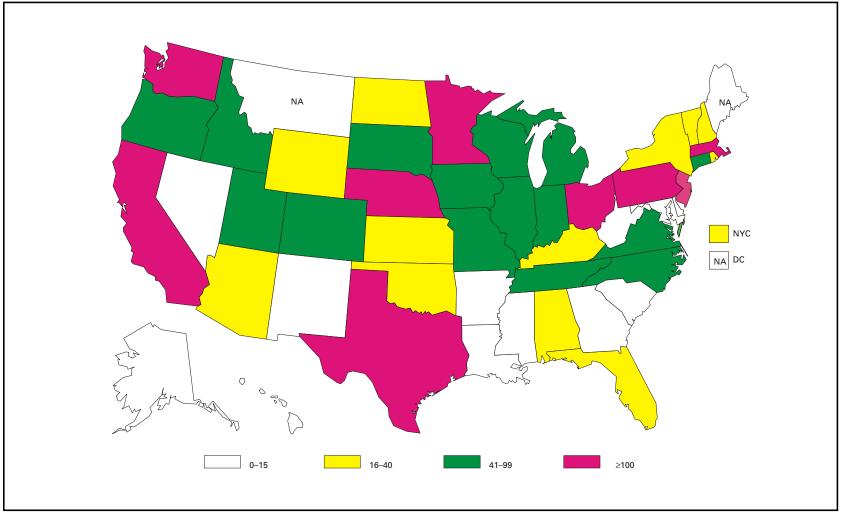


Human ehrlichiosis is an emerging infectious disease that became nationally notifiable in 1999. Identification and reporting of human ehrlichiosis is incomplete, and the number of cases reported here do not represent the overall distribution or regional prevalence of disease.



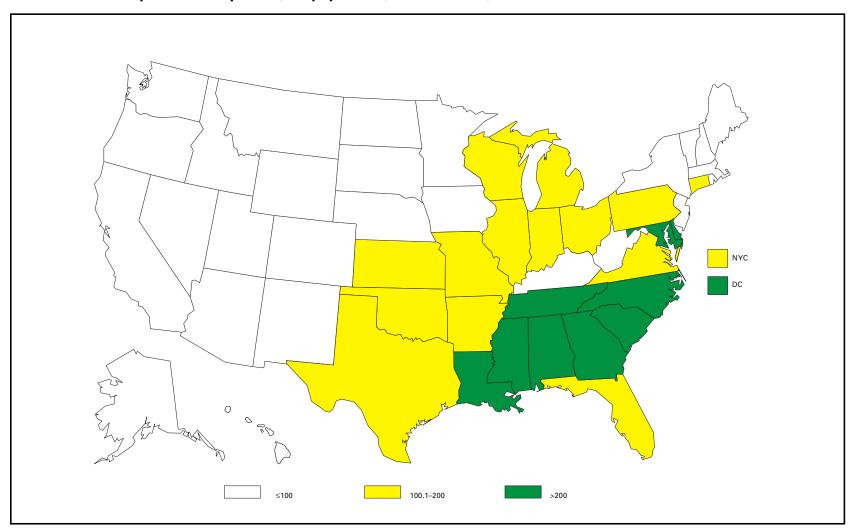
The number of states in which *Escherichia coli* O157:H7 infection is a notifiable disease increased to 48 in 1999. However, because <60% of clinical laboratories routinely test all stool specimens — or even all bloody stool specimens — for *E. coli* O157:H7, many infections are not recognized or reported.

ESCHERICHIA COLI 0157:H7 — reported isolates,* United States, 1999

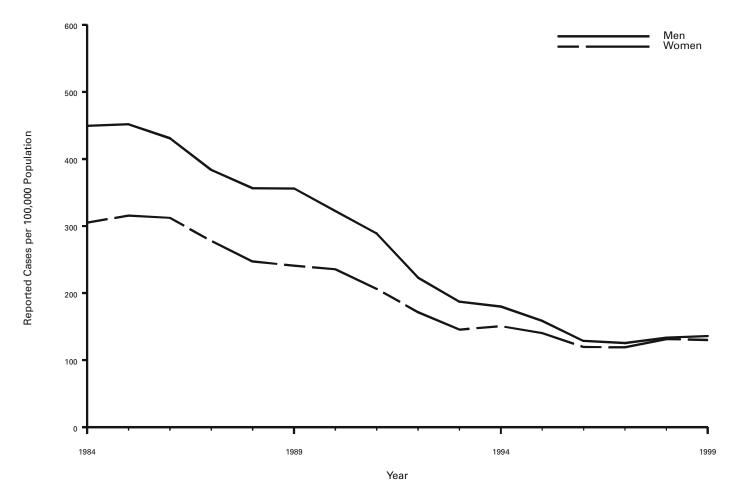


*Data from the Public Health Laboratory Information System (PHLIS).

Only Escherichia coli O157:H7 isolates confirmed by a state public health laboratory are reported to the Public Health Laboratory Information System (PHLIS). Many public health laboratories can subtype isolates using pulsed-field gel electrophoresis and compare their findings electronically with other states through PulseNet, a national network of public health laboratories.

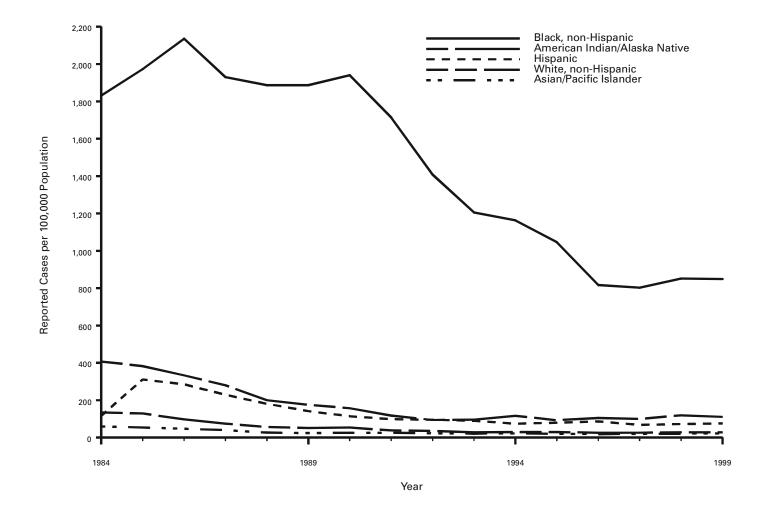


In 1999, the overall U.S. rate of gonorrhea was 133.2 cases/100,000 population. Twenty-six states reported gonorrhea rates below the revised Healthy People 2000 national objective of \leq 100 cases/100,000 population.



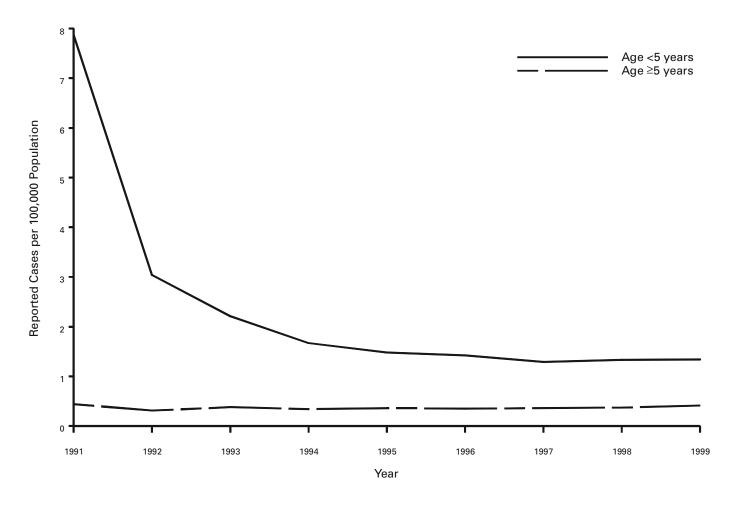
In 1999, the overall U.S. rate of gonorrhea was 133.2 cases/100,000 population, a 1.2% increase from 1998 (131.6). Among men, the rate increased from 132.7 in 1998 to 136.0 in 1999. Among women, the rate decreased only slightly from 130.0 in 1998 to 129.9 in 1999 (Division of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention).

April 6, 2001

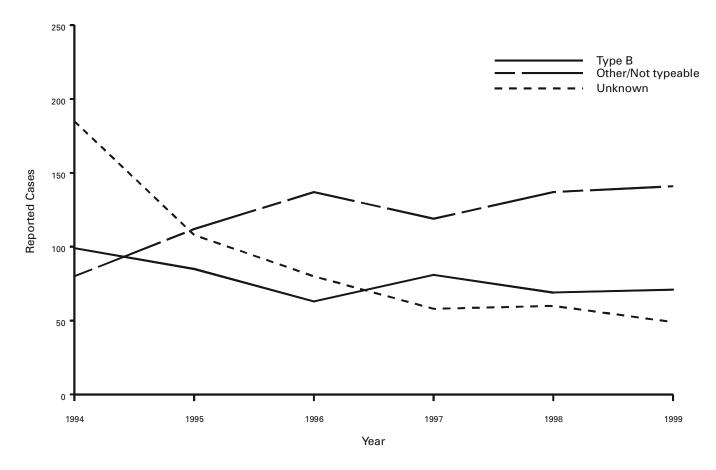


In 1999, gonorrhea rates decreased among non-Hispanic whites, non-Hispanic blacks, and American Indian/Alaska Natives, but increased among Hispanics and Asian/Pacific Islanders.

HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE — reported cases per 100,000 population by age group, United States, 1991–1999

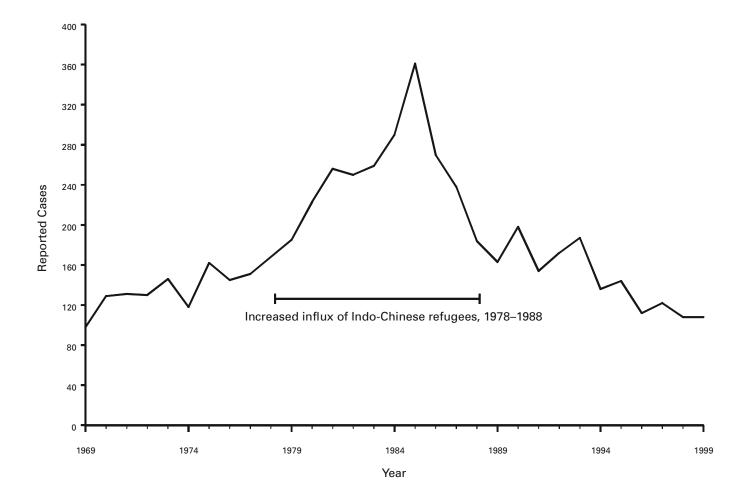


HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE — reported cases by year and serotype among children <5 years,* United States, 1994–1999

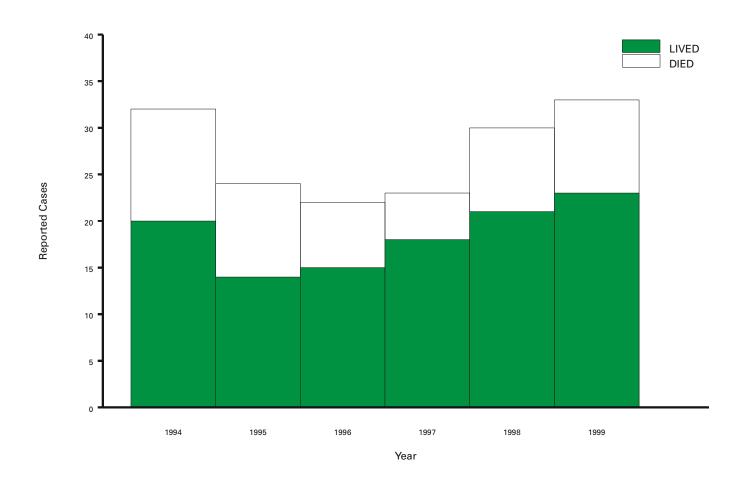


*Data from National Immunization Program.

In 1999, serotype information was reported for 81% of 266 *Haemophilus influenzae* (Hi) invasive disease cases among children aged <5 years, compared with 41% of 340 cases reported in 1994 (National Immunization Program). Serotype information is needed to monitor progress toward *H. influenzae* type b (Hib) elimination. Because slide agglutination serotyping results can be misinterpreted (e.g., non-typeable Hi isolates reported as Hib), CDC is evaluating the use of both slide agglutination and polymerase chain reaction testing to better assess Hib cases.



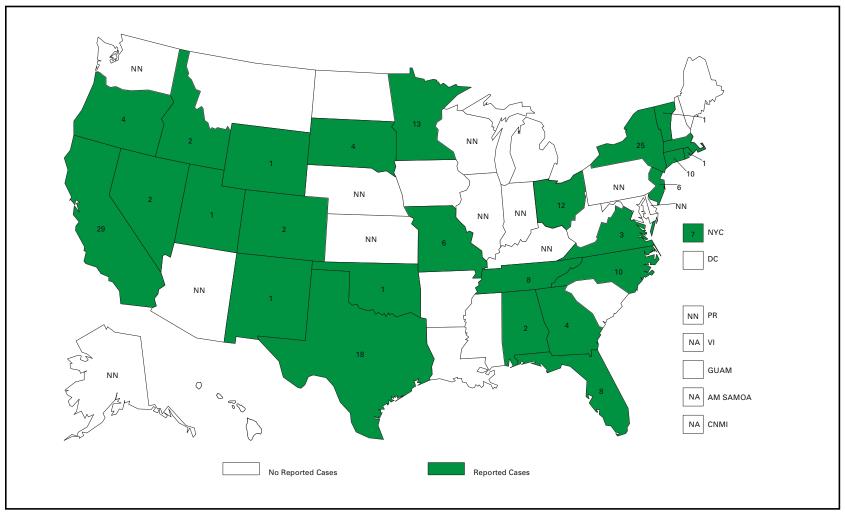
In 1999, a total of 108 cases of Hansen disease was reported in the United States. The number of cases peaked at 361 in 1985, and since 1988, has remained relatively stable.



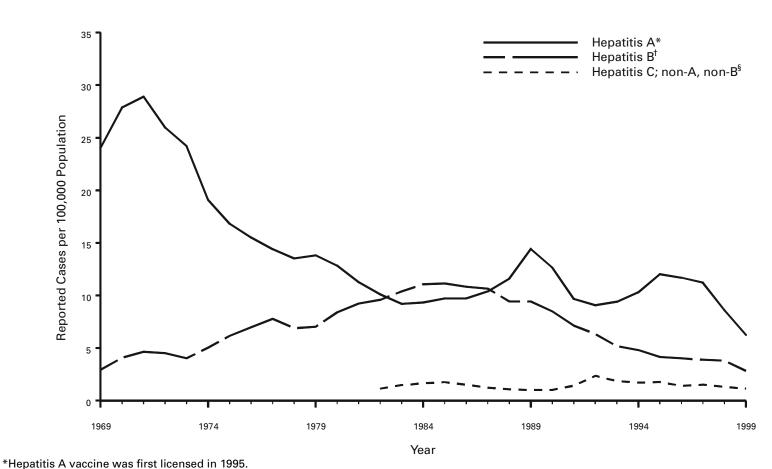
*Data from National Center for Infectious Diseases.

In 1999, hantavirus pulmonary syndrome cases were reported from 14 states. Most cases occur in the western United States, but Indiana and Pennsylvania also reported cases in 1999. California, Pennsylvania, and Washington reported substantial increases in cases since 1998.

HEMOLYTIC UREMIC SYNDROME, POSTDIARRHEAL — reported cases, United States and territories, 1999



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

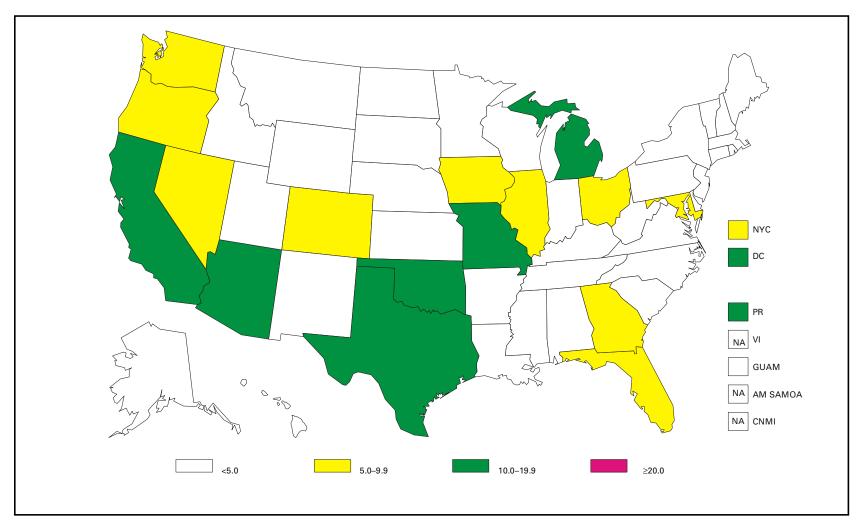


[†] Hepatitis B vaccine was first licensed in 1982.

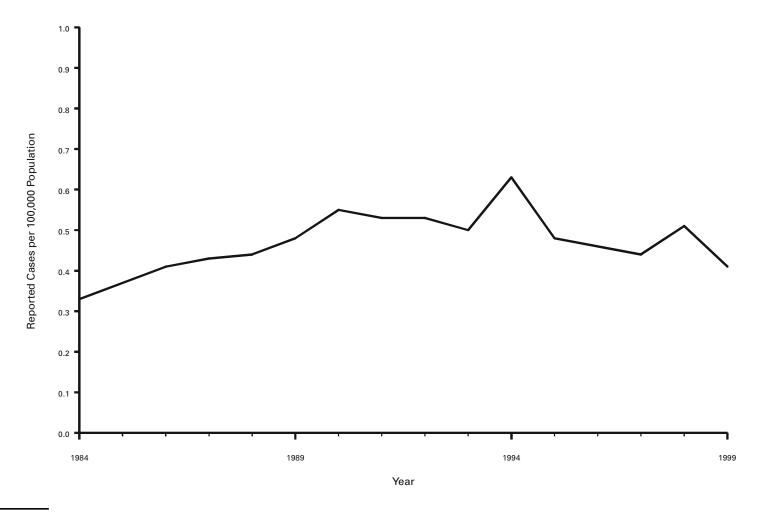
In 1999, the hepatitis A rate was the lowest ever recorded, but cyclic increases are observed approximately every 10 years. Hepatitis B incidence continues to decline, but asymptomatic infections and underreporting mean that reported cases represent only a fraction of actual infections (i.e., approximately 185,000 new infections annually during 1995–1998). The trend in reported hepatitis C (non-A, non-B) cases after 1990 is misleading because reported cases included those based only on a positive lab test for anti-HCV, most of which represent chronic HCV infection.

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

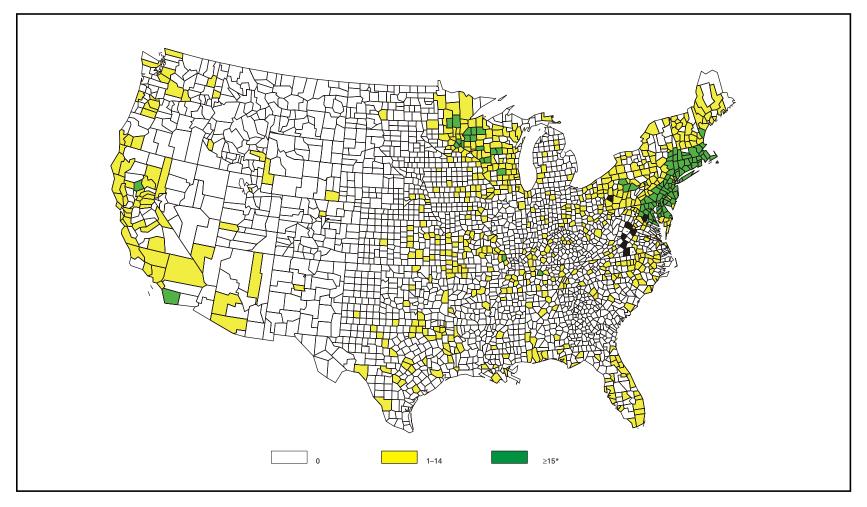
HEPATITIS A — reported cases per 100,000 population, United States and territories, 1999



As in previous years, the hepatitis A rate was higher in the western United States than other regions. In states with consistently elevated hepatitis A virus (HAV) infection rates, widespread routine vaccination of children is needed to prevent and control HAV transmission.

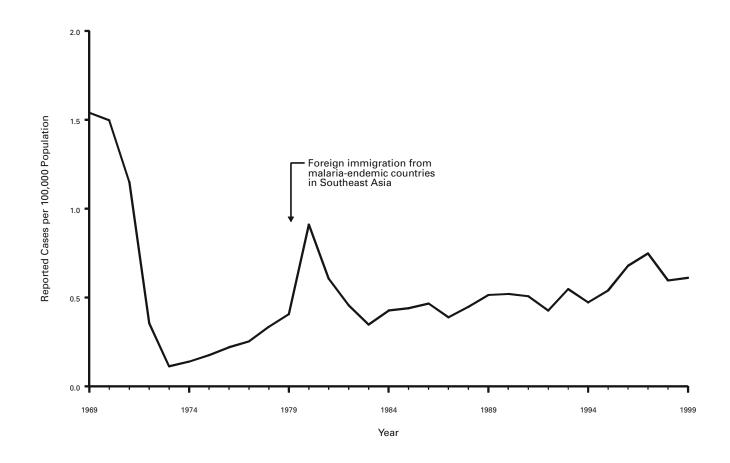


In 1999, the overall reported rate of legionellosis, also called Legionnaires' disease, was 0.41 cases/100,000 population. However, data from population-based studies indicate that the actual rate is approximately 10 times higher.

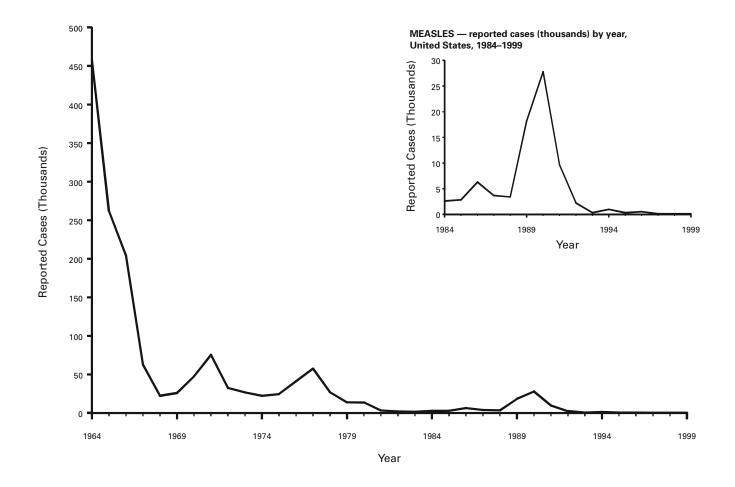


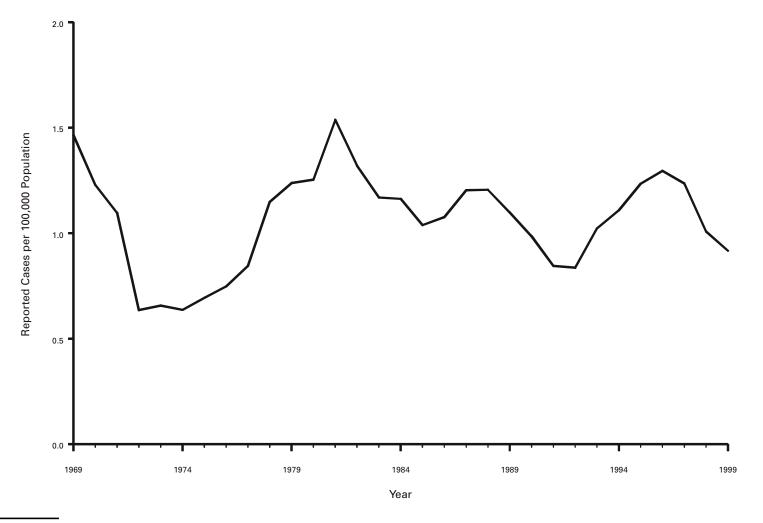
^{*}The total number of cases from these counties represented 90% of all cases reported in 1999.

By integrating prevention strategies into community-based programs, CDC and state health departments hope to achieve the *Healthy People 2010* goal of reducing the incidence of Lyme disease to 9.7 cases/100,000 population in endemic states.

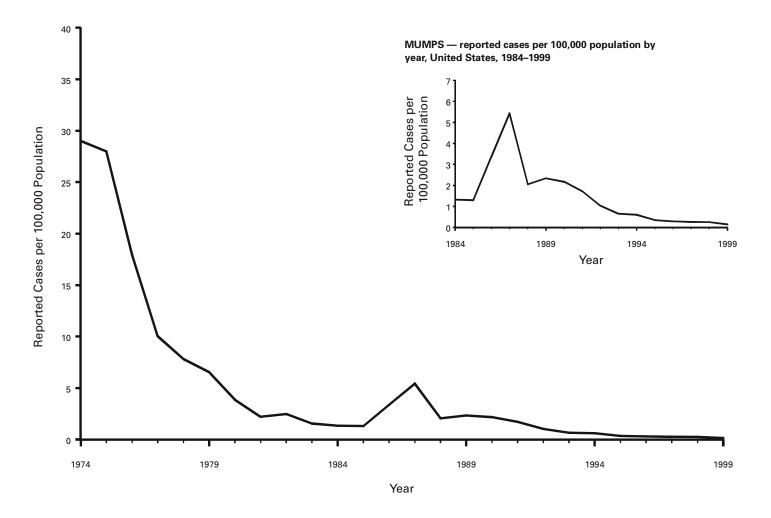


Imported malaria cases have increased during the past 15 years, likely because of increased international travel and immigration.

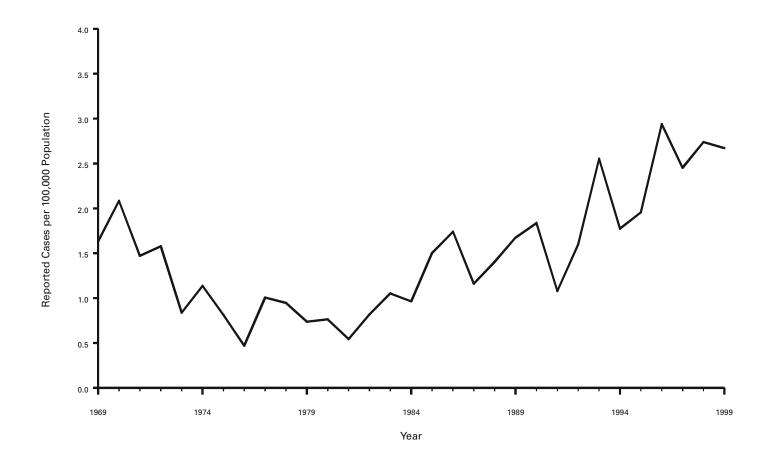




Meningococcal disease rates have remained stable since the 1960s, with 2,501 cases reported in 1999. However, case fatality rates remain high; of the 1,091 patients with outcome reported in 1999, a total of 12.5% died. Serogroup information was reported for 36.7% of cases, with serogroups B, C, and Y each accounting for approximately one-third of these cases.

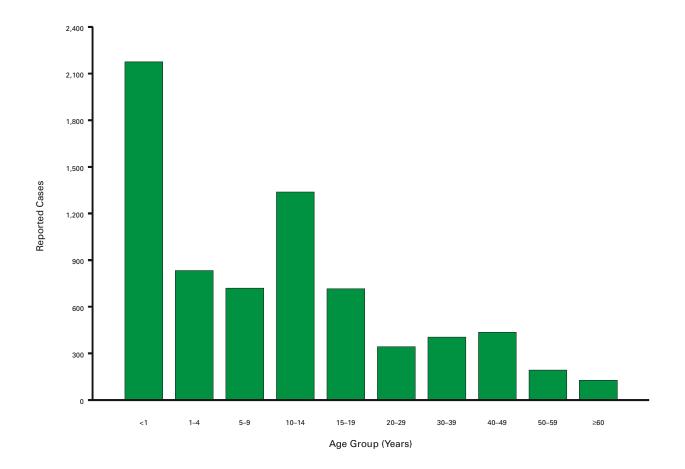


In 1999, a record low of 387 mumps cases was reported, meeting the Healthy People 2000 objective of 500 cases per year.

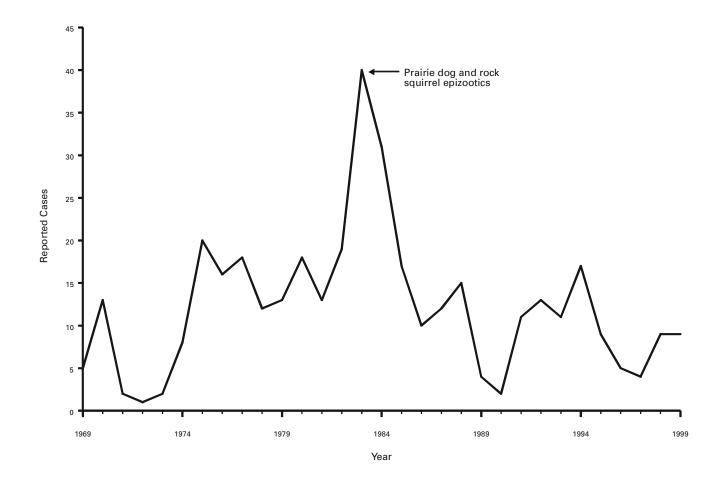


Pertussis epidemics occur every 3–4 years. In 1996, the highest number of pertussis cases (7,796) since 1967 was reported (incidence: 2.9 cases/100,000 population). Since 1993, the number of cases reported after each epidemic year has not returned to the baseline of the pre-epidemic year.

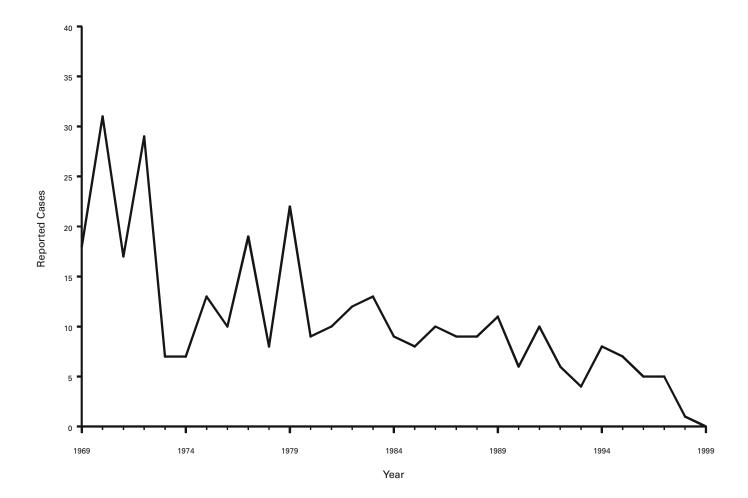
Note: A pertussis vaccine was first licensed in 1949.



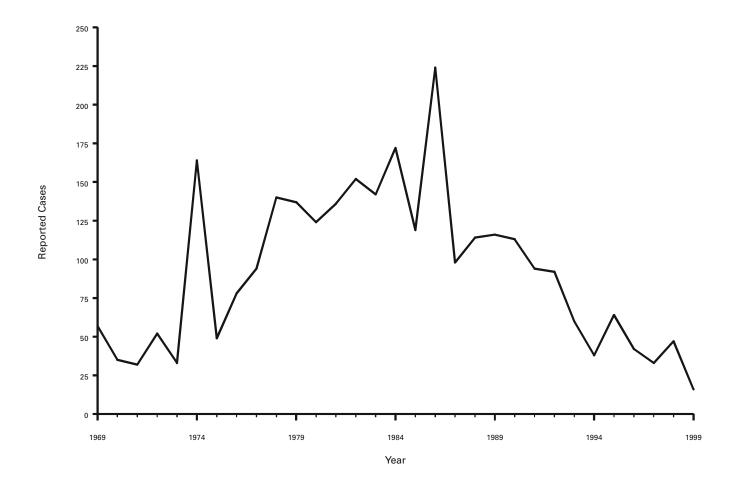
Most reported cases of pertussis continue to occur among children aged <1 year, but cases among adolescents and adults are increasingly reported to CDC. In 1999, a total of 49% of all reported cases occurred among persons aged \geq 10 years. The proportion of reported cases among persons aged \geq 10 years was 24% during 1990–1992, 29% during 1993–1995, and 46% during 1996–1999.



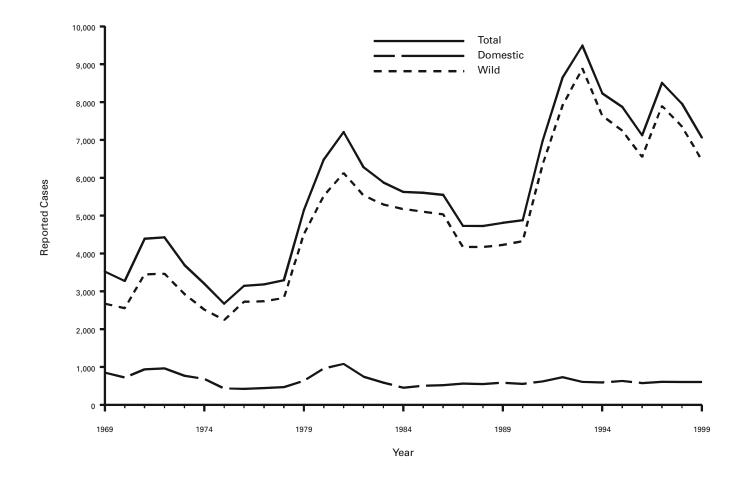
In 1999, nine laboratory-confirmed cases (one fatal) of human plague were identified (three in Colorado and six in New Mexico). All cases were naturally acquired from handling infected animals or being bitten by infectious wild rodent fleas.



Data suggest a decline in vaccine-associated paralytic polio (VAPP) since the introduction of a sequential immunization schedule with inactivated poliovirus vaccine (IPV) and live, attenuated oral poliovirus vaccine (OPV) in 1997. This trend is expected to continue with the all-IPV schedule initiated in January 2000. Continued monitoring with additional observation time is required to confirm these preliminary findings because of potential delays in reporting.

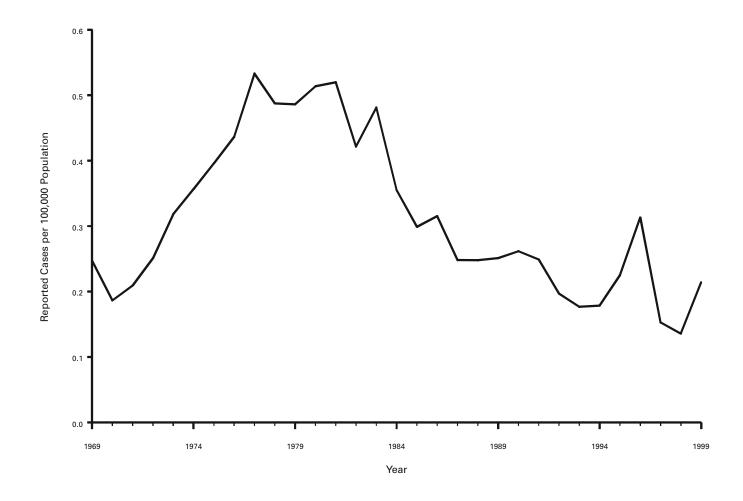


During the 1990s, the number of reported psittacosis cases steadily declined. This decline could reflect both improved diagnostic testing to distinguish *Chlamydia psittaci* from *C. pneumoniae* infections, as well as improved control measures for psittacosis among birds.

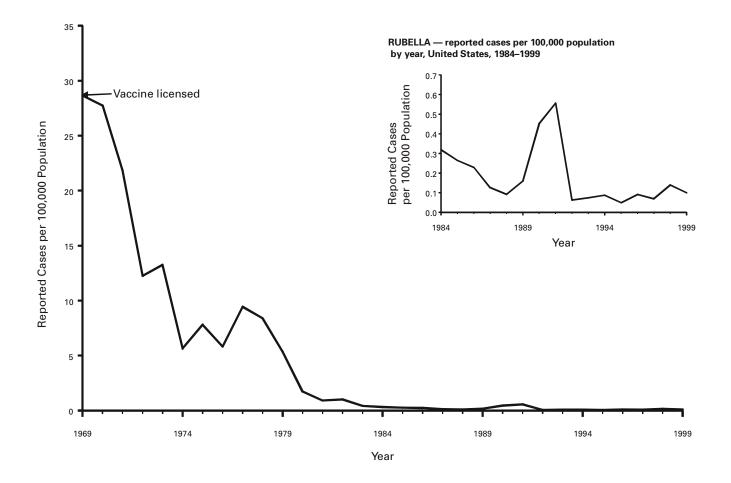


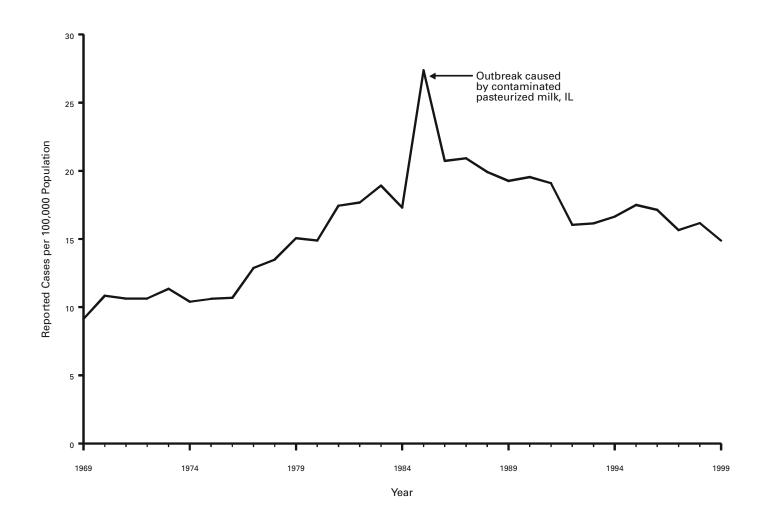
*Data from the National Center for Infectious Diseases.

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.

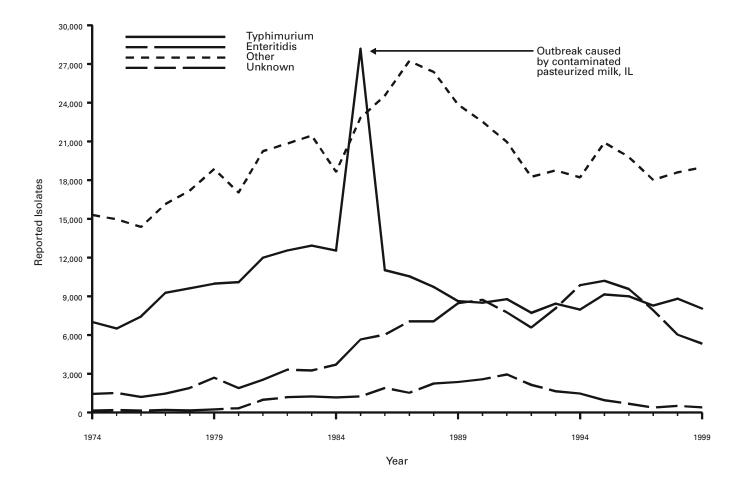


Changes in the number of reported cases of Rocky Mountain spotted fever could reflect alterations to surveillance algorithms for this and other tickborne diseases. Biological factors (e.g., changes in tick populations resulting from fluctuating environmental conditions) also could be involved.

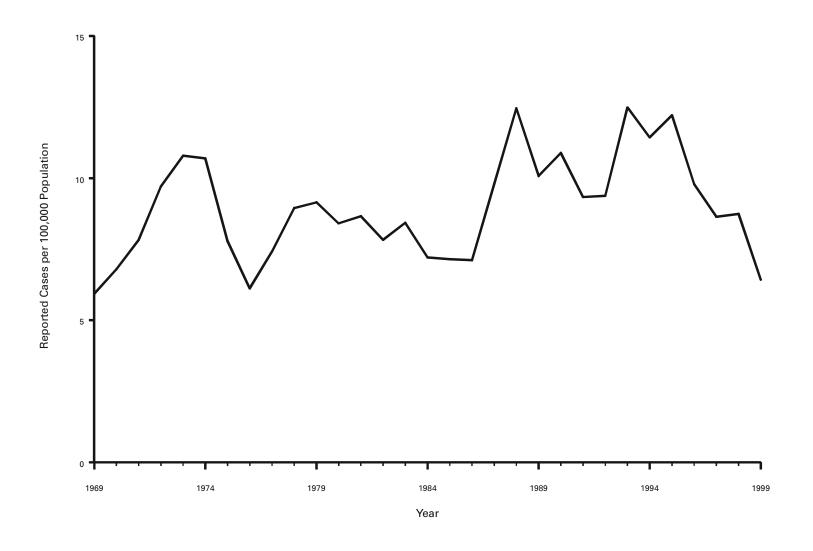


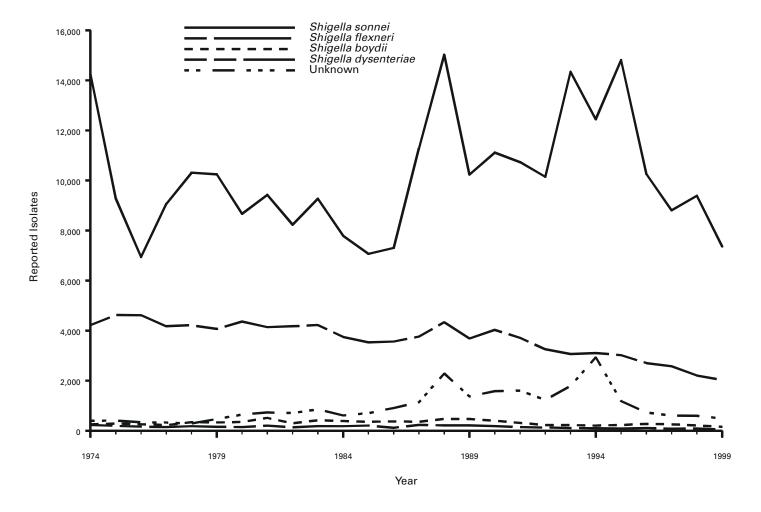


In 1999, Salmonella serotypes Typhimurium and Enteritidis accounted for 41% of all reported laboratory-confirmed human salmonellosis cases.

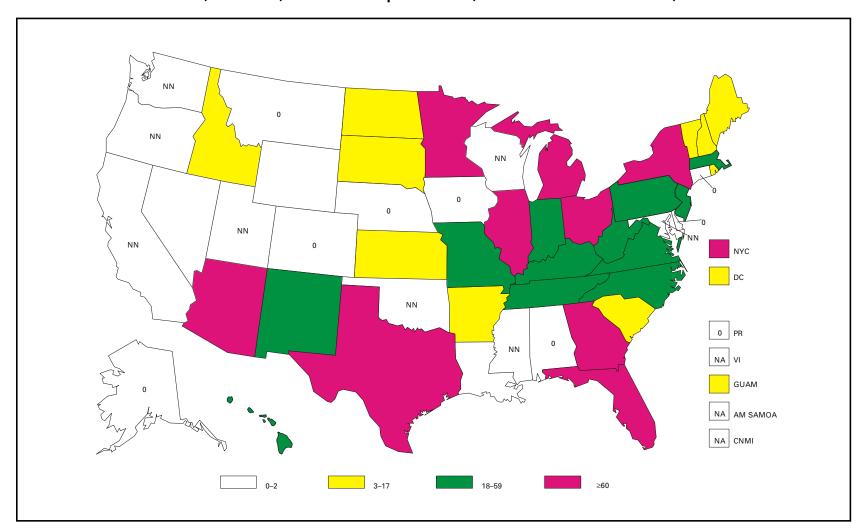


*Data from Public Health Laboratory Information System (PHLIS).



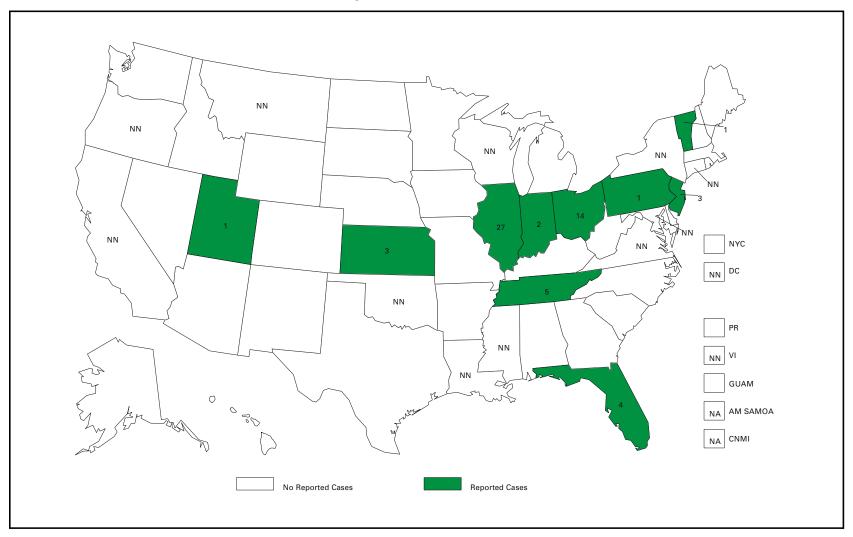


*Data from Public Health Laboratory Information System (PHLIS).



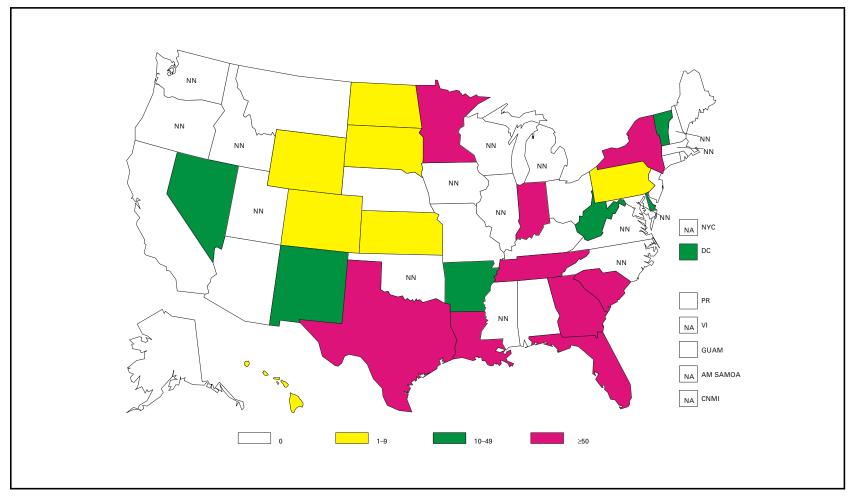
Invasive group A streptococcal disease has been nationally notifiable since 1995. In 1999, a total of 2,382 cases was reported from 38 states, territories, and cities that mandate public health reporting of this condition.

STREPTOCOCCAL TOXIC SHOCK SYNDROME — reported cases, United States and territories, 1999

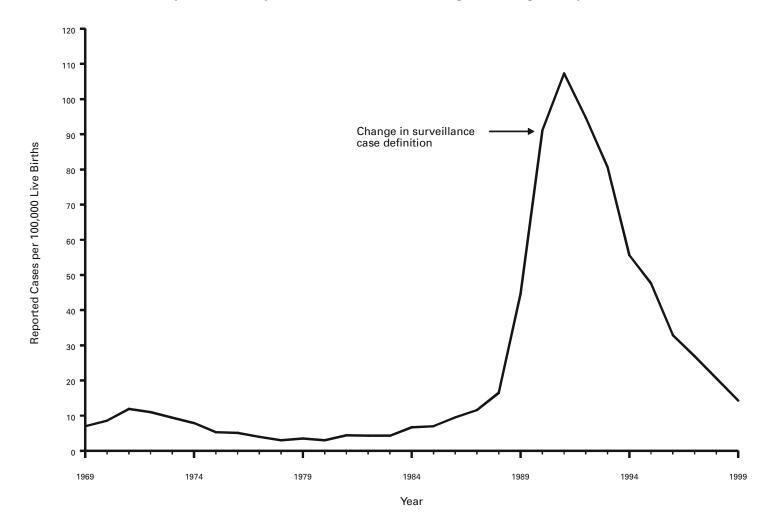


Streptococcal toxic shock syndrome has been nationally notifiable since 1995. In 1999, a total of 61 cases was reported to the National Notifiable Diseases Surveillance System (NNDSS).

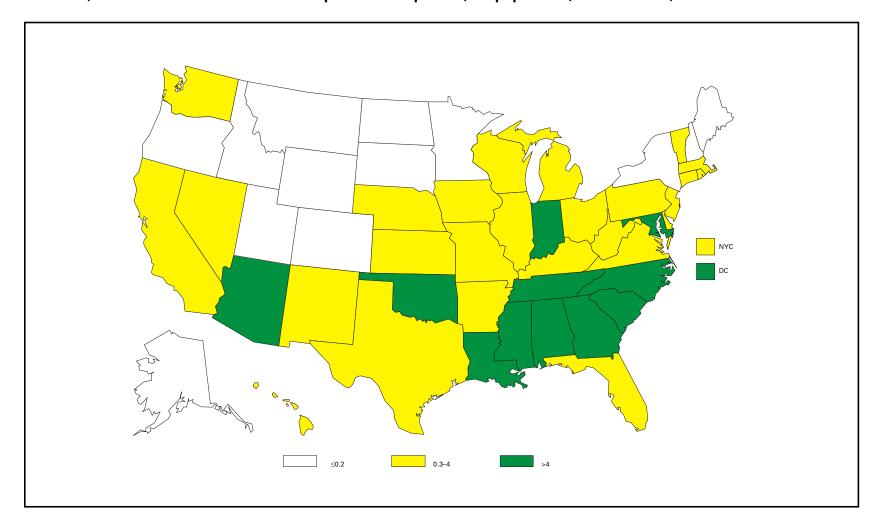
STREPTOCOCCUS PNEUMONIAE, DRUG RESISTANT, INVASIVE DISEASE — reported cases, United States and territories, 1999



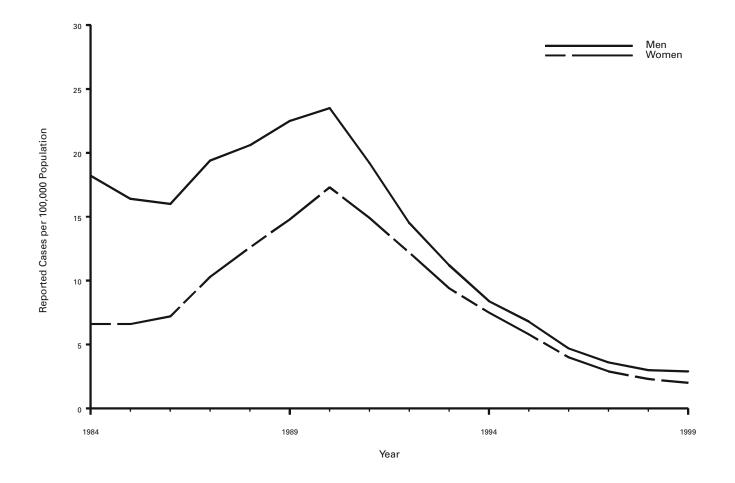
In 1999, approximately 60,000 cases of invasive pneumococcal infections occurred in the United States, with one in three cases caused by a strain resistant to at least one antibiotic normally used to treat these infections (Active Bacterial Core Surveillance, National Center for Infectious Diseases). In 2000, a new pneumococcal conjugate vaccine (PrevnarTM, marketed by Wyeth Lederle Vaccines) was licensed and recommended for children aged <5 years. This vaccine should reduce the number of pneumococcal infections, including most infections caused by drug-resistant strains.



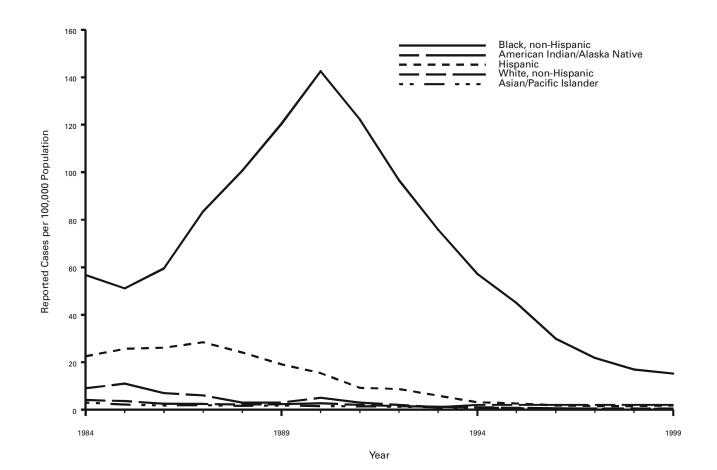
The rate of congenital syphilis decreased from 21.6 cases/100,000 live births in 1998 to 14.3/100,000 in 1999 (Division of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention).



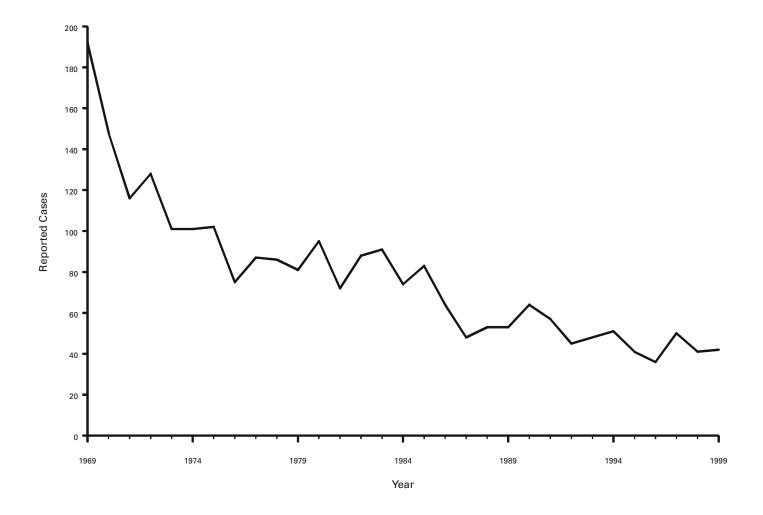
In 1999, the U.S. rate of primary and secondary syphilis was 2.5 cases/100,000 population, which is below the revised *Healthy People 2000* national objective of 4.0 cases/100,000 population. Thirty-nine states reported rates below the national objective, and 14 states reported ≤5 cases.



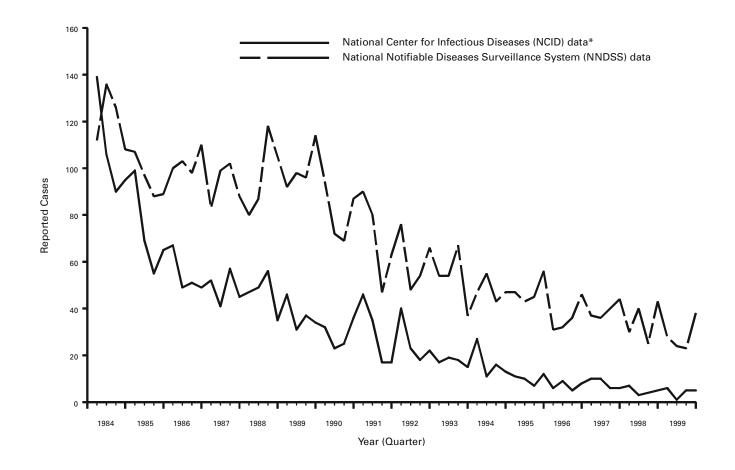
The reported U.S. rate of primary and secondary syphilis continues to decline, with 1999 rates among both males and females below the *Healthy People 2000* national objective of 4.0 cases/100,000 population. Rates decreased from 3.0 cases/100,000 in 1998 to 2.9 in 1999 among men and from 2.2 cases/100,000 in 1998 to 2.0 cases in 1999 among women.



In 1999, primary and secondary syphilis rates declined or remained the same except among Hispanics. The reported rate among non-Hispanic blacks (15.2 cases/ 100,000 persons) decreased 10%during 1998 – 1999 but was 30 times greater than the rate among non-Hispanic whites.

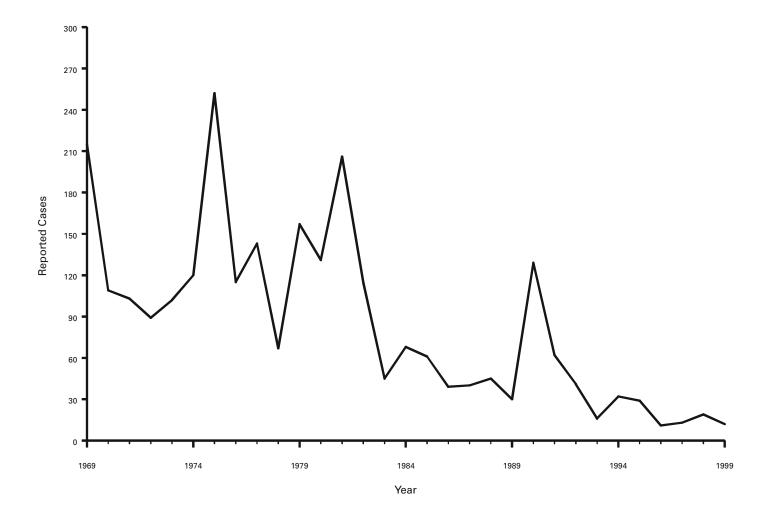


In 1999, a total of 40 cases of tetanus was reported. A shift has occurred in the age distribution of cases, with the percentage of cases among persons aged 25–59 years increasing in the past decade.

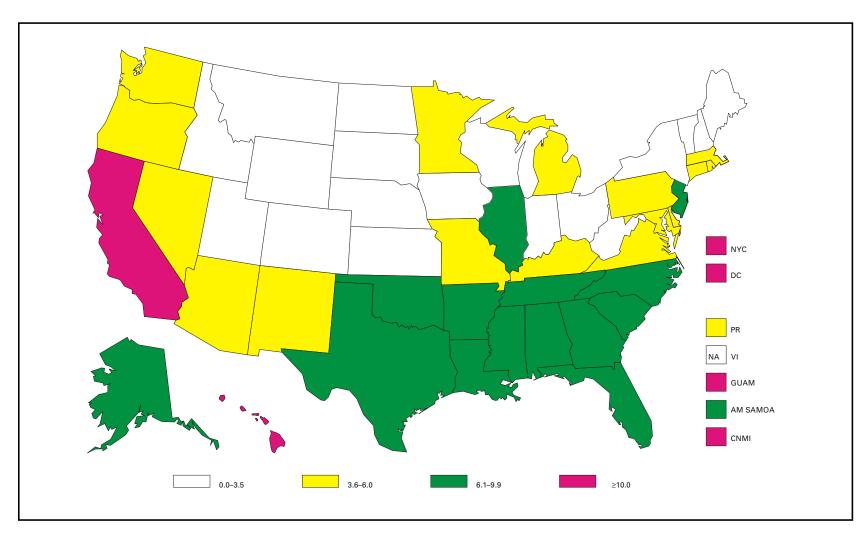


^{*}Includes cases meeting the CDC definition for confirmed and probable cases for staphylococcal TSS.

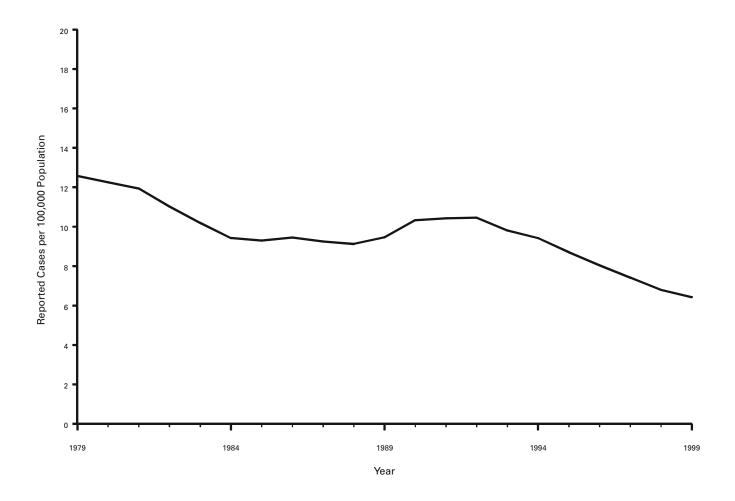
In 1999, a total of 17 cases of staphylococcal TSS was reported to NCID. Of these cases, nine (53%) persons had menstrual TSS.



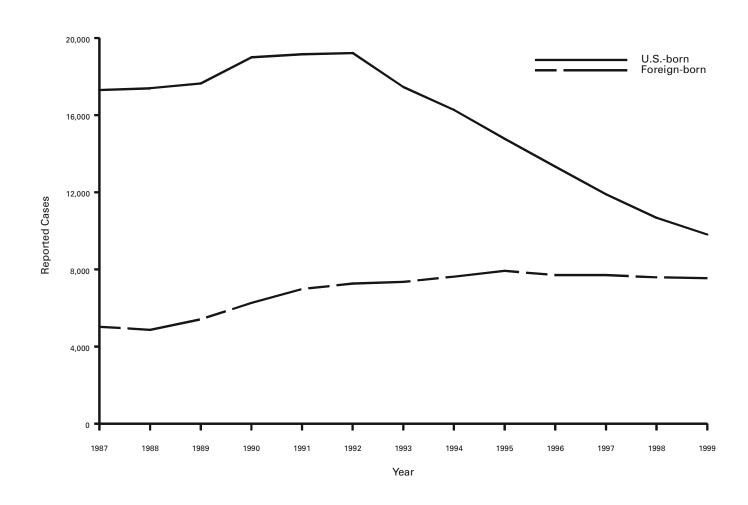
In 1999, a total of 12 cases of trichinosis was reported in the United States. Cases have declined in recent years, with numbers reported at <50 since 1993.



In 1999, a total of 17 states had TB rates of \leq 3.5 cases/100,000 population, which is the interim (i.e., year 2000) incidence target for the elimination of TB by the year 2010.

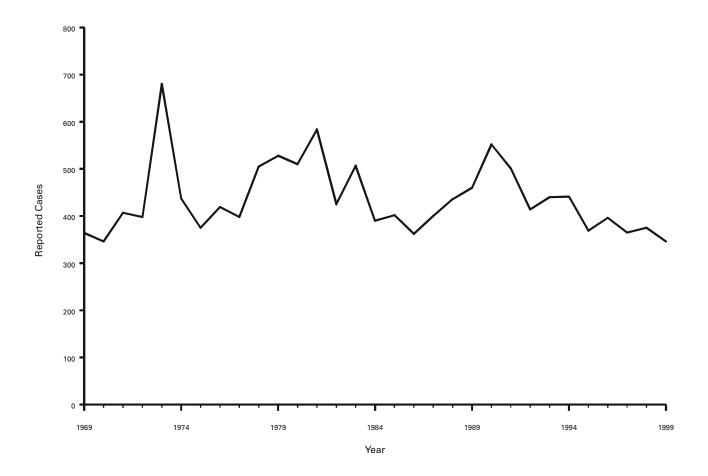


In 1999, a total of 17,531 TB cases was reported to CDC, representing a 4.5% decrease from 1998.

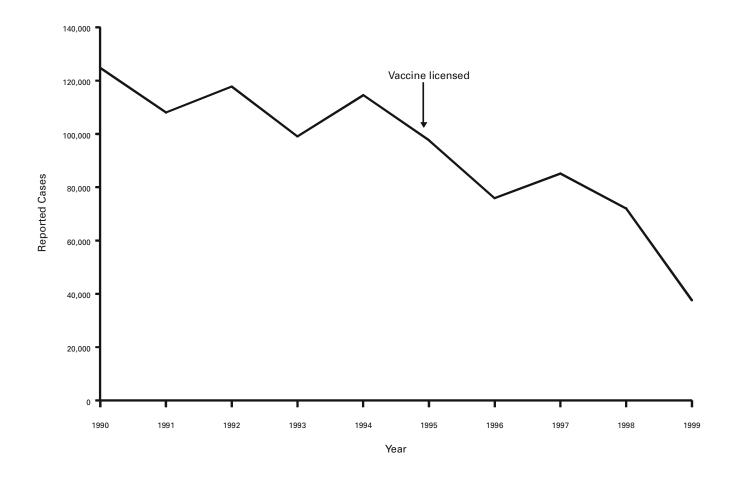


*In 1999, place of birth was unknown for 169 case-patients.

The number of TB cases among foreign-born persons in the United States increased from 22% (4,925 cases) of the total in 1986 to 43% (7,553 cases) of the total in 1999.



The recent discontinuation of a licensed typhoid fever vaccine and shortages of a second vaccine could cause an increase in preventable cases of typhoid fever among persons traveling internationally.



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

PART 3

Historical Summaries of Notifiable Diseases in the United States, 1968–1999

EXPLANATION OF SYMBOLS USED IN TABLES

No reported cases —

2.000.00	.000	.000	.00.		.000		.000	.000	.00,	.000	.000
AIDS*	13.58	16.72	17.32	17.83	40.20	30.07	27.20	25.21	21.85	17.21	16.66
Amebiasis	1.34	1.38	1.23	1.21	1.21	1.20			'		
Anthrax	444	4.77		0.00			_	_	_	_	_
Aseptic meningitis	4.14	4.77	6.26	5.18	5.39	3.71			'		
Botulism, total (includes wound	0.04	0.04	0.05	0.04	0.04	0.00	0.04	0.05	0.05	0.04	0.00
and unspecified)	0.04	0.04	0.05	0.04	0.04	0.06	0.04	0.05	0.05	0.04	0.06
Foodborne	0.01	0.01	0.01	0.00	0.01	0.02	0.01	0.01	0.02	0.01	0.01
Brucellosis	0.04	0.03	0.04	0.04	0.05	0.05	0.04	0.05	0.04	0.03	0.03
Chancroid	1.90	1.70	1.40	0.80	0.54	0.30	0.20	0.15	0.09	0.07	0.06
Chlamydia§				¶			182.60	188.10	196.80	236.57	254.10
Cholerá	_	0.00	0.01	0.04	0.00	0.02	0.01	0.01	0.01	0.01	0.00
Cryptosporidiosis			1						1.12	1.61	0.92
Diphtheria	0.00	0.00	0.00	0.00	_	0.00	_	0.01	0.01	0.00	0.00
Encephalitis, primary	0.40	0.54	0.40	0.30	0.36	0.28			†		
Postinfectious	0.04	0.04	0.03	0.05	0.07	0.06			†		
Encephalitis, California serogroup viral					1					0.04	0.03
Eastern equine					¶					0.00	0.00
St. Louis					¶					0.01	0.00
Western equine					¶					0.00	0.00
Escherichia coli O157:H7			¶			0.82	1.01	1.18	1.04	1.28	1.77
Gonorrhea	297.36	276.60	249.48	201.60	172.40	168.40	149.50	122.80	121.40	132.88	133.20
Granuloma inguinale	0.00	0.00	0.01	0.00	0.00	0.00			t		
Haemophilus influenzae, invasive disease	¶	0.00	1.10	0.55	0.55	0.45	0.45	0.45	0.44	0.44	0.48
Hansen disease (leprosy)	0.07	0.08	0.06	0.07	0.07	0.05	0.06	0.05	0.05	0.05	0.04
Hepatitis A	14.43	12.64	9.67	9.06	9.40	10.29	12.13	11.70	11.22	8.59	6.25
Hepatitis B	9.43	8.48	7.14	6.32	5.18	4.81	4.19	4.01	3.90	3.80	2.82
Hepatitis C; non-A, non-B**	1.02	1.03	1.42	2.36	1.86	1.78	1.78	1.41	1.43	1.30	1.14
Hepatitis, unspecified	0.93	0.67	0.50	0.35	0.24	0.17			t		
. iopatitio, allopooliioa	5.00	3.07	5.00	3.00	3.2.1	3.17					

0.53

0.02

0.02 3.93 0.10 0.43 0.88 0.84 1.03 0.02

1992

1993

0.50

0.02 3.20 0.10 0.55 0.12 1.02 0.66 0.01

1994

0.63

0.02

5.01 0.10 0.47 0.37

1.11

0.60

1995

0.48

4.49

0.55 0.12 1.25 0.35

1996

0.47

6.21

0.68 0.20 1.30 0.29

1997

0.44

4.79

0.75 0.06

1.24 0.27

1998

0.51

6.39

0.60 0.04

1.01

0.25

1999

0.41

5.99

0.61 0.04

0.92

0.14

TABLE 7. Reported incidence rates of notifiable diseases per 100,000 population, United States, 1989-1999

1991

0.53

0.02

3.80 0.19

0.51 3.82 0.84 1.72 0.02

1990

0.55

0.03

0.10

0.52 11.17

0.99

2.17

1989

0.48

0.04

0.51 7.33 1.10

2.34

0.08

Disease

Legionellosis

Leptospirosis

Lyme disease
Lymphogranuloma venereum
Malaria
Measles

Meningococcal disease

Mumps Murine typhus fever

TABLE 7. (Continued) Reported incidence rates of notifiable diseases per 100,000 population, United States, 1989-1999

Disease	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Pertussis (whooping cough)	1.67	1.84	1.08	1.60	2.55	1.77	1.97	2.94	2.46	2.74	2.67
Plague	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.01	0.00	0.00
Poliomyelitis, paralytic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	_
Psittacosis	0.05	0.05	0.04	0.04	0.02	0.02	0.03	0.02	0.02	0.02	0.01
Rabies, human	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.00	_
Rheumatic fever, acute	0.13	0.09	0.12	0.06	0.08	0.09			[†]		
Rocky Mountain spotted fever	0.25	0.26	0.25	0.20	0.18	0.18	0.23	0.32	0.16	0.14	0.21
Rubella	0.16	0.45	0.56	0.06	0.07	0.09	0.05	0.10	0.07	0.13	0.10
Salmonellosis, excluding typhoid fever	19.26	19.54	19.10	16.04	16.15	16.64	17.66	17.15	15.66	16.17	14.89
Shigellosis	10.07	10.89	9.34	9.38	12.48	11.44	12.32	9.80	8.64	8.74	6.43
Syphilis, primary and secondary	18.07	20.10	17.26	13.70	10.40	8.10	6.30	4.29	3.19	2.61	2.50
Total, all stages	44.94	53.80	51.69	45.30	39.70	32.00	26.20	19.97	17.39	14.19	13.07
Tetanus	0.02	0.03	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.01
Toxic-shock syndrome	0.16	0.13	0.11	0.10	80.0	0.10	0.07	0.06	0.06	0.06	0.05
Trichinosis	0.01	0.05	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.00
Tuberculosis	9.46	10.33	10.42	10.46	9.82	9.36	8.70	8.04	7.42	6.79	6.43
Tularemia	0.06	0.06	0.08	0.06	0.05	0.04			t		
Typhoid fever	0.19	0.22	0.20	0.16	0.17	0.17	0.14	0.15	0.14	0.14	0.13
Varicella (chickenpox) ^{††}	121.77	120.06	135.82	176.54	118.54	135.76	118.11	44.13	93.55	70.28	44.56
Yellow fever	_	_	_	_	_			0.00			0.00

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.

^{*} Acquired immunodeficiency syndrome (AIDS).

† No longer nationally notifiable.

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

† Not previously nationally notifiable.

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

†† Not nationally notifiable.

TABLE 8. Reported cases of notifiable diseases, United States, 1	992–1999
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TABLE 8. Reported cases of notifiable	diseases, L	Jnited States	, 1992–1999					
Disease	1992	1993	1994	1995	1996	1997	1998	1999
AIDS Amebiasis	45,472 2,942	103,691 2,970	78,279 2,983	71,547	66,885	58,492	46,521	45,104*
Anthrax Aseptic meningitis	1 12,223	12,848	8,932					
Botulism, total (includes wound and unspecified) Foodborne Infant	91 21 66	97 27 65	143 50 85	97 24 54	119 25 80	132 31 79	116 22 65	154 23 92
Brucellosis	105	120	119	98	112	98	79	82
Chancroid Chlamydia [¶]	1,886	1,399 **	773	606 477,638	386 498,884	243 526.671	189 604,420	143 [§] 656,721 [§]
Cholera Cryptosporidiosis	103	18 **	39	23	4	6 2,566	17 3,793	6 2,361
Diphtheria Encephalitis, primary	4 774	919	2 717	_	2	4 t	1	1
Postinfectious Encephalitis, California serogroup viral	129	170	143	**		t	97	
Eastern equine				**			4	, 5
St. Louis Western equine				**			<u> </u>	4 1
Escherichia coli O157:H7	······*	·*	1,420	2,139	2,741	2,555	3,161	4,513
Gonorrhea Granuloma inguinale	501,409 6	439,673 19	418,068 3	392,848	325,883	324,907	355,642	360,076⁵
Haemophilus influenzae, invasive disease Hansen disease (leprosy)	1,412	1,419	1,174	1,180	1,170	1,162	1,194	1,309
Hansen disease (leprosy) Hepatitis A	172 23,112	187 24,238	136 26,796	144 31,582	112 31,032	122 30,021	108 23,229	108 17,047
Hepatitis B	16,126	13,361	12,517	10,805	10,637	10,416	10,258	7,694
Hepatitis C; non-A, non-B ^{††} Hepatitis, unspecified	6,010 884	4,786 627	4,470 444	4,576	3,716	3,816	3,518	3,111
Legionellosis	1,339	1,280	1,615	1,241	1,198	1,163	1,355	1,108
Leptospirosis Lyme disease	54 9,895	51 8,257	38 13,043	11,700	16,455	† 12,801	16,801	16,273
Lymphogranuloma venereum	302	285	235			t		

TABLE 8. (Continued) Reported cases of notifiable diseases, United States, 1992-1999

Disease	1992	1993	1994	1995	1996	1997	1998	1999
Malaria	1,087	1,411	1,229	1,419	1,800	2,001	1,611	1,666
Measles	2,237	312	963	309	508	138	100	100
Meningococcal disease	2,134	2,637	2,886	3,243	3,437	3,308	2,725	2,501
Mumps	2,572	1,692	1,537	906	751	683	666	387
Murine typhus fever	28	25						
Perfussis (whooping cough)	4,083	6,586	4,617	5,137	7,796	6,564	7,405	7,288
Plague	13	10	17	9	5	4	9	9
Poliomyelitis, paralytic ³³	6	4	8	7	5	5	1	_
Psittacosis	92	60	38	64	42	33	47	16
Rabies, animal	8,589	9,377	8,147	7,811	6,982	8,105	7,259	6,730
Rabies, human	1	3	6	5	3	2	1	
Rheumatic fever, acute	75	112	112			†		
Rocky Mountain spotted fever	502	456	465	590	831	409	365	579
Rubella	160	192	227	128	238	181	364	267
Rubella, congenital syndrome	11	5	7	6	4	5	7	9
Salmonellosis, excluding typhoid fever	40,912	41,641	43,323	45,970	45,471	41,901	43,694	40,596
Shigellosis	23,931	32,198	29,769	32,080	25,978	23,117	23,626	17,521
Syphilis, primary and secondary	33,973	26,498	20,627	16,500	11,387	8,550	6,993	6,657§
Total, all stages	112,581	101,259	81,696	68,953	52,976	46,540	37,977	35,628⁵
Tetanus	45	48	51	41	36	50	41	40
Toxic-shock syndrome	244	212	192	191	145	157	138	113
Trichinosis	41	16	32	29	11	13	19	12
Tuberculosis	26,673	25,313	24,361	22,860	21,337	19,851	18,361	17,531 [¶]
Tularemia	159	132	96		, 	t	·······	
Typhoid fever	414	440	441	369	396	365	375	346
Varicella (chickenpox)***	158,364	134,722	151,219	120,624	83,511	98,727	82,455	46,016
Yellow fever	<u> </u>	t1	† <u></u>		1	<u> </u>	<u> </u>	<u> </u>

^{*} 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 * Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Su Prevention (NCHSTP) through December 31, 1999.

† No longer nationally notifiable.

5 Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 8, 2000.

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

** Not previously nationally notifiable.

†† Anti-HCV (hepatitis C virus) antibody test was available as of 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 May 3, 2000.

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

Note: Data in the MMWR Summary of Notifiable Disease, 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.

ttt Last indigenous case of yellow fever reported in 1911; last imported case reported in 1999.

TABLE 9. Reported cases of notifiable dis	seases, United States, 1984–1991
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TABLE 9. Reported cases of notifiable	diseases, Ur	nited States	, 1984–1991					
Disease	1984	1985	1986	1987	1988	1989	1990	1991
AIDS* Amebiasis Anthrax	4,445 5,252	8,249 4,433	12,932 3,532	21,070 3,123	31,001 2,860	33,722 3,217	41,595 3,328	43,672 2,989
Aseptic meningitis Botulism, total (includes wound and unspecified) Foodborne Infant	8,326 123	10,619 122 49 70	11,374 109 23 79	11,487 82 17 59	7,234 84 28 50	10,274 89 23 60	11,852 92 23 65	14,526 114 27 81
Brucellosis Chancroid Cholera Diphtheria Encephalitis, primary Postinfectious [§] Gonorrhea	131 665 1 1 1,257 108 878,556	153 2,067 4 3 1,376 161 911,419	106 3,756 23 — 1,302 124 900,868	129 4,998 6 3 1,418 121 780,905	96 5,001 8 2 882 121 719,536	95 4,692 — 3 981 88 733,151	82 4,212 6 4 1,341 105 690,169	104 3,476 26 5 1,021 82 620,478
Granuloma inguinale Hansen disease (leprosy) Hepatitis A Hepatitis B Hepatitis C; non-A, non-B Hepatitis, unspecified Legionellosis	30 290 22,040 26,115 3,871 5,531 750	44 361 23,210 26,611 4,184 5,517 830	61 270 23,430 26,107 3,634 3,940 980	22 238 25,280 25,916 2,999 3,102 1,038	11 184 28,507 23,177 2,619 2,470 1,085	7 163 35,821 23,419 2,529 2,306 1,190	97 198 31,441 21,102 2,553 1,671 1,370	29 154 24,378 18,003 3,582 1,260 1,317
Leptospirosis Lymphogranuloma venereum Malaria Measles Meningococcal disease Mumps Murine typhus fever Pertussis (whooping cough)	40 170 1,007 2,587 2,746 3,021 53 2,276	57 226 1,049 2,822 2,479 2,982 37 3,589	41 396 1,123 6,282 2,594 7,790 67 4,195	43 303 944 3,655 2,930 12,848 49 2,823	54 185 1,099 3,396 2,964 4,866 54 3,450	93 189 1,277 18,193 2,727 5,712 41 4,157	77 277 1,292 27,786 2,451 5,292 50 4,570	58 471 1,278 9,643 2,130 4,264 43 2,719

TABLE 9. (Continued) Reported cases of notifiable diseases, United States, 1984-1991

Disease	1984	1985	1986	1987	1988	1989	1990	1991
Plague	31	17	10	12	_ 15	4	2	11
Poliomyelitis, total	9				1			
_ Paralytic	_9	. 8	10	.9	9	.11	6	10
Psittacosis	172	119	224	98	114	116	113	94
Rabies, animal	5,567	5,565	5,504	4,658	4,651	4,724	4,826	6,910
Rabies, human	3	1	-	1	-	1	1	3
Rheumatic fever, acute	117	90	147	141	158	144	108	127
Rocky Mountain spotted fever	838	714	760	604	609	623	651	628
Rubella	752	630	551	306	225	396	1,125	1,401
	5	-	14	5	6	3	11	47
Rubella, congenital syndrome Salmonellosis, excluding typhoid fever	40,861	65,347	49,984	50,916	48,948	47,812	48,603	48,154
Shigellosis	17,371	17,057	17,138	23,860	30,617	25,010	27,077	23,548
Syphilis, primary and secondary	28,607	27,131	27,883	35,147	40,117	44,540	50,223	42,935
Total, all stages	69,888	67,563	68,215	86,545	103,437	110,797	134,255	128,569
Tetanus	74	83	64	48	53	53	64	57
Toxic-shock syndrome	482	384	412	372	390	400	322	280
Trichinosis	68	61	39	40	45	30	129	62
Tuberculosis	22,255	22,201	22,768	22,517	22,436	23,495	25,701	26,283
Tularemia	291	177	170	214	201	152	152	193
Typhoid fever	390	402	362	400	436	460	552	501
Varicella (chickenpox)	221,983	178,162	183.243	213,196	192.857	185.441	173.099	147,076
Yellow fever	221,303	170,102	100,240	213,130	132,037	100,441	173,033	1-1,070

** Acquired immunodeficiency syndrome (AIDS).

† Not reported as distinct categories during this period.

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

¶ Categories other than paralytic are no longer reported.

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

Note: Data in the MMWR Summary of Notifiable Disease, 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, 1976-1983

Disease	1976	1977	1978	1979	1980	1981	1982	1983
Amebiasis	2,906	3,044	3,937	4,107	5,271	6,632	7,304	6,658
Anthrax	2		6		1		_	
Aseptic meningitis	3,510	4,789	6,573	8,754	8,028	9,547	9,680	12,696
Botulism, total (includes wound and unspecified)	55 296	129 232	105	45 215	89 183	103	97	133 200
Brucellosis Chancroid	296 628	232 455	179 521	215 840	788	185 850	173 1,392	200 847
Cholera	020	400	12	040	/00 Q	19	1,392	04/
Diphtheria*	128	84	76	59	9	19 5		5
Encephalitis, primary	1,651	1,414	1,351	1,504	1,362	1,492	1,464	1,761
Postinfectious [†]	175	1,7117	78	84	40	43	36	34
Gonorrhea	1,001,994	1,002,219	1,013,436	1,004,058	1,004,029	990,864	960,633	900,435
Granuloma inquinale		75	72	76	1,004,029	990,804	900,033 17	24
	71 145	75 151	72 168	76 185	223	256	250	24 259
Hansen disease (leprosy) Hepatitis A	33,288	31,153	29,500	30,407	29,087	25,802	23,403	21,532
Hepatitis B	14,973	16,831	15,016	15,452	19,015	21,152	22,177	24,318
Hepatitis, unspecified	7.488	8,639	8,776	10,534	11,894	10,975	8.564	7,149
Legionellosis	235	359	761	593	475	408	654	852
Leptospirosis	73	71	110	94	85	82	100	61
Lymphogranuloma venereum	365	348	284	250	199	263	235	335
Malaria	471	547	731	894	2.062	1,388	1.056	813
Measles	41.126	57.345	26.871	13,597	13,506	3,124	1,714	1,497
Meningococcal disease	1,605	1,828	2,505	2.724	2,840	3,525	3,056	2.736
Mumps	38,492	21,436	16,817	14,225	8,576	4,941	5,270	3,355
Murine typhus fever	69	75	46	69	81	[^] 61	58	62
Pertussis (whooping cough)	1,010	2,177	2,063	1,623	1,730	1,248	1,898	2,463
Plague	16	18	12	13	18	13	19	40
Poliomyelitis, total	10	19	8	22	9	10	12	13
Paralytic [§]	10	19	8	22	9	10	12	13
Psittacosis	78	94	140	137	124	136	152	142
Rabies, animal	3,073	3,130	3,254	5,119	6,421	7,118	6,212	5,878
Rabies, human	2	1	4	4	_	2	_	2
Rheumatic fever, acute	1,865	1,738	851	629	432	264	137	88
Rocky Mountain spotted fever	937	1,153	1,063	1,070	1,163	1,192	976	1,126
Rubella	12,491	20,395	18,269	11,795	3,904	2,077	2,325	970
Rubella, congenital syndrome	30	23	30 29,410	62	50	19	40.936	22
Salmonellosis, excluding typhoid fever	22,937 13.140	27,850 16.052	29,410 19,511	33,138 20,135	33,715 19.041	39,990 19,859	40,936 18,129	44,250 19,719
Shigellosis		-,	· · · · · · · · · · · · · · · · · · ·	•	-,-		•	,
Syphilis, primary and secondary	23,731	20,399	21,656	24,874	27,204	31,266	33,613	32,698
_ Total, all stages	71,7 <u>61</u>	64,621	64,875	67,049	68,832	72,799	75,579	74,637
Tetanus	75	87	86	81	95	72	88	91
Trichinosis	115 32.105	143 30.145	67 39 5 31	157 27.669	131 27.749	206	115	45 22 846
Tuberculosis		30,145 165	28,521 141	27,669 196	27,749 234	27,373 288	25,520 275	23,846 310
Tularemia Typhoid fever	157 419	398	141 505	196 528	234 510	288 584	275 425	510 507
Varicella (chickenpox)	183,990	188,396	154.089	199.081	190.894	200,766	167.423	177,462
Yellow fever	,	•	. ,	• • • •		•	- ,	, -
reliow level				······································				

Note: Data in the *MMWR Summary of Notifiable Disease*, *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.

^{*} Cutaneous diphtheria is no longer notifiable nationally after 1979.

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

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

† Last indigenous case of yellow fever reported in 1911; last imported case reported in 1999.

TABLE 11. Reported cases of notifiable diseases, United States, 1968-1975

Disease	1968	1969	1970	1971	1972	1973	1974	1975
Amebiasis	3,005	2,915	2,888	2,752	2,199	2,235	2,743	2,775
Anthrax	3	4	2	5	2	2	2	2
Aseptic meningitis	4,494	3,672	6,480	5,176	4,634	4,846	3,197	4,475
Botulism Brucellosis	218	16 235	12 213	25 183	22 196	34 202	28 240	20 310
Chancroid	216 845	1,104	1,416	1,320	1,414	202 1,165	240 945	700
Cholera	-	1,104	1,410	1,520	1,414	1,103	340	700
Diphtheria	260	241	435	215	152	228	272	307
Encephalitis, primary	1,781	1,613	1,580	1,524	1,059	1,613	1,164	4,064
Postinfectious	502	304	370	439	243	354	218	237
Gonorrhea	464,543	534,872	600,072	670,268	767,215	842,621	906,121	999,937
Granuloma inguinale	156	154	124	. 89	81	62	47	60
Hansen disease (leprosy)	123	98	129	131	130	146	118	162
Hepatitis A (infectious)	45,893	48,416	56,797	59,606	54,074	50,749	40,358	35,855
Hepatitis B (serum)	4,829	5,909	8,310	9,556	9,402	8,451	10,631	13,121
Hepatitis, unspecified				*		<u></u>		7,158
Leptospirosis	69	_89	47	62	41	57	8,351	93
Lymphogranuloma venereum	485 2.317	520	612	692	756 742	408 237	394 293	353 373
Malaria	,-	3,102	3,051	2,375				
Measles	22,231	25,826	47,351	75,290	32,275	26,690	22,094	24,374
Meningococcal disease	2,623	2,951	2,505	2,262	1,323	1,378	1,346	1,478
Mumps	152,209	90,918	104,953	124,939	74,215	69,612	59,128	59,647
Murine typhus fever	36	36	27	23	18	32	26	41
Pertussis (whooping cough) Plague	4,810	3,285 5	4,249 13	3,036	3,287	1,759	2,402 8	1,738 20
Poliomyelitis, total		20	33	21	31	8	0 7	20 13
Paralytic	53 53	20 18	33 31	17	29	9	7	13
Psittacosis	43	57	35	32	52	33	164	49
	43 3,591		3,224		4,369	3,640	3,151	2,627
Rabies, animal Rabies, human	3,591	3,490	3,224	4,310	4,369	3,040	3,151	2,027
Rheumatic fever, acute	3,470	3,229	3,227	2,793	2.614	2,560	2,431	2,854
Rocky Mountain spotted fever	298	498	380	432	523	668	754	844
Rubella	49,371	57,686	56,552	45,086	25,507	27.804	11,917	16,652
Rubella, congenital syndrome	14	31	77	68	42	35	45	30
Salmonellosis, excluding typhoid fever	16,514	18,419	22,096	21,928	22,151	23,818	21,980	22,612
Shigellosis	12,180	11,946	13,845	16,143	20,207	22,642	22,600	16,584
Streptococcal sore throat and scarlet fever	435,013	450,008	433,405			t		
Syphilis, primary and secondary	19,019	19,130	21,982	23,783	24,429	24,825	25,385	25,561
Total, all stages	96,271	92,162	91,382	95,997	91,149	87,469	83,771	80,356
Tetanus	178	192	148	116	128	101	101	102
Trichinosis	77	215	109	103	89	102	120	252
Tuberculosis [§]	42,623	39,120	37,137	35,217	32,882	30,998	30,122	33,989
Tularemia	186	149	172	187	152	171	144	129
Typhoid fever	395	364	_* 346	407	398	680	437	375
Varicella (chickenpox)			^		164,114	182,927	141,495	154,248
Yellow fever					· · · · · · · · · · · · · · · · · · ·			

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.

^{*} Not previously notifiable nationally.

† No longer notifiable nationally.

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

† Last indigenous case of yellow fever reported in 1911; last imported case reported in 1999.

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

Cause of Death	ICD*	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
AIDS†	*042-*044	22,082	25,188	29,555	33,566	37,267	42,114	43,115	31,130	16,516	13,426
Anthrax	022	· —	· —	· —	· —	· —	· —	· —	· -	· —	· —
Botulism, foodborne	005.1	2	4	2	1	_	_	2	1	2	_
Brucellosis	023	_	_	_	_	1	_	1	_	1	1
Chancroid	099.0	_	_	1	_	_	_	_	_	_	_
Cholera	001	_	2	2	2	_	1	_	2	_	1
Diphtheria	032	_	1	_	1	_	_	1	_	_	1
Encephalitis, California serogroup v	riral 062.5	_	_	_	_	_	_	_	1	1	_
Encephalitis, Eastern equine	062.2	1	1	1	1	1	_	1	1	2	1
Encephalitis, St. Louis	062.3	_	13	9	2	1	3	6	_	1	-
Encephalitis, Western equine	062.1	_	_	_	_	_	_	_	_	_	1
Gonococcal infections	098	4	3	3	4	5	3	3	4	3	4
Haemophilus influenzae,											
invasive disease	041.5	16	16	17	16	7	5	12	7	7	11
Hansen disease (leprosy)	030	4	_3		2	_1	3	2		2	
Hepatitis, viral, infectious (Hep A)	070.0,070.1	_88	76	71	82	95	97	142	121	127	114
Hepatitis, viral, serum (Hep B)	070.2,070.3	711	816	912	903	1,041	1,120	1,027	1,082	1,030	1,052
Hepatitis, viral,											
other and unspecified	070.4-070.9	717	686	857	1,016	1,353	1,844	2,231	2,577	2,900	3,630
Malaria	084	11	3	_4	8	12	3	8	4	7	6
Measles	055	32	64	27	4			_2	1	2	
Meningococcal disease	036	273	215	198	201	260	276	273	290	309	234
Mumps	072	.3	.1	1	_	_	_	_	1	_	1
Pertussis (whooping cough)	033	12	12	_	5	7	8	6	4	6	5
Plague	020	_	_	_	1	2	2	1	2	_	_
Poliomyelitis, total	045.0-045.9	_	_	1	-		_	1	_	_	_
Psittacosis	073	1	2	_	4	1	_	_	1		_
Rabies, human	071	1	1	3	1	1	3	3	3	4	1
Rubella	056	4	8	1	1	_	_	1	_	_	_
Salmonellosis, including									=0		
paratyphoid fever 00	2.1-002.9,003	99	80	53	47	52	49	66	58	5 <u>1</u>	37
Shigellósis	004	16	10	10	8	5	13	8	5	5	5
Spotted fevers	082.0	10	20	13	13	5	9	.8	_6	12	3
Syphilis	090–097	105	106	93	91	80	79	65	73	62	45
Tetanus .	037	9	11	11	9	11	9	5	1	4	7
Trichinosis	124	1 070	1 010	1 710	1 705	1 001	1 470	1 220	1 200	1 100	1 110
Tuberculosis (all forms)	010–018	1,970	1,810	1,713	1,705	1,631	1,478	1,336	1,202	1,166	1,112
Typhoid fever	002.0	_	100	1	400	400	104		1	_	_
Varicella (chickenpox) [§]	052	89	120	81	100	100	124	115	81	99	81
Yellow fever	060								11		

Note: Data in the annual 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.

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

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

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

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

Selected Reading

General

- Teutsch SM, Churchill RE, eds. Principles and practice of public health surveillance. 2nd ed. New York, NY: Oxford University Press, 2000.
- Chin JE, ed. Control of communicable diseases manual. 17th ed. Washington, DC: American Public Health Association, 2000.
- Effler P, Ching-Lee M, Bogard A, leong M-C, Nekomoto T, Jernigan D. Statewide system of electronic notifiable disease reporting from clinical laboratories: comparing automated reporting with conventional methods. JAMA 1999;282;1845–50. Available on the Internet at http://iama.ama-assn.org/issues/v282n19/full/ioc90534.html. Accessed August 3, 2000.
- Roush S, Birkhead G, Koo D, Cobb A, Fleming D. Mandatory reporting of diseases and conditions by health care professionals and laboratories. JAMA 1999;282:164–70. Available on the Internet at http://jama.ama-assn.org/issues/v282n2/rfull/joc90413.html. Accessed November 21, 2000.
- Koo D, Caldwell B. The role of providers and health plans in infectious disease surveillance. Eff Clin Pract 1999;2:247–52. Available on the Internet at http://www.acponline.org/journals/ecp/sepoct99/koo.htm. Accessed August 3, 2000.
- CDC. Framework for program evaluation in public health. MMWR 1999;48(No. RR-11). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf>. Accessed November 21, 2000.
- CDC. Reporting race and ethnicity data—National Electronic Telecommunications System for Surveillance, 1994–1997. MMWR 1999;48:305–12. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4815.pdf>. Accessed November 21, 2000.
- Niskar AS, Koo D. Differences in notifiable infectious disease morbidity among adult women— United States, 1992–1994. J Womens Health 1998;7:451–8.
- CDC. Case definitions for infectious conditions under public health surveillance. MMWR 1997;46(No. RR-10). Available on the Internet at http://www.cdc.gov/epo/dphsi/casedef/cover97.htm. Accessed August 7, 2000.
- CDC. Sexually transmitted disease surveillance 1998. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 1999.
- CDC. Manual for the surveillance of vaccine-preventable diseases. Atlanta, GA: CDC, 1999. Available on the Internet at http://www.cdc.gov/nip/publications/surv-manual/begin.pdf>. Accessed August 8, 2000.
- CDC. Demographic differences in notifiable infectious disease morbidity—United States, 1992–1994. MMWR 1997;46:637–41. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4628.pdf>. Accessed November 21, 2000.
- CDC. Notifiable disease surveillance and notifiable disease statistics—United States, June 1946 and June 1996. MMWR 1996;45:530–6. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4525.pdf>. Accessed November 21, 2000.
- Koo D, Wetterhall S. History and current status of the National Notifiable Diseases Surveillance System. J Public Health Manag Pract 1996;2:4–10.
- CDC. Ten leading nationally notifiable infectious diseases—United States, 1995. MMWR 1996;45:883–4. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4541.pdf>. Accessed November 21, 2000.
- Martin SM, Bean NH. Data management issues for emerging diseases and new tools for managing surveillance and laboratory data. Emerg Infect Dis 1995;1:124–8. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol1no4/martin2.htm#top>. Accessed November 21, 2000.
- CDC. Manual of procedures for the reporting of nationally notifiable diseases to CDC. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 1995.
- Thacker SB, Stroup DF. Future directions for comprehensive public health surveillance and health information systems in the United States. Am J Epidemiol 1994;140:383–97.

- CDC. Use of race and ethnicity in public health surveillance. MMWR 1993;42(No. RR-10). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4210.pdf>. Accessed November 21, 2000.
- CDC. Proceedings of the 1992 International Symposium on Public Health Surveillance. MMWR 1992;41(suppl).
- CDC. Mandatory reporting of infectious diseases by clinicians and mandatory reporting of occupational diseases by clinicians. MMWR 1990;39(No. RR-9). Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/00001665. Accessed November 21, 2000.
- Thacker SB, Choi K, Brachman PS. The surveillance of infectious diseases. JAMA 1983;249:1181-5.

AIDS

- CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR 1999;48(RR-13). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4813.pdf>. Accessed November 21, 2000.
- Hammer SM, Squires KE, Hughes MD, et al. A controlled trial of two nucleoside analogues plus indinavir in persons with human immunodeficiency virus infection and CD4 cell counts of 200 per cubic millimeter or less. AIDS Clinical Trials Group 320 Study Team. N Engl J Med 1997:337:725–33.
- Council of State and Territorial Epidemiologists. CSTE position statement ID-4: National HIV surveillance—addition to the National Public Health Surveillance System. Atlanta, GA: Council of State and Territorial Epidemiologists, 1997. Available on the Internet at http://www.cste.org/ps1997/1997-Id-4.doc>. Accessed October 13, 2000.

Anthrax

- CDC. Surveillance for adverse events associated with anthrax vaccination—U.S. Department of Defense, 1998–2000. MMWR 2000;49:341–5. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4916.pdf>. Accessed November 21, 2000.
- Turnbull PC, Hugh-Jones ME, Cosivi O. World Health Organization activities on anthrax surveillance and control. J Appl Microbiol 1999;87:318–20.
- Inglesby TV, Henderson DA, Bartlett JG, et al. Anthrax as a biological weapon: medical and public health management [Review]. JAMA 1999;281:1735–44. Available on the Internet at http://jama.ama-assn.org/issues/v281n18/ffull/jst80027.html. Accessed November 21, 2000.
- CDC. Bioterrorism alleging use of anthrax and interim guidelines for management—United States, 1998. MMWR 1999;48;69–74. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4804.pdf>. Accessed November 21, 2000.

Botulism

- Angulo FJ, Getz J, Taylor JP, et al. A large outbreak of botulism: the hazardous baked potato. J Infect Dis 1998;178:172–7.
- CDC. Botulism in the United States, 1899–1996: handbook for epidemiologists, clinicians, and laboratory workers. Atlanta, GA: US Department of Health and Human Services, Public Health Service, CDC, 1998. Available on the Internet at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/botulism.pdf. Accessed September 25, 2000.
- Shapiro RL, Hatheway C, Becher J, Swerdlow D. Botulism surveillance and emergence response: a public health strategy for a global challenge. JAMA 1997;278:433–5.

Brucellosis

- Yagupsky, P. Detection of brucellae in blood cultures. J Clin Microbiol 1999;37:3437-42.
- CDC. Human exposure to *Brucella abortus* strain RB51—Kansas, 1997. MMWR 1998;47:172–5. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4709.pdf>. Accessed November 21, 2000.
- Chomel BB, DeBess EE, Mangiamele DM, et al. Changing trends in the epidemiology of human brucellosis in California from 1973 to 1992: a shift toward foodborne transmission. J Infect Dis 1994;170:1216–23.
- Taylor JP, Perdue JN. The changing epidemiology of human brucellosis in Texas, 1977–1986. Am J Epidemiol 1989;130:160–5.

Chancroid

- Mertz KJ, Weiss JB, Webb RM, et al. An investigation of genital ulcers in Jackson, Mississippi, with use of a multiplex polymerase chain reaction assay: high prevalence of chancroid and human immunodeficiency virus infection. J Infect Dis 1998;178:1060–6.
- Mertz KJ, Trees D, Levine WC, et al. Etiology of genital ulcers and prevalence of human immunodeficiency virus coinfection in 10 U.S. cities. The Genital Ulcer Disease Surveillance Group. J Infect Dis 1998;178:1795–8.
- DiCarlo RP, Armentor BS, Martin DH. Chancroid epidemiology in New Orleans men. J Infect Dis 1995;172:446–52.
- CDC. Chancroid—United States, 1981–1990: evidence for underreporting of cases. In: CDC surveillance summaries, May 29, 1992. MMWR 1992;41(No. SS-3):57–61.

Chlamydia trachomatis, Genital Infection

- CDC. Sexually transmitted disease surveillance 1999 supplement: Chlamydia Prevalence Monitoring Project. Atlanta, GA: US Department of Health and Human Services, CDC, November 2000. Available on the Internet at http://www.cdc.gov/nchstp/dstd/Stats_Trends/99Chlamydia.htm. Accessed November 21, 2000.
- Gaydos CA, Howell MR, Pare B, et al. *Chlamydia trachomatis* infections in female military recruits. N Engl J Med 1998;339:739–44.
- Mertz KJ, McQuillan GM, Levine WC, et al. A pilot study of chlamydial infection in a national household survey. Sex Transm Dis 1998;25:225–8.
- CDC. *Chlamydia trachomatis* genital infections—United States, 1995. MMWR 1997;46:193–8. Available on the Internet at ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4609.pdf>. Accessed November 21, 2000.

Cholera

- Ackers ML, Quick RE, Drasbeck CJ, Hutwagner L, Tauxe RV. Are there national risk factors for epidemic cholera? The correlation between socioeconomic and demographic indices and cholera incidence in Latin America. Int J Epidemiol 1998;27:330–4.
- Mintz ED, Tauxe RV, Levine MM. The global resurgence of cholera. In: Noah ND, O'Mahony M, eds. Communicable disease epidemiology and control. Chichester, England: John Wiley & Sons, 1998:63–104.
- Mahon BE, Mintz ED, Greene KD, Wells JG, Tauxe RV. Reported cholera in the United States, 1992–1994: a reflection of global changes in cholera epidemiology. JAMA 1996;276:307–12.
- Wachsmuth IK, Blake PA, Olsvik O, eds. *Vibrio cholerae* and cholera: molecular to global perspectives. Washington, DC: American Society for Microbiology, 1994.
- World Health Organization. Guidelines for cholera control. Geneva, Switzerland: World Health Organization, 1993.

Cryptosporidiosis

- Kramer MH, Herwaldt BL, Craun GF, Calderon RL, Juranek DD. Surveillance for waterborne-disease outbreaks—United States, 1993–1994. In: CDC surveillance summaries, April 12, 1996. MMWR 1996;45(No. SS-1). Available on the Internet at http://www.cdc.gov/mmwr/PDF/ss/ss4501.pdf>. Accessed November 21, 2000.
- Juranek DD. Cryptosporidiosis: sources of infection and guidelines for prevention. Clin Infect Dis 1995;21(suppl 1):S57–S61. Also available on the Internet at the following site: http://www.cdc.gov/ncidod/diseases/crypto/sources.htm. Accessed September 27, 2000
- CDC. Assessing the public health threat associated with waterborne cryptosporidiosis: report of a workshop. MMWR 1995;44(No. RR-6). Also available on the Internet at http://www.cdc.gov/mmwr/preview/ind95_rr.html. Accessed September 27, 2000.

Cyclosporiasis

Herwaldt BL, Beach MJ. The return of *Cyclospora* in 1997: another outbreak of cyclosporiasis in North America associated with imported raspberries. Cyclospora Working Group. Ann Intern Med 1999;130:210–20.

- CDC. Outbreak of cyclosporiasis—Ontario, Canada, May 1998. MMWR 1998;47:806–9. Available on the Internet at http://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4738.pdf>. Accessed November 21, 2000.
- Herwaldt BL, Ackers ML. An outbreak in 1996 of cyclosporiasis associated with imported raspberries. The Cyclospora Working Group. N Engl J Med 1997;336:1548–56.

Diphtheria

- Bisgard KM, Hardy IR, Popovic T, et al. Respiratory diphtheria in the United States, 1980 through 1995. Am J Public Health 1998;88:787–91.
- CDC. Respiratory diphtheria caused by *Corynebacterium ulcerans*—Terre Haute, Indiana, 1996. MMWR 1997:46:330–2. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4615.pdf>. Accessed November 21, 2000.
- Leek MD, Sivaloganathan S, Devaraj SK, Zamiri I, Griffiths GD, Green MA. Diphtheria with a difference—a rare *corynebacterium* fatality with associated apoptotic cell death. Histopathology 1990;16:187–9.

Encephalitis, Arboviral (California Serogroup Viral, Eastern Equine, St. Louis, and Western Equine)

- Jones TF, Craig AS, Nasci RS, et al. Newly recognized focus of La Crosse encephalitis in Tennessee. Clin Infect Dis 1999;28:93–7.
- CDC. Arboviral infections of the central nervous system—United States, 1996–1997. MMWR 1998;47:517–22. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4725.pdf>. Accessed November 21, 2000.
- Szumlas DE, Apperson CS, Hartig PC, Francy DB, Karabatsos N. Seroepidemiology of La Crosse virus infection in humans in western North Carolina. Am J Trop Med Hyg 1996;54:332–7.
- Marfin AA, Bleed DM, Lofgren JP, et al. Epidemiologic aspects of a St. Louis encephalitis epidemic in Jefferson County, Arkansas, 1991. Am J Trop Med Hyg 1993;49:30–7.

Escherichia coli O157:H7; Hemolytic Uremic Syndrome, Postdiarrheal

- CDC. PulseNet. The National Molecular Subtyping Network for Foodborne Disease Surveillance. Available on the Internet at http://www.cdc.gov/ncidod/dbmd/pulsenet/pulsenet.htm. Accessed August 30, 2000.
- Bender JB, Hedberg CW, Besser JM, Boxrud DJ, MacDonald KL, Osterholm MT. Surveillance for *Escherichia coli* O157:H7 infections in Minnesota by molecular subtyping. N Engl J Med 1997;337:388–94.
- Mahon BE, Griffin PM, Mead PS, Tauxe RV. Hemolytic uremic syndrome surveillance to monitor trends in infection with *Escherichia coli* O157:H7 and other shiga toxin-producing *E. coli*. Emerg Infect Dis 1997;3:409–12. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol3no3/letters.htm#mahon>. Accessed November 21, 2000.
- Slutsker L, Ries AA, Greene KD, Wells JG, Hutwagner L, Griffin PM. *Escherichia coli* O157:H7 diarrhea in the United States: clinical and epidemiologic features. Ann Intern Med 1997;126:505–13.

Ehrlichiosis (Human Granulocytic and Human Monocytic)

- IJdo JW, Meek JI, Cartter ML, et al. The emergence of another tickborne infection in the 12-town area around Lyme, Connecticut: human granulocytic ehrlichiosis. J Infect Dis 2000;181:1388–93.
- McQuiston JH, Paddock CD, Holman RC, Childs JE. The human ehrlichioses in the United States [Review]. Emerg Infect Dis 1999;5:635–42. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol5no5/mcguiston.htm. Accessed November 21, 2000.
- Childs JE, Sumner JW, Nicholson WL, Massung RF, Standaert SM, Paddock CD. Outcome of diagnostic tests using samples from patients with culture-proven human monocytic ehrlichiosis: implications for surveillance. J Clin Microbiol 1999;37:2997–3000.

Gonorrhea

- CDC. Sexually transmitted diseases surveillance 1999 supplement: Gonococcal Isolate Surveillance Project (GISP) annual report –1999. Atlanta, GA: US Department of Health and Human Services, CDC, November 2000. Available on the Internet at http://www.cdc.gov/nchstp/dstd/Stats_Trends/99GISP.htm. Accessed November 21, 2000.
- CDC. Gonorrhea—United States, 1998. MMWR 2000;49:538–42. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4924.pdf>. Accessed November 21, 2000.
- CDC. Increases in unsafe sex and rectal gonorrhea among men who have sex with men—San Francisco, California, 1994–1997. MMWR 1999;48:45–8. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4803.pdf>. Accessed November 21, 2000.

Haemophilus influenzae, Invasive Disease

- Galil K, Singleton R, Levine OS, et al. Reemergence of invasive *Haemophilus influenzae* type b disease in a well-vaccinated population in remote Alaska. J Infect Dis 1999;179:101–6.
- Bisgard KM, Kao A, Leake J, Strebel PM, Perkins BA, Wharton M. *Haemophilus influenzae* invasive disease in the United States, 1994–1995: near disappearance of a vaccine-preventable childhood disease. Emerg Infect Dis 1998;2:229–37. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol4no2/bisgard.htm. Accessed November 21, 2000.
- CDC. Progress toward eliminating *Haemophilus influenzae* type b disease among infants and children—United States, 1987–1997. MMWR 1998;47:993–8. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4746.pdf>. Accessed November 21, 2000.
- CDC. Recommendations for use of *Haemophilus* b conjugate vaccines and a combined diphtheria, tetanus, pertussis, and *Haemophilus* b vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1993;42(No. RR-13). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4213.pdf>. Accessed November 21, 2000.

Hantavirus Pulmonary Syndrome

- CDC. Hantavirus Pulmonary Syndrome—Panama, 1999–2000. MMWR 2000;49:205–7. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4910.pdf>. Accessed November 21, 2000.
- Kitsutani PI, Denton RW, Fritz CL, et al. Acute Sin Nombre hantavirus infection without pulmonary syndrome, United States. Emerg Infect Dis 1999;5:701–5. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol5no5/kitsutani.htm. Accessed November 21, 2000.
- Monroe MC, Morzunov SP, Johnson AM, et al. Genetic diversity and distribution of *Peromyscus*-borne hantaviruses in North America. Emerg Infect Dis 1999;5:75–86. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol5no1/monroe.htm. Accessed November 21, 2000.
- Zavasky D-M, Hjelle B, Peterson M, et al. Acute infection with Sin Nombre hantavirus without pulmonary edema. Clin Infect Dis 1999;29:664–6.

Hepatitis A

- CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No. RR-12). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4812.pdf>. Accessed November 21, 2000.
- Bell BP, Shapiro CN, Alter MJ, et al. The diverse patterns of hepatitis A epidemiology in the United States—implications for vaccination strategies. J Infect Dis 1998;178:1579–84.
- Lemon SM, Shapiro CN. The value of immunization against hepatitis A. Infect Agents Dis 1994;3:38–49.
- Shapiro CN, Coleman PJ, McQuillan GM, Alter MJ, Margolis HS. Epidemiology of hepatitis A: seroepidemiology and risk groups in the USA. Vaccine 1992;10(suppl 1):S59–S62.

Hepatitis B

- McQuillan GM, Coleman PJ, Kruszon-Moran D, Moyer LA, Lambert SB, Margolis HS. Prevalence of hepatitis B virus infection in the United States: The National Health and Nutrition Examination Surveys, 1976 through 1994. Am J Pub Health 1999;89:14–8.
- Coleman PJ, McQuillan GM, Moyer LA, Lambert SB, Margolis HS. Incidence of hepatitis B virus infection in the United States, 1976–1994: estimates from the National Health and Nutrition Examination Surveys. J Infect Dis 1998;178:954–9.
- Margolis HS, Alter MJ, Hadler SC. Hepatitis B: evolving epidemiology and implications for control [Review]. Semin Liver Dis 1991;11:84–92.
- 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 (ACIP). MMWR 1991;40(No. RR-13):1–19. Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/00033405.htm. Accessed November 21, 2000.

Hepatitis C; Non-A, Non-B

- Alter MJ, Kruszon-Moran D, Nainan OV, et al. The prevalence of hepatitis C virus infection in the United States, 1988 through 1994. N Engl J Med 1999;341:556–62.
- CDC. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998;47(No. RR-19). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4719.pdf>. Accessed November 21, 2000.

HIV Infection, Adult and Pediatric

- CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR 1999;48(No. RR-13). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4813.pdf>. Accessed November 21, 2000.
- Lindegren ML, Byers RH, Jr., Thomas P, et al. Trends in perinatal transmission of HIV/AIDS in the United States. JAMA 1999;282:531–8. Available on the Internet at http://jama.ama-assn.org/issues/v282n6/rfull/joc81248.html. Accessed November 21, 2000.
- CDC. HIV/AIDS surveillance report, 1999;11(No. 2). Available on the Internet at http://www.cdc.gov/hiv/stats/hasr1102.htm. Accessed September 25, 2000.
- CDC. Success in implementing Public Health Service guidelines to reduce perinatal transmission of HIV—Louisiana, Michigan, New Jersey, and South Carolina, 1993, 1995, and 1996. MMWR 1998;47:688–91. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4733.pdf>. Accessed November 21, 2000.

Legionellosis

- Kool JL, Carpenter JC, Fields BS. Effect of monochloramine disinfection of municipal drinking water on risk of nosocomial Legionnaires' disease. Lancet 1999;353:272–7.
- Fiore AE, Butler JC, Emori TG, Gaynes RP. A survey of methods used to detect nosocomial legionellosis among participants in the National Nosocomial Infections Surveillance System. Infect Control Hosp Epidemiol 1999;20:412–6.
- Kool JL, Bergmire-Sweat D, Butler JC, et al. Hospital characteristics associated with colonization of water systems by Legionella and risk of nosocomial legionnaires' disease: a cohort study of 15 hospitals. Infect Control Hosp Epidemiol 1999;20:798–805.
- Marston BJ, Lipman HB, Breiman RF. Surveillance for Legionnaires' disease. Risk factors for morbidity and mortality. Arch Intern Med 1994;154:2417–22.

Lyme Disease

- Orloski KA, Hayes EB, Campbell GL, Dennis DT. Surveillance for Lyme disease—United States, 1992–1998. In: CDC surveillance summaries, April 28, 2000. MMWR 2000;49(No. SS-3):1–11. Available on the Internet at http://www.cdc.gov/mmwr/PDF/ss/ss4903.pdf>. Accessed November 21, 2000.
- Hayes EB, Maupin GO, Mount GA, Piesman J. Assessing the prevention effectiveness of local Lyme disease control. J Public Health Manag Pract 1999;5:84–92.

- CDC. Recommendations for the use of Lyme disease vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No. RR-7). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4807.pdf>. Accessed November 21, 2000.
- Dennis DT. Epidemiology, ecology, and prevention of Lyme disease. In: Rahn D, Evans J, eds. Lyme disease. Philadelphia, PA: American College of Physicians, 1998:7–34.

Malaria

- Lobel HO, Kozarsky PE. Update on prevention of malaria for travelers. JAMA 1997;278:1767–71. Zucker JR. Changing patterns of autochthonous malaria transmission in the United States: a review of recent outbreaks. Emerg Infect Dis 1996;2:37–43. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol2no1/zuckerei.htm. Accessed November 21, 2000.
- Zucker JR, Campbell CC. Malaria. Principles of prevention and treatment [Review]. Infect Dis Clin North Am 1993;7:547–67.

Measles

- CDC. Measles—United States, 1999. MMWR 2000:49:557–60. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4925.pdf>. Accessed November 21, 2000.
- CDC. Epidemiology of measles—United States, 1998. MMWR 1999:48:749–53. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4834.pdf>. Accessed November 21, 2000.
- CDC. Measles—United States, 1997. MMWR 1998:47:273–6. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4714.pdf>. Accessed November 21, 2000.
- CDC. Measles, mumps and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998:47(No. RR-8). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf>. Accessed November 21, 2000.

Meningococcal Disease

- CDC. Prevention and control of meningococcal disease, and meningococcal disease and college students: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(No. RR-7). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4907.pdf>. Accessed November 21, 2000.
- CDC. Serogroup W-135 meningococcal disease among travelers returning from Saudi Arabia—United States, 2000. MMWR 2000;49:345–6. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4916.pdf. Accessed November 21, 2000.
- Rosenstein NE, Perkins BA, Stephens DS, et al. The changing epidemiology of meningococcal disease in the United States, 1992–1996. J Infect Dis 1999;180:1894–901.
- Diermayer M, Hedberg K, Hoesly FC, et al. Epidemic serogroup B meningococcal disease in Oregon: the evolving epidemiology of the ET-5 strain. JAMA 1999;281:1493–7. Available on the Internet at http://jama.ama-assn.org/issues/v281n16/rfull/joc81215.html. Accessed November 21, 2000.

Mumps

- CDC. Mumps surveillance—United States, 1988–1993. In: CDC surveillance summaries, August 11, 1995. MMWR 1995;44(No. SS-3). Available on the Internet at http://www.cdc.gov/mmwr/PDF/ss/ss4403.pdf>. Accessed November 21, 2000.
- Briss PA, Fehrs LJ, Parker RA, et al. Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity. J Infect Dis 1994;169:77–82.
- Hersh BS, Fine PE, Kent WK, et al. Mumps outbreak in a highly vaccinated population. J Pediatr 1991;119:187–93.
- CDC. Recommendations of the Immunization Practices Advisory Committee on Mumps prevention. MMWR 1989;38:388–92, 397–400. Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/00001404.htm. Accessed November 21, 2000.

Pertussis

- Guris D, Strebel PM, Bardenheier B, et al. Changing epidemiology of pertussis in the United States: increasing reported incidence among adolescents and adults, 1990–1996. Clin Infect Dis 1999;28:1230–7.
- CDC. Notice to readers: FDA approval of a fourth acellular pertussis vaccine for use among infants and young children. MMWR 1998;47:934–6. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4743.pdf>. Accessed November 21, 2000.
- CDC. Pertussis vaccination: use of acellular pertussis vaccines among infants and young children. Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997;46(No.RR-7). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4607.pdf. Accessed November 21, 2000.

Plague

- Inglesby TV, Dennis DT, Henderson DA, et al. Plague as a biological weapon: medical and public health management. Working Group on Civilian Biodefense [Review]. JAMA 2000;283:2281–90.
- Dennis DT, Gage KL, Gratz N, Poland JD, Tikhomirov E. Plague manual: epidemiology, distribution, surveillance and control. Geneva, Switzerland: World Health Organization, 1999.
- Poland JD, Dennis DT. Plague. In: Evans AS, Brachman PS, eds. Bacterial infections of humans: epidemiology and control. 3rd ed. New York, NY: Plenum Medical Book Company, 1998:545–58.

Poliomyelitis, Paralytic

- CDC. Poliomyelitis prevention in the United States: updated recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000;49(No. RR-5). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4905.pdf>. Accessed November 21, 2000.
- Prevots DR, Khetsuriani N, Wharton M. Evidence for a decline in the number of vaccine-associated paralytic poliomyelitis cases in the United States following implementation of a sequential poliovirus vaccination schedule, 1997–1998. Presented at the 36th annual meeting of the Infectious Disease Society of America, November 12–15, 1998.
- Prevots DR, Sutter RW, Strebel PM, Weibel RE, Cochi SL. Completeness of reporting for paralytic poliomyelitis, United States, 1980 through 1991. Implications for estimating the risk of vaccine-associated disease. Arch Pediatr Adolesc Med 1994;148:479–85.

Psittacosis

- CDC. Compendium of measures to control *Chyamydia psittaci* among humans (psittacosis) and pet birds (avian chlamydiosis), 2000. MMWR 2000;49(No. RR-8):1–17. Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4908.pdf>. Accessed November 21, 2000.
- Moroney JF, Guevara R, Iverson C, et al. Detection of chlamydiosis in a shipment of pet birds, leading to recognition of an outbreak of clinically mild psittacosis in humans. Clin Infect Dis 1998;26:1425–9.
- Jorgensen DM. Gestational psittacosis in a Montana sheep rancher. Emerg Infect Dis 1997;2:191–4. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol3no2/jorgen.htm. Accessed November 21, 2000.
- Wong KH, Skelton SK, Daugharty H. Utility of complement fixation and microimmunofluorescence assays for detecting serologic responses in patients with clinically diagnosed psittacosis. J Clin Microbiol 1994;32:2417–21.

Rabies, Animal and Human

- CDC. Compendium of animal rabies prevention and control, 2000: National Association of State and Territorial Public Health Veterinarians, Inc. MMWR 2000;49(No. RR-8):19–30. Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4908.pdf>. Accessed November 21, 2000.
- CDC. Human rabies prevention—United States, 1999: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999;48(No. RR-1). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4801.pdf>. Accessed November 21, 2000.
- Krebs JW, Smith JS, Rupprecht CE, Childs JE. Rabies surveillance in the United States during 1998. J Am Vet Med Assoc 1999;215:1786–98.

Noah DL, Drenzek CL, Smith JS, et al. Epidemiology of human rabies in the United States, 1980 to 1996 [Review]. Ann Intern Med 1998;128:922–30.

Rocky Mountain Spotted Fever

- Paddock CD, Greer PW, Ferebee TL, et al. Hidden mortality attributable to Rocky Mountain spotted fever: immunohistochemical detection of fatal, serologically unconfirmed diseases. J Infect Dis 1999;179:1469–76.
- Thorner AR, Walker DH, Petri WA, Jr. Rocky Mountain spotted fever [Review]. Clin Infect Dis 1998;27:1353–9.
- Dalton MJ, Clarke MJ, Holman RC, et al. National surveillance for Rocky Mountain spotted fever, 1981–1992: epidemiologic summary and evaluation of risk factors for fatal outcome. Am J Trop Med Hyg 1995;52:405–13.

Rubella and Rubella, Congenital Syndrome

- Reef SE, Plotkin S, Cordero JF, et al. Preparing for elimination of Congenital Rubella Syndrome (CRS): summary of a workshop on CRS elimination in the United States. Clin Infect Dis 2000;31:85–95.
- CDC. Rubella among Hispanic adults—Kansas, 1998, and Nebraska, 1999. MMWR 2000;49:225–8. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4911.pdf>. Accessed November 21, 2000.
- CDC. Rubella outbreak—Westchester County, New York, 1997–1998. MMWR 1999;48:560–3. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4826.pdf>. Accessed November 21, 2000.

Salmonellosis

- Van Beneden CA, Keene WE, Strang RA, et al. Multinational outbreak of *Salmonella enterica* serotype Newport infections due to contaminated alfalfa sprouts. JAMA 1999;281:158–62. Available on the Internet at http://jama.ama-assn.org/issues/v281n2/rfull/joc80937.html. Accessed December 8, 2000.
- Mahon BE, Slutsker L, Hutwagner L, et al. Consequences in Georgia of a nationwide outbreak of *Salmonella* infections: what you don't know might hurt you. Am J Public Health 1999;89:31–5.
- Glynn MK, Bopp C, Dewitt WK, Dabney P, Mokhtar M, Angulo FJ. Emergence of multidrug-resistant Salmonella enterica serotype typhimurium DT104 infections in the United States. N Engl J Med 1998;338:1333–8.
- CDC. Multistate outbreak of *Salmonella* serotype Agona infections linked to toasted oats cereal—United States, April–May, 1998. MMWR 1998;47:462–4. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4722.pdf>. Accessed November 21, 2000.

Shigellosis

- CDC. Outbreak of gastroenteritis associated with an interactive water fountain at a beachside park—Florida, 1999. MMWR 2000;49:565–8. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4925.pdf>. Accessed November 21, 2000.
- CDC. Outbreaks of *Shigella sonnei* infection associated with eating fresh parsley—United States and Canada, July–August 1998. MMWR 1999;48:285–9. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4814.pdf>. Accessed November 21, 2000.
- Sobel J, Cameron DN, Ismail J, et al. A prolonged outbreak of *Shigella sonnei* infections in traditionally observant Jewish communities in North America caused by a molecularly distinct bacterial subtype. J Infect Dis 1998;177:1405–8.
- Mohle-Boetani JC, Stapleton M, Finger R, et al. Communitywide shigellosis: control of an outbreak and risk factors in child day-care centers. Am J Public Health 1995;85:812–6.

Streptococcal Disease, Invasive, Group A

CDC. Noscomial group A streptococcal infections associated with asymptomatic health-care workers—Maryland and California, 1997. MMWR 1999;48:163–6. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4808.pdf>. Accessed November 21, 2000.

- Anonymous. Prevention of invasive group A streptococcal disease among household contacts of case-patients: is prophylaxis warranted? The Working Group on Prevention of Invasive Group A Streptococcal Infections. JAMA 1998;279:1206–10.
- Davies HD, McGeer A, Schwartz B, et al, and the Ontario Group A Streptococcal Study Group. Invasive group A streptococcal infections in Ontario, Canada.. N Engl J Med 1996;335:547–54.
- Anonymous. Defining the group A streptococcal toxic shock syndrome: rationale and consensus definition. The Working Group on Severe Streptococcal Infections. JAMA 1993;269:390–1.

Streptococcus pneumoniae, Drug-Resistant, Invasive Disease

- CDC. Active Bacterial Core Surveillance. National Center for Infectious Diseases. Available at http://www.cdc.gov/ncidod/dbmd/abcs. Accessed June 23, 2000.
- Dowell SF, Butler JC, Giebink GS, et al. Acute otitis media: management and surveillance in an era of pneumococcal resistance—a report from the Drug-Resistant *Streptococcus pneumoniae* Therapeutic Working Group. Pediatr Infect Dis J 1999;18:1–9.
- Dowell SF. Principles of judicious use of antimicrobial agents for pediatric upper respiratory tract infections. Pediatrics 1998;101(suppl):S163–S184.
- CDC. Defining the public health impact of drug-resistant *Streptococcus pneumoniae*: report of a working group. MMWR 1996;45(No. RR-1). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4501.pdf>. Accessed November 21, 2000.

Syphilis, Congenital

- Southwick KL, Guidry HM, Weldon MM, Mertz KJ, Berman SM, Levine WC. An epidemic of congenital syphilis in Jefferson County, Texas, 1994–1995: inadequate prenatal syphilis testing after an outbreak in adults. Am J Public Health 1999;89:557–60.
- CDC. Congenital syphilis—United States, 1998. MMWR 1999;48:757–61. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4834.pdf>. Accessed November 21, 2000.
- CDC. Guidelines for the prevention and control of congenital syphilis. MMWR 1988;37(No. S-1). Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/00026330.htm. Accessed November 21, 2000.

Syphilis, Primary and Secondary

- CDC. Sexually transmitted disease surveillance supplement 1999: syphilis surveillance report. Atlanta, GA: US Department of Health and Human Services, CDC, November 2000. Available on the Internet at http://www.cdc.gov/nchstp/dstd/Stats_Trends/99Syphilis.htm. Accessed November 21, 2000.
- CDC. The National Plan to Eliminate Syphilis from the United States. Atlanta, GA: US Department of Health and Human Services, CDC, National Center for HIV, STD, and TB Prevention, October 1999.
- CDC. Primary and secondary syphilis—United States, 1998. MMWR 1999;48:873–8. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4839.pdf>. Accessed November 21, 2000.
- CDC. Resurgent bacterial sexually transmitted disease among men who have sex with men—King County, Washington, 1997–1999. MMWR 1999;48:773–7. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4835.pdf>. Accessed November 21, 2000.

Tetanus

- Bardenheier B, Prevots DR, Khetsuriani N, Wharton M. Tetanus surveillance—United States, 1995—1997. In: CDC surveillance summaries, July 3, 1998. MMWR 1998;47(No. SS-2):1–13. Available on the Internet at http://www.cdc.gov/mmwr/PDF/ss/ss4702.pdf>. Accessed November 21, 2000.
- CDC. Neonatal tetanus—Montana, 1998. MMWR 1998;47:928–30. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4743.pdf>. Accessed November 21, 2000.
- CDC. Tetanus among injecting-drug users—California, 1997. MMWR 1998;47:149–51. Available on the Internet at <ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4708.pdf>. Accessed November 21, 2000.

Gergen PJ, McQuillan GM, Kiely M, Ezzati-Rice TM, Sutter RW, Virella G. A population-based serologic survey of immunity to tetanus in the United States. N Engl J Med 1995;332:761–6.

Toxic-Shock Syndrome

- Hajjeh RA, Reingold R, Weil A, Shutt K, Schuchat A, Perkins BA. Toxic shock syndrome in the United States: surveillance update, 1979–1996. Emerg Infec Dis 1999;5:807–10. Available on the Internet at http://www.cdc.gov/ncidod/eid/vol5no6/hajjeh.htm. Accessed November 21, 2000.
- Schuchat A, Broome CV. Toxic shock syndrome and tampons. Epidemiol Rev 1991;13:99–112.
- CDC. Reduced incidence of menstrual toxic-shock syndrome—United States, 1980–1990. MMWR 1990;39:421–3. Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/00001651.htm. Accessed November 21, 2000.
- Gaventa S, Reingold AL, Hightower AW, et al. Active surveillance for toxic shock syndrome in the United States, 1986. Rev Infect Dis 1989;11(suppl):S28–S34.

Trichinosis

- Moorhead A, Grunenwald PE, Dietz VJ, Schantz PM. Trichinellosis in the United States, 1991–1996: declining but not gone. Am J Trop Med Hyg 1999;60:66–9.
- CDC. Outbreak of trichinellosis associated with eating cougar jerky—Idaho, 1995. MMWR 1996;45:205–6. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4510.pdf. Accessed November 21, 2000.
- McAuley JB, Michelson MK, Schantz PM. Trichinosis surveillance, United States, 1987–1990. In: CDC surveillance summaries, December 1991. MMWR 1991;40(No. SS-3):35–42.

Tuberculosis

- CDC. Reported tuberculosis in the United States, 1999. Atlanta, GA: US Department of Health and Human Services, CDC, August 2000. Available on the Internet at http://www.cdc.gov/nchstp/tb/. Accessed November 21, 2000.
- CDC. Progress toward the elimination of tuberculosis—United States, 1998. MMWR 1999;48:732—6. Available on the Internet at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4833a2.htm. Accessed November 21, 2000.

Typhoid Fever

- Ackers ML, Puhr ND, Tauxe RV, Mintz ED. Laboratory-based surveillance of *Salmonella* Serotype *Typhi* infections in the United States: antimicrobial resistance on the rise. JAMA 2000;283:2668–73.
- Mermin JH, Villar R, Carpenter J, et al. A massive epidemic of multidrug-resistant typhoid fever in Tajikistan associated with consumption of municipal water. J Infect Dis 1999;179:1416–22.
- Mermin JH, Townes JM, Gerber M, Dolan N, Mintz ED, Tauxe RV. Typhoid fever in the United States, 1985–1994: changing risks of international travel and increasing antimicrobial resistance. Arch Intern Med 1998;158:633–8.
- CDC. Typhoid immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1994;43(No. RR-14). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4314.pdf. Accessed November 21, 2000.

Varicella; Varicella Deaths

- CDC. National, state, and urban area vaccination coverage levels among children aged 19–35 months—United States, 1999. MMWR 2000;49:585–9. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4926.pdf>. Accessed November 21, 2000.
- CDC. Varicella-related deaths—Florida, 1998. MMWR 1999;48:379–81. Available on the Internet at http://www.cdc.gov/mmwr/PDF/wk/mm4818.pdf>. Accessed November 21, 2000.
- CDC. Prevention of varicella: updated recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999:48(No. RR-6). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4806.pdf>. Accessed November 21, 2000.
- CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(No. RR-11). Available on the Internet at http://www.cdc.gov/mmwr/PDF/rr/rr4511.pdf>. Accessed November 21, 2000.

State and Territorial Epidemiologists and Laboratory Directors

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

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