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Barriers to Children Walking and Biking to School — United States, 1999

Physical activity is an important part of a healthy lifestyle; however, many children in the United States do not meet recommended levels of physical activity (*1*). Although walking and biking to school can increase physical activity among children, motor-vehicle traffic and other factors can make these activities difficult. The majority of U.S. children do not walk or bike to school, approximately one third ride a school bus, and half are driven in a private vehicle. Less than one trip in seven is made by walking or biking (*2*). To examine why the majority of children do not walk or bike to school, CDC analyzed data from the national HealthStyles Survey. This report summarizes the results of that analysis, which indicate that long distances and dangerous motor-vehicle traffic pose the most common barriers to children walking and biking to school. Public health and community-based efforts that encourage walking and biking to school should address these barriers (Figure 1).

CDC provides technical assistance to Porter/Novelli (Washington, D.C.) in conducting the HealthStyles Survey, an annual mail survey of health-related attitudes and behaviors in the United States. In 1999, investigators solicited 3,550 households that had previously indicated a willingness to respond to survey questions. This sample was selected as representative of the U.S. population on the basis of eight demographic variables: age, sex, marital status, race/ethnicity, income, region, household size, and population density. A total of 2,636 (74%) households responded; the 749 (28%) households with children aged 5–18 years were asked 1) if their youngest child walked or biked to school at least once a week during the preceding month, and 2) whether any of six specified conditions made it difficult to do so: traffic danger, crime danger, long distances, weather, opposing school policy, or other reasons. Respondents also had the option of stating that their children had no barriers to walking or biking to school. Results were weighted to match population distribu-

FIGURE 1. Road sign denoting a safe walking route to a local school, one of many efforts by communities nationwide to facilitate walking and biking to school

Photo/CDC

INSIDE

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tion in the United States by using the eight demographic variables.

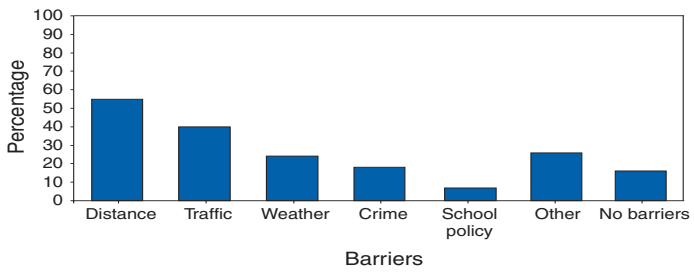
Of the 611 respondents, 19% reported children walking and 6% reported children biking to or from school at least once a week during the preceding month. Frequency of walking and biking trips ranged from zero to >10 times a week (mean frequency: six one-way trips a week). These trips represented 14% of all school trips (11% walking and 3% biking). The proportions of primary school–aged children walking (18.6%) and biking (5.7%) to school were similar to those of secondary school–aged children walking (19.6%) and biking (5.7%) to school.

Reported barriers to walking and biking to school included long distances (55%; 95% confidence interval [CI]=±4%), traffic danger (40%; 95% CI=±4%), adverse weather conditions (24%; 95% CI=±3%), crime danger (18%; 95% CI=±3%), opposing school policy (7%; 95% CI=±2%), or other reasons (26%; 95% CI=±3%) (Figure 2). A total of 16% (95% CI=±3%) reported no barriers to their children walking or biking to school.

Of the 16% of respondents who reported no barriers, 64% reported children walking, and 21% reported children biking to or from school at least once a week during the preceding month. Children with no barriers were six times more likely to walk or bike to school than the rest of their peers aged 5–18 years with one or more barriers.

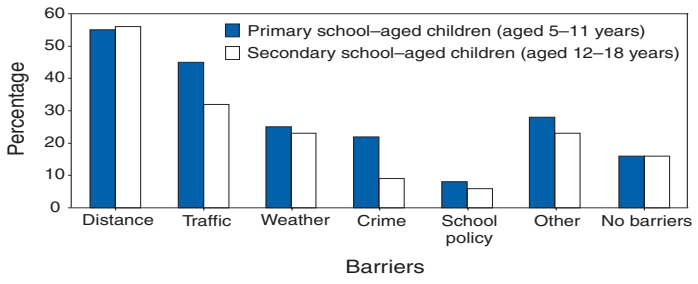
A total of 66% of the children were primary school–aged (aged 5–11 years); 34% were secondary school–aged (aged 12–18 years). Reported barriers for primary school–aged children were compared with those for secondary school–aged children (Figure 3). Proportions were similar for distance, weather, opposing school policy, and other reasons. The proportion of respondents reporting no barriers to their children walking or biking to school was the same for both age groups. However, primary school–aged children reportedly faced barriers of traffic danger and crime danger significantly more than their older peers.

FIGURE 2. Percentage of respondents* reporting barriers to their children walking and biking to school, by selected barriers — United States, HealthStyles Survey, 1999



* n=611.

FIGURE 3. Percentage of respondents* reporting barriers to their children walking and biking to school, by age group of child and selected barriers — United States, HealthStyles Survey, 1999



*n=611.

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Editorial Note: To increase physical activity among children, two of the national health objectives for 2010 are to increase the proportion of trips to school made by walking and biking (objectives 22-14,15) (*3*). The median distance to school from a child's residence is relatively long (2 miles for children aged 5–15 years); however, many children do not walk or bike to school even when distances are short. For children living ≤1 mile from school, only 31% of trips are made by walking, and for children living ≤2 miles from school, only 2% of trips are made by biking (*3*). Results from the HealthStyles Survey indicate that approximately two thirds of children walk or bike to school when barriers are not present; however, the majority of parents report that their children face barriers to walking and biking to school. Substantial resources, diverse expertise, and ongoing political commitment are required to address the two most important barriers: long distances and traffic danger.

Traffic danger inhibited approximately 40% of children from walking or biking to school. When extrapolated to the U.S. population, these findings indicate that perceived traffic danger prevents approximately 20 million children from walking or biking to school (*4*). Additional data indicate that perceived traffic danger is an understandable concern. Although U.S. children aged 5–18 years walk relatively little and bike even less, approximately 550 pedestrian deaths and 250 cyclist deaths occur annually among this population (*5*), and approximately 100 nonfatal injuries occur for each death (*6*).

The findings in this report are subject to at least two limitations. First, the HealthStyles Survey solicits a population identified by its willingness to participate in survey research. Second, approximately 18% of respondents with children did not respond to questions about walking and biking to school. This pool of respondents might not represent the overall attitudes and behaviors of U.S. households.

Improving traffic safety is crucial for programs that encourage children to walk or bike to school. To advance local pedestrian and cyclist safety initiatives, CDC research and surveillance data have been used to 1) formulate guidelines for age-appropriate child-pedestrian supervision (*7*), 2) support bicycle-helmet promotion, and 3) outline national strategies for advancing both child-pedestrian and bicycle safety (*8,9*).

Many U.S. communities are facilitating walking and biking to school by addressing traffic safety concerns, mapping safe routes to local schools, building new schools in residential neighborhoods, and involving parents in programs such as Walking School Bus, Bike Trains, and Walk to School Day. The Marin County Safe Routes to School program in California is an ongoing effort developed by the Marin County Bicycle Coalition, funded by the National Highway Traffic Safety Administration and other state and local sources, and assisted by numerous parent volunteers. The Marin County program reported a 57% increase in walking and biking to school in its first year (*10*). Efforts focused on creating safe and accessible routes for children walking and biking to school promise the additional benefit of producing neighborhoods that ensure safer walking and biking for all ages.

Additional information about programs and resources for promoting safe walking and biking to school is available at the following websites: http://www.cdc.gov/nccdphp/dnpa/kidswalk/fact_sheet.htm and http://www.cdc.gov/ncipc at CDC, http://www.walktoschool-usa.org at Walk to School Day—USA, and http://www.safekids.org at the National SAFE KIDS Campaign.

Acknowledgments

The data in this report are based on responses to the HealthStyles Survey developed by Porter/Novelli in collaboration with the Div of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, CDC.

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School Transportation Modes — Georgia, 2000

Moderate physical activity (e.g., walking or bicycling) offers substantial health benefits (*1–3*). Physical activity is especially important for young persons not only because of its immediate benefits but also because participation in healthy behaviors early in life might lead to healthier lifestyles in adulthood (*4*). Persons aged >2 years should engage in ≥30 minutes of moderately intense physical activity on all or most days of the week (*1*). However, sedentary after-school activities (e.g., watching television or using computers), decreased participation in physical education, and fewer students walking or riding their bicycles to school might contribute to the high rate of childhood obesity (*5*). Walking to school provides a convenient opportunity for children to be physically active. To examine modes of transportation to school for Georgia children, the Georgia Division of Public Health analyzed data from the Georgia Asthma Survey conducted during May–August 2000. This report summarizes the results of that analysis, which indicate that <19% of Georgia school-aged children who live ≤1 mile from school walk to school the majority of days of the week. Statewide surveillance data of school transportation modes should be collected to monitor prevalence of walking to school.

Data on modes of transportation to school were collected as part of the Georgia Asthma Survey, a statewide, representative, random-digit–dialed telephone survey of Georgia households with children conducted during May–August 2000. A parent or caregiver in households with at least one child aged <18 years reported on all children residing in the home. A total of 1,503 households were sampled, representing 2,700 children. The response rate was 60%. Respondents were asked about the mode of transportation to school and the distance between home and school rounded to the nearest mile. Weighted percentages were obtained using by SAS and SUDAAN. The analysis was limited to school-aged children under the driving age, which resulted in a sample of 1,656 children aged 5–15 years who attended school. Additional analyses were performed for a subset of children (n=315) who lived ≤1 mile from school.

Of 1,656 children aged 5–15 years included in the survey, 64 (4.2%) (95% confidence interval [CI]=2.9%–5.5%) walked to school the majority of days of the week, 775 (48.9%) (95% CI=45.7%–52.1%) rode a school bus, and 755 (43.3%) (95% CI=40.4%–46.8%) were driven to school by an adult. The remaining 62 (3.6%) (95% CI=2.5%–4.7%) were home-schooled, rode a public bus, were driven by another student, used some other mode of transportation, or used a method of transit that the caregiver either declined to identify or did not know. Of the 315 (19.0%) children who lived ≤1 mile from school, 56 (18.6%; 95% CI=12.8%–24.4%) walked to school the majority of days of the week, 106 (33.4%; 95% CI=26.3%–40.5%) rode a school bus, 132 (41.9%; 95% CI=34.6%–49.2%) were driven to school by an adult, and 21 (6.1%; 95% CI=2.6%–8.5%) were home-schooled, rode a public bus, were driven by another student, used some other mode of transportation, or used a method of transit that the caregiver declined to identify or did not know. Older children were more likely to walk to school than younger children, and non-Hispanic black children were more likely to walk to school than children of other racial/ethnic groups. However, these comparisons and those between sexes and between urban and rural residents were not statistically significant (Table).

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Editorial Note: Fewer than 19% of Georgia's school children who lived ≤1 mile of school walked to school the majority of days of the week. One of the national health objectives for 2010 is to increase the proportion of children's trips to school ≤1 mile made by walking from 31% to 50% (objective 22.14) (*6*). Walking has gained increased attention as an important way for persons to make physical activity a part of their daily routines. Walk-to-school programs have been developed to promote increased physical activity and safety by encouraging children to walk and

TABLE. Percentage of children aged 5–15 years who lived ≤1 mile* from school and who walked to school, by selected characteristics — Georgia, 2000

Characteristic	%	(95% CI†)
Sex		
Male	19.3	(11.5%–27.2%)
Female	17.9	(10.2%–25.5%)
Age group (yrs)		
5–7	16.4	(7.6%–25.1%)
8–10	19.2	(10.3%–28.1%)
11–13	19.5	(9.8%–29.2%)
14–15	21.9	(7.1%–36.8%)
Geographic location		
Urban	19.0	(12.7%–25.2%)
Rural	17.3	(3.2%–31.4%)
Race/Ethnicity§		
Black, non-Hispanic	22.2	(11.6%–32.7%)
White, non-Hispanic	12.7	(6.9%–18.5%)
Other	14.3	(1.5%–27.1%)

*Children could have lived ≤1.5 miles from school.
†Confidence interval.
§Reported race/ethnicity of parent or caregiver.

bicycle to school in groups supervised by an adult and to encourage communities to develop safe routes to school.

Georgia ranks 39th in level of physical inactivity among school-aged children, probably contributing to the state's relatively high level of obesity; Georgia's rate of obesity more than doubled during 1991–2000 (*7*). In addition, data on school transportation modes in Georgia indicate that the proportion of children walking to school on the majority of days of the week for all school trips and walking by children who live ≤1 mile from school are below both the Nationwide Personal Transportation Survey (NPTS) national average and the national health objective for 2010 (*6,7*).

For children who live ≤1 mile from school, unsafe routes and social or cultural norms (e.g., reliance on motor-vehicle transportation) might be reasons for not walking to school. More research is needed to identify the social and environmental determinants or correlates of walking to school.

The findings in this report are subject to at least two limitations. First, the distance between school and home was reported to the nearest mile, so children classified as living ≤1 mile from school could have lived ≤1.5 miles from school. Because of rounding, the average distance walked could not be calculated accurately. Second, these data cannot be compared directly with data collected from NPTS because of differences in methodology. The Georgia Asthma Survey asked for each child's mode of transportation to school on the majority of days of the week, and NPTS respondents were asked to provide information, including the purpose of the trip, distance traveled, and travel mode on all travel during a randomly selected 24-hour period.

Data on the prevalence of different modes of transportation to school are typically not available at the state or local level. Such information is important for planning and evaluating programs designed to increase children's physical activity. In Georgia, two questions were added to a more extensive survey about childhood asthma. In the fall of 2002, the Georgia Asthma Survey will collect data on barriers to walking and bicycling to school in addition to modes of transportation to school.

Georgia school boards are not mandated to require physical education for all students. Because children have fewer opportunities to be active physically, innovative approaches are needed to encourage children to establish active lifestyles and healthy behavior. Walking to school is an easily understood activity with historic precedent and potential benefits beyond increased physical activity, including reduced reliance on motor-vehicle transport and increased opportunities to teach children safe pedestrian skills. Walk-to-school initiatives (e.g., International Walk to School Day [*8*], CDC's KidsWalk-to-School program [*9*], and California's Safe Routes to School legislation [*10*]) promote educational, behavioral, policy, and environmental interventions to make walking and bicycling to school safe and convenient for children.

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Serotyping Discrepancies in *Haemophilus influenzae* Type b Disease — United States, 1998–1999

Since *Haemophilus influenzae* type b (Hib) conjugate vaccines were introduced in the United States in 1990, the incidence of Hib invasive disease has declined markedly (*1,2*). The majority of cases of *Haemophilus influenzae* (Hi) disease are caused by organisms with capsule types other than b or by nontypeable organisms (*1*). One of the national health objectives for 2010 is to reduce to zero indigenous Hib invasive disease cases in children aged <5 years (objective 14-1c) (*3*). In 2000, a total of 297 cases of invasive Hi disease were reported in children aged <5 years; serotype b represented 51 (22%) of 236 cases for which serotype information was known (*1*). This report describes inconsistencies in Hib serotyping between state health departments and CDC; these inconsistencies suggest that the burden of Hib disease might be less than estimated previously. Accurate laboratory information is essential for the accurate assessment of progress toward the elimination of Hib in the United States.

As part of the Emerging Infections Program, CDC conducts active laboratory- and population-based surveillance for Hi disease in eight states through the Active Bacterial Core surveillance (ABCs) system (*4*). A case of Hi disease is defined as an illness that is clinically compatible with invasive disease, occurring in a resident of a surveillance area, with isolation of *H. influenzae* from a normally sterile site. Hospital laboratory workers report cases to surveillance staff, who complete case report forms. During 1998–1999, in seven states (population: 26,437,876) of the eight in which surveillance was conducted, all available Hi isolates were sent to state health department laboratories, which performed serotyping by using standardized slide agglutination techniques (*5*) before forwarding the isolates to CDC for further analysis.

During 1998–1999, a total of 751 sterile-site Hi cases were identified in ABCs sites, and 487 isolates were serotyped at state health departments and sent to CDC, which repeated serotyping by using slide agglutination on a convenience sample of 59 isolates, focusing on isolates reported as being serotype b. CDC and state laboratory serotyping results were discordant for 12 (20%) of these isolates.

To investigate potential reasons for these discrepancies and determine the true capsular type of the isolates, CDC performed capsule typing by polymerase chain reaction (PCR) on a convenience sample of 141 of the 487 *H. influenzae* isolates serotyped initially by slide agglutination in state health department laboratories, including the 59 isolates tested at CDC by slide agglutination. A PCR procedure was performed to detect *bexA*, a capsular export gene, and genes specific for capsule types a, b, c, d, e, or f (*6*). Of 141 isolates tested by PCR, 62 (44%) contained the *bexA* gene and were identified subsequently as one of the capsule types a, b, d, e, or f (Figure). Slide agglutination serotyping performed at state health department laboratories agreed with PCR capsule typing results for 85 (60%) of 141 isolates analyzed. Of the 56 (40%) remaining isolates, 54 were nontypeable by PCR but had been identified as typeable by slide agglutination serotyping at state health departments. Of the 40 *H. influenzae* isolates reported to CDC as serotype b, 27 (68%) were nontypeable, and one was serotype f by PCR (Table). Incorrect serotype identification by slide agglutination serotyping differed substantially among the seven state health department laboratories studied (median: 44%; range: 15%–66%).

FIGURE. Capsule typing of *Haemophilus influenzae* strains by polymerase chain reaction (PCR) at CDC and comparison with serotyping by slide agglutination at Active Bacterial Core state health laboratories — United States, 1998–1999

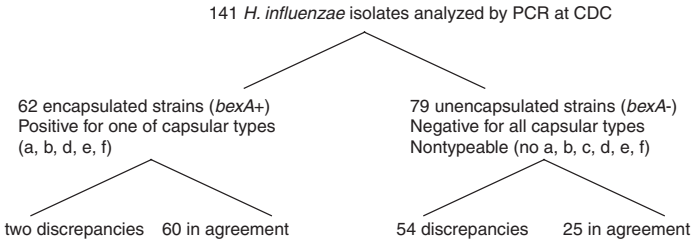

TABLE. Comparison* of capsule typing of *Haemophilus influenzae* isolates by polymerase chain reaction (PCR) at CDC with serotyping by slide agglutination at Active Bacterial Core Surveillance state health laboratories — United States, 1998–1999

H. influenzae serotype by slide agglutination at state health laboratories	*H. influenzae* capsule type by PCR at CDC							
	a	b	c	d	e	f	Nontypeable	Total
a	2	0	0	0	0	0	1	**3**
b	0	12	0	0	0	1	27	**40**
c	0	0	0	0	0	0	6	**6**
d	0	0	0	1	0	0	7	**8**
e	0	0	0	0	7	0	4	**11**
f	0	0	0	0	1	38	9	**48**
Nontypeable	0	0	0	0	0	0	25	**25**
Total	**2**	**12**	**0**	**1**	**8**	**39**	**79**	**141**

* Row totals indicate serotypes identified by state health laboratories; column totals indicate serotypes identified by CDC.

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Editorial Note: This report documents frequent discrepancies between the results of *H. influenzae* slide agglutination serotyping obtained by state health department laboratories participating in the ABCs system and results obtained by CDC. Using PCR capsule typing as the reference standard demonstrates that nontypeable *H. influenzae* isolates were disproportionately misidentified by slide agglutination serotyping. All 79 isolates that were nontypeable by PCR lacked the *bexA* capsular export gene, proving that they were unencapsulated organisms and indicating that variable expression levels of capsular polysaccharide were not responsible for the discrepancies (*6*). As Hib disease declines, state health department laboratories perform slide agglutination serotyping less frequently, which might explain incorrect serotyping of nontypeable *H. influenzae* isolates.

Using standardized procedures and quality control reduced the number of discrepancies. For example, when three state health department laboratories conducted *H. influenzae* serotyping after receiving standardized reagents and protocols, >95% of slide agglutination serotyping results agreed with slide agglutination serotyping and PCR capsule typing results performed by CDC (*7*). Slide agglutination serotyping performed by CDC correlated 100% with PCR capsule typing results. These results indicate that slide agglutination serotyping remains a valid and reliable method. To improve reproducibility, laboratories should adhere to standard *H. influenzae* slide agglutination serotyping procedures. Compared with slide agglutination, the PCR approach appears sensitive and specific. Because the PCR approach might resolve serotyping inconsistencies, further evaluation of this approach might be beneficial.

In this study, of 40 *H. influenzae* isolates reported to CDC during 1998–1999 as serotype b, 28 (70%) were identified incorrectly by slide agglutination serotyping. Discrepancy rates varied substantially among the seven state health department laboratories. Consequently, these findings cannot be extrapolated beyond the ABCs sites. During October 2002–September 2003, CDC requests state health department laboratories to send all *H. influenzae* isolates associated with invasive disease among children aged <5 years, along with the surveillance forms, to CDC for slide agglutination serotyping and PCR capsule typing to confirm *H. influenzae* serotypes. Additional information is available from CDC's Meningitis and Special Pathogens Branch, telephone 404-639-1380.

As the burden of Hib disease declines in the United States, determining the serotypes of *H. influenzae* isolates associated with invasive disease becomes increasingly important. Accurate laboratory information is essential to assess progress toward Hib elimination and to monitor the emergence of replacement Hi disease associated with other serotypes.

Acknowledgments

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West Nile Virus Activity — United States, August 8–14, 2002, and Mississippi, July 1–August 14, 2002

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET and by states and other jurisdictions as of August 14, 2002.

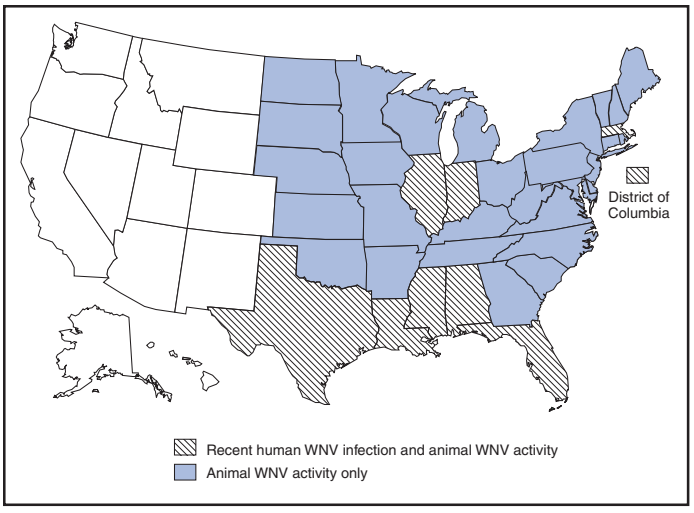
United States

During the reporting period of August 8–14, a total of 44 laboratory-positive human cases of WNV-associated illness were reported from Mississippi (n=20), Louisiana (n=14), Alabama (n=three), Texas (n=two), Florida (n=one), Illinois (n=one), Indiana (n=one), Massachusetts (n=one), and the District of Columbia (n=one). During the same period, WNV infections were reported in 382 dead crows, 310 other dead birds, 52 horses, and 362 mosquito pools.

During 2002, a total of 156 human cases with laboratory evidence of recent WNV infection have been reported from Louisiana (n=85), Mississippi (n=48), Texas (n=14), Alabama (n=three), Illinois (n=two), Florida (n=one), Indiana (n=one), Massachusetts (n=one), and District of Columbia (n=one). Nine deaths have been reported from Louisiana (n=seven) and Mississippi (n=two). Among the 154 patients with available data, the median age was 54 years (range: 3–94 years), and the dates of illness onset ranged from June 10 to August 13.

In addition, 1,458 dead crows and 1,137 other dead birds with WNV infection were reported from 37 states, New York City, and the District of Columbia (Figure 1); 139 WNV infections in horses have been reported from 15 states (Alabama, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Nebraska, North Dakota, Ohio, South Dakota, Tennessee, and Texas). During 2002, WNV seroconversions have been reported in 62 sentinel chicken flocks from Florida, Nebraska, and Pennsylvania; 787 WNV-positive mosquito pools have been reported from 13 states (Alabama, Georgia, Illinois, Indiana, Massachusetts, Mississippi, Nebraska, New Jersey, Ohio, Pennsylvania, South Dakota, Texas, and Virginia), New York City, and the District of Columbia.

FIGURE 1. Areas reporting West Nile virus (WNV) activity — United States, 2002*



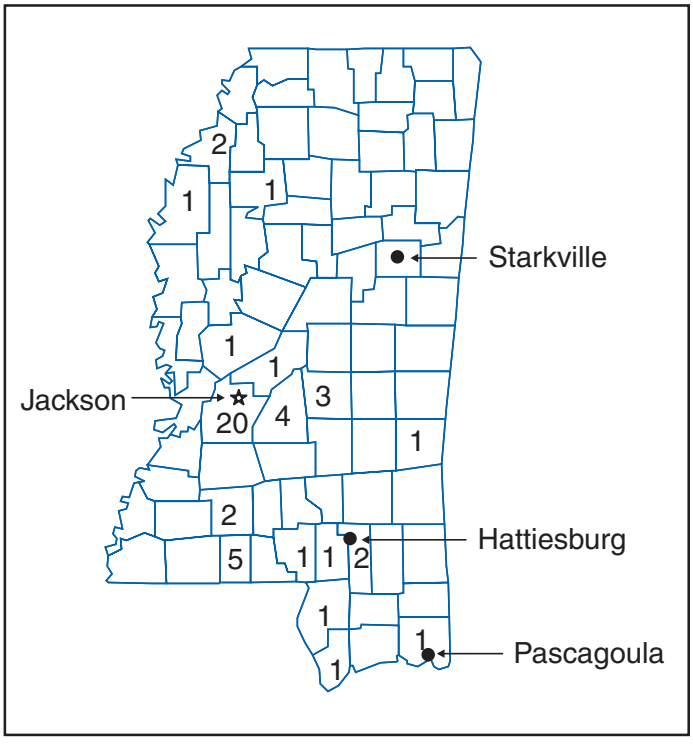
* As of August 14, 2002.

Mississippi

During July 1–August 14, the Mississippi State Department of Health (MSDH) identified 48 human cases with laboratory evidence of WNV infection (Figure 2). Using the surveillance case definition, 31 cases were laboratory confirmed and 17 were probable. Of the two reported deaths, one was attributed to WNV infection; the second is under investigation.

The 48 patients had a median age of 55 years (range: 3–89 years); 58% were male. Initial clinical data indicate that 46 (96%) of the patients had WNV-associated meningoencephalitits. The two remaining cases are under evaluation.

FIGURE 2. Number of West Nile virus cases in humans*, by county — Mississippi, July 1–August 14, 2002



* n=48.

Of Mississippi's 82 counties, 43 (52%) have reported WNV activity (positive animal, mosquito, or human cases). Human cases occurred among persons in 17 counties, with 20 (42%) cases reported from Hinds county, located in the most populated portion of the state. The attack rate for the state is 1.7 per 100,000 population, and that for Hinds county is 8.0.

Since May 1, 2002, MSDH has conducted active hospital-based surveillance, and this activity was responsible for identifying the incident human case with an onset date of June 24. Additional surveillance methods include dead bird reporting and testing, wild bird serosurveys, mosquito trapping and testing, and testing of sick equines. Testing of dead birds is limited to blue jays and crows; approximately 90% of the WNV-positive findings have been in blue jays. All mosquito pools that have tested positive for WNV were *Culex quinquefasciatus.*

Few local areas in the state conduct any type of mosquito control (i.e., surveillance, dipping, larvaciding, and adulticiding). To enhance mosquito-control activities in affected areas, MSDH and the Mosquito and Vector Control Association are sponsoring mosquito-control workshops for elected officials and public workers. The workshops are intended to provide training and technical assistance for public officials and workers responsible for mosquito control.

In addition to intensified mosquito-control efforts, response to the outbreak has included community awareness and education, including the launch of the Fight the Bite campaign to promote self-protection and source reduction; physician education; and enhanced surveillance in areas with human cases. Veterinarians have been encouraged to submit specimens from clinically ill equines for free testing by MSDH.

Additional information about MSDH WNV surveillance and prevention activities is available at http://www.msdh.state.ms.us. Additional information about WNV activity is available at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and http://www.cindi.usgs.gov/hazard/event/west_nile/west_nile.html.

Notice to Readers

Recall of LCx® *Neisseria gonorrhoeae* Assay and Implications for Laboratory Testing for *N. gonorrhoeae* and *Chlamydia trachomatis*

On July 18, 2002, Abbott Laboratories (Abbott Park, IL) initiated a voluntary recall of its LCx® *Neisseria gonorrhoeae* Assay (List Numbers 8A48-81 and 8A48-82) because, during routine quality assurance testing, several reagent lots failed to meet the analytical sensitivity described in the product insert. The cause of the failure is under investigation by the company. Abbott Laboratories has sent a letter to its customers informing them of this recall and the specific reagent lot numbers not meeting the analytical sensitivity.

The possibility of false-negative results for specimens tested with affected lots has prompted the following actions:

1. As recommended by Abbott Laboratories, laboratories should discontinue use of and discard any remaining LCx® *N. gonorrhoeae* assay reagents.
2. Laboratories that have tested specimens using the affected lots should notify their consumers (e.g., health care agencies and clinicians) about the increased risk for a false-negative result on such specimens. Notifications should be documented as required by the Clinical Laboratory Improvement Amendments (CLIA) of 1988.
3. For patients whose specimens were tested with the affected lots, clinicians should offer retesting to patients whose test results were negative and who were not presumptively treated.

Separate LCx® assays for the detection of *Chlamydia trachomatis* and *N. gonorrhoeae* have been cleared by the Food and Drug Administration (FDA). Although the LCx® *C. trachomatis* Assay has not been recalled, public health departments have reported delays in obtaining both assays.

For laboratories unable to test specimens for *C. trachomatis* and *N. gonorrhoeae* because of the unavailability of LCx® assay reagents, several testing options are available:

1. Testing with the LCx® assays can be delayed. Urine specimens or endocervical or urethral swab specimens collected for LCx® testing can be stored at -4º F (-20º C) for up to 60 days before testing with the assay.
2. For more timely patient management, the use of other FDA-cleared tests should be considered. Urine specimens that have not been processed for LCx® testing can be tested by using another FDA-cleared nucleic acid amplification test. Only nucleic acid amplification tests are recommended for the direct detection of *C. trachomatis* or *N. gonorrhoeae* in urine. Swab specimens collected from patients and placed in LCx® transport medium cannot be tested by using another FDA-cleared test. Health-care providers should consider recalling such patients to collect a new specimen for testing with another FDA-cleared test. If this is done, the laboratory should be consulted about procedures for proper swab collection. Laboratories also could consider culture as an option to test for *N. gonorrhoeae*.
3. In addition, laboratories may consider redirecting their consumers to other laboratories that can provide such screening services.

Notice to Readers

Final 2001 Reports of Notifiable Diseases

The notifiable diseases tables on pages 723–730 summarize final data for 2001. Final as of June 21, 2002, these data will be published in more detail in the *Summary of Notifiable Diseases, United States, 2001* (*1*). Because no cases of western equine encephalitis, paralytic poliomyelitis, or yellow fever were reported in the United States during 2001, these nationally notifiable diseases do not appear in these tables. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction depending on case status classification (i.e., confirmed, probable, or suspected). Population estimates for the states are from the Population Division, U.S. Bureau of the Census: 2001 Estimates of the Population, Popular Table (*2*). Population numbers for territories are 2001 estimates from the U.S. Bureau of the Census IDB Data Access Display Mode (*3*).

References

1. CDC. Summary of notifiable diseases, United States, 2001. MMWR 2001;50(no. 53) (in press).
2. U.S. Bureau of the Census. Population estimates, popular table. Available at http://eire.census.gov/popest/data/states/populartables/table01.php
3. U.S. Bureau of the Census. IDB Data Access—Display Mode. Available at http://www.census.gov/ipc/www/idbprint.html.

Notice to Readers

Working with Communities for Environmental Health Satellite Broadcast and Webcast

CDC and ATSDR will present "Working with Communities for Environmental Health," a live, interactive satellite broadcast and webcast on September 12, 2002, from 1:00–3:30 p.m. (EDT). Participants will learn ways to increase their effectiveness when planning, implementing, and evaluating work with communities. The program will feature a question-and-answer session in which participants nationwide can interact with the course instructors through toll-free telephone lines. Registered participants will receive a free health-education planning kit after the program. The program is designed for health educators; public and environmental health professionals; state, county, and local health agency officials and staff; nurses and nurse practitioners; health-care providers; school health personnel and teachers; managed care group personnel; and personnel from academia.

Additional information about program content, registration, course materials, continuing education credit, and accessing the live webcast is available at http://www.phppo.cdc.gov/phtn/envedu. Information about registration is available from CDC, telephone 800-418-7246 or 404-639-1292.

Notice to Readers

Epidemiology in Action

CDC and Emory University's Rollins School of Public Health will cosponsor a course, "Epidemiology in Action," from November 12–22, 2002, at CDC and Emory University campuses. The course is designed for state and local public health professionals.

The course emphasizes the practical application of epidemiology to public health problems and will consist of lectures, workshops, classroom exercises (including actual epidemiologic problems), and roundtable discussions. Topics covered include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, Epi Info 2000 (Windows® version) training, and discussions of selected prevalent diseases. There is a tuition charge.

Deadline for application is October 1, 2002. Additional information and applications are available from Emory University, International Health Dept. (PIA), 1518 Clifton Road, N.E., Room 746, Atlanta, Georgia 30322; telephone (404) 727-3485; fax (404) 727-4590; or from http://www.sph.emory.edu/EPICOURSES; or e-mail pvaleri@sph.emory.edu.

Erratum: Vol. 51, No. RR-10

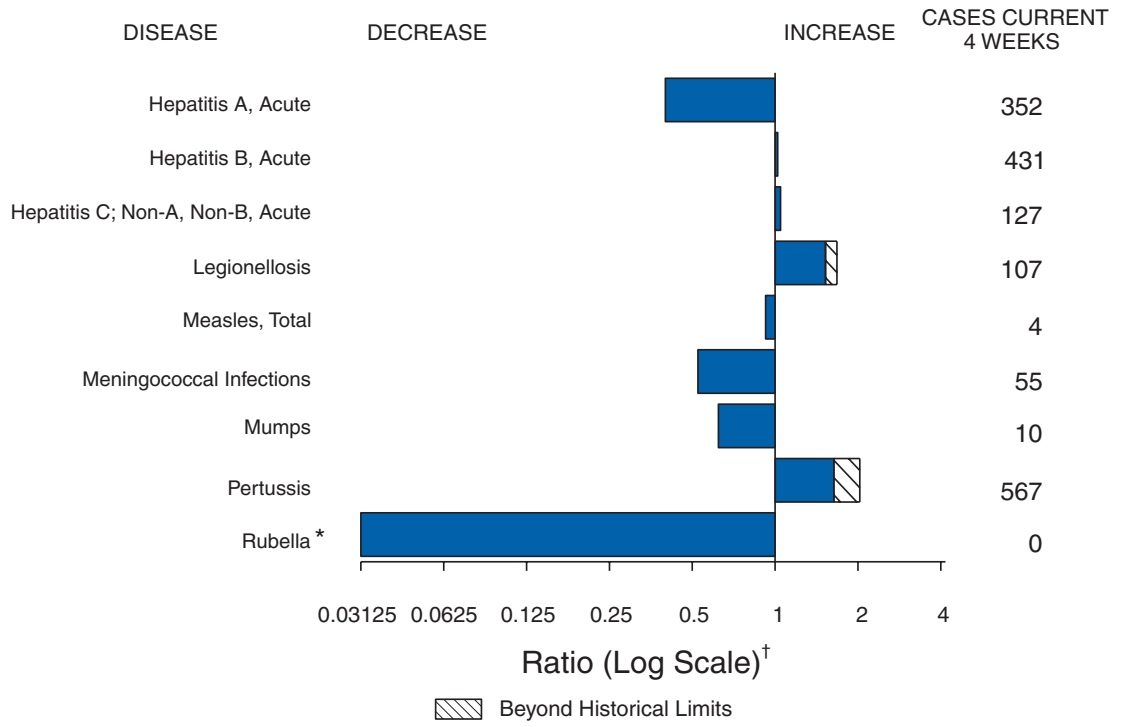
In the *MMWR Recommendations and Reports*, "Guidelines for the Prevention of Intravascular Catheter-Related Infections," published on August 9, 2002, on page 29 in Appendix B, an error occurred under the column heading "Replacement and relocation of device." The corrected table is as follows:

Appendix B

Summary of Recommended Frequency of Replacements for Catheters, Dressings, Administration Sets, and Fluids

Catheter	Replacement and relocation of device	Replacement of catheter site dressing	Replacement of administration sets	Hang time for parenteral fluids
Peripheral venous catheters	**In *adults*, replace catheter and rotate site no more frequently than every 72–96 hours. Replace catheters inserted under emergency basis and insert a new catheter at a different site within 48 hours. In *pediatric* patients, do not replace peripheral catheters unless clinically indicated.**	Replace dressing when the catheter is removed or replaced, or when the dressing becomes damp, loosened, or soiled. Replace dressings more frequently in diaphoretic patients. In patients who have large bulky dressings that prevent palpation or direct visualization of the catheter insertion site, remove the dressing and visually inspect the catheter at least daily and apply a new dressing.	Replace intravenous tubing, including add-on devices, no more frequently than at 72-hour intervals unless clinically indicated. Replace tubing used to administer blood, blood products, or lipid emulsions within 24 hours of initiating the infusion. *No recommendation* for replacement of tubing used for intermittent infusions. Consider short extension tubing connected to the catheter to be a portion of the device. Replace such extension tubing when the catheter is changed.	*No recommendation* for the hang time of intravenous fluids, including nonlipid-containing parenteral nutrition fluids. Complete infusion of lipid-containing parenteral nutrition fluids (e.g., 3-in-1 solutions) within 24 hours of hanging the fluid. Complete infusion of lipid emulsions alone within 12 hours of hanging the fluid. Complete infusions of blood products within 4 hours of hanging the product.
Midline catheters	***No recommendation* for the frequency of the catheter replacement.**	As above.	As above.	As above.
Peripheral arterial catheters	**In *adults*, do not replace catheters routinely to prevent catheter-related infection. In *pediatric* patients, *no recommendation* for the frequency of catheter replacement. Replace disposable or reusable transducers at 72-hour intervals. Replace continuous flush device at the time the transducer is replaced.**	Replace dressing when the catheter is replaced, or when the dressing becomes damp, loosened, or soiled, or when inspection of the site is necessary.	Replace the intravenous tubing at the time the transducer is replaced (i.e., 72-hour intervals).	Replace the flush solution at the time the transducer is replaced (i.e., 72-hour intervals).
Central venous catheters including peripherally inserted central catheters and hemodialysis catheters	**Do not routinely replace catheters.**	Replace gauze dressings every 2 days and transparent dressings every 7 days on short-term catheters. Replace the dressing when the catheter is replaced, or when the dressing becomes damp, loosened, or soiled, or when inspection of the site is necessary.	Replace intravenous tubing and add-on devices no more frequently than at 72-hour intervals. Replace tubing used to administer blood products or lipid emulsions within 24 hours of initiating the infusion.	*No recommendation* for the hang time of intravenous fluids, including nonlipid-containing parenteral nutrition fluids. Complete infusions of lipid-containing fluids within 24 hours of hanging the fluid.
Pulmonary artery catheters	**Do not replace catheter to prevent catheter-related infection.**	As above.	As above.	As above.
Umbilical catheters	**Do not routinely replace catheters.**	Not applicable.	Replace intravenous tubing and add-on devices no more frequently than at 72-hour intervals. Replace tubing used to administer blood products or lipid emulsions within 24 hours of initiating the infusion.	*No recommendation* for the hang time of intravenous fluids, including nonlipid-containing parenteral nutrition fluids. Complete infusion of lipid-containing fluids within 24 hours of hanging the fluid. Includes nontunneled catheters, tunneled catheters, and totally implanted devices.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 10, 2002, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 32 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 10, 2002 (32nd Week)*

		Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax		2	1	Encephalitis: West Nile†	48	4
Botulism:	foodborne	9	13	Hansen disease (leprosy)†	50	45
	infant	37	58	Hantavirus pulmonary syndrome†	9	5
	other (wound & unspecified)	9	10	Hemolytic uremic syndrome, postdiarrheal†	104	82
Brucellosis†		45	78	HIV infection, pediatric†§	116	107
Chancroid		45	23	Plague	-	2
Cholera		6	3	Poliomyelitis, paralytic	-	-
Cyclosporiasis†		107	73	Psittacosis†	14	9
Diphtheria		1	1	Q fever†	23	16
Ehrlichiosis:	human granulocytic (HGE)†	174	126	Rabies, human	1	1
	human monocytic (HME)†	70	70	Streptococcal toxic-shock syndrome†	58	57
	other and unspecified	4	4	Tetanus	18	25
Encephalitis:	California serogroup viral†	23	19	Toxic-shock syndrome	72	79
	eastern equine†	2	2	Trichinosis	11	11
	Powassan†	-	-	Tularemia†	40	78
	St. Louis†	-	9	Yellow fever	1	-
	western equine†	-	-			

-:No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update July 28, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7		*Escherichia coli* Shiga Toxin Positive, Serogroup non-O157	
	Cum. 2002§	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	24,713	23,760	446,688	464,685	1,262	1,693	1,432	1,505	64	66
NEW ENGLAND	1,011	845	15,670	13,550	77	72	140	148	19	26
Maine	23	22	946	723	3	7	19	17	2	-
N.H.	20	16	988	832	16	3	15	20	-	3
Vt.	8	10	509	367	17	20	4	10	-	1
Mass.	519	479	6,277	5,343	22	31	65	74	6	7
R.I.	71	61	1,685	1,734	13	3	5	6	-	-
Conn.	370	257	5,265	4,551	6	8	32	21	11	15
MID. ATLANTIC	5,619	6,282	45,008	50,081	153	179	105	113	-	-
Upstate N.Y.	404	976	9,738	8,130	50	52	84	67	-	-
N.Y. City	3,210	3,338	17,252	18,597	68	73	6	11	-	-
N.J.	925	1,070	4,995	7,990	8	9	15	35	-	-
Pa.	1,080	898	13,023	15,364	27	45	N	N	-	-
E.N. CENTRAL	2,494	1,689	77,212	85,474	333	760	345	379	5	4
Ohio	453	300	19,801	22,056	79	86	68	82	4	2
Ind.	347	197	9,817	9,429	27	39	34	49	-	-
Ill.	1,170	776	18,911	25,986	43	291	92	106	-	-
Mich.	398	322	19,185	18,076	62	93	60	40	1	2
Wis.	126	94	9,498	9,927	122	251	91	102	-	-
W.N. CENTRAL	421	504	25,141	23,479	150	165	231	207	7	6
Minn.	90	92	5,691	4,796	68	76	82	78	5	4
Iowa	54	54	2,765	2,791	16	38	55	35	-	-
Mo.	189	233	8,924	8,480	19	25	36	31	N	N
N. Dak.	1	1	607	618	6	7	3	9	-	-
S. Dak.	3	18	1,302	969	5	6	20	13	1	1
Nebr.	43	51	1,857	2,123	26	13	16	26	1	1
Kans.	41	55	3,995	3,702	10	-	19	15	-	-
S. ATLANTIC	7,537	7,131	86,149	90,371	187	205	134	119	19	16
Del.	131	142	1,598	1,755	2	2	4	1	-	-
Md.	1,066	899	9,161	9,205	13	28	10	9	-	-
D.C.	371	507	2,054	2,019	4	9	-	-	-	-
Va.	538	593	9,894	11,790	7	15	28	32	2	2
W. Va.	58	50	1,442	1,444	2	1	2	4	-	-
N.C.	555	494	15,018	13,684	23	19	23	27	-	-
S.C.	547	434	7,779	9,373	2	3	1	10	-	-
Ga.	1,160	852	15,586	18,915	87	86	44	20	9	7
Fla.	3,111	3,160	23,617	22,186	47	42	22	16	8	7
E.S. CENTRAL	1,128	1,075	29,972	30,470	83	28	57	76	-	-
Ky.	173	219	5,234	5,404	3	3	14	37	-	-
Tenn.	483	333	9,773	9,154	43	6	24	23	-	-
Ala.	197	260	8,506	8,412	33	10	13	10	-	-
Miss.	275	263	6,459	7,500	4	9	6	6	-	-
W.S. CENTRAL	2,696	2,406	65,637	65,870	18	50	19	130	-	-
Ark.	163	123	3,893	4,653	6	5	5	5	-	-
La.	693	548	11,641	10,941	4	7	1	5	-	-
Okla.	133	128	7,016	6,590	8	7	13	17	-	-
Tex.	1,707	1,607	43,087	43,686	-	31	-	103	-	-
MOUNTAIN	790	843	28,267	27,402	92	77	154	139	9	8
Mont.	8	13	1,333	1,240	4	6	10	8	-	-
Idaho	18	16	1,512	1,138	18	8	12	18	2	2
Wyo.	6	2	546	492	6	1	4	5	1	-
Colo.	157	184	8,455	7,915	28	23	51	55	2	4
N. Mex.	53	75	3,957	3,651	15	14	4	9	3	2
Ariz.	327	336	8,789	8,946	12	4	18	16	1	-
Utah	43	71	1,417	1,032	6	17	41	20	-	-
Nev.	178	146	2,258	2,988	3	4	14	8	-	-
PACIFIC	3,017	2,985	73,632	77,988	169	157	247	194	5	6
Wash.	302	325	8,680	8,312	24	U	62	52	-	-
Oreg.	216	119	4,194	4,442	26	18	56	27	5	6
Calif.	2,416	2,489	55,999	61,200	118	135	99	102	-	-
Alaska	17	14	2,155	1,672	-	1	5	3	-	-
Hawaii	66	38	2,604	2,362	1	3	25	10	-	-
Guam	2	8	-	253	-	-	N	N	-	-
P.R.	668	732	1,635	1,628	-	-	-	1	-	-
V.I.	66	2	98	113	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	122	U	-	U	-	U	-	U

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

* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 28, 2002.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	*Escherichia coli* Shiga Toxin Positive, Not Serogrouped		Giardiasis	Gonorrhea		*Haemophilus influenzae*, Invasive			
						All Ages, All Serotypes		Age <5 Years Serotype B	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	26	7	8,450	188,833	213,585	987	966	15	17
NEW ENGLAND	-	1	900	4,396	3,709	69	67	-	1
Maine	-	-	99	74	87	1	1	-	-
N.H.	-	-	28	73	101	6	2	-	-
Vt.	-	1	76	64	47	5	3	-	-
Mass.	-	-	431	1,917	1,613	34	36	-	1
R.I.	-	-	77	523	445	10	2	-	-
Conn.	-	-	189	1,745	1,416	13	23	-	-
MID. ATLANTIC	-	-	1,844	20,568	24,706	171	139	3	3
Upstate N.Y.	-	-	626	4,942	4,955	75	45	2	-
N.Y. City	-	-	720	7,040	7,735	39	36	-	-
N.J.	-	-	181	3,553	4,370	38	32	-	-
Pa.	-	-	317	5,033	7,646	19	26	1	3
E.N. CENTRAL	11	2	1,558	37,119	44,142	155	182	2	2
Ohio	10	2	490	10,736	11,996	62	49	-	1
Ind.	-	-	-	4,289	3,995	33	35	1	-
Ill.	-	-	355	10,225	14,149	45	63	-	-
Mich.	1	-	455	8,481	10,455	8	11	1	-
Wis.	-	-	258	3,388	3,547	7	24	-	1
W.N. CENTRAL	-	2	1,012	9,824	9,964	43	46	1	1
Minn.	-	-	373	1,659	1,519	29	25	1	-
Iowa	-	-	151	619	781	1	-	-	-
Mo.	N	N	275	5,061	5,130	9	15	-	-
N. Dak.	-	2	11	31	22	-	4	-	-
S. Dak.	-	-	38	157	146	-	-	-	-
Nebr.	-	-	74	652	758	-	1	-	1
Kans.	-	-	90	1,645	1,608	4	1	-	-
S. ATLANTIC	-	-	1,445	49,639	55,872	249	230	2	1
Del.	-	-	28	974	996	-	-	-	-
Md.	-	-	61	5,108	5,335	60	60	1	-
D.C.	-	-	28	1,695	1,777	-	-	-	-
Va.	-	-	127	5,617	6,985	22	18	-	-
W. Va.	-	-	27	580	381	8	9	-	1
N.C.	-	-	-	10,029	10,618	23	32	-	-
S.C.	-	-	47	4,665	6,923	12	4	-	-
Ga.	-	-	517	8,603	10,232	71	62	-	-
Fla.	-	-	610	12,368	12,625	53	45	1	-
E.S. CENTRAL	4	1	197	17,112	19,572	43	59	1	-
Ky.	4	1	-	2,116	2,120	4	2	-	-
Tenn.	-	-	89	5,603	6,059	21	29	-	-
Ala.	-	-	108	5,539	6,499	13	26	1	-
Miss.	-	-	-	3,854	4,894	5	2	-	-
W.S. CENTRAL	-	-	106	29,014	32,362	36	38	2	1
Ark.	-	-	74	2,205	2,916	1	-	-	-
La.	-	-	2	7,257	7,666	2	6	-	-
Okla.	-	-	30	2,995	3,037	31	31	-	-
Tex.	-	-	-	16,557	18,743	2	1	2	1
MOUNTAIN	11	1	837	5,955	6,287	126	101	2	4
Mont.	-	-	52	56	78	-	-	-	-
Idaho	-	-	61	52	45	2	1	-	-
Wyo.	-	-	17	37	36	1	1	-	-
Colo.	11	1	265	2,047	1,933	26	29	-	-
N. Mex.	-	-	97	804	580	19	15	-	1
Ariz.	-	-	115	2,133	2,449	59	40	1	1
Utah	-	-	154	130	91	14	5	-	-
Nev.	-	-	76	696	1,075	5	10	1	2
PACIFIC	-	-	551	15,206	16,971	95	104	2	4
Wash.	-	-	193	1,692	1,851	2	2	1	-
Oreg.	-	-	245	511	708	46	31	-	-
Calif.	-	-	-	12,253	13,795	19	46	1	4
Alaska	-	-	55	365	232	1	4	-	-
Hawaii	-	-	58	385	385	27	21	-	-
Guam	-	-	-	-	29	-	-	-	-
P.R.	-	-	11	243	380	1	1	-	-
V.I.	-	-	-	25	18	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	12	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	*Haemophilus influenzae*, Invasive, Age <5 Years, Non-Serotype B, Cum. 2002	*Haemophilus influenzae*, Invasive, Age <5 Years, Non-Serotype B, Cum. 2001	*Haemophilus influenzae*, Invasive, Age <5 Years, Unknown Serotype, Cum. 2002	*Haemophilus influenzae*, Invasive, Age <5 Years, Unknown Serotype, Cum. 2001	Hepatitis (Viral, Acute), By Type, A, Cum. 2002	Hepatitis (Viral, Acute), By Type, A, Cum. 2001	Hepatitis (Viral, Acute), By Type, B, Cum. 2002	Hepatitis (Viral, Acute), By Type, B, Cum. 2001	Hepatitis (Viral, Acute), By Type, C; Non-A, Non-B, Cum. 2002	Hepatitis (Viral, Acute), By Type, C; Non-A, Non-B, Cum. 2001
UNITED STATES	153	156	15	21	4,903	5,630	3,915	4,318	2,062	2,528
NEW ENGLAND	7	11	-	-	199	337	127	80	20	29
Maine	-	-	-	-	6	5	5	5	-	-
N.H.	-	1	-	-	11	10	12	10	-	-
Vt.	-	-	-	-	1	8	3	5	12	6
Mass.	4	7	-	-	86	146	72	15	8	23
R.I.	-	-	-	-	28	16	17	14	-	-
Conn.	3	3	-	-	67	152	18	31	-	-
MID. ATLANTIC	23	20	-	3	611	740	837	842	1,031	766
Upstate N.Y.	9	6	-	1	122	165	82	74	37	18
N.Y. City	7	5	-	-	249	257	449	389	-	-
N.J.	4	3	-	-	86	180	172	183	976	705
Pa.	3	6	-	2	154	138	134	196	18	43
E.N. CENTRAL	23	32	1	2	696	692	520	584	65	113
Ohio	7	9	1	-	227	148	70	71	6	7
Ind.	7	6	-	1	33	55	30	30	-	1
Ill.	7	11	-	-	181	237	64	92	9	9
Mich.	1	-	-	1	150	208	356	366	50	96
Wis.	1	6	-	-	105	44	-	25	-	-
W.N. CENTRAL	2	2	3	5	216	233	133	126	567	767
Minn.	2	1	1	2	28	16	12	11	13	6
Iowa	-	-	-	-	54	24	11	14	1	-
Mo.	-	-	2	3	62	49	75	72	542	753
N. Dak.	-	1	-	-	1	2	4	-	-	-
S. Dak.	-	-	-	-	3	1	-	1	-	-
Nebr.	-	-	-	-	11	29	18	18	8	3
Kans.	-	-	-	-	57	112	13	10	3	5
S. ATLANTIC	37	30	2	5	1,471	1,062	1,013	797	108	42
Del.	-	-	-	-	9	5	7	18	5	2
Md.	3	4	-	1	184	153	80	85	9	4
D.C.	-	-	-	-	55	30	13	11	-	-
Va.	3	4	-	-	58	82	127	96	2	-
W. Va.	-	1	1	-	12	8	14	20	1	9
N.C.	3	1	-	4	146	92	162	131	17	11
S.C.	4	1	-	-	45	45	59	19	4	5
Ga.	16	14	-	-	336	559	297	231	24	-
Fla.	8	5	1	-	626	88	254	186	46	11
E.S. CENTRAL	9	12	1	2	161	234	207	289	114	155
Ky.	1	-	-	1	36	63	37	32	3	5
Tenn.	5	6	-	-	62	89	79	141	22	47
Ala.	3	5	1	1	25	63	47	59	4	2
Miss.	-	1	-	-	38	19	44	57	85	101
W.S. CENTRAL	7	4	-	-	88	608	225	510	24	521
Ark.	-	-	-	-	30	50	64	61	4	6
La.	1	-	-	-	23	67	31	77	16	109
Okla.	6	4	-	-	34	91	17	69	4	4
Tex.	-	-	-	-	1	400	113	303	-	402
MOUNTAIN	24	12	7	1	385	486	364	301	63	40
Mont.	-	-	-	-	10	8	3	2	-	1
Idaho	1	-	-	-	22	47	6	9	-	1
Wyo.	-	-	-	-	2	3	14	1	7	4
Colo.	2	-	-	-	64	49	55	68	27	5
N. Mex.	4	6	1	1	11	28	71	79	1	11
Ariz.	12	4	5	-	209	248	151	96	4	9
Utah	4	2	-	-	36	52	27	15	4	2
Nev.	1	-	1	-	31	51	37	31	20	7
PACIFIC	21	33	1	3	1,076	1,238	489	789	70	95
Wash.	1	1	-	1	111	86	39	78	15	16
Oreg.	5	5	-	-	50	78	91	104	14	12
Calif.	11	25	1	1	907	1,046	352	586	41	67
Alaska	1	1	-	-	7	14	3	6	-	-
Hawaii	3	1	-	1	1	14	4	15	-	-
Guam	-	-	-	-	-	1	-	-	-	-
P.R.	-	1	-	-	70	116	61	161	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	32	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	Legionellosis		Listeriosis		Lyme Disease		Malaria		Measles Total	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	528	585	257	340	5,798	8,472	714	870	15†	91§
NEW ENGLAND	48	32	33	32	931	2,531	38	53	-	5
Maine	2	3	2	-	53	-	2	3	-	-
N.H.	4	6	2	2	100	42	6	2	-	-
Vt.	18	4	2	2	13	5	1	-	-	1
Mass.	16	9	18	16	456	839	15	26	-	3
R.I.	1	2	1	1	113	197	3	3	-	-
Conn.	7	8	8	11	196	1,448	11	19	-	1
MID. ATLANTIC	123	131	45	58	3,937	4,415	155	242	5	17
Upstate N.Y.	41	33	22	17	2,335	1,455	26	36	-	4
N.Y. City	22	22	11	14	78	53	91	141	5	6
N.J.	12	11	3	11	326	1,615	20	39	-	1
Pa.	48	65	9	16	1,198	1,292	18	26	-	6
E.N. CENTRAL	131	155	34	52	48	555	85	112	2	10
Ohio	64	71	13	10	40	15	14	18	1	3
Ind.	12	12	6	4	8	13	6	13	1	4
Ill.	-	19	1	20	-	28	21	50	-	3
Mich.	37	28	11	15	-	5	34	19	-	-
Wis.	18	25	3	3	U	494	10	12	-	-
W.N. CENTRAL	27	37	8	8	137	174	46	27	1	4
Minn.	2	9	-	-	88	126	16	6	-	2
Iowa	6	6	1	-	20	20	2	4	-	-
Mo.	10	13	5	5	24	22	13	10	1	2
N. Dak.	-	1	1	-	-	-	1	-	-	-
S. Dak.	2	3	-	-	-	-	-	-	-	-
Nebr.	7	4	-	1	1	4	5	2	-	-
Kans.	-	1	1	2	4	2	9	5	-	-
S. ATLANTIC	106	100	45	37	627	631	214	181	1	5
Del.	6	3	-	2	68	95	2	1	-	-
Md.	18	24	9	5	374	396	66	75	-	3
D.C.	5	7	-	-	15	7	14	11	-	-
Va.	10	17	3	8	51	92	17	36	-	1
W. Va.	N	N	-	4	8	9	3	1	-	-
N.C.	7	5	4	2	63	24	12	9	-	-
S.C.	5	5	6	3	9	2	5	5	-	-
Ga.	10	9	10	7	1	-	59	29	-	1
Fla.	45	30	13	6	38	6	36	14	1	-
E.S. CENTRAL	19	42	8	11	30	33	10	21	-	2
Ky.	9	9	2	4	13	13	3	7	-	2
Tenn.	4	20	3	3	10	9	2	8	-	-
Ala.	6	9	3	4	7	6	3	3	-	-
Miss.	-	4	-	-	-	5	2	3	-	-
W.S. CENTRAL	4	17	5	28	4	62	8	61	1	1
Ark.	-	-	-	1	2	-	1	3	-	-
La.	1	6	-	-	1	4	3	4	-	-
Okla.	3	3	5	2	-	-	4	2	-	-
Tex.	-	8	-	25	1	58	-	52	1	1
MOUNTAIN	25	32	20	27	13	6	33	35	1	1
Mont.	3	-	-	-	-	-	1	2	-	-
Idaho	-	2	2	1	2	3	-	3	-	1
Wyo.	1	2	-	1	-	1	-	-	-	-
Colo.	4	11	3	6	3	-	18	19	-	-
N. Mex.	1	2	2	6	1	-	2	3	-	-
Ariz.	7	8	9	6	2	-	5	3	-	-
Utah	8	4	3	1	4	-	4	2	-	-
Nev.	1	3	1	6	1	2	3	3	1	-
PACIFIC	45	39	59	87	71	65	125	138	4	46
Wash.	3	6	5	5	3	3	12	4	-	15
Oreg.	N	N	5	5	11	7	7	10	-	2
Calif.	42	28	44	73	56	53	98	115	3	22
Alaska	-	1	-	-	1	2	2	1	-	-
Hawaii	-	4	5	4	N	N	6	8	1	7
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	1	-	N	N	-	3	-	-
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).
† Of 15 cases reported, six were indigenous and nine were imported from another country.
§ Of 91 cases reported, 42 were indigenous and 49 were imported from another country.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	Meningococcal Disease		Mumps		Pertussis		Rabies, Animal	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	1,028	1,616	169	151	4,062	3,089	3,452	4,261
NEW ENGLAND	70	75	7	-	367	279	498	406
Maine	7	1	-	-	5	-	30	42
N.H.	9	9	4	-	8	14	11	6
Vt.	4	5	-	-	75	25	72	38
Mass.	32	44	2	-	264	223	169	150
R.I.	5	2	-	-	9	2	36	37
Conn.	13	14	1	-	6	15	180	133
MID. ATLANTIC	109	175	15	18	169	219	648	742
Upstate N.Y.	33	47	2	3	121	107	393	467
N.Y. City	14	28	1	11	8	35	10	19
N.J.	22	30	1	-	3	8	97	115
Pa.	40	70	11	4	37	69	148	141
E.N. CENTRAL	150	238	17	19	511	427	57	69
Ohio	57	64	2	1	261	190	16	20
Ind.	23	28	2	1	40	37	16	1
Ill.	30	59	6	14	83	45	8	10
Mich.	28	53	6	2	35	40	17	29
Wis.	12	34	1	1	92	115	-	9
W.N. CENTRAL	92	103	12	6	378	135	245	220
Minn.	22	15	3	2	141	31	21	23
Iowa	12	21	1	-	116	16	43	47
Mo.	35	39	3	-	77	66	25	22
N. Dak.	-	5	1	-	-	-	11	24
S. Dak.	2	4	-	-	5	3	41	32
Nebr.	16	10	-	1	3	4	-	4
Kans.	5	9	4	3	36	15	104	68
S. ATLANTIC	183	245	20	22	240	151	1,497	1,474
Del.	6	3	-	-	2	-	24	29
Md.	5	34	5	4	33	22	168	293
D.C.	-	-	-	-	1	1	-	-
Va.	28	30	3	5	94	26	298	265
W. Va.	2	10	-	-	17	1	114	83
N.C.	20	57	1	1	24	46	423	359
S.C.	17	26	2	2	28	23	70	76
Ga.	29	36	4	7	17	17	237	252
Fla.	76	49	5	3	24	15	163	117
E.S. CENTRAL	65	106	12	4	136	75	108	157
Ky.	11	19	4	1	55	17	17	16
Tenn.	26	44	2	-	50	31	59	106
Ala.	17	29	3	-	24	24	32	35
Miss.	11	14	3	3	7	3	-	-
W.S. CENTRAL	60	248	11	9	1,078	294	76	785
Ark.	20	14	-	-	388	12	-	-
La.	23	61	1	2	4	5	-	6
Okla.	16	23	-	-	65	12	76	47
Tex.	1	150	10	7	621	265	-	732
MOUNTAIN	68	73	13	11	544	974	161	168
Mont.	2	3	-	1	4	20	8	22
Idaho	3	7	1	-	46	165	16	10
Wyo.	-	4	-	1	9	-	14	20
Colo.	22	28	2	3	210	202	26	-
N. Mex.	3	9	1	2	115	65	4	9
Ariz.	20	11	1	1	95	461	87	103
Utah	4	7	5	1	35	50	3	3
Nev.	14	4	3	2	30	11	3	1
PACIFIC	231	353	62	62	639	535	162	240
Wash.	46	51	-	1	284	88	-	-
Oreg.	34	45	N	N	127	37	3	-
Calif.	144	246	50	29	213	379	135	202
Alaska	1	2	-	1	4	3	24	38
Hawaii	6	9	12	31	11	28	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	3	4	-	-	1	-	49	65
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	1	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	Rocky Mountain Spotted Fever		Rubella				Salmonellosis	
			Rubella		Congenital Rubella			
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	502	315	8	16	2	-	19,234	21,377
NEW ENGLAND	-	2	-	-	-	-	1,151	1,468
Maine	-	-	-	-	-	-	87	123
N.H.	-	-	-	-	-	-	72	121
Vt.	-	-	-	-	-	-	42	44
Mass.	-	2	-	-	-	-	641	849
R.I.	-	-	-	-	-	-	76	64
Conn.	-	-	-	-	-	-	233	267
MID. ATLANTIC	29	14	4	7	-	-	2,439	2,891
Upstate N.Y.	7	-	2	1	-	-	797	671
N.Y. City	4	1	-	5	-	-	730	749
N.J.	8	3	2	1	-	-	341	710
Pa.	10	10	-	-	-	-	571	761
E.N. CENTRAL	14	14	-	2	-	-	3,057	3,007
Ohio	10	1	-	-	-	-	807	821
Ind.	2	1	-	-	-	-	282	297
Ill.	-	12	-	2	-	-	910	862
Mich.	2	-	-	-	-	-	554	535
Wis.	-	-	-	-	-	-	504	492
W.N. CENTRAL	70	47	-	3	-	-	1,403	1,223
Minn.	-	-	-	-	-	-	341	375
Iowa	1	2	-	1	-	-	236	187
Mo.	64	43	-	1	-	-	507	309
N. Dak.	-	-	-	-	-	-	25	17
S. Dak.	-	2	-	-	-	-	46	80
Nebr.	4	-	-	-	-	-	70	92
Kans.	1	-	-	1	-	-	178	163
S. ATLANTIC	258	145	-	3	-	-	4,872	4,755
Del.	2	-	-	-	-	-	39	51
Md.	36	29	-	-	-	-	516	459
D.C.	-	-	-	-	-	-	48	48
Va.	17	15	-	-	-	-	556	837
W. Va.	1	-	-	-	-	-	67	73
N.C.	142	74	-	-	-	-	670	627
S.C.	36	16	-	2	-	-	292	448
Ga.	18	8	-	-	-	-	983	889
Fla.	6	3	-	1	-	-	1,701	1,323
E.S. CENTRAL	48	64	-	-	1	-	1,370	1,243
Ky.	3	2	-	-	-	-	191	199
Tenn.	34	44	-	-	1	-	379	314
Ala.	11	10	-	-	-	-	415	356
Miss.	-	8	-	-	-	-	385	374
W.S. CENTRAL	70	21	1	-	-	-	879	2,552
Ark.	21	4	-	-	-	-	437	355
La.	-	2	-	-	-	-	183	454
Okla.	49	15	-	-	-	-	257	215
Tex.	-	-	1	-	-	-	2	1,528
MOUNTAIN	10	8	-	-	-	-	1,219	1,250
Mont.	1	1	-	-	-	-	60	45
Idaho	-	1	-	-	-	-	76	80
Wyo.	3	2	-	-	-	-	36	43
Colo.	1	-	-	-	-	-	297	353
N. Mex.	-	1	-	-	-	-	168	148
Ariz.	-	-	-	-	-	-	348	336
Utah	-	3	-	-	-	-	113	129
Nev.	5	-	-	-	-	-	121	116
PACIFIC	3	-	3	1	1	-	2,844	2,988
Wash.	-	-	-	-	-	-	271	294
Oreg.	1	-	-	-	-	-	228	181
Calif.	2	-	3	-	-	-	2,138	2,272
Alaska	-	-	-	-	-	-	41	27
Hawaii	-	-	-	1	1	-	166	214
Guam	-	-	-	-	-	-	-	18
P.R.	-	-	-	3	-	-	120	557
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	23	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	Shigellosis		Streptococcal Disease, Invasive, Group A		*Streptococcus pneumoniae*, Drug Resistant, Invasive		*Streptococcus pneumoniae*, Invasive (<5 Years)	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	8,598	10,373	2,779	2,558	1,427	1,895	155	292
NEW ENGLAND	165	170	137	165	9	90	1	30
Maine	3	6	18	10	-	-	-	-
N.H.	5	4	26	N	-	-	N	N
Vt.	-	6	9	9	4	7	1	-
Mass.	106	118	71	53	N	N	N	N
R.I.	7	8	13	8	5	-	-	2
Conn.	44	28	-	85	-	83	-	28
MID. ATLANTIC	614	956	471	466	80	123	48	75
Upstate N.Y.	139	340	218	201	72	121	48	75
N.Y. City	230	262	120	134	U	U	U	U
N.J.	148	191	91	86	N	N	N	N
Pa.	97	163	42	45	8	2	-	-
E.N. CENTRAL	874	2,325	509	605	158	129	64	77
Ohio	374	1,450	160	153	29	-	-	-
Ind.	61	142	37	48	124	129	39	39
Ill.	250	349	105	197	2	-	-	38
Mich.	100	185	207	156	3	-	N	N
Wis.	89	199	-	51	N	N	25	-
W.N. CENTRAL	691	951	180	259	151	101	36	45
Minn.	149	284	95	110	48	49	36	38
Iowa	73	287	-	-	N	N	N	N
Mo.	104	168	37	56	6	9	-	-
N. Dak.	15	16	-	11	1	4	-	7
S. Dak.	149	92	10	7	1	3	-	-
Nebr.	141	53	14	30	25	10	N	N
Kans.	60	51	24	45	70	26	N	N
S. ATLANTIC	3,347	1,347	543	438	865	1,015	1	4
Del.	25	5	1	2	3	2	N	N
Md.	655	73	92	N	N	N	N	N
D.C.	37	33	6	15	48	5	1	3
Va.	576	155	54	62	N	N	N	N
W. Va.	4	7	13	17	34	37	-	1
N.C.	208	225	100	115	N	N	U	U
S.C.	58	167	28	8	135	206	N	N
Ga.	995	169	130	143	254	291	N	N
Fla.	789	513	119	76	391	474	N	N
E.S. CENTRAL	780	929	71	78	100	187	-	-
Ky.	82	348	13	28	11	22	N	N
Tenn.	36	60	58	50	89	164	N	N
Ala.	428	158	-	-	-	1	N	N
Miss.	234	363	-	-	-	-	-	-
W.S. CENTRAL	511	1,750	41	234	35	217	3	61
Ark.	124	415	5	-	5	14	-	-
La.	94	162	-	-	30	203	1	61
Okla.	292	30	35	33	N	N	2	-
Tex.	1	1,143	1	201	N	N	-	-
MOUNTAIN	390	550	474	269	29	31	2	-
Mont.	3	1	-	-	-	-	-	-
Idaho	4	23	5	6	N	N	N	N
Wyo.	4	2	7	7	9	5	-	-
Colo.	75	140	156	112	-	-	-	-
N. Mex.	71	69	72	56	19	24	-	-
Ariz.	190	236	207	85	-	-	N	N
Utah	23	39	27	3	1	-	2	-
Nev.	20	40	-	-	-	2	-	-
PACIFIC	1,226	1,395	353	44	-	2	-	-
Wash.	92	122	36	-	-	-	N	N
Oreg.	65	73	N	N	N	N	N	N
Calif.	1,033	1,160	273	-	N	N	N	N
Alaska	2	4	-	-	-	-	N	N
Hawaii	34	36	44	44	-	2	-	-
Guam	-	33	-	1	-	-	-	-
P.R.	5	14	N	N	-	-	N	N
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	15	U	-	U	-	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 10, 2002, and August 11, 2001 (32nd Week)*

Reporting Area	Syphilis				Tuberculosis		Typhoid Fever	
	Primary & Secondary		Congenital					
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	3,707	3,515	193	319	6,920	8,214	146	198
NEW ENGLAND	79	31	-	3	231	291	10	10
Maine	-	-	-	-	10	12	-	1
N.H.	3	1	-	-	8	11	-	1
Vt.	1	2	-	-	-	4	-	-
Mass.	57	16	-	2	126	148	8	7
R.I.	3	4	-	-	23	39	-	-
Conn.	15	8	-	1	64	77	2	1
MID. ATLANTIC	422	302	35	49	1,243	1,371	40	66
Upstate N.Y.	20	13	4	2	177	211	5	14
N.Y. City	254	167	15	26	641	683	20	25
N.J.	77	64	15	21	303	313	12	23
Pa.	71	58	1	-	122	164	3	4
E.N. CENTRAL	617	610	26	47	716	839	14	25
Ohio	88	56	-	2	118	166	5	3
Ind.	45	103	-	7	60	63	2	2
Ill.	163	196	20	30	353	405	1	12
Mich.	309	238	6	5	144	162	3	5
Wis.	12	17	-	3	41	43	3	3
W.N. CENTRAL	55	57	-	7	324	321	6	8
Minn.	21	24	-	2	138	139	3	4
Iowa	2	4	-	-	17	18	-	-
Mo.	14	11	-	4	91	83	1	4
N. Dak.	-	-	-	-	1	3	-	-
S. Dak.	-	-	-	-	9	8	-	-
Nebr.	4	2	-	-	9	21	2	-
Kans.	14	16	-	1	59	49	-	-
S. ATLANTIC	987	1,243	44	78	1,405	1,532	23	26
Del.	9	10	-	-	13	9	-	-
Md.	118	160	8	3	160	130	5	8
D.C.	53	18	1	2	-	47	-	-
Va.	45	67	1	4	116	154	1	8
W. Va.	2	-	-	-	18	19	-	-
N.C.	180	288	15	8	196	202	1	2
S.C.	76	165	5	18	116	124	-	-
Ga.	184	215	1	17	201	276	8	6
Fla.	320	320	13	26	585	571	8	2
E.S. CENTRAL	321	373	13	24	429	503	4	-
Ky.	61	28	2	-	77	77	4	-
Tenn.	121	208	3	14	168	181	-	-
Ala.	105	66	6	4	128	160	-	-
Miss.	34	71	2	6	56	85	-	-
W.S. CENTRAL	510	422	43	50	940	1,280	-	12
Ark.	16	25	1	5	73	91	-	-
La.	88	86	-	-	-	78	-	-
Okla.	40	41	2	4	84	89	-	-
Tex.	366	270	40	41	783	1,022	-	12
MOUNTAIN	166	128	10	20	208	318	10	6
Mont.	-	-	-	-	6	-	-	1
Idaho	1	-	1	-	8	7	-	-
Wyo.	-	-	-	-	2	2	-	-
Colo.	24	15	1	1	28	78	5	-
N. Mex.	20	11	-	2	21	39	-	-
Ariz.	112	92	8	17	113	121	-	1
Utah	4	7	-	-	17	19	3	-
Nev.	5	3	-	-	13	52	2	4
PACIFIC	550	349	22	41	1,424	1,759	39	45
Wash.	32	34	1	-	150	153	4	3
Oreg.	10	7	1	-	56	64	2	3
Calif.	501	301	19	41	1,094	1,425	32	36
Alaska	-	-	-	-	33	27	-	1
Hawaii	7	7	1	-	91	90	1	2
Guam	-	2	-	1	-	42	-	2
P.R.	139	166	10	3	33	53	-	-
V.I.	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	13	U	-	U	27	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
* Incidence data for reporting year 2001 and 2002 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending August 10, 2002 (32nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	512	362	96	39	11	4	36
Boston, Mass.	142	88	33	15	5	1	14
Bridgeport, Conn.	25	23	1	1	-	-	1
Cambridge, Mass.	18	16	1	1	-	-	1
Fall River, Mass.	14	11	3	-	-	-	-
Hartford, Conn.	62	38	12	8	3	1	2
Lowell, Mass.	28	21	4	3	-	-	3
Lynn, Mass.	7	4	1	2	-	-	-
New Bedford, Mass.	25	19	3	2	1	-	-
New Haven, Conn.	48	36	8	3	-	1	6
Providence, R.I.	38	31	6	1	-	-	-
Somerville, Mass.	5	3	1	1	-	-	-
Springfield, Mass.	36	23	10	1	2	-	2
Waterbury, Conn.	12	11	1	-	-	-	-
Worcester, Mass.	52	38	12	1	-	1	7
MID. ATLANTIC	2,158	1,493	440	150	34	40	94
Albany, N.Y.	39	26	6	4	2	1	3
Allentown, Pa.	21	15	3	3	-	-	1
Buffalo, N.Y.	68	51	11	3	1	2	7
Camden, N.J.	35	27	5	2	-	1	2
Elizabeth, N.J.	15	12	2	1	-	-	-
Erie, Pa.	41	33	6	2	-	-	-
Jersey City, N.J.	39	24	9	5	-	1	-
New York City, N.Y.	1,075	746	231	73	12	12	40
Newark, N.J.	41	19	13	7	1	1	2
Paterson, N.J.	22	8	5	1	3	5	1
Philadelphia, Pa.	365	228	90	28	10	9	15
Pittsburgh, Pa.§	40	32	4	1	-	3	1
Reading, Pa.	24	16	6	1	1	-	-
Rochester, N.Y.	146	114	21	8	1	2	9
Schenectady, N.Y.	19	17	1	1	-	-	2
Scranton, Pa.	23	17	4	1	-	1	-
Syracuse, N.Y.	67	48	14	2	1	2	7
Trenton, N.J.	25	16	5	4	-	-	-
Utica, N.Y.	20	17	1	-	2	-	-
Yonkers, N.Y.	33	27	3	3	-	-	4
E.N. CENTRAL	1,508	970	333	119	56	30	81
Akron, Ohio	U	U	U	U	U	U	U
Canton, Ohio	39	30	6	2	1	-	4
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	84	56	20	5	1	2	5
Cleveland, Ohio	106	76	22	4	1	3	4
Columbus, Ohio	149	99	29	14	5	2	7
Dayton, Ohio	100	75	19	6	-	-	7
Detroit, Mich.	208	100	62	33	9	4	15
Evansville, Ind.	54	42	8	1	2	1	7
Fort Wayne, Ind.	69	42	21	4	2	-	1
Gary, Ind.	8	3	3	1	1	-	-
Grand Rapids, Mich.	50	31	11	4	1	3	6
Indianapolis, Ind.	200	123	47	15	8	7	9
Lansing, Mich.	53	36	14	1	1	1	2
Milwaukee, Wis.	109	72	26	9	1	1	6
Peoria, Ill.	50	42	8	-	-	-	3
Rockford, Ill.	51	39	6	3	3	-	2
South Bend, Ind.	46	36	6	-	2	2	-
Toledo, Ohio	74	17	19	17	17	4	3
Youngstown, Ohio	58	51	6	-	1	-	-
W.N. CENTRAL	543	370	110	37	16	10	39
Des Moines, Iowa	79	57	14	7	-	1	7
Duluth, Minn.	38	27	9	-	2	-	4
Kansas City, Kans.	32	19	7	5	-	1	1
Kansas City, Mo.	91	62	20	5	2	2	4
Lincoln, Nebr.	33	31	2	-	-	-	2
Minneapolis, Minn.	74	46	18	6	2	2	9
Omaha, Nebr.	68	47	15	4	1	1	3
St. Louis, Mo.	U	U	U	U	U	U	U
St. Paul, Minn.	56	42	10	1	2	1	5
Wichita, Kans.	72	39	15	9	7	2	4
S. ATLANTIC	1,143	711	274	90	44	24	76
Atlanta, Ga.	163	87	44	16	4	12	7
Baltimore, Md.	146	78	43	16	8	1	6
Charlotte, N.C.	98	67	22	6	2	1	15
Jacksonville, Fla.	142	98	28	10	5	1	17
Miami, Fla.	94	52	19	13	7	3	5
Norfolk, Va.	35	23	7	4	-	1	-
Richmond, Va.	49	35	11	2	1	-	3
Savannah, Ga.	75	53	15	2	5	-	5
St. Petersburg, Fla.	46	34	8	2	1	1	2
Tampa, Fla.	183	125	41	10	5	2	14
Washington, D.C.	100	54	29	9	6	2	2
Wilmington, Del.	12	5	7	-	-	-	-
E.S. CENTRAL	981	651	203	78	35	14	70
Birmingham, Ala.	155	102	30	15	7	1	15
Chattanooga, Tenn.	78	52	16	5	4	1	7
Knoxville, Tenn.	99	70	19	6	4	-	3
Lexington, Ky.	66	44	16	2	2	2	12
Memphis, Tenn.	288	184	64	26	8	6	14
Mobile, Ala.	89	58	18	6	5	2	2
Montgomery, Ala.	65	42	15	5	3	-	4
Nashville, Tenn.	141	99	25	13	2	2	13
W.S. CENTRAL	1,472	892	327	137	70	46	75
Austin, Tex.	68	39	18	4	5	2	3
Baton Rouge, La.	60	40	12	7	-	1	-
Corpus Christi, Tex.	59	38	18	3	-	-	2
Dallas, Tex.	187	104	47	17	8	11	14
El Paso, Tex.	71	48	14	5	3	1	3
Ft. Worth, Tex.	111	65	17	19	5	5	4
Houston, Tex.	348	185	81	42	30	10	21
Little Rock, Ark.	59	36	12	5	2	4	-
New Orleans, La.	55	21	19	8	7	-	-
San Antonio, Tex.	236	149	53	19	7	8	10
Shreveport, La.	109	79	17	6	3	4	8
Tulsa, Okla.	109	88	19	2	-	-	10
MOUNTAIN	818	532	168	65	32	21	46
Albuquerque, N.M.	94	62	19	7	4	2	3
Boise, Idaho	45	28	8	5	3	1	1
Colo. Springs, Colo.	59	37	13	4	4	1	2
Denver, Colo.	107	67	22	12	3	3	5
Las Vegas, Nev.	222	146	53	13	6	4	14
Ogden, Utah	U	U	U	U	U	U	U
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	34	24	6	2	2	-	2
Salt Lake City, Utah	103	73	13	6	4	7	11
Tucson, Ariz.	154	95	34	16	6	3	8
PACIFIC	1,477	993	298	100	66	20	102
Berkeley, Calif.	18	11	6	1	-	-	5
Fresno, Calif.	99	72	11	9	4	3	6
Glendale, Calif.	11	11	-	-	-	-	-
Honolulu, Hawaii	71	45	19	5	1	1	2
Long Beach, Calif.	46	28	10	4	3	1	7
Los Angeles, Calif.	230	159	44	16	11	-	1
Pasadena, Calif.	28	20	7	1	-	-	4
Portland, Oreg.	162	98	27	8	27	2	9
Sacramento, Calif.	183	131	38	11	3	-	14
San Diego, Calif.	139	92	25	9	6	7	13
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	184	133	36	9	3	3	18
Santa Cruz, Calif.	43	28	8	6	1	-	6
Seattle, Wash.	115	68	36	10	-	1	9
Spokane, Wash.	58	33	16	5	2	2	5
Tacoma, Wash.	90	64	15	6	5	-	3
TOTAL	10,612¶	6,974	2,249	815	364	209	619

U: Unavailable. -:No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

TABLE. Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Total resident population (in thousands)	AIDS*	Anthrax	Botulism			Brucellosis	Chancroid§
				Foodborne	Infant	Other†		
United States	**284,796**	**41,868¶**	**22**	**39**	**97**	**19**	**136**	**38**
New England	**14,022**	**1,565**	**1**	**—**	**—**	**—**	**—**	**2**
Maine	1,287	48	—	—	—	—	—	—
N.H.	1,259	40	—	—	—	—	—	—
Vt.	613	25	—	—	—	—	—	—
Mass.	6,379	765	—	—	—	—	—	2
R.I.	1,059	103	—	—	—	—	—	—
Conn.	3,425	584	1	—	—	—	—	—
Mid. Atlantic	**39,783**	**11,072**	**13**	**1**	**23**	**—**	**4**	**7**
Upstate N.Y.	11,312	1,492	—	—	2	—	1	—
N.Y. City	7,700	5,984	7	—	4	—	1	3
N.J.	8,484	1,756	5	—	6	—	1	4
Pa.	12,287	1,840	1	1	11	—	1	—
E.N. Central	**45,364**	**3,023**	**—**	**—**	**3**	**—**	**7**	**—**
Ohio	11,374	581	—	—	3	—	—	—
Ind.	6,115	378	—	—	—	—	—	—
Ill.	12,482	1,323	—	—	—	—	4	—
Mich.	9,991	548	—	—	—	—	3	—
Wis.	5,402	193	—	—	—	—	—	—
W.N. Central	**19,324**	**892**	**—**	**—**	**2**	**—**	**7**	**—**
Minn.	4,972	157	—	—	2	—	2	—
Iowa	2,923	90	—	—	—	—	2	—
Mo.	5,630	445	—	—	—	—	1	—
N. Dak.	634	3	—	—	—	—	—	—
S. Dak.	757	25	—	—	—	—	—	—
Nebr.	1,713	74	—	—	—	—	1	—
Kans.	2,695	98	—	—	—	—	1	—
S. Atlantic	**52,763**	**12,583**	**7**	**—**	**12**	**—**	**9**	**20**
Del.	796	248	—	—	1	—	1	—
Md.	5,375	1,860	3	—	5	—	—	—
D.C.	572	870	—	—	—	—	—	—
Va.	7,188	951	2	—	4	—	1	—
W. Va.	1,802	100	—	—	1	—	—	—
N.C.	8,186	942	—	—	—	—	2	3
S.C.	4,063	729	—	—	—	—	—	15
Ga.	8,384	1,745	—	—	1	—	1	—
Fla.	16,397	5,138	2	—	—	—	4	2
E.S. Central	**17,128**	**1,791**	**—**	**—**	**9**	**—**	**3**	**—**
Ky.	4,066	333	—	—	5	—	1	—
Tenn.	5,740	602	—	—	4	—	1	—
Ala.	4,464	438	—	—	—	—	1	—
Miss.	2,858	418	—	—	—	—	—	—
W.S. Central	**31,942**	**4,195**	**1**	**17**	**5**	**—**	**52**	**6**
Ark.	2,692	199	—	1	—	—	9	—
La.	4,465	861	—	1	—	—	2	—
Okla.	3,460	243	—	—	1	—	—	—
Tex.	21,325	2,892	1	15	4	—	41	6
Mountain	**18,649**	**1,386**	**—**	**1**	**9**	**—**	**10**	**1**
Mont.	904	15	—	—	1	—	—	—
Idaho	1,321	19	—	—	—	—	—	—
Wyo.	494	5	—	—	—	—	—	—
Colo.	4,418	288	—	—	—	—	2	—
N. Mex.	1,829	143	—	—	1	—	1	—
Ariz.	5,307	540	—	1	2	—	6	—
Utah	2,270	124	—	—	4	—	1	1
Nev.	2,106	252	—	—	1	—	—	—
Pacific	**45,821**	**5,248**	**—**	**20**	**34**	**19**	**44**	**2**
Wash.	5,988	532	—	7	—	—	—	—
Oreg.	3,473	259	—	—	2	1	—	—
Calif.	34,501	4,315	—	3	30	18	41	2
Alaska	635	18	—	10	—	—	—	—
Hawaii	1,224	124	—	—	2	—	3	—
Guam	158	12	—	—	—	—	1	—
P.R.	3,937	1242	—	—	—	—	—	4
V.I.	122	35	NA	NA	NA	NA	NA	—
American Samoa	67	1	—	—	—	—	—	—
C.N.M.I.	75	—	—	3	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases

* Totals reported to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2001.

† Includes cases reported as wound and unspecified.

§ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 3, 2002.

¶ Total includes 113 cases in persons with unknown state of residence.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Chlamydia*	Cholera	Coccidioidomycosis	Cryptosporidiosis	Cyclosporiasis	Diphtheria
United States	**783,242**	**5**	**3,922**	**3,785**	**147**	**2**
New England	**24,391**	**1**	**3**	**152**	**20**	**—**
Maine	1,338	—	NN	19	—	—
N.H.	1,383	1	3	17	—	—
Vt.	638	—	NN	34	NN	—
Mass.	10,402	—	NN	55	16	—
R.I.	2,912	—	NN	10	NN	—
Conn.	7,718	—	NN	17	4	—
Mid. Atlantic	**91,076**	**2**	**—**	**374**	**36**	**—**
Upstate N.Y.	16,744	1	NN	125	5	—
N.Y. City	29,649	1	NN	123	20	—
N.J.	16,312	—	NN	24	3	—
Pa.	28,371	—	NN	102	8	—
E.N. Central	**144,001**	**—**	**8**	**1,607**	**5**	**1**
Ohio	37,653	—	NN	183	—	—
Ind.	15,258	—	NN	90	—	—
Ill.	43,716	—	NN	483	2	—
Mich.	31,090	—	8	187	3	1
Wis.	16,284	—	NN	664	—	—
W.N. Central	**40,110**	**1**	**5**	**546**	**1**	**—**
Minn.	8,323	—	NN	197	—	—
Iowa	5,699	1	NN	82	1	—
Mo.	13,949	—	NN	55	—	—
N. Dak.	1,062	—	NN	15	NN	—
S. Dak.	1,821	—	NN	8	—	—
Nebr.	3,206	—	5	185	—	—
Kans.	6,050	—	NN	4	NN	—
S. Atlantic	**151,297**	**—**	**—**	**380**	**79**	**—**
Del.	2,793	—	NN	6	—	—
Md.	15,640	—	NN	40	NN	—
D.C.	3,286	—	—	14	1	—
Va.	18,337	—	NN	27	1	—
W. Va.	2,346	—	NN	2	—	—
N.C.	22,101	—	NN	31	—	—
S.C.	15,329	—	NN	7	—	—
Ga.	33,840	—	NN	162	29	—
Fla.	37,625	—	NN	91	48	—
E.S. Central	**50,758**	**—**	**—**	**62**	**—**	**—**
Ky.	8,881	—	NN	5	NN	—
Tenn.	15,560	—	—	24	—	—
Ala.	14,524	—	NN	18	NN	—
Miss.	11,793	—	NN	15	—	—
W.S. Central	**105,350**	**—**	**—**	**130**	**—**	**—**
Ark.	7,280	—	NN	10	NN	—
La.	17,840	—	NN	8	—	—
Okla.	10,478	—	NN	16	—	—
Tex.	69,752	—	NN	96	—	—
Mountain	**46,455**	**—**	**2,368**	**243**	**6**	**1**
Mont.	1,919	—	NN	37	—	1
Idaho	2,023	—	—	23	NN	—
Wyo.	839	—	4	7	—	—
Colo.	13,239	—	NN	44	5	—
N. Mex.	6,254	—	14	30	1	—
Ariz.	14,346	—	2,301	11	NN	—
Utah	3,004	—	11	84	—	—
Nev.	4,831	—	38	7	—	—
Pacific	**129,804**	**1**	**1,538**	**291**	**—**	**—**
Wash.	13,631	—	NN	—	—	—
Oreg.	7,454	—	NN	58	—	—
Calif.	101,944	—	1,538	229	NN	—
Alaska	2,744	1	NN	1	—	—
Hawaii	4,031	—	NN	3	—	—
Guam	431	—	—	—	—	—
P.R.	2748	—	NN	—	—	—
V.I.	131	NA	NA	NA	NA	NA
American Samoa	NA	—	—	—	—	—
C.N.M.I.	NA	1	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 3, 2002. Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Ehrlichoiosis		Encephalitis*			*Escherichia coli*		
	Human granulocytic	Human monocytic	California serogroup viral	Eastern equine	St. Louis	O157:H7	Shiga toxin positive, serogroup non-O157	Shiga toxin positive, not serogrouped
United States	**261**	**142**	**128**	**9**	**79**	**3,287**	**170**	**20**
New England	**62**	**4**	**1**	**1**	**—**	**250**	**43**	**1**
Maine	1	—	—	—	—	29	2	—
N.H.	—	—	—	—	—	36	3	—
Vt.	—	—	—	—	—	15	1	1
Mass.	2	4	—	1	—	115	10	—
R.I.	17	—	—	—	—	17	1	—
Conn.	42	—	1	—	—	38	26	—
Mid. Atlantic	**85**	**27**	**—**	**—**	**—**	**251**	**—**	**3**
Upstate N.Y.	73	18	—	—	—	161	—	—
N.Y. City	6	4	—	—	—	16	—	—
N.J.	6	5	—	—	—	74	—	—
Pa.	—	—	—	—	—	NN	—	3
E.N. Central	**2**	**4**	**31**	**1**	**—**	**813**	**12**	**7**
Ohio	1	—	14	—	—	224	10	7
Ind.	—	1	5	—	—	90	—	—
Ill.	1	3	5	—	—	174	—	—
Mich.	—	—	—	1	—	102	2	—
Wis.	—	—	7	—	—	223	—	—
W.N. Central	**102**	**34**	**14**	**—**	**—**	**523**	**46**	**4**
Minn.	93	3	12	—	—	219	36	—
Iowa	—	—	2	—	—	79	—	—
Mo.	8	27	—	—	—	66	—	—
N. Dak	NN	NN	—	—	—	27	3	4
S. Dak.	—	—	—	—	—	44	6	—
Nebr.	—	—	—	—	—	60	1	—
Kans.	1	4	—	—	—	28	—	—
S. Atlantic	**—**	**24**	**56**	**5**	**—**	**269**	**40**	**—**
Del.	—	—	—	—	—	4	1	—
Md	NN	NN	1	—	—	29	—	—
D.C.	—	—	—	—	—	—	—	—
Va.	—	1	2	—	—	52	9	—
W. Va.	—	—	44	—	—	11	—	—
N.C.	—	11	9	—	—	59	—	—
S.C.	—	—	—	—	—	24	—	—
Ga.	—	4	—	2	—	45	10	—
Fla.	—	8	—	3	—	45	20	—
E.S. Central	**—**	**24**	**26**	**—**	**—**	**144**	**1**	**3**
Ky.	—	2	—	—	—	65	1	3
Tenn.	—	22	17	—	—	49	—	—
Ala.	—	—	1	—	—	18	—	—
Miss	NN	NN	8	—	—	12	—	—
W.S. Central	**8**	**24**	**—**	**2**	**78**	**222**	**—**	**—**
Ark.	8	—	—	—	2	17	—	—
La	NN	NN	—	1	71	8	—	—
Okla.	—	24	—	—	—	36	—	—
Tex.	—	—	—	1	5	161	—	—
Mountain	**—**	**1**	**—**	**—**	**1**	**301**	**22**	**2**
Mont	NN	NN	—	—	—	23	—	—
Idaho	NN	—	—	—	81	5	—	—
Wyo.	—	—	—	—	—	10	3	—
Colo	NN	NN	—	—	—	87	8	2
N. Mex	NN	NN	—	—	—	17	6	—
Ariz.	—	1	—	—	1	30	—	—
Utah	—	—	—	—	—	35	—	—
Nev.	—	—	—	—	—	18	—	—
Pacific	**2**	**—**	**—**	**—**	**—**	**514**	**6**	**—**
Wash.	—	—	NN	NN	—	150	—	—
Oreg.	1	—	—	—	—	86	6	—
Calif.	1	—	—	—	—	253	—	—
Alaska	NN	NN	—	—	—	4	—	—
Hawaii	—	—	—	—	—	21	—	—
Guam	—	—	—	—	—	1	—	—
P.R.	—	—	—	—	—	2	—	—
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases
* No cases of Western equine encephalitis were reported in 2001.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Gonorrhea*	*Haemophilus influenzae*, invasive disease	Hansen disease (leprosy)	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome, postdiarrheal	Hepatitis, acute		
						A	B	C; non-A, non-B
United States	**361,705**	**1,597**	**78**	**8**	**202**	**10,609**	**7,843**	**3,976**
New England	**6,983**	**121**	**1**	**—**	**18**	**736**	**149**	**34**
Maine	141	2	—	—	1	11	7	1
N.H.	176	7	—	—	—	18	16	—
Vt.	76	5	NN	—	—	16	5	7
Mass.	3,214	43	1	—	13	376	41	26
R.I.	830	10	—	—	1	75	33	—
Conn.	2,546	54	—	—	3	240	47	—
Mid. Atlantic	**45,464**	**248**	**17**	**—**	**27**	**1,370**	**1,426**	**1,397**
Upstate N.Y.	9,685	98	1	—	16	333	153	36
N.Y. City	12,614	59	15	—	2	447	660	—
N.J.	8,921	48	1	—	5	283	286	1,218
Pa.	14,244	43	—	—	4	307	327	143
E.N. Central	**75,291**	**285**	**3**	**—**	**23**	**1,214**	**1,049**	**161**
Ohio	21,163	74	1	—	12	258	92	9
Ind.	6,972	59	—	—	—	102	75	1
Ill.	24,025	103	1	—	3	441	218	12
Mich.	17,120	14	1	—	—	326	618	139
Wis.	6,011	35	—	—	8	87	46	—
W.N. Central	**17,045**	**89**	**2**	**—**	**12**	**395**	**250**	**1,170**
Minn.	2,701	56	1	—	9	47	44	33
Iowa	1,418	—	—	—	—	36	24	—
Mo.	8,723	20	1	—	2	88	130	1,119
N. Dak.	56	8	NN	—	1	3	2	—
S. Dak.	289	—	—	—	—	3	1	—
Nebr.	1,189	3	—	NN	NN	37	35	10
Kans.	2,669	2	—	—	—	181	14	8
S. Atlantic	**93,709**	**394**	**2**	**—**	**13**	**2,693**	**1,666**	**144**
Del.	1,733	—	—	—	—	16	29	11
Md.	9,427	92	—	NN	NN	296	141	9
D.C.	2,883	—	—	—	—	80	13	—
Va.	11,095	34	1	—	—	167	213	3
W. Va.	732	16	—	—	—	29	35	26
N.C.	16,583	50	NN	NN	2	242	221	22
S.C.	10,805	8	—	—	—	85	72	13
Ga.	18,920	109	NN	—	6	930	435	—
Fla.	21,531	85	1	—	5	848	507	60
E.S. Central	**32,674**	**84**	**2**	**—**	**10**	**453**	**520**	**198**
Ky.	3,588	2	—	—	NN	145	64	13
Tenn.	10,145	51	2	—	10	189	275	70
Ala.	11,182	29	—	NN	—	81	88	5
Miss.	7,759	2	—	NN	—	38	93	110
W.S. Central	**51,665**	**64**	**2**	**1**	**18**	**825**	**1,061**	**671**
Ark.	4,604	3	—	—	1	74	107	15
La.	12,253	10	1	—	—	87	124	151
Okla.	4,784	48	1	1	5	116	116	6
Tex.	30,024	3	—	—	12	548	714	499
Mountain	**10,382**	**175**	**4**	**6**	**27**	**753**	**497**	**58**
Mont.	104	1	—	—	—	16	3	1
Idaho	76	2	1	2	NN	57	11	2
Wyo.	77	1	—	—	—	7	3	8
Colo.	3,190	38	NN	—	11	88	103	11
N. Mex.	1,040	29	—	2	—	40	136	12
Ariz.	3,920	82	1	1	NN	409	164	9
Utah	219	10	1	1	13	66	25	3
Nev.	1,756	12	1	—	3	70	52	12
Pacific	**28,492**	**137**	**45**	**1**	**54**	**2,170**	**1,225**	**143**
Wash.	2,991	9	NN	1	—	184	171	31
Oreg.	1,144	39	—	—	11	105	168	15
Calif.	23,296	60	21	—	43	1,848	854	97
Alaska	457	6	—	—	—	16	10	—
Hawaii	604	23	24	—	—	17	22	—
Guam	48	—	—	—	—	2	—	—
P.R.	589	2	1	NN	NN	258	297	1
V.I.	34	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	1	—	—	2	—	—
C.N.M.I.	—	—	—	—	—	—	38	—

NA: Not available NN: Not notifiable —: No reported cases
* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 3, 2002.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Legionellosis	Listeriosis	Lyme disease	Malaria	Measles		Meningococcal disease
					Indigenous	Imported*	
United States	**1,168**	**612**	**17,027**	**1,544**	**62**	**54**	**2,326**
New England	**74**	**57**	**5,526**	**107**	**4**	**1**	**113**
Maine	8	2	108	5	—	—	8
N.H.	12	4	129	2	—	—	14
Vt.	5	3	18	1	1	—	7
Mass.	21	30	1,164	53	2	1	57
R.I.	13	3	510	16	—	—	7
Conn.	15	15	3,597	30	1	—	20
Mid. Atlantic	**285**	**119**	**8,907**	**440**	**7**	**13**	**256**
Upstate N.Y.	82	36	4,020	76	—	4	72
N.Y. City	43	26	63	250	3	4	42
N.J.	24	20	2,020	65	—	1	43
Pa.	136	37	2,804	49	4	4	99
E.N. Central	**316**	**88**	**720**	**177**	**—**	**10**	**359**
Ohio	143	17	44	27	—	3	89
Ind.	23	8	26	19	—	4	47
Ill.	24	24	32	71	—	3	88
Mich.	82	25	21	40	—	—	83
Wis.	44	14	597	20	—	—	52
W.N. Central	**55**	**22**	**540**	**77**	**2**	**4**	**173**
Minn.	15	4	461	45	2	2	29
Iowa	8	2	36	9	—	—	31
Mo.	22	10	37	15	—	2	58
N. Dak.	1	—	—	—	—	—	8
S. Dak.	3	—	—	—	—	—	5
Nebr.	5	1	4	2	—	—	27
Kans.	1	5	2	6	—	—	15
S. Atlantic	**223**	**77**	**1,039**	**317**	**3**	**2**	**383**
Del.	12	NN	152	2	—	—	6
Md.	32	16	608	112	2	1	42
D.C.	8	—	17	13	—	—	—
Va.	39	15	156	55	1	—	46
W. Va	NN	6	16	1	—	—	15
N.C.	11	NA	41	19	—	—	63
S.C.	15	5	6	9	—	—	33
Ga.	12	16	—	45	—	1	57
Fla.	94	19	43	61	—	—	121
E.S. Central	**63**	**23**	**72**	**38**	**2**	**—**	**144**
Ky.	14	7	23	14	2	—	27
Tenn.	32	9	31	14	—	—	63
Ala.	13	7	10	6	—	—	35
Miss.	4	—	8	4	—	—	19
W.S. Central	**31**	**34**	**87**	**91**	**—**	**1**	**336**
Ark.	—	1	4	3	—	—	25
La.	7	—	8	6	—	—	78
Okla.	7	2	—	5	—	—	32
Tex.	17	31	75	77	—	1	201
Mountain	**57**	**38**	**15**	**68**	**1**	**1**	**102**
Mont.	—	—	—	3	—	—	4
Idaho	3	1	5	4	—	1	8
Wyo.	3	2	1	1	—	—	5
Colo.	16	9	—	25	—	—	37
N. Mex.	3	7	1	3	—	—	11
Ariz.	21	10	3	19	1	—	21
Utah	7	2	1	4	—	—	8
Nev.	4	7	4	9	—	—	8
Pacific	**64**	**154**	**121**	**229**	**43**	**22**	**460**
Wash.	10	14	9	19	13	2	71
Oreg	NN	12	15	17	3	—	63
Calif.	48	122	95	179	25	15	310
Alaska	1	—	2	1	—	—	3
Hawaii	5	6	—	13	2	5	13
Guam	—	—	—	1	—	—	—
P.R.	2	—	—	6	1	—	9
V.I.	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	—	—	—	3
C.N.M.I.	—	—	—	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases
* Imported cases include only those resulting from importation from other countries.

TABLE. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area — United States, 2001

Reporting area	Mumps	Pertussis	Plague	Psittacosis	Q fever	Rabies		RMSF†	Rubella	
						Animal	Human		Rubella	Congenital syndrome
United States	**266**	**7,580**	**2**	**25**	**25**	**7,150**	**1**	**695**	**23**	**3**
New England	**2**	**736**	**—**	**—**	**—**	**760**	**—**	**3**	**—**	**—**
Maine	—	22	—	—	—	82	—	—	—	—
N.H.	—	31	—	—	—	21	—	1	—	—
Vt.	—	113	—	—	NN	62	—	—	—	—
Mass.	2	537	—	—	NN	279	—	2	—	—
R.I.	—	9	—	—	NN	72	—	—	—	—
Conn.	—	24	—	—	—	244	—	—	—	—
Mid. Atlantic	**35**	**455**	**—**	**9**	**—**	**1,371**	**—**	**33**	**9**	**—**
Upstate N.Y.	4	175	—	6	—	781	—	2	1	—
N.Y. City	13	59	—	—	—	38	—	2	6	—
N.J.	4	23	—	—	—	200	—	9	1	—
Pa.	14	198	—	3	NN	352	—	20	1	—
E.N. Central	**32**	**985**	**—**	**1**	**1**	**158**	**—**	**16**	**2**	**1**
Ohio	1	327	—	—	NN	52	—	2	—	1
Ind.	3	116	—	1	NN	15	—	1	—	—
Ill.	21	194	—	—	—	24	—	12	2	—
Mich.	5	149	—	—	1	47	—	1	—	—
Wis.	2	199	—	—	—	20	—	—	—	—
W.N. Central	**17**	**609**	**—**	**4**	**5**	**375**	**—**	**69**	**3**	**—**
Minn.	6	308	—	—	1	47	—	1	—	—
Iowa	1	139	—	3	NN	84	—	2	1	—
Mo.	4	107	—	1	1	40	—	62	1	—
N. Dak.	—	11	—	NN	1	42	—	1	—	—
S. Dak.	—	5	—	—	—	58	—	2	—	—
Nebr.	1	8	—	—	2	4	—	1	—	—
Kans.	5	31	—	—	—	100	—	—	1	—
S. Atlantic	**45**	**493**	**—**	**2**	**2**	**2,512**	**—**	**328**	**5**	**1**
Del.	—	—	—	—	NN	39	—	13	—	—
Md.	8	53	—	1	NN	504	—	39	1	—
D.C.	—	1	—	—	—	—	—	1	—	—
Va.	8	272	—	—	NN	502	—	40	—	1
W. Va.	—	6	—	—	—	141	—	1	—	—
N.C.	5	75	—	—	—	571	—	185	—	—
S.C.	7	34	—	—	—	144	—	31	2	—
Ga.	9	23	—	—	1	402	—	9	—	—
Fla.	8	29	—	1	1	209	—	9	2	—
E.S. Central	**9**	**208**	**—**	**—**	**3**	**204**	**—**	**121**	**—**	**—**
Ky.	3	96	—	—	1	30	—	2	—	—
Tenn.	1	70	—	—	2	106	—	85	—	—
Ala.	—	37	NN	—	—	64	—	18	—	—
Miss.	5	5	—	—	NN	4	—	16	—	—
W.S. Central	**16**	**1,528**	**—**	**—**	**1**	**1,144**	**—**	**113**	**2**	**—**
Ark.	—	858	—	—	NN	32	—	54	—	—
La.	2	12	—	—	1	9	—	2	—	—
Okla.	—	43	—	—	—	60	—	57	—	—
Tex.	14	615	—	—	NN	1,043	—	—	2	—
Mountain	**17**	**1,561**	**2**	**—**	**6**	**254**	**—**	**11**	**—**	**—**
Mont.	1	54	—	—	—	38	—	1	—	—
Idaho	2	171	—	—	—	28	—	1	—	—
Wyo.	2	1	—	—	1	28	—	2	—	—
Colo.	3	389	—	—	4	—	—	2	—	—
N. Mex.	2	137	1	—	—	15	—	1	—	—
Ariz.	2	690	—	—	—	129	—	—	—	—
Utah	1	78	1	—	—	15	—	3	—	—
Nev.	4	41	—	—	1	1	—	1	—	—
Pacific	**93**	**1,005**	**—**	**9**	**7**	**372**	**1**	**1**	**2**	**1**
Wash.	2	184	—	—	—	—	—	—	—	—
Oreg	NN	57	—	—	—	4	—	1	—	—
Calif.	48	706	—	8	7	319	1	—	1	—
Alaska	1	16	—	1	—	49	—	NN	—	—
Hawaii	42	42	—	—	—	—	—	—	1	1
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	2	—	—	—	—	99	—	—	3	—
V.I.	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	1	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases

* No cases of paralytic poliomyelitis were reported in 2001.

† Rocky Mountain spotted fever.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2001

Reporting area	Salmonellosis	Shigellosis	Streptococcal disease, invasive, group A	Streptococcal toxic-shock syndrome	*Streptococcus pneumoniae*, drug resistant, invasive	Syphilis*		
						All stages†	Congenital (age <1 yr)	Primary and secondary
United States	**40,495**	**20,221**	**3,750**	**77**	**2,896**	**32,221**	**441**	**6,103**
New England	**2,344**	**312**	**239**	**—**	**150**	**694**	**4**	**72**
Maine	168	6	12	—	—	16	—	1
N.H.	166	7	NN	—	NN	20	—	1
Vt.	82	7	16	—	9	8	—	3
Mass.	1,328	208	67	—	NN	446	2	46
R.I.	151	24	15	—	20	39	—	9
Conn.	449	60	129	NN	121	165	2	12
Mid. Atlantic	**5,424**	**1,508**	**687**	**10**	**188**	**5,370**	**69**	**541**
Upstate N.Y.	1,398	489	282	NN	178	304	5	22
N.Y. City	1,313	410	166	—	NA	3,300	28	282
N.J.	1,174	274	148	—	NN	1,040	32	137
Pa.	1,539	335	91	10	10	726	4	100
E.N. Central	**4,981**	**4,443**	**780**	**47**	**206**	**3,645**	**60**	**1,091**
Ohio	1,335	2,951	195	17	NN	297	1	81
Ind.	549	253	69	12	206	529	13	151
Ill.	1,383	630	254	18	—	1,541	40	409
Mich.	884	304	211	—	NN	1,147	4	428
Wis.	830	305	51	—	NN	131	2	22
W.N. Central	**2,380**	**2,112**	**409**	**6**	**160**	**457**	**7**	**100**
Minn.	689	496	200	—	108	132	—	33
Iowa	335	365	—	—	NN	44	—	5
Mo.	648	321	75	4	11	174	5	26
N. Dak.	73	27	22	—	7	2	—	—
S. Dak.	151	716	17	—	6	1	—	1
Nebr.	170	111	44	—	28	16	—	10
Kans.	314	76	51	2	NN	88	2	25
S. Atlantic	**9,681**	**3,439**	**640**	**5**	**1,582**	**9,240**	**98**	**2,008**
Del.	96	17	4	—	6	79	—	14
Md.	809	163	NN	NN	NN	937	4	266
D.C.	81	54	22	—	11	459	2	43
Va.	1,368	784	85	NN	NN	524	2	102
W. Va.	183	8	25	5	52	7	—	5
N.C.	1,386	356	147	N	NN	1,422	19	445
S.C.	915	251	14	—	292	913	16	235
Ga.	1,721	752	187	—	434	1,985	18	414
Fla.	3,122	1,054	156	—	787	2,914	37	484
E.S. Central	**2,775**	**1,772**	**123**	**—**	**265**	**3,042**	**30**	**661**
Ky.	406	846	39	—	27	191	1	48
Tenn.	706	123	84	—	238	1,478	14	331
Ala.	748	211	NN	—	NN	720	6	142
Miss.	915	592 N	NN	—	653	9	140	
W.S. Central	**5,052**	**3,005**	**322**	**1**	**291**	**4,980**	**84**	**760**
Ark.	928	570	1	—	24	239	6	49
La.	832	255	1	NN	267	793	—	173
Okla.	500	147	49	1	NN	288	5	60
Tex.	2,792	2,033	271	—	NN	3,660	73	478
Mountain	**2,331**	**1,063**	**461**	**8**	**50**	**1,471**	**30**	**243**
Mont.	81	9	—	NN	—	—	—	—
Idaho	146	40	7	2	NN	11	—	1
Wyo.	61	8	12	—	11	4	—	1
Colo.	591	245	161	2	—	149	1	23
N. Mex.	280	122	91	2	37	73	—	19
Ariz.	741	505	187	—	NN	1,147	29	180
Utah	229	63	3	2	—	25	—	11
Nev.	202	71	—	—	2	62	—	8
Pacific	**5,527**	**2,567**	**89**	**—**	**4**	**3,322**	**59**	**627**
Wash.	681	236	—	—	NN	174	—	57
Oreg.	281	116	—	—	—	48	—	13
Calif.	4,159	2,149	NN	NN	NN	3,050	59	545
Alaska	50	7	—	—	NN	9	—	—
Hawaii	356	59	89	—	4	41	—	12
Guam	24	50	1	—	—	30	1	12
P.R.	972	21	NN	—	NN	1267	21	244
V.I.	NA	NA	NA	NA	NA	9	1	—
American Samoa	—	18	—	—	—	—	—	—
C.N.M.I.	17	8	—	—	—	—	—	—

NA: Not available NN: Not notifiable —: No reported cases

* Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 3, 2002.

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

TABLE. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area — United States, 2001

Reporting area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis†	Tularemia	Typhoid fever	Varicella§ (chickenpox)
United States	**37**	**125**	**22**	**15,989**	**128**	**368**	**22,536**
New England	**—**	**4**	**—**	**498**	**7**	**20**	**3,096**
Maine	—	—	—	20	—	1	146
N.H.	—	1	—	20	1	2	NN
Vt.	—	—	—	7	—	—	149
Mass.	—	3	—	270	6	12	1,093
R.I.	—	—	—	60	—	—	9
Conn.	—	NN	—	121	—	5	1,699
Mid. Atlantic	**3**	**21**	**3**	**2,556**	**2**	**113**	**—**
Upstate N.Y.	1	7	—	415	1	15	NN
N.Y. City	1	4	2	1,261	—	49	NN
N.J.	—	—	1	530	1	38	NN
Pa.	1	10	—	350	—	11	NN
E.N. Central	**2**	**25**	**2**	**1,544**	**17**	**34**	**10,474**
Ohio	—	8	—	306	1	5	1,653
Ind.	—	1	—	115	NN	2	NN
Ill.	2	4	1	707	14	18	—
Mich.	—	10	—	330	2	5	6,600
Wis.	—	2	1	86	—	4	2,221
W.N. Central	**2**	**20**	**2**	**561**	**46**	**16**	**18**
Minn.	—	7	—	239	—	7	NN
Iowa	—	1	2	43	NN	—	NN
Mo.	—	4	—	157	27	9	3
N. Dak.	—	—	—	6	1	—	15
S. Dak.	—	—	—	13	7	—	NN
Nebr.	—	6	—	40	4	—	NN
Kans.	2	2	—	63	7	—	NN
S. Atlantic	**7**	**17**	**—**	**3,088**	**4**	**52**	**2,100**
Del.	—	—	—	33	1	1	NN
Md.	1	NN	—	262	1	10	NN
D.C.	—	1	—	74	—	—	73
Va.	—	2	—	306	NN	15	540
W. Va.	1	—	—	32	—	—	1,421
N.C.	2	7	—	398	1	3	NN
S.C.	—	3	—	263	—	—	66
Ga.	—	4	NN	575	1	12	NN
Fla.	3	—	—	1,145	—	11	NN
E.S. Central	**2**	**3**	**—**	**884**	**11**	**1**	**—**
Ky.	—	2	NN	152	4	—	NN
Tenn.	1	1	—	313	6	1	NN
Ala.	—	—	—	265	1	—	NN
Miss.	1	NN	—	154	—	—	NN
W.S. Central	**4**	**1**	**—**	**2,293**	**16**	**20**	**5,800**
Ark.	—	—	NN	162	9	—	NN
La.	—	—	—	294	—	—	59
Okla.	1	1	—	194	7	1	—
Tex.	3	—	—	1,643	NN	19	5,741
Mountain	**2**	**8**	**1**	**644**	**17**	**11**	**1,048**
Mont.	—	—	—	20	2	2	NN
Idaho	—	—	—	9	—	—	3
Wyo.	—	—	1	3	7	—	NN
Colo.	1	7	—	138	2	1	NN
N. Mex.	—	1	—	54	1	—	NN
Ariz.	1	—	—	289	1	2	951
Utah	—	—	—	35	4	2	92
Nev.	—	—	—	96	—	4	2
Pacific	**15**	**26**	**14**	**3,921**	**8**	**101**	**—**
Wash.	—	NN	—	261	5	7	NN
Oreg.	—	—	—	123	1	8	—
Calif.	15	26	13	3,332	1	82	NN
Alaska	—	NN	1	54	1	1	NN
Hawaii	—	—	—	151	—	3	—
Guam	—	—	22	63	—	3	60
P.R.	—	—	—	121	—	—	2,187
V.I.	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	—	—	—	173
C.N.M.I.	—	—	—	58	—	—	—

NA: Not available NN: Not notifiable —: No reported cases

* No cases of yellow fever were reported in 2001.

† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of March 29, 2002.

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

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