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Outbreak of Acute Gastroenteritis Associated with Norwalk-Like Viruses Among British Military Personnel — Afghanistan, May 2002

In the United States, Norwalk-like viruses (NLVs) cause an estimated 23 million episodes of illness, 50,000 hospitalizations, and 300 deaths each year. NLVs can be transmitted by fecally contaminated food and water (*1*) and by direct person-to-person contact or through droplets of infected persons. Outbreaks of NLV-associated gastrointestinal illness are common in military settings. During May 13–19, 2002, a total of 29 British soldiers and staff of a field hospital in Afghanistan became acutely ill after a short incubation period with vomiting, diarrhea, and fever. This report summarizes the investigation of this outbreak and underscores the importance of the diagnostic capacity for NLVs.

The first three patients presented with severe acute illness characterized by headache, neck stiffness, photophobia, obtundation, and gastrointestinal symptoms, which made the initial diagnosis elusive. The third patient's illness was complicated by disseminated intravascular coagulation. Two of these patients required ventilatory support in the field hospital's intensive care unit. All bacteriologic studies performed at the field hospital's laboratory were negative. Because the cause of the illness was unknown, the field hospital was closed to all but patients with gastrointestinal symptoms. Because of the field conditions at the base and the severity of illness in the initial patients, one patient was evacuated to a U.S. military hospital in Germany, and 10 were evacuated to England. Two medical staff who treated the patients on the flight to England and a third contact at the hospital in England subsequently developed gastroenteritis; two of these persons were hospitalized for several days. All patients recovered rapidly and were discharged. The field hospital has since reopened with enhanced infection-control precautions.

In England, fecal specimens were tested for NLVs by electron microscopy (EM), a new antigen-capture enzyme-linked immunosorbent assay (ELISA), and reverse transcription-polymerase chain reaction (RT-PCR). By EM, clumps of small, round-structured viruses were observed and considered to be consistent with NLVs. This finding was confirmed by ELISA and RT-PCR in specimens from five patients. Partial sequence analysis of the polymerase gene identified the virus as belonging to genogroup II (*2*), the most common NLV genogroup in the United Kingdom and the United States (*3*).

Reported by: *D Brown, J Gray, Central Public Health Laboratory, Public Health Laboratory Svc; P MacDonald, A Green, Surgeon General's Dept, Ministry of Defense; D Morgan, Communicable Diseases Surveillance Centre, Public Health Laboratory Svc, United Kingdom. G Christopher, Landstuhl Regional Medical Center, Landstuhl-Kirchberg, Germany. R Glass, Div of Viral and Rickettsial Diseases; R Turcios, EIS Officer, CDC.*

Editorial Note: Outbreaks of NLV-associated gastrointestinal illness are common, particularly in military deployments. NLVs were the most common cause of disability among soldiers in Operations Desert Storm and Desert Shield, have caused outbreaks aboard aircraft carriers (*4*), and have been a common problem in the Israeli military (*5*). NLVs are extremely contagious because of their low infectious dose (<100 viral particles), prolonged asymptomatic shedding (up to 2 weeks after recovery), ability to resist chlorination (10 ppm chlorine), and stability in the environment (stable with freezing and at 140° F [60° C]). Secondary cases and

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nosocomial spread are common (*3*), although the risk for NLV infection in the health-care setting can be minimized through the use of appropriate infection-control practices (*6,7*). NLV gastroenteritis has several distinguishing characteristics, including diarrhea, vomiting, a short duration of illness (1–3 days), and a short incubation period (24–48 hours). The illness is generally mild, but it can cause severe disease with associated dehydration and electrolyte imbalance that might require hospitalization and aggressive treatment with intravenous fluids. Severe illness with NLVs has been associated with group O blood phenotype (*8*).

The diagnosis of NLVs from stool specimens is difficult and depends on the identification of the viral RNA by RT-PCR, direct visualization of the viral particles by EM, and/or evidence of a specific antibody response in acute- and convalescent-phase serum specimens (*3*). Further characterization of the NLV into genogroups is possible by sequence analysis at reference laboratories. In the United States, detection by PCR is limited to some state health department and reference laboratories. Health-care providers generally consider the diagnosis on clinical grounds without seeking laboratory confirmation. As a result, many more outbreaks probably occur, but attribution to NLVs has been infrequent because of the difficulty of diagnosis. Simpler, less time- and labor-intensive diagnostic methods are under development. New antigen-capture assays, such as the ELISA used in this outbreak investigation, are being tested in Japan and Europe but have not yet been evaluated fully in the United States.

In this outbreak, the inability to identify an etiologic agent promptly and the unusual severity and atypical presentation of disease in the initial cases resulted in the illness being termed a "mystery infection." This uncertainty led to the air evacuation of ill soldiers, during which secondary spread of the infection to health-care providers aboard one of the military flights occurred. The diagnosis was ultimately made in England, where EM and the new ELISA identified the etiologic agent as an NLV. Confirmation and characterization of the virus as a genogroup II strain was obtained by PCR and sequence analysis. Field laboratory capacity for NLV diagnosis might have given on-site health-care providers information useful for limiting secondary spread of illness more effectively and allayed the fear and anxiety associated with the label of "mystery infection." The same observation can be made for most acute gastroenteritis outbreaks in the United States that elude an etiologic diagnosis.

This outbreak demonstrates that NLV-associated illness occurs commonly and needs to be identified promptly so that patterns of transmission can be identified and interrupted. The development of simple and sensitive detection techniques remains a high priority. When these become available, the

true burden of illness can be measured and more effective control measures implemented.

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Progress Toward Poliomyelitis Eradication — Nigeria, January 2000–March 2002

Since 1988, when the World Health Assembly of the World Health Organization (WHO) resolved to eradicate poliomyelitis globally, the annual estimated incidence of polio has declined 99% (*1,2*). Nigeria is the most populous country in Africa (estimated 2000 population: 127 million) and a major poliovirus reservoir. This report summarizes the progress toward polio eradication in Nigeria during January 2000–March 2002, highlighting achievements in acute flaccid paralysis (AFP) surveillance and evidence indicating reduced poliovirus transmission. The findings underscore the importance of ensuring a rapid flow of surveillance information to guide program activities.

Few health facilities in Nigeria provide routine vaccination services on a regular basis. In 2000, administrative data suggested that 38% of the estimated number of infants aged <1 year had received 3 oral polio vaccine (OPV) doses, and a survey of vaccination cards or histories of children aged 12–23 months suggested 24% coverage; no data are available for 2001. Problems identified in the routine vaccination system include inadequate vaccine transport and cold chain system at local government area (LGA) and health-facility levels, inadequate monitoring and supervision of routine vaccination activities, and irregular vaccine procurement at the service-delivery level. Plans to strengthen routine vaccination at the LGA level are under way. With the support of WHO and the United Nations Children's Fund (UNICEF), the country has developed a 5-year cold chain rehabilitation plan.

Supplemental OPV vaccination activities targeting children aged 0–59 months have been conducted annually in Nigeria since fixed-post National Immunization Days (NIDs)* were begun in 1997. To improve coverage, in 1999, NIDs were modified to be exclusively house-to-house, and extra rounds of sub-National Immunization Days (SNIDs) were added. Supplementation with Vitamin A, occurring twice yearly with NIDs, began in June 2000.

During 2000, SNIDs reached 6,633,798 children in June and 7,417,616 children in July, and NIDs reached 42,254,312 children in October and 44,306,277 children in November. During 2001, NIDs reached 46,881,439 children in January, 39,336,362 children in April, 39,336,808 children in June, and 34,778,783 children in November. Because of an OPV shortage, SNIDs were conducted in October 2001 instead of NIDs; this round reached 19,318,407 children in high-risk areas. Estimated OPV coverage of the target population during 2001 was 88%–98%. In the fourth round, approximately 700,000 children with no previous OPV dose were reached. NIDs during October–November 2000 and November 2001 were synchronized with those of other countries in western and central Africa with substantial cross-border vaccination activities (*3*).

AFP surveillance quality is evaluated by two key indicators: sensitivity of reporting (target: nonpolio AFP rate of ≥1 case per 100,000 children aged <15 years) and completeness of specimen collection (target: two adequate stool specimens from ≥80% of all persons with AFP). In 2000, a joint team comprising national and international experts assessed polio-eradication activities in Nigeria and developed a 5-year strategic plan. The team recommended that at least one dedicated AFP surveillance officer be assigned per 3,000,000 population. By September 2000, after having been recruited and trained in AFP surveillance, these officers assumed full-time responsibility for AFP surveillance. During 2001, an intermediate-level supervisory structure was introduced.

During 2000–2001, the national AFP case detection rate increased from 1.0 per 100,000 children aged <15 years to 3.5, the nonpolio AFP rate increased from 0.6 to 2.2, and the adequate stool specimen collection rate increased from 35% to 65% (Table). In 2001, in all 36 states plus the Federal

* Mass campaigns over a short period (days) in which 2 doses of OPV are administered to all children in the target group (usually those aged <5 years) regardless of previous vaccination history.

TABLE. Number of reported cases of acute flaccid paralysis (AFP), number and serotype distribution of confirmed wild poliovirus cases, and key surveillance indicators, by year — Nigeria, 2000–2002*

Year	No. AFP cases	No. confirmed wild poliovirus cases	Serotype distribution of wild polioviruses isolated† Type 1	Type 2	Type 3	Nonpolio AFP rate§	% persons with AFP with adequate stool specimens¶
2000	991	29	28	0	1	0.6	35%
2001	1,940	56	35	0	21	2.2	65%
2002	300	10	6	0	5	1.7	85%

* Data for 2002 annualized as of March 31, 2002.
† In 2002, one stool specimen tested had both Type 1 and Type 3 isolated.
§ Number of AFP cases per 100,000 population aged <15 years. Minimum expected rate is one case of nonpolio AFP per 100,000 per year.
¶ Two stool specimens collected at an interval of at least 24 hours within 14 days of paralysis onset from persons with AFP.

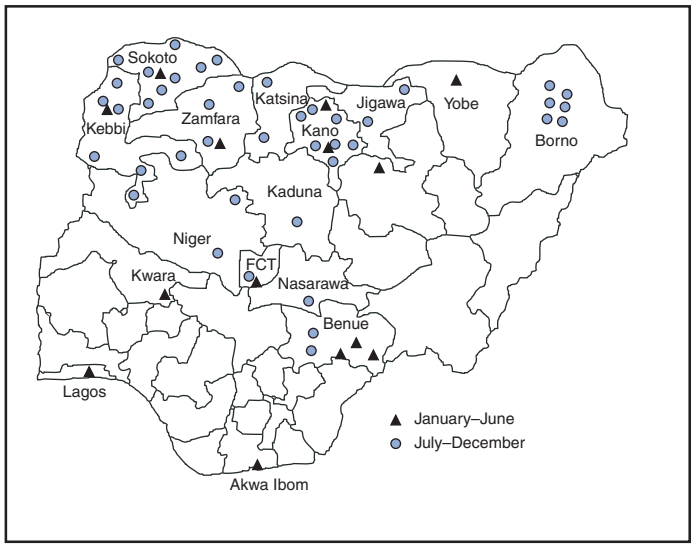
Capital Territory (FCT) of Abuja, the nonpolio AFP rate was ≥1.0; for all AFP cases, at least one stool specimen was collected within 28 days. In seven states, collection of two adequate stool specimens was <60%. During January–March 2002, two adequate stool specimens were collected for 85% of AFP cases; 27 (73%) states had a rate of ≥80%, seven (19%) had a rate of 60%–80%, and three (8%) had a rate of <60%.

The AFP surveillance system is supported by two national WHO-accredited laboratories, one located in Ibadan in Oyo State and the other in Maiduguri in Borno State. During 2000–2001, the number of stool specimens processed by these laboratories increased from 1,940 to 3,821. An indicator of the quality of the reverse cold chain for transport of stool specimens to the laboratory is the isolation rate of nonpolio enteroviruses (NPEV); the target rate is ≥10%. In 2001, the NPEV isolation rate was 7.7%. During January–March 2002, the NPEV isolation rate was 10.2%.

Improvements in AFP surveillance were associated with an increase in the number of wild poliovirus isolates detected, from 29 (28 type 1, one type 3) in 2000 to 56 (35 type 1, 21 type 3) during 2001. Genetic sequencing data from polioviruses isolated indicate that lineages are disappearing, suggesting declining intensity of transmission. Surveillance data showed a shift in the geographic distribution of wild poliovirus transmission to the northern states during July–December 2001 (Figure). Genetic sequencing data showed that polioviruses isolated during 2001 from persons with AFP in neighboring southern Niger were of Nigerian origin (*2*). As of March 31, 2002, a total of 10 polioviruses have been isolated in seven states and Abuja FCT(two each from Kano and Katsina, and one each in Niger, Kaduna, Abuja FCT, Gombe, Jigawa, and Borno), all areas in which polio was identified as highly endemic in 2001.

During 2001, of 56 confirmed cases, 29 (52%) were among children aged 24–59 months, 20 (35%) were among children aged 12–23 months, and seven were among infants aged <12 months. Of 22 children whose vaccination status was known, eight (36%) had received 1 OPV dose, and seven (32%) had received 2 OPV doses.

FIGURE. Distribution of wild poliovirus isolates from acute flaccid paralysis cases — Nigeria, 2001



Reported by: *Federal Ministry of Health, Abuja, Nigeria. Vaccine Preventable Diseases, World Health Organization Regional Office for Africa, Harare, Zimbabwe. Vaccines and Biologicals Dept, World Health Organization, Geneva, Switzerland. Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Global Immunization Div, National Immunization Program, CDC.*

Editorial Note: During 2000–2001, AFP surveillance improved substantially in Nigeria. The genetic sequencing data from polioviruses isolated suggest elimination of multiple genetic lineages and greatly reduced intensity of transmission. In parts of southern Nigeria, no wild polioviruses have been isolated since July 2001. Transmission continues in the northwestern states (type 1) and the northern central and northeastern states (type 3). Key achievements over the past 2 years include creation of an expanded AFP surveillance medical officer infrastructure covering all parts of the country, implementation of an intensified house-to-house vaccination strategy during NIDs and SNIDs, and supplementation of hundreds of thousands of children with vitamin A during polio vaccination campaigns.

Despite progress, Nigeria remains one of the three global poliovirus reservoirs (along with northern India and Pakistan) whose low routine OPV vaccination coverage and high population density favor poliovirus transmission. A joint national/international review in February 2002 highlighted several remaining challenges to eradicating polio in Nigeria. The review team found inadequate management of supplemental vaccination activities at the LGA level and recommended improvements in NID planning, vaccinator training, and day-to-day monitoring of vaccination activities. The team also found consistent delays in paying vaccination teams, leading to considerable lack of motivation and children being missed. Despite substantial progress in AFP surveillance, further improvements are needed in the geographical representativeness of surveillance quality indicators and the NPEV rate to ensure that poliovirus transmission is not occurring undetected. Finally, improved social mobilization efforts are needed to target members of ethnic minorities and other high-risk groups that are missed frequently by supplemental vaccination activities.

In 2002, AFP surveillance data are being used to target SNIDs more precisely. Two rounds of SNIDs were implemented during April–May 2002 in areas in which wild poliovirus isolates were identified during July–December 2001. Responsive mop-up vaccination will occur immediately following the detection of any poliovirus in Nigeria; this will require the rapid flow of surveillance information to guide program activities. A group of national and international experts will meet in summer 2002 to review the epidemiologic situation and make additional recommendations. NIDs are planned for September and November 2002. Implementation of these activities will enable Nigeria to interrupt transmission of wild poliovirus.

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Rabies in a Beaver — Florida, 2001

On November 25, 2001, a beaver exhibited aggressive behavior by charging canoes and kayaks on the Ichetucknee River in Alachua County, Florida. The beaver was captured by park personnel and submitted to a Florida Department of Health (FDoH) laboratory for rabies testing. Park rangers contacted the Alachua County Health Department after they identified five persons who were in the vicinity of the animal before capture. These five persons were interviewed by county health department personnel, who reported that although the beaver had made aggressive actions, the animal had not bitten anyone. This report summarizes the investigation of this case of animal rabies. Mammals that exhibit aggressive or other unusual behavior should be reported promptly to local health officials and should not be approached or handled by the public.

On November 27, the FDoH laboratory diagnosed rabies in the brain tissue of the beaver by using a fluorescent antibody test. Monoclonal antibody strain typing indicated that the virus belonged to the antigenically distinct group of viruses found in raccoons in the eastern United States. Park personnel involved in the capture of the animal received postexposure prophylaxis. No treatment was recommended for the five persons who had been in the vicinity.

Of 3,751 animal specimens submitted for rabies testing to the FDoH during 2001, a total of 198 (5.3%) tested positive for rabies. In addition to the beaver, specimens included 124 raccoons, 34 foxes, 19 bats, 15 cats, two otters, one dog, one bobcat, and one horse. In 2001, no other rabid animals were identified in Alachua County. However, seven raccoons, four bats, three foxes, and one dog were reported with rabies in neighboring counties.

Reported by: *T Belcuore, MSM, Alachua County Health Dept, Gainesville; L Conti, DVM, V Mock, S Wiersma, MD, State Epidemiologist, Florida State Dept of Health. J Childs, ScD, C Rupprecht, VMD, C Hanlon, VMD, J Krebs, MS, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; M Guerra, DVM, EIS Officer, CDC.*

Editorial Note: This report describes the first finding of rabies in a beaver in Florida. Although rodents are not a wildlife reservoir for rabies virus and no rabies transmission from rodents to humans has been documented, reported cases of rabies in rodents have been increasing in the United States, from 97 cases during 1971–1984 (*1*) to an average of 52 cases per year during 1995–2000 (*2–7*). This trend is attributed to an increase in cases among large rodents (e.g., woodchucks [*Marmota monax*] and beavers [*Castor canadensis*]), with most cases occurring in the eastern states, where a raccoon rabies epizootic has been documented (*3,8*).

Reported rabies in Florida rodents is uncommon. Woodchucks are not native to Florida, and the natural range of the beaver is restricted to the northern portion of the state. Large rodents share habitats with terrestrial carnivore rabies reservoirs (e.g., raccoons, skunks, and foxes) and because of their size have a greater chance of surviving an encounter with a rabid carnivore. In these areas, rabies should be considered in

the differential diagnosis of any mammal with unexplained neurologic illness. Possible human and pet exposures to rabies should be evaluated by public health officials on an individual basis. Bites from small rodents that are unlikely to survive an encounter with a rabid animal rarely require rabies postexposure prophylaxis; however, bites from large rodents should be considered as possible rabies exposures, especially in areas where rabies is endemic (*9*). Persons should avoid any mammal exhibiting aggressive or unusual behavior. Persons who suspect that they have been exposed to a rabid animal should contact a health-care provider immediately.

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Public Health Dispatch

Update: Cutaneous Anthrax in a Laboratory Worker — Texas, 2002

On April 5, 2002, CDC reported a case of suspected cutaneous anthrax in a worker at laboratory A who had been processing environmental samples for *Bacillus anthracis* in support of CDC investigations of the 2001 bioterrorist attacks in the United States (*1*). Since the initial report, the worker had serial serology performed at the CDC laboratory. A greater than fourfold rise from baseline in the concentration of immunoglobulin G to protective antigen was demonstrated. The peak antibody level was observed 7–8 weeks after the onset of symptoms, and the time course and levels of detectable antibodies were consistent with those seen in other cases of cutaneous anthrax. On the basis of case definitions developed during the recent investigation, these additional findings confirm this as a case of cutaneous anthrax (*2*). This case brings the number of anthrax cases identified in the United States since October 3, 2001, to 23, including 11 inhalation and 12 cutaneous (eight confirmed and four suspected). This is the first laboratory-acquired case of anthrax associated with the recent investigation.

The epidemiologic and environmental investigation of this case indicated that the probable source of exposure was the surface of vials containing *B. anthracis* isolates that the worker had placed in a freezer. The storage vials had been sprayed with 70% isopropyl alcohol, which is not sporicidal, instead of a bleach solution because bleach had caused labels to become dislodged. The worker did not wear gloves when handling the vials. A culture of the vial tops performed at laboratory A tested positive for *B. anthracis*. The vial top specimen was confirmed positive for *B. anthracis* at CDC. Multiple-locus variable-number tandem repeat analysis found this isolate to be indistinguishable from the culture of the worker's clinical specimen. This case underscores the importance of safe laboratory procedures and anthrax vaccination for workers routinely handling *B. anthracis* isolates (*3*).

Reported by: *EH Page, MD, KF Martinez, MSEE, TA Seitz, MPH, BP Bernard, MD, AL Tepper, PhD, Div of Surveillance, Hazard Evaluations, and Field Studies, National Institute for Occupational Safety and Health; RS Weyant, PhD, Office of Health and Safety; CP Quinn, PhD, NE Rosenstein, MD, BA Perkins, MD, T Popovic, PhD, Div of Bacterial and Mycotic Diseases; HT Holmes, PhD, Div of Healthcare Quality Promotion, National Center for Infectious Diseases; CW Shepard, MD, EIS Officer, CDC.*

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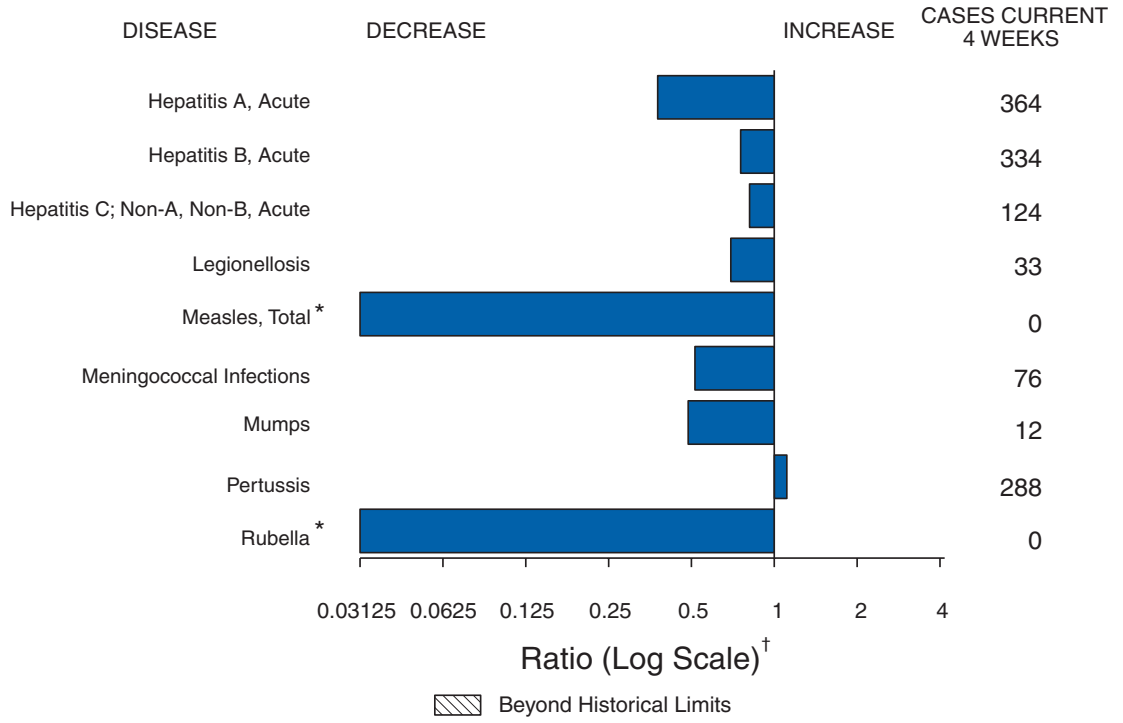
FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending June 1, 2002, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 22 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 June 1, 2002 (22nd Week)*

		Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax		1	-	Encephalitis: West Nile†	1	-
Botulism:	foodborne	7	10	Hansen disease (leprosy)†	32	30
	infant	19	43	Hantavirus pulmonary syndrome†	3	3
	other (wound & unspecified)	8	5	Hemolytic uremic syndrome, postdiarrheal†	42	38
Brucellosis†		33	44	HIV infection, pediatric†§	31	75
Chancroid		27	15	Plague	-	-
Cholera		2	2	Poliomyelitis, paralytic	-	-
Cyclosporiasis†		50	32	Psittacosis†	11	4
Diphtheria		-	1	Q fever†	14	5
Ehrlichiosis:	human granulocytic (HGE)†	47	28	Rabies, human	-	-
	human monocytic (HME)†	18	21	Streptococcal toxic-shock syndrome†	33	42
	other and unspecified	2	1	Tetanus	5	15
Encephalitis:	California serogroup viral†	5	1	Toxic-shock syndrome	47	59
	eastern equine†	-	-	Trichinosis	5	5
	Powassan†	-	-	Tularemia†	11	20
	St. Louis†	-	-	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 April 28, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 1, 2002, and June 2, 2001 (22nd 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	13,092	16,726	296,169	316,110	802	762	574	590	22	31
NEW ENGLAND	459	578	10,803	9,264	35	32	42	56	4	14
Maine	8	18	593	563	2	3	1	7	-	-
N.H.	13	14	677	554	9	-	4	8	-	2
Vt.	5	10	300	251	8	10	1	2	-	-
Mass.	243	328	4,420	3,580	7	13	24	25	2	4
R.I.	42	42	1,068	1,140	5	3	4	4	-	-
Conn.	148	166	3,745	3,176	4	3	8	10	2	8
MID. ATLANTIC	2,520	4,577	31,112	32,745	85	113	39	50	-	-
Upstate N.Y.	304	669	6,628	5,342	26	32	30	30	-	-
N.Y. City	1,397	2,617	12,182	12,299	37	52	-	4	-	-
N.J.	544	712	2,019	4,851	6	2	9	16	-	-
Pa.	275	579	10,283	10,253	16	27	N	N	-	-
E.N. CENTRAL	1,335	1,155	47,292	58,628	211	263	159	146	-	2
Ohio	269	190	9,049	15,147	56	46	25	36	-	1
Ind.	155	117	6,698	6,631	20	26	14	21	-	-
Ill.	560	562	12,902	17,646	29	21	52	40	-	-
Mich.	282	224	13,374	12,318	45	53	30	19	-	1
Wis.	69	62	5,269	6,886	61	117	38	30	-	-
W.N. CENTRAL	197	353	14,346	16,406	89	38	83	70	3	2
Minn.	45	65	3,918	3,442	37	-	30	32	3	-
Iowa	41	40	629	1,912	8	18	19	9	-	-
Mo.	66	161	5,199	5,703	12	12	16	9	-	-
N. Dak.	-	1	469	452	5	2	-	1	-	-
S. Dak.	2	9	946	775	5	3	3	6	-	1
Nebr.	22	34	589	1,482	16	3	9	5	-	1
Kans.	21	43	2,596	2,640	6	-	6	8	-	-
S. ATLANTIC	4,422	4,857	57,369	61,534	145	134	60	54	10	9
Del.	82	83	1,151	1,234	1	1	1	-	-	-
Md.	645	591	6,030	6,357	5	24	2	3	-	-
D.C.	202	357	1,330	1,539	3	9	-	-	-	-
Va.	281	426	6,768	7,351	1	7	12	14	-	1
W. Va.	25	33	945	983	1	-	1	1	-	-
N.C.	357	189	9,707	10,189	18	14	9	21	-	-
S.C.	335	327	5,587	7,010	2	1	-	2	-	-
Ga.	788	575	11,683	12,185	76	51	27	8	6	6
Fla.	1,707	2,276	14,168	14,686	38	27	8	5	4	2
E.S. CENTRAL	621	813	21,760	20,770	53	15	25	27	-	-
Ky.	109	181	3,344	3,652	1	1	6	8	-	-
Tenn.	270	227	7,020	6,047	27	2	14	11	-	-
Ala.	118	182	6,955	5,843	21	5	2	6	-	-
Miss.	124	223	4,441	5,228	4	7	3	2	-	-
W.S. CENTRAL	1,494	1,586	44,445	45,101	8	14	4	43	-	-
Ark.	100	89	2,279	3,277	4	2	1	2	-	-
La.	375	392	7,999	7,453	1	-	-	2	-	-
Okla.	77	90	4,398	4,274	3	2	3	9	-	-
Tex.	942	1,015	29,769	30,097	-	10	-	30	-	-
MOUNTAIN	449	634	19,041	18,300	54	46	53	59	3	1
Mont.	6	12	699	949	4	5	8	5	-	-
Idaho	8	14	979	755	16	5	5	6	-	-
Wyo.	2	1	376	337	5	1	2	2	1	-
Colo.	96	139	4,669	4,935	12	15	16	25	1	1
N. Mex.	28	53	2,600	2,543	6	8	4	5	1	-
Ariz.	191	243	5,969	5,986	6	1	5	7	-	-
Utah	22	52	1,960	590	2	9	7	6	-	-
Nev.	96	120	1,789	2,205	3	2	6	3	-	-
PACIFIC	1,595	2,173	50,001	53,362	122	107	109	85	2	3
Wash.	176	241	5,801	5,832	24	U	12	17	-	-
Oreg.	155	102	2,784	3,065	16	11	34	15	2	3
Calif.	1,242	1,799	38,420	41,655	81	94	43	46	-	-
Alaska	2	9	1,435	1,155	-	-	4	1	-	-
Hawaii	20	22	1,561	1,655	1	2	16	6	-	-
Guam	2	8	-	173	-	-	N	N	-	-
P.R.	376	533	1,496	1,273	-	-	-	-	-	-
V.I.	55	2	30	76	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	85	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 April 28, 2002.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 1, 2002, and June 2, 2001 (22nd 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	4	4	5,602	125,578	141,995	691	690	9	11
NEW ENGLAND	-	1	582	3,218	2,507	52	33	-	1
Maine	-	-	64	33	58	1	1	-	-
N.H.	-	-	20	54	58	4	-	-	-
Vt.	-	1	46	41	37	3	1	-	-
Mass.	-	-	269	1,409	1,093	25	23	-	1
R.I.	-	-	44	401	283	9	2	-	-
Conn.	-	-	139	1,280	978	10	6	-	-
MID. ATLANTIC	-	-	1,248	14,353	15,180	131	89	1	1
Upstate N.Y.	-	-	432	3,446	3,309	57	29	1	-
N.Y. City	-	-	510	5,013	5,159	31	28	-	-
N.J.	-	-	117	1,923	1,732	31	23	-	-
Pa.	-	-	189	3,971	4,980	12	9	-	1
E.N. CENTRAL	2	2	1,033	22,444	29,809	84	127	2	1
Ohio	2	2	329	4,919	7,994	46	38	-	1
Ind.	-	-	-	2,890	2,738	23	20	1	-
Ill.	-	-	233	7,048	9,484	-	44	-	-
Mich.	-	-	324	5,896	7,173	9	7	1	-
Wis.	-	-	147	1,691	2,420	6	18	-	-
W.N. CENTRAL	-	-	678	5,883	6,693	22	25	-	1
Minn.	-	-	240	1,160	1,084	15	12	-	-
Iowa	-	-	96	170	477	1	-	-	-
Mo.	-	-	193	3,245	3,361	4	11	-	-
N. Dak.	-	-	6	27	15	-	-	-	-
S. Dak.	-	-	25	101	115	-	-	-	-
Nebr.	-	-	52	137	523	-	1	-	1
Kans.	-	-	66	1,043	1,118	2	1	-	-
S. ATLANTIC	-	-	966	33,492	37,022	188	165	-	1
Del.	-	-	19	691	681	-	-	-	-
Md.	-	-	40	3,238	3,632	43	47	-	-
D.C.	-	-	18	1,124	1,266	-	-	-	-
Va.	-	-	75	4,346	3,727	13	15	-	-
W. Va.	-	-	12	381	239	2	4	-	1
N.C.	-	-	-	6,801	7,368	20	23	-	-
S.C.	-	-	25	3,229	5,283	9	4	-	-
Ga.	-	-	381	6,273	6,568	61	52	-	-
Fla.	-	-	396	7,409	8,258	40	20	-	-
E.S. CENTRAL	-	1	127	12,286	13,258	24	49	1	-
Ky.	-	1	-	1,312	1,435	2	2	-	-
Tenn.	-	-	59	3,859	3,924	14	22	-	-
Ala.	-	-	68	4,394	4,597	6	23	1	-
Miss.	-	-	-	2,721	3,302	2	2	-	-
W.S. CENTRAL	-	-	54	19,375	21,575	28	27	2	1
Ark.	-	-	54	1,196	2,046	1	-	-	-
La.	-	-	-	4,912	5,072	2	5	-	-
Okla.	-	-	-	1,903	1,944	23	21	-	-
Tex.	-	-	-	11,364	12,513	2	1	2	1
MOUNTAIN	2	-	513	4,054	4,345	96	88	2	2
Mont.	-	-	31	39	49	-	-	-	-
Idaho	-	-	27	38	35	1	1	-	-
Wyo.	-	-	8	27	23	1	-	-	-
Colo.	2	-	173	1,397	1,308	18	24	-	-
N. Mex.	-	-	65	493	406	15	13	-	-
Ariz.	-	-	71	1,409	1,680	47	40	1	1
Utah	-	-	85	152	54	10	3	-	-
Nev.	-	-	53	499	790	4	7	1	1
PACIFIC	-	-	401	10,473	11,606	66	87	1	3
Wash.	-	-	166	1,174	1,232	2	1	1	-
Oreg.	-	-	159	340	507	35	28	-	-
Calif.	-	-	-	8,512	9,453	9	39	-	3
Alaska	-	-	33	234	143	1	3	-	-
Hawaii	-	-	43	213	271	19	16	-	-
Guam	-	-	-	-	22	-	-	-	-
P.R.	-	-	-	229	292	-	1	-	-
V.I.	-	-	-	17	11	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	6	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 June 1, 2002, and June 2, 2001 (22nd Week)*

Reporting Area	*Haemophilus influenzae*, Invasive, Age <5 Years, Non-Serotype B		*Haemophilus influenzae*, Invasive, Age <5 Years, Unknown Serotype		Hepatitis (Viral, Acute), By Type, A		B		C; Non-A, Non-B	
	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001	Cum. 2002	Cum. 2001
UNITED STATES	115	124	7	13	3,550	3,761	2,581	2,799	1,281	1,885
NEW ENGLAND	5	9	-	-	159	195	85	58	15	23
Maine	-	-	-	-	6	5	3	5	-	-
N.H.	-	-	-	-	9	4	8	9	-	-
Vt.	-	-	-	-	-	5	2	3	8	5
Mass.	3	7	-	-	74	66	45	11	7	18
R.I.	-	-	-	-	20	8	14	9	-	-
Conn.	2	2	-	-	50	107	13	21	-	-
MID. ATLANTIC	19	14	1	1	445	503	601	557	592	617
Upstate N.Y.	7	4	-	1	85	105	58	52	26	14
N.Y. City	6	4	-	-	193	183	350	269	-	-
N.J.	4	2	-	-	51	131	111	109	558	573
Pa.	2	4	1	-	116	84	82	127	8	30
E.N. CENTRAL	11	22	-	1	463	472	351	285	50	97
Ohio	5	5	-	-	152	106	44	54	5	5
Ind.	5	4	-	1	24	37	9	14	-	1
Ill.	-	8	-	-	129	141	31	23	7	8
Mich.	-	-	-	-	106	150	267	191	38	83
Wis.	1	5	-	-	52	38	-	3	-	-
W.N. CENTRAL	2	1	2	2	155	159	94	92	369	541
Minn.	2	1	1	-	23	12	5	9	-	1
Iowa	-	-	-	-	40	17	10	8	1	-
Mo.	-	-	1	2	34	31	56	54	362	536
N. Dak.	-	-	-	-	1	-	1	-	-	-
S. Dak.	-	-	-	-	3	1	-	1	-	-
Nebr.	-	-	-	-	5	21	14	11	6	1
Kans.	-	-	-	-	49	77	8	9	-	3
S. ATLANTIC	29	26	-	4	1,096	644	663	504	65	25
Del.	-	-	-	-	8	4	5	9	3	1
Md.	1	4	-	-	129	95	59	58	9	3
D.C.	-	-	-	-	40	20	8	4	-	-
Va.	2	4	-	-	39	57	91	59	1	-
W. Va.	-	-	-	-	10	3	13	14	1	5
N.C.	3	1	-	4	118	49	98	98	12	8
S.C.	4	1	-	-	34	24	39	6	4	3
Ga.	13	13	-	-	266	348	205	167	11	-
Fla.	6	3	-	-	452	44	145	89	24	5
E.S. CENTRAL	7	10	-	2	68	151	74	165	77	108
Ky.	-	-	-	1	23	27	17	21	2	4
Tenn.	5	5	-	-	-	63	-	61	16	27
Ala.	2	4	-	1	21	50	30	44	2	2
Miss.	-	1	-	-	24	11	27	39	57	75
W.S. CENTRAL	6	4	-	-	48	451	169	381	12	390
Ark.	-	-	-	-	21	27	51	46	1	4
La.	1	-	-	-	11	49	12	55	11	92
Okla.	5	4	-	-	15	71	1	44	-	3
Tex.	-	-	-	-	1	304	105	236	-	291
MOUNTAIN	22	10	3	1	290	316	204	208	36	27
Mont.	-	-	-	-	7	5	3	1	-	-
Idaho	-	-	-	-	19	27	3	7	-	1
Wyo.	-	-	-	-	3	2	9	-	5	4
Colo.	2	-	-	-	47	33	42	50	17	5
N. Mex.	4	6	-	1	7	11	39	58	-	10
Ariz.	11	4	2	-	156	172	71	62	3	4
Utah	4	-	-	-	25	28	14	11	-	-
Nev.	1	-	1	-	26	38	23	19	11	3
PACIFIC	14	28	1	2	826	870	340	549	65	57
Wash.	1	-	-	1	68	39	28	44	10	13
Oreg.	4	5	-	-	41	56	65	67	10	10
Calif.	6	21	1	1	709	754	241	425	45	34
Alaska	1	1	-	-	7	12	3	3	-	-
Hawaii	2	1	-	-	1	9	3	10	-	-
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	1	-	-	38	55	24	96	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	24	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 June 1, 2002, and June 2, 2001 (22nd 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	258	329	151	195	1,877	2,090	414	500	8†	73§
NEW ENGLAND	12	14	18	20	84	493	25	37	-	5
Maine	2	-	2	-	-	-	1	3	-	-
N.H.	1	3	2	-	20	6	5	2	-	-
Vt.	-	4	-	-	2	1	1	-	-	1
Mass.	5	2	11	11	46	188	10	16	-	3
R.I.	-	1	1	1	16	35	1	3	-	-
Conn.	4	4	2	8	-	263	7	13	-	1
MID. ATLANTIC	58	77	24	32	1,455	1,128	91	130	4	9
Upstate N.Y.	17	19	11	10	1,006	283	16	18	-	4
N.Y. City	12	6	6	8	62	30	56	80	4	1
N.J.	10	6	3	7	112	240	12	16	-	1
Pa.	19	46	4	7	275	575	7	16	-	3
E.N. CENTRAL	70	90	20	31	20	141	46	69	-	10
Ohio	32	40	9	4	18	5	10	9	-	3
Ind.	6	4	2	3	2	2	1	10	-	4
Ill.	-	10	-	9	-	13	9	25	-	3
Mich.	24	17	7	13	-	1	20	16	-	-
Wis.	8	19	2	2	U	120	6	9	-	-
W.N. CENTRAL	19	18	5	6	36	42	35	15	-	4
Minn.	2	1	-	-	20	23	12	6	-	2
Iowa	4	5	1	-	5	8	2	1	-	-
Mo.	8	8	2	3	9	9	10	4	-	2
N. Dak.	-	-	1	-	-	-	1	-	-	-
S. Dak.	1	-	-	-	-	-	-	-	-	-
Nebr.	4	3	-	1	-	-	5	2	-	-
Kans.	-	1	1	2	2	2	5	2	-	-
S. ATLANTIC	56	39	21	21	215	192	125	94	1	4
Del.	5	-	-	-	30	27	1	1	-	-
Md.	6	7	4	2	114	118	31	36	-	3
D.C.	2	2	-	-	7	7	5	4	-	-
Va.	4	6	1	5	11	32	10	21	-	-
W. Va.	N	N	-	3	2	1	1	1	-	-
N.C.	5	4	2	-	27	5	8	2	-	-
S.C.	5	1	3	2	2	1	4	4	-	-
Ga.	7	5	5	6	1	-	45	16	-	1
Fla.	22	14	6	3	21	1	20	9	1	-
E.S. CENTRAL	7	27	8	8	12	11	6	11	-	2
Ky.	4	6	2	2	5	4	1	2	-	2
Tenn.	-	10	3	3	3	3	2	5	-	-
Ala.	3	7	3	3	4	2	2	3	-	-
Miss.	-	4	-	-	-	2	1	1	-	-
W.S. CENTRAL	2	13	3	18	2	43	3	35	-	1
Ark.	-	-	-	1	-	-	1	2	-	-
La.	-	6	-	-	1	2	2	2	-	-
Okla.	2	2	3	-	-	-	-	1	-	-
Tex.	-	5	-	17	1	41	-	30	-	1
MOUNTAIN	17	19	14	18	10	4	15	20	-	1
Mont.	1	-	-	-	-	-	-	2	-	-
Idaho	-	-	-	1	1	2	-	2	-	1
Wyo.	3	1	-	1	-	1	-	-	-	-
Colo.	4	8	2	4	3	-	7	10	-	-
N. Mex.	1	1	2	3	1	-	1	1	-	-
Ariz.	3	5	8	3	1	-	2	1	-	-
Utah	5	2	2	1	3	-	2	2	-	-
Nev.	-	2	-	5	1	1	3	2	-	-
PACIFIC	17	32	38	41	43	36	68	89	3	37
Wash.	3	6	3	2	-	1	8	2	-	15
Oreg.	N	N	2	4	2	4	3	7	-	2
Calif.	14	21	29	35	41	31	51	73	3	15
Alaska	-	1	-	-	-	-	1	1	-	-
Hawaii	-	4	4	-	N	N	5	6	-	5
Guam	-	-	-	-	-	-	-	-	-	-
P.R.	-	2	-	-	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 eight cases reported, three were indigenous and five were imported from another country.
§ Of 73 cases reported, 37 were indigenous and 36 were imported from another country.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 1, 2002, and June 2, 2001 (22nd 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	756	1,269	118	97	2,278	2,158	2,037	2,912
NEW ENGLAND	53	61	5	-	260	219	318	251
Maine	4	1	-	-	3	-	19	31
N.H.	5	6	3	-	4	18	11	6
Vt.	4	4	-	-	44	23	53	34
Mass.	28	37	2	-	203	165	107	81
R.I.	4	2	-	-	1	1	20	27
Conn.	8	11	-	-	5	12	108	72
MID. ATLANTIC	74	123	12	9	117	167	376	440
Upstate N.Y.	25	39	2	2	81	92	229	276
N.Y. City	10	22	1	4	5	23	9	7
N.J.	11	25	1	-	3	2	59	67
Pa.	28	37	8	3	28	50	79	90
E.N. CENTRAL	100	182	15	14	286	241	23	21
Ohio	46	53	3	1	169	132	4	3
Ind.	21	16	1	1	18	19	5	1
Ill.	-	43	6	10	44	26	6	3
Mich.	21	41	5	2	33	20	8	10
Wis.	12	29	-	-	22	44	-	4
W.N. CENTRAL	75	82	10	4	238	85	162	147
Minn.	18	12	2	1	70	17	9	16
Iowa	11	20	-	-	87	10	21	30
Mo.	29	28	3	-	51	40	16	13
N. Dak.	-	3	1	-	-	-	8	19
S. Dak.	2	4	-	-	5	3	20	21
Nebr.	10	6	-	1	4	2	-	1
Kans.	5	9	4	2	21	13	88	47
S. ATLANTIC	132	169	17	16	175	95	863	1,004
Del.	5	-	-	-	2	-	9	20
Md.	5	26	3	4	18	15	119	207
D.C.	-	-	-	-	1	1	-	-
Va.	19	23	3	2	82	10	218	178
W. Va.	-	4	-	-	4	1	75	57
N.C.	15	45	1	1	18	33	276	259
S.C.	14	19	2	1	25	18	31	53
Ga.	21	31	4	7	12	9	132	146
Fla.	53	21	4	1	13	8	3	84
E.S. CENTRAL	39	81	9	3	55	39	66	130
Ky.	6	13	4	1	15	11	9	10
Tenn.	17	31	2	-	32	15	42	106
Ala.	10	29	2	-	8	10	15	14
Miss.	6	8	1	2	-	3	-	-
W.S. CENTRAL	43	217	10	8	474	142	40	641
Ark.	19	12	-	-	229	8	-	-
La.	13	54	1	2	2	4	-	4
Okla.	10	18	-	-	27	3	40	39
Tex.	1	133	9	6	216	127	-	598
MOUNTAIN	56	66	7	7	335	837	81	108
Mont.	2	1	-	-	2	6	4	16
Idaho	3	7	1	-	35	159	-	1
Wyo.	-	4	-	1	5	-	9	18
Colo.	17	24	1	1	151	150	-	-
N. Mex.	1	8	-	2	35	40	4	4
Ariz.	18	11	-	1	81	455	63	68
Utah	4	7	4	1	18	18	-	-
Nev.	11	4	1	1	8	9	1	1
PACIFIC	184	288	33	36	338	333	108	170
Wash.	35	37	-	-	135	45	-	-
Oreg.	28	36	N	N	57	16	-	-
Calif.	115	205	26	20	139	258	84	134
Alaska	1	2	-	1	2	-	24	36
Hawaii	5	8	7	15	5	14	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	1	2	-	-	1	2	31	50
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 1, 2002, and June 2, 2001 (22nd 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	171	78	4	9	2	-	10,637	11,499
NEW ENGLAND	-	-	-	-	-	-	648	854
Maine	-	-	-	-	-	-	58	93
N.H.	-	-	-	-	-	-	36	55
Vt.	-	-	-	-	-	-	24	33
Mass.	-	-	-	-	-	-	365	478
R.I.	-	-	-	-	-	-	30	42
Conn.	-	-	-	-	-	-	135	153
MID. ATLANTIC	9	5	1	3	-	-	1,353	1,652
Upstate N.Y.	2	-	-	1	-	-	428	356
N.Y. City	1	1	-	2	-	-	499	428
N.J.	-	2	1	-	-	-	176	423
Pa.	6	2	-	-	-	-	250	445
E.N. CENTRAL	3	7	-	2	-	-	1,828	1,611
Ohio	3	1	-	-	-	-	516	491
Ind.	-	-	-	-	-	-	150	141
Ill.	-	6	-	2	-	-	559	448
Mich.	-	-	-	-	-	-	329	258
Wis.	-	-	-	-	-	-	274	273
W.N. CENTRAL	17	16	-	2	-	-	845	686
Minn.	-	-	-	-	-	-	195	227
Iowa	-	1	-	1	-	-	130	105
Mo.	16	15	-	-	-	-	330	159
N. Dak.	-	-	-	-	-	-	9	11
S. Dak.	-	-	-	-	-	-	29	42
Nebr.	-	-	-	-	-	-	51	51
Kans.	1	-	-	1	-	-	101	91
S. ATLANTIC	120	27	1	1	-	-	2,575	2,467
Del.	-	-	-	-	-	-	15	27
Md.	17	4	1	-	-	-	261	243
D.C.	-	-	-	-	-	-	27	29
Va.	3	1	-	-	-	-	266	403
W. Va.	-	-	-	-	-	-	37	36
N.C.	59	12	-	-	-	-	388	402
S.C.	27	4	-	-	-	-	162	276
Ga.	13	3	-	-	-	-	618	401
Fla.	1	3	-	1	-	-	801	650
E.S. CENTRAL	17	13	-	-	1	-	612	608
Ky.	-	-	-	-	-	-	103	107
Tenn.	12	11	-	-	1	-	181	153
Ala.	5	1	-	-	-	-	191	198
Miss.	-	1	-	-	-	-	137	150
W.S. CENTRAL	3	7	1	-	-	-	345	1,216
Ark.	-	4	-	-	-	-	170	143
La.	-	1	-	-	-	-	71	244
Okla.	3	2	-	-	-	-	102	82
Tex.	-	-	1	-	-	-	2	747
MOUNTAIN	2	3	-	-	-	-	770	705
Mont.	-	-	-	-	-	-	35	29
Idaho	-	1	-	-	-	-	51	41
Wyo.	1	1	-	-	-	-	20	26
Colo.	-	-	-	-	-	-	202	198
N. Mex.	-	-	-	-	-	-	105	91
Ariz.	-	-	-	-	-	-	223	186
Utah	-	1	-	-	-	-	60	78
Nev.	1	-	-	-	-	-	74	56
PACIFIC	-	-	1	1	1	-	1,661	1,700
Wash.	-	-	-	-	-	-	147	162
Oreg.	-	-	-	-	-	-	143	105
Calif.	-	-	1	-	-	-	1,248	1,279
Alaska	-	-	-	-	-	-	23	18
Hawaii	-	-	-	1	1	-	100	136
Guam	-	-	-	-	-	-	-	3
P.R.	-	-	-	-	-	-	53	313
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	14	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 June 1, 2002, and June 2, 2001 (22nd 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	5,072	5,566	1,985	2,050	1,271	1,552	106	209
NEW ENGLAND	98	96	100	138	5	74	10	61
Maine	3	3	14	8	-	-	-	-
N.H.	4	1	22	9	-	-	-	-
Vt.	-	3	7	8	3	6	1	-
Mass.	69	65	49	42	-	-	9	34
R.I.	4	7	8	6	2	-	-	1
Conn.	18	17	-	65	-	68	-	26
MID. ATLANTIC	292	569	347	319	63	89	36	59
Upstate N.Y.	64	176	173	140	59	87	36	59
N.Y. City	168	169	81	99	U	U	-	-
N.J.	21	118	67	57	-	-	-	-
Pa.	39	106	26	23	4	2	-	-
E.N. CENTRAL	553	806	293	460	105	112	32	71
Ohio	302	251	118	117	-	-	-	-
Ind.	31	109	18	36	101	112	24	35
Ill.	127	211	4	157	2	-	-	25
Mich.	58	132	153	109	2	-	8	11
Wis.	35	103	-	41	-	-	-	-
W.N. CENTRAL	482	558	140	204	322	123	22	17
Minn.	93	205	69	79	232	87	22	16
Iowa	37	97	-	-	-	-	-	-
Mo.	58	117	31	47	5	9	-	-
N. Dak.	7	12	-	7	1	2	-	1
S. Dak.	131	54	9	7	1	3	-	-
Nebr.	104	34	13	23	23	5	-	-
Kans.	52	39	18	41	60	17	-	-
S. ATLANTIC	2,014	792	374	337	657	842	6	1
Del.	6	4	1	2	3	2	-	-
Md.	324	45	55	25	-	-	-	-
D.C.	23	23	5	3	33	3	1	-
Va.	361	58	41	51	-	-	-	-
W. Va.	2	4	7	10	32	30	-	1
N.C.	119	157	73	77	-	-	-	-
S.C.	26	79	25	6	114	182	5	-
Ga.	709	114	106	107	210	250	-	-
Fla.	444	308	61	56	265	375	-	-
E.S. CENTRAL	428	525	57	40	77	159	-	-
Ky.	58	175	6	16	8	19	-	-
Tenn.	24	41	51	24	69	139	-	-
Ala.	194	113	-	-	-	1	-	-
Miss.	152	196	-	-	-	-	-	-
W.S. CENTRAL	262	1,101	24	176	17	125	-	-
Ark.	83	255	4	-	5	12	-	-
La.	50	116	-	-	12	85	-	-
Okla.	128	15	19	26	-	28	-	-
Tex.	1	715	1	150	-	-	-	-
MOUNTAIN	226	300	364	201	25	27	-	-
Mont.	1	-	-	-	-	-	-	-
Idaho	2	14	5	3	-	-	-	-
Wyo.	3	2	6	4	9	4	-	-
Colo.	46	65	132	81	-	-	-	-
N. Mex.	48	52	59	42	16	22	-	-
Ariz.	97	125	162	68	-	-	-	-
Utah	15	19	-	3	-	-	-	-
Nev.	14	23	-	-	-	1	-	-
PACIFIC	717	819	286	175	-	1	-	-
Wash.	42	70	26	-	-	-	-	-
Oreg.	37	44	-	-	-	-	-	-
Calif.	616	685	226	153	-	-	-	-
Alaska	2	2	-	-	-	-	-	-
Hawaii	20	18	34	22	-	1	-	-
Guam	-	24	-	1	-	-	-	-
P.R.	1	6	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	6	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 June 1, 2002, and June 2, 2001 (22nd 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	2,424	2,278	39	192	4,279	5,093	100	122
NEW ENGLAND	40	16	-	3	140	171	10	7
Maine	-	-	-	-	5	7	-	1
N.H.	2	1	-	-	6	8	-	1
Vt.	1	1	-	-	-	4	-	-
Mass.	25	9	-	2	80	92	8	4
R.I.	2	1	-	-	15	23	-	-
Conn.	10	4	-	1	34	37	2	1
MID. ATLANTIC	266	199	6	28	876	895	27	37
Upstate N.Y.	12	5	1	16	120	131	4	8
N.Y. City	157	115	-	-	450	451	13	11
N.J.	47	35	5	10	220	198	9	16
Pa.	50	44	-	2	86	115	1	2
E.N. CENTRAL	438	358	-	29	440	518	11	17
Ohio	60	38	-	1	65	99	4	2
Ind.	27	78	-	4	46	35	1	1
Ill.	113	125	-	22	233	269	1	9
Mich.	230	104	-	2	90	84	3	3
Wis.	8	13	-	-	6	31	2	2
W.N. CENTRAL	37	32	-	5	210	208	4	6
Minn.	17	17	-	-	95	93	3	2
Iowa	-	1	-	-	14	18	-	-
Mo.	10	6	-	3	67	47	1	4
N. Dak.	-	-	-	-	-	3	-	-
S. Dak.	-	-	-	-	9	6	-	-
Nebr.	4	-	-	-	9	16	-	-
Kans.	6	8	-	2	16	25	-	-
S. ATLANTIC	607	835	5	48	790	997	11	17
Del.	8	6	-	-	7	-	-	-
Md.	66	112	-	1	89	79	1	4
D.C.	36	14	-	1	-	34	-	-
Va.	27	49	-	1	60	97	-	4
W. Va.	-	-	-	-	9	12	-	-
N.C.	130	207	-	7	119	129	-	1
S.C.	53	113	-	9	59	92	-	-
Ga.	97	128	-	11	130	184	7	6
Fla.	190	206	5	18	317	370	3	2
E.S. CENTRAL	248	246	1	9	294	309	2	-
Ky.	37	18	-	-	48	38	2	-
Tenn.	100	137	-	4	106	105	-	-
Ala.	84	40	1	2	94	116	-	-
Miss.	27	51	-	3	46	50	-	-
W.S. CENTRAL	337	291	25	35	568	782	-	6
Ark.	12	20	-	2	53	53	-	-
La.	51	56	-	-	-	-	-	-
Okla.	28	33	-	2	54	52	-	-
Tex.	246	182	25	31	461	677	-	6
MOUNTAIN	133	82	1	7	112	205	8	4
Mont.	-	-	-	-	4	-	-	1
Idaho	2	-	-	-	-	3	-	-
Wyo.	-	-	-	-	2	1	-	-
Colo.	10	14	1	-	21	56	4	-
N. Mex.	21	8	-	-	8	31	-	-
Ariz.	91	51	-	7	63	73	-	-
Utah	6	6	-	-	12	6	3	-
Nev.	3	3	-	-	2	35	1	3
PACIFIC	318	219	1	28	849	1,008	27	28
Wash.	20	23	-	-	92	91	3	1
Oreg.	5	6	-	-	33	40	2	3
Calif.	288	186	1	28	640	794	22	22
Alaska	-	-	-	-	24	18	-	-
Hawaii	5	4	-	-	60	65	-	2
Guam	-	2	-	-	-	28	-	1
P.R.	91	116	-	11	8	47	-	-
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	13	U	-	U	19	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).
† Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE III. Deaths in 122 U.S. cities,* week ending June 1, 2002 (22nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	375	287	61	20	3	4	37
Boston, Mass.	U	U	U	U	U	U	U
Bridgeport, Conn.	41	33	6	1	-	1	2
Cambridge, Mass.	15	11	2	2	-	-	1
Fall River, Mass.	22	17	4	1	-	-	3
Hartford, Conn.	U	U	U	U	U	U	U
Lowell, Mass.	22	12	7	3	-	-	4
Lynn, Mass.	8	6	1	-	1	-	-
New Bedford, Mass.	27	23	4	-	-	-	2
New Haven, Conn.	43	28	9	6	-	-	7
Providence, R.I.	65	54	9	1	1	-	4
Somerville, Mass.	2	1	-	-	-	1	-
Springfield, Mass.	49	39	8	2	-	-	4
Waterbury, Conn.	28	21	5	-	1	1	-
Worcester, Mass.	53	42	6	4	-	1	10
MID. ATLANTIC	2,258	1,574	456	147	50	31	126
Albany, N.Y.	48	37	7	3	1	-	5
Allentown, Pa.	16	11	4	1	-	-	2
Buffalo, N.Y.	85	60	20	2	1	2	7
Camden, N.J.	32	18	6	4	3	1	1
Elizabeth, N.J.	15	12	3	-	-	-	4
Erie, Pa.	61	50	6	3	2	-	2
Jersey City, N.J.	28	20	6	2	-	-	-
New York City, N.Y.	1,053	740	209	68	18	18	41
Newark, N.J.	60	27	28	4	1	-	2
Paterson, N.J.	19	11	5	3	-	-	1
Philadelphia, Pa.	435	284	91	36	18	6	30
Pittsburgh, Pa.§	29	22	3	1	-	3	1
Reading, Pa.	17	12	3	2	-	-	-
Rochester, N.Y.	141	102	27	9	2	1	12
Schenectady, N.Y.	25	21	3	1	-	-	1
Scranton, Pa.	25	20	3	1	1	-	3
Syracuse, N.Y.	115	88	21	5	1	-	10
Trenton, N.J.	14	8	4	1	1	-	2
Utica, N.Y.	15	12	2	-	1	-	-
Yonkers, N.Y.	25	19	5	1	-	-	2
E.N. CENTRAL	1,435	990	302	83	26	34	98
Akron, Ohio	42	28	9	3	-	2	2
Canton, Ohio	41	31	9	1	-	-	5
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	73	47	17	1	3	5	6
Cleveland, Ohio	105	67	30	6	1	1	5
Columbus, Ohio	170	113	36	15	3	3	5
Dayton, Ohio	93	63	22	8	-	-	15
Detroit, Mich.	188	91	58	22	7	10	9
Evansville, Ind.	36	31	2	2	-	1	1
Fort Wayne, Ind.	66	49	11	3	2	1	2
Gary, Ind.	15	9	5	1	-	-	1
Grand Rapids, Mich.	33	25	6	1	1	-	3
Indianapolis, Ind.	181	125	37	11	4	4	12
Lansing, Mich.	58	44	12	2	-	-	8
Milwaukee, Wis.	81	59	17	3	1	1	7
Peoria, Ill.	41	33	5	2	-	1	3
Rockford, Ill.	66	55	7	1	1	2	7
South Bend, Ind.	49	44	3	-	1	1	5
Toledo, Ohio	53	39	10	1	2	1	1
Youngstown, Ohio	44	37	6	-	-	1	1
W.N. CENTRAL	633	409	124	51	31	18	46
Des Moines, Iowa	89	64	18	4	1	2	15
Duluth, Minn.	39	36	2	-	-	1	5
Kansas City, Kans.	20	12	4	3	1	-	3
Kansas City, Mo.	95	62	16	7	7	3	7
Lincoln, Nebr.	32	21	9	1	1	-	2
Minneapolis, Minn.	80	44	20	7	5	4	4
Omaha, Nebr.	81	40	16	13	10	2	2
St. Louis, Mo.	67	40	15	8	3	1	-
St. Paul, Minn.	48	36	9	-	1	2	3
Wichita, Kans.	82	54	15	8	2	3	5
S. ATLANTIC	926	573	218	78	37	20	58
Atlanta, Ga.	112	71	22	13	4	2	6
Baltimore, Md.	164	89	41	20	10	4	8
Charlotte, N.C.	91	52	23	8	3	5	9
Jacksonville, Fla.	U	U	U	U	U	U	U
Miami, Fla.	99	51	30	11	6	1	6
Norfolk, Va.	54	38	8	3	2	3	2
Richmond, Va.	55	32	12	8	2	1	3
Savannah, Ga.	64	36	24	2	2	-	7
St. Petersburg, Fla.	54	38	10	4	2	-	6
Tampa, Fla.	133	100	23	4	4	2	10
Washington, D.C.	100	66	25	5	2	2	1
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	509	343	113	35	10	8	35
Birmingham, Ala.	134	80	36	13	1	4	10
Chattanooga, Tenn.	66	46	15	2	2	1	4
Knoxville, Tenn.	91	64	15	8	2	2	3
Lexington, Ky.	44	32	10	1	1	-	5
Memphis, Tenn.	U	U	U	U	U	U	U
Mobile, Ala.	58	40	13	3	2	-	3
Montgomery, Ala.	26	20	5	1	-	-	3
Nashville, Tenn.	90	61	19	7	2	1	7
W.S. CENTRAL	1,237	789	267	110	37	34	71
Austin, Tex.	83	55	9	13	6	-	3
Baton Rouge, La.	38	25	7	4	-	2	1
Corpus Christi, Tex.	U	U	U	U	U	U	U
Dallas, Tex.	157	85	46	16	3	7	9
El Paso, Tex.	109	74	22	9	3	1	7
Ft. Worth, Tex.	91	61	20	4	4	2	4
Houston, Tex.	320	187	80	35	8	10	19
Little Rock, Ark.	51	36	7	4	3	1	2
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	214	139	39	18	10	8	15
Shreveport, La.	69	48	14	5	-	2	5
Tulsa, Okla.	105	79	23	2	-	1	6
MOUNTAIN	758	494	151	70	26	17	56
Albuquerque, N.M.	74	47	16	5	4	2	3
Boise, Idaho	40	28	5	3	2	2	4
Colo. Springs, Colo.	51	39	7	3	-	2	1
Denver, Colo.	89	50	27	8	2	2	12
Las Vegas, Nev.	184	114	40	19	8	3	12
Ogden, Utah	23	16	3	3	1	-	1
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	32	27	3	2	-	-	2
Salt Lake City, Utah	131	82	24	15	5	5	11
Tucson, Ariz.	134	91	26	12	4	1	10
PACIFIC	1,061	738	215	64	29	15	83
Berkeley, Calif.	20	15	2	2	-	1	-
Fresno, Calif.	64	43	11	6	3	1	4
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	63	41	16	3	2	1	4
Long Beach, Calif.	52	38	12	1	1	-	6
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	20	15	4	-	1	-	1
Portland, Oreg.	87	58	17	5	3	4	4
Sacramento, Calif.	163	114	35	8	4	2	16
San Diego, Calif.	134	95	23	12	3	1	24
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	142	101	29	6	4	2	12
Santa Cruz, Calif.	36	27	6	3	-	-	2
Seattle, Wash.	109	69	25	12	3	-	5
Spokane, Wash.	58	49	7	1	-	1	3
Tacoma, Wash.	113	73	28	5	5	2	2
TOTAL	9,192¶	6,197	1,907	658	249	181	610

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.

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