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Nonfatal Choking-Related Episodes Among Children — United States, 2001

Food and nonfood substances can present a choking hazard for children, particularly younger children (*1,2*). During 2000, the latest year for which national mortality data were available, 160 children aged ≤14 years died from obstruction of the respiratory tract associated with inhaled or ingested foreign bodies (*International Classification of Diseases, Tenth Revision*, codes W79–W80); food and nonfood substances were associated with 41% and 59% of these deaths, respectively (CDC, unpublished data, 2002). To characterize nonfatal choking-related episodes in children treated in U.S. hospital emergency departments (EDs) during 2001, CDC analyzed data from the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP). This report summarizes the results of this analysis, which indicate that an estimated 17,537 children aged ≤14 years were treated in EDs for choking-related episodes in 2001. Many of these episodes were associated with candy/gum (19.0%) and coins (12.7%). Parents and caregivers should be aware of the types of foods and objects that pose a choking risk for children, become familiar with methods to reduce this risk, and be able to treat choking in children.

NEISS-AIP is operated by the U.S. Consumer Product Safety Commission and collects data on initial visits for all types and causes of injuries treated in U.S. EDs (*3*). NEISS-AIP data are drawn from a nationally representative subsample of 66 (out of 100) NEISS-AIP hospitals, which were selected as a stratified probability sample of hospitals with a minimum of six beds and a 24-hour ED in the United States and its territories. NEISS-AIP provides data on approximately 500,000 injury- and consumer product–related ED cases each year.

Cases in this report occurred among patients aged ≤14 years treated for unintentional, nonfatal choking-related episodes in which the external cause of injury was coded as inhalation or suffocation, or a brief narrative describing the episode included "choke," "choked," or "choking." Patients were excluded if the episode was related to smoke inhalation, choking on secretions or vomitus, submersion injury, strangulation, breath-holding spell, exposure to a toxic or noxious substance, or poisoning. Because deaths are not captured completely by NEISS-AIP, children who were dead on arrival or who died in EDs also were excluded. The narratives were reviewed for all cases to classify, when possible, the food and nonfood substances associated with the choking episode.

Each case was assigned a sample weight based on the inverse probability of selection; these weights were added to provide national estimates of choking-related episodes. Estimates were based on weighted data for 526 children with choking-related episodes treated at NEISS-AIP hospital EDs during 2001. Confidence intervals (CIs) were calculated by using a direct variance estimation procedure that accounted for the sample weights and complex sample design. Rates were calculated by using 2001 U.S. Census Bureau population estimates.

In 2001, an estimated 17,537 (95% CI=12,319–22,755) children aged ≤14 years were treated in EDs for choking-related episodes for a rate of 29.9 per 100,000 population (95% CI=21.0–38.8) (Table). Rates were highest for infants aged <1 year (140.4) and decreased with age. The rate for boys (32.1) was similar to that for girls (27.3).

INSIDE

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TABLE. Number, percentage, and rate* of nonfatal choking–related episodes among children aged ≤14 years, by selected characteristics — United States, National Electronic Injury Surveillance System-All Injury Program, 2001

Characteristic	No.†	%	Rate	(95% CI§)
Age (yrs)				
<1	5,341	(30.5)	140.4	(90.1–190.7)
1	3,942	(22.5)	104.9	(59.9–150.0)
2	2,124	(12.1)	56.5	(26.7– 86.3)
3	2,104	(12.0)	55.9	(25.9– 86.0)
4	915	(5.2)	23.9	(10.9– 37.0)
5–9	2,179	(12.4)	11.1	(5.8– 16.5)
10–14	931	(5.3)	4.6	(2.3– 6.8)
Sex				
Male	9,656	(55.1)	32.1	(20.1– 44.2)
Female	7,831	(44.7)	27.3	(19.6– 35.0)
Unknown	50	(0.3)		
Substance				
Food	10,438	(59.5)	17.8	(11.7– 23.8)
Candy/Gum	3,325	(19.0)	5.7	(3.6– 7.7)
Other solid food¶	5,192	(29.6)	8.8	(5.2– 12.5)
Liquid	1,328	(7.6)	2.3	(0.9– 3.6)
Unspecified	594**	(3.4)	1.0**	(0.1– 1.9)
Nonfood	5,513	(31.4)	9.4	(5.4– 13.4)
Coins	2,229	(12.7)	3.8	(1.5– 6.1)
Other††	3,284	(18.7)	5.6	(3.2– 8.0)
Unknown	1,586	(9.0)	2.7	(1.2– 4.2)
Total	**17,537**	**(100.0)**	**29.9**	**(21.0– 38.8)**

* Per 100,000 population.
† Numbers might not add to total because of rounding.
§ Confidence interval.
¶ Includes cookies, chips/crackers, popcorn, nuts/seeds, bones, bread/sandwich, meat/fish/poultry, fruit, pasta/rice/cereal, vegetables, and other specified food.
** Estimates might be unstable because the coefficient of variation is >30%.
†† Includes toys, marbles, balloons, puzzle pieces, paper, pen caps, tape, screws and other hardware, keys, plastic, cellophane, plants, rocks, jewelry, hair accessories, soda can tabs, and other specified nonfood items.

Although the majority of patients were treated and released, 1,844 (10.5%; 95% CI=3.1–18.0) were hospitalized or transferred to a facility with a higher level of care.

Of the 17,537 children treated in EDs, 10,438 (59.5%; 95% CI=39.3%–79.7%) were treated for choking on a food substance, 5,513 (31.4%; 95% CI=18.0%–44.9%) on a nonfood substance, and 1,586 (9.0%; 95% CI=4.1%–14.0%) on an undetermined substance. Of overall choking-related cases, 2,229 (12.7%; 95% CI=5.0%–20.4%) were associated with coins, and 3,325 (19.0%; 95% CI=12.1%–25.8%) were associated with candy/gum. Of episodes related to candy/gum, 2,153 (64.8%; 95% CI=35.5%–94.0%) were associated with hard candy, 419 (12.6%; 95% CI=3.8%–21.4%) with other specified types of candy (e.g., chocolate and gummy candy) and gum, and 752 (22.6%; 95% CI=8.2%–37.1%) with an unspecified candy.

Food and nonfood substances associated with choking-related episodes varied by age group. Food substances accounted for 2,355 (75.7%; 95% CI=40.3%–111.2%) choking-related episodes among children aged 5–14 years, 5,302 (58.4%; 95% CI=37.8%–78.9%) episodes among children aged 1–4 years, and 2,781 (52.1%; 95% CI=30.7%–73.4%) episodes among infants aged <1 year. Candy/gum was associated with approximately one fourth of choking-related episodes among children aged 5–14 years (860 [27.6%; 95% CI=11.4%–43.9%]) and those aged 1–4 years (2,223 [24.5%; 95% CI=14.7%–34.2%]). Coins accounted for 1,658 (18.2%; 95% CI=5.8%–30.7%) choking-related episodes among children aged 1–4 years.

Reported by: *K Gotsch, JL Annest, PhD, P Holmgreen, MS, Office of Statistics and Programming; J Gilchrist, MD, Div of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC.*

Editorial Note: This report provides national estimates of nonfatal choking-related episodes in children aged ≤14 years. On the basis of national mortality data compared with estimates described in this report, for every choking-related death in this age group, an estimated 110 children were treated for choking-related episodes in U.S. hospital EDs. Children are at risk for infection in the respiratory tract and complications associated with lack of oxygen from airway obstruction, including permanent brain damage and death (*4,5*).

Several public health strategies can reduce the risk for choking in children, including public education, product-safety labeling, changes in product design, and the instruction of parents and caregivers in emergency preparedness for the early treatment of choking. Public education can increase the awareness of the problem, the items that present a choking hazard, the ages at which children are at highest risk, and the importance of adult supervision when young children are eating and playing. Product-safety labeling can inform consumers of potential choking dangers through age-appropriate labeling on toys and warnings on high-risk items (e.g., balloon packages and small balls). The design of some products has changed to reduce choking risks, such as eliminating small parts of toys designed for toddlers and nonfood toys packaged with food items. In addition, parents and caregivers can receive instruction on treating choking from health-care providers or take courses that teach basic lifesaving skills and first aid. Further evaluation of all of these strategies is needed to assess their effectiveness in reducing fatal and nonfatal choking-related episodes.

Parents and caregivers can reduce choking hazards in a child's environment. Special attention should be given to food and nonfood items (e.g., candy, nuts, and coins) commonly involved in choking. Younger children are particularly at risk because of their tendency to place objects in their mouths, poor chewing ability, and narrow airways compared with those of older children (*1,2*). Recommendations are available to guide parents and caregivers about the types of food items that are inappropriate for children aged <4 years (*6,7*). Removal of nonfood choking hazards also is important for infants and children aged ≤4 years because approximately one third of all choking episodes involve nonfood items.

Because complete removal of all choking hazards is unlikely, parents and caregivers should learn how to treat a child who is choking. A federal campaign has been launched to encourage parents and caregivers to learn early treatment of childhood medical emergencies, including choking (*8*). Early and effective treatment is crucial to prevent morbidity and mortality from childhood choking. Methods taught routinely in courses on cardiopulmonary resuscitation (CPR) or first aid can be lifesaving when instituted early by trained parents and caregivers (*9*). Opening the airway quickly by ejecting the foreign body can avoid potentially severe injuries. The American Academy of Pediatrics recommends that all parents and caregivers participate in the American Heart Association's Basic Lifesaving Course or the American Red Cross' Infant/Child CPR Course (*10*).

The findings in this report are subject to at least five limitations. First, the analysis included all cases in which choking was involved. It was not possible, using information obtained in NEISS-AIP, to distinguish cases in which the child choked on a substance that entered and blocked the airway from other cases in which the child choked as the result of pharyngeal irritation or an esophageal foreign body. Second, this report considered only cases treated in EDs and did not include deaths or episodes in which medical care was obtained at a physician's office or another health-care facility or was not received at all. For example, only 55% of choking children for whom emergency medical services were contacted were transported to EDs for care (*1*). Third, NEISS-AIP does not provide information on outcomes after discharge from EDs. Fourth, NEISS-AIP is designed to provide national estimates and does not provide state or local estimates. Finally, exposure to candy, food, and other items differs by age group and was not considered in this analysis.

Parents, caregivers, health-care providers, and the public should remain vigilant in the prevention and treatment of choking-related episodes. Additional information about choking prevention and treatment is available from CDC's Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control at http://www.cdc.gov/ncipc/duip/spotlite/choking.htm.

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Prevalence of Self-Reported Arthritis or Chronic Joint Symptoms Among Adults — United States, 2001

Arthritis and other rheumatic conditions comprise the leading cause of disability among adults in the United States (*1*), and the cost of this public health burden is expected to increase as the U.S. population ages (*2*). State-specific estimates of the prevalence of arthritis and chronic joint symptoms (CJS) are important for planning health services and programs to prevent arthritis-related disability and for tracking progress toward meeting state and national health objectives for 2010 (*3*). In 2001, questions about arthritis and CJS were asked of adult respondents in every state through the Behavioral Risk Factor Surveillance System (BRFSS). This report summarizes the results of that survey, which indicate that the estimated U.S. prevalence of arthritis/CJS was 33.0% among adults. Increased intervention efforts, including early diagnosis and appropriate clinical and self-management (e.g., physical activity, education, and maintaining appropriate weight), are needed to reduce the impact of arthritis and CJS.

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized U.S. population aged ≥18 years. BRFSS is administered in all 50 states, the District of Columbia, and Puerto Rico (*4*). Respondents were classified as having CJS if they answered "yes" to two questions: "In the past 12 months, have you had pain, aching, stiffness, or swelling in or around a joint?" and "Were these symptoms present on most days for at least a month?" Respondents were considered to have physician-diagnosed arthritis if they answered "yes" to the question, "Have you ever been told by a doctor that you have arthritis?" Respondents reporting either CJS or physician-diagnosed arthritis were classified as having arthritis/CJS. Respondents who did not know, were not sure, or refused to answer were classified as not having either condition. The median response rate for 2001 was 51.4%. Data were weighted by age and sex to reflect each state's most recent adult population estimate. SUDAAN was used to calculate point estimates and 95% confidence intervals (CIs).

In 2001, the estimated prevalence of arthritis/CJS among U.S. adults was 33.0% (95% CI=32.7%–33.4%), representing approximately 69.9 million adults (Table 1), including 10.6% (22.4 million) of the adult population with physician-diagnosed arthritis only, 10.0% (20.9 million) with CJS only, and 12.4% (26.6 million) with both. Prevalence increased with age. Women had higher prevalence than men, and non-Hispanic whites and non-Hispanic blacks had higher prevalence than Hispanics and persons of other racial/ethnic groups. Other groups with higher prevalence were persons who had not completed high school, those who were physically inactive, and those who were obese or overweight (i.e., having a body mass index ≥25.0). The median state prevalence was 33.1% (range: 17.8% [Hawaii]–42.6% [West Virginia]) (Table 2), with states in the central and northwestern United States having the highest prevalence (Figure). To reflect each state's burden of arthritis/CJS more accurately, state estimates were made without any adjustment; comparisons among states would require adjusting for recognized risk factors such as age, which differ among states.

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Editorial Note: The findings in this report provide the first direct measurements of arthritis/CJS prevalence for all states. Self-reports are required to estimate prevalence in the

TABLE 1. Estimated number and percentage of persons aged ≥18 years with arthritis/chronic joint symptoms, by selected characteristics — United States, Behavioral Risk Factor Surveillance System, 2001

Characteristic	No.*	%	(95% CI†)
Age group (yrs)			
18–44	20,610	19.0	(18.5–19.4)
45–64	27,112	42.1	(41.5–42.8)
≥65	21,704	58.8	(58.0–59.7)
Sex			
Male	28,926	28.4	(27.9–28.9)
Female	41,008	37.3	(36.9–37.8)
Race/Ethnicity			
White, non-Hispanic	53,247	35.3	(34.9–35.7)
Black, non-Hispanic	6,330	31.5	(30.3–32.6)
Hispanic	5,796	23.3	(21.9–24.7)
Other	3,798	27.8	(26.2–29.3)
Education level			
<8 yrs	4,519	44.3	(42.0–46.6)
9–11 yrs	6,964	40.7	(39.3–42.1)
High school or equivalent	23,302	35.8	(35.2–36.5)
13–15 yrs	18,799	32.8	(32.2–33.5)
≥16 yrs	16,086	26.1	(25.6–26.7)
Physical activity			
Recommended§	25,924	28.9	(28.4–29.4)
Insufficient¶	24,691	32.3	(31.6–32.8)
Inactive**	14,047	44.5	(43.5–45.5)
Body Mass Index (BMI)			
BMI <18.5 (underweight)	1,153	27.2	(24.9–29.6)
BMI 18.5–24.9 (normal)	21,532	26.6	(26.1–27.1)
BMI 25.0–29.9 (overweight)	25,011	33.6	(33.0–34.2)
BMI ≥30 (obese)	18,879	44.6	(43.7–45.4)
Total	**69,934**	**33.0**	**(32.7–33.4)**

* In thousands.
† Confidence interval.
§ Recommended activity is moderate physical activity ≥5 days per week for ≥30 minutes per day, vigorous physical activity on ≥3 days per week for ≥20 minutes per day, or both. Physical activity includes leisure-time, household, and transportation activities.
¶ Insufficient activity is some activity but not enough to meet recommendations.
** Inactive is no reported moderate or vigorous physical activity in leisure-time, household, or transportation activities.

population because many persons with arthritis/CJS do not see a clinician for their symptoms, and their conditions remain undiagnosed (*5*). Methods to capture self-reported arthritis at the national and state levels have evolved over time. An earlier definition of arthritis based on the *International Classification of Diseases, Ninth Clinical Modification* (ICD-9-CM) was used to generate the previous national estimate of 43 million (*6*) and to develop indirect, synthetic state estimates for 1990 by using age-, race/ethnicity-, and region-specific rates (*7*).

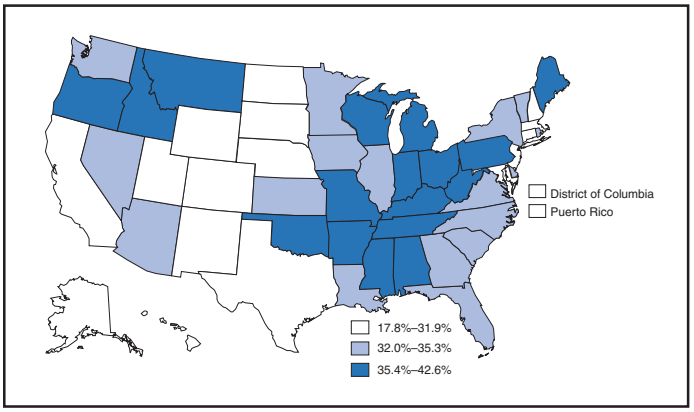
Since 1996, a different set of self-report questions, developed in part by the National Arthritis Data Workgroup and not ICD-9-CM–based, has been used in BRFSS in selected

TABLE 2. Estimated number and percentage of persons aged ≥18 years with arthritis/chronic joint symptoms, by state/area — United States, Behavioral Risk Factor Surveillance System, 2001

State/Area	No.*	%	(95% CI†)
Alabama	1,355	40.5	(38.4–42.6)
Alaska	129	29.1	(26.8–31.5)
Arizona	1,278	33.3	(30.9–35.6)
Arkansas	786	39.1	(37.1–41.1)
California	7,023	28.0	(26.4–29.7)
Colorado	1,001	30.8	(28.6–33.0)
Connecticut	800	30.6	(29.4–31.8)
Delaware	206	34.4	(32.4–36.4)
District of Columbia	130	28.7	(26.3–31.1)
Florida	4,232	33.7	(32.1–35.2)
Georgia	1,978	32.2	(30.4–33.9)
Hawaii	164	17.8	(16.3–19.3)
Idaho	336	36.3	(34.6–37.9)
Illinois	3,061	32.9	(30.6–35.2)
Indiana	1,685	37.0	(35.4–38.7)
Iowa	719	32.8	(31.0–34.5)
Kansas	686	34.4	(32.9–35.9)
Kentucky	1,254	41.1	(39.5–42.7)
Louisiana	1,031	32.0	(30.6–33.4)
Maine	348	36.1	(34.0–38.2)
Maryland	1,190	29.6	(27.9–31.2)
Massachusetts	1,488	30.3	(29.2–31.5)
Michigan	2,867	38.7	(37.0–40.5)
Minnesota	1,251	34.3	(32.7–35.9)
Mississippi	750	36.3	(34.4–38.3)
Missouri	1,566	37.2	(35.2–39.2)
Montana	248	37.3	(35.1–39.5)
Nebraska	368	29.1	(27.5–30.8)
Nevada	520	33.8	(31.1–36.4)
New Hampshire	287	30.5	(29.0–32.1)
New Jersey	1,953	30.1	(28.6–31.6)
New Mexico	415	31.6	(29.8–33.4)
New York	4,660	32.1	(30.4–33.8)
North Carolina	2,012	32.4	(30.6–34.1)
North Dakota	148	31.3	(29.3–33.3)
Ohio	3,012	35.4	(33.5–37.3)
Oklahoma	936	36.3	(34.5–38.1)
Oregon	932	36.0	(33.9–38.0)
Pennsylvania	3,386	35.9	(34.1–37.7)
Puerto Rico	799	28.7	(27.0–30.5)
Rhode Island	282	34.9	(33.2–36.6)
South Carolina	1,009	33.5	(31.7–35.4)
South Dakota	173	31.7	(30.2–33.1)
Tennessee	1,549	35.6	(33.6–37.6)
Texas	4,571	29.9	(28.6–31.2)
Utah	471	31.9	(29.9–33.8)
Vermont	151	32.8	(31.3–34.4)
Virginia	1,771	32.6	(30.7–34.5)
Washington	1,527	34.4	(32.8–36.0)
West Virginia	593	42.6	(40.6–44.6)
Wisconsin	1,534	38.4	(36.5–40.3)
Wyoming	112	31.5	(29.7–33.2)

* In thousands.
† Confidence interval.

FIGURE. Percentage of adults aged ≥18 years with arthritis/chronic joint symptoms, by state/area — United States, Behavioral Risk Factor Surveillance System, 2001



states. The 2001 BRFSS estimate of 69.9 million persons with arthritis/CJS is considerably higher than earlier estimates, most likely because of differing case definitions, and does not indicate a substantial increase in arthritis and CJS prevalence.

The findings in this report are subject to at least five limitations. First, the estimates used self-reported data that were not confirmed by a physician. Second, the sample is drawn from the civilian, noninstitutionalized adult population and does not include military personnel and institutionalized persons. Third, BRFSS is a telephone survey and does not include persons who do not have telephone service. Fourth, the median response rate for 2001 was 51.4%; however, the distribution of demographic characteristics in the BRFSS sample was very similar to the distribution based on U.S. census data (i.e., sex, age, and race data). Finally, whereas previous estimates might have underestimated arthritis/CJS prevalence, BRFSS might overestimate prevalence because it might include persons with injuries rather than arthritis as the cause of CJS (CDC, unpublished data, 2001).

The questions used to define CJS and physician-diagnosed arthritis were modified for the 2002 BRFSS survey. As a result, these prevalence estimates might vary from the 2001 estimates. In 2002, the National Health Interview Survey began using these same case-defining questions; this change will allow better comparisons of national and state prevalence estimates.

BRFSS state-specific estimates of arthritis/CJS are important for planning and evaluating prevention programs and measuring progress toward meeting state and national health objectives for 2010. The CDC Arthritis Program funds arthritis programs in 36 states that rely on these data. These programs encourage interventions to reduce the impact of arthritis and CJS in state populations, including early detection and appropriate management of arthritis/CJS. Interventions include physical activity programs (e.g., the Arthritis Foundation's PACE [People with Arthritis Can Exercise] or Aquatics programs) and educational programs (e.g., the Arthritis Self-Help Course, which has helped persons with arthritis and CJS experience less pain and reduce the number of clinical visits they make) (*8*). Additional information about these programs is available at http://www.arthritis.org/events/getinvolved/programs_services.asp.

Acknowledgment

This report is based on data contributed by state BRFSS coordinators and arthritis program contacts in 36 states.

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Public Health Dispatch

Outbreak of Listeriosis — Northeastern United States, 2002

A multistate outbreak of *Listeria monocytogenes* infections with 46 culture-confirmed cases, seven deaths, and three stillbirths or miscarriages in eight states has been linked to eating sliceable turkey deli meat. Cases have been reported from Pennsylvania (14 cases), New York (11 in New York City and seven in other locations), New Jersey (five), Delaware (four), Maryland (two), Connecticut (one), Massachusetts (one), and Michigan (one). Culture dates ranged from July 18 to September 30, 2002; case-finding is ongoing. Outbreak isolates share a relatively uncommon pulsed-field gel electrophoresis (PFGE) pattern.

One intact food product and 25 environmental samples from a poultry processing plant have yielded *L. monocytogenes*. The isolate from the food product had a PFGE pattern different from the outbreak strain; however, two environmental isolates from floor drains shared a PFGE pattern indistinguishable from that of outbreak patient isolates, suggesting that the plant might be the source of the outbreak. The investigation to identify a definite source or sources for this outbreak is ongoing.

On the basis of these findings, the plant, operated by Pilgrim's Pride Foods and located in Franconia, Pennsylvania, recalled 27.4 million lbs. of fresh and frozen ready-to-eat turkey and chicken products on October 12, and the company voluntarily suspended operations. The products subject to this recall were produced during May 1–October 11. A list of recalled products is available at http://www.fsis.usda.gov/oa/recalls/prelease/pr090-2002products.htm.

Eating food contaminated with *L. monocytogenes* can result in listeriosis, an uncommon but potentially fatal disease. The majority of listeriosis cases occur among pregnant women, the elderly, and persons with weakened immune systems. Illness in pregnant women can result in miscarriage, stillbirth, or severe illness or death of a newborn infant. Listeriosis begins often with influenza-like symptoms, and sometimes with diarrhea, which might occur within 1 week after eating contaminated food. Symptoms might progress to include high fever, severe headache, and neck stiffness. Additional information about listeriosis, including high-risk foods and protective measures, is available at http://www.cdc.gov/od/oc/media/pressrel/r021015.htm.

Consumers should avoid eating recalled products and should return them to the place of purchase. The risk for developing *Listeria* infection after eating a contaminated product is low. If a person has eaten a recalled product and does not have any symptoms, no tests or treatment are needed, even if the person is in a high-risk group. However, persons who become ill with fever or have signs of serious illness suggestive of listeriosis within 1 month after eating sliced deli turkey meat should consult a health-care provider and provide information about this exposure. Physicians and clinical laboratories should report cases of listeriosis immediately to state health departments, and public health laboratories should expedite processing of *L. monocytogenes* samples.

Reported by: *Philadelphia Dept of Public Health. New York City Dept of Health and Mental Hygiene. Pennsylvania Dept of Health. New York State Dept of Health. New Jersey Dept of Health and Senior Svcs. Delaware Health and Social Svcs. Maryland Dept of Health and Mental Hygiene. Connecticut Dept of Public Health. Michigan Dept of Community Health. Massachusetts Dept of Public Health. Food Safety and Inspection Svc, US Dept of Agriculture. Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC.*

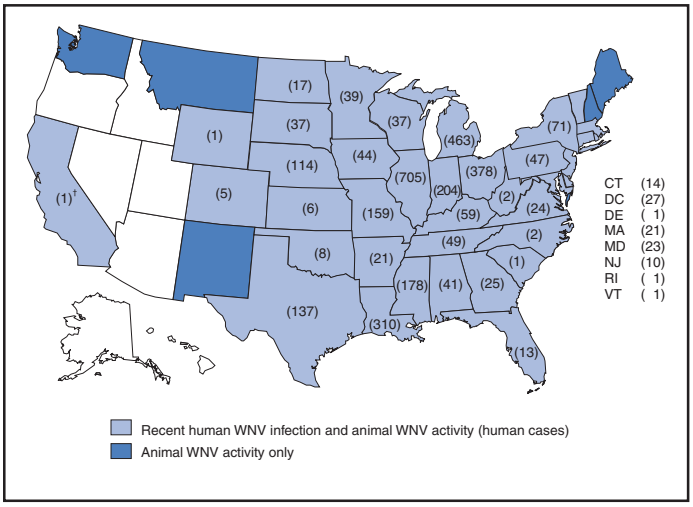
West Nile Virus Activity — United States, October 17–23, 2002

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET and by states and other jurisdictions as of 7 a.m. Mountain Daylight Time, October 23, 2002.

During October 17–23, a total of 244 laboratory-positive human cases of WNV-associated illness were reported from Ohio (n=37), Illinois (n=30), Michigan (n=30), Texas (n=30), the District of Columbia (n=14), Louisiana (n=11), Arkansas (n=10), Missouri (n=10), Kentucky (n=nine), Wisconsin (n=nine), New York (n=eight), Mississippi (n=seven), Minnesota (n=six), Iowa (n=five), Tennessee (n=five), Maryland (n=four), Oklahoma (n=four), Alabama (n=two), Connecticut (n=two), Georgia (n=two), Massachusetts (n=two), New Jersey (n=two), North Dakota (n=two), Delaware (n=one), Florida (n=one), and Virginia (n=one). During this reporting period, Delaware reported its first human cases of WNV infection. During the same period, WNV infections were reported in 285 dead crows and 308 other dead birds. A total of 634 veterinary cases (630 equine and four other species) and 183 WNV-positive mosquito pools were reported.

During 2002, a total of 3,296 human cases with laboratory evidence of recent WNV infection have been reported from Illinois (n=705), Michigan (n=463), Ohio (n=378), Louisiana (n=310), Indiana (n=204), Mississippi (n=178), Missouri (n=159), Texas (n=137), Nebraska (n=114), New York (n=71), Kentucky (n=59), Tennessee (n=49), Pennsylvania (n=47), Iowa (n=44), Alabama (n=41), Minnesota (n=39), South Dakota (n=37), Wisconsin (n=37), the District of Columbia (n=27), Georgia (n=25), Virginia (n=24), Maryland (n=23), Massachusetts (n=21), Arkansas (n=21), North Dakota (n=17), Connecticut (n=14), Florida (n=13), New Jersey (n=10), Oklahoma (n=eight), Kansas (n=six), Colorado (n=five), North Carolina (n=two), West Virginia (n=two), California (n=one), Delaware (n=one), Rhode Island (n=one), South Carolina (n=one), Vermont (n=one), and Wyoming (n=one) (Figure). Among the 2,885 patients for whom data were available, the median age was 56 years (range: 1 month–99 years); 1,545 (54%) were male, and the dates of illness onset ranged from June 10 to October 13. A total of 165 human deaths have been reported. The median age of decedents was 79 years (range: 27–99 years); 99 (60%) deaths were among men. In addition, 6,574 dead crows and 4,919 other dead birds with WNV infection were reported from 42 states and the District of Columbia; 7,061 WNV infections in mammals (7,048 equines, three canines, and 10 other species) have been reported from 35 states (Alabama, Arkansas, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa,

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



*As of 7 a.m. Mountain Daylight Time, October 23, 2002.
†California has reported human WNV activity only.

Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Wisconsin, and Wyoming). During 2002, WNV seroconversions have been reported in 365 sentinel chicken flocks from Florida, Iowa, Nebraska, Pennsylvania, Texas, and New York City; 4,617 WNV-positive mosquito pools have been reported from 26 states (Alabama, Arkansas, Connecticut, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, and Virginia), New York City, and the District of Columbia.

Additional information about WNV activity is available from CDC 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

25th Anniversary of the Last Case of Naturally Acquired Smallpox

On October 26, 1977, the last case of naturally acquired smallpox occurred in the Merca District of Somalia. In May 1980, the World Health Assembly certified the world free of naturally occurring smallpox. The eradication of a disease was an unprecedented accomplishment. Eradication efforts for both paralytic poliomyelitis and dracunculiasis (i.e., guinea worm disease) are ongoing. Beyond the benefit to the world population's health and economy, smallpox eradication demonstrated the benefits of international commitment and cooperation toward a common cause in public health. Improvements made in international vaccination programs, global disease surveillance, and public health logistics systems that were results of the smallpox eradication program continue today (*1*).

Although smallpox was eradicated in 1977, the risk for importation of disease into the United States had greatly decreased before that time. As a result, the United States discontinued routine smallpox vaccinations for the general population in 1971, and the Advisory Committee on Immunization Practices recommended against routine vaccination of health-care workers in 1976. The last case of smallpox in the United States occurred in 1949. An *MMWR* report in 1997 commemorating the 20th anniversary of the eradication of smallpox noted that smallpox vaccine and its eradication of smallpox disease were on the list of things that need be done only once in the history of the world (*1*).

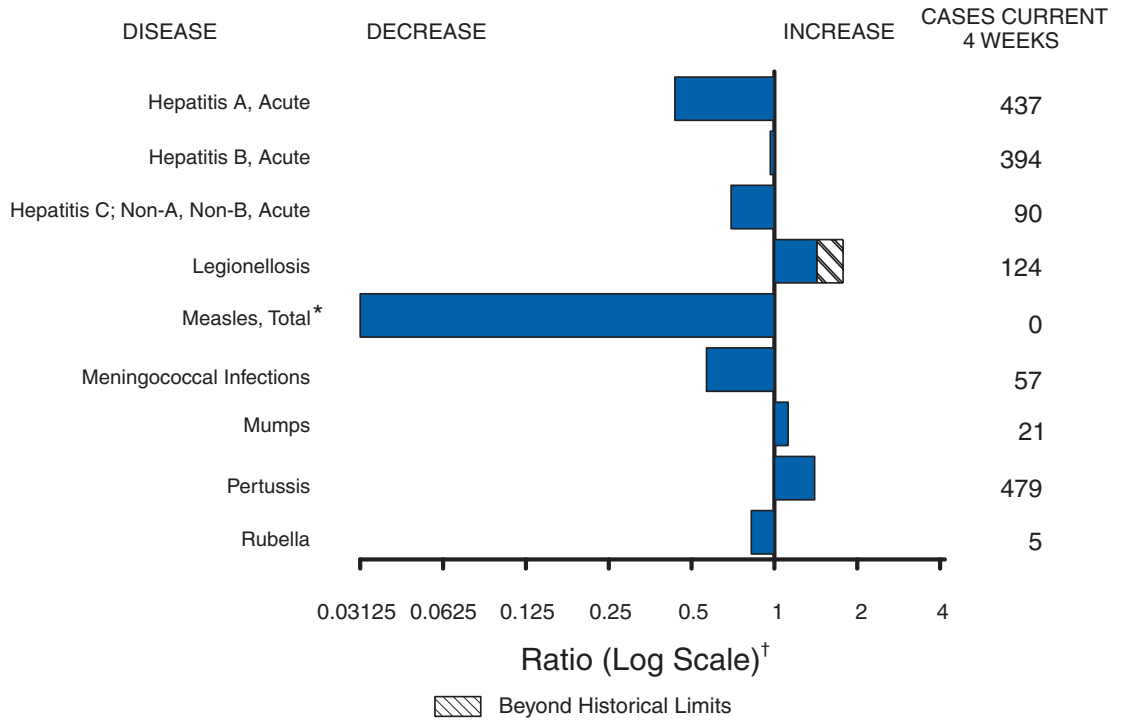
The U.S. public health system is preparing for the potential use of smallpox (variola) virus as a bioterrorism agent. Although preparedness efforts have been ongoing since at least 1999 and a strategic plan for preparedness and response against biologic and chemical terrorism was published in April 2000 (*2*), the terrorist attacks against the United States on September 11, 2001, prompted extensive review of policies and procedures about potential acts of bioterrorism, especially the intentional release of smallpox virus. To enhance preparedness, the U.S. Department of Health and Human Services has contracted for production of enough smallpox vaccine for the entire U.S. population if vaccination becomes necessary, developed a plan for responding to a smallpox attack (http://www.bt.cdc.gov/agent/smallpox/response-plan/index.asp), and is reviewing whether increased vaccination before an attack is warranted and how such a vaccination program would be implemented. A final U.S. policy on smallpox vaccination is pending. Additional information on smallpox is available at http://www.bt.cdc.gov/agent/smallpox/index.asp.

References

1. CDC. Smallpox surveillance—worldwide. MMWR 1997;46:990–4.
2. CDC. Biological and chemical terrorism: strategic plan for preparedness and response. MMWR 2000;49(No. RR-4).

(Continued on page 963)

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending October 19, 2002, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 42 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 October 19, 2002 (42nd Week)*

		Cum. 2002	Cum. 2001		Cum. 2002	Cum. 2001
Anthrax		2	10	Encephalitis: West Nile†	1,083	50
Botulism:	foodborne	12	33	Hansen disease (leprosy)†	61	57
	infant	44	79	Hantavirus pulmonary syndrome†	11	7
	other (wound & unspecified)	20	13	Hemolytic uremic syndrome, postdiarrheal†	159	147
Brucellosis†		64	106	HIV infection, pediatric†§	137	147
Chancroid		57	30	Plague	-	2
Cholera		4	4	Poliomyelitis, paralytic	-	-
Cyclosporiasis†		161	130	Psittacosis†	17	13
Diphtheria		1	2	Q fever†	35	22
Ehrlichiosis:	human granulocytic (HGE)†	266	188	Rabies, human	2	1
	human monocytic (HME)†	146	98	Streptococcal toxic-shock syndrome†	64	63
	other and unspecified	7	5	Tetanus	18	26
Encephalitis:	California serogroup viral†	97	89	Toxic-shock syndrome	91	95
	eastern equine†	2	8	Trichinosis	12	20
	Powassan†	-	-	Tularemia†	54	117
	St. Louis†	4	75	Yellow fever	1	-
	western equine†	4	-			

-: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 September 29, 2002.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 19, 2002, and October 20, 2001 (42nd Week)*

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli, Enterohemorrhagic* O157:H7		*Escherichia coli, Enterohemorrhagic* 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	31,555	30,610	614,558	621,284	2,255	3,172	2,843	2,619	135	119
NEW ENGLAND	1,236	1,116	21,283	19,320	152	123	232	217	29	35
Maine	27	36	1,365	1,077	10	16	33	25	5	1
N.H.	25	27	1,282	1,120	26	10	28	29	-	3
Vt.	12	13	754	492	29	30	11	13	1	1
Mass.	629	595	8,689	8,210	53	47	105	107	9	9
R.I.	82	76	2,197	2,379	19	4	13	11	-	1
Conn.	461	369	6,996	6,042	15	16	42	32	14	20
MID. ATLANTIC	7,170	7,965	68,845	66,883	270	283	194	199	-	-
Upstate N.Y.	482	1,079	13,634	10,821	107	82	148	126	-	-
N.Y. City	4,225	4,361	22,708	24,142	112	105	12	15	-	-
N.J.	1,117	1,345	10,158	10,810	9	14	34	58	-	-
Pa.	1,346	1,180	22,345	21,110	42	82	N	N	-	-
E.N. CENTRAL	3,291	2,223	104,637	115,151	691	1,436	707	674	14	10
Ohio	663	424	23,909	30,415	110	148	135	153	12	8
Ind.	422	264	13,097	12,541	36	71	55	73	-	-
Ill.	1,556	989	28,665	34,769	78	465	145	160	-	-
Mich.	500	411	26,064	24,186	91	162	121	82	2	2
Wis.	150	135	12,902	13,240	376	590	251	206	-	-
W.N. CENTRAL	507	636	33,572	31,583	348	441	424	433	30	33
Minn.	113	105	7,583	6,627	187	137	149	174	25	27
Iowa	67	73	4,086	4,011	39	74	106	72	-	-
Mo.	229	302	11,960	11,323	32	41	58	54	N	N
N. Dak.	1	2	740	821	6	12	3	18	-	2
S. Dak.	4	22	1,764	1,403	27	6	35	37	2	3
Nebr.	44	61	2,362	2,594	43	168	44	58	3	1
Kans.	49	71	5,077	4,804	14	3	29	20	-	-
S. ATLANTIC	9,368	9,405	117,190	120,043	280	314	249	199	39	22
Del.	155	202	2,149	2,283	3	6	7	4	-	1
Md.	1,412	1,494	13,121	12,266	20	32	23	27	-	-
D.C.	453	639	2,576	2,615	4	11	-	-	-	-
Va.	612	763	12,760	14,680	13	22	55	47	10	2
W. Va.	72	59	1,960	1,905	2	2	7	10	-	-
N.C.	782	699	19,908	17,684	31	24	38	41	-	-
S.C.	649	565	9,570	12,754	6	7	5	14	-	-
Ga.	1,356	1,027	23,482	25,869	121	141	51	30	10	9
Fla.	3,877	3,957	31,664	29,987	80	69	63	26	19	10
E.S. CENTRAL	1,469	1,401	38,417	40,107	105	41	90	120	-	-
Ky.	253	278	7,183	7,205	6	4	28	60	-	-
Tenn.	620	438	12,994	11,851	51	12	38	35	-	-
Ala.	298	347	10,213	11,220	42	13	17	16	-	-
Miss.	298	338	8,027	9,831	6	12	7	9	-	-
W.S. CENTRAL	3,336	3,087	87,371	86,471	34	112	57	167	-	-
Ark.	190	156	5,903	6,090	7	6	10	14	-	-
La.	815	652	15,762	14,932	5	7	2	7	-	-
Okla.	156	187	8,875	8,316	17	12	20	26	-	-
Tex.	2,175	2,092	56,831	57,133	5	87	25	120	-	-
MOUNTAIN	1,043	1,068	37,603	37,277	136	187	307	239	17	13
Mont.	9	14	1,719	1,528	4	28	26	16	-	-
Idaho	24	17	2,017	1,549	27	20	43	54	8	2
Wyo.	8	3	749	659	9	6	13	8	2	2
Colo.	212	244	11,194	10,539	50	38	82	82	3	6
N. Mex.	65	107	5,123	5,050	18	21	9	13	3	3
Ariz.	444	417	11,944	11,768	12	7	33	21	1	-
Utah	53	87	2,001	1,998	12	62	75	30	-	-
Nev.	228	179	2,856	4,186	4	5	26	15	-	-
PACIFIC	4,134	3,709	105,640	104,449	239	235	583	371	6	6
Wash.	386	385	11,794	10,940	43	U	138	102	-	-
Oreg.	260	154	5,460	5,854	33	46	200	63	6	6
Calif.	3,379	3,098	81,991	82,260	161	185	202	185	-	-
Alaska	22	17	2,890	2,148	-	1	6	4	-	-
Hawaii	87	55	3,505	3,247	2	3	37	17	-	-
Guam	2	9	-	331	-	-	N	N	-	-
P.R.	915	932	1,909	2,123	-	-	-	2	-	-
V.I.	67	2	125	125	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	138	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 September 29, 2002.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 19, 2002, and October 20, 2001 (42nd Week)*

Reporting Area	*Escherichia coli Enterohemorrhagic* Shiga Toxin Positive, Not Serogrouped		Giardiasis	Gonorrhea		*Haemophilus influenzae*, Invasive All Ages, All Serotypes		*Haemophilus influenzae*, Invasive 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	31	15	13,306	259,539	287,140	1,209	1,177	19	20
NEW ENGLAND	-	1	1,354	5,943	5,469	86	87	-	1
Maine	-	-	171	111	110	1	2	-	-
N.H.	-	-	33	106	150	8	4	-	-
Vt.	-	1	113	81	53	7	3	-	-
Mass.	-	-	680	2,633	2,529	45	39	-	1
R.I.	-	-	129	726	661	10	3	-	-
Conn.	-	-	228	2,286	1,966	15	36	-	-
MID. ATLANTIC	-	2	2,863	31,501	33,103	217	172	3	3
Upstate N.Y.	-	-	972	6,986	6,724	98	56	2	-
N.Y. City	-	-	1,068	9,440	10,136	53	43	-	-
N.J.	-	-	283	5,608	5,617	45	40	-	-
Pa.	-	2	540	9,467	10,626	21	33	1	3
E.N. CENTRAL	11	5	2,512	50,800	60,459	178	222	3	2
Ohio	10	5	762	13,288	17,005	67	57	-	1
Ind.	-	-	-	5,649	5,498	36	43	1	-
Ill.	-	-	575	15,380	19,312	57	79	-	-
Mich.	1	-	716	11,806	13,786	11	12	2	-
Wis.	-	-	459	4,677	4,858	7	31	-	1
W.N. CENTRAL	-	3	1,611	13,122	13,459	53	58	1	1
Minn.	-	-	637	2,332	2,111	39	32	1	-
Iowa	-	-	256	944	1,055	1	-	-	-
Mo.	N	N	388	6,817	6,978	10	16	-	-
N. Dak.	-	3	11	42	37	-	7	-	-
S. Dak.	-	-	61	212	226	-	-	-	-
Nebr.	-	-	122	711	933	-	2	-	1
Kans.	-	-	136	2,064	2,119	3	1	-	-
S. ATLANTIC	1	-	2,309	66,844	74,761	312	291	4	1
Del.	-	-	42	1,299	1,372	-	-	-	-
Md.	-	-	101	7,038	7,298	71	72	2	-
D.C.	-	-	32	2,126	2,335	-	-	-	-
Va.	-	-	223	7,592	8,632	28	25	-	-
W. Va.	1	-	46	773	541	15	14	-	1
N.C.	-	-	-	12,926	13,999	30	42	-	-
S.C.	-	-	114	5,828	9,136	12	4	-	-
Ga.	-	-	712	12,915	14,286	79	75	-	-
Fla.	-	-	1,039	16,347	17,162	77	59	2	-
E.S. CENTRAL	8	3	306	22,060	25,873	55	63	1	-
Ky.	8	3	-	3,067	2,873	4	2	-	-
Tenn.	-	-	142	7,590	7,986	28	33	-	-
Ala.	-	-	164	6,609	8,574	16	26	1	-
Miss.	-	-	-	4,794	6,440	7	2	-	-
W.S. CENTRAL	-	-	193	39,190	42,545	54	45	2	1
Ark.	-	-	135	3,715	3,758	2	-	-	-
La.	-	-	3	9,752	10,269	7	9	-	-
Okla.	-	-	55	3,825	3,788	40	35	-	-
Tex.	-	-	-	21,898	24,730	5	1	2	1
MOUNTAIN	11	1	1,331	7,963	8,453	143	126	2	7
Mont.	-	-	76	77	86	-	-	-	-
Idaho	-	-	99	74	61	2	1	-	-
Wyo.	-	-	26	51	65	1	1	-	-
Colo.	11	1	440	2,739	2,552	27	34	-	-
N. Mex.	-	-	131	1,047	805	23	21	-	1
Ariz.	-	-	173	2,939	3,192	64	52	1	4
Utah	-	-	265	201	152	16	6	-	-
Nev.	-	-	121	835	1,540	10	11	1	2
PACIFIC	-	-	827	22,116	23,018	111	113	3	4
Wash.	-	-	319	2,302	2,424	3	3	2	-
Oreg.	-	-	348	695	925	53	32	-	-
Calif.	-	-	-	18,089	18,834	22	51	1	4
Alaska	-	-	86	486	340	1	6	-	-
Hawaii	-	-	74	544	495	32	21	-	-
Guam	-	-	-	-	43	-	-	-	-
P.R.	-	-	33	285	480	1	1	-	-
V.I.	-	-	-	31	22	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	1	13	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 October 19, 2002, and October 20, 2001 (42nd 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		Hepatitis (Viral, Acute), By Type, B		Hepatitis (Viral, Acute), By Type, 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	194	193	15	24	6,809	8,094	5,321	5,784	12,162	3,247
NEW ENGLAND	10	15	-	-	249	549	201	112	21	31
Maine	-	-	-	-	8	10	8	5	-	-
N.H.	-	1	-	-	11	15	18	13	-	-
Vt.	-	-	-	-	1	12	4	5	12	6
Mass.	7	7	-	-	112	260	111	23	9	25
R.I.	-	-	-	-	30	46	24	25	-	-
Conn.	3	7	-	-	87	206	36	41	-	-
MID. ATLANTIC	27	25	-	3	851	1,032	1,193	1,107	1,371	1,081
Upstate N.Y.	11	7	-	1	156	205	110	101	56	25
N.Y. City	8	7	-	-	398	361	594	518	-	-
N.J.	5	4	-	-	115	245	310	237	1,288	1,000
Pa.	3	7	-	2	182	221	179	251	27	56
E.N. CENTRAL	28	34	1	2	889	1,000	493	765	85	146
Ohio	8	9	1	-	276	187	83	88	7	8
Ind.	7	6	-	1	41	88	38	43	-	1
Ill.	11	13	-	-	243	379	106	122	13	11
Mich.	1	-	-	1	194	280	266	475	65	126
Wis.	1	6	-	-	135	66	-	37	-	-
W.N. CENTRAL	4	3	3	6	262	323	181	175	685	952
Minn.	4	2	1	2	37	34	23	19	-	9
Iowa	-	-	-	-	69	29	12	20	1	-
Mo.	-	-	2	4	74	71	99	99	670	931
N. Dak.	-	1	-	-	1	3	4	1	-	-
S. Dak.	-	-	-	-	3	2	2	1	1	-
Nebr.	-	-	-	-	17	31	22	24	9	5
Kans.	-	-	-	-	61	153	19	11	4	7
S. ATLANTIC	45	40	2	6	2,027	1,820	1,381	1,188	146	83
Del.	-	-	-	-	11	14	7	24	5	10
Md.	4	7	-	1	255	203	102	116	7	7
D.C.	-	-	-	-	65	43	18	11	-	-
Va.	4	5	-	-	120	110	164	145	10	-
W. Va.	1	1	1	1	17	18	18	20	3	9
N.C.	3	2	-	4	192	173	194	173	22	18
S.C.	2	1	-	-	55	65	102	26	4	6
Ga.	17	16	-	-	385	798	338	346	29	-
Fla.	14	8	1	-	927	396	438	327	66	33
E.S. CENTRAL	11	12	1	3	219	332	286	388	164	177
Ky.	1	-	-	1	41	116	45	47	3	9
Tenn.	6	6	-	1	100	123	109	193	25	60
Ala.	3	5	1	1	32	68	62	75	5	4
Miss.	1	1	-	-	46	25	70	73	131	104
W.S. CENTRAL	12	7	-	-	435	733	433	664	9,546	619
Ark.	1	-	-	-	39	62	76	79	7	10
La.	2	2	-	-	41	78	70	106	37	131
Okla.	7	5	-	-	48	102	43	84	5	4
Tex.	2	-	-	-	307	491	244	395	9,497	474
MOUNTAIN	34	21	7	1	484	609	506	386	55	47
Mont.	-	-	-	-	13	10	9	3	1	1
Idaho	1	-	-	-	24	51	6	10	-	2
Wyo.	-	-	-	-	3	7	17	2	5	5
Colo.	2	2	-	-	72	77	66	83	17	7
N. Mex.	6	9	1	1	25	34	122	108	1	11
Ariz.	16	8	5	-	256	312	192	118	4	9
Utah	5	2	-	-	51	59	47	21	4	3
Nev.	4	-	1	-	40	59	47	41	23	9
PACIFIC	23	36	1	3	1,393	1,696	647	999	89	111
Wash.	1	2	-	1	137	120	56	117	17	19
Oreg.	5	5	-	-	56	90	104	135	16	13
Calif.	13	27	1	1	1,189	1,456	478	721	56	79
Alaska	1	1	-	-	9	14	3	9	-	-
Hawaii	3	1	-	1	2	16	6	17	-	-
Guam	-	-	-	-	-	1	-	-	-	-
P.R.	-	1	-	-	87	179	75	223	-	1
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	37	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 October 19, 2002, and October 20, 2001 (42nd 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	845	870	450	488	12,902	12,627	1,028	1,227	22†	106§
NEW ENGLAND	77	58	49	45	3,806	3,644	51	80	-	5
Maine	2	7	5	1	53	-	5	4	-	-
N.H.	4	9	4	4	211	73	7	2	-	-
Vt.	31	5	3	2	27	16	4	1	-	1
Mass.	27	19	25	23	1,118	1,067	16	43	-	3
R.I.	2	9	1	1	306	436	5	7	-	-
Conn.	11	9	11	14	2,091	2,052	14	23	-	1
MID. ATLANTIC	225	203	130	90	7,506	6,882	243	374	7	19
Upstate N.Y.	76	55	51	24	4,247	2,817	36	54	1	4
N.Y. City	44	40	28	21	134	61	155	224	6	6
N.J.	21	20	27	16	1,155	1,912	28	55	-	1
Pa.	84	88	24	29	1,970	2,092	24	41	-	8
E.N. CENTRAL	204	242	50	77	71	676	115	151	3	10
Ohio	92	100	22	12	53	33	20	22	1	3
Ind.	17	17	6	8	18	22	11	16	2	4
Ill.	-	24	1	23	-	30	28	62	-	3
Mich.	67	61	16	22	-	5	44	33	-	-
Wis.	28	40	5	12	U	586	12	18	-	-
W.N. CENTRAL	44	44	14	15	217	342	52	32	3	4
Minn.	11	9	3	-	137	279	16	6	1	2
Iowa	11	8	1	2	32	27	4	6	-	-
Mo.	11	18	6	8	36	30	14	12	2	2
N. Dak.	-	1	1	-	-	-	1	-	-	-
S. Dak.	2	3	1	-	1	-	1	-	-	-
Nebr.	9	4	1	1	5	4	5	2	-	-
Kans.	-	1	1	4	6	2	11	6	-	-
S. ATLANTIC	166	147	67	62	1,098	847	307	246	2	5
Del.	7	11	-	2	143	146	3	2	-	-
Md.	34	30	15	11	581	517	98	101	-	3
D.C.	5	7	-	-	20	10	17	13	-	-
Va.	20	20	7	11	132	110	30	44	-	1
W. Va.	N	N	-	5	16	11	3	1	-	-
N.C.	11	7	6	4	116	35	20	13	-	-
S.C.	6	10	8	5	20	5	7	6	-	-
Ga.	14	11	10	11	2	-	69	40	-	1
Fla.	69	51	21	13	68	13	60	26	2	-
E.S. CENTRAL	29	53	15	21	39	59	20	34	-	2
Ky.	11	12	2	7	20	22	8	13	-	2
Tenn.	11	25	9	8	18	22	3	11	-	-
Ala.	7	12	4	6	1	8	4	6	-	-
Miss.	-	4	-	-	-	7	5	4	-	-
W.S. CENTRAL	8	21	12	31	18	78	14	75	2	1
Ark.	-	-	-	1	3	-	2	3	-	-
La.	1	6	-	-	2	7	4	6	-	-
Okla.	3	3	7	2	-	-	8	3	-	-
Tex.	4	12	5	28	13	71	-	63	2	1
MOUNTAIN	37	46	27	32	18	10	41	48	1	2
Mont.	3	-	-	-	-	-	2	2	-	-
Idaho	1	3	2	1	4	5	-	3	-	1
Wyo.	1	2	-	1	1	1	-	-	-	-
Colo.	6	13	6	9	3	-	21	21	-	-
N. Mex.	2	3	3	7	1	-	3	3	-	-
Ariz.	8	15	12	6	2	-	7	8	-	1
Utah	12	6	3	2	6	1	5	3	-	-
Nev.	4	4	1	6	1	3	3	8	1	-
PACIFIC	55	56	86	115	129	89	185	187	4	58
Wash.	5	8	8	7	10	7	21	9	-	15
Oreg.	N	N	8	11	15	9	9	13	-	3
Calif.	49	42	62	91	101	71	146	153	3	33
Alaska	-	1	-	-	3	2	2	1	-	-
Hawaii	1	5	8	6	N	N	7	11	1	7
Guam	-	-	-	-	-	-	-	1	-	-
P.R.	-	2	1	-	N	N	-	5	-	1
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 22 cases reported, 10 were indigenous and 12 were imported from another country.
§ Of 106 cases reported, 53 were indigenous and 53 were imported from another country.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending October 19, 2002, and October 20, 2001 (42nd 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	1,367	1,900	218	198	6,083	4,347	4,935	5,926
NEW ENGLAND	81	89	7	1	502	404	771	615
Maine	7	4	-	-	12	21	53	58
N.H.	11	11	4	-	17	15	41	19
Vt.	4	5	-	-	101	32	86	56
Mass.	41	48	2	1	334	314	241	225
R.I.	5	4	-	-	13	5	68	56
Conn.	13	17	1	-	25	17	282	201
MID. ATLANTIC	129	214	24	24	364	287	944	1,102
Upstate N.Y.	38	55	6	3	265	121	597	673
N.Y. City	21	38	2	12	13	46	10	31
N.J.	25	35	-	3	3	18	157	163
Pa.	45	86	16	6	83	102	180	235
E.N. CENTRAL	182	296	29	24	729	702	140	131
Ohio	69	75	12	1	365	253	36	42
Ind.	29	34	2	2	103	74	31	2
Ill.	36	76	7	16	117	75	30	24
Mich.	36	65	7	3	45	128	43	45
Wis.	12	46	1	2	99	172	-	18
W.N. CENTRAL	124	128	15	7	620	250	336	320
Minn.	30	18	3	3	318	105	36	42
Iowa	18	26	1	-	129	25	65	74
Mo.	42	45	5	-	116	87	47	38
N. Dak.	-	6	1	-	-	4	12	33
S. Dak.	2	5	-	-	6	4	65	46
Nebr.	25	14	-	1	6	5	-	4
Kans.	7	14	5	3	45	20	111	83
S. ATLANTIC	246	292	24	34	360	208	1,981	2,054
Del.	7	3	-	-	3	-	24	30
Md.	8	38	5	5	56	35	199	423
D.C.	-	-	-	-	2	1	-	-
Va.	36	35	3	6	124	35	418	389
W. Va.	4	12	-	-	31	2	156	121
N.C.	30	60	2	5	38	63	603	487
S.C.	26	29	2	5	41	31	121	96
Ga.	29	43	4	8	18	20	303	347
Fla.	106	72	8	5	47	21	157	161
E.S. CENTRAL	78	120	11	7	215	134	142	192
Ky.	12	20	3	1	82	40	25	25
Tenn.	33	54	2	1	95	56	94	106
Ala.	20	30	3	-	31	34	23	57
Miss.	13	16	3	5	7	4	-	4
W.S. CENTRAL	167	281	16	11	1,419	461	106	949
Ark.	23	20	-	-	443	50	3	-
La.	29	67	1	2	7	8	-	7
Okla.	19	26	-	-	66	23	103	57
Tex.	96	168	15	9	903	380	-	885
MOUNTAIN	74	83	17	14	776	1,172	264	236
Mont.	2	4	-	1	5	30	16	31
Idaho	3	7	2	1	62	169	36	28
Wyo.	-	5	-	1	10	1	18	28
Colo.	21	31	2	3	309	260	59	-
N. Mex.	4	10	1	2	151	127	7	15
Ariz.	23	13	1	1	106	496	108	119
Utah	4	7	6	1	90	74	12	14
Nev.	17	6	5	4	43	15	8	1
PACIFIC	286	397	75	76	1,098	729	251	327
Wash.	54	57	-	1	368	130	-	-
Oreg.	39	50	N	N	172	46	13	4
Calif.	182	276	61	37	537	513	214	285
Alaska	4	2	-	1	4	9	24	38
Hawaii	7	12	14	37	17	31	-	-
Guam	-	-	-	-	-	-	-	-
P.R.	5	5	-	1	2	-	49	76
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 October 19, 2002, and October 20, 2001 (42nd 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	839	488	13	21	2	-	32,225	32,203
NEW ENGLAND	3	3	-	-	-	-	1,797	2,036
Maine	-	-	-	-	-	-	121	158
N.H.	-	1	-	-	-	-	115	147
Vt.	-	-	-	-	-	-	67	71
Mass.	-	2	-	-	-	-	992	1,168
R.I.	3	-	-	-	-	-	136	110
Conn.	-	-	-	-	-	-	366	382
MID. ATLANTIC	37	28	1	8	-	-	3,936	4,282
Upstate N.Y.	7	2	1	1	-	-	1,256	985
N.Y. City	8	2	-	6	-	-	1,109	1,084
N.J.	10	7	-	1	-	-	600	1,027
Pa.	12	17	-	-	-	-	971	1,186
E.N. CENTRAL	15	16	1	2	-	-	4,377	4,206
Ohio	10	2	-	-	-	-	1,188	1,118
Ind.	2	1	-	-	-	-	392	444
Ill.	-	12	-	2	-	-	1,354	1,201
Mich.	3	1	1	-	-	-	732	730
Wis.	-	-	-	-	-	-	711	713
W.N. CENTRAL	96	64	-	3	-	-	2,132	1,894
Minn.	-	-	-	-	-	-	478	526
Iowa	3	2	-	1	-	-	421	287
Mo.	88	59	-	1	-	-	732	495
N. Dak.	-	1	-	-	-	-	25	54
S. Dak.	1	2	-	-	-	-	95	139
Nebr.	4	-	-	-	-	-	126	135
Kans.	-	-	-	1	-	-	255	258
S. ATLANTIC	420	234	5	5	-	-	8,747	7,323
Del.	4	10	-	-	-	-	71	83
Md.	47	36	-	1	-	-	783	660
D.C.	-	-	-	-	-	-	62	72
Va.	33	22	-	-	-	-	897	1,123
W. Va.	2	-	-	-	-	-	111	112
N.C.	238	126	-	-	-	-	1,195	1,055
S.C.	63	27	-	2	-	-	661	677
Ga.	21	9	-	-	-	-	1,538	1,419
Fla.	12	4	5	2	-	-	3,429	2,122
E.S. CENTRAL	92	95	-	-	1	-	2,485	2,248
Ky.	5	2	-	-	-	-	302	320
Tenn.	68	67	-	-	1	-	639	532
Ala.	16	13	-	-	-	-	676	597
Miss.	3	13	-	-	-	-	868	799
W.S. CENTRAL	157	36	2	1	-	-	2,608	4,165
Ark.	96	5	-	-	-	-	831	764
La.	-	2	-	-	-	-	540	739
Okla.	61	29	-	-	-	-	414	399
Tex.	-	-	2	1	-	-	823	2,263
MOUNTAIN	13	11	1	-	-	-	1,813	1,792
Mont.	1	1	-	-	-	-	77	60
Idaho	-	1	-	-	-	-	117	115
Wyo.	4	2	-	-	-	-	59	55
Colo.	2	2	-	-	-	-	475	497
N. Mex.	1	1	-	-	-	-	263	235
Ariz.	-	-	-	-	-	-	492	495
Utah	-	3	1	-	-	-	171	190
Nev.	5	1	-	-	-	-	159	145
PACIFIC	6	1	3	2	1	-	4,330	4,257
Wash.	-	-	-	-	-	-	421	428
Oreg.	2	1	-	-	-	-	304	234
Calif.	4	-	3	1	-	-	3,321	3,256
Alaska	-	-	-	-	-	-	50	35
Hawaii	-	-	-	1	1	-	234	304
Guam	-	-	-	-	-	-	-	19
P.R.	-	-	-	3	-	-	171	760
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	25	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 October 19, 2002, and October 20, 2001 (42nd 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	14,177	15,418	3,380	3,038	1,903	2,169	197	346
NEW ENGLAND	274	263	160	190	18	105	2	37
Maine	9	6	20	10	-	-	-	-
N.H.	11	6	31	N	-	-	N	N
Vt.	1	7	9	13	5	7	1	1
Mass.	167	185	85	57	N	N	N	N
R.I.	16	17	15	12	13	4	1	3
Conn.	70	42	-	98	-	94	-	33
MID. ATLANTIC	1,073	1,251	550	556	91	139	55	90
Upstate N.Y.	240	416	256	225	79	133	55	90
N.Y. City	344	350	130	152	U	U	U	U
N.J.	305	243	116	113	N	N	N	N
Pa.	184	242	48	66	12	6	-	-
E.N. CENTRAL	1,463	3,695	589	685	184	153	84	100
Ohio	550	2,471	185	171	43	-	11	-
Ind.	82	183	46	56	136	153	48	47
Ill.	556	507	105	220	2	-	-	53
Mich.	142	264	253	187	3	-	N	N
Wis.	133	270	-	51	N	N	25	-
W.N. CENTRAL	839	1,486	201	319	295	130	42	53
Minn.	181	355	103	143	180	58	42	44
Iowa	103	331	-	-	N	N	N	N
Mo.	148	268	41	67	5	9	-	-
N. Dak.	15	20	-	17	1	6	-	9
S. Dak.	150	372	12	11	1	3	-	-
Nebr.	166	76	16	34	29	19	N	N
Kans.	76	64	29	47	79	35	N	N
S. ATLANTIC	5,200	2,100	712	499	1,098	1,154	5	5
Del.	205	14	2	4	3	6	N	N
Md.	942	128	117	N	N	N	N	N
D.C.	48	51	6	21	48	5	1	3
Va.	750	280	67	67	N	N	N	N
W. Va.	9	8	18	18	37	37	4	2
N.C.	335	290	110	125	N	N	U	U
S.C.	99	223	34	9	161	235	N	N
Ga.	1,245	351	148	161	263	348	N	N
Fla.	1,567	755	210	94	586	523	N	N
E.S. CENTRAL	1,113	1,398	91	96	116	206	-	-
Ky.	130	643	18	34	14	24	N	N
Tenn.	78	84	73	62	102	181	N	N
Ala.	618	184	-	-	-	1	N	N
Miss.	287	487	-	-	-	-	-	-
W.S. CENTRAL	1,220	2,410	107	279	63	244	5	61
Ark.	163	503	5	-	6	14	-	-
La.	320	204	-	1	57	230	2	61
Okla.	472	58	39	37	N	N	3	-
Tex.	265	1,645	63	241	N	N	-	-
MOUNTAIN	716	793	475	344	38	34	4	-
Mont.	3	4	-	-	-	-	-	-
Idaho	14	33	9	7	N	N	N	N
Wyo.	8	7	7	11	9	5	-	-
Colo.	148	212	122	131	-	-	-	-
N. Mex.	166	107	91	71	29	27	-	-
Ariz.	307	313	217	121	-	-	N	N
Utah	29	49	29	3	-	-	4	-
Nev.	41	68	-	-	-	2	-	-
PACIFIC	2,279	2,022	495	70	-	4	-	-
Wash.	136	171	65	-	-	-	N	N
Oreg.	93	93	N	N	N	N	N	N
Calif.	1,990	1,699	357	-	N	N	N	N
Alaska	6	6	-	-	-	-	N	N
Hawaii	54	53	73	70	-	4	-	-
Guam	-	37	-	1	-	-	-	-
P.R.	7	16	N	N	-	-	N	N
V.I.	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	-	-	U	U
C.N.M.I.	17	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 October 19, 2002, and October 20, 2001 (42nd 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	5,037	4,815	274	404	9,366	10,995	211	294
NEW ENGLAND	116	49	-	4	295	368	15	15
Maine	2	-	-	-	10	15	-	1
N.H.	7	1	-	-	10	13	-	2
Vt.	1	2	-	-	-	4	-	-
Mass.	79	27	-	3	168	192	9	9
R.I.	6	9	-	-	30	51	-	-
Conn.	21	10	-	1	77	93	6	3
MID. ATLANTIC	558	418	51	64	1,681	1,842	47	99
Upstate N.Y.	26	15	6	4	228	284	9	15
N.Y. City	338	226	21	30	868	917	23	41
N.J.	119	103	23	30	401	405	11	36
Pa.	75	74	1	-	184	236	4	7
E.N. CENTRAL	874	836	41	55	980	1,128	18	32
Ohio	124	67	2	2	163	224	6	4
Ind.	57	134	-	8	97	80	2	2
Ill.	263	296	26	36	475	528	1	17
Mich.	409	316	13	5	204	233	4	5
Wis.	21	23	-	4	41	63	5	4
W.N. CENTRAL	80	83	-	9	435	427	8	14
Minn.	38	30	-	2	186	176	3	6
Iowa	2	4	-	-	24	34	-	-
Mo.	22	23	-	5	110	109	1	8
N. Dak.	-	-	-	-	1	3	-	-
S. Dak.	-	-	-	-	9	12	-	-
Nebr.	3	7	-	-	20	29	4	-
Kans.	15	19	-	2	85	64	-	-
S. ATLANTIC	1,333	1,648	62	99	1,881	2,012	36	38
Del.	10	11	-	-	13	15	-	1
Md.	155	210	13	4	226	181	7	10
D.C.	48	33	1	2	-	51	-	-
Va.	52	87	1	4	145	198	2	11
W. Va.	2	3	-	-	27	26	-	-
N.C.	237	379	18	12	285	274	1	2
S.C.	106	201	7	20	141	150	-	-
Ga.	283	315	8	22	315	369	8	9
Fla.	440	409	14	35	729	748	18	5
E.S. CENTRAL	384	521	17	27	590	673	4	1
Ky.	78	39	3	-	106	102	4	-
Tenn.	139	266	7	16	235	245	-	1
Ala.	133	97	4	5	169	220	-	-
Miss.	34	119	3	6	80	106	-	-
W.S. CENTRAL	690	597	62	66	1,339	1,671	4	17
Ark.	32	31	2	6	106	123	-	-
La.	127	138	-	-	-	100	-	-
Okla.	51	52	3	5	115	122	-	-
Tex.	480	376	57	55	1,118	1,326	4	17
MOUNTAIN	224	177	12	27	275	432	10	8
Mont.	-	-	-	-	6	6	-	1
Idaho	2	1	-	-	9	7	-	-
Wyo.	-	1	-	-	3	3	-	-
Colo.	33	20	1	1	48	107	5	1
N. Mex.	26	15	-	2	21	45	1	-
Ariz.	150	125	11	24	150	169	-	1
Utah	6	8	-	-	24	30	2	1
Nev.	7	7	-	-	14	65	2	4
PACIFIC	778	486	29	53	1,890	2,442	69	70
Wash.	50	41	1	-	180	193	4	4
Oreg.	17	13	1	-	86	84	2	7
Calif.	703	421	26	53	1,467	2,009	59	56
Alaska	-	-	-	-	40	40	-	1
Hawaii	8	11	1	-	117	116	4	2
Guam	-	7	-	1	-	47	-	2
P.R.	212	216	15	13	33	95	-	-
V.I.	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	15	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 III. Deaths in 122 U.S. cities,* week ending October 19, 2002 (42nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	431	327	61	26	10	7	43
Boston, Mass.	U	U	U	U	U	U	U
Bridgeport, Conn.	29	23	4	1	-	1	3
Cambridge, Mass.	20	19	-	1	-	-	3
Fall River, Mass.	21	17	2	2	-	-	1
Hartford, Conn.	64	43	13	5	2	1	5
Lowell, Mass.	26	18	5	1	-	2	1
Lynn, Mass.	9	8	-	1	-	-	2
New Bedford, Mass.	27	23	2	1	-	1	4
New Haven, Conn.	33	21	6	2	3	1	5
Providence, R.I.	64	51	7	4	1	1	-
Somerville, Mass.	3	3	-	-	-	-	-
Springfield, Mass.	49	35	10	2	2	-	6
Waterbury, Conn.	27	22	3	1	1	-	4
Worcester, Mass.	59	44	9	5	1	-	9
MID. ATLANTIC	2,177	1,518	455	131	37	35	117
Albany, N.Y.	40	30	3	2	-	5	3
Allentown, Pa.	18	15	1	2	-	-	4
Buffalo, N.Y.	126	90	30	4	1	1	13
Camden, N.J.	33	22	6	4	1	-	1
Elizabeth, N.J.	15	9	2	4	-	-	-
Erie, Pa.	32	28	4	-	-	-	1
Jersey City, N.J.	41	26	10	4	-	1	-
New York City, N.Y.	1,068	746	227	62	18	14	36
Newark, N.J.	60	29	17	12	1	1	3
Paterson, N.J.	14	9	4	-	1	-	-
Philadelphia, Pa.	387	256	86	27	9	9	26
Pittsburgh, Pa.§	23	13	8	1	1	-	1
Reading, Pa.	25	23	1	1	-	-	4
Rochester, N.Y.	128	91	29	6	2	-	13
Schenectady, N.Y.	14	11	2	1	-	-	-
Scranton, Pa.	22	17	4	1	-	-	-
Syracuse, N.Y.	97	82	13	-	1	1	11
Trenton, N.J.	19	9	5	-	2	3	1
Utica, N.Y.	15	12	3	-	-	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,589	1,045	360	107	35	38	107
Akron, Ohio	63	44	12	2	1	-	5
Canton, Ohio	46	37	5	2	1	1	5
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	73	52	9	2	2	8	4
Cleveland, Ohio	136	90	28	9	7	2	5
Columbus, Ohio	187	128	35	15	6	3	14
Dayton, Ohio	124	88	28	6	1	1	13
Detroit, Mich.	193	95	70	21	3	4	14
Evansville, Ind.	50	34	11	2	-	3	5
Fort Wayne, Ind.	56	38	10	4	4	-	3
Gary, Ind.	12	7	2	2	-	1	-
Grand Rapids, Mich.	55	41	10	2	1	1	5
Indianapolis, Ind.	196	107	58	21	5	5	11
Lansing, Mich.	U	U	U	U	U	U	U
Milwaukee, Wis.	104	72	25	5	1	1	6
Peoria, Ill.	40	26	10	3	-	1	3
Rockford, Ill.	49	36	6	3	2	2	4
South Bend, Ind.	56	45	9	2	-	-	-
Toledo, Ohio	85	57	21	2	1	4	7
Youngstown, Ohio	64	48	11	4	-	1	3
W.N. CENTRAL	525	372	96	34	14	9	42
Des Moines, Iowa	74	56	13	3	2	-	5
Duluth, Minn.	27	24	2	1	-	-	5
Kansas City, Kans.	33	21	8	2	2	-	1
Kansas City, Mo.	96	61	20	6	6	3	6
Lincoln, Nebr.	42	35	6	1	-	-	4
Minneapolis, Minn.	57	34	16	4	2	1	3
Omaha, Nebr.	80	54	12	8	1	5	10
St. Louis, Mo.	U	U	U	U	U	U	U
St. Paul, Minn.	46	31	12	2	1	-	3
Wichita, Kans.	70	56	7	7	-	-	5
S. ATLANTIC	1,279	792	293	118	40	36	63
Atlanta, Ga.	115	68	30	15	2	-	3
Baltimore, Md.	159	94	43	13	8	1	17
Charlotte, N.C.	102	68	17	8	4	5	8
Jacksonville, Fla.	144	85	38	16	1	4	6
Miami, Fla.	65	48	14	2	1	-	7
Norfolk, Va.	33	22	7	2	2	-	2
Richmond, Va.	69	38	10	9	1	11	5
Savannah, Ga.	52	41	8	2	-	1	1
St. Petersburg, Fla.	53	39	14	-	-	-	3
Tampa, Fla.	165	109	32	12	6	6	7
Washington, D.C.	309	170	78	38	15	8	3
Wilmington, Del.	13	10	2	1	-	-	1
E.S. CENTRAL	760	484	172	58	30	16	53
Birmingham, Ala.	135	91	29	10	5	-	14
Chattanooga, Tenn.	91	52	23	8	5	3	4
Knoxville, Tenn.	104	71	18	9	2	4	6
Lexington, Ky.	80	54	17	5	3	1	7
Memphis, Tenn.	86	39	24	13	7	3	6
Mobile, Ala.	97	64	22	5	2	4	4
Montgomery, Ala.	44	31	9	-	3	1	4
Nashville, Tenn.	123	82	30	8	3	-	8
W.S. CENTRAL	1,422	933	309	92	50	38	79
Austin, Tex.	88	62	22	2	2	-	3
Baton Rouge, La.	32	21	7	2	2	-	2
Corpus Christi, Tex.	49	29	10	5	3	2	4
Dallas, Tex.	183	112	43	15	8	5	10
El Paso, Tex.	73	53	13	5	2	-	2
Ft. Worth, Tex.	124	87	23	9	2	3	7
Houston, Tex.	340	210	87	21	6	16	21
Little Rock, Ark.	78	47	20	4	4	3	-
New Orleans, La.	50	30	6	7	7	-	-
San Antonio, Tex.	235	154	47	15	11	8	14
Shreveport, La.	40	33	4	-	3	-	6
Tulsa, Okla.	130	95	27	7	-	1	10
MOUNTAIN	920	616	196	65	27	15	59
Albuquerque, N.M.	137	97	26	9	4	1	6
Boise, Idaho	43	33	3	4	2	1	3
Colo. Springs, Colo.	64	46	13	2	1	2	-
Denver, Colo.	116	64	26	16	7	3	7
Las Vegas, Nev.	258	171	66	13	4	4	23
Ogden, Utah	24	18	1	3	1	-	1
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	37	23	10	3	-	1	2
Salt Lake City, Utah	98	66	19	7	5	1	11
Tucson, Ariz.	143	98	32	8	3	2	6
PACIFIC	1,989	1,401	391	120	50	25	95
Berkeley, Calif.	17	10	6	-	1	-	1
Fresno, Calif.	130	86	28	10	5	1	12
Glendale, Calif.	39	28	9	-	1	1	-
Honolulu, Hawaii	63	46	12	3	2	-	7
Long Beach, Calif.	70	47	14	4	1	4	2
Los Angeles, Calif.	660	473	114	46	20	7	-
Pasadena, Calif.	18	12	3	3	-	-	2
Portland, Oreg.	173	119	35	12	4	3	9
Sacramento, Calif.	181	131	39	5	4	2	21
San Diego, Calif.	140	95	31	8	4	1	11
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	155	113	25	9	3	5	12
Santa Cruz, Calif.	31	17	10	4	-	-	-
Seattle, Wash.	150	101	32	13	4	-	11
Spokane, Wash.	52	44	6	2	-	-	4
Tacoma, Wash.	110	79	27	1	1	1	3
TOTAL	11,092¶	7,488	2,333	751	293	219	658

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.

(*Contined from page 952*)

Clarification: Vol. 51, No. 37

In the report, "Human Rabies—Tennessee, 2002," use of the term "carry" did not mean to suggest that bats or other mammals are carriers of the rabies virus. "Carriers" implies prolonged or indefinite survival, viral excretion, and ability to transmit infection. No evidence supports the notion of a carrier state in bats or any other species with regard to rabies virus.

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