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WEEKLY REPORT

Legionnaires' Disease Associated With Potting Soil — California, Oregon, and Washington, May–June 2000

Since Legionnaires' Disease (LD) was first reported in 1976, outbreaks have been associated with airborne transmission of *Legionella* bacteria through cooling towers, showers, and other aerosolizing devices (*1*). However, most LD cases are sporadic, and the source and mode of infection in many cases are unknown. Infections with one species, *Legionella longbeachae*, have been associated with gardening and use of potting soil in Australia and Japan (*2,3*). This report summarizes the findings of LD investigations in California, Oregon, and Washington, that suggest that transmission from potting soil has occurred for the first time in the United States, and that active surveillance and case finding are warranted to explore this association.

On June 13, 2000, CDC was alerted by a county health official in Washington of *L. longbeachae* infection in a 46-year-old woman who had been hospitalized with pneumonia. The patient reported that she had been potting plants during the 10 days before her symptoms began in May. An isolate from the patient's sputum was sent to CDC for species confirmation, and two samples of potting soil and one of compost from the original packages obtained from the patient's residence were sent for analysis. *L. longbeachae* was isolated from one potting soil sample. The compost contained other *Legionella* species but not *longbeachae*.

In May, two *L. longbeachae* isolates had been received at CDC from bronchial wash samples taken from both a 77-year-old Oregon woman and a 45-year-old California man who were both diagnosed with legionellosis. The California patient died and his house was cleaned before an investigation could be undertaken. State and local health officials determined that the Oregon patient had been potting plants using commercial potting soil mixtures and had been working in a home garden during the 10 days before her symptoms began in April. Two potting soil samples taken from her residence were tested for *Legionella* at CDC; one was positive for *L. longbeachae*. Isolates of *L. longbeachae* from the patients and soils will be compared using amplified fragment length polymorphism typing.

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Editorial Note: The findings in this report illustrate the importance of reporting cases of LD to local and state health officials and of culturing patient specimens for *Legionella*. Although urine antigen tests provide rapid and accurate diagnosis of *Legionella pneumophila* serogroup 1, these tests are not sensitive for other serogroups or species. Microbiologic and epidemiologic investigations are needed to identify less common species and may reveal risk factors and novel modes of disease transmission.

L. pneumophila serogroup 1 accounts for most legionellosis cases in the United States; *L. longbeachae* is reported less frequently. During 1990–1999, 37 cases of *L. longbeachae* were reported to CDC's *Legionella* reporting system. It is likely that legionellosis is underreported to CDC because of failure to obtain the appropriate diagnostic tests in cases of pneumonia of unknown etiology, difficulty of culturing *Legionella* from clinical specimens, and because legionellosis is not reportable in all states.

Soil surveys for *Legionella* have not been conducted in the United States; however, in a soil survey in Australia, 33 (73%) of 45 potting soil samples tested positive for *Legionella*; 26 (79%) of the 33 contained *longbeachae* (*4*). Nineteen (100%) soil samples in Europe and the United Kingdom were negative for *L. longbeachae*. A survey of 17 soil samples in Japan in 1998 yielded 31 different strains of *Legionella*; eight of the 17 samples (47%) contained *L. longbeachae* (*3*).

Health-care providers should report legionellosis cases to local or state health departments, and state health departments should report legionellosis cases, particularly *L. longbeachae* to CDC. Risk factors and behaviors associated with transmission of *L. longbeachae* are unknown; therefore, to better define the extent of disease, modes of transmission, and to develop prevention strategies, CDC urges state health departments to send *Legionella* cultures yielding non-*pneumophila* isolates to CDC's *Legionella* laboratory for speciation, telephone (404) 639-3563. Cases of *L. longbeachae* infection that have occurred during the previous 12 months should be reported to CDC's National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases, Respiratory Diseases Branch, telephone (404) 639-2215. For local and state use, a case report form may be obtained from the World-Wide Web, http://www.cdc.gov/ncidod/dbmd/diseaseinfo, and faxed to (404) 639-3970.

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Foodborne Botulism From Eating Home-Pickled Eggs — Illinois, 1997

During November 1997, the Illinois Department of Public Health was notified by a local physician about a possible case of foodborne botulism. This report summarizes the case investigation, which implicated home-pickled eggs as the cause.

On November 23, 1997, a previously healthy 68-year-old man became nauseated, vomited, and complained of abdominal pain. During the next 2 days, he developed diplopia,

Foodborne Botulism — Continued

dysarthria, and respiratory impairment, necessitating hospitalization and mechanical ventilation. Physical examination confirmed multiple cranial nerve abnormalities, including extraocular motor palsy and diffuse flaccid paralysis. Possible botulism was diagnosed, and a one-vial dose of trivalent (types A, B, and E) antibotulinum toxin was administered. A sample of the patient's serum collected before antitoxin administration demonstrated the presence of type B botulinum toxin. A food history revealed no exposures to home-canned products; however, the patient had eaten pickled eggs that he had prepared 7 days before onset of illness; gastrointestinal symptoms began 12 hours after ingestion. The patient recovered after prolonged supportive care.

The pickled eggs were prepared using a recipe that consisted of hard-boiled eggs, commercially prepared beets and hot peppers, and vinegar. The intact hard-boiled eggs were peeled and punctured with toothpicks then combined with the other ingredients in a glass jar that closed with a metal screw-on lid. The mixture was stored at room temperature and occasionally was exposed to sunlight.

Cultures revealed *Clostridium botulinum* type B, and type B toxin was detected in samples of the pickled egg mixture at CDC's National Botulism Surveillance and Reference Laboratory. *C. botulinum* was cultured from the pickling liquid, beets, and egg yolk. The concentration of preformed type B toxin was 1000 times greater in the egg yolks than in the pickling liquid and was undetected in the beets. Peppers from the original commercial container contained no detectable toxin, and bacterial cultures of the peppers did not yield *C. botulinum*. Beets from the original commercial containers were not available. The pH of the pickling liquid was 3.5 (i.e., adequate to prevent *C. botulinum* germination and toxin formation. However, the pH of the egg yolk was not determined [normal egg yolk pH: 6.8]).

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Editorial Note: Botulism is a paralytic illness caused by the neurotoxin produced by the bacterium *C. botulinum*. Paralysis first affects the cranial nerves, then the skeletal muscles; untreated intoxications can lead to dense flaccid paralysis, respiratory failure, and death (*1,2*).

Although rare and sporadic, foodborne botulism is a persistent cause of morbidity and mortality in the United States. In 1997, an annual survey of state epidemiologists and directors of state public health laboratories identified 24 cases of foodborne botulism with one associated death (CDC, unpublished data, 1998). During 1989–1998, a median of 23 cases (range: 17–42 cases) of foodborne botulism was reported each year with a median of one death (range: 0–2 deaths).

C. botulinum spores are ubiquitous. Safe food preservation methods destroy spores or inhibit their germination and growth. Conditions that promote germination and growth of *C. botulinum* spores include absence of oxygen (anaerobic conditions), low acidity (pH >4.6), temperatures >39 F [4 C]), and high moisture content. Most foodborne botulism cases that occur in the United States are the result of improperly home-canned foods. This is the first reported case of botulism related to eating pickled eggs. The amount of toxin detected in the recovered egg yolk suggested that bacterial growth was concentrated in that portion of the egg. Intact eggs that have been hard-boiled should be free of bacteria or spores. Pricking cooked eggs may introduce *C. botulinum* spores into the

Foodborne Botulism — Continued

yolk. Portions of the yolk that remained anaerobic and inadequately pickled (i.e., not acidified to pH ≤4.6) may have allowed *C. botulinum* spores to germinate, grow, and form toxin. Setting the pickling jar in sunlight provided warmth that facilitated bacterial growth and toxin production.

To reduce the risk for botulism when pickling, food items should be washed and cooked adequately, and utensils, containers, and other surfaces in contact with food, including cutting boards and hands, should be cleaned thoroughly with soap and warm water. Containers (e.g., jars and lids) in which pickling will occur should be sterilized (e.g., placed in boiling water for the prescribed period published in the container instructions) (*3*). Adequate acidification to a pH ≤4.6 is essential. Refrigeration at 39 F (4 C) during pickling is advisable, especially in foods that may be acidified inadequately such as whole eggs. Once opened, any canned or pickled food should be refrigerated. Pricking, poking holes, or otherwise handling whole eggs in a manner that might allow spores or bacteria into the yolk should be avoided.

When foodborne botulism is suspected, clinicians and public health investigators should inquire about the preparation and eating of foods preserved by any home method (e.g., canning, pickling, curing, and fermenting). Persons seeking advice on home-food preservation should consult their local county or university cooperative extension service, or contact the U.S. Department of Agriculture Food Safety Hotline, telephone (800) 535-4555. CDC provides epidemiologic consultation and laboratory diagnostic services for suspected botulism cases and authorizes release of botulism antitoxin. Through state health departments, these services are available 24 hours a day from CDC.

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Notice to Readers

Recall of Isoniazid Used for Antimicrobial Susceptibility Testing for Tuberculosis

Becton Dickinson Biosciences (Sparks, Maryland) has issued a voluntary recall of a lot of isoniazid [INH] (drug lot no. 9335260) used for antimicrobial susceptibility testing (AST) of *Mycobacterium tuberculosis*. The recalled INH lot was sold as components of BACTEC™* S.I.R.E. kits (lot nos. 9327296, 9342298, and 9327298) and as individual drug for reconstitution (BACTEC™ Isoniazid kit lot no. 9327297) during January 2000–August 25, 2000.

*Use of trade names and commercial sources is for identification only and does not constitute endorsement by CDC or the U.S. Department of Health and Human Services.

Notices to Readers — Continued

The recall was issued following customer complaints and subsequent investigations by the manufacturer that found that vials of streptomycin may have been labeled inadvertently as the recalled lot of INH. A second lot of INH (drug lot no. 0077261) that was implicated initially is no longer involved in the recall. In the original complaint involving lot no. 0077261, the incorrect lot number was reported to the manufacturer. This recall does not affect other sources of INH used for AST or for therapeutic purposes.

Laboratories that perform AST for *M. tuberculosis* should identify all isolates on which INH AST was performed with the recalled lot of INH. The results of tests with recalled INH are unreliable, potentially yielding falsely susceptible or falsely resistent results. These test results should be confirmed by a second test using nonrecalled INH on the same isolate or on a subsequent isolate obtained from the patient. Clinicians caring for patients with isolates requiring repeat testing should be notified of the recall and the possibility of erroneous INH AST results. If necessary, laboratories should consult with clinicians to prioritize repeat INH AST testing as follows: 1) immediately retest isolates from patients who have not responded to antituberculosis therapy as expected; 2) retest isolates for which any other first-line antituberculosis drug resistance was observed; 3) retest isolates from patients still receiving induction phase therapy; and 4) retest remaining isolates for which INH AST is unreliable.

Clinicians and patients using the standard 6-month four-drug regimen for tuberculosis (*1*) should be reassured because 1) in the United States, most patients are treated successfully with this regimen; 2) most patients are infected with strains of *M. tuberculosis* that are susceptible to all first-line antituberculosis drugs (*2*); and 3) results from controlled clinical trials indicate that this regimen is effective for patients infected with INH monoresistant *M. tuberculosis* (*3*). Therefore, patients who have completed this regimen and who have been discharged as cured before repeat AST results are available do not need additional drug therapy even if INH resistance is subsequently identified. Patients found to have INH monoresistant organisms after induction therapy is complete (e.g., during continuation phase of therapy with INH and rifampin) should be evaluated for treatment failure clinically and with cultures. Patients with an acceptable clinical course and no evidence of treatment failure could complete the continuation phase with INH and rifampin. In both instances, patients should be screened clinically for recurrent tuberculosis at 3, 6, and 12 months after completion of therapy and, if relapse is suspected, cultures should be obtained.

Patients who are identified as infected with INH monoresistant organisms before the induction phase of therapy is completed may be treated with a combination of rifampin, pyrazinamide, and ethambutol (or streptomycin) for 6 months. INH also may be included if repeat AST is resistant to INH at low levels (e.g., 0.1 µg/mL BACTEC™ media, or 0.2 µg/mL 7H10 media) but is not resistant at high levels (e.g., 0.4 µg/mL BACTEC™ media, or 1 µg/mL 7H10 media). Antituberculosis therapy and monitoring should be individualized for patients treated with other regimens, for patients who have not responded to therapy as expected, or for patients infected with *M. tuberculosis* strains resistant to one or more drugs in addition to INH. Patients with unrecognized INH monoresistance who were treated with the two-drug regimen of INH and rifampin and those treated initially with INH, rifampin, and pyrazinamide are at increased risk for treatment failure and/or relapse after treatment, possibly associated with acquired rifampin resistance. If a change in the treatment regimen is considered necessary, the initial regimen should be augmented with at least two additional drugs to which the patient's *M. tuberculosis* isolate has been proven susceptible and, if possible, which the patient has not received previously.

Notices to Readers — Continued

References

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Notice to Readers

Drive Safely Work Week — September 11–15, 2000

The Network of Employers for Traffic Safety (NETS), a nonprofit organization comprising corporate, state, and federal partners, is sponsoring the fourth annual Drive Safely Work Week during September 11–15, 2000. Unintentional injuries are the leading cause of death in the United States for persons aged 1–44 years and accounted for approximately 97,000 deaths among persons of all ages in 1997 (*1*). In 1998, approximately 41,000 persons died on U.S. highways and another 3.2 million suffered nonfatal injuries (*2*).

Highway fatalities have decreased substantially since 1966 (n=50,984), and the fatality rate per mile of travel has decreased more than threefold (from 5.5 in 1966 to 1.6 in 1998) (*3*). However, minimal changes have occurred in the numbers of fatalities and the fatality rate per mile from 1994 to 1998. Although most injuries and fatalities in 1998 were to vehicle occupants, pedestrians accounted for 5220 of the fatalities and 69,000 of the injuries (*4*). Motor-vehicle crashes also are the leading cause of occupational injury deaths, accounting for approximately 16,000 deaths in workers from 1980 to 1992, or 20% of all fatal workplace injuries over this period (*5*).

The national campaign to prevent motor-vehicle crashes includes a "toolkit" that contains information, posters, and suggested programs that employers or other groups can use to address five major traffic safety issues: safety belt use, aggressive driving, driver inattention, sharing the road with trucks, and impaired driving. The materials are not dated and may be used throughout the year.

Additional information about NETS and purchasing the toolkit (cost: $25) is available on the World-Wide Web, http://www.trafficsafety.org,* or telephone, (202) 452-6005. Additional information about motor-vehicle–related injuries is available from the National Highway Traffic Safety Administration at http://www.nhtsa.dot.gov. Information about occupational transportation injuries is available from CDC's National Institute for Occupational Safety and Health at http://www.cdc.gov/niosh.

References

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2. National Highway Traffic Safety Administration. Traffic safety facts, 1998: overview. Washington, DC: US Department of Transportation, 1999 (HS 808 956).

*References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

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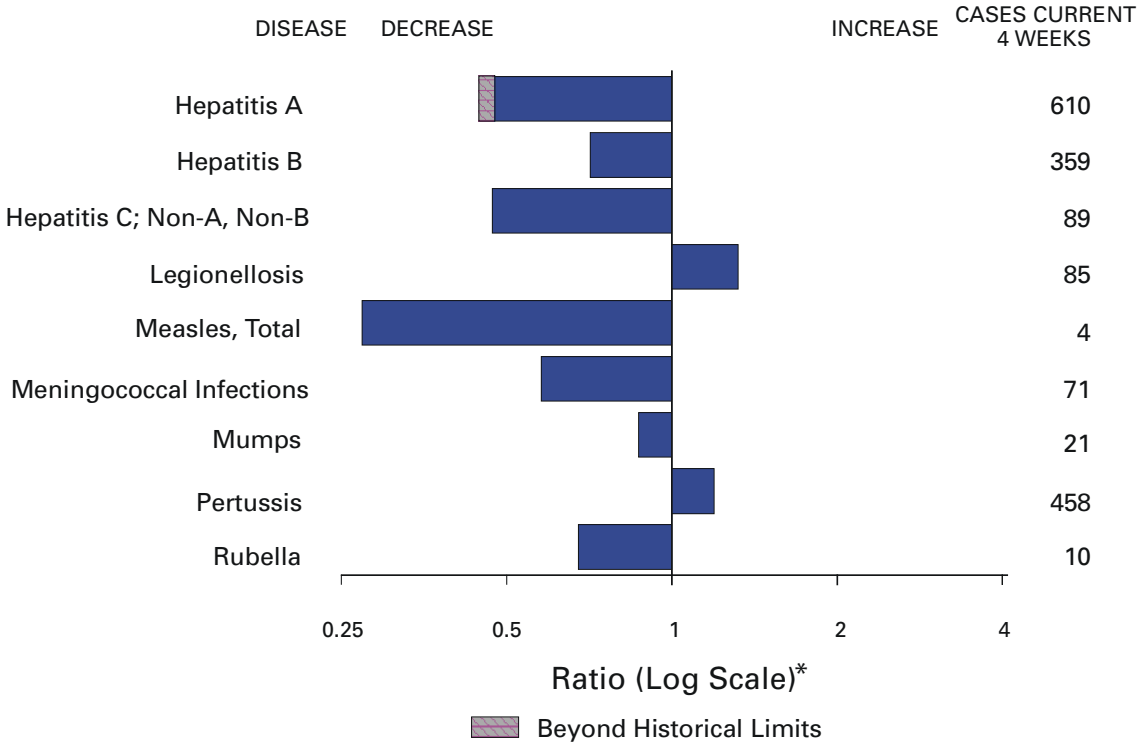
FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 26, 2000, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 26, 2000 (34th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric*§	127
Brucellosis*	40	Plague	5
Cholera	1	Poliomyelitis, paralytic	-
Congenital rubella syndrome	5	Psittacosis*	8
Cyclosporiasis*	27	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	257
Encephalitis: California serogroup viral*	26	Streptococcal disease, invasive, group A	1,980
eastern equine*	-	Streptococcal toxic-shock syndrome*	61
St. Louis*	-	Syphilis, congenital¶	96
western equine*	-	Tetanus	17
Ehrlichiosis human granulocytic (HGE)*	115	Toxic-shock syndrome	106
human monocytic (HME)*	39	Trichinosis	4
Hansen disease (leprosy)*	41	Typhoid fever	212
Hantavirus pulmonary syndrome*†	22	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	91		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update July 30, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	23,669	28,406	409,447	429,493	1,027	1,407	2,469	1,719	1,537	1,591
NEW ENGLAND	1,335	1,502	13,795	13,821	51	96	232	252	217	243
Maine	20	44	905	744	12	17	17	20	19	-
N.H.	22	33	649	639	9	9	22	23	22	23
Vt.	11	11	352	313	17	18	25	20	25	12
Mass.	852	987	6,178	5,921	11	41	101	112	89	118
R.I.	55	74	1,570	1,506	2	-	11	19	10	21
Conn.	375	353	4,141	4,698	-	11	56	58	52	69
MID. ATLANTIC	5,487	7,188	35,519	43,941	89	258	250	131	106	75
Upstate N.Y.	572	890	N	N	57	79	179	85	38	-
N.Y. City	2,971	3,734	14,822	18,328	8	148	7	12	7	14
N.J.	1,116	1,365	5,049	7,974	4	18	64	34	31	47
Pa.	828	1,199	15,648	17,639	20	13	N	N	30	14
E.N. CENTRAL	2,282	1,963	65,733	71,676	225	362	483	336	191	311
Ohio	360	293	16,807	19,427	64	30	136	124	44	111
Ind.	217	244	8,341	7,660	19	21	81	43	54	32
Ill.	1,295	928	16,422	21,531	7	52	116	103	-	79
Mich.	297	401	16,571	13,851	52	31	73	66	54	51
Wis.	113	97	7,592	9,207	83	228	77	N	39	38
W.N. CENTRAL	575	667	22,959	24,232	132	97	423	330	326	376
Minn.	102	114	4,467	4,922	21	13	100	103	95	132
Iowa	59	56	3,160	2,826	40	37	128	68	76	55
Mo.	284	341	8,049	8,681	18	15	93	26	67	39
N. Dak.	2	4	352	590	7	12	14	8	15	13
S. Dak.	4	13	1,147	1,021	9	5	33	34	30	43
Nebr.	38	43	2,180	2,186	32	13	38	70	32	87
Kans.	86	96	3,604	4,006	5	2	17	21	11	7
S. ATLANTIC	6,331	7,774	83,921	91,841	228	214	218	185	150	129
Del.	111	96	1,875	1,779	5	-	-	6	-	3
Md.	710	886	8,410	8,518	9	11	15	12	1	-
D.C.	448	276	2,136	N	8	6	-	-	U	U
Va.	418	500	10,307	9,771	8	12	43	44	38	42
W. Va.	39	40	1,177	1,156	3	-	10	9	7	4
N.C.	394	553	14,390	14,811	17	6	48	40	44	44
S.C.	509	706	7,756	11,869	-	-	15	16	12	14
Ga.	704	1,089	16,797	23,091	84	95	36	17	23	1
Fla.	2,998	3,628	21,073	20,846	94	84	51	41	25	21
E.S. CENTRAL	1,128	1,325	30,771	30,107	36	17	84	88	65	64
Ky.	128	174	5,144	4,968	5	5	25	22	24	15
Tenn.	461	533	9,221	9,176	9	6	39	41	30	28
Ala.	304	334	10,062	8,217	12	4	5	17	3	17
Miss.	235	284	6,344	7,746	10	2	15	8	8	4
W.S. CENTRAL	2,418	3,174	62,352	59,989	44	52	117	68	162	80
Ark.	112	122	3,287	3,872	5	1	47	9	30	7
La.	381	590	12,137	10,684	8	22	4	9	36	11
Okla.	182	94	5,028	5,450	4	5	10	15	7	12
Tex.	1,743	2,368	41,900	39,983	27	24	56	35	89	50
MOUNTAIN	862	1,076	24,610	22,532	57	65	276	154	140	122
Mont.	9	5	960	975	8	10	26	9	-	-
Idaho	16	15	1,192	1,127	3	7	41	18	-	10
Wyo.	7	7	474	502	4	-	11	7	2	13
Colo.	199	207	7,415	4,866	18	9	106	54	61	37
N. Mex.	88	65	2,974	3,324	6	24	16	7	10	3
Ariz.	265	516	7,706	8,290	5	10	35	23	26	14
Utah	90	102	1,506	1,370	10	N	34	24	41	32
Nev.	188	159	2,383	2,078	3	5	7	12	-	13
PACIFIC	3,251	3,737	69,787	71,354	165	246	386	175	180	191
Wash.	301	213	8,089	7,707	N	N	125	58	97	77
Oreg.	106	136	3,285	4,083	10	79	62	38	63	44
Calif.	2,749	3,315	55,226	56,238	155	167	172	70	12	62
Alaska	12	13	1,531	1,223	-	-	19	-	1	-
Hawaii	83	60	1,656	2,103	-	-	8	9	7	8
Guam	14	11	-	298	-	-	N	N	U	U
P.R.	710	937	1,060	U	-	-	4	5	U	U
V.I.	24	19	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	U	-	U	U	U

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

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 30, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	212,832	231,851	1,981	1,760	549	585	6,371	9,136
NEW ENGLAND	3,841	4,201	30	13	24	39	1,387	2,861
Maine	52	42	2	2	2	3	-	22
N.H.	68	71	-	-	2	4	35	4
Vt.	41	35	3	5	3	8	9	9
Mass.	1,665	1,646	20	3	9	12	536	605
R.I.	388	381	5	3	3	3	213	281
Conn.	1,627	2,026	-	-	5	9	594	1,940
MID. ATLANTIC	21,306	25,895	414	83	118	135	3,785	4,581
Upstate N.Y.	4,173	4,200	47	39	46	34	1,945	2,452
N.Y. City	5,949	8,499	-	-	-	17	7	110
N.J.	3,890	4,927	342	-	8	12	874	1,064
Pa.	7,294	8,269	25	44	64	72	959	955
E.N. CENTRAL	39,487	44,647	160	626	147	180	249	498
Ohio	10,168	11,568	7	1	66	54	68	31
Ind.	3,871	4,119	1	1	31	24	18	14
Ill.	10,786	14,925	10	38	8	25	11	17
Mich.	11,509	9,992	142	570	29	44	-	11
Wis.	3,153	4,043	-	16	13	33	152	425
W.N. CENTRAL	10,160	10,528	439	138	44	33	155	174
Minn.	1,791	1,831	5	4	3	4	85	82
Iowa	664	682	1	-	12	9	16	20
Mo.	5,084	5,126	421	132	23	14	38	51
N. Dak.	15	59	-	-	-	-	-	1
S. Dak.	187	116	-	-	2	2	-	-
Nebr.	826	996	3	2	1	4	1	10
Kans.	1,593	1,718	9	-	3	-	15	10
S. ATLANTIC	62,430	67,861	82	115	113	76	656	819
Del.	1,091	1,110	-	-	5	9	104	50
Md.	5,690	6,354	13	19	42	15	374	609
D.C.	1,676	2,428	2	-	-	1	3	3
Va.	6,440	6,322	3	10	17	17	95	76
W. Va.	366	389	12	13	N	N	22	14
N.C.	11,808	12,941	13	28	9	13	32	52
S.C.	9,988	8,180	1	15	4	7	3	4
Ga.	10,721	15,315	2	1	6	-	-	-
Fla.	14,650	14,822	36	29	30	14	23	11
E.S. CENTRAL	22,343	23,938	303	198	19	34	28	67
Ky.	2,237	2,210	28	12	10	13	4	10
Tenn.	7,335	7,422	66	69	7	16	18	38
Ala.	7,781	7,289	7	1	2	3	6	16
Miss.	4,990	7,017	202	116	-	2	-	3
W.S. CENTRAL	32,437	34,153	296	327	12	6	14	36
Ark.	1,762	1,980	9	19	-	1	4	4
La.	8,792	8,452	183	226	8	3	2	6
Okla.	2,176	2,694	6	13	2	2	-	7
Tex.	19,707	21,027	98	69	2	-	8	19
MOUNTAIN	6,386	6,254	130	124	25	31	12	11
Mont.	28	26	4	4	1	-	-	-
Idaho	59	54	3	6	4	-	2	1
Wyo.	34	16	73	35	1	-	1	3
Colo.	1,982	1,570	16	23	9	8	6	2
N. Mex.	632	655	11	22	1	1	-	1
Ariz.	2,612	2,967	13	21	5	5	-	-
Utah	156	129	1	5	4	11	1	2
Nev.	883	837	9	8	-	6	2	2
PACIFIC	14,442	14,374	127	136	47	51	85	89
Wash.	1,410	1,329	19	12	15	10	4	4
Oreg.	446	583	21	12	N	N	4	10
Calif.	12,156	11,968	85	112	32	40	75	75
Alaska	204	200	-	-	-	1	2	-
Hawaii	226	294	2	-	-	-	N	N
Guam	-	38	-	1	-	-	-	-
P.R.	398	215	1	-	1	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	689	908	3,752	4,240	20,820	23,138	15,868	21,312
NEW ENGLAND	35	33	475	556	1,301	1,406	1,270	1,461
Maine	4	3	91	103	91	92	68	78
N.H.	1	2	9	30	88	90	83	93
Vt.	2	4	41	70	83	61	76	50
Mass.	10	13	167	123	725	776	677	790
R.I.	5	3	38	68	83	65	89	113
Conn.	13	8	129	162	231	322	277	337
MID. ATLANTIC	127	251	694	788	2,502	3,107	2,622	3,192
Upstate N.Y.	45	46	479	567	743	774	827	816
N.Y. City	45	136	U	U	586	932	602	928
N.J.	18	41	109	122	548	658	393	720
Pa.	19	28	106	99	625	743	800	728
E.N. CENTRAL	67	111	98	95	2,863	3,401	1,640	3,033
Ohio	14	17	29	27	770	755	453	683
Ind.	4	11	-	-	362	324	353	310
Ill.	22	48	17	5	806	1,098	1	1,057
Mich.	21	28	47	46	580	641	596	641
Wis.	6	7	5	17	345	583	237	342
W.N. CENTRAL	33	48	375	524	1,455	1,475	1,522	1,642
Minn.	13	21	59	75	313	395	413	509
Iowa	1	12	53	100	254	165	185	151
Mo.	6	11	28	18	461	462	572	571
N. Dak.	2	-	94	104	43	32	56	48
S. Dak.	-	-	65	140	58	69	65	91
Nebr.	5	-	1	3	106	131	44	115
Kans.	6	4	75	84	220	221	187	157
S. ATLANTIC	195	226	1,563	1,373	4,603	4,834	2,954	4,048
Del.	3	1	31	33	74	92	80	108
Md.	67	68	272	271	536	541	462	554
D.C.	13	13	-	-	37	55	U	U
Va.	37	51	371	344	631	850	517	754
W. Va.	2	1	85	81	105	112	93	105
N.C.	16	15	376	296	607	719	538	837
S.C.	1	7	107	102	450	336	347	288
Ga.	4	21	222	124	773	687	821	1,013
Fla.	52	49	99	122	1,390	1,442	96	389
E.S. CENTRAL	28	19	128	196	1,292	1,275	941	926
Ky.	8	6	16	31	239	269	171	187
Tenn.	6	7	68	71	358	331	399	385
Ala.	13	5	44	94	367	361	307	290
Miss.	1	1	-	-	328	314	64	64
W.S. CENTRAL	8	14	63	321	1,687	2,090	2,399	1,729
Ark.	2	2	20	14	407	311	329	120
La.	2	10	-	-	115	458	368	394
Okla.	4	2	43	74	261	258	164	213
Tex.	-	-	-	233	904	1,063	1,538	1,002
MOUNTAIN	35	28	171	135	1,821	1,982	1,308	1,767
Mont.	1	4	48	46	69	39	-	1
Idaho	2	3	8	-	87	66	-	63
Wyo.	-	1	38	32	43	35	14	37
Colo.	19	12	-	1	500	531	451	513
N. Mex.	-	2	16	6	157	275	140	223
Ariz.	5	2	50	43	461	571	420	526
Utah	4	3	9	4	323	337	283	355
Nev.	4	1	2	3	181	128	-	49
PACIFIC	161	178	185	252	3,296	3,568	1,212	3,514
Wash.	16	17	-	-	338	428	376	581
Oreg.	28	15	5	1	208	315	253	345
Calif.	114	134	159	244	2,573	2,532	416	2,363
Alaska	-	1	21	7	38	34	23	18
Hawaii	3	11	-	-	139	259	144	207
Guam	-	-	-	-	-	28	U	U
P.R.	-	-	49	53	219	367	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

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

* Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999
UNITED STATES	11,954	9,692	6,207	5,799	3,805	4,385	7,460	10,185
NEW ENGLAND	240	446	218	421	54	40	249	273
Maine	8	4	12	-	1	-	9	12
N.H.	4	11	7	11	1	1	8	6
Vt.	3	4	-	3	-	3	2	1
Mass.	169	368	137	348	36	22	151	152
R.I.	19	17	20	12	4	1	24	28
Conn.	37	42	42	47	12	13	55	74
MID. ATLANTIC	1,407	646	821	462	181	196	1,497	1,689
Upstate N.Y.	525	180	166	44	8	15	165	213
N.Y. City	551	218	378	152	83	84	832	873
N.J.	210	151	135	152	34	46	352	354
Pa.	121	97	142	114	56	51	148	249
E.N. CENTRAL	2,556	1,823	711	990	722	770	810	1,019
Ohio	230	310	96	90	53	62	197	160
Ind.	1,076	158	110	52	264	265	54	92
Ill.	601	734	2	577	190	287	387	497
Mich.	501	261	463	214	182	129	117	205
Wis.	148	360	40	57	33	27	55	65
W.N. CENTRAL	1,395	803	1,091	556	41	96	291	316
Minn.	359	157	438	184	4	9	97	124
Iowa	367	19	217	20	10	8	25	29
Mo.	456	526	340	274	22	63	114	116
N. Dak.	10	2	11	2	-	-	2	2
S. Dak.	4	10	3	6	-	-	13	9
Nebr.	67	51	9	39	2	6	11	12
Kans.	132	38	73	31	3	10	29	24
S. ATLANTIC	1,837	1,538	537	376	1,277	1,456	1,578	2,048
Del.	11	10	10	5	7	6	-	21
Md.	136	100	62	31	187	262	167	173
D.C.	38	38	U	U	35	34	16	36
Va.	308	75	221	44	85	113	152	186
W. Va.	3	7	3	3	2	3	21	32
N.C.	104	144	61	65	346	341	208	302
S.C.	86	87	64	46	131	184	76	194
Ga.	157	137	54	58	239	286	346	400
Fla.	994	940	62	124	245	227	592	704
E.S. CENTRAL	605	867	340	535	574	761	479	660
Ky.	204	178	51	122	58	70	68	109
Tenn.	246	538	260	363	346	426	216	227
Ala.	37	78	26	44	81	151	195	202
Miss.	118	73	3	6	89	114	-	122
W.S. CENTRAL	1,273	1,620	1,742	694	540	689	767	1,422
Ark.	146	58	44	20	68	39	130	110
La.	80	134	117	68	146	200	73	99
Okla.	79	400	26	128	87	136	85	105
Tex.	968	1,028	1,555	478	239	314	479	1,108
MOUNTAIN	697	557	356	380	150	147	300	348
Mont.	6	7	-	-	-	-	10	10
Idaho	41	16	-	7	1	1	5	12
Wyo.	2	3	2	1	1	-	2	2
Colo.	123	101	66	77	4	1	41	47
N. Mex.	85	78	53	55	19	6	29	41
Ariz.	293	270	184	193	119	133	137	148
Utah	51	38	51	41	1	2	31	26
Nev.	96	44	-	6	5	4	45	62
PACIFIC	1,944	1,392	391	1,385	266	230	1,489	2,410
Wash.	338	68	300	68	47	48	166	160
Oreg.	114	53	68	52	5	4	23	68
Calif.	1,457	1,246	-	1,241	213	175	1,151	2,029
Alaska	8	-	3	-	-	1	60	39
Hawaii	27	25	20	24	1	2	89	114
Guam	-	11	U	U	-	-	-	47
P.R.	8	102	U	U	85	109	-	151
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	775	810	7,298	10,626	4,344	4,569	2	45	-	17	62	66
NEW ENGLAND	53	59	202	181	43	101	-	2	-	4	6	10
Maine	1	5	14	5	5	1	-	-	-	-	-	-
N.H.	11	11	18	10	11	10	-	2	-	1	3	1
Vt.	4	5	9	6	6	2	-	-	-	3	3	-
Mass.	24	23	77	71	7	35	-	-	-	-	-	7
R.I.	1	1	15	13	14	22	-	-	-	-	-	-
Conn.	12	14	69	76	-	31	U	-	U	-	-	2
MID. ATLANTIC	129	142	719	766	614	573	-	13	-	5	18	5
Upstate N.Y.	67	58	139	168	93	131	-	8	-	-	8	2
N.Y. City	27	42	220	226	275	174	-	5	-	4	9	3
N.J.	26	37	119	95	83	83	-	-	-	-	-	-
Pa.	9	5	241	277	163	185	-	-	-	1	1	-
E.N. CENTRAL	110	139	891	2,018	472	477	-	7	-	-	7	2
Ohio	41	47	187	448	77	66	-	2	-	-	2	-
Ind.	22	20	51	72	33	31	-	-	-	-	-	1
Ill.	40	59	326	476	81	42	-	4	-	-	4	-
Mich.	7	10	314	970	280	312	-	1	-	-	1	1
Wis.	-	3	13	52	1	26	U	-	U	-	-	-
W.N. CENTRAL	41	42	629	498	544	182	-	2	-	1	3	-
Minn.	22	24	158	45	25	30	-	-	-	1	1	-
Iowa	-	1	58	92	28	28	-	2	-	-	2	-
Mo.	11	5	317	303	448	105	-	-	-	-	-	-
N. Dak.	1	-	2	1	2	-	-	-	-	-	-	-
S. Dak.	-	2	-	8	-	1	-	-	-	-	-	-
Nebr.	4	4	21	37	23	14	-	-	-	-	-	-
Kans.	3	6	73	12	18	4	U	-	U	-	-	-
S. ATLANTIC	208	183	919	1,201	804	723	1	3	-	-	3	5
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	54	47	130	214	81	104	-	-	-	-	-	-
D.C.	-	4	20	48	24	17	-	-	-	-	-	-
Va.	31	14	102	103	101	63	-	2	-	-	2	3
W. Va.	6	6	48	27	7	17	-	-	-	-	-	-
N.C.	19	28	108	102	160	147	-	-	-	-	-	-
S.C.	11	5	39	28	7	57	-	-	-	-	-	-
Ga.	53	49	158	318	129	99	-	-	-	-	-	-
Fla.	34	30	314	359	295	218	1	1	-	-	1	2
E.S. CENTRAL	35	50	290	284	310	324	-	-	-	-	-	2
Ky.	12	6	34	53	55	31	-	-	-	-	-	2
Tenn.	16	26	103	115	149	164	-	-	-	-	-	-
Ala.	6	15	44	38	35	59	-	-	-	-	-	-
Miss.	1	3	109	78	71	70	-	-	-	-	-	-
W.S. CENTRAL	43	50	1,178	2,084	445	822	-	-	-	-	-	7
Ark.	1	2	103	31	69	50	-	-	-	-	-	-
La.	7	11	29	156	52	132	-	-	-	-	-	-
Okla.	33	33	190	376	104	106	-	-	-	-	-	-
Tex.	2	4	856	1,521	220	534	-	-	-	-	-	7
MOUNTAIN	76	66	615	869	336	408	-	11	-	1	12	1
Mont.	1	1	4	16	5	16	-	-	-	-	-	-
Idaho	3	1	19	31	6	21	-	-	-	-	-	-
Wyo.	1	1	10	5	3	9	-	-	-	-	-	-
Colo.	11	11	136	160	58	67	-	1	-	1	2	-
N. Mex.	16	18	56	33	85	132	-	-	-	-	-	-
Ariz.	36	28	309	499	133	102	-	-	-	-	-	1
Utah	7	4	39	34	16	24	-	3	-	-	3	-
Nev.	1	2	42	91	30	37	-	7	-	-	7	-
PACIFIC	80	79	1,855	2,725	776	959	1	7	-	6	13	34
Wash.	5	3	179	215	53	44	-	2	-	1	3	5
Oreg.	20	28	135	174	66	72	U	-	U	-	-	12
Calif.	28	39	1,529	2,313	643	820	1	4	-	3	7	16
Alaska	6	5	9	6	8	13	-	1	-	-	1	-
Hawaii	21	4	3	17	6	10	-	-	-	2	2	1
Guam	-	-	-	1	-	2	U	-	U	-	-	1
P.R.	1	2	83	211	90	151	-	-	-	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 157 cases among children aged <5 years, serotype was reported for 68 and of those, 18 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 26, 2000, and August 28, 1999 (34th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,439	1,690	5	245	249	108	3,655	3,898	-	110	218
NEW ENGLAND	86	77	-	3	6	21	871	459	-	11	7
Maine	8	5	-	-	-	16	30	-	-	-	-
N.H.	9	11	-	-	1	-	79	72	-	2	-
Vt.	2	4	-	-	1	2	166	37	-	-	-
Mass.	51	41	-	-	4	1	547	318	-	8	7
R.I.	7	4	-	1	-	2	14	20	-	-	-
Conn.	9	12	U	2	-	U	35	12	U	1	-
MID. ATLANTIC	139	160	1	18	33	13	353	653	-	9	27
Upstate N.Y.	45	44	1	7	6	7	159	529	-	2	17
N.Y. City	30	47	-	4	9	-	42	30	-	7	4
N.J.	28	36	-	3	1	6	34	17	-	-	3
Pa.	36	33	-	4	17	-	118	77	-	-	3
E.N. CENTRAL	246	298	-	25	34	23	417	358	-	1	2
Ohio	61	107	-	7	11	19	224	149	-	-	-
Ind.	35	41	-	-	4	-	52	46	-	-	1
Ill.	64	80	-	6	9	4	45	67	-	1	1
Mich.	66	44	-	12	8	-	47	32	-	-	-
Wis.	20	26	U	-	2	U	49	64	U	-	-
W.N. CENTRAL	120	164	-	16	9	17	262	216	-	-	123
Minn.	14	36	-	-	1	17	161	79	-	-	5
Iowa	21	29	-	6	4	-	32	33	-	-	29
Mo.	69	60	-	5	1	-	36	46	-	-	2
N. Dak.	2	3	-	-	-	-	2	4	-	-	-
S. Dak.	5	10	-	-	-	-	3	5	-	-	-
Nebr.	4	9	-	3	-	-	5	3	-	-	87
Kans.	5	17	U	2	3	U	23	46	U	-	-
S. ATLANTIC	237	279	3	40	37	7	300	270	-	61	31
Del.	-	7	-	-	-	-	8	4	-	-	-
Md.	22	43	-	9	3	1	74	84	-	-	1
D.C.	-	3	-	-	2	-	3	-	-	-	-
Va.	35	35	2	8	8	3	44	17	-	-	-
W. Va.	10	4	-	-	-	-	1	2	-	-	-
N.C.	31	32	-	5	8	-	69	66	-	52	30
S.C.	17	33	-	11	3	2	23	14	-	7	-
Ga.	38	49	-	2	3	-	25	25	-	-	-
Fla.	84	73	1	5	10	1	53	58	-	2	-
E.S. CENTRAL	103	120	-	6	10	5	75	69	-	5	2
Ky.	22	23	-	-	-	2	32	20	-	1	-
Tenn.	43	48	-	2	-	-	25	29	-	1	-
Ala.	28	30	-	2	7	3	17	17	-	3	2
Miss.	10	19	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	103	181	-	23	32	7	185	133	-	4	6
Ark.	12	31	-	2	-	-	26	16	-	-	-
La.	28	53	-	3	7	-	3	9	-	-	-
Okla.	22	27	-	-	1	-	6	13	-	-	-
Tex.	41	70	-	18	24	7	150	95	-	4	6
MOUNTAIN	99	100	-	15	10	9	492	475	-	2	16
Mont.	4	2	-	1	-	-	24	2	-	-	-
Idaho	6	8	-	-	1	-	47	115	-	-	-
Wyo.	-	3	-	1	-	-	3	2	-	-	-
Colo.	28	27	-	1	3	5	268	178	-	1	1
N. Mex.	7	13	-	1	N	1	74	64	-	-	-
Ariz.	44	29	-	3	-	3	52	61	-	1	13
Utah	7	12	-	4	3	-	15	49	-	-	1
Nev.	3	6	-	4	3	-	9	4	-	-	1
PACIFIC	306	311	1	99	78	6	700	1,265	-	17	4
Wash.	37	51	-	5	2	6	222	539	-	7	-
Oreg.	45	55	N	N	N	U	85	26	U	-	-
Calif.	211	193	1	74	63	-	348	668	-	10	4
Alaska	5	6	-	7	1	-	19	4	-	-	-
Hawaii	8	6	-	13	12	-	26	28	-	-	-
Guam	-	1	U	-	1	U	-	1	U	-	-
P.R.	5	9	-	-	-	-	2	17	-	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

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

TABLE IV. Deaths in 122 U.S. cities,* week ending August 26, 2000 (34th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	478	331	105	27	3	12	44
Boston, Mass.	135	86	30	12	1	6	5
Bridgeport, Conn.	35	29	5	1	-	-	3
Cambridge, Mass.	19	15	3	1	-	-	3
Fall River, Mass.	22	18	4	-	-	-	-
Hartford, Conn.	59	32	22	3	1	1	7
Lowell, Mass.	24	16	5	2	-	1	3
Lynn, Mass.	10	8	2	-	-	-	-
New Bedford, Mass.	25	19	4	2	-	-	3
New Haven, Conn.	39	27	7	4	-	1	4
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	U	U	U	U	U	U	U
Springfield, Mass.	33	25	6	-	1	1	4
Waterbury, Conn.	20	15	2	2	-	1	4
Worcester, Mass.	57	41	15	-	-	1	8
MID. ATLANTIC	2,213	1,527	427	178	39	41	102
Albany, N.Y.	41	31	5	-	4	1	-
Allentown, Pa.	18	17	1	-	-	-	2
Buffalo, N.Y.	81	64	12	4	-	1	7
Camden, N.J.	40	26	5	4	1	4	1
Elizabeth, N.J.	27	9	5	1	-	12	-
Erie, Pa.§	31	21	6	1	2	1	2
Jersey City, N.J.	38	28	5	3	-	2	-
New York City, N.Y.	1,103	749	230	102	10	11	38
Newark, N.J.	43	19	10	11	2	1	2
Paterson, N.J.	19	13	4	2	-	-	1
Philadelphia, Pa.	399	262	92	34	8	3	25
Pittsburgh, Pa.§	67	46	11	5	3	2	4
Reading, Pa.	20	18	-	-	2	-	2
Rochester, N.Y.	130	100	17	5	5	3	8
Schenectady, N.Y.	23	19	4	-	-	-	-
Scranton, Pa.§	36	32	3	1	-	-	2
Syracuse, N.Y.	46	35	10	1	-	-	6
Trenton, N.J.	27	22	4	1	-	-	2
Utica, N.Y.	24	16	3	3	2	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,059	1,435	395	118	54	53	120
Akron, Ohio	50	39	5	3	1	2	3
Canton, Ohio	33	28	4	-	1	-	2
Chicago, Ill.	465	303	83	44	15	16	37
Cincinnati, Ohio	112	80	18	6	7	1	8
Cleveland, Ohio	139	93	30	8	1	7	4
Columbus, Ohio	203	139	42	13	5	4	8
Dayton, Ohio	120	92	18	7	1	2	7
Detroit, Mich.	179	113	47	12	3	4	11
Evansville, Ind.	52	39	11	2	-	-	2
Fort Wayne, Ind.	38	26	9	2	1	-	3
Gary, Ind.	27	14	8	2	3	-	-
Grand Rapids, Mich.	56	36	12	2	4	2	4
Indianapolis, Ind.	187	129	34	8	9	7	4
Lansing, Mich.	31	19	9	2	-	1	3
Milwaukee, Wis.	97	71	19	1	2	4	9
Peoria, Ill.	42	36	4	1	-	1	1
Rockford, Ill.	48	35	12	-	-	1	4
South Bend, Ind.	36	29	6	1	-	-	2
Toledo, Ohio	91	71	15	3	1	1	5
Youngstown, Ohio	53	43	9	1	-	-	3
W.N. CENTRAL	802	551	168	43	27	13	52
Des Moines, Iowa	52	36	6	6	3	1	5
Duluth, Minn.	30	23	6	1	-	-	2
Kansas City, Kans.	22	11	8	1	2	-	3
Kansas City, Mo.	99	72	18	6	1	2	5
Lincoln, Nebr.	49	35	11	3	-	-	3
Minneapolis, Minn.	192	132	40	9	9	2	17
Omaha, Nebr.	83	56	20	3	3	1	4
St. Louis, Mo.	100	54	29	6	6	5	-
St. Paul, Minn.	100	77	16	5	2	-	9
Wichita, Kans.	75	55	14	3	1	2	4
S. ATLANTIC	1,091	683	220	115	43	30	67
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	191	114	45	24	4	4	15
Charlotte, N.C.	103	68	18	8	3	6	9
Jacksonville, Fla.	154	110	26	10	5	3	13
Miami, Fla.	104	50	21	15	16	2	-
Norfolk, Va.	65	43	9	7	1	5	1
Richmond, Va.	58	30	16	3	3	6	7
Savannah, Ga.	53	35	11	5	-	2	4
St. Petersburg, Fla.	65	45	12	5	3	-	3
Tampa, Fla.	175	121	37	11	5	1	10
Washington, D.C.	100	61	21	14	3	1	5
Wilmington, Del.	23	6	4	13	-	-	-
E.S. CENTRAL	921	601	181	94	25	18	73
Birmingham, Ala.	184	117	39	19	4	3	21
Chattanooga, Tenn.	74	55	13	5	1	-	4
Knoxville, Tenn.	111	72	24	13	2	-	2
Lexington, Ky.	89	58	21	5	1	4	8
Memphis, Tenn.	209	137	38	22	5	7	18
Mobile, Ala.	96	62	19	9	3	3	5
Montgomery, Ala.	26	17	4	5	-	-	7
Nashville, Tenn.	132	83	23	16	9	1	8
W.S. CENTRAL	1,485	927	289	156	77	36	79
Austin, Tex.	75	39	15	15	2	4	3
Baton Rouge, La.	44	32	8	2	2	-	1
Corpus Christi, Tex.	53	35	10	8	-	-	2
Dallas, Tex.	204	123	38	26	11	6	7
El Paso, Tex.	79	60	13	5	-	1	5
Ft. Worth, Tex.	93	57	26	5	-	5	6
Houston, Tex.	386	222	87	42	23	12	22
Little Rock, Ark.	60	38	16	3	2	1	4
New Orleans, La.	76	32	7	16	21	-	7
San Antonio, Tex.	221	156	35	18	9	3	16
Shreveport, La.	60	38	13	3	4	2	3
Tulsa, Okla.	134	95	21	13	3	2	3
MOUNTAIN	1,032	645	231	99	27	30	52
Albuquerque, N.M.	108	71	26	6	3	2	13
Boise, Idaho	43	34	6	1	1	1	1
Colo. Springs, Colo.	56	39	8	7	1	1	1
Denver, Colo.	105	57	25	12	3	8	6
Las Vegas, Nev.	223	135	57	21	6	4	11
Ogden, Utah	24	14	5	2	1	2	2
Phoenix, Ariz.	161	79	40	25	8	9	1
Pueblo, Colo.	35	27	5	2	1	-	2
Salt Lake City, Utah	137	90	29	14	1	3	10
Tucson, Ariz.	140	99	30	9	2	-	5
PACIFIC	1,621	1,133	279	123	47	36	131
Berkeley, Calif.	20	10	5	4	1	-	1
Fresno, Calif.	99	76	12	8	1	2	7
Glendale, Calif.	16	13	1	1	1	-	1
Honolulu, Hawaii	96	74	11	6	2	3	6
Long Beach, Calif.	61	48	9	4	-	-	7
Los Angeles, Calif.	323	202	64	35	17	5	17
Pasadena, Calif.	31	20	8	2	-	1	3
Portland, Oreg.	169	115	31	16	4	2	9
Sacramento, Calif.	161	116	29	6	6	3	18
San Diego, Calif.	166	114	23	16	6	7	20
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	165	115	35	6	5	4	16
Santa Cruz, Calif.	36	28	8	-	-	-	3
Seattle, Wash.	129	91	19	10	2	7	7
Spokane, Wash.	53	40	6	4	2	1	7
Tacoma, Wash.	96	71	18	5	-	1	9
TOTAL	11,702¶	7,833	2,295	953	342	269	720

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.

Notices to Readers — Continued

3. Martinez R. Statement of the honorable Ricardo Martinez, M.D., Administrator, National Highway Traffic Safety Administration, before the Subcommittee on Surface Transportation, Committee on Transportation and Infrastructure, U.S. House of Representatives, July 17, 1997. Available at http://www.nhtsa.dot.gov/nhtsa/announce/testimony/aggres2.html. Accessed August 2000.
4. National Highway Traffic Safety Administration. Traffic safety facts, 1998: pedestrians. Washington, DC: National Highway Traffic Safety Administration, 1999 (DOT HS 808 958).
5. National Institute for Occupational Safety and Health. Preventing worker injuries and deaths from traffic-related motor vehicle crashes. Cincinnati, Ohio: US Department of Health and Human Services, 1998. DHHS (NIOSH) publication no. 98-142.

Notice to Readers

Availability of Influenza Pandemic Preparedness Planning FluAid, 2.0

Influenza pandemics have occurred three times during the 20th century: 1918, 1957, and 1968. Experts predict that another influenza pandemic is likely, if not inevitable. Prepandemic planning is essential if influenza pandemic-related morbidity, mortality, and social disruption are to be minimized. To help state and local public health officials and policy makers prepare for the next influenza pandemic, CDC has developed FluAid, 2.0, a specialized software that estimates the number of deaths, hospitalizations, and outpatient visits that may occur during the next pandemic. The software also will help planners calculate the potential burden of an influenza pandemic on health-care resources (e.g., number of hospital beds required and doctors available to see outpatients as a percentage of existing capacity).

Starting September 1, 2000, FluAid, 2.0 will be available from the National Vaccine Program Office's World-Wide Web site, http://www.cdc.gov/od/nvpo/pandemics/. The software can be downloaded or can be accessed as an online calculator. A manual is provided explaining the software, required data inputs, and suggestions for data sources. FluAid is in the public domain and available free of charge.

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