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Nonfatal and Fatal Firearm-Related Injuries — United States, 1993–1997

In 1997, 32,436 deaths resulted from firearm-related injuries, making such injuries the second leading cause of injury mortality in the United States after motor-vehicle–related incidents (*1*). Also in 1997, an estimated 64,207 persons sustained nonfatal firearm-related injuries and were treated in U.S. hospital emergency departments (EDs); approximately 40% required inpatient hospital care. National firearm-related injury and death rates peaked in 1993, then began to decline (*2*). This report presents national data from 1993 through 1997, which showed that the decline in nonfatal and fatal firearm-related injury rates was substantial and consistent by sex, race/ethnicity, age, and intent of injury.

A firearm-related injury was defined as a penetrating injury or gunshot wound from a weapon that uses a powder charge to fire a projectile (e.g., handguns, rifles, and shotguns). Data on nonfatal firearm-related injuries treated in U.S. hospital EDs were obtained from the National Electronic Injury Surveillance System (NEISS) of the U.S. Consumer Product Safety Commission. NEISS is a stratified probability sample of hospitals in the United States that have at least six beds and provide 24-hour emergency care (*3*). Each firearm-related injury treated in a NEISS hospital ED was assigned a sample weight; the weights were summed to provide national estimates of nonfatal injuries (*3*). In 1997, the number of participating NEISS hospitals increased from 91 to 101; therefore, for this analysis, national estimates of nonfatal injuries for prior years were statistically adjusted to account for the sampling frame update. Data on firearm-related deaths were obtained through death certificate data from CDC's National Center for Health Statistics (*1*), and population estimates were from the Bureau of the Census.

To examine trends in nonfatal firearm-related rates by intent of injury, sample weights for cases with unknown intent (i.e., 13.4% of nonfatal injuries during the 5-year period) were allocated to one of the three known categories—assault/legal intervention, intentionally self-inflicted, or unintentional injury. This allocation accounted for the quarterly variation in the percentage of weighted cases with unknown intent during the study period, ranging from 7.1% to 17.7%. Cases with unknown intent were allocated within each quarter based on the weighted distribution of cases with known intent for that quarter. Although the percentage of firearm-related

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deaths with unknown intent was minimal (i.e., 1.2% of deaths during the 5-year period), these cases also were allocated to maintain consistency.

National estimates of nonfatal firearm-related injuries, their standard errors, and 95% confidence intervals (CIs) for the percentage decline in rates were computed using SUDAAN software to account for the sample weights and the complex survey design of NEISS. For firearm-related deaths, standard errors of death rates were computed assuming deaths follow a Poisson probability distribution so that CIs for the percentage decline in rates accounted for random variation. Multiple linear regression was performed to test for quarterly trends over the 5-year period.

Overall, annual nonfatal and fatal firearm-related injury rates declined consistently from 1993 through 1997. The annual nonfatal rate decreased 40.8%, from 40.5 per 100,000 (95% CI=22.6–58.4) in 1993 to 24.0 per 100,000 (95% CI=13.8–34.1) in 1997 (Table 1). This decline was accompanied by a decrease of 21.1% in the annual death rate from 15.4 per 100,000 (95% CI=15.2–15.5) in 1993 to 12.1 per 100,000 (95% CI=12.0–12.3) in 1997 (Table 2).

The declines in nonfatal and fatal firearm-related injury rates generally were consistent across all population subgroups (Tables 1 and 2). The declines in nonfatal and fatal injury rates were similar for males (40.7% for nonfatal, 20.9% for fatal) and for females (42.1% for nonfatal, 23.2% for fatal). Declines in death rates for blacks and Hispanics were similar, and were both greater than the decline observed for non-Hispanic whites. For nonfatal injury rates, no consistent pattern was found in the estimated decline across age groups, but for fatal injury rates, age and percentage change were inversely related. With respect to intent, the declines in nonfatal injury rates were seen in assault-related, intentionally self-inflicted, and unintentional firearm-related injuries. However, the declines in homicide and unintentional injury death rates were approximately three times greater than that of the suicide rate.

Overall, quarterly fatal and nonfatal firearm-related injury rates showed statistically significant downward trends over the 5-year period adjusting for seasonal changes (overall predicted percentage declines were 36.6% and 17.3% for nonfatal and fatal injury rates, respectively, from first quarter 1993 through fourth quarter 1997; $p<0.01$ for both). For males aged 15–24 years, quarterly assaultive firearm-related injury rates also declined significantly from 1993 through 1997 (Figure 1) (overall predicted percentage declines were 37.5% and 16.0% for nonfatal and fatal injury rates, respectively, from first quarter 1993 through fourth quarter 1997; $p<0.01$ for both). For males aged 15–24 years, the cyclical seasonal pattern was consistent for both fatal and nonfatal assaultive firearm-related injury rates (Figure 1), with the highest rates occurring during July, August, and September. These summer rates were significantly higher than rates during the other three quarters for fatal injuries ($p<0.01$) but not for nonfatal injuries ($p=0.17$).

Reported by: Office of Statistics and Programming and Div of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: The overall percentage decline in nonfatal and fatal firearm-related injury rates in the U.S. population from 1993 through 1997 is consistent with a 21% decrease in violent crime during the same time (*4*). Since 1950, unintentional fatal firearm-related injury rates have declined. NEISS data also suggest a decline since 1993 in the rate of nonfatal unintentional firearm-related injuries treated in hospital EDs. Most of these nonfatal injuries occurred among males aged 15–44 years, were

TABLE 1. National estimates and crude rates of nonfatal firearm-related injuries, overall and by selected populations — United States, 1993–1997

Characteristic	Number*					Rate†						
	1993	1994	1995	1996	1997	1993	1994	1995	1996	1997	% Change from 1993 to 1997	(95% CI§)
Sex												
Male	92,375	79,904	75,766	61,903	57,004	73.4	62.8	58.9	47.7	43.5	–40.7%	(–77.3, –4.1)
Female	11,998	9,840	8,556	7,746	7,203	9.1	7.4	6.4	5.7	5.3	–42.1%	(–77.3, –6.8)
Unknown**	17	0	0	0	0							
Race/Ethnicity												
White, non-Hispanic	24,951	23,889	22,827	18,787	17,016	13.0	12.4	11.8	9.7	8.7	–32.8%	(–67.2, 1.5)
Black	56,852¶	46,473	40,676	34,002	29,717	176.7¶	142.4	122.9	101.5	87.5	–50.5%	(–91.2, –9.7)
Hispanic	14,543¶	13,412¶	14,922¶	10,562¶	11,440¶	60.8¶	54.0¶	58.0¶	39.6¶	41.3¶	–32.1%	(–123.7, 59.6)
Other/Unknown**	8,044	5,970	5,897	6,298	6,034							
Age (yrs)												
0–14	4,346	3,696	2,996	3,390	2,514	7.7	6.5	5.2	5.9	4.3	–43.5%	(–73.0, 14.0)
15–24	50,086	42,421	40,638	32,470	30,225	138.4	117.3	112.2	89.6	82.6	–40.3%	(–79.9, –0.7)
25–34	25,968	22,200	21,077	16,758	16,510	62.1	53.8	51.6	41.5	41.7	–32.8%	(–73.8, 8.1)
35–44	14,065	11,471	10,426	9,001	7,990	34.5	27.5	24.5	20.7	18.2	–47.3%	(–78.9, 15.8)
≥45	9,153	9,649	9,134	7,945	6,835	11.1	11.5	10.7	9.1	7.6	–31.3%	(–74.4, 11.8)
Unknown**	772	307	51	85	133							
Intent of injury												
Assault/Legal intervention	76,491	68,491	62,206	48,331	47,453	29.7	26.3	23.7	18.2	17.7	–40.2%	(–82.4, 2.0)
Intentionally self-inflicted	6,514	6,302	5,669	4,849	3,699	2.5	2.4	2.2	1.8	1.4	–45.3%	(–85.9, –4.7)
Unintentional	21,385	14,951	16,447	16,469	13,055	8.3	5.7	6.3	6.2	4.9	–41.2%	(–65.0, –17.3)
Disposition at discharge from ED												
Hospitalized	51,298	44,497	38,658	31,894	27,393¶	19.9	17.1	14.7	12.0	10.2¶	–48.6%	(–92.4, –4.7)
Treated and released	47,559	40,349	40,341	33,229	31,628	18.5	15.5	15.4	12.5	11.8	–35.9%	(–67.5, –4.4)
Transferred	5,448	4,786	5,154	4,391	4,933	2.1	1.8	2.0	1.7	1.8	–12.8%	(–59.4, 33.8)
Unknown**	85	112	169	135	253							
Overall	**104,390**	**89,744**	**84,322**	**69,649**	**64,207**	**40.5**	**34.5**	**32.1**	**26.3**	**24.0**	**–40.8%**	**(–77.0, –4.5)**

*Estimated number of nonfatal injuries treated in U.S. hospital emergency departments (EDs) based on data from CDC's Firearm Injury Surveillance Study using National Electronic Injury Surveillance System; rates were calculated using postcensal population estimates from the Bureau of the Census. The unweighted sample sizes of weighted cases used to calculate annual national estimates and rates were 3491 for 1993; 2860 for 1994; 2639 for 1995; 2231 for 1996; and 2181 for 1997. The unweighted sample size of weighted cases used to calculate national estimates and rates within subgroups (excluding unknowns) ranged from 74 for transferred at ED discharge in 1994 to 3099 for males in 1993.

†Per 100,000 population.

§Confidence interval; statistically significant at the 0.05 level if the confidence interval does not include zero.

¶Estimate has a coefficient of variation ≥30% and, therefore, may be unstable.

**Rates, percentage change, CIs, and coefficients of variation were not computed.

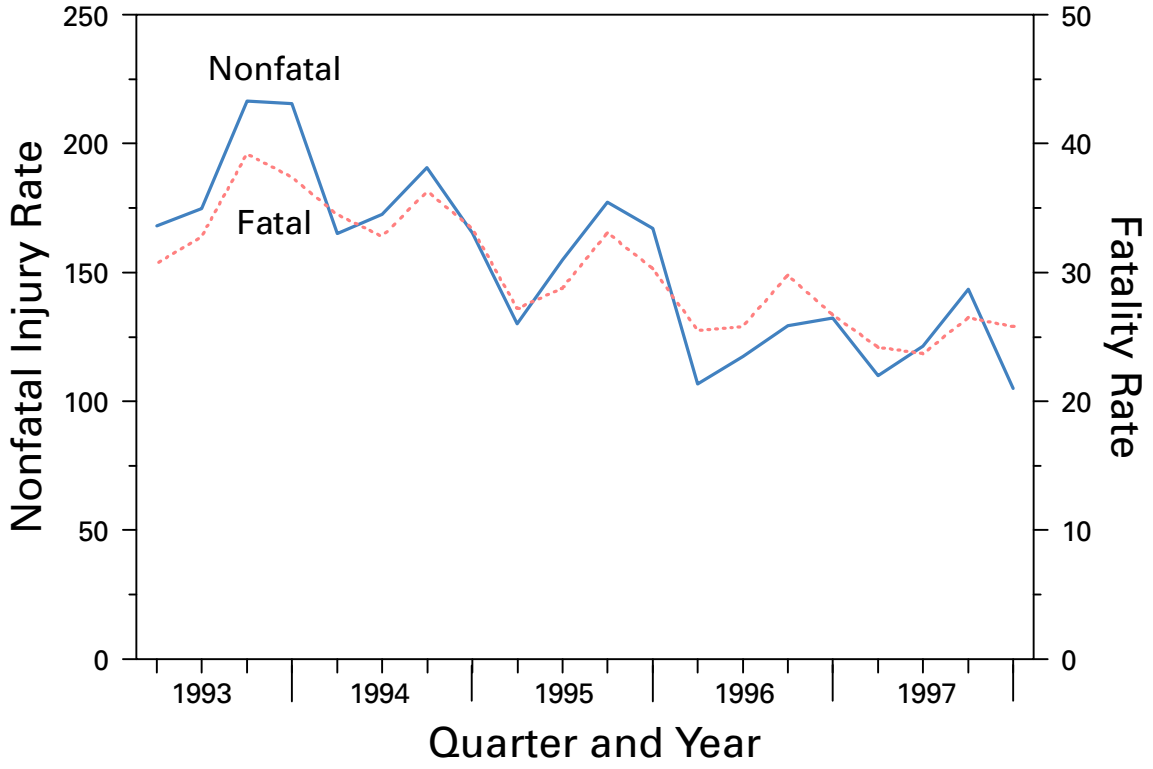
TABLE 2. Numbers and crude rates of fatal firearm-related injuries, overall and by selected populations — United States, 1993–1997

Characteristic	Number*					Rate†						
	1993	1994	1995	1996	1997	1993	1994	1995	1996	1997	% Change from 1993 to 1997	(95% CI§)
Sex												
Male	33,711	33,021	30,724	29,183	27,756	26.8	25.9	23.9	22.5	21.2	–20.9%	(–22.1, –19.6)
Female	5,884	5,484	5,233	4,857	4,680	4.5	4.1	3.9	3.6	3.4	–23.2%	(–26.1, –20.2)
Race/Ethnicity												
White, non-Hispanic¶	21,960	21,549	20,764	20,004	19,507	11.6	11.3	10.9	10.5	10.2	–12.5%	(–14.2, –10.8)
Black	11,763	11,223	9,643	9,175	8,389	36.6	34.4	29.1	27.4	24.7	–32.4%	(–34.3, –30.5)
Hispanic¶	4,300	4,302	4,108	3,561	3,246	18.0	17.4	16.0	13.4	11.8	–34.8%	(–37.7, –31.7)
Other/Unknown**	1,572	1,431	1,442	1,300	1,294							
Age (yrs)												
0–14	957	872	853	693	630	1.7	1.5	1.5	1.2	1.1	–35.7%	(–41.8, –28.9)
15–24	11,204	11,056	9,778	8,766	8,173	31.0	30.6	27.0	24.2	22.3	–27.8%	(–29.8, –25.7)
25–34	9,391	9,074	8,225	7,403	7,045	22.4	22.0	20.1	18.3	17.8	–20.8%	(–23.2, –18.3)
35–44	6,526	6,519	6,120	6,064	5,802	16.0	15.6	14.4	14.0	13.2	–17.5%	(–20.4, –14.6)
≥45	11,483	10,954	10,951	11,086	10,759	13.9	13.0	12.8	12.7	12.0	–13.8%	(–16.0, –11.5)
Unknown**	34	30	30	28	27							
Intent/Manner of death												
Homicide/Legal intervention	18,839	18,110	16,010	14,503	13,677	7.3	7.0	6.1	5.5	5.1	–30.1%	(–31.6, –28.5)
Suicide	19,213	19,021	18,708	18,389	17,767	7.5	7.3	7.1	6.9	6.6	–10.9%	(–12.7, –9.1)
Unintentional	1,543	1,374	1,239	1,148	992	0.6	0.5	0.5	0.4	0.4	–38.1%	(–42.8, –32.9)
Overall	**39,595**	**38,505**	**35,957**	**34,040**	**32,436**	**15.4**	**14.8**	**13.7**	**12.8**	**12.1**	**–21.1%**	**(–22.2, –19.9)**

*Number of fatal injuries from CDC's National Vital Statistics System; rates were calculated using postcensal population estimate from the Bureau of the Census.
†Per 100,000 population.
§Confidence interval; statistically significant at the 0.05 level if the confidence interval does not include zero.
¶Number of fatalities and death rates do not include data from Oklahoma because Hispanic origin was not recorded on state death certificates from 1993 through 1996.
**Rates, percentage change, and CIs were not computed.

Firearm-Related Injuries — Continued

FIGURE 1. Nonfatal and fatal assaultive firearm-related injury rates* for males aged 15–24 years, by quarter — United States, 1993–1997



*Per 100,000 males aged 15–24 years.

self-inflicted, and were associated with hunting, target shooting, and routine gun handling (i.e., cleaning, loading, and unloading a gun) (*5*). Additional investigation should focus on factors that may have contributed to the decrease, such as gun safety courses and information campaigns, the proportion of the population that uses guns for recreational purposes, and legislation.

Numerous factors may have contributed to the decrease in both nonfatal and fatal assaultive firearm-related injury rates. Possible contributors include improvements in economic conditions; the aging of the population; the decline of the crack cocaine market; changes in legislation, sentencing guidelines, and law-enforcement practices; and improvements associated with violence prevention programs (*6*). However, the importance and relative contribution of each of these factors have not been determined, and the reasons are not known for the declines in firearm-related suicide and suicide attempt rates.

This analysis also indicates that using NEISS is an effective means for tracking national estimates of nonfatal firearm-related injuries. Quarterly nonfatal firearm-related injury rates based on NEISS data track closely with firearm-related death rates based on death-certificate data. For males aged 15–24 years, a known high-risk group for assaultive injury (*2,3*), both fatal and nonfatal quarterly assaultive firearm-related

Firearm-Related Injuries — Continued

rates show cyclical seasonal trends over the 5-year study period, with the highest rates occurring during the summer months.

A limitation of NEISS is that it is not designed to provide data to examine trends at the state and local level. State and local data are needed for jurisdictions to design and evaluate firearm-related injury-prevention programs. CDC has collaborated with states and communities to design and implement successful firearm-related injury surveillance and data systems (*7*), which can serve as models for future efforts.

Although firearm-related injuries have declined substantially across all intent categories and population subgroups, recent school-related shootings, multiple shootings, and homicide-suicide incidents are reminders that firearm-related injuries remain a serious public health concern. Even with the significant declines in nonfatal and fatal firearm-related injury rates, approximately 96,000 persons in the United States sustained gunshot wounds in 1997. However, results from the Youth Risk Behavior Survey also indicate a decline in violence-related behavior among high school students, including a 25% decline in carrying guns on school property and a 9% decline in engaging in a physical fight on school grounds during this 5-year period (*8*). Prevention efforts should continue to design, implement, and evaluate public health, criminal justice, and education programs to further reduce firearm-related injuries in the United States.

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State-Specific Prevalence of Current Cigarette and Cigar Smoking Among Adults — United States, 1998

Each year, cigarette smoking causes an estimated 430,000 deaths in the United States (*1*). In addition, the health risks for smoking cigars, which include mouth, throat, and lung cancers, are well documented (*2*). This report summarizes the findings from the 1998 Behavioral Risk Factor Surveillance System (BRFSS) on the prevalence of current cigarette and cigar smoking in the 50 states and the District of Columbia. The findings indicate that state-specific cigarette smoking prevalence

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among adults aged ≥18 years varied twofold and having ever smoked a cigar (i.e., ever cigar smoking) varied nearly fourfold.

BRFSS is a state-based, random-digit–dialed telephone survey of the civilian, noninstitutionalized U.S. population aged ≥18 years. To determine current cigarette smoking, respondents were asked "Have you ever smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Current cigarette smokers were defined as persons who reported having smoked at least 100 cigarettes during their lifetime and who currently smoke every day or some days. For cigar smoking (i.e., large cigars, cigarillos, and small cigars), respondents were asked "Have you ever smoked a cigar, even just a few puffs?" and "When was the last time you smoked a cigar?" Ever cigar smoking was defined as ever having smoked a cigar, even just a few puffs. Past month cigar smoking was defined as smoking a cigar within the previous month. Estimates were weighted to represent the populations of each state; because BRFSS data are state-specific, median values, rather than a national average, are reported.

During 1998, the median prevalence of current cigarette smoking was 22.9% (Table 1); state-specific prevalences ranged from 14.2% (Utah) to 30.8% (Kentucky). Range endpoints were higher for men (15.9%–36.5%) than for women (12.5%–28.5%). Median prevalence also was higher for men (25.3%) than for women (21.0%). Current cigarette smoking was highest in Kentucky (30.8%), Nevada (30.4%), West Virginia (27.9%), Michigan (27.4%), and South Dakota (27.3%). Current smoking prevalence was highest for men in South Dakota (36.5%) and for women in Kentucky (28.5%). Current smoking prevalence was lowest for both men (15.9%) and women (12.5%) in Utah.

The median prevalence of ever cigar smoking was 39.0% (Table 2); state-specific prevalences ranged from 14.8% (Arizona) to 52.0% (Alaska). The median prevalence of past month cigar smoking was 5.2%; state-specific prevalences ranged from 1.4% (Arizona) to 7.4% (Nevada). Range endpoints were higher for men than for women for both ever cigar smoking (23.1%–76.7% compared with 6.9%–26.0%) and past month cigar smoking (2.9–13.2% compared with 0.1–2.9%). Median prevalence rates for ever cigar smoking (67.4% compared with 15.8%) and past month cigar smoking (9.7% compared with 1.3%) also were higher for men than for women. Ever cigar smoking rates were highest in Alaska (52.0%), Wisconsin (49.7%), Nevada (48.6%), Michigan (47.9%), and Oregon (46.7). Ever cigar smoking was highest for men in Wisconsin (76.7%) and for women in Alaska (26.0%). Past month cigar smoking was highest in Nevada (7.4%), Indiana (7.3%), Illinois (7.1%), Michigan (6.9%), and New Jersey (6.6%). Past month cigar smoking was highest for men in Indiana (13.2%) and for women in Nevada (2.9%).

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Cigarette and Cigar Smoking Among Adults — Continued

TABLE 1. Prevalence of current cigarette smoking* among adults, by state and sex — United States, Behavioral Risk Factor Surveillance System, 1998

State	Men		Women		Total	
	%	(95% CI†)	%	(95% CI)	%	(95% CI)
Alabama	27.2	(±3.5)	22.3	(±2.5)	**24.6**	**(±2.1)**
Alaska	28.3	(±3.9)	23.5	(±3.4)	**26.0**	**(±2.6)**
Arizona	24.7	(±4.0)	19.2	(±3.3)	**21.9**	**(±2.6)**
Arkansas	28.6	(±3.0)	23.7	(±2.2)	**26.0**	**(±1.8)**
California	21.9	(±2.2)	16.6	(±1.7)	**19.2**	**(±1.4)**
Colorado	26.4	(±3.6)	19.5	(±2.6)	**22.8**	**(±2.2)**
Connecticut	21.7	(±3.3)	20.6	(±2.3)	**21.1**	**(±2.0)**
Delaware	27.3	(±4.1)	21.9	(±2.8)	**24.5**	**(±2.4)**
District of Columbia	24.5	(±4.4)	19.0	(±3.1)	**21.6**	**(±2.6)**
Florida	23.5	(±2.2)	20.6	(±1.6)	**22.0**	**(±1.4)**
Georgia	28.0	(±3.4)	19.7	(±2.3)	**23.7**	**(±2.0)**
Hawaii	22.3	(±3.6)	16.7	(±2.7)	**19.5**	**(±2.3)**
Idaho	21.9	(±2.2)	18.8	(±1.7)	**20.3**	**(±1.4)**
Illinois	26.0	(±2.7)	20.6	(±2.3)	**23.1**	**(±1.8)**
Indiana	29.6	(±3.2)	22.7	(±2.4)	**26.0**	**(±2.0)**
Iowa	25.8	(±2.7)	21.1	(±2.0)	**23.4**	**(±1.7)**
Kansas	23.0	(±2.5)	19.5	(±1.9)	**21.2**	**(±1.5)**
Kentucky	33.3	(±2.8)	28.5	(±2.0)	**30.8**	**(±1.7)**
Louisiana	28.2	(±3.9)	23.1	(±3.0)	**25.5**	**(±2.4)**
Maine	21.2	(±3.5)	23.5	(±3.2)	**22.4**	**(±2.4)**
Maryland	24.3	(±3.2)	20.6	(±2.4)	**22.4**	**(±2.0)**
Massachusetts	22.5	(±2.5)	19.5	(±1.9)	**20.9**	**(±1.6)**
Michigan	30.3	(±3.1)	24.8	(±2.4)	**27.4**	**(±2.0)**
Minnesota	19.7	(±1.9)	16.4	(±1.7)	**18.0**	**(±1.3)**
Mississippi	26.9	(±3.4)	21.7	(±2.4)	**24.1**	**(±2.0)**
Missouri	29.4	(±3.2)	23.6	(±2.3)	**26.3**	**(±2.0)**
Montana	21.5	(±3.0)	21.5	(±2.9)	**21.5**	**(±2.1)**
Nebraska	25.2	(±2.8)	19.1	(±2.1)	**22.1**	**(±1.8)**
Nevada	32.6	(±4.6)	28.1	(±4.7)	**30.4**	**(±3.2)**
New Hampshire	25.7	(±4.0)	21.0	(±3.3)	**23.3**	**(±2.5)**
New Jersey	20.9	(±3.0)	17.6	(±2.2)	**19.2**	**(±1.9)**
New Mexico	25.1	(±2.4)	20.2	(±2.0)	**22.6**	**(±1.5)**
New York	25.9	(±3.1)	22.9	(±2.5)	**24.3**	**(±2.0)**
North Carolina	27.4	(±3.6)	22.3	(±2.6)	**24.7**	**(±2.2)**
North Dakota	21.8	(±3.1)	18.3	(±2.6)	**20.0**	**(±2.0)**
Ohio	29.7	(±3.6)	23.0	(±2.7)	**26.2**	**(±2.3)**
Oklahoma	26.7	(±3.2)	21.1	(±2.3)	**23.8**	**(±2.0)**
Oregon	21.6	(±3.4)	20.6	(±2.7)	**21.1**	**(±2.2)**
Pennsylvania	24.0	(±2.5)	23.6	(±2.1)	**23.8**	**(±1.6)**
Rhode Island	24.1	(±2.5)	21.5	(±1.9)	**22.7**	**(±1.6)**
South Carolina	29.8	(±3.0)	20.2	(±2.0)	**24.7**	**(±1.8)**
South Dakota	36.5	(±3.6)	18.5	(±2.4)	**27.3**	**(±2.3)**
Tennessee	30.3	(±3.2)	22.4	(±2.2)	**26.1**	**(±1.9)**
Texas	25.3	(±2.4)	18.9	(±1.6)	**22.0**	**(±1.4)**
Utah	15.9	(±2.5)	12.5	(±2.0)	**14.2**	**(±1.6)**
Vermont	23.6	(±2.7)	21.0	(±2.3)	**22.3**	**(±1.8)**
Virginia	25.8	(±3.1)	20.2	(±2.4)	**22.9**	**(±1.9)**
Washington	22.4	(±2.4)	20.3	(±2.1)	**21.4**	**(±1.6)**
West Virginia	29.6	(±3.3)	26.4	(±2.5)	**27.9**	**(±2.0)**
Wisconsin	24.0	(±3.4)	22.9	(±3.2)	**23.4**	**(±2.3)**
Wyoming	23.9	(±3.1)	21.7	(±2.3)	**22.8**	**(±1.9)**
Range	*15.9–36.5*		*12.5–28.5*		***14.2–30.8***	
Median	*25.3*		*21.0*		***22.9***	

* Persons aged ≥18 years who reported having smoked ≥100 cigarettes and who reported smoking every day and some days.
† Confidence interval.

Cigarette and Cigar Smoking Among Adults — Continued

TABLE 2. Prevalence of cigar smoking among adults, by state and sex — United States, Behavioral Risk Factor Surveillance System, 1998

State	Ever cigar smoking*						Past month cigar smoking†					
	Men		Women		Total		Men		Women		Total	
	%	(95% CI§)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Alabama	65.8	(±3.9)	18.4	(±2.5)	**40.8**	**(±2.5)**	11.2	(±2.6)	2.0	(±0.9)	**6.3**	**(±1.3)**
Alaska	75.4	(±4.0)	26.0	(±3.6)	**52.0**	**(±3.1)**	9.9	(±2.8)	2.0	(±1.2)	**6.1**	**(±1.6)**
Arizona	23.1	(±3.7)	6.9	(±2.1)	**14.8**	**(±2.1)**	2.9	(±1.6)	0.1	(±0.1)	**1.4**	**(±0.8)**
Arkansas	60.9	(±3.2)	13.0	(±1.8)	**35.6**	**(±2.0)**	9.8	(±2.2)	1.4	(±0.7)	**5.4**	**(±1.1)**
California	63.0	(±2.5)	20.7	(±1.8)	**41.7**	**(±1.7)**	10.1	(±1.5)	1.8	(±0.6)	**5.9**	**(±0.8)**
Colorado	66.9	(±3.8)	22.4	(±2.9)	**44.2**	**(±2.6)**	8.2	(±2.0)	0.9	(±0.6)	**4.4**	**(±1.0)**
Connecticut	56.8	(±3.6)	13.0	(±2.0)	**33.8**	**(±2.3)**	9.7	(±2.2)	1.2	(±0.6)	**5.2**	**(±1.1)**
Delaware	52.3	(±4.4)	9.0	(±1.8)	**29.6**	**(±2.6)**	9.8	(±3.3)	0.5	(±0.3)	**4.9**	**(±1.6)**
District of Columbia	32.3	(±4.8)	10.5	(±2.4)	**20.6**	**(±2.6)**	7.1	(±2.5)	1.0	(±0.8)	**3.8**	**(±1.2)**
Florida	59.4	(±2.6)	15.8	(±1.6)	**36.6**	**(±1.6)**	10.8	(±1.7)	2.1	(±0.6)	**6.2**	**(±0.9)**
Georgia	64.7	(±3.9)	19.0	(±2.4)	**40.9**	**(±2.4)**	10.5	(±2.2)	1.8	(±1.0)	**5.9**	**(±1.2)**
Hawaii	53.6	(±4.3)	11.6	(±2.1)	**32.8**	**(±2.6)**	6.6	(±1.9)	0.8	(±0.6)	**3.7**	**(±1.0)**
Idaho	64.5	(±2.4)	18.3	(±1.6)	**40.9**	**(±1.6)**	7.2	(±1.3)	1.6	(±0.6)	**4.3**	**(±0.7)**
Illinois	68.9	(±4.2)	18.4	(±3.1)	**41.8**	**(±2.9)**	13.1	(±2.9)	2.0	(±1.6)	**7.1**	**(±1.6)**
Indiana	72.6	(±3.1)	18.3	(±2.2)	**44.2**	**(±2.2)**	13.2	(±2.4)	2.0	(±0.8)	**7.3**	**(±1.2)**
Iowa	73.5	(±2.7)	18.0	(±1.9)	**44.4**	**(±1.9)**	9.7	(±1.9)	1.3	(±0.5)	**5.2**	**(±1.0)**
Kansas	49.8	(±2.9)	12.5	(±1.6)	**30.5**	**(±1.8)**	5.4	(±1.2)	0.5	(±0.3)	**2.8**	**(±0.6)**
Kentucky	67.5	(±2.8)	11.7	(±1.4)	**38.2**	**(±1.9)**	10.4	(±2.1)	1.1	(±0.6)	**5.5**	**(±1.1)**
Louisiana	57.6	(±4.4)	12.4	(±2.4)	**33.8**	**(±2.7)**	7.8	(±2.2)	0.8	(±0.6)	**4.1**	**(±1.1)**
Maine	56.9	(±4.3)	14.2	(±2.8)	**34.6**	**(±2.7)**	7.3	(±2.4)	1.3	(±1.2)	**4.1**	**(±1.3)**
Maryland	53.7	(±3.6)	15.5	(±2.1)	**33.7**	**(±2.2)**	8.8	(±2.2)	1.6	(±1.0)	**5.0**	**(±1.2)**
Massachusetts	60.8	(+2.9)	17.1	(±2.1)	**37.8**	**(±1.9)**	11.2	(±1.8)	1.2	(±0.6)	**5.9**	**(±0.9)**
Michigan	74.5	(±3.0)	23.6	(±2.4)	**47.9**	**(±2.2)**	12.1	(±2.2)	2.2	(±0.8)	**6.9**	**(±1.2)**
Minnesota	45.3	(±2.4)	16.1	(±1.7)	**30.3**	**(±1.5)**	7.5	(±1.3)	1.3	(±0.5)	**4.3**	**(±0.7)**
Mississippi	66.1	(±3.6)	14.3	(±2.0)	**38.6**	**(±2.3)**	9.5	(±2.4)	1.0	(±0.6)	**5.0**	**(±1.2)**
Missouri	69.0	(±3.0)	18.2	(±2.1)	**42.2**	**(±2.2)**	10.9	(±2.3)	2.1	(±1.0)	**6.2**	**(±1.2)**
Montana	68.7	(±3.4)	16.9	(±2.5)	**42.1**	**(±2.5)**	8.2	(±2.0)	0.2	(±0.2)	**4.1**	**(±1.0)**
Nebraska	70.4	(±3.5)	20.0	(±2.2)	**44.2**	**(±2.2)**	9.5	(±2.0)	1.3	(±0.6)	**5.2**	**(±1.0)**
Nevada	71.1	(±4.3)	25.6	(±4.5)	**48.6**	**(±3.3)**	11.9	(±2.9)	2.9	(±1.4)	**7.4**	**(±1.6)**
New Hampshire	66.8	(±4.0)	15.9	(±3.0)	**40.6**	**(±2.9)**	10.7	(±3.2)	1.5	(±1.0)	**5.9**	**(±1.6)**
New Jersey	54.3	(±3.7)	15.1	(±2.2)	**33.8**	**(±2.2)**	12.5	(±2.4)	1.3	(±0.7)	**6.6**	**(±1.2)**
New Mexico	68.6	(±2.6)	20.0	(±1.9)	**43.6**	**(±1.8)**	7.7	(±1.5)	0.9	(±0.4)	**4.2**	**(±0.8)**
New York	54.4	(±3.5)	15.2	(±2.1)	**33.6**	**(±2.2)**	12.1	(±2.4)	1.0	(±0.5)	**6.2**	**(±1.2)**
North Carolina	61.0	(±4.3)	16.2	(±2.5)	**37.6**	**(±2.6)**	7.6	(±2.2)	1.6	(±1.0)	**4.5**	**(±1.2)**
North Dakota	68.1	(±3.6)	15.7	(±2.6)	**41.5**	**(±2.6)**	7.0	(±1.9)	1.0	(±0.8)	**4.0**	**(±1.0)**
Ohio	65.7	(±3.7)	14.8	(±2.2)	**39.0**	**(±2.5)**	10.0	(±2.5)	1.8	(±1.0)	**5.7**	**(±1.3)**
Oklahoma	35.4	(±3.4)	12.7	(±1.9)	**23.6**	**(±2.0)**	3.5	(±1.4)	1.2	(±0.7)	**2.3**	**(±0.8)**
Oregon	72.5	(±3.6)	22.3	(±2.7)	**46.7**	**(±2.6)**	8.8	(±2.3)	1.1	(±0.6)	**4.8**	**(±1.2)**
Pennsylvania	60.0	(±2.9)	14.3	(±1.7)	**35.8**	**(±1.8)**	11.9	(±2.0)	1.9	(±0.7)	**6.5**	**(±1.0)**
Rhode Island	59.3	(±2.9)	15.1	(±1.7)	**36.0**	**(±1.8)**	10.8	(±1.9)	1.0	(±0.5)	**5.5**	**(±0.9)**
South Carolina	60.6	(±3.1)	15.7	(±2.0)	**37.1**	**(±2.0)**	10.0	(±1.9)	1.6	(±0.7)	**5.6**	**(±1.0)**
South Dakota	66.2	(±3.5)	14.2	(±2.2)	**39.5**	**(±2.4)**	9.7	(±2.3)	1.0	(±0.7)	**5.2**	**(±1.2)**
Tennessee	46.2	(±3.5)	11.3	(±1.7)	**27.8**	**(±2.0)**	7.4	(±1.8)	0.8	(±0.4)	**3.9**	**(±0.9)**
Texas	62.9	(±2.6)	16.7	(±1.4)	**39.2**	**(±1.7)**	7.5	(±1.1)	1.6	(±0.6)	**4.5**	**(±0.6)**
Utah	47.8	(±3.8)	13.4	(±2.0)	**30.2**	**(±2.3)**	3.9	(±1.2)	1.1	(±0.7)	**2.5**	**(±0.7)**
Vermont	66.8	(±3.0)	17.4	(±2.1)	**41.3**	**(±2.2)**	9.6	(±3.1)	0.9	(±0.5)	**5.1**	**(±1.6)**
Virginia	65.4	(±3.6)	15.4	(±2.3)	**39.6**	**(±2.5)**	10.5	(±2.0)	1.3	(±0.6)	**5.7**	**(±1.0)**
Washington	69.7	(±2.6)	22.4	(±2.2)	**45.6**	**(±1.9)**	9.0	(±1.7)	1.4	(±0.5)	**5.1**	**(±0.9)**
West Virginia	65.9	(±3.3)	15.0	(±2.0)	**39.0**	**(±2.2)**	7.1	(±1.8)	1.0	(±0.6)	**3.8**	**(±0.9)**
Wisconsin	76.7	(±3.1)	24.6	(±3.1)	**49.7**	**(±2.6)**	11.8	(±2.5)	1.6	(±1.0)	**6.5**	**(±1.3)**
Wyoming	71.9	(±3.3)	21.6	(±2.3)	**46.5**	**(±2.3)**	5.9	(±1.5)	1.2	(±0.8)	**3.5**	**(±0.8)**
Range	*23.1–76.7*		*6.9–26.0*		***14.8–52.0***		*2.9–13.2*		*0.1–2.9*		***1.4–7.4***	
Median	*64.7*		*15.8*		***39.0***		*9.7*		*1.3*		***5.2***	

* Persons aged ≥18 years who reported having ever smoked a cigar, even just a few puffs.
† Persons aged ≥18 years who reported smoking a cigar within the previous month.
§ Confidence interval.

Cigarette and Cigar Smoking Among Adults — Continued

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Editorial Note: In 1996, the prevalence of cigarette smoking was added to the list of nationally notifiable health conditions reported by states to CDC (*3*). Current cigarette smoking has remained relatively stable during the 1990s in most states; however, smoking has declined significantly in Minnesota since 1997 and increased significantly in South Dakota since 1996 (*4*). Utah is the only state to have achieved the health objective for 2000 to reduce cigarette smoking to a prevalence of no more than 15.0% among persons aged ≥18 years (objective 3.4) (*5*). The wide variation in current cigarette smoking prevalence across states underscores the potential for prevention and the need for continued efforts aimed at reducing tobacco use.

The findings in this report indicate that cigar smoking prevalences by state vary significantly. Despite the health effects associated with cigar smoking, total cigar consumption in the United States was approximately 5.3 billion cigars in 1998 (*6*). Overall, cigar consumption in the United States declined during the 1970s and 1980s but began increasing in the 1990s (*2*); however, a 1998 report suggests that the recent growth in cigar sales may have slowed (*7*).

National surveys have used various questions to ascertain cigar smoking status (*2*). This variation, combined with the lack of inclusion of cigar smoking questions on most national surveys after 1992, makes comparison of data among national surveys difficult. Questions about cigar smoking were included on the 1998 National Health Interview Survey and will provide more data on national patterns in adult cigar smoking prevalence.

The findings in this report are subject to at least three limitations. First, data are based on self-reports without biochemical verification. Second, the lack of standardized questions for cigar use among surveys limits comparisons between state-specific estimates and national estimates. Third, these prevalence estimates are only for adults and do not include persons aged <18 years. However, to assess adequately the impact of cigarette and cigar smoking, data about the prevalence of youth tobacco use also should be considered. Data on youth cigarette and cigar smoking in 1997 are available through the Youth Risk Behavior Survey (*8,9*).

Decreases in tobacco use consistent with national health objectives for 2010 are achievable. Given the large differences in current cigarette and cigar smoking rates among states, future state surveys should continue to monitor cigar smoking among adults and youth, and questions should be standardized across surveys. Such information is important to direct policy changes and develop public health initiatives that address the negative health effects of smoking. Monitoring trends of cigarette smoking and the use of other tobacco products also is essential for evaluating state efforts aimed at reducing tobacco-related morbidity and mortality.

CDC recommends that states establish tobacco-control programs that are comprehensive, sustainable, and accountable (*10*). Guidelines determined by evidence-based analyses of existing comprehensive state tobacco-control programs have been prepared to help states assess options for comprehensive tobacco-control programs and to evaluate local funding priorities. The guidelines provide evidence to support

Cigarette and Cigar Smoking Among Adults — Continued

each of nine specific elements of a comprehensive program, including community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, enforcement, statewide programs, counter-marketing, cessation programs, surveillance and evaluation, and administration and management (*10*).

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Influenza Activity — United States, 1999–2000 Season

Influenza activity was low during October 3–November 6, 1999; influenza virus isolates were reported from 30 states, and four long-term–care facility outbreaks were reported from three states. The predominant viruses isolated were influenza type A(H3N2) viruses. This report summarizes influenza activity in the United States during October 3–November 6, 1999. It also summarizes U.S. influenza surveillance methodology, including the four primary sources of surveillance data, a modification to pneumonia and influenza (P&I) mortality reporting, and discusses detection and control of institutional influenza outbreaks.

Sources of Surveillance Data

Sentinel physicians surveillance network. Each week from October through May, volunteer physicians in 47 states and the District of Columbia report the number of patient visits and the number of those visits for influenza-like illness (ILI). ILI is defined as cough or sore throat and a temperature of ≥100 F (37.8 C). Baseline levels of total patient visits for ILI range from 0 to 3%. Levels >3% usually correlate with increased influenza activity.

State and territorial epidemiologists' reports. Each week during October–May, state and territorial epidemiologists report statewide estimates of influenza activity to CDC. Activity levels are defined as: 1) *no activity*, 2) *sporadic*—sporadically occurring ILI or culture-confirmed influenza with no outbreaks detected, 3) *regional*—outbreaks

Influenza Activity — Continued

of ILI or culture-confirmed influenza in counties with a combined population of <50% of the state's population, and 4) *widespread*—outbreaks of ILI or culture-confirmed influenza in counties with a combined population of ≥50% of the state's population.

122 Cities Mortality Reporting System. Each week throughout the year, the vital statistics offices for 122 U.S. cities report the total number of death certificates received and the number of death certificates on which influenza or pneumonia is listed on Part I (immediate, intermediate, or underlying cause of death) or Part II (contributing cause of death). These data are used to calculate a P&I mortality curve. A periodic regression model incorporating a robust regression procedure is used to estimate a seasonal baseline for P&I deaths. An increase of 1.645 standard deviations above the seasonal baseline for P&I deaths is considered the epidemic threshold.

World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories. Each week from October through May, approximately 115 WHO and NREVSS collaborating laboratories in the United States report the total number of specimens received for respiratory virus testing and the number testing positive for influenza A(H1N1), A(H3N2), A (not subtyped) and influenza B. A subset of isolates are submitted for complete antigenic characterization to CDC.

Influenza Activity, October 3–November 6, 1999

From October 3 through November 6, 1999, 1% of patient visits to sentinel physicians were for ILI. Among the nine surveillance regions, patient visits for ILI ranged from 0 to 3% during the week ending November 6, except in the West South Central region, which reported 5% of patient visits for ILI. For the week ending November 6, state and territorial epidemiologists in New York, Indiana, and Puerto Rico reported regional activity, and 35 states reported sporadic activity. No state reported widespread activity. A long-term–care facility outbreak was identified in New York on September 30, in New York City on October 14, in California on October 17, and in Illinois on November 3. During the week ending November 6, 621 (7.4%) of 8414 total deaths in 122 U.S. cities were attributed to P&I; this proportion was above the epidemic threshold of 6.5%. The proportion of P&I deaths has remained above the threshold for 7 consecutive weeks.

From October 3 through November 6, WHO collaborating laboratories and NREVSS laboratories in the United States reported 117 influenza A and four influenza type B laboratory-confirmed infections out of 5198 specimens submitted for respiratory virus tests. All 49 subtyped influenza A viruses were H3N2 viruses. Three influenza B viruses were isolated from persons returning to Tennessee from a trip to Ireland. Another influenza B virus was confirmed by CDC in addition to those reported by WHO and NREVSS laboratories. All 51 U.S. influenza A(H3N2) isolates collected from September 6 through November 6 and antigenically or genetically characterized at CDC were influenza A/Sydney/5/97-like (H3N2) viruses, and all four influenza B isolates were characterized as B/Yamanashi/166/98-like viruses. Both of these strains are contained in the 1999–2000 influenza vaccine.

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Organization collaborating laboratories. Sentinel Physicians Influenza Surveillance System. National Respiratory and Enteric Virus Surveillance System Laboratories. Surveillance Systems Br, Div of Public Health Surveillance and Informatics, Epidemiology Program Office; Mortality Statistics Br, Div of Vital Statistics, National Center for Health Statistics; Respiratory and Enterovirus Br and Influenza Br and WHO Collaborating Center for Reference and Research on Influenza, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; and an EIS Officer, CDC.

Editorial Note: Three of four influenza surveillance systems indicated that influenza activity was low from October through early November in the United States; however, 30 states reported laboratory-confirmed cases of influenza, and four long-term-care–facility outbreaks were reported. The 122 cities mortality reporting system data indicated that P&I mortality was above epidemic thresholds for 7 consecutive weeks; however, these results must be viewed with caution because recent changes have been made to the reporting system.

In 1993, the WHO *International Classification of Diseases, Ninth Revision* (ICD-9) coding guidelines were updated to *International Statistical Classification of Diseases and Related Public Health Problems, 10th Revision* (ICD-10), and were implemented by CDC's National Center for Health Statistics (NCHS) in 1999 (*1*). For ICD-10, the application of a coding rule was broadened such that when pneumonia is listed by a certifying physician on a death certificate as the underlying cause of death, nosologoists should give preference to coding the cause of death to an alternative condition that might have led to the pnuemonia. Preliminary results from an NCHS comparability study have shown that the ICD-10 coding rule change will result in a substantial decrease in the number of reported pneumonia-related deaths (CDC, unpublished data, 1999).

In response to ICD-10, CDC requested that the 122 cities report pneumonia deaths to the surveillance system if pneumonia is listed anywhere on the death certificate. This may partially account for the observed increase in reported P&I deaths above threshold levels; baseline and threshold levels of P&I mortality are estimated using the previous 5 years' mortality data. CDC continues to evaluate the impact of these changes in reporting criteria on P&I mortality estimates.

Influenza introduced into hospitals and long-term–care facilities by patients, visitors, or staff can cause nosocomial outbreaks that can occur year-round, but tend to occur during periods of increased influenza activity, usually December–March. Institutional outbreaks can result in high attack rates among staff and patients and increased patient mortality, particularly among elderly and other vulnerable populations, such as bone marrow transplant patients (*2–5*). In a survey of Emerging Infections Network (EIN) physicians,* conducted during the spring of 1999, 344 (74%) of 462 reported diagnosing influenza in hospitalized patients, and 65 (14%) recognized one or more nosocomial influenza cases during the preceding influenza season. Despite the frequent diagnosis of influenza among hospitalized patients, only 163 (35%) of 458 of the EIN physicians reported that their hospitals had a written policy for the control of nosocomial influenza outbreaks (*6*).

When influenza outbreaks occur in health-care institutions, early recognition and initiation of control measures are important because influenza can spread rapidly in these settings (*2,7–10*). The use of rapid diagnostic tests to confirm an influenza outbreak can facilitate the immediate activation of control measures such as cohorting ill

*A group of infectious-disease physicians from the Infectious Diseases Society of America.

Influenza Activity — Continued

patients, initiating droplet precautions, and using antiviral medications for influenza prophylaxis and treatment. Four influenza antiviral medications are available. Amantadine and rimantadine are approved for both treatment and prophylaxis of influenza type A but not influenza type B. Zanamivir and oseltamivir are active against influenza A and B viruses and are approved for the treatment but not the prophylaxis of influenza (*7,8,10*).† Although antiviral medications are an important adjunct for the prevention and control of influenza, they are not a substitute for vaccination. Vaccination is the primary means of preventing influenza and is recommended for persons at high risk for influenza-related complications and persons who may transmit influenza to those at high risk, including health-care workers (*7*).

Influenza surveillance data collected by CDC are updated weekly during October–May and are available by telephone, (888) 232-3228, or fax, (888) 232-3299 and requesting document number 361100, or through CDC's National Center for Infectious Diseases, Division of Viral and Rickettsial Diseases, Influenza Branch World-Wide Web site, http://www.cdc.gov/ncidod/diseases/flu/weekly.htm.

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†Further information is available from the Food and Drug Administration, Center for Drug Evaluation and Research on the World-Wide Web, http://www.fda.gov/cder/drug.htm. (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. CDC is not responsible for the content of pages found at these sites.)

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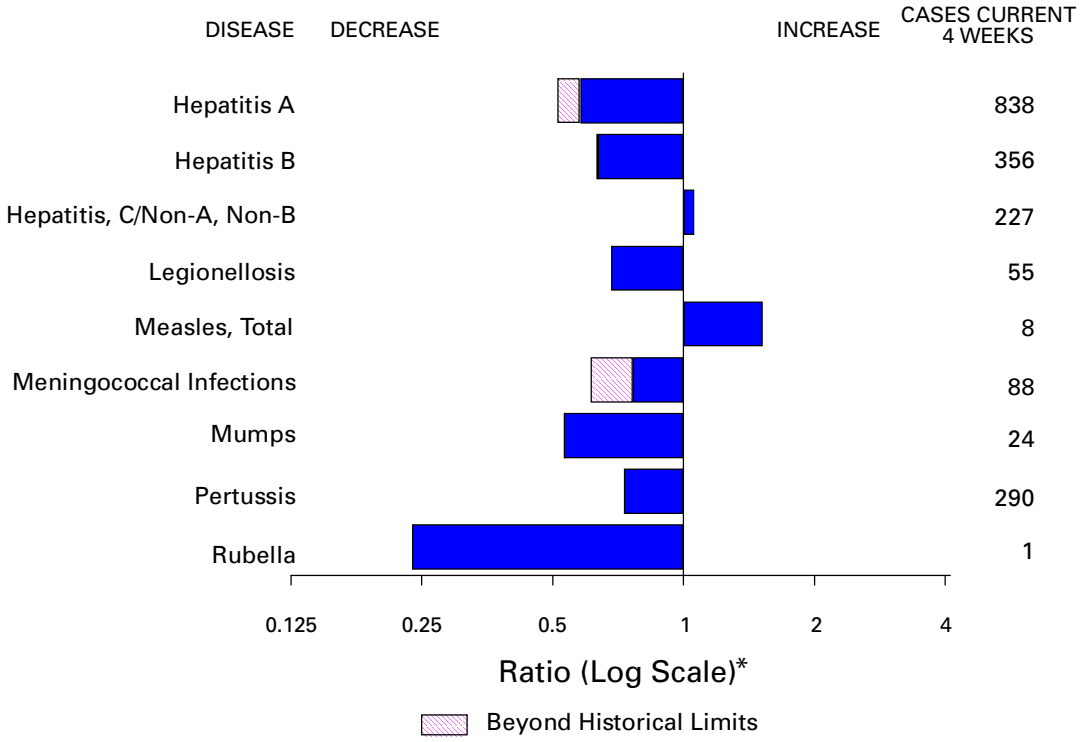
(Continued on page 1051)

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending November 13, 1999, with historical data — United States



*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 — provisional cases of selected notifiable diseases, United States, cumulative, week ending November 13, 1999 (45th Week)

	Cum. 1999		Cum. 1999
Anthrax	-	HIV infection, pediatric*§	121
Brucellosis*	43	Plague	6
Cholera	3	Poliomyelitis, paralytic	-
Congenital rubella syndrome	6	Psittacosis*	15
Cyclosporiasis*	49	Rabies, human	-
Diphtheria	2	Rocky Mountain spotted fever (RMSF)	472
Encephalitis: California*	53	Streptococcal disease, invasive Group A	1,813
eastern equine*	6	Streptococcal toxic-shock syndrome*	30
St. Louis*	6	Syphilis, congenital¶	204
western equine*	-	Tetanus	30
Ehrlichiosis human granulocytic (HGE)*	131	Toxic-shock syndrome	99
human monocytic (HME)*	37	Trichinosis	8
Hansen Disease*	89	Typhoid fever	268
Hantavirus pulmonary syndrome*†	18	Yellow fever	-
Hemolytic uremic syndrome, post-diarrheal*	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 October 24, 1999.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	AIDS		Chlamydia		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 1999†	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	37,420	38,690	518,752	510,763	2,097	3,400	2,953	2,633	2,098	2,007
NEW ENGLAND	1,904	1,517	17,057	17,481	130	143	290	295	323	253
Maine	68	26	738	926	25	29	36	35	-	-
N.H.	38	25	825	853	17	15	31	42	31	43
Vt.	15	18	417	367	35	26	32	19	20	17
Mass.	1,231	766	7,808	7,296	49	66	164	135	175	144
R.I.	90	110	2,023	1,978	4	7	27	11	26	1
Conn.	462	572	5,246	6,061	-	-	U	53	71	48
MID. ATLANTIC	9,663	10,367	53,094	53,425	388	516	255	275	78	84
Upstate N.Y.	1,146	1,250	N	N	149	308	196	198	-	-
N.Y. City	5,100	5,843	21,963	22,873	116	185	9	12	17	12
N.J.	1,741	1,894	9,152	10,283	36	23	50	65	32	51
Pa.	1,676	1,380	21,979	20,269	87	N	N	N	29	21
E.N. CENTRAL	2,519	2,736	78,421	86,469	525	682	628	406	454	332
Ohio	403	567	20,031	23,468	57	68	207	108	181	66
Ind.	285	446	9,543	9,635	37	52	100	91	59	47
Ill.	1,201	1,037	30,302	23,288	60	81	210	105	81	75
Mich.	504	530	18,545	17,936	45	37	111	102	73	62
Wis.	126	156	U	12,142	326	444	N	N	60	82
W.N. CENTRAL	846	750	31,048	30,455	194	311	559	444	386	379
Minn.	161	146	5,903	6,130	72	130	219	187	168	198
Iowa	72	60	4,063	3,915	54	63	112	89	73	58
Mo.	408	363	11,903	10,891	28	25	57	46	58	60
N. Dak.	6	5	707	908	18	30	16	11	14	15
S. Dak.	13	15	1,338	1,342	7	22	44	30	59	35
Nebr.	61	60	2,908	2,500	14	35	90	48	-	-
Kans.	125	101	4,226	4,769	1	6	21	33	14	13
S. ATLANTIC	10,275	10,032	111,533	98,292	339	314	307	226	155	163
Del.	147	122	2,400	2,248	-	3	6	-	3	2
Md.	1,242	1,394	10,083	6,426	17	18	38	40	4	14
D.C.	496	750	N	N	8	22	1	1	U	U
Va.	689	771	12,474	11,410	23	20	69	N	55	51
W. Va.	61	70	1,204	2,116	3	1	11	11	8	9
N.C.	688	703	19,221	19,248	23	N	66	53	51	47
S.C.	847	638	10,284	14,400	-	-	20	13	14	12
Ga.	1,466	1,060	29,542	20,818	121	112	30	70	-	-
Fla.	4,639	4,524	26,325	21,626	144	138	66	38	20	28
E.S. CENTRAL	1,666	1,596	39,154	35,502	26	24	113	112	58	63
Ky.	236	248	6,477	5,535	6	10	43	34	-	-
Tenn.	643	590	11,994	11,814	6	8	43	50	38	40
Ala.	423	417	10,872	8,907	11	N	22	22	16	19
Miss.	364	341	9,811	9,246	3	6	5	6	4	4
W.S. CENTRAL	3,822	4,742	71,607	77,915	81	898	124	95	118	97
Ark.	158	177	5,183	3,365	2	6	14	11	8	10
La.	742	814	11,220	13,024	22	15	9	5	14	7
Okla.	113	254	6,968	8,360	10	N	28	22	24	8
Tex.	2,809	3,497	48,236	53,166	47	877	73	57	72	72
MOUNTAIN	1,469	1,359	27,123	28,353	89	120	301	343	195	239
Mont.	11	26	1,393	1,152	10	10	24	15	-	5
Idaho	21	27	1,453	1,751	7	17	60	38	20	24
Wyo.	10	3	667	605	1	2	15	53	14	55
Colo.	271	254	5,141	6,771	12	18	108	80	87	65
N. Mex.	78	188	3,264	3,280	39	46	12	18	5	19
Ariz.	745	550	10,769	10,075	12	18	30	43	20	26
Utah	129	114	1,854	1,837	N	N	36	72	47	21
Nev.	204	197	2,582	2,882	8	9	16	24	2	24
PACIFIC	5,256	5,591	89,715	82,871	325	392	376	437	331	397
Wash.	305	369	10,370	9,659	N	N	145	101	158	124
Oreg.	185	146	5,204	4,840	88	65	73	102	68	96
Calif.	4,673	4,915	70,072	64,512	237	324	148	227	94	162
Alaska	13	17	1,611	1,642	-	-	1	7	1	-
Hawaii	80	144	2,458	2,218	-	3	9	-	10	15
Guam	5	1	302	363	-	-	N	N	U	U
P.R.	1,094	1,498	U	U	-	N	5	5	U	U
V.I.	36	31	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

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

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

†Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update October 24, 1999.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	Gonorrhea		Hepatitis C/NA,NB		Legionellosis		Lyme Disease	
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	291,208	305,323	2,899	2,874	799	1,138	11,392	14,265
NEW ENGLAND	5,228	5,209	59	55	72	78	3,250	4,385
Maine	42	57	2	-	3	1	41	74
N.H.	93	81	-	-	8	7	21	42
Vt.	42	33	6	5	13	7	20	11
Mass.	2,167	1,968	48	47	28	31	1,033	671
R.I.	508	346	3	3	9	19	450	587
Conn.	2,376	2,724	-	-	11	13	1,685	3,000
MID. ATLANTIC	33,823	33,156	118	192	172	285	6,512	7,867
Upstate N.Y.	5,819	6,235	83	100	54	96	3,448	3,631
N.Y. City	11,762	10,317	-	-	9	34	30	221
N.J.	5,508	6,954	-	U	18	15	922	1,734
Pa.	10,734	9,650	35	92	91	140	2,112	2,281
E.N. CENTRAL	57,195	59,875	1,377	608	218	375	116	732
Ohio	12,127	15,412	3	8	65	119	68	44
Ind.	5,250	5,681	1	5	36	64	19	36
Ill.	26,800	19,333	39	38	22	50	12	14
Mich.	13,018	13,945	743	422	59	77	1	12
Wis.	U	5,504	591	135	36	65	16	626
W.N. CENTRAL	13,509	15,257	264	37	43	60	205	198
Minn.	2,279	2,358	9	9	9	6	140	148
Iowa	1,030	1,320	-	8	11	9	19	26
Mo.	6,911	8,013	243	12	14	16	23	11
N. Dak.	71	72	1	-	2	-	1	-
S. Dak.	160	197	-	-	3	3	-	-
Nebr.	1,232	1,053	5	5	4	18	10	3
Kans.	1,826	2,244	6	3	-	8	12	10
S. ATLANTIC	83,700	82,057	188	95	123	128	1,029	810
Del.	1,476	1,317	1	-	13	12	51	64
Md.	8,720	8,402	39	13	28	32	728	573
D.C.	3,166	3,771	1	-	3	6	4	4
Va.	8,297	8,024	10	11	29	19	109	64
W. Va.	363	768	17	6	N	N	16	12
N.C.	17,041	16,576	34	19	14	13	67	53
S.C.	5,840	9,167	22	8	9	10	7	7
Ga.	20,141	17,346	1	9	1	8	-	5
Fla.	18,656	16,686	63	29	26	28	47	28
E.S. CENTRAL	31,344	34,360	214	252	37	59	71	100
Ky.	2,931	3,235	18	20	19	26	9	25
Tenn.	9,719	10,337	79	149	14	21	30	41
Ala.	9,737	11,381	1	4	4	5	19	20
Miss.	8,957	9,407	116	79	-	7	13	14
W.S. CENTRAL	40,108	47,857	299	489	23	30	43	20
Ark.	2,750	3,394	18	21	-	1	4	6
La.	8,880	11,158	102	97	2	4	-	4
Okla.	3,452	4,610	14	14	3	12	4	2
Tex.	25,026	28,695	165	357	18	13	35	8
MOUNTAIN	8,043	7,886	131	345	41	67	18	17
Mont.	48	37	5	7	-	2	-	-
Idaho	73	146	7	86	2	2	5	5
Wyo.	28	29	37	88	-	1	3	1
Colo.	2,090	1,793	20	29	11	16	-	-
N. Mex.	648	795	8	84	1	2	1	4
Ariz.	3,888	3,635	40	11	6	17	2	1
Utah	191	192	6	21	15	21	5	-
Nev.	1,077	1,259	8	19	6	6	2	6
PACIFIC	18,258	19,666	249	801	70	56	148	136
Wash.	1,829	1,715	16	22	13	12	10	7
Oreg.	759	693	17	18	N	N	12	20
Calif.	15,056	16,529	216	707	56	42	126	108
Alaska	260	277	-	-	1	1	-	1
Hawaii	354	452	-	54	-	1	N	N
Guam	39	63	1	1	-	2	-	1
P.R.	297	336	-	-	-	-	N	N
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	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 November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	1,139	1,284	5,279	6,518	32,669	37,109	25,669	30,397
NEW ENGLAND	58	55	775	1,304	1,440	2,233	1,867	2,074
Maine	3	5	155	213	123	151	95	60
N.H.	2	5	50	74	124	174	131	207
Vt.	4	1	86	61	84	126	76	100
Mass.	21	17	185	460	989	1,192	1,025	1,227
R.I.	4	9	86	85	120	128	147	34
Conn.	24	18	213	411	U	462	393	446
MID. ATLANTIC	272	378	1,010	1,425	3,999	5,913	3,545	5,314
Upstate N.Y.	67	83	720	991	1,196	1,444	1,127	1,267
N.Y. City	119	213	U	U	1,166	1,726	927	1,353
N.J.	48	52	160	198	665	1,305	535	1,239
Pa.	38	30	130	236	972	1,438	956	1,455
E.N. CENTRAL	127	135	143	119	4,750	5,621	3,102	4,321
Ohio	18	15	34	54	1,168	1,362	953	1,034
Ind.	18	10	13	11	472	597	376	474
Ill.	46	53	10	N	1,455	1,723	399	1,389
Mich.	37	45	83	35	858	1,040	856	960
Wis.	8	12	3	19	797	899	518	464
W.N. CENTRAL	70	85	645	639	2,007	2,056	2,080	2,117
Minn.	39	51	101	106	574	499	625	602
Iowa	13	7	147	136	242	341	197	267
Mo.	14	14	14	37	661	557	817	762
N. Dak.	-	2	130	128	43	59	49	67
S. Dak.	-	-	163	148	89	108	108	116
Nebr.	-	1	3	7	179	168	78	44
Kans.	4	10	87	77	219	324	206	259
S. ATLANTIC	309	270	1,888	2,134	7,859	7,584	4,791	5,494
Del.	1	3	37	46	129	72	144	109
Md.	85	79	359	413	793	826	891	804
D.C.	17	17	-	-	67	69	U	U
Va.	64	52	507	500	1,146	986	905	794
W. Va.	2	2	99	69	147	134	142	146
N.C.	26	26	376	521	1,186	1,111	1,211	1,277
S.C.	17	6	132	136	626	570	454	493
Ga.	22	35	204	274	1,327	1,500	651	1,359
Fla.	75	50	174	175	2,438	2,316	393	512
E.S. CENTRAL	21	32	230	250	1,655	2,027	938	1,427
Ky.	7	7	35	30	369	330	-	124
Tenn.	6	16	82	127	317	529	487	629
Ala.	7	6	112	91	536	617	374	528
Miss.	1	3	1	2	433	551	77	146
W.S. CENTRAL	16	34	89	28	3,415	4,245	2,880	2,895
Ark.	3	1	14	28	583	545	120	333
La.	10	14	-	-	334	642	472	727
Okla.	2	3	75	N	386	438	291	206
Tex.	1	16	-	-	2,112	2,620	1,997	1,629
MOUNTAIN	41	60	178	240	2,738	2,277	2,254	1,812
Mont.	4	1	55	51	70	72	1	43
Idaho	3	8	-	N	107	112	81	88
Wyo.	1	-	42	62	65	58	49	53
Colo.	16	18	1	42	639	485	657	457
N. Mex.	2	12	9	6	350	271	217	235
Ariz.	8	8	58	47	858	740	709	613
Utah	4	1	8	26	476	320	487	122
Nev.	3	12	5	6	173	219	53	201
PACIFIC	225	235	321	379	4,806	5,153	4,212	4,943
Wash.	25	17	-	-	588	450	777	596
Oreg.	19	15	2	7	389	276	455	296
Calif.	169	196	312	349	3,474	4,120	2,707	3,750
Alaska	1	2	7	23	51	53	15	32
Hawaii	11	5	-	-	304	254	258	269
Guam	-	2	-	-	24	36	U	U
P.R.	-	-	64	47	255	715	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable U: Unavailable -: no reported cases

*Individual cases may 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 November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS					
	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999†	Cum. 1998†
UNITED STATES	13,701	18,984	6,500	10,760	5,840	6,226	12,005	14,604
NEW ENGLAND	642	385	710	336	50	67	357	386
Maine	5	12	-	-	-	1	16	11
N.H.	16	16	14	19	1	2	10	-
Vt.	6	6	4	1	3	4	1	4
Mass.	592	251	621	242	31	38	201	222
R.I.	23	34	18	13	2	1	39	49
Conn.	U	66	53	61	13	21	90	100
MID. ATLANTIC	820	2,142	415	1,594	221	282	2,222	2,581
Upstate N.Y.	250	546	62	195	24	35	270	330
N.Y. City	243	649	82	562	79	69	1,190	1,247
N.J.	195	616	121	591	48	89	451	540
Pa.	132	331	150	246	70	89	311	464
E.N. CENTRAL	2,480	2,582	1,159	1,375	1,353	902	1,129	1,439
Ohio	374	448	124	122	81	128	208	208
Ind.	290	150	94	37	595	173	82	136
Ill.	948	1,415	592	1,148	469	368	508	677
Mich.	388	240	280	4	208	176	246	323
Wis.	480	329	69	64	U	57	85	95
W.N. CENTRAL	1,015	945	668	558	109	120	421	416
Minn.	218	280	212	311	9	9	175	128
Iowa	57	63	48	44	9	2	40	43
Mo.	622	140	327	106	73	89	148	151
N. Dak.	3	9	2	3	-	-	6	8
S. Dak.	13	31	6	22	-	1	17	16
Nebr.	65	357	35	19	8	6	16	23
Kans.	37	65	38	53	10	13	19	47
S. ATLANTIC	2,183	3,764	406	1,156	1,785	2,298	2,482	2,747
Del.	12	35	8	30	8	20	12	33
Md.	142	192	50	64	307	604	236	267
D.C.	50	26	U	U	59	81	45	97
Va.	118	179	51	80	139	134	247	250
W. Va.	8	11	5	7	2	3	35	38
N.C.	189	274	80	160	400	649	348	391
S.C.	115	159	60	80	230	303	218	250
Ga.	208	985	37	229	358	253	532	452
Fla.	1,341	1,903	115	506	282	251	809	969
E.S. CENTRAL	930	1,149	456	893	993	1,072	758	1,018
Ky.	223	119	-	45	91	93	160	143
Tenn.	508	552	399	633	549	503	272	355
Ala.	106	428	47	208	193	252	270	328
Miss.	93	50	10	7	160	224	56	192
W.S. CENTRAL	2,346	3,833	1,849	1,224	835	933	1,259	2,163
Ark.	73	195	23	58	74	104	145	125
La.	118	306	111	266	208	374	U	256
Okla.	448	458	149	139	164	79	116	146
Tex.	1,707	2,874	1,566	761	389	376	998	1,636
MOUNTAIN	1,029	1,155	636	660	205	217	381	487
Mont.	9	8	-	3	1	-	13	18
Idaho	25	18	9	13	1	2	14	10
Wyo.	3	3	1	1	-	1	3	4
Colo.	175	196	137	146	2	10	U	60
N. Mex.	126	274	62	155	11	22	54	58
Ariz.	551	561	360	295	182	163	184	187
Utah	59	39	61	28	2	4	35	47
Nev.	81	56	6	19	6	15	78	103
PACIFIC	2,256	3,029	201	2,964	289	335	2,996	3,367
Wash.	101	196	98	168	63	27	152	229
Oreg.	80	174	76	139	9	4	90	120
Calif.	2,045	2,604	-	2,604	214	300	2,547	2,818
Alaska	3	9	2	5	1	1	51	47
Hawaii	27	46	25	48	2	3	156	153
Guam	8	34	U	U	1	1	11	82
P.R.	62	54	U	U	143	158	41	140
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable U: Unavailable -: no reported cases

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

†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	*H. influenzae*, invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 1999†	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	1999	Cum. 1999	1999	Cum. 1999	Cum. 1999	Cum. 1998
UNITED STATES	987	939	14,748	19,593	5,504	8,333	4	58	-	23	81	85
NEW ENGLAND	85	63	245	256	87	191	-	6	-	5	11	3
Maine	7	3	11	18	1	4	-	-	-	-	-	-
N.H.	20	10	18	14	15	18	-	-	-	1	1	-
Vt.	5	8	18	15	3	8	-	-	-	-	-	1
Mass.	31	36	78	112	34	68	U	5	U	3	8	2
R.I.	5	5	21	15	34	64	-	-	-	-	-	-
Conn.	17	1	99	82	-	29	U	1	U	1	2	-
MID. ATLANTIC	157	151	850	1,508	527	1,071	-	-	-	2	2	14
Upstate N.Y.	76	52	239	312	161	208	-	-	-	2	2	2
N.Y. City	35	40	254	532	169	375	-	-	-	-	-	-
N.J.	45	51	112	312	41	184	-	-	-	-	-	8
Pa.	1	8	245	352	156	304	-	-	-	-	-	4
E.N. CENTRAL	150	163	2,451	3,133	570	1,259	-	1	-	2	3	15
Ohio	51	45	582	275	83	70	-	-	-	-	-	1
Ind.	22	40	97	133	36	101	-	1	-	1	2	3
Ill.	63	59	591	702	1	211	-	-	-	-	-	-
Mich.	13	12	1,123	1,848	431	404	U	-	U	1	1	10
Wis.	1	7	58	175	19	473	-	-	-	-	-	1
W.N. CENTRAL	78	83	802	1,233	321	357	-	2	-	-	2	-
Minn.	40	64	75	115	49	43	-	1	-	-	1	-
Iowa	9	2	127	390	35	52	-	-	-	-	-	-
Mo.	20	10	498	575	193	214	-	1	-	-	1	-
N. Dak.	1	-	3	3	2	4	-	-	-	-	-	-
S. Dak.	1	-	9	31	1	2	-	-	-	-	-	-
Nebr.	3	1	50	25	14	19	-	-	-	-	-	-
Kans.	4	6	40	94	27	23	U	-	U	-	-	-
S. ATLANTIC	215	166	1,792	1,751	1,079	896	4	14	-	5	19	8
Del.	-	-	2	3	1	3	-	-	-	-	-	1
Md.	55	50	317	367	147	121	-	-	-	-	-	1
D.C.	4	-	54	56	23	11	-	-	-	-	-	-
Va.	17	16	157	189	79	90	4	14	-	3	17	2
W. Va.	6	6	34	7	22	8	-	-	-	-	-	-
N.C.	31	23	145	112	208	209	-	-	-	-	-	-
S.C.	5	3	44	35	65	41	-	-	-	-	-	-
Ga.	55	40	424	572	155	127	-	-	-	-	-	2
Fla.	42	28	615	410	379	286	-	-	-	2	2	2
E.S. CENTRAL	52	55	339	358	350	437	-	2	-	-	2	2
Ky.	6	7	61	30	40	43	-	2	-	-	2	-
Tenn.	28	32	142	199	165	242	-	-	-	-	-	1
Ala.	15	14	49	69	76	67	-	-	-	-	-	1
Miss.	3	2	87	60	69	85	-	-	-	-	-	-
W.S. CENTRAL	45	48	3,533	3,614	776	1,826	-	8	-	4	12	-
Ark.	2	-	52	78	61	97	-	3	-	-	3	-
La.	7	20	73	95	77	149	-	-	-	-	-	-
Okla.	32	25	412	529	110	88	-	-	-	-	-	-
Tex.	4	3	2,996	2,912	528	1,492	-	5	-	4	9	-
MOUNTAIN	100	106	1,153	2,842	507	727	-	3	-	-	3	2
Mont.	3	-	17	89	17	5	-	-	-	-	-	-
Idaho	1	1	40	226	26	40	-	-	-	-	-	-
Wyo.	1	1	7	35	13	9	-	-	-	-	-	-
Colo.	11	21	200	290	84	94	-	-	-	-	-	-
N. Mex.	18	6	45	136	155	282	-	-	-	-	-	-
Ariz.	54	54	670	1,688	132	160	-	1	-	-	1	2
Utah	9	4	52	174	34	65	-	2	-	-	2	-
Nev.	3	19	122	204	46	72	-	-	-	-	-	-
PACIFIC	105	104	3,583	4,898	1,287	1,569	-	22	-	5	27	41
Wash.	6	9	297	897	62	99	-	-	-	-	-	1
Oreg.	39	38	221	401	81	172	-	9	-	-	9	-
Calif.	46	46	3,040	3,531	1,117	1,270	-	13	-	4	17	8
Alaska	6	3	10	17	14	13	-	-	-	-	-	32
Hawaii	8	8	15	52	13	15	-	-	-	1	1	-
Guam	-	-	2	1	2	2	U	1	U	-	1	-
P.R.	1	2	112	66	102	223	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	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 192 cases among children aged <5 years, serotype was reported for 100 and of those, 27 were type b.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 13, 1999, and November 14, 1998 (45th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998
UNITED STATES	2,054	2,306	5	303	583	71	4,845	5,760	-	227	346
NEW ENGLAND	101	106	-	8	8	1	561	913	-	7	38
Maine	5	6	-	-	-	-	-	5	-	-	-
N.H.	13	11	-	1	-	-	78	105	-	-	-
Vt.	5	5	-	1	-	1	63	69	-	-	-
Mass.	58	51	U	4	5	U	360	684	U	7	8
R.I.	5	8	-	2	1	-	33	9	-	-	1
Conn.	15	25	U	-	2	U	27	41	U	-	29
MID. ATLANTIC	194	250	-	30	184	10	816	564	-	22	146
Upstate N.Y.	62	69	-	10	6	-	645	294	-	18	114
N.Y. City	48	31	-	3	155	-	10	37	-	-	18
N.J.	45	55	-	-	6	-	12	25	-	1	13
Pa.	39	95	-	17	17	10	149	208	-	3	1
E.N. CENTRAL	350	354	4	39	74	4	421	742	-	2	-
Ohio	123	127	3	17	27	4	188	252	-	-	-
Ind.	60	65	-	4	7	-	63	153	-	1	-
Ill.	93	89	1	11	10	-	68	106	-	1	-
Mich.	42	42	U	7	27	U	54	64	U	-	-
Wis.	32	31	-	-	3	-	48	167	-	-	-
W.N. CENTRAL	222	198	1	13	32	26	364	528	-	124	39
Minn.	49	30	-	1	13	-	187	296	-	5	-
Iowa	41	38	-	7	11	2	54	68	-	29	-
Mo.	87	71	-	1	3	9	60	35	-	3	2
N. Dak.	4	5	1	1	2	14	18	4	-	-	-
S. Dak.	11	7	-	-	-	1	6	8	-	-	-
Nebr.	12	16	-	-	-	-	4	16	-	87	-
Kans.	18	31	U	3	3	U	35	101	U	-	37
S. ATLANTIC	370	389	-	48	45	4	365	289	-	36	18
Del.	8	2	-	-	-	-	5	5	-	-	-
Md.	51	28	-	6	-	1	101	56	-	1	1
D.C.	1	1	-	2	-	-	-	1	-	-	-
Va.	49	38	-	10	8	1	30	30	-	-	1
W. Va.	7	17	-	-	-	-	3	2	-	-	-
N.C.	41	53	-	8	11	-	86	96	-	35	13
S.C.	42	53	-	4	6	2	17	27	-	-	-
Ga.	58	90	-	4	1	-	38	24	-	-	-
Fla.	113	107	-	14	19	-	85	48	-	-	3
E.S. CENTRAL	125	178	-	13	15	-	72	118	-	1	2
Ky.	28	34	-	-	-	-	21	52	-	-	-
Tenn.	43	63	-	-	1	-	27	34	-	-	2
Ala.	32	47	-	10	8	-	21	26	-	1	-
Miss.	22	34	-	3	6	-	3	6	-	-	-
W.S. CENTRAL	167	270	-	33	56	-	157	346	-	15	88
Ark.	32	27	-	-	12	-	18	79	-	6	-
La.	34	52	-	3	7	-	3	9	-	-	-
Okla.	27	38	-	1	-	-	12	32	-	-	-
Tex.	74	153	-	29	37	-	124	226	-	9	88
MOUNTAIN	127	129	-	27	37	21	648	990	-	16	5
Mont.	4	4	-	-	-	-	2	9	-	-	-
Idaho	10	10	-	2	5	-	135	216	-	-	-
Wyo.	4	5	-	-	1	-	2	8	-	-	-
Colo.	32	24	-	5	6	2	185	255	-	1	-
N. Mex.	14	25	N	N	N	17	159	90	-	-	1
Ariz.	42	39	-	8	6	2	102	191	-	13	1
Utah	14	13	-	7	5	-	56	180	-	1	2
Nev.	7	9	-	5	14	-	7	41	-	1	1
PACIFIC	398	432	-	92	132	5	1,441	1,270	-	4	10
Wash.	61	59	-	2	10	-	594	297	-	-	5
Oreg.	71	75	N	N	N	4	55	85	-	-	-
Calif.	253	290	-	76	96	1	754	855	-	4	3
Alaska	6	3	-	2	2	-	5	14	-	-	-
Hawaii	7	5	-	12	24	-	33	19	-	-	2
Guam	2	2	U	1	5	U	1	1	U	-	-
P.R.	5	10	-	-	3	-	16	6	-	-	14
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	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 November 13, 1999 (45th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	536	388	110	23	10	5	51
Boston, Mass.	160	113	29	11	5	2	10
Bridgeport, Conn.	24	22	1	1	-	-	1
Cambridge, Mass.	30	26	4	-	-	-	7
Fall River, Mass.	20	18	1	1	-	-	5
Hartford, Conn.	U	U	U	U	U	U	U
Lowell, Mass.	25	21	2	1	-	1	6
Lynn, Mass.	14	9	3	1	1	-	1
New Bedford, Mass.	34	28	5	1	-	-	5
New Haven, Conn.	41	26	11	2	2	-	3
Providence, R.I.	56	43	10	1	1	1	2
Somerville, Mass.	5	1	4	-	-	-	-
Springfield, Mass.	45	24	18	2	1	-	2
Waterbury, Conn.	22	15	5	1	-	1	-
Worcester, Mass.	60	42	17	1	-	-	9
MID. ATLANTIC	1,966	1,403	345	138	56	24	81
Albany, N.Y.	53	42	8	1	1	1	3
Allentown, Pa.	U	U	U	U	U	U	U
Buffalo, N.Y.	78	62	10	4	-	2	8
Camden, N.J.	34	18	6	4	3	3	1
Elizabeth, N.J.	12	10	2	-	-	-	-
Erie, Pa.	36	28	6	2	-	-	2
Jersey City, N.J.	27	15	9	2	-	1	-
New York City, N.Y.	956	691	159	77	21	8	15
Newark, N.J.	61	23	15	14	7	2	5
Paterson, N.J.	16	9	3	3	1	-	-
Philadelphia, Pa.	322	223	71	14	10	4	8
Pittsburgh, Pa.§	36	19	12	4	1	-	2
Reading, Pa.	36	26	7	2	1	-	4
Rochester, N.Y.	121	91	17	8	4	1	8
Schenectady, N.Y.	11	10	-	1	-	-	5
Scranton, Pa.	31	27	3	1	-	-	2
Syracuse, N.Y.	105	83	13	1	6	2	18
Trenton, N.J.	14	13	1	-	-	-	-
Utica, N.Y.	17	13	3	-	1	-	-
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,920	1,279	359	157	46	79	123
Akron, Ohio	42	35	3	1	1	2	5
Canton, Ohio	32	26	6	-	-	-	5
Chicago, Ill.	420	231	83	49	15	42	33
Cincinnati, Ohio	81	46	22	7	2	4	11
Cleveland, Ohio	133	86	25	14	4	4	-
Columbus, Ohio	210	151	32	15	1	11	13
Dayton, Ohio	89	66	10	7	3	3	7
Detroit, Mich.	155	93	38	17	5	2	6
Evansville, Ind.	48	33	10	4	-	1	3
Fort Wayne, Ind.	38	26	8	2	2	-	1
Gary, Ind.	10	6	2	1	-	1	-
Grand Rapids, Mich.	49	37	8	2	2	-	3
Indianapolis, Ind.	161	107	37	11	5	1	8
Lansing, Mich.	37	29	3	2	2	1	4
Milwaukee, Wis.	115	90	18	6	-	1	6
Peoria, Ill.	46	34	8	1	1	2	4
Rockford, Ill.	51	35	11	3	1	1	3
South Bend, Ind.	45	34	6	4	1	-	5
Toledo, Ohio	98	67	20	8	1	2	4
Youngstown, Ohio	60	47	9	3	-	1	2
W.N. CENTRAL	627	439	110	46	16	16	43
Des Moines, Iowa	78	55	13	7	2	1	8
Duluth, Minn.	U	U	U	U	U	U	U
Kansas City, Kans.	9	2	4	-	2	1	-
Kansas City, Mo.	105	71	22	7	1	4	4
Lincoln, Nebr.	48	40	4	2	1	1	4
Minneapolis, Minn.	156	116	28	8	3	1	13
Omaha, Nebr.	82	63	6	10	1	2	8
St. Louis, Mo.	101	56	24	11	4	6	-
St. Paul, Minn.	U	U	U	U	U	U	U
Wichita, Kans.	48	36	9	1	2	-	6
S. ATLANTIC	1,068	693	219	92	33	31	62
Atlanta, Ga.	U	U	U	U	U	U	U
Baltimore, Md.	246	141	57	25	12	11	15
Charlotte, N.C.	97	71	14	7	3	2	10
Jacksonville, Fla.	132	88	27	12	3	2	7
Miami, Fla.	102	64	25	9	3	1	9
Norfolk, Va.	35	26	5	2	2	-	1
Richmond, Va.	67	47	11	5	3	1	-
Savannah, Ga.	67	42	20	2	2	1	6
St. Petersburg, Fla.	60	46	8	3	1	2	7
Tampa, Fla.	148	97	25	17	-	9	6
Washington, D.C.	99	65	18	10	4	2	1
Wilmington, Del.	15	6	9	-	-	-	-
E.S. CENTRAL	688	489	131	41	14	12	58
Birmingham, Ala.	105	79	18	6	1	-	7
Chattanooga, Tenn.	53	37	12	2	1	1	3
Knoxville, Tenn.	66	44	15	3	4	-	11
Lexington, Ky.	48	34	9	4	-	1	5
Memphis, Tenn.	173	115	37	12	2	7	17
Mobile, Ala.	92	67	12	8	3	2	4
Montgomery, Ala.	35	26	8	-	-	1	6
Nashville, Tenn.	116	87	20	6	3	-	5
W.S. CENTRAL	1,477	984	292	117	32	52	99
Austin, Tex.	92	66	14	8	2	2	4
Baton Rouge, La.	7	5	2	-	-	-	-
Corpus Christi, Tex.	60	42	11	6	-	1	1
Dallas, Tex.	214	138	38	27	3	8	11
El Paso, Tex.	78	60	10	5	-	3	3
Ft. Worth, Tex.	120	79	22	10	3	6	9
Houston, Tex.	356	214	84	34	12	12	29
Little Rock, Ark.	54	37	9	1	3	4	3
New Orleans, La.	124	82	27	8	4	3	15
San Antonio, Tex.	173	120	33	12	3	5	9
Shreveport, La.	54	39	10	1	-	4	5
Tulsa, Okla.	145	102	32	5	2	4	10
MOUNTAIN	882	617	162	58	20	24	63
Albuquerque, N.M.	102	67	18	6	6	5	10
Boise, Idaho	41	35	4	1	-	1	3
Colo. Springs, Colo.	44	31	6	3	1	3	-
Denver, Colo.	61	38	12	5	1	5	8
Las Vegas, Nev.	211	150	42	12	5	2	11
Ogden, Utah	16	13	2	1	-	-	3
Phoenix, Ariz.	157	103	29	16	4	4	9
Pueblo, Colo.	28	20	7	1	-	-	1
Salt Lake City, Utah	99	69	18	9	2	1	13
Tucson, Ariz.	123	91	24	4	1	3	5
PACIFIC	850	606	157	61	12	14	82
Berkeley, Calif.	13	10	3	-	-	-	1
Fresno, Calif.	114	85	17	11	-	1	9
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	62	43	16	1	1	1	3
Long Beach, Calif.	60	37	14	5	1	3	13
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	27	20	6	1	-	-	4
Portland, Oreg.	U	U	U	U	U	U	U
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	54	35	13	3	2	1	2
San Francisco, Calif.	120	82	22	14	-	2	15
San Jose, Calif.	150	106	26	13	3	2	17
Santa Cruz, Calif.	22	19	2	1	-	-	4
Seattle, Wash.	104	65	24	9	4	2	7
Spokane, Wash.	45	36	6	1	-	2	3
Tacoma, Wash.	79	68	8	2	1	-	4
TOTAL	10,014¶	6,898	1,885	733	239	257	662

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 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

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

¶Total includes unknown ages.

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

Errata: Vol. 48, No. 44

In the article, "Reptile-Associated Salmonellosis—Selected States, 1996–1998," several errors occurred. In the Wisconsin case on page 1010, the case-patient was a girl. In the first sentence of the fourth bullet in the box on page 1012, first sentence should read "Pet reptiles should be kept out of households where children aged *<5 years or* immunocompromised persons live." The corrected box is reprinted below.

Recommendations for Preventing Transmission of *Salmonella* from Reptiles to Humans

- Pet store owners, veterinarians, and pediatricians should provide information to owners and potential purchasers of reptiles about the risk for acquiring salmonellosis from reptiles.
- Persons should always wash their hands thoroughly with soap and water after handling reptiles or reptile cages.
- Persons at increased risk for infection or serious complications of salmonellosis (e.g., children aged <5 years and immunocompromised persons) should avoid contact with reptiles.
- Pet reptiles should be kept out of households where children aged <5 years or immunocompromised persons live. Families expecting a new child should remove the pet reptile from the home before the infant arrives.
- Pet reptiles should not be kept in child care centers.
- Pet reptiles should not be allowed to roam freely throughout the home or living area.
- Pet reptiles should be kept out of kitchens and other food-preparation areas to prevent contamination. Kitchen sinks should not be used to bathe reptiles or to wash their dishes, cages, or aquariums. If bathtubs are used for these purposes, they should be cleaned thoroughly and disinfected with bleach.

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