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WEEKLY REPORT

Outbreaks of Multidrug-Resistant *Salmonella* Typhimurium Associated With Veterinary Facilities — Idaho, Minnesota, and Washington, 1999

CDC received reports in 1999 from three state health departments of outbreaks of multidrug-resistant *Salmonella* serotype Typhimurium infections in employees and clients of small animal veterinary clinics and an animal shelter. *Salmonella* infections usually are acquired by eating contaminated food; however, direct contact with infected animals, including dogs and cats, also can result in exposure and infection (*1*). This report summarizes clinical and epidemiologic data about these outbreaks and reviews methods of reducing the likelihood of *Salmonella* transmission in veterinary settings by avoiding fecal-oral contact.

Idaho

During September–October, the Idaho Department of Health and Welfare identified through routine surveillance an outbreak of *Salmonella* infections among employees of a small animal veterinary clinic; 10 of 20 persons had abdominal cramps and diarrhea, and two of the 10 had bloody diarrhea. The median age of the ill persons was 31 years (range: 19–44 years), the median duration of illness was 7 days (range: 4–12 days), and four persons sought medical care. The index patient reported caring for several kittens with diarrhea 1 or 2 days before illness onset; stool specimens were not cultured and the kittens died. All 10 ill employees ate meals in the clinic and had no common exposures outside the clinic. Stool specimens from five ill employees yielded *S.* Typhimurium. All isolates were indistinguishable by pulsed-field gel electrophoresis (PFGE); reacted to phage but did not conform to a definitive phage type; and were resistant to ampicillin, ceftriaxone, cephalothin, chloramphenicol, clavulanic acid/amoxicillin, gentamicin, kanamycin, streptomycin, sulfamethoxazole, and tetracycline.

Minnesota

The Minnesota Department of Health (MDH) routinely receives animal *S.* Typhimurium isolates from the Minnesota Veterinary Diagnostic Laboratory. In 1999, MDH tested *S.* Typhimurium isolates from nine cats and seven humans that were indistinguishable by PFGE. All isolates were resistant to ampicillin, chloramphenicol, streptomycin, sulfamethoxazole, and tetracycline (R-type ACSSuT). Three cat and two human isolates tested were definitive type (DT) 104. The cats had died in an animal shelter during September–October at age 6–14 weeks as a result of infection. The median age of

Salmonella *Typhimurium — Continued*

ill persons was 6 years (range: 11 months–23 years), and the median duration of diarrhea was 8 days (range: 5–11 days); all persons sought medical care, and one was hospitalized for 4 days. An adult treated with ciprofloxacin shed *S*. Typhimurium in stool at least 214 days after illness onset.

A connection with the animal shelter was established for six of the seven human patients; four purchased cats from the shelter during August–October and two attended the same day-care center as an ill child who owned a cat from the shelter. One cat developed bloody diarrhea 1 day after adoption and onset of illness in the patient began 4 days later. Two cats remained asymptomatic; however, the owner became ill 77 days after adopting the cats. The outbreak strain of *S.* Typhimurium was recovered from one cat 115 days after adoption.

Washington

Through laboratory-based surveillance and patient interviews, the Washington State Department of Health detected in late 1999 an outbreak of *Salmonella* infections associated with a small animal veterinary clinic. Stool specimens from three ill persons yielded *S.* Typhimurium, all three sought medical care, but none was hospitalized. One ill person was a clinic employee and the two others recently had brought their cats to the clinic, one for elective surgery and the other for a urinary tract infection. The cats developed diarrhea after their discharge from the clinic and the owners subsequently became ill. The clinic was the only common exposure reported by the three ill persons. *S.* Typhimurium was isolated from 14 cats associated with this clinic; some of the cats initially presented with diarrhea. Isolates from ill persons and cats were indistinguishable by PFGE. All isolates were DT104 R-type ACSSuT.

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Editorial Note: Although most of the estimated 1.4 million *Salmonella* infections that occur each year in the United States are transmitted through food, *Salmonella* also is transmitted through exposure to contaminated water, reptiles, farm animals, and pets (*1*). It is unknown how the human patients in these outbreaks became infected with *Salmonella*; however, the inadvertent ingestion of animal feces or food contaminated with animal feces may have occurred as the result of suboptimal sanitation and hygienic practices in the veterinary facilities. Many cats in these facilities had a diarrheal illness that also may have contributed to *Salmonella* transmission. Even after recovery from an acute episode of *Salmonella* gastroenteritis, fecal shedding of *Salmonella* can occur and may last several months. In addition, the use of antimicrobial agents in veterinary facilities may have contributed to transmission of multidrug-resistant *Salmonella* by lowering the infectious dose needed for ingestion to cause illness in animals and increasing the likelihood of transmission to humans. Although outbreaks of multidrug-resistant *Salmonella* with human and animal illness have been reported in large animal veterinary facilities (e.g., horse clinics) (*2,3*), outbreaks associated with small animal

Salmonella *Typhimurium — Continued*

facilities are rare. The outbreaks described in this report demonstrate that small animals shed *Salmonella* and that small animal facilities can serve as foci of transmission for *Salmonella* to other animals and humans.

In 1999, the most commonly isolated *Salmonella* serotype in the United States was *S.* Typhimurium, accounting for 23% of laboratory-confirmed *Salmonella* cases (*4*). Multidrug resistance among *S.* Typhimurium isolates is common; of human *S.* Typhimurium isolates received at CDC through the National Antimicrobial Resistance Monitoring System, 46% were multidrug-resistant; 61% of these were R-type ACSSuT and 23% were R-type AKSSuT (resistant to ampicillin, kanamycin, streptomycin, sulfamethoxazole, and tetracycline). R-type ACSSuT and R-type AKSSuT, the two most common multidrug-resistant *Salmonella* strains, accounted for 7% and 3% of non-Typhi *Salmonella* isolates, respectively (*5*). Investigations in the United States have found associations between human infections caused by R-type ACSSuT and R-type AKSSuT strains of *S.* Typhimurium and contact with cattle, including eating and drinking unpasteurized dairy products (*6,7*). *S.* Typhimurium DT104 R-type ACSSuT has been associated with contact with pets in the United Kingdom (*8*); outbreaks described in this report are the first to associate DT104 with pets in the United States.

To prevent salmonellosis, persons should wash their hands before eating and after handling food. Immunosuppressed persons should avoid animals aged <6 months and animals with diarrhea (*9*). Veterinary workers should wash their hands after handling pets, especially after handling feces. These workers can further reduce their exposure to feces by wearing rubber or disposable gloves, and by removing gloves and washing their hands immediately after finishing a task that involves contact with animal feces. Although there have been no reports of *Salmonella* transmission through splash exposures, workers might consider taking measures to reduce splashes of feces to the mouth when hosing or cleaning a kennel. All surfaces contaminated with feces should be cleaned and disinfected. No eating should be allowed in animal treatment or holding areas. Because use of antimicrobial agents contributes to increasing resistance and facilitates transmission of multidrug-resistant *Salmonella*, eliminating inappropriate use of antimicrobial agents may help to prevent outbreaks of multidrug-resistant *Salmonella* infections in veterinary facilities (*10*).

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Tularemia — Oklahoma, 2000

In June 2000, seven cases of tularemia were reported to the Oklahoma State Department of Health (OSDH) over an 18-day period. Enhanced tularemia surveillance by OSDH during July–September 2000 detected four additional cases. During 1995–1999, an average of six cases were reported each year. This report summarizes clinical and epidemiologic information from the investigation of the 11 cases, presents three case reports to illustrate different risk factors for tularemia, and underscores the danger of delayed diagnosis of tularemia and the risk for acquiring tularemia in laboratory settings. Physicians should consider tularemia in ill persons with fever who reside in or visit areas where the disease is endemic and who have been exposed to ticks or carcasses or tissue from rabbits or other animals.

Cases were classified as either probable (i.e., compatible illness with laboratory findings indicative of presumptive infection [*1*]) or confirmed (i.e., compatible illness with confirmatory laboratory results). The median age of the 11 patients was 50 years (range: 3–77 years); six were female. All 11 resided in central or eastern Oklahoma. Symptoms included fever (11), cutaneous ulcer (seven), painful adenopathy (six), cough (five), and diarrhea (two). For surveillance purposes, OSDH staff categorized the clinical presentations as ulceroglandular (nine), typhoidal (one), and pneumonic (one) (*1*). Eight patients were hospitalized and two died. The median duration from onset of symptoms to tularemia diagnosis was 18 days (range: 3–57 days) for the nonfatal cases and 45 days for one fatal case; the date of onset was unknown for the second fatal case.

Eight cases, including both fatal cases, were confirmed either by culture (four patients) or four-fold rises in serum agglutination titer (four patients). Of the three probable cases, two patients had a single high titer (1:640 and 1:1280) and one was positive for IgM, IgA, and IgG antibody to *Francisella tularensis* by ELISA. Of the four culture-confirmed cases, *F. tularensis* was isolated from the blood of three patients and from the wound of the fourth patient. On the basis of testing at CDC, all three blood isolates were *F. tularensis* biovar tularensis (type A). Molecular typing by multiple-locus variable-number tandem repeat analysis at the Laboratory of Paul Keim, Northern Arizona University, indicated that the isolates were similar to seven other *F. tularensis* strains isolated in Oklahoma during 1992–1996.

Possible *F. tularensis* exposures for nonfatal cases included known tick attachment within 14 days of illness onset (three patients), possible environmental tick exposure (three patients), skinning rabbits (two patients), and laboratory exposure (one patient).

Tularemia — Continued

One person who died had possible tick exposure; the exposure for the other fatal case was undetermined.

Case Reports

Case 1. On June 16, 2000, a 64-year-old man was found comatose in his home and taken to a local emergency department (ED). In the ED, he had evidence of acute renal failure, and pulmonary infiltrates were seen on his chest radiograph. He had a history of fever of unknown duration, generalized muscle weakness, cough, hemoptysis, anorexia, and fatigue. Laboratory findings included marked elevation of creatine phosphokinase (>23,000 U/L) (normal=24–195 U/L), elevated blood urea nitrogen (120 mg/dL) (normal=8–18 mg/dL) and creatine (7.5 mg/dL) (normal=0.2–0.5 mg/dL), white blood cell (WBC) count of 10.5×10^3/cumm (normal=$4.5–11 \times 10^3$/cumm), elevated aspartate aminotransferase (AST) (720 U/L) (normal=0–35 U/L), alanine aminotransferase (ALT) (86 U/L) (normal=7–35 U/L), total bilirubin (1.7 mg/dL) (normal=0.1–1.1 mg/dL), myoglobin (10,928 ng/mL) (normal=≤116 ng/mL), and proteinuria. The patient was treated for acute renal failure and given intravenous ceftriaxone. Blood cultures performed on June 16 and 17 grew an organism that was identified as *Actinobacillus actinomycemcomitans*. The patient's condition deteriorated and, because he had a history of training dogs, intravenous doxycycline was started for a possible tickborne illness. The patient died on June 29. On July 14, *F. tularensis* was isolated from blood culture at the OSDH laboratory.

Case 2. On July 3, 2000, a 51-year-old female microbiologist presented to an ED with a 10-day history of fever, headache, myalgia, loss of appetite, abdominal tenderness, painful respiration, and sharp pain in the upper right quadrant of her back. Physical findings included fever (103 F [39.4 C]), cervical adenopathy, and a right lower lobe pulmonary infiltrate on chest radiograph. Laboratory findings included leukocytosis (WBC count of 14.8×10^3/cumm), lymphocytosis (12.5×10^3/cumm), elevated AST (61 U/L), ALT (121 U/L), and alkaline phosphatase (272 U/L) (normal=39–117 U/L). She was diagnosed with possible food poisoning and given a 10-day course of oral levofloxicin. Approximately 14 days before becoming symptomatic, she had worked with the blood culture bottles and plates obtained from case 1 in the hospital laboratory. When *F. tularensis* was isolated in case 1 specimens, case 2 was notified about a potential exposure to the organism. An agglutination titer performed on a blood specimen collected during ED examination was negative (<1:80), but a sample obtained 11 days later had a titer of 1:320. The patient recovered completely. None of the three other laboratory workers who had contact with case 1 specimens reported illness.

Case 3. On September 1, 2000, an 11-year-old girl with a 2-day history of fever (103 F [39.4 C]), painful adenopathy, headache, and muscle aches was taken to a hospital. On physical examination, she had cellulitis of the forearm and an enlarged axillary lymph node. Her peripheral blood count was normal. She was treated for cellulitis of undetermined etiology with an oral cephalosporin. When she did not improve after 3 days, she was taken to her regular physician who suspected tularemia and ordered serologic tests. Paired serum titers for *F. tularensis* collected 15 days apart were 1:40 and 1:1024, respectively. After taking doxycycline 100 mg/BID for 10 days, she recovered. The girl had a hobby of sewing together tanned rabbit hides to make blankets, and a week before illness onset she had skinned and tanned a rabbit killed by the family dog.

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Tularemia — Continued

Editorial Note: *F. tularensis* is transmitted to humans by direct contact with or ingestion of infected animal tissues, through the bite of infected arthropods, by consumption of contaminated food or water, or from inhalation of aerosolized bacteria (*2*). It also is a potential bioterrorism agent (*3*). The occurrence of seven cases over a 2-week period in Oklahoma prompted an investigation of exposures, including the possibility of a bioterrorism event; however, the exposure history, clinical presentations, and geographic distribution of cases were compatible with natural transmission (*3*). In addition, the strains involved in this cluster were genetically similar to those previously acquired in the state.

Tularemia occurs throughout North America, but during 1985–1994, 55% of cases in the United States were reported from Arkansas, Missouri, and Oklahoma (*4*). The incidence of tularemia in the United States and in Oklahoma has declined markedly since the 1940s, and national incidence has remained between 0.05 and 0.15 cases per 100,000 population since 1965 (*2*). Reasons for the increase in cases in 2000 are unknown.

Tularemia has a broad clinical spectrum (*2*) and may be overlooked in the differential diagnosis of patients with suspected infectious diseases, particularly when the typical ulcer is absent. Delayed diagnosis and late administration of effective antibiotic therapy result in increased morbidity and mortality. Tularemia should be included in the differential diagnosis of any patient in an area where the disease is endemic who has unexplained febrile illness and exposure to ticks, biting flies, or animal tissue.

The acquisition of tularemia in a laboratory worker emphasizes the need to follow Biosafety Level 2 precautions when processing human specimens (*5*). Appropriate laboratory precautions include gloves, laboratory coats, face protection for manipulations outside a biosafety cabinet, use of a biosafety cabinet for procedures that may create aerosols, and decontamination of laboratory surfaces. Laboratory workers should wash their hands after removing gloves and before leaving the laboratory. Laboratory personnel should be informed of the possibility of tularemia as a differential diagnosis when samples are submitted for diagnostic tests. Work with cultures or contaminated materials should be performed at Biosafety Level 3 with all manipulations conducted in a biosafety cabinet, including preparations of materials for automated identification systems.

Information on the distribution of specific *F. tularensis* strains could provide a baseline reference for bioterrorism preparedness in the United States. For the public, education about risk factors for tularemia is the primary prevention measure.

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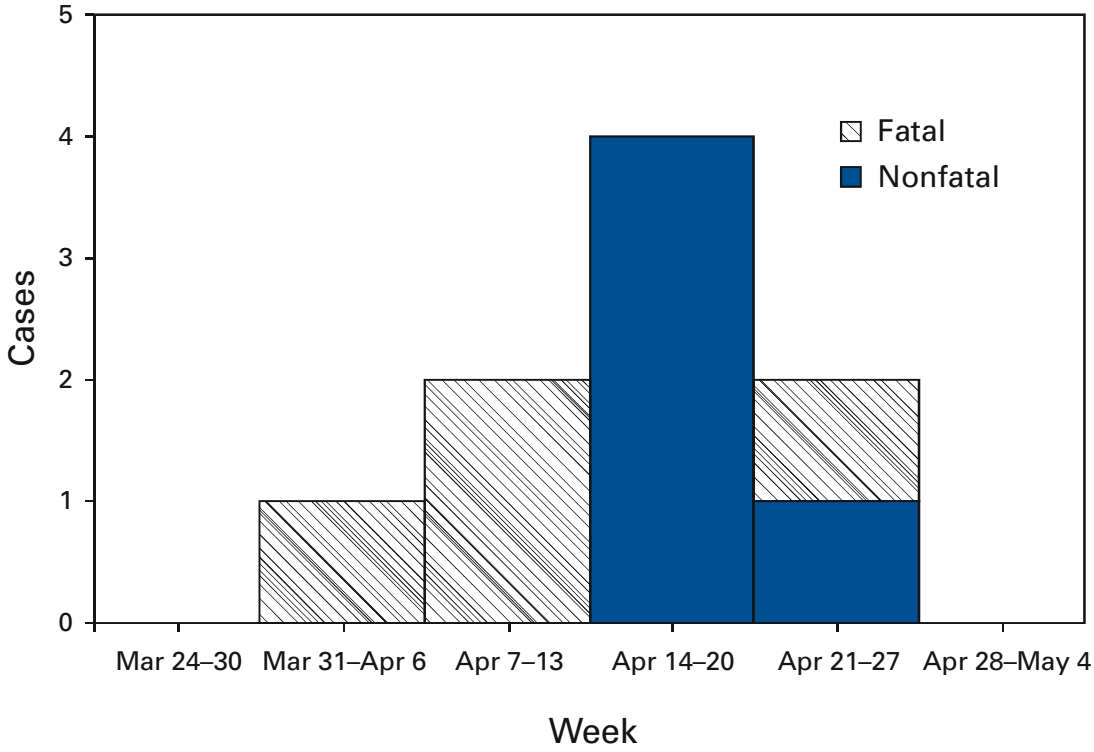
Outbreak of Pneumococcal Pneumonia Among Unvaccinated Residents of a Nursing Home — New Jersey, April 2001

On April 24, 2001, seven cases of pneumococcal pneumonia with bacteremia among residents of a nursing home were reported to the Hamilton Township Department of Health, New Jersey; all seven diagnoses were confirmed with blood cultures positive for *Streptococcus pneumoniae.* Illness onset among the residents occurred during April 3–24; four residents died. The New Jersey Department of Health and Senior Services (NJDHSS) was notified on April 24 and initiated an investigation to identify additional cases and implement control efforts. This report summarizes results of the investigation, which underscore the importance of providing pneumococcal polysaccharide vaccine (PPV) to elderly residents of long-term care facilities (LTCFs).

The nursing home is a 114-bed facility that employs approximately 200 staff, including nurses, restorative aides, and other administrative and support personnel. None of the employees was known to have pneumonia or laboratory-confirmed pneumococcal disease during this period.

On further investigation, two additional residents were identified to have been hospitalized during April 3–24 with pneumonia (Figure 1). Seven of the nine patients had blood cultures positive for *S. pneumoniae*, which were sent to the New Jersey Public Health

FIGURE 1. Number* of cases of pneumococcal pneumonia among residents of a nursing home, by week of symptom onset — Hamilton Township, New Jersey, March–April 2001



* n=9.

Pneumococcal Pneumonia — Continued

and Environmental Laboratory and CDC for serotyping and susceptibility testing; pulsed-field gel electrophoresis was performed. All isolates were serotype 14, belonged to the England 14-9 clonal group, and were penicillin-sensitive and resistant only to erythromycin. Sputum specimens from the two remaining residents were Gram stain positive for diplococci and findings from chest radiographs were consistent with pneumonia. Seven of the residents lived in the same wing of the nursing home.

A case-control study was conducted to determine risk factors for pneumococcal pneumonia among residents of the nursing home. Cases included the nine residents hospitalized with pneumonia. Two controls per case-patient were selected randomly from among nursing home residents without pneumonia symptoms who resided in the wing where most of the case-patients resided during March 1–April 26. Nursing home medical records of case-patients and controls were reviewed, and a standardized form was used to abstract data.

Case-patients had a median age of 86 years (range: 78–100 years); seven (78%) were women. Controls had a median age of 85 years (58–95 years), and 17 (94%) were women. Illness was strongly associated with lack of documentation of receipt of PPV (none of nine case-patients versus nine of 18 controls; odds ratio=0; 95% confidence interval=0–0.7). Other exposures assessed but not associated with disease included recent antibiotic therapy, history of pneumonia, hospitalizations during the preceding year, medical conditions that are risk factors for pneumococcal disease*, and physical functioning (e.g., mobility and ability to eat and swallow).

At the time of the initial case of pneumococcal illness on April 3, 2001, 53 (49%) of the 108 residents had received PPV. When the outbreak was recognized, PPV was offered to all 55 nonvaccinated residents; 37 (67%) received vaccine. The remaining 18 were either ineligible for PPV or refused the vaccine. The nursing home also restricted transfers or admissions of patients with no history of having received PPV.

Following the investigation of the nursing home, the NJDHSS Division of Long Term Care Systems surveyed 361 LTCFs during May 21–July 31 about their vaccination policies. Of these, 28 (8%) did not meet the state regulation that requires offering PPV to every resident of a LTCF.

During May 24–June 7, the NJDHSS Division of Inspections, Compliance and Complaints investigated hospital compliance with the state regulation that requires offering PPV to every hospitalized patient aged ≥65 years. Hospitals were selected if they had admitted residents of the nursing home before their long-term care placement or had admitted residents of this nursing home during the preceding year. The selected hospitals' infection control practitioners were interviewed to identify hospital policy on offering the vaccine to PPV-eligible patients. NJDHSS staff reviewed medical records of seven case-residents and randomly selected medical records of patients aged ≥65 years to determine whether PPV was offered and administered.

Four hospitals were identified, and medical records of 52 patients were reviewed; at the time of the review, 49 of these 52 patients were discharged, and three remained hospitalized. Each hospital had a form to facilitate physician identification and documentation of PPV-eligible patients; 35 (67%) of 52 medical records contained completed screening or assessment forms. Of the 52 patients, 13 (25%) had received PPV before hospital admission and 34 (65%) had no history of having received PPV and no contraindications to the vaccine; none of these patients had documentation of receipt of PPV while hospitalized.

*Chronic cardiovascular disease, chronic obstructive pulmonary disease, chronic liver disease, diabetes mellitus, and renal dysfunction.

Pneumococcal Pneumonia — Continued

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Editorial Note: The findings in this report suggest that lack of pneumococcal vaccine may contribute to invasive pneumococcal disease in adults in LTCFs. Adults in LTCFs are especially vulnerable to pneumococcal disease and death because of their advanced age, the frequent presence of chronic illnesses, and residence in a setting that might increase the risk for bacterial transmission.

PPV is considered safe and is cost-effective and potentially cost-saving among persons aged ≥65 years for prevention of bacteremia (*1*). Pneumococcal vaccinations are covered by Medicare, and virtually all state Medicaid plans cover vaccinations for high-risk groups (e.g., residents of nursing facilities). However, PPV coverage among elderly adults in LTCFs remains low, and outbreaks of pneumococcal pneumonia still occur in LTCFs with low vaccine coverage (*2*). In 1999, PPV coverage among a sample of nursing home residents in the United States was 38% (*3*). The low rate of PPV vaccination among institutionalized elderly has been attributed, in part, to a lack of physician emphasis on PPV administration (*2*). In addition, incomplete documentation of vaccination history of nursing home residents and misconceptions about adverse reactions after unintended revaccination with PPV may discourage health-care providers from vaccinating those with unknown vaccination history; however, the incidence of serious adverse events following revaccination is low (*4*). A study of Medicare inpatients indicated that opportunities to provide pneumococcal vaccines were missed for up to 80% of eligible elderly persons hospitalized with pneumonia (*5*).

One of the national health objectives for 2010 is to achieve 90% pneumococcal vaccination coverage among nursing home residents and adults aged ≥65 years (objective 14-29) (*6*). Several methods have been developed for improving vaccine delivery. Standing orders programs, which authorize certain licensed health-care providers to administer vaccinations according to institutional and physician-approved protocols, improve vaccination rates in adults (*7*). Regulations that mandate hospitals, adult day-care facilities, and LTCFs, including nursing homes and assisted living facilities, to offer and document pneumococcal vaccinations may improve vaccination coverage for LTCF residents. However, this investigation highlights the limitations of regulations for ensuring vaccine coverage. Better documentation would facilitate tracking of the vaccination status of residents and provide medical history information to other health-care facilities when a resident is hospitalized or transferred or if an outbreak of pneumococcal illness occurred.

For this report, only 361 of 853 LTCFs in New Jersey had been evaluated to date for compliance with the state's vaccination requirements. These facilities may not be representative of all LTCFs in New Jersey.

This outbreak underscores the importance of providing pneumococcal vaccines to LTCF residents. The outbreak occurred in a setting of low vaccination coverage despite state regulations designed to improve vaccine delivery. A multifaceted approach that both facilitates delivery through standing orders programs and increases awareness of the importance of preventing pneumococcal disease may be needed to ensure optimal vaccine delivery to LTCF residents.

Pneumococcal Pneumonia — Continued

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Public Health Dispatch

Adverse Events and Deaths Associated With Laboratory Errors at a Hospital — Pennsylvania, 2001

On August 3, CDC was contacted by the Pennsylvania Department of Health (PADOH) to assist with an investigation of laboratory errors that may have contributed to the deaths of two persons taking the anticoagulant drug warfarin (Coumadin®*) (DuPont Pharmaceuticals Company, Wilmington, Delaware). The Food and Drug Administration (FDA) also is conducting an investigation of these incidents. Warfarin inhibits blood clotting and is prescribed for the management and prevention of conditions such as strokes, clots in the veins, and heart attacks. Physicians routinely monitor warfarin's anticoagulation effect on the blood by following two laboratory results: the prothrombin time (PT) and the International Normalized Ratio (INR). The INR is a numeric value calculated from the PT; the World Health Organization recommends the INR to standardize PT results from various manufacturers' devices and testing reagents (*1*). Physicians use INR to compare test results performed at different laboratories.

During June 4–July 25, a hospital laboratory in Pennsylvania reported 2146 tests with correct PT results but with incorrectly calculated INR results. The mathematical formula required to calculate the INR uses a reagent-specific number, the International Sensitivity Index (ISI). In June, the hospital laboratory did not verify the new reagent used in the PT measurement device; as a result, the ISI used to calculate INR was incorrect for the reagent used. For approximately 7 weeks, the reported INRs were falsely low. Some physicians who received these reports increased their patients' doses of warfarin. In

*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.

Public Health Dispatch — Continued

addition to investigations into the two deaths, efforts are under way by PADOH Bureau of Laboratories, Centers for Medicare and Medicaid Services (CMS), and CDC to identify other patient morbidity and mortality associated with the error, its possible causes, and the steps needed to prevent its recurrence. FDA is reviewing possible deficiencies in the manufacturer's reagent package labeling.

To avoid the combination of events preceding the errors in Pennsylvania, laboratories reporting PT and INR should review the reagent package insert information or consult the reagent manufacturer to verify that the correct ISI for both the instrument and the particular lot of reagent being used is identified and applied correctly to the calculation of the INR. Laboratories should provide and physicians should consider using both the PT and the INR when contemplating a change in a patient's warfarin dose. Warfarin is one of the most common drugs associated with medication errors, and appropriate warfarin use has been identified as an important indicator of high-quality health care and patient safety (*2,3*). Incorrect laboratory reporting of INR results further contributes to the risk for complications of warfarin use.

The Safe Medical Devices Act of 1990 requires hospitals and other patient facilities to report to FDA deaths and serious injuries associated with the use of medical devices, including clinical laboratory assays and equipment. FDA also encourages health-care providers to voluntarily report through MedWatch product problems or concerns related to medical devices. Confidentiality of voluntary reporters is maintained on request. Information about FDA's mandatory and voluntary adverse event reporting programs is available at <http://www.fda.gov/medwatch>† or by telephoning (800) 322-1088. To monitor and prevent adverse patient events and medical errors, CDC, the Agency for Healthcare Research and Quality, CMS, and FDA are participating in the Patient Safety Task Force, a federal initiative to reduce the occurrence of injuries that result from medical errors. Information is available at <http://www.ahrq.gov/qual/taskforce/psfactst.htm>. Additional information on CDC's efforts to monitor and prevent adverse patient events and medical errors is available from CDC, telephone, (404) 498-1250.

Reported by: Office of the Director, Div of Healthcare Quality Promotion, National Center for Infectious Diseases, CDC.

References

1. Riley RS, Rowe D, Fisher LM. Clinical utilization of the international normalized ratio (INR). J Clin Lab Anal 2000;14:101–14.
2. Summary of 1999 information submitted to MedMARx: a national database for hospital medication error reporting. Rockville, Maryland: U.S. Pharmacopeia, 2000. Available at <https://www.medmarx.com/medmarx>. Accessed August 2001.
3. Jencks SF, Cuerdon T, Burwen DR, et al. Quality of medical care delivered to Medicare beneficiaries: a profile at state and national levels. JAMA 2000;284:1670–6.

† 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.

Notice to Readers

Final 2000 Reports of Notifiable Diseases

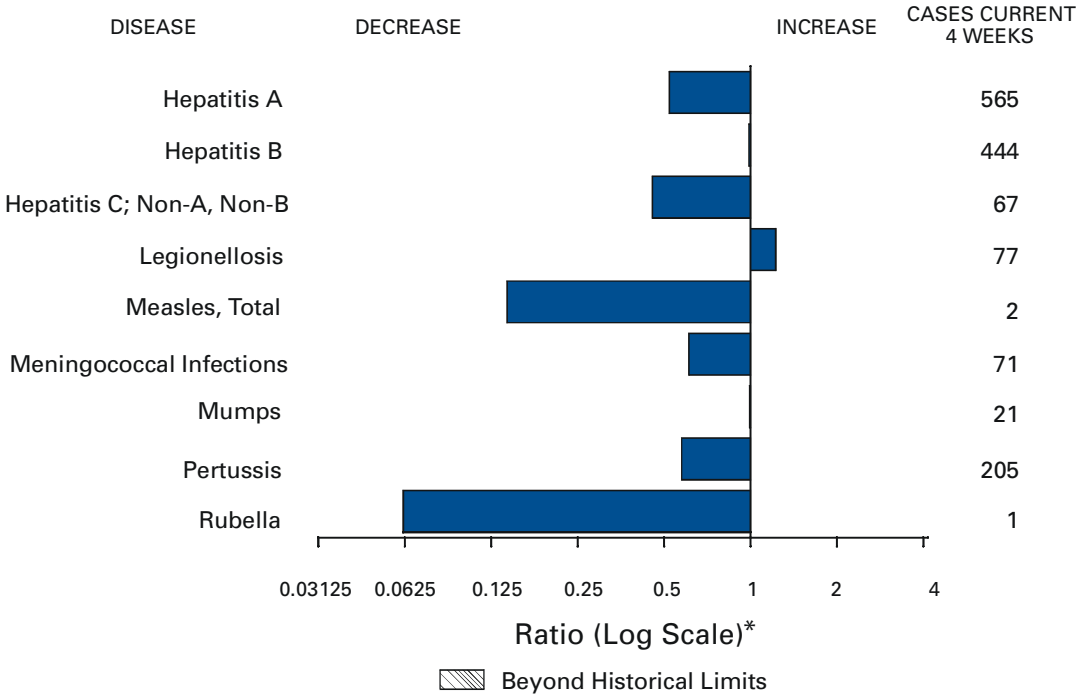
The notifiable diseases tables on pages 721 to 728 summarize final data for 2000. Final as of July 25, 2001, these data will be published in more detail in the *Summary of Notifiable Diseases, United States, 2000* (*1*). Because no cases of western equine encephalitis, paralytic poliomyelitis, or yellow fever were reported in the United States during 2000, these nationally notifiable diseases do not appear in these tables. Policies for reporting notifiable disease cases can vary by disease or reporting jurisdiction depending on case status classification (i.e., confirmed, probable, or suspect). Population estimates for the states are from the U.S. Bureau of the Census: 1991–1999 Estimates of the Population of Counties by Age, Sex and Race/Hispanic Origin: 1990 to 1999 (machine-readable files). Population numbers for territories are 1998 estimates from Bureau of the Census press releases PR-99-1 (*2*) and CB98-219 (*3*).

*References**

1. CDC. Summary of notifiable diseases, United States, 2000. MMWR 2000;49(no. 53)(in press).
2. US Bureau of the Census. Estimates of the population of Puerto Rico Municipios, July 1, 1999, and demographic components of population change: April 1, 1990 to July 1, 1999 (includes revised April 1, 1990 census population counts). [Press release]. Available at <http://www.census.gov/population/estimates/puerto-rico/prmunnet.txt>. Accessed August 2001.
3. US Bureau of the Census. Census Bureau estimates population of insular areas. [Press release]. Available at <http://www.census.gov/Press-Release/www/1999/cb99-254.html>. Accessed August 2001.

*All *MMWR* references are available on the Internet at <http://www.cdc.gov/mmwr>. Use the search function to find specific articles.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 18, 2001, 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 18, 2001 (33rd Week)

	Cum. 2001		Cum. 2001
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	50	Psittacosis*	9
Cholera	4	Q fever*	15
Cyclosporiasis*	103	Rabies, human	1
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	291
Ehrlichiosis: human granulocytic (HGE)*	115	Rubella, congenital syndrome	-
human monocytic (HME)*	45	Streptococcal disease, invasive, group A	2,497
Encephalitis: California serogroup viral*	13	Streptococcal toxic-shock syndrome*	43
eastern equine*	3	Syphilis, congenital §	84
St. Louis*	-	Tetanus	16
western equine*	-	Toxic-shock syndrome	82
Hansen disease (leprosy)*	47	Trichinosis	14
Hantavirus pulmonary syndrome*	4	Tularemia*	62
Hemolytic uremic syndrome, postdiarrheal*	69	Typhoid fever	164
HIV infection, pediatric*†	98	Yellow fever	-
Plague	2		

-: No reported cases.
*Not notifiable in all states.
† Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update June 26, 2001.
§ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2001§	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	19,145	24,193	422,782	436,556	1,273	1,258	1,375	2,516	1,123	2,262
NEW ENGLAND	746	1,327	13,910	14,711	60	76	145	241	138	254
Maine	20	20	668	902	9	12	17	17	15	19
N.H.	17	21	809	649	3	9	22	21	18	24
Vt.	10	27	372	340	22	17	10	24	5	26
Mass.	411	837	6,437	6,259	19	25	75	115	72	116
R.I.	53	54	1,659	1,606	3	2	6	11	6	11
Conn.	235	368	3,965	4,955	4	11	15	53	22	58
MID. ATLANTIC	3,974	5,674	47,937	40,903	148	198	100	266	103	192
Upstate N.Y.	322	606	8,446	876	57	53	75	160	66	38
N.Y. City	1,996	3,136	19,132	16,932	58	100	7	17	8	13
N.J.	960	1,119	6,458	7,416	4	9	18	89	29	87
Pa.	696	813	13,901	15,679	29	36	N	N	-	54
E.N. CENTRAL	1,408	2,288	60,430	75,176	379	331	323	577	236	487
Ohio	237	345	8,993	19,421	88	36	89	88	65	138
Ind.	165	216	9,102	8,189	41	20	50	72	25	61
Ill.	665	1,289	16,609	21,150	1	50	73	131	80	102
Mich.	261	329	18,695	16,186	91	46	45	68	39	65
Wis.	80	109	7,031	10,230	158	179	66	218	27	121
W.N. CENTRAL	454	600	21,524	24,498	168	134	227	370	207	373
Minn.	85	115	4,092	5,011	86	21	92	93	91	111
Iowa	47	60	1,858	3,351	42	40	39	103	31	89
Mo.	218	285	8,443	8,388	13	19	29	78	42	72
N. Dak.	1	2	589	567	6	7	9	8	19	15
S. Dak.	18	4	957	1,128	6	9	13	25	17	38
Nebr.	39	38	2,038	2,305	15	33	31	46	-	36
Kans.	46	96	3,547	3,748	-	5	14	17	7	12
S. ATLANTIC	6,167	6,439	81,351	81,204	197	196	119	187	73	196
Del.	116	111	1,811	1,833	2	4	2	1	4	-
Md.	751	837	7,301	8,625	28	8	9	14	1	1
D.C.	465	448	1,764	1,983	9	6	-	-	U	U
Va.	501	461	11,814	9,981	15	5	33	38	20	41
W. Va.	49	37	1,480	1,329	1	3	4	10	3	7
N.C.	402	372	12,922	14,050	19	16	28	38	17	46
S.C.	350	525	7,413	5,402	-	-	6	14	9	12
Ga.	757	704	15,221	17,181	71	83	17	31	12	36
Fla.	2,776	2,944	21,625	20,820	52	71	20	41	7	53
E.S. CENTRAL	977	1,223	29,923	31,588	27	36	70	80	61	75
Ky.	201	128	5,573	5,008	3	5	33	24	33	25
Tenn.	293	531	8,856	8,961	6	9	23	33	25	38
Ala.	224	301	8,269	9,775	10	11	11	5	-	4
Miss.	259	263	7,225	7,844	8	11	3	18	3	8
W.S. CENTRAL	2,058	2,543	64,468	65,820	21	66	41	181	57	222
Ark.	104	111	4,455	4,159	5	5	4	46	-	32
La.	472	367	10,420	11,844	7	10	2	13	24	34
Okla.	107	185	6,809	5,065	7	4	18	9	18	11
Tex.	1,375	1,880	42,784	44,752	2	47	17	113	15	145
MOUNTAIN	714	870	24,008	25,280	82	53	153	248	86	185
Mont.	12	9	1,015	960	7	8	8	24	-	-
Idaho	15	16	1,075	1,169	8	3	22	36	-	22
Wyo.	1	7	514	501	1	5	7	11	1	8
Colo.	140	200	4,768	7,537	24	15	59	94	44	66
N. Mex.	56	89	3,621	3,073	12	4	8	12	8	13
Ariz.	295	244	9,109	8,141	4	5	20	35	9	26
Utah	63	94	996	1,444	23	10	21	30	23	43
Nev.	132	211	2,910	2,455	3	3	8	6	1	7
PACIFIC	2,647	3,229	79,231	77,376	191	168	197	366	162	278
Wash.	290	291	8,648	8,133	37	U	52	117	31	136
Oreg.	112	107	2,814	4,360	18	11	27	61	23	67
Calif.	2,204	2,733	63,786	61,122	132	157	105	157	105	66
Alaska	13	12	1,697	1,533	1	-	3	22	-	1
Hawaii	28	86	2,286	2,228	3	-	10	9	3	8
Guam	9	13	-	323	-	-	N	N	U	U
P.R.	580	758	1,638	U	-	-	1	5	U	U
V.I.	2	24	53	-	-	-	-	-	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	85	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*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update June 26, 2001.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	194,140	219,099	2,270	2,088	574	581	274	6,105	9,782
NEW ENGLAND	3,872	4,151	14	20	28	29	31	1,610	2,834
Maine	79	51	-	2	3	2	-	-	-
N.H.	107	66	-	-	7	2	2	84	36
Vt.	47	41	6	4	4	3	2	4	18
Mass.	1,969	1,683	8	10	6	14	15	348	917
R.I.	422	390	-	4	2	3	1	197	211
Conn.	1,248	1,920	-	-	6	5	11	977	1,652
MID. ATLANTIC	23,825	23,412	975	440	115	153	42	3,306	5,262
Upstate N.Y.	5,201	4,240	38	23	38	38	17	1,740	1,845
N.Y. City	8,016	7,207	-	-	6	21	7	1	153
N.J.	3,830	4,590	896	385	5	14	7	448	2,049
Pa.	6,778	7,375	41	32	66	80	11	1,117	1,215
E.N. CENTRAL	32,810	44,226	116	169	138	154	32	339	622
Ohio	5,338	11,560	7	7	74	59	11	75	41
Ind.	3,803	3,797	1	-	14	24	4	9	17
Ill.	10,443	13,152	11	17	-	21	1	-	30
Mich.	10,791	11,340	97	145	30	26	14	1	20
Wis.	2,435	4,377	-	-	20	24	2	254	514
W.N. CENTRAL	9,197	10,807	459	390	39	42	7	194	146
Minn.	1,334	2,006	6	5	9	3	-	150	76
Iowa	428	713	-	1	6	10	-	22	17
Mo.	5,034	5,313	446	374	14	21	4	15	36
N. Dak.	19	42	-	-	1	-	-	-	-
S. Dak.	144	181	-	-	3	2	-	-	-
Nebr.	692	889	3	3	5	2	1	3	3
Kans.	1,546	1,663	4	7	1	4	2	4	14
S. ATLANTIC	50,161	57,091	71	63	121	98	45	528	759
Del.	1,039	1,052	-	2	3	5	-	31	158
Md.	4,003	5,817	12	8	25	36	7	341	442
D.C.	1,558	1,517	-	2	7	-	-	8	2
Va.	6,853	6,268	-	3	17	14	8	89	91
W. Va.	389	408	9	12	N	N	4	9	22
N.C.	10,657	11,474	13	13	7	9	2	26	31
S.C.	5,199	5,244	5	1	5	4	4	3	3
Ga.	8,202	10,888	-	2	9	6	7	-	-
Fla.	12,261	14,423	32	20	48	24	13	21	10
E.S. CENTRAL	19,252	22,457	146	303	41	20	12	30	31
Ky.	2,195	2,169	5	25	9	11	4	17	6
Tenn.	5,904	7,045	46	62	21	6	4	7	19
Ala.	6,415	7,515	2	7	9	2	4	6	3
Miss.	4,738	5,728	93	209	2	1	-	-	3
W.S. CENTRAL	31,449	34,426	162	529	5	20	6	7	56
Ark.	2,739	2,323	3	6	-	-	1	-	5
La.	7,295	8,573	75	287	2	7	-	1	5
Okla.	3,120	2,186	3	6	3	2	2	-	-
Tex.	18,295	21,344	81	230	-	11	3	6	46
MOUNTAIN	6,307	6,631	234	48	40	24	25	10	5
Mont.	53	28	1	4	-	1	-	-	-
Idaho	43	57	1	3	2	4	1	4	1
Wyo.	43	36	190	2	4	-	1	3	2
Colo.	1,953	2,018	14	9	11	7	5	1	-
N. Mex.	592	666	11	11	2	1	6	-	-
Ariz.	2,492	2,764	9	13	11	6	6	-	-
Utah	88	148	2	-	7	5	1	1	-
Nev.	1,043	914	6	6	3	-	5	1	2
PACIFIC	17,267	15,898	93	126	47	41	74	81	67
Wash.	1,946	1,409	16	20	6	14	5	5	3
Oreg.	410	583	10	21	N	N	3	5	5
Calif.	14,303	13,410	67	83	37	27	62	69	57
Alaska	238	201	-	-	-	-	-	2	2
Hawaii	370	295	-	2	4	-	4	N	N
Guam	-	32	-	2	-	-	-	-	-
P.R.	382	334	1	1	2	1	-	N	N
V.I.	6	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	7	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 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000
UNITED STATES	674	844	3,881	4,346	19,966	22,398	16,091	19,698
NEW ENGLAND	35	44	411	489	1,409	1,392	1,378	1,449
Maine	3	4	45	89	133	89	102	68
N.H.	2	1	16	9	124	86	116	89
Vt.	-	2	39	40	44	79	45	78
Mass.	11	18	155	159	834	823	701	826
R.I.	3	5	34	28	66	65	110	99
Conn.	16	14	122	164	208	250	304	289
MID. ATLANTIC	159	199	755	789	2,666	3,076	2,360	3,188
Upstate N.Y.	39	41	479	494	719	706	622	824
N.Y. City	74	105	20	6	662	784	790	799
N.J.	21	28	111	104	590	746	527	601
Pa.	25	25	145	185	695	840	421	964
E.N. CENTRAL	66	100	68	92	2,792	3,037	2,453	2,047
Ohio	19	13	23	25	855	682	683	829
Ind.	13	5	1	-	320	366	298	379
Ill.	1	51	9	16	684	984	704	1
Mich.	20	21	29	40	501	559	525	603
Wis.	13	10	6	11	432	446	243	235
W.N. CENTRAL	24	37	213	389	1,272	1,454	1,352	1,642
Minn.	6	13	24	58	382	340	438	452
Iowa	4	1	49	55	200	213	193	217
Mo.	8	9	22	32	331	449	467	547
N. Dak.	-	2	24	94	37	34	51	56
S. Dak.	-	-	25	72	80	57	86	69
Nebr.	2	6	4	1	96	126	-	100
Kans.	4	6	65	77	146	235	117	201
S. ATLANTIC	191	182	1,391	1,470	4,964	4,246	3,122	3,564
Del.	1	3	25	31	59	75	61	87
Md.	78	68	178	270	483	476	481	426
D.C.	13	13	-	-	55	35	U	U
Va.	37	35	273	376	865	553	497	596
W. Va.	1	2	92	80	74	95	83	92
N.C.	9	15	377	376	701	584	570	657
S.C.	5	1	84	86	490	431	440	332
Ga.	12	4	223	157	778	729	745	1,073
Fla.	35	41	139	94	1,459	1,268	245	301
E.S. CENTRAL	20	25	137	126	1,228	1,292	950	1,050
Ky.	8	8	15	17	202	232	137	175
Tenn.	8	6	82	69	327	335	409	482
Ala.	3	10	40	39	382	338	294	323
Miss.	1	1	-	1	317	387	110	70
W.S. CENTRAL	9	56	509	604	1,420	2,842	1,213	1,735
Ark.	3	2	19	20	394	381	92	325
La.	3	10	-	2	252	480	424	390
Okla.	2	4	48	42	228	243	186	181
Tex.	1	40	442	540	546	1,738	511	839
MOUNTAIN	33	32	163	181	1,319	1,692	808	1,617
Mont.	2	1	26	47	47	69	-	-
Idaho	3	2	11	8	90	86	4	76
Wyo.	-	-	21	40	44	43	22	38
Colo.	17	17	-	-	369	469	276	460
N. Mex.	2	-	8	14	152	150	136	146
Ariz.	3	5	93	62	385	396	216	425
Utah	3	3	3	8	137	304	131	304
Nev.	3	4	1	2	95	175	23	168
PACIFIC	137	169	234	206	2,896	3,367	2,455	3,406
Wash.	4	15	-	-	302	318	358	424
Oreg.	8	27	1	5	155	202	215	257
Calif.	117	118	196	176	2,186	2,669	1,701	2,554
Alaska	1	-	37	25	27	36	2	24
Hawaii	7	9	-	-	226	142	179	147
Guam	-	-	-	-	-	19	U	U
P.R.	3	4	64	53	335	396	U	U
V.I.	-	-	-	-	-	-	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	8	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 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	Shigellosis* NETSS Cum. 2001	Shigellosis* NETSS Cum. 2000	Shigellosis* PHLIS Cum. 2001	Shigellosis* PHLIS Cum. 2000	Syphilis (Primary & Secondary) Cum. 2001	Syphilis (Primary & Secondary) Cum. 2000	Tuberculosis Cum. 2001	Tuberculosis Cum. 2000
UNITED STATES	9,825	13,495	4,587	7,549	3,494	3,826	7,472	8,707
NEW ENGLAND	155	249	156	239	32	55	276	257
Maine	6	6	2	11	-	1	7	9
N.H.	4	4	2	7	1	1	11	13
Vt.	6	3	2	-	2	-	2	4
Mass.	109	176	102	158	18	38	157	151
R.I.	8	19	19	22	3	4	21	24
Conn.	22	41	29	41	8	11	78	56
MID. ATLANTIC	898	1,801	565	1,150	306	182	1,459	1,442
Upstate N.Y.	355	501	76	176	19	7	197	189
N.Y. City	249	751	267	489	161	76	762	778
N.J.	145	367	157	308	69	44	323	340
Pa.	149	182	65	177	57	55	177	135
E.N. CENTRAL	2,456	2,802	1,088	808	582	787	752	852
Ohio	1,687	201	697	172	53	52	133	195
Ind.	145	1,049	27	123	111	243	64	83
Ill.	256	802	204	2	154	275	385	376
Mich.	194	522	141	472	247	181	135	140
Wis.	174	228	19	39	17	36	35	58
W.N. CENTRAL	974	1,467	785	1,258	47	48	278	317
Minn.	286	444	318	521	21	8	142	100
Iowa	301	325	249	249	1	10	18	25
Mo.	176	482	126	339	8	25	86	122
N. Dak.	16	4	17	14	-	-	3	2
S. Dak.	92	4	51	3	-	-	8	13
Nebr.	54	70	-	57	2	2	21	12
Kans.	49	138	24	75	15	3	-	43
S. ATLANTIC	1,420	1,715	417	639	1,246	1,269	1,520	1,757
Del.	6	11	7	12	8	5	9	8
Md.	80	120	45	59	144	192	131	159
D.C.	37	34	U	U	24	24	47	15
Va.	173	284	57	229	73	85	155	178
W. Va.	7	3	7	3	-	2	20	21
N.C.	240	103	112	76	294	337	206	240
S.C.	174	84	89	63	168	138	128	164
Ga.	147	152	81	125	198	241	249	381
Fla.	556	924	19	72	337	245	575	591
E.S. CENTRAL	876	609	385	346	392	559	466	566
Ky.	324	208	169	50	29	58	76	70
Tenn.	60	241	72	267	208	340	167	211
Ala.	165	34	119	26	87	78	158	184
Miss.	327	126	25	3	68	83	65	101
W.S. CENTRAL	1,042	2,165	705	648	439	521	702	1,293
Ark.	401	138	155	43	22	67	95	130
La.	108	190	124	117	91	141	-	94
Okla.	30	75	14	29	47	75	95	101
Tex.	503	1,762	412	459	279	238	512	968
MOUNTAIN	569	636	269	446	149	146	277	317
Mont.	2	6	-	-	-	-	-	10
Idaho	24	41	-	23	-	1	8	4
Wyo.	2	4	-	3	-	1	2	2
Colo.	144	110	80	75	26	6	78	47
N. Mex.	68	80	43	55	13	12	16	28
Ariz.	250	253	99	172	99	121	108	131
Utah	42	48	39	53	7	1	20	30
Nev.	37	94	8	65	4	4	45	65
PACIFIC	1,435	2,051	217	2,015	301	259	1,742	1,906
Wash.	129	338	119	310	34	47	158	151
Oreg.	54	117	70	75	5	10	65	61
Calif.	1,207	1,565	-	1,605	256	201	1,401	1,536
Alaska	4	7	1	3	-	-	27	69
Hawaii	41	24	27	22	6	1	91	89
Guam	-	33	U	U	-	2	-	35
P.R.	7	22	U	U	172	110	54	92
V.I.	-	-	U	U	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	4	U	U	U	-	U	20	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 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2001†	Cum. 2000	Cum. 2001	Cum. 2000	Cum. 2001	Cum. 2000	2001	Cum. 2001	2001	Cum. 2001	Cum. 2001	Cum. 2000
UNITED STATES	887	843	5,995	8,054	4,049	4,356	-	50	-	35	85	61
NEW ENGLAND	48	64	308	244	59	72	-	4	-	1	5	6
Maine	1	1	5	13	5	5	-	-	-	-	-	-
N.H.	2	11	11	17	11	11	-	-	-	-	-	3
Vt.	2	5	8	7	3	6	-	1	-	-	1	3
Mass.	33	31	118	95	2	8	-	2	-	1	3	-
R.I.	2	1	16	15	14	13	-	-	-	-	-	-
Conn.	8	15	150	97	24	29	-	1	-	-	1	-
MID. ATLANTIC	125	159	648	890	633	774	-	4	-	10	14	20
Upstate N.Y.	49	64	167	144	85	83	-	1	-	4	5	9
N.Y. City	31	43	190	309	298	377	-	2	-	1	3	10
N.J.	30	30	159	166	64	121	-	-	-	1	1	-
Pa.	15	22	132	271	186	193	-	1	-	4	5	1
E.N. CENTRAL	121	129	636	1,060	574	462	-	-	-	10	10	6
Ohio	50	40	152	176	75	74	-	-	-	3	3	2
Ind.	36	22	59	45	30	30	-	-	-	4	4	-
Ill.	10	42	179	473	92	80	-	-	-	3	3	3
Mich.	7	9	207	308	377	255	-	-	-	-	-	1
Wis.	18	16	39	58	-	23	-	-	-	-	-	-
W.N. CENTRAL	44	44	252	519	120	194	-	4	-	-	4	1
Minn.	25	22	16	143	12	23	-	2	-	-	2	1
Iowa	-	-	25	53	15	19	-	-	-	-	-	-
Mo.	13	14	63	224	62	103	-	2	-	-	2	-
N. Dak.	4	2	2	2	-	2	-	-	-	-	-	-
S. Dak.	-	-	1	-	1	-	U	-	U	-	-	-
Nebr.	1	3	28	23	17	29	-	-	-	-	-	-
Kans.	1	3	117	74	13	18	-	-	-	-	-	-
S. ATLANTIC	261	197	1,352	823	850	731	-	4	-	1	5	2
Del.	-	-	-	10	-	10	-	-	-	-	-	-
Md.	62	54	176	111	92	82	-	2	-	1	3	-
D.C.	-	-	33	19	11	19	-	-	-	-	-	-
Va.	19	32	83	97	97	95	-	1	-	-	1	2
W. Va.	10	5	8	48	20	8	-	-	-	-	-	-
N.C.	32	19	99	103	131	157	-	-	-	-	-	-
S.C.	5	7	50	34	19	7	-	-	-	-	-	-
Ga.	67	50	535	144	208	122	-	1	-	-	1	-
Fla.	66	30	368	257	272	231	-	-	-	-	-	-
E.S. CENTRAL	58	36	233	294	273	308	-	2	-	-	2	-
Ky.	2	12	62	35	27	58	-	2	-	-	2	-
Tenn.	29	15	95	103	141	146	-	-	-	-	-	-
Ala.	26	7	63	43	58	34	-	-	-	-	-	-
Miss.	1	2	13	113	47	70	U	-	U	-	-	-
W.S. CENTRAL	34	47	625	1,538	427	655	-	1	-	-	1	-
Ark.	-	1	49	104	60	67	-	-	-	-	-	-
La.	3	14	49	54	29	97	-	-	-	-	-	-
Okla.	31	30	94	175	64	95	-	-	-	-	-	-
Tex.	-	2	433	1,205	274	396	-	1	-	-	1	-
MOUNTAIN	116	83	538	570	357	336	-	-	-	1	1	12
Mont.	-	1	8	4	2	4	-	-	-	-	-	-
Idaho	1	3	48	19	9	5	-	-	-	1	1	-
Wyo.	17	1	22	4	31	1	-	-	-	-	-	-
Colo.	27	17	50	136	73	54	-	-	-	-	-	2
N. Mex.	14	17	27	51	88	102	-	-	-	-	-	-
Ariz.	42	34	282	274	107	124	-	-	-	-	-	-
Utah	6	7	58	39	18	16	-	-	-	-	-	3
Nev.	9	3	43	43	29	30	U	-	U	-	-	7
PACIFIC	80	84	1,403	2,116	756	824	-	31	-	12	43	14
Wash.	2	3	87	187	80	54	-	13	-	2	15	3
Oreg.	17	23	56	137	49	69	-	3	-	-	3	-
Calif.	33	30	1,245	1,768	605	683	-	12	-	6	18	8
Alaska	5	6	14	11	7	9	-	-	-	-	-	1
Hawaii	23	22	1	13	15	9	-	3	-	4	7	2
Guam	-	1	-	1	-	9	U	-	U	-	-	-
P.R.	1	3	62	185	106	182	U	-	U	-	-	2
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	24	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 178 cases among children aged <5 years, serotype was reported for 84, and of those, 14 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 18, 2001, and August 19, 2000 (33rd Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000	2001	Cum. 2001	Cum. 2000
UNITED STATES	1,529	1,506	4	141	236	59	2,788	3,849	1	17	107
NEW ENGLAND	82	88	-	-	4	-	277	995	-	-	11
Maine	1	7	-	-	-	-	-	14	-	-	-
N.H.	10	9	-	-	-	-	25	79	-	-	2
Vt.	5	2	-	-	-	-	25	165	-	-	-
Mass.	47	51	-	-	1	-	211	690	-	-	8
R.I.	2	6	-	-	1	-	2	12	-	-	-
Conn.	17	13	-	-	2	-	14	35	-	-	1
MID. ATLANTIC	165	172	-	15	18	4	209	360	-	5	8
Upstate N.Y.	46	47	-	3	5	4	115	166	-	1	1
N.Y. City	31	35	-	9	6	-	34	52	-	3	7
N.J.	39	32	-	-	3	-	8	24	-	1	-
Pa.	49	58	-	3	4	-	52	118	-	-	-
E.N. CENTRAL	195	260	1	15	18	18	342	435	-	3	1
Ohio	67	59	-	1	7	9	201	203	-	-	-
Ind.	28	31	-	1	-	9	46	52	-	1	-
Ill.	20	66	-	10	6	-	35	44	-	2	1
Mich.	46	75	1	3	4	-	36	52	-	-	-
Wis.	34	29	-	-	1	-	24	84	-	-	-
W.N. CENTRAL	103	102	1	7	13	16	150	244	-	3	1
Minn.	15	14	1	3	-	16	47	142	-	-	-
Iowa	21	21	-	-	6	-	17	30	-	1	-
Mo.	39	50	-	-	4	-	65	37	-	1	-
N. Dak.	5	2	-	-	-	-	-	2	-	-	-
S. Dak.	4	5	U	-	-	U	3	3	U	-	-
Nebr.	10	4	-	1	1	-	4	5	-	-	1
Kans.	9	6	-	3	2	-	14	25	-	1	-
S. ATLANTIC	291	217	1	23	35	3	149	289	1	4	60
Del.	3	-	-	-	-	-	-	8	-	-	-
Md.	34	22	-	4	8	-	18	76	-	-	-
D.C.	-	-	-	-	-	-	1	3	-	-	-
Va.	30	34	-	5	6	-	27	41	-	-	-
W. Va.	11	10	-	-	-	1	2	1	-	-	-
N.C.	57	31	-	1	5	-	46	69	-	-	52
S.C.	29	15	-	2	10	1	25	21	-	2	6
Ga.	36	37	-	7	2	-	7	25	-	-	-
Fla.	91	68	1	4	4	1	23	45	1	2	2
E.S. CENTRAL	101	103	-	3	4	3	75	83	-	-	5
Ky.	18	21	-	1	-	2	17	42	-	-	1
Tenn.	44	42	-	-	2	-	31	25	-	-	1
Ala.	29	29	-	-	2	1	24	13	-	-	3
Miss.	10	11	U	2	-	U	3	3	U	-	-
W.S. CENTRAL	171	162	-	8	25	4	238	201	-	-	7
Ark.	12	11	-	1	1	-	8	29	-	-	1
La.	56	36	-	2	5	-	2	13	-	-	1
Okla.	23	22	-	-	-	-	1	9	-	-	-
Tex.	80	93	-	5	19	4	227	150	-	-	5
MOUNTAIN	76	69	1	9	14	7	968	467	-	1	2
Mont.	3	4	-	1	1	-	21	24	-	-	-
Idaho	7	6	1	1	-	1	165	45	-	-	-
Wyo.	6	-	-	1	1	-	1	3	-	-	-
Colo.	27	22	-	1	-	5	188	253	-	1	1
N. Mex.	11	6	-	2	1	-	73	75	-	-	-
Ariz.	11	21	-	1	3	-	460	43	-	-	1
Utah	7	7	-	1	4	1	51	15	-	-	-
Nev.	4	3	U	1	4	U	9	9	U	-	-
PACIFIC	345	333	-	61	105	4	380	775	-	1	12
Wash.	52	36	-	1	4	4	94	227	-	-	7
Oreg.	29	41	N	N	N	-	33	83	-	-	-
Calif.	253	243	-	29	75	-	222	418	-	-	5
Alaska	2	5	-	1	8	-	3	18	-	-	-
Hawaii	9	8	-	30	18	-	28	29	-	1	-
Guam	-	-	U	-	11	U	-	3	U	-	1
P.R.	3	7	U	-	-	U	2	5	U	-	-
V.I.	-	-	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

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

TABLE IV. Deaths in 122 U.S. cities,* week ending August 18, 2001 (33rd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	501	349	90	35	14	13	45
Boston, Mass.	140	76	35	11	10	8	13
Bridgeport, Conn.	34	23	5	5	-	1	2
Cambridge, Mass.	15	11	3	1	-	-	1
Fall River, Mass.	21	16	4	1	-	-	4
Hartford, Conn.	54	43	6	3	2	-	4
Lowell, Mass.	12	6	3	2	1	-	-
Lynn, Mass.	16	13	3	-	-	-	2
New Bedford, Mass.	23	21	1	1	-	-	1
New Haven, Conn.	45	31	10	1	-	3	2
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	5	2	1	2	-	-	-
Springfield, Mass.	56	42	11	2	-	1	8
Waterbury, Conn.	21	17	3	1	-	-	3
Worcester, Mass.	59	48	5	5	1	-	5
MID. ATLANTIC	1,769	1,256	338	128	23	22	72
Albany, N.Y.	46	31	6	6	1	2	2
Allentown, Pa.	20	15	3	2	-	-	4
Buffalo, N.Y.	76	59	11	-	2	4	7
Camden, N.J.	33	17	8	6	1	1	2
Elizabeth, N.J.	10	7	2	1	-	-	-
Erie, Pa.§	42	32	7	1	2	-	2
Jersey City, N.J.	50	38	11	1	-	-	-
New York City, N.Y.	1,121	784	222	88	13	12	35
Newark, N.J.	U	U	U	U	U	U	U
Paterson, N.J.	24	12	3	4	2	3	1
Philadelphia, Pa.	U	U	U	U	U	U	U
Pittsburgh, Pa.§	25	16	9	-	-	-	1
Reading, Pa.	20	16	3	1	-	-	1
Rochester, N.Y.	124	91	24	9	-	-	2
Schenectady, N.Y.	27	19	4	3	1	-	3
Scranton, Pa.§	27	23	3	1	-	-	1
Syracuse, N.Y.	69	49	16	3	1	-	7
Trenton, N.J.	18	16	2	-	-	-	1
Utica, N.Y.	15	13	1	1	-	-	-
Yonkers, N.Y.	22	18	3	1	-	-	3
E.N. CENTRAL	1,404	978	278	81	35	32	67
Akron, Ohio	46	29	11	3	-	3	1
Canton, Ohio	39	26	10	2	-	1	3
Chicago, Ill.	U	U	U	U	U	U	U
Cincinnati, Ohio	82	61	11	4	5	1	4
Cleveland, Ohio	103	63	29	6	2	3	-
Columbus, Ohio	200	131	50	12	4	3	4
Dayton, Ohio	142	103	25	6	7	1	7
Detroit, Mich.	U	U	U	U	U	U	U
Evansville, Ind.	42	33	6	-	1	2	1
Fort Wayne, Ind.	64	50	8	3	2	1	4
Gary, Ind.	16	9	5	1	-	1	1
Grand Rapids, Mich.	39	24	10	2	2	1	3
Indianapolis, Ind.	198	126	39	21	6	6	14
Lansing, Mich.	40	30	9	1	-	-	6
Milwaukee, Wis.	111	81	18	5	4	3	6
Peoria, Ill.	38	34	3	1	-	-	2
Rockford, Ill.	47	33	7	4	1	2	3
South Bend, Ind.	54	39	9	3	1	2	3
Toledo, Ohio	84	60	17	7	-	-	5
Youngstown, Ohio	59	46	11	-	-	2	-
W.N. CENTRAL	724	513	127	43	28	13	48
Des Moines, Iowa	38	29	7	1	-	1	3
Duluth, Minn.	15	12	1	1	-	1	1
Kansas City, Kans.	33	21	9	3	-	-	2
Kansas City, Mo.	80	61	10	7	1	1	6
Lincoln, Nebr.	22	16	5	-	1	-	1
Minneapolis, Minn.	159	113	28	10	5	3	8
Omaha, Nebr.	90	62	17	4	6	1	7
St. Louis, Mo.	105	66	19	9	9	2	7
St. Paul, Minn.	81	56	18	4	-	3	4
Wichita, Kans.	101	77	13	4	6	1	9
S. ATLANTIC	1,167	710	290	99	40	28	75
Atlanta, Ga.	177	91	56	22	6	2	2
Baltimore, Md.	148	95	33	16	2	2	13
Charlotte, N.C.	120	78	28	9	2	3	15
Jacksonville, Fla.	118	73	24	9	6	6	9
Miami, Fla.	95	61	21	4	7	2	11
Norfolk, Va.	42	26	9	3	3	1	1
Richmond, Va.	64	37	16	6	3	2	4
Savannah, Ga.	51	36	12	-	-	3	2
St. Petersburg, Fla.	64	48	7	5	1	3	4
Tampa, Fla.	162	96	45	13	5	3	11
Washington, D.C.	100	58	24	12	5	1	3
Wilmington, Del.	26	11	15	-	-	-	-
E.S. CENTRAL	828	537	182	64	25	20	67
Birmingham, Ala.	177	122	35	11	7	2	12
Chattanooga, Tenn.	65	44	11	7	-	3	4
Knoxville, Tenn.	82	62	15	3	-	2	5
Lexington, Ky.	95	61	24	4	3	3	8
Memphis, Tenn.	185	106	49	17	5	8	16
Mobile, Ala.	40	26	6	4	4	-	1
Montgomery, Ala.	54	36	8	7	3	-	8
Nashville, Tenn.	130	80	34	11	3	2	13
W.S. CENTRAL	1,516	929	328	133	61	63	101
Austin, Tex.	89	54	27	-	3	5	6
Baton Rouge, La.	92	59	18	12	3	-	-
Corpus Christi, Tex.	45	18	14	5	3	5	1
Dallas, Tex.	193	110	50	16	7	10	12
El Paso, Tex.	102	73	12	4	5	8	3
Ft. Worth, Tex.	103	71	25	7	-	-	3
Houston, Tex.	355	206	67	43	28	11	25
Little Rock, Ark.	68	42	14	7	3	2	5
New Orleans, La.	66	35	9	6	3	11	7
San Antonio, Tex.	233	153	56	15	-	9	22
Shreveport, La.	69	42	17	7	2	1	8
Tulsa, Okla.	101	66	19	11	4	1	9
MOUNTAIN	928	602	180	87	35	23	50
Albuquerque, N.M.	78	55	12	9	2	-	3
Boise, Idaho	31	23	6	-	2	-	1
Colo. Springs, Colo.	59	38	9	8	1	3	1
Denver, Colo.	97	50	26	12	5	4	5
Las Vegas, Nev.	203	136	43	15	5	4	10
Ogden, Utah	30	23	4	3	-	-	-
Phoenix, Ariz.	157	94	24	18	12	8	5
Pueblo, Colo.	23	16	5	1	-	1	2
Salt Lake City, Utah	113	80	17	12	3	1	12
Tucson, Ariz.	137	87	34	9	5	2	11
PACIFIC	1,658	1,170	293	114	49	31	113
Berkeley, Calif.	7	4	2	-	1	-	-
Fresno, Calif.	117	79	27	8	3	-	2
Glendale, Calif.	17	12	-	3	1	1	-
Honolulu, Hawaii	53	40	9	2	-	2	7
Long Beach, Calif.	79	57	12	7	3	-	10
Los Angeles, Calif.	350	252	61	18	9	10	26
Pasadena, Calif.	30	19	10	1	-	-	2
Portland, Oreg.	165	114	28	13	8	2	11
Sacramento, Calif.	175	135	23	11	5	1	13
San Diego, Calif.	161	108	35	9	2	7	9
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	192	138	30	16	4	4	15
Santa Cruz, Calif.	29	23	3	3	-	-	6
Seattle, Wash.	129	78	31	10	7	3	4
Spokane, Wash.	56	44	5	6	-	1	5
Tacoma, Wash.	98	67	17	7	6	-	3
TOTAL	10,495¶	7,044	2,106	784	310	245	638

U: Unavailable. -:No reported cases.

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

† Pneumonia and influenza.

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

¶ Total includes unknown ages.

TABLE. Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Total resident population (in thousands)	AIDS*	Anthrax	Botulism			Brucellosis	Chancroid[§]
				Foodborne	Infant	Other[†]		
United States	**272,692**	**40,758[¶]**	**1**	**23**	**93**	**22**	**87**	**78**
New England	**13,496**	**2,028**	**—**	**—**	**1**	**—**	**2**	**2**
Maine	1,253	40	—	—	1	—	—	—
N.H.	1,201	31	—	—	—	—	1	—
Vt.	594	38	—	—	—	—	—	—
Mass.	6,175	1,197	—	—	—	—	1	2
R.I.	991	102	—	—	—	—	—	—
Conn.	3,282	620	—	—	—	—	—	—
Mid. Atlantic	**38,334**	**9,825**	**—**	**8**	**22**	**1**	**2**	**26**
Upstate N.Y.	10,829	1,212	—	1	2	—	—	—
N.Y. City	7,368	4,992	—	—	1	—	—	26
N.J.	8,143	1,929	—	6	10	—	—	—
Pa.	11,994	1,692	—	1	9	1	2	—
E.N. Central	**44,442**	**3,734**	**—**	**4**	**7**	**1**	**9**	**3**
Ohio	11,257	599	—	4	5	—	1	1
Ind.	5,943	389	—	—	—	—	—	—
Ill.	12,128	1,761	—	—	2	—	8	—
Mich.	9,864	767	—	—	—	—	—	—
Wis.	5,250	218	—	—	—	1	—	2
W.N. Central	**18,800**	**956**	**1**	**1**	**1**	**—**	**8**	**—**
Minn.	4,776	185	—	1	—	—	2	—
Iowa	2,869	94	—	—	NN	—	—	—
Mo.	5,468	459	—	—	—	—	5	—
N. Dak.	634	3	1	—	—	—	—	—
S. Dak.	733	8	—	—	1	—	—	—
Nebr.	1,666	79	—	—	—	—	—	—
Kans.	2,654	128	—	—	—	—	1	—
S. Atlantic	**49,561**	**11,234**	**—**	**—**	**3**	**1**	**13**	**17**
Del.	754	221	—	—	—	—	—	—
Md.	5,172	1,465	—	—	1	—	—	—
D.C.	519	875	—	—	—	—	—	—
Va.	6,873	891	—	—	2	—	1	2
W. Va.	1,807	63	—	—	—	—	—	—
N.C.	7,651	696	—	—	—	1	3	5
S.C.	3,886	810	—	—	—	—	—	10
Ga.	7,788	1,237	—	—	—	—	3	—
Fla.	15,111	4,976	—	—	—	—	6	—
E.S. Central	**16,584**	**1,989**	**—**	**—**	**5**	**—**	**—**	**1**
Ky.	3,961	212	—	—	2	—	—	—
Tenn.	5,484	863	—	—	2	—	—	—
Ala.	4,370	483	—	—	1	—	—	1
Miss.	2,769	431	—	—	—	—	—	—
W.S. Central	**30,325**	**3,892**	**—**	**2**	**9**	**1**	**25**	**25**
Ark.	2,551	194	—	2	1	—	2	—
La.	4,372	679	—	—	—	—	—	6
Okla.	3,358	352	—	—	—	—	1	—
Tex.	20,044	2,667	—	—	8	1	22	19
Mountain	**17,128**	**1,403**	**—**	**—**	**15**	**—**	**5**	**1**
Mont.	883	16	—	—	2	—	—	—
Idaho	1,252	22	—	—	—	—	—	—
Wyo.	480	11	—	—	—	—	1	—
Colo.	4,056	313	—	—	—	—	1	1
N. Mex.	1,740	144	—	—	2	—	—	—
Ariz.	4,778	460	—	—	1	—	1	—
Utah	2,130	151	—	—	8	—	2	—
Nev.	1,809	286	—	—	2	—	—	—
Pacific	**44,022**	**5,599**	**—**	**8**	**30**	**18**	**23**	**3**
Wash.	5,756	515	—	5	—	—	—	—
Oreg.	3,316	210	—	—	1	—	3	—
Calif.	33,145	4,737	—	3	27	18	19	3
Alaska	620	22	—	—	—	—	—	—
Hawaii	1,185	115	—	—	2	—	1	—
Guam	149	15	—	—	—	—	—	—
P.R.	3,890	1,349	—	—	—	—	—	3
V.I.	118	34	NA	NN	NN	NA	NN	1
American Samoa	62	—	—	—	—	—	—	NA
C.N.M.I.	67	—	NA	NA	NA	NA	NA	NA

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

*Total number of acquired immunodeficiency syndrome (AIDS) cases reported to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), through December 31, 2000.

† Includes cases reported as wound and unspecified botulism.

§ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

¶ Total includes 98 cases in persons with unknown state of residence.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Chlamydia*	Cholera	Cryptosporidiosis	Cyclosporiasis	Diphtheria	Ehrlichiosis	
						Human granulocytic	Human monocytic
United States	**702,093**	**5**	**3,128**	**60**	**1**	**351**	**200**
New England	**24,333**	**—**	**143**	**10**	**—**	**168**	**3**
Maine	1,474	—	20	—	—	1	—
N.H.	1,130	—	25	—	—	—	1
Vt.	526	—	28	NN	—	NN	NN
Mass.	10,967	—	37	8	—	30	1
R.I.	2,632	—	4	NN	—	26	1
Conn.	7,604	—	29	2	—	111	—
Mid. Atlantic	**68,783**	**1**	**393**	**16**	**—**	**95**	**20**
Upstate N.Y.	5,324	1	139	NN	—	85	12
N.Y. City	26,170	—	171	16	—	—	1
N.J.	10,814	—	19	NN	—	1	7
Pa.	26,475	—	64	—	—	9	—
E.N. Central	**120,846**	**—**	**983**	**4**	**—**	**—**	**—**
Ohio	31,190	—	260	1	—	—	—
Ind.	14,063	—	72	1	—	—	—
Ill.	32,991	—	126	—	—	NN	NN
Mich.	26,237	—	97	—	—	—	—
Wis.	16,365	—	428	2	—	—	—
W.N. Central	**40,127**	**1**	**422**	**1**	**—**	**86**	**64**
Minn.	8,102	1	190	1	—	79	4
Iowa	5,987	—	77	—	—	—	—
Mo.	13,448	—	31	—	—	7	60
N. Dak.	909	—	18	NN	—	NN	NN
S. Dak.	1,834	—	15	—	—	—	—
Nebr.	3,791	—	82	—	—	—	—
Kans.	6,056	—	9	NN	—	—	—
S. Atlantic	**132,774**	**—**	**524**	**22**	**—**	**2**	**27**
Del.	2,856	—	9	—	—	—	1
Md.	14,533	—	14	NN	—	NN	NN
D.C.	3,205	—	18	1	—	NN	NN
Va.	15,352	—	21	—	—	—	—
W. Va.	2,144	—	3	—	—	—	—
N.C.	21,985	—	28	—	—	2	11
S.C.	9,950	—	—	1	—	—	—
Ga.	29,359	—	191	11	—	—	5
Fla.	33,390	—	240	9	—	—	10
E.S. Central	**51,152**	**—**	**51**	**—**	**—**	**—**	**52**
Ky.	8,063	—	7	NN	—	—	3
Tenn.	15,069	—	12	—	—	—	47
Ala.	15,323	—	16	NN	—	—	2
Miss.	12,697	—	16	—	—	—	—
W.S. Central	**102,210**	**3**	**175**	**2**	**—**	**—**	**34**
Ark.	6,219	—	16	NN	—	—	22
La.	17,846	3	14	—	—	NN	NN
Okla.	9,331	—	30	NN	—	—	12
Tex.	68,814	—	115	2	—	—	—
Mountain	**40,187**	**—**	**182**	**5**	**—**	**—**	**—**
Mont.	1,469	—	10	—	—	NN	NN
Idaho	1,907	—	28	NN	—	NN	NN
Wyo.	807	—	5	—	—	—	—
Colo.	12,000	—	72	5	—	NN	NN
N. Mex.	5,204	—	25	—	—	NN	NN
Ariz.	12,591	—	10	—	—	—	—
Utah	2,190	—	28	—	—	—	—
Nev.	4,019	—	4	—	—	NN	NN
Pacific	**121,681**	**—**	**255**	**—**	**1**	**—**	**—**
Wash.	13,066	—	NN	—	—	—	—
Oreg.	7,107	—	20	—	—	NN	NN
Calif.	95,392	—	235	NN	1	—	—
Alaska	2,569	—	—	—	—	NN	NN
Hawaii	3,547	—	—	—	—	NN	NN
Guam	525	4	—	—	—	—	—
P.R.	2,695	—	—	—	—	—	—
V.I.	131	NA	NA	NA	NA	NA	NA
American Samoa	NA	—	—	—	—	—	—
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001. Chlamydia refers to genital infections caused by *C. trachomatis*.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Encephalitis*			*Escherichia coli* O157:H7		Gonorrhea¶	*Haemophilus influenzae*, invasive disease	Hansen disease (leprosy)
	California serogroup viral	Eastern equine	St. Louis	NETSS†	PHLIS§			
United States	**114**	**3**	**2**	**4,528**	**3,625**	**358,995**	**1,398**	**91**
New England	**—**	**1**	**—**	**380**	**383**	**6,883**	**132**	**—**
Maine	—	—	—	32	30	90	2	—
N.H.	—	—	—	40	39	110	14	—
Vt.	—	—	—	37	37	65	10	NN
Mass.	—	1	—	167	175	3,045	46	—
R.I.	—	—	—	20	18	661	9	—
Conn.	—	—	—	84	84	2,912	51	—
Mid. Atlantic	**1**	**—**	**—**	**443**	**348**	**40,953**	**243**	**6**
Upstate N.Y.	—	—	—	303	82	8,445	109	NN
N.Y. City	—	—	—	23	18	11,669	65	4
N.J.	—	—	—	117	119	7,232	41	1
Pa.	1	—	—	NN	129	13,607	28	1
E.N. Central	**29**	**—**	**—**	**1,103**	**755**	**71,694**	**186**	**4**
Ohio	18	—	—	275	226	19,303	55	2
Ind.	2	—	—	131	88	6,525	33	—
Ill.	3	—	—	194	158	20,671	62	1
Mich.	—	—	—	141	104	18,182	11	—
Wis.	6	—	—	362	179	7,013	25	1
W.N. Central	**12**	**—**	**—**	**683**	**625**	**18,114**	**86**	**4**
Minn.	8	—	—	212	232	3,160	51	—
Iowa	4	—	—	180	148	1,392	—	2
Mo.	—	—	—	111	98	8,883	23	1
N. Dak.	—	—	—	23	21	73	4	NN
S. Dak.	—	—	—	56	59	277	1	—
Nebr.	—	—	—	71	49	1,534	3	1
Kans.	—	—	—	30	18	2,795	4	—
S. Atlantic	**49**	**2**	**—**	**387**	**295**	**94,350**	**333**	**4**
Del.	—	—	—	3	1	1,735	—	—
Md.	—	—	—	35	2	9,837	81	—
D.C.	—	—	—	1	NA	2,706	—	—
Va.	—	—	—	77	68	10,175	41	—
W. Va.	40	—	—	15	13	645	15	—
N.C.	7	2	—	93	75	17,823	23	—
S.C.	—	—	—	21	17	8,383	7	—
Ga.	2	—	—	44	40	20,265	85	NN
Fla.	—	—	—	98	79	22,781	81	4
E.S. Central	**21**	**—**	**—**	**151**	**119**	**36,658**	**54**	**1**
Ky.	2	—	—	40	33	3,502	12	—
Tenn.	19	—	—	62	55	11,876	26	1
Ala.	—	—	—	10	9	12,063	14	—
Miss.	—	—	—	39	22	9,217	2	—
W.S. Central	**—**	**—**	**2**	**227**	**287**	**54,035**	**68**	**19**
Ark.	—	—	—	56	38	3,642	2	1
La.	—	—	—	15	54	13,245	16	2
Okla.	—	—	—	19	17	4,229	46	—
Tex.	—	—	2	137	178	32,919	4	16
Mountain	**1**	**—**	**—**	**424**	**306**	**10,389**	**135**	**2**
Mont.	—	—	—	31	NA	60	1	—
Idaho	—	—	—	73	41	98	4	1
Wyo.	—	—	—	21	11	53	1	—
Colo.	1	—	—	156	110	3,112	33	NN
N. Mex.	—	—	—	22	18	1,152	26	—
Ariz.	—	—	—	56	45	4,130	53	—
Utah	—	—	—	50	71	231	11	—
Nev.	—	—	—	15	10	1,553	6	1
Pacific	**1**	**—**	**—**	**730**	**507**	**25,919**	**161**	**51**
Wash.	NN	NN	—	237	206	2,418	9	1
Oreg.	1	—	—	134	115	1,038	34	2
Calif.	—	—	—	313	169	21,619	48	33
Alaska	NN	NN	NN	32	6	361	45	—
Hawaii	—	—	—	14	11	483	25	15
Guam	—	—	—	—	NA	62	3	3
P.R.	—	—	—	7	NA	527	4	2
V.I.	NA	NA	NA	NA	NA	24	NA	NA
American Samoa	—	—	—	—	NA	NA	—	1
C.N.M.I.	NA	NA	NA	NN	NA	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*No cases of Western equine encephalitis were reported in 2000.
† National Electronic Telecommunications System for Surveillance.
§ Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of May 25, 2001.
¶ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Hantavirus pulmonary syndrome	Hemolytic uremic syndrome, postdiarrheal	Hepatitis			Legionellosis	Listeriosis	Lyme disease
			A	B	C; non-A, non-B			
United States	**41**	**249**	**13,397**	**8,036**	**3,197**	**1,127**	**755**	**17,730**
New England	**1**	**33**	**399**	**140**	**36**	**56**	**59**	**5,801**
Maine	—	—	22	5	2	2	2	71
N.H.	—	3	19	19	NN	4	4	84
Vt.	1	1	10	6	5	5	3	40
Mass.	—	13	139	15	22	18	30	1,158
R.I.	—	—	31	46	7	9	2	675
Conn.	—	16	178	49	NA	18	18	3,773
Mid. Atlantic	**—**	**36**	**1,527**	**1,165**	**652**	**306**	**192**	**9,131**
Upstate N.Y.	NN	26	265	154	46	100	87	4,152
N.Y. City	—	3	528	556	—	47	50	177
N.J.	NN	7	288	179	561	23	27	2,459
Pa.	—	—	446	276	45	136	28	2,343
E.N. Central	**—**	**24**	**1,691**	**832**	**235**	**292**	**136**	**773**
Ohio	—	14	267	107	12	121	59	61
Ind.	—	—	132	84	—	41	9	23
Ill.	NN	NN	696	170	21	33	20	35
Mich.	—	—	491	427	202	53	33	23
Wis.	—	10	105	44	—	44	15	631
W.N. Central	**4**	**15**	**666**	**321**	**637**	**69**	**16**	**570**
Minn.	—	13	185	58	15	16	7	465
Iowa	—	—	67	38	2	15	2	34
Mo.	—	1	258	149	605	26	5	47
N. Dak.	2	—	4	3	1	1	2	2
S. Dak.	1	—	3	2	—	2	—	—
Nebr.	NN	NN	38	44	5	5	—	5
Kans.	1	1	111	27	9	4	—	17
S. Atlantic	**—**	**35**	**1,771**	**1,630**	**128**	**211**	**106**	**1,176**
Del.	—	—	15	15	2	10	NN	167
Md.	NN	NN	210	131	16	70	22	688
D.C.	—	—	40	35	3	7	—	11
Va.	—	3	164	174	3	37	9	149
W. Va.	—	—	56	30	23	NN	5	35
N.C.	NN	2	154	256	20	16	NN	47
S.C.	—	—	97	23	3	7	9	25
Ga.	—	10	376	350	4	10	21	—
Fla.	—	20	659	616	54	54	40	54
E.S. Central	**—**	**12**	**418**	**501**	**466**	**45**	**22**	**50**
Ky.	—	NN	63	81	40	22	4	13
Tenn.	—	12	156	239	112	15	14	28
Ala.	NN	—	56	71	10	5	4	6
Miss.	NN	—	143	110	304	3	—	3
W.S. Central	**2**	**24**	**2,460**	**1,503**	**755**	**27**	**34**	**93**
Ark.	—	2	144	109	12	—	1	7
La.	—	—	107	157	456	7	—	8
Okla.	—	1	272	178	16	5	8	1
Tex.	2	21	1,937	1,059	271	15	25	77
Mountain	**26**	**15**	**977**	**580**	**97**	**47**	**43**	**16**
Mont.	—	—	7	8	5	2	—	—
Idaho	—	NN	45	10	3	5	—	4
Wyo.	—	1	4	3	2	—	1	3
Colo.	8	12	223	108	18	15	11	—
N. Mex.	10	—	70	144	16	1	2	—
Ariz.	4	NN	467	215	22	11	20	2
Utah	4	2	71	37	13	12	4	3
Nev.	—	—	90	55	18	1	5	4
Pacific	**8**	**55**	**3,488**	**1,364**	**191**	**74**	**147**	**120**
Wash.	—	NN	298	132	44	19	12	9
Oreg.	NN	8	172	124	27	NN	6	13
Calif.	8	47	2,992	1,083	118	54	125	96
Alaska	NN	NN	13	13	NA	—	NN	2
Hawaii	—	—	13	12	2	1	4	NN
Guam	—	—	1	10	3	—	—	—
P.R.	NN	NN	255	313	1	1	—	—
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	1	—	—	—	—	—
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

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

TABLE. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area — United States, 2000

Area	Malaria	Measles		Meningo-coccal disease	Mumps	Pertussis	Plague	Psittacosis
		Indigenous	Imported†					
United States	**1,560**	**60**	**26**	**2,256**	**338**	**7,867**	**6**	**17**
New England	**79**	**2**	**4**	**123**	**5**	**1,952**	**—**	**—**
Maine	7	—	—	9	—	46	—	—
N.H.	1	2	1	12	—	159	—	—
Vt.	4	—	3	4	—	254	—	—
Mass.	32	—	—	70	1	1,411	—	—
R.I.	13	—	—	9	1	28	—	—
Conn.	22	—	—	19	3	54	—	NN
Mid. Atlantic	**392**	**15**	**9**	**262**	**31**	**819**	**—**	**3**
Upstate N.Y.	80	9	1	79	12	385	—	3
N.Y. City	228	6	7	46	8	90	—	—
N.J.	49	—	—	54	4	56	—	—
Pa.	35	—	1	83	7	288	—	—
E.N. Central	**155**	**9**	**1**	**403**	**27**	**942**	**—**	**2**
Ohio	23	3	—	94	9	389	—	1
Ind.	11	—	—	59	2	153	—	1
Ill.	68	3	—	91	6	133	—	—
Mich.	34	3	—	115	7	127	—	—
Wis.	19	—	1	44	3	140	—	—
W.N. Central	**84**	**1**	**2**	**157**	**26**	**829**	**—**	**2**
Minn.	42	—	1	23	7	575	—	2
Iowa	2	—	—	37	8	67	—	—
Mo.	21	—	—	67	5	97	—	—
N. Dak.	3	—	—	3	1	9	—	NN
S. Dak.	1	—	—	6	—	11	—	—
Nebr.	8	—	—	9	2	28	—	—
Kans.	7	1	1	12	3	42	—	—
S. Atlantic	**382**	**4**	**—**	**337**	**50**	**593**	**—**	**5**
Del.	5	—	—	1	—	9	—	—
Md.	126	—	—	28	9	133	—	—
D.C.	17	—	—	—	—	3	—	—
Va.	55	2	—	42	11	134	—	—
W. Va.	4	—	—	15	1	3	—	—
N.C.	36	—	—	39	9	129	—	1
S.C.	2	—	—	26	11	63	—	—
Ga.	47	—	—	53	2	52	—	—
Fla.	90	2	—	133	7	67	—	4
E.S. Central	**48**	**—**	**—**	**137**	**7**	**132**	**—**	**1**
Ky.	18	—	—	26	1	63	—	1
Tenn.	13	—	—	59	2	45	—	—
Ala.	16	—	—	36	4	20	NN	—
Miss.	1	—	—	16	—	4	—	—
W.S. Central	**73**	**1**	**—**	**245**	**38**	**452**	**—**	**—**
Ark.	3	1	—	19	3	44	—	—
La.	14	—	—	46	5	21	—	—
Okla.	10	—	—	34	3	60	—	—
Tex.	46	—	—	146	27	327	—	NN
Mountain	**60**	**12**	**—**	**106**	**24**	**887**	**5**	**—**
Mont.	1	—	—	6	1	35	—	—
Idaho	5	—	—	7	1	64	—	—
Wyo.	—	—	—	2	1	4	1	—
Colo.	30	2	—	35	1	488	1	—
N. Mex.	—	—	—	11	1	91	1	—
Ariz.	11	—	—	33	6	143	1	—
Utah	6	3	—	7	7	47	1	—
Nev.	7	7	—	5	6	15	—	—
Pacific	**287**	**16**	**10**	**486**	**130**	**1,261**	**1**	**4**
Wash.	43	2	1	71	10	458	—	1
Oreg.	40	—	—	70	NN	110	—	3
Calif.	194	13	6	328	89	631	1	—
Alaska	—	1	—	9	8	21	—	—
Hawaii	10	—	3	8	23	41	—	—
Guam	2	—	—	—	16	4	—	—
P.R.	5	3	—	10	2	12	—	—
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	4	—	—	—	—
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*No cases of paralytic poliomyelitis were reported in 2000.
† Imported cases include only those resulting from importation from other countries.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Q Fever	Rabies		RMSF*	Rubella		Salmonellosis	
		Animal	Human		Rubella	Congenital syndrome	NETSS†	PHLIS§
United States	**21**	**6,934**	**4**	**495**	**176**	**9**	**39,574**	**32,021**
New England	**—**	**829**	**—**	**2**	**12**	**—**	**2,191**	**2,215**
Maine	—	139	—	—	—	—	127	104
N.H.	—	23	—	—	2	—	148	149
Vt.	NN	57	—	—	—	NN	110	104
Mass.	NN	277	—	2	8	—	1,236	1,252
R.I.	NN	60	—	—	1	—	152	158
Conn.	—	273	—	—	1	—	418	448
Mid. Atlantic	**—**	**1,294**	**1**	**46**	**11**	**4**	**5,045**	**5,270**
Upstate N.Y.	NN	823	1	7	1	1	1,293	1,282
N.Y. City	—	18	—	2	9	3	1,197	1,281
N.J.	—	195	—	12	1	—	1,138	1,028
Pa.	NN	258	—	25	—	—	1,417	1,679
E.N. Central	**—**	**169**	**—**	**31**	**1**	**—**	**5,451**	**3,706**
Ohio	NN	52	—	18	—	—	1,602	1,459
Ind.	—	14	—	4	—	—	678	615
Ill.	NN	22	—	5	1	—	1,502	303
Mich.	—	69	—	4	—	—	904	942
Wis.	—	12	—	—	—	—	765	387
W.N. Central	**3**	**542**	**1**	**54**	**2**	**—**	**2,483**	**2,516**
Minn.	1	98	1	—	1	—	614	679
Iowa	NN	81	—	2	—	—	373	351
Mo.	—	50	—	41	—	—	713	864
N. Dak.	—	117	—	—	—	—	73	78
S. Dak.	—	96	—	2	—	—	100	104
Nebr.	1	3	—	6	1	—	231	139
Kans.	1	97	—	3	—	—	379	301
S. Atlantic	**—**	**2,402**	**1**	**189**	**119**	**4**	**8,629**	**5,922**
Del.	NN	49	—	—	1	—	125	134
Md.	NN	413	—	19	—	—	804	733
D.C.	—	—	—	—	—	—	64	NA
Va.	NN	574	—	7	—	—	1,020	935
W. Va.	—	114	—	3	—	—	181	152
N.C.	—	571	—	78	89	—	1,149	1,138
S.C.	—	163	—	51	27	3	781	575
Ga.	—	357	1	19	—	—	1,689	1,726
Fla.	—	161	—	12	2	1	2,816	529
E.S. Central	**—**	**210**	**—**	**88**	**6**	**—**	**2,483**	**1,834**
Ky.	—	21	—	4	1	—	393	269
Tenn.	—	107	—	58	1	—	709	821
Ala.	—	81	—	14	4	—	676	607
Miss.	NN	1	—	12	—	—	705	137
W.S. Central	**—**	**880**	**—**	**69**	**10**	**—**	**4,952**	**3,025**
Ark.	NN	32	—	24	3	—	729	578
La.	—	4	—	2	1	—	877	755
Okla.	NN	58	—	37	—	—	405	304
Tex.	NN	786	—	6	6	—	2,941	1,388
Mountain	**6**	**294**	**—**	**13**	**2**	**—**	**2,786**	**2,496**
Mont.	—	65	—	4	—	—	97	NA
Idaho	1	10	—	1	—	—	132	118
Wyo.	—	78	—	3	—	—	76	60
Colo.	3	—	—	—	1	—	692	679
N. Mex.	—	21	—	1	—	—	239	208
Ariz.	—	101	—	—	1	—	798	770
Utah	1	10	—	2	—	—	487	479
Nev.	1	9	—	2	—	—	265	182
Pacific	**12**	**314**	**1**	**3**	**13**	**1**	**5,554**	**5,037**
Wash.	—	—	—	—	7	—	659	677
Oreg.	4	7	—	2	—	—	297	362
Calif.	8	272	1	1	6	1	4,300	3,715
Alaska	NN	35	—	NN	—	NN	61	36
Hawaii	—	—	—	NN	—	—	237	247
Guam	—	—	—	—	1	—	28	NA
P.R.	NN	80	—	—	—	—	742	NA
V.I.	NA	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	—	—	—	2	NA
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*Rocky Mountain spotted fever.
† National Electronic Telecommunications System for Surveillance.
§ Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of April 9, 2001.

TABLE. (*Continued*) Reported cases of notifiable diseases, by geographic division and area — United States, 2000

Area	Shigellosis NETSS*	Shigellosis PHLIS†	Streptococcal disease, invasive, group A	*Streptococcus pneumoniae*, drug resistant	Streptococcal toxic-shock syndrome	Syphilis§ All stages¶	Syphilis§ Congenital (age <1 yr)	Syphilis§ Primary & secondary
United States	**22,922**	**12,732**	**3,144**	**4,533**	**83**	**31,575**	**529**	**5,979**
New England	**409**	**385**	**229**	**143**	**2**	**662**	**1**	**91**
Maine	11	11	12	—	—	7	—	1
N.H.	7	8	16	NN	1	19	—	2
Vt.	4	—	14	16	1	—	—	—
Mass.	283	262	47	NN	—	447	—	68
R.I.	35	34	15	—	—	38	—	4
Conn.	69	70	125	127	NN	151	1	16
Mid. Atlantic	**2,879**	**1,726**	**548**	**228**	**8**	**4,431**	**69**	**280**
Upstate N.Y.	859	212	300	226	NA	234	6	15
N.Y. City	939	628	136	NA	—	2,711	32	117
N.J.	508	440	69	—	6	801	22	71
Pa.	573	446	43	2	2	685	9	77
E.N. Central	**4,215**	**1,334**	**792**	**223**	**53**	**3,843**	**75**	**1,210**
Ohio	437	332	255	—	31	282	5	69
Ind.	1,591	157	36	223	2	747	—	351
Ill.	1,188	179	204	NN	20	1,646	50	412
Mich.	667	610	267	NN	—	984	16	330
Wis.	332	56	30	NN	—	184	4	48
W.N. Central	**2,627**	**2,064**	**258**	**500**	**8**	**507**	**5**	**64**
Minn.	901	926	148	453	—	77	—	16
Iowa	569	350	—	NN	—	55	—	11
Mo.	671	466	63	2	1	299	3	29
N. Dak.	61	52	9	24	—	1	—	—
S. Dak.	8	6	16	8	2	1	—	—
Nebr.	162	117	5	—	1	7	—	2
Kans.	255	147	17	13	4	67	2	6
S. Atlantic	**3,196**	**1,171**	**502**	**2,224**	**6**	**9,033**	**124**	**2,002**
Del.	25	23	1	5	—	45	—	9
Md.	202	115	NN	NN	NN	1,172	16	300
D.C.	80	NA	18	69	NN	516	4	37
Va.	460	350	57	NN	NN	537	5	126
W. Va.	26	17	28	39	6	13	—	3
N.C.	400	271	88	NN	NN	1,494	18	483
S.C.	144	94	13	376	—	853	24	229
Ga.	339	194	150	581	—	1,635	17	402
Fla.	1,520	107	147	1,154	—	2,768	40	413
E.S. Central	**1,213**	**587**	**117**	**309**	**1**	**3,398**	**48**	**877**
Ky.	530	121	30	32	—	253	3	85
Tenn.	354	380	87	277	1	1,708	24	532
Ala.	100	79	NN	NN	—	752	7	123
Miss.	229	7	NN	—	NN	685	14	137
W.S. Central	**3,525**	**1,169**	**262**	**879**	**—**	**4,964**	**95**	**825**
Ark.	235	63	5	14	—	367	16	104
La.	300	200	—	50	NN	973	7	209
Okla.	131	45	28	NN	NN	327	1	116
Tex.	2,859	861	229	815	—	3,297	71	396
Mountain	**1,295**	**868**	**399**	**26**	**5**	**1,135**	**26**	**225**
Mont.	8	NA	—	—	NN	—	—	—
Idaho	44	25	16	NN	2	11	—	1
Wyo.	5	3	8	11	—	5	—	1
Colo.	269	221	67	—	2	63	—	11
N. Mex.	188	119	66	15	1	98	—	16
Ariz.	577	350	236	—	—	847	25	189
Utah	82	84	6	—	—	59	1	2
Nev.	122	66	—	—	—	52	—	5
Pacific	**3,563**	**3,428**	**37**	**1**	**—**	**3,602**	**86**	**405**
Wash.	501	414	NN	NN	—	171	—	66
Oreg.	164	113	NN	NN	NN	49	—	12
Calif.	2,853	2,865	NN	NN	NN	3,354	86	325
Alaska	7	3	NN	NN	NN	6	—	—
Hawaii	38	33	37	1	—	22	—	2
Guam	46	NA	—	—	—	9	—	1
P.R.	39	NA	—	—	—	1,339	16	175
V.I.	NA	NA	NA	—	NN	11	—	3
American Samoa	24	NA	—	—	—	NA	NA	NA
C.N.M.I.	NA	NA	NA	NA	NA	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*National Electronic Telecommunications System for Surveillance.
† Public Health Laboratory Information System. Totals reported to the National Center for Infectious Diseases as of April 9, 2001.
§ Totals reported to the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of May 4, 2001.
¶ Includes the following categories: primary, secondary, early, late, (including neurosyphilis, late latent, late with clinical manifestations, and unknown latent), and congenital syphilis.

TABLE. (*Continued*) Reported cases of notifiable diseases,* by geographic division and area — United States, 2000

Area	Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis†	Tularemia	Typhoid fever	Varicella§ (chickenpox)
United States	**35**	**135**	**16**	**16,377**	**142**	**377**	**27,382**
New England	**—**	**5**	**—**	**489**	**17**	**27**	**1,477**
Maine	—	2	—	24	—	1	1,270
N.H.	—	—	—	22	—	—	NN
Vt.	—	1	—	4	NN	—	NN
Mass.	—	2	—	285	17	14	195
R.I.	—	—	—	49	—	4	12
Conn.	—	NN	—	105	—	8	NN
Mid. Atlantic	**6**	**25**	**—**	**2,692**	**—**	**111**	**—**
Upstate N.Y.	4	8	—	412	—	18	NN
N.Y. City	—	3	—	1,332	—	56	NN
N.J.	1	—	—	565	—	28	NN
Pa.	1	14	—	383	—	9	NN
E.N. Central	**4**	**36**	**8**	**1,607**	**14**	**51**	**10,017**
Ohio	—	3	1	340	1	8	1,192
Ind.	—	5	—	145	5	6	NN
Ill.	1	3	2	743	4	26	NA
Mich.	3	19	1	287	1	9	8,809
Wis.	—	6	4	92	3	2	16
W.N. Central	**4**	**22**	**—**	**551**	**58**	**3**	**5,766**
Minn.	2	6	—	178	2	1	NN
Iowa	1	4	—	40	NN	—	NN
Mo.	—	3	—	211	28	1	5,744
N. Dak.	—	1	—	5	2	—	21
S. Dak.	—	—	—	16	13	—	NN
Nebr.	—	6	—	24	2	—	1
Kans.	1	2	—	77	11	1	NN
S. Atlantic	**4**	**8**	**2**	**3,327**	**5**	**56**	**2,786**
Del.	—	1	—	28	2	—	NN
Md.	1	NN	1	282	—	9	NN
D.C.	—	—	—	85	—	—	87
Va.	—	—	—	292	NN	22	592
W. Va.	1	1	—	33	—	1	2,024
N.C.	—	5	—	447	2	3	NN
S.C.	—	—	—	286	—	—	83
Ga.	1	—	NN	703	1	9	NN
Fla.	1	1	1	1,171	—	12	NN
E.S. Central	**3**	**8**	**—**	**1,013**	**4**	**3**	**123**
Ky.	1	2	NN	147	3	1	NN
Tenn.	—	4	—	383	1	2	123¶
Ala.	2	2	—	310	—	—	NN
Miss.	—	NN	—	173	—	—	NN
W.S. Central	**6**	**1**	**—**	**2,190**	**34**	**18**	**7,066**
Ark.	1	—	NN	199	23	1	NN
La.	—	—	—	331	—	—	102
Okla.	—	1	—	154	11	1	NN
Tex.	5	NN	—	1,506	NN	16	6,964
Mountain	**1**	**13**	**—**	**590**	**5**	**10**	**147**
Mont.	1	—	—	21	—	2	NN
Idaho	—	5	—	16	—	1	NN
Wyo.	—	—	—	4	—	—	NN
Colo.	—	3	—	97	2	2	NN
N. Mex.	—	1	—	46	—	—	NN
Ariz.	—	—	—	261	1	4	NA
Utah	—	3	—	49	2	1	147
Nev.	—	1	—	96	—	—	NN
Pacific	**7**	**17**	**6**	**3,918**	**5**	**98**	**—**
Wash.	1	NN	—	258	2	6	NN
Oreg.	—	NN	—	119	2	6	NN
Calif.	6	17	—	3,297	1	78	NN
Alaska	—	NN	5	108	—	2	NN
Hawaii	—	NN	1	136	—	6	NN
Guam	—	—	—	54	—	—	297
P.R.	—	—	—	174	—	—	5,200
V.I.	NA	NA	NA	NA	NA	NA	NA
American Samoa	—	—	—	NA	—	1	104
C.N.M.I.	NA	NA	NA	75	NA	NA	NA

NA: Not available. NN: Not notifiable. —: No reported cases.
*No cases of yellow fever were reported in 2000.
† Totals reported to the Division of Tuberculosis Elimination, NCHSTP, as of April 17, 2001.
§ Although not nationally notifiable, reporting is recommended by the Council for State and Territorial Epidemiologists.
¶ Tennessee only reports cases that result in death to CDC.

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