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MORBIDITY AND MORTALITY WEEKLY REPORT

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Transmission of Measles Among a Highly Vaccinated School Population — Anchorage, Alaska, 1998

During August 10–November 23, 1998, 33 confirmed* measles cases were reported to the Anchorage Department of Health and Human Services and the Alaska Department of Health and Social Services (ADHSS). Of these, 26 cases were confirmed by positive rubeola IgM antibody test, and seven met the clinical case definition. This was the largest outbreak of measles in the United States since 1996 (1,2). This report summarizes results of the epidemiologic investigation conducted by ADHSS and underscores the importance of second-dose requirements for measles vaccine.

On August 10, a 4-year-old child (index case) visiting from Japan had rash onset of measles while in Anchorage (Figure 1). The child was hospitalized for 1 day, and measles was diagnosed by positive rubeola IgM enzyme-linked immunosorbent assay. No measles virus cultures were obtained. No cases were reported during the following 3 weeks, when secondary cases would have been expected. On September 5, 26 days after onset of the imported case, a 16-year-old high school student developed measles, confirmed by IgM testing. Subsequently, 15 other students and one teacher at the same high school developed measles during September 14–October 4; 12 cases were laboratory confirmed. In addition, four laboratory-confirmed cases and two clinical cases occurred at six other Anchorage schools; one case-patient attended two schools while infectious (from 7 days before to 4 days after rash onset). Eight other confirmed cases occurred among young adults not associated with schools, and one case occurred in a 2-year-old child.

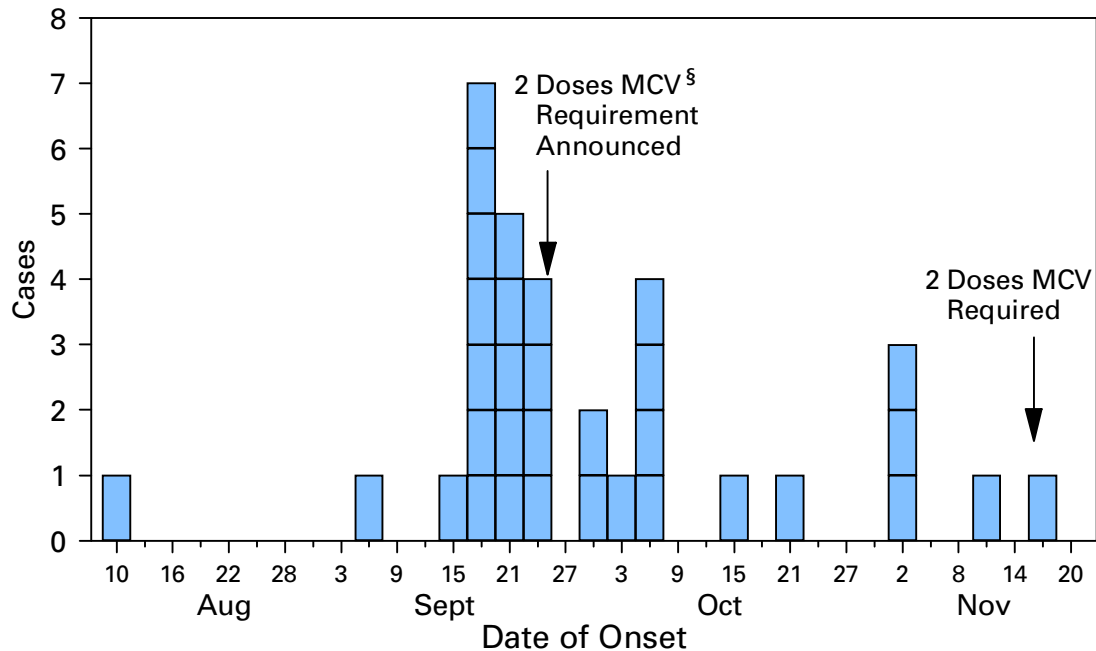
The 33 case-patients ranged in age from 2 to 28 years (median: 16 years). Twenty-nine case-patients had received at least one dose of measles-containing vaccine (MCV) at or after age 12 months; one person with laboratory-confirmed measles had received two appropriately spaced doses of measles-mumps-rubella vaccine (MMR). No serious complications or deaths were reported.

At the high school where the 17 cases occurred, based on school records, only one of 2186 students had not received at least one dose of MCV before the outbreak;

*A confirmed case was laboratory confirmed or met the clinical case definition and was epidemiologically linked to a confirmed case. A clinical case was defined as an illness characterized by generalized rash lasting ≥ 3 days; temperature ≥ 101 F (≥ 38.3 C); and either cough, coryza, or conjunctivitis.

Measles — Continued

FIGURE 1. Number of confirmed* measles cases, by date of rash onset, by 3-day interval — Anchorage, Alaska, August 10–November 23, 1998†



*A confirmed case was laboratory confirmed or met the clinical case definition and was epidemiologically linked to a confirmed case. A clinical case was defined as an illness characterized by generalized rash lasting ≥ 3 days; temperature ≥ 101 F (≥ 38.3 C); and either cough, coryza, or conjunctivitis; $n=33$.

† $n=33$.

§Measles-containing vaccine.

1057 (49%) had received one dose of MCV, and 1112 (51%) had received two or more doses. Estimated vaccine efficacy for two or more doses of MCV was 100%.

Sequence analysis was conducted on the region coding for the COOH terminus of the nucleoprotein for measles virus cultured from three outbreak cases. All three isolates had identical sequences and were classified as genotype D5 (3). This strain was almost identical to wild measles virus strains circulating in Japan in 1998 and was not related to the strain isolated from an outbreak in Juneau in 1996, the most recent isolate available from Alaska (4).

Before 1996, all students attending public and private schools in Alaska were required to have documentation of a single dose of MCV (or a valid medical or religious exemption). Beginning in September 1996, all students entering kindergarten or first grade were required to have two doses of MCV. As a result, school records indicate that virtually all students in kindergarten through third grade as of fall 1998 had received two doses of MMR. However, the proportion of students in grades 4–12 that had two doses was unknown.

In response to the outbreak, ADHSS issued an emergency order requiring that all Anchorage schoolchildren have two doses of MCV by November 16, 1998 (Figure 1). Subsequently, the order was expanded to require all students in the state to have two doses of MCV by January 4, 1999. Students were vaccinated by their health-care

Measles — Continued

providers and at special clinics conducted in Anchorage schools. By November 17, 98.6% of 49,346 Anchorage School District students had provided documentation of two doses of MCV to their schools.

Reported by: B Chandler, MD, Dept of Health and Human Svcs, Municipality of Anchorage; Alaska State Virology Laboratory, Fairbanks; L Wood, MPA, E Funk, MD, M Beller, MD, J Mid-daugh, MD, State Epidemiologist, Alaska Dept of Health and Social Svcs. Measles Virus Section, Respiratory and Enteric Diseases Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Measles Elimination Activity, Child Vaccine Preventable Diseases Br, Epidemiology and Surveillance Div, National Immunization Program; Div of Applied Public Health Training, Epidemiology Program Office; and an EIS Officer, CDC.

Editorial Note: The occurrence of this outbreak primarily in one school, despite the extremely high one-dose measles vaccine coverage, demonstrates the importance of school requirements for a second dose of MCV. MCV is highly effective; <5% of children who receive one dose fail to develop immunity. However, most children respond to a second dose, and >99% of persons aged ≥ 12 months receiving two or more doses at least 28 days apart develop immunity.

The Advisory Committee on Immunization Practices and the American Academy of Pediatrics recommend that all students from grades kindergarten through 12 have two doses of MCV by 2001 (5,6). As of the 1998–99 school year, state school requirements for two-dose measles vaccination have covered approximately 53% of U.S. schoolchildren (CDC, unpublished data, 1998). The vigorous response by public health and school officials in Anchorage to this outbreak in accelerating second-dose measles vaccination among schoolchildren may have limited the extent of this outbreak and will help prevent future outbreaks in Alaska schools.

Monitoring of viral genotypes is an important component of measles surveillance. Genotyping provided evidence that the Anchorage outbreak was due to importation from Japan; however, no specimens were obtained from the index case. This underscores the importance of obtaining throat and urine specimens from suspected measles cases immediately after rash onset. Although no endemic measles virus is circulating in the United States, outbreaks may continue to occur when imported measles virus is introduced into a high-risk setting (e.g., schools with incomplete second-dose MCV coverage).

References

1. CDC. Measles—United States, 1997. *MMWR* 1998;47:273–6.
2. CDC. Measles—United States, 1996, and the interruption of indigenous transmission. *MMWR* 1997;46:242–6.
3. World Health Organization. Expanded programme on immunization (EPI)—standardization of the nomenclature for describing the genetic characteristics of wild-type measles viruses. *Wkly Epidemiol Rep* 1998;73:265–9.
4. CDC. Measles outbreak among school-aged children—Juneau, Alaska, 1996. *MMWR* 1996;45:777–80.
5. CDC. Measles, mumps, and rubella—vaccine use and strategies for elimination of measles, rubella, and congenital rubella syndrome and control of mumps: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1998;47(no. RR-8):15–6.
6. American Academy of Pediatrics. Measles. In: Peter G, ed. 1997 Red book: report of the committee on infectious diseases. 24th ed. Elk Grove Village, Illinois: American Academy of Pediatrics, 1997:348.

Preemptive State Tobacco-Control Laws — United States, 1982–1998

Cigarette smoking is the leading preventable cause of death in the United States (1). Environmental and policy interventions, particularly tobacco-control laws and regulations, are an important means to prevent and reduce tobacco use (2). For this study, preemptive legislation was defined as legislation that prevents any local jurisdiction from enacting restrictions that are more stringent than the state law or restrictions that may vary from the state law. One of the national health objectives for 2000 is to reduce to zero the number of states with preemptive smokefree indoor air laws (objective 3.25) (3); a proposed objective for 2010 is to reduce the number of states with any preemptive tobacco-control laws to zero. To document trends in preemptive tobacco-control legislation at the state level, CDC identified state preemptive provisions and their effective dates from June 1982 (the oldest provision currently in effect) to September 1998. This report summarizes the results of this analysis, which indicate an increase in the number of preemptive provisions from 1982 to 1996; no preemptive provisions in tobacco-control laws have been enacted since 1996.

CDC gathered data about state tobacco-control laws from an online legal research database to monitor such laws in four primary areas: smokefree indoor air, minors' access, marketing, and excise taxes. Data included the preemptive provisions of these laws. For this study, preemptive provisions are presented in three categories: smokefree indoor air (applying to restrictions on government or private worksites or restaurants), minors' access (addressing restrictions on sales to youth, vending machines, or distribution), and marketing (including restrictions on tobacco product sampling, display, promotion, or labeling). A multistep process was used to identify the month and year the preemptive provisions of these laws took effect. The process included identifying the history of the law by finding the records of each state's legislative session in a given year and analyzing the session laws to determine the effective date of the law's provision.

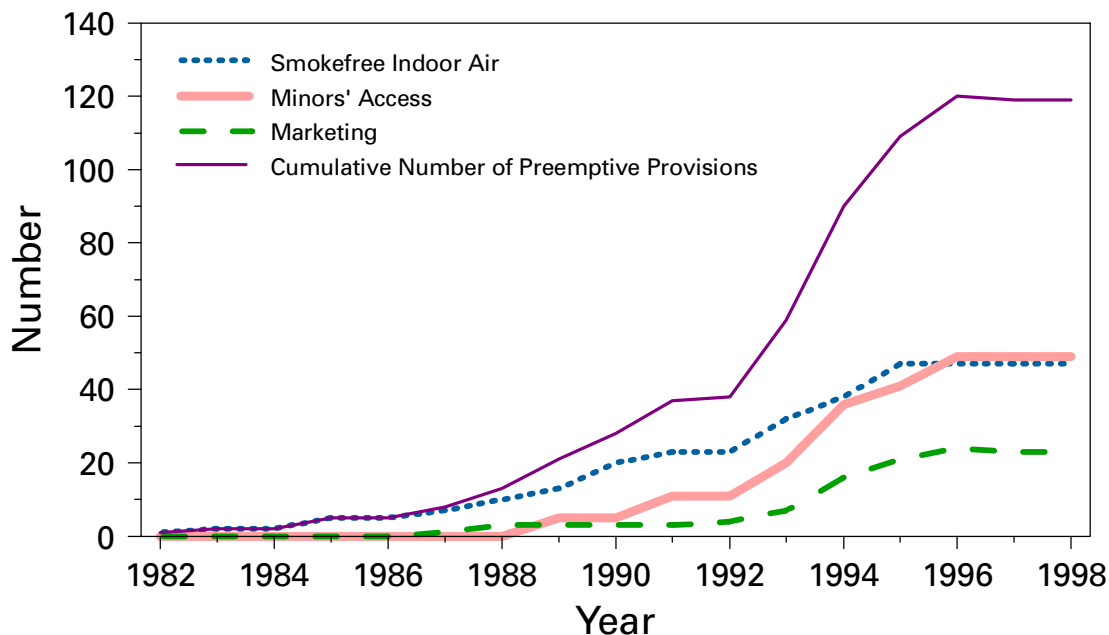
From 1982 through September 1998, 31 states incorporated preemptive provisions in their tobacco-control laws. Maine was the only state to repeal its preemptive provision (on tobacco displays, product placement, and time of sale) during the study period. Some preemptive provisions are very narrow. For example, in New York, the state government has precedence over local government restrictions on the free distribution of samples of tobacco products. Other provisions are broad. For example, in Tennessee, minors' access laws preempt local legislation of all tobacco-control areas.

The number of preemptive provisions included in state tobacco-control laws increased from 1982 through 1996 but has leveled off since 1996 (Figure 1). The results of a linear regression analyzing the number of preemptive provisions per law and the years they became effective indicated a significant increase in the number of provisions from 1993 through 1996. During the 1980s, nine states passed 11 preemptive laws covering 21 provisions. From 1993 to June 1996, 20 states passed 24 preemptive laws covering 82 different provisions. Since July 1996, no preemptive tobacco-control laws have been enacted.

Eighteen states preempt at least one provision of smokefree indoor air restrictions (e.g., government worksites, private worksites, and restaurants); since 1985, 13 states have preempted smokefree indoor air laws in all three areas. Except in South Carolina, all preemptive laws that became effective since 1990 have covered all three areas.

Tobacco-Control Laws — Continued

FIGURE 1. Cumulative number of preemptive provisions in state tobacco-control laws, by year law became effective — United States, 1982–1998



Twenty-one states preempt at least one provision of minors' access restrictions (e.g., sales to youths, vending machines, and distribution). Ten states preempt all three components of minors' access laws. Of 21 states with provisions preempting local minors' access laws, 76% became effective during July 1993–July 1996.

Seventeen states preempt localities from promulgating their own laws restricting the marketing of tobacco products. Three states (Illinois, Michigan, and West Virginia) specifically preempt restrictions on smokeless tobacco warning labels on billboards; all three of these preemptive provisions became effective during July 1987–September 1988. Fourteen states preempt laws on tobacco display, promotion, or sampling; in 93% of these states, the preemptions became effective during January 1993–July 1996.

Reported by: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate that most states have preemptive tobacco-control laws. Of the 30 states with such laws, 18 have preemptive provisions for smokefree indoor air. As a result, achievement of the 2000 objective is unlikely.

Tobacco-control policy occurs at the federal, state, and local level. Laws enacted by higher-level jurisdictions benefit the public health by implementing widespread standards. Unless they contain preemptive provisions, legislation at higher levels set minimum requirements and allow the continued passage and enforcement of local ordinances that may establish a greater level of protection of public health (4–6). However, legislation that preempts lower-level action removes control from localities by preventing them from enacting more stringent laws or tailoring laws to address community-specific issues (4,6,7). In addition, preemptive laws deter debate over lo-

Tobacco-Control Laws — Continued

cal ordinances; such debate can educate the community about tobacco, potentially altering social norms about tobacco use (8). Preemptive state laws also can be a barrier to local enforcement because communities not involved in the decision-making process may be less compliant (9).

A 1991 Smokeless Tobacco Council memorandum outlines a strategy to oppose local ordinances and advance statewide antitobacco bills that contain preemption clauses (4). In addition, a Tobacco Institute priority for 1993 was to "encourage and support statewide legislation preempting local laws, including smoking, advertising, sales, and vending restrictions" (10). A potential reason for this strategy is the passage of strong tobacco-control laws at the local level and the logistical difficulties of the tobacco industry to devote resources toward multiple local jurisdictions (4,7).

One limitation of this report is that legislative language is subject to interpretation. Although a law may have been considered preemptive by the definition used in this study, it may not have been implemented as preemptive in a particular state.

Nevertheless, during 1993–1996, the number of tobacco-control laws with preemptive provisions increased significantly. The 1992 federal Synar Amendment, which required states to enact and enforce minors' access laws, resulted in the passage of new laws (many of which included preemptive provisions) in several states. This, coupled with the Tobacco Institute's 1993 stated priority to promote tobacco-control laws with preemptive provisions, may have contributed to this increase. However, since 1996, no preemptive tobacco-control laws have been passed, possibly because of an increased community awareness of the potential harmful effects of preemption and a shift in industry priorities from state to federal restrictions and ongoing litigation.

The importance of laws and policies as a component of comprehensive tobacco-control interventions has resulted in their inclusion in surveillance efforts. CDC will continue to monitor progress toward achieving national health objectives for 2000 to reduce tobacco-related morbidity and mortality.

References

1. McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993;270:2207–12.
2. Pechacek TF, Asma S, Eriksen MP. Tobacco: global burden and community solutions. In: Yusuf S, Cairns JA, Camm AJ, Fallen EL, Gersh BJ, eds. *Evidence based cardiology*. London: BMJ Books 1998:165–78.
3. US Department of Health and Human Services. *Healthy people 2000 review, 1997*. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, National Center for Health Statistics, 1996; DHHS publication no. (PHS)98-1256.
4. Siegel M, Carol J, Jordan J, et al. Preemption in tobacco control: review of an emerging public health problem. *JAMA* 1997;278:858–63.
5. Working Group of State Attorneys General. *No sale: youth, tobacco and responsible retailing*. December, 1994.
6. Teret SP, DeFrancesco S, Bailey LA. Gun deaths and home rule: a case for local regulation of a local public health problem. *Am J Prev Med* 1993;9:44–6.
7. Gorovitz E, Mosher J, Pertschuk M. Preemption or prevention?: lessons from efforts to control firearms, alcohol, and tobacco. *J Public Health Policy* 1998;19:36–50.
8. Conlisk E, Siegel M, Lengerich E, Mac Kenzie W, Malek S, Eriksen M. The status of local smoking regulations in North Carolina following a state preemption bill. *JAMA* 1995;273:805–7.
9. Jacobson PD, Wasserman J. *Tobacco control laws: implementation and enforcement*. Washington, DC: RAND, 1997.
10. Tobacco Institute. *Tobacco activity at the federal, state and local levels—1992: priorities for 1993*; published December 1992. Available at <<http://www.tobaccoinstitute.com>>.

Decrease in AIDS-Related Mortality in a State Correctional System — New York, 1995–1998

The New York State Department of Correctional Services (NYSDOCS) administers one of the largest prison systems in the United States, with a population of approximately 70,000 inmates; in 1995, blinded seroprevalence studies indicated that an estimated 9500 inmates were infected with human immunodeficiency virus (HIV) (1). This report summarizes an analysis of death records of inmates, which indicate a substantial reduction in the acquired immunodeficiency syndrome (AIDS)-related deaths from 1995 through 1998 and describes the programs that may have contributed to this decline.

Cause of death was determined by comparison of death and autopsy reports by an analyst in New York and was confirmed by a second analyst. The first AIDS-related deaths occurred in the NYSDOCS prison system in 1981 (Table 1). Although the number of AIDS-related deaths continued to increase until 1995, most of the increase after 1985 reflected increases in the size of the prison population; the AIDS-related death rate was relatively stable. During the early 1990s, approximately two thirds of deaths occurring among inmates were AIDS-related. From 1990 through 1995, AIDS-related death rates averaged 36.4 per 10,000 inmates (range: 32.5–40.7). This rate declined to 26.3 per 10,000 inmates in 1996 and 8.6 per 10,000 inmates in 1997 (the first year since

TABLE 1. Prison population, prevalence of AIDS, and AIDS-related deaths and death rate — New York State Department of Correctional Services, 1981–1997

Year	Prison population*	Prevalence of AIDS [†]	AIDS-related deaths	AIDS-related death rate [§]
1981	23,563		2	0.8
1982	26,721		4	1.5
1983	29,838		18	6.0
1984	32,630		57	17.5
1985	34,483		99	28.7
1986	36,670		124	33.8
1987	39,829		151	37.9
1988	42,293		158	37.4
1989	48,010		132	27.5
1990	53,806	177.9	175	32.5
1991	56,292	166.5	229	40.7
1992	60,121	215.1	208	34.6
1993	63,489	230.3	223	35.1
1994	65,676	236.3	246	37.5
1995	68,164	223.6	258	37.9
1996	68,744	217.9	181	26.3
1997	69,786	216.1	60	8.6
1998 [¶]	69,835	219.4	39	6.1

* Average daily population for the interval.

[†] AIDS cases are calculated on a specified day each month and are averaged for the interval. Period prevalence is reported per 10,000 inmates and is calculated as [(the number of AIDS cases during the interval divided by the prison population] multiplied by 10,000. Information on the number of AIDS cases was not collected before 1990.

[§] Per 10,000 inmates.

[¶] Through November 1998. The number of AIDS-related deaths is the actual number of deaths through November. The AIDS-related death rate is annualized.

AIDS-Related Mortality — Continued

1988 that AIDS was not the major cause of deaths in the NYSDOCS system). Based on data from January–November 1998, the projected annualized AIDS-related death rate for 1998 decreased to 6.1 per 10,000 inmates.

During 1993–June 1998, the annual death rate in the NYSDOCS system from causes other than AIDS has remained stable at an average of 22.4 per 10,000 inmates (range: 20.3–24.2). The number of inmates who met the statutory medical requirements (terminal illness and significant disability) for a medical parole related to HIV/AIDS has declined from 55 in 1995 to 32 in 1996, 13 in 1997, and seven in 1998.

Reported by: LN Wright, MD, New York State Dept of Correctional Svcs; PF Smith, MD, New York State Dept of Health. Div of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note: As of December 31, 1995, 24,226 HIV-infected persons were incarcerated in state and federal prisons, corresponding to 2.3% of the state and federal prison population in the United States (1); 21% of these persons had a confirmed AIDS diagnosis. During 1991–1995, AIDS caused approximately one third of all deaths in U.S. prisons (1).

The decline in the AIDS-related deaths observed in the NYSDOCS is similar to that reported for the entire United States during the same time period (2) and corresponds to advancements in treatment of HIV infection (3–7). The finding that death rates for causes other than AIDS were stable suggests that increases in deaths from other causes in HIV-infected persons is not responsible for the decline in AIDS-related mortality. The decrease in the number of inmates granted medical parole related to HIV/AIDS suggests that severe HIV-related morbidity also has declined.

In 1983, the NYSDOCS opened the first in-house medical unit for treatment of prisoners with AIDS at Sing Sing Correctional Facility. The decrease in death rates observed since 1995 followed system-wide efforts in the 70 state prisons to standardize HIV care and to assure that antiretroviral medications and chemoprophylaxis of opportunistic infections are available throughout the system. These efforts included 1) in 1996, establishment of an HIV Treatment Guidelines work group in collaboration with the New York State Department of Health AIDS Institute to develop HIV treatment guidelines and regularly update them to be consistent with nationally recognized best practices; 2) in 1996, initiation of a quarterly live satellite videoconference series in collaboration with Albany Medical Center's Division of HIV Medicine and the New York State STD/HIV Prevention and Training Centers on "Management of HIV/AIDS in the Correctional Setting"; 3) in 1996, development of medical record flow sheets to monitor care being given to HIV-infected prisoners; and 4) in 1997, identification through the NYSDOCS pharmacy system of cases of apparently inappropriate care (e.g., monotherapy with protease inhibitors) and notification of other health-care team members for appropriate review and action.

Proper adherence to antiretroviral medications is essential to avoid development of resistant strains of HIV, but adherence to multidose treatment schedules with exacting requirements for dose-associated fasting or food may be more difficult in prison. Close supervision and intensive patient education is required to assure that prisoner patients understand how to take the medications correctly. Self-administration of medications and directly observed therapy can help resolve some of these issues.

Confidentiality may be more difficult to maintain in a corrections system than it is in other health facilities and may lead some inmates to refuse HIV testing, thus delay-

AIDS-Related Mortality — Continued

ing effective HIV treatment. Another challenge is the frequent transfer of inmates from one prison to another, resulting in frequent changes of primary and specialty providers. Standardization and coordination of treatment across prisons is necessary to ensure optimal care.

One important limitation of the findings of this report is that the precise reason for the decline in AIDS-related deaths in NYSDOCS cannot be determined. The effect attributable to the systematic changes in education and management within the prison system cannot be differentiated from the advances in treatment. Nevertheless, the decline in death rates is associated with the timing of both of these events.

The findings of this report indicate that substantial decreases in AIDS-related deaths are possible in prisons that implement systems to provide up-to-date treatment of HIV infection. Health-care provider training, treatment protocols, and patient education programs that are consistent throughout the prison system can be provided to address the challenges of caring for HIV-infected patients in prisons.

References

1. Bureau of Justice Statistics. HIV in prisons and jails, 1995. Washington, DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, August, 1997; publication no. NCJ-164260.
2. CDC. HIV/AIDS surveillance report. Atlanta, Georgia: US Department of Health and Human Services, CDC, 1997;9(no. 2):19.
3. Carpenter CCJ, Fischl MA, Hammer SM, et al. Antiretroviral therapy for HIV infection in 1996: recommendations of an international panel. *JAMA* 1996;276:146–54.
4. Carpenter CCJ, Fischl MA, Hammer SM, et al. Antiretroviral therapy for HIV infection in 1997: updated recommendations of the International AIDS Society-USA panel. *JAMA* 1997;277:1962–9.
5. CDC. Report of the NIH panel to define principles of therapy of HIV infection. *MMWR* 1998;47(no. RR-5).
6. CDC. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. *MMWR* 1998;47(no. RR-5).
7. Palella FJ Jr, Delaney KM, Moorman AC, et al. Declining morbidity and mortality among patients with advanced human immunodeficiency virus infection. *N Engl J Med* 1998;338:853–60.

Update: Multistate Outbreak of Listeriosis — United States, 1998–1999

From early August 1998 through January 6, 1999, at least 50 illnesses caused by a rare strain of the bacterium *Listeria monocytogenes*, serotype 4b, have been reported to CDC by 11 states. Six adults have died and two pregnant women have had spontaneous abortions. Reported illness onset dates were during August 2–December 13, 1998. CDC and state and local health departments have identified the vehicle for transmission as hot dogs and possibly deli meats produced under many brand names by one manufacturer. This report updates the investigation of this outbreak (1).

On December 22, the manufacturer, Bil Mar Foods, voluntarily recalled specific production lots of hot dogs and deli meats that might be contaminated. CDC later isolated the outbreak strain of *L. monocytogenes* from an opened and a previously unopened package of hot dogs manufactured at the company's plant in Zeeland, Michigan. In addition, a different strain of *L. monocytogenes* was isolated from unopened packages of deli meats produced at the same plant.

Listeriosis — Continued

Recalled products bear the establishment numbers EST P261 or EST 6911. The establishment number appears on the outer edge of all packages. The affected products included hot dogs and deli meats with the brand names Ball Park, Bil Mar, Bryan Bun-size, Bryan 3-lb Club Pack, Grillmaster, Hygrade, Mr. Turkey, Sara Lee Deli Meat, and Sara Lee Home Roast brands. Institutions may have received recalled product under other brand names. Packages for the above brand names that carry other establishment numbers are not affected by the recall. Other Sara Lee products that are not meat also are not affected.

Reported by: Ohio Dept of Health. New York State Dept of Health; Food Safety Laboratory, Cornell Univ, New York City Dept of Health. Tennessee Dept of Health. Massachusetts Dept of Public Health. West Virginia Dept of Health and Human Resources. Michigan Dept of Community Health. Connecticut Dept of Public Health. Health Div, Oregon Dept of Human Resources. Vermont Dept of Health. Div of Public Health, Georgia Dept of Human Resources. Minnesota Dept of Community Health. Foodborne and Diarrheal Diseases Br, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; and EIS officers, CDC.

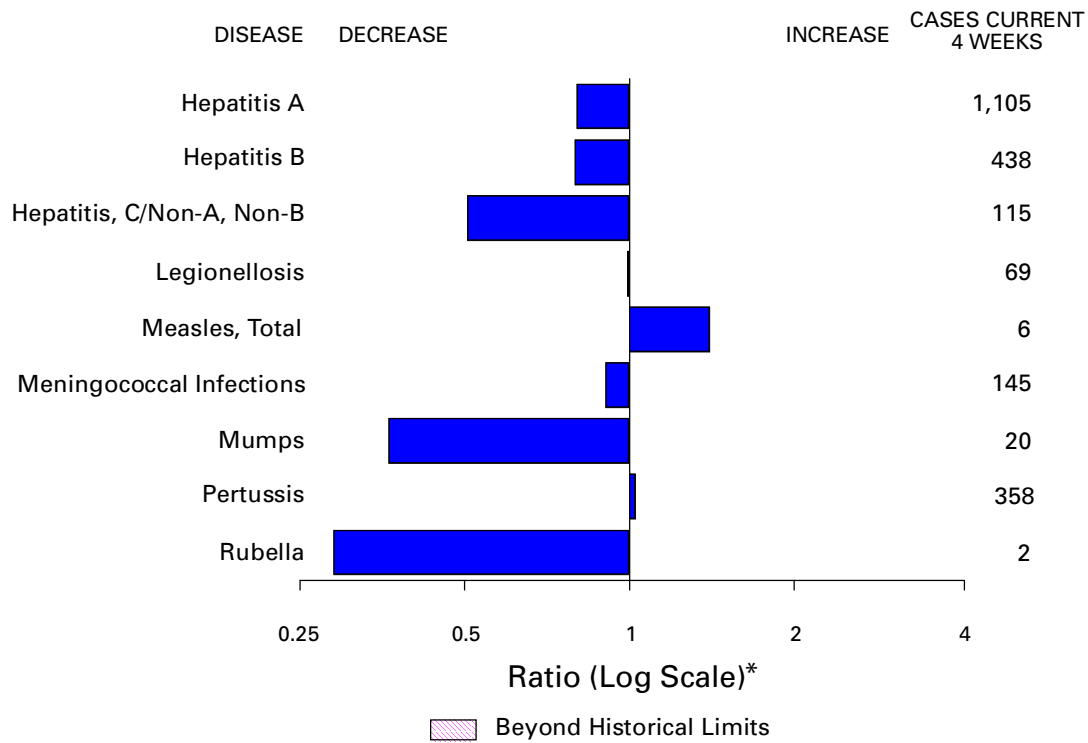
Editorial Note: Healthy persons rarely develop severe illness from *Listeria*. The illness primarily occurs in pregnant women, newborns, and persons with impaired immunity caused by serious illness, such as acquired immunodeficiency syndrome or cancer. *Listeria* infections during pregnancy may cause an influenza-like illness with fever and chills, and may lead to loss of the fetus. In other persons, early symptoms can include fever, severe headache, and stiff neck. Illness can begin 2–8 weeks after eating the contaminated food.

Consumers who have the affected product should not eat it, but rather should discard it or return it to the point of purchase. The risk for developing *Listeria* infection after eating a contaminated product is low. Persons who have eaten a contaminated product and do not have any symptoms do not need any special medical evaluation or treatment, even if they are in high-risk groups. However, persons in high-risk groups who have eaten the contaminated product, and within 2 months become ill with fever or influenza-like illness, should inform their physicians about this exposure. Because of this long incubation period, cases may continue to occur and be reported for several weeks after an effective recall.

Consumers who have questions about the recall or the products involved should contact Bil Mar Foods, telephone (800) 247-8339. Persons who have questions about *Listeria* should call their physicians or their local or state health departments or visit CDC's World-Wide Web site, <http://www.cdc.gov/ncidod/diseases/foodborn/lister.htm>. General questions about meat handling should be directed to the U.S. Department of Agriculture's Meat and Poultry Hotline, telephone (800) 535-4555, Monday through Friday from 10 a.m. to 4 p.m. eastern time.

Reference

1. CDC. Multistate outbreak of listeriosis—United States, 1998. MMWR 1998;47:1085–6.

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending December 26, 1998, 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 December 26, 1998 (51st Week)

	Cum. 1998		Cum. 1998
Anthrax	-	Plague	8
Brucellosis	61	Poliomyelitis, paralytic	1
Cholera	12	Psittacosis	49
Congenital rubella syndrome	6	Rabies, human	-
Cryptosporidiosis*	3,068	Rocky Mountain spotted fever (RMSF)	332
Diphtheria	1	Streptococcal disease, invasive Group A	2,026
Encephalitis: California*	90	Streptococcal toxic-shock syndrome*	49
eastern equine*	4	Syphilis, congenital [¶]	399
St. Louis*	26	Tetanus	35
western equine*	-	Toxic-shock syndrome	128
Hansen Disease	102	Trichinosis	21
Hantavirus pulmonary syndrome* [†]	19	Typhoid fever	324
Hemolytic uremic syndrome, post-diarrheal*	81	Yellow fever	-
HIV infection, pediatric* [‡]	243		

-: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 November 29, 1998.

[¶] Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 26, 1998, and December 20, 1997 (51st Week)

Reporting Area	AIDS		Chlamydia		Escherichia coli O157:H7		Gonorrhea		Hepatitis C/NA,NB	
	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	NETSS†	PHLIS‡	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997
					Cum. 1998	Cum. 1998				
UNITED STATES	42,564	55,074	548,138	461,757	2,887	1,883	328,163	291,955	4,781	3,400
NEW ENGLAND	1,688	2,251	17,865	17,773	332	260	5,100	5,797	109	57
Maine	28	51	1,008	1,025	36	-	66	66	-	-
N.H.	40	39	914	795	46	45	87	96	-	-
Vt.	19	35	409	415	21	17	37	50	4	4
Mass.	862	803	8,126	7,229	149	147	2,217	2,052	102	46
R.I.	118	145	2,271	2,005	13	1	418	408	3	7
Conn.	621	1,178	5,137	6,304	67	50	2,275	3,125	-	-
MID. ATLANTIC	11,418	16,262	66,815	56,034	290	73	39,844	37,685	341	320
Upstate N.Y.	1,323	2,380	N	N	219	-	6,654	6,395	254	237
N.Y. City	6,564	8,584	33,207	26,833	9	12	14,973	14,324	-	-
N.J.	2,025	3,212	11,268	10,046	62	51	7,571	7,399	-	-
Pa.	1,506	2,086	22,340	19,155	N	10	10,646	9,567	87	83
E.N. CENTRAL	3,063	4,217	87,742	63,345	453	321	63,254	40,734	496	531
Ohio	640	839	25,079	21,991	127	65	16,310	14,316	8	20
Ind.	472	518	4,656	9,287	104	49	4,832	6,075	7	12
Ill.	1,195	1,711	26,569	U	109	58	21,686	U	33	85
Mich.	578	900	21,405	21,082	113	62	16,080	15,438	448	388
Wis.	178	249	10,033	10,985	N	87	4,346	4,905	-	26
W.N. CENTRAL	832	1,131	30,557	32,641	485	384	15,862	14,586	284	58
Minn.	163	211	6,371	6,584	196	202	2,470	2,359	12	4
Iowa	63	108	2,063	4,612	92	58	660	1,228	8	27
Mo.	402	558	12,080	11,872	54	61	8,964	7,510	253	10
N. Dak.	5	12	849	868	12	15	71	70	-	3
S. Dak.	15	8	1,552	1,397	36	34	218	164	-	-
Nebr.	65	90	2,684	2,681	61	-	1,124	1,180	5	2
Kans.	119	144	4,958	4,627	34	14	2,355	2,075	6	12
S. ATLANTIC	11,132	13,689	111,684	92,626	260	155	91,734	90,904	194	248
Del.	154	228	2,493	76	-	2	1,488	1,289	-	-
Md.	1,489	1,864	7,234	7,318	39	14	9,684	11,215	24	12
D.C.	809	1,059	N	N	1	-	3,348	4,247	-	-
Va.	910	1,118	13,090	11,403	N	42	9,075	8,710	12	25
W. Va.	79	121	2,491	2,854	13	10	797	908	8	17
N.C.	752	796	21,482	17,108	57	46	18,713	16,888	20	49
S.C.	719	792	17,493	12,279	17	12	10,989	11,170	13	38
Ga.	1,174	1,600	22,749	15,749	78	-	18,980	18,085	9	-
Fla.	5,046	6,111	24,652	25,839	55	29	18,660	18,392	108	107
E.S. CENTRAL	1,684	2,016	37,363	34,633	118	39	36,531	34,708	192	344
Ky.	263	361	6,083	6,153	33	-	3,577	3,923	20	14
Tenn.	622	775	13,187	12,348	54	33	11,342	10,887	163	229
Ala.	456	567	10,060	8,467	25	2	12,708	11,769	7	13
Miss.	343	313	8,033	7,665	6	4	8,904	8,129	2	88
W.S. CENTRAL	5,140	6,034	75,991	65,638	121	24	46,329	42,918	426	482
Ark.	189	242	3,904	2,573	11	10	3,810	4,413	14	14
La.	878	1,049	14,770	9,904	5	7	12,743	9,720	118	219
Okla.	272	293	8,749	7,256	25	7	4,895	4,671	20	7
Tex.	3,801	4,450	48,568	45,905	80	-	24,881	24,114	274	242
MOUNTAIN	1,479	1,678	32,211	29,698	343	238	8,812	8,126	344	326
Mont.	28	41	1,278	1,171	16	-	48	61	7	22
Idaho	28	50	1,990	1,639	42	24	178	156	87	83
Wyo.	3	16	626	611	53	55	29	52	66	76
Colo.	286	394	8,675	7,406	91	69	2,257	2,209	34	36
N. Mex.	202	169	4,068	3,824	19	20	968	870	96	60
Ariz.	589	401	10,464	10,533	21	26	3,809	3,701	11	25
Utah	128	158	2,151	1,718	79	21	228	269	23	5
Nev.	215	449	2,959	2,796	22	23	1,295	808	20	19
PACIFIC	6,128	7,796	87,910	69,369	485	389	20,697	16,497	2,395	1,034
Wash.	390	609	10,874	9,166	109	127	1,938	1,876	22	32
Oreg.	166	284	5,901	4,913	104	99	858	725	6	3
Calif.	5,396	6,760	67,036	51,982	265	147	17,131	13,035	2,312	826
Alaska	17	46	1,847	1,542	7	-	324	369	1	-
Hawaii	159	97	2,252	1,766	N	16	446	492	54	173
Guam	1	2	201	193	N	-	24	27	-	-
P.R.	1,602	1,974	U	U	8	U	370	526	-	-
V.I.	31	94	N	U	N	U	U	U	U	U
Amer. Samoa	-	-	U	U	N	U	U	U	U	U
C.N.M.I.	-	1	N	N	N	U	28	23	-	2

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

*Updated monthly from reports to the Division of HIV/AIDS Prevention-Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update November 29, 1998.

†National Electronic Telecommunications System for Surveillance.

‡Public Health Laboratory Information System.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending December 26, 1998, and December 20, 1997 (51st Week)

Reporting Area	Legionellosis		Lyme Disease		Malaria		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal
	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998
UNITED STATES	1,306	1,062	12,529	11,906	1,361	1,808	6,912	8,251	14,572	17,340	7,018
NEW ENGLAND	84	84	2,667	2,945	60	98	74	134	462	440	1,415
Maine	1	3	12	12	5	1	1	2	11	20	223
N.H.	7	7	45	37	5	10	2	-	14	15	77
Vt.	7	13	11	8	2	2	4	-	4	6	69
Mass.	32	29	780	290	16	32	44	69	271	247	495
R.I.	22	15	654	400	14	11	1	2	56	35	102
Conn.	15	17	1,165	2,198	18	42	22	61	106	117	449
MID. ATLANTIC	292	240	8,277	6,992	328	510	298	387	2,936	3,046	1,529
Upstate N.Y.	102	74	4,124	2,933	90	78	36	41	374	435	1,048
N.Y. City	28	26	37	175	154	308	81	84	1,445	1,537	U
N.J.	17	30	1,729	1,902	54	86	84	150	621	671	220
Pa.	145	110	2,387	1,982	30	38	97	112	496	403	261
E.N. CENTRAL	437	345	142	589	125	165	1,117	637	1,302	1,748	131
Ohio	135	119	58	39	15	19	130	219	90	246	58
Ind.	126	57	63	33	11	18	251	177	157	149	12
Ill.	37	35	9	13	41	68	467	U	649	908	16
Mich.	80	91	12	27	49	44	211	141	360	325	35
Wis.	59	43	U	477	9	16	58	100	46	120	10
W.N. CENTRAL	78	57	217	237	101	66	127	176	402	587	691
Minn.	8	3	174	195	63	36	9	16	149	150	122
Iowa	14	9	25	7	7	10	-	7	51	74	149
Mo.	24	21	2	28	15	11	97	117	95	234	28
N. Dak.	-	2	-	-	3	3	-	-	10	12	143
S. Dak.	4	2	-	1	1	1	1	1	23	19	151
Nebr.	20	15	5	2	2	1	7	3	30	22	7
Kans.	8	5	11	4	10	4	13	32	44	76	91
S. ATLANTIC	151	126	897	745	323	321	2,528	3,453	2,011	3,235	2,316
Del.	13	13	45	109	3	5	21	22	18	36	49
Md.	33	23	623	476	88	84	650	897	274	300	436
D.C.	8	4	8	9	19	20	73	112	100	101	-
Va.	22	27	68	62	58	68	146	233	280	305	543
W. Va.	N	N	13	10	2	1	3	3	41	53	76
N.C.	14	14	61	34	30	20	717	1,017	498	428	556
S.C.	11	8	7	3	6	17	313	360	234	322	144
Ga.	8	2	5	7	40	52	284	525	496	593	301
Fla.	40	35	67	35	77	54	321	284	70	1,097	211
E.S. CENTRAL	70	55	98	94	31	39	1,153	1,666	1,116	1,269	272
Ky.	30	11	25	18	7	12	103	133	158	185	31
Tenn.	24	33	45	44	16	11	547	732	458	445	141
Ala.	9	4	24	11	6	10	274	409	316	403	98
Miss.	7	7	4	21	2	6	229	392	184	236	2
W.S. CENTRAL	46	34	36	114	66	58	1,012	1,286	2,116	2,473	136
Ark.	-	2	7	25	1	5	104	165	146	179	31
La.	4	6	7	6	16	16	420	363	274	276	-
Okla.	12	3	2	33	4	9	121	116	160	201	105
Tex.	30	23	20	50	45	28	367	642	1,536	1,817	-
MOUNTAIN	78	62	25	15	63	65	220	174	456	550	214
Mont.	2	1	-	-	1	2	-	-	19	16	54
Idaho	3	2	7	4	8	-	2	1	13	14	-
Wyo.	1	1	1	3	-	2	1	-	4	2	63
Colo.	20	18	6	-	19	30	11	15	U	78	39
N. Mex.	2	3	4	1	12	8	22	8	65	67	6
Ariz.	20	12	1	4	9	11	169	134	205	231	19
Utah	22	18	-	1	2	3	4	5	53	33	27
Nev.	8	7	6	2	12	9	11	11	78	109	6
PACIFIC	70	59	170	175	264	486	383	338	3,771	3,992	314
Wash.	12	9	7	10	20	49	27	13	206	289	-
Oreg.	1	-	21	20	17	25	8	9	137	150	7
Calif.	55	49	141	143	216	395	346	314	3,206	3,321	284
Alaska	1	-	1	2	4	5	1	1	54	70	23
Hawaii	1	1	-	-	7	12	1	1	168	162	-
Guam	2	-	-	-	1	-	1	3	36	13	-
P.R.	-	-	-	-	-	6	180	249	140	212	53
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.	-	-	-	-	-	-	164	12	77	22	-

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending December 26, 1998, and December 20, 1997 (51st Week)

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 1998*	Cum. 1997	A		B		Indigenous		Imported†		Total	
			Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997
UNITED STATES	1,004	1,057	21,618	27,682	8,471	9,241	1	68	-	26	94	134
NEW ENGLAND	68	63	270	636	183	179	-	1	-	2	3	19
Maine	4	5	20	62	5	6	-	-	-	-	-	1
N.H.	9	11	15	34	20	17	-	-	-	-	-	1
Vt.	9	3	16	15	6	11	-	-	-	1	1	-
Mass.	38	39	106	252	56	76	U	1	U	1	2	16
R.I.	6	3	17	129	68	16	-	-	-	-	-	-
Conn.	2	2	96	144	28	53	-	-	-	-	-	1
MID. ATLANTIC	143	164	1,426	2,059	1,064	1,334	1	9	-	6	15	27
Upstate N.Y.	64	53	355	363	285	313	1	2	-	1	3	5
N.Y. City	27	42	368	896	271	450	-	-	-	-	-	11
N.J.	46	49	333	310	192	241	-	7	-	1	8	3
Pa.	6	20	370	490	316	330	U	-	U	4	4	8
E.N. CENTRAL	159	163	3,669	2,996	1,555	1,471	-	13	-	3	16	10
Ohio	47	84	372	317	75	93	-	-	-	1	1	-
Ind.	42	19	337	322	768	97	-	2	-	1	3	-
Ill.	55	41	701	838	190	276	-	1	-	-	1	7
Mich.	8	18	2,091	1,337	468	452	-	9	-	1	10	2
Wis.	7	1	168	182	54	553	-	1	-	-	1	1
W.N. CENTRAL	91	58	1,298	2,147	407	473	-	1	-	-	1	17
Minn.	66	44	130	197	49	43	-	-	-	-	-	8
Iowa	4	6	399	466	55	42	-	1	-	-	1	-
Mo.	13	5	580	1,103	246	332	-	-	-	-	-	1
N. Dak.	-	-	3	11	4	5	-	-	-	-	-	-
S. Dak.	1	2	39	24	3	1	-	-	-	-	-	8
Nebr.	1	1	41	89	23	20	-	-	-	-	-	-
Kans.	6	-	106	257	27	30	-	-	-	-	-	-
S. ATLANTIC	196	166	1,994	2,071	1,180	1,206	-	3	-	5	8	15
Del.	-	-	6	30	4	7	U	-	U	1	1	-
Md.	55	57	327	182	155	163	-	-	-	1	1	2
D.C.	-	-	64	36	19	30	-	-	-	-	-	1
Va.	19	14	218	225	102	127	-	-	-	2	2	1
W. Va.	5	4	7	12	11	16	-	-	-	-	-	-
N.C.	24	21	126	205	244	252	-	-	-	-	-	2
S.C.	3	4	46	107	53	97	-	-	-	-	-	1
Ga.	53	39	666	655	146	148	-	1	-	1	2	1
Fla.	37	27	534	619	446	366	-	2	-	-	2	7
E.S. CENTRAL	59	56	373	638	392	702	-	-	-	2	2	1
Ky.	8	8	26	76	46	39	U	-	U	-	-	-
Tenn.	34	31	221	401	268	443	-	-	-	1	1	-
Ala.	15	15	83	83	76	77	-	-	-	1	1	1
Miss.	2	2	43	78	2	143	U	-	U	-	-	-
W.S. CENTRAL	59	48	4,044	5,545	1,197	1,241	-	1	-	-	1	8
Ark.	-	2	88	209	92	85	-	-	-	-	-	-
La.	25	12	145	224	182	162	-	1	-	-	1	-
Okla.	31	31	622	1,402	121	51	-	-	-	-	-	1
Tex.	3	3	3,189	3,710	802	943	-	-	-	-	-	7
MOUNTAIN	119	88	3,170	4,143	808	837	-	7	-	3	10	8
Mont.	-	1	95	70	5	12	-	-	-	-	-	-
Idaho	2	1	233	141	49	53	-	-	-	-	-	-
Wyo.	1	4	36	34	8	24	U	-	U	-	-	-
Colo.	20	22	348	393	108	146	-	-	-	-	-	-
N. Mex.	9	9	148	345	314	247	-	-	-	-	-	-
Ariz.	61	32	1,904	2,196	176	192	-	7	-	3	10	5
Utah	7	3	196	540	66	89	-	-	-	-	-	1
Nev.	19	16	210	424	82	74	-	-	-	-	-	2
PACIFIC	110	251	5,374	7,447	1,685	1,798	-	33	-	5	38	29
Wash.	10	6	913	666	116	82	-	-	-	1	1	2
Oreg.	40	38	370	368	127	118	-	-	-	-	-	-
Calif.	51	191	4,034	6,233	1,421	1,572	-	5	-	3	8	23
Alaska	1	8	17	34	12	15	-	28	-	1	29	-
Hawaii	8	8	40	146	9	11	-	-	-	-	-	4
Guam	-	-	-	-	2	3	U	-	U	-	-	-
P.R.	2	-	57	267	359	780	-	-	-	-	-	-
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.	-	6	3	1	53	47	U	-	U	-	-	1

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

*Of 226 cases among children aged <5 years, serotype was reported for 126 and of those, 48 were type b.

†For imported measles, cases include only those resulting from importation from other countries.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending December 26, 1998, and December 20, 1997 (51st Week)

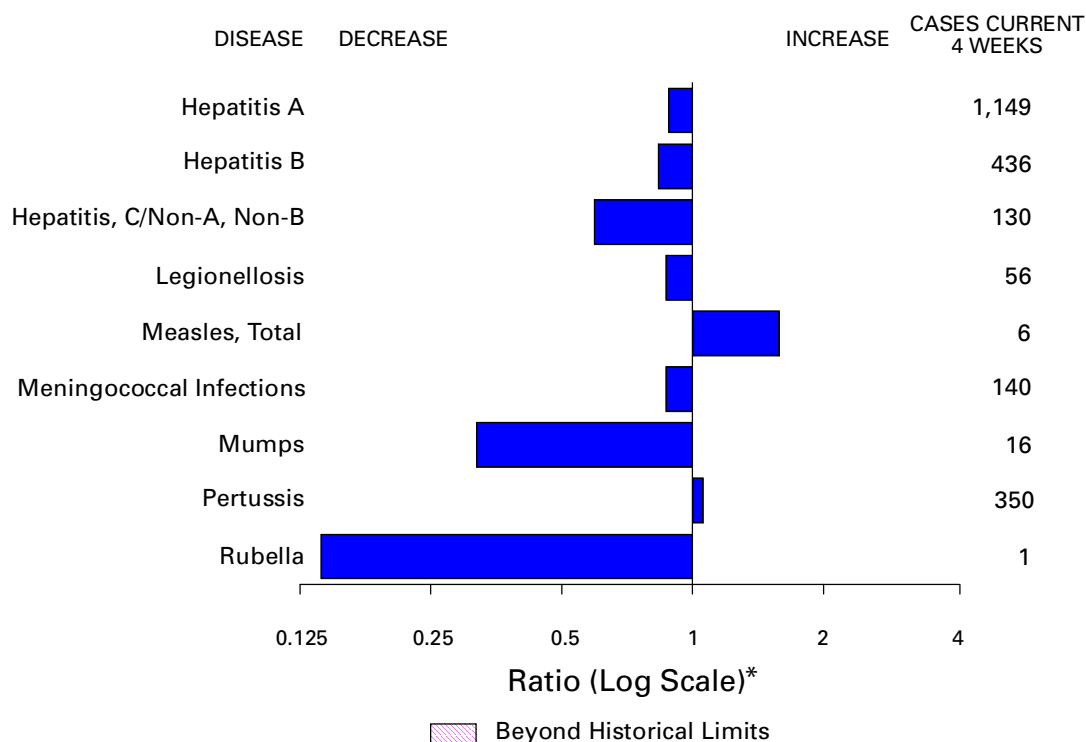
Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997
UNITED STATES	2,585	3,077	5	601	630	111	6,170	5,770	-	345	162
NEW ENGLAND	110	195	-	8	12	8	946	1,036	-	38	1
Maine	7	19	-	-	-	-	5	25	-	-	-
N.H.	4	15	-	-	1	4	127	133	-	-	-
Vt.	5	4	-	-	-	1	77	263	-	-	-
Mass.	56	95	U	4	4	U	675	564	U	8	1
R.I.	8	22	-	1	6	3	16	17	-	1	-
Conn.	30	40	-	3	1	-	46	34	-	29	-
MID. ATLANTIC	239	336	1	173	60	7	599	413	-	144	35
Upstate N.Y.	71	88	1	13	14	7	320	169	-	111	6
N.Y. City	25	54	-	139	3	-	39	71	-	18	29
N.J.	56	72	-	3	8	-	12	14	-	13	-
Pa.	87	122	U	18	35	U	228	159	U	2	-
E.N. CENTRAL	377	481	1	76	92	23	680	645	-	-	6
Ohio	140	162	-	29	35	9	291	159	-	-	-
Ind.	70	55	-	6	14	6	151	76	-	-	-
Ill.	91	152	-	11	12	8	129	124	-	-	2
Mich.	42	67	1	30	27	-	71	69	-	-	-
Wis.	34	45	-	-	4	-	38	217	-	-	4
W.N. CENTRAL	224	225	-	31	18	40	597	596	-	34	1
Minn.	35	34	-	13	6	-	342	354	-	-	-
Iowa	48	46	-	11	10	-	73	118	-	-	-
Mo.	81	98	-	4	-	1	46	73	-	3	1
N. Dak.	5	2	-	2	-	38	42	1	-	-	-
S. Dak.	8	5	-	-	-	-	8	5	-	-	-
Nebr.	15	18	-	-	1	1	20	13	-	-	-
Kans.	32	22	-	1	1	-	66	32	-	31	-
S. ATLANTIC	452	521	2	52	74	5	341	418	-	19	78
Del.	2	5	U	-	-	U	5	1	U	-	-
Md.	34	42	-	-	1	-	59	114	-	1	-
D.C.	4	12	-	-	-	-	1	3	-	-	1
Va.	48	58	-	10	19	1	51	56	-	1	1
W. Va.	17	19	-	-	-	-	4	6	-	-	-
N.C.	58	91	-	11	12	1	104	118	-	13	59
S.C.	57	56	-	7	11	-	27	30	-	-	15
Ga.	97	100	1	2	10	1	28	13	-	-	-
Fla.	135	138	1	22	21	2	62	77	-	4	2
E.S. CENTRAL	258	233	-	18	31	-	122	147	-	2	1
Ky.	38	49	U	1	3	U	50	66	U	-	-
Tenn.	71	76	-	2	6	-	37	38	-	2	-
Ala.	110	83	-	9	9	-	32	32	-	-	1
Miss.	39	25	U	6	13	U	3	11	U	-	-
W.S. CENTRAL	300	288	-	61	87	2	370	295	-	89	6
Ark.	31	37	-	12	1	-	93	54	-	-	-
La.	66	48	-	10	16	-	9	20	-	-	-
Okla.	41	44	-	-	-	-	31	51	-	-	-
Tex.	162	159	-	39	70	2	237	170	-	89	6
MOUNTAIN	152	178	-	40	56	23	1,118	1,292	-	5	7
Mont.	4	8	-	-	-	-	13	18	-	-	-
Idaho	14	13	-	7	4	7	226	554	-	-	2
Wyo.	7	3	U	1	1	U	8	7	U	-	-
Colo.	30	48	-	7	3	1	245	408	-	-	-
N. Mex.	26	29	N	N	N	1	98	189	-	1	-
Ariz.	47	44	-	6	33	13	224	41	-	1	5
Utah	14	15	-	5	8	1	263	27	-	2	-
Nev.	10	18	-	14	7	-	41	48	-	1	-
PACIFIC	473	620	1	142	200	3	1,397	928	-	14	27
Wash.	64	96	-	11	21	2	331	407	-	9	5
Oreg.	91	122	N	N	N	-	90	48	-	-	-
Calif.	310	392	1	106	146	1	941	438	-	3	14
Alaska	3	3	-	2	8	-	15	16	-	-	-
Hawaii	5	7	-	23	25	-	20	19	-	2	8
Guam	1	1	U	2	1	U	-	-	U	-	-
P.R.	8	8	-	1	7	-	6	-	-	-	-
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	2	4	U	1	-	U	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending January 2, 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 January 2, 1999 (52nd Week)

	Cum. 1998		Cum. 1998
Anthrax	-	Plague	8
Brucellosis	62	Poliomyelitis, paralytic	1
Cholera	12	Psittacosis	49
Congenital rubella syndrome	6	Rabies, human	-
Cryptosporidiosis*	3,111	Rocky Mountain spotted fever (RMSF)	345
Diphtheria	1	Streptococcal disease, invasive Group A	2,067
Encephalitis: California*	91	Streptococcal toxic-shock syndrome*	49
eastern equine*	4	Syphilis, congenital [¶]	401
St. Louis*	26	Tetanus	34
western equine*	-	Toxic-shock syndrome	132
Hansen Disease	105	Trichinosis	24
Hantavirus pulmonary syndrome* [†]	19	Typhoid fever	327
Hemolytic uremic syndrome, post-diarrheal*	82	Yellow fever	-
HIV infection, pediatric* [‡]	262		

-: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 December 27, 1998.

[¶] Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 2, 1999, and December 27, 1997 (52nd Week)

Reporting Area	AIDS		Chlamydia		<i>Escherichia coli</i> O157:H7		Gonorrhea		Hepatitis C/NA,NB	
	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	NETSS†	PHLIS‡	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997
					Cum. 1998	Cum. 1998				
UNITED STATES	46,311	57,953	593,097	467,637	2,939	1,969	345,087	295,380	4,840	3,543
NEW ENGLAND	1,811	2,307	18,415	18,018	338	281	5,276	5,862	112	57
Maine	31	51	1,064	1,044	37	-	67	66	-	-
N.H.	42	39	914	809	46	47	87	96	-	-
Vt.	20	35	414	422	21	18	37	52	4	4
Mass.	924	803	8,403	7,330	154	159	2,276	2,077	105	46
R.I.	128	158	2,308	2,036	13	1	432	417	3	7
Conn.	666	1,221	5,312	6,377	67	56	2,377	3,154	-	-
MID. ATLANTIC	12,588	18,286	80,604	56,840	291	73	46,504	38,446	346	362
Upstate N.Y.	1,581	3,776	N	N	220	-	6,682	6,801	255	279
N.Y. City	7,133	9,140	33,207	27,123	9	12	14,973	14,455	-	-
N.J.	2,134	3,284	11,348	10,175	62	51	7,634	7,475	-	-
Pa.	1,740	2,086	36,049	19,542	N	10	17,215	9,715	91	83
E.N. CENTRAL	3,390	4,343	89,609	64,315	459	346	64,618	41,406	511	536
Ohio	685	840	25,562	22,543	128	73	16,688	14,619	8	20
Ind.	484	520	4,656	9,487	105	54	5,157	6,175	7	12
Ill.	1,304	1,834	27,089	U	112	61	21,997	U	34	86
Mich.	714	900	22,156	21,123	114	70	16,359	15,613	462	392
Wis.	203	249	10,146	11,162	N	88	4,417	4,999	-	26
W.N. CENTRAL	927	1,156	30,933	33,197	499	402	15,968	14,733	289	58
Minn.	190	211	6,371	6,669	207	212	2,470	2,391	12	4
Iowa	75	108	2,063	4,781	92	59	660	1,268	8	27
Mo.	443	562	12,325	12,103	56	64	9,042	7,568	258	10
N. Dak.	6	12	849	881	12	15	71	71	-	3
S. Dak.	15	11	1,579	1,407	37	38	221	164	-	-
Nebr.	72	90	2,788	2,729	61	-	1,149	1,196	5	2
Kans.	126	162	4,958	4,627	34	14	2,355	2,075	6	12
S. ATLANTIC	12,194	13,866	113,842	93,724	264	158	93,421	91,730	198	291
Del.	174	228	2,608	97	-	2	1,556	1,304	-	-
Md.	1,639	1,865	7,234	7,515	40	14	9,684	11,371	25	12
D.C.	989	1,059	N	N	1	-	3,400	4,256	-	-
Va.	998	1,118	13,098	11,679	N	42	9,077	8,823	12	25
W. Va.	86	121	2,533	2,881	13	10	810	919	8	17
N.C.	788	851	22,095	17,108	58	47	19,259	16,888	20	50
S.C.	777	793	18,312	12,360	17	12	11,585	11,239	14	38
Ga.	1,295	1,717	22,966	15,843	78	-	19,099	18,244	9	-
Fla.	5,448	6,114	24,996	26,241	57	31	18,951	18,686	110	149
E.S. CENTRAL	1,874	2,051	37,832	35,139	118	41	36,991	35,195	192	347
Ky.	280	362	6,083	6,237	33	-	3,577	3,983	20	15
Tenn.	695	775	13,656	12,501	54	35	11,802	11,018	163	231
Ala.	484	568	10,060	8,586	25	2	12,708	11,917	7	13
Miss.	415	346	8,033	7,815	6	4	8,904	8,277	2	88
W.S. CENTRAL	5,406	6,263	76,668	65,886	124	24	46,676	43,035	428	511
Ark.	203	242	4,053	2,573	11	10	3,870	4,414	14	14
La.	951	1,050	14,770	10,030	5	7	12,743	9,777	118	235
Okla.	285	293	9,277	7,378	26	7	5,182	4,730	20	7
Tex.	3,967	4,678	48,568	45,905	82	-	24,881	24,114	276	255
MOUNTAIN	1,632	1,813	32,829	30,222	344	239	8,930	8,254	347	329
Mont.	29	41	1,330	1,171	17	-	50	61	7	23
Idaho	32	50	2,019	1,646	42	25	181	156	87	84
Wyo.	6	16	626	634	53	55	29	53	66	76
Colo.	314	394	8,922	7,529	91	69	2,286	2,226	34	36
N. Mex.	209	169	4,179	3,928	19	20	1,011	886	96	61
Ariz.	645	404	10,513	10,745	21	26	3,826	3,784	14	25
Utah	139	158	2,210	1,729	79	21	236	269	23	5
Nev.	258	581	3,030	2,840	22	23	1,311	819	20	19
PACIFIC	6,489	7,868	112,365	70,296	502	405	26,703	16,719	2,417	1,052
Wash.	441	668	11,029	9,380	123	129	1,960	1,911	25	32
Oreg.	204	284	6,074	5,009	104	101	902	735	6	4
Calif.	5,654	6,762	91,140	52,551	268	159	23,063	13,200	2,331	842
Alaska	29	57	1,870	1,561	7	-	332	371	1	-
Hawaii	161	97	2,252	1,795	N	16	446	502	54	174
Guam	2	2	201	193	N	-	24	27	-	-
P.R.	1,711	2,037	U	U	8	U	370	526	-	-
V.I.	35	98	N	U	N	U	U	U	U	U
Amer. Samoa	-	-	U	U	N	U	U	U	U	U
C.N.M.I.	-	1	N	N	N	U	28	23	-	2

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

*Updated monthly from reports to the Division of HIV/AIDS Prevention-Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update December 27, 1998.

†National Electronic Telecommunications System for Surveillance.

‡Public Health Laboratory Information System.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending January 2, 1999, and December 27, 1997 (52nd Week)

Reporting Area	Legionellosis		Lyme Disease		Malaria		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal
	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998
UNITED STATES	1,327	1,102	14,646	12,289	1,381	1,877	7,183	8,323	14,756	17,897	7,084
NEW ENGLAND	84	87	4,511	2,961	60	98	77	136	469	473	1,423
Maine	1	3	12	12	5	1	1	2	11	20	223
N.H.	7	7	45	37	5	10	2	-	14	15	77
Vt.	7	13	11	8	2	2	4	-	4	6	72
Mass.	32	31	782	290	16	32	47	70	270	268	495
R.I.	22	15	692	409	14	11	1	2	64	36	102
Conn.	15	18	2,969	2,205	18	42	22	62	106	128	454
MID. ATLANTIC	302	248	8,504	7,321	332	516	359	391	3,003	3,149	1,564
Upstate N.Y.	102	79	4,214	3,149	90	81	36	41	376	441	1,067
N.Y. City	28	27	37	177	154	310	81	87	1,464	1,577	U
N.J.	17	30	1,729	1,933	54	87	86	150	631	728	221
Pa.	155	112	2,524	2,062	34	38	156	113	532	403	276
E.N. CENTRAL	446	347	145	591	128	169	1,137	648	1,308	1,807	132
Ohio	136	120	59	40	15	19	132	221	90	286	59
Ind.	128	57	65	33	11	18	252	186	157	153	12
Ill.	41	35	9	13	44	72	484	U	655	917	16
Mich.	80	91	12	27	49	44	211	141	360	329	35
Wis.	61	44	U	478	9	16	58	100	46	122	10
W.N. CENTRAL	78	60	218	238	101	70	132	176	403	594	702
Minn.	8	3	174	195	63	36	9	16	149	151	123
Iowa	14	9	26	8	7	10	-	7	51	74	152
Mo.	24	24	2	28	15	13	102	117	95	238	28
N. Dak.	-	2	-	-	3	3	-	-	10	12	150
S. Dak.	4	2	-	1	1	3	1	1	23	19	151
Nebr.	20	15	5	2	2	1	7	3	31	22	7
Kans.	8	5	11	4	10	4	13	32	44	78	91
S. ATLANTIC	152	135	930	774	330	370	2,564	3,472	2,034	3,282	2,309
Del.	13	13	45	109	3	5	21	22	18	36	49
Md.	33	23	653	482	89	84	658	911	274	334	436
D.C.	8	5	8	10	19	20	73	112	101	103	-
Va.	22	27	68	63	58	69	149	233	280	305	543
W. Va.	N	N	13	10	2	1	3	3	42	54	77
N.C.	14	14	63	34	30	20	724	1,017	498	429	547
S.C.	11	8	7	3	6	17	313	360	234	327	144
Ga.	8	2	5	7	40	52	291	525	517	594	301
Fla.	41	43	68	56	83	102	332	289	70	1,100	212
E.S. CENTRAL	70	55	98	94	32	39	1,172	1,686	1,118	1,293	274
Ky.	30	11	25	18	7	12	103	135	158	199	31
Tenn.	24	33	45	44	17	11	566	747	458	451	141
Ala.	9	4	24	11	6	10	274	410	316	405	100
Miss.	7	7	4	21	2	6	229	394	186	238	2
W.S. CENTRAL	46	35	44	116	66	58	1,020	1,294	2,123	2,480	138
Ark.	-	2	7	25	1	5	104	169	152	179	31
La.	4	7	7	6	16	16	420	366	274	276	-
Okla.	12	3	10	35	4	9	129	117	161	208	107
Tex.	30	23	20	50	45	28	367	642	1,536	1,817	-
MOUNTAIN	79	63	25	15	63	66	222	176	463	598	215
Mont.	2	1	-	-	1	2	-	-	19	16	55
Idaho	3	2	7	4	8	1	2	1	13	14	-
Wyo.	1	1	1	3	-	2	1	-	4	2	63
Colo.	21	19	6	-	19	30	12	15	U	79	39
N. Mex.	2	3	4	1	12	8	22	8	65	71	6
Ariz.	20	12	1	4	9	11	170	136	206	274	19
Utah	22	18	-	1	2	3	4	5	52	33	27
Nev.	8	7	6	2	12	9	11	11	85	109	6
PACIFIC	70	72	171	179	269	491	500	344	3,835	4,221	327
Wash.	12	10	7	10	24	49	44	16	210	298	-
Oreg.	1	-	21	20	17	25	8	9	146	151	7
Calif.	55	61	142	147	217	400	446	317	3,256	3,533	297
Alaska	1	-	1	2	4	5	1	1	54	72	23
Hawaii	1	1	-	-	7	12	1	1	169	167	-
Guam	2	-	-	-	1	-	1	3	36	13	-
P.R.	-	-	-	-	-	6	180	249	140	220	53
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.	-	-	-	-	-	-	164	12	77	24	-

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

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 2, 1999, and December 27, 1997 (52nd Week)

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 1998*	Cum. 1997	A		B		Indigenous		Imported [†]		Total	
			Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997
UNITED STATES	1,023	1,091	22,028	28,305	8,651	9,720	-	63	-	26	89	135
NEW ENGLAND	69	64	272	640	187	183	-	1	-	2	3	19
Maine	5	5	20	62	5	6	-	-	-	-	-	1
N.H.	9	12	15	34	20	17	U	-	U	-	-	1
Vt.	9	3	16	15	6	11	-	-	-	1	1	-
Mass.	38	39	106	254	60	77	-	1	-	1	2	16
R.I.	6	3	17	129	68	16	-	-	-	-	-	-
Conn.	2	2	98	146	28	56	-	-	-	-	-	1
MID. ATLANTIC	150	181	1,450	2,106	1,088	1,402	-	9	-	6	15	27
Upstate N.Y.	68	69	361	395	288	363	-	2	-	1	3	5
N.Y. City	27	42	368	901	271	456	-	-	-	-	-	11
N.J.	48	50	333	312	192	245	-	7	-	1	8	3
Pa.	7	20	388	498	337	338	-	-	-	4	4	8
E.N. CENTRAL	162	167	3,762	3,067	1,582	1,492	-	13	-	3	16	10
Ohio	48	86	398	327	77	93	-	-	-	1	1	-
Ind.	42	19	339	323	774	97	-	2	-	1	3	-
Ill.	57	42	711	868	194	284	-	1	-	-	1	7
Mich.	8	19	2,141	1,362	483	455	-	9	-	1	10	2
Wis.	7	1	173	187	54	563	-	1	-	-	1	1
W.N. CENTRAL	93	58	1,319	2,166	417	484	-	1	-	-	1	17
Minn.	66	44	131	197	49	43	-	-	-	-	-	8
Iowa	5	6	399	468	57	42	-	1	-	-	1	-
Mo.	13	5	598	1,114	254	341	-	-	-	-	-	1
N. Dak.	1	-	4	11	4	5	-	-	-	-	-	-
S. Dak.	1	2	40	24	3	1	-	-	-	-	-	8
Nebr.	1	1	41	95	23	22	-	-	-	-	-	-
Kans.	6	-	106	257	27	30	U	-	U	-	-	-
S. ATLANTIC	200	174	2,034	2,273	1,254	1,508	-	3	-	5	8	16
Del.	1	-	6	30	4	7	-	-	-	1	1	-
Md.	57	57	343	183	165	165	-	-	-	1	1	2
D.C.	-	-	64	36	19	30	-	-	-	-	-	1
Va.	19	14	218	229	102	127	-	-	-	2	2	1
W. Va.	5	4	7	12	11	16	-	-	-	-	-	-
N.C.	24	21	128	209	244	265	-	-	-	-	-	2
S.C.	3	4	47	107	54	97	-	-	-	-	-	1
Ga.	53	39	675	655	198	148	-	1	-	1	2	1
Fla.	38	35	546	812	457	653	-	2	-	-	2	8
E.S. CENTRAL	60	57	379	640	397	708	-	-	-	2	2	1
Ky.	8	8	26	77	46	41	-	-	-	-	-	-
Tenn.	34	32	226	401	272	445	-	-	-	1	1	-
Ala.	16	15	84	84	77	79	-	-	-	1	1	1
Miss.	2	2	43	78	2	143	-	-	-	-	-	-
W.S. CENTRAL	60	48	4,086	5,590	1,207	1,263	-	1	-	-	1	8
Ark.	-	2	90	210	97	87	-	-	-	-	-	-
La.	25	12	145	233	182	167	-	1	-	-	1	-
Okla.	32	31	638	1,417	126	51	-	-	-	-	-	1
Tex.	3	3	3,213	3,730	802	958	-	-	-	-	-	7
MOUNTAIN	119	90	3,197	4,237	813	853	-	2	-	3	5	8
Mont.	-	1	95	70	5	12	-	-	-	-	-	-
Idaho	2	1	235	143	49	54	-	-	-	-	-	-
Wyo.	1	4	36	34	8	24	U	-	U	-	-	-
Colo.	20	23	351	399	108	146	-	-	-	-	-	-
N. Mex.	9	9	153	346	316	256	-	-	-	-	-	-
Ariz.	61	32	1,917	2,277	179	195	-	2	-	3	5	5
Utah	7	3	196	540	66	89	-	-	-	-	-	1
Nev.	19	17	214	428	82	77	-	-	-	-	-	2
PACIFIC	110	252	5,529	7,586	1,706	1,827	-	33	-	5	38	29
Wash.	10	6	954	680	122	83	-	-	-	1	1	2
Oreg.	40	38	370	376	127	119	-	-	-	-	-	-
Calif.	51	192	4,148	6,350	1,436	1,599	-	5	-	3	8	23
Alaska	1	8	17	34	12	15	-	28	-	1	29	-
Hawaii	8	8	40	146	9	11	-	-	-	-	-	4
Guam	-	-	-	-	2	3	U	-	U	-	-	-
P.R.	2	-	57	270	359	790	-	-	-	-	-	-
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.	-	6	3	1	53	47	U	-	U	-	-	1

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

*Of 228 cases among children aged <5 years, serotype was reported for 126 and of those, 48 were type b.

†For imported measles, cases include only those resulting from importation from other countries.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 2, 1999, and December 27, 1997 (52nd Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997
UNITED STATES	2,633	3,170	2	606	651	65	6,279	5,957	-	345	171
NEW ENGLAND	115	201	-	8	12	1	957	1,063	-	38	2
Maine	8	19	-	-	-	-	5	25	-	-	-
N.H.	4	17	U	-	1	U	127	136	U	-	-
Vt.	5	4	-	-	-	-	77	277	-	-	-
Mass.	60	99	-	4	4	1	686	574	-	8	1
R.I.	8	22	-	1	6	-	16	17	-	1	-
Conn.	30	40	-	3	1	-	46	34	-	29	1
MID. ATLANTIC	255	348	-	174	63	5	605	473	-	144	40
Upstate N.Y.	73	97	-	13	16	5	325	214	-	111	11
N.Y. City	25	54	-	139	3	-	39	71	-	18	29
N.J.	59	75	-	3	8	-	12	14	-	13	-
Pa.	98	122	-	19	36	-	229	174	-	2	-
E.N. CENTRAL	387	495	1	77	93	8	687	662	-	-	6
Ohio	143	162	-	29	35	8	298	164	-	-	-
Ind.	71	58	-	6	14	-	151	85	-	-	-
Ill.	97	156	-	11	12	-	129	125	-	-	2
Mich.	42	72	1	31	28	-	71	69	-	-	-
Wis.	34	47	-	-	4	-	38	219	-	-	4
W.N. CENTRAL	229	233	-	31	18	18	615	617	-	34	2
Minn.	36	34	-	13	6	11	353	369	-	-	-
Iowa	49	47	-	11	10	-	73	122	-	-	-
Mo.	83	104	-	4	-	4	50	74	-	3	2
N. Dak.	5	2	-	2	-	3	45	1	-	-	-
S. Dak.	9	5	-	-	-	-	8	5	-	-	-
Nebr.	15	18	-	-	1	-	20	13	-	-	-
Kans.	32	23	U	1	1	U	66	33	U	31	-
S. ATLANTIC	458	560	-	52	84	7	347	439	-	19	79
Del.	2	5	-	-	-	-	5	1	-	-	-
Md.	34	42	-	-	1	-	59	118	-	1	-
D.C.	4	12	-	-	-	-	1	3	-	-	1
Va.	48	58	-	10	21	-	51	59	-	1	1
W. Va.	17	19	-	-	-	-	4	6	-	-	-
N.C.	59	97	-	11	12	6	110	118	-	13	59
S.C.	57	56	-	7	11	-	27	30	-	-	15
Ga.	98	100	-	2	10	-	28	14	-	-	-
Fla.	139	171	-	22	29	1	62	90	-	4	3
E.S. CENTRAL	259	235	-	18	31	-	122	147	-	2	1
Ky.	38	49	-	1	3	-	50	66	-	-	-
Tenn.	72	76	-	2	6	-	37	38	-	2	-
Ala.	110	84	-	9	9	-	32	32	-	-	1
Miss.	39	26	-	6	13	-	3	11	-	-	-
W.S. CENTRAL	302	289	-	61	87	3	373	295	-	89	7
Ark.	31	37	-	12	1	3	96	54	-	-	-
La.	66	48	-	10	16	-	9	20	-	-	-
Okla.	43	45	-	-	-	-	31	51	-	-	-
Tex.	162	159	-	39	70	-	237	170	-	89	7
MOUNTAIN	153	182	-	40	59	19	1,155	1,303	-	5	7
Mont.	5	8	-	-	-	-	13	18	-	-	-
Idaho	14	13	-	7	5	17	246	556	-	-	2
Wyo.	7	3	U	1	1	U	8	7	U	-	-
Colo.	30	49	-	7	3	2	257	411	-	-	-
N. Mex.	26	30	N	N	N	-	100	192	-	1	-
Ariz.	47	44	-	6	33	-	224	41	-	1	5
Utah	14	16	-	5	8	-	266	27	-	2	-
Nev.	10	19	-	14	9	-	41	51	-	1	-
PACIFIC	475	627	1	145	204	4	1,418	958	-	14	27
Wash.	65	96	-	11	21	4	335	412	-	9	5
Oreg.	91	124	N	N	N	-	90	48	-	-	-
Calif.	311	397	1	108	149	-	958	463	-	3	14
Alaska	3	3	-	2	8	-	15	16	-	-	-
Hawaii	5	7	-	24	26	-	20	19	-	2	8
Guam	1	1	U	2	1	U	-	-	U	-	-
P.R.	8	8	-	1	7	-	6	-	-	-	-
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	2	4	U	1	-	U	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE IV. Deaths in 122 U.S. cities,* week ending January 2, 1999 (52nd Week)

Reporting Area	All Causes, By Age (Years)						P&J [†] Total	Reporting Area	All Causes, By Age (Years)						P&J [†] Total
	All Ages	>65	45-64	25-44	1-24	<1			All Ages	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	617	458	109	39	7	4	48	S. ATLANTIC	980	648	189	97	26	15	54
Boston, Mass.	178	122	41	11	2	2	10	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	45	34	7	3	-	1	3	Baltimore, Md.	220	134	50	28	4	4	13
Cambridge, Mass.	18	14	4	-	-	-	1	Charlotte, N.C.	78	44	21	5	6	2	5
Fall River, Mass.	46	40	5	1	-	-	3	Jacksonville, Fla.	105	77	19	6	1	2	5
Hartford, Conn.	74	54	10	6	3	1	3	Miami, Fla.	102	75	17	7	2	1	-
Lowell, Mass.	24	19	4	1	-	-	2	Norfolk, Va.	44	32	8	3	1	-	2
Lynn, Mass.	11	9	2	-	-	-	-	Richmond, Va.	65	44	14	6	1	-	6
New Bedford, Mass.	28	22	6	-	-	-	2	Savannah, Ga.	44	32	9	2	-	1	1
New Haven, Conn.	31	23	5	2	1	-	2	St. Petersburg, Fla.	54	38	9	5	2	-	6
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	157	120	17	16	1	3	15
Somerville, Mass.	11	10	1	-	-	-	-	Washington, D.C.	100	47	25	16	5	2	1
Springfield, Mass.	48	37	5	6	-	-	6	Wilmington, Del.	11	5	-	3	3	-	-
Waterbury, Conn.	31	20	8	3	-	-	3	E.S. CENTRAL	661	452	136	50	16	6	53
Worcester, Mass.	72	54	11	6	1	-	13	Birmingham, Ala.	150	110	21	13	4	1	15
MID. ATLANTIC	2,237	1,612	397	154	45	29	147	Chattanooga, Tenn.	58	43	10	3	1	1	6
Albany, N.Y.	57	45	6	5	-	1	5	Knoxville, Tenn.	49	27	18	3	1	-	8
Allentown, Pa.	20	16	3	1	-	-	1	Lexington, Ky.	62	44	15	2	1	-	4
Buffalo, N.Y.	U	U	U	U	U	U	U	Memphis, Tenn.	143	92	27	18	6	-	12
Camden, N.J.	30	22	4	3	1	-	3	Mobile, Ala.	51	33	15	2	-	1	-
Elizabeth, N.J.	19	17	1	1	-	-	-	Montgomery, Ala.	24	21	2	-	-	1	4
Erie, Pa.	31	29	-	2	-	-	2	Nashville, Tenn.	124	82	28	9	3	2	4
Jersey City, N.J.	50	36	10	2	1	1	-	W.S. CENTRAL	1,207	820	226	98	37	26	87
New York City, N.Y.	1,279	911	248	80	24	16	65	Austin, Tex.	68	44	17	5	2	-	8
Newark, N.J.	35	18	8	7	-	2	5	Baton Rouge, La.	66	51	11	3	1	-	4
Paterson, N.J.	27	14	7	5	1	-	-	Corpus Christi, Tex.	29	23	3	2	-	1	-
Philadelphia, Pa.	300	194	65	22	15	4	28	Dallas, Tex.	139	80	24	18	9	8	3
Pittsburgh, Pa.‡	43	33	5	4	-	1	3	El Paso, Tex.	63	46	9	5	2	1	3
Reading, Pa.	34	30	2	-	-	2	2	Ft. Worth, Tex.	95	65	17	7	4	2	14
Rochester, N.Y.	137	105	19	12	1	-	12	Houston, Tex.	266	177	62	21	5	1	20
Schenectady, N.Y.	33	28	3	1	-	1	3	Little Rock, Ark.	65	46	10	3	3	3	5
Scranton, Pa.	34	29	3	1	1	-	4	New Orleans, La.	69	41	11	14	1	2	-
Syracuse, N.Y.	67	52	7	6	1	1	8	San Antonio, Tex.	213	147	40	14	6	6	16
Trenton, N.J.	25	21	3	1	-	-	5	Shreveport, La.	15	13	1	1	-	-	2
Utica, N.Y.	16	12	3	1	-	-	1	Tulsa, Okla.	119	87	21	5	4	2	12
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	722	517	142	37	15	11	50
E.N. CENTRAL	1,904	1,281	381	143	42	52	136	Albuquerque, N.M.	104	76	18	6	-	4	4
Akron, Ohio	U	U	U	U	U	U	U	Boise, Idaho	41	35	4	1	1	-	3
Canton, Ohio	33	27	1	4	1	-	5	Colo. Springs, Colo.	48	37	9	2	-	-	5
Chicago, Ill.	479	275	115	54	15	15	38	Denver, Colo.	110	68	25	9	4	4	9
Cincinnati, Ohio	92	67	17	3	1	4	6	Las Vegas, Nev.	181	126	41	10	4	-	13
Cleveland, Ohio	94	61	21	10	1	1	3	Ogden, Utah	23	19	3	-	-	1	1
Columbus, Ohio	168	123	31	9	3	2	17	Phoenix, Ariz.	87	62	21	3	1	-	8
Dayton, Ohio	108	80	18	8	1	1	9	Pueblo, Colo.	25	19	4	1	1	-	2
Detroit, Mich.	180	105	29	22	7	17	4	Salt Lake City, Utah	U	U	U	U	U	U	U
Evansville, Ind.	26	19	6	1	-	-	1	Tucson, Ariz.	103	75	17	5	4	2	5
Fort Wayne, Ind.	78	56	17	3	1	1	5	PACIFIC	944	681	156	69	23	11	92
Gary, Ind.	8	3	1	4	-	-	-	Berkeley, Calif.	19	16	2	1	-	-	2
Grand Rapids, Mich.	76	45	20	6	1	4	6	Fresno, Calif.	66	48	11	3	4	-	3
Indianapolis, Ind.	94	63	24	4	2	1	7	Glendale, Calif.	4	2	2	-	-	-	-
Lansing, Mich.	38	30	6	1	-	1	3	Honolulu, Hawaii	U	U	U	U	U	U	U
Milwaukee, Wis.	111	79	22	2	5	3	10	Long Beach, Calif.	81	59	9	10	2	1	14
Peoria, Ill.	51	40	9	1	-	1	2	Los Angeles, Calif.	68	44	8	14	2	-	2
Rockford, Ill.	81	57	20	3	1	-	5	Pasadena, Calif.	20	16	2	2	-	-	1
South Bend, Ind.	43	36	6	1	-	-	4	Portland, Oreg.	U	U	U	U	U	U	U
Toledo, Ohio	93	74	11	5	2	1	11	Sacramento, Calif.	151	118	27	4	-	1	18
Youngstown, Ohio	51	41	7	2	1	-	-	San Diego, Calif.	122	90	20	7	3	2	11
W.N. CENTRAL	625	449	100	38	8	21	55	San Francisco, Calif.	154	106	29	14	3	2	20
Des Moines, Iowa	145	106	27	9	1	2	18	San Jose, Calif.	U	U	U	U	U	U	U
Duluth, Minn.	21	17	3	-	1	-	2	Santa Cruz, Calif.	33	24	4	3	1	1	8
Kansas City, Kans.	U	U	U	U	U	U	U	Seattle, Wash.	78	49	20	4	4	1	1
Kansas City, Mo.	80	51	13	5	-	2	8	Spokane, Wash.	70	56	10	1	1	2	7
Lincoln, Neb.	40	30	5	3	1	1	-	Tacoma, Wash.	78	53	12	6	3	1	5
Minneapolis, Minn.	153	119	18	10	2	4	13	TOTAL	9,897 [†]	6,918	1,836	725	219	175	722
Omaha, Neb.	62	48	8	4	-	2	4								
St. Louis, Mo.	77	46	18	4	3	6	9								
St. Paul, Minn.	47	32	8	3	-	4	1								
Wichita, Kans.	U	U	U	U	U	U	U								

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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