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WEEKLY REPORT

Incidence of Pap Test Abnormalities Within 3 Years of a Normal Pap Test — United States, 1991–1998

Declines in cervical cancer incidence and mortality reported in the United States since the 1950s have been attributed to early detection and treatment of precancerous and cancerous lesions through the use of the Papanicolaou (Pap) test (*1*). More than 50 million Pap tests are performed each year (*2*); however, guidelines about the frequency of testing in women with a history of normal test results are inconsistent (*3–5*). To determine the incidence of cervical cytologic abnormalities following a normal Pap test, 1991–1998 data from the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) were analyzed for this report (*6*). The findings indicated that within 3 years of a normal Pap test result, severe cytologic abnormalities were uncommon, and incidence rates were similar among women screened 1, 2, and 3 years following a normal Pap test.

For each woman, CDC received a report that included demographic characteristics, Pap test results, diagnostic procedures, and histopathologic results (*6,7*). To be eligible for the analysis, women were required to have had a first NBCCEDP Pap test reported as normal during 1991–1998, and at least one subsequent Pap test performed within the following 9–36 months. Of 620,063 women tested during 1991–1998, 128,805 (20.8%) met the criteria for eligibility. Results of Pap tests were reported using Bethesda System categories: normal; infection, inflammation, or reactive changes; atypical squamous cells of undetermined significance (ASCUS); low-grade squamous intraepithelial lesion (LSIL); high-grade squamous intraepithelial lesion (HSIL); "suggestive of squamous cell carcinoma"; and "other" (e.g., glandular atypia and atypical endocervical glands).

Incidence rates of Pap test interpretations were calculated by dividing the number of women with each test result by the number of women retested within each age group (<30, 30–49, 50–64, and ≥65 years) and time interval (9–12, 13–24, and 25–36 months). Incidence rates were age-adjusted using the age distribution of the 1996 NBCCEDP population. Ordinary least-squared regression was used to evaluate the trend of increasing time between the first Pap test on the age-adjusted incidence of ASCUS, LSIL, HSIL, and suggestive of squamous cell carcinoma.

The average age of women included in the analysis was 48.9 years (range: 12–96 years); 73,631 (57.0%) were non-Hispanic whites, 22,672 (17.6%) were Hispanics, 17,314 (13.4%) were non-Hispanic blacks, 10,983 (8.5%) were American Indians/Alaska natives, 3070 (2.4%) were Asians/Pacific Islanders, and 1135 (0.9%) were categorized as "other" or "unknown." The mean time between the first and second test was 15.7

Pap Test Abnormalities — Continued

months. Approximately 121,576 (94.4%) of the 128,805 second test results were interpreted as normal or infection, inflammation, or reactive changes. The incidence rate of the second test results interpreted as HSIL and suggestive of squamous cell carcinomas was 66 per 10,000 women aged <30 years, 22 per 10,000 women aged 30–49 years, 15 per 10,000 women aged 50–64, and 10 per 10,000 women aged ≥65 years (trend test, p<0.001). Overall, as age increased, the incidence of ASCUS and LSIL also decreased (trend test, p<0.001, each category).

The age-adjusted incidence of results interpreted as LSIL increased over time (trend test, p=0.01) (Table 1). The incidence of ASCUS, the most common cytologic abnormality, did not change significantly over time (p=0.36). The differences in the age-adjusted incidence of HSIL and suggestive of squamous cell carcinoma for the time intervals also were not significant (p=0.42).

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Editorial Note: The U.S. Preventive Services Task Force recommends Pap test screening at least every 3 years until age 65 years (*5*). The American Cancer Society guidelines suggest that screening less frequent than annually may be adequate for Pap testing in women with a history of 3 negative annual Pap tests (*3*), and the American College of Obstetricians and Gynecologists recommends annual Pap tests for most women (*4*).

The difference in screening annually, biennually, or triennially is substantial in the number of tests performed and in the public health implications. In this analysis, women screened 1, 2, and 3 years after a normal Pap test had similar risk for developing HSIL and suggestive of squamous cell carcinoma. Other studies have indicated clinically insignificant additional protection in testing yearly compared with triennially (*8*). However, low-grade abnormal Pap results (e.g., ASCUS and LSIL) constituted >95% of the cytologic abnormalities after the first normal results. The clinical significance of these abnormalities is unclear. Women who were screened annually rather than less frequently might have worse health outcomes if low-grade results of undetermined clinical importance lead to further testing and unnecessary patient morbidity and anxiety (*9,10*).

TABLE 1. Age-adjusted incidence rate* of cytologic abnormalities, by time from normal Papanicolaou (Pap) test — National Breast and Cervical Cancer Early Detection Program, United States, 1991–1998

	Cytologic interpretation of Pap test		
No. months since normal Pap	ASCUS†	LSIL§	HSIL¶ and suggestive of squamous cell carcinoma
9–12	377	107	25
13–24	373	125	29
25–36	415	141	33
P for trend	*0.36*	*0.01*	*0.42*

* Per 10,000 women.
† Atypical squamous cells of undetermined significance.
§ Low-grade squamous intraepithelial lesion.
¶ High-grade squamous intraepithelial lesion.

Pap Test Abnormalities — Continued

The findings in this report are subject to at least four limitations. First, the database used was intended for descriptive statistics and not for hypothesis testing; data were limited to a few variables. Second, NBCCEDP serves low-income and uninsured women; results may not be generalizable to other groups. However, low-income and uninsured women usually are at greater risk for developing cervical neoplasia than women with higher incomes; therefore, higher-income women should be less likely to exhibit higher rates during the 3-year interval examined in this study. Third, women may have received Pap testing outside the program during the time between the first and subsequent Pap tests; however, this probably occurred in only a few women. Finally, women who frequently get screened, specifically within 1 year after Pap test, might be low-risk women concerned about their health or high-risk women with histories of abnormal Pap tests who have been told to get annual tests. Other risks for cervical cancer in these women and whether these risks affected the findings in this study are unknown. NBCCEDP receives data from many cytopathology laboratories and clinical settings. The findings in this study may better represent actual clinical settings than the findings in a controlled trial.

CDC is working with state health departments to use this information as a basis for cost-effective strategies to reach women who have not received screening services for cervical disease. CDC will assist NBCCEDP in assessing program-provider practices, modifying patient recall systems, and developing professional and public education strategies to improve patient-provider decision making. Further research is needed to clarify the benefit and harm related to frequency of subsequent Pap testing in women with normal results.

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Coccidioidomycosis in Travelers Returning From Mexico — Pennsylvania, 2000

Coccidioidomycosis (CM), a fungal disease caused by *Coccidioides immitis*, is endemic in the southwestern United States and parts of Central and South America. The disease is acquired by inhaling the arthroconidia of *C. immitis* present in the soil. Outbreaks of CM occur when susceptible persons are exposed to airborne arthroconidia from dust storms, natural disasters, and earth excavation (*1,2*). Persons who travel to areas where the disease is endemic may become infected and develop symptoms after returning home (*3,4*). This report describes an outbreak of CM among travelers returning to Pennsylvania from a trip to Mexico.

On January 24, 2000, 35 church members from two cities in Pennsylvania traveled to Hermosillo, Mexico, where they stayed 1 week to construct a church. Within 2 weeks of returning home, 27 travelers complained of influenza-like symptoms, and initial testing of acute serum specimens at CDC revealed antibodies to *C. immitis* for one traveler.

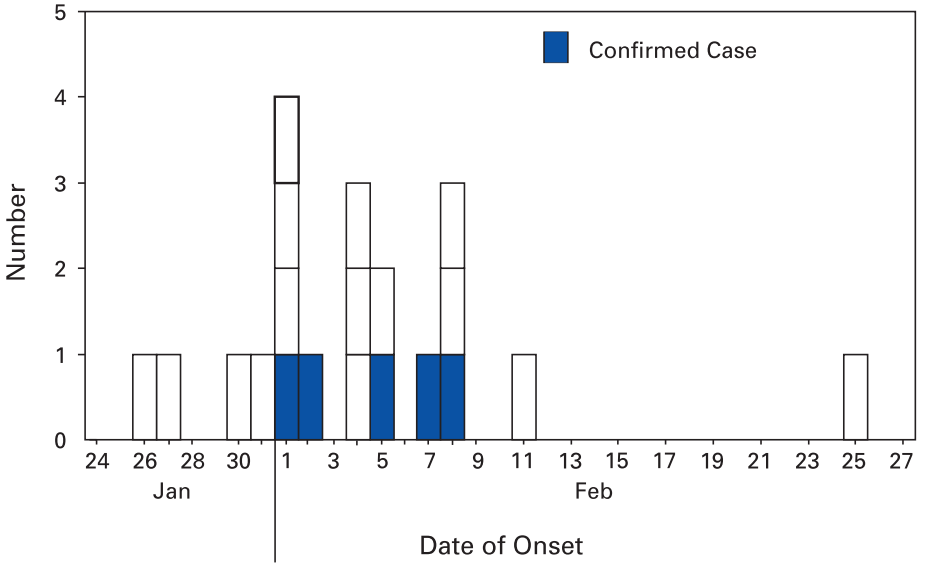
To determine the extent of the outbreak and to identify potential risk factors for developing CM, the Pennsylvania Department of Health and CDC conducted a cohort study and collected acute and convalescent-phase serum samples from consenting church members. Serum specimens were tested for antibodies to *C. immitis* by immunodiffusion and complement fixation at CDC and the University of California-Davis. A case was defined as a positive serologic test for coccidioidal antibodies by 1) detection of coccidioidal immunoglobulin M by immunodiffusion, enzyme immunoassay (EIA) latex agglutination, or tube precipitin, or 2) detection of rising titer of coccidioidal immunoglobulin G by immunodiffusion, EIA, or complement fixation in a church member from Pennsylvania who had traveled to Hermosillo during January 24–February 2, 2000. All participants completed a standardized questionnaire about medical history, activities while in Mexico, and environmental exposures.

A questionnaire and at least one serum sample was obtained for 30 (86%) of the 35 church members. Twenty-nine (97%) were men; median age was 45 years (range: 18–62 years). Twenty-three (77%) persons reported becoming ill either in Mexico or within 3 weeks of returning home. Based on serologic testing, eight (27%) persons met the case definition for CM, seven of whom were symptomatic (Figure 1). The incubation period ranged from 8 days after arriving in Mexico to 15 days after returning to Pennsylvania from Mexico. The most common symptoms were fatigue, fever, arthralgias, and myalgias (71% in each). Three had a rash, and four had a cough. The median duration of symptoms was 7 days (range: two–35). Eighteen (78%) of 23 ill persons sought care from at least one health-care provider. Twelve (67%) persons had chest radiographs performed as part of their evaluation; six were abnormal. Eleven of these 18 persons were prescribed medications for their symptoms; six were prescribed either fluconazole or itraconazole once it was known that a CM outbreak had occurred. One person required hospitalization in an intensive care unit for 1 day. Of 23 ill persons, 11 (48%) missed work or school for an average of 5.5 days.

No activities or other conditions were associated substantially with infection or symptomatic disease. However, 22 (73%) church members reported working in extremely dusty conditions. Nineteen (63%) persons reported histories of previous travel to Hermosillo or other areas where *C. immitis* is endemic; but only one case-patient reported history of such travel.

Coccidioidomycosis — Continued

FIGURE 1. Distribution of coccidioidomycosis in church members from Pennsylvania following a mission trip to Hermosillo, Mexico, by date of symptom onset, January–February 2000*



* N=23. Data is missing on onset of symptoms for three persons.

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Editorial Note: The outbreak in this report and a similar outbreak in a group from Washington (*3*) underscore the need for increased awareness about CM and its risk factors among susceptible persons visiting areas where the disease is endemic, especially among persons who engage in construction work or other activities in dusty environments. Travel to these areas has become more common because of various missionary and other travel activities to Mexico and relocation of persons from areas in the Northwest and Midwest to the southwestern United States (*3–5*). In addition, CM has increased among U.S. travelers to areas where CM is endemic, especially among the elderly (*6*). Persons with certain underlying illnesses (e.g., human immunodeficiency virus [HIV] and elderly with chronic medical conditions) who travel to areas where CM is endemic are at increased risk for severe pulmonary or disseminated CM (*7,8*).

Approximately 40% of persons infected with *C. immitis* develop symptomatic disease. Most (85%) symptomatic persons present with a mild, influenza-like illness; 8% may develop severe pulmonary disease requiring hospitalization, and 7% develop disseminated, extrapulmonary disease (*7*). Risk factors for disseminated disease include black or Asian race, pregnancy, and immunocompromising conditions (e.g., acquired immunodeficiency syndrome); risk factors for severe pulmonary disease include diabetes, smoking, and older age (*7*).

Coccidioidomycosis — Continued

Although avoiding activities that generate dust or using a mask during these activities is advisable, these measures do not provide complete protection. A potential strategy for adequate prevention is vaccine development because natural infection with *C. immitis* provides life-long immunity (*9*). However, until a vaccine becomes available, organizations that conduct trips to areas where CM is endemic should inform their travelers about the risks for CM. Health-care providers should consider CM in travelers returning from areas where the disease is endemic and who present with an influenza-like illness. Early diagnosis of CM will result in better use of medical resources and will help alleviate patient concerns and may prevent more severe disease (*7*).

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Influenza Activity — United States and Worldwide, April–October 2000

During October 1999–May 2000, influenza A(H3N2), A(H1N1), and B viruses were identified in the Northern Hemisphere. Influenza A(H3N2) predominated, but the number of influenza A(H1N1) viruses increased toward the end of the influenza season in the Northern Hemisphere. Since April, influenza A viruses have predominated in the Southern Hemisphere and tropical regions, but influenza B viruses also have been identified. This report summarizes influenza activity in the United States and worldwide from April 2000 through October 2000.

United States

The WHO Collaborating Center for Reference and Research at CDC conducts active national surveillance for influenza from October through May (*1*). Although formal weekly reporting is discontinued during summer months, WHO collaborating laboratories can report influenza viruses during the summer to CDC and submit these viruses for antigenic characterization. Since March, influenza A(H1N1) viruses have been the most frequently isolated influenza viruses in the United States. Influenza A(H1N1) viruses were identified each month from April through July and were isolated from an outbreak in July among children and staff at a summer camp in Texas. Influenza A(H1N1) viruses were identified during October in California, Florida, and Texas. Influenza A(H3N2) viruses were isolated from sporadic cases during April, from one immunocompromised

Influenza Activity — Continued

patient in June, from one imported case in an immune suppressed person in August in Massachusetts, and from three cases in October (one each in California, Hawaii, and Kentucky). Additional influenza A viruses (unsubtyped) were identified in California and Texas during September and in Utah in October. Influenza B viruses were identified each month through May. During August–October, influenza B viruses were identified in Alaska, California, Nevada, Oklahoma, and Washington.

Worldwide

From April through October, influenza A(H1N1), A(H3N2), and B viruses were reported from Asia; influenza A viruses were reported more frequently than influenza B viruses. In Africa, influenza A(H1N1) viruses were reported more frequently than A(H3N2) viruses from April through August, but all subtyped influenza A viruses reported during September were A(H3N2). In Canada, both influenza A and B viruses were reported each month from April through July; most of the viruses reported during June–July were influenza type B. During September–October, influenza A and B viruses were reported in Canada, and influenza A viruses were reported from Mexico. Influenza type A and B viruses also were isolated in Europe during September–October. In South America, influenza A(H1N1) viruses predominated, but influenza A(H3N2) and B viruses were isolated. In Oceania, influenza type A viruses were more commonly isolated than influenza type B; both A(H3N2) and A(H1N1) subtypes circulated.

Characterization of influenza virus isolates

The WHO Collaborating Center for Reference and Research on Influenza at CDC analyzes isolates received from laboratories worldwide. Of the 205 influenza A(H1N1) isolates that were collected and antigenically characterized during April–October, 173 (84%) were similar to A/New Caledonia/20/99, the H1N1 component of the 2000–01 influenza vaccine, 31 (15%) were similar to A/Bayern/07/95, and one (0.5%) showed reduced titers with A/New Caledonia/20/99 antisera. Although A/Bayern-like viruses are antigenically distinct from the A/New Caledonia-like viruses, the A/New Caledonia/20/99 vaccine strain produces high titers of antibody that cross-react with A/Bayern/07/95-like viruses. Of the 205 antigenically characterized H1N1 viruses, 136 were from South or Central America, 42 from the United States, 18 from Asia, seven from Australia, New Zealand, and New Caledonia, and two from Africa.

Of the 65 influenza A(H3N2) viruses antigenically characterized, 60 (92%) were well inhibited by antiserum to the recommended vaccine strain, A/Moscow/10/99. Thirty-four of the antigenically characterized H3N2 viruses were from South America, 17 from Asia, five from Australia, New Zealand, and New Caledonia, four from the United States, two each from Canada and Africa, and one from Europe.

Of the 53 antigenically characterized influenza B viruses, 52 (98%) were antigenically similar to the recommended vaccine strain, B/Beijing/184/93. Seventeen of the influenza B viruses were from Asia, 15 from the United States, 10 from South America, nine from Australia, New Zealand, and New Caledonia, and one each from Africa and Europe.

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Influenza Activity — Continued

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Editorial Note: Influenza A(H1N1), A(H3N2), and B viruses circulated in the Southern Hemisphere during the winter season. Influenza activity in the Southern Hemisphere was less extensive than the preceding Southern and Northern Hemisphere influenza seasons when a larger proportion of the circulating influenza viruses were A(H3N2) viruses. The identification of sporadic influenza cases and isolated influenza outbreaks during the summer and fall months is not unusual. Recent isolates from the Northern Hemisphere have been predominantly influenza A(H1N1) and influenza B viruses. However, surveillance information is not a reliable predictor of future influenza activity. The type(s)/subtype(s) of influenza virus that will circulate, the timing of onset and peaking, and the severity of the upcoming season in the Northern Hemisphere cannot be predicted. Persons at increased risk for influenza-related complications should receive annual influenza vaccination to reduce their chances for influenza infection and the severity of the illness should they become infected (*2–4*).

In February of each year, the World Health Organization (WHO) recommends influenza virus strains for inclusion in the following season's Northern Hemisphere influenza vaccine. The regulatory authorities in each country then determine the actual viruses to be used for vaccine production. Frequently, the regulatory authorities in a country will substitute an antigenically equivalent virus for one or more of the WHO recommended viruses because of better growth or processing properties. In the United States, the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee is responsible for the selection of vaccine strains to be used by U.S. vaccine manufacturers. For the 2000–01 influenza season, WHO has recommended A/New Caledonia/20/99-like (H1N1), A/Moscow/10/99-like (H3N2), and B/Beijing/184/93-like viruses for inclusion in the Northern Hemisphere influenza vaccine (*5*). U.S. vaccine manufacturers used the antigenically equivalent stains A/Panama/2007/99 (H3N2) for the A/Moscow/10/99-like strain and B/Yamanashi/166/98 for the B/Beijing/184/93-like strain. Most viruses isolated since April, both in the United States and worldwide, are well matched to the current vaccine strains.

CDC collects and reports U.S. influenza surveillance data during October–May. This information is updated weekly and is available through the CDC voice information system, telephone (888) 232-3228, or the fax information system, telephone (888) 232-3299, by requesting document number 361100, or on the Influenza Branch World-Wide Web site at http://www.cdc.gov/ncidod/diseases/flu/weekly.htm.

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Notice to Readers

HIV Draft Documents Available for Comment

CDC announces the availability of two draft documents for public comment: "Revised Guidelines for HIV Counseling, Testing, and Referral" and "Revised Public Health Service Recommendations for HIV Screening of Pregnant Women."

Comments must be submitted in writing and posted or e-mailed by November 30, 2000. Comments should be mailed to the Technical Information and Communications Branch, Mailstop E-49, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, 8 Corporate Square, Atlanta, GA 30329-2013 (overnight shipping: TICB-CDC, E-49); faxed, (404) 639-2007; or e-mailed, hivmail@cdc.gov.

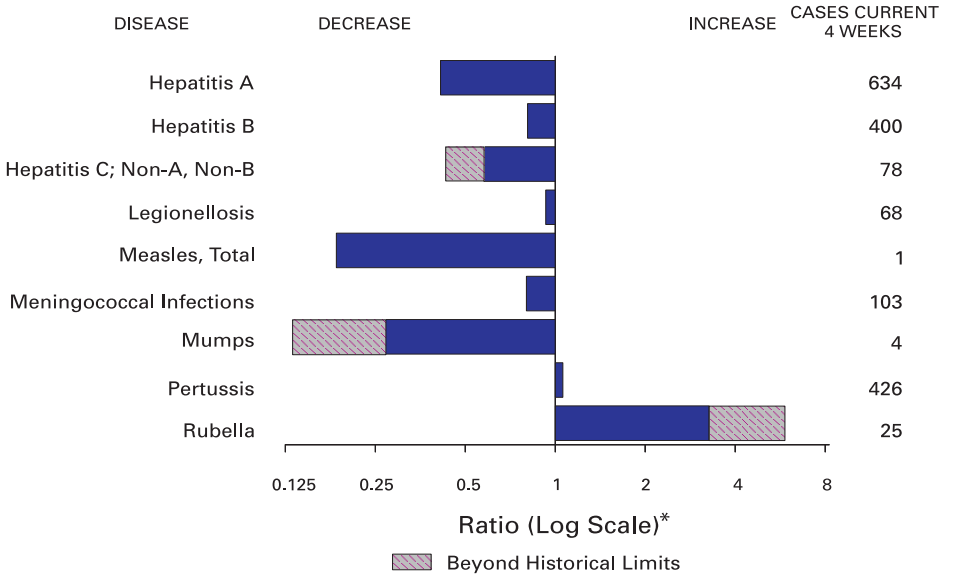
Readers should use specific paragraph and page numbers when commenting on each separate document and submit one copy of comments.

Copies of the drafts can be obtained from CDC National Prevention Information Network, P.O. Box 6003, Rockville, MD 20849-6003; telephone, (800) 458-5231; or from the Division of HIV/AIDS Prevention World-Wide Web site, http://www.cdc.gov/hiv.

Erratum: Vol. 49, No. SS-10

In the CDC Surveillance Summaries article titled "Youth Tobacco Surveillance — United States, 1998–1999," Table 5 and Table 21 contain some incorrect data for New Jersey. In Table 5 on page 49, in the column of data for "Any tobacco," the correct New Jersey numbers are 18.9 (±2.1) for middle school students and 38.9 (±2.4) for high school students. In Table 21 on page 65, in the column of data for "Think persons can get addicted to cigarettes," under "Never Smokers," the correct New Jersey numbers are 95.7 (±0.8) for middle school students and 95.7 (±1.6) for high school students; under "Current smokers," the correct New Jersey numbers are 87.2 (±2.9) for middle school students and 90.1 (±2.0) for high school students.

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



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending November 4, 2000 (44th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	56	Psittacosis*	8
Cholera	2	Q fever*	18
Cyclosporiasis*	37	Rabies, human	1
Diphtheria	1	Rocky Mountain spotted fever (RMSF)	385
Ehrlichiosis: human granulocytic (HGE)*	149	Rubella, congenital syndrome	6
human monocytic (HME)*	90	Streptococcal disease, invasive, group A	2,373
Encephalitis: California serogroup viral*	98	Streptococcal toxic-shock syndrome*	64
eastern equine*	1	Syphilis, congenital¶	173
St. Louis*	2	Tetanus	21
western equine*	-	Toxic-shock syndrome	119
Hansen disease (leprosy)*	55	Trichinosis	14
Hantavirus pulmonary syndrome*†	27	Tularemia*	109
Hemolytic uremic syndrome, postdiarrheal*	159	Typhoid fever	276
HIV infection, pediatric*§	190	Yellow fever	-
Plague	5		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update October 29, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 4, 2000, and November 6, 1999 (44th Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	33,120	37,258	549,347	555,956	2,286	2,298	3,896	3,241	2,816	2,467
NEW ENGLAND	1,699	1,884	17,377	17,929	99	164	353	376	340	346
Maine	28	68	1,239	835	20	25	27	35	26	-
N.H.	29	40	872	827	21	17	32	31	29	31
Vt.	32	15	455	414	26	34	33	32	33	20
Mass.	1,061	1,211	7,341	7,625	29	63	154	164	156	176
R.I.	84	90	2,104	1,974	3	4	18	26	16	26
Conn.	465	460	5,366	6,254	-	21	89	88	80	93
MID. ATLANTIC	7,189	9,653	46,712	56,047	159	497	357	292	233	114
Upstate N.Y.	694	1,147	N	N	111	140	262	224	57	-
N.Y. City	3,765	5,101	21,447	23,125	10	219	10	17	10	17
N.J.	1,461	1,732	7,016	10,513	9	43	85	51	106	58
Pa.	1,269	1,673	18,249	22,409	29	95	N	N	60	39
E.N. CENTRAL	3,190	2,534	90,466	93,194	737	587	873	888	520	489
Ohio	489	421	22,498	25,226	248	58	244	203	197	203
Ind.	324	282	10,735	10,340	57	38	120	86	77	63
Ill.	1,597	1,202	23,888	27,653	7	82	175	485	-	81
Mich.	604	502	22,111	18,545	90	46	127	114	102	78
Wis.	176	127	11,234	11,430	335	363	207	N	144	64
W.N. CENTRAL	767	839	30,379	31,786	348	184	628	481	529	508
Minn.	153	158	6,129	6,399	132	68	198	156	166	174
Iowa	75	70	4,252	3,879	74	53	176	103	139	75
Mo.	349	408	9,728	11,293	30	22	101	40	90	59
N. Dak.	2	6	577	772	15	18	15	16	18	16
S. Dak.	7	13	1,558	1,311	15	7	53	44	55	59
Nebr.	65	58	3,069	2,942	73	14	59	93	45	111
Kans.	116	126	5,066	5,190	9	2	26	29	16	14
S. ATLANTIC	9,203	10,213	108,997	118,858	419	335	333	293	256	174
Del.	183	146	2,418	2,350	5	-	1	6	1	3
Md.	1,131	1,240	11,533	11,147	10	17	29	38	1	4
D.C.	695	493	2,753	N	15	7	1	1	U	U
Va.	598	684	13,706	12,466	17	21	65	68	55	55
W. Va.	56	61	1,442	1,560	3	3	14	13	12	8
N.C.	609	691	18,854	18,914	22	22	81	64	64	51
S.C.	703	842	8,449	15,934	-	-	21	18	14	14
Ga.	1,050	1,466	21,901	29,214	151	121	38	28	36	1
Fla.	4,178	4,590	27,941	27,273	196	144	83	57	73	38
E.S. CENTRAL	1,644	1,661	41,670	39,237	44	31	121	127	94	101
Ky.	169	241	6,841	6,393	5	6	42	44	31	33
Tenn.	706	640	12,499	12,259	11	10	52	53	45	43
Ala.	420	418	13,029	10,741	15	11	9	22	9	21
Miss.	349	362	9,301	9,844	13	4	18	8	9	4
W.S. CENTRAL	3,413	3,803	84,487	78,515	106	78	173	131	213	140
Ark.	159	156	4,977	5,217	11	1	55	14	30	13
La.	606	743	15,261	13,970	10	23	9	13	44	14
Okla.	291	116	7,680	6,821	17	10	18	34	14	26
Tex.	2,357	2,788	56,569	52,507	68	44	91	70	125	87
MOUNTAIN	1,232	1,464	31,570	28,366	162	89	396	294	229	231
Mont.	12	11	1,154	1,336	10	10	30	24	-	-
Idaho	19	20	1,512	1,454	21	7	66	56	-	42
Wyo.	9	10	652	653	5	1	17	14	9	16
Colo.	291	271	8,390	5,606	68	12	151	109	104	87
N. Mex.	126	78	3,721	4,238	17	38	20	12	15	6
Ariz.	403	742	10,930	10,596	11	12	47	29	34	20
Utah	117	128	1,916	1,816	26	N	52	33	67	45
Nev.	255	204	3,295	2,667	4	9	13	17	-	15
PACIFIC	4,783	5,207	97,689	92,024	212	333	662	359	402	364
Wash.	445	303	10,661	10,108	N	N	208	141	173	167
Oreg.	146	185	4,233	5,255	16	88	148	66	110	68
Calif.	4,072	4,628	78,235	72,327	196	245	264	139	108	117
Alaska	21	13	2,016	1,613	-	-	27	1	1	1
Hawaii	99	78	2,544	2,721	-	-	15	12	10	11
Guam	15	11	-	393	-	-	N	N	U	U
P.R.	1,134	1,094	3,305	U	-	-	6	5	U	U
V.I.	31	35	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

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

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

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update October 29, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 4, and November 6, 1999 (44th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	286,882	306,283	2,519	2,441	809	868	583	11,528	13,634
NEW ENGLAND	4,843	5,645	14	14	49	69	42	3,837	4,100
Maine	79	67	2	2	2	3	2	-	41
N.H.	90	96	-	-	2	8	2	59	20
Vt.	56	42	4	6	5	13	3	27	20
Mass.	1,988	2,122	3	3	15	25	23	1,018	730
R.I.	526	496	5	3	8	9	1	417	450
Conn.	2,104	2,822	-	-	17	11	11	2,316	2,839
MID. ATLANTIC	28,881	33,874	544	112	169	217	141	5,900	7,225
Upstate N.Y.	6,156	5,711	59	50	76	54	78	3,261	3,370
N.Y. City	9,299	10,550	-	-	-	40	26	19	132
N.J.	4,901	6,648	450	-	12	18	19	1,426	1,577
Pa.	8,525	10,965	35	62	81	105	18	1,194	2,146
E.N. CENTRAL	55,074	58,662	191	836	216	235	101	315	564
Ohio	13,639	15,509	11	3	102	68	50	82	42
Ind.	5,055	5,471	1	1	35	37	7	32	17
Ill.	16,154	19,582	14	45	9	30	11	11	17
Mich.	15,401	13,018	165	771	44	59	28	-	11
Wis.	4,825	5,082	-	16	26	41	5	190	477
W.N. CENTRAL	13,665	14,120	428	235	54	47	13	356	285
Minn.	2,435	2,428	5	10	7	9	5	267	173
Iowa	997	1,029	2	-	13	12	3	26	22
Mo.	6,450	6,954	406	222	24	16	4	41	63
N. Dak.	35	74	-	-	-	1	1	1	1
S. Dak.	258	157	-	-	2	3	-	-	-
Nebr.	1,187	1,249	6	3	4	6	-	4	11
Kans.	2,303	2,229	9	-	4	-	-	17	15
S. ATLANTIC	80,560	90,401	109	145	174	116	97	895	1,164
Del.	1,452	1,461	-	-	9	15	2	140	121
Md.	7,995	8,486	18	20	61	28	21	493	818
D.C.	2,255	3,171	3	1	5	3	-	7	4
Va.	8,944	8,205	3	10	31	28	7	135	109
W. Va.	465	493	14	17	N	N	3	29	16
N.C.	15,417	16,788	14	32	14	14	-	43	66
S.C.	10,588	12,337	2	22	4	8	9	7	4
Ga.	14,176	19,970	3	1	6	1	21	-	-
Fla.	19,268	19,490	52	42	44	19	34	41	26
E.S. CENTRAL	30,225	31,416	382	243	31	45	18	46	95
Ky.	3,018	2,901	31	17	18	17	3	11	17
Tenn.	9,929	9,875	83	93	10	22	11	28	55
Ala.	10,199	9,616	7	1	3	4	4	6	19
Miss.	7,079	9,024	261	132	-	2	-	1	4
W.S. CENTRAL	44,549	45,091	406	475	16	27	15	37	54
Ark.	2,689	2,837	9	26	-	1	1	4	4
La.	11,247	11,247	291	277	6	5	-	3	9
Okla.	3,436	3,372	8	15	3	3	6	-	7
Tex.	27,177	27,635	98	157	7	18	8	30	34
MOUNTAIN	8,620	8,223	284	174	40	40	29	29	14
Mont.	39	47	4	5	1	-	-	-	-
Idaho	69	73	3	7	5	2	-	3	3
Wyo.	41	26	210	56	2	-	1	9	3
Colo.	2,535	2,117	21	29	14	11	6	11	3
N. Mex.	827	842	13	28	1	1	2	-	1
Ariz.	3,618	3,836	18	35	8	6	12	-	-
Utah	186	182	2	6	9	14	4	3	2
Nev.	1,305	1,100	13	8	-	6	4	3	2
PACIFIC	20,465	18,851	161	207	60	72	127	113	133
Wash.	1,918	1,786	29	17	17	17	5	9	10
Oreg.	607	766	27	16	N	N	5	11	12
Calif.	17,331	15,651	103	174	43	53	114	91	111
Alaska	283	262	-	-	-	1	-	2	-
Hawaii	326	386	2	-	-	1	3	N	N
Guam	-	43	-	1	-	-	-	-	-
P.R.	574	288	1	-	1	-	-	N	N
V.I.	U	U	U	U	U	U	-	U	U
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	U	U	-	U	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 4, 2000, and November 6, 1999 (44th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	1,058	1,236	5,080	5,778	30,985	33,253	26,308	28,895
NEW ENGLAND	57	56	707	769	1,921	1,933	1,860	1,948
Maine	6	3	117	150	111	121	83	97
N.H.	1	2	21	45	125	122	124	120
Vt.	2	4	54	86	101	84	108	73
Mass.	22	19	230	191	1,085	1,033	1,022	1,050
R.I.	8	4	55	84	121	120	128	144
Conn.	18	24	230	213	378	453	395	464
MID. ATLANTIC	204	362	904	1,124	3,481	4,537	3,743	4,545
Upstate N.Y.	70	61	623	798	1,047	1,137	1,113	1,181
N.Y. City	75	210	U	U	810	1,287	816	1,304
N.J.	33	51	167	161	774	961	670	994
Pa.	26	40	114	165	850	1,152	1,144	1,066
E.N. CENTRAL	109	151	139	158	4,432	4,774	2,904	4,166
Ohio	18	18	48	34	1,291	1,141	1,207	956
Ind.	6	19	-	12	570	457	513	423
Ill.	46	68	21	10	1,227	1,440	1	1,396
Mich.	29	38	64	83	774	884	826	873
Wis.	10	8	6	19	570	852	357	518
W.N. CENTRAL	54	65	478	658	2,103	1,988	2,172	2,147
Minn.	27	33	80	99	495	507	572	643
Iowa	3	13	71	140	322	223	289	204
Mo.	8	13	49	29	616	657	794	776
N. Dak.	2	-	107	129	55	40	67	57
S. Dak.	1	-	81	164	87	85	93	110
Nebr.	7	1	2	4	196	173	91	148
Kans.	6	5	88	93	332	303	266	209
S. ATLANTIC	292	298	2,099	1,887	7,057	7,523	4,742	5,731
Del.	5	1	47	50	101	143	126	137
Md.	100	86	353	349	729	755	673	791
D.C.	15	17	-	-	57	70	U	U
Va.	48	63	497	497	882	1,130	753	925
W. Va.	4	2	106	98	145	152	135	139
N.C.	33	26	504	392	972	1,155	916	1,187
S.C.	2	15	142	132	655	561	482	453
Ga.	22	21	306	204	1,300	1,255	1,453	1,482
Fla.	63	67	144	165	2,216	2,302	204	617
E.S. CENTRAL	42	23	185	227	2,046	1,869	1,479	1,307
Ky.	17	7	19	34	334	359	225	250
Tenn.	11	8	94	81	555	506	644	532
Ala.	13	7	72	111	588	535	521	436
Miss.	1	1	-	1	569	469	89	89
W.S. CENTRAL	18	15	71	418	2,763	3,238	3,643	2,445
Ark.	3	3	20	14	618	588	508	207
La.	7	10	-	-	248	667	612	524
Okla.	8	2	51	84	344	407	233	313
Tex.	-	-	-	320	1,553	1,576	2,290	1,401
MOUNTAIN	45	40	228	195	2,467	2,643	1,882	2,300
Mont.	1	4	62	55	82	67	-	1
Idaho	3	3	9	-	104	99	-	95
Wyo.	-	1	47	42	55	64	37	56
Colo.	22	17	-	1	646	653	606	638
N. Mex.	-	2	19	9	201	341	167	265
Ariz.	7	6	72	72	693	778	641	713
Utah	6	4	10	8	450	465	431	483
Nev.	6	3	9	8	236	176	-	49
PACIFIC	237	226	269	342	4,715	4,748	3,883	4,306
Wash.	28	24	-	-	507	585	547	739
Oreg.	37	19	7	4	277	380	331	414
Calif.	161	170	240	331	3,666	3,430	2,783	2,871
Alaska	-	1	22	7	56	51	23	31
Hawaii	11	12	-	-	209	302	199	251
Guam	-	-	-	-	-	34	U	U
P.R.	4	-	69	68	488	506	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

* Individual cases 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 November 4, 2000, and November 6, 1999 (44th Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999
UNITED STATES	17,176	14,017	9,170	8,493	5,085	5,715	10,364	13,057
NEW ENGLAND	343	765	329	736	65	53	346	360
Maine	10	5	12	-	1	-	12	16
N.H.	6	16	8	14	2	1	16	12
Vt.	4	6	-	4	-	3	4	2
Mass.	236	656	220	636	41	31	215	200
R.I.	26	23	28	20	4	2	27	35
Conn.	61	59	61	62	17	16	72	95
MID. ATLANTIC	1,777	920	1,141	648	222	252	1,905	2,200
Upstate N.Y.	674	244	180	66	13	17	243	274
N.Y. City	657	303	457	213	104	107	1,053	1,126
N.J.	270	219	313	205	42	60	446	453
Pa.	176	154	191	164	63	68	163	347
E.N. CENTRAL	3,387	2,673	989	1,440	1,007	1,062	1,082	1,390
Ohio	329	373	255	128	66	80	205	218
Ind.	1,366	281	139	96	319	371	80	115
Ill.	886	1,093	2	825	286	364	555	695
Mich.	598	390	541	330	295	208	172	274
Wis.	208	536	52	61	41	39	70	88
W.N. CENTRAL	2,121	1,046	1,701	696	54	115	400	440
Minn.	679	202	733	218	13	9	128	168
Iowa	473	53	295	46	11	9	32	39
Mo.	599	645	428	320	23	81	164	161
N. Dak.	42	3	49	2	-	-	2	6
S. Dak.	7	13	4	7	-	-	16	17
Nebr.	122	76	84	61	2	6	21	16
Kans.	199	54	108	42	5	10	37	33
S. ATLANTIC	2,630	2,111	1,013	476	1,697	1,836	2,116	2,585
Del.	21	13	20	9	8	8	-	25
Md.	191	142	104	48	254	320	210	229
D.C.	67	50	U	U	43	43	26	48
Va.	408	117	304	57	118	136	225	247
W. Va.	4	8	3	5	2	5	27	37
N.C.	334	185	242	80	418	422	249	383
S.C.	118	106	81	59	188	232	109	210
Ga.	227	203	164	78	323	369	469	512
Fla.	1,260	1,287	95	140	343	301	801	894
E.S. CENTRAL	984	1,055	479	621	759	981	758	887
Ky.	410	218	90	142	73	88	100	154
Tenn.	327	610	334	411	454	550	280	311
Ala.	72	107	49	58	107	188	257	261
Miss.	175	120	6	10	125	155	121	161
W.S. CENTRAL	1,937	2,275	2,436	1,007	692	904	870	1,666
Ark.	178	73	44	25	86	65	149	145
La.	134	183	152	109	187	265	74	190
Okla.	109	501	35	150	108	164	113	152
Tex.	1,516	1,518	2,205	723	311	410	534	1,179
MOUNTAIN	1,083	957	619	662	214	202	417	436
Mont.	7	9	-	-	-	1	14	13
Idaho	44	24	-	12	1	1	10	12
Wyo.	5	3	2	1	1	-	2	3
Colo.	241	171	169	135	11	2	68	61
N. Mex.	132	121	67	89	20	11	36	51
Ariz.	466	487	304	359	175	181	175	182
Utah	73	56	77	60	1	2	41	34
Nev.	115	86	-	6	5	4	71	80
PACIFIC	2,914	2,215	463	2,207	375	310	2,470	3,093
Wash.	408	104	339	101	55	63	207	218
Oreg.	155	78	94	74	6	6	25	93
Calif.	2,307	2,004	-	2,001	313	237	2,040	2,576
Alaska	8	3	3	3	-	1	84	49
Hawaii	36	26	27	28	1	3	114	157
Guam	-	15	U	U	-	-	-	56
P.R.	23	129	U	U	128	134	238	172
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. -: No reported cases.
*Individual cases 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 November 4, 2000, and November 6, 1999 (44th Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	1,012	1,008	10,142	13,912	5,641	5,883	1	55	-	18	73	86
NEW ENGLAND	83	83	302	295	84	135	-	2	-	4	6	11
Maine	1	7	19	11	5	1	-	-	-	-	-	-
N.H.	12	17	18	16	15	15	-	2	-	1	3	1
Vt.	7	5	10	19	6	4	-	-	-	3	3	-
Mass.	36	32	111	112	12	42	-	-	-	-	-	8
R.I.	4	5	22	21	18	33	-	-	-	-	-	-
Conn.	23	17	122	116	28	40	-	-	-	-	-	2
MID. ATLANTIC	153	176	984	1,040	757	749	-	14	-	5	19	5
Upstate N.Y.	83	71	204	233	122	157	-	9	-	-	9	2
N.Y. City	32	54	307	343	385	227	-	5	-	4	9	3
N.J.	29	46	154	133	57	115	-	-	-	-	-	-
Pa.	9	5	319	331	193	250	-	-	-	1	1	-
E.N. CENTRAL	132	167	1,215	2,552	609	620	-	8	-	-	8	4
Ohio	47	54	234	567	93	81	-	2	-	-	2	-
Ind.	27	22	106	93	42	35	-	-	-	-	-	2
Ill.	48	68	443	675	110	52	-	4	-	-	4	1
Mich.	7	17	419	1,149	363	423	-	2	-	-	2	1
Wis.	3	6	13	68	1	29	-	-	-	-	-	-
W.N. CENTRAL	61	63	669	751	500	279	1	3	-	1	4	1
Minn.	35	40	177	75	35	48	-	-	-	1	1	1
Iowa	1	2	64	124	33	37	-	2	-	-	2	-
Mo.	16	8	295	462	370	163	-	-	-	-	-	-
N. Dak.	1	1	3	2	2	-	-	-	-	-	-	-
S. Dak.	1	2	1	9	1	1	-	-	-	-	-	-
Nebr.	3	4	33	44	37	18	-	-	-	-	-	-
Kans.	4	6	96	35	22	12	1	1	-	-	1	-
S. ATLANTIC	266	209	1,303	1,587	1,118	957	-	4	-	-	4	15
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	74	53	198	265	104	130	-	-	-	-	-	-
D.C.	-	4	23	54	28	24	-	-	-	-	-	-
Va.	35	17	136	149	140	77	-	2	-	-	2	13
W. Va.	9	7	53	35	13	22	-	-	-	-	-	-
N.C.	22	31	125	140	208	204	-	-	-	-	-	-
S.C.	15	5	72	41	21	61	-	-	-	-	-	-
Ga.	63	55	257	424	197	145	-	-	-	-	-	-
Fla.	48	37	439	477	407	293	-	2	-	-	2	2
E.S. CENTRAL	42	53	350	351	390	404	-	-	-	-	-	2
Ky.	12	6	43	64	64	40	-	-	-	-	-	2
Tenn.	19	29	122	140	186	197	-	-	-	-	-	-
Ala.	10	15	52	50	48	79	-	-	-	-	-	-
Miss.	1	3	133	97	92	88	-	-	-	-	-	-
W.S. CENTRAL	56	55	1,597	2,680	631	1,013	-	-	-	-	-	12
Ark.	2	2	104	52	73	71	U	-	U	-	-	5
La.	11	12	56	201	87	158	-	-	-	-	-	-
Okla.	41	37	232	445	137	127	-	-	-	-	-	-
Tex.	2	4	1,205	1,982	334	657	-	-	-	-	-	7
MOUNTAIN	92	94	846	1,093	464	495	-	11	-	1	12	1
Mont.	1	3	7	17	7	17	-	-	-	-	-	-
Idaho	4	1	26	36	7	26	-	-	-	-	-	-
Wyo.	1	1	39	8	25	12	U	-	U	-	-	-
Colo.	16	13	176	201	90	85	-	1	-	1	2	-
N. Mex.	19	18	63	44	93	155	U	-	U	-	-	-
Ariz.	37	48	422	606	181	121	-	-	-	-	-	1
Utah	11	7	52	50	20	30	-	3	-	-	3	-
Nev.	3	3	61	131	41	49	-	7	-	-	7	-
PACIFIC	127	108	2,876	3,563	1,088	1,231	-	13	-	7	20	35
Wash.	5	5	254	295	98	62	-	2	-	1	3	5
Oreg.	28	35	165	217	100	95	-	-	-	-	-	12
Calif.	30	51	2,433	3,019	870	1,046	-	10	-	3	13	17
Alaska	41	9	11	11	9	15	-	1	-	-	1	-
Hawaii	23	8	13	21	11	13	-	-	-	3	3	1
Guam	-	-	-	1	-	2	-	-	-	-	-	1
P.R.	4	2	198	279	217	207	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 210 cases among children aged <5 years, serotype was reported for 85 and of those, 21 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 4, 2000, and November 6, 1999 (44th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,754	2,046	2	278	315	109	5,457	5,421	19	146	239
NEW ENGLAND	116	98	-	4	8	19	1,322	680	-	12	7
Maine	8	5	-	-	-	-	41	-	-	-	-
N.H.	11	12	-	-	1	9	111	82	-	2	-
Vt.	3	5	-	-	1	2	209	62	-	-	-
Mass.	68	56	-	1	4	8	903	475	-	8	7
R.I.	9	5	-	1	2	-	16	33	-	1	-
Conn.	17	15	-	2	-	-	42	28	-	1	-
MID. ATLANTIC	162	200	-	21	38	5	525	854	-	9	31
Upstate N.Y.	56	60	-	10	9	5	272	643	-	2	18
N.Y. City	33	53	-	4	11	-	44	48	-	7	6
N.J.	34	45	-	3	1	-	35	23	-	-	4
Pa.	39	42	-	4	17	-	174	140	-	-	3
E.N. CENTRAL	309	365	1	30	40	13	604	490	-	1	2
Ohio	79	124	-	7	14	-	290	186	-	-	-
Ind.	41	55	-	1	4	7	93	63	-	-	1
Ill.	72	96	-	6	10	1	68	85	-	1	1
Mich.	94	57	1	16	8	5	81	53	-	-	-
Wis.	23	33	-	-	4	-	72	103	-	-	-
W.N. CENTRAL	154	206	-	18	12	31	512	393	1	3	127
Minn.	20	47	-	-	1	28	315	188	1	1	5
Iowa	31	35	-	7	7	-	48	63	-	-	30
Mo.	81	80	-	4	1	-	69	70	-	1	2
N. Dak.	2	3	-	-	-	-	6	4	-	-	-
S. Dak.	5	11	-	-	-	-	7	5	-	-	-
Nebr.	7	10	-	4	-	-	28	7	-	1	90
Kans.	8	20	-	3	3	3	39	56	-	-	-
S. ATLANTIC	277	344	-	41	45	8	437	371	18	92	35
Del.	1	10	-	-	-	-	8	5	-	1	-
Md.	26	50	-	10	6	-	106	112	-	-	1
D.C.	-	3	-	-	2	-	3	-	-	-	-
Va.	37	47	-	9	10	-	97	29	-	-	-
W. Va.	12	7	-	-	-	-	1	3	-	-	-
N.C.	36	40	-	6	8	2	96	89	18	82	34
S.C.	21	42	-	10	4	2	29	15	-	7	-
Ga.	43	58	-	2	4	1	37	38	-	-	-
Fla.	101	87	-	4	11	3	60	80	-	2	-
E.S. CENTRAL	120	142	-	7	13	-	98	86	-	5	2
Ky.	26	28	-	1	-	-	49	26	-	1	-
Tenn.	51	58	-	2	-	-	30	36	-	1	-
Ala.	31	34	-	2	10	-	18	21	-	3	2
Miss.	12	22	-	2	3	-	1	3	-	-	-
W.S. CENTRAL	117	191	-	24	39	-	286	192	-	5	14
Ark.	13	31	U	2	-	U	32	24	U	-	5
La.	35	60	-	4	10	-	12	9	-	1	-
Okla.	26	29	-	-	1	-	19	34	-	-	1
Tex.	43	71	-	18	28	-	223	125	-	4	8
MOUNTAIN	124	126	-	20	25	16	683	673	-	2	16
Mont.	4	4	-	1	-	-	35	2	-	-	-
Idaho	7	9	-	-	2	-	57	142	-	-	-
Wyo.	-	4	U	2	-	U	6	2	U	-	-
Colo.	33	33	-	1	6	13	402	257	-	1	1
N. Mex.	8	14	U	1	N	U	80	109	U	-	-
Ariz.	62	41	-	4	8	-	70	97	-	1	13
Utah	7	14	-	5	4	3	21	56	-	-	1
Nev.	3	7	-	6	5	-	12	8	-	-	1
PACIFIC	375	374	1	113	95	17	990	1,682	-	17	5
Wash.	54	61	-	10	2	12	356	624	-	7	-
Oreg.	62	67	N	N	N	-	111	51	-	-	-
Calif.	243	233	1	82	78	5	473	964	-	10	5
Alaska	8	7	-	7	2	-	20	5	-	-	-
Hawaii	8	6	-	14	13	-	30	38	-	-	-
Guam	-	1	-	-	3	-	-	2	-	-	-
P.R.	9	11	-	-	-	-	5	22	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

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

TABLE IV. Deaths in 122 U.S. cities,* week ending November 4, 2000 (44th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	492	346	93	38	8	7	42
Boston, Mass.	139	84	34	16	4	1	13
Bridgeport, Conn.	33	25	6	1	1	-	-
Cambridge, Mass.	15	12	2	-	1	-	2
Fall River, Mass.	27	23	1	2	-	1	2
Hartford, Conn.	56	35	13	4	2	2	1
Lowell, Mass.	18	12	5	1	-	-	2
Lynn, Mass.	18	16	2	-	-	-	1
New Bedford, Mass.	24	21	2	1	-	-	1
New Haven, Conn.	28	19	8	1	-	-	3
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	7	7	-	-	-	-	2
Springfield, Mass.	44	34	5	4	-	1	4
Waterbury, Conn.	26	19	3	4	-	-	3
Worcester, Mass.	57	39	12	4	-	2	8
MID. ATLANTIC	2,296	1,619	432	167	39	38	128
Albany, N.Y.	52	35	10	3	-	4	1
Allentown, Pa.	23	20	2	1	-	-	1
Buffalo, N.Y.	109	76	20	9	3	1	8
Camden, N.J.	23	12	6	2	3	-	1
Elizabeth, N.J.	30	24	3	2	1	-	2
Erie, Pa.§	47	39	6	1	1	-	3
Jersey City, N.J.	35	22	10	1	-	2	-
New York City, N.Y.	1,121	790	219	83	16	12	50
Newark, N.J.	90	35	23	22	3	7	4
Paterson, N.J.	26	16	7	2	1	-	1
Philadelphia, Pa.	373	270	65	28	8	2	21
Pittsburgh, Pa.§	69	44	16	4	1	4	4
Reading, Pa.	27	21	4	1	-	1	2
Rochester, N.Y.	129	100	22	3	1	3	14
Schenectady, N.Y.	13	7	4	1	1	-	2
Scranton, Pa.§	25	22	2	1	-	-	3
Syracuse, N.Y.	68	54	10	2	-	2	7
Trenton, N.J.	17	14	3	-	-	-	-
Utica, N.Y.	19	18	-	1	-	-	4
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,670	1,149	321	106	52	41	89
Akron, Ohio	52	38	5	7	2	-	4
Canton, Ohio	39	31	7	1	-	-	4
Chicago, Ill.	323	185	84	27	18	8	1
Cincinnati, Ohio	74	56	13	1	2	2	8
Cleveland, Ohio	129	86	27	11	2	3	7
Columbus, Ohio	159	103	33	14	3	6	12
Dayton, Ohio	105	77	18	5	2	3	12
Detroit, Mich.	U	U	U	U	U	U	U
Evansville, Ind.	47	38	7	1	-	1	2
Fort Wayne, Ind.	55	35	9	8	3	-	2
Gary, Ind.	18	10	4	2	2	-	-
Grand Rapids, Mich.	19	13	4	-	1	1	-
Indianapolis, Ind.	166	115	33	9	6	3	8
Lansing, Mich.	54	42	7	3	1	1	6
Milwaukee, Wis.	116	75	26	5	5	5	5
Peoria, Ill.	35	25	7	1	1	1	4
Rockford, Ill.	45	33	5	4	-	3	6
South Bend, Ind.	55	42	11	1	1	-	1
Toledo, Ohio	113	86	17	5	2	3	5
Youngstown, Ohio	66	59	4	1	1	1	2
W.N. CENTRAL	809	600	129	48	22	10	38
Des Moines, Iowa	61	50	7	1	1	2	2
Duluth, Minn.	32	26	3	2	1	-	2
Kansas City, Kans.	27	16	7	3	1	-	1
Kansas City, Mo.	85	60	16	4	4	1	5
Lincoln, Nebr.	58	48	4	3	3	-	2
Minneapolis, Minn.	181	146	25	9	1	-	13
Omaha, Nebr.	97	66	17	7	6	1	5
St. Louis, Mo.	101	66	18	12	3	2	-
St. Paul, Minn.	94	65	21	3	2	3	5
Wichita, Kans.	73	57	11	4	-	1	3

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,142	726	242	109	29	29	73
Atlanta, Ga.	149	86	41	16	5	1	3
Baltimore, Md.	133	83	35	13	2	-	19
Charlotte, N.C.	94	48	22	16	3	5	5
Jacksonville, Fla.	146	92	31	16	5	2	13
Miami, Fla.	85	60	17	4	2	2	4
Norfolk, Va.	71	45	14	5	3	4	3
Richmond, Va.	58	30	12	14	1	1	2
Savannah, Ga.	55	44	3	-	1	-	7
St. Petersburg, Fla.	76	58	10	4	2	2	5
Tampa, Fla.	169	111	37	15	1	5	9
Washington, D.C.	106	69	20	6	4	7	3
Wilmington, Del.	U	U	U	U	U	U	U
E.S. CENTRAL	812	550	156	64	21	19	55
Birmingham, Ala.	138	88	29	11	5	3	5
Chattanooga, Tenn.	69	56	10	2	1	-	5
Knoxville, Tenn.	68	43	14	5	5	1	3
Lexington, Ky.	64	43	12	7	1	1	6
Memphis, Tenn.	198	134	42	14	3	5	15
Mobile, Ala.	86	61	19	3	1	2	3
Montgomery, Ala.	47	35	7	3	2	-	5
Nashville, Tenn.	142	90	23	19	3	7	13
W.S. CENTRAL	1,462	935	300	126	60	41	102
Austin, Tex.	85	57	16	4	6	2	2
Baton Rouge, La.	69	41	17	8	1	2	4
Corpus Christi, Tex.	53	33	12	4	2	2	3
Dallas, Tex.	207	123	46	23	7	8	13
El Paso, Tex.	94	64	19	9	1	1	2
Ft. Worth, Tex.	82	60	15	5	-	2	8
Houston, Tex.	380	224	79	41	29	7	29
Little Rock, Ark.	65	35	17	7	3	3	6
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	207	138	44	15	3	7	22
Shreveport, La.	76	50	13	6	4	3	2
Tulsa, Okla.	144	110	22	4	4	4	11
MOUNTAIN	905	582	194	72	30	27	54
Albuquerque, N.M.	U	U	U	U	U	U	U
Boise, Idaho	35	27	7	1	-	-	3
Colo. Springs, Colo.	68	39	20	6	2	1	-
Denver, Colo.	109	68	19	14	4	4	5
Las Vegas, Nev.	239	151	59	19	7	3	15
Ogden, Utah	28	17	8	2	-	1	3
Phoenix, Ariz.	163	104	27	15	9	8	13
Pueblo, Colo.	27	20	4	2	1	-	3
Salt Lake City, Utah	99	65	20	3	4	7	10
Tucson, Ariz.	137	91	30	10	3	3	2
PACIFIC	2,081	1,439	405	141	51	41	157
Berkeley, Calif.	16	12	3	-	-	1	6
Fresno, Calif.	86	62	17	6	-	1	3
Glendale, Calif.	40	31	7	2	-	-	-
Honolulu, Hawaii	72	53	11	4	1	2	11
Long Beach, Calif.	70	50	11	2	7	-	8
Los Angeles, Calif.	685	487	126	44	18	10	36
Pasadena, Calif.	17	14	1	1	1	-	3
Portland, Oreg.	127	75	18	21	9	4	7
Sacramento, Calif.	166	109	42	10	1	4	17
San Diego, Calif.	205	146	36	11	5	6	18
San Francisco, Calif.	128	82	29	11	2	4	11
San Jose, Calif.	178	122	40	9	3	4	19
Santa Cruz, Calif.	33	25	5	3	-	-	2
Seattle, Wash.	112	72	29	7	2	2	2
Spokane, Wash.	61	44	9	5	-	3	5
Tacoma, Wash.	85	55	21	5	2	-	9
TOTAL	11,669¶	7,946	2,272	871	312	253	738

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.

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