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MORBIDITY AND MORTALITY WEEKLY REPORT 41

Notice to Readers

Hepatitis A Among Persons with Hemophilia Who Received Clotting Factor Concentrate — United States, September–December 1995

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Hepatitis A outbreaks associated with receipt of clotting factor concentrate previously have been recognized in Europe but not in the United States (1–5). During September–November 1995, three cases of hepatitis A in recipients of AlphanateTM* factor VIII concentrate (Alpha Therapeutic Corporation, Los Angeles, California) from lot number AP5014A were reported to CDC. On December 8, the manufacturer voluntarily withdrew AlphanateTM lot number AP5014A from the market. In addition, one case of hepatitis A in a recipient of AlphaNine S-DTM factor IX concentrate (Alpha Therapeutic Corporation) has been reported and is under investigation. On January 11, 1996, the manufacturer voluntarily withheld four lots of AlphaNine S-DTM from further distribution as a precautionary measure. This report describes these four cases, summarizes the status of the investigation of the cases, and provides guidelines for testing and reporting of patients who received these products.

Hepatitis A in Factor VIII Recipients

Case 1. On September 5, 1995, a 13-year-old boy with mild hemophilia A (factor VIII deficiency) became acutely ill with nausea and vomiting after a 2-week period of fatigue, poor appetite, and low-grade fever. Blood tests revealed elevated liver enzymes and a positive test for immunoglobulin M antibody to hepatitis A virus (IgM anti-HAV). No sources of infection (e.g., close contact with a person with hepatitis A, household contact with a person working in or attending a day-care center, or international travel) were reported. During the 6 weeks preceding illness, the patient had used 68 vials (approximately 34,000 units) from the implicated lot (i.e., lot number AP5014A) of AlphanateTM and nine vials from four lots of another brand of factor VIII concentrate.

Case 2. On October 20, during a hospital visit to evaluate vaginal bleeding 1 month postpartum, a 28-year-old woman with type 2 von Willebrand disease was found to have elevated liver enzymes and was IgM anti-HAV positive. She reported that, during September, she had had dinner on two occasions with an international visitor who had appeared jaundiced but not ill. No other potential sources of infection were identified. During 1995, her only exposure to factor concentrate was use of 48 vials (approximately 24,000 units) of AlphanateTM from the implicated lot on September 19.

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

Hepatitis A — Continued

Case 3. On November 10, the National Hemophilia Foundation faxed a medical bulletin nationwide to 140 hemophilia treatment centers describing the first two cases of hepatitis A and their possible association with AlphanateTM lot number AP5014A. In response to this bulletin, two brothers with hemophilia A (aged 6 and 7 years) who had received this clotting factor concentrate were identified and tested for anti-HAV on November 17. The younger boy was IgM anti-HAV positive; the older boy was anti-HAV positive and IgM anti-HAV negative. Three weeks before testing for IgM anti-HAV, the younger brother had had a 5-day illness with nausea, vomiting, and abdominal pain. During the 3 months preceding testing, both boys had received approximately equal amounts of a total of 31 vials (approximately 15,500 units) of AlphanateTM from the implicated lot. No other factor products had been used during this interval, and no other sources of infection were identified.

Laboratory studies. One sample each from the implicated lot of AlphanateTM, acute-phase serum from patient 2, and stool from patient 1 were positive for HAV RNA after amplification by polymerase chain reaction of the amino terminal region of that portion of the HAV genome coding for VP1. Genetic sequencing indicated that the viral nucleic acid isolated from each source was of HAV genotype 1a. Sequence analysis indicated that these isolates were identical and unique from other previously sequenced strains (*6*).

Hepatitis A in a Factor IX Recipient

On December 7, 1995, a 15-year-old boy with severe hemophilia B (factor IX deficiency) presented to his physician with symptoms of acute hepatitis; diagnostic studies indicated elevated liver enzymes and a positive test for IgM anti-HAV. No sources of infection were identified, and his family members were negative for anti-HAV and IgM anti-HAV. During the 3 months preceding testing, the boy had received 40 vials (approximately 40,000 units) of AlphaNine S-DTM; most of the vials had come from four different product lots. Three of these lots originated from source plasma pools common to the implicated lot of AlphanateTM.

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Editorial Note: This report is the first to document transmission of HAV through clotting factor concentrates in the United States. Most cases of hepatitis A in the United States occur in community-wide outbreaks through person-to-person transmission by the fecal-oral route. However, because viremia occurs during the prodromal phase of the illness, asymptomatic blood donors, on rare occasions, have been the source of HAV infection transmitted by transfusion (7).

Several key findings support the conclusion that clotting factor concentrate was the source of infection in the factor VIII case-patients. First, the cases occurred in geographically dispersed areas, none of which were having community-wide epidemics

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of hepatitis A, and no community source of infection was identified. Second, the patients received the same lot of factor VIII concentrate. Third, HAV RNA was identified in that product lot. Finally, the genetic sequence of the HAV RNA from the factor concentrate was identical to that obtained from two of the case-patients.

In Europe, investigations of recent hepatitis A outbreaks among recipients of factor VIII concentrates implicated products prepared by a manufacturing method that included a solvent detergent (S-D) viral inactivation step (1–5). The largest outbreak occurred in Italy, involving 52 patients with hemophilia (5). The only risk factor for hepatitis A infection was receipt of factor VIII concentrate prepared using this method, and HAV RNA was detected in the factor concentrate (8). No hepatitis A outbreaks associated with receipt of factor IX concentrates have been reported previously.

The factor concentrates used by the case-patients described in this report also were prepared using the S-D method of viral inactivation. Although this method inactivates enveloped viruses such as hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (9), nonenveloped viruses such as HAV are resistant to inactivation by this method. Other plasma-derived factor VIII and factor IX concentrates manufactured using similar or different viral-reducing steps also may contain HAV, although no documented cases of transmission have been reported. Clotting factor concentrates manufactured by recombinant technology, which are now available for the treatment of factor VIII deficiency, have not been shown to transmit infectious agents. No recombinant factor IX clotting products have been approved by the Food and Drug Administration.

CDC is continuing to investigate these cases and requests assistance in identifying additional cases. Patients who received lot numbers CA5410A, CA5412A, CA5413A, or CA5421A of AlphaNine S-DTM since July 1, 1995, should be tested for IgM anti-HAV. Patients receiving any clotting factor who develop symptoms of acute hepatitis should have a complete diagnostic evaluation, including testing for IgM anti-HAV. A positive test for IgM anti-HAV is evidence of HAV infection during the previous 6 months. Persons who are anti-HAV positive and IgM anti-HAV negative had HAV infection >6 months previously and are immune. Patients who are IgM anti-HAV positive should be reported to their local or state health department and directly to CDC's Hematologic Disease Branch, Div of AIDS, STD, and TB Laboratory Research, National Center for Infectious Diseases (NCID), telephone (404) 639-3925.

Inactivated hepatitis A vaccine (HAVRIX[®], SmithKline Beecham, Inc., Pittsburgh, Pennsylvania) was licensed in 1995, and physicians should consider vaccinating susceptible patients who receive clotting factor. Because limited available data suggest a high seroprevalence of anti-HAV among persons with hemophilia, all such patients should undergo prevaccination testing. Persons who are anti-HAV (total) positive are immune to HAV and do not require vaccination. The vaccine provides active immunity against HAV, which is estimated to persist for at least 20 years in healthy adults (*10*). Information about the vaccine's effectiveness in persons with hemophilia and immunocompromised persons is limited. The vaccine is licensed as a two-dose series of 1440 ELISA units (EL.U.) per dose for adults, with the second dose administered 6–12 months after the first dose, and in a 3-dose series of 360 EL.U. per dose for children aged 2–18 years, with the second dose administered 1 month after the first dose, and the third dose administered 6–12 months after the first dose. The vaccine is not licensed for use in children aged <2 years. The vaccine should be administered by intra-

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muscular injection in the deltoid. A physician familiar with the patient's risk for bleeding should evaluate whether the vaccine can be given with reasonable safety by this route. No data are available regarding administration of the vaccine by the intradermal or subcutaneous route. If the patient receives clotting factor or other similar therapy, intramuscular vaccination can be scheduled shortly after receipt of such therapy.

Patients should consult their physician or health-care provider for answers to any questions related to their current factor VIII or factor IX replacement product. Additional information about this investigation is available from the Hematologic Diseases Branch and additional information about the hepatitis A vaccine, including preventive measures for children aged <2 years, is available from CDC's Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID, telephone (404) 639-3048.

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Deaths Associated with Hurricanes Marilyn and Opal — United States, September–October 1995

The 1995 hurricane season was one of the most severe in U.S. history and included 11 hurricanes. During a 2-week period, the two most damaging storms—hurricanes Marilyn and Opal—made landfall in the United States. To characterize the deaths attributed to these storms, CDC contacted medical examiners/coroners (ME/Cs) in the affected areas. This report summarizes the findings of these investigations.

Hurricane-related deaths can occur before (preimpact), during (impact), and after (postimpact) a hurricane strikes land. Deaths determined by local ME/Cs to be "disaster-related" are those directly (i.e., resulting from the environmental force of the hurricane) or indirectly (i.e., death caused by an injury or illness associated with

Hurricane-Related Deaths — Continued

hurricane-related events such as evacuation, clean-up, or loss of electricity [1]) related to the storm.

Hurricane Marilyn, September 1995

On September 15, Hurricane Marilyn, a category two (on a scale of one to five) storm with sustained winds of 105 mph, made landfall in the U.S. Virgin Islands (USVI). The hurricane passed directly over St. Thomas (1990 population: 48,166) and affected St. John (1990 population: 3504) and St. Croix (1990 population: 50,139) in the USVI, and the islands of Culebra (1990 population: 1542) and Vieques (1990 population: 8602) in the Commonwealth of Puerto Rico (Figure 1). Gale-force winds, heavy rains, and storm surges of 3–5 feet resulted in damages reported at approximately \$3 billion; more than 80% of the residential dwellings in St. Thomas were damaged or destroyed (*2*).

ME/C offices in the USVI and the Institute of Forensic Sciences in Puerto Rico provided information about hurricane-related deaths reported from September 15 through October 4. Specific information included characteristics about decedents (e.g., age and sex) and the circumstances of death (e.g., date of injury, date of death, location, cause of death, and other circumstances).

ME/Cs reported 10 deaths that were related, directly or indirectly, to Hurricane Marilyn (Table 1). The mean age for the seven decedents whose ages were known was 56.5 years (range: 17–107 years); eight were male. Of these 10 deaths, six were reported by the ME/Cs from St. Thomas and St. John, two from St. Croix, and two from Puerto Rico.

One death occurred preimpact; the other nine occurred during the impact phase of the hurricane. The preimpact death occurred in Puerto Rico when the decedent was electrocuted while moving a TV antenna in preparation for the storm. Eight of the deaths, including the second death in Puerto Rico, were boat-related (i.e., the victims were on boats when the hurricane struck). Drowning was reported as the cause of seven of these boat-related deaths; head trauma was reported as the cause of one



FIGURE 1. Approximate path of Hurricane Marilyn — Puerto Rico and the U.S. Virgin Islands, September 15–16, 1995

TABLE 1. D	eaths attri	ibuted to Hur	ricane Marily	'n, by phas	e of storm*	, location,	, age,
sex, and ca	ause and o	circumstance	of death —	U.S. Virgir	n Islands an	d Puerto	Rico,
September	1995						

Phase		Age		Cause	
of storm	Location	(yrs)	Sex	of death	Circumstance of death
Impact	St. Thomas	62	Μ	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	46	Μ	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	50 [†]	Μ	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	55–65†	М	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	50 [†]	Μ	Head trauma	On boat when mast or other part of boat broke and struck him on head; body found washed up on shore
Impact	St. John	48	F	Drowning	On boat during impact
Impact	St. Croix	59	Μ	Drowning	On boat during impact; body found washed up on shore
Impact	St. Croix	107	F	Natural causes	In shelter and died during impact
Preimpact	Puerto Rico	17	Μ	Electrocution	Received an electric shock while on roof removing a TV antenna
Impact	Puerto Rico	53	Μ	Asphyxia by submersion	On boat during impact; body found 4 days later

*Deaths were categorized as occurring before the hurricane made landfall (preimpact), during the storm (impact), or after the storm had passed (postimpact).

[†]The exact age could not be determined by the medical examiner.

death. A 107-year-old woman died in an emergency shelter in the USVI; her death, although possibly precipitated by the circumstances of the hurricane, was attributed to natural causes.

Hurricane Opal, October 1995

On October 4, Hurricane Opal, a category three storm with sustained winds of 115 mph, moved across the Gulf of Mexico and made landfall approximately 20 miles east of Pensacola, Florida. Gale-force winds and storm surges of 10–15 feet caused severe damage throughout the panhandle of Florida; the coastal areas were affected most severely (M. Mayfield, National Hurricane Center, personal communication, 1995). Although the hurricane was downgraded to a tropical storm (i.e., sustained wind speeds of 39–74 mph) soon after landfall, accompanying heavy rains and high winds caused extensive damage as the storm moved northward across southern and northeastern Alabama, through northwestern Georgia, and into North Carolina (Figure 2). In addition to the seven counties in Florida that were initially declared federal disaster areas, disaster declarations also had been issued for 37 counties in Alabama, 47 counties in Georgia, and 13 counties and the eastern band of the Cherokee Reservation in North Carolina (*3*).

Data on deaths reported during October 4–25 attributed to the storm were provided by the offices of the ME/Cs in all counties in Alabama, Florida, and Georgia for which state or federal disaster declarations were issued, and in other counties without disaster declarations where hurricane-related deaths were reported; in addition, CDC contacted counties adjacent to those meeting the above criteria. In North Carolina, the



FIGURE 2. Approximate path of Hurricane Opal — United States, October 4–5, 1995

chief ME in the State Department of Environment, Health, and Natural Resources was contacted for information on the entire state. ME/Cs were asked to provide information about decedents and circumstances of any death attributed to the hurricane. All eligible counties except one in Alabama and one in Georgia were contacted.

A total of 27 hurricane-related deaths were reported by the ME/Cs: two deaths occurred in Florida, 12 in Alabama, 11 in Georgia, and two in North Carolina. Of these, one occurred during the preimpact phase of the storm, 13 during the impact phase, and 13 during the postimpact phase. Decedents ranged in age from 4 years to 87 years, and 21 were male. For the 26 decedents aged 20–87 years, the mean age was 52.4 years.

Of the 27 deaths, the cause of death for 24 was considered accidental*; the other three deaths were attributed to natural causes but were considered hurricane-related because circumstances created by the hurricane contributed to the deaths. One death resulted from exacerbation of chronic obstructive pulmonary disease following strenuous activity during clean-up activities, and two deaths resulted from myocardial infarctions that also were attributed to strenuous clean-up activities.

Thirteen deaths were related to falling or fallen trees; of these, nine occurred during the impact phase when victims were struck by trees falling on or near their residence (six), place of employment (one), or motor vehicle (two). Three occurred when vehicles struck trees lying in the road, and one occurred when the decedent was struck while cutting down a tree that had partially fallen during the storm.

Four deaths were attributed indirectly to power outages: one death from carbon monoxide poisoning associated with the use of a gas generator and three from house fires started by candles (two) or a propane cooking device (one). Motor vehicles were implicated in seven of the deaths, including persons in motor vehicles that were struck by falling trees or that ran into downed trees (five). Five other deaths occurred during the postimpact phase: one person drowned in a swollen creek; one was electrocuted while repairing a downed power line; one sustained massive chest trauma after a trac-

^{*}When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

Phase		Age		Cause	
of storm	State/County	(yrs)	Sex	of death	Circumstance of death
Impact	Ala., Henry	28	М	Thermal burns	House fire started by candle used
Impact	Ala., Jefferson	30	Μ	Multiple blunt force injury	Working on train. Train accident [†] caused victim to be ejected and run over by train
Impact	Ala., Jefferson	51	Μ	Carbon monoxide poisoning	Using a gas generator in an unventilated space because of power outage
Impact	Ala., Etowah	33	F	Multiple trauma	Tree fell on mobile home
Impact	Ala., Etowah	35	М	Multiple trauma	Tree fell on mobile home
Postimpact	Ala., Conee	/3	IVI	trauma	by automobile that ran into a tree
Postimpact	Ala., Coffee	58	F	Multiple blunt force trauma	While surveying damage, struck by automobile that ran into a tree
Postimpact	Ala., Clay	86	Μ	Massive trauma to chest	Tractor overturned while clearing debris
Postimpact	Ala., Chambers	34	Μ	Electrocution	Electrocuted while repairing a
Postimpact	Ala., Chambers	61	М	Cardiac arrest	downed power line Suffered a heart attack while repairing damaged fance
Postimpact	Ala., Lee	87	Μ	Myocardial infarction	Suffered a heart attack while cleaning up debris
Postimpact	Ala., Coffee	70	М	Chronic obstructive	Strenuous exercise during clean-up
Preimpact	Fla., Okaloosa	76	F	Multiple blunt injuries	Mobile home hit by tornado
Impact	Fla., Escambia	36	М	Crushing head injury	Hit by falling tree while working at
Impact	Ga., Carroll	20	F	Blunt force trauma	Pinned by falling tree and bled to death once tree was removed
Impact	Ga., Cobb	50	М	Asphyxia due to mechanical impairment	Outside when struck by falling tree
Impact	Ga., Fulton	74	М	Multiple blunt force	Tree fell through roof of residence
Impact	Ga., Spaulding	45	М	Blunt force trauma	Tree fell on cab of pickup while in
Impact	Ga., Haralson	26	М	Massive head and neck	Tree fell on cab of truck while in
Impact	Ga., Haralson	55	F	trauma Massive head trauma	Motor vehicle Motor-vehicle accident attributed to
Postimpact	Ga., Gilmer	53	М	Blunt force trauma	Struck by a tree he was cutting down
Postimpact	Ga., Fulton	34	М	Blunt force trauma	Hit fallen tree in the road while riding
Postimpact	Ga., Floyd	58	F	Multiple blunt force trauma	motorcycle Traffic lights not working due to power outage. Motor-vehicle
Postimpact	Ga., DeKalb	4	М	Thermal burns	House fire started by candles used for
Postimpact	Ga., Murray	62	Μ	Smoke inhalation	Explosion caused by propane cooking device used because of power outage
Impact	N.C., Buncombe	60	М	Compressional	Tree fell on mobile home
Postimpact	N.C., McDowell	68	М	Drowning	Fell into swollen creek while surveying damage

TABLE 2. Deaths attributed to Hurricane Opal, by phase of storm*, location, age, sex, and cause and circumstance of death — Alabama, Florida, Georgia, and North Carolina, October, 1995

*Deaths were categorized as occurring before the hurricane made landfall (preimpact), during the storm (impact), or after the storm had passed (postimpact).

[†]When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

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tor overturned; and two suffered heart attacks while repairing damage and clearing debris.

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Editorial Note: Before Hurricane Hugo in 1989, most hurricane-related deaths occurred during the impact phase, usually along the coastline, and were attributed to drowning from hurricane-related storm surges. For example, following Hurricane Camille, which struck the Gulf of Mexico coast in 1969, most of the 256 storm-related deaths were attributed to drowning that resulted from 25-foot storm tides near the coast and flash floods further inland (4). Since then, however, improvements in forecasting technology and evacuation procedures have decreased the number of deaths attributed to drowning from storm surges during recent hurricanes (5). Consequently, an increasing proportion of deaths occurring during the impact phase of recent hurricanes have been attributed to the effects of the high winds rather than storm surges (1). In addition, since Hurricane Hugo, the proportion of deaths that occur during the postimpact phase has increased. Many of these deaths and nonfatal injuries result

from electrocutions from contact with downed power lines, chain saw lacerations, and trauma from falling trees (*6*,*7*).

During Hurricane Marilyn, no deaths directly related to the impact phase of the storm occurred on any of the islands, possibly reflecting the effectiveness of measures to evacuate and shelter the population at risk. However, eight of nine persons who died during the impact of the storm were at sea at the time of death, suggesting that warnings should be strengthened to emphasize risks of being aboard a vessel during a hurricane. In USVI and other areas where substantial numbers of persons reside on boats, these persons should be encouraged to evacuate to shelters on land.

Many of the deaths attributed to Hurricane Opal occurred among persons in inland counties after the hurricane had been downgraded to a tropical storm, suggesting that persons in these areas may not have recognized or been fully informed about the risks associated with severe storms. In particular, because the use of motor vehicles during and after the storm was associated with several deaths, risks related to driving during or immediately following a severe storm should be emphasized, and persons should be encouraged to remain off the roads. In addition, because many deaths occurred after the storm during surveying efforts or clean-up activities, emergency notifications should stress the persistent risks of environmental hazards (e.g., downed trees and power lines) even after the storm has passed.

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Surveillance of Tuberculosis and AIDS Co-Morbidity — Florida, 1981–1993

Because immunosuppression induced by human immunodeficiency virus (HIV) infection increases the likelihood that latent tuberculosis (TB) infection will become active in HIV-infected persons (1,2), in 1987, extrapulmonary or disseminated TB was added to the acquired immunodeficiency syndrome (AIDS) surveillance case definition (3), and in 1993, pulmonary TB in HIV-infected persons was added to the case definition (4). In Florida and other areas (5), AIDS surveillance activities include assessment of the completeness and validity of reported cases based on confidential record linkages with the TB registry and other disease registries. In December 1993, the Florida Department of Health and Rehabilitative Services (HRS) matched cases

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from the AIDS and TB registries to verify documented TB data, include more complete TB data on the AIDS registry, and identify cases from the AIDS registry with unreported TB. This report summarizes an analysis of this match, which underscored the need for collaboration and crosstraining of surveillance staff in AIDS and TB reporting.

HRS matched the records of all 16,559 cases of TB reported in Florida from 1984 (the earliest year for which computerized TB data were available) through December 22, 1993, with records of all 36,002 cases of AIDS reported in Florida from 1981 through December 22, 1993. Persons with atypical mycobacterioses and persons who did not reside in Florida at the time of TB diagnosis were excluded. Computer matching was based on combinations of the variables of name, date of birth, race, and sex and identified 5135 possible matches. Manual record reviews by HRS staff confirmed that 2567 (7.1%) patients reported with AIDS on the AIDS registry also were reported with TB on the TB registry.

Of the 2567 identified registry matches, 2137 (83.2%) were previously reported with TB on the AIDS registry; the remaining 430 cases had been reported to the AIDS registry without documentation of TB (Figure 1). AIDS cases matched with the TB registry were updated with more complete TB data, including date of diagnosis and whether the TB was pulmonary, extrapulmonary, or both.

Of the 36,002 cumulative AIDS cases, reports for 2816 (7.8%) cases indicated that the patient also had TB. For 679 AIDS cases with TB that were listed on the AIDS registry but that had not been reported to the TB registry as having TB, medical records were reviewed by HRS AIDS and TB surveillance staff, and cases were classified into mutually exclusive categories (Table 1). Reviews confirmed 78 (11.5%) as newly identified TB cases for the TB registry. Of the 516 AIDS cases that lacked validated TB diagnoses, for 298 (43.9%) investigators could not identify data to substantiate the CDC TB case definition, and for 90 (13.3%), cultures indicated infection with other species of mycobacteria (most frequently *Mycobacterium avium*). In addition, some cases originally diagnosed by physicians as TB were later revised, based on subsequent documentation, to a diagnosis of pneumonia from other causes. Because most (99%)

FIGURE 1. Cross-validation of the AIDS and tuberculosis (TB) case registries — Florida, January 1981–December 22, 1993*



Persons listed on the AIDS registry with TB documented (n=2816)

Persons listed on both the AIDS and TB registries (n=2567)

*AIDS cases reported during 1981–December 22, 1993; TB cases reported during 1984–December 22, 1993.

Tuberculosis and AIDS Co-Morbidity — Continued

of the 516 records without validated TB had other documented AIDS case criteria, they remained in the AIDS registry after correction of their TB status. Following the addition of updated TB data to some AIDS cases and the removal from the AIDS registry of some initially TB-defined AIDS cases with nonvalidated TB information, the number of reported AIDS cases with TB decreased 4.5% (from 2816 to 2690).

Reported by: L Conti, DVM, S Lieb, MPH, T Liberti, R White, MBA, L Crockett, MD, R Hopkins, MD, State Epidemiologist, Florida Dept of Health and Rehabilitative Svcs. Surveillance Br, Div of HIV/AIDS Prevention, National Center for Prevention Svcs, CDC.

Editorial Note: The AIDS and TB registry match conducted by Florida HRS evaluated the quality of AIDS and TB surveillance data, and enhanced completeness of reporting for both surveillance systems. For example, 11.5% of the TB cases in persons reported with AIDS had not been reported previously to the TB registry. However, 13.3% of the reported cases of AIDS with TB that had not been reported previously to the TB registry were identified as mycobacterial infections other than *M. tuberculosis*, underscoring the need for collaboration between TB and AIDS surveillance personnel to verify the TB data. Medical record reviews of most (76.0%) of the 679 unmatched cases of AIDS with TB could not validate a TB diagnosis, reflecting, in part, insufficient documentation of TB case-criteria by health-care providers when specific positive-culture results were absent.

The increased incidence of TB as a result of the HIV epidemic (6–8) requires that health departments assist health-care providers in increasing their familiarity with the CDC TB case definition (9) to improve diagnostic accuracy and patient follow-up. In addition, state and local health departments should facilitate access by persons with TB to HIV testing and counseling services and provide tuberculin skin testing to persons with HIV infection (10). TB and AIDS registries should be matched at least annually to assist in characterizing the extent of co-morbidity and planning for necessary services. In Florida, AIDS and TB surveillance personnel have received additional training to improve their knowledge about both conditions. These training efforts have improved collaborative activities to ensure the accuracy and completeness of TB and AIDS surveillance data.

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Finding	No.	(%)	Finding	No.	(%)
TB validated New TB cases TB previously reported TB reported out of state Total	78 35 10 123	(11.5) (5.2) (1.5) (18.2)	Other Deleted duplicate AIDS case Data entry error Total	35 5 40	(5.2) (0.7) (5.9)
TB not validated TB case criteria not met No mention of TB <i>Mycobacterium avium</i> complex (MAC) Mycobacterial species other than TB or MAC Total	298 128 70 20 516	(43.9) (18.8) (10.3) (2.9) (76.0)	Total	679	(100.0)

TABLE 1. *Mycobacterium tuberculosis* (TB) validation results of AIDS cases not matched to the TB registry — Florida, 1981–1983

Tuberculosis and AIDS Co-Morbidity — Continued

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Notice to Readers

Changes in National Notifiable Diseases Data Presentation

This issue of *MMWR* incorporates modifications to Tables I and II, Cases of Notifiable Diseases, United States. This year, the purposes of the modifications are to add diseases recently designated nationally notifiable by the Council of State and Territorial Epidemiologists, in conjunction with CDC, and to group together selected vaccine-preventable diseases. As of January 1, 1996, a total of 52 infectious diseases were designated as notifiable at the national level (Table 1). Except where otherwise indicated, the data presented in the notifiable disease tables are transmitted to CDC through the National Electronic Telecommunications System for Surveillance (NETSS).

Table I

For the infectious diseases added during 1995 to the list of nationally notifiable diseases that are reportable in 25–39 states, data will now be included in Table I; these diseases are cryptosporidiosis, California encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, hantavirus pulmonary syndrome, pediatric human immunodeficiency virus (HIV) infection, and streptococcal toxic-shock syndrome. Because not all nationally notifiable diseases are reportable in every state or territory, the reported numbers of cases of some diseases in Table I represent only the totals from states or territories in which the diseases are reportable. In this table, pediatric HIV infection refers to HIV infection in persons aged <13 years—in one state, <6 years. In addition, "primary encephalitis" is no longer nationally notifiable, although arboviral encephalitides are reportable by specific etiology.

Table II

Cumulative totals of the number of cases of genital *Chlamydia trachomatis* infection and *Escherichia coli* O157:H7 infection are presented by state and territory. To assist in characterizing the emerging problem of *E. coli* O157:H7 infection, data about such infections are presented from the Public Health Laboratory Information System Notice to Readers — Continued

<i>Haemophilus influenzae,</i> invasive disease	Rabies, animal Rabies, human
Hansen disease (Leprosy)	Rocky Mountain spotted fever
Hantavirus pulmonary syndrome	Rubella
Hemolytic uremic syndrome, post-diarrheal [†]	Salmonellosis [†] Shigellosis [†]
Hepatitis A Hepatitis B	Streptococcal disease, invasive, group A [†]
Hepatitis, C/non-A, non-B HIV infection, pediatric	<i>Streptococcus pneumoniae,</i> drug-resistant [†]
Legionellosis Lyme Disease	Streptococcal toxic-shock syndrome
Malaria	Syphilis
Measles	Tetanus
Meningococcal disease	Toxic-shock syndrome
Mumps	Trichinosis
Pertussis	Tuberculosis
Plague	Typhoid fever
Poliomyelitis, paralytic Psittacosis	Yellow fever [†]
	Haemophilus influenzae, invasive disease Hansen disease (Leprosy) Hantavirus pulmonary syndrome Hemolytic uremic syndrome, post-diarrheal ¹ Hepatitis A Hepatitis B Hepatitis, C/non-A, non-B HIV infection, pediatric Legionellosis Lyme Disease Malaria Measles Meningococcal disease Mumps Pertussis Plague Poliomyelitis, paralytic Psittacosis

 TABLE 1. Infectious diseases designated as notifiable at the national level* — United

 States, 1996

*Although varicella is not a nationally notifiable disease, the Council of State and Territorial Epidemiologists recommends reporting of cases of this disease to CDC. *Not currently published in the weekly tables.

such infections are presented from the Public Health Laboratory Information System (PHLIS) as well as NETSS. *E. coli* cases reported to PHLIS are based on state of report (rather than state of residence) and the date the specimen was collected; however, reporting of such cases will be delayed until confirmatory laboratory testing is completed.

Data about vaccine-preventable diseases will be moved from Table II and grouped together in a separate table labeled Table III. Although the serotype of invasive *Haemophilus influenzae* is not routinely reported through NETSS, serotype b is preventable by routine childhood vaccination; therefore, reports of invasive *H. influenzae* will be moved from Table I to Table III.

Reported by: Council of State and Territorial Epidemiologists. Div of Surveillance and Epidemiology, Epidemiology Program Office, CDC.

Erratum: Vol. 45, No. 1

In Table III, "Deaths in 121 U.S. cities, week ending December 30, 1995 (52nd week)," the data are incorrect. The data given were for the 51st week. Data for week 52 are included in this issue of *MMWR* on page 55.



FIGURE I. Selected notifiable disease reports, comparison of 4-week totals ending January 6, 1996, with historical data — United States

*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline. (Ratio (log scale) for week 1 measles (total) is 0.019363.)
[†]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.

	Cum. 1996		Cum. 1996
Anthrax Brucellosis Cholera Congenital rubella syndrome Cryptosporidiosis* Diphtheria Encephalitis: California* eastern equine* St. Louis* western equine* Hansen Disease	4	HIV infection, pediatric* [§] Plague Poliomyelitis, paralytic [¶] Psittacosis Rabies, human Rocky Mountain Spotted Fever (RMSF) Streptococcal toxic-shock syndrome* Syphilis, congenital** Tetanus Toxic shock syndrome Trichinosis	
Hantavirus pulmonary syndrome* [†]	-	Typhoid fever	-

TABLE I. Summary — cases of selected notifiable diseases, United States, cumulative, week ending January 6, 1996 (1st Week)

*Not notifiable in all states.

¹Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID). ⁵Updated monthly to the Division of HV/AIDS Prevention, National Center for Prevention Services (NCPS).

[¶]No suspected cases of polio reported for 1996.

** Updated quarterly from reports to the Division of STD Prevention, NCPS. First quarter 1996 is not yet available.

-: no reported cases

	AID)S*	Chlamydia	Esche coli O	erichia 157:H7 PHLIS [§]	Gono	rrhea	Hepa C\N/	Hepatitis C\NA,NB		ellosis
Reporting Area	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	-	-	743	5	-	2,539	5,273	25	29	8	12
NEW ENGLAND	-	-	228	3	-	86	77	-	-	1	-
Maine	-	-	-	-	-	-	1	-	-	-	-
Vt.	-	-	9	-	-	4	-	-	-	-	-
Mass.	-	-	189	3	-	65	70	-	-	1	-
K.I. Conn.	-	-	30	-	-	6 8	4	-	-	N	N
MID. ATLANTIC	-	-	-	-	-	33	- 590	-	4	-	-
Upstate N.Y.	-	-	N	-	-	-		-	-	-	-
N.Y. City	-	-	-	-	-	-	340	-	-	-	-
Pa.	-	-	-	N	-	33	250	-	3	-	-
E.N. CENTRAL	-	-	83	-	-	163	521	9	4	2	4
Ohio	-	-	-	-	-	74	-	-	-	1	2
III.	-	-	-	-	-	-	302	-	3	-	1
Mich.	-	-	83	- N	-	89	-	9	1	1	-
WIS.	-	-	-	IN	-	-	159	-	-	-	-
Minn.	-	-	-	-	-	4	223 54	-	- 3	-	-
lowa	-	-	-	-	-	-	-	-	1	-	1
Mo. N. Dak	-	-	-	-	-	-	164	-	2	-	2
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	5	-	-	-	-
	-	-	-	- 1	-	4	1 000	-	-	-	-
Del.	-	-	- 304	-	-	1,057	1,000	-	-	-	-
Md.	-	-		N	-	-	200	-	-	1	-
D.C. Va	-	-	IN 53	- N	-	- 172	185	-	-	-	-
W. Va.	-	-	-	Ň	-	-	36	-	-	-	-
N.C.	-	-	-	-	-	- 367	266 141	- 1	2	-	1
Ga.	-	-	-	-	-	954	547	-	-	-	-
Fla.	-	-	251	-	-	164	313	-	-	-	-
E.S. CENTRAL	-	-	51	-	-	514	751	-	-	3	2
Ny. Tenn.	-	-	47	N	-	62	82	-	-	2	-
Ala.	-	-	-	-	-	329	271	-	-	-	-
Miss.	-	-	4	-	-	48	285	-	-	-	1
Ark.	-	-	-	-	-	7	317	12	-	-	-
La.	-	-	-	Ν	-	-	231	-	-	-	-
Okla. Tex	-	-	-	-	-	-	1	12	-	-	-
MOUNTAIN	-	-	77	1	-	59	66	2	4	-	_
Mont.	-	-	-	-	-	-	3	-	-	-	-
Idaho	-	-	- 11	-	-	-	-	-	-	-	-
Colo.	-	-	-	-	-	33	39	1	-	-	-
N. Mex.	-	-	-	- N	-	-	11	1	-	-	-
Ariz. Utah	-	-	66	IN -	-	26	- 1	-	-	-	-
Nev.	-	-	-	1	-		11	-	-	-	-
PACIFIC	-	-	-	-	-	16	848	1	12	1	2
vvash. Oreg	-	-	-	-	-	-	-	-	-	-	-
Calif.	-	-		-	-	7	827	-	12	1	1
Alaska Hawaii	-	-	N	- N	-	9	9 12	1	-	-	- 1
Guam	-	-	- N	IN N	-	-	12	-	-	-	I
P.R.	-	-	N	N	U	- 5	9	- 1	-	-	-
V.I.	-	-	N	N	U	-	-	-	-	-	-
C.N.M.I.	-	-	N	N	U	-	-	-	-	-	-

TABLE II. Cases of selected notifiable diseases, United States, weeks endingJanuary 6, 1996, and January 7, 1995 (1st Week)

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

C.N.M.I.: Commonwealth of Northern Mariana Islands *Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update December 15, 1995. [†]National Electronic Telecommunications System for Surveillance. [§]Public Health Laboratory Information System.

					Mening	ococcal	Ѕур	hilis				
	Lyı	me	Mal	aria	Dise	ease	(Primary &	Secondary)	Tuberc	ulosis	Rabies,	Animal
Reporting Area	Cum. 1996	Cum. 1995										
UNITED STATES	5	52	1	11	24	35	89	340	32	150	17	65
NEW ENGLAND	1	1	-	1	-	-	4	4	2	2	8	19
Maine	-	-	-	-	-	-	-	-	-	-	-	-
N.H. Vt.	-	-	-	-	-	-	-	-	-	-	-	2 -
Mass.	1	1	-	-	-	-	1	2	-	-	5	12
K.I. Conn.	-	-	-	-		-	- 3	- 2	2	2	2	- 5
MID. ATLANTIC	-	43	-	4	-	2	-	54	-	5	-	29
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-	18
N.Y. City	-	- 16	-	3	-	2	-	53	-	2	-	- 8
Pa.	-	27	-	-	-	-	-	1	-	3	-	3
E.N. CENTRAL	-	2	-	3	3	12	31	41	-	9	-	1
Ohio	-	-	-	-	2	3	29	15	-	-	-	1
III.	-	1	-	2	-	6	-	3 14	-	- 9	-	-
Mich.	-	-	-	1	1	1	2	4	-	-	-	-
VVIS.	-	-	-	-	-	1	-	5	-	-	-	-
W.N. CENTRAL	-	2	-	-	1	5	-	10	-	2	-	2
lowa	-	-	-	-	1	2	-	-	-	2	-	1
Mo.	-	-	-	-	-	3	-	10	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	- 1
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	2	-	-	-	-	-	-	-	-	-	-
S. AILANTIC	4	3	-	-	5	7	19	51	1	14	9	11
Md.	4	1	-	-	1	-	-	4	-	10	-	4
D.C.	-	-	-	-	-	1	-	4	-	-	-	-
W. Va.	-	-	-	-	-	-	- 14	-	-	3	1	-
N.C.	-	-	-	-	-	3	-	20	-	-	-	2
Ga.	-	-	-	-	- 4	-	-	5 4	-	-	2	1
Fla.	-	-	-	-	-	3	5	13	-	-	-	-
E.S. CENTRAL	-	-	-	-	4	2	35	106	13	13	-	2
Ky. Tenn	-	-	-	-	4	-	7	7	-	3	-	-
Ala.	-	-	-	-	-	1	9	19	6	9	-	2
Miss.	-	-	-	-	-	1	19	72	7	-	-	-
W.S. CENTRAL	-	-	-	-	2	-	-	25	9	-	-	-
La.	-	-	-	-	-	-	-	16	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	9	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Mont.	-	-	-	-	4	-	-	-	-	4	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-
Wyo. Colo.	-	-	-	-	- 2	-	-	- 2	-	-	-	-
N. Mex.	-	-	-	-	2	3	-	1	-	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	4	-	-
Nev.	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	-	1	1	3	5	4	-	46	7	101	-	1
Wash.	-	-	-	-	-	-	-	-	5	-	-	-
Calif.	-	- 1	-	- 2	4	- 4	-	46	- 2	- 97	-	- 1
Alaska	-	-	-	1	-	-	-	-	-	1	-	-
Hawaii	-	-	-	-	-	-	-	-	-	3	-	-
Guam PR	-	-	-	-	-	-	-	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-	-
C.IN.IVI.I.	-	-	-	-	-	-	-	-	-	-	-	-

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

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

	H. influ	uenzae,		Hepatitis (Vi	iral), by type		Measles (Rubeola)			
	inva	sive		A		В	Ind	igenous	lm	ported [†]
Reporting Area	Cum. 1996*	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	1996	Cum. 1996	1996	Cum. 1996
UNITED STATES	8	18	149	237	40	91	1	1	-	-
NEW ENGLAND	-	-	-	2	-	5	-	-	-	-
Maine	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-	-
Mass.	-	-	-	-	-	2	-	-	-	-
R.I. Conn.	-	-	-	- 2	-	- 3	-	-	-	-
MID. ATLANTIC	-	1	-	13	-	9	-	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-
N.Y. City	-	- 1	-	3	-	1	- U	-	- U	-
Pa.	-	-	-	3	-	2	-	-	-	-
E.N. CENTRAL	5	8	14	62	7	16	-	-	-	-
Ohio	5	3	7	32	2	- 2	-	-	-	-
III.	-	4	-	16	-	10	Ŭ	-	Ŭ	-
Mich.	-	1	7	6	5	3	-	-	-	-
VVIS.	-	-	-	5	-	15	-	-	-	-
Minn.	-	-	-	- 14	-	-	-	-	-	-
lowa	-	1	2	-	-	1	-	-	-	-
No. N. Dak.	-	- 1	-	13	-	- 13	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-
Nebr. Kans	-	-	-	- 1	-	1	-	-	-	-
	_	2	7	3	А	12	-	_	-	_
Del.	-	-	-	-	-	1	U	-	U	-
Md.	-	1	1	1	4	1	-	-		-
Va.	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	1	-	2	-	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-
	-	-	б	-	-	1	-	-	-	-
E.S. CENTRAL Kv.	-	-	-	2	-	5	-	-	-	-
Tenn.	-	-	-	-	-	-	-	-	-	-
Ala. Miss	-	-	-	4	-	2	-	-	-	-
W.S. CENTRAI	1	-	32	3	13	-	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-
La. Okla	- 1	-	- 32	-	- 13	-	-	-	-	-
Tex.	-	-	-	3	-	-	-	-	-	-
MOUNTAIN	1	-	56	41	15	5	1	1	-	-
Mont. Idaho	-	-	-	- 1	-	- 1	U	-	U	-
Wyo.	-	-	-	1	-	-	-	-	-	-
Colo.	-	-	4	23	2	3	-	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	-
Utah	-	-	24	-	2	-	-	-	-	-
Nev.	1	-	17	-	6	-	I	I	-	-
Wash.	-	5	- 38	92	-	- 24	-	-	-	-
Oreg.	1	-	21	-	-	1	-	-	-	-
Calif. Alaska	-	5	17	90 1	1	23	-	-	-	-
Hawaii	-	-	-	1	-	-	U	-	U	-
Guam	-	-	-	-	-	-	U	-	U	-
P.R.	-	-	1	-	2	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	U	-	U	-
C.N.M.I.	-	-	-	-	-	-	Ū	-	Ū	-

TABLE III. Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

*No cases reported among children aged <5 years.

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

U: Unavailable -: no reported cases

	Measles (Ru	beola), cont'd.		Mumps			Pertussis			Bubella		
Reporting Area	Cum.	Cum.	1996	Cum.	S Cum. 1995	1996	Cum.	S Cum. 1995	1996	Cum.	a Cum. 1995	
	1	8	8	8	11	1330	1330	1355		-	- 1333	
	-	2	0	0		12	12	12	_		_	
Maine	-	-	-	-	-	-	-	-	-	-	-	
N.H.	-	-	-	-	-	-	-	-	-	-	-	
vt. Mass	-	-	-	-	-	-	-	- 1	-	-	-	
R.I.	-	2	-	-	-	-	-	-	-	-	-	
Conn.	-	-	-	-	-	-	-	-	-	-	-	
MID. ATLANTIC	-	-	-	-	-	-	-	-	-	-	-	
N.Y. City	-	-	-	-	-	-	-	-	-	-	-	
N.J.	-	-	U	-	-	U	-	-	U	-	-	
Pa.	-	-	-	-	-	-	-	-	-	-	-	
E.N. CENTRAL	-	-	1	1	2	3	3	1	-	-	-	
Unio Ind	-	-	- U	-	- 1	Ū.		-	- U	-	-	
III.	-	-	Ŭ	-	-	Ŭ	-	-	Ŭ	-	-	
Mich.	-	-	1	1	1	3	3	-	-	-	-	
VVIS.	-	-	-	-	-	-	-	1	-	-	-	
WIN. CENTRAL	-	-	-	-	6	-	-	1	-	-	-	
lowa	-	-	-	-	1	-	-	-	-	-	-	
Mo.	-	-	-	-	5	-	-	1	-	-	-	
N. Dak. S. Dak	-	-	-	-	-	-	-	-	-	-	-	
Nebr.	-	-	-	-	-	-	-	-	-	-	-	
Kans.	-	-	-	-	-	-	-	-	-	-	-	
S. ATLANTIC	-	-	1	1	-	-	-	-	-	-	-	
Del. Md	-	-	U	-	-	U	-	-	U	-	-	
D.C.	-	-	Ū	-	-	Ū	-	-	Ū	-	-	
Va.	-	-	-	-	-	-	-	-	-	-	-	
W. Va.	-	-	-	-	-	-	-	-	-	-	-	
S.C.	-	-	1	1	-	-	-	-	-	-	-	
Ga.	-	-	-	-	-	-	-	-	-	-	-	
Fla.	-	-	-	-	-	-	-	-	-	-	-	
E.S. CENTRAL	-	-	-	-	1	-	-	1	-	-	-	
Ky. Tenn	-	-	-	-	-	-	-	-	-	-	-	
Ala.	-	-	-	-	1	-	-	1	-	-	-	
Miss.	-	-	-	-	-	-	-	-	N	N	N	
W.S. CENTRAL	-	-	-	-	-	-	-	-	-	-	-	
Ark. La	-	-	-	-	-	-	-	-	-	-	-	
Okla.	-	-	_	-	-	-	-	-	-	-	-	
Tex.	-	-	-	-	-	-	-	-	-	-	-	
MOUNTAIN	1	6	6	6	1	4	4	3		-	-	
Mont. Idaho	-	-	U	-	-	U	-	-	U	-	-	
Wyo.	-	-	-	-	-	-	-	-	-	-	-	
Colo.	-	4	-	-	-	-	-	3	-	-	-	
N. Mex. Ariz	-	2	N -	N -	N -	1	1	-	-	-	-	
Utah	-	-	-	-	-	-	-	-	-	-	-	
Nev.	1	-	6	6	1	3	3	-	-	-	-	
PACIFIC	-	-	-	-	1	5	5	5	-	-	-	
Wash. Oreg	-	-	- NI	- N	- N	- 5	- 5	-	-	-	-	
Calif.	-	-	-	-	1	- -	- -	- 5	-	-	-	
Alaska	-	-	-	-	-	-	-	-	-	-	-	
Hawaii	-	-	U	-	-	U	-	-	U	-	-	
Guam	-	-	U	-	-	U	-	-	U	-	-	
r.r. V.I.	-	-	- U	-	-	- U	-	-	Ū	-	-	
Amer. Samoa	-	-	Ŭ	-	-	Ŭ	-	-	Ŭ	-	-	
C.N.M.I.	-	-	U	-	-	U	-	-	U	-	-	

TABLE III. (Cont'd.) Cases of selected notifiable diseases preventable by vaccination,United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

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

	A	II Cau	ses, By	Age (Y	'ears)		P&I [†]			All Cau	ises, B	y Age (Y	'ears)		P&I [†]
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mass. New Haven, Conn. Providence, R.I. Somerville, Mass. Springfield, Mass. Springfield, Mass.	636 145 31 19 30 58 32 19 28 41 77 2 48 34	471 98 23 16 26 38 26 16 23 255 56 2 40 24	109 32 5 3 4 14 3 4 7 12 4 7	41 10 3 - 5 1 - 1 6 5 - 4 2	4 1 - - 2 1 - -	11 4 - 1 1 - 1 3 - 1	49 10 2 2 3 - 2 2 2 1 - 8 5	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, D.C. Wilmington, Del.	1,175 205 148 131 158 102 57 100 52 52 140 U 30	737 117 97 94 90 62 29 59 26 43 97 U 23	233 52 24 22 36 19 14 24 13 2 21 U 6	143 27 21 11 18 17 11 10 9 4 14 U 1	40 752 1232 51 30 -	22 2 1 2 2 1 1 2 3 3 5 U	89 5 11 2 13 1 5 7 8 5 29 U 3
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§ Jersey City, N.J.	72 2,329 64 34 U U U 37	58 1,524 48 28 U U U 29	10 449 14 2 U U U 0	4 276 - 4 U U U 1	- 48 - - U U U U	- 32 - U U U 1	12 132 5 U U U 5 U	Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	136 34 44 54 178 74 92 152	89 20 29 39 114 51 69 101	25 8 10 37 13 15 32	13 5 7 19 8 4 13	23 6 1 - 8 - 3 5	2 - 3 - 2 1 1	9 3 5 7 15 4 5 10
New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa. Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	1,525 54 U 299 63 22 152 U 25 U 25 U 35 19 U	963 300 185 15 121 18 121 18 18 0 27 15 0	307 12 58 3 23 0 7 0 6 3 0	213 9 0 34 4 3 5 0 - 0 2 1 0	26 2 U 15 3 - 2 U - U - U	16 1 U 7 3 1 U - U - U	65 4 U 17 8 8 13 U 3 U 3 1 U	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,056 57 63 60 163 81 73 U 104 74 196 51 134	689 38 38 46 93 60 48 U 71 31 132 32 100	209 9 16 11 34 10 19 U 24 19 35 10 22	98 5 7 3 2 3 5 2 U 5 16 17 5 10	32 5 2 4 3 1 U 2 5 6 3 1	27 - 9 3 U 2 3 5 1 1	68 3 5 8 5 7 U 6 - 16 7 11
E.N. CENTRAL Akron, Ohio Canton, Ohio Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind. Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Madison, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	2,203 62 32 408 966 136 195 98 84 287 50 84 214 57 57 49 57 49 57 69	1,539 47 22 268 65 92 126 75 174 35 69 8 45 156 69 8 45 156 0 113 42 38 43 64 57	397 8 73 235 38 17 562 11 3 6 41 U 24 10 8 8 12 6	164 5 1 47 6 6 18 4 32 3 2 2 1 10 0 3 3 2 5 4	52 1 9 1 1 9 1 4 3 2 U 2 - 1 4 1	4631212416-2-35U12-21	152 533 413 104 12 46 10 16 36 45 1	MOUNTAIN Albuquerque, N.M. Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, Utah Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Das Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif. San Diego, Calif.	906 119 205 28 43 54 140 167 1,239 U 118 U 118 U U 31 169 U 31 169 U 31 169 0 U 31 169 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	636 86 31 66 137 29 40 98 132 877 U 83 U 877 U 83 U 50 U 20 126 50 U 20 126 U 90	146 17 10 20 42 5 6 8 18 20 5 0 5 0 0 17 0 0 15 0 20 5 20 5 0 0 20 5 20 5 0 0 20 5 0 0 20 20 20 20 20 20 20 20 20 20 20 20	87 12 1 14 5 6 4 18 10 97 9 U 0 6 U 2 2 12 12 12	25 2 9 1 1 2 5 3 0 0 4 0 0 1 0 - 8 0 2 5 3 2 5 3 0 0 4 0 0 1 0 - 8 0 2 5 2 5 3 0 0 4 0 0 1 0 5 5 10 5 10 5 5 5 5 5 5 5 5 5 5	12 2 3 3 1 1 2 30 U 5 U U 5 U 1 3 U 2 2	83 5 7 6 21 6 6 4 14 136 U 10 U 14 U 12 U 15
W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Minn. Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita. Kans.	857 135 33 45 85 37 175 58 139 62 88	627 100 29 56 29 130 42 97 52 63	135 23 3 10 9 6 28 10 25 5 16	59 9 1 3 9 1 2 4 12 4 2 6	13 1 - 5 1 3 1 2	18 2 3 1 4 2 2 2 1	59 11 3 1 6 10 7 3 2 2 4	San Francisco, Calif San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	1. 139 169 35 151 86 129 11,165 [¶]	89 121 33 105 68 92 7,612	28 29 1 21 15 22 2,031	15 13 17 3 7 1,036	5 2 6 2 267	2 4 - 2 - 6 207	15 29 9 4 9 18 826

TABLE IV. Deaths in 121 U.S. cities,* week ending January 6, 1996 (1st Week)

*Mortality data in this table are voluntarily reported from 121 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.
 ¹Pneumonia and influenza.
 ⁸Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
 ¹Total includes unknown ages.
 U: Unavailable -: no reported cases



FIGURE I. Selected notifiable disease reports, comparison of 4-week totals ending January 13, 1996, with historical data — United States

*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline. (Ratio (log scale) for week 2 measles (total) is 0.023401.)
[†]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.

	Cum. 1996		Cum. 1996
Anthrax Brucellosis Cholera Congenital rubella syndrome Cryptosporidiosis* Diphtheria Encephalitis: California* eastern equine* St. Louis* western equine*	9 - - - - -	HIV infection, pediatric* [§] Plague Poliomyelitis, paralytic [¶] Psittacosis Rabies, human Rocky Mountain Spotted Fever (RMSF) Streptococcal toxic-shock syndrome* Syphilis, congenital** Tetanus Toxic shock syndrome	- - 1 - 1 - - 2
Hansen Disease Hantavirus pulmonary syndrome* [†]	-	Trichinosis Typhoid fever	- 1

TABLE I. Summary — cases of selected notifiable diseases, United States, cumulative, week ending January 13, 1996 (2nd Week)

*Not notifiable in all states.

¹ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID). ⁵ Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services (NCPS).

[¶]No suspected cases of polio reported for 1996.

** Updated quarterly from reports to the Division of STD Prevention, NCPS. First quarter 1996 is not yet available.

-: no reported cases

				Escherichia coli O157:H7				Нера	atitis				
	AIC	DS*	Chlamydia	NETSS [†]	PHLIS [§]	Gonorrhea		C\N/	A,NB	Legior	nellosis		
Reporting Area	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995		
UNITED STATES	-	1,759	1,487	9	-	6,722	13,848	54	58	18	30		
NEW ENGLAND	-	272	347	4	-	143	156	-	-	1	-		
Maine N H	-	-	- 24	1	-	2	1	-	-	-	-		
Vt.	-	-	-	-	-	8	-	-	-	-	-		
Mass.	-	190	267	3	-	95	135	-	-	1	-		
Conn.	-	82	50	-	-	24	2	-	-	N	N		
MID. ATLANTIC	-	138	-	-	-	162	1.371	-	11	-	3		
Upstate N.Y.	-	1	N	-	-	-	33	-	4	-	-		
N.Y. City	-	5 128	-	-	-	-	680 26	-	-	-	1		
Pa.	-	4	-	N	-	162	632	-	3	-	1		
E.N. CENTRAL	-	36	196	1	-	1,520	3,318	10	13	9	12		
Ohio	-	-	-	-	-	172	1,155	-	1	4	7		
Ina. III.	-	33	-	-	-	285	2/3	-	- 5	3	2		
Mich.	-	-	196	-	-	288	921	10	7	2	1		
Wis.	-	-	-	N	-	5	307	-	-	-	1		
W.N. CENTRAL	-	50	179	-	-	45	921	-	3	-	7		
lowa	-	-	-	-	-	-	75	-	-	-	2		
Mo.	-	48	166	-	-	38	583	-	2	-	5		
N. Dak.	-	-	- 12	-	-	- 2	-	-	-	-	-		
Nebr.	-		-			-	23	-	-	-	-		
Kans.	-	2	-	-	-	4	129	-	-	-	-		
S. ATLANTIC	-	230	451	1	-	3,345	3,906	1	5	2	3		
Del. Md	-	-	-	- N	-	53	81 568	-	-	- 1	-		
D.C.	-	-	N	-	-	-	285	-	-	-	-		
Va.	-	105	200	N	-	455	195	-	-	-	-		
vv. va. N.C.	-	-	-	IN -	-	574	47 540	-	3	-	2		
S.C.	-	-	-	-	-	554	380	1	-	-	-		
Ga.	-	122	- 251	-	-	1,545	1,082	-	- 1	-	-		
ES CENTRAL	_	5	201	1		1 019	1 892	_		3	2		
Ky.	-	-	- 225	-		111	228	-	-	2	1		
Tenn.	-	-	221	N	-	272	184	-	-	1	-		
Ala. Miss.	-	-	- 4	-	-	587 48	285	-	-	-	-		
W.S. CENTRAL		289		1	_	74	655	26	1	_	-		
Ark.	-	20	-	1	-	14	138	-	-	-	-		
La.	-	18	-	N	-	60	494	-	-	-	-		
Tex.	-	223	-	-	-	-	- 23	- 20	-	-	-		
MOUNTAIN	-	31	89	1	-	123	290	11	6	-	-		
Mont.	-	-	-	-	-	1	3	1	1	-	-		
Idaho Wyo	-	- 1	- 21	-	-	- 3	23	-	-	-	-		
Colo.	-	-	-	-	-	71	107	3	1	-	-		
N. Mex.	-	-	-	-	-	22	35	6	-	-	-		
Ariz. Utah	-	-	- 68	N -	-	- 26	4	- 1	-	-	-		
Nev.	-	30	-	1	-	-	59	-	-	-	-		
PACIFIC	-	713	-	-	-	292	1,339	6	19	3	3		
Wash. Orog	-	- 16	-	-	-	-	70	-	-	-	-		
Calif.	-	697	-	-	-	9 264	1.197	- 5	- 19	- 3	- 1		
Alaska	-	-	Ν	-	-	19	30	1	-	-	-		
Hawaii	-	-	-	N	-	-	30	-	-	-	2		
Guam PR	-	61	N	N	-		3 19	- 1	-	-	-		
V.I.	-	-	N	Ň	Ŭ	-	- 10	-	-	-	-		
Amer. Samoa	-	-	N	N	U	-	-	-	-	-	-		
U.IN.IVI.I.	-	-	IN	IN	0	-	-	-	-	-	-		

TABLE II. Cases of selected notifiable diseases, United States, weeks endingJanuary 13, 1996, and January 14, 1995 (2nd Week)

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

C.N.M.I.: Commonwealth of Northern Mariana Islands *Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update December 15, 1995. [†]National Electronic Telecommunications System for Surveillance. [§]Public Health Laboratory Information System.

			Melovia		Meningococcal		Syp	hilis	Tabaaa		Rebies Animal		
	Lyme		Cum Cum		Dise	ease	(Primary &	Secondary)	Tuberc	ulosis	Rables,	Animai	
Reporting Area	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	
UNITED STATES	10	112	6	20	76	79	306	536	170	434	51	151	
NEW ENGLAND Maine	3	1 -	1	2	7 3	1	4	6	5	2	13 -	44	
N.H. Vt	-	-	-	-	- 1	1	-	-	-	-	- 1	4	
Mass.	3	1	1	-	-	-	1	3	-	-	7	25	
R.I. Conn.	-	-	-	2	- 3	-	- 3	- 3	4	2	2	- 12	
MID. ATLANTIC	-	97	-	6	-	7	4	69	1	10	6	50	
Upstate N.Y.	-	-	-	-	-	2	-	-	-	-	4	31	
N.J.	-	24	-	5 1	-	2 1	-		-	-	2	12	
Pa.	-	56	-	-	-	2	4	6	-	7	-	7	
E.N. CENTRAL	1	3 1	2	7	12 11	17 م	72 39	70 17	100	32	-	1	
Ind.	-	1	-	-	-	1	6	8	2	-	-	-	
III. Mich.	-	1	- 2	5 1	- 1	8	25 2	27 5	92	23	-	-	
Wis.	-	-	-	1	-	2	-	13	-	1	-	-	
W.N. CENTRAL	-	4	-	-	5	6	9	28	-	6	9	6	
lowa	-	-	-	-	5	3	-	3	-	2	9	2	
Mo. N. Dak	-	2	-	-	-	3	9	22	-	1	-	- 1	
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	2	
Nebr. Kans	-	- 2	-	-	-	-	-	-	-	- 3	-	- 1	
S. ATLANTIC	5	6	1	1	16	8	68	128	1	41	19	32	
Del.	-	2	1	-	-	-	-	-	-	1	1	4	
D.C.	5	-	-	-	-	- 1	-	18	-	26	-	9	
Va.	-	-	-	-	-	-	16	7	-	- 2	9 1	6	
N.C.	-	2	-	1	2	3	25	41	-	3	3	7	
S.C.	-	1	-	-	6 4	1	8 14	21 18	1	6 1	2	2	
Fla.	-	-	-	-	3	3	5	15	-	-	-	-	
E.S. CENTRAL	-	-	-	-	9	2	129	130	28	23	-	5	
Ky. Tenn.	-	-	-	-	- 3	-	10	9 19	-	4	-	- 3	
Ala. Miss	-	-	-	-	6	1	32	30	11	16	-	2	
WIS CENTRAL	-	-	-	-	- 3	2	70 19	72 52	9	-	-	- 2	
Ark.	-	-	-	-	2	-	19	17	-	-	-	1	
La. Okla.	-	-	-	-	-	-1	-	35	- 9	-	-	1	
Tex.	-	-	-	-	-	1	-	-	-	-	-	-	
MOUNTAIN Mont.	1 -	-	1 -	1 -	5	10 -	-	7	-	5 -	2	4 3	
Idaho Wyo	- 1	-	-	-	-	2	-	-	-	-	- 2	-	
Colo.	-	-	1	1	2	-	-	2	-	-	-	-	
N. Mex. Ariz.	-	-	-	-	2	3 5	-	2	-	- 5	-	- 1	
Utah Nev	-	-	-	-	1	-	-	1	-	-	-	-	
PACIFIC	-	1	1	3	19	26	1	46	26	315	2	7	
vvasn. Oreg.	-	-	- 1	-	- 8	2	- 1	-	7 5	4	-	-	
Calif.	-	1	-	2	11	21	-	46	13	299	1	7	
Hawaii	-	-	-	-	-	- 1	-	-	-	47	-	-	
Guam	-	-	-	-	-	-	-	-	-	-	-	-	
P.R. V.I.	-	-	-	-	-	-	4	3	-	-	-	1	
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-	-	
C.IN.IVI.I.	-	-	-	-	-	-	-	-	-	-	-	-	

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

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

	H. influ	ienzae,		Hepatitis (V	iral), by type	Measles (Rubeola)					
	inva	sive		A		В	Ind	igenous	lm	ported [†]	
Reporting Area	Cum. 1996*	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	1996	Cum. 1996	1996	Cum. 1996	
UNITED STATES	16	48	419	594	121	194	-	-	-	-	
NEW ENGLAND	-	1	6	5	1	9	-	-	-	-	
Maine	-	-	1	-	-	-	-	-	-	-	
N.H. Vt.	-	-	-	-	-	-	-	-	-	-	
Mass.	-	-	3	1	1	2	-	-	-	-	
R.I. Conn.		-	- 1	2	-	6	-	-	-	-	
MID. ATI ANTIC	-	3	-	27	-	18	-	-	-	-	
Upstate N.Y.	-	-	-		-	2	-	-	-	-	
N.Y. City	-	- 2	-	8 10	-	3	-	-	-	-	
Pa.	-	1	-	9	-	4	-	-	-	-	
E.N. CENTRAL	6	18	57	154	18	32	-	-	-	-	
Ohio	5	10	46	78	3	2	-	-	-	-	
III.	-	6	-	40	-	13	-	-	-	-	
Mich.	1	1	10	21	14	11	-	-	-	-	
WIS.	-	-	-	30	-	25	-	-	-	-	
Minn.	-	-	- 14	29	-	- 25	-	-	-	-	
lowa	2	1	12	3	2	2	-	-	-	-	
N. Dak.	-	-	-	- 23	-	21	-	-	-	-	
S. Dak.	-	-	2	-	-	-	-	-	-	-	
Nebr. Kans	-	-	-	- 2	-	1	-	-	-	-	
S. ATLANTIC	1	6	16	- 11	32	23	-	-	-	-	
Del.	-	-	-		-	1	-	-	-	-	
Md.	-	3	4	7	7	5	-	-	-	-	
Va.	-	-	-	-	-	-	-	-	-	-	
W. Va.	-	- 2	- 2	1	- 24	2	-	-	-	-	
S.C.	-	-	3	-	- 24	, 1	-	-	-	-	
Ga.	-	-		-	-	-	-	-	-	-	
	-	-	/	2	1	2	-	-	-	-	
E.S. CENTRAL Kv.	-	-	2	10	2	4	-	-	-	-	
Ténn.	-	-	-	-	-	1	-	-	-	-	
Ala. Miss	-	-	1 10	4	2	2	-	-	-	-	
W.S. CENTRAL	2	_	82	10	21	1	-	-	_	-	
Ark.	-	-	8	-	-	-	-	-	-	-	
La. Okla	- 2	-	- 74	- 7	- 21	- 1	-	-	-	-	
Tex.	-	-	-	3	-	-	-	-	-	-	
MOUNTAIN	1	1	81	94	29	15	-	-	-	-	
Mont. Idaho	-	-	1	2	-	1	- LI	-	ū	-	
Wyo.	-	-	-	3	-	-	-	-	-	-	
Colo.	-	- 1	8	38	7	6	-	-	-	-	
Ariz.	-	-	- 20	1	-	-	Ū	-	Ū	-	
Utah	-	-	29	4	3	-	-	-	-	-	
Nev.	1	-	17	1	6	2	-	-	-	-	
Wash.	4	-	150	- 254	-	- 04	-	-	-	-	
Oreg.	1	2	55	36	1	2	-	-	-	-	
Calif. Alaska	3	15	95	214	15	62	-	-	-	-	
Hawaii	-	-	-	3	-	-	-	-	-	-	
Guam	-	-	-	-	-	-	U	-	U	-	
P.R. VI	-	-	1	-	2	-	U	-	U	-	
Amer. Samoa	-	-	-	-	-	-	Ŭ	-	Ŭ	-	
C.N.M.I.	-	-	-	-	-	-	U	-	U	-	

TABLE III. Cases of selected notifiable diseases preventable by vaccination, UnitedStates, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

*No cases reported among children aged <5 years.

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

U: Unavailable -: no reported cases

	Measles (Rut	beola), cont′d.	Ī		- -		Dortuo-			Puballa			
Reporting Area	Cum. 1996	Cum. 1995	1996	Cum.	Cum.	1996	Cum. 1996	S Cum. 1995	1996	Cum. 1996	a Cum. 1995		
UNITED STATES	-	18	4	12	23	7	17	74			2		
NEW ENGLAND	-	2	-	-		1	1	6	-	-	-		
Maine	-	-	-	-	-	-	-	4	-	-	-		
N.H. Vt.	-	-	-	-	-	- 1	- 1	- 1	-	-	-		
Mass.	-	-	-	-	-	-	-	1	-	-	-		
R.I.	-	2	-	-	-	-	-	-	-	-	-		
	-	-	-	-	-	-	-	1	-	-	-		
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-		
N.Y. City	-	-	-	-	-	-	-	-	-	-	-		
N.J. Pa.	-	-	-	-	-	-	-	-	-	-	-		
E.N. CENTRAL	-	-	3	4	6	-	1	6	-	-	-		
Ohio	-	-	-	-	2	-	-	5	-	-	-		
Ind. III.	-	-	-	-	-	-	-	-	-	-	-		
Mich.	-	-	3	4	4	-	1	-	-	-	-		
VVIS.	-	-	-	-	-	-	-	1	-	-	-		
W.N. CENTRAL	-	-	-	-	7	-	-	4	-	-	-		
lowa	-	-	-	-	1	-	-	-	-	-	-		
Mo.	-	-	-	-	6	-	-	1	-	-	-		
S. Dak.	-	-	-	-	-	-	-	-	-	-	-		
Nebr.	-	-	-	-	-	-	-	-	-	-	-		
	-	-	-	-	-	-	-	3	-	-	-		
Del.	-	-	-	-	-	-	-	21	-	-	-		
Md.	-	-	-	-	-	-	-	-	-	-	-		
D.C. Va	-	-	-	-	-	-	-	-	-	-	-		
W. Va.	-	-	-	-	-	-	-	-	-	-	-		
N.C.	-	-	-	- 1	-	- 1	- 1	21	-	-	-		
Ga.	-	-	-	-	-	-	-	-	-	-	-		
Fla.	-	-	-	-	-	-	-	-	-	-	-		
E.S. CENTRAL	-	-	1	1	2	-	-	1	-	-	-		
Ky. Tenn.	-	-	-	-	-	-	-	-	-	-	-		
Ala.	-	-	1	1	1	-	-	1	-	-	-		
Miss.	-	-	-	-	1	-	-	-	N	N	N		
W.S. CENTRAL	-	-	-	-	-	-	-	-	-	-	-		
La.	-	-	-	-	-	-	-	-	-	-	-		
Okla.	-	-	-	-	-	-	-	-	-	-	-		
	_	16		6	1	1	5	27		_			
Mont.	-	-	-	-	-	-	-	-	-	-	-		
Idaho	-	-	U	-	-	U	-	8	U	-	-		
vvyo. Colo.	-	- 14	-	-	-	-	-	- 8	-	-	-		
N. Mex.	-	2	Ν	Ν	N	1	2	-	-	-	-		
Ariz.	-	-	U	-	-	U	-	11	U	-	-		
Nev.	-	-	-	6	- 1	-	3	-	-	-	-		
PACIFIC	-	-	-	-	7	4	9	8	-	-	2		
Wash.	-	-	-	-	-	-	-	-	-	-	-		
Oreg. Calif.	-	-	N -	N -	N 7	4	9	- 8	-	-	- 2		
Alaska	-	-	-	-	-	-	-	-	-	-	-		
Hawaii	-	-	-	-	-	-	-	-	-	-	-		
Guam	-	-	U	-	-	U	-	-	U	-	-		
r.n. V.I.	-	-	U	-	-	U	-	-	U	-	-		
Amer. Samoa	-	-	Ũ	-	-	Ũ	-	-	Ŭ	-	-		
C.N.M.I.	-	-	U	-	-	U	-	-	U	-	-		

TABLE III. (Cont'd.) Cases of selected notifiable diseases preventable by vaccination,United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

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

	All Causes, By Age (Years)					P&I [†]		All Causes, By Age (Yea				'ears)	ars)		
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mass. New Haven, Conn. Providence, R.I. Somerville, Mass. Springfield, Mass.	727 177 50 26 42 63 30 13 30 13 37 56 67 7 3 58	529 113 39 22 30 45 19 10 30 36 57 5 41 21	125 39 2 8 10 11 2 4 12 7 1 7 6	50 12 2 4 6 - 3 5 2 1 5 1	13 4 1 - 2 1 3 1 - 3	10 9 - - - - - - - - - - - - -	48 8 1 3 2 5 3 ⁻ 2 3 4 ⁻ 8 2	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, D.C. Wilmington, Del.	1,229 206 181 146 160 77 55 31 77 283 U 13	803 127 117 U 102 86 44 38 24 60 194 U 11	230 33 32 26 42 18 11 2 8 58 U	131 33 22 U 13 23 7 2 4 4 21 U 2	30 4 6 1 6 3 2 - 3 5 U	34 9 4 0 4 2 5 2 1 2 5 0 -	80 10 18 0 11 6 3 4 2 26 U
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§	78 2,573 58 20 113 76 28 39	61 1,798 41 19 79 44 16 35	8 438 9 1 15 17 8 3	7 245 6 5 5 4	1 37 1 - 4 - 1	1 55 1 10 10	7 181 4 2 3 2 7	E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	806 158 82 55 67 136 117 50 141	556 104 54 33 46 103 80 36 100	164 35 15 16 13 21 30 6 28	56 8 9 4 7 8 3 7 10	17 5 2 1 3 - 2	11 4 2 1 1 1 1 1	60 7 5 7 10 12 13
Jersey City, N.J. New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	42 1,410 61 200 58 20 148 36 36 138 37 20 33	28 967 28 U 130 49 175 31 28 105 20 19 27	/ 251 13 U 38 8 1 22 3 6 20 11 1 4	5 151 15 U 26 - 2 7 1 2 11 3 - 2	1 21 - - - 3 1 - - - - - - - -	1 20 5 U 3 1 - - 3 - 3	82 4 U 17 7 6 19 7 3 9 3 1 2	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,876 101 55 302 122 197 325 102 140 324 45 109	1,226 69 40 46 167 89 146 195 67 77 212 34 84	364 18 6 71 20 31 84 21 26 57 5 17	180 12 5 3 44 7 11 32 9 20 28 4 5	59 1 14 2 7 11 1 2 20 1	46 2 6 3 2 3 4 15 7 2 2	153 7 4 6 10 9 13 32 18 33 4 17
E.N. CENTRAL Akron, Ohio Canton, Ohio Cincinnati, Ohio Cleveland, Ohio Cleveland, Ohio Cleveland, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind. Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Madison, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	2,196 84 57 479 232 212 163 252 57 27 57 27 57 27 53 U U U U 178 38 62 57 95 98	1,535 622 44 314 150 151 113 156 42 155 39 U U 140 31 47 73 81	378 11 90 U 43 36 48 11 8 5 9 U 25 2 10 7 12 9	1708 244 255 144 344 4 4 4 4 0 0 7 4 3 2 6 5	64 - 18 U 7 4 6 12 1 3 2 3 U U 2 1 1 - 1 3	49 - 13 U 7 5 4 8 - 1 2 U U 4 - 1 1 3 -	- 133 7 33 U 4 23 6 9 1 3 2 8 U U 13 4 6 2 8 4 1 3 2 8 U U 134 6 2 8 4	MOUNTAIN Albuquerque, N.M. Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, Utah Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Pasadena, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif. San Diego, Calif.	1,166 140 53 141 222 209 28 133 208 1,469 31 137 U 99 69 99 0 U U 93 0 U U 211	818 96 40 92 1611 27 137 21 98 146 1,048 14 98 U 755 51 U U U 069 U U 148 7	189 21 8 27 37 6 18 39 236 14 24 U 9 10 U U 14 U 30 230	89 15 3 12 19 2 15 17 127 127 127 127 0 U 11 5 U U 200	49 6 8 10 1 12 8 4 2 0 2 0 0 2 0 0 0 4 0 4	21 22 21 8 42 29 24 U 11 UU 2U 35	116 8 11 12 35 4 13 191 4 21 U 9 17 U U 20 35 20 20 20 20 20 20 20 20 20 20 20 20 20
W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Minn. Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	709 75 22 6 90 41 158 122 114 73 8	522 56 19 4 56 34 117 85 90 55 6	108 14 3 10 3 21 28 15 11 2	34 - 5 2 13 2 6 -	18 1 3 1 3 4 5 1	11 1 - 1 4 2 2 -	43 6 7 1 4 11 7 6 1	San Francisco, Calif San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	r. 185 283 32 169 81 79 12,751 [¶]	117 212 24 113 62 65 8,835	30 45 4 37 13 6 2,232	29 16 4 16 3 3 1,082	4 4 2 2 2 315	5 6 - 1 3 266	20 40 7 14 10 1,005

TABLE IV. Deaths in 121 U.S. cities,* week ending January 13, 1996 (2nd Week)

*Mortality data in this table are voluntarily reported from 121 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.
 ¹Pneumonia and influenza.
 ⁸Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
 ¹Total includes unknown ages.
 U: Unavailable -: no reported cases

	All Causes, By Age (Years)					P&I [†]		All Causes, By Age (Years)					P&I [†]		
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass.	655 193	467 127	117 42	42 14	14 5	15 5	35 8	S. ATLANTIC Atlanta, Ga.	1,104 103	672 53	239 26	124 14	44 5	24 5	72 3
Bridgeport, Conn.	40	31	6 1	3	-	-	2	Baltimore, Md.	175	101	43 20	23	6	2	15 Q
Fall River, Mass.	34	28	6	-	-	-	2	Jacksonville, Fla.	92	58	19	8	5	2	9
Hartford, Conn.	70 32	41 28	19 3	7	1	2	25	Miami, Fla. Norfolk, Va	116	63 31	31	12	7 3	3	2
Lynn, Mass.	16	14	1	1	-	-	1	Richmond, Va.	71	48	16	5	1	1	3
New Bedford, Mass	. 29	24	2	3	-	- 2	2	Savannah, Ga.	52	38	6	6	1	1	8
Providence, R.I.	- U	Ű	Ü	บี	Ŭ	Ŭ	Ŭ	Tampa, Fla.	161	103	30	18	5	4	11
Somerville, Mass.	6	3	1	2	-	-	- 2	Washington, D.C.	137	84	27	17	6	3	9
Waterbury, Conn.	30	23	o 4	1	-	2	2		9	3	5	1	-	-	-
Worcester, Mass.	73	55	11	2	2	3	1	E.S. CENTRAL Birmingham, Ala.	510 U	336 U	106 U	46 U	16 U	6 U	48 U
MID. ATLANTIC	2,744	1,845	509	277	51	62	149	Chattanooga, Tenn.	44	36	7	1	-	-	3
Albany, N.Y. Allentown Pa	50 27	35 21	7	4	2	2	3	Knoxville, lenn. Lexington Ky	99 54	67 36	18 11	9	5	2	12 2
Buffalo, N.Y.	97	79	12	5	-	1	5	Memphis, Tenn.	172	110	36	18	5	3	19
Camden, N.J.	28 35	16 27	85	23	1	1	-	Mobile, Ala.	23	16 15	27	4	-	1	2
Erie, Pa.§	43	36	5	2	-	-	2	Nashville, Tenn.	95	56	25	10	4	-	9
Jersey City, N.J.	56 1 474	36	210	4	1 20	3	-	W.S. CENTRAL	1,223	802	251	115	29	26	83
Newark, N.J.	68	31	17	18	1	27	6	Austin, Tex.	52	31	12	5	3	1	8
Paterson, N.J.	32	18	3	9	-	2	2	Baton Rouge, La. Corpus Christi, Tex.	31	22	8	1	4	-	- 3
Pittsburgh, Pa.§	67	278	6	2	9	3	4	Dallas, Tex.	234	138	53	30	1	12	4
Reading, Pa.	16	10	5	-	-	1	1	El Paso, Iex. Et Worth Tex	74 96	58 65	12 19	4	3	-	85
Schenectady, N.Y.	25	20	3	ю 1	-	2	1/	Houston, Tex.	246	154	59	24	8	1	19
Scranton, Pa.§	27	19	4	4	-	-	-	Little Rock, Ark.	82	60	12	7	3	ū	5
Syracuse, N.Y. Trenton, N.J.	90 48	64 36	11	85	2	5 1	/	San Antonio, Tex.	190	126	33	19	5	7	13
Utica, N.Y.	23	20	1	-	1	1	4	Shreveport, La.	67 112	48	14 23	4	2	1	8 10
Yonkers, N.Y.	U	U	U	U	0	0	U		921	570	145	65	26	14	74
E.N. CENTRAL Akron Ohio	1,961 48	1,329	381	150 4	47	54	155	Albuquerque, N.M.	91	61	145	8	20	14	4
Canton, Ohio	36	26	5	5	-	-	10	Colo. Springs, Colo	. 37	31	3	2	1	-	5
Chicago, III.	479	286	101	54	16	22	41	Las Vegas, Nev.	154	103	35	15	5 1	4	0 14
Cleveland, Ohio	124	77	37	4	1	5	3	Ogden, Utah	23	17	5	1	-	Ē	2
Columbus, Ohio	165	115	31	13	2	4	11	Phoenix, Ariz. Pueblo, Colo.	40	30	23 7	2	8 1	5	10
Detroit, Mich.	169	105	39	19	2	4	7	Salt Lake City, Utah	101	62	18	15	3	3	15
Evansville, Ind.	35	25	6	2	1	1	3	lucson, Ariz.	121	97	16	5	2	1	/
Gary, Ind.	44 U	32 U	Ů	Ŭ	Ů	Ū	Ű	PACIFIC Barkelay Calif	1,121	742	213	111	34	21	112
Grand Rapids, Mich	. 77	53	11	7	3	3	13	Fresno, Calif.	32	23	4	3	2	-	1
Madison, Wis.	67	89 47	12	9 5	5 1	2	12	Glendale, Calif.	U 76	U	U 22	Ŭ	U	U	U
Milwaukee, Wis.	112	86	20	3	1	2	12	Long Beach, Calif.	62	40	10	9	1	1	7
Reoria, III.	33 54	26 41	5 12	- 1	-	2	8	Los Angeles, Calif.	U	U 17	Ŭ	U	U	Ŭ	U
South Bend, Ind.	40	36	2	2	-	-	2	Portland, Oreg.	144	105	20	12	5	2	16
Youngstown, Ohio	114 64	79 54	23	5	4	- 3	10 1	Sacramento, Čalif.	U	U	U	U	U	U	U
W N CENTRAL	782	528	1/15	46	26	15	/1	San Diego, Calif. San Francisco, Calif	f. 153	92 86	26 38	24	4	4 2	16
Des Moines, Iowa	57	48	5	+0	1	3	5	San Jose, Calif.	162	103	38	13	6	2	21
Duluth, Minn.	41	31	8	2	-	-	3	Santa Cruz, Calif. Seattle, Wash.	45 113	36 68	5 21	3 13	1 8	3	8 2
Kansas City, Nalis. Kansas City, Mo.	110	60	19	2 4	4	- 1	8	Spokane, Wash.	57	46	4	4	1	2	8
Lincoln, Nebr.	39	23	11	1	2	2	5	lacoma, Wash.	86	62	18	3	2	1	7
Omaha, Nebr.	96	62	23 18	8	3 5	4	2	TOTAL	10,921 [¶]	7,291	2,106	976	287	237	769
St. Louis, Mo.	127	83	27	10	7	-	3								
Si. Paul, Minn. Wichita, Kans.	56 62	38 43	12	3	1	1	3								

TABLE III. Deaths in 121 U.S. cities,* week ending December 30, 1995 (52nd Week)

*Mortality data in this table are voluntarily reported from 121 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.
 ¹Pneumonia and influenza.
 ⁸Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
 ¹Total includes unknown ages.
 U: Unavailable -: no reported cases

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