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National Farm Safety and Health Week — September 20–26, 1998

September 20–26 is National Farm Safety and Health Week. Agriculture is one of the most dangerous industries in the United States; in 1997, an estimated 150,000 workers suffered disabling injuries and approximately 700 workers were killed in agricultural work-related activities. Safety and health education plays an important role in reducing fatalities and injuries on the farm.

This year is the 55th anniversary of National Farm Safety and Health Week, and the theme is "Precision Farming Includes Safety and Health." National Farm Safety and Health Week is an annual activity of the National Safety Council's (NSC) Agricultural Division. During this week and throughout the year, the NSC encourages all U.S. residents to emphasize farm safety and health by using and promoting safe work practices on farms. Additional information about National Farm Safety and Health Week is available from NSC, telephone (800) 621-7615, ext. 2379, or World-Wide Web site, http://www.nsc.org/farmsafe.htm.

Youth Agricultural Work-Related Injuries Treated in Emergency Departments — United States, October 1995–September 1997

National estimates and descriptions of agricultural injuries occurring to youths are limited (1,2). In 1996, the National Committee for Childhood Agricultural Injury Prevention recommended establishing and maintaining a comprehensive national surveillance system of fatal and nonfatal childhood agricultural injuries (2). In response to these recommendations, CDC's National Institute for Occupational Safety and Health (NIOSH) began analyzing existing surveillance data while exploring new data collection strategies. The goals of these efforts are to add to knowledge about the incidence and circumstances of childhood agricultural injuries (3). This report presents an analysis of data from the National Electronic Injury Surveillance System (NEISS)* during October 1995–September 1997 for youths aged <20 years, which in-

^{*}The Consumer Product Safety Commission (CPSC) developed NEISS to monitor injuries involving consumer products and to serve as a source for follow-up investigation of selected product-related injuries. CPSC collects all work-related injuries for NIOSH regardless of consumer product involvement.

Youth Agricultural Work-Related Injuries — Continued

dicates that youths in this age group are at increased risk for agricultural work-related injuries.

NEISS collects data on all work-related injury cases from a probability sample of 65 U.S. hospitals with emergency departments (4). A work-related case is defined as any injury sustained during performance of 1) work for compensation, 2) volunteer work for an organized group, or 3) a work task on a farm. Estimates of agricultural work-related injuries are rounded to the nearest 100.

NEISS data were analyzed for agricultural work-related injuries that occurred to youths aged <20 years during October 1, 1995–September 30, 1997. To identify agricultural injuries, keyword searches of narrative information were conducted.[†] Incidents identified were reviewed on a case-by-case basis to determine which injuries to include in the analyses. Injuries associated with crop production, livestock production, and agricultural services were included in the analyses.

Injury rates were calculated using employment data from the Current Population Survey (CPS) of the Bureau of Labor Statistics, a monthly, national population-based household survey that includes approximately 60,000 households (5). Rates are presented per 100 full-time equivalents (FTE)[§]; injury rates per FTE are preferred to rates per worker when analyzing occupational injury data for youths, who typically work part-time, because hours of work are a proxy measure for exposure (4,6).

During October 1, 1995–September 30, 1997, 1208 agricultural work-related injuries among persons of all ages were reported to NEISS, corresponding to a national estimate of 117,700 injuries (95% confidence interval [CI]=79,600-155,800) that were treated in emergency departments in the United States. Of the 1208 cases, 104 (9%) were among youths aged <20 years, corresponding to a national estimate of approximately 10,700 injuries (95% CI=6,500-14,900)—an average of approximately 5400 youth injuries each year. Of the injured youths aged <20 years, 96% were treated and released from the emergency departments; no fatal agricultural injuries among youths aged <20 years were reported in the NEISS data. The highest rates for injury were among workers aged 18-19 years and 20-24 years (2.7 injuries per 100 FTE), which differed significantly from injury rates for workers aged 45-64 years (Table 1). Injury rates for 15–17-year-olds (1.8 per 100 FTE) were similar to those for workers aged 25–34 years (1.9 per 100 FTE) and 35–44 years (1.7 per 100 FTE) and were higher than, but not significantly different from, workers aged \geq 45 years. An estimated 1600 youths aged <15 years were injured while working in agriculture, representing 15% of the cases among youths aged <20 years; the rate of injury for this age group was not calculated because employment data are not collected for youths aged <15 years.

Among youths aged <20 years, 89 injuries were to males, corresponding to a national estimate of 9300 injuries (95% CI=5,600–12,900). Injuries to males accounted for 86% of all injuries to youths. The overall injury rate for 15–19-year-olds was 2.3 per 100 FTE (95% CI=1.5–3.1); the rate for males was 2.4 per 100 FTE (95% CI=1.7–3.2), and the rate for females was 1.5 per 100 FTE (95% CI=0.4–2.2).

[†]Keyword searches were conducted on the following narrative fields: business type, business name, occupation type, and injury description fields. Examples of keywords in each field include: business type—farm, orchard, fruit, and grain; business name—farm, nursery, landscape, and veterinary; occupation type—farm; and comment fields—farm, tractor, cattle, cow, livestock, tobacco, and landscape.

[§]An FTE is defined as 2000 hours of work during a calendar year and was calculated from the CPS microdata files because published estimates were not available.

Youth Agricultural Work-Related Injuries — Continued

	Inci	dence	Rate				
Age group (yrs)	Estimated no.	(95% Cl§)	Injuries	(95% CI)			
<15	1,600	(300– 2,900)	NA¶				
15–17	3,300	(2,000-4,600)	1.8	(1.1–2.6)			
18–19	5,800	(3,500- 8,100)	2.7	(1.6-3.9)**			
20–24	16,700	(11,500- 21,900)	2.7	(1.8-3.6)**			
25–34	30,600	(20,400- 40,800)	1.9	(0.7-3.1)			
35–44	30,400	(19,700- 41,200)	1.7	(1.1–2.3)			
45–54	13,800	(8,100-19,500)	1.1	(0.6–1.6)			
55–64	9,100	(5,800- 12,300)	1.1	(0.7–1.5)			
≥65	6,400	(3,100- 9,600)	1.2	(0.6–1.8)			
Total	117,700	(79,600–155,800)	1.6	(1.1–2.1)			

TABLE 1. Estimated number* and rate [†] of agricultural-related injuries among workers
treated in hospital emergency departments, by age group — United States, October
1995–September 1997

*Estimates of agricultural work-related injuries are rounded to the nearest 100.

[†]Per 100 full-time equivalents.

[§]Confidence interval.

[¶]Not available. Employment data are not collected for this age group.

**Cl does not overlap with the Cls for workers aged 45-54 and 55-64 years.

Contusions and/or abrasions were the most common types of injury among youths aged <20 years, accounting for 24.0% of the injuries; lacerations accounted for 23.3%. The body parts most commonly injured by persons in this age group were the fingers or hands (23.5%) and the knee, ankle, or foot (23.0%).

The events most likely to result in injuries to youths were contact with objects or equipment (e.g., struck by a falling object, struck by a slipping object, and caught in equipment or between objects), accounting for approximately 55.4% of the injuries, and falls (both to a lower level and on the same level), accounting for 14.7% of injuries. The sources of injury varied: persons, plants, animals, and minerals contributed to 17.4% of the injuries; tools (primarily nonpowered hand tools), 15.2%; machinery (primarily agricultural and garden), 15.2%; structures and surfaces (e.g., floors, walkways, and ground surfaces), 14.9%; and parts and materials (primarily materials used in the construction of buildings and other structures, such as bricks and lumber), 14.7%.

Reported by: Div of Safety Research, National Institute for Occupational Safety and Health, CDC. **Editorial Note**: Information about the incidence and circumstances of agricultural work-related injuries among youths is needed to target and develop effective injury-prevention efforts. This report estimates that each year approximately 5400 youths aged <20 years working on farms or in agricultural service jobs sustain occupational injuries that are treated in hospital emergency departments and indicates that youths are among the age groups at greatest risk for such injuries.

In this report, work-related data were collected using an existing emergency department surveillance system. Emergency department visits represent only a fraction (approximately 36%) (4) of the work injuries that occur to agricultural workers, and surveillance limited to this setting does not include injuries treated on site, at private physicians' offices or clinics, or in other medical treatment facilities. Further research is needed to clarify the treatment patterns of agricultural work-related injuries; to determine the proportion and characteristics of injuries that can be expected to be cap-

Youth Agricultural Work-Related Injuries — Continued

tured by emergency department surveillance; and to assess whether any differences in treatment patterns by demographic characteristics (e.g., age, sex, race/ethnicity) or relationship of the worker to the farm owner (e.g., family member or employee) exist. Such information would guide assessments about using emergency departments for routine and ongoing collection of data on childhood agricultural injuries and whether special surveys are needed to provide supplementary data about groups not well represented in emergency department data.

Although NEISS surveillance of work injuries can provide information on the incidence of youth agricultural work-related injuries requiring emergency department treatment, the small number of cases each year-and the limited information available from the system-precludes analyses that can focus prevention efforts, such as estimates and rates by specific agricultural sectors or by particular machinery or circumstances. Furthermore, it is unknown how well NEISS captured agricultural work injury cases, given the difficulty in distinguishing work, chores, and exposure to agricultural production hazards in settings that serve as both a place of work and a residence for youths. Children can be exposed to and injured by agricultural production hazards without direct participation in farm work when they live on farms, visit farms, or accompany their working parents into the fields (2). However, NEISS can provide a valuable mechanism for gathering detailed information on the circumstances and associated risk factors for injuries through follow-back surveys. NIOSH will conduct follow-back interviews of youths identified through the NEISS as having sustained agricultural injuries, regardless of their work-relatedness. This study will assess the ability of the NEISS to characterize childhood agricultural injuries.

Although much remains to be learned about the incidence of, contributors to, and prevention of youth agricultural work injuries (*2,3*), there are numerous recommendations and programs aimed at preventing agricultural injuries, both in general and among children. To provide technical assistance, professional training, and consensus development for preventing childhood agricultural injuries, NIOSH helped establish the National Children's Center for Rural and Agricultural Health and Safety, telephone (888) 924-7233 or (715) 389-4999; or World-Wide Web, http://www.marshmed.org/nfmc/children. Additional information about prevention strategies is also available from county agricultural extension agents; the Wage and Hour Office of the U.S. Department of Labor World-Wide Web site, http://www.dol.gov/dol/teensafety.htm; the National Safety Council, telephone (800) 621-7615, ext. 2379 or (630) 285-1121, or World-Wide Web site, http://www.nsc.org/farmsafe.htm; Farm Safety 4 Just Kids, telephone (800) 423-5437 or (515) 758-2827, Wold-Wide Web site, http://www.fs4jk.org; and NIOSH, telephone (800) 356-4674 or (513) 533-8328.

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Youth Agricultural Work-Related Injuries — Continued

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Haemophilus influenzae Invasive Disease Among Children Aged <5 Years — California, 1990–1996

Haemophilus influenzae (Hi) causes a variety of severe clinical illnesses including meningitis, pneumonia, epiglottitis, and septic arthritis (1). In the prevaccine era (i.e., before 1988), *Haemophilus influenzae* type b (Hib) caused approximately 95% of the Hi invasive disease among children aged <5 years (1). In 1988, Hib conjugate vaccines were introduced for use among children aged 18 months–5 years; they were subsequently recommended for routine use in infants by the Advisory Committee on Immunization Practices (ACIP) in 1990 (2). During 1989–1995, Hib invasive disease among children aged <5 years declined 95% nationally (3). To document the decline of Hib invasive disease and to examine the epidemiology of reported nontype b Hi invasive disease among children aged <5 years, CDC, in collaboration with the California Department of Health Services, analyzed reported cases in California from 1990 to 1996. This report summarizes the results of the analysis and documents the decline of Hib without an increase of nontype b Hi invasive disease among children aged <5 years.

Hi invasive disease has been a reportable disease in California since 1989, and cases were collected passively from laboratories, clinics, and hospitals. In Los Angeles County, which accounts for 30% of the population in the state aged <5 years, active surveillance for Hi invasive disease was conducted during 1986–1992 (4) and 1995–1996 through monthly telephone calls to all local laboratories and periodic laboratory audits. In 1989, three counties in the San Francisco Bay area (Alameda, Contra Costa, and San Francisco), which account for 7% of the population aged <5 years, initiated active, laboratory-based surveillance. Laboratorians and infection-control practitioners were contacted biweekly, and laboratory audits were performed once in 1991, 1993, and 1994, and twice in 1995 and 1996. Cases were reported to CDC.

Data from these surveillance systems were combined (n=1090), and the 65 duplicate cases (i.e., cases with identical date of birth, onset, county of residence, and demographic data) and 11 reports that did not include age were eliminated. California census information for 1990 to 1996 was used to calculate race/ethnicity-, sex-, and county-specific incidence rates; county-specific incidence rates were mapped using the Atlas GIS mapping program. Census data from 1993 was used to calculate the average annual incidence of nontype b Hi invasive disease by race/ethnicity.

During 1990–1996 in California, 1014 cases of invasive Hi disease were reported among children aged <5 years: 591 (58%) cases of Hib, 160 (16%) cases of nontype b Hi, and 263 (26%) cases of unknown serotype; 71 (27%) of the 263 isolates with unknown serotype were from the three Bay area counties or Los Angeles County. From 1990 to 1996, the number of reported Hib cases decreased 99% (from 346 [13.9 per 100,000] to four [0.1 per 100,000]) (Table 1), and the number of reported Hi cases attributable to unknown serotype declined 93% (from 134 to 10). The proportion of isolates

Haemophilus influenzae Invasive Disease - Continued

	1990		1991		1992		19	93	19	994	1995		1996	
Serotype	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Type b	346	(13.9)	148	(5.8)	55	(2.1)	17	(0.6)	14	(0.5)	7	(0.3)	4	(0.1)
Nontype b [†]	30	(1.2)	28	(1.1)	28	(1.1)	20	(0.8)	7	(0.3)	21	(0.8)	26	(1.0)
Unknown	134	(5.4)	52	(2.0)	30	(1.2)	13	(0.5)	14	(0.5)	10	(0.4)	10	(0.4)

TABLE 1. Number and rate* of *Haemophilus influenzae* type b invasive disease cases among children aged <5 years, by year and serotype — California, 1990–1996

*Per 100,000 children.

[†]Includes serotypes a, c, d, e, f, and nontypeable Hi.

with unknown serotype (approximately 30%) remained relatively constant. During 1990–1996, the incidence of nontype b invasive disease remained stable; the average annual incidence was 0.9 per 100,000 children aged <5 years.

During 1990–1996, most (51% [82 of 160]) nontype b Hi invasive disease cases among children aged <5 years were reported from Los Angeles County, where the average annual incidence was 1.5 per 100,000 children aged <5 years (Table 2). In the three Bay area counties, the number of nontype b Hi cases ranged from one to four per year (1.5 per 100,000 children aged <5 years). Overall, 20 (35%) of 58 counties in California reported at least one case of nontype b Hi invasive disease. The average annual incidence rates were higher for both the Bay area counties (1.5 per 100,000 children aged <5 years) and Los Angeles County (1.5), compared with the rate for all of California (0.9). The two counties with nontype b incidence rates of \geq 3 per 100,000 children aged <5 years had populations of <20,000 children in this age group.

The average annual incidence rates of nontype b Hi invasive disease among non-Hispanic black children were higher than for other racial/ethnic groups (Table 3). The average annual incidence rates of nontype b Hi invasive disease for each racial/ethnic group was higher in the active surveillance sites (the three Bay area counties and in Los Angeles County) than in the remainder of California. The proportion of casepatients aged <1 year was similar among nontype b Hi cases (59%) and Hib cases (61%). The average annual incidence of nontype b was similar for males (0.9) and females (0.8).

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Editorial Note: The decline of reported Hib invasive disease cases among children aged <5 years from 1990 to 1996 in California reflects the decline in Hib invasive disease cases reported nationally associated with the widespread use of Hib vaccine in children (*3*). The parallel decline in the number of Hi invasive disease cases attributable to unknown serotypes in California suggests that a large number of cases with unknown serotype had been serotype b. In California, the proportion of Hi isolates with unknown serotype information (26%) was lower than for national data in 1994 and 1995 (44%) (*3*), suggesting more complete ascertainment of serotype information by the active surveillance sites and the California Department of Health Services.

Haemophilus influenzae Invasive Disease — Continued

1990		1991		19	1992		993	19	994	19	995	1996		Total [†]		
Region	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Bay Area [§]	4	(2.1)	4	(2.0)	3	(1.5)	3	(1.4)	1	(0.5)	4	(2.0)	3	(1.5)	22	(1.5)
Los Angeles Co. Remainder	11	(1.4)	12	(1.5)	19	(2.4)	7	(0.9)	6	(0.8)	10	(1.3)	17	(2.1)	82	(1.5)
of state	15	(0.6)	12	(0.5)	6	(0.2)	10	(0.4)	0	(0)	7	(0.3)	6	(0.2)	56	(0.3)

TABLE 2. Number and rate* of nontype b *Haemophilus influenzae* invasive disease cases among children aged <5 years, by year and region — California, 1990–1996

*Per 100,000 children.

[†]Average annual incidence.

[§]Alameda, Contra Costa, and San Francisco counties.

TABLE 3. Number* and rate[†] of nontype b *Haemophilus influenzae* invasive disease cases[§] among children aged <5 years, by region and race/ethnicity — California, 1990–1996

	Hisp	panic	Non-H Bl	lispanic ack	Non-H W	lispanic hite	Other [¶]		
Region	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Bay Area**	4	(1.3)	6	(2.4)	10	(1.5)	2	(0.8)	
Los Angeles Co.	44	(1.3)	14	(2.1)	10	(0.7)	3	(0.6)	
Remainder of state	24	(0.6)	0	(0.0)	24	(0.4)	2	(0.2)	

*Number of cases during the 7-year period.

[†]Per 100,000 children.

[§]Race/ethnicity data were not reported for 17 cases.

[¶]Numbers for other racial/ethnic groups were too small for meaningful analysis.

** Alameda, Contra Costa, and San Francisco counties.

The decline of Hib invasive disease raised concerns about an increase of Hi invasive disease caused by other serotypes (*5,6*). However, the rate of nontype b invasive disease has remained stable. The low number of reported nontype b Hi invasive disease cases in 1994 may be due to random variation in incidence. By year and by racial/ethnic groups, the rate of nontype b invasive disease was higher in the two regions of California with active surveillance compared with passive reporting from the remainder of California, a trend consistent with other analyses of reporting practices (7). The differences in disease incidence among racial/ethnic groups may be a marker for other risk factors, such as low socioeconomic status (*3*).

Surveillance for all Hi invasive disease needs to be strengthened to document the remaining disease burden and to monitor vaccination program effectiveness (8). Because the clinical presentation of Hi invasive disease may not vary by serotype (a, b, c, d, e, f, and nontypeable strains), laboratory testing is necessary to identify an isolate's serotype. The identification of serotype b is needed because only Hib invasive disease can be prevented with vaccination. State health departments should identify laboratories that can perform serotyping on Hi isolates from children aged <15 years with invasive disease; if serotyping is not available, state health departments can contact CDC.

Haemophilus influenzae Invasive Disease - Continued

The incidence rate of nontype b Hi invasive disease is under evaluation by CDC as a tool to help jurisdictions assess whether their surveillance system is sensitive enough to detect a Hib case. If a standard rate can be identified, and if it is relatively stable over time and by geographic regions, it may serve as an external standard for monitoring the quality of reporting of Hib invasive disease (8). Additional studies are needed to establish a baseline rate of nontype b Hi invasive disease that could be used as a surveillance evaluation tool throughout the United States.

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Notice to Readers

National Food Safety Education Month — September 1998

September is National Food Safety Education Month. This year, CDC, the U.S. Department of Agriculture, and the Food and Drug Administration are participating in the fourth annual National Food Safety Education Month. This year's theme, "Keep It Clean," emphasizes that an important step in food safety is proper handling and preparation of food, especially foods of animal origin (e.g., meat, poultry, and eggs). The primary goal of National Food Safety Education Month is to educate the public about handling and preparing food properly. Other important food safety messages that will be emphasized include the prevention of cross-contamination and cooking foods to their proper temperature.

Additional information about food safety is available at the World-Wide Web site, http://www.foodsafety.gov. A free "Keep It Clean" brochure is available from the International Food Safety Council, telephone (800) 266-5762 ([800] COOKSMART).



FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending September 5, 1998, with historical data — United States

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

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending September 5, 1998 (35th Week)

	Cum. 1998		Cum. 1998
Anthrax Brucellosis Cholera Congenital rubella syndrome Cryptosporidiosis* [†] Diphtheria Encephalitis: California* eastern equine* St. Louis* western equine* Hansen Disease Hantavirus pulmonary syndrome* [§] Hemolytic uremic syndrome, post-diarrheal* HIV infection, pediatric* [¶]	35 6 3 2,229 2 43 2 2 2 76 12 44 164	Plague Poliomyelitis, paralytic Psittacosis Rabies, human Rocky Mountain spotted fever (RMSF) Streptococcal disease, invasive Group A Streptococcal toxic-shock syndrome* Syphilis, congenital** Tetanus Toxic-shock syndrome Trichinosis Typhoid fever Yellow fever	6 1 27 194 1,588 40 196 28 86 9 220

-:no reported cases *Not notifiable in all states.

Between the 34th and 35th week of report, Texas reported 89 laboratory-confirmed cases of cryptosporidiosis associated with a community outbreak and 756 cases epidemiologically linked to the confirmed cases.
 Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

¹Updated monthly to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update August 30, 1998. ** Updated from reports to the Division of STD Prevention, NCHSTP.

					Esche	erichia			Henatitis	
	All	os	Chlar	nvdia	coli O NFTSS [†]	157:H7 PHLIS [§]	Gono	rrhea	Hepa C/N/	atitis A.NB
Reporting Area	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.
	31 523	40 204	356 718	30/ 137	1 795	1 019	215 231	1997	2 39/	2 351
NEW ENGLAND	1,194	1,732	13,012	11,684	237	161	3,733	3,949	32	45
Maine	22	42	655	646	28	-	44	37	-	-
N.H. Vt.	28 17	26 31	282	524 269	30 10	34 7	60 25	70 36	-	2
Mass.	604	598	5,478	4,826	112	104	1,396	1,460	29	36
Conn.	435	922	4,397	4,093	46	15	1,958	2,040	-	-
MID. ATLANTIC	8,893	12,414	42,949	37,942	183	36	24,674	24,636	271	216
Upstate N.Y. N.Y. City	1,014 5,005	1,931 6,451	N 23.035	N 18.054	132	- 7	3,788	4,198 8,996	208	157
N.J.	1,655	2,598	7,224	6,634	46	28	4,790	5,094	-	-
	1,219	1,434	12,690	13,254	N 270	1	6,044 41 424	6,348 26 212	63 252	59 410
Ohio	485	663	17,029	14,601	81	39	10,736	9,555	555	12
Ind.	379 888	408 1 176	4,049 17,815	6,049	62 66	31 14	2,629	4,037	4	12
Mich.	390	581	13,964	12,633	69	38	10,620	9,521	319	296
Wis.	134	188	6,604	7,275	N	55	2,787	3,099	-	22
W.N. CENTRAL Minn.	599 119	778 136	20,768 4,149	20,878 4,370	261 102	196 91	10,177 1,518	9,136 1,524	127	47
lowa	51	78	2,063	2,858	74	35	660	756	7	23
No. N. Dak.	282	377	7,915	7,925	22	40 13	5,689 51	4,871	108	8
S. Dak.	13	7	1,058	836	17	10	168	91	-	-
Kans.	56 74	99	3,551	3,061	18	- 7	1,589	462 1,394	2	2 9
S. ATLANTIC	7,960	9,668	73,490	63,376	158	88	60,933	61,990	133	155
Del. Md	104 914	174 1 167	1,698 5,315	- 4 789	- 22	1 10	933 5 966	802 7 858	- 6	-
D.C.	635	717	N	N,705	1	-	2,437	2,983	-	-
Va. W. Va.	650 60	769 77	8,444 1.747	8,039 1,974	N 7	28 4	5,506 518	5,313 637	11 4	20 13
N.C.	536	597	15,002	11,419	40	34	12,968	11,241	17	38
S.C. Ga.	507 846	535 1,161	12,049	8,412 11,245	8 51	- 3	7,587 14,206	7,807 13,025	3	30
Fla.	3,708	4,471	13,508	17,498	29	8	10,812	12,324	83	50
E.S. CENTRAL	1,273	1,366 237	26,310 4 306	23,265 4 350	81 22	27	25,756	23,227	142 16	252
Tenn.	434	570	8,892	8,527	36	24	7,782	7,225	119	168
Ala. Miss.	372 272	334 225	6,875 6,237	5,682 4,706	20 3	2 1	8,833 6.658	7,956 5.277	5 2	6 67
W.S. CENTRAL	3,799	4,171	52,130	41,025	91	12	30,421	27,178	470	311
Ark.	136	159	2,417	2,020	7	6	1,238	3,282	6	10
Okla.	224	216	6,683	5,022	11	2 4	3,665	3,204	8	7
Tex.	2,785	3,063	33,063	27,709	69	-	16,843	14,779	432	150
MOUNTAIN Mont.	1,052 20	1,127	14,512 793	19,666 697	242	149	5,532 29	5,269 31	289 7	201 15
Idaho	19	37	1,155	1,027	27	7	113	81	86	40
vvyo. Colo.	209	292	399 10	390 4,622	50 49	53 38	1,538	38 1,353	69 20	48 22
N. Mex.	166	112	2,405	2,568	17	13	592	585	69	36
Utah	385 91	269	1,471	1,146	57	13	2,724	2,361	21	24
Nev.	161	278	742	2,035	10	8	361	625	14	13
PACIFIC Wash.	4,477 303	5,932 454	54,086 7,078	45,743 6,015	264 50	173 56	12,581 1,248	10,532 1,257	577 13	714 20
Oreg.	128	222	3,847	3,273	75	72	558	503	5	_2
Calif. Alaska	3,919 17	5,170 42	40,528 1,268	34,317 1.003	136 3	35	10,273 216	8,176 260	504 1	575
Hawaii	110	44	1,365	1,135	Ň	10	286	336	54	117
Guam PB	-	2 1 291	8	193	N	-	2 257	27 402	-	-
V.I.	19	74	N	N	N	U	257 U	403 U	U	Ū
Amer. Samoa C.N.M.I.	-	- 1	U N	U N	N N	U U	U 25	U 17	U -	U 2

 TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 5, 1998, and August 30, 1997 (35th 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–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, [†]National Electronic Telecommunications System for Surveillance.
 [§]Public Health Laboratory Information System.

	Legion	ellosis	Lyı Dise	me ease	Ма	laria	Syp (Primary &	hilis Secondary)	Tubero	ulosis	Rabies, Animal	
Reporting Area	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998*	Cum. 1997	Cum. 1998	
UNITED STATES	793	609	7,352	7,257	833	1,224	4,779	5,773	9,449	11,849	4,735	
NEW ENGLAND Maine N.H. Vt. Mass. R.I.	38 1 3 4 13 8	52 2 5 9 18 5	1,936 6 28 8 406 323	2,005 8 15 6 247 219	41 4 3 - 13 3	66 1 7 2 25 5	46 1 4 28 1	104 - - 49 2	287 5 6 2 153 38	296 17 10 4 162 24	957 146 44 43 334 60	
Conn.	9	13	1,165	1,510	18	26	11	53	83	79	330	
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	199 64 23 11 101	116 31 13 17 55	4,559 2,772 13 808 966	4,014 1,649 140 1,245 980	201 60 88 30 23	367 52 226 68 21	178 24 41 55 58	281 28 63 113 77	1,902 237 973 415 277	2,097 288 1,069 426 314	1,115 788 U 136 191	
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	238 96 46 17 55 24	200 79 30 16 47 28	79 57 16 5 1 U	387 25 23 10 22 307	81 9 10 22 36 4	115 14 11 48 30 12	649 89 124 261 130 45	424 145 102 U 93 84	821 78 76 419 245 3	1,221 198 96 645 198 84	101 46 8 10 28 9	
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr.	55 5 7 18 3 16	35 1 9 5 2 2 12	124 98 19 1 - 3	82 56 55 15 - 1 2	64 36 7 10 2 - 1	37 15 8 7 2 - 1	93 6 - 71 - 1 4	122 14 6 76 - 2	261 99 27 86 6 14 11	380 101 43 149 8 9 14	518 91 118 19 102 109 6 72	
Kans. S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Elo	6 100 9 20 6 16 N 8 7 7 7 25	4 80 7 14 3 17 N 11 3 25	3 467 12 316 47 8 41 3 5 5	3 537 103 344 7 35 3 24 2 1 18	8 195 1 57 13 38 1 15 5 25 40	4 213 3 64 11 51 - 12 11 25 26	11,962 17 419 53 108 2 492 195 523 152	24 2,363 17 647 82 167 3 583 269 376 219	1,369 U 206 70 174 30 278 195 346 70	56 2,191 22 210 69 220 43 280 224 413 710	73 1,378 17 338 - 409 60 136 104 165 149	
E.S. CENTRAL Ky. Tenn. Ala. Miss.	48 23 13 5 7	40 7 24 2 7	60 13 32 14 1	62 12 27 5 18	40 22 4 11 5 2	24 7 6 8 3	815 73 384 190 168	1,252 100 534 314 304	744 115 224 265 140	897 120 316 296 165	206 27 106 71 2	
W.S. CENTRAL Ark. La. Okla. Tex.	19 - 2 8 9	12 1 2 1 8	19 6 3 2 8	55 15 2 11 27	18 1 7 3 7	17 4 8 5	675 79 288 54 254	869 117 255 81 416	1,303 76 73 115 1,039	1,739 131 153 151 1,304	124 29 95 -	
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	46 2 1 12 2 10 16 1	40 1 2 15 2 8 7 4	11 - - 3 - 3 - - - 2	7 2 1 1 1 2	40 7 13 11 8 1	57 2 26 8 7 3 9	154 - 1 8 19 119 3 3	120 - - 10 5 91 5 9	281 16 8 4 U 38 138 43 34	380 6 7 2 62 37 174 18 74	136 36 52 19 5 12 11 1	
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	50 9 - 39 1 1	34 6 27 1	97 5 12 79 1	108 6 15 87 -	171 16 13 138 1 3	328 16 16 288 3 5	207 23 5 177 1 1	238 8 5 223 1 1	2,481 148 94 2,102 31 106	2,648 214 108 2,137 57 132	200 2 176 22	
Guam P.R. V.I. Amer. Samoa C.N.M.I.	- - U U	- - U -	- - - - -	- - - - -	- - U -	5 U U	139 U U 156	3 169 U U 9	- 68 U U 73	13 129 U U 2	- 36 U U	

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending September 5, 1998, and August 30, 1997 (35th Week)

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

*Additional information about areas displaying "U" for cumulative 1998 Tuberculosis cases can be found in Notice to Readers, MMWR Vol. 47, No. 2, p. 39.

	H. influ	uenzae,	Н	epatitis (V	ral), by ty	ре	Measles (Rubeola)						
	inva	sive		4	l	В	Indi	genous	lmp	orted [†]	То	tal	
Reporting Area	Cum. 1998*	Cum. 1997	Cum. 1998	Cum. 1997	Cum. 1998	Cum. 1997	1998	Cum. 1998	1998	Cum. 1998	Cum. 1998	Cum. 1997	
UNITED STATES	732	761	14,628	18,577	5,519	6,294	1	30	-	19	49	107	
NEW ENGLAND	39	43	164	468	112	120	-	1	-	2	3	19	
Maine	2	4	16	47 21	2 11	6	-	-	-	-	-	1	
Vt.	5	3	13	9	3	6	-	-	-	1	1	-	
Mass.	22	26	46	196 107	22	52 12	-	1	-	1	2	16	
Conn.	1	2	69	88	18	35	-	-	-	-	-	1	
MID. ATLANTIC	105	118	990	1,454	777	923	-	9	-	4	13	23	
Upstate N.Y.	43 20	35 31	238	220	206	192 344	-	2	-	-	2	5	
N.J.	37	37	2240	214	144	173	-	7	-	1	8	3	
Pa.	5	15	288	371	229	214	-	-	-	3	3	8	
E.N. CENTRAL	124	126	2,113	1,917	564	1,018	-	11	-	3	14	10	
Ind.	31	13	110	211	70	76	Ū	2	Ū	1	3	-	
III. Mich	44	28 15	339	513	111	194	-	-	-	- 1	- 10	7	
Wis.	4	- 15	1,310	140	25	392	-	-	-	-	-	1	
W.N. CENTRAL	70	39	1,011	1,457	269	332	-	-	-	-	-	12	
Minn.	55	27	90 277	133	31	27	-	-	-	-	-	3	
Mo.	2 8	5 4	411	290 740	48 157	26	-	-	-	-	-	- 1	
N. Dak.	-	-	3	10	4	4	U	-	U	-	-	-	
S. Dak. Nebr.	-	2	21	69	9	10	-	-	-	-	-	8	
Kans.	5	-	80	197	19	23	-	-	-	-	-	-	
S. ATLANTIC	150	117	1,250	1,146	813	826	-	3	-	5	8	10	
Md.	42	44	211	137	111	4 114	-	-	-	1	1	2	
D.C.	-	-	42	17	9	25	-	-	-	-	-	1	
W. Va.	4	3	3	8	5	11	-	-	-	-	-	-	
N.C.	23	17	76	138	150	177	-	-	-	-	-	1	
Ga.	32	23	23 365	264	24 124	94	-	- 1	-	- 1	2	1	
Fla.	32	16	371	335	316	245	-	2	-	-	2	3	
E.S. CENTRAL	40	40	275	437	273	479	-	-	-	2	2	1	
Tenn.	22	24	160	268	191	311	-	-	-	- 1	- 1	-	
Ala. Miss	10	8	54	61	49	46	-	-	-	1	1	1	
MISS.	12	2/	2 970	32 2 727	051	760	-	-	-	-	-	- 7	
Ark.	42	2	2,870	162	58	58	-	-	-	-	-	-	
La.	19	7	53	145	67 50	95	1	1	-	-	1	-	
Tex.	3	23	2,345	2,346	767	587	-	-	-	-	-	7	
MOUNTAIN	74	70	2,202	2,913	575	601	-	-	-	-	-	7	
Mont.	-	- 1	72 189	58 98	5 24	7	-	-	-	-	-	-	
Wyo.	1	3	29	24	4	22	-	-	-	-	-	-	
Colo.	16	13	198	297	80	113	-	-	-	-	-	-	
Ariz.	41	28	1,371	1,471	138	137	U	-	U	-	-	5	
Utah	4	3 15	147	432	53	68 47	-	-	-	-	-	- 2	
PACIFIC	, 88	174	3 753	5 058	1 185	1 226	_	5	_	3	8	18	
Wash.	7	3	742	368	76	52	-	-	-	1	1	2	
Oreg. Calif	34 39	29 132	257 2 708	251 4 311	74 1 021	74 1 081	-	-	-	- 2	-	- 12	
Alaska	1	3	15	25	9	1,001	-	1	-	-	1	-	
Hawaii	7	7	31	103	5	8	U	-	U	-	-	4	
Guam P.R.	- 2	-	- 48	- 219	316	3 519	U	-	U	-	-	-	
V.I.	Ū	U	Ŭ	Ŭ	Ŭ	Ŭ	U	U	U	U	U	U	
Amer. Samoa C.N.M.I.	U -	U 6	U 3	U 1	U 45	U 34	U U	U -	U U	U -	U -	U 1	

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination,
United States, weeks ending September 5, 1998,
and August 30, 1997 (35th Week)

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

*Of 174 cases among children aged <5 years, serotype was reported for 98 and of those, 38 were type b. [†]For imported measles, cases include only those resulting from importation from other countries.

	Mening Dise	lococcal ease	Mumps				Pertussis		Rubella			
Reporting Area	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	1998	Cum. 1998	Cum. 1997	
UNITED STATES	1,911	2,359	6	337	418	84	3,429	3,577	-	307	130	
NEW ENGLAND	76	146	-	2	8	5	548	662	-	36	1	
Maine N.H.	5 4	16 12	-	-	-	- 4	5 51	7 85	-	-	-	
Vt. Mass	1 38	3 73	-	- 1	- 2	1	59 395	187 356	-	-	- 1	
R.I.	3	14	-	-	5	-	7	12	-	1	-	
Conn. MID ATLANTIC	25 177	28 247	-	1 19	1	- 5	31	15 272	-	29 124	- 31	
Upstate N.Y.	46	68	-	4	10	5	201	107	-	110	4	
N.Y. City N.J.	19 47	42 46	-	4 2	3	-	9 5	58 11	-	9 4	27	
Pa.	65	91	-	9	26	-	146	96	-	1	-	
E.N. CENTRAL Ohio	293 110	345 126	2 2	59 23	52 18	14 14	361 183	377 105	-	-	5	
Ind.	51	38	U	5	7	U	70	38	U	-	- 1	
Mich.	36	52	-	21	16	-	45	46	-	-	-	
WIS.	25	29	-	-	3	-	17	138	-	-	4	
Minn.	28	29	-	25 12	5	2 -	168	142	-	- 27	-	
lowa Mo.	29 57	39 72	1	9 3	6	-	53 22	12 44	-	- 2	-	
N. Dak.	3	1	U	1	-	U	2	1	U	-	-	
Nebr.	8	8	-	-	1	1	10	5	-	-	-	
Kans.	27	16 401	-	-	1	1	18	18 209	-	25	-	
Del.	1	401	-	41	40	- 24	223	308	-	-	- 59	
Md. D.C.	24	37 7	-	-	1	3	37 1	96 3	-	1	-	
Va. W. Va	27 12	40 14	1	6	9	10	19 1	34	-	-	1	
N.C.	47	77	1	10	8	-	74	85	-	9	51	
S.C. Ga.	46 72	42 77	-	5 1	10 6	- 8	22 18	19 8	-	-	6	
Fla.	103	102	-	19	14	3	48	56	-	3	1	
E.S. CENTRAL Ky.	164 20	176 38	-	13	22 3	4	81 25	95 40	-	2	1	
Tenn. Ala	52 70	61 55	-	1 7	3	4	31 22	27 19	-	1 1	- 1	
Miss.	22	22	-	5	10	-	3	9	-	-	-	
W.S. CENTRAL	223	219	1	49 7	44	14	245	161 15	-	86	4	
La.	46	46	1	9	11	2	5	13	-	-	-	
Okla. Tex.	31 120	25 122	-	33	32	- 4	18 169	24 109	-	- 86	- 4	
MOUNTAIN	111	140	-	29	51	8	649	867	-	5	6	
Mont. Idaho	4 9	7 8	-	- 4	2	2	7 196	15 481	-	-	2	
Wyo. Colo	6 23	2 36	-	1 8	1	- 2	8 141	6 239	-	-	-	
N. Mex.	18	24	N	Ň	Ň	-	76	69	-	1	-	
Utah	35 11	37	-	5 4	31	4	53	30 13	-	2	-	
Nev.	5	15	-	7	7	-	26	14	-	1	-	
Wash.	377	516 66	-	100	134 14	8	680 223	610 251	-	14 9	23 5	
Oreg. Calif.	63 256	98 345	N	N 74	N 94	6	65 375	27 300	-	- 3	- 10	
Alaska	2	2	-	2	6	-	11	16	-	-	-	
Guam	4	ວ 1	U LI	- 17	20 1	U U	0 -	-	U LI	۲ -	8 -	
P.R.	6	8		1	5		3					
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	
C.N.M.I.	-	-	U	2	4	U	1	-	U	-	-	

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable
by vaccination, United States, weeks ending September 5, 1998,
and August 30, 1997 (35th Week)

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

	All Causes, By Age (Years)						P&l [†]			All Cau	ises, By	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.	402 123 26 19 16 U 14 16 27 27 U 61 34	305 88 21 16 11 U 10 12 25 21 U 4 33 22	61 22 2 2 2 2 2 2 2 2 4 U 2 7 7	27 8 4 1 2 U 2 1 - 1 U 5	4 2 - 1 U - 1 U - 1 U -	531 	30 7 1 2 2 3 2 U 2 3 2 U - 6 3	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.	1,111 185 100 76 150 92 34 60 46 52 187 122 7	727 110 61 48 105 61 24 28 33 38 137 76 6	215 44 21 22 14 3 19 6 6 34 24 1	104 22 11 4 14 12 4 7 3 5 11 11	40 67 14 31 52 23 6	25 3 2 5 2 2 1 2 1 2 5 2 2 1 2 5 2 2 1 2 5 2 2 5 2 2 5 2 2 5 2 5	56 3 8 7 10 1 1 3 5 12 5 -
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa	53 1,960 40 12 85 22 12 46	42 1,338 35 9 51 13 7 32	9 400 1 17 6 3 11	2 147 1 13 3 2 2	- 38 1 2 - -	- 37 2 - 2 - 1	2 102 - - 3 2 - 2	E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	778 160 81 82 68 179 50 52 106	521 116 55 60 38 123 32 36 61	169 28 16 18 21 38 11 10 27	53 7 8 2 4 15 5 3 9	15 - 2 2 2 1 2 6	17 6 2 3 1 1 3	45 10 5 4 17 - 4
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.	17 1,114 U 10 200 72 30 125 23 24 74 40 14 U	10 748 U 4 123 50 26 104 14 23 58 23 58 23 8 U	5 244 U 3 48 13 2 15 6 - 11 9 5 U	2 83 U 3 11 7 2 3 2 - 4 8 - U	- 17 U - 11 - 3 - 1 - 1 U	22 U 7 1 - 1 - 1 - 1 - 0	55 U 14 3 1 12 2 1 7 - U	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Houston, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,395 75 28 50 197 72 119 395 78 113 171 U 97	926 48 16 355 53 81 252 48 69 127 U 72	280 15 9 10 42 10 15 84 18 37 24 U 16	116 7 1 3 19 3 11 43 8 6 7 U 8	39 4 1 6 4 3 12 7 U	34 1 5 2 9 4 3 1 6 U 1	73 5 3 5 4 7 26 4 14 U 5
E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind.	1,479 39 42 U 34 135 176 120 179 36 58	1,009 26 33 U 22 87 112 88 101 28 47	302 4 0 9 29 42 18 50 7 7	92 1 2 10 10 11 19 3	34 1 2 U 6 4 2 6	42 7 U 1 3 8 1 3 -	85 6 U 4 21 6 1 2 2	MOUNTAIN Albuquerque, N.M. Boise, Idaho Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, Utah Tucson, Ariz.	923 109 37 . 48 97 198 25 168 23 104 114	609 72 29 30 57 124 16 109 21 75 76	185 16 3 13 21 50 5 30 1 22 24	92 16 4 3 13 18 3 20 1 3 11	19 4 1 3 4 1 3 - 1	18 1 3 2 6 3 2	54 6 4 3 7 1 13 2 8 10
Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	4 194 194 108 32 41 38 80 57	49 132 32 78 23 27 25 58 41	9 38 6 23 4 14 9 14 13	2 4 10 2 4 - 3 7 3	2 1 6 2 - - 1 - 1	1 8 - 3 5 - 1 -	6 6 4 11 3 2 7 2	PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Los Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif.	1,942 16 196 23 86 65 412 33 209 187	1,339 12 144 16 63 49 274 26 136 135	352 2 36 4 12 6 74 5 43 34	157 1 13 2 7 7 47 2 18 10	58 2 1 3 10 7 5	36 1 1 2 7 5 3	150 2 11 3 1 9 23 4 18 33
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.	767 67 18 30 91 27 171 97 99 81 86	557 53 13 18 67 20 138 73 59 56 60	134 10 3 7 16 5 25 14 26 15 13	41 32 55 - 52 66 7	16 1 - 2 1 1 - 4 2 5	18 - - 1 2 8 4 2 1	38 2 11 5 10 4 3 3	San Diego, Calif. San Francisco, Cali San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	143 119 163 25 121 50 94 10,757 [¶]	97 81 115 15 77 40 59 7,331	26 24 27 4 26 7 22 2,098	10 7 12 4 9 1 7 829	7 5 7 1 3 2 4 263	3 2 1 6 2 232	10 10 9 2 6 3 633

TABLE IV. Deaths in 122 U.S. cities,* week ending September 5, 1998 (35th Week)

U: Unavailable -: no reported cases *Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included. *Pneumonia and influenza. *Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks. Total includes unknown ages.

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