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# Health Status of and Intervention for U.S.-Bound Kosovar Refugees — Fort Dix, New Jersey, May–July 1999

In March 1999, as a result of armed conflict in the Kosovo province of the Federal Republic of Yugoslavia, approximately 860,000 ethnic Albanians sought refuge in neighboring Albania, the Former Yugoslav Republic of Macedonia (FYROM), the Republic of Montenegro—Federal Republic of Yugoslavia, and Bosnia-Herzegovina. As a result of massive refugee movement into FYROM, many nations, including the United States, accepted refugees for resettlement. Refugee processing centers were established in FYROM and the United States. In the United States, the Migration Health Assessment (MHA)\* of refugees was undertaken at Fort Dix, New Jersey (i.e., Operation Provide Refuge), in collaboration with the Office of Emergency Preparedness (OEP), Public Health Service, under the direction of the Office of Refugee Resettlement, U.S. Department of Health and Human Services. Assessments in Skopje, FY-ROM, were conducted by the International Organization for Migration. This report summarizes the results of collaboration between OEP and CDC to provide preventive health programs for 4045 Kosovar refugees at Fort Dix during a 10-week period, which found that the refugees were in good health and underscores the need for a tailored intervention program targeted at the health conditions of the specific population.

The first refugees arrived at Fort Dix on May 5. On arrival, acute medical care was provided as needed, and all refugees were scheduled to undergo the required MHA. As part of the MHA, refugees aged  $\geq$ 15 years underwent a general physical examination and were screened for human immunodeficiency virus infection, syphilis, and TB.

Intervention and prevention services were established at Fort Dix in addition to the acute-care services and MHA. Because of reports of inadequate vaccination programs in Kosovo during the 2 years preceding the mass exodus (1) and the emergency resettlement of the refugees in the United States, approximately 10,600 vaccines were administered to refugees from a set of recommended vaccines (unless vaccination documentation was provided) (Table 1). Because high birth rates were reported in Kosovo before the conflict (2), women of childbearing age (18–45 years) who had

<sup>\*</sup>MHA is a health examination mandated by U.S. law for all refugees and immigrants. The assessment is designed to identify "inadmissible" health conditions, which are infectious tuberculosis, human immunodeficiency virus infection, infectious syphilis and other sexually transmitted diseases, infectious (lepromatous) Hansen disease, any physical or mental health disorder associated with harmful behavior, and drug abuse or addiction.

U.S.-Bound Kosovar Refugees — Continued

Group	Vaccine
Age 2 months–6 years	Diphtheria and tetanus toxoids and acellular pertussis
Age ≥7 years (including pregnant women)	Tetanus and diphtheria toxoids
Age 2 months-17 years	Oral poliovirus
Age 6 months*–17 years	Measles-mumps-rubella (MMR)
Nonpregnant women aged 18-45 years	MMR
Age 2 months–1 year	<i>Haemophilus influenza</i> type b
Newborn through age 17 years (including pregnant women)	Hepatitis B
Age ≥65 years (and age ≥2 years with chronic disease)	Pneumococcal

# TABLE 1. Recommended vaccinations for Kosovar refugees resettling in the United States — 1999

\*MMR vaccination should be initiated at age 6 months in high-risk circumstances (e.g., overcrowding). If a child is vaccinated at age <12 months, repeat vaccination is recommended at age 12–15 months. The routine dose at age 4–6 years (i.e., preschool age) should still be administered.

abnormal menstruation or amenorrhea were screened for pregnancy to determine whether they needed prenatal care and should not receive live vaccines. Approximately 120 pregnancy tests were performed during the first month; 58 women received prenatal care, including approximately 400 prenatal visits, and seven babies were born.

On the basis of reports from camps in FYROM, refugees also were assessed for selected conditions (e.g., untreated chronic diseases in the elderly and dental conditions). A pharmacy was established and dispensed approximately 7600 medications for conditions such as hypertension and diabetes. In addition, approximately 1000 dental visits were reported.

Pharmacy- and laboratory-based surveillance systems were established within 1 day of the arrival of the first refugees to identify potential disease outbreaks. Pharmacy-based surveillance of 1% permethrin prescriptions was included because of lice infestations reported from camps in FYROM: use was 20%–40% among refugees arriving during the first week. Among the 1051 newly arriving refugees during the second week, the prevalence of lice or nits within <sup>1</sup>/<sub>4</sub> inch of the scalp (currently infested cases only) was 10%. On the basis of treatment outcomes, no drug resistance was documented. A treatment program was initiated for head lice at Fort Dix and treatment recommendations were made for the FYROM camps.

The first step in TB screening consisted of a chest radiograph. If the radiograph suggested active TB, serial sputum samples were collected for microscopy, culture, and sensitivity through the state laboratory. If radiographs were suggestive of inactive TB and the refugee was not symptomatic, no further evaluation was performed.

Among 4045 refugees screened at Fort Dix, two had infectious (smear-positive) TB, 26 had chest radiographs suggestive of active TB (all smear-negative, eight with clinical indications for treatment), and 65 had radiographs suggestive of inactive TB. All will be reevaluated at their health departments after resettlement. Six refugees had culture-confirmed TB (all sensitive to first-line TB drugs), and 10 refugees (including two with infectious TB) were begun on treatment.

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#### U.S.-Bound Kosovar Refugees — Continued

Refugees with "inadmissible" health conditions received treatment, or received waivers, and physicians were identified to provide continuity of health care. Six refugees were treated for syphilis. Seven refugees were treated for mental health disorders associated with harmful behaviors and placed with physicians in their resettlement area. No other "inadmissible" health conditions were identified. No refugees were involuntarily deported because of "inadmissible" health conditions.

Refugees were treated at a 24-hour acute-care clinic (5127 visits) and referred to specialized care when necessary (72 hospitalized during the first month). Medical charts, including medical history, conditions and medications, vaccinations, dental and prenatal records, and results of MHA, were transferred to the state and local health agencies providing health care after resettlement.

During the same period, 5303 refugees entered the United States through JFK International Airport in New York; similar numbers of refugees with chest radiographs suggestive of active (n=23) and inactive (n=60) TB were identified. No differences were reported in the age and sex distribution of refugees by port of entry. All of these refugees were referred to the state and local health agencies that provide follow-up care for TB patients.

As of August 25, Kosovar refugees continued to enter through JFK International Airport, although their numbers have diminished. On July 16, Operation Provide Refuge was declared completed and the facilities at Fort Dix closed.

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**Editorial Note**: The health status of refugee populations varies considerably depending on 1) the demographics of the migrating population; 2) the prevalence of health conditions and quality of health services before displacement and in the country of first refuge; 3) the length of time the population was deprived of health care; and 4) the harshness of their living conditions during displacement. Despite these variations, screening for U.S. immigration purposes has been the same for all refugee and immigrant populations. To provide more timely interventions, CDC is tailoring health assessments to specific migrating populations (*3*).

Before this migration emergency, the only medical information transmitted to the refugee health providers in the resettlement areas was that related to the "inadmissible" health conditions. Health information collected in refugee emergency settings should include 1) baseline health status of the refugee population; 2) refugee camp health provision and surveillance; 3) immigrant/refugee health clearance; 4) identification and design for preventive interventions; and 5) postsettlement follow-up care. The CDC/OEP response at Fort Dix underscores the value of a tailored approach, including preventive health interventions specifically targeted at this population. During this emergency, using information on health conditions in Kosovo before the armed conflict and on health conditions in the camps in FYROM, health services were prepared to meet the needs of Kosovar refugees.

To establish continuity of care, medical records developed at Fort Dix were transmitted to the resettlement health providers through the refugees. In addition, health fact sheets were drafted periodically and relayed to the refugee health coordinators in the states to assist them in planning health services programs before the arrival of the

#### U.S.-Bound Kosovar Refugees — Continued

refugees. This health information and data collection and dissemination should be considered basic components of the refugee admission and resettlement process.

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## Progress Toward the Elimination of Tuberculosis — United States, 1998

In 1998, a total of 18,361 tuberculosis (TB) cases were reported from the 50 states and the District of Columbia, a decrease of 8% from 1997 and 31% from 1992, the height of the TB resurgence in the United States (*1,2*). The 1998 rate of 6.8 per 100,000 population was 35% lower than in 1992 (10.5) but remained above the national goal for 2000 of 3.5 (*3*) (Table 1). This report summarizes national TB surveillance data for 1998 and compares them with similar data from previous years. The findings indicate that the overall number of TB cases continued to decrease, and that trends in the number of reported cases and TB incidence varied by geographic area and population characteristics.

All states reported at least one case in 1998, and 18 states reported <100 cases. Among the states reporting <100 cases in 1998, 17 reported <100 cases in 1992, and 14 had no change or a decrease in the number of reported cases in 1998 compared with 1992 (Table 1). Among all states, the proportion of counties reporting no TB cases increased from 42% in 1992 to 49% in 1998; these counties represented 11% of the total U.S. population in 1998. The 1998 TB rate in 19 states was lower than the 2000 national goal (*3*).

California, Florida, Illinois, New York, and Texas reported the highest number of cases in 1998 and represented 54% of all reported TB cases. During 1992–1998, the five states observed a marked decrease in the number of new cases and together accounted for 68% of the overall decrease. The four cities with the highest number of TB cases were New York (1558), Los Angeles (544), Chicago (473), and Houston (424). The number of reported cases in all four cities decreased between 1992 and 1998: 59% in New York, 51% in Los Angeles, and 41% in Chicago and Houston, and together these cities accounted for 41% of the overall decline in the number of reported TB cases in the United States.

The number of reported TB cases in 1998 compared with 1992 decreased in both sexes and all age groups at varying rates (Table 2). The largest decrease occurred among children aged <15 years and adults aged 25–44 years. During 1992–1998, the number of cases in U.S.-born persons decreased 44%, and the number of cases in foreign-born persons increased 4%. The proportion of TB cases among foreign-born persons steadily increased, from 27% in 1992 to 42% in 1998. The TB rate in foreign-born persons remained approximately four to six times higher than for U.S.-born persons. In 1998, among the 7591 TB cases in foreign-born persons, the birth

# Tuberculosis — Continued

	No. (	cases	% Change	R	ate
State	1992	1998	trom 1992 to 1998	1992	1998
Alabama	418	381	-9%	10.1	8.8
Alaska	57	55	-4%	9.7	9.0
Arizona	259	254	-2%	6.8	5.4
Arkansas	257	171	-33%	10.7	6.7
California	5.382	3.852	-28%	17.4	11.8
Colorado	104	79	-24%	3.0	2.0
Connecticut	156	128	-18%	4.8	3.9
Delaware	55	36	-35%	8.0	4.8
District of Columbia	146	107	-27%	24.8	20.5
Florida	1,707	1,302	-24%	12.7	8.7
Georgia	893	631	-29%	13.2	8.3
Hawaii	273	181	-34%	23.5	15.2
Idaho	26	14	-46%	2.4	1.1
Illinois	1,270	850	-33%	10.9	7.1
Indiana	247	188	-24%	4.4	3.2
lowa	49	55	12%	1.7	1.9
Kansas	56	56	0%	2.2	2.1
Kentucky	402	179	-55%	10.7	4.5
Louisiana	373	380	2%	8.7	8.7
Maine	24	13	-46%	1.9	1.0
Maryland	442	324	-27%	9.0	6.3
Massachusetts	428	282	-34%	7.1	4.6
Michigan	495	385	-22%	5.2	3.9
Minnesota	165	161	-2%	3.7	3.4
Mississippi	281	225	-20%	10.7	8.2
Missouri	245	184	-25%	4.7	3.4
Montana	16	20	25%	1.9	2.3
Nebraska	28	31	11%	1.7	1.9
Nevada	99	128	29%	7.5	7.3
New Hampshire	18	14	-22%	1.6	1.2
New Jersey	984	640	-35%	12.6	7.9
	88	68	-23%	5.6	3.9
New York	4,574	2,000	-56%	25.2	11.0
North Carolina	604	498	-18%	8.8	0.0
	11	10	-9%	1./	1.9
Ohio	358	230	-30%	3.Z	2.1
Okianoma	210	198	-8%	0.7	5.9
Dregon	145	100	8%0 / 10/	4.9	4.8
Rhodo Island	/ 30 E /	44ð 60	-4 I % 170/	0.3 5 /	3./ E /
South Carolina	54 207	03 206	1/% 260/	5.4 10 7	0.4
South Daketa	30/	200	-20% 200/	10.7	/.J 2 1
Tonnossoo	১∠ ⊾27	23 /20	-20% _17%	4.5 10 5	ວ. i ຊ 1
Tovae	2 510	1 8 20	_1//0 _ <b>27</b> %	1/ 2	0.1
lltah	2,310	520	-33%	4 3	3.2 2 K
Vermont	70	52	_29%	 1 2	2.5 0.8
Virginia	, ⊿57	220	-26%	7 2	5.0
Washington	206 	265	-13%	6.0	
West Virginia	92	205 42	-54%	5 1	+./ 2 2
Wisconsin	106	100	<b>2</b> %	2 1	2.5
Wyoming	8	4	-50%	17	0.8
	U	4	-50 /0	1.7	0.0
Total	26,673	18,361	-31%	10.5	6.8

TABLE 1. Number of reported tuberculosis cases, percentage change in number of cases, and rates\*, by state and year — United States, 1992 and 1998

\*Per 100,000 population.

## Tuberculosis — Continued

	No. repor	ted cases	% Change from	Rate			
Characteristic	1992	1998	1992 to 1998	1992	1998		
Sex <sup>†</sup>							
Male	17,433	11,413	-34.5%	14.0	8.6		
Female	9,236	6,935	-24.9%	7.1	5.0		
Age group (yrs) <sup>†</sup>							
0–14	1,707	1,082	-36.6%	3.1	1.9		
15–24	1,974	1,548	-21.6%	5.5	4.2		
25–44	10,444	6,365	-39.1%	12.7	7.6		
45–64	6,487	4,973	-23.3%	13.4	8.7		
≥65	6,025	4,393	-27.1%	18.7	12.8		
Total	26,673	18,361	-31.2%	10.5	6.8		

TABLE 2. Number of reported tuberculosis cases, percentage change in number of
cases, and rates*, by sex, age, and year — United States, 1992 and 1998

\*Per 100,000 population.

<sup>†</sup>Persons were excluded for whom sex (four in 1992 and 13 in 1998) and age (36 in 1992) were not reported.

countries with the highest number of cases were Mexico with 1757 (23%), Philippines with 968 (13%), and Vietnam with 748 (10%).

In 1993, CDC began to collect drug susceptibility results for initial *Mycobacterium tuberculosis* isolates on the TB case report. During 1998, results were reported for 91% (13,477 of 14,830 culture-positive cases). Overall, 1086 (8.1%) case-patients had isolates resistant to at least isoniazid, and 150 (1.1%) had isolates resistant to at least isoniazid and rifampin (i.e., multidrug-resistant TB [MDR-TB]); New York (38) and California (36) reported 49% of the MDR-TB cases. During 1993–1998, resistance to isoniazid decreased slightly (from 8.9% in 1993), and MDR-TB decreased markedly (from 2.8% in 1993). The decrease in MDR-TB reflected declines from 2.7% to 0.7% in U.S.-born persons and from 3.0% to 1.6% in foreign-born persons. As a result, the proportion of MDR-TB cases among foreign-born persons increased from 31% in 1993 to 61% in 1998. Forty-five states and the District of Columbia reported at least one MDR-TB case during 1993–1998.

In 1993, CDC began collecting information about human immunodeficiency virus (HIV) status on TB case reports; 48 states submit HIV test results on TB case reports. In 1998, 3509 (55%) of 6365 TB case reports for persons aged 25–44 years included information about HIV status, an increase from 1993 when 33% had HIV status. Among the states with information for  $\geq$ 75% of the cases in this age group, the proportion of TB cases in HIV-infected persons ranged from 0% (Montana, North Dakota, Vermont, and Wyoming) to 47% (Florida).

Reported by: Div of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention; and an EIS Officer, CDC.

**Editorial Note**: The decline in the overall number of reported TB cases reflects the apparent strengthening of TB-control programs nationwide, particularly in states and cities with the largest number of cases. Supporting this inference are data indicating that the largest decreases in cases among U.S.-born persons during 1993–1994 occurred in areas that reported the largest increases in measures associated with effective TB control: completion of therapy, conversion of patients' sputum from

positive to negative, and number of contacts per case-patient (4). These improvements occurred in the same cities that had the largest increases in cases during the TB resurgence.

The elimination of TB in the United States will depend increasingly on eliminating TB among persons born in countries with high TB rates (5). Because the percentage of reported TB cases among foreign-born persons continues to increase, CDC, in collaboration with local and state health departments, updated recommendations to prevent and control TB among foreign-born persons (5). Priority is placed on case-finding, completion of treatment for active TB, contact tracing, screening, and completion of preventive therapy for high-risk groups. Because rates of TB differ among countries, local TB-control staff should develop epidemiologic profiles to identify groups of foreign-born persons at high risk for TB.

Although the number and proportion of MDR-TB cases decreased markedly during 1993–1998, MDR-TB remains a serious concern. One MDR-TB case can challenge the resources and effectiveness of a TB program, and nearly every state has reported at least one MDR-TB case since 1993. Incidence of MDR-TB is increasing in eastern Europe, Asia, and Africa (6), and will continue to affect the clinical management and contact investigations of foreign-born TB patients who are at risk for resistant TB strains.

Incomplete reporting of HIV to the national TB surveillance system leads to underestimates of the incidence of HIV among TB cases. Incomplete reporting has made it necessary to estimate the proportion of TB cases in HIV-infected persons based on TB and acquired immunodeficiency syndrome registry matching (7–9). Using registry match data to supplement HIV test results submitted on the TB case report, minimum estimates of the proportion of TB cases with HIV infection ranged from 15% during 1993–1994 to 10% in 1997 for persons of all ages and from 29% to 21%, respectively, for persons aged 25–44 years (CDC, unpublished data, 1999). CDC and state and local health departments are collaborating to improve HIV testing and reporting for TB patients.

Although TB rates have been decreasing since 1992, the TB elimination goal of 3.5 cases per 100,000 by 2000 and <1 case per 1,000,000 population by 2010 are unlikely to be achieved at the current rate of decrease (*3*). The Advisory Council for the Elimination of TB (ACET), which provides advice and recommendations for eliminating TB to the U.S. Department of Health and Human Services and CDC, recently reassessed its 1989 plan and published updated recommendations for TB elimination in the United States (*10*). To move from TB control to TB elimination, ACET recommends new and improved diagnostic and treatment methods, and prevention efforts that include establishing broad-based partnerships with public health programs, community-based organizations, and managed-care plans. TB elimination in the United States requires global commitment. Dedication to the goal of TB elimination is critical to sustain the progress evidenced by declining TB morbidity in the United States.

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# Progress Toward the Global Interruption of Wild Poliovirus Type 2 Transmission, 1999

Since 1988, when the World Health Assembly resolved to eradicate poliomyelitis globally by 2000 (1), substantial progress has been made in attaining this goal: the Americas, the Pacific Rim, Europe, and central Asia appear to be polio-free. The remaining reservoirs where polio is endemic are confined to India and contiguous countries and to sub-Saharan Africa. In 1999, the recommended polio eradication strategies (i.e., achieving and maintaining high routine vaccination coverage with oral poliovirus vaccine [OPV]; conducting National Immunization Days [NIDs]\* to decrease rapid poliovirus circulation; establishing sensitive surveillance systems for polio cases and poliovirus; and carrying out mopping-up vaccination activities<sup>†</sup> to eliminate poliovirus transmission) have been accelerated in most of the major reservoir countries<sup>§</sup> (2,3). This report summarizes progress toward interrupting transmission of wild poliovirus type 2, which appears to be on the threshold of extinction.

The goal of the polio eradication initiative is to interrupt all chains of wild poliovirus transmission globally. Most poliovirus genotypes (i.e., a group of polioviruses sharing >85% nucleotide sequence similarity in the capsid genes) found in 1988 have disappeared (4). The genetic diversity of the remaining genotypes has been reduced as chains of transmission are broken and reservoir countries become polio-free.

<sup>\*</sup>Nationwide mass campaigns over a short period (days to weeks), in which two doses of OPV are administered to all children in the target age group (usually aged <5 years), regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

<sup>&</sup>lt;sup>+</sup>Focal mass campaigns in high-risk areas during a short period (days to weeks) in which two doses of OPV are administered during house-to-house visits to all children in the target age groups, regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

<sup>§</sup>Countries where polio is endemic that have large populations and that may export poliovirus to neighboring countries and elsewhere.

#### Wild Poliovirus Type 2 — Continued

## Successive Extinction of Wild Poliovirus Type 2 Genotypes

During the prevaccine era, the three poliovirus serotypes were distributed worldwide. Continuous transmission occurred in large population centers, and sporadic outbreaks occurred in isolated communities (4,5). By the mid-1960s, the incidence of cases associated with wild poliovirus type 2 had declined rapidly in areas with high vaccination coverage rates. By the mid-1970s, indigenous wild type 2 polioviruses had disappeared from Australia, Japan, North America, and western Europe (Figure 1). By 1980, type 2 poliovirus had been eliminated in Brazil, Central America, Mexico, and South Africa, and in China and the Soviet Union by 1985. Wild poliovirus type 2 circulation continued until the late 1980s in Colombia, Peru, and Vietnam. The last indigenous wild poliovirus type 2 isolates were found in Egypt in 1990, in Afghanistan and Pakistan in 1997, and in Nigeria in 1998 (Figure 1). Although no wild poliovirus type 2 isolates have been reported from Africa for >1 year, inadequate surveillance in some African countries, particularly Angola, the Democratic Republic of the Congo, and Ethiopia, makes these data difficult to interpret. By 1999, the only known reservoir for wild type 2 polioviruses was in the Ganges valley of India (*6*).

# Areas with Wild Poliovirus Type 2 Circulation

Endemic circulation of type 2 poliovirus appears to be localized to the northern Indian states of Uttar Pradesh and Bihar (1998 estimated combined population: 250 million). Before accelerated efforts were initiated to eradicate polio in 1995, wild poliovirus type 2 was distributed widely in India, and clinical isolates showed high genetic diversity, indicating multiple independent reservoirs. Isolates from 1998–1999 are closely related to each other, meaning type 2 endemicity is sustained by a few chains of transmission.



FIGURE 1. Last wild poliovirus type 2 isolates — worldwide, 1999

\*Indigenous poliovirus type 2 eliminated.

<sup>†</sup>Inadequate poliovirus surveillance.

Source: World Health Organization Polio Laboratory Network.

#### Wild Poliovirus Type 2 — Continued

The states of Uttar Pradesh and Bihar have been at particularly high risk for continued poliovirus transmission (*6*,*7*). In these states, the critical risk factors are low vaccination coverage, high population densities, large annual birth cohorts, poor sanitation, and humid subtropical climate. To overcome these challenges to polio control and to interrupt poliovirus transmission, the government of India is planning to conduct four rounds of NIDs from October 1999 through January 2000, followed by two rounds of Sub-National Immunization Days (SNIDs) in Uttar Pradesh, Bihar, and six additional high-risk states during February–March 2000.

Reported by: Vaccines and Other Biologicals Dept, World Health Organization, Geneva, Switzerland. Respiratory and Enterovirus Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.

**Editorial Note**: The usual order of disappearance of wild polioviruses within a country or region has been type 2, type 3, and type 1 (4,5). The high immunogenicity of type 2 polioviruses in OPV and the efficient spread of type 2 OPV-derived strains to contacts (8) appear to be important factors contributing to the rapid control of this serotype. Continued detection of wild poliovirus type 2 circulation reflects serious deficiencies in vaccination coverage levels.

The year of cessation of wild poliovirus type 2 circulation is uncertain in many countries because of inadequate surveillance for cases and because of the imprecision of earlier methods for distinguishing wild from vaccine-derived polioviruses (4). Type 2 polioviruses are the most difficult to detect through polio case surveillance because they have the lowest case:infection ratio (approximately 1:2000) of the three serotypes (5). Consequently, the number of wild poliovirus type 2 isolates available for analysis is smaller than for the other two serotypes.

During the prevaccine era, wild poliovirus type 2 genotypes had wide geographic distribution (4), and the early estimates of the years of elimination probably applied to groups of countries (e.g., western Europe or eastern South America) rather than specific countries. These early extinction estimates are conservative, and are based in part on the years when exogenous genotypes were first detected in cases and outbreaks, which suggested that indigenous circulation had ceased already.

Wild poliovirus type 2 circulation might persists in the major reservoir countries of Angola, the Democratic Republic of Congo, and Ethiopia (2), where vaccination coverage levels remain low and polio surveillance remains inadequate. However, only poliovirus types 1 and 3 have been detected in these or neighboring countries.

Within the next year the only type 2 polioviruses found in nature probably will be OPV-derived. However, intensification of vaccination and surveillance activities will be needed to meet the 2000 goal for the eradication of all wild poliovirus serotypes.

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## FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending August 21, 1999, with historical data - United States

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

# TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending August 21, 1999 (33rd Week)

		Cum. 1999		Cum. 1999
Anthrax Brucellosis* Cholera Congenital ru Cyclosporiasi Diphtheria	bella syndrome s*	28 4 3 28 2	HIV infection, pediatric* <sup>§</sup> Plague Poliomyelitis, paralytic Psittacosis* Rabies, human Bocky Mountain spotted fever (BMSE)	86 3 - 15 - 330
Encephalitis:	California* eastern equine* St. Louis* western equine*	9 2 -	Streptococcal disease, invasive Group A Streptococcal toxic-shock syndrome* Syphilis, congenital <sup>¶</sup> Tetanus	1,447 27 109 18
Ehrlichiosis Hansen Disea Hantavirus pu Hemolytic ure	human granulocytic (HGE)* human monocytic (HME)* se* Imonary syndrome*† emic syndrome, post-diarrheal*	90 21 53 14 47	Toxic-shock syndrome Trichinosis Typhoid fever Yellow fever	74 6 192

-: no reported cases

\*Not notifiable in all states.

\*Not notifiable in all states.
 <sup>†</sup> Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
 <sup>§</sup> Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update July 25, 1999.
 <sup>¶</sup> Updated from reports to the Division of STD Prevention, NCHSTP.

								Esche	erichia	
	AI	DS	Chla	mydia	Cryptosp	oridiosis	NET	SS Con O	PH	LIS
Reporting Area	Cum. 1999†	Cum. 1998	Cum. Cum. 1999 1998		Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	26,427	28,464	370,512	366,857	969	1,648	1,509	1,594	957	1,353
NEW ENGLAND	1,298	1,023	12,209	12,839	59	104	172	212	127	189
Maine N.H.	43 31	21 25	193 596	621 607	1/	24 12	18 22	22 31	- 23	- 35
Vt.	6	17	301	263	15	16	19	10	11	7
Mass. R.I.	842 70	506 92	5,872 1,467	5,262 1,480	19	47	95 18	108 8	52 6	108
Conn.	306	362	3,780	4,606	-	-	Ŭ	33	35	38
MID. ATLANTIC	6,746	7,663	44,532	38,226	204	357	94	172	37	61
N.Y. City	3,592	4,055	21,963	16,755	107	137	63 5	9	13	11
N.J.	1,278	1,556	6,456	7,392	9	14	6	46	23	38
Γά. Ε Ν. CENTRAI	1,030	2 161	10,113 53,400	14,079 62 521	10	446	308	269	208	230
Ohio	262	459	15,462	16,916	29	49	120	70	88	43
Ind.	224 783	376 818	6,667 17 685	6,730 16,813	18 16	39 49	42 86	63 74	25 33	35 52
Mich.	360	389	13,586	13,448	30	24	60	62	33	44
Wis.	90	119	U	8,614	-	285	N	N	29	56
W.N. CENTRAL Minn.	611 105	531 102	19,536 3,264	21,475 4,401	82 14	179 58	328	237	184 103	224 107
lowa Ma	55	50	1,448	2,419	24	42	60	60	37	39
N. Dak.	295	243 4	8,428 325	625	17	22	27	6	34 1	42 13
S. Dak.	13	11	832	1,002	5	19	32	15	4	16
Kans.	45 94	40 73	3,179	3,392	9 1	4	14	17	5	7
S. ATLANTIC	7,281	7,257	87,262	70,097	204	155	180	118	102	111
Del. Md.	95 793	90 898	1,667 6,803	1,569 4,969	- 11	2 12	3 11	- 19	- 3	1 11
D.C.	274	568	N	N	7	4	-	1	-	-
va. W. Va.	372 40	526 59	9,081 1,148	7,879 1,513	-	4	44 7	-	37	41
N.C.	482	459	14,444	13,931	5	-	36	34	27	34
Ga.	1,091	727	19,477	14,327	95	57	18	46	-	-
Fla.	3,451	3,481	19,039	14,173	75	75	44	13	20	17
E.S. CENTRAL Kv.	1,145 176	1,152 155	26,558 4,631	25,395 3,981	17 5	19 8	78 20	79 25	42	46
Ténn.	442	397	8,873	8,258	6	6	38	32	26	28
Miss.	287	329 271	7,843 5,211	6,665	4 2	5	4	3	3	1
W.S. CENTRAL	2,858	3,755	51,697	55,442	38	61	45	60	56	70
Ark.	107 541	136 621	3,597 7 726	2,350	- 21	6 11	9	7	5 11	8
Okla.	74	224	5,276	6,310	4	-	15	11	9	5
	2,136	2,774	35,098	37,814	13	44	18	39	31	54 179
Mont.	5	20	975	783	8	8	8	10		4
Idaho Wwo	16	19	1,064	1,236	3	-	15	26	6	17
Colo.	197	209	4,364	5,088	6	9	48	43	34	37
N. Mex. Ariz	65 518	153 384	2,781	2,282	22 9	35 14	6 19	16 27	2 12	14 23
Utah	84	70	1,232	1,448	-	-	24	40	8	18
Nev.	132	159	1,804	2,142	5	7	11	9	2	12
Wash.	3,748 218	3,907 266	54,587 7,518	60,378 6,949	219	254	168 56	38	132 50	244 71
Oreg.	118	117	3,632	3,343	79	26	39	68	35	68
Alaska	3,348 13	3,411	40,525	47,382 1,202	140	- 228	12	3	40	35
Hawaii	51	96	1,733	1,502	-	-	1	-	7	10
Guam P.R.	5 821	-	226	252	-	-	N 5	N 3	-	-
V.I.	19	19	Ň	Ň	-	-	Ň	Ň	Ŭ	Ŭ
Amer. Samoa	-	-	U N	U N	-	-	N N	N N	U	U

# TABLE II. Provisional cases of selected notifiable diseases, United States,weeks ending August 21, 1999, and August 22, 1998 (33rd Week)

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

\*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the

Public Health Laboratory Information System (PHLIS). <sup>†</sup>Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update July 25, 1999.

	Gond	orrhea	Hep C/N	atitis A,NB	Legion	ellosis	Lyme Disease			
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998		
UNITED STATES	199,851	216,743	2,187	2,054	500	817	5,790	8,627		
NEW ENGLAND Maine N.H. Vt.	3,738 15 64 33	3,704 40 58 23	59 2 - 4	46 - 2	39 4 3 8	48 1 3 4	1,717 22 5 8	2,799 50 28 8		
Mass. R.I. Conn.	1,635 378 1,613	1,313 229 2,041	50 3	41 3 -	15 3 6	23 8 9	624 267 791	588 263 1,862		
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	24,548 3,837 9,463 3,621 7,627	23,121 4,212 7,461 4,822 6,626	97 62 - 35	146 74 - 72	105 33 9 5 58	203 64 28 13 98	3,069 2,206 25 124 714	4,388 2,157 144 836 1,251		
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	35,361 9,393 3,676 12,490 9,802 U	42,627 10,826 3,960 13,805 10,230 3,806	1,133 1 24 525 582	464 7 5 33 309 110	128 54 21 10 40 3	279 95 51 34 53 46	74 49 14 10 1 U	543 25 23 11 12 472		
W.N. CENTRAL Minn. Iowa Mo. N. Dak.	8,441 1,208 417 4,387 31	10,311 1,622 778 5,480 50	85 4 - 72 -	26 7 7 9	31 4 11 11	42 3 5 11	82 38 10 16 1	133 96 21 9		
S. Dak. Nebr. Kans.	939 1,376	733 1,492	- 3 6	- 2 1	2 3	3 15 5	6 11	- 3 4		
S. ATLANTIC Del. Md. D.C.	62,051 1,037 5,807 1,175	58,416 868 5,669 2,860	145 1 33	68 - 8 -	78 8 14 1	93 8 27 6	633 19 452 3	588 47 422 4		
va. W. Va. N.C. S.C. Ga. Fla.	311 12,633 8,345 13,070 13,511	5,170 511 12,020 7,485 12,494 11,333	13 29 15 1 43	4 15 3 9 19	N 13 7 - 18	N 7 7 4 19	14 48 5 - 26	42 8 38 3 5 19		
E.S. CENTRAL Ky. Tenn. Ala. Miss.	21,333 2,030 7,150 7,124 5,029	24,335 2,296 7,187 8,309 6,543	195 12 84 1 98	167 16 89 4 58	31 14 14 3	45 22 11 5 7	69 6 36 16 11	65 15 28 12 10		
W.S. CENTRAL Ark. La. Okla. Tex.	28,406 1,808 6,054 2,599 17,945	34,058 2,575 7,774 3,437 20,272	143 8 100 12 23	325 13 21 8 283	3 - 1 2 -	14 1 2 8 3	21 3 - 4 14	17 6 3 2 6		
MOUNTAIN Mont. Idaho Wyo. Colo	5,799 26 50 14	5,664 28 117 18	96 4 6 31	284 7 85 65	32	46 2 2 1	11 - 2 3	8 - 3 1		
N. Mex. Ariz. Utah Nev.	566 2,893 115 723	560 2,606 156 901	7 21 5 7	68 4 19 18	5 1 5 11 6	2 9 16 3	1 - 3 2	2		
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	10,174 1,289 497 7,955 196 237	14,507 1,180 488 12,318 209 312	234 12 15 207	528 13 13 448 - 54	53 10 N 42 1	47 9 N 36 1 1	114 4 9 101 -	86 5 12 68 1		
Guam P.R. V.I. Amer. Samoa C.N.M.I.	32 181 U U	34 258 U U 25	- - U U -	- - - - -	- U U -	2 U U	- - U -	- - U -		

# TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States,<br/>weeks ending August 21, 1999, and August 22, 1998 (33rd Week)

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

		<u> </u>	-	-		Salmonellosis*						
	Ма	laria	Rabies,	Animal	NE	TSS	PH	ILIS				
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998				
UNITED STATES	751	848	3,587	4,738	19,584	23,504	16,038	20,681				
NEW ENGLAND	28	42	529	902	999	1,523	1,032	1,450				
N.H.	2	3	32	51	83	122	96	43 158				
Vt. Mass	3	-	69 116	40	55 710	82	48	61 860				
R.I.	3	2	65	57	64	85	498	31				
Conn.	8	18	147	307	U	274	282	297				
MID. ATLANTIC	167 47	245 53	683 492	1,048 726	2,296 727	3,990 928	2,068 580	3,869 892				
N.Y. City	70	139	U	U	710	1,272	637	1,090				
N.J. Pa.	29 21	29 24	73	128 194	332 527	827 963	442 409	842 1,045				
E.N. CENTRAL	72	93	73	79	2,670	3,943	2,075	2,932				
Ohio	16 10	6	24	44 7	732 300	950 440	545 250	784 365				
III.	19	41	4	-	996	1,213	399	795				
Mich. Wis.	25 2	32 6	42 3	26 2	604 38	751 589	576 305	655 333				
W.N. CENTRAL	47	58	462	520	1,393	1,409	1,264	1,490				
lowa	20	29 7	84	113	409	246	121	196				
Mo. N. Dak	12	12	10	27	417	404	539	552				
S. Dak.	-	-	117	120	68	62	26	79				
Nebr. Kans	-	1 7	2 71	5 70	119 191	111 211	- 130	27 180				
S. ATLANTIC	225	169	1,320	1,573	4,609	4,294	3,168	3,409				
Del.	1	1	29	28	58	46	104	83				
D.C.	13	12	- 201		51	48	400	- 550				
Va. W. Va	48 1	35 1	338 74	387	803	632 100	615 105	548 98				
N.C.	13	13	270	414	687	600	695	772				
S.C. Ga.	8 21	4 21	102 122	98 136	321 684	296 772	244 651	285 780				
Fla.	54	29	124	129	1,399	1,253	268	307				
E.S. CENTRAL	18	20	186	193 27	1,102	1,260	586	1,007				
Tenn.	7	10	63	104	297	339	302	459				
Ala. Miss	4	4	94	60 2	339 214	405 267	242 42	349 77				
W.S. CENTRAL	10	16	77	25	1,335	2,118	1,546	1,779				
Ark.	1	1	14	25	275	261 261	76	208				
Okla.	2	2	63	-	228	262	130	110				
Tex.	1	7	-	-	673	1,334	1,007	1,027				
MOUNTAIN Mont.	28 4	41	126 44	144 35	1,848 38	1,532	1,260 1	1,349 36				
Idaho Wwo	3	7	-	- 47	64 29	76	45	63 27				
Colo.	10	11	1	22	489	363	498	347				
N. Mex. Ariz	2	11	6 37	3 29	227 560	184 476	166 475	162 463				
Utah	2	1	4	8	324	206		120				
Nev. PACIFIC	156	5 164	2 131	- 254	3 332	3 435	53 3 039	121 3 396				
Wash.	14	15	-	-	411	274	477	424				
Oreg. Calif.	119	13	123	231	2,344	2,793	2,001	227				
Alaska Hawaii	1 7	1	7	22	29	29	6 195	19				
Guam	-	2	-	-	20	19		-				
P.R. VI	-	-	45	34	242	445	-	-				
Amer. Samoa	Ŭ	Ŭ	Ŭ	Ŭ	-	-	-	-				
C.N.M.I.	-	-	-	-	-	20	-	-				

# TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending August 21, 1999, and August 22, 1998 (33rd Week)

N: Not notifiable U: Unavailable -: no reported cases \*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).

		Shige	llosis*		Sypl	hilis	Tuboroulosis			
	NE	TSS	PH	LIS	(Primary &	Secondary)	ndary) Tuberculo			
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999†	Cum. 1998 <sup>†</sup>		
UNITED STATES	7,943	11,993	16,038	20,681	4,046	4,442	8,730	10,158		
NEW ENGLAND	302	281	1,032	1,450	33	45	261	262		
N.H.	4 9	9 10	96	43 158	-	1	12	-		
Vt.	4	5	48	61	3	4	1	3		
Mass. R.I.	270	183	498 48	860 31	21	27	27	34		
Conn.	Ŭ	52	282	297	8	11	56	75		
MID. ATLANTIC	496	1,614	2,068	3,869	142	190	1,592	1,847		
N.Y. City	158	518	637	1,090	67	40	864	895		
N.J.	103	484	442	842	32	66	339	391		
FA. EN CENTRAL	/2 1 312	280	2 075	1,045	2 I 7/9	664	208	335 1 020		
Ohio	309	358	545	784	66	89	148	161		
Ind.	141 571	115	250	365 795	258 296	123	U 360	100 471		
Mich.	243	171	576	655	129	130	180	218		
Wis.	48	188	305	333	U	48	39	70		
W.N. CENTRAL Minn.	700 157	604 130	1,264 444	1,490 402	86 5	89 6	276 95	279 96		
lowa	15	49	121	196	7	-	29	20		
Mo. N. Dak.	452 2	76 4	539 4	552 54	58	70	110 2	100 3		
S. Dak.	10	28	26	79	-	1	9	14		
Nebr. Kans.	37 27	296 21	130	27 180	6 10	4 8	12 19	11 35		
S. ATLANTIC	1,488	2,609	3,168	3,409	1,427	1,634	1,904	1,731		
Del. Md	8 90	14 126	104 486	83 536	6 237	16 460	12 169	24 188		
D.C.	34	15		-	31	52	32	71		
Va. W. Va	73 7	116 11	615 105	548 98	110 2	102	131 30	174 29		
N.C.	136	197	695	772	331	473	285	265		
S.C.	86 135	106 731	244	285 780	284 225	179 181	194 405	196 315		
Fla.	919	1,293	268	307	201	169	646	469		
E.S. CENTRAL	792	546	586	1,007	714	764	567	750		
Ky. Tenn.	175 490	82 97	302	122 459	63 409	72 362	111 208	113 242		
Ala.	72	331	242	349	149	174	192	254		
WISS.	55 1.065	30	4Z 1 5/6	1 779	93	150	50 1 001	141		
Ark.	56	126	76	208	40	79	108	75		
La.	76 257	151	333	434	121	265	U 95	110		
Tex.	576	1,813	1,007	1,027	267	275	808	1,189		
MOUNTAIN	522	731	1,260	1,349	153	155	262	334		
Mont. Idaho	7 16	8 12	1 45	36 63	- 1	- 1	10 14	15 7		
Wyo.	2	1	22	37	-	1	1	3		
Colo. N. Mex.	88 68	109 183	498 166	347	1 10	8 19	U 42	40 37		
Ariz.	262	372	475	463	133	111	141	123		
Utah Nev.	37	26 20	53	120 121	2	3 12	27 27	36 73		
PACIFIC	1,266	1,530	3,039	3,396	182	250	2,140	2,451		
Wash. Orog	64 49	81	477	424	46	23	114	162		
Calif.	1,129	1,330	2,001	2,560	128	223	1,822	2,059		
Alaska Hawaii	- 25	4 27	6 105	19	1	- 1	39	34		
Guam	25 7	27 28	- 190	- 100	∠ 1	י 1	-	56		
P.R.	58	38	-	-	105	131	41	88		
v.i. Amer. Samoa	-	-	-	-	U	U	U	U		
<u>C.N.M.I.</u>	-	16	-	-	-	156	-	73		

# TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States,<br/>weeks ending August 21, 1999, and August 22, 1998 (33rd Week)

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

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

 \*Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

	H. influ	ienzae,	Н	lepatitis (V	iral), by ty	pe		Measles (Rubeola)				
	inva	sive		A		В	Indi	genous	Imp	orted*	То	tal
Reporting Area	Cum. 1999†	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	1999	Cum. 1999	1999	Cum. 1999	Cum. 1999	Cum. 1998
UNITED STATES	782	739	9,475	14,332	4,002	6,177	-	36	-	17	53	49
NEW ENGLAND	58	49	127	187	65	129	-	6	-	4	10	3
Maine N.H.	5 14	2	5 10	15 9	1 10	2 11	-	-	-	- 1	- 1	-
Vt.	5	5	4	13	2	4	-	-	-	-	-	1
Mass. R I	21	31 2	41 13	73 11	29 23	50 43	-	5	-	2	7	2
Conn.	12	1	54	66	-	19	-	1	-	1	2	-
MID. ATLANTIC	125	113	627	1,106	464	817	-	-	-	2	2	13
Upstate N.Y.	61 28	36 35	166 155	221 381	130 132	152 283	-	-	-	2	2	2
N.J.	35	35	57	221	40	145	-	-	-	-	-	8
Pa.	1	7	249	283	162	237	-	-	-	-	-	3
E.N. CENTRAL	121	125 42	1,811 446	2,175 221	401	926 52	-	1	-	1	2	15 1
Ind.	20	27	74	105	32	74	-	1	-	-	1	3
III. Mich	48	47	319	516 1 195	-	159	-	-	-	- 1	- 1	- 10
Wis.	-	5	26	148	1	359	Ū	-	Ū	-	-	10
W.N. CENTRAL	59	63	491	1,054	213	258	-	-	-	-	-	-
Minn.	24	48	45	89 267	30 25	26	ū	-	ū	-	-	-
Mo.	21	8	275	476	122	154	-	-	-	-	-	-
N. Dak.	-	-	1	3	-	4	-	-	-	-	-	-
Nebr.	3	-	40 40	20	11	11	-	-	-	-	-	-
Kans.	4	5	33	78	24	18	-	-	-	-	-	-
S. ATLANTIC	186	138	1,268	1,172	770	646	-	1	-	4	5	8
Md.	48	43	241	252	112	91	-	-	-	-	-	1
D.C.	4	-	37	39	14	8	U	-	U	-	-	-
W. Va.	6	5	26	150	59 16	69 4	-	-	-	-	-	2 -
N.C.	28	21	100	72	147	149	-	-	-	-	-	-
Ga.	3 49	30	28 314	354	53 105	122	-	-	-	-	-	2
Fla.	35	23	418	280	264	179	-	-	-	2	2	2
E.S. CENTRAL	51	42	277	268	305	316	-	-	-	-	-	2
Ky. Tenn.	30	23	139	153	165	175	-	-	-	-	-	- 1
Ala.	14	10	39	50	55	47		-		-	-	1
IVIISS.	2	2	49	44	58	03	U	-	U	-	-	-
Ark.	41	- 38	35	2,533	446	62	-	5	-	-	8	-
La.	7	17	59	45	72	64	U	-	U	-	-	-
Tex.	28 4	19	336 1,202	2,044	94 247	58 1,179	-	5	-	3	- 8	-
MOUNTAIN	67	85	890	2,174	409	551	-	2	-	-	2	-
Mont.	1	-	16	69	16	5	-	-	-	-	-	-
Wyo.	1	- 1	30 4	26	20	22	-	-	-	-	-	-
Colo.	10	17	152	175	59	67	-	-	-	-	-	-
Ariz.	30	42	536	1,337	136	133	-	1	-	-	- 1	-
Utah	5	3	34	136	24	51	-	1	-	-	1	-
Nev.	2	18	80	149	37	58	-	-	-	-	-	-
Wash.	3	86 6	2,352	3,663	929 42	63	-	21	-	-	- 24	8
Oreg.	30	35	169	281	57	122	-	9	-	-	9	-
Alaska	33	3/	1,958	2,608	808	968 10	-	- 11	-	- 3	- 14	6 1
Hawaii	3	7	10	35	10	8	-	1	-	-	1	-
Guam	-	-	2	1	2	2	U	1	U	-	1	-
r.n. V.I.	U	U U	107 U	38 U	0 99	168 U	Ū	Ū	Ū	Ū	Ū	Ū
Amer. Samoa	U	U	U	U	U	U 45	U	U	U	U	U	U

# TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 21, 1999, and August 22, 1998 (33rd Week)

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

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

<sup>†</sup>Of 156 cases among children aged <5 years, serotype was reported for 74 and of those, 18 were type b.

	Mening Dise	jococcal ease		Mumps			Pertussis			Rubella			
Reporting Area	Cum. 1999	Cum.	1999	Cum.	Cum. 1998	1999	Cum. 1999	Cum. 1998	1999	Cum. 1999	Cum. 1998		
UNITED STATES	1,615	1,837	3	214	468	58	3,274	3,503	8	175	318		
NEW ENGLAND	84	80	-	4	4	5	373	627	-	7	38		
Maine N.H.	5 12	5 10	-	- 1	-	2	67	5 48	-	-	-		
Vt. Mass	4	1	-	1	- 3	2	35 240	59 480	-	- 7	- 8		
R.I.	4	3	-	-	-	1	240	400	-	-	1		
Conn. MID ATLANTIC	12 152	25 196	-	- 25	1 170	- 2	11 613	28 373	-	- 21	29 142		
Upstate N.Y.	40	50	-	6	2	2	527	193	-	17	113		
N.Y. City N.J.	40 39	24 47	-	- 3	153 6	-	10 12	23 11	-	- 1	15 13		
Pa.	33	75	-	16	9	-	64	146	-	3	1		
E.N. CENTRAL Ohio	251 110	295 106	1	27 11	59 21	7 5	291 148	422 137	-	2	-		
Ind.	37	52	-	3	5	-	37	69	-	1	-		
Mich.	33	36	-	7	22	2	33	45	-	-	-		
WIS.	1 178	24 158	U	- 10	2	0	27	127 268	0	- 83	- 32		
Minn.	38	25	-	1	10	5	62	159	5	5	-		
lowa Mo.	32 68	27 60	U -	4 2	7 3	U -	24 36	55 17	U -	28 2	2		
N. Dak. S. Dak	3 10	2	-	-	1	-	4	3	-	-	-		
Nebr.	9	11	-	-	-	-	1	10	-	48	-		
Kans. S ATLANTIC	18 285	27	-	3 37	- 32	20	21 258	176	- 2	- 31	30 10		
Del.	6	1	-	-	-	-	4	3	-	-	-		
D.C.	42	- 24	Ū	2	-	U	/0	29 1	Ū	-	-		
Va. W. Va.	34 4	26 12	-	8	5	-	13 1	9 1	-	-	-		
N.C.	32	46	-	8	9	2	63 12	69 22	2	30	6		
Ga.	49	68 68	-	3	1	3	25	10	-	-	-		
FIa.	84 114	82	-	10	12	4	69 62	32	-	-	3		
Ky.	22	21	-	0 -	-	-	16	33	-	-	-		
Tenn. Ala.	46 27	47 38	-	- 7	1 6	- 1	27 15	23 20	-	- 1	1 -		
Miss.	19	23	U	1	4	U	4	3	U	-	-		
W.S. CENTRAL Ark.	140 30	204 26	-	28	44 7	4 3	113 15	226 37	-	7	80 -		
La. Okla	34 25	42 30	U	3 1	5	U	3 12	2 20	U	-	-		
Tex.	51	106	-	24	32	1	83	167	-	7	80		
MOUNTAIN Mont	101	103	-	12	29	10	352	626	1	16	5		
Idaho	8	7	-	1	4	-	93	168	-	-	-		
Colo.	27	21	-	3	5	5	113	160	1	1	-		
N. Mex. Ariz.	13 29	17 35	N	N	N 5	1 1	60 30	75 137	-	- 13	1 1		
Utah	13	10	-	5	4	3	49	45	-	1	2		
PACIFIC	310	369	2	63	98	3	1.059	706	-	7	10		
Wash.	51	51	- N	2	7 N	3	539	196	-	-	5		
Calif.	193	250	-	51	71	-	468	435	-	4	3		
Alaska Hawaii	5 4	2 4	2	1 9	2 18	-	4 21	8 13	-	3	2		
Guam	1	2	U	1	2	U	1	-	U	-	-		
Р.К. V.I.	5 U	0 9	Ū	Ū	2 U	Ū	16 U	4 U	Ū	Ū	Ū		
Amer. Samoa C.N.M.I.	U -	U -	U U	U -	U 2	U U	U -	U 1	U U	U -	U -		

# TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable<br/>by vaccination, United States, weeks ending August 21, 1999,<br/>and August 22, 1998 (33rd Week)

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

	A	All Cau	ses, By	Age (Y	'ears)		P&I <sup>†</sup>		All Causes, By Age (Years)					P&I <sup>†</sup>	
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. Waterbury, Conn.	519 144 30 27 45 26 U 16 29 55 2 54 28	363 97 17 9 18 29 19 U 14 18 38 39 22	100 32 9 1 8 8 5 U 2 5 12 6 4	29 5 - - - - - - - - - - - - - - - - - -	10 1 3 2 U - 2 1 -	17 9 2 - - U 1 2 3	42 14 2 - 1 6 2 U - 1 3 - 5 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.	845 U 161 107 148 99 56 58 37 U 162 U 17	526 U 83 69 97 63 44 33 24 U 101 10 12	192 46 24 25 19 7 17 9 U 40 U 5	67 U 24 2 10 11 3 6 1 U 10 U -	28 U 5 4 7 5 1 1 2 U 3 U -	31 U 2 8 9 1 1 1 U 8 U 2 2	38 U 7 17 5 - 1 - U 8 U -
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.	53 1,987 47 U 75 25 14 42	41 1,342 31 U 57 14 9 38	8 413 10 9 6 5 3	4 172 3 U 7 1 -	33 1 U 1 2	- 27 2 U 1 2 -	5 58 3 U 4 1 - 4	E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	855 186 75 84 88 163 78 36 145	565 126 52 56 61 105 53 30 82	174 38 11 21 15 37 12 37 37	65 11 9 4 7 12 5 2 15	27 4 2 3 5 2 1 8	23 6 1 2 4 6 3	46 10 3 12 12 1 4 12
Jersey City, N.J. New York City, N.Y. Newark, 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.	40 1,066 49 25 199 81 26 130 21 24 81 21 21 21 U	25 716 27 16 115 57 22 91 15 20 59 13 17 U	9 226 11 54 17 25 3 16 5 3 0 U	4 98 10 20 5 2 10 - 1 4 1 1 U	15 1 8 2 - 2 - 1 - 1 - U	2 11 - 2 - 1 2 1 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - 1 2 - - - -	18 3 9 3 1 7 1 2 1 2 1	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.	1,349 79 86 54 188 75 91 307 66 100 205 U 98	911 55 67 37 119 51 64 201 43 58 143 U 73	270 18 11 39 17 23 62 15 26 36 U 12	97 2 8 4 10 5 2 26 3 9 21 U 7	52 4 14 2 12 4 6 4 U 6	19 2 6 2 6 1 1 U	67 4 1 2 30 1 8 12 U 6
E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind.	1,380 52 31 U 88 147 166 131 U 38 57	942 37 21 55 101 106 87 U 26 37	271 7 6 U 18 33 38 27 U 10 12	89 3 U 7 8 16 7 U 2 5	43 1 U 6 3 4 U - 3	35 4 U 2 2 6 U	73 1 U 7 3 10 6 U 1 3	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.	819 103 35 113 176 28 64 33 119 107	532 66 21 27 83 110 24 37 23 69 72	174 21 10 7 16 52 4 16 4 25 19	63 7 3 6 7 10 - 3 3 15 9	31 8 - 1 3 - 4 1 7 7	18 1 1 6 1 - 4 2 2	35 1 7 5 4 3 6 5
Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	17 58 201 38 117 50 42 51 96 U	12 45 130 26 72 40 28 40 79 U	1 6 41 7 34 7 8 8 8 0	336261215U	1 3 7 2 2 1 3 1 2 U	1 7 1 3 1 1 2 U	1 7 9 1 7 3 4 10 U	PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Los Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif.	1,364 18 94 12 59 63 255 15 105 122	910 10 67 8 46 45 153 10 76 74	296 7 20 3 7 13 69 2 19 31	93 1 4 1 3 2 18 1 7 9	35 3 1 2 8 1 2 3	30 - 2 1 7 1 5	96 1 10 5 3 16 1 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.	525 68 32 U 83 U 163 85 U 94 U	393 54 29 U 58 U 125 60 U 67 U	85 12 3 U 20 U 18 17 U 15 U	26 2 U 3 U 10 5 U 6 U	14 - - - - - - - - - - - - - - - - - - -	7 - - - - - - - - - - - - - - - - - - -	30 3 1 5 0 14 5 0 2 0	San Diego, Calif. San Francisco, Calif San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	142 206 24 138 34 77 9,643 <sup>¶</sup>	95 U 140 17 95 25 49 6,484	32 U 42 6 26 5 14 1,975	8 U 14 1 14 3 7 701	6 U - 2 - 3 273	1 U 6 - 1 1 4 207	13 U 21 1 2 5 485

# TABLE IV. Deaths in 122 U.S. cities,\* week ending August 21, 1999 (33rd 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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## Wild Poliovirus Type 2 — Continued

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☆U.S. Government Printing Office: 1999-733-228/08018 Region IV		