

- **1053** Suicide Prevention Among Active Duty Air Force Personnel — United States, 1990–1999
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Suicide Prevention Among Active Duty Air Force Personnel — United States, 1990–1999

During 1990–1994, suicide accounted for 23% of all deaths among active duty U.S. Air Force (USAF) personnel and was the second leading cause of death (after unintentional injuries) (Table 1). During those years, the annual suicide rate among active duty USAF personnel increased significantly (p<0.01) from 10.0 to 16.4 suicides per 100,000 members (Figure 1). In 1995, senior USAF leaders initiated prevention programs in several commands because of the increasing suicide rate. In May 1996, an in-depth study by a team of medical and nonmedical civilian and military experts was initiated to produce a comprehensive, communitywide prevention strategy that viewed suicide not only as a medical but a USAF problem, thus addressing overall social, behavior, and health issues (1). The plan was implemented across the entire USAF during 1996–1997. This report describes protective and prevention strategies and summarizes the study findings, which indicate that a substantial decline in the suicide rate was associated with the communitywide program.

The team's suicide prevention strategy encompassed nearly all the USAF community (e.g., investigative agencies, military justice, and prevention and treatment services) and focused on reducing suicide by emphasizing early interventions, and strengthening protective factors (e.g., a sense of belonging and caring, effective coping skills, and policies that promote help-seeking behavior). These goals correspond to recommendations made by the United Nations (UN) and World Health Organization (WHO) to governments and local communities in developing suicide prevention strategies (2). The initiatives were divided into three categories corresponding to

Cause	No.	% of all deaths
Unintentional injury	636	48%
Suicide	300	23%
Disease	280	21%
Homicide	61	5%
Other	37	3%
Total	1314	100%

TABLE 1. Causes of death among active duty U.S. Air Force personnel — United States, 1990–1994

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Suicide — Continued





*Per 100,000 U.S. Air Force personnel.

[†]1999 rate is an estimated projection as of August 31, 1999. Significant negative linear trend in suicide rate from 1994 to 1998 (p<0.002).

areas identified by other prevention programs: adapting CDC recommendations for youth suicide prevention (3) to the USAF adult population, restructuring prevention services offered on USAF installations (4), and establishing a central surveillance database for fatal and nonfatal self-injuries (5).

Adapting CDC Recommendations

The team established USAF requirements for annual suicide prevention and awareness training, which was provided to approximately 80% of USAF members. Supervisors and leaders within each military unit, medical providers, attorneys, and chaplains received concentrated training as "gatekeepers" whose role was to channel persons at risk to appropriate agencies. In 1996, the USAF began to administer a comprehensive health questionnaire, including items about mental health status, when USAF members enrolled in the military health-care plan; an abbreviated version was subsequently administered annually. Questionnaire data were used to determine when referral to a health-care provider was indicated.

The USAF Chiefs of Staff sent servicewide electronic messages, recognizing the courage and sound judgment of persons who confronted difficult issues and sought professional help (e.g., marital, family, legal, financial, mental health, and spiritual counseling). These messages also stated that military leaders must ensure that mem-

Suicide — Continued

bers facing substantial stress receive the care and support of their military unit (i.e., local community), even when the stress stemmed from violating community norms (i.e., Uniform Code of Military Justice [UCMJ]). The team also established policies that required any USAF agency investigating a member to coordinate with unit leaders to ensure that the leaders carried out their gatekeeping role.

Restructuring of Prevention Services

Prevention services on all USAF installations were restructured by establishing a limited psychotherapist-patient privilege to protect members charged under the UCMJ. Mental health providers were mandated to initiate community-based primary prevention, and the USAF integrated the services of the six agencies involved in prevention services (mental health, family support centers, child and youth development, health and wellness centers, chaplains, and family advocacy). The six agencies in each geographic community were required to conduct an assessment of the risk for suicide and to develop a coordinated prevention plan with measurable goals.

Surveillance

Gathering suicide data from the USAF population is facilitated by standardized data systems that track each member. Each active duty member's death is investigated by the USAF Office of Special Investigations, a forensic agency autonomous from the local command authority. Since 1997, USAF suicide data (completions, attempts, and gestures) have been collected in a database that includes demographics, details of the events, use of prevention services before the event, and associated psychological, social, behavior, and economic factors.

From 1994 to 1998, the suicide rate among USAF members decreased significantly, from 16.4 suicides per 100,000 members to 9.4 (p<0.002) (Figure 1). On the basis of the first eight months of 1999, the 1999 estimated rate is 2.2 suicides per 100,000 members—approximately 80% lower than the lowest annual rate since 1980 (Figure 1).*

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Editorial Note: During 1994–1995, suicide prevention became a USAF priority. Initially, the focus of prevention activities occurred within several major commands; however, this approach was succeeded in 1996 by a servicewide program, whose goals correspond to recommendations made by the UN and WHO to governments and local communities in developing suicide prevention strategies (*2*). These efforts were temporally associated with a substantial decrease in the suicide rates among active USAF personnel. Suicide rates in the other military services do not demonstrate the sustained decline over the same period (U.S. Army, U.S. Navy, and U.S. Marines, unpublished data, 1999) (Figure 2).

The USAF's approach to suicide prevention emphasized the role of the entire community, not only health care, in reducing and preventing factors thought to contribute to suicide. It also included components that promoted protective factors such as social networks. Readiness to address the suicide problem was established quickly because

^{*}The 1999 rate was estimated by dividing the number of deaths by the number of months of data to get a monthly average and then multiplied by 12 to get an approximate numerator for the annual rate.

Suicide — Continued



FIGURE 2. Suicide rates,* by branch of military service — United States, 1990–1999[†]

*Per 100,000 members of each service.

[†]1999 data are annualized rates based on suicides through June 1999.

the leaders involved were easily identified and had substantial influence over the community. A program of education and awareness training for all personnel, combined with integrated prevention services in every community, set out to modify the culture of the USAF community. Initiatives are ongoing, established by official policy requiring annual reporting of performance objectives.

Evaluation of the program's effectiveness and its generalizability to other groups is subject to at least two limitations. First, although the decline in the suicide rate among USAF personnel corresponds temporally with the interventions, a causal relation between the decline and the program has not been established conclusively nor have components that might have been responsible for the decline been identified. Second, differences exist in the characteristics of active USAF personnel and the U.S. civilian population. All members of the USAF community have completed secondary school, are employed and housed, and have comprehensive health-care benefits, including unlimited mental health care. Since 1974, members have been screened for mental illness before entry. Use of illicit drugs, a risk factor for suicide, is approximately 90% less frequent than in the civilian population after adjusting for age and sex (*6*). All members have a commander or a first sergeant whose job is to be interested in each member's health and well being.

This study highlights that suicide is a preventable health problem and demonstrates the importance of using multiple agencies to address the issue. It also indicates that a communitywide, multiple-strategy program can be planned and implemented and can contribute to reducing self-directed violence. The USAF has

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assigned a team to monitor the ongoing intervention and surveillance activities and to recommend modifications as needed. The USAF suicide prevention strategy should be tested in other occupation-related communities, such as law enforcement or investigative agencies, to determine whether the programs can be effective in other populations.

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Progress Toward Poliomyelitis Eradication — Eastern Mediterranean Region, 1998–October 1999

In 1988, the Regional Committee for the Eastern Mediterranean Region* (EMR) of the World Health Organization (WHO) adopted a resolution to eliminate poliomyelitis from the region by 2000. This report summarizes progress toward this goal in EMR countries through October 1999; all EMR countries, including war-torn and other underdeveloped areas of the region, are conducting essential polio eradication strategies, and eradication activities to rapidly stop poliovirus transmission are under way in countries where polio is endemic.

Routine Vaccination Coverage

In 1998, regional routine coverage with at least three doses of oral poliovirus vaccine (OPV3) by age 1 year was 82% (range: 24%–100%). All member countries reported routine coverage data, and OPV3 coverage was ≥90% in 16 countries. However, reported OPV3 coverage was 86% in Iraq, 79% in Pakistan, 72% in Sudan, 68% in Yemen, 62% in Djibouti, 35% in Afghanistan, and 24% in Somalia. Countries reporting <90% coverage represent more than half of the regional population. Compared with the reported coverage rates, most of which are determined by using target population estimates, population-based surveys in Afghanistan, Iraq, and Pakistan have found lower coverage rates.

^{*}Member countries are Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, and Tunisia in northern and eastern Africa; Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, and Yemen in the Arab Gulf states; Iraq, Jordan, Lebanon, Syria, and the Palestinian National Authority in the Middle East; Afghanistan, Iran, and Pakistan in Asia; and Cyprus.

Poliomyelitis Eradication — Continued

Supplementary Vaccination Activities

During 1998 and 1999, National Immunization Days (NIDs)[†] were conducted in 19 countries. In 1998, Somalia and Sudan conducted the first countrywide campaigns that covered the war-affected southern parts of each country (1). Kuwait did not conduct NIDs in 1998 but will conduct one round in November 1999. Iran and Tunisia conducted targeted Subnational Immunization Days (SNIDs)[§] in provinces at risk for poliovirus importation and/or with suboptimal vaccination coverage. NIDs have not been necessary in Cyprus because routine coverage is high. Poliovirus circulation has persisted or is suspected in seven EMR countries (Afghanistan, Egypt, Iraq, Pakistan, Somalia, Sudan, and Yemen) because of low routine OPV3 coverage and/or pockets of unvaccinated children not reached during NIDs. Accelerated vaccination activities, which include improving the quality of all campaigns, adding rounds of NIDs or SNIDs, and intensifying house-to-house vaccination in high-risk areas, have been initiated in these countries (Figure 1). For example, in early 1999, >11 million children were vaccinated during two rounds of a house-to-house vaccination campaign in three provinces of Pakistan, and Afghanistan and Iraq are conducting two pairs of NIDs in 1999.

Within EMR, campaigns are coordinated among groups of contiguous countries, including Afghanistan, Iran, and Pakistan; Iran, Iraq, and Syria (and Turkey) (2); between member states of the Gulf Cooperation Council[¶]; and between Maghrebian Union countries, including Libya, Morocco, and Tunisia. NIDs in several countries have been coordinated with countries in the European region ("Operation MECACAR") and the African region in the Horn of Africa. NIDs in Pakistan have been synchronized with campaigns in southern Asia (3,4).

Surveillance

By mid-1998, all member countries (except Djibouti) had established acute flaccid paralysis (AFP) surveillance. Fifteen countries (Bahrain, Cyprus, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Palestine, Qatar, Saudi Arabia, Syria, and Tunisia) had achieved or exceeded the WHO-established minimum AFP reporting rate indicative of a sensitive surveillance system (one or more nonpolio AFP case per 100,000 children aged <15 years) during 1998 (Table 1). Among the eight remaining countries, the annualized nonpolio AFP reporting rates during 1999 have exceeded one case per 100,000 in Afghanistan, Pakistan, United Arab Emirates, and Yemen. The regional average reporting rates for nonpolio AFP in 1998 and 1999 were 0.88 and 1.21, respectively. During 1998 and 1999, two adequate** stool samples were collected from 64% and 68%, respectively, of the persons with reported AFP in EMR. During 1998 and 1999, seven countries (Cyprus, Kuwait, Oman, Palestine, Saudi Arabia,

[†]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.

[§]Focal mass campaigns in high-risk areas over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group, regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

[¶]Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates.

^{**} Two stool specimens collected at least 24 hours apart within 14 days of onset of paralysis.



					1	999	-200	0									2	000-	-200	1									2	001-	-200	2				
Country	J	J	Α	s	0	N	D	J	F	м	Α	м	J	J	Α	s	0	Ν	D	J	F	м	А	м	J	J	Α	s	0	Ν	D	J	F	м	Α	м
Afghanistan																																				
gypt																																				
raq																																				
Pakistan																																				
Somalia																																				
Sudan																																				
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* Mass campaigns over a short period (days to weeks) in which two doses of oral poliovirus vaccine 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.</p>
[†] Includes house-to-house vaccination in border areas and for other high-risk population groups.

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		19			19	99		
Country	No. AFP cases	No. confirmed cases	Nonpolio AFP rate [†]	% persons with AFP with two stool specimens [§]	No. AFP cases	No. confirmed cases	Nonpolio AFP rate [¶]	% persons with AFP with two stool specimens
Afghanistan	121	59	0.66	50	169	75	1.29	55
Bahrain	4	0	2.00	50	3	0	2.37	100
Cyprus	5	0	3.10	100	1	0	0.80	100
Djibouti	0	0	0.00		0	0	0.00	
Egypt	295	35	1.21	82	229	7	1.32	76
Iran	348	4	1.43	76	196	3	1.08	72
Iraq	155	37	1.19	72	160	38	1.59	78
Jordan	33	0	1.80	76	21	0	1.45	81
Kuwait	6	0	1.15	83	4	0	1.00	100
Lebanon	11	0	1.26	0	12	0	1.86	8
Libya	18	0	1.00	50	19	0	1.38	63
Morocco	81	0	0.85	33	54	0	0.74	46
Oman	8	0	1.00	88	16	0	2.45	88
Pakistan	751	339	0.64	60	813	270	1.19	72
Palestine	14	0	1.21	100	6	0	0.64	83
Qatar	2	0	2.18	0	2	0	1.80	
Saudi Arabia	84	1	1.08	88	66	0	1.11	79
Somalia	32	12	0.69	28	32	11	0.93	31
Sudan	88	50	0.31	33	80	31	0.47	34
Syria	85	0	1.32	98	63	0	1.16	84
Tunisia United Arab	37	0	1.19	81	32	0	1.33	94
Emirates	4	0	0.60	0	5	0	1.01	40
Yemen	27	16	0.13	33	90	11	1.19	58
Total	2209	553	0.88	64	2073	446	1.21	68

TABLE 1. Number of reported cases of acute flaccid paralysis (AFP) and confirmed poliomyelitis* and key surveillance indicators, by country — Eastern Mediterranean Region, 1998–October 1999

*A confirmed case of polio is defined as AFP and at least one of the following: 1) laboratoryconfirmed wild poliovirus infection, 2) inadequate stool specimens and residual paralysis at 60 days, 3) death, or 4) no follow-up investigation at 60 days.

[†]Number of AFP cases per 100,000 population aged <15 years. Minimum expected rate is one case of nonpolio AFP per 100,000 per year.

[§]Two stool specimens collected at least 24 hours apart within 14 days of paralysis onset from ≥80% of AFP cases.

[¶]Annualized nonpolio AFP rate.

Syria, and Tunisia) achieved the WHO-recommended target of two adequate stool specimens collected from at least 80% of persons with AFP. An additional five countries (Bahrain, Egypt, Iran, Iraq, and Jordan) collected stool specimens from 71% to 79% of persons with AFP reported during the same period, and six countries (Lebanon, Morocco, Qatar, Somalia, Sudan, and United Arab Emirates) collected adequate specimens from <50% of persons with AFP. Despite high national AFP surveillance performance indicators during 1997 and 1998 in Egypt and Iraq, circulation of wild poliovirus type 3 in Egypt and type 1 in Iraq continued undetected for >2 years.

Poliomyelitis Eradication — Continued

EMR Laboratory Network

The EMR laboratory network comprises 12 laboratories (eight national and four regional reference laboratories). During 1998, all network laboratories except those in Iraq and Sudan were accredited by WHO. On the basis of their improved performance, the laboratories in Iraq and Sudan received provisional accreditation in 1999. As of October 1999, 3445 stool specimens from 1800 (99%) of 1824 persons with AFP reported from 22 EMR countries underwent laboratory investigation in a WHO network laboratory. Laboratory results were reported on time (within 28 days of receipt of specimen) for 80% of stool specimens. The regional average nonpolio enterovirus isolation rate (an indicator of the adequacy of laboratory technique and specimen handling) was 9%; 93% of the specimens were received in the laboratory in good condition. Genetic sequence analyses are performed routinely on all wild poliovirus isolates in the region. The information has provided evidence of progress toward eradication through identifying virus reservoirs, establishing virus transmission links and cross-border importations, and detecting laboratory contamination (5).

Incidence of Polio

From 1988 through October 1999, the number of confirmed polio cases reported in the EMR decreased 81%, from 2342 to 446. Of 23 EMR countries, 15 reported zero cases during 1999. Since 1996, five countries (Afghanistan, Egypt, Iraq, Pakistan, and Sudan) have reported cases with indigenous strains of wild poliovirus. The last virologically confirmed case of polio in Egypt had onset in March 1999. Wild poliovirus has not been isolated in Somalia through a functioning surveillance system in the north or from AFP cases reported in Yemen during 1998 and 1999. During 1998 and 1999, Pakistan continued to report the largest number of cases and contributed nearly 60% of the total number of cases in the region. Wild poliovirus type 2 has not been isolated in EMR since 1997 (Figure 2).



FIGURE 2. Isolation of poliovirus serotypes from acute flaccid paralysis cases — Eastern Mediterranean Region, 1999

Poliomyelitis Eradication — Continued

Countries with high-quality AFP surveillance that have been polio-free for several years have begun to prepare documentation for review by the Regional Commission for Certification of Polio Eradication. In late 1999, the commission will review documentation from five EMR countries and from an additional 10 countries before the end of 2000.

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Editorial Note: Member countries of EMR have made remarkable progress toward polio eradication since 1988. Most EMR countries are now polio-free in the presence of high-quality AFP surveillance, and the intensity of virus transmission is decreasing rapidly in countries where polio is endemic. Supplementary vaccination campaigns and AFP surveillance have been implemented in all EMR countries, including areas in conflict, in Afghanistan, Somalia, and Sudan (*1,6*). Progress made in those countries faced with armed conflict, political instability or economic sanctions, poor health infrastructure, and population displacement is encouraging.

EMR countries have gained sufficient experience in the most challenging circumstances to implement effectively accelerated polio eradication activities. Accelerated activities to stop virus transmission by the end of 2000 have begun in seven countries of EMR where polio is known or suspected to be endemic. Efforts to improve the quality of vaccination campaigns include advanced preparations, better local level planning, extensive supervision, house-to-house vaccination, community mobilization, and heightened political commitment. Additional NIDs, SNIDs, or "mopping-up" will be conducted during the next 18–24 months in these countries. AFP surveillance is being strengthened through regular active surveillance in major health facilities, designation and training of responsible staff, and strong central coordination, supervision, monitoring, and evaluation.

Rapid reduction in virus transmission during summer 1999 in Egypt and parts of Pakistan where additional intensified campaigns were conducted in spring 1999 has provided strong preliminary evidence of the impact of these accelerated vaccination activities. During 1999, training of designated staff followed by implementation of regular active surveillance at lower administrative levels in selected districts and governorates of Pakistan and Yemen, have led to rapid improvements in surveillance per-formance in these countries. Undetected circulation of wild poliovirus type 3 in Egypt for >2 years highlight the importance of high quality surveillance at subnational levels. Undetected circulation of wild poliovirus type 1 in Iraq indicates the need for ensuring that all components of an AFP surveillance system, particularly stool specimen collection, storage, transport, and testing in a WHO-accredited laboratory, are functioning adequately. A greater emphasis has been placed on improving surveillance performance at subnational levels in these two countries.

Successfully implementing accelerated activities will require strong and more effective political commitment from the highest level within the countries^{††}. Further consolidation is needed among WHO, United Nations Children's Fund, other United Nations agencies, and nongovernmental organizations (NGOs), particularly in areas of

⁺⁺EMR polio eradication efforts are supported by its member countries, WHO, United Nations Children's Fund (UNICEF), Rotary International, CDC, the United Kingdom, Japan, Canada, Denmark, Norway, and Italy.



FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending November 20, 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 November 20, 1999 (46th Week)

		Cum. 1999		Cum. 1999
Anthrax Brucellosis* Cholera Congenital ru Cyclosporiasi Diphtheria	bella syndrome s*	45 3 6 49 2	HIV infection, pediatric* [§] Plague Poliomyelitis, paralytic Psittacosis* Rabies, human Rocky Mountain spotted fever (RMSF)	121 8 - 15 - 476
Encephalitis:	California* eastern equine* St. Louis* western equine*	54 6 6 1	Streptococcal disease, invasive Group A Streptococcal toxic-shock syndrome* Syphilis, congenital [¶] Tetanus	1,838 30 204 30
Ehrlichiosis Hansen Disea Hantavirus pu Hemolytic ure	human granulocytic (HGE)* human monocytic (HME)* se* Ilmonary syndrome*† emic syndrome, post-diarrheal*	133 37 90 18 93	Toxic-shock syndrome Trichinosis Typhoid fever Yellow fever	101 8 276 1

-: no reported cases

*Not notifiable in all states.

¹ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID). [§] Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update October 24, 1999.

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

								Esche coli O1	richia 57·H7*	
	AII	os	Chlar	nydia	Cryptosp	oridiosis	NET	ISS	PH	LIS
Reporting Area	Cum. 1999 [†]	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	37,420	40,205	517,388	524,226	2,138	3,434	3,052	2,687	2,098	2,046
NEW ENGLAND	1,904	1,602	17,713	17,832	134	143	293	306	323	260
N.H.	38	25	904 845	950 864	17	15	31	43	31	44
Vt. Mass.	15 1.231	18 843	417 8.166	375 7.417	35 49	26 66	32 166	19 139	20 175	17 148
R.I.	90	118	2,075	2,021	6	7	28	12	26	1
Conn. MID. ATI ANTIC	462 9.663	572 10.597	53.094	6,205 54,848	- 396	- 529	0 286	58 277	71	50 84
Upstate N.Y.	1,146	1,311	N	N	157	314	226	199	-	-
N.Y. City N.J.	5,100 1,741	5,853 1,930	9,152	23,302 10,499	36	24	10 50	12 66	32	12 51
Pa.	1,676	1,503	21,979	21,047	87	N	N	N	29	21
Ohio	403	2,806	21,000	88,033 24,027	60	70	654 228	415	454 181	344 69
Ind. III	285 1 201	447 1 038	9,913 22 015	9,864 23 799	38 67	52 81	99 216	93 108	59 81	49 76
Mich.	504	577	18,545	17,936	45	37	111	103	73	64
WIN CENTRAL	126 846	769	U 31 605	12,407	326	449 313	N 573	N 450	60 386	86 384
Minn.	161	147	6,045	6,282	77	130	223	188	168	201
Iowa Mo.	408	62 365	4,214 12,030	4,058 11,048	54 29	63 25	60	91 47	73 58	58 61
N. Dak. S. Dak.	6 13	5 15	707 1.338	935 1.381	18 7	30 24	16 44	11 32	14 59	15 36
Nebr.	61	60	3,045	2,596	14	35	97	48	-	-
S ATLANTIC	125	10 643	4,220	4,928	345	о 323	21 312	33 234	14 155	13
Del.	147	122	2,400	2,291	-	3	6	-	3	2
D.C.	496	750	10,333 N	6,560 N	18	25	41	40	4 U	14 U
Va. W. Va.	689 61	882 70	12,624 1,204	12,023 2,160	26 3	20 2	69 11	N 12	55 8	51 10
N.C.	688	753	19,221	19,847	23	Ň	66	54	51	47
Ga.	1,466	1,063	29,738	21,598	123	115	32	73	-	-
Fla.	4,639	4,840	26,325	22,115	144	140 24	66 117	39 114	20 58	29 64
Ky.	236	262	6,633	5,705	6	10	46	34	-	-
lenn. Ala.	643 423	620 455	12,221 11,157	12,097 9,060	6 11	8 N	43 23	51 23	38 16	40 20
Miss.	364	343	9,811	9,408	4	6	5	6	4	4
W.S. CENTRAL Ark.	3,822 158	5,088 189	72,032 5,307	79,738 3,536	82 2	899 6	125 15	97 11	118 8	99 10
La. Okla	742	835 274	11,220	13,470	22 10	15 N	9 28	5	14 24	7
Tex.	2,809	3,790	48,236	54,214	48	878	73	58	72	74
MOUNTAIN Mont	1,469 11	1,411 28	27,329	29,196 1 204	90 10	120 10	306 24	351 15	195	243
Idaho	21	28	1,517	1,809	8	17	63	38	20	25
vvyo. Colo.	10 271	3 286	670 5,180	625 7,026	1 12	2 18	15 108	53 85	14 87	55 67
N. Mex. Ariz	78 745	188 550	3,308 10,769	3,280 10 325	39 12	46 18	12 30	19 43	5 20	20 26
Utah	129	114	1,910	1,927	Ň	Ň	38	74	47	21
Nev. PACIFIC	204 5 256	214 5.609	2,582	3,000 85 726	8 328	9 394	16 386	24 443	2 331	24 403
Wash.	305	369	10,702	9,740	N	N	147	102	158	127
Oreg. Calif.	4,673	4,918	5,204 71,906	5,034 67,000	88 240	326	73 155	232	68 94	98 162
Alaska Hawaii	13 80	17 159	1,611 2,539	1,670 2,282	-	- 3	1 10	7	1 10	- 16
Guam	5	1	302	377	-	-	N	Ν	Ŭ	U
P.R. V.I.	1,094 36	1,585 31	U	U	- U	NU	5 U	5 U	U	U
Amer. Samoa C.N.M.I.	-	-	Ū	Ŭ	Ŭ	Ū	Ū	Ū	Ū	Ū

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 1999, and November 21, 1998 (46th 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). [†]Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update October 24, 1999.

	Gone	orrhea	Hep C/N	atitis A,NB	Legion	ellosis	Ly Dise	me ease
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	284,215	312,812	2,911	2,981	810	1,168	11,395	14,560
NEW ENGLAND Maine N.H.	5,397 71 94	5,333 61 82	12 2 -	57 - -	73 3 8	79 1 7	3,124 41 21	4,427 76 42
Vt.	42	34	6	5	14	7	23	11
R.I.	2,259	2,005	3	49 3	28	32 19	890 464	598
Conn.	2,409	2,792	-	-	11	13	1,685	3,022
MID. ATLANTIC Upstate N.Y. N.Y. City	34,035 6,031 11,762	34,089 6,480 10,511	118 83 -	197 100	175 57 9	296 104 34	6,578 3,512 32	8,085 3,767 225
N.J. Pa.	5,508 10,734	9,991	35	0 97	91	143	922 2,112	2,332
E.N. CENTRAL Ohio Ind. III. Mich.	47,774 12,752 5,386 16,618 13,018	60,874 15,731 5,820 19,732 13,945	1,379 3 1 41 743	619 8 5 38 430	220 65 38 22 59	385 121 70 50 79	118 70 19 12 1	739 44 36 14 12
WIS.	12 657	5,646	591	138	30	60	16	633
Minn. Iowa Mo.	2,332 1,053 6,930	2,415 1,362 8,115	200 10 - 264	10 8 13	43 9 11 14	6 9 16	179 19 25	203 152 26 11
N. Dak. S. Dak	71 160	75 203	1	-	2	- 3	1	-
Nebr. Kans.	1,285 1,826	1,099 2,316	5 6	5 3	4	18 8	10 12	3 11
S. ATLANTIC	84,640 1,476	84,121 1,350	188 1	104	127 13	133 12	1,047 51	826 65
Md.	8,853	8,561	39	18	29	34	743	583
Va.	3,100 8,527	3,829 8,335	10	11	30	, 19	112	4 65
W. Va.	363 17 041	784 17 088	17 34	6 21	N 14	N 14	16 67	12 54
S.C.	6,181	9,335	22	9	11	10	7	7
Ga. Fla.	20,377 18.656	17,806 17,033	1 63	9 30	1 26	8 29	47	5 31
E.S. CENTRAL	31,788	35,050	226	260	37	60	71	101
Ky. Tenn	3,005	3,315 10 583	21 79	20 153	19 14	26 21	9 30	25 41
Ala.	9,925	11,591	1	4	4	6	19	21
Miss. W.S. CENTRAL	8,957 40,315	9,561 49,144	125 313	83 506	- 23	7 30	13 43	14 21
Ark. La.	2,824 8,880	3,525 11,564	18 102	21 101	2	1 4	4	6 4
Okla.	3,585	4,718	14	14 270	3	12	4	2
MOUNTAIN Mont.	8,141 48	8,117 43	132 5	355 7	42	67 2	18	17 -
Idaho	77	152	7	86	2	2	5	5
Colo.	28 2,159	29 1,854	21	89 31	11	16	-	-
N. Mex.	664	795	8	91	1	2	1	4
Utah Nev.	200 1,077	204 1,291	40 6 8	21 19	16 6	21 6	2 5 2	- 6
PACIFIC	18,468	20,499	257	844	70	58	150	141
Oreg.	759	732	10	18	N N	N N	10	20
Calif.	15,210	17,288	222	750	56	44	128	113
Hawaii	365	457	-	54	-	1	N	N
Guam	39	63	1	1	-	2	- N	1
V.I.	297 U	540 U	U	U	U	Ū	Ŭ	U
Amer. Samoa C.N.M.I.	U U	UU	U U	U U	U U	U U	U U	UU

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States,
weeks ending November 20, 1999, and November 21, 1998 (46th Week)

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

			_	-		Salmor	nellosis*	
	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	1,170	1,322	5,364	6,621	33,317	37,950	25,669	30,850
NEW ENGLAND	59	64	803	1,324	1,504	2,298	1,867	2,112
N.H.	2	5	50	74	124	174	131	208
Vt. Mass	4	1 25	86 194	61 468	87 1 047	129 1 211	76 1 025	103
R.I.	4	10	89	88	122	132	147	34
Conn.	24	18	224	418	U	499	393	461
Upstate N.Y.	280 68	386 85	743	1,449	4,080 1,224	6,035 1,476	3,545	5,367 1,271
N.Y. City	126	217	U 160	U 202	1,219	1,743	927 525	1,369
Pa.	38	31	130	202	972	1,478	956	1,467
E.N. CENTRAL	135	139	143	120	4,808	5,708	3,102	4,383
Uhio Ind.	18 18	15 10	34 13	55 11	1,189 479	1,395 597	953 376	1,042 481
III. Miah	54	56	10	N	1,485	1,745	399	1,416
Wis.	8	12	3	19	797	917	518	469
W.N. CENTRAL	72	86	645	652	2,026	2,102	2,080	2,144
lowa	13	52	147	139	242	522 344	197	269
Mo. N. Dak	14	14	14 130	38 129	678	566 59	817 49	775
S. Dak.	-	-	163	149	89	108	108	118
Nebr. Kans.	- 4	1 10	3 87	7 83	181 219	170 333	78 206	44 260
S. ATLANTIC	313	283	1,912	2,168	7,950	7,786	4,791	5,615
Del. Md	1 86	3 83	37 367	47 417	129 807	72 845	144 891	110 823
D.C.	17	18	-	-	67	73	Ű	U
Va. W. Va.	67 2	52 2	523 99	515 70	1,161 147	1,012 143	905 142	802 147
N.C.	26	27	376	523	1,186	1,154	1,211	1,310
Ga.	22	35	204	274	1,376	1,528	651	1,398
Fla.	75	57	174	186	2,438	2,373	393	525
E.S. CENTRAL Ky.	21 7	32	238	253 30	1,719 374	2,119 333	938	1,450 124
Ténn.	6	16	82 120	129	317	544 625	487	643 522
Miss.	1	3	120	2	484	607	77	150
W.S. CENTRAL	16	34	89	28	3,549	4,341	2,880	2,939
Ark. La.	3 10	14	- 14	- 28	597 334	653	472	340 741
Okla. Tex	2	3	75	N	386	445 2.676	291 1 997	211 1647
MOUNTAIN	41	60	178	242	2,262	2,297	2,254	1,839
Mont.	4	1	55	51 N	70	74	1 	43
Wyo.	1	-	42	63	65	59	49	55
Colo. N. Mex.	16 2	18 12	1	42	649 354	492 272	657 217	463 240
Ariz.	8	8	58	48	858	742	709	623
Nev.	4 3	12	8 5	26	486 173	326 219	487	203
PACIFIC	233	238	323	385	4,914	5,264	4,212	5,001
Oreg.	19	15	2	7	389	278	455	301
Calif. Alaska	177 1	199 2	314 7	355 23	3,572 51	4,211 53	2,707 15	3,778 32
Hawaii	11	5	-	-	309	260	258	276
Guam PB	-	2	64	- 47	24 255	36 725	U	U
V.I.	U	U	Ŭ	Ū.	U	Ű	Ŭ	Ŭ
Amer. Samoa C.N.M.I.	U	U	U	U U	U	U	U	U

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 1999, and November 21, 1998 (46th 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*		Syp	hilis		
	NE	TSS	PH	ILIS	(Primary &	Secondary)	Tuber	culosis
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999†	Cum. 1998†
UNITED STATES	14,049	19,564	6,500	11,104	5,782	6,358	12,183	14,937
NEW ENGLAND	714	388	710	340	51	69	367	390
Naine N.H.	5 16	12	- 14	- 19	- 1	2	16	- 11
Vt.	6	6	4	2	3	4	2	4
Mass. R.I.	664 23	253 34	621 18	244 13	32	40 1	209	223 49
Conn.	Ŭ	67	53	62	13	21	91	103
MID. ATLANTIC	839	2,188	415	1,611	222	287	2,262	2,706
N.Y. City	254	663	82	568	79	72	1,220	1,280
N.J.	195	619	121	593	48	91	451	546
FA.	132	2 652	1 150	249	1 240	69 916	1 126	042 1 /62
Ohio	379	459	124	129	84	128	214	214
Ind.	293	150 1 456	94 592	39 1 197	613 225	184 270	83	141
Mich.	388	242	280	4	208	176	246	328
Wis.	480	346	69	67	U	58	85	95
W.N. CENTRAL	1,030 222	965 287	668 212	576 321	108	122	427 178	427 131
lowa	57	63	48	44	9	2	40	43
Mo. N Dak	633	151	327	113	72	91	151	155
S. Dak.	13	31	6	22	-	1	17	17
Nebr. Kans	65 37	358 66	35 38	19 54	8 10	6 13	16 19	26 47
S. ATLANTIC	2,201	3,878	406	1,185	1,803	2,356	2,487	2,772
Del. Md	12 147	35 193	8 50	33 64	8 307	20 617	12 241	33 270
D.C.	50	30	Ŭ	Ŭ	59	84	45	97
Va. W. Va.	122 8	183 11	51 5	81 7	142 2	137 3	247 35	250 38
N.C.	189	299	80	169	400	664	348	398
S.C. Ga	120 212	167 1.005	60 37	88 233	235 368	305 263	218 532	250 459
Fla.	1,341	1,955	115	510	282	263	809	977
E.S. CENTRAL	954	1,239	456	979	1,011	1,091	768	1,041
Tenn.	508	627	399	716	561	513	272	364
Ala.	108	433	47	211	196	257	274	330
WISS.	2 429	3 985	1 849	7 1 279	837	960	1 265	2 208
Ark.	73	198	23	60	76	104	147	136
La. Okla	118 448	315 491	111 149	272 152	208 164	384 81	U 120	256 149
Tex.	1,790	2,981	1,566	795	389	391	998	1,667
MOUNTAIN	1,038	1,176	636	677	205	217	384	493
Idaho	9 25	8 19	- 9	3 14	1	2	13	18
Wyo.	3	3	1	1	-	1	3	4
N. Mex.	180	207 276	62	152	11	22	54	62
Ariz.	551	563	360	301	182	163	184	189
Nev.	81	39 61	6	28 19	2	4 15	38 78	47 103
PACIFIC	2,311	3,092	201	3,031	305	340	3,087	3,437
Wash.	102	201	98	171	64	27	156	231
Calif.	2,097	2,660		2,660	228	304	2,630	2,881
Alaska	3	9	2	5	1	1	51	47
Guam	23 Q	40 2/	20	49	ى 1	ა 1	100	100 92
P.R.	62	57	Ŭ	Ŭ	143	162	41	140
V.I. Amer Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	Ü	ŭ	Ŭ	Ŭ	U U	U U	Ü	U U

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending November 20, 1999, and November 21, 1998 (46th 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. infl	uenzae,	Н	lepatitis (V	iral), by ty	ре			Meas	les (Rube	ola)	
	inva	sive		A		В	Indi	genous	Imp	orted*	Το	otal
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	1,000	956	15,088	19,930	5,592	8,530	-	58	-	24	82	88
NEW ENGLAND	88	64	263	261	93	196	-	6	-	5	11	3
Maine N.H.	7 20	3 10	12 18	19 14	1 15	4 18	-	-	-	- 1	- 1	-
Vt.	5	8	19	15	3	8	-	-	-	-	-	1
Mass. R I	34 5	37 5	90 21	114 16	38 34	71 66	-	5	-	3	8	2
Conn.	17	1	103	83	2	29	-	1	-	1	2	-
MID. ATLANTIC	159	156	871	1,534	538	1,104	-	-	-	2	2	14
Upstate N.Y. N.Y. City	76 37	55 40	244 270	321 538	166 175	221 386	-	-	-	2	2	2
N.J.	45	51	112	319	41	186	U	-	U	-	-	8
Pa.	1	10	245	356	156	311	U	-	U	-	-	4
E.N. CENTRAL Ohio	152	46	2,523	3,207 278	571 84	1,280	-	-	-	2	- 3	15
Ind.	22	40	100	144	36	103	-	1	-	1	2	3
III. Mich.	65 13	59 12	643 1.123	1.888	431	214 413	Ū	-	Ū	- 1	- 1	10
Wis.	1	7	58	177	19	478	Ŭ	-	Ŭ	-	-	1
W.N. CENTRAL	83	84	843	1,244	332	368	-	1	-	-	1	-
lviinn. Iowa	43 9	65 2	93 127	392	50 35	45 52	-	-	-	-	-	-
Mo.	22	10	521	579	203	220	-	-	-	-	-	-
S. Dak.	1	-	3 9	31	2	4 2	U	-	U	-	-	-
Nebr.	3	1	50	25	14	20		-		-	-	-
	4 216	160	1 916	1 909	1 00/	20	0	-	0	-	- 20	-
Del.	210	- 105	2	3	1,034	327	Ū	-	Ū	-	- 20	1
Md.	55	50	319	371	151	124		-	, i	-	-	1
Va.	18	16	164	190	86	90	-	14	-	4	18	2
W. Va. N.C.	6 31	6 23	34 145	7 115	22 208	8 212	U	-	U	-	-	-
S.C.	5	3	44	37	65	41	-	-	-	-	-	-
Ga. Fla.	55 42	43 28	439 615	580 449	159 379	127 311	- U	-	- U	2	- 2	2 2
E.S. CENTRAL	51	56	353	374	366	460	-	2	-	-	2	2
Ky.	6	7	61	30	42	46	-	2	-	-	2	-
Ala.	27 15	32 14	54	205	77	252 68	-	-	-	-	-	1
Miss.	3	3	96	67	82	94	-	-	-	-	-	-
W.S. CENTRAL	45	51	3,579	3,663	779	1,878	-	9	-	4	13	-
La.	7	21	73	98	77	152	U	-	U	-	-	-
Okla. Tex	32 4	27	412 3 036	539 2 948	110 528	92 1 535	-	- 5	-	-	- 9	-
MOUNTAIN	101	106	1,160	2,864	512	733	-	3	-	-	3	4
Mont.	3	-	17	91	17	5	U	-	U	-	-	-
Wyo.	1	1	40 7	226	13	40 9	-	-	-	-	-	-
Colo.	11	21	201	301	87	98	-	-	-	-	-	-
Ariz.	54	54	670	1,692	130	284 160	Ū	1	Ū	-	- 1	4
Utah	10	4	56	176	34	65	-	2	-	-	2	-
Nev.	3 105	19	2 690	205	40	1 59/	U	-	U	-	- 27	-
Wash.	6	9	299	4,975	63	1,584	-	- 22	-	-	-	42
Oreg.	39	38	221	405	81	177	U	9 12	U	-	9 17	-
Alaska	40	47	3, 135	3,535	1,130	1,273	Ū	-	Ū	-	-	33
Hawaii	8	8	15	52	13	15	-	-	-	1	1	-
Guam PB	- 1	- 2	2 112	1 67	2 102	2 225	U	1	U	-	1	-
V.I.	Ų	Ú	Ü	Ŭ	Ű	Ű	Ŭ	U	Ŭ	U	U	U
Amer. Samoa C.N.M.I.	U	UU	U	UU	UU	U U	U	U	U	U	UU	UU

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination,
United States, weeks ending November 20, 1999,
and November 21, 1998 (46th Week)

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

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

[†]Of 192 cases among children aged <5 years, serotype was reported for 98 and of those, 27 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	2,073	2,348	3	308	590	89	5,031	5,996	2	230	348
NEW ENGLAND	102	107	-	8	8	7	606	935	-	7	38
Maine N.H.	5 13	6 11	-	- 1	-	-	- 78	5 109	-	-	-
Vt. Mass	5 58	5 52	-	1	- 5	4	67 400	71 698	-	- 7	- 8
R.I.	6	8	-	2	1	-	33	9	-	-	1
Conn. MID ATLANTIC	15 195	25	-	- 32	2 185	- 24	28 840	43 574	-	- 24	29 147
Upstate N.Y.	62	72	2	12	7	24	669	300	2	20	114
N.Y. City N.J.	49 45	55	U	-	155	U	10	41 25	U	- 1	19
Pa.	39	97	U	17	17	U	149	208	U	3	1
Ohio	355 124	358 127	-	39 17	76 27	-	429 188	261	-	2	-
Ind.	61 96	66 92	-	4 11	7 10	3	71 68	159 115	-	1 1	-
Mich.	42	42	U	7	29	U	54	66	U	-	-
WIS.	32 226	202	-	- 13	32 32	1	40 366	538	-	- 124	39
Minn.	49	31	-	1	13	-	188	306	-	5	-
Mo.	41 91	39 71	-	1	3	1	54 61	35	-	29	2
N. Dak. S. Dak.	4 11	5 7	U U	1	2	UU	18 6	4 8	U U	-	-
Nebr. Kans	12 18	16 33	- U	-3	- 3	- U	4	16 101	- U	87	37
S. ATLANTIC	373	403	-	49	47	25	392	307	-	36	19
Del. Md	8 51	2 30	U	-7	-	U 3	5 106	5 61	U	- 1	- 1
D.C.	1	1	U	2	-	Ŭ	-	1	U	-	-
va. W. Va.	50 7	40 17	Ū	10	8	20 U	50 3	36	Ū	-	-
N.C. S.C.	41 43	55 53	U -	8 4	11 7	U -	86 17	98 27	U -	35	13
Ga. Fla	59 113	91 114	Li	4 14	1 20	2	40 85	27 50	-	-	-
E.S. CENTRAL	127	181	-	13	15	-	72	131	-	1	2
Ky. Tenn	30 43	34 63	-	-	- 1	-	21 27	64 35	-	-	- 2
Ala.	32	49	-	10	8	-	21	26	-	1	-
WISS. W.S. CENTRAL	167	35 274	-	3 33	56	-	3 157	5 348	-	- 15	- 88
Ark.	32	28		2	12		18	81		6	-
Okla.	27	39	-	1	-	-	12	32	-	-	-
IEX. MOUNTAIN	74 128	154 133	- 1	29 28	37 37	- 23	124 673	226	-	9 16	88 5
Mont.	4	4	Ů	-	-	Ū	2	12	U	-	-
Wyo.	4	6	-	-	5 1	2 -	139	216	-	-	-
Colo. N. Mex.	32 14	26 25	N	5 N	6 N	5 16	190 175	274 94	-	1	- 1
Ariz.	42 15	39 13	U	8 7	6	Ŭ	102	191 229	U	13 1	1
Nev.	7	9	U	5	14	U	7	41	U	1	1
PACIFIC Wash	400 61	435 59	-	93 2	134 10	6 4	1,496 598	1,327 305	-	5	10 5
Oreg.	71	76	Ν	Ň	Ň	Ů	55	85	U	-	-
Calif. Alaska	255 6	292	Ū	2	98 2	2 U	805 5	903 14	Ū	5	- 3
Hawaii	7	5	-	12	24	-	33	20	-	-	2
Guam P.R.	2 5	2 10	U	1	5 3	U	1 16	1 9	U	-	14
V.I. Amer. Samoa	U U	U U	U U	U U	U U	U U	U U	U U	U U	U U	U U
C.N.M.I.	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ	Ū

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 20, 1999, and November 21, 1998 (46th Week)

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

	A	All Cau	ses, By	Age (Y	'ears)		P&I [†]		4	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. Waterbury, Conn.	386 U 44 17 17 59 20 15 54 61 54 61 54 25 54 61 5 43 26	287 U 366 13 11 41 15 11 22 366 45 2 366 19	71 U 7 4 11 3 4 2 11 12 2 6 5	20 U - 2 4 2 - 1 5 2 1 1 2	4 U 1 - - 1 1 - - - - - - - - - - - - - -	4 U - - 2 - - 1 1 - -	37 U 4 3 ⁻ 2 2 6 2 4 5 2 5 2	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, D.C. Wilmington, Del.	979 U 147 110 139 U 47 63 43 U 225 194 11	652 U 81 74 99 U 35 39 33 U 161 121 9	185 U 36 24 22 U 4 14 7 U 39 37 2	97 U 23 7 13 U 5 7 3 U 17 22	27 U 6 3 2 U 2 U 4 10	18 U 1 2 3 U 3 1 U 4 4 4	49 U 13 8 8 U 2 4 1 U 7 6
Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.	U 2,633 61 U 81 32 24 49 21	U 1,855 47 U 56 17 20 34	U 512 9 U 14 11 3 10	U 173 3 U 7 1 3 2	U 50 - 4 1 - 2	U 42 2 U - 2 -	U 112 3 U 1 2 5	E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala. Nashville, Tenn.	900 201 76 63 65 222 65 59 149	604 133 52 41 46 144 50 40 98	190 44 13 15 13 46 13 14 32	61 15 6 5 4 13 2 4 12	17 3 2 1 7 - 3	26 4 3 1 12 - 1 4	80 26 5 4 18 5 8 8 8
New York 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.	1,420 48 21 397 83 28 153 22 40 99 44 U U	995 21 272 51 24 122 19 34 77 32 U U	289 15 5 84 16 - 22 1 6 17 5 U U	35 95 24 7 36 2 - 14 UU	23 1 13 - 1 3 - 1 1 1 U U	17 3 4 9 - 3 2 U U	36 6 14 2 20 4 12 3 U U	W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla.	1,168 83 67 205 80 129 U 76 U 268 74 137	794 58 51 34 127 49 82 U 52 U 188 46 107	221 15 10 9 43 16 25 U 10 U 51 22 20	84 4 22 23 2 14 U 9 U 19 2 6	36 2 3 1 10 6 4 U 2 U 4 2 2	33 4 3 2 7 4 U 3 U 6 2 2	62 5 3 4 15 U 3 U 16 6 9
E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Fort Wayne, Ind.	1,972 62 41 386 U 137 212 127 157 61 78	1,345 44 232 U 90 162 93 87 43 62	387 13 12 80 U 35 32 20 39 13 12	136 3 1 30 U 8 13 9 23 4 4	50 - 13 U 2 - 3 8 1	52 2 4 29 U 2 5 2 -	133 64 30 11 95 14 58	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.	1,005 109 52 . 74 95 202 U 167 26 109 171	713 80 38 51 73 145 U 106 19 73 128	176 16 10 11 39 U 34 3 20 32	76 10 3 7 7 16 U 16 2 8 7	20 2 1 2 1 U 6 1 4 3	19 1 3 4 1 5 1 3 1	58 11 5 6 5 12 U 2 2 10 5
Gary, Ind. Grand Rapids, Mich Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. Rockford, III. South Bend, Ind. Toledo, Ohio Youngstown, Ohio	U 46 146 39 156 49 46 49 108 72	U 31 93 25 114 35 32 36 81 61	U 11 33 8 27 9 7 7 22 7	U 3 14 7 1 2 3 3 4	U 52635 2	U 1 2 1 - 3	U ຠ ಙ ຠ ໑ ຠ 4 २ 6 ຠ	PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Los Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif.	1,525 13 134 26 89 63 333 29 222 U	1,067 8 99 18 59 42 235 23 156 U	284 3 23 7 16 11 59 6 45 U	102 6 1 9 6 22 - 14 U	35 5 2 3 10 1 U	37 2 1 3 1 7 6 U	133 12 4 6 13 20 4 21 U
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.	680 58 40 39 85 37 221 94 U U 106	495 44 29 25 59 32 167 71 U 68	107 11 7 11 5 33 14 U U 19	41 1 2 3 7 12 3 U U 13	16 2 1 4 - 2 3 U U 3	21 1 3 4 7 3 U U 3	54 12 1 4 4 5 22 3 U U 3	San Diego, Calif. San Francisco, Calif San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	169 114 30 147 40 116 11,248 [¶]	114 U 80 23 81 34 95 7,812	27 U 22 5 41 4 15 2,133	16 U 6 2 18 - 2 790	7 U 1 3 3 255	5 U 5 4 2 1 252	17 U 5 10 8 13 718

TABLE IV. Deaths in 122 U.S. cities,* week ending November 20, 1999 (46th 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.

Poliomyelitis Eradication — Continued

the region without any recognized governments. The intensified campaigns, additional NIDs, and rapid development of surveillance require substantial additional human and financial resources that must be provided jointly by the concerned governments and partner agencies and by the global coalition of partners and local NGOs in areas without a government.

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