

MORBIDITY AND MORTALITY

WEEKLY REPORT

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National Cholesterol Education Month — September 2000

High blood cholesterol increases the risk for heart disease, the leading cause of death in the United States. Lowering cholesterol levels will reduce new heart disease events and deaths. To increase awareness of the importance of monitoring cholesterol levels and steps to achieve or maintain healthy levels, the National Cholesterol Education Program (NCEP) is sponsoring National Cholesterol Education Month during September.

NCEP recommends that persons aged ≥ 20 years have their cholesterol measured at least once every 5 years. A blood cholesterol level <200 mg/dL is considered desirable, a level 200–239 mg/dL is borderline-high, and a level ≥ 240 mg/dL is high (1). Cholesterol levels may be lowered through dietary modification, physical activity, weight control, or drug treatment. Dietary modification is the optimal method for lowering cholesterol (1).

During September, CDC-funded state cardiovascular health programs and their partners will highlight programs that raise awareness and understanding about high blood cholesterol as a risk factor for heart disease. Additional information about how cholesterol may affect health and about other risk factors for heart disease is available from the American Heart Association World-Wide Web site at http:// www.americanheart.org/cholesterol*, NCEP at http://www.nhlbi.nih.gov/about/ncep/ index.htm, and CDC at http://www.cdc.gov/nccdphp/cvd.

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State-Specific Cholesterol Screening Trends — United States, 1991–1999

High blood cholesterol (HBC) increases the risk for heart disease, the leading cause of death in the United States. To reduce the prevalence of HBC in the United States, the National Heart, Lung, and Blood Institute initiated the National Cholesterol Education Program (1) in 1985 and recommended that all adults aged \geq 20 years have their cholesterol levels checked at least once every 5 years. One of the national health objectives for 2000 was to increase to 75% the proportion of adults aged \geq 20 years screened for HBC during the preceding 5 years (objective 15.14) (2). This objective was revised for 2010 to recommend that 80% of adults in this age group be screened during the preceding 5 years (3). To monitor progress during the 1990s and to determine whether the 2000 objective was attained, data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) were used to examine the state-specific trends in cholesterol screening from 1991 through 1999. This report summarizes the results of this analysis and provides a projected estimate of the 2010 screening rates for HBC in each state. The findings indicate that few states attained the 2000 objective and that more emphasis on cholesterol screening will be needed to attain the 2010 objective.

BRFSS is a random-digit–dialed telephone survey of the noninstitutionalized U.S. population aged \geq 18 years. For this study, BRFSS data from 1991, 1993, 1995, 1997, and 1999 were analyzed for 563,742 persons aged \geq 20 years from 50 states and the District of Columbia (DC). Survey participants were asked whether they had ever had their blood cholesterol checked and, if so, when they had last had it checked. Persons who reported that they had been screened during the preceding 5 years were classified as having been screened for HBC. Data were weighted to account for the age, race, and sex distribution in each state. SUDAAN 7.0 was used to account for the complex sampling design and to achieve accurate variance estimates.

A state-specific method and an aggregate method were used to project the prevalence of cholesterol screening during 2010. The state-specific method was limited to DC and the 47 states that participated in BRFSS from 1991 through 1999; for each state, the 9-year change in the percentage of adults screened for HBC during 1991–1999 was added to that state's 1999 value to project the 2010 screening rate. The aggregate method added the median 9-year change in cholesterol screening among all states combined from 1991 through 1999 to the state-specific 1999 cholesterol screening value for each of the 50 states and DC.

In the 47 states and DC that participated in BRFSS from 1991 through 1999, the proportion of adults screened for HBC increased from 67.3% in 1991 to 70.8% in 1999 (Table 1). The estimated state-specific cholesterol screening rate increased for DC and 40 states, ranging from a 0.4% increase in Idaho to an 11.6% increase in Arizona (median: 3.6%). For seven states, the screening rate declined during 1991–1999. DC (80%) and nine states (Arizona [76%], Connecticut [76%], Delaware [75%], Florida [76%], Maryland [77%], Massachusetts [77%], New Jersey [76%], North Carolina [75%], and Rhode Island [76%]) attained the 2000 objective in 1999.

On the basis of state-specific increases, the projected 2010 screening rates ranged from 51.5% (Minnesota) to 91.7% (DC), and projected screening rates for seven states and DC were greater than the 2010 objective of 80%. On the basis of a median increase of 3.6%, the projected screening rates ranged from 64.0% (Minnesota) to 84.0% (DC), and projected screening rates for five states and DC are greater than the 2010 objective (Figure 1).

Cholesterol Screening Trends — Continued



FIGURE 1. State-specific cholesterol screening rates for persons aged \geq 20 years for 1999* and projected screening rates for 2010⁺ — United States[§]

Percentage of Adults Screened

*Data are from the Behavioral Risk Factor Surveillance System.

[†] Projections assume a 3.6% increase in screening from 2000 through 2010.

[§] 50 states and the District of Columbia.

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Editorial Note: The findings in this report indicate that the overall percentage of U.S. adults who received cholesterol screening during the 5 years preceding the survey increased during the 1990s. However, these increases were moderate, and most states did not attain the 2000 health objective.

State	1991*	1993 [†]	1995⁵	1997 [¶]	1999**	% Change in screening rate, 1991–1999⁺†	Projected 2010 screening rate based on 1991–1999 state-specific increase ^{ss}	Projected 2010 screening rate based on a 3.6% median increase
Alabama	66.8	64.9	65.3	70.3	69.1	2.3***	71.4	72.7
Alaska	59.6	64.9	63.2	62.4	65.5	5.9***	71.4	69.1
Arizona	64.7	69.0	69.2	69.0	76.3	11.6***	87.9	79.9
Arkansas	61.1	63.5	63.5	59.0	65.4	4.3***	69.7	69.0
California	65.8	68.9	65.9	67.0	68.3	2.5***	70.8	71.9
Colorado	66.0	66.5	68.1	70.4	66.8	0.8***	67.6	70.4
Connecticut	74.2	73.5	72.8	73.5	75.6	1.4***	77.0	79.2
Delaware	65.5	67.7	69.6	69.8	74.9	9.4***	84.3	78.5
istrict of Columbia	69.1	65.8	NA ^{†††}	79.3	80.4	11.3***	91.7	84.0
lorida	73.3	72.1	73.9	75.5	76.1	2.8***	78.9	79.7
Georgia	65.2	66.4	70.2	72.3	73.5	8.3***	81.8	77.1
ławaii	66.4	70.8	69.6	69.6	67.4	1.0***	68.4	71.0
daho	64.2	65.8	66.6	65.2	64.6	0.4	65.0	68.2
llinois	65.2	65.3	67.5	67.8	68.9	3.7***	72.6	72.5
ndiana	63.0	63.7	64.9	66.3	70.9	7.9***	78.8	74.5
owa	69.0	70.7	67.9	67.0	67.3	-1.7***	65.6	70.9
Cansas	NA	66.4	67.7	55.1	69.2	NA	NA	72.8
Kentucky	61.1	64.3	64.4	66.4	67.2	6.1***	73.3	70.8
ouisiana	63.7	65.6	66.4	67.0	68.4	4.7***	73.1	72.0
Maine	67.2	69.1	65.7	71.7	73.4	6.2***	79.6	77.0
Maryland	68.3	72.5	73.4	74.7	77.2	8.9***	86.1	80.8
Massachusetts	70.9	76.6	76.2	74.5	76.8	5.9***	82.7	80.4
Vlichigan	69.9	71.5	71.1	72.2	71.7	1.8***	73.5	75.3
/linnesota	69.3	69.6	62.7	61.6	60.4	-8.9***	51.5	64.0
Aississippi	60.9	60.9	58.7	62.9	66.1	5.2***	71.3	69.7
Aissouri	67.0	67.3	65.7	70.2	65.8	-1.2***	64.6	69.4
/lontana	60.7	66.0	65.1	63.0	65.8	5.1***	70.9	69.4
√ebraska	63.6	64.2	62.0	65.7	65.6	2.0***	67.6	69.2
√evada	NA	63.0	67.0	68.9	68.8	NA	NA	72.4
Vew Hampshire	72.4	72.0	73.5	73.3	74.3	1.9***	76.2	77.9
Vew Jersey	74.1	72.2	73.5	75.9	75.8	1.7***	77.5	79.4
Jew Mexico	60.6	61.8	64.4	64.0	62.9	2 3***	65.2	66 5

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New York	68.7	68.5	72.8	72.9	72.6	3.9***	76.5	76.2	∩ ≲
North Carolina	68.5	69.3	68.7	71.5	74.8	6.3***	81.1	78.4	bl.
North Dakota	66.7	68.1	66.7	64.7	65.3	-1.4***	63.9	68.9	1es
Ohio	66.6	63.5	63.1	67.3	69.3	2.7***	72.0	72.9	ste
Oklahoma	67.5	65.7	67.5	74.2	72.5	5.0***	77.5	76.1	ro
Oregon	67.6	68.7	68.6	68.8	67.3	-0.3***	67.0	70.9	
Pennsylvania	67.2	69.1	69.1	68.5	71.3	4.1***	75.4	74.9	33 Scr
Rhode Island	71.9	74.1	75.0	74.5	76.0	4.1***	80.1	79.6	ee
South Carolina	68.1	69.5	71.2	73.0	72.5	4.4***	76.9	76.1	ni
South Dakota	66.5	64.5	65.6	63.6	63.7	-2.8***	60.9	67.3	ng
Tennessee	67.5	67.9	69.1	70.8	73.1	5.6***	78.7	76.7	н
Texas	62.9	68.2	70.1	67.8	69.4	6.5***	75.9	73.0	rei
Utah	60.8	62.3	64.4	66.9	64.4	3.6***	68.0	68.0	nd
Vermont	68.9	71.6	69.3	68.7	70.2	1.3***	71.5	73.8	S I
Virginia	69.8	71.2	73.4	72.9	72.7	2.9***	75.6	76.3	I
Washington	70.7	71.1	70.7	70.7	68.7	-2.0***	66.7	72.3	S
West Virginia	65.1	63.7	67.5	68.0	69.0	3.9***	72.9	72.6	ont
Wisconsin	68.3	67.1	68.9	71.0	70.4	2.1***	72.5	74.0	in
Wyoming	NA	NA	65.5	70.6	69.5	NA	NA	73.1	ue
Year 2000 ^{§§§}	0	1	2	6	10		21/48	21/51	
Year 2010 ^{¶¶}	0	0	0	0	1		8/48	6/51	

* Sample sizes for individual states range from 1092 to 3296 adults aged ≥20 years in 1991.
 * Sample sizes for individual states range from 1212 to 4084 adults aged ≥20 years in 1993.
 * Sample sizes for individual states range from 1137 to 4881 adults aged ≥20 years in 1995.
 * Sample sizes for individual states range from 1375 to 4632 adults aged ≥20 years in 1997.
 ** Sample sizes for individual states range from 1177 to 7114 adults aged ≥20 years in 1999.
 ** Sample sizes for individual states range from 1177 to 7114 adults aged ≥20 years in 1999.
 ** Sample sizes for individual states range from 1177 to 7114 adults aged ≥20 years in 1999.
 ** Aggregate increase is based on data from 47 states and the District of Columbia that collected cholesterol screening information from 1991 through 1999.
 *** Statistically significant increase or decrease from 1991 through 1999; p<0.05.

^{†††} Not available.

⁵¹⁵ Number of states with a value that meets the 2000 national health objective for cholesterol screening. ¹¹¹ Number of states with a value that meets the 2010 national health objective for cholesterol screening.

Cholesterol Screening Trends — Continued

Data from the 1988–1991 BRFSS projected that 31 of 47 states (Kansas, Nevada, and Wyoming were excluded) and DC would have cholesterol screening rates greater than the 2000 objective (4). However, this report indicates that nine of 50 states and DC attained a cholesterol screening rate of \geq 75% in 1999. In addition, 14 states had at least a 10% difference between the 2010 objective of 80% and the 2010 projected screening rates using the state-specific method. This finding suggests that these states will need to substantially increase cholesterol screening rates to attain the 2010 objective.

The trend of decreasing cholesterol screening rates in seven states is of particular concern. In the 1988–1991 BRFSS analysis (4), all states had increases in cholesterol screening rates. Changes in the sampling frame or weighting protocol within a state during the 9 years may have contributed to the decline. However, response rates did not appear to explain the decreases, and changes in the questionnaire would be expected to affect all states rather than a select few. Other factors that may be associated with declining cholesterol screening rates within a community include lower perception of the risk for heart disease and the protective effect of reducing cholesterol levels, lack of availability of quality health care, and fewer socioeconomic resources (5).

The nine states that achieved the 2000 objective in 1999 and Arizona, Massachusetts, and North Carolina participate in CDC's WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) demonstration program, which provides cholesterol screening and other services to some participants in the National Breast and Cervical Cancer Early Detection program (6). In addition, several local health departments in Connecticut conducted cholesterol screening during the 1990s under block grant funding, and four Healthy Heart program initiatives were funded in New Jersey during 1990–1996 (M. Adams, Connecticut, G. Boeselager, New Jersey, BRFSS coordinators, personal communication, 2000).

The findings in this report are subject to at least two limitations. First, because BRFSS is telephone-based, persons of low socioeconomic status are less likely to have a telephone and may not have been included. Second, data are self-reported. As a result, some participants may not have been aware they were screened for elevated cholesterol.

HBC is a major modifiable risk factor for heart disease. A 10% decrease in cholesterol levels may result in an estimated 30% reduction in the incidence of coronary heart disease (7). Cholesterol screening is an important step in reducing the prevalence of elevated cholesterol levels and serves several purposes including 1) assessing persons with heart disease risk; 2) identifying persons who may achieve lower cholesterol levels through dietary modification, physical activity, weight control, or drug treatment; and 3) heightening public awareness and reinforcing educational messages (8). Substantial progress has been made in lowering cholesterol levels since the mid-1980s (1); however, the findings of this report suggest that increased emphasis on cholesterol screening is necessary if states are to achieve the 2010 objective.

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Cholesterol Screening Trends — Continued

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Trends in Cigarette Smoking Among High School Students — United States, 1991–1999

One of the 10 Leading Health Indicators that reflect the major health concerns in the United States is cigarette smoking among adolescents (1). To examine changes in cigarette smoking among high school students in the United States from 1991 to 1999, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of the analysis and indicates that current smoking among U.S. high school students increased significantly from 27.5% in 1991 to 34.8% in 1999; however, the analysis also suggested that, later in the decade, current smoking may have leveled or possibly begun to decline.

YRBS measures the prevalence of health risk behaviors among adolescents through representative biennial national, state, and local surveys. The 1991, 1993, 1995, 1997, and 1999 national surveys used independent, three-stage cluster samples to obtain cross-sectional data representative of students in grades 9 through 12 in the 50 states and the District of Columbia. In 1991, 1993, 1995, 1997, and 1999, the respective sample sizes were 12,272, 16,296, 10,904, 16,262, and 15,349; school response rates were 75%, 78%, 70%, 79%, and 77%; student response rates were 90%, 90%, 86%, 87%, and 86%; and overall response rates were 68%, 70%, 60%, 69%, and 66%.

For each cross-sectional survey, students completed an anonymous, self-administered questionnaire that included identically worded questions about cigarette smoking. Lifetime smoking was defined as having ever smoked cigarettes, even one or two puffs. Current smoking was defined as smoking on \geq 1 of the 30 days preceding the survey. Frequent smoking was defined as smoking on \geq 20 of the 30 days preceding the survey. Data are presented only for non-Hispanic black, non-Hispanic white, and Hispanic students because the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates. SUDAAN was used for all data analysis. Secular trends were analyzed using logistic regression analyses that controlled for sex, race/ethnicity, and grade and that simultaneously assessed linear and quadratic time effects. Quadratic trends suggest a significant but nonlinear trend in the data over time. When a significant quadratic trend accompanies a significant linear trend, the data demonstrate some nonlinear variation (e.g., leveling or change in direction) in addition to a linear trend.

The prevalence of lifetime smoking remained stable from 1991 to 1999 among high school students overall and among all sex, racial/ethnic, and grade subgroups except 10th-grade students. In 1999, 70.4% (95% confidence interval [CI]=±3.0) of all students

High School Smoking Trends — Continued

reported lifetime smoking. Among 10th-grade students, lifetime smoking showed a significant linear trend from 1991 (68.3% [95% Cl=±3.3]) to 1999 (73.9% [95% Cl=±4.1]).

From 1991 to 1999, current smoking exhibited a significant linear trend among students overall and among all sex, racial/ethnic, and grade subgroups (Table 1). The overall prevalence of current smoking was 27.5% in 1991 and 34.8% in 1999. A simultaneous quadratic trend was identified for students overall, suggesting a leveling or possible decline in current smoking. The male, black, black male, and 9th-grade student subgroups also showed this simultaneous quadratic trend.

Each year, white students were significantly more likely than Hispanic students, who were significantly more likely than black students, to report current smoking (except in 1995 when white and Hispanic students were equally likely to report current smoking, but both were significantly more likely than black students to report this behavior). In 1991, white students were 2.5 times more likely than black students and 1.2 times more likely than Hispanic students were 2.0 times more likely than black students and 1.2 times more likely than black students to report current smoking.

The prevalence of frequent smoking showed a significant linear trend from 1991 to 1999 among students overall and in all sex, racial/ethnic, and grade subgroups, except for Hispanic female students. The overall prevalence of frequent smoking was 12.7%

		1991	1	993	1	995	1	997	1	999
Characteristic	% (95% Cl§)	%	(95% CI)	%	(95% CI)	% (95% CI)	%	(95% CI)
Sex										
Female	27.3	(±3.4)	31.2	(±2.1)	34.3	(±3.2)	34.7	(±2.8)	34.9	(±2.6)¶
Male	27.6	(±3.1)	29.8	(±2.3)	35.4	(±2.4)	37.7	(±2.7)	34.7	(±3.0) ^{¶**}
Race/Ethnicity ^{††}										
White	30.9	(±3.3)	33.7	(±2.2)	38.3	(±2.7)	39.7	(±2.4)	38.6	(±3.2)¶
Female	31.7	(±4.6)	35.3	(±2.6)	39.8	(±3.5)	39.9	(±3.2)	39.1	(±3.5)¶
Male	30.2	(±3.8)	32.2	(±2.7)	37.0	(±3.3)	39.6	(±3.8)	38.2	(±3.7)¶
Black	12.6	(±2.5)	15.4	(±2.5)	19.2	(±3.2)	22.7	(±3.8)	19.7	(±4.1) [¶] **
Female	11.3	(±2.3)	14.4	(±2.7)	12.2	(±3.1)	17.4	(±3.9)	17.7	(±3.5)¶
Male	14.1	(±4.5)	16.3	(±4.2)	27.8	(±5.5)	28.2	(±5.5)	21.8	(±7.1) [¶] **
Hispanic	25.3	(±2.8)	28.7	(±2.9)	34.0	(±5.3)	34.0	(±2.7)	32.7	(±3.8) [¶]
Female	22.9	(±3.8)	27.3	(±3.9)	32.9	(±5.6)	32.2	(±3.7)	31.5	(±4.6)¶
Male	27.9	(±3.6)	30.2	(±3.4)	34.9	(±8.7)	35.5	(±3.6)	34.0	(±4.5)¶
Grade										
9	23.2	(±3.8)	27.8	(±2.4)	31.2	(±1.6)	33.4	(±5.1)	27.6	(±4.0) ^{¶**}
10	25.2	(±2.7)	28.0	(±3.3)	33.1	(±3.8)	35.3	(±4.1)	34.7	(±2.5)¶
11	31.6	(±3.8)	31.1	(±3.2)	35.9	(±3.8)	36.6	(±3.6)	36.0	(±3.0)¶
12	30.1	(±4.4)	34.5	(±3.8)	38.2	(±3.6)	39.6	(±4.9)	42.8	(±5.5)¶
Total	27.5	(±2.7)	30.5	(±1.9)	34.8	(±2.2)	36.4	(±2.3)	34.8	(±2.5) [¶] **

TABLE 1. Percentage of high school students who reported current cigarettesmoking,* by sex, race/ethnicity, and grade — Youth Risk Behavior Survey,United States, 1991–1999[†]

* Smoked cigarettes on \geq 1 of the 30 days preceding the survey.

[†] Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ ethnicity, and grade. Prevalence estimates were not standardized by demographic variables.

[§] Confidence intervals.

[¶] Significant linear effect (p<0.05).

** Significant quadratic effect (p<0.05).

⁺⁺ Numbers for racial/ethnic groups other than black, white, and Hispanic were too small for meaningful analysis.

High School Smoking Trends — Continued

(95% Cl= \pm 2.2) in 1991 and 16.8% (95% Cl= \pm 2.5) in 1999. Among Hispanic female students, the prevalence of frequent smoking remained stable from 1991 to 1999. For each of the five surveys, white students were significantly more likely than black and Hispanic students to report this behavior.

Reported by: Office on Smoking and Health, and Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Despite a leveling or possible decline in current smoking among youth overall during the late 1990s, this trend may have been limited to selected groups (i.e., male, black, black male, and 9th-grade students). In addition, frequent smoking rates overall and in all sex, racial/ethnic, and grade subgroups (except Hispanic females) were significantly higher in 1999 than in 1991 and showed no pattern of leveling or declining.

Additional research is needed to understand how current smoking rates and secular changes in these rates vary among racial/ethnic groups. For example, throughout the decade, YRBS and other national surveys found that black high school students smoked at lower rates than white and Hispanic high school students (2,3); however, the 1999 National Youth Tobacco Survey (2) reported that current smoking rates among black middle school students were similar to rates among white and Hispanic middle school students.

Among grade subgroups, data for 9th-grade students suggested a leveling or possible decline in current smoking. Current smoking among 12th-grade students continued to rise each year. A previous study suggested that current smoking peaked among 10th and 12th-grade students in 1996 and 1997, respectively (*3*). It is unclear whether future YRBS data will show a delayed peak among 10th and 12th-grade students.

The findings in this report are subject to at least three limitations. First, these data apply only to adolescents who attend high school. In 1998, 5% of persons aged 16–17 years were not enrolled in a high school program and had not completed high school (4). Second, the extent of underreporting or overreporting in YRBS cannot be determined, although the survey questions demonstrate good test-retest reliability (5). Finally, using only five data points makes it possible to characterize trends over the decade but difficult to accurately characterize the direction current smoking will take during the next decade.

Reducing the prevalence of current smoking among adolescents to 16% is one of the goals of the Leading Health Indicators. Achieving this goal by 2010 will require a 54% reduction in current smoking among adolescents nationwide. Data from Florida, where comprehensive tobacco-control programs have been initiated, suggest such declines are possible. From 1998 to 2000 in Florida, current smoking declined 40% among middle school students and 18% among high school students (*6*).

CDC recommends that communities fully implement its "Best Practices for Comprehensive Tobacco Control Programs" by establishing comprehensive, sustainable, and accountable tobacco-control programs (7). In addition, communities should follow CDC's "Guidelines for School Health Programs to Prevent Tobacco Use and Addiction," which recommend implementing school-based tobacco-use prevention programs in grades K–12 with intensive instruction in grades 6–8 and supporting cessation efforts for nicotine-dependant students (8,9). Finally, comprehensive tobacco-control programs also should reduce the appeal of tobacco products, implement mass media campaigns, increase tobacco excise taxes, implement policy and regulation of tobacco products, and reduce youth access to tobacco products (10).

High School Smoking Trends — Continued

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Progress Toward Poliomyelitis Eradication — Pakistan, 1999–June 2000

In 1988, the World Health Assembly resolved to eradicate poliomyelitis globally by the end of 2000 (1). Although polio remains endemic in Pakistan, which reported 60% of all polio cases in the World Health Organization's (WHO) Eastern Mediterranean Region during 1999, substantial progress has been made, particularly in acute flaccid paralysis (AFP) surveillance (2). This report summarizes progress toward polio eradication in Pakistan.

Routine Vaccination Coverage

During 1990–1999, reported coverage estimates of children aged 0–11 months with \geq 3 doses of oral poliovirus vaccine (OPV3) ranged from 57%–83% (*3*); however, surveys in 1998 and 1999 reported <60% coverage. In 1999, coverage by province ranged from 27% in Balochistan to 62% in Punjab, and during January–March 2000, surveys conducted in 20 Pakistan districts indicated OPV3 coverage of 19%–82% (median: 43%).

Poliomyelitis Eradication — Continued

Supplemental Vaccination Activities

Eradication activities in Pakistan began in 1994 with National Immunization Days* (NIDs), followed by two rounds of NIDs per year. In the 1999 NIDs, approximately 26 million children aged <5 years were vaccinated (Table 1). Coverage with \geq 1 dose of OPV ranged from 72% to 99% (median: 93%) among the districts. During the second round, vitamin A was administered to 22.5 million children aged 6–59 months.

In 1998, Pakistan implemented Subnational Immunization Days[†] (SNIDs) in districts bordering Afghanistan and Iran to coincide with NIDs in those countries. In 1999, a supplemental campaign was conducted coinciding with NIDs in Afghanistan and included 40% of the children aged <5 years in Pakistan. As a result of door-to-door vaccination in both campaigns, 7%–15% more children were vaccinated than during fixed site NIDs. The greatest increase in vaccination occurred in Sindh Province (Table 1), followed by a significant decline in the number of wild poliovirus isolates in Sindh Province (Figure 1).

Because of increased coverage and a decline in the number of wild poliovirus isolates, door-to-door vaccination was adopted for all campaigns in 2000. During March– June, Pakistan conducted a two-round supplemental campaign covering the entire country in four phases. Monitoring was more intensive than in previous campaigns, and reports from the first round indicate that coverage has increased in most areas (Table 1). Another nationwide door-to-door campaign is planned for October–November 2000.

AFP Surveillance

AFP surveillance began in Pakistan in 1995 but was not fully functional until 1998. In 1999 and early 2000, provincial surveillance officers were hired by WHO to provide continuous training and technical assistance to staff in all provinces. Stop Transmission of Polio (STOP) teams (i.e., groups of international health professionals) have been deployed in 3-month rotations to assist ministry of health staff with polio eradication activities and to improve surveillance quality.

A nonpolio AFP rate of \geq 1 per 100,000 children aged <15 years is the measure of a sensitive AFP surveillance system. During 1997 and 1998, the nonpolio AFP rates were 0.72 and 0.68 per 100,000 children aged <15 years, respectively (3). In 1999, Pakistan exceeded the WHO-established target of 1.0 with a rate of 1.27 (Table 2). Among the 1329 AFP cases reported in 1999, 921 (69%) had two adequate stool specimens (i.e., two stool samples collected at least 24 hours apart and within 14 days of paralysis onset), and 1093 (82%) cases were followed-up at 60 days after onset to check for residual paralysis. During January–June 2000, the nonpolio AFP rate was 1.8 with 78% adequate stool specimen collection.

Until 2000, the WHO clinical classification scheme for reporting polio cases was used in Pakistan. In 1999, 561 AFP cases were classified as confirmed polio. Of the 561 confirmed cases, 328 had wild poliovirus isolated from stool specimens; 265 were poliovirus type 1 (P1) and 63 were poliovirus type 3 (P3). Effective January 2000, the classification scheme was changed to a system in which cases with wild poliovirus isolated are classified as confirmed, and those without adequate specimens but with signs and symptoms

^{*}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, regardless of 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 vaccination history, with an interval of 4–6 weeks between doses.

TABLE 1. Number of children aged 0–59 months receiving oral poliovirus vaccine during National Immunization Days (NIDs)* and Subnational Immunization Days (SNIDs)[†], by province — Pakistan, 1999–2000

Province	<u> </u>	NIDs	1999	SNIDs	1999	2000 SNID	
	Round 1 (December 1998)	Round 2 (January 1999)	Round 1 (March–June 1999)	Round 2 (March–June 1999)	Round 1 (October 1999)	Round 2 (November 1999)	Round 1 (March)
Punjab	13,698,425	13,898,518	_	—	13,194,109	13,442,928	13,310,412
Sindh	6,334,332	6,290,731	6,976,425	7,244,791	6,679,265	6,927,122	7,599,542
NWFP/FATA§	3,819,742	3,864,374	3,684,803¶	3,960,150 [¶]	4,719,464	4,593,895	5,041,414
Balochistan	1,229,507	1,302,092	1,393,224	1,456,450	1,322,498	1,372,472	1,533,859
AJK/FANA**	632,102	643,903	_	_	672,376	674,187	519,263
ICT/CDA ^{††}	131,820	142,264	_	_	120,483	125,596	_
Total	25,845,928	26.141.882	12.054.452	12.661.391	26.708.195	27.136.200	28.004.490

* 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, regardless of vaccination

¹ 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 vaccination history, with an interval of 4–6 weeks between doses.
 ⁵ North West Frontier Province/Federally Administered Tribal Area.

¹ Includes 22 of 28 districts. ** Azad Jammu and Kashmir/Federally Administered Northern Area. ^{t†} Islamabad Capital Territory/Capital Development Authority.

Poliomyelitis Eradication — Continued

FIGURE 1. Number of wild poliovirus isolates and rounds of National Immunization Days* (NIDs) and Subnational Immunization Days⁺ (SNIDs), by month and year — Sindh Province and other provinces in Pakistan, 1998–April 2000



Month and Year

 * 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, regardless of 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 vaccination history, with an interval of 4–6 weeks between doses.

TABLE 2. Indicators of quality for acute flaccid paralysis (AFP) surveillance — Pakistan,1997–June 2000

Indicator	1997	1998	1999	2000	Target
Nonpolio AFP cases per 100,000 children aged <15 vears	0.72	0.68	1.27	1.77	1.00
Proportion of AFP cases with adequate stool collection	0.43	0.61	0.69	0.78	0.80
Proportion of AFP cases with 60-day follow-up completed	0.67	0.87	0.82	0.4*	0.80

*2000 data are incomplete.

consistent with polio are classified as compatible. Cases with inadequate specimens are classified by a review committee of provincial medical experts.

Impact of Eradication Activities

The number of reported cases of polio increased 64% from 1998 to 1999 and the nonpolio AFP rate increased from 0.68 to 1.27. P1 and P3 poliovirus remained wide-spread throughout Pakistan, and isolates were similar genetically to those previously isolated in Pakistan and Afghanistan (CDC, unpublished data, 1999). Poliovirus type 2 has not been isolated in Pakistan since April 1997. During January–April 2000, 28 cases (18 of P1 and 10 of P3) from four provinces had wild poliovirus isolated compared with 54 during January–April 1999.

Poliomyelitis Eradication — Continued

Reported by: National Institutes of Health, Islamabad, Pakistan. Expanded Programme on Immunization, Eastern Mediterranean Region, World Health Organization, Alexandria, Egypt. Dept of Vaccines and Biologicals, World Health Organization, Geneva, Switzerland. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine-Preventable Disease Eradication Div, National Immunization Program, CDC.

Editorial Note: A meeting in Pakistan of the Interagency Coordination Committee^s in February 2000, identified several issues that may contribute to the large number of susceptible children not being reached by routine vaccination coverage and supplemental campaigns in Pakistan. Nomads, the economically disadvantaged, and displaced persons, such as Afghan refugees, are particularly difficult to reach and are often a source of new polio cases. Also, conflict in adjacent Afghanistan affects eradication efforts in Pakistan.

Tentative plans for 2001 include three rounds of door-to-door vaccination starting in January followed by another two rounds in the fall. Increased cross-border coordination of vaccination campaigns is planned and should provide improved coverage to mobile populations. The Ministry of Health has set a goal to expand access to vaccination services and to increase routine coverage to 80% by 2002, and AFP surveillance data will be used to target areas inadequately covered by mass campaigns. Thorough follow-up case investigations will be performed and areas with multiple AFP cases, low vaccination coverage, or wild poliovirus isolates will undergo additional vaccination rounds. With this level of activity and intensification, the interruption of wild poliovirus transmission appears feasible in Pakistan in 2001.

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Erratum: Vol. 47, No. 50

A review of data from the HIV Testing Survey (HITS) has identified errors in some of the findings included in the article, "HIV Testing Among Populations at Risk for HIV Infection — Nine States, November 1995–December 1996" (1). The report described the results of an anonymous survey of populations at risk for human immunodeficiency virus (HIV) infection from nine states to examine why members of these populations may delay HIV testing or decide not to be tested. Specifically, the analysis sought to assess whether name-based HIV reporting was a deterrent to persons seeking to be tested for HIV infection.

Further analysis comparing states and interviewers necessitated the exclusion of invalid data (2). This exclusion reduced aggregate total respondents from 2366 to 2207. The revised tables follow. The revised analysis indicated that persons who resided in states with name-based HIV surveillance were *not* significantly more likely to report concern about having their name reported to the government as a factor for not testing than were persons who resided in states without name-based HIV surveillance. The

[§]Participants included regional directors of United Nations Children's Fund (UNICEF) and WHO, Pakistan government officials, and representatives of several partner agencies (Rotary International, CDC, USAID, the governments of Australia, Canada, Italy, and Japan, the Asian Development Bank, and the World Bank).

Erratum — Continued

other conclusions published in the original report have not changed. CDC continues to recommend that states monitor the potential impact of HIV case surveillance on HIV test seeking and test acceptance behavior (3).

References

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TABLE 1. Percentage of untested respondents reporting factors* for not testing for HIV, and percentage of tested respondents reporting factors* for delaying testing, by HIV risk factor — HIV Testing Survey, December 1995–November 1996

	Men w sex wi	ho have ith men	Hetero	osexual	Injeo drug	ting- user	Tc	otal⁺	
	Α	Main	Α	Main	Α	Main	Α	Main	
Testing status/Factor	factor	factor	factor	factor	factor	factor	factor	factor	
Not testing ^s	(n=	115)	(n=2	(n=230)		(n=136)		(n=481)	
Afraid to find out	58	29	43	23	51	30	49	27	
Unlikely to have been exposed	50	13	48	22	25	7	42	16	
Thought they were HIV negative	57	19	48	14	33	6	46	13	
Didn't want to think about being positive	e 52	7	43	7	54	10	48	8	
Could do little if HIV positive	40	7	20	3	40	7	31	5	
Didn't have time	14	3	23	5	20	5	20	5	
Unsure where to go	17	3	24	4	32	6	25	4	
Worried name would be reported	18	3	13	1	18	1	16	2	
Test costs too much	4	2	6	<1	17	3	9	2	
People might think you have AIDS	18	2	11	<1	18	4	15	2	
Delaying testing [¶]	(n=	568)	(n=526)		(n=632)		(n=1726)		
Afraid to find out	53	26	39	20	47	24	46	24	
Thought they were HIV negative	41	9	45	13	36	9	41	10	
Unlikely to have been exposed	30	9	35	15	25	6	30	10	
Didn't want to think about being positive	e 49	8	42	7	49	10	47	8	
Didn't have time	17	5	17	6	18	5	17	5	
Could do little if HIV positive	22	2	18	3	31	6	24	4	
Waiting for results would be hard	39	7	22	2	28	3	30	4	
Afraid of needle used to draw blood	15	4	16	4	7	<1	13	3	
Worried name would be reported	21	3	11	<1	18	3	17	2	
Worried about who would learn results	24	3	15	1	19	1	20	2	

*Data presented for the 10 most frequently cited factors of 17 listed in the survey. Includes data from Arizona, Colorado, Maryland, Missouri, New Mexico, North Carolina, Oregon, and Texas.

[†] The totals are based on unweighted data from all participants included in this analysis; data do not represent the general population or a weighted average of populations at increased risk for HIV infection. [§] Main factors do not sum to 100% because 10 of 17 factors are presented and 54 (11%) of 481 untested respondents

cited no main factors for not testing.

¹ Main factors do not sum to 100% because 10 of 17 factors are presented and 343 (20%) of 1726 tested respondents cited no main factors for delaying testing.

Erratum — Continued

	Nai	<u>med</u>	<u>Non-n</u>	amed ⁺	
Characteristics	No.	(%)	No.	(%)	p value ^s
Men who have sex with men	71		44		
A factor	16	(22)	5	(11)	0.1
Main factor	1	(1)	3	(7)	0.2
Heterosexual	138		92		
A factor	17	(12)	14	(16)	0.6
Main factor	2	(2)	1	(1)	1
Injecting-drug user	66		70		
A factor	14	(21)	10	(14)	0.4
Main factor	2	(3)	0	(0)	0.2
Total [¶]	275		206		
A factor	47	(17)	29	(14)	0.4
Main factor	5	(2)	4	(2)	1

TABLE 2. Frequency of concern about having one's name reported to	the
government as a factor for not testing for HIV infection, by state	HIV
reporting policy — HIV Testing Survey,* December 1995–November 1996	

*Name-based HIV case surveillance was conducted in Arizona, Colorado, Missouri, and North Carolina (patient names are not reported to CDC); unique identifier (UI)-based HIV case surveillance was conducted in Maryland and Texas; neither name-based nor UI-based HIV case surveillance was conducted in New Mexico and Oregon during the study period.

the study period.
 [†] UI-based reporting was implemented during the year preceding the study in Maryland and Texas; 67% of tested respondents in these states had been tested at least once before this policy change. Because of the state reporting policy changes and to avoid small cell sizes in the analysis restricted to the minority of respondents who had never been tested, UI-based reporting and nonreporting states were combined in the non-named reporting category.
 § Fisher's exact test.

¹ The totals are based on unweighted data from all participants included in this analysis; data do not represent the general population or a weighted average of populations at increased risk for HIV infection.



FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending August 19, 2000, with historical data

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

		Cum. 2000		Cum. 2000
Anthrax		-	HIV infection, pediatric*§	127
Brucellosis*		37	Plague	5
Cholera		-	Poliomyelitis, paralytic	-
Congenital rul	pella syndrome	5	Psittacosis*	8
Cyclosporiasis	*	25	Rabies, human	-
Diphtheria		-	Rocky Mountain spotted fever (RMSF)	244
Encephalitis:	California serogroup viral*	22	Streptococcal disease, invasive, group A	1,937
•	eastern equine*	-	Streptococcal toxic-shock syndrome*	61
	St. Louis [*]	-	Syphilis, congenital [¶]	96
	western equine*	-	Tetanus	17
Ehrlichiosis	human granulocytic (HGE)*	105	Toxic-shock syndrome	103
	human monocytic (HME)*	38	Trichinosis	4
Hansen diseas	e (leprosy)*	40	Typhoid fever	202
Hantavirus pu	Imonary syndrome**	17	Yellow fever	-
Hemolytic ure	mic syndrome, postdiarrheal*	85		

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending August 19, 2000 (33rd Week)

-: No reported cases.

*Not notifiable in all states. *Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID). *Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update July 30, 2000.

¹Updated from reports to the Division of STD Prevention, NCHSTP.

	4150		.				Escherichia coli O157:H7*			
	All	DS Curra	Chlan	nydia†	Cryptosp	oridiosis	NE	rss Curra	PH Current	LIS
Reporting Area	2000 [§]	1999	2000	1999	2000	1999	2000	1999	2000	1999
UNITED STATES	23,669	27,950	396,151	416,568	941	1,292	2,268	1,606	1,450	1,495
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	1,335 20 22 11 852 55 375	1,443 44 33 6 987 70 303	13,710 887 632 340 6,184 1,526 4,141	13,461 710 616 304 5,743 1,467 4,621	49 12 9 16 10 2	88 17 8 16 40 - 7	231 17 22 24 101 11 56	232 18 22 20 107 18 47	211 19 21 22 89 10 50	234 23 12 115 20 64
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	5,487 572 2,971 1,116 828	7,185 889 3,733 1,364 1,199	33,498 N 14,030 4,936 14,532	42,692 N 17,901 7,766 17,025	86 55 8 3 20	242 76 138 17 11	218 162 7 49 N	126 80 12 34 N	106 38 7 31 30	68 - 13 46 9
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	2,282 360 217 1,295 297 113	1,794 293 222 782 400 97	64,134 16,254 8,004 15,992 16,292 7,592	69,582 18,620 7,530 20,839 13,586 9,007	189 36 16 7 47 83	316 29 19 48 30 190	416 90 74 106 69 77	318 117 39 99 63 N	180 44 54 43 39	295 108 31 75 44 37
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. S. Dak. Nebr. Kans.	575 102 59 284 2 4 38 86	619 114 56 293 4 13 43 96	22,095 4,284 3,024 7,583 352 1,093 2,155 3,604	23,542 4,782 2,696 8,503 573 980 2,130 3,878	132 21 40 18 7 9 32 5	92 13 32 15 12 5 13 2	398 100 119 93 8 25 36 17	309 97 64 25 8 32 63 20	311 95 76 64 15 19 32 10	350 121 49 38 11 41 83 7
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	6,331 111 710 448 418 39 394 509 704 2,998	7,700 96 885 276 499 40 486 703 1,088 3,627	81,277 1,833 8,119 2,036 9,983 1,177 14,050 7,534 16,244 20,301	88,588 1,722 8,296 N 9,185 1,142 14,443 11,604 22,146 20,050	199 4 9 8 5 3 16 - 83 71	202 - 11 6 11 - 5 - 95 74	192 - 13 - 37 10 38 14 32 48	173 6 11 - 44 8 36 16 17 35	137 - U 31 5 41 12 22 25	122 3 U 38 4 43 13 1 20
E.S. CENTRAL Ky. Tenn. Ala. Miss.	1,128 128 461 304 235	1,302 173 512 334 283	29,721 5,008 8,963 9,521 6,229	29,139 4,765 8,936 7,841 7,597	35 5 9 11 10	17 5 6 4 2	78 24 34 5 15	83 20 38 17 8	56 20 29 3 4	62 15 28 16 3
W.S. CENTRAL Ark. La. Okla. Tex.	2,418 112 381 182 1,743	3,124 121 542 94 2,367	60,662 3,089 11,843 4,527 41,203	57,963 3,704 10,268 5,290 38,701	44 5 8 4 27	48 - 21 4 23	117 47 4 10 56	60 9 9 14 28	153 30 33 7 83	76 7 11 11 47
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	862 9 16 7 199 88 265 90 188	1,065 5 15 7 196 65 516 102 159	23,713 960 1,169 447 7,103 2,970 7,421 1,412 2,231	21,849 975 1,101 467 4,813 3,240 7,938 1,321 1,994	53 8 3 4 16 5 4 10 3	53 8 3 - 6 21 10 N 5	258 24 37 11 99 13 35 33 33 6	140 8 15 7 51 6 19 22 12	128 - 2 61 9 26 30	112 9 35 3 14 29 12
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	3,251 301 106 2,749 12 83	3,718 213 118 3,314 13 60	67,341 7,797 3,161 53,303 1,484 1,596	69,752 7,507 3,939 55,091 1,187 2,028	154 N 9 145 -	234 N 79 155 -	360 115 57 161 19 8	165 55 36 65 9	168 97 63 - 1 7	176 73 37 59 7
Guam P.R. V.I. Amer. Samoa C.N.M.I.	14 710 24 -	11 824 18 - -	- 846 - -	298 U U U U		- U U U	N 4 - -	N 5 U U U	U U U U	

TABLE II. Provisional cases of selected notifiable diseases, United States,
weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands. * Individual cases can be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS). † Chlamydia refers to genital infections caused by *C. trachomatis.* Totals reported to the Division of STD Prevention, NCHSTP. § Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update July 30, 2000.

	Gonorrhea		Hepa Non-A	atitis C; A, Non-B	Legio	nellosis	L	.yme sease
Reporting Area	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	205,895	224,374	1,932	1,679	508	565	6,182	8,678
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	3,821 49 66 41 1,659 379 1,627	4,096 38 68 34 1,602 378 1,976	29 2 - 3 20 4 -	13 2 5 3 3	24 2 3 9 3 5	35 3 8 12 3 6	1,365 35 8 515 213 594	2,831 22 4 9 592 264 1,940
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	20,161 4,064 5,609 3,793 6,695	25,043 3,907 8,327 4,778 8,031	410 44 343 23	83 39 - 44	101 39 - 6 56	131 33 17 11 70	3,689 1,858 7 872 952	4,244 2,208 109 1,010 917
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	38,485 9,802 3,716 10,580 11,234 3,153	43,336 11,118 4,064 14,375 9,802 3,977	156 7 10 138 -	586 1 37 531 16	136 59 30 8 26 13	172 53 23 23 42 31	235 56 16 11 152	477 29 11 17 11 409
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	9,741 1,713 644 4,778 15 175 823 1,593	10,257 1,770 665 5,026 58 106 972 1,660	436 5 1 418 - 3 9	135 4 - 129 - - 2	41 3 10 22 - 2 1 3	33 4 9 14 - 2 4	145 75 15 39 - 1 15	160 75 20 45 1 - 9 10
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	60,510 1,052 5,519 1,591 6,280 366 11,455 9,837 10,325 14,085	65,535 1,067 6,150 2,373 6,158 382 12,632 7,773 14,743 14,257	81 - 13 2 3 12 13 1 2 35	109 - 17 - 10 13 28 15 1 25	106 5 39 - 14 N 9 4 6 29	75 9 14 17 N 13 7 -	621 101 356 2 86 21 31 3 2	771 49 577 3 66 14 48 4 4 10
E.S. CENTRAL Ky. Tenn. Ala. Miss.	21,479 2,169 7,049 7,415 4,846	23,257 2,105 7,208 7,099 6,845	284 25 62 7 190	190 12 69 1 108	18 9 7 2	34 13 16 3 2	25 4 18 3	66 10 37 16 3
W.S. CENTRAL Ark. La. Okla. Tex.	31,602 1,642 8,571 1,968 19,421	32,837 1,870 8,071 2,627 20,269	293 9 180 6 98	317 18 218 13 68	12 - 8 2 2	5 1 2 2 -	13 4 1 - 8	32 4 5 4 19
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	6,165 28 57 33 1,932 632 2,495 147 841	5,986 26 52 1,509 629 2,830 123 802	125 4 3 72 16 11 13 1 5	121 4 35 21 21 21 5 8	24 1 4 1 8 1 5 4	30 - - 8 1 5 10 6	11 - 2 1 5 - - 1 2	11 1 3 2 1 - 2 2
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	13,931 1,371 426 11,715 197 222	14,027 1,288 555 11,707 195 282	118 19 21 76 - 2	125 12 12 101	46 15 N 31 -	50 10 N 39 1	78 3 4 70 1 N	86 4 9 73 - N
Guam P.R. V.I. Amer. Samoa C.N.M.I.	362 - -	38 214 U U U	- 1 - -	1 - U U U	- 1 - -	- U U U	N - -	- N U U U

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States,
weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

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

					Salmonellosis*				
	Mal	aria	Rabies	, Animal	NE	rss	PH	ILIS	
Reporting Area	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	
UNITED STATES	664	866	3,575	4,085	19,853	22,110	14,746	20,419	
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	35 4 1 2 10 5 13	31 2 2 3 13 3 8	455 90 9 40 154 33 129	538 100 30 69 120 65 154	1,270 89 86 77 722 65 231	1,362 87 84 55 757 64 315	1,236 68 82 68 677 89 252	1,408 73 89 50 768 105 323	
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	123 43 45 16 19	239 45 127 41 26	689 479 U 104 106	759 542 U 118 99	2,442 709 586 548 599	2,933 725 903 607 698	2,548 753 602 393 800	3,039 784 899 682 674	
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	67 14 4 22 21 6	104 16 10 45 26 7	84 25 - 14 40 5	86 24 5 42 15	2,711 696 348 763 559 345	3,275 727 304 1,071 616 557	1,552 453 322 1 553 223	2,899 639 294 1,015 618 333	
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	33 13 1 6 2 - 5 6	46 20 11 11 - - 4	369 59 53 28 94 59 1 75	498 72 82 18 104 137 3 82	1,420 313 243 460 34 56 94 220	1,419 376 158 450 32 69 120 214	1,469 413 185 536 56 60 44 175	1,570 488 146 548 46 87 109 146	
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	189 3 66 12 35 2 15 1 4 51	216 1 67 13 48 1 13 7 21 45	1,442 31 263 359 80 366 88 157 98	1,331 32 261 - 338 77 279 102 124 118	4,392 71 510 35 558 102 584 432 752 1,348	4,608 91 524 55 802 107 685 309 681 1,354	2,818 80 462 U 458 79 509 327 807 96	3,853 103 528 U 720 104 792 266 972 368	
E.S. CENTRAL Ky. Tenn. Ala. Miss.	24 7 6 10 1	19 6 7 5 1	124 16 69 39	192 29 69 94	1,195 223 334 339 299	1,187 252 306 341 288	839 160 371 267 41	881 176 366 280 59	
W.S. CENTRAL Ark. La. Okla. Tex.	8 2 2 4	14 2 10 2	62 20 42	306 14 72 220	1,620 382 110 250 878	1,959 276 431 242 1,010	2,321 329 345 164 1,483	1,647 120 371 195 961	
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	32 1 2 17 5 3 4	27 4 3 1 11 2 2 3 1	165 47 8 36 - 14 50 8 2	130 44 32 1 6 41 4 2	1,745 69 85 42 485 148 435 308 173	1,890 38 64 32 507 267 539 325 118	1,191 - 14 451 135 398 193	1,701 1 35 497 217 494 345 49	
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	153 15 27 108 - 3	170 14 15 129 1 11	185 - 5 159 21 -	245 - 1 237 7 -	3,058 316 201 2,371 38 132	3,477 409 308 2,474 33 253	772 376 253 23 120	3,421 559 338 2,303 18 203	
Guam P.R. V.I. Amer. Samoa C.N.M.I.		- - U U U	47 - -	- 53 U U U	182 - -	28 361 U U U	U U U U	U U U U	

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States,
weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

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

	NET	Shige SS	llosis* P	HLIS	Sy (Primary 8	philis (Secondary)	Tuberculosis			
Demonstran Arrow	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.	Cum.		
UNITED STATES	2000 11,483	1999 9,276	<u>2000</u> 6,007	<u> </u>	<u>2000</u> 3,696	1999 4,260	2000 7,259	<u> </u>		
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	232 6 4 3 163 19 37	404 4 9 4 331 15 41	216 12 7 137 20 40	389 - 10 3 318 12 46	55 1 1 37 4 12	38 - 1 3 21 1 12	248 9 7 2 151 24 55	266 12 6 1 150 27 70		
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	1,366 511 551 185 119	606 161 208 144 93	821 166 378 135 142	440 40 146 147 107	181 8 82 34 57	192 15 82 45 50	1,460 163 819 342 136	1,635 205 840 344 246		
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	2,470 207 1,041 588 486 148	1,744 305 145 705 245 344	700 96 110 2 452 40	940 89 50 543 201 57	702 52 256 179 182 33	754 62 253 284 129 26	783 178 53 383 114 55	966 143 78 481 199 65		
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. S. Dak. Nebr. Kans.	1,369 359 350 455 4 4 65 132	781 155 515 2 10 50 34	1,074 438 217 325 11 3 9 71	539 182 20 262 2 6 36 36 31	41 4 10 22 - 2 3	95 9 8 62 - 6 10	290 96 25 114 2 13 11 29	307 122 29 109 2 9 12 24		
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	1,776 11 127 34 287 3 103 84 153 974	1,478 10 97 38 73 7 136 82 135 900	494 10 62 U 193 3 52 61 51 62	360 5 29 U 41 3 63 42 55 122	1,241 5 179 32 85 2 337 129 233 233 239	1,417 6 258 34 110 3 331 181 275 219	1,534 160 15 152 21 196 64 335 591	1,981 21 171 35 149 32 288 194 387 704		
E.S. CENTRAL Ky. Tenn. Ala. Miss.	547 158 242 34 113	837 173 519 76 69	323 51 246 23 3	525 120 357 43 5	554 58 340 77 79	737 68 410 148 111	457 68 205 184	626 109 207 192 118		
W.S. CENTRAL Ark. La. Okla. Tex.	1,244 142 80 78 944	1,567 56 132 395 984	1,665 44 115 26 1,480	667 20 66 123 458	520 57 141 83 239	663 39 192 132 300	738 121 73 80 464	1,407 108 99 104 1,096		
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	657 6 40 2 112 82 274 49 92	515 7 15 2 91 66 254 37 43	323 - 2 66 48 165 42 -	350 7 1 71 50 177 38 6	143 - 1 3 19 114 1 4	147 - 1 6 133 2 4	299 10 5 2 41 29 137 30 45	337 10 12 46 41 139 26 62		
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	1,822 336 112 1,340 8 26	1,344 64 49 1,206 - 25	391 300 68 3 20	1,339 66 48 1,201 - 24	259 47 4 207 1	217 46 4 165 1 1	1,450 166 18 1,119 60 87	2,325 148 67 1,960 39 111		
Guam P.R. V.I. Amer. Samoa C.N.M.I.	- 3 - -	11 100 U U U		U U U U U	82 - -	106 U U U	- - - -	47 126 U U U		

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

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

	H. influ	ienzae,	H	lepatitis (V	/iral), By Ty	pe		Measles (Rubeola)						
	Inva	sive	Α		В		Indige	nous	Impo	rted*	Tota			
Reporting Area	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999		
UNITED STATES	766	785	7,003	10,381	4,225	4,387	1	43	-	17	60	65		
NEW ENGLAND	53	58	196	177	42	98	-	2	-	4	6	10		
N.H.	11	5 11	13 17	10	5 11	10	-	2	-	- 1	3	- 1		
Vt. Mass.	4 24	5 23	7 75	6 71	6 7	2 33	-	-	-	3	3	-7		
R.I. Conn.	1 12	1 13	15 69	13 72	13	22 30	-	-	-	-	-	- 2		
MID. ATLANTIC	127	139	695	750	609	561	-	13	-	5	18	5		
Upstate N.Y.	66 27	58 42	137 220	164 218	89 275	127 171	-	8	-	-	8	2		
N.J.	26	36	104	92	83	80	-	-	-	-	-	-		
Pa. E N CENTRAL	8 109	3 135	234 865	276	162	183	-	- 7	-	-	1 7	-		
Ohio	40	44	177	441	455	455 62	-	2	-	-	2	-		
Ind. III.	22 40	20 59	51 323	71 452	30 81	31 40	-	-4	-	-	- 4	1		
Mich. Wis.	7	10 2	301 13	952 52	273 1	301 25	Ū	1 -	Ū	-	1	1		
W.N. CENTRAL	41	42	624	479	554	177	1	2	-	1	3	-		
Minn. Iowa	22	24 1	153 58	45 90	23 28	30 27	- 1	- 2	-	1	1	-		
Mo.	11	5	317	287	460	101	-	-	-	-	-	-		
S. Dak.	-	2	-	8	-	1	-	-	-	-	-	-		
Nebr. Kans.	4 3	4 6	21 73	3/ 11	23 18	14 4	-	-	-	-	-	-		
S. ATLANTIC	207	175	873	1,164	777	689	-	3	-	-	3	4		
Del. Md.	- 54	- 47	- 124	2 213	- 79	1 100	-	-	-	-	-	-		
D.C. Va.	- 31	4 13	15 96	37 102	19 95	14 59	-	- 2	-	-	- 2	- 3		
W. Va.	5	6	47	27	7	17	-	-	-	-	-	-		
S.C.	11	3	35	27	7	52	-	-	-	-	-	-		
Fla.	53 34	49 25	308	316	291	203	-	- 1	-	-	- 1	- 1		
E.S. CENTRAL	35	47	271	281	300	313	-	-	-	-	-	2		
Ky. Tenn.	12 16	6 25	102	53 112	53 144	30 159	-	-	-	-	-	-		
Ala. Miss.	6 1	14 2	44 94	38 78	35 68	58 66	-	-	-	-	-	-		
W.S. CENTRAL	40	48	1,147	2,027	412	759	-	-	-	-	-	7		
Ark. La.	1 7	2 11	100 28	29 150	66 52	50 128	-	-	-	-	-	-		
Okla.	30 2	31 4	181	370 1.478	100	96 485	-	-	-	-	-	-7		
MOUNTAIN	76	64	597	851	326	399	-	11	_	1	12	, 1		
Mont.	1	1	4	16	4	16	-	-	-	-	-	-		
Wyo.	1	1	10	4	3	9	-	-	-	-	-	-		
N. Mex.	11 16	11 17	135 51	156 33	58 81	64 130	-	1 -	-	1	2	-		
Ariz. Utah	36 7	28 3	298 39	492 33	129 16	98 24	-	- 3	-	-	- 3	1		
Nev.	1	2	41	87	29	37	-	7	-	-	7	-		
PACIFIC Wash	78 3	77	1,735 179	2,684 209	746 52	932 42	-	5	-	6 1	11 3	34 5		
Oreg.	20	26	135	169	64	70	-	-	-	-	-	12		
Alaska	28 6	39 5	9	2,285	8	13	-	2 1	-	3	5 1	01 -		
Hawaii	21	4	3	16	6	10	-	-	-	2	2	1		
P.R.	- 1	2	- 73	210	82	2 148	U	-	U	-	-	- -		
v.i. Amer. Samoa	-	U U	-	U U	-	U U	U U	-	U U	-	-	U U		
CNMI	-	U	-	U	-	U	U	-	U	-	-	U		

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

N: Not notifiable. U: Unavailable. - : No reported cases. *For imported measles, cases include only those resulting from importation from other countries. *Of 155 cases among children aged <5 years, serotype was reported for 67 and of those, 18 were type b.

	Meningococcal Disease			Mumps		Pertussis			Rubella			
Reporting Area	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	
UNITED STATES	1,421	1,659	7	230	245	112	3,481	3,779	10	110	218	
NEW ENGLAND Maine N.H. Vt. Mass. R.I. Conn.	85 8 9 2 51 6 9	77 5 11 4 41 4 12	1 - - - 1	3 - - 1 2	6 - 1 4 -	3 - - - 2	835 14 79 162 533 12 35	444 70 35 307 20 12		11 2 8 - 1	7 - - 7 - -	
MID. ATLANTIC Upstate N.Y. N.Y. City N.J. Pa.	136 45 30 27 34	158 43 46 36 33	- - -	14 6 4 - 4	33 6 9 1 17	24 7 - 17	312 152 42 118	650 526 30 17 77	- - -	9 2 7 -	27 17 4 3 3	
E.N. CENTRAL Ohio Ind. III. Mich. Wis.	244 60 35 63 66 20	293 107 38 78 44 26	- - - U	25 7 6 12	33 11 3 9 8 2	18 6 10 2 U	391 205 52 40 45 49	347 148 37 67 31 64	- - - U	1 - - 1 -	2 - 1 1 - -	
W.N. CENTRAL Minn. Iowa Mo. N. Dak. S. Dak. Nebr. Kans.	119 14 21 69 2 5 3 5 5	163 36 29 59 3 10 9 17	2 - - - - 1 -	16 - 5 - 3 2	9 1 4 1 - - 3	20 19 - - - - -	245 144 32 36 2 3 5 23	184 63 32 42 4 5 2 36			123 5 29 2 - 87 -	
S. ATLANTIC Del. Md. D.C. Va. W. Va. N.C. S.C. Ga. Fla.	233 22 34 10 31 16 37 83	275 7 42 3 4 32 32 49 72	1 - - - - - - - -	36 - 8 - 5 11 2 4	37 - 3 2 8 - 8 3 3 10	9 - - - 1 1 - 3	293 8 73 2 41 1 69 21 25 53	260 4 84 - 15 2 66 13 25 51	10 - - - 10 - - -	61 - - 52 7 - 2	31 - - - - 30 - -	
E.S. CENTRAL Ky. Tenn. Ala. Miss.	100 21 41 28 10	118 23 46 30 19	- - - -	6 - 2 2 2	10 - 7 3	3 - 3 -	68 28 25 14 1	67 20 27 17 3	- - -	5 1 1 3	2 - 2 -	
W.S. CENTRAL Ark. La. Okla. Tex.	103 12 28 22 41	179 31 53 26 69	1 - - 1	23 2 3 - 18	31 7 1 23	7 - - 7	178 26 3 6 143	125 16 9 13 87	- - -	4 - - 4	6 - - 6	
MOUNTAIN Mont. Idaho Wyo. Colo. N. Mex. Ariz. Utah Nev.	97 4 27 7 43 7 3	100 2 8 3 27 13 29 12 6		15 1 1 1 3 4 4	10 - 3 N - 3 3 3	10 1 - 7 - 1 -	480 24 46 2 263 72 49 15 9	457 2 113 2 175 55 61 46 3		2 - - 1 - 1 - -	16 - - 1 - 13 1 1	
PACIFIC Wash. Oreg. Calif. Alaska Hawaii	304 37 45 209 5 8	296 51 55 178 6 6	2 - N 2 -	92 5 N 72 7 8	76 2 N 62 1 11	18 8 - 10 -	679 216 79 343 19 22	1,245 538 26 649 4 28		17 7 10 -	4 - 4 -	
Guam P.R. V.I. Amer. Samoa C.N.M.I.	- 5 - -	1 9 U U U	U U U U	- - -	1 U U U	U U U U U	- 1 - -	1 17 U U U	U U U U		- U U U	

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 19, 2000, and August 21, 1999 (33rd Week)

N: Not notifiable. U: Unavailable.

- : No reported cases.

		All Causes, By Age (Years)						P&I [†]	All Causes, By Age (Years)					P&I⁺	
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mas. New Haven, Conn Providence, R.I. Somerville, Mass. Springfield, Mass Waterbury, Conn.	467 135 19 12 24 45 17 55. 26 . 39 30 2 . 34 29 48	315 86 12 9 16 28 13 7 22 22 16 2 24 23 35	91 30 6 1 4 9 2 - 3 10 10 - 3 4 9	40 12 1 3 2 - 1 7 2 - 4 2 2	5 1 - - 3 - - - - - - 1 -	16 6 - 1 2 - 2 - 2	365 · · 2411443 · 642	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, F Tampa, Fla. Washington, D.C. Wilmington, Del E.S. CENTRAL	1,120 U 250 129 97 36 52 48 Fla. 61 195 C. 100 I. 23 759	719 U 138 78 80 73 21 36 41 49 135 55 13 490	243 07 31 26 17 8 11 2 9 43 27 2 157	115 U 33 12 19 4 3 5 3 2 13 13 8 8 8	23 U 10 2 4 1 2 - 1 3 - 3 29	19 U 2 5 - 2 2 - 2 - 4 2 - 4 2 - 20	71 U 21 5 7 13 2 3 4 2 10 4 - 54
MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J. Erie, Pa.§	2,123 56 U 87 17 25 40	1,469 38 U 54 7 19 37	426 11 U 27 9 - 2	143 3 U 3 - 2	40 1 U 1 - 2	45 3 U 2 1 2 1	80 2 U 6 - 1 5	Birmingham, Ala Chattanooga, Te Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Al Nashville, Tenn.	a. 142 mn. 74 63 72 . 178 42 Ia. 60 128	96 50 46 43 109 27 41 78	34 12 10 14 40 8 11 28	6 5 5 10 12 7 5 13	2 5 2 11 - 3 4	4 2 3 6 - 5	9 4 9 11 2 7 12
Jersey City, N.J. New York City, N.Y Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa.§ Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y.	39 2 1,063 34 15 352 47 19 149 24 35 84 17 20 U	28 728 18 225 31 116 116 30 66 12 17 U	4 219 10 6 78 9 1 22 6 4 12 3 3 U	4 82 5 1 29 3 - 6 1 - 3 1 - U	1 16 1 - 13 - 2 - 1 - 1 - - U	2 18 - 7 3 - 3 - 2 1 - U	29 1 9 4 1 7 3 9 3 - U	W.S. CENTRAL Austin, Tex. Baton Rouge, La Corpus Christi, T Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La San Antonio, Te Shreveport, La. Tulsa, Okla.	1,548 88 Fex. 64 194 63 137 431 63 x. 212 54 129	990 55 33 42 109 41 97 261 45 27 151 38 91	311 17 11 12 45 13 22 92 12 16 36 8 27	146 10 5 14 5 10 59 3 9 15 6 7	56 31 31 2 7 11 2 8 5 1 2	44 3 2 15 2 1 8 1 4 5 1 2	102 5 1 6 2 13 24 3 21 14 3 4
E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, III. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich. Evansville, Ind. Gary, Ind. Grand Rapids, Mid. Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, III. South Bend, Ind. Toledo, Ohio Youngetown, Ohio	1,922 49 34 348 145 177 104 175 45 51 51 51 39 118 58 44 51 58 64 45 51 88 51	1,289 32 204 74 90 124 76 105 31 35 2 53 104 30 83 40 30 83 40 35 84	379 985 180 34 19 34 10 5 12 33 5 18 7 9 11 11 8	149 2 3 3 10 12 13 6 23 3 4 2 7 3 10 1 2 4 8 1	552 - 144 1210 1113 - 53 - 12	49 - 11 2 9 5 1 3 - 1 1 3 4 1 2 - 3 1 - 3 1 -	104 32 28 7 3 5 5 7 5 - 8 11 5 4 3 8 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	MOUNTAIN Albuquerque, N Boise, Idaho Colo. Springs, C Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo. Salt Lake City, U Tucson, Ariz. PACIFIC Berkeley, Calif. Glendale, Calif. Glendale, Calif. Honolulu, Hawa Long Beach, Cal Los Angeles, Cal Pasadena, Calif. Portland, Oreg.	858 .M. 93 31 0lo. 58 108 159 31 141 20 tah 91 126 1,513 12 94 16 ii 64 if. 62 iif. 348 34 141	554 55 24 37 72 25 86 16 58 81 1,043 11 65 88 11,043 44 44 44 240 20 103	174 21 3 13 4 42 3 14 42 3 18 26 301 1 21 21 21 21 10 67 8 24	78 13 2 6 13 10 2 13 1 7 11 102 6 6 6 24 2 2 8	31 1 2 2 4 1 8 5 7 41 3 - 1 2 8 2 2	21 3 - 7 3 - 3 - 3 1 26 - 1 - 7 2 4	50 6 1 - 9 4 1 10 3 7 9 121 2 3 4 34 6 1
W.N. CENTRAL Des Moines, Iowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Min Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	692 692 28 36 30 96 36 36 36 36 36 36 137 84 115 52 78	44 465 20 29 16 59 24 93 65 66 38 55	8 144 6 12 23 10 24 10 27 10 8	45 31 81 12 60 10 3	2 17 2 - 1 2 - 5 1 4 1 1	21 - 4 1 3 2 8 2 1	- 33343324 12453	Sacramento, Čal San Diego, Calif San Francisco, C San Jose, Calif. Santa Cruz, Calif Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	lif. 166 . 153 :alif. U 153 f. 24 121 40 85 11,002 [¶]	114 106 U 105 16 74 25 60 7,334	35 25 U 32 6 28 13 17 2,226	12 14 U 8 2 8 1 7 881	2 7 5 7 1 1 297	3 1 3 - 4 - 261	14 17 U 18 2 9 4 5 671

TABLE IV. Deaths in 122 U.S. cities,* week ending August 19, 2000 (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. 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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