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MORBIDITY AND MORTALITY WEEKLY REPORT

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- 15 Graphs and Maps for Selected Notifiable Diseases in the United States
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Summary of Notifiable Diseases, United States 1995

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service**

Centers for Disease Control
and Prevention (CDC)
Atlanta, Georgia 30333



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Foreword

MMWR Summary of Notifiable Diseases, United States, 1995

This publication contains summary tables of the official statistics for the reported occurrence of nationally notifiable diseases in the United States for 1995. These statistics are collected and compiled from reports to the National Notifiable Diseases Surveillance System (NNDSS), which is operated by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE). Because the dates of onset and dates of diagnosis for notifiable diseases may not always be reported, these surveillance data are presented by the week that they were reported to CDC by public health officials in state and territorial health departments. These data are finalized and published in the *MMWR Summary of Notifiable Diseases, United States* for use by state and local health departments; schools of medicine and public health; communications media; local, state, and federal agencies; and other agencies or persons interested in following the trends of reportable diseases in the United States. The annual publication of the *Summary* also documents which diseases are considered national priorities for notification and the annual number of cases of such diseases.

Part 1 contains information regarding morbidity for each of the diseases considered nationally notifiable during 1995. The tables provide the number of cases of notifiable diseases reported to CDC for 1995, as well as the distribution of cases by month and geographic location and by patient's age, sex, race, and Hispanic ethnicity. The data are final totals as of July 26, 1996, unless otherwise noted. There were no reported cases of anthrax, diphtheria, and yellow fever in the United States during 1995; thus, these three nationally notifiable diseases do not appear in the tables in Part 1. In all tables, leprosy is listed as Hansen disease and tickborne typhus fever is listed as Rocky Mountain spotted fever (RMSF).

Part 2 contains graphs and maps. These graphs and maps depict summary data for many of the notifiable diseases that are described in tabular form in Part 1.

Part 3 includes tables that list the number of cases of notifiable diseases reported to CDC since 1966. It also includes a table enumerating deaths associated with specified notifiable diseases that were reported to the National Center for Health Statistics, CDC, during 1984–1993.

Background

As of January 1, 1995, 49 infectious diseases were designated as notifiable at the national level. A notifiable disease is one for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease. This section briefly summarizes the history of the reporting of nationally notifiable diseases in the United States.

In 1878, Congress authorized the U.S. Marine Hospital Service (i.e., the forerunner of the Public Health Service [PHS]) to collect morbidity reports regarding cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. The authority for weekly reporting and publication of these reports was expanded by Congress in 1893 to include data from states and municipal authorities. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General to provide forms for the collection and compilation of data and for the publication of reports at the national level. In 1912, state and territorial health authorities—in conjunction with PHS—recommended immediate telegraphic reporting of five infectious diseases and the monthly reporting, by letter, of 10 additional diseases. The first annual summary of *The Notifiable Diseases* in 1912 included reports of 10 diseases from 19 states, the District of Columbia, and Hawaii. By 1928, all states, the District of Columbia, Hawaii, and Puerto Rico were participating in national reporting of 29 specified diseases. At their annual meeting in 1950, the State and Territorial Health Officers authorized a conference of state and territorial epidemiologists whose purpose was to determine which diseases should be reported to PHS. In 1961, CDC assumed responsibility for the collection and publication of data concerning nationally notifiable diseases.

The list of nationally notifiable diseases is revised periodically. For example, a disease may be added to the list as a new pathogen emerges, or a disease may be deleted as its incidence declines. Public health officials at state health departments and CDC continue to collaborate in determining which diseases should be nationally notifiable; CSTE, with input from CDC, makes recommendations annually for additions and deletions to the list of nationally notifiable diseases. However, reporting of nationally notifiable diseases to CDC by the states is voluntary. Reporting is currently mandated (i.e., by state legislation or regulation) only at the state level. The list of diseases that are considered notifiable, therefore, varies slightly by state. All states generally report the internationally quarantinable diseases (i.e., cholera, plague, and yellow fever) in compliance with the World Health Organization's International Health Regulations.

CSTE and CDC held a national surveillance conference November 30–December 2, 1994, to review the state of national surveillance for infectious diseases. Conditions that were approved for addition to national surveillance during 1995 are genital infections caused by *Chlamydia trachomatis*, coccidioidomycosis (for regional surveillance), cryptosporidiosis, hantavirus pulmonary syndrome (HPS), (post-diarrheal)

hemolytic-uremic syndrome (HUS), pediatric infection with the human immunodeficiency virus (HIV), invasive group A streptococcal infections, streptococcal toxic-shock syndrome, and invasive infections caused by drug-resistant *Streptococcus pneumoniae*. These conditions currently are not reportable in all states, and the mechanism for reporting them may not involve clinicians or consist of reports of individual cases, which are the traditional reporting mechanisms. Reports of the number of cases of these conditions—with the exception of genital infections caused by *Chlamydia trachomatis* (which has been reportable in many states for a number of years)—will not appear in the current summary tables; they will, however appear in the 1996 annual summary.

At the 1994 conference, the following diseases were also proposed as deletions from the list of infectious diseases under national surveillance: amebiasis, aseptic meningitis, primary encephalitis (except for arboviral encephalitis), postinfectious encephalitis, granuloma inguinale, unspecified hepatitis, leptospirosis, lymphogranuloma venereum, rheumatic fever, and tularemia. These changes were confirmed by a vote of the full membership of CSTE in early 1995. The number of reported cases of these diseases will not appear in the summary tables for 1995 or for future years.

The list of 52 infectious diseases that were designated as notifiable at the national level at the end of 1995 appears below:*

Acquired immunodeficiency syndrome (AIDS)	<i>Haemophilus influenzae</i> , invasive disease	Psittacosis
Anthrax	Hansen disease (leprosy)	Rabies, animal
Botulism [†]	Hantavirus pulmonary syndrome	Rabies, human
Brucellosis	Hemolytic-uremic syndrome, post-diarrheal [†]	Rocky Mountain spotted fever
Chancroid	Hepatitis A	Rubella
<i>Chlamydia trachomatis</i> , genital infection	Hepatitis B	Salmonellosis [†]
Cholera	Hepatitis, C/non-A, non-B	Shigellosis [†]
Coccidioidomycosis [†]	HIV infection, pediatric (i.e., in persons ages <13 years)	Streptococcal disease, invasive, group A [†]
Congenital rubella syndrome	Legionellosis	<i>Streptococcus pneumoniae</i> , drug-resistant [†]
Congenital syphilis	Lyme disease	Streptococcal toxic-shock syndrome [†]
Cryptosporidiosis	Malaria	Syphilis
Diphtheria	Measles	Tetanus
Encephalitis, California	Meningococcal disease	Toxic-shock syndrome
Encephalitis, eastern equine	Mumps	Trichinosis
Encephalitis, St. Louis	Pertussis	Tuberculosis
Encephalitis, western equine	Plague	Typhoid fever
<i>Escherichia coli</i> O157:H7	Poliomyelitis, paralytic	Yellow fever [†]
Gonorrhea		

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

[†]Not currently published in the weekly tables.

Data Sources

Provisional data concerning the reported occurrence of notifiable diseases are published weekly in *MMWR*. After each reporting year, staff in state health departments finalize reports of cases for that year with local or county health departments and reconcile the data with reports previously sent to CDC throughout the year; these data are compiled in final form in this summary. Notifiable disease reports are published in the annual *MMWR Summary of Notifiable Diseases* only after approval by the appropriate epidemiologist from each submitting state or territory and are the authoritative and archival counts of cases. Data published in *MMWR Surveillance Summaries* or other surveillance reports produced by CDC programs, which are useful for detailed epidemiologic analyses, may not agree exactly with data reported in the annual *Summary of Notifiable Diseases* because of differences in the timing of reports, the source of the data, and the use of different case definitions.

Data in this summary were derived primarily from reports transmitted to the Division of Surveillance and Epidemiology, Epidemiology Program Office, CDC, by the health departments of 50 states, two cities, and five territories through the National Electronic Telecommunications System for Surveillance (NETSS). Final data for other diseases are from the surveillance-program records of the following CDC programs (requests for further information regarding these data should be directed to the source specified):

National Center for Health Statistics

Office of Vital and Health Statistics Systems (deaths from selected notifiable diseases)

National Center for Infectious Diseases

Division of Bacterial and Mycotic Diseases (toxic-shock syndrome and laboratory data regarding botulism, *Escherichia coli* O157:H7, *Salmonella*, *Shigella*, and penicillin-nonsusceptible *S. pneumoniae* [PNSP])

Division of HIV/AIDS

Division of Vector-Borne Infectious Diseases (laboratory data regarding arboviral encephalitis)

Division of Viral and Rickettsial Diseases (animal rabies)

National Center for HIV, STD, and TB Prevention (NCHSTP)

Division of Sexually Transmitted Diseases Prevention (chancroid, chlamydia, gonorrhea, and syphilis)

Division of Tuberculosis Elimination (tuberculosis)

National Immunization Program

Epidemiology and Surveillance Division (poliomyelitis)

Disease totals for the United States, unless otherwise stated, do not include data for American Samoa, Guam, Puerto Rico, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands (CNMI). Disease totals from American Samoa were unavailable for 1995.

Population estimates for states are based on the July 1, 1995, post-censal estimates made by the U.S. Department of Commerce, Bureau of the Census, Population Division, Population Estimates Branch, Press Release CB94-204. Because these estimates

are unavailable by age and sex for 1995, rates for reported disease occurrences by age group and among males and females use population totals from the July 1, 1993, post-censal estimates. Population estimates for territories are from the 1990 census, U.S. Department of Commerce, Bureau of the Census, Press Releases CB91-142, 242, 243, 263, and 276.

Rates in the *1995 Summary of Notifiable Diseases* were based on data for the U.S. total-resident population. However, population data from states in which diseases were not notifiable or disease data were not available were excluded from rate calculations.

Interpreting Data

The data reported in this summary are useful for analyzing disease trends and determining relative disease burdens. However, these data must be interpreted in light of reporting practices. Some diseases that cause severe clinical illness (e.g., plague or rabies), if diagnosed by a clinician, are likely to be reported accurately. However, persons who have diseases that are clinically mild and infrequently associated with serious consequences (e.g., salmonellosis) may not even seek medical care from a health-care provider; even if these less severe diseases are diagnosed, they are less likely to be reported. The degree of completeness of reporting also is influenced by the diagnostic facilities that are available; the control measures that are in effect; the public awareness of a specific disease; and the interests, resources, and priorities of state and local officials responsible for disease control and public health surveillance. Finally, factors such as changes in the case definitions for public health surveillance, the introduction of new diagnostic tests, or the discovery of new disease entities may cause changes in disease reporting that are independent of the true incidence of disease.

Public health surveillance data are published for selected racial and ethnic population groups because these variables may be risk markers for certain notifiable diseases. Risk markers can identify potential risk factors for investigation in future studies. Data regarding race and ethnicity also can be useful for identifying groups to target for prevention efforts. However, caution must also be used when drawing conclusions from reported data relating to race and ethnicity. Among certain races and ethnicities, there are likely to be differential patterns of access to health care, interest in seeking health care, and detection of disease that would lead to data that are not representative of disease incidence in these populations. In addition, not all data concerning race and ethnicity are collected uniformly for all diseases. For example, the Division of HIV/AIDS Prevention and the Division of STD Prevention in NCHSTP collect information regarding race and ethnicity using a single variable instead of two separate variables. A person's racial and ethnic background is reported as either American Indian/Alaskan Native, Asian/Pacific Islander, Black non-Hispanic, White non-Hispanic, or Hispanic. Additionally, although the recommended standard for classifying a person's race or ethnicity is based on self-reporting, it is not clear that this procedure is always followed.

Highlights for Selected Infectious Diseases

Arboviral Encephalitis

In 1995, a case of encephalitis caused by Cache Valley virus was reported in North Carolina. Although this mosquito-borne bunyavirus was previously known to cause subclinical infections in humans, no clinical cases had been recognized previously.

Coccidioidomycosis

In 1995, the CSTE recommended that coccidioidomycosis become a regionally reportable disease. Because the Emerging Infectious Program at the National Center for Infectious Diseases (NCID/CDC), in collaboration with the State of California Department of Health Services, has been conducting active surveillance for coccidioidomycosis in Kern County, California, for some time, its data are presented. The total number of coccidioidomycosis cases reported to the Kern County Health Department during 1995 was 770; this represents a drop in the number of cases when compared with the large number reported in the epidemic years during 1991–1994 (e.g., during 1992, a peak of 3,342 cases occurred in Kern County alone).

Creutzfeldt-Jakob Disease

Creutzfeldt-Jakob disease (CJD) is a subacute, degenerative disease of the brain that is classified as a transmissible, spongiform encephalopathy. More than 85% of CJD patients die within 1 year of onset. From 1979 through 1994, there were 3,642 CJD-related deaths in the United States (based on national data concerning multiple causes of death and a preliminary total of 280 deaths in 1994). The average annual age-adjusted death rate attributed to CJD is 0.95 deaths per million persons. As of September 15, 1996, evidence does not indicate that cases of the newly described variant of CJD (i.e., the type identified in the United Kingdom) have occurred in the United States. This evidence is based on the analysis of both national data and data from active, retrospective surveillance for CJD conducted since 1991 by special surveillance teams in five areas of the country (1993 population: 16.3 million persons).

Cryptosporidiosis

National reporting of cryptosporidiosis began in 1995. During 1995, it was reportable in 24 of 50 states; however, many other states have made or are in the process of making cryptosporidiosis a notifiable disease. Because the diagnosis of cryptosporidiosis is often not considered, and because most laboratories do not routinely test for *Cryptosporidium* infection, cryptosporidiosis will continue to be underdiagnosed and underreported.

Dengue and Dengue Hemorrhagic Fever

In 1995, most tropical countries in the Americas reported major outbreaks of dengue and dengue hemorrhagic fever (DHF). During this period, the Pan American Health Organization received reports of over 250,000 total cases of dengue and DHF from member countries. This was the largest number reported since 1981, when the worst epidemic in the Americas occurred in Cuba. As a result of this widespread activity, the number of laboratory-positive cases of imported dengue in the United States increased to 86 in 1995 from 37 in 1994. During 1995, the Texas State Health Department reported eight laboratory-positive cases resulting from local transmission by

Aedes aegypti mosquitoes. Dengue transmission in the continental United States had not been reported since 1986.

Hantavirus Pulmonary Syndrome

Hantavirus pulmonary syndrome (HPS) is now recognized as a pan-American viral zoonosis caused by Sin Nombre virus and other New World hantaviruses. The identified rodent reservoirs for these viruses are as follows: *Peromyscus maniculatus* and *P. leucopus* (deer mouse and white-footed mouse, respectively) for Sin Nombre virus and its variants; *Sigmodon hispidus* (cotton rat) for Black Creek Canal virus; and *Oryzomys palustris* (rice rat) for Bayou virus. Cases of HPS have been found throughout the continental United States, in Canada, and in South America. As of August 22, 1996, national surveillance for HPS has identified 143 confirmed case-patients in 25 states (case-fatality rate: 50.2%); 23 of these cases occurred in 1995.

Hemolytic-Uremic Syndrome

Infection caused by Shiga toxin-producing *E. coli* (i.e., STEC), especially serotype O157:H7, is the leading cause of hemolytic-uremic syndrome (HUS) in the United States. Although an estimated 1,200 HUS cases caused by infectious agents occur in the United States each year, the absence of longstanding surveillance data has limited the assessment of HUS as a public health problem. When surveyed in August 1994, only 15 states listed HUS as a notifiable disease. Recent efforts to improve surveillance include the creation of a unique International Classification of Diseases code for HUS; the adoption of a uniform, post-diarrheal case definition for HUS by the CSTE; and the recommendation by CSTE, in 1995, that HUS be made a notifiable disease in all states. Efforts are also underway to establish active surveillance for HUS in selected states.

HIV Infection in Children and Infants

In 1994, results of the AIDS Clinical Trials Group Protocol 076 indicated that administering zidovudine to a selected group of pregnant, HIV-infected women, and subsequently to their newly born infants, reduced the risk for perinatal HIV transmission to these infants by two thirds. The U.S. Public Health Service (USPHS) subsequently issued guidelines for the use of zidovudine to reduce perinatal transmission of HIV (*MMWR* 1994;43[No. RR-11]:1–20) and the routine counseling and voluntary HIV testing of all pregnant women (*MMWR* 1995;44[No. RR-7]:1–15). USPHS also issued revised guidelines on PCP prophylaxis for children (*MMWR* 1995;44 [No. RR-4]:1–11) that recommends each child born to an HIV-infected mother receive PCP prophylaxis until the child's HIV status is determined. States that conduct surveillance of pediatric HIV exposure/infection should be able to evaluate the implementation and impact of these guidelines most effectively and enhance early identification of HIV status in infants. In 1995, 28 states conducted surveillance of HIV infection in children. These states reported 332 HIV-infected children who had not progressed to acquired immunodeficiency syndrome (AIDS) and 229 children who had AIDS.

Penicillin-Nonsusceptible *S. pneumoniae*

The prevalence of cases of penicillin-nonsusceptible *S. pneumoniae** (PNSP) among invasive pneumococcal infections in selected metropolitan areas for 1995 is presented. In these areas, population-based active surveillance for all invasive

pneumococcal infections is ongoing; in each of the regions, the denominator reflects >100 cases of invasive pneumococcal disease. The prevalence of PNSP from hospital to hospital within each metropolitan area varied widely, suggesting that sentinel hospitals may not accurately reflect the prevalence of PNSP within a given city, let alone for the entire state. In addition, the prevalence of PNSP cases can increase rapidly (e.g., the prevalence of PNSP cases for Atlanta was 25% in 1994 and 33% in 1995).

Active surveillance area	Prevalence of PNSP among invasive pneumococcal infections
State of Connecticut [†] Baltimore, MD Minneapolis/St. Paul, MN [†] San Francisco, CA	10%–19%
Portland, OR [†] San Antonio, TX	20%–29%
Atlanta, GA Urban counties, TN [§]	≥30%

* *S. pneumoniae* isolates with penicillin minimum inhibitory concentration ≥0.125 µg/mL.

[†]These figures are based on data from <1 year.

[§]Includes the metropolitan areas of Chattanooga, Knoxville, Memphis, and Nashville, Tennessee.

International Notes

Ebola Hemorrhagic Fever

In 1995, an outbreak of Ebola hemorrhagic fever (EHF) caused by the Zaire subtype of Ebola virus occurred in Kikwit, Zaire. A total of 316 cases of EHF were confirmed, resulting in 244 deaths (case-fatality rate: 77%). Case-patients ranged in age from 3 days to 71 years (median age: 35 years), and slightly more than half of the case-patients (i.e., 53%) were female. The earliest identified case occurred in January, and the epidemic peaked in May 1995. In December 1995, a single case of EHF occurred in Cote d'Ivoire and was caused by the recently recognized Ivory Coast subtype of Ebola virus. The natural reservoir of Ebola virus remains unknown.

PART 1:

Summaries of Notifiable Diseases in the United States

**EXPLANATION OF SYMBOLS USED IN
TABLES, GRAPHS, AND MAPS**

Data not available.....	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
No reported cases	-

NOTIFIABLE DISEASES — Summary of reported cases, by month, United States, 1995

NAME	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Unk.
AIDS*	71,547	5,499	5,551	8,455	4,741	5,418	5,765	6,797	5,104	7,291	5,160	6,002	5,764	-
Botulism, total	97	2	3	6	7	6	3	9	10	17	9	7	18	-
Brucellosis	98	3	3	1	10	9	15	6	8	7	6	2	28	-
Chancroid [†]	606		142			145			184			135		-
Chlamydia [‡]	477,638		120,549			118,618			116,793			121,768		-
Cholera	23	2	-	-	2	5	3	5	-	2	1	2	1	-
<i>Escherichia coli</i> O157:H7	2,139	50	69	62	65	73	138	263	289	381	256	215	278	-
Gonorrhea [†]	392,848		102,600			93,238			100,910			96,100		-
<i>Haemophilus influenzae</i> , invasive	1,180	105	103	106	127	94	68	111	66	79	80	73	168	-
Hansen disease (leprosy)	144	9	7	10	17	19	15	15	8	12	8	3	21	-
Hepatitis A	31,582	1,449	2,100	2,245	2,690	2,129	2,246	3,047	2,568	3,414	2,891	2,498	4,305	-
Hepatitis B	10,805	466	707	837	1,046	864	799	1,012	763	884	829	744	1,854	-
Hepatitis, C/non-A non-B	4,576	144	440	314	448	263	290	360	317	357	392	292	959	-
Legionellosis	1,241	67	70	93	133	104	76	148	84	111	90	59	206	-
Lyme disease	11,700	207	424	435	394	492	742	2,385	1,878	1,421	1,041	868	1,413	-
Malaria	1,419	52	95	74	80	95	97	164	121	187	155	84	215	-
Measles (rubeola)	309	22	26	108	29	17	30	16	14	9	11	10	17	-
Meningococcal disease	3,243	225	278	339	357	314	219	253	149	157	223	161	568	-
Mumps	906	51	52	85	86	124	81	59	36	63	70	69	130	-
Pertussis (whooping cough)	5,137	195	216	212	275	200	220	538	534	795	458	430	1,064	-
Plague	9	-	-	-	2	-	2	1	-	2	2	-	-	-
Poliomyelitis, paralytic [¶]	2	-	2	-	-	-	-	-	-	-	-	-	-	-
Psittacosis	64	4	2	5	7	6	9	4	4	1	6	7	9	-
Rabies, animal	7,811	436	417	716	754	572	614	1,090	574	720	695	451	772	-
Rabies, human	5	-	-	1	-	-	-	-	-	1	1	-	2	-
Rocky Mountain spotted fever	590	8	10	7	14	30	56	103	103	110	57	26	66	-
Rubella (German measles)	128	9	4	3	9	10	17	35	17	2	3	7	12	-
Rubella, congenital syndrome	6	2	1	-	1	-	1	-	-	-	-	-	1	-
Salmonellosis	45,970	1,716	2,142	1,947	2,584	2,757	3,242	5,146	4,675	6,282	5,408	3,976	6,095	-
Shigellosis	32,080	1,335	2,015	1,833	2,112	2,022	2,093	3,115	2,773	3,918	3,676	2,504	4,684	-
Syphilis, total all stages [‡]	68,953		17,396			18,065			18,150			15,342		-
Primary and secondary [‡]	16,500		4,332			4,030			4,325			3,813		-
Congenital <1 year**	1,548	192	176	178	150	120	148	124	102	104	109	78	67	-
Tetanus	41	1	1	3	3	1	2	3	4	4	3	6	10	-
Toxic-shock syndrome	191	9	21	17	19	15	9	18	9	18	13	10	33	-
Trichinosis	29	-	2	6	8	1	2	2	2	1	2	1	2	-
Tuberculosis ^{††}	22,860	632	1,343	1,827	1,871	1,957	2,065	1,936	2,036	1,909	1,886	1,559	3,839	-
Typhoid fever	369	16	27	32	33	35	21	31	20	53	32	33	36	-
Varicella (chickenpox) ^{§§}	120,624	12,488	15,502	17,503	19,957	16,712	11,242	7,195	907	1,923	2,447	4,300	10,448	-

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995.

[†]Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

[‡]Chlamydia refers to genital infections caused by *C. trachomatis*.

[¶]Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

**For congenital syphilis only, cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of August 26, 1996.

^{††}Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

^{§§}Not nationally notifiable.

SUMMARY TABLES — 1995

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1995

Area	Total resident population (in thousands)	AIDS*	Botulism		Brucellosis	Chancroid†
			Foodborne	Infant		
United States	262,755	71,547	24	54	98	606
New England	13,312	3,608	1	—	1	7
Maine	1,241	130	—	—	—	—
N.H.	1,148	112	—	—	—	—
Vt.	585	44	—	—	—	—
Mass.	6,074	1,447	1	—	—	7
R.I.	990	223	—	—	—	—
Conn.	3,275	1,652	—	—	1	—
Mid. Atlantic	38,153	19,185	—	16	2	340
N.Y. (excl. NYC)	10,824	2,364	—	1	—	2
N.Y.C.	7,312	10,035	—	—	1	334
N.J.	7,945	4,409	—	7	—	4
Pa.	12,072	2,377	—	8	1	—
E.N. Central	43,456	5,410	—	5	12	29
Ohio	11,151	1,110	—	2	—	5
Ind.	5,803	529	—	—	—	—
Ill.	11,830	2,220	—	—	8	21
Mich.	9,549	1,201	—	1	3	—
Wis.	5,123	350	—	2	1	3
W.N. Central	18,348	1,734	1	—	4	2
Minn.	4,610	369	—	—	2	—
Iowa	2,842	116	—	—	2	—
Mo.	5,324	791	—	—	—	—
N. Dak.	641	5	—	—	—	—
S. Dak.	729	19	—	—	—	—
Nebr.	1,637	114	—	—	—	—
Kans.	2,565	320	1	—	—	2
S. Atlantic	46,995	17,983	1	4	9	47
Del.	717	316	—	1	—	—
Md.	5,042	2,575	—	1	2	—
D.C.	554	1,029	—	—	—	—
Va.	6,618	1,610	1	2	—	2
W. Va.	1,828	127	—	—	—	1
N.C.	7,195	1,000	—	—	3	18
S.C.	3,673	976	—	—	1	—
Ga.	7,201	2,291	—	—	1	2
Fla.	14,166	8,059	—	—	2	24
E.S. Central	16,066	2,279	—	1	3	9
Ky.	3,860	298	—	1	—	—
Tenn.	5,256	897	—	—	—	2
Ala.	4,253	642	—	—	—	7
Miss.	2,697	442	—	—	3	—
W.S. Central	28,828	6,136	—	1	24	156
Ark.	2,484	277	—	—	4	1
La.	4,342	1,087	—	1	—	129
Okla.	3,278	295	—	—	1	—
Tex.	18,724	4,477	—	—	19	26
Mountain	15,645	2,263	7	2	13	4
Mont.	870	25	—	—	1	—
Idaho	1,163	49	4	—	—	—
Wyo.	480	17	—	—	2	—
Colo.	3,747	673	1	—	1	—
N. Mex.	1,685	164	—	—	4	—
Ariz.	4,218	678	2	—	5	2
Utah	1,951	164	—	2	—	—
Nev.	1,530	493	—	—	—	2
Pacific	41,951	12,813	14	25	30	12
Wash.	5,431	892	6	—	—	5
Oreg.	3,141	459	—	—	1	—
Calif.	31,589	11,134	3	23	29	7
Alaska	604	69	5	—	—	—
Hawaii	1,187	259	—	2	—	—
Guam	133	—	—	—	—	—
P.R.	3,522	2,594	—	—	—	1
V.I.	102	39	—	—	—	2
C.N.M.I.	43	—	—	—	—	NA
American Samoa	47	—	NA	NA	NA	NA

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995. This total includes 136 cases in persons whose state of residence is unknown. NA: Not Available —: No reported cases

†Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

**NOTIFIABLE DISEASES — Reported cases, by geographic division and area,
United States, 1995 (continued)**

Area	Chlamydia*†	Cholera	<i>Escherichia coli</i> O157:H7		Gonorrhea†	<i>Haemophilus influenzae</i> , invasive
			NETSS‡	PHLIS¶		
United States	477,638	23	2,139	1,531	392,848	1,180
New England	18,248	—	243	139	7,539	46
Maine	1,144	—	65	—	94	3
N.H.	898	—	NA	21	118	13
Vt.	462	—	20	22	69	2
Mass.	7,402	—	118	96	2,658	16
R.I.	1,902	—	3	—	545	5
Conn.	6,440	—	37	—	4,055	7
Mid. Atlantic	53,703	4	242	209	44,813	177
N.Y. (excl. NYC)	NN	1	169	114	9,493	45
N.Y.C.	26,686	1	7	—	16,499	36
N.J.	4,056	1	66	51	5,783	32
Pa.	22,961	1	NN	44	13,038	64
E.N. Central	93,492	2	372	358	77,547	190
Ohio	29,124	—	107	59	23,176	99
Ind.	9,102	1	64	42	8,880	22
Ill.	24,645	1	126	90	21,747	48
Mich.	21,666	—	75	49	18,220	18
Wis.	8,955	—	NN	118	5,524	3
W.N. Central	34,055	1	415	278	20,106	94
Minn.	6,032	1	199	186	2,852	56
Iowa	5,089	—	66	52	1,723	3
Mo.	12,110	—	48	—	11,326	28
N. Dak.	1,324	—	8	8	38	—
S. Dak.	1,313	—	23	12	237	1
Nebr.	2,873	—	42	—	1,133	3
Kans.	5,314	—	29	20	2,797	3
S. Atlantic	85,575	2	135	83	110,052	236
Del.	2,701	1	5	2	2,201	—
Md.	8,740	—	NN	8	12,984	74
D.C.	1,665	—	—	—	5,687	—
Va.	12,285	—	NN	32	10,340	28
W. Va.	2,326	—	NN	3	860	11
N.C.	15,780	—	45	29	23,961	34
S.C.	8,591	—	10	5	12,120	3
Ga.	11,193	—	29	—	21,025	71
Fla.	22,294	1	46	4	20,874	15
E.S. Central	24,158	—	38	38	42,837	12
Ky.	6,904	—	19	15	4,751	5
Tenn.	13,154	—	NN	23	13,892	—
Ala.	3,188	—	16	—	14,683	6
Miss.	912	—	3	—	9,511	1
W.S. Central	59,483	2	69	18	50,800	80
Ark.	680	—	15	7	5,630	6
La.	9,111	—	NN	3	9,292	1
Okla.	5,065	—	16	8	5,077	31
Tex.	44,627	2	38	—	30,801	42
Mountain	29,361	3	278	122	9,509	122
Mont.	1,198	—	60	—	65	1
Idaho	1,739	—	63	35	149	6
Wyo.	703	—	NN	7	51	11
Colo.	6,650	1	93	37	2,803	16
N. Mex.	4,285	1	10	5	1,054	16
Ariz.	10,061	1	NN	26	3,844	30
Utah	1,676	—	29	—	306	12
Nev.	3,049	—	23	12	1,237	30
Pacific	79,563	9	347	286	29,645	223
Wash.	9,462	—	140	132	2,765	11
Oreg.	5,465	—	89	61	854	28
Calif.	62,501	9	118	77	24,803	178
Alaska	NN	—	NN	1	660	2
Hawaii	2,135	—	NN	15	563	4
Guam	461	—	1	—	90	—
P.R.	2,305	—	43	NA	618	3
V.I.	17	—	—	NA	31	—
C.N.M.I.	NA	9	NN	—	NA	11
American Samoa	NA	NA	NA	NA	NA	NA

*Chlamydia refers to genital infections caused by *C. trachomatis*.

†Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

‡Data from the National Electronic Telecommunications System for Surveillance.

¶Data from the Public Health Laboratory Information System.

NA: Not Available

NN: Not Notifiable

—: No reported cases

SUMMARY TABLES — 1995

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1995 (continued)

Area	Hansen disease (leprosy)	Hepatitis			Legionellosis	Lyme disease	Malaria
		A	B	C/non-A, non-B			
United States	144	31,582	10,805	4,576	1,241	11,700	1,419
New England	7	333	252	142	41	2,164	52
Maine	—	30	12	—	6	45	7
N.H.	—	13	23	14	2	28	2
Vt.	—	8	7	14	2	9	1
Mass.	7	161	114	106	24	189	21
R.I.	—	35	10	8	7	345	4
Conn.	—	86	86	—	NN	1,548	17
Mid. Atlantic	14	2,091	1,599	590	226	7,703	402
N.Y. (excl. NYC)	1	523	414	341	65	3,983	75
N.Y.C.	12	1,008	524	1	6	455	222
N.J.	1	312	368	189	33	1,703	73
Pa.	—	248	293	59	122	1,562	32
E.N. Central	3	3,160	1,130	358	341	441	160
Ohio	1	1,760	116	15	151	30	13
Ind.	1	189	241	14	81	19	20
Ill.	1	663	293	86	36	18	78
Mich.	—	364	398	243	35	5	26
Wis.	—	184	82	—	38	369	23
W.N. Central	2	1,992	675	91	121	306	36
Minn.	—	198	93	4	49	208	12
Iowa	—	107	46	15	21	16	3
Mo.	1	1,338	437	23	19	53	9
N. Dak.	—	23	5	7	3	—	2
S. Dak.	—	99	2	1	3	—	2
Nebr.	1	65	39	23	18	6	4
Kans.	—	162	53	18	8	23	4
S. Atlantic	4	1,434	1,599	316	199	726	277
Del.	—	12	9	—	2	56	1
Md.	2	221	262	7	29	454	63
D.C.	—	26	21	—	5	3	16
Va.	—	238	118	21	28	55	55
W. Va.	—	24	53	44	4	26	4
N.C.	—	111	311	64	34	84	20
S.C.	1	46	56	21	30	17	3
Ga.	—	84	103	28	19	14	41
Fla.	1	672	666	131	48	17	74
E.S. Central	—	2,312	830	1,020	56	73	27
Ky.	—	44	69	34	10	16	3
Tenn.	—	1,951	647	983	26	28	10
Ala.	—	93	114	3	8	12	11
Miss.	—	224	NA	NA	12	17	3
W.S. Central	38	5,287	1,712	631	32	160	100
Ark.	1	663	83	8	8	11	3
La.	1	196	243	222	3	9	7
Okla.	—	1,427	173	54	8	63	1
Tex.	36	3,001	1,213	347	13	77	89
Mountain	—	4,346	879	519	116	13	66
Mont.	—	173	24	18	4	—	3
Idaho	—	353	102	58	3	—	2
Wyo.	—	110	33	223	12	4	1
Colo.	—	509	138	69	42	—	26
N. Mex.	—	808	321	53	6	1	7
Ariz.	—	1,363	121	59	13	1	15
Utah	—	696	75	13	16	1	6
Nev.	—	334	65	26	20	6	6
Pacific	76	10,627	2,129	909	109	114	299
Wash.	3	937	226	234	22	10	23
Oreg.	1	2,723	129	37	—	20	21
Calif.	52	6,751	1,729	511	82	84	238
Alaska	1	50	13	3	—	—	5
Hawaii	19	166	32	124	5	—	12
Guam	7	10	5	6	1	—	2
P.R.	—	120	689	216	—	—	1
V.I.	—	9	16	—	—	—	2
C.N.M.I.	6	24	22	5	—	—	1
American Samoa	NA	NA	NA	NA	NA	NA	NA

NA: Not Available
 NN: Not Notifiable
 -: No reported cases

**NOTIFIABLE DISEASES — Reported cases, by geographic division and area,
United States, 1995 (continued)**

Area	Measles		Meningo- coccal disease	Mumps	Pertussis	Plague	Polio- myelitis, paralytic [†]
	Indigenous	Imported*					
United States	281	28	3,243	906	5,137	9	2
New England	10	3	165	13	731	—	—
Maine	—	—	17	4	47	—	—
N.H.	—	—	29	1	70	—	—
Vt.	—	—	11	—	81	—	—
Mass.	3	2	51	3	492	—	—
R.I.	6	—	7	1	7	—	—
Conn.	1	1	50	4	34	—	—
Mid. Atlantic	9	5	372	134	469	—	1
N.Y. (excl. NYC)	1	—	106	33	253	—	—
N.Y.C.	2	3	54	17	67	—	—
N.J.	6	2	74	21	20	—	—
Pa.	—	—	138	63	129	—	1
E.N. Central	11	4	419	172	667	—	—
Ohio	1	1	115	54	175	—	—
Ind.	—	—	65	10	76	—	—
Ill.	—	2	110	48	155	—	—
Mich.	4	1	75	60	103	—	—
Wis.	6	—	54	—	158	—	—
W.N. Central	12	—	201	52	369	—	1
Minn.	9	—	31	11	238	—	—
Iowa	—	—	31	11	11	—	—
Mo.	2	—	76	25	63	—	—
N. Dak.	—	—	2	1	8	—	1
S. Dak.	—	—	11	—	12	—	—
Nebr.	—	—	22	4	14	—	—
Kans.	1	—	28	—	23	—	—
S. Atlantic	14	5	601	163	388	—	—
Del.	—	—	6	—	10	—	—
Md.	—	1	42	41	49	—	—
D.C.	—	—	8	—	8	—	—
Va.	—	—	64	28	31	—	—
W. Va.	—	—	10	—	1	—	—
N.C.	—	—	86	42	137	—	—
S.C.	—	—	59	13	28	—	—
Ga.	4	—	124	11	30	—	—
Fla.	10	4	202	28	94	—	—
E.S. Central	—	—	244	20	277	—	—
Ky.	—	—	51	—	27	—	—
Tenn.	—	—	106	5	209	—	—
Ala.	—	—	49	5	38	NN	—
Miss.	—	—	38	10	3	—	—
W.S. Central	31	3	404	66	342	—	—
Ark.	2	—	39	7	59	—	—
La.	17	1	63	15	22	—	—
Okla.	—	—	49	1	44	—	—
Tex.	12	2	253	43	217	—	—
Mountain	68	2	218	33	743	5	—
Mont.	—	—	4	1	9	—	—
Idaho	1	1	21	4	116	—	—
Wyo.	—	—	8	—	1	—	—
Colo.	26	—	49	3	149	—	—
N. Mex.	30	1	36	NN	148	4	—
Ariz.	10	—	63	2	164	1	—
Utah	—	—	18	11	37	—	—
Nev.	1	—	19	12	119	—	—
Pacific	126	6	619	253	1,151	4	—
Wash.	20	—	126	16	491	—	—
Oreg.	—	1	117	NN	67	1	—
Calif.	106	3	356	211	531	3	—
Alaska	—	—	15	12	1	—	—
Hawaii	—	2	5	14	61	—	—
Guam	—	—	3	4	2	—	—
P.R.	3	—	24	3	3	—	—
V.I.	—	—	—	3	—	—	—
C.N.M.I.	—	—	—	1	—	—	—
American Samoa	NA	NA	NA	NA	NA	NA	NA

*Imported cases include only those imported from other countries.

[†]Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

NA: Not Available

NN: Not Notifiable

—: No reported cases

SUMMARY TABLES — 1995

NOTIFIABLE DISEASES — Reported cases, by geographic division and area, United States, 1995 (continued)

Area	Psittacosis	Rabies		RMSF*	Rubella		Salmonellosis	Shigellosis
		Animal	Human		Rubella	Cong. syndrome		
United States	64	7,811	5	590	128	6	45,970	32,080
New England	1	1,512	1	2	52	-	3,355	664
Maine	1	101	-	-	-	-	183	25
N.H.	-	152	-	-	1	-	188	71
Vt.	-	179	-	-	-	-	102	11
Mass.	-	401	-	1	11	-	1,862	324
R.I.	-	317	-	-	-	-	221	70
Conn.	-	362	1	1	40	-	799	163
Mid. Atlantic	12	1,923	-	43	16	1	8,157	3,531
N.Y. (excl. NYC)	5	1,157	-	12	5	-	1,912	985
N.Y.C.	-	-	-	6	8	1	2,159	845
N.J.	1	326	-	15	3	-	1,734	1,038
Pa.	6	440	-	10	-	-	2,352	663
E.N. Central	8	113	-	37	4	-	6,203	3,299
Ohio	1	12	-	17	-	-	1,545	598
Ind.	2	24	-	9	-	-	701	411
Ill.	-	16	-	10	-	-	2,087	1,539
Mich.	2	43	-	1	4	-	950	487
Wis.	3	18	-	-	-	-	920	264
W.N. Central	-	396	-	41	1	1	2,602	2,560
Minn.	-	37	-	-	-	-	737	197
Iowa	-	141	-	-	-	-	433	350
Mo.	-	30	-	30	-	1	577	1,138
N. Dak.	-	32	-	-	-	-	83	146
S. Dak.	-	105	-	1	-	-	108	200
Nebr.	-	5	-	6	-	-	301	227
Kans.	-	46	-	4	1	-	363	302
S. Atlantic	15	2,254	1	280	14	-	9,961	5,895
Del.	-	96	-	3	-	-	208	247
Md.	2	439	-	36	1	-	1,215	639
D.C.	-	11	-	-	-	-	154	197
Va.	1	459	-	34	-	-	1,358	412
W. Va.	-	116	-	4	-	-	169	59
N.C.	3	466	-	150	1	-	1,176	1,006
S.C.	3	125	-	37	-	-	633	251
Ga.	5	294	-	9	-	-	1,662	1,358
Fla.	1	248	1	7	12	-	3,386	1,726
E.S. Central	1	285	-	83	1	-	2,022	1,575
Ky.	-	28	-	16	-	-	433	332
Tenn.	1	98	-	32	1	-	454	400
Ala.	-	150	-	3	-	-	581	510
Miss.	-	9	-	32	NN	-	554	333
W.S. Central	-	728	-	86	8	-	3,743	3,932
Ark.	-	52	-	31	-	-	338	176
La.	-	54	-	2	-	-	590	485
Okla.	-	32	-	47	-	-	452	254
Tex.	-	590	-	6	8	-	2,363	3,017
Mountain	4	192	-	16	5	-	2,198	4,538
Mont.	-	46	-	5	-	-	103	286
Idaho	-	3	-	-	-	-	85	124
Wyo.	-	32	-	5	-	-	37	15
Colo.	2	16	-	5	1	-	594	528
N. Mex.	-	6	-	-	-	-	342	1,089
Ariz.	-	57	-	-	3	-	519	1,610
Utah	1	15	-	1	1	-	280	764
Nev.	1	17	-	-	-	-	238	122
Pacific	23	408	3	2	27	4	7,729	6,086
Wash.	7	15	1	1	1	-	691	425
Oreg.	3	4	-	1	-	-	344	168
Calif.	13	382	2	-	21	4	6,343	5,371
Alaska	-	7	-	NN	-	-	48	20
Hawaii	-	-	-	-	5	-	303	102
Guam	-	-	-	-	1	-	40	19
P.R.	-	39	-	-	-	-	770	57
V.I.	-	-	-	-	-	-	9	6
C.N.M.I.	-	-	-	-	-	-	42	41
American Samoa	NA	NA	NA	NA	NA	NA	NA	NA

*Rocky Mountain spotted fever.

NA: Not Available
 NN: Not Notifiable
 -: No reported cases

**NOTIFIABLE DISEASES — Reported cases, by geographic division and area,
United States, 1995 (continued)**

Area	Syphilis*			Tetanus	Toxic-shock syndrome	Trichinosis	Tuberculosis†	Typhoid fever
	Primary & secondary	Cong. (<1 yr.)	All stages					
United States	16,500	1,463	68,953	41	191	29	22,860	369
New England	161	9	905	—	7	2	574	35
Maine	2	—	4	—	1	—	28	—
N.H.	—	—	32	—	—	—	23	1
Vt.	—	—	—	—	2	—	4	—
Mass.	69	2	508	—	—	1	330	31
R.I.	4	—	90	—	4	—	50	1
Conn.	86	7	271	—	—	1	139	2
Mid. Atlantic	885	415	12,230	4	35	2	4,588	120
N.Y. (excl. NYC)	85	45	999	2	20	—	621	12
N.Y.C.	364	191	7,791	—	4	1	2,445	66
N.J.	188	109	1,490	—	—	1	848	27
Pa.	248	70	1,950	2	11	—	674	15
E.N. Central	2,732	202	8,257	8	44	3	2,044	41
Ohio	896	44	1,944	2	8	—	280	5
Ind.	321	10	880	1	3	2	199	3
Ill.	1,026	121	3,649	4	11	—	1,024	25
Mich.	304	21	1,204	1	17	—	424	4
Wis.	185	6	580	—	5	1	117	4
W.N. Central	738	48	1,822	8	34	8	618	9
Minn.	45	—	187	3	6	—	156	5
Iowa	48	—	171	—	5	8	72	—
Mo.	584	46	1,271	3	14	—	244	3
N. Dak.	—	—	—	—	1	—	5	—
S. Dak.	—	—	7	—	1	—	28	—
Nebr.	14	—	35	—	5	—	24	—
Kans.	47	2	151	2	2	—	89	1
S. Atlantic	4,212	297	15,862	6	24	—	4,113	43
Del.	19	1	129	—	—	—	56	1
Md.	479	14	1,471	—	2	—	370	6
D.C.	112	18	727	—	—	—	102	—
Va.	600	22	1,587	—	3	—	359	10
W. Va.	16	—	66	1	—	—	71	3
N.C.	1,132	25	3,058	—	7	—	519	5
S.C.	570	49	1,676	—	4	—	334	—
Ga.	901	53	3,678	1	1	—	746	—
Fla.	383	115	3,470	4	7	—	1,556	18
E.S. Central	3,655	133	9,298	1	7	—	1,483	2
Ky.	185	8	502	—	2	—	327	—
Tenn.	906	33	2,608	1	5	—	465	1
Ala.	612	10	1,639	—	—	—	420	1
Miss.	1,952	82	4,549	—	NN	—	271	—
W.S. Central	3,273	228	13,423	5	1	—	3,353	24
Ark.	495	4	1,245	—	1	—	271	1
La.	1,024	17	3,675	2	—	—	476	1
Okla.	197	13	585	—	—	—	237	1
Tex.	1,557	194	7,918	3	—	—	2,369	21
Mountain	204	12	1,129	3	10	11	702	5
Mont.	4	—	13	—	—	—	21	—
Idaho	—	—	12	—	2	9	14	—
Wyo.	1	—	2	—	1	2	5	—
Colo.	100	2	304	2	3	—	95	—
N. Mex.	13	—	138	—	1	—	85	—
Ariz.	46	8	415	—	—	—	319	5
Utah	4	—	50	—	3	—	48	—
Nev.	36	2	195	1	—	—	115	—
Pacific	640	119	6,027	6	29	3	5,385	90
Wash.	17	2	212	—	1	—	278	4
Oreg.	5	—	67	—	—	—	156	4
Calif.	616	117	5,703	5	28	3	4,677	75
Alaska	2	—	20	—	—	—	81	—
Hawaii	—	—	25	1	—	—	193	7
Guam	—	—	6	1	—	—	NA	1
P.R.	285	3	1,608	—	—	—	263	3
V.I.	2	—	19	—	—	—	4	—
C.N.M.I.	NA	NA	NA	1	—	—	37	96
American Samoa	NA	NA	NA	NA	NA	NA	NA	NA

*Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

†Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

NA: Not Available

NN: Not Notifiable

—: No reported cases

10 NOTIFIABLE DISEASES — Summary of reported cases, by age group,* United States, 1995

NAME	Total	<5 (Rate)	5-14 (Rate)	15-24 (Rate)	25-44 (Rate)	45-64 (Rate)	65+ (Rate)	Age not stated
AIDS†	71,547	555 (2.82)	264 (0.71)	2,666 (7.51)	53,460 (65.29)	13,764 (27.78)	838 (2.56)	-
Botulism, total	97	56 (0.28)	4 (0.01)	2 (0.01)	20 (0.02)	12 (0.02)	1 (0.00)	2
Brucellosis	98	4 (0.02)	11 (0.03)	17 (0.05)	44 (0.05)	13 (0.03)	9 (0.03)	-
Cholera	23	3 (0.02)	- (-)	1 (0.00)	4 (0.00)	11 (0.02)	3 (0.01)	1
<i>Escherichia coli</i> O157:H7	2,139	444 (2.73)	503 (1.66)	264 (0.91)	314 (0.47)	290 (0.72)	266 (1.00)	58
Gonorrhea‡	395,493	- (-)	8,076 (21.80)	228,698 (645.01)	132,988 (162.41)	11,046 (22.29)	3,457 (10.54)	9,271
<i>Haemophilus influenzae</i> , invasive	1,180	290 (1.47)	66 (0.18)	41 (0.12)	135 (0.16)	203 (0.41)	427 (1.30)	18
Hansen disease (leprosy)	144	- (-)	4 (0.01)	19 (0.05)	40 (0.05)	36 (0.07)	25 (0.08)	20
Hepatitis A	31,582	2,053 (10.42)	6,666 (17.99)	6,382 (18.00)	12,160 (14.85)	2,801 (5.65)	1,042 (3.18)	478
Hepatitis B	10,805	81 (0.42)	212 (0.58)	2,060 (5.88)	6,018 (7.42)	1,707 (3.48)	441 (1.36)	286
Hepatitis, C/non-A non-B	4,576	50 (0.26)	32 (0.09)	264 (0.75)	2,973 (3.66)	920 (1.88)	251 (0.77)	86
Legionellosis	1,241	4 (0.02)	10 (0.03)	30 (0.09)	255 (0.32)	397 (0.81)	518 (1.60)	27
Lyme disease	11,700	699 (3.55)	1,997 (5.39)	994 (2.80)	3,213 (3.92)	3,043 (6.14)	1,608 (4.90)	146
Malaria	1,419	88 (0.45)	145 (0.39)	247 (0.70)	596 (0.73)	224 (0.45)	58 (0.18)	61
Measles (rubeola)	309	107 (0.54)	48 (0.13)	45 (0.13)	74 (0.09)	16 (0.03)	- (-)	19
Meningococcal disease	3,243	1,093 (5.55)	518 (1.40)	606 (1.71)	347 (0.42)	299 (0.60)	346 (1.06)	34
Mumps	906	165 (0.85)	418 (1.15)	117 (0.34)	138 (0.17)	41 (0.08)	6 (0.02)	21
Pertussis (whooping cough)	5,137	2,733 (13.87)	1,246 (3.36)	405 (1.14)	516 (0.63)	160 (0.32)	41 (0.13)	36
Plague	9	- (-)	1 (0.00)	1 (0.00)	4 (0.00)	2 (0.00)	1 (0.00)	-
Poliomyelitis, paralytic¶	2	2 (0.01)	- (-)	- (-)	- (-)	- (-)	- (-)	-
Psittacosis	64	2 (0.01)	1 (0.00)	8 (0.02)	27 (0.03)	20 (0.04)	3 (0.01)	3
Rabies, human	5	1 (0.01)	1 (0.00)	- (-)	2 (0.00)	- (-)	1 (0.00)	-
Rocky Mountain spotted fever	590	47 (0.24)	112 (0.30)	60 (0.17)	206 (0.25)	109 (0.22)	49 (0.15)	7
Rubella (German measles)	128	9 (0.05)	10 (0.03)	26 (0.07)	66 (0.08)	14 (0.03)	1 (0.00)	2
Salmonellosis	45,970	12,177 (61.80)	4,477 (12.08)	4,002 (11.29)	9,145 (11.17)	4,701 (9.49)	3,978 (12.13)	7,490
Shigellosis	32,080	9,130 (46.33)	7,428 (20.05)	2,369 (6.68)	5,074 (6.20)	1,364 (2.75)	639 (1.95)	6,076
Syphilis, primary and secondary§	16,501	- (-)	114 (0.31)	4,860 (13.71)	9,647 (11.78)	1,655 (3.34)	187 (0.57)	11
Tetanus	41	2 (0.01)	1 (0.00)	2 (0.01)	20 (0.02)	6 (0.01)	10 (0.03)	-
Toxic-shock syndrome	191	8 (0.04)	33 (0.09)	39 (0.11)	74 (0.09)	23 (0.05)	7 (0.02)	7
Trichinosis	29	1 (0.01)	- (-)	2 (0.01)	14 (0.02)	8 (0.02)	3 (0.01)	1
Tuberculosis**	22,860	783 (3.97)	645 (1.74)	1,703 (4.80)	8,241 (10.06)	5,998 (12.10)	5,337 (16.28)	153
Typhoid fever	369	43 (0.22)	78 (0.21)	84 (0.24)	132 (0.16)	19 (0.04)	12 (0.04)	1

* July 1, 1993, post-censal population estimates were used to calculate incidence rates per 100,000 population.

† The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995.

§ Age-related data are collected on aggregate forms different from those used for the number of reported cases. Therefore, the total cases reported on this table may differ slightly from other tables. Cases among persons ages <5 years are not shown because some of these may not be caused by sexual transmission; these cases are, however, included in the totals. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996. Age data for 1995 are unavailable for chancroid and chlamydia.

¶ Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

** Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

NOTIFIABLE DISEASES — Summary of reported cases, by sex,* United States, 1995

NAME	Total	Male (Rate)	Female (Rate)	Sex not stated
AIDS [†]	71,547	58,007 (46.56)	13,540 (10.27)	-
Botulism, total	97	46 (0.04)	51 (0.04)	-
Brucellosis	98	59 (0.05)	39 (0.03)	-
Chancroid [§]	606	443 (0.35)	160 (0.12)	3
Chlamydia ^{§¶}	477,638	- (-)	383,956 (290.29)	1
Cholera	23	9 (0.01)	13 (0.01)	1
<i>Escherichia coli</i> O157:H7	2,139	970 (0.95)	1,144 (1.06)	25
Gonorrhea [§]	392,848	203,563 (158.64)	188,650 (140.32)	635
<i>Haemophilus influenzae</i> , invasive	1,180	575 (0.46)	602 (0.46)	3
Hansen disease (leprosy)	144	85 (0.07)	40 (0.03)	19
Hepatitis A	31,582	17,488 (14.04)	13,943 (10.58)	151
Hepatitis B	10,805	6,448 (5.23)	4,286 (3.29)	71
Hepatitis, C/non-A non-B	4,576	2,848 (2.31)	1,696 (1.30)	32
Legionellosis	1,241	706 (0.57)	529 (0.41)	6
Lyme disease	11,700	5,890 (4.73)	5,772 (4.38)	38
Malaria	1,419	863 (0.69)	519 (0.39)	37
Measles (rubeola)	309	133 (0.11)	154 (0.12)	22
Meningococcal disease	3,243	1,688 (1.35)	1,542 (1.17)	13
Mumps	906	480 (0.39)	411 (0.32)	15
Pertussis (whooping cough)	5,137	2,421 (1.94)	2,707 (2.05)	9
Plague	9	4 (0.00)	5 (0.00)	-
Poliomyelitis, paralytic**	2	2 (0.00)	- (-)	-
Psittacosis	64	28 (0.02)	36 (0.03)	-
Rabies, human	5	3 (0.00)	2 (0.00)	-
Rocky Mountain spotted fever	590	322 (0.26)	266 (0.20)	2
Rubella (German measles)	128	63 (0.05)	63 (0.05)	2
Rubella, congenital syndrome	6	2 (0.00)	4 (0.00)	-
Salmonellosis	45,970	19,093 (15.32)	20,084 (15.23)	6,793
Shigellosis	32,080	11,955 (9.60)	14,523 (11.02)	5,602
Syphilis, primary and secondary [§]	16,500	8,731 (6.80)	7,768 (5.78)	1
Tetanus	41	27 (0.02)	14 (0.01)	-
Toxic-shock syndrome	191	54 (0.04)	131 (0.10)	6
Trichinosis	29	19 (0.02)	9 (0.01)	1
Tuberculosis ^{††}	22,860	14,494 (11.63)	8,348 (6.33)	18
Typhoid fever	369	207 (0.17)	160 (0.12)	2

* July 1, 1993, post-censal population estimates were used to calculate rates. Rates are reported per 100,000 population.

[†]The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995.

[§]Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

[¶]Chlamydia refers to genital infections caused by *C. trachomatis*. The rates for men are not presented, as reporting on men is much more limited than on women.

**Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

^{††}Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

12 NOTIFIABLE DISEASES — Summary of reported cases, by race, United States, 1995

Name	Total	American Indian or Alaskan Native		Asian or Pacific Islander		Black		White		Other		Race not stated	
		Alaskan Native	(%)	Islander	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	
AIDS*	71,547	238	(<1)	556	(1)	29,326	(41)	29,715	(42)	-	(-)	11,712 [†]	(16)
Botulism, total	97	5	(5)	7	(7)	-	(-)	53	(55)	-	(-)	32	(33)
Brucellosis	98	-	(-)	-	(-)	4	(4)	50	(51)	-	(-)	44	(45)
Cholera	23	-	(-)	2	(9)	-	(-)	10	(43)	-	(-)	11	(48)
<i>Escherichia coli</i> O157:H7	2,139	2	(<1)	18	(1)	62	(3)	1,224	(57)	4	(<1)	829	(39)
Gonorrhea [‡]	395,493	1,472	(<1)	1,305	(<1)	240,887	(61)	42,198	(11)	-	(-)	109,631 [†]	(28)
<i>Haemophilus influenzae</i> , invasive	1,180	15	(1)	15	(1)	144	(12)	766	(65)	3	(<1)	237	(20)
Hansen disease (leprosy)	144	-	(-)	43	(30)	7	(5)	39	(27)	1	(1)	54	(38)
Hepatitis A	31,582	1,375	(4)	428	(1)	3,066	(10)	18,967	(60)	61	(<1)	7,685	(24)
Hepatitis B	10,805	100	(1)	710	(7)	2,394	(22)	4,772	(44)	25	(<1)	2,804	(26)
Hepatitis, C/non-A non-B	4,576	45	(1)	38	(1)	542	(12)	1,798	(39)	3	(<1)	2,150	(47)
Legionellosis	1,241	2	(<1)	10	(1)	108	(9)	852	(69)	2	(<1)	267	(22)
Lyme disease	11,700	22	(<1)	83	(1)	204	(2)	8,945	(76)	-	(-)	2,446	(21)
Malaria	1,419	5	(<1)	225	(16)	444	(31)	367	(26)	28	(2)	350	(25)
Measles (rubeola)	309	8	(3)	10	(3)	13	(4)	170	(55)	-	(-)	108	(35)
Meningococcal disease	3,243	42	(1)	29	(1)	503	(16)	2,152	(66)	4	(<1)	513	(16)
Mumps	906	8	(1)	33	(4)	73	(8)	403	(44)	3	(<1)	386	(43)
Pertussis (whooping cough)	5,137	55	(1)	62	(1)	314	(6)	2,780	(54)	2	(<1)	1,924	(37)
Plague	9	2	(22)	-	(-)	-	(-)	6	(67)	-	(-)	1	(11)
Poliomyelitis, paralytic [¶]	2	-	(-)	-	(-)	-	(-)	2	(100)	-	(-)	-	(-)
Psittacosis	64	-	(-)	-	(-)	2	(3)	40	(63)	-	(-)	22	(34)
Rabies, human	5	-	(-)	-	(-)	-	(-)	4	(80)	-	(-)	1	(20)
Rocky Mountain spotted fever	590	11	(2)	4	(1)	33	(6)	450	(76)	-	(-)	92	(16)
Rubella (German measles)	128	-	(-)	10	(8)	7	(5)	87	(68)	-	(-)	24	(19)
Rubella, congenital syndrome	6	-	(-)	-	(-)	-	(-)	2	(33)	-	(-)	4	(67)
Salmonellosis	45,970	217	(<1)	686	(1)	3,817	(8)	20,875	(45)	34	(<1)	20,341	(44)
Shigellosis	32,080	2,031	(6)	166	(1)	4,153	(13)	12,828	(40)	13	(<1)	12,889 [†]	(40)
Syphilis, primary and secondary [§]	16,501	47	(<1)	54	(<1)	13,974	(85)	1,487	(9)	-	(-)	939	(6)
Tetanus	41	1	(2)	1	(2)	1	(2)	31	(76)	-	(-)	7	(17)
Toxic-shock syndrome	191	1	(1)	3	(2)	12	(6)	140	(73)	-	(-)	35	(18)
Trichinosis	29	-	(-)	-	(-)	-	(-)	10	(34)	-	(-)	19	(66)
Tuberculosis**	22,860	327	(1)	4,035	(18)	7,766	(34)	10,606	(46)	-	(-)	126	(1)
Typhoid fever	369	2	(1)	107	(29)	32	(9)	71	(19)	12	(3)	145	(39)

*The total number of acquired immunodeficiency syndrome (AIDS) includes all cases reported through December 31, 1995.

[†]Includes cases originally reported as Hispanic: 11,577 for AIDS; 16,447 for gonorrhea; and 686 for syphilis, primary and secondary.

[§]Race data are collected on aggregate forms different from those used for numbers of reported cases. Thus, the total number of cases reported on this table may differ slightly from other tables. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996. Race data for 1995 are unavailable for chancroid and chlamydia.

[¶]Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

**Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

NOTIFIABLE DISEASES — Summary of reported cases, by ethnicity, United States, 1995

NAME	Total	Hispanic		Non-Hispanic		Ethnicity not stated	
		(%)	(%)	(%)	(%)	(%)	(%)
AIDS*	71,547	11,577	(16)	59,041	(83)	929 [†]	(1)
Botulism, total	97	14	(14)	53	(55)	30	(31)
Brucellosis	98	57	(58)	23	(23)	18	(18)
Cholera	23	14	(61)	7	(30)	2	(9)
<i>Escherichia coli</i> O157:H7	2,139	50	(2)	1,090	(51)	999	(47)
Gonorrhea [§]	395,493	16,447	(4)	283,085	(72)	95,961 [†]	(24)
<i>Haemophilus influenzae</i>	1,180	70	(6)	710	(60)	400	(34)
Hansen disease (leprosy)	144	42	(29)	68	(47)	34	(24)
Hepatitis A	31,582	5,051	(16)	17,473	(55)	9,058	(29)
Hepatitis B	10,805	1,074	(10)	5,767	(53)	3,964	(37)
Hepatitis, C/non-A non-B	4,576	281	(6)	1,829	(40)	2,466	(54)
Legionellosis	1,241	21	(2)	717	(58)	503	(41)
Lyme disease	11,700	200	(2)	6,129	(52)	5,371	(46)
Malaria	1,419	126	(9)	856	(60)	437	(31)
Measles (rubeola)	309	56	(18)	147	(48)	106	(34)
Meningococcal disease	3,243	343	(11)	1,995	(62)	905	(28)
Mumps	906	139	(15)	343	(38)	424	(47)
Pertussis (whooping cough)	5,137	376	(7)	2,366	(46)	2,395	(47)
Plague	9	1	(11)	7	(78)	1	(11)
Poliomyelitis, paralytic [¶]	2	-	(-)	-	(-)	2	(100)
Psittacosis	64	2	(3)	40	(63)	22	(34)
Rabies, human	5	2	(40)	2	(40)	1	(20)
Rocky Mountain spotted fever	590	10	(2)	339	(57)	241	(41)
Rubella (German measles)	128	60	(47)	48	(38)	20	(16)
Rubella, congenital syndrome	6	5	(83)	1	(17)	-	(-)
Salmonellosis	45,970	2,937	(6)	18,124	(39)	24,909	(54)
Shigellosis	32,080	3,673	(11)	12,575	(39)	15,832 [†]	(49)
Syphilis, primary and secondary [§]	16,501	686	(4)	15,461	(94)	354	(2)
Tetanus	41	6	(15)	23	(56)	12	(29)
Toxic-shock syndrome	191	7	(4)	121	(63)	63	(33)
Trichinosis	29	3	(10)	6	(21)	20	(69)
Tuberculosis**	22,860	4,847	(21)	17,872	(78)	141	(1)
Typhoid fever	369	86	(23)	178	(48)	105	(28)

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995.

[†] Ethnicity is not stated and includes cases originally reported as American Indian or Alaskan Native and Asian or Pacific Islander.

[§] Ethnicity data are collected on aggregate forms different from those used for numbers of reported cases. Thus, the total number of cases reported on this table may differ slightly from other tables. Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996. Ethnicity data for 1995 are unavailable for chancroid and chlamydia.

[¶] Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

**Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

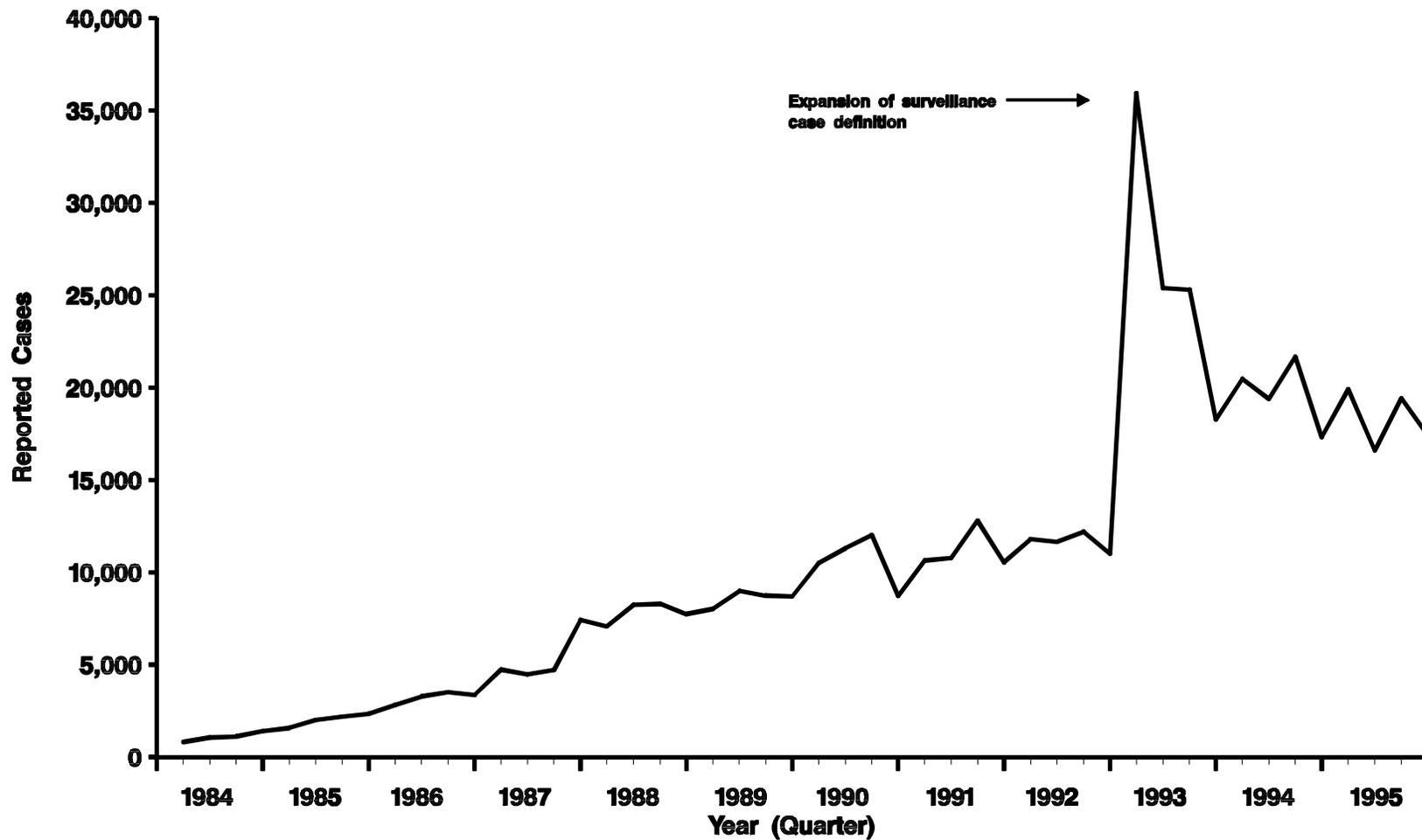
PART 2:

Graphs and Maps for Selected Notifiable Diseases in the United States

**EXPLANATION OF SYMBOLS USED IN
TABLES, GRAPHS, AND MAPS**

Data not available.....	NA
Report of disease is not required in that jurisdiction (not notifiable)	NN
No reported cases	-

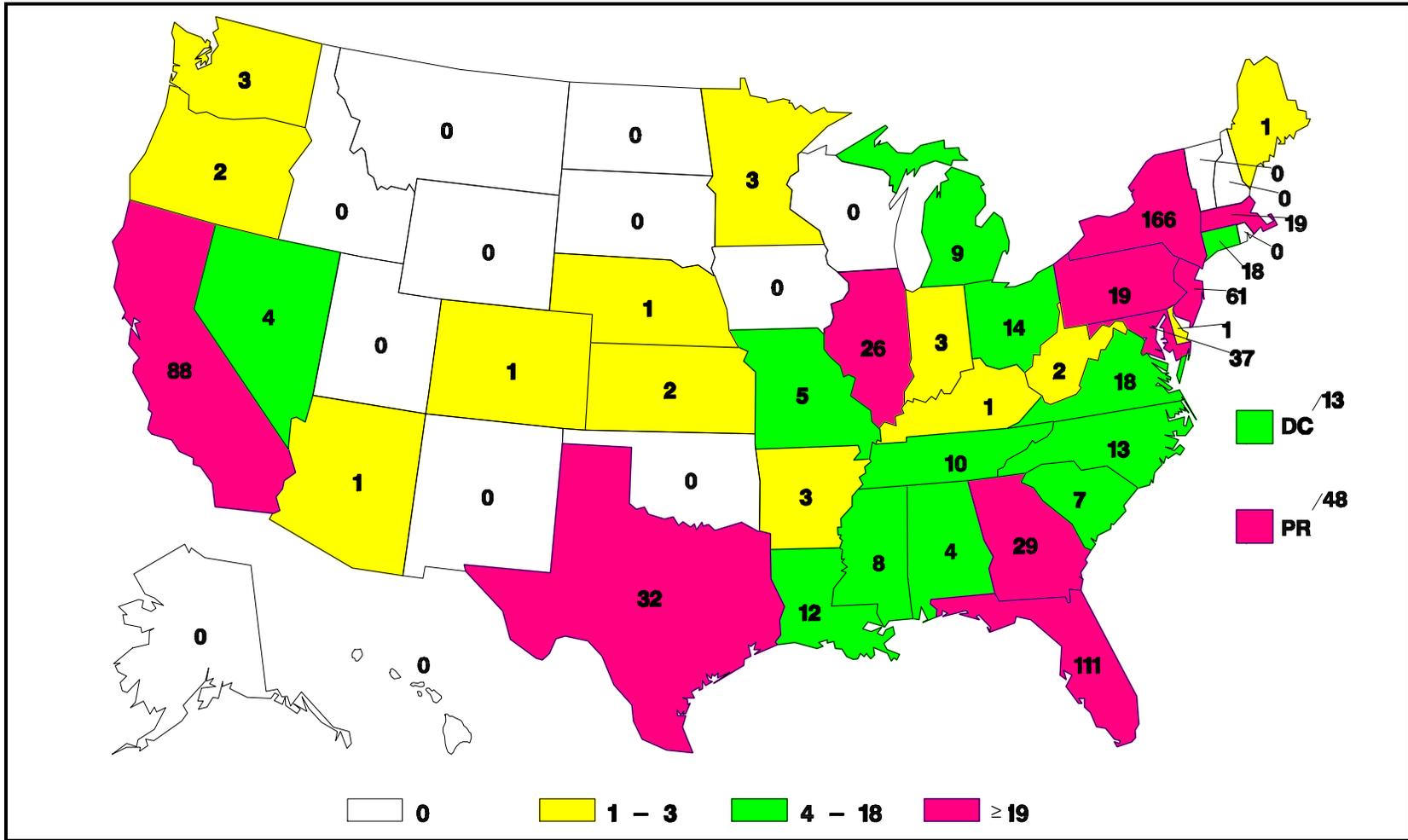
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported cases, by quarter, United States,* 1984–1995



* Includes Guam, Puerto Rico, the U.S. Pacific Islands, and the U.S. Virgin Islands.

The number of AIDS cases reported during 1995 was lower than the number reported in 1994 or in 1993. This decrease reflects the waning effect of the expansion, in 1993, of the AIDS case definition used for surveillance.

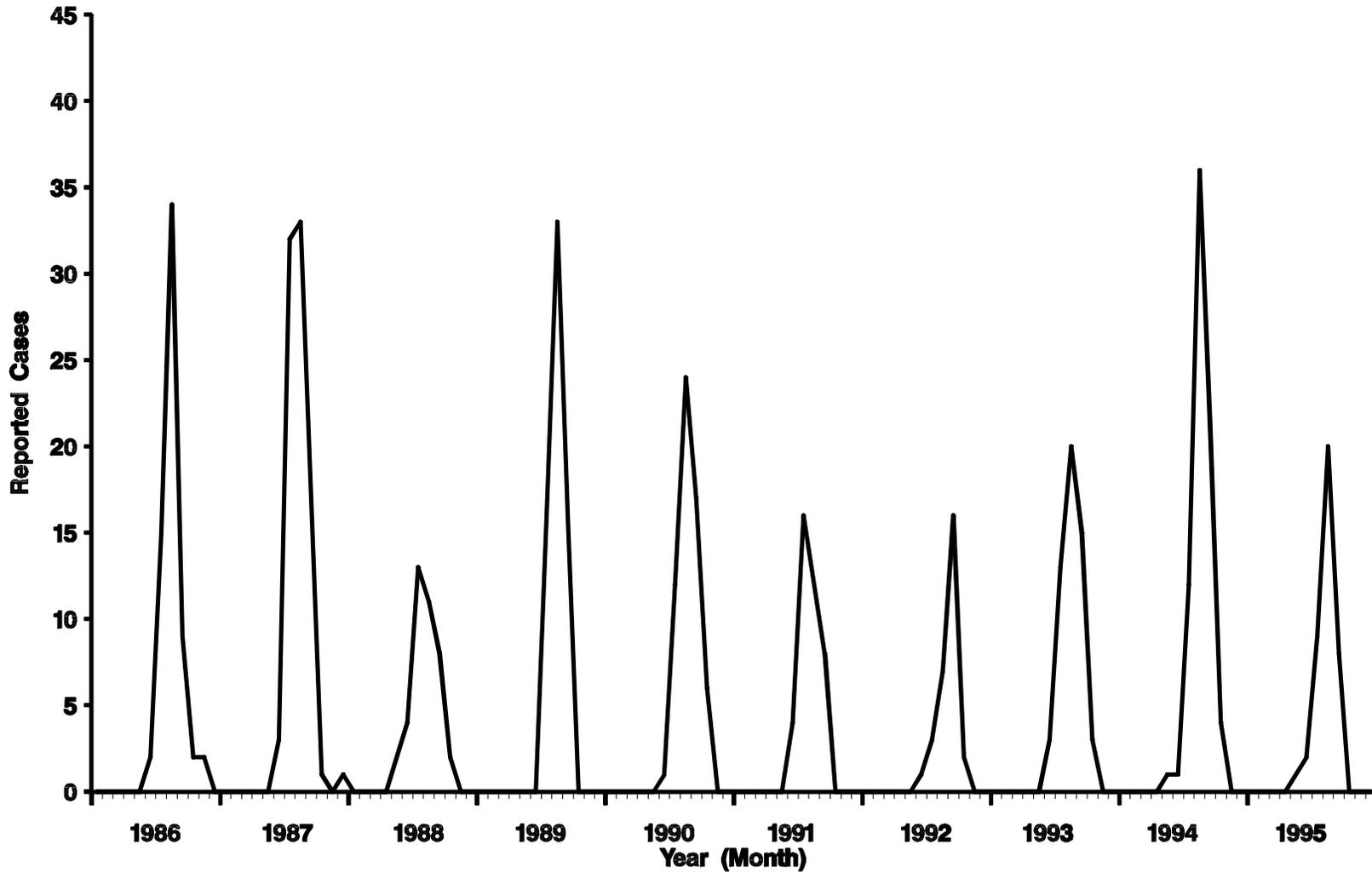
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) — reported pediatric cases,* United States and Puerto Rico, 1995



*Children and adolescents <13 years of age.

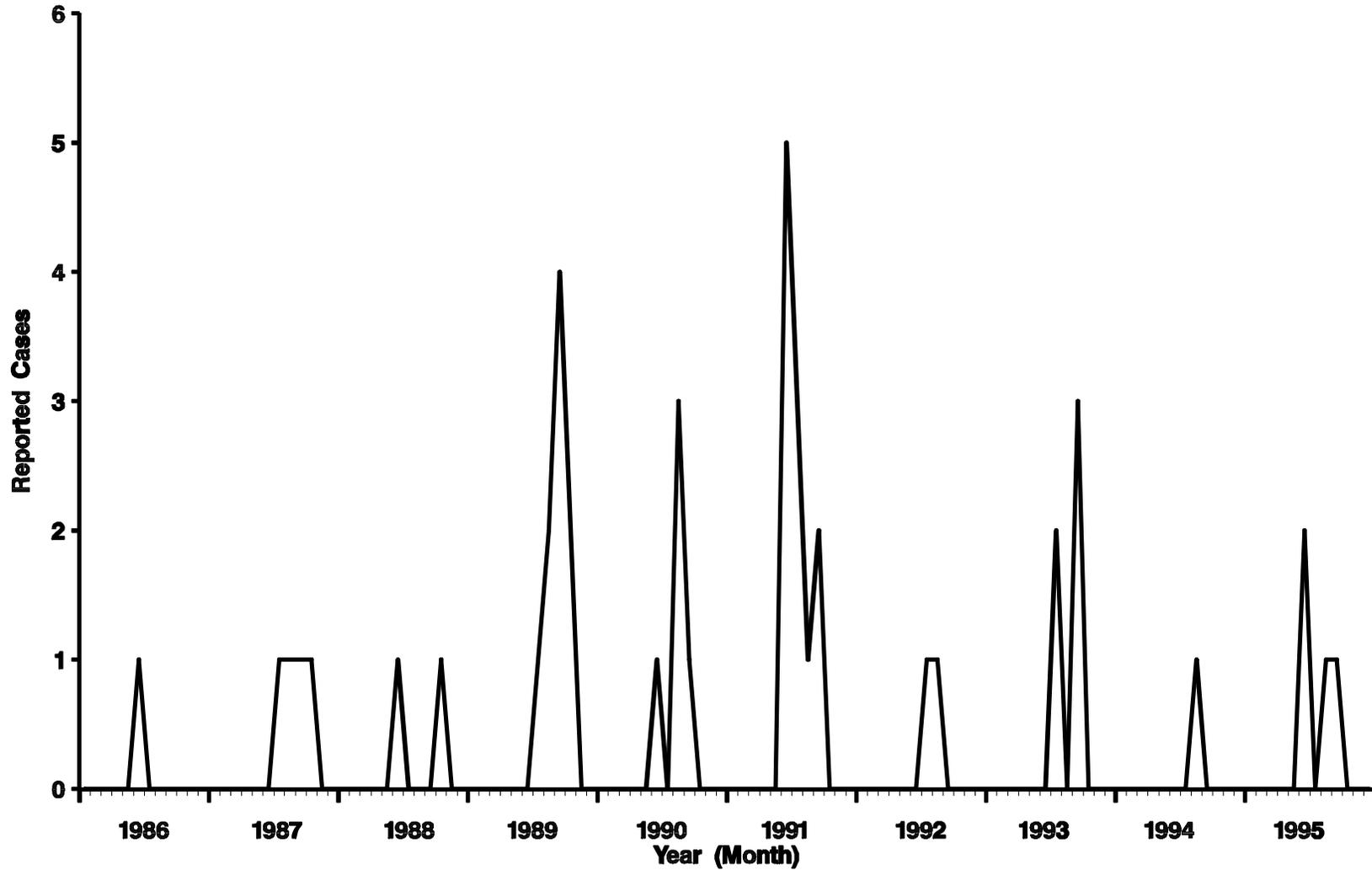
In 1995, the highest numbers of reported pediatric AIDS cases originated in states that had the highest rates of reported AIDS cases (refer to the preceding figure).

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by California serogroup viruses, by month of onset, United States, 1986–1995



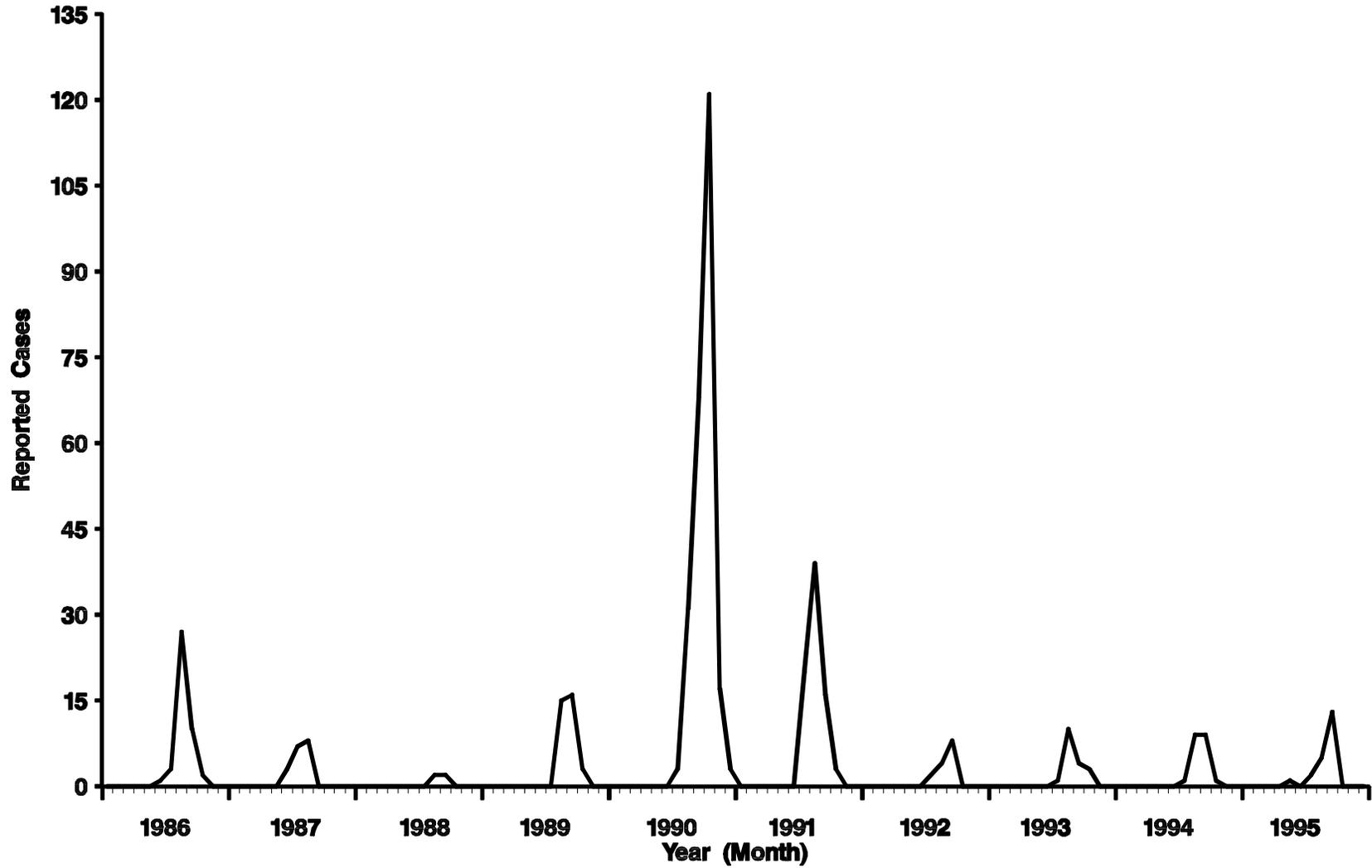
California serogroup viruses consistently produce cases of primary pediatric clinical encephalitis in various areas of the eastern United States.

ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by eastern equine encephalitis virus, by month of onset, United States, 1986–1995



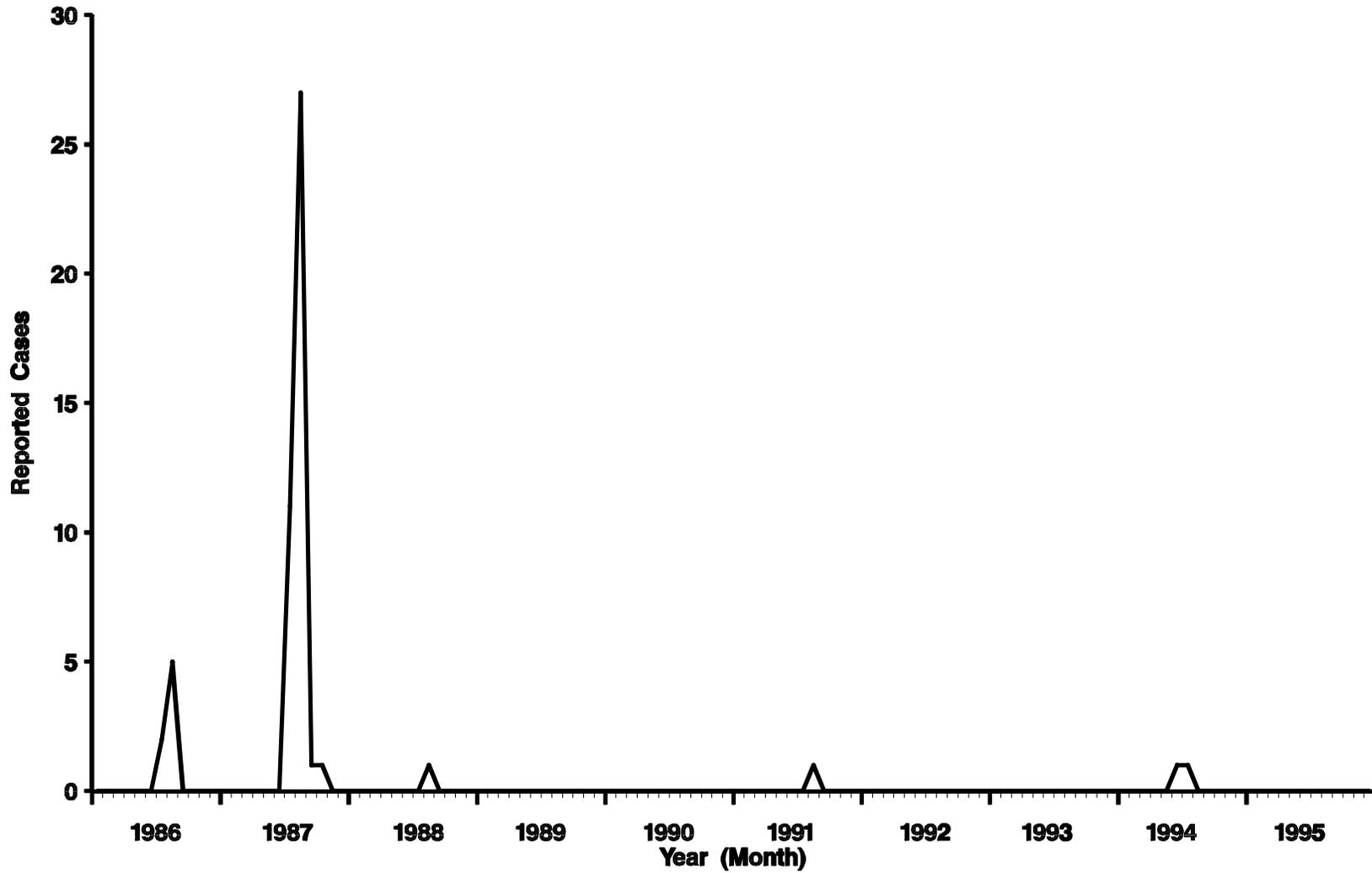
Human cases of eastern equine encephalitis, often associated with high mortality rates (20%) and severe neurologic sequelae, occur in low frequency in states along the Atlantic coast.

2 ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by St. Louis encephalitis virus, by month of onset, United States, 1986–1995



St. Louis encephalitis, which has historically produced large epidemics, frequently causes intense local outbreaks, as it did in Harris County, Texas, in 1995.

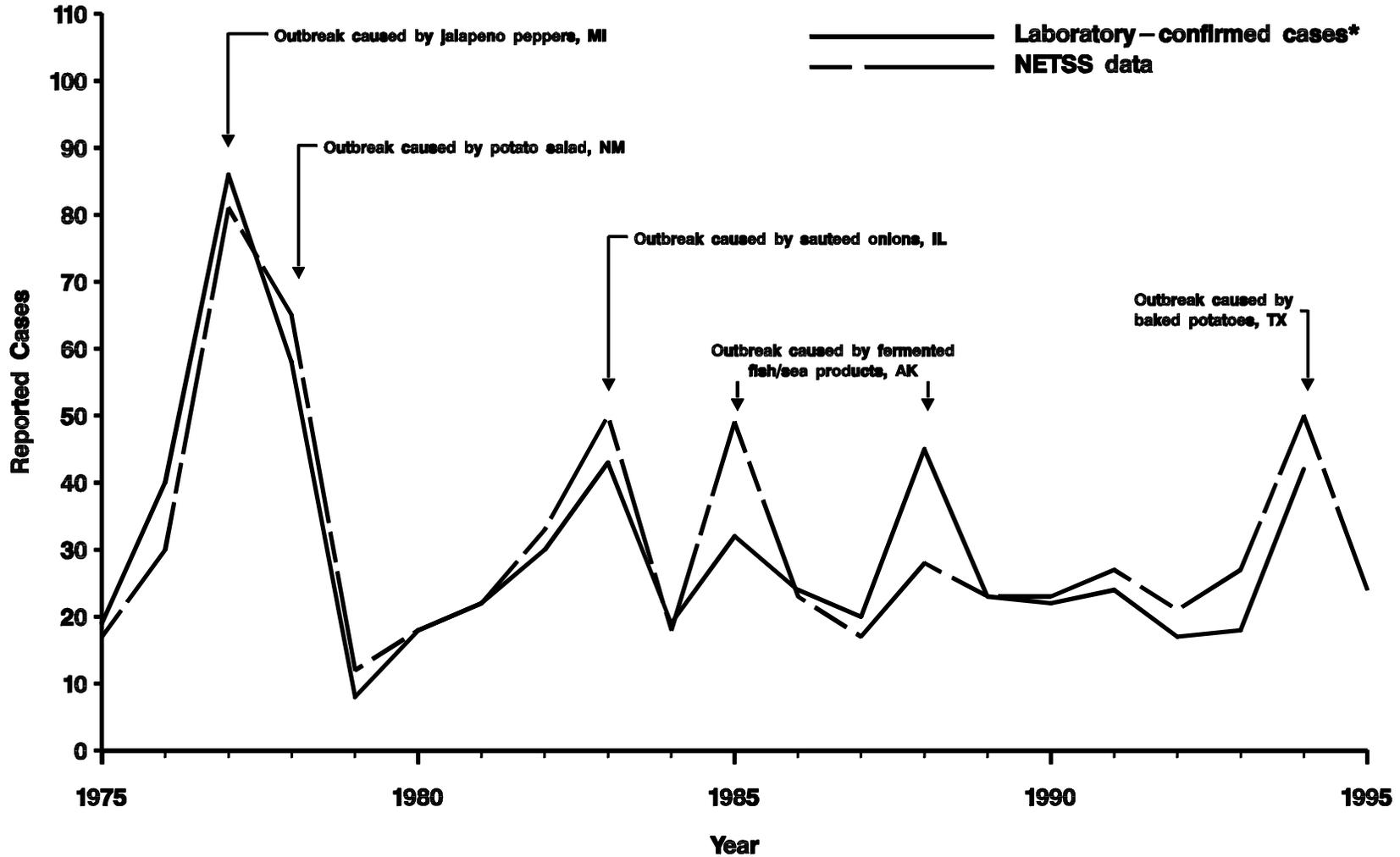
ARBOVIRAL INFECTIONS (of the central nervous system) — reported laboratory-confirmed cases caused by western equine encephalitis virus, by month of onset, United States, 1986–1995



23 Human cases of western equine encephalitis, for unknown reasons, have occurred only sporadically since the outbreaks of 1987.

BOTULISM (foodborne) — by year, United States, 1975–1995

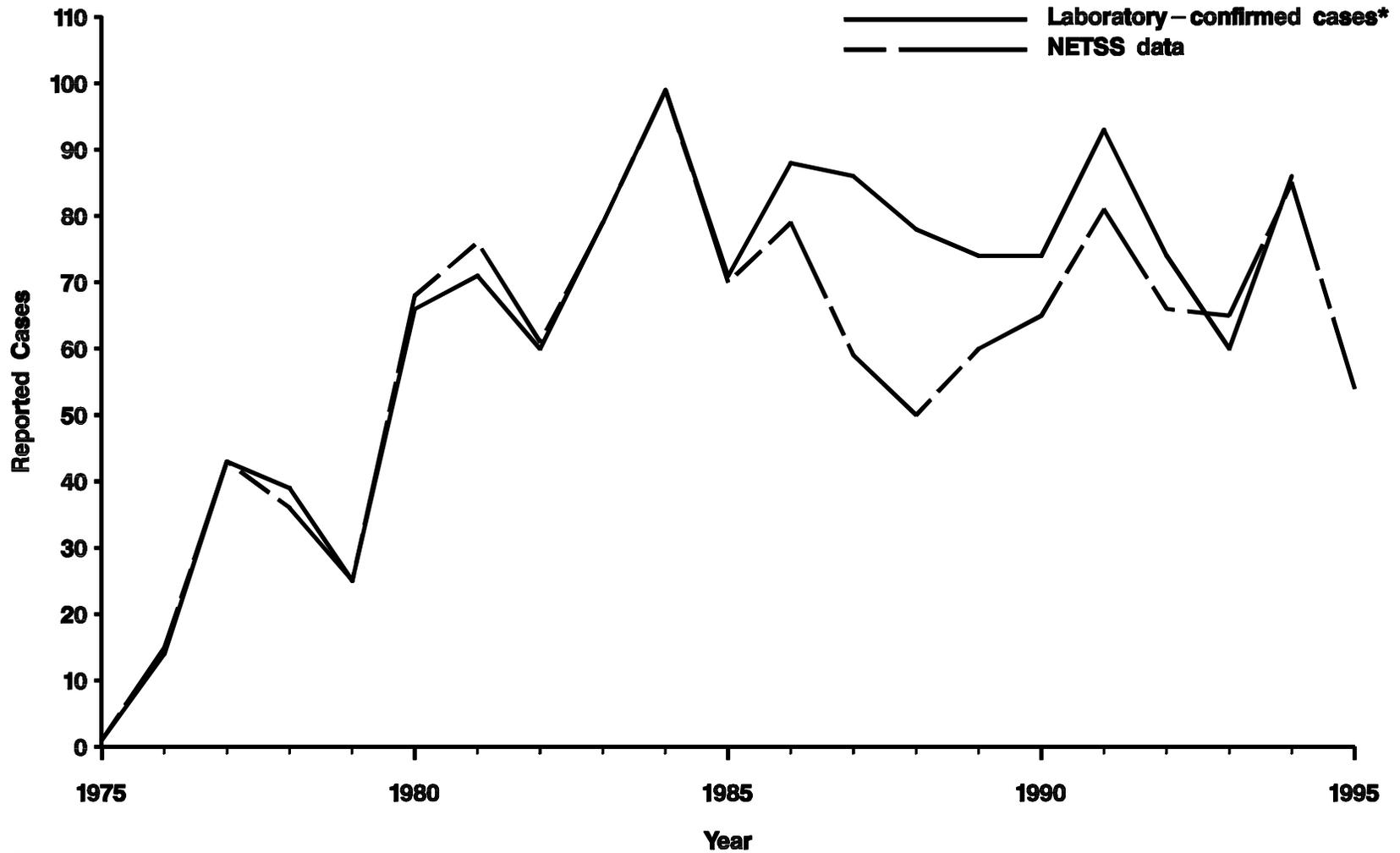
24



*Data not yet available for 1995.

Although they occur infrequently, outbreaks of foodborne botulism can rapidly kill many persons. Such outbreaks require prompt and effective communication between clinicians and public health officials.

BOTULISM (infant) — by year, United States, 1975–1995



*Data not yet available for 1995.

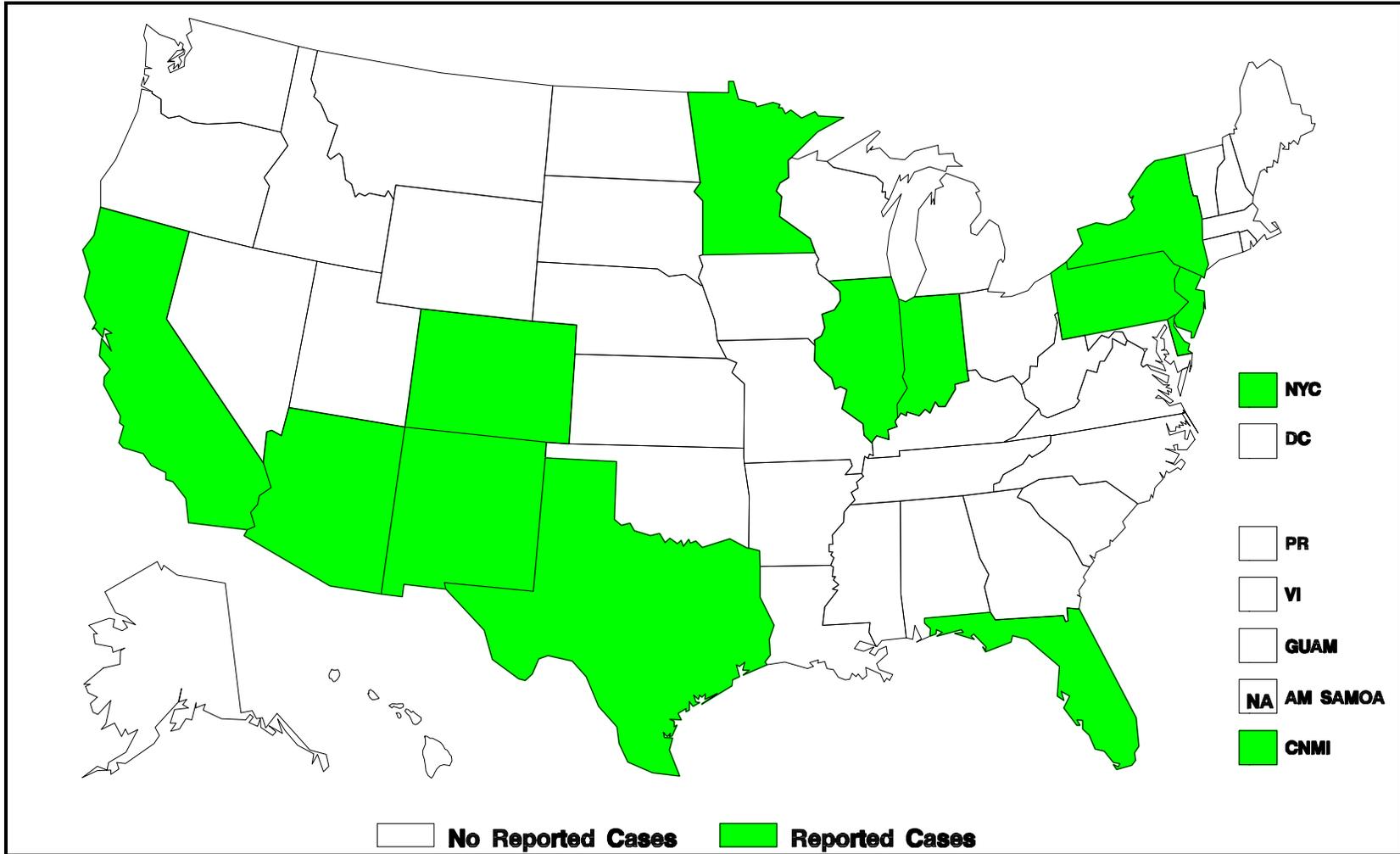
In the United States, nearly half of the reported cases of infant botulism occur in California.

BRUCELLOSIS — by year, United States, 1965–1995



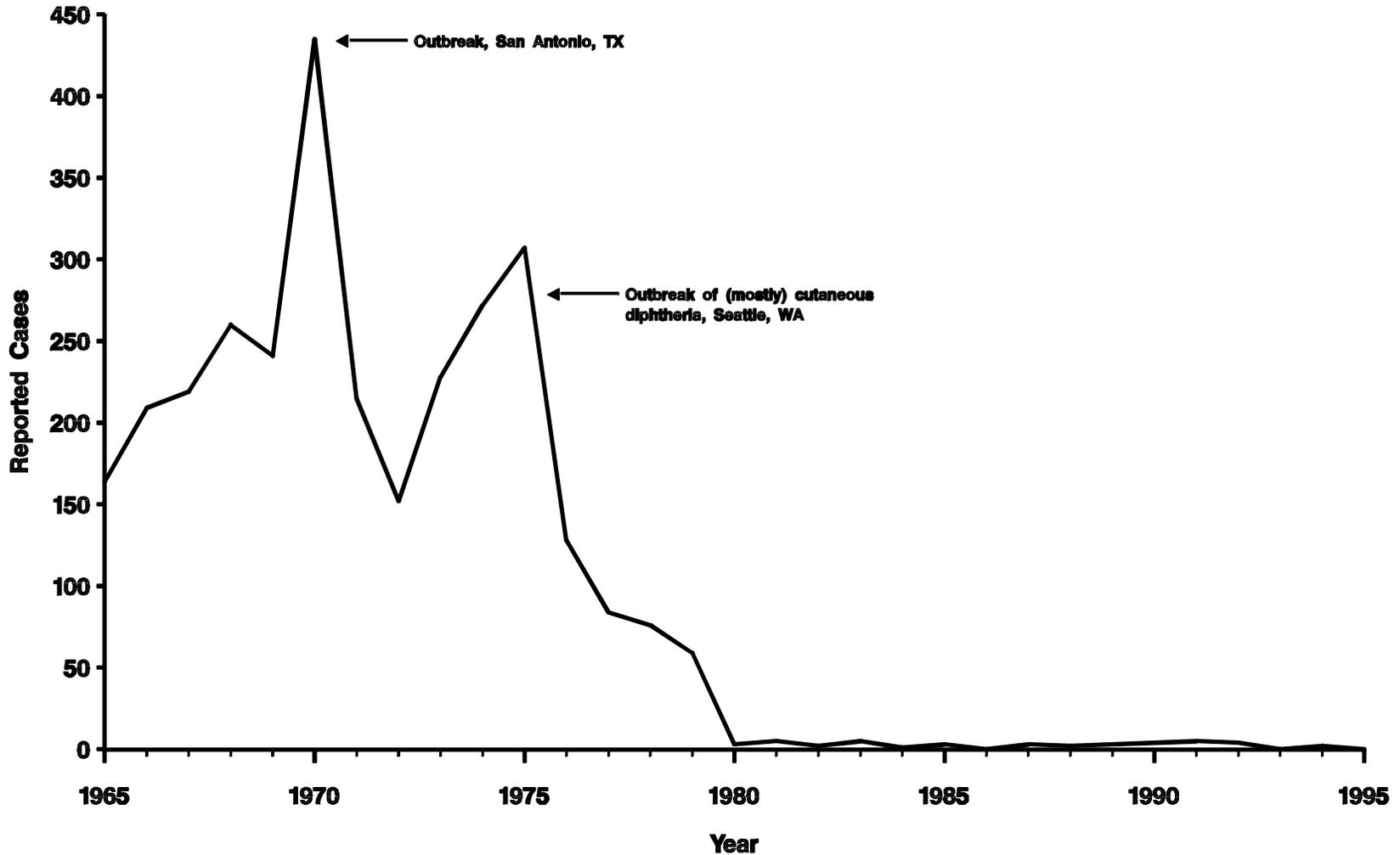
After peaking at over 300 cases in 1975, the number of brucellosis cases has declined and, for the last 10 years, has remained relatively stable at approximately 100 cases per year.

CHOLERA — reported cases, United States and territories, 1995



In recent years, most of the cases of cholera recognized in the United States were acquired during travel to Latin America, Asia, and Africa.

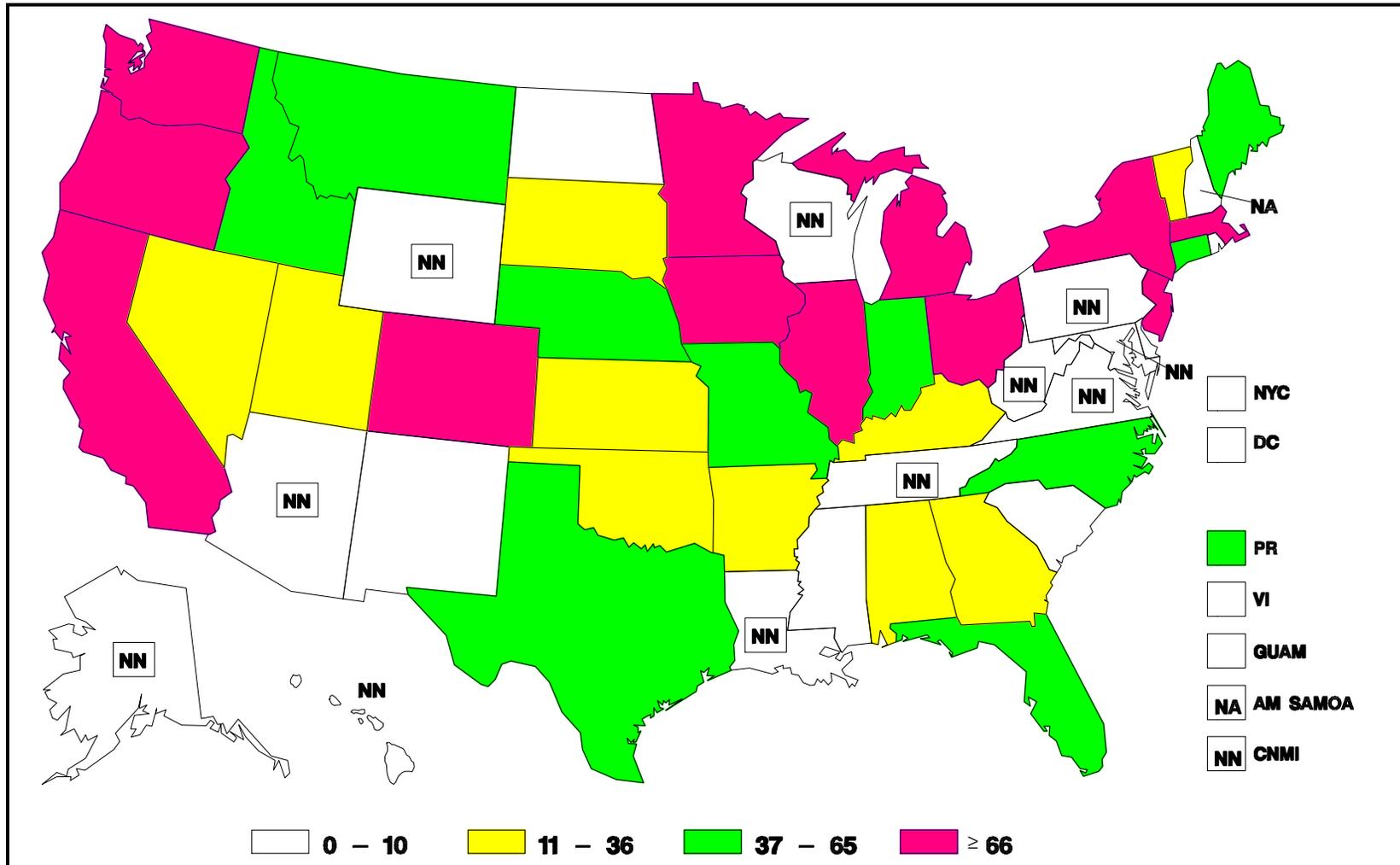
DIPHTHERIA — by year, United States, 1965–1995



NOTE: DTP vaccine licensed 1949.

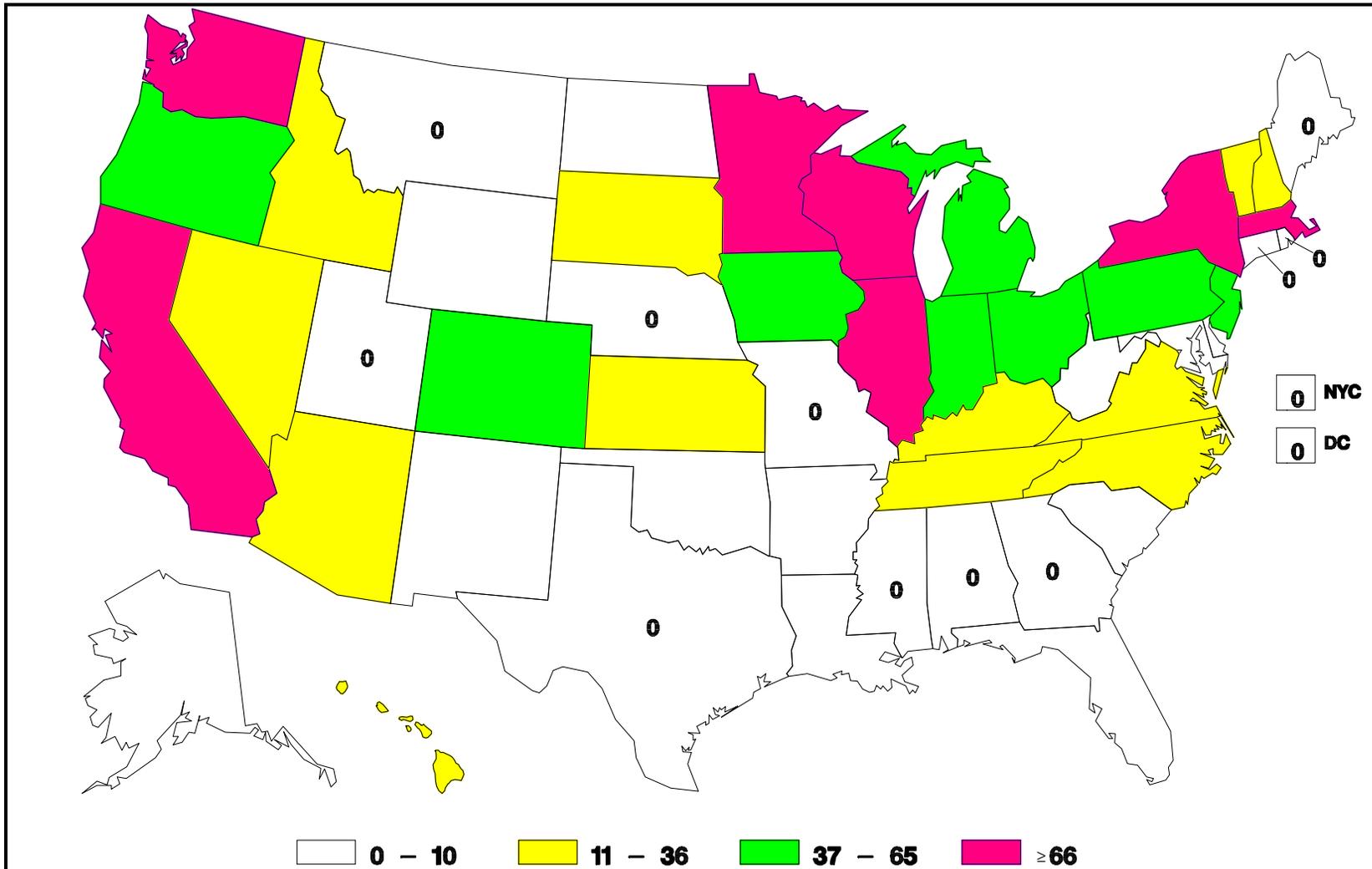
An ongoing epidemic of diphtheria (>50,000 cases reported in 1995) is occurring in the New Independent States of the former Soviet Union. In 1995, no importations related to this epidemic were reported in the United States.

ESCHERICHIA COLI O157:H7 — reported cases, United States and territories, 1995



The number of states in which *E. coli* O157:H7 infection is a notifiable disease increased from 33 in 1994 to 39 in 1995. However, because <60% of clinical laboratories routinely test all stools—or even all bloody stools—for *E. coli* O157:H7, many of these infections are not recognized or reported.

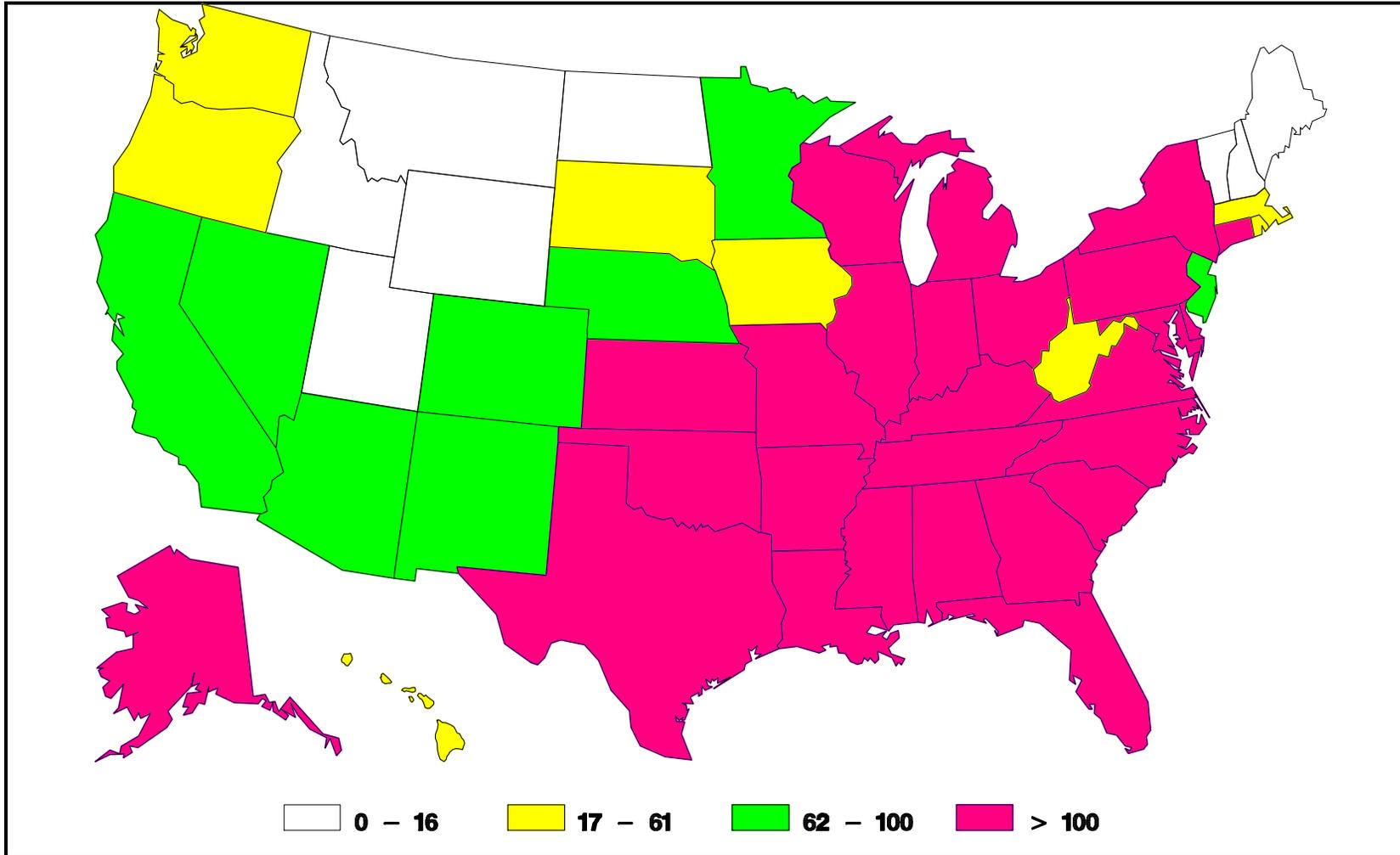
ESCHERICHIA COLI O157:H7 — reported isolates,* United States, 1995



*Data from the Public Health Laboratory Information System (PHLIS).

During 1993–1995, the number of states reporting *E. coli* O157:H7 isolates to PHLIS increased by more than threefold. Only those isolates that test positive for *E. coli* O157:H7 in state public health laboratories are reported to PHLIS.

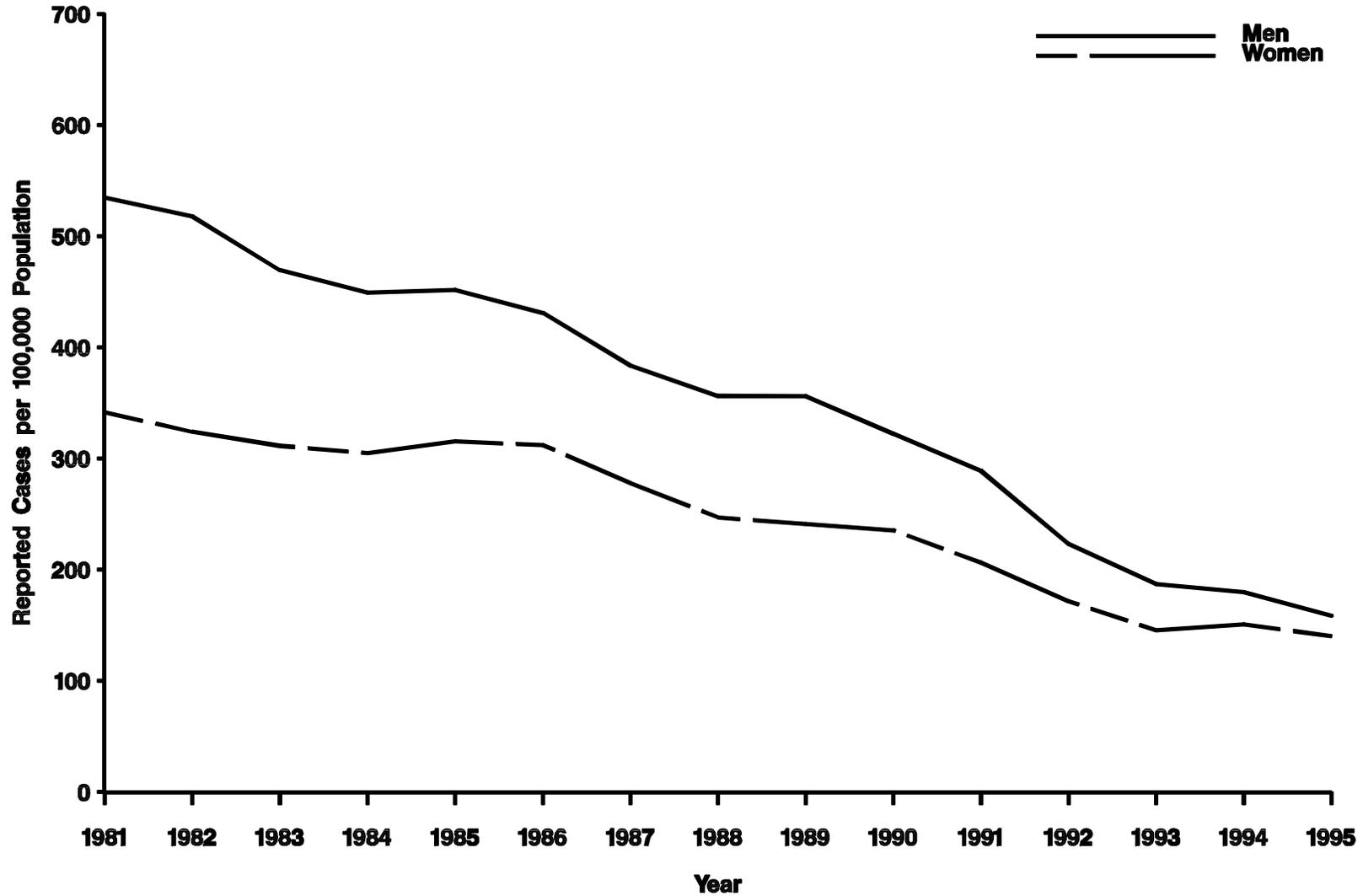
GONORRHEA — reported cases, per 100,000 population, United States, 1995



NOTE: The Year 2000 Objective is ≤ 100 per 100,000 population.

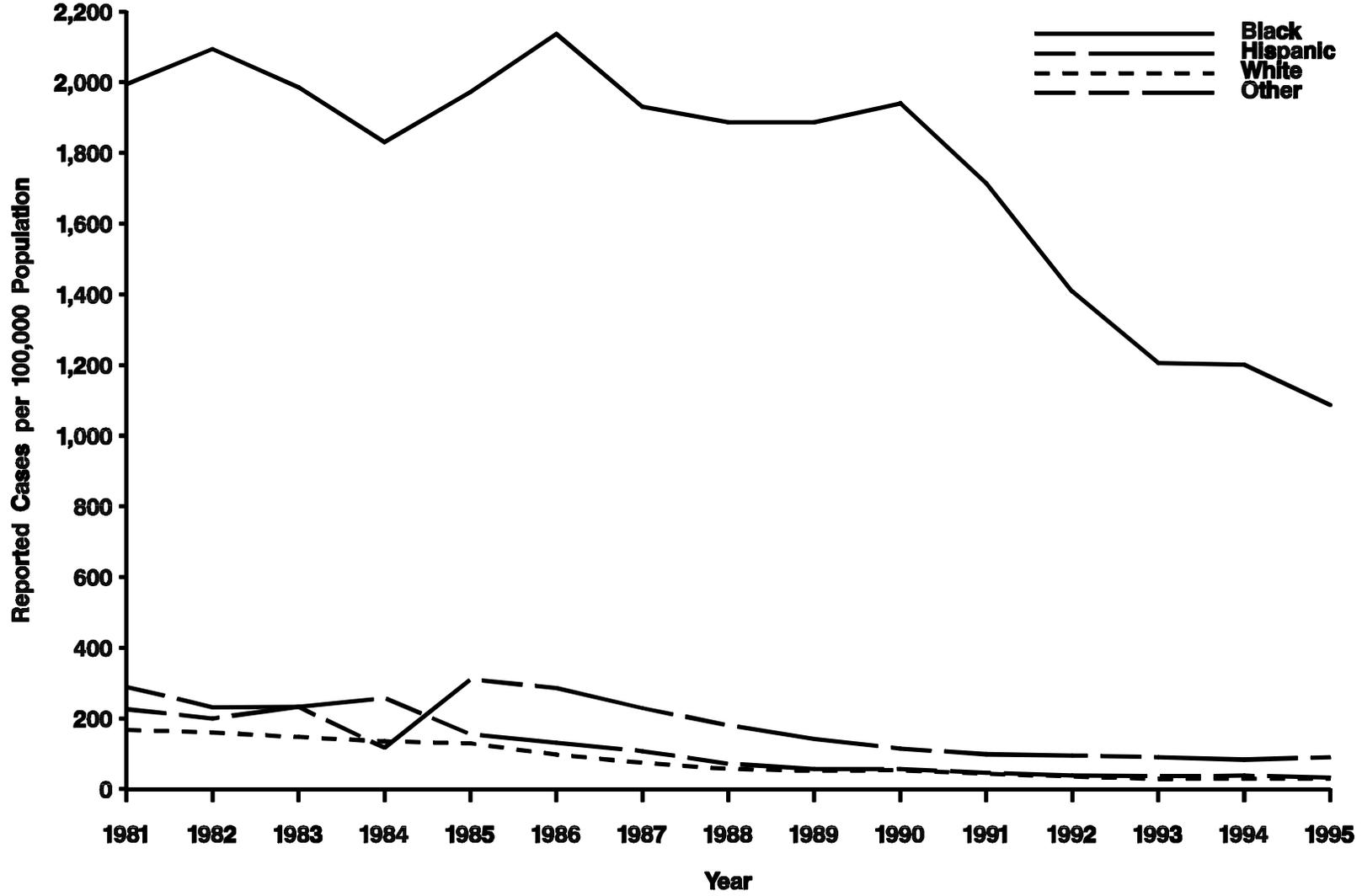
The overall U.S. gonorrhea rate in 1995 was 149.5 per 100,000 population; 24 states reported gonorrhea rates that were below the revised *Healthy People 2000* national objective.

GONORRHEA — by sex, United States, 1981–1995



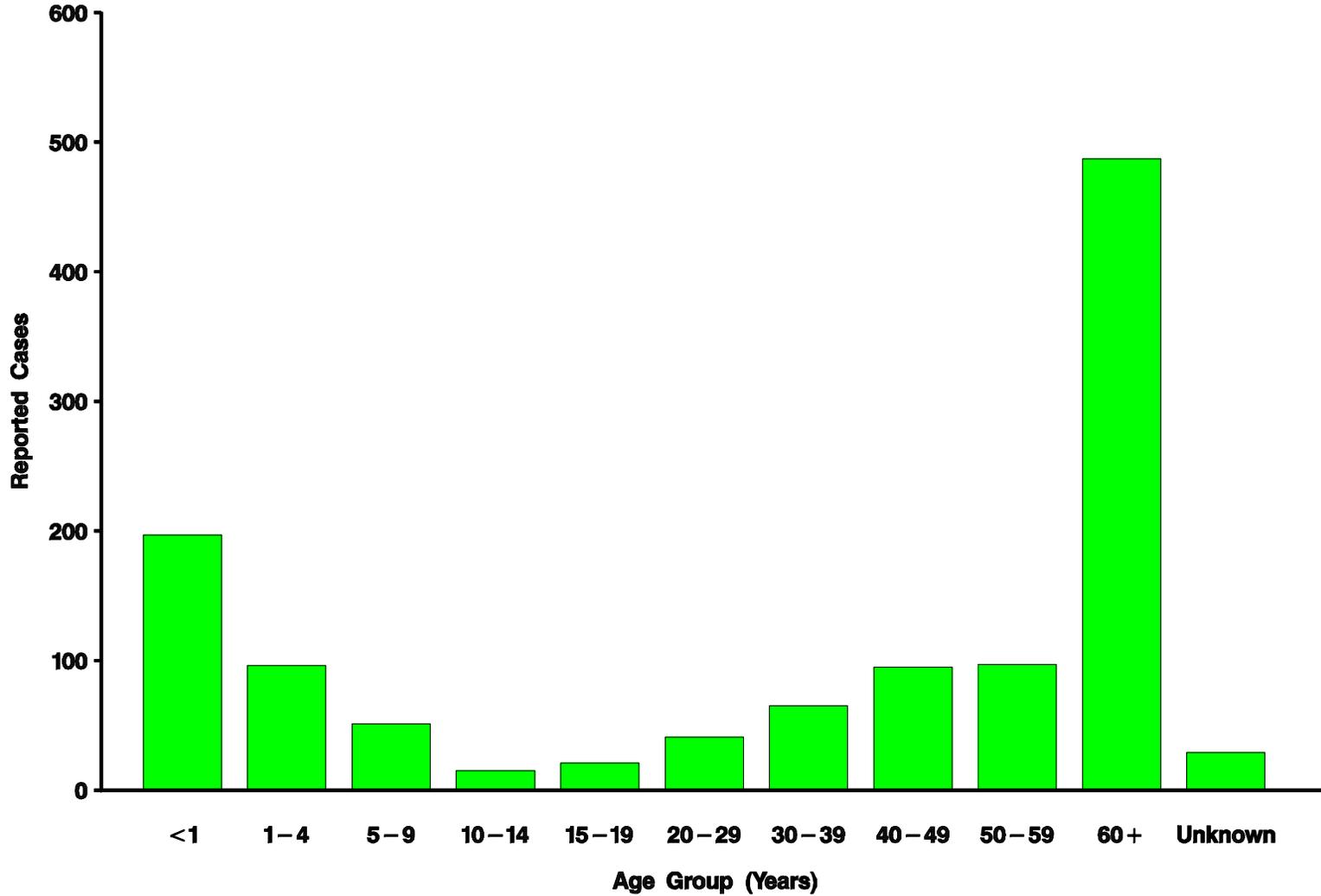
In 1995, the reported rate of gonorrhea in the United States continued to decline. In men, the rate decreased from 179.8 per 100,000 cases in 1994 to 158.6 in 1995; in women, it dropped from 150.7 per 100,000 cases in 1994 to 140.3 in 1995.

GONORRHEA — by race and ethnicity, United States, 1981–1995

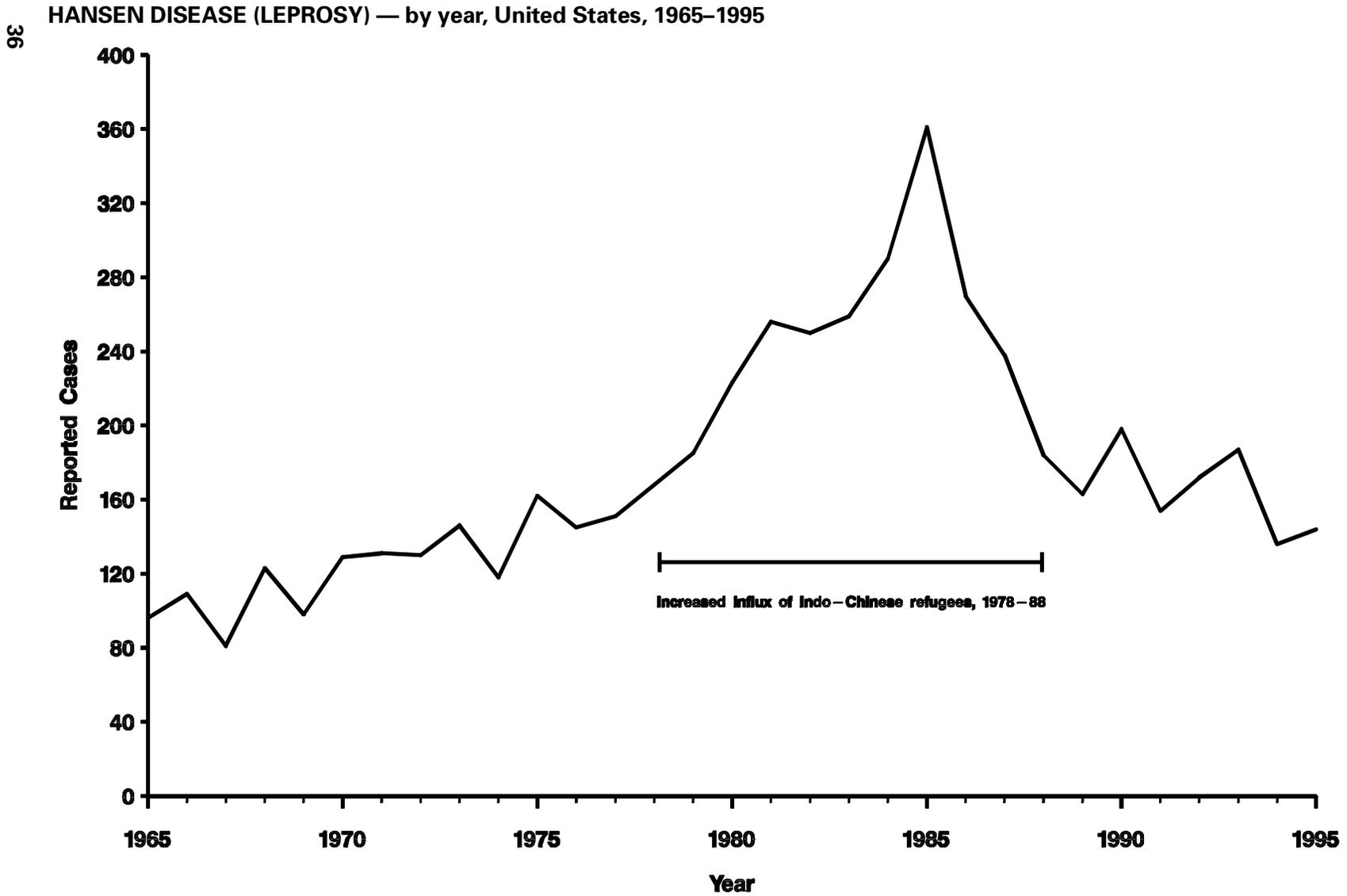


In 1995, gonorrhea rates decreased slightly among all racial and ethnic groups. The only exception occurred among Hispanics.

HAEMOPHILUS INFLUENZAE, INVASIVE — by age group, United States, 1995

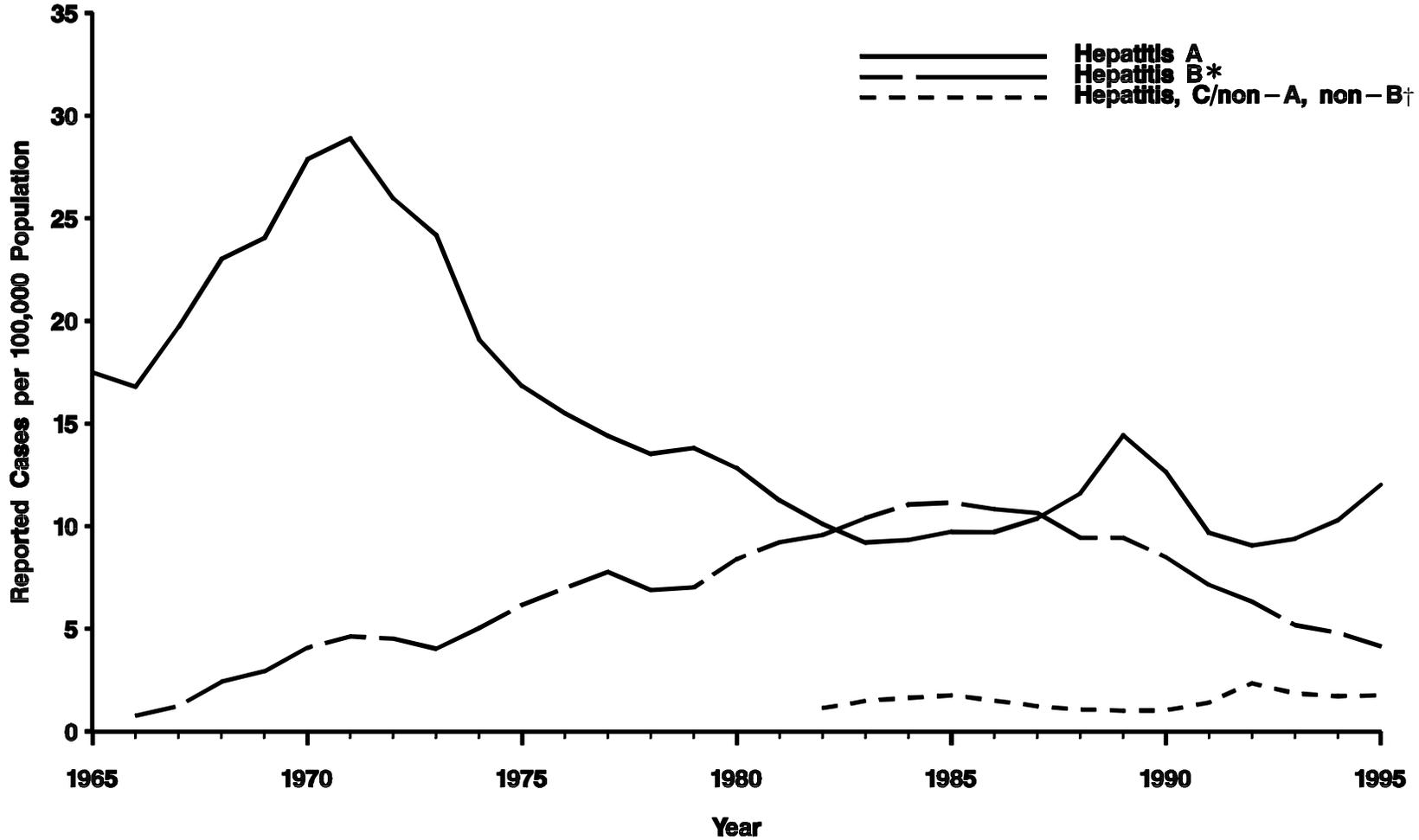


Of 290 reported cases among children ages <5 years, the serotype was reported for only 80; of these 80 cases, 46 (58%) were type b, which is the only serotype of *H. influenzae* disease that is preventable by vaccine. Lack of information on serotype prevented accurately determining whether most of these cases were vaccine-preventable or whether they represented vaccine failures.



In 1995, 144 cases of Hansen disease were reported in the United States. The number of cases peaked at 361 in 1985; since 1988, it has remained relatively stable.

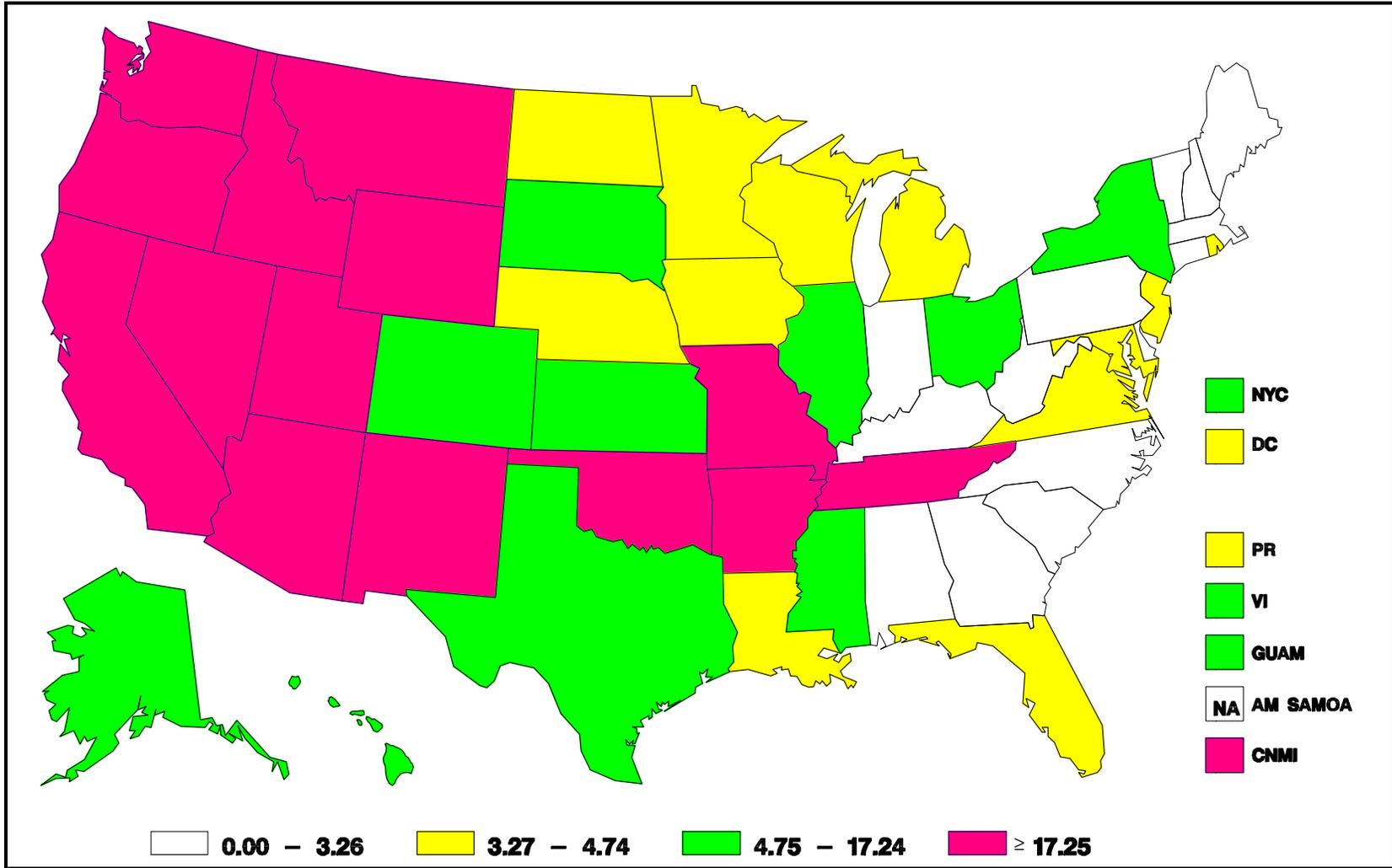
HEPATITIS — by year, United States, 1965–1995



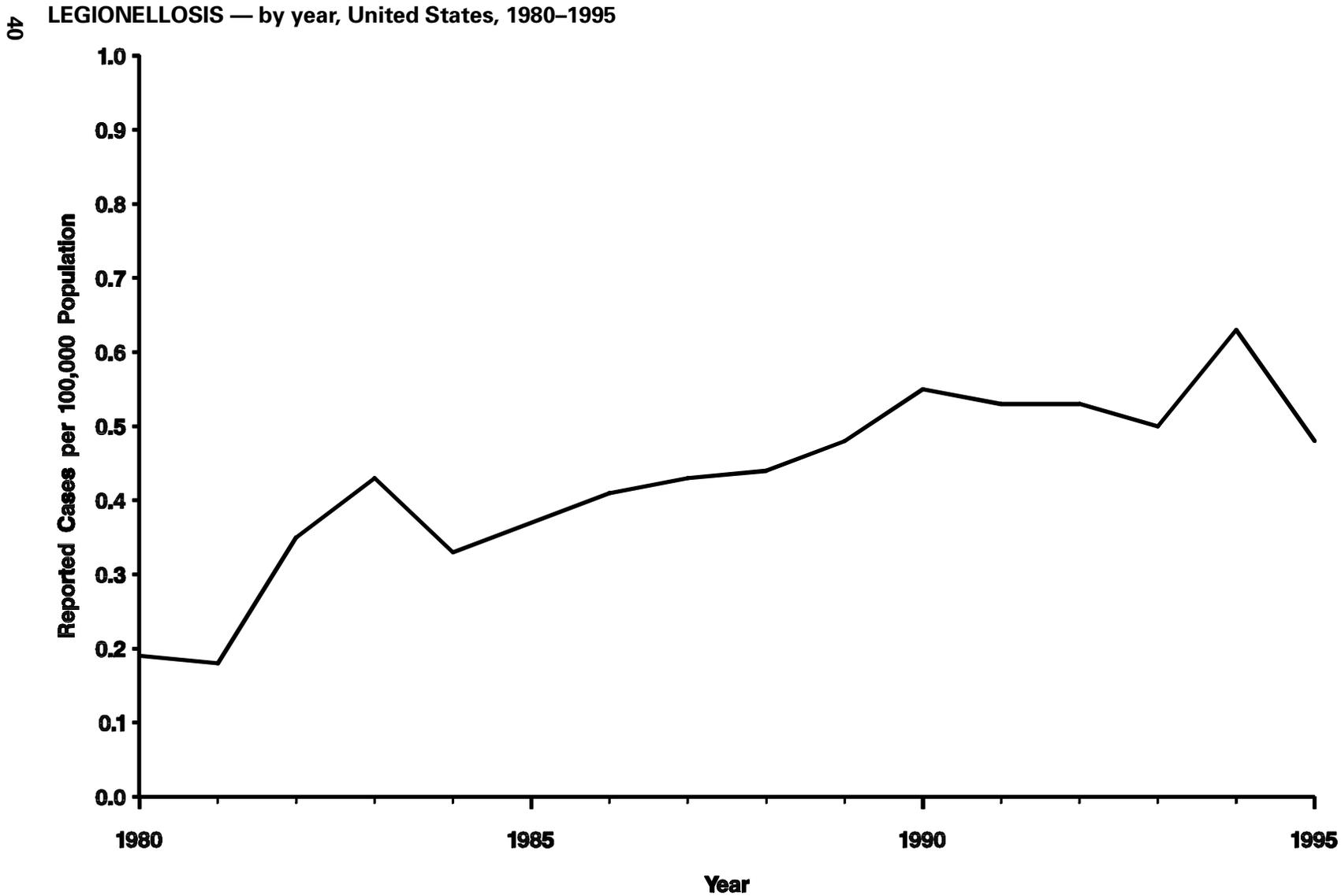
*The first hepatitis B vaccine was licensed June 1982.
 †Anti-HCV antibody test available May 1990.

Non-A, non-B hepatitis is the most underreported type of hepatitis. Nonetheless, the increase observed in this type of hepatitis after 1990 is misleading because, in some states, reported cases have included persons identified in routine screening programs who were positive for antibody to hepatitis C virus but who did not have evidence of acute hepatitis.

HEPATITIS A — reported cases, per 100,000 population, United States and territories, 1995

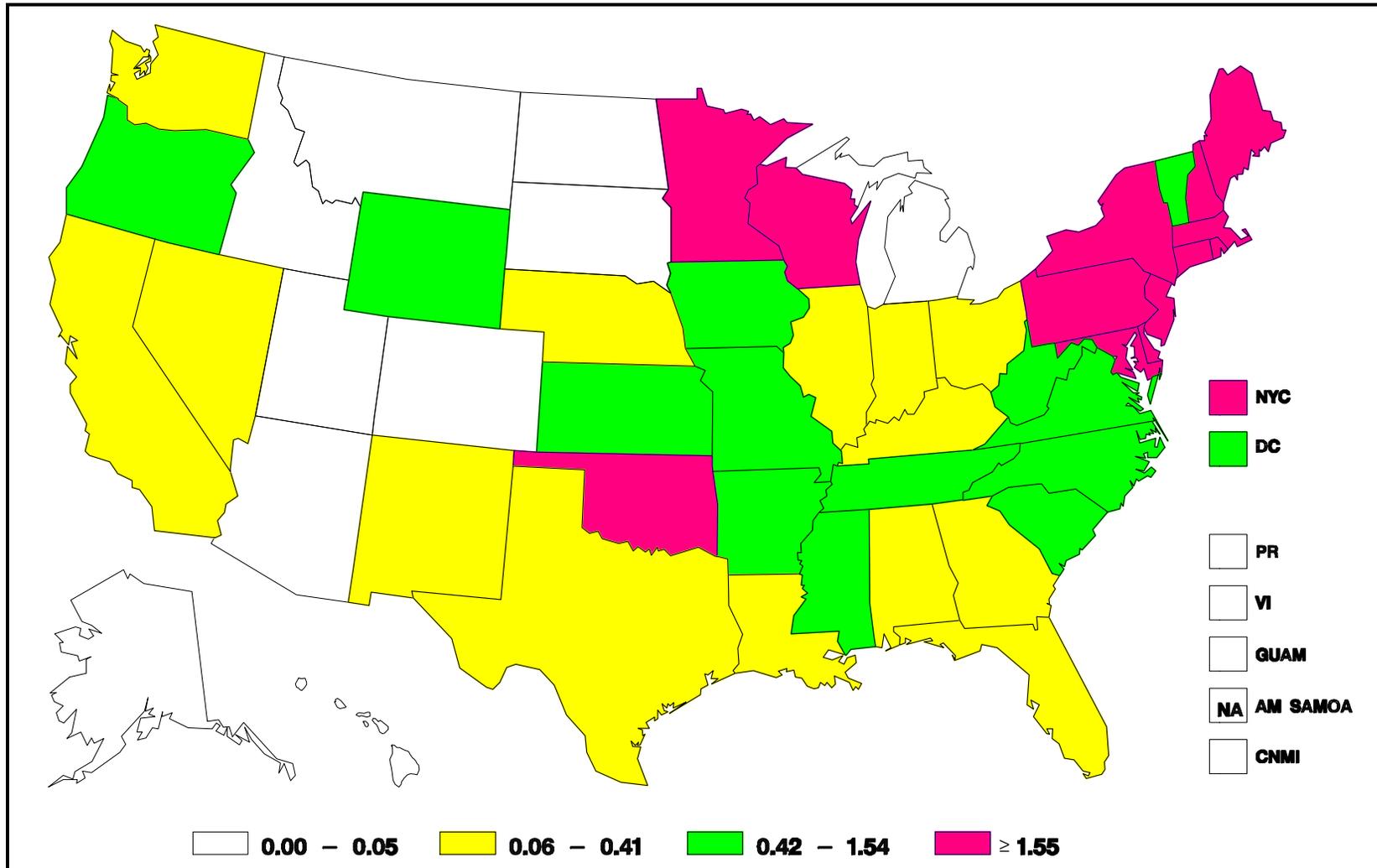


During the past 4 years, the number of reported cases of hepatitis A has increased; this is particularly so in the western states.



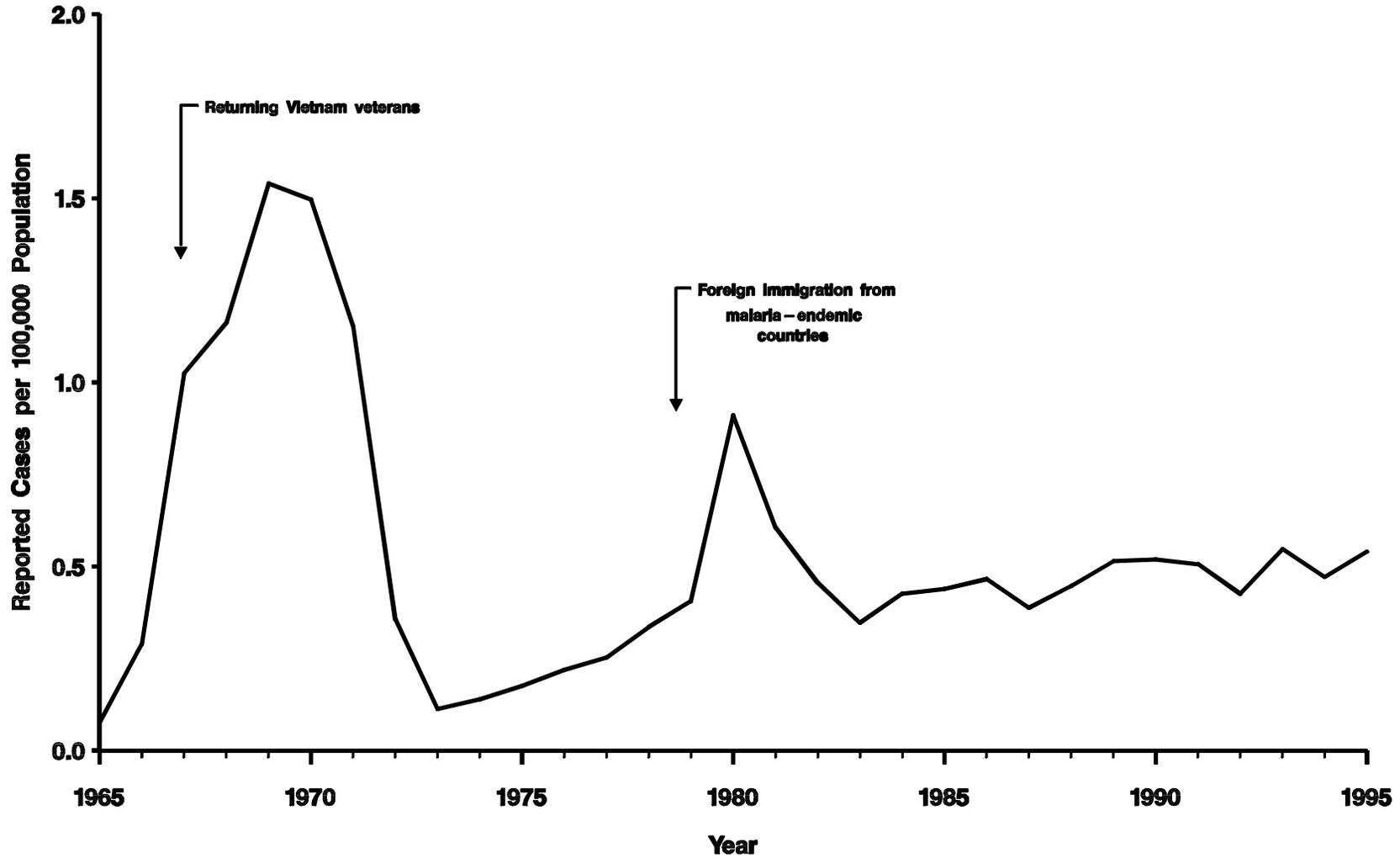
The increased annual rates of legionellosis that have been reported in recent years are likely associated with the greater availability and use of new diagnostic tests (e.g., urinary-antigen assays).

LYME DISEASE — reported cases, per 100,000 population, United States and territories, 1995



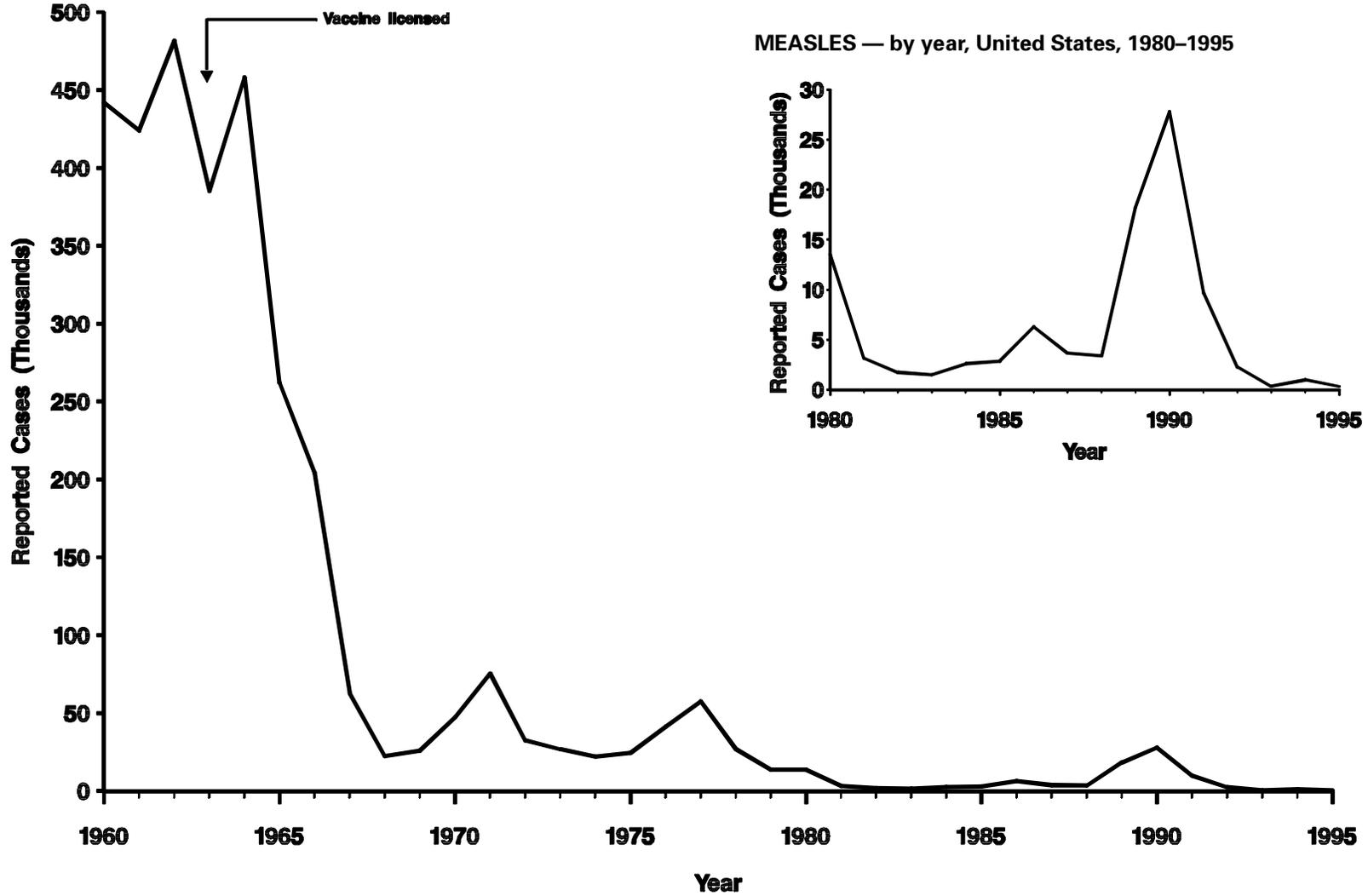
In 1995, 43 states reported a total of 11,700 cases of Lyme disease to CDC. This was the second highest annual number of cases reported since national surveillance began in 1982.

MALARIA — by year, United States, 1965–1995

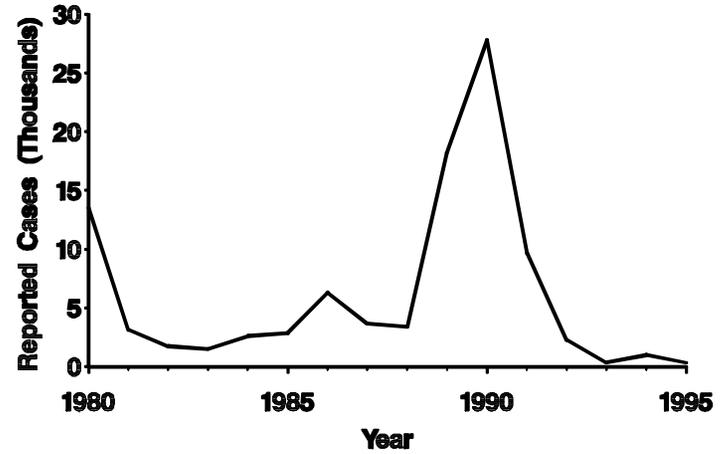


Since 1985, approximately 1,000 cases of imported malaria have been reported annually in the United States; recent immigrants and visitors accounted for 50% of these cases.

MEASLES (rubeola) — by year, United States, 1960–1995



MEASLES — by year, United States, 1980–1995



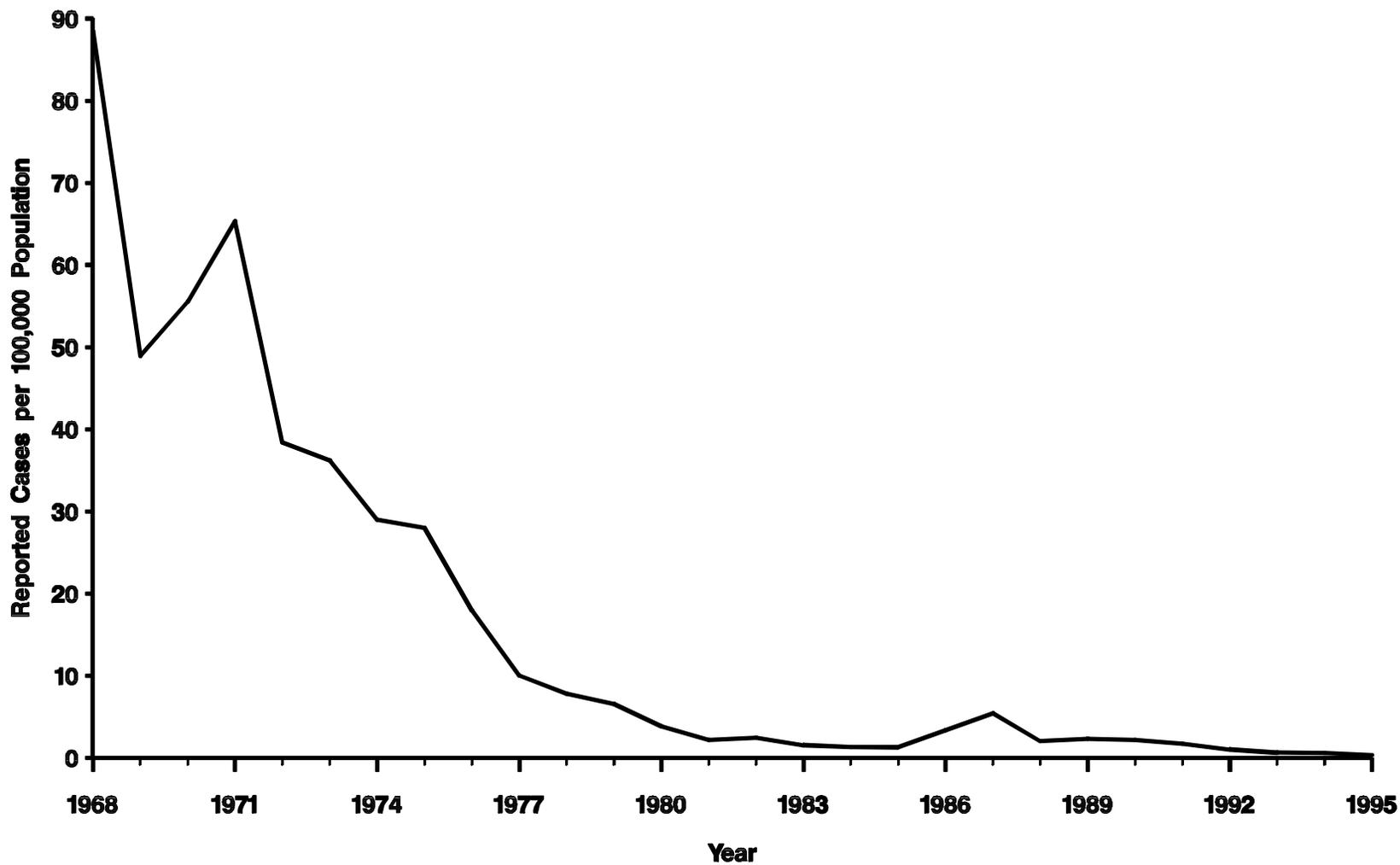
In 1995, 309 cases of measles were reported in the United States—the lowest annual total ever. Most of the outbreaks occurred among unvaccinated preschool children and young adults. Over 50% of all cases were epidemiologically linked to international importations.

MENINGOCOCCAL DISEASE — by year, United States, 1965–1995



Although the proportion of meningococcal disease cases attributed to serogroup Y increased, the overall rate of meningococcal disease remained relatively unchanged during the past year.

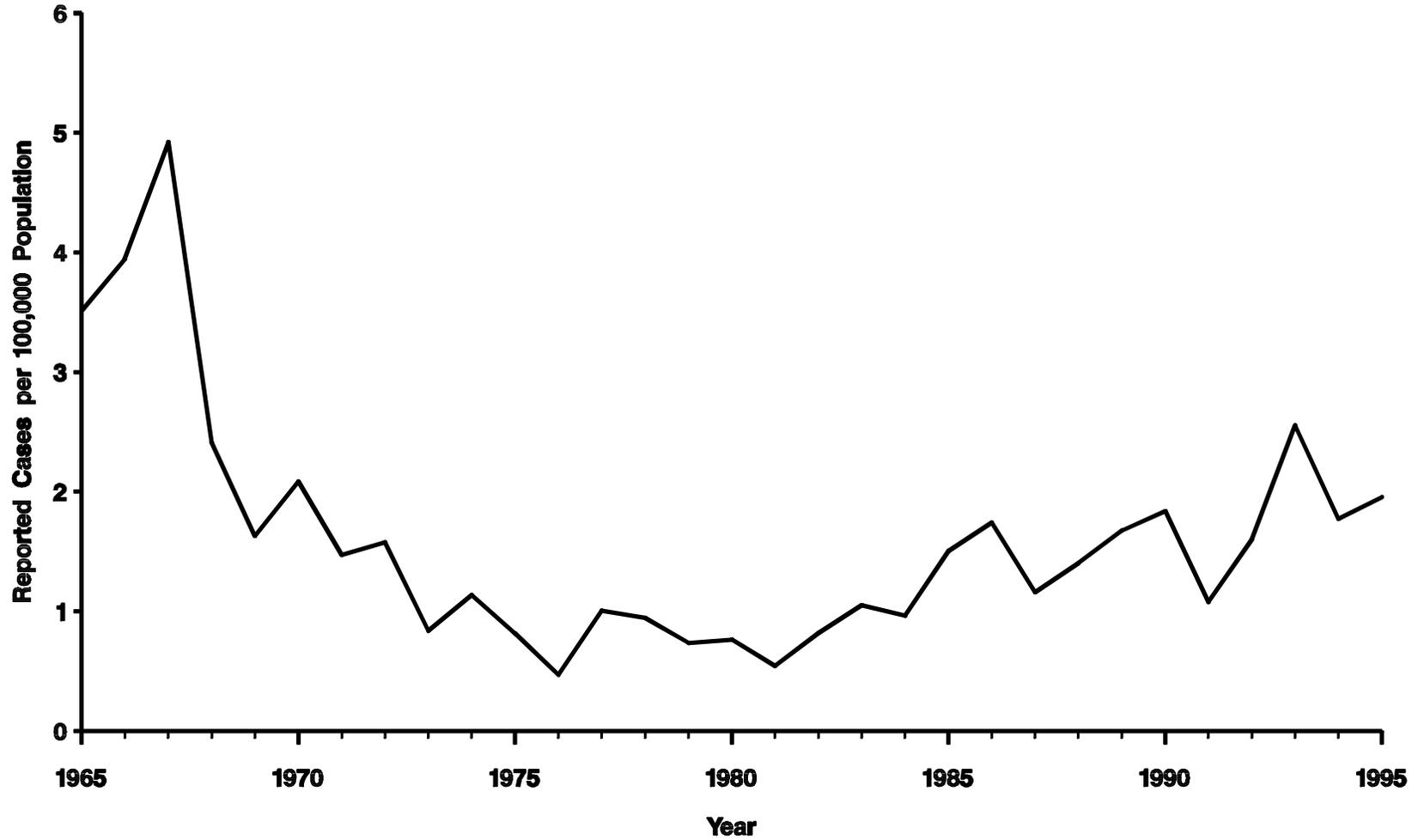
MUMPS — by year, United States, 1968–1995



NOTE: Mumps vaccine licensed December 1967.

During 1995, 906 cases of mumps were reported in the United States—this is the lowest number ever reported during one year.

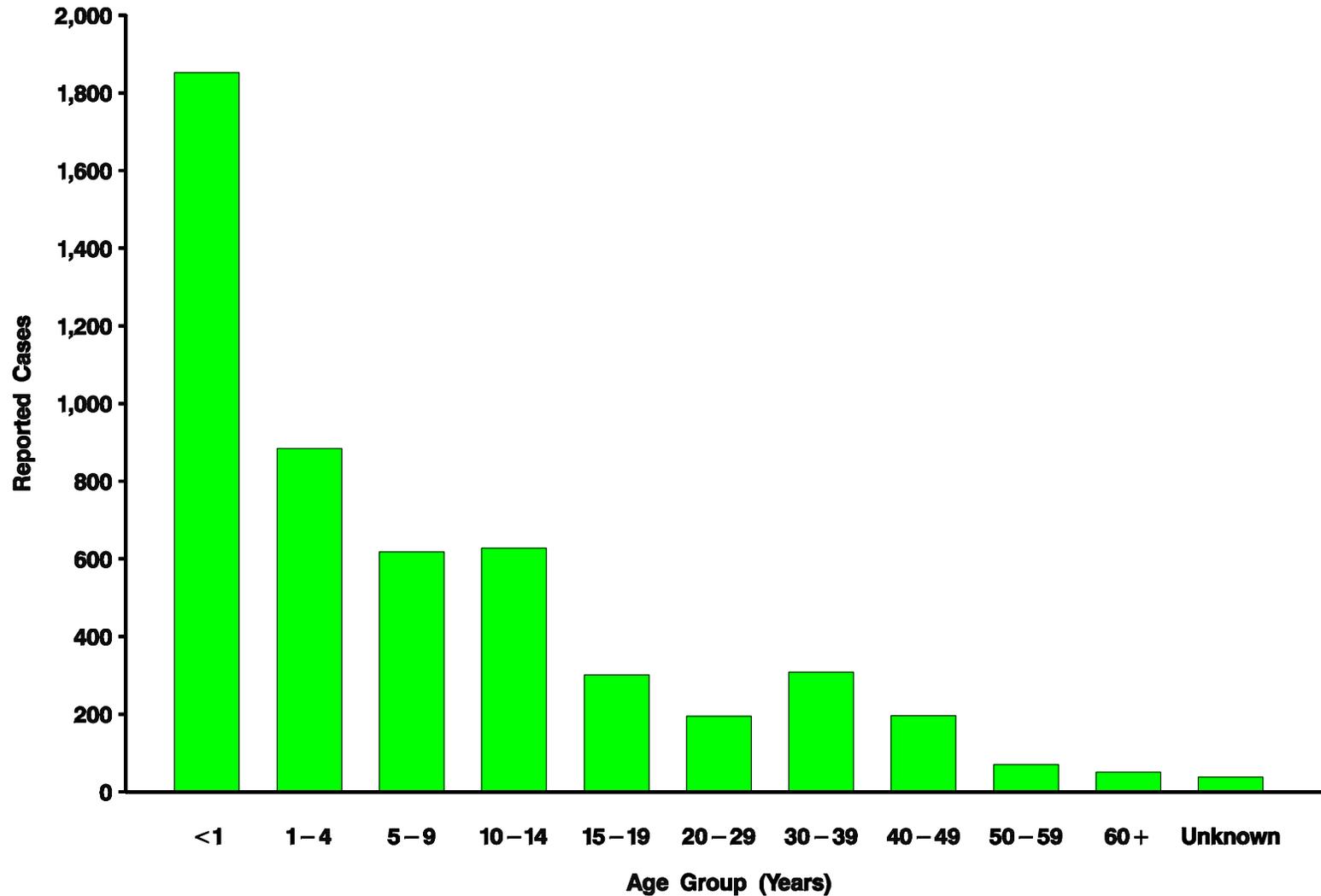
PERTUSSIS (whooping cough) — by year, United States, 1965–1995



NOTE: DTP vaccine licensed 1949.

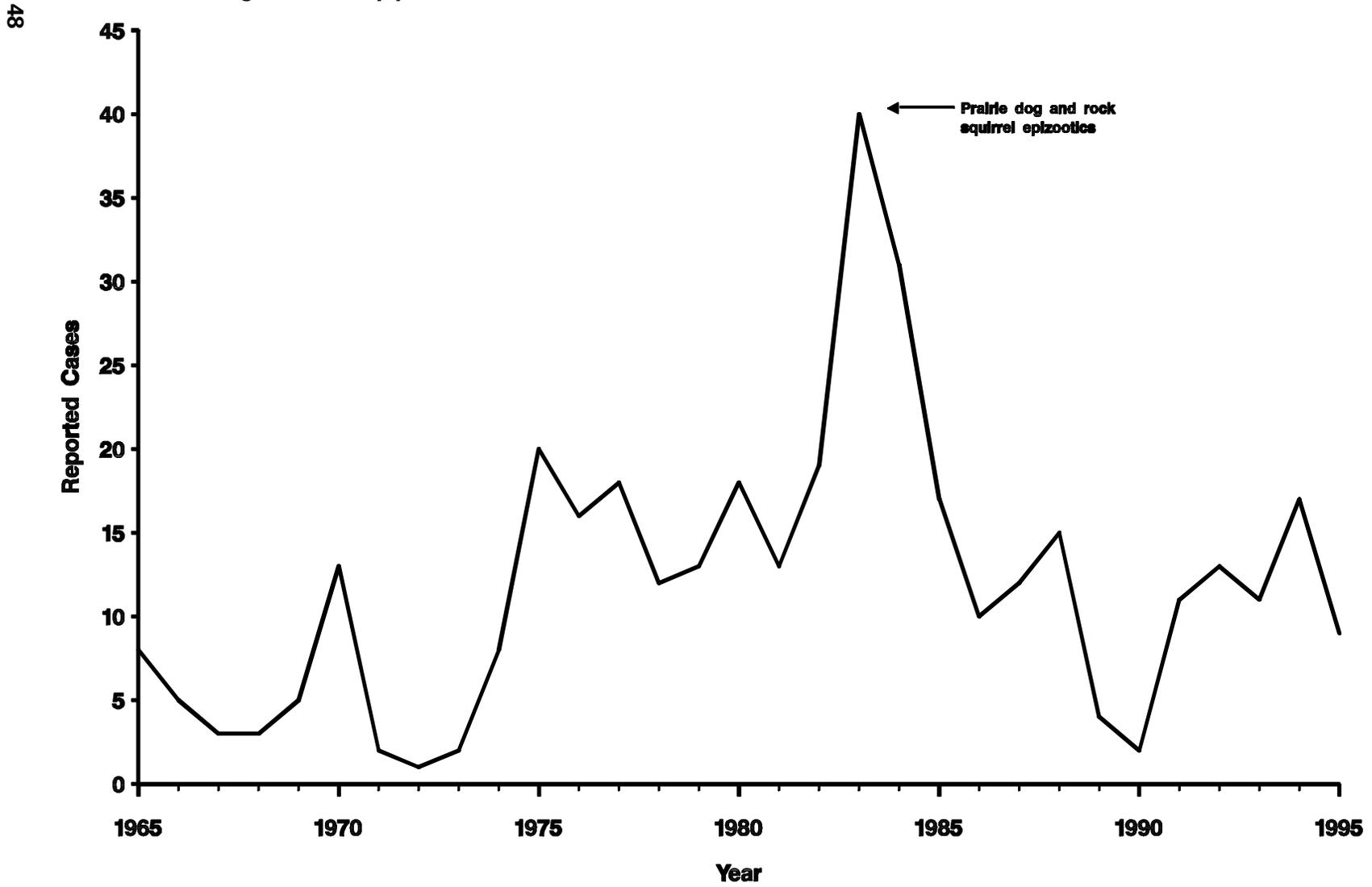
Of 674 pertussis cases reported among children ages 7 months to 4 years who had a known vaccination status in 1995, 309 (46%) had received fewer than three doses of diphtheria-tetanus-pertussis vaccine, which is the minimum number of doses necessary for clinical protection.

PERTUSSIS (whooping cough) — by age group, United States, 1995



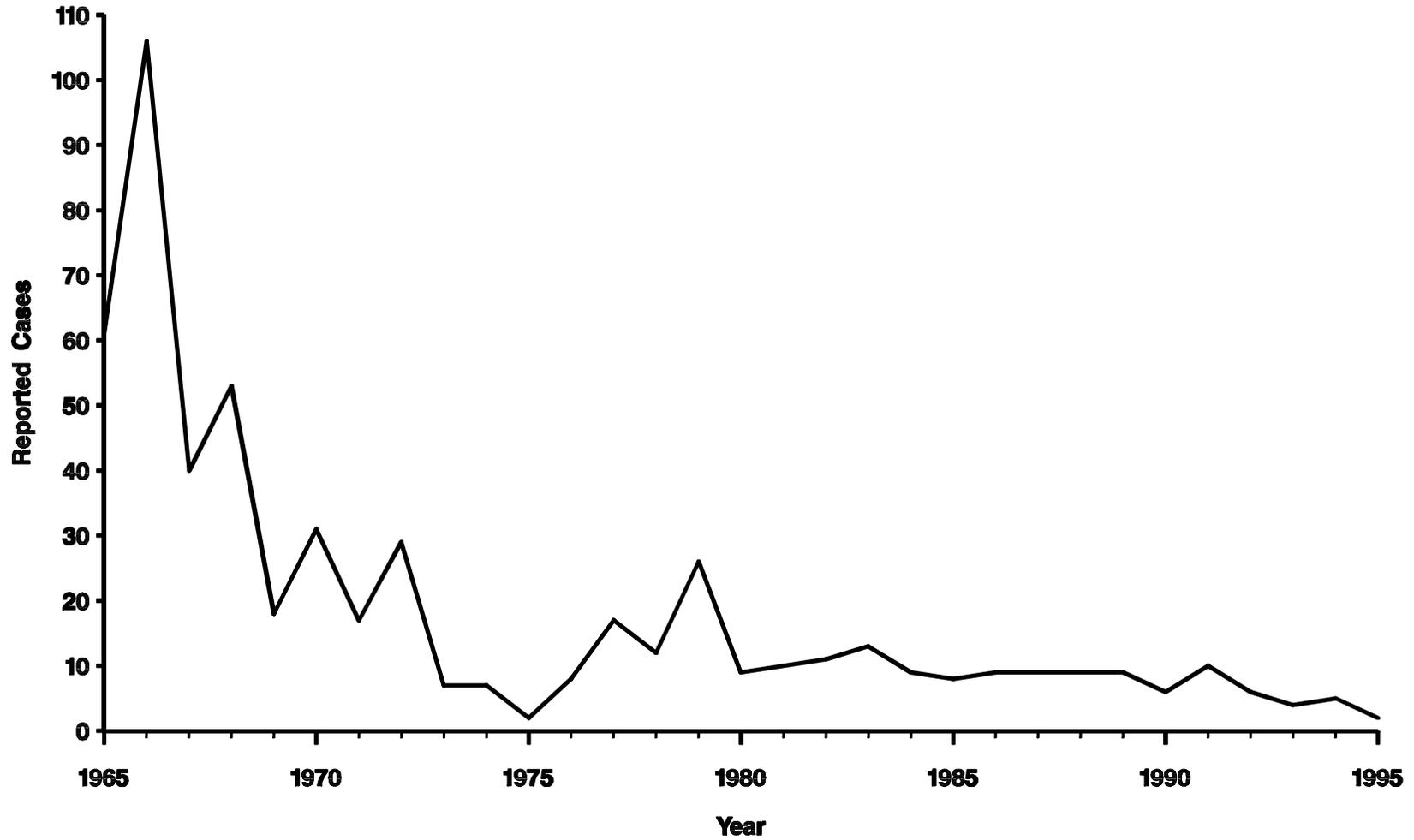
Despite achieving high vaccination coverage with diphtheria-tetanus-pertussis vaccination among young children, reported pertussis incidence continues to display a 3-4 year periodicity. The next peak in the reported incidence of pertussis is anticipated during 1996-1997.

PLAGUE — among humans, by year, United States, 1965–1995



Revised recommendations for the use of plague vaccine have been approved by the Advisory Committee on Immunization Practices (ACIP) and have been submitted for publication to *MMWR*.

POLIOMYELITIS (paralytic) — by year, United States, 1965–1995



NOTE: Inactivated vaccine licensed 1955. Oral vaccine licensed 1961.

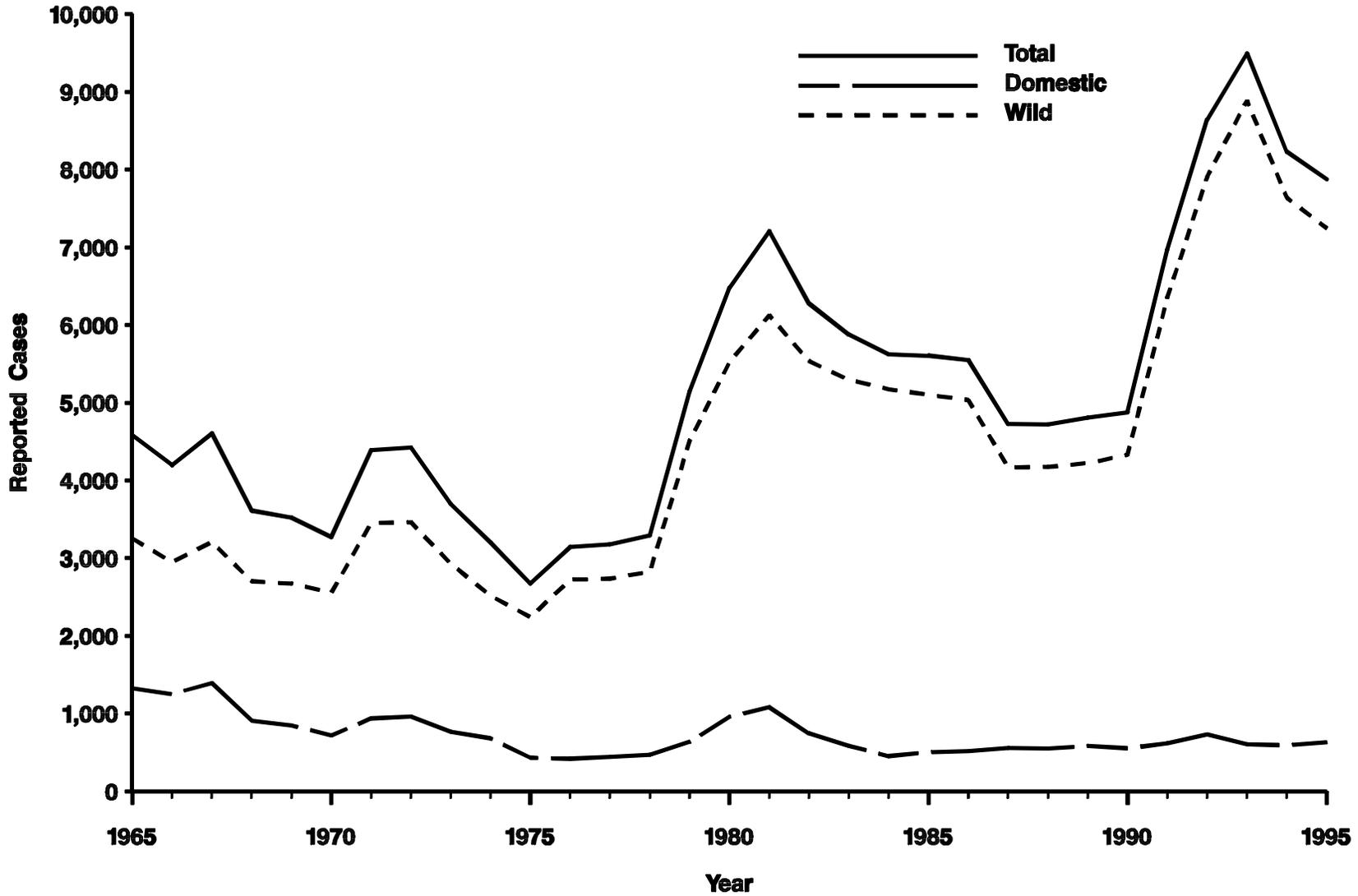
Since 1980, 121 of 123 confirmed cases of indigenously acquired paralytic poliomyelitis in the United States have been associated with oral polio vaccine. The remaining two cases were classified as indeterminate.

PSITTACOSIS — by year, United States, 1965–1995



The number of psittacosis cases may vary considerably from year to year because of periodic outbreaks. The lower case rates reported in recent years may reflect a return to true baseline incidence, as cases attributed incorrectly to *Chlamydia psittaci* infection in the mid-1980s may have been caused by *C. pneumoniae*.

RABIES — wild and domestic animals, by year, United States and Puerto Rico, 1965–1995



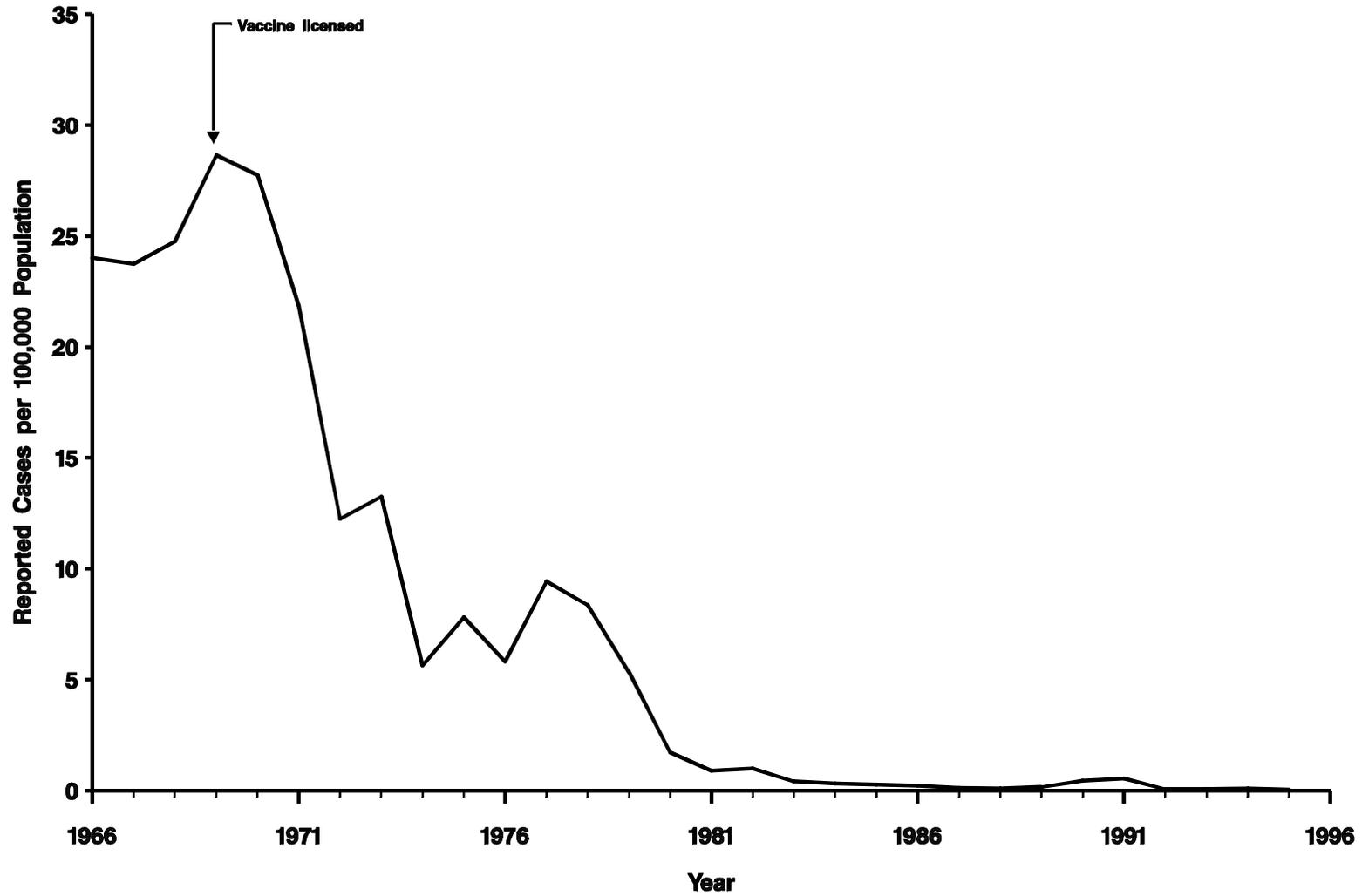
The number of cases of rabies in animals declined for the second consecutive year mainly because lower numbers of cases in racoons were reported in the eastern United States.

ROCKY MOUNTAIN SPOTTED FEVER (RMSF) — by year, United States, 1965–1995



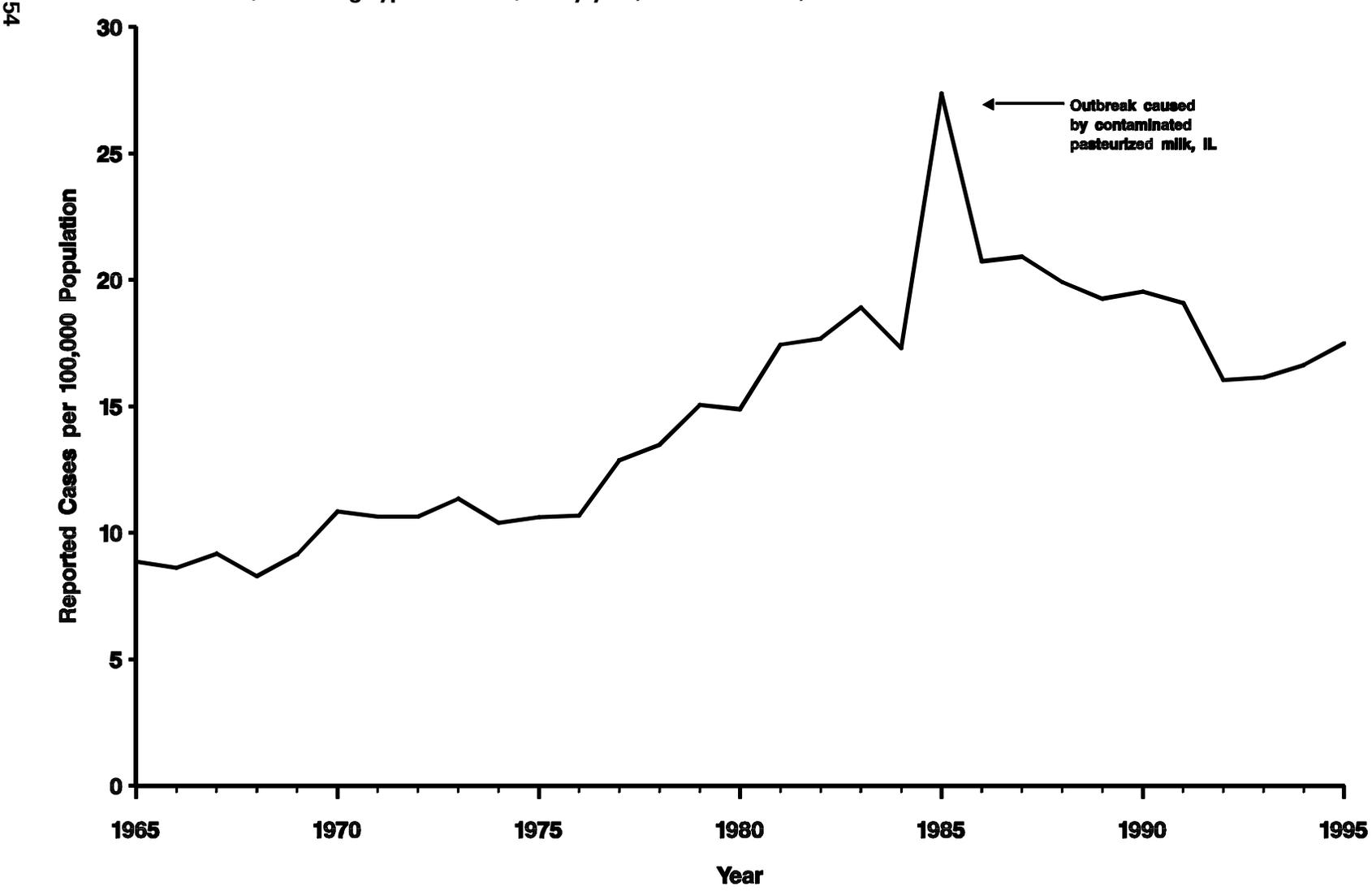
Rocky Mountain spotted fever, which has a case-fatality ratio of 4%, is the most common of the fatal, tick-borne diseases in the United States.

RUBELLA (German measles) — by year, United States, 1966–1995



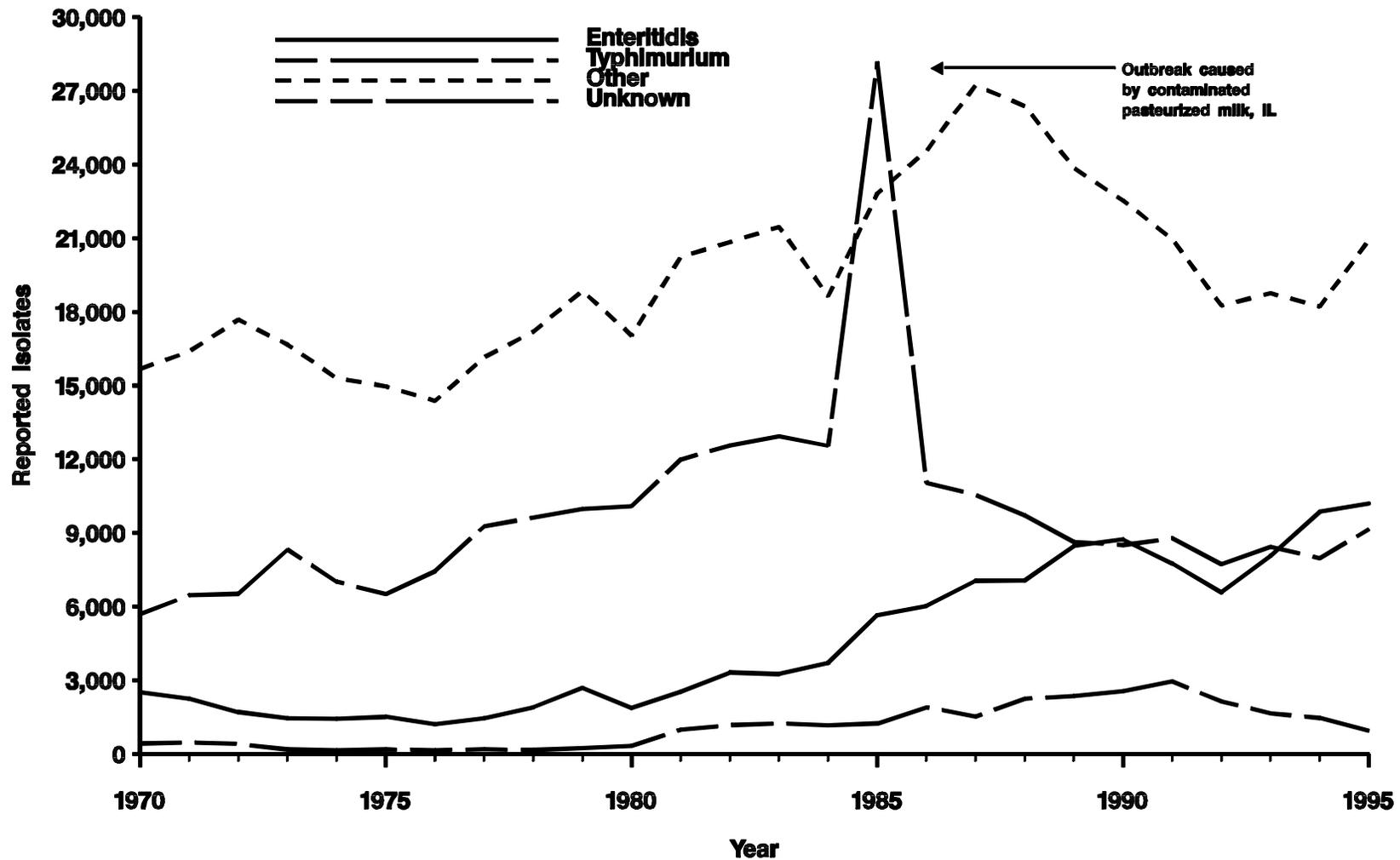
In 1995, 128 cases of rubella were reported in the United States, which is the lowest number ever reported.

SALMONELLOSIS (excluding typhoid fever) — by year, United States, 1965–1995



Egg-associated *Salmonella* serotype Enteritidis is the most common *Salmonella* serotype in the country; it accounts for 25% of all salmonellosis reported in humans.

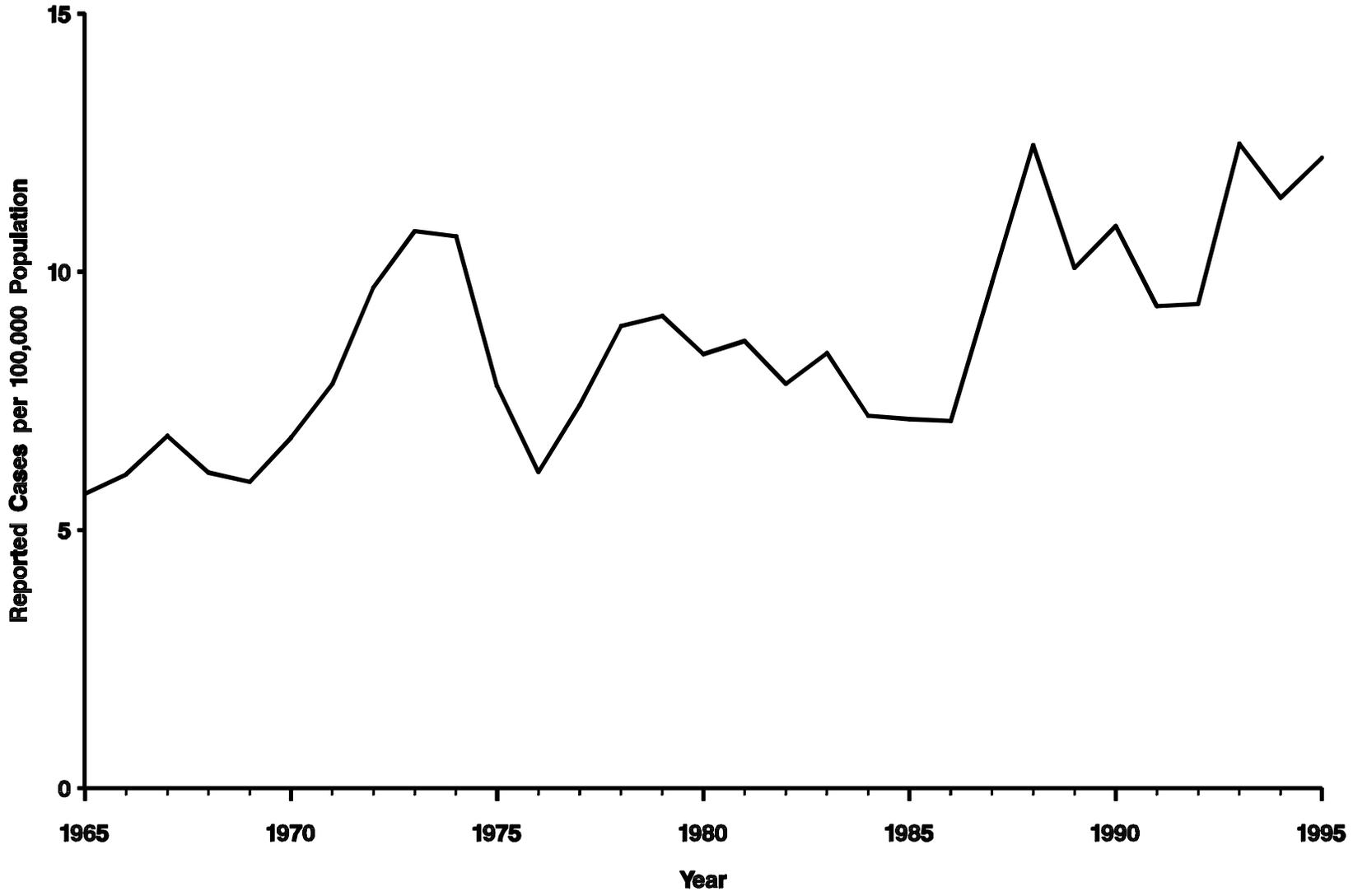
SALMONELLA — serotype of isolate by year,* United States, 1970–1995



*Data from Public Health Laboratory Information System (PHLIS).

In 1995, 25% of all U.S. cases of salmonellosis attributable to *Salmonella* serotype Enteritidis were reported from California. This represented a rapid increase in the number of *Salmonella* Enteritidis isolations in California and was linked to the emergence of a new strain (i.e., phage type 4).

SHIGELLOSIS — by year, United States, 1965–1995



SHIGELLA — species of isolate by year,* United States, 1970–1995



*Data from Public Health Laboratory Information System (PHLIS).

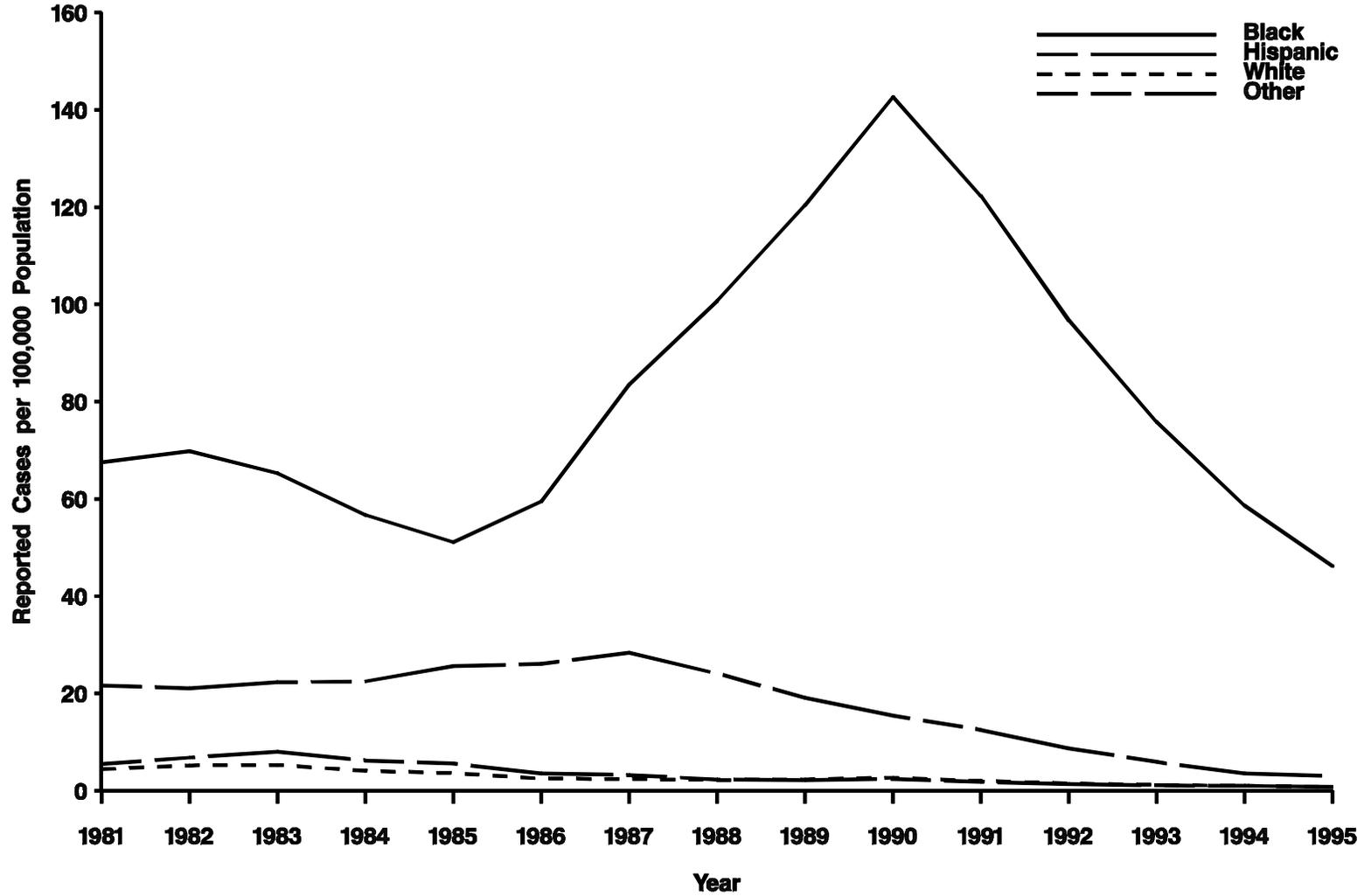
Community outbreaks of shigellosis attributable to *Shigella sonnei* often involve multiple child-care centers and continue to be a substantial public health problem.

SYPHILIS (primary and secondary) — by sex, United States, 1981–1995



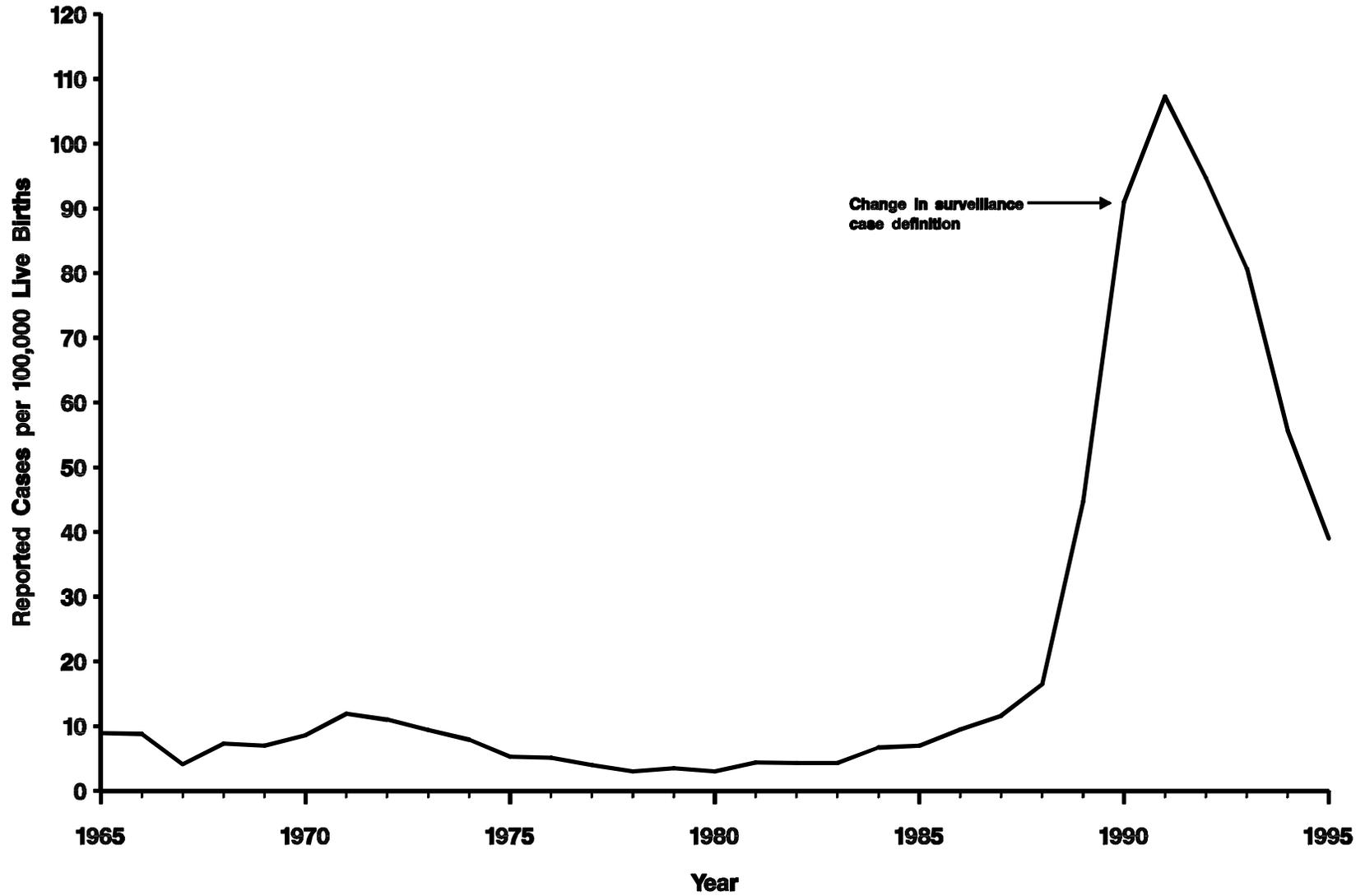
The rate of primary and secondary syphilis continued to decline. In men, the rate decreased from 8.4 per 100,000 in 1994 to 6.8 in 1995; in women, the rate decreased from 7.5 per 100,000 in 1994 to 5.8 in 1995.

SYPHILIS (primary and secondary) — by race, United States, 1981–1995



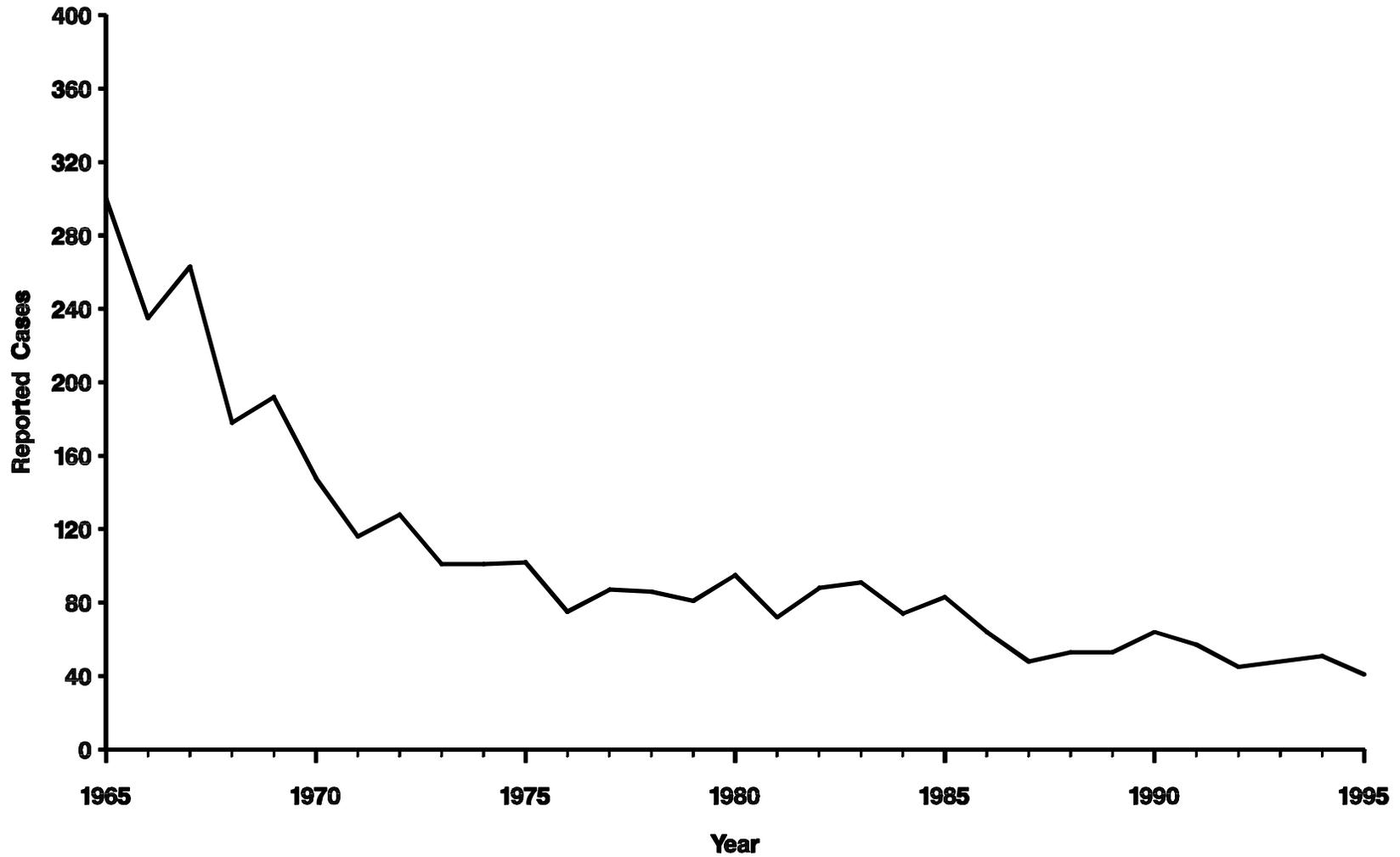
Since 1990, the reported rates of primary and secondary syphilis for all racial and ethnic groups have declined. In 1995, however, the rate for non-Hispanic blacks (i.e., 46.2 cases per 100,000 population) was 58 times greater than that for non-Hispanic whites.

CONGENITAL SYPHILIS — in infants <1 year of age, United States, 1965–1995



The rate of congenital syphilis decreased from 55.6 cases per 100,000 live births in 1994 to 39.0 in 1995.

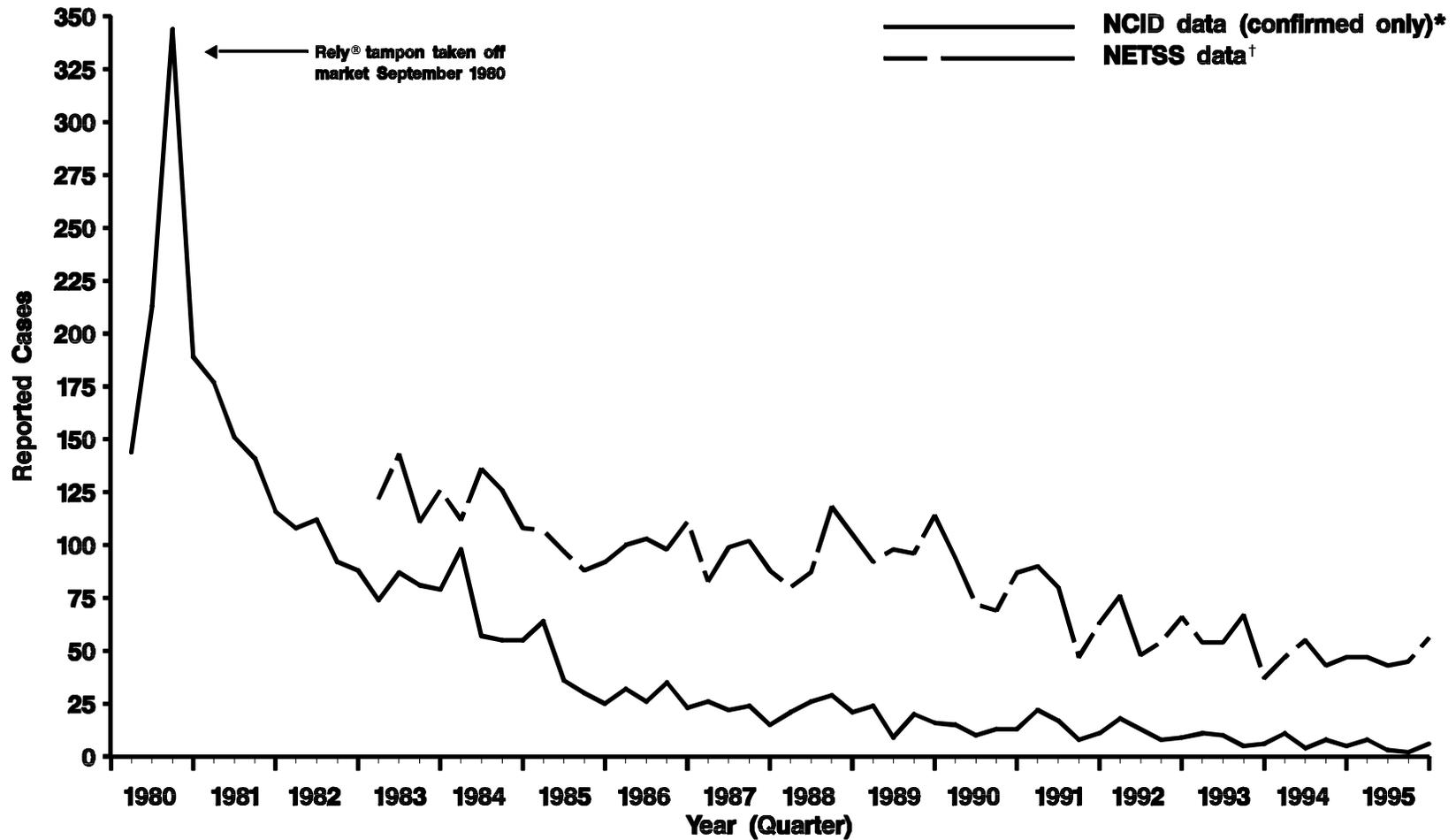
28 TETANUS — by year, United States, 1965–1995



NOTE: Tetanus toxoid was first available in 1933.

In the United States, the 1996 goal for the number of cases of tetanus disease among children and adolescents <15 years of age is zero. In 1995, three cases (including one neonatal case) were reported among children <10 years of age.

TOXIC-SHOCK SYNDROME (TSS) — by quarter, United States, 1980–1995



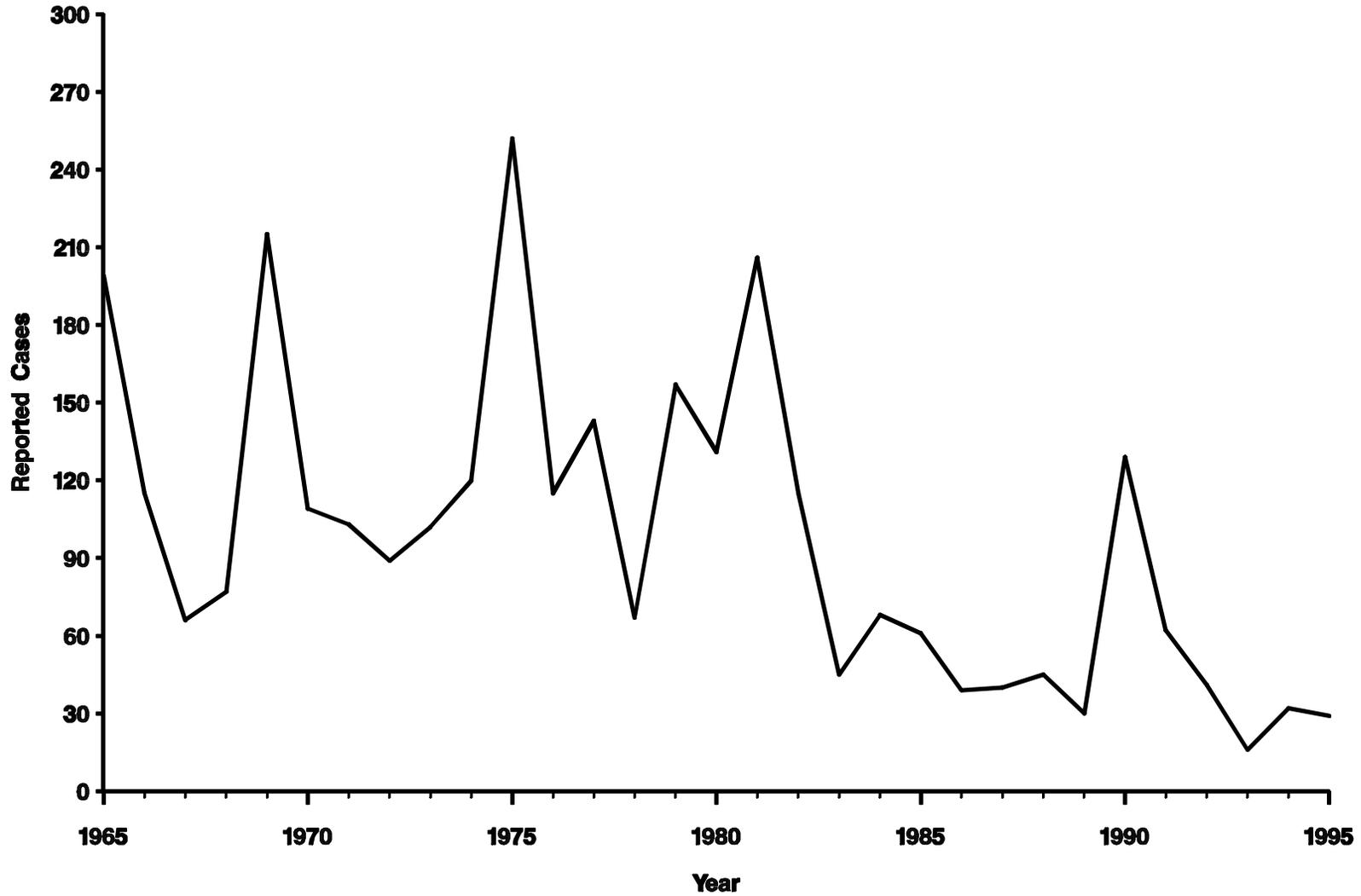
*Includes only cases that meet the CDC case definition for *staphylococcal* TSS.

†TSS data was first available through NETSS in 1983.

In 1995, a total of 19 confirmed cases (including two fatal cases) and 18 probable cases were reported to the National Center for Infectious Diseases, CDC.

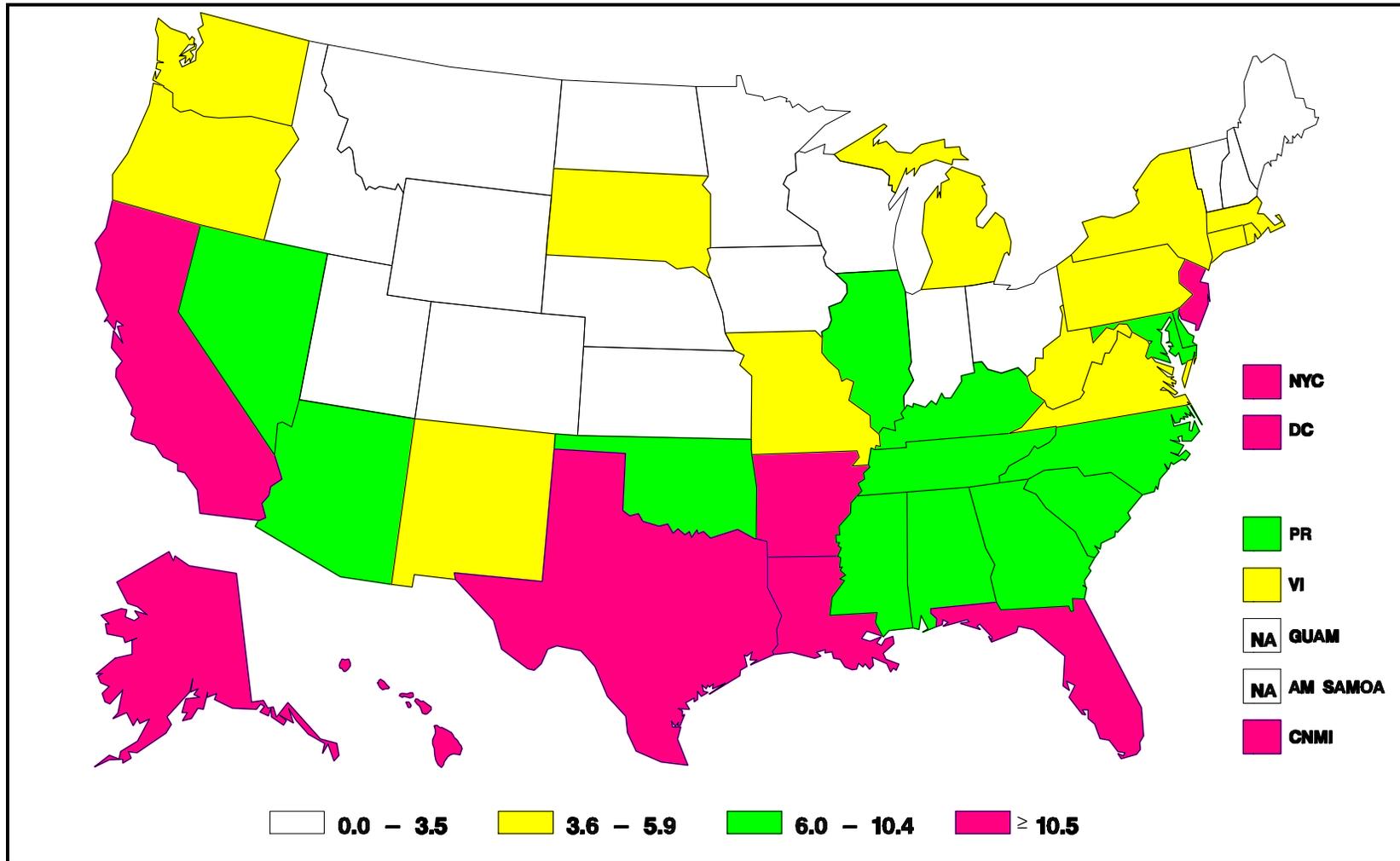
64

TRICHINOSIS — by year, United States, 1965–1995



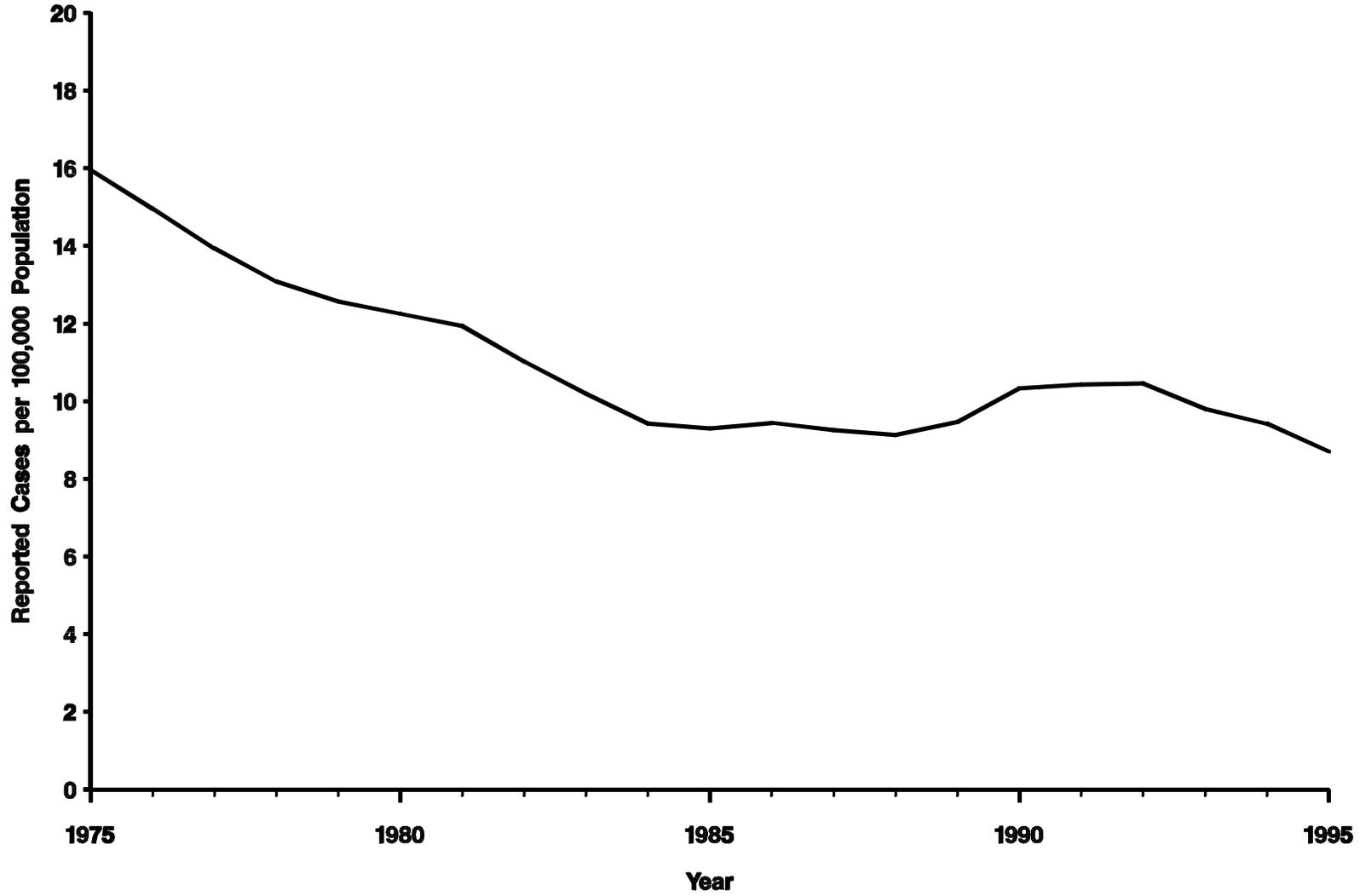
In 1995, 28 cases of trichinosis were reported; this is below the mean number reported during 1990–1994.

TUBERCULOSIS — reported cases, per 100,000 population, United States and territories, 1995



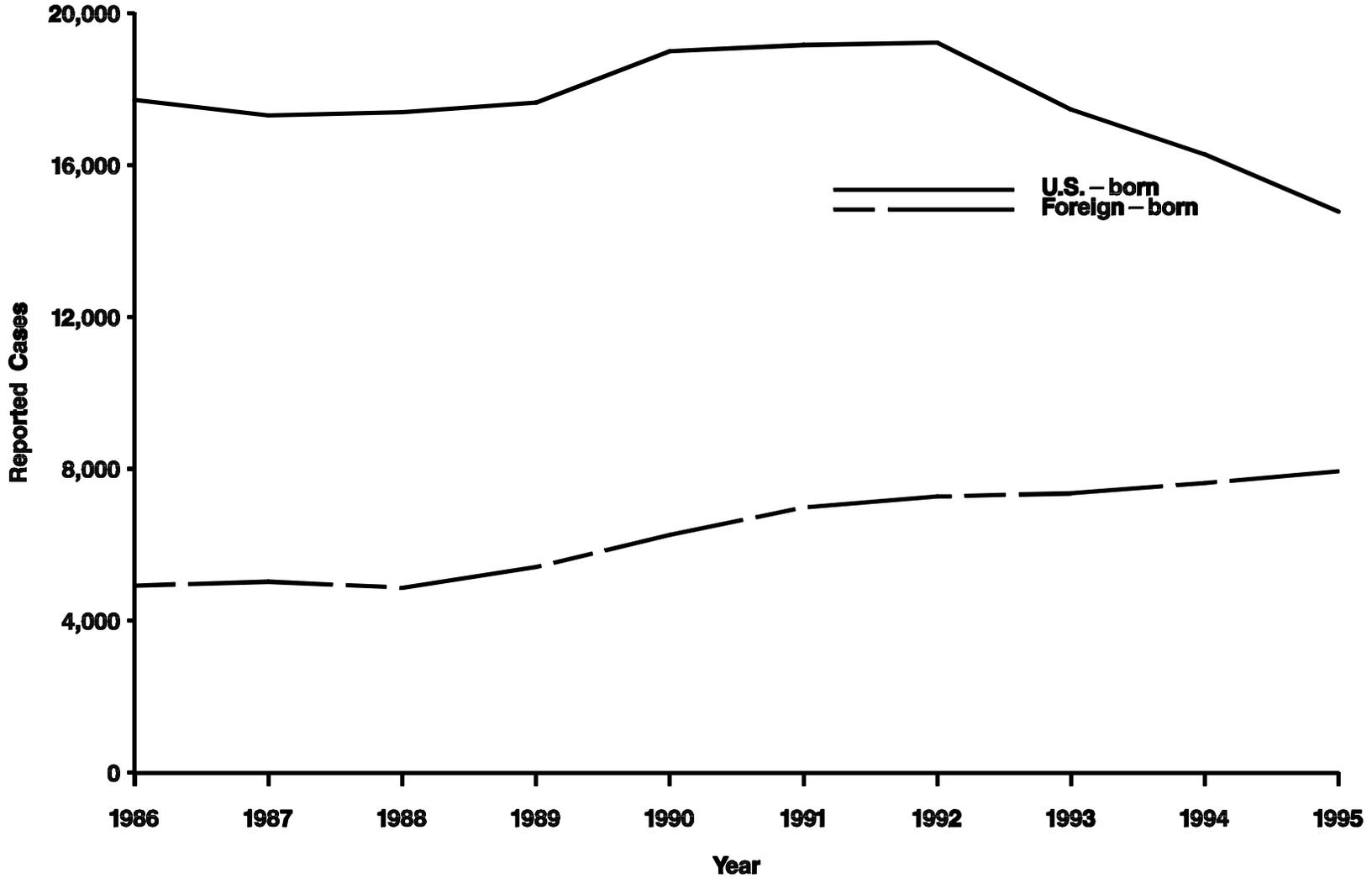
In 1995, 16 states had tuberculosis rates of ≤ 3.5 cases per 100,000, which is the interim tuberculosis goal for the year 2000.

TUBERCULOSIS — by year, United States, 1975–1995



In 1995, 22,860 cases of tuberculosis in the United States were reported to CDC; this represents a 6.2% decrease from 1994.

TUBERCULOSIS — by year, among persons born in the United States and foreign-born persons, United States, 1986–1995

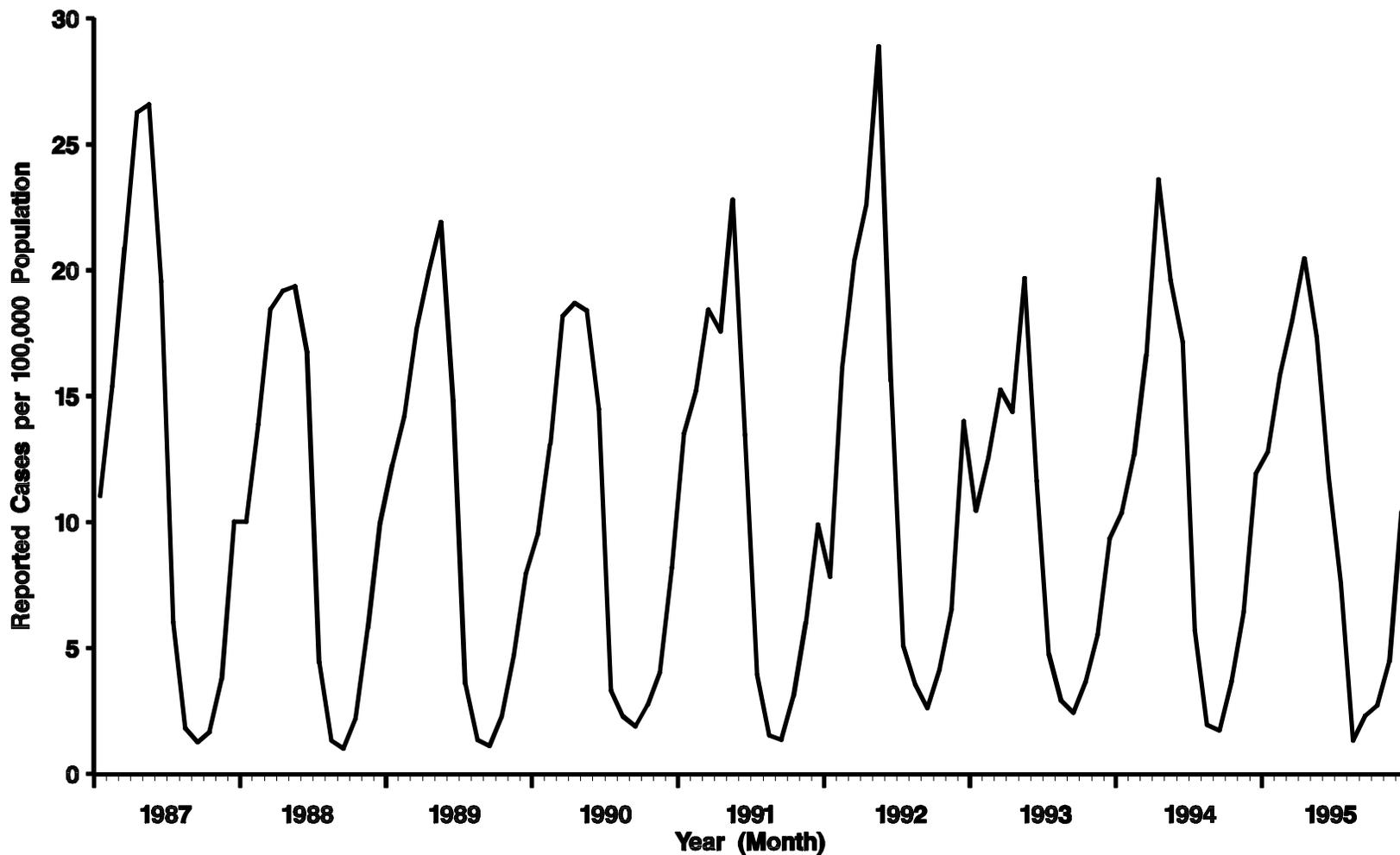


The reported number (and percentage) of tuberculosis cases among foreign-born persons in the United States has increased from 4,925 (21.6%) in 1986 to 7,930 (34.7%) in 1995.



Antimicrobial resistance among *S. typhi* isolates has increased in recent years. In 1994, a new single-dose parenteral typhoid vaccine was licensed for use in the United States.

VARICELLA (chickenpox) — by month, United States,* 1987–1995



* Varicella is reportable in 21 states.

Approximately 3.7 million cases of varicella occur annually in the United States; of these, an estimated 4%–5% are reported.

PART 3:

Historical Summary Tables

TABLE 1. NOTIFIABLE DISEASES — summary of reported cases, per 100,000 population, United States, 1986–1995

Disease	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995
AIDS*	5.36	8.66	12.61	13.58	16.72	17.32	17.83	40.20	30.07	27.20
Amebiasis	1.47	1.33	1.20	1.34	1.38	1.23	1.21	1.21	1.20	†
Anthrax	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Aseptic meningitis	4.72	4.72	2.94	4.14	4.77	6.26	5.18	5.39	3.71	†
Botulism, total (including wound and unsp.)	0.05	0.03	0.03	0.04	0.04	0.05	0.04	0.04	0.06	0.04
Foodborne	0.01	0.01	0.01	0.01	0.01	0.01	0.00	0.01	0.02	0.01
Brucellosis	0.04	0.05	0.04	0.04	0.03	0.04	0.04	0.05	0.05	0.04
Chancroid	1.57	2.07	2.04	1.90	1.70	1.40	0.80	0.54	0.30	0.20 [§]
Chlamydia [¶]					**					182.20 [§]
Cholera	0.01	0.00	0.00	0.00	0.00	0.01	0.04	0.00	0.02	0.01
Diphtheria	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Encephalitis, primary	0.54	0.58	0.36	0.40	0.54	0.40	0.30	0.36	0.28	†
Post-infectious	0.05	0.05	0.05	0.04	0.04	0.03	0.05	0.07	0.06	†
<i>Escherichia coli</i> O157:H7				**					0.82	1.01
Gonorrhea	376.37	323.14	298.74	297.36	276.60	249.48	201.60	172.40	168.40	149.50 [§]
Granuloma inguinale	0.03	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	†
<i>Haemophilus influenzae</i> , invasive			**			1.10	0.55	0.55	0.45	0.45
Hansen disease (leprosy)	0.11	0.10	0.07	0.07	0.08	0.06	0.07	0.07	0.05	0.06
Hepatitis A	10.02	10.39	11.60	14.43	12.64	9.67	9.06	9.40	10.29	12.13
Hepatitis B	11.17	10.65	9.43	9.43	8.48	7.14	6.32	5.18	4.81	4.19
Hepatitis, C/non-A, non-B ^{††}	1.55	1.23	1.07	1.02	1.03	1.42	2.36	1.86	1.78	1.78
Hepatitis, unspecified	1.69	1.27	1.00	0.93	0.67	0.50	0.35	0.24	0.17	†
Legionellosis	0.43	0.43	0.44	0.48	0.55	0.53	0.53	0.50	0.63	0.48
Leptospirosis	0.02	0.02	0.02	0.04	0.03	0.02	0.02	0.02	0.02	†
Lyme disease			**			3.80	0.12	3.20	5.01	4.49
Lymphogranuloma venereum	0.16	0.13	0.07	0.08	0.10	0.19	0.10	0.10	0.10	†
Malaria	0.47	0.39	0.45	0.51	0.52	0.51	0.43	0.55	0.47	0.55
Measles (rubeola)	2.61	1.50	1.38	7.33	11.17	3.82	0.88	0.12	0.37	0.12
Meningococcal disease	1.08	1.20	1.21	1.10	0.99	0.84	0.84	1.02	1.11	1.25
Mumps	3.37	5.43	2.05	2.34	2.17	1.72	1.03	0.66	0.60	0.35
Murine typhus fever	0.03	0.02	0.02	0.02	0.02	0.02	0.01	0.01	.....	†
Pertussis (whooping cough)	1.74	1.16	1.40	1.67	1.84	1.08	1.60	2.55	1.77	1.97
Plague	0.00	0.00	0.01	0.00	0.00	0.00	0.01	0.00	0.01	0.00
Poliomyelitis, paralytic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Psittacosis	0.09	0.04	0.05	0.05	0.05	0.04	0.04	0.02	0.02	0.03
Rabies, human	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Rheumatic fever, acute	0.12	0.13	0.14	0.13	0.09	0.12	0.06	0.08	0.09	†
Rocky Mountain spotted fever	0.32	0.25	0.25	0.25	0.26	0.25	0.20	0.18	0.18	0.23
Rubella (German measles)	0.23	0.13	0.09	0.16	0.45	0.56	0.06	0.07	0.09	0.05
Salmonellosis, excluding typhoid fever	20.73	20.92	19.91	19.26	19.54	19.10	16.04	16.15	16.64	17.66
Shigellosis	7.11	9.80	12.46	10.07	10.89	9.34	9.38	12.48	11.44	12.32
Syphilis, primary and secondary	11.65	14.54	16.43	18.07	20.10	17.26	13.70	10.40	8.10	6.30 [§]
Total, all stages	28.50	35.81	42.37	44.94	53.80	51.69	45.30	39.70	32.00	26.20 [§]
Tetanus	0.03	0.02	0.02	0.02	0.03	0.02	0.02	0.02	0.02	0.02
Toxic-shock syndrome	0.19	0.15	0.16	0.16	0.13	0.11	0.10	0.08	0.10	0.07
Trichinosis	0.02	0.02	0.02	0.01	0.05	0.02	0.02	0.01	0.01	0.01
Tuberculosis	9.44	9.25	9.13	9.46	10.33	10.42	10.46	9.82	9.36	8.70
Tularemia	0.07	0.09	0.08	0.06	0.06	0.08	0.06	0.05	0.04	†
Typhoid fever	0.15	0.16	0.18	0.19	0.22	0.20	0.16	0.17	0.17	0.14
Varicella (chickenpox) ^{§§}	122.42	136.68	122.43	121.77	120.06	135.82	176.54	118.54	135.76	118.11
Yellow fever										.....Last indigenous case reported in 1911; last imported case, 1924.....

NOTE: Rates <0.01 after rounding are listed as 0.00.

* Acquired immunodeficiency syndrome (AIDS).

† No longer nationally notifiable.

§ DemoDetail 1991–1995 post-censal estimates were used to calculate 1995 rates.

¶ Chlamydia refers to genital infections caused by *C. trachomatis*.

**Not previously nationally notifiable.

††Anti-HCV antibody test became available May 1990.

§§Not nationally notifiable.

TABLE 2. NOTIFIABLE DISEASES — summary of reported cases, United States, 1988–1995

Disease	1988	1989	1990	1991	1992	1993	1994	1995
AIDS	31,001	33,722	41,595	43,672	45,472	103,533	78,279	71,547*
Amebiasis	2,860	3,217	3,328	2,989	2,942	2,970	2,983	†
Anthrax	2	-	-	-	1	-	-	-
Aseptic meningitis	7,234	10,274	11,852	14,526	12,223	12,848	8,932	†
Botulism, total (including wound and unsp.)	84	89	92	114	91	97	143	97
Foodborne	28	23	23	27	21	27	50	24
Infant	50	60	65	81	66	65	85	54
Brucellosis	96	95	85	104	105	120	119	98
Chancroid	5,001	4,692	4,212	3,476	1,886	1,399	773	606 ^s
Chlamydia [¶]				**				477,638 ^s
Cholera	8	-	6	26	103	18	39	23
Diphtheria	2	3	4	5	4	-	2	-
Encephalitis, primary	882	981	1,341	1,021	774	919	717	†
Post-infectious	121	88	105	82	129	170	143	†
<i>Escherichia coli</i> O157:H7			**				1,420	2,139
Gonorrhea	719,536	733,151	690,169	620,478	501,409	439,673	418,068	392,848 ^s
Granuloma inguinale	11	7	97	29	6	19	3	†
<i>Haemophilus influenzae</i> , invasive		**		2,764	1,412	1,419	1,174	1,180
Hansen disease (leprosy)	184	163	198	154	172	187	136	144
Hepatitis A	28,507	35,821	31,441	24,378	23,112	24,238	29,796	31,582
Hepatitis B	23,177	23,419	21,102	18,003	16,126	13,361	12,517	10,805
Hepatitis, C/non-A, non-B ^{††}	2,619	2,529	2,553	3,582	6,010	4,786	4,470	4,576
Hepatitis, unspecified	2,470	2,306	1,671	1,260	884	627	444	†
Legionellosis	1,085	1,190	1,370	1,317	1,339	1,280	1,615	1,241
Leptospirosis	54	93	77	58	54	51	38	†
Lyme disease		**		9,465	9,895	8,257	13,043	11,700
Lymphogranuloma venereum	185	189	277	471	302	285	225	†
Malaria	1,099	1,277	1,292	1,278	1,087	1,411	1,229	1,419
Measles (rubeola)	3,396	18,193	27,786	9,643	2,237	312	963	281
Meningococcal disease	2,964	2,727	2,451	2,130	2,134	2,637	2,886	3,243
Mumps	4,866	5,712	5,292	4,264	2,572	1,692	1,537	906
Murine typhus fever	54	41	50	43	28	25	†	†

Pertussis (whooping cough)	3,450	4,157	4,570	2,719	4,083	6,586	4,617	5,137
Plague	15	4	2	11	13	10	17	9
Poliomyelitis, paralytic ^{§§}	9	9	6	10	6	4	5	2
Psittacosis	114	116	113	94	92	60	38	64
Rabies, animal	4,651	4,724	4,826	6,910	8,589	9,377	8,147	7,811
Rabies, human	-	1	1	3	1	3	6	5
Rheumatic fever, acute	158	144	108	127	75	112	112	†
Rocky Mountain spotted fever	609	623	651	628	502	456	465	590
Rubella (German measles)	225	396	1,125	1,401	160	192	227	128
Rubella, congenital syndrome	6	3	11	47	11	5	7	6
Salmonellosis, excluding typhoid fever	48,948	47,812	48,603	48,154	40,912	41,641	43,323	45,970
Shigellosis	30,617	25,010	27,077	23,548	23,931	32,198	29,769	32,080
Syphilis, primary and secondary	40,117	44,540	50,223	42,935	33,973	26,498	20,627	16,500 [§]
Total, all stages	103,437	110,797	134,255	128,569	112,581	101,259	81,696	68,953 [§]
Tetanus	53	53	64	57	45	48	51	41
Toxic-shock syndrome	390	400	322	280	244	212	192	191
Trichinosis	45	30	129	62	41	16	32	29
Tuberculosis	22,436	23,495	25,701	26,283	26,673	25,313	24,361	22,860 ^{¶¶}
Tularemia	201	152	152	193	159	132	96	†
Typhoid fever	436	460	552	501	414	440	441	369
Varicella (chickenpox) ^{***}	192,857	185,441	173,099	147,076	158,364	134,722	151,219	120,624
Yellow fever								.....Last indigenous case reported in 1911; last imported case, 1924.....

*The total number of acquired immunodeficiency syndrome (AIDS) cases includes all cases reported to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention (NCHSTP) through December 31, 1995.

† No longer nationally notifiable.

§ Cases were updated through the Division of Sexually Transmitted Diseases Prevention, NCHSTP, as of March 1, 1996.

¶ Chlamydia refers to genital infections caused by *C. trachomatis*.

** Not previously nationally notifiable.

†† Anti-HCV antibody test available May 1990.

§§ Numbers may not reflect changes based on retrospective case evaluations or late reports (see MMWR 1986;35:180-2). Seven additional suspected cases of paralytic poliomyelitis were reported in 1995. Confirmation of these cases is pending review by an external panel.

¶¶ Cases were updated through the Division of Tuberculosis Elimination, NCHSTP, as of May 29, 1996.

*** Varicella was taken off the nationally notifiable disease list in 1991. Many states continue to report these cases to CDC.

TABLE 3. NOTIFIABLE DISEASES — summary of reported cases, United States, 1980-1987

Disease	1980	1981	1982	1983	1984	1985	1986	1987
AIDS*			†		4,445	8,249	12,932	21,070
Amebiasis	5,271	6,632	7,304	6,658	5,252	4,433	3,532	3,123
Anthrax	1	-	-	-	1	-	-	1
Aseptic meningitis	8,028	9,547	9,680	12,696	8,326	10,619	11,374	11,487
Botulism, total (including wound and unsp.)	89	103	97	133	123	122	109	82
Foodborne			§			49	23	17
Infant			§			70	79	59
Brucellosis	183	185	173	200	131	153	106	129
Chancroid	788	850	1,392	847	665	2,067	3,756	4,998
Cholera	9	19	-	1	1	4	23	6
Diphtheria	3	5	2	5	1	3	-	3
Encephalitis, primary¶	1,362	1,492	1,464	1,761	1,257	1,376	1,302	1,418
Post-infectious¶	40	43	36	34	108	161	124	121
Gonorrhea	1,004,029	990,864	960,633	900,435	878,556	911,419	900,868	780,905
Granuloma inguinale	51	66	17	24	30	44	61	22
Hansen disease (leprosy)	223	256	250	259	290	361	270	238
Hepatitis A (infectious)	29,087	25,900	23,403	21,532	22,040	23,210	23,430	25,280
Hepatitis B (serum)	19,015	21,132	22,177	24,318	26,115	26,611	26,107	25,916
Hepatitis, non-A, non-B		†		3,470	3,871	4,184	3,634	2,999
Hepatitis, unspecified	11,894	10,975	8,564	7,149	5,531	5,517	3,940	3,102
Legionellosis**	475	408	654	852	750	830	980	1,038
Leptospirosis	85	82	100	61	40	57	41	43
Lymphogranuloma venereum	199	263	235	335	170	226	396	303
Malaria	2,062	1,388	1,056	813	1,007	1,049	1,123	944
Measles (rubeola)	13,506	3,124	1,714	1,497	2,587	2,822	6,282	3,655
Meningococcal disease	2,840	3,525	3,056	2,736	2,746	2,479	2,594	2,930
Mumps	8,576	4,941	5,270	3,355	3,021	2,982	7,790	12,848
Murine typhus fever	81	61	58	62	53	37	67	49
Pertussis (whooping cough)	1,730	1,248	1,895	2,463	2,276	3,589	4,195	2,823

Plague	18	13	19	40	31	17	10	12
Poliomyelitis, total	9	6	8	15	8 ††		
Paralytic	9	10	11	13	9	7	9	9
Psittacosis	124	136	152	142	172	119	224	98
Rabies, animal	6,421	7,118	6,212	5,878	5,567	5,565	5,504	4,658
Rabies, human	-	2	-	2	3	1	-	1
Rheumatic fever, acute	432	264	137	88	117	90	147	141
Rocky Mountain spotted fever	1,163	1,192	976	1,126	838	714	760	604
Rubella (German measles)	3,904	2,077	2,325	970	752	630	551	306
Rubella, congenital syndrome	50	19	7	22	5	-	14	5
Salmonellosis, excluding typhoid fever	33,715	39,990	40,936	44,250	40,861	65,347	49,984	50,916
Shigellosis	19,041	19,859	18,129	19,719	17,371	17,057	17,138	23,860
Syphilis, primary and secondary	27,204	31,266	33,613	32,698	28,607	27,131	27,883	35,147
Total, all stages	68,832	72,799	75,579	74,637	69,888	67,563	68,215	86,545
Tetanus	95	72	88	91	74	83	64	48
Toxic-shock syndrome	..... † .....			502	482	384	412	372
Trichinosis	131	206	115	45	68	61	39	40
Tuberculosis	27,749	27,373	25,520	23,846	22,255	22,201	22,768	22,517
Tularemia	234	---	275	310	291	177	170	214
Typhoid fever	510	584	425	507	390	402	362	400
Varicella (chickenpox)	190,894	200,766	167,423	177,462	221,983	178,162	183,243	213,196
Yellow fever	..... Last indigenous case reported in 1911; last imported case, 1924							

* Acquired immunodeficiency syndrome (AIDS).

† Not previously notifiable nationally.

§ Not reported as distinct categories during this period.

¶ Beginning in 1984, data reflects change in categories for tabulating encephalitis reports that were recorded by date of report to state health departments. Data for previous years are from surveillance records reported by onset date.

** Beginning in 1982, data were recorded by date of report to the state health department. Data for 1976–1981 are from surveillance records reported by onset date.

†† Categories other than paralytic are no longer reported.

TABLE 4. NOTIFIABLE DISEASES — summary of reported cases, United States, 1972–1979

Disease	1972	1973	1974	1975	1976	1977	1978	1979
Amebiasis	2,199	2,235	2,743	2,775	2,906	3,044	3,937	4,107
Anthrax	2	2	2	2	2	-	6	-
Aseptic meningitis	4,634	4,846	3,197	4,475	3,510	4,789	6,573	8,754
Botulism, total (including wound and unsp.)	22	34	28	20	55	129	105	45
Brucellosis	196	202	240	310	296	232	179	215
Chancroid	1,414	1,165	945	700	628	455	521	840
Cholera	-	1	-	-	-	3	12	1
Diphtheria	152	228	272	307	128	84	76	59
Encephalitis, primary	1,059	1,613	1,164	4,064	1,651	1,414	1,351	1,504
Post-infectious	243	354	218	237	175	119	78	84
Gonorrhoea	767,215	842,621	906,121	999,937	1,001,994	1,002,219	1,013,436	1,004,058
Granuloma inguinale	81	62	47	60	71	75	72	76
Hansen disease (leprosy)	130	146	118	162	145	151	168	185
Hepatitis A (infectious)	54,074	50,749	40,358	35,855	33,288	31,153	29,500	30,407
Hepatitis B (serum)	9,402	8,451	10,631	13,121	14,973	16,831	15,016	15,452
Hepatitis, unspecified	.....*	.....*	8,351	7,158	7,488	8,639	8,776	10,534
Legionellosis	.....*	.....*	.....*	.....*	235	359	761	593
Leptospirosis	41	57	68	93	73	71	110	94
Lymphogranuloma venereum	756	408	394	353	365	348	284	250
Malaria	742	237	293	373	471	547	731	894
Measles (rubeola)	32,275	26,690	22,094	24,374	41,126	57,345	26,871	13,597
Meningococcal disease	1,323	1,378	1,346	1,478	1,605	1,828	2,505	2,724
Mumps	74,215	69,612	59,128	59,647	38,492	21,436	16,817	14,225
Murine typhus fever	18	32	26	41	69	75	46	69
Pertussis (whooping cough)	3,287	1,759	2,402	1,738	1,010	2,177	2,063	1,623
Plague	1	2	8	20	16	18	12	13
Poliomyelitis, total	31	8	7	8	14	18	15	34
Paralytic	29	7	7	8	12	17	9	26
Psittacosis	52	33	164	49	78	94	140	137
Rabies, animal	4,369	3,640	3,151	2,627	3,073	3,130	3,254	5,119
Rabies, human	2	1	-	2	2	2	4	4
Rheumatic fever, acute	2,614	2,560	2,431	2,854	1,865	1,738	851	629
Rocky Mountain spotted fever	523	668	754	844	937	1,153	1,063	1,070
Rubella (German measles)	25,507	27,804	11,917	16,652	12,491	20,395	18,269	11,795
Rubella, congenital syndrome	42	35	45	30	30	23	30	62
Salmonellosis, excluding typhoid fever	22,151	23,818	21,980	22,612	22,937	27,850	29,410	33,138
Shigellosis	20,207	22,642	22,600	16,584	13,140	16,052	19,511	20,135
Syphilis, primary and secondary	24,429	24,825	25,385	25,561	23,731	20,399	21,656	24,874
Total, all stages	91,149	87,469	83,771	80,356	71,761	64,621	64,875	67,049
Tetanus	128	101	101	102	75	87	86	81
Trichinosis	89	102	120	252	115	143	67	157
Tuberculosis†	32,882	30,998	30,122	33,989	32,105	30,145	28,521	27,669
Tularemia	152	171	144	129	157	165	141	196
Typhoid fever	398	680	437	375	419	398	505	528
Varicella (chickenpox)	164,114	182,927	141,495	154,248	183,990	188,396	154,089	199,081
Yellow fever	.....	.....	.....	.....	.....	.....	.....	.....

* Not previously notifiable nationally.

† Case data subsequent to 1974 are not comparable with earlier years because of changes in reporting criteria that became effective in 1975.

TABLE 5. NOTIFIABLE DISEASES — summary of reported cases, United States, 1966–1971

Disease	1966	1967	1968	1969	1970	1971
Amebiasis	2,921	3,157	3,005	2,915	2,888	2,752
Anthrax	5	2	3	4	2	5
Aseptic meningitis	3,058	3,082	4,494	3,672	6,480	5,176
Botulism	9	5	7	16	12	25
Brucellosis	262	265	218	235	213	183
Chancroid	838	784	845	1,104	1,416	1,320
Cholera	-	-	-	-	-	1
Diphtheria	209	219	260	241	435	215
Encephalitis, primary	2,121	1,478	1,781	1,613	1,580	1,524
Post-infectious	964	1,060	502	304	370	439
Gonorrhea	351,738	404,836	464,543	534,872	600,072	670,268
Granuloma inguinale	148	154	156	154	124	89
Hansen disease (leprosy)	109	81	123	98	129	131
Hepatitis A (infectious)	32,859	38,909	45,893	48,416	56,797	59,606
Hepatitis B (serum)	1,497	2,458	4,829	5,909	8,310	9,556
Leptospirosis	72	67	69	89	47	62
Lymphogranuloma venereum	308	371	485	520	612	692
Malaria	565	2,022	2,317	3,102	3,051	2,375
Measles (rubeola)	204,136	62,705	22,231	25,826	47,351	75,290
Meningococcal disease	3,381	2,161	2,623	2,951	2,505	2,262
Mumps	.....*	.....*	152,209	90,918	104,953	124,939
Murine typhus fever	33	52	36	36	27	23
Pertussis (whooping cough)	7,717	9,718	4,810	3,285	4,249	3,036
Plague	5	3	3	5	13	2
Poliomyelitis, total	113	41	53	20	33	21
Paralytic	106	40	53	18	31	17
Psittacosis	50	41	43	57	35	32
Rabies, animal	4,178	4,481	3,591	3,490	3,224	4,310
Rabies, human	1	2	1	1	3	2
Rheumatic fever, acute	4,472	3,985	3,470	3,229	3,227	2,793
Rocky Mountain spotted fever	268	305	298	498	380	432
Rubella (German measles)	46,975	46,888	49,371	57,686	56,552	45,086
Rubella, congenital syndrome	11	10	14	31	77	68
Salmonellosis, excluding typhoid fever	16,841	18,120	16,514	18,419	22,096	21,928
Shigellosis	11,888	13,474	12,180	11,946	13,845	16,143
Streptococcal sore throat and scarlet fever	427,752	453,351	435,013	450,008	433,405	†
Syphilis, primary and secondary	21,414	21,053	19,019	19,130	21,982	23,783
Total, all stages	105,159	102,581	96,271	92,162	91,382	95,997
Tetanus	235	263	178	192	148	116
Trichinosis	115	66	77	215	109	103
Tuberculosis	47,767	45,647	42,623	39,120	37,137	35,217
Tularemia	208	184	186	149	172	187
Typhoid fever	378	396	395	364	346	407
Yellow fever	.....	.....	.....	.....	.....	.....

* Not previously notifiable nationally.

† No longer nationally notifiable.

TABLE 6. NOTIFIABLE DISEASES — deaths from selected diseases, United States, 1984–1993. (Numbers in ICD column refer to the category numbers listed in the Ninth Revision of the *International Classification of Diseases*, 1994.)

Cause of Death	ICD*	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
AIDS†	*042-044	2,943	6,040	10,900	13,468	16,602	22,082	25,188	29,555	33,566	37,267
Anthrax	022	-	-	-	-	-	-	-	-	-	-
Botulism, foodborne	005.1	4	4	1	-	1	2	4	2	1	-
Brucellosis	023	-	1	1	1	2	-	-	-	-	1
Chancroid	099.0	-	-	-	-	-	-	-	1	-	-
Cholera	001	-	1	-	1	-	-	2	2	2	-
Diphtheria	032	-	-	-	1	-	-	1	-	1	-
Gonococcal infections	098	3	2	7	7	3	4	3	3	4	5
<i>Haemophilus influenzae</i> , invasive	041.5	14	22	21	25	25	16	16	17	16	7
Hansen disease (leprosy)	030	6	2	1	1	-	4	3	-	2	1
Hepatitis, viral, infectious (Hep A)	070.0,070.1	77	80	65	77	70	88	76	71	82	95
Hepatitis, viral, serum (Hep B)	070.2,070.3	465	490	557	595	621	711	816	912	903	1041
Hepatitis, viral, other and unsp.	070.4-070.9	327	372	384	510	599	717	686	857	1,016	1353
Lyme disease	088.81	-	-	-	-	-	-	-	-	-	-
Malaria	084	7	13	5	5	7	11	3	-	8	12
Measles (rubeola)	055	3	4	2	2	3	32	64	27	4	-
Meningococcal disease	036	300	257	286	258	278	273	215	198	201	260
Mumps	072	1	-	-	2	2	3	1	1	-	-
Pertussis (whooping cough)	033	7	4	6	1	4	12	12	-	5	7
Plague	020	3	1	-	1	-	-	-	-	1	2
Poliomyelitis, total	045.0-045.9	-	3	-	-	1	-	-	1	-	-
Psittacosis	073	-	1	-	2	1	1	2	-	4	1
Rabies, human	071	2	-	-	1	-	1	1	3	1	1
Rocky Mountain spotted fever	082.0	34	22	19	21	20	10	20	13	13	5
Rubella (German measles)	056	1	1	1	-	1	4	8	1	1	-
Salmonellosis, incl. paratyphoid fever	002.1-002.9,003	90	117	102	105	66	99	80	53	47	52
Shigellosis	004	8	17	4	13	8	16	10	10	8	5
Syphilis	090-097	105	80	80	98	85	105	106	93	91	80
Tetanus	037	20	23	22	16	17	9	11	11	9	11
Trichinosis	124	-	1	-	-	-	1	-	-	-	-
Tuberculosis (all forms)	010-018	1,729	1,752	1,782	1,755	1,921	1,970	1,810	1,713	1,705	1631
Typhoid fever	002.0	-	-	2	2	-	-	1	1	-	-
Varicella (chickenpox)	052	53	68	47	89	83	89	120	81	100	100

*Numbers in ICD column refer to the category numbers listed in the Ninth Revision of the *International Classification of Diseases*, 1994. (The asterisks in the ICD column pertain to the ICD code, not a footnote. They indicate that the numbers are not part of the ICD but were introduced for use in the United States.)

† For 1983–1986, deaths are estimated from death certificates that mention conditions coded to deficiency of cell-mediated immunity (ICD-9 No.279.1). These numbers include other human immunodeficiency virus (HIV)-related deaths and other diseases classifiable as deficiencies of cell-mediated immunity.

Source: National Center for Health Statistics System, 1984–1993. Deaths are classified to the Ninth Revision, ICD.

Bibliography

General

- Benenson AS. Control of communicable diseases in man. 16th ed. Washington, DC: American Public Health Association, 1995.
- CDC. Mandatory reporting of infectious diseases by clinicians, and mandatory reporting of occupational diseases by clinicians. MMWR 1990;39(No. RR-9).
- CDC. Case definitions for public health surveillance. MMWR 1990;39(No. RR-13).
- CDC. Update: graphic method for presentation of notifiable disease data—United States, 1991. MMWR 1991;40:124–5.
- CDC. National electronic telecommunications system for surveillance—United States, 1990–1991. MMWR 1991;40:502.
- CDC. Use of race and ethnicity in public health surveillance. MMWR 1993;42(No. RR-10).
- CDC. Sexually transmitted disease surveillance, 1993. Atlanta: US Department of Health and Human Services, Public Health Service, 1994.
- CDC. Manual of procedures for the reporting of nationally notifiable diseases to CDC. Atlanta: US Department of Health and Human Services, Public Health Service, CDC, 1995.
- Koo D, Wetterhall SF. History and current status of the National Notifiable Diseases Surveillance System. J Public Health Management and Practice 1996;2:4–10.
- Martin SM, Bean NH. Data management issues for emerging diseases and new tools for managing surveillance and laboratory data. EID 1995;1:124–8.
- Stroup DF, Wharton M, Kafadar K, Dean AG. An evaluation of a method for detecting aberrations in public health surveillance data. Am J Epidemiol 1993;137:373–80.
- Teutsch SM, Churchill RE, eds. Principles and practice of public health surveillance. New York: Oxford University Press, 1994.
- Thacker SB, Choi K, Brachman PS. The surveillance of infectious diseases. JAMA 1983; 249:1181–5.
- Thacker SB, Stroup DF. Future directions for comprehensive public health surveillance and health information systems in the United States. Am J Epidemiol 1994;140:383–97.

AIDS

- CDC. Update: AIDS among women—United States, 1994. MMWR 1995;44:81–4.
- CDC. Update: Trends in AIDS among men who have sex with men—United States, 1989–1994. MMWR 1995;44:401–4.
- CDC. First 500,000 AIDS cases—United States, 1995. MMWR 1995; 44:849–53.
- CDC. HIV/AIDS surveillance report—year-end edition Vol. 7, No. 2. 1995.

Anthrax

- Brachman PS. Anthrax. In: Hoepflich PD, Jordan MC, Roland AR, eds. Infectious diseases. 5th ed. Philadelphia: JB Lippincott Co., 1994:1003–8.
- Meselson M, Guillemin J, Hugh-Jones M, et al. The Sverdlovsk anthrax outbreak of 1979. Science 1994;266:1202–8.

Arboviral Infections (California serogroup viruses, eastern equine encephalitis, St. Louis encephalitis, and western equine encephalitis)

- Monath TP, ed. The arboviruses: epidemiology and ecology. Boca Raton, FL: CRC Press, 1983.
- Tsai TF. Arboviral infections in the United States. Infect Dis Clin North Am 1991;5:73–102.
- Tsai TF. Arboviruses and related zoonotic viruses. In: Oski FJ, ed. Principles and practice of pediatrics. 2nd ed. Philadelphia: JB Lippincott Co., 1994:1266–88.

Botulism

- St. Louis ME, Peck SHS, Bowering D, et al. Botulism from chopped garlic: delayed recognition of a major outbreak. Ann Intern Med 1988;108:363–8.
- Weber JT, Hatheway CL, St. Louis ME. Botulism. In: Hoepflich PD, Jordan MC, Ronald AR. Infectious diseases: a treatise of infectious processes. 5th ed. Philadelphia: JB Lippincott Co., 1994:1185–94.
- Woodruff BA, Griffin PM, McCroskey LM, et al. Clinical and laboratory comparison of botulism from toxin types A, B, and E in the United States 1975–1988. J Infect Dis 1992;166:1281–6.

Brucellosis

- Chomel BB, DeBess EE, Mangiamele DM, et al. Changing trends in the epidemiology of human brucellosis in California from 1973 to 1992: a shift toward foodborne transmission. *J Infect Dis* 1994;170:1216–23.
- Kaufmann AF, Fox MD, Boyce JM, et al. Airborne spread of brucellosis. *Ann N Y Acad Sci* 1980;353:105–14.
- Staskiewicz J, Lewis CM, Colville J, Zervos M, Band J. Outbreak of *Brucella melitensis* among microbiology laboratory workers in a community hospital. *J Clin Microbiol* 1991;29:287–90.

Chancroid

- CDC. Chancroid in the United States, 1981–1990: evidence for underreporting of cases. *MMWR* 1992;41(No. SS-3):57–61.
- CDC. Chancroid detected by polymerase chain reaction—Jackson, Mississippi, 1994–1995. *MMWR* 1995; 44:567,573–4.
- DiCarlo RP, Armentor BS, Martin DH. Chancroid epidemiology in New Orleans men. *J Infect Dis* 1995;172:446–52.

***Chlamydia trachomatis* infection**

- CDC. Recommendations for the prevention and management of *Chlamydia trachomatis* infections, 1993. *MMWR* 1993; 42(No. RR-12).
- Hillis SD, Nakashima A, Marchbanks PA, Addiss DG, Davis JP. Risk factors for recurrent *Chlamydia trachomatis* infections in women. *Am J Obstet Gynecol* 1994;170:801–6.
- Hillis SD, Nakashima A, Amsterdam L, et al. The impact of a comprehensive chlamydia prevention program in Wisconsin. *Family Planning Perspectives* 1995;27:108–11.

Cholera

- Blake PA. Epidemiology of cholera in the Americas. *Gastroenterol Clin North Am* 1993;22:639–60.
- Boyce TG, Mintz ED, Greene KD, et al. *Vibrio cholerae* O139 Bengal infections among tourists to southeast Asia: an intercontinental foodborne outbreak. *J Infect Dis* 1995;172:1401–4.
- Wachsmuth IK, Blake PA, Olsvik O, eds. *Vibrio cholerae* and cholera: molecular to global perspectives. Washington, DC: American Society for Microbiology, 1994.
- World Health Organization. Guidelines for cholera control. Geneva: World Health Organization, 1993.

Congenital Syphilis

- CDC. Guidelines for the prevention and control of congenital syphilis. *MMWR* 1988; 37(No. S-1):1–13.
- CDC. Surveillance for geographic and secular trends in congenital syphilis—United States, 1983–1991. *MMWR* 1993; 42(No. SS-6):59–71.
- CDC. Evaluation of congenital syphilis surveillance system—New Jersey, 1993. *MMWR* 1995; 44:225–7.
- Thompson BL, Matuszak D, Dwyer DM, Nakashima A, Pearce H, Israel E. Congenital syphilis in Maryland, 1989–1991: the effect of changing the case definition and opportunities for prevention. *Sex Transm Dis* 1995; 22:364–9.

Cryptosporidiosis

- CDC. Assessing the public health threat associated with waterborne cryptosporidiosis: report of a workshop. *MMWR* 1995;44(No. RR-6).
- CDC. Surveillance for waterborne-disease outbreaks—United States, 1993–1994. *MMWR* 1996;45(No. SS-1).
- Juranek DD. Cryptosporidiosis: sources of infection and guidelines for prevention. *Clin Infect Dis* 1995;21(suppl 1):S57–61.

Diphtheria

- CDC. Diphtheria acquired by U.S. citizens in the Russian Federation and Ukraine—1994. *MMWR* 1995;44:237,243–4.
- Chen RT, Broome CV, Weinstein RA, Weaver R, Tsai TF. Diphtheria in the United States, 1971–1981. *Am J Public Health* 1985;75:1393–7.
- Hardy IRB, Dittmann S, Sutter RW. Resurgence of diphtheria in the New Independent States of the former Soviet Union: current situation and control strategies. *Lancet* 1996; (in press).

***Escherichia coli* O157:H7, Hemolytic-uremic syndrome**

- Bell BP, Goldoft M, Griffin PM, et al. A multistate outbreak of *Escherichia coli* O157:H7-associated bloody diarrhea and hemolytic uremic syndrome from hamburgers: the Washington experience. *JAMA* 1994;272:1449–53.
- Boyce TG, Pemberton AG, Wells JG, Griffin PM. Screening for *Escherichia coli* O157:H7—a national survey of clinical laboratories. *J Clin Microbiol* 1995;33:3275–7.
- Boyce TG, Swerdlow DL, Griffin PM. *Escherichia coli* O157:H7 and the hemolytic-uremic syndrome. *N Engl J Med* 1995;333:364–8.
- Griffin PM, Tauxe RV. The epidemiology of infections caused by *Escherichia coli* O157:H7, other enterohemorrhagic *E.coli*, and the associated hemolytic uremic syndrome. *Epidemiol Rev* 1991;13:60–98.
- Martin DL, MacDonald KL, White KE, Soler JT, Osterholm MT. The epidemiology and clinical aspects of the hemolytic uremic syndrome in Minnesota. *N Engl J Med* 1990;323:1161–7.

Gonorrhea

- CDC. Surveillance for gonorrhea and primary and secondary syphilis among adolescents—United States, 1981–1991. *MMWR* 1993;42(No. SS-3):1–11.
- CDC. Sentinel surveillance for antimicrobial resistance in *Neisseria gonorrhoeae*—United States, 1988–1991. *MMWR* 1993;42(No. SS-3):29–39.
- CDC. Increasing incidence of gonorrhea—Minnesota, 1994. *MMWR* 1995;44:282–6.
- CDC. Fluoroquinolone resistance in *Neisseria gonorrhoeae*—Colorado and Washington, 1995. *MMWR* 1995;44:761–4.

***Haemophilus influenzae*, invasive**

- Adams WG, Deaver KA, Cochi SL, et al. Decline of childhood *Haemophilus influenzae* type b (Hib) disease in the Hib vaccine era. *JAMA* 1993;269:221–6.
- CDC. Recommendations for use of *Haemophilus b* conjugate vaccines and a combined diphtheria, tetanus, pertussis, and *Haemophilus b* vaccine: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1993;42(No. RR-13).
- CDC. Progress toward elimination of *Haemophilus influenzae* type b disease among infants and children—United States, 1993–1994. *MMWR* 1995;44:545–50.

Hansen disease (Leprosy)

- Mastro TD, Redd SC, Breiman RF. Imported leprosy in the United States, 1978 through 1988; an epidemic without secondary transmission. *Am J Public Health* 1992 Aug;82:1127–30.
- Noordeen SK. Epidemiology and control of leprosy—a review of progress over the last 30 years. *Trans R Soc Trop Med Hyg* 1993;87:515–7.
- Smith PG. Recent trends in the epidemiology of tuberculosis and leprosy. *Trop Geogr Med* 1991 Jul;43:S22–9.

Hepatitis

- Alter MJ, Mares A, Hadler SC, Maynard JE. The effect of underreporting on the apparent incidence and epidemiology of acute viral hepatitis. *Am J Epidemiol* 1987;125:133–9.
- CDC. Hepatitis surveillance report no. 56. Atlanta: US Department of Health and Human Services, Public Health Service, 1996.

Hepatitis A

- Lemon SM, Shapiro CN. The value of immunization against hepatitis A. *Infect Agents and Dis* 1994;1:38–49.
- Shapiro CN, Coleman PJ, McQuillan GM, et al. Epidemiology of hepatitis A: seroepidemiology and risk groups in the U.S.A. *Vaccine* 1992;10(suppl 1):S59–62.

Hepatitis B

- Margolis HS, Alter MJ, Hadler SC. Hepatitis B: evolving epidemiology and implications for control. *Semin Liver Dis* 1991;11:84–92.

Hepatitis, C/Non-A, non-B

- Alter MJ, Hadler SC, Judson FN, et al. Risk factors for acute non-A, non-B hepatitis in the United States and association with hepatitis C virus infection. *JAMA* 1990;264:2231–5.
- Alter MJ, Margolis HS, Krawczynski K, et al. The natural history of community-acquired hepatitis C in the United States. *N Engl J Med* 1992;327:1899–905.

Legionellosis

- Jernigan DB, Hofmann J, Cetron MS, et al. Outbreak of Legionnaires' disease among cruise ship passengers exposed to a contaminated whirlpool spa. *Lancet* 1996; 347:494–9.
- Keller DW, Hajjeh R, DeMaria A Jr, et al. Community outbreak of Legionnaires' disease: an investigation confirming the potential for cooling towers to transmit *Legionella* species. *Clin Infect Dis* 1996; 22:257–61.
- Marston BJ, Lipman HB, Breiman RF. Surveillance for Legionnaires' disease: risk factors for morbidity and mortality. *Arch Intern Med* 1994; 154:2417–22.
- Miller LA, Beebe JL, Butler JC, et al. Use of polymerase chain reaction in an epidemiologic investigation of Pontiac fever. *J Infect Dis* 1993; 168:769–72.

Lyme disease

- CDC. Lyme disease—United States, 1994. *MMWR* 1995;44:459–62.
- CDC. Recommendations for test performance and interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease. *MMWR* 1995;44:590–1.
- Dennis DT. Lyme Disease. *Dermatol Clin* 1995;13:537–51.
- Kalish R. Lyme disease. *Rheum Dis Clin North Am* 1993;19:399–426.
- Steere AC. Lyme disease. *N Engl J Med* 1989;321:586–96.

Malaria

- CDC. Local transmission of *Plasmodium vivax* malaria—Houston, Texas, 1994. *MMWR* 1994; 44:295.
- Lobel HO, Miani M, Eng T, Bernard KW, Hightower AW, Campbell CC. Long-term malaria prophylaxis with weekly mefloquine. *Lancet* 1993;341:848–51.
- Zucker JR, Campbell CC. Malaria: principles of prevention and treatment. *Infect Dis Clin North Am* 1993;7:547–67.

Measles

- CDC. Measles Prevention: recommendations of the Immunization Practices Advisory Committee. *MMWR* 1989;38(No. SS-9).
- CDC. Measles—United States, 1994. *MMWR* 1995;44:486–487, 493–494.
- CDC. Measles—United States, 1995. *MMWR* 1996;45:305–307.

Meningococcal disease

- CDC. Laboratory-based surveillance for meningococcal disease in selected areas—United States, 1989–1991. *MMWR* 1993;42(No. SS-2):21–30.
- CDC. Serogroup B meningococcal disease—Oregon, 1994. *MMWR* 1995;44:121–4.
- Jackson LA, Schuchat A, Reeves MW, Wenger JD. Serogroup C meningococcal outbreaks in the United States: an emerging threat. *JAMA* 1995;273:383–9.
- Riedo FX, Plikaytis BD, Broome CV. Epidemiology and prevention of meningococcal disease. *Pediatr Infect Dis J* 1995;14:643–57.

Mumps

- Briss PA, Fehrs LJ, Parker RA, et al. Sustained transmission of mumps in a highly vaccinated population: assessment of primary vaccine failure and waning vaccine-induced immunity. *J Infect Dis* 1994;169:77–82.
- CDC. Mumps prevention. *MMWR* 1989;38:388–92,397–400.
- CDC. Mumps Surveillance—United States, 1988–1993. *MMWR* 1995;44(No. SS-3):1–14.
- Hersch BS, Fine PEM, Kent WK, et al. Mumps outbreak in a highly vaccinated population. *J Pediatr* 1991;119:187–93.

Pertussis

- CDC. Pertussis—United States, January 1992–June 1995. *MMWR* 1995;44:525–9.
- Izurietta HS, Kenyon TA, Strebel PM, Baughman AL, Shulman ST, Wharton M. Risk factors for pertussis in young infants during an outbreak in Chicago in 1993. *Clin Infect Dis* 1996;22:503–7.
- Wortis N, Strebel PM, Wharton M, Bardenheier B, Hardy IRB. Pertussis deaths: report of 23 cases in the United States, 1992 and 1993. *Pediatrics* 1996;97:607–12.

Plague

- Craven, RB, Barnes AM. Plague and tularemia. *Infect Dis Clin North Am*. 1991;5:165–75.
- Poland JD, Quan TJ, Barnes AM. Plague. In: Beran GW, ed. *CRC handbook of zoonoses*. 2nd ed. Section A: bacterial, rickettsial, chlamydial, and mycotic. CRC Press, Inc., Boca Raton, Florida. 1994:93–112.

Poliomyelitis

- CDC. Lack of evidence for wild poliovirus circulation—United States, 1993. *MMWR* 1993;43:957–9.
- CDC. Progress toward global poliomyelitis eradication, 1985–1994. *MMWR* 1995;44:273–5, 281.
- Prevots DR, Sutter RW, Strebel PM, Weibel RE, Cochi SL. Completeness of reporting for paralytic poliomyelitis, United States, 1980 through 1991. *Arch Pediatr Adolesc Med* 1994;148:479–85.
- Strebel PM, Sutter RW, Cochi SL, et al. Epidemiology of poliomyelitis in the United States: one decade after the last reported case of indigenous wild virus-associated disease. *Clin Infect Dis* 1992;14:568–79.

Psittacosis

- CDC. Human psittacosis linked to a bird distributor in Mississippi—Massachusetts and Tennessee, 1992. *MMWR* 1992;41:794–7.
- Hedberg K, White KE, Forfang JC, et al. An outbreak of psittacosis in Minnesota turkey industry workers: implications for modes of transmission and control. *Am J Epidemiol* 1989; 130:569–77.
- National Association of State Public Health Veterinarians. Compendium of chlamydiosis (psittacosis) control, 1995. *JAVMA* 1995;206:1874–9.
- Wong KH, Skelton SK, Daugharty H. Utility of complement fixation and microimmunofluorescence assays for detecting serologic responses in patients with clinically diagnosed psittacosis. *J Clin Microbiol* 1994;32:2417–21.

Rabies

- CDC. Rabies prevention—United States. 1991: recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1991;40(No. RR-3).
- CDC. Compendium of animal rabies control, 1995. *MMWR* 1995;44(No. RR-2).
- Krebs JW, Strine TW, Smith JS, Rupprecht CE, Childs JE. Rabies surveillance in the United States during 1994. *JAVMA* 1995;207:1562–75.

Rocky Mountain spotted fever (RMSF)

- Dalton MJ, Clarke MJ, Holman RC, et al. National surveillance for Rocky Mountain spotted fever, 1981–1992, epidemiologic summary and evaluation of risk factors for fatal outcome. *Am J Trop Med Hyg* 1995;52(5):405–13.
- McDade JE, Fishbein DB. Rickettsiaceae: the rickettsiae. In: *Laboratory diagnosis of infectious diseases: principles and practice*. Vol II. Viral, rickettsial, and chlamydial diseases. New York: Springer-Verlag, 1988:864–89.

Rubella

- CDC. Rubella prevention: recommendations of the Immunization Practices Advisory Committee (ACIP). *MMWR* 1990;39(No. RR-15).
- CDC. Outbreaks of rubella among the Amish—United States, 1991. *MMWR* 1991;40:264.
- CDC. Rubella and congenital rubella syndrome—United States, January 1, 1991–May 7, 1994. *MMWR* 1994;43:391,397–401.
- Lindgren ML, Fehrs LJ, Hadler SC, Hinman AR. Update: rubella and congenital rubella syndrome, 1980–1990. *Epidemiol Rev* 1991;13:341–8.

Salmonellosis

- CDC. Reptile-associated Salmonellosis—selected states, 1994–1995. *MMWR* 1995;44:347–50.
- Hennesy TW, Hedberg CW, Slutsker L, et al. A national outbreak of *Salmonella* Enteritidis infections from ice cream. *N Engl J Med* 1996;334:1281–6.
- Lee LA, Puhr ND, Maloney EK, Bean NH, Tauxe RV. Increase in antimicrobial-resistant *Salmonella* infections in the United States, 1989–1990. *J Infect Dis* 1994;170:128–34.
- Mishu B, Koehler J, Lee LA, et al. Outbreaks of *Salmonella enteritidis* infections in the United States, 1985–1991. *J Infect Dis* 1994;169:547–52.
- Tauxe RV. *Salmonella*: a postmodern pathogen. *Journal of Food Protection* 1991;54:563–8.

Shigellosis

- Lee LA, Shapiro CN, Hargrett-Bean N, Tauxe RV. Hyperendemic shigellosis in the United States: a review of surveillance data for 1967–1988. *J Infect Dis* 1991;164:894–900.
- Mohle-Boetani JC, Stapleton M, Finger R, et al. Communitywide shigellosis: control of an outbreak and risk factors in child day-care centers. *Am J Public Health* 1995;85:812–16.
- Parsonnet J, Greene KD, Gerber AR, et al. *Shigella dysenteriae* type 1 infections in U.S. travelers to Mexico. *Lancet* 1989;543–5.
- Ries AA, Wells JG, Olivola D, et al. Epidemic *Shigella dysenteriae* type 1 in Burundi: panresistance and implications for prevention. *J Infect Dis* 1994;169:1035–41.

Syphilis

- CDC. Outbreak of primary and secondary syphilis—Baltimore City, Maryland, 1995. *MMWR* 1996;45:166–9.
- Nakashima AK, Rolfs RT, Flock ML, Kilmarx P, Greenspan JR. Epidemiology of syphilis in the United States, 1941–1993. *Sex Transm Dis* 1996;23:16–23.
- St.Louis ME, Farley TA, Aral SO. Untangling the persistence of syphilis in the south. *Sex Transm Dis* 1996;23:1–4.
- Thomas JC, Kulik AL, Schoenbach VJ. Syphilis in the South: rural rates surpass urban rates in North Carolina. *Am J Public Health* 1995;85:1119–22.

Tetanus

- Gergen PJ, McQuillan GM, Kiely M, et al. A population-based survey of immunity to tetanus in the United States. *N Engl J Med* 1995;332:761–6.
- Prevots R, Sutter RW, Strebel PM, Cochi SL, Hadler S. Tetanus surveillance—United States, 1989–1990. *MMWR* 1992;41(No. SS-8):1–9.
- Sutter RW, Cochi SL, Brink EW, Sirotkin BI. Assessment of vital statistics and surveillance data for monitoring tetanus mortality, United States, 1979–1984. *Am J Epidemiol* 1990;131:132–42.

Toxic-shock syndrome

- CDC. Reduced incidence of menstrual toxic shock syndrome—United States, 1980–1990. *MMWR* 1990;39:421–3.
- Gaventa S, Reingold AL, Hightower AW, et al. Active surveillance for toxic shock syndrome in the United States, 1986. *Rev Infect Dis* 1989;(suppl):S28–34.
- Schuchat A, Broome CV. Toxic shock syndrome and tampons. *Epidemiol Rev* 1991;13:99–112.

Trichinosis

- Bailey TM, Schantz PM. Trends in the incidence and transmission patterns of human trichinosis in the United States, 1982–1986. *Rev Infect Dis* 1990;12:5–11.
- CDC. Trichinosis surveillance—United States, 1987–1990. *MMWR* 1991;40(No. SS-3):35–42.
- McAuley JB, Michelson MK, Hightower AW, Engeran S, Wintermeyer LA, Schantz PM. A trichinosis outbreak among Southeast Asian refugees. *Am J Epidemiol* 1992;135:1404–10.

Tuberculosis

- American Thoracic Society/CDC. Treatment of tuberculosis and tuberculosis infection in adults and children. *Am J Respir Crit Care Med* 1994;149:1359–74.
- CDC. Recommendations for counting reported tuberculosis cases. Atlanta: US Department of Health and Human Services, Public Health Service, 1977.

Typhoid fever

- CDC. Typhoid immunization: recommendations of the Advisory Committee on Immunization Practices. *MMWR* 1994;43(No. RR-14).
- Ryan CA, Hargrett-Bean NT, Blake PA. *Salmonella typhi* infections in the United States, 1975–1984: increasing role of foreign travel. *Rev Infect Dis* 1989;11:1–8.
- Woodruff BA, Pavia AT, Blake PA. A new look at typhoid vaccination: information for the practicing physician. *JAMA* 1991;265:756–9.

Varicella

- CDC. Varicella outbreak in a women's prison—Kentucky. *MMWR* 1989;38:635–6,641–2.
- CDC. Prevention of varicella: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 1996;45(No. RR-11).
- Gershon AA, LaRussa P, Hardy I, Steinberg S, Silverstein S. Varicella vaccine: the American experience. *J Infect Dis* 1992;166(suppl 1):S63–8.

Lieu TA, Cochi SL, Black SB, et al. Cost-effectiveness of a routine varicella vaccination program for U.S. children. *JAMA* 1994;271:375-81.

State and Territorial Epidemiologists and Laboratory Directors

State and Territorial Epidemiologists and Laboratory Directors are acknowledged for their contributions to *CDC Surveillance Summaries*. The epidemiologists listed below were in the positions shown as of October 1996, and the laboratory directors listed below were in the positions shown as of October 1996.

State/Territory	Epidemiologist	Laboratory Director
Alabama	John P. Lofgren, MD	William J. Callan, PhD
Alaska	John P. Middaugh, MD	Gregory V. Hayes, DrPH
Arizona	Robert W. England, Jr. MD, MPH	Barbara J. Erickson, PhD
Arkansas	Thomas C. McChesney, DVM	Michael G. Foreman
California	Stephen H. Waterman, MD, MPH	Michael G. Volz, PhD
Colorado	Richard E. Hoffman, MD, MPH	Ronald L. Cada, DrPH
Connecticut	James L. Hadler, MD, MPH	Sanders F. Hawkins, PhD
Delaware	A. LeRoy Hathcock, PhD	Mahadeo P. Verma, PhD
District of Columbia	Martin E. Levy, MD, MPH	James B. Thomas, ScD
Florida	Richard S. Hopkins, MD, MSPH	E. Charles Hartwig, ScD
Georgia	Kathleen E. Toomey, MD, MPH	Elizabeth A. Franko, DrPH
Hawaii	Richard L. Vogt, MD	Vernon K. Miyamoto, PhD
Idaho	Jesse F. Greenblatt, MD, MPH	Richard H. Hudson, PhD
Illinois	Byron J. Francis, MD, MPH	David F. Carpenter, PhD
Indiana	Gregory K. Steele, DrPH, MPH	David E. Nauth (Acting)
Iowa	M. Patricia Quinlisk, MD, MPH	Mary J. R. Gilchrist, PhD
Kansas	Gianfranco Pezzino, MD, MPH	Roger H. Carlson, PhD
Kentucky	Reginald Finger, MD, MPH	Thomas E. Maxson, DrPH
Louisiana	Louise McFarland, DrPH	Henry B. Bradford, Jr, PhD
Maine	Kathleen F. Gensheimer, MD, MPH	John A. Krueger (Acting)
Maryland	Diane M. Dwyer, MD, MPH	J. Mehens Joseph, PhD
Massachusetts	Alfred DeMaria, Jr, MD	Ralph J. Timperi, MPH
Michigan	Kenneth R. Wilcox, Jr, MD, DrPH	Robert Martin, DrPH
Minnesota	Michael T. Osterholm, PhD, MPH	Pauline Bouchard, JD, MPH
Mississippi	Mary Currier, MD, MPH	Joe O. Graves, PhD
Missouri	H. Denny Donnell, Jr, MD, MPH	Eric C. Blank, DrPH
Montana	Todd A. Damrow, PhD, MPH	Douglas O. Abbott, PhD
Nebraska	Thomas J. Safranek, MD	John D. Blosser
Nevada	Randall L. Todd, DrPH	Arthur F. DiSalvo, MD
New Hampshire	Vacant	Veronica C. Malmberg, MSN
New Jersey	Lyn Finelli, DrPH (Acting)	Thomas J. Domenico, PhD (Acting)
New Mexico	C. Mack Sewell, DrPH, MS	Loris W. Hughes, PhD
New York City	Benjamin A. Mojica, MD, MPH	Stanley Reimer
New York State	Dale L. Morse, MD, MS	Ann Wiley, PhD
North Carolina	J. Michael Moser, MD, MPH	Lou F. Turner, DrPH
North Dakota	Larry A. Shireley, MS, MPH	James D. Anders, MPH
Ohio	Thomas J. Halpin, MD, MPH	Kathleen L. Meckstroth, DrPH
Oklahoma	J. Michael Crutcher, MD, MPH (Acting)	Garry L. McKee, PhD
Oregon	David W. Fleming, MD	Michael R. Skeels, PhD, MPH
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