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WEEKLY REPORT

Public Health Consequences Among First Responders to Emergency Events Associated With Illicit Methamphetamine Laboratories — Selected States, 1996–1999

Methamphetamine, a central nervous system stimulant, is manufactured in illicit laboratories using over-the-counter ingredients (*1*). Many of these ingredients are hazardous substances* that when released from active or abandoned methamphetamine laboratories can place first responders† at risk for serious injuries and death. In 16 states§, the Agency for Toxic Substances and Disease Registry maintains the Hazardous Substances Emergency Events Surveillance (HSEES) system to collect and analyze data about the morbidity and mortality associated with hazardous substance-release events¶. Based on events reported to HSEES during 1996–1999, this report describes examples of events associated with illicit methamphetamine laboratories that resulted in injuries** to first responders in three states, summarizes methamphetamine-laboratory events involving injured first responders, and suggests injury prevention methods to protect first responders.

Washington

In April 1996, an oven exploded as two persons were using acetone, hydrochloric acid, and sodium hydroxide to manufacture methamphetamine in an illicit apartment laboratory; one person sustained chemical burns and was taken to a hospital emergency

* Any substance that can cause an adverse health effect (*2*).
† Includes firefighters (e.g., professional and volunteer), police officers, emergency medical technicians, and hospital personnel (e.g., physicians and nurses).
§ During 1996–1999, state health departments in Alabama, Colorado, Iowa, Minnesota, Mississippi, Missouri, New Hampshire (in 1996), New York, North Carolina, Oregon, Rhode Island, Texas, Washington, and Wisconsin participated in HSEES. Three states were added in 2000.
¶ An uncontrolled or illegal release (e.g., spill, fire, and explosion) or threatened release of hazardous substances or hazardous by-products. To be considered a methamphetamine event, it must meet the HSEES definition and be associated with the illicit production of methamphetamine. The existence of these laboratories does not qualify them as an event. Information on substances released, number of persons injured, types of injuries, and evacuations is collected by state health departments from sources such as state environmental protection agencies, local police and fire departments, local media, and hospitals, and is reported to HSEES.
** Includes illnesses and other adverse health effects.

Illicit Methamphetamine Laboratories — Continued

department. The source of the burns was not revealed and, as a result, three hospital employees had nausea and vomited while treating the person. Three emergency medical technicians (EMTs) and two police officers exposed to emissions from the fire had eye and respiratory irritation. None of the injured first responders was wearing personal protective equipment (PPE) at the time of injury.

Oregon

In February 1999, a firefighter sustained chemical burns after exposure to hydrochloric acid and ephedrine during a fire at an illicit methamphetamine laboratory in a house in a residential neighborhood. Chemicals and other drug-manufacturing paraphernalia used to make methamphetamine were found after the fire was extinguished. The firefighter, who had worn turn-out gear[††] as PPE at the time of injury, was decontaminated at the site, treated at a local hospital, and released.

Iowa

In March 1999, three police officers had respiratory irritation after exposure to anhydrous ammonia and ether emissions during a raid of an illicit residential methamphetamine laboratory. The officers were decontaminated at the site, treated at a local hospital, and released. They had not worn PPE at the time of injury.

Summary

Of the 23,327 events reported to the HSEES system during 1996–1999, 1673 (7.2%) resulted in injuries: 112 (0.5%) events were associated with methamphetamine; 59 (52.7%) methamphetamine-associated events resulted in injuries. Methamphetamine-associated events were reported by five state health departments (Iowa, Minnesota, Missouri, Oregon, and Washington) participating in the HSEES system. Of the 112 events, 155 persons were injured; 79 (51.0%) injured persons were first responders: 55 (69.6%) police officers, nine (11.4%) EMTs, eight (10.1%) firefighters, and seven (8.9%) hospital employees (Table 1). The 79 injured first responders had 111 injuries (Table 1); 60 (54.1%) were respiratory irritation (e.g., cough, difficulty breathing, and throat irritation), and 12 (10.8%) were eye irritation; 61 (77.2%) injured first responders were treated at a hospital and did not require admission.

PPE status at the time of injury was known for 67 (84.8%) of the 79 injured first responders; 57 (85.1%) had not worn PPE at the time of injury (45 [78.9%] were police officers). Of the 36 events causing injuries to first responders, 12 (33.3%) involved anhydrous ammonia and 11 (30.6%) involved hydrochloric acid. In 33 (91.7%) of the 36 events for which the type of release was known, 19 (57.6%) involved air emissions, 10 (30.3%) involved fires, and seven (21.2%) involved explosions.

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Editorial Note: This report illustrates how first responders were at risk for injuries during emergency events associated with illicit methamphetamine laboratories. Of all HSEES events, methamphetamine-associated events accounted for a small number; however, they were more likely to result in injuries. Substances used in methamphetamine

[††] Coat, pants, boots, and gloves worn during structural firefighting operations that offer limited harmful vapor or liquid protection with self-contained breathing apparatus.

Illicit Methamphetamine Laboratories — Continued

TABLE 1. Number and percentage of first responders* who sustained injuries† during emergency events associated with illicit methamphetamine laboratories, by type of injury — Hazardous Substances Emergency Events Surveillance, selected states§, 1996–1999

	Firefighters		Police officers		EMTs¶		Hospital personnel		Total	
Injury	No.	%	No.	%	No.	%	No.	%	No.	%
Trauma	1	12.5	0	—	0	—	0	—	**1**	**0.9**
Respiratory irritation	3	37.5	49	62.0	8	47.1	0	—	**60**	**54.1**
Eye irritation	0	—	8	10.1	4	23.5	0	—	**12**	**10.8**
Nausea/Vomiting	0	—	4	5.1	2	11.8	3	42.9	**9**	**8.1**
Heat stress	0	—	1	1.3	0	—	0	—	**1**	**0.9**
Chemical burns	3	37.5	0	—	0	—	0	—	**3**	**2.7**
Skin irritation	0	—	0	—	1	5.9	0	—	**1**	**0.9**
Dizziness/Central nervous system symptoms	0	—	6	7.6	0	—	4	57.1	**10**	**9.0**
Headache	0	—	2	2.5	1	5.9	0	—	**3**	**2.7**
Shortness of breath	0	—	9	11.4	1	5.9	0	—	**10**	**9.0**
Other	1	12.5	0	—	0	—	0	—	**1**	**0.9**
Total	**8**	**100.0**	**79**	**100.0**	**17**	**100.0**	**7**	**100.0**	**111**	**100.0**

* Includes firefighters (i.e., professional and volunteer), police officers, emergency medical technicians, and hospital personnel (i.e., physicians and nurses).
† Includes illnesses and other adverse health effects.
§ Alabama, Colorado, Iowa, Minnesota, Mississippi, Missouri, New Hampshire (in 1996), New York, North Carolina, Oregon, Rhode Island, Texas, Washington, and Wisconsin.
¶ Emergency medical technicians.

laboratories often are corrosive, explosive, flammable, and toxic and can cause fires, explosions, and other uncontrolled reactions (*3,4*). These laboratories may be found in various environments, including motel rooms, private residences, campgrounds, and motor vehicles (*3,5*); an estimated 20%–30% of known methamphetamine laboratories were discovered because of fires and explosions (*6*).

Hazardous substances released during and after an event usually enter the body by inhalation and skin absorption (*3*); acute exposures may result in cough, headache, chest pain, burns, pulmonary edema, respiratory failure, coma, and death (*3,4,6*). Of the types of responders usually on site first, police officers had the greatest number of injuries because they were present during and immediately after a release. EMTs sustained most injuries through on-site exposure or direct contact with the clothing or skin of contaminated persons. Firefighters, the least often injured on-site first responders, were likely to be wearing PPE during events. Hospital personnel injuries may have been caused by injured persons not being decontaminated before being brought to the hospital. Standard uniforms worn by police officers, EMTs, and hospital personnel provided little or no chemical/respiratory protection. During some events, turn-out gear worn by firefighters offered only limited protection.

The findings in this report are subject to at least two limitations. Reporting of any event to HSEES is not mandatory; therefore, participating state health departments may not be informed about every event. Because methamphetamine laboratories are illicit, sources (primarily law enforcement officials) might hesitate to report events that may jeopardize investigations. Second, HSEES is not conducted in all states, and HSEES data may not represent populations in other areas.

Illicit Methamphetamine Laboratories — Continued

Interventions that can reduce risk for injuries among first responders to methamphetamine-laboratory events include 1) increasing awareness of the risks associated with illicit drug laboratories, 2) encouraging training in situations involving hazardous material, 3) identifying the nature of the event before entering the contaminated area, 4) wearing appropriate PPE, and 5) following a proper decontamination process after exposure to hazardous substances. Information about the hazards likely to be encountered and protective measures that can be taken by first responders at methamphetamine-associated events can be found at http://www.cdc.gov/niosh/npg/pgdstart.html and http://hazmat.dot.gov/erg2000/psnsort.htm[§§].

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[§§] References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

Progress Toward Poliomyelitis Eradication — Eastern Mediterranean Region, 1999–September 2000

In 1988, the Regional Committee for the Eastern Mediterranean Region* (EMR) of the World Health Organization (WHO) adopted a resolution to eradicate poliomyelitis from the region by 2000. Since then, substantial progress has been made in vaccination and surveillance and, by the end of the year, 19 of the 23 EMR countries are expected to have interrupted poliovirus transmission. This report summarizes progress toward this goal from January 1999 through September 2000.

Routine vaccination coverage. In 1999, the regional reported coverage with at least three doses of oral poliovirus vaccine (OPV3) by age 1 year was 83% (range: 18%–100%), compared with 82% in 1998. OPV3 coverage of ≥90% was reported from 14

*The 23 member countries are Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, and Tunisia in northern and eastern Africa; Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, United Arab Emirates, and Yemen in the Arabian peninsula; Iraq, Jordan, Lebanon, Syria, and the Palestinian National Authority in the Middle East; Afghanistan, Iran, and Pakistan in Asia; and Cyprus.

Poliomyelitis Eradication — Continued

countries. Coverage levels of ≤80% were reported from Afghanistan (32%), Djibouti (27%), Pakistan (80%), Somalia (18%, only northern regions reporting), Sudan (77%), and Yemen (72%). These countries represent more than half of the total regional population. Compared with reported administrative data, surveys in some of these countries have identified lower coverage rates.

Supplementary vaccination activities. During 1999, National Immunization Days (NIDs)[†] were conducted in 20 of the 23 countries of the region. Iran and Tunisia conducted targeted subnational campaigns in provinces at risk for poliovirus importation and/or with suboptimal vaccination coverage, and NIDs have not been considered necessary in Cyprus. In 2000, several countries that have been polio-free have scaled down the scope of supplementary vaccination activities from NIDs to subnational or local campaigns. During 1999–2000, NIDs and other supplementary vaccination activities have been intensified in countries with persistent poliovirus circulation (Afghanistan, Egypt, Iraq, Pakistan, Somalia, and Sudan). In 1999, each of these countries either conducted two pairs (four rounds) of NIDs (Afghanistan, Egypt, and Iraq) or one pair of NIDs and one pair of large-scale subnational campaigns (Pakistan, Somalia, and Sudan). During 2000, each of these six countries will conduct two pairs of NIDs and additional mopping up or subnational campaigns. The quality of campaigns in these remaining countries where polio is endemic has been improved substantially through house-to-house vaccination, greater emphasis on high-risk areas, improved planning and supervision, additional financial resources, and increased technical consultation.

Campaigns are coordinated among groups of contiguous countries within EMR. Coordination with the European region has led to elimination of the poliovirus reservoir in the border areas of Iran, Iraq, Syria, and Turkey (*1*). Cross-border coordination will continue between Afghanistan, Pakistan, and Iran. Increasing attention is being focused on collaboration with the regional office of WHO for Africa to coordinate eradication activities among countries of the Horn of Africa and countries that border western and southern Sudan.

Surveillance. All member countries have established acute flaccid paralysis (AFP) surveillance. Fifteen countries (Bahrain, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, and Yemen) achieved or exceeded the WHO-established minimum AFP reporting rate indicative of a sensitive surveillance system (≥1 nonpolio AFP case per 100,000 children aged <15 years) during 1999 (Table 1). Among the eight remaining countries, the annualized nonpolio AFP reporting rates during 2000 have exceeded one in Afghanistan, Kuwait, Somalia, and Sudan. The regional average reporting rates for nonpolio AFP in 1999 and 2000 are 1.1 and 1.3 (annualized), respectively. During 1999 and 2000, two adequate stool samples were collected from 67% and 71% of the reported persons with AFP in EMR, respectively. During 1999, nine countries (Bahrain, Cyprus, Iraq, Jordan, Kuwait, Oman, Palestine, Syria, and Tunisia) achieved the WHO-recommended target of collecting two adequate stool specimens from at least 80% of persons with AFP. During 2000, an additional four countries (Egypt, Lebanon, Libya, and Saudi Arabia) achieved this target.

EMR laboratory network. The EMR laboratory network consists of 12 laboratories (eight national and four regional reference laboratories). All network laboratories have

[†] Mass campaigns over a short period (days to weeks) in which two doses of OPV are administered to all children in the target age group (usually age <5 years) regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

Poliomyelitis Eradication — Continued

TABLE 1. Number of reported cases of acute flaccid paralysis (AFP), confirmed poliomyelitis*, and key surveillance indicators, by country — Eastern Mediterranean Region, World Health Organization, 1999–September 2000

	1999				2000			
Country	No. AFP cases	No. confirmed cases (virus confirmed)	Nonpolio AFP rate†	% AFP cases with two stool specimens§	No. AFP cases	No. confirmed cases (virus confirmed)	Nonpolio AFP rate¶	% AFP cases with two stool specimens
Afghanistan	230	150 (63)	0.67	53.0	190	77 (14)	1.20	47.4
Bahrain	4	0	1.95	100.0	2	0	1.30	100.0
Cyprus	1	0	0.62	100.0	0	0	0	—
Djibouti	1	1 (0)	0	0	2	0	1.06	0
Egypt	276	9 (9)	1.26	78.6	204	3 (3)	1.26	89.2
Iran	293	3 (3)	1.14	77.2	211	0	1.12	76.3
Iraq	271	88 (67)	1.66	79.7	197	8 (4)	2.26	83.2
Jordan	29	0	1.56	82.8	21	0	1.50	90.5
Kuwait	4	0	0.75	100.0	5	0	1.26	100.0
Lebanon	14	0	1.60	21.4	11	0	1.67	90.9
Libya	23	0	1.26	69.6	12	0	0.88	83.3
Morocco	75	0	0.78	48.0	49	0	0.67	36.7
Oman	21	0	2.50	90.5	10	0	1.59	90.0
Pakistan	1329	558 (324)	1.22	70.3	726	109 (109)	1.32	77.1
Palestine	13	0	1.00	92.3	9	0	0.92	100.0
Qatar	8	0	5.56	25.0	1	0	0.93	0
Saudi Arabia	81	0	1.06	75.9	69	0	1.20	82.6
Somalia	40	19 (2)	0.71	35.0	118	59 (38)	2.43	46.6
Sudan	121	60 (10)	0.42	37.2	174	57 (3)	1.10	44.3
Syria	92	1 (1)	1.27	81.5	85	0	1.51	80.0
Tunisia	38	0	1.22	86.8	31	0	1.32	80.6
United Arab Emirates	6	0	0.90	33.3	3	0	0.40	0
Yemen	109	25 (0)	0.99	56.9	92	1 (0)	1.32	65.2
Total	**3079**	**914 (479)**	**1.10**	**67.1**	**2222**	**314 (171)**	**1.29**	**71.2**

* AFP and at least one of the following: 1) laboratory-confirmed poliovirus infection or 2) inadequate stool specimens and residual paralysis at 60 days, death, or no follow-up at 60 days.
† Number of persons with AFP per 100,000 population aged <15 years. Minimum expected rate is one case of nonpolio AFP per 100,000 per year.
§ Two stool specimens collected from a person with AFP at an interval of at least 24 hours within 14 days of paralysis onset.
¶ Annualized nonpolio AFP rate.

been fully or provisionally accredited by WHO. As of September 2000, the EMR laboratory network tested 4129 stool specimens obtained from 1947 (96%) of 2028 persons with reported AFP (or their contacts) from 21 EMR countries. Specimens from an additional 142 persons with AFP reported from Somalia and southern Sudan were tested in the laboratory network of the African region. Laboratory results were reported on time (within 28 days of receipt of specimen) for >80% of stool specimens during 1999–2000.

Genetic sequence analyses are performed routinely on all wild poliovirus isolates in the region. Recent sequence data have identified separate virus reservoirs shared between Pakistan and Afghanistan and between Chad and Sudan. With improvements in surveillance, independent and unique transmission chains of poliovirus types 1 and 3 have been identified in Afghanistan, Somalia, and Sudan. Communities with persistent foci of virus transmission have been better delineated in Egypt. Sequencing of a recent wild poliovirus isolate obtained in Syria confirmed that the strain was imported recently from southern Asia.

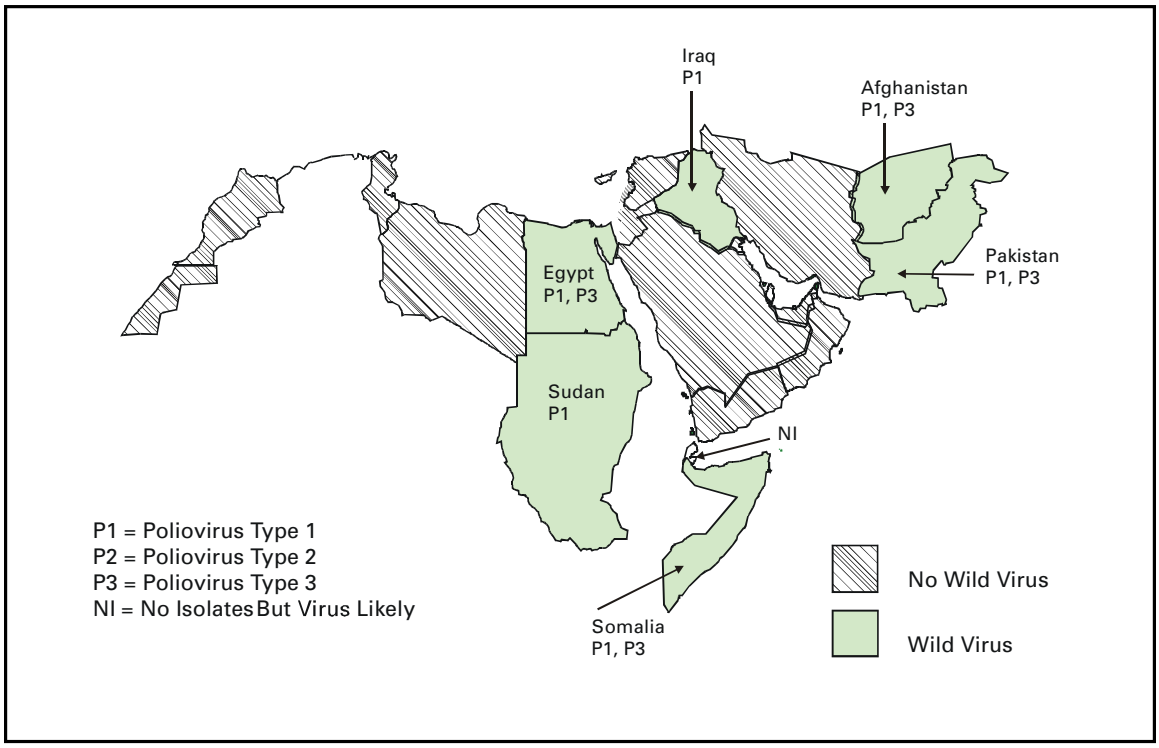
Poliomyelitis Eradication — Continued

Incidence of polio. Compared with the same period in 1999, the number of confirmed cases of polio reported through September 2000 in the EMR has decreased by approximately 50% (from 619 to 314) despite substantial improvements in AFP surveillance. Compared with 13 EMR countries in 1999, 16 have reported no cases during 2000. However, during 1996–2000, six countries (Afghanistan, Egypt, Iraq, Pakistan, Sudan, and Somalia) have reported cases with indigenous strains of wild poliovirus (Figure 1). In 1999, Iran and Syria reported cases associated with imported poliovirus strains. Intensive control measures composed of multiple NID rounds and mopping up campaigns have led to cessation of the polio outbreak in Iraq (*2*). The last virologically confirmed case-patient from this outbreak had paralysis onset in January 2000.

Since late 1999, wild poliovirus transmission in Egypt has been localized to a few districts in four governorates. The latest person with virologically confirmed polio in Egypt had onset in late May 2000. Expansion of surveillance in southern and central Somalia has led to identification of an outbreak of polio caused by wild poliovirus types 1 and 3 in Mogadishu, where, since January 2000, 38 cases of virologically confirmed polio have been identified. During 1999–2000, Pakistan continued to report the largest number of cases and has contributed more than 60% of the total number of virologically confirmed cases in the region. However, from January through September 2000, the number of virologically confirmed cases has declined 46% in Pakistan compared with the same period in 1999.

The Regional Commission for Certification of Poliomyelitis Eradication has reviewed national documentation of polio-free status from nine countries with high-quality AFP surveillance that have not reported cases of polio for several years. The commission has favorably reviewed reports from Bahrain, Iran, Jordan, Kuwait, Oman, Saudi Arabia, Syria, and Tunisia.

FIGURE 1. Poliovirus serotypes isolated from acute flaccid paralysis cases — Eastern Mediterranean Region, World Health Organization, 2000



Poliomyelitis Eradication — Continued

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Editorial Note: Remarkable progress toward polio eradication has occurred in the member states of EMR since 1988. By the end of 2000, poliovirus transmission probably will be interrupted in all but four EMR countries. Improved local level planning and supervision, house-to-house vaccination, community mobilization, and heightened political commitment have enabled vaccination of an increasing number of children, especially among hard-to-reach and high-risk populations. These activities have necessitated the mobilization of financial and human resources and the development of local administrative capacity. AFP surveillance in the region is increasingly guiding planning, coordination, and targeting of vaccination activities and has identified virus reservoirs shared between countries or previously unknown foci of virus transmission.

Despite the progress, gaps remain in the quality of supplementary vaccination activities and in geographic representation of AFP surveillance in areas of conflict. Countries with armed conflict and/or high population density, poor sanitation, low OPV3 coverage, and weak or absent health infrastructure have posed obstacles to interruption of virus transmission (*3–5*). In polio-free countries of the EMR, maintenance of high OPV3 coverage and targeted supplementary vaccination activities will be necessary to minimize the spread of any poliovirus that may be introduced through importation.

Polio eradication in the region has entered its final phase. High priority polio eradication activities planned for this phase include 1) rapid completion of program intensification and expansion in the remaining countries where polio is endemic to ensure interruption of poliovirus transmission in the region by the end of 2001 or soon after; 2) rapid geographic expansion of AFP surveillance in countries affected by conflict and difficult access to populations; 3) maintenance of high-quality surveillance in polio-free countries; 4) containment of poliovirus stocks and potentially infectious material in laboratories throughout the region; 5) documentation of polio-free status by each country for review by the regional commission and certification of polio eradication in the region by the end of 2004; and 6) an increased focus on strengthening routine vaccination programs and vaccine-preventable disease surveillance. Implementing these high priority activities to achieve polio eradication and its certification will require the continued support of national governments and partner agencies.[§]

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[§] Support of polio eradication activities in EMR is provided mainly by governments of member states and by Rotary International, CDC, the government of the United Kingdom through the Department of Foreign and International Development, the government of Japan through the Japanese International Cooperative Agency, the government of Canada through the Canadian International Development Agency, the government of Denmark through Danish International Development Assistance, Sultanate of Oman, the governments of Norway and Italy, the United Nations Foundation, and the U.S. Agency for International Development.

Notice to Readers

Shortage of Tetanus and Diphtheria Toxoids

A temporary shortage of adult tetanus and diphtheria toxoids (Td) in the United States has resulted from two coincident situations: 1) a decrease in the number of lots released by Wyeth Lederle (Pearl River, New York), and 2) a temporary decrease in inventory of vaccine following routine maintenance activities at the production facilities by Aventis Pasteur (Swiftware, Pennsylvania) that lasted longer than anticipated. Approximately one half of the usual number of Td doses has been distributed this year. Although there have been no decreases in production of tetanus toxoid (TT), availability is low because of increased use during the Td shortage. On the basis of information provided by Aventis Pasteur, the Public Health Service expects vaccine supplies to be restored early in 2001. Until then, Aventis Pasteur will be limiting orders to assure the widest possible distribution of available doses.

The shortage will only impact persons aged ≥7 years who 1) require tetanus prophylaxis in wound management, 2) have not completed a primary series (three doses) of vaccine containing Td, or 3) have not been vaccinated during the preceding 10 years with Td, diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) or diptheria and tetanus toxoids (DT) (*1*). This shortage will not affect vaccination of children aged <7 years who require additional doses of a vaccine-containing TT; they should receive DTaP or pediatric DT (*2*), which are not in short supply. Td is preferred to TT because Td provides protection against both tetanus and diphtheria (*1*). However, during this shortage, if Td is not available, TT can be used as an alternative for persons aged ≥7 years who require immediate boosting with TT (e.g., wound management), or who are unlikely to return to a clinic if vaccination is delayed. If TT is administered, patients and health-care providers must weigh risks and benefits of subsequent vaccination with Td. Arthus-type reactions may occur among persons who receive multiple doses of TT, especially within short intervals (<10 years). However, if vaccination with Td is delayed for >10 years following their last Td administration, persons may be protected inadequately against diphtheria.

Clinics experiencing shortages of Td may need to prioritize their use of available supplies. If administration of Td is delayed, clinics should implement a call-back system when vaccine is available. Recommendations for use (highest to lowest priority) of Td are:

1. Persons traveling to a country where the risk for diphtheria is high*.
2. Persons requiring tetanus vaccination for prophylaxis in wound management.
3. Persons who have received <3 doses of vaccine containing Td.
4. Pregnant women and persons at occupational risk for tetanus-prone injuries who have not been vaccinated with Td within the preceding 10 years.

*Travelers to certain countries may be at substantial risk for exposure to toxigenic strains of *C. diphtheriae*, especially with prolonged travel, extensive contact with children, or exposure to poor hygiene. On the basis of surveillance data and consultation with the World Health Organization, countries with highest risk are in Africa (Algeria, Egypt, and sub-Saharan Africa); the Americas (Brazil, Dominican Republic, Ecuador, and Haiti); Asia/Oceania (Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Iran, Iraq, Laos, Mongolia, Myanmar, Nepal, Pakistan, Philippines, Syria, Thailand, Turkey, Vietnam, and Yemen); and Europe (Albania and all countries of the former Soviet Union) (*3*).

Notices to Readers — Continued

5. Adolescents who have not been vaccinated with a vaccine containing Td within the preceding 10 years.
6. Adults who have not been vaccinated with Td within the preceding 10 years.

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Notice to Readers

Operation ABC Mobilization — November 20–26, 2000

November 20–26 is Operation ABC (America Buckles Up Children) Mobilization week. The seventh biannual event promotes education and awareness of child-passenger safety to decrease the incidence of child-passenger fatalities and injuries. This effort is sponsored by the Air Bag & Seat Belt Safety Campaign, the National Highway Traffic Safety Administration (NHTSA), and the National Transportation Safety Board, and is supported by organizations such as Mothers Against Drunk Driving and law enforcement agencies.

During the week, more than 8000 law enforcement agencies will increase activities to protect child passengers (e.g., ticketing drivers who fail to restrain children properly, setting up safety checkpoints, and arresting drivers deemed legally impaired); 64% of child passengers aged ≤14 years killed in alcohol-related crashes were riding in the vehicle with the drinking driver (*1*). Motor vehicle crashes were the leading cause of death in 1998 among children aged ≤14 years residing in the United States (*2*). Additional information on child-passenger safety and Operation ABC Mobilization is available from NHTSA, telephone (888) 327-4236 or on the World-Wide Web, http://www.nhtsa.dot.gov/people/outreach/safesobr/abcmobilization*.

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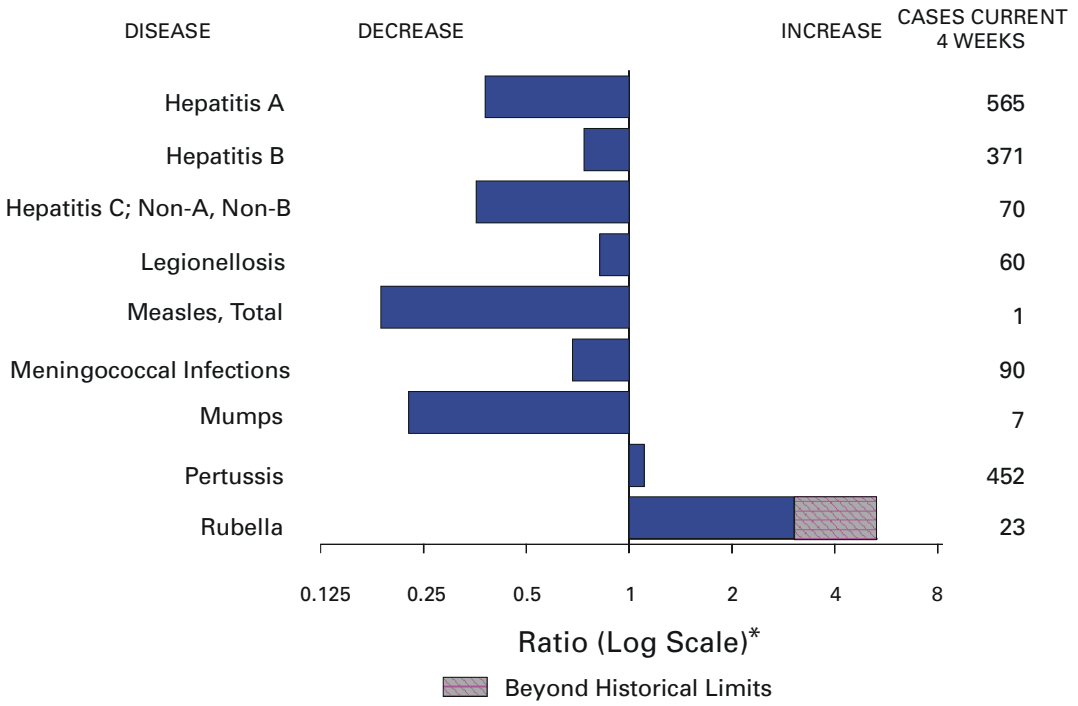
*References to sites of non-CDC organizations on the World-Wide Web are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending November 11, 2000, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending November 11, 2000 (45th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	Poliomyelitis, paralytic	-
Brucellosis*	57	Psittacosis*	8
Cholera	2	Q fever*	18
Cyclosporiasis*	38	Rabies, human	1
Diphtheria	2	Rocky Mountain spotted fever (RMSF)	385
Ehrlichiosis: human granulocytic (HGE)*	151	Rubella, congenital syndrome	6
human monocytic (HME)*	91	Streptococcal disease, invasive, group A	2,425
Encephalitis: California serogroup viral*	99	Streptococcal toxic-shock syndrome*	65
eastern equine*	1	Syphilis, congenital¶	173
St. Louis*	3	Tetanus	22
western equine*	-	Toxic-shock syndrome	120
Hansen disease (leprosy)*	55	Trichinosis	14
Hantavirus pulmonary syndrome*†	27	Tularemia*	104
Hemolytic uremic syndrome, postdiarrheal*	162	Typhoid fever	285
HIV infection, pediatric*§	190	Yellow fever	-
Plague	6		

-: No reported cases.
*Not notifiable in all states.
† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).
§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update October 29, 2000.
¶ Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	AIDS		Chlamydia†		Cryptosporidiosis		*Escherichia coli* O157:H7*			
							NETSS		PHLIS	
	Cum. 2000§	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	33,120	37,258	561,649	566,869	2,334	2,335	3,998	3,315	2,865	2,520
NEW ENGLAND	1,699	1,884	18,185	18,270	100	169	363	383	346	351
Maine	28	68	1,272	869	20	25	29	36	26	-
N.H.	29	40	885	850	21	17	35	32	34	33
Vt.	32	15	455	417	26	35	33	32	33	20
Mass.	1,061	1,211	7,679	7,760	30	66	156	167	156	179
R.I.	84	90	2,196	2,023	3	4	18	26	16	26
Conn.	465	460	5,698	6,351	-	22	92	90	81	93
MID. ATLANTIC	7,189	9,653	50,268	57,152	163	509	366	298	234	127
Upstate N.Y.	694	1,147	N	N	114	145	271	230	58	2
N.Y. City	3,765	5,101	21,447	23,549	10	222	10	17	10	17
N.J.	1,461	1,732	7,177	10,728	9	43	85	51	106	63
Pa.	1,269	1,673	21,644	22,875	30	99	N	N	60	45
E.N. CENTRAL	3,190	2,534	91,509	95,571	746	593	927	913	533	495
Ohio	489	421	22,561	25,617	251	59	250	212	203	208
Ind.	324	282	10,972	10,552	57	38	126	94	77	63
Ill.	1,597	1,202	24,456	28,169	7	82	177	487	-	82
Mich.	604	502	22,111	19,473	90	47	133	120	103	78
Wis.	176	127	11,409	11,760	341	367	241	N	150	64
W.N. CENTRAL	767	839	30,746	32,530	350	187	633	490	540	516
Minn.	153	158	6,316	6,547	132	69	198	159	171	177
Iowa	75	70	4,294	4,086	74	54	177	106	139	75
Mo.	349	408	9,728	11,545	29	23	102	41	92	61
N. Dak.	2	6	577	797	15	18	15	16	20	17
S. Dak.	7	13	1,575	1,313	15	7	53	44	57	59
Nebr.	65	58	3,081	2,998	76	14	62	94	45	112
Kans.	116	126	5,175	5,244	9	2	26	30	16	15
S. ATLANTIC	9,203	10,213	110,942	121,053	426	338	337	301	258	177
Del.	183	146	2,457	2,400	6	-	1	6	1	3
Md.	1,131	1,240	11,648	11,418	10	17	30	39	1	4
D.C.	695	493	2,814	N	15	7	1	1	U	U
Va.	598	684	13,833	12,574	17	23	66	69	56	57
W. Va.	56	61	1,442	1,595	3	3	14	14	12	8
N.C.	609	691	19,203	19,221	23	23	82	66	65	52
S.C.	703	842	8,487	16,299	-	-	21	19	14	14
Ga.	1,050	1,466	22,552	29,640	156	121	39	28	36	1
Fla.	4,178	4,590	28,506	27,906	196	144	83	59	73	38
E.S. CENTRAL	1,644	1,661	42,469	39,765	44	32	122	130	94	101
Ky.	169	241	6,929	6,474	5	6	42	44	31	33
Tenn.	706	640	12,853	12,469	11	10	53	55	45	43
Ala.	420	418	13,114	10,852	15	11	9	23	9	21
Miss.	349	362	9,573	9,970	13	5	18	8	9	4
W.S. CENTRAL	3,413	3,803	86,486	80,175	122	81	176	131	223	142
Ark.	159	156	5,084	5,295	13	2	56	14	38	14
La.	606	743	15,861	14,311	10	23	9	13	46	14
Okla.	291	116	7,680	6,996	17	10	19	34	14	27
Tex.	2,357	2,788	57,861	53,573	82	46	92	70	125	87
MOUNTAIN	1,232	1,464	31,847	28,826	168	89	406	302	233	235
Mont.	12	11	1,154	1,393	10	10	30	24	-	-
Idaho	19	20	1,583	1,518	23	7	66	60	-	43
Wyo.	9	10	678	667	5	1	17	15	9	16
Colo.	291	271	8,441	5,647	69	12	155	111	104	88
N. Mex.	126	78	3,739	4,294	20	38	23	12	16	6
Ariz.	403	742	11,041	10,737	11	12	49	29	37	20
Utah	117	128	1,916	1,854	26	N	53	34	67	47
Nev.	255	204	3,295	2,716	4	9	13	17	-	15
PACIFIC	4,783	5,207	99,197	93,527	215	337	668	367	404	376
Wash.	445	303	10,900	10,362	N	N	209	142	173	168
Oreg.	146	185	4,266	5,299	18	90	150	66	111	68
Calif.	4,072	4,628	79,354	73,444	197	247	267	145	108	128
Alaska	21	13	2,101	1,645	-	-	27	1	1	1
Hawaii	99	78	2,576	2,777	-	-	15	13	11	11
Guam	15	12	-	432	-	-	N	N	U	U
P.R.	1,134	1,094	3,372	U	-	-	6	5	U	U
V.I.	31	35	U	U	U	U	U	U	U	U
Amer. Samoa	-	-	U	U	U	U	U	U	U	U
C.N.M.I.	-	-	U	U	U	U	U	U	U	U

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

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

† Chlamydia refers to genital infections caused by *C. trachomatis*. Totals reported to the Division of STD Prevention, NCHSTP.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update October 29, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Listeriosis	Lyme Disease	
	Cum. 2000[§]	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	293,917	312,395	2,619	2,522	831	889	593	11,863	13,851
NEW ENGLAND	5,065	5,720	14	14	49	69	43	4,031	4,180
Maine	79	70	2	2	2	3	2	-	41
N.H.	91	97	-	-	2	8	2	59	20
Vt.	56	42	4	6	5	13	3	28	21
Mass.	2,065	2,148	3	3	15	25	23	1,086	741
R.I.	551	508	5	3	8	9	1	465	450
Conn.	2,223	2,855	-	-	17	11	12	2,393	2,907
MID. ATLANTIC	31,321	34,533	607	114	178	219	143	6,007	7,342
Upstate N.Y.	6,310	5,836	61	52	82	55	79	3,310	3,426
N.Y. City	9,299	10,768	-	-	-	41	27	21	133
N.J.	4,873	6,786	510	-	12	18	19	1,448	1,581
Pa.	10,839	11,143	36	62	84	105	18	1,228	2,202
E.N. CENTRAL	55,592	60,157	193	848	222	240	103	319	566
Ohio	13,675	15,792	11	3	105	68	51	85	42
Ind.	5,187	5,550	1	1	36	37	7	33	17
Ill.	16,467	19,982	14	46	9	30	11	11	17
Mich.	15,401	13,572	167	782	46	63	29	-	11
Wis.	4,862	5,261	-	16	26	42	5	190	479
W.N. CENTRAL	13,830	14,406	436	249	55	49	13	357	288
Minn.	2,499	2,476	5	10	7	9	5	267	176
Iowa	1,031	1,037	2	-	13	12	3	27	22
Mo.	6,450	7,151	413	235	24	17	4	40	63
N. Dak.	35	74	-	1	-	2	1	1	1
S. Dak.	259	157	-	-	2	3	-	-	-
Nebr.	1,187	1,267	6	3	4	6	-	4	11
Kans.	2,369	2,244	10	-	5	-	-	18	15
S. ATLANTIC	81,905	92,223	111	146	178	122	99	914	1,177
Del.	1,474	1,476	-	-	9	16	2	140	125
Md.	8,094	8,758	18	20	63	31	22	503	822
D.C.	2,321	3,232	3	1	5	3	-	7	4
Va.	9,047	8,296	3	10	31	29	7	137	109
W. Va.	465	500	14	17	N	N	4	29	16
N.C.	15,716	17,041	16	33	15	14	-	43	67
S.C.	10,613	12,727	3	22	4	9	9	9	6
Ga.	14,607	20,251	3	1	7	1	21	-	-
Fla.	19,568	19,942	51	42	44	19	34	46	28
E.S. CENTRAL	30,877	31,760	385	275	31	46	18	46	95
Ky.	3,064	2,931	33	18	18	18	3	11	17
Tenn.	10,239	10,030	84	101	10	22	11	28	55
Ala.	10,301	9,664	7	1	3	4	4	6	19
Miss.	7,273	9,135	261	155	-	2	-	1	4
W.S. CENTRAL	45,822	46,057	423	487	16	30	15	43	54
Ark.	2,789	2,900	9	27	-	1	1	4	4
La.	11,709	11,474	291	279	6	8	-	3	9
Okla.	3,436	3,469	8	15	3	3	6	-	7
Tex.	27,888	28,214	115	166	7	18	8	36	34
MOUNTAIN	8,768	8,377	288	181	41	42	31	30	16
Mont.	39	48	4	5	1	-	-	-	-
Idaho	73	77	3	7	5	2	-	3	3
Wyo.	42	27	211	58	2	-	1	9	3
Colo.	2,617	2,175	24	29	14	11	7	11	3
N. Mex.	828	848	13	28	1	1	2	-	1
Ariz.	3,678	3,876	18	40	8	6	12	-	2
Utah	186	191	2	6	10	16	4	3	2
Nev.	1,305	1,135	13	8	-	6	5	4	2
PACIFIC	20,737	19,162	162	208	61	72	128	116	133
Wash.	1,959	1,828	29	17	17	17	6	9	10
Oreg.	618	770	27	16	N	N	5	14	12
Calif.	17,532	15,900	104	175	44	53	114	91	111
Alaska	297	268	-	-	-	1	-	2	-
Hawaii	331	396	2	-	-	1	3	N	N
Guam	-	48	-	1	-	-	-	-	-
P.R.	585	294	1	-	1	-	-	N	N
V.I.	U	U	U	U	U	U	-	U	U
Amer. Samoa	U	U	U	U	U	U	-	U	U
C.N.M.I.	U	U	U	U	U	U	-	U	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
					NETSS		PHLIS	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	1,080	1,261	5,161	5,890	32,427	34,119	26,945	29,468
NEW ENGLAND	59	56	733	784	1,955	1,964	1,874	1,993
Maine	6	3	122	155	112	122	83	98
N.H.	1	2	21	45	128	125	128	125
Vt.	2	4	55	86	102	84	109	76
Mass.	23	19	236	194	1,104	1,052	1,022	1,076
R.I.	8	4	56	86	121	120	128	145
Conn.	19	24	243	218	388	461	404	473
MID. ATLANTIC	209	372	916	1,148	3,606	4,635	3,775	4,648
Upstate N.Y.	74	64	623	817	1,083	1,185	1,145	1,215
N.Y. City	76	215	U	U	833	1,301	816	1,336
N.J.	33	52	175	166	774	973	670	1,012
Pa.	26	41	118	165	916	1,176	1,144	1,085
E.N. CENTRAL	112	151	143	161	4,494	4,892	2,995	4,239
Ohio	19	18	49	35	1,312	1,172	1,279	969
Ind.	6	19	-	13	574	476	513	428
Ill.	46	68	22	10	1,239	1,467	1	1,419
Mich.	30	38	66	83	787	908	841	892
Wis.	11	8	6	20	582	869	361	531
W.N. CENTRAL	54	71	485	663	2,141	2,032	2,220	2,177
Minn.	27	39	80	99	495	522	590	651
Iowa	3	13	71	140	328	230	291	208
Mo.	8	13	50	29	637	668	812	785
N. Dak.	2	-	107	132	55	43	70	60
S. Dak.	1	-	87	164	89	89	97	113
Nebr.	7	1	2	4	200	173	91	149
Kans.	6	5	88	95	337	307	269	211
S. ATLANTIC	297	302	2,120	1,916	7,243	7,777	4,914	5,851
Del.	5	1	49	50	101	146	126	139
Md.	100	87	358	359	738	769	673	811
D.C.	15	17	-	-	57	70	U	U
Va.	49	64	507	507	901	1,144	816	938
W. Va.	4	2	107	101	150	154	137	143
N.C.	33	26	507	396	991	1,182	1,003	1,201
S.C.	2	15	142	132	666	596	502	468
Ga.	26	22	306	204	1,367	1,323	1,453	1,513
Fla.	63	68	144	167	2,272	2,393	204	638
E.S. CENTRAL	44	23	190	239	2,086	1,953	1,484	1,332
Ky.	18	7	19	35	340	369	230	253
Tenn.	11	8	97	84	572	516	644	541
Ala.	14	7	74	119	599	542	521	447
Miss.	1	1	-	1	575	526	89	91
W.S. CENTRAL	18	15	71	433	3,599	3,325	3,854	2,507
Ark.	3	3	20	14	644	599	587	223
La.	7	10	-	-	248	674	629	540
Okla.	8	2	51	84	353	412	233	322
Tex.	-	-	-	335	2,354	1,640	2,405	1,422
MOUNTAIN	46	41	228	199	2,528	2,691	1,932	2,338
Mont.	1	4	62	55	82	70	-	1
Idaho	3	3	9	-	107	107	-	97
Wyo.	-	1	47	42	56	66	37	56
Colo.	22	17	-	1	657	660	609	645
N. Mex.	-	3	19	9	212	344	182	273
Ariz.	8	6	72	76	716	799	673	727
Utah	6	4	10	8	461	466	431	490
Nev.	6	3	9	8	237	179	-	49
PACIFIC	241	230	275	347	4,775	4,850	3,897	4,383
Wash.	29	24	-	-	510	596	547	751
Oreg.	38	20	7	4	281	386	330	422
Calif.	163	173	246	336	3,717	3,510	2,783	2,921
Alaska	-	1	22	7	56	53	23	31
Hawaii	11	12	-	-	211	305	214	258
Guam	-	-	-	-	-	36	U	U
P.R.	4	-	73	68	494	543	U	U
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	Shigellosis* NETSS Cum. 2000	Shigellosis* NETSS Cum. 1999	Shigellosis* PHLIS Cum. 2000	Shigellosis* PHLIS Cum. 1999	Syphilis (Primary & Secondary) Cum. 2000	Syphilis (Primary & Secondary) Cum. 1999	Tuberculosis Cum. 2000	Tuberculosis Cum. 1999
UNITED STATES	18,304	14,386	9,427	8,726	5,207	5,809	10,586	13,328
NEW ENGLAND	353	786	332	761	66	53	353	369
Maine	10	5	12	-	1	-	12	16
N.H.	6	16	8	14	2	1	16	12
Vt.	4	6	-	4	-	3	4	2
Mass.	242	675	220	657	41	31	217	204
R.I.	26	23	28	23	4	2	27	39
Conn.	65	61	64	63	18	16	77	96
MID. ATLANTIC	1,834	947	1,141	669	235	254	1,936	2,256
Upstate N.Y.	690	248	180	68	13	17	248	284
N.Y. City	666	316	457	218	104	108	1,053	1,155
N.J.	296	221	313	211	42	60	472	463
Pa.	182	162	191	172	76	69	163	354
E.N. CENTRAL	3,494	2,755	1,015	1,496	1,019	1,075	1,104	1,403
Ohio	350	377	271	131	65	82	205	220
Ind.	1,436	291	139	97	324	377	96	115
Ill.	891	1,120	2	844	294	369	561	701
Mich.	605	409	549	361	295	208	172	278
Wis.	212	558	54	63	41	39	70	89
W.N. CENTRAL	2,170	1,063	1,726	710	55	115	401	449
Minn.	679	203	750	221	13	9	128	174
Iowa	491	57	297	47	11	9	32	40
Mo.	612	653	431	324	23	81	164	163
N. Dak.	42	3	49	2	-	-	2	6
S. Dak.	7	13	4	10	-	-	16	17
Nebr.	124	77	84	61	2	6	22	16
Kans.	215	57	111	45	6	10	37	33
S. ATLANTIC	2,680	2,159	1,040	490	1,739	1,867	2,208	2,632
Del.	21	13	20	9	8	8	14	25
Md.	191	143	104	51	254	326	210	234
D.C.	67	50	U	U	44	43	27	48
Va.	416	118	323	59	120	139	225	247
W. Va.	4	8	3	5	2	5	27	37
N.C.	345	189	249	82	435	425	259	400
S.C.	123	110	82	61	192	233	109	218
Ga.	237	207	164	80	337	379	469	529
Fla.	1,276	1,321	95	143	347	309	868	894
E.S. CENTRAL	1,011	1,084	485	624	777	1,006	767	900
Ky.	428	221	96	142	74	91	107	158
Tenn.	328	613	334	413	465	567	280	311
Ala.	76	108	49	59	109	191	259	270
Miss.	179	142	6	10	129	157	121	161
W.S. CENTRAL	2,657	2,324	2,563	1,031	718	925	876	1,689
Ark.	185	73	52	25	86	73	153	145
La.	134	188	156	111	194	273	74	208
Okla.	109	501	35	152	108	165	115	157
Tex.	2,229	1,562	2,320	743	330	414	534	1,179
MOUNTAIN	1,139	992	659	680	216	202	420	444
Mont.	7	9	-	-	-	1	14	13
Idaho	44	24	-	12	1	1	11	12
Wyo.	5	3	2	1	1	-	3	3
Colo.	247	178	170	140	11	2	68	64
N. Mex.	153	123	99	91	20	11	36	51
Ariz.	492	512	311	369	177	181	176	184
Utah	75	56	77	61	1	2	41	34
Nev.	116	87	-	6	5	4	71	83
PACIFIC	2,966	2,276	466	2,265	382	312	2,521	3,186
Wash.	414	104	339	102	60	63	207	219
Oreg.	155	84	95	78	6	6	25	93
Calif.	2,353	2,057	-	2,054	315	239	2,089	2,663
Alaska	8	3	3	3	-	1	86	51
Hawaii	36	28	29	28	1	3	114	160
Guam	-	17	U	U	-	-	-	62
P.R.	26	131	U	U	139	136	238	172
V.I.	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U

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

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	*H. influenzae*, Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
			A		B		Indigenous		Imported*		Total	
	Cum. 2000†	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	1,050	1,025	10,794	14,215	5,739	6,009	-	55	-	18	73	91
NEW ENGLAND	93	85	322	305	84	136	-	2	-	4	6	11
Maine	1	7	19	11	5	1	-	-	-	-	-	-
N.H.	12	17	18	17	15	15	-	2	-	1	3	1
Vt.	7	5	10	19	6	4	-	-	-	3	3	-
Mass.	36	34	113	119	12	42	-	-	-	-	-	8
R.I.	4	5	22	21	18	33	-	-	-	-	-	-
Conn.	33	17	140	118	28	41	-	-	-	-	-	2
MID. ATLANTIC	159	178	958	1,054	765	759	-	14	-	5	19	5
Upstate N.Y.	86	73	206	237	125	157	-	9	-	-	9	2
N.Y. City	33	54	319	349	387	229	-	5	-	4	9	3
N.J.	30	46	100	134	57	119	-	-	-	-	-	-
Pa.	10	5	333	334	196	254	-	-	-	1	1	-
E.N. CENTRAL	134	170	1,240	2,601	627	625	-	8	-	-	8	4
Ohio	49	54	238	581	93	83	-	2	-	-	2	-
Ind.	27	22	109	96	42	35	-	-	-	-	-	2
Ill.	48	70	452	691	110	52	-	4	-	-	4	1
Mich.	7	18	428	1,164	381	426	-	2	-	-	2	1
Wis.	3	6	13	69	1	29	-	-	-	-	-	-
W.N. CENTRAL	61	63	675	785	502	299	-	3	-	1	4	1
Minn.	35	40	177	75	35	48	-	-	-	1	1	1
Iowa	1	2	65	126	34	37	-	2	-	-	2	-
Mo.	16	8	297	491	372	180	-	-	-	-	-	-
N. Dak.	1	1	3	3	2	2	-	-	-	-	-	-
S. Dak.	1	2	2	9	1	1	-	-	-	-	-	-
Nebr.	3	4	33	44	37	19	-	-	-	-	-	-
Kans.	4	6	98	37	21	12	-	1	-	-	1	-
S. ATLANTIC	270	209	1,340	1,617	1,153	974	-	4	-	-	4	20
Del.	-	-	-	2	-	1	-	-	-	-	-	-
Md.	74	53	200	266	111	131	-	-	-	-	-	-
D.C.	-	4	24	54	29	24	-	-	-	-	-	-
Va.	36	17	142	160	145	79	-	2	-	-	2	18
W. Va.	9	7	53	39	14	22	-	-	-	-	-	-
N.C.	23	31	127	145	213	208	-	-	-	-	-	-
S.C.	15	5	72	43	21	63	-	-	-	-	-	-
Ga.	63	55	270	425	204	145	-	-	-	-	-	-
Fla.	50	37	452	483	416	301	-	2	-	-	2	2
E.S. CENTRAL	43	55	355	361	392	433	-	-	-	-	-	2
Ky.	12	6	44	64	64	43	-	-	-	-	-	2
Tenn.	20	31	126	144	188	202	-	-	-	-	-	-
Ala.	10	15	52	53	48	79	-	-	-	-	-	-
Miss.	1	3	133	100	92	109	-	-	-	-	-	-
W.S. CENTRAL	56	57	2,081	2,743	638	1,016	-	-	-	-	-	12
Ark.	2	2	106	55	74	72	-	-	-	-	-	5
La.	11	14	56	202	87	160	-	-	-	-	-	-
Okla.	41	37	235	450	143	127	-	-	-	-	-	-
Tex.	2	4	1,684	2,036	334	657	-	-	-	-	-	7
MOUNTAIN	102	97	876	1,121	471	508	-	11	-	1	12	1
Mont.	1	3	7	17	6	17	-	-	-	-	-	-
Idaho	4	1	29	40	7	26	-	-	-	-	-	-
Wyo.	1	1	39	8	25	13	-	-	-	-	-	-
Colo.	16	13	183	206	92	88	-	1	-	1	2	-
N. Mex.	21	18	67	45	96	160	-	-	-	-	-	-
Ariz.	44	50	428	619	182	123	-	-	-	-	-	1
Utah	11	8	53	52	20	31	-	3	-	-	3	-
Nev.	4	3	70	134	43	50	-	7	-	-	7	-
PACIFIC	132	111	2,947	3,628	1,107	1,259	-	13	-	7	20	35
Wash.	6	6	256	306	100	64	-	2	-	1	3	5
Oreg.	28	37	166	221	100	98	-	-	-	-	-	12
Calif.	32	51	2,501	3,069	887	1,068	-	10	-	3	13	17
Alaska	43	9	11	11	9	15	-	1	-	-	1	-
Hawaii	23	8	13	21	11	14	-	-	-	3	3	1
Guam	-	-	-	1	-	4	U	-	U	-	-	1
P.R.	4	2	202	289	219	215	-	-	-	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U	U

N: Not notifiable. U: Unavailable. - : No reported cases.
*For imported measles, cases include only those resulting from importation from other countries.
†Of 221 cases among children aged <5 years, serotype was reported for 94 and of those, 22 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending November 11, 2000, and November 13, 1999 (45th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	1,805	2,075	3	281	323	145	5,682	5,563	-	146	240
NEW ENGLAND	118	98	-	4	8	17	1,390	707	-	12	7
Maine	8	5	-	-	-	-	41	-	-	-	-
N.H.	12	12	-	-	1	5	116	82	-	2	-
Vt.	3	5	-	-	1	1	211	63	-	-	-
Mass.	68	56	-	1	4	11	964	500	-	8	7
R.I.	9	5	-	1	2	-	16	33	-	1	-
Conn.	18	15	-	2	-	-	42	29	-	1	-
MID. ATLANTIC	169	207	2	23	38	38	570	868	-	9	31
Upstate N.Y.	57	64	-	10	9	9	281	643	-	2	18
N.Y. City	33	53	-	4	11	-	51	51	-	7	6
N.J.	38	47	-	3	1	-	35	24	-	-	4
Pa.	41	43	2	6	17	29	203	150	-	-	3
E.N. CENTRAL	315	367	-	30	44	30	637	510	-	1	2
Ohio	82	125	-	7	17	21	312	190	-	-	-
Ind.	41	55	-	1	4	-	93	68	-	-	1
Ill.	72	97	-	6	11	4	72	85	-	1	1
Mich.	97	57	-	16	8	5	88	59	-	-	-
Wis.	23	33	-	-	4	-	72	108	-	-	-
W.N. CENTRAL	158	210	-	18	13	1	520	424	-	3	127
Minn.	20	47	-	-	1	-	317	188	-	1	5
Iowa	33	36	-	7	7	1	50	78	-	-	30
Mo.	83	82	-	4	1	-	70	70	-	1	2
N. Dak.	2	4	-	-	1	-	6	18	-	-	-
S. Dak.	5	11	-	-	-	-	7	6	-	-	-
Nebr.	7	10	-	4	-	-	31	8	-	1	90
Kans.	8	20	-	3	3	-	39	56	-	-	-
S. ATLANTIC	280	349	1	42	46	6	443	374	-	92	35
Del.	1	10	-	-	-	-	8	5	-	1	-
Md.	26	50	-	10	6	-	106	112	-	-	1
D.C.	-	3	-	-	2	-	3	-	-	-	-
Va.	38	49	-	9	10	1	98	30	-	-	-
W. Va.	12	8	-	-	-	-	1	3	-	-	-
N.C.	36	41	1	7	8	2	98	89	-	82	34
S.C.	21	42	-	10	4	-	29	17	-	7	-
Ga.	43	58	-	2	4	1	38	38	-	-	-
Fla.	103	88	-	4	12	2	62	80	-	2	-
E.S. CENTRAL	121	146	-	7	14	2	100	86	-	5	2
Ky.	26	29	-	1	-	-	49	26	-	1	-
Tenn.	52	60	-	2	-	1	31	36	-	1	-
Ala.	31	35	-	2	10	1	19	21	-	3	2
Miss.	12	22	-	2	4	-	1	3	-	-	-
W.S. CENTRAL	124	193	-	24	39	21	308	193	-	5	15
Ark.	13	32	-	2	-	1	33	24	-	-	5
La.	35	61	-	4	10	-	12	9	-	1	-
Okla.	26	29	-	-	1	20	40	34	-	-	1
Tex.	50	71	-	18	28	-	223	126	-	4	9
MOUNTAIN	132	127	-	20	25	22	708	691	-	2	16
Mont.	4	4	-	1	-	-	35	2	-	-	-
Idaho	7	9	-	-	2	-	57	142	-	-	-
Wyo.	-	4	-	2	-	-	6	2	-	-	-
Colo.	34	33	-	1	6	13	415	262	-	1	1
N. Mex.	10	14	-	1	N	-	82	119	-	-	-
Ariz.	67	41	-	4	8	7	77	99	-	1	13
Utah	7	14	-	5	4	2	24	56	-	-	1
Nev.	3	8	-	6	5	-	12	9	-	-	1
PACIFIC	388	378	-	113	96	8	1,006	1,710	-	17	5
Wash.	54	61	-	10	2	7	363	624	-	7	-
Oreg.	66	69	N	N	N	-	113	55	-	-	-
Calif.	252	235	-	82	79	-	477	980	-	10	5
Alaska	8	7	-	7	2	1	22	5	-	-	-
Hawaii	8	6	-	14	13	-	31	46	-	-	-
Guam	-	1	U	-	3	U	-	2	U	-	-
P.R.	9	12	-	-	-	1	6	23	-	-	-
V.I.	U	U	U	U	U	U	U	U	U	U	U
Amer. Samoa	U	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	U	U	U	U	U	U	U	U	U	U	U

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

TABLE IV. Deaths in 122 U.S. cities,* week ending November 11, 2000 (45th Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	488	360	82	26	11	8	49
Boston, Mass.	150	104	28	9	3	6	15
Bridgeport, Conn.	38	29	6	2	1	-	1
Cambridge, Mass.	16	12	3	-	1	-	3
Fall River, Mass.	24	22	2	-	-	-	2
Hartford, Conn.	65	48	11	3	1	1	6
Lowell, Mass.	21	16	3	2	-	-	4
Lynn, Mass.	11	8	3	-	-	-	3
New Bedford, Mass.	28	25	-	3	-	-	3
New Haven, Conn.	29	16	7	6	-	-	3
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	4	2	2	-	-	-	-
Springfield, Mass.	39	31	6	-	1	1	5
Waterbury, Conn.	23	14	5	-	4	-	-
Worcester, Mass.	40	33	6	1	-	-	4
MID. ATLANTIC	2,246	1,602	428	155	33	28	116
Albany, N.Y.	49	35	12	1	1	-	4
Allentown, Pa.	17	16	1	-	-	-	-
Buffalo, N.Y.	95	70	17	5	-	3	8
Camden, N.J.	32	18	7	6	-	1	1
Elizabeth, N.J.	15	12	3	-	-	-	-
Erie, Pa.§	52	37	12	2	1	-	3
Jersey City, N.J.	U	U	U	U	U	U	U
New York City, N.Y.	1,176	866	211	76	15	8	42
Newark, N.J.	73	35	26	11	1	-	2
Paterson, N.J.	14	8	2	3	1	-	2
Philadelphia, Pa.	332	209	67	38	9	9	22
Pittsburgh, Pa.§	51	35	11	3	2	-	5
Reading, Pa.	23	13	3	3	2	2	-
Rochester, N.Y.	127	101	19	4	-	3	12
Schenectady, N.Y.	21	15	5	-	-	1	2
Scranton, Pa.§	35	27	7	1	-	-	3
Syracuse, N.Y.	94	73	19	1	-	1	8
Trenton, N.J.	16	11	4	1	-	-	1
Utica, N.Y.	24	21	2	-	1	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,005	1,354	412	138	51	47	130
Akron, Ohio	35	29	5	1	-	-	4
Canton, Ohio	41	32	6	2	-	1	5
Chicago, Ill.	406	218	98	53	21	13	-
Cincinnati, Ohio	112	85	18	2	2	5	13
Cleveland, Ohio	119	81	31	4	3	-	8
Columbus, Ohio	180	123	40	11	4	2	9
Dayton, Ohio	121	101	10	3	2	5	16
Detroit, Mich.	160	76	54	20	7	3	14
Evansville, Ind.	46	38	6	1	-	1	3
Fort Wayne, Ind.	72	55	13	2	1	1	4
Gary, Ind.	12	6	4	1	1	-	1
Grand Rapids, Mich.	58	46	9	1	1	1	8
Indianapolis, Ind.	200	132	43	13	2	10	13
Lansing, Mich.	23	21	-	1	1	-	2
Milwaukee, Wis.	152	114	22	12	1	3	13
Peoria, Ill.	36	30	5	-	1	-	1
Rockford, Ill.	50	40	8	2	-	-	5
South Bend, Ind.	36	26	8	1	-	1	1
Toledo, Ohio	79	59	14	2	3	1	6
Youngstown, Ohio	67	42	18	6	1	-	4
W.N. CENTRAL	683	483	111	44	24	21	40
Des Moines, Iowa	79	61	14	2	-	2	8
Duluth, Minn.	24	17	5	1	1	-	-
Kansas City, Kans.	31	24	-	-	6	1	1
Kansas City, Mo.	87	52	21	9	3	2	3
Lincoln, Nebr.	30	19	9	2	-	-	4
Minneapolis, Minn.	128	101	15	5	1	6	12
Omaha, Nebr.	85	57	12	8	4	4	7
St. Louis, Mo.	69	38	15	7	7	2	-
St. Paul, Minn.	67	56	4	3	2	2	3
Wichita, Kans.	83	58	16	7	-	2	2
S. ATLANTIC	1,151	720	242	123	32	34	70
Atlanta, Ga.	161	95	34	19	4	9	11
Baltimore, Md.	204	120	49	23	6	6	10
Charlotte, N.C.	106	70	21	7	6	2	8
Jacksonville, Fla.	106	69	20	15	-	2	8
Miami, Fla.	61	36	14	7	2	2	5
Norfolk, Va.	26	15	6	3	-	2	1
Richmond, Va.	66	41	11	8	4	2	4
Savannah, Ga.	58	36	15	4	2	1	8
St. Petersburg, Fla.	44	32	4	5	1	2	2
Tampa, Fla.	195	133	39	13	5	5	13
Washington, D.C.	101	58	29	11	2	1	-
Wilmington, Del.	23	15	-	8	-	-	-
E.S. CENTRAL	840	582	159	53	26	20	63
Birmingham, Ala.	194	137	39	14	4	-	14
Chattanooga, Tenn.	50	40	7	1	1	1	8
Knoxville, Tenn.	89	60	18	5	4	2	5
Lexington, Ky.	56	38	10	3	2	3	8
Memphis, Tenn.	199	132	41	10	6	10	11
Mobile, Ala.	49	36	4	6	-	3	1
Montgomery, Ala.	55	35	12	5	3	-	5
Nashville, Tenn.	148	104	28	9	6	1	11
W.S. CENTRAL	1,367	878	294	128	38	29	76
Austin, Tex.	68	49	10	7	1	1	3
Baton Rouge, La.	94	64	14	10	5	1	3
Corpus Christi, Tex.	48	31	11	4	-	2	2
Dallas, Tex.	210	123	53	25	5	4	12
El Paso, Tex.	76	55	14	5	2	-	1
Ft. Worth, Tex.	126	84	27	7	5	3	3
Houston, Tex.	333	194	82	44	5	8	13
Little Rock, Ark.	50	36	6	3	4	1	3
New Orleans, La.	65	42	10	5	5	3	5
San Antonio, Tex.	150	102	34	7	4	3	19
Shreveport, La.	68	47	15	3	2	1	3
Tulsa, Okla.	79	51	18	8	-	2	9
MOUNTAIN	871	590	170	65	23	22	54
Albuquerque, N.M.	93	62	15	13	2	1	12
Boise, Idaho	38	26	6	3	2	1	2
Colo. Springs, Colo.	47	34	8	2	3	-	-
Denver, Colo.	100	60	27	5	5	3	10
Las Vegas, Nev.	171	110	37	17	2	5	6
Ogden, Utah	20	12	6	1	-	1	2
Phoenix, Ariz.	140	92	30	8	2	7	8
Pueblo, Colo.	17	11	5	1	-	-	1
Salt Lake City, Utah	132	95	22	9	2	4	13
Tucson, Ariz.	113	88	14	6	5	-	-
PACIFIC	893	636	164	54	20	18	86
Berkeley, Calif.	21	13	5	1	-	2	-
Fresno, Calif.	87	67	14	4	2	-	5
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	53	37	12	3	-	1	4
Long Beach, Calif.	70	49	14	5	2	-	17
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	27	19	6	1	-	1	4
Portland, Oreg.	135	88	27	10	5	5	5
Sacramento, Calif.	180	139	26	10	4	1	21
San Diego, Calif.	112	79	20	4	4	4	12
San Francisco, Calif.	U	U	U	U	U	U	U
San Jose, Calif.	156	110	29	11	2	4	16
Santa Cruz, Calif.	15	10	2	3	-	-	-
Seattle, Wash.	U	U	U	U	U	U	U
Spokane, Wash.	37	25	9	2	1	-	2
Tacoma, Wash.	U	U	U	U	U	U	U
TOTAL	10,544¶	7,205	2,062	786	258	227	684

U: Unavailable. -:No reported cases.

*Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

§Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶Total includes unknown ages.

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