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Epidemiology of Measles — United States, 1998

During 1998, a provisional total of 100 confirmed measles cases was reported to CDC by state and local health departments, representing a record low number of cases and 28% fewer than the 138 cases reported in 1997 (1). This report describes the epidemiology of measles during 1998, which suggests that measles is no longer an indigenous disease in the United States.

Case Classification

Measles cases among persons who were infected outside the United States are classified as internationally imported cases. Cases among persons who were infected in the United States are classified as indigenous measles cases. Indigenous cases are subclassified into three groups: cases epidemiologically (epi)-linked to importation (a chain of transmission caused by an internationally imported case); imported virus cases (a chain of transmission from which an imported measles virus strain was isolated but a link to an internationally imported case was not identified) (2); and not importation-associated cases (no epidemiologic or virologic association to importation was detected). Internationally imported cases, cases epi-linked to importation, and imported virus cases are all considered importation-associated cases.

Of the 100 cases reported, 26 were internationally imported, and 74 were indigenous. Of the 74 indigenous cases, 45 were importation-associated, and 29 were not importation-associated. The proportion of cases not associated with importation has declined from 85% in 1995, 72% in 1996, 41% in 1997, to 29% in 1998. The 45 importation-associated indigenous cases included 13 epi-linked cases and 32 imported virus cases.

All 32 imported virus cases occurred in an outbreak in Alaska, which started 4 weeks after an imported case of measles was diagnosed in a visitor from Japan. Measles virus isolated from cases in this outbreak was nearly identical to virus circulating in Japan, although no virus was cultured from the imported case and no epidemiologic link between the imported case and the outbreak was detected (3). In addition to the strain isolated from the Alaska outbreak, viral genomic sequencing of specimens from epi-linked cases allowed genotype classification of measles virus strains from six chains of transmission epidemiologically linked to internationally imported cases. Virus strains isolated from cases in New York, Vermont, California, Massachusetts, and Washington matched viral genotypes from Germany, Cyprus, Japan,

China, and Croatia, respectively. Measles virus was isolated from the Indiana outbreak but genotype information was unavailable from Zimbabwe, the source country of the imported case.

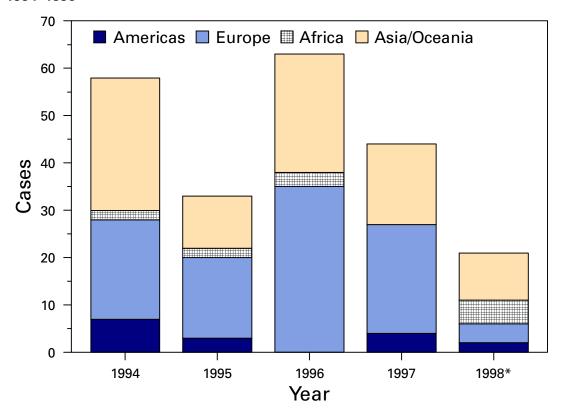
Internationally Imported Measles Cases

The 26 internationally imported cases reported in 1998 represent the lowest number of imported cases since the recording of importation status began in 1983. Imported cases from the Americas remained at very low levels, and imported cases from Europe and Asia declined compared with the previous 4 years (Figure 1). India, Japan, Kenya, Pakistan, and Saudi Arabia each were the source of two imported cases. One importation was reported from each of the other countries. Of 26 imported cases, 14 occurred among international visitors and 12 occurred among U.S. residents exposed to measles while traveling abroad.

Geographic Distribution

During 1998, 28 states and the District of Columbia reported no confirmed measles cases, compared with 21 states in 1997. Eight states accounted for 82% of cases: Alaska (33 cases), Arizona (11), Michigan (10), California (nine), New Jersey (eight), New York (four), Pennsylvania (four), and Indiana (three). In the remaining 14 states, two or fewer cases were reported. Eight states reported indigenous measles cases not associated with importation.

FIGURE 1. Measles cases, by source of importation and year — United States, 1994–1998



^{*}Data are provisional.

Temporal Patterns of Transmission

The median number of cases per week was one (range: 0–11). During 35 weeks, all reported measles cases were importation-associated, including 21 consecutive weeks (weeks 25–45) (Figure 2). Half of the indigenous cases that were not importation-associated occurred in two outbreaks: in New Jersey (weeks 13–16) and in Michigan (weeks 20–23).

Age and Vaccination Status

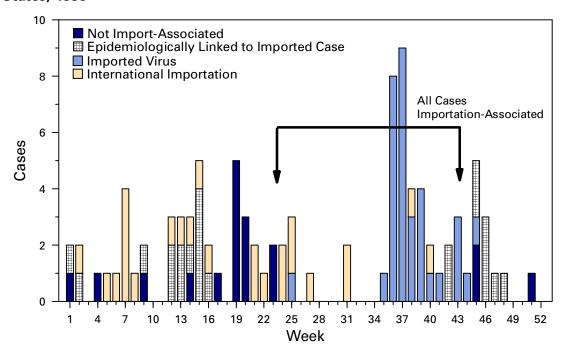
The age distribution and vaccination status of U.S. residents with measles differed from those of international visitors. Most U.S. residents with measles had been vaccinated with one or more doses of measles vaccine (53%), and 86% of international visitors with measles were unvaccinated.

Outbreaks

Six measles outbreaks* were reported in 1998, the fewest ever reported to CDC. Outbreaks occurred in Alaska (33 cases), Arizona (11), Michigan (nine), New Jersey (six), Indiana (three), and Pennsylvania (three). The 65 measles cases reported from these outbreaks represented 65% of all cases reported during 1998. The ages of persons with outbreak-associated cases ranged from 5 months to 44 years (median: 15 years).

The largest measles outbreak reported since 1996 occurred in a high school in Anchorage, Alaska; 30 of the 33 cases had received one dose of measles vaccine. A 4-year-old unvaccinated Japanese child visiting Anchorage had measles diagnosed 4 weeks before the other cases in the outbreak. No epi-link was reported between this

FIGURE 2. Measles cases, by importation status and week of rash onset — United States, 1998



^{*}Three or more cases in a single chain of transmission.

case and subsequent cases. However, the genotype of viral RNA collected from outbreak cases was nearly identical to virus circulating in Japan. The interval from the onset of rash in the imported case to the end of the outbreak was 15 weeks (August 10 to November 19, the longest interval of transmission in 1998). As a result of the outbreak, the Alaskan Health Department now requires two doses of measles vaccine for all students in grades K-12 (3). Three outbreaks (Arizona, Indiana, and Pennsylvania) were epi-linked to an imported measles case, and two outbreaks (Michigan and New Jersey) were not importation-associated.

Reported by: State and local health depts. Measles Virus Section, Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Measles Elimination Activity, Child Vaccine Preventable Diseases Br, Epidemiology and Surveillance Div, National Immunization Program; and an EIS Officer, CDC.

Editorial Note: Analysis of epidemiologic data for 1998 suggests measles is no longer an indigenous disease in the United States. Most cases reported in 1998 were associated with importation, including the short chains of indigenous transmission of measles that occurred following international importation of measles.

Cases not associated with importation were insufficient to represent a continuous indigenous chain of measles transmission and probably were misclassifications (not measles), associated with undetected imported measles cases, or linked to known imported cases through chains of transmission not detected by the surveillance system. Misclassifications resulting from false-positive laboratory tests are an expected result of intensive investigation for a rare disease using a laboratory test that is not 100% specific.

Some cases may spread from undetected imported cases of measles. Detecting imported cases is difficult. International visitors with measles may leave the country before the rash appears or before they seek medical care. Even when the imported case is detected, it is difficult to detect every case in the chain of transmission, as was seen in the outbreak in Alaska. This highlights the need to obtain viral specimens from every chain of transmission to supplement epidemiologic information.

The largest outbreak in 1998 occurred in a high school without a second dose measles vaccine requirement (3). As of the 1998–99 school year, 55% of U.S. students were required by their states to have two doses of measles vaccine (CDC, unpublished data, 1998). Vaccination of all students with two doses of measles vaccine by 2001, as recommended by the American Academy of Pediatrics (4) and CDC's Advisory Committee on Immunization Practices (5), will reduce future school outbreaks. Completion of this strategy should further decrease the risk for indigenous transmission of measles following importation of the measles virus.

The United States appears to have eliminated measles as an indigenous disease. High measles vaccination coverage and strong surveillance remain critical to preventing international imported measles cases from causing a resurgence of measles in the United States.

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Water Fluoridation and Costs of Medicaid Treatment for Dental Decay — Louisiana, 1995–1996

Treatment costs for dental decay in young children can be substantial, especially if extensive dental procedures and general anesthesia in a hospital operating room (OR) are needed. Because caries in the primary dentition disproportionately affect children from low-income households (1,2), the cost for care frequently is reimbursed by state Medicaid programs. To determine whether the average treatment cost for Medicaid-eligible children in Louisiana differed by community fluoridation status, the Louisiana Department of Health and Hospitals (LDHH) and CDC analyzed Medicaid dental reimbursements and Medicaid eligibility records from July 1995 through June 1996 for children aged 1–5 years. Findings suggest that Medicaid-eligible children in communities without fluoridated water were three times more likely than Medicaid-eligible children in communities with fluoridated water to receive dental treatment in a hospital OR, and the cost of dental treatment per eligible child was approximately twice as high.

The Louisiana Bureau of Health Financing provided data on Medicaid dental reimbursements and Medicaid eligibility from July 1995 through June 1996 for children aged 1–5 years and the number of dentists practicing in each parish (county) in 1995. Demographic data for each parish were obtained from the Bureau of the Census (3). The proportion of the population that received optimally fluoridated water in each parish was estimated based on CDC's 1992 fluoridation census (4) and a study by LDHH (LDHH, unpublished data, 1996). A parish was designated as optimally fluoridated (F) if 100% of its population received fluoridated water (optimal level: ≥0.7 ppm) in both 1992 and 1996, and nonfluoridated (NF) if 0% received fluoridated water in both years. Of 64 parishes, five F parishes with 38,162 Medicaid-eligible preschoolers and 14 NF parishes with 16,444 Medicaid-eligible preschoolers were included in this analysis. All analyses were conducted at the parish level.

For each F and NF parish, the percentage of Medicaid-eligible children aged 1–5 years who, during the study period, received one or more of the following types of services was calculated: 1) caries-related services (e.g., fillings, crowns, and pulpotomies); 2) examinations or preventive care (topical fluoride or prophylaxis) but no caries-related services; 3) topical fluoride application (with or without caries-related care); and 4) dental care in a hospital OR. The mean value for each of these measures was calculated for F and NF parishes for each of the five ages.

Medicaid reimbursements for dental procedures likely to be associated with treatment for dental caries were totaled for each parish for each age group. If dental care was provided in a hospital, a payment of \$650 (based on estimates from the Louisiana Bureau of Health Financing) was added for OR use and general anesthesia. The average caries-related cost per Medicaid-eligible child in each parish was obtained by di-

viding parish Medicaid reimbursements by the number of Medicaid-eligible children in the parish in each age group.

For each age group, linear regression was used to examine the association between parish average caries-related cost per Medicaid-eligible child and fluoridation status of the parish. In addition to fluoridation status, per capita income, population, and dentists per 1000 residents were included in the model as dichotomous variables. Independent variables that added no explanatory power were eliminated through backward elimination to obtain the reduced model (5).

Children residing in F parishes were slightly more likely to have received only examinations or preventive services (Table 1). The proportions of children who received topical fluoride were similar, with younger children in F and older children in NF slightly more likely to have received the procedure. For all age groups, the percentage of Medicaid-eligible children who received one or more caries-related procedures was higher in NF parishes.

The difference in treatment costs per Medicaid-eligible child residing in F parishes compared with those residing in NF parishes ranged from \$14.68 for 1-year-olds to \$58.91 for 3-year-olds (Table 2); at all ages, costs were higher in NF than in F parishes. Louisiana Medicaid-eligible children were distributed uniformly by age; the mean difference in treatment costs per eligible preschooler was \$36.28 (95% confidence interval=\$9.69–\$62.87).

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Editorial Note: In this analysis of Medicaid claims, more Medicaid-eligible children in NF parishes received caries-related dental treatment and OR-based care at greater cost than did Medicaid-eligible children in F parishes. In 1998, 1.3 million Louisianans received nonfluoridated water from public water systems that served approximately 10,000 customers (S. Hoffman, Office of Public Health Engineering Services, personal communication, 1999), and 3% of the state population were Medicaid-eligible children aged 1–5 years (3). These data suggest that at least 39,000 preschoolers in Louisiana could potentially benefit from water fluoridation; the expected annual reduction in their dental treatment costs is \$1.4 million.

The findings in this report are subject to at least four limitations. First, although the analysis showed an association between lower caries-related costs and residence in one of the five F parishes, the analysis did not measure the length or magnitude of the children's exposure to fluoride. Some children classified as residing in NF parishes once may have resided in F parishes and vice versa. It also did not verify that the water systems serving the five F parishes maintained fluoride concentration at the optimal level. However, misclassification of exposure status would be more likely to reduce the observed effect of fluoridation. Second, if access to dental care were better in NF than in F parishes, children with decay who resided in F parishes would be less likely to seek restorative care, resulting in an underestimate of treatment costs in F parishes and an overstatement of water fluoridation's benefits. The observed rates for preventive care in F and NF parishes suggest similar rather than differential access. Furthermore, this analysis controlled for differences in access to dental care. Third, the difference in treatment costs attributable to water fluoridation would be overstated if

	Mean percentage of Medicaid-eligible children who received procedures																			
	Caries-related procedure Examination or preventive procedure					entive	Topica	Hospitalized Topical fluoride application for treatment							Me	Mean caries-related cost per eligible child				
	F* (n=5)	NF†	(n=14)	F* (n=5)	NF† (n=14)	F* ((n=5)	NF†	(n=14)	F* ((n=5)	NF†	(n=14)	F*	(n=5)	NF† (n=14)
Age (yrs)	%	(SD§)	%	(SD)	%	(SD)	%	(SD)	%	(SD)	%	(SD)	%	(SD)	%	(SD)	%	(SD)	%	(SD)
1	3.3	(1.2)	4.4	(2.4)	8.2	(7.1)	6.3	(6.2)	7.5	(5.3)	5.8	(5.3)	0.2	(0.3)	1.0	(0.9)	\$ 7.4	(\$ 5.0)	16.9	(\$13.1)
2	11.0	(3.3)	15.9	(5.8)	17.8	(10.8)	16.3	(8.1)	19.2	(11.2)	17.5	(9.5)	1.2	(1.1)	4.0	(2.0)	\$35.3	(\$18.8)	\$ 75.5	(\$29.9)
3	19.6	(4.0)	31.6	(10.9)	34.0	(7.9)	30.9	(9.2)	38.2	(15.1)	40.9	(13.2)	1.4	(1.1)	5.0	(2.6)	\$53.8	(\$19.0)	\$117.9	(\$42.1)
4	27.3	(5.0)	34.5	(9.4)	33.2	(6.2)	32.3	(4.8)	44.6	(9.5)	48.6	(12.3)	0.9	(1.3)	3.4	(2.3)	\$52.1	(\$22.7)	\$ 92.3	(\$25.2)
5	28.6	(5.4)	34.1	(10.2)	28.0	(6.2)	25.8	(4.5)	44.8	(6.4)	43.7	(11.6)	0.2	(0.2)	1.7	(1.1)	\$39.5	(\$10.0)	\$ 71.0	(\$30.6)

^{*}Fluoridated parishes. Total number of Medicaid-eligible children aged 1–5 years residing in F parishes was 38,162.

† Nonfluoridated parishes. Total number of Medicaid-eligible children aged 1–5 years residing in NF parishes was 16,444.

§ Standard deviation.

TABLE 2. Results of multivariate regression* analysis: adjusted R² and estimated treatment cost savings associated with water fluoridation for Medicaid-eligible children aged 1–5 years residing in fluoridated and nonfluoridated parishes, by age — Louisiana, July 1995–June 1996

Age (yrs)	Adjusted R ²	Estimated treatment cost savings associated with water fluoridation	(95% Cl [§])
1	0.59	\$14.68	\$ 5.58-\$23.77
2	0.27	\$40.17	\$ 9.81-\$70.53
3	0.42	\$58.91	\$19.45-\$98.37
4	0.47	\$36.08	\$11.81-\$60.35
5	0.18	\$31.55	\$ 1.79-\$61.31
All age groups [†]		\$36.28	\$ 9.69-\$62.87

^{*}Controlling for the parish variables of per capita income, population, and number of dentists per 1000 population.

children in F parishes had more exposure to other sources of fluoride (e.g., toothpaste or topical application in a dental office). Although fluoride toothpaste use could not be determined, toothpastes containing fluoride accounted for >94% of the market in 1984 (6). Different uses of topical applications was probably not a substantial factor because children in F and NF parishes received topical fluoride in the dental office at similar rates. Finally, lower treatment costs associated with water fluoridation should not be generalized to preschoolers from high- and middle-income families because of their lower prevalence of dental caries in primary teeth (1,2).

The lower treatment costs associated with residence in F parishes is a conservative estimate of benefits because the analysis did not consider benefits that accrue to populations other than Medicaid-eligible preschoolers. For this group, however, treatment cost savings associated with fluoridating the 39 NF water systems that serve populations of ≥10,000 could be substantial.

In 1996, approximately 50% of Louisiana's population using public water supplies received fluoridated water, a percentage well below the 2000 objective of 75% (objective 13.9) (7). The 1996 assessment of community water fluoridation in Louisiana also found that of 73 water systems adjusting fluoride content in 1986, only 45 were still doing so in 1996 (8). This decline prompted passage of state legislation in 1997 that 1) established a water fluoridation program within LDHH; 2) encouraged fluoridation of public water systems serving at least 5000 households (because the average number of persons per U.S. household in 1996 was 2.66, this equals approximately 13,000 persons [3]); and 3) created a Fluoride Advisory Board to assist in locating public and private funding to cover the costs of initiating water fluoridation in these locations. In addition, LDHH is planning an early intervention program to ensure that infants and toddlers at high risk for early childhood caries are screened and referred for clinical preventive services (e.g., topical fluoride application), prompt treatment of incipient disease, and education of the parent or caregiver.

[†]Assumes children are distributed uniformly by age.

[§]Confidence interval.

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Congenital Syphilis — United States, 1998

Congenital syphilis (CS) occurs when the spirochete *Treponema pallidum* is transmitted from a pregnant woman with syphilis to her fetus. A multiorgan infection, CS may result in a neurologic or musculoskeletal handicap or death in the fetus when not properly treated. Trends in CS rates in women of childbearing age follow by approximately 1 year the rates of primary and secondary syphilis (1). The last national syphilis epidemic, which was followed by a CS epidemic, occurred during the late 1980s and early 1990s. The syphilis rate began to decline in 1991 (2); the CS rate began to decline in 1992 (1). To evaluate CS epidemiology since this decline, CDC analyzed 1998 CS notifiable disease data and assessed rate changes during 1992–1998. This report summarizes the results, which indicate that the CS rate declined 78.2% from 1992 to 1998, and that rates remained disproportionately high in the southeastern United States and among minority racial/ethnic populations.

CS surveillance data were reported to CDC from the 50 states and District of Columbia. For the purpose of public health surveillance, CS is defined as 1) infants manifesting typical signs of CS or in whom *T. pallidum* is identified from lesions, placenta, umbilical cord, or autopsy specimens; 2) infants whose mothers have a syphilitic lesion at delivery; 3) infants born to women with untreated or inadequately treated syphilis before or during pregnancy, and to women whose serologic response to penicillin therapy was not documented, and either a) no examination of the infant was performed radiographically and by cerebrospinal fluid (CSF), or b) one or more radiologic or CSF tests were consistent with CS.* CS rates per 100,000 live births were determined from state natality data.[†]

^{*}Congenital Syphilis Case Investigation and Report Form 73.126.

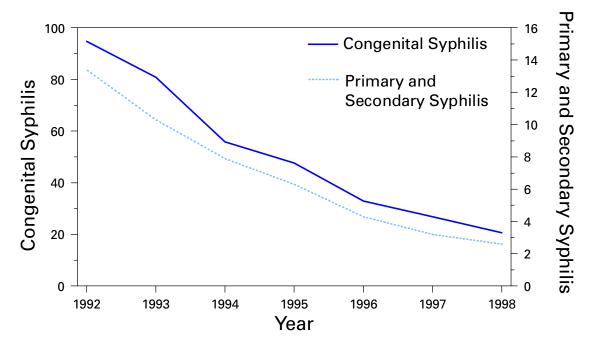
[†]From the National Center for Health Statistics, Vital Statistics: Natality Tapes 1989–1996.

In 1998, 801 CS cases were reported for a rate of 20.6 per 100,000 live births (Figure 1). The median state-specific rate of CS was substantially higher in the South (23.0) compared with a median of zero in the Midwest, Northeast, and West[§]. Forty-seven states reported rates below the 2000 goal of 40 per 100,000 (objective 19.4) (3) (Table 1); 22 states reported no cases.

Persons of minority race/ethnicity accounted for the highest rates of CS in 1998. Blacks had the highest rate (87.0), followed by Hispanics (27.9), American Indians/Alaska Natives (14.0), Asians/Pacific Islanders (4.9), and non-Hispanic whites (2.9). For 16 persons, race was unknown or categorized "other." CS rates declined for all racial and ethnic groups during 1992–1998 following the decline in primary and secondary syphilis (Figure 1). Asians/Pacific Islanders (82.4%) had the largest percentage decline, followed by blacks (79.5%), Hispanics (78.5%), whites (56.9%), and American Indians/Alaska Natives (11.9%).

In 1998, 73.4% of mothers of infants with CS were aged 20–34 years (median: 27 years). The CS rate was highest for women aged 45–49 years (65.7) and lowest for

FIGURE 1. Congenital syphilis*, primary and secondary syphilis rates[†], by year — United States, 1992–1998



^{*}Per 100,000 live births.

[§] Northeast=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Midwest=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; South=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and West=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

[†]Per 100,000 population.

TABLE 1. Congenital syphilis cases and rates,* by mother's state of residence — United States, 1998

State	Cases	Rate	State	Cases	Rate
Alabama	9	14.9	Montana	0	0
Alaska	0	0	Nebraska	0	0
Arizona	25	33.2	Nevada	0	0
Arkansas	30	82.5	New Hampshire	0	0
California	119	22.1	New Jersey	86	75.2
Colorado	1	1.8	New Mexico	0	0
Connecticut	0	0	New York	56	21.2
Delaware	0	0	North Carolina	24	23.0
District of Columbia	8	95.4	North Dakota	0	0
Florida	71	37.5	Ohio	4	2.6
Georgia	14	12.3	Oklahoma	15	32.5
Hawaii	0	0	Oregon	0	0
Idaho	0	0	Pennsylvania	21	14.2
Illinois	71	38.8	Rhode Island	0	0
Indiana	0	0	South Carolina	19	37.2
lowa	0	0	South Dakota	0	0
Kansas	0	0	Tennessee	9	12.2
Kentucky	5	9.5	Texas	102	30.9
Louisiana	8	12.3	Utah	1	2.4
Maine	0	0	Vermont	0	0
Maryland	44	61.5	Virginia	4	4.3
Massachusetts	2	2.5	Washington	1	1.3
Michigan	16	12.0	West Virginia	0	0
Minnesota	0	0	Wisconsin	6	8.9
Mississippi	15	36.6	Wyoming	0	0
Missouri	15	20.3	Total	801	20.6

^{*}Per 100,000 live births.

women aged 10–14 years (17.9) (age was unknown for two persons). Women aged 35–49 years had a slightly higher rate (23.2) than women aged 10–34 years (20.2).

Of the 801 reported cases, 651 (81.3%) occurred because the mother received no penicillin treatment or inadequate treatment before or during pregnancy; in 233 (35.8%) of these cases, the mother received no prenatal care. Infants of mothers who had an unknown or equivocal response to therapy accounted for 91 (11.4%) of all cases; in 30 of these cases, the infant was evaluated and found to have evidence of CS radiographically or by examination of CSF. The remaining 59 (7.4%) infants were reported to have CS because of inappropriate serologic response to therapy in the mother (4), evidence of treatment failure or reinfection, or other reasons. Of the reported 801 infants, 748 (93.4%) were live born, 45 (5.6%) were stillborn; eight (1.0%) of those born alive were reported to have died, six within the first 2 days of life.

Reported by: State and local health depts. Div of Sexually Transmitted Diseases Prevention, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note: In 1998, CS rates continued a downward trend parallel to the decreased rates for primary and secondary syphilis. Although the South leads other regions in CS reports, the median state-specific rate in this region declined 68.6% since 1992. Historically, the South has had the highest syphilis and CS rates. Factors associated with syphilis include inadequate access to sexually transmitted disease (STD) clinics

and STD outreach activities, poor interagency coordination, lack of employment opportunities, and discomfort with discussing STDs (5).

Racial/ethnic minorities continue to be affected disproportionally by CS. No biologic association exists between race and the risk for delivering an infant with CS; race serves as a marker for other factors, such as poverty and access to health care, in communities with high syphilis rates (5–7). Individual factors, such as illicit drug use and the wantedness of pregnancy, also influence the chances of a mother delivering an infant with CS.

The findings in this report are subject to at least three limitations. First, the analysis includes inconsistent application of the case definition in some areas. Second, maternal treatment history and infant laboratory data reporting were incomplete at times. Third, the case report form does not include questions about important risk information (e.g., drug use, health insurance, and wantedness of pregnancy), although studies that have collected these data have suggested their importance (8,9).

CS surveillance is complicated by difficulty in establishing the diagnosis. Most infants born with CS have no signs of the disease at birth. If untreated, symptoms may begin within 3 months after birth and may include anemia, skin rash, hepatosplenomegaly, and nasal discharge. CS is almost entirely preventable with early prenatal screening and treatment (9). The primary reason that infants were born with CS in 1998 is because mothers with syphilis during pregnancy either received no prenatal care, syphilis serologic testing was performed too late in pregnancy, or mothers were tested but received late or no follow-up.

Community-based organizations, maternal- and child-health programs, and substance abuse agencies can assist in preventing CS by collaborating with health-care providers to encourage pregnant women to obtain prenatal care the first trimester. Health-care providers who perform pregnancy testing where syphilis rates are high also should perform the rapid plasma reagin card test on-site when a woman has a positive pregnancy test and again the third trimester so that results and treatment can be provided immediately. Health-care providers should treat a pregnant woman with syphilis as a medical emergency. Data reported in this study indicate the need to train prenatal health-care providers in recognizing, treating, and preventing CS, and the need to address social problems associated with syphilis as part of the renewed efforts toward its elimination in the United States (10).

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Public Health Dispatch

Multiple Human Exposures to a Rabid Bear Cub at a Petting Zoo and Barnwarming — Iowa, August 1999

On August 27, 1999, a black bear cub, approximately 5–6 months old, died after several hours of acute central nervous system symptoms; preliminary test results available on August 28 indicated the bear had rabies. The bear was part of the Swenson's Wild Midwest Exotic Petting Zoo in Clermont, Iowa (northeastern Iowa). At the petting zoo, visitors fed, wrestled, and may have been nipped by the bear. The bear also was taken to an August 14 barnwarming at the Tharp barn in Holy Cross, Iowa (eastern Iowa), where it reportedly nipped people. An estimated 400 people from 10 states (Arizona, California, Florida, Illinois, Iowa, Minnesota, New Mexico, New York, Ohio, and Wisconsin) and Australia had contact with the bear cub at either the petting zoo or the barnwarming during the 28 days before its death, during which the bear may have transmitted rabies virus.

On the basis of telephone calls to petting zoo visitors who signed the guest register and provided contact information, approximately 150 of the 400 persons were exposed to the bear's saliva and need to obtain vaccine and rabies immune globulin. Public health authorities are attempting to contact petting zoo visitors by telephone and the Internet. However, because not all petting zoo visitors signed the register or provided sufficient information to enable health authorities to locate them, state and local health departments are encouraged to ensure local media coverage to alert persons who had contact with the bear after July 30 to the need for exposure assessment. Persons who attended the barnwarming also need to be assessed for prophylaxis.

Information is available from the emergency telephone number of the lowa Department of Public Health: (515) 323-4360.

Reported by: Center for Acute Disease Epidemiology, Iowa Dept of Public Health.

Public Health Dispatch

Outbreak of Poliomyelitis — Kunduz, Afghanistan, 1999

Since May 10, 1999, 26 cases of acute flaccid paralysis (AFP), including five cases with isolation of wild poliovirus type 1 and one with type 3, have been reported from Kunduz province in northern Afghanistan. Fifteen (54%) case-patients resided in Kunduz city, and the remaining patients resided in the districts surrounding Kunduz. Although the exact causes for the outbreak are not known, the discontinuation of polio

Public Health Dispatch — Continued

vaccination activities in mid-1997 in northern Afghanistan because of ongoing civil conflict may have facilitated the outbreak.

AFP surveillance was established in northern Afghanistan in early May 1999 and was instrumental in detecting and reporting AFP cases and collecting stool specimens for virus isolation in the World Health Organization network laboratory in Pakistan. To determine the extent of the outbreak, health facilities and nongovernmental organizations providing health care in northern Afghanistan have been asked to immediately report all suspected AFP cases to the Ministry of Public Health. To control the outbreak, a large-scale house-to-house vaccination campaign with oral poliovirus vaccine (OPV), targeting the >130,000 children aged <5 years in the province, was conducted during August 7–12, 1999. A second round is scheduled for September 7–12, 1999.

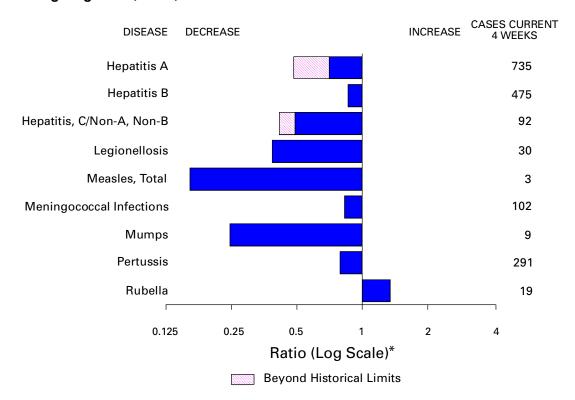
During 1997–1999, Afghanistan conducted three National Immunization Days (NIDs)*, providing an additional six doses of OPV to most children aged <5 years; however, none of these NIDs covered every district. Because of the conflict, the 1998 NIDs were not conducted in Kunduz and other areas of northern Afghanistan. In 1999, NIDs were conducted in May (round 1) and June (round 2) in all areas of the country and are scheduled again for October (round 3) and November (round 4). These scheduled NIDS will attempt to ensure complete coverage of the country.

Control of the outbreak is complicated by the several thousand internally displaced persons who are now moving into the Kunduz area, following renewed fighting north of Kabul. Efforts are under way to provide OPV vaccine to the children of these displaced families. Two rounds of mopping-up vaccination with OPV in the border districts of Tajikistan and Uzbekistan will be conducted in October and November to minimize any risk for poliovirus importation to these neighboring countries.

Reported by: Ministry of Public Health, Kabul, Afghanistan; Afghanistan Country Office, World Health Organization, Islamabad, Pakistan. Eastern Mediterranean Regional Office, World Health Organization, Alexandria, Egypt. Vaccines and Other Biologicals Department, World Health Organization, Geneva, Switzerland. Respiratory and Enteric Viruses Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; Vaccine Preventable Disease Eradication Div, National Immunization Program, CDC.

^{*}Mass campaigns over a short period (days to weeks) in which two doses of oral poliovirus vaccine are administered to all children in the target group (usually aged 0–4 years) regardless of previous vaccination history, with an interval of 4–6 weeks between doses.

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending August 28, 1999, with historical data — United States



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

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending August 28, 1999 (34th Week)

		Cum. 1999		Cum. 1999
St. L west Ehrlichiosis hum hum Hansen Disease* Hantavirus pulmon	fornia* tern equine* Louis* tern equine* nan granulocytic (HGE)* nan monocytic (HME)*	31 4 3 38 2 15 2 - 95 23 57 14 51	HIV infection, pediatric*§ Plague Poliomyelitis, paralytic Psittacosis* Rabies, human Rocky Mountain spotted fever (RMSF) Streptococcal disease, invasive Group A Streptococcal toxic-shock syndrome* Syphilis, congenital* Tetanus Toxic-shock syndrome Trichinosis Typhoid fever Yellow fever	86 3 - 15 348 1,464 28 118 19 78 6 198

^{-:} no reported cases

^{*}Not notifiable in all states.

^{*}Not notifiable in all states.

† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID).

† Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update July 25, 1999.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

									erichia 157:H7*	
	Al	DS	Chlai	mydia	Cryptosp	oridiosis	NE			LIS
Reporting Area	Cum. 1999 [†]	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	26,427	30,497	371,677	378,852	1,015	2,467	1,623	1,726	1,107	1,428
NEW ENGLAND	1,298	1,094	12,455	13,264	63	108	182	231	193	195
Maine N.H.	43 31	22 25	193 615	644 631	17 8	24 12	18 23	25 31	23	36
Vt.	6 842	17	310	271	18	18	20	10 111	12	7
Mass. R.I.	70	506 92	6,053 1,504	5,453 1,520	20	49 5	102 19	8	98 6	111 1
Conn.	306	432	3,780	4,745	-	-	U	46	54	40
MID. ATLANTIC Upstate N.Y.	6,746 846	8,609 1,008	44,532 N	39,467 N	204 78	374 217	94 83	186 128	37	67
N.Y. City	3,592	4,821	21,963	17,321	107	142	5	11	13	12
N.J. Pa.	1,278 1,030	1,563 1,217	6,456 16,113	7,638 14,508	9 10	15	6 N	47 N	23 1	42 13
E.N. CENTRAL	1,719	2,238	55,241	63,970	96	462	328	290	231	246
Ohio	262	459	16,106	17,341	30	50	129	79	96	49
Ind. III.	224 783	376 880	6,667 18,617	6,839 17,307	18 17	41 50	42 93	64 83	27 33	38 54
Mich.	360	389	13,851	13,590	31	24	64	64	41	44
Wis. W.N. CENTRAL	90 611	134 579	U 21,373	8,893 22.306	- 88	297 185	N 355	N 255	34 195	61 235
Minn.	105	102	4,434	4,529	14	62	133	98	103	108
lowa Mo.	55 295	51 280	1,615 8,595	2,601 8,085	29 17	43 17	68 29	62 31	37 36	42 44
N. Dak.	4	4	325	646	12	22	8	7	1	13
S. Dak. Nebr.	13 45	13 56	1,035 2,060	1,027 1,821	5 10	19 18	34 69	17 23	13	21
Kans.	94	73	3,309	3,597	1	4	14	17	5	7
S. ATLANTIC	7,281	7,496	80,700	72,803	216	172	194	137	115	117
Del. Md.	95 793	104 899	1,779 6,918	1,655 5,126	11	2 12	5 11	20	3	1 12
D.C.	274	568	N	· N	7	4	-	1		-
Va. W. Va.	372 40	617 60	9,666 1,148	8,313 1,558	12 -	6 1	45 8	- 7	37 4	42 5
N.C.	482	535	14,812	14,528	6	-	40	38	38	35
S.C. Ga.	683 1,091	501 730	6,968 19,477	12,049 14,876	95	65	17 18	5 50	13 -	5 -
Fla.	3,451	3,482	19,932	14,698	85	82	50	16	20	17
E.S. CENTRAL Ky.	1,145 176	1,267 192	27,658 4,631	26,360 4,137	17 5	19 8	83 21	85 26	42	49
Tenn.	442	431	9,133	8,612	6	6	41	35	26	30
Ala. Miss.	287 240	372 272	8,221 5,673	6,609 7,002	4 2	- 5	17 4	19 5	13 3	17 2
W.S. CENTRAL	2,858	3,787	52,519	57,403	41	781	52	61	64	73
Ark.	107	136	3,915	2,473	1	6	9	7	7	8
La. Okla.	541 74	651 224	7,726 5,418	9,299 6,477	21 4	11 -	3 15	3 11	11 9	4 5
Tex.	2,136	2,776	35,460	39,154	15	764	25	40	37	56
MOUNTAIN Mont.	1,021 5	1,028 20	20,193 975	21,205 793	64 10	91 8	147 8	234 12	75	185 4
ldaho	16	19	1,101	1,277	7	16	18	26	8	17
Wyo. Colo.	4 197	1 209	445 4,411	428 5,236	- 8	- 11	5 50	49 43	5 35	53 39
N. Mex.	65	166	1,748	2,337	25	35	7	17	3	15
Ariz. Utah	518 84	384 70	8,338 1,281	7,460 1,471	9	14 -	23 25	31 45	14 8	23 21
Nev.	132	159	1,894	2,203	5	7	11	11	2	13
PACIFIC	3,748	4,399	57,006	62,074	226	275	188	247	155	261
Wash. Oreg.	218 118	267 129	7,718 3,779	7,258 3,478	- 79	31	59 41	42 70	64 37	74 73
Calif.	3,348	3,876	42,559	48,520	147	241	85	132	47	103
Alaska Hawaii	13 51	17 110	1,217 1,733	1,240 1,578	-	3	3	3	- 7	11
Guam	5	-	226	261	-	-	N	N	-	-
P.R. V.I.	821 19	1,243 19	U N	U N	-	-	5 N	3 N	U U	U U
Amer. Samoa	-	-	U	U	-	-	N	N	U	U
C.N.M.I.	- Ur Una	- اطمانت	N	N	- C N N	-	N nuvealth of N	N	U	U

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

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

Public Health Laboratory Information System (PHLIS).

†Updated monthly from reports to the Division of HIV/AIDS Prevention–Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update July 25, 1999.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

	Gono	orrhea	Hepa C/N/		Legion	ellosis	Lyr Dise	
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998
UNITED STATES	200,535	224,572	2,225	2,124	515	845	5,933	9,429
NEW ENGLAND	3,788	3,855	59	47	41	49	1,789	2,936
Maine N.H.	15 64	41 58	2	-	4 4	1 3	22 5	56 28
Vt. Mass.	34 1,680	24 1,384	4 50	2 42	8 16	4 24	9 678	9 595
R.I. Conn.	382 1,613	238 2,110	3	3	3	8 9	284 791	308 1,940
MID. ATLANTIC	24,548	24,154	97	148	105	211	3,069	4,996
Upstate N.Y. N.Y. City	3,837 9,463	4,616 7,717	62	75 -	33 9	69 29	2,206 25	2,641 156
N.J.	3,621	4,998	-	-	5	13	124	864
Pa. E.N. CENTRAL	7,627 36,849	6,823 43,727	35 1,157	73 477	58 131	100 287	714 78	1,335 5 6 8
Ohio Ind.	9,798 3,676	11,073 4,038	1	7 5	55 21	95 54	53 14	27 24
III.	13,383	14,287	25	34	10	35	10	11
Mich. Wis.	9,992 U	10,371 3,958	548 582	320 111	42 3	55 48	1 U	12 494
W.N. CENTRAL Minn.	9,089 1,664	10,817 1,686	85 4	26 7	31 4	43 3	89 45	133 96
lowa	452	860	-	7	11	5	10	21
Mo. N. Dak.	4,448 31	5,716 51	72 -	9 -	11 -	11 -	16 1	9 -
S. Dak. Nebr.	120 939	158 742	3	2	2 3	3 15	6	3
Kans.	1,435	1,604	6	1	-	6	11	4
S. ATLANTIC Del.	58,696 1,110	60,667 909	146 1	70 -	80 8	100 9	690 19	613 50
Md. D.C.	5,886 1,259	5,741 2,941	34	8	16 1	27 6	492 3	439 4
Va.	6,327	5,506	10	10	17	16	76	43
W. Va. N.C.	311 12,942	557 12,580	13 29	4 17	N 13	N 8	14 52	8 41
S.C. Ga.	3,700 13,070	7,587 13,117	15 1	3 9	7 -	7 7	5 -	3 5
Fla.	14,091	11,729	43	19	18	20	29	20
E.S. CENTRAL Ky.	22,229 2,030	25,224 2,402	194 12	186 16	31 14	47 23	69 6	68 16
Tenn. Ala.	7,380 7,315	7,504 8,472	83 1	104 4	14 3	12 5	36 16	29 13
Miss.	5,504	6,846	98	62	-	7	11	10
W.S. CENTRAL Ark.	28,868 2,002	35,317 2,646	144 8	328 13	3 -	14 1	21 3	17 6
La. Okla.	6,054 2,665	8,053 3,530	100 12	21 8	1 2	2 8	4	3 2
Tex.	18,147	21,088	24	286	-	3	14	6
MOUNTAIN Mont.	5,806 26	5,869 29	98 4	288 7	33	47 2	11 -	9 -
ldaho Wyo.	52 14	120 18	6 31	85 6 8	-	2 1	2 3	3 1
Colo. N. Mex.	1,473 379	1,323 578	16 7	18 69	9 1	12 2	1	2
Ariz.	2,982	2,708	21	4	5	9	-	-
Utah Nev.	121 759	157 936	5 8	19 18	12 6	16 3	3 2	3
PACIFIC Wash.	10,662 1,330	14,942 1,247	245 12	554 13	60 10	47 9	117 4	89 5
Oreg.	525	518	15	13	N	N	10	12
Calif. Alaska	8,369 201	12,635 213	218	474 -	49 1	36 1	103	71 1
Hawaii	237	329	-	54	-	1	-	-
Guam P.R.	32 182	38 264	-	-	-	2	-	-
V.I. Amer. Samoa	U U	U U	U U	U U	U U	U U	U U	U U
C.N.M.I.		26	-	-	-	-	-	

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

					Salmonellosis*					
	Ma	laria	Rabies,	Animal	NE	TSS	PH	LIS		
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998		
UNITED STATES	789	895	3,699	4,917	20,641	24,678	17,161	21,746		
NEW ENGLAND Maine	30 2	42	537 100	945 150	1,054 87	1,623 116	1,220 60	1,525		
N.H.	2	3 3	32	52	89	122	96	43 166		
Vt. Mass.	3 12	- 16	70 120	42 324	60 753	83 890	51 677	68 900		
R.I.	3	2	68	60	65	85	48	31		
Conn. MID. ATLANTIC	8 174	18 262	147 683	317	U 2.407	327	288	317 4.045		
Upstate N.Y.	47	55	492	1,087 757	2,407 727	4,179 1,004	2,202 714	933		
N.Y. City N.J.	77 29	152 31	U 118	U 136	821 332	1,320 867	637 442	1,141 888		
Pa.	21	24	73	194	527	988	409	1,083		
E.N. CENTRAL	74	102	81	82	2,761	4,142	2,145	3,097		
Ohio Ind.	17 10	9 10	27 -	45 7	760 300	992 463	561 264	804 375		
III. Mich.	19 26	43 33	5 46	- 27	1,036 627	1,271 770	399 600	878 6 88		
Wis.	2	7	3	3	38	646	321	352		
W.N. CENTRAL Minn.	49	58	488	532	1,445	1,477	1,369	1,541		
lowa	21 12	29 7	77 102	89 116	418 170	355 254	469 121	413 204		
Mo. N. Dak.	12	12 2	10 104	28 102	431 32	421 43	573 4	573 54		
S. Dak.	-	-	117	121	68	65	58	81		
Nebr. Kans.	4	1 7	2 76	6 70	131 195	118 221	- 144	28 188		
S. ATLANTIC	233	177	1,362	1,633	4,859	4,544	3,366	3,620		
Del. Md.	1 67	1 55	30 271	29 326	90 545	47 566	110 542	88 558		
D.C.	13	12	-	-	53	49	-	-		
Va. W. Va.	51 1	37 1	344 79	396 59	851 105	650 106	638 105	584 104		
N.C.	15	14	284	428	721	643	770	808		
S.C. Ga.	8 21	4 22	102 122	98 166	321 684	298 841	262 651	308 849		
Fla.	56	31	130	131	1,489	1,344	288	321		
E.S. CENTRAL Ky.	18 6	20 4	189 31	196 27	1,161 268	1,333 257	620 -	1,055 124		
Ténn.	7 4	10 4	64 94	107 60	319	364 422	325	481 372		
Ala. Miss.	1	2	94	2	360 214	290	242 53	78		
W.S. CENTRAL	10	18	77	25	1,414	2,246	1,674	1,894		
Ark. La.	1 6	1 6	14 -	25	305 159	292 262	116 370	232 458		
Okla. Tex.	2 1	2 9	63	-	228 722	277 1,415	130 1,058	121 1,083		
MOUNTAIN	29	44	130	153	1,950	1,413	1,333	1,411		
Mont.	4	-	46	35	39	60	1	37		
ldaho Wyo.	3 1	7 -	32	49	66 29	76 42	56 22	65 39		
Colo. N. Mex.	11 2	12 11	1 6	22 4	513 238	380 194	519 174	363 174		
Ariz.	5	8	39	31	601	480	508	484		
Utah Nev.	2 1	1 5	4 2	9 3	346 118	210 129	53	121 128		
PACIFIC	172	172	152	264	3,590	3,563	3,232	3,558		
Wash. Oreg.	17 15	16 13	1	- 1	430 312	292 201	576 371	447 239		
Calif.	132	137	144	240	2,579	2,894	2,075	2,671		
Alaska Hawaii	1 7	2 4	7 -	23	32 237	31 145	6 204	19 182		
Guam	-	2			20	21	-	-		
P.R. V.I.	Ū	- U	45 U	34 U	251 -	466	-	-		
Amer. Samoa	U	U	U	U	-	23	-	-		
C.N.M.I.	-	-	-	-	-	23	-	-		

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

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

-			llosis*		Sypt	1				
	NE	TSS		LIS	(Primary &		Tubero	ulosis		
Reporting Area	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999 [†]	Cum. 1998 [†]		
UNITED STATES	8,448	12,541	3,792	7,108	4,012	4,588	9,059	10,559		
NEW ENGLAND	352	301	280	267	34	48	264	272		
Maine N.H.	4 11	10 10	8	15	-	1 1	12 12	6		
Vt.	4	5	3	-	3	4	1	3		
Mass. R.I.	316 17	198 22	221 9	187 12	22 1	30 1	155 28	149 36		
Conn.	Ü	56	39	53	8	11	56	78		
MID. ATLANTIC	517	1,658	280	1,352	142	200	1,592	1,885		
Upstate N.Y. N.Y. City	163 179	353 529	42 82	111 516	22 67	28 41	181 8 6 4	232 915		
N.J.	103	495	98	511	32	68	339	399		
Pa.	72 1,375	281	58 704	214	21 749	63 677	208	339 1,077		
E.N. CENTRAL Ohio	314	1,842 364	704 78	961 85	66	93	801 164	1,077		
Ind.	141	115	42	33	258	125	34	104		
III. Mich.	614 258	992 174	354 165	800 4	296 129	280 130	377 187	517 223		
Wis.	48	197	65	39	U	49	39	72		
W.N. CENTRAL Minn.	745 158	695 207	494 177	416 264	89 6	92 6	286 98	294 98		
lowa	20	50	16	264 35	7	-	98 29	96 24		
Mo.	485	80	268	57	60	73	117	106		
N. Dak. S. Dak.	2 10	6 29	5	3 20	-	1	2 9	6 14		
Nebr.	38	299	-	16	6	4	12	11		
Kans.	32 1 FEO	24	28	21	10	1 601	19	35		
S. ATLANTIC Del.	1,550 10	2,734 15	325 5	8 56 18	1,338 6	1,681 17	1,920 12	1,818 26		
Md.	96	131	25	46	247	470	171	196		
D.C. Va.	38 75	15 128	35	62	33 113	59 104	32 131	72 187		
W. Va.	7	11	3	7	2 341	2	30	29		
N.C. S.C.	144 86	214 107	63 42	100 41	159	473 195	299 194	271 202		
Ga.	135	764 1 240	37 115	191	225	185 176	405	325		
Fla. E.S. CENTRAL	959 814	1,349 568	115 390	391 375	212 744	176 789	646 597	510 764		
Ky.	180	86	-	45	63	73	111	113		
Tenn. Ala.	505 74	107 337	345 40	158 168	425 152	376 179	228 202	243 264		
Miss.	55	38	5	4	104	161	56	144		
W.S. CENTRAL	1,114	2,375	868	761	571	677	1,004	1,538		
Ark. La.	57 76	133 151	21 72	35 193	40 121	81 276	110 U	76 127		
Okla.	357	214	102	56	136	34	86	117		
Tex.	624	1,877	673	477	274	286	808	1,218		
MOUNTAIN Mont.	566 7	747 8	311 -	485 3	153 -	164 -	271 10	358 15		
Idaho	17	13	7	11	1	1	14	7		
Wyo. Colo.	2 99	1 118	1 73	100	1	1 8	1 U	4 41		
N. Mex.	80	187	40	91	10	19	42	41		
Ariz. Utah	281 38	372 28	184 -	250 22	133 2	120 3	150 27	135 42		
Nev.	42	20	6	8	6	12	27	73		
PACIFIC	1,415	1,621	140	1,635	192	260	2,324	2,553		
Wash. Oreg.	68 53	86 93	65 53	103 88	48 6	23 3	126 64	170 83		
Calif.	1,269	1,411	-	1,411	135	232	1,985	2,148		
Alaska Hawaii	25	4 27	22	2 31	1 2	1 1	39 110	35 117		
Guam	7	29		-	1	1	-	59		
P.R.	59	43	-	-	107	132	41	88		
V.I. Amer. Samoa	-	-	-	-	U U	U U	U U	U U		
C.N.M.I.	-	16	-	-	-	161	-	74		

N: Not notifiable U: Unavailable -: no reported cases
*Individual cases may be reported through both the National Electronic Telecommunications System for Surveillance (NETSS) and the Public Health Laboratory Information System (PHLIS).
†Cumulative reports of provisional tuberculosis cases for 1999 are unavailable ("U") for some areas using the Tuberculosis Information System (TIMS).

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

	H. influenzae,		Н	epatitis (Vi	ral), by typ	е				les (Rubec	ola)	
		sive		A		3	Indi	genous	Imp	orted*		tal
Reporting Area	Cum. 1999†	Cum. 1998	Cum. 1999	Cum. 1998	Cum. 1999	Cum. 1998	1999	Cum. 1999	1999	Cum. 1999	Cum. 1999	Cum. 1998
UNITED STATES	793	761	9,701	14,738	4,174	6,375	-	37	1	18	55	50
NEW ENGLAND	59	49	142	197	67	131	-	6	-	4	10	3
Maine N.H.	5 14	2 8	5 10	15 9	1 10	2 11	U	-	U	1	1	-
Vt.	5	5	6	13	2	4	-	-	-	-	-	1
Mass. R.I.	22 1	31 2	54 13	80 11	31 23	50 43	-	5 -	-	2	7 -	2
Conn.	12	1	54	69	-	21	U	1	U	1	2	-
MID. ATLANTIC	125	119 39	634	1,143 232	471 130	846	- U	-	- U	2	2	13
Upstate N.Y. N.Y. City	61 28	35	166 162	396	139	163 292	-	-	-	-	2	2
N.J. Pa.	35 1	38 7	57 249	229 286	40 162	152 239	U	-	U U	-	-	8 3
E.N. CENTRAL	126	131	1,860	2,256	415	939	-	1	-	1	2	15
Ohio	46	42	453	228	66	53	-	-	-	-	-	1
Ind. III.	20 51	31 48	74 340	105 528	32	76 162	U	1	U	-	1 -	3
Mich.	9	5	967	1,246	316	285	-	-		1	1	10
Wis.	-	5	26	149	1	363	U	-	U	-	-	1
W.N. CENTRAL Minn.	59 24	69 54	502 45	1,063 90	217 30	268 30	-	-	-	-	-	-
lowa	6	2	92	368	27	45	-	-	-	-	-	-
Mo. N. Dak.	21	8 -	282 1	483 3	123	158 4	Ū	-	Ū	-	-	-
S. Dak. Nebr.	1 3	-	8 40	21 20	1 11	1 11	-	-	-	-	-	-
Kans.	4	5	34	78	25	19	-	-	-	-	-	-
S. ATLANTIC	187	139	1,292	1,226	798	667	-	1	1	4	5	8
Del. Md.	48	43	2 243	3 267	118	97	-	-	-	-	-	1 1
D.C.	4	-	37	42	14	9	U	-	U	-		-
Va. W. Va.	14 6	13 5	103 26	153 3	63 17	72 5	-	1 -	-	2	3	2
N.C.	28	22	103	74	147	149		-		-	-	-
S.C. Ga.	3 49	3 30	28 314	22 356	53 105	25 122	U U	-	U U	-	-	2
Fla.	35	23	436	306	281	188	-	-	1	2	2	2
E.S. CENTRAL	51 5	42 7	280 50	274 22	312 29	333 33	-	-	-	-	-	2
Ky. Tenn.	29	23	142	157	169	186	-	-	-	-	-	1
Ala. Miss.	15 2	10 2	39 49	50 45	56 58	47 67	-	-	-	-	-	1
W.S. CENTRAL	41	39	1,648	2,606	491	1,416		5	_	3	8	_
Ark.	2	-	37	65	33	66		-		-	-	-
La. Okla.	7 28	17 20	59 336	45 385	72 94	65 59	U	-	U	-	-	-
Tex.	4	2	1,216	2,111	292	1,226	-	5	-	3	8	-
MOUNTAIN Mont.	69 1	85	905 16	2,222 72	416 16	565 5	-	2	-	-	2	-
Idaho	1	-	31	186	20	23	-	-	-	-	-	-
Wyo. Colo.	1 10	1 17	4 156	27 186	9 62	3 69	U	-	U	-	-	-
N. Mex.	18	4	33	108	136	221	-	-	-	-		-
Ariz. Utah	30 6	42 3	544 35	1,354 138	112 24	133 51	-	1 1	-	-	1 1	-
Nev.	2	18	86	151	37	60	-	-	-	-	-	-
PACIFIC	76	88	2,438	3,751	987	1,210	-	22	-	4	26	9
Wash. Oreg.	3 30	6 36	217 174	742 290	44 58	65 127	-	9	-	-	9	1 -
Calif.	35	38	2,032	2,666	863	999	-	12	-	4	16	7
Alaska Hawaii	5 3	1 7	5 10	15 38	12 10	10 9	-	1	-	-	1	1 -
Guam	-	-	2	1	2	2	U	1	U	-	1	-
P.R. V.I.	1 U	2 U	107 U	46 U	100 U	173 U	Ū	- U	- U	Ū	Ū	Ū
Amer. Samoa	ŭ	ŭ	Ü	U	Ü	U	U	ŭ	U	Ü	Ü	ŭ
C.N.M.I.	-	-	-	3	-	45	U	-	U	-	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

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

[†]Of 155 cases among children aged <5 years, serotype was reported for 77 and of those, 19 were type b.

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending August 28, 1999, and August 29, 1998 (34th Week)

	Mening	ococcal	liiu Au	gust Zo	, 1000	OTILI	TTCCK,					
	Dise Cum.	ease Cum.		Mumps Cum.	Cum.		Pertussis Cum.	Cum.		Rubella Cum.	Cum.	
Reporting Area	1999	1998	1999	1999	1998	1999	1999	1998	1999	1999	1998	
UNITED STATES	1,654	1,868	2	218	476	73	3,381	3,730	2	188	329	
NEW ENGLAND Maine	84 5	82 5	Ū	4	4	9 U	404	649 5	Ū	7 -	38	
N.H. Vt.	12 4	10 1	-	1 1	-	2 2	69 38	51 59	-	-	-	
Mass.	47	38	-	2	3	5	266	496	-	7	8	
R.I. Conn.	4 12	3 25	Ū	-	1	Ū	20 11	7 31	Ū	-	1 29	
MID. ATLANTIC Upstate N.Y.	154 40	197 51	Ū	25 6	171 3	Ū	613 527	393 206	- U	21 17	143 113	
N.Y. City	42	24	-	3	153	-	10	23	-	-	16	
N.J. Pa.	39 33	47 75	U U	16	6 9	U U	12 64	11 153	U U	1 3	13 1	
E.N. CENTRAL	259	300	-	27	59	1	292	463	-	2	-	
Ohio Ind.	111 37	107 52	Ū	11 3	21 5	1 U	149 37	169 71	Ū	1	-	
III. Mich.	76 34	80 37	-	6 7	9 22	-	46 33	47 45	-	1 -	-	
Wis.	1	24	U	-	2	U	27	131	U	-	-	
W.N. CENTRAL Minn.	179 38	162 28	-	10 1	24 12	17 16	171 78	290 168	-	83 5	32	
lowa Mo.	32 69	27 60	-	4 2	8 3	1 -	26 36	57 22	-	28 2	2	
N. Dak. S. Dak.	3 10	3 6	U	-	1	U	4 5	3 8	U	-	-	
Nebr. Kans.	9 18	11 27	-	3	-	-	1 21	10 22	-	48	30	
S. ATLANTIC	291	305	1	38	32	11	261	186	1	32	13	
Del. Md.	6 43	1 24	-	3	-	-	4 70	3 32	-	- 1	- 1	
D.C. Va.	1 35	26	U	2 8	- 5	U	13	1 9	U	-	-	
W. Va.	4	12	-	-	-	-	2	1	-	-	-	
N.C. S.C.	32 33	46 45	Ū	8 3	9 5	Ū	63 13	74 22	1 U	31 -	9 -	
Ga. Fla.	49 88	68 83	U 1	3 11	1 12	U 11	25 71	10 34	U -	-	3	
E.S. CENTRAL	115	131	-	8	13	2	64	86	-	1	1	
Ky. Tenn.	22 47	22 48	-	-	1	2	16 29	36 26	-	-	1	
Ala. Miss.	27 19	38 23	-	7 1	7 5	-	15 4	20 4	-	1 -	-	
W.S. CENTRAL	143	215	1	29	44	8	120	233	-	7	87	
Ark. La.	30 34	26 42	Ū	3	7 5	Ū	14 3	42 3	Ū	-	-	
Okla. Tex.	25 54	30 117	1	1 25	32	8	12 91	20 168	-	- 7	- 87	
MOUNTAIN	101	105	-	12	30	24	384	647	-	16	5	
Mont. Idaho	2 8	4 7		1	4		2 93 2	5 1 6 8		-	-	
Wyo. Colo.	3 27	5 21	U -	3	1 6	U 3	2 122	8 172	U -	- 1	-	
N. Mex. Ariz.	13 29	17 35	N	N	N 5	18	80 30	76 140	-	- 13	1 1	
Utah Nev.	13 6	10 6	-	5 3	4 10	3	52 3	46 32	-	1 1	2 1	
PACIFIC	328	371	-	65	99	- 1	3 1,072	783	- 1	19	10	
Wash. Oreg.	51 57	51 62	- N	2 N	7 N	1	540 27	221 57	-	-	5	
Calif. Alaska	211 5	252 2	-	52 1	72 2	-	479 4	480 12	-	4	3	
Hawaii	4	4	-	10	18	-	22	13	1	15	2	
Guam P.R.	1 5	2 9	U	1	2 2	U	1 16	4	U	-	-	
V.I. Amer. Samoa	ŭ	ŭ	U	U	Ú	U	Ü	Ū U	U	U	U	
C.N.M.I.	-	-	Ü	-	2	Ü	-	1	Ü	-	-	

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE IV. Deaths in 122 U.S. cities,* week ending August 28, 1999 (34th Week)

	,	All Causes, By Age (Years)						P&I [†]		All Cau	ises, By	Age (Y	ears)		P&l [†]
Reporting Area	All Ages	>65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	>65	45-64	25-44	1-24	<1	Total
NEW ENGLAND Boston, Mass. Bridgeport, Conn. Cambridge, Mass. Fall River, Mass. Hartford, Conn. Lowell, Mass. Lynn, Mass. New Bedford, Mass. New Haven, Conn. Providence, R.I. Somerville, Mass. Springfield, Mass. Waterbury, Conn. Worcester, Mass. MID. ATLANTIC Albany, N.Y. Allentown, Pa. Buffalo, N.Y. Camden, N.J. Elizabeth, N.J.	35 60 8 26 19 50 2,111 49 U 38 11	320 80 26 8 20 U 17 10 20 23 48 5 13 13 38 1,441 35 U U U 23	28 7 2 3 U 3 2 · 8 8 3 9 3 6 40 9 U U 6 3	35 13 4 1 - U 2 - 1 2 - 3 3 6 173 2 U U U U U U U U U U U U U U U U U U	11 6 1 - - - 1 1 1 - - - - 1 1 1 - - - -	10 5 - - - U - - 1 4 - - - - - - 1 0 - - - - - - - - - - - -	30 8 1 1 1 2 1 1 5 1 1 9 73 1 0 0 2 1	S. ATLANTIC Atlanta, Ga. Baltimore, Md. Charlotte, N.C. Jacksonville, Fla. Miami, Fla. Norfolk, Va. Richmond, Va. Savannah, Ga. St. Petersburg, Fla. Tampa, Fla. Washington, D.C. Wilmington, Del. E.S. CENTRAL Birmingham, Ala. Chattanooga, Tenn. Knoxville, Tenn. Lexington, Ky. Memphis, Tenn. Mobile, Ala. Montgomery, Ala.	71 58 U 89 44	571 76 52 105 U 27 46 31 15 53 U 426 115 67 48 33 U 59 31	199 U 34 26 28 U 5 16 9 15 34 32 U 141 40 17 14 16 U 19	69 U 13 13 13 9 U 2 2 4 1 1 7 8 U 7 4 0 0 7 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23 U 4 4 3 U - 2 1 - 7 2 U 21 6 5 1 1 U 4	26 U 3 2 4 U 2 2 3 6 1 1 1 4 U 0 - - -	40 0 8 5 8 0 1 5 4 8 1 0 2 9 7 4 3 3 0 2 3 2 3 3 2 3 3 2 3 3 3 3 4 3 3 3 3 3 3
Erie, Pa. Jersey City, N.J. New York City, N.Y. Newark, N.J. Paterson, N.J. Philadelphia, Pa. Pittsburgh, Pa.§ Reading, Pa. Rochester, N.Y. Schenectady, N.Y. Scranton, Pa. Syracuse, N.Y. Trenton, N.J. Utica, N.Y. Yonkers, N.Y. E.N. CENTRAL Akron, Ohio Canton, Ohio Chicago, Ill. Cincinnati, Ohio Cleveland, Ohio Columbus, Ohio Dayton, Ohio Detroit, Mich.	40 40 1,042 U 19 484 37 28 129 99 32 13 U 1,340 44 44 U 122 174 100 U	32 29 700 14 3366 24 21 95 52 72 18 9 0 938 30 31 U 85 74 122 76 0	8 218 U 1 82 8 4 25 U 5 17 11 4 U 250 10 30 31 31	1 57 0 3 47 3 3 7 0 4 3 3 1 0 2 11 14 9 9	3 2 2 2 1 1 1 2 2 U 1 3 2 2 1 U 2 3 5 3 U	1 11 15 0 1 1 6 1 1 - - - - - - - - - - - - - - -	5 - 23 U - 20 1 1 6 U 1 8 5 - U 73 - 4 U 12 2 10 5 U	Nashville, Tenn. W.S. CENTRAL Austin, Tex. Baton Rouge, La. Corpus Christi, Tex. Dallas, Tex. El Paso, Tex. Ft. Worth, Tex. Houston, Tex. Little Rock, Ark. New Orleans, La. San Antonio, Tex. Shreveport, La. Tulsa, Okla. MOUNTAIN Albuquerque, N.M. Boise, Idaho Colo. Springs, Colo Denver, Colo. Las Vegas, Nev. Ogden, Utah Phoenix, Ariz. Pueblo, Colo.	242 555 106 326 72 142 241 50 115 835 105 U . 99 213 28 77 720	73 989 50 34 25 140 42 72 211 40 36 87 540 67 U 36 70 121 21 49 16	26 305 17 5 5 53 9 15 78 22 27 40 9 21 164 24 U 116 57 2	12 120 1 5 4 32 4 11 23 4 15 17 2 2 84 10 U 5 9 21 30	4 49 1 1 6 1 8 2 13 11 2 4 4 U 3 2 7	43 3 2 11 7 6 6 4 4 4 1 1 22 0 3 2 6 2 3 1	10 61 2 1 2 2 4 - 19 2 8 13 - 8 4 2 U 2 10 13 2 2 10 10 10 10 10 10 10 10 10 10 10 10 10
Evansville, Ind. Fort Wayne, Ind. Gary, Ind. Grand Rapids, Micl Indianapolis, Ind. Lansing, Mich. Milwaukee, Wis. Peoria, Ill. Rockford, Ill. South Bend, Ind. Toledo, Ohio Youngstown, Ohio W.N. CENTRAL Des Moines, lowa Duluth, Minn. Kansas City, Kans. Kansas City, Mo. Lincoln, Nebr. Minneapolis, Minn. Omaha, Nebr. St. Louis, Mo. St. Paul, Minn. Wichita, Kans.	34 70 245 131 28 116 47 59 48 69 52 575 49 20 U 1114 43	25 48 144 32 87 209 31 36 39 55 44 412 33 16 U 83 29 127 63 U 0 0	6 10 2 9 26 5 20 11 14 4 8 6 109 10 20 11 33 18	27329923444241 30032U63105U1U	1 3 1 1 2 1 2 2 4 2 U 4 U 4 U	2 - 1 1 6 - 2 - 3 1 1 2 1 1 U 2 2 1 U 2 U U	4 1 13 4 4 1 13 2 2 1 7 2 38 4 1 U 9 - 12 4 U	Salt Lake City, Utah Tucson, Ariz. PACIFIC Berkeley, Calif. Fresno, Calif. Glendale, Calif. Honolulu, Hawaii Long Beach, Calif. Los Angeles, Calif. Pasadena, Calif. Portland, Oreg. Sacramento, Calif. San Diego, Calif. San Diego, Calif. San Francisco, Calif. San Jose, Calif. Santa Cruz, Calif. Seattle, Wash. Spokane, Wash. Tacoma, Wash. TOTAL	141 1,233 10 80 20 72 74 313 17 119 U 122 U 125 27 116 58 80	62 98 873 857 16 544 49 229 11 80 U 80 24 80 50 6,510	16 23 227 1 15 4 17 12 53 6 19 U 22 U 14 3 26 15 20	13 13 81 1 6 - 7 19 - 13 U 9 U 11 - 7 3 5	2 3 24 - 1 4 5 - 2 U 4 U - 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 2 2 4 4 2 2 4 4 4 2 2 4 4 4 4 4 2 2 4	1 4 28 2 2 2 7 7 2 U 7 7 U 4 1 2 1 1 2 2 3	8 4 81 1 7 1 3 8 23 4 4 U 9 U 8 2 2 5 4 4 4 6 8 4 4 4 6 8 4 4 4 4 4 4 4 4 4 4

U: Unavailable -: no reported cases

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

†Pneumonia and influenza.

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

Total includes unknown ages.

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