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Hepatitis A Among Persons with Hemophilia Who Received Clotting Factor Concentrate — United States, September–December 1995

Hepatitis A outbreaks associated with receipt of clotting factor concentrate previously have been recognized in Europe but not in the United States (*1–5*). During September–November 1995, three cases of hepatitis A in recipients of Alphanate™* factor VIII concentrate (Alpha Therapeutic Corporation, Los Angeles, California) from lot number AP5014A were reported to CDC. On December 8, the manufacturer voluntarily withdrew Alphanate™ lot number AP5014A from the market. In addition, one case of hepatitis A in a recipient of AlphaNine S-D™ factor IX concentrate (Alpha Therapeutic Corporation) has been reported and is under investigation. On January 11, 1996, the manufacturer voluntarily withheld four lots of AlphaNine S-D™ from further distribution as a precautionary measure. This report describes these four cases, summarizes the status of the investigation of the cases, and provides guidelines for testing and reporting of patients who received these products.

Hepatitis A in Factor VIII Recipients

Case 1. On September 5, 1995, a 13-year-old boy with mild hemophilia A (factor VIII deficiency) became acutely ill with nausea and vomiting after a 2-week period of fatigue, poor appetite, and low-grade fever. Blood tests revealed elevated liver enzymes and a positive test for immunoglobulin M antibody to hepatitis A virus (IgM anti-HAV). No sources of infection (e.g., close contact with a person with hepatitis A, household contact with a person working in or attending a day-care center, or international travel) were reported. During the 6 weeks preceding illness, the patient had used 68 vials (approximately 34,000 units) from the implicated lot (i.e., lot number AP5014A) of Alphanate™ and nine vials from four lots of another brand of factor VIII concentrate.

Case 2. On October 20, during a hospital visit to evaluate vaginal bleeding 1 month postpartum, a 28-year-old woman with type 2 von Willebrand disease was found to have elevated liver enzymes and was IgM anti-HAV positive. She reported that, during September, she had had dinner on two occasions with an international visitor who had appeared jaundiced but not ill. No other potential sources of infection were identified. During 1995, her only exposure to factor concentrate was use of 48 vials (approximately 24,000 units) of Alphanate™ from the implicated lot on September 19.

*Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

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Case 3. On November 10, the National Hemophilia Foundation faxed a medical bulletin nationwide to 140 hemophilia treatment centers describing the first two cases of hepatitis A and their possible association with Alphanate™ lot number AP5014A. In response to this bulletin, two brothers with hemophilia A (aged 6 and 7 years) who had received this clotting factor concentrate were identified and tested for anti-HAV on November 17. The younger boy was IgM anti-HAV positive; the older boy was anti-HAV positive and IgM anti-HAV negative. Three weeks before testing for IgM anti-HAV, the younger brother had had a 5-day illness with nausea, vomiting, and abdominal pain. During the 3 months preceding testing, both boys had received approximately equal amounts of a total of 31 vials (approximately 15,500 units) of Alphanate™ from the implicated lot. No other factor products had been used during this interval, and no other sources of infection were identified.

Laboratory studies. One sample each from the implicated lot of Alphanate™, acute-phase serum from patient 2, and stool from patient 1 were positive for HAV RNA after amplification by polymerase chain reaction of the amino terminal region of that portion of the HAV genome coding for VP1. Genetic sequencing indicated that the viral nucleic acid isolated from each source was of HAV genotype 1a. Sequence analysis indicated that these isolates were identical and unique from other previously sequenced strains (*6*).

Hepatitis A in a Factor IX Recipient

On December 7, 1995, a 15-year-old boy with severe hemophilia B (factor IX deficiency) presented to his physician with symptoms of acute hepatitis; diagnostic studies indicated elevated liver enzymes and a positive test for IgM anti-HAV. No sources of infection were identified, and his family members were negative for anti-HAV and IgM anti-HAV. During the 3 months preceding testing, the boy had received 40 vials (approximately 40,000 units) of AlphaNine S-D™; most of the vials had come from four different product lots. Three of these lots originated from source plasma pools common to the implicated lot of Alphanate™.

Reported by: FB Ruymann, MD, Div of Pediatric Hematology/Oncology, Children's Hospital, Columbus; CE Krill, Jr, MD, Hemophilia Treatment Center, Children's Hospital Medical Center, Akron; TJ Halpin, MD, State Epidemiologist, Ohio Dept of Health. WH Churchill, Jr, MD, Blood Bank, B Ewenstein, MD, Comprehensive Hemophilia Treatment Center, Brigham and Women's Hospital, Boston; A DeMaria, Jr, MD, State Epidemiologist, Massachusetts Dept of Public Health. MJ Manco-Johnson, MD, Univ of Colorado Health Sciences Center, Denver; RE Hoffman, MD, State Epidemiologist, Colorado Dept of Public Health and Environment. National Hemophilia Foundation, New York. Office of Blood Research and Review, Center for Biologics and Evaluation Research, Food and Drug Administration. Hematologic Diseases Br, Div of AIDS, STD, and TB Laboratory Research, and Hepatitis Br, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: This report is the first to document transmission of HAV through clotting factor concentrates in the United States. Most cases of hepatitis A in the United States occur in community-wide outbreaks through person-to-person transmission by the fecal-oral route. However, because viremia occurs during the prodromal phase of the illness, asymptomatic blood donors, on rare occasions, have been the source of HAV infection transmitted by transfusion (*7*).

Several key findings support the conclusion that clotting factor concentrate was the source of infection in the factor VIII case-patients. First, the cases occurred in geographically dispersed areas, none of which were having community-wide epidemics

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of hepatitis A, and no community source of infection was identified. Second, the patients received the same lot of factor VIII concentrate. Third, HAV RNA was identified in that product lot. Finally, the genetic sequence of the HAV RNA from the factor concentrate was identical to that obtained from two of the case-patients.

In Europe, investigations of recent hepatitis A outbreaks among recipients of factor VIII concentrates implicated products prepared by a manufacturing method that included a solvent detergent (S-D) viral inactivation step (*1–5*). The largest outbreak occurred in Italy, involving 52 patients with hemophilia (*5*). The only risk factor for hepatitis A infection was receipt of factor VIII concentrate prepared using this method, and HAV RNA was detected in the factor concentrate (*8*). No hepatitis A outbreaks associated with receipt of factor IX concentrates have been reported previously.

The factor concentrates used by the case-patients described in this report also were prepared using the S-D method of viral inactivation. Although this method inactivates enveloped viruses such as hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (*9*), nonenveloped viruses such as HAV are resistant to inactivation by this method. Other plasma-derived factor VIII and factor IX concentrates manufactured using similar or different viral-reducing steps also may contain HAV, although no documented cases of transmission have been reported. Clotting factor concentrates manufactured by recombinant technology, which are now available for the treatment of factor VIII deficiency, have not been shown to transmit infectious agents. No recombinant factor IX clotting products have been approved by the Food and Drug Administration.

CDC is continuing to investigate these cases and requests assistance in identifying additional cases. Patients who received lot numbers CA5410A, CA5412A, CA5413A, or CA5421A of AlphaNine S-D™ since July 1, 1995, should be tested for IgM anti-HAV. Patients receiving any clotting factor who develop symptoms of acute hepatitis should have a complete diagnostic evaluation, including testing for IgM anti-HAV. A positive test for IgM anti-HAV is evidence of HAV infection during the previous 6 months. Persons who are anti-HAV positive and IgM anti-HAV negative had HAV infection >6 months previously and are immune. Patients who are IgM anti-HAV positive should be reported to their local or state health department and directly to CDC's Hematologic Disease Branch, Div of AIDS, STD, and TB Laboratory Research, National Center for Infectious Diseases (NCID), telephone (404) 639-3925.

Inactivated hepatitis A vaccine (HAVRIX®, SmithKline Beecham, Inc., Pittsburgh, Pennsylvania) was licensed in 1995, and physicians should consider vaccinating susceptible patients who receive clotting factor. Because limited available data suggest a high seroprevalence of anti-HAV among persons with hemophilia, all such patients should undergo prevaccination testing. Persons who are anti-HAV (total) positive are immune to HAV and do not require vaccination. The vaccine provides active immunity against HAV, which is estimated to persist for at least 20 years in healthy adults (*10*). Information about the vaccine's effectiveness in persons with hemophilia and immunocompromised persons is limited. The vaccine is licensed as a two-dose series of 1440 ELISA units (EL.U.) per dose for adults, with the second dose administered 6–12 months after the first dose, and in a 3-dose series of 360 EL.U. per dose for children aged 2–18 years, with the second dose administered 1 month after the first dose, and the third dose administered 6–12 months after the first dose. The vaccine is not licensed for use in children aged <2 years. The vaccine should be administered by intra-

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muscular injection in the deltoid. A physician familiar with the patient's risk for bleeding should evaluate whether the vaccine can be given with reasonable safety by this route. No data are available regarding administration of the vaccine by the intradermal or subcutaneous route. If the patient receives clotting factor or other similar therapy, intramuscular vaccination can be scheduled shortly after receipt of such therapy.

Patients should consult their physician or health-care provider for answers to any questions related to their current factor VIII or factor IX replacement product. Additional information about this investigation is available from the Hematologic Diseases Branch and additional information about the hepatitis A vaccine, including preventive measures for children aged <2 years, is available from CDC's Hepatitis Branch, Division of Viral and Rickettsial Diseases, NCID, telephone (404) 639-3048.

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Deaths Associated with Hurricanes Marilyn and Opal — United States, September–October 1995

The 1995 hurricane season was one of the most severe in U.S. history and included 11 hurricanes. During a 2-week period, the two most damaging storms—hurricanes Marilyn and Opal—made landfall in the United States. To characterize the deaths attributed to these storms, CDC contacted medical examiners/coroners (ME/Cs) in the affected areas. This report summarizes the findings of these investigations.

Hurricane-related deaths can occur before (preimpact), during (impact), and after (postimpact) a hurricane strikes land. Deaths determined by local ME/Cs to be "disaster-related" are those directly (i.e., resulting from the environmental force of the hurricane) or indirectly (i.e., death caused by an injury or illness associated with

Hurricane-Related Deaths — Continued

hurricane-related events such as evacuation, clean-up, or loss of electricity [*1*]) related to the storm.

Hurricane Marilyn, September 1995

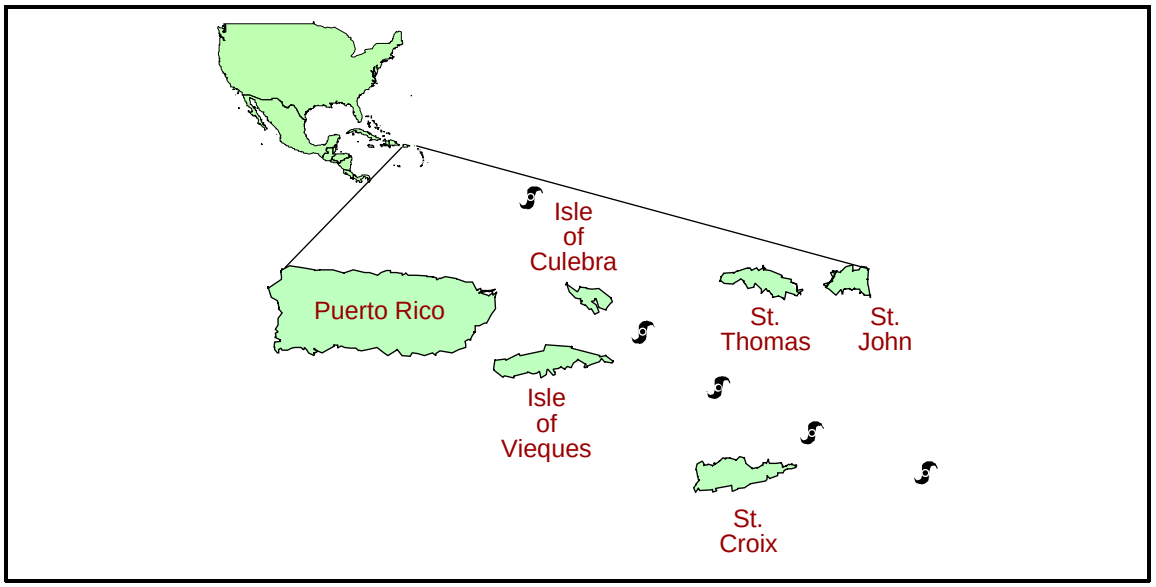
On September 15, Hurricane Marilyn, a category two (on a scale of one to five) storm with sustained winds of 105 mph, made landfall in the U.S. Virgin Islands (USVI). The hurricane passed directly over St. Thomas (1990 population: 48,166) and affected St. John (1990 population: 3504) and St. Croix (1990 population: 50,139) in the USVI, and the islands of Culebra (1990 population: 1542) and Vieques (1990 population: 8602) in the Commonwealth of Puerto Rico (Figure 1). Gale-force winds, heavy rains, and storm surges of 3–5 feet resulted in damages reported at approximately $3 billion; more than 80% of the residential dwellings in St. Thomas were damaged or destroyed (*2*).

ME/C offices in the USVI and the Institute of Forensic Sciences in Puerto Rico provided information about hurricane-related deaths reported from September 15 through October 4. Specific information included characteristics about decedents (e.g., age and sex) and the circumstances of death (e.g., date of injury, date of death, location, cause of death, and other circumstances).

ME/Cs reported 10 deaths that were related, directly or indirectly, to Hurricane Marilyn (Table 1). The mean age for the seven decedents whose ages were known was 56.5 years (range: 17–107 years); eight were male. Of these 10 deaths, six were reported by the ME/Cs from St. Thomas and St. John, two from St. Croix, and two from Puerto Rico.

One death occurred preimpact; the other nine occurred during the impact phase of the hurricane. The preimpact death occurred in Puerto Rico when the decedent was electrocuted while moving a TV antenna in preparation for the storm. Eight of the deaths, including the second death in Puerto Rico, were boat-related (i.e., the victims were on boats when the hurricane struck). Drowning was reported as the cause of seven of these boat-related deaths; head trauma was reported as the cause of one

FIGURE 1. Approximate path of Hurricane Marilyn — Puerto Rico and the U.S. Virgin Islands, September 15–16, 1995



Hurricane-Related Deaths — Continued

TABLE 1. Deaths attributed to Hurricane Marilyn, by phase of storm*, location, age, sex, and cause and circumstance of death — U.S. Virgin Islands and Puerto Rico, September 1995

Phase of storm	Location	Age (yrs)	Sex	Cause of death	Circumstance of death
Impact	St. Thomas	62	M	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	46	M	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	50†	M	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	55–65†	M	Drowning	On boat during impact; body found washed up on shore
Impact	St. Thomas	50†	M	Head trauma	On boat when mast or other part of boat broke and struck him on head; body found washed up on shore
Impact	St. John	48	F	Drowning	On boat during impact
Impact	St. Croix	59	M	Drowning	On boat during impact; body found washed up on shore
Impact	St. Croix	107	F	Natural causes	In shelter and died during impact
Preimpact	Puerto Rico	17	M	Electrocution	Received an electric shock while on roof removing a TV antenna
Impact	Puerto Rico	53	M	Asphyxia by submersion	On boat during impact; body found 4 days later

*Deaths were categorized as occurring before the hurricane made landfall (preimpact), during the storm (impact), or after the storm had passed (postimpact) .
†The exact age could not be determined by the medical examiner.

death. A 107-year-old woman died in an emergency shelter in the USVI; her death, although possibly precipitated by the circumstances of the hurricane, was attributed to natural causes.

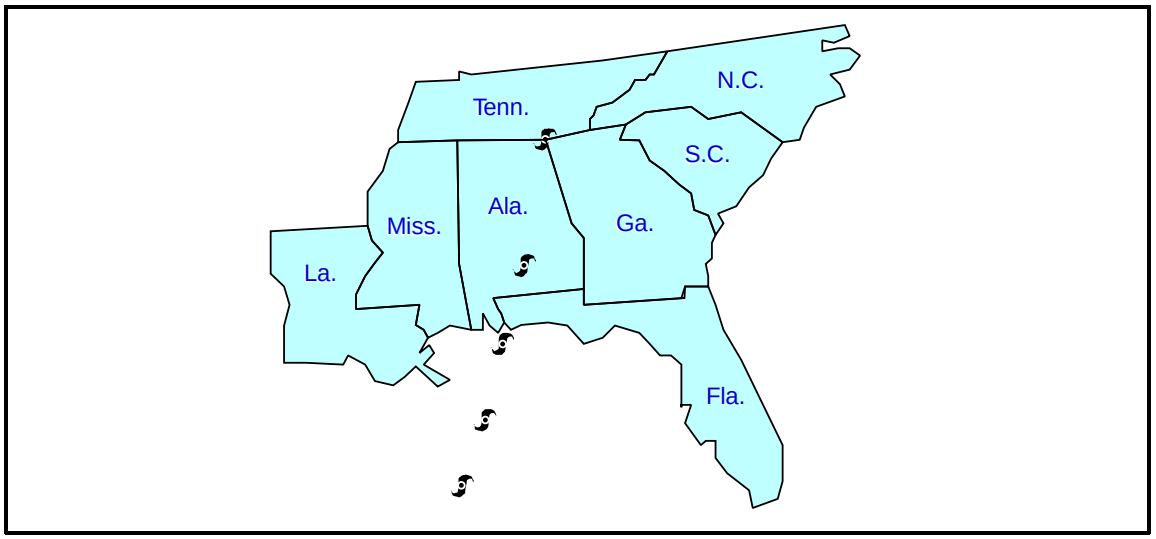
Hurricane Opal, October 1995

On October 4, Hurricane Opal, a category three storm with sustained winds of 115 mph, moved across the Gulf of Mexico and made landfall approximately 20 miles east of Pensacola, Florida. Gale-force winds and storm surges of 10–15 feet caused severe damage throughout the panhandle of Florida; the coastal areas were affected most severely (M. Mayfield, National Hurricane Center, personal communication, 1995). Although the hurricane was downgraded to a tropical storm (i.e., sustained wind speeds of 39–74 mph) soon after landfall, accompanying heavy rains and high winds caused extensive damage as the storm moved northward across southern and northeastern Alabama, through northwestern Georgia, and into North Carolina (Figure 2). In addition to the seven counties in Florida that were initially declared federal disaster areas, disaster declarations also had been issued for 37 counties in Alabama, 47 counties in Georgia, and 13 counties and the eastern band of the Cherokee Reservation in North Carolina (*3*).

Data on deaths reported during October 4–25 attributed to the storm were provided by the offices of the ME/Cs in all counties in Alabama, Florida, and Georgia for which state or federal disaster declarations were issued, and in other counties without disaster declarations where hurricane-related deaths were reported; in addition, CDC contacted counties adjacent to those meeting the above criteria. In North Carolina, the

Hurricane-Related Deaths — Continued

FIGURE 2. Approximate path of Hurricane Opal — United States, October 4–5, 1995



chief ME in the State Department of Environment, Health, and Natural Resources was contacted for information on the entire state. ME/Cs were asked to provide information about decedents and circumstances of any death attributed to the hurricane. All eligible counties except one in Alabama and one in Georgia were contacted.

A total of 27 hurricane-related deaths were reported by the ME/Cs: two deaths occurred in Florida, 12 in Alabama, 11 in Georgia, and two in North Carolina. Of these, one occurred during the preimpact phase of the storm, 13 during the impact phase, and 13 during the postimpact phase. Decedents ranged in age from 4 years to 87 years, and 21 were male. For the 26 decedents aged 20–87 years, the mean age was 52.4 years.

Of the 27 deaths, the cause of death for 24 was considered accidental*; the other three deaths were attributed to natural causes but were considered hurricane-related because circumstances created by the hurricane contributed to the deaths. One death resulted from exacerbation of chronic obstructive pulmonary disease following strenuous activity during clean-up activities, and two deaths resulted from myocardial infarctions that also were attributed to strenuous clean-up activities.

Thirteen deaths were related to falling or fallen trees; of these, nine occurred during the impact phase when victims were struck by trees falling on or near their residence (six), place of employment (one), or motor vehicle (two). Three occurred when vehicles struck trees lying in the road, and one occurred when the decedent was struck while cutting down a tree that had partially fallen during the storm.

Four deaths were attributed indirectly to power outages: one death from carbon monoxide poisoning associated with the use of a gas generator and three from house fires started by candles (two) or a propane cooking device (one). Motor vehicles were implicated in seven of the deaths, including persons in motor vehicles that were struck by falling trees or that ran into downed trees (five). Five other deaths occurred during the postimpact phase: one person drowned in a swollen creek; one was electrocuted while repairing a downed power line; one sustained massive chest trauma after a trac-

*When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

Hurricane-Related Deaths — Continued

TABLE 2. Deaths attributed to Hurricane Opal, by phase of storm*, location, age, sex, and cause and circumstance of death — Alabama, Florida, Georgia, and North Carolina, October, 1995

Phase of storm	State/County	Age (yrs)	Sex	Cause of death	Circumstance of death
Impact	Ala., Henry	28	M	Thermal burns	House fire started by candle used during the storm
Impact	Ala., Jefferson	30	M	Multiple blunt force injury	Working on train. Train accident† caused victim to be ejected and run over by train
Impact	Ala., Jefferson	51	M	Carbon monoxide poisoning	Using a gas generator in an unventilated space because of power outage
Impact	Ala., Etowah	33	F	Multiple trauma	Tree fell on mobile home
Impact	Ala., Etowah	35	M	Multiple trauma	Tree fell on mobile home
Postimpact	Ala., Coffee	73	M	Multiple blunt force trauma	While surveying damage, struck by automobile that ran into a tree
Postimpact	Ala., Coffee	58	F	Multiple blunt force trauma	While surveying damage, struck by automobile that ran into a tree
Postimpact	Ala., Clay	86	M	Massive trauma to chest	Tractor overturned while clearing debris
Postimpact	Ala., Chambers	34	M	Electrocution	Electrocuted while repairing a downed power line
Postimpact	Ala., Chambers	61	M	Cardiac arrest	Suffered a heart attack while repairing damaged fence
Postimpact	Ala., Lee	87	M	Myocardial infarction	Suffered a heart attack while cleaning up debris
Postimpact	Ala., Coffee	70	M	Chronic obstructive pulmonary disease	Strenuous exercise during clean-up activities exacerbated lung condition
Preimpact	Fla., Okaloosa	76	F	Multiple blunt injuries to head	Mobile home hit by tornado
Impact	Fla., Escambia	36	M	Crushing head injury	Hit by falling tree while working at gas station during storm
Impact	Ga., Carroll	20	F	Blunt force trauma	Pinned by falling tree and bled to death once tree was removed
Impact	Ga., Cobb	50	M	Asphyxia due to mechanical impairment of respiration	Outside when struck by falling tree
Impact	Ga., Fulton	74	M	Multiple blunt force trauma	Tree fell through roof of residence and crushed legs
Impact	Ga., Spaulding	45	M	Blunt force trauma to head	Tree fell on cab of pickup while in motor vehicle
Impact	Ga., Haralson	26	M	Massive head and neck trauma	Tree fell on cab of truck while in motor vehicle
Impact	Ga., Haralson	55	F	Massive head trauma	Motor-vehicle accident attributed to rain from storm
Postimpact	Ga., Gilmer	53	M	Blunt force trauma to head	Struck by a tree he was cutting down in yard
Postimpact	Ga., Fulton	34	M	Blunt force trauma	Hit fallen tree in the road while riding motorcycle
Postimpact	Ga., Floyd	58	F	Multiple blunt force trauma	Traffic lights not working due to power outage. Motor-vehicle accident occurred in an intersection
Postimpact	Ga., DeKalb	4	M	Thermal burns	House fire started by candles used for light after storm
Postimpact	Ga., Murray	62	M	Smoke inhalation	Explosion caused by propane cooking device used because of power outage
Impact	N.C., Buncombe	60	M	Compressional asphyxia	Tree fell on mobile home
Postimpact	N.C., McDowell	68	M	Drowning	Fell into swollen creek while surveying damage

*Deaths were categorized as occurring before the hurricane made landfall (preimpact), during the storm (impact), or after the storm had passed (postimpact).

†When a death occurs under "accidental" circumstances, the preferred term within the public health community is "unintentional injury."

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tor overturned; and two suffered heart attacks while repairing damage and clearing debris.

Reported by: N George-McDowell, MD, F Landron, MD, St. Thomas, St. John; J Glenn, MD, St. Croix, US Virgin Islands. MS Conte Miler, MD, Institute of Forensic Sciences, C Deseda, MD, Commonwealth Epidemiologist, Puerto Rico Dept of Health. CF McConnell, MD, District 1; M Herman, MD, District 14; R Hopkins, MD, State Epidemiologist, Florida Dept of Health and Rehabilitative Svcs. W Moncrief, Autauga County; HA Mack, Sr, Baldwin County; D Childs, Barbour County; D McGee, Bibb County; G Long, Blount County; T May, Bullock County; P Tuctchtone, Jr, Butler County; B Hulsey, Calhoun County; D Collier, Jr, Chambers County; B Rodgers, Cherokee County; W Lathan, Clarke County; RD Rush, Clay County; EL Dryden, Cleburne County; T Whitehead, Coffee County; J Harper, Conecuh County; AW Wingfield, Coosa County; N Hobson, Covington County; RK Turner, Crenshaw County; E Bankston, Dale County; T Wilson, DeKalb County; T Ellison, Elmore County; RH Johnson, Escambia County; W Phelps, Etowah County; K Mixon, Geneva County; ND Holman, Henry County; R Byrd, Houston County; RM Brissie, MD, Jefferson County; JW Story, Lee County; W Pringle, Lowndes County; HE Bentley, Macon County; DC Hibbs, Marshall County; L Riddick, MD, Mobile County; W Chambless, MD, Montgomery County; J Williams, Pike County; RT Gibbs, Randolph County; J Key, Russell County; J Wyatt, Saint Clair County; J Jones, Shelby County; J Castelberry, Talladega County; D Philips, Jr, Tallapoosa County; K Warner, MD, Tuscaloosa County; RD Green, Jr, Walker County; R Scherer, Bur of Health Care Standards, D Williamson, MD, Alabama Dept of Public Health. DG Starnes, Bartow County; R Ballard, Butts County; SH Eady, Carroll County; T Headrick, Catoosa County; BT Chancellor, Chattahoochee County; E Rainwater, Chattooga County; E Darby, Cherokee County; M Lindsey, Clay County; AP Dickson, Clayton County; JL Burton, MD, Cobb County, DeKalb County, and Gwinnett County; D Williams, Coweta County; J Gray, Dade County; WO Burnham, Dawson County; R Daniel, Douglas County; RC Vollrath, MD, Fannin County; CJ Mowell, Jr, Fayette County; F Talley, Floyd County; RA Ingram, Jr, Forsyth County; SA Zaki, MD, Fulton County; JB Hensley, Gilmer County; J Carver, Gordon County; D Wall, Habersham County; M Merck, Hall County; RB Hightower, Sr, Haralson County; JC Kindon, Harris County; LF Hooks, Heard County; R Stewart, Henry County; JF Smith, Lamar County; B McKinney, Lumpkin County; H Tante, Marion County; JE Worley, Meriwether County; LM Ballew, Murray County; JD Kilgore, Muscogee County; R Wheeler, Newton County; S Clark, Paulding County; F Chapman, Pickens County; L Litesey, Polk County; J Belflower, Quitman County; L Hunter, Rabun County; BF Lunsford, Randolph County; HS Ellison, MD, Rockdale County; JL Hall, Spalding County; E Stone, Stewart County; JC Cosby, Talbot County; R Stahlkuppe, Towns County; EM Smith, Troup County; B Erwin, MD, Union County; WE McGill, Walker County; JC Rowe, Walton County; R Barrett, White County; BJ Dixon, Whitfield County; KE Toomey, MD, State Epidemiologist, Div of Public Health, Georgia Dept of Human Resources. JD Butts, MD; M Moser, MD, State Epidemiologist, North Carolina Dept of Environment, Health, and Natural Resources. Federal Emergency Response Agency. American Red Cross, Falls Church, Virginia. Emergency Response Coordination Group, Office of the Director; Surveillance and Programs Br, and Disaster Assessment and Epidemiology Section, Health Studies Br, National Center for Environmental Health, CDC.

Editorial Note: Before Hurricane Hugo in 1989, most hurricane-related deaths occurred during the impact phase, usually along the coastline, and were attributed to drowning from hurricane-related storm surges. For example, following Hurricane Camille, which struck the Gulf of Mexico coast in 1969, most of the 256 storm-related deaths were attributed to drowning that resulted from 25-foot storm tides near the coast and flash floods further inland (*4*). Since then, however, improvements in forecasting technology and evacuation procedures have decreased the number of deaths attributed to drowning from storm surges during recent hurricanes (*5*). Consequently, an increasing proportion of deaths occurring during the impact phase of recent hurricanes have been attributed to the effects of the high winds rather than storm surges (*1*). In addition, since Hurricane Hugo, the proportion of deaths that occur during the postimpact phase has increased. Many of these deaths and nonfatal injuries result

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from electrocutions from contact with downed power lines, chain saw lacerations, and trauma from falling trees (*6,7*).

During Hurricane Marilyn, no deaths directly related to the impact phase of the storm occurred on any of the islands, possibly reflecting the effectiveness of measures to evacuate and shelter the population at risk. However, eight of nine persons who died during the impact of the storm were at sea at the time of death, suggesting that warnings should be strengthened to emphasize risks of being aboard a vessel during a hurricane. In USVI and other areas where substantial numbers of persons reside on boats, these persons should be encouraged to evacuate to shelters on land.

Many of the deaths attributed to Hurricane Opal occurred among persons in inland counties after the hurricane had been downgraded to a tropical storm, suggesting that persons in these areas may not have recognized or been fully informed about the risks associated with severe storms. In particular, because the use of motor vehicles during and after the storm was associated with several deaths, risks related to driving during or immediately following a severe storm should be emphasized, and persons should be encouraged to remain off the roads. In addition, because many deaths occurred after the storm during surveying efforts or clean-up activities, emergency notifications should stress the persistent risks of environmental hazards (e.g., downed trees and power lines) even after the storm has passed.

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Surveillance of Tuberculosis and AIDS Co-Morbidity — Florida, 1981–1993

Because immunosuppression induced by human immunodeficiency virus (HIV) infection increases the likelihood that latent tuberculosis (TB) infection will become active in HIV-infected persons (*1,2*), in 1987, extrapulmonary or disseminated TB was added to the acquired immunodeficiency syndrome (AIDS) surveillance case definition (*3*), and in 1993, pulmonary TB in HIV-infected persons was added to the case definition (*4*). In Florida and other areas (*5*), AIDS surveillance activities include assessment of the completeness and validity of reported cases based on confidential record linkages with the TB registry and other disease registries. In December 1993, the Florida Department of Health and Rehabilitative Services (HRS) matched cases

Tuberculosis and AIDS Co-Morbidity — Continued

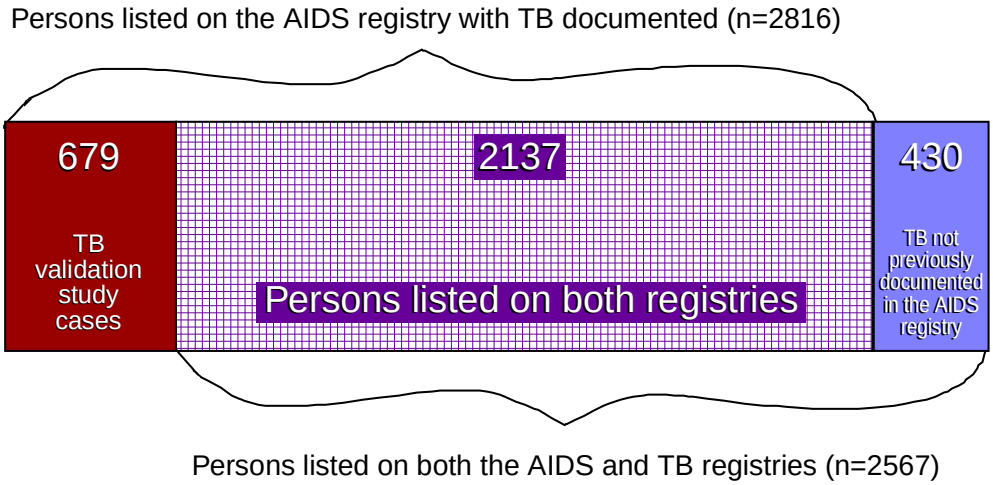
from the AIDS and TB registries to verify documented TB data, include more complete TB data on the AIDS registry, and identify cases from the AIDS registry with unreported TB. This report summarizes an analysis of this match, which underscored the need for collaboration and crosstraining of surveillance staff in AIDS and TB reporting.

HRS matched the records of all 16,559 cases of TB reported in Florida from 1984 (the earliest year for which computerized TB data were available) through December 22, 1993, with records of all 36,002 cases of AIDS reported in Florida from 1981 through December 22, 1993. Persons with atypical mycobacterioses and persons who did not reside in Florida at the time of TB diagnosis were excluded. Computer matching was based on combinations of the variables of name, date of birth, race, and sex and identified 5135 possible matches. Manual record reviews by HRS staff confirmed that 2567 (7.1%) patients reported with AIDS on the AIDS registry also were reported with TB on the TB registry.

Of the 2567 identified registry matches, 2137 (83.2%) were previously reported with TB on the AIDS registry; the remaining 430 cases had been reported to the AIDS registry without documentation of TB (Figure 1). AIDS cases matched with the TB registry were updated with more complete TB data, including date of diagnosis and whether the TB was pulmonary, extrapulmonary, or both.

Of the 36,002 cumulative AIDS cases, reports for 2816 (7.8%) cases indicated that the patient also had TB. For 679 AIDS cases with TB that were listed on the AIDS registry but that had not been reported to the TB registry as having TB, medical records were reviewed by HRS AIDS and TB surveillance staff, and cases were classified into mutually exclusive categories (Table 1). Reviews confirmed 78 (11.5%) as newly identified TB cases for the TB registry. Of the 516 AIDS cases that lacked validated TB diagnoses, for 298 (43.9%) investigators could not identify data to substantiate the CDC TB case definition, and for 90 (13.3%), cultures indicated infection with other species of mycobacteria (most frequently *Mycobacterium avium*). In addition, some cases originally diagnosed by physicians as TB were later revised, based on subsequent documentation, to a diagnosis of pneumonia from other causes. Because most (99%)

FIGURE 1. Cross-validation of the AIDS and tuberculosis (TB) case registries — Florida, January 1981–December 22, 1993*



*AIDS cases reported during 1981–December 22, 1993; TB cases reported during 1984–December 22, 1993.

Tuberculosis and AIDS Co-Morbidity — Continued

of the 516 records without validated TB had other documented AIDS case criteria, they remained in the AIDS registry after correction of their TB status. Following the addition of updated TB data to some AIDS cases and the removal from the AIDS registry of some initially TB-defined AIDS cases with nonvalidated TB information, the number of reported AIDS cases with TB decreased 4.5% (from 2816 to 2690).

Reported by: L Conti, DVM, S Lieb, MPH, T Liberti, R White, MBA, L Crockett, MD, R Hopkins, MD, State Epidemiologist, Florida Dept of Health and Rehabilitative Svcs. Surveillance Br, Div of HIV/AIDS Prevention, National Center for Prevention Svcs, CDC.

Editorial Note: The AIDS and TB registry match conducted by Florida HRS evaluated the quality of AIDS and TB surveillance data, and enhanced completeness of reporting for both surveillance systems. For example, 11.5% of the TB cases in persons reported with AIDS had not been reported previously to the TB registry. However, 13.3% of the reported cases of AIDS with TB that had not been reported previously to the TB registry were identified as mycobacterial infections other than *M. tuberculosis*, underscoring the need for collaboration between TB and AIDS surveillance personnel to verify the TB data. Medical record reviews of most (76.0%) of the 679 unmatched cases of AIDS with TB could not validate a TB diagnosis, reflecting, in part, insufficient documentation of TB case-criteria by health-care providers when specific positive-culture results were absent.

The increased incidence of TB as a result of the HIV epidemic (*6–8*) requires that health departments assist health-care providers in increasing their familiarity with the CDC TB case definition (*9*) to improve diagnostic accuracy and patient follow-up. In addition, state and local health departments should facilitate access by persons with TB to HIV testing and counseling services and provide tuberculin skin testing to persons with HIV infection (*10*). TB and AIDS registries should be matched at least annually to assist in characterizing the extent of co-morbidity and planning for necessary services. In Florida, AIDS and TB surveillance personnel have received additional training to improve their knowledge about both conditions. These training efforts have improved collaborative activities to ensure the accuracy and completeness of TB and AIDS surveillance data.

References

1. Selwyn PA, Hartel DH, Lewis VA, et al. A prospective study of the risk of tuberculosis among intravenous drug users with human immunodeficiency virus infection. N Engl J Med 1989;320:545–50.
2. Buehler JW, Ward JW. A new definition for AIDS surveillance. Ann Intern Med 1995;118:390–2.

TABLE 1. *Mycobacterium tuberculosis* (TB) validation results of AIDS cases not matched to the TB registry — Florida, 1981–1983

Finding	No.	(%)	Finding	No.	(%)
TB validated			**Other**		
New TB cases	78	(11.5)	Deleted duplicate AIDS case	35	(5.2)
TB previously reported	35	(5.2)	Data entry error	5	(0.7)
TB reported out of state	10	(1.5)	**Total**	**40**	**(5.9)**
Total	**123**	**(18.2)**			
TB not validated			**Total**	**679**	**(100.0)**
TB case criteria not met	298	(43.9)			
No mention of TB	128	(18.8)			
Mycobacterium avium complex (MAC)	70	(10.3)			
Mycobacterial species other than TB or MAC	20	(2.9)			
Total	**516**	**(76.0)**			

Tuberculosis and AIDS Co-Morbidity — Continued

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6. Braun MM, Cote TR, Rabkin CS. Trends in death with tuberculosis during the AIDS era. JAMA 1993;269:2865–8.
7. Reider HL, Cauthen GM, Bloch AB, et al. Tuberculosis and acquired immunodeficiency syndrome—Florida. Arch Intern Med 1989;149:1268–73.
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Notice to Readers

Changes in National Notifiable Diseases Data Presentation

This issue of *MMWR* incorporates modifications to Tables I and II, Cases of Notifiable Diseases, United States. This year, the purposes of the modifications are to add diseases recently designated nationally notifiable by the Council of State and Territorial Epidemiologists, in conjunction with CDC, and to group together selected vaccine-preventable diseases. As of January 1, 1996, a total of 52 infectious diseases were designated as notifiable at the national level (Table 1). Except where otherwise indicated, the data presented in the notifiable disease tables are transmitted to CDC through the National Electronic Telecommunications System for Surveillance (NETSS).

Table I

For the infectious diseases added during 1995 to the list of nationally notifiable diseases that are reportable in 25–39 states, data will now be included in Table I; these diseases are cryptosporidiosis, California encephalitis, eastern equine encephalitis, western equine encephalitis, St. Louis encephalitis, hantavirus pulmonary syndrome, pediatric human immunodeficiency virus (HIV) infection, and streptococcal toxic-shock syndrome. Because not all nationally notifiable diseases are reportable in every state or territory, the reported numbers of cases of some diseases in Table I represent only the totals from states or territories in which the diseases are reportable. In this table, pediatric HIV infection refers to HIV infection in persons aged <13 years—in one state, <6 years. In addition, "primary encephalitis" is no longer nationally notifiable, although arboviral encephalitides are reportable by specific etiology.

Table II

Cumulative totals of the number of cases of genital *Chlamydia trachomatis* infection and *Escherichia coli* O157:H7 infection are presented by state and territory. To assist in characterizing the emerging problem of *E. coli* O157:H7 infection, data about such infections are presented from the Public Health Laboratory Information System

Notice to Readers — Continued

TABLE 1. Infectious diseases designated as notifiable at the national level* — United States, 1996

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

*Although varicella is not a nationally notifiable disease, the Council of State and Territorial Epidemiologists recommends reporting of cases of this disease to CDC.
†Not currently published in the weekly tables.

such infections are presented from the Public Health Laboratory Information System (PHLIS) as well as NETSS. *E. coli* cases reported to PHLIS are based on state of report (rather than state of residence) and the date the specimen was collected; however, reporting of such cases will be delayed until confirmatory laboratory testing is completed.

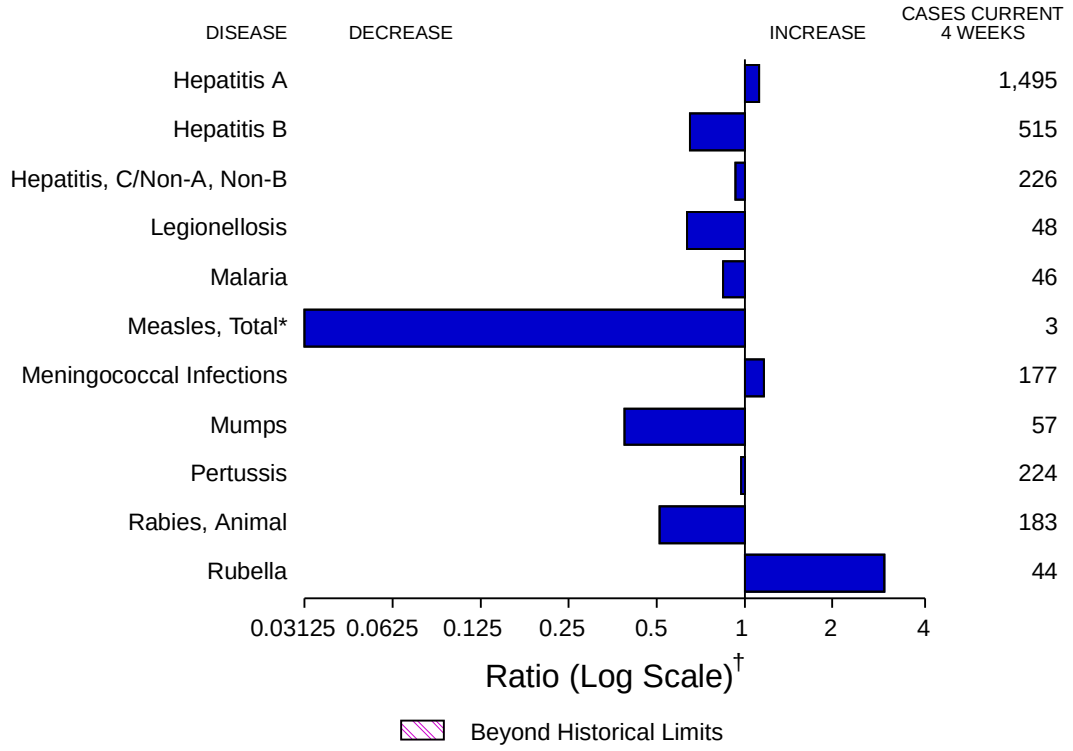
Data about vaccine-preventable diseases will be moved from Table II and grouped together in a separate table labeled Table III. Although the serotype of invasive *Haemophilus influenzae* is not routinely reported through NETSS, serotype b is preventable by routine childhood vaccination; therefore, reports of invasive *H. influenzae* will be moved from Table I to Table III.

Reported by: Council of State and Territorial Epidemiologists. Div of Surveillance and Epidemiology, Epidemiology Program Office, CDC.

Erratum: Vol. 45, No. 1

In Table III, "Deaths in 121 U.S. cities, week ending December 30, 1995 (52nd week)," the data are incorrect. The data given were for the 51st week. Data for week 52 are included in this issue of *MMWR* on page 55.

FIGURE I. Selected notifiable disease reports, comparison of 4-week totals ending January 6, 1996, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline. (Ratio (log scale) for week 1 measles (total) is 0.019363.)
†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 — cases of selected notifiable diseases, United States, cumulative, week ending January 6, 1996 (1st Week)

	Cum. 1996		Cum. 1996
Anthrax	-	HIV infection, pediatric*§	-
Brucellosis	-	Plague	-
Cholera	-	Poliomyelitis, paralytic¶	-
Congenital rubella syndrome	-	Psittacosis	-
Cryptosporidiosis*	4	Rabies, human	-
Diphtheria	-	Rocky Mountain Spotted Fever (RMSF)	-
Encephalitis: California*	-	Streptococcal toxic-shock syndrome*	-
eastern equine*	-	Syphilis, congenital**	-
St. Louis*	-	Tetanus	-
western equine*	-	Toxic shock syndrome	-
Hansen Disease	-	Trichinosis	-
Hantavirus pulmonary syndrome*†	-	Typhoid fever	-

*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 to the Division of HIV/AIDS Prevention, National Center for Prevention Services (NCPS).
¶No suspected cases of polio reported for 1996.
**Updated quarterly from reports to the Division of STD Prevention, NCPS. First quarter 1996 is not yet available.
-: no reported cases

TABLE II. Cases of selected notifiable diseases, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

Reporting Area	AIDS*		Chlamydia	*Escherichia coli* O157:H7		Gonorrhea		Hepatitis C\NA,NB		Legionellosis	
				NETSS†	PHLIS§						
	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	-	-	743	5	-	2,539	5,273	25	29	8	12
NEW ENGLAND	-	-	228	3	-	86	77	-	-	1	-
Maine	-	-	-	-	-	-	1	-	-	-	-
N.H.	-	-	9	-	-	4	-	-	-	-	-
Vt.	-	-	-	-	-	3	-	-	-	-	-
Mass.	-	-	189	3	-	65	70	-	-	1	-
R.I.	-	-	30	-	-	6	4	-	-	-	-
Conn.	-	-	-	-	-	8	2	-	-	N	N
MID. ATLANTIC	-	-	-	-	-	33	590	-	4	-	-
Upstate N.Y.	-	-	N	-	-	-	-	-	-	-	-
N.Y. City	-	-	-	-	-	-	340	-	-	-	-
N.J.	-	-	-	-	-	-	-	-	1	-	-
Pa.	-	-	-	N	-	33	250	-	3	-	-
E.N. CENTRAL	-	-	83	-	-	163	521	9	4	2	4
Ohio	-	-	-	-	-	74	-	-	-	1	2
Ind.	-	-	-	-	-	-	60	-	-	-	1
Ill.	-	-	-	-	-	-	302	-	3	-	1
Mich.	-	-	83	-	-	89	-	9	1	1	-
Wis.	-	-	-	N	-	-	159	-	-	-	-
W.N. CENTRAL	-	-	-	-	-	4	223	-	3	-	3
Minn.	-	-	-	-	-	-	54	-	-	-	-
Iowa	-	-	-	-	-	-	-	-	1	-	1
Mo.	-	-	-	-	-	-	164	-	2	-	2
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	5	-	-	-	-
Kans.	-	-	-	-	-	4	-	-	-	-	-
S. ATLANTIC	-	-	304	1	-	1,657	1,880	1	2	1	1
Del.	-	-	-	-	-	-	18	-	-	-	-
Md.	-	-	-	N	-	-	200	-	-	1	-
D.C.	-	-	N	-	-	-	185	-	-	-	-
Va.	-	-	53	N	-	172	174	-	-	-	-
W. Va.	-	-	-	N	-	-	36	-	-	-	-
N.C.	-	-	-	-	-	-	266	-	2	-	1
S.C.	-	-	-	-	-	367	141	1	-	-	-
Ga.	-	-	-	-	-	954	547	-	-	-	-
Fla.	-	-	251	-	-	164	313	-	-	-	-
E.S. CENTRAL	-	-	51	-	-	514	751	-	-	3	2
Ky.	-	-	-	-	-	75	113	-	-	2	1
Tenn.	-	-	47	N	-	62	82	-	-	1	-
Ala.	-	-	-	-	-	329	271	-	-	-	-
Miss.	-	-	4	-	-	48	285	-	-	-	1
W.S. CENTRAL	-	-	-	-	-	7	317	12	-	-	-
Ark.	-	-	-	-	-	7	85	-	-	-	-
La.	-	-	-	N	-	-	231	-	-	-	-
Okla.	-	-	-	-	-	-	1	12	-	-	-
Tex.	-	-	-	-	-	-	-	-	-	-	-
MOUNTAIN	-	-	77	1	-	59	66	2	4	-	-
Mont.	-	-	-	-	-	-	3	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	11	-	-	-	1	-	4	-	-
Colo.	-	-	-	-	-	33	39	1	-	-	-
N. Mex.	-	-	-	-	-	-	11	1	-	-	-
Ariz.	-	-	-	N	-	-	-	-	-	-	-
Utah	-	-	66	-	-	26	1	-	-	-	-
Nev.	-	-	-	1	-	-	11	-	-	-	-
PACIFIC	-	-	-	-	-	16	848	1	12	1	2
Wash.	-	-	-	-	-	-	-	-	-	-	-
Oreg.	-	-	-	-	-	-	-	-	-	-	-
Calif.	-	-	-	-	-	7	827	-	12	1	1
Alaska	-	-	N	-	-	9	9	1	-	-	-
Hawaii	-	-	-	N	-	-	12	-	-	-	1
Guam	-	-	N	N	-	-	1	-	-	-	-
P.R.	-	-	N	N	U	5	9	1	-	-	-
V.I.	-	-	N	N	U	-	-	-	-	-	-
Amer. Samoa	-	-	N	N	U	-	-	-	-	-	-
C.N.M.I.	-	-	N	N	U	-	-	-	-	-	-

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

*Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update December 15, 1995.
†National Electronic Telecommunications System for Surveillance.
§Public Health Laboratory Information System.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

Reporting Area	Lyme		Malaria		Meningococcal Disease		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal	
	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	5	52	1	11	24	35	89	340	32	150	17	65
NEW ENGLAND	1	1	-	1	-	-	4	4	2	2	8	19
Maine	-	-	-	-	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-	-	2
Vt.	-	-	-	-	-	-	-	-	-	-	-	-
Mass.	1	1	-	-	-	-	1	2	-	-	5	12
R.I.	-	-	-	1	-	-	-	-	2	2	2	-
Conn.	-	-	-	-	-	-	3	2	-	-	1	5
MID. ATLANTIC	-	43	-	4	-	2	-	54	-	5	-	29
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-	18
N.Y. City	-	-	-	3	-	2	-	53	-	2	-	-
N.J.	-	16	-	1	-	-	-	-	-	-	-	8
Pa.	-	27	-	-	-	-	-	1	-	3	-	3
E.N. CENTRAL	-	2	-	3	3	12	31	41	-	9	-	1
Ohio	-	-	-	-	2	3	29	15	-	-	-	1
Ind.	-	1	-	-	-	1	-	3	-	-	-	-
Ill.	-	1	-	2	-	6	-	14	-	9	-	-
Mich.	-	-	-	1	1	1	2	4	-	-	-	-
Wis.	-	-	-	-	-	1	-	5	-	-	-	-
W.N. CENTRAL	-	2	-	-	1	5	-	10	-	2	-	2
Minn.	-	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	1	2	-	-	-	2	-	1
Mo.	-	-	-	-	-	3	-	10	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	1
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	2	-	-	-	-	-	-	-	-	-	-
S. ATLANTIC	4	3	-	-	5	7	19	51	1	14	9	11
Del.	-	1	-	-	-	-	-	-	-	1	-	1
Md.	4	1	-	-	1	-	-	4	-	10	-	4
D.C.	-	-	-	-	-	1	-	4	-	-	-	-
Va.	-	-	-	-	-	-	14	1	-	-	5	2
W. Va.	-	-	-	-	-	-	-	-	-	3	1	-
N.C.	-	-	-	-	-	3	-	20	-	-	-	2
S.C.	-	1	-	-	-	-	-	5	1	-	2	1
Ga.	-	-	-	-	4	-	-	4	-	-	1	1
Fla.	-	-	-	-	-	3	5	13	-	-	-	-
E.S. CENTRAL	-	-	-	-	4	2	35	106	13	13	-	2
Ky.	-	-	-	-	4	-	7	7	-	3	-	-
Tenn.	-	-	-	-	-	-	-	8	-	1	-	-
Ala.	-	-	-	-	-	1	9	19	6	9	-	2
Miss.	-	-	-	-	-	1	19	72	7	-	-	-
W.S. CENTRAL	-	-	-	-	2	-	-	25	9	-	-	-
Ark.	-	-	-	-	2	-	-	9	-	-	-	-
La.	-	-	-	-	-	-	-	16	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	9	-	-	-
Tex.	-	-	-	-	-	-	-	-	-	-	-	-
MOUNTAIN	-	-	-	-	4	3	-	3	-	4	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	-	-	-	2	-	-	2	-	-	-	-
N. Mex.	-	-	-	-	2	3	-	1	-	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	4	-	-
Utah	-	-	-	-	-	-	-	-	-	-	-	-
Nev.	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC	-	1	1	3	5	4	-	46	7	101	-	1
Wash.	-	-	-	-	-	-	-	-	5	-	-	-
Oreg.	-	-	1	-	4	-	-	-	-	-	-	-
Calif.	-	1	-	2	1	4	-	46	2	97	-	1
Alaska	-	-	-	1	-	-	-	-	-	1	-	-
Hawaii	-	-	-	-	-	-	-	-	-	3	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	4	-	-	-	-	-
V.I.	-	-	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-	-	-	-	-	-	-

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

TABLE III. Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

Reporting Area	*H. influenzae*, invasive		Hepatitis (Viral), by type				Measles (Rubeola)			
			A		B		Indigenous		Imported†	
	Cum. 1996*	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	1996	Cum. 1996	1996	Cum. 1996
UNITED STATES	8	18	149	237	40	91	1	1	-	-
NEW ENGLAND	-	-	-	2	-	5	-	-	-	-
Maine	-	-	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	-	-	-
Mass.	-	-	-	-	-	2	-	-	-	-
R.I.	-	-	-	2	-	-	-	-	-	-
Conn.	-	-	-	-	-	3	-	-	-	-
MID. ATLANTIC	-	1	-	13	-	9	-	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-
N.Y. City	-	-	-	3	-	1	-	-	-	-
N.J.	-	1	-	7	-	6	U	-	U	-
Pa.	-	-	-	3	-	2	-	-	-	-
E.N. CENTRAL	5	8	14	62	7	16	-	-	-	-
Ohio	5	3	7	32	2	-	-	-	-	-
Ind.	-	-	-	2	-	2	U	-	U	-
Ill.	-	4	-	16	-	10	U	-	U	-
Mich.	-	1	7	6	5	3	-	-	-	-
Wis.	-	-	-	6	-	1	-	-	-	-
W.N. CENTRAL	-	2	2	14	-	15	-	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-
Iowa	-	1	2	-	-	1	-	-	-	-
Mo.	-	1	-	13	-	13	-	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	1	-	-	-	-
Kans.	-	-	-	1	-	-	-	-	-	-
S. ATLANTIC	-	2	7	3	4	12	-	-	-	-
Del.	-	-	-	-	-	1	U	-	U	-
Md.	-	1	1	1	4	1	-	-	-	-
D.C.	-	-	-	-	-	1	U	-	U	-
Va.	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	1	-	2	-	-	-	-
N.C.	-	1	-	1	-	6	-	-	-	-
S.C.	-	-	-	-	-	-	-	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	6	-	-	1	-	-	-	-
E.S. CENTRAL	-	-	-	7	-	5	-	-	-	-
Ky.	-	-	-	2	-	3	-	-	-	-
Tenn.	-	-	-	-	-	-	-	-	-	-
Ala.	-	-	-	4	-	2	-	-	-	-
Miss.	-	-	-	1	-	-	-	-	-	-
W.S. CENTRAL	1	-	32	3	13	-	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-
Okla.	1	-	32	-	13	-	-	-	-	-
Tex.	-	-	-	3	-	-	-	-	-	-
MOUNTAIN	1	-	56	41	15	5	1	1	-	-
Mont.	-	-	-	-	-	-	U	-	U	-
Idaho	-	-	-	1	-	1	U	-	U	-
Wyo.	-	-	-	1	-	-	-	-	-	-
Colo.	-	-	4	23	2	3	-	-	-	-
N. Mex.	-	-	11	16	5	1	-	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	-
Utah	-	-	24	-	2	-	-	-	-	-
Nev.	1	-	17	-	6	-	1	1	-	-
PACIFIC	1	5	38	92	1	24	-	-	-	-
Wash.	-	-	-	-	-	-	-	-	-	-
Oreg.	1	-	21	-	-	1	-	-	-	-
Calif.	-	5	17	90	1	23	-	-	-	-
Alaska	-	-	-	1	-	-	-	-	-	-
Hawaii	-	-	-	1	-	-	U	-	U	-
Guam	-	-	-	-	-	-	U	-	U	-
P.R.	-	-	1	-	2	-	-	-	-	-
V.I.	-	-	-	-	-	-	U	-	U	-
Amer. Samoa	-	-	-	-	-	-	U	-	U	-
C.N.M.I.	-	-	-	-	-	-	U	-	U	-

*No cases reported among children aged <5 years.
†For imported measles, cases include only those resulting from importation from other countries.
U: Unavailable -: no reported cases

TABLE III. (Cont'd.) Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 6, 1996, and January 7, 1995 (1st Week)

Reporting Area	Measles (Rubeola), cont'd. Total		Mumps			Pertussis			Rubella		
	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995
UNITED STATES	1	8	8	8	11	12	12	12	-	-	-
NEW ENGLAND	-	2	-	-	-	-	-	1	-	-	-
Maine	-	-	-	-	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	-	-	1	-	-	-
Mass.	-	-	-	-	-	-	-	-	-	-	-
R.I.	-	2	-	-	-	-	-	-	-	-	-
Conn.	-	-	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	-	-	-	-	-	-	-	-	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-
N.Y. City	-	-	-	-	-	-	-	-	-	-	-
N.J.	-	-	U	-	-	U	-	-	U	-	-
Pa.	-	-	-	-	-	-	-	-	-	-	-
E.N. CENTRAL	-	-	1	1	2	3	3	1	-	-	-
Ohio	-	-	-	-	1	-	-	-	-	-	-
Ind.	-	-	U	-	-	U	-	-	U	-	-
Ill.	-	-	U	-	-	U	-	-	U	-	-
Mich.	-	-	1	1	1	3	3	-	-	-	-
Wis.	-	-	-	-	-	-	-	1	-	-	-
W.N. CENTRAL	-	-	-	-	6	-	-	1	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	1	-	-	-	-	-	-
Mo.	-	-	-	-	5	-	-	1	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	-	-	-	-	-	-	-	-	-
S. ATLANTIC	-	-	1	1	-	-	-	-	-	-	-
Del.	-	-	U	-	-	U	-	-	U	-	-
Md.	-	-	-	-	-	-	-	-	-	-	-
D.C.	-	-	U	-	-	U	-	-	U	-	-
Va.	-	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	-	-	-	-	-	-	-	-	-	-	-
S.C.	-	-	1	1	-	-	-	-	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	-	-	-	-	-	-	-	-	-
E.S. CENTRAL	-	-	-	-	1	-	-	1	-	-	-
Ky.	-	-	-	-	-	-	-	-	-	-	-
Tenn.	-	-	-	-	-	-	-	-	-	-	-
Ala.	-	-	-	-	1	-	-	1	-	-	-
Miss.	-	-	-	-	-	-	-	-	N	N	N
W.S. CENTRAL	-	-	-	-	-	-	-	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	-	-	-
Tex.	-	-	-	-	-	-	-	-	-	-	-
MOUNTAIN	1	6	6	6	1	4	4	3	-	-	-
Mont.	-	-	U	-	-	U	-	-	U	-	-
Idaho	-	-	U	-	-	U	-	-	U	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	4	-	-	-	-	-	3	-	-	-
N. Mex.	-	2	N	N	N	1	1	-	-	-	-
Ariz.	-	-	-	-	-	-	-	-	-	-	-
Utah	-	-	-	-	-	-	-	-	-	-	-
Nev.	1	-	6	6	1	3	3	-	-	-	-
PACIFIC	-	-	-	-	1	5	5	5	-	-	-
Wash.	-	-	-	-	-	-	-	-	-	-	-
Oreg.	-	-	N	N	N	5	5	-	-	-	-
Calif.	-	-	-	-	1	-	-	5	-	-	-
Alaska	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	U	-	-	U	-	-	U	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	-	-	-	-	-	-	-	-	-	-
V.I.	-	-	U	-	-	U	-	-	U	-	-
Amer. Samoa	-	-	U	-	-	U	-	-	U	-	-
C.N.M.I.	-	-	U	-	-	U	-	-	U	-	-

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

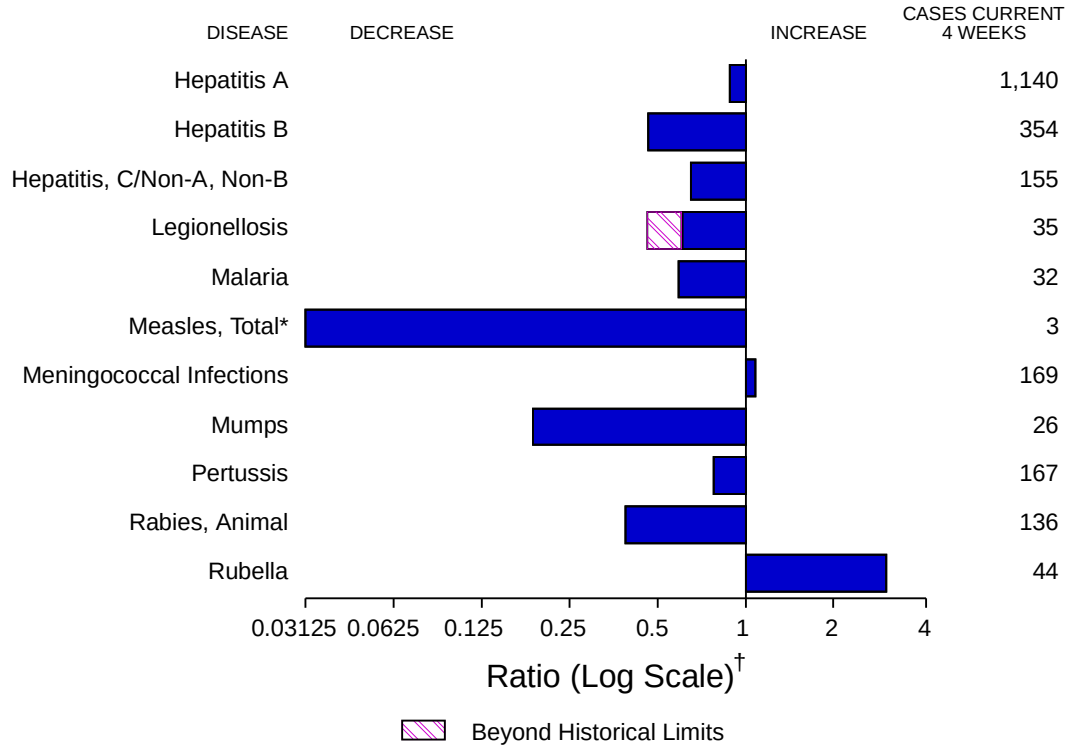
TABLE IV. Deaths in 121 U.S. cities,* week ending January 6, 1996 (1st Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	636	471	109	41	4	11	49
Boston, Mass.	145	98	32	10	1	4	10
Bridgeport, Conn.	31	23	5	3	-	-	2
Cambridge, Mass.	19	16	3	-	-	-	2
Fall River, Mass.	30	26	4	-	-	-	3
Hartford, Conn.	58	38	14	5	-	1	-
Lowell, Mass.	32	26	4	1	-	1	-
Lynn, Mass.	19	16	3	-	-	-	2
New Bedford, Mass.	28	23	4	1	-	-	2
New Haven, Conn.	41	25	7	6	2	1	2
Providence, R.I.	77	56	12	5	1	3	1
Somerville, Mass.	2	2	-	-	-	-	-
Springfield, Mass.	48	40	4	4	-	-	8
Waterbury, Conn.	34	24	7	2	-	1	5
Worcester, Mass.	72	58	10	4	-	-	12
MID. ATLANTIC	2,329	1,524	449	276	48	32	132
Albany, N.Y.	64	48	14	-	-	2	5
Allentown, Pa.	34	28	2	4	-	-	-
Buffalo, N.Y.	U	U	U	U	U	U	U
Camden, N.J.	U	U	U	U	U	U	U
Elizabeth, N.J.	U	U	U	U	U	U	U
Erie, Pa.§	37	29	6	1	-	1	5
Jersey City, N.J.	U	U	U	U	U	U	U
New York City, N.Y.	1,525	963	307	213	26	16	65
Newark, N.J.	54	30	12	9	2	1	4
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	299	185	58	34	15	7	17
Pittsburgh, Pa.§	63	45	8	4	3	3	8
Reading, Pa.	22	15	3	3	-	1	8
Rochester, N.Y.	152	121	23	5	2	1	13
Schenectady, N.Y.	U	U	U	U	U	U	U
Scranton, Pa.§	25	18	7	-	-	-	3
Syracuse, N.Y.	U	U	U	U	U	U	U
Trenton, N.J.	35	27	6	2	-	-	3
Utica, N.Y.	19	15	3	1	-	-	1
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	2,203	1,539	397	164	52	46	152
Akron, Ohio	62	47	6	5	1	3	-
Canton, Ohio	32	22	8	1	-	1	5
Chicago, Ill.	408	268	73	47	8	12	33
Cincinnati, Ohio	96	65	23	6	1	1	3
Cleveland, Ohio	136	92	35	6	1	2	4
Columbus, Ohio	195	126	38	18	9	4	13
Dayton, Ohio	98	75	17	4	1	1	13
Detroit, Mich.	287	174	56	32	14	6	10
Evansville, Ind.	50	35	12	3	-	-	4
Fort Wayne, Ind.	84	69	11	2	-	2	12
Gary, Ind.	17	8	3	2	4	-	-
Grand Rapids, Mich.	58	45	6	1	3	3	4
Indianapolis, Ind.	214	156	41	10	2	5	16
Madison, Wis.	U	U	U	U	U	U	U
Milwaukee, Wis.	150	113	24	10	2	1	16
Peoria, Ill.	57	42	10	3	-	2	3
Rockford, Ill.	49	38	8	3	-	-	6
South Bend, Ind.	54	43	8	2	1	-	4
Toledo, Ohio	87	64	12	5	4	2	5
Youngstown, Ohio	69	57	6	4	1	1	1
W.N. CENTRAL	857	627	135	59	13	18	59
Des Moines, Iowa	135	100	23	9	1	2	11
Duluth, Minn.	33	29	3	1	-	-	3
Kansas City, Kans.	45	29	10	3	-	3	1
Kansas City, Mo.	85	56	9	9	5	1	6
Lincoln, Nebr.	37	29	6	1	-	1	10
Minneapolis, Minn.	175	130	28	12	1	4	17
Omaha, Nebr.	58	42	10	4	-	2	3
St. Louis, Mo.	139	97	25	12	3	2	2
St. Paul, Minn.	62	52	5	2	1	2	2
Wichita, Kans.	88	63	16	6	2	1	4

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,175	737	233	143	40	22	89
Atlanta, Ga.	205	117	52	27	7	2	5
Baltimore, Md.	148	97	24	21	5	1	11
Charlotte, N.C.	131	94	22	11	2	2	2
Jacksonville, Fla.	158	90	36	18	12	2	13
Miami, Fla.	102	62	19	17	3	1	1
Norfolk, Va.	57	29	14	11	2	1	5
Richmond, Va.	100	59	24	10	5	2	7
Savannah, Ga.	52	26	13	9	1	3	8
St. Petersburg, Fla.	52	43	2	4	-	3	5
Tampa, Fla.	140	97	21	14	3	5	29
Washington, D.C.	U	U	U	U	U	U	U
Wilmington, Del.	30	23	6	1	-	-	3
E.S. CENTRAL	764	512	148	71	23	9	58
Birmingham, Ala.	136	89	25	13	6	2	9
Chattanooga, Tenn.	34	20	8	5	1	-	3
Knoxville, Tenn.	44	29	8	7	-	-	5
Lexington, Ky.	54	39	10	2	-	3	7
Memphis, Tenn.	178	114	37	19	8	-	15
Mobile, Ala.	74	51	13	8	-	2	4
Montgomery, Ala.	92	69	15	4	3	1	5
Nashville, Tenn.	152	101	32	13	5	1	10
W.S. CENTRAL	1,056	689	209	98	32	27	68
Austin, Tex.	57	38	9	5	5	-	-
Baton Rouge, La.	63	38	16	7	2	-	3
Corpus Christi, Tex.	60	46	11	3	-	-	5
Dallas, Tex.	163	93	34	23	4	9	8
El Paso, Tex.	81	60	10	5	3	3	5
Ft. Worth, Tex.	73	48	19	2	1	3	7
Houston, Tex.	U	U	U	U	U	U	U
Little Rock, Ark.	104	71	24	5	2	2	6
New Orleans, La.	74	31	19	16	5	3	-
San Antonio, Tex.	196	132	35	17	6	5	16
Shreveport, La.	51	32	10	5	3	1	7
Tulsa, Okla.	134	100	22	10	1	1	11
MOUNTAIN	906	636	146	87	25	12	83
Albuquerque, N.M.	119	86	17	12	2	2	5
Colo. Springs, Colo.	42	31	10	1	-	-	7
Denver, Colo.	108	66	20	17	2	3	6
Las Vegas, Nev.	205	137	42	14	9	3	21
Ogden, Utah	28	17	5	5	1	-	6
Phoenix, Ariz.	43	29	6	6	1	1	6
Pueblo, Colo.	54	40	8	4	2	-	4
Salt Lake City, Utah	140	98	18	18	5	1	14
Tucson, Ariz.	167	132	20	10	3	2	14
PACIFIC	1,239	877	205	97	30	30	136
Berkeley, Calif.	U	U	U	U	U	U	U
Fresno, Calif.	118	83	17	9	4	5	10
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	U	U	U	U	U	U	U
Long Beach, Calif.	77	50	15	6	1	5	14
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	31	20	8	2	-	1	-
Portland, Oreg.	169	126	20	12	8	3	12
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	135	90	29	12	2	2	16
San Francisco, Calif.	139	89	28	15	5	2	15
San Jose, Calif.	169	121	29	13	2	4	29
Santa Cruz, Calif.	35	33	1	1	-	-	9
Seattle, Wash.	151	105	21	17	6	2	4
Spokane, Wash.	86	68	15	3	-	-	9
Tacoma, Wash.	129	92	22	7	2	6	18
TOTAL	11,165¶	7,612	2,031	1,036	267	207	826

*Mortality data in this table are voluntarily reported from 121 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 these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
¶Total includes unknown ages.
U: Unavailable -: no reported cases

FIGURE I. Selected notifiable disease reports, comparison of 4-week totals ending January 13, 1996, with historical data — United States



*The large apparent decrease in the number of reported cases of measles (total) reflects dramatic fluctuations in the historical baseline. (Ratio (log scale) for week 2 measles (total) is 0.023401.)
†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 — cases of selected notifiable diseases, United States, cumulative, week ending January 13, 1996 (2nd Week)

	Cum. 1996		Cum. 1996
Anthrax	-	HIV infection, pediatric*§	-
Brucellosis	-	Plague	-
Cholera	-	Poliomyelitis, paralytic¶	-
Congenital rubella syndrome	-	Psittacosis	1
Cryptosporidiosis*	9	Rabies, human	-
Diphtheria	-	Rocky Mountain Spotted Fever (RMSF)	1
Encephalitis: California*	-	Streptococcal toxic-shock syndrome*	-
eastern equine*	-	Syphilis, congenital**	-
St. Louis*	-	Tetanus	-
western equine*	-	Toxic shock syndrome	2
Hansen Disease	-	Trichinosis	-
Hantavirus pulmonary syndrome*†	-	Typhoid fever	1

*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 to the Division of HIV/AIDS Prevention, National Center for Prevention Services (NCPS).
¶No suspected cases of polio reported for 1996.
**Updated quarterly from reports to the Division of STD Prevention, NCPS. First quarter 1996 is not yet available.
-: no reported cases

TABLE II. Cases of selected notifiable diseases, United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

Reporting Area	AIDS*		Chlamydia	*Escherichia coli* O157:H7		Gonorrhea		Hepatitis C\NA,NB		Legionellosis	
				NETSS†	PHLIS§						
	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	-	1,759	1,487	9	-	6,722	13,848	54	58	18	30
NEW ENGLAND	-	272	347	4	-	143	156	-	-	1	-
Maine	-	-	-	1	-	2	1	-	-	-	-
N.H.	-	-	24	-	-	6	1	-	-	-	-
Vt.	-	-	-	-	-	8	-	-	-	-	-
Mass.	-	190	267	3	-	95	135	-	-	1	-
R.I.	-	-	56	-	-	24	17	-	-	-	-
Conn.	-	82	-	-	-	8	2	-	-	N	N
MID. ATLANTIC	-	138	-	-	-	162	1,371	-	11	-	3
Upstate N.Y.	-	1	N	-	-	-	33	-	4	-	-
N.Y. City	-	5	-	-	-	-	680	-	-	-	1
N.J.	-	128	-	-	-	-	26	-	4	-	1
Pa.	-	4	-	N	-	162	632	-	3	-	1
E.N. CENTRAL	-	36	196	1	-	1,520	3,318	10	13	9	12
Ohio	-	-	-	-	-	172	1,155	-	1	4	7
Ind.	-	33	-	1	-	285	273	-	-	3	1
Ill.	-	3	-	-	-	770	662	-	5	-	2
Mich.	-	-	196	-	-	288	921	10	7	2	1
Wis.	-	-	-	N	-	5	307	-	-	-	1
W.N. CENTRAL	-	50	179	-	-	45	921	-	3	-	7
Minn.	-	-	-	-	-	-	110	-	-	-	-
Iowa	-	-	-	-	-	-	75	-	1	-	2
Mo.	-	48	166	-	-	38	583	-	2	-	5
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	13	-	-	3	1	-	-	-	-
Nebr.	-	-	-	-	-	-	23	-	-	-	-
Kans.	-	2	-	-	-	4	129	-	-	-	-
S. ATLANTIC	-	230	451	1	-	3,345	3,906	1	5	2	3
Del.	-	-	-	-	-	53	81	-	-	-	-
Md.	-	-	-	N	-	-	568	-	-	1	-
D.C.	-	-	N	-	-	-	285	-	-	-	-
Va.	-	105	200	N	-	455	195	-	-	-	-
W. Va.	-	-	-	N	-	-	47	-	1	-	1
N.C.	-	-	-	-	-	574	540	-	3	1	2
S.C.	-	-	-	-	-	554	380	1	-	-	-
Ga.	-	122	-	-	-	1,545	1,082	-	-	-	-
Fla.	-	3	251	-	-	164	728	-	1	-	-
E.S. CENTRAL	-	-	225	1	-	1,018	1,892	-	-	3	2
Ky.	-	-	-	-	-	111	228	-	-	2	1
Tenn.	-	-	221	N	-	272	184	-	-	1	-
Ala.	-	-	-	1	-	587	1,195	-	-	-	-
Miss.	-	-	4	-	-	48	285	-	-	-	1
W.S. CENTRAL	-	289	-	1	-	74	655	26	1	-	-
Ark.	-	20	-	1	-	14	138	-	-	-	-
La.	-	18	-	N	-	60	494	-	-	-	-
Okla.	-	28	-	-	-	-	23	26	1	-	-
Tex.	-	223	-	-	-	-	-	-	-	-	-
MOUNTAIN	-	31	89	1	-	123	290	11	6	-	-
Mont.	-	-	-	-	-	1	3	1	1	-	-
Idaho	-	-	-	-	-	-	2	-	-	-	-
Wyo.	-	1	21	-	-	3	3	-	4	-	-
Colo.	-	-	-	-	-	71	107	3	1	-	-
N. Mex.	-	-	-	-	-	22	35	6	-	-	-
Ariz.	-	-	-	N	-	-	77	-	-	-	-
Utah	-	-	68	-	-	26	4	1	-	-	-
Nev.	-	30	-	1	-	-	59	-	-	-	-
PACIFIC	-	713	-	-	-	292	1,339	6	19	3	3
Wash.	-	-	-	-	-	-	70	-	-	-	-
Oreg.	-	16	-	-	-	9	12	-	-	-	-
Calif.	-	697	-	-	-	264	1,197	5	19	3	1
Alaska	-	-	N	-	-	19	30	1	-	-	-
Hawaii	-	-	-	N	-	-	30	-	-	-	2
Guam	-	-	N	N	-	-	3	-	-	-	-
P.R.	-	61	N	N	U	5	18	1	-	-	-
V.I.	-	-	N	N	U	-	-	-	-	-	-
Amer. Samoa	-	-	N	N	U	-	-	-	-	-	-
C.N.M.I.	-	-	N	N	U	-	-	-	-	-	-

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

*Updated monthly to the Division of HIV/AIDS Prevention, National Center for Prevention Services, last update December 15, 1995.
†National Electronic Telecommunications System for Surveillance.
§Public Health Laboratory Information System.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

Reporting Area	Lyme		Malaria		Meningococcal Disease		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal	
	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995
UNITED STATES	10	112	6	20	76	79	306	536	170	434	51	151
NEW ENGLAND	3	1	1	2	7	1	4	6	5	2	13	44
Maine	-	-	-	-	3	-	-	-	-	-	-	-
N.H.	-	-	-	-	-	1	-	-	-	-	-	4
Vt.	-	-	-	-	1	-	-	-	-	-	1	3
Mass.	3	1	1	-	-	-	1	3	-	-	7	25
R.I.	-	-	-	2	-	-	-	-	4	2	2	-
Conn.	-	-	-	-	3	-	3	3	1	-	3	12
MID. ATLANTIC	-	97	-	6	-	7	4	69	1	10	6	50
Upstate N.Y.	-	-	-	-	-	2	-	-	-	-	4	31
N.Y. City	-	17	-	5	-	2	-	63	1	3	-	-
N.J.	-	24	-	1	-	1	-	-	-	-	2	12
Pa.	-	56	-	-	-	2	4	6	-	7	-	7
E.N. CENTRAL	1	3	2	7	12	17	72	70	100	32	-	1
Ohio	1	1	-	-	11	4	39	17	6	8	-	1
Ind.	-	1	-	-	-	1	6	8	2	-	-	-
Ill.	-	1	-	5	-	8	25	27	92	23	-	-
Mich.	-	-	2	1	1	2	2	5	-	-	-	-
Wis.	-	-	-	1	-	2	-	13	-	1	-	-
W.N. CENTRAL	-	4	-	-	5	6	9	28	-	6	9	6
Minn.	-	-	-	-	-	-	-	3	-	-	-	-
Iowa	-	-	-	-	5	3	-	3	-	2	9	2
Mo.	-	2	-	-	-	3	9	22	-	1	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	1
S. Dak.	-	-	-	-	-	-	-	-	-	-	-	2
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	2	-	-	-	-	-	-	-	3	-	1
S. ATLANTIC	5	6	1	1	16	8	68	128	1	41	19	32
Del.	-	2	1	-	-	-	-	-	-	1	1	4
Md.	5	1	-	-	1	-	-	18	-	26	-	9
D.C.	-	-	-	-	-	1	-	8	-	1	-	-
Va.	-	-	-	-	-	-	16	7	-	-	9	6
W. Va.	-	-	-	-	-	-	-	-	-	3	1	1
N.C.	-	2	-	1	2	3	25	41	-	3	3	7
S.C.	-	1	-	-	6	1	8	21	1	6	2	2
Ga.	-	-	-	-	4	-	14	18	-	1	3	3
Fla.	-	-	-	-	3	3	5	15	-	-	-	-
E.S. CENTRAL	-	-	-	-	9	2	129	130	28	23	-	5
Ky.	-	-	-	-	3	-	10	9	-	4	-	-
Tenn.	-	-	-	-	-	-	17	19	-	3	-	3
Ala.	-	-	-	-	6	1	32	30	11	16	-	2
Miss.	-	-	-	-	-	1	70	72	17	-	-	-
W.S. CENTRAL	-	-	-	-	3	2	19	52	9	-	-	2
Ark.	-	-	-	-	2	-	19	17	-	-	-	1
La.	-	-	-	-	-	-	-	35	-	-	-	1
Okla.	-	-	-	-	1	1	-	-	9	-	-	-
Tex.	-	-	-	-	-	1	-	-	-	-	-	-
MOUNTAIN	1	-	1	1	5	10	-	7	-	5	2	4
Mont.	-	-	-	-	-	-	-	-	-	-	-	3
Idaho	-	-	-	-	-	2	-	-	-	-	-	-
Wyo.	1	-	-	-	-	-	-	-	-	-	2	-
Colo.	-	-	1	1	2	-	-	2	-	-	-	-
N. Mex.	-	-	-	-	2	3	-	2	-	-	-	-
Ariz.	-	-	-	-	-	5	-	1	-	5	-	1
Utah	-	-	-	-	1	-	-	1	-	-	-	-
Nev.	-	-	-	-	-	-	-	1	-	-	-	-
PACIFIC	-	1	1	3	19	26	1	46	26	315	2	7
Wash.	-	-	-	-	-	2	-	-	7	4	-	-
Oreg.	-	-	1	-	8	2	1	-	5	1	-	-
Calif.	-	1	-	2	11	21	-	46	13	299	1	7
Alaska	-	-	-	1	-	-	-	-	1	4	1	-
Hawaii	-	-	-	-	-	1	-	-	-	7	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-
P.R.	-	-	-	-	-	-	4	3	-	-	-	1
V.I.	-	-	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-	-	-	-	-	-	-

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

TABLE III. Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

Reporting Area	*H. influenzae*, invasive		Hepatitis (Viral), by type				Measles (Rubeola)			
			A		B		Indigenous		Imported†	
	Cum. 1996*	Cum. 1995	Cum. 1996	Cum. 1995	Cum. 1996	Cum. 1995	1996	Cum. 1996	1996	Cum. 1996
UNITED STATES	16	48	419	594	121	194	-	-	-	-
NEW ENGLAND	-	1	6	5	1	9	-	-	-	-
Maine	-	-	1	-	-	-	-	-	-	-
N.H.	-	-	1	-	-	-	-	-	-	-
Vt.	-	1	-	-	-	-	-	-	-	-
Mass.	-	-	3	1	1	2	-	-	-	-
R.I.	-	-	-	2	-	1	-	-	-	-
Conn.	-	-	1	2	-	6	-	-	-	-
MID. ATLANTIC	-	3	-	27	-	18	-	-	-	-
Upstate N.Y.	-	-	-	-	-	2	-	-	-	-
N.Y. City	-	-	-	8	-	3	-	-	-	-
N.J.	-	2	-	10	-	9	-	-	-	-
Pa.	-	1	-	9	-	4	-	-	-	-
E.N. CENTRAL	6	18	57	154	18	32	-	-	-	-
Ohio	5	10	46	78	3	2	-	-	-	-
Ind.	-	1	1	6	1	5	-	-	-	-
Ill.	-	6	-	40	-	13	-	-	-	-
Mich.	1	1	10	21	14	11	-	-	-	-
Wis.	-	-	-	9	-	1	-	-	-	-
W.N. CENTRAL	2	2	14	29	2	25	-	-	-	-
Minn.	-	-	-	1	-	-	-	-	-	-
Iowa	2	1	12	3	2	2	-	-	-	-
Mo.	-	1	-	23	-	21	-	-	-	-
N. Dak.	-	-	-	-	-	1	-	-	-	-
S. Dak.	-	-	2	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	1	-	-	-	-
Kans.	-	-	-	2	-	-	-	-	-	-
S. ATLANTIC	1	6	16	11	32	23	-	-	-	-
Del.	-	-	-	-	-	1	-	-	-	-
Md.	-	3	4	7	7	5	-	-	-	-
D.C.	-	-	-	-	-	5	-	-	-	-
Va.	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	1	-	2	-	-	-	-
N.C.	1	3	2	1	24	7	-	-	-	-
S.C.	-	-	3	-	-	1	-	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	7	2	1	2	-	-	-	-
E.S. CENTRAL	-	-	13	10	2	7	-	-	-	-
Ky.	-	-	2	5	-	4	-	-	-	-
Tenn.	-	-	-	-	-	1	-	-	-	-
Ala.	-	-	1	4	2	2	-	-	-	-
Miss.	-	-	10	1	-	-	-	-	-	-
W.S. CENTRAL	2	-	82	10	21	1	-	-	-	-
Ark.	-	-	8	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-
Okla.	2	-	74	7	21	1	-	-	-	-
Tex.	-	-	-	3	-	-	-	-	-	-
MOUNTAIN	1	1	81	94	29	15	-	-	-	-
Mont.	-	-	1	2	-	1	-	-	-	-
Idaho	-	-	-	7	-	1	U	-	U	-
Wyo.	-	-	-	3	-	-	-	-	-	-
Colo.	-	-	8	38	7	6	-	-	-	-
N. Mex.	-	1	26	38	13	5	-	-	-	-
Ariz.	-	-	-	1	-	-	U	-	U	-
Utah	-	-	29	4	3	-	-	-	-	-
Nev.	1	-	17	1	6	2	-	-	-	-
PACIFIC	4	17	150	254	16	64	-	-	-	-
Wash.	-	-	-	-	-	-	-	-	-	-
Oreg.	1	2	55	36	1	2	-	-	-	-
Calif.	3	15	95	214	15	62	-	-	-	-
Alaska	-	-	-	1	-	-	-	-	-	-
Hawaii	-	-	-	3	-	-	-	-	-	-
Guam	-	-	-	-	-	-	U	-	U	-
P.R.	-	-	1	-	2	-	U	-	U	-
V.I.	-	-	-	-	-	-	U	-	U	-
Amer. Samoa	-	-	-	-	-	-	U	-	U	-
C.N.M.I.	-	-	-	-	-	-	U	-	U	-

*No cases reported among children aged <5 years.
†For imported measles, cases include only those resulting from importation from other countries.
U: Unavailable -: no reported cases

TABLE III. (Cont'd.) Cases of selected notifiable diseases preventable by vaccination, United States, weeks ending January 13, 1996, and January 14, 1995 (2nd Week)

Reporting Area	Measles (Rubeola), cont'd. Total		Mumps			Pertussis			Rubella		
	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995	1996	Cum. 1996	Cum. 1995
UNITED STATES	-	18	4	12	23	7	17	74	-	-	2
NEW ENGLAND	-	2	-	-	-	1	1	6	-	-	-
Maine	-	-	-	-	-	-	-	4	-	-	-
N.H.	-	-	-	-	-	-	-	-	-	-	-
Vt.	-	-	-	-	-	1	1	1	-	-	-
Mass.	-	-	-	-	-	-	-	1	-	-	-
R.I.	-	2	-	-	-	-	-	-	-	-	-
Conn.	-	-	-	-	-	-	-	-	-	-	-
MID. ATLANTIC	-	-	-	-	-	-	-	1	-	-	-
Upstate N.Y.	-	-	-	-	-	-	-	-	-	-	-
N.Y. City	-	-	-	-	-	-	-	-	-	-	-
N.J.	-	-	-	-	-	-	-	1	-	-	-
Pa.	-	-	-	-	-	-	-	-	-	-	-
E.N. CENTRAL	-	-	3	4	6	-	1	6	-	-	-
Ohio	-	-	-	-	2	-	-	5	-	-	-
Ind.	-	-	-	-	-	-	-	-	-	-	-
Ill.	-	-	-	-	-	-	-	-	-	-	-
Mich.	-	-	3	4	4	-	1	-	-	-	-
Wis.	-	-	-	-	-	-	-	1	-	-	-
W.N. CENTRAL	-	-	-	-	7	-	-	4	-	-	-
Minn.	-	-	-	-	-	-	-	-	-	-	-
Iowa	-	-	-	-	1	-	-	-	-	-	-
Mo.	-	-	-	-	6	-	-	1	-	-	-
N. Dak.	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	-	-	-	-	-	-	-	-	-
Nebr.	-	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	-	-	-	-	-	3	-	-	-
S. ATLANTIC	-	-	-	1	-	1	1	21	-	-	-
Del.	-	-	-	-	-	-	-	-	-	-	-
Md.	-	-	-	-	-	-	-	-	-	-	-
D.C.	-	-	-	-	-	-	-	-	-	-	-
Va.	-	-	-	-	-	-	-	-	-	-	-
W. Va.	-	-	-	-	-	-	-	-	-	-	-
N.C.	-	-	-	-	-	-	-	21	-	-	-
S.C.	-	-	-	1	-	1	1	-	-	-	-
Ga.	-	-	-	-	-	-	-	-	-	-	-
Fla.	-	-	-	-	-	-	-	-	-	-	-
E.S. CENTRAL	-	-	1	1	2	-	-	1	-	-	-
Ky.	-	-	-	-	-	-	-	-	-	-	-
Tenn.	-	-	-	-	-	-	-	-	-	-	-
Ala.	-	-	1	1	1	-	-	1	-	-	-
Miss.	-	-	-	-	1	-	-	-	N	N	N
W.S. CENTRAL	-	-	-	-	-	-	-	-	-	-	-
Ark.	-	-	-	-	-	-	-	-	-	-	-
La.	-	-	-	-	-	-	-	-	-	-	-
Okla.	-	-	-	-	-	-	-	-	-	-	-
Tex.	-	-	-	-	-	-	-	-	-	-	-
MOUNTAIN	-	16	-	6	1	1	5	27	-	-	-
Mont.	-	-	-	-	-	-	-	-	-	-	-
Idaho	-	-	U	-	-	U	-	8	U	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	14	-	-	-	-	-	8	-	-	-
N. Mex.	-	2	N	N	N	1	2	-	-	-	-
Ariz.	-	-	U	-	-	U	-	11	U	-	-
Utah	-	-	-	-	-	-	-	-	-	-	-
Nev.	-	-	-	6	1	-	3	-	-	-	-
PACIFIC	-	-	-	-	7	4	9	8	-	-	2
Wash.	-	-	-	-	-	-	-	-	-	-	-
Oreg.	-	-	N	N	N	4	9	-	-	-	-
Calif.	-	-	-	-	7	-	-	8	-	-	2
Alaska	-	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-	-	-	-	-	-
Guam	-	-	U	-	-	U	-	-	U	-	-
P.R.	-	-	U	-	-	U	-	-	U	-	-
V.I.	-	-	U	-	-	U	-	-	U	-	-
Amer. Samoa	-	-	U	-	-	U	-	-	U	-	-
C.N.M.I.	-	-	U	-	-	U	-	-	U	-	-

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

TABLE IV. Deaths in 121 U.S. cities,* week ending January 13, 1996 (2nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	727	529	125	50	13	10	48
Boston, Mass.	177	113	39	12	4	9	8
Bridgeport, Conn.	50	39	8	2	1	-	1
Cambridge, Mass.	26	22	2	2	-	-	3
Fall River, Mass.	42	30	8	4	-	-	2
Hartford, Conn.	63	45	10	6	2	-	5
Lowell, Mass.	30	19	11	-	-	-	3
Lynn, Mass.	13	10	2	-	1	-	-
New Bedford, Mass.	37	30	4	3	-	-	2
New Haven, Conn.	56	36	12	5	3	-	3
Providence, R.I.	67	57	7	2	1	-	4
Somerville, Mass.	7	5	1	1	-	-	-
Springfield, Mass.	53	41	7	5	-	-	8
Waterbury, Conn.	28	21	6	1	-	-	2
Worcester, Mass.	78	61	8	7	1	1	7
MID. ATLANTIC	2,573	1,798	438	245	37	55	181
Albany, N.Y.	58	41	9	6	1	1	4
Allentown, Pa.	20	19	1	-	-	-	2
Buffalo, N.Y.	113	79	15	5	4	10	3
Camden, N.J.	76	44	17	5	-	10	3
Elizabeth, N.J.	28	16	8	4	-	-	2
Erie, Pa.§	39	35	3	-	1	-	7
Jersey City, N.J.	42	28	7	5	1	1	-
New York City, N.Y.	1,410	967	251	151	21	20	82
Newark, N.J.	61	28	13	15	-	5	4
Paterson, N.J.	U	U	U	U	U	U	U
Philadelphia, Pa.	200	130	38	26	3	3	17
Pittsburgh, Pa.§	58	49	8	-	-	1	7
Reading, Pa.	20	17	1	2	-	-	6
Rochester, N.Y.	148	115	22	7	3	1	19
Schenectady, N.Y.	36	31	3	1	1	-	7
Scranton, Pa.§	36	28	6	2	-	-	3
Syracuse, N.Y.	138	105	20	11	2	-	9
Trenton, N.J.	37	20	11	3	-	3	3
Utica, N.Y.	20	19	1	-	-	-	1
Yonkers, N.Y.	33	27	4	2	-	-	2
E.N. CENTRAL	2,196	1,535	378	170	64	49	133
Akron, Ohio	84	62	14	8	-	-	-
Canton, Ohio	57	44	11	2	-	-	7
Chicago, Ill.	479	314	90	44	18	13	33
Cincinnati, Ohio	U	U	U	U	U	U	U
Cleveland, Ohio	232	150	43	25	7	7	4
Columbus, Ohio	212	151	38	14	4	5	23
Dayton, Ohio	163	113	36	4	6	4	6
Detroit, Mich.	252	150	48	34	12	8	9
Evansville, Ind.	52	36	11	4	1	-	1
Fort Wayne, Ind.	57	42	8	4	3	-	3
Gary, Ind.	27	15	5	4	2	1	2
Grand Rapids, Mich.	53	39	9	-	3	2	8
Indianapolis, Ind.	U	U	U	U	U	U	U
Madison, Wis.	U	U	U	U	U	U	U
Milwaukee, Wis.	178	140	25	7	2	4	13
Peoria, Ill.	38	31	2	4	1	-	4
Rockford, Ill.	62	47	10	3	1	1	6
South Bend, Ind.	57	47	7	2	-	1	2
Toledo, Ohio	95	73	12	6	1	3	8
Youngstown, Ohio	98	81	9	5	3	-	4
W.N. CENTRAL	709	522	108	34	18	11	43
Des Moines, Iowa	75	56	14	3	1	1	6
Duluth, Minn.	22	19	3	-	-	-	7
Kansas City, Kans.	6	4	1	-	-	1	1
Kansas City, Mo.	90	56	10	5	3	-	4
Lincoln, Nebr.	41	34	3	2	1	1	-
Minneapolis, Minn.	158	117	21	13	3	4	11
Omaha, Nebr.	122	85	28	3	4	2	7
St. Louis, Mo.	114	90	15	2	5	2	-
St. Paul, Minn.	73	55	11	6	1	-	6
Wichita, Kans.	8	6	2	-	-	-	1

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,229	803	230	131	30	34	80
Atlanta, Ga.	206	127	33	33	4	9	10
Baltimore, Md.	181	117	32	22	6	4	18
Charlotte, N.C.	U	U	U	U	U	U	U
Jacksonville, Fla.	146	102	26	13	1	4	11
Miami, Fla.	160	86	42	23	6	2	-
Norfolk, Va.	77	44	18	7	3	5	6
Richmond, Va.	55	38	11	2	2	2	3
Savannah, Ga.	31	24	2	4	-	1	4
St. Petersburg, Fla.	77	60	8	4	3	2	2
Tampa, Fla.	283	194	58	21	5	5	26
Washington, D.C.	U	U	U	U	U	U	U
Wilmington, Del.	13	11	-	2	-	-	-
E.S. CENTRAL	806	556	164	56	17	11	60
Birmingham, Ala.	158	104	35	8	5	4	7
Chattanooga, Tenn.	82	54	15	9	2	2	5
Knoxville, Tenn.	55	33	16	4	1	1	5
Lexington, Ky.	67	46	13	7	1	-	7
Memphis, Tenn.	136	103	21	8	3	1	10
Mobile, Ala.	117	80	30	3	3	1	12
Montgomery, Ala.	50	36	6	7	-	1	1
Nashville, Tenn.	141	100	28	10	2	1	13
W.S. CENTRAL	1,876	1,226	364	180	59	46	153
Austin, Tex.	101	69	18	12	-	2	7
Baton Rouge, La.	54	40	8	5	1	-	4
Corpus Christi, Tex.	55	46	6	3	-	-	6
Dallas, Tex.	302	167	71	44	14	6	10
El Paso, Tex.	122	89	20	7	2	3	9
Ft. Worth, Tex.	197	146	31	11	7	2	13
Houston, Tex.	325	195	84	32	11	3	32
Little Rock, Ark.	102	67	21	9	1	4	18
New Orleans, La.	140	77	26	20	2	15	-
San Antonio, Tex.	324	212	57	28	20	7	33
Shreveport, La.	45	34	5	4	-	2	4
Tulsa, Okla.	109	84	17	5	1	2	17
MOUNTAIN	1,166	818	189	89	49	21	116
Albuquerque, N.M.	140	96	21	15	6	2	8
Colo. Springs, Colo.	53	40	8	3	-	2	11
Denver, Colo.	141	92	27	12	8	2	12
Las Vegas, Nev.	222	161	31	19	10	1	16
Ogden, Utah	32	27	2	2	1	-	3
Phoenix, Ariz.	209	137	37	15	12	8	35
Pueblo, Colo.	28	21	6	1	-	-	4
Salt Lake City, Utah	133	98	18	5	8	4	14
Tucson, Ariz.	208	146	39	17	4	2	13
PACIFIC	1,469	1,048	236	127	28	29	191
Berkeley, Calif.	31	14	14	1	-	2	4
Fresno, Calif.	137	98	24	9	2	4	21
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	99	75	9	11	2	1	9
Long Beach, Calif.	69	51	10	5	2	1	17
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	U	U	U	U	U	U	U
Portland, Oreg.	93	69	14	4	4	2	12
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	211	148	30	26	4	3	35
San Francisco, Calif.	185	117	30	29	4	5	20
San Jose, Calif.	283	212	45	16	4	6	40
Santa Cruz, Calif.	32	24	4	4	-	-	7
Seattle, Wash.	169	113	37	16	2	1	2
Spokane, Wash.	81	62	13	3	2	1	14
Tacoma, Wash.	79	65	6	3	2	3	10
TOTAL	12,751¶	8,835	2,232	1,082	315	266	1,005

*Mortality data in this table are voluntarily reported from 121 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 these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.
¶Total includes unknown ages.
U: Unavailable -: no reported cases

TABLE III. Deaths in 121 U.S. cities,* week ending December 30, 1995 (52nd Week)

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	655	467	117	42	14	15	35
Boston, Mass.	193	127	42	14	5	5	8
Bridgeport, Conn.	40	31	6	3	-	-	2
Cambridge, Mass.	26	21	4	1	-	-	4
Fall River, Mass.	34	28	6	-	-	-	2
Hartford, Conn.	70	41	19	7	1	2	2
Lowell, Mass.	32	28	3	1	-	-	5
Lynn, Mass.	16	14	1	1	-	-	1
New Bedford, Mass.	29	24	2	3	-	-	2
New Haven, Conn.	53	31	10	4	5	3	3
Providence, R.I.	U	U	U	U	U	U	U
Somerville, Mass.	6	3	1	2	-	-	-
Springfield, Mass.	53	41	8	3	1	-	3
Waterbury, Conn.	30	23	4	1	-	2	2
Worcester, Mass.	73	55	11	2	2	3	1
MID. ATLANTIC	2,744	1,845	509	277	51	62	149
Albany, N.Y.	50	35	7	4	2	2	3
Allentown, Pa.	27	21	2	4	-	-	-
Buffalo, N.Y.	97	79	12	5	-	1	5
Camden, N.J.	28	16	8	2	1	1	-
Elizabeth, N.J.	35	27	5	3	-	-	-
Erie, Pa.§	43	36	5	2	-	-	2
Jersey City, N.J.	56	36	12	4	1	3	-
New York City, N.Y.	1,474	937	319	162	29	27	57
Newark, N.J.	68	31	17	18	1	1	6
Paterson, N.J.	32	18	3	9	-	2	2
Philadelphia, Pa.	410	278	74	38	9	11	32
Pittsburgh, Pa.§	67	55	6	2	1	3	4
Reading, Pa.	16	10	5	-	-	1	1
Rochester, N.Y.	128	107	12	6	1	2	17
Schenectady, N.Y.	25	20	3	1	-	1	1
Scranton, Pa.§	27	19	4	4	-	-	-
Syracuse, N.Y.	90	64	11	8	2	5	7
Trenton, N.J.	48	36	3	5	3	1	8
Utica, N.Y.	23	20	1	-	1	1	4
Yonkers, N.Y.	U	U	U	U	U	U	U
E.N. CENTRAL	1,961	1,329	381	150	47	54	155
Akron, Ohio	48	35	9	4	-	-	-
Canton, Ohio	36	26	5	5	-	-	10
Chicago, Ill.	479	286	101	54	16	22	41
Cincinnati, Ohio	67	44	13	4	4	2	7
Cleveland, Ohio	124	77	37	4	1	5	3
Columbus, Ohio	165	115	31	13	2	4	11
Dayton, Ohio	101	73	15	5	6	2	7
Detroit, Mich.	169	105	39	19	2	4	7
Evansville, Ind.	35	25	6	2	1	1	3
Fort Wayne, Ind.	44	32	6	5	1	-	2
Gary, Ind.	U	U	U	U	U	U	U
Grand Rapids, Mich.	77	53	11	7	3	3	13
Indianapolis, Ind.	132	89	27	9	5	2	12
Madison, Wis.	67	47	12	5	1	2	5
Milwaukee, Wis.	112	86	20	3	1	2	12
Peoria, Ill.	33	26	5	-	-	2	1
Rockford, Ill.	54	41	12	1	-	-	8
South Bend, Ind.	40	36	2	2	-	-	2
Toledo, Ohio	114	79	23	5	4	3	10
Youngstown, Ohio	64	54	7	3	-	-	1
W.N. CENTRAL	782	528	145	46	26	15	41
Des Moines, Iowa	57	48	5	-	1	3	5
Duluth, Minn.	41	31	8	2	-	-	3
Kansas City, Kans.	21	10	8	2	1	-	-
Kansas City, Mo.	110	60	19	4	4	1	8
Lincoln, Nebr.	39	23	11	1	2	2	5
Minneapolis, Minn.	173	130	23	13	3	4	12
Omaha, Nebr.	96	62	18	8	5	3	2
St. Louis, Mo.	127	83	27	10	7	-	3
St. Paul, Minn.	56	38	12	3	2	1	3
Wichita, Kans.	62	43	14	3	1	1	-

Reporting Area	All Causes, By Age (Years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
S. ATLANTIC	1,104	672	239	124	44	24	72
Atlanta, Ga.	103	53	26	14	5	5	3
Baltimore, Md.	175	101	43	23	6	2	15
Charlotte, N.C.	94	61	20	8	5	-	9
Jacksonville, Fla.	92	58	19	8	5	2	9
Miami, Fla.	116	63	31	12	7	3	2
Norfolk, Va.	53	31	9	7	3	3	2
Richmond, Va.	71	48	16	5	1	1	3
Savannah, Ga.	52	38	6	6	1	1	8
St. Petersburg, Fla.	41	29	7	5	-	-	1
Tampa, Fla.	161	103	30	18	5	4	11
Washington, D.C.	137	84	27	17	6	3	9
Wilmington, Del.	9	3	5	1	-	-	-
E.S. CENTRAL	510	336	106	46	16	6	48
Birmingham, Ala.	U	U	U	U	U	U	U
Chattanooga, Tenn.	44	36	7	1	-	-	3
Knoxville, Tenn.	99	67	18	9	5	-	12
Lexington, Ky.	54	36	11	3	2	2	2
Memphis, Tenn.	172	110	36	18	5	3	19
Mobile, Ala.	23	16	2	4	-	1	2
Montgomery, Ala.	23	15	7	1	-	-	1
Nashville, Tenn.	95	56	25	10	4	-	9
W.S. CENTRAL	1,223	802	251	115	29	26	83
Austin, Tex.	52	31	12	5	3	1	8
Baton Rouge, La.	31	22	8	1	-	-	-
Corpus Christi, Tex.	39	24	6	5	4	-	3
Dallas, Tex.	234	138	53	30	1	12	4
El Paso, Tex.	74	58	12	4	-	-	8
Ft. Worth, Tex.	96	65	19	8	3	1	5
Houston, Tex.	246	154	59	24	8	1	19
Little Rock, Ark.	82	60	12	7	3	-	5
New Orleans, La.	U	U	U	U	U	U	U
San Antonio, Tex.	190	126	33	19	5	7	13
Shreveport, La.	67	48	14	4	-	1	8
Tulsa, Okla.	112	76	23	8	2	3	10
MOUNTAIN	821	570	145	65	26	14	74
Albuquerque, N.M.	91	61	16	8	5	1	4
Colo. Springs, Colo.	37	31	3	2	1	-	5
Denver, Colo.	101	64	22	6	5	4	8
Las Vegas, Nev.	154	103	35	15	1	-	14
Ogden, Utah	23	17	5	1	-	-	2
Phoenix, Ariz.	153	105	23	11	8	5	16
Pueblo, Colo.	40	30	7	2	1	-	3
Salt Lake City, Utah	101	62	18	15	3	3	15
Tucson, Ariz.	121	97	16	5	2	1	7
PACIFIC	1,121	742	213	111	34	21	112
Berkeley, Calif.	24	18	3	3	-	-	3
Fresno, Calif.	32	23	4	3	2	-	1
Glendale, Calif.	U	U	U	U	U	U	U
Honolulu, Hawaii	76	45	23	5	1	2	6
Long Beach, Calif.	62	41	10	9	1	1	7
Los Angeles, Calif.	U	U	U	U	U	U	U
Pasadena, Calif.	22	17	3	-	-	2	-
Portland, Oreg.	144	105	20	12	5	2	16
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	145	92	26	19	4	4	17
San Francisco, Calif.	153	86	38	24	3	2	16
San Jose, Calif.	162	103	38	13	6	2	21
Santa Cruz, Calif.	45	36	5	3	1	-	8
Seattle, Wash.	113	68	21	13	8	3	2
Spokane, Wash.	57	46	4	4	1	2	8
Tacoma, Wash.	86	62	18	3	2	1	7
TOTAL	10,921¶	7,291	2,106	976	287	237	769

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†Pneumonia and influenza.
§Because of changes in reporting methods in these 3 Pennsylvania cities, 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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