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**MORBIDITY AND MORTALITY
WEEKLY REPORT**

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Entry Into Prenatal Care — United States, 1989–1997

Assuring early initiation of prenatal care (PNC) is an important component of safe motherhood programs, which aim to improve maternal and infant health outcomes. Women who receive delayed (i.e., entry into PNC after the first 12 weeks of pregnancy) or no PNC do not receive timely preventive care or education and are at risk for having undetected complications of pregnancy that can result in severe maternal morbidity and sometimes death (1,2). Despite overall improvements, the national health objective for 2000 to increase to at least 90% the proportion of pregnant women who enter PNC during the first trimester of pregnancy (objective 14.11) was not met (3). To increase the proportion of mothers receiving early PNC, Congress authorized the Medicaid expansion program in the mid-1980s, which allowed states to expand Medicaid eligibility criteria to include formerly ineligible pregnant women (4). To examine trends in delayed entry into PNC during 1989–1997 and barriers to obtaining early PNC, CDC analyzed data from two sources. This report summarizes the results of that analysis, which indicated that although more women are obtaining early PNC, racial/ethnic disparities still exist and lack of money or health insurance was not the only barrier to obtaining PNC.

CDC analyzed 1989–1997 birth certificate data for all 50 states and the District of Columbia to examine the extent to which women in the United States received delayed PNC or had no PNC. Analysis was restricted to the approximately 4 million live births to U.S. residents each year and for whom data were available on the month of their PNC entry.

CDC then used 1997 Pregnancy Risk Assessment Monitoring System (PRAMS) data for 13 states* to assess reasons for delayed PNC or no PNC among women. PRAMS is an ongoing, state-based surveillance system that randomly samples birth certificates and collects information from mothers on pregnancy-related behaviors and experiences. The 20,345 women in the study represented approximately 842,000 women who gave birth to live-born infants in 1997 in the 13 states for which response rates exceeded 70%. SUDAAN was used for analysis, and data were weighted to adjust for survey design, nonresponse, and sampling frame noncoverage.

During 1989–1997, the percentage of women with delayed PNC or no PNC decreased from 25% to 18%, with improvement in both delayed PNC (from 22% to 16%) and in no PNC (from 2% to 1%) (Table 1). The decrease in no PNC during 1989–1997 resulted in an

*Alabama, Alaska, Arkansas, Colorado, Florida, Georgia, Maine, North Carolina, New York (excluding New York City), Oklahoma, South Carolina, Washington, and West Virginia.

TABLE 1. Percentage of live-born infants born to women with delayed* or no prenatal care (PNC) and absolute and relative percentage change in PNC, by maternal characteristics — United States, 1989 and 1997†

Characteristic	1989 [§]			1997 [§]			Absolute % decrease 1989–1997			Relative % decrease 1989–1997 [¶]		
	Delayed	None	Total	Delayed	None	Total	Delayed	None	Total	Delayed	None	Total
Race/Ethnicity												
Black, non-Hispanic	34.9	5.2	40.1	24.9	2.9	27.7	10.0	2.3	12.4	29	44	31
White, non-Hispanic	16.3	1.1	17.3	11.4	0.7	12.1	4.9	0.4	5.2	30	36	30
Hispanic	36.0	4.5	40.5	24.7	1.7	26.3	11.3	2.8	14.2	31	62	35
Age group (yrs)												
<20	42.6	3.9	46.5	30.2	2.1	32.3	12.4	1.8	14.2	29	46	31
20–24	28.3	2.8	31.1	21.3	1.4	22.7	7.0	1.4	8.4	25	50	27
25–34	15.5	1.5	17.1	11.6	0.9	12.5	3.9	0.6	4.6	25	40	27
≥35	15.4	1.6	17.0	11.2	1.1	12.3	4.2	0.5	4.7	27	31	28
Education												
<High school	40.1	4.9	45.0	29.9	2.6	32.4	10.2	2.3	12.6	25	47	28
High school	22.8	1.9	24.7	17.6	1.2	18.8	5.2	0.7	5.9	23	37	24
High school and some college	11.4	0.6	12.0	8.5	0.5	9.0	2.9	0.1	3.0	25	17	25
No. births												
1	21.1	1.5	22.6	14.9	0.9	15.8	6.2	0.6	6.8	29	40	30
≥2	23.3	2.6	25.8	17.2	1.4	18.6	6.1	1.2	7.2	26	46	28
Total	22.4	2.2	24.5	16.2	1.2	17.5	6.2	1.0	7.0	28	46	29

* Entry into prenatal care after the first 12 weeks of pregnancy.

† Records for live-born infants born to U.S. residents delivering in the 50 states and the District of Columbia that had information on initiation of PNC (3,955,349 in 1989 and 3,780,202 in 1997). An average of 2.3% of birth certificates annually were missing information on initiation of PNC.

§ Numbers may not add to total because of rounding.

¶ Relative percentage change was calculated as percent change=1997 minus 1989 divided by 1989 multiplied by 100.

Prenatal Care — Continued

estimated 206,000 additional women entering PNC who may not have done so had the 1989 rate remained unchanged. Groups more likely to have delayed or no PNC during 1989–1997 included non-Hispanic blacks, Hispanics, women aged <20 years, women with <12 years of education, and multiparous women. However, those same groups generally had larger absolute improvements in delayed and no PNC during 1989–1997. For example, the prevalence of Hispanic women with delayed or no PNC decreased from 41% to 26%, and for women aged <20 years, from 47% to 32%. Improvements in the percentages of women with no PNC occurred for all racial/ethnic groups during 1989–1995, but then leveled off for non-Hispanic black and non-Hispanic white women (Figure 1).

Data from 1997 PRAMS indicated that 56% of women with delayed or no PNC wanted to begin PNC earlier. Reasons for delayed or no PNC varied by racial/ethnic group, age, or method of payment for PNC (Table 2). The most common reason for not receiving care earlier was “I didn’t know that I was pregnant” (non-Hispanic black [44%], non-Hispanic white [37%], women aged <20 years [47%], and women whose PNC was paid for by private insurance [44%]). The second most cited barrier to earlier PNC entry was “I didn’t have enough money or insurance to pay for my visits” (Hispanics [41%], non-Hispanic whites [36%], women aged 20–24 years [36%], and women whose PNC was paid for by a method other than public or private insurance [36%]). Among women whose PNC was paid for by public assistance (e.g., Medicaid and state programs), 33% cited the latter reason as a barrier to early care. The third most common reason for not receiving early PNC was inability to get an appointment (Hispanics [27%] and women aged ≥35 years [36%]).

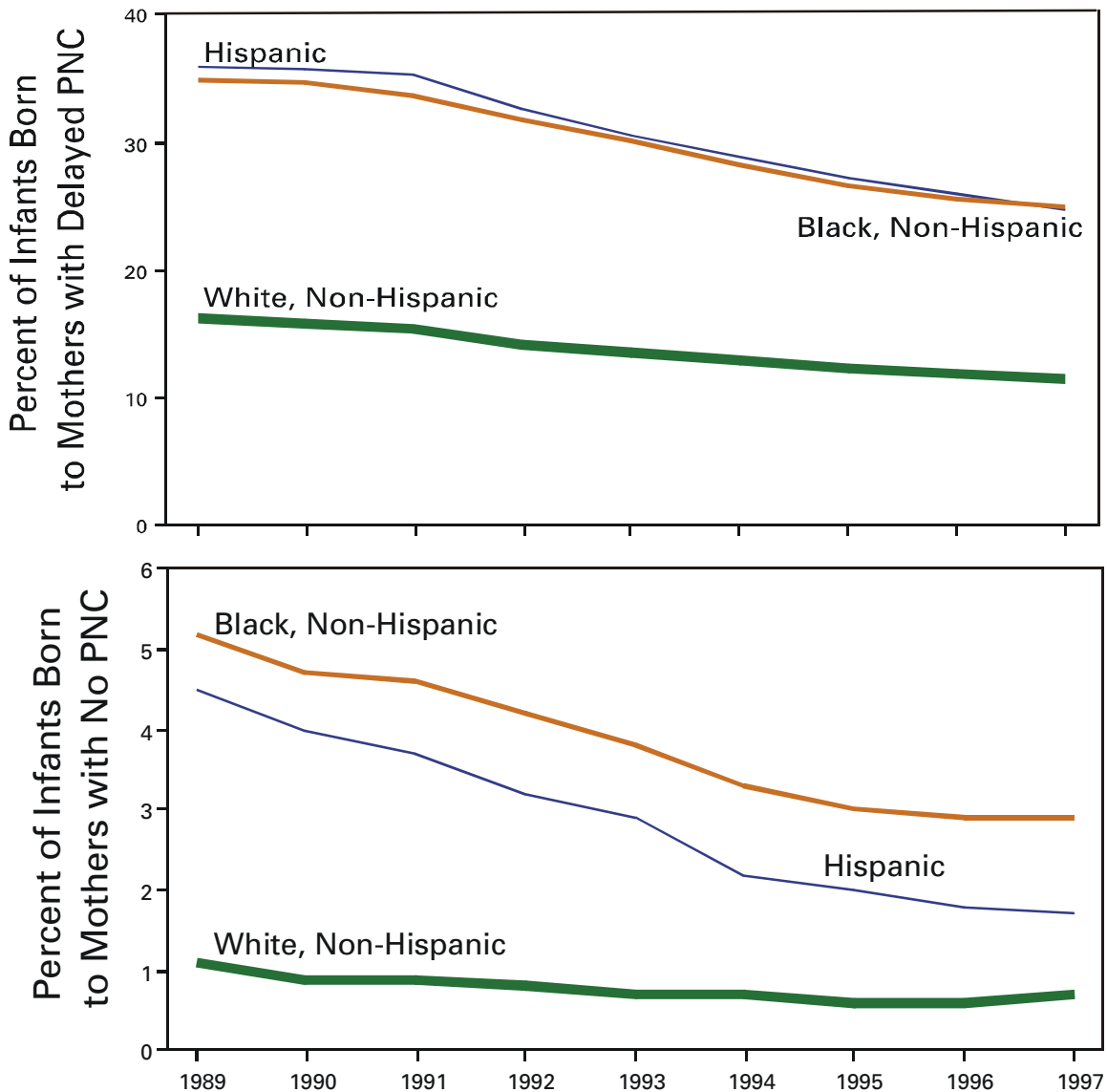
Reported by: Statistics and Computer Resources Br, Program Svcs and Development Br, Pregnancy and Infant Health Br, Div of Reproductive Health, National Center for Chronic Disease Prevention and Public Health Promotion; Reproductive Statistics Br, Div of Vital Statistics, National Center for Health Statistics, CDC.

Editorial Note: During 1989–1997, the prevalence of delayed or no PNC improved each year among women delivering a live-born infant in the United States. Improvements in access to early PNC may, in part, be attributed to the Medicaid expansion program (5). States responded to this change in the Medicaid regulations by implementing various programs that differed in regards to eligibility criteria and breadth of assistance (6,7).

Evaluations of Medicaid expansion programs have shown that as more low-income women become eligible for Medicaid, more of these women accessed early PNC (8). However, as of 1998, no states had achieved the national health objective for 2000 for early PNC. Although the goals emphasized resolving health disparities, only one state had reached these goals for black women and no state had achieved them for Hispanic women (9). In 1997, the percentages of non-Hispanic black women and Hispanic women with delayed or no PNC remained approximately two times that of white women, approximately the same as in 1989. Such continuing disparities in obtaining early PNC mirror the disparities in many reproductive health outcomes among non-Hispanic black and Hispanic women compared with non-Hispanic white women.

Although Medicaid expansion has contributed substantially to improving access to early PNC by removing financial barriers for women, a substantial proportion of pregnant women still did not receive PNC during the first trimester. More than half of women with delayed or no PNC would have liked to obtain earlier care, and these women cited various reasons for delayed entry, with these reasons varying by group. The most frequent reasons for delay were not knowing that they were pregnant, lack of money or

Prenatal Care — Continued

FIGURE 1. Percentage of live-born infants born to women in the 50 states and District of Columbia with delayed* or no prenatal care, by race/ethnicity, 1989–1997

*Entry into prenatal care after the first 12 weeks of pregnancy.

insurance coverage, and inability to get an appointment earlier. These reasons suggest a need for improved health education, women's health services, and coverage of early PNC services.

The findings in this report are subject to at least three limitations. First, the findings examined only one variable at a time and do not account for overlaps between demographic and socioeconomic groups of women (e.g., non-Hispanic black mothers are more

TABLE 2. Percentage of women with delayed* or no prenatal care (PNC) who did not get PNC as soon as they wanted and their reasons for not getting care sooner — 13 states†, Pregnancy Risk Assessment Monitoring System (PRAMS), 1997

Characteristic	Did not get care as soon as wanted		Most common reasons for not getting PNC sooner [‡]					
	%	(95% CI [§])	Didn't know pregnant		No money/Insurance		Could not get appointment	
			%	(95% CI)	%	(95% CI)	%	(95% CI)
Race/Ethnicity								
Black, non-Hispanic	56.2	(51.9–60.6)	44.3	(38.6–50.0)	14.4	(10.5–18.4)	14.0	(9.6–18.3)
White, non-Hispanic	57.8	(54.2–61.5)	36.6	(32.0–41.2)	35.7	(31.1–40.3)	20.7	(17.1–24.3)
Hispanic	52.1	(43.8–60.5)	18.2	(10.5–26.0)	41.3	(29.0–53.5)	27.4	(15.7–39.2)
Age group (yrs)								
<20	64.9	(60.4–69.5)	47.4	(41.4–53.3)	22.9	(17.5–28.3)	12.2	(8.6–15.9)
20–24	59.8	(54.9–64.7)	34.0	(28.2–39.9)	36.0	(29.6–42.4)	21.6	(15.8–27.4)
25–34	50.0	(45.5–54.5)	30.6	(24.9–36.4)	31.2	(25.1–37.2)	21.6	(16.4–26.8)
≥35	43.5	(34.6–52.3)	24.5	(12.9–36.2)	29.2	(18.4–39.9)	35.5	(23.0–48.1)
Insurance								
Public	57.6	(54.2–60.9)	36.1	(32.0–40.3)	32.7	(28.4–37.1)	19.8	(16.0–23.6)
Private	46.6	(41.7–51.5)	43.5	(36.3–50.6)	18.6	(13.3–23.9)	21.9	(16.1–27.6)
Other	66.4	(59.4–73.3)	25.3	(17.5–33.2)	36.2	(27.2–45.2)	18.5	(11.5–25.4)
Total	56.1	(54.2–61.5)	36.3	(33.0–39.6)	30.0	(26.7–33.3)	19.8	(17.0–22.7)

* Entry into prenatal care after the first 12 weeks of pregnancy.

† Alabama, Alaska, Arkansas, Colorado, Florida, Georgia, Maine, North Carolina, New York (excluding New York City), Oklahoma, South Carolina, Washington, and West Virginia.

§ Confidence interval.

¶ PRAMS asked women the question, “Did any of these things keep you from getting prenatal care as early as you wanted?” In addition to the responses in this table, answers included “I had no way to get to the clinic or doctor’s office,” “I couldn’t find a doctor or a nurse who would take me as a patient,” “I had no one to take care of my children,” “I had too many other things going on,” and “Other.” Respondents may have selected more than one answer.

Prenatal Care — Continued

likely to be aged <20 years than non-Hispanic white mothers). Second, although the measure used for initiation of care addresses the timing of PNC initiation, it does not account for the frequency, quality, or satisfaction with the PNC received. Finally, despite being representative of all women delivering a live-born infant in their states, PRAMS data are only available for a limited number of states and are not representative of all U.S. births.

Early, high-quality PNC is one of the cornerstones of a safe motherhood program, which begins before conception, continues with appropriate PNC and protection from pregnancy complications, and maximizes healthy outcomes for women, infants, and families. Barriers that keep women from entering PNC must be better understood to improve maternal health and to eliminate racial/ethnic disparities in the health outcomes of mothers and infants. Systems such as PRAMS provide the opportunity to understand the reasons women find it difficult to begin PNC early and to monitor changes in access to PNC. Only when timely services are available and accessible to women in their communities can strategies to assure safe motherhood provide the best start for pregnant women and their infants.

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Scombroid Fish Poisoning — Pennsylvania, 1998

In December 1998, the Chester County Health Department (CCHD) in Pennsylvania received reports of four cases of scombroid fish poisoning among patrons at a local restaurant. This report summarizes the investigation of these cases by CCHD, the Pennsylvania Department of Agriculture (PDaG), and the Pennsylvania Department of Health (PDOH). Findings from this investigation suggest that initial processes that are not regulated by the Food and Drug Administration (FDA) (i.e., from hooking the fish to unloading the fish on the dock) may permit scobrotoxin formation.

Scombroid Fish Poisoning — Continued

On December 3, 1998, four adults became ill after eating tuna-spinach salad at the restaurant. Symptoms of illness included a burning sensation in the mouth, a metallic taste, facial flushing, nausea, diarrhea, sweating, and headache; symptoms occurred approximately 5 minutes to 2 hours after eating the salad. One patient was taken to the local emergency department and treated with diphenhydramine, cimetidine, and epinephrine. The other three patients were not examined by physicians and their symptoms resolved within a few hours. A presumptive diagnosis of scombroid fish poisoning was made based on clinical and epidemiologic features of the illness.

A sample of the remaining fish obtained from the restaurant was sent to PDOH for testing. The fish was positive for coliform and *Escherichia coli*, and tests were positive for histamine levels >50 ppm (fresh fish normally contain histamine levels of <10 ppm [1]) using an enzyme-linked immunoabsorbent assay.

CCHD and PDAg conducted a traceback investigation of the source of the tuna. The wholesale-to-retail chain of events involved transporting the fish across national, state, and municipal borders and involved five transporters and four processors. The tuna was from a 40–60 lb yellow-fin tuna caught by a commercial fishing boat in the Gulf of Mexico during late November 1998. The fish was caught using the long-line method, which uses a mainline up to 60 miles long with a series of suspended hook lines. The water temperature where the fish was caught was 78.5 F (25.8 C). The catch of tuna was shipped from the fishing boat in iced vats by truck to a processor on November 24. The average temperature of the fish was 32 F–33 F (0 C–1 C). Of this catch, 785 lbs of tuna were shipped the same day to the wholesaler in Pennsylvania. The wholesaler received the shipment on November 27, and the average temperature of the fish was recorded as 36 F (2 C). Three of these fish were delivered to the retail supplier; two large fillets, weighing 11.1 lbs each and noted to be in good physical appearance, were delivered to the restaurant on November 27. The fish was divided into 30 portions, kept in the freezer, and removed for thawing as needed for use. During November 28–December 4, 17 portions of the fish were served. The only four persons reporting illness ate the tuna-spinach salad on December 3.

CCHD and PDAg reviewed the records of each distributor involved in the wholesale-to-retail process of the tuna. All of the fish plants involved were inspected regularly by the FDA and/or PDAg and have Hazard Analysis and Critical Control Point (HACCP) procedures. No deviations in HACCP procedures in the wholesale-to-retail distribution of the tuna could be identified. However, the long-line method of fishing is not covered as part of the FDA Seafood HACCP regulations.

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Editorial Note: Scombroid fish poisoning has been associated primarily with the consumption of tuna, mahi-mahi, and bluefish. It is caused by histamine and other products produced by certain bacteria on some types of fish; these bacteria grow in warm temperatures and produce the enzyme histidine decarboxylase that converts free histidine in fish flesh to histamine and other products (2–6).

National surveillance data on scombroid fish poisoning is based on outbreaks of acute foodborne disease reported by state health departments to CDC (7,8). During 1988–1997, scombroid fish poisoning was reported in 145 outbreaks involving 811 persons from at least 20 states (7,8); however, many cases probably are not reported.

Scombroid Fish Poisoning — Continued

Since December 18, 1997, all processors of fish are required by FDA to conduct a hazard analysis of their operation and to implement a HACCP plan to control each identified hazard (9). The HACCP plan must be specific for each location where fish and fish products are processed and for each species processed (10). The fish implicated in these scombroid fish poisonings was caught by the long-line method of fishing, which consists of suspending a monofilament line, up to 60 miles long, with up to 3000 baited hooks in the water. The retrieval process may take up to 12–14 hours, and the fish may be retained on the lines up to 20 hours. Although no deviations in HACCP procedures were documented in this outbreak, the time from hooking the fish to unloading the fish on the dock is not covered by HACCP. Conditions permitting histamine production could have occurred while the fish were in warm water suspended on the long line.

Scobrotoxin formation also could have resulted from fish handling practices anywhere along the distribution chain after the fish was caught to serving at the restaurant. The reportedly good color and appearance of the fish at the retailer and the lack of other reported illnesses may indicate that scobrotoxin formation occurred at the restaurant during processing and handling of the fish.

This outbreak suggests interventions that could reduce the risk for scombroid poisoning. First, consideration should be given to limiting the amount of time that fish can remain on the line during the long-line method of fishing. Second, efforts should focus on maintaining adequate refrigeration of fish during distribution and in restaurants to prevent conditions favorable for scobrotoxin production. The key to prevention of scombroid fish poisoning is continuous icing or refrigeration at ≤ 32 F (≤ 0 C) of all potential scobrotoxin-producing fish from the time they are caught until they are cooked.

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Notice to Readers

Call for Abstracts: International Conference on Emerging Infectious Diseases 2000

The International Conference on Emerging Infectious Diseases 2000 (ICEID 2000) is calling for "Latebreaker" abstracts. Abstracts can be submitted online by June 9, 2000, at the American Society for Microbiology World-Wide Web site, <http://www.asmtusa.org/mtgsrc/iceid99main.htm>.*

ICEID 2000 will be July 16–19, 2000, at the Marriott Marquis Hotel in Atlanta, Georgia. Cosponsors include CDC, Council of State and Territorial Epidemiologists, American Society for Microbiology, Association of Public Health Laboratories, CDC Foundation, and World Health Organization.

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Notice to Readers

International Course in Applied Epidemiology

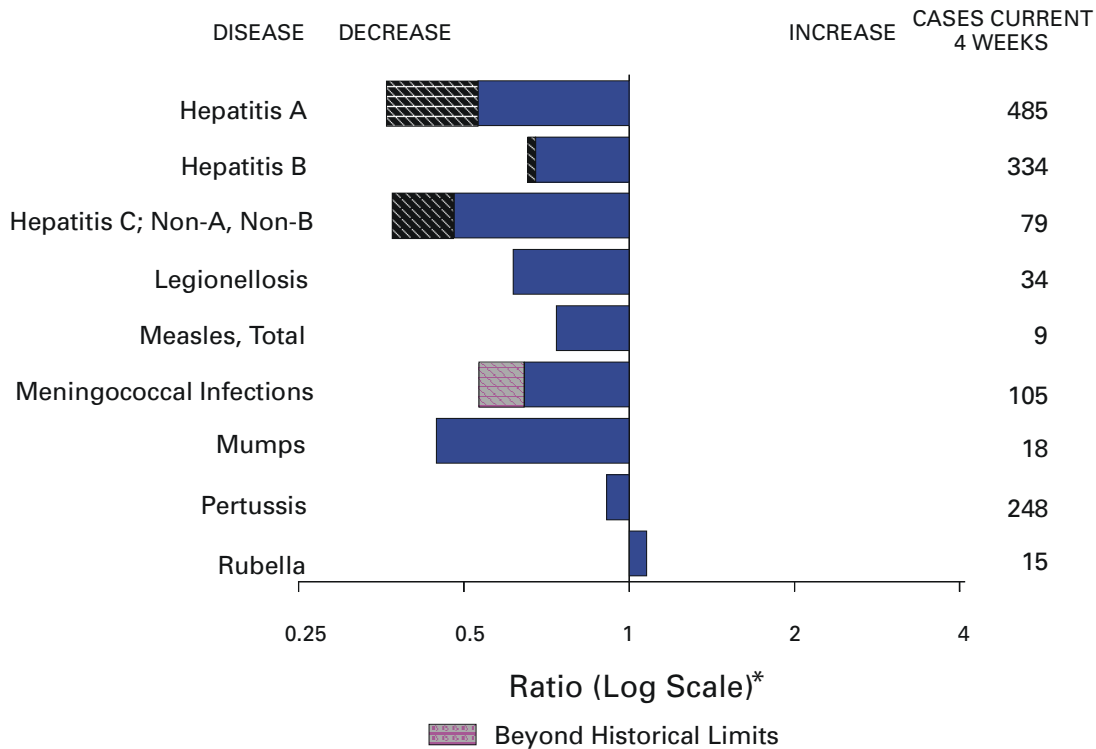
CDC and Emory University's Rollins School of Public Health will cosponsor a course, "International Course in Applied Epidemiology" on October 2–27, 2000, in Atlanta, Georgia. This basic course in epidemiology is directed at public health professionals from countries other than the United States.

The course's content includes presentations and discussions of epidemiologic principles, basic statistical analysis, public health surveillance, field investigations, surveys and sampling, and discussions of the epidemiologic aspects of current major public health problems in international health. Included are small group discussions of epidemiologic case exercises based on field investigations. Participants are encouraged to give a short presentation reviewing some epidemiologic data from their own country. Computer training using Epi-Info, a software program developed at CDC and the World Health Organization for epidemiologists is included. Prerequisites are familiarity with the vocabulary and principles of basic epidemiology or completion of CDC's "Principles of Epidemiology" home-study course (SS3030) or equivalent. Preference will be given to applicants whose work involves priority public health problems in international health. There is a tuition charge.

Additional information and applications are available from Emory University, Rollins School of Public Health, International Health Dept. (PIA), 1518 Clifton Road N.E., Room 746, Atlanta, GA 30322; telephone (404) 727-3485; fax (404) 727-4590; or email pvaleri@sph.emory.edu, or on the World-Wide Web at <http://www.sph.emory.edu/EPICOURSES>.*

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FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals ending May 6, 2000, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending May 6, 2000 (18th Week)

	Cum. 2000		Cum. 2000
Anthrax	-	HIV infection, pediatric**§	32
Brucellosis*	11	Plague	2
Cholera	-	Poliomyelitis, paralytic	-
Congenital rubella syndrome	4	Psittacosis*	5
Cyclosporiasis*	5	Rabies, human	-
Diphtheria	-	Rocky Mountain spotted fever (RMSF)	36
Encephalitis: California serogroup viral*	2	Streptococcal disease, invasive, group A	1,092
eastern equine*	-	Streptococcal toxic-shock syndrome*	40
St. Louis*	-	Syphilis, congenital†	25
western equine*	-	Tetanus	6
Ehrlichiosis human granulocytic (HGE)*	21	Toxic-shock syndrome	46
human monocytic (HME)*	1	Trichinosis	2
Hansen disease (leprosy)*	12	Typhoid fever	96
Hantavirus pulmonary syndrome**†	2	Yellow fever	-
Hemolytic uremic syndrome, postdiarrheal*	30		

-: No reported cases.

*Not notifiable in all states.

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

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP). Last update March 26, 2000.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	AIDS		Chlamydia [†]		Cryptosporidiosis		<i>Escherichia coli</i> O157:H7*			
	Cum. 2000 [‡]	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
							Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	10,143	14,727	188,021	226,741	359	527	484	415	271	352
NEW ENGLAND	666	759	7,233	7,282	18	29	45	61	37	61
Maine	11	15	382	245	5	3	3	4	3	-
N.H.	8	24	360	365	1	4	5	3	4	8
Vt.	1	5	192	177	8	5	1	6	2	1
Mass.	446	481	3,556	3,170	2	14	14	32	14	30
R.I.	21	52	803	785	2	-	-	1	-	3
Conn.	179	182	1,940	2,540	-	3	22	15	14	19
MID. ATLANTIC	2,471	3,595	9,824	27,460	36	117	61	30	45	18
Upstate N.Y.	131	402	N	N	26	33	58	23	38	2
N.Y. City	1,441	1,895	2,148	13,137	5	68	2	2	-	-
N.J.	563	752	1,711	4,372	1	8	1	5	2	16
Pa.	336	546	5,965	9,951	4	8	N	N	5	-
E.N. CENTRAL	921	1,104	31,058	35,931	60	90	83	80	21	55
Ohio	139	185	7,392	10,645	18	15	17	32	7	15
Ind.	88	146	4,283	4,117	6	7	18	13	7	10
Ill.	542	504	8,619	9,685	3	12	27	22	-	13
Mich.	114	214	8,283	7,730	10	13	13	13	4	11
Wis.	38	55	2,481	3,754	23	43	8	N	3	6
W.N. CENTRAL	203	286	11,586	13,133	27	31	90	74	60	78
Minn.	44	45	2,223	2,673	4	13	18	16	28	23
Iowa	15	37	1,457	1,392	7	6	17	8	4	3
Mo.	90	105	4,277	4,764	8	5	36	9	14	8
N. Dak.	-	4	61	331	1	-	6	3	4	2
S. Dak.	2	11	611	576	3	2	2	1	2	4
Nebr.	13	24	1,049	1,272	2	4	4	30	5	38
Kans.	39	60	1,908	2,125	2	1	7	7	3	-
S. ATLANTIC	2,848	4,079	39,656	47,580	77	94	46	44	20	32
Del.	45	50	989	995	1	-	-	3	-	-
Md.	271	466	3,891	4,683	5	6	8	2	1	-
D.C.	186	159	1,108	N	-	4	-	-	U	U
Va.	221	226	4,961	5,116	3	5	10	10	7	10
W. Va.	15	24	450	723	-	-	2	1	2	1
N.C.	128	268	6,863	7,836	6	1	8	8	2	9
S.C.	232	401	3,431	7,354	-	-	2	5	-	3
Ga.	300	583	7,016	10,527	49	58	4	3	3	U
Fla.	1,450	1,902	10,947	10,346	13	20	12	12	5	9
E.S. CENTRAL	415	631	17,187	15,489	15	5	27	30	16	18
Ky.	56	104	2,795	2,621	-	1	10	8	4	5
Tenn.	172	283	4,987	4,857	3	2	10	11	10	7
Ala.	120	111	5,616	3,797	7	1	1	6	-	5
Miss.	67	133	3,789	4,214	5	1	6	5	2	1
W.S. CENTRAL	824	1,544	30,003	30,245	11	34	17	16	30	22
Ark.	42	56	1,794	1,921	1	-	4	4	3	3
La.	143	161	5,856	4,914	-	17	-	3	11	3
Okla.	42	46	2,676	2,778	1	1	4	4	3	4
Tex.	597	1,281	19,677	20,632	9	16	9	5	13	12
MOUNTAIN	342	535	9,749	11,491	26	28	44	31	15	23
Mont.	5	4	400	494	2	2	8	2	-	-
Idaho	6	8	584	632	3	2	7	1	-	3
Wyo.	2	3	276	279	2	-	3	2	2	3
Colo.	70	102	1,051	2,407	6	4	14	12	7	5
N. Mex.	40	18	1,207	1,488	1	11	1	2	-	1
Ariz.	115	270	4,389	4,393	3	7	9	6	5	3
Utah	41	54	884	690	8	N	1	6	1	6
Nev.	63	76	958	1,108	1	2	1	-	-	2
PACIFIC	1,453	2,194	31,725	38,130	89	99	71	49	27	45
Wash.	148	115	4,257	4,021	N	N	9	12	13	19
Oreg.	35	50	1,799	2,160	3	8	12	13	9	11
Calif.	1,230	1,990	24,138	30,160	86	91	45	23	-	14
Alaska	5	6	862	685	-	-	1	-	-	-
Hawaii	35	33	669	1,104	-	-	4	1	5	1
Guam	13	1	-	169	-	-	N	N	U	U
P.R.	187	494	142	U	-	-	1	6	U	U
V.I.	16	13	-	U	-	U	-	U	U	U
Amer. Samoa	-	-	-	U	-	U	-	U	U	U
C.N.M.I.	-	-	-	U	-	U	-	U	U	U

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

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

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

‡ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update March 26, 2000.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	Gonorrhea		Hepatitis C; Non-A, Non-B		Legionellosis		Lyme Disease	
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	99,833	119,826	867	1,253	217	297	1,038	1,715
NEW ENGLAND	1,964	2,330	20	5	13	20	149	433
Maine	26	17	-	1	2	2	-	1
N.H.	32	23	-	-	2	2	18	-
Vt.	18	21	2	2	-	3	1	-
Mass.	917	920	18	1	6	5	63	160
R.I.	205	205	-	1	-	2	-	10
Conn.	766	1,144	-	-	3	6	67	262
MID. ATLANTIC	6,738	14,481	19	44	41	81	679	914
Upstate N.Y.	2,111	1,986	19	21	20	23	339	316
N.Y. City	817	5,474	-	-	-	10	4	28
N.J.	1,008	2,540	-	-	-	5	-	140
Pa.	2,802	4,481	-	23	21	43	336	430
E.N. CENTRAL	19,279	21,667	84	719	59	90	12	69
Ohio	4,257	5,668	2	-	28	28	11	13
Ind.	1,962	2,280	1	-	13	7	-	2
Ill.	6,053	6,806	5	15	3	10	1	3
Mich.	5,692	5,420	76	234	10	27	-	1
Wis.	1,315	1,493	-	470	5	18	U	50
W.N. CENTRAL	4,994	5,414	200	55	15	13	41	26
Minn.	873	995	1	-	1	-	11	8
Iowa	322	328	-	-	3	5	1	2
Mo.	2,578	2,581	186	53	8	5	8	11
N. Dak.	4	34	-	-	-	-	-	1
S. Dak.	89	53	-	-	1	1	-	-
Nebr.	349	576	1	2	-	2	-	-
Kans.	779	847	12	-	2	-	21	4
S. ATLANTIC	29,520	35,379	36	75	46	32	127	189
Del.	540	606	-	-	4	2	10	9
Md.	2,695	4,418	5	21	14	4	88	145
D.C.	805	2,353	-	-	-	-	-	1
Va.	3,582	3,252	1	7	3	8	12	7
W. Va.	118	221	3	11	N	N	4	4
N.C.	5,918	6,763	9	18	6	6	4	20
S.C.	3,850	3,657	-	12	2	6	-	2
Ga.	4,462	6,868	-	1	2	-	-	-
Fla.	7,550	7,241	18	5	15	6	9	1
E.S. CENTRAL	12,110	12,092	137	87	6	14	-	22
Ky.	1,135	1,176	15	5	4	7	-	2
Tenn.	3,803	3,758	32	37	1	5	-	8
Ala.	4,180	3,472	5	1	1	2	-	6
Miss.	2,992	3,686	85	44	-	-	-	6
W.S. CENTRAL	15,639	17,156	234	139	4	1	1	5
Ark.	971	888	3	7	-	-	-	-
La.	4,215	4,285	144	103	2	1	1	3
Okla.	1,183	1,444	1	3	1	-	-	2
Tex.	9,270	10,539	86	26	1	-	-	-
MOUNTAIN	3,290	3,132	79	77	14	20	-	3
Mont.	8	16	1	4	-	-	-	-
Idaho	26	32	-	4	1	-	-	-
Wyo.	25	10	49	29	1	-	-	1
Colo.	1,019	737	12	11	6	2	-	-
N. Mex.	263	252	4	12	1	1	-	1
Ariz.	1,451	1,586	10	13	2	2	-	-
Utah	100	71	-	2	3	9	-	1
Nev.	398	428	3	2	-	6	-	-
PACIFIC	6,299	8,175	58	52	19	26	29	54
Wash.	759	734	7	5	6	7	-	1
Oreg.	216	309	13	6	N	N	2	2
Calif.	5,140	6,854	38	41	13	18	27	51
Alaska	101	125	-	-	-	1	-	-
Hawaii	83	153	-	-	-	-	N	N
Guam	-	25	-	-	-	-	-	-
P.R.	131	136	1	-	-	-	N	N
V.I.	-	U	-	U	-	U	-	U
Amer. Samoa	-	U	-	U	-	U	-	U
C.N.M.I.	-	U	-	U	-	U	-	U

N: Not notifiable.

U: Unavailable.

- : No reported cases.

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	Malaria		Rabies, Animal		Salmonellosis*			
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	NETSS		PHLIS	
					Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999
UNITED STATES	284	383	1,598	1,913	7,653	8,598	4,459	7,877
NEW ENGLAND	7	16	209	295	508	487	452	519
Maine	1	1	53	54	42	34	15	23
N.H.	-	-	3	16	36	18	29	24
Vt.	2	1	15	51	38	20	40	22
Mass.	2	6	72	62	286	291	253	290
R.I.	-	-	5	35	22	22	26	40
Conn.	2	8	61	77	84	102	89	120
MID. ATLANTIC	40	116	305	361	932	1,231	809	934
Upstate N.Y.	17	26	229	243	274	265	203	282
N.Y. City	13	53	U	U	242	352	311	363
N.J.	4	26	49	72	207	295	124	272
Pa.	6	11	27	46	209	319	171	17
E.N. CENTRAL	27	45	10	18	1,131	1,349	542	1,162
Ohio	3	8	3	5	291	269	173	225
Ind.	2	6	-	-	131	95	99	107
Ill.	13	20	-	-	370	444	1	431
Mich.	9	8	7	13	205	283	193	267
Wis.	-	3	-	-	134	258	76	132
W.N. CENTRAL	14	14	167	250	419	519	381	613
Minn.	4	2	24	35	46	150	115	202
Iowa	-	4	23	42	63	59	25	51
Mo.	1	7	4	7	172	154	128	202
N. Dak.	2	-	48	48	14	8	18	20
S. Dak.	-	-	40	74	24	21	24	28
Nebr.	1	-	-	1	36	46	37	44
Kans.	6	1	28	43	64	81	34	66
S. ATLANTIC	82	86	673	695	1,502	1,569	803	1,398
Del.	2	-	10	20	20	35	22	41
Md.	32	27	141	153	214	215	173	234
D.C.	2	7	-	-	1	31	U	U
Va.	17	19	177	165	182	184	139	156
W. Va.	-	1	38	39	39	25	27	27
N.C.	8	7	145	144	226	278	122	288
S.C.	1	-	49	56	128	89	79	101
Ga.	2	7	67	61	256	285	235	390
Fla.	18	18	46	57	436	427	6	161
E.S. CENTRAL	11	8	68	90	416	469	227	310
Ky.	2	2	10	19	87	103	36	80
Tenn.	2	3	39	30	102	124	109	112
Ala.	6	3	19	41	142	137	74	102
Miss.	1	-	-	-	85	105	8	16
W.S. CENTRAL	3	11	27	39	500	747	485	630
Ark.	1	2	-	-	85	86	22	66
La.	2	7	-	-	58	113	95	120
Okla.	-	1	27	39	81	92	55	64
Tex.	-	1	-	-	276	456	313	380
MOUNTAIN	16	15	67	62	796	764	473	713
Mont.	1	2	23	23	31	16	-	1
Idaho	-	1	-	-	43	27	-	32
Wyo.	-	-	21	23	17	8	3	11
Colo.	8	5	-	1	231	243	186	249
N. Mex.	-	2	3	-	61	88	44	90
Ariz.	2	4	19	15	225	217	144	170
Utah	3	1	1	-	117	106	96	108
Nev.	2	-	-	-	71	59	-	52
PACIFIC	84	72	72	103	1,449	1,463	287	1,598
Wash.	5	5	-	-	93	121	127	219
Oreg.	18	8	-	1	103	109	107	157
Calif.	60	54	60	97	1,172	1,126	-	1,125
Alaska	-	-	12	5	21	11	8	7
Hawaii	1	5	-	-	60	96	45	90
Guam	-	-	-	-	-	19	U	U
P.R.	-	-	12	33	18	151	U	U
V.I.	-	U	-	U	-	U	U	U
Amer. Samoa	-	U	-	U	-	U	U	U
C.N.M.I.	-	U	-	U	-	U	U	U

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

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

TABLE II. (Cont'd) Provisional cases of selected notifiable diseases, United States, weeks ending May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	Shigellosis*				Syphilis (Primary & Secondary)		Tuberculosis	
	NETSS		PHLIS		Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999 [†]
	Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999				
UNITED STATES	4,581	4,172	1,666	2,346	2,072	2,298	3,080	4,704
NEW ENGLAND	96	100	69	95	25	24	111	122
Maine	4	2	-	-	-	-	2	6
N.H.	1	6	1	5	-	-	2	1
Vt.	1	4	-	3	-	1	-	-
Mass.	66	62	49	58	21	14	81	59
R.I.	7	12	7	8	1	1	10	16
Conn.	17	14	12	21	3	8	16	40
MID. ATLANTIC	539	333	316	178	59	100	621	766
Upstate N.Y.	284	72	94	24	4	7	66	82
N.Y. City	224	106	155	84	21	42	349	374
N.J.	-	99	35	70	11	23	174	163
Pa.	31	56	32	-	23	28	32	147
E.N. CENTRAL	802	725	234	367	444	363	383	398
Ohio	63	211	33	43	26	30	74	75
Ind.	189	24	11	10	170	113	19	32
Ill.	235	269	2	234	109	156	225	175
Mich.	258	107	179	65	119	49	37	87
Wis.	57	114	9	15	20	15	28	29
W.N. CENTRAL	356	238	171	191	27	54	160	166
Minn.	49	31	60	37	2	5	56	68
Iowa	65	2	21	5	8	3	13	14
Mo.	202	166	76	124	13	39	66	58
N. Dak.	2	2	1	2	-	-	-	1
S. Dak.	1	6	-	4	-	-	8	3
Nebr.	18	17	8	10	2	4	6	8
Kans.	19	14	5	9	2	3	11	14
S. ATLANTIC	665	697	107	155	677	822	656	931
Del.	4	7	3	2	2	2	-	11
Md.	37	45	10	8	103	164	76	76
D.C.	-	24	U	U	20	45	2	15
Va.	33	24	15	7	45	62	57	83
W. Va.	2	4	2	1	1	2	14	15
N.C.	38	74	16	39	196	189	95	137
S.C.	13	36	4	12	70	96	26	113
Ga.	82	74	25	25	116	142	112	186
Fla.	456	409	32	61	124	120	274	295
E.S. CENTRAL	225	388	91	212	336	411	201	279
Ky.	43	39	21	26	33	43	35	42
Tenn.	116	273	63	166	211	207	79	91
Ala.	13	45	5	19	43	106	87	110
Miss.	53	31	2	1	49	55	-	36
W.S. CENTRAL	473	745	334	293	288	344	90	709
Ark.	71	40	3	21	34	27	58	42
La.	50	63	50	42	66	76	1	U
Okla.	11	178	6	54	63	75	31	32
Tex.	341	464	275	176	125	166	-	635
MOUNTAIN	326	232	98	133	71	68	138	148
Mont.	2	4	-	-	-	-	4	5
Idaho	27	4	-	3	-	-	3	-
Wyo.	1	2	1	1	1	-	-	1
Colo.	46	42	21	31	2	1	12	U
N. Mex.	37	32	15	20	8	4	19	21
Ariz.	130	120	43	57	58	60	66	76
Utah	25	16	18	15	-	1	10	13
Nev.	58	12	-	6	2	2	24	32
PACIFIC	1,099	714	246	722	145	112	720	1,185
Wash.	206	30	188	40	20	16	68	54
Oreg.	85	21	49	22	2	1	5	38
Calif.	786	647	-	642	123	93	587	1,017
Alaska	7	-	1	-	-	1	24	23
Hawaii	15	16	8	18	-	1	36	53
Guam	-	4	U	U	-	-	-	-
P.R.	1	31	U	U	40	73	-	61
V.I.	-	U	U	U	-	U	-	U
Amer. Samoa	-	U	U	U	-	U	-	U
C.N.M.I.	-	U	U	U	-	U	-	U

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

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

[†] 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 May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	<i>H. influenzae</i> , Invasive		Hepatitis (Viral), By Type				Measles (Rubeola)					
	Cum. 2000 ^a	Cum. 1999	A		B		Indigenous		Imported*		Total	
			Cum. 2000	Cum. 1999	Cum. 2000	Cum. 1999	2000	Cum. 2000	2000	Cum. 2000	Cum. 2000	Cum. 1999
UNITED STATES	409	449	3,790	6,490	1,695	2,188	2	12	-	4	16	45
NEW ENGLAND	26	31	90	77	16	56	-	-	-	-	-	9
Maine	1	2	6	2	2	-	-	-	-	-	-	-
N.H.	6	5	11	7	8	4	-	-	-	-	-	1
Vt.	2	4	3	1	3	1	-	-	-	-	-	-
Mass.	10	14	36	25	3	25	-	-	-	-	-	6
R.I.	1	-	1	7	-	10	-	-	-	-	-	-
Conn.	6	6	33	35	-	16	-	-	-	-	-	2
MID. ATLANTIC	57	71	158	417	173	312	-	-	-	-	-	2
Upstate N.Y.	27	29	80	81	39	63	-	-	-	-	-	2
N.Y. City	12	23	78	110	134	104	-	-	-	-	-	-
N.J.	14	18	-	53	-	39	-	-	-	-	-	-
Pa.	4	1	-	173	-	106	U	-	U	-	-	-
E.N. CENTRAL	55	66	504	1,271	211	189	-	3	-	-	3	1
Ohio	24	24	117	294	36	36	-	2	-	-	2	-
Ind.	8	9	18	47	16	10	-	-	-	-	-	1
Ill.	19	27	182	239	33	-	-	-	-	-	-	-
Mich.	4	6	174	653	125	127	-	1	-	-	1	-
Wis.	-	-	13	38	1	16	-	-	-	-	-	-
W.N. CENTRAL	15	26	427	275	147	96	-	1	-	-	1	-
Minn.	7	12	49	21	7	13	-	-	-	-	-	-
Iowa	-	1	37	56	19	16	-	-	-	-	-	-
Mo.	4	6	242	156	100	55	-	-	-	-	-	-
N. Dak.	1	-	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	1	-	8	-	-	-	-	-	-	-	-
Nebr.	1	3	11	27	9	10	-	-	-	-	-	-
Kans.	2	3	88	7	12	2	U	1	U	-	1	-
S. ATLANTIC	118	91	471	560	360	338	-	-	-	-	-	4
Del.	-	-	-	2	-	-	U	-	U	-	-	-
Md.	25	29	59	124	40	75	-	-	-	-	-	-
D.C.	-	2	2	24	6	9	-	-	-	-	-	-
Va.	24	10	52	48	51	37	-	-	-	-	-	3
W. Va.	3	1	34	5	2	8	U	-	U	-	-	-
N.C.	9	16	80	49	96	69	-	-	-	-	-	-
S.C.	5	2	14	8	2	35	-	-	-	-	-	-
Ga.	35	22	57	169	48	45	-	-	-	-	-	-
Fla.	17	9	173	131	115	60	-	-	-	-	-	1
E.S. CENTRAL	20	35	135	159	106	166	-	-	-	-	-	2
Ky.	9	5	18	30	28	12	-	-	-	-	-	2
Tenn.	8	17	21	69	28	75	-	-	-	-	-	-
Ala.	3	11	25	31	16	39	-	-	-	-	-	-
Miss.	-	2	71	29	34	40	-	-	-	-	-	-
W.S. CENTRAL	23	33	609	1,593	105	334	-	-	-	-	-	3
Ark.	-	1	69	17	33	23	-	-	-	-	-	-
La.	6	9	25	57	42	70	-	-	-	-	-	-
Okla.	17	21	121	211	30	46	-	-	-	-	-	-
Tex.	-	2	394	1,308	-	195	-	-	-	-	-	3
MOUNTAIN	51	49	322	577	146	209	2	8	-	1	9	-
Mont.	-	1	1	9	3	10	-	-	-	-	-	-
Idaho	2	1	12	19	4	10	-	-	-	-	-	-
Wyo.	-	1	6	3	-	2	-	-	-	-	-	-
Colo.	11	6	59	97	29	33	-	1	-	1	2	-
N. Mex.	10	10	32	20	34	76	-	-	-	-	-	-
Ariz.	24	26	170	359	57	46	-	-	-	-	-	-
Utah	4	3	19	22	4	9	-	3	-	-	3	-
Nev.	-	1	23	48	15	23	2	4	-	-	4	-
PACIFIC	44	47	1,074	1,561	431	488	-	-	-	3	3	24
Wash.	3	-	86	93	15	18	-	-	-	-	-	5
Oreg.	13	16	84	97	34	39	-	-	-	-	-	8
Calif.	15	26	900	1,362	374	419	-	-	-	3	3	11
Alaska	1	4	4	4	3	7	-	-	-	-	-	-
Hawaii	12	1	-	5	5	5	-	-	-	-	-	-
Guam	-	-	-	2	-	2	U	-	U	-	-	1
P.R.	-	1	25	106	23	97	U	-	U	-	-	-
V.I.	-	U	-	U	-	U	U	-	U	-	-	U
Amer. Samoa	-	U	-	U	-	U	U	-	U	-	-	U
C.N.M.I.	-	U	-	U	-	U	U	-	U	-	-	U

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

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

^aOf 95 cases among children aged <5 years, serotype was reported for 40 and of those, 8 were type b.

TABLE III. (Cont'd) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending May 6, 2000, and May 8, 1999 (18th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999	2000	Cum. 2000	Cum. 1999
UNITED STATES	847	1,013	1	128	145	65	1,439	2,051	2	27	37
NEW ENGLAND	52	53	-	2	3	10	381	189	-	5	7
Maine	3	3	-	-	-	1	10	-	-	-	-
N.H.	3	9	-	-	1	-	52	30	-	1	-
Vt.	2	3	-	-	-	4	82	9	-	-	-
Mass.	34	30	-	-	2	2	213	140	-	3	7
R.I.	3	2	-	1	-	-	6	3	-	-	-
Conn.	7	6	-	1	-	3	18	7	-	1	-
MID. ATLANTIC	79	102	-	7	16	3	116	434	-	2	4
Upstate N.Y.	20	26	-	5	2	3	74	375	-	2	2
N.Y. City	17	35	-	-	3	-	-	10	-	-	-
N.J.	20	16	-	-	-	-	-	11	-	-	1
Pa.	22	25	U	2	11	U	42	38	U	-	1
E.N. CENTRAL	141	183	-	16	19	17	194	171	-	-	-
Ohio	29	68	-	6	6	11	142	94	-	-	-
Ind.	20	16	-	-	2	1	13	9	-	-	-
Ill.	35	57	-	3	4	4	18	27	-	-	-
Mich.	45	21	-	7	7	1	11	17	-	-	-
Wis.	12	21	-	-	-	-	10	24	-	-	-
W.N. CENTRAL	69	116	-	10	4	1	60	38	-	2	9
Minn.	3	26	-	-	-	-	31	-	-	-	-
Iowa	13	22	-	4	3	1	11	13	-	-	1
Mo.	45	44	-	1	1	-	9	10	-	-	-
N. Dak.	1	-	-	-	-	-	1	-	-	-	-
S. Dak.	4	5	-	-	-	-	1	2	-	-	-
Nebr.	1	7	-	2	-	-	2	1	-	-	8
Kans.	2	12	U	3	-	U	5	12	U	2	-
S. ATLANTIC	141	142	1	19	27	17	114	100	2	14	2
Del.	-	2	U	-	-	U	1	-	U	-	-
Md.	13	26	-	5	4	1	30	36	-	-	1
D.C.	-	1	-	-	2	-	-	-	-	-	-
Va.	24	22	-	4	8	3	13	13	-	-	-
W. Va.	3	2	U	-	-	U	-	1	U	-	-
N.C.	26	20	-	3	5	9	38	25	2	8	1
S.C.	10	20	-	6	2	1	16	7	-	6	-
Ga.	23	26	1	1	-	3	16	8	-	-	-
Fla.	42	23	-	-	6	-	-	10	-	-	-
E.S. CENTRAL	57	77	-	4	3	-	29	46	-	4	-
Ky.	12	15	-	-	-	-	16	12	-	1	-
Tenn.	26	29	-	2	-	-	4	23	-	-	-
Ala.	16	21	-	1	1	-	8	9	-	3	-
Miss.	3	12	-	1	2	-	1	2	-	-	-
W.S. CENTRAL	63	86	-	4	19	1	11	60	-	-	5
Ark.	6	19	-	1	-	1	8	4	-	-	-
La.	24	37	-	3	2	-	3	2	-	-	-
Okla.	17	18	-	-	1	-	-	8	-	-	-
Tex.	16	12	-	-	16	-	-	46	-	-	5
MOUNTAIN	52	73	-	9	8	10	288	234	-	-	8
Mont.	1	-	-	1	-	-	6	1	-	-	-
Idaho	6	8	-	-	-	1	36	87	-	-	-
Wyo.	-	2	-	-	-	-	-	2	-	-	-
Colo.	13	20	-	1	3	5	154	59	-	-	-
N. Mex.	7	8	-	1	N	2	53	13	-	-	-
Ariz.	16	25	-	-	-	2	31	42	-	-	6
Utah	7	5	-	4	4	-	5	28	-	-	1
Nev.	2	5	-	2	1	-	3	2	-	-	1
PACIFIC	193	181	-	57	46	6	246	779	-	-	2
Wash.	15	24	-	2	1	-	78	397	-	-	-
Oreg.	25	33	N	N	N	1	26	10	-	-	-
Calif.	147	115	-	51	39	5	133	352	-	-	2
Alaska	3	5	-	3	1	-	5	3	-	-	-
Hawaii	3	4	-	1	5	-	4	17	-	-	-
Guam	-	-	U	-	1	U	-	1	U	-	-
P.R.	2	7	-	-	-	-	-	4	-	-	-
V.I.	-	U	U	-	U	U	-	U	U	-	U
Amer. Samoa	-	U	U	-	U	U	-	U	U	-	U
C.N.M.I.	-	U	U	-	U	U	-	U	U	-	U

N: Not notifiable.

U: Unavailable.

- : No reported cases.

**TABLE IV. Deaths in 122 U.S. cities,* week ending
May 6, 2000 (18th Week)**

Reporting Area	All Causes, By Age (Years)						P&I [†] Total	Reporting Area	All Causes, By Age (Years)						P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	614	428	123	41	13	9	54	S. ATLANTIC	1,160	722	260	126	25	24	78
Boston, Mass.	181	110	45	16	6	4	16	Atlanta, Ga.	U	U	U	U	U	U	U
Bridgeport, Conn.	32	27	4	1	-	-	1	Baltimore, Md.	187	107	39	29	7	5	16
Cambridge, Mass.	13	9	4	-	-	-	2	Charlotte, N.C.	92	61	13	11	3	2	11
Fall River, Mass.	28	25	1	1	1	-	2	Jacksonville, Fla.	125	81	31	8	1	3	11
Hartford, Conn.	58	42	15	-	1	-	4	Miami, Fla.	106	62	20	24	-	-	4
Lowell, Mass.	16	13	1	1	-	1	2	Norfolk, Va.	61	38	13	6	1	3	4
Lynn, Mass.	13	10	3	-	-	-	4	Richmond, Va.	58	40	14	4	-	-	5
New Bedford, Mass.	26	20	3	3	-	-	4	Savannah, Ga.	53	36	12	3	1	1	5
New Haven, Conn.	45	27	8	8	1	1	5	St. Petersburg, Fla.	76	57	12	3	1	3	3
Providence, R.I.	58	46	7	2	1	2	-	Tampa, Fla.	183	122	39	14	4	4	12
Somerville, Mass.	7	6	1	-	-	-	-	Washington, D.C.	200	115	51	24	7	3	7
Springfield, Mass.	43	28	12	2	1	-	8	Wilmington, Del.	19	3	16	-	-	-	-
Waterbury, Conn.	34	21	9	3	-	1	5	E.S. CENTRAL	886	603	172	62	23	25	80
Worcester, Mass.	60	44	10	4	2	-	5	Birmingham, Ala.	166	106	39	14	5	2	19
MID. ATLANTIC	2,235	1,566	435	154	36	43	112	Chattanooga, Tenn.	82	71	9	2	-	-	5
Albany, N.Y.	58	44	9	2	2	1	5	Knoxville, Tenn.	113	83	21	6	2	1	8
Allentown, Pa.	U	U	U	U	U	U	U	Lexington, Ky.	57	39	12	2	3	1	7
Buffalo, N.Y.	102	71	22	4	2	3	5	Memphis, Tenn.	218	123	51	22	8	14	17
Camden, N.J.	21	15	3	2	-	1	-	Mobile, Ala.	66	51	9	2	2	1	3
Elizabeth, N.J.	23	13	5	5	-	-	-	Montgomery, Ala.	38	28	6	3	1	-	5
Erie, Pa.‡	31	26	4	1	-	-	6	Nashville, Tenn.	146	102	25	11	2	6	16
Jersey City, N.J.	41	27	9	5	-	-	-	W.S. CENTRAL	1,498	944	341	119	49	43	103
New York City, N.Y.	1,118	761	235	81	19	21	41	Austin, Tex.	68	42	14	5	5	2	5
Newark, N.J.	59	30	18	7	2	2	1	Baton Rouge, La.	59	42	9	2	3	3	2
Paterson, N.J.	21	11	5	3	-	2	-	Corpus Christi, Tex.	41	27	10	4	-	-	5
Philadelphia, Pa.	335	236	62	28	5	4	16	Dallas, Tex.	184	110	35	26	5	8	10
Pittsburgh, Pa.‡	72	50	13	3	2	4	7	El Paso, Tex.	74	41	21	8	4	-	4
Reading, Pa.	28	22	4	1	1	-	3	Ft. Worth, Tex.	122	85	24	9	2	2	10
Rochester, N.Y.	113	90	13	5	3	2	7	Houston, Tex.	341	210	83	24	15	9	26
Schenectady, N.Y.	22	20	2	-	-	-	4	Little Rock, Ark.	80	49	22	4	1	4	3
Scranton, Pa.‡	26	23	2	1	-	-	1	New Orleans, La.	104	56	21	12	7	6	-
Syracuse, N.Y.	115	86	23	5	-	1	12	San Antonio, Tex.	255	170	60	18	6	1	23
Trenton, N.J.	23	19	1	1	-	2	2	Shreveport, La.	61	39	17	3	1	1	8
Utica, N.Y.	27	22	5	-	-	-	2	Tulsa, Okla.	109	73	25	4	-	7	7
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	870	560	180	78	32	20	63
E.N. CENTRAL	1,968	1,347	388	136	43	52	144	Albuquerque, N.M.	111	74	19	10	8	-	3
Akron, Ohio	53	41	7	2	-	3	2	Boise, Idaho	38	29	7	-	-	2	4
Canton, Ohio	36	28	7	1	-	-	5	Colo. Springs, Colo.	50	31	10	2	3	4	3
Chicago, Ill.	368	227	82	35	10	12	48	Denver, Colo.	91	53	18	12	4	4	6
Cincinnati, Ohio	84	61	17	4	1	1	5	Las Vegas, Nev.	167	110	39	13	2	3	13
Cleveland, Ohio	148	102	28	11	2	5	3	Ogden, Utah	18	17	1	-	-	-	4
Columbus, Ohio	202	140	39	13	6	4	16	Phoenix, Ariz.	140	84	28	14	9	5	9
Dayton, Ohio	104	72	25	5	2	-	5	Pueblo, Colo.	25	13	9	3	-	-	3
Detroit, Mich.	187	103	43	25	8	8	12	Salt Lake City, Utah	94	61	17	13	1	2	12
Evansville, Ind.	38	29	6	3	-	-	-	Tucson, Ariz.	136	88	32	11	5	-	6
Fort Wayne, Ind.	76	59	13	1	2	1	3	PACIFIC	1,718	1,248	291	108	30	38	171
Gary, Ind.	23	11	6	2	3	1	-	Berkeley, Calif.	11	10	1	-	-	-	1
Grand Rapids, Mich.	53	41	9	-	1	2	4	Fresno, Calif.	88	66	14	6	2	-	10
Indianapolis, Ind.	168	108	40	12	2	6	12	Glendale, Calif.	23	16	7	-	-	-	2
Lansing, Mich.	41	28	7	5	1	-	1	Honolulu, Hawaii	94	62	22	7	2	1	10
Milwaukee, Wis.	103	84	12	5	-	2	8	Long Beach, Calif.	69	45	13	9	-	2	9
Peoria, Ill.	50	38	8	1	-	3	2	Los Angeles, Calif.	463	320	91	29	11	12	30
Rockford, Ill.	41	27	9	2	1	2	-	Pasadena, Calif.	26	19	4	1	1	1	2
South Bend, Ind.	59	48	8	2	1	-	8	Portland, Oreg.	115	80	22	7	1	2	4
Toledo, Ohio	89	65	14	7	2	1	9	Sacramento, Calif.	184	147	25	4	2	6	24
Youngstown, Ohio	45	35	8	-	1	1	1	San Diego, Calif.	161	121	24	8	3	5	22
W.N. CENTRAL	689	481	139	36	16	17	46	San Francisco, Calif.	U	U	U	U	U	U	U
Des Moines, Iowa	U	U	U	U	U	U	U	San Jose, Calif.	171	136	20	10	1	4	20
Duluth, Minn.	U	U	U	U	U	U	U	Santa Cruz, Calif.	35	29	4	2	-	-	3
Kansas City, Kans.	26	13	11	2	-	-	1	Seattle, Wash.	132	80	27	19	3	3	16
Kansas City, Mo.	96	62	22	7	2	3	10	Spokane, Wash.	48	41	2	2	2	1	8
Lincoln, Nebr.	33	21	7	5	-	-	-	Tacoma, Wash.	98	76	15	4	2	1	10
Minneapolis, Minn.	164	127	26	3	3	5	8	TOTAL	11,638 [§]	7,899	2,329	860	267	271	851
Omaha, Nebr.	86	62	17	3	-	4	8								
St. Louis, Mo.	108	63	28	10	4	3	1								
St. Paul, Minn.	110	92	12	2	3	1	12								
Wichita, Kans.	66	41	16	4	4	1	6								

U: Unavailable. --No reported cases.

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

[†]Pneumonia and influenza.

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

[¶]Total includes unknown ages.

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Prenatal care in the United States is a health care preventive care protocol recommended to women with the goal to provide regular check-ups that allow obstetricians-gynecologists or midwives to detect, treat and prevent potential health problems throughout the course of pregnancy while promoting healthy lifestyles that benefit both mother and child. Patients are encouraged to attend monthly checkups during the first two trimesters and in the third trimester gradually increasing to weekly visits... not preconception care is received, prenatal care should be initiated by the second missed period and certainly within the first trimester of pregnancy.¹⁶ Despite this recommendation, many women do not receive early or adequate prenatal care. In 1998, 83% of women who gave birth in the United States received prenatal care in the first trimester.¹⁰ In New York City, only 60% of women in 2000 received prenatal care in the first trimester.¹⁷ Although this falls far short of the 90% recommendation, the percent of women receiving early care has increased substantially over the years; in 2003, Centers for Disease Control and Prevention. Entry into prenatal care- United States, 1989-1997. *Morbidity and Mortality Weekly Report* 2000;49(18):393. 24. Loveland CA, Selig KL, Wedge BJ, Gohn-Baube EA. Research and practice. Racial Differences in Prenatal Care Use in the United States: Are Disparities Decreasing? | Greg R. Alexander, RS, MPH, ScD, Michael D. Kogan, PhD, and Sara Nabukera, MD, MPH. In 1985 the Institute of Medicine promoted the enrollment of all women into a system of prenatal care as a national policy initiative to improve birth outcomes in the United States.¹ To reach this goal by lessening the financial barriers to prenatal care, Congress enacted legislation in the mid- and late 1980s that incrementally expanded Medicaid eligibility to previously ineligible. [DNLM: 1. Perinatal Care—standards—United States—Practice Guideline. WQ 210] 618.3—206—dc23. Education of the Public About Reproductive Health Insight into the broad social and medical implications of pregnancy and awareness of reproductive risks, health-enhancing behaviors, and family-planning options are essential for improving the outcomes of pregnancy. Education about reproductive health must be integrated more effectively into the health care system and society at large. The goals for the coordination of ambulatory prenatal care are to provide appropriate care for all women, to ensure good use of available resources, and to improve the outcome of pregnancies.