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MORBIDITY AND MORTALITY WEEKLY REPORT

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Gamma Hydroxy Butyrate Use — New York and Texas, 1995–1996

Gamma hydroxy butyrate (GHB) is a central nervous system depressant approved as an anaesthetic in some countries; however, with the exception of investigational research, it is not approved for any use in the United States. Primary groups using GHB include party and nightclub attendees and bodybuilders. In addition, GHB is one of several agents characterized as a “date rape” drug. During August 1995–September 1996, poison control centers in New York and Texas received reports of 69 acute poisonings and one death attributed to ingestion of GHB. This report describes two cases and summarizes the investigations of GHB use in Texas and New York. The findings of these investigations underscore the health hazards associated with use of GHB.

Texas

At 12:30 p.m. on August 5, 1996, a 17-year-old girl with no previous history of drug or alcohol use was admitted to an emergency department (ED) because of cardiac arrest with cardiopulmonary resuscitation in progress. She was pronounced dead at 12:40 p.m. On the night of August 4, she had been at a local dance club, where she was reported to have ingested soft drinks. An autopsy was performed; multiple toxicologic screens of blood and bile samples did not detect alcohol or other drugs. However, on September 13, a test on previously obtained serum detected a serum level of 27 mg/L of GHB.

From November 14, 1995, through September 30, 1996, the Texas Department of Health received reports of 57 persons who had adverse health effects attributed to ingestion of GHB, including the one death described in this report. Of the 57 reports, 30 were received from the Dallas Poison Control Center, and 26 were received from the Galveston Poison Control Center. The death was reported by the Assistant Medical Examiner in Harris County, who listed the death as a homicide as the result of GHB toxicity. Of the 56 reports from the poison control centers, 34 involved males; 10 reports involved teenagers aged 16–18 years. Nineteen persons were treated in and released from hospital EDs, and 25 were admitted to intensive-care units with severe clinical symptoms, including coma (15), respiratory depression (three), and agitation (one); six required intubation. Of the 56 reports, 12 included ingestion of both alcohol and GHB, and three included the use of GHB with other drugs.

*Gamma Hydroxy Butyrate Use — Continued***New York**

On October 30, 1996, a 20-year-old man who was unresponsive after several episodes of vomiting was taken to an ED 2½ hours after ingesting a mixture of GHB and sodium hydroxide. He was intubated and admitted to the intensive-care unit, where a bronchoscopy indicated friable lung tissue that was attributed to aspiration of gastric contents containing sodium hydroxide. He developed bilateral pneumothoraces and had generalized seizures and was transferred to a third hospital for possible extracorporeal membrane oxygen therapy and lung transplant. However, his condition improved, and he was extubated and placed on supportive care and recovered.

During August 27, 1995–October 30, 1996, the Long Island Regional Poison Control Center received reports of 13 persons with exposure to GHB. All 13 were evaluated in hospital EDs. Four of the 13 also consumed ethanol. All five persons initially had altered mental status, including coma (three), stupor (one), and inebriation (one). Eight of the 13 persons had prepared GHB at home using sodium hydroxide and butyrolactone; of the eight, three required admission to a hospital.

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Editorial Note: GHB increases dopamine levels in the brain and has effects through the endogenous opioid system; most GHB is excreted during the first hours after ingestion (1). Manifestations of acute GHB toxicity include coma, seizures, respiratory depression, and vomiting. Other documented effects of GHB include amnesia and hypotonia (associated with doses of 10 mg/kg body weight); a normal sequence of rapid eye movement (REM) and non-REM sleep (doses of 20–30 mg/kg body weight); and anesthesia (doses of approximately 50 mg/kg body weight). Doses of >50 mg/kg body weight can decrease cardiac output and produce severe respiratory depression, seizure-like activity, and coma (2); coma and respiratory depression may be potentiated by concomitant use of alcohol (3). There is no antidote for GHB overdose, and treatment is restricted to nonspecific supportive care. Patients in New York and Texas have required ED care; many of those hospitalized have required ventilatory support and intensive care.

In the United States, GHB has been produced clandestinely in widely varying degrees of purity. GHB has been marketed as a liquid or powder and has been sold on the street under names such as "Grievous Bodily Harm," "Georgia Home Boy," "Liquid Ecstasy," "Liquid X," "Liquid E," "GHB," "GBH," "Soap," "Scoop," "Easy Lay," "Salty Water," "G-Riffick," "Cherry Menth," and "Organic Quaalude." Improper preparation of GHB can result in a mixture of GHB and sodium hydroxide that can be severely toxic because of the combined effects of the GHB and the direct caustic effects of sodium hydroxide.

In Dallas, GHB use has been associated with events at which several persons have been found comatose. Some persons who have sustained adverse effects of GHB have reported being given the drug surreptitiously (e.g., having it slipped into their drink), while others have admitted to intentional use. The Drug Enforcement

Gamma Hydroxy Butyrate Use — Continued

Administration (DEA) is examining the distribution and abuse of GHB in the United States; although distribution has been documented in 27 states, GHB use is highly prevalent in California, Florida, Georgia, and Texas.

In the United States, GHB is under specific Food and Drug Administration exemptions for investigational research protocols for the treatment of narcolepsy. Although possession of GHB is not illegal under federal law, its manufacture and sale is prohibited under the Food, Drug, and Cosmetic Act. In Georgia and Rhode Island, state controlled substances acts have classified GHB into Schedule I*, and other states are considering similar action. In addition, the DEA is gathering information and considering a scheduling review for possible control of GHB under the Federal Controlled Substances Act†. Public health officials should report episodes of adverse effects of GHB use to DEA, telephone (202) 307-7183.

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*Drugs that do not have currently accepted medical use in the United States, have a high abuse potential, and are not proven to be safe under medical supervision.

†Public Law no. 91-513.

Pregnancy-Related Behaviors Among Migrant Farm Workers — Four States, 1989–1993

The U.S. workforce includes an estimated 3–5 million migrant and seasonal farm workers (1,2); approximately 16% of migrant farm workers are women (R. Mines, U.S. Department of Labor, personal communication, 1997). Early enrollment in prenatal care and proper weight gain during pregnancy can reduce the risk for poor birth outcomes (1–4). To characterize pregnancy-related behaviors and outcomes among migrant farm workers, CDC analyzed data for 1989–1993 on prenatal-care use, weight gain during pregnancy, and birth outcomes among migrant farm workers enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in four states participating in CDC's Pregnancy Nutrition Surveillance System (PNSS). This report presents the results of that analysis, which indicate that the goals of the national health objectives for the year 2000 for pregnant migrant women enrolled in WIC have not been met.

The PNSS collects prenatal and postpartum information about women and their infants who are enrolled in publicly funded health, nutrition, and food-assistance programs. For this report, PNSS data from four states were compared for two groups of pregnant women enrolled in WIC programs: women who were classified as migrants (n=4840) and those who were not (n=610,728). A migrant farm worker was defined as a person whose primary employment is in agriculture on a seasonal basis, who has been employed within the previous 24 months, and who establishes, for the purposes of such employment, a temporary abode in the United States (5).

Overall, migrants were more likely than nonmigrants to be of Hispanic origin, younger, and married and were less likely to have attained a high school education

Pregnant Migrant Farm Workers — Continued

(Table 1). By the first trimester of pregnancy, approximately 60% of both groups were enrolled in prenatal care; migrant women were more likely than nonmigrant women to have initiated this care during the third trimester (8% versus 5%, respectively). The proportion of women who gained less than the Institute of Medicine's recommended weight for their body mass index was higher among migrant women (52%) than nonmigrant women (32%) (3). Mean weight gain was lower for migrants (22.9 lbs; 95% confidence interval [CI]=22.6 lbs–23.4 lbs) than for nonmigrants (29.7 lbs; 95% CI=29.7 lbs–29.8 lbs). Among the two groups, prevalences were similar for low birthweight (LBW) (<2500 g [<5 lbs, 8 oz]) infants, very low birthweight (<1500 g [<3 lbs, 4 oz]) infants, preterm births (<37 weeks' gestation), and small-for-gestational-age infants (6). Mean birthweight for infants born to migrants (3310.7 g;

TABLE 1. Selected characteristics of migrant and nonmigrant pregnant women — four states, Pregnancy Nutrition Surveillance System, 1989–1993

Characteristic	Migrant (n=4840)			Nonmigrant (n=610,728)		
	No.*	(%)	(95% CI†)	No.	(%)	(95% CI)
Age group (yrs)[§]						
15–19	1253	(26.1)	(23.6%–28.5%)	142,067	(23.5)	(23.3%–23.7%)
20–24	1758	(36.6)	(33.9%–39.3%)	207,861	(34.3)	(34.1%–34.5%)
25–29	1039	(21.7)	(19.7%–24.3%)	144,048	(23.8)	(23.6%–24.0%)
30–34	503	(10.5)	(8.7%–12.1%)	78,106	(12.9)	(12.7%–13.1%)
35–39	209	(4.4)	(3.2%– 5.5%)	28,476	(4.7)	(4.5%– 4.8%)
40–49	38	(0.8)	(0.3%– 1.2%)	5,090	(0.8)	(0.8%– 0.8%)
Marital status[§]						
Married	2132	(52.5)	(49.5%–55.5%)	193,269	(43.0)	(42.7%–43.3%)
Not married	1932	(47.5)	(44.5%–50.5%)	255,980	(57.0)	(56.6%–57.2%)
Education (yrs)[§]						
≥12	1341	(33.5)	(30.6%–36.4%)	269,627	(60.1)	(59.8%–60.4%)
<12	2666	(66.5)	(63.7%–69.4%)	179,276	(39.9)	(39.6%–40.2%)
Race/Ethnicity[§]						
Hispanic	2827	(58.4)	(54.8%–61.9%)	122,231	(20.0)	(19.5%–20.4%)
White, non-Hispanic	1389	(28.7)	(26.2%–31.2%)	280,227	(45.9)	(45.6%–46.1%)
Black, non-Hispanic	535	(11.1)	(9.3%–12.8%)	189,387	(31.0)	(30.8%–31.2%)
Other	89	(1.8)	(1.1%– 2.6%)	18,883	(3.1)	(3.0%– 3.2%)
Recommended weight gain during pregnancy^{§¶}						
Less than recommended	1835	(52.0)	(48.7%–55.2%)	115,363	(31.6)	(31.1%–31.9%)
Amount recommended	843	(23.9)	(21.1%–26.7%)	117,771	(32.3)	(32.0%–32.6%)
Greater than recommended	851	(24.1)	(21.3%–26.9%)	131,683	(36.1)	(35.8%–36.4%)
Prenatal-care initiation[§] (mos)						
1–3	2533	(61.8)	(58.8%–64.7%)	331,436	(64.4)	(64.1%–64.7%)
4–6	1206	(29.4)	(26.7%–32.1%)	150,240	(29.2)	(28.9%–29.4%)
7–9	344	(8.2)	(6.6%– 9.8%)	27,885	(5.4)	(5.3%– 5.5%)
No care	14	(0.3)	(<0.1%– 0.7%)	5,387	(1.1)	(1.0%– 1.2%)
Birth outcomes						
Low birthweight [§]						
<2500 g [<5 lbs, 8 oz])	322	(6.7)	(5.3%– 8.1%)	45,193	(7.4)	(7.3%– 7.5%)
Very low birthweight						
<1500 g [<3 lbs, 4 oz])	35	(0.7)	(0.3%– 1.2%)	5,961	(1.0)	(0.9%– 1.0%)
Preterm births (<37 wks)	481	(9.9)	(8.3%–11.5%)	60,149	(9.9)	(9.7%–10.0%)
Small for gestational age**	234	(6.5)	(4.9%– 8.1%)	29,495	(6.1)	(5.9%– 6.2%)

*Because of missing data, numbers may not equal sample size.

† Confidence interval.

§ Differences are statistically different at $p<0.05$.

¶ Based on the Institute of Medicine, National Academy of Sciences Report on Nutrition During Pregnancy.

**Creation of this variable involved multiple variables, and missing volumes on these variables resulted in a smaller overall sample size (n=3582 for migrants, and n=483,598 for nonmigrants) for analysis.

Pregnant Migrant Farm Workers — Continued

95% CI=3295.2 g–3326.1 g) was slightly higher than that for those born to nonmigrants (3293.7 g; 95% CI=3292.2 g–3295.1 g).

Reported by: Maternal and Child Health Br, Div of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report underscore the need for delivery of timely prenatal care and other health services to migrant farm workers and/or their families. One element of the *Migrant and Seasonal Farm Workers Health Objectives for the Year 2000* is that at least 90% of pregnant migrant women be enrolled in prenatal-care services by the first trimester (1). The findings in this report suggest that, to meet this goal among WIC enrollees, timely enrollment rates would have to increase by 50% over the observed level. In addition, the proportion of women in the study who gained the recommended amount of weight during pregnancy would have to nearly double to meet the year 2000 goal of 85%.

Improvements in pregnancy-related care may reduce the prevalence of LBW (3); among migrant women in this study, the prevalence was higher than the year 2000 goal (6.7% versus 5.0%). In comparison, the Healthy People 2000 review for 1995–96 indicated prevalences in the total U.S. population of first-trimester prenatal care of 80.2%, gaining the recommended weight during pregnancy of 75.0%, and LBW of 7.3% (7).

Although prenatal-care rates and birth outcomes were similar among both groups in this study, migrant women were less likely to have gained the recommended weight during pregnancy. This difference may have resulted from the high prevalence of insufficient weight gain reported among migrants in one of the four states. When data from that state were excluded from the analysis, the rates between the two groups of women were similar.

The findings in this report are subject to at least two limitations. First, the data probably do not represent the total migrant worker population: most of the women for whom data were available worked seasonally in the eastern states, and data were not available for migrant workers in the western states (8). Second, these findings are applicable only to migrant women enrolled in WIC programs because data for migrants not enrolled in WIC programs in these states were not available; birth outcomes are better among WIC participants than among low-income women who do not participate in WIC (9).

The findings in this report suggest that the pregnancy outcomes of migrant farm workers and other low-income women enrolled in WIC programs in the four states were similar. However, none of the states included in this analysis achieved the national health objective for the year 2000 of reducing LBW incidence to 5% (objective 14.5). Additional efforts are needed to meet the year 2000 goals to improve the birth outcomes and pregnancy-related behaviors of low-income women, especially migrant women, because of several barriers, including poor access to services, frequent relocations, occupational exposure to agricultural chemicals, lack of continuity of care, language and cultural barriers, and lack of transportation (2,8,10).

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Resources and Priorities for Chronic Disease Prevention and Control, 1994

Chronic diseases (e.g., heart disease, cancer, stroke, diabetes, chronic obstructive pulmonary disease, and chronic liver disease) are the major causes of death, disability, and medical expenditures in the United States (1). Although these six diseases accounted for 73% of all U.S. deaths in 1993 (2), characterization of the capacity and priorities of public health agencies to prevent or control these chronic diseases has been limited. To assess the resources, needs, and priorities in chronic disease prevention and control for fiscal year (FY) 1994, the Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) conducted a national survey of state and territorial health agencies; this survey updates a similar survey that collected data for FY 1989 (3,4). This report summarizes the survey findings for 1994, which indicate that, during 1989–1994, expenditures for state-specific chronic disease activities increased modestly but remained disproportionately low in relation to the public health burden of chronic diseases.

In April 1995, ASTCDPD mailed a questionnaire to the ASTCDPD voting member in each state and U.S. territory. The survey addressed four categories: 1) resources; 2) plans and priorities; 3) links with other organizations; and 4) laws, policies, and standards. Responses were received from 41 states and Guam.* Per capita expenditures for the 41 states were calculated using estimates based on the 1990 census.

For FY 1994, the total reported expenditure for chronic disease-control activities in the 41 reporting states was \$287,306,934, and the per capita expenditure was \$1.21 (range: \$0.13–\$3.20). In comparison, for FY 1989, the reported total expenditure for all 50 states, the District of Columbia, Guam, and the Virgin Islands was \$245,371,377, and the per capita expenditure was 99¢ (range: 0–\$3.83) (4); for the same 41 states that responded for 1994, expenditures were \$236,145,920 and

*Data were not provided from Arizona, Delaware, the District of Columbia, Hawaii, Kansas, Massachusetts, New Hampshire, New Mexico, Oregon, West Virginia, and the Virgin Islands.

Chronic Disease Prevention and Control — Continued

\$1.05 (range: \$0.17–\$3.83), respectively. For FY 1989, the primary source of chronic disease-control resources was state funds (77%), followed by federal sources (20%) (3); in comparison, for FY 1994, state funds accounted for 39% of resources and federal funds for 45%. The most frequently reported priorities by disease, risk factor, and population subgroup were cancer, tobacco use, and youth, respectively.

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Editorial Note: In 1990, chronic diseases, which are in large part preventable, accounted for an estimated \$425 billion (61%) of total U.S. medical-care expenditures (5); however, in 1994, the per capita public health expenditure for chronic disease prevention and control was only \$1.21. Although comparable figures for 1994 are not available, in 1989, chronic disease-control expenditures accounted for only 3% of state health department expenditures (4).

Risk factors for premature death and preventable morbidity from chronic diseases are tobacco use, high blood pressure, high blood cholesterol, overweight, physical inactivity, poor nutrition, heavy alcohol consumption, and failure to use screening tests (e.g., mammography and the Papanicolaou smear) (1,6,7). Important strategies for controlling these risk factors include promoting public health policies that foster disease prevention, collaborating with community organizations in health-promotion efforts, ensuring the delivery of appropriate preventive services in health-care settings, and providing health education in schools (8). The findings of this analysis are being used to increase awareness among state leaders about the disparity between the magnitude of the public health burden of chronic diseases and the resources available for chronic disease-prevention and -control programs in state health departments.

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Hepatitis A Associated with Consumption of Frozen Strawberries — Michigan, March 1997

In March 1997, a total of 153 cases of hepatitis A were reported in Calhoun County, Michigan (1990 population: 136,000); 151 case-patients have been students or staff of schools in four different school districts. Investigation by public health officials has not implicated a single event, foodhandler, or contaminated water as a source for the outbreak. However, most case-patients ate lunch in schools, and preliminary analysis of both a case-control and cohort study conducted in two different school districts established a strong association between illness and consumption of food items containing frozen strawberries. This report presents the preliminary findings of the ongoing outbreak investigation.

The strawberries associated with illness were reportedly from Mexico; a company in southern California processed, packed, and froze the strawberries in 30-pound containers for commercial use and then distributed the strawberries to U.S. Department of Agriculture (USDA)-sponsored school lunch programs. In addition, multiple packing sizes were distributed to other commercial customers. Thirteen lots of frozen strawberries, processed on three dates in April and May 1996 and shipped to Michigan in early December, were available for use in school lunch programs in Calhoun County during the potential exposure periods for the case-patients. The investigation has not determined whether transmission was limited to a portion of the 13 lots or the source of the contamination.

The Food and Drug Administration is working with CDC and USDA to determine whether any frozen strawberries or products made from the strawberries are still in distribution and need to be recalled. USDA has notified state agencies to place an immediate hold on all unused product and to contact school districts to hold all unused product distributed already. States other than Michigan that received the implicated lots for the school lunch program are Arizona, California, Georgia (from a distributor in Florida), Iowa, and Tennessee.

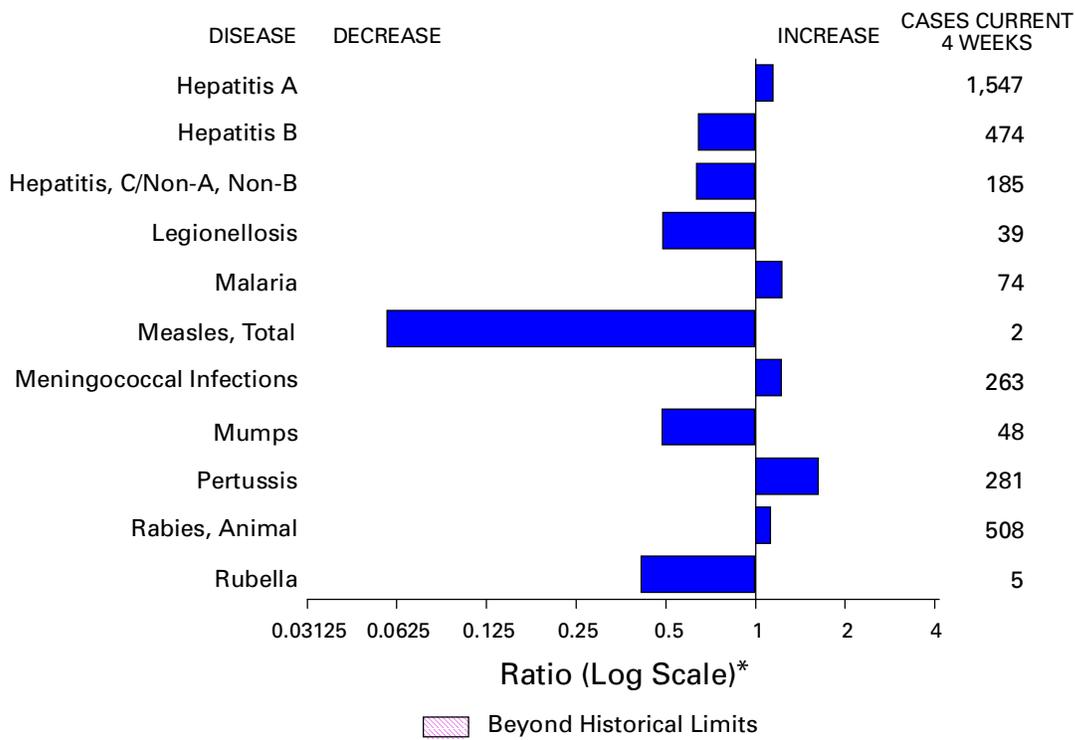
CDC notified the health departments in the six states that received these lots for their programs and recommended that they determine whether the frozen strawberries were served. Postexposure prophylaxis with immune globulin (IG) should be offered only to persons who consumed frozen strawberries from the suspected lots through school lunch programs within 14 days of their exposure. Because of the limited supply of IG nationwide, these criteria for administration of IG should be strictly applied. Health-care providers and public health departments should be alert to any increase in the incidence of hepatitis A and should investigate cases rapidly. Hepatitis A cases suspected to be associated with the consumption of frozen strawberries should be reported promptly to local or state health departments, and CDC's Hepatitis Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases should be notified (telephone [404] 639-2709).

Information regarding IG for postexposure prophylaxis should be obtained from state health departments. Information about the prevention of hepatitis A can be obtained from the recommendations of the Advisory Committee on Immunization Practices (1).

Reported by: Calhoun County Dept of Public Health, Battle Creek; Michigan Dept of Community Health; Michigan Dept of Agriculture; Michigan Dept of Education. Food and Drug Br, California Dept of Health Svcs. Food Distribution Div, Food and Consumer Svc; Fruit and Vegetable Div,

(Continued on page 295)

FIGURE I. Selected notifiable disease reports, comparison of provisional 4-week totals ending March 29, 1997, with historical data — United States



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

TABLE I. Summary — provisional cases of selected notifiable diseases, United States, cumulative, week ending March 29, 1997 (13th Week)

	Cum. 1997		Cum. 1997
Anthrax	-	Plague	-
Brucellosis	10	Poliomyelitis, paralytic	-
Cholera	1	Psittacosis	10
Congenital rubella syndrome	2	Rabies, human	1
Cryptosporidiosis*	254	Rocky Mountain spotted fever (RMSF)	18
Diphtheria	-	Streptococcal disease, invasive Group A	282
Encephalitis: California*	4	Streptococcal toxic-shock syndrome*	5
eastern equine*	-	Syphilis, congenital [†]	-
St. Louis*	-	Tetanus	7
western equine*	-	Toxic-shock syndrome	23
Hansen Disease	27	Trichinosis	2
Hantavirus pulmonary syndrome* [‡]	1	Typhoid fever	69
Hemolytic uremic syndrome, post-diarrheal*	9	Yellow fever	-
HIV infection, pediatric* [§]	36		

-: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 to the Division of HIV/AIDS Prevention—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention (NCHSTP), last update February 25, 1997.

[‡]Updated from reports to the Division of STD Prevention, NCHSTP.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 1997, and March 30, 1996 (13th Week)

Reporting Area	AIDS		Chlamydia		Escherichia coli O157:H7		Gonorrhea		Hepatitis C/NA,NB	
	Cum. 1997*	Cum. 1996	Cum. 1997	Cum. 1996	NETSS [†]	PHLIS [§]	Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996
					Cum. 1997	Cum. 1997				
UNITED STATES	10,182	16,657	82,771	95,380	238	100	56,242	75,402	949	736
NEW ENGLAND	262	648	3,521	4,617	18	10	1,342	1,853	8	18
Maine	16	10	236	U	1	-	12	11	-	-
N.H.	2	23	139	154	-	-	37	34	2	2
Vt.	10	7	101	126	1	1	15	16	-	9
Mass.	125	387	1,666	1,654	14	9	603	566	6	5
R.I.	29	38	535	556	1	-	135	140	-	2
Conn.	80	183	844	2,127	1	-	540	1,086	-	-
MID. ATLANTIC	3,529	4,439	5,014	13,001	17	3	3,197	7,130	59	55
Upstate N.Y.	537	539	N	N	10	3	411	6	41	48
N.Y. City	1,788	2,448	U	5,189	4	-	U	3,207	-	1
N.J.	770	924	1,144	2,777	3	-	812	1,190	-	-
Pa.	434	528	3,870	5,035	N	-	1,974	2,727	18	6
E.N. CENTRAL	597	1,391	13,763	22,558	42	14	8,739	14,870	146	125
Ohio	130	300	3,346	5,350	17	9	2,242	3,940	5	4
Ind.	88	264	2,028	2,103	7	1	1,409	1,603	2	4
Ill.	252	525	2,748	6,546	9	-	1,439	4,307	8	23
Mich.	89	224	4,321	5,771	9	2	3,005	3,777	131	94
Wis.	38	78	1,320	2,788	N	2	644	1,243	-	-
W.N. CENTRAL	207	401	5,214	8,279	34	24	2,300	3,217	29	19
Minn.	39	83	U	1,369	20	16	U	-	-	-
Iowa	47	31	1,239	641	8	2	313	201	14	5
Mo.	81	169	2,559	3,921	1	3	1,510	2,217	5	10
N. Dak.	2	1	81	274	3	2	5	9	2	-
S. Dak.	2	5	279	300	-	-	30	45	-	-
Nebr.	21	32	250	595	1	-	88	121	-	2
Kans.	15	80	806	1,179	1	1	354	624	8	2
S. ATLANTIC	2,493	4,526	19,556	13,262	34	5	20,833	26,488	61	38
Del.	38	92	U	U	1	1	266	357	-	-
Md.	304	438	1,682	1,384	2	1	3,217	3,312	4	-
D.C.	130	229	N	N	-	-	1,173	1,124	-	-
Va.	243	223	2,929	3,073	N	-	2,369	2,388	4	3
W. Va.	17	24	U	U	N	-	162	99	1	4
N.C.	153	196	4,424	U	5	3	4,042	4,944	17	8
S.C.	158	226	3,142	U	-	-	2,761	2,923	12	7
Ga.	370	680	2,070	3,139	13	-	2,924	6,642	U	-
Fla.	1,080	2,418	5,309	5,666	13	-	3,919	4,699	23	16
E.S. CENTRAL	315	539	7,780	7,068	20	4	7,907	7,583	75	142
Ky.	32	87	1,584	1,817	6	-	993	1,027	5	7
Tenn.	136	200	2,872	2,975	12	4	2,497	2,633	35	134
Ala.	87	157	1,835	2,200	-	-	2,607	3,435	4	1
Miss.	60	95	1,489	76	2	-	1,810	488	31	-
W.S. CENTRAL	931	1,464	10,111	4,705	3	1	7,025	6,033	60	79
Ark.	40	70	288	343	2	-	615	976	2	1
La.	152	428	1,527	U	1	1	1,542	2,042	42	33
Okla.	46	52	1,849	1,929	-	-	1,245	1,187	2	26
Tex.	693	914	6,447	2,433	-	-	3,623	1,828	14	19
MOUNTAIN	294	463	4,897	3,057	26	17	1,711	2,033	87	159
Mont.	8	4	137	303	-	-	10	6	3	8
Idaho	4	7	370	390	1	-	25	20	14	38
Wyo.	5	2	110	173	-	-	14	10	27	41
Colo.	82	150	101	7	13	8	381	502	20	16
N. Mex.	25	25	1,017	989	4	1	348	235	14	25
Ariz.	73	134	2,293	73	N	6	744	990	5	21
Utah	17	62	308	403	2	-	36	72	1	6
Nev.	80	79	561	719	6	2	153	198	3	4
PACIFIC	1,554	2,786	12,915	18,833	44	20	3,188	6,195	424	101
Wash.	92	216	2,268	2,467	8	-	537	631	6	23
Oreg.	74	152	700	1,335	13	10	98	108	3	3
Calif.	1,370	2,379	9,262	14,384	20	8	2,325	5,186	372	36
Alaska	10	3	324	171	3	-	125	144	-	2
Hawaii	8	36	361	476	N	2	103	126	43	37
Guam	-	3	-	90	N	-	-	22	-	-
P.R.	264	416	N	N	9	U	225	60	19	12
V.I.	11	3	N	N	N	U	-	-	-	-
Amer. Samoa	-	-	-	-	N	U	-	-	-	-
C.N.M.I.	-	-	N	N	N	U	8	11	2	-

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—Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention, last update February 25, 1997.

†National Electronic Telecommunications System for Surveillance.

§Public Health Laboratory Information System.

TABLE II. (Cont'd.) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 1997, and March 30, 1996 (13th Week)

Reporting Area	Legionellosis		Lyme Disease		Malaria		Syphilis (Primary & Secondary)		Tuberculosis		Rabies, Animal
	Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996	Cum. 1997
UNITED STATES	195	178	534	1,065	289	238	1,872	3,117	2,790	3,593	1,421
NEW ENGLAND	15	4	52	69	5	7	34	51	73	87	218
Maine	1	1	1	-	-	2	-	-	-	3	44
N.H.	3	-	2	2	-	1	-	1	2	3	7
Vt.	2	-	2	-	-	1	-	-	-	-	36
Mass.	5	1	28	9	4	3	17	21	41	29	48
R.I.	1	2	19	19	1	-	-	-	5	14	3
Conn.	3	N	-	39	-	-	17	29	25	38	80
MID. ATLANTIC	37	36	387	894	59	64	60	106	608	589	307
Upstate N.Y.	11	7	39	289	11	12	6	12	66	71	214
N.Y. City	-	1	2	221	29	30	U	34	332	295	-
N.J.	4	5	82	76	14	18	33	34	130	131	26
Pa.	22	23	264	308	5	4	21	26	80	92	67
E.N. CENTRAL	71	67	12	5	19	27	166	487	383	461	4
Ohio	42	27	11	3	1	4	65	203	92	71	2
Ind.	7	14	1	2	2	1	39	66	19	40	1
Ill.	-	7	-	-	5	10	17	124	196	284	1
Mich.	22	14	-	-	11	8	22	38	56	53	-
Wis.	-	5	U	U	-	4	23	56	20	13	-
W.N. CENTRAL	13	12	2	19	6	3	50	150	97	99	83
Minn.	-	-	-	1	3	-	U	35	30	28	12
Iowa	1	-	-	3	1	1	15	4	10	11	40
Mo.	4	4	-	6	2	1	22	96	37	33	6
N. Dak.	1	-	-	-	-	-	-	-	2	1	11
S. Dak.	1	2	-	-	-	-	-	-	2	9	3
Nebr.	5	6	2	-	-	-	-	6	-	5	-
Kans.	1	-	-	9	-	1	13	9	16	12	11
S. ATLANTIC	27	21	54	46	77	41	781	1,008	505	545	679
Del.	2	1	-	15	2	2	7	11	-	9	2
Md.	13	3	41	21	23	12	172	150	48	59	121
D.C.	1	1	4	-	5	2	31	36	19	17	1
Va.	1	6	-	-	13	6	86	122	40	43	141
W. Va.	-	1	-	3	-	-	-	1	11	18	15
N.C.	3	3	2	4	4	5	201	258	63	71	227
S.C.	1	1	1	1	3	1	103	129	71	74	25
Ga.	-	-	1	-	9	5	119	224	97	134	69
Fla.	6	5	5	2	18	8	62	77	156	120	78
E.S. CENTRAL	7	14	14	13	7	4	467	781	201	292	59
Ky.	-	3	1	4	1	2	37	42	39	48	8
Tenn.	3	6	2	3	2	1	198	252	34	89	39
Ala.	1	1	-	-	1	1	114	156	84	95	12
Miss.	3	4	11	6	3	-	118	331	44	60	-
W.S. CENTRAL	-	1	2	3	4	8	249	337	51	307	30
Ark.	-	-	-	3	1	-	19	74	29	31	9
La.	-	-	-	-	3	-	111	152	-	-	-
Okla.	-	1	1	-	-	-	33	37	22	37	21
Tex.	-	-	1	-	-	8	86	74	U	239	-
MOUNTAIN	15	9	-	-	19	17	33	42	106	125	9
Mont.	-	-	-	-	1	1	-	-	2	-	1
Idaho	1	-	-	-	-	-	-	1	1	2	-
Wyo.	1	-	-	-	1	2	-	1	1	1	-
Colo.	4	5	-	-	8	9	-	13	21	24	-
N. Mex.	-	-	-	-	2	1	-	-	7	15	1
Ariz.	3	1	-	-	1	1	28	24	49	54	7
Utah	4	-	-	-	-	2	1	-	4	10	-
Nev.	2	3	-	-	6	1	4	3	21	19	-
PACIFIC	10	14	11	16	93	67	32	155	766	1,088	32
Wash.	2	1	-	-	1	1	5	1	42	58	-
Oreg.	-	-	3	4	6	5	1	2	29	45	1
Calif.	7	13	8	11	86	58	25	151	624	924	29
Alaska	-	-	-	-	-	-	-	-	25	20	2
Hawaii	1	-	-	1	-	3	1	1	46	41	-
Guam	-	-	-	-	-	-	-	2	-	28	-
P.R.	-	-	-	-	1	-	76	37	-	47	14
V.I.	-	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	-	-	-	-	-	-	-	-	-	-	-
C.N.M.I.	-	-	-	-	-	-	2	1	-	-	-

N: Not notifiable

U: Unavailable

-: no reported cases

TABLE III. Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 29, 1997, and March 30, 1996 (13th Week)

Reporting Area	<i>H. influenzae</i> , invasive		Hepatitis (Viral), by type				Measles (Rubeola)					
	Cum. 1997*	Cum. 1996	A		B		Indigenous		Imported†		Total	
			Cum. 1997	Cum. 1996	Cum. 1997	Cum. 1996	1997	Cum. 1997	1997	Cum. 1997	Cum. 1997	Cum. 1996
UNITED STATES	291	300	5,941	6,607	1,756	2,110	-	8	-	4	12	67
NEW ENGLAND	8	8	113	65	36	43	-	-	-	-	-	6
Maine	2	-	10	8	3	2	-	-	-	-	-	-
N.H.	1	6	8	3	2	2	-	-	-	-	-	-
Vt.	-	-	4	1	1	2	-	-	-	-	-	1
Mass.	4	2	49	29	24	10	-	-	-	-	-	4
R.I.	1	-	9	2	4	2	-	-	-	-	-	-
Conn.	-	-	33	22	2	25	U	-	U	-	-	1
MID. ATLANTIC	30	42	379	470	272	348	-	1	-	1	2	3
Upstate N.Y.	1	4	33	78	55	67	-	1	-	1	2	1
N.Y. City	12	7	144	221	94	163	-	-	-	-	-	2
N.J.	11	16	82	99	62	67	-	-	-	-	-	-
Pa.	6	15	120	72	61	51	-	-	-	-	-	-
E.N. CENTRAL	37	56	534	613	208	269	-	3	-	1	4	3
Ohio	22	32	143	248	27	28	-	-	-	-	-	2
Ind.	4	2	62	97	15	31	-	-	-	-	-	-
Ill.	7	17	105	137	31	75	-	3	-	-	3	-
Mich.	4	2	194	84	133	106	-	-	-	1	1	-
Wis.	-	3	30	47	2	29	U	-	U	-	-	1
W.N. CENTRAL	8	8	437	497	80	105	-	1	-	-	1	-
Minn.	2	1	27	12	3	2	-	-	-	-	-	-
Iowa	2	3	66	122	33	12	-	-	-	-	-	-
Mo.	1	4	229	244	32	70	-	1	-	-	1	-
N. Dak.	-	-	4	5	-	-	U	-	U	-	-	-
S. Dak.	2	-	5	26	-	-	-	-	-	-	-	-
Nebr.	-	-	36	51	3	7	-	-	-	-	-	-
Kans.	1	-	70	37	9	14	-	-	-	-	-	-
S. ATLANTIC	71	56	394	216	249	334	-	-	-	-	-	2
Del.	-	1	8	5	1	1	-	-	-	-	-	1
Md.	24	19	93	49	44	80	-	-	-	-	-	-
D.C.	2	-	11	6	17	5	-	-	-	-	-	-
Va.	2	3	39	37	16	38	-	-	-	-	-	-
W. Va.	1	-	5	5	6	8	-	-	-	-	-	-
N.C.	7	10	55	26	58	103	-	-	-	-	-	-
S.C.	4	3	27	19	17	24	-	-	-	-	-	-
Ga.	15	18	38	-	13	1	-	-	-	-	-	-
Fla.	16	2	118	69	77	74	-	-	-	-	-	1
E.S. CENTRAL	14	10	142	506	179	161	-	-	-	-	-	-
Ky.	1	3	20	6	5	22	-	-	-	-	-	-
Tenn.	10	2	69	375	104	125	-	-	-	-	-	-
Ala.	3	4	30	72	17	14	U	-	U	-	-	-
Miss.	-	1	23	53	53	U	U	-	U	-	-	-
W.S. CENTRAL	12	9	1,033	1,041	120	162	-	-	-	-	-	1
Ark.	1	-	64	134	16	23	-	-	-	-	-	-
La.	-	-	52	16	23	12	-	-	-	-	-	-
Okla.	8	9	442	490	6	14	-	-	-	-	-	-
Tex.	3	-	475	401	75	113	-	-	-	-	-	1
MOUNTAIN	33	20	1,085	985	236	256	-	-	-	-	-	4
Mont.	-	-	32	18	1	2	-	-	-	-	-	-
Idaho	-	1	46	101	9	26	-	-	-	-	-	-
Wyo.	-	-	11	6	10	5	U	-	U	-	-	-
Colo.	2	4	126	101	50	35	-	-	-	-	-	-
N. Mex.	2	7	68	137	74	95	-	-	-	-	-	-
Ariz.	12	5	467	300	44	44	-	-	-	-	-	-
Utah	3	2	229	241	30	34	-	-	-	-	-	-
Nev.	14	1	106	81	18	15	U	-	U	-	-	4
PACIFIC	78	91	1,824	2,214	376	432	-	3	-	2	5	48
Wash.	-	1	138	128	14	21	-	-	-	-	-	4
Oreg.	13	11	107	334	36	34	-	-	-	-	-	-
Calif.	62	77	1,529	1,712	315	374	-	-	-	2	2	1
Alaska	1	-	11	19	7	1	-	-	-	-	-	42
Hawaii	2	2	39	21	4	2	-	3	-	-	3	1
Guam	-	-	-	2	-	-	U	-	U	-	-	-
P.R.	-	-	100	20	233	42	-	-	-	-	-	1
V.I.	-	-	-	-	-	-	U	-	U	-	-	-
Amer. Samoa	-	-	-	-	-	-	U	-	U	-	-	-
C.N.M.I.	4	10	1	1	14	5	U	1	U	-	1	-

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

*Of 60 cases among children aged <5 years, serotype was reported for 26 and of those, 11 were type b.

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

TABLE III. (Cont'd.) Provisional cases of selected notifiable diseases preventable by vaccination, United States, weeks ending March 29, 1997, and March 30, 1996 (13th Week)

Reporting Area	Meningococcal Disease		Mumps			Pertussis			Rubella		
	Cum. 1997	Cum. 1996	1997	Cum. 1997	Cum. 1996	1997	Cum. 1997	Cum. 1996	1997	Cum. 1997	Cum. 1996
UNITED STATES	1,034	1,002	6	125	152	113	1,091	704	-	8	39
NEW ENGLAND	58	38	-	5	-	11	284	174	-	-	6
Maine	8	6	-	-	-	-	6	5	-	-	-
N.H.	5	1	-	-	-	4	39	14	-	-	-
Vt.	2	1	-	-	-	4	107	6	-	-	-
Mass.	35	13	-	-	-	1	120	146	-	-	4
R.I.	2	5	-	4	-	2	11	-	-	-	-
Conn.	6	12	U	1	-	U	1	3	U	-	2
MID. ATLANTIC	84	95	1	12	21	11	62	67	-	2	4
Upstate N.Y.	23	20	-	1	6	-	26	37	-	1	2
N.Y. City	15	17	-	-	4	-	5	12	-	1	1
N.J.	21	22	-	-	2	-	-	3	-	-	1
Pa.	25	36	1	11	9	11	31	15	-	-	-
E.N. CENTRAL	123	142	2	16	42	1	105	140	-	2	1
Ohio	56	48	-	3	16	-	47	46	-	-	-
Ind.	14	11	-	3	5	1	9	9	-	-	-
Ill.	36	51	1	6	9	-	17	45	-	-	1
Mich.	9	11	1	4	12	-	20	9	-	-	-
Wis.	8	21	U	-	-	U	12	31	U	2	-
W.N. CENTRAL	79	87	-	5	2	5	60	9	-	-	-
Minn.	2	3	-	3	-	4	35	1	-	-	-
Iowa	21	13	-	2	-	-	12	2	-	-	-
Mo.	38	45	-	-	-	1	9	4	-	-	-
N. Dak.	-	2	U	-	2	U	1	-	U	-	-
S. Dak.	3	3	-	-	-	-	1	-	-	-	-
Nebr.	5	9	-	-	-	-	2	1	-	-	-
Kans.	10	12	-	-	-	-	-	1	-	-	-
S. ATLANTIC	203	146	1	21	16	18	116	46	-	1	-
Del.	3	2	-	-	-	-	-	7	-	-	-
Md.	24	17	-	2	8	1	47	26	-	-	-
D.C.	1	2	-	-	-	-	2	-	-	-	-
Va.	11	15	-	1	3	-	14	-	-	-	-
W. Va.	2	4	-	-	-	-	3	-	-	-	-
N.C.	39	25	-	5	-	5	20	-	-	-	-
S.C.	32	23	-	1	3	-	3	-	-	1	-
Ga.	34	49	-	2	1	-	3	2	-	-	-
Fla.	57	9	1	10	1	12	24	11	-	-	-
E.S. CENTRAL	79	85	-	10	7	1	24	31	-	-	-
Ky.	19	11	-	-	-	-	1	23	-	-	-
Tenn.	29	24	-	3	1	1	10	5	-	-	-
Ala.	23	26	U	4	3	U	7	1	U	-	-
Miss.	8	24	U	3	3	U	6	2	U	-	N
W.S. CENTRAL	109	103	1	15	6	2	14	8	-	-	-
Ark.	20	12	-	-	-	-	3	2	-	-	-
La.	20	19	-	4	6	2	5	2	-	-	-
Okla.	11	7	-	-	-	-	-	1	-	-	-
Tex.	58	65	1	11	-	-	6	3	-	-	-
MOUNTAIN	66	64	1	5	10	51	230	91	-	-	-
Mont.	4	1	-	-	-	-	3	4	-	-	-
Idaho	5	8	1	2	-	41	146	32	-	-	-
Wyo.	-	3	U	-	-	U	3	-	U	-	-
Colo.	16	8	-	2	-	7	58	12	-	-	-
N. Mex.	12	12	N	N	N	1	10	19	-	-	-
Ariz.	16	18	-	-	1	1	9	3	-	-	-
Utah	9	7	-	1	-	1	1	1	-	-	-
Nev.	4	7	U	-	9	U	-	20	U	-	-
PACIFIC	233	242	-	36	48	13	196	138	-	3	28
Wash.	26	31	-	3	5	13	75	34	-	-	1
Oreg.	56	41	-	-	-	-	6	18	-	-	-
Calif.	150	164	-	27	36	-	110	81	-	1	25
Alaska	-	4	-	1	1	-	1	-	-	-	-
Hawaii	1	2	-	5	6	-	4	5	-	2	2
Guam	-	1	U	-	2	U	-	-	U	-	-
P.R.	2	2	-	-	1	-	-	-	-	-	-
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 122 U.S. cities,* week ending
March 29, 1997 (13th Week)**

Reporting Area	All Causes, By Age (Years)						P&J†	Total	Reporting Area	All Causes, By Age (Years)						P&J†	Total
	All Ages	>65	45-64	25-44	1-24	<1				All Ages	>65	45-64	25-44	1-24	<1		
NEW ENGLAND	550	409	84	37	11	9	37	S. ATLANTIC	1,226	799	246	112	30	34	72		
Boston, Mass.	170	108	32	16	10	4	12	Atlanta, Ga.	127	78	31	13	3	2	2		
Bridgeport, Conn.	39	31	4	4	-	-	4	Baltimore, Md.	158	100	37	15	4	2	16		
Cambridge, Mass.	17	14	2	1	-	-	2	Charlotte, N.C.	77	54	14	6	2	1	13		
Fall River, Mass.	35	30	5	-	-	-	-	Jacksonville, Fla.	117	81	18	13	2	-	5		
Hartford, Conn.	41	30	6	4	-	1	3	Miami, Fla.	102	56	32	9	4	1	-		
Lowell, Mass.	23	20	3	-	-	-	1	Norfolk, Va.	51	36	4	4	4	3	5		
Lynn, Mass.	13	11	1	1	-	-	1	Richmond, Va.	89	69	10	5	2	2	4		
New Bedford, Mass.	36	31	5	-	-	-	-	Savannah, Ga.	51	35	8	4	2	2	4		
New Haven, Conn.	31	25	4	-	1	1	2	St. Petersburg, Fla.	76	55	13	5	-	3	2		
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	149	109	20	14	2	3	12		
Somerville, Mass.	3	2	1	-	-	-	-	Washington, D.C.	208	111	53	24	5	15	9		
Springfield, Mass.	46	33	4	6	-	3	3	Wilmington, Del.	21	15	6	-	-	-	-		
Waterbury, Conn.	32	26	5	1	-	-	2	E.S. CENTRAL	774	504	176	64	18	12	66		
Worcester, Mass.	64	48	12	4	-	-	7	Birmingham, Ala.	1	-	-	-	1	-	-		
MID. ATLANTIC	2,250	1,562	421	196	43	28	138	Chattanooga, Tenn.	52	38	11	1	1	1	8		
Albany, N.Y.	46	34	7	2	2	1	1	Knoxville, Tenn.	90	61	20	7	2	-	13		
Allentown, Pa.	18	14	2	1	1	-	-	Lexington, Ky.	65	36	17	8	2	2	7		
Buffalo, N.Y.	81	60	13	7	-	1	-	Memphis, Tenn.	236	155	55	20	3	3	27		
Camden, N.J.	36	22	10	3	1	-	2	Mobile, Ala.	115	72	23	13	3	4	2		
Elizabeth, N.J.	14	7	3	4	-	-	-	Montgomery, Ala.	50	36	12	1	1	-	4		
Erie, Pa.	43	35	6	-	1	1	5	Nashville, Tenn.	165	106	38	14	5	2	5		
Jersey City, N.J.	26	18	4	4	-	-	-	W.S. CENTRAL	1,485	984	287	124	56	32	74		
New York City, N.Y.	1,264	864	244	121	22	13	60	Austin, Tex.	69	41	15	8	2	3	1		
Newark, N.J.	65	31	13	11	2	8	6	Baton Rouge, La.	26	17	5	3	1	-	-		
Paterson, N.J.	U	U	U	U	U	U	U	Corpus Christi, Tex.	57	43	7	3	2	2	4		
Philadelphia, Pa.	229	145	53	26	5	-	15	Dallas, Tex.	202	99	63	24	12	4	3		
Pittsburgh, Pa.‡	73	54	16	2	1	-	3	El Paso, Tex.	62	46	11	3	2	-	4		
Reading, Pa.	10	7	2	1	-	-	-	Ft. Worth, Tex.	143	96	27	7	7	6	8		
Rochester, N.Y.	145	118	15	6	2	4	19	Houston, Tex.	380	244	70	45	15	4	21		
Schenectady, N.Y.	27	20	4	2	1	-	3	Little Rock, Ark.	95	80	8	3	1	3	4		
Scranton, Pa.	36	28	7	-	1	-	3	New Orleans, La.	116	77	24	6	5	4	-		
Syracuse, N.Y.	92	74	14	3	1	-	11	San Antonio, Tex.	215	151	38	17	4	5	20		
Trenton, N.J.	29	15	8	3	3	-	5	Shreveport, La.	66	53	9	1	3	-	6		
Utica, N.Y.	16	16	-	-	-	-	5	Tulsa, Okla.	54	37	10	4	2	1	3		
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	1,014	748	139	73	28	23	100		
E.N. CENTRAL	1,932	1,359	339	136	56	42	115	Albuquerque, N.M.	89	66	10	9	3	1	4		
Akron, Ohio	61	46	10	3	-	2	-	Boise, Idaho	49	45	3	-	-	1	4		
Canton, Ohio	37	30	4	1	1	1	3	Colo. Springs, Colo.	73	57	10	6	-	-	5		
Chicago, Ill.	358	230	80	30	12	6	23	Denver, Colo.	101	73	12	10	1	5	11		
Cincinnati, Ohio	110	84	20	1	2	3	12	Las Vegas, Nev.	179	122	36	14	5	2	22		
Cleveland, Ohio	119	67	32	11	3	6	4	Ogden, Utah	25	21	1	1	1	1	3		
Columbus, Ohio	171	130	19	13	3	6	14	Phoenix, Ariz.	178	115	31	13	10	6	9		
Dayton, Ohio	139	106	20	6	4	3	8	Pueblo, Colo.	29	24	5	-	-	-	1		
Detroit, Mich.	208	122	43	28	12	3	2	Salt Lake City, Utah	120	83	13	13	5	6	16		
Evansville, Ind.	29	21	7	1	-	-	-	Tucson, Ariz.	171	142	18	7	3	1	25		
Fort Wayne, Ind.	66	43	12	7	2	2	2	PACIFIC	1,764	1,286	284	132	34	26	175		
Gary, Ind.	U	U	U	U	U	U	U	Berkeley, Calif.	17	13	1	3	-	-	2		
Grand Rapids, Mich.	71	55	8	3	2	3	13	Fresno, Calif.	92	62	19	6	2	3	12		
Indianapolis, Ind.	150	110	22	9	6	3	-	Glendale, Calif.	29	21	4	4	-	-	2		
Lansing, Mich.	29	17	9	1	1	1	6	Honolulu, Hawaii	31	24	4	1	1	1	3		
Milwaukee, Wis.	113	85	12	13	2	1	8	Long Beach, Calif.	75	56	12	3	3	1	10		
Peoria, Ill.	41	39	2	-	-	-	4	Los Angeles, Calif.	527	392	89	35	7	4	36		
Rockford, Ill.	53	33	14	5	1	-	7	Pasadena, Calif.	38	24	9	3	1	1	6		
South Bend, Ind.	28	22	2	2	1	1	4	Portland, Oreg.	153	108	26	14	4	1	9		
Toledo, Ohio	101	83	14	2	2	-	4	Sacramento, Calif.	U	U	U	U	U	U	U		
Youngstown, Ohio	48	36	9	-	2	1	1	San Diego, Calif.	144	100	21	15	4	4	17		
W.N. CENTRAL	698	482	125	45	23	9	48	San Francisco, Calif.	115	84	20	10	1	-	24		
Des Moines, Iowa	20	16	3	1	-	-	1	San Jose, Calif.	199	132	41	13	5	6	24		
Duluth, Minn.	22	19	1	2	-	-	1	Santa Cruz, Calif.	46	36	3	5	1	1	6		
Kansas City, Kans.	19	12	6	-	1	-	-	Seattle, Wash.	148	105	18	17	5	3	6		
Kansas City, Mo.	114	66	20	8	6	-	6	Spokane, Wash.	63	53	8	2	-	-	10		
Lincoln, Nebr.	43	35	6	1	1	-	5	Tacoma, Wash.	87	76	9	1	-	1	8		
Minneapolis, Minn.	131	94	23	9	2	3	9	TOTAL	11,693‡	8,133	2,101	919	299	215	825		
Omaha, Nebr.	124	86	24	7	3	4	11										
St. Louis, Mo.	98	64	20	8	4	2	6										
St. Paul, Minn.	56	41	9	5	1	-	5										
Wichita, Kans.	71	49	13	4	5	-	4										

U: Unavailable - : no reported cases

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

†Pneumonia and influenza.

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

¶Total includes unknown ages.

Hepatitis A — Continued

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Reference

1. CDC. Prevention of hepatitis A through active or passive immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1996;45(no. RR-15).

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