



VIRGINIA

EPIDEMIOLOGY BULLETIN

E. Anne Peterson, M.D., M.P.H., Health Commissioner
Robert B. Stroube, M.D., M.P.H., State Epidemiologist

Elizabeth Barrett, D.M.D., M.S.P.H., Editor
Vickie L. O'Dell, Layout Editor

July 2000
 Annual Surveillance Issue

Volume 100, Number 7

Summary of Reportable Diseases, Virginia, 1999

Introduction

This issue of the *Virginia Epidemiology Bulletin* (VEB) summarizes the reports of notifiable diseases in Virginia for 1999. Data were compiled by the Division of Surveillance and Investigation, Office of Epidemiology, Virginia Department of Health. A notifiable disease is one that must be reported to the health department according to the provisions of the *Regulations for Disease Reporting and Control*. These are conditions for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of the disease.

The Office of Epidemiology is responsible for the ongoing surveillance of notifiable diseases and conditions. Disease surveillance involves the collection of pertinent data, the tabulation and evaluation of the data, and the dissemination of the information to all who need to know. After each reporting year, data concerning the reported occurrence of notifiable conditions are finalized and published in an annual surveillance report entitled *Reportable Disease Surveillance in Virginia*.

Data Sources

Data in this summary were derived primarily from reports sent to the health department by physicians, directors of medical care facilities, and directors of laboratories who report notifiable conditions listed in the *Regulations for Disease Reporting and Control*. The current list of reportable conditions can be found on page 6. Provisional data are tabulated monthly and published in each issue of the VEB.

Trend Data

Figure 1 shows the change (increase or decrease) in the number of reports received

Figure 1. Change in Disease Incidence in 1999 When Compared to Five-Year Mean

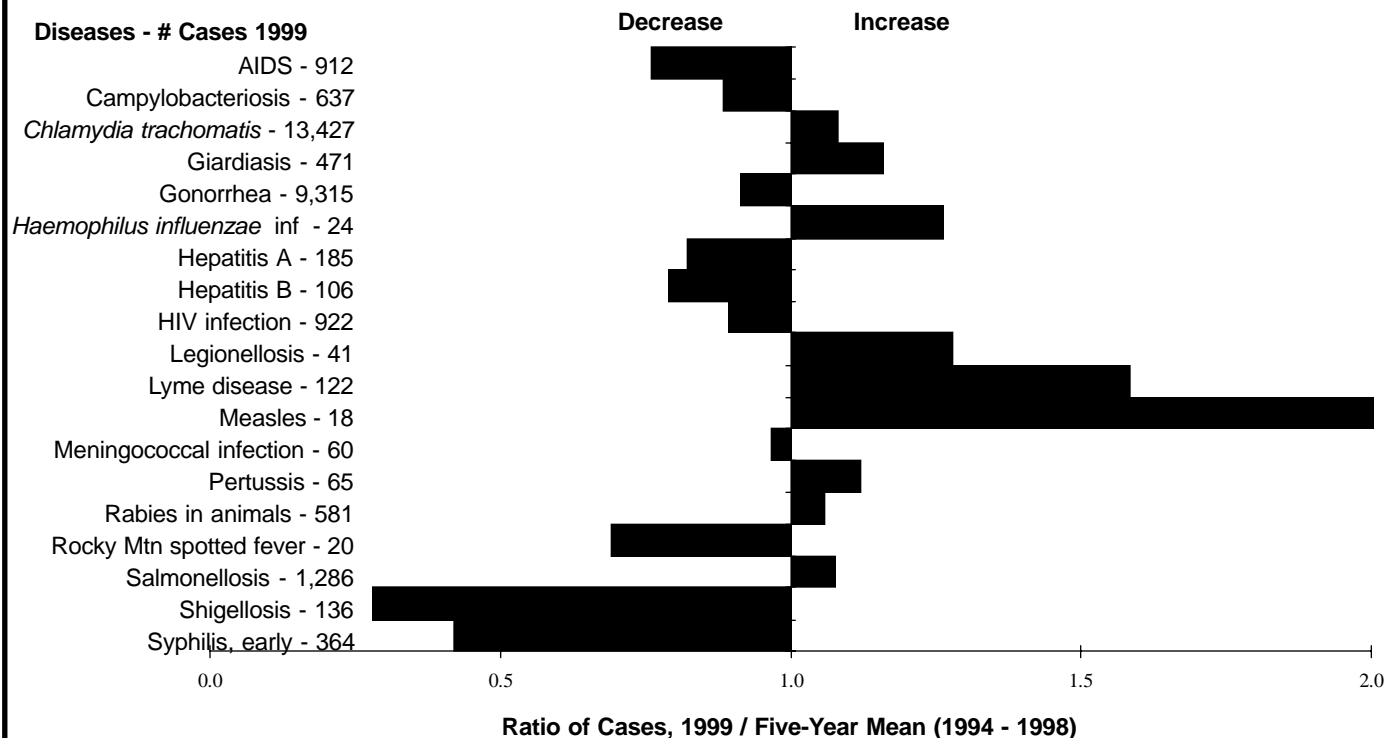


Table 1. Number of Reported Cases of Selected Diseases, Virginia, 1990 - 1999

Disease	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
AIDS†	647	662	745	1,629	1,193	1,458	1,211	1,173	961	912
Amebiasis	18	31	36	34	39	16	28	30	31	34
Campylobacteriosis	598	640	656	706	824	648	790	644	700	637
Chickenpox	2,677	2,942	3,911	2,917	2,844	2,667	1,778	1,760	1,115	1,490
<i>Chlamydia trachomatis</i> inf.	13,391	16,717	11,305	11,389	12,976	12,287	11,755	11,604	13,370	13,427
<i>Escherichia coli</i> O157:H7	--	--	12	18	46	37	53	88	69	79
Giardiasis	359	459	366	373	337	318	405	465	503	471
Gonorrhea	17,652	17,256	15,773	11,620	13,414	10,342	9,292	8,731	9,215	9,315
<i>Haemophilus influenzae</i> inf.	60	62	37	28	22	28	11	15	19	24
Hepatitis A	302	191	164	156	193	238	218	250	226	185
Hepatitis B	279	219	193	157	142	118	163	137	109	106
Hepatitis C/Non-A Non-B	46	37	48	54	26	21	17	27	13	11
Histoplasmosis	6	5	14	11	180	4	1	4	6	0
HIV infection†	1,143	1,647	1,370	1,496	1,108	1,254	980	994	825	922
Influenza	937	1,392	148	1,363	957	1,484	957	517	1,160	2,558
Kawasaki syndrome	24	24	27	31	27	32	19	27	36	33
Legionellosis	13	17	29	11	17	28	54	34	27	41
Listeriosis	25	21	10	23	17	17	20	12	9	17
Lyme disease	129	151	123	95	131	55	57	67	73	122
Malaria	54	52	47	41	37	55	60	73	61	76
Measles	86	30	16	4	3	0	3	1	2	18
Meningococcal infection	58	39	61	52	69	64	67	60	49	60
Mumps	108	70	58	40	48	28	19	21	13	11
Occupational Illnesses	69	146	68	111	103	214	268	237	349	345
Pertussis	25	24	18	75	37	31	108	59	56	65
Rabies in animals	202	253	362	387	428	459	612	690	549	581
Rocky Mtn spotted fever	25	21	26	14	22	34	54	23	14	20
Salmonellosis	1,491	1,312	957	1,055	1,135	1,358	1,229	1,120	1,135	1,286
Shigellosis	158	384	253	776	656	412	746	416	200	136
Syphilis, early	1,551	1,622	1,347	1,268	1,409	1,144	798	615	379	364
Tuberculosis	410	379	456	458	372	359	349	349	339	334
Typhoid fever	6	11	5	7	9	10	11	5	7	11

†Some numbers have changed from those previously reported due to a reassessment of the data.

in 1999 for selected diseases when compared to the average number of cases reported during the previous five years (five-year mean). The data are shown as a ratio of the number of cases reported in 1999 to the five-year mean. Table 1 shows the number of reported cases for selected diseases in Virginia from 1990-1999. Table 2 shows the number of reported cases for selected diseases by health planning region. Rates per 100,000 population are also presented.

1999 HIGHLIGHTS FOR SELECTED DISEASES

AIDS/HIV

In 1999, the number of reported AIDS cases decreased for the fourth consecutive year (Figure 2). The number (912) of cases

reported in 1999 was 5% less than the 961 cases reported in 1998, 22% less than the 1,173 cases reported in 1997, and 25% less than the 1,211 cases reported in 1996.

The annual number of newly reported cases of HIV infection also has been declining. The 922 cases reported in 1999 were 10% less than the 5-year mean of 1,033 cases.

Effective January 1, 2000, the Centers

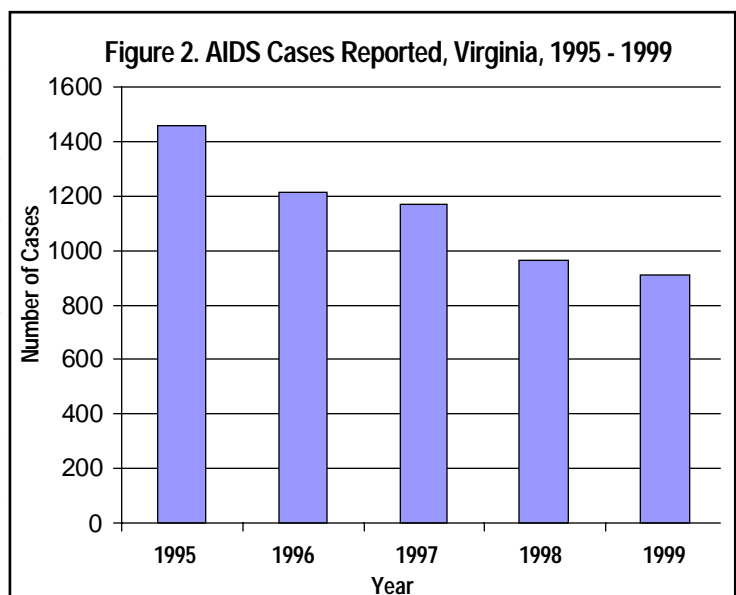
for Disease Control and Prevention established a new case definition for HIV infection in adults and children.¹ The revised case definition for public health surveillance integrates reporting criteria for HIV infection and AIDS into a single case definition and incorporates new laboratory tests in the laboratory criteria for HIV case reporting.

Campylobacteriosis

Reported cases of *Campylobacter* infection decreased by 9% in 1999 when compared to the 700 cases reported in 1998 and by 12% when compared to the five-year mean of 721 cases. Table 1 shows the 637 cases reported in 1999 to be the lowest number of cases reported since 1990.

***Escherichia coli* O157:H7**

Escherichia coli O157:H7 infection became a notifiable condition in Virginia in 1999; however, voluntary reporting of this disease has occurred since 1992. Seventy-nine cases were reported in 1999 compared to 69 in 1998. Three of the cases reported in 1999 developed hemolytic uremic syndrome.



***Haemophilus influenzae* infection, invasive**

The number of reported cases of invasive infections due to all types of *Haemophilus influenzae* increased for the third consecutive year (Figure 3). Twenty-four cases were reported in 1999 compared to 19 cases in 1998, 15 cases in 1997, and 11 cases in 1996. The number of cases reported in 1999 was also more than the five-year mean of 19 cases. Four of the 24 cases reported in 1999 were in persons less than 5 years of age and two of those were less than 1 year of age. Before the introduction of effective vaccines, *H. influenzae* was the leading cause of bacterial meningitis and other invasive bacterial disease among children less than 5 years of age.

Hepatitis A

The number of reported cases of hepatitis A decreased for the second consecutive year. The 185 cases reported in 1999 were 18% fewer than the 226 cases reported in 1998 and 18% fewer than the five-year mean of 225 cases.

Hepatitis B

The 106 reported cases of acute viral hepatitis B in 1999 were the fewest ever recorded in Virginia and continued a trend of general reduction in reported cases of this notifiable disease (Figure 4). During 1999, a higher than expected incidence of hepatitis B in residents of an adult care facility was investigated. The investigation led to the identification of seven persons who had most likely acquired infection with hepatitis B virus while residing at the facility. Improper use of reusable spring-loaded fingerstick devices was implicated as the cause of disease transmission.

Legionellosis

Forty-one cases of legionellosis were reported in 1999 compared to 27 cases in 1998. This represented the second highest number of cases ever recorded and surpassed the five-year mean (32 cases) by nine cases. No outbreaks were reported in 1999; however, the number of reported cases increased in four of the five health planning regions when compared to the number of cases reported in 1998.

Lyme Disease

Since becoming a notifiable condition in 1989, Lyme disease has been the most frequently reported tickborne illness in Virginia. The 122 cases reported in 1999 represented a 67% increase over the 73 cases reported in 1998 and were 58% more than the five-year mean. The number of reported cases more

Measles

The number of reported measles cases increased to 18 in Virginia in 1999 compared to two cases in 1998. Fifteen of the cases were related to an outbreak that occurred in the southwest region of the state. The index case is believed to have been an unvaccinated U.S. resident infected while traveling abroad. Virginia had a record low of zero cases reported in 1995; the five-year mean is two cases.

Meningococcal Infection

The 60 cases of meningococcal infection reported in 1999 were 22% more than the 49 cases reported in 1998 but less than the five-year mean of 62 cases. Serogroups identified in specimens from 1999 included Y (15 cases), C (12 cases), B (6 cases), and W-135 (1 case) (Figure 5). The serogroup was recorded as unknown for 26 (43%) cases. Three deaths resulted from meningococcal infection during 1999. The ages of persons who died ranged from 17 to 49 years.

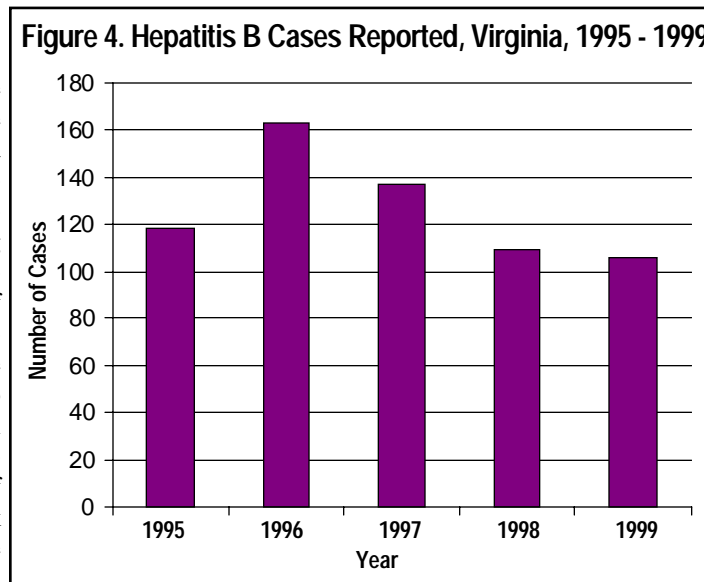
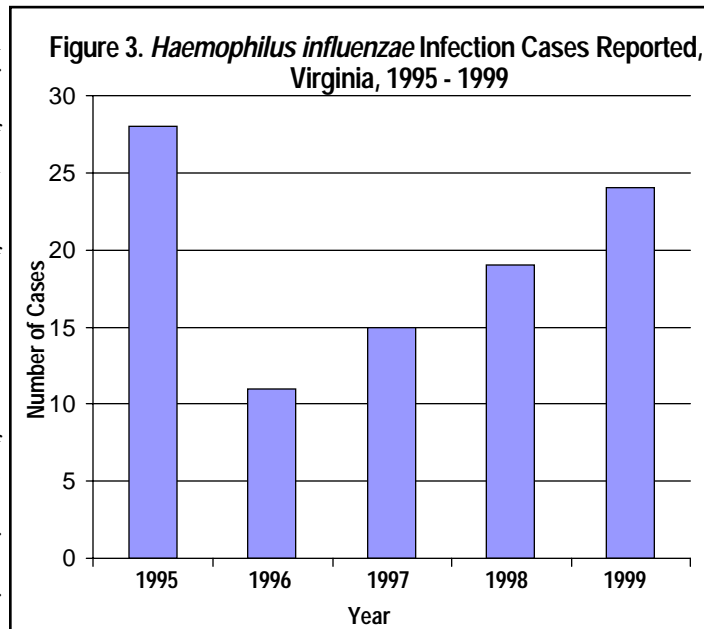
Rabies in Animals

The number of laboratory-confirmed rabid animals increased in 1999 when compared to 1998. The 581 rabid animals reported in 1999 were also more than the five-year mean of 548 cases. Raccoons (354 cases) continued to be the most commonly reported species (domestic and wildlife) while rabid cats (23 cases) were the most commonly reported domestic species (Figure 6). Other frequently reported rabid animals included skunks (127 cases), foxes (42 cases), and bats (17 cases).

Rabid animals were reported more frequently from the northern and northwest regions of the state (Table 2). Fifty-seven percent of all reported rabid animals were reported from these two regions in 1999.

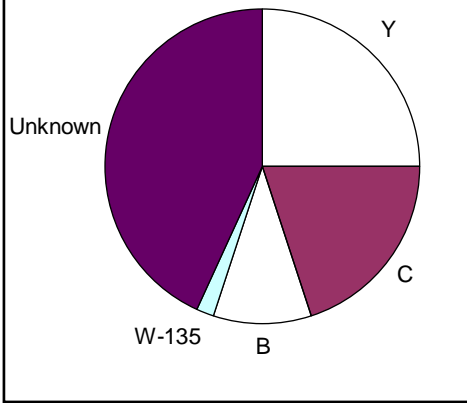
Salmonellosis

The 1,286 reported cases of salmonellosis in 1999 were a 13% increase above the 1,135 cases reported in 1998 and 8% above the five-year mean of 1,195 cases. An egg-associated outbreak of *Salmonella enteritidis* in the Richmond metropolitan area contributed to the increase in reported cases in



than doubled in the northern and central regions of the state from 1998 to 1999. Sixty-three cases were reported from the northern region in 1999 compared to 24 cases in 1998. In the central region, the number of cases increased from 8 in 1998 to 18 in 1999. Statewide, the majority of cases occurred during the months of June and July when 64 (52%) cases were reported.

Figure 5. *Neisseria meningitidis* Serogroups Identified, Virginia, 1999



1999. More than 100 cases were identified in that outbreak.

Shigellosis

The number (136 cases) of reported *Shigella* infections decreased to its lowest level in ten years. Outbreaks of shigellosis involving daycare facilities have contributed to the increased number of reported cases in past years; however, none were reported in 1999.

Sexually Transmitted Diseases

Two of the most frequently reported sexually transmitted diseases (*Chlamydia trachomatis* infection and gonorrhea infection) increased for the second consecutive year. The 13,427 cases of *C. trachomatis* infection were also more than the five-year mean of 12,398 cases. The 9,315 reported cases of gonorrhea, however, were less than the five-year mean of 10,197 cases. Early syphilis, which includes primary, secondary and early latent stages of syphilis, decreased for the fifth consecutive year (Figure 7). The 364 cases reported in 1999 were the fewest on record for a single year. While the state experienced an overall decline in the annual number of reported early syphilis cases, a sizeable increase occurred in the southwest region where 130 cases were reported in 1999 compare to 73 cases in 1998. Ninety percent of the cases from this region were reported from the Danville/Pittsylvania area, which has now become the focus of a special syphilis elimination program.

Tuberculosis

The number (334) of new tuberculosis (TB) cases reported in 1999 was comparable to the 339 cases reported in 1998. Twenty-three of 252 (9%) isolates for which susceptibility testing was done were resistant to at least one drug.

The site of disease for 79% of the cases was in the lungs.

In 1999, 42% of TB patients received care from the health department, 49% from a private physician, and 8% from a combination of both health department and private physician. Sixty-five percent of patients were on directly observed therapy (DOT) for some portion of the treatment period. Of all the 1999 cases, 89% completed an adequate and appropriate course of therapy within twelve months.

Seventeen of the TB cases for whom HIV test results were known were HIV seropositive. Another identified risk group for TB includes those from any country where TB is endemic. Forty-six percent of the cases reported in Virginia were in foreign born individuals.

EPIDEMIOLOGIC NOTES

This report presents a portion of the disease surveillance statistics for 1999 and includes cases reported during the 1999 calendar year. These data may differ from the provisional data published in 1999 issues of the VEB. Incidence rates were based on 1999 Virginia population projections from the Virginia Employment Commission. For additional information about disease surveillance in Virginia, visit the epidemiology Web site at www.vdh.state.va.us/epi/newhome.htm.

Reference

¹ CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome. *MMWR* 1999; 48(RR-13): 1-31.

Submitted by: Leslie M. Branch and Mary Jean Linn, RN, MURP; Division of Surveillance and Investigation, Office of Epidemiology.

Surveillance Report Available

The Virginia Department of Health's annual surveillance report, entitled *Reportable Disease Surveillance in Virginia, 1998*, is available. This document summarizes morbidity information reported in Virginia during calendar year 1998. In it you will find statistics on reportable diseases by year, locality, age, race, sex, and disease onset. Information is presented in narratives, tables, graphs, and maps. If you are interested in receiving a free copy of this report, please call the Office of Epidemiology at (804) 786-6261.

Figure 6. Rabid Animals Reported, Virginia, 1999

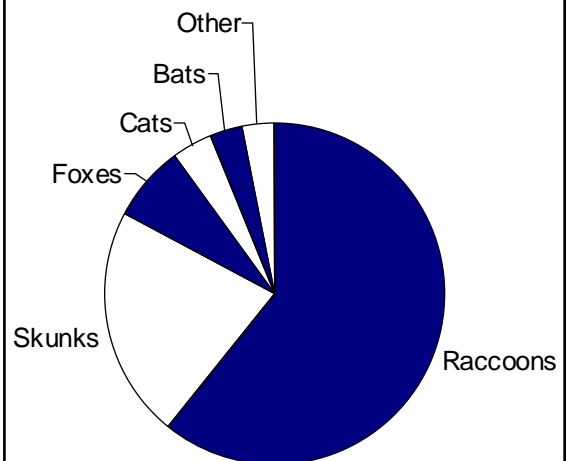


Figure 7. Early Syphilis Cases Reported, Virginia, 1990 - 1999

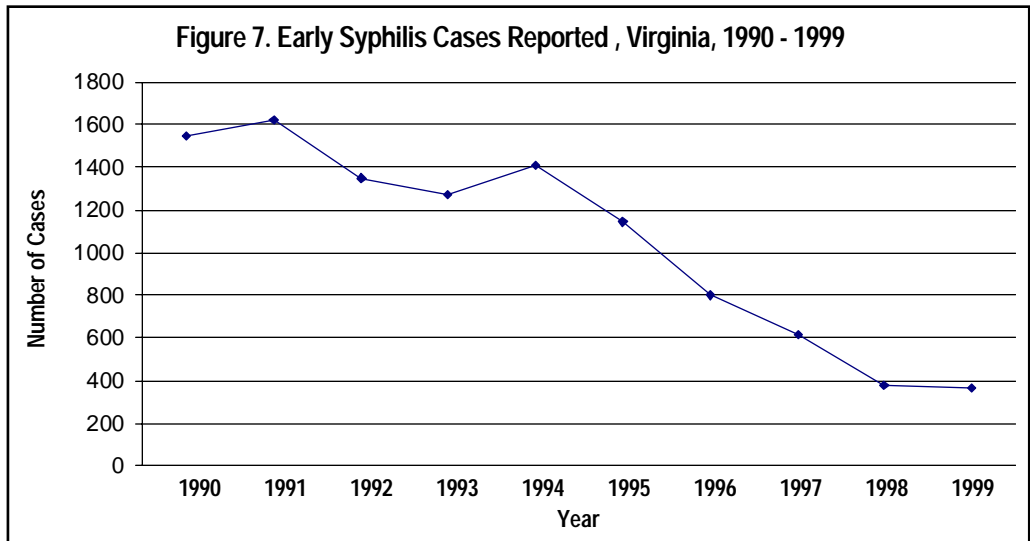


Table 2. Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Health Planning Region, Virginia, 1999

	Total		Northwest Region		Northern Region		Southwest Region		Central Region		Eastern Region	
Population	6,827,551		950,199		1,719,148		1,252,449		1,153,934		1,751,821	
Disease	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
AIDS	912	13.36	58	6.10	255	14.83	77	6.15	230	19.93	292	16.67
Amebiasis	34	0.50	1	0.11	25	1.45	3	0.24	3	0.26	2	0.11
Campylobacteriosis	637	9.33	160	16.84	112	6.51	119	9.50	110	9.53	136	7.76
Chickenpox	1,490	21.82	78	8.21	130	7.56	104	8.30	36	3.12	1142	65.19
<i>Chlamydia trachomatis</i> infection	13,427	196.66	1,618	170.28	1,886	109.71	1,927	153.86	3,666	317.70	4,330	247.17
<i>Escherichia coli</i> O157:H7	79	1.16	27	2.84	16	0.93	12	0.96	6	0.52	18	1.03
Giardiasis	471	6.90	86	9.05	188	10.94	55	4.39	77	6.67	65	3.71
Gonorrhea	9,315	136.43	507	53.36	743	43.22	1,017	81.20	2,842	246.29	4,206	240.09
<i>Haemophilus influenzae</i> infection	24	0.35	6	0.63	3	0.17	4	0.32	6	0.52	5	0.29
Hepatitis A	185	2.71	32	3.37	82	4.77	16	1.28	31	2.69	24	1.37
Hepatitis B	106	1.55	11	1.16	18	1.05	17	1.36	20	1.73	40	2.28
Hepatitis C/Non-A Non-B	11	0.16	3	0.32	5	0.29	1	0.08	0	0.00	2	0.11
HIV infection	922	13.50	52	5.47	238	13.84	66	5.27	274	23.74	292	16.67
Influenza	2,558	37.47	407	42.83	132	7.68	1,603	127.99	102	8.84	314	17.92
Kawasaki syndrome	33	0.48	2	0.21	16	0.93	4	0.32	0	0.00	11	0.63
Legionellosis	41	0.60	10	1.05	7	0.41	12	0.96	2	0.17	10	0.57
Listeriosis	17	0.25	5	0.53	2	0.12	3	0.24	4	0.35	3	0.17
Lyme disease	122	1.79	20	2.10	63	3.66	8	0.64	18	1.56	13	0.74
Malaria	76	1.11	5	0.53	52	3.02	7	0.56	8	0.69	4	0.23
Measles	18	0.26	0	0.00	3	0.17	15	1.20	0	0.00	0	0.00
Meningococcal infection	60	0.88	13	1.37	11	0.64	9	0.72	17	1.47	10	0.57
Mumps	11	0.16	2	0.21	1	0.06	2	0.16	1	0.09	5	0.29
Pertussis	65	0.95	16	1.68	8	0.47	3	0.24	25	2.17	13	0.74
Rabies in animals	581	--	162	--	169	--	74	--	89	--	87	--
Rocky Mountain spotted fever	20	0.29	8	0.84	4	0.23	2	0.16	3	0.26	3	0.17
Salmonellosis	1,286	18.84	164	17.26	242	14.08	169	13.49	434	37.61	277	15.81
Shigellosis	136	1.99	10	1.05	83	4.83	26	2.08	7	0.61	10	0.57
Syphilis, early	364	5.33	5	0.53	39	2.27	130	10.38	75	6.50	115	6.56
Tuberculosis	334	4.89	22	2.32	142	8.26	26	2.08	54	4.68	90	5.14
Typhoid fever	11	0.16	0	0.00	11	0.64	0	0.00	0	0.00	0	0.00

Reporting Diseases to the Health Department

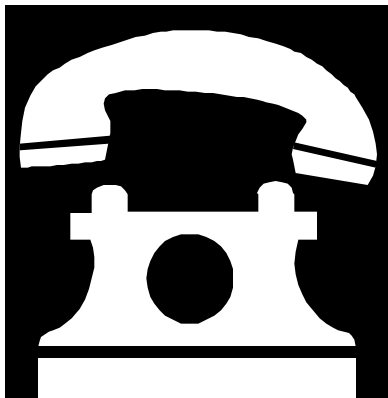
Importance of Timely Reporting

Health care providers are key to the control and prevention of disease. Diseases must first be recognized by the physician and then reported to the health department before community-based disease control activities can be initiated. We can best help you and your patients by receiving timely reports in order to promptly initiate disease control efforts soon enough to prevent further spread of diseases in the community.

Public health disease control efforts begin as soon as reports are received from medical care providers. It is critical for physicians, laboratories, and medical care facilities to promptly report those diseases listed on this page. Individual cases of each of these conditions, as well as any other unusual occurrence of disease, should be reported to your local health department. This information is used for detecting outbreaks, identifying risk factors for disease, and conducting case and contact follow-up in order to prevent and control the spread of disease. The data is also needed for compiling statistics as are found in this *Bulletin*.

Statutory Requirements

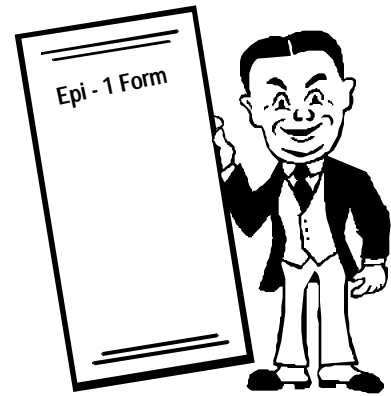
The *Code of Virginia* requires the State Board of Health to develop a list of conditions that must be reported to the health department. The Board has done this by promulgating the *Regulations for Disease Reporting and Control*. These regulations describe what conditions need to be reported, by whom, and the procedures that should be followed to report them. This information is also available on the VDH Web Site at www.vdh.state.va.us/epi/regintro.htm. (From there, click on the regulations on the left side of the screen).



Penalties

The *Code* also includes penalties for not complying with Board of Health regulations. Specifically, failure to comply with a health regulation is considered a Class 1 misdemeanor and may result in a civil penalty of up to \$10,000 per violation. Each day of violation is considered a separate offense.

Most importantly, failure to report could lead to an increase in the number of cases of a disease in the population.



Reportable Diseases in Virginia

Conditions listed in capital and bold letters require reporting within 24 hours.

Acquired immunodeficiency syndrome (AIDS)	Malaria
Amebiasis	MEASLES (Rubeola)
ANTHRAX	MENINGOCOCCAL INFECTION
Arboviral infection	Mumps
BOTULISM	Ophthalmia neonatorum
Brucellosis	OUTBREAKS, ALL (including foodborne, nosocomial, occupational, toxic substance-related, waterborne, and other outbreaks)
<i>Campylobacter</i> infection	PERTUSSIS (Whooping cough)
Chancroid	PLAGUE
Chickenpox	POLIOMYELITIS
<i>Chlamydia trachomatis</i> infection	PSITTACOSIS
CHOLERA	RABIES, HUMAN AND ANIMAL
Cryptosporidiosis	Rabies treatment, post-exposure
Cyclosporiasis	Rocky Mountain spotted fever
DIPHTHERIA	Rubella (German measles), including congenital rubella syndrome
Ehrlichiosis	Salmonellosis
<i>Escherichia coli</i> O157:H7 and other enterohemorrhagic <i>E. coli</i> infections	Shigellosis
Giardiasis	Streptococcal disease, Group A, invasive
Gonorrhea	Syphilis (report PRIMARY and SECONDARY syphilis by rapid means)
Granuloma inguinale	Tetanus
HAEMOPHILUS INFLUENZAE INFECTION, INVASIVE	Toxic shock syndrome
Hantavirus pulmonary syndrome	Toxic substance-related illness
Hemolytic uremic syndrome (HUS)	Trichinosis (Trichinellosis)
Hepatitis, Acute Viral	TUBERCULOSIS DISEASE
HEPATITIS A	Tuberculosis infection in children age <4 years (Mantoux tuberculin skin test reaction ≥ 10 mm)
Hepatitis B	Typhoid fever
Hepatitis C	Typhus
Other Acute Viral Hepatitis	Vancomycin-resistant <i>Staphylococcus aureus</i>
Human immunodeficiency virus (HIV) infection	<i>Vibrio</i> infection
Influenza	YELLOW FEVER
Kawasaki syndrome	
Lead - elevated blood levels	
Legionellosis	
Leprosy (Hansen disease)	
Listeriosis	
Lyme disease	
Lymphogranuloma venereum	



COMMONWEALTH of VIRGINIA

Department of Health

P O BOX 2448

RICHMOND, VA 23218

TDD 1-800-828-1120

A Letter from the State Health Commissioner

Due to production difficulties, there may be a substantial delay and possible reduction in available influenza vaccine supply for the 2000-2001 influenza season. To assure that persons in greatest need of vaccine are minimally affected by the vaccine supply problem, the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) have issued additional recommendations to those made in the original ACIP influenza statement (April 14, 2000). The additional recommendations were released July 14th and can be accessed on the internet at <www.vdh.state.va.us/imm>.

In the interest of the public health, as Virginia State Health Commissioner, I am asking all physicians, health maintenance organizations, provider groups, and other entities that play a role in influenza immunization in Virginia to follow these recommendations. I have summarized the main points below:

1. Influenza immunization in the early to mid-Fall should focus on the traditional high risk groups (the elderly, those with chronic illness, health care workers, etc.) as soon as vaccine becomes available.
2. Influenza immunization of persons at lower risk and groups such as students and most employee groups should not take place or should not be planned until after sufficient vaccine stores are assured, probably in November.
3. Every effort should be made to avoid wasting vaccine, to assure that supplies can be redistributed to the areas of greatest need during the immunization period and that minimal doses are returned to the manufacturer at the end of the season.

Since the CDC does not expect to know more about the status of vaccine supplies until early to mid-September, plans for the early Fall must proceed with these additional recommendations in mind. With your cooperation, we will be able to assure that the available vaccine is used to best advantage for the protection of the public health and to minimize any adverse impacts from influenza vaccine supply problems in Virginia. Thank you for your cooperation.

A handwritten signature in black ink, reading "E. Anne Peterson, M.D., M.P.H." with a horizontal line underneath.

E. Anne Peterson, M.D., M.P.H.
State Health Commissioner

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.state.va.us

Cases of Selected Notifiable Diseases Reported in Virginia*

Total Cases Reported, June 2000

Regions

**Total Cases Reported Statewide,
January through June**

Disease	State	Regions					Total Cases Reported Statewide, January through June		
		NW	N	SW	C	E	This Year	Last Year	5 Yr Avg
AIDS	62	5	4	8	13	32	405	364	532
Campylobacteriosis	70	11	13	17	13	16	210	258	250
<i>E. coli</i> O157:H7	4	2	0	1	1	0	16	25	18
Giardiasis	23	3	8	5	5	2	181	149	152
Gonorrhea	895	38	55	139	242	421	4947	4740	4371
Hepatitis A	7	0	2	1	2	2	70	76	95
B, acute	15	0	4	4	5	2	75	49	57
C/NANB, acute	0	0	0	0	0	0	1	10	8
HIV Infection	57	4	19	5	8	21	372	338	452
Lead in Children[†]	57	2	2	12	24	17	209	166	257
Legionellosis	5	0	0	4	0	1	8	13	10
Lyme Disease	19	1	11	2	3	2	37	18	13
Measles	0	0	0	0	0	0	0	3	1
Meningococcal Infection	3	2	0	1	0	0	31	26	30
Mumps	1	1	0	0	0	0	5	8	7
Pertussis	5	1	0	0	1	3	20	13	14
Rabies in Animals	55	16	13	7	5	14	275	249	272
Rocky Mountain Spotted Fever	1	0	0	1	0	0	1	1	3
Rubella	0	0	0	0	0	0	0	0	1
Salmonellosis	106	11	43	24	6	22	350	489	415
Shigellosis	93	1	6	80	5	1	159	38	136
Syphilis, Early[§]	29	0	0	6	6	17	153	203	373
Tuberculosis	29	2	9	6	2	10	136	127	161

Localities Reporting Animal Rabies This Month: Accomack 1 fox, 2 raccoons; Albemarle 1 cow; Alleghany 1 skunk; Augusta 1 skunk; Bland 1 cat; Brunswick 1 fox; Charlotte 1 bobcat; Clarke 1 fox; Culpeper 1 fox; Fairfax 1 bat, 1 fox, 1 groundhog, 7 raccoons; Fauquier 1 raccoon; Frederick 2 raccoons; Grayson 1 cow; Halifax 1 raccoon; Hampton 1 raccoon; Henry 1 cat; Loudoun 3 raccoons; Louisa 1 skunk; Montgomery 1 fox; Norfolk 1 bat; Northampton 6 raccoons; Page 1 raccoon; Powhatan 2 raccoons; Rockbridge 1 fox; Rockingham 1 fox; Shenandoah 3 raccoons, 1 skunk; Smyth 1 raccoon; Spotsylvania 1 raccoon; Williamsburg 2 raccoons; Wythe 1 cat; York 1 raccoon.

Occupational Illnesses: Asbestosis 27; Lead Exposure 6; Pneumoconiosis 5.

*Data for 2000 are provisional. †Elevated blood lead levels $\geq 10\mu\text{g/dL}$.

§Includes primary, secondary, and early latent.

Published monthly by the
VIRGINIA DEPARTMENT OF HEALTH
 Office of Epidemiology
 P.O. Box 2448
 Richmond, Virginia 23218
<http://www.vdh.state.va.us>
 Telephone: (804) 786-6261



**Bulk Rate
 U.S. POSTAGE
 PAID
 Richmond, Va.
 Permit No. 591**