



VIRGINIA EPIDEMIOLOGY BULLETIN

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May 2001
Annual Surveillance Issue

Volume 101, Number 5

Summary of Reportable Diseases, Virginia, 2000

Introduction

This issue of the *Virginia Epidemiology Bulletin* (VEB) summarizes the reports of notifiable disease in Virginia for 2000. 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 disease.

The Office of Epidemiology, Virginia Department of Health, 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* (<http://www.vdh.state.va.us/epi/survdata.htm>).

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 may be found on page 7 of this issue and on the VDH web site at <http://www.vdh.state.va.us/epi/list.htm>. Provisional data are tabulated monthly and published in each issue of the VEB. They are also posted on the web site at <http://www.vdh.state.va.us/epi/month.htm>.

Trend Data

For selected diseases, Figure 1 shows the change (increase or decrease) in the number of reports received in 2000 when compared to the average number of cases reported for the years 1996-2000 (five-year mean). The

Figure 1. Change in Disease Incidence in 2000 When Compared to Five-Year Mean

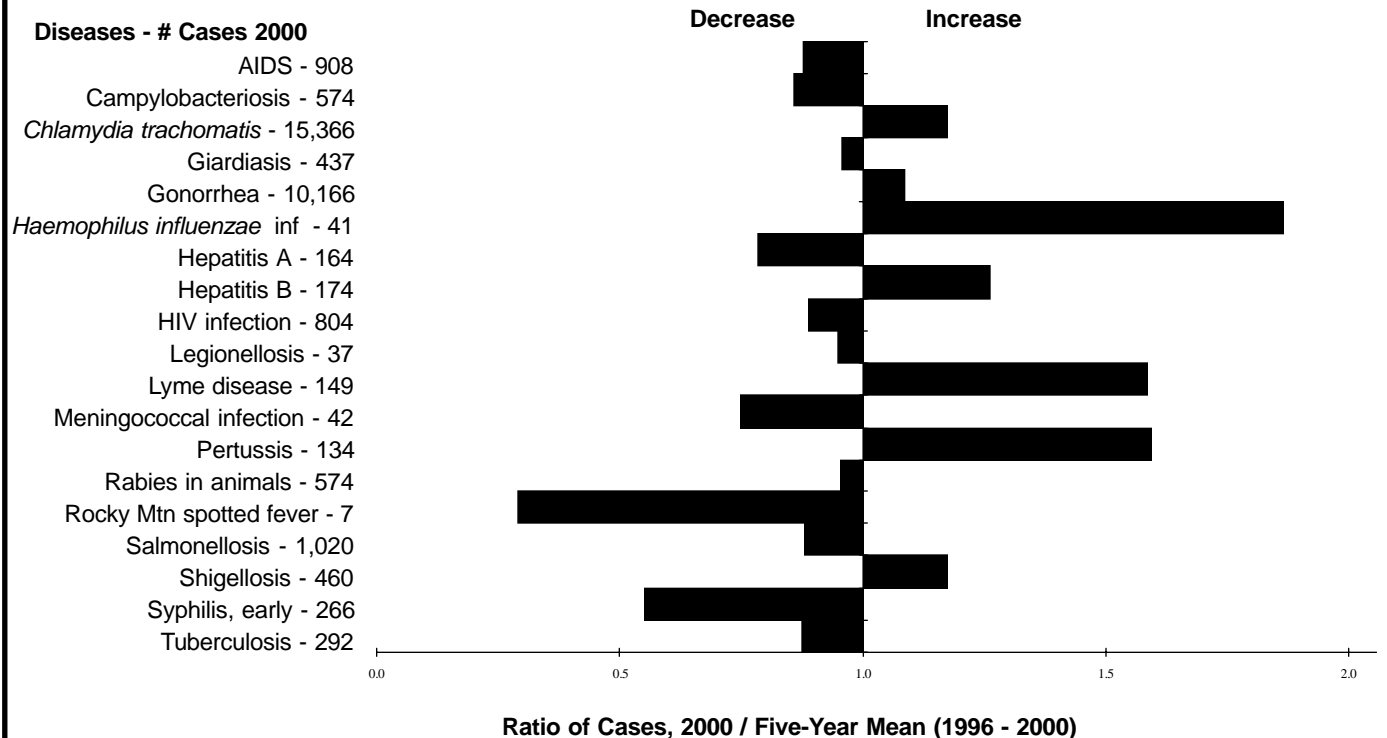


Table 1. Number of Reported Cases of Selected Diseases, Virginia, 1991 - 2000

Disease	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
AIDS†	662	745	1,629	1,193	1,458	1,211	1,173	961	912	908
Amebiasis	31	36	34	39	16	28	30	31	34	24
Campylobacteriosis	640	656	706	824	648	790	644	700	637	574
Chickenpox	2,942	3,911	2,917	2,844	2,667	1,778	1,760	1,115	1,490	592
<i>Chlamydia trachomatis</i> infection	16,717	11,305	11,389	12,976	12,287	11,755	11,604	13,370	13,427	15,366
<i>Escherichia coli</i> O157:H7‡	--	12	18	46	37	53	88	69	79	77
Giardiasis	459	366	373	337	318	405	465	503	471	437
Gonorrhea	17,256	15,773	11,620	13,414	10,342	9,292	8,731	9,215	9,315	10,166
<i>Haemophilus influenzae</i> infection	62	37	28	22	28	11	15	19	24	41
Hepatitis A	191	164	156	193	238	218	250	226	185	164
Hepatitis B	219	193	157	142	118	163	137	109	106	174
Hepatitis C/Non-A Non-B	37	48	54	26	21	17	27	13	11	3
HIV infection†	1,647	1,370	1,496	1,108	1,254	980	994	825	922	804
Influenza	1,392	148	1,363	957	1,484	957	517	1,160	2,558	1,909
Kawasaki syndrome	24	27	31	27	32	19	27	36	33	29
Legionellosis	17	29	11	17	28	54	34	27	41	37
Listeriosis	21	10	23	17	17	20	12	9	17	9
Lyme disease	151	123	95	131	55	57	67	73	122	149
Malaria	52	47	41	37	55	60	73	61	76	55
Measles	30	16	4	3	0	3	1	2	18	2
Meningococcal infection	39	61	52	69	64	67	60	49	60	42
Mumps	70	58	40	48	28	19	21	13	11	11
Pertussis	24	18	75	37	31	108	59	56	65	134
Rabies in animals	253	362	387	428	459	612	690	549	581	574
Rocky Mtn spotted fever	21	26	14	22	34	54	23	14	20	7
Salmonellosis	1,312	957	1,055	1,135	1,358	1,229	1,120	1,135	1,286	1,020
Shigellosis	384	253	776	656	412	746	416	200	136	460
Syphilis, early	1,622	1,347	1,268	1,409	1,144	798	615	379	364	266
Toxic substances-related illness	146	68	111	103	214	268	237	349	345	328
Tuberculosis	379	456	458	372	359	349	349	339	334	292
Typhoid fever	11	5	7	9	10	11	5	7	11	22

†Some numbers have changed from those previously reported due to a reassessment of the data.
‡Not reportable prior to 1999.

data are shown as a ratio of the number of cases reported in 2000 to the five-year mean. Table 1 shows the number of reported cases for selected diseases in Virginia from 1991-2000. Table 2 (page 5) shows the number of reported cases for selected diseases by health planning region. Rates per 100,000 population are also presented.

Virginia is divided into five health planning regions. The map on page 6 depicts these regions.

2000 HIGHLIGHTS FOR SELECTED DISEASES

AIDS/HIV

In 2000, the number of reported AIDS cases decreased for the fifth consecutive year. The number (908) of cases reported in 2000 was slightly less than the 912 cases reported in 1999 and less than the five-year mean of 1,033. Nationally, the number of AIDS cases declined by approximately 15%. The annual number of newly reported cases of HIV in-

fection also declined. The 804 cases reported in 2000 were 13% less than the 922 cases reported in 1999. This is the lowest number of cases reported since 1990, the first full year of annual HIV surveillance. Enhanced surveillance for HIV infection accounted for a large increase in cases in 1999, resulting in the appearance of a greater decline in 2000.

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 in a single case definition and incorporates new laboratory tests in the criteria for HIV case reporting.

Arboviral Infection

No human cases of arboviral infection were confirmed in Virginia in 2000. Eastern equine encephalitis was confirmed in 9 horses, 6 sentinel chickens, 1 sparrow, and 4 mosquito pools. Seven crows

tested positive for West Nile virus in 2000. The Virginia Interagency Arbovirus Task Force developed a response plan for West Nile virus. Information about West Nile virus and the state's response plan can be found at <http://www.vdh.state.va.us/epi/wnv.htm>.

Campylobacteriosis

Reported cases of *Campylobacter* infection decreased by 10% in 2000 when compared to the 637 cases reported in 1999 and were 14% less than the five-year mean of 669 cases. The 574 cases reported in 2000 is the lowest number of cases reported since 1982.

The northwest region of the state experienced an outbreak of campylobacteriosis in 2000. The suspected vehicle was water served at a county fair.

Chickenpox

Reported cases of chickenpox decreased 60% from 1,490 cases in 1999 to 592 cases in 2000. This is the lowest number of cases since 1980 when 483 cases were reported. This decrease may be due to the use of the chickenpox vaccine. Figure 2 shows the ten-year trend for chickenpox.

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-seven cases were reported in 2000 compared to 79 in 1999. Three children <10 years old developed hemolytic uremic syndrome.

Haemophilus influenzae infection, invasive

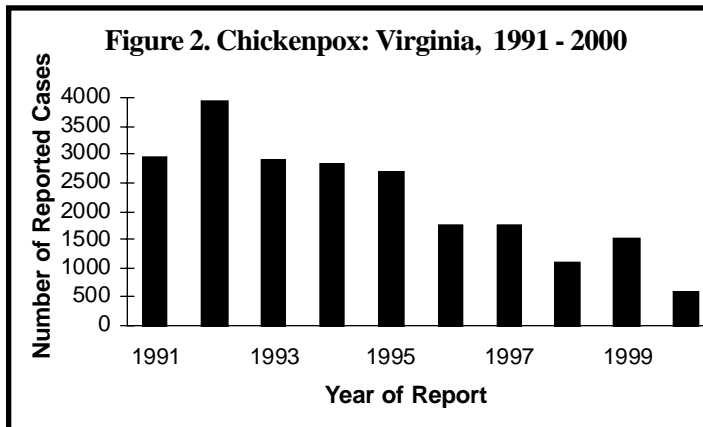
The annual number of reported cases of invasive infections due to all types of *Haemophilus influenzae* increased for the fourth consecutive year. Forty-one cases were reported in 2000 compared to 24 cases in 1999 (Figure 3). The increased number of cases reported in 2000 was also above the five-year mean of 22 cases. Seventy-six percent of cases were in adults aged 20 and older.

Prior to the introduction of vaccines effective against type b, *H. influenzae* was the leading cause of bacterial meningitis and other invasive bacterial disease among children <5 years of age. In 2000, nine (22%) cases occurred in children <5 years old; seven were in children <1 year old. Only one case

in the <5 years age group was identified as *H. influenzae* type b. Of the remaining eight, three were other types, two were non-typeable, and three were unknown.

Hepatitis A

The number of reported cases of hepatitis A decreased for the third consecutive year. The 164 cases reported in 2000 were 11%



less than the 185 cases reported in 1999 and 22% less than the five-year mean of 209 cases.

Hepatitis B

The 174 cases of hepatitis B reported in 2000 represented a 64% increase from the 106 cases reported in 1999. For the past few years, the test for acute hepatitis B (IgM antibody to hepatitis B core antigen {IgM anti-HBc}) was omitted from the Current Procedural Terminology (CPT) codes. As a result, this test was not done when physicians ordered the laboratory panel for hepatitis. Therefore, acute cases may not have been laboratory-confirmed. This was corrected in 2000. It remains to be seen whether the declining number of cases reported in the recent past represents a true trend or a reporting artifact.

Legionellosis

Thirty-seven cases of legionellosis were reported in 2000 compared to 41 cases in 1999. The 37 cases reported in 2000 are below the five-year mean of 39 cases. No outbreaks were reported in 2000.

Lyme Disease

Lyme disease continues to be the most frequently reported tickborne illness in Virginia since becoming a notifiable condition in 1989. The 149 cases reported in 2000 represented a 22% increase above the 122 cases reported in 1999 and were 59% higher than the five-year mean of 94 cases (Figure 4). Ninety-one cases were reported from the northern region in 2000 compared to 63 cases in 1999. Statewide, the majority of cases occurred during the months of May, June and July when 94 (63%) experienced illness onset.

Measles

The annual number of reported measles cases decreased to two in Virginia in 2000 compared to eighteen cases in 1999. Fifteen of the 18 cases were related to an outbreak that occurred in the southwest region of the state. The two cases reported in 2000 were below the five-year mean of five cases.

Meningococcal infection

The 42 cases of meningococcal infection reported in 2000 were 30% less than the 60 cases reported in 1999 and less than the five-year mean of 56 cases. The *Neisseria meningitidis* serogroups identified included: Y (11), C (10), B (8), and W-135 (1). The serogroup was recorded as unknown for 12 (29%) cases (Figure 5). Three deaths resulted from meningococcal infection during 2000.

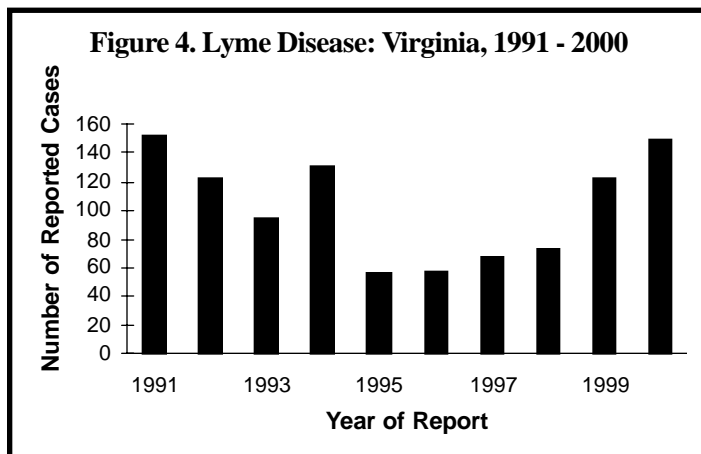
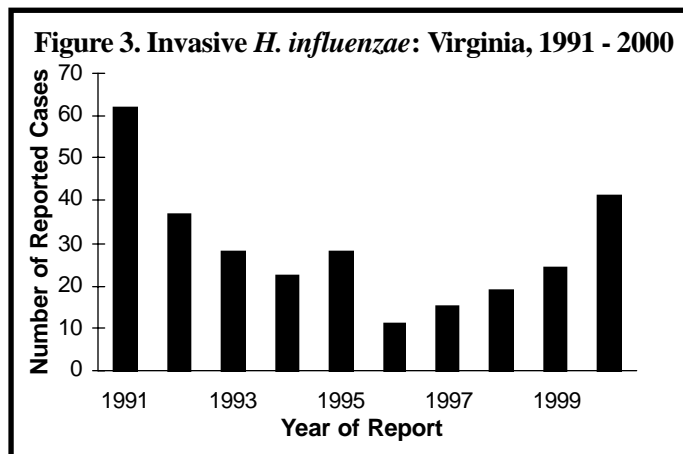
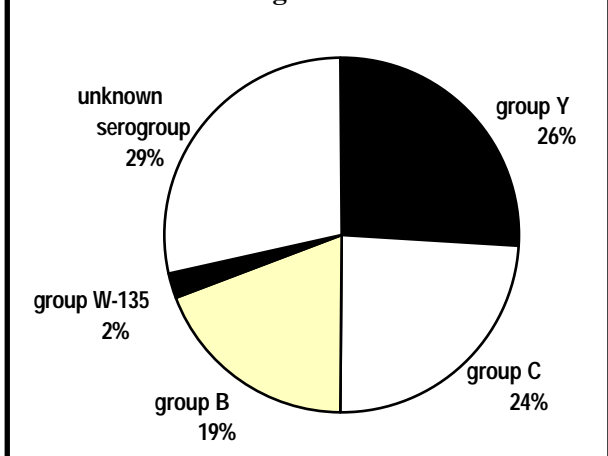


Figure 5. *Neisseria meningitidis* serogroups: Virginia 2000



The ages of persons who died ranged from 1 to 95 years.

Nine (21%) cases of meningococcal disease occurred in college students. Outbreaks occurred on two college campuses. The May 2000 issue of the VEB summarized the cases in college students (http://www.vdh.state.va.us/epi_news/may00.pdf.)

Pertussis

The number of cases increased 106% from 65 cases in 1999 to 134 cases in 2000 (Figure 6). New polymerase chain reaction testing may account for some of the increase in cases detected in Virginia.

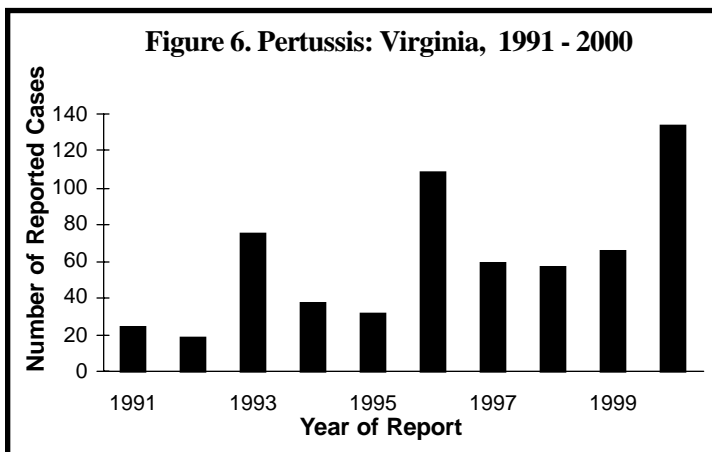


Figure 6. Pertussis: Virginia, 1991 - 2000

Rabies in Animals

The annual number of laboratory confirmed rabid animals decreased by 1% in 2000 when compared to 1999. The 574 rabid animals reported in 2000 were also lower than the five-year mean of 601 cases. Raccoons (328 cases) continued to be the most commonly reported species. Rabid cats (27 cases) were the most commonly reported domestic species, followed by dogs (7 cases). Other frequently reported rabid animals included skunks (126 cases), foxes (50 cases), bats (19 cases), and groundhogs (6 cases) (Figure 7).

Salmonellosis

The 1,020 reported cases of salmonellosis in 2000 were a 21% decrease from the 1,286 cases reported in 1999 and 12% below the five-year mean of 1,158 cases. Seven outbreaks of salmonellosis were reported in 2000. Four outbreaks were due to *Salmonella enteritidis*: two were linked to undercooked eggs and the food vehicle for the other two was not determined. An outbreak of *Salmo-*

nella typhimurium in a restaurant was due to Hollandaise sauce made with raw eggs. *Salmonella java* caused another restaurant-associated outbreak; the food vehicle was undetermined. Finally, a multi-state outbreak of *Salmonella thompson* was linked to contaminated tomatoes; at least 12 cases occurred in Virginia.

Shigellosis

The number (460 cases) of reported *Shigella* infections increased 238% in 2000 compared to the 136 cases reported in 1999 (Figure 8). An outbreak of shigellosis involving elementary schools in

lis cases, a large percentage of the cases occurred in the southwest region of the state. One hundred cases of early syphilis were reported from the Danville/Pittsylvania area in 2000. A special syphilis elimination project has been implemented there.

Tuberculosis

The number of people with tuberculosis (TB) disease reported in 2000 decreased to 292, the lowest number ever reported in Virginia (Figure 10). Sixty-three percent were born outside of the US compared to 48% in 1999.

Of the 218 culture positive cases, 41 (19%) were found to be resistant to at least one first line drug. This represents a dramatic increase of 78% from the 23 (7%) resistant cases in 1999. The resistance for isoniazid (INH) was 12%, an increase from 1999 when 6% were INH resistant. The number of multi-drug resistant cases, indicating resistance to both INH and rifampin, jumped 75% with seven cases being diagnosed in 2000.

During 2000, 241 (83%) persons reported with TB were offered testing for HIV. Of the 188 for whom test results were available, 16 (9%) were co-infected with HIV. Most (69%) of the co-infected persons were between the ages of 25-44 years.

Typhoid Fever

The number of reported cases increased 100% due to an outbreak (16 cases) in northern Virginia. Twenty-two cases were reported in 2000 compared to 11 cases in 1999.

None of the outbreak cases reported travel to another country, even though this has been

the southwest region of the state contributed to the increase.

Sexually Transmitted Diseases

Two of the most frequently reported sexually transmitted diseases (*Chlamydia trachomatis* infection and gonorrhea) increased for the second consecutive year. The 15,364 cases of *Chlamydia trachomatis* infection and the 10,166 reported cases of gonorrhea were above the five-year mean of 13,104 cases and 9,344 cases respectively. Early syphilis, which includes primary, secondary and early latent stages of syphilis, decreased for the sixth consecutive year (Figure 9). The 266 cases reported in 2000 were the lowest annual number reported on record. While the state experienced an overall decline in the annual number of reported early syphi-

Figure 7. Rabies in Animals: Virginia, 2000

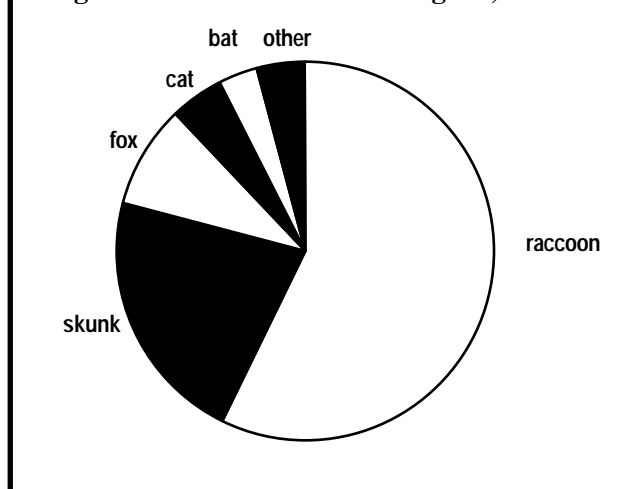
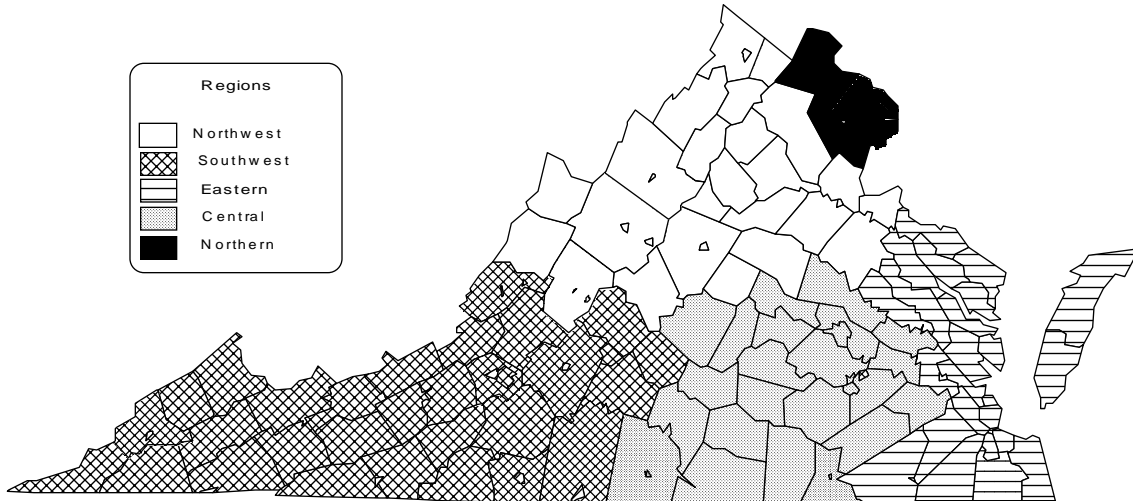


Table 2. Number of Reported Cases and Rate per 100,000 Population for Selected Diseases by Health Planning Region, Virginia, 2000

	Total		Northwest Region		Northern Region		Southwest Region		Central Region		Eastern Region	
Population	7,078,515		1,019,548		1,815,197		1,307,816		1,218,327		1,717,627	
Disease	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
AIDS	908	12.83	46	4.51	274	15.09	82	6.27	205	16.83	301	17.52
Amebiasis	24	0.34	1	0.10	17	0.94	3	0.23	3	0.25	0	0.00
Campylobacteriosis	574	8.11	136	13.34	123	6.78	126	9.63	70	5.75	119	6.93
Chickenpox	592	8.36	48	4.71	106	5.84	55	4.21	23	1.89	360	20.96
<i>Chlamydia trachomatis</i> infection	15,366	217.08	1,859	182.34	2,075	114.31	2,172	166.08	4,039	331.52	5,21	303.97
<i>Escherichia coli</i> O157:H7	77	1.09	17	1.67	24	1.32	20	1.53	10	0.82	6	0.35
Giardiasis	437	6.17	65	6.38	166	9.15	94	7.19	53	4.35	59	3.43
Gonorrhea	10,166	143.62	450	44.14	733	40.38	1,232	94.20	2,856	234.42	4,895	284.99
<i>Haemophilus influenzae</i> infection	41	0.58	9	0.88	3	0.17	8	0.61	13	1.07	8	0.47
Hepatitis A	164	2.32	30	2.94	59	3.25	28	2.14	21	1.72	26	1.51
Hepatitis B	174	2.46	11	1.08	38	2.09	30	2.29	51	4.19	44	2.56
Hepatitis C	3	0.04	0	0.00	0	0.00	2	0.15	0	0.00	1	0.06
HIV infection	804	11.36	35	3.43	217	11.95	62	4.74	160	13.13	330	19.21
Influenza	1,909	26.97	337	33.05	110	6.06	1,120	85.64	50	4.10	292	17.00
Kawasaki syndrome	29	0.41	2	0.20	6	0.33	5	0.38	3	0.25	13	0.76
Legionellosis	37	0.52	7	0.69	7	0.39	15	1.15	1	0.08	7	0.41
Listeriosis	9	0.13	2	0.20	2	0.11	2	0.15	0	0.00	3	0.17
Lyme disease	149	2.10	17	1.67	91	5.01	14	1.07	11	0.90	16	0.93
Malaria	55	0.78	3	0.29	38	2.09	6	0.46	2	0.16	6	0.35
Measles	2	0.03	0	0.00	2	0.11	0	0.00	0	0.00	0	0.00
Meningococcal infection	42	0.59	7	0.69	7	0.39	11	0.84	8	0.66	9	0.52
Mumps	11	0.16	2	0.20	3	0.17	2	0.15	2	0.16	2	0.12
Pertussis	134	1.89	63	6.18	7	0.39	5	0.38	9	0.74	50	2.91
Rabies in animals	574	--	137	--	120	--	92	--	93	--	132	--
Rocky Mountain spotted fever	7	0.10	2	0.20	1	0.06	3	0.23	1	0.08	0	0.00
Salmonellosis	1,020	14.41	171	16.77	299	16.47	167	12.77	160	13.13	223	12.98
Shigellosis	460	6.50	14	1.37	100	5.51	304	23.24	31	2.54	11	0.64
Syphilis, early	266	3.76	3	0.29	29	1.60	95	7.26	41	3.37	98	5.71
Tuberculosis	292	4.13	22	2.16	149	8.21	21	1.61	33	2.71	67	3.90
Typhoid fever	22	0.31	3	0.29	15	0.83	1	0.08	2	0.16	1	0.06

Health Planning Regions



the source of most cases reported in Virginia in previous years.

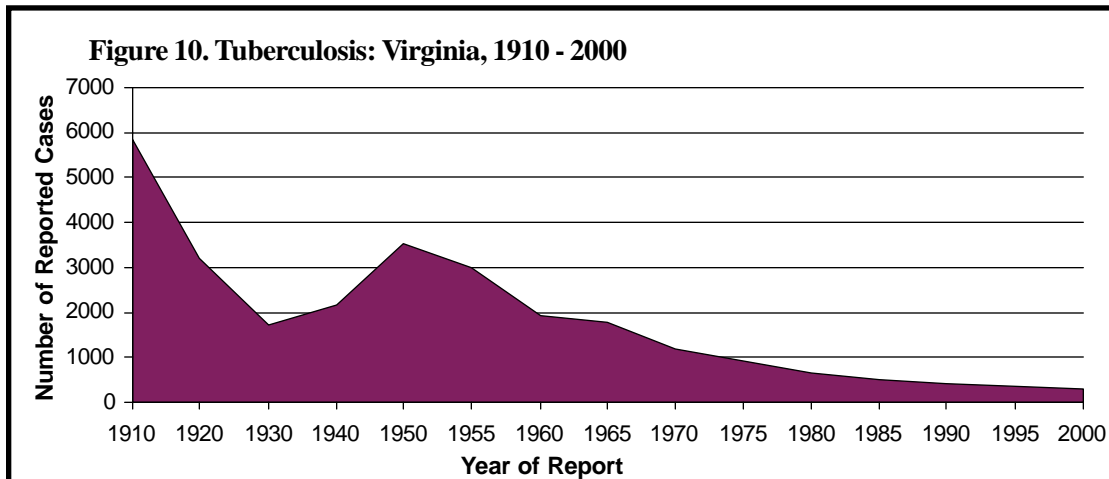
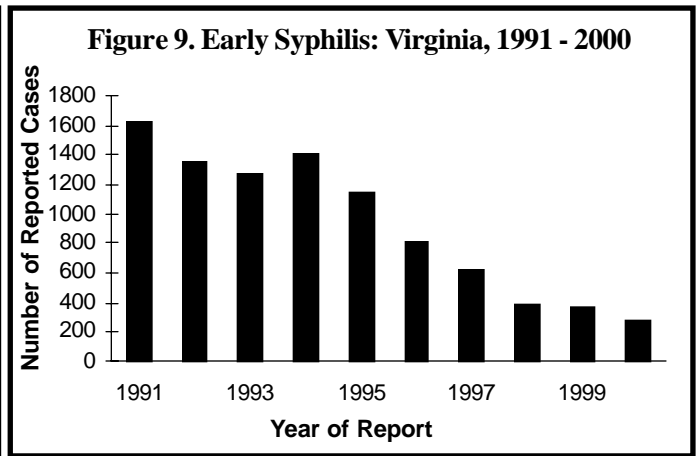
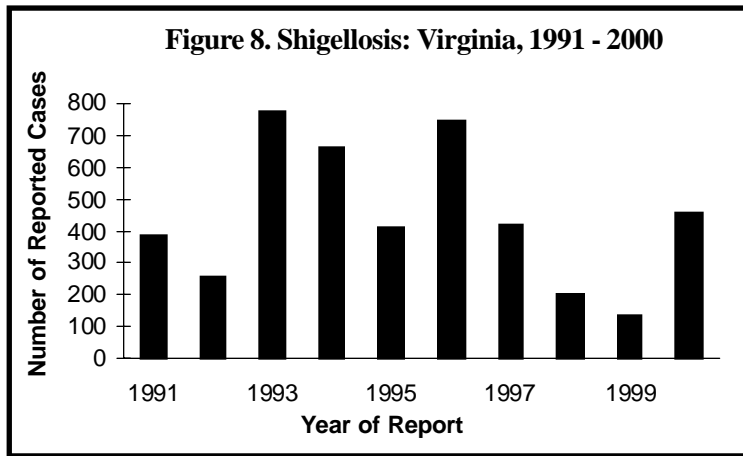
EPIDEMIOLOGIC NOTES

This report presents a portion of disease surveillance statistics for 2000 and includes cases reported during the 2000 calendar year.

These data may differ from the provisional data published in earlier issues of the VEB. Incidence rates were based on 2000 Virginia population projections from the Virginia Employment Commission. For additional information about disease surveillance in Virginia, visit our web site at <http://www.vdh.state.va.us/epi/newhome.htm>.

Submitted by: Mary Jean Linn RN, MURP and Seth Levine MPH, Division of Surveillance and Investigation, Office of Epidemiology.

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.



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 the 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 are also needed for compiling statistics as are found in this *Bulletin*.

Statutory Requirements

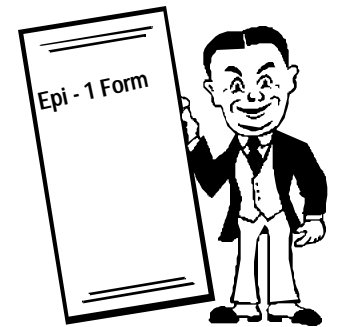
The *Code of Virginia* requires the State Board of Health to develop a list of conditions that must be reported to the health department. The Board has done this by promulgating the *Regulations for Disease Reporting and Control*. These regulations describe what conditions need to be reported, by whom, 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 of diagnosis by the most rapid means available.

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 (number of cases only)	YELLOW FEVER
Kawasaki syndrome	
Lead - elevated blood levels	
Legionellosis	
Leprosy (Hansen disease)	
Listeriosis	
Lyme disease	
Lymphogranuloma venereum	

Cases of Selected Notifiable Diseases Reported in Virginia*

Total Cases Reported, April 2001

Regions

Total Cases Reported Statewide,
January through April

Disease	State	NW	N	SW	C	E	This Year	Last Year	5 Yr Avg
AIDS	111	5	47	3	16	40	322	300	304
Campylobacteriosis	31	4	10	8	3	6	102	106	123
<i>E. coli</i> O157:H7	0	0	0	0	0	0	6	8	6
Giardiasis	18	3	6	6	3	0	123	130	107
Gonorrhea	532	15	55	68	160	234	2917	3448	2924
Hepatitis A	10	1	6	2	1	0	45	50	57
B, acute	14	1	1	4	3	5	43	50	39
C/NANB, acute	0	0	0	0	0	0	0	1	4
HIV Infection	59	1	22	4	6	26	261	263	279
Lead in Children [†]	43	4	8	5	15	11	158	104	146
Legionellosis	1	0	0	1	0	0	4	3	6
Lyme Disease	5	0	4	0	0	1	7	12	4
Measles	0	0	0	0	0	0	0	0	1
Meningococcal Infection	4	1	1	2	0	0	20	23	20
Mumps	1	0	0	0	0	1	2	4	4
Pertussis	2	2	0	0	0	0	8	11	10
Rabies in Animals	36	9	3	9	7	8	126	181	178
Rocky Mountain Spotted Fever	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0
Salmonellosis	171	11	18	3	112	27	307	164	207
Shigellosis	11	0	7	1	1	2	38	33	77
Syphilis, Early [§]	20	1	2	0	9	8	108	108	201
Tuberculosis	12	0	6	2	2	2	62	48	103

Localities Reporting Animal Rabies This Month: Accomack 1 raccoon; Alleghany 1 skunk; Amherst 1 cow; Augusta 1 skunk; Fairfax 1 skunk; Fauquier 1 cat; Floyd 1 raccoon; Frederick 2 raccoons; Fredericksburg 1 raccoon; Gloucester 1 raccoon; Halifax 2 raccoons; Henrico 1 bat, 1 raccoon; Highland 1 raccoon; Hopewell 1 raccoon; James City 1 raccoon; King William 1 raccoon; Loudoun 1 raccoon; Norfolk 1 raccoon; Northampton 1 raccoon; Nottoway 1 raccoon; Page 1 raccoon; Pittsylvania 2 raccoons; Prince William 1 bat; Richmond City 1 raccoon; Scott 1 skunk; Tazewell 1 raccoon, 1 skunk; Virginia Beach 2 raccoons; Warren 2 raccoons; Wythe 1 raccoon.

Toxic Substance-related Illnesses: Asbestosis 38; Lead Exposure 4; Pneumoconiosis 6.

*Data for 2001 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



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