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Direct and Indirect Effects of Routine Vaccination of Children with 7-Valent Pneumococcal Conjugate Vaccine on Incidence of Invasive Pneumococcal Disease — United States, 1998–2003

Streptococcus pneumoniae (pneumococcus) is a leading cause of pneumonia and meningitis in the United States and disproportionately affects young children and the elderly. In 2000, a 7-valent pneumococcal conjugate vaccine (PCV7) was licensed in the United States for routine use in children aged <5 years (*1*). Surveillance data from 2001 and 2002 indicated substantial declines in invasive pneumococcal disease (IPD) in children and adults compared with prevaccine years (*2,3*). This report updates assessment of the impact of PCV7 on IPD through 2003 by using population-based data from the Active Bacterial Core surveillance (ABCs) of the Emerging Infections Program Network, a cooperative surveillance program conducted by several state health departments and CDC.* The results of this analysis indicated that 1) routine vaccination of young children with PCV7 continued to result in statistically significant declines in incidence of IPD through 2003 in the age group targeted for vaccination and among older children and adults, 2) the vaccine prevented more than twice as many IPD cases in 2003 through indirect effects on pneumococcal transmission (i.e., herd immunity) than through its direct effect of protecting vaccinated children, and 3) increases in disease caused by pneumococcal serotypes not included in the vaccine (i.e., replacement disease) occurred in certain populations but were small compared with overall declines in vaccine-serotype disease. Ongoing surveillance is needed to assess whether reductions in vaccine-serotype IPD are sustained and whether replacement disease will erode the substantial benefits of routine vaccination.

ABCs conducted active surveillance for IPD cases through regular contact with all clinical microbiology laboratories in defined surveillance areas; periodic audits of laboratory records ensured complete case finding. Pneumococcal isolates were sent to reference laboratories for serotyping by the quellung reaction and were categorized as vaccine-type (VT) (serotypes included in PCV7) or nonvaccine-type (NT) (all other serotypes). A case of IPD was defined as isolation of pneumococcus from a normally sterile body site (e.g., blood or cerebrospinal fluid) in an ABCs area resident. Participating areas during 1998–2003 included in this analysis were the state of Connecticut and selected counties in California, Georgia, Maryland, Minnesota, New York, and Oregon, representing a total surveillance population of approximately 16 million persons in 2000. Annual incidence rates were calculated for 1998–1999 by using U.S. Census Bureau population estimates for those years; incidence rates for 2001–2003 were based on National Center for Health Statistics (NCHS) bridged-race postcensal population estimates for those years (*4*). For national projections of annual numbers of IPD cases, age- and race-specific rates of disease were applied from the aggregate ABCs surveillance area to the age and racial distribution of the U.S. population.

The impact of PCV7 introduction on IPD was assessed in three ways. First, to assess the change in incidence of IPD after PCV7 introduction, IPD rates for 2001–2003 were

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*Available at http://www.cdc.gov/ncidod/dbmd/abcs.

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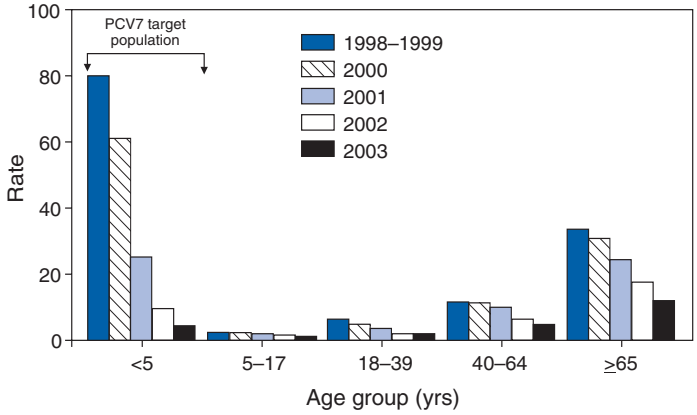
compared with the average rate for 1998–1999 (baseline). Second, the projected number of VT IPD cases directly prevented by PCV7 in 2003 was calculated as the product of 1) the nationally projected number of VT IPD cases at baseline among children aged <5 years, 2) the 3-dose coverage of PCV7 in 2003 among all U.S. children aged 19–35 months identified from National Immunization Survey (NIS) data (68.1%) (*5*), and 3) vaccine efficacy against VT IPD from a large clinical trial (93.9%) (*6*). Third, the projected number of VT IPD cases indirectly prevented by PCV7 in 2003 was estimated across all ages aggregately by calculating the difference between the average annual projected number of VT cases in 1998–1999 and the projected number of VT cases in 2003, and then subtracting the number of VT cases directly prevented by the vaccine.

From 1998–1999 to 2003, the incidence of VT IPD among children aged <5 years decreased from 80.0 cases per 100,000 population to 4.6, a decline of 94% (95% confidence interval [CI] = 92%–96%) (Figure 1). The total incidence of IPD (VT and NT) in this age group declined 75% (CI = 72%–78%), from 96.7 at baseline to 23.9 in 2003. Incidence rates of VT IPD also declined substantially among persons outside of the PCV7 target population (Figure 1). For persons aged ≥5 years, VT disease decreased 62% (CI = 59%–66%) from 1998–1999 to 2003, with the largest absolute rate reduction occurring among those aged ≥65 years (rate difference: 21.7 cases per 100,000 [rate 33.6 during 1998–1999 and 11.9 during 2003]). Total IPD incidence declined 29% (CI = 25%–33%), again with the majority of the absolute rate reduction occurring among those aged ≥65 years (rate difference: 18.4 cases per 100,000 [rate 60.1 during 1998–1999 and 41.7

FIGURE 1. Rate* of vaccine-type (VT) invasive pneumococcal disease (IPD) before and after introduction of pneumococcal conjugate vaccine (PCV7), by age group and year — Active Bacterial Core surveillance, United States, 1998–2003



* Per 100,000 population.
† For each age group, the decrease in VT IPD rate for 2003 compared with the 1998–1999 baseline is statistically significant (p<0.05).

during 2003]). The incidence of IPD caused by the 16 serotypes included in the 23-valent polysaccharide pneumococcal vaccine (PPV23) and not in PCV7 among persons aged ≥5 years increased 11% (CI = 3%–21%) from 1998–1999 to 2003.

Analysis of the projected 29,599 VT IPD cases prevented nationally by PCV7 in 2003 compared with 1998–1999 (Table) revealed that the majority (69%) of cases were prevented through indirect effects of the vaccine. An estimated 9,140 cases of VT IPD were directly prevented by vaccinating children aged <5 years with PCV7; an additional 20,459 cases of VT IPD were prevented through indirect effects of the vaccine across all ages (Figure 2). Incidence of IPD caused by pneumococcal serotypes not included in PCV7 increased among children aged <5 years and adults aged ≥40 years, with a total of 4,721 projected additional cases of NT IPD in 2003 compared with the 1998–1999 baseline (Table). After accounting for this increase, 24,878 net cases of IPD were prevented in 2003; net prevented cases were evenly distributed between the age group targeted for vaccination with PCV7 (12,786 prevented cases [51%]) and older children and adults outside the target population (12,092 prevented cases [49%]) (Table).

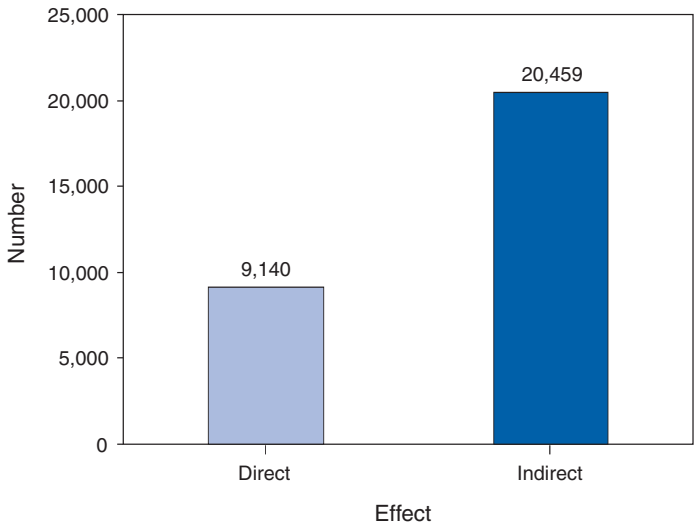
TABLE. Changes in projected numbers of invasive pneumococcal disease (IPD) cases, by age group and serotype category — Active Bacterial Core surveillance (ABCs), United States, 1998–1999 and 2003

Age group (yrs)	Serotype category*	1998–1999 average projected no. of cases†	2003 projected no. of cases†	Change in annual projected no. of cases
<5				
	Vaccine	14,293	876	-13,417
	Nonvaccine	2,947	3,578	631
	Total	17,240	4,454	-12,786
5–17				
	Vaccine	1,195	569	-626
	Nonvaccine	880	824	-56
	Total	2,075	1,393	-682
18–39				
	Vaccine	5,023	1,610	-3,413
	Nonvaccine	3,419	3,407	-12
	Total	8,442	5,017	-3,425
40–64				
	Vaccine	8,945	4,167	-4,778
	Nonvaccine	7,545	10,237	2,692
	Total	16,490	14,404	-2,086
≥65				
	Vaccine	11,595	4,230	-7,365
	Nonvaccine	9,169	10,635	1,466
	Total	20,764	14,865	-5,899
All ages				
	Vaccine	41,051	11,452	-29,599
	Nonvaccine	23,960	28,681	4,721
	Total	**65,011**	**40,133**	**-24,878**

* Serotypes included in the 7-valent pneumococcal conjugate vaccine are defined as vaccine serotypes (4, 6B, 9V, 14, 18C, 19F, and 23F). All other serotypes are considered nonvaccine serotypes.

† Annual national projections of IPD cases were calculated by applying age- and race-specific disease rates for the aggregate ABCs surveillance area to the age and racial distribution of the U.S. population on the basis of 2000 U.S. Census data.

FIGURE 2. Estimated number of cases of vaccine-type (VT) invasive pneumococcal disease (IPD) prevented by direct* and indirect† effects of pneumococcal conjugate vaccine (PCV7) — Active Bacterial Core surveillance, United States, 2003



* Direct VT IPD cases prevented in 2003 = 1998–1999 average number of VT IPD cases in children aged <5 years x 2003 PCV7 coverage with 3 doses (68.1%) x PCV7 effectiveness for VT IPD (93.9%).

† Indirect VT IPD cases prevented in 2003 = (1998–1999 average number of VT IPD cases across all age groups – 2003 number of VT IPD cases across all age groups) – 2003 direct VT IPD cases prevented. Calculation of indirect cases prevented does not account for replacement disease.

Reported by: *A Reingold, MD, California Emerging Infections Program, Oakland, California. J Hadler, MD, Emerging Infections Program, Connecticut Dept of Public Health. MM Farley, MD, Georgia Emerging Infections Program, Veterans Affairs Medical Center and Emory Univ School of Medicine, Atlanta, Georgia. L Harrison, MD, Maryland Emerging Infections Program, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland. R Lynfield, MD, J Besser, MS, Minnesota Dept of Health. N Bennett, MD, Monroe County Dept of Public Health, Rochester, New York. A Thomas, MD, Oregon Dept of Human Svcs. W Schaffner, MD, Tennessee Emerging Infections Program, Vanderbilt Univ Medical Center, Nashville, Tennessee. B Beall, PhD, Streptococcus Laboratory; T Pilishvili, MPH, Office of Surveillance, Active Bacterial Core surveillance/Emerging Infections Program Network; CG Whitney, MD, M Moore, MD, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; DC Burton, MD, EIS Officer, CDC.*

Editorial Note: Routine use of PCV7 in young children has reduced the incidence of VT and overall IPD in children and adults, and these reductions have increased since 2001 (*2*).

The most substantial decline in the rate of VT disease has been in the target population of children aged <5 years. Data from 2003 also demonstrate statistically significant reductions in the rates of both VT IPD and total IPD for children aged 5–17 years, whereas no statistically significant change in disease rate was observed among persons aged 5–19 years in 2001 (*2*). As of 2003, the total incidence of IPD in persons aged ≥65 years declined to 41.7 cases per 100,000 population in ABCs surveillance areas, meeting the *Healthy People 2010* objective of no more than 42 cases per 100,000 for this age group (*7*).

Indirect benefits of PCV7 (i.e., cases prevented in unvaccinated persons) exceeded direct protective benefits among immunized children, with more than twice as many cases of VT IPD prevented indirectly as directly in 2003. The indirect effects of PCV7 are believed to be caused by decreased nasopharyngeal carriage of VT strains among immunized children, which results in decreased transmission to nonimmunized children and adults (i.e., herd immunity) (*2,8*). On the basis of this mechanism, indirect benefits from PCV7 might be expected to increase as its vaccination coverage increases. In certain populations (e.g., children aged <5 years and adults aged ≥40 years), the reduction in VT IPD attributable to PCV7 was partially offset by an increase in disease caused by non-VT strains. However, during 2003, the overall magnitude of this replacement disease was small compared with the reduction in VT disease.

The findings in this report are subject to at least two limitations. First, secular trends cannot be excluded as a factor in the changing pattern of IPD in the United States. However, these trends would be expected to affect disease caused by all serotypes; the reductions in IPD after introduction of PCV7 have been specific to vaccine serotypes, suggesting a vaccine effect. The decline in adult IPD likely is not attributable to PPV23, given that no decline occurred in the incidence of IPD caused by serotypes included in PPV23 but not in PCV7, and given that the slight increase in vaccine coverage of PPV23 since 1998 (*9*) would not be expected to cause a measurable change in IPD rate. Second, the calculations of direct and indirect effects of the conjugate vaccine were based on data estimates from several sources, each with an associated margin of error; the calculations in this report provide only crude estimates of the relative magnitudes of direct and indirect vaccine effects. In addition, the number of doses of vaccine needed to provide direct protection is unknown, and partial protection might be provided by fewer than 3 doses.

The robustness of the direct and indirect effects of PCV7 has important implications for cost-benefit analyses of similar vaccines in the United States and internationally. Initial estimates of cost-effectiveness for the United States (*10*) did not account for indirect effects and therefore underestimated the cost-effectiveness of PCV7. In addition, ongoing surveillance will be required to monitor the balance of disease reduction versus replacement in the conjugate vaccine era, particularly in vulnerable populations (e.g., the elderly and immunocompromised persons), who might be more susceptible to less virulent non-VT strains of pneumococci. Such information will be critical for determining whether the composition of conjugate vaccines should be revised or expanded over time.

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Improper Disposal of Hazardous Substances and Resulting Injuries — Selected States, January 2001–March 2005

Many consumer and industrial products, including fuels, solvents, fertilizers, pesticides, paints, and household cleaning disinfectants, contain hazardous substances. Improper disposal of these materials can lead to unexpected releases of toxins that are hazardous to humans and harmful to the environment. This report summarizes all known events involving improper disposal of hazardous substances reported to the Agency for Toxic Substances and Disease Registry (ATSDR) during January 2001–March 2005, describes four illustrative case reports, and provides recommendations for preventing injury resulting from improper disposal.

ATSDR maintains the Hazardous Substances Emergency Events Surveillance (HSEES) system to collect and analyze data about the public health consequences (i.e., morbidity, mortality, and evacuation) of hazardous-substance–release events.* The information in this report is based on events reported to HSEES from 18 participating state health departments† during January 2001–March 2005.§ Improper disposal events are defined as events in which a hazardous substance is placed in municipal waste and subsequently causes a release or potential release that requires (or would have required) removal, clean-up, or neutralization according to federal, state, or local law.

Summary of HSEES Data

A total of 36,784 events involving release of hazardous substances were reported to HSEES during January 2001–March 2005. Of these, 107 (0.3%) were associated with improper disposal. All 18 states reported this type of event, with New York (47 [44%] events) and Washington (13 [12%]) reporting the most events. Sixteen (15%) events involved fires or explosions. Of the 159¶ known improper disposal locations, releases occurred most frequently in residential (59 [37%]) and commercial settings (53 [33%]). Of the 284** total substances involved in improper disposal events, the most common substances were hydrochloric acid (24 [8%]), acid not otherwise specified (15 [5%]), and iodine-131 (six [2%]).

Of the 107 events, 35 (33%) resulted in injuries to 69 persons, 64 (93%) of whom were categorized as employees. HSEES does not collect specific information on type of employee injured (e.g., sanitation worker). However, evaluation of the comment field on incidence reports indicated that more than half (39 [57%]) of the 64 injured employees were sanitation workers.

The 69 injured persons had a total of 101 reported injuries, most frequently respiratory irritation (46 [46%]), dizziness or other central nervous system symptoms (12 [12%]), eye irritation (11 [11%]), and burns (nine [9%]). Forty-two (61%) injured persons were treated at hospitals but not admitted, 11 (16%) were treated at the scene, four (6%) were examined by private physicians, three (4%) were treated at hospitals and admitted, and three (4%) were sent to hospitals for observation. The remaining six (9%) persons experienced adverse health effects within 24 hours of exposure; these injuries were reported through official channels (e.g., fire or police departments, emergency medical services, or poison control centers). No deaths occurred.

Evacuation was ordered for 13 (12%) of the 107 events. The number of evacuees was known for nine of the events, for which 74 persons were known to have evacuated; the number of persons per event ranged from two to 25 (median: six persons per event). The median length of evacuation was 3 hours (range: 1–82 hours).

Of the 97 (91%) events for which decontamination status was known, decontamination of potentially exposed persons was necessary in 31 (32%) events. Ninety-two persons were decontaminated; of these, 61 (66%) were emergency responders, 29 (32%) were employees (i.e., sanitation workers or

* An HSEES event is the acute release or threatened release of a hazardous substance into the environment in an amount that requires (or would have required) removal, cleanup, or neutralization according to federal, state, or local law (*1*). A hazardous substance is one that can reasonably be expected to cause an adverse health effect upon exposure.
† Alabama, Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, Utah, Washington, and Wisconsin.
§ Data through March 31, 2005, were the most recent available when the analysis was conducted; data for 2004 and 2005 are provisional.

¶ Exceeds the number of events because some events may occur in mixed-use locations (e.g., in a residential and commercial area).
** Exceeds the number of events because certain events involved multiple substances.

employees of the industry involved in the release), and two (2%) were members of the general public.

Case Reports

The following case reports illustrate the danger involved in improper disposal of hazardous substances.

New York. In June 2004, a sanitation truck compacted an improperly disposed of container of hydrochloric acid, releasing approximately 10 gallons of the hazardous substance into a commercial/residential area. Two male sanitation workers sustained chemical burns and were decontaminated on the scene, treated at a hospital, and released. A hazardous materials (HazMat) team, law enforcement officials, fire department officials, and emergency medical services personnel responded to the event.

Colorado. In March 2003, a hospital employee improperly disposed of an unknown quantity of radioactive waste in a dumpster. The dumpster contents were picked up by a garbage truck. Later, as the garbage truck approached the landfill, the contents activated radiation detectors at the landfill. No injuries were reported; however, four first responders were decontaminated at the site. Access to the landfill was restricted until the radioactive waste was removed. A company emergency response team, fire department officials, and hospital personnel responded to the event.

Washington. In June 2002, hydrochloric acid used in an illicit methamphetamine laboratory was disposed of in an apartment building dumpster. Later, a male sanitation worker sustained respiratory irritation when the acid was dumped into the back of his truck. After the exposure occurred, his supervisor took the worker to a physician for observation. Law enforcement officials, fire department officials, emergency medical services personnel, and an environmental agency responded to the event.

Wisconsin. In August 2001, a sanitation truck compacted an improperly disposed of container of hydrochloric acid, releasing approximately 1 gallon of the hazardous substance into a residential area. The sanitation truck driver sustained chemical burns after coming into contact with the acid. He was transported to a hospital, treated for his injury, and released. A HazMat response team responded to the event.

Reported by: *DK Horton, MSPH, S Rossiter, MPH, MF Orr, MS, Div of Health Studies, Agency for Toxic Substances and Disease Registry.*

Editorial Note: This report illustrates the dangers associated with improper disposal of hazardous substances. Although improper disposal events accounted for a limited number of hazardous-substance–release events overall, HSEES has been recording approximately 25 such events per year, and the potential for additional events appears substantial. Persons in the United States generate approximately 1.6 million tons of household hazardous waste each year (*2*). An average household can accumulate as much as 100 pounds of hazardous waste in basements, garages, and storage closets (*2*). In addition, industries and businesses in the United States generate more than 40 million tons of hazardous waste annually (*3*).

Because many hazardous substances are toxic, flammable, corrosive, explosive, or even radioactive, they can be dangerous when disposed of improperly. Of particular concern is the hazard to sanitation workers because sanitation trucks, especially those with compactors, can easily breach hazardous substance containers, resulting in releases and mixing of substances. During this reporting period, more than half the injured persons were sanitation workers.

At least five of the events were caused by improper disposal of hazardous substances used in illicit methamphetamine laboratories (e.g., hydrochloric acid, ether, and acetone). Substances used in methamphetamine production, many of which are volatile, are often disposed of in municipal waste containers. When these substances are discarded and compacted, the potential for a hazardous release, fire, and explosion is increased.

The majority of the 101 reported injuries examined in this analysis were not life threatening, and no deaths occurred during the reporting period. However, a previous HSEES analysis described the death of a sanitation worker exposed to an improperly disposed of container of hydrofluoric acid (*4*).

The findings in this report are subject to at least two limitations. Reporting of events to HSEES is not mandatory; therefore, participating state health departments might not be informed about every event. Second, only 18 state health departments provided data to HSEES during the reporting period; therefore, these data underrepresent the total hazardous-substance–release events in the United States.

The findings suggest the need for development and implementation of effective public health strategies to prevent improper disposal practices or injuries resulting from those practices (*2,5–7*). Such strategies include educating the public regarding proper methods for disposing of hazardous substances, promoting the use of alternative products that do not contain hazardous substances, and organizing community collection days for disposal of hazardous substances (Box).

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BOX. Preventing improper disposal of hazardous substances and resulting injuries

General public
- Learn the proper methods for disposing of hazardous substances.
- Understand the dangers associated with improper disposal of hazardous substances.
- Read container labels for proper use and disposal recommendations.
- Be certain a toxic product is needed before using it.
- Use alternative products that do not contain hazardous substances.
- Purchase the smallest possible quantity of a product.
- Use leftover chemicals for other projects, or share them with other persons (e.g., neighbors).

Community leaders
- Place waste containers (e.g., dumpsters) in well-lit, secured areas.
- Train sanitation workers to recognize discarded methamphetamine laboratory chemicals and equipment.
- Establish collection days for hazardous substances.

Health. N Rice, MPH, Minnesota Dept of Health. R Mozingo, Mississippi State Dept of Health. C Henry, Missouri Dept of Health and Senior Svcs. J Savrin, New Jersey Dept of Health and Senior Svcs. R Wilburn, MPH, New York State Dept of Health. S Giles, MPH, North Carolina Dept of Health and Human Svcs. T Tsongas, PhD, Oregon Public Health Svcs. L Phillips, Rhode Island Dept of Health. R Harris, Texas Dept of Health. W Ball, PhD, Utah Dept of Health. W Clifford, Washington Dept of Health. J Drew, Wisconsin Dept of Health and Family Svcs.

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Update: Influenza Activity — United States and Worldwide, May 22–September 3, 2005, and 2005–06 Season Vaccination Recommendations

Influenza A (H3N2) viruses circulated worldwide, and Influenza A (H1)* and B viruses were reported less frequently during May 22–September 3, 2005. In North America, isolates of influenza A (H3N2), A (H1), and influenza B were identified sporadically. This report summarizes influenza activity in the United States and worldwide since the last *MMWR* update.†

United States

In the United States, CDC uses seven systems for national influenza surveillance, including the following four that operate year-round: 1) collaborating laboratories of the World Health Organization (WHO) and the National Respiratory and Enteric Virus Surveillance System (NREVSS) report the number, types, and subtypes of influenza viruses detected; 2) approximately 2,250 sentinel health-care providers report patient visits for influenza-like illness (ILI), and approximately 500 of these providers continue regular reporting throughout the summer; 3) 122 U.S. cities report mortality attributed to influenza and pneumonia on a weekly basis; and 4) a national surveillance system records pediatric deaths associated with laboratory-confirmed influenza (*1*).

During May 22–September 3,§ WHO and NREVSS collaborating laboratories tested 14,016 respiratory specimens; 120 (0.9%) were positive for influenza. Of the positive results, 66 (55%) were influenza B viruses, 33 (28%) were influenza A (H3N2) viruses, one (0.8%) was an influenza A (H1) virus, and 20 (17%) were influenza A viruses that were not subtyped. The majority (78%) of these isolates were tested from mid-May through late June, during which time 1.3% of specimens tested were positive for influenza. Since July, 0.4% of specimens tested were positive for influenza.

* Includes both the A (H1N1) and A (H1N2) influenza virus types. Although H1N2 viruses have not been identified since February 2004, not all isolated H1 viruses have been tested for the subtype of their neuraminidase. Thus, H1N2 viruses might continue to circulate in some parts of the world. Influenza A (H1N2) viruses appear to have resulted from reassortment of the genes of the circulating influenza A (H1N1) and A (H3N2) subtypes. Because the hemagglutinin proteins of the A (H1N2) viruses are similar to those of the circulating A (H1N1) viruses, and the neuraminidase proteins are similar to the circulating A (H3N2) viruses, the 2005–06 influenza vaccine should provide protection against A (H1N2) viruses.

† CDC. Update: influenza activity—United States and worldwide, 2004–05 season. MMWR 2005;54:631–4.

§ As of September 9, 2005; reporting is incomplete.

During May 22–September 3, the weekly percentage of patient visits to sentinel providers for ILI remained below the national baseline of 2.5%[¶] and ranged from 0.7% to 1.3%. The percentage of deaths attributable to pneumonia and influenza (P&I) as reported by the 122 Cities Mortality Reporting System remained below the epidemic threshold,[**] and no influenza-related pediatric deaths were reported as occurring during this period.

Worldwide

During May 22–September 3, influenza A (H3N2) viruses predominated in Asia (China, Hong Kong, Japan, Korea, and Thailand). Influenza A (H3N2) viruses were also identified in Oman and Singapore. Influenza A (H1) viruses were reported in China, Hong Kong, India, Indonesia, Japan, Korea, and Malaysia. Influenza B viruses were reported in China, Hong Kong, Indonesia, Korea, Nepal, Philippines, and Thailand.

In Oceania, during the same period, influenza A (H3N2 and non-subtyped) viruses predominated in Australia; influenza B viruses were responsible for outbreaks in New Zealand. Influenza B viruses were also reported in Australia and New Caledonia. In Africa, both influenza A virus subtypes (H3N2 and H1) and influenza B viruses were reported in South Africa, and influenza A (H3N2) and influenza B viruses were reported in Madagascar. Influenza B viruses also were reported in Kenya.

In South America, influenza A (H3N2 and non-subtyped) viruses were associated with regional outbreaks in Argentina and Chile during May 22–September 3 and were reported in Brazil, Colombia, Peru, and Uruguay. Influenza B viruses were associated with an outbreak in Colombia in July and also were reported in Argentina, Brazil, Chile, and Uruguay. Influenza A (H1) viruses were reported in Peru. In North America, influenza A viruses (H3N2 and non-subtyped) and influenza B viruses were reported in Canada, Mexico, and the United States. The United States reported one influenza A (H1) virus. Influenza A (H3N2) viruses also were reported in El Salvador and Panama (*2–4*).

[¶] The national baseline was calculated as the mean percentage of patient visits for ILI during noninfluenza weeks plus two standard deviations. Wide variability in regional data precludes calculating region-specific baselines and makes applying the national baseline to regional data inappropriate. National and regional percentages of patient visits for ILI are weighted on the basis of state population.

[**] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected by using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I during the previous 5 years. The epidemic threshold is 1.654 standard deviations above the seasonal baseline.

Characterization of Influenza Virus Isolates

The WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, located at CDC, analyzes influenza-virus isolates received from laboratories worldwide. During May 22–September 3, a total of 77 influenza A (H3N2) viruses (47 from Latin America, 21 from Asia, eight from the United States, and one from Oceania) were collected and characterized antigenically. All 77 influenza A (H3N2) viruses were antigenically related to the A/California/07/2004 reference virus. However, four South American viruses and nine Asian viruses had reduced titers to A/California/07/2004. An A/California/07/2004-like virus was recommended as the H3 component for the 2005–06 Northern Hemisphere vaccine. No influenza A (H1) viruses collected during this period were received and characterized by CDC.

Influenza B viruses circulating worldwide can be divided into two antigenically distinct lineages: B/Yamagata/16/88 and B/Victoria/2/87. Before 1991, B/Victoria lineage viruses circulated worldwide; from late 1991 to early 2001, no viruses of the B/Victoria lineage were identified outside Asia. However, since March 2001, B/Victoria-lineage viruses have been identified in many countries outside Asia, including the United States. Viruses of the B/Yamagata lineage began circulating worldwide in 1990 and continue to be identified. The type-B component of the 2005–06 influenza vaccine (B/Shanghai/361/2002-like) belongs to the B/Yamagata lineage. Of the 46 influenza B isolates collected during May 22–September 3 and characterized antigenically at CDC, three belonged to the B/Yamagata lineage, and 43 belonged to the B/Victoria lineage. All three of the B/Yamagata-lineage viruses had reduced titers to B/Shanghai/361/2002. Two of the B/Yamagata-lineage viruses were from Asia, and one was from the United States. Of the 43 B/Victoria-lineage viruses, 18 came from Asia, 18 from South America, and seven from the United States.

Avian Influenza A (H5N1)

Since December 2003, a total of 11 countries (Cambodia, China, Indonesia, Japan, Kazakhstan, Laos, Malaysia, Russia, South Korea, Thailand, and Vietnam) have reported outbreaks of highly pathogenic avian influenza A (H5N1) virus affecting poultry. Russia and Kazakhstan reported outbreaks of H5N1 virus among poultry for the first time in late July 2005 (*5*). Mongolia reported detection of H5N1 virus in migratory birds in August (*6*). In Southeast Asia, where H5N1 continues to be detected among poultry, approximately 150 million birds have died or been culled since 2003 (*5*).

Since December 2003, a total of 112 H5N1 cases in humans have been reported to WHO in four countries (Cambodia, Indonesia, Thailand, and Vietnam); 57 (51%) persons died. In August 2005, three cases (including two deaths) were reported in Vietnam. In July, one fatal case was reported in Indonesia (*5*).

Influenza Vaccine Supply and Recommendations

Vaccination is the primary method for preventing influenza (*1*). For the 2005–06 influenza vaccine, four manufacturers expect to provide influenza vaccine to the U.S. population. Sanofi Pasteur, Inc., projects production of up to 60 million doses of trivalent inactivated influenza vaccine (TIV). Chiron Corporation projects production of 18–26 million doses of TIV. GlaxoSmithKline, Inc. projects production of 8 million doses of TIV. MedImmune Vaccines, Inc., producer of the nasal-spray, live attenuated influenza vaccine (LAIV), projects production of approximately 3 million doses (*7*).

Because of the uncertainties regarding production of influenza vaccine, the exact number of available doses and timing of vaccine distribution for the 2005–06 influenza season remain unknown. As a result, CDC recommends that only the following priority groups receive TIV before October 24, 2005:

- persons aged ≥65 years with comorbid conditions
- residents of long-term–care facilities
- persons aged 2–64 years with comorbid conditions
- persons aged ≥65 years without comorbid conditions
- children aged 6–23 months
- pregnant women
- health-care personnel who provide direct patient care
- household contacts and out-of-home caregivers of children aged <6 months

These groups correspond to tiers 1A–1C in the previously published table of TIV priority groups in the event of vaccination supply disruption (*8*). Beginning October 24, 2005, influenza vaccine should be made available to all persons. Healthy persons aged 5–49 years who are not pregnant, including health-care workers who are not caring for severely immunocompromised patients in special-care units, can receive LAIV at any time (*1*).

Vaccination Recommendations for Persons Displaced by Hurricane Katrina

On September 6, 2005, CDC issued interim vaccination recommendations for persons displaced by Hurricane Katrina (*9*). Any displaced persons aged ≥6 months living in crowded group settings should be administered influenza vaccine; children aged ≤8 years should be administered 2 doses, at least 1 month apart.

Reported by: *WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza; L Brammer, MPH, A Postema, MPH, R Dhara, MPH, A Balish, T Wallis, H Hall, A Klimov, PhD, T Uyeki, MD, N Cox, PhD, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; M Katz, MD, EIS Officer, CDC.*

Editorial Note: During May 22–September 3, 2005, influenza A (H3N2) viruses were the most frequently reported virus worldwide; however, influenza A (H1) and influenza B viruses also circulated. In North America, sporadic cases of influenza were identified each month. The identification of influenza isolates and even sporadic outbreaks in the summer in North America is not unusual. Neither the influenza virus that will predominate in the United States nor the severity and timing of the 2005–06 season can be predicted.

The ongoing widespread epizootic of highly pathogenic avian influenza A (H5N1) viruses in Asia remains a major public health concern. Since December 2003, a total of 12 countries have reported H5N1 outbreaks in poultry or migratory birds, with human cases reported from four of these countries. Since July 2005, H5N1 infections in poultry and migratory birds have spread beyond their initial focus in Southeast Asia to Kazakhstan, Mongolia, and Russia; a human case was reported in Indonesia for the first time. No evidence of sustained person-to-person transmission has been identified to date, although probable limited person-to-person transmission has been reported (*10*). To date, no evidence has indicated genetic reassortment among avian influenza A (H5N1) and human influenza A viruses. CDC recommends enhanced surveillance for suspected H5N1 cases among travelers with unexplained severe respiratory illness returning from H5N1-affected countries. Additional information about avian influenza is available at http://www.cdc.gov/flu/avian.

Influenza surveillance reports for the United States are posted online weekly during October–May and are available at http://www.cdc.gov/flu/weekly/fluactivity.htm. Additional information about influenza viruses, influenza surveillance, and the influenza vaccine is available at http://www.cdc.gov/flu.

Acknowledgments

This report is based, in part, on data contributed by WHO collaborating laboratories; National Respiratory and Enteric Virus Surveillance System laboratories; Sentinel Providers Influenza Surveillance System; 122 Cities Mortality Reporting System; WHO National Influenza Centers, Communicable Diseases, Surveillance and Response, WHO, Geneva, Switzerland. A Hay, PhD, WHO Collaborating Centre for Reference and Research on Influenza,

National Institute for Medical Research, London, England. I Gust, MD, A Hampson, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia. M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan.

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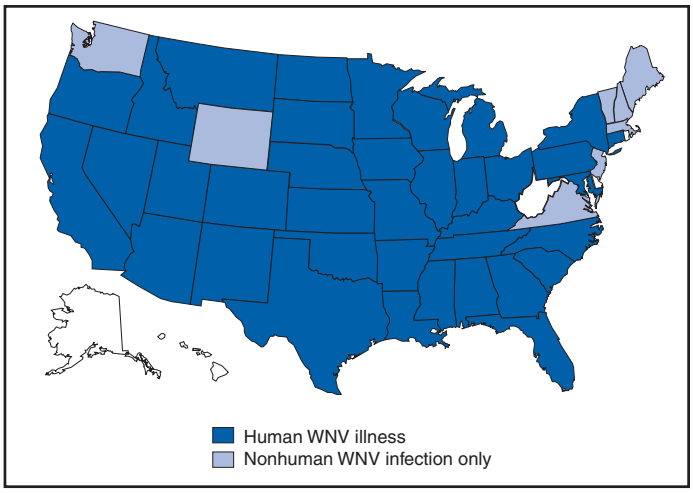
Update: West Nile Virus Activity — United States, 2005

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, September 13, 2005.

Thirty-seven states have reported 1,299 cases of human WNV illness in 2005 (Figure and Table 1). By comparison, in 2004, a total of 1,386 WNV cases had been reported as of September 14, 2004 (Table 2). A total of 671 (56%) of the 1,193 cases for which such data were available occurred in males; the median age of patients was 50 years (range: 3 months–98 years). Date of illness onset ranged from January 2 to September 8; a total of 29 cases were fatal.

During 2005, a total of 230 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET. Of these, 71 were reported from California; 37 from Nebraska; 32 from Texas; 20 from South Dakota; 15 from Louisiana; nine from Kansas; seven from Iowa; six each from Arizona and Illinois; five from New Mexico; four from Minnesota; three from Oregon; two each from Alabama, Colorado, Mississippi, and Utah; and one each from Idaho, Michigan, Montana, Nevada, North Carolina, North Dakota, and Pennsylvania. Of the 230 PVDs, four persons aged 35, 53, 56, and 71 years subsequently had neuroinvasive illness; three persons aged 17, 41, and 51 years subsequently had other illnesses; and 60 persons (median age: 47 years [range: 17–78 years]) subsequently had West Nile fever.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2005*



* As of September 13, 2005.

In addition, 2,926 dead corvids and 627 other dead birds with WNV infection have been reported from 39 states. WNV infections have been reported in horses from 28 states, three dogs from Minnesota and Nebraska, four squirrels from Arizona, and two unidentified animal species in two states (Arizona and Illinois). WNV seroconversions have been reported in 675 sentinel chicken flocks from 12 states. One seropositive sentinel horse was reported from Minnesota. A total of 7,822 WNV-positive mosquito pools have been reported from 38 areas (Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, and Wisconsin).

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

TABLE 1. Number of human cases of West Nile virus (WNV) illness reported, by state — United States, 2005*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total**	Deaths
Alabama	3	2	0	**5**	0
Arizona	14	10	5	**29**	0
Arkansas	1	5	0	**6**	0
California	175	319	54	**548**	9
Colorado	5	36	0	**41**	0
Connecticut	2	0	0	**2**	0
Florida	4	7	1	**12**	0
Georgia	1	1	1	**3**	0
Idaho	2	5	2	**9**	0
Illinois	71	42	10	**123**	2
Indiana	1	0	0	**1**	0
Iowa	2	3	1	**6**	1
Kansas	2	2	0	**4**	0
Kentucky	1	0	0	**1**	0
Louisiana	50	16	0	**66**	4
Maryland	1	0	0	**1**	0
Michigan	5	1	1	**7**	0
Minnesota	7	13	0	**20**	1
Mississippi	12	11	0	**23**	2
Missouri	3	4	2	**9**	1
Montana	5	6	0	**11**	0
Nebraska	18	39	0	**57**	1
Nevada	6	11	0	**17**	0
New Mexico	10	4	0	**14**	1
New York	2	1	0	**3**	0
North Carolina	1	1	0	**2**	0
North Dakota	2	14	0	**16**	0
Ohio	10	2	0	**12**	0
Oklahoma	1	0	0	**1**	0
Oregon	0	3	0	**3**	0
Pennsylvania	6	5	0	**11**	0
South Carolina	1	0	0	**1**	1
South Dakota	28	140	1	**169**	1
Tennessee	2	1	0	**3**	0
Texas	30	6	0	**36**	4
Utah	10	13	0	**23**	1
Wisconsin	3	1	0	**4**	0
Total	**497**	**724**	**78**	**1,299**	**29**

* As of September 13, 2005.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

TABLE 2. Comparison of human cases and deaths from West Nile virus — United States, 2002–2005

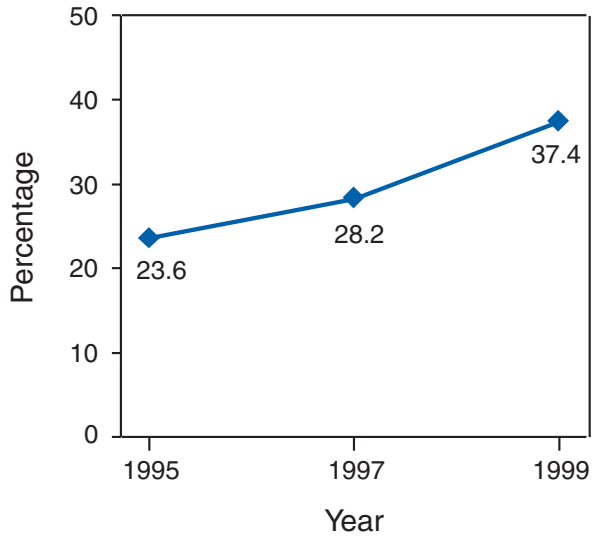
Year	Human cases	Deaths
2002*	1,201	43
2003†	2,923	54
2004§	1,386	35
2005¶	1,299	29

* Data through September 11, 2002.
† Data through September 10, 2003.
§ Data through September 14, 2004.
¶ Data through September 13, 2005.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

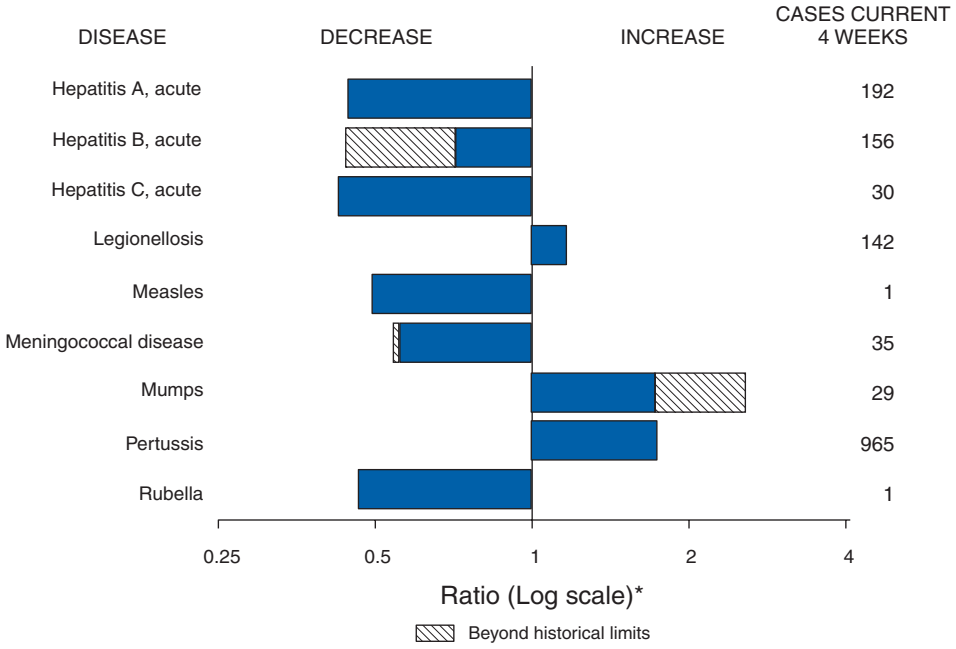
Percentage of Nursing Home Residents Aged ≥65 Years Who Received Pneumococcal Vaccinations — United States, 1995, 1997, and 1999



From 1995 to 1999, the percentage of nursing home residents aged ≥65 years who received 23-valent pneumococcal polysaccharide vaccine (PPV23) increased by 58.5%. This increase might be attributable, in part, to a 36% increase in the number of residents living in nursing homes with pneumococcal immunization programs. The Advisory Committee on Immunization Practices continues to recommend PPV23 vaccination for all persons aged ≥65 years and all residents of nursing homes and other long-term–care facilities (CDC. Recommended adult immunization schedule—United States, October 2004–September 2005. MMWR 2004;53:Q1–Q4.)

SOURCES: Bardenheier B, Shefer A, Tiggle RB, Marsteller J, Remsburg RE. Nursing home resident and facility characteristics associated with pneumococcal vaccination: National Nursing Home Survey, 1995–1999. J Am Geriatr Soc 2005;53:1543–51.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 10, 2005, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending September 10, 2005 (36th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	110	116
Botulism:			HIV infection, pediatric†¶	181	273
foodborne	9	6	Influenza-associated pediatric mortality†**	43	—
infant	56	56	Measles	57††	25§§
other (wound & unspecified)	19	10	Mumps	193	146
Brucellosis	73	63	Plague	3	1
Chancroid	17	19	Poliomyelitis, paralytic	—	—
Cholera	3	4	Psittacosis†	15	8
Cyclosporiasis†	673	189	Q fever†	83	47
Diphtheria	—	—	Rabies, human	1	4
Domestic arboviral diseases			Rubella	9	9
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	14	84	SARS†**	—	—
eastern equine†§	11	3	Smallpox†	—	—
Powassan†§	—	1	*Staphylococcus aureus*:		
St. Louis†§	2	11	Vancomycin-intermediate (VISA)†	—	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	91	102
human granulocytic (HGE)†	359	276	Tetanus	15	14
human monocytic (HME)†	246	206	Toxic-shock syndrome	71	63
human, other and unspecified †	51	50	Trichinellosis¶¶	13	1
Hansen disease†	54	70	Tularemia†	88	74
Hantavirus pulmonary syndrome†	17	18	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 57 cases reported, 46 were indigenous and 11 were imported from another country.
§§ Of 25 cases reported, eight were indigenous and 17 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	20,405	26,653	623,560	633,821	3,101	3,954	3,457	2,332
NEW ENGLAND	778	865	22,054	20,625	—	—	158	127
Maine	11	20	1,509	1,400	N	N	14	16
N.H.	20	29	1,283	1,163	—	—	20	21
Vt.¶	4	13	674	780	—	—	23	21
Mass.	368	283	9,864	9,038	—	—	58	51
R.I.	68	98	2,254	2,367	—	—	5	4
Conn.	307	422	6,470	5,877	N	N	38	14
MID. ATLANTIC	4,352	5,934	77,907	78,183	—	—	1,502	329
Upstate N.Y.	800	723	15,376	15,552	N	N	1,290	75
N.Y. City	2,327	3,242	24,501	24,283	—	—	53	85
N.J.	574	1,017	12,841	12,313	N	N	16	37
Pa.	651	952	25,189	26,035	N	N	143	132
E.N. CENTRAL	1,938	2,339	96,088	112,120	5	10	639	743
Ohio	312	465	24,139	27,789	N	N	326	169
Ind.	236	264	12,923	12,699	N	N	34	55
Ill.	983	1,106	29,604	32,779	—	—	52	128
Mich.	322	383	16,703	25,946	5	10	64	110
Wis.	85	121	12,719	12,907	N	N	163	281
W.N. CENTRAL	463	578	38,634	38,572	5	5	391	284
Minn.	123	141	7,120	8,110	3	N	80	91
Iowa	50	47	4,830	4,630	N	N	76	59
Mo.	198	254	15,380	14,221	1	3	188	55
N. Dak.	5	15	830	1,236	N	N	—	9
S. Dak.	10	7	1,881	1,685	—	—	16	23
Nebr.¶	18	35	3,837	3,560	1	2	4	24
Kans.	59	79	4,756	5,130	N	N	27	23
S. ATLANTIC	6,473	8,273	121,873	119,223	1	—	344	351
Del.	100	105	2,259	1,954	N	N	—	—
Md.	812	988	12,807	13,043	1	—	23	14
D.C.	467	523	2,573	2,417	—	—	7	13
Va.¶	307	472	14,310	15,266	—	—	22	38
W. Va.	36	55	1,808	1,949	N	N	9	4
N.C.	531	416	22,985	20,104	N	N	44	54
S.C.¶	386	504	15,058	13,348	—	—	9	17
Ga.	1,103	1,161	20,655	22,242	—	—	65	122
Fla.	2,731	4,049	29,418	28,900	N	N	165	89
E.S. CENTRAL	1,093	1,322	45,391	41,119	—	5	72	97
Ky.	135	157	6,446	3,891	N	N	33	29
Tenn.¶	434	533	16,560	15,521	N	N	22	29
Ala.¶	295	305	8,258	9,394	—	—	15	16
Miss.	229	327	14,127	12,313	—	5	2	23
W.S. CENTRAL	2,206	3,151	75,337	78,744	1	2	59	72
Ark.	72	135	5,872	5,578	—	1	3	13
La.**	436	639	12,572	16,217	1	1	3	3
Okla.	167	130	7,710	7,735	N	N	33	17
Tex.¶	1,531	2,247	49,183	49,214	N	N	20	39
MOUNTAIN	789	933	36,237	38,605	2,136	2,470	90	129
Mont.	4	4	1,377	1,674	N	N	14	34
Idaho¶	9	16	1,655	1,946	N	N	6	18
Wyo.	2	13	765	747	3	2	2	3
Colo.	163	162	9,229	9,783	N	N	32	43
N. Mex.	72	138	3,272	6,140	9	18	3	11
Ariz.	329	356	12,440	11,286	2,089	2,392	10	15
Utah	33	51	2,976	2,559	4	13	15	3
Nev.¶	177	193	4,523	4,470	31	45	8	2
PACIFIC	2,313	3,258	110,039	106,630	953	1,462	202	200
Wash.	229	288	12,787	12,084	N	N	30	23
Oreg.¶	136	216	5,641	5,635	—	—	45	28
Calif.	1,874	2,658	86,219	82,469	953	1,462	125	147
Alaska	14	29	2,683	2,638	—	—	1	—
Hawaii	60	67	2,709	3,804	—	—	1	2
Guam	1	1	—	789	—	—	—	—
P.R.	537	396	2,584	2,532	N	N	N	N
V.I.	10	10	119	259	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

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

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update June 26, 2005.

¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

** Because of Hurricane Katrina, weekly reporting has been disrupted.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,336	1,639	186	183	170	119	11,081	12,712	212,703	222,870
NEW ENGLAND	96	114	35	38	17	10	1,018	1,186	4,085	4,810
Maine	12	9	6	—	—	—	136	99	93	154
N.H.	11	14	2	5	—	—	38	26	114	87
Vt.	10	11	3	—	—	—	107	121	38	61
Mass.	36	51	6	13	17	10	425	524	1,788	2,136
R.I.	3	6	—	1	—	—	70	68	308	604
Conn.	24	23	18	19	—	—	242	348	1,744	1,768
MID. ATLANTIC	171	190	19	28	26	28	2,051	2,692	22,149	25,259
Upstate N.Y.	73	81	11	12	8	14	737	875	4,390	5,085
N.Y. City	7	33	—	—	—	—	523	762	6,458	7,835
N.J.	27	36	2	5	5	6	240	348	3,864	4,736
Pa.	64	40	6	11	13	8	551	707	7,437	7,603
E.N. CENTRAL	266	317	17	38	8	19	1,748	1,989	38,651	46,777
Ohio	80	66	4	7	3	10	504	541	11,476	14,330
Ind.	37	36	—	—	—	—	N	N	5,175	4,570
Ill.	45	71	1	7	1	6	354	572	11,910	14,228
Mich.	57	58	—	7	4	3	491	455	6,506	10,355
Wis.	47	86	12	17	—	—	399	421	3,584	3,294
W.N. CENTRAL	222	347	22	25	29	20	1,270	1,393	12,405	11,650
Minn.	54	79	7	10	17	4	562	504	2,010	2,023
Iowa	50	95	—	—	—	—	173	199	1,080	827
Mo.	57	56	9	12	5	6	290	381	6,397	6,070
N. Dak.	3	11	—	—	—	6	7	18	50	80
S. Dak.	16	27	3	—	—	—	63	42	252	186
Nebr.	14	53	3	3	4	—	58	98	890	738
Kans.	28	26	—	—	3	4	117	151	1,726	1,726
S. ATLANTIC	120	114	48	20	67	25	1,567	1,972	52,625	53,984
Del.	3	2	N	N	N	N	31	34	563	616
Md.	22	20	19	3	6	3	123	81	4,795	5,598
D.C.	—	1	—	—	—	—	35	51	1,443	1,775
Va.	19	23	16	9	12	—	323	334	5,101	6,149
W. Va.	1	2	—	—	1	—	30	27	491	622
N.C.	—	—	—	—	38	16	N	N	10,811	10,643
S.C.	4	9	—	—	—	—	67	79	6,602	6,605
Ga.	17	15	9	6	—	—	318	615	9,515	9,721
Fla.	54	42	4	2	10	6	640	751	13,304	12,255
E.S. CENTRAL	90	75	1	3	16	13	268	261	17,480	17,905
Ky.	28	18	—	1	13	7	N	N	2,139	1,700
Tenn.	35	33	1	—	3	6	136	142	5,957	5,715
Ala.	22	14	—	—	—	—	132	119	4,851	5,699
Miss.	5	10	—	2	—	—	—	—	4,533	4,791
W.S. CENTRAL	34	64	4	3	3	4	193	215	30,592	30,259
Ark.	6	11	—	—	—	—	58	84	3,072	2,896
La.	3	3	3	1	2	—	27	37	6,950	7,516
Okla.	16	14	—	—	—	—	108	94	3,125	3,289
Tex.	9	36	1	2	1	4	N	N	17,445	16,558
MOUNTAIN	119	160	34	27	4	—	888	1,036	7,879	8,100
Mont.	12	12	—	—	—	—	47	43	75	56
Idaho	10	37	8	7	2	—	53	123	68	57
Wyo.	4	6	2	1	—	—	17	16	49	40
Colo.	25	41	1	1	1	—	344	368	2,095	2,091
N. Mex.	6	10	5	5	—	—	43	56	628	816
Ariz.	26	14	N	N	N	N	97	130	2,750	2,610
Utah	27	26	18	12	—	—	246	217	457	401
Nev.	9	14	—	1	1	—	41	83	1,757	2,029
PACIFIC	218	258	6	1	—	—	2,078	1,968	26,837	24,126
Wash.	56	88	—	—	—	—	234	224	2,496	1,829
Oreg.	50	50	6	1	—	—	244	309	993	782
Calif.	91	114	—	—	—	—	1,490	1,319	22,479	20,197
Alaska	12	1	—	—	—	—	67	57	375	423
Hawaii	9	5	—	—	—	—	43	59	494	895
Guam	N	N	—	—	—	—	—	2	—	122
P.R.	1	1	—	—	—	—	97	181	245	184
V.I.	—	—	—	—	—	—	—	—	35	76
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,484	1,412	3	9	81	80	145	135
NEW ENGLAND	120	126	—	1	10	8	5	1
Maine	6	10	—	—	—	—	1	—
N.H.	6	14	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	56	62	—	1	3	3	1	—
R.I.	7	3	—	—	2	—	—	—
Conn.	39	32	—	—	5	3	1	—
MID. ATLANTIC	293	287	—	1	—	4	37	32
Upstate N.Y.	85	98	—	1	—	4	8	5
N.Y. City	53	65	—	—	—	—	10	12
N.J.	55	53	—	—	—	—	9	2
Pa.	100	71	—	—	—	—	10	13
E.N. CENTRAL	214	268	1	—	3	8	15	41
Ohio	91	78	—	—	—	2	9	14
Ind.	52	38	—	—	3	4	—	1
Ill.	35	94	—	—	—	—	3	20
Mich.	15	17	1	—	—	2	2	4
Wis.	21	41	—	—	—	—	1	2
W.N. CENTRAL	81	77	—	2	3	3	9	8
Minn.	36	34	—	1	3	3	2	—
Iowa	1	1	—	1	—	—	—	—
Mo.	28	29	—	—	—	—	5	6
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	7	4	—	—	—	—	1	1
Kans.	8	6	—	—	—	—	—	1
S. ATLANTIC	356	323	1	—	22	21	20	22
Del.	—	—	—	—	—	—	—	—
Md.	52	50	—	—	5	5	—	—
D.C.	—	2	—	—	—	—	—	1
Va.	34	30	—	—	—	—	1	3
W. Va.	22	15	—	—	1	4	4	—
N.C.	63	44	1	—	7	5	—	1
S.C.	20	10	—	—	—	—	1	1
Ga.	71	89	—	—	—	—	10	16
Fla.	94	83	—	—	9	7	4	—
E.S. CENTRAL	85	57	—	1	1	—	14	7
Ky.	8	5	—	—	1	—	2	—
Tenn.	59	38	—	—	—	—	8	5
Ala.	18	12	—	1	—	—	4	2
Miss.	—	2	—	—	—	—	—	—
W.S. CENTRAL	84	55	1	1	7	6	6	1
Ark.	4	1	—	—	1	—	—	—
La.	28	10	1	—	2	—	6	1
Okla.	51	43	—	—	4	6	—	—
Tex.	1	1	—	1	—	—	—	—
MOUNTAIN	167	148	—	3	13	20	29	17
Mont.	—	—	—	—	—	—	—	—
Idaho	3	5	—	—	—	—	1	2
Wyo.	4	—	—	—	—	—	1	—
Colo.	34	36	—	—	—	—	9	4
N. Mex.	16	31	—	—	4	6	2	6
Ariz.	84	53	—	—	7	9	8	2
Utah	13	12	—	2	—	2	6	2
Nev.	13	11	—	1	2	3	2	1
PACIFIC	84	71	—	—	22	10	10	6
Wash.	3	1	—	—	—	—	2	1
Oreg.	29	32	—	—	—	—	5	2
Calif.	39	25	—	—	22	10	2	1
Alaska	5	5	—	—	—	—	1	1
Hawaii	8	8	—	—	—	—	—	1
Guam	—	—	—	—	—	—	—	—
P.R.	3	2	—	—	—	—	1	2
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,588	4,062	3,712	4,027	556	525
NEW ENGLAND	353	688	194	251	9	12
Maine	1	11	12	1	—	—
N.H.	69	15	16	26	—	—
Vt.	5	8	2	5	9	4
Mass.	231	579	135	133	—	7
R.I.	10	17	1	3	—	—
Conn.	37	58	28	83	U	1
MID. ATLANTIC	439	514	737	530	74	85
Upstate N.Y.	69	57	57	51	13	5
N.Y. City	200	216	74	108	—	—
N.J.	93	120	453	152	—	—
Pa.	77	121	153	219	61	80
E.N. CENTRAL	242	328	324	392	91	74
Ohio	36	37	98	84	3	4
Ind.	36	39	31	31	19	7
Ill.	55	107	79	63	—	13
Mich.	98	107	116	183	69	50
Wis.	17	38	—	31	—	—
W.N. CENTRAL	62	118	190	243	30	18
Minn.	3	28	20	37	5	15
Iowa	16	34	18	14	—	—
Mo.	28	25	111	147	23	3
N. Dak.	—	1	—	4	1	—
S. Dak.	—	3	3	1	—	—
Nebr.	4	10	19	27	1	—
Kans.	11	17	19	13	—	—
S. ATLANTIC	447	746	951	1,245	170	126
Del.	4	5	38	30	82	8
Md.	45	84	108	114	16	3
D.C.	2	5	10	15	—	2
Va.	53	82	99	166	10	12
W. Va.	4	3	27	28	13	18
N.C.	57	70	112	129	10	10
S.C.	23	37	95	98	2	13
Ga.	75	258	115	326	6	12
Fla.	184	202	347	339	31	48
E.S. CENTRAL	187	122	242	348	72	70
Ky.	25	29	49	43	13	23
Tenn.	124	75	90	169	14	23
Ala.	22	6	57	56	10	4
Miss.	16	12	46	80	35	20
W.S. CENTRAL	140	496	286	240	49	70
Ark.	6	59	28	85	—	2
La.	44	37	31	42	9	3
Okla.	4	18	25	49	3	3
Tex.	86	382	202	64	37	62
MOUNTAIN	231	317	375	315	32	33
Mont.	7	5	3	1	1	2
Idaho	15	14	7	10	1	1
Wyo.	—	4	1	7	—	2
Colo.	30	38	34	44	16	8
N. Mex.	18	18	7	14	—	U
Ariz.	137	193	268	158	—	5
Utah	17	31	33	27	7	3
Nev.	7	14	22	54	7	12
PACIFIC	487	733	413	463	29	37
Wash.	30	40	50	39	U	U
Oreg.	33	52	69	79	13	14
Calif.	404	617	283	327	16	22
Alaska	3	4	7	10	—	—
Hawaii	17	20	4	8	—	1
Guam	—	1	—	12	—	9
P.R.	52	30	30	59	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,179	1,340	464	475	13,355	12,863	791	999
NEW ENGLAND	71	57	36	28	1,423	2,238	49	72
Maine	3	1	1	5	99	29	5	6
N.H.	6	4	5	2	138	155	5	4
Vt.	3	3	1	1	21	39	1	3
Mass.	25	26	10	9	714	1,248	24	44
R.I.	12	8	5	1	25	152	2	2
Conn.	22	15	14	10	426	615	12	13
MID. ATLANTIC	408	352	123	114	9,343	7,985	211	264
Upstate N.Y.	109	66	37	31	2,508	2,497	32	30
N.Y. City	50	49	21	19	—	282	102	137
N.J.	79	54	27	24	3,176	2,129	51	59
Pa.	170	183	38	40	3,659	3,077	26	38
E.N. CENTRAL	204	337	47	88	585	1,087	63	95
Ohio	102	159	21	31	53	40	16	24
Ind.	13	31	2	16	18	19	—	10
Ill.	12	35	1	18	—	77	23	32
Mich.	64	95	17	21	31	16	18	17
Wis.	13	17	6	2	483	935	6	12
W.N. CENTRAL	55	41	23	9	500	313	34	48
Minn.	16	6	6	2	422	242	11	18
Iowa	3	4	7	1	57	37	5	3
Mo.	21	19	4	3	15	23	14	15
N. Dak.	2	2	2	—	—	—	—	3
S. Dak.	10	3	—	—	—	1	—	1
Nebr.	1	2	1	3	—	7	1	2
Kans.	2	5	3	—	6	3	3	6
S. ATLANTIC	256	269	91	74	1,337	1,093	192	231
Del.	12	9	N	N	406	174	3	6
Md.	75	59	14	10	699	651	73	46
D.C.	8	10	—	3	8	7	9	11
Va.	30	31	7	13	113	99	17	32
W. Va.	11	7	3	2	7	16	1	—
N.C.	21	25	18	15	40	87	22	14
S.C.	9	8	4	5	12	16	5	10
Ga.	18	35	17	12	4	12	27	47
Fla.	72	85	28	14	48	31	35	65
E.S. CENTRAL	50	70	21	20	29	35	18	27
Ky.	15	26	3	4	4	13	4	4
Tenn.	22	29	8	10	25	18	10	7
Ala.	10	12	7	4	—	4	4	11
Miss.	3	3	3	2	—	—	—	5
W.S. CENTRAL	24	104	23	31	46	37	49	109
Ark.	4	—	—	3	4	8	4	7
La.	4	7	7	2	4	2	2	5
Okla.	3	3	3	—	—	—	3	7
Tex.	13	94	13	26	38	27	40	90
MOUNTAIN	65	63	8	17	14	15	35	38
Mont.	5	1	—	—	—	—	—	—
Idaho	3	7	—	1	1	5	—	1
Wyo.	3	5	—	—	3	3	1	—
Colo.	17	15	3	8	4	—	18	14
N. Mex.	2	4	3	—	1	—	2	2
Ariz.	17	11	—	—	2	6	6	10
Utah	11	16	—	1	2	1	6	6
Nev.	7	4	2	7	1	—	2	5
PACIFIC	46	47	92	94	78	60	140	115
Wash.	—	8	7	8	6	8	11	11
Oreg.	N	N	6	5	15	21	7	14
Calif.	45	39	79	78	54	29	106	87
Alaska	—	—	—	—	3	2	3	—
Hawaii	1	—	—	3	N	N	13	3
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	2	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	864	875	63	70	44	35	—	1	757	769
NEW ENGLAND	60	52	1	5	—	6	—	1	59	40
Maine	2	9	—	—	—	1	—	—	2	8
N.H.	10	4	—	—	—	—	—	—	10	4
Vt.	6	2	—	—	—	—	—	—	6	2
Mass.	28	30	—	5	—	5	—	—	28	20
R.I.	2	1	—	—	—	—	—	—	2	1
Conn.	12	6	1	—	—	—	—	1	11	5
MID. ATLANTIC	116	123	31	35	5	5	—	—	80	83
Upstate N.Y.	30	33	4	5	3	3	—	—	23	25
N.Y. City	17	22	—	—	—	—	—	—	17	22
N.J.	30	25	—	—	—	—	—	—	30	25
Pa.	39	43	27	30	2	2	—	—	10	11
E.N. CENTRAL	87	97	18	22	9	6	—	—	60	69
Ohio	31	48	—	3	5	5	—	—	26	40
Ind.	16	15	—	1	4	1	—	—	12	13
Ill.	12	1	—	—	—	—	—	—	12	1
Mich.	18	18	18	18	—	—	—	—	—	—
Wis.	10	15	—	—	—	—	—	—	10	15
W.N. CENTRAL	56	61	2	—	1	4	—	—	53	57
Minn.	11	18	1	—	—	—	—	—	10	18
Iowa	13	13	—	—	1	2	—	—	12	11
Mo.	18	17	1	—	—	1	—	—	17	16
N. Dak.	—	2	—	—	—	—	—	—	—	2
S. Dak.	2	2	—	—	—	1	—	—	2	1
Nebr.	4	4	—	—	—	—	—	—	4	4
Kans.	8	5	—	—	—	—	—	—	8	5
S. ATLANTIC	165	163	4	2	9	2	—	—	152	159
Del.	3	3	—	—	—	—	—	—	3	3
Md.	18	8	2	—	2	—	—	—	14	8
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	21	12	—	—	—	—	—	—	21	12
W. Va.	6	5	1	—	—	—	—	—	5	5
N.C.	27	26	1	—	7	2	—	—	19	24
S.C.	14	13	—	—	—	—	—	—	14	13
Ga.	15	11	—	—	—	—	—	—	15	11
Fla.	61	80	—	—	—	—	—	—	61	80
E.S. CENTRAL	42	44	1	1	3	1	—	—	38	42
Ky.	14	8	—	1	3	1	—	—	11	6
Tenn.	18	14	—	—	—	—	—	—	18	14
Ala.	6	11	1	—	—	—	—	—	5	11
Miss.	4	11	—	—	—	—	—	—	4	11
W.S. CENTRAL	72	50	1	1	5	1	—	—	66	48
Ark.	11	13	—	—	—	—	—	—	11	13
La.	25	27	—	1	2	—	—	—	23	26
Okla.	12	7	1	—	3	1	—	—	8	6
Tex.	24	3	—	—	—	—	—	—	24	3
MOUNTAIN	69	51	4	1	5	5	—	—	60	45
Mont.	—	3	—	—	—	—	—	—	—	3
Idaho	2	6	—	—	—	—	—	—	2	6
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	16	12	3	—	—	—	—	—	13	12
N. Mex.	2	6	—	1	—	3	—	—	2	2
Ariz.	35	10	—	—	2	1	—	—	33	9
Utah	9	4	1	—	2	—	—	—	6	4
Nev.	5	7	—	—	1	1	—	—	4	6
PACIFIC	197	234	1	3	7	5	—	—	189	226
Wash.	38	21	1	3	4	5	—	—	33	13
Oreg.	28	46	—	—	—	—	—	—	28	46
Calif.	119	158	—	—	—	—	—	—	119	158
Alaska	1	4	—	—	—	—	—	—	1	4
Hawaii	11	5	—	—	3	—	—	—	8	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	6	13	—	—	—	—	—	—	6	13
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	1	1	—	—	—	—	—	—	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	13,039	11,776	3,817	4,589	1,064	1,002	25,540	28,001	8,339	8,987
NEW ENGLAND	755	1,226	516	440	3	12	1,520	1,488	207	210
Maine	17	5	40	39	N	N	105	77	8	5
N.H.	41	42	11	19	1	—	130	103	6	6
Vt.	73	60	40	17	—	—	79	39	14	2
Mass.	571	1,058	272	183	1	10	803	875	129	138
R.I.	21	16	15	31	1	1	74	75	12	13
Conn.	32	45	138	151	—	1	329	319	38	46
MID. ATLANTIC	914	1,958	669	680	72	58	3,191	4,176	822	881
Upstate N.Y.	355	1,385	374	369	3	1	832	847	196	347
N.Y. City	57	135	20	11	4	20	690	952	258	283
N.J.	154	134	N	N	24	10	532	800	214	173
Pa.	348	304	275	300	41	27	1,137	1,577	154	78
E.N. CENTRAL	2,483	3,908	152	132	33	29	3,451	3,698	582	785
Ohio	810	387	56	53	26	8	939	892	76	120
Ind.	208	75	29	7	2	5	383	351	105	134
Ill.	494	768	17	36	1	12	963	1,187	128	313
Mich.	165	142	31	31	4	2	613	592	162	82
Wis.	806	2,536	19	5	—	2	553	676	111	136
W.N. CENTRAL	2,021	1,235	335	470	134	99	1,660	1,685	995	303
Minn.	868	157	55	59	2	—	389	411	62	45
Iowa	372	104	94	79	3	1	262	341	56	56
Mo.	305	264	59	42	111	82	529	452	663	117
N. Dak.	81	626	21	49	—	—	24	30	2	3
S. Dak.	1	22	43	80	5	4	106	75	25	9
Nebr.	152	11	—	81	4	12	99	113	43	19
Kans.	242	51	63	80	9	—	251	263	144	54
S. ATLANTIC	890	465	1,147	1,622	528	474	6,936	7,208	1,335	2,127
Del.	5	—	—	9	2	4	56	78	8	6
Md.	119	87	214	225	62	47	560	604	60	103
D.C.	7	7	—	—	2	—	39	43	8	30
Va.	237	107	378	348	35	17	615	789	75	106
W. Va.	36	17	39	50	5	4	104	172	—	5
N.C.	64	62	356	439	329	269	1,005	912	133	225
S.C.	253	83	5	111	32	49	731	729	61	457
Ga.	27	17	151	235	48	69	1,029	1,315	312	455
Fla.	142	85	4	205	13	15	2,797	2,566	678	740
E.S. CENTRAL	373	221	103	102	192	148	1,763	1,782	915	579
Ky.	106	51	7	18	2	2	309	240	215	53
Tenn.	167	134	36	34	144	81	496	487	449	293
Ala.	65	23	58	41	42	39	482	459	190	189
Miss.	35	13	2	9	4	26	476	596	61	44
W.S. CENTRAL	863	514	614	845	67	159	2,058	2,669	1,759	2,373
Ark.	203	51	26	41	44	83	492	362	47	51
La.	30	13	—	1	5	5	458	615	83	221
Okla.	—	17	61	87	7	70	274	284	488	330
Tex.	630	433	527	716	11	1	834	1,408	1,141	1,771
MOUNTAIN	2,801	944	168	151	27	19	1,565	1,624	483	552
Mont.	500	32	12	20	1	3	63	130	5	4
Idaho	94	25	—	3	1	3	70	121	2	9
Wyo.	33	16	14	4	2	4	63	42	2	4
Colo.	917	466	14	38	5	4	437	407	81	117
N. Mex.	107	124	6	4	1	2	159	195	56	94
Ariz.	752	155	105	76	13	2	458	457	277	268
Utah	370	113	12	3	4	1	239	157	34	27
Nev.	28	13	5	3	—	—	76	115	26	29
PACIFIC	1,939	1,305	113	147	8	4	3,396	3,671	1,241	1,177
Wash.	569	447	U	U	—	—	359	352	72	76
Oreg.	517	324	4	6	1	2	264	335	90	56
Calif.	694	506	108	130	7	2	2,531	2,685	1,047	998
Alaska	59	11	1	11	—	—	39	41	7	6
Hawaii	100	17	—	—	—	—	203	258	25	41
Guam	—	—	—	—	—	—	—	48	—	41
P.R.	5	3	52	40	N	N	323	292	2	22
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	3,153	3,346	1,615	1,584	618	543	5,338	5,309	172	274
NEW ENGLAND	120	223	82	101	47	75	145	141	1	4
Maine	9	9	N	N	—	4	1	2	—	—
N.H.	13	15	—	—	4	N	12	3	—	3
Vt.	9	8	10	6	4	1	1	—	—	—
Mass.	81	101	59	26	39	41	92	87	—	—
R.I.	8	17	13	14	—	6	8	19	—	1
Conn.	—	73	U	55	U	23	31	30	1	—
MID. ATLANTIC	699	573	155	114	108	80	695	690	20	27
Upstate N.Y.	207	188	60	48	48	55	60	66	5	1
N.Y. City	126	90	U	U	19	U	427	418	5	12
N.J.	153	122	N	N	19	7	96	111	10	13
Pa.	213	173	95	66	22	18	112	95	—	1
E.N. CENTRAL	625	775	434	356	159	128	533	622	25	36
Ohio	156	181	276	249	62	60	149	161	2	2
Ind.	81	78	148	107	42	26	43	44	1	2
Ill.	116	208	10	—	48	1	262	258	9	9
Mich.	243	237	—	N	—	N	56	133	11	23
Wis.	29	71	N	N	7	41	23	26	2	—
W.N. CENTRAL	205	238	33	17	66	73	170	120	1	3
Minn.	79	119	—	—	40	49	45	17	—	1
Iowa	N	N	N	N	—	N	2	5	—	—
Mo.	52	52	27	12	7	10	102	72	1	1
N. Dak.	9	10	1	—	2	2	—	—	—	—
S. Dak.	19	12	3	5	—	—	1	—	—	—
Nebr.	14	15	2	—	6	6	4	6	—	—
Kans.	32	30	N	N	11	6	16	20	—	1
S. ATLANTIC	651	663	642	818	63	37	1,341	1,322	30	46
Del.	1	3	1	4	—	N	8	6	—	1
Md.	144	102	—	—	41	25	229	252	10	7
D.C.	7	7	15	8	2	4	72	41	—	1
Va.	60	59	N	N	—	N	88	69	3	2
W. Va.	21	20	95	90	20	8	3	3	—	—
N.C.	96	95	N	N	U	U	189	133	8	8
S.C.	24	50	—	79	—	N	42	88	3	10
Ga.	126	161	112	201	—	N	220	233	1	3
Fla.	172	166	419	436	—	N	490	497	5	14
E.S. CENTRAL	128	172	125	111	7	12	294	284	16	19
Ky.	27	51	24	22	N	N	31	30	—	1
Tenn.	101	121	101	87	—	N	143	88	12	7
Ala.	—	—	—	—	—	N	92	126	3	9
Miss.	—	—	—	2	7	12	28	40	1	2
W.S. CENTRAL	195	261	94	46	122	108	864	815	50	54
Ark.	14	16	12	6	13	7	33	37	—	3
La.	6	2	82	40	22	23	176	194	6	3
Okla.	87	49	N	N	19	32	29	19	1	2
Tex.	88	194	N	N	68	46	626	565	43	46
MOUNTAIN	459	364	50	20	38	30	270	276	15	35
Mont.	—	—	—	—	—	—	5	1	—	—
Idaho	1	8	N	N	—	N	20	15	1	2
Wyo.	3	7	21	8	—	—	—	1	—	—
Colo.	173	75	N	N	37	30	29	48	—	—
N. Mex.	37	78	—	N	—	—	34	64	2	2
Ariz.	183	164	N	N	—	N	104	119	12	30
Utah	61	30	28	10	1	—	5	7	—	1
Nev.	1	2	1	2	—	—	73	21	—	—
PACIFIC	71	77	—	1	8	—	1,026	1,039	14	50
Wash.	N	N	N	N	N	N	96	83	—	—
Oreg.	N	N	N	N	6	N	19	22	—	—
Calif.	—	—	N	N	N	N	901	929	14	50
Alaska	—	—	—	—	—	N	6	—	—	—
Hawaii	71	77	—	1	2	—	4	5	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	141	95	8	3
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 10, 2005, and September 11, 2004 (36th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	7,336	8,876	157	222	16,390	19,598	497	964	725
NEW ENGLAND	227	299	18	17	990	2,065	2	—	—
Maine	10	13	1	—	213	181	—	—	—
N.H.	4	10	—	—	203	—	—	—	—
Vt.	4	2	—	—	36	413	—	—	—
Mass.	141	172	10	14	538	177	—	—	—
R.I.	18	40	1	1	—	—	—	—	—
Conn.	50	62	6	2	U	1,294	2	—	—
MID. ATLANTIC	1,338	1,386	32	55	3,161	73	8	9	6
Upstate N.Y.	171	191	5	7	—	—	—	1	—
N.Y. City	651	697	10	20	—	—	2	2	1
N.J.	322	299	9	16	—	—	—	1	—
Pa.	194	199	8	12	3,161	73	6	5	5
E.N. CENTRAL	895	808	12	28	4,501	8,454	90	53	46
Ohio	171	141	1	6	1,005	1,048	10	8	2
Ind.	88	86	—	—	482	N	1	6	—
Ill.	435	360	3	12	64	4,328	71	23	42
Mich.	143	159	4	8	2,654	2,576	5	12	1
Wis.	58	62	4	2	296	502	3	4	1
W.N. CENTRAL	300	309	2	7	301	136	62	69	216
Minn.	128	114	2	3	—	—	7	10	13
Iowa	32	26	—	—	N	N	2	9	3
Mo.	68	82	—	2	210	5	3	23	4
N. Dak.	2	3	—	—	13	75	2	2	14
S. Dak.	9	8	—	—	78	56	28	5	140
Nebr.	22	23	—	2	—	—	18	4	39
Kans.	39	53	—	—	—	—	2	16	3
S. ATLANTIC	1,634	1,835	26	31	1,397	1,734	8	53	9
Del.	7	17	—	—	21	4	—	—	—
Md.	184	185	9	11	—	—	1	7	—
D.C.	38	66	—	—	24	20	—	1	—
Va.	214	148	5	5	284	411	—	3	—
W. Va.	17	14	—	—	716	976	—	—	N
N.C.	185	214	2	3	—	N	1	3	1
S.C.	147	131	—	—	352	323	1	—	—
Ga.	254	409	2	4	—	—	1	11	1
Fla.	588	651	8	8	—	—	4	28	7
E.S. CENTRAL	362	434	5	6	—	34	18	53	14
Ky.	72	72	2	2	N	N	1	1	—
Tenn.	161	146	—	4	—	—	2	9	1
Ala.	129	134	1	—	—	34	3	15	2
Miss.	—	82	2	—	—	—	12	28	11
W.S. CENTRAL	776	1,366	9	20	4,245	5,464	82	175	27
Ark.	70	83	—	—	—	—	1	12	5
La.	—	—	—	—	107	48	50	57	16
Okla.	92	112	—	1	—	—	1	10	—
Tex.	614	1,171	9	19	4,138	5,416	30	96	6
MOUNTAIN	256	355	8	6	1,795	1,638	52	301	85
Mont.	8	4	—	—	—	—	5	1	6
Idaho	—	3	—	—	—	—	2	1	5
Wyo.	—	2	—	—	45	26	—	2	—
Colo.	46	86	3	1	1,268	1,300	5	39	36
N. Mex.	14	21	—	—	123	U	10	28	4
Ariz.	149	146	3	2	—	—	14	203	10
Utah	21	28	1	1	359	312	10	5	13
Nev.	18	65	1	2	—	—	6	22	11
PACIFIC	1,548	2,084	45	52	—	—	175	251	322
Wash.	172	151	5	4	N	N	—	—	—
Oreg.	54	69	2	1	—	—	—	—	3
Calif.	1,227	1,751	31	41	—	—	175	251	319
Alaska	18	27	—	—	—	—	—	—	—
Hawaii	77	86	7	6	—	—	—	—	—
Guam	—	41	—	—	—	108	—	—	—
P.R.	—	74	—	—	499	300	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

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

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† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending September 10, 2005 (36th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	430	296	88	30	6	10	43
Boston, Mass.	115	68	23	15	2	7	16
Bridgeport, Conn.	22	20	2	—	—	—	2
Cambridge, Mass.	11	7	2	1	1	—	—
Fall River, Mass.	16	11	5	—	—	—	1
Hartford, Conn.	51	31	15	3	1	1	6
Lowell, Mass.	13	11	1	1	—	—	3
Lynn, Mass.	10	5	3	2	—	—	2
New Bedford, Mass.	15	12	2	1	—	—	—
New Haven, Conn.	U	U	U	U	U	U	U
Providence, R.I.	53	44	5	4	—	—	3
Somerville, Mass.	4	2	2	—	—	—	—
Springfield, Mass.	28	17	9	1	1	—	2
Waterbury, Conn.	34	22	9	2	1	—	2
Worcester, Mass.	58	46	10	—	—	2	6
MID. ATLANTIC	1,891	1,305	389	136	30	31	84
Albany, N.Y.	56	42	9	3	—	2	3
Allentown, Pa.	13	9	3	1	—	—	—
Buffalo, N.Y.	110	79	21	7	1	2	8
Camden, N.J.	18	10	6	1	—	1	2
Elizabeth, N.J.	17	14	1	2	—	—	3
Erie, Pa.	48	37	10	—	—	1	4
Jersey City, N.J.	35	19	10	5	1	—	—
New York City, N.Y.	910	623	186	70	13	18	34
Newark, N.J.	47	19	17	5	2	4	—
Paterson, N.J.	18	14	4	—	—	—	1
Philadelphia, Pa.	259	170	57	26	6	—	6
Pittsburgh, Pa.§	24	15	7	2	—	—	1
Reading, Pa.	24	21	3	—	—	—	—
Rochester, N.Y.	138	104	25	3	3	3	13
Schenectady, N.Y.	26	18	6	1	1	—	—
Scranton, Pa.	20	16	3	1	—	—	2
Syracuse, N.Y.	67	55	8	3	1	—	7
Trenton, N.J.	26	16	6	3	1	—	—
Utica, N.Y.	13	10	3	—	—	—	—
Yonkers, N.Y.	22	14	4	3	1	—	—
E.N. CENTRAL	1,685	1,109	383	129	40	24	104
Akron, Ohio	48	30	7	4	4	3	2
Canton, Ohio	24	17	6	1	—	—	4
Chicago, Ill.	277	166	69	35	5	2	18
Cincinnati, Ohio	46	31	6	6	3	—	3
Cleveland, Ohio	182	132	37	10	2	1	12
Columbus, Ohio	192	114	58	13	5	2	13
Dayton, Ohio	114	82	22	4	3	3	6
Detroit, Mich.	141	70	54	9	6	2	5
Evansville, Ind.	46	39	5	1	1	—	6
Fort Wayne, Ind.	40	29	10	1	—	—	3
Gary, Ind.	23	12	6	2	2	1	2
Grand Rapids, Mich.	39	26	5	4	1	3	6
Indianapolis, Ind.	134	84	37	9	2	2	2
Lansing, Mich.	43	37	5	1	—	—	—
Milwaukee, Wis.	85	54	14	12	2	3	8
Peoria, Ill.	34	25	5	4	—	—	5
Rockford, Ill.	63	44	13	5	1	—	1
South Bend, Ind.	45	34	8	1	1	1	—
Toledo, Ohio	74	56	11	4	2	1	6
Youngstown, Ohio	35	27	5	3	—	—	2
W.N. CENTRAL	449	307	93	21	15	13	32
Des Moines, Iowa	73	50	19	1	—	3	4
Duluth, Minn.	31	23	5	—	2	1	2
Kansas City, Kans.	19	14	2	3	—	—	1
Kansas City, Mo.	72	42	17	3	6	4	5
Lincoln, Nebr.	45	37	6	2	—	—	7
Minneapolis, Minn.	43	28	12	2	—	1	6
Omaha, Nebr.	62	36	17	6	2	1	5
St. Louis, Mo.	1	1	—	—	—	—	—
St. Paul, Minn.	46	37	6	1	1	1	—
Wichita, Kans.	57	39	9	3	4	2	2
S. ATLANTIC	1,099	669	270	106	27	27	60
Atlanta, Ga.	103	65	26	8	3	1	6
Baltimore, Md.	159	83	51	18	5	2	11
Charlotte, N.C.	101	68	17	11	3	2	9
Jacksonville, Fla.	138	92	27	12	4	3	6
Miami, Fla.	144	81	41	17	5	—	9
Norfolk, Va.	36	18	10	2	1	5	1
Richmond, Va.	59	31	12	3	4	9	4
Savannah, Ga.	37	26	5	5	1	—	5
St. Petersburg, Fla.	40	31	8	1	—	—	1
Tampa, Fla.	164	110	37	15	1	1	6
Washington, D.C.	100	55	31	10	—	4	1
Wilmington, Del.	18	9	5	4	—	—	1
E.S. CENTRAL	669	423	154	57	15	20	36
Birmingham, Ala.	124	73	29	8	2	12	7
Chattanooga, Tenn.	57	34	20	1	—	2	4
Knoxville, Tenn.	89	64	15	8	2	—	1
Lexington, Ky.	65	45	11	5	3	1	6
Memphis, Tenn.	135	79	33	18	4	1	6
Mobile, Ala.	44	26	12	2	2	2	2
Montgomery, Ala.	40	33	5	2	—	—	4
Nashville, Tenn.	115	69	29	13	2	2	6
W.S. CENTRAL	1,015	660	213	83	30	29	57
Austin, Tex.	46	28	10	5	2	1	2
Baton Rouge, La.	15	12	2	1	—	—	—
Corpus Christi, Tex.	31	22	4	1	1	3	1
Dallas, Tex.	137	88	24	16	5	4	3
El Paso, Tex.	46	33	13	—	—	—	5
Ft. Worth, Tex.	79	47	22	5	—	5	4
Houston, Tex.	269	161	62	27	12	7	22
Little Rock, Ark.	57	37	13	2	2	3	—
New Orleans, La.¶	U	U	U	U	U	U	U
San Antonio, Tex.	189	129	38	14	4	4	10
Shreveport, La.	55	40	10	5	—	—	5
Tulsa, Okla.	91	63	15	7	4	2	5
MOUNTAIN	704	455	145	64	21	19	46
Albuquerque, N.M.	105	63	23	15	3	1	7
Boise, Idaho	45	36	6	3	—	—	6
Colo. Springs, Colo.	50	41	7	1	—	1	1
Denver, Colo.	80	45	19	7	3	6	5
Las Vegas, Nev.	227	146	48	23	6	4	16
Ogden, Utah	31	24	6	1	—	—	3
Phoenix, Ariz.	56	33	11	5	5	2	2
Pueblo, Colo.	17	14	3	—	—	—	2
Salt Lake City, Utah	93	53	22	9	4	5	4
Tucson, Ariz.	U	U	U	U	U	U	U
PACIFIC	1,299	928	250	75	27	19	102
Berkeley, Calif.	14	9	4	1	—	—	2
Fresno, Calif.	78	58	14	5	1	—	5
Glendale, Calif.	10	6	3	1	—	—	1
Honolulu, Hawaii	70	52	12	3	1	2	6
Long Beach, Calif.	48	33	12	3	—	—	3
Los Angeles, Calif.	198	145	31	11	5	6	33
Pasadena, Calif.	22	16	4	1	—	1	3
Portland, Oreg.	103	74	22	5	1	1	4
Sacramento, Calif.	167	112	42	10	3	—	6
San Diego, Calif.	120	86	20	8	2	4	7
San Francisco, Calif.	81	54	17	7	2	1	2
San Jose, Calif.	149	112	28	6	3	—	12
Santa Cruz, Calif.	13	10	3	—	—	—	1
Seattle, Wash.	103	69	18	8	5	3	12
Spokane, Wash.	41	34	6	—	—	1	4
Tacoma, Wash.	82	58	14	6	4	—	1
TOTAL	9,241**	6,152	1,985	701	211	192	564

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

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