



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

September 15, 2006 / Vol. 55 / No. 36

State-Specific Prevalence of Obesity Among Adults — United States, 2005

Obesity, one of the 10 leading U.S. health indicators (1), is associated with increased risk for hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, and certain cancers (2). A *Healthy People 2010* objective is to reduce to 15% the prevalence of obesity among adults in the United States (objective 19-2) (1). Both national-level data from the National Health and Nutrition Examination Survey (NHANES) (3) and state-level data from the Behavioral Risk Factor Surveillance System (BRFSS) (4) indicate that the prevalence of obesity among adults continued to increase during the past decade. In 2003, one study estimated that state-specific, obesity-attributable medical expenditures ranged from \$87 million in Wyoming to \$7.7 billion in California (5). To assess the prevalence of obesity among adults by state and demographic characteristics since 1995, data were analyzed from the 1995, 2000, and 2005 BRFSS surveys. The results of these analyses indicated that 23.9% of U.S. adults were obese in 2005, and the prevalence of obesity increased during 1995–2005 in all states. To reverse this trend, a sustained and effective public health response is needed, including surveillance, research, policies, and programs directed at improving environmental factors, increasing awareness, and changing behaviors to increase physical activity and decrease calorie intake.

BRFSS data are used to track the prevalence of chronic disease risk factors and monitor progress toward state-specific health objectives. BRFSS is an ongoing, state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥ 18 years. BRFSS data files are weighted to the respondent's probability of being selected and to the age-, race-, and sex-specific populations from the annually adjusted census for each state. In 2005, response rates*

among states ranged from 34.6% to 67.4% (median: 51.1%), based on Council of American Survey and Research Organizations (CASRO) guidelines. Cooperation rates[†] ranged from 58.7% to 85.3% (median: 75.1%). In 1995 and 2000, median CASRO response rates were 68.4% and 48.9%, and median cooperation rates were 71.3% and 53.2%, respectively.

Self-reported weight and height were used to calculate body mass index (BMI) (weight [kg] / height [m²]). Overweight was classified as BMI ≥ 25.0 , obesity as BMI ≥ 30.0 , and extreme (class III) obesity as BMI ≥ 40.0 kg/m². To be consistent with previous analyses (4), data were excluded if a respondent's weight was ≥ 500 lbs or height was ≥ 7.0 ft.

In 2005, among the total U.S. adult population surveyed, 60.5% were overweight, 23.9% were obese, and 3.0% were extremely obese. Obesity prevalence was 24.2% among men and 23.5% among women and ranged from 17.7% among adults aged 18–29 years to 29.5% among adults aged 50–59 years (Table). Among racial/ethnic populations, the greatest obesity prevalence was 33.9% for non-Hispanic blacks. Overall, age-adjusted obesity rates were 15.6%, 19.8%, and 23.7% for the 1995, 2000, and 2005 surveys, respectively.

[†] The percentage of persons who completed interviews among all eligible persons who were contacted.

*The percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted.

INSIDE

- 988 National, State, and Urban Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2005
- 993 Public Health Response to Varicella Outbreaks — United States, 2003–2004
- 996 West Nile Virus Activity — United States, January 1–September 12, 2006
- 997 Notices to Readers
- 998 QuickStats

The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Tanja Popovic, MD, PhD
(Acting) Chief Science Officer

James W. Stephens, PhD
(Acting) Associate Director for Science

Steven L. Solomon, MD
Director, Coordinating Center for Health Information and Service

Jay M. Bernhardt, PhD, MPH
Director, National Center for Health Marketing

Judith R. Aguilar
(Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

Eric E. Mast, MD, MPH
(Acting) Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

Douglas W. Weatherwax
(Acting) Lead Technical Writer-Editor

Catherine H. Bricker, MS
Jude C. Rutledge
Writers-Editors

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Quang M. Doan, MBA
Erica R. Shaver
Information Technology Specialists

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman
Virginia A. Caine, MD, Indianapolis, IN
David W. Fleming, MD, Seattle, WA
William E. Halperin, MD, DrPH, MPH, Newark, NJ
Margaret A. Hamburg, MD, Washington, DC
King K. Holmes, MD, PhD, Seattle, WA
Deborah Holtzman, PhD, Atlanta, GA
John K. Iglehart, Bethesda, MD
Dennis G. Maki, MD, Madison, WI
Sue Mallonee, MPH, Oklahoma City, OK
Stanley A. Plotkin, MD, Doylestown, PA
Patricia Quinlisk, MD, MPH, Des Moines, IA
Patrick L. Remington, MD, MPH, Madison, WI
Barbara K. Rimer, DrPH, Chapel Hill, NC
John V. Rullan, MD, MPH, San Juan, PR
Anne Schuchat, MD, Atlanta, GA
Dixie E. Snider, MD, MPH, Atlanta, GA
John W. Ward, MD, Atlanta, GA

Among states in 2005, obesity prevalences ranged from 17.4% to 30.3%, and prevalence of extreme obesity ranged from 1.8% to 5.3%. During 1995–2005, obesity prevalence increased significantly ($p < 0.01$) in all states. During 1995–2000, the number of states with obesity prevalence $< 20\%$ declined from 50 states to 28 states (Figure). In 2005, four states (Colorado, Connecticut, Hawaii, and Vermont) still had obesity prevalences $< 20\%$, but 17 states had prevalences $\geq 25\%$, including three (Louisiana, Mississippi, and West Virginia) with prevalences $\geq 30\%$ (Figure).

Reported by: *HM Blanck, PhD, WH Dietz, MD, PhD, DA Galuska, PhD, C Gillespie, MS, R Hamre, MPH, L Kettel Khan, PhD, MK Serdula, MD, Div of Nutrition and Physical Activity; ES Ford, MD, WS Garvin, AH Mokdad, PhD, Div of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion; D Densmore, PhD, EIS Officer, CDC.*

Editorial Note: The findings in this report indicate that state-level prevalences of obesity in adults, based on self-reported weight and height, increased significantly during 1995–2005, moving states farther away from the *Healthy People 2010* target of 15% prevalence of obesity. According to the surgeon general's *Call to Action to Prevent and Decrease Overweight and Obesity* (6), for obesity prevention and control to be successful, changes that promote recognition of obesity as a public health threat and assist persons in balancing healthful eating with regular physical activity must be made at multiple levels (i.e., individual, family, community, state, and nation) and across multiple sectors (i.e., education, government, and business). The Task Force on Community Preventive Services has identified evidence-based strategies to reduce weight and increase physical activity. For example, seven worksite interventions with both nutrition and physical activity components (e.g., nutrition education, physical activity "prescription," and behavioral skills development and training) were effective, resulting in average weight losses of 4.4–26.4 lbs during a minimum 6-month period (7). In addition, the *Guide to Preventive Community Services*[§] recommends informational, behavioral, social, environmental, and policy approaches to increase physical activity, including school-based physical education and creation of, or enhanced access to, locales for physical activity in the community.

The findings in this report are subject to at least two limitations. First, BRFSS data rely on self-reported weight and height. Study participants, especially in telephone surveys, tend to underreport their weight, overreport their height, or both, leading to underestimation of obesity prevalence (8). According to NHANES, for which measured weight and height are

[§] Available at <http://www.thecommunityguide.org/pa>.

TABLE. Percentage of adults aged ≥ 18 years who were obese,* by demographic characteristics — Behavioral Risk Factor Surveillance System, United States, 1995, 2000, and 2005

Characteristic	1995 (n = 110,252)		2000 (n = 172,157)		2005 (n = 333,730)	
	%	(99% CI) [†]	%	(99% CI)	%	(99% CI)
Total	15.3	(14.8–15.7)	19.8	(19.4–20.2)	23.9	(23.5–24.2)
Men	15.6	(14.8–16.4)	20.2	(19.5–20.9)	24.2	(23.6–24.8)
Women	14.9	(14.3–15.5)	19.4	(18.8–19.9)	23.5	(23.1–24.0)
Age group (yrs)						
18–29	10.2	(9.3–11.1)	13.5	(12.7–14.4)	17.7	(16.7–18.7)
30–39	14.3	(13.4–15.3)	20.2	(19.2–21.1)	24.4	(23.5–25.3)
40–49	17.9	(16.7–19.0)	22.9	(21.8–23.9)	26.5	(25.6–27.3)
50–59	21.6	(19.6–23.5)	25.6	(24.4–26.8)	29.5	(28.6–30.4)
60–69	19.4	(18.0–20.8)	22.9	(21.6–24.2)	28.1	(27.1–29.0)
≥ 70	12.2	(11.1–13.2)	15.5	(14.4–16.5)	18.3	(17.5–19.1)
Race/Ethnicity						
Non-Hispanic white	14.5	(13.9–15.0)	18.5	(18.0–18.9)	22.6	(22.2–23.0)
Non-Hispanic black	22.7	(21.1–24.3)	29.3	(27.8–30.8)	33.9	(32.5–35.2)
Hispanic [§]	16.8	(14.5–19.0)	23.4	(21.5–25.4)	26.5	(24.9–28.1)
Other	9.7	(7.6–11.8)	12.0	(10.3–13.8)	16.0	(14.4–17.6)

* Persons with a body mass index (BMI) of ≥ 30.0 ; self-reported weight and height were used to calculate BMI (weight [kg] / height [m]²).

[†] Confidence interval.

[§] Might be of any race.

used for an adult sample aged ≥ 20 years, the prevalence of obesity among U.S. adults overall was 32.2% during 2003–2004 (3), approximately one third greater than the 23.9% prevalence reported in the 2005 BRFSS survey. Second, persons who use only cellular telephones or are without land-line telephones are not included in BRFSS surveys. Persons with no telephone might be of lower socioeconomic status (9), a factor associated with obesity (10); exclusion of these persons might result in underreporting of obesity prevalence.

Multiple CDC programs address prevention of obesity through nutrition and physical activity. Specifically, CDC's Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases works collaboratively with state health departments to implement and evaluate interventions to increase physical activity and improve nutrition. The Steps to a HealthierUS program established by the U.S. Department of Health and Human Services in 2003 and overseen by CDC provides funding to 40 communities nationwide to use evidence-based strategies to prevent and reduce the burden of obesity. CDC's Coordinated School Health Program works through state education and health agencies to improve nutrition and increase physical activity in schools.

The continued increase in obesity prevalence underscores the need for additional measures to educate and motivate persons to make healthier choices and to establish social and physical environments that support those choices. To reduce obesity in the United States, an effective public health response will require a robust combination of policies, programs, and supportive environments created through the combined activities of health-care agencies, government, media, business and

industry, communities, schools, families, and individuals. In addition, monitoring and evaluation systems are needed to ensure effectiveness of both new and existing interventions and to validate their widening use.

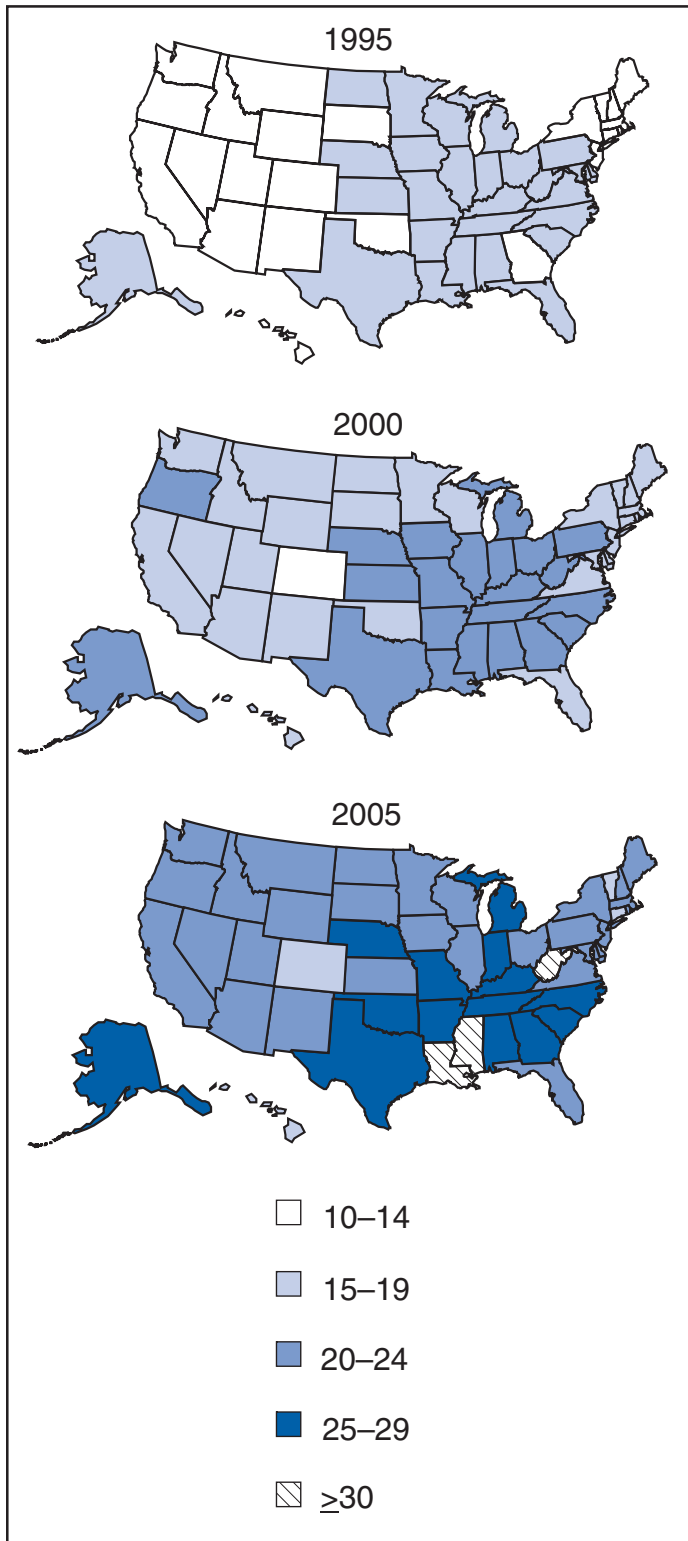
Acknowledgment

The findings in this report are based, in part, on data provided by BRFSS state coordinators.

References

1. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at <http://www.health.gov/healthypeople>.
2. National Heart, Lung, and Blood Institute. Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults: the evidence report. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health; 1998. Available at http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.htm.
3. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999–2004. *JAMA* 2006;295:1549–55.
4. Mokdad AH, Serdula MK, Dietz WH, Bowman BA, Marks JS, Koplan JP. The spread of the obesity epidemic in the United States, 1991–1998. *JAMA* 1999;282:1519–22.
5. Finkelstein EA, Fiebelkorn IC, Wang G. State-level estimates of annual medical expenditures attributable to obesity. *Obes Res* 2004;12:18–24.
6. US Department of Health and Human Services. The surgeon general's call to action to prevent and decrease overweight and obesity. Rockville, MD: US Department of Health and Human Services, Public Health Service, Office of the Surgeon General; 2001. Available at <http://www.surgeongeneral.gov/topics/obesity>.
7. CDC. Public health strategies for preventing and controlling overweight and obesity in school and worksite settings: a report on recommendations of the task force on community preventive services. *MMWR* 2005;54(No. RR-10).

FIGURE. Percentage of adults aged ≥ 18 years who were obese,* by state — Behavioral Risk Factor Surveillance System, United States, 1995, 2000, and 2005



* Persons with a body mass index (BMI) of ≥ 30.0 ; self-reported weight and height were used to calculate BMI (weight [kg] / height [m^2]).

8. Ezzati M, Martin H, Skjold S, Vander Hoorn S, Murray CJ. Trends in national and state-level obesity in the USA after correction for self-report bias: analysis of health surveys. *J R Soc Med* 2006;99:250–7.
9. Aday LA. Designing and conducting health surveys: a comprehensive guide. San Francisco, CA: Jossey-Bass Publishers; 1989:79–80.
10. Banks J, Marmot M, Oldfield Z, Smith JP. Disease and disadvantage in the United States and in England. *JAMA* 2006;295:2037–45.

National, State, and Urban Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2005

The National Immunization Survey (NIS) provides vaccination coverage estimates among children aged 19–35 months for each of the 50 states and selected urban areas.* Findings from the 2005 NIS[†] include nationwide increases in coverage with ≥ 3 and ≥ 4 doses of pneumococcal conjugate vaccine (PCV) and continued high levels of coverage for the other recommended vaccines and vaccine series. In addition, no racial/ethnic disparities in coverage estimates were observed in the 4:3:1:3:3:1[§] vaccine series, the recommended series for children aged 19–35 months that includes DTP/DT/DTaP;[¶] poliovirus vaccine; measles, mumps, and rubella vaccine (MMR); *Haemophilus influenzae* type b vaccine; hepatitis B vaccine; and varicella vaccine. An important accomplishment indicated by the 2005 NIS data is the achievement of $>50\%$ coverage for the full series of PCV (≥ 4 doses) and $>80\%$ coverage for ≥ 3 doses within 5 years after being added to the U.S.-recommended childhood immunization schedule in

* The 28 areas separately sampled for the 2005 NIS included 23 oversampled in previous years (Jefferson County, Alabama; Maricopa County, Arizona; Los Angeles County, California; District of Columbia; Duval County, Florida; Fulton and DeKalb counties, Georgia; Chicago, Illinois; Orleans Parish, Louisiana; Baltimore, Maryland; Detroit, Michigan; Newark, New Jersey; New York, New York; Cuyahoga and Franklin counties, Ohio; Philadelphia County, Pennsylvania; Davidson and Shelby counties, Tennessee; Bexar, Dallas, and El Paso counties, and Houston, Texas; King County, Washington; and Milwaukee County, Wisconsin), and five areas oversampled for the first time (Alameda and San Bernardino counties, California; Denver-Tri County, Colorado, consisting of Adams, Arapahoe, Denver, and Douglas counties; St. Louis City and County, Missouri; and Clark County, Nevada). Although Orleans Parish, Louisiana, was initially oversampled in 2005, estimates are not available because of interruptions in telephone service, movement of the population, and difficulty locating providers in the aftermath of Hurricane Katrina.

[†] During the 2005 reporting period, NIS included children born during February 2002–July 2004.

[§] ≥ 4 doses of diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine (DTP/DT/DTaP); ≥ 3 doses of poliovirus vaccine; ≥ 1 dose of MMR vaccine; ≥ 3 doses of *Haemophilus influenzae* type b vaccine; ≥ 3 doses of hepatitis B vaccine; and ≥ 1 dose of varicella vaccine.

[¶] Diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine.

2000. This occurred despite shortages of this vaccine during 2001–2004, which might have affected accessibility to PCV.

To collect vaccination data for age-eligible children, NIS uses a quarterly random-digit-dialed sample of telephone numbers for each survey area. NIS methodology, including the weighting of responses to represent the entire population of children aged 19–35 months, has been described previously (1). During 2005, the household survey response rate (2) was 65.1%; health-care provider vaccination records were obtained for 17,563 children (63.6%) for whom household interviews were completed.

National vaccination coverage estimates increased from 2004 to 2005 for PCV (Table 1), from 73.2% to 82.8% for ≥ 3 doses and from 43.4% to 53.7% for ≥ 4 doses. Coverage for ≥ 1 dose of MMR vaccine decreased from 93.0% to 91.5%. Coverage estimates for all other vaccines and vaccine series in 2005 were not significantly different (by *t* test) from 2004 estimates.

As in previous years, estimated vaccination coverage levels varied substantially among states (Table 2). Estimated coverage with the 4:3:1:3:3:1 vaccine series ranged from 90.7% (95% confidence interval [CI] = ± 3.8) in Massachusetts to 62.9% (CI = ± 8.1) in Vermont. Coverage also varied substantially among the 27 urban areas. The highest estimated coverage among the urban areas for the 4:3:1:3:3:1 series was 84.5% (CI = ± 6.0) for Jefferson County, Alabama, and the lowest was 58.8% (CI = ± 7.9) for Clark County, Nevada.

In 2005, coverage estimates for the 4:3:1:3:3:1 vaccine series did not vary significantly by race/ethnicity** among children aged 19–35 months, ranging from 79.5% (CI = ± 4.2) for children of multiple races, 77.1% (CI = ± 6.0) for Asians, 76.3% (CI = ± 3.0) for blacks, 76.0% (CI = ± 1.4) for whites, and 75.6% (CI = ± 2.6) for Hispanics. During 2002–2004, coverage for the 4:3:1:3:3:1 vaccine series was lower among black compared with white children (Figure).

** For this report, persons identified as white, black, Asian, or multiple race are all non-Hispanic. Persons identified as Hispanic might be of any race.

TABLE 1. Estimated vaccination coverage among children aged 19–35 months, by selected vaccines and dosages — National Immunization Survey, United States, 2001–2005

Vaccine/Dosage	2001*		2002†		2003§		2004¶		2005**	
	%	(95% CI††)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
DTP/DT/DTaP§§										
≥ 3 doses	94.3	(± 0.5)	94.9	(± 0.6)	96.0	(± 0.5)	95.9	(± 0.5)	96.1	(± 0.5)
≥ 4 doses	82.1	(± 0.8)	81.6	(± 0.9)	84.8	(± 0.8)	85.5	(± 0.8)	85.7	(± 0.9)
Poliovirus	89.4	(± 0.7)	90.2	(± 0.7)	91.6	(± 0.7)	91.6	(± 0.7)	91.7	(± 0.7)
Hib¶¶ ≥ 3 doses	93.0	(± 0.6)	93.1	(± 0.6)	93.9	(± 0.6)	93.5	(± 0.6)	93.9	(± 0.6)
MMR*** ≥ 1 dose	91.4	(± 0.6)	91.6	(± 0.7)	93.0	(± 0.6)	93.0	(± 0.6)	91.5	(± 0.7)
Hepatitis B ≥ 3 doses	88.9	(± 0.7)	89.9	(± 0.7)	92.4	(± 0.6)	92.4	(± 0.6)	92.9	(± 0.6)
Varicella ≥ 1 dose	76.3	(± 0.8)	80.6	(± 0.9)	84.8	(± 0.8)	87.5	(± 0.7)	87.9	(± 0.8)
PCV†††										
≥ 3 doses	—	—	40.8	(± 1.1)	68.1	(± 1.0)	73.2	(± 1.0)	82.8	(± 1.0)
≥ 4 doses	—	—	—	—	35.8	(± 1.0)	43.4	(± 1.1)	53.7	(± 1.3)
Combined series										
4:3:1§§§	78.6	(± 0.9)	78.5	(± 1.0)	82.2	(± 0.9)	83.5	(± 0.9)	83.1	(± 1.0)
4:3:1:3¶¶¶	77.2	(± 0.9)	77.5	(± 1.0)	81.3	(± 0.9)	82.5	(± 0.9)	82.4	(± 1.0)
4:3:1:3:3****	73.7	(± 0.9)	74.8	(± 1.0)	79.4	(± 0.9)	80.9	(± 0.9)	80.8	(± 1.0)
4:3:1:3:3:1††††	61.3	(± 1.0)	65.5	(± 1.1)	72.5	(± 1.0)	76.0	(± 1.0)	76.1	(± 1.1)

* Born during February 1998–May 2000.

† Born during February 1999–May 2001.

§ Born during February 2000–May 2002.

¶ Born during February 2001–May 2003.

** Born during February 2002–July 2004.

†† Confidence interval.

§§ Diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine.

¶¶ *Haemophilus influenzae* type b (Hib) vaccine.

*** Measles, mumps, and rubella vaccine.

††† Pneumococcal conjugate vaccine.

§§§ ≥ 4 doses of DTP/DT/DTaP, ≥ 3 doses of poliovirus vaccine, and ≥ 1 dose of any measles-containing vaccine.

¶¶¶ 4:3:1 plus ≥ 3 doses of Hib vaccine.

**** 4:3:1:3 plus ≥ 3 doses of hepatitis B vaccine.

†††† 4:3:1:3:3 plus ≥ 1 dose of varicella vaccine.

TABLE 2. Estimated vaccination coverage levels with 4:3:1,* 4:3:1:3,† 4:3:1:3:3,§ and 4:3:1:3:3:1¶ series among children aged 19–35 months, by state and selected urban areas — National Immunization Survey, United States, 2005

State/Area	4:3:1		4:3:1:3		4:3:1:3:3		4:3:1:3:3:1	
	%	(95% CI**)	%	(95% CI)	%	(95% CI)	%	(95% CI)
United States	83.1	(±1.0)	82.4	(±1.0)	80.8	(±1.0)	76.1	(±1.1)
Alabama	86.0	(±4.9)	85.1	(±5.0)	83.3	(±5.2)	81.7	(±5.5)
Jefferson County	89.3	(±5.0)	88.3	(±5.3)	85.5	(±5.9)	84.5	(±6.0)
Rest of state	85.4	(±5.8)	84.6	(±5.8)	82.9	(±6.1)	81.2	(±6.4)
Alaska	80.3	(±6.3)	77.7	(±6.6)	75.4	(±6.8)	68.1	(±7.4)
Arizona	81.5	(±4.6)	81.0	(±4.7)	79.2	(±4.9)	74.9	(±5.1)
Maricopa County	81.8	(±6.2)	81.1	(±6.3)	79.8	(±6.5)	76.4	(±6.7)
Rest of state	80.8	(±6.5)	80.8	(±6.5)	78.2	(±7.0)	72.0	(±7.5)
Arkansas	70.3	(±9.0)	69.3	(±9.0)	67.8	(±9.0)	64.2	(±9.2)
California	80.5	(±4.3)	79.9	(±4.3)	77.9	(±4.4)	74.0	(±4.8)
Alameda County	77.8	(±8.2)	76.7	(±8.2)	74.0	(±8.5)	71.1	(±8.7)
Los Angeles County	82.9	(±5.4)	81.7	(±5.6)	79.0	(±5.8)	77.9	(±5.9)
San Bernardino County	72.1	(±7.2)	69.3	(±7.9)	67.7	(±7.9)	62.8	(±8.1)
Rest of state	80.3	(±6.4)	80.2	(±6.4)	78.5	(±6.6)	73.4	(±7.1)
Colorado	85.1	(±4.3)	84.4	(±4.3)	83.4	(±4.4)	78.6	(±5.1)
Denver	85.6	(±6.4)	84.9	(±6.5)	83.8	(±6.6)	78.8	(±7.5)
Rest of state	84.7	(±5.8)	83.9	(±5.8)	83.2	(±5.9)	78.4	(±6.9)
Connecticut	89.4	(±4.9)	89.4	(±4.9)	86.1	(±5.4)	81.5	(±6.1)
Delaware	86.7	(±6.3)	86.7	(±6.3)	84.2	(±6.6)	81.6	(±7.2)
District of Columbia	81.4	(±5.6)	78.0	(±6.3)	73.5	(±6.6)	72.1	(±6.6)
Florida	81.5	(±5.6)	81.2	(±5.6)	79.3	(±5.9)	78.2	(±6.0)
Duval County	79.4	(±6.3)	78.4	(±6.3)	78.0	(±6.3)	76.5	(±6.4)
Rest of state	81.7	(±6.0)	81.4	(±6.0)	79.4	(±6.3)	78.3	(±6.3)
Georgia	86.2	(±4.2)	85.9	(±4.2)	84.7	(±4.3)	82.4	(±4.5)
Fulton and DeKalb counties	76.2	(±8.7)	76.0	(±8.7)	74.5	(±8.8)	71.8	(±9.1)
Rest of state	88.4	(±4.7)	88.1	(±4.7)	87.0	(±4.9)	84.8	(±5.1)
Hawaii	81.4	(±6.4)	81.1	(±6.4)	80.1	(±6.5)	77.5	(±6.7)
Idaho	79.3	(±5.6)	79.3	(±5.6)	78.1	(±5.8)	68.4	(±6.5)
Illinois	84.9	(±5.6)	84.8	(±5.6)	83.5	(±5.7)	76.7	(±6.5)
City of Chicago	79.9	(±6.0)	79.4	(±6.0)	75.4	(±6.4)	69.7	(±7.0)
Rest of state	86.7	(±7.4)	86.7	(±7.4)	86.4	(±7.4)	79.2	(±8.5)
Indiana	78.9	(±8.0)	78.5	(±8.0)	78.1	(±8.1)	69.9	(±8.6)
Iowa	85.7	(±5.6)	84.9	(±5.7)	84.9	(±5.7)	75.9	(±7.1)
Kansas	87.5	(±4.6)	86.2	(±4.7)	83.8	(±5.0)	72.0	(±6.7)
Kentucky	84.8	(±6.3)	82.9	(±6.8)	79.7	(±7.1)	71.1	(±8.1)
Louisiana	78.2	(±4.3)	77.1	(±4.4)	76.0	(±4.4)	74.1	(±4.5)
Maine	88.8	(±5.0)	88.0	(±5.1)	83.3	(±6.0)	75.8	(±6.7)
Maryland	84.3	(±5.5)	84.2	(±5.5)	82.3	(±5.7)	78.6	(±6.1)
City of Baltimore	80.7	(±6.9)	80.1	(±6.9)	79.0	(±7.0)	76.5	(±7.1)
Rest of state	84.8	(±6.2)	84.8	(±6.2)	82.7	(±6.4)	78.9	(±6.9)
Massachusetts	95.6	(±2.7)	95.4	(±2.7)	93.5	(±3.3)	90.7	(±3.8)
Michigan	84.5	(±4.7)	84.2	(±4.7)	82.7	(±4.8)	80.6	(±5.0)
City of Detroit	75.8	(±8.4)	73.8	(±8.7)	73.1	(±8.7)	70.5	(±8.9)
Rest of state	85.6	(±5.2)	85.4	(±5.2)	83.9	(±5.3)	81.8	(±5.5)
Minnesota	88.4	(±5.2)	85.5	(±5.7)	85.2	(±5.7)	78.1	(±6.4)
Mississippi	85.1	(±5.1)	84.4	(±5.2)	83.6	(±5.3)	79.1	(±5.8)
Missouri	82.2	(±4.3)	80.9	(±4.6)	79.3	(±4.7)	73.1	(±5.2)
St. Louis County/City of St. Louis	83.7	(±5.7)	83.7	(±5.7)	79.2	(±6.3)	73.6	(±6.8)
Rest of state	81.7	(±5.3)	80.1	(±5.7)	79.4	(±5.8)	73.0	(±6.3)
Montana	84.1	(±5.4)	83.1	(±5.5)	79.6	(±6.1)	65.4	(±6.9)
Nebraska	91.0	(±4.1)	89.8	(±4.4)	89.1	(±4.5)	83.9	(±5.2)
Nevada	71.2	(±5.9)	71.1	(±5.9)	66.7	(±6.0)	63.2	(±6.1)
Clark County	68.5	(±7.6)	68.5	(±7.6)	63.1	(±7.7)	58.8	(±7.9)
Rest of state	78.9	(±7.4)	78.4	(±7.4)	76.9	(±7.5)	75.8	(±7.5)
New Hampshire	85.0	(±5.1)	85.0	(±5.1)	82.8	(±5.7)	77.1	(±6.1)

* ≥4 doses of diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine (DTP/DT/DtAP); ≥3 doses of poliovirus vaccine; and ≥1 dose of any measles-containing vaccine.

† 4:3:1 plus ≥3 doses of *Haemophilus influenzae* type b vaccine.

§ 4:3:1:3 plus ≥3 doses of hepatitis B vaccine.

¶ 4:3:1:3:3 plus ≥1 dose of varicella vaccine.

** Confidence interval.

TABLE 2. (Continued) Estimated vaccination coverage levels with 4:3:1,* 4:3:1:3,† 4:3:1:3:3,§ and 4:3:1:3:3:1¶ series among children aged 19–35 months, by state and selected urban areas — National Immunization Survey, United States, 2005

State/Area	4:3:1		4:3:1:3		4:3:1:3:3		4:3:1:3:3:1	
	%	(95% CI**)	%	(95% CI)	%	(95% CI)	%	(95% CI)
New Jersey	79.3	(±5.8)	78.5	(±5.9)	78.2	(±5.9)	72.4	(±6.4)
City of Newark	78.2	(±6.2)	77.3	(±6.3)	75.0	(±6.6)	67.4	(±7.1)
Rest of state	79.4	(±6.1)	78.6	(±6.1)	78.4	(±6.1)	72.6	(±6.7)
New Mexico	81.5	(±6.3)	79.6	(±6.5)	78.4	(±6.7)	74.6	(±7.0)
New York	85.0	(±4.0)	83.7	(±4.1)	81.6	(±4.3)	74.4	(±4.7)
City of New York	83.2	(±6.4)	81.0	(±6.7)	78.1	(±7.0)	70.5	(±7.4)
Rest of state	86.7	(±4.8)	86.2	(±4.9)	84.8	(±5.0)	78.1	(±5.9)
North Carolina	89.1	(±4.8)	89.1	(±4.8)	85.2	(±5.4)	81.6	(±5.8)
North Dakota	86.6	(±4.5)	86.3	(±4.5)	85.0	(±4.7)	78.7	(±5.4)
Ohio	85.4	(±4.4)	85.0	(±4.4)	84.1	(±4.5)	77.7	(±5.1)
Cuyahoga County	88.0	(±4.6)	86.6	(±4.9)	84.8	(±5.3)	77.4	(±6.3)
Franklin County	87.0	(±6.1)	86.7	(±6.1)	85.9	(±6.2)	80.5	(±7.1)
Rest of state	84.8	(±5.6)	84.5	(±5.6)	83.8	(±5.7)	77.3	(±6.4)
Oklahoma	77.3	(±5.9)	76.9	(±5.9)	75.7	(±6.0)	72.3	(±6.2)
Oregon	76.1	(±6.7)	75.3	(±6.7)	72.9	(±7.1)	65.3	(±7.4)
Pennsylvania	84.5	(±5.2)	83.4	(±5.2)	83.2	(±5.2)	77.3	(±5.8)
Philadelphia County	85.0	(±5.6)	79.9	(±6.5)	78.7	(±6.5)	77.0	(±6.6)
Rest of state	84.4	(±6.0)	84.1	(±6.1)	84.1	(±6.1)	77.3	(±6.7)
Rhode Island	85.7	(±4.6)	84.3	(±4.8)	83.1	(±4.9)	80.1	(±5.3)
South Carolina	79.2	(±6.6)	78.5	(±6.6)	78.5	(±6.6)	75.6	(±6.8)
South Dakota	88.4	(±4.5)	88.1	(±4.5)	86.9	(±4.7)	79.5	(±5.8)
Tennessee	84.4	(±4.0)	83.8	(±4.1)	82.9	(±4.2)	80.0	(±4.5)
Davidson County	86.6	(±6.1)	86.6	(±6.1)	86.6	(±6.1)	81.3	(±6.9)
Shelby County	76.4	(±7.6)	76.2	(±7.6)	75.8	(±7.6)	74.1	(±7.6)
Rest of state	86.1	(±5.2)	85.3	(±5.4)	84.1	(±5.6)	81.4	(±6.0)
Texas	81.5	(±3.7)	80.8	(±3.7)	78.4	(±3.9)	76.8	(±4.0)
Bexar County	78.7	(±7.2)	77.4	(±7.3)	74.6	(±7.5)	71.3	(±7.7)
City of Houston	80.6	(±5.9)	80.3	(±5.9)	78.1	(±6.1)	76.6	(±6.1)
Dallas County	78.7	(±7.2)	77.3	(±7.4)	74.2	(±7.8)	72.8	(±7.9)
El Paso County	76.2	(±6.0)	76.2	(±6.0)	71.1	(±6.4)	69.2	(±6.4)
Rest of state	82.7	(±5.2)	82.1	(±5.3)	80.0	(±5.7)	78.5	(±5.8)
Utah	75.7	(±8.4)	75.7	(±8.4)	74.1	(±8.5)	68.1	(±8.8)
Vermont	83.4	(±6.2)	83.4	(±6.2)	81.5	(±6.4)	62.9	(±8.1)
Virginia	86.0	(±5.8)	85.8	(±5.8)	85.8	(±5.8)	81.7	(±6.1)
Washington	81.2	(±5.0)	81.2	(±5.0)	77.8	(±5.2)	66.3	(±5.9)
King County	84.0	(±7.2)	84.0	(±7.2)	76.8	(±7.8)	68.7	(±8.3)
Rest of state	80.1	(±6.4)	80.1	(±6.4)	78.2	(±6.5)	65.4	(±7.5)
West Virginia	78.8	(±6.6)	78.2	(±6.7)	74.9	(±7.1)	67.5	(±7.8)
Wisconsin	85.6	(±4.4)	85.0	(±4.5)	82.2	(±5.1)	77.1	(±5.5)
Milwaukee County	80.6	(±8.6)	79.7	(±8.6)	79.1	(±8.6)	73.6	(±9.0)
Rest of state	86.9	(±5.1)	86.4	(±5.2)	83.0	(±6.0)	78.1	(±6.6)
Wyoming	80.7	(±5.9)	80.5	(±5.9)	78.6	(±6.1)	66.9	(±7.2)

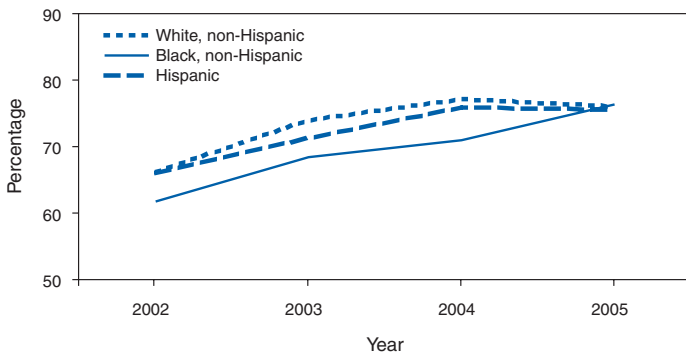
In 2005, estimated coverage varied significantly by race/ethnicity for three individual vaccines: DTP/DT/DTaP; varicella vaccine; and PCV. For ≥ 4 doses of DTP/DT/DTaP, coverage was significantly lower for black (84.0% [CI = ± 2.5]) and Hispanic (83.6% [CI = ± 2.3]) children compared with white children (87.1% [CI = ± 1.1]). For ≥ 1 dose of varicella vaccine, coverage was significantly higher for black (90.6% [CI = ± 1.8]) and Hispanic (89.2% [CI = ± 1.7]) children compared with white children (86.1% [CI = ± 1.2]). For ≥ 3 doses of PCV, coverage was significantly lower for black (79.6% [CI = ± 3.1]) compared with white children (83.2% [CI = ± 1.3]). For ≥ 4 doses of PCV, coverage was significantly lower among black (46.2% [CI = ± 3.8]) and Hispanic

children (50.5% [CI = ± 2.8]) compared with white children (57.3% [CI = ± 1.6]).

Reported by: N Darling, MPH, JA Singleton, MS, J Santoli, MD, Immunization Svc Div, National Center for Immunization and Respiratory Diseases (proposed), CDC.

Editorial Note: The findings in this report indicate that among U.S. children aged 19–35 months, coverage with the recommended vaccines in 2005 remained at or near all-time-high levels, with substantial increases in PCV coverage. The 2005 NIS survey cohort included children born during February 2002–July 2004; all of these children might have been affected by the shortages of PCV during February–September 2004, when recommendations to defer the 4th dose

FIGURE. Estimated vaccination coverage with the 4:3:1:3:3:1 vaccine series* among children aged 19–35 months, by race/ethnicity and year — National Immunization Survey, United States, 2002–2005



* ≥ 4 doses of diphtheria and tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids vaccine, or diphtheria and tetanus toxoids vaccine and any acellular pertussis vaccine (DTP/DT/DTaP); ≥ 3 doses of poliovirus vaccine; ≥ 1 dose of measles, mumps, and rubella vaccine; ≥ 3 doses of *Haemophilus influenzae* type b vaccine; ≥ 3 doses of hepatitis B vaccine; and ≥ 1 dose of varicella vaccine.

or the 3rd and 4th doses were in effect (3,4). Despite these shortages, coverage with the full series (≥ 4 doses) exceeded 50% and coverage with ≥ 3 doses of PCV exceeded 80% in this survey cohort. Surveillance data from 1998–2003 have indicated substantial reductions in the incidence of vaccine-type and overall invasive pneumococcal disease in children and adults, attributable to routine use of PCV in young children (5). Although 4 doses of PCV are recommended for maximum protection against invasive pneumococcal disease (6), the vaccine might provide protection with 3 doses through decreased transmission of pneumococci organisms among children (5). Continued measures to increase PCV coverage with all recommended doses are needed, particularly for black and Hispanic children.

The 2005 data reflect the first year that the 4:3:1:3:3:1 vaccine series was used to evaluate progress toward one of the *Healthy People 2010* objectives, which aims to achieve $>80\%$ coverage with the 4:3:1:3:3:1 series among children aged 19–35 months (objective-14.24a) (7). Although the 80% target was met in 2004 for 4:3:1:3:3 coverage (excludes varicella vaccine), vaccination coverage for the 4:3:1:3:3:1 series in 2005 remained stable at 76.1%, compared with 76.0% in 2004.

In the 2005 NIS survey cohort, coverage levels for the 4:3:1:3:3:1 series were similar among racial/ethnic groups, which represents an improvement over recent years; an evaluation of NIS data from 1996 to 2002 revealed increasing or stable racial/ethnic disparities in the 4:3:1:3:3 vaccination series coverage levels for black and Hispanic children compared with white children (8). Continued monitoring is needed to determine whether the narrowing gaps in coverage among racial/ethnic groups persist. Monitoring the disparities in

administration of DTP/DT/DTaP, varicella vaccine, and PCV will be important, particularly for PCV, which protects against a disease with higher incidence among black children.

The only statistically significant decrease in coverage from 2004 to 2005 was for ≥ 1 dose of MMR. However, this decrease was modest, and national MMR coverage has remained consistent, ranging from 91% to 93% since 2001. The recent outbreak of mumps in the United States underscores the importance of timely administration of the first dose of MMR and the need for administration of the second dose at ages 4–6 years. Coverage in this age group is assessed by state health departments in their evaluation of school entry immunization requirements (9).

The findings in this report are subject to at least three limitations. First, NIS is a telephone survey; although NIS results are weighted to make them representative of all children aged 19–35 months (e.g., accounting for nonresponse and households without telephones), some bias might remain after these statistical adjustments. Second, NIS uses provider-verified vaccination histories and assumes that coverage among children whose providers did not respond is similar to coverage among children whose providers did respond; thus, incomplete reporting might have resulted in underestimates of coverage. Finally, although national estimates are precise (1), annual estimates and trends for states and urban areas should be interpreted with caution because of wider confidence intervals.

High vaccination coverage levels should be achieved and maintained to reduce the impact of vaccine-preventable diseases. Routine childhood vaccination with the vaccines included in the 4:3:1:3:3:1 series results in net societal savings of an estimated \$43 billion per annual birth cohort (10). Coverage varied substantially by state, ranging from 63% to 91% for the 4:3:1:3:3:1 vaccine series, and by race/ethnicity for DT/DTP/DTaP, varicella vaccine, and PCV, indicating that further progress in increasing coverage is needed in many areas. NIS data will continue to be used to monitor vaccination status among preschool-aged children for recommended vaccines. Future NIS data will be used to assess routine rotavirus and hepatitis A vaccination of preschool-aged children, recommended in 2006, and use of a measles-mumps-rubella-varicella (MMRV) vaccine licensed in 2005.

In addition to the recently recommended vaccines for preschool-aged children, three vaccines have been recommended recently for children aged 11–12 years: meningococcal conjugate vaccine (MCV4); tetanus, diphtheria, and acellular pertussis (Tdap) vaccine instead of tetanus and diphtheria toxoids vaccine (Td); and human papillomavirus vaccine (HPV). The NIS will be expanded during the fourth quarter of 2006 to assess coverage for recommended vaccines received among

children aged 13–17 years. This enhancement underscores the importance of survey systems such as the NIS in monitoring new vaccine implementation, which can provide valuable information for improving overall vaccination coverage.

References

1. Smith PJ, Hoaglin DC, Battaglia MP, Khare M, Barker LE. Statistical methodology of the National Immunization Survey, 1994–2002. National Center for Health Statistics. *Vital Health Stat* 2005;2(138).
2. The American Association for Public Opinion Research. Standard definitions: final dispositions of case codes and outcome rates for surveys. 4th ed. Lenexa, Kansas: American Association for Public Opinion Research; 2006. Available at http://www.aapor.org/pdfs/standarddefs_4.pdf.
3. CDC. Pneumococcal conjugate vaccine shortage resolved. *MMWR* 2003;52:446–7.
4. CDC. Pneumococcal conjugate vaccine shortage resolved. *MMWR* 2004;53:851–2.
5. CDC. Direct and indirect effects of routine vaccination of children with 7-valent pneumococcal conjugate vaccine on incidence of invasive pneumococcal diseases—United States, 1998–2003. *MMWR* 2005;54:893–7.
6. CDC. Preventing pneumococcal disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2000;49(No. RR-9).
7. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at <http://www.health.gov/healthypeople>.
8. Barker LE, Chu SY, Smith PJ. Disparities in immunizations [Letter]. *Am J Public Health* 2004;94:906.
9. CDC. Updated recommendations of the Advisory Committee on Immunization Practices (ACIP) for the control and prevention of mumps. *MMWR* 2006;55:629–30.
10. Zhou F, Santoli J, Messonnier ML, et al. Economic evaluation of the 7-vaccine routine childhood immunization schedule in the United States, 2001. *Arch Pediatr Adolesc Med* 2005;159:1136–44.

Public Health Response to Varicella Outbreaks — United States, 2003–2004

Since introduction of varicella vaccine in 1995, incidence of varicella has decreased as vaccination coverage has increased (1,2). Nevertheless, varicella outbreaks continue to occur, even among populations with high vaccination coverage (3–5). Although varicella typically is mild, the outbreaks can last for several months and be challenging and costly for health departments to control. In 2005, CDC conducted a national survey to determine the distribution and extent of reported varicella outbreaks during 2003–2004 and the public health response. This report summarizes the results of that survey, which indicated that varicella outbreaks are still common and that health jurisdictions are responding to these outbreaks, although they have varying definitions and guidelines for varicella-outbreak management.

During April–May 2005, a voluntary, Internet-based survey was sent by e-mail to 59 CDC immunization program grantees:* 50 states and the District of Columbia (DC), five cities (Chicago, Illinois; Houston, Texas; New York City, New York; Philadelphia, Pennsylvania; and San Antonio, Texas), and three U.S. territories (Guam, Puerto Rico, and the U.S. Virgin Islands). These health jurisdictions were asked questions about varicella outbreaks identified during 2003–2004, including local definitions of outbreaks, existence of outbreak management guidelines, and outbreak response strategies used.

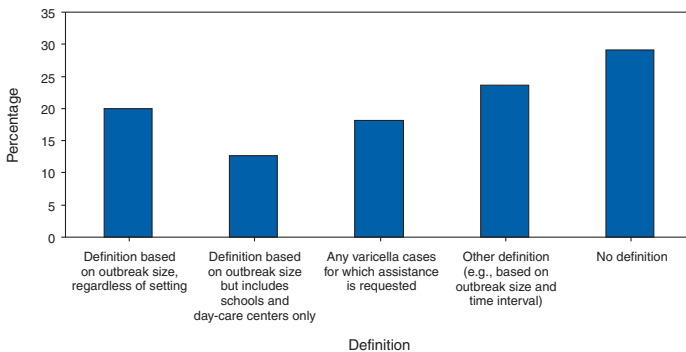
Fifty-five (93%) of 59 jurisdictions responded to the survey; Alaska, New Mexico, Utah, and the U.S. Virgin Islands did not participate. In 2003, 43 (78%) of the 55 jurisdictions were notified of at least one varicella outbreak, and 10 (18%) were notified of six or more; in 2004, 45 (82%) were notified of at least one varicella outbreak, and 13 (24%) were notified of six or more. Additional information regarding 190 outbreaks that occurred in 2004 was obtained from 24 jurisdictions. Of the outbreaks reported to these jurisdictions, 67% occurred in elementary schools, and 43% included patients with a median age of 5–9 years; 64% had ≤10 cases, 26% had 11–40 cases, and 10% had 41–50 cases.

When asked whether their health jurisdiction had a formal program definition for varicella outbreaks, approximately 70% of the 55 responding jurisdictions indicated that they did, and the definitions varied (Figure 1). Forty-four percent of jurisdictions reported that they had guidelines for managing varicella outbreaks. When asked whether their health jurisdiction responds to an outbreak if notified,† 47 of the 55 jurisdictions reported that they did. Thirty (55%) of these jurisdictions stated that their outbreak response involved both local and state health departments, 10 (18%) said that it involved the state health department only, and seven (13%) said that it involved the local health department only; eight jurisdictions did not respond. Among the 47 jurisdictions that respond to outbreaks, the most commonly reported criteria used to determine whether to respond were the population affected (57%), the outbreak setting (68%), and the size of the outbreak (68%); the age of patients was a less frequently used criterion (40%) (Figure 2). Approximately 35% of jurisdictions identified at least one other criterion.

*Health jurisdictions that receive federal grants to assist with vaccination programs.

†Jurisdictions were asked, “Does your health department at times respond to varicella outbreaks? (Note: By ‘respond,’ at minimum, recording reported outbreaks in a log book including total number of cases, with or without additional variables.)” Possible replies were “Yes, state and local health departments respond; yes, only state health department responds; yes, only local health department responds; or no, there is no response.”

FIGURE 1. Percentage of jurisdictions,* by definition used for varicella outbreak — United States, 2003–2004



* Jurisdictions (N = 55) that responded to the survey. *States:* Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. *Cities and other areas:* Chicago, Illinois; Houston, Texas; New York City, New York; Philadelphia, Pennsylvania; San Antonio, Texas; District of Columbia; Guam; and Puerto Rico. California and District of Columbia listed two outbreak definitions.

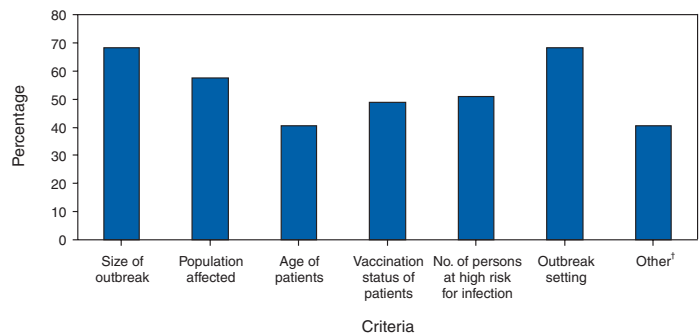
Among the jurisdictions that respond to outbreaks, frequently used response strategies included verifying vaccination history, excluding patients from the outbreak setting, and documenting relevant outbreak information, such as age of patients. Vaccinating or excluding susceptible contacts from the outbreak setting and conducting laboratory testing to assess susceptibility were not frequently used strategies (Table).

Reported by: J Leung, MPH, A Lopez, MHS, F Averhoff, MD, R Harpaz, MD, D Guris, MD, JF Seward, MBBS, MPH, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases (proposed), CDC.

Editorial Note: The results of this survey indicate that varicella outbreaks are still common despite increasing vaccination coverage. During 2004, 45 jurisdictions were notified of varicella outbreaks, and 18 reported them to CDC. More comprehensive information about occurring outbreaks would be useful for monitoring the effects of the vaccination program and evaluating vaccination policies.

Approximately two thirds of jurisdictions have formal, but varying, definitions for a varicella outbreak, and almost half of jurisdictions have existing varicella-outbreak management guidelines. Creating a standard definition for varicella outbreaks would be useful for monitoring the outbreak trends among jurisdictions, and establishing outbreak management guidelines might facilitate a more uniform response, especially at the local level, and ensure that critical procedures are not overlooked. CDC is working with state and local health departments to develop a standard definition and national

FIGURE 2. Percentage of jurisdictions* that respond to varicella outbreaks, by criteria for responding — United States, 2003–2004



* Jurisdictions (n = 47) that respond to varicella outbreaks if notified. *States:* Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wisconsin. *Cities and other areas:* Chicago, Illinois; Houston, Texas; New York City, New York; Philadelphia, Pennsylvania; District of Columbia; and Puerto Rico.

† Includes local interest; for training purposes; whether a request was received from particular setting, such as a school or local agency; whether pregnant contacts are involved; whether a death is involved; whether the outbreak involves rash illness; or whether breakthrough cases are involved. Some jurisdictions respond to all outbreaks.

guidelines for management of varicella outbreaks to be published in a future *MMWR*.

Forty-seven of the jurisdictions indicate that they respond to varicella outbreaks if notified, although response strategies vary. A standard response for all varicella outbreaks should include a letter from the local health department or outbreak setting to inform the affected population of the outbreak. In addition, persons without evidence of immunity[§] (6) should be vaccinated either by their primary-care physician or at a vaccination clinic in outbreak settings. Vaccination of susceptible populations who might have been exposed during an outbreak or who have been exposed to infection is important to prevent illness and decrease disease severity.

In June 2005, the Advisory Committee on Immunization Practices (ACIP) provisionally recommended a second dose of varicella vaccine in outbreak settings for persons who have had only 1 dose of varicella vaccine and no disease history (provided that an appropriate interval has elapsed since the first dose) (6). On the basis of a 10-year follow-up prelicensure study of the vaccine, a 2-dose vaccination regimen has been determined more effective than a 1-dose regimen (7).

In a 2006 position statement, the Council of State and Territorial Epidemiologists (CSTE) supported a routine 2-dose

[§] Definition is available at http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf.

TABLE. Percentage of jurisdictions* that respond to varicella outbreaks, by strategy used — United States, 2003–2004

Strategy	Always		Sometimes		Never	
	No.	(%)	No.	(%)	No.	(%)
Sending letters to parents during school or day-care center outbreaks	21	(45)	19	(40)	7	(15)
Notifying health-care providers and affected population of outbreak	7	(15)	30	(64)	10	(21)
Vaccinating susceptible contacts	13	(28)	22	(47)	12	(26)
Excluding patients from outbreak setting	31	(66)	6	(13)	10	(21)
Excluding unvaccinated contacts from outbreak setting	7	(15)	13	(28)	27	(57)
Screening for varicella susceptibility (e.g., obtaining disease and vaccination history information) among uninfected persons	14	(30)	20	(43)	13	(28)
Verifying vaccination information for patients	19	(40)	19	(40)	9	(19)
Verifying vaccination information for uninfected persons	10	(21)	18	(38)	19	(40)
Conducting laboratory testing to assess susceptibility among uninfected persons	0	(0)	21	(45)	26	(55)
Conducting laboratory testing to confirm diagnosis	4	(9)	25	(53)	18	(38)
Investigating outbreak						
Recording information provided by reporters	36	(77)	9	(19)	2	(4)
Performing varicella case-finding activities	24	(51)	15	(32)	8	(17)
Gathering age of patients	33	(70)	11	(23)	3	(6)
Collecting information on clinical symptoms of patients	26	(55)	15	(32)	6	(13)

*Jurisdictions (n = 47) that respond to outbreaks if notified. *States*: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wisconsin. *Cities and other areas*: Chicago, Illinois; Houston, Texas; New York City, New York; Philadelphia, Pennsylvania; District of Columbia; and Puerto Rico.

varicella vaccination policy to improve varicella control and outbreak prevention. In June 2006, ACIP approved a routine 2-dose varicella vaccination policy for children (first dose at 12–15 months, second dose at 4–6 years) and catch-up vaccinations for children, adolescents, and adults who had previously received only 1 dose. Establishing a routine 2-dose vaccination regimen might make the 2-dose outbreak response for susceptible populations more feasible to implement.

In 2002, CSTE also recommended that states should establish individual case-based varicella surveillance by 2005 (8). Case-based reporting should improve detection of varicella outbreaks, the quality of the data reported from outbreaks, and the evaluation of outbreak-control measures.

The findings in this report are subject to at least two limitations. First, the data are taken from reports from jurisdictions and are subject to reporting biases such as recall bias. Second, varying outbreak definitions and reporting methods might have led to underestimation of the extent and distribution of varicella outbreaks.

As national outbreak guidelines are being created, jurisdictions are encouraged to contact CDC for assistance with investigating and responding to varicella outbreaks. Guidance on outbreak management and investigation also can be found in CDC's *Manual for the Surveillance of Vaccine-Preventable Diseases* (9).

Acknowledgments

The data in this report are based, in part, on information supplied by health departments of states, cities, and U.S. territories.

The survey was conducted with assistance from the Immunization Svcs Div, National Center for Immunization and Respiratory Diseases (proposed), CDC

References

1. CDC. National, state, and urban area vaccination coverage among children aged 19–35 months—United States, 2004. *MMWR* 2005;54:717–21. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5429a1.htm>.
2. Seward JF, Watson BM, Peterson CL, et al. Varicella disease after introduction of varicella vaccine in the United States, 1995–2000. *JAMA* 2002;287:606–11.
3. Dworkin MS, Jennings CE, Roth-Thomas J, Lang JE, Stukenberg C, Lumpkin JR. An outbreak of varicella among children attending preschool and elementary school in Illinois. *Clin Infect Dis* 2002;35:102–4.
4. Tugwell BD, Lee LE, Gillette H, Lorber EM, Hedberg K, Cieslak PR. Chickenpox outbreak in a highly vaccinated school population. *Pediatrics* 2004;113:455–9.
5. Lopez AS, Guris D, Zimmerman L, et al. One dose of varicella vaccine does not prevent school outbreaks—is it time for a second dose? *Pediatrics* 2006;117:e1070–7.
6. CDC. ACIP provisional recommendations for prevention of varicella. Advisory Committee on Immunization Practices. Available at http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs_prov_june_2006.pdf.
7. Kuter B, Matthews H, Shinefield H, et al. Ten year follow-up of healthy children who received one or two injections of varicella vaccine. *Pediatr Infect Dis* 2004;23:132–7.
8. Council of State and Territorial Epidemiologists. Position Statement 02-ID-06: varicella surveillance. Kansas City, MO: Council of State and Territorial Epidemiologists; 2002. Available at <http://www.cste.org/position%20statements/02-ID-06.pdf>.
9. CDC. Varicella [Chapter 14]. In: Wharton M, ed. Vaccine preventable disease. Surveillance manual. 3rd edition. Atlanta, GA: US Department of Health and Human Services, CDC; 2002. Available at <http://www.cdc.gov/nip>.

West Nile Virus Activity — United States, January 1–September 12, 2006

This report summarizes West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, September 12, 2006. A total of 36 states and the District of Columbia had reported 1,634 cases of human WNV illness to CDC (Figure, Table). A total of 921 (57%) cases for which such data were available occurred in males; median age of patients was 51 years (range: 3 months–95 years). Dates of illness onset ranged from January 6 to September 10; a total of 52 cases were fatal.

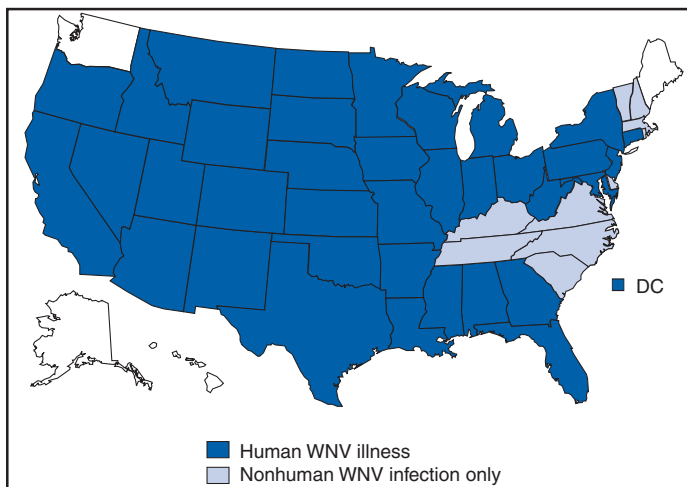
A total of 159 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2006. Of these, 33 were reported from Nebraska; 25 from Texas; 12 from California; 11 from Utah; nine from Wisconsin; eight each were reported from Idaho and Iowa; seven each from Louisiana and South Dakota; six from North Dakota; five each from Minnesota and Mississippi; four from Missouri; three each from Kansas, Kentucky, and Oklahoma; two each from Colorado and Nevada; and one each from Arizona, Illinois, Montana, New York, Oregon, and Wyoming. Of the 159 PVDs, one person aged 73 years subsequently had neuroinvasive illness, and 36 persons (median age: 46 years [range: 18–67 years]) subsequently had West Nile fever.

In addition, 2,138 dead corvids and 503 other dead birds with WNV infection have been reported in 39 states and New York City during 2006. WNV infections have been reported in horses in 27 states, in one squirrel in Kansas, and in one unidentified animal species in Wyoming. WNV seroconversions have been reported in 495 sentinel chicken

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2006*

State	Neuroinvasive disease [†]	West Nile fever [§]	Other clinical/ unspecified [¶]	Total reported to CDC**	Deaths
Alabama	4	0	0	4	0
Arizona	7	4	2	13	0
Arkansas	7	2	0	9	0
California	42	108	9	159	2
Colorado	18	57	0	75	1
Connecticut	5	2	0	7	1
District of Columbia	0	1	0	1	0
Florida	2	0	0	2	0
Georgia	2	2	1	5	1
Idaho	62	257	6	325	5
Illinois	53	30	11	94	4
Indiana	1	0	0	1	0
Iowa	12	7	0	19	0
Kansas	13	9	0	22	3
Louisiana	38	26	0	64	0
Maryland	0	0	1	1	0
Michigan	10	0	4	14	0
Minnesota	22	30	0	52	3
Mississippi	34	36	0	70	3
Missouri	18	5	1	24	2
Montana	3	7	0	10	0
Nebraska	15	41	0	56	1
Nevada	30	60	9	99	1
New Jersey	1	1	1	3	0
New Mexico	1	2	0	3	0
New York	5	2	1	8	0
North Dakota	13	88	0	101	1
Ohio	8	3	0	11	0
Oklahoma	15	6	1	22	5
Oregon	2	19	1	22	0
Pennsylvania	5	1	0	6	1
South Dakota	30	56	0	86	1
Texas	106	23	0	129	13
Utah	34	47	0	81	3
West Virginia	1	0	0	1	0
Wisconsin	3	3	0	6	0
Wyoming	8	17	4	29	1
Total	630	952	52	1,634	52

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2006*



* As of September 12, 2006.

* As of September 12, 2006.

[†] 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.

flocks in 10 states (Arizona, Arkansas, California, Florida, Iowa, North Carolina, North Dakota, Pennsylvania, Utah, and Virginia). Five seropositive sentinel horses were reported in Montana. A total of 7,492 WNV-positive mosquito pools have been reported from 36 states, the District of Columbia, and New York City.

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>.

Notice to Readers

Epidemiology in Action Course — October 23–November 3, 2006

The Rollins School of Public Health's Hubert Department of Global Health and CDC's Office of Workforce and Career Development will cosponsor a course, Epidemiology in Action, October 23–November 3, 2006, at the Emory University campus in Atlanta, Georgia. The course is designed for state and local public health workers.

The course emphasizes the practical application of epidemiology to public health problems and will consist of lectures, workshops, classroom exercises (including actual epidemiologic problems), and roundtable discussions. Topics include descriptive epidemiology and biostatistics, analytic epidemiology, epidemic investigations, public health surveillance, surveys and sampling, Epi Info (Windows version) training, and discussions of selected prevalent diseases. Tuition is charged.

Additional information and applications are available from Emory University, Hubert Department of Global Health (attention: Pia), 1518 Clifton Road NE, Room 746, Atlanta, GA 30322; by telephone, 404-727-3485; fax, 404-727-4590; online at <http://www.sph.emory.edu/epicourses>; or by e-mail, pvaleri@sph.emory.edu.

Notice to Readers

Preventive Medicine Residency Application Deadline — October 11, 2006

The Preventive Medicine Residency (PMR) is accepting applications from physicians with public health and applied epidemiologic practice experience who seek to become preventive medicine/population health specialists and public health leaders. The PMR prepares physicians for leadership roles in public health at federal, state, and local levels through

instruction and supervised practical experiences focused on translating epidemiology to public health practice, management, and policy and program development. Residents spend the practicum year at CDC or in a state or local health department.

PMR alumni occupy many leadership positions at CDC, at state and local health departments, and in academia and private-sector agencies. Completion of the PMR, which is accredited by the Accreditation Council for Graduate Medical Education for 12 months of practicum training, qualifies graduates to apply for certification by the American Board of Preventive Medicine in Public Health and General Preventive Medicine.

Applications are being accepted for the class that begins in mid-June 2007. Application materials must be postmarked by October 11, 2006. Additional information regarding the residency, eligibility criteria, and application process is available at <http://www.cdc.gov/epo/dapht/pmr/pmr.htm> or by telephone, 404-498-6140.

Errata: Vol. 55, No. RR-11

In the *MMWR Recommendations and Reports*, "Sexually Transmitted Diseases Treatment Guidelines, 2006," the following errors occurred:

On page 42, in the section "Chlamydial Infections Among Children" under "Diagnostic Considerations," the second recommended regimen should read: Recommended Regimen for Children Who Weigh ≥ 45 kg but Who Are Aged < 8 Years.

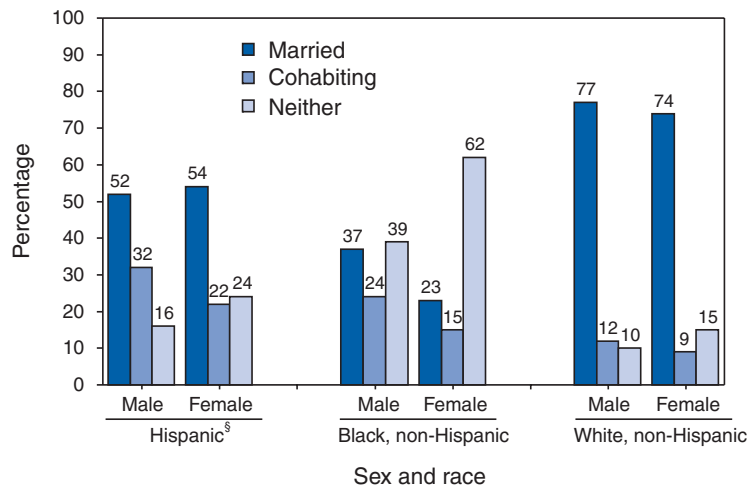
On page 48, in the section "Gonococcal Infections Among Children" under "Diagnostic Considerations," the first recommended regimen should read: Recommended Regimens for Children Who Weigh > 45 kg.

On page 59, under "Recommended Regimen A," the daily dosage for Ofloxacin was incorrect. It should read: Ofloxacin 400 mg orally **twice** daily for 14 days*.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Parents* Who Were Married or Cohabiting† at Birth of First Child, by Race/Ethnicity and Sex — United States, 2002 Survey



* Based on independent samples of males and females aged 15–44 years.

† Living together.

§ Might be of any race.

According to 2002 survey data, among non-Hispanic whites, the birth of the first child occurred during marriage for 77% of males and 74% of females. Among Hispanics, the birth of the first child occurred during marriage for 52% of males and 54% of females, and, among non-Hispanic blacks, it occurred during marriage for 37% of males and 23% of females.

SOURCE: Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. Fertility, contraception, and fatherhood: data on men and women from cycle 6 (2002) of the National Survey of Family Growth. *Vital Health Stat* 2006;23(26). Available at <http://www.cdc.gov/nchs/nsfg.htm>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 9, 2006 (36th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2005	2004	2003	2002	2001	
Anthrax	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	3	1	19	16	20	28	39	
infant	—	81	2	90	87	76	69	97	
other (wound & unspecified)	—	40	1	33	30	33	21	19	
Brucellosis	—	67	2	122	114	104	125	136	
Chancroid	—	20	1	17	30	54	67	38	
Cholera	—	5	0	8	5	2	2	3	
Cyclosporiasis§	1	87	3	734	171	75	156	147	FL (1)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	12	8	78	112	108	164	128	
eastern equine	—	4	1	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	2	3	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	2	236	12	790	537	362	511	261	NY (2)
human monocytic	5	242	10	522	338	321	216	142	NY (3), MI (1), AR (1)
human (other & unspecified)	2	104	2	122	59	44	23	6	AR (1), OK (1)
<i>Haemophilus influenzae</i> ,**									
invasive disease (age <5 yrs):									
serotype b	—	5	0	9	19	32	34	—	
nonserotype b	—	58	2	135	135	117	144	—	
unknown serotype	2	146	2	217	177	227	153	—	MA (1), AZ (1)
Hansen disease§	—	44	1	88	105	95	96	79	
Hantavirus pulmonary syndrome§	—	21	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	4	127	6	221	200	178	216	202	MN (1), NC (1), TN (1), CA (1)
Hepatitis C viral, acute	2	522	33	771	713	1,102	1,835	3,976	MD (1), TN (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	4	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	—	41	0	49	—	N	N	N	
Listeriosis	17	411	19	892	753	696	665	613	ME (1), RI (1), NY (1), OH (4), KS (1), MD (1), NC (1), FL (2), AL (1), OK (1), CO (1), CA (2)
Measles	2***	43	1	66	37	56	44	116	FL (2)
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	153	3	297	—	—	—	—	FL (1)
serogroup B	2	103	1	157	—	—	—	—	FL (2)
other serogroup	—	13	0	27	—	—	—	—	
Mumps	10	5,603	4	314	258	231	270	266	PA (1), KS (4), AL (1), UT (1), OR (2), CA (1)
Plague	—	7	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	15	0	19	12	12	18	25	
Q fever§	2	101	2	139	70	71	61	26	NC (1), TN (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	1	6	0	11	10	7	18	23	FL (1)
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	74	1	129	132	161	118	77	
<i>Streptococcus pneumoniae</i> ,§									
invasive disease (age <5 yrs)	8	745	7	1,257	1,162	845	513	498	RI (3), NY (1), OH (1), IN (1), MD (1), OK (1)
Syphilis, congenital (age <1 yr)	—	174	8	361	353	413	412	441	
Tetanus	1	16	0	27	34	20	25	37	MI (1)
Toxic-shock syndrome (other than streptococcal)§	1	65	2	96	95	133	109	127	NE (1)
Trichinellosis	—	10	0	19	5	6	14	22	
Tularemia§	1	57	4	154	134	129	90	129	AR (1)
Typhoid fever	2	183	10	324	322	356	321	368	OH (1), FL (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	2	0	2	—	N	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	3	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2005 and 2006 are provisional, whereas data for 2001, 2002, 2003, and 2004 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

¶¶ A total of 46 cases were reported since the beginning of the 2005-06 flu season (October 2, 2005 [week 40]).

*** Of the two measles cases were reported for the current week, one was indigenous and one was imported from another country.

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Chlamydia [†]					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	8,008	18,748	35,170	644,074	661,251	57	149	1,643	5,839	2,861	112	67	594	2,582	4,029
New England	429	631	1,550	21,993	22,284	—	0	0	—	—	5	4	35	194	209
Connecticut	29	169	1,214	6,165	6,750	N	0	0	N	N	—	0	21	21	38
Maine [§]	34	43	74	1,528	1,509	N	0	0	N	N	—	0	3	22	20
Massachusetts	323	293	448	10,132	9,771	—	0	0	—	—	—	2	15	88	97
New Hampshire	22	36	64	1,276	1,277	—	0	0	—	—	2	1	4	24	22
Rhode Island	—	62	95	2,131	2,303	—	0	0	—	—	—	0	6	7	5
Vermont [§]	21	18	43	761	674	N	0	0	N	N	3	0	5	32	27
Mid. Atlantic	942	2,345	3,696	79,747	80,552	—	0	0	—	—	11	10	444	328	1,548
New Jersey	135	363	500	12,280	13,349	N	0	0	N	N	—	0	5	9	41
New York (Upstate)	344	502	1,727	16,184	15,928	N	0	0	N	N	6	3	441	105	1,258
New York City	—	710	1,584	24,360	25,832	N	0	0	N	N	—	1	10	44	92
Pennsylvania	463	746	1,075	26,923	25,443	N	0	0	N	N	5	5	21	170	157
E.N. Central	1,291	3,110	12,578	106,581	110,180	—	1	3	32	8	15	16	162	642	858
Illinois	546	960	1,686	34,749	34,585	—	0	0	—	—	—	2	13	72	109
Indiana	260	399	552	13,607	13,689	N	0	0	N	N	1	1	13	42	38
Michigan	322	614	9,888	22,027	18,090	—	0	3	28	8	—	2	7	80	73
Ohio	80	704	1,446	23,041	29,966	—	0	1	4	—	14	5	109	228	305
Wisconsin	83	398	531	13,157	13,850	N	0	0	N	N	—	5	38	220	333
W.N. Central	631	1,142	1,457	39,941	40,736	—	0	12	—	4	19	11	52	447	439
Iowa	51	154	225	5,555	4,889	N	0	0	N	N	3	1	20	103	97
Kansas	157	157	269	5,324	5,060	N	0	0	N	N	1	1	8	50	29
Minnesota	—	230	344	7,044	8,555	—	0	12	—	3	11	2	22	126	82
Missouri	301	439	567	15,508	15,627	—	0	0	—	1	—	2	9	64	195
Nebraska [§]	58	95	176	3,609	3,568	N	0	1	N	N	3	1	16	56	14
North Dakota	11	32	58	1,075	1,116	N	0	0	N	N	1	0	4	7	—
South Dakota	53	51	117	1,826	1,921	N	0	0	N	N	—	1	6	41	22
S. Atlantic	1,534	3,393	4,925	122,721	123,237	—	0	1	3	1	30	14	54	523	386
Delaware	41	70	92	2,433	2,259	N	0	0	N	N	—	0	3	7	3
District of Columbia	9	54	103	1,672	2,611	—	0	0	—	—	—	0	3	11	7
Florida	520	925	1,106	33,035	29,931	N	0	0	N	N	27	6	28	248	165
Georgia	27	635	2,142	19,868	21,731	—	0	0	—	—	3	9	116	88	88
Maryland [§]	266	341	486	12,121	12,726	—	0	1	3	1	—	0	4	11	19
North Carolina	178	562	1,772	22,960	22,985	N	0	0	N	N	2	1	10	55	44
South Carolina [§]	140	290	1,306	12,236	12,738	N	0	0	N	N	1	1	12	43	15
Virginia [§]	353	425	840	16,201	16,438	N	0	0	N	N	—	1	8	28	35
West Virginia	—	58	226	2,195	1,818	N	0	0	N	N	—	0	3	4	10
E.S. Central	653	1,414	1,943	50,788	48,121	—	0	0	—	—	3	3	29	99	117
Alabama [§]	50	382	756	14,066	10,594	N	0	0	N	N	—	0	6	37	17
Kentucky	29	155	402	6,137	6,446	N	0	0	N	N	2	1	25	27	71
Mississippi	228	384	801	13,230	14,991	—	0	0	—	—	—	0	1	8	—
Tennessee [§]	346	494	602	17,355	16,090	N	0	0	N	N	1	1	5	27	29
W.S. Central	904	2,125	3,605	73,541	77,855	—	0	1	—	—	1	3	24	96	131
Arkansas	134	162	240	5,345	5,887	—	0	0	—	—	—	0	2	14	3
Louisiana	5	254	761	9,642	12,910	—	0	1	—	N	—	0	14	8	49
Oklahoma	177	226	2,159	7,979	7,797	N	0	0	N	N	1	1	2	25	33
Texas [§]	588	1,396	1,777	50,575	51,261	N	0	0	N	N	—	1	19	49	46
Mountain	321	1,045	1,839	34,004	43,770	34	116	452	4,118	1,849	27	2	34	202	101
Arizona	104	373	642	12,377	14,986	34	113	448	4,051	1,777	2	0	2	17	9
Colorado	53	169	482	4,130	10,462	N	0	0	N	N	7	1	6	33	32
Idaho [§]	—	51	159	1,960	1,790	N	0	0	N	N	4	0	2	16	13
Montana	15	44	195	1,712	1,569	N	0	0	N	N	8	0	26	82	14
Nevada [§]	125	77	432	2,955	5,060	—	1	4	21	46	—	0	1	3	11
New Mexico [§]	—	168	339	6,629	6,072	—	0	2	9	13	—	0	3	12	9
Utah	—	93	136	3,300	3,067	—	1	3	35	10	2	0	3	10	11
Wyoming	24	27	55	941	764	—	0	2	2	3	4	0	11	29	2
Pacific	1,303	3,273	5,079	114,758	114,516	23	41	1,179	1,686	999	1	2	52	51	240
Alaska	54	85	152	2,897	2,866	—	0	0	—	—	—	0	2	4	1
California	842	2,559	4,231	90,318	89,024	23	41	1,179	1,686	999	—	0	14	—	138
Hawaii	—	103	135	3,337	3,770	N	0	0	N	N	—	0	1	3	1
Oregon [§]	178	174	315	6,083	6,043	N	0	0	N	N	1	1	6	44	57
Washington	229	350	604	12,123	12,813	N	0	0	N	N	—	0	38	—	43
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	18	37	—	569	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	77	161	2,945	2,892	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	16	178	189	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	224	317	1,029	10,429	12,441	3,361	6,488	14,136	221,092	225,307	17	38	142	1,418	1,619
New England	17	25	75	848	1,119	55	106	288	3,738	4,119	2	3	19	123	124
Connecticut	—	0	37	184	242	8	40	241	1,444	1,806	1	0	9	37	38
Maine†	4	2	13	106	144	—	2	6	86	94	—	0	4	16	8
Massachusetts	2	10	29	357	501	34	47	86	1,691	1,759	1	1	7	52	61
New Hampshire	—	0	9	22	43	4	4	9	140	113	—	0	2	6	6
Rhode Island	5	0	25	72	70	8	8	19	331	309	—	0	7	4	7
Vermont†	6	3	9	107	119	1	1	3	46	38	—	0	2	8	4
Mid. Atlantic	40	53	254	1,805	2,228	313	597	1,014	20,211	22,911	2	7	30	279	305
New Jersey	—	7	17	206	301	62	103	150	3,204	3,911	—	2	4	45	59
New York (Upstate)	30	24	227	774	746	125	123	455	4,203	4,445	—	2	27	96	86
New York City	—	10	32	334	602	—	161	357	5,217	6,969	—	1	4	30	57
Pennsylvania	10	15	29	491	579	126	217	393	7,587	7,586	2	3	8	108	103
E.N. Central	27	48	110	1,539	2,229	722	1,272	7,047	43,363	44,270	1	5	14	197	286
Illinois	—	9	25	271	533	206	373	709	13,296	13,543	—	1	6	47	95
Indiana	N	0	0	N	N	162	163	237	6,073	5,533	1	1	7	52	52
Michigan	4	13	24	420	548	293	242	5,880	9,016	7,114	—	0	3	17	17
Ohio	23	16	32	528	496	30	348	661	10,581	14,150	—	1	6	58	90
Wisconsin	—	10	40	320	652	31	127	172	4,397	3,930	—	0	4	23	32
W.N. Central	8	30	260	1,227	1,352	250	361	436	12,640	12,919	2	2	15	93	81
Iowa	—	5	12	180	188	15	33	46	1,152	1,097	—	0	1	1	—
Kansas	4	4	9	139	134	57	47	124	1,480	1,813	—	0	3	13	9
Minnesota	1	2	238	477	559	—	62	105	1,808	2,380	2	0	9	49	36
Missouri	—	9	32	299	298	140	190	251	6,934	6,498	—	0	6	21	25
Nebraska†	2	2	8	73	84	32	22	56	936	813	—	0	2	5	10
North Dakota	1	0	7	11	8	3	2	7	69	64	—	0	3	4	1
South Dakota	—	1	7	48	81	3	6	13	261	254	—	0	0	—	—
S. Atlantic	39	49	95	1,580	1,832	942	1,487	2,334	53,956	53,108	7	10	26	381	388
Delaware	—	1	4	26	40	16	26	44	1,002	563	—	0	1	1	—
District of Columbia	—	1	5	47	35	21	35	66	1,103	1,411	—	0	1	3	7
Florida	29	18	39	705	637	268	433	549	15,715	13,610	3	3	9	126	94
Georgia	6	10	26	304	489	14	300	1,014	9,296	10,005	1	2	12	73	83
Maryland†	4	4	11	138	136	79	128	186	4,544	4,725	2	1	5	48	52
North Carolina	N	0	0	N	N	345	283	766	11,735	10,808	—	0	9	44	63
South Carolina†	—	1	7	62	83	73	128	748	5,528	5,702	—	1	3	25	24
Virginia†	—	8	50	281	382	126	132	288	4,413	5,811	1	1	8	46	43
West Virginia	—	0	5	17	30	—	17	42	620	473	—	0	4	15	22
E.S. Central	10	8	36	292	285	266	572	856	20,545	18,857	1	2	7	73	88
Alabama†	8	4	25	146	126	31	181	310	6,561	6,125	—	0	5	17	17
Kentucky	N	0	0	N	N	19	55	132	2,191	2,139	—	0	1	3	10
Mississippi	—	0	0	—	—	90	145	435	5,143	4,805	—	0	1	3	—
Tennessee†	2	4	12	146	159	126	188	279	6,650	5,788	1	1	4	50	61
W.S. Central	10	6	31	173	205	434	856	1,430	31,689	31,759	—	1	15	45	92
Arkansas	5	2	6	77	59	87	78	186	2,735	3,088	—	0	2	7	7
Louisiana	—	0	4	12	38	3	158	354	5,907	7,141	—	0	2	2	32
Oklahoma	5	2	24	84	108	74	80	764	3,018	3,150	—	1	14	34	49
Texas†	N	0	0	N	N	270	548	760	20,029	18,380	—	0	2	2	4
Mountain	41	26	54	960	973	86	217	552	7,334	9,435	1	4	8	145	162
Arizona	5	3	36	99	97	27	86	201	3,013	3,407	1	1	7	71	82
Colorado	14	8	33	289	342	20	40	90	1,247	2,213	—	1	4	37	35
Idaho†	1	3	11	114	96	—	2	10	112	75	—	0	1	3	4
Montana	2	2	11	65	47	—	3	20	138	100	—	0	0	—	—
Nevada†	—	1	6	38	72	37	24	194	985	2,021	—	0	1	—	13
New Mexico†	—	1	6	39	54	—	29	64	1,199	1,104	—	0	4	18	17
Utah	17	7	19	293	248	—	17	24	556	466	—	0	4	14	7
Wyoming	2	1	3	23	17	2	2	6	84	49	—	0	2	2	4
Pacific	32	59	202	2,005	2,218	293	807	960	27,616	27,929	1	2	20	82	93
Alaska	3	1	6	42	74	6	11	23	387	399	—	0	19	8	6
California	25	43	105	1,453	1,577	203	653	827	22,768	23,250	—	0	9	19	43
Hawaii	—	1	3	35	46	—	18	29	600	711	—	0	1	13	8
Oregon†	4	7	16	268	294	31	28	58	929	1,062	1	1	6	40	36
Washington	—	6	90	207	227	53	74	142	2,932	2,507	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	11	—	1	15	—	71	—	0	2	—	6
Puerto Rico	9	2	20	45	172	—	5	16	188	266	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	5	30	45	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
	Med	Max				Med	Max				Med	Max			
United States	20	72	245	2,202	2,748	22	83	597	2,642	3,593	29	42	127	1,348	1,314
New England	1	4	20	136	326	—	1	9	46	99	—	2	12	68	86
Connecticut	1	1	3	30	37	—	0	3	—	34	—	0	8	19	22
Maine†	—	0	2	6	2	—	0	2	13	10	—	0	2	6	4
Massachusetts	—	2	13	51	202	—	0	5	14	32	—	1	6	27	38
New Hampshire	—	0	16	34	70	—	0	2	11	19	—	0	1	1	6
Rhode Island	—	0	4	8	10	—	0	4	8	1	—	0	10	12	12
Vermont†	—	0	2	7	5	—	0	1	—	3	—	0	3	3	4
Mid. Atlantic	4	7	24	215	452	1	8	55	267	472	12	13	42	450	443
New Jersey	—	2	9	54	93	—	2	10	73	180	—	1	10	60	77
New York (Upstate)	4	1	14	60	66	—	1	43	46	36	9	5	29	181	111
New York City	—	2	10	61	216	—	1	5	41	98	—	1	9	25	73
Pennsylvania	—	1	5	40	77	1	3	9	107	158	3	5	17	184	182
E.N. Central	1	6	13	176	247	5	7	24	247	401	5	8	25	280	254
Illinois	—	1	11	40	90	—	1	6	18	115	—	1	4	21	41
Indiana	1	0	5	20	12	4	0	17	39	28	—	0	6	20	14
Michigan	—	1	8	59	78	—	3	7	95	127	—	2	6	71	74
Ohio	—	1	4	41	36	1	2	10	89	98	5	4	19	149	102
Wisconsin	—	1	5	16	31	—	0	4	6	33	—	0	5	19	23
W.N. Central	—	2	30	88	64	2	4	22	107	183	—	1	14	47	57
Iowa	—	0	2	8	18	—	0	3	10	19	—	0	3	8	4
Kansas	—	0	5	23	12	—	0	2	8	22	—	0	2	4	2
Minnesota	—	0	29	9	3	2	0	13	16	20	—	0	11	11	16
Missouri	—	1	3	29	25	—	2	7	64	97	—	0	3	15	21
Nebraska†	—	0	3	12	6	—	0	1	9	20	—	0	2	5	2
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	7	—	—	0	1	—	5	—	0	6	4	10
S. Atlantic	5	11	34	361	472	9	23	66	797	988	9	8	19	276	273
Delaware	—	0	2	10	5	—	1	4	32	22	—	0	2	8	13
District of Columbia	—	0	2	5	2	—	0	2	5	10	—	0	5	14	8
Florida	2	4	18	141	183	6	8	19	287	339	4	3	9	115	72
Georgia	1	1	7	50	95	1	3	7	117	155	1	0	4	12	22
Maryland†	2	1	6	43	46	1	3	10	116	107	1	1	5	50	82
North Carolina	—	0	20	61	57	—	0	23	106	112	3	0	5	26	21
South Carolina†	—	0	3	13	27	1	2	7	52	111	—	0	1	2	11
Virginia†	—	1	11	34	54	—	1	18	39	105	—	1	7	42	32
West Virginia	—	0	3	4	3	—	0	18	43	27	—	0	3	7	12
E.S. Central	—	2	15	88	190	2	6	12	223	258	—	1	9	55	56
Alabama†	—	0	9	10	26	1	1	7	70	59	—	0	2	7	10
Kentucky	—	0	5	28	19	1	1	5	49	49	—	0	4	17	17
Mississippi	—	0	1	5	15	—	0	3	10	41	—	0	1	1	3
Tennessee†	—	1	6	45	130	—	2	8	94	109	—	1	7	30	26
W.S. Central	—	5	77	120	302	—	14	315	441	391	—	1	32	38	26
Arkansas	—	0	9	32	11	—	1	4	31	48	—	0	3	3	5
Louisiana	—	0	3	2	51	—	0	3	11	58	—	0	2	4	1
Oklahoma	—	0	2	4	4	—	0	17	26	31	—	0	3	1	3
Texas†	—	4	73	82	236	—	11	295	373	254	—	0	26	30	17
Mountain	5	5	18	182	212	1	5	39	142	372	2	2	7	68	70
Arizona	3	2	16	104	107	—	2	23	55	236	1	1	3	25	15
Colorado	1	1	4	27	28	—	1	5	24	39	—	0	2	7	17
Idaho†	1	0	2	9	18	—	0	2	10	9	—	0	2	7	3
Montana	—	0	3	9	7	—	0	7	—	3	—	0	1	5	5
Nevada†	—	0	2	7	16	—	0	4	14	40	—	0	2	3	14
New Mexico†	—	0	3	12	18	—	0	3	15	14	—	0	1	4	2
Utah	—	0	2	11	17	1	0	5	24	29	1	0	1	17	10
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	4	21	163	836	483	2	9	61	372	429	1	2	9	66	49
Alaska	—	0	1	—	3	—	0	1	3	7	—	0	1	—	—
California	4	18	162	759	401	2	7	41	288	286	1	2	9	66	47
Hawaii	—	0	2	8	20	—	0	1	4	6	—	0	1	—	2
Oregon†	—	1	5	36	28	—	1	6	46	79	N	0	0	N	N
Washington	—	1	13	33	31	—	0	18	31	51	—	0	0	—	—
American Samoa	U	0	0	U	1	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	0	—	18	—	0	0	—	—
Puerto Rico	1	0	3	19	55	1	1	8	24	34	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	132	248	2,153	10,918	15,907	13	24	125	827	975
New England	34	37	780	1,903	2,806	2	1	11	42	50
Connecticut	20	9	753	1,356	391	1	0	5	11	11
Maine†	9	2	34	98	200	—	0	1	3	4
Massachusetts	—	2	48	33	1,997	1	0	3	19	27
New Hampshire	4	5	50	362	158	—	0	3	8	5
Rhode Island	—	0	5	—	25	—	0	8	—	2
Vermont†	1	1	8	54	35	—	0	1	1	1
Mid. Atlantic	89	155	1,176	6,311	9,250	4	5	13	150	266
New Jersey	—	24	141	1,295	2,964	—	1	3	28	67
New York (Upstate)	75	78	1,150	2,722	2,541	2	1	11	25	31
New York City	—	1	15	13	310	1	2	8	70	142
Pennsylvania	14	40	213	2,281	3,435	1	1	3	27	26
E.N. Central	—	11	102	895	1,512	1	2	7	81	109
Illinois	—	0	2	—	116	—	1	4	30	62
Indiana	—	0	3	15	23	—	0	3	8	3
Michigan	—	1	6	34	39	1	0	2	15	18
Ohio	—	1	6	34	41	—	0	3	21	16
Wisconsin	—	10	97	812	1,293	—	0	3	7	10
W.N. Central	—	8	91	319	514	—	0	32	31	36
Iowa	—	1	8	68	80	—	0	1	1	6
Kansas	—	0	2	3	3	—	0	2	5	4
Minnesota	—	6	88	231	417	—	0	30	14	11
Missouri	—	0	3	8	11	—	0	2	5	14
Nebraska†	—	0	2	8	1	—	0	2	4	1
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	4	30	102	1,224	1,654	3	7	15	235	212
Delaware	1	8	27	360	532	—	0	1	5	3
District of Columbia	—	0	7	33	8	—	0	2	3	8
Florida	1	1	5	25	25	2	1	6	43	35
Georgia	—	0	1	2	5	—	1	6	64	41
Maryland†	2	16	59	597	868	1	1	5	51	76
North Carolina	—	0	5	21	40	—	0	8	19	22
South Carolina†	—	0	3	7	14	—	0	2	7	7
Virginia†	—	3	25	172	155	—	1	9	41	19
West Virginia	—	0	44	7	7	—	0	2	2	1
E.S. Central	1	0	4	16	24	—	0	3	19	20
Alabama†	—	0	1	5	—	—	0	2	8	4
Kentucky	—	0	2	4	3	—	0	2	3	5
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	1	0	2	7	21	—	0	2	5	11
W.S. Central	—	0	3	10	62	—	2	31	51	88
Arkansas	—	0	1	—	4	—	0	1	1	5
Louisiana	—	0	0	—	3	—	0	1	1	2
Oklahoma	—	0	0	—	—	—	0	6	7	3
Texas†	—	0	3	10	55	—	1	29	42	78
Mountain	—	0	4	16	15	—	1	9	48	37
Arizona	—	0	4	4	3	—	0	9	17	6
Colorado	—	0	1	2	—	—	0	2	9	20
Idaho†	—	0	1	2	2	—	0	1	1	—
Montana	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	1	3	—	0	1	1	2
New Mexico†	—	0	1	1	2	—	0	1	3	3
Utah	—	0	1	6	2	—	0	2	15	5
Wyoming	—	0	0	—	3	—	0	1	—	1
Pacific	4	4	22	224	70	3	4	13	170	157
Alaska	—	0	1	2	4	—	0	4	21	3
California	4	4	21	212	42	3	4	10	118	117
Hawaii	N	0	0	N	N	—	0	2	4	14
Oregon†	—	0	2	7	17	—	0	1	8	9
Washington	—	0	3	3	7	—	0	5	19	14
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Meningococcal disease, invasive										Pertussis				
	All serogroups					Serogroup unknown									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	8	20	85	787	909	5	13	58	518	555	105	273	2,877	8,784	15,304
New England	1	1	3	35	58	1	0	2	25	20	6	28	83	876	919
Connecticut	—	0	2	9	12	—	0	2	2	1	—	1	5	32	49
Maine†	—	0	1	4	2	—	0	1	3	2	2	1	7	41	31
Massachusetts	1	0	2	15	27	1	0	2	15	5	2	22	43	594	702
New Hampshire	—	0	2	5	10	—	0	2	5	10	1	2	36	122	45
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	21
Vermont†	—	0	1	2	5	—	0	0	—	2	1	1	14	87	71
Mid. Atlantic	—	3	14	118	111	—	2	11	89	85	37	32	137	1,207	934
New Jersey	—	0	2	11	26	—	0	2	11	26	—	4	13	142	131
New York (Upstate)	—	1	7	31	31	—	0	5	6	11	26	13	123	532	350
New York City	—	0	6	39	17	—	0	6	39	17	—	1	8	52	75
Pennsylvania	—	1	5	37	37	—	1	5	33	31	11	11	26	481	378
E.N. Central	3	2	11	91	115	3	1	6	65	95	11	42	133	1,250	2,591
Illinois	—	0	4	18	26	—	0	4	18	26	—	9	35	227	609
Indiana	2	0	5	20	16	2	0	2	9	7	4	4	75	157	209
Michigan	—	0	3	17	23	—	0	3	8	14	—	7	23	324	190
Ohio	1	1	5	33	31	1	1	4	27	29	7	14	30	410	810
Wisconsin	—	0	2	3	19	—	0	2	3	19	—	6	41	132	773
W.N. Central	—	1	4	43	62	—	0	3	14	27	6	30	552	833	2,430
Iowa	—	0	2	12	15	—	0	1	4	1	—	6	63	192	548
Kansas	—	0	1	1	9	—	0	1	1	9	6	8	28	206	252
Minnesota	—	0	2	10	11	—	0	1	3	4	—	0	485	137	868
Missouri	—	0	2	13	20	—	0	1	2	10	—	7	42	184	316
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	3	10	71	212
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	26	80
South Dakota	—	0	1	1	3	—	0	0	—	—	—	1	7	17	154
S. Atlantic	3	3	14	136	167	—	2	7	54	67	10	22	46	678	1,008
Delaware	—	0	1	4	4	—	0	1	4	4	—	0	1	3	14
District of Columbia	—	0	1	1	5	—	0	1	1	4	—	0	3	3	7
Florida	3	1	6	54	61	—	0	5	19	20	7	4	14	150	142
Georgia	—	0	3	10	14	—	0	3	10	14	—	0	3	12	39
Maryland†	—	0	2	9	16	—	0	1	2	2	—	3	9	88	149
North Carolina	—	0	11	23	27	—	0	3	7	5	—	0	22	141	64
South Carolina†	—	0	2	15	13	—	0	1	5	8	—	4	22	106	292
Virginia†	—	0	4	15	21	—	0	3	6	8	3	2	27	149	264
West Virginia	—	0	2	5	6	—	0	0	—	2	—	0	9	26	37
E.S. Central	—	1	4	29	45	—	0	4	23	34	5	7	15	235	401
Alabama†	—	0	1	5	5	—	0	1	4	3	—	1	7	51	63
Kentucky	—	0	2	7	15	—	0	2	7	15	3	2	5	52	117
Mississippi	—	0	1	2	5	—	0	1	2	5	—	0	4	23	45
Tennessee†	—	0	2	15	20	—	0	2	10	11	2	2	10	109	176
W.S. Central	—	1	23	48	89	—	0	6	20	23	—	19	360	446	1,640
Arkansas	—	0	3	9	11	—	0	2	6	3	—	2	21	41	231
Louisiana	—	0	1	3	28	—	0	1	1	5	—	0	3	5	43
Oklahoma	—	0	4	8	13	—	0	0	—	2	—	0	124	18	1
Texas†	—	1	16	28	37	—	0	4	13	13	—	18	215	382	1,365
Mountain	—	1	5	49	73	—	0	4	25	21	30	63	230	1,945	2,933
Arizona	—	0	3	15	30	—	0	3	15	10	2	11	177	388	740
Colorado	—	0	2	15	15	—	0	1	3	—	7	21	40	580	931
Idaho†	—	0	2	3	4	—	0	2	2	3	1	2	11	60	156
Montana	—	0	1	3	—	—	0	1	1	—	3	2	11	90	527
Nevada†	—	0	2	2	9	—	0	0	—	2	—	0	9	39	41
New Mexico†	—	0	1	2	5	—	0	1	—	4	—	2	6	55	143
Utah	—	0	1	5	10	—	0	0	—	2	16	15	39	673	360
Wyoming	—	0	2	4	—	—	0	2	4	—	1	1	8	60	35
Pacific	1	5	29	238	189	1	5	25	203	183	—	45	1,334	1,314	2,448
Alaska	—	0	1	2	1	—	0	1	2	1	—	2	15	51	79
California	1	3	14	146	124	1	3	14	146	124	—	28	1,136	889	1,051
Hawaii	—	0	1	6	10	—	0	1	6	5	—	1	6	52	130
Oregon†	—	1	7	57	35	—	1	4	38	35	—	2	9	88	583
Washington	—	0	25	27	19	—	0	11	11	18	—	7	195	234	605
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	1	—	0	0	—	1	—	0	0	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	1	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	79	111	166	4,021	4,304	22	36	246	1,268	1,149	688	809	2,291	25,422	28,397
New England	24	12	25	465	528	—	0	2	2	5	15	34	324	1,409	1,576
Connecticut	11	3	14	135	138	—	0	0	—	—	—	0	316	316	328
Maine†	2	1	5	69	47	N	0	0	N	N	—	2	10	80	126
Massachusetts	4	4	17	178	272	—	0	2	1	3	8	19	53	782	838
New Hampshire	3	0	5	36	11	—	0	1	1	1	2	2	24	133	136
Rhode Island	—	0	4	1	16	—	0	2	—	1	—	0	17	57	73
Vermont†	4	1	4	46	44	—	0	0	—	—	5	1	4	41	75
Mid. Atlantic	11	20	50	795	678	—	1	6	34	69	52	82	272	2,914	3,550
New Jersey	N	0	0	N	N	—	0	2	7	21	—	14	39	576	712
New York (Upstate)	11	11	20	380	375	—	0	1	2	1	33	22	233	784	821
New York City	—	0	3	—	20	—	0	1	3	6	—	16	44	492	822
Pennsylvania	—	9	35	415	283	—	1	3	22	41	19	28	65	1,062	1,195
E.N. Central	1	2	17	126	149	—	0	4	24	36	43	101	189	3,419	4,075
Illinois	—	0	7	37	38	—	0	1	1	11	—	26	46	833	1,390
Indiana	1	0	2	10	10	—	0	1	5	—	10	14	67	568	393
Michigan	—	1	5	39	31	—	0	1	2	5	5	17	32	628	668
Ohio	—	0	9	40	70	—	0	4	15	18	28	23	56	852	924
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	15	28	538	700
W.N. Central	2	5	20	215	257	1	2	13	125	125	37	43	107	1,670	1,761
Iowa	—	0	7	47	—	—	0	2	4	5	—	7	19	290	287
Kansas	—	1	5	58	64	—	0	1	1	5	6	7	15	246	259
Minnesota	1	1	6	35	55	—	0	1	2	2	24	10	60	467	392
Missouri	—	1	4	38	58	—	1	10	99	103	—	13	35	441	538
Nebraska†	—	0	0	—	—	1	0	5	19	5	5	3	12	127	140
North Dakota	1	0	7	16	25	—	0	1	—	—	2	0	46	19	22
South Dakota	—	0	4	21	55	—	0	0	—	5	—	2	6	80	123
S. Atlantic	28	36	118	1,433	1,569	11	18	94	763	596	301	205	514	6,676	7,544
Delaware	—	0	0	—	—	—	0	3	17	5	1	2	9	91	82
District of Columbia	—	0	0	—	—	—	0	1	1	2	—	1	7	39	39
Florida	—	0	99	121	201	—	0	3	14	12	117	95	230	2,909	2,792
Georgia	—	3	9	99	199	—	0	3	17	79	27	27	87	946	1,218
Maryland†	—	8	14	254	268	2	1	4	40	55	15	12	30	458	560
North Carolina	13	8	22	353	357	8	15	87	578	329	130	32	114	981	1,005
South Carolina†	4	3	10	112	162	1	1	6	22	47	10	18	73	535	979
Virginia†	8	10	27	420	342	—	2	13	71	62	1	20	62	639	762
West Virginia	3	1	13	74	40	—	0	2	3	5	—	3	19	78	107
E.S. Central	3	4	16	175	107	1	5	21	192	216	55	49	137	1,685	1,951
Alabama†	2	1	7	57	58	1	1	6	47	59	34	13	65	552	462
Kentucky	1	0	5	18	8	—	0	1	1	2	7	8	21	286	329
Mississippi	—	0	2	4	4	—	0	2	2	11	—	12	62	363	586
Tennessee†	—	2	9	96	37	—	3	17	142	144	14	14	31	484	574
W.S. Central	—	14	34	546	662	8	1	161	88	75	39	80	922	2,270	2,681
Arkansas	—	0	4	24	26	8	0	32	42	44	18	14	43	544	489
Louisiana	—	0	0	—	—	—	0	0	—	6	—	6	38	180	616
Oklahoma	—	1	9	51	61	—	0	154	35	7	17	7	48	304	275
Texas†	—	13	29	471	575	—	0	3	11	18	4	46	839	1,242	1,301
Mountain	3	3	16	123	200	1	0	6	33	25	36	50	84	1,634	1,639
Arizona	3	2	11	95	126	—	0	6	6	12	15	15	67	531	440
Colorado	—	0	1	—	16	—	0	1	2	4	10	12	30	414	421
Idaho†	—	0	12	—	—	—	0	3	8	3	5	3	9	124	110
Montana	—	0	2	11	12	—	0	2	2	1	3	3	16	97	64
Nevada†	—	0	1	—	12	—	0	0	—	—	—	2	17	71	126
New Mexico†	—	0	2	7	8	—	0	2	5	3	—	4	12	155	188
Utah	—	0	1	6	12	1	0	2	6	—	3	5	15	207	227
Wyoming	—	0	2	4	14	—	0	1	4	2	—	1	5	35	63
Pacific	7	4	10	143	154	—	0	1	7	2	110	109	426	3,745	3,620
Alaska	—	0	4	14	1	—	0	0	—	—	2	1	7	54	39
California	4	3	10	115	149	—	0	1	5	—	106	86	292	2,963	2,715
Hawaii	—	0	0	—	—	—	0	0	—	—	—	4	15	145	211
Oregon†	3	0	4	14	4	—	0	1	2	2	2	7	16	280	298
Washington	U	0	0	U	U	N	0	0	N	N	—	8	124	303	357
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	4
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	1	3	—	30
Puerto Rico	2	1	6	65	51	N	0	0	N	N	6	5	35	134	442
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	81	55	297	1,769	1,926	163	227	1,013	7,039	9,604	38	87	283	3,611	3,390
New England	2	3	50	190	149	2	4	51	194	226	2	5	15	170	212
Connecticut	—	0	49	49	37	—	0	45	45	38	U	0	3	U	80
Maine [§]	—	0	8	23	27	—	0	2	3	12	—	0	2	15	12
Massachusetts	—	2	9	82	56	2	3	11	128	140	—	3	6	101	89
New Hampshire	1	0	3	19	13	—	0	4	7	8	1	0	9	39	14
Rhode Island	1	0	2	5	3	—	0	6	8	12	—	0	3	5	8
Vermont [§]	—	0	2	2	13	—	0	1	3	16	1	0	2	10	9
Mid. Atlantic	15	5	107	132	223	4	15	72	510	898	6	15	43	671	695
New Jersey	—	0	7	3	47	—	4	24	189	241	—	3	8	122	146
New York (Upstate)	—	0	103	12	79	2	5	60	168	193	1	4	32	239	197
New York City	—	0	4	17	10	—	4	12	96	308	—	1	10	73	137
Pennsylvania	—	0	5	5	87	2	2	48	57	156	5	6	13	237	215
E.N. Central	31	11	38	391	394	5	20	41	625	789	1	14	43	648	720
Illinois	—	1	7	58	108	—	7	25	217	256	—	4	11	144	236
Indiana	—	1	6	48	40	1	2	18	88	107	—	2	11	90	82
Michigan	4	1	6	59	65	—	3	10	109	174	—	3	12	174	171
Ohio	19	3	14	112	87	4	3	11	111	76	1	4	19	198	156
Wisconsin	8	2	28	114	94	—	3	9	100	176	—	1	4	42	75
W.N. Central	9	8	35	255	305	16	34	77	1,014	1,031	1	5	57	250	212
Iowa	—	2	8	87	66	—	2	10	63	62	N	0	0	N	N
Kansas	—	0	3	—	31	2	4	20	90	138	—	1	5	46	33
Minnesota	9	3	19	144	76	4	2	9	86	61	—	0	52	121	79
Missouri	—	2	13	110	71	—	12	69	474	669	—	1	5	47	54
Nebraska [§]	3	1	5	36	36	2	2	14	80	69	1	0	4	22	18
North Dakota	—	0	15	—	3	8	0	18	61	2	—	0	5	8	9
South Dakota	—	0	5	19	22	—	4	17	160	30	—	0	3	6	19
S. Atlantic	9	7	39	278	263	43	53	122	1,756	1,388	17	22	43	857	672
Delaware	—	0	2	7	6	—	0	2	7	10	—	0	2	8	5
District of Columbia	—	0	1	—	—	—	0	2	10	8	—	0	2	9	7
Florida	2	2	29	62	66	33	26	66	863	676	8	6	16	212	171
Georgia	2	1	6	59	33	7	16	38	571	338	6	4	11	167	143
Maryland [§]	5	1	5	46	50	3	2	10	86	57	2	4	12	160	130
North Carolina	3	1	10	68	38	—	1	22	109	133	—	1	26	126	96
South Carolina [§]	—	0	2	6	7	—	1	9	64	72	—	1	6	50	29
Virginia [§]	—	0	8	—	61	—	1	8	44	94	—	2	11	102	69
West Virginia	—	0	2	—	2	—	0	2	2	—	1	0	6	23	22
E.S. Central	6	2	14	131	114	8	13	31	410	941	1	3	11	155	134
Alabama [§]	—	0	5	19	23	4	3	14	126	182	N	0	0	N	N
Kentucky	4	1	8	49	42	2	5	12	160	223	—	0	5	33	26
Mississippi	—	0	1	—	5	—	1	6	37	66	—	0	0	—	—
Tennessee [§]	—	0	4	24	44	2	3	11	87	470	1	3	9	122	108
W.S. Central	1	1	52	21	67	12	27	596	660	2,450	6	7	58	284	234
Arkansas	—	0	2	10	9	3	1	7	66	45	—	0	5	23	14
Louisiana	—	0	1	—	18	—	0	7	32	110	—	0	1	2	5
Oklahoma	1	0	8	11	17	9	3	286	87	486	2	2	14	77	86
Texas [§]	—	1	44	51	23	—	23	308	475	1,809	4	4	43	182	129
Mountain	5	5	13	164	201	29	22	47	670	515	4	12	78	500	438
Arizona	3	1	8	63	20	21	12	29	392	266	1	6	57	267	181
Colorado	1	1	6	48	52	7	3	18	102	80	3	3	8	108	139
Idaho [§]	3	1	7	44	26	—	0	4	14	10	—	0	2	7	2
Montana	—	0	1	—	13	—	0	1	5	5	—	0	0	—	—
Nevada [§]	—	0	3	9	15	—	1	8	30	41	—	0	6	—	2
New Mexico [§]	—	0	2	4	19	—	2	10	79	79	—	1	7	58	66
Utah	12	1	10	78	49	1	1	4	45	32	—	1	7	57	45
Wyoming	—	0	3	13	7	—	0	1	3	2	—	0	1	3	3
Pacific	3	7	55	207	210	44	39	148	1,200	1,366	—	2	9	76	73
Alaska	—	0	1	—	9	—	0	2	8	11	—	0	0	—	—
California	3	4	18	134	86	41	32	104	984	1,152	—	0	0	—	—
Hawaii	—	0	2	11	9	—	1	4	30	26	—	2	9	76	73
Oregon [§]	2	2	47	64	59	3	1	31	97	98	N	0	0	N	N
Washington	—	2	32	62	47	—	2	43	81	79	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	5	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	12	—	0	0	—	—
Puerto Rico	—	0	0	—	2	—	0	2	10	4	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-O157; and Shiga toxin positive, not serogrouped.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	23	51	334	1,807	1,887	86	170	334	5,930	5,764	160	801	3,204	29,206	19,411
New England	1	1	24	28	167	3	4	17	147	141	2	44	144	1,093	3,743
Connecticut	U	0	7	U	69	1	0	11	30	30	U	0	58	U	1,074
Maine†	—	0	2	8	N	—	0	2	7	1	—	5	20	151	221
Massachusetts	—	0	6	—	75	1	2	6	89	88	—	3	54	94	1,702
New Hampshire	—	0	0	—	—	1	0	2	12	11	—	6	47	347	209
Rhode Island	1	0	11	10	14	—	0	6	7	10	—	0	0	—	—
Vermont†	—	0	2	10	9	—	0	1	2	1	2	12	50	501	537
Mid. Atlantic	1	3	15	118	164	7	21	35	732	723	21	105	183	3,353	3,277
New Jersey	N	0	0	N	N	3	3	7	115	97	—	0	0	—	—
New York (Upstate)	1	1	10	43	64	2	2	14	98	53	—	0	0	—	—
New York City	U	0	0	U	U	—	10	23	340	444	—	0	0	—	—
Pennsylvania	—	2	9	75	100	2	5	9	179	129	21	105	183	3,353	3,277
E.N. Central	9	11	41	429	475	8	17	38	620	623	34	237	586	10,715	4,066
Illinois	—	0	3	15	23	2	8	23	292	349	—	1	6	38	71
Indiana	1	2	21	115	147	1	1	4	59	46	—	0	475	475	251
Michigan	—	0	4	17	30	4	2	19	85	56	6	102	174	3,087	2,432
Ohio	8	6	32	282	275	1	4	8	144	149	28	82	420	6,526	992
Wisconsin	N	0	0	N	N	—	1	4	40	23	—	12	52	589	320
W.N. Central	—	1	191	33	31	3	5	10	180	178	10	22	84	1,043	300
Iowa	N	0	0	N	N	—	0	3	11	6	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	16	15	2	0	8	17	—
Minnesota	—	0	191	—	—	—	1	3	21	52	—	0	0	—	—
Missouri	—	1	3	32	25	2	3	8	121	100	—	17	82	945	208
Nebraska†	—	0	0	—	2	—	0	1	3	4	—	0	0	—	—
North Dakota	—	0	1	—	1	—	0	1	—	—	8	0	25	44	13
South Dakota	—	0	1	1	3	1	0	3	8	1	—	1	12	37	79
S. Atlantic	10	26	53	967	780	23	42	186	1,385	1,369	6	90	860	3,102	1,463
Delaware	—	0	2	—	1	—	0	2	16	8	—	1	5	46	22
District of Columbia	—	0	3	21	13	—	2	9	79	69	—	0	5	25	24
Florida	6	13	36	531	422	13	15	29	515	476	—	0	0	—	—
Georgia	4	8	29	322	249	—	7	147	205	273	—	0	0	—	—
Maryland†	—	0	0	—	—	2	5	19	199	219	—	0	0	—	—
North Carolina	N	0	0	N	N	7	5	17	211	188	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	47	43	2	16	52	759	384
Virginia†	N	0	0	N	N	1	3	12	110	91	—	30	812	1,217	314
West Virginia	—	1	14	93	95	—	0	1	3	2	4	26	70	1,055	719
E.S. Central	2	3	13	143	131	10	13	24	477	315	1	0	70	89	36
Alabama†	N	0	0	N	N	7	4	18	211	105	1	0	70	88	36
Kentucky	1	0	5	28	24	—	1	8	48	31	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	6	42	37	—	0	1	1	—
Tennessee†	1	3	13	115	106	3	5	13	176	142	N	0	0	N	N
W.S. Central	—	0	4	14	99	26	26	44	1,047	859	67	181	1,757	7,922	4,667
Arkansas	—	0	3	11	12	4	1	6	52	32	2	7	110	587	—
Louisiana	—	0	4	3	87	3	4	17	154	192	—	0	8	43	108
Oklahoma	N	0	0	N	N	4	1	6	51	28	—	0	0	—	—
Texas†	N	0	0	N	N	15	21	39	790	607	65	165	1,647	7,292	4,559
Mountain	—	2	27	75	40	2	7	24	286	298	19	52	138	1,889	1,859
Arizona	N	0	0	N	N	2	4	16	131	107	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	30	33	16	33	76	996	1,263
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	0	—	—
Nevada†	—	0	27	4	2	—	1	12	71	87	—	0	2	4	—
New Mexico†	—	0	1	1	—	—	1	5	45	39	—	3	34	297	164
Utah	—	0	8	33	17	—	0	1	6	7	3	11	55	560	383
Wyoming	—	1	3	37	21	—	0	0	—	—	—	0	8	32	49
Pacific	—	0	0	—	—	4	31	49	1,056	1,258	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	6	6	—	0	0	—	—
California	N	0	0	N	N	2	28	39	893	1,127	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	12	8	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	13	21	N	0	0	N	N
Washington	N	0	0	N	N	2	2	11	132	96	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	3	12	—	380
Puerto Rico	N	0	0	N	N	—	3	10	86	152	5	7	47	236	515
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending September 9, 2006, and September 10, 2005 (36th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	115	448	971	—	0	229	785	1,346
New England	—	0	3	4	7	—	0	2	2	—
Connecticut	—	0	2	4	2	—	0	1	2	—
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	4	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	1	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	8	5	31	—	0	3	2	17
New Jersey	—	0	1	—	1	—	0	2	1	—
New York (Upstate)	—	0	4	—	11	—	0	1	—	4
New York City	—	0	2	1	6	—	0	0	—	3
Pennsylvania	—	0	3	4	13	—	0	1	1	10
E.N. Central	—	0	28	39	199	—	0	15	9	102
Illinois	—	0	12	31	108	—	0	9	7	81
Indiana	—	0	2	1	7	—	0	1	—	1
Michigan	—	0	10	3	39	—	0	3	—	6
Ohio	—	0	5	2	40	—	0	2	1	11
Wisconsin	—	0	3	2	5	—	0	2	1	3
W.N. Central	—	0	22	92	125	—	0	48	192	400
Iowa	—	0	3	5	7	—	0	4	4	13
Kansas	—	0	3	12	7	—	0	2	6	N
Minnesota	—	0	5	17	16	—	0	7	25	18
Missouri	—	0	5	12	10	—	0	3	3	11
Nebraska§	—	0	6	14	40	—	0	13	41	110
North Dakota	—	0	4	10	12	—	0	19	67	68
South Dakota	—	0	7	22	33	—	0	17	46	180
S. Atlantic	—	0	6	5	22	—	0	3	—	16
Delaware	—	0	0	—	1	—	0	0	—	—
District of Columbia	—	0	1	—	1	—	0	1	—	—
Florida	—	0	2	2	8	—	0	0	—	11
Georgia	—	0	3	2	3	—	0	3	—	2
Maryland§	—	0	1	—	4	—	0	0	—	1
North Carolina	—	0	0	—	2	—	0	1	—	2
South Carolina§	—	0	1	—	3	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	10	21	45	—	0	5	11	24
Alabama§	—	0	1	—	4	—	0	2	—	2
Kentucky	—	0	1	—	3	—	0	0	—	—
Mississippi	—	0	9	21	26	—	0	5	11	21
Tennessee§	—	0	3	—	12	—	0	1	—	1
W.S. Central	—	0	32	133	190	—	0	14	33	121
Arkansas	—	0	3	7	8	—	0	2	2	12
Louisiana	—	0	8	29	89	—	0	5	14	45
Oklahoma	—	0	6	12	3	—	0	3	1	4
Texas§	—	0	19	85	90	—	0	5	16	60
Mountain	—	0	30	114	87	—	0	142	423	183
Arizona	—	0	8	7	19	—	0	8	4	31
Colorado	—	0	5	18	15	—	0	18	57	70
Idaho§	—	0	7	26	3	—	0	100	260	9
Montana	—	0	2	3	8	—	0	3	7	16
Nevada§	—	0	9	27	8	—	0	10	49	14
New Mexico§	—	0	2	1	14	—	0	2	1	13
Utah	—	0	7	29	19	—	0	12	33	26
Wyoming	—	0	2	3	1	—	0	5	12	4
Pacific	—	0	17	35	265	—	0	35	113	483
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	17	33	264	—	0	30	94	477
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	2	1	—	0	9	19	6
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

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

TABLE III. Deaths in 122 U.S. cities,* week ending September 9, 2006 (36th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	479	325	101	33	14	6	31	S. Atlantic	1,057	633	263	104	28	29	56
Boston, MA	119	71	32	9	6	1	6	Atlanta, GA	136	66	40	24	3	3	4
Bridgeport, CT	26	14	5	3	3	1	3	Baltimore, MD	112	67	27	12	2	4	10
Cambridge, MA	15	12	2	—	1	—	2	Charlotte, NC	97	52	30	10	3	2	4
Fall River, MA	26	19	6	1	—	—	3	Jacksonville, FL	127	76	30	12	8	1	8
Hartford, CT	43	25	12	4	2	—	4	Miami, FL	73	48	17	6	1	1	4
Lowell, MA	36	27	6	3	—	—	1	Norfolk, VA	56	38	11	3	1	3	2
Lynn, MA	7	4	2	—	1	—	2	Richmond, VA	52	33	13	2	2	2	4
New Bedford, MA	20	18	—	1	—	1	1	Savannah, GA	51	28	15	3	2	3	1
New Haven, CT	30	21	7	1	—	1	3	St. Petersburg, FL	41	30	6	2	—	3	4
Providence, RI	49	41	6	2	—	—	2	Tampa, FL	186	124	38	14	5	5	11
Somerville, MA	4	3	1	—	—	—	—	Washington, D.C.	117	63	35	16	1	2	3
Springfield, MA	29	16	7	3	1	2	1	Wilmington, DE	9	8	1	—	—	—	1
Waterbury, CT	34	25	5	4	—	—	1	E.S. Central	589	385	138	43	11	12	39
Worcester, MA	41	29	10	2	—	—	2	Birmingham, AL	99	71	19	3	1	5	5
Mid. Atlantic	1,990	1,323	444	140	42	39	96	Chattanooga, TN	51	34	14	1	—	2	3
Albany, NY	36	26	7	3	—	—	3	Knoxville, TN	76	50	20	5	—	1	5
Allentown, PA	19	14	5	—	—	—	2	Lexington, KY	39	27	10	2	—	—	3
Buffalo, NY	72	43	19	4	3	3	2	Memphis, TN	100	69	21	4	5	1	9
Camden, NJ	39	20	13	2	1	3	2	Mobile, AL	70	49	14	4	2	1	3
Elizabeth, NJ	12	7	4	1	—	—	—	Montgomery, AL	36	22	11	3	—	—	2
Erie, PA	42	32	5	2	—	3	6	Nashville, TN	118	63	29	21	3	2	9
Jersey City, NJ	U	U	U	U	U	U	U	W.S. Central	1,109	679	278	92	29	31	34
New York City, NY	917	637	201	52	14	11	35	Austin, TX	73	45	19	5	2	2	2
Newark, NJ	21	8	5	6	1	1	1	Baton Rouge, LA	11	9	1	—	1	—	—
Paterson, NJ	14	9	3	2	—	—	—	Corpus Christi, TX	44	25	11	4	—	4	5
Philadelphia, PA	442	249	114	49	18	12	18	Dallas, TX	152	89	33	18	8	4	5
Pittsburgh, PA [‡]	23	13	9	—	—	1	1	El Paso, TX	63	34	22	4	2	1	1
Reading, PA	33	24	4	3	2	—	4	Fort Worth, TX	94	61	25	4	1	3	—
Rochester, NY	120	91	20	4	1	4	8	Houston, TX	298	182	78	27	7	4	9
Schenectady, NY	21	17	3	1	—	—	1	Little Rock, AR	52	29	13	2	3	5	2
Scranton, PA	32	27	4	1	—	—	1	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	93	70	16	5	1	1	8	San Antonio, TX	183	122	37	16	4	4	5
Trenton, NJ	21	10	8	3	—	—	1	Shreveport, LA	30	22	7	—	—	1	2
Utica, NY	15	13	1	—	1	—	2	Tulsa, OK	109	61	32	12	1	3	3
Yonkers, NY	18	13	3	2	—	—	1	Mountain	747	466	170	56	28	23	39
E.N. Central	1,649	1,084	367	119	43	35	94	Albuquerque, NM	123	81	30	8	2	2	6
Akron, OH	36	23	11	2	—	—	1	Boise, ID	44	34	6	1	2	1	1
Canton, OH	37	26	6	3	2	—	3	Colorado Springs, CO	47	33	8	2	4	—	1
Chicago, IL	282	165	77	25	11	3	19	Denver, CO	51	28	13	4	1	5	—
Cincinnati, OH	74	49	14	5	3	3	9	Las Vegas, NV	247	148	70	19	7	3	18
Cleveland, OH	171	118	34	12	5	2	6	Ogden, UT	U	U	U	U	U	U	U
Columbus, OH	133	91	30	7	—	5	6	Phoenix, AZ	96	52	17	11	5	7	5
Dayton, OH	98	70	18	9	1	—	4	Pueblo, CO	29	20	7	2	—	—	2
Detroit, MI	149	77	44	13	11	4	9	Salt Lake City, UT	110	70	19	9	7	5	6
Evansville, IN	41	33	6	—	2	—	3	Tucson, AZ	U	U	U	U	U	U	U
Fort Wayne, IN	49	35	10	1	—	3	—	Pacific	1,420	962	305	90	36	26	117
Gary, IN	12	11	—	—	—	1	—	Berkeley, CA	14	10	2	1	—	1	2
Grand Rapids, MI	36	27	6	2	—	1	5	Fresno, CA	145	90	30	11	11	3	7
Indianapolis, IN	174	106	38	19	4	7	6	Glendale, CA	13	8	3	2	—	—	2
Lansing, MI	33	27	5	1	—	—	—	Honolulu, HI	52	31	15	5	—	1	—
Milwaukee, WI	80	53	21	5	—	1	9	Long Beach, CA	50	22	18	5	2	3	5
Peoria, IL	40	29	9	—	2	—	4	Los Angeles, CA	245	170	51	10	9	5	34
Rockford, IL	52	36	10	6	—	—	—	Pasadena, CA	28	22	3	2	1	—	2
South Bend, IN	40	25	10	2	—	3	2	Portland, OR	100	64	26	6	1	3	4
Toledo, OH	72	52	11	7	1	1	6	Sacramento, CA	186	126	35	16	4	5	15
Youngstown, OH	40	31	7	—	1	1	2	San Diego, CA	122	83	28	6	3	1	10
W.N. Central	605	412	119	42	12	17	36	San Francisco, CA	67	41	18	5	2	1	11
Des Moines, IA	107	81	19	2	1	2	4	San Jose, CA	154	123	26	5	—	—	13
Duluth, MN	28	18	8	1	—	1	2	Santa Cruz, CA	22	19	3	—	—	—	2
Kansas City, KS	26	14	6	5	1	—	1	Seattle, WA	91	58	19	9	2	3	4
Kansas City, MO	78	49	16	8	2	3	5	Spokane, WA	52	42	9	1	—	—	2
Lincoln, NE	50	38	11	—	—	1	7	Tacoma, WA	79	53	19	6	1	—	4
Minneapolis, MN	48	26	13	5	1	3	3	Total	9,645**	6,269	2,185	719	243	218	542
Omaha, NE	76	60	11	3	1	1	4								
St. Louis, MO	99	58	19	12	3	6	6								
St. Paul, MN	41	31	5	3	2	—	3								
Wichita, KS	52	37	11	3	1	—	1								

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.

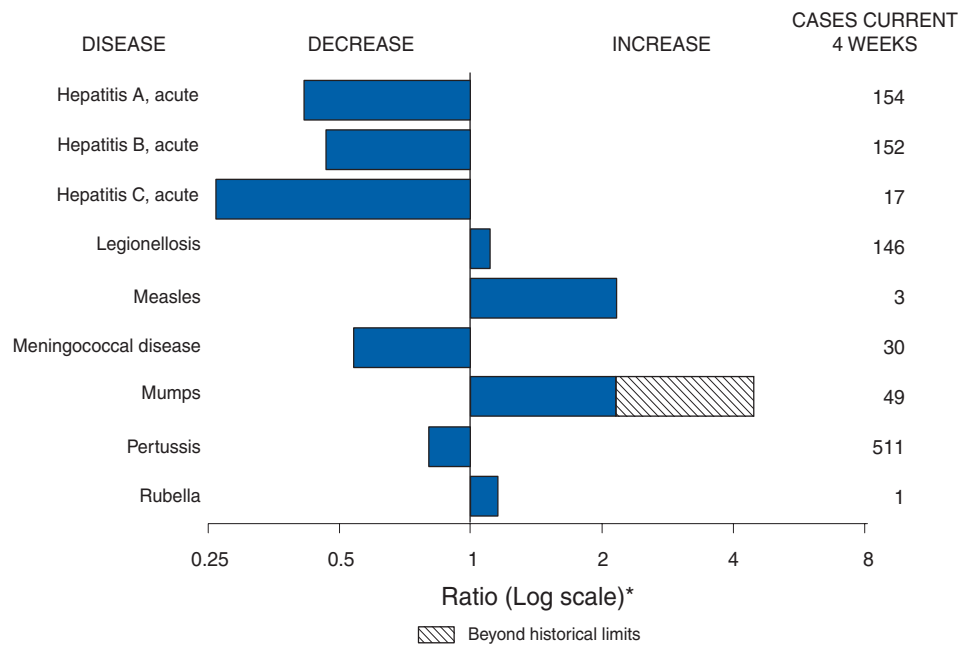
† Pneumonia and influenza.

‡ 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.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 9, 2006, 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.

Notifiable Disease Morbidity and 122 Cities Mortality Data Team
 Patsy A. Hall
 Deborah A. Adams Rosaline Dhara
 Willie J. Anderson Vernitta Love
 Lenee Blanton Pearl C. Sharp

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's Internet server at <http://www.cdc.gov/mmwr> or from CDC's file transfer protocol server at <ftp://ftp.cdc.gov/pub/publications/mmwr>. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to www.mmwrq@cdc.gov.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.