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Racial/Ethnic Disparities in Diagnoses of HIV/AIDS — 33 States, 2001–2005

During 2001–2004, blacks* accounted for 51% of newly diagnosed human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) infections in the United States (1). This report updates HIV/AIDS diagnoses during 2001–2005 among black adults and adolescents and other racial/ethnic populations reported to CDC through June 2006 by 33 states† that had used confidential, name-based reporting of HIV and AIDS cases since at least 2001. Of the estimated 184,991 adult and adolescent HIV infections diagnosed during 2001–2005, more (51%) occurred among blacks than among all other racial/ethnic populations combined. Most (62%) new HIV/AIDS diagnoses were among persons aged 25–44 years; in this age group, blacks accounted for 48% of new HIV/AIDS diagnoses. New interventions and mobilization of the broader community are needed to reduce the disproportionate impact of HIV/AIDS on blacks in the United States.

For this report, cases of HIV or AIDS were analyzed together as HIV/AIDS (i.e., HIV infection with or without AIDS) and counted by year of diagnosis. Cases were classified according to the following transmission categories: 1) male-to-male sexual contact (i.e., among men who have sex with men [MSM]); 2) injection-drug use (IDU); 3) MSM with IDU; 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to be HIV infected or at high risk for HIV/AIDS [e.g., MSM or injection-drug user]); and 5) other (e.g., hemophilia or blood transfusion) and all risk factors not reported or not identified. The estimated number of HIV/

AIDS diagnoses for each racial/ethnic population by transmission category and selected characteristic was calculated. For 2005, estimated diagnosis rates per 100,000 population were calculated for each racial/ethnic population, and rate ratios (RRs) comparing other populations with whites were determined. In addition, estimated HIV[§] prevalence and AIDS[¶] prevalence rates for blacks living with HIV or AIDS at the end of 2005 were calculated. Prevalence estimates were derived from reported cases and adjusted for delays in reporting and deaths (2).** Estimated HIV and AIDS prevalence rates per 100,000 population were calculated for each state and the District of Columbia (DC).

[§] Includes only persons living with HIV that had not progressed to AIDS. These data were reported by the 33 U.S. states with confidential, name-based HIV reporting since at least 2001. Because HIV can be diagnosed at any time in the disease spectrum, the time between HIV and AIDS diagnoses varies.

[¶] Includes only persons living with AIDS. Cases were from the 50 U.S. states and the District of Columbia (DC). Because DC is not a state, caution should be exercised when comparing DC AIDS rates with those of the states.

** Reporting delays (i.e., time between diagnosis and report) can differ by geographic location, age, sex, transmission category, and racial/ethnic population. Adjustments for reporting time were calculated for HIV and AIDS cases using a maximum likelihood statistical procedure that accounts for differences in reporting time for the preceding characteristics while assuming the reporting delay has remained constant over time. Adjustments also were made for cases initially reported without transmission category information. Adjustments for adults and adolescents were based on the redistribution of cases across transmission categories by sex, race/ethnicity, and geographic region for cases diagnosed 3–10 years earlier and initially classified as reported without risk factor information but later reclassified.

* For this report, persons identified as white, black, Asian/Pacific Islander, American Indian/Alaska Native, or of other/unknown race are all non-Hispanic. Persons identified as Hispanic might be of any race.

† Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

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Although adult and adolescent blacks accounted for 13% of the population in the 33 states during 2001–2005 (3), they accounted for 50.5% of the 184,991 new HIV/AIDS diagnoses; whites accounted for 72% of the population and 29.3% of diagnoses, and Hispanics accounted for 13% of the population and 18.2% of diagnoses. Among racial/ethnic populations, blacks accounted for the largest percentages of cases diagnosed in both males (43.9%) and females (67.2%) (Table 1).

During 2001–2005, blacks had the largest percentage of HIV/AIDS diagnoses in all age groups and in the IDU and high-risk heterosexual transmission categories (Table 1). Among men and women with IDU and persons with high-risk heterosexual contact, more than half were black (men: 53.8% and 65.7%, respectively; women: 58.8% and 69.5%, respectively). More MSM with HIV/AIDS diagnoses were white (42.7%), with smaller proportions of blacks (36.2%) and Hispanics (19.0%).

During 2001–2005, adults aged 25–44 years accounted for a majority of HIV/AIDS diagnoses regardless of racial/ethnic population (Table 1). Among persons aged 25–34 and 35–44 years, blacks accounted for the greatest proportion of cases (48.0% and 47.5%, respectively). By region,^{††} blacks accounted for the majority of diagnoses in the South (54.3%) and Northeast (52.0%) (Table 1). Black males accounted for more new HIV/AIDS diagnoses than males of any other racial/ethnic population in the South (47.5%) and Northeast (46.1%). Among females, blacks accounted for the majority of HIV/AIDS diagnoses in the South (71.5%), Northeast (64.4%), and Midwest (63.5%), compared with other racial/ethnic populations.

Among black males and females, the age distribution of persons who had HIV/AIDS diagnosed varied by transmission category (Table 2). By transmission category, most HIV/AIDS diagnoses of black male adults and adolescents were classified as MSM (30,154 [51.7%]), followed by high-risk heterosexual contact (14,698 [25.2%]), IDU (10,415 [17.9%]), MSM with IDU (2,698 [4.6%]), and other (322 [0.6%]). Most HIV/AIDS diagnoses among black female adults and adolescents were classified as high-risk heterosexual contact (28,283 [80.4%]), followed by IDU (6,412 [18.2%]), and other (465 [1.3%]) (Table 2).

In 2005, the estimated annual HIV/AIDS diagnosis rate among black males was 127.6 per 100,000 population and among black females was 61.4 per 100,000, both higher than

^{††} *Northeast:* New Jersey and New York. *Midwest:* Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South:* Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West:* Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

TABLE 1. Estimated number and percentage of HIV/AIDS* diagnoses among adults and adolescents, by race/ethnicity and selected characteristics — 33 states, 2001–2005†

Characteristic	White, non-Hispanic		Black, non-Hispanic		Hispanic		Asian/Pacific Islander		American Indian/Alaska Native		Unknown		Total‡	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Male transmission category¶														
Male-to-male sexual contact (MSM)	35,588	(42.7)	30,154	(36.2)	15,875	(19.0)	870	(1.0)	411	(0.5)	453	(0.5)	83,350	(100)
Injection-drug use (IDU)	4,095	(21.2)	10,415	(53.8)	4,468	(23.1)	145	(0.7)	97	(0.5)	124	(0.6)	19,344	(100)
MSM with IDU	2,859	(41.4)	2,698	(39.1)	1,181	(17.1)	45	(0.6)	63	(0.9)	54	(0.8)	6,900	(100)
High-risk heterosexual contact	2,903	(13.0)	14,698	(65.7)	4,321	(19.3)	237	(1.1)	76	(0.3)	145	(0.6)	22,380	(100)
Other	248	(34.7)	322	(45.1)	131	(18.3)	8	(1.1)	2	(0.3)	4	(0.5)	714	(100)
Total	45,694	(34.4)	58,287	(43.9)	25,976	(19.6)	1,304	(1.0)	649	(0.5)	779	(0.6)	132,688	(100)
Female transmission category¶														
IDU	2,557	(23.4)	6,412	(58.8)	1,734	(15.9)	63	(0.6)	70	(0.6)	75	(0.7)	10,911	(100)
High-risk heterosexual contact	5,871	(14.4)	28,283	(69.5)	5,761	(14.2)	306	(0.8)	190	(0.5)	280	(0.7)	40,691	(100)
Other	108	(15.4)	465	(66.3)	105	(15.0)	9	(1.3)	9	(1.3)	5	(0.7)	701	(100)
Total	8,536	(16.3)	35,160	(67.2)	7,600	(14.5)	378	(0.7)	269	(0.5)	360	(0.7)	52,303	(100)
Age group at diagnosis (yrs)														
13–24	4,508	(20.2)	13,554	(60.6)	3,874	(17.3)	147	(0.7)	114	(0.5)	169	(0.8)	22,366	(100)
25–34	14,020	(28.1)	23,926	(48.0)	10,610	(21.3)	649	(1.3)	280	(0.6)	319	(0.6)	49,805	(100)
35–44	21,163	(32.8)	30,598	(47.5)	11,479	(17.8)	544	(0.8)	322	(0.5)	359	(0.6)	64,465	(100)
45–54	10,576	(30.6)	18,090	(52.3)	5,318	(15.4)	256	(0.7)	153	(0.4)	186	(0.5)	34,577	(100)
55–64	3,149	(29.8)	5,517	(52.2)	1,721	(16.3)	64	(0.6)	41	(0.4)	82	(0.8)	10,573	(100)
≥65	815	(25.4)	1,762	(55.0)	573	(17.9)	22	(0.7)	7	(0.2)	24	(0.8)	3,204	(100)
Total	54,230	(29.3)	93,447	(50.5)	33,576	(18.2)	1,681	(0.9)	918	(0.5)	1,139	(0.6)	184,991	(100)
Region**														
Northeast	9,933	(19.5)	26,521	(52.0)	13,255	(26.0)	723	(1.4)	86	(0.2)	453	(0.9)	50,971	(100)
Midwest	9,305	(44.8)	9,544	(46.0)	1,463	(7.0)	202	(1.0)	128	(0.6)	121	(0.6)	20,763	(100)
South	29,573	(28.8)	55,898	(54.3)	15,981	(15.5)	591	(0.6)	300	(0.3)	515	(0.5)	102,859	(100)
West	5,419	(52.1)	1,483	(14.3)	2,876	(27.7)	167	(1.6)	402	(3.9)	50	(0.5)	10,398	(100)
Total	54,230	(29.3)	93,447	(50.5)	33,576	(18.2)	1,681	(0.9)	918	(0.5)	1,139	(0.6)	184,991	(100)
Males														
Region														
Northeast	8,169	(23.7)	15,866	(46.1)	9,441	(27.4)	571	(1.7)	59	(0.2)	310	(0.9)	34,415	(100)
Midwest	7,984	(50.0)	6,492	(40.7)	1,151	(7.2)	154	(1.0)	85	(0.5)	93	(0.6)	15,959	(100)
South	24,685	(33.6)	34,891	(47.5)	12,926	(17.6)	443	(0.6)	209	(0.3)	333	(0.5)	73,487	(100)
West	4,856	(55.0)	1,039	(11.8)	2,458	(27.9)	136	(1.5)	296	(3.4)	42	(0.5)	8,227	(100)
Total	45,694	(34.4)	58,287	(43.9)	25,976	(19.6)	1,304	(1.0)	649	(0.5)	779	(0.6)	132,688	(100)
Females														
Region														
Northeast	1,764	(10.7)	10,655	(64.4)	3,814	(23.0)	152	(0.9)	27	(0.2)	143	(0.9)	16,556	(100)
Midwest	1,321	(27.5)	3,052	(63.5)	312	(6.5)	47	(1.0)	43	(0.9)	28	(0.6)	4,804	(100)
South	4,888	(16.6)	21,007	(71.5)	3,055	(10.4)	148	(0.5)	92	(0.3)	182	(0.6)	29,372	(100)
West	563	(35.9)	444	(28.3)	418	(26.6)	31	(2.0)	106	(6.8)	7	(0.5)	1,571	(100)
Total	8,536	(16.3)	35,160	(67.2)	7,600	(14.5)	378	(0.7)	269	(0.5)	360	(0.7)	52,303	(100)

* Includes persons diagnosed with HIV infection with or without AIDS.

† Data as of June 2006, adjusted for reporting delays and risk factor redistribution.

‡ Because subpopulation values were calculated independently, the values might not sum to the row total.

¶ Diagnoses were classified in the following hierarchy of transmission categories: 1) male-to-male sexual contact (i.e., among men who have sex with men [MSM]); 2) injection-drug use (IDU); 3) MSM with IDU; 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to be HIV infected or at high risk for HIV/AIDS [e.g., MSM or injection-drug user]); and 5) other (e.g., hemophilia or blood transfusion) and all risk factors not reported or not identified.

** *Northeast*: New Jersey and New York. *Midwest*: Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South*: Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West*: Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

the rates for all other racial/ethnic populations. Among males, the annual HIV/AIDS diagnosis black/white RR of 6.9 was higher than the Hispanic/white RR of 3.1. Among females, the black/white RR was 20.5, and the Hispanic/white RR was 5.4.

In 2005, overall estimated HIV (i.e., without AIDS) and AIDS prevalences were higher among blacks than among all other racial/ethnic populations. Among blacks, the estimated HIV prevalence (in 33 states) was 515 per 100,000 population, ranging from 109 (Alaska) to 858 (New Jersey); the estimated AIDS prevalence (in the 50 states and DC) was 639 per 100,000 population and ranged from 79 (Wyoming) to 3,179 (DC) (Table 3).

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Editorial Note: During 2001–2005, HIV/AIDS diagnoses, diagnosis rates, and RRs were higher among black males and females than among any other racial/ethnic population in the United States. In 2005, the annual rates of HIV/AIDS diagnosis among black men and women were seven and 21 times higher than rates among white men and women, respectively. For black men, sexual contact with men was the primary mode of HIV infection; for black women, high-risk heterosexual

TABLE 2. Estimated number and percentage of HIV/AIDS* diagnoses among non-Hispanic black adults and adolescents, by sex, transmission category, and age group at diagnosis — 33 states, 2001–2005†

Category	Male [§]						Female [§]											
	MSM		IDU		MSM and IDU		High-risk heterosexual contact	Other	Total	IDU		High-risk heterosexual contact	Other	Total				
	No.	(%)	No.	(%)	No.	(%)				No.	(%)				No.	(%)	No.	(%)
Age group at diagnosis (yrs)																		
13–24	5,993	(19.9)	560	(5.4)	260	(9.6)	1,135	(7.7)	18	(5.6)	7,967	649	(10.1)	4,891	(17.3)	47	(10.1)	5,587
25–34	8,515	(28.2)	1,581	(15.2)	588	(21.8)	3,214	(21.9)	69	(21.3)	13,966	1,478	(23.0)	8,360	(29.6)	122	(26.2)	9,960
35–44	9,441	(31.3)	3,649	(35.0)	985	(36.5)	5,367	(36.5)	104	(32.4)	19,547	2,318	(36.2)	8,581	(30.3)	153	(32.8)	11,052
45–54	4,471	(14.8)	3,397	(32.6)	660	(24.5)	3,346	(22.8)	80	(24.9)	11,954	1,508	(23.5)	4,544	(16.1)	84	(18.0)	6,136
55–64	1,310	(4.3)	982	(9.4)	165	(6.1)	1,206	(8.2)	32	(10.1)	3,696	366	(5.7)	1,416	(5.0)	40	(8.6)	1,821
≥65	424	(1.4)	245	(2.4)	40	(1.5)	430	(2.9)	18	(5.7)	1,158	94	(1.5)	491	(1.7)	19	(4.2)	604
Total	30,154	(100)	10,415	(100)	2,698	(100)	14,698	(100)	322	(100)	58,287	6,412	(100)	28,283	(100)	465	(100)	35,160

* Includes persons diagnosed with HIV infection with or without AIDS.

† Data as of June 2006, adjusted for reporting delays and risk factor redistribution.

§ Diagnoses were classified in the following hierarchy of transmission categories: 1) male-to-male sexual contact (i.e., among men who have sex with men [MSM]); 2) injection-drug use (IDU); 3) MSM with IDU; 4) high-risk heterosexual contact (i.e., with a person of the opposite sex known to be HIV infected or at high risk for HIV/AIDS [e.g., MSM or injection-drug user]); and 5) other (e.g., hemophilia or blood transfusion) and all risk factors not reported or not identified.

|| Because subpopulation values were calculated independently, the values might not sum to the row total.

contact was the primary mode. In a recent study of MSM in five cities, 46% of blacks were infected with HIV, compared with 21% of whites and 17% of Hispanics (4). In 2004, HIV/AIDS was the fourth-leading cause of death among blacks aged 25–44 years in the United States (5).

During 2001–2004, HIV diagnosis rates among black males and females declined by 4.4% and 6.8%, respectively (1). A 2007 study reported similar declines among blacks in Florida (6). These declines were observed among black heterosexuals and injection-drug users but not among MSM. Although these declines in rates of new HIV diagnoses are encouraging, they might not directly reflect trends in HIV incidence because they are also affected by changes in testing behavior and surveillance practices. Regardless of the trends, blacks remain disproportionately affected by high rates of HIV/AIDS. Several factors might contribute to these higher rates (e.g., higher overall prevalence of infection and undiagnosed infection among MSM or greater likelihood among females of high-risk heterosexual contact) (7).

The findings in this report are subject to at least two limitations. First, the data were reported from states with confidential, name-based HIV/AIDS surveillance systems and are not necessarily representative of all persons in the United States testing positive for HIV. Diagnoses of HIV/AIDS from areas with historically high AIDS morbidity that do not conduct confidential, name-based surveillance (e.g., California, Illinois, and DC) were not included. However, the racial/ethnic disparities described in this report are similar to disparities observed among persons with AIDS from all 50 states (8). Second, the findings might be affected by statistical adjustments made for reporting delays and for cases reported with no identified risk factor. Such cases were reclassified based on

data obtained from follow-up investigations and were assumed to constitute a representative sample of all cases initially reported without a risk factor. However, this assumption might not be valid, potentially affecting the accuracy of the estimated distribution of cases by transmission category.

The high rate of infection among blacks highlights the need to scale up known, effective HIV-prevention interventions and to implement new, improved, and culturally appropriate HIV/AIDS strategies. CDC, along with public health partners and community leaders, is announcing its Heightened National Response to the HIV/AIDS Crisis among African Americans to reduce the toll of this disease. This response will focus on four main areas: 1) expanding the reach of prevention services, including ensuring that federal prevention resources are expended where the need is greatest; 2) increasing opportunities for diagnosing and treating HIV, including encouraging more blacks to know their HIV serostatus; 3) developing new, effective, prevention interventions, including behavioral, social, and structural interventions; and 4) mobilizing broader action within communities to help change community perceptions about HIV/AIDS, to motivate blacks to seek early HIV diagnosis and treatment, and to encourage healthy behaviors and community norms that prevent the spread of HIV.

CDC will expand its partnerships with other federal agencies, state and local health departments, academic institutions, and community-based organizations to enhance research, policy, prevention services, testing, and linkage to care for blacks. CDC and public health partners will work with black faith, entertainment, media, civic, education, and business leaders and others who have not been historically involved in HIV prevention to address community awareness, perceptions,

TABLE 3. Estimated rates* of HIV[†] prevalence and AIDS[§] prevalence among non-Hispanic black adults and adolescents, by state — United States, 2005

State	HIV	AIDS
Alabama	358	209
Alaska	109	165
Arizona	368	295
Arkansas	302	238
California	—	587
Colorado	514	374
Connecticut	—	894
Delaware	—	812
District of Columbia	—	3,179
Florida	836	1,066
Georgia	—	542
Hawaii	—	238
Idaho	323	166
Illinois	—	552
Indiana	303	290
Iowa	198	289
Kansas	251	223
Kentucky	—	304
Louisiana	428	444
Maine	—	359
Maryland	—	865
Massachusetts	—	840
Michigan	297	316
Minnesota	611	414
Mississippi	372	276
Missouri	396	405
Montana	—	284
Nebraska	296	295
Nevada	555	449
New Hampshire	—	739
New Jersey	858	1,022
New Mexico	143	170
New York	724	1,414
North Carolina	513	385
North Dakota	315	248
Ohio	316	274
Oklahoma	233	189
Oregon	—	349
Pennsylvania	—	834
Rhode Island	—	763
South Carolina	462	480
South Dakota	498	385
Tennessee	464	410
Texas	469	556
Utah	469	502
Vermont	—	623
Virginia	492	389
Washington	—	383
West Virginia	512	310
Wisconsin	358	299
Wyoming	137	79
United States	515	639

* Per 100,000 population.

† Includes only persons living with HIV that had not progressed to AIDS. These data were reported by the 33 U.S. states with confidential, name-based HIV reporting since at least 2001. Because HIV can be diagnosed at any time in the disease spectrum, the time between HIV and AIDS diagnosis varies.

§ Includes only persons living with AIDS. Cases were from the 50 U.S. states and the District of Columbia (DC). Because DC is a metropolitan area, caution should be exercised when comparing DC AIDS rates with those of the states.

¶ Data as of June 2006, adjusted for reporting delays and risk factor redistribution.

testing, and behavior. A collective response involving multiple sectors of society is required to reduce transmission of HIV/AIDS among blacks in the United States. Additional information regarding CDC's Heightened National Response to the HIV/AIDS Crisis among African Americans is available at <http://www.cdc.gov/hiv/topics/aa>.

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Influenza Vaccination Coverage Among Children with Asthma — United States, 2004–05 Influenza Season

In 2005, approximately 8.9% (6.5 million) of U.S. children aged <18 years were reported to have current asthma (1). Children with asthma are at high risk for complications from influenza, and influenza vaccination has been determined to safely and effectively reduce rates of influenza in these children (2). Since its establishment in 1964, the Advisory Committee on Immunization Practices (ACIP) has recommended that all children with asthma aged ≥6 months receive vaccination with inactivated influenza vaccine during each influenza season; however, national influenza vaccination coverage rates specifically for children with asthma have not been determined (2). Previous studies have assessed influenza vaccination rates in children with asthma at the local level using health maintenance organization and clinician group-practice

information, with estimates ranging from 10% to 43% for various influenza seasons (3,4). Another study used Behavioral Risk Factor Surveillance System (BRFSS) data to estimate influenza vaccination coverage in children aged 2–17 years with one or more conditions putting them at high risk for complications from influenza (including asthma, although asthma was not assessed separately); in that study, the national rate was estimated at 34.8% for the 2004–05 influenza season (based on a sample size of 685, which included all states and the District of Columbia [DC]) (5). To estimate national influenza vaccination coverage rates among children aged 2–17 years with current asthma,* CDC analyzed data from the 2005 National Health Interview Survey (NHIS). This report describes the results of that analysis and provides the first national estimates of influenza vaccination coverage among children with asthma. The findings indicated that although children with current asthma were more likely to receive influenza vaccination than children without current asthma, the vaccination coverage rate among children with asthma was low, at 29.0% (95% confidence interval [CI] = 24.5–33.9). These findings underscore the need to increase influenza vaccination coverage in children with asthma aged 2–17 years by identifying and overcoming barriers to vaccination.

NHIS is an ongoing, cross-sectional, in-person household interview survey of the civilian, noninstitutionalized population of the United States. During the interview, information about one randomly selected child from each family is collected from an adult family member who resides in the same household as the child. The child questionnaire contains several questions that assess asthma status; in 2005, NHIS added questions regarding influenza vaccination for children. Because NHIS interviews are conducted throughout the year, the 2005 questions regarding receipt of influenza vaccination during the 12 months preceding the interview could have elicited responses that referred to vaccination that occurred during the end of the 2003–04 influenza season, the entire 2004–05 season, or the beginning of the 2005–06 season. In addition, participants who were questioned during the 2004–05 influenza season could have reported no influenza vaccination at the time of the survey but then received one later during the same season. To address these methodological concerns and attempt to ensure that the responses included in this analysis were only in reference to the 2004–05 influenza

season (September 2004–February 2005), only responses from interviews conducted during March–August 2005 were included in the analysis. Using this methodology, future NHIS data can be analyzed for influenza vaccination coverage by influenza season.

In this study, NHIS data from 2005 were used to estimate influenza vaccination coverage during the 2004–05 influenza season for children aged 2–17 years[†] by asthma status and age group. Coverage also was estimated by asthma status and reported number of visits to a health-care provider in the preceding 12 months.

A total of 5,124 children aged 2–17 years were included in the analysis by age group, and 5,097 children were included in the analysis by number of health-care visits. Only children who were aged 2–17 years for the entire 2004–05 influenza season were included. A child was considered vaccinated for the 2004–05 influenza season if the child had a reported date of vaccination during September 2004–February 2005. Of the children in the sample with a reported influenza vaccination in the preceding 12 months, 7.9% were excluded from the analysis for not reporting a date of vaccination. In addition, 7.8% of those with a reported influenza vaccination in the preceding 12 months were not included because their reported date of vaccination did not occur during September 2004–February 2005 (i.e., reported vaccination occurred during months in which the influenza vaccine was likely unavailable). Univariate analysis was performed, and samples were weighted to produce national estimates.

Influenza vaccination coverage for the 2004–05 influenza season among children aged 2–17 years was 29.0% for children with current asthma and 10.3% for children without current asthma. Children with current asthma had similar rates of vaccination among all age groups, ranging from 32.9% to 28.0% among children aged 2–4 years and 5–12 years, respectively. In contrast, children without current asthma had a wider variation in vaccination coverage by age group, with younger children having higher rates of vaccination than older children (20.7% for ages 2–4 years versus 6.4% for ages 13–17 years, $p < 0.001$ by t test) (Table 1). Calculation of influenza vaccination coverage rates in children with current asthma who had experienced an asthma attack or episode during the 12 months preceding the interview indicated that these children had higher coverage rates than those without an attack or episode (35.9% versus 20.0%, $p < 0.001$, by chi-square test). The lowest vaccination rate among children with current asthma (16.4%) was

* *Current asthma*: “Yes” response to the survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” and a “yes” response to the survey question, “Does [child] still have asthma?” *Without current asthma*: “No” response to the survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” or a “no” response to the survey question, “Does [child] still have asthma?” *Asthma attack or episode*: “Yes” response to the survey question, “During the past 12 months, has [child] had an episode of asthma or an asthma attack?”

[†] Children aged <2 years were not included because 1) asthma diagnoses are considered unreliable in children at this age, 2) the 2004–05 influenza recommendations called for vaccination of all children aged 6–23 months regardless of asthma status (therefore, ages 2–17 years were the only ages with influenza vaccination recommendations specific to children with asthma), and 3) previous BRFSS studies used an age range of 2–17 years.

TABLE 1. Influenza vaccination coverage* levels among children aged 2–17 years, by age group and asthma status,† National Health Interview Survey (NHIS)§ — United States, 2004–05 influenza season (September 2004–February 2005)

Age group (yrs)	All children			Without current asthma			Current asthma			Current asthma, without asthma attack or episode in past 12 months			Current asthma, with asthma attack or episode in past 12 months		
	No.¶	(%)	(95% CI**)	No.	(%)	(95% CI)	No.	(%)	(95% CI)	No.	(%)	(95% CI)	No.	(%)	(95% CI)
2–4	885	(21.7)	(18.9–24.8)	806	(20.7)	(17.9–23.8)	77	(32.9)	(22.1–45.9)	—††	—	—	42	(38.3)	(22.6–56.8)
5–12	2,481	(11.3)	(9.8–13.0)	2,190	(9.2)	(7.7–11.0)	286	(28.0)	(22.1–34.8)	126	(16.4)	(10.4–24.8)	160	(36.3)	(27.9–45.7)
13–17	1,758	(9.0)	(7.4–10.8)	1,562	(6.4)	(5.1–8.0)	194	(28.8)	(20.9–38.3)	96	(23.5)	(13.2–38.4)	98	(33.9)	(23.8–45.8)
Total	5,124	(12.3)	(11.3–13.4)	4,558	(10.3)	(9.3–11.5)	557	(29.0)	(24.5–33.9)	257	(20.0)	(14.6–26.9)	300	(35.9)	(29.6–42.8)

* “Yes” response to the survey question, “During the past 12 months, has [child] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season,” a “yes” response to the survey question, “During the past 12 months, has [child] had a flu vaccine sprayed in his/her nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season,” or a “yes” response to both questions.

† Without current asthma: “No” response to the survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” or “No” response to the survey question, “Does [child] still have asthma?” Current asthma: “Yes” response to the survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” and “Yes” response to the survey question, “Does [child] still have asthma?” Asthma attack or episode: “Yes” or “no” response to the survey question, “During the past 12 months, has [child] had an episode of asthma or an asthma attack?”

§ Responses are reported by adults living in the same household as the child. These estimates of influenza vaccination coverage represent a subset of the children included in the 2005 NHIS; only children aged 2–17 years during the entire 2004–05 influenza season (September 2004–February 2005) were included. In addition, only children interviewed during March–August 2005 were included in the analysis to allow isolation of responses pertaining to 2004–05 influenza season.

¶ Unweighted sample size; percentages and confidence intervals are weighted proportions.

** Confidence interval.

†† Estimate is unreliable (relative standard error >0.3).

for children aged 5–12 years who had not had an asthma attack or episode in the 12 months preceding the interview.

Among children with the same number of health-care visits during the 12 months preceding the interview, children with asthma who had two through five or ≥ 10 health-care visits had higher rates of influenza vaccination than children without asthma (Table 2). In addition, influenza vaccination coverage among children with current asthma increased as the reported number of health-care visits increased. Approximately 10.8% of children with current asthma who had one health-care visit in the preceding year were vaccinated, whereas 42.0% of children with current asthma who had ≥ 10 visits were vaccinated.

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Editorial Note: The findings in this report, based on 2005 NHIS data, include the first national estimate of influenza vaccination coverage in children with current asthma. The analysis indicated a lower coverage rate (29.0%) during the 2004–05 influenza season than a previous study based on BRFSS data (34.8%) that included children with conditions placing them at high risk for influenza complications (5). Because BRFSS and NHIS have different survey methodologies, a difference was not unexpected. The BRFSS analysis included children with conditions other than asthma, including other lung problems, heart problems, diabetes, kidney

TABLE 2. Influenza vaccination coverage* levels among children aged 2–17 years, by number of health-care visits in preceding 12 months† and asthma status,§ National Health Interview Survey (NHIS)¶ — United States, 2004–05 influenza season (September 2004–February 2005)

No. of visits	All children			Without current asthma			Current asthma		
	No.**	(%)	(95% CI††)	No.	(%)	(95% CI)	No.	(%)	(95% CI)
0	623	(4.1)	(2.5–6.6)	592	(3.8)	(2.3–6.4)	—§§	—	—
1	1,253	(7.8)	(6.3–9.8)	1,177	(7.7)	(6.1–9.7)	76	(10.8)	(5.6–19.5)
2–5	2,509	(13.8)	(12.3–15.5)	2,211	(11.7)	(10.2–13.5)	292	(30.1)	(24.1–37.0)
6–9	416	(21.2)	(15.8–27.9)	334	(17.8)	(12.0–25.7)	80	(36.7)	(24.3–51.2)
≥ 10	296	(21.6)	(16.1–28.4)	222	(14.6)	(9.5–21.7)	73	(42.0)	(29.5–55.7)
Total	5,097	(12.3)	(11.3–13.5)	4,536	(10.3)	(9.3–11.5)	552	(29.1)	(24.6–34.0)

* “Yes” response to the survey question, “During the past 12 months, has [child] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season,” a “yes” response to the survey question, “During the past 12 months, has [child] had a flu vaccine sprayed in his/her nose by a doctor or other health professional? This vaccine is usually given in the fall and protects against influenza for the flu season,” or a “yes” response to both questions.

† Response to the survey question, “During the past 12 months, how many times has [child] seen a doctor or other health care professional about his/her health at a doctor’s office, a clinic, or some other place? Do not include times [child] was hospitalized overnight, visits to hospital emergency rooms, home visits, dental visits, or telephone calls.”

§ Without current asthma: “No” response to survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” or “No” response to survey question, “Does [child] still have asthma?” Current asthma: “Yes” response to the survey question, “Has a doctor or other health professional ever told you that [child] had asthma?” and “Yes” response to the survey question, “Does [child] still have asthma?” Asthma attack or episode: “Yes” or “no” response to the survey question, “During the past 12 months, has [child] had an episode of asthma or an asthma attack?”

¶ Responses are reported by adults living in the same household as the child. These estimates of influenza vaccination coverage represent a subset of the children included in the 2005 NHIS; only children aged 2–17 years during the entire 2004–05 influenza season (September 2004–February 2005) were included. In addition, only children interviewed during March–August 2005 were included in the analysis to allow isolation of responses pertaining to 2004–05 influenza season.

** Unweighted sample size; percentages and confidence intervals are weighted proportions.

†† Confidence interval.

§§ Estimate is unreliable (relative standard error >0.3).

problems, a weakened immune system, anemia, or aspirin therapy for chronic conditions. In addition, this study based on NHIS data used September–February as its time frame for influenza vaccination, whereas the BRFSS study used September–January. Finally, BRFSS is conducted in all states and DC, whereas NHIS uses a sampling method designed to produce an accurate national estimate without including all states.

An unexpected influenza vaccine shortage occurred during the 2004–05 influenza season. In October 2004, within days of the first indication of the shortage, CDC released interim recommendations for prioritizing influenza vaccine distribution. Children aged 2–17 years with asthma were included in the priority group of “persons aged 2–64 years with underlying chronic conditions” (6). This interim recommendation might have contributed to the higher influenza vaccination rates for children with asthma compared with children without asthma as clinicians followed recommendations; alternatively, the shortage might have led to an overall decrease in coverage rates among all children, including children with asthma, compared with rates from other seasons. The results of this analysis cannot be compared with previous years because 2005 was the first year that NHIS included influenza vaccination questions on the child portion of the survey. Analysis of NHIS data from 2006 and future years will allow determination of trends in national influenza vaccination coverage in children with asthma.

The differing coverage rates, by age, among children without current asthma likely are a result of various factors. For example, the high rate of vaccination in children aged 2–4 years compared with other ages might be a reflection of the regularly scheduled pediatric well-child visits for young children, which might result in receipt of an influenza vaccination. In addition, physician awareness of the increased risk for influenza complications in children aged 2–4 years might have contributed to this higher vaccination rate.

The findings in this report are subject to at least three limitations. First, the results might be affected by recall bias, which might cause underreporting of vaccination directly proportional to the time between vaccination and interview. However, if parents of children with asthma preferentially recall influenza vaccination, this would contribute to higher coverage estimates for children with asthma compared with children without asthma. Second, inaccurate reporting of vaccination dates might cause misclassification of responses during the analysis; NHIS responses for children are based on report by an adult and are not confirmed by health-care providers. Finally, whether children aged ≤ 9 years who were receiving their first influenza vaccination also received the second dose recommended by ACIP for maximum protection could not be determined on the basis of NHIS data (2).

In February 2006, ACIP expanded its influenza vaccination recommendation to include all children aged 6–59 months, and the committee also is evaluating a universal influenza vaccination strategy (7). Continued monitoring of influenza vaccination coverage among children with asthma in future influenza seasons is needed to determine how these recommendations affect coverage rates in this population.

The findings in this analysis indicate that influenza vaccination coverage among children with asthma is inadequate and that opportunities for vaccination during health-care provider visits likely are being missed. Previous studies have assessed methods to improve influenza vaccination rates, such as year-round scheduling of fall and winter influenza vaccination appointments and computerized reminder systems (8,9). In one study, the percentage of children with asthma who received at least 1 dose of influenza vaccine increased from 23.2% to 35.1% ($p < 0.001$) after implementation of a year-round scheduling policy (8).

National trends in coverage should be monitored so that public health policies can better target vaccination of all children with asthma, and correlates of vaccination among children with asthma should be explored so that measures can be developed for groups of children with asthma who have the lowest rates of vaccination. Increasing influenza vaccination coverage in this population will help decrease influenza and its associated complications.

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Invasive Methicillin-Resistant *Staphylococcus aureus* Infections Among Dialysis Patients — United States, 2005

Staphylococcus aureus is a leading cause of bloodstream and other invasive infections in the United States. *S. aureus* has become increasingly resistant to first-line antimicrobial agents in health-care settings (1). Dialysis patients are especially vulnerable to infections, frequently those caused by antimicrobial-resistant organisms, including methicillin-resistant *Staphylococcus aureus* (MRSA). To assess the incidence of invasive MRSA infection among dialysis patients in the United States during 2005, surveillance data were analyzed from the Active Bacterial Core surveillance (ABCs) system. This report summarizes the results of that analysis, which estimated that, in 2005, the incidence of invasive MRSA infection among dialysis patients was 45.2 cases per 1,000 population. Persons receiving dialysis are at high risk for infection with invasive MRSA compared with the general population, in which rates of invasive MRSA have ranged from 0.2 to 0.4 infections per 1,000 population (2). The findings in this report underscore the need for continued surveillance and infection-control strategies aimed at reducing infection rates and preventing additional antimicrobial resistance among persons receiving dialysis.

ABCs, part of CDC's Emerging Infections Program, conducts ongoing, active, population-based surveillance for invasive pathogens, including MRSA, in selected areas of the United States. In 2005, the entire state of Connecticut and 23 counties in eight other states (California, Colorado, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee) monitored MRSA infections. A case was defined as a positive MRSA culture from normally sterile sites (e.g., blood, cerebrospinal fluid, joint fluid, or pleural fluid) occurring in a patient residing in the ABCs surveillance area. Surveillance staff collected demographic and clinical data from patient records and reported the data to CDC. All cases of invasive MRSA reported during 2005 were used to calculate incidence rates. Demographic and outcome data were analyzed from case reports obtained during July 2004–June 2006. The analysis was limited to cases occurring in patients with a history of peritoneal dialysis or hemodialysis during the preceding 12 months; recurrent cases were excluded. The number of dialysis patients was obtained for Connecticut and the 23 counties from the United States Renal Data System dialysis population count (as of December 31, 2004) for use as denominators; 2005 denominators were not yet available (3).

Laboratories voluntarily submitted isolates from cases, and a subset of isolates was collected for microbiologic characterization at CDC. A total of 126 isolates were obtained from

dialysis patients. Isolates were tested by pulsed-field gel electrophoresis (PFGE) and were grouped into types using Dice coefficients with 80% relatedness. Isolates with pulsed-field types USA300, USA400, USA1000, or USA1100 are obtained primarily from community infections and are considered to be of community origin; those with types USA100, USA200, and USA500 are predominantly from health-care-associated infections and are considered to be of health-care origin (4).

Of the 5,287 cases of invasive MRSA reported from ABCs sites during 2005, a total of 813 (15.4%) occurred in dialysis patients. Overall incidence of invasive MRSA infection among dialysis patients was 45.2 cases per 1,000 dialysis population, indicating a 100-fold higher risk than for the general population (Table). The rate varied by ABCs site, from 27.2 in California to 92.0 in Maryland. During July 2004–June 2006, approximately 70% of invasive MRSA infections among dialysis patients occurred in persons aged >50 years. Males and blacks accounted for 57% and 56%, respectively, of the total population of dialysis patients with these infections. The majority (86%) of the infections were bloodstream infections, identified via positive blood culture. Approximately 85% of dialysis patients had an invasive device or catheter in place at the time of infection, and approximately 90% required hospitalization. The in-hospital mortality rate for MRSA-related hospitalization was 17%.

Of the 126 MRSA isolates obtained from dialysis patients, 80% of the strains were of health-care origin, with USA100 representing 92% of the health-care strains and 74% of all isolates obtained. Community strains accounted for approximately 14% of the strains detected in dialysis patients, with USA300 accounting for 89% of the community strains and nearly 13% of all dialysis isolates. Six percent of the isolates either did not match existing USA strains within 80% or were classified as other non-USA strains. Antibiotic susceptibility results were reported for 113 MRSA isolates from dialysis patients. None of the isolates were resistant to vancomycin, daptomycin, or linezolid.

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Editorial Note: Since the first renal dialysis was performed in 1943, substantial improvements have been made in dialysis technology and in the care of persons with end-stage renal disease (ESRD). At the same time, the number of dialysis patients has increased substantially. The dialysis population reached 335,963 at the end of 2004, triple the number from 1988 and up 16% since 2000 (3). Repeated hospitalizations

TABLE. Number and rate of invasive methicillin-resistant *Staphylococcus aureus* (MRSA) cases among dialysis patients, by state of surveillance area* — Active Bacterial Core surveillance system, 2005

State	No. of invasive MRSA cases among dialysis patients	No. of invasive MRSA cases among nondialysis patients	Dialysis population†	Rate of invasive MRSA cases per 1,000 dialysis population
California	109	827	4,008	27.2
Colorado	69	411	1,579	43.7
Connecticut	132	820	3,242	40.7
Georgia	226	939	4,250	53.2
Maryland	157	585	1,706	92.0
Minnesota	13	82	498	26.1
New York	35	272	895	39.1
Oregon	34	271	1,049	32.4
Tennessee	38	267	760	50.0
Total	813	4,474	17,987	45.2

* Surveillance areas include the entire state of Connecticut and 23 counties in eight other states (California, Colorado, Georgia, Maryland, Minnesota, New York, Oregon, and Tennessee).

† Number of dialysis patients in the selected surveillance area, based on United States Renal Data System Dialysis population count, as of December 31, 2004.

and surgeries and administration of prolonged courses of antimicrobial agents increase exposure to potential pathogens and create opportunities for antimicrobial resistance in this population. The rate of invasive MRSA infection described in this report (45.2 infections per 1,000 dialysis population) is higher than for any other known patient population and is 100 times higher than for the general population. Overall incidence of invasive MRSA in the general population ranges from 0.2 to 0.4 infections per 1,000 population (2).

Infections are the second most common cause of death in ESRD patients, accounting for nearly 14% of deaths (3). Approximately 70% of ESRD patients receive long-term dialysis treatment. Infections associated with vascular access are among the most serious complications of chronic dialysis. Data from the Dialysis Surveillance Network, reported through March 2005, indicate that the organisms most frequently associated with catheter-access-related bacteremias were coagulase-negative staphylococci (38%), *S. aureus* (29%), gram-negative bacilli (21%), and nonstaphylococcal gram-positive cocci, including enterococci (10%) (5). Dialysis patients with *S. aureus* bloodstream infections have costly and lengthy hospitalizations, frequently with substantial complications and hospital readmission (6).

Persons receiving hemodialysis are especially vulnerable to vascular-access infections because they require vascular access for prolonged periods and undergo frequent puncture of their vascular-access site. Furthermore, patients colonized with MRSA can serve as a reservoir for transmission in health-care settings. The primary risk factor for bacterial infections among dialysis patients is vascular-access type. Risk is highest for catheters, intermediate for grafts, and lowest for native arteriovenous fistulas (5). Despite higher rates of bacteremia among patients with catheters, the percentage of U.S. dialysis patients with an indwelling hemodialysis catheter increased substantially from 1995 to 2002 (7). The most basic strategy to pre-

vent catheter-related bacteremias, including invasive MRSA infections among hemodialysis patients, is minimizing the use of catheters for long-term vascular access (1).

Antimicrobial therapy for hemodialysis-associated infections is one of the factors increasing the prevalence of antimicrobial resistance. MRSA strains of health-care origin, such as USA100, are typically multidrug resistant. During 1995–2002, the percentage of dialysis centers treating one or more patients with MRSA increased from 40% to 76% (7). In addition, in the United States, during 1997–2000, five of the first six patients reported with vancomycin-intermediate *S. aureus* had received dialysis (8), and the first patient reported to be infected with vancomycin-resistant *S. aureus* was a hemodialysis patient (9).

Health-care providers should follow published guidelines for judicious use of antimicrobials, particularly vancomycin, to reduce selection for antimicrobial-resistant pathogens (1). Recommendations for the prevention of antimicrobial resistance are available from CDC's 12-step Campaign to Prevent Antimicrobial Resistance Among Dialysis Patients (10). In addition, a resource on the prevention of infections and patient-to-patient transmission of infections in dialysis settings is CDC's *Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients* (1).

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Notice to Readers

Ground Water Awareness Week, March 11–17, 2007

Approximately 40%–45% of the U.S. population depends on ground water for its drinking water supply (1–3). Each year, the National Ground Water Association (NGWA) sponsors Ground Water Awareness Week to highlight ground water as a valuable resource and to emphasize the importance of private well maintenance and water testing (4).

Ground water quality can be affected by local land uses, geologic factors, and integrity of water wells. Possible contaminants include disease-causing microorganisms, natural contaminants, and manufactured pollutants. Thirty waterborne-disease outbreaks affecting approximately 2,760 persons were reported to CDC during 2003–2004; seven outbreaks (23%) were associ-

ated with improperly treated or untreated ground water, two of which involved private wells (5).

Private domestic wells are not regulated by the U.S. Environmental Protection Agency, and private well owners are responsible for ensuring the water is safe. Routine annual well-maintenance checks by a qualified water-well systems contractor are recommended to help prevent water-quality problems. Routine annual water testing for coliform bacteria, nitrates and nitrites, and any contaminants of local concern also is recommended. NGWA suggests that water testing also might be considered if 1) a change in the taste, odor, or appearance of the well water occurs or if well repairs are required; 2) family members or houseguests have recurrent incidents of gastrointestinal illness; 3) an infant is living in the home; 4) a person would like to monitor the efficiency and performance of home water-treatment equipment; or 5) a person is buying a home and would like to assess the safety and quality of the existing water supply (6–9).

Additional information regarding well maintenance, water testing, and National Ground Water Awareness Week is available at <http://www.wellowner.org> and <http://www.cdc.gov/ncidod/dpd/healthywater/privatewell.htm>.

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TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 3, 2007 (9th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	0	1	—	—	—	2	
Botulism:									
foodborne	—	—	0	19	19	16	20	28	
infant	—	6	2	92	85	87	76	69	
other (wound & unspecified)	—	2	0	46	31	30	33	21	
Brucellosis	3	13	2	117	120	114	104	125	KS (1), CA (2)
Chancroid	—	1	1	34	17	30	54	67	
Cholera	—	—	—	6	8	5	2	2	
Cyclosporiasis§	1	9	4	129	543	171	75	156	DC (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§§:									
California serogroup	—	—	0	63	80	112	108	164	
eastern equine	—	—	—	7	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	—	9	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	9	1	548	786	537	362	511	
human monocytic	1	17	1	487	506	338	321	216	NY (1)
human (other & unspecified)	—	6	0	201	112	59	44	23	
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	1	0	9	9	19	32	34	
nonserotype b	2	8	3	97	135	135	117	144	FL (1), OK (1)
unknown serotype	3	54	5	245	217	177	227	153	GA (1), TN (1), CO (1)
Hansen disease§	—	7	1	75	87	105	95	96	
Hantavirus pulmonary syndrome§	—	1	0	36	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	1	12	2	259	221	200	178	216	OK (1)
Hepatitis C viral, acute	6	90	21	834	652	713	1,102	1,835	NY (1), MI (1), TX (1), CO (2), OR (1)
HIV infection, pediatric (age <13 yrs)††	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	5	25	1	41	45	—	N	N	NY (1), TX (1), IN (1), GA (2)
Listeriosis	2	70	9	796	896	753	696	665	NY (1), NC (1)
Measles¶¶	—	1	1	52	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	26	7	232	297	—	—	—	CO (1)
serogroup B	—	10	3	142	156	—	—	—	
other serogroup	2	5	1	24	27	—	—	—	MO (2)
unknown serogroup	8	109	23	730	765	—	—	—	OH (1), IA (1), OR (1), CA (5)
Mumps	6	80	14	6,497	314	258	231	270	MI (1), KS (2), CA (3)
Plague	—	—	0	15	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	3	0	20	16	12	12	18	
Q fever§	2	15	1	168	136	70	71	61	KS (1), CA (1)
Rabies, human	—	—	—	3	2	7	2	3	
Rubella†††	—	6	0	8	11	10	7	18	
Rubella, congenital syndrome	—	—	0	1	1	—	1	1	
SARS-CoV§§§	—	—	0	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	9	4	100	129	132	161	118	
Syphilis, congenital (age <1 yr)	1	22	7	318	329	353	413	412	NY (1)
Tetanus	—	1	0	32	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	1	9	3	111	90	95	133	109	NE (1)
Trichinellosis	—	1	—	14	16	5	6	14	
Tularemia	2	2	0	85	154	134	129	90	AZ (2)
Typhoid fever	7	37	6	284	324	322	356	321	NY (1), MN (1), MD (1), UT (1), CA (3)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	—	—	3	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	—	3	1	N	N	
Vibriosis (non-cholera <i>Vibrio</i> species infections)§	2	14	—	N	N	N	N	N	OH (1), FL (1)
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 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. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

¶ 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 West Nile virus are available in Table II.

** 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. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed). A total of 26 cases were reported for the 2006–07 flu season.

¶¶ No measles cases were reported for the current week.

*** Data for meningococcal disease (all serogroups) are available in Table II.

††† No rubella cases were reported for the current week.

§§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Chlamydia [†]					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	10,629	20,008	22,098	140,273	164,314	142	150	428	1,328	1,507	35	68	304	355	440
New England	513	613	1,246	5,118	4,559	—	0	0	—	—	2	3	22	16	58
Connecticut	—	143	715	835	645	N	0	0	N	N	—	0	3	3	36
Maine [§]	33	45	72	427	341	—	0	0	—	—	—	1	6	5	5
Massachusetts	397	298	604	2,839	2,489	—	0	0	—	—	—	0	14	—	12
New Hampshire	11	39	69	303	278	—	0	0	—	—	—	1	5	4	3
Rhode Island [§]	68	63	108	541	570	—	0	0	—	—	—	0	5	—	—
Vermont [§]	4	21	45	173	236	N	0	0	N	N	2	0	5	4	2
Mid. Atlantic	1,424	2,434	3,937	17,787	18,964	—	0	0	—	—	1	10	32	38	72
New Jersey	201	378	555	2,052	3,279	N	0	0	N	N	—	0	3	—	1
New York (Upstate)	517	502	2,634	3,179	2,668	N	0	0	N	N	1	3	13	9	10
New York City	706	755	1,566	6,804	6,430	N	0	0	N	N	—	2	12	8	20
Pennsylvania	—	778	1,005	5,752	6,587	N	0	0	N	N	—	4	17	21	41
E.N. Central	977	3,164	4,108	20,338	29,447	1	1	3	5	7	7	16	110	73	88
Illinois	430	1,027	1,356	6,730	9,519	—	0	0	—	—	—	2	22	—	12
Indiana	—	375	632	3,047	3,715	—	0	0	—	—	5	1	18	8	3
Michigan	398	740	1,225	6,373	4,563	—	1	3	3	5	—	2	9	14	15
Ohio	31	629	1,426	1,748	7,819	1	0	2	2	2	2	5	33	37	35
Wisconsin	118	364	527	2,440	3,831	N	0	0	N	N	—	5	53	14	23
W.N. Central	712	1,187	1,445	9,051	10,789	—	0	1	2	—	6	12	77	53	49
Iowa	81	162	223	1,345	1,556	N	0	0	N	N	—	2	28	9	4
Kansas	192	145	272	1,221	1,528	N	0	0	N	N	1	1	8	7	10
Minnesota	1	246	321	1,200	2,242	—	0	0	—	—	2	3	21	10	18
Missouri	375	450	628	3,939	3,857	—	0	1	2	—	2	2	21	10	11
Nebraska [§]	—	97	180	673	813	N	0	0	N	N	1	1	16	4	3
North Dakota	14	30	64	231	349	N	0	0	N	N	—	0	1	1	—
South Dakota	49	51	84	442	444	N	0	0	N	N	—	1	7	12	3
S. Atlantic	2,022	3,762	5,660	26,265	30,738	—	0	1	1	2	12	17	67	124	121
Delaware	74	69	107	651	629	N	0	0	N	N	—	0	3	2	—
District of Columbia	—	63	161	698	461	—	0	0	—	—	—	0	2	3	5
Florida	—	970	1,187	3,300	7,888	N	0	0	N	N	9	7	32	61	43
Georgia	3	708	2,567	5,199	4,806	N	0	0	N	N	1	5	12	40	36
Maryland [§]	178	343	482	3,001	2,712	—	0	1	1	2	—	0	3	3	4
North Carolina	681	613	1,772	4,767	6,917	—	0	0	—	—	2	0	11	4	23
South Carolina [§]	522	363	2,105	4,374	2,716	N	0	0	N	N	—	1	13	4	4
Virginia [§]	530	453	687	3,828	4,233	N	0	0	N	N	—	1	5	6	5
West Virginia	34	59	96	447	376	N	0	0	N	N	—	0	3	1	1
E.S. Central	1,060	1,456	2,057	12,251	12,322	—	0	0	—	—	1	3	15	12	7
Alabama [§]	—	421	761	2,243	4,120	N	0	0	N	N	—	1	12	6	2
Kentucky	51	139	691	1,024	1,509	N	0	0	N	N	—	1	3	4	1
Mississippi	355	385	954	3,971	2,326	N	0	0	N	N	—	0	3	—	1
Tennessee [§]	654	517	634	5,013	4,367	N	0	0	N	N	1	1	5	2	3
W.S. Central	1,317	2,209	3,023	15,413	18,023	—	0	1	—	—	—	5	46	11	17
Arkansas [§]	237	154	337	1,397	1,390	N	0	0	N	N	—	0	2	1	1
Louisiana	99	279	610	911	2,863	—	0	1	—	—	—	1	9	4	—
Oklahoma	283	243	423	1,998	1,725	N	0	0	N	N	—	1	4	5	8
Texas [§]	698	1,453	1,904	11,107	12,045	N	0	0	N	N	—	3	37	1	8
Mountain	197	1,291	2,042	7,133	11,212	103	102	202	889	1,113	4	3	39	17	14
Arizona	66	462	1,017	1,902	3,414	103	101	200	878	1,090	2	0	3	3	3
Colorado	24	320	418	1,153	2,795	N	0	0	N	N	2	1	7	8	3
Idaho [§]	—	52	253	549	589	N	0	0	N	N	—	0	5	1	—
Montana [§]	—	51	143	403	339	N	0	0	N	N	—	0	26	1	2
Nevada [§]	107	103	397	1,247	1,214	—	1	3	3	10	—	0	1	—	1
New Mexico [§]	—	186	314	1,152	1,799	—	0	3	2	3	—	0	5	3	—
Utah	—	96	181	664	827	—	1	3	6	8	—	0	3	1	5
Wyoming [§]	—	27	54	63	235	—	0	0	—	2	—	0	11	—	—
Pacific	2,407	3,383	3,936	26,917	28,260	38	51	299	431	385	2	1	5	11	14
Alaska	—	82	156	664	695	N	0	0	N	N	—	0	1	—	—
California	1,831	2,676	3,185	20,859	21,854	38	51	299	431	385	—	0	0	—	—
Hawaii	4	107	133	737	1,022	N	0	0	N	N	—	0	1	—	—
Oregon [§]	160	173	394	1,632	1,574	N	0	0	N	N	2	1	4	11	14
Washington	412	351	604	3,025	3,115	N	0	0	N	N	—	0	0	—	—
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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	228	105	236	1,363	816	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	5	15	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.

† 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 March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Giardiasis					Gonorrhea					<i>Haemophilus influenzae</i> , invasive All ages, all serotypes [†]				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	127	314	530	1,827	2,449	3,436	6,807	8,593	46,120	57,751	22	43	119	380	416
New England	2	18	44	71	145	79	101	224	840	785	—	2	12	20	28
Connecticut	—	3	25	28	17	—	33	168	187	180	—	0	8	15	8
Maine [§]	1	4	15	26	6	2	2	8	16	22	—	0	4	2	4
Massachusetts	—	4	18	—	85	66	47	96	510	442	—	0	7	—	14
New Hampshire	—	0	9	1	6	3	3	9	24	46	—	0	2	3	—
Rhode Island [§]	—	1	17	—	9	7	10	19	91	86	—	0	3	—	1
Vermont [§]	1	3	12	16	22	1	1	5	12	9	—	0	2	—	1
Mid. Atlantic	19	65	119	303	469	389	638	1,311	4,955	5,440	2	9	26	80	99
New Jersey	—	7	16	—	84	77	103	158	768	919	—	1	4	6	18
New York (Upstate)	13	25	100	125	104	158	122	866	931	860	1	3	15	18	17
New York City	6	16	32	103	150	154	176	377	1,591	1,618	1	2	6	20	25
Pennsylvania	—	14	34	75	131	—	223	324	1,665	2,043	—	3	8	36	39
E.N. Central	18	42	96	231	461	548	1,265	2,203	7,973	12,159	2	6	14	41	57
Illinois	—	8	27	—	105	156	370	488	2,424	3,717	—	1	5	3	16
Indiana	N	0	0	N	N	—	156	287	1,259	1,631	—	1	10	5	9
Michigan	1	13	38	92	136	336	295	880	2,775	1,861	—	0	5	5	9
Ohio	17	15	32	107	127	9	300	701	572	3,639	2	2	6	28	12
Wisconsin	—	9	24	32	93	47	130	179	943	1,311	—	0	3	—	11
W.N. Central	4	23	118	129	210	241	382	508	3,059	3,242	—	2	12	18	16
Iowa	—	5	15	31	42	14	38	64	286	320	—	0	1	—	—
Kansas	2	3	11	14	25	69	43	91	396	434	—	0	2	5	3
Minnesota	1	0	87	6	50	—	65	87	355	530	—	0	9	—	—
Missouri	1	9	28	64	67	151	195	268	1,805	1,692	—	0	5	10	10
Nebraska [§]	—	2	9	8	10	—	27	56	157	180	—	0	2	2	3
North Dakota	—	0	2	—	1	—	2	6	11	25	—	0	2	1	—
South Dakota	—	1	6	6	15	7	6	15	49	61	—	0	0	—	—
S. Atlantic	20	51	88	356	362	823	1,637	2,542	10,504	13,679	10	11	26	106	108
Delaware	—	0	4	5	5	30	28	44	283	237	—	0	1	1	—
District of Columbia	2	1	4	13	10	—	35	63	320	319	—	0	2	1	—
Florida	18	22	44	178	148	—	450	549	1,564	3,691	5	3	9	34	26
Georgia	—	12	28	80	67	1	351	1,214	2,171	2,200	1	2	6	34	26
Maryland [§]	—	4	11	28	36	81	121	160	1,038	1,176	1	1	5	21	17
North Carolina	—	0	0	—	—	360	310	571	2,441	3,750	3	0	8	8	14
South Carolina [§]	—	2	8	6	18	199	162	1,135	1,821	1,125	—	0	3	5	11
Virginia [§]	—	9	28	45	76	144	117	238	737	1,075	—	1	7	—	10
West Virginia	—	0	6	1	2	8	18	43	129	106	—	0	4	2	4
E.S. Central	3	11	42	54	60	341	583	877	4,457	5,000	2	2	9	25	23
Alabama [§]	1	6	30	28	30	—	195	313	915	1,959	1	0	5	7	5
Kentucky	N	0	0	N	N	3	55	268	371	539	—	0	1	—	2
Mississippi	N	0	0	N	N	116	149	434	1,441	959	—	0	1	—	—
Tennessee [§]	2	4	12	26	30	222	194	239	1,730	1,543	1	1	6	18	16
W. S. Central	7	6	21	47	26	517	940	1,477	6,442	7,633	2	1	26	17	14
Arkansas [§]	6	3	13	25	10	79	81	142	684	853	—	0	2	1	2
Louisiana	—	0	6	6	—	63	179	366	781	1,577	—	0	3	2	—
Oklahoma	1	2	11	16	16	159	90	184	786	573	2	1	24	14	11
Texas [§]	N	0	0	N	N	216	583	925	4,191	4,630	—	0	2	—	1
Mountain	12	28	69	181	240	33	280	466	1,546	2,570	4	4	13	54	47
Arizona	1	3	10	34	27	10	116	231	436	847	1	2	9	30	22
Colorado	5	10	26	70	88	1	72	92	423	697	3	1	4	11	14
Idaho [§]	1	3	12	16	29	—	2	20	25	34	—	0	1	1	2
Montana [§]	1	2	11	10	11	—	3	20	20	18	—	0	0	—	—
Nevada [§]	—	1	8	4	6	22	33	135	309	456	—	0	1	1	—
New Mexico [§]	—	1	6	10	12	—	31	65	213	316	—	0	2	4	6
Utah	4	7	25	34	63	—	17	26	115	166	—	0	4	7	3
Wyoming [§]	—	1	4	3	4	—	2	5	5	36	—	0	1	—	—
Pacific	42	60	130	455	476	465	787	971	6,344	7,243	—	2	7	19	24
Alaska	—	1	17	11	3	—	10	27	68	83	—	0	2	4	2
California	32	43	71	343	367	392	650	833	5,375	6,009	—	0	5	—	2
Hawaii	—	1	4	11	11	—	15	30	84	174	—	0	1	—	3
Oregon [§]	3	8	12	62	78	11	26	46	184	265	—	1	5	15	16
Washington	7	7	55	28	17	62	77	142	633	712	—	0	1	—	1
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	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	5	19	16	10	17	5	13	65	68	—	0	2	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U

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 2006 and 2007 are provisional.

[†] Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Hepatitis (viral, acute), by type [†]										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Med	Max				Med	Max				Med	Max			
United States	42	61	93	330	654	34	86	229	462	634	13	49	107	219	222
New England	—	2	20	3	53	—	2	4	5	36	—	1	12	2	14
Connecticut	—	1	2	2	5	—	0	3	—	16	—	0	9	1	3
Maine [§]	—	0	2	—	2	—	0	2	1	3	—	0	2	—	2
Massachusetts	—	0	4	—	32	—	0	1	—	11	—	0	4	—	8
New Hampshire	—	0	16	1	9	—	0	1	—	4	—	0	1	—	—
Rhode Island [§]	—	0	2	—	1	—	0	4	4	1	—	0	6	—	—
Vermont [§]	—	0	2	—	4	—	0	1	—	1	—	0	2	1	1
Mid. Atlantic	1	7	19	35	58	2	8	17	47	86	2	15	53	49	71
New Jersey	—	1	5	3	19	—	2	6	10	29	—	2	11	10	12
New York (Upstate)	1	2	11	10	8	2	1	11	8	4	2	6	30	13	17
New York City	—	2	11	16	19	—	2	6	7	19	—	2	20	3	15
Pennsylvania	—	1	4	6	12	—	3	7	22	34	—	5	19	23	27
E.N. Central	4	6	13	44	48	3	9	18	69	72	2	9	28	50	40
Illinois	—	1	4	11	13	—	2	9	4	22	—	1	6	—	9
Indiana	—	0	8	1	3	—	0	12	2	1	—	0	5	3	3
Michigan	3	2	8	21	16	—	3	9	31	30	—	3	10	20	7
Ohio	1	1	4	11	12	3	3	10	29	17	2	4	19	26	14
Wisconsin	—	0	4	—	4	—	0	3	3	2	—	0	3	1	7
W.N. Central	—	2	8	10	25	1	3	9	19	23	—	1	15	10	6
Iowa	—	0	1	3	1	—	0	2	3	3	—	0	3	1	—
Kansas	—	0	1	—	15	—	0	2	1	3	—	0	2	—	—
Minnesota	—	0	7	—	—	1	0	5	1	1	—	0	11	1	—
Missouri	—	1	3	4	5	—	1	6	11	14	—	0	2	6	4
Nebraska [§]	—	0	2	1	2	—	0	3	2	2	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	3	2	2	—	0	1	1	—	—	0	1	1	—
S. Atlantic	6	9	26	65	107	14	23	42	144	172	7	9	23	61	51
Delaware	—	0	2	—	2	—	1	4	3	5	—	0	2	1	1
District of Columbia	3	0	5	8	1	—	0	2	—	1	—	0	5	—	—
Florida	2	3	13	28	39	10	7	16	57	71	5	3	10	28	20
Georgia	—	1	5	11	6	4	3	8	23	17	—	1	5	9	1
Maryland [§]	1	1	6	5	18	—	2	7	13	38	1	2	8	13	16
North Carolina	—	0	11	1	31	—	1	23	21	19	1	0	5	4	7
South Carolina [§]	—	0	3	3	5	—	2	5	8	12	—	0	2	2	—
Virginia [§]	—	1	7	9	5	—	2	5	15	5	—	1	5	3	5
West Virginia	—	0	3	—	—	—	0	7	4	4	—	0	4	1	1
E.S. Central	3	2	8	12	24	—	8	23	32	59	—	2	9	10	7
Alabama [§]	—	0	3	2	2	—	2	13	10	23	—	0	2	1	2
Kentucky	—	0	4	2	10	—	1	5	1	14	—	1	5	4	1
Mississippi	—	0	1	1	1	—	1	6	6	5	—	0	2	—	—
Tennessee [§]	3	1	5	7	11	—	3	7	15	17	—	1	7	5	4
W.S. Central	—	6	20	4	35	—	18	110	50	80	—	1	12	7	2
Arkansas [§]	—	0	9	1	2	—	1	4	5	8	—	0	1	—	1
Louisiana	—	0	4	3	1	—	1	5	8	3	—	0	2	—	—
Oklahoma	—	0	3	—	3	—	1	14	2	—	—	0	6	—	—
Texas [§]	—	4	15	—	29	—	14	90	35	69	—	1	12	7	1
Mountain	14	5	10	52	67	4	3	8	17	37	2	2	8	19	9
Arizona	13	3	9	45	39	—	0	2	—	12	1	1	4	5	—
Colorado	1	1	3	5	12	—	0	4	2	7	1	0	2	3	2
Idaho [§]	—	0	2	—	3	—	0	2	2	4	—	0	3	1	2
Montana [§]	—	0	3	—	1	—	0	0	—	—	—	0	1	—	—
Nevada [§]	—	0	1	1	3	—	0	4	5	9	—	0	2	2	3
New Mexico [§]	—	0	2	1	5	—	0	2	3	3	—	0	1	2	—
Utah	—	0	2	—	4	4	0	5	5	2	—	1	6	5	2
Wyoming [§]	—	0	1	—	—	—	0	1	—	—	—	0	1	1	—
Pacific	14	15	53	105	237	10	11	36	79	69	—	1	10	11	22
Alaska	—	0	0	—	—	—	0	3	2	—	—	0	0	—	—
California	14	13	48	98	220	10	8	26	59	51	—	1	10	11	22
Hawaii	—	0	2	1	5	—	0	1	—	1	—	0	0	—	—
Oregon [§]	—	1	4	4	7	—	2	5	15	11	—	0	0	—	—
Washington	—	1	4	2	5	—	1	9	3	6	—	0	0	—	—
American Samoa	U	0	0	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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	1	10	7	9	1	1	9	5	1	—	0	1	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 are provisional.

† Data for acute hepatitis C, viral are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	95	247	1,014	863	781	5	24	46	95	208	11	19	46	150	242
New England	6	19	260	52	60	—	0	6	—	7	—	1	3	3	8
Connecticut	5	8	227	18	22	—	0	3	—	—	—	0	2	1	2
Maine§	—	2	34	20	12	—	0	1	—	—	—	0	3	1	2
Massachusetts	—	0	3	—	15	—	0	3	—	5	—	0	2	—	4
New Hampshire	1	3	95	10	9	—	0	3	—	1	—	0	2	—	—
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	—	—
Vermont§	—	1	15	4	1	—	0	0	—	1	—	0	1	1	—
Mid. Atlantic	12	145	566	397	491	—	5	18	17	54	—	2	11	14	35
New Jersey	—	25	186	59	175	—	1	7	—	19	—	0	2	—	3
New York (Upstate)	12	59	391	99	78	—	1	7	4	4	—	0	4	2	4
New York City	—	3	24	2	7	—	2	9	8	25	—	1	4	3	14
Pennsylvania	—	43	234	237	231	—	1	4	5	6	—	0	4	9	14
E.N. Central	—	12	158	12	47	1	3	9	16	29	1	2	12	21	24
Illinois	—	0	0	—	—	—	1	6	5	11	—	0	3	3	9
Indiana	—	0	3	—	—	1	0	2	1	3	—	0	5	6	1
Michigan	—	1	5	4	2	—	0	2	3	4	—	0	4	6	4
Ohio	—	0	5	2	5	—	0	2	3	8	1	1	4	6	7
Wisconsin	—	11	154	6	40	—	0	2	4	3	—	0	2	—	3
W.N. Central	—	5	169	15	13	—	0	14	8	5	3	1	4	15	10
Iowa	—	1	8	—	3	—	0	1	1	1	1	0	2	4	—
Kansas	—	0	2	2	—	—	0	2	—	—	—	0	1	1	—
Minnesota	—	2	167	13	9	—	0	12	4	2	—	0	3	—	—
Missouri	—	0	2	—	—	—	0	1	1	1	2	0	3	7	6
Nebraska§	—	0	2	—	1	—	0	1	2	—	—	0	1	1	4
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	1	—
S. Atlantic	75	39	131	355	151	2	5	14	32	55	—	4	10	21	40
Delaware	3	7	28	59	53	—	0	1	1	—	—	0	1	—	2
District of Columbia	—	0	7	—	5	—	0	2	1	—	—	0	1	—	—
Florida	—	1	5	7	5	—	1	4	8	5	—	1	7	8	14
Georgia	—	0	1	—	1	—	1	6	4	16	—	0	3	4	2
Maryland§	72	20	88	258	82	—	1	4	8	18	—	0	2	5	4
North Carolina	—	0	4	—	5	2	0	4	4	4	—	0	6	—	11
South Carolina§	—	0	2	1	—	—	0	2	—	2	—	0	2	2	4
Virginia§	—	6	36	30	—	—	1	4	6	10	—	0	4	2	3
West Virginia	—	0	10	—	—	—	0	1	—	—	—	0	2	—	—
E.S. Central	—	1	3	4	—	—	0	3	5	5	—	1	3	9	9
Alabama§	—	0	3	1	—	—	0	2	—	2	—	0	2	2	1
Kentucky	—	0	2	—	—	—	0	1	1	1	—	0	1	—	1
Mississippi	—	0	1	—	—	—	0	1	1	1	—	0	3	3	2
Tennessee§	—	0	2	3	—	—	0	2	3	1	—	0	2	4	5
W.S. Central	—	0	5	2	1	—	1	7	2	5	—	1	5	9	11
Arkansas§	—	0	0	—	—	—	0	2	—	—	—	0	1	—	3
Louisiana	—	0	1	—	—	—	0	1	1	—	—	0	2	1	—
Oklahoma	—	0	0	—	—	—	0	2	1	1	—	0	3	4	4
Texas§	—	0	5	2	1	—	1	6	—	4	—	0	5	4	4
Mountain	—	0	4	2	2	2	1	6	2	12	1	1	4	14	19
Arizona	—	0	2	—	2	—	0	3	—	1	—	0	2	2	8
Colorado	—	0	1	—	—	1	0	2	1	5	1	0	2	3	8
Idaho§	—	0	2	—	—	—	0	1	—	—	—	0	1	1	—
Montana§	—	0	1	1	—	—	0	1	—	—	—	0	1	1	—
Nevada§	—	0	1	1	—	—	0	1	—	—	—	0	0	—	—
New Mexico§	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
Utah	—	0	1	—	—	1	0	2	1	5	—	0	2	6	3
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	2	3	23	24	16	—	4	13	13	36	6	5	16	44	86
Alaska	—	0	1	2	—	—	0	4	2	2	—	0	1	1	2
California	2	3	21	20	16	—	2	6	7	27	5	3	10	33	53
Hawaii	N	0	0	N	N	—	0	2	—	—	—	0	2	2	1
Oregon§	—	0	2	2	—	—	0	3	3	4	1	0	4	5	19
Washington	—	0	2	—	—	—	0	6	1	3	—	0	5	3	11
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—	—	0	1	1	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

U: Unavailable. —: Not reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2006 and 2007 are provisional.

† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	99	258	716	1,005	2,377	34	107	173	435	760	16	32	118	58	224
New England	—	20	53	27	259	6	12	26	68	69	—	0	1	—	—
Connecticut	—	1	9	—	16	4	4	14	33	18	—	0	0	—	—
Maine†	—	1	14	8	15	—	2	8	10	11	N	0	0	N	N
Massachusetts	—	6	28	—	205	—	2	17	—	29	—	0	1	—	—
New Hampshire	—	2	27	6	2	—	1	5	8	2	—	0	1	—	—
Rhode Island†	—	0	17	—	—	—	0	3	4	1	—	0	1	—	—
Vermont†	—	1	14	13	21	2	2	5	13	8	—	0	0	—	—
Mid. Atlantic	15	36	157	241	271	—	17	57	38	102	—	1	6	6	8
New Jersey	—	4	13	8	78	—	0	0	—	—	—	0	1	—	1
New York (Upstate)	15	21	151	174	52	—	0	0	—	—	—	0	2	—	—
New York City	—	0	8	—	16	—	1	5	8	—	—	0	3	1	2
Pennsylvania	—	11	26	59	125	—	16	56	30	102	—	1	4	5	5
E.N. Central	12	41	77	216	421	—	2	18	—	3	—	1	6	1	3
Illinois	—	9	18	2	110	—	0	7	—	1	—	0	4	—	1
Indiana	—	3	33	1	21	—	0	2	—	—	—	0	1	—	—
Michigan	—	11	39	57	85	—	0	5	—	2	—	0	1	1	—
Ohio	12	12	56	156	143	—	0	9	—	—	—	0	4	—	2
Wisconsin	—	2	8	—	62	—	0	0	—	—	—	0	1	—	—
W.N. Central	2	18	84	73	311	—	6	20	23	21	—	2	14	8	3
Iowa	—	5	12	20	89	—	1	7	2	3	—	0	1	—	—
Kansas	1	4	13	38	84	—	2	5	15	6	—	0	1	—	—
Minnesota	—	0	76	—	—	—	0	6	2	1	—	0	2	—	—
Missouri	1	5	12	8	99	—	1	6	1	1	—	2	12	8	3
Nebraska†	—	1	9	1	34	—	0	0	—	—	—	0	5	—	—
North Dakota	—	0	9	1	4	—	0	7	3	2	—	0	0	—	—
South Dakota	—	0	4	5	1	—	0	4	—	8	—	0	0	—	—
S. Atlantic	24	17	136	118	170	21	40	62	245	415	16	11	68	30	202
Delaware	—	0	1	—	1	—	0	0	—	—	—	0	3	1	2
District of Columbia	—	0	2	1	2	—	0	0	—	—	—	0	1	—	—
Florida	3	4	20	48	45	4	0	7	25	176	1	0	5	1	5
Georgia	—	0	3	—	7	8	5	16	36	34	—	1	5	1	2
Maryland†	1	2	6	20	45	—	6	13	18	49	—	1	7	6	9
North Carolina	20	0	94	20	23	9	10	22	64	38	15	3	61	18	183
South Carolina†	—	3	11	13	23	—	3	11	14	21	—	0	5	1	1
Virginia†	—	3	19	16	22	—	12	27	80	87	—	2	13	2	—
West Virginia	—	0	9	—	2	—	2	7	8	10	—	0	2	—	—
E.S. Central	2	6	28	43	56	3	4	13	19	32	—	6	31	11	6
Alabama†	—	2	19	16	14	—	1	8	—	11	—	2	11	5	1
Kentucky	—	0	5	—	11	1	0	4	5	1	—	0	1	—	—
Mississippi	—	0	4	2	9	—	0	2	—	—	—	0	1	—	—
Tennessee†	2	3	11	25	22	2	2	8	14	20	—	4	22	6	5
W.S. Central	—	18	123	35	89	2	5	34	12	84	—	1	27	—	2
Arkansas†	—	1	13	—	6	1	0	5	3	1	—	0	10	—	2
Louisiana	—	0	2	1	2	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	9	—	1	1	1	9	9	6	—	0	18	—	—
Texas†	—	14	110	34	80	—	0	29	—	77	—	0	5	—	—
Mountain	42	40	87	207	575	1	3	29	9	16	—	0	5	2	—
Arizona	17	6	28	40	102	1	2	10	8	16	—	0	2	—	—
Colorado	9	9	26	69	273	—	0	0	—	—	—	0	1	1	—
Idaho†	—	1	7	9	18	—	0	25	—	—	—	0	3	1	—
Montana†	2	1	8	9	25	—	0	2	—	—	—	0	2	—	—
Nevada†	—	0	6	—	6	—	0	0	—	—	—	0	0	—	—
New Mexico†	—	2	8	5	9	—	0	2	—	—	—	0	2	—	—
Utah	14	13	39	66	133	—	0	1	1	—	—	0	2	—	—
Wyoming†	—	1	8	9	9	—	0	2	—	—	—	0	1	—	—
Pacific	2	28	226	45	225	1	4	12	21	18	—	0	1	—	—
Alaska	—	1	8	8	20	—	0	6	14	7	N	0	0	N	N
California	—	21	223	—	110	1	3	11	7	11	—	0	1	—	—
Hawaii	—	1	6	4	27	N	0	0	N	N	—	0	0	N	N
Oregon†	—	1	8	16	37	—	0	4	—	—	—	0	1	—	—
Washington	2	5	46	17	31	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	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	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	4	1	6	15	18	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 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 March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	303	827	1,368	3,958	4,821	20	67	173	212	298	121	258	496	1,417	1,682
New England	—	18	82	88	648	—	2	16	4	87	—	2	14	9	104
Connecticut	—	0	49	49	479	—	0	0	—	72	—	0	6	6	64
Maine [§]	—	2	13	17	11	—	0	8	2	1	—	0	2	2	—
Massachusetts	—	10	53	—	134	—	0	9	—	10	—	1	11	—	33
New Hampshire	—	3	25	9	15	—	0	3	2	2	—	0	2	1	3
Rhode Island [§]	—	1	10	8	7	—	0	2	—	1	—	0	3	—	3
Vermont [§]	—	1	6	5	2	—	0	4	—	1	—	0	2	—	1
Mid. Atlantic	22	90	190	507	521	2	8	64	25	18	4	15	45	57	151
New Jersey	—	14	49	40	97	—	0	4	1	3	—	3	35	1	52
New York (Upstate)	22	26	91	157	81	2	3	14	13	5	4	4	42	15	42
New York City	—	24	50	130	155	—	0	4	1	2	—	5	14	33	43
Pennsylvania	—	30	67	180	188	—	2	49	10	8	—	1	6	8	14
E.N. Central	31	103	196	360	621	3	10	58	38	39	3	22	67	58	161
Illinois	—	26	59	19	177	—	1	7	—	5	—	9	49	8	64
Indiana	19	15	55	58	54	1	1	8	1	5	1	2	17	9	17
Michigan	5	18	35	86	123	—	1	6	8	9	—	2	7	6	43
Ohio	7	23	56	150	168	2	3	18	27	9	2	3	14	24	21
Wisconsin	—	17	27	47	99	—	2	39	2	11	—	3	10	11	16
W.N. Central	37	47	109	296	281	3	12	43	26	43	29	36	77	254	180
Iowa	—	8	26	39	46	—	1	22	—	7	—	2	13	5	2
Kansas	11	7	16	51	47	2	0	4	4	—	—	2	11	5	17
Minnesota	14	11	60	52	57	—	3	27	12	18	7	4	24	42	16
Missouri	12	14	35	100	83	—	2	13	5	15	22	10	69	184	107
Nebraska [§]	—	4	9	18	26	1	1	11	5	2	—	1	14	3	23
North Dakota	—	0	5	6	—	—	0	0	—	—	—	0	18	3	1
South Dakota	—	3	11	30	22	—	0	5	—	1	—	6	24	12	14
S. Atlantic	114	222	396	1,407	1,161	7	11	32	63	45	63	63	145	581	384
Delaware	—	2	10	7	13	—	0	3	3	—	—	0	2	2	—
District of Columbia	2	1	4	8	13	—	0	1	—	—	1	0	2	3	3
Florida	56	95	176	600	515	1	2	9	18	8	36	32	76	335	172
Georgia	21	34	67	274	155	—	1	7	8	8	17	24	56	210	120
Maryland [§]	3	13	33	94	85	—	2	9	13	8	—	1	10	11	23
North Carolina	27	29	130	231	236	6	2	11	10	15	9	1	14	9	39
South Carolina [§]	5	19	51	89	60	—	0	3	—	2	—	1	9	6	20
Virginia [§]	—	20	57	97	77	—	2	11	11	4	—	2	9	5	7
West Virginia	—	1	16	7	7	—	0	5	—	—	—	0	2	—	—
E.S. Central	10	63	153	229	278	2	4	21	11	22	2	14	84	90	127
Alabama [§]	—	22	95	63	117	—	0	5	1	2	1	5	75	32	25
Kentucky	3	8	23	54	51	—	1	12	2	6	—	2	15	10	70
Mississippi	—	12	42	8	43	—	0	0	—	—	—	2	15	5	18
Tennessee [§]	7	17	32	104	67	2	3	9	8	14	1	3	13	43	14
W.S. Central	10	83	186	128	309	1	3	41	8	5	5	36	182	90	154
Arkansas [§]	2	15	45	35	112	1	0	7	4	1	1	2	10	10	6
Louisiana	—	16	42	51	33	—	0	1	—	—	—	2	24	18	2
Oklahoma	8	8	40	40	34	—	0	17	1	—	—	2	9	8	15
Texas [§]	—	46	106	2	130	—	2	37	3	4	4	29	169	54	131
Mountain	23	51	87	290	333	2	7	35	19	26	11	26	87	106	129
Arizona	11	18	45	117	120	1	1	13	8	9	7	11	35	55	70
Colorado	9	12	30	74	74	—	1	8	1	7	3	3	15	14	15
Idaho [§]	—	3	9	19	26	1	2	8	2	4	—	0	3	1	4
Montana [§]	—	2	10	13	14	—	0	0	—	—	—	0	13	2	—
Nevada [§]	—	2	20	11	19	—	0	4	—	—	—	1	20	8	11
New Mexico [§]	—	4	15	20	32	—	1	5	5	2	—	2	15	11	19
Utah	3	5	15	26	36	—	1	14	3	3	1	1	6	4	9
Wyoming [§]	—	1	4	10	12	—	0	3	—	1	—	0	19	11	1
Pacific	56	116	282	653	669	—	4	17	18	13	4	33	90	172	292
Alaska	—	1	4	8	19	N	0	0	N	N	—	0	2	5	2
California	44	89	218	530	530	—	0	5	9	N	3	29	81	146	215
Hawaii	—	5	16	35	35	—	0	2	1	1	—	0	3	4	10
Oregon [§]	1	8	16	36	64	—	1	9	3	7	—	1	6	8	50
Washington	11	10	63	44	21	—	2	17	5	5	1	2	13	9	15
American Samoa	U	0	0	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	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	5	13	65	39	29	—	0	0	—	—	—	0	6	2	2
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 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 March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	55	83	214	679	1,044	26	24	76	227	210
New England	—	2	15	13	44	—	1	4	6	8
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	2	4	4	—	0	2	—	—
Massachusetts	—	1	5	—	32	—	0	4	—	7
New Hampshire	—	0	9	3	5	—	0	4	2	1
Rhode Island§	—	0	4	—	2	—	0	3	3	—
Vermont§	—	0	2	6	1	—	0	1	1	—
Mid. Atlantic	12	14	40	109	205	3	3	16	26	33
New Jersey	—	2	8	6	47	—	1	4	—	11
New York (Upstate)	12	5	24	46	39	3	2	13	26	19
New York City	—	3	8	17	42	—	0	2	—	3
Pennsylvania	—	6	13	40	77	N	0	0	N	N
E.N. Central	7	15	46	127	237	4	6	14	43	62
Illinois	—	4	12	20	91	—	1	6	4	14
Indiana	5	2	11	17	22	—	0	10	4	7
Michigan	—	3	11	28	46	—	1	5	17	17
Ohio	2	4	19	62	53	4	1	7	17	14
Wisconsin	—	1	7	—	25	—	0	2	1	10
W.N. Central	2	5	57	44	42	—	2	10	12	10
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	1	3	10	20	—	0	3	2	4
Minnesota	—	0	52	—	—	—	1	7	—	—
Missouri	1	2	6	28	11	—	0	2	7	4
Nebraska§	—	0	2	1	8	—	0	2	2	2
North Dakota	1	0	2	3	3	—	0	1	1	—
South Dakota	—	0	2	2	—	—	0	0	—	—
S. Atlantic	13	20	45	171	246	9	1	10	53	14
Delaware	—	0	2	—	1	—	0	0	—	—
District of Columbia	—	0	2	1	4	—	0	1	—	—
Florida	4	5	16	41	58	5	0	2	13	—
Georgia	4	5	12	54	67	3	0	4	16	—
Maryland§	4	4	12	34	45	1	1	5	19	10
North Carolina	—	0	26	14	28	—	0	0	—	—
South Carolina§	1	1	6	9	19	—	0	2	4	—
Virginia§	—	2	9	15	18	—	0	1	1	—
West Virginia	—	0	6	3	6	—	0	2	—	4
E.S. Central	1	4	11	33	42	1	0	6	15	5
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	0	5	8	8	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	1	—	5
Tennessee§	1	3	9	25	34	1	0	6	15	—
W.S. Central	4	6	43	40	74	4	3	37	29	33
Arkansas§	—	0	5	4	1	1	0	2	4	6
Louisiana	—	0	2	3	1	—	0	1	3	—
Oklahoma	1	2	6	19	31	3	1	12	14	12
Texas§	3	3	38	14	41	—	2	22	8	15
Mountain	16	11	42	124	134	3	4	12	36	44
Arizona	2	5	34	50	72	3	2	9	24	26
Colorado	8	3	7	36	26	—	1	4	9	12
Idaho§	—	0	1	3	3	—	0	1	—	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	3	3	—	—	0	0	—	—
New Mexico§	—	1	5	8	15	—	0	2	3	5
Utah	6	1	5	23	16	—	0	0	—	—
Wyoming§	—	0	1	1	2	—	0	0	—	—
Pacific	—	2	9	18	20	2	0	2	7	1
Alaska	—	0	2	5	N	—	0	2	5	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	13	20	2	0	1	2	1
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
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	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDS event code 11717).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years					Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006		Med	Max		
		Med	Max				Med	Max							
United States	61	42	105	504	546	9	6	19	64	68	98	181	239	1,188	1,455
New England	—	0	4	10	5	—	0	1	—	1	—	4	11	27	32
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	6	4	4
Maine§	—	0	2	3	2	—	0	1	—	—	—	0	2	—	3
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	2	7	16	19
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	4	4
Rhode Island§	—	0	2	3	—	—	0	1	—	—	—	0	3	3	1
Vermont§	—	0	2	4	3	—	0	1	—	1	—	0	1	—	1
Mid. Atlantic	2	3	8	30	25	4	0	4	8	2	35	23	37	247	166
New Jersey	—	0	0	—	—	—	0	0	—	—	2	3	8	25	28
New York (Upstate)	2	1	5	10	6	4	0	3	5	—	7	3	14	21	20
New York City	—	0	0	—	—	—	0	0	—	—	26	11	29	167	82
Pennsylvania	—	2	6	20	19	—	0	2	3	2	—	5	12	34	36
E.N. Central	24	10	40	143	111	1	1	8	16	20	10	15	32	92	165
Illinois	—	0	2	—	7	—	0	1	—	2	1	7	13	15	94
Indiana	1	2	29	20	15	—	0	5	3	6	—	1	5	5	16
Michigan	—	0	3	—	7	—	0	1	—	1	2	2	10	22	13
Ohio	23	5	38	123	82	1	1	5	13	11	7	4	9	42	34
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	8	8
W.N. Central	2	1	51	16	10	—	0	10	1	1	1	5	13	30	36
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	—	2
Kansas	1	0	1	2	—	—	0	0	—	—	1	0	3	4	5
Minnesota	—	0	50	—	—	—	0	10	—	—	—	1	5	15	9
Missouri	1	1	3	14	10	—	0	1	—	1	—	3	9	11	19
Nebraska§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	1
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	3	—	—	—	0	1	1	—	—	0	3	—	—
S. Atlantic	29	21	49	239	323	3	2	8	32	25	7	42	122	246	311
Delaware	—	0	0	—	—	—	0	1	1	—	—	0	3	2	6
District of Columbia	—	0	3	2	8	—	0	2	—	—	—	2	7	23	24
Florida	17	12	29	129	128	3	2	8	27	24	—	14	23	68	126
Georgia	12	7	24	101	167	—	0	1	—	1	—	7	91	6	18
Maryland§	—	0	0	—	—	—	0	0	—	—	—	5	14	45	46
North Carolina	—	0	0	—	—	—	0	0	—	—	4	5	21	50	53
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	5	15	15
Virginia§	N	0	0	N	N	—	0	0	—	—	3	4	17	37	23
West Virginia	—	1	14	7	20	—	0	1	4	—	—	0	2	—	—
E.S. Central	2	2	11	29	45	—	0	2	4	6	17	14	29	110	95
Alabama§	N	0	0	N	N	—	0	0	—	—	—	5	18	26	48
Kentucky	1	0	3	7	9	—	0	2	—	—	7	1	9	18	6
Mississippi	—	0	0	—	—	—	0	0	—	—	2	1	8	19	14
Tennessee§	1	2	10	22	36	—	0	2	4	6	8	5	12	47	27
W.S. Central	2	1	5	28	3	1	0	1	1	2	25	29	57	246	230
Arkansas§	—	0	3	1	3	—	0	0	—	2	6	1	7	21	14
Louisiana	—	0	2	8	—	—	0	1	—	—	5	5	30	48	28
Oklahoma	2	0	4	19	—	1	0	0	1	—	—	1	4	14	13
Texas§	—	0	0	—	—	—	0	0	—	—	14	21	32	163	175
Mountain	—	1	7	9	24	—	0	5	2	11	1	8	26	31	75
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	16	11	34
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	1	10
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Nevada§	—	0	2	5	2	—	0	1	1	—	1	1	12	10	21
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	5	9	7
Utah	—	0	7	3	14	—	0	4	1	8	—	0	2	—	2
Wyoming§	—	0	3	1	8	—	0	2	—	3	—	0	0	—	—
Pacific	—	0	0	—	—	—	0	0	—	—	2	37	52	159	345
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	4	1	1
California	N	0	0	N	N	—	0	0	—	—	1	33	45	138	300
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	1	4
Oregon§	N	0	0	N	N	—	0	0	—	—	1	0	6	3	3
Washington	N	0	0	N	N	—	0	0	—	—	—	2	11	16	37
American Samoa	U	0	0	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	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	4	2	11	17	24
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending March 3, 2007, and March 4, 2006 (9th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive			Non-neuroinvasive§						
		Med	Max			Current week	Previous 52 weeks	Cum 2007	Cum 2006	Current week	Previous 52 weeks	Cum 2007	Cum 2006		
United States	383	805	1,432	6,421	8,563	—	1	178	—	2	—	1	399	—	1
New England	3	21	68	93	338	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	3	—	—	—	0	1	—	—
Maine¶	—	0	16	—	65	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	5	—	91	—	0	1	—	—	—	0	1	—	—
New Hampshire	—	5	47	31	63	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	3	12	65	62	119	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	106	190	954	1,158	—	0	11	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	—	106	190	954	1,158	—	0	2	—	—	—	0	1	—	—
E.N. Central	140	256	587	2,252	3,691	—	0	43	—	—	—	0	33	—	—
Illinois	—	1	7	—	18	—	0	23	—	—	—	0	23	—	—
Indiana	—	0	0	—	—	—	0	7	—	—	—	0	12	—	—
Michigan	36	102	258	983	1,069	—	0	11	—	—	—	0	2	—	—
Ohio	104	129	449	1,264	2,252	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	11	52	5	352	—	0	2	—	—	—	0	2	—	—
W.N. Central	37	29	98	389	510	—	0	36	—	—	—	0	79	—	—
Iowa	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Kansas	23	5	52	216	101	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	6	—	—	—	0	7	—	—
Missouri	13	17	82	152	382	—	0	14	—	—	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	—	—	0	38	—	—
North Dakota	—	0	8	6	13	—	0	5	—	—	—	0	28	—	—
South Dakota	1	1	15	15	14	—	0	7	—	—	—	0	22	—	—
S. Atlantic	65	88	223	725	761	—	0	2	—	—	—	0	7	—	—
Delaware	—	1	6	7	24	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	5	—	3	—	0	0	—	—	—	0	1	—	—
Florida	42	0	37	235	N	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	7	19	70	216	194	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	28	133	1	179	—	0	0	—	—	—	0	2	—	—
West Virginia	16	25	61	266	361	—	0	1	—	—	—	0	0	—	—
E.S. Central	2	4	43	62	—	—	0	15	—	2	—	0	16	—	—
Alabama¶	2	4	43	61	—	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	1	1	—	—	0	10	—	2	—	0	16	—	—
Tennessee¶	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
W.S. Central	79	202	757	1,390	1,404	—	0	58	—	—	—	0	26	—	1
Arkansas¶	—	12	92	65	142	—	0	4	—	—	—	0	2	—	—
Louisiana	—	1	9	15	5	—	0	13	—	—	—	0	9	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	79	172	664	1,310	1,257	—	0	38	—	—	—	0	16	—	—
Mountain	57	58	137	540	701	—	0	61	—	—	—	1	228	—	—
Arizona	—	0	0	—	—	—	0	9	—	—	—	0	15	—	—
Colorado	23	23	59	224	426	—	0	10	—	—	—	0	51	—	—
Idaho¶	N	0	0	N	N	—	0	30	—	—	—	0	157	—	—
Montana¶	1	0	11	61	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	3	—	1	—	0	9	—	—	—	0	16	—	—
New Mexico¶	—	3	34	31	110	—	0	1	—	—	—	0	1	—	—
Utah	33	18	65	224	157	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	—	7	—	0	7	—	—	—	0	10	—	—
Pacific	—	0	9	16	—	—	0	15	—	—	—	0	51	—	—
Alaska	—	0	9	16	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	—	—	0	37	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	14	12	30	81	66	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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 2006 and 2007 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).

§ Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

¶ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2004 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.

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

TABLE III. Deaths in 122 U.S. cities,* week ending March 3, 2007 (9th Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
New England	592	445	97	34	8	8	49	S. Atlantic	1,353	877	314	90	37	35	73		
Boston, MA	162	112	31	13	3	3	13	Atlanta, GA	153	89	36	18	7	3	5		
Bridgeport, CT	44	38	2	2	1	1	5	Baltimore, MD	191	114	55	11	2	9	10		
Cambridge, MA	17	15	1	1	—	—	3	Charlotte, NC	131	85	27	11	4	4	17		
Fall River, MA	34	30	3	1	—	—	—	Jacksonville, FL	149	106	33	7	2	1	8		
Hartford, CT	56	35	14	4	2	1	8	Miami, FL	129	84	36	3	6	—	7		
Lowell, MA	23	17	5	1	—	—	2	Norfolk, VA	64	33	22	5	1	3	3		
Lynn, MA	14	11	1	2	—	—	1	Richmond, VA	34	24	7	—	1	2	3		
New Bedford, MA	23	14	6	2	1	—	1	Savannah, GA	74	53	12	4	3	2	3		
New Haven, CT	32	21	7	3	—	1	2	St. Petersburg, FL	65	42	13	5	4	1	6		
Providence, RI	61	48	10	1	1	1	8	Tampa, FL	243	165	46	20	5	7	11		
Somerville, MA	5	2	3	—	—	—	—	Washington, D.C.	101	69	25	2	2	3	—		
Springfield, MA	31	25	4	1	—	1	2	Wilmington, DE	19	13	2	4	—	—	—		
Waterbury, CT	34	30	2	2	—	—	1	E.S. Central	1,000	687	217	57	18	21	68		
Worcester, MA	56	47	8	1	—	—	3	Birmingham, AL	217	146	51	11	3	6	21		
Mid. Atlantic	2,354	1,652	520	119	31	31	136	Chattanooga, TN	95	75	15	3	1	1	4		
Albany, NY	48	34	11	—	—	3	2	Knoxville, TN	135	108	21	5	1	—	8		
Allentown, PA	21	17	2	—	2	—	—	Lexington, KY	71	55	12	3	1	—	7		
Buffalo, NY	96	65	22	6	1	2	6	Memphis, TN	197	129	45	10	7	6	17		
Camden, NJ	17	6	9	1	—	1	3	Mobile, AL	81	57	18	3	2	1	—		
Elizabeth, NJ	15	13	1	—	1	—	2	Montgomery, AL	47	31	11	2	—	3	3		
Erie, PA	40	35	5	—	—	—	4	Nashville, TN	157	86	44	20	3	4	8		
Jersey City, NJ	29	17	8	4	—	—	4	W.S. Central	1,779	1,122	457	115	40	44	117		
New York City, NY	1,113	782	257	50	12	11	45	Austin, TX	100	64	18	11	3	4	16		
Newark, NJ	39	17	8	12	—	2	2	Baton Rouge, LA	78	52	18	6	—	2	—		
Paterson, NJ	34	18	8	5	—	3	1	Corpus Christi, TX	66	50	13	1	—	2	7		
Philadelphia, PA	429	281	109	24	9	6	19	Dallas, TX	248	150	64	20	5	9	22		
Pittsburgh, PA [‡]	33	21	5	4	1	2	6	El Paso, TX	69	49	14	1	2	3	1		
Reading, PA	44	31	10	1	2	—	2	Fort Worth, TX	152	97	48	4	3	—	5		
Rochester, NY	160	130	24	5	—	1	15	Houston, TX	512	305	141	38	14	14	16		
Schenectady, NY	19	15	4	—	—	—	2	Little Rock, AR	82	53	18	5	3	3	2		
Scranton, PA	35	26	7	1	1	—	4	New Orleans, LA [¶]	U	U	U	U	U	U	U		
Syracuse, NY	125	94	24	5	2	—	15	San Antonio, TX	254	145	76	20	7	5	26		
Trenton, NJ	23	21	2	—	—	—	2	Shreveport, LA	63	46	16	—	1	—	17		
Utica, NY	17	14	2	1	—	—	—	Tulsa, OK	155	111	31	9	2	2	5		
Yonkers, NY	17	15	2	—	—	—	2	Mountain	1,188	765	284	75	34	30	88		
E.N. Central	2,332	1,584	531	127	43	47	147	Albuquerque, NM	212	131	62	14	4	1	11		
Akron, OH	62	40	21	—	—	1	1	Boise, ID	45	33	9	2	—	1	5		
Canton, OH	46	34	12	—	—	—	3	Colorado Springs, CO	41	25	11	3	1	1	4		
Chicago, IL	325	196	85	28	11	5	22	Denver, CO	100	66	18	6	4	6	10		
Cincinnati, OH	82	60	17	3	—	2	13	Las Vegas, NV	259	165	67	17	8	2	11		
Cleveland, OH	287	199	66	14	4	4	8	Ogden, UT	26	22	3	1	—	—	3		
Columbus, OH	257	176	51	15	8	7	19	Phoenix, AZ	196	107	46	18	11	14	19		
Dayton, OH	140	111	21	6	2	—	7	Pueblo, CO	29	19	8	2	—	—	—		
Detroit, MI	197	106	58	20	4	9	11	Salt Lake City, UT	126	84	28	8	3	3	11		
Evansville, IN	50	39	9	—	2	—	2	Tucson, AZ	154	113	32	4	3	2	14		
Fort Wayne, IN	74	51	19	2	1	1	5	Pacific	1,453	1,040	288	75	23	26	136		
Gary, IN	29	12	12	3	1	1	—	Berkeley, CA	20	14	2	2	—	2	3		
Grand Rapids, MI	56	35	17	—	1	3	8	Fresno, CA	57	40	10	3	1	3	8		
Indianapolis, IN	210	136	48	16	3	7	14	Glendale, CA	U	U	U	U	U	U	U		
Lansing, MI	52	37	14	—	—	1	2	Honolulu, HI	80	54	21	3	1	1	8		
Milwaukee, WI	124	86	28	7	1	2	6	Long Beach, CA	91	63	21	6	—	1	11		
Peoria, IL	65	53	7	3	2	—	4	Los Angeles, CA	U	U	U	U	U	U	U		
Rockford, IL	68	54	9	4	—	1	6	Pasadena, CA	19	11	6	—	—	2	3		
South Bend, IN	57	45	10	1	1	—	7	Portland, OR	117	80	32	5	—	—	12		
Toledo, OH	119	88	23	3	2	3	7	Sacramento, CA	216	170	32	6	7	1	19		
Youngstown, OH	32	26	4	2	—	—	2	San Diego, CA	158	107	28	15	3	4	10		
W.N. Central	671	438	156	43	13	20	53	San Francisco, CA	119	89	20	7	1	2	16		
Des Moines, IA	88	60	21	5	—	2	8	San Jose, CA	217	165	35	9	4	4	19		
Duluth, MN	33	29	4	—	—	—	1	Santa Cruz, CA	33	24	6	3	—	—	4		
Kansas City, KS	27	16	10	—	1	—	4	Seattle, WA	142	89	39	9	2	3	12		
Kansas City, MO	120	75	28	12	1	3	9	Spokane, WA	54	46	4	2	—	2	3		
Lincoln, NE	46	36	8	2	—	—	4	Tacoma, WA	130	88	32	5	4	1	8		
Minneapolis, MN	66	42	14	7	1	2	6	Total	12,722**	8,610	2,864	735	247	262	867		
Omaha, NE	69	50	14	4	—	1	6										
St. Louis, MO	120	60	39	7	8	6	8										
St. Paul, MN	31	26	4	—	1	—	3										
Wichita, KS	71	44	14	6	1	6	4										

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. 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.

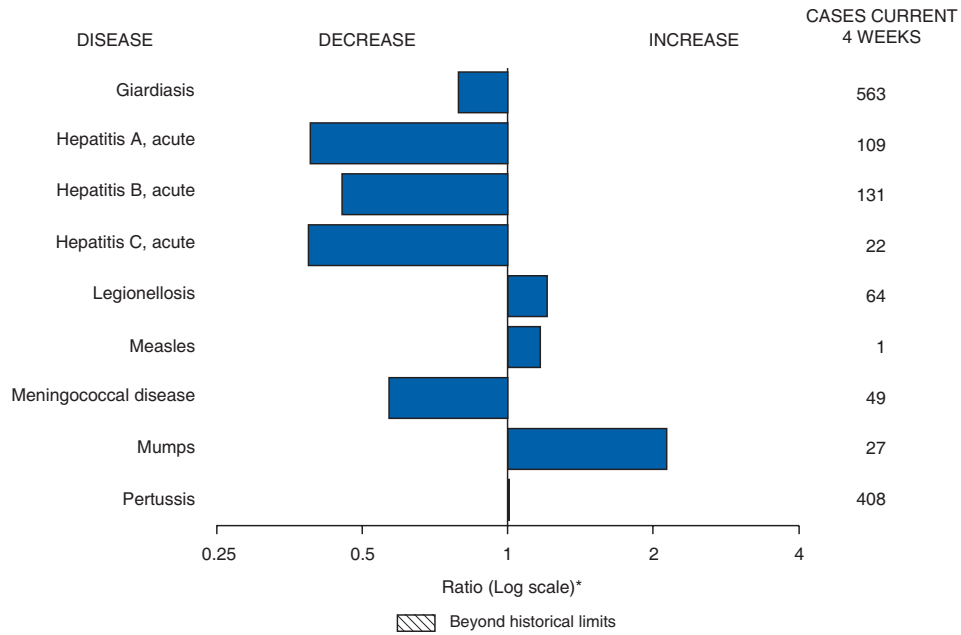
† Pneumonia and influenza.

‡ 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 March 3, 2007, 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.

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