



MMWRTM

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Weekly

November 2, 2007 / Vol. 56 / No. 43

National Diabetes Awareness Month — November 2007

November is National Diabetes Awareness Month. In 2005, approximately 21 million persons in the United States had diabetes, a disease associated with severe morbidity and premature death, and, in 2002, at least 54 million U.S. adults had prediabetes (i.e., risk for diabetes) (1). Lifestyle changes, such as moderate weight loss and increased physical activity, can prevent or delay onset of type 2 diabetes among adults at high risk (2), and effective interventions are available to reduce the incidence of diabetes complications (1).

World Diabetes Day (WDD) is November 14, and this year marks the first observance of WDD by the United Nations. The 2007 WDD campaign aims to raise awareness of the impact of diabetes on children and adolescents. In the United States, in 2005, approximately 176,500 persons aged <20 years had diabetes (1); approximately 25% of persons aged 10–19 years with diabetes had multiple risk factors for cardiovascular disease (3). Information on diabetes prevention and control is available from CDC at <http://www.cdc.gov/diabetes> and from the National Diabetes Education Program at <http://www.ndep.nih.gov>. Information on WDD activities is available at <http://www.worlddiabetesday.org>.

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Prevalence of Self-Reported Cardiovascular Disease Among Persons Aged ≥ 35 Years with Diabetes — United States, 1997–2005

Adults with diabetes are at greater risk for dying from heart disease than adults without diabetes (1). Heart disease and stroke account for approximately 65% of deaths among persons with diabetes (1). During 1997–2005, the age-adjusted prevalence of diagnosed diabetes in the United States increased 43%, from 3.7% in 1997 to 5.3% in 2005 (2). To assess trends in prevalence of heart disease, stroke, and other cardiovascular diseases (CVDs) among persons with diabetes, CDC analyzed data from the National Health Interview Survey (NHIS). This report summarizes the results of that assessment, which indicated that although the number of persons aged ≥ 35 years with diagnosed diabetes who reported having CVD increased 36% during 1997–2005, the age-adjusted prevalence decreased 11%; however, the decrease in CVD prevalence did not occur in all subpopulations with diabetes. The decrease in CVD prevalence indicates that the increase in the number of persons with diagnosed diabetes exceeded the increase in the number of persons with diagnosed diabetes who reported having a CVD. Continued interventions are needed to reduce modifiable CVD risk factors among persons with diabetes, better control diabetes, and decrease CVD prevalence further.

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

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2007;56:[inclusive page numbers].

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NHIS is an annual, in-person household survey of the civilian, noninstitutionalized U.S. population. The survey provides information on the health of the U.S. population, including information on prevalence and incidence of disease, extent of disability, and use of health-care services (3). NHIS data for 1997–2005 were used to estimate the number of persons with and the prevalence of self-reported CVD among persons aged ≥ 35 years with diagnosed diabetes; the questionnaire was administered to a nationally representative sample of adults (range: 31,000 to 36,000 during the study period), and adult response rates ranged from 69% to 80% (3). Diagnosed diabetes was defined as a “yes” response to the question: “Have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?” Women who only had diabetes during pregnancy were excluded. CVD was defined as a “yes” response to any of five questions.* Responses from participants who responded “don’t know” or “refused” or who did not respond to any of the five CVD questions were excluded from these analyses.

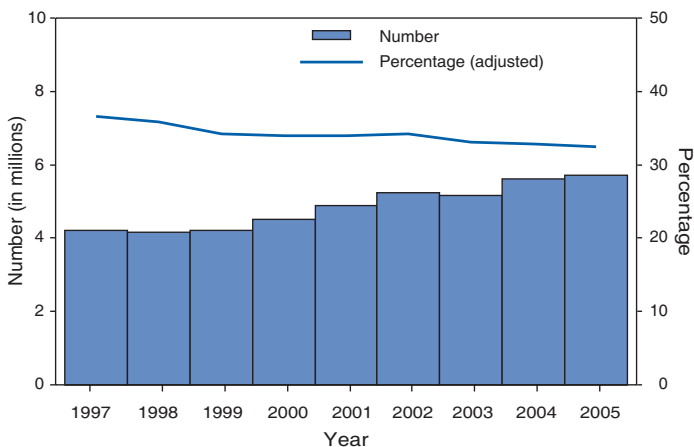
During 1997–2005, the annual number of survey respondents aged ≥ 35 years with self-reported diabetes and CVD ranged from approximately 3,700 in 1997 to 6,800 in 2004. Data were analyzed by age, sex, race (black or white), and ethnicity (Hispanic or non-Hispanic). Race and ethnicity were analyzed separately; Hispanic persons might have been of any race. To represent annual estimates, 3-year averages were calculated for 1998–2004, and 2-year averages were calculated for 1997 and 2005; 95% confidence intervals (CIs) were calculated for the averages using the standard error of the mean. Estimates were age adjusted to the 2000 U.S. standard population. Trends were assessed using linear regression analysis based on single years of data.

During 1997–2005, the estimated number of persons in the United States aged ≥ 35 years with self-reported diabetes and CVD increased 36%, from 4.2 million in 1997 to 5.7 million in 2005 (Figure 1). However, the age-adjusted prevalence of self-reported CVD among persons aged ≥ 35 years with diagnosed diabetes decreased 11.2%, from 36.6% (CI = 34.6%–38.6%) in 1997 to 32.5% (CI = 30.9%–34.1%) in 2005 ($p=0.02$).

During 1997–2005, the age-specific prevalence of self-reported CVD among persons aged 35–64 years who had diagnosed diabetes decreased by 14.1%, from 31.1%

*“Have you ever been told by a doctor or other health professional that you had coronary heart disease? Have you ever been told by a doctor or other health professional that you had angina, also called angina pectoris? Have you ever been told by a doctor or other health professional that you had a heart attack (also called myocardial infarction)? Have you ever been told by a doctor or other health professional that you had any kind of heart condition or heart disease (other than the ones I just asked about)? Have you ever been told by a doctor or other health professional that you had a stroke?”

FIGURE 1. Estimated number of persons with and prevalence* of self-reported cardiovascular disease† among persons aged ≥35 years with diagnosed diabetes — National Health Interview Survey, United States, 1997–2005

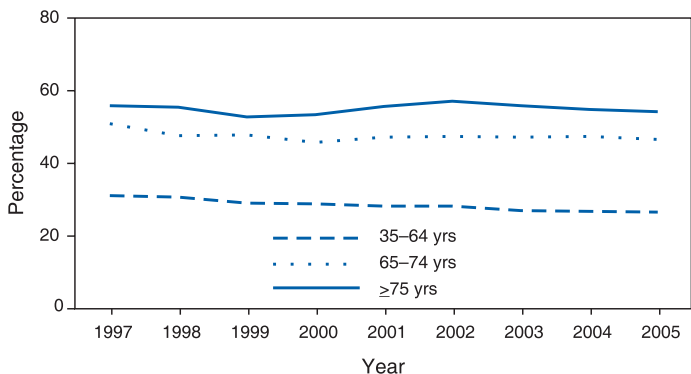


* 3-year averages for 1998–2004, 2-year averages for 1997 and 2005. Age adjusted based on the 2000 U.S. standard population.
 † Coronary heart disease, angina, myocardial infarction, any other kind of heart condition, or stroke.

(CI = 28.6%–33.6%) in 1997 to 26.7% (CI = 24.7%–28.7%) in 2005 ($p=0.006$) (Figure 2). In older age groups, trends in prevalence did not change significantly during 1997–2005, ranging from 45.7% to 50.9% for persons aged 65–74 years ($p=0.56$) and from 52.8% to 57.2% for those aged ≥75 years ($p=0.99$).

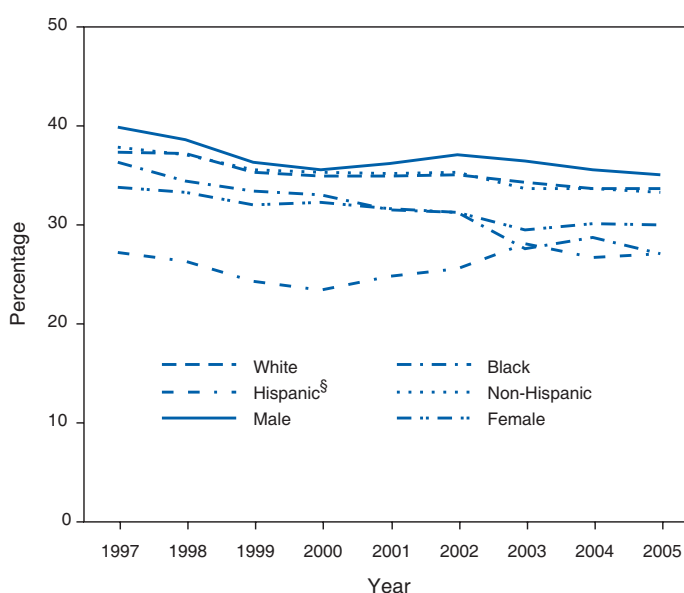
During 1997–2005, the age-adjusted CVD prevalence was higher among men than women, higher among whites than blacks, and higher among non-Hispanics than Hispanics (Figure 3). Among women, the age-adjusted prevalence

FIGURE 2. Estimated prevalence* of self-reported cardiovascular disease† among persons aged ≥35 years with diagnosed diabetes, by age group — National Health Interview Survey, United States, 1997–2005



* 3-year averages for 1998–2004, 2-year averages for 1997 and 2005.
 † Coronary heart disease, angina, myocardial infarction, any other kind of heart condition, or stroke.

FIGURE 3. Estimated age-adjusted prevalence* of self-reported cardiovascular disease† among persons aged ≥35 years with diagnosed diabetes, by sex and race/ethnicity — National Health Interview Survey, United States, 1997–2005



* 3-year averages for 1998–2004, 2-year averages for 1997 and 2005. Age adjusted based on the 2000 U.S. standard population.
 † Coronary heart disease, angina, myocardial infarction, any other kind of heart condition, or stroke.
 § Might be of any race.

decreased by 11.2%, from 33.8% (CI = 31.3%–36.3%) in 1997 to 30.0% (CI = 27.8%–32.2%) in 2005 ($p=0.02$). Among men, the age-adjusted prevalence did not decrease significantly, with rates of 39.8% (CI = 36.7%–42.9%) in 1997 and 35.1% (CI = 32.6%–37.5%) in 2005 ($p=0.10$). The age-adjusted prevalence of self-reported CVD decreased by 25.3% among blacks, with rates ranging from 36.3% (CI = 32.3%–40.4%) in 1997 to 27.1% (CI = 23.5%–30.7%) in 2005 ($p=0.03$). Among whites, no significant decrease occurred, with rates ranging from 37.4% (CI = 35.0%–39.8%) in 1997 to 33.7% (CI = 31.9%–35.5%) in 2005 ($p=0.06$). Among non-Hispanics, the rate decreased by 12%, from 37.9% (CI = 35.7%–40.1%) in 1997 to 33.3% (CI = 31.5%–35.0%) in 2005 ($p=0.02$). No clear trends were detected among Hispanics.

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Editorial Note: In 2005, CVD affected approximately 6 million adults aged ≥35 years with diabetes and was a major cause of morbidity and mortality (2,4). Risk factors for heart disease among persons with diabetes include hyperglycemia, hyperinsulinemia, hyperlipidemia, hypertension, obesity, and

microalbuminuria, which often precede the onset and diagnosis of diabetes (5). The findings in this report indicate that overall, the number of U.S. persons aged ≥ 35 years with both self-reported diabetes and CVD increased during 1997–2005. However, the prevalence of CVD among persons with diabetes decreased, indicating that the increase in the number of persons with diabetes exceeded the increase in the number of persons with both diabetes and CVD. The decrease in CVD prevalence among persons with diabetes is consistent with the trend in the age-adjusted rate for CVD hospitalizations among persons with diabetes; after peaking in 1996, the rate decreased (2). In the general population, rates of hospitalization for two CVDs, coronary atherosclerosis and acute myocardial infarction, also have decreased since 1996 (6).

The decrease in self-reported CVD prevalence in persons with diagnosed diabetes might be a result of decreasing rates of certain CVD risk factors (e.g., high total blood cholesterol, high blood pressure, and smoking), development of new pharmacologic agents such as statins, or of increasing use of preventive treatments, such as daily aspirin therapy (4,7). An additional possible reason for the decreasing rate of self-reported CVD among persons with diagnosed diabetes includes shorter duration of diabetes; national diabetes surveillance data indicate that the median duration of diabetes has decreased significantly overall and among women, but not among men (2). Continued interventions (e.g., control of blood lipid levels, blood pressure [8,9], and blood glucose) are needed to reduce modifiable risk factors among persons with diabetes, better control diabetes, and decrease CVD prevalence further.

The findings in this report are subject to at least three limitations. First, because NHIS excludes persons in nursing homes and other institutions, the number of persons with CVD and diabetes is an underestimate. Second, NHIS data on history of diabetes and CVD were self-reported; therefore, changes in awareness of CVD over time or diagnostic practices associated with CVD might influence trends in prevalence. Finally, approximately one third of persons with diabetes were unaware they have diabetes because their disease has not been diagnosed (10), which likely resulted in an underestimate of diabetes prevalence.

CDC provides resources and technical assistance to diabetes prevention and control programs in all 50 states, eight current and former territories, and the District of Columbia (DC) for activities, including 1) diabetes education, 2) improvements in and monitoring quality of diabetes care, and 3) promotion of early detection of diabetes complications.[†]

CDC also funds health departments in 32 states and DC to develop effective strategies for reducing the effects of heart disease and stroke and associated risk factors, such as high blood pressure.[§] The National Diabetes Education Program (NDEP), which is sponsored by CDC and the National Institutes of Health, aims to educate the public about controlling diabetes and preventing its complications. An NDEP campaign, Be Smart About Your Heart: Control the ABCs of Diabetes, addresses risk factors for CVD among persons with diabetes, such as poorly controlled hyperglycemia, hypertension, and hyperlipidemia.[¶]

CDC continues to work with public and private partners to reduce rates of diabetes and other risk factors for CVD and improve care of persons with these conditions. Continued surveillance of CVD using NHIS data will help public health officials monitor and assess progress in reducing CVD and its risk factors.

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[§] Available at http://www.cdc.gov/dhdsp/state_program/index.htm.

[¶] Available at http://www.ndep.nih.gov/campaigns/besmart/besmart_index.htm.

Self-Monitoring of Blood Glucose Among Adults with Diabetes — United States, 1997–2006

Blood-glucose control is critical for managing diabetes and preventing diabetes-related complications such as cardiovascular disease, retinopathy, nephropathy, and neuropathy (1). In addition to recommending that patients with diabetes have a glycated hemoglobin (HbA1c) measurement at least two times a year, the American Diabetes Association recommends self-monitoring of blood glucose (SMBG) as an integral part of diabetes management for patients who are treated with insulin and as a useful component for achieving glycemic goals for patients who use oral medications or medical nutrition therapy (2). One of the *Healthy People 2010* national objectives is to increase to 61% the proportion of persons with diabetes who perform SMBG at least once a day (objective 5–17) (3). To estimate the rates of SMBG and to track the progress of states during 1997–2006, CDC analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS) for that period. This report summarizes the findings of that analysis, which indicated that the proportion of adults with diabetes who check their blood glucose at least once a day increased at the national level, and 25 of the 38 states examined had statistically significant rate increases from 1997 to 2006. In 2006, the daily SMBG rate was 63.4% among all adults with diabetes and 86.7% among those treated with insulin. Collaborations to ensure adequate health insurance coverage, diabetes education and counseling to encourage more intensive medical care and self-management practices, and continued surveillance measures to track changes in SMBG rates are needed to improve and monitor SMBG trends.

BRFSS is an ongoing state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥ 18 years; the survey is conducted in all 50 states, the District of Columbia, and three U.S. territories. The survey sample size ranged from 135,582 in 1997 to 356,112 in 2005. The median response rate* among jurisdictions was 62.5% (range: 41.3%–88.9%) in 1997 and 51.4% (range: 35.1%–66.0%) in 2006, based on Council of American Survey and Research Organizations (CASRO) guidelines. The median cooperation rate† was 65.9% (range: 46.8%–90.1%) in 1997 and 74.5% (range: 56.9%–83.5%) in 2006. Persons with diabetes were defined as respondents who answered “yes” to the question, “Have you ever been told by a doctor that

you have diabetes?” Women who said they were told that they had diabetes only during pregnancy and respondents who stated they had prediabetes or borderline diabetes were not included. Daily SMBG was determined by response to the question, “About how often do you check your blood for glucose or sugar?” Statistical software was used to analyze data, incorporating the survey sampling design and sampling weights to make results representative of the U.S. population. Linear regression weighting the annual estimates by the inverse of their variances was used to test for 10-year national trends in SMBG. Logistic regression was used to identify factors associated with self-monitoring. A *t* test was used to compare rate differences between 1997 and 2006 at the state level. Results were considered significant if $p < 0.05$, unless otherwise noted.

In 2006, 63.4% (95% confidence interval [CI] = 62.2%–64.7%) of adults with diabetes aged ≥ 18 years reported self-monitoring their blood glucose at least once a day (Table 1), exceeding the *Healthy People 2010* target of 61%. Among adults treated with insulin, 86.7% (CI = 84.9%–88.4%) checked their blood glucose at least daily. The overall rate of SMBG increased from 40.6% in 1997 to 63.4% in 2006 among adults with diabetes. The modeled average annual increase was 2.5 percentage points (Figure). Rates increased across all age groups examined, from 44.0% to 65.5% (with an annual increase of 2.4 percentage points) among persons aged 18–44 years, from 42.9% to 62.4% (with an annual increase of 2.2 percentage points) among those aged 45–64 years, from 37.3% to 65.9% (with an annual increase of 2.9 percentage points) among those aged 65–74 years, and from 36.4% to 61.5% (with an annual increase of 3.0 percentage points) among those aged ≥ 75 years (Figure).

During 2006, the state-specific rates of SMBG among adults with diabetes ranged from 47.1% to 78.2% (Table 2). From 1997 to 2006, a total of 25 of the 38 states collecting data in both 1997 and 2006 had significant rate increases, and no state had a significant decrease (Table 2).

In multivariate analyses of 2006 data, the following had significant positive associations with daily SMBG: having a high school education compared with having less than a high school education (adjusted odds ratio [AOR] = 1.4); having health insurance coverage (AOR = 1.4); using oral medication only (AOR = 2.7), insulin only (AOR = 11.0), or both insulin and oral medication (AOR = 7.8) compared with not using insulin or oral medication; making doctor visits 1–2 times (AOR = 1.5), 3–4 times (AOR = 2.3), 5–10 times (AOR = 2.1), or ≥ 11 times (AOR = 2.6) annually compared with making no visits; and having ever taken a diabetes-education course (AOR = 1.6) (Table 1). In contrast, being male (AOR = 0.7) was associated with decreased odds for daily SMBG.

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

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

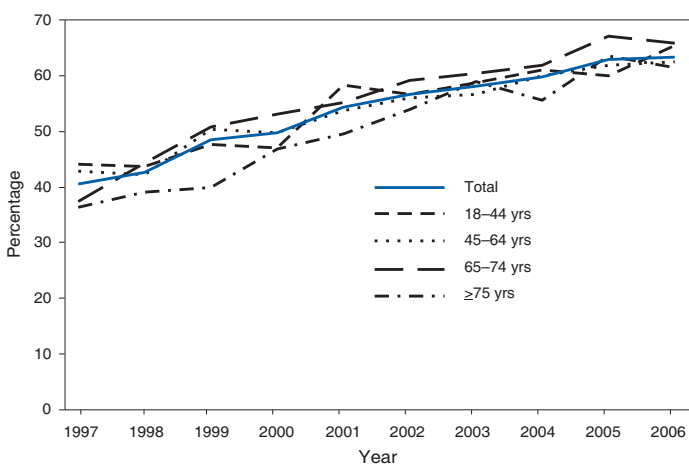
TABLE 1. Estimated rate* of daily self-monitoring of blood glucose among adults with diabetes aged ≥ 18 years, by selected characteristics — Behavioral Risk Factor Surveillance System, United States, 2006

Characteristic	No. surveyed	Rate (%)	(95% CI) [†]	AOR [§]	(95% CI)
Age group (yrs)					
18–44	3,341	65.5	(61.6–69.4)	1.0	Referent
45–64	15,916	62.4	(60.5–64.3)	0.8	(0.6–1.1)
65–74	9,402	65.9	(63.6–68.3)	0.9	(0.6–1.1)
≥ 75	7,175	61.5	(58.8–64.2)	0.7	(0.5–1.0)
Sex					
Women	21,205	65.5	(62.7–68.2)	1.0	Referent
Men	14,880	63.1	(59.8–66.4)	0.7	(0.6–0.8)
Race/Ethnicity					
White, non-Hispanic	25,690	66.0	(63.4–68.7)	1.0	Referent
Black, non-Hispanic	4,516	70.9	(66.9–75.0)	1.1	(0.9–1.4)
Hispanic	2,981	54.6	(48.3–60.8)	0.8	(0.6–1.0)
Education level					
Less than high school	6,719	54.6	(47.8–61.5)	1.0	Referent
High school	12,503	68.0	(65.0–71.1)	1.4	(1.1–1.7)
More than high school	16,747	65.3	(62.5–68.1)	1.2	(0.9–1.5)
Health insurance coverage					
No	3,085	55.5	(50.3–60.6)	1.0	Referent
Yes	32,937	65.9	(63.4–68.4)	1.4	(1.1–2.0)
Diabetes duration (yrs)					
0–4	10,083	57.8	(54.6–61.0)	1.0	Referent
5–9	6,406	64.3	(60.4–68.2)	0.9	(0.7–1.0)
10–19	7,058	68.3	(62.4–74.2)	0.9	(0.7–1.1)
≥ 20	4,893	81.2	(77.1–85.3)	1.2	(1.0–1.5)
Insulin and diabetes medication use					
No medication	4,666	35.0	(31.0–39.0)	1.0	Referent
Oral medication only	17,327	62.9	(59.3–66.4)	2.7	(2.3–3.2)
Insulin only	3,887	90.5	(88.0–93.1)	11.0	(7.6–15.8)
Insulin and oral medication	4,035	84.2	(80.0–88.3)	7.8	(6.1–10.1)
No. of doctor visits during the preceding year					
0	3,048	36.0	(31.1–40.9)	1.0	Referent
1–2	8,091	56.6	(52.7–60.4)	1.5	(1.2–1.8)
3–4	11,945	74.5	(71.9–77.1)	2.3	(1.8–2.8)
5–10	3,312	69.1	(60.6–77.5)	2.1	(1.5–2.9)
≥ 11	2,537	76.5	(69.1–84.0)	2.6	(1.8–3.7)
At least two glycated hemoglobin (HbA1c) measurements during the preceding year					
No	6,914	52.3	(48.9–55.7)	1.0	Referent
Yes	17,965	71.5	(68.6–74.5)	1.0	(0.9–1.2)
Diabetes education					
No	13,802	55.8	(52.6–59.1)	1.0	Referent
Yes	16,024	71.3	(68.3–74.2)	1.6	(1.4–1.9)
Crude total	36,085	63.4	(62.2–64.7)	—	—
Age-adjusted total	36,085	64.3	(62.1–66.4)	—	—

* Age adjusted to the 2000 U.S. standard population, except for the four age groups, for which crude data are presented.

[†] Confidence interval.[§] Adjusted odds ratio; model includes all variables.^{||} Significant ($p < 0.05$) by trend test across category.

FIGURE. Estimated crude rate of daily self-monitoring of blood glucose among adults with diabetes aged ≥ 18 years, by age group — Behavioral Risk Factor Surveillance System, United States, 1997–2006



Reported by: L Pan, MD, Q Mukhtar, PhD, LS Geiss, MA, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: SMBG allows patients to adjust food intake, physical activity, or pharmacologic therapy in response to their blood-glucose readings and to assess whether their blood-glucose levels are under control (2). In 2006, the national rate of SMBG exceeded the *Healthy People 2010* target of 61%. From 1997 to 2006, rates of SMBG increased overall, in all age groups examined, and in the majority of states examined. Health insurance policy changes and improvements in monitoring devices during this period might have influenced the rate increases. The Balanced Budget Act of 1997 provided Medicare coverage for blood-glucose monitors and testing strips for persons with insulin-treated or non-insulin-treated diabetes.[§] This change in Medicare coverage and its possible influence on the policies of private insurers might have contributed to the increases in SMBG rates. The improvement in monitoring technology makes the monitoring practice more convenient, which might also contribute to the upward trends. However, considerable variation in SMBG rates was observed among states. States with lower SMBG rates should consider taking additional steps to increase daily SMBG.

Unlike previous studies (4,5), multivariate analysis in this study indicated no significant associations between SMBG and age, race/ethnicity, or having at least two HbA1c measurements per year. However, consistent with findings from

other studies (4,5), lower rates of SMBG were correlated with being male, having less than a high school education, having no health insurance coverage, taking no medication or oral medication only, making two or fewer doctor visits annually, and not having taken a diabetes-education course. The negative associations between SMBG and lower education or lack of health insurance coverage suggest that socioeconomic barriers might impede the practice of SMBG. The cost of blood glucose-monitoring supplies might be a barrier for patients with limited economic resources (6). Positive associations were observed between SMBG and number of doctor visits, insulin use, or having ever taken a diabetes-education course, which indicates that SMBG might be associated with better disease management or more intensive medical care.

The findings in this report are subject to at least five limitations. First, BRFSS data are self-reported and subject to recall bias. Therefore, SMBG rates might be underestimated or overestimated; further investigation of the reliability and validity of self-reported SMBG is needed. Second, BRFSS excludes persons without landline telephones. Adults with only wireless telephones tend to be younger, to have lower incomes, to be Hispanic, and to have no health insurance coverage.[¶] As a result, the SMBG rates might be overestimated and might not be generalizable to certain segments of the U.S. population. Third, the median response rate of BRFSS was only 62.5% in 1997 and 51.4% in 2006; however, the potential for bias attributed to selected respondents who refused to be interviewed is low.^{**} Fourth, the states using BRFSS diabetes modules varied from year to year. During the past decade, the number of states collecting data on SMBG ranged from 39 (in 1998 and 1999) to 49 (in 2003), which might have influenced the observed upward trends. However, an average annual increase of 2.3 percentage points was observed in the overall rate, and annual increases of 2.0–2.7 percentage points were observed in age-specific rates when limiting the data analysis to the 25 states reporting data in all years from 1997 to 2006. Finally, a dichotomous variable measuring daily SMBG (i.e., did or did not practice daily) was created for this analysis, which did not allow for analysis of correlation with the intensity of self-monitoring (i.e., once or multiple times per day).

Nearly 30% of adults with diabetes are using insulin, either alone or combined with oral medication (7). Although studies on the efficacy of SMBG for patients with type 2 diabetes not treated with insulin remain inconclusive (8,9), SMBG

[§] Additional information available at http://www.cms.hhs.gov/demoprojects/evalrpts/downloads/cc_section4016_bba_1997.pdf.

[¶] Additional information available at <http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless200705.pdf>.

^{**} Additional information available at <http://ftp.cdc.gov/pub/data/brfss/userguide.pdf>.

TABLE 2. Estimated age-adjusted rate* of daily self-monitoring of blood glucose among adults with diabetes aged ≥18 years, by state/area — Behavioral Risk Factor Surveillance System, United States, 1997 and 2006

State/Area	1997		2006		Percentage-point difference (95% CI)	
	Rate (%)	(95% CI) [†]	Rate (%)	(95% CI)		
Alabama	49.3	(34.5–64.2)	67.8	(58.1–77.5)	18.5 [§]	(0.7–36.2)
Alaska	47.6	(28.6–66.6)	55.9	(38.5–73.3)	8.3	(-17.5–34.1)
Arizona	34.6	(14.3–54.9)	61.3	(46.3–76.2)	26.6 [§]	(1.4–51.8)
Arkansas	34.0	(20.2–47.7)	52.5	(44.2–60.7)	18.5 [§]	(2.4–34.6)
California	39.9	(30.8–49.0)	55.5	(45.5–65.4)	15.6 [§]	(2.1–29.1)
Colorado	44.6	(25.1–64.0)	67.0	(58.1–75.8)	22.4 [§]	(1.0–43.8)
Connecticut	—	—	—	—	—	—
Delaware	—	—	60.1	(49.7–70.4)	—	—
District of Columbia	43.3	(23.1–63.4)	—	—	—	—
Florida	54.1	(42.6–65.7)	61.8	(54.2–69.4)	7.7	(-6.2–21.5)
Georgia	35.3	(17.0–53.6)	67.0	(59.6–74.4)	31.7 [§]	(12.0–51.5)
Hawaii	38.9	(22.6–55.3)	50.1	(42.1–58.1)	11.2	(-7.0–29.4)
Idaho	59.8	(49.6–70.1)	58.1	(49.7–66.4)	-1.7	(-15.0–11.5)
Illinois	—	—	—	—	—	—
Indiana	24.9	(8.4–41.3)	70.9	(64.7–77.1)	46.0 [§]	(28.5–63.6)
Iowa	48.1	(33.7–62.4)	68.6	(60.4–76.7)	20.5 [§]	(4.0–37.1)
Kansas	33.8	(18.5–49.1)	—	—	—	—
Kentucky	37.1	(25.7–48.5)	67.8	(60.7–74.9)	30.7 [§]	(17.3–44.1)
Louisiana	35.5	(19.0–51.9)	65.9	(59.2–72.6)	30.4 [§]	(12.6–48.2)
Maine	57.0	(39.7–74.3)	47.1	(38.2–55.9)	-9.9	(-29.4–9.5)
Maryland	—	—	—	—	—	—
Massachusetts	48.8	(27.4–70.1)	—	—	—	—
Michigan	32.6	(22.6–42.5)	71.9	(65.4–78.3)	39.3 [§]	(27.5–51.1)
Minnesota	57.9	(47.0–68.8)	60.1	(47.4–72.7)	2.2	(-14.5–18.9)
Mississippi	34.4	(15.3–53.6)	70.4	(63.3–77.4)	35.9 [§]	(15.5–56.3)
Missouri	30.1	(15.9–44.2)	71.9	(63.2–80.6)	41.9 [§]	(25.3–58.5)
Montana	53.4	(35.9–70.9)	68.0	(58.6–77.3)	14.6	(-5.3–34.4)
Nebraska	57.9	(38.4–77.5)	—	—	—	—
Nevada	40.0	(19.8–60.3)	53.7	(41.9–65.5)	13.7	(-9.8–37.1)
New Hampshire	42.5	(21.7–63.4)	69.6	(61.8–77.4)	27.1 [§]	(4.8–49.3)
New Jersey	57.1	(40.6–73.7)	70.1	(63.6–76.6)	13.0	(-4.8–30.7)
New Mexico	42.4	(26.5–58.4)	66.5	(58.0–75.1)	24.1 [§]	(6.1–42.2)
New York	—	—	75.6	(65.1–86.0)	—	—
North Carolina	39.5	(28.5–50.5)	66.8	(62.2–71.4)	27.3 [§]	(15.4–39.3)
North Dakota	54.8	(39.9–69.7)	63.8	(48.6–79.0)	9.0	(-12.3–30.3)
Ohio	50.4	(35.5–65.3)	66.8	(58.5–75.1)	16.4	(-0.7–33.4)
Oklahoma	—	—	63.5	(56.1–71.0)	—	—
Oregon	54.2	(42.5–65.9)	71.5	(62.4–80.6)	17.3 [§]	(2.4–32.1)
Pennsylvania	41.2	(29.8–52.7)	63.6	(53.7–73.5)	22.4 [§]	(7.2–37.5)
Rhode Island	—	—	—	—	—	—
South Carolina	29.4	(16.1–42.7)	61.9	(53.3–70.4)	32.5 [§]	(16.7–48.2)
South Dakota	41.7	(24.6–58.8)	62.5	(52.5–72.5)	20.8 [§]	(1.0–40.6)
Tennessee	52.5	(41.1–63.8)	78.2	(71.5–85.0)	25.8 [§]	(12.6–39.0)
Texas	40.2	(27.5–52.9)	58.4	(46.2–70.5)	18.2 [§]	(0.6–35.7)
Utah	54.1	(37.9–70.2)	56.7	(43.3–70.0)	2.6	(-18.4–23.5)
Vermont	30.8	(17.4–44.1)	74.3	(68.1–80.4)	43.5 [§]	(28.8–58.2)
Virginia	40.9	(30.1–51.7)	72.4	(65.9–78.8)	31.5 [§]	(18.9–44.1)
Washington	—	—	65.6	(59.8–71.4)	—	—
West Virginia	50.4	(35.5–65.4)	70.6	(62.0–79.2)	20.2 [§]	(2.9–37.4)
Wisconsin	54.2	(36.0–72.3)	—	—	—	—
Wyoming	41.1	(26.3–55.8)	55.9	(44.4–67.4)	14.8	(-3.8–33.5)
Guam	—	—	—	—	—	—
Puerto Rico	—	—	58.3	(51.8–64.8)	—	—
U.S. Virgin Islands	—	—	51.2	(39.3–63.1)	—	—
Total	42.5	(39.4–45.6)	64.3	(62.1–66.4)	21.8[§]	(18.0–25.6)

* Age adjusted to the 2000 U.S. standard population.

[†] Confidence interval.[§] Significant (p<0.05) by *t* test for rate difference comparing 1997 with 2006.

helps persons with type 1 diabetes and insulin-treated type 2 diabetes improve their blood-glucose control (9,10). Given this scientific evidence, intervention strategies to increase SMBG should focus on persons treated with insulin.

Access to health care is an important factor associated with SMBG. Health insurance coverage of monitoring devices and supplies is integral in encouraging self-monitoring and self-management practices. Collaborations to ensure adequate insurance coverage for blood-glucose monitors, test strips, and lancets are essential for increasing the rates and benefits of SMBG. Recommendations from health professionals and the provision of diabetes education can influence the self-management practices of patients. Diabetes-education programs might increase the benefits of self-monitoring by teaching patients the optimal timing and frequency of self-monitoring, how to interpret the results correctly, and how to make appropriate diet, exercise, and pharmacologic-therapy adjustments in response to SMBG readings. Continued surveillance will be important for monitoring future trends in SMBG and the effectiveness of intervention strategies.

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State-Specific Unintentional-Injury Deaths — United States, 1999–2004

Deaths from unintentional injuries account for approximately two thirds of deaths from all injuries in the United States (1). Among persons aged 1–44 years, unintentional injuries are the leading cause of death and the leading cause of potential years of life lost before age 65 years (1). A *Healthy People 2010* national objective calls for reducing the rate of deaths caused by unintentional injuries to 17.5 per 100,000 population from a baseline of 35.0 in 1998 (objective 15-13) (2). A second objective calls for reducing the rate of deaths caused by unintentional injuries involving motor-vehicle traffic to 9.2 per 100,000 population from a 1998 baseline of 15.6 (objective 15-15) (2). To determine the progress of states toward meeting these objectives, CDC analyzed vital statistics data for the period 1999–2004. This report summarizes the results of that analysis, which determined that, as of 2004, none of the states had achieved the first *Healthy People 2010* objective, and four states and the District of Columbia (DC) had achieved the second. From 1999 to 2004, a total of 13 states reduced their unintentional-injury death rates, and 19 states reduced their motor-vehicle–traffic death rates. Overall in the United States, the rate of deaths caused by unintentional injuries increased 7%, from 35.3 per 100,000 population in 1999 to 37.7 in 2004. These findings underscore the need for states to continue to develop, implement, and evaluate injury-prevention programs and policies to reduce the number of deaths from unintentional injuries.

Annual state-specific and national data on unintentional-injury deaths in the United States were obtained via WISQARS™ (1) from the National Vital Statistics System, which compiles data from death certificates submitted by the vital records offices of all 50 states and DC. Causes of death are recorded on death certificates by attending physicians, medical examiners, or coroners, using codes from the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision* (ICD-10) (3). CDC analyzed data regarding unintentional-injury deaths that occurred during 1999–2004, the most recent years for which data were available, and calculated average annual age-adjusted rates per 100,000 population and percentage changes in rates from 1999 to 2004. Negative binomial regression was used to determine the significance (at $p < 0.05$) of changes in rates throughout the study period. Because motor-vehicle–traffic injuries are the leading cause of unintentional-injury deaths, CDC examined this cause separately. Data from years before 1999, when ICD-10 took effect, were not included in this analysis. Because cause-of-death categories changed in 1999 with the introduction of ICD-10, CDC recommends that data from

1998 and earlier years not be combined with later data for trend analyses (4).

During 1999–2004, a total of 625,328 unintentional injury deaths occurred in the United States, with motor-vehicle–traffic injuries accounting for 256,239 (41.0%) of the deaths. Poisoning (94.7% were drug related in 2004) accounted for 96,978 (15.5%) deaths, followed by falls (93,796 [15.0%]) and suffocation (33,693 [5.4%]). Overall in the United States, the average annual age-adjusted unintentional-injury death rate for this period was 36.3 deaths per 100,000 population; the annual rate increased 7% from 35.3 in 1999 to 37.7 in 2004 (Table 1). By type of injury, the average annual rates were as follows: motor vehicles, 14.9 deaths per 100,000 population; poisoning, 5.7; falls, 5.5; and suffocation, 2.0. Rates for males (50.8 deaths per 100,000 population) were more than double the rates for females (23.1).

Among states, during 1999–2004, New Mexico reported the highest average annual unintentional-injury death rate (60.9), followed by Alaska (58.6) and Mississippi (58.1) (Table 1). Massachusetts recorded the lowest rate (20.4). West Virginia recorded the greatest percentage increase (40%) in rates from 1999 to 2004, followed by DC (32%), Kentucky (25%), and Florida (24%).

Analysis of unintentional deaths from motor-vehicle–traffic injuries during 1999–2004 indicated an average annual national rate of 14.9 per 100,000 population (Table 2). As of 2004, four states (Massachusetts, New Jersey, New York, and Rhode Island) and DC had met the *Healthy People 2010* objective to reduce their motor-vehicle–traffic death rates to 9.2 per 100,000 population. The average annual death rates from motor-vehicle–traffic injuries during 1999–2004 ranged from 30.6 per 100,000 population in Mississippi to 7.7 in Massachusetts.

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Editorial Note: The findings in this report indicate that substantial additional measures are needed if states are to meet the *Healthy People 2010* targets for unintentional-injury death rates (17.5 per 100,000 population) and motor-vehicle–traffic

TABLE 1. Unintentional-injury mortality rates,* by state/area — National Vital Statistics System, United States, 1999–2004

State/Area	Annual average, 1999–							% change from 1999 to 2004
	2004	1999	2000	2001	2002	2003	2004	
Alabama	49.7	52.2	47.0	49.3	49.3	48.0	52.6	1
Alaska	58.6	56.0	64.5	61.0	59.2	55.3	56.0	0
Arizona	47.2	44.9	46.3	47.2	47.9	48.7	47.9	7†
Arkansas	47.4	47.6	46.5	46.3	47.3	46.5	50.1	5†
California	28.5	28.8	26.5	24.5	29.9	30.4	30.5	6†
Colorado	41.7	39.0	42.5	41.5	42.9	42.1	41.8	7†
Connecticut	31.4	29.3	32.8	29.4	32.5	30.1	33.9	16†
Delaware	35.9	35.3	37.7	36.7	36.3	34.8	35.2	0
District of Columbia	35.6	28.5	35.8	38.0	34.9	39.5	37.5	32†
Florida§	40.7	35.7	37.3	40.4	41.7	43.8	44.2	24†
Georgia	42.5	41.6	40.8	43.5	41.6	43.2	43.9	6†
Hawaii	29.1	24.3	28.2	29.9	30.8	31.7	29.5	21†
Idaho	44.7	48.2	41.4	43.9	46.7	45.0	43.2	-10
Illinois	32.7	33.7	32.7	32.7	33.5	31.0	32.3	-4
Indiana	36.2	38.4	35.4	35.7	34.7	35.1	38.0	-1
Iowa§	33.8	35.2	33.4	32.3	33.3	35.0	33.2	-6
Kansas	39.8	40.5	37.9	41.2	40.6	38.2	40.1	-1
Kentucky	49.7	43.3	45.7	48.9	51.0	54.9	54.3	25†
Louisiana	47.8	44.7	45.9	46.5	48.2	49.9	51.6	15†
Maine§	35.5	34.8	31.0	36.1	37.9	37.7	35.3	1
Maryland	25.4	26.0	23.3	25.8	25.2	26.6	25.8	-1†
Massachusetts§	20.4	19.6	20.2	22.0	20.6	20.5	19.6	0
Michigan	32.8	32.8	32.9	33.1	32.8	32.8	32.5	-1
Minnesota§	35.6	35.7	34.2	35.2	37.2	36.3	35.1	-2†
Mississippi	58.1	58.8	58.8	55.8	58.0	58.2	59.3	1
Missouri§	44.3	43.2	41.9	42.4	45.2	47.2	45.9	6†
Montana	53.1	50.2	53.9	49.8	55.5	54.5	55.1	10†
Nebraska	37.6	37.2	35.2	34.5	41.5	37.6	39.3	6†
Nevada	40.7	38.6	38.8	37.1	41.7	41.9	45.2	17†
New Hampshire	29.6	27.6	26.3	30.1	28.3	31.1	33.7	22†
New Jersey	27.2	26.2	26.7	27.7	29.6	26.8	26.0	-1
New Mexico§	60.9	55.9	56.9	57.7	61.2	67.0	65.4	17†
New York§	23.8	25.1	22.1	25.6	23.8	23.7	22.6	-10
North Carolina§	44.7	42.2	44.7	42.6	45.1	46.1	47.5	13†
North Dakota	36.6	38.2	35.1	33.8	35.1	39.7	38.0	-1
Ohio§	33.2	31.8	30.5	33.3	35.5	31.9	35.7	12†
Oklahoma	48.1	46.3	44.9	48.4	44.7	49.5	54.6	18†
Oregon§	37.0	34.7	35.7	36.7	38.1	37.9	38.5	11†
Pennsylvania	36.2	35.2	35.2	34.5	35.7	37.7	38.8	10†
Rhode Island§	24.7	21.4	20.4	25.3	23.3	33.5	24.5	15†
South Carolina	48.9	49.3	50.1	49.0	48.6	47.2	49.8	1
South Dakota	46.2	44.7	41.1	47.0	43.2	50.1	50.5	13†
Tennessee	49.3	47.8	48.6	47.2	47.5	51.4	53.2	11†
Texas§	39.1	37.6	37.7	39.5	40.1	40.2	39.1	4†
Utah§	33.8	33.4	34.3	32.3	35.7	34.3	32.5	-3
Vermont	36.9	34.2	37.9	36.7	37.4	36.0	39.1	14
Virginia	35.3	33.2	35.4	35.2	35.1	36.8	35.9	8†
Washington§	35.8	33.3	35.5	35.1	36.7	36.6	37.4	12†
West Virginia	48.7	41.9	43.2	44.6	50.6	53.4	58.7	40†
Wisconsin	38.7	35.5	38.9	37.4	39.8	40.8	39.4	11†
Wyoming	53.1	53.1	50.6	55.4	57.9	54.6	47.1	-12
Total	36.3	35.3	34.9	35.5	36.9	37.2	37.7	7†

* Age adjusted, per 100,000 population.

† Statistically significant by negative binomial regression ($p < 0.05$).

§ States participating in the CDC Assessment Initiative. Additional information available at http://www.cdc.gov/epo/dphsi/ai/ai-bg_new.htm.

TABLE 2. Unintentional motor-vehicle–traffic injury mortality rates,* by state/area — National Vital Statistics System, United States, 1999–2004

State/Area	Annual average, 1999–							% change from 1999 to 2004
	2004	1999	2000	2001	2002	2003	2004	
Alabama	24.3	25.6	23.3	22.6	24.3	23.1	27.0	6
Alaska	16.4	13.1	20.2	15.1	16.8	17.0	16.5	26
Arizona	19.1	18.5	19.3	18.8	19.8	19.2	18.7	1
Arkansas	24.8	23.0	24.6	23.6	24.6	25.2	27.5	20 [†]
California	11.5	10.7	10.9	11.1	12.0	12.3	12.0	12 [†]
Colorado	15.9	14.4	16.8	16.8	17.0	15.1	15.0	4
Connecticut	9.2	9.0	9.8	9.4	9.9	8.1	9.3	3
Delaware	15.1	12.4	15.6	15.3	14.5	15.9	16.6	34 [†]
District of Columbia	8.5	5.9	9.4	9.0	9.2	10.5	7.2	22
Florida [§]	18.2	17.5	18.7	18.2	18.5	18.5	18.1	3 [†]
Georgia	17.7	18.8	18.6	19.2	17.6	16.1	16.5	-12 [†]
Hawaii	9.7	7.2	10.2	9.9	9.4	11.1	10.9	51 [†]
Idaho	19.5	20.2	20.5	18.5	21.1	19.9	17.0	-16
Illinois	12.0	12.0	12.3	12.4	12.1	11.5	11.4	-5
Indiana	15.1	15.5	14.5	15.1	15.1	14.6	15.7	1
Iowa [§]	14.4	16.2	15.1	14.4	13.4	14.5	12.8	-21 [†]
Kansas	18.7	20.3	17.6	19.2	20.1	17.3	17.5	-14
Kentucky	20.7	19.2	19.5	20.0	21.5	21.3	22.6	18 [†]
Louisiana	21.4	21.3	22.0	21.5	20.7	20.8	22.1	4
Maine [§]	14.1	15.1	13.0	14.4	15.3	14.3	12.7	-16
Maryland	12.4	11.7	11.5	13.0	13.2	12.6	11.9	2
Massachusetts [§]	7.7	6.8	7.4	8.3	8.2	7.8	7.7	13 [†]
Michigan	13.4	13.8	14.5	13.7	13.2	13.0	12.1	-12 [†]
Minnesota [§]	12.6	12.5	13.0	11.8	13.7	12.8	11.7	-6
Mississippi	30.6	32.9	32.0	27.8	29.9	30.7	30.2	-8
Missouri [§]	19.4	18.4	19.0	19.1	20.8	20.6	18.6	1
Montana	24.5	22.6	24.9	23.1	26.3	26.3	23.9	6
Nebraska	16.1	16.4	15.7	14.6	18.1	16.6	14.9	-9
Nevada	16.6	17.0	15.0	15.6	18.0	16.3	17.6	4
New Hampshire	10.4	10.4	10.4	10.6	9.4	9.5	11.7	13
New Jersey	8.8	8.6	9.1	8.7	8.7	9.0	8.7	1
New Mexico [§]	23.0	22.8	23.0	23.0	22.2	22.5	24.5	8
New York [§]	8.2	8.9	7.9	8.4	8.4	7.8	7.8	-12
North Carolina [§]	19.6	19.3	20.2	19.6	19.9	19.2	19.4	1
North Dakota	16.7	18.8	14.5	17.1	15.4	16.5	17.8	-5
Ohio [§]	12.2	12.1	12.4	12.5	13.5	11.3	11.5	-5
Oklahoma	20.1	19.0	18.9	20.3	21.5	19.9	20.8	10 [†]
Oregon [§]	13.2	12.0	13.0	13.6	12.4	14.7	13.2	10 [†]
Pennsylvania	12.4	12.3	11.6	12.0	13.5	12.8	12.1	-2
Rhode Island [§]	8.4	8.1	7.3	8.8	8.3	9.2	8.9	10
South Carolina	23.9	24.2	24.8	23.9	24.5	22.2	24.0	-1
South Dakota	22.6	21.5	21.0	22.4	22.1	25.5	23.2	8
Tennessee	22.3	22.8	23.7	22.0	20.9	21.7	22.7	0
Texas [§]	17.9	17.7	18.2	18.4	18.1	17.8	16.9	-5
Utah [§]	14.2	15.9	16.5	13.2	14.1	12.7	13.1	-18 [†]
Vermont	12.5	12.5	12.1	13.8	12.4	11.0	12.7	2
Virginia	13.1	12.6	13.5	13.1	12.9	13.5	13.0	3
Washington [§]	11.6	12.3	11.8	12.1	12.0	11.3	10.3	-16 [†]
West Virginia	20.4	20.1	20.5	19.2	21.7	20.1	21.0	5
Wisconsin	14.5	13.5	15.4	14.5	15.0	14.9	13.9	3
Wyoming	25.6	27.9	23.2	27.3	29.4	24.7	21.3	-24
Total	14.9	14.7	14.9	14.8	15.2	14.8	14.7	0[†]

* Age adjusted, per 100,000 population.

[†] Statistically significant by negative binomial regression ($p < 0.05$).[§] States participating in the CDC Assessment Initiative. Additional information available at http://www.cdc.gov/epo/dphsi/ai/ai-bg_new.htm.

death rates (9.2). As of 2004, no state had met the first target, and rates in only 13 states had decreased from 1999 to 2004. Only four states and DC had met the second target, and rates in 19 states had decreased from 1999 to 2004.

Overall in the United States, the rate of unintentional-injury deaths increased by 7% from 1999 to 2004, despite no change in the motor-vehicle–traffic death rate during the study period. Although this analysis was not designed to determine the causes of the increase in unintentional-injury deaths, either at the state level or nationally, a previous report indicated that much of the increase can be attributed to an increase in unintentional poisoning deaths from 12,186 in 1999 to 20,950 in 2004, which resulted in a 62.5% increase in the age-adjusted death rate, from 4.4 per 100,000 population to 7.1 (5). The largest increases in poisonings (nearly all drug related) were among females, whites, persons living in the southern United States, and persons aged 15–24 years. Larger increases in poisoning deaths occurred in states with mostly rural populations. Strategies to prevent drug overdoses, including regulation, educational programs, and treatment measures, were recommended (5).

Because motor-vehicle–traffic deaths made up 41% of all unintentional-injury deaths in the United States during 1999–2004, progress toward reducing unintentional-injury deaths depends heavily on reductions in motor-vehicle–traffic deaths. Previously, substantial progress toward reducing motor-vehicle–traffic injuries has resulted from enactment of laws such as those limiting blood-alcohol content for persons operating motor vehicles (6) and requiring use of vehicle safety belts. However, although safety belts are the most effective means of reducing motor-vehicle–traffic injuries, 29 states have not implemented primary–enforcement laws (i.e., allowing police to stop and ticket motorists solely for not wearing a safety belt). Such laws have been more effective in increasing safety-belt use and reducing fatalities than secondary laws (i.e., allowing police to issue a safety-belt citation only if a vehicle is stopped for another reason) (7,8).

Additional strengthening of state injury-prevention programs also might help reduce unintentional injuries. A 2005 assessment of capacity among state injury programs conducted by the State and Territorial Injury Prevention Directors Association (STIPDA) determined that only 12 states had injury-prevention programs mandated by law, certain injury-prevention programs lacked access to vital-record datasets, and funding and programmatic support for injury prevention often were lacking (9). STIPDA made multiple recommendations to strengthen state injury programs (9).

The findings in this report are subject to at least two limitations. First, narrative text from death certificates is not retained in public-use datasets; therefore, the circumstances surrounding the deaths could not be analyzed. When available, these circumstances can be reviewed to ensure that the causes of death are correctly classified. Second, determining whether certain injuries (e.g., drug overdoses) are unintentional or intentional often is difficult for a coroner or medical examiner and might result in misclassification.

In addition to public health interventions, progress toward *Healthy People 2010* objectives will require better tracking of types of injuries, improved targeting of areas and risk factors related to injuries, and better assessments of needs and program effectiveness at state and local levels. Interactive Internet-based query systems* at the state level can be helpful; however, only 27 states have developed such systems (10). To increase research and intervention-development capabilities, since 1992 CDC has funded the Assessment Initiative program† to develop new methodologies for conducting community health assessments. Fifteen states§ have collaborated with local health jurisdictions and communities to improve 1) access to data, 2) skills to accurately interpret and understand data, and 3) use of data so that assessment findings drive public health program and policy decisions.

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*Such user-friendly systems enable researchers to tailor analyses of population health data by choosing among numerous surveillance variables at various geographic levels.

†Additional information available at http://www.cdc.gov/epo/dphi/ai/ai-bg_new.htm.

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Notice to Readers

Drowsy Driving Prevention Week — November 5–11, 2007

Although most persons understand the potentially fatal consequences of drinking and driving, many are unaware of the often fatal consequences of driving while drowsy. In the 2005 Sleep in America poll, 37% of respondents (representing 103 million U.S. residents) reported that they had fallen asleep while driving during the preceding year (1). Even experienced long-distance truck drivers are vulnerable; 47.1% of those surveyed in an earlier study reported that they had fallen asleep while driving a truck at some time during their lives (2). In addition to causing injury and death, drowsy driving incidents have resulted in jail sentences for drivers and lawsuits against drivers or the companies that employ them (1). Groups found to be at increased risk for drowsy driving include men aged <26 years, night-shift workers, commercial drivers, and persons with undiagnosed or untreated sleep disorders (1).

November 5–11, 2007, is Drowsy Driving Prevention Week. CDC encourages parents, health educators, and the general public to learn more about healthy sleep practices, including those that can prevent drowsy driving. Information about healthy sleep practices is available from the National Sleep Foundation at <http://www.sleepfoundation.org/site>, from CDC at <http://www.cdc.gov/sleep>, and from the National

Heart, Lung, and Blood Institute at <http://www.nhlbi.nih.gov/health/public/sleep>. In addition, information regarding a congressional report on collaborations between the National Highway Traffic Safety Administration and the National Center on Sleep Disorders Research is available at http://www.nhtsa.dot.gov/people/injury/drowsy_driving1/human/drowsy2/drws-cov.htm. Educational materials regarding drowsy driving are available at http://www.nhtsa.dot.gov/people/outreach/safesobr/21qp/html/coming_attractions/wake_up.html.

References

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Errata: Vol. 56, No. SS-7

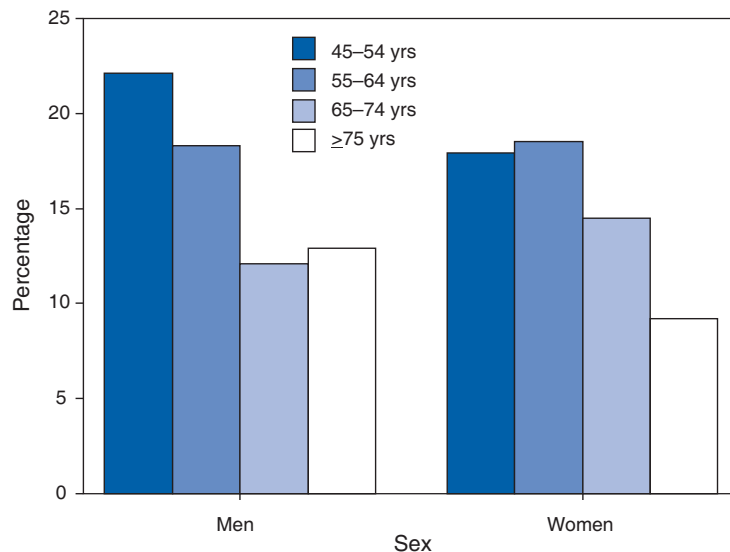
In the *MMWR Surveillance Summaries*, “Cryptosporidiosis Surveillance — United States, 2003–2005” and “Giardiasis Surveillance — United States, 2003–2005,” errors occurred. On page 16, in the left column, the last sentence of the last full paragraph should read, “Although the true burden of **giardiasis** in the United States is unknown, an estimated 2 million cases occur annually (46).”

In addition, an error occurred in coding data for 2003 for New Hampshire for cryptosporidiosis in Table 1 on page 4 and for Hawaii and New Hampshire for giardiasis in Table 1 on page 13. In both tables, the cases for 2003 were classified as outbreak cases. Subsequent analysis indicated that none of these cases was an outbreak case.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage of Patients Aged ≥ 45 Years Who Received Exercise Counseling* from Their Primary-Care Physicians,[†] by Sex and Age Group — National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey, United States, 2003–2005



* Exercise counseling was defined as follows: “Any topics related to the patient’s physical conditioning or fitness. Examples include information aimed at general health promotion and disease prevention and information given to treat or control a specific medical condition. Includes referrals to other health and fitness professionals. Does not include referrals for physical therapy.”

[†] The patient’s primary-care physician or provider was defined by survey respondents in physician offices and hospital outpatient departments who responded “yes” to the question “Are you the patient’s primary-care physician?” Visit data were reweighted to provide estimates of patients receiving counseling during any visit within the preceding 12 months.

During 2003–2005, among separate age groups of male and female patients aged ≥ 45 years, men aged 45–54 years were most likely (22.1%) to receive exercise counseling from their primary-care physician. Women aged ≥ 75 years were least likely (9.2%) to receive exercise counseling. For both men and women, the percentage of patients who received exercise counseling generally decreased as patient age increased.

SOURCE: 2003–2005 National Ambulatory Medical Care Survey and National Hospital Ambulatory Medical Care Survey data files. Available at <http://www.cdc.gov/nchs>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 27, 2007 (43rd 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	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	1	16	0	20	19	16	20	28	CA (1)
infant	—	65	1	97	85	87	76	69	
other (wound & unspecified)	1	19	1	48	31	30	33	21	CA (1)
Brucellosis	1	99	2	121	120	114	104	125	CA (1)
Chancroid	—	26	1	33	17	30	54	67	
Cholera	—	4	0	9	8	5	2	2	
Cyclosporiasis§	3	88	1	136	543	171	75	156	NY (3)
Diphtheria	—	—	0	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	25	2	67	80	112	108	164	
eastern equine	—	3	0	8	21	6	14	10	
Powassan	—	1	—	1	1	1	—	1	
St. Louis	—	4	0	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	4	411	9	646	786	537	362	511	NY (2), MD (1), FL (1)
human monocytic	4	522	8	578	506	338	321	216	NY (3), MD (1)
human (other & unspecified)	—	134	1	231	112	59	44	23	
<i>Haemophilus influenzae</i> §, **									
invasive disease (age <5 yrs):									
serotype b	—	14	0	29	9	19	32	34	
nonserotype b	—	111	2	175	135	135	117	144	
unknown serotype	—	172	3	179	217	177	227	153	
Hansen disease§	2	47	1	66	87	105	95	96	CA (2)
Hantavirus pulmonary syndrome§	—	22	0	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	4	175	4	288	221	200	178	216	OH (1), MN (2), NC (1)
Hepatitis C viral, acute	14	546	19	802	652	713	1,102	1,835	NY (1), PA (1), OH (1), MN (3), FL (1), OK (2), TX (3), WA (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	—	73	—	43	45	—	N	N	
Listeriosis	12	562	19	875	896	753	696	665	NY (1), IN (2), NC (1), AL (1), CA (7)
Measles¶¶	—	30	0	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	3	224	4	318	297	—	—	—	WA (3)
serogroup B	—	104	2	193	156	—	—	—	
other serogroup	—	24	0	32	27	—	—	—	
unknown serogroup	3	498	11	651	765	—	—	—	NY (1), CA (2)
Mumps	2	618	10	6,584	314	258	231	270	WA (1), CA (1)
Novel influenza A virus infections	—	3	—	N	N	N	N	N	
Plague	—	6	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	6	0	21	16	12	12	18	
Q fever§	2	141	1	169	136	70	71	61	NE (1), CA (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	11	—	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	83	2	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	—	368	7	380	329	353	413	412	
Tetanus	1	16	1	41	27	34	20	25	TN (1)
Toxic-shock syndrome (staphylococcal)§	—	63	2	101	90	95	133	109	
Trichinellosis	—	6	0	15	16	5	6	14	
Tularemia	—	103	2	95	154	134	129	90	
Typhoid fever	4	283	6	353	324	322	356	321	OH (1), MD (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	18	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	15	313	2	N	N	N	N	N	MD (1), GA (3), FL (7), AL (1), AZ (1), CA (2)
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting year 2007 are provisional, whereas data for 2002, 2003, 2004, 2005, and 2006 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 nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (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. 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. A total of 71 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.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending October 27, 2007, and October 28, 2006 (43rd 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	35	53	201	2,294	2,925	51	77	405	3,219	3,637	32	44	106	1,879	2,273
New England	—	2	6	100	164	2	2	5	62	101	2	2	12	102	156
Connecticut	—	0	3	20	36	—	0	5	26	43	—	0	5	32	44
Maine [§]	—	0	1	3	8	2	0	2	11	20	1	0	1	5	9
Massachusetts	—	1	4	46	78	—	0	1	4	18	—	0	3	15	62
New Hampshire	—	0	3	12	22	—	0	1	5	8	—	0	2	7	13
Rhode Island [§]	—	0	2	11	12	—	0	3	13	9	1	0	6	34	21
Vermont [§]	—	0	1	8	8	—	0	1	3	3	—	0	2	9	7
Mid. Atlantic	2	8	18	344	338	4	8	21	362	442	8	12	35	599	818
New Jersey	—	2	5	79	97	—	1	8	64	144	—	1	11	72	107
New York (Upstate)	1	1	11	64	79	4	2	13	83	52	6	4	22	187	277
New York City	—	2	7	129	108	—	1	6	76	102	—	2	10	96	158
Pennsylvania	1	2	5	72	54	—	3	8	139	144	2	4	21	244	276
E.N. Central	4	6	13	248	297	2	9	23	361	425	2	9	27	423	508
Illinois	—	2	5	90	90	—	2	6	96	117	—	1	8	66	110
Indiana	2	0	7	29	23	—	0	21	46	46	—	1	7	45	40
Michigan	—	1	8	67	100	—	2	8	93	124	—	3	10	128	124
Ohio	2	1	4	55	46	2	3	7	113	107	2	3	17	176	194
Wisconsin	—	0	3	7	38	—	0	3	13	31	—	0	3	8	40
W.N. Central	6	2	18	142	118	3	2	15	109	123	2	1	9	83	73
Iowa	—	1	4	36	9	—	0	3	19	19	1	0	1	9	10
Kansas	—	0	1	3	26	—	0	2	7	10	—	0	1	2	7
Minnesota	6	0	17	62	17	1	0	13	18	18	—	0	6	23	22
Missouri	—	0	2	24	40	1	1	5	50	55	1	0	3	36	20
Nebraska [§]	—	0	2	12	17	1	0	2	10	16	—	0	1	9	9
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	5	9	—	0	1	5	5	—	0	1	4	5
S. Atlantic	4	10	21	428	463	20	19	56	809	1,017	7	7	25	306	389
Delaware	—	0	1	7	11	—	0	3	15	42	—	0	2	7	10
District of Columbia	—	0	5	14	7	—	0	2	1	7	—	0	4	1	23
Florida	2	3	7	133	181	10	7	14	288	343	4	2	10	127	137
Georgia	1	1	4	59	49	1	2	7	97	173	—	0	2	19	28
Maryland [§]	1	1	5	68	57	2	2	6	93	131	—	1	6	54	89
North Carolina	—	0	11	49	75	6	0	16	117	142	1	1	4	37	31
South Carolina [§]	—	0	4	15	23	—	1	5	52	78	—	0	2	14	5
Virginia [§]	—	1	5	75	54	—	3	8	107	55	—	1	4	37	53
West Virginia	—	0	2	8	6	1	0	23	39	46	2	0	4	10	13
E.S. Central	—	2	5	89	110	3	7	17	294	262	1	2	6	82	90
Alabama [§]	—	0	3	16	12	—	2	10	102	72	—	0	1	9	9
Kentucky	—	0	2	19	31	1	1	7	60	61	1	1	6	43	38
Mississippi	—	0	4	8	7	—	0	8	22	10	—	0	1	—	3
Tennessee [§]	—	1	5	46	60	2	3	8	110	119	—	1	4	30	40
W.S. Central	—	5	43	181	310	7	18	169	660	731	2	2	16	93	56
Arkansas [§]	—	0	2	10	44	1	1	7	56	64	—	0	3	8	4
Louisiana	—	1	3	24	26	—	1	4	62	49	—	0	1	3	10
Oklahoma	—	0	8	11	6	4	1	24	64	57	—	0	6	5	1
Texas [§]	—	3	39	136	234	2	13	135	478	561	2	2	13	77	41
Mountain	3	4	15	212	229	—	3	7	140	119	6	2	5	87	109
Arizona	2	3	11	151	136	—	1	4	48	—	3	0	5	32	35
Colorado	—	0	3	21	35	—	0	3	24	31	—	0	2	14	23
Idaho [§]	—	0	1	4	9	—	0	1	11	12	—	0	1	5	11
Montana [§]	—	0	2	9	9	—	0	3	—	2	—	0	1	3	5
Nevada [§]	—	0	2	9	11	—	1	3	29	32	—	0	2	7	8
New Mexico [§]	—	0	2	9	14	—	0	2	10	21	—	0	2	8	5
Utah	1	0	1	6	13	—	0	4	16	21	3	0	2	15	22
Wyoming [§]	—	0	1	3	2	—	0	1	2	—	—	0	1	3	—
Pacific	16	13	92	550	896	10	10	106	422	417	2	2	11	104	74
Alaska	—	0	1	4	1	1	0	3	6	8	—	0	1	—	—
California	13	10	40	476	851	6	7	31	314	333	2	1	11	74	74
Hawaii	—	0	2	4	10	—	0	2	5	7	—	0	1	2	—
Oregon [§]	—	1	2	23	34	—	1	4	52	69	—	0	1	9	—
Washington	3	0	52	43	—	3	0	74	45	—	—	0	3	19	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	45	52	—	1	9	44	53	—	0	2	3	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 year 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 October 27, 2007, and October 28, 2006 (43rd 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	217	250	1,179	16,571	16,835	10	21	105	893	1,186	6	21	87	850	931
New England	15	38	288	2,915	3,892	1	1	5	40	47	—	1	3	35	43
Connecticut	—	10	214	1,519	1,586	—	0	3	1	10	—	0	1	6	9
Maine§	13	3	53	366	230	1	0	2	7	4	—	0	3	7	4
Massachusetts	—	1	14	64	1,393	—	0	3	21	22	—	0	2	18	22
New Hampshire	—	6	79	697	590	—	0	4	8	9	—	0	1	—	4
Rhode Island§	—	0	93	151	1	—	0	1	—	1	—	0	1	1	2
Vermont§	2	1	13	118	92	—	0	2	3	1	—	0	1	3	2
Mid. Atlantic	100	109	609	8,572	8,693	—	5	14	224	313	1	3	8	116	139
New Jersey	—	26	140	1,804	2,256	—	0	2	—	81	—	0	2	13	18
New York (Upstate)	85	50	426	2,859	3,212	—	1	5	56	38	1	1	3	30	31
New York City	—	1	21	146	281	—	3	7	133	152	—	0	4	26	53
Pennsylvania	15	41	296	3,763	2,944	—	1	4	35	42	—	1	5	47	37
E.N. Central	—	7	131	1,100	1,644	—	2	6	92	144	—	3	9	124	144
Illinois	—	1	12	111	107	—	1	6	41	73	—	1	3	40	38
Indiana	—	0	7	41	21	—	0	2	9	11	—	0	4	24	21
Michigan	—	1	5	53	50	—	0	2	15	17	—	0	3	23	24
Ohio	—	0	3	16	40	—	0	2	18	27	—	1	2	28	42
Wisconsin	—	4	118	879	1,426	—	0	2	9	16	—	0	3	9	19
W.N. Central	—	5	195	460	598	—	0	12	28	34	—	1	5	53	56
Iowa	—	1	11	99	93	—	0	1	3	2	—	0	3	12	17
Kansas	—	0	2	9	4	—	0	1	2	7	—	0	1	1	4
Minnesota	—	1	188	317	484	—	0	12	11	14	—	0	3	16	12
Missouri	—	0	6	27	5	—	0	1	5	6	—	0	3	14	13
Nebraska§	—	0	1	6	11	—	0	1	6	3	—	0	2	5	6
North Dakota	—	0	7	2	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	3
S. Atlantic	92	54	175	3,263	1,849	2	4	13	211	294	—	3	11	142	159
Delaware	—	11	34	614	432	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	50	—	0	2	3	3	—	0	1	—	1
Florida	3	1	11	77	19	1	1	7	51	50	—	1	7	55	61
Georgia	—	0	1	2	7	—	0	5	29	79	—	0	5	21	14
Maryland§	56	26	110	1,727	1,047	1	1	5	51	67	—	0	2	20	13
North Carolina	—	0	8	42	27	—	0	4	20	28	—	0	6	16	24
South Carolina§	—	0	2	23	18	—	0	1	6	9	—	0	2	14	19
Virginia§	24	12	61	698	237	—	1	4	45	51	—	0	2	13	16
West Virginia	9	0	14	67	12	—	0	1	2	2	—	0	2	2	7
E.S. Central	—	1	5	47	31	—	0	3	30	23	—	1	4	41	36
Alabama§	—	0	3	11	7	—	0	1	5	9	—	0	2	7	5
Kentucky	—	0	2	5	7	—	0	1	7	3	—	0	2	9	9
Mississippi	—	0	0	—	3	—	0	1	2	6	—	0	4	9	4
Tennessee§	—	0	4	31	14	—	0	2	16	5	—	0	2	16	18
W.S. Central	—	1	6	53	21	1	1	29	73	88	—	2	15	84	84
Arkansas§	—	0	1	1	—	1	0	0	1	4	—	0	2	9	10
Louisiana	—	0	1	2	1	—	0	2	14	7	—	0	4	25	34
Oklahoma	—	0	0	—	—	—	0	3	5	7	—	0	4	15	8
Texas§	—	1	6	50	20	—	1	25	53	70	—	0	11	35	32
Mountain	1	0	4	36	27	1	1	6	49	65	—	1	4	53	63
Arizona	—	0	1	2	9	1	0	3	12	22	—	0	2	12	15
Colorado	—	0	1	2	—	—	0	2	16	15	—	0	2	17	20
Idaho§	—	0	2	7	6	—	0	2	2	1	—	0	1	3	3
Montana§	—	0	2	4	—	—	0	1	3	2	—	0	1	2	4
Nevada§	—	0	2	8	3	—	0	1	2	3	—	0	1	4	6
New Mexico§	—	0	1	4	3	—	0	1	4	5	—	0	1	2	5
Utah	1	0	2	6	5	—	0	3	10	17	—	0	2	11	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	9	2	16	125	80	5	3	45	146	178	5	4	48	202	207
Alaska	1	0	1	7	3	—	0	1	2	23	—	0	1	1	3
California	6	2	9	112	71	5	2	7	106	136	2	3	10	144	160
Hawaii	N	0	0	N	N	—	0	1	2	8	—	0	2	8	8
Oregon§	—	0	1	3	6	—	0	3	13	11	—	0	3	28	36
Washington	2	0	8	3	—	—	0	43	23	—	3	0	43	21	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	3	1	—	0	1	6	6
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. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting year 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 October 27, 2007, and October 28, 2006 (43rd 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	109	170	1,479	7,147	11,669	75	95	156	4,220	4,778	11	31	211	1,709	1,868
New England	3	28	77	1,079	1,468	3	12	22	493	405	—	0	10	2	11
Connecticut	—	2	5	59	99	—	4	10	194	174	—	0	0	—	—
Maine†	—	1	13	67	118	1	2	7	74	105	—	0	0	—	—
Massachusetts	—	22	46	845	920	—	0	0	—	—	—	0	1	2	10
New Hampshire	—	1	7	50	187	—	1	4	42	40	—	0	0	—	1
Rhode Island†	—	0	31	17	49	1	0	4	36	29	—	0	9	—	—
Vermont†	3	0	9	41	95	1	3	13	147	57	—	0	0	—	—
Mid. Atlantic	6	22	155	951	1,529	1	14	44	733	463	—	1	6	54	81
New Jersey	—	2	11	117	255	—	0	0	—	—	—	0	2	6	38
New York (Upstate)	4	12	146	492	688	—	—	—	—	—	—	0	1	3	—
New York City	—	2	6	97	81	1	1	5	40	30	—	0	3	23	22
Pennsylvania	2	6	15	245	505	—	13	44	693	433	—	0	3	22	21
E.N. Central	3	29	79	1,196	1,843	2	4	48	366	152	—	1	4	40	60
Illinois	—	3	23	112	458	—	1	15	109	46	—	0	3	23	25
Indiana	—	1	45	51	184	—	0	1	11	11	—	0	2	4	6
Michigan	2	7	20	247	512	1	1	27	175	44	—	0	1	3	4
Ohio	1	15	54	587	504	1	0	11	71	51	—	0	2	10	24
Wisconsin	—	3	24	199	185	—	0	0	—	—	—	0	0	—	1
W.N. Central	46	13	151	547	1,080	1	5	13	226	275	—	4	31	351	187
Iowa	—	3	16	116	263	1	0	3	30	56	—	0	4	13	5
Kansas	—	3	12	104	255	—	2	8	95	67	—	0	1	1	1
Minnesota	46	0	119	157	161	—	0	5	28	37	—	0	1	1	3
Missouri	—	2	9	63	273	—	0	3	39	63	—	3	25	320	153
Nebraska†	—	1	12	51	83	—	0	0	—	—	—	0	2	12	25
North Dakota	—	0	18	4	25	—	0	6	16	16	—	0	0	—	—
South Dakota	—	1	6	52	20	—	0	2	18	36	—	0	1	4	—
S. Atlantic	3	18	163	785	924	60	40	76	1,803	1,984	3	14	111	827	1,035
Delaware	—	0	2	10	3	—	0	0	—	—	—	0	2	14	21
District of Columbia	—	0	1	2	6	—	0	0	—	—	—	0	1	1	1
Florida	1	4	18	190	184	—	0	29	103	176	1	0	4	21	13
Georgia	—	1	4	25	82	34	4	34	234	231	—	0	5	33	49
Maryland†	1	2	8	93	123	—	7	18	304	366	—	1	7	55	71
North Carolina	—	4	112	273	155	15	9	19	434	446	—	4	96	521	754
South Carolina†	—	2	9	65	153	—	0	11	46	150	—	1	7	60	35
Virginia†	—	2	17	99	175	11	13	31	618	524	2	2	11	117	88
West Virginia	1	0	19	28	43	—	0	10	64	91	—	0	3	5	3
E.S. Central	1	6	32	337	302	—	3	9	140	222	6	4	16	230	340
Alabama†	—	2	18	78	73	—	0	5	—	76	3	1	9	74	81
Kentucky	—	0	1	7	56	—	0	3	18	27	—	0	2	5	3
Mississippi	—	1	29	180	33	—	0	1	1	4	—	0	2	13	7
Tennessee†	1	2	7	72	140	—	3	7	121	115	3	2	10	138	249
W.S. Central	10	20	226	819	718	—	2	27	72	856	1	1	168	166	107
Arkansas†	7	1	17	129	81	—	0	5	27	26	1	0	53	90	46
Louisiana	—	0	1	14	24	—	0	1	—	6	—	0	1	2	4
Oklahoma	—	0	36	6	18	—	0	22	45	58	—	0	108	45	28
Texas†	3	17	174	670	595	—	0	26	—	766	—	0	7	29	29
Mountain	20	22	61	903	2,193	—	3	14	199	198	1	0	4	31	45
Arizona	1	4	13	178	451	—	2	12	139	130	—	0	1	7	11
Colorado	—	6	17	230	652	—	0	0	—	—	—	0	2	4	4
Idaho†	—	1	5	34	81	—	0	0	—	24	—	0	1	4	14
Montana†	—	0	7	36	104	—	0	3	17	14	—	0	1	1	2
Nevada†	—	0	5	12	65	—	0	1	2	5	—	0	0	—	—
New Mexico†	—	1	7	56	114	—	0	2	8	8	—	0	1	4	7
Utah	19	7	47	338	654	—	0	2	16	11	1	0	0	1	—
Wyoming†	—	0	4	19	72	—	0	4	17	6	—	0	2	10	7
Pacific	17	13	547	530	1,612	8	4	10	188	223	—	0	3	8	2
Alaska	1	0	8	42	87	1	0	6	38	16	N	0	0	N	N
California	—	3	167	144	1,346	7	2	8	139	184	—	0	3	6	—
Hawaii	—	0	2	17	84	N	0	0	N	N	N	0	0	N	N
Oregon†	—	2	14	98	95	—	0	3	11	23	—	0	1	2	2
Washington	16	2	377	229	—	—	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	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	1	—	61	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	2	—	0	5	37	71	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 year 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 October 27, 2007, and October 28, 2006 (43rd Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	26	98	261	4,126	4,463	13	29	108	1,258	1,077
New England	—	6	28	339	303	—	2	11	95	100
Connecticut	—	0	23	109	78	—	0	6	12	30
Maine [§]	—	0	3	23	17	—	0	1	2	—
Massachusetts	—	3	12	153	154	—	1	6	63	58
New Hampshire	—	0	4	32	35	—	0	2	8	8
Rhode Island [§]	—	0	12	6	7	—	0	2	8	4
Vermont [§]	—	0	2	16	12	—	0	1	2	—
Mid. Atlantic	5	17	41	764	804	3	4	37	210	152
New Jersey	—	3	10	107	129	—	1	4	25	55
New York (Upstate)	4	5	27	252	260	3	2	15	90	74
New York City	—	4	13	179	145	—	1	35	95	23
Pennsylvania	1	5	11	226	270	N	0	0	N	N
E.N. Central	—	16	33	687	847	2	5	14	192	279
Illinois	—	5	13	190	256	—	1	6	48	72
Indiana	—	2	12	102	102	1	0	10	17	47
Michigan	—	4	10	169	176	—	1	4	60	64
Ohio	—	4	14	197	214	1	1	7	55	56
Wisconsin	—	0	6	29	99	—	0	2	12	40
W.N. Central	—	5	32	276	296	1	2	8	94	97
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	28	48	—	0	1	1	11
Minnesota	—	0	29	137	136	—	1	6	64	61
Missouri	—	2	6	68	65	—	0	2	17	12
Nebraska [§]	—	0	3	23	26	1	0	1	11	10
North Dakota	—	0	2	13	11	—	0	2	1	3
South Dakota	—	0	2	7	10	—	0	0	—	—
S. Atlantic	11	22	52	1,047	1,009	3	4	14	232	65
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	14	—	0	1	—	1
Florida	5	6	16	261	250	2	1	5	57	—
Georgia	2	5	13	210	213	—	0	5	44	—
Maryland [§]	1	4	10	176	185	1	1	6	52	53
North Carolina	2	1	22	144	145	—	0	0	—	—
South Carolina [§]	—	1	7	83	55	—	1	4	41	—
Virginia [§]	—	2	11	131	112	—	0	4	31	—
West Virginia	1	0	3	24	25	—	0	4	7	11
E.S. Central	2	4	13	178	179	2	1	6	76	17
Alabama [§]	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	35	40	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	17
Tennessee [§]	2	3	13	143	139	2	1	6	73	—
W.S. Central	3	6	90	261	342	—	4	43	179	180
Arkansas [§]	—	0	2	17	24	—	0	2	10	19
Louisiana	—	0	4	16	16	—	0	4	27	20
Oklahoma	1	1	23	61	90	—	1	13	43	44
Texas [§]	2	3	64	167	212	—	2	27	99	97
Mountain	4	10	23	458	578	—	4	12	152	167
Arizona	1	4	11	179	299	—	2	7	90	92
Colorado	—	3	9	128	102	—	1	4	36	45
Idaho [§]	—	0	2	16	8	—	0	1	2	2
Montana [§]	N	0	0	N	N	N	0	0	N	N
Nevada [§]	—	0	1	2	—	—	0	1	1	2
New Mexico [§]	—	1	4	49	111	—	0	4	19	26
Utah	3	2	7	79	54	—	0	2	4	—
Wyoming [§]	—	0	1	5	4	—	0	0	—	—
Pacific	1	3	9	116	105	2	0	4	28	20
Alaska	1	0	3	31	N	2	0	2	26	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	85	105	—	0	2	2	20
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	—	—	U	U	U	—	—	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 year 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 October 27, 2007, and October 28, 2006 (43rd 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	13	46	256	1,879	1,997	5	9	35	351	326	133	201	310	8,450	7,886
New England	—	2	12	87	105	—	0	3	11	3	7	5	13	216	170
Connecticut	—	2	5	50	79	—	0	2	4	—	3	0	10	28	36
Maine§	—	0	2	9	6	—	0	2	2	1	—	0	2	9	8
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	3	8	127	104
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	3	25	11
Rhode Island§	—	0	4	15	9	—	0	1	3	—	3	0	5	25	9
Vermont§	—	0	2	13	11	—	0	1	2	2	—	0	1	2	2
Mid. Atlantic	—	2	9	102	120	—	0	5	22	18	27	28	44	1,265	952
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	8	166	142
New York (Upstate)	—	1	5	35	38	—	0	4	7	9	1	3	14	113	126
New York City	—	0	0	—	—	—	0	0	—	—	26	17	34	783	458
Pennsylvania	—	2	6	67	82	—	0	2	15	9	—	4	10	203	226
E.N. Central	4	9	40	441	418	—	2	7	63	69	12	15	27	642	731
Illinois	—	0	4	16	22	—	0	1	2	6	1	7	13	291	354
Indiana	3	3	31	121	109	—	0	5	22	17	—	1	6	45	77
Michigan	—	0	1	2	16	—	0	1	1	2	7	2	9	101	97
Ohio	1	5	38	302	271	—	1	5	38	44	4	3	9	159	147
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	46	56
W.N. Central	—	2	124	118	86	—	0	15	9	13	—	6	14	289	239
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	13	15
Kansas	—	0	11	63	—	—	0	2	5	—	—	0	2	18	21
Minnesota	—	0	123	—	51	—	0	15	—	10	—	1	4	61	42
Missouri	—	1	5	47	33	—	0	0	—	3	—	4	11	188	141
Nebraska§	—	0	1	2	1	—	0	0	—	—	—	0	1	2	7
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	7	12
S. Atlantic	8	21	59	830	958	3	4	15	179	152	58	48	180	2,014	1,763
Delaware	—	0	1	8	—	—	0	1	2	—	—	0	3	12	16
District of Columbia	—	0	1	5	23	—	0	0	—	2	—	3	12	141	99
Florida	5	11	29	477	513	2	2	8	103	98	44	16	38	762	604
Georgia	3	7	17	290	324	1	1	10	66	52	1	7	153	301	320
Maryland§	—	0	1	1	—	—	0	0	—	—	6	6	15	255	252
North Carolina	—	0	0	—	—	—	0	0	—	—	6	5	23	276	247
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	2	11	83	57
Virginia§	N	0	0	N	N	—	0	0	—	—	1	4	17	179	159
West Virginia	—	1	17	49	98	—	0	1	8	—	—	0	1	5	9
E.S. Central	1	3	9	132	161	2	0	3	30	29	10	18	30	727	603
Alabama§	N	0	0	N	N	—	0	0	—	—	3	7	16	294	272
Kentucky	—	0	2	19	30	—	0	1	2	6	—	1	7	49	60
Mississippi	—	0	2	—	22	—	0	0	—	—	—	2	9	85	60
Tennessee§	1	2	8	113	109	2	0	3	28	23	7	7	14	299	211
W.S. Central	—	2	12	121	69	—	0	3	17	7	6	34	53	1,462	1,284
Arkansas§	—	0	1	1	10	—	0	0	—	2	6	2	10	104	60
Louisiana	—	1	4	52	59	—	0	2	7	5	—	9	23	386	253
Oklahoma	—	0	10	68	—	—	0	2	10	—	—	1	4	48	60
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	39	924	911
Mountain	—	1	6	48	80	—	0	3	17	35	3	7	19	273	416
Arizona	—	0	0	—	—	—	0	0	—	—	1	3	12	105	159
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	31	59
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	2	0	1	3	1
Nevada§	—	0	3	18	16	—	0	2	5	2	—	2	6	87	116
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	37	63
Utah	—	0	6	18	33	—	0	3	10	23	—	0	2	6	15
Wyoming§	—	0	2	12	31	—	0	1	2	10	—	0	1	3	—
Pacific	—	0	0	—	—	—	0	1	3	—	10	38	58	1,562	1,728
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	7	10
California	N	0	0	N	N	—	0	0	—	—	5	35	55	1,419	1,533
Hawaii	—	0	0	—	—	—	0	1	3	—	—	0	2	7	15
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	14	16
Washington	N	0	0	N	N	—	0	0	—	—	5	2	12	115	154
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	1	3	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	3	3	10	132	118
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 year 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 October 27, 2007, and October 28, 2006 (43rd Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease [†]									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive					Nonneuroinvasive [§]				
		Med	Max			Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	356	796	2,813	28,289	36,798	—	1	128	1,035	1,485	—	2	289	2,160	2,755
New England	1	15	124	575	3,589	—	0	2	7	9	—	0	2	5	3
Connecticut	—	0	76	2	1,336	—	0	2	4	7	—	0	1	1	2
Maine [¶]	—	0	7	—	198	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	2	3	2	—	0	2	3	1
New Hampshire	—	7	16	270	334	—	0	0	—	—	—	0	0	—	—
Rhode Island [¶]	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Vermont [¶]	1	7	66	303	580	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	101	195	3,306	4,071	—	0	3	17	26	—	0	1	5	12
New Jersey	N	0	0	N	N	—	0	1	1	2	—	0	0	—	3
New York (Upstate)	N	0	0	N	N	—	0	0	—	8	—	0	0	—	4
New York City	—	0	0	—	—	—	0	3	12	8	—	0	1	2	4
Pennsylvania	1	101	195	3,306	4,071	—	0	1	4	8	—	0	1	3	1
E.N. Central	84	218	568	7,956	11,853	—	0	18	93	244	—	0	9	49	174
Illinois	—	2	11	114	119	—	0	14	54	127	—	0	7	31	88
Indiana	—	0	0	—	—	—	0	3	11	27	—	0	1	8	53
Michigan	25	94	258	3,263	3,732	—	0	5	13	43	—	0	0	—	12
Ohio	59	101	449	3,782	7,147	—	0	4	12	36	—	0	3	7	11
Wisconsin	—	19	80	797	855	—	0	1	3	11	—	0	1	3	10
W.N. Central	39	32	136	1,350	1,442	—	0	40	232	223	—	0	114	700	482
Iowa	N	0	0	N	N	—	0	4	10	22	—	0	3	14	15
Kansas	—	8	52	439	278	—	0	3	11	17	—	0	7	26	13
Minnesota	—	0	0	—	—	—	0	11	42	31	—	0	11	57	34
Missouri	39	15	78	765	1,052	—	0	9	54	51	—	0	2	10	10
Nebraska [¶]	N	0	0	N	N	—	0	5	18	44	—	0	15	122	218
North Dakota	—	0	60	84	44	—	0	11	49	20	—	0	47	312	117
South Dakota	—	1	15	62	68	—	0	9	48	38	—	0	32	159	75
S. Atlantic	45	99	239	4,117	3,712	—	0	11	36	18	—	0	6	30	14
Delaware	—	1	4	37	61	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	8	14	34	—	0	0	—	—	—	0	1	—	2
Florida	12	23	76	1,027	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	22	2	—	0	4	23	6
Maryland [¶]	N	0	0	N	N	—	0	2	6	10	—	0	2	4	1
North Carolina	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
South Carolina [¶]	18	21	72	884	957	—	0	2	2	1	—	0	1	2	—
Virginia [¶]	—	26	190	1,200	1,404	—	0	1	2	—	—	0	1	1	5
West Virginia	15	22	50	955	1,256	—	0	0	—	1	—	0	0	—	—
E.S. Central	2	7	571	432	28	—	0	11	63	118	—	0	13	87	98
Alabama [¶]	2	7	571	429	26	—	0	2	15	8	—	0	1	4	—
Kentucky	N	0	0	N	N	—	0	1	3	5	—	0	0	—	1
Mississippi	—	0	2	3	2	—	0	7	41	89	—	0	11	80	91
Tennessee [¶]	N	0	0	N	N	—	0	1	4	16	—	0	1	3	6
W.S. Central	156	150	1,640	8,411	9,796	—	0	27	186	370	—	0	13	79	232
Arkansas [¶]	10	12	105	593	741	—	0	5	13	24	—	0	2	5	5
Louisiana	—	1	11	99	193	—	0	5	20	90	—	0	3	9	86
Oklahoma	—	0	0	—	—	—	0	10	48	27	—	0	7	38	21
Texas [¶]	146	138	1,534	7,719	8,862	—	0	16	105	229	—	0	5	27	120
Mountain	24	55	131	2,108	2,307	—	0	35	249	389	—	1	139	975	1,479
Arizona	—	0	0	—	—	—	0	6	32	64	—	0	10	42	76
Colorado	—	21	62	825	1,229	—	0	17	95	66	—	0	65	449	278
Idaho [¶]	N	0	0	N	N	—	0	2	8	139	—	0	19	101	856
Montana [¶]	10	5	40	327	N	—	0	10	36	12	—	0	30	159	22
Nevada [¶]	—	0	1	1	9	—	0	1	1	34	—	0	3	10	90
New Mexico [¶]	—	5	37	307	321	—	0	8	38	3	—	0	6	22	5
Utah	14	13	73	621	694	—	0	8	24	56	—	0	7	28	102
Wyoming [¶]	—	0	8	27	54	—	0	4	15	15	—	0	34	164	50
Pacific	4	0	9	34	—	—	0	17	152	88	—	0	22	230	261
Alaska	4	0	9	34	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	17	148	81	—	0	20	212	196
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon [¶]	N	0	0	N	N	—	0	1	4	7	—	0	4	18	62
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	3
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	6	30	168	207	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	30	467	492	—	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 year 2007 are provisional.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (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 2003 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 October 27, 2007 (43rd 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	512	371	99	20	8	14	44	S. Atlantic	1,089	681	258	94	27	27	53
Boston, MA	150	99	34	8	5	4	15	Atlanta, GA	111	72	23	12	3	1	1
Bridgeport, CT	36	27	7	2	—	—	5	Baltimore, MD	140	75	37	13	6	9	7
Cambridge, MA	10	5	4	1	—	—	—	Charlotte, NC	120	74	28	9	4	5	9
Fall River, MA	19	16	3	—	—	—	2	Jacksonville, FL	139	90	38	8	3	—	7
Hartford, CT	46	32	7	2	—	5	5	Miami, FL	132	82	31	17	1	1	9
Lowell, MA	23	19	3	—	—	1	1	Norfolk, VA	46	29	8	3	—	4	—
Lynn, MA	14	9	3	2	—	—	2	Richmond, VA	53	28	18	4	1	2	—
New Bedford, MA	20	16	3	1	—	—	2	Savannah, GA	54	36	11	1	4	2	5
New Haven, CT	34	20	11	1	—	2	3	St. Petersburg, FL	37	24	8	4	—	1	3
Providence, RI	37	28	9	—	—	—	2	Tampa, FL	171	115	34	18	2	2	7
Somerville, MA	1	—	1	—	—	—	—	Washington, D.C.	70	42	21	4	3	—	3
Springfield, MA	29	23	3	2	1	—	2	Wilmington, DE	16	14	1	1	—	—	2
Waterbury, CT	27	24	3	—	—	—	2	E.S. Central	869	570	215	45	15	23	69
Worcester, MA	66	53	8	1	2	2	3	Birmingham, AL	182	130	37	6	3	5	17
Mid. Atlantic	2,137	1,463	467	134	36	36	122	Chattanooga, TN	77	51	20	3	1	2	7
Albany, NY	37	28	7	1	—	1	1	Knoxville, TN	102	73	22	6	—	1	4
Allentown, PA	26	22	3	1	—	—	3	Lexington, KY	49	26	17	1	1	4	1
Buffalo, NY	78	52	17	7	1	1	9	Memphis, TN	155	97	40	11	3	4	14
Camden, NJ	38	20	8	7	—	3	—	Mobile, AL	81	53	19	4	3	2	6
Elizabeth, NJ	15	10	4	1	—	—	1	Montgomery, AL	59	30	24	—	3	2	5
Erie, PA	37	29	5	2	—	1	3	Nashville, TN	164	110	36	14	1	3	15
Jersey City, NJ	23	16	4	1	—	2	2	W.S. Central	1,483	953	337	117	25	51	64
New York City, NY	987	678	211	69	14	15	48	Austin, TX	77	50	16	5	2	4	5
Newark, NJ	28	17	6	3	2	—	—	Baton Rouge, LA	60	34	11	12	—	3	—
Paterson, NJ	11	8	2	—	—	1	2	Corpus Christi, TX	45	30	11	3	1	—	1
Philadelphia, PA	448	282	118	26	14	8	24	Dallas, TX	192	102	52	21	4	13	1
Pittsburgh, PA [‡]	34	21	11	1	—	1	3	El Paso, TX	108	89	12	2	4	1	—
Reading, PA	31	24	7	—	—	—	3	Fort Worth, TX	111	77	30	1	2	1	8
Rochester, NY	126	88	25	8	2	2	12	Houston, TX	385	225	101	42	3	14	15
Schenectady, NY	25	22	2	—	1	—	5	Little Rock, AR	90	60	18	3	3	6	3
Scranton, PA	25	23	2	—	—	—	2	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	103	75	20	5	2	1	3	San Antonio, TX	238	165	46	20	2	5	15
Trenton, NJ	29	22	7	—	—	—	—	Shreveport, LA	55	36	13	3	1	2	5
Utica, NY	13	8	3	2	—	—	1	Tulsa, OK	122	85	27	5	3	2	11
Yonkers, NY	23	18	5	—	—	—	—	Mountain	1,019	649	253	67	30	20	64
E.N. Central	1,986	1,284	447	135	44	75	110	Albuquerque, NM	107	67	28	6	2	4	10
Akron, OH	56	26	14	3	1	12	2	Boise, ID	65	42	17	4	1	1	4
Canton, OH	27	21	4	—	—	2	2	Colorado Springs, CO	71	47	18	3	3	—	9
Chicago, IL	341	195	94	34	9	8	19	Denver, CO	73	36	30	2	3	2	6
Cincinnati, OH	95	59	23	9	2	2	12	Las Vegas, NV	273	176	68	19	7	3	14
Cleveland, OH	236	166	55	7	3	5	15	Ogden, UT	30	25	5	—	—	—	2
Columbus, OH	190	129	40	12	4	5	7	Phoenix, AZ	164	97	37	17	7	6	10
Dayton, OH	125	91	24	7	2	1	4	Pueblo, CO	20	14	3	1	1	1	—
Detroit, MI	178	84	54	13	9	18	4	Salt Lake City, UT	119	75	29	9	3	3	5
Evansville, IN	41	29	7	3	1	1	3	Tucson, AZ	97	70	18	6	3	—	4
Fort Wayne, IN	59	43	11	5	—	—	2	Pacific	1,367	945	299	81	25	16	95
Gary, IN	22	9	7	3	1	2	—	Berkeley, CA	14	11	2	—	—	1	2
Grand Rapids, MI	54	35	10	3	1	5	2	Fresno, CA	147	102	40	3	2	—	8
Indianapolis, IN	193	126	39	16	6	6	9	Glendale, CA	U	U	U	U	U	U	U
Lansing, MI	41	27	13	1	—	—	1	Honolulu, HI	65	47	15	1	1	1	8
Milwaukee, WI	79	55	15	5	3	1	5	Long Beach, CA	60	37	19	4	—	—	7
Peoria, IL	37	23	7	4	1	2	6	Los Angeles, CA	U	U	U	U	U	U	U
Rockford, IL	42	29	9	3	—	1	4	Pasadena, CA	21	17	2	2	—	—	2
South Bend, IN	33	26	5	1	1	—	2	Portland, OR	104	71	25	4	2	1	5
Toledo, OH	90	67	13	6	—	4	7	Sacramento, CA	198	135	39	16	5	3	7
Youngstown, OH	47	44	3	—	—	—	4	San Diego, CA	128	88	22	13	4	1	13
W.N. Central	587	396	128	27	15	20	33	San Francisco, CA	130	86	33	10	—	1	15
Des Moines, IA	75	65	4	1	2	3	1	San Jose, CA	157	113	31	5	3	5	12
Duluth, MN	28	20	7	—	—	1	—	Santa Cruz, CA	36	25	7	3	1	—	4
Kansas City, KS	24	15	6	1	—	2	3	Seattle, WA	131	88	25	12	5	1	5
Kansas City, MO	97	62	24	4	2	5	3	Spokane, WA	59	40	16	2	—	1	2
Lincoln, NE	23	20	3	—	—	—	3	Tacoma, WA	117	85	23	6	2	1	5
Minneapolis, MN	72	42	22	4	3	1	3	Total	11,049**	7,312	2,503	720	225	282	654
Omaha, NE	73	52	14	2	—	5	6								
St. Louis, MO	75	39	18	8	6	3	10								
St. Paul, MN	57	43	12	1	1	—	4								
Wichita, KS	63	38	18	6	1	—	—								

U: Unavailable. —:No reported cases.

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

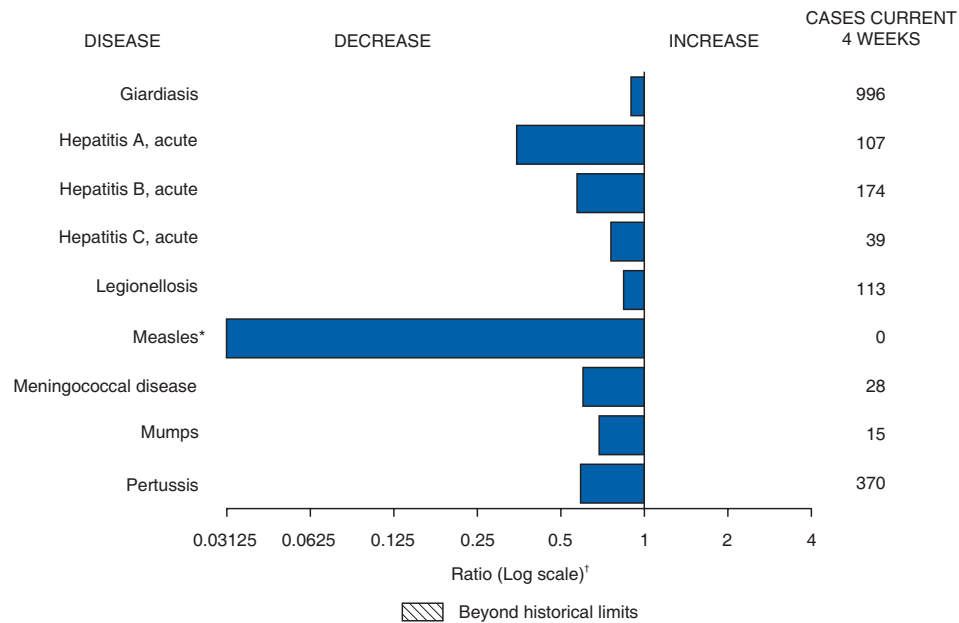
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals October 27, 2007, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 43 of zero (0).
 † 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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