



# MMWR™

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### Great American Smokeout — November 15, 2007

In 2006, approximately 45.3 million (one in five) U.S. adults were current smokers (1). November 15, 2007, marks the American Cancer Society's 31st annual Great American Smokeout, an event designed to encourage cigarette smokers to quit smoking for at least 1 day so that they might quit permanently. Smoking cessation has substantial and immediate health benefits for men and women of all ages (2).

Smokers who use effective cessation aids such as clinician assistance, pharmacotherapy approved by the Food and Drug Administration, and behavioral counseling (e.g., quitlines) can increase their likelihood of quitting permanently (3). All 50 states, the District of Columbia, and certain U.S. territories have quitlines that can be reached at 800-QUIT-NOW (800-784-8669). Other interventions that increase cessation include implementing sustained media campaigns, reducing patient out-of-pocket treatment costs, increasing the price of tobacco products, and establishing smoke-free environments (4).

Information on the Great American Smokeout is available at [http://www.cancer.org/docroot/ped/ped\\_10\\_4.asp](http://www.cancer.org/docroot/ped/ped_10_4.asp) or by telephone: 800-227-2345. Advice on how to quit smoking is available at <http://www.smokefree.gov>.

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### Cigarette Smoking Among Adults — United States, 2006

One of the national health objectives for 2010 is to reduce the prevalence of cigarette smoking among adults to  $\leq 12\%$  (objective 7-1a) (1). To assess progress toward achieving this objective, CDC analyzed data from the 2006 National Health Interview Survey (NHIS). This report summarizes the results of that analysis, which indicated that in 2006, approximately 20.8% of U.S. adults were current cigarette smokers. This prevalence had not changed significantly since 2004 (2), suggesting a stall in the previous 7-year (1997–2004) decline in cigarette smoking among adults in the United States. In addition, the findings indicated that persons with a diagnosis of a smoking-related chronic disease have a significantly higher prevalence of being a current smoker than persons with other chronic diseases or persons with no chronic disease. To reduce smoking prevalence further in the United States, comprehensive, evidence-based approaches for preventing smoking initiation and increasing cessation, including clinical interventions for populations at high risk, need to be fully implemented (3).

The 2006 NHIS adult core questionnaire, containing questions on cigarette smoking and cessation attempts, was administered by in-person interview to a nationally representative sample of 24,275 persons in the noninstitutionalized U.S. civilian population aged  $\geq 18$  years; the overall response rate was 70.8%. To classify smoking status, respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?"; Those who

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answered “yes” were asked, “Do you now smoke cigarettes every day, some days, or not at all?” Ever smokers were defined as those who reported having smoked at least 100 cigarettes during their lifetimes. Current smokers were those who had smoked at least 100 cigarettes during their lifetimes and, at the time of the interview, reported smoking every day or some days. Former smokers were those who reported smoking at least 100 cigarettes during their lifetimes but currently did not smoke. Never smokers were those who reported never having smoked 100 cigarettes during their lifetimes. Among current cigarette smokers, making at least one cessation attempt during the preceding year was defined as a “yes” response to the question, “During the past 12 months, have you stopped smoking for more than one day because you were trying to quit smoking?” Respondents were categorized as having a chronic disease if they answered “yes” to any one of a series of questions about 42 chronic diseases (i.e., “Have you ever been told by a doctor or other health professional that you had...?”); of these chronic diseases, 16 were considered to be smoking related\* (4). Data were adjusted for nonresponse and weighted to provide national estimates of cigarette smoking prevalence. Because the distribution of smoking-related morbidity varies by age, estimates of current, former, and never smokers by chronic disease status were age adjusted to the 2000 U.S. adult population; 95% confidence intervals were calculated using statistical analysis software to account for the survey’s multistage probability sample design. Statistical significance was determined by non-overlapping confidence intervals.

In 2006, an estimated 20.8% (45.3 million) of U.S. adults were current cigarette smokers; of these, 80.1% (36.3 million) smoked every day, and 19.9% (9.0 million) smoked some days. Among current cigarette smokers, an estimated 44.2% (19.9 million) had stopped smoking for more than 1 day during the preceding 12 months because they were trying to quit. Of the estimated 91 million persons who had smoked at least 100 cigarettes during their lifetimes (i.e., ever smokers), 50.2% (45.7 million) had quit smoking at the time of the interview.

The prevalence of current cigarette smoking varied substantially among population subgroups. By sex, prevalence was higher among men (23.9%) than women (18.0%) (Table 1). Among racial/ethnic groups, Asians had the

\* Cigarette smoking has been identified by the Surgeon General as a cause of selected malignant neoplasms, cardiovascular diseases, and respiratory diseases (4). Smoking-related chronic diseases include 1) cancers: lung; bladder; cervix; esophagus; kidney; larynx-windpipe; mouth, tongue, or lip; pancreas; stomach; and throat-pharynx; 2) cardiovascular diseases: coronary heart disease, angina pectoris, heart attack, and stroke; and 3) respiratory diseases: emphysema and chronic bronchitis.

**TABLE 1. Estimated percentage of persons aged ≥18 years who were current smokers,\* by sex and selected characteristics — National Health Interview Survey, United States, 2006**

Characteristic	Men (n = 10,715)		Women (n = 13,560)		Total (N = 24,275)	
	%	(95% CI) <sup>†</sup>	%	(95% CI)	%	(95% CI)
<b>Race/Ethnicity<sup>§</sup></b>						
White, non-Hispanic	24.3	(23.0–25.6)	19.7	(18.6–20.8)	21.9	(21.0–22.8)
Black, non-Hispanic	27.6	(24.2–31.0)	19.2	(17.3–21.1)	23.0	(21.1–24.9)
Hispanic	20.1	(17.8–22.4)	10.1	(8.5–11.7)	15.2	(13.7–16.7)
American Indian/Alaska Native, non-Hispanic <sup>¶</sup>	35.6	(18.7–52.5)	29.0	(15.7–42.3)	32.4	(19.7–45.1)
Asian, non-Hispanic <sup>**</sup>	16.8	(13.1–20.5)	4.6	(3.0–6.2)	10.4	(8.4–12.4)
<b>Education (yrs)<sup>††</sup></b>						
0–12 (no diploma)	30.6	(27.9–33.3)	23.0	(20.7–25.3)	26.7	(25.0–28.4)
≤8	22.3	(18.5–26.1)	12.3	(9.7–14.9)	17.4	(15.1–19.7)
9–11	40.1	(35.7–44.5)	31.4	(27.7–35.1)	35.4	(32.5–38.3)
12	27.9	(21.5–34.3)	23.3	(17.5–29.1)	25.6	(21.2–30.0)
GED <sup>§§</sup> diploma	51.3	(43.4–59.2)	40.2	(33.2–47.2)	46.0	(40.5–51.5)
High school diploma	27.6	(25.3–29.9)	20.4	(18.7–22.1)	23.8	(22.3–25.3)
Associate degree	25.4	(22.1–28.7)	17.8	(15.2–20.4)	21.2	(19.1–23.3)
Some college	26.1	(24.2–28.0)	20.0	(18.3–21.7)	22.7	(21.4–24.0)
Undergraduate degree	10.8	(9.0–12.6)	8.4	(7.0–9.8)	9.6	(8.5–10.7)
Graduate degree	7.3	(5.4–9.2)	5.8	(4.1–7.5)	6.6	(5.3–7.9)
<b>Age group (yrs)</b>						
18–24	28.5	(24.7–32.3)	19.3	(16.7–21.9)	23.9	(21.7–26.1)
25–44	26.0	(24.3–27.7)	21.0	(19.7–22.3)	23.5	(22.4–24.6)
45–64	24.5	(22.7–26.3)	19.3	(17.9–20.7)	21.8	(20.6–23.0)
≥65	12.6	(10.6–14.6)	8.3	(7.0–9.6)	10.2	(9.2–11.2)
<b>Poverty status<sup>¶¶</sup></b>						
At or above federal poverty level	22.9	(21.6–24.2)	17.8	(16.8–18.8)	20.4	(19.6–21.2)
Below federal poverty level	34.0	(30.0–38.0)	28.0	(25.2–30.8)	30.6	(28.0–33.2)
Unknown	23.3	(21.0–25.6)	14.2	(12.6–15.8)	18.3	(16.9–19.7)
<b>Total</b>	<b>23.9</b>	<b>(22.8–25.0)</b>	<b>18.0</b>	<b>(17.2–18.8)</b>	<b>20.8</b>	<b>(20.1–21.5)</b>

\* Persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking every day or some days. Excludes 315 respondents whose smoking status was unknown.

† Confidence interval.

§ Excludes 266 respondents of unknown race or multiple races.

¶ Wide variances in estimates reflect small sample sizes.

\*\* Does not include Native Hawaiians or Other Pacific Islanders.

†† Among persons aged ≥25 years. Excludes 305 persons whose educational level was unknown.

§§ General Educational Development.

¶¶ Based on family income reported by respondents and 2005 poverty thresholds published by the U.S. Census Bureau.

lowest prevalence (10.4%). Hispanics had a significantly lower prevalence of smoking (15.2%) than American Indians/Alaska Natives (32.4%), non-Hispanic blacks (23.0%), and non-Hispanic whites (21.9%).

Prevalence also varied by level of education. Smoking prevalence was highest among adults who had earned a General Educational Development (GED) diploma (46.0%) and those with 9–11 years of education (35.4%); overall, smoking prevalence decreased as education level increased. By age group, adults aged 18–24 years and 25–44 years had the highest prevalence of smoking (23.9% and 23.5%, respectively). The prevalence of current smoking was higher among adults living below the federal poverty level (30.6%) than among those at or above this level (20.4%).

Before 2006, certain population subgroups already had achieved smoking prevalences that were lower than the

national health objective of 12%, and the prevalences remained low in 2006. These included Hispanic (10.1%) and Asian (4.6%) women, women with undergraduate (8.4%) or graduate (5.8%) degrees, men with undergraduate (10.8%) or graduate (7.3%) degrees, and women aged ≥65 years (8.3%).

In 2006, the age-adjusted prevalence of current smoking was 36.9% among persons with a smoking-related chronic disease and 19.3% among those without a chronic disease (Table 2). Current smoking prevalence was higher among persons with smoking-related cancers (other than lung cancer) (38.8%), coronary heart disease (CHD) (29.3%), and stroke (30.1%) than among persons without chronic diseases, and nearly half (49.1%) of U.S. adults with emphysema and 41.1% of those with chronic bronchitis were current smokers. With the exception of persons who had a stroke, persons with any smoking-related chronic disease

**TABLE 2. Estimated age-adjusted prevalence of current smokers,\* former smokers,† and never smokers‡ among U.S. adults aged ≥18 years, by chronic disease status — National Health Interview Survey, United States, 2006**

Disease	Current smokers		Former smokers		Never smokers	
	%	(95% CI <sup>¶</sup> )	%	(95% CI)	%	(95% CI)
<b>Any smoking-related chronic disease**</b>	<b>36.9</b>	<b>(34.2–40.0)</b>	<b>26.0</b>	<b>(23.6–28.5)</b>	<b>37.1</b>	<b>(34.3–40.0)</b>
<b>Malignant neoplasms</b>						
Lung	20.9	(9.5–39.8)	61.2	(41.5–77.9)	17.9	(8.0–35.6)
Other cancers <sup>††</sup>	38.8	(32.0–46.1)	33.2	(26.3–40.9)	28.0	(22.2–34.7)
<b>Cardiovascular disease</b>						
Coronary heart disease <sup>§§</sup>	29.3	(23.2–36.2)	31.8	(25.7–38.6)	38.9	(33.7–44.4)
Stroke	30.1	(22.6–38.8)	23.0	(17.8–29.1)	47.0	(38.4–55.8)
<b>Respiratory disease</b>						
Emphysema	49.1	(40.1–58.2)	28.6	(21.8–36.5)	22.3	(13.6–34.3)
Chronic bronchitis	41.1	(37.4–45.0)	20.0	(17.4–23.0)	38.9	(34.9–43.0)
<b>Other chronic disease<sup>¶¶</sup></b>	<b>23.0</b>	<b>(21.9–24.1)</b>	<b>23.5</b>	<b>(22.5–24.5)</b>	<b>53.5</b>	<b>(52.2–54.9)</b>
<b>No chronic disease</b>	<b>19.3</b>	<b>(18.4–20.2)</b>	<b>16.4</b>	<b>(15.4–17.4)</b>	<b>64.3</b>	<b>(63.1–65.6)</b>

\* Persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking every day or some days.

† Persons who reported smoking at least 100 cigarettes during their lifetimes but who currently did not smoke.

‡ Persons who reported never smoking 100 cigarettes during their lifetimes.

¶ Confidence interval.

\*\* Includes smoking-related malignant neoplasms, cardiovascular diseases, and respiratory diseases. Cigarette smoking has been identified by the Surgeon General as a cause of these diseases (US Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2004).

†† Includes cancers of the bladder; cervix; esophagus; kidney; larynx-windpipe; mouth, tongue, or lip; pancreas; stomach; and throat-pharynx.

§§ Includes coronary heart disease, angina pectoris, and myocardial infarction.

¶¶ Includes chronic diseases that were not smoking related.

were significantly less likely to have never smoked than those with other chronic diseases (53.5%) or no chronic disease (64.3%). Persons with lung cancer (17.9%) and emphysema (22.3%) were least likely to be never smokers.

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**Editorial Note:** Cigarette smoking remains the leading preventable cause of disease and death in the United States, resulting in approximately 438,000 deaths annually (5). The prevalence of cigarette smoking remained relatively unchanged during the early 1990s but gradually decreased from 1997 (24.7%) to 2004 (20.9%) (Figure). This report indicates that the prevalence of current smoking among U.S. adults in 2006 (20.8%) was not significantly different from the prevalence in 2004 (20.9%), suggesting a stall in previous declines. This lack of a decrease in cigarette use during 2 years might be a result of several factors. Most notably, funding for comprehensive state programs for tobacco control and prevention decreased by 20.3% from 2002 to 2006 (6), and tobacco-industry marketing expenditures nearly doubled from 1998 (\$6.7 billion) to

2005 (\$13.1 billion) (7). In 2005, approximately 81% (\$10.6 billion) of tobacco-industry marketing expenditures were related to discounting strategies (e.g., coupons, two-for-one offers, or promotional discounts for retailers or wholesalers) (7) that reduce the impact of increases in the unit price of tobacco, which are effective in preventing initiation of smoking and increasing cessation.†

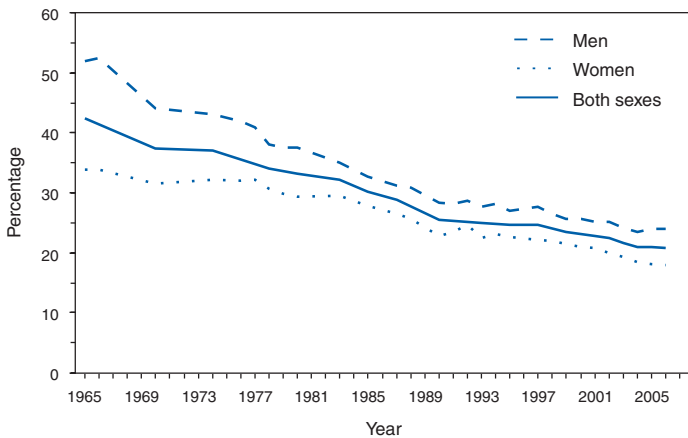
Among smokers who already have a smoking-related chronic disease, those who quit have a lower risk for death from the disease than those who continue smoking (8). Smokers who quit have a slower rate of decline in lung function and a lower incidence of bronchitis, emphysema, and other respiratory conditions than persons who continue to smoke (8). Among smokers with CHD, those who quit have a lower risk for further CHD-related morbidity and mortality than those who continue to smoke (8). In addition, smokers who have cancer and who continue smoking during

treatment decrease treatment effectiveness, overall survival prognosis, and quality of life and increase the risk for having another malignancy or comorbid condition (9). The continuation of smoking among those who have smoking-related chronic diseases described in this report highlights the need for health-care providers to emphasize the importance of quitting. Health-care providers should repeatedly offer intensive smoking-cessation interventions to all of their patients, especially those with smoking-related chronic diseases who continue to smoke.

The findings in this report are subject to at least three limitations. First, estimates of cigarette smoking are based on self-report and are not validated by biochemical tests. However, self-reported population-based data on current smoking status have high validity when compared with measured serum cotinine levels (10). Second, the NHIS questionnaire is administered in English and Spanish only, which might have resulted in imprecise estimates for certain racial/ethnic subgroups because of language barriers. Third, the small NHIS samples for certain population groups (e.g.,

† CDC. The guide to community preventive services: tobacco. Available at <http://www.thecommunityguide.org/tobacco>.

**FIGURE. Estimated percentage of persons aged  $\geq 18$  years who were current smokers,\* by sex — National Health Interview Survey, United States, 1965–2006**



\*During 1965–1991, current smokers were defined as persons who reported smoking at least 100 cigarettes during their lifetimes and who, at the time of interview, reported smoking (“Have you smoked at least 100 cigarettes in your entire life?” and “Do you smoke cigarettes now?”). In 1992, the definition changed to more accurately assess intermittent smoking (i.e., smoking on some days) and included persons who reported they smoked either every day or some days (“Do you now smoke cigarettes every day, some days, or not at all?”)

American Indians/Alaska Natives) resulted in unstable single-year estimates with large confidence intervals.

Since the 1960s, smoking prevalence in the United States has decreased substantially (Figure); however, recent data suggest that declines in both adolescent and adult smoking prevalence might be stalling. Cigarette smoking continues to result in substantial costs. The economic costs of smoking in the United States are estimated at \$167 billion annually (\$92 billion in productivity losses from premature death and \$75.5 billion in health-care expenditures) (5). In 2007, the Institute of Medicine concluded that funding comprehensive tobacco-control programs at levels recommended by CDC and regulations designed to foster policy innovations are essential strategies that should be implemented to reduce tobacco use (3).

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## Salmonella Typhimurium Infection Associated with Raw Milk and Cheese Consumption — Pennsylvania, 2007

In February 2007, the Pennsylvania Department of Health received reports, through routine electronic laboratory disease reporting, of two persons with recent laboratory-confirmed infections with *Salmonella enterica* serotype Typhimurium. Both persons had reported drinking raw (unpasteurized) milk from the same York County, Pennsylvania, dairy (dairy A). *S. Typhimurium* isolates from these persons had pulsed-field gel electrophoresis (PFGE) patterns that were indistinguishable by use of the *Xba*I restriction enzyme. The same month, the Pennsylvania Department of Agriculture (PDA) received reports of illness from raw-milk customers of dairy A. PDA obtained milk samples from the raw-milk bulk tank at dairy A, which yielded *S. Typhimurium* with a PFGE pattern that was identical to the pattern from patient isolates. On February 26, the Pennsylvania Department of Health and PDA launched an investigation to determine the source and scope of the outbreak. This report summarizes the findings of that investigation, which determined that 29 cases of diarrheal illness caused by *S. Typhimurium* were associated with consumption of raw milk or raw-milk products from dairy A. The findings underscore the need to inform policymakers and the public of the potential health risks associated with raw-milk consumption.

## Epidemiologic and Laboratory Investigation

In Pennsylvania, raw-milk sales are legal at farms that hold a PDA permit, and vendors must display public notices regarding the potential hazards of consuming raw milk (1). Dairy A owned 120 cows and sold raw milk for pasteurization and by PDA permit directly to consumers. In February 2007, PDA estimated that dairy A was selling 200–300 gallons of raw milk weekly to 275 regular customers.

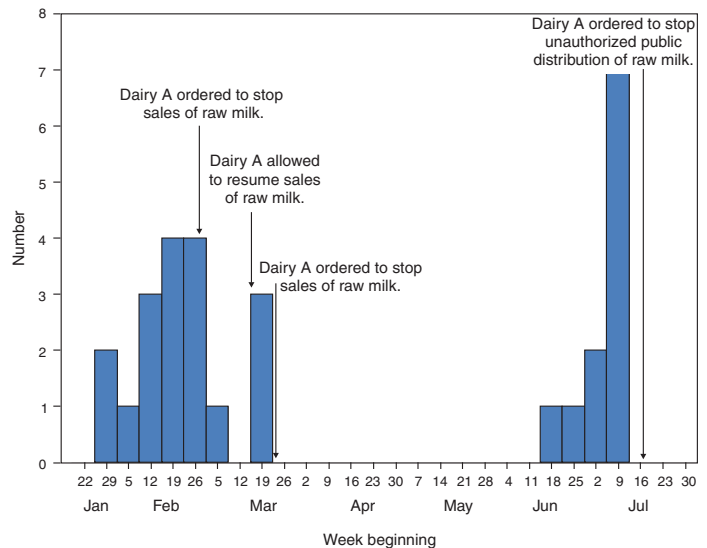
A case of salmonellosis was defined as a diarrheal illness with onset since February 1, 2007, in a Pennsylvania resident who provided a stool specimen that tested positive for *S. Typhimurium* with a PFGE pattern that matched the outbreak pattern by use of the *Xba*I restriction enzyme. Nationally notifiable disease reports from Pennsylvania since January 2005 were reviewed for PFGE-matched *S. Typhimurium* isolates to identify cases and risk factors. To locate additional cases, ill household contacts of persons with confirmed cases were asked to provide food histories and submit stool specimens for testing. Raw milk for testing was obtained from dairy A milk tanks on five dates (February 20, February 28, March 27, May 14, and July 19) and from households of two ill persons on two dates (February 28 and July 20). In addition, PDA conducted multiple dairy A inspections during February–July 2007.

## Investigative Findings

A total of 29 cases were identified, with illness onset occurring in three temporal clusters during February 3–July 14, 2007 (Figure). The first cluster consisted of 15 cases with onsets of illness from February 3 to March 5. Raw-milk samples were collected February 20 from a dairy A bulk milk tank and February 28 from the home of an ill person. Both sets of samples yielded the outbreak strain of *S. Typhimurium*. On March 2, PDA ordered dairy A to stop raw-milk sales and advised the public not to consume raw-milk products from dairy A.

On March 19, PDA allowed dairy A to resume sales of raw milk after PDA conducted inspections and recorded two consecutive negative cultures from milk-tank samples. However, a second cluster of three cases was detected when the outbreak strain of *S. Typhimurium* was identified in another patient, whose diarrheal illness began on March 21 and who had consumed raw milk from dairy A after sales resumed. The two additional cases were identified in persons with onsets of illness on March 19 and March 22. The first of these occurred in one of six ill persons who primarily spoke Spanish and who told investigators they

**FIGURE. Number of cases\* of diarrheal illness caused by infection with *Salmonella* Typhimurium, indistinguishable by pulsed-field gel electrophoresis, by week of illness onset — Pennsylvania, 2007**



\* N = 29.

had not consumed raw milk. However, when reinterviewed in early April, three of these six persons reported consuming queso fresco (a type of soft cheese) they bought at a grocery store serving the local Hispanic community. PDA learned that the queso fresco had been made by an unlicensed producer who purchased approximately 20 gallons of raw milk weekly from dairy A. Sale of raw-milk cheeses aged <60 days is illegal in Pennsylvania. Subsequently, in April, PDA inspectors seized 18 unlabeled retail containers of queso fresco from the grocery store. The cheese tested positive for alkaline phosphatase, indicating the cheese was produced from unpasteurized milk (2). Bacterial cultures were negative for pathogens.

On March 27, PDA again ordered dairy A to halt raw-milk sales and suspended its raw-milk permit. No additional cases were noted until June–July 2007, when a third cluster of 11 PFGE-matched *S. Typhimurium* cases was detected through routine electronic laboratory reporting. Of these, 10 occurred among residents of three counties near dairy A. On July 19, PDA confirmed that dairy A had been distributing raw milk to the public despite its suspended permit; the date when illegal milk distribution began could not be determined. The outbreak strain of *S. Typhimurium* was isolated from dairy A raw milk collected from a bulk milk tank on July 19 and from the home of an ill person on July 20. PDA ordered dairy A to halt distribution of raw milk on July 20 and subsequently revoked the raw-milk permit for this dairy.

Among the 29 persons identified with diarrheal illness and PFGE-matched *S. Typhimurim*, 17 (59%) were male, and the median age was 6 years (range: 5 months–76 years). Fourteen (48%) patients reported drinking raw milk from dairy A, four (14%) consumed unregulated queso fresco (three linked to dairy A raw milk and one from an unknown source), and two (7%) consumed raw milk but did not identify the source. Two (7%) other patients were unrelated infants aged 5 months and 7 months. The parents of these infants acknowledged that raw milk from dairy A was present in their households but told investigators the milk was not consumed by the infants. For seven (24%) patients who did not reside with any of the other patients, no source of exposure to *S. Typhimurium* could be determined. Two of the 29 patients were hospitalized; no deaths were reported.

### Environmental Inspections

Eight PDA inspections of dairy A conducted during January–April 2007 revealed improper cleaning of milking equipment, insufficient supervision of workers, unspecified illness among lactating cows, and bird and rodent infestation. On at least two inspections, the required public notice regarding the potential hazards of drinking raw milk was not visible at the dairy A retail store.

*S. Typhimurium* matched by PFGE to the outbreak pattern was isolated from dairy A raw-milk tank samples collected on three different dates (February 20, May 14, and July 19); an *S. Typhimurium* isolate collected from a milk tank February 28 was unavailable for PFGE typing. In addition to *Salmonella*, dairy A raw-milk tank samples also yielded *Listeria monocytogenes* (February 28, May 14, and July 19) and *Campylobacter jejuni* (February 28 and May 14). Although a stool specimen from one patient with February 28 illness onset yielded both *S. Typhimurium* and *C. jejuni*, the *Campylobacter* isolate was unavailable for subtyping. No *Listeria* infections were associated with dairy A.

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**Editorial Note:** Raw milk is a well-documented source of infections from *Salmonella*, *Escherichia coli* O157:H7, *Campylobacter*, *Listeria*, *Mycobacterium bovis*, and other pathogens (2–6). In 1938, before widespread adoption of milk pasteurization in the United States, an estimated 25% of all foodborne and waterborne outbreaks of disease were associated with milk (7). By 2001, the percentage of such outbreaks associated with milk was estimated at <1% (7).

During 1998–2005, a total of 45 outbreaks of foodborne illness were reported to CDC in which unpasteurized milk (or cheese suspected to have been made from unpasteurized milk) was implicated. These outbreaks accounted for 1,007 illnesses, 104 hospitalizations, and two deaths (CDC, unpublished data, 2007). Because not all cases of foodborne illness are recognized and reported, the actual number of illnesses associated with unpasteurized milk likely is greater.

In the investigations described in this report, the evidence indicating raw milk from dairy A as the source of this outbreak included the 1) high percentage of ill persons who reported consuming either raw milk (48%) or queso fresco traced to raw milk (10%) from dairy A, 2) temporal associations between clusters of illnesses and starts and stops of distribution of raw milk by dairy A, and 3) repeated isolation of the outbreak strain of *S. Typhimurium* from dairy A raw-milk tanks. The PFGE pattern of the outbreak strain (*Xba*I JPXX01.0022) is rare, previously identified only 24 times in isolates from 11 states in 3 years, in a national PulseNet database of approximately 43,000 *S. Typhimurium* isolates.

Consumers have reported consuming raw milk for convenience, taste preference, or perceived health benefits. Although some advocates claim health benefits from raw milk compared with pasteurized milk, including decreased risks for atherosclerosis, arthritis, and lactose intolerance, such claims are not supported by scientific evidence (8). Unsubstantiated claims of health benefits of raw milk for infants and children are particularly concerning for caregivers because infants and children are dependent on their caregivers to make safe dietary decisions for them. Sixteen of the 29 ill persons in this outbreak were aged <7 years.

Pathogens that infect humans are shed in the feces of cows, can be present in or on the udders of cows, and can contaminate their milk. Standard hygiene practices during milking can reduce but not eliminate the risk for milk contamination. In a 2001–2002 survey of Pennsylvania dairy farms, pathogenic bacteria, including *Salmonella*, were isolated from 13% of samples from raw-milk bulk tanks (9). Pasteurization decreases the number of pathogenic organisms, prevents transmission of pathogens, and has been determined to improve the safety of milk more than other measures, including certification of raw milk (4,5).

Farms in Pennsylvania that hold PDA raw-milk permits undergo twice-monthly milk testing for coliforms and standard plate counts and monthly testing for growth inhibitors and somatic cell counts; annual PDA inspection and culture of raw milk for *Salmonella*, *Campylobacter*, *E. coli* O157, and *L. monocytogenes*; and annual herd skin testing

for *Mycobacterium bovis* and *Brucella* (1). Despite these measures, consumers cannot be assured that certified raw milk is free of pathogens.

As of 2004, at least 27 states permitted some form of raw-milk sales to the public, including sales at dairies, farmers' markets, or through purchase of "cow shares." Certain states also allow public sales of raw milk but for pet food only (10). In Pennsylvania, the number of dairies with raw-milk permits increased from 42 in 2005 to 75 in 2007. During 2006–2007, three clusters of illness from *Campylobacter* were associated with consumption of raw milk from three different Pennsylvania dairies (Pennsylvania Department of Health, unpublished data, 2007). During the same period, PDA announced raw-milk recalls from three other dairies after finding *L. monocytogenes* in milk samples; no human illness was associated with these findings.

Given the continued interest in raw-milk production, policymakers, parents, and the public need to be informed regarding the potential health risks posed by raw-milk consumption. The only sure way for consumers to prevent raw-milk-associated infection from *Salmonella* or other pathogens is to refrain from consuming raw milk.

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## Syringe Exchange Programs — United States, 2005

Syringe exchange programs (SEPs) provide free sterile syringes\* in exchange for used syringes to reduce transmission of bloodborne pathogens among injection-drug users (IDUs) (1). SEPs in the United States began as a way to prevent the spread of human immunodeficiency virus (HIV) and other bloodborne infections such as hepatitis B and hepatitis C. The National Institute on Drug Abuse recommends that persons who continue to inject drugs use a new, sterile syringe for each injection (2). Monitoring syringe exchange activity is an important part of assessing HIV prevention measures in the United States. As of November 2007, a total of 185 SEPs were operating in 36 states, the District of Columbia (DC), and Puerto Rico (North American Syringe Exchange Network [NASEN], unpublished data, 2007). This report summarizes a survey of SEP activities in the United States during 2005 and compares the findings with previous SEP surveys (3–7; Beth Israel Medical Center [BIMC], unpublished data, 2000 and 2004). The findings indicated an increase in overall funding for SEPs, including an increase in public funding, and a stabilization in both the number of SEPs operating and the number of syringes exchanged since 2004. This report also documents an expansion of services offered by SEPs, a trend that resulted from an increase in state and local funding. These expanded services are helping protect IDUs and their communities from the spread of bloodborne pathogens and are providing access to health services for a population at high risk. Monitoring of syringe exchange activity should continue.

In March 2006, staff members from BIMC and NASEN mailed surveys to directors of all 166 SEPs registered with NASEN at that time (compared with 68 known SEPs for the 1994–1995 survey, 101 for 1996, 113 for 1997, 131 for 1998, 154 for 2000, 148 for 2002, and 174 for 2004) (3–7; BIMC, unpublished data, 2000 and 2004). Registration with NASEN provides important benefits to SEPs and does not involve any cost; thus, nearly all SEPs in the

\*For this report, the term "syringes" refers to both syringes and needles.



United States are likely to be registered. The surveys included questions regarding the number of syringes exchanged, the types of services provided, and budgets and funding during 2005. Data for 2005 were collected during March–August 2006. Telephone interviews were conducted to clarify responses received on surveys. The methods were similar to those used in previous SEP surveys, except for an Internet-based option that was used in the 2002 survey only.

Of the 166 SEPs contacted, 118 (71%) completed the survey. These 118 SEPs reported operating in 91 cities<sup>†</sup> in 28 states/territories<sup>§</sup> and in DC. A total of 79 (67%) SEPs were operating in six states: 22 in California, 17 in New Mexico, 15 in Washington, 10 in Wisconsin, nine in New York, and six in Connecticut.

SEP size was determined by the number of syringes exchanged during 2005 (Table 1); 117 SEPs reported exchanging a total of 22,472,168 syringes (one SEP did not track the number of syringes exchanged in 2005). The 12 largest programs exchanged 11,863,932 (53% of all the syringes exchanged).<sup>¶</sup>

In addition to exchanging syringes, SEPs provided various supplies, services, and referrals in 2005 (Table 2). Nearly all SEPs provided alcohol pads (117 [99%]), male condoms (115 [97%]), and referrals to substance-abuse treatment (102 [86%]). Certain medical services also were offered by SEPs, including counseling and testing for HIV (96 [81%]) and hepatitis C (66 [56%]). Vaccinations for hepatitis B were provided by 46 (39%) SEPs, and hepatitis A

**TABLE 1. Number of syringes exchanged by syringe exchange programs (SEPs), by program size — United States, 2005**

SEP size	No. of syringes exchanged per SEP	No. of SEPs	Total no. of syringes exchanged	% of total syringes exchanged
Small	<10,000	24	89,626	0.4
Medium	10,000–55,000	33	810,953	3.6
Large	55,001–499,999	48	9,707,657	43.0
Very large	≥500,000	12	11,863,932	53.0
<b>Total</b>		<b>117*</b>	<b>22,472,168</b>	<b>100.0</b>

\* One of the 118 programs responding to the survey did not track the number of syringes exchanged in 2005.

**TABLE 2. Number and percentage of syringe exchange programs (SEPs),\* by selected supplies and services provided — United States, 2005**

Supplies and services	No.	(%)
<b>Prevention supplies</b>		
Male condoms	115	(97)
Female condoms	98	(83)
Alcohol pads	117	(99)
Bleach	82	(69)
<b>On-site medical screenings and services</b>		
HIV counseling and testing	96	(81)
Hepatitis C counseling and testing	66	(56)
Hepatitis B counseling and testing	44	(37)
Hepatitis A counseling and testing	28	(24)
Hepatitis B vaccination	46	(39)
Hepatitis A vaccination	43	(37)
Sexually transmitted disease (STD) screening	57	(49)
Tuberculosis screening	33	(28)
On-site medical care	34	(29)
<b>Referrals</b>		
Substance-abuse treatment	102	(86)
<b>Education</b>		
HIV/AIDS prevention	116	(98)
Hepatitis A, B, and C prevention	114	(97)
Safer injection practice	113	(96)
Vein care	110	(93)
STD prevention	110	(93)
Abscess prevention	107	(91)
Male condom use	112	(95)
Female condom use	97	(82)

\* N = 118.

vaccinations were provided by 43 (37%). Thirty-four (29%) SEPs offered other on-site medical care.

In 2005, many SEPs operated multiple sites, including fixed sites and mobile van routes. The total number of hours that clients were served by SEPs was summed for all sites operated by each program. This total number of hours per program ranged from 1 to 168 hours per week (mean: 26 hours per week; median: 20 hours per week). Delivery of syringes and other risk-reduction supplies to residences or meeting spots was reported by 56 (47%) SEPs. A total of 110 (93%) SEPs allowed persons to exchange syringes on behalf of other persons (i.e., secondary exchange).

<sup>†</sup> Cities with more than one SEP: Eureka, Los Angeles, Oakland, and San Francisco, California; Detroit, Michigan; Minneapolis, Minnesota; Albuquerque and Farmington, New Mexico; New York, New York; Burlington, Vermont; Bremerton, Seattle, and Tacoma, Washington; and Madison and Milwaukee, Wisconsin.

<sup>§</sup> States/territories with SEPs: California (22); New Mexico (17); Washington (15); Wisconsin (10); New York (nine); Connecticut (six); Illinois (four); Massachusetts, Michigan, Minnesota, Oregon, and Vermont (three each); Louisiana, Maine, and Texas (two each); and Alaska, Colorado, Georgia, Hawaii, Indiana, Kansas, Missouri, New Jersey, North Carolina, Oklahoma, Pennsylvania, Puerto Rico, and Utah (one each). In addition, DC has one SEP.

<sup>¶</sup> States with SEPs that exchanged ≥500,000 syringes in 2005: California (four SEPs); Washington (three); Illinois, New Mexico, Oregon, Pennsylvania, and Wisconsin (one each). The largest-volume SEPs were San Francisco AIDS Foundation HIV Prevention Project (2.3 million syringes exchanged per year); Chicago Recovery Alliance, Chicago, Illinois (2.3 million); Street Outreach Services, Seattle, Washington (1.0 million); HIV Education and Prevention Project of Alameda, Oakland, California (0.9 million); Public Health – Seattle & King County Needle Exchange, Seattle, Washington (0.9 million); Point Defiance AIDS Project, Tacoma, Washington (0.8 million); San Diego Clean Needle Exchange Program, San Diego, California (0.8 million); SANA Needle Exchange Program/HIV Alliance, Eugene, Oregon (0.6 million); Prevention Point Pittsburgh, Pittsburgh, Pennsylvania (0.6 million); Lifepoint, Milwaukee, Wisconsin (0.5 million); Homeless Healthcare, Los Angeles, California (0.5 million); and Project De Sida, Albuquerque, New Mexico (0.5 million).

A total of 114 SEPs reported budget information for 2005; four SEPs lacked budget information for this period. The reported budgets for these 114 SEPs totaled \$15.2 million (Table 3). Some SEPs received funding from a common source, and allocating funds from the common source to individual programs was not always possible. For the 97 SEPs for which individual budget information could be generated, the 2005 budgets ranged from \$648 to \$1,516,375. The mean SEP budget increased from \$131,301 in 2004 to \$133,450 in 2005. In 2005, a total of 30 (31%) SEPs operated with a budget of <\$25,000, 29 (30%) with \$25,000–\$100,000, and 38 (39%) with >\$100,000. SEPs reported multiple sources of financial support in 2005, including individuals, foundations, and state and local governments. In 2005, a total of 72 (61%) of the 118 SEPs that responded to the survey received public funding totaling nearly \$11.3 million from city, county, and state governments,\*\* accounting for approximately 74% of total funding. The total amount of public funding increased by nearly \$2 million in 2005, and the mean public funding budgets increased by nearly \$10,000 (\$145,633 in 2004 versus \$157,273 in 2005). Federal law prohibits the use of federal funds to support SEPs.

From the period 1994–1995, when the first national survey of SEPs was conducted, to 2002, the number of SEPs and the number of syringes exchanged by these programs increased consistently. However, in 2005, a reduction was observed in the number of SEPs and syringes

exchanged. In 2005, eight fewer SEPs were operating than previously indicated by results from the 2004 survey (BIMC, unpublished data, 2004), and two fewer states had SEPs operating. However, four additional cities had SEPs operating in 2005, compared with 2004. The number of syringes exchanged decreased from approximately 24.0 million in 2004 to 22.5 million in 2005.

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**Editorial Note:** Compared with data from previous national SEP surveys, the findings in this report indicate an overall stabilization in the number of SEPs operating in the United States. Total funding of SEPs increased in 2005 despite a reduction in the number of SEPs. Increases in funding, particularly public funding, provided opportunities for SEPs to expand the types of services they provide. As a result of these increases, many SEPs have evolved into larger, community-based organizations that provide numerous social and medical services to IDUs and their communities (e.g., testing for HIV and hepatitis A, hepatitis B, and hepatitis C; vaccinations for hepatitis A and hepatitis B; and general medical care). These more costly services have been added to many SEPs during the past several years, and continued increases in funding might make these services more available. By expanding such services, SEPs are becoming part of a comprehensive approach to the prevention of bloodborne infections among IDUs and their communities.

The findings in this report are subject to at least three limitations. First, the extent of SEP activity in the United States is likely underestimated because 48 (29%) of the SEPs known to NASEN did not complete the survey. Other

\*\* State/territorial governments providing public funding: California, Connecticut, Georgia, Hawaii, Illinois, Massachusetts, New Mexico, New York, Oregon, Puerto Rico, Washington, and Wisconsin. County governments providing public funding: Clark, King, Pierce, and Skagit, Washington; Alameda, Humboldt, Los Angeles, and Santa Clara, California; Dane and Eau Claire, Wisconsin; Boulder, Colorado; Cook, Illinois; and Lane and Multnomah, Oregon. City governments providing public funding: Inglewood, Los Angeles, Reseda, and San Francisco, California; Seattle and Vancouver, Washington; Chicago, Illinois; Milwaukee and Madison, Wisconsin; New York, New York; and Bridgeport, Connecticut.

**TABLE 3. Characteristics of syringe exchange programs (SEPs) — United States, 1994–1998, 2000, 2002, 2004, and 2005**

Characteristic	1994–1995	1996	1997	1998	2000*	2002	2004*	2005
No. of SEPs known to NASEN†	68	101	113	131	154	148	174	166
No. of known SEPs participating in survey (%)	60 (88)	87 (86)	100 (88)	110 (84)	127 (82)	126 (85)	109 (63)	118 (71)
No. of cities with known SEPs participating in survey	46	71	80	81	106	102	87	91
No. of states§ (territories) with known SEPs participating in survey	20 (1)	28 (1)	30 (2)	31 (2)	33 (2)	31 (1)	30 (1)	28 (1)
No. of syringes exchanged (millions)	8.0	13.9	17.5	19.4	22.6	24.9	24	22.5
Total SEP budgets (in millions of dollars)	6.2	6.5	8.4	8.6	12.1	13.0	13.5	15.2
Total public funding budget (in millions of dollars)	2.3	4.5	4.2	6.0	8.9	7.3	9.5	11.3

\* Based on unpublished data from 2000 and 2004 surveys of SEP activities, Beth Israel Medical Center, New York, New York.

† North American Syringe Exchange Network.

§ Includes District of Columbia.

SEPs might exist but are not known to NASEN. Second, certain SEPs operating within larger organizations were not able to report exact budget information because of difficulties in allocating shared costs across administrative units. Finally, data collected were based on self-reports by program directors and were not verified independently.

Although the number of SEPs in the United States has stabilized, many SEPs are providing a wider range of services than initially offered. On-site medical services are being provided by an increasing number of SEPs. IDUs often encounter problems in accessing health care, and offering these services in SEP locations increases the likelihood that IDUs will receive these services.

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#### Notice to Readers

### **Satellite Broadcast and Webcast: Cutting-Edge Legal Preparedness for Chronic Disease Prevention**

Public Health Grand Rounds, a project sponsored by CDC in collaboration with the University of North Carolina School of Public Health, will air a satellite broadcast and webcast, “Cutting-Edge Legal Preparedness for Chronic Disease Prevention,” on November 29, 2007, at 2:00 p.m. EST. CDC’s Public Health Law Program and National Center for Chronic Disease Prevention and Health Promotion will present the broadcast, which describes innovative use of public health laws in New York City, such as posting calorie information on restaurant menus, phasing out use of trans fats, requiring laboratory reporting of blood-glucose test results, and prohibiting smoking in nearly all workplaces.

Additional information and broadcast registration are available at <http://www.publichealthgrandrounds.unc.edu>. Continuing education credit will be offered to participants.

#### Notice to Readers

### **World COPD Day — November 14, 2007**

Chronic obstructive pulmonary disease (COPD) describes a group of slowly progressive diseases (e.g., chronic bronchitis or emphysema) characterized by airflow obstruction that interferes with normal breathing (1). COPD is the fourth leading cause of death in the United States and a major cause of morbidity and disability, resulting in substantial costs to persons and society. Smoking is the most common cause of COPD, accounting for approximately 80% of COPD cases (2). Other causes include exposure to occupational hazards, air pollution, and secondhand smoke. To increase global awareness of COPD and the importance of early diagnosis, the Global Initiative for Chronic Obstructive Lung Disease (<http://www.goldcopd.com>) is sponsoring World COPD Day on November 14, 2007.

Early diagnosis of COPD is important for better outcomes. The National Heart, Lung, and Blood Institute (NHLBI) recommends that persons at risk for COPD who have cough, sputum production, or shortness of breath should be tested for the disease using spirometry, a simple breathing test for assessing lung function (3). Persons who smoke or those at risk for COPD should stop smoking and avoid areas with tobacco smoke. Resources to help smokers quit are available at <http://www.smokefree.gov>, at the National Cancer Institute website (<http://www.cancer.gov>), or by telephone (800-QUIT-NOW [800-784-8669]).

NHLBI and the COPD Foundation also have initiated the Learn More, Breathe Better Campaign to heighten awareness of COPD as a serious lung disease, increase the understanding that COPD is treatable, and encourage those at risk for COPD to talk with their physicians and get a breathing test. A tool kit has been developed to help partner organizations share campaign information with their communities (2).

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**TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 3, 2007 (44th 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	—	16	0	20	19	16	20	28	
infant	—	70	1	97	85	87	76	69	
other (wound & unspecified)	—	19	1	48	31	30	33	21	
Brucellosis	1	101	3	121	120	114	104	125	FL (1)
Chancroid	2	30	1	33	17	30	54	67	TX (2)
Cholera	—	5	0	9	8	5	2	2	
Cyclosporiasis§	—	88	1	136	543	171	75	156	
Diphtheria	—	—	0	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	27	1	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	5	433	10	646	786	537	362	511	NY (1), MN (4)
human monocytic	4	550	7	578	506	338	321	216	NY (1), NC (1), OK (2)
human (other & unspecified)	2	141	1	231	112	59	44	23	NC (1), TN (1)
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	14	0	29	9	19	32	34	
nonsertotype b	1	115	3	175	135	135	117	144	IN (1)
unknown serotype	5	181	3	179	217	177	227	153	OH (2), GA (2), UT (1)
Hansen disease§	2	51	2	66	87	105	95	96	FL (1), CA (1)
Hantavirus pulmonary syndrome§	—	22	0	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	4	183	4	288	221	200	178	216	NY (1), OH (1), TN (1), CA (1)
Hepatitis C viral, acute	3	554	19	802	652	713	1,102	1,835	FL (1), TX (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	6	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	—	73	0	43	45	—	N	N	
Listeriosis	5	577	18	875	896	753	696	665	OH (1), IN (1), TN (1), TX (1), CA (1)
Measles¶¶	—	30	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	3	234	4	318	297	—	—	—	PA (1), MN (2)
serogroup B	2	110	2	193	156	—	—	—	TX (2)
other serogroup	1	26	1	32	27	—	—	—	OH (1)
unknown serogroup	7	497	12	651	765	—	—	—	NY (1), OH (1), NC (1), FL (2), CA (2)
Mumps	13	635	10	6,584	314	258	231	270	NY (1), OH (1), MN (6), MO (3), WA (2)
Novel influenza A virus infections	—	4	—	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§	1	142	1	169	136	70	71	61	FL (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)	3	376	8	380	329	353	413	412	NY (1), VA (1), TX (1)
Tetanus	—	16	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	2	66	2	101	90	95	133	109	PA (1), CA (1)
Trichinellosis	—	6	0	15	16	5	6	14	
Tularemia	—	103	2	95	154	134	129	90	
Typhoid fever	4	291	6	353	324	322	356	321	OH (1), NC (1), AZ (1), CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	19	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	3	318	2	N	N	N	N	N	FL (1), AZ (1), CA (1)
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. Provisional cases of selected notifiable diseases, United States, weeks ending November 3, 2007, and November 4, 2006 (44th Week)\***

Reporting area	Chlamydia <sup>†</sup>					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		
<b>United States</b>	10,911	20,512	25,327	865,097	867,973	122	144	658	6,298	6,699	139	83	964	9,152	4,896
<b>New England</b>	187	699	1,357	28,932	28,421	—	0	1	2	—	2	5	39	283	346
Connecticut	—	217	829	8,684	8,404	N	0	0	N	N	—	0	39	39	38
Maine <sup>§</sup>	45	50	74	2,168	1,919	—	0	0	—	—	—	1	6	45	40
Massachusetts	—	301	480	12,943	12,735	—	0	0	—	—	2	2	11	107	169
New Hampshire	52	39	74	1,801	1,659	—	0	1	2	—	—	1	5	47	41
Rhode Island <sup>§</sup>	78	62	106	2,587	2,721	—	0	0	—	—	—	0	3	8	14
Vermont <sup>§</sup>	12	20	45	749	983	N	0	0	N	N	—	1	3	37	44
<b>Mid. Atlantic</b>	1,263	2,735	4,284	119,255	106,340	—	0	0	—	—	8	10	113	1,201	575
New Jersey	—	399	528	16,859	17,201	N	0	0	N	N	—	0	6	41	42
New York (Upstate)	730	515	2,758	22,820	20,558	N	0	0	N	N	6	3	20	218	145
New York City	—	951	1,982	41,123	34,999	N	0	0	N	N	—	1	6	79	134
Pennsylvania	533	754	1,760	38,453	33,582	N	0	0	N	N	2	4	103	863	254
<b>E.N. Central</b>	317	3,135	6,220	139,299	145,187	—	1	3	26	39	21	18	130	1,537	1,220
Illinois	—	945	1,367	39,704	45,773	—	0	0	—	—	—	2	13	145	185
Indiana	—	397	646	17,179	16,797	—	0	0	—	—	4	1	12	92	86
Michigan	124	705	1,059	29,181	30,227	—	0	3	17	33	1	3	11	155	128
Ohio	69	750	3,647	37,564	34,938	—	0	1	9	6	12	5	61	519	318
Wisconsin	124	367	443	15,671	17,452	N	0	0	N	N	4	6	58	626	503
<b>W.N. Central</b>	631	1,212	1,465	51,522	52,674	—	0	54	7	1	22	13	123	1,346	786
Iowa	120	162	252	7,376	7,108	N	0	0	N	N	—	2	61	574	164
Kansas	148	154	294	6,847	6,726	N	0	0	N	N	3	1	15	87	76
Minnesota	—	256	314	10,254	10,932	—	0	54	—	—	17	3	34	254	193
Missouri	321	455	551	19,688	19,579	—	0	1	7	1	2	2	13	130	177
Nebraska <sup>§</sup>	—	99	183	3,956	4,566	N	0	0	N	N	—	1	21	132	89
North Dakota	—	27	61	1,209	1,558	N	0	0	N	N	—	0	11	15	9
South Dakota	42	49	85	2,192	2,205	N	0	0	N	N	—	2	15	154	78
<b>S. Atlantic</b>	3,199	3,921	6,760	169,595	166,982	—	0	1	3	4	41	20	68	1,069	1,018
Delaware	122	64	140	2,899	3,052	—	0	0	—	—	—	0	4	20	13
District of Columbia	—	103	166	4,627	2,641	—	0	0	—	—	—	0	2	3	13
Florida	1,261	1,141	1,767	49,730	41,934	N	0	0	N	N	20	11	35	577	462
Georgia	9	640	3,822	20,966	30,387	N	0	0	N	N	8	4	22	202	243
Maryland <sup>§</sup>	477	393	696	17,131	18,008	—	0	1	3	4	1	0	2	29	16
North Carolina	296	550	1,905	23,672	28,721	—	0	0	—	—	—	1	18	101	86
South Carolina <sup>§</sup>	531	506	3,030	27,231	19,308	N	0	0	N	N	12	1	5	73	124
Virginia <sup>§</sup>	486	479	621	20,836	20,465	N	0	0	N	N	—	1	4	54	52
West Virginia	17	60	94	2,503	2,466	N	0	0	N	N	—	0	5	10	9
<b>E.S. Central</b>	1,283	1,458	2,044	61,277	64,390	—	0	0	—	—	4	4	63	552	152
Alabama <sup>§</sup>	54	367	577	14,209	19,946	N	0	0	N	N	3	1	14	105	52
Kentucky	242	150	691	7,011	6,844	N	0	0	N	N	—	1	40	240	38
Mississippi	455	342	959	16,607	16,024	N	0	0	N	N	—	0	11	91	24
Tennessee <sup>§</sup>	532	506	721	23,450	21,576	N	0	0	N	N	1	1	19	116	38
<b>W.S. Central</b>	1,786	2,294	2,966	103,091	98,268	—	0	1	1	1	6	5	41	304	356
Arkansas <sup>§</sup>	311	173	328	8,112	7,044	N	0	0	N	N	1	0	8	30	20
Louisiana	128	361	853	16,114	15,389	—	0	1	1	1	—	1	4	39	82
Oklahoma	156	263	467	11,087	10,508	N	0	0	N	N	5	1	11	113	35
Texas <sup>§</sup>	1,191	1,490	1,946	67,778	65,327	N	0	0	N	N	—	2	29	122	219
<b>Mountain</b>	184	1,265	1,710	50,944	58,901	96	94	293	4,086	4,591	35	7	572	2,735	366
Arizona	61	489	834	19,271	19,290	96	90	293	3,961	4,467	—	0	6	40	27
Colorado	—	208	358	7,581	13,899	N	0	0	N	N	—	1	25	140	65
Idaho <sup>§</sup>	—	56	253	2,883	2,639	N	0	0	N	N	25	0	71	420	35
Montana <sup>§</sup>	—	46	73	1,489	2,209	N	0	0	N	N	2	1	7	61	131
Nevada <sup>§</sup>	—	176	293	7,279	7,153	—	1	5	50	56	—	0	3	18	10
New Mexico <sup>§</sup>	—	149	393	6,918	8,287	—	0	2	17	18	—	1	8	93	39
Utah	123	104	209	4,567	4,205	—	1	7	55	48	8	0	498	1,913	15
Wyoming <sup>§</sup>	—	23	38	956	1,219	—	0	1	3	2	—	0	8	50	44
<b>Pacific</b>	2,061	3,368	4,362	141,182	146,810	26	45	311	2,173	2,063	—	2	19	125	77
Alaska	76	88	157	3,645	3,721	N	0	0	N	N	—	0	2	3	4
California	1,539	2,628	3,627	114,128	115,225	26	45	311	2,173	2,063	—	0	0	—	—
Hawaii	—	104	133	4,452	4,850	N	0	0	N	N	—	0	4	6	4
Oregon <sup>§</sup>	239	160	394	7,355	8,082	N	0	0	N	N	—	2	15	116	69
Washington	207	289	621	11,602	14,932	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	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	—	3	207	430	755	—	0	0	—	—	—	0	0	—	—
Puerto Rico	136	125	544	6,390	4,252	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	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 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 November 3, 2007, and November 4, 2006 (44th 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		
<b>United States</b>	212	305	1,513	14,060	15,200	3,730	6,716	8,941	281,491	302,746	26	44	184	1,899	1,929
<b>New England</b>	11	26	54	1,228	1,258	14	109	259	4,585	4,794	2	3	19	155	151
Connecticut	—	6	18	301	264	—	42	204	1,751	1,994	1	0	7	45	42
Maine <sup>§</sup>	2	3	10	165	159	2	2	8	104	111	—	0	3	12	18
Massachusetts	6	10	29	521	548	—	51	96	2,202	2,039	1	2	6	74	68
New Hampshire	—	0	3	23	21	4	2	8	129	166	—	0	2	15	11
Rhode Island <sup>§</sup>	—	0	15	71	100	7	8	18	351	426	—	0	10	7	4
Vermont <sup>§</sup>	3	3	9	147	166	1	1	5	48	58	—	0	1	2	8
<b>Mid. Atlantic</b>	34	55	127	2,374	2,992	341	715	1,537	30,863	28,364	4	10	27	379	398
New Jersey	—	4	11	142	414	—	114	159	4,911	4,654	—	1	5	51	68
New York (Upstate)	26	23	108	977	1,041	171	111	1,035	5,770	5,308	3	2	15	109	128
New York City	3	15	25	663	826	—	201	363	8,561	8,773	—	2	6	83	73
Pennsylvania	5	14	29	592	711	170	241	586	11,621	9,629	1	3	10	136	129
<b>E.N. Central</b>	24	46	80	2,036	2,455	152	1,258	2,593	56,456	60,032	3	6	15	245	323
Illinois	—	12	24	522	614	—	350	498	14,786	17,121	—	2	6	73	97
Indiana	N	0	0	N	N	—	164	307	7,393	7,462	1	1	7	50	71
Michigan	—	11	20	469	619	39	263	747	11,842	12,777	—	0	5	22	23
Ohio	20	15	37	698	706	39	331	1,572	16,940	16,771	2	2	5	86	72
Wisconsin	4	8	20	347	516	74	126	206	5,495	5,901	—	0	2	14	60
<b>W.N. Central</b>	18	21	553	997	1,589	164	380	514	16,139	16,529	8	2	24	116	136
Iowa	1	5	23	261	253	18	39	60	1,618	1,611	—	0	1	1	2
Kansas	7	2	8	122	173	28	43	86	1,924	1,895	—	0	2	9	16
Minnesota	—	0	514	12	479	—	66	86	2,657	2,754	7	0	17	56	72
Missouri	5	8	22	380	484	114	196	266	8,504	8,630	—	1	5	34	32
Nebraska <sup>§</sup>	5	2	8	125	102	—	26	57	1,140	1,192	1	0	2	14	8
North Dakota	—	0	16	18	19	—	2	7	78	127	—	0	2	2	6
South Dakota	—	1	6	79	79	4	6	11	218	320	—	0	0	—	—
<b>S. Atlantic</b>	50	57	106	2,432	2,360	1,415	1,575	3,209	66,298	75,088	3	11	34	490	478
Delaware	1	1	6	39	35	29	26	43	1,099	1,263	—	0	3	8	1
District of Columbia	—	0	7	34	55	—	47	71	1,906	1,526	—	0	2	3	7
Florida	35	24	47	1,099	949	528	478	717	20,340	20,529	—	3	8	139	145
Georgia	5	10	33	516	566	4	290	2,068	8,718	15,237	3	2	7	104	98
Maryland <sup>§</sup>	5	4	18	216	206	84	118	227	5,235	6,105	—	1	6	70	68
North Carolina	—	0	0	—	—	408	248	675	11,641	14,939	—	0	9	48	49
South Carolina <sup>§</sup>	2	2	8	87	92	186	206	1,361	11,394	8,993	—	1	4	40	30
Virginia <sup>§</sup>	—	9	21	396	431	168	122	220	5,196	5,694	—	1	22	53	61
West Virginia	2	0	21	45	26	8	18	37	769	802	—	0	6	25	19
<b>E.S. Central</b>	9	10	23	463	372	462	562	752	23,754	26,363	1	2	9	104	98
Alabama <sup>§</sup>	5	5	16	219	168	26	158	242	6,304	9,256	1	0	3	22	20
Kentucky	N	0	0	N	N	108	57	268	2,785	2,480	—	0	1	2	5
Mississippi	N	0	0	N	N	157	135	310	6,314	6,339	—	0	1	7	12
Tennessee <sup>§</sup>	4	5	16	244	204	171	184	260	8,351	8,288	—	1	6	73	61
<b>W.S. Central</b>	3	7	55	299	308	763	981	1,200	42,788	43,292	1	2	34	86	74
Arkansas <sup>§</sup>	1	2	13	102	117	119	78	120	3,478	3,670	—	0	2	8	8
Louisiana	—	1	9	74	80	81	220	384	9,334	9,296	—	0	2	6	19
Oklahoma	2	3	42	123	111	57	101	235	4,292	3,942	1	1	29	65	40
Texas <sup>§</sup>	N	0	0	N	N	506	575	731	25,684	26,384	—	0	3	7	7
<b>Mountain</b>	30	30	66	1,387	1,459	56	250	346	10,219	13,145	2	4	12	210	182
Arizona	—	3	11	165	140	21	105	175	4,037	4,848	—	1	6	78	76
Colorado	—	8	24	383	485	—	50	93	1,945	3,162	—	1	4	45	44
Idaho <sup>§</sup>	4	3	12	154	164	—	4	20	215	161	1	0	1	6	5
Montana <sup>§</sup>	—	2	8	93	91	—	1	7	57	172	—	0	1	2	—
Nevada <sup>§</sup>	—	2	8	89	99	—	44	87	1,781	2,439	—	0	2	9	13
New Mexico <sup>§</sup>	—	2	6	89	72	—	30	58	1,432	1,521	—	1	4	34	27
Utah	26	7	32	380	376	35	17	34	687	733	1	0	3	32	14
Wyoming <sup>§</sup>	—	1	4	34	32	—	1	5	65	109	—	0	1	4	3
<b>Pacific</b>	33	63	558	2,844	2,407	363	708	875	30,389	35,139	2	3	16	114	89
Alaska	1	1	5	63	101	10	10	27	411	517	—	0	4	14	10
California	16	45	93	1,902	1,914	302	605	734	26,375	29,006	—	0	10	34	25
Hawaii	—	1	4	59	45	—	12	22	527	807	—	0	2	10	15
Oregon <sup>§</sup>	5	9	16	386	347	22	23	63	918	1,243	2	1	6	54	39
Washington	11	8	449	434	—	29	52	142	2,158	3,566	—	0	5	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	38	91	92	—	0	0	—	1
Puerto Rico	—	5	15	165	218	6	6	23	291	258	—	0	1	2	3
U.S. Virgin Islands	U	0	0	U	U	U	1	3	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 *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 November 3, 2007, and November 4, 2006 (44th 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		
<b>United States</b>	24	52	201	2,342	3,002	65	77	405	3,342	3,748	26	43	106	1,931	2,343
<b>New England</b>	2	2	6	106	166	—	2	5	64	103	2	2	13	110	157
Connecticut	2	0	3	23	37	—	0	5	28	44	2	0	5	34	45
Maine§	—	0	1	3	8	—	0	2	11	21	—	0	1	5	9
Massachusetts	—	1	4	49	79	—	0	1	4	18	—	0	3	21	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	—	0	6	34	21
Vermont§	—	0	1	8	8	—	0	1	3	3	—	0	2	9	7
<b>Mid. Atlantic</b>	1	8	18	360	343	1	9	21	379	460	8	12	35	617	851
New Jersey	—	2	6	89	97	—	1	8	73	148	—	1	11	75	107
New York (Upstate)	1	1	11	65	80	1	2	13	84	54	6	4	22	193	288
New York City	—	3	7	132	109	—	2	6	80	108	—	2	10	98	165
Pennsylvania	—	2	5	74	57	—	3	8	142	150	2	4	21	251	291
<b>E. N. Central</b>	3	6	13	251	309	1	9	23	370	431	5	8	27	429	520
Illinois	—	2	5	90	93	—	2	6	96	119	—	1	8	66	113
Indiana	1	0	7	30	23	1	0	21	47	46	—	1	7	45	40
Michigan	—	1	8	67	106	—	2	8	94	127	—	3	10	129	129
Ohio	2	1	4	57	47	—	2	7	113	107	5	3	17	181	197
Wisconsin	—	0	3	7	40	—	0	3	20	32	—	0	3	8	41
<b>W.N. Central</b>	1	2	18	144	120	1	2	15	112	127	—	1	9	83	74
Iowa	—	1	4	37	10	—	0	3	20	19	—	0	1	9	10
Kansas	1	0	1	4	26	—	0	2	7	10	—	0	1	2	7
Minnesota	—	0	17	62	17	—	0	13	18	18	—	0	6	23	23
Missouri	—	0	2	24	41	1	1	5	52	57	—	1	3	36	20
Nebraska§	—	0	2	12	17	—	0	2	10	18	—	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
<b>S. Atlantic</b>	9	10	21	438	479	16	19	56	827	1,043	4	7	25	314	402
Delaware	—	0	1	7	11	—	0	2	15	44	—	0	2	8	11
District of Columbia	—	0	5	14	7	—	0	2	1	7	—	0	4	1	27
Florida	—	3	7	133	186	9	7	14	297	355	3	2	10	130	138
Georgia	1	1	4	61	50	2	2	7	101	178	—	0	2	19	30
Maryland§	1	1	5	69	58	2	2	6	95	132	1	1	4	57	93
North Carolina	7	0	11	56	83	3	0	16	120	142	—	1	4	37	31
South Carolina§	—	0	4	15	23	—	1	5	52	80	—	0	2	15	5
Virginia§	—	1	5	75	55	—	3	8	107	57	—	1	4	37	54
West Virginia	—	0	2	8	6	—	0	23	39	48	—	0	4	10	13
<b>E. S. Central</b>	—	2	5	90	112	—	7	17	302	270	1	2	6	83	94
Alabama§	—	0	3	16	12	—	2	10	106	72	—	0	1	9	9
Kentucky	—	0	2	19	31	—	1	7	60	63	—	1	4	43	39
Mississippi	—	0	4	8	8	—	0	8	25	10	—	0	1	—	4
Tennessee§	—	1	5	47	61	—	3	8	111	125	1	1	4	31	42
<b>W.S. Central</b>	—	4	43	181	324	41	17	169	715	758	—	2	16	93	57
Arkansas§	—	0	2	10	44	1	1	7	58	68	—	0	3	8	4
Louisiana	—	0	3	24	27	—	1	4	62	49	—	0	1	3	10
Oklahoma	—	0	8	11	6	38	1	24	103	58	—	0	6	5	1
Texas§	—	3	39	136	247	2	13	135	492	583	—	2	13	77	42
<b>Mountain</b>	2	4	15	214	233	1	3	7	142	120	1	2	7	93	111
Arizona	2	3	11	153	139	—	1	4	49	—	—	0	5	37	35
Colorado	—	0	3	21	35	—	0	3	24	31	—	0	2	14	24
Idaho§	—	0	1	4	9	—	0	1	11	12	—	0	1	5	11
Montana§	—	0	2	9	10	—	0	3	—	2	—	0	1	3	6
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	—	0	1	6	13	1	0	4	17	22	1	0	3	16	22
Wyoming§	—	0	1	3	2	—	0	1	2	—	—	0	1	3	—
<b>Pacific</b>	6	13	92	558	916	4	10	106	431	436	5	2	11	109	77
Alaska	—	0	1	4	1	—	0	1	6	8	—	0	1	—	—
California	6	10	40	482	869	3	7	31	318	349	4	1	11	79	77
Hawaii	—	0	2	4	11	—	0	2	6	7	—	0	1	2	—
Oregon§	—	1	2	25	35	—	1	4	55	72	—	0	1	9	—
Washington	—	0	52	43	—	1	1	74	46	—	1	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	53	—	1	9	44	55	—	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 November 3, 2007, and November 4, 2006 (44th 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		
<b>United States</b>	219	255	1,194	17,257	17,285	7	21	105	912	1,227	13	21	87	867	949
<b>New England</b>	47	41	296	3,166	3,969	—	1	5	48	47	—	1	3	36	46
Connecticut	6	11	214	1,555	1,618	—	0	3	1	10	—	0	1	6	9
Maine§	40	3	53	406	231	—	0	2	7	4	—	0	3	7	7
Massachusetts	—	3	27	211	1,402	—	0	3	29	22	—	0	2	19	22
New Hampshire	1	6	81	722	595	—	0	4	8	9	—	0	1	—	4
Rhode Island§	—	0	93	151	31	—	0	1	—	1	—	0	1	1	2
Vermont§	—	1	13	121	92	—	0	2	3	1	—	0	1	3	2
<b>Mid. Atlantic</b>	78	108	615	8,779	8,891	—	5	14	227	322	2	3	8	118	140
New Jersey	—	26	143	1,859	2,283	—	0	2	—	82	—	0	2	13	18
New York (Upstate)	66	49	426	2,922	3,325	—	1	5	56	40	1	1	3	31	31
New York City	—	1	22	168	285	—	3	7	135	157	—	0	4	26	53
Pennsylvania	12	40	298	3,830	2,998	—	1	4	36	43	1	1	5	48	38
<b>E. N. Central</b>	1	8	136	1,164	1,654	1	2	6	93	148	2	3	9	126	145
Illinois	—	1	12	111	107	—	1	6	41	76	—	1	3	40	39
Indiana	—	0	7	41	21	—	0	2	9	11	—	0	4	24	21
Michigan	—	1	5	53	51	—	0	2	15	17	—	0	3	23	24
Ohio	—	0	3	16	42	1	0	2	19	27	2	1	2	30	42
Wisconsin	1	6	123	943	1,433	—	0	2	9	17	—	0	3	9	19
<b>W. N. Central</b>	57	4	195	520	716	—	0	12	28	46	2	1	5	55	58
Iowa	—	1	11	100	94	—	0	1	3	2	—	0	3	12	17
Kansas	—	0	2	9	4	—	0	1	2	7	—	0	1	1	4
Minnesota	57	1	188	374	601	—	0	12	11	26	2	0	3	18	13
Missouri	—	0	6	29	5	—	0	1	5	6	—	0	3	14	14
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
<b>S. Atlantic</b>	33	57	175	3,358	1,893	3	4	13	215	301	3	3	11	145	164
Delaware	1	12	34	631	439	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	55	—	0	2	3	3	—	0	1	—	1
Florida	—	1	11	77	19	1	1	7	52	52	2	1	7	56	64
Georgia	—	0	1	2	7	1	0	5	30	82	—	0	5	22	14
Maryland§	32	27	111	1,803	1,067	1	1	5	53	69	—	0	2	20	13
North Carolina	—	0	8	42	27	—	0	4	20	28	1	0	6	17	24
South Carolina§	—	0	2	23	18	—	0	1	6	9	—	0	2	14	19
Virginia§	—	12	61	700	248	—	1	4	45	51	—	0	2	13	17
West Virginia	—	0	14	67	13	—	0	1	2	2	—	0	2	2	8
<b>E. S. Central</b>	—	1	5	47	31	—	0	3	31	23	—	1	4	42	39
Alabama§	—	0	3	11	7	—	0	1	5	9	—	0	2	7	5
Kentucky	—	0	2	5	7	—	0	1	8	3	—	0	2	10	10
Mississippi	—	0	0	—	3	—	0	1	2	6	—	0	4	9	5
Tennessee§	—	0	4	31	14	—	0	2	16	5	—	0	2	16	19
<b>W. S. Central</b>	3	1	6	60	22	1	1	29	74	91	2	2	15	87	84
Arkansas§	—	0	1	1	—	1	0	1	2	4	—	0	2	9	10
Louisiana	—	0	1	2	1	—	0	2	14	8	—	0	4	25	34
Oklahoma	—	0	0	—	—	—	0	3	5	7	—	0	4	15	8
Texas§	3	1	6	57	21	—	1	25	53	72	2	0	11	38	32
<b>Mountain</b>	—	0	4	36	27	—	1	6	50	68	—	1	4	53	64
Arizona	—	0	1	2	9	—	0	3	12	22	—	0	2	12	15
Colorado	—	0	1	2	—	—	0	2	16	17	—	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	4	—	0	1	4	6
New Mexico§	—	0	1	4	3	—	0	1	4	5	—	0	1	2	6
Utah	—	0	2	6	5	—	0	3	11	17	—	0	2	11	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
<b>Pacific</b>	—	2	16	127	82	2	3	45	146	181	2	4	48	205	209
Alaska	—	0	1	7	3	—	0	1	2	23	—	0	1	1	3
California	—	2	9	114	73	—	2	7	106	139	2	3	10	146	162
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	29	36
Washington	—	0	8	3	—	2	0	43	23	—	—	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 November 3, 2007, and November 4, 2006 (44th Week)\*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant† 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		
<b>United States</b>	43	98	261	4,188	4,521	23	29	108	1,307	1,108
<b>New England</b>	—	5	28	343	307	5	2	11	108	102
Connecticut	—	0	23	111	80	—	0	6	15	30
Maine <sup>§</sup>	—	0	3	23	17	—	0	1	2	—
Massachusetts	—	3	12	155	155	4	2	6	72	60
New Hampshire	—	0	4	32	35	1	0	2	9	8
Rhode Island <sup>§</sup>	—	0	12	6	7	—	0	2	8	4
Vermont <sup>§</sup>	—	0	2	16	13	—	0	1	2	—
<b>Mid. Atlantic</b>	1	17	41	769	814	4	4	37	225	159
New Jersey	—	3	10	108	131	—	1	4	26	55
New York (Upstate)	1	5	27	253	262	4	3	15	94	78
New York City	—	4	13	181	147	—	1	35	105	26
Pennsylvania	—	5	11	227	274	N	0	0	N	N
<b>E.N. Central</b>	7	16	33	695	857	1	5	14	192	289
Illinois	—	5	13	190	260	—	1	6	48	78
Indiana	3	2	12	105	102	1	0	10	18	47
Michigan	1	4	10	170	179	—	1	4	60	64
Ohio	3	4	14	200	214	—	1	7	54	58
Wisconsin	—	0	6	30	102	—	0	2	12	42
<b>W.N. Central</b>	8	5	32	286	303	6	2	8	100	98
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	1	0	3	29	50	—	0	1	1	11
Minnesota	7	0	29	144	136	4	0	6	68	61
Missouri	—	2	6	68	67	2	0	2	19	13
Nebraska <sup>§</sup>	—	0	3	23	28	—	0	1	11	10
North Dakota	—	0	2	13	12	—	0	2	1	3
South Dakota	—	0	2	9	10	—	0	0	—	—
<b>S. Atlantic</b>	15	21	52	1,067	1,022	1	5	14	235	66
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	15	—	0	1	—	1
Florida	9	6	16	269	255	1	1	5	58	—
Georgia	—	5	13	212	217	—	0	5	44	—
Maryland <sup>§</sup>	5	4	10	183	187	—	1	6	53	54
North Carolina	1	1	22	145	145	—	0	0	—	—
South Carolina <sup>§</sup>	—	1	7	84	56	—	1	4	42	—
Virginia <sup>§</sup>	—	2	11	131	112	—	0	4	31	—
West Virginia	—	0	3	25	25	—	0	4	7	11
<b>E.S. Central</b>	7	4	13	186	184	—	1	6	78	17
Alabama <sup>§</sup>	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	35	41	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	17
Tennessee <sup>§</sup>	7	3	13	151	143	—	1	6	75	—
<b>W.S. Central</b>	3	6	90	265	345	5	4	43	187	185
Arkansas <sup>§</sup>	—	0	2	17	24	—	0	2	10	20
Louisiana	—	0	4	16	16	—	0	4	27	20
Oklahoma	2	1	23	63	90	2	1	13	45	47
Texas <sup>§</sup>	1	3	64	169	215	3	2	27	105	98
<b>Mountain</b>	2	10	23	461	583	1	4	12	154	172
Arizona	1	4	11	180	302	1	2	7	92	94
Colorado	—	3	9	128	103	—	0	4	36	46
Idaho <sup>§</sup>	—	0	2	16	8	—	0	1	2	3
Montana <sup>§</sup>	N	0	0	N	N	N	0	0	N	N
Nevada <sup>§</sup>	—	0	1	2	—	—	0	1	1	2
New Mexico <sup>§</sup>	—	1	4	50	112	—	0	4	19	27
Utah	1	2	7	80	54	—	0	2	4	—
Wyoming <sup>§</sup>	—	0	1	5	4	—	0	0	—	—
<b>Pacific</b>	—	3	9	116	106	—	0	4	28	20
Alaska	—	0	3	31	N	—	0	2	26	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	85	106	—	0	2	2	20
Oregon <sup>§</sup>	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 November 3, 2007, and November 4, 2006 (44th 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		
<b>United States</b>	18	46	256	1,909	2,032	3	8	35	356	334	131	201	310	8,773	8,099
<b>New England</b>	—	2	12	87	108	—	0	3	11	3	2	5	13	223	172
Connecticut	—	1	5	50	82	—	0	2	4	—	—	0	10	28	37
Maine§	—	0	2	9	6	—	0	2	2	1	—	0	2	9	8
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	3	8	132	105
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	3	26	11
Rhode Island§	—	0	4	15	9	—	0	1	3	—	1	0	5	26	9
Vermont§	—	0	2	13	11	—	0	1	2	2	—	0	1	2	2
<b>Mid. Atlantic</b>	—	2	9	102	125	—	0	5	22	19	6	28	44	1,274	983
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	8	170	148
New York (Upstate)	—	1	5	35	40	—	0	4	7	9	5	3	14	118	129
New York City	—	0	0	—	—	—	0	0	—	—	—	17	34	783	476
Pennsylvania	—	2	6	67	85	—	0	2	15	10	1	4	10	203	230
<b>E.N. Central</b>	3	9	40	444	432	1	2	7	65	72	6	15	27	650	745
Illinois	—	0	4	16	22	—	0	1	2	6	—	7	13	291	361
Indiana	—	3	31	121	119	1	0	5	23	19	—	1	6	45	79
Michigan	—	0	1	2	16	—	0	1	1	2	—	2	9	101	97
Ohio	3	5	38	305	275	—	1	5	39	45	6	4	9	166	150
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	47	58
<b>W.N. Central</b>	—	2	124	119	87	—	0	15	9	13	1	7	14	297	250
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	15	18
Kansas	—	0	11	63	—	—	0	2	5	—	—	0	2	18	22
Minnesota	—	0	123	—	51	—	0	15	—	10	—	1	4	62	43
Missouri	—	1	5	47	34	—	0	0	—	3	1	4	11	193	147
Nebraska§	—	0	1	2	1	—	0	0	—	—	—	0	1	2	7
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	7	1	—	0	1	4	—	—	0	3	7	12
<b>S. Atlantic</b>	11	20	59	845	965	2	4	15	182	156	47	49	180	2,081	1,815
Delaware	—	0	1	8	—	—	0	1	2	—	3	0	3	15	16
District of Columbia	—	0	1	5	24	—	0	0	—	2	—	3	12	141	102
Florida	9	11	29	487	514	1	2	8	104	100	25	17	44	787	626
Georgia	2	7	17	291	329	1	1	10	68	54	—	7	153	320	328
Maryland§	—	0	1	1	—	—	0	0	—	—	7	6	15	263	255
North Carolina	—	0	0	—	—	—	0	0	—	—	3	5	23	279	257
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	2	11	83	58
Virginia§	N	0	0	N	N	—	0	0	—	—	9	4	16	188	164
West Virginia	—	1	17	53	98	—	0	1	8	—	—	0	1	5	9
<b>E.S. Central</b>	2	3	9	137	163	—	0	3	30	29	18	17	30	754	617
Alabama§	N	0	0	N	N	—	0	0	—	—	4	7	16	302	276
Kentucky	1	0	2	20	32	—	0	1	2	6	1	1	7	51	61
Mississippi	—	0	2	—	22	—	0	0	—	—	4	2	9	92	65
Tennessee§	1	2	8	117	109	—	0	3	28	23	9	7	14	309	215
<b>W.S. Central</b>	1	2	12	123	70	—	0	3	17	7	25	35	55	1,547	1,333
Arkansas§	1	0	1	3	10	—	0	0	—	2	2	2	10	107	64
Louisiana	—	1	4	52	60	—	0	2	7	5	—	9	23	391	270
Oklahoma	—	0	10	68	—	—	0	2	10	—	1	1	4	49	60
Texas§	—	0	0	—	—	—	0	0	—	—	22	21	39	1,000	939
<b>Mountain</b>	1	1	6	52	82	—	0	3	17	35	22	7	19	316	423
Arizona	—	0	0	—	—	—	0	0	—	—	22	3	12	147	163
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	31	60
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	2	3	1
Nevada§	—	0	3	18	16	—	0	2	5	2	—	2	6	87	116
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	38	65
Utah	1	0	6	20	34	—	0	3	10	23	—	0	2	6	15
Wyoming§	—	0	2	14	32	—	0	1	2	10	—	0	1	3	—
<b>Pacific</b>	—	0	0	—	—	—	0	1	3	—	4	39	58	1,631	1,761
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	7	10
California	N	0	0	N	N	—	0	0	—	—	4	36	55	1,488	1,564
Hawaii	—	0	0	—	—	—	0	1	3	—	—	0	2	7	16
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	14	17
Washington	N	0	0	N	N	—	0	0	—	—	—	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	—	—	1	3	10	134	124
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 notified. 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 November 3, 2007, and November 4, 2006 (44th 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
<b>United States</b>	333	778	2,813	28,751	37,810	—	1	130	1,064	1,485	1	2	290	2,201	2,764
<b>New England</b>	6	15	124	589	3,644	—	0	2	7	9	—	0	2	5	3
Connecticut	—	0	76	2	1,365	—	0	2	4	7	—	0	1	1	2
Maine¶	—	0	7	—	204	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	2	3	2	—	0	2	3	1
New Hampshire	2	7	14	281	347	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Vermont¶	4	6	66	306	587	—	0	0	—	—	—	0	0	—	—
<b>Mid. Atlantic</b>	1	98	195	3,308	4,192	—	0	3	18	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	98	195	3,308	4,192	—	0	1	5	8	—	0	1	3	1
<b>E.N. Central</b>	101	214	568	8,101	12,237	—	0	18	100	244	—	0	11	57	174
Illinois	—	2	11	114	123	—	0	13	58	127	—	0	8	35	88
Indiana	—	0	0	—	—	—	0	4	12	27	—	0	2	10	53
Michigan	14	88	258	3,279	3,926	—	0	5	13	43	—	0	0	—	12
Ohio	87	91	449	3,870	7,312	—	0	4	12	36	—	0	3	7	11
Wisconsin	—	19	80	838	876	—	0	2	5	11	—	0	1	5	10
<b>W.N. Central</b>	21	33	136	1,383	1,485	—	0	40	233	223	—	0	114	705	484
Iowa	N	0	0	N	N	—	0	4	10	22	—	0	3	14	15
Kansas	6	8	52	456	281	—	0	3	11	17	—	0	7	26	13
Minnesota	—	0	0	—	—	—	0	11	42	31	—	0	11	57	34
Missouri	15	15	78	780	1,087	—	0	9	55	51	—	0	2	11	11
Nebraska¶	N	0	0	N	N	—	0	5	18	44	—	0	15	126	219
North Dakota	—	0	60	84	45	—	0	11	49	20	—	0	47	312	117
South Dakota	—	1	15	63	72	—	0	9	48	38	—	0	32	159	75
<b>S. Atlantic</b>	56	97	239	4,176	3,832	—	0	12	40	18	—	0	6	32	14
Delaware	—	1	4	38	62	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	8	14	39	—	0	0	—	—	—	0	0	—	2
Florida	13	23	76	1,040	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	23	2	—	0	4	23	6
Maryland¶	N	0	0	N	N	—	0	2	6	10	—	0	2	4	1
North Carolina	—	0	0	—	—	—	0	1	3	1	—	0	1	2	—
South Carolina¶	17	20	72	903	974	—	0	2	2	1	—	0	1	2	—
Virginia¶	—	23	190	1,200	1,456	—	0	1	2	—	—	0	1	1	5
West Virginia	26	22	50	981	1,301	—	0	0	—	1	—	0	0	—	—
<b>E.S. Central</b>	10	8	571	483	28	—	0	11	64	118	—	0	13	87	98
Alabama¶	10	8	571	480	26	—	0	2	16	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
<b>W.S. Central</b>	122	156	1,640	8,537	10,019	—	0	27	195	370	—	0	13	81	234
Arkansas¶	—	11	105	593	798	—	0	5	13	24	—	0	2	6	5
Louisiana	—	1	11	99	193	—	0	5	20	90	—	0	3	9	87
Oklahoma	—	0	0	—	—	—	0	10	50	27	—	0	7	38	21
Texas¶	122	149	1,534	7,845	9,028	—	0	16	112	229	—	0	5	28	121
<b>Mountain</b>	16	54	131	2,140	2,373	—	0	35	254	389	—	1	139	993	1,483
Arizona	—	0	0	—	—	—	0	6	35	64	—	0	12	48	78
Colorado	—	21	62	825	1,246	—	0	17	96	66	—	0	65	459	279
Idaho¶	N	0	0	N	N	—	0	2	8	139	—	0	19	101	857
Montana¶	7	6	40	341	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	309	327	—	0	8	38	3	—	0	6	22	5
Utah	9	13	73	630	734	—	0	8	25	56	—	0	7	29	102
Wyoming¶	—	0	9	34	57	—	0	4	15	15	—	0	33	165	50
<b>Pacific</b>	—	0	9	34	—	—	0	17	153	88	1	0	22	236	262
Alaska	—	0	9	34	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	17	149	81	1	0	21	218	197
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	—	5	30	168	219	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	30	467	504	—	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.

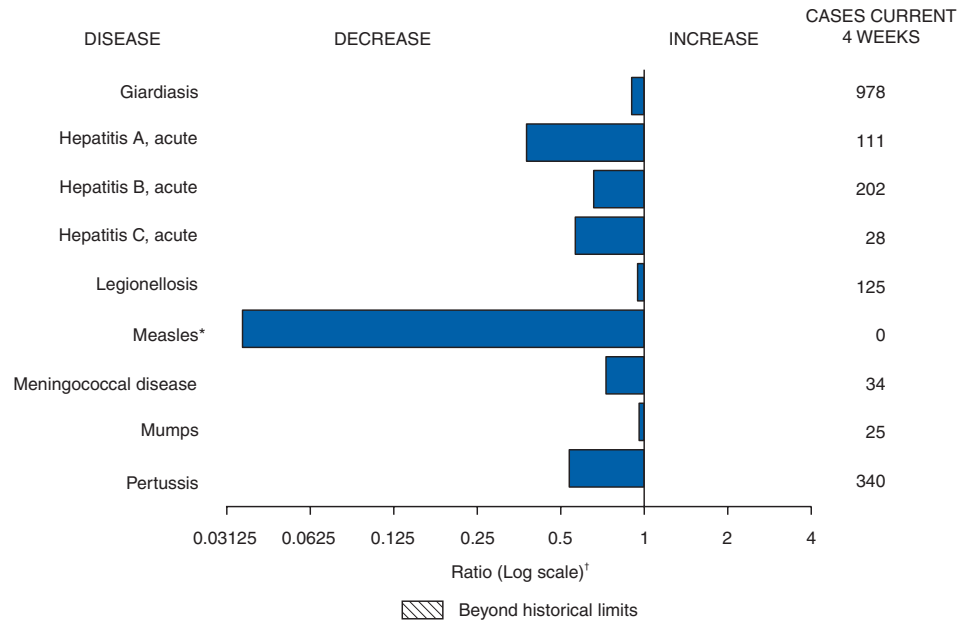
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

§ 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).



**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 3, 2007, with historical data**



\* No measles cases were reported for the current 4-week period yielding a ratio for week 44 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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