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Acute Respiratory Disease Associated with Adenovirus Serotype 14 — Four States, 2006–2007

Adenovirus serotype 14 (Ad14) is a rarely reported but emerging serotype of adenovirus that can cause severe and sometimes fatal respiratory illness in patients of all ages, including healthy young adults. In May 2006, an infant in New York aged 12 days died from respiratory illness caused by Ad14. During March–June 2007, a total of 140 additional cases of confirmed Ad14 respiratory illness were identified in clusters of patients in Oregon, Washington, and Texas. Fifty-three (38%) of these patients were hospitalized, including 24 (17%) who were admitted to intensive care units (ICUs); nine (5%) patients died. Ad14 isolates from all four states were identical by sequence data from the full hexon and fiber genes. However, the isolates were distinct from the Ad14 reference strain from 1955, suggesting the emergence and spread of a new Ad14 variant in the United States. No epidemiologic evidence of direct transmission linking the New York case or any of the clusters was identified. This report summarizes the investigation of these Ad14 cases by state and city health authorities, the U.S. Air Force, and CDC. State and local public health departments should be alert to the possibility of outbreaks caused by Ad14.

New York

In May 2006, a fatal case of Ad14 illness occurred in New York City in an infant girl aged 12 days. The infant was born after a full-term pregnancy and uncomplicated delivery. She was found dead in bed, where she had been sleeping. The infant had been examined 3 days after birth and noted to have lost weight but was otherwise healthy. The next week she had decreased tears with crying, suggesting early dehydration. Physical activity and feeding progressively decreased during the week before her death.

Postmortem tracheal and gastric swabs from the infant were sent to the Wadsworth Center laboratory of the New York State Department of Health, where adenovirus was detected by polymerase chain reaction (PCR). Adenovirus also was isolated by culture, confirmed by immunofluorescence assay (IFA), and typed as Ad14 by antibody neutralization assay. Analysis at CDC identified the same unique genetic sequences in this isolate as were later identified in the Ad14 isolates from the three 2007 clusters.

Autopsy and histologic findings at the Office of the Chief Medical Examiner in New York City included presence in the lung of chronic inflammatory cells with intranuclear inclusions, consistent with adenoviral bronchiolitis and acute respiratory distress syndrome. Investigation by the New York City Department of Health and Mental Hygiene has not identified any other local cases of Ad14 illness.

Oregon

In early April 2007, a clinician alerted the Oregon Public Health Division (OPHD) regarding multiple patients at a single hospital who had been admitted with a diagnosis of severe pneumonia during March 3–April 6. A total of 17 specimens were obtained from patients; 15 (88%)

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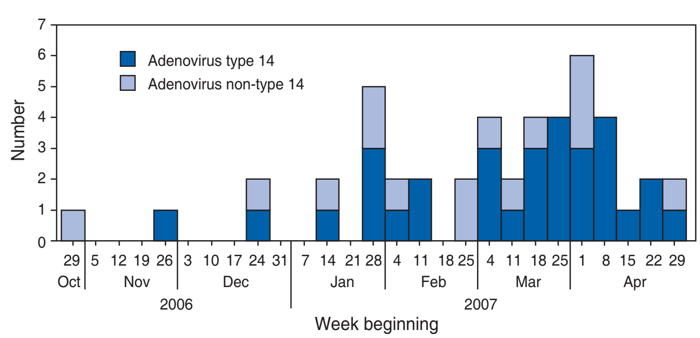
yielded isolates that were identified by CDC as Ad14. Through retrospective examination of laboratory reports from the three clinical laboratories in the state that have virology capacity and the Oregon State Public Health Laboratory (OSPHL), OPHD identified 68 persons who tested positive (by culture, PCR, or IFA) for adenovirus during November 1, 2006–April 30, 2007. Isolates from 50 (74%) of these patients were available for further adenovirus typing at either CDC or OSPHL. Of the 50 patient isolates, 31 (62%) were identified as Ad14, and 15 (30%) were identified as another adenovirus type (Figure); four (8%) did not test positive for adenovirus.

Among 30 Ad14 patients (i.e., all but one) whose medical charts were reviewed, 22 (73%) were male; median age was 53.4 years (range: 2 weeks–82 years). Five cases (17%) occurred in patients aged <5 years, and the remaining 20 (83%) occurred in patients aged >18 years. Twenty-two patients (73%) required hospitalization, sixteen (53%) required intensive care, and seven (23%) died, all from severe pneumonia. Median age of the patients who died was 63.6 years; five (71%) were male. One death occurred in an infant aged 1 month. Of the 30 Ad14 cases with patient residence information available, 28 (93%) occurred in residents of seven Oregon counties, and two cases occurred in residents of two Washington counties. No link was identified in hospitals or the community to explain transmission of Ad14 from one patient to another.

In comparison with the Ad14 patients, among the 12 adenovirus non-type 14 patients (i.e., all but three) whose medical charts were reviewed, nine (75%) were male. Median age was 1.1 years, and 11 (92%) patients were aged <5 years. Two (17%) adenovirus non-type14 patients required hospitalization; no ICU admissions or deaths were reported in this group.

FIGURE. Number of cases of laboratory-confirmed adenovirus (type 14 and non-type 14*), by week of illness onset — Oregon, November 1, 2006–April 30, 2007



* Confirmatory typing performed at Oregon State Public Health Laboratory or CDC.

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Washington

On May 16, 2007, the Tacoma-Pierce County Health Department notified the Washington State Department of Health (WADOH) of four residents housed in one unit of a residential-care facility who had been hospitalized recently for pneumonia of unknown etiology. The patients were aged 40–62 years; three of the four were female. One patient had acquired immunodeficiency syndrome (AIDS); the three others had chronic obstructive pulmonary disease. All four were smokers.

The patients had initial symptoms of cough, fever, or shortness of breath during April 22–May 8, 2007. Three patients required intensive care and mechanical ventilation for severe pneumonia. After 8 days of hospitalization, the patient with AIDS died; the other patients recovered. Respiratory specimens from all four patients tested positive for adenovirus by PCR at the WADOH laboratory; isolates were available from three patients, and all three isolates were identified as Ad14 by CDC. Ad14 had last been identified in an isolate from a patient from Washington in May 2006, marking the first identification of Ad14 in the state since 2004. Active surveillance among facility residents and staff did not identify any other cases of Ad14 illness.

Texas

Since February 2007, an outbreak of cases of febrile respiratory infection* associated with adenovirus infection has been reported among basic military trainees at Lackland Air Force Base (LAFB). During an initial investigation, conducted from February 3 to June 23, out of 423 respiratory specimens collected and tested, 268 (63%) tested positive for adenovirus; 118 (44%) of the 268 were serotyped, and 106 (90%) of those serotyped were Ad14. Before this outbreak, the only identification of an Ad14 isolate at LAFB occurred in May 2006 (*1*).

During February 3–June 23, 2007, a total of 27 patients were hospitalized with pneumonia (median hospitalization: 3 days), including five who required admission to the ICU. One ICU patient required extracorporeal membrane oxygenation for approximately 3 weeks and ultimately died. All 16 hospitalized patients from whom throat swabs were collected, including the five patients admitted to the ICU, tested positive for Ad14. Fifteen of these hospitalized patients tested negative for other respiratory pathogens, and one patient had a sputum culture that was positive for *Haemophilus influenzae*.

* Defined as 1) fever ≥100.5°F (≥38.1°C) plus at least one other sign or symptom of respiratory illness or 2) diagnosis of pneumonia.

All health-care workers from hospital units where trainees had been admitted were offered testing for Ad14, regardless of history of respiratory illness. Of 218 health-care workers tested by PCR, six (3%) were positive for Ad14; five of the six reported direct contact with hospitalized Ad14 patients.

Prevention measures implemented during the outbreak included increasing the number of hand-sanitizing stations, widespread sanitizing of surfaces and equipment with appropriate disinfectants, increasing awareness of Ad14 among trainees and staff members, and taking contact and droplet precautions for hospitalized patients with Ad14. Beginning on May 26, trainees with febrile respiratory illness were confined to one dormitory and both patients and staff members were required to wear surgical masks.

Cases reported postinvestigation. Since the investigation, new cases of febrile respiratory illness have continued to occur at LAFB, but the weekly incidence has declined from a peak of 74 cases with onset during the week of May 27–June 2, to 55 cases with onset during the week of September 23–29 (the most recent period for which data were available). In addition, during March–September 2007, three other military bases in Texas that received trainees from LAFB reported a total of 220 cases of Ad14 illness (Air Force Institute for Operational Health, personal communication, 2007). However, whether Ad14 spread from LAFB to these three bases has not been determined. Ad14 also was detected in April in an eye culture from an outpatient in the surrounding community who had respiratory symptoms and conjunctivitis. No link between this case and the LAFB cases was identified.

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Editorial Note: Adenoviruses were first described in the 1950s and are associated with a broad spectrum of clinical illness, including conjunctivitis, febrile upper respiratory illness, pneumonia, and gastrointestinal disease. Severe illness can occur in newborn or elderly patients or in patients with underlying medical conditions but is generally not life-threatening in otherwise healthy adults. Adenoviruses are known to cause outbreaks of disease, including keratoconjunctivitis, and tracheobronchitis and other respiratory diseases among military recruits (*2,3*). Although adenovirus outbreaks in military recruits are well-recognized (*3*), infection usually does not require hospitalization and rarely requires admission to an ICU. Beyond the neonatal period, deaths associated with community-acquired adenovirus infection in persons who are not immunodeficient are uncommon and usually sporadic.

Fifty-one adenovirus serotypes have been identified (*4*). The cases described in this report are unusual because they suggest the emergence of a new and virulent Ad14 variant that has spread within the United States. Ad14 infection was described initially in 1955 (*5*) and was associated with epidemic acute respiratory disease in military recruits in Europe in 1969 (*6*) but has since been detected infrequently. For example, during 2001–2002, Ad14 was associated with approximately 8% of respiratory adenoviral infections in the pediatric ward of a Taiwan hospital, with approximately 40% of Ad14 cases in children aged 4–8 years manifesting as lower airway disease (*7*).

The National Surveillance for Emerging Adenovirus Infections system includes military and civilian laboratories at 15 sites. During 2004–2007, this surveillance system detected 17 isolates of Ad14 from seven sites (*8*). Ten of the 17 isolates (60%) were collected from three military bases (*8*). Despite this surveillance, adenovirus infections often go undetected, because few laboratories routinely test for adenovirus and even fewer do serotyping. Wider circulation of Ad14 might have occurred in recent years and might still be occurring.

Further work is needed to understand the natural history of Ad14, risk factors for severe Ad14 disease, and how Ad14 transmission can be prevented effectively. Vaccines against adenovirus serotypes four and seven (i.e., Ad4 and Ad7) were used among military recruits during 1971–1999, before vaccines were no longer available. Adenoviral disease among U.S. military recruits subsequently increased (*9*). Ad4 and Ad7 oral vaccines have been redeveloped and are being evaluated in clinical trials. Work is ongoing to determine whether the new Ad4 and Ad7 vaccines will protect against Ad14 infection. Management of adenoviral infections is largely supportive. A number of antiviral drugs, including ribavirin, vidarabine, and cidofovir, have been used to treat adenoviral infections such as Ad14, but none have shown definitive efficacy against adenoviruses (*2*).

Control of adenovirus outbreaks can be challenging because these viruses can be shed in both respiratory secretions and feces and can persist for weeks on environmental surfaces. Guidelines for the care of patients with pneumonia (*10*) should be followed in cases of suspected adenoviral pneumonia.

Clinicians with questions related to testing of patients for adenovirus or Ad14 infection should contact their state health departments, which can provide assistance. State health departments and military facilities should contact CDC to report unusual clusters of severe adenoviral disease or cases of Ad14 or to obtain additional information regarding laboratory testing.

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Racial Disparities in Diabetes Mortality Among Persons Aged 1–19 Years — United States, 1979–2004

Diabetes is a chronic disease with a U.S. prevalence of 18 cases per 10,000 youths aged <20 years (*1*). With proper management and access to care, morbidity and mortality from diabetes are preventable, particularly in the pediatric population (*2,3*). Although diabetes is more common among non-Hispanic white youths, some studies report higher death rates among racial/ethnic minorities and among those in lower socioeconomic strata (*3,4*). In 2004, age-adjusted diabetes death rates for black persons in the United States were approximately twice those for white persons (*5*). However, no recent studies on racial disparities that focus specifically on the pediatric population have been conducted. To assess racial disparities in diabetes mortality among youths, CDC analyzed data on deaths with an underlying cause of diabetes among persons aged 1–19 years for the period 1979–2004. This report summarizes the results of that analysis, which determined that, during 1979–2004, diabetes death rates for black youths were approximately twice those for white youths. During 2003–2004, the annual average diabetes death rate per 1 million youths was 2.46 for black youths and 0.91 for white youths. Further study is needed to discern the specific reasons for increased diabetes mortality in black youths. Better identification and management of the disease among youths, especially among black youths, might help decrease racial disparities and prevent deaths from diabetes.

To obtain stable estimates, diabetes death rates were calculated as 2-year annual averages for the period 1979–2004 for all persons aged 1–19 years and for blacks and whites in that age group. The numbers of diabetes deaths in other racial groups were too small to obtain reliable estimates, and Hispanic origin was not recorded on death certificates in all states until 1997. Infants aged <1 year were excluded because of differences in estimating mortality rates among infants in the neonatal and postneonatal period, compared with children aged ≥1 year. Numbers of deaths for which diabetes was the underlying cause* and population estimates for calculation of rates were obtained from the CDC WONDER online database compressed mortality file of the National Vital Statistics System (NVSS). *International Classification of Diseases, Ninth Revision* (ICD-9)† cause-of-death codes for diabetes mellitus (250) were used for 1979–1998, and *International Classification of Diseases, Tenth Revision* (ICD-10)§ codes (E10–E14) were used for 1999–2004. Trends over time for 2-year annual averages were assessed using Hudson's algorithm in statistical software (*6*) to test whether trends were statistically significant ($p<0.05$) and to identify points (i.e., joinpoints) where trends changed during the study period. Previous analyses of the comparability of underlying cause-of-death classification between deaths coded using the ICD-9 system and those coded using the ICD-10 system have indicated that the change from ICD-9 to ICD-10 in 1999 likely had little impact on the proportion of deaths attributed to diabetes for the age group included in this study and for blacks and whites of all ages (CDC, unpublished data, 2004).¶ Therefore, the period 1979–2004 was analyzed as a continuous trend. Rate ratios and 95% confidence intervals (CIs) for death rates of blacks compared with death rates of whites were calculated for each 2-year interval. Age-adjusted rates were examined and determined to be identical to crude rates. Thus, crude rates are presented in this report.

During 1979–2004, diabetes death rates among persons aged 1–19 years ranged from 1.34 per million (annual average for 1979–1980) to 0.84 per million (1993–1994) (Table). During 2003–2004, an annual average of 89 diabetes deaths occurred among persons aged 1–19 years (1.15 per million), including 31 among black youths and 55 among white youths. Trend lines for the entire population were similar to those for white youths and indicated a significant decrease in overall diabetes death rates during 1979–1994, with an average annual percentage change (APC) of -2.7% ($p<0.05$) and a significant increase during 1994–2004 (APC = +3.1%, $p<0.05$). Diabetes death rates were consistently higher for black youths compared with white youths (Figure), with rate ratios ranging from 1.56 (CI = 1.05–2.31) during 1987–1988 to 2.72 (CI = 2.00–3.70) during 2001–2002 (Table). Trend analysis for black youths indicated a decrease in death rates during 1979–1998 (APC = -0.8%, $p\geq0.05$) but an increase after 1998 (APC = +8.0%, $p<0.05$). Diabetes death rates for white youths decreased significantly during 1979–1994 (APC = -3.0%, $p<0.05$) but did not change significantly during 1994–2004 (APC = +2.2%, $p\geq0.05$) (Figure).

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Editorial Note: Although diabetes deaths among youths were rare during 1979–2004, numbering less than an average of 80 per year for the entire period, diabetes death rates for black youths were consistently higher than those for white youths. Additionally, whereas diabetes mortality did not change substantially for white youths during 1994–2004, death rates for black youths increased significantly. A corresponding increase in black-white disparity was not observed in all-cause mortality for persons aged 1–19 during this period (CDC, unpublished data, 2004). Although

* Underlying cause is defined by the World Health Organization as the disease or injury that initiated the train of morbid events leading directly to death or the circumstances of the accident or violence that produced the fatal injury. The underlying cause is selected from the conditions entered by the physician in the cause-of-death section of the death certificate. When more than one cause or condition is entered by the physician, the underlying cause is determined by the sequence of conditions on the certificate, provisions of the *International Classification of Diseases*, and associated selection rules and modifications. Additional information is available at http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_08.pdf.

† Available at http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm.

§ Available at http://www.cdc.gov/nchs/about/major/dvs/icd10des.htm.

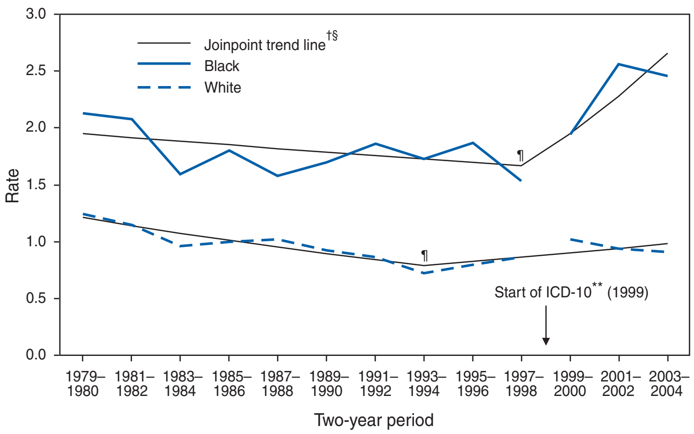
¶ Comparability ratio tables are available at ftp://ftp.cdc.gov/pub/health_statistics/nchs/datasets/comparability/icd9_icd10. Information regarding the calculation of comparability ratios is available at http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_08.pdf.

TABLE. Two-year annual average diabetes death rates* for persons aged 1–19 years, by race and death rate ratio (blacks compared with whites) — United States, 1979–2004

2-year period	All races (SE†)	Blacks (SE)	Whites (SE)	Rate ratio (95% CI§)
1979–1980	1.34 (0.10)	2.13 (0.32)	1.24 (0.10)	1.72 (1.22–2.41)
1981–1982	1.27 (0.10)	2.08 (0.32)	1.15 (0.10)	1.82 (1.28–2.57)
1983–1984	1.04 (0.09)	1.59 (0.28)	0.96 (0.09)	1.66 (1.12–2.47)
1985–1986	1.08 (0.09)	1.80 (0.30)	1.00 (0.10)	1.80 (1.23–2.62)
1987–1988	1.08 (0.09)	1.58 (0.28)	1.02 (0.10)	1.56 (1.05–2.31)
1989–1990	1.02 (0.09)	1.70 (0.29)	0.92 (0.09)	1.84 (1.26–2.71)
1991–1992	0.99 (0.09)	1.86 (0.29)	0.86 (0.09)	2.15 (1.49–3.12)
1993–1994	0.84 (0.08)	1.73 (0.28)	0.72 (0.08)	2.41 (1.65–3.54)
1995–1996	0.97 (0.08)	1.87 (0.28)	0.80 (0.08)	2.33 (1.63–3.33)
1997–1998	0.93 (0.08)	1.53 (0.25)	0.86 (0.09)	1.77 (1.21–2.57)
1999–2000	1.12 (0.09)	1.94 (0.28)	1.02 (0.09)	1.90 (1.36–2.66)
2001–2002	1.20 (0.09)	2.56 (0.32)	0.94 (0.09)	2.72 (2.00–3.70)
2003–2004	1.15 (0.09)	2.46 (0.31)	0.91 (0.09)	2.70 (1.98–3.68)

* Per 1,000,000 population.
† Standard error.
§ Confidence interval.

FIGURE. Two-year annual average diabetes death rates* for persons aged 1–19 years, by race — United States, 1979–2004



* Per 1,000,000 population.
† Joinpoint trend line for black youths: annual percentage change (APC) in death rate = -0.8% (p≥0.05) for 1979–1998 and APC = +8.0% (p<0.05) for 1998–2004.
§ Joinpoint trend line for white youths: APC in death rate = -3.0% (p<0.05) for 1979–1994 and APC = +2.2% (p≥0.05) for 1994–2004.
¶ Joinpoint (change in trend).
** *International Classification of Diseases, Tenth Revision.*

implementation of new ICD-10 cause-of-death coding procedures began in 1999, the coding change is probably not the cause of the increase in diabetes deaths among black youths.

Diabetes mortality among adults traditionally includes deaths for which diabetes was a contributing cause and those for which it was an underlying cause. For children, however, diabetes deaths are less likely to be from consequences of long-standing diabetes (e.g., cardiovascular and cerebrovascular disease) and more likely to be from direct complications (e.g., ketoacidosis and hypoglycemia) and to occur among persons with short duration of the disease (*3,7*). Therefore, this analysis included only underlying cause of death.

The factors contributing to racial disparities in pediatric and adolescent diabetes mortality during 1979–2004 likely are complex. Possible explanations include differences in access to and use of health-care services (*8*) and differences in the quality of disease education and care (*3*). More in-depth analyses are needed to assess these factors and the effect of recent increases in type 2 diabetes among children in racial/ethnic minority groups (*9*).

The findings in this report are subject to at least three limitations. First, deaths attributable to diabetes cannot be examined by the specific type of diabetes because of the small number of these deaths and the high percentage of pediatric and adolescent diabetes deaths unclassified by type (76% in 2004). Second, the use of NVSS data precludes adjustment of data comparing racial groups for potential confounders, such as socioeconomic status or health-insurance status. Finally, this study could not determine the cause of the statistically significant increase in diabetes mortality among black youths during 1998–2004. This increase might be attributed to random variation, given the rarity of diabetes deaths in the 1–19 years age group and the limited period during which the increase was observed. However, further evaluation of this trend is needed.

These findings demonstrate consistent racial disparities in diabetes mortality among youths in the United States during 1979–2004, although, in absolute numbers of deaths, the differences are not sizeable because of the rare occurrence of diabetes-related deaths in this population (annual average of 89 deaths during 2003–2004). However, these disparities remain a public health concern for two reasons. First, diabetes deaths among young persons are predominantly attributed to acute complications, such as ketoacidosis, and thus are preventable (*3*). Metabolic decompensation from acute diabetes complications is easy to recognize in young persons and requires quality care of high urgency but low technology (*3*). Second, incidence of type 2 diabetes in children and adolescents is increasing (*9*). Education of health professionals who care for youths, especially black youths, and improved public awareness of increasing diabetes incidence, particularly among minority racial/ethnic groups, might improve identification of diabetes in black and other minority children and adolescents. These practices might lead to improved management of the disease and decreased morbidity and mortality among youths.

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Progress Toward Poliomyelitis Eradication — India, January 2006–September 2007

India is one of four countries where wild poliovirus (WPV) transmission has never been interrupted (the others are Afghanistan, Nigeria, and Pakistan) (*1*). An outbreak of poliomyelitis cases caused by WPV type 1 (WPV1) occurred in India in 2006, primarily in the northern states of Uttar Pradesh and Bihar, where polio remains endemic. This outbreak resulted in the greatest annual number of cases of poliomyelitis in India since 2002. In response, the Government of India and its partners implemented additional vaccination measures based on recommendations from the India Expert Advisory Group on Polio Eradication. These measures focused predominantly on use of monovalent oral poliovirus vaccine type 1 (mOPV1),* which has higher efficacy against WPV1 than trivalent OPV (tOPV) (*2,3*). As a result, WPV1 cases in India decreased approximately 84% to 66 cases during January–September 2007, compared with 405 cases during the corresponding period in 2006. In western Uttar Pradesh, a state in which multiple risk factors have made interruption of WPV transmission challenging, five WPV1 cases have been reported this year, compared with 299 during the same period in 2006. However, a WPV type 3 (WPV3) outbreak also has been reported, with 261 cases occurring through September 30, 2007, primarily in the northern states where polio remains endemic. This report summarizes progress toward polio eradication in India during January 2006–September 2007 and highlights the challenges and strategic adaptations of eradication measures (*4*).

Acute Flaccid Paralysis (AFP) Surveillance

AFP surveillance† is fundamental to monitoring progress toward polio eradication; surveillance quality is monitored according to World Health Organization (WHO) operational targets.§ The national nonpolio AFP rate (i.e., the number of nonpolio AFP cases per 100,000 population aged <15 years) was similar during January–December 2006 (7.35 cases) and January–September 2007 (7.83 cases). In 2006 and 2007, nonpolio AFP rates were highest in Uttar Pradesh (15.80 cases and 15.32 cases, respectively) and Bihar (19.00 cases and 20.97 cases, respectively). Adequate stool-specimen collection nationally was 82% in 2006 and 85% during January–September 2007.

* mOPV contains polio vaccine virus of either type 1 or type 3 only. mOPV provides greater WPV type-specific immunity per dose than tOPV.

† The AFP surveillance system tracks any case of AFP in a child aged <15 years or any case of paralytic illness in a person of any age when polio is suspected. Additional information regarding AFP surveillance is available at http://www.polioeradication.org/content/fixed/afp.shtml.

§ The current WHO operational target for countries with endemic polio transmission is a nonpolio AFP rate of at least two cases per 100,000 population aged <15 years and adequate stool-specimen collection from ≥80% of AFP cases, in which two specimens are collected ≥24 hours apart, both within 14 days of paralysis onset, and shipped on ice or frozen ice packs to a WHO-accredited laboratory, arriving in good condition. When operational targets for nonpolio AFP incidence and specimen collection are reached or exceeded in all areas, little

Virologic testing of stool specimens from AFP patients in India is conducted at eight laboratories, all of which are accredited by WHO as part of the Global Polio Laboratory Network (*5*). These laboratories have had an increased workload, with 62,642 specimens processed in 2006 and 58,966 specimens processed during January–September 2007, compared with 52,516 in 2005. Despite this workload, laboratories reported a primary virus isolation result within 28 days of receipt of specimen for 99% of specimens in 2006. The mean interval from receipt of primary isolation results to final intratypic differentiation of poliovirus (i.e., wild or vaccine related) was 8.3 days in 2006.

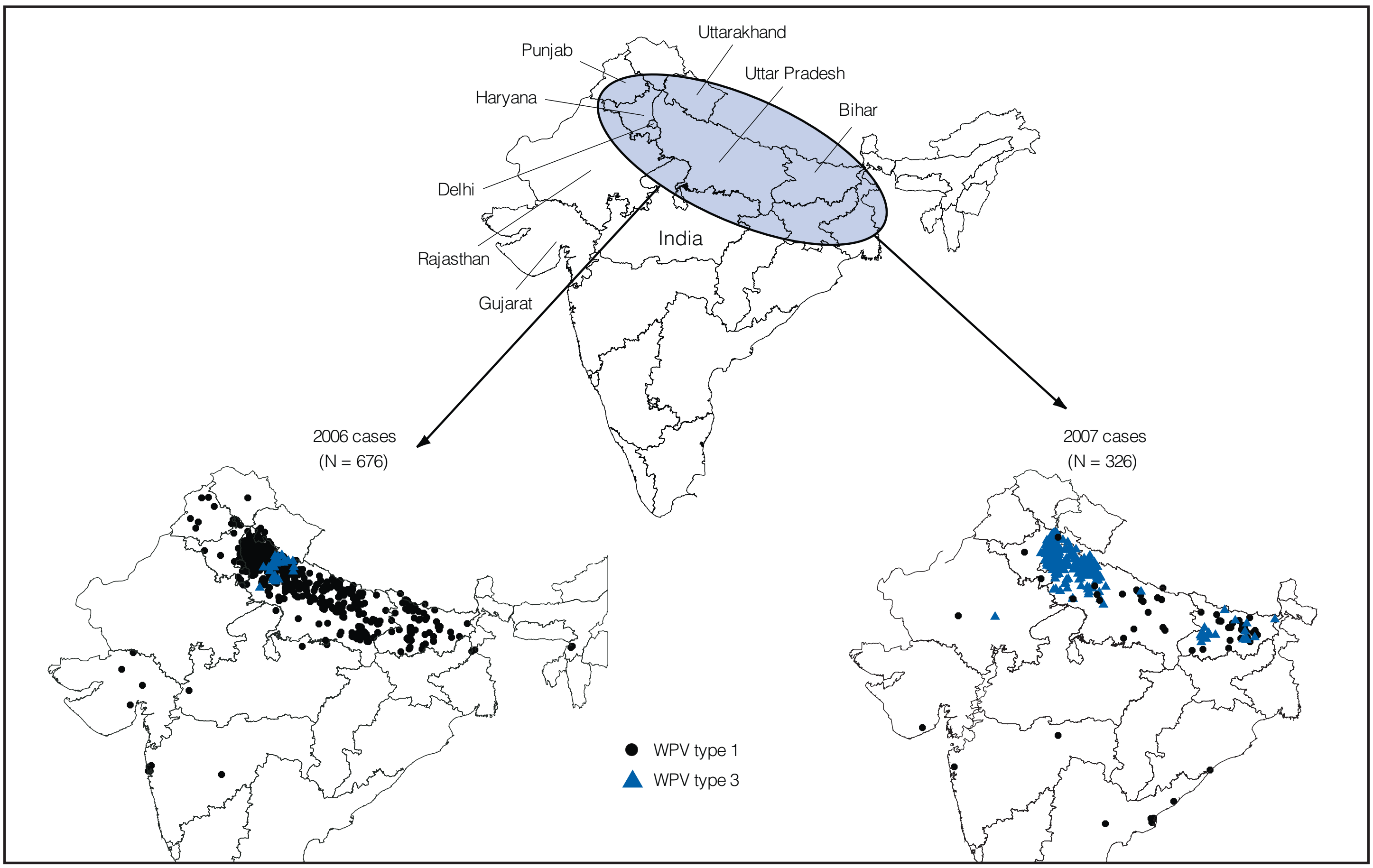
WPV Incidence

In 2006, India reported a total of 676 polio cases from 114 districts. In 2007, India had reported 326 polio cases from 68 districts, with onset of paralysis during January 1–September 28, compared with 416 cases from 73 districts for the same period in 2006 (Figures 1 and 2). The majority of cases occurred in children aged <2 years in both 2006 (69%) and 2007 (63%).

WPV1. In 2006, a total of 648 (96%) reported polio cases were WPV1; of these, 581 (85%) occurred in Uttar Pradesh (520 cases) and Bihar (61 cases). The tenfold increase in WPV1 circulation in 2006 compared with 2005 (648 cases versus 62 cases) was the result of an outbreak that originated in western Uttar Pradesh and spread to the rest of Uttar Pradesh and 15 other states.

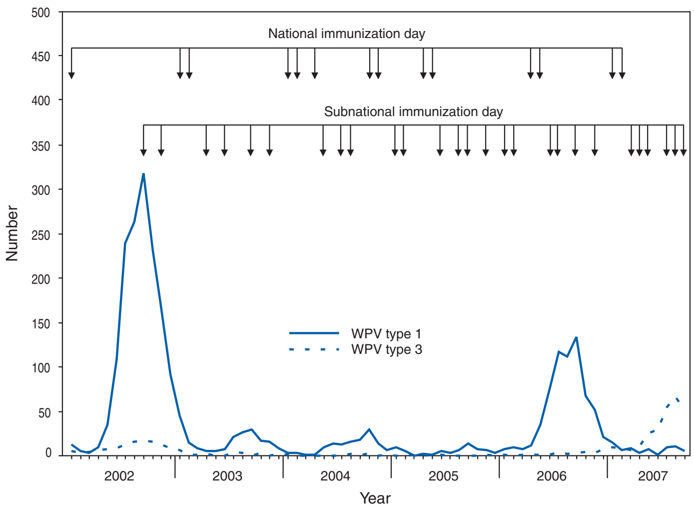
As of October 20, 2007, a total of 66 WPV1 cases had been reported from 40 districts, compared with 405 cases from 73 districts during the same period in 2006. In Uttar Pradesh, 21 WPV1 cases had been reported in 2007, compared with 347 for the same period in 2006. Although the typical peak season for poliovirus transmission is June–September, only five of the 21 cases (24%) in 2007 occurred during this period. Within western Uttar Pradesh, only five cases of WPV1 have been reported in 2007, compared with 299 cases for the same period in 2006 and 19 cases for the same period in 2005. However, WPV1 con-

FIGURE 1. Wild poliovirus (WPV) cases — India, January–December 2006 and January–September 2007*



* As of October 20, 2007.

FIGURE 2. Number of wild poliovirus (WPV) cases, by type, month, and year of onset and type of supplementary immunization activity* — India, January 2002–September 2007†



* Mass campaign conducted during a brief period (days to weeks) in which 1 dose of oral poliovirus vaccine is administered to all children aged <5 years, regardless of vaccination history. The geographic extent of campaigns (national or subnational) is determined by analysis of surveillance data.
† As of October 20, 2007.

tinues to circulate in Bihar, where 33 (50%) of the 66 WPV1 cases have been reported this year, compared with 28 cases for the same period in 2006. Of 433 blocks¶ within Bihar, 268 (62%) have not reported any WPV1 cases since 2001, 93 (21%) have reported only a single case, and 72 (16%) are blocks at high risk for recurrence of WPV1.

WPV3. In 2006, a total of 28 WPV3 cases were reported, all from districts of western Uttar Pradesh. However, in 2007, the number of WPV3 cases has increased to 261, with 231 (83%) occurring in western Uttar Pradesh. During the peak transmission season (June–September), WPV3 spread to areas outside of western Uttar Pradesh, with seven cases reported in the neighboring areas of Delhi, Uttarakhand, Haryana, and Rajasthan; three cases in central Uttar Pradesh; and 23 cases in Bihar. Before this importation, no cases of WPV3 had been reported in Bihar since January 2004.

Immunization Activities

Reported routine vaccination coverage of infants with 3 doses of OPV was 68% in India in 2006 (*6*). In Bihar and Uttar Pradesh, coverage was lower (48% and 44%, respectively). India continues to implement strategies to improve routine vaccination services in these areas (*3*).

In 2006, India conducted 10 supplementary immunization activities (SIAs),** which included two rounds of national immunization days (NIDs), targeting 172 million children, and eight rounds of subnational immunization days (SNIDs) in areas with detected WPV circulation or areas at high risk for WPV circulation. During January–September 2007, India conducted nine SIAs (two rounds of NIDs and seven of SNIDs) (Figure 3).

Since mOPV1 and monovalent oral poliovirus vaccine type 3 (mOPV3) became licensed in India in 2005, their use has become an integral part of SIAs in Uttar Pradesh, Bihar, and areas with transmission of imported virus. SNIDs have been conducted every 3–6 weeks in Uttar Pradesh and Bihar, primarily with mOPV1. One SNID round in 2006 (December) and two SNID rounds in 2007 (March and July) with mOPV3 were conducted in selected districts of western Uttar Pradesh and neighboring states with WPV3 circulation. Five SIA rounds with tOPV were conducted in central and eastern Uttar Pradesh during 2006, and one SNID round with tOPV was conducted in April 2007 in all of Uttar Pradesh. In Bihar, nine SIAs using mOPV1 have been conducted in 2007. SNIDs with mOPV3 were conducted in October 2007 after confirmation of WPV3 cases. In addition, in 2007, a new vaccination strategy targeting migrant populations was implemented in two SNIDs. A total of 1.4 million children were administered mOPV1 in the states of Gujarat, Haryana, and Punjab, which have numerous migrant laborers from Uttar Pradesh and Bihar.

SIA quality†† has improved from 2006 to 2007. The percentage of missed houses in Moradabad§§ in western Uttar Pradesh decreased approximately 50%, from 12% in January 2006 to 6% in April 2007; the percentage of missed houses remained at 6%–8% during all subsequent rounds. In Bihar, the percentage of missed houses remained at approximately 12%–14% (*3*).

Reported by: *Ministry of Health and Family Welfare, Government of India; National Polio Surveillance Project; Immunization and Vaccine*

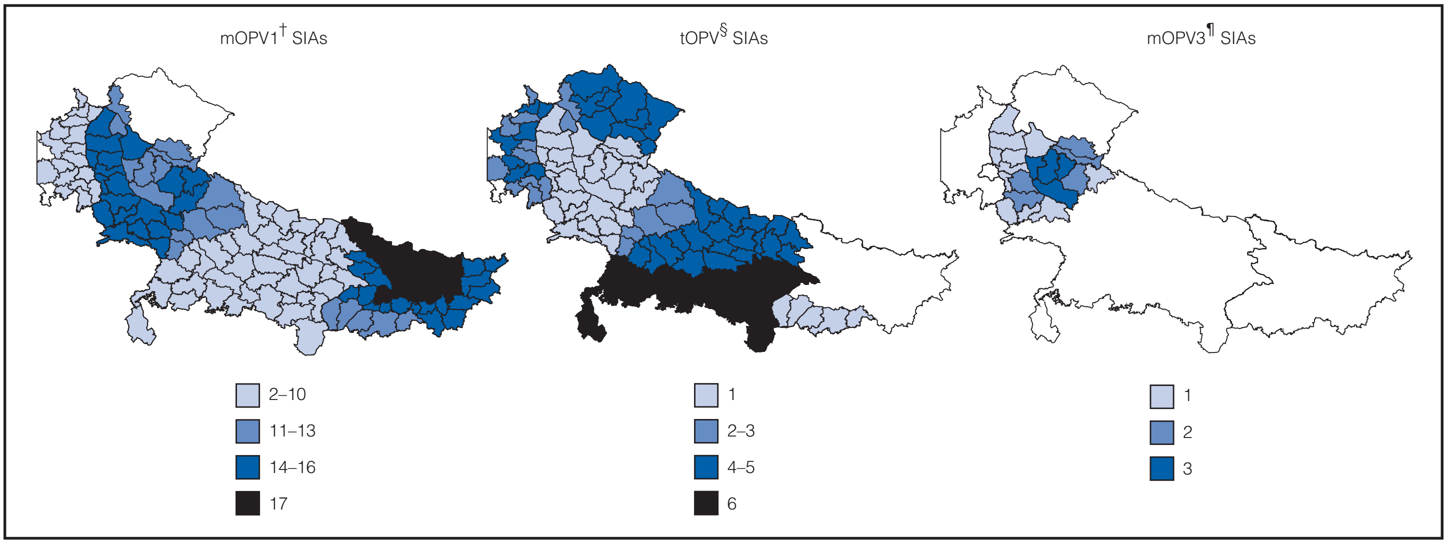
¶ Administrative divisions within districts; high-risk blocks are those with at least two polio cases from 2001 until week 28 of 2007.

** Mass campaigns conducted during a brief period (days to weeks) in which 1 dose of OPV is administered to all children aged <5 years, regardless of vaccination history. The geographic extent of campaigns (national versus subnational) is determined by analysis of surveillance data. OPV is administered at fixed sites, by mobile teams during house-to-house visits, and by teams at transit points (e.g., train stations or markets).

†† SIA quality is defined by the percentage of houses detected, after a vaccination activity has been completed, with a child who might not have been vaccinated.

§§ Moradabad is a densely populated district in Uttar Pradesh with an underserved population (i.e., a population with low socioeconomic standing, marginalized status, and poor sanitation).

FIGURE 3. Number of supplementary immunization activity (SIA)* rounds, by vaccine used and district — Uttar Pradesh, Bihar, and surrounding states, India — January 2006–September 2007



* Mass campaign conducted during a brief period (days to weeks) in which 1 dose of oral poliovirus vaccine is administered to all children aged <5 years, regardless of vaccination history.
† Monovalent OPV type 1.
§ Trivalent OPV.
¶ Monovalent OPV type 3.

Development Dept, WHO Regional Office for South-East Asia; UNICEF, New Delhi; Poliovirus Laboratory Network, Ahmedabad, Bangalore, Chennai, Coonoor, Kasauli, Kolkata, Lucknow, and Mumbai, India. Vaccines and Biologicals Dept, WHO, Geneva, Switzerland. Div of Viral Diseases and Global Immunization Div, National Center for Immunization and Respiratory Diseases; AE Sever, MD, EIS Officer, CDC.

Editorial Note: India has continued to make progress towards polio eradication despite a WPV1 outbreak in 2006 and an ongoing WPV3 outbreak in 2007. Based on recommendations of the Global Advisory Committee on Polio Eradication and the India Expert Advisory Group on Polio Eradication, India has prioritized elimination of WPV1 because this virus type has a greater likelihood of causing paralytic disease, has been responsible for >90% of polio cases in the country during the past 5 years, and has been the source for reinfection of six polio-free countries (Angola, Bangladesh, Democratic Republic of the Congo, Myanmar, Namibia, and Nepal). Consequently, the intensified use of mOPV1 during frequent, large-scale SIAs coupled with improvements in the quality and consistency of SIA coverage has been critical to substantially curtailing the outbreak of WPV1. For the first time, this strategy has led to record low numbers of WPV1 cases in the areas that previously had the highest incidence. The limited number of WPV1 cases in western Uttar Pradesh and the continued decline of WPV1 incidence throughout the peak transmission season suggest that an unprecedented opportunity exists to end WPV1 transmission in Uttar Pradesh.

Transmission of WPV1 in Bihar continues despite intensified measures. However, after the series of mOPV1 SIAs implemented during 2006 and 2007, WPV1 transmission is primarily localized in four north/central districts. Eradication activities in high-risk blocks of Bihar are hindered by several operational difficulties, including extensive flooding during the rainy season. Both Uttar Pradesh and Bihar remain areas at risk for ongoing transmission because of multiple factors, including high population density, a large birth cohort, poor sanitation, and high population mobility.

The current WPV3 outbreak is not unexpected. Routine vaccination rates in Uttar Pradesh and Bihar remain low, and the SIA strategy has focused on WPV1 elimination with preferential mOPV1 use for most rounds in areas of WPV transmission. Because of its higher level of transmissibility, WPV1 is more likely to result in wide geographic spread than WPV3. Most of the WPV3 cases in 2007 occurred in certain districts of western Uttar Pradesh that had never conducted an mOPV3 SIA until July 2007.

More frequent, higher quality SIAs have contributed to decreased transmission of WPV. Since early 2006, interventions such as involvement of volunteer public health workers in Uttar Pradesh and Bihar, categorization and tracking of houses with missed children, vaccination of children at congregation and transit sites, and improved identification and vaccination of migratory populations have been implemented. In addition, the governments of Uttar Pradesh and Bihar have begun tracking newborns to increase the number of children aged <2 years who are vaccinated.

The progress toward elimination of WPV1 in western Uttar Pradesh indicates that poliovirus transmission can be interrupted in India. Sustaining this progress in Uttar Pradesh, reducing the number of WPV1 cases in Bihar, and controlling the WPV3 outbreak are critical. Judicious, intermittent, and timely use of WPV type-specific mOPV, guided by epidemiology, are essential to stopping WPV1 and WPV3 transmission in India in the near future. Eradication of polio in India will require continued diligence and collaboration among the Government of India, governments of Uttar Pradesh and Bihar, and partner organizations.¶¶

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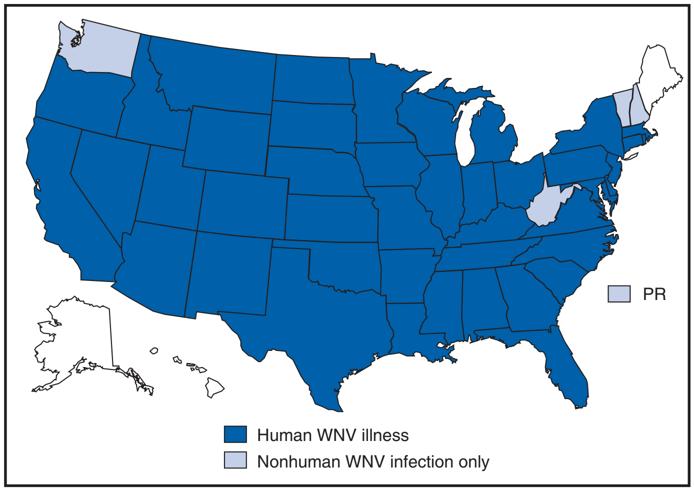
¶¶ Major partners include WHO, Rotary International, the World Bank, UNICEF, and the governments of the United Kingdom, United States, Japan, and Germany.

West Nile Virus Update — United States, January 1–November 13, 2007

This report summarizes 2007 West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Standard Time, November 13, 2007. A total of 43 states had reported 3,304 cases of human WNV illness to CDC (Figure, Table). A total of 1,803 (55%) cases for which such data were available occurred in males; median age of patients was 51 years (range: 1 month–97 years). Dates of illness onset ranged from January 8 to November 6; a total of 93 cases were fatal.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2007*



* As of November 13, 2007.

A total of 286 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2007. Of these, 46 were reported from California; 40 from Texas; 24 from North Dakota; 21 from South Dakota; 20 from Colorado; 17 from Minnesota; 16 from Oklahoma; 13 each from Arizona, Mississippi, and Montana; 12 from Missouri; eight from Louisiana; seven from Ohio; five each from Iowa, Kentucky, and Utah; four from New Mexico; three each from Puerto Rico and Wyoming; two each from Indiana and Pennsylvania; and one each from Illinois, New York, North Carolina, South Carolina, Tennessee, Virginia, and Wisconsin. Of the 286 PVDs, two persons (median age: 66 years [range: 60–71 years]) subsequently had neuroinvasive illness, and 59 persons (median age: 48 years [range: 16–79 years]) subsequently had West Nile fever.

In addition, 1,599 dead corvids and 473 other dead birds with WNV infection have been reported in 34 states and New York City during 2007. WNV infections have been reported in horses in 33 states; in four canines in Idaho, Mississippi, and Oregon; in 27 squirrels in California and Oregon; and in three unidentified animal species in Idaho and Montana. WNV seroconversions have been reported in 764 sentinel chicken flocks in 11 states (Arizona, Arkansas, California, Delaware, Florida, Iowa, North Carolina, North Dakota, Oregon, Utah, and Virginia) and Puerto Rico. A total of 7,772 WNV-positive mosquito pools have been reported from 36 states, the District of Columbia, and New York City.

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

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2007*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total reported to CDC**	Deaths
Alabama	16	6	0	**22**	3
Arizona	39	22	24	**85**	1
Arkansas	13	6	0	**19**	1
California	151	213	7	**371**	16
Colorado	96	459	0	**555**	6
Connecticut	4	1	0	**5**	0
Delaware	1	0	0	**1**	0
Florida	3	0	0	**3**	1
Georgia	23	21	3	**47**	2
Idaho	7	100	2	**109**	1
Illinois	55	25	13	**93**	4
Indiana	12	7	3	**22**	1
Iowa	10	12	2	**24**	2
Kansas	13	26	0	**39**	2
Kentucky	3	0	0	**3**	0
Louisiana	20	9	0	**29**	0
Maryland	6	3	1	**10**	0
Massachusetts	3	3	0	**6**	0
Michigan	12	0	1	**13**	2
Minnesota	45	54	0	**99**	2
Mississippi	42	82	0	**124**	3
Missouri	56	12	0	**68**	2
Montana	37	160	0	**197**	4
Nebraska	18	126	0	**144**	3
Nevada	1	6	4	**11**	0
New Jersey	1	0	0	**1**	0
New Mexico	38	22	0	**60**	3
New York	12	2	0	**14**	2
North Carolina	3	2	0	**5**	0
North Dakota	49	312	0	**361**	2
Ohio	13	7	1	**21**	2
Oklahoma	51	40	1	**92**	8
Oregon	7	19	0	**26**	0
Pennsylvania	5	4	0	**9**	0
Rhode Island	0	1	0	**1**	0
South Carolina	2	2	0	**4**	0
South Dakota	48	159	0	**207**	6
Tennessee	4	2	1	**7**	1
Texas	114	30	0	**144**	10
Utah	27	33	0	**60**	2
Virginia	2	1	0	**3**	0
Wisconsin	5	5	0	**10**	0
Wyoming	15	152	13	**180**	1
Total	**1,082**	**2,146**	**76**	**3,304**	**93**

* As of November 13, 2007.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

Notice to Readers

National Family History Day — Thanksgiving Day

Beginning in 2004, Thanksgiving Day was declared National Family History Day by the U.S. Surgeon General to encourage families to discuss their health histories. Although 96% of persons in the United States believe that knowing their family history is important, only one third of them have ever tried to gather and write down their family health history (*1*).

The Office of the Surgeon General, in collaboration with several agencies in the U.S. Department of Health and Human Services, developed a tool for recording family health information (available at https://familyhistory.hhs.gov). In addition, in 2002, CDC's National Office of Public Health Genomics (NOPHG) launched the Family History Public Health Initiative, which collaborates with government agencies, public health organizations, universities, and the private sector to assess and promote the use of family history for improving the health of the U.S. population. Family history resources and tools are available from NOPHG at http://www.cdc.gov/genomics/public/famhist.htm.

To extend this initiative to children, CDC's National Center on Birth Defects and Developmental Disabilities sponsored a meeting in 2006 to assess the use of family history information in pediatric primary care and to evaluate medical conditions that could serve as models for using this information in pediatric and public health settings (*2*). A supplement to the September 2007 issue of *Pediatrics* contains articles based on the findings from the meeting. Access to the *Pediatrics* supplement and additional information regarding the 2006 meeting are available at http://www.cdc.gov/ncbddd/bd/family_history.htm.

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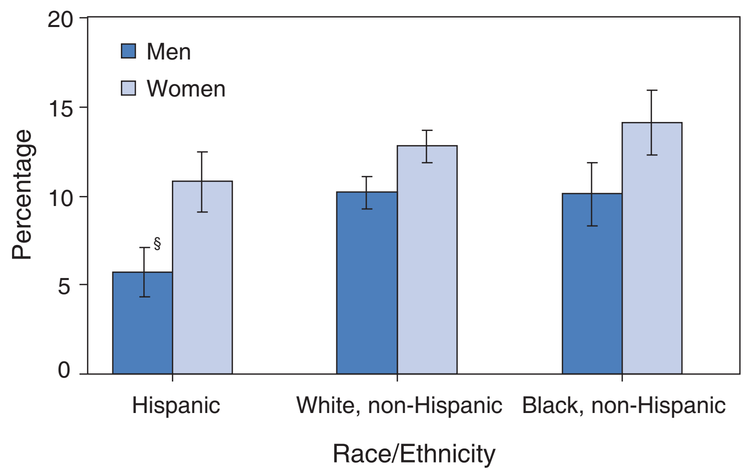
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage of Adults Aged ≥18 Years With Asthma,* by Sex and Race/Ethnicity — National Health Interview Survey, United States, 2006†



* Based on response to the following question: "Have you ever been told by a doctor or other health professional that you had asthma?"

† Estimates were age adjusted using the 2000 U.S. population as the standard population and four age groups: 18–44 years, 45–64 years, 65–74 years, and ≥75 years. Estimates were based on household interviews of a sample of the noninstitutionalized, U.S. civilian population. Persons of unknown asthma status were not included.

§ 95% confidence interval.

In 2006, among Hispanic, non-Hispanic black, and non-Hispanic white adults, women were more likely than men to have asthma. Overall, Hispanics were less likely than non-Hispanic whites and non-Hispanic blacks to have asthma.

SOURCE: National Health Interview Survey, 2006. Information available at http://www.cdc.gov/nchs/nhis.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 10, 2007 (45th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	16	0	20	19	16	20	28	
infant	1	71	1	97	85	87	76	69	CT (1)
other (wound & unspecified)	—	19	0	48	31	30	33	21	
Brucellosis	—	102	3	121	120	114	104	125	
Chancroid	—	28	1	33	17	30	54	67	
Cholera	—	6	0	9	8	5	2	2	
Cyclosporiasis§	—	88	2	136	543	171	75	156	
Diphtheria	—	—	0	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	28	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	7	442	9	646	786	537	362	511	NY (1), MN (4), MD (1), FL (1)
human monocytic	6	562	7	578	506	338	321	216	NY (2), MN (2), MD (1), FL (1)
human (other & unspecified)	—	142	1	231	112	59	44	23	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	14	0	29	9	19	32	34	
nonserotype b	—	117	3	175	135	135	117	144	
unknown serotype	3	183	3	179	217	177	227	153	NY (1), OH (1), MD (1)
Hansen disease§	1	52	2	66	87	105	95	96	FL (1)
Hantavirus pulmonary syndrome§	—	23	1	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	1	185	4	288	221	200	178	216	CT (1)
Hepatitis C viral, acute	7	568	19	802	652	713	1,102	1,835	NY (2), MD (1), FL (1), OK (2), CO (1)
HIV infection, pediatric (age <13 yrs)††	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	2	75	0	43	45	—	N	N	TX (2)
Listeriosis	2	593	16	875	896	753	696	665	NY (1), GA (1)
Measles¶¶	—	30	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	240	4	318	297	—	—	—	NY (1), NC (1)
serogroup B	—	110	2	193	156	—	—	—	
other serogroup	1	26	0	32	27	—	—	—	OK (1)
unknown serogroup	4	504	11	651	765	—	—	—	NY (1), OH (1), IA (1), FL (1)
Mumps	3	646	12	6,584	314	258	231	270	NY (1), MI (1), FL (1)
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§	2	146	1	169	136	70	71	61	CO (2)
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	1	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	4	390	8	380	329	353	413	412	MI (3), NC (1)
Tetanus	—	16	0	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	67	2	101	90	95	133	109	
Trichinellosis	—	6	0	15	16	5	6	14	
Tularemia	1	104	1	95	154	134	129	90	NE (1)
Typhoid fever	1	298	5	353	324	322	356	321	FL (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	18	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)§	3	323	2	N	N	N	N	N	NY (1), FL (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. The two cases reported during the 45th Week occurred during the 2006–07 influenza season, bringing the total number of cases occurring during that season to 73.

¶¶ 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 10, 2007, and November 11, 2006 (45th Week)*

Reporting area	Chlamydia† Current week	Chlamydia† Previous 52 weeks Med	Chlamydia† Previous 52 weeks Max	Chlamydia† Cum 2007	Chlamydia† Cum 2006	Coccidioidomycosis Current week	Coccidioidomycosis Previous 52 weeks Med	Coccidioidomycosis Previous 52 weeks Max	Coccidioidomycosis Cum 2007	Coccidioidomycosis Cum 2006	Cryptosporidiosis Current week	Cryptosporidiosis Previous 52 weeks Med	Cryptosporidiosis Previous 52 weeks Max	Cryptosporidiosis Cum 2007	Cryptosporidiosis Cum 2006
United States	10,469	20,574	25,327	882,384	886,373	4	142	658	6,318	6,911	89	83	963	9,376	4,988
New England	614	699	1,357	29,628	29,219	—	0	1	2	—	—	5	39	285	346
Connecticut	280	213	829	8,979	8,577	N	0	0	N	N	—	0	39	39	38
Maine§	—	50	74	2,168	1,954	—	0	0	—	—	—	1	6	45	40
Massachusetts	212	301	480	13,221	13,151	—	0	0	—	—	—	2	11	107	169
New Hampshire	33	39	74	1,834	1,706	—	0	1	2	—	—	1	5	49	41
Rhode Island§	89	62	106	2,677	2,804	—	0	0	—	—	—	0	3	8	14
Vermont§	—	20	45	749	1,027	N	0	0	N	N	—	1	3	37	44
Mid. Atlantic	2,238	2,766	4,284	123,136	108,364	—	0	0	—	—	12	10	113	1,219	580
New Jersey	152	395	528	17,382	17,603	N	0	0	N	N	—	0	6	41	42
New York (Upstate)	683	517	2,758	23,502	20,798	N	0	0	N	N	5	3	20	222	148
New York City	778	973	1,982	43,029	35,887	N	0	0	N	N	—	1	6	81	135
Pennsylvania	625	751	1,760	39,223	34,076	N	0	0	N	N	7	4	103	875	255
E.N. Central	828	3,167	6,215	141,455	147,381	1	1	3	28	39	22	19	131	1,573	1,235
Illinois	—	943	1,367	39,704	46,555	—	0	0	—	—	—	2	13	146	186
Indiana	286	399	646	17,988	17,148	—	0	0	—	—	2	2	12	94	89
Michigan	433	705	1,059	29,701	30,628	—	0	3	18	33	3	3	11	158	130
Ohio	9	749	3,642	38,040	35,165	1	0	1	10	6	14	5	61	532	325
Wisconsin	100	369	443	16,022	17,885	N	0	0	N	N	3	5	59	643	505
W.N. Central	388	1,213	1,465	52,290	53,722	—	0	54	7	1	8	13	123	1,428	798
Iowa	169	160	252	7,596	7,248	N	0	0	N	N	2	2	60	584	166
Kansas	156	154	294	6,998	6,836	N	0	0	N	N	1	1	16	145	76
Minnesota	—	254	314	10,544	11,213	—	0	54	—	—	4	3	34	262	196
Missouri	—	451	551	19,688	19,930	—	0	1	7	1	—	2	13	130	180
Nebraska§	—	97	183	3,956	4,670	N	0	0	N	N	1	1	21	135	91
North Dakota	6	27	61	1,262	1,578	N	0	0	N	N	—	0	11	15	9
South Dakota	57	49	84	2,246	2,247	N	0	0	N	N	—	2	15	157	80
S. Atlantic	2,886	3,965	6,760	173,454	170,636	—	0	1	3	4	31	20	68	1,106	1,056
Delaware	85	64	140	2,984	3,089	—	0	0	—	—	—	0	4	20	15
District of Columbia	81	111	166	4,981	2,720	—	0	0	—	—	—	0	2	3	13
Florida	1,285	1,146	1,767	51,015	42,830	N	0	0	N	N	21	11	35	598	481
Georgia	4	614	3,822	21,634	30,947	N	0	0	N	N	5	4	22	207	251
Maryland§	194	399	696	17,330	18,475	—	0	1	3	4	—	1	2	29	16
North Carolina	621	548	1,905	24,293	29,270	—	0	0	—	—	—	1	18	101	90
South Carolina§	155	508	3,030	27,383	19,952	N	0	0	N	N	3	1	13	77	125
Virginia§	457	485	621	21,292	20,837	N	0	0	N	N	2	1	5	60	56
West Virginia	4	59	94	2,542	2,516	N	0	0	N	N	—	0	5	11	9
E.S. Central	879	1,467	2,044	62,813	65,950	—	0	0	—	—	1	4	63	555	155
Alabama§	62	367	577	14,702	20,314	N	0	0	N	N	1	1	14	107	54
Kentucky	234	150	691	7,245	7,202	N	0	0	N	N	—	1	40	241	38
Mississippi	—	346	959	16,805	16,368	N	0	0	N	N	—	0	11	91	24
Tennessee§	583	512	721	24,061	22,066	N	0	0	N	N	—	1	19	116	39
W.S. Central	1,872	2,333	2,962	106,171	100,500	—	0	1	1	1	—	5	41	323	364
Arkansas§	240	173	328	8,359	7,181	N	0	0	N	N	—	0	8	30	22
Louisiana	157	385	852	17,052	15,776	—	0	1	1	1	—	1	4	39	82
Oklahoma	83	261	467	11,167	10,864	N	0	0	N	N	—	1	11	113	37
Texas§	1,392	1,503	1,946	69,593	66,679	N	0	0	N	N	—	2	29	141	223
Mountain	382	1,244	1,710	51,709	60,458	3	95	293	4,104	4,681	15	7	572	2,760	375
Arizona	47	484	834	19,318	19,804	—	92	293	3,971	4,554	—	0	6	41	27
Colorado	168	209	358	8,122	14,227	N	0	0	N	N	2	1	25	142	67
Idaho§	—	55	252	2,883	2,816	N	0	0	N	N	9	0	71	429	35
Montana§	—	45	73	1,497	2,247	N	0	0	N	N	—	1	7	63	135
Nevada§	—	174	293	7,279	7,338	—	1	5	50	57	—	0	3	18	11
New Mexico§	—	147	393	6,918	8,462	—	0	2	17	18	—	1	8	96	41
Utah	167	104	209	4,736	4,307	3	1	7	63	50	4	0	498	1,921	15
Wyoming§	—	23	38	956	1,257	—	0	1	3	2	—	0	8	50	44
Pacific	382	3,348	4,362	141,728	150,143	—	43	311	2,173	2,185	—	2	20	127	79
Alaska	81	88	157	3,758	3,860	N	0	0	N	N	—	0	2	3	4
California	—	2,628	3,627	114,128	117,738	—	43	311	2,173	2,185	—	0	0	—	—
Hawaii	—	104	134	4,584	4,924	N	0	0	N	N	—	0	4	6	4
Oregon§	193	160	394	7,548	8,200	N	0	0	N	N	—	2	16	118	71
Washington	108	269	621	11,710	15,421	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	58	3	207	488	769	—	0	0	—	—	—	0	0	—	—
Puerto Rico	104	131	543	6,493	4,414	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 10, 2007, and November 11, 2006 (45th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	205	305	1,513	14,548	15,545	3,338	6,674	8,941	287,184	309,100	27	44	184	1,936	1,958
New England	7	25	54	1,253	1,275	113	109	259	4,710	4,915	2	3	19	159	151
Connecticut	—	6	18	313	269	66	41	204	1,819	2,034	2	0	7	47	42
Maine§	5	3	10	173	164	—	2	8	104	113	—	0	4	13	18
Massachusetts	—	10	29	521	554	39	51	96	2,249	2,095	—	2	6	74	68
New Hampshire	1	0	3	24	21	2	2	8	131	166	—	0	2	15	11
Rhode Island§	1	0	15	73	100	6	8	18	359	444	—	0	10	7	4
Vermont§	—	3	9	149	167	—	1	5	48	63	—	0	1	3	8
Mid. Atlantic	46	56	127	2,525	3,054	420	714	1,537	31,634	28,944	4	10	27	387	404
New Jersey	—	6	11	221	420	47	114	159	5,056	4,749	—	1	5	55	72
New York (Upstate)	35	23	108	1,012	1,068	127	112	1,035	5,894	5,406	4	2	15	112	128
New York City	4	15	25	681	838	115	201	359	8,864	8,982	—	2	6	84	74
Pennsylvania	7	14	29	611	728	131	240	586	11,820	9,807	—	3	10	136	130
E.N. Central	21	46	80	2,116	2,511	327	1,260	2,591	57,343	60,988	9	6	15	254	326
Illinois	—	12	30	573	626	—	347	498	14,786	17,448	—	2	6	73	99
Indiana	N	0	0	N	N	98	166	307	7,751	7,607	3	1	7	53	71
Michigan	3	11	20	474	634	199	259	747	12,076	12,991	1	0	5	23	23
Ohio	18	15	37	716	726	5	339	1,570	17,131	16,860	5	2	5	91	73
Wisconsin	—	7	20	353	525	25	127	206	5,599	6,082	—	0	2	14	60
W.N. Central	9	21	553	1,057	1,616	84	378	514	16,306	16,852	—	3	24	116	137
Iowa	—	5	23	266	264	22	39	60	1,659	1,642	—	0	1	1	2
Kansas	5	3	11	171	175	57	43	86	1,980	1,922	—	0	2	9	16
Minnesota	—	0	514	12	479	—	66	86	2,720	2,813	—	1	17	56	72
Missouri	—	7	22	380	494	—	196	266	8,504	8,794	—	1	5	34	32
Nebraska§	4	2	8	129	104	—	26	57	1,140	1,226	—	0	2	14	9
North Dakota	—	0	16	18	19	—	2	5	80	131	—	0	2	2	6
South Dakota	—	1	6	81	81	5	5	11	223	324	—	0	0	—	—
S. Atlantic	50	57	106	2,511	2,424	1,267	1,545	3,209	67,944	76,831	7	11	34	498	486
Delaware	—	1	6	39	36	29	26	43	1,128	1,287	—	0	3	8	1
District of Columbia	—	0	7	34	55	39	47	71	2,024	1,556	—	0	1	3	7
Florida	26	24	47	1,125	983	486	478	717	20,825	20,991	1	3	8	140	149
Georgia	11	10	42	542	578	2	290	2,068	9,016	15,585	1	2	7	105	99
Maryland§	4	4	18	220	213	49	116	227	5,285	6,247	1	1	6	71	69
North Carolina	—	0	0	—	—	386	248	675	12,027	15,287	3	0	9	51	49
South Carolina§	3	2	8	90	93	67	206	1,361	11,456	9,291	1	1	4	42	31
Virginia§	6	9	22	415	440	208	123	220	5,404	5,763	—	1	22	53	62
West Virginia	—	0	21	46	26	1	18	37	779	824	—	0	6	25	19
E.S. Central	9	10	23	474	391	304	550	752	24,292	27,018	2	2	9	106	98
Alabama§	1	5	16	222	184	28	155	242	6,490	9,408	—	0	3	22	20
Kentucky	N	0	0	N	N	74	57	268	2,859	2,648	—	0	1	2	5
Mississippi	N	0	0	N	N	—	141	310	6,387	6,478	—	0	1	7	12
Tennessee§	8	5	16	252	207	202	181	261	8,556	8,484	2	1	6	75	61
W.S. Central	3	6	55	302	318	672	989	1,200	44,083	44,264	1	2	34	87	74
Arkansas§	—	2	13	102	123	92	78	120	3,573	3,741	—	0	2	8	8
Louisiana	—	1	9	74	81	68	222	384	9,819	9,517	—	0	2	6	19
Oklahoma	3	3	42	126	114	27	99	235	4,319	4,069	1	1	29	66	40
Texas§	N	0	0	N	N	485	581	731	26,372	26,937	—	0	3	7	7
Mountain	34	30	67	1,434	1,490	65	246	346	10,380	13,431	1	4	12	213	186
Arizona	—	3	11	169	143	23	104	175	4,060	4,955	—	1	6	79	77
Colorado	26	8	24	409	492	34	49	93	2,075	3,245	—	1	4	45	44
Idaho§	3	3	12	157	167	—	3	19	215	171	—	0	1	6	6
Montana§	1	2	8	99	93	—	1	7	57	173	—	0	1	2	—
Nevada§	—	2	8	89	102	—	43	87	1,781	2,478	—	0	2	9	14
New Mexico§	—	2	5	92	72	—	30	58	1,432	1,551	—	1	4	35	28
Utah	4	7	32	385	386	8	17	35	695	745	—	0	3	32	14
Wyoming§	—	1	4	34	35	—	1	5	65	113	1	0	1	5	3
Pacific	26	62	558	2,876	2,466	86	706	875	30,492	35,857	1	3	16	116	96
Alaska	—	1	5	65	103	13	10	27	426	528	—	0	3	14	10
California	—	44	93	1,902	1,961	—	604	734	26,375	29,574	—	0	10	34	29
Hawaii	—	1	4	60	45	—	12	22	542	811	—	0	2	11	16
Oregon§	7	9	17	397	357	53	22	63	971	1,263	1	1	6	55	41
Washington	19	8	449	452	—	20	50	142	2,178	3,681	—	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	—	—	6	1	38	97	93	—	0	0	—	1
Puerto Rico	—	5	15	165	224	2	6	23	294	267	—	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 10, 2007, and November 11, 2006 (45th Week)*

	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
Reporting area	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	15	52	201	2,381	3,048	39	77	405	3,411	3,818	37	42	106	1,995	2,400
New England	2	2	6	108	167	—	1	5	65	106	2	2	13	113	159
Connecticut	2	0	3	25	37	—	0	5	28	44	2	0	5	36	46
Maine§	—	0	1	3	8	—	0	2	11	22	—	0	1	5	9
Massachusetts	—	1	4	49	80	—	0	1	4	19	—	0	3	21	63
New Hampshire	—	0	3	12	22	—	0	1	5	9	—	0	2	8	13
Rhode Island§	—	0	2	11	12	—	0	3	13	9	—	0	6	34	21
Vermont§	—	0	1	8	8	—	0	1	4	3	—	0	2	9	7
Mid. Atlantic	2	8	18	371	347	3	8	21	394	465	8	12	35	626	875
New Jersey	—	2	6	93	97	—	1	8	79	151	—	1	11	76	109
New York (Upstate)	1	1	11	66	80	2	2	13	87	54	4	4	22	197	298
New York City	—	3	7	136	111	—	2	6	82	108	—	2	10	98	168
Pennsylvania	1	2	5	76	59	1	3	8	146	152	4	4	21	255	300
E.N. Central	2	5	13	254	314	3	9	23	374	433	7	9	27	456	538
Illinois	—	2	5	91	94	—	2	6	97	120	—	2	12	82	115
Indiana	—	0	7	30	24	—	0	21	47	46	—	1	7	47	46
Michigan	1	1	8	68	107	1	2	8	95	127	2	3	10	131	131
Ohio	1	1	4	58	48	2	2	7	115	108	5	3	17	186	202
Wisconsin	—	0	3	7	41	—	0	3	20	32	—	0	3	10	44
W.N. Central	—	2	18	147	122	—	2	15	114	129	2	1	9	86	76
Iowa	—	1	4	37	11	—	0	3	20	19	—	0	1	9	10
Kansas	—	0	1	6	26	—	0	2	9	10	—	0	1	3	8
Minnesota	—	0	17	62	17	—	0	13	18	18	—	0	6	23	24
Missouri	—	0	2	24	42	—	1	5	52	59	—	1	3	36	20
Nebraska§	—	0	2	12	17	—	0	1	10	18	2	0	1	11	9
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	6	9	—	0	1	5	5	—	0	1	4	5
S. Atlantic	6	10	21	446	484	9	18	56	842	1,059	15	7	25	332	411
Delaware	—	0	1	7	12	—	0	2	15	46	—	0	2	8	11
District of Columbia	—	0	5	14	7	—	0	2	1	7	—	0	2	1	27
Florida	4	3	7	137	188	5	7	14	302	361	7	2	10	137	140
Georgia	—	1	4	63	50	3	2	7	106	182	—	0	2	19	31
Maryland§	—	1	5	69	59	1	2	6	98	132	3	1	4	61	95
North Carolina	—	0	11	56	83	—	1	16	120	143	2	1	4	39	33
South Carolina§	—	0	4	15	23	—	1	5	53	81	—	0	2	15	5
Virginia§	2	1	5	77	56	—	3	8	108	59	2	1	4	40	56
West Virginia	—	0	2	8	6	—	0	23	39	48	1	0	4	12	13
E.S. Central	—	2	5	90	113	—	7	17	307	287	1	2	6	84	94
Alabama§	—	0	3	16	13	—	2	10	108	82	—	0	1	9	9
Kentucky	—	0	2	19	31	—	1	7	61	65	—	1	4	43	39
Mississippi	—	0	4	8	8	—	0	8	25	11	—	0	1	—	4
Tennessee§	—	1	5	47	61	—	3	8	113	129	1	1	4	32	42
W.S. Central	—	4	43	188	336	20	17	169	736	777	1	2	16	95	59
Arkansas§	—	0	2	10	44	—	1	7	58	69	—	0	3	8	4
Louisiana	—	0	3	24	27	—	1	4	62	50	—	0	1	3	10
Oklahoma	—	0	8	11	6	13	1	38	116	60	—	0	6	5	1
Texas§	—	3	39	143	259	7	12	135	500	598	1	2	13	79	44
Mountain	1	4	15	216	243	2	3	7	145	122	1	2	7	94	111
Arizona	—	3	11	154	147	—	1	4	49	—	—	0	5	37	35
Colorado	1	0	3	22	36	1	0	3	25	32	1	0	2	15	24
Idaho§	—	0	1	4	9	1	0	1	12	12	—	0	1	5	11
Montana§	—	0	2	9	11	—	0	3	—	2	—	0	1	3	6
Nevada§	—	0	2	9	11	—	1	3	29	33	—	0	2	7	8
New Mexico§	—	0	2	9	14	—	0	2	10	21	—	0	2	8	5
Utah	—	0	1	6	13	—	0	4	18	22	—	0	3	16	22
Wyoming§	—	0	1	3	2	—	0	1	2	—	—	0	1	3	—
Pacific	2	13	92	561	922	2	10	106	434	440	—	2	11	109	77
Alaska	—	0	1	4	1	1	0	1	7	8	—	0	1	—	—
California	—	10	40	482	875	—	7	31	318	351	—	1	11	79	77
Hawaii	—	0	2	4	11	—	0	2	7	7	—	0	1	2	—
Oregon§	1	1	2	27	35	—	1	4	55	74	—	0	1	9	—
Washington	1	0	52	44	—	1	1	74	47	—	—	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	61	—	1	9	44	56	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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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 10, 2007, and November 11, 2006 (45th Week)*

	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	234	258	1,218	17,912	17,500	13	21	105	938	1,247	8	21	87	880	965
New England	27	41	296	3,234	4,059	—	1	5	49	49	—	1	3	36	47
Connecticut	18	10	214	1,573	1,627	—	0	3	1	10	—	0	1	6	10
Maine§	9	4	61	436	238	—	0	2	7	4	—	0	1	7	7
Massachusetts	—	2	27	211	1,410	—	0	3	29	24	—	0	2	19	22
New Hampshire	—	7	81	739	596	—	0	4	8	9	—	0	1	—	4
Rhode Island§	—	0	93	151	93	—	0	1	—	1	—	0	1	1	2
Vermont§	—	2	13	124	95	—	0	2	4	1	—	0	1	3	2
Mid. Atlantic	90	109	622	9,021	8,984	1	5	14	231	326	2	3	8	120	143
New Jersey	—	27	146	1,942	2,309	—	0	2	—	83	—	0	2	13	18
New York (Upstate)	73	49	426	2,994	3,346	1	1	5	57	41	2	1	3	33	31
New York City	—	1	22	169	289	—	3	7	138	158	—	0	4	26	55
Pennsylvania	17	40	303	3,916	3,040	—	1	4	36	44	—	1	5	48	39
E.N. Central	—	8	151	1,278	1,661	1	2	6	97	148	2	3	9	127	148
Illinois	—	1	12	112	108	—	1	6	41	76	—	1	3	40	39
Indiana	—	0	7	41	21	—	0	2	9	11	—	0	4	24	22
Michigan	—	0	5	53	53	—	0	2	16	17	1	0	3	23	25
Ohio	—	0	3	19	42	1	0	2	22	27	1	1	2	31	43
Wisconsin	—	6	138	1,053	1,437	—	0	2	9	17	—	0	3	9	19
W.N. Central	—	5	195	527	716	5	0	12	34	49	1	1	5	58	58
Iowa	—	1	11	107	94	—	0	1	3	2	1	0	3	14	17
Kansas	—	0	2	9	4	—	0	1	3	7	—	0	1	2	4
Minnesota	—	1	188	374	601	5	0	11	16	29	—	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
S. Atlantic	115	62	175	3,576	1,913	1	4	13	220	306	2	3	11	149	167
Delaware	—	12	34	631	444	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	55	—	0	2	3	3	—	0	1	—	1
Florida	2	1	11	77	22	—	1	7	52	53	1	1	7	57	66
Georgia	—	0	1	2	7	—	0	5	31	82	—	0	5	24	14
Maryland§	98	28	111	1,971	1,074	—	1	5	54	72	—	0	2	20	13
North Carolina	—	0	8	42	29	—	0	4	20	28	1	0	6	18	24
South Carolina§	—	0	2	23	18	—	0	1	6	9	—	0	2	14	19
Virginia§	15	13	61	750	251	1	1	5	48	52	—	0	2	13	18
West Virginia	—	0	14	67	13	—	0	1	2	2	—	0	2	2	8
E.S. Central	1	1	5	49	34	—	0	3	31	23	—	1	4	42	39
Alabama§	—	0	3	12	10	—	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§	1	0	4	32	14	—	0	2	16	5	—	0	2	16	19
W.S. Central	—	1	6	62	23	—	1	29	76	92	1	2	15	89	87
Arkansas§	—	0	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	1	0	4	16	11
Texas§	—	1	6	59	22	—	1	25	55	73	—	1	11	39	32
Mountain	1	1	4	38	28	1	1	6	51	71	—	1	4	53	64
Arizona	—	0	1	2	10	—	0	3	12	23	—	0	2	12	15
Colorado	—	0	1	2	—	—	0	2	16	19	—	0	2	17	20
Idaho§	1	0	2	8	6	1	0	2	3	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	7	5	—	0	3	11	17	—	0	2	11	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	—	2	16	127	82	4	3	45	149	183	—	4	48	206	212
Alaska	—	0	1	7	3	—	0	1	2	23	—	0	1	1	3
California	—	2	9	114	73	—	2	7	106	141	—	3	10	146	164
Hawaii	N	0	0	N	N	—	0	1	2	8	—	0	2	8	8
Oregon§	—	0	1	3	6	1	0	3	14	11	—	0	3	30	37
Washington	—	0	8	3	—	3	0	43	25	—	—	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	2	—	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 10, 2007, and November 11, 2006 (45th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	45	172	1,479	7,495	12,270	18	94	157	4,328	4,961	6	32	211	1,779	1,950
New England	1	28	77	1,175	1,575	8	11	22	513	428	—	0	10	4	11
Connecticut	—	1	5	59	105	3	4	10	205	186	—	0	0	—	—
Maine†	—	1	13	71	129	—	2	5	75	109	—	0	0	—	—
Massachusetts	—	23	39	928	995	—	0	0	—	—	—	0	1	4	10
New Hampshire	—	1	6	50	200	1	1	4	44	42	—	0	0	—	1
Rhode Island†	1	0	31	20	49	—	0	4	37	30	—	0	9	—	—
Vermont†	—	0	9	47	97	4	3	13	152	61	—	0	0	—	—
Mid. Atlantic	4	23	155	999	1,616	2	14	44	735	480	—	1	6	58	83
New Jersey	—	3	11	139	269	—	0	0	—	—	—	0	2	9	38
New York (Upstate)	3	11	146	501	729	—	—	—	—	—	—	0	1	3	—
New York City	—	2	6	105	88	2	1	5	42	31	—	0	3	24	22
Pennsylvania	1	6	15	254	530	—	13	44	693	449	—	0	3	22	23
E.N. Central	1	28	79	1,214	1,964	1	4	48	377	153	—	1	4	41	63
Illinois	—	3	23	125	496	—	1	15	112	46	—	0	3	24	26
Indiana	1	0	45	52	204	—	0	1	12	11	—	0	2	4	6
Michigan	—	7	20	249	541	1	1	27	177	45	—	0	1	3	4
Ohio	—	14	54	589	524	—	1	11	76	51	—	0	2	10	26
Wisconsin	—	3	24	199	199	—	0	0	—	—	—	0	0	—	1
W.N. Central	1	13	151	580	1,122	1	5	13	239	284	1	5	31	367	192
Iowa	—	2	16	119	280	—	0	3	30	57	—	0	4	14	5
Kansas	—	3	12	122	266	1	2	7	101	67	—	0	1	1	1
Minnesota	—	0	119	157	161	—	0	5	32	38	—	0	1	1	3
Missouri	—	2	9	68	282	—	0	3	39	63	—	4	25	333	158
Nebraska†	1	1	12	56	88	—	0	0	—	—	1	0	2	14	25
North Dakota	—	0	18	4	25	—	0	6	16	22	—	0	0	—	—
South Dakota	—	1	7	54	20	—	0	2	21	37	—	0	1	4	—
S. Atlantic	13	16	163	814	990	5	40	76	1,849	2,061	4	14	112	860	1,091
Delaware	—	0	2	11	3	—	0	0	—	—	—	0	2	14	21
District of Columbia	—	0	1	2	6	—	0	0	—	—	—	0	1	1	1
Florida	—	4	18	194	191	—	0	29	108	176	1	0	4	21	14
Georgia	—	1	4	27	90	—	4	34	234	240	—	0	5	33	50
Maryland†	3	2	8	103	130	—	7	18	324	377	1	1	7	59	76
North Carolina	9	3	112	282	177	5	9	19	444	467	—	4	96	545	794
South Carolina†	—	2	9	66	163	—	0	11	46	156	—	1	7	60	37
Virginia†	—	2	11	100	187	—	13	31	629	550	2	2	11	122	95
West Virginia	1	0	19	29	43	—	0	10	64	95	—	0	3	5	3
E.S. Central	3	6	32	363	309	—	3	9	140	228	—	4	16	236	352
Alabama†	—	2	18	79	74	—	0	2	—	78	—	1	9	80	84
Kentucky	2	0	4	18	56	—	0	3	18	27	—	0	2	5	3
Mississippi	—	1	29	193	34	—	0	1	1	4	—	0	2	13	7
Tennessee†	1	1	7	73	145	—	3	7	121	119	—	2	10	138	258
W.S. Central	—	20	226	825	762	—	1	27	73	890	1	1	168	172	110
Arkansas†	—	2	17	130	85	—	0	5	28	26	—	0	53	90	49
Louisiana	—	0	1	14	24	—	0	1	—	6	—	0	1	2	4
Oklahoma	—	0	36	6	19	—	0	22	45	58	—	0	108	47	28
Texas†	—	17	174	675	634	—	0	20	—	800	1	0	7	33	29
Mountain	12	22	61	951	2,270	1	3	14	205	206	—	0	4	33	46
Arizona	—	4	13	179	466	1	2	12	144	133	—	0	1	7	11
Colorado	—	6	17	230	669	—	0	0	—	—	—	0	2	4	4
Idaho†	—	0	5	34	82	—	0	0	—	24	—	0	1	4	14
Montana†	—	0	7	38	110	—	0	3	17	15	—	0	1	1	2
Nevada†	—	0	5	12	66	—	0	1	2	5	—	0	0	—	—
New Mexico†	—	1	7	64	126	—	0	2	8	10	—	0	1	4	8
Utah	11	8	47	372	677	—	0	2	16	11	—	0	1	1	—
Wyoming†	1	0	4	22	74	—	0	4	18	8	—	0	2	12	7
Pacific	10	13	547	574	1,662	—	4	10	197	231	—	0	3	8	2
Alaska	6	0	8	51	89	—	0	6	39	16	N	0	0	N	N
California	—	3	167	152	1,393	—	2	8	147	190	—	0	3	6	—
Hawaii	—	0	2	18	84	N	0	0	N	N	N	0	0	N	N
Oregon†	—	2	14	112	96	—	0	3	11	25	—	0	1	2	2
Washington	4	2	377	241	—	—	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	—	62	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	3	—	0	5	37	75	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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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 November 10, 2007, and November 11, 2006 (45th Week)*

	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	443	866	2,338	37,988	38,381	43	80	336	3,882	3,546	238	346	1,287	14,383	12,222
New England	2	37	388	2,009	2,050	—	4	67	263	262	—	4	41	222	255
Connecticut	—	0	373	373	503	—	0	61	61	75	—	0	38	38	67
Maine§	—	3	14	127	116	—	1	4	35	41	—	0	5	14	4
Massachusetts	—	24	57	1,198	1,084	—	2	10	130	94	—	3	8	144	159
New Hampshire	1	3	10	144	197	—	0	4	20	25	—	0	2	5	6
Rhode Island§	1	2	20	94	83	—	0	2	6	8	—	0	9	18	13
Vermont§	—	1	5	73	67	—	0	1	11	19	—	0	1	3	6
Mid. Atlantic	42	100	184	4,892	4,796	5	8	63	403	427	4	12	47	635	801
New Jersey	—	16	36	723	994	—	1	20	48	110	—	2	10	114	276
New York (Upstate)	26	28	112	1,290	1,164	4	3	15	185	152	2	3	42	140	202
New York City	3	24	50	1,226	1,129	—	0	5	41	42	2	5	11	231	244
Pennsylvania	13	33	69	1,653	1,509	1	3	47	129	123	—	2	21	150	79
E.N. Central	61	99	252	4,915	4,988	7	10	34	569	610	24	34	131	1,941	1,248
Illinois	—	30	186	1,498	1,407	—	1	10	84	100	1	12	32	457	560
Indiana	19	15	54	652	783	2	1	13	92	79	7	2	13	126	147
Michigan	9	18	41	793	891	—	1	6	82	85	—	1	7	63	144
Ohio	32	27	65	1,198	1,095	5	3	11	149	160	15	13	104	1,089	171
Wisconsin	1	16	50	774	812	—	3	10	162	186	1	3	13	206	226
W.N. Central	14	49	102	2,477	2,362	7	13	45	705	599	2	34	156	1,623	1,575
Iowa	1	9	19	416	415	1	3	38	168	116	—	2	14	79	101
Kansas	7	7	20	368	324	2	1	4	53	23	1	0	3	25	129
Minnesota	4	13	44	612	617	1	4	17	229	183	—	5	24	218	200
Missouri	—	15	29	671	675	—	2	12	130	150	—	22	72	1,166	609
Nebraska§	2	4	13	230	172	3	1	6	79	72	1	0	7	21	118
North Dakota	—	0	23	36	29	—	0	12	2	6	—	0	127	5	94
South Dakota	—	3	11	144	130	—	0	5	44	49	—	1	30	109	324
S. Atlantic	250	222	429	10,289	10,111	9	15	37	629	547	79	88	177	4,016	2,929
Delaware	—	2	8	127	138	—	0	3	14	9	—	0	2	10	10
District of Columbia	—	0	4	16	56	—	0	1	1	2	—	0	5	4	15
Florida	156	85	181	4,176	4,151	6	2	13	139	78	33	42	75	2,021	1,342
Georgia	47	34	88	1,840	1,632	2	2	9	96	78	30	29	95	1,453	1,119
Maryland§	12	15	43	784	686	1	2	6	86	110	2	2	7	96	119
North Carolina	—	28	110	1,368	1,465	—	1	24	122	101	9	0	14	84	143
South Carolina§	17	18	51	920	952	—	0	3	18	12	5	2	20	146	77
Virginia§	15	19	38	890	907	—	3	9	135	145	—	3	11	142	100
West Virginia	3	2	31	168	124	—	0	5	18	12	—	0	36	60	4
E.S. Central	23	59	137	2,812	2,514	3	4	26	291	274	77	30	169	2,300	722
Alabama§	7	16	78	810	693	1	1	19	61	29	12	13	67	606	264
Kentucky	7	10	22	508	408	2	1	12	111	90	2	3	35	420	224
Mississippi	—	13	101	765	730	—	0	1	5	10	44	10	108	1,030	92
Tennessee§	9	17	34	729	683	—	2	10	114	145	19	4	27	244	142
W.S. Central	17	83	595	3,658	4,568	—	3	73	146	211	39	39	655	1,607	1,724
Arkansas§	—	14	51	740	822	—	0	3	32	44	—	2	10	79	101
Louisiana	—	14	33	573	999	—	0	2	3	17	—	7	22	349	230
Oklahoma	17	9	103	574	448	—	0	8	17	35	8	2	63	119	118
Texas§	—	42	470	1,771	2,299	—	2	68	94	115	31	24	580	1,060	1,275
Mountain	18	48	90	2,199	2,310	6	8	31	429	499	6	18	57	803	1,278
Arizona	—	17	44	831	775	—	2	8	99	98	—	9	33	481	639
Colorado	10	10	22	448	548	1	1	9	67	103	3	2	7	93	212
Idaho§	3	3	9	124	159	4	1	16	122	93	—	0	2	11	14
Montana§	1	2	6	90	119	—	0	0	—	—	—	0	13	21	39
Nevada§	—	3	10	148	196	—	0	3	18	30	—	0	9	47	118
New Mexico§	—	5	13	228	232	—	0	3	33	45	—	2	4	85	168
Utah	4	4	18	269	239	1	1	9	90	111	3	1	5	34	64
Wyoming§	—	1	4	61	42	—	0	1	—	19	—	0	19	31	24
Pacific	16	113	890	4,737	4,682	6	8	164	447	117	7	27	256	1,236	1,690
Alaska	—	1	5	72	68	N	0	0	N	N	—	0	2	7	7
California	—	90	260	3,583	4,020	—	4	33	223	N	—	22	84	1,006	1,525
Hawaii	—	5	16	226	220	—	0	4	19	17	—	0	2	22	45
Oregon§	—	7	15	276	372	—	1	11	79	100	—	1	6	72	113
Washington	16	11	625	580	2	6	1	162	126	—	7	1	170	129	—
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	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	11	66	446	562	—	0	0	—	—	—	0	4	18	37
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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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 *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending November 10, 2007, and November 11, 2006 (45th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	44	98	261	4,257	4,592	22	29	108	1,327	1,139
New England	1	5	28	345	311	—	2	11	108	103
Connecticut	1	0	23	112	81	—	0	6	15	30
Maine§	—	0	3	23	17	—	0	1	2	—
Massachusetts	—	3	12	155	158	—	2	6	72	61
New Hampshire	—	0	4	33	35	—	0	2	9	8
Rhode Island§	—	0	12	6	7	—	0	2	8	4
Vermont§	—	0	2	16	13	—	0	1	2	—
Mid. Atlantic	8	17	41	782	827	—	4	37	230	163
New Jersey	—	3	10	113	134	—	1	4	31	55
New York (Upstate)	5	5	27	258	264	—	3	15	94	81
New York City	—	4	13	181	148	—	1	35	105	27
Pennsylvania	3	5	11	230	281	N	0	0	N	N
E.N. Central	4	16	33	704	869	2	4	14	182	303
Illinois	—	5	13	195	266	—	1	6	36	81
Indiana	1	2	12	106	104	—	0	10	18	47
Michigan	2	4	10	172	180	1	1	4	61	67
Ohio	—	4	14	200	215	1	1	7	55	65
Wisconsin	1	0	6	31	104	—	0	2	12	43
W.N. Central	—	5	32	288	312	3	2	8	105	98
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	30	50	—	0	1	3	11
Minnesota	—	0	29	144	143	2	1	6	70	61
Missouri	—	2	6	68	69	—	0	2	19	13
Nebraska§	—	0	3	23	28	1	0	1	12	10
North Dakota	—	0	2	13	12	—	0	2	1	3
South Dakota	—	0	2	10	10	—	0	0	—	—
S. Atlantic	21	21	52	1,096	1,039	3	5	14	238	73
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	15	—	0	1	—	1
Florida	7	6	16	276	263	2	1	5	60	—
Georgia	3	5	13	220	223	—	0	5	44	—
Maryland§	5	4	10	189	189	1	1	6	54	60
North Carolina	5	1	22	150	145	—	0	0	—	—
South Carolina§	—	1	7	84	56	—	1	4	42	—
Virginia§	1	2	11	134	113	—	0	4	31	—
West Virginia	—	0	3	25	25	—	0	4	7	12
E.S. Central	3	4	13	189	186	3	1	6	81	17
Alabama§	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§	3	3	13	154	145	3	1	6	78	—
W.S. Central	3	6	90	268	349	9	4	43	196	186
Arkansas§	—	0	2	17	24	—	0	2	10	20
Louisiana	—	0	4	16	16	—	0	4	27	20
Oklahoma	1	1	23	64	92	3	1	13	48	47
Texas§	2	3	64	171	217	6	2	27	111	99
Mountain	3	10	23	464	590	2	4	12	159	174
Arizona	—	4	11	180	304	—	2	7	92	95
Colorado	3	3	9	131	106	2	0	4	38	47
Idaho§	—	0	2	16	8	—	0	1	2	3
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	—	1	4	50	112	—	0	4	19	27
Utah	—	2	7	80	56	—	0	2	7	—
Wyoming§	—	0	1	5	4	—	0	0	—	—
Pacific	1	3	9	121	109	—	0	4	28	22
Alaska	1	0	3	32	N	—	0	2	26	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	89	109	—	0	2	2	22
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 (NNDSS 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 10, 2007, and November 11, 2006 (45th Week)*

	Streptococcus pneumoniae, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	28	46	256	1,984	2,076	5	9	35	391	343	155	201	310	9,008	8,285
New England	2	2	12	89	111	—	0	3	11	4	3	5	14	227	173
Connecticut	—	1	5	50	84	—	0	2	4	—	—	0	10	28	38
Maine§	—	0	2	9	7	—	0	2	2	1	—	0	2	9	8
Massachusetts	—	0	0	—	—	—	0	0	—	—	3	3	8	136	105
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	26	11
Rhode Island§	—	0	4	15	9	—	0	1	3	—	—	0	5	26	9
Vermont§	2	0	2	15	11	—	0	1	2	3	—	0	1	2	2
Mid. Atlantic	2	2	9	105	129	—	0	5	23	20	21	27	45	1,316	994
New Jersey	—	0	0	—	—	—	0	0	—	—	4	4	8	180	149
New York (Upstate)	—	1	5	35	42	—	0	4	7	9	2	3	14	119	131
New York City	—	0	0	—	—	—	0	0	—	—	8	17	35	808	479
Pennsylvania	2	1	6	70	87	—	0	2	16	11	7	4	10	209	235
E.N. Central	3	9	40	482	440	2	2	7	92	75	4	15	27	661	763
Illinois	—	0	8	51	22	—	0	4	28	6	—	7	13	291	368
Indiana	3	3	31	124	120	1	0	5	23	21	—	1	6	50	81
Michigan	—	0	1	2	16	—	0	1	1	2	—	2	9	101	100
Ohio	—	5	38	305	282	1	1	5	40	46	2	4	9	169	154
Wisconsin	N	0	0	N	N	—	0	0	—	—	2	1	4	50	60
W.N. Central	—	2	124	120	88	—	0	15	10	13	2	7	14	299	254
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	15	18
Kansas	—	0	11	64	—	—	0	2	6	—	2	0	2	20	23
Minnesota	—	0	123	—	51	—	0	15	—	10	—	1	4	62	43
Missouri	—	1	5	47	35	—	0	0	—	3	—	4	11	193	150
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
S. Atlantic	19	20	59	868	991	3	4	15	185	160	66	50	180	2,162	1,881
Delaware	—	0	1	8	—	—	0	1	2	—	—	0	3	15	16
District of Columbia	—	0	1	5	24	—	0	0	—	2	8	3	12	157	104
Florida	14	11	29	501	526	2	2	8	106	102	36	17	44	823	638
Georgia	4	7	17	298	340	1	1	10	69	56	—	7	153	326	358
Maryland§	—	0	1	1	—	—	0	0	—	—	5	6	15	269	263
North Carolina	—	0	0	—	—	—	0	0	—	—	7	5	23	286	266
South Carolina§	—	0	0	—	—	—	0	0	—	—	3	2	11	86	58
Virginia§	N	0	0	N	N	—	0	0	—	—	7	4	16	195	169
West Virginia	1	1	17	55	101	—	0	1	8	—	—	0	1	5	9
E.S. Central	2	3	9	142	163	—	0	3	32	29	15	18	30	772	630
Alabama§	N	0	0	N	N	—	0	0	—	—	1	7	16	304	278
Kentucky	—	0	2	21	32	—	0	1	3	6	2	1	7	53	63
Mississippi	—	0	2	—	22	—	0	0	—	—	—	2	9	92	68
Tennessee§	2	2	8	121	109	—	0	3	29	23	12	7	15	323	221
W.S. Central	—	2	12	123	71	—	0	3	17	7	40	35	55	1,613	1,365
Arkansas§	—	0	1	3	10	—	0	0	—	2	1	2	10	108	68
Louisiana	—	1	4	52	61	—	0	2	7	5	8	9	23	416	278
Oklahoma	—	0	10	68	—	—	0	2	10	—	1	1	4	53	61
Texas§	—	0	0	—	—	—	0	0	—	—	30	21	39	1,036	958
Mountain	—	1	6	55	83	—	0	3	18	35	3	8	22	326	426
Arizona	—	0	0	—	—	—	0	0	—	—	2	3	22	149	166
Colorado	—	0	0	—	—	—	0	0	—	—	1	1	5	32	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	—	0	6	23	35	—	0	3	11	23	—	0	2	13	15
Wyoming§	—	0	2	14	32	—	0	1	2	10	—	0	1	3	—
Pacific	—	0	0	—	—	—	0	1	3	—	1	39	58	1,632	1,799
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	7	10
California	N	0	0	N	N	—	0	0	—	—	—	36	55	1,488	1,598
Hawaii	—	0	0	—	—	—	0	1	3	—	—	0	2	7	17
Oregon§	N	0	0	N	N	—	0	0	—	—	1	0	6	15	18
Washington	N	0	0	N	N	—	0	0	—	—	—	2	12	115	156
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	—	—	4	3	10	138	128
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 November 10, 2007, and November 11, 2006 (45th Week)*

	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	447	776	2,813	29,304	38,576	—	1	134	1,087	1,487	1	2	291	2,217	2,766
New England	15	15	124	607	3,704	—	0	2	7	9	—	0	2	5	3
Connecticut	—	0	76	2	1,397	—	0	2	4	7	—	0	1	1	2
Maine¶	—	0	7	—	207	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	2	3	2	—	0	2	3	1
New Hampshire	—	7	14	284	354	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Vermont¶	15	5	66	321	605	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	91	195	3,333	4,281	—	0	3	18	26	—	0	1	6	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	91	195	3,333	4,281	—	0	1	5	8	—	0	1	4	1
E.N. Central	117	212	568	8,235	12,508	—	0	18	101	244	—	0	11	58	174
Illinois	—	2	11	128	125	—	0	13	58	127	—	0	8	35	88
Indiana	N	0	0	N	N	—	0	4	12	27	—	0	2	10	53
Michigan	44	85	258	3,327	4,046	—	0	5	13	43	—	0	0	—	12
Ohio	73	85	449	3,942	7,440	—	0	4	13	36	—	0	3	8	11
Wisconsin	—	18	80	838	897	—	0	2	5	11	—	0	1	5	10
W.N. Central	7	32	136	1,419	1,540	—	0	40	239	224	—	0	115	703	484
Iowa	N	0	0	N	N	—	0	4	10	22	—	0	3	14	15
Kansas	6	9	52	491	290	—	0	3	13	17	—	0	7	26	13
Minnesota	—	0	0	—	—	—	0	9	45	31	—	0	12	54	34
Missouri	—	15	78	780	1,129	—	0	9	56	51	—	0	2	12	11
Nebraska¶	N	0	0	N	N	—	0	5	18	45	—	0	15	126	219
North Dakota	—	0	60	84	45	—	0	11	49	20	—	0	47	312	117
South Dakota	1	1	15	64	76	—	0	9	48	38	—	0	32	159	75
S. Atlantic	86	95	239	4,273	3,912	—	0	12	40	18	—	0	6	33	14
Delaware	—	1	4	38	62	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	8	14	42	—	0	0	—	—	—	0	0	—	2
Florida	60	23	76	1,100	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	23	2	—	0	4	24	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¶	16	22	72	928	992	—	0	2	2	1	—	0	1	2	—
Virginia¶	—	21	190	1,200	1,493	—	0	1	2	—	—	0	1	1	5
West Virginia	10	22	50	993	1,323	—	0	0	—	1	—	0	0	—	—
E.S. Central	2	9	571	487	28	—	0	11	65	118	—	0	14	91	99
Alabama¶	2	9	571	484	26	—	0	2	16	8	—	0	1	6	—
Kentucky	N	0	0	N	N	—	0	1	3	5	—	0	0	—	1
Mississippi	—	0	2	3	2	—	0	7	42	89	—	0	12	82	92
Tennessee¶	N	0	0	N	N	—	0	1	4	16	—	0	1	3	6
W.S. Central	168	149	1,640	8,711	10,148	—	0	28	198	370	—	0	13	86	234
Arkansas¶	—	11	105	593	822	—	0	5	13	24	—	0	2	6	5
Louisiana	—	1	11	99	194	—	0	5	20	90	—	0	3	9	87
Oklahoma	—	0	0	—	—	—	0	11	51	27	—	0	7	41	21
Texas¶	168	138	1,534	8,019	9,132	—	0	16	114	229	—	0	5	30	121
Mountain	50	52	131	2,204	2,455	—	0	36	261	390	—	1	139	996	1,484
Arizona	—	0	0	—	—	—	0	7	39	65	—	0	12	46	79
Colorado	20	21	62	845	1,291	—	0	17	96	66	—	0	65	459	279
Idaho¶	N	0	0	N	N	—	0	2	8	139	—	0	19	101	857
Montana¶	5	6	40	352	N	—	0	10	37	12	—	0	30	160	22
Nevada¶	—	0	1	1	10	—	0	1	1	34	—	0	3	10	90
New Mexico¶	—	5	37	318	339	—	0	8	38	3	—	0	6	22	5
Utah	25	12	73	654	756	—	0	8	27	56	—	0	7	33	102
Wyoming¶	—	0	9	34	59	—	0	4	15	15	—	0	33	165	50
Pacific	1	0	9	35	—	—	0	18	158	88	1	0	22	239	262
Alaska	1	0	9	35	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	17	151	81	1	0	21	220	197
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	7	7	—	0	4	19	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	231	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	30	467	528	—	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 November 10, 2007 (45th Week)

Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	531	370	120	19	10	11	45
Boston, MA	116	74	30	5	4	3	10
Bridgeport, CT	31	19	10	1	—	1	3
Cambridge, MA	16	10	5	—	—	—	—
Fall River, MA	17	16	1	—	—	—	1
Hartford, CT	51	37	6	4	3	1	5
Lowell, MA	23	17	5	1	—	—	2
Lynn, MA	11	6	3	2	—	—	1
New Bedford, MA	32	25	6	1	—	—	3
New Haven, CT	50	38	10	2	—	—	4
Providence, RI	51	36	12	1	—	2	2
Somerville, MA	3	2	1	—	—	—	—
Springfield, MA	39	25	13	—	1	—	3
Waterbury, CT	34	24	9	—	—	1	5
Worcester, MA	57	41	9	2	2	3	6
Mid. Atlantic	1,964	1,311	459	121	40	31	93
Albany, NY	54	41	8	2	—	3	—
Allentown, PA	15	8	4	2	—	1	—
Buffalo, NY	68	47	17	2	1	1	4
Camden, NJ	24	14	5	3	1	1	1
Elizabeth, NJ	6	5	1	—	—	—	1
Erie, PA	51	41	10	—	—	—	1
Jersey City, NJ	U	U	U	U	U	U	U
New York City, NY	1,050	683	251	74	21	19	46
Newark, NJ	23	9	11	2	1	—	—
Paterson, NJ	21	16	2	3	—	—	—
Philadelphia, PA	278	166	80	19	11	2	11
Pittsburgh, PA§	33	25	3	4	—	1	3
Reading, PA	22	17	4	1	—	—	—
Rochester, NY	137	101	29	4	2	1	16
Schenectady, NY	17	12	3	1	—	1	2
Scranton, PA	27	21	6	—	—	—	3
Syracuse, NY	66	51	12	2	1	—	3
Trenton, NJ	24	16	5	1	1	1	1
Utica, NY	22	16	5	—	1	—	1
Yonkers, NY	26	22	3	1	—	—	—
E.N. Central	1,899	1,228	464	115	42	49	120
Akron, OH	51	38	8	2	2	1	1
Canton, OH	42	30	10	1	—	1	5
Chicago, IL	319	171	94	33	10	10	22
Cincinnati, OH	93	50	27	8	4	4	12
Cleveland, OH	239	160	57	14	3	5	6
Columbus, OH	225	145	53	16	6	5	14
Dayton, OH	118	81	28	7	1	1	5
Detroit, MI	U	U	U	U	U	U	U
Evansville, IN	44	32	10	2	—	—	3
Fort Wayne, IN	69	51	16	1	1	—	5
Gary, IN	14	6	4	2	1	1	—
Grand Rapids, MI	51	28	15	1	2	5	2
Indianapolis, IN	176	111	45	10	2	8	20
Lansing, MI	59	44	11	1	1	2	1
Milwaukee, WI	83	48	27	5	2	1	5
Peoria, IL	48	38	7	—	3	—	5
Rockford, IL	47	35	11	1	—	—	2
South Bend, IN	60	40	14	2	1	3	3
Toledo, OH	87	64	15	6	1	1	6
Youngstown, OH	74	56	12	3	2	1	3
W.N. Central	546	345	117	43	21	19	41
Des Moines, IA	54	33	9	9	1	2	2
Duluth, MN	33	25	7	1	—	—	2
Kansas City, KS	17	11	4	2	—	—	1
Kansas City, MO	84	59	15	3	3	4	9
Lincoln, NE	48	31	12	3	2	—	4
Minneapolis, MN	73	38	20	6	2	7	3
Omaha, NE	80	54	18	5	3	—	9
St. Louis, MO	26	7	3	6	4	5	2
St. Paul, MN	56	40	10	3	3	—	7
Wichita, KS	75	47	19	5	3	1	2
S. Atlantic	985	601	268	61	27	28	43
Atlanta, GA	114	57	43	10	2	2	4
Baltimore, MD	144	76	44	11	9	4	14
Charlotte, NC	114	79	20	7	2	6	7
Jacksonville, FL	118	68	35	9	2	4	—
Miami, FL	U	U	U	U	U	U	U
Norfolk, VA	53	36	9	3	2	3	2
Richmond, VA	55	34	16	2	2	1	2
Savannah, GA	49	38	8	1	2	—	5
St. Petersburg, FL	38	27	9	1	—	1	1
Tampa, FL	172	106	46	9	5	6	8
Washington, D.C.	110	67	34	7	1	1	—
Wilmington, DE	18	13	4	1	—	—	—
E.S. Central	847	572	192	41	19	23	55
Birmingham, AL	179	117	41	13	4	4	10
Chattanooga, TN	76	58	11	3	2	2	2
Knoxville, TN	100	66	25	3	2	4	8
Lexington, KY	27	20	6	1	—	—	2
Memphis, TN	184	128	41	7	3	5	14
Mobile, AL	80	50	22	4	2	2	1
Montgomery, AL	54	36	12	3	—	3	3
Nashville, TN	147	97	34	7	6	3	15
W.S. Central	1,420	913	335	102	27	28	63
Austin, TX	79	54	—	8	—	2	3
Baton Rouge, LA	30	24	6	—	—	—	—
Corpus Christi, TX	65	47	11	4	—	3	1
Dallas, TX	188	116	50	14	5	3	10
El Paso, TX	81	61	12	5	—	3	3
Fort Worth, TX	127	77	41	6	1	2	4
Houston, TX	336	211	80	29	8	8	16
Little Rock, AR	87	51	21	13	2	—	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	229	142	60	16	7	4	16
Shreveport, LA	67	45	19	2	1	—	1
Tulsa, OK	131	85	35	5	3	3	7
Mountain	1,125	743	247	70	28	33	74
Albuquerque, NM	124	88	28	2	3	3	8
Boise, ID	65	44	13	5	1	2	6
Colorado Springs, CO	64	45	10	5	1	3	3
Denver, CO	76	48	20	2	2	4	8
Las Vegas, NV	292	191	73	13	7	8	17
Ogden, UT	32	24	6	2	—	—	1
Phoenix, AZ	214	126	53	15	8	8	13
Pueblo, CO	40	27	7	6	—	—	3
Salt Lake City, UT	97	60	15	16	5	1	11
Tucson, AZ	121	90	22	4	1	4	4
Pacific	1,149	806	225	63	23	32	72
Berkeley, CA	17	10	3	1	1	2	—
Fresno, CA	U	U	U	U	U	U	U
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	53	43	6	4	—	—	2
Long Beach, CA	66	44	11	8	3	—	6
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	28	15	9	3	—	1	—
Portland, OR	121	79	32	7	1	2	11
Sacramento, CA	149	108	26	7	2	6	7
San Diego, CA	159	105	35	9	3	7	10
San Francisco, CA	111	80	17	4	4	6	12
San Jose, CA	170	131	24	9	3	3	11
Santa Cruz, CA	26	17	4	2	2	1	2
Seattle, WA	72	45	22	3	1	1	4
Spokane, WA	69	51	12	3	1	2	1
Tacoma, WA	108	78	24	3	2	1	6
Total	10,466**	6,889	2,427	635	237	254	606

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.

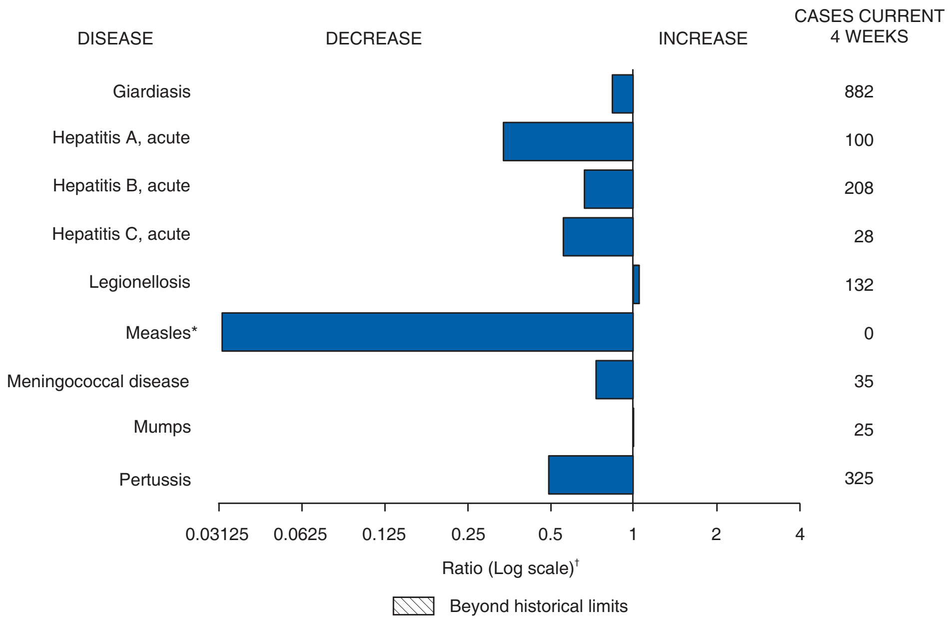
† Pneumonia and influenza.

§ 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 November 10, 2007, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 45 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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