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Public Health Response to a Rabid Kitten — Four States, 2007

On July 24, 2007, the South Carolina Department of Health and Environmental Control (SCDHEC) was notified by the North Carolina Division of Public Health (NCDPH) of a stray, rabid kitten that had been handled by players on several girls' softball teams during a tournament in Spartanburg County, South Carolina. This report summarizes the public health response to exposure to the rabid kitten and highlights the importance of multistate collaboration in a rabid animal investigation.

During July 13–15, 2007, the South Atlantic Summer Showdown softball tournament was held at a recreational complex in Spartanburg County. Softball games were held at four recreational facilities. Approximately 60 teams of approximately 12 players each from multiple states participated in this tournament. Spectators at the tournament included families and friends of the softball players and tournament coordinators and staff members.

On July 14, a softball coach from a North Carolina team found an apparently healthy and alert kitten in a barrel-shaped garbage bin located near one of the playing fields at which the tournament was held. The kitten was placed in a box and later brought to at least six different games played at two recreational facilities that same day. That evening, the kitten was transported by the coach in her private vehicle to her home in Buncombe County, North Carolina. On July 15, the kitten began behaving abnormally and became increasingly lethargic. The coach's housemate brought the kitten to an emergency animal hospital in Buncombe County for care. Although further investigation would reveal that the housemate had been bitten by the kitten, she did not disclose this to the attending veterinarian at the time of the visit. After evaluation indicated that the kitten was severely ill, the kitten was euthanized and held for cremation, planned for July 18. Rabies was not suspected by the attending veterinarian.

On July 18, the mother of a softball player from North Carolina, after learning from the coach that the kitten had become ill and was subsequently euthanized, contacted the emergency animal hospital and asked whether the kitten had been tested for rabies. The mother had been bitten while trying to feed the kitten during the tournament. Rabies testing had not been planned by the animal hospital because the coach's housemate had signed a routine release form indicating the kitten had not bitten anyone during the preceding 10 days. The mother went to the clinic, requested the cat's body, and took it in her private vehicle to her local health department. On July 20, the local health department sent the body to the North Carolina State Laboratory for Public Health for rabies testing. On July 23, the kitten had rabies diagnosed by direct fluorescent antibody testing. The rabies virus was identified as the eastern United States raccoon variant by rabies monoclonal antibody typing.

The mother provided her travel history to NCDPH, which then contacted SCDHEC on July 23 to alert the department about the possible human rabies exposures in Spartanburg County. NCDPH and SCDHEC obtained a roster of teams from the tournament organizer and discovered that Georgia, North Carolina, South Carolina, and Tennessee all had teams participating in the tournament. NCDPH and SCDHEC contacted CDC and state public health authorities in Georgia and Tennessee, and all four

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states subsequently initiated contact investigations; these investigations sought to identify and locate potentially exposed persons and ensure that only persons with actual exposures (i.e., contact with saliva, either through a bite, a lick on the oral or nasal mucosa, or a claw scratch) received postexposure prophylaxis (PEP). SCDHEC coordinated the interstate investigation and led its own intrastate investigation to locate persons, assess exposures, and prescribe PEP as warranted; in South Carolina, PEP is provided by the state to exposed persons as determined by SCDHEC.

To locate potentially exposed persons, each state issued advisories (e.g., through daily e-mails) to local health departments; additionally, South Carolina, Georgia, and North Carolina used local news media to alert the public and solicit responses from potentially exposed persons. South Carolina also activated the state's 2-1-1 telephone information system, which uses media channels to advise the public to call a dedicated state telephone number (2-1-1) for information related to specific public health emergencies.

The multistate contact investigations and interviews of persons who had potentially been exposed to the kitten revealed that at least two other stray kittens of similar age as the rabid kitten were found in the parking lot of a fast-food restaurant near the garbage bin where the rabid kitten was found. These stray kittens, which were possibly from the same litter as the rabid kitten, were reported by interviewees to also have been present throughout the length of the softball tournament; several softball players had handled them. These kittens were never located by public health authorities. Interviewees were questioned about their handling of all of the kittens to assess potential exposure to rabies.

Health department personnel relied on the point-of-contact for each team, usually the coach, to identify persons who might have been exposed to the kitten. If players reported exposure, they were interviewed by health department personnel. Anecdotal evidence indicated that no tournament spectators had handled the kitten; investigators were unable to contact spectators because neither documentation nor recorded entry of persons to any of the recreational facilities was available.

Of the approximately 60 teams participating in the tournament, 38 had players and associated family and friends who reported exposure to the rabid kitten. From these teams, 27 persons were identified as having exposures that warranted PEP: one from South Carolina, 15 from Georgia, and 11 from North Carolina; Tennessee reported no exposed persons. All recipients of PEP had reported actual exposure to a kitten's saliva, either through a bite, a lick on

the oral or nasal mucosa, or a claw scratch. No reports of human rabies or adverse reactions to PEP were reported.

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Editorial Note: Animal rabies-control programs, including extensive vaccination campaigns implemented during the 1940s and 1950s, resulted in a substantial decline of rabies in domesticated animals in the United States (1). Domesticated animals accounted for 7.9% of all rabid animals reported in the United States in 2006 (1), compared with 82.6% in 1950 (2).

Despite this decline, stray animals, including cats, continue to pose a risk for transmission of rabies to humans. During 2006, a total of 49 states and Puerto Rico reported to CDC a total of 6,940 cases of rabies in wild (e.g., raccoons, bats, skunks, and foxes) or domesticated (e.g., cats, dogs, and cattle) animals and three cases in humans (1). Of these reported rabid animals, 318 were cats, representing 4.6% of all cases. This represents an 18% increase from 2005, when 269 cases of rabid cats were reported (1). Of the 24 human rabies cases reported to CDC in the United States since 2000, none have been associated with exposure to a rabid cat. The last documented case of human rabies from exposure to a rabid cat was in 1975 (1). Nevertheless, the risk for human rabies from rabid cats in the United States should not be discounted.

In addition to the risk for rabies, exposure to rabid cats carries substantial economic implications for exposed persons, health insurance companies, and health departments. For example, in Maryland, during 1983–1986, approximately 194 persons received PEP at a total cost of nearly \$68,000 because of rabid cat exposures (3). In New Hampshire, in 1994, approximately 600 persons received PEP after potential exposure to a single rabid cat, at a cost of approximately \$1 million for biologics alone (4). During 1995–2000, cats accounted for 523 (24%) of 2,216 animal rabies exposures requiring PEP reported by four counties in upstate New York (5).

Measures to reduce rabies exposures among humans by promotion of responsible pet ownership and routine vaccination of cats remain public health priorities. Children should be taught to be cautious in their interactions with animals, especially those that are unfamiliar, to avoid potential exposures to rabies and other infectious diseases (6). First aid for animal bites and scratches should include

thorough washing with soap and water (7). An apparently healthy dog, cat, or ferret that bites a person should be confined and observed daily for 10 days (7). If the animal becomes ill or dies during this observation period, its brain should be examined by a state laboratory for evidence of rabies virus infection (1). If rabies is detected, prompt administration of PEP is indicated (7). If the animal is unavailable for testing, public health officials should be consulted (7).

The rabid kitten in this investigation was infected with a raccoon rabies–virus variant. Most rabid domesticated animals are infected with the terrestrial rabies–virus variant associated with the geographic location of the animal (8). In the southeastern United States, the region in which this incident occurred, the raccoon rabies–virus variant predominates (8). Raccoons have been recognized as a major reservoir for rabies in the southeastern United States since the 1950s (1).

This investigation highlights the need for rabies-prevention measures, such as continued rabies vaccination among domesticated animals and wild animal populations. The investigation also demonstrates the importance of interstate collaboration during a rabies response. Exposed persons were identified through cooperation among the states and CDC, which included daily conference calls and e-mail exchanges among investigators in the affected states; CDC participated in conference calls to provide additional expertise. In this investigation, rapid, open, interstate collaboration enabled the expeditious identification and prophylactic treatment of exposed persons while preventing unnecessary administration of PEP.

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References

1. Blanton JD, Hanlon CA, Rupprecht CE. Rabies surveillance in the United States during 2006. *J Am Vet Med Assoc* 2007;231:540–56.

- Hourrigan JL. Reported incidence of rabies in the United States. Animal Disease Eradication Division notice. Washington, DC: US Department of Agriculture; 1959:1–4.
- Fogelman V, Fischman HR, Horman JT, Grigor JK. Epidemiologic and clinical characteristics of rabies in cats. *J Am Vet Med Assoc* 1993;202:1829–33.
- CDC. Mass treatment of humans exposed to rabies—New Hampshire, 1994. *MMWR* 1995;44:484–6.
- Blanton JD, Bowden NY, Wyatt JD, et al. Rabies postexposure prophylaxis, New York, 1995–2000. *Emerg Infect Dis* 2005;11:1921–7.
- CDC. Compendium of measures to prevent disease associated with animals in public settings, 2007. *MMWR* 2007;56(No. RR-5).
- CDC. Human rabies prevention—United States, 1999. Recommendations of the advisory committee on immunization practices. *MMWR* 1999;48(No. RR-1).
- McQuiston JH, Yager PA, Smith JS, et al. Epidemiologic characteristics of rabies virus variants in dogs and cats in the United States, 1999. *J Am Vet Med Assoc* 2001;218:1939–42.

Norovirus Outbreak in an Elementary School — District of Columbia, February 2007

On February 8, 2007, the District of Columbia Department of Health (DCDOH) was notified of an outbreak of acute gastroenteritis in an elementary school (prekindergarten through sixth grade). The school nurse reported that 27 students and two staff members had become ill during February 4–8 with nausea, vomiting, and diarrhea; because symptoms lasted <48 hours, a viral etiology was suspected. DCDOH recommended two preinvestigation interventions, which were implemented the same evening (February 8): 1) more thorough handwashing and 2) bleach cleaning of all shared environmental surfaces with a diluted (1:50 concentration) household bleach solution. This report summarizes the subsequent investigation of the outbreak, which suggested that noncleaned computer equipment (i.e., keyboards and mice) and person-to-person contact resulted in illness. To decrease disease transmission during gastroenteritis outbreaks, public health officials should emphasize good handwashing practices, exclusion of ill persons, and thorough environmental disinfection, including fomites that are shared but not commonly cleaned.

Epidemiologic Investigation

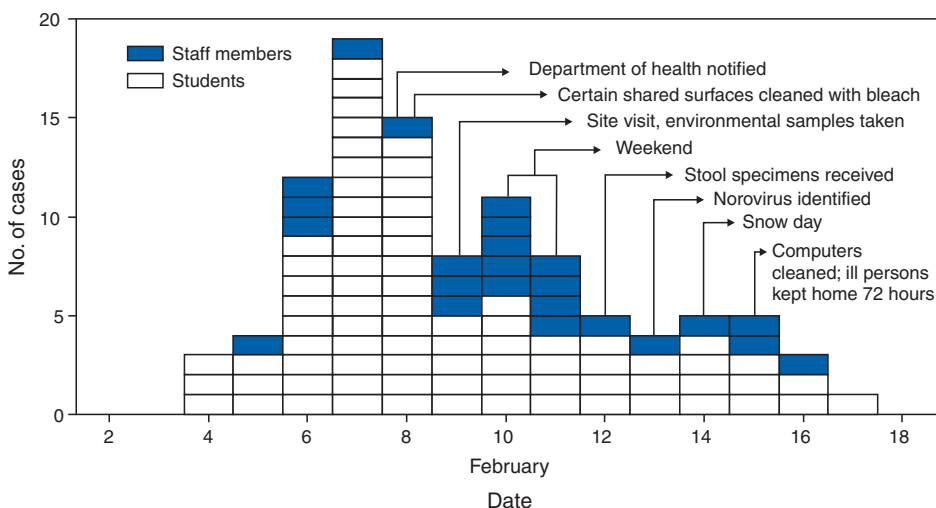
On February 9, DCDOH conducted a site visit and interviewed school personnel to determine the possible etiology of and risk factors for illness and to recommend additional control measures. The school had two to three classes per grade, and one to three staff members were assigned to each class. Although students attended a few

classes outside their classroom each day (e.g., art or math), they spent the majority of time in their own classrooms. No outbreaks of gastrointestinal illness in the community were reported to DCDOH during this period.

A case of gastrointestinal illness was defined as illness in a student or staff member who reported nausea, vomiting, or diarrhea and who was present at the school any time during February 2–18. A questionnaire was developed to use in a cohort study of all staff members and students. Because no food was served at the school other than lunches that students brought from home and prepackaged snacks served in prekindergarten classes, foodborne transmission was not suspected; questions focused on illness onset, symptoms, school grade, classroom, special classes (e.g., art), ill contacts, and use of certain facilities or equipment (e.g., library computers) or participation in certain programs (e.g., after-school programs). Questionnaires were sent home by the school principal with all staff members and students the afternoon of February 9. The school nurse identified additional cases beginning February 9 by visiting each classroom daily; she interviewed persons who became ill during school and interviewed absent ill persons or a family member by telephone regarding grade, classes, illness onset, and symptoms. Information regarding ill contacts, facility and equipment use, and participation in programs was unavailable from the participants enrolled by the nurse.

Of 314 students and 66 staff members at the school, 207 (66%) students and 59 (89%) staff members participated in the DCDOH investigation, for a total of 266 participants (70%). A total of 225 (85%) were identified by using the questionnaire, and 41 (15%) were identified by the school nurse interview. Of 266 participants, 103 (39%) met the case definition. Among the 103 ill persons, 79 (77%) were students and 24 (23%) were staff members. The median age of students was 8 years (range: 3–12 years) and of staff members was 41 years (range: 13–66 years). A total of 42 of 77 (55%) students and 22 of 24 (92%) staff members were female. Illness onset occurred during February 4–17, with peak incidence on February 7 (Figure). Reported symptoms included vomiting (64%), nausea (56%), and diarrhea (47%). Median illness duration was 36 hours (range: 0.2–96 hours). Median length of stay at home after onset of symptoms was 1 day (range: 0–4 days).

The attack rate (AR) among respondents was 39% overall; ARs did not differ significantly between students and staff members or between females and males (Table). Classroom ARs ranged from 18% (kindergarten classroom G) to 71% (first-grade classroom J). Illness was not significantly associated with grade, location (i.e., floor) of classroom, special classes, or certain facilities or programs. Two factors

FIGURE. Number of identified cases (N = 103) in a school gastroenteritis outbreak, by date of symptom onset — District of Columbia, February 2–18, 2007

were significantly associated with illness in bivariate analyses ($p < 0.05$, Fisher's exact test): being in first-grade classroom J (AR = 71%; relative risk [RR] = 1.9; 95% confidence interval [CI] = 1.3–2.8) and contact with an ill person (AR = 38%; RR = 1.8; CI = 1.2–2.7). Using a multivariable model, being in classroom J and having an ill contact also were the only two independent and significant risk factors after backward elimination.

First-grade classroom J was the only classroom in the school in which computers were shared among students and staff members. Students in all other classrooms either had their own

TABLE. Attack rate and relative risk for illness among participants in a school gastroenteritis investigation (N = 266), by risk factor* — District of Columbia, February 2007

Risk factor	Persons with risk factor			Persons without risk factor			Relative risk	(95% CI) [†]	p value [‡]
	Total	Ill	Attack rate (%)	Total	Ill	Attack rate (%)			
Being a student	207	79	38	59	24	41	0.94	(0.66–1.34)	0.76
Being female	159	64	40	104	37	36	1.13	(0.82–1.56)	0.52
Having an ill contact [¶]	90	34	38	135	29	21	1.76	(1.16–2.67)	0.01
Classroom (grade)									
A (prekindergarten)	10	4	40	256	99	39	1.03	(0.48–2.24)	1.00
B (prekindergarten)	14	6	43	252	97	38	1.11	(0.60–2.08)	0.78
C (prekindergarten)	10	3	30	256	100	39	0.77	(0.29–2.00)	0.75
D (prekindergarten)	11	4	36	255	99	39	0.94	(0.42–2.08)	1.00
E (kindergarten)	8	3	38	258	100	39	0.97	(0.39–2.40)	1.00
F (kindergarten)	11	3	27	255	100	39	0.70	(0.26–1.85)	0.54
G (kindergarten)	11	2	18	255	101	40	0.46	(0.13–1.62)	0.21
H (kindergarten–first)	14	4	29	252	99	39	0.73	(0.31–1.69)	0.58
I (first)	10	5	50	256	98	38	1.31	(0.69–2.47)	0.52
J (first)	14	10	71	252	93	37	1.94	(1.34–2.80)	0.02
K (second)	13	7	54	253	96	38	1.42	(0.84–2.40)	0.26
L (second)	13	5	38	253	98	39	0.99	(0.49–2.01)	1.00
M (third)	13	5	38	253	98	39	0.99	(0.49–2.01)	1.00
N (third)	15	4	27	251	99	39	0.68	(0.29–1.59)	0.42
O (fourth)	15	5	33	251	98	39	0.85	(0.41–1.78)	0.79
P (fourth)	16	8	50	250	95	38	1.32	(0.79–2.20)	0.43
Q (fifth)	9	3	33	257	100	39	0.86	(0.34–2.19)	1.00
R (fifth)	8	4	50	258	99	38	1.30	(0.64–2.65)	0.71
S (sixth)	7	2	29	259	101	39	0.73	(0.22–2.39)	0.71
T (sixth)	12	5	42	254	98	39	1.08	(0.54–2.15)	1.00
Other									
Library use [¶]	60	16	27	165	47	28	0.94	(0.58–1.52)	0.87
Library computer use [¶]	10	3	30	215	60	28	1.08	(0.41–2.84)	1.00

* Certain rows do not add to total (N = 266) because of missing responses.

[†] 95% confidence interval of the calculated relative risk.

[‡] Fisher's exact test, two-tailed.

[¶] Data available only for respondents identified through the questionnaire, not for those identified through the school nurse interview.

computer or shared library computers. Library computer use was not associated with illness, and no students in classroom J reported using library computers.

Laboratory Investigation

Stool-specimen collection kits were provided during the DCDOH site visit on February 9, and specimens were received from two ill persons. Twenty-five swabs were used to sample environmental surfaces. Although February 9 was the day after the initial bleach cleaning, several surfaces had not been cleaned and were visibly soiled. Sampled surfaces included toilets, faucets, water fountains, doorknobs, mice and keyboards from three computers (each in a different room), school utensils, and toys. Samples were tested by reverse transcription–polymerase chain reaction (RT-PCR) for norovirus and DNA sequencing; stool specimens also were cultured for bacteria.

Laboratory results were available February 13. One (4%) of the 25 environmental swabs, from a computer mouse and keyboard in first-grade classroom J, was positive for norovirus subtype GII. Norovirus subtype GII also was identified in both stool specimens. Noroviruses from the two stool specimens and a single environmental sample were identical by DNA sequencing of region B, the gene commonly used for genetic classification. Bacterial cultures of stool specimens and environmental samples were negative.

On February 15, DCDOH recommended the following additional interventions: 1) clean computer equipment (e.g., mice and keyboards) and other shared surfaces that were overlooked during the February 8 cleaning with a 1:50 concentration household bleach solution, and 2) exclude ill persons from school for at least 72 hours after resolution of illness because of continued fecal shedding of infectious virus (1). The last person reported with a case of illness had symptom onset February 17 (Figure).

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Editorial Note: Norovirus (family *Caliciviridae*) causes the majority of acute gastroenteritis outbreaks in the United States (2). Person-to-person spread through the fecal-oral route, contaminated food and water, and aerosolized vomitus are known to transmit norovirus; contact with contaminated environmental surfaces also has been implicated in transmission (3). Laboratory studies have demonstrated that fingers contaminated with norovirus can transfer the virus to environmental surfaces, which can subsequently contaminate clean fingers with detectable amounts of norovirus (4).

Because of shared computer use in health-care facilities, schools, and workplaces, certain researchers have suggested that computer equipment might be a route of bacterial disease transmission (5). A surrogate marker for norovirus, feline calicivirus, has been shown to persist on computer mice and keyboards for 8–48 hours (6).

This outbreak is the first report of norovirus detected on a computer mouse and keyboard, which highlights the possible role of computer equipment in disease transmission and the difficulty in identifying and properly disinfecting all possible environmental sources of norovirus during outbreaks. The contaminated computer was located in first-grade classroom J, the only classroom that was independently associated with illness and the only classroom in which computers were shared by students and staff members. No other high-risk modes of transmission explain the increased attack rate in classroom J; for example, no food was served, water-fountain samples were negative for norovirus, and no episodes of vomiting were reported. These factors, together with previously documented hand-to-fomite and fomite-to-hand norovirus transmission, suggest that computer contamination might have played a role in norovirus transmission in classroom J and possibly elsewhere in the school.

Person-to-person contact also likely played a role in this outbreak. Contact with an ill person was one of two significant risk factors for illness in bivariate and multivariable analyses. School children might be at increased risk for person-to-person norovirus transmission because of close quarters and poor hygiene (7). Because an ill person is infectious while symptomatic and possibly for 3–14 days or longer after recovery because of continued fecal shedding, the short exclusion time of ill persons from school (median: 1 day after symptom onset) might have facilitated person-to-person transmission in this outbreak. Student person-to-person contact during the weekend was reported anecdotally, and onset of new cases continued after the weekend.

The findings in this report are subject to at least four limitations. First, because data regarding ill contacts, facilities, and program participation were unavailable for nurse-interviewed participants, bivariate and multivariable analyses of these variables were limited to data from survey respondents. Second, certain uninfected persons might have been misclassified as ill because of the broad case definition and subjective reporting of symptoms, which might have resulted in an overestimate of ARs. Third, data were not collected regarding which students in classroom J used computers; consequently, the risk associated with computer

contact could not be directly assessed. Finally, because several fomites were cleaned before sampling and not all fomites were sampled, the extent of environmental contamination and the possible transmission role of fomites unrelated to computers could not be characterized.

Proper washing with soap and water can eliminate norovirus from hands (4); alcohol-based sanitizers also reduce feline calicivirus on hands (8). Potentially (but nonvisibly) soiled surfaces are best disinfected with a solution of 1:50 to 1:10 concentration of household bleach in water (1,000–5,000 ppm chlorine) by vigorous wiping for ≥ 10 seconds (4,9). However, because a 1:10 household bleach solution is caustic, only corrosion-resistant surfaces should be cleaned with this concentration. Laptop computer keyboards have been shown to withstand >300 disinfections with 80 ppm bleach solution without visible deterioration (5). When cleaning environmental surfaces that are visibly soiled with feces or vomitus, masks and gloves should be worn, a disposable towel soaked in dilute detergent should be used to wipe the surface for ≥ 10 seconds, and a 1:10 household bleach solution should then be applied for ≥ 1 minute (4,9). Disposable towels used to clean visibly soiled surfaces should be discarded appropriately after use because they can transfer norovirus to fingers and other surfaces (4). Although quaternary ammonium compound-based cleaners typically are not recommended for eliminating norovirus, certain newer formulations* are effective; alcohol-only cleaners are less effective (10).

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References

1. CDC. Norovirus: technical fact sheet. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at <http://www.cdc.gov/ncidod/dvrd/revb/gastro/noro-factsheet.pdf>.
2. Blanton LH, Adams SM, Beard RS, et al. Molecular and epidemiologic trends of caliciviruses associated with outbreaks of acute gastroenteritis in the United States, 2000–2004. *J Infect Dis* 2006;193:413–21.
3. Wu HM, Fornek M, Schwab KJ, et al. A norovirus outbreak at a long-term-care facility: the role of environmental surface contamination. *Infect Control Hosp Epidemiol* 2005;26:802–10.
4. Barker J, Vipond IB, Bloomfield SF. Effects of cleaning and disinfection in reducing the spread of Norovirus contamination via environmental surfaces. *J Hosp Infect* 2004;58:42–9.
5. Rutala WA, White MS, Gergen MF, Weber DJ. Bacterial contamination of keyboards: efficacy and functional impact of disinfectants. *Infect Control Hosp Epidemiol* 2006;27:372–7.
6. Clay S, Maherchandani S, Malik YS, Goyal SM. Survival on uncommon fomites of feline calicivirus, a surrogate of noroviruses. *Am J Infect Control* 2006;34:41–3.
7. Marks PJ, Vipond IB, Regan FM, Wedgwood K, Fey RE, Caul EO. A school outbreak of Norwalk-like virus: evidence for airborne transmission. *Epidemiol Infect* 2003;131:727–36.
8. Kampf G, Grotheer D, Steinmann J. Efficacy of three ethanol-based hand rubs against feline calicivirus, a surrogate virus for norovirus. *J Hosp Infect* 2005;60:144–9.
9. CDC. “Norwalk-like viruses”: public health consequences and outbreak management. *MMWR* 2001;50(No. RR-9).
10. Duizer E, Bijkerk P, Rockx B, De Groot A, Twisk F, Koopmans M. Inactivation of caliciviruses. *Appl Environ Microbiol* 2004;70:4538–43.

Acute Pesticide Poisoning Associated with Pyraclostrobin Fungicide — Iowa, 2007

Pyraclostrobin is an agricultural pesticide product used to kill fungi (e.g., blights, mildews, molds, and rusts). Hazards to humans from pyraclostrobin exposure include eye injury and skin irritation (1). In July 2007, the Iowa Department of Public Health (IDPH) received reports of five events involving pyraclostrobin that sickened 33 persons, including 27 migrant workers who were exposed in a single incident during aerial application (i.e., crop dusting). This report describes those five events and provides recommendations for preventing additional illnesses associated with exposure to pyraclostrobin.

Event A. On July 23, 2007, IDPH received media reports that migrant workers in a field had been inadvertently exposed to pyraclostrobin fungicide by a crop-duster plane on July 22. An IDPH investigation identified 27 cases of acute illness among the potentially exposed workers; all illnesses were associated with off-target drift of the pyraclostrobin to an adjacent field, owned by a different grower, where workers were detasseling field corn. IDPH learned that the pilot had seen the nearby workers yet proceeded to apply the fungicide. Some workers reported feeling wet droplets on their skin and seeing mist coming from the aircraft.

All 27 persons with acute illness were Hispanic and residents of Texas. Twenty were male, and seven were female; median age was 46 years (range: 15–74 years). All received skin decontamination on-site by a hazardous materials team before being transported to an emergency department for observation until their symptoms resolved. All cases were

*A list of cleaning products effective against norovirus approved by the Environmental Protection Agency is available at http://www.epa.gov/oppad001/list_g_norovirus.pdf.

categorized as being of low severity.* The most common symptom was upper respiratory tract pain or irritation (26 patients), followed by chest pain (20 patients). Three patients had nausea, and one patient each had pruritis, skin redness, eye pain, weakness, headache, dizziness, and chest pain.

The Iowa Department of Agriculture and Land Stewardship (IDALS) began an investigation on July 23 that included collection of soil and vegetation samples from the cornfield where the detasslers had been working and samples of worker safety glasses and hats. All samples tested positive for pyraclostrobin, even though the samples were collected the day after pyraclostrobin application and after substantial evening rainfall. Before this incident, the field had not been treated with pesticide (i.e., herbicides containing atrazine and topramezone) for 40 days. On August 1, IDALS suspended the commercial pesticide applicator license of the crop-dusting company that applied the fungicide; an administrative law judge later revoked the license.

Event B. On July 20, a crop-duster pilot aged 55 years visited an emergency department with first-degree chemical burns after skin and inhalational exposure to pyraclostrobin fungicide that occurred when his plane crashed during takeoff, spilling the liquid fungicide. Emergency department personnel consulted the Iowa Poison Center (IPC), and IDPH was notified of the case. The pilot was admitted to the hospital for observation for 2 days, and the case was categorized as being of moderate severity. Although inhalational exposure occurred, the pilot reported no respiratory symptoms.

Events C, D, and E. During July 2007, IPC notified IDPH of three additional events involving five cases of acute pesticide poisoning associated with pyraclostrobin exposure that resulted from off-target drift of pyraclostrobin from nearby aerial applications. All five illnesses were of low severity; all persons who were exposed consulted IPC but did not otherwise seek medical care. On July 5, a man aged 54 years experienced headache and eye pain after pyraclostrobin exposure while riding a motorcycle near a field. On July 12, a woman aged 40 years reported eye pain and headache, and a man aged 49 years reported eye

pain, headache, and dizziness after pyraclostrobin drifted into the yard of their home. On July 14, a man and woman both aged 20 years reported eye pain and conjunctivitis after pyraclostrobin drifted into the yard of their home. In all five of these cases, symptoms subsided after the exposed persons moved indoors or away from the pyraclostrobin-treated fields.

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Editorial Note: The cases described in this report are the first published accounts of human illness caused by exposure to pyraclostrobin or any of the other strobilurin chemical compounds used as agricultural fungicides. Pyraclostrobin has a toxicity category of II[†]; the product label warns that pyraclostrobin exposure can cause substantial, although temporary, eye injury and skin irritation but can be fatal if swallowed (1). Contact with eyes, skin, or clothing should be avoided. After a cornfield has been treated with pyraclostrobin, workers should be prohibited from entering that field for 7 days to perform detasseling unless they are wearing appropriate personal protective equipment (i.e. coveralls and chemical-resistant gloves) (1). Although upper respiratory symptoms are not mentioned on the product label warnings, 26 of the 27 workers exposed in event A experienced these symptoms, perhaps as a result of irritation of the upper respiratory mucosa by a mechanism similar to that causing skin and eye irritation.

The strobilurin fungicides, including pyraclostrobin, are relatively new to the U.S. agricultural market. Pyraclostrobin was approved for sale in the United States in 2002 for use on a limited number of crops but was not approved for use on corn until December 2004. During 2007, the first year of widespread use on field corn, pyraclostrobin was applied to an estimated 1.5 million acres of corn in Iowa (C. Eckermann, IDALS, personal communication, 2007). Increased use of pyraclostrobin on corn likely is attributable to several factors, including increased planting of corn in the same field in successive seasons, which is associated with increased fungal disease risk to the corn plant; high demand for corn to produce corn-based ethanol; and aggressive fungicide marketing by agricultural-chemical dealers (2,3). In addition, strobilurin fungicides, especially

*Severity was categorized by using the standard index of the National Institute for Occupational Safety and Health (available at <http://www.cdc.gov/niosh/topics/pesticides>). Moderate-severity illness or injury consists of non-life-threatening health effects that generally are systemic and require medical treatment. No residual disability is detected, and time lost from work or normal activities usually does not exceed 5 days. Low-severity illness or injury includes illnesses manifested by skin, eye, or upper respiratory irritation. These illnesses might also include fever, headache, fatigue, or dizziness. Typically, the illness or injury resolves without treatment, and time lost from work or normal activities is <3 days.

[†]The Environmental Protection Agency classifies pesticides into one of four toxicity categories based on established criteria (40 CFR § 156.62). Pesticides with the greatest toxicity are in category I, and those with the least toxicity are in category IV. Additional information is available at http://a257.g.akamaitech.net/7/257/2422/08aug20031600/edocket.access.gpo.gov/cfr_2003/julqtr/pdf/40cfr156.60.pdf.

pyraclostrobin, might increase corn yield in the absence of disease by directly stimulating plant growth, although field trials to document this have produced inconsistent results (4). No cases of illness related to exposure to trifloxystrobin and azoxystrobin, the other two strobilurin fungicides licensed in Iowa, were reported to IDPH during 2006 or 2007.

The 27 workers sickened in event A were detasseling corn (i.e., removing tassels from corn plants to prevent auto-pollination and enable hybridization). Although the field where these workers were detasseling had been treated previously with atrazine and topramezone, both of which can produce mucosal irritation, 40 days had elapsed since that treatment. Workers may return to a field 12 hours after such treatments. Therefore, these herbicides were unlikely to be responsible for the illnesses reported July 22.

In the United States, cases of pesticide-related illness and injury are identified through state-based surveillance systems, several of which are supported by the National Institute for Occupational Safety and Health (NIOSH) through the Sentinel Event Notification System for Occupational Risk (SENSOR)-Pesticides program.[§] Data from SENSOR-Pesticides and the California Department of Pesticide Regulation were reviewed to identify cases associated with pyraclostrobin exposure through 2005. A total of 12 cases were identified; however, only one of these cases was associated with pyraclostrobin application to corn. The other cases were associated with applications to grapes (five cases), other fruits (four), almonds (one), and tomatoes (one). One case occurred in 2003 in Michigan, three cases occurred in 2004 in California, and eight cases occurred in 2005 in California (six cases), Florida (one), and Washington (one). All cases were work related; six occurred among pesticide handlers, five occurred during routine agricultural work (not involving pesticide application), and one occurred in a mosquito-control worker in a vineyard treated with pyraclostrobin. Patients reported combinations of skin, eye, respiratory, gastrointestinal, nervous system/sensory, and systemic symptoms. Two cases were of moderate severity, and 10 were of low severity. None of the patients were hospitalized.

The events described in this report reinforce the importance of compliance with existing pesticide regulations and

pesticide label requirements. Pesticide applicators must avoid aerial applications of pesticides when workers are in nearby fields, application methods must minimize off-target drift of pesticides, and farmers should consider the potential adverse health effects on humans when weighing the risks and benefits of pesticide use. Greater use by crop-dusting pilots of educational programs offered by the National Agricultural Aviation Association (e.g., Professional Aerial Applicator Support System[¶]) also might help reduce the incidence of acute illnesses resulting from exposure to pesticide.

References

1. BASF Corporation. Headline[®] fungicide. Research Triangle Park, NC: BASF Corporation; 2004. Available at <http://www.cdms.net/ldat/ld62l030.pdf>.
2. Bradley CA, Montgomery M. Prophylactic fungicide applications on corn: a good practice? The bulletin: pest management and crop development information for Illinois. No. 11 Article 6/June 8, 2007. Available at <http://www.ipm.uiuc.edu/bulletin>.
3. Robertson A, Mueller D, Pilcher C, Schaefer K. Fungicide applications in corn may be increasing. Integrated crop management. June 25, 2007. Available at <http://www.ipm.iastate.edu/ipm/icm>.
4. Nafziger E. Can foliar fungicide raise corn yield when there's little disease? The bulletin: pest management and crop development information for Illinois. No. 14 Article 10/June 29, 2007. Available at <http://www.ipm.uiuc.edu/bulletin>.

[¶]Information available at <http://www.agaviation.org/paass.htm>.

Notice to Readers

Requirements for Use of a New International Certificate of Vaccination or Prophylaxis for Yellow Fever Vaccine

In response to the 2005 revision of the International Health Regulations (IHR 2005), as of December 15, 2007, a new International Certificate of Vaccination or Prophylaxis (ICVP) has replaced the old certificates (1). The new certificate provides space for potential certification of additional types of vaccination or prophylaxis to protect against newly emerging or reemerging diseases or other events of public health importance. However, the only vaccination currently required to be indicated on the ICVP is for yellow fever.

Yellow fever vaccine is required under IHR 2005 by certain countries for entry, and the new ICVP is required for any yellow fever vaccination administered beginning December 15, 2007. Persons vaccinated before that date may use the old certificate until it expires 10 years from the date of vaccination.

The new certificates are available to health-care providers through the U.S. Government Printing Office (GPO).

[§]Through SENSOR-Pesticides, NIOSH provides funding and technical support to state health departments to conduct surveillance of acute, occupational, pesticide-related illness and injury. Health departments in 10 states (Arizona, California, Florida, Louisiana, Michigan, New Mexico, New York, Oregon, Texas, and Washington) participated through 2005. Iowa joined the program in October 2006. Additional information is available at <http://www.cdc.gov/niosh/topics/pesticides>.

The new ICVPs are available for order from GPO online at <http://bookstore.gpo.gov/collections/vaccination.jsp>, or by telephone (866-512-1800). Additional information regarding the new requirement is available from the CDC Travelers' Health Team by telephone (404-639-4500) or online via the Travelers' Health website at <http://wwwn.cdc.gov/travel/content/intertofvaccination.aspx>.

Reference

1. World Health Organization. International health regulations (2005). Geneva, Switzerland: World Health Organization; 2005. Available at <http://www.who.int/csr/ihr>.

Notice to Readers

11th Annual Conference on Vaccine Research

CDC and 11 other national and international agencies and organizations will collaborate with the National Foundation for Infectious Diseases in sponsoring the 11th Annual Conference on Vaccine Research: Basic Science, Product Development, and Clinical and Field Studies, to be held May 5–7, 2008, at the Marriott Waterfront Hotel, Baltimore, Maryland. The conference is the largest scientific forum devoted exclusively to the research and development of vaccines and related technologies for prevention and treatment of disease through immunization, bringing together human and veterinary vaccinology researchers. Twenty-two invited speakers will appear at five special

symposia on innate immunity, cutaneous vaccination, adjuvants, universal influenza vaccination, and recently licensed vaccines. Six oral sessions and posters will include presentations selected through peer review from submitted abstracts. Eligible abstracts will be considered for the Maurice R. Hilleman Early-Stage Career Investigator Award, which provides \$10,000 for research expenses and a travel stipend and registration for the 2009 conference.

Deadline for submission of abstracts is February 15, 2008. Information about the preliminary program, abstract submission, registration, hotel accommodation, and exhibition space is available at <http://www.nfid.org/conferences/vaccine08>, and by e-mail (vaccine@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext. 19), and mail (NFID, Suite 750, 4733 Bethesda Avenue, Bethesda, MD 20814-5278).

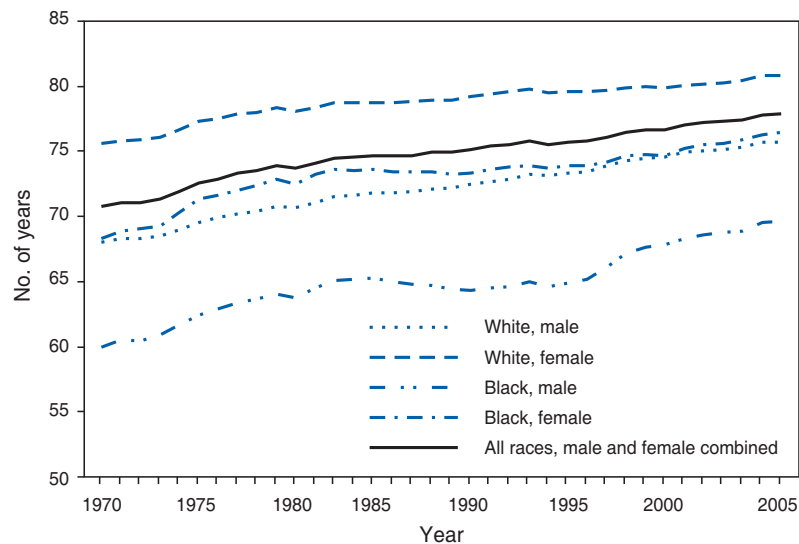
Errata: Vol. 56, No. 49

In **Table III, "Deaths in 122 U.S. cities,** week ending December 8, 2007 (49th Week)," on page 1304, incorrect pneumonia and influenza mortality data were listed for certain reporting areas under the column heading, "P&I Total." The correct data are as follows: Jersey City, NJ, **2**; Canton, OH, **2**; St. Louis, MO, **3**; Charlotte, NC, **10**; Knoxville, TN, **10**; Mid. Atlantic, **103**; E.N. Central, **136**; W.N. Central, **47**; S. Atlantic, **66**; E.S. Central, **68**; and Total, **734**.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Life Expectancy at Birth, by Race* and Sex — United States, 1970–2005



* Races include non-Hispanics and Hispanics.

Life expectancy at birth reached a record high of 77.9 years in 2005 for the total U.S. population. Disparities in life expectancy at birth remain among the race/sex populations, although all populations have had increases in life expectancy during the past decade. Additional information regarding life expectancy is available at <http://www.cdc.gov/nchs/deaths.htm>.

SOURCES: Kung HC, Hoyert DL, Xu J, Murphy SL. Deaths: preliminary data for 2005. Available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths05/prelimdeaths05.htm>.

Miniño AM, Heron MP, Murphy SL, Kochanek KD. Deaths: final data for 2004. *Natl Vital Stat Rep* 2007;55(19).

National Center for Health Statistics. Vital statistics of the United States. 1975 life tables. Hyattsville, MD: National Center for Health Statistics; 1977. Available at <http://www.cdc.gov/nchs/data/lifetables/life75.pdf>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 22, 2007 (51st Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	17	1	20	19	16	20	28	
infant	1	79	2	97	85	87	76	69	PA (1)
other (wound & unspecified)	1	21	1	48	31	30	33	21	ID (1)
Brucellosis	1	118	3	121	120	114	104	125	OH (1)
Chancroid	—	33	0	33	17	30	54	67	
Cholera	—	7	0	9	8	6	2	2	
Cyclosporiasis§	—	93	2	136	543	160	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	44	1	67	80	112	108	164	
eastern equine	—	4	0	8	21	6	14	10	
Powassan	—	1	—	1	1	1	—	1	
St. Louis	—	7	0	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	10	505	28	646	786	537	362	511	NY (9), NC (1)
human monocytic	5	677	14	578	506	338	321	216	NY (2), MD (1), NC (1), AR (1)
human (other & unspecified)	—	153	1	231	112	59	44	23	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	17	1	29	9	19	32	34	
nonsensory type b	4	141	4	175	135	135	117	144	NY (1), NC (1), FL (1), TN (1)
unknown serotype	3	187	5	179	217	177	227	153	NC (1), FL (2)
Hansen disease§	1	60	3	66	87	105	95	96	FL (1)
Hantavirus pulmonary syndrome§	—	30	1	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	—	214	6	288	221	200	178	216	
Hepatitis C viral, acute	8	705	28	802	652	713	1,102	1,835	NY (1), MO (2), MD (1), NC (1), FL (1), KY (1), OK (1)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	1	77	0	43	45	—	N	N	NYC (1)
Listeriosis	3	683	18	875	896	753	696	665	MD (1), FL (2)
Measles¶¶¶	—	28	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	262	8	318	297	—	—	—	FL (1)
serogroup B	—	127	7	193	156	—	—	—	
other serogroup	1	31	1	32	27	—	—	—	FL (1)
unknown serogroup	7	547	22	651	765	—	—	—	PA (2), MO (1), FL (2), ID (1), AZ (1)
Mumps	—	707	15	6,584	314	258	231	270	
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§	—	10	0	21	16	12	12	18	
Q fever§	—	164	2	169	136	70	71	61	
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	12	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	99	3	125	129	132	161	118	CT (1)
Syphilis, congenital (age <1 yr)	1	463	9	380	329	353	413	412	MI (1)
Tetanus	—	19	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	77	3	101	90	95	133	109	
Trichinellosis	—	6	0	15	16	5	6	14	
Tularemia	—	112	3	95	154	134	129	90	
Typhoid fever	2	314	7	353	324	322	356	321	CT (1), FL (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	21	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	1	350	4	N	N	N	N	N	FL (1)
Yellow fever	—	—	0	—	—	—	—	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 case reported during the 51st week occurred during the 2006–07 influenza season, bringing the total number of cases that occurred during that season to 74. One case occurring during the 2007–08 influenza season has been reported.

¶¶ 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	5,673	20,865	25,327	1010935	1005584	120	143	658	7,528	8,258	36	85	983	10,185	5,472
New England	362	698	1,357	34,173	33,619	—	0	1	2	—	—	5	41	320	377
Connecticut	—	217	829	9,791	10,117	N	0	0	N	N	—	0	41	41	38
Maine [§]	49	50	74	2,504	2,253	—	0	0	—	—	—	1	5	56	50
Massachusetts	211	309	668	15,936	15,072	—	0	0	—	—	—	2	11	115	175
New Hampshire	38	38	73	2,040	1,972	—	0	1	2	—	—	1	5	51	47
Rhode Island [§]	36	62	98	3,035	3,059	—	0	0	—	—	—	0	3	11	14
Vermont [§]	28	19	45	867	1,146	N	0	0	N	N	—	1	3	46	53
Mid. Atlantic	1,073	2,817	4,284	142,857	124,117	—	0	0	—	—	10	10	113	1,300	651
New Jersey	—	401	526	19,565	19,917	N	0	0	N	N	—	0	6	41	42
New York (Upstate)	673	537	2,758	27,815	24,730	N	0	0	N	N	5	3	20	242	170
New York City	—	987	1,970	48,292	40,894	N	0	0	N	N	—	1	7	90	154
Pennsylvania	400	868	1,818	47,185	38,576	N	0	0	N	N	5	4	103	927	285
E.N. Central	2,154	3,239	6,210	166,916	166,986	1	1	3	35	46	8	20	134	1,731	1,326
Illinois	1,508	1,003	1,469	50,190	52,796	—	0	0	—	—	—	2	13	166	198
Indiana	—	395	646	19,839	19,454	—	0	0	—	—	—	2	14	114	101
Michigan	518	709	1,024	35,853	35,763	—	0	3	23	40	1	3	11	192	144
Ohio	128	770	3,633	43,380	39,007	1	0	1	12	6	7	5	61	565	353
Wisconsin	—	368	449	17,654	19,966	N	0	0	N	N	—	7	59	694	530
W.N. Central	—	1,196	1,465	57,446	60,961	—	0	54	9	2	2	15	125	1,586	854
Iowa	—	158	252	8,346	8,297	N	0	0	N	N	—	2	61	607	175
Kansas	—	151	294	7,175	7,662	N	0	0	N	N	—	1	16	151	81
Minnesota	—	253	298	11,703	12,768	—	0	54	—	—	—	3	34	295	217
Missouri	—	467	551	22,293	22,587	—	0	1	9	2	2	2	13	177	188
Nebraska [§]	—	93	183	3,956	5,255	N	0	0	N	N	—	1	21	164	98
North Dakota	—	27	61	1,470	1,789	N	0	0	N	N	—	0	11	26	9
South Dakota	—	49	82	2,503	2,603	N	0	0	N	N	—	2	16	166	86
S. Atlantic	1,309	3,874	6,760	192,587	192,972	—	0	1	3	5	9	19	69	1,227	1,192
Delaware	73	66	140	3,445	3,551	—	0	0	—	—	—	0	4	20	15
District of Columbia	—	111	166	5,545	3,315	—	0	0	—	—	—	0	2	3	16
Florida	864	1,239	1,565	57,197	48,261	N	0	0	N	N	8	10	35	660	557
Georgia	—	573	3,822	24,288	35,150	N	0	0	N	N	—	4	22	228	275
Maryland [§]	372	397	696	19,779	21,353	—	0	1	3	5	1	0	2	31	20
North Carolina	—	493	1,905	25,202	32,820	—	0	0	—	—	—	1	18	125	97
South Carolina [§]	—	514	3,030	30,592	22,021	N	0	0	N	N	—	1	15	80	131
Virginia [§]	—	485	628	23,561	23,627	N	0	0	N	N	—	1	5	69	69
West Virginia	—	63	92	2,978	2,874	N	0	0	N	N	—	0	5	11	12
E.S. Central	—	1,532	2,162	75,332	75,334	—	0	0	—	—	3	4	63	601	186
Alabama [§]	—	472	590	22,572	22,653	N	0	0	N	N	1	1	14	122	71
Kentucky	—	155	357	8,324	8,940	N	0	0	N	N	—	1	40	246	44
Mississippi	—	339	959	18,123	18,686	N	0	0	N	N	—	0	11	97	24
Tennessee [§]	—	507	722	26,313	25,055	N	0	0	N	N	2	1	19	136	47
W.S. Central	—	2,362	3,006	118,454	113,014	—	0	1	2	1	1	4	41	367	397
Arkansas [§]	—	176	328	9,309	8,156	N	0	0	N	N	1	0	8	34	26
Louisiana	—	381	851	18,583	17,686	—	0	1	2	1	—	1	4	57	86
Oklahoma	—	255	467	12,243	12,625	N	0	0	N	N	—	1	11	120	41
Texas [§]	—	1,585	2,071	78,319	74,547	N	0	0	N	N	—	1	29	156	244
Mountain	348	1,274	1,643	61,992	69,647	119	98	293	5,051	5,384	3	8	583	2,924	406
Arizona	57	483	834	22,608	23,415	119	95	293	4,904	5,242	—	1	6	51	29
Colorado	291	204	383	10,659	16,074	N	0	0	N	N	2	2	26	210	76
Idaho [§]	—	56	252	3,483	3,180	N	0	0	N	N	1	1	71	453	38
Montana [§]	—	42	73	1,950	2,608	N	0	0	N	N	—	1	7	70	137
Nevada [§]	—	176	293	8,797	8,240	—	1	5	62	62	—	0	6	34	14
New Mexico [§]	—	152	395	7,877	9,775	—	0	2	18	22	—	2	9	114	44
Utah	—	109	209	5,481	4,950	—	1	7	64	56	—	0	499	1,937	18
Wyoming [§]	—	23	35	1,137	1,405	—	0	1	3	2	—	0	8	55	50
Pacific	427	3,368	4,362	161,178	168,934	—	39	311	2,426	2,820	—	2	16	129	83
Alaska	53	85	157	4,192	4,368	N	0	0	N	N	—	0	2	4	4
California	120	2,686	3,627	130,507	132,200	—	39	311	2,426	2,820	—	0	0	—	—
Hawaii	1	109	134	5,455	5,497	N	0	0	N	N	—	0	0	—	4
Oregon [§]	—	166	394	8,535	9,432	N	0	0	N	N	—	2	16	125	75
Washington	253	213	621	12,489	17,437	N	0	0	N	N	—	0	0	—	—
American Samoa	—	0	32	95	46	N	0	0	N	N	—	0	0	—	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	15	34	670	851	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	129	622	7,650	5,102	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	3	10	150	253	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting 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 December 22, 2007, and December 23, 2006 (51st Week)*

Table with columns for Reporting area, Giardiasis (Current week, Previous 52 weeks Med/Max, Cum 2007, Cum 2006), Gonorrhea (Current week, Previous 52 weeks Med/Max, Cum 2007, Cum 2006), and Haemophilus influenzae, invasive (Current week, Previous 52 weeks Med/Max, Cum 2007, Cum 2006). Rows include United States and various states/territories.

C.N.M.I.: Commonwealth of Northern Mariana Islands. U: Unavailable. —: No reported cases. N: Not notified. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum. * Incidence data for reporting year 2007 are provisional. † 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
	Med	Max				Med	Max				Med	Max			
United States	15	52	201	2,671	3,378	24	79	405	3,885	4,308	32	39	106	2,311	2,690
New England	—	2	6	111	178	—	1	5	75	117	5	2	14	129	180
Connecticut	—	0	3	26	41	—	0	5	29	49	5	0	5	43	54
Maine [§]	—	0	1	4	8	—	0	3	16	24	—	0	1	8	11
Massachusetts	—	1	4	49	83	—	0	1	4	19	—	0	3	26	69
New Hampshire	—	0	3	12	22	—	0	1	5	10	—	0	2	8	15
Rhode Island [§]	—	0	2	12	16	—	0	3	16	11	—	0	6	35	23
Vermont [§]	—	0	1	8	8	—	0	1	5	4	—	0	2	9	8
Mid. Atlantic	3	8	21	413	386	3	8	21	429	520	3	13	37	728	959
New Jersey	—	2	6	100	109	—	1	8	83	163	—	1	11	86	120
New York (Upstate)	1	1	11	73	91	1	2	13	87	69	1	4	22	223	323
New York City	—	3	9	147	119	—	2	6	89	119	—	2	11	121	185
Pennsylvania	2	2	5	93	67	2	3	8	170	169	2	5	21	298	331
E. N. Central	—	6	13	284	349	3	9	23	422	486	8	9	28	512	601
Illinois	—	2	5	97	105	—	2	6	110	132	—	1	12	87	123
Indiana	—	0	7	29	26	—	0	21	56	59	—	1	7	53	52
Michigan	—	2	5	81	123	2	2	8	108	139	—	3	10	151	150
Ohio	—	1	4	68	53	1	2	7	127	123	8	3	17	211	229
Wisconsin	—	0	3	9	42	—	0	3	21	33	—	0	1	10	47
W. N. Central	1	2	18	169	134	1	3	15	142	137	—	1	9	103	83
Iowa	—	1	4	43	12	—	0	3	25	20	—	0	2	11	12
Kansas	—	0	3	9	26	—	0	2	10	11	—	0	1	3	10
Minnesota	—	0	17	69	25	—	0	13	21	19	—	0	6	28	25
Missouri	1	0	2	26	44	1	1	5	68	62	—	1	3	44	22
Nebraska [§]	—	0	2	16	18	—	0	1	11	20	—	0	2	13	9
North Dakota	—	0	3	—	—	—	0	1	1	—	—	0	1	—	—
South Dakota	—	0	1	6	9	—	0	1	6	5	—	0	1	4	5
S. Atlantic	4	10	21	488	537	11	18	56	942	1,181	15	7	25	394	472
Delaware	—	0	1	8	13	—	0	2	15	47	—	0	2	8	12
District of Columbia	—	0	5	14	8	—	0	1	1	9	—	0	1	1	33
Florida	2	3	7	152	210	8	7	14	338	406	13	2	9	153	158
Georgia	—	1	4	69	56	—	2	7	122	199	—	0	2	24	38
Maryland [§]	—	1	5	71	60	—	2	6	108	146	—	1	5	80	106
North Carolina	1	0	9	63	99	—	0	16	124	154	—	1	4	44	38
South Carolina [§]	—	0	4	18	24	1	1	4	60	95	—	0	2	17	6
Virginia [§]	1	1	5	84	61	2	2	8	123	74	2	1	3	49	65
West Virginia	—	0	2	9	6	—	0	23	51	51	—	0	4	18	16
E. S. Central	—	2	5	104	124	1	7	14	349	324	—	2	6	98	109
Alabama [§]	—	0	4	22	13	—	2	6	121	92	—	0	1	11	9
Kentucky	—	0	2	20	33	1	1	7	74	69	—	1	3	48	48
Mississippi	—	0	4	8	9	—	0	8	27	13	—	0	0	—	5
Tennessee [§]	—	1	5	54	69	—	3	8	127	150	—	1	4	39	47
W. S. Central	2	5	43	242	384	5	17	169	859	910	—	2	16	116	78
Arkansas [§]	—	0	2	12	46	1	1	7	65	80	—	0	3	9	4
Louisiana	—	0	3	29	38	—	1	6	77	60	—	0	1	4	11
Oklahoma	2	0	8	13	9	2	1	38	133	72	—	0	3	6	7
Texas [§]	—	3	39	188	291	2	12	135	584	698	—	2	13	97	56
Mountain	4	4	13	243	276	—	4	7	170	140	1	2	6	106	122
Arizona	3	3	11	174	172	—	1	4	48	U	1	0	5	35	37
Colorado	1	0	3	24	43	—	0	3	31	34	—	0	2	21	27
Idaho [§]	—	0	2	8	9	—	0	1	13	15	—	0	1	6	11
Montana [§]	—	0	2	9	11	—	0	3	—	2	—	0	1	3	6
Nevada [§]	—	0	1	7	11	—	1	3	43	40	—	0	2	9	11
New Mexico [§]	—	0	2	11	14	—	0	2	11	23	—	0	2	10	5
Utah	—	0	2	7	14	—	0	4	21	25	—	0	3	19	25
Wyoming [§]	—	0	1	3	2	—	0	1	3	1	—	0	1	3	—
Pacific	1	11	92	617	1,010	—	10	106	497	493	—	2	11	125	86
Alaska	—	0	1	4	2	—	0	2	9	8	—	0	0	—	1
California	—	10	40	531	952	—	7	31	369	396	—	2	11	94	85
Hawaii	—	0	1	1	12	—	0	2	4	8	—	0	0	—	—
Oregon [§]	1	0	2	29	44	—	1	4	60	81	—	0	1	10	—
Washington	—	1	52	52	—	—	1	74	55	—	—	0	2	21	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	52	66	—	1	9	67	74	—	0	2	5	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	61	282	1,281	20,494	18,950	11	22	105	1,072	1,369	9	20	87	967	1,107
New England	2	42	301	3,549	4,379	1	1	5	53	56	—	1	3	39	52
Connecticut	1	13	214	1,660	1,692	—	0	3	2	10	—	0	1	6	10
Maine§	—	5	61	492	300	—	0	2	8	4	—	0	1	7	9
Massachusetts	—	2	31	266	1,432	—	0	3	30	28	—	0	2	19	24
New Hampshire	—	8	88	832	616	—	0	4	8	10	—	0	1	1	4
Rhode Island§	—	0	74	162	235	—	0	1	—	3	—	0	1	2	2
Vermont§	1	1	13	137	104	1	0	2	5	1	—	0	1	4	3
Mid. Atlantic	43	142	646	10,373	9,671	1	5	15	276	359	2	2	8	130	168
New Jersey	—	29	155	2,253	2,419	—	0	1	—	90	—	0	2	18	22
New York (Upstate)	28	54	426	3,316	3,729	—	1	5	68	47	—	1	3	35	38
New York City	—	1	25	191	302	—	3	8	167	173	—	0	4	27	57
Pennsylvania	15	51	321	4,613	3,221	1	0	4	41	49	2	1	5	50	51
E.N. Central	—	12	168	1,522	1,695	—	2	6	108	161	—	3	9	139	171
Illinois	—	1	15	135	110	—	0	6	44	82	—	1	3	44	45
Indiana	—	0	7	44	24	—	0	2	10	12	—	0	4	28	24
Michigan	—	0	5	50	55	—	0	2	18	21	—	0	3	24	30
Ohio	—	0	3	19	43	—	0	3	27	28	—	1	2	34	48
Wisconsin	—	10	149	1,274	1,463	—	0	2	9	18	—	0	2	9	24
W.N. Central	—	5	195	679	844	—	0	12	52	61	1	1	5	71	67
Iowa	—	1	11	117	97	—	0	1	3	2	—	0	3	16	20
Kansas	—	0	2	9	4	—	0	1	3	8	—	0	1	5	5
Minnesota	—	1	188	512	726	—	0	11	29	39	—	0	3	22	16
Missouri	—	0	5	30	5	—	0	1	8	6	1	0	3	18	15
Nebraska§	—	0	2	8	11	—	0	1	6	4	—	0	2	5	6
North Dakota	—	0	7	3	—	—	0	1	2	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	4
S. Atlantic	15	66	180	4,072	2,183	6	4	13	241	333	4	3	11	174	207
Delaware	—	11	34	690	476	—	0	1	4	5	—	0	1	1	6
District of Columbia	—	0	7	13	59	—	0	1	3	5	—	0	0	—	2
Florida	3	1	11	88	34	2	1	7	56	58	4	1	7	66	79
Georgia	—	0	1	4	8	—	0	5	32	88	—	0	5	32	18
Maryland§	7	32	113	2,278	1,222	1	1	5	61	79	—	0	2	22	15
North Carolina	1	0	8	50	30	—	0	4	21	31	—	0	4	22	32
South Carolina§	—	0	4	28	19	—	0	1	7	10	—	0	2	15	24
Virginia§	4	14	62	842	321	3	1	6	55	55	—	0	2	14	22
West Virginia	—	0	14	79	14	—	0	1	2	2	—	0	2	2	9
E.S. Central	—	1	5	51	36	1	1	3	38	25	—	1	4	47	47
Alabama§	—	0	3	13	11	—	0	1	7	9	—	0	2	9	7
Kentucky	—	0	2	5	7	—	0	1	9	4	—	0	2	12	11
Mississippi	—	0	1	1	3	—	0	1	2	6	—	0	4	10	6
Tennessee§	—	0	4	32	15	1	0	2	20	6	—	0	2	16	23
W.S. Central	—	1	6	69	25	1	2	29	80	100	—	1	15	93	92
Arkansas§	—	0	1	1	—	—	0	1	2	4	—	0	2	9	11
Louisiana	—	0	1	2	1	—	0	2	14	8	—	0	4	26	36
Oklahoma	—	0	0	—	—	1	0	3	6	7	—	0	4	17	11
Texas§	—	1	6	66	24	—	1	25	58	81	—	1	11	41	34
Mountain	—	1	4	44	30	1	1	6	63	75	2	1	4	64	69
Arizona	—	0	1	2	10	—	0	3	13	23	1	0	2	13	15
Colorado	—	0	1	2	—	—	0	2	23	23	—	0	2	21	22
Idaho§	—	0	2	9	7	1	0	2	5	1	1	0	2	7	4
Montana§	—	0	2	4	—	—	0	1	3	2	—	0	1	2	5
Nevada§	—	0	2	12	4	—	0	1	3	4	—	0	1	5	7
New Mexico§	—	0	1	4	3	—	0	1	5	5	—	0	1	2	6
Utah	—	0	2	8	5	—	0	3	11	17	—	0	2	12	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	1	2	16	135	87	—	3	45	161	199	—	4	48	210	234
Alaska	—	0	1	9	3	—	0	1	2	23	—	0	1	1	4
California	—	2	9	111	77	—	2	7	114	155	—	3	10	156	179
Hawaii	N	0	0	N	N	—	0	0	—	8	—	0	0	—	10
Oregon§	1	0	1	5	7	—	0	3	17	13	—	0	3	31	41
Washington	—	0	8	10	—	—	0	43	28	—	—	0	43	22	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	4	2	—	0	1	8	7
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

† Incidence data for reporting 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	40	170	1,479	8,570	14,153	9	103	187	5,279	5,435	42	34	211	2,081	2,077
New England	—	26	77	1,242	1,898	1	11	22	549	481	—	0	10	6	13
Connecticut	—	1	5	59	124	—	4	10	212	204	—	0	0	—	—
Maine†	—	1	13	77	161	—	1	5	82	125	—	0	1	1	N
Massachusetts	—	20	37	956	1,210	—	0	0	—	N	—	0	1	4	11
New Hampshire	—	1	5	60	224	—	1	4	53	49	—	0	1	1	1
Rhode Island†	—	0	31	32	70	—	0	4	40	30	—	0	9	—	1
Vermont†	—	0	9	58	109	1	3	13	162	73	—	0	0	—	—
Mid. Atlantic	19	23	155	1,179	1,928	—	25	56	1,343	536	—	1	7	85	88
New Jersey	—	2	10	139	299	N	0	0	N	N	—	0	3	23	40
New York (Upstate)	7	10	146	536	937	—	10	20	504	N	—	0	1	3	—
New York City	—	2	6	122	110	—	1	5	42	44	—	0	3	28	23
Pennsylvania	12	7	21	382	582	—	15	44	797	492	—	0	3	31	25
E.N. Central	1	27	79	1,300	2,288	—	4	48	394	162	—	1	4	49	65
Illinois	—	3	13	165	581	—	1	15	113	46	—	0	3	31	26
Indiana	—	0	45	55	235	—	0	1	12	11	—	0	2	4	6
Michigan	1	5	16	276	626	—	1	27	185	47	—	0	1	4	6
Ohio	—	12	54	605	628	—	1	11	84	58	—	0	2	10	26
Wisconsin	—	1	24	199	218	N	0	0	N	N	—	0	0	—	1
W.N. Central	3	12	151	764	1,302	—	4	13	255	307	—	5	37	456	198
Iowa	—	2	14	139	341	—	0	3	32	57	—	0	4	15	5
Kansas	—	2	8	133	307	—	2	7	101	81	—	0	2	13	1
Minnesota	—	0	119	259	201	—	0	6	39	39	—	0	1	2	4
Missouri	3	2	9	101	305	—	0	3	38	66	—	5	29	408	163
Nebraska†	—	1	12	65	97	—	0	0	—	—	—	0	2	14	25
North Dakota	—	0	18	10	25	—	0	6	22	26	—	0	0	—	—
South Dakota	—	0	7	57	26	—	0	2	23	38	—	0	1	4	—
S. Atlantic	3	16	163	881	1,148	4	40	76	2,070	2,271	40	15	112	986	1,178
Delaware	—	0	2	11	3	—	0	0	—	—	—	0	2	15	21
District of Columbia	—	0	1	2	6	—	0	0	—	—	—	0	1	1	1
Florida	2	4	18	210	210	—	0	29	120	176	3	0	4	25	17
Georgia	—	0	2	29	102	—	4	34	265	260	—	0	5	38	53
Maryland†	1	2	6	113	151	3	7	18	389	411	—	1	4	65	91
North Carolina	—	4	112	292	222	1	9	19	472	513	27	5	96	637	839
South Carolina†	—	1	4	71	197	—	0	11	46	179	2	0	7	63	43
Virginia†	—	2	11	123	210	—	13	31	701	618	8	2	11	137	110
West Virginia	—	0	19	30	47	—	0	11	77	114	—	0	3	5	3
E.S. Central	—	5	35	410	352	3	3	6	146	243	—	4	16	257	367
Alabama†	—	1	18	82	88	—	0	1	—	83	—	2	10	92	91
Kentucky	—	0	4	27	59	3	0	3	21	28	—	0	2	5	3
Mississippi	—	1	32	221	37	—	0	1	1	4	—	0	2	14	9
Tennessee†	—	1	5	80	168	—	3	6	124	128	—	2	10	146	264
W.S. Central	7	19	226	1,001	928	—	1	23	79	980	2	1	168	197	120
Arkansas†	—	1	17	137	96	—	1	2	33	32	—	0	53	101	51
Louisiana	—	0	2	19	24	—	0	0	—	7	—	0	1	3	5
Oklahoma	1	0	36	50	28	—	0	22	46	66	1	0	108	54	31
Texas†	6	15	174	795	780	—	0	14	—	875	1	1	7	39	33
Mountain	6	21	61	1,099	2,440	—	3	14	228	212	—	0	4	37	46
Arizona	—	4	13	199	504	—	2	12	150	139	—	0	2	11	11
Colorado	6	6	14	306	707	—	0	0	—	—	—	0	2	4	4
Idaho†	—	1	5	42	86	—	0	0	—	24	—	0	1	4	14
Montana†	—	0	7	43	114	—	0	3	20	15	—	0	1	1	2
Nevada†	—	0	3	14	71	—	0	2	8	5	—	0	0	—	—
New Mexico†	—	1	7	70	146	—	0	2	14	10	—	0	1	4	8
Utah	—	7	47	402	732	—	0	2	16	11	—	0	1	1	—
Wyoming†	—	0	4	23	80	—	0	4	20	8	—	0	2	12	7
Pacific	1	12	547	694	1,869	1	4	10	215	243	—	0	3	8	2
Alaska	1	0	8	51	91	1	0	6	41	17	N	0	0	N	N
California	—	4	167	244	1,582	—	3	8	162	201	—	0	3	6	—
Hawaii	—	0	1	4	87	N	0	0	N	N	N	0	0	N	N
Oregon†	—	2	14	112	109	—	0	3	12	25	—	0	1	2	2
Washington	—	3	377	283	—	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	64	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	3	—	0	5	47	77	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	271	842	2,338	43,148	43,470	17	70	336	4,372	4,096	201	348	1,287	17,013	14,216
New England	—	33	430	2,102	2,269	—	4	79	294	284	1	4	47	233	275
Connecticut	—	0	415	415	503	—	0	73	73	75	—	0	44	44	67
Maine [§]	—	2	13	135	155	—	0	4	40	48	—	0	4	14	10
Massachusetts	—	22	58	1,212	1,207	—	2	10	133	105	—	3	8	144	166
New Hampshire	—	3	10	158	224	—	0	4	27	29	—	0	1	5	11
Rhode Island [§]	—	2	20	102	99	—	0	2	6	8	—	0	9	22	15
Vermont [§]	—	1	5	80	81	—	0	3	15	19	1	0	1	4	6
Mid. Atlantic	25	106	187	5,402	5,345	3	7	25	447	590	9	13	47	748	875
New Jersey	—	16	42	824	1,100	—	1	4	51	159	—	2	10	134	287
New York (Upstate)	19	27	112	1,407	1,311	1	3	13	202	180	7	3	42	164	227
New York City	—	25	51	1,308	1,252	—	0	5	45	43	—	5	11	265	273
Pennsylvania	6	35	69	1,863	1,682	2	3	11	149	208	2	2	21	185	88
E.N. Central	15	102	254	5,445	5,579	1	9	35	638	684	23	41	132	2,329	1,453
Illinois	—	31	187	1,712	1,574	—	1	10	97	102	—	12	26	589	703
Indiana	—	15	54	690	844	—	1	13	104	90	—	2	21	200	168
Michigan	6	18	41	915	987	—	1	8	103	94	—	1	7	72	151
Ohio	9	25	64	1,311	1,280	1	2	9	154	196	23	18	104	1,241	192
Wisconsin	—	15	50	817	894	—	3	11	180	202	—	4	13	227	239
W.N. Central	11	50	103	2,747	2,637	2	13	38	765	692	5	34	156	1,782	1,788
Iowa	1	9	18	460	469	—	2	13	173	163	—	2	6	103	133
Kansas	—	7	20	388	367	—	1	4	54	25	—	0	3	25	138
Minnesota	—	13	44	679	680	—	4	17	244	206	—	4	19	231	240
Missouri	7	15	29	751	753	—	2	12	152	163	4	22	72	1,271	653
Nebraska [§]	3	5	13	268	201	2	1	6	91	79	1	0	7	27	128
North Dakota	—	0	23	44	32	—	0	12	4	6	—	0	127	9	108
South Dakota	—	3	11	157	135	—	0	5	47	50	—	1	30	116	388
S. Atlantic	169	228	433	11,985	11,517	7	15	36	727	641	78	88	177	4,593	3,469
Delaware	—	2	8	136	149	—	0	2	16	16	—	0	2	11	11
District of Columbia	—	0	4	16	62	—	0	1	1	3	—	0	5	4	17
Florida	127	92	181	4,954	4,768	5	3	18	170	94	68	42	75	2,259	1,587
Georgia	—	36	88	2,063	1,813	—	2	9	109	84	—	28	95	1,656	1,359
Maryland [§]	7	15	43	868	771	2	1	6	96	128	2	2	7	113	133
North Carolina	—	28	110	1,614	1,691	—	1	24	142	122	2	0	14	105	160
South Carolina [§]	15	18	51	1,097	1,055	—	0	3	24	17	3	3	20	197	78
Virginia [§]	20	20	39	1,038	1,068	—	3	9	150	165	3	3	13	168	119
West Virginia	—	4	31	199	140	—	0	5	19	12	—	0	36	80	5
E.S. Central	19	61	142	3,226	2,926	—	4	26	307	295	27	47	176	2,859	885
Alabama [§]	9	16	49	938	883	—	1	19	64	31	5	13	38	702	346
Kentucky	2	11	23	562	454	—	1	12	120	101	11	6	35	495	236
Mississippi	—	15	101	885	780	—	0	1	5	11	—	13	110	1,328	128
Tennessee [§]	8	17	34	841	809	—	2	10	118	152	11	4	32	334	175
W.S. Central	9	81	595	4,322	5,117	—	3	73	164	251	50	41	655	2,096	1,999
Arkansas [§]	5	13	51	826	900	—	0	3	34	49	—	2	10	91	123
Louisiana	—	15	41	903	1,125	—	0	2	3	17	—	9	22	463	259
Oklahoma	4	9	103	638	502	—	0	3	20	43	1	2	63	129	132
Texas [§]	—	41	470	1,955	2,590	—	2	68	107	142	49	25	580	1,413	1,485
Mountain	21	49	90	2,676	2,635	4	9	42	548	535	8	18	42	966	1,512
Arizona	10	17	44	1,004	914	2	2	8	110	105	7	10	32	561	720
Colorado	8	11	24	563	613	—	1	17	146	109	1	2	6	123	237
Idaho [§]	2	3	9	151	176	2	1	16	130	104	—	0	2	12	15
Montana [§]	—	2	6	110	129	—	0	0	—	—	—	0	2	25	67
Nevada [§]	—	4	12	229	236	—	0	3	29	32	—	0	10	70	140
New Mexico [§]	—	5	13	267	257	—	0	3	37	46	—	2	6	104	176
Utah	—	5	18	280	265	—	1	9	96	119	—	0	5	38	72
Wyoming [§]	1	1	5	72	45	—	0	0	—	20	—	0	14	33	85
Pacific	2	107	890	5,243	5,445	—	9	164	482	124	—	27	256	1,407	1,960
Alaska	—	1	5	77	81	N	0	0	N	N	—	0	2	7	7
California	—	81	260	4,106	4,679	—	5	33	260	N	—	22	84	1,173	1,789
Hawaii	—	1	13	90	261	—	0	1	8	18	—	0	3	10	45
Oregon [§]	2	6	16	321	422	—	1	11	83	106	—	1	6	78	119
Washington	—	12	625	649	2	—	1	162	131	—	—	2	170	139	—
American Samoa	—	0	0	—	—	—	0	0	—	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	14	66	726	708	—	0	0	—	—	—	0	4	22	40
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting 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 December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	44	85	261	4,693	5,146	30	33	108	1,607	1,379
New England	—	5	28	358	342	—	2	11	110	136
Connecticut	—	0	22	116	94	—	0	6	12	37
Maine [§]	—	0	3	26	18	—	0	1	4	—
Massachusetts	—	3	12	159	173	—	1	5	73	80
New Hampshire	—	0	4	34	35	—	0	2	11	12
Rhode Island [§]	—	0	12	6	8	—	0	1	8	7
Vermont [§]	—	0	2	17	14	—	0	1	2	—
Mid. Atlantic	9	15	41	847	922	5	4	37	267	207
New Jersey	—	2	10	121	146	—	1	5	40	69
New York (Upstate)	7	5	27	281	295	5	2	15	111	102
New York City	—	4	13	194	162	—	1	35	116	36
Pennsylvania	2	5	11	251	319	N	0	0	N	N
E.N. Central	12	15	34	787	973	4	4	13	227	369
Illinois	—	4	13	220	297	—	1	5	51	105
Indiana	—	2	12	117	115	—	0	5	23	63
Michigan	—	4	10	189	203	2	1	5	76	74
Ohio	12	4	14	230	236	2	1	4	64	80
Wisconsin	—	0	5	31	122	—	0	2	13	47
W.N. Central	—	5	32	321	353	—	3	7	120	115
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	31	53	—	0	1	5	14
Minnesota	—	0	29	153	156	—	1	6	73	68
Missouri	—	2	4	82	88	—	0	2	25	16
Nebraska [§]	—	0	3	25	33	—	0	3	16	12
North Dakota	—	0	3	19	13	—	0	1	1	5
South Dakota	—	0	2	11	10	—	0	0	—	—
S. Atlantic	11	21	52	1,200	1,179	6	6	14	280	84
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	18	—	0	0	—	2
Florida	3	6	16	304	299	4	1	5	70	—
Georgia	—	5	13	243	265	—	0	5	44	—
Maryland [§]	1	4	10	206	208	2	1	5	69	68
North Carolina	4	1	22	162	157	—	0	0	—	—
South Carolina [§]	—	1	7	94	68	—	1	4	54	—
Virginia [§]	3	2	11	147	128	—	0	4	36	—
West Virginia	—	0	3	26	26	—	0	4	7	14
E.S. Central	2	4	13	201	204	3	2	6	97	19
Alabama [§]	N	0	0	N	N	N	0	0	N	N
Kentucky	1	1	3	39	44	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	3	19
Tennessee [§]	1	3	13	162	160	3	2	6	94	—
W.S. Central	6	6	90	306	382	6	5	43	258	217
Arkansas [§]	1	0	2	18	25	—	0	2	13	22
Louisiana	—	0	4	16	17	—	0	4	29	23
Oklahoma	—	1	23	66	102	2	1	13	61	56
Texas [§]	5	3	64	206	238	4	2	27	155	116
Mountain	4	11	22	537	662	6	4	12	212	205
Arizona	3	4	10	210	341	3	2	8	121	113
Colorado	—	3	8	152	118	2	1	4	53	55
Idaho [§]	—	0	2	18	11	—	0	1	2	3
Montana [§]	N	0	0	N	N	N	0	0	N	N
Nevada [§]	—	0	1	1	—	—	0	1	3	3
New Mexico [§]	1	1	4	62	122	1	0	4	26	31
Utah	—	2	7	89	65	—	0	2	7	—
Wyoming [§]	—	0	1	5	5	—	0	0	—	—
Pacific	—	3	7	136	129	—	0	4	36	27
Alaska	—	0	3	30	N	—	0	4	34	N
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	5	106	129	—	0	1	2	27
Oregon [§]	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 22, 2007, and December 23, 2006 (51st Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary					
	All ages					Age <5 years					Current week	Previous 52 weeks			Cum 2007	Cum 2006
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006		Med	Max			
		Med	Max				Med	Max								
United States	25	45	256	2,308	2,409	5	8	35	453	424	53	202	310	10,218	9,446	
New England	—	1	12	90	135	—	0	2	11	8	5	5	14	257	216	
Connecticut	—	0	5	50	101	—	0	2	4	—	—	0	6	33	59	
Maine§	—	0	2	10	7	—	0	1	2	3	—	0	2	9	9	
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	3	8	150	119	
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	28	13	
Rhode Island§	—	0	4	15	14	—	0	1	3	2	—	0	5	28	14	
Vermont§	—	0	2	15	13	—	0	1	2	3	5	0	1	9	2	
Mid. Atlantic	1	2	9	123	155	—	0	5	30	23	7	30	45	1,502	1,145	
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	8	210	172	
New York (Upstate)	1	1	5	39	55	—	0	4	10	9	5	3	14	141	144	
New York City	—	0	0	—	—	—	0	0	—	—	—	18	35	884	570	
Pennsylvania	—	1	6	84	100	—	0	2	20	14	2	5	10	267	259	
E.N. Central	14	11	40	560	515	—	2	8	108	89	14	15	25	788	871	
Illinois	—	1	8	65	25	—	0	5	32	6	5	7	14	367	420	
Indiana	—	3	31	136	138	—	0	5	24	24	—	1	6	56	90	
Michigan	—	0	1	2	16	—	0	1	1	2	4	2	9	116	113	
Ohio	14	5	23	357	336	—	1	4	51	57	5	3	9	193	181	
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	56	67	
W.N. Central	—	2	124	182	96	—	0	15	17	13	—	7	14	330	278	
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	18	19	
Kansas	—	0	11	64	—	—	0	2	6	—	—	0	2	21	27	
Minnesota	—	0	123	46	51	—	0	15	6	10	—	1	4	62	47	
Missouri	—	1	5	61	40	—	0	1	1	3	—	4	11	220	164	
Nebraska§	—	0	1	2	1	—	0	0	—	—	—	0	1	2	7	
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1	
South Dakota	—	0	1	9	4	—	0	1	4	—	—	0	3	7	13	
S. Atlantic	9	20	59	991	1,151	5	4	14	215	210	24	48	180	2,377	2,132	
Delaware	—	0	1	9	—	—	0	1	2	—	—	0	3	17	20	
District of Columbia	—	0	1	5	25	—	0	0	—	2	—	3	12	165	116	
Florida	9	11	29	576	610	5	2	8	129	133	17	15	30	817	709	
Georgia	—	7	17	339	412	—	1	7	76	75	—	8	153	462	428	
Maryland§	—	0	1	1	—	—	0	0	—	—	7	6	15	303	294	
North Carolina	—	0	0	—	—	—	0	0	—	—	—	5	23	307	302	
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	2	11	93	66	
Virginia§	N	0	0	N	N	—	0	0	—	—	—	4	16	207	187	
West Virginia	—	1	17	61	104	—	0	1	8	—	—	0	1	6	10	
E.S. Central	1	3	9	168	182	—	1	3	36	30	—	18	31	867	718	
Alabama§	N	0	0	N	N	—	0	0	—	—	—	6	17	355	315	
Kentucky	—	0	2	25	32	—	0	1	3	6	—	1	7	57	73	
Mississippi	—	0	2	—	29	—	0	0	—	—	—	2	9	97	83	
Tennessee§	1	2	9	143	121	—	0	3	33	24	—	7	15	358	247	
W.S. Central	—	2	12	132	79	—	0	3	19	9	—	35	55	1,797	1,536	
Arkansas§	—	0	1	3	10	—	0	0	—	2	—	2	10	117	77	
Louisiana	—	1	4	63	69	—	0	2	9	7	—	9	23	483	334	
Oklahoma	—	0	10	66	—	—	0	2	10	—	—	1	4	58	70	
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	39	1,139	1,055	
Mountain	—	1	6	62	96	—	0	2	17	42	—	8	25	406	509	
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	17	194	202	
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	3	43	68	
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3	
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	2	4	1	
Nevada§	—	0	3	22	18	—	0	2	4	3	—	2	6	100	137	
New Mexico§	—	0	1	1	—	—	0	0	—	—	—	1	4	45	77	
Utah	—	0	6	25	43	—	0	2	11	29	—	0	2	16	21	
Wyoming§	—	0	2	14	35	—	0	1	2	10	—	0	1	3	—	
Pacific	—	0	0	—	—	—	0	0	—	—	3	39	60	1,894	2,041	
Alaska	—	0	0	—	N	—	0	0	—	—	—	0	1	7	11	
California	N	0	0	N	N	—	0	0	—	—	2	36	57	1,718	1,803	
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	8	18	
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	2	16	28	
Washington	N	0	0	N	N	—	0	0	—	—	1	2	12	145	181	
American Samoa	N	0	0	N	N	—	0	1	1	—	—	0	4	4	—	
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—	
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	3	10	158	146	
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—	

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

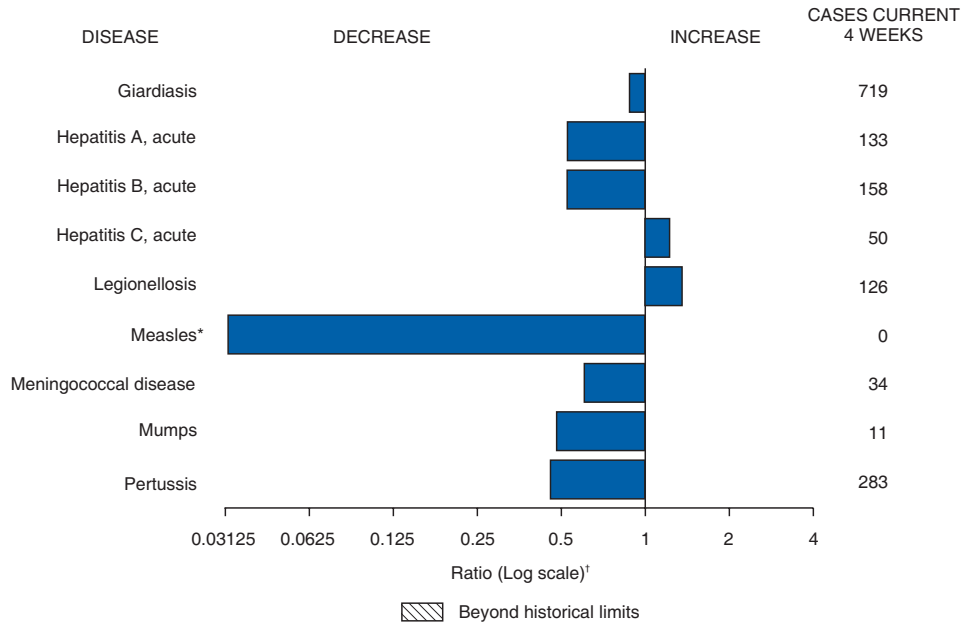
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting 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).

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 22, 2007, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 51 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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TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 29, 2007 (52nd Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	17	0	20	19	16	20	28	
infant	—	79	2	97	85	87	76	69	
other (wound & unspecified)	—	22	1	48	31	30	33	21	
Brucellosis	—	118	3	121	120	114	104	125	
Chancroid	—	33	1	33	17	30	54	67	
Cholera	—	7	0	9	8	6	2	2	
Cyclosporiasis§	2	95	2	136	543	160	75	156	FL (2)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	44	1	67	80	112	108	164	
eastern equine	—	4	0	8	21	6	14	10	
Powassan	—	1	—	1	1	1	—	1	
St. Louis	—	7	0	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	506	26	646	786	537	362	511	
human monocytic	3	685	13	578	506	338	321	216	NC (1), FL (1), CA (1)
human (other & unspecified)	1	154	1	231	112	59	44	23	VA (1)
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	17	1	29	9	19	32	34	
nonserotype b	2	154	4	175	135	135	117	144	MN (1), FL (1)
unknown serotype	2	178	4	179	217	177	227	153	PA (2)
Hansen disease§	—	60	2	66	87	105	95	96	
Hantavirus pulmonary syndrome§	—	30	1	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	6	225	6	288	221	200	178	216	NC (1), CA (5)
Hepatitis C viral, acute	6	722	26	802	652	713	1,102	1,835	NY (1), OH (1), TN (1), WA (3)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	—	77	1	43	45	—	N	N	
Listeriosis	12	701	17	875	896	753	696	665	OH (1), NC (2), FL (4), TX (4), WA (1)
Measles¶¶	2	30	1	55	66	37	56	44	NY (1), WA (1)
Meningococcal disease, invasive***:									
A, C, Y, & W-135	3	260	7	318	297	—	—	—	FL (1), WA (2)
serogroup B	2	128	6	193	156	—	—	—	MI (1), MN (1)
other serogroup	—	31	1	32	27	—	—	—	
unknown serogroup	7	555	24	651	765	—	—	—	MI (1), FL (2), AZ (1), CA (3)
Mumps	6	715	14	6,584	314	258	231	270	NC (1), FL (1), WA (1), CA (3)
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§	1	11	0	21	16	12	12	18	TN (1)
Q fever§	2	169	2	169	136	70	71	61	MD (1), WA (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	11	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	101	3	125	129	132	161	118	VA (1)
Syphilis, congenital (age <1 yr)	—	492	9	380	329	353	413	412	
Tetanus	1	20	1	41	27	34	20	25	TN (1)
Toxic-shock syndrome (staphylococcal)§	—	79	3	101	90	95	133	109	
Trichinellosis	—	6	0	15	16	5	6	14	
Tularemia	—	112	3	95	154	134	129	90	
Typhoid fever	3	319	6	353	324	322	356	321	WA (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	21	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	2	353	4	N	N	N	N	N	CA (2)
Yellow fever	—	—	0	—	—	—	—	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. One case occurring during the 2007–08 influenza season has been reported. A total of 74 cases were reported for the 2006–07 influenza season.

¶¶ The two measles cases reported for the current week were imported.

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

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 29, 2007, and December 30, 2006 (52nd Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	92	169	1,479	8,739	15,632	12	102	186	5,316	5,534	14	35	211	2,106	2,288
New England	2	25	77	1,246	1,975	3	11	22	552	488	—	0	10	6	23
Connecticut	—	1	5	59	126	1	4	10	213	208	—	0	0	—	—
Maine†	—	1	13	77	174	—	1	5	82	127	—	0	1	1	N
Massachusetts	—	20	37	956	1,238	—	0	0	—	N	—	0	1	4	12
New Hampshire	—	1	5	61	226	—	1	4	53	50	—	0	1	1	1
Rhode Island†	—	0	31	32	101	—	0	4	40	30	—	0	9	—	10
Vermont†	2	0	9	61	110	2	3	13	164	73	—	0	0	—	—
Mid. Atlantic	10	23	155	1,190	2,083	7	25	56	1,355	549	—	1	7	86	90
New Jersey	—	2	10	139	301	N	0	0	N	N	—	0	3	23	41
New York (Upstate)	5	9	146	541	1,083	7	9	20	514	N	—	0	1	3	—
New York City	—	2	6	122	112	—	1	5	44	44	—	0	3	29	23
Pennsylvania	5	7	21	388	587	—	15	44	797	505	—	0	3	31	26
E.N. Central	6	27	79	1,309	2,365	—	4	48	394	164	—	1	4	51	65
Illinois	—	3	13	166	588	—	1	15	113	46	—	0	3	33	26
Indiana	—	0	45	55	280	—	0	1	12	11	—	0	2	4	6
Michigan	1	4	16	279	632	—	1	27	185	49	—	0	1	4	6
Ohio	5	12	54	610	644	—	1	11	84	58	—	0	2	10	26
Wisconsin	—	1	24	199	221	N	0	0	N	N	—	0	0	—	1
W.N. Central	3	12	151	773	1,453	—	4	13	253	318	—	5	37	452	199
Iowa	—	2	10	139	345	—	0	3	30	57	—	0	4	16	5
Kansas	—	2	8	133	310	—	2	7	101	83	—	0	2	13	1
Minnesota	—	0	119	262	320	—	0	6	39	42	—	0	1	2	5
Missouri	1	2	9	103	308	—	0	3	38	66	—	5	29	403	163
Nebraska†	2	1	12	69	101	—	0	0	—	—	—	0	2	14	25
North Dakota	—	0	18	10	43	—	0	6	22	32	—	0	0	—	—
South Dakota	—	0	7	57	26	—	0	2	23	38	—	0	1	4	—
S. Atlantic	37	16	163	922	1,311	2	41	64	2,091	2,314	11	15	111	1,011	1,203
Delaware	—	0	2	11	3	—	0	0	—	—	—	0	2	15	22
District of Columbia	—	0	1	2	6	—	0	0	—	—	—	0	1	1	1
Florida	3	4	18	213	228	—	0	29	120	176	—	0	4	25	21
Georgia	—	0	3	32	102	—	6	12	274	267	—	0	6	51	53
Maryland†	—	2	6	113	152	—	7	18	389	414	—	1	4	65	93
North Carolina	34	3	112	326	334	2	9	19	474	521	9	5	96	646	852
South Carolina†	—	1	4	72	199	—	0	11	46	181	—	0	7	63	43
Virginia†	—	2	11	123	221	—	13	31	711	637	2	2	11	140	114
West Virginia	—	0	19	30	66	—	0	11	77	118	—	0	3	5	4
E.S. Central	—	5	35	410	374	—	3	6	146	247	—	4	16	258	371
Alabama†	—	1	18	82	106	—	0	1	—	84	—	2	10	92	94
Kentucky	—	0	4	27	59	—	0	3	21	28	—	0	2	5	3
Mississippi	—	1	32	221	37	—	0	1	1	4	—	0	2	14	9
Tennessee†	—	1	5	80	172	—	2	6	124	131	—	2	10	147	265
W.S. Central	1	19	226	1,031	1,154	—	1	23	79	997	3	1	168	200	288
Arkansas†	—	1	17	137	112	—	1	2	33	32	—	0	53	101	104
Louisiana	—	0	2	19	24	—	0	0	—	7	—	0	1	3	5
Oklahoma	—	0	36	50	64	—	0	22	46	69	3	0	108	57	139
Texas†	1	16	174	825	954	—	0	14	—	889	—	1	7	39	40
Mountain	—	21	61	1,105	2,501	—	3	14	229	213	—	0	4	37	47
Arizona	—	3	13	201	508	—	2	12	151	140	—	0	2	11	11
Colorado	—	6	14	306	710	—	0	0	—	—	—	0	2	4	5
Idaho†	—	1	5	42	88	—	0	0	—	24	—	0	1	4	14
Montana†	—	0	7	46	115	—	0	3	20	15	—	0	1	1	2
Nevada†	—	0	3	14	71	—	0	2	8	5	—	0	0	—	—
New Mexico†	—	1	7	71	147	—	0	2	14	10	—	0	1	4	8
Utah	—	6	47	402	779	—	0	2	16	11	—	0	1	1	—
Wyoming†	—	0	4	23	83	—	0	4	20	8	—	0	2	12	7
Pacific	33	12	547	753	2,416	—	4	10	217	244	—	0	2	5	2
Alaska	1	0	8	52	91	—	0	6	42	18	N	0	0	N	N
California	—	5	167	272	1,749	—	3	8	163	201	—	0	2	3	—
Hawaii	—	0	1	4	87	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	14	112	112	—	0	3	12	25	—	0	1	2	2
Washington	32	3	377	313	377	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	64	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	3	—	0	5	47	78	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting 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 December 29, 2007, and December 30, 2006 (52nd Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	39	85	261	4,743	5,407	30	34	108	1,651	1,487
New England	—	5	28	358	360	—	2	11	110	147
Connecticut	—	0	22	116	98	—	0	6	12	43
Maine [§]	—	0	3	26	19	—	0	1	4	—
Massachusetts	—	3	12	159	174	—	1	5	73	84
New Hampshire	—	0	4	34	35	—	0	2	11	12
Rhode Island [§]	—	0	12	6	20	—	0	1	8	8
Vermont [§]	—	0	2	17	14	—	0	1	2	—
Mid. Atlantic	6	15	41	866	963	4	4	37	271	227
New Jersey	—	2	10	121	149	—	1	5	40	73
New York (Upstate)	4	5	27	285	322	4	4	15	115	117
New York City	—	4	13	206	167	—	1	35	116	37
Pennsylvania	2	5	11	254	325	N	0	0	N	N
E.N. Central	9	15	34	799	1,000	5	4	13	241	380
Illinois	—	4	13	223	307	—	1	5	59	106
Indiana	—	2	12	117	127	—	0	5	23	68
Michigan	—	3	10	189	205	—	1	5	77	75
Ohio	9	4	14	239	238	5	1	4	69	82
Wisconsin	—	0	5	31	123	—	0	2	13	49
W.N. Central	—	5	32	322	372	4	2	7	124	121
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	31	53	—	0	1	5	14
Minnesota	—	0	29	153	171	3	1	6	76	74
Missouri	—	2	4	82	90	—	0	2	25	16
Nebraska [§]	—	0	3	25	33	1	0	3	17	12
North Dakota	—	0	3	19	15	—	0	1	1	5
South Dakota	—	0	2	12	10	—	0	0	—	—
S. Atlantic	14	22	51	1,202	1,218	4	6	14	285	92
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	18	—	0	0	—	2
Florida	5	6	16	308	312	3	1	5	73	—
Georgia	—	4	12	226	272	—	0	5	44	—
Maryland [§]	6	4	10	215	212	1	1	5	70	72
North Carolina	2	1	22	164	164	—	0	0	—	—
South Carolina [§]	—	1	7	95	69	—	1	4	54	—
Virginia [§]	1	2	11	149	132	—	0	4	36	—
West Virginia	—	0	3	27	29	—	0	4	8	18
E.S. Central	—	4	13	204	209	5	2	6	104	19
Alabama [§]	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	39	44	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	3	19
Tennessee [§]	—	3	13	165	165	5	2	6	101	—
W.S. Central	8	6	90	314	472	5	5	43	263	260
Arkansas [§]	—	0	2	18	27	—	0	2	13	24
Louisiana	—	0	4	16	18	—	0	4	29	24
Oklahoma	4	1	23	70	125	4	1	13	65	69
Texas [§]	4	4	64	210	302	1	2	27	156	143
Mountain	2	10	22	539	681	3	4	12	217	214
Arizona	2	4	10	212	351	3	2	8	126	120
Colorado	—	3	8	152	122	—	1	4	53	55
Idaho [§]	—	0	2	18	12	—	0	1	2	3
Montana [§]	N	0	0	N	N	N	0	0	N	N
Nevada [§]	—	0	1	1	—	—	0	1	3	3
New Mexico [§]	—	1	4	62	123	—	0	4	26	33
Utah	—	2	7	89	68	—	0	2	7	—
Wyoming [§]	—	0	1	5	5	—	0	0	—	—
Pacific	—	3	7	139	132	—	0	4	36	27
Alaska	—	0	3	30	N	—	0	4	34	N
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	5	109	132	—	0	1	2	27
Oregon [§]	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

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

* Incidence data for reporting year 2007 are provisional.

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

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

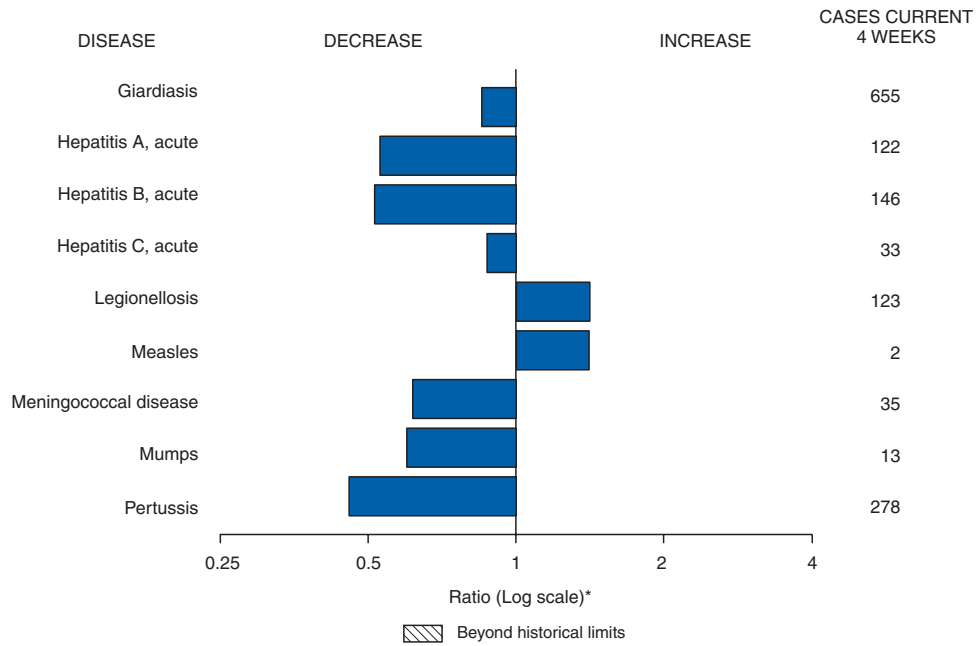
TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 29, 2007, and December 30, 2006 (52nd Week)*

Table with columns for Reporting area, disease type (Varicella, Neuroinvasive West Nile virus, Nonneuroinvasive West Nile virus), and counts (Current week, Previous 52 weeks Med/Max, Cum 2007, Cum 2006).

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 29, 2007, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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