MMWR

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Weekly

May 23, 2008 / Vol. 57 / No. 20

World No Tobacco Day — May 31, 2008

The theme for World No Tobacco Day 2008 is Tobacco-Free Youth: Break the Tobacco Marketing Net. The tobacco industry spends billions of dollars worldwide on advertising, promotion, and sponsorship. Recent data from the Global Youth Tobacco Survey indicate an increase in tobacco use among adolescent girls in many countries (*1*). Much of this increase has been attributed to aggressive marketing by the tobacco industry (*2*), which encourages potential users, especially adolescents, to try tobacco and become long-term consumers.

Evidence-based tobacco-control strategies that are comprehensive, sustained, and support nonsmoking behaviors have been shown to prevent and reduce tobacco use (*3*). The World Health Organization Framework Convention on Tobacco Control calls on countries to implement scientifically proven measures to reduce tobacco use and its impact (*4*). Additional information on World No Tobacco Day 2008 activities is available at http://www.who.int/tobacco/wntd/2008/en/index.html

References

1. Warren CW, Jones NR, Eriksen MP, Asma S. Patterns of global tobacco use in young people and implications for future chronic disease burden in adults. Lancet 2006;367:749–53.
2. World Health Organization. WHO report on the global tobacco epidemic, 2008. Geneva, Switzerland: World Health Organization; 2008. Available at http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf.
3. CDC. Best practices for comprehensive tobacco control programs—October 2007. Atlanta, GA: US Department of Health and Humans Services, CDC; 2007. Available at http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm.
4. World Health Organization. WHO framework convention on tobacco control. Geneva, Switzerland: World Health Organization; 2005. Available at http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.

Tobacco Use Among Students Aged 13–15 Years — Sri Lanka, 1999–2007

Tobacco use is one of the major preventable causes of premature death and disease in the world (*1*). The World Health Organization (WHO) attributes approximately 5 million deaths per year to tobacco use, a number expected to exceed 8 million per year by 2030 (*2*). In 1999, the Global Youth Tobacco Survey (GYTS) was initiated by WHO, CDC, and the Canadian Public Health Association to monitor tobacco use, attitudes about tobacco use, and exposure to secondhand smoke (SHS) among students aged 13–15 years. Since 1999, the survey has been completed by approximately 2 million students in 151 countries (*3*). A key goal of GYTS is for countries to repeat the survey every 4 years. This report summarizes results from GYTS conducted in Sri Lanka in 1999, 2003, and 2007. The findings indicated that during 1999–2007, the percentage of students aged 13–15 years who reported current cigarette smoking decreased, from 4.0% in 1999 to 1.2% in 2007. During this period, the percentage of never smokers in this age group likely to initiate smoking also decreased, from 5.1% in 1999 to 3.7% in 2007. Future declines in tobacco use in Sri Lanka will be enhanced through development and implementation of new tobacco-control measures and strengthening of existing measures that encourage smokers to quit, eliminate exposure to SHS, and encourage persons not to initiate tobacco use.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

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

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2008;57:[inclusive page numbers].

GYTS is a school-based survey that collects data on students aged 13–15 years using a standardized methodology for constructing the sample frame, selecting schools and classes, and processing data. The Sri Lanka GYTS uses a two-stage cluster sample design that produces representative samples of students in grades 8–10, which are associated with ages 13–15 years (*3*). At the first sampling stage, school selection was proportional to the number of students enrolled in grades 8–10. At the second stage, classes within the selected schools were randomly selected. All students attending school in the selected classes on the day the survey was administered were eligible to participate. A weighting factor was applied to each student record to adjust for nonresponse (by school, class, and student) and probability of selection at the school and class levels (*3*). A final adjustment sums the weights by grade and sex to the population of school children in the selected grades in each sample site (*3*). In 1999, a total of 2,896 students completed GYTS; 1,845 did so in 2003, and 1,764 did so in 2007. The school response rate was 85.7% in 1999, 100% in 2003, and 100% in 2007. The class response rate was 100% in all survey years. The student response rate was 89.0% in 1999, 79.1% in 2003, and 85.0% in 2007. The overall response rate was 76.3% in 1999, 79.1% in 2003, and 85.0% in 2007.*

This report describes changes during 1999–2007 in several important tobacco-use indicators, including 1) lifetime cigarette smoking†; 2) current cigarette smoking§; 3) current use of other tobacco products¶; 4) likely initiation of smoking in the next year among never smokers (i.e., susceptibility) (4)**; 5) exposure to SHS in public places††; 6) exposure to pro-tobacco advertising and promotion, either direct (e.g., exposure to billboards, newspapers, and magazines) or indirect (having been offered a free cigarette by a cigarette company representative or having an object

* The overall response rate is calculated as the school response rate × the class response rate × the student response rate.

† Based on a positive response to the question, "Have you ever tried or experimented with cigarette smoking, even one or two puffs?"

§ Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?"

¶ Based on positive responses to either of the following questions: "During the past 30 days (1 month), did you use any form of smoked tobacco products other than cigarettes (e.g., cigars, water pipe, cigarillos, little cigars, or pipes)?" and "During the past 30 days (1 month), did you use any form of smokeless tobacco products (e.g., chewing tobacco, snuff, or dip)?"

** Based on a responses of anything but "definitely no" to the questions, "If your best friend offered you a cigarette, would you smoke it?" and "Do you think you will try smoking a cigarette in the next year?"

†† Based on a response of "1 or more days" to the question, "During the past 7 days, on how many days have people smoked in your presence, in places other than your home?"

with a cigarette logo on it)§§; 7) cessation efforts (among current smokers)¶¶; and 8) tobacco education.*** Statistical differences were determined by comparing 95% confidence intervals; nonoverlapping confidence intervals were considered statistically significant. Data are based on at least 35 respondents for each denominator.

The percentage of students aged 13–15 years in Sri Lanka who reported lifetime cigarette smoking declined from 1999 (12.1%) to 2003 (6.3%); the percentage in 2007 (5.1%) was not significantly different from 2003 (Table 1). Boys were more likely than girls to have ever smoked cigarettes in 1999 and 2003, but no significant difference was observed in 2007. For boys, current cigarette smoking decreased from 1999 (6.2%) to 2007 (1.6%); for girls the percentage did not change significantly. Boys were more likely than girls to smoke cigarettes in 1999, but no significant difference was observed in 2003 and 2007. Current use of other tobacco products remained unchanged from 1999 and 2007, both overall and for both sexes. Boys were more likely than girls to use other tobacco products in 1999, but no significant difference was observed in 2003 and 2007. Current use of other tobacco products was higher than cigarette smoking overall in 1999, 2003, and 2007; for boys in 2003 and 2007; and for girls in 1999 and 2003. The percentage of never smokers who were susceptible to initiation of smoking did not change significantly from 1999 to 2007, both overall and for both sexes. Susceptibility was higher for boys than girls in 1999, but no significant difference was observed in 2003 and 2007.

The percentage of students who reported that their parents smoke decreased from 50.8% in 1999 to 41.2% in 2003 to 29.9% in 2007; however, exposure to SHS in public places remained unchanged over time (67.9% in 1999 and 65.9% in 2007) (Table 2). Support for a ban on smoking in public places did not change from 1999 (91.4%) to 2007 (87.9%).

§§ Based on 1) a response of "a lot" or "a few" to the question, "During the past 30 days (1 month), how many advertisements for cigarettes have you seen on billboards?" 2) a response of "a lot" or "a few" to the question, "During the past 30 days (1 month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?" 3) a positive response to the question, "Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?" and 4) a positive response to the question, "Has a cigarette company representative ever offered you a free cigarette?

¶¶ Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?" and a positive response to the question, "Do you want to stop smoking now?"

*** Based on a positive response to the question, "During this school year, were you taught in any of your classes about the dangers of smoking?"

Exposure to cigarette advertising and promotion decreased from 1999 to 2007. The percentage of students who saw pro-cigarette advertisements on billboards did not change from 1999 to 2003 but decreased from 2003 (79.3%) to 2007 (67.4%). The percentage of students who saw pro-cigarette advertisements in newspapers or magazines decreased from 1999 to 2007 (83.4% in 1999, 78.4% in 2003, and 68.4% in 2007). The percentage of students who owned an item with a cigarette brand logo on it did not change from 1999 to 2003 but decreased from 2003 (11.0%) to 2007 (5.7%). The percentage of students who reported receiving free cigarettes from a cigarette company representative decreased from 1999 (6.4%) to 2007 (3.0%).

In 2007, 76.5% of current smokers indicated that they would like to stop smoking; this percentage was not significantly different from 1999 to 2007. The percentage of students who reported having been taught in school during the past school year about the dangers of tobacco use increased from 1999 (62.7%) to 2003 (79.8%) but remained unchanged from 2003 to 2007 (72.8%).

Reported by: *PW Gunasekara, Ministry of Education, Sri Lanka. K Rahman, PhD, DN Sinha, MD, South-East Asia Regional Office, World Health Organization, New Delhi, India. CW Warren, PhD, J Lee, MPH, V Lea, MPH, S Asma, DDS, CDC.*

Editorial Note: The findings in this report indicate that, among students aged 13–15 years in Sri Lanka, cigarette smoking and the likely initiation of smoking by never smokers decreased from 1999 to 2007, whereas other tobacco use remained unchanged over time. During 1999–2007, other tobacco use was consistently higher than cigarette smoking.

Some of the changes in tobacco use reflected in this analysis can be attributed to various tobacco-control policies implemented by the government of Sri Lanka (*2*). In 2003, Sri Lanka ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) (*5*). In 2006, the Parliament of Sri Lanka enacted the National Authority on Tobacco and Alcohol Act (NATAA) (*6*). NATAA includes 1) a ban on smoking in health-care, education, and government facilities and in universities, indoor offices, and other indoor workplaces; 2) prohibition of pro-tobacco advertisements on national television and radio, in local magazines and newspapers, on billboards, at point of sale, and on the Internet; and 3) a ban on tobacco-product promotions, such as free distribution, promotional discounts, and sponsored events. In concordance with NATAA, Sri Lanka has enacted strong enforcement policies (*2*).

TABLE 1. Percentage of students aged 13–15 years who reported using tobacco products and, among never smokers, percentage likely to initiate smoking in the next year, by sex and year — Global Youth Tobacco Survey, Sri Lanka, 1999, 2003, and 2007

	1999						2003						2007					
	Total		Boys		Girls		Total		Boys		Girls		Total		Boys		Girls	
Tobacco use	%	(95% CI*)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Ever smoked cigarettes†	**12.1**	**(9.4–15.4)**	17.7	(13.7–22.5)	5.9	(4.1–8.4)	**6.3**	**(4.6–8.5)**	9.2	(6.4–12.9)	2.9	(1.7–4.9)	**5.1**	**(2.9–9.0)**	6.9	(3.5–12.9)	3.4	(1.6–7.4)
Current cigarette smoker§	**4.0**	**(2.8–5.8)**	6.2	(4.3–9.0)	1.6	(0.9–2.9)	**2.4**	**(1.5–3.7)**	3.0	(1.8–4.9)	1.3	(0.6–2.9)	**1.2**	**(0.5–2.9)**	1.6	(0.7–3.7)	0.9	(0.2–3.5)
Current user of other tobacco products¶	**7.2**	**(6.1–8.4)**	9.2	(7.2–11.6)	5.0	(3.9–6.4)	**7.0**	**(5.4–8.9)**	7.9	(5.6–11.2)	5.8	(4.4–7.6)	**8.6**	**(6.4–11.5)**	11.6	(8.0–16.6)	5.6	(3.5–8.7)
Never smokers likely to initiate smoking in the next year**	**5.1**	**(4.2–6.4)**	7.6	(5.7–10.1)	3.1	(2.2–4.2)	**4.6**	**(3.5–6.1)**	5.8	(4.0–8.4)	3.4	(2.1–5.4)	**3.7**	**(2.4–5.6)**	5.2	(3.1–8.7)	2.2	(1.2–4.3)

* Confidence interval.
† Based on a positive response to the question, "Have you ever tried or experimented with cigarette smoking, even one or two puffs?"
§ Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?"
¶ Based on positive responses to either of the following questions: "During the past 30 days (1 month), did you use any form of smoked tobacco products other than cigarettes (e.g., cigars, water pipe, cigarillos, little cigars, or pipes)?" and "During the past 30 days (1 month), did you use any form of smokeless tobacco products (e.g., chewing tobacco, snuff, or dip)?"
** Based on a responses of anything but "definitely no" to the questions, "If your best friend offered you a cigarette, would you smoke it?" and "Do you think you will try smoking a cigarette in the next year?"

TABLE 2. Percentage of students aged 13–15 years who reported exposure to secondhand smoke, exposure to pro-cigarette media advertising and promotion, interest in stopping smoking, and having been taught in school about the dangers of smoking, by year — Global Youth Tobacco Survey, Sri Lanka, 1999, 2003, and 2007

	1999		2003		2007	
Tobacco-control component	%	(95% CI*)	%	(95% CI)	%	(95% CI)
Exposure to smoke						
One or more parents smoke	50.8	(47.8–53.8)	41.2	(37.2–45.4)	29.9	(25.6–34.5)
Exposed to smoke in public places	67.9	(64.5–71.2)	68.3	(64.9–71.4)	65.9	(62.1–69.5)
In favor of banning smoking in public places	91.4	(88.6–93.6)	93.0	(90.9–94.7)	87.9	(83.1–91.5)
Media/Advertising						
During the past month, saw any advertisement for cigarettes on billboards	81.0	(78.8–83.1)	79.3	(76.3–82.0)	67.4	(62.6–71.8)
During the past month, saw any advertisements or promotions for cigarettes in newspapers or magazines	83.4	(81.3–85.3)	78.4	(75.5–81.0)	68.4	(64.5–72.1)
Have an object (e.g., t-shirt, pen, or backpack) with a cigarette brand logo on it	10.5	(8.9–12.3)	11.0	(9.3–12.9)	5.7	(4.1–7.9)
Ever offered a free cigarette by a cigarette company representative	6.4	(5.3–7.7)	5.9	(4.7–7.5)	3.0	(1.7–5.0)
Cessation (among current smokers)						
Want to stop smoking now†	79.0	(61. 8–89.7)	73.7	(49.1–89.1)	76.5	(56.8–88.9)
School						
During the past school year, were taught in any classes about the dangers of smoking	62.7	(59.3–66.0)	79.8	(75.8–83.3)	72.8	(67.1–77.8)

* Confidence interval.
† Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?" and a positive response to the question, "Do you want to stop smoking now?"

Exposure to pro-cigarette advertising and promotion declined from 1999 to 2007, but exposure to SHS in public places did not decrease. One reason for this might be that the NATAA ban on SHS exposure does not include smoking in restaurants, pubs, or bars; thus, the overall impact of the ban might be limited. To protect the health of all persons from the harmful effects of SHS, WHO recommends that countries enact and enforce legislation requiring all indoor workplaces and public places to be 100% smoke-free (*7*). GYTS has been shown to be useful for monitoring the impact of NATAA provisions (*3*), and it will be a useful data source for monitoring the impact of the WHO FCTC.

The findings in this report are subject to at least three limitations. First, because the sample surveyed was limited to youths attending school, it is not representative of all Sri

Lanka youths aged 13–15 years. Second, the findings apply only to youths who were in school on the day the survey was administered and who completed the survey. However, student response was high (89% in 1999, 79% in 2003, and 85% in 2007), suggesting that bias attributed to absence or nonresponse was limited. Finally, data are based on self-reports of students, who might have underreported or overreported their tobacco use or that of their parents. The extent of this bias cannot be determined; however, responses to tobacco-related questions on surveys similar to GYTS have shown good test-retest reliability (*8*).

Comprehensive tobacco-control programs are the most effective means to reduce tobacco use (*1*). Such programs include demand-reduction measures (primarily those that increase the price of tobacco) and other interventions, such as restrictions on smoking in public places and work places, a complete ban on advertising and promotion by tobacco companies, dissemination of information on the health consequences of smoking through various media (e.g., prominent warning labels on cigarette packets and counter-marketing campaigns), and development and implementation of school-based educational programs in combination with community-based activities. Although current cigarette smoking is low among students aged 13–15 years in Sri Lanka (1.2% in 2007), future declines in the use of other tobacco products will depend on development of new measures aimed at those products.

References

1. Jha P, Chaloupka FJ. Tobacco control in developing countries. Oxford, England: Oxford University Press; 2000.
2. World Health Organization. WHO report on the global tobacco epidemic, 2008. Geneva, Switzerland: World Health Organization; 2008. Available at http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf.
3. CDC. Global youth tobacco surveillance, 2000–2007. MMWR 2008;57(No. SS-1).
4. Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. Health Psychol 1999;15:355–61.
5. World Health Organization. WHO framework convention on tobacco control. Geneva, Switzerland: World Health Organization; 2005. Available at http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf.
6. Parliament of Sri Lanka. National authority on tobacco and alcohol act, no. 27, 2006. Available at http://www.documents.gov.lk/actspg/acts2006-2.htm.
7. World Health Organization. Smoke-free inside: create and enjoy 100% smoke-free environments. Geneva, Switzerland: World Health Organization; 2007. Available at http://www.who.int/tobacco/resources/publications/wntd/2007/en/index.html.
8. Brener ND, Kann L, McMannus T, Kinchen SA, Sundberg EC, Ross JG. Reliability of the 1999 Youth Risk Behaviors Survey questionnaire. J Adolesc Health 2002;31:336–42.

State Smoking Restrictions for Private-Sector Worksites, Restaurants, and Bars — United States, 2004 and 2007

Secondhand smoke (SHS) contains more than 50 carcinogens and causes heart disease and lung cancer in nonsmoking adults (*1*). Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from SHS exposure (*1*). Smoking restrictions limit smoking to certain areas within a venue; smoke-free policies prohibit smoking within the entire venue. A *Healthy People 2010* objective (27-13) calls for establishing laws in all 50 states and the District of Columbia (DC) that make indoor public places and worksites completely smoke-free (*2*). To assess progress toward meeting this objective, CDC reviewed the status of state laws restricting smoking in effect as of December 31, 2007, updating a 2005 study that reported on such laws as of December 31, 2004 (*3*). This report summarizes the changes in state smoking restrictions for private-sector worksites, restaurants, and bars that occurred from 2004 to 2007. The findings indicated a substantial increase in the number and restrictiveness of state laws regulating smoking in these three settings, providing nonsmokers with increased protection from the health risks posed by SHS. If current trends continue, achieving the national health objective by 2010 might be possible.

This report focuses on smoking restrictions in indoor areas in private-sector worksites, restaurants, and bars. These three settings were selected because worksites are a major source of SHS exposure for nonsmokers and because workers in restaurants and bars are especially likely to be exposed to SHS, often at high concentrations (*1*). The smoking restrictions in effect in each of the 50 states and DC* as of December 31, 2004, and December 31, 2007, were categorized into one of four levels (Table). The four levels were 1) no restrictions, 2) designated smoking areas required or allowed (i.e., smoking is restricted to specific areas), 3) no smoking allowed or designated smoking areas allowed if separately ventilated, and 4) no smoking allowed (i.e., 100% smoke-free). These data were compiled from CDC's State Tobacco Activities Tracking and Evaluation (STATE) System database, which contains tobacco-related epidemiologic and economic data and information on state tobacco-related legislation (*4*). The data used for this

* For this report, DC is included among results for states.

TABLE. State smoking restrictions* for private-sector worksites, restaurants, and bars — 50 states and District of Columbia, December 31, 2004, and December 31, 2007

	Private-sector worksites		Restaurants		Bars	
State	2004	2007	2004	2007	2004	2007
Alabama	Designated	Designated	None	None	None	None
Alaska	None	None	Designated	Designated	None	None
Arizona	None	Smoke-free	None	Smoke-free	None	Smoke-free
Arkansas	None	Smoke-free	None	Designated†	None	None
California	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§
Colorado	None	Smoke-free	None	Smoke-free	None	Smoke-free
Connecticut	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§
Delaware	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
District of Columbia	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
Florida	Smoke-free	Smoke-free	Smoke-free	Smoke-free	None	None
Georgia	None	Designated	None	Designated†	None	Designated
Hawaii	None	Smoke-free	Designated	Smoke-free	None	Smoke-free
Idaho¶	Designated	Designated	Smoke-free	Smoke-free	None	None
Illinois	Designated	Designated	Designated	Designated	None	None
Indiana	None	None	None	None	None	None
Iowa	Designated	Designated	Designated	Designated	None	None
Kansas	None	None	Designated	Designated	None	None
Kentucky	None	None	None	None	None	None
Louisiana	Designated	Smoke-free	None	Smoke-free	None	None
Maine	Designated	Designated	Smoke-free	Smoke-free	Smoke-free	Smoke-free
Maryland¶	None	None	Designated	Designated	None	None
Massachusetts	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
Michigan	None	None	Designated	Designated	None	None
Minnesota	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
Mississippi	None	None	None	None	None	None
Missouri	Designated	Designated	Designated	Designated	Designated	Designated
Montana	Designated	Smoke-free	Designated	Smoke-free	None	None
Nebraska	Designated	Designated	Designated	Designated	Designated	Designated
Nevada	None	Smoke-free	Designated	Smoke-free	None	None
New Hampshire	Designated	Designated	Designated	Smoke-free	None	None
New Jersey	Designated	Smoke-free	None	Smoke-free	None	Smoke-free
New Mexico	None	Smoke-free	None	Designated	None	Designated
New York	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
North Carolina	None	None	None	None	None	None
North Dakota	None	Smoke-free	Designated	Designated	None	None
Ohio	None	Smoke-free	None	Smoke-free	None	Smoke-free
Oklahoma	Designated	Designated	Designated	Ventilated	None	None
Oregon	Ventilated§	Ventilated§	Designated†§	Designated†§	None	None
Pennsylvania	Designated	Designated	Designated	Designated	None	None
Rhode Island	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
South Carolina	None	None	None	None	None	None
South Dakota	Smoke-free	Smoke-free	Designated	Designated	None	None
Tennessee	None	Smoke-free	None	Smoke-free	None	None
Texas	None	None	None	None	None	None
Utah	Designated	Smoke-free	Smoke-free	Smoke-free	None	None
Vermont¶	Designated	Designated	Designated	Designated	None	Designated
Virginia	None	None	Designated	Designated	None	None
Washington	None	Smoke-free	None	Smoke-free	None	Smoke-free
West Virginia	None	None	None	None	None	None
Wisconsin	Designated	Designated	Designated	Designated	None	None
Wyoming	None	None	None	None	None	None

* None = no restrictions; designated = designated smoking areas required or allowed; ventilated = no smoking allowed or designated smoking areas allowed if separately ventilated; smoke-free = no smoking allowed (i.e., 100% smoke-free).

† Restriction exempts restaurants that are off-limits to minors.

§ Restriction bans smoking in most settings, but exempts separately ventilated employee break rooms or lounges.

¶ Corrected from 2005 report. Idaho and Maryland were previously listed as making private-sector workplaces smoke-free. Vermont was previously listed as making restaurants smoke-free.

report were collected quarterly from an online database of state laws, analyzed using a coding scheme and decision rules, and transferred into the STATE System database. The STATE System tracks state smoking restrictions in government worksites, private-sector worksites, restaurants, bars, commercial and home-based child care centers, and other settings, including shopping malls, grocery stores, enclosed arenas, public transportation, hospitals, prisons, and hotels and motels. Tobacco-control personnel in state health departments reviewed and verified the coding of smoking restrictions in their states.

This study did not include laws that were enacted or became effective after December 31, 2007. For example, Illinois and Maryland enacted smoking restrictions in 2007 that went into effect in early 2008, and were therefore not included in this study.

During December 31, 2004–December 31, 2007, based on the effective date of state laws (i.e., the date that these laws actually took effect, not the date they were enacted) and the STATE System coding scheme, the level of smoking restrictions became more protective for private-sector worksites in 18 states, for restaurants in 18 states, and for bars in 12 states. No states relaxed their smoking restrictions in any of these three settings during the study period. In addition, the number of states requiring private-sector worksites to be smoke-free increased from five to 22. As of December 31, 2004, Delaware, Florida, Massachusetts, New York, and South Dakota had banned smoking in private-sector worksites. As of December 31, 2007, an additional 17 states (Arizona, Arkansas, Colorado, DC, Hawaii, Louisiana, Minnesota, Montana, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, Tennessee, Utah, and Washington) had done so. During the study period, the number of states with no smoking restrictions in place for private-sector worksites decreased from 24 to 13.

During the 3 years ending December 31, 2007, the number of states requiring restaurants to be smoke-free increased from seven to 21. By the end of 2004, Delaware, Florida, Idaho, Maine, Massachusetts, New York, and Utah had banned smoking in restaurants. As of December 31, 2007, 14 additional states (Arizona, Colorado, DC, Hawaii, Louisiana, Minnesota, Montana, Nevada, New Hampshire, New Jersey, Ohio, Rhode Island, Tennessee, and Washington) had done so. During this same period, the number of states with no smoking restrictions for restaurants decreased from 19 to nine.

During the same 3-year period, the number of states requiring bars to be smoke-free increased from four to 13. By the end of 2004, Delaware, Maine, Massachusetts, and New York had banned smoking in bars. As of December 31, 2007, an additional nine states (Arizona, Colorado, DC, Hawaii, Minnesota, New Jersey, Ohio, Rhode Island, and Washington) had done so. During the 3 years of this study, the number of states with no smoking restrictions for bars decreased from 43 to 31.

From December 31, 2004 to December 31, 2007, the number of states requiring all three venues included in this study to be smoke-free increased from three to 12. By the end of 2004, Delaware, Massachusetts, and New York had banned smoking in all three settings. As of December 31, 2007, Arizona, Colorado, DC, Hawaii, Minnesota, New Jersey, Ohio, Rhode Island, and Washington also had implemented such comprehensive laws. During the study period, the number of states with smoke-free provisions in place in at least one of the three settings included in this study increased from eight to 25. During this same period, the number of states without any smoking restrictions in place for any of these settings decreased from 16 to eight.

Reported by: *M Tynan, MayaTech Corporation, Silver Spring, Maryland. S Babb, MPH, A MacNeil, MPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: The findings of this analysis indicate that the number and restrictiveness of state laws regulating smoking in private-sector worksites, restaurants, and bars increased substantially from December 31, 2004, to December 31, 2007. This increase has provided U.S. nonsmokers with increased protection from SHS exposure and its health effects (*1*).

As of 2003, the most recent data available, 77% of U.S. indoor workers aged ≥18 years reported that their workplace had an official policy that prohibited smoking in indoor work areas and public or common areas (*5*), compared with 47% during 1992–1993 (*1*). However, the proportion of workers covered by such policies varied by occupation. In 2003, for example, 83% of white collar workers reported working under a smoke-free workplace policy, compared with 75% of service workers, 63% of blue collar workers, and 72% of food-service workers (*5*). As a result of continuing gaps and disparities in policy coverage for many private-sector worksites, restaurants, and bars, millions of U.S. nonsmokers continue to be exposed to SHS and its health effects in these settings, either as employees or as patrons.

Smoke-free workplace policies are the only effective approach to ensure that SHS exposure does not occur in the workplace (*1*).† Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate SHS exposure (*1*). Smoke-free laws and policies reduce SHS exposure and improve health among nonsmoking restaurant and bar employees, and reduce SHS exposure among nonsmokers in general, as assessed by self-report and objective measures (*1,6–8*). Smoke-free workplace policies also help smokers quit (*1*). Smoke-free policies do not have an adverse economic effect on restaurants and bars (*1*). Studies also have reported high levels of public support for and compliance with smoke-free laws (*1*).

The findings in this report are subject to at least three limitations. First, the STATE System captures only certain types of state smoking restrictions (primarily statutory laws and executive orders) and does not capture state administrative laws, regulations, or implementation guidelines. As a result, the manner in which a state smoking restriction is implemented in practice might differ from how it is coded in the STATE System. Second, some state smoking restrictions apply only to private-sector worksites with more than a specified number of employees, to restaurants with more than a specified number of seats, or to bars of at least a certain size. In these cases, the state laws were coded according to the level of these restrictions, even though these restrictions do not apply to venues that are below the specified limits. Finally, because the STATE System only collects state-level data, it does not reflect local smoking restrictions in effect in many states.

The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* concluded that SHS causes premature death and disease in children and nonsmoking adults (*1*). The report also concluded that no level of SHS exposure is risk free and that only completely smoke-free environments fully protect nonsmokers from SHS exposure (*1*). States, communities, employers, business proprietors, and the public are acting on this information to reduce SHS exposure. The American Nonsmokers' Rights Foundation estimates that, as of April 2008, 33% of U.S. residents have been living under state or local laws that make worksites, restaurants, and bars completely smoke-free, and 64% of U.S. residents have been living under state or local laws making at least one of these three settings smoke-free (*9*). Largely because of the trend toward increased protection by state and local smoke-free laws and voluntary policies covering worksites and public places, SHS exposure among U.S. nonsmokers has decreased substantially since 1988 (*10*). The trends in the adoption of state smoking restrictions described in this report suggest that the national health objective of establishing laws making indoor public places and worksites smoke-free in all states by the year 2010 might be achievable.

† The *Guide to Community Preventive Services* also reported strong evidence that smoke-free policies reduce SHS exposure. Task Force on Community Preventive Services. The guide to community preventive services: what works to promote health? New York, New York: Oxford University Press, 2005. Available at http://www.thecommunityguide.org/tobacco/tobacco.pdf.

Acknowledgments

This report is based, in part, on contributions by C Baker, SS Eidson, JD, R Patrick, JD, MayaTech Corporation, Silver Spring, Maryland; J Chriqui, PhD, Univ of Illinois at Chicago; J O'Connor, JD, Emory Univ, Atlanta, Georgia; G Vaughn, D Shelton, MPH, A Trosclair, MS, Office on Smoking and Health, and NA Blair, MPH, Div of Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC.

References

1. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC, 2006. Available at http://www.surgeongeneral.gov/library/secondhandsmoke/report.
2. US Department of Health and Human Services. Healthy people 2010 midcourse review. Washington, DC: US Department of Health and Human Services; 2006. Available at http://www.healthypeople.gov/data/midcourse.
3. CDC. State smoking restrictions for private-sector worksites, restaurants, and bars—United States, 1998 and 2004. MMWR 2005;54:649–53.
4. CDC. State Tobacco Activities Tracking and Evaluation (STATE) System. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. Available at http://www.cdc.gov/tobacco/statesystem.
5. US Department of Commerce, Census Bureau. National Cancer Institute and CDC co-sponsored tobacco use special cessation supplement to the current population survey, 2003 (TUSCS-CPS). Washington, DC: US Department of Commerce, Census Bureau; 2006. Available at http://riskfactor.cancer.gov/studies/tus-cps.
6. Menzies D, Nair A, Williamson PA, et al. Respiratory symptoms, pulmonary function, and markers of inflammation among bar workers before and after a legislative ban on smoking in public places. JAMA 2006;296:1742–8.
7. Goodman P, Agnew M, McCaffrey M, Paul G, Clancy L. Effects of the Irish smoking ban on respiratory health of bar workers and air quality in Dublin pubs. Am J Respir Crit Care Med 2007;175:840–5.
8. CDC. Reduced secondhand smoke exposure after implementation of a comprehensive statewide smoking ban — New York, June 26, 2003–June 30, 2004. MMWR 2007;56:705–8.
9. American Nonsmokers' Rights Foundation. Summary of 100% smokefree state laws and population protected by state and local laws. Berkley, CA: American Nonsmokers' Rights Foundation; 2008. Available at http://www.no-smoke.org/pdf/summaryuspoplist.pdf.
10. Pirkle JL, Bernert JT, Caudill SP, Sosnoff CS, Pechacek TF. Trends in the exposure of nonsmokers in the U.S. population to secondhand smoke: 1988–2002. Environ Health Perspect 2006;114:853–8.

Increased Detections and Severe Neonatal Disease Associated with Coxsackievirus B1 Infection — United States, 2007

Enteroviruses generally cause mild disease; however, neonates are at higher risk for severe illness because of the immaturity of their immune systems. Neonatal systemic enterovirus disease, characterized by multiorgan involvement, is among the most serious, potentially fatal conditions associated with enterovirus infection. Typical clinical presentations include encephalomyocarditis (characteristic of group B coxsackieviruses) and hemorrhage-hepatitis syndrome (typical of echovirus 11) (*1,2*). To describe the severity of neonatal illness associated with coxsackievirus B1 (CVB1) infection, CDC analyzed case reports and preliminary data from the National Enterovirus Surveillance System (NESS) for 2007. This report describes the results of that analysis, which indicated that, in 2007, CVB1 for the first time was the predominant enterovirus in the United States, accounting for 113 (25%) of 444 enterovirus infections with known serotypes. In addition, phylogenetic analysis of the 2007 CVB1 strains suggested that the cases resulted from widespread circulation of a single genetic lineage. Health-care providers and public health departments should be vigilant to the possibility of neonatal disease caused by CVB1. Testing for enteroviruses in clinically compatible cases and reporting of identified enteroviruses to NESS should be encouraged.

NESS is a voluntary, passive surveillance system for monitoring enterovirus infections in the United States. Participating laboratories, which include public health and private laboratories and the CDC Picornavirus Laboratory, report enterovirus detections to NESS on a monthly basis. Each report includes age, sex, state, specimen type and collection date, and enterovirus serotype.

Beginning in August 2007, CDC received multiple reports of cases of severe neonatal illness and death associated with enterovirus infection. CVB1 was identified as the causative agent in many of these cases. Previously, no fatal infection of CVB1 had been reported to NESS (*3*). On the basis of these reports, CDC began a review of clinical, virologic, and surveillance data related to enterovirus for 2007, in collaboration with local and state public health departments and hospitals. A case of CVB1 infection was defined as detection of enterovirus by reverse transcription–polymerase chain reaction (RT-PCR) or viral culture, with the virus typed as CVB1 by molecular (i.e., RT-PCR sequencing) or antigenic (i.e., neutralization or immunofluorescence) methods.

As of February 1, 2008, NESS had received 514 reports of enterovirus infections in 36 states for 2007. CVB1 was the most commonly detected enterovirus reported to NESS, accounting for 113 (25%) of 444 reports with known serotypes (Figure). Other most frequently reported serotypes included echovirus 18 (63 [14%]), echovirus 9 (49 [11%]), and echovirus 6 (37 [8%]). Children aged <1 year accounted for 65 (68%) of 95 CVB1 reports with known age, including 50 (53%) infants aged ≤1 month. CVB1 was detected in 19 states; 58% of all CVB1 detections were reported from California (n = 38) and Illinois (n = 28).

Phylogenetic analysis of current CVB1 strains based on partial sequence of the VP1 gene revealed that all were closely related to each other and to a 2006 strain from Colorado. Analysis also revealed that the strains were more distantly related to earlier strains.

A total of five CVB1-associated neonatal deaths were identified: two from California, one from Illinois, and one death each from Colorado and New Mexico. These came to CDC attention in connection with requests for laboratory assistance (Table). In all five cases, the neonates had multisystem disease with onset within the first 4 days of life. In four of the five fatal cases, the mothers had febrile illness or chorioamnionitis around the time of delivery, suggesting vertical mother-to-infant transmission.

The three distinct clusters of severe enterovirus illness, including illnesses caused by CVB1, detected in Los Angeles, California, Chicago, Illinois, and Kotzebue, Alaska, during 2007 are described below.

Los Angeles County, California. In September 2007, in response to reports of three cases (two of them fatal) of neonatal enterovirus myocarditis, including two in CVB1-positive neonates, the Los Angeles County Department of Public Health asked all hospitals in the county to report

FIGURE. Number of reports of coxsackievirus B1 (CVB1) infection and percentage of CVB1 reports among all enterovirus infections with known serotypes — National Enterovirus Surveillance System, United States, 1970–2007

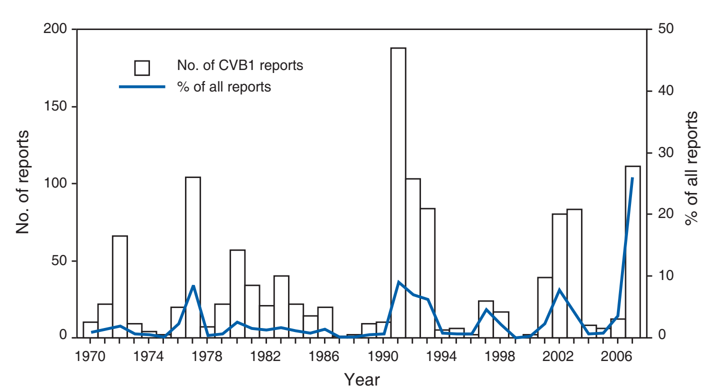


TABLE. Clinical summaries of five fatal cases of neonatal coxsackievirus B1 (CVB1) infection reported to CDC — United States, 2007

Case no.	State	Clinical summary	Virus detection
1	California	A full-term male was born via cesarean delivery. His mother had a peripartum fever. The infant went home with his mother on day 5 of life. He was admitted to the hospital on day 7 with thrombocytopenia, hepatitis, and myocarditis. The infant died the next day. Autopsy revealed severe hepatitis with extensive necrosis, severe myocarditis, and pneumonitis.	CVB1 isolated from blood
2	California	A full-term female was born via normal spontaneous vaginal delivery. Her mother was febrile during labor. The infant became febrile 36 hours after birth. She was diagnosed with myocarditis, meningitis, respiratory distress, and disseminated intravascular coagulation on day 4 of life; she died the same day.	CVB1 isolated from cerebrospinal fluid (CSF)
3	Illinois	A male was born via cesarean delivery at 37 weeks. His mother had chorioamnionitis. The infant developed fever on day 3 of life and was diagnosed with severe myocarditis and hepatitis on day 5; respiratory failure and cardiovascular collapse ensued on day 7. The infant received intravenous immunoglobulin on day 11 and was started on steroids on day 12. He died from severe myocardial dysfunction on day 12.	CVB1 detected by reverse transcription-polymerase chain reaction (RT-PCR) in CSF and isolated postmortem from heart tissue
4	Colorado	A full-term male was born via normal spontaneous vaginal delivery. He developed respiratory problems on day 5 of life and thrombocytopenia on day 7. He was diagnosed with enteroviral myocarditis on day 10 after acute cardiac decompensation. Subsequently, he had multiorgan failure with hepatic and renal dysfunction, persistent pulmonary hemorrhage, and bilateral intracranial hemorrhage. He was removed from life support on day 23 and died.	CVB1 detected by RT-PCR in CSF and in serum
5	New Mexico	A female was born via spontaneous vaginal delivery at 34.5 weeks. Before delivery, her mother had abdominal pain, fever, nausea, vomiting, and maternal/fetal tachycardia. The infant developed respiratory distress, requiring life support on day 5 of life, followed by thrombocytopenia and intracranial hemorrhage on day 6. She died on day 7. Autopsy revealed significant frontal lobe hemorrhagic infarcts, encephalitis, massive acute hepatic necrosis, interstitial edema, airspace hemorrhage, and patchy hyaline membranes in lungs.	CVB1 isolated premortem from nasopharyngeal and rectal swabs and isolated postmortem from lungs and nasopharyngeal swab

all enterovirus-positive cases of severe or fatal myocarditis, aseptic meningitis, or sepsis-like febrile illness that occurred among children during June–November 2007.

A total of 30 enterovirus-positive patients from seven hospitals were identified (all with illness diagnosed by RT-PCR). Median age was 15 days (range: <1 day–14 years); 22 (73%) were aged <1 month. Four (13%) patients aged <1–7 days died, and another 14 (47%) required intensive-care unit (ICU) treatment. Clinical presentations included meningitis (22 patients), myocarditis (12), sepsis-like illness (five), hepatitis (two), coagulopathy (six), and respiratory difficulties (three). Eleven patients, including all nine patients aged <7 days at admission, had illness with multiorgan involvement.

Enterovirus serotype was determined in 19 cases for which isolates obtained by viral culture were available. CVB1 accounted for 14 cases; CVB2 accounted for two cases, and CVB3, CVB4, and echoviruses 7 and 11 accounted for one case each. One patient was coinfected with CVB1 and CVB3. Two of the four patients who died were infected with CVB1 (Table). Specimens from the other two patients who died were not available for virus characterization.

Chicago, Illinois. In September 2007, the CDC Picornavirus Laboratory identified CVB1 as the source of infection in two cases of severe neonatal disease at Children's Memorial Hospital in Chicago. Subsequently, a review of the hospital's laboratory and medical records was conducted to identify additional enterovirus-positive cases and obtain diagnoses and clinical syndrome information. Fifty enterovirus-positive children (all diagnosed by RT-PCR) were admitted during June 6–November 2, 2007, a two-fold increase compared with the entire years 2005 (25 patients) and 2006 (26 patients). Median age of patients was 33 days (range: <1 day–8 years); 40 (80%) patients were aged ≤1 month.

Serotype was determined for nine patients admitted to ICU; CVB1 was found in eight patients, and echovirus 18 in one patient. In two other patients, an enterovirus was identified by immunofluorescence staining as a group B coxsackievirus. Specimens from the remaining 39 RT-PCR–positive patients were not available for further virus characterization.

Twelve (24%) infants aged <1–12 days required ICU admission. Their clinical presentations included myocarditis (11 patients), respiratory distress (nine), hepatitis (eight), coagulopathy (six patients), aseptic meningitis (four), and meningoencephalitis (three). Eleven (92%) patients had multiorgan involvement, including five with myocarditis, meningitis, or meningoencephalitis, and hepatitis (three also had coagulopathy). One CVB1-positive patient died (Table), and one required heart transplantation.

Kotzebue, Alaska. In early September 2007, Maniilaq Health Center notified the Alaska Department of Health and Social Services of an increase in severe febrile illness among hospitalized young infants (including three with myocarditis). Medical record review indicated that during August 15–September 11, 2007, seven infants aged ≤1 month (23% of 31 babies born in the Northwest Arctic Borough region since July 1, 2007) had been admitted to the health center with fever and respiratory distress, myocarditis, or meningitis (median age: 18 days; range: 5–48 days). Six patients, five with multiorgan involvement, required ICU treatment, referral to a higher-level hospital, or both. Of these, three patients had myocarditis with aseptic meningitis and respiratory failure (including one with elevated liver enzymes and coagulopathy), two had aseptic meningitis and respiratory distress, and one had aseptic meningitis. The patient with milder illness had a febrile syndrome. None of the patients died.

One patient with myocarditis tested enterovirus-positive by RT-PCR, but the specimen was not available for further virus characterization. CVB1 was isolated from a stool specimen of the patient with aseptic meningitis. The etiologic agent remained unknown in five cases. In addition, CVB1 was isolated from a respiratory specimen of an infant aged 12 months with pneumonia who was treated at the health center as an outpatient during the same period.

Reported by: *L Mascola, MD, D Terashita, MD, Acute Communicable Disease Control, Los Angeles County Dept of Public Health; MB Salzman, MD, Kaiser Permanente West Los Angeles Medical Center; D Schnurr, PhD, S Yagi, T Padilla, Viral and Rickettsial Disease Laboratory, California Dept of Public Health. N Verma, MD, X Zheng, MD, PhD, ST Shulman, MD, Children's Memorial Hospital, Northwestern Univ Feinberg School of Medicine; MU Harris, MSN, Children's Memorial Hospital, Chicago, Illinois. R Gibson, MD, Maniilaq Health Center, Kotzebue; E Funk, MD, Alaska Dept of Health and Social Svcs; T Schmidt, MS, M Westcott, Alaska State Virology Laboratory. C Robinson, PhD, Children's Hospital, Aurora, Colorado. JP Burns, MD, JD, Dept of Pathology, Univ of New Mexico School of Medicine, Albuquerque; Scientific Laboratory Div, New Mexico Dept of Health. N Khetsuriani, MD, PhD, S Oberste, PhD, M Pallansch, PhD, A Fowlkes, MPH, M Wikswo, MPH, Div of Viral Diseases, National Center for Immunization and Respiratory Diseases; Div of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne and Enteric Diseases; K Sircar, EIS Officer, CDC.*

Editorial Note: In 2007, an increased level of CVB1 activity was associated with severe neonatal disease and multiple deaths in the United States. The actual extent of CVB1-associated morbidity and mortality likely was much greater because 1) nonpolio enterovirus infections are not nationally reportable, 2) diagnostic testing for enteroviruses often is not pursued in clinical settings, and 3) serotype identification from enterovirus-positive specimens is not performed routinely. CVB1 has an epidemic pattern of circulation, with increases usually lasting 2–3 years (Figure). During 1970–2005, CVB1 accounted for a small (2.3%) but increasing proportion of all enteroviruses reported in the United States (*3*). In 2007, CVB1 was the most commonly reported serotype, accounting for 25% of all reported enterovirus infections with known serotypes. Until 2007, CVB1 had never been the most commonly reported serotype and, even in peak years, accounted for <10% of all enterovirus reports (Figure). The year 2007 also was unusual for the number of CVB1-associated fatalities reported to NESS: 5 fatal cases were reported for the year. CVB1-associated deaths are reported rarely (*4–6*), and had not been reported previously to NESS (*3,7*).

Historically, two thirds of CVB1 detections have been among children aged <1 year (*3*). During 1983–2003, neonates accounted for 22% of CVB1 reports versus 11% for other enteroviruses (*7*), suggesting a propensity to infect newborns. Cases of neonatal CVB1-associated disease identified in 2007 were characterized not only by myocarditis and central nervous system involvement typical of group B coxsackieviruses but also, on multiple occasions, by hepatitis and coagulopathy, which usually are reported with echovirus 11 infections.

Enterovirus infections are common, particularly during summer-fall months and typically are spread person-to-person via the fecal-oral or oral-oral routes and through respiratory droplets and fomites. Perinatal transmission from mother to infant occurs transplacentally or from exposure to maternal blood or secretions during delivery. Maternal enterovirus illness around the time of delivery and lack of maternal antibodies to an infecting serotype increase the risk for transmission. Onset of enterovirus disease resulting from perinatal transmission occurs in the first 1–2 weeks of life and carries a higher risk for severe illness and death than enterovirus infection acquired during the postnatal period (*1,2,8*).

No treatments approved by the Food and Drug Administration for enterovirus are available. Intravenous immunoglobulin sometimes is used, but its effectiveness in neonatal enterovirus disease is uncertain (*2*). Use of the candidate antiviral drug pleconaril (Schering-Plough, Kenilworth, New Jersey) showed benefit in neonates with life-threatening enterovirus disease (*9*); a phase 2 clinical trial of pleconaril in neonates is under way (*10*).

In the absence of vaccines, nonpolio enterovirus transmission can be reduced by adherence to good hygienic practices, such as thorough hand-washing (especially after diaper changes), disinfection of contaminated surfaces by chlorine-containing household cleaners, and avoidance of shared utensils and drinking containers. To prevent nosocomial transmission of enteroviruses, neonatal hospital units should strictly enforce routine infection-control measures.

Serotype identification is important for recognizing differences in clinical profiles and outcomes between enteroviruses during seasonal outbreaks (*2*). Enterovirus RT-PCR testing allows rapid and sensitive detection of enteroviruses in clinical samples but does not differentiate serotypes. Molecular typing of enteroviruses based on VP1 gene sequence, which permits rapid identification of any enterovirus and provides data for phylogenetic analysis, is increasingly available at public health laboratories (*2*). Because serotype-specific surveillance for enteroviruses is helpful for monitoring trends in enterovirus circulation and identification of the emergence of new predominant serotypes or strains, public health agencies and private laboratories should report enterovirus detections to NESS.

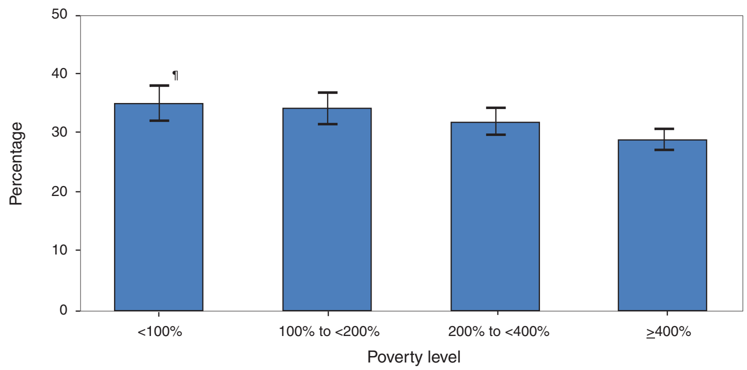
References

1. Modlin JF. Perinatal echovirus infection: insights from a literature review of 61 cases of serious infection and 16 outbreaks in nurseries. Rev Infect Dis 1986;8:918–26.
2. Abzug MJ. Presentation, diagnosis, and management of enterovirus infections in neonates. Paediatr Drugs 2004;6:1–10.
3. CDC. Enterovirus surveillance—United States, 1970–2005. MMWR 2006;55(No. SS-8).
4. Chiou CC, Liu WT, Chen SJ, et al. Coxsackievirus B1 infection in infants less than 2 months of age. Am J Perinatol 1998;15:155–9.
5. Wright HT, Okuyama K, McAllister RM. An infant fatality associated with coxsackie B1 virus. J Pediatr 1963;63:428–31.
6. Lau G. Acute fulminant, fatal coxsackie B virus infections: a report of two cases. Ann Acad Med Singapore 1994;23:917–20.
7. Khetsuriani N, LaMonte A, Oberste MS, Pallansch M. Neonatal enterovirus infections reported to the national enterovirus surveillance system in the United States, 1983–2003. Pediatr Infect Dis J 2006;25:889–93.
8. Lin TY, Kao HT, Hsieh SH, et al. Neonatal enterovirus infections: emphasis on risk factors of severe and fatal infections. Pediatr Infect Dis J 2003;22:889–94.
9. Rotbart HA, Webster AD, Pleconaril Treatment Registry Group. Treatment of potentially life-threatening enterovirus infections with pleconaril. Clin Infect Dis 2001;32:228–35.
10. Collaborative Antiviral Study Group. Clinical trials. Pleconaril enteroviral sepsis syndrome. Protocol CASG 106 (DMID#99-018). Available at http://www.casg.uab.edu/new%20clinical%20trials%20page.htm.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Percentage of Adults* Aged ≥20 Years with Hypertension,† by Poverty Level§ — National Health and Nutrition Examination Survey, United States, 2003–2006



* Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and ≥65 years.

† Hypertension is defined as having measured elevated blood pressure (systolic pressure: ≥140 mmHg or diastolic pressure: ≥90 mmHg) and/or taking antihypertensive medication. Persons with elevated blood pressure also might be taking prescribed medicine for high blood pressure. Those taking antihypertensive medication might not have measured elevated blood pressure, but are still classified as having hypertension. Respondents were asked, "Are you now taking prescribed medicine for your high blood pressure?"

§ Poverty level is based on family income and family size.

¶ 95% confidence interval.

The percentage of U.S. adults with hypertension was associated with income, with those at the lowest income level more likely to have hypertension than those in the highest income group.

SOURCE: CDC. National Health and Nutrition Examination Survey. Available at http://www.cdc.gov/nchs/nhanes.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 17, 2008 (20th Week)*

Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years 2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Anthrax	—	—	—	1	1	—	—	—	
Botulism:									
foodborne	—	2	0	31	20	19	16	20	
infant	—	25	2	87	97	85	87	76	
other (wound & unspecified)	—	4	0	25	48	31	30	33	
Brucellosis	1	24	3	128	121	120	114	104	MN (1)
Chancroid	1	21	1	23	33	17	30	54	NC (1)
Cholera	—	—	0	7	9	8	6	2	
Cyclosporiasis§	—	26	17	91	137	543	160	75	
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	0	44	67	80	112	108	
eastern equine	—	—	0	4	8	21	6	14	
Powassan	—	—	0	1	1	1	1	—	
St. Louis	—	—	0	7	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	1	29	6	809	578	506	338	321	MD (1)
Ehrlichia ewingii	—	—	—	—	—	—	—	—	
Anaplasma phagocytophilum	—	6	7	735	646	786	537	362	
undetermined	1	2	2	136	231	112	59	44	VA (1)
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	—	11	0	22	29	9	19	32	
nonserotype b	—	64	2	184	175	135	135	117	
unknown serotype	4	90	4	181	179	217	177	227	NYC (1), GA (1), FL (1), AZ (1)
Hansen disease§	—	28	2	98	66	87	105	95	
Hantavirus pulmonary syndrome§	—	3	1	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	5	35	3	287	288	221	200	178	MO (1), KS (2), TN (1), WA (1)
Hepatitis C viral, acute	7	221	15	841	766	652	720	1,102	PA (1), OH (1), MD (1), VA (1), GA (1), TX (1), WA (1)
HIV infection, pediatric (age <13 yrs)§§	—	—	4	—	—	380	436	504	
Influenza-associated pediatric mortality§,¶¶	2	73	1	76	43	45	—	N	IL (1), CA (1)
Listeriosis	4	180	10	793	884	896	753	696	NY (1), FL (2), WA (1)
Measles***	1	67	2	42	55	66	37	56	AZ (1)
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	1	121	6	314	318	297	—	—	WI (1)
serogroup B	2	69	3	155	193	156	—	—	OH (1), WI (1)
other serogroup	1	15	0	32	32	27	—	—	TN (1)
unknown serogroup	10	274	14	566	651	765	—	—	OH (1), NE (1), FL (1), CA (7)
Mumps	5	218	79	780	6,584	314	258	231	NY (2), OH (2), MO (1)
Novel influenza A virus infections	—	—	—	1	N	N	N	N	
Plague	—	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Poliovirus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	1	0	10	21	16	12	12	
Q fever§,§§§ total:	3	19	3	173	169	136	70	71	
acute	2	14	—	—	—	—	—	—	NE (2)
chronic	1	5	—	—	—	—	—	—	NY (1)
Rabies, human	—	—	—	—	3	2	7	2	
Rubella¶¶¶	—	4	0	12	11	11	10	7	
Rubella, congenital syndrome	—	—	—	—	1	1	—	1	
SARS-CoV§,****	—	—	0	—	—	—	—	8	

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

* Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 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 and 2008 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.

** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).

†† 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. Seventy-two cases occurring during the 2007–08 influenza season have been reported.

*** The one measles case reported for the current week was indigenous.

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

§§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

¶¶¶ 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 I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 17, 2008 (20th Week)*

Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years 2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	54	3	118	125	129	132	161	
Syphilis, congenital (age <1 yr)	—	46	7	370	349	329	353	413	
Tetanus	—	2	1	25	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	3	22	2	85	101	90	95	133	PA (1), MI (1), CA (1)
Trichinellosis	—	2	0	6	15	16	5	6	
Tularemia	2	9	2	128	95	154	134	129	MO (1), AR (1)
Typhoid fever	5	129	5	419	353	324	322	356	NY (1), NE (1), CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	—	3	0	28	6	2	—	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	2	1	3	1	N	
Vibriosis (noncholera *Vibrio* species infections)§	3	53	2	377	N	N	N	N	FL (3)
Yellow fever	—	—	—	—	—	—	—	—	

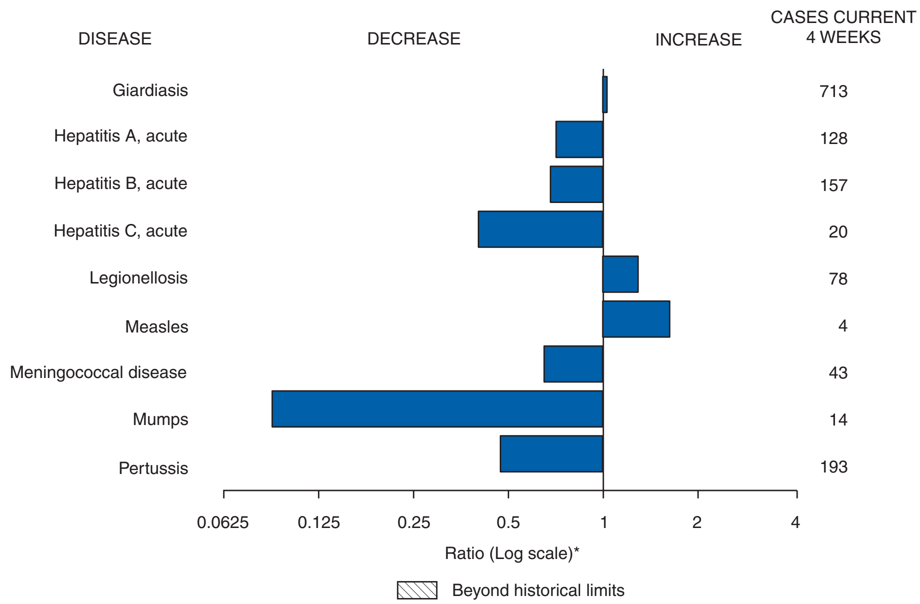
—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 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 and 2008 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.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals May 17, 2008, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams, Rosaline Dhara, Willie J. Anderson, Carol Worsham, Lenee Blanton, Pearl C. Sharp

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Chlamydia† Current week	Chlamydia† Previous 52 weeks Med	Chlamydia† Previous 52 weeks Max	Chlamydia† Cum 2008	Chlamydia† Cum 2007	Coccidioidomycosis Current week	Coccidioidomycosis Previous 52 weeks Med	Coccidioidomycosis Previous 52 weeks Max	Coccidioidomycosis Cum 2008	Coccidioidomycosis Cum 2007	Cryptosporidiosis Current week	Cryptosporidiosis Previous 52 weeks Med	Cryptosporidiosis Previous 52 weeks Max	Cryptosporidiosis Cum 2008	Cryptosporidiosis Cum 2007
United States	11,167	21,277	24,740	380,320	414,044	96	130	339	2,537	2,906	36	88	974	1,219	1,093
New England	588	700	1,516	13,206	12,761	—	0	1	1	1	2	5	16	79	102
Connecticut	277	214	1,093	3,573	3,253	N	0	0	N	N	—	0	6	6	42
Maine§	—	50	67	941	978	N	0	0	N	N	1	1	6	7	9
Massachusetts	242	313	660	6,705	6,101	N	0	0	N	N	—	2	11	30	25
New Hampshire	18	39	73	762	724	—	0	1	1	1	—	1	5	16	14
Rhode Island§	40	61	98	1,180	1,306	—	0	0	—	—	—	0	3	3	4
Vermont§	11	16	34	45	399	N	0	0	N	N	1	1	4	17	8
Mid. Atlantic	2,491	2,741	4,876	55,137	54,507	—	0	0	—	—	4	13	120	170	134
New Jersey	250	406	520	7,041	8,235	N	0	0	N	N	—	1	8	10	9
New York (Upstate)	507	562	2,044	10,120	9,754	N	0	0	N	N	4	5	20	51	39
New York City	1,192	951	3,176	22,075	19,473	N	0	0	N	N	—	2	10	28	31
Pennsylvania	542	796	1,029	15,901	17,045	N	0	0	N	N	—	6	103	81	55
E.N. Central	1,240	3,452	4,370	63,248	69,882	1	1	3	17	12	10	21	134	283	244
Illinois	14	1,014	1,711	16,274	19,390	N	0	0	N	N	—	2	13	26	31
Indiana	300	383	655	7,842	8,251	N	0	0	N	N	—	2	41	39	15
Michigan	689	764	1,206	17,668	15,011	—	0	2	12	10	3	4	11	68	53
Ohio	134	858	1,529	14,219	19,648	1	0	1	5	2	5	5	60	81	69
Wisconsin	103	377	613	7,245	7,582	N	0	0	N	N	2	8	59	69	76
W.N. Central	735	1,225	1,694	23,933	24,205	—	0	77	—	3	5	16	125	220	149
Iowa	157	162	251	3,312	3,398	N	0	0	N	N	1	4	61	46	26
Kansas	299	158	529	3,532	3,095	N	0	0	N	N	—	2	16	19	21
Minnesota	4	255	335	4,811	5,250	—	0	77	—	—	1	4	34	58	33
Missouri	152	465	551	8,881	8,871	—	0	1	—	3	1	3	14	46	33
Nebraska§	71	92	162	1,653	1,976	N	0	0	N	N	2	3	24	34	7
North Dakota	2	33	66	668	673	N	0	0	N	N	—	0	6	1	1
South Dakota	50	53	81	1,076	942	N	0	0	N	N	—	2	16	16	28
S. Atlantic	3,036	3,926	7,499	70,623	77,703	—	0	1	2	2	8	20	65	252	255
Delaware	71	65	144	1,415	1,330	—	0	0	—	—	—	0	4	6	2
District of Columbia	—	115	200	2,233	2,323	—	0	0	—	—	—	0	4	7	3
Florida	1,176	1,282	1,543	26,124	19,281	N	0	0	N	N	6	9	35	124	115
Georgia	—	699	1,514	1,059	16,199	N	0	0	N	N	1	5	15	73	56
Maryland§	467	469	683	8,618	7,389	—	0	1	2	2	—	0	3	3	11
North Carolina	413	206	4,656	8,330	12,166	N	0	0	N	N	—	1	18	9	24
South Carolina§	—	474	3,345	10,148	7,952	N	0	0	N	N	—	1	15	11	18
Virginia§	892	485	1,061	11,478	9,851	N	0	0	N	N	1	1	6	14	23
West Virginia	17	63	96	1,218	1,212	N	0	0	N	N	—	0	5	5	3
E.S. Central	822	1,456	2,296	29,191	32,778	—	0	0	—	—	—	4	64	39	48
Alabama§	54	484	605	8,021	9,820	N	0	0	N	N	—	1	14	17	17
Kentucky	231	136	304	4,066	2,944	N	0	0	N	N	—	1	40	7	15
Mississippi	—	300	1,048	6,413	8,969	N	0	0	N	N	—	0	11	3	9
Tennessee§	537	512	716	10,691	11,045	N	0	0	N	N	—	1	18	12	7
W.S. Central	335	2,643	4,425	49,850	45,282	—	0	1	1	—	3	6	28	61	56
Arkansas§	187	224	455	5,434	3,457	N	0	0	N	N	1	0	8	9	4
Louisiana	—	372	851	6,533	7,337	—	0	1	1	—	—	1	4	3	18
Oklahoma	148	245	416	4,705	4,899	N	0	0	N	N	2	1	11	16	12
Texas§	—	1,778	3,922	33,178	29,589	N	0	0	N	N	—	3	16	33	22
Mountain	391	1,292	1,838	13,418	28,609	79	88	170	1,728	1,906	4	9	567	95	76
Arizona	69	409	679	1,160	9,196	73	85	168	1,691	1,850	—	1	4	12	16
Colorado	15	284	488	1,895	6,918	N	0	0	N	N	3	2	26	20	21
Idaho§	—	56	233	1,317	1,564	N	0	0	N	N	—	2	72	21	5
Montana§	24	49	363	1,127	1,064	N	0	0	N	N	1	1	7	11	4
Nevada§	212	183	400	3,688	3,609	6	1	6	23	19	—	0	6	3	3
New Mexico§	—	151	562	2,016	3,760	—	0	3	11	14	—	2	9	13	19
Utah	71	121	216	2,204	2,028	—	0	7	3	23	—	1	484	9	1
Wyoming§	—	18	34	11	470	—	0	1	—	—	—	0	8	6	7
Pacific	1,529	3,396	4,677	61,714	68,317	16	39	217	788	982	—	2	20	20	29
Alaska	71	90	126	1,572	1,902	N	0	0	N	N	—	0	2	1	—
California	1,311	2,798	4,115	53,930	53,503	16	39	217	788	982	—	0	0	—	—
Hawaii	4	111	152	2,106	2,200	N	0	0	N	N	—	0	4	1	—
Oregon§	143	192	403	3,993	3,687	N	0	0	N	N	—	2	16	18	29
Washington	—	302	659	113	7,025	N	0	0	N	N	—	0	0	—	—
American Samoa	—	0	32	62	41	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	5	5	34	57	330	—	0	0	—	—	—	0	0	—	—
Puerto Rico	190	111	612	2,675	3,036	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	21	215	78	—	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 years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	181	291	1,594	5,049	5,403	2,843	6,574	7,887	107,399	132,770	31	44	159	1,088	1,050
New England	5	23	55	391	418	81	103	227	1,854	2,018	—	3	9	56	71
Connecticut	—	6	18	97	113	51	45	199	764	685	—	0	8	2	20
Maine§	5	3	10	40	50	—	2	7	33	41	—	0	4	5	6
Massachusetts	—	9	29	155	186	23	48	127	880	1,023	—	1	6	35	37
New Hampshire	—	1	4	31	6	3	2	6	48	58	—	0	2	5	7
Rhode Island§	—	1	15	25	21	4	6	13	127	190	—	0	2	4	1
Vermont§	—	3	9	43	42	—	1	5	2	21	—	0	2	5	—
Mid. Atlantic	33	63	120	966	992	496	654	1,004	11,871	13,876	12	9	29	211	218
New Jersey	—	8	15	130	133	21	115	175	2,016	2,356	—	1	7	29	35
New York (Upstate)	21	24	100	359	322	115	134	518	2,332	2,222	5	2	20	59	58
New York City	2	16	29	233	322	184	182	526	3,417	4,178	2	1	6	38	44
Pennsylvania	10	14	30	244	215	176	227	394	4,106	5,120	5	3	9	85	81
E.N. Central	14	43	90	734	884	368	1,321	1,735	22,341	27,941	2	6	24	153	138
Illinois	—	13	33	164	257	7	393	589	5,073	6,828	—	2	7	42	52
Indiana	N	0	0	N	N	114	158	311	3,186	3,308	—	1	20	35	17
Michigan	3	10	22	154	246	196	300	650	6,705	6,078	—	0	3	7	12
Ohio	7	16	36	303	255	35	345	685	5,236	9,102	2	2	6	63	50
Wisconsin	4	6	21	113	126	16	121	214	2,141	2,625	—	0	4	6	7
W.N. Central	17	27	583	592	341	155	354	444	6,029	7,654	4	3	24	88	58
Iowa	3	5	23	95	74	12	31	56	522	772	—	0	1	2	1
Kansas	2	3	11	54	44	57	44	130	874	882	—	0	2	8	5
Minnesota	—	0	575	191	6	7	63	92	1,132	1,344	—	0	21	17	22
Missouri	8	9	23	156	146	54	180	235	2,859	3,995	2	1	6	42	23
Nebraska§	4	4	8	66	42	19	26	51	504	513	2	0	3	14	6
North Dakota	—	0	3	10	7	—	2	6	40	40	—	0	2	5	1
South Dakota	—	1	6	20	22	6	5	10	98	108	—	0	0	—	—
S. Atlantic	38	55	101	815	1,002	951	1,531	2,539	24,300	30,639	8	11	30	286	277
Delaware	1	1	6	15	13	26	22	44	458	533	—	0	1	3	5
District of Columbia	—	0	7	37	33	—	46	75	839	904	—	0	3	9	3
Florida	27	22	47	415	443	380	477	616	8,995	8,210	4	3	10	79	76
Georgia	7	12	24	132	208	1	298	626	399	6,590	2	2	9	71	63
Maryland§	2	5	18	73	92	88	131	237	2,288	2,305	1	1	5	50	47
North Carolina	N	0	0	N	N	184	133	1,825	3,664	6,077	1	0	9	30	32
South Carolina§	—	3	7	38	26	—	191	840	3,680	3,379	—	1	6	23	26
Virginia§	1	9	39	87	175	268	132	485	3,684	2,317	—	1	23	14	17
West Virginia	—	0	8	18	12	4	17	38	293	324	—	0	3	7	8
E.S. Central	2	10	23	138	166	267	553	833	10,600	12,205	—	3	8	62	57
Alabama§	2	5	11	74	84	21	203	282	3,272	4,159	—	0	3	8	14
Kentucky	N	0	0	N	N	77	51	143	1,561	1,046	—	0	1	1	3
Mississippi	N	0	0	N	N	—	128	401	2,446	3,235	—	0	2	9	4
Tennessee§	—	4	16	64	82	169	174	261	3,321	3,765	—	2	6	44	36
W.S. Central	6	6	34	75	113	76	1,023	1,355	16,933	18,661	3	2	22	52	41
Arkansas§	2	2	9	37	46	28	77	138	1,692	1,611	—	0	3	2	3
Louisiana	—	1	14	11	33	—	184	384	3,026	4,299	—	0	2	3	5
Oklahoma	4	3	29	27	34	48	93	171	1,740	1,947	3	1	14	46	30
Texas§	N	0	0	N	N	—	643	1,102	10,475	10,804	—	0	3	1	3
Mountain	17	31	67	359	499	99	250	337	2,689	5,131	2	5	13	133	126
Arizona	—	3	11	35	70	19	90	130	311	1,926	1	2	11	69	56
Colorado	12	10	26	118	162	22	57	91	713	1,290	1	1	4	10	26
Idaho§	—	3	19	46	41	—	4	19	56	104	—	0	4	6	4
Montana§	1	2	8	23	29	—	1	48	38	39	—	0	1	1	—
Nevada§	4	3	8	37	44	47	45	126	973	845	—	0	1	7	6
New Mexico§	—	2	5	25	48	—	28	105	376	601	—	1	4	16	18
Utah	—	7	32	64	92	11	13	39	222	304	—	1	6	24	14
Wyoming§	—	1	3	11	13	—	1	5	—	22	—	0	1	—	2
Pacific	49	54	688	979	988	350	663	810	10,782	14,645	—	2	10	47	64
Alaska	1	2	5	27	20	7	10	24	164	192	—	0	4	8	4
California	32	41	91	685	783	316	564	683	9,874	12,352	—	0	5	6	20
Hawaii	—	1	5	12	29	1	11	23	206	269	—	0	1	7	3
Oregon§	6	9	19	162	153	26	24	63	521	421	—	1	4	24	37
Washington	10	0	590	93	3	—	58	142	17	1,411	—	0	6	2	—
American Samoa	—	0	0	—	—	—	0	1	2	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	1	—	1	9	19	48	—	0	1	—	—
Puerto Rico	—	3	31	8	98	5	5	23	97	133	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	1	4	38	20	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007	Current week	Med	Max	Cum 2008	Cum 2007
United States	31	52	207	917	1,018	60	79	300	1,196	1,586	28	48	122	631	565
New England	1	2	6	42	35	1	1	5	18	31	—	2	14	27	30
Connecticut	—	0	3	10	6	—	0	5	7	18	—	1	4	7	3
Maine§	—	0	1	2	—	1	0	2	5	2	—	0	2	1	—
Massachusetts	—	1	5	18	13	—	0	1	3	2	—	0	2	1	15
New Hampshire	—	0	1	2	9	—	0	1	1	4	—	0	2	3	—
Rhode Island§	—	0	2	9	6	—	0	3	1	4	—	0	5	11	11
Vermont§	1	0	1	1	1	—	0	1	1	1	—	0	2	4	1
Mid. Atlantic	5	9	21	110	160	5	9	17	148	236	11	14	37	141	147
New Jersey	—	2	6	20	53	—	2	7	35	74	—	2	13	13	22
New York (Upstate)	4	1	6	28	30	3	2	7	28	34	5	4	15	41	39
New York City	—	3	9	30	51	—	2	7	21	54	—	2	11	15	33
Pennsylvania	1	2	6	32	26	2	3	8	64	74	6	5	21	72	53
E.N. Central	3	6	13	116	112	2	8	15	125	201	1	11	30	140	134
Illinois	—	2	6	31	50	—	1	5	24	64	—	2	12	18	29
Indiana	—	0	4	6	4	—	0	8	11	14	—	1	7	8	9
Michigan	1	2	7	55	26	—	2	6	44	49	—	3	11	42	41
Ohio	2	1	3	16	25	2	2	6	43	61	1	4	17	68	47
Wisconsin	—	0	2	8	7	—	0	1	3	13	—	0	1	4	8
W.N. Central	3	3	24	124	63	1	2	7	33	43	—	2	9	29	16
Iowa	—	1	7	48	14	—	0	2	7	12	—	0	2	6	3
Kansas	—	0	3	10	2	—	0	2	4	4	—	0	1	1	—
Minnesota	—	0	23	10	33	—	0	5	1	4	—	0	6	3	2
Missouri	—	0	3	19	5	—	1	4	18	16	—	1	3	9	8
Nebraska§	3	1	5	35	5	1	0	1	3	4	—	0	2	9	2
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	1	2	4	—	0	1	—	3	—	0	1	1	1
S. Atlantic	5	9	22	124	179	28	17	58	314	401	5	8	27	127	126
Delaware	—	0	1	2	1	—	0	2	4	6	—	0	2	2	1
District of Columbia	—	0	0	—	14	—	0	0	—	1	—	0	3	7	1
Florida	4	2	8	61	56	6	6	12	136	132	4	3	10	57	54
Georgia	1	1	5	14	29	3	2	6	39	52	—	1	3	9	16
Maryland§	—	1	4	15	30	2	2	6	27	42	—	1	5	22	24
North Carolina	—	0	9	9	7	17	0	16	42	56	1	0	7	8	13
South Carolina§	—	0	4	6	4	—	1	6	24	30	—	0	2	2	5
Virginia§	—	1	5	15	36	—	2	16	31	62	—	1	6	17	9
West Virginia	—	0	2	2	2	—	0	30	11	20	—	0	3	3	3
E.S. Central	2	2	5	18	35	3	8	15	127	114	1	2	6	29	33
Alabama§	—	0	4	3	8	2	2	6	37	43	—	0	1	4	4
Kentucky	1	0	2	8	5	1	2	7	37	12	—	1	3	15	12
Mississippi	—	0	1	—	6	—	0	3	12	10	—	0	0	—	—
Tennessee§	1	1	3	7	16	—	2	8	41	49	1	1	4	10	17
W.S. Central	—	5	46	65	82	12	17	121	243	297	2	2	16	17	26
Arkansas§	—	0	1	2	5	—	1	3	12	30	—	0	3	1	2
Louisiana	—	0	3	4	15	—	1	6	14	34	—	0	2	—	1
Oklahoma	—	0	8	4	3	3	2	38	29	12	—	0	2	1	—
Texas§	—	4	45	55	59	9	12	97	188	221	2	1	14	15	23
Mountain	1	4	9	71	103	1	3	7	54	91	1	2	6	28	25
Arizona	1	2	7	32	80	—	1	4	13	44	1	1	5	9	6
Colorado	—	0	3	7	10	—	0	3	6	14	—	0	2	1	5
Idaho§	—	0	3	13	2	—	0	2	4	4	—	0	1	1	1
Montana§	—	0	2	—	1	—	0	1	—	—	—	0	1	2	1
Nevada§	—	0	1	2	6	1	1	3	17	21	—	0	2	5	3
New Mexico§	—	0	3	13	1	—	0	2	6	5	—	0	1	3	2
Utah	—	0	2	2	2	—	0	2	7	3	—	0	3	7	4
Wyoming§	—	0	1	2	1	—	0	1	1	—	—	0	1	—	3
Pacific	11	12	103	247	249	7	8	84	134	172	7	3	38	93	28
Alaska	—	0	1	2	2	—	0	2	6	3	—	0	1	1	—
California	11	10	42	203	235	7	6	19	94	143	6	2	14	76	25
Hawaii	—	0	2	3	3	—	0	2	3	3	—	0	1	4	1
Oregon§	—	1	3	16	9	—	1	3	15	22	—	0	2	6	1
Washington	—	0	59	23	—	—	0	64	16	1	1	0	23	6	1
American Samoa	—	0	0	—	—	—	0	0	—	14	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Puerto Rico	—	0	4	2	34	—	1	5	5	26	—	0	1	—	3
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 years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	102	355	1,313	2,004	3,613	14	24	152	255	366	14	17	71	479	480
New England	—	57	398	112	683	—	1	30	3	17	—	1	3	14	22
Connecticut	—	24	280	—	444	—	0	22	—	—	—	0	1	1	3
Maine§	—	6	61	33	22	—	0	2	—	3	—	0	1	1	4
Massachusetts	—	0	31	25	98	—	0	3	2	13	—	0	3	12	11
New Hampshire	—	7	88	45	106	—	0	4	1	1	—	0	0	—	1
Rhode Island§	—	0	77	—	—	—	0	8	—	—	—	0	1	—	1
Vermont§	—	1	13	9	13	—	0	2	—	—	—	0	1	—	2
Mid. Atlantic	72	174	692	1,086	1,609	3	7	18	55	102	—	2	6	51	58
New Jersey	—	39	220	230	605	—	1	7	—	24	—	0	1	1	8
New York (Upstate)	42	54	224	210	271	2	1	8	9	15	—	1	3	16	14
New York City	—	4	27	4	64	—	4	9	36	55	—	0	3	8	17
Pennsylvania	30	52	326	642	669	1	1	4	10	8	—	1	5	26	19
E.N. Central	—	6	169	27	212	1	2	7	43	51	4	3	9	83	77
Illinois	—	0	16	2	11	—	1	6	20	27	—	1	3	26	27
Indiana	—	0	7	1	3	—	0	2	1	1	—	0	4	12	13
Michigan	—	0	5	7	5	—	0	2	6	7	—	0	2	13	12
Ohio	—	0	4	4	4	1	0	3	13	9	2	1	4	23	17
Wisconsin	—	4	149	13	189	—	0	1	3	7	2	0	2	9	8
W.N. Central	1	3	731	65	63	1	0	8	21	19	1	2	8	49	30
Iowa	—	1	11	6	22	—	0	1	2	2	—	0	3	11	7
Kansas	—	0	2	2	5	1	0	1	3	1	—	0	1	1	2
Minnesota	—	0	731	51	35	—	0	8	6	11	—	0	7	15	8
Missouri	1	0	4	5	—	—	0	4	6	2	—	0	3	12	8
Nebraska§	—	0	1	—	1	—	0	2	4	2	1	0	2	8	2
North Dakota	—	0	2	—	—	—	0	1	—	—	—	0	1	1	2
South Dakota	—	0	1	1	—	—	0	0	—	1	—	0	1	1	1
S. Atlantic	25	62	218	618	977	5	4	15	61	73	1	3	7	64	68
Delaware	2	12	34	182	191	—	0	1	1	2	—	0	1	—	—
District of Columbia	1	0	9	63	13	—	0	0	—	3	—	0	0	—	—
Florida	—	0	4	8	2	3	1	7	21	17	1	1	5	25	26
Georgia	—	0	3	1	1	1	1	3	11	7	—	0	3	8	7
Maryland§	14	31	136	281	613	1	1	5	22	21	—	0	2	4	15
North Carolina	—	0	8	2	6	—	0	4	2	5	—	0	4	3	6
South Carolina§	1	0	4	3	6	—	0	1	1	2	—	0	3	9	6
Virginia§	7	18	68	75	141	—	0	7	3	15	—	0	3	13	8
West Virginia	—	0	9	3	4	—	0	1	—	1	—	0	1	2	—
E.S. Central	—	0	5	2	12	—	0	3	6	11	1	1	3	24	28
Alabama§	—	0	3	2	3	—	0	1	3	1	—	0	1	1	7
Kentucky	—	0	2	—	—	—	0	1	2	2	—	0	2	5	5
Mississippi	—	0	1	—	—	—	0	1	—	1	—	0	2	7	5
Tennessee§	—	0	4	—	9	—	0	2	1	7	1	0	2	11	11
W.S. Central	—	1	9	9	26	1	1	59	12	27	—	2	12	43	54
Arkansas§	—	0	1	—	—	—	0	1	—	—	—	0	1	4	7
Louisiana	—	0	0	—	2	—	0	1	—	11	—	0	3	12	19
Oklahoma	—	0	1	—	—	1	0	4	2	1	—	0	4	8	10
Texas§	—	1	8	9	24	—	1	55	10	15	—	1	7	19	18
Mountain	—	1	3	4	8	—	1	5	9	20	—	1	3	25	36
Arizona	—	0	1	2	—	—	0	1	3	4	—	0	1	2	8
Colorado	—	0	1	2	—	—	0	2	2	9	—	0	2	4	13
Idaho§	—	0	2	—	2	—	0	2	—	—	—	0	2	2	2
Montana§	—	0	2	—	1	—	0	1	—	1	—	0	1	4	1
Nevada§	—	0	2	—	5	—	0	3	4	1	—	0	2	5	3
New Mexico§	—	0	2	—	—	—	0	1	—	1	—	0	1	4	1
Utah	—	0	1	—	—	—	0	3	—	4	—	0	2	2	6
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	1	2	2
Pacific	4	2	15	81	23	3	3	37	45	46	7	4	39	126	107
Alaska	—	0	2	—	2	—	0	0	—	2	—	0	2	2	1
California	4	2	8	79	20	3	2	8	38	33	7	3	17	95	88
Hawaii	N	0	0	N	N	—	0	1	1	2	—	0	2	1	4
Oregon§	—	0	1	2	1	—	0	2	3	9	—	1	3	16	14
Washington	—	0	12	—	—	—	0	30	3	—	—	0	28	12	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	1	—	0	1	—	5
U.S. Virgin Islands	N	0	0	N	N	—	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 years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	64	158	1,132	2,276	3,424	39	95	177	1,362	2,124	4	31	165	113	305
New England	1	20	46	262	555	4	8	22	110	193	—	0	1	—	3
Connecticut	—	0	5	—	24	—	4	10	57	81	—	0	0	—	—
Maine†	—	1	5	14	34	—	1	5	18	31	N	0	0	N	N
Massachusetts	—	14	33	222	442	N	0	0	N	N	—	0	1	—	3
New Hampshire	—	0	3	8	33	2	1	4	14	15	—	0	1	—	—
Rhode Island†	1	1	31	13	6	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	5	16	2	2	13	21	66	—	0	0	—	—
Mid. Atlantic	9	22	44	291	488	7	19	29	331	354	—	1	5	15	26
New Jersey	—	3	9	3	83	—	0	0	—	—	—	0	3	2	6
New York (Upstate)	5	8	24	106	238	7	9	20	137	149	—	0	2	5	—
New York City	—	2	7	29	52	—	0	2	5	24	—	0	2	4	12
Pennsylvania	4	8	23	153	115	—	8	18	189	181	—	0	2	4	8
E.N. Central	13	21	186	539	663	3	3	43	16	16	—	1	4	2	15
Illinois	—	2	8	39	79	N	0	0	N	N	—	0	3	1	10
Indiana	—	0	12	15	11	—	0	1	1	3	—	0	2	—	1
Michigan	—	4	16	54	114	1	1	32	9	7	—	0	1	—	2
Ohio	13	10	176	431	303	2	1	11	6	6	—	0	2	1	2
Wisconsin	—	0	14	—	156	N	0	0	N	N	—	0	0	—	—
W.N. Central	17	11	136	190	267	—	4	13	36	77	2	4	33	17	50
Iowa	—	1	8	27	69	—	0	3	4	8	—	0	4	—	2
Kansas	—	2	5	23	64	—	0	7	—	45	—	0	2	—	6
Minnesota	15	0	131	20	48	—	0	6	17	4	—	0	4	—	—
Missouri	2	2	18	96	31	—	0	3	5	6	2	3	25	17	40
Nebraska†	—	1	12	21	10	—	0	0	—	—	—	0	2	—	1
North Dakota	—	0	4	—	4	—	0	5	8	6	—	0	0	—	—
South Dakota	—	0	3	3	41	—	0	2	2	8	—	0	1	—	1
S. Atlantic	1	14	50	211	386	14	40	61	717	886	—	14	111	44	127
Delaware	—	0	2	2	3	—	0	0	—	—	—	0	2	2	6
District of Columbia	—	0	3	5	2	—	0	0	—	—	—	0	3	3	1
Florida	1	3	9	62	99	—	0	25	46	124	—	0	3	2	3
Georgia	—	0	3	—	16	—	6	17	110	87	—	0	6	5	16
Maryland†	—	2	6	27	51	—	9	18	128	144	—	1	6	11	16
North Carolina	—	1	38	59	130	11	9	19	181	187	—	1	96	11	58
South Carolina†	—	1	22	22	36	—	0	0	—	46	—	0	7	2	9
Virginia†	—	2	11	32	42	—	12	27	211	266	—	2	11	7	17
West Virginia	—	0	12	2	7	3	0	11	41	32	—	0	3	1	1
E.S. Central	2	7	31	76	97	1	3	7	39	60	2	4	16	18	69
Alabama†	—	1	6	18	30	—	0	0	—	—	—	1	10	7	16
Kentucky	—	0	4	7	9	1	0	3	13	8	—	0	2	—	1
Mississippi	1	3	29	34	15	—	0	1	1	—	—	0	3	1	3
Tennessee†	1	1	4	17	43	—	2	6	25	52	2	1	10	10	49
W.S. Central	8	19	186	153	284	7	13	40	42	448	—	2	122	12	7
Arkansas†	1	2	17	22	58	4	1	6	26	10	—	0	15	1	—
Louisiana	—	0	2	2	9	—	0	0	—	—	—	0	2	2	1
Oklahoma	—	0	26	4	1	3	0	32	16	20	—	0	101	4	—
Texas†	7	16	170	125	216	—	12	34	—	418	—	1	8	5	6
Mountain	5	19	37	277	476	—	2	8	18	4	—	0	4	3	7
Arizona	1	2	8	43	128	N	0	0	N	N	—	0	1	2	1
Colorado	—	4	13	31	118	—	0	0	—	—	—	0	2	—	—
Idaho†	3	0	4	17	20	—	0	4	—	—	—	0	1	—	1
Montana†	—	1	11	56	26	—	0	3	—	—	—	0	1	—	—
Nevada†	1	0	7	13	14	—	0	2	1	—	—	0	0	—	—
New Mexico†	—	1	7	21	23	—	0	2	13	1	—	0	1	1	1
Utah	—	5	27	94	132	—	0	2	—	1	—	0	0	—	—
Wyoming†	—	0	2	2	15	—	0	4	4	2	—	0	2	—	4
Pacific	8	14	616	277	208	3	4	10	53	86	—	0	1	2	1
Alaska	—	1	6	25	13	—	0	3	11	31	N	0	0	N	N
California	—	8	129	105	149	3	3	8	41	55	—	0	1	1	1
Hawaii	—	0	2	4	10	—	0	0	—	—	N	0	0	N	N
Oregon†	2	2	14	44	36	—	0	3	1	—	—	0	1	1	—
Washington	6	0	482	99	—	—	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	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	2	1	5	26	19	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)[†]					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	435	862	2,661	9,813	12,386	37	74	244	1,042	954	207	359	1,296	5,398	4,706
New England	2	25	151	449	962	—	3	12	48	126	—	3	13	54	119
Connecticut	—	0	123	123	431	—	0	8	8	71	—	0	12	12	44
Maine[§]	—	2	14	46	38	—	0	4	4	13	—	0	2	2	12
Massachusetts	—	16	58	220	395	—	2	10	24	30	—	2	8	33	55
New Hampshire	—	2	10	22	44	—	0	4	7	8	—	0	1	1	4
Rhode Island[§]	1	1	14	21	32	—	0	2	3	1	—	0	9	5	3
Vermont[§]	1	1	5	17	22	—	0	3	2	3	—	0	1	1	1
Mid. Atlantic	55	106	190	1,190	1,727	3	9	195	293	118	8	21	79	550	208
New Jersey	—	18	48	160	348	—	1	7	3	31	—	4	14	73	33
New York (Upstate)	30	24	63	329	425	2	3	191	261	35	6	4	37	178	38
New York City	4	24	52	323	413	—	0	5	10	13	1	7	35	258	108
Pennsylvania	21	32	69	378	541	1	2	11	19	39	1	2	66	41	29
E.N. Central	75	86	255	1,127	1,828	3	8	35	95	116	13	61	134	1,018	459
Illinois	—	27	188	263	651	—	1	13	9	18	—	16	29	262	210
Indiana	—	9	34	108	166	—	1	12	9	10	—	8	83	292	23
Michigan	8	18	43	234	286	—	2	8	22	19	—	1	7	20	15
Ohio	67	26	64	395	367	3	2	9	36	41	12	23	104	296	125
Wisconsin	—	9	29	127	358	—	2	11	19	28	1	5	20	148	86
W.N. Central	17	51	103	737	854	8	12	38	124	121	5	25	64	336	808
Iowa	1	8	18	110	136	2	2	13	28	23	—	2	8	33	24
Kansas	2	7	20	80	133	—	1	4	9	12	1	0	3	7	13
Minnesota	2	13	39	209	208	—	3	15	20	46	3	4	11	81	92
Missouri	8	14	29	205	235	6	3	12	46	20	1	14	48	124	649
Nebraska[§]	4	5	13	89	68	—	1	6	11	17	—	0	3	—	9
North Dakota	—	0	9	13	11	—	0	1	2	—	—	0	5	23	6
South Dakota	—	3	11	31	63	—	1	5	8	3	—	2	30	68	15
S. Atlantic	109	229	444	2,593	3,009	8	12	40	182	184	46	76	152	1,116	1,603
Delaware	2	3	8	42	39	—	0	2	4	6	—	0	2	3	4
District of Columbia	—	0	6	32	15	1	0	3	8	1	—	0	5	14	4
Florida	65	87	181	1,291	1,227	2	2	18	57	45	14	31	75	367	940
Georgia	17	33	86	359	468	—	1	6	13	23	32	28	85	429	539
Maryland[§]	12	15	44	167	217	2	1	5	30	30	—	2	7	21	29
North Carolina	3	23	228	264	441	1	1	24	18	25	—	1	12	35	25
South Carolina[§]	2	17	52	215	248	—	0	3	13	4	—	7	21	196	28
Virginia[§]	8	22	49	174	316	2	3	9	32	49	—	4	14	48	33
West Virginia	—	4	25	49	38	—	0	3	7	1	—	0	61	3	1
E.S. Central	29	60	144	633	778	7	5	26	77	42	45	52	178	726	369
Alabama[§]	5	16	50	187	233	1	1	19	26	10	1	13	43	159	154
Kentucky	6	9	23	108	153	1	1	12	14	13	15	11	35	126	40
Mississippi	5	15	57	142	159	—	0	1	2	2	2	18	112	191	104
Tennessee[§]	13	17	34	196	233	5	2	12	35	17	27	9	32	250	71
W.S. Central	53	97	875	827	943	1	5	23	71	66	62	49	707	994	516
Arkansas[§]	5	13	50	100	123	—	0	4	14	12	7	2	17	104	38
Louisiana	—	15	44	58	199	—	0	0	—	3	—	6	22	58	166
Oklahoma	11	9	60	120	110	1	0	13	5	8	1	3	31	39	21
Texas[§]	37	51	790	549	511	—	4	11	52	43	54	36	663	793	291
Mountain	27	51	83	828	828	2	8	42	93	107	8	18	40	213	264
Arizona	11	17	39	252	272	1	1	8	21	35	2	10	30	98	124
Colorado	10	11	47	256	211	—	1	17	10	20	2	2	6	18	41
Idaho[§]	3	3	10	45	39	1	2	16	25	8	1	0	2	5	4
Montana[§]	1	1	10	23	31	—	0	3	12	—	1	0	1	1	11
Nevada[§]	2	5	12	77	80	—	0	3	5	10	2	2	10	70	12
New Mexico[§]	—	6	14	79	83	—	0	3	10	19	—	1	6	12	42
Utah	—	5	17	77	80	—	1	9	7	15	—	1	5	6	6
Wyoming[§]	—	1	5	19	32	—	0	1	3	—	—	0	5	3	24
Pacific	68	102	1,045	1,429	1,457	5	7	166	59	74	20	26	218	391	360
Alaska	1	1	5	9	32	—	0	1	1	—	—	0	1	—	6
California	56	83	286	1,100	1,242	5	4	34	36	50	18	23	61	331	322
Hawaii	1	5	14	65	87	—	0	5	3	12	—	0	43	16	14
Oregon[§]	1	6	16	99	93	—	1	11	5	12	—	1	6	20	18
Washington	9	0	749	156	3	—	0	140	14	—	2	0	159	24	—
American Samoa	—	0	1	1	—	—	0	0	—	—	—	0	1	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	5	5	—	0	0	—	—	1	0	3	9	6
Puerto Rico	2	12	55	65	291	—	0	1	1	—	—	0	2	—	15
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 years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	71	94	235	2,487	2,506	25	34	148	723	720
New England	—	5	24	135	205	—	1	5	39	61
Connecticut	—	0	22	13	49	—	0	4	—	10
Maine§	—	0	3	11	10	—	0	1	1	1
Massachusetts	—	2	7	82	109	—	1	4	30	44
New Hampshire	—	0	2	16	23	—	0	1	7	—
Rhode Island§	—	0	6	5	2	—	0	1	—	4
Vermont§	—	0	2	8	12	—	0	1	1	2
Mid. Atlantic	16	17	42	512	525	3	4	38	86	118
New Jersey	—	3	8	69	108	—	1	6	18	31
New York (Upstate)	11	6	20	185	145	3	2	14	43	49
New York City	—	4	10	84	131	—	1	35	25	38
Pennsylvania	5	5	16	174	141	N	0	0	N	N
E.N. Central	11	16	59	510	480	2	5	22	151	118
Illinois	—	4	15	135	153	—	1	6	33	28
Indiana	—	2	11	63	52	—	0	14	19	7
Michigan	1	3	10	80	116	—	1	5	37	42
Ohio	4	4	15	145	133	2	1	5	28	34
Wisconsin	6	0	38	87	26	—	0	9	34	7
W.N. Central	3	5	39	221	182	3	2	15	64	45
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	1	0	6	32	23	3	0	2	13	1
Minnesota	—	0	35	101	86	—	0	13	24	26
Missouri	2	2	10	52	47	—	1	2	18	13
Nebraska§	—	0	3	18	12	—	0	3	4	4
North Dakota	—	0	3	8	10	—	0	1	1	1
South Dakota	—	0	2	10	4	—	0	1	4	—
S. Atlantic	22	22	51	519	540	4	5	10	98	104
Delaware	—	0	2	6	4	—	0	0	—	—
District of Columbia	—	0	8	26	8	—	0	2	3	—
Florida	6	6	16	124	118	4	1	4	30	30
Georgia	6	4	10	97	124	—	0	0	—	—
Maryland§	1	4	9	89	95	—	1	5	34	37
North Carolina	8	2	22	70	55	N	0	0	N	N
South Carolina§	—	1	6	30	52	—	1	4	20	12
Virginia§	1	3	12	64	74	—	0	4	7	23
West Virginia	—	0	3	13	10	—	0	1	4	2
E.S. Central	2	4	13	79	90	1	2	11	48	46
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	16	24	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	13	3
Tennessee§	2	3	13	63	66	1	2	9	35	43
W.S. Central	7	7	83	199	143	7	5	61	116	112
Arkansas§	—	0	2	4	13	—	0	2	4	6
Louisiana	—	0	1	3	13	—	0	2	1	23
Oklahoma	2	1	17	58	39	2	1	5	41	24
Texas§	5	5	65	134	78	5	3	56	70	59
Mountain	9	10	24	263	279	5	4	12	114	108
Arizona	6	4	9	98	100	1	2	8	63	55
Colorado	2	2	9	62	75	4	1	4	30	25
Idaho§	—	0	2	9	6	—	0	1	2	2
Montana§	N	0	0	N	N	—	0	1	—	—
Nevada§	—	0	2	6	2	N	0	0	N	N
New Mexico§	1	2	7	50	47	—	0	3	10	22
Utah	—	1	5	35	45	—	0	4	8	4
Wyoming§	—	0	2	3	4	—	0	1	1	—
Pacific	1	3	6	49	62	—	0	2	7	8
Alaska	—	0	3	13	11	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	1	2	6	36	51	—	0	2	7	8
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	3	0	12	19	4	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

	Streptococcus pneumoniae, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	39	46	231	1,222	1,268	2	9	36	196	258	103	222	328	3,971	3,870
New England	—	1	20	23	78	—	0	4	3	9	4	6	14	106	83
Connecticut	—	0	16	—	48	—	0	3	—	4	—	0	6	7	9
Maine§	—	0	2	9	7	—	0	1	1	1	—	0	2	2	1
Massachusetts	—	0	0	—	—	—	0	0	—	—	4	3	11	91	50
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	4	9
Rhode Island§	—	0	3	5	12	—	0	1	1	2	—	0	3	2	12
Vermont§	—	0	2	9	11	—	0	1	1	2	—	0	5	—	2
Mid. Atlantic	3	2	7	73	78	1	0	2	13	19	33	32	45	690	602
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	10	85	76
New York (Upstate)	2	1	5	24	25	—	0	1	4	8	2	3	10	49	46
New York City	—	0	0	—	—	—	0	0	—	—	25	17	30	434	375
Pennsylvania	1	1	7	49	53	1	0	2	9	11	6	5	12	122	105
E.N. Central	10	13	46	354	335	1	2	14	56	59	6	17	31	350	322
Illinois	—	3	13	51	59	—	0	6	11	24	—	7	19	61	158
Indiana	—	3	28	109	67	—	1	11	14	8	1	1	6	58	15
Michigan	—	0	1	4	—	—	0	1	1	—	2	2	17	87	45
Ohio	10	7	15	190	209	1	1	4	30	27	3	4	14	126	78
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	3	18	26
W.N. Central	1	3	106	98	94	—	1	9	7	15	—	8	15	145	105
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	5	6
Kansas	1	1	5	45	51	—	0	1	2	2	—	0	5	12	7
Minnesota	—	0	105	—	1	—	0	9	—	10	—	1	4	34	24
Missouri	—	1	8	53	35	—	0	1	2	—	—	5	10	91	67
Nebraska§	—	0	0	—	2	—	0	0	—	—	—	0	1	3	1
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	5	—	0	1	3	3	—	0	3	—	—
S. Atlantic	22	19	42	502	540	—	3	9	81	125	27	49	196	805	830
Delaware	—	0	1	2	4	—	0	1	—	1	—	0	3	1	5
District of Columbia	—	0	4	14	5	—	0	0	—	—	—	2	11	34	68
Florida	13	11	26	278	290	—	2	6	49	66	9	18	34	331	277
Georgia	9	6	18	169	208	—	1	6	27	51	—	6	174	27	107
Maryland§	—	0	2	3	1	—	0	1	1	—	4	7	14	142	114
North Carolina	N	0	0	N	N	N	0	0	N	N	8	6	18	130	138
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	10	31	41
Virginia§	N	0	0	N	N	N	0	0	N	N	6	4	17	109	75
West Virginia	—	1	7	36	32	—	0	2	4	7	—	0	1	—	5
E.S. Central	3	4	12	135	74	—	1	4	25	15	10	19	32	383	288
Alabama§	N	0	0	N	N	N	0	0	N	N	3	8	17	160	106
Kentucky	—	0	3	32	16	—	0	2	8	1	—	0	7	35	29
Mississippi	—	0	0	—	—	—	0	0	—	—	—	2	15	45	48
Tennessee§	3	3	12	103	58	—	1	3	17	14	7	8	14	143	105
W.S. Central	—	1	5	23	45	—	0	2	7	7	9	40	59	700	589
Arkansas§	—	0	2	6	1	—	0	1	3	2	9	2	10	44	40
Louisiana	—	1	4	17	44	—	0	2	4	5	—	11	22	172	157
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	5	23	23
Texas§	—	0	0	—	—	—	0	0	—	—	—	25	46	461	369
Mountain	—	1	6	14	24	—	0	2	3	8	2	8	29	79	160
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	21	3	80
Colorado	—	0	0	—	—	—	0	0	—	—	1	1	7	38	20
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	1	1	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	N	0	0	N	N	N	0	0	N	N	1	2	6	27	34
New Mexico§	—	0	1	1	—	—	0	0	—	1	—	0	3	10	19
Utah	—	0	6	13	15	—	0	2	3	6	—	0	2	—	4
Wyoming§	—	0	2	—	9	—	0	1	—	1	—	0	1	—	1
Pacific	—	0	0	—	—	—	0	1	1	1	12	41	69	713	891
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	—	4
California	N	0	0	N	N	N	0	0	N	N	2	37	59	628	825
Hawaii	—	0	0	—	—	—	0	1	1	1	—	0	2	9	4
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	2	6	8
Washington	N	0	0	N	N	N	0	0	N	N	10	3	13	70	50
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	9	3	10	61	53
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 years 2007 and 2008 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	541	628	1,429	13,198	20,156	—	1	141	—	6	—	2	299	—	6
New England	4	13	39	224	513	—	0	2	—	—	—	0	2	—	—
Connecticut	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
Maine¶	—	1	26	—	170	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
New Hampshire	—	6	18	102	156	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Vermont¶	4	6	19	122	186	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	66	57	145	1,090	2,524	—	0	3	—	—	—	0	3	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	N	0	0	N	N	—	0	3	—	—	—	0	3	—	—
Pennsylvania	66	57	145	1,090	2,524	—	0	1	—	—	—	0	1	—	—
E.N. Central	116	155	358	3,087	5,661	—	0	18	—	—	—	0	12	—	1
Illinois	24	4	57	443	78	—	0	13	—	—	—	0	8	—	—
Indiana	—	0	222	—	—	—	0	4	—	—	—	0	2	—	—
Michigan	39	62	154	1,276	2,213	—	0	5	—	—	—	0	0	—	—
Ohio	47	59	129	1,294	2,731	—	0	4	—	—	—	0	3	—	1
Wisconsin	6	6	80	74	639	—	0	2	—	—	—	0	2	—	—
W.N. Central	54	22	69	657	1,026	—	0	41	—	—	—	0	117	—	2
Iowa	N	0	0	N	N	—	0	4	—	—	—	0	3	—	1
Kansas	7	5	36	231	397	—	0	3	—	—	—	0	7	—	—
Minnesota	—	0	0	—	—	—	0	9	—	—	—	0	12	—	—
Missouri	47	12	53	366	490	—	0	9	—	—	—	0	3	—	—
Nebraska¶	N	0	0	N	N	—	0	5	—	—	—	0	15	—	—
North Dakota	—	0	39	43	84	—	0	11	—	—	—	0	49	—	—
South Dakota	—	1	5	17	55	—	0	9	—	—	—	0	32	—	1
S. Atlantic	41	99	180	2,117	2,621	—	0	12	—	—	—	0	6	—	—
Delaware	—	1	4	13	17	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	6	26	8	—	0	0	—	—	—	0	0	—	—
Florida	36	28	87	901	615	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	—	—	—	0	5	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
South Carolina¶	1	14	56	340	625	—	0	2	—	—	—	0	1	—	—
Virginia¶	—	22	82	502	771	—	0	1	—	—	—	0	1	—	—
West Virginia	4	15	66	335	585	—	0	0	—	—	—	0	0	—	—
E.S. Central	39	15	82	588	280	—	0	11	—	4	—	0	14	—	—
Alabama¶	39	15	82	581	279	—	0	2	—	—	—	0	1	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	2	7	1	—	0	7	—	3	—	0	12	—	—
Tennessee¶	N	0	0	N	N	—	0	1	—	1	—	0	2	—	—
W.S. Central	189	172	855	4,516	5,958	—	0	34	—	2	—	0	18	—	1
Arkansas¶	15	13	42	310	335	—	0	5	—	1	—	0	2	—	—
Louisiana	—	1	8	27	73	—	0	5	—	—	—	0	3	—	—
Oklahoma	N	0	0	N	N	—	0	11	—	—	—	0	7	—	—
Texas¶	174	159	825	4,179	5,550	—	0	18	—	1	—	0	10	—	1
Mountain	31	38	105	904	1,551	—	0	36	—	—	—	0	143	—	2
Arizona	—	0	0	—	—	—	0	8	—	—	—	0	10	—	—
Colorado	21	13	40	344	590	—	0	17	—	—	—	0	65	—	1
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	22	—	—
Montana¶	10	6	40	152	197	—	0	10	—	—	—	0	30	—	—
Nevada¶	N	0	0	N	N	—	0	1	—	—	—	0	3	—	1
New Mexico¶	—	4	22	105	248	—	0	8	—	—	—	0	6	—	—
Utah	—	8	55	302	501	—	0	8	—	—	—	0	8	—	—
Wyoming¶	—	0	9	1	15	—	0	4	—	—	—	0	33	—	—
Pacific	1	0	4	15	22	—	0	18	—	—	—	0	23	—	—
Alaska	1	0	4	15	22	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	17	—	—	—	0	21	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	4	2	7	33	151	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	10	37	114	329	—	0	0	—	—	—	0	0	—	—
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 years 2007 and 2008 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending May 17, 2008 (20th Week)

Reporting Area	All causes, by age (years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1	Total
New England	457	297	118	28	6	8	41
Boston, MA	116	79	26	8	2	1	10
Bridgeport, CT	38	27	9	2	—	—	4
Cambridge, MA	7	3	3	1	—	—	1
Fall River, MA	27	21	5	1	—	—	3
Hartford, CT	43	25	13	4	—	1	7
Lowell, MA	21	13	8	—	—	—	2
Lynn, MA	7	5	—	2	—	—	1
New Bedford, MA	14	11	2	1	—	—	1
New Haven, CT	32	21	8	2	—	1	4
Providence, RI	53	30	15	4	—	4	4
Somerville, MA	2	1	1	—	—	—	—
Springfield, MA	21	12	8	—	1	—	1
Waterbury, CT	27	17	9	—	1	—	2
Worcester, MA	49	32	11	3	2	1	1
Mid. Atlantic	2,077	1,431	432	144	34	34	121
Albany, NY	41	29	8	4	—	—	3
Allentown, PA	20	13	5	—	2	—	—
Buffalo, NY	88	61	15	8	1	3	6
Camden, NJ	34	19	9	4	—	2	6
Elizabeth, NJ	16	8	6	—	2	—	—
Erie, PA	69	45	12	10	2	—	4
Jersey City, NJ	11	6	3	2	—	—	2
New York City, NY	1,021	709	225	64	12	9	46
Newark, NJ	53	29	13	2	1	8	2
Paterson, NJ	16	8	6	1	—	1	1
Philadelphia, PA	299	190	72	25	8	4	20
Pittsburgh, PA§	58	42	8	5	2	1	7
Reading, PA	30	23	5	2	—	—	—
Rochester, NY	133	93	26	11	2	1	12
Schenectady, NY	16	14	1	1	—	—	1
Scranton, PA	21	19	2	—	—	—	—
Syracuse, NY	104	90	8	2	1	3	9
Trenton, NJ	19	13	3	2	—	1	—
Utica, NY	11	8	3	—	—	—	1
Yonkers, NY	17	12	2	1	1	1	1
E.N. Central	1,984	1,305	456	133	44	46	138
Akron, OH	46	31	8	4	3	—	2
Canton, OH	34	26	8	—	—	—	3
Chicago, IL	298	162	90	31	6	9	24
Cincinnati, OH	96	59	19	10	4	4	10
Cleveland, OH	248	179	48	16	2	3	13
Columbus, OH	192	123	49	10	8	2	14
Dayton, OH	140	100	22	11	1	6	10
Detroit, MI	177	86	58	16	8	9	6
Evansville, IN	48	34	10	3	1	—	3
Fort Wayne, IN	49	31	16	1	—	1	2
Gary, IN	19	10	2	5	—	2	—
Grand Rapids, MI	44	34	8	1	1	—	8
Indianapolis, IN	173	107	41	15	3	7	11
Lansing, MI	38	23	11	3	1	—	2
Milwaukee, WI	83	60	19	2	1	1	8
Peoria, IL	41	32	6	2	1	—	5
Rockford, IL	58	41	13	2	1	1	2
South Bend, IN	43	39	2	—	1	1	3
Toledo, OH	97	77	17	1	2	—	6
Youngstown, OH	60	51	9	—	—	—	6
W.N. Central	689	430	182	49	12	15	41
Des Moines, IA	99	63	23	7	—	6	4
Duluth, MN	26	15	9	1	—	1	—
Kansas City, KS	22	9	10	3	—	—	1
Kansas City, MO	95	62	22	8	2	—	5
Lincoln, NE	51	39	12	—	—	—	3
Minneapolis, MN	69	42	19	6	1	1	3
Omaha, NE	109	74	25	6	2	2	10
St. Louis, MO	112	63	31	9	5	4	11
St. Paul, MN	40	21	16	2	—	1	3
Wichita, KS	66	42	15	7	2	—	1
S. Atlantic	1,149	700	308	84	35	22	80
Atlanta, GA	80	43	23	11	2	1	3
Baltimore, MD	169	98	47	12	9	3	12
Charlotte, NC	112	66	31	10	3	2	5
Jacksonville, FL	153	94	45	9	3	2	9
Miami, FL	97	63	25	5	3	1	26
Norfolk, VA	50	21	15	7	3	4	1
Richmond, VA	50	33	13	2	2	—	2
Savannah, GA	61	32	20	4	1	4	7
St. Petersburg, FL	70	57	9	2	2	—	1
Tampa, FL	198	128	46	16	5	3	11
Washington, D.C.	97	55	32	6	2	2	1
Wilmington, DE	12	10	2	—	—	—	2
E.S. Central	827	510	223	54	23	17	62
Birmingham, AL	169	101	46	12	4	6	12
Chattanooga, TN	73	49	15	6	2	1	1
Knoxville, TN	116	79	29	4	3	1	9
Lexington, KY	35	23	8	3	—	1	2
Memphis, TN	109	57	40	7	2	3	6
Mobile, AL	120	81	30	6	3	—	7
Montgomery, AL	61	38	18	2	2	1	13
Nashville, TN	144	82	37	14	7	4	12
W.S. Central	1,558	964	377	125	64	28	85
Austin, TX	93	47	30	10	6	—	7
Baton Rouge, LA	78	33	10	20	15	—	—
Corpus Christi, TX	83	59	18	5	1	—	5
Dallas, TX	189	123	40	18	5	3	10
El Paso, TX	106	74	25	5	2	—	4
Fort Worth, TX	114	75	29	5	2	3	6
Houston, TX	367	206	99	27	19	16	18
Little Rock, AR	98	64	22	4	5	3	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	260	168	60	21	8	3	19
Shreveport, LA	33	18	13	2	—	—	3
Tulsa, OK	137	97	31	8	1	—	11
Mountain	1,162	784	252	68	33	24	94
Albuquerque, NM	173	112	37	10	6	8	8
Boise, ID	45	35	7	2	1	—	4
Colorado Springs, CO	65	41	18	3	3	—	3
Denver, CO	90	65	17	6	—	2	13
Las Vegas, NV	294	212	59	14	8	1	28
Ogden, UT	33	23	6	3	—	1	3
Phoenix, AZ	172	98	45	16	5	7	10
Pueblo, CO	31	20	9	1	1	—	3
Salt Lake City, UT	112	67	27	10	5	3	5
Tucson, AZ	147	111	27	3	4	2	17
Pacific	1,620	1,138	350	83	26	22	180
Berkeley, CA	16	14	2	—	—	—	3
Fresno, CA	102	74	22	5	—	1	12
Glendale, CA	26	23	2	1	—	—	7
Honolulu, HI	78	65	11	1	1	—	13
Long Beach, CA	54	35	14	2	2	1	9
Los Angeles, CA	230	157	55	11	4	3	32
Pasadena, CA	17	12	4	—	—	1	2
Portland, OR	123	90	25	3	3	1	6
Sacramento, CA	167	118	33	11	3	2	15
San Diego, CA	159	122	32	5	—	—	15
San Francisco, CA	130	74	38	12	3	3	19
San Jose, CA	147	103	30	7	4	3	23
Santa Cruz, CA	27	18	8	1	—	—	3
Seattle, WA	143	103	26	10	2	2	7
Spokane, WA	74	54	10	5	1	4	11
Tacoma, WA	127	76	38	9	3	1	3
Total	11,523**	7,559	2,698	768	277	216	842

U: Unavailable. —:No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to *listserv@listserv.cdc.gov*. The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's Internet server at *http://www.cdc.gov/mmwr* or from CDC's file transfer protocol server at *ftp://ftp.cdc.gov/pub/publications/mmwr*. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to *mmwrq@cdc.gov*.

☆U.S. Government Printing Office: 2008-723-026/41098 Region IV ISSN: 0149-2195