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Malaria in Refugees from Tanzania — King County, Washington, 2007

Recent immigrants and refugees constitute a substantial proportion of malaria cases in the United States, accounting for nearly one in 10 imported malaria cases involving persons with known resident status in 2006 (*1*). This report describes three cases of *Plasmodium falciparum* malaria and two cases of *Plasmodium ovale* malaria that occurred during June 27–October 15, 2007 in King County, Washington. The infections were diagnosed in Burundian refugees who had recently arrived in the United States from two refugee camps in Tanzania. Since 2005, CDC has recommended presumptive malaria treatment with artemisinin-based combination therapy (ACT) (e.g., artemether-lumefantrine) for refugees from sub-Saharan Africa before their departure for the United States (*2*). Rising levels of resistance to the previous mainstays of treatment, chloroquine and sulfadoxine-pyrimethamine, prompted CDC to make this recommendation. Implementation has been delayed in some countries, including Tanzania, where predeparture administration of presumptive ACT for refugees started in July 2007. The cases in this report highlight the need for health-care providers who care for recently arrived Burundian and other refugee populations to be vigilant for malaria, even among refugees previously treated for the disease.

Washington state law requires health-care providers, hospitals, and laboratories to report malaria and certain other conditions to the local health department.* This report summarizes the findings from five cases reported to the local health department by health-care providers and laboratories (Table). After these cases were reported, the patients' medical records were obtained from two local hospitals and reviewed to assist in case investigations. Initial investigations were limited to case investigation forms completed by public health officials based on available medical records.

*Notifiable conditions. Ch. 246-101, Washington Administrative Code. Available at http://apps.leg.wa.gov/wac/default.aspx?cite=246-101.

Case 1. A female aged 3 years was diagnosed with *P. falciparum* malaria in May 2007 while in Tanzania. At that time, she was placed on a quinine-based regimen (formulation, date of administration, and method of administration unknown) and clinically recovered. During an overseas predeparture exam, a requirement for entry into the United States, she received presumptive malaria treatment, with a course of sulfadoxine-pyrimethamine. She arrived in the United States on June 12, 2007, and became ill on June 25, 2007, with fevers, chills, and cough. On June 27, 2007, she was admitted to the local children's hospital. A blood smear revealed 7% hyperparasitemia (>5% = hyperparasitemia) with *P. falciparum.* Other laboratory findings included anemia, thrombocytopenia, and elevated aspartate aminotransferase. She received oral atovaquone-proguanil, clinically improved, and was discharged July 2, 2007 after 5 days in the hospital.

Case 2. A female aged 9 years arrived in the United States on July 23, 2007. Before leaving Tanzania, she received presumptive 3-day treatment of twice daily artemether-lumefantrine; the last doses were administered on July 19, 2007. She became ill on August 11, 2007, with fever, headache, malaise, and cough. She was evaluated in the local county hospital emergency department on August 14, 2007. Blood smear (percent parasitemia unknown) and polymerase chain reaction (PCR) test results were positive for *P. ovale*. Other

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laboratory findings included anemia, elevated alanine and aspartate aminotransferase, and hypoalbuminemia. The patient recovered after outpatient treatment with mefloquine and primaquine.

Case 3. A male aged 6 years arrived in the United States on July 23, 2007. Before leaving Tanzania, he received presumptive 3-day treatment of twice daily artemether-lumefantrine, with last doses given on July 19, 2007. He became ill on August 13, 2007, with fever, headache, and malaise. He was evaluated in the local county hospital emergency department on August 15, 2007. Laboratory evaluation revealed anemia and *P. ovale* on blood smear (percent parasitemia unknown) and by PCR. He was treated with chloroquine and primaquine as an outpatient and recovered.

Case 4. A male aged 6 years arrived in the United States on September 28, 2007. He received presumptive treatment of artemether-lumefantrine before departure from Tanzania. The last doses were administered on September 24, 2007. He became ill on October 1, 2007, with fever, cough, and decreased energy. He was admitted to a local children's hospital on October 15, 2007. A blood smear revealed *P. falciparum* with 6.3% hyperparasitemia. Anemia was the other notable laboratory finding. The patient received quinidine and clindamycin, recovered, and was transitioned to atovaquone-proguanil before discharge. He was discharged on October 19, 2007 after spending 4 days in the hospital.

Case 5. A female aged 2 years arrived in the United States on September 28, 2007. She received artemether-lumefantrine as presumptive treatment before departure from Tanzania, with the last doses administered on September 24, 2007. She became ill on October 8, 2007, with fever, vomiting, and nonbloody diarrhea. She worsened clinically over the following week, eventually developing respiratory distress and lethargy. She was admitted to the intensive care unit of a local children's hospital on October 15, 2007. Her blood smear revealed 7.4% hyperparasitemia with *P. falciparum*. Other laboratory findings included anemia, thrombocytopenia, and elevated alanine and aspartate aminotransferase. The patient was treated with quinidine and clindamycin, recovered, and was transitioned to atovaquone-proguanil before discharge on October 19, 2007. She spent a total of 4 days in the hospital.

Blood smears from cases 2 through 5 were sent to CDC for confirmation of test results. In cases 2 and 3, blood smears were positive for *Plasmodium spp.* (without percent parasitemia noted), and PCR was positive for *P. ovale*. In case 4, the blood smear was notable for a 10% *P. falciparum* hyperparasitemia. In case 5, the blood smear was negative, but PCR was positive for *P. falciparum*.

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TABLE. Clinical findings, laboratory results, and treatment of malaria in Burundian refugees from Tanzania — King County, Washington, June 27, 2007–October 15, 2007

Characteristic	Case 1	Case 2	Case 3	Case 4	Case 5
Patient age (yrs)	3	9	6	6	2
Sex	Female	Female	Male	Male	Female
Arrival in United States	June 12, 2007	July 23, 2007	July 23, 2007	September 28, 2007	September 28, 2007
Symptom onset	June 25, 2007	August 11, 2007	August 13, 2007	October 1, 2007	October 8, 2007
Signs/Symptoms	Fever, chills, cough	Fever, headache, malaise, cough	Fever, headache, malaise	Fever, cough	Fever, vomiting, diarrhea, respiratory distress, lethargy
Laboratory findings					
Blood smear	*Plasmodium falciparum*	*Plasmodium spp.*	*Plasmodium spp.*	*P. falciparum*	*P. falciparum*
% Parasitemia	7%	—	—	6.3%*	7.4%†
Polymerase chain reaction (PCR)	N/A	*Plasmodium ovale*	*P. ovale*	N/A	*P. falciparum*
Hematocrit	29%	30%	34%	32%	18%
Platelets	59,000	210,000	160,000	202,000	29,000
Aspartate aminotransferase	68	118	31	—	122
Alanine aminotransferase	43	150	18	—	61
P_aO_2§	49	—	—	—	24
Treatment					
Predeparture	sulfadoxine pyrimethamine	artemether-lumefantrine	artemether-lumefantrine	artemether-lumefantrine	artemether-lumefantrine
In the United States	atovaquone-proguanil	mefloquine and primaquine	chloroquine and primaquine	quinidine and clindamycin, followed by atovaquone-proguanil	quinidine and clindamycin, followed by atovaquone proguanil

* Confirmation at CDC revealed 10% hyperparasitemia.
† Smear negative, but PCR test positive at CDC.
§ Partial pressure of oxygen in arterial blood.

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Editorial Note: CDC recommends presumptive treatment of *P. falciparum* malaria in United States-bound refugees at high risk for infection rather than waiting for development of symptoms and risking severe complications or death after arrival in the United States (*2*). To be considered adequate presumptive therapy, the regimen must be completed no sooner than 3 days before departure (*2*). This approach reduces the risk for malaria-related morbidity and mortality among these refugees. Refugees are typically a medically underserved population with difficulty accessing care, which can lead to delays in diagnosis and treatment. Even if refugees are able to obtain care, health-care providers in the United States might not be familiar with recommended malaria treatment regimens. For example, the patient in case 1 did not receive adequate treatment for severe infection with *P. falciparum.* Instead, she received oral atovaquone-proguanil, which would have been appropriate for uncomplicated malaria. The recommended regimens for severe infection with *P. falciparum* include either intravenous quinidine or artesunate (*3*). The latter is available from CDC via an investigational new drug protocol. Presumptive predeparture treatment for malaria in a geographically clustered population of refugees, as in a refugee camp, is easier logistically and less costly than treatment of symptomatic cases dispersed throughout the United States after arrival. Presumptive treatment also can reduce the risk for reintroduction of malaria into the United States. Reintroduction is a concern given that the malaria vector, the female *Anopheles* mosquito, is widespread in the United States. A recent malaria outbreak in the Caribbean resulting from reintroduction is an example of this possibility (*4*).

The International Organization for Migration (IOM) is an intergovernmental agency that screens and treats most refugees bound for the United States. This is done at the request of the United States in an effort to reduce the incidence of infectious disease among refugees after they reach the United States. IOM administers presumptive treatment against *P. falciparum* malaria (and intestinal parasites) to refugees resettling from Tanzania before departure for the United States. In 2005, CDC

recommended ACT as presumptive *P. falciparum* treatment for refugees resettling in the United States from sub-Saharan Africa. However, presumptive *P. falciparum* malaria treatment using sulfadoxine-pyrimethamine was used for Tanzanian refugees until July 7, 2007.

CDC surveillance data indicate that among 1,805 Burundian refugees from Tanzania who resettled to 34 U.S. states during May 4–July 7, 2007, 29 symptomatic cases of malaria were identified in 12 states, including Washington. Twenty-six of these refugees (including the patient in case 1) were infected with *P. falciparum* alone, and two had mixed infections (*P. falciparum* and *P. ovale* or *Plasmodium malariae*). Speciation was not performed for the remaining case. Twenty-four of the 29 (82%) patients were hospitalized; none died (CDC, unpublished data). These 29 refugees departed for the United States before July 7, 2007, the date when IOM implemented the CDC recommendations that refugees from Tanzania receive presumptive treatment with 6-dose artemether-lumefantrine within 3 days before departure for the United States. Instead, they all received sulfadoxine-pyrimethamine before departure; high rates of resistance to sulfadoxine-pyrimethamine have been reported (*5*), but the artemether-lumefantrine regimen has been effective in field settings in Africa (*6*).

Two of the patients in this report who were infected with *P. falciparum*, the patients in cases 4 and 5, were resettled to the United States after July 7, 2007, the date when IOM instituted the change to artemether-lumefantrine treatment. These two patients received a complete artemether-lumefantrine presumptive treatment course before departure from Tanzania, yet both were diagnosed with *P. falciparum* after arrival in the United States. Possible explanations include incomplete treatment or nonadherence to the medication regimen (only 3 of 6 doses were directly observed in these two patients, and in the patients in cases 2 and 3), poor medication absorption, reinfection after treatment, or treatment during a time in the parasite's lifecycle when it would be unaffected by this regimen. In response to such continuing cases, IOM now directly observes all 6 doses of artemether-lumefantrine treatment and provides milk with each dose to improve absorption.

Current IOM policy targets infection with *P. falciparum* only. However, cases 2 and 3 in this series involved relapses of *P. ovale* after arrival in the United States. Infection with *P. ovale* (or *Plasmodium vivax)* generally results in less severe disease than infection with *P. falciparum.* Hypnozoites of *P. ovale* or *P. vivax* can remain dormant in the liver for months or years before causing relapse, and primaquine is the only agent available that can eliminate malaria parasites at this stage of their life cycle (*7,8*). However, predeparture presumptive treatment with primaquine to prevent relapse of *P. ovale* or *P. vivax* currently is not recommended because the cost, logistics of implementing a 14-day medication course, and risk for severe hemolytic anemia in glucose-6-phosphate dehydrogenase (G6PD)–deficient patients outweigh the potential benefit of avoiding a small number of non-*P. falciparum* malaria cases.

Up to 10,000 Burundian refugees from Tanzania will have been resettled in the United States during 2007–2008 (*9*). Health-care providers in the United States caring for refugee populations resettling from malarial regions should remain aware of the possibility of malaria in these groups, regardless of prior treatment.

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Syphilis Testing Algorithms Using Treponemal Tests for Initial Screening — Four Laboratories, New York City, 2005–2006

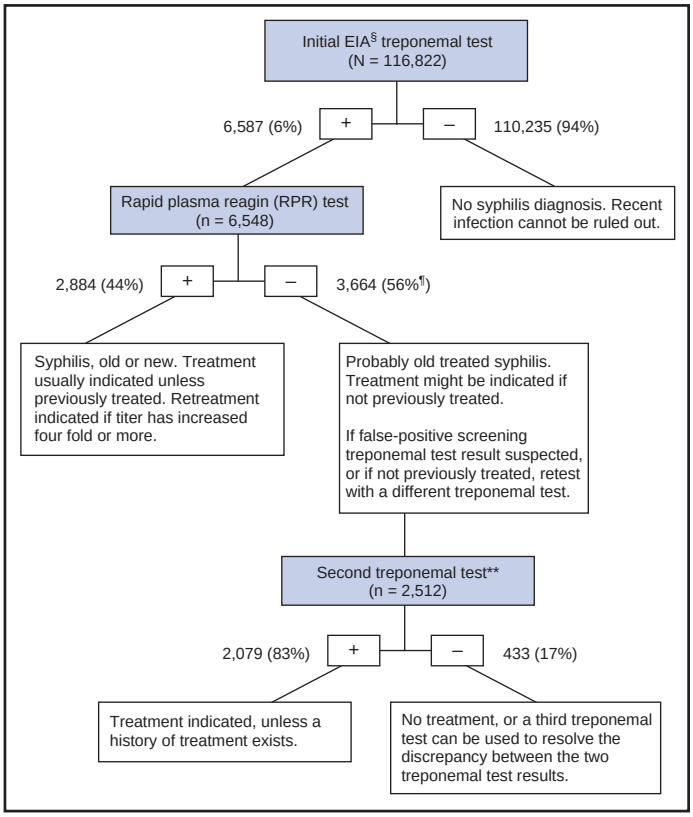
In the United States, testing for syphilis traditionally has consisted of initial screening with an inexpensive nontreponemal test, then retesting reactive specimens with a more specific, and more expensive, treponemal test. When both test results are reactive, they indicate present or past infection. However, for economic reasons, some high-volume

clinical laboratories have begun using automated treponemal tests, such as automated enzyme immunoassays (EIAs) or immunochemoluminescence tests, and have reversed the testing sequence: first screening with a treponemal test and then retesting reactive results with a nontreponemal test. This approach has introduced complexities in test interpretation that did not exist with the traditional sequence. Specifically, screening with a treponemal test sometimes identifies persons who are reactive to the treponemal test but nonreactive to the nontreponemal test. No formal recommendations exist regarding how such results derived from this new testing sequence should be interpreted, or how patients with such results should be managed. To begin an assessment of how clinical laboratories are addressing this concern, CDC reviewed the testing algorithms used and the test interpretations provided in four laboratories in New York City. Substantial variation was found in the testing strategies used, which might lead to confusion about appropriate patient management. A total of 3,664 (3%) of 116,822 specimens had test results (i.e., reactive treponemal test result and nonreactive nontreponemal test result) that would not have been identified by the traditional testing algorithms, which end testing if the nontreponemal test result is nonreactive. If they have not been previously treated, patients with reactive results from treponemal tests and nonreactive results from nontreponemal tests should be treated for late latent syphilis.

Four New York City laboratories that routinely conduct syphilis testing using EIA treponemal screening tests were able to provide their testing algorithms, test volume, and test results for a convenience sample of specimens. Each laboratory used a slightly different testing algorithm and tested approximately 26,000–130,000 specimens for syphilis per year. CDC reviewed test results from a convenience sample of 116,822 specimens tested at these four laboratories during October 1, 2005–December 1, 2006.

In all four laboratories, no further testing was done on specimens that were nonreactive with the treponemal screening EIA. In all four laboratories, specimens considered reactive by EIA test were next tested with a rapid plasma reagin (RPR) test. However, the approach to follow-up testing then differed. At two laboratories, specimens that were reactive with EIA and nonreactive with RPR were retested using a different treponemal test: *Treponema pallidum* particle agglutination (TP-PA) or fluorescent treponemal antibody (FTA-ABS). At a third laboratory, specimens that were reactive to both the EIA test and the RPR test were retested using a different treponemal test (i.e., FTA-ABS or TP-PA). At the fourth laboratory, no further testing was done after the EIA and RPR tests.

FIGURE. Composite results of syphilis testing algorithms using treponemal tests for initial screening and likely interpretations* — four laboratories, New York City, October 1, 2005–December 1, 2006†



* One laboratory provided limited interpretation of the test results; the other three summarized the results without interpretation. No formal recommendations exist regarding the interpretation of results derived from testing algorithms using treponemal tests as the initial test.
† Using a convenience sample of 116,822 specimens. The four laboratories used different testing algorithms. Data shown are a composite of results from all four laboratories.
§ Enzyme immunoassay.
¶ Reactive with EIA treponemal test but nonreactive with RPR test.
** Using *Treponema pallidum* particle agglutination or fluorescent treponemal antibody tests.

Of the 116,822 specimens included in the convenience sample, 6,587 (6%) were initially reactive to the EIA test (Figure). When 6,548 of the EIA-reactive specimens were tested with an RPR test, 2,884 (44%) were reactive and 3,664 (56%) were nonreactive to the RPR test. Further testing with FTA-ABS or TP-PA tests on 2,512 of the specimens reactive to the EIA test but nonreactive to the RPR test found 2,079 (83%) specimens reactive to the second treponemal tests (i.e., FTA-ABS or TP-PA). In addition, the one laboratory that performed TP-PA testing on specimens that were reactive to both the EIA and RPR tests found 78 of 80 (98%) specimens were reactive to the TP-PA test.

One laboratory provided limited interpretation of the various permutations of syphilis test results. The other three laboratories gave providers an objective summary of the test results (e.g., EIA reactive, RPR reactive, or EIA reactive and RPR nonreactive) with no interpretation. No additional information was available from the four laboratories regarding patient treatment.

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Editorial Note: In the four New York City laboratories studied, reversing the traditional order of screening and confirmatory tests for syphilis resulted in 3,664 (3%) of 116,822 specimens with test results (i.e., reactive treponemal test result and nonreactive nontreponemal test result) that would not have been identified by the traditional testing algorithm. The importance of these test results is unclear because no specific prognostic information exists to guide patient evaluation and treatment.

Treponemal tests detect antibodies specific to *T. pallidum*. In addition to *T. pallidum pallidum*, which causes syphilis, other treponemal subspecies (e.g., *pertenue*, which causes yaws, and *carateum*, which causes pinta) also can produce reactive results to treponemal tests, but these subspecies are rare in the United States (*1*). A reactive treponemal test result indicates that treponemal infection has occurred at some point in the past but cannot distinguish between treated and untreated infections. As such, treponemal tests, such as the *T. pallidum* EIA test, TP-PA test, and FTA-ABS test, can produce reactive results for life, even after adequate treatment for syphilis.

Nontreponemal tests, such as the RPR test and venereal disease research laboratory (VDRL) test, detect antibodies to cardiolipin and are not specific for treponemal infection. Nontreponemal tests are more likely than treponemal tests to produce nonreactive results after treatment; therefore, reactive results from nontreponemal tests are more reliable indicators of untreated infection. Quantitative nontreponemal tests also are used to monitor responses to treatment or to indicate new infections. False-positive nontreponemal tests occur in 1%–2% of the U.S. population, and have been associated with multiple conditions, including pregnancy, human immunodeficiency virus (HIV) infection, intravenous drug use, tuberculosis, rickettsial infection, spirochetal infection other than syphilis, bacterial endocarditis, and disorders of immunoglobulin production (*2,3*). Nontreponemal test results might be falsely negative in longstanding latent infection (*4*). Both treponemal and nontreponemal tests can produce nonreactive results when the infection has been acquired recently; approximately 20% of test results are negative when patients have primary syphilis (*4*).

The four New York City laboratories in this report used various algorithms to evaluate specimens that were reactive to treponemal tests and nonreactive to nontreponemal tests. The different algorithms might lead to confusion in the interpretation of test results and, in turn, in the management and treatment of patients. Test results that would not have been identified by the traditional algorithm were obtained for 3% of the specimens tested for syphilis; thus, such results might be expected to occur several thousand times per year in New York City alone.

When results are reactive to both treponemal and RPR tests, persons should be considered to have untreated syphilis unless it is ruled out by treatment history. Persons who were treated in the past are considered to have a new syphilis infection if quantitative testing on an RPR test or another nontreponemal test reveals a four fold or greater increase in titer (health departments maintain registries of past positive tests). When results are reactive to the treponemal test but nonreactive to the RPR test, persons with a history of previous treatment will require no further management. For persons without a history of treatment, a second, different treponemal test should be performed (*5*). If the second treponemal test is nonreactive, the clinician may decide that no further evaluation or treatment is indicated, or may choose to perform a third treponemal test to help resolve the discrepancy.

If the second treponemal test is reactive, clinicians should discuss the possibility of infection and offer treatment to patients who have not been previously treated. Unless history or results of a physical examination suggest a recent infection, such patients are unlikely to be infectious and should be treated for late latent infections, even though they do not meet the surveillance case definition (*7*). Treatment can prevent severe (i.e., tertiary) complications that can result from untreated syphilis, although the probability of such complications occurring without treatment, while unknown, likely is small (*6*) Treatment also allows patients to report that they have been treated for syphilis if they ever receive similar results from future treponemal screening tests. Public health departments determine their own priorities for partner notification and other prevention activities; however, because late infections are unlikely to be infectious, they would likely be considered low priority for health department intervention activities.

Reversal of the traditional syphilis screening sequence has been driven by economics. For high-volume laboratories, an automated treponemal test can be less expensive than using an RPR test for the initial screening. An important consequence of this reversal is the identification of a combination

of reactive and nonreactive test results that would not otherwise have been identified. The clinical interpretation of these results is complicated by the lack of standardized follow-up testing algorithms among the four laboratories, and by the lack of an evidence base with which to judge the merits of each algorithm. Consequently, use of a reversed sequence of syphilis testing might result in overdiagnosis and overtreatment of syphilis in some clinical settings.

The recommendations in this report might not be appropriate in countries with different patterns of seroreactivity, systems of health care, and epidemiology of disease. Furthermore, additional analyses are needed that further elucidate the use and total costs of these alternative screening approaches for syphilis, given the anticipated increase in use of treponemal tests for screening in the United States.

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Infection Control Requirements for Dialysis Facilities and Clarification Regarding Guidance on Parenteral Medication Vials

In April 2008, the Centers for Medicare and Medicaid Services (CMS) published in the *Federal Register* its final rule on *Conditions for Coverage for End-Stage Renal Disease (ESRD) Facilities* (*1*). The rule establishes new conditions dialysis facilities must meet to be certified under the Medicare program and is intended to update CMS standards for delivery of quality care to dialysis patients. CDC's 2001 *Recommendations for Preventing Transmission of Infections among Chronic Hemodialysis Patients* (*2*) have been incorporated by reference into the new CMS conditions for coverage. Thus, effective October 14, 2008, all ESRD facilities are expected to follow the CDC recommendations as a condition for receiving Medicare payment for outpatient dialysis services.

In recent years, outbreak investigations in dialysis and other health-care settings have demonstrated that mishandling of parenteral medication vials can contribute to the risk for hepatitis C virus (HCV) infection and bacterial and other infections (*3–7*). In 2002, a CDC communication to CMS suggested that reentry into single-use parenteral medication vials (i.e., to administer medication to more than one patient), when performed on a limited basis and under strict conditions in hemodialysis settings, likely would result in low risk for bacterial infection (*8*). However, the 2002 communication did not address risks for bloodborne viral infections (e.g., HCV and hepatitis B virus infection). This report is intended to clarify and restate CDC's recommendation on parenteral medication to include bloodborne viral infections. The recommendations in this report supersede the 2002 CDC communication to CMS.

To prevent transmission of both bacteria and bloodborne viruses in hemodialysis settings, CDC recommends that all single-use injectable medications and solutions be dedicated for use on a single patient and be entered one time only. Medications packaged as multidose should be assigned to a single patient whenever possible. All parenteral medications should be prepared in a clean area separate from potentially contaminated items and surfaces. In hemodialysis settings where environmental surfaces and medical supplies are subjected to frequent blood contamination, medication preparation should occur in a clean area removed from the patient treatment area. Proper infection control practices must be followed during the preparation and administration of injected medications (*9*). This is consistent with official CDC recommendations for infection control precautions in hemodialysis (*2*) and other health-care settings (*9*).

Health departments and other public health partners should be aware of the new CMS conditions for ESRD facilities. All dialysis providers are advised to follow official CDC recommendations regarding Standard Precautions and infection control in dialysis settings (*2,9*). Specifically, CDC has recommended the following: "Intravenous medication vials labeled for single use, including erythropoietin, should not be punctured more than once. Once a needle has entered a vial labeled for single use, the sterility of the product can no longer be guaranteed" (*2*). Additional guidance on safe injection practices can be found in the *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007* (*9*).

Dialysis providers also should be aware of their responsibility to report clusters of infections or other adverse events to

the appropriate local or state public health authority. Failure to report illness clusters to public health authorities can result in delays in recognition of disease outbreaks (*10*) and implementation of control measures. Additional information regarding the new CMS *Conditions for Coverage for End-Stage Renal Disease Facilities* is available at http://www.cms.hhs.gov/cfcsandcops/13_esrd.asp.

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Notice to Readers

Preventive Medicine Residency Application Deadline — October 1, 2008

CDC's Preventive Medicine Residency (PMR) program is accepting applications from physicians with public health and applied epidemiology experience. Application materials must be postmarked by October 1, 2008 for the 12-month program that begins in mid-June 2009.

The PMR prepares physicians for leadership roles in public health at federal, state, and local levels through instruction and supervised practical experiences focused on translating epidemiology to public health practice, management, and policy and program development. Residents spend the practicum year at CDC or in a state or local health department.

PMR alumni occupy leadership positions at CDC, at state and local health departments, in academia, and in private-sector agencies. Completion of the residency, which is accredited by the Accreditation Council for Graduate Medical Education for 12 months of practicum training, qualifies graduates to apply for certification by the American Board of Preventive Medicine in Public Health and General Preventive Medicine.

Additional information regarding the residency, eligibility criteria, and application process is available at http://www.cdc.gov/epo/dapht/pmr/pmr.htm or by calling 404-498-6140.

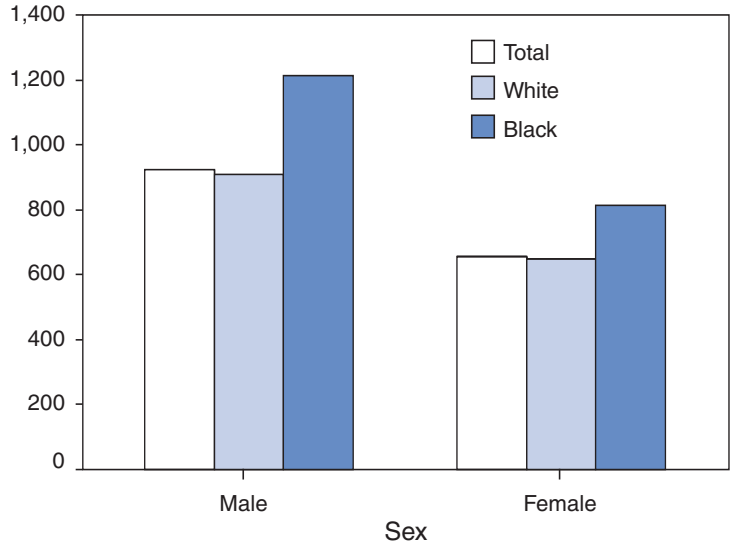
Erratum: Vol. 57, No. SS-6

In the *MMWR Surveillance Summary* (Vol. 57, No. SS-6), "Epilepsy Surveillance Among Adults — 19 States, Behavioral Risk Factor Surveillance System," 2005, an error occurred on page 1 in the fourth sentence of the second paragraph of the Results/Interpretation. The sentence should read, "Among adults with active epilepsy with recent seizures, 16.1% reported not currently taking their epilepsy medication, and 65.1% reported having had more than one seizure in the past **3 months.**"

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Death Rates* by Race and Sex — United States, 2006†



* Per 100,000 standard population.
† Preliminary data.

In 2006, age-adjusted death rates were higher for males (924.6 per 100,000 population) than females (657.8 per 100,000 population) overall and within black and white populations. By race, death rates were higher for blacks than for whites.

SOURCE: Heron MP, Hoyert DL, Xu JQ, Scott C, Tejada-Vera B. Deaths: preliminary data for 2006. Natl Vital Stat Rep 2008;56(16). Available at http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_16.pdf and http://www.cdc.gov/nchs/data/statab/hist001r.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 9, 2008 (32nd 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	—	6	1	32	20	19	16	20	
infant	1	48	2	85	97	85	87	76	FL (1)
other (wound & unspecified)	—	9	1	27	48	31	30	33	
Brucellosis	1	46	3	131	121	120	114	104	CA (1)
Chancroid	—	24	0	23	33	17	30	54	
Cholera	—	—	0	7	9	8	6	2	
Cyclosporiasis§	6	87	4	92	137	543	160	75	MD (1), FL (5)
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	10	6	55	67	80	112	108	
eastern equine	—	1	1	4	8	21	6	14	
Powassan	—	—	0	7	1	1	1	—	
St. Louis	—	5	1	9	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	25	312	20	828	578	506	338	321	OH (3), MN (4), MO (2), MD (2), VA (2), GA (1), TN (11)
Ehrlichia ewingii	—	3	—	—	—	—	—	—	
Anaplasma phagocytophilum	9	134	20	834	646	786	537	362	MN (9)
undetermined	4	33	5	337	231	112	59	44	MO (1), TN (3)
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	—	16	0	22	29	9	19	32	
nonserotype b	—	103	2	199	175	135	135	117	
unknown serotype	3	136	4	180	179	217	177	227	NY (1), PA (1), TN (1)
Hansen disease§	—	39	2	101	66	87	105	95	
Hantavirus pulmonary syndrome§	—	7	0	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	4	89	7	292	288	221	200	178	TN (2), CA (2)
Hepatitis C viral, acute	4	474	16	849	766	652	720	1,102	OH (1), CO (1), WA (1), CA (1)
HIV infection, pediatric (age <13 yrs)§§	—	—	4	—	—	380	436	504	
Influenza-associated pediatric mortality§,¶¶	—	87	0	77	43	45	—	N	
Listeriosis	5	322	22	808	884	896	753	696	NY (1), MD (1), VA (1), FL (1), CA (1)
Measles***	—	123	1	43	55	66	37	56	
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	2	182	4	325	318	297	—	—	IN (2)
serogroup B	2	109	2	167	193	156	—	—	IN (2)
other serogroup	—	22	0	35	32	27	—	—	
unknown serogroup	3	415	8	550	651	765	—	—	NY (1), MO (1), NC (1)
Mumps	1	259	14	800	6,584	314	258	231	CA (1)
Novel influenza A virus infections	—	—	0	1	N	N	N	N	
Plague	—	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Poliovirus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	6	0	12	21	16	12	12	
Q fever§,§§§ total:	—	63	3	171	169	136	70	71	
acute	—	58	—	—	—	—	—	—	
chronic	—	5	—	—	—	—	—	—	
Rabies, human	—	—	0	1	3	2	7	2	
Rubella¶¶¶	1	9	0	12	11	11	10	7	AZ (1)
Rubella, congenital syndrome	—	—	—	—	1	1	—	1	
SARS-CoV§,****	—	—	—	—	—	—	—	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. Eighty-five cases occurring during the 2007–08 influenza season have been reported.

*** No measles cases were reported for the current week.

††† 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.

¶¶¶ The one rubella case reported for the current week was unknown.

**** 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 August 9, 2008 (32nd 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§	—	94	1	132	125	129	132	161	
Syphilis, congenital (age <1 yr)	—	113	7	430	349	329	353	413	
Tetanus	1	6	1	28	41	27	34	20	FL (1)
Toxic-shock syndrome (staphylococcal)§	1	40	2	92	101	90	95	133	PA (1)
Trichinellosis	—	5	0	5	15	16	5	6	
Tularemia	2	55	4	137	95	154	134	129	ND (1), AR (1)
Typhoid fever	—	208	9	434	353	324	322	356	
Vancomycin-intermediate *Staphylococcus aureus*§	—	6	0	28	6	2	—	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	2	1	3	1	N	
Vibriosis (noncholera *Vibrio* species infections)§	14	174	10	447	N	N	N	N	MD (1), VA (1), FL (4), TN (1), CA (7)
Yellow fever	—	—	—	—	—	—	—	—	

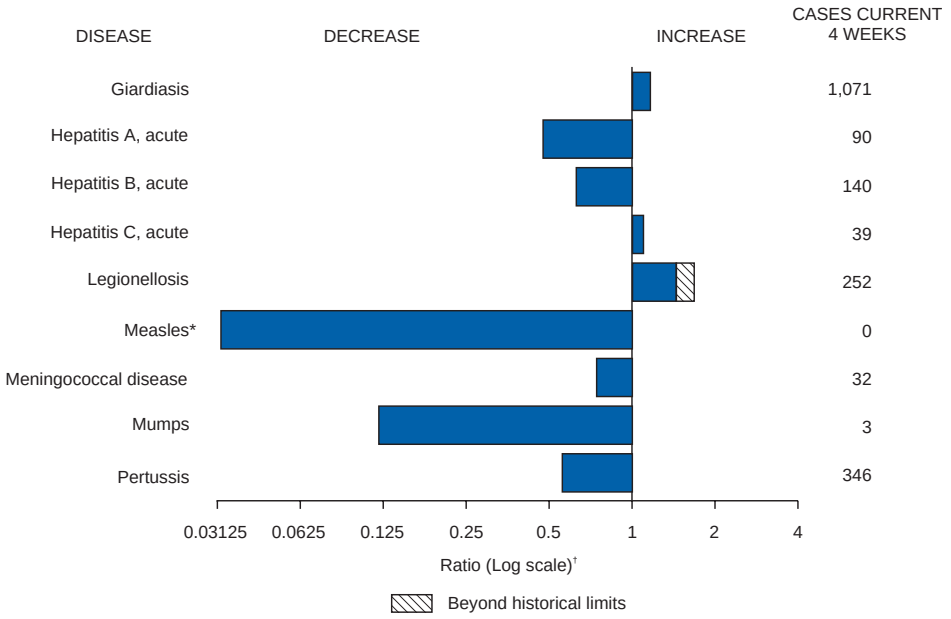
—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* 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 August 9, 2008, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 32 of zero (0).

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

Notifiable Disease Data Team and 122 Cities Mortality Data Team

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	9,944	21,171	28,892	633,996	665,187	99	125	341	3,988	4,610	90	93	975	2,541	3,001
New England	704	673	1,516	21,343	21,261	—	0	1	1	2	2	5	20	151	171
Connecticut	274	198	1,093	5,989	6,296	N	0	0	N	N	—	0	18	18	42
Maine§	—	49	67	1,465	1,571	N	0	0	N	N	2	0	5	16	23
Massachusetts	295	320	660	10,587	9,623	N	0	0	N	N	—	2	11	48	55
New Hampshire	32	39	73	1,222	1,250	—	0	1	1	2	—	1	4	37	29
Rhode Island§	64	55	98	1,699	1,903	—	0	0	—	—	—	0	3	4	5
Vermont§	39	16	44	381	618	N	0	0	N	N	—	1	4	28	17
Mid. Atlantic	2,015	2,768	5,066	89,291	86,145	—	0	0	—	—	20	13	120	362	520
New Jersey	228	408	523	11,591	13,077	N	0	0	N	N	—	0	8	10	20
New York (Upstate)	467	564	2,177	16,621	15,611	N	0	0	N	N	9	5	20	121	81
New York City	769	1,012	3,134	35,146	30,862	N	0	0	N	N	—	2	8	51	45
Pennsylvania	551	805	1,048	25,933	26,595	N	0	0	N	N	11	6	95	180	374
E.N. Central	1,177	3,531	4,453	104,435	109,263	1	1	3	30	20	24	23	134	681	642
Illinois	6	1,014	1,711	28,456	31,750	N	0	0	N	N	—	2	13	53	78
Indiana	236	385	656	12,285	12,851	N	0	0	N	N	4	3	41	99	37
Michigan	538	775	1,225	27,051	23,196	—	0	2	22	15	1	5	11	132	96
Ohio	113	843	1,530	25,853	29,426	1	0	1	8	5	17	6	60	181	137
Wisconsin	284	369	615	10,790	12,040	N	0	0	N	N	2	8	60	216	294
W.N. Central	495	1,225	1,700	38,602	38,248	—	0	77	—	6	15	18	125	435	487
Iowa	—	159	238	5,057	5,306	N	0	0	N	N	1	4	61	105	178
Kansas	—	163	529	5,504	4,958	N	0	0	N	N	—	1	15	32	41
Minnesota	1	263	373	7,514	8,145	—	0	77	—	—	5	5	34	108	71
Missouri	353	470	572	14,726	14,054	—	0	1	—	6	6	3	14	94	63
Nebraska§	94	94	250	3,083	3,244	N	0	0	N	N	3	2	24	61	46
North Dakota	—	34	65	1,028	1,029	N	0	0	N	N	—	0	51	3	2
South Dakota	47	54	81	1,690	1,512	N	0	0	N	N	—	1	16	32	86
S. Atlantic	2,524	3,884	7,609	112,640	130,948	—	0	1	—	3	12	17	65	432	512
Delaware	40	65	150	2,244	2,185	—	0	0	—	—	—	0	4	9	5
District of Columbia	117	131	216	4,458	3,624	—	0	1	—	1	—	0	2	3	1
Florida	1,271	1,311	1,556	42,146	33,632	N	0	0	N	N	11	8	35	206	233
Georgia	1	612	1,338	7,530	26,173	N	0	0	N	N	—	4	14	122	117
Maryland§	398	466	683	13,668	12,867	—	0	1	—	2	—	0	4	8	17
North Carolina	—	183	4,783	5,901	18,044	N	0	0	N	N	—	0	18	16	50
South Carolina§	43	463	3,057	16,007	17,096	N	0	0	N	N	—	1	15	24	45
Virginia§	639	524	1,062	18,813	15,401	N	0	0	N	N	1	1	6	34	39
West Virginia	15	58	96	1,873	1,926	N	0	0	N	N	—	0	5	10	5
E.S. Central	714	1,528	2,394	47,599	50,322	—	0	0	—	—	5	4	64	81	151
Alabama§	—	472	605	12,750	15,528	N	0	0	N	N	4	1	14	35	33
Kentucky	172	231	361	6,885	4,507	N	0	0	N	N	1	1	40	17	67
Mississippi	—	358	1,048	11,422	13,474	N	0	0	N	N	—	0	11	7	27
Tennessee§	542	510	782	16,542	16,813	N	0	0	N	N	—	1	18	22	24
W.S. Central	382	2,728	4,426	86,821	73,992	—	0	1	1	1	1	5	37	113	151
Arkansas§	290	258	455	8,729	5,436	N	0	0	N	N	1	1	8	15	18
Louisiana	92	391	729	12,443	12,101	—	0	1	1	1	—	0	4	11	33
Oklahoma	—	222	416	6,348	7,889	N	0	0	N	N	—	1	11	26	41
Texas§	—	1,829	3,923	59,301	48,566	N	0	0	N	N	—	3	28	61	59
Mountain	264	1,365	1,836	33,830	45,208	78	89	170	2,681	2,944	11	10	567	241	291
Arizona	138	449	679	11,249	15,061	77	85	168	2,623	2,852	6	1	8	42	26
Colorado	60	278	488	5,429	10,729	N	0	0	N	N	2	2	26	52	54
Idaho§	16	60	259	2,263	2,258	N	0	0	N	N	2	2	71	37	16
Montana§	36	50	363	1,842	1,702	N	0	0	N	N	—	1	7	29	30
Nevada§	14	183	416	5,603	5,892	1	1	7	37	38	—	0	6	8	8
New Mexico§	—	143	561	3,967	5,624	—	0	3	16	16	1	2	8	46	66
Utah	—	122	209	3,466	3,187	—	0	7	4	36	—	1	484	19	70
Wyoming§	—	0	34	11	755	—	0	1	1	2	—	0	8	8	21
Pacific	1,669	3,334	4,676	99,435	109,800	20	31	217	1,275	1,634	—	2	20	45	76
Alaska	75	94	129	2,810	3,043	N	0	0	N	N	—	0	1	2	3
California	1,594	2,849	4,115	87,694	85,691	20	31	217	1,275	1,634	—	0	0	—	—
Hawaii	—	109	151	3,273	3,528	N	0	0	N	N	—	0	4	1	4
Oregon§	—	180	402	5,545	5,836	N	0	0	N	N	—	2	16	42	69
Washington	—	0	498	113	11,702	N	0	0	N	N	—	0	0	—	—
American Samoa	—	0	22	73	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	9	26	103	522	—	0	0	—	—	—	0	0	—	—
Puerto Rico	272	117	612	4,400	4,340	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	19	42	678	117	—	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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	316	301	1,158	8,958	9,585	2,837	6,171	8,913	178,011	213,404	17	48	173	1,635	1,602
New England	5	24	58	697	755	100	96	227	2,998	3,373	—	3	12	105	119
Connecticut	—	6	18	178	192	68	46	199	1,333	1,271	—	0	9	23	29
Maine§	4	4	10	86	93	—	2	7	54	77	—	0	3	9	8
Massachusetts	—	10	26	254	336	21	41	127	1,316	1,635	—	2	5	49	59
New Hampshire	1	2	4	63	14	1	2	6	68	95	—	0	1	8	14
Rhode Island§	—	1	15	46	31	9	7	13	209	256	—	0	2	9	7
Vermont§	—	3	9	70	89	1	1	5	18	39	—	0	3	7	2
Mid. Atlantic	53	58	131	1,632	1,679	516	631	1,028	20,086	22,087	5	10	31	328	315
New Jersey	—	6	15	132	234	80	111	174	3,213	3,700	—	1	7	46	48
New York (Upstate)	36	23	111	630	571	107	130	545	3,735	3,749	1	3	22	95	88
New York City	2	16	29	448	502	165	170	522	6,158	6,621	—	2	6	57	62
Pennsylvania	15	15	29	422	372	164	231	394	6,980	8,017	4	4	9	130	117
E.N. Central	79	46	96	1,396	1,574	391	1,309	1,626	36,590	44,338	—	8	28	257	241
Illinois	—	12	34	308	511	2	358	589	9,264	11,761	—	2	7	74	79
Indiana	N	0	0	N	N	74	155	296	4,986	5,397	—	1	20	52	33
Michigan	6	11	21	302	372	207	299	657	10,027	9,537	—	0	3	14	21
Ohio	30	16	36	499	423	33	322	685	9,320	13,536	—	2	6	96	69
Wisconsin	43	10	26	287	268	75	116	214	2,993	4,107	—	1	4	21	39
W.N. Central	25	29	621	1,062	618	138	325	435	9,832	12,199	1	3	24	127	89
Iowa	2	6	24	172	135	—	30	53	841	1,210	—	0	1	2	1
Kansas	2	3	11	71	80	—	41	130	1,334	1,415	—	0	4	14	9
Minnesota	—	0	575	343	6	—	61	92	1,722	2,074	—	0	21	34	35
Missouri	16	9	23	284	264	97	159	216	4,844	6,348	1	1	6	51	31
Nebraska§	5	4	8	117	73	32	26	47	854	929	—	0	3	18	12
North Dakota	—	0	36	14	10	—	2	7	57	68	—	0	2	8	1
South Dakota	—	2	8	61	50	9	5	11	180	155	—	0	0	—	—
S. Atlantic	65	53	102	1,379	1,658	915	1,318	3,072	38,347	49,446	7	11	29	369	408
Delaware	—	1	6	25	24	14	21	44	695	867	—	0	2	6	5
District of Columbia	—	1	5	24	40	44	48	104	1,647	1,444	—	0	1	5	2
Florida	34	24	47	699	713	402	472	564	14,274	13,930	2	3	10	120	110
Georgia	21	11	29	321	361	1	216	561	2,808	10,591	1	3	9	93	77
Maryland§	5	1	18	28	148	119	121	237	3,711	3,975	—	1	3	7	62
North Carolina	N	0	0	N	N	—	98	1,949	2,638	7,950	4	1	9	49	43
South Carolina§	—	3	7	67	53	28	188	833	5,862	6,418	—	1	7	34	36
Virginia§	5	8	39	187	299	302	150	486	6,275	3,700	—	1	6	41	57
West Virginia	—	0	8	28	20	5	15	34	437	571	—	0	3	14	16
E.S. Central	11	9	23	251	293	265	556	945	17,248	19,456	2	2	8	85	92
Alabama§	5	5	11	144	148	—	190	287	5,069	6,732	—	0	2	15	21
Kentucky	N	0	0	N	N	73	89	161	2,698	1,688	—	0	1	2	6
Mississippi	N	0	0	N	N	—	131	401	4,216	5,069	—	0	2	11	7
Tennessee§	6	4	16	107	145	192	166	294	5,265	5,967	2	2	6	57	58
W.S. Central	3	7	41	160	206	125	1,010	1,355	29,873	30,793	—	2	29	77	70
Arkansas§	3	3	11	73	76	87	84	167	2,860	2,537	—	0	3	6	7
Louisiana	—	1	14	23	60	38	189	297	5,510	7,072	—	0	2	5	4
Oklahoma	—	3	35	64	70	—	85	171	2,397	3,007	—	1	21	60	53
Texas§	N	0	0	N	N	—	646	1,102	19,106	18,177	—	0	3	6	6
Mountain	19	31	68	772	891	76	230	330	6,014	8,436	2	5	14	203	173
Arizona	3	3	11	69	107	26	74	130	1,696	3,146	2	2	11	90	65
Colorado	12	11	26	305	279	44	58	91	1,747	2,083	—	1	4	38	44
Idaho§	3	3	19	94	93	—	4	19	99	163	—	0	4	12	4
Montana§	—	2	9	45	56	2	1	48	60	50	—	0	1	2	—
Nevada§	1	3	6	66	86	4	43	130	1,389	1,435	—	0	1	11	9
New Mexico§	—	2	5	47	71	—	26	104	725	1,018	—	1	4	23	28
Utah	—	6	32	132	174	—	11	36	298	496	—	1	6	27	20
Wyoming§	—	1	3	14	25	—	0	4	—	45	—	0	1	—	3
Pacific	56	56	185	1,609	1,911	311	605	809	17,023	23,276	—	2	7	84	95
Alaska	2	2	5	46	39	10	10	24	308	326	—	0	4	13	7
California	37	36	91	1,075	1,327	301	542	683	15,662	19,529	—	0	3	20	37
Hawaii	1	1	5	22	49	—	11	22	344	406	—	0	2	12	6
Oregon§	3	9	19	261	250	—	23	63	692	697	—	1	4	36	43
Washington	13	9	87	205	246	—	0	97	17	2,318	—	0	3	3	2
American Samoa	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	2	—	1	12	45	76	—	0	1	—	—
Puerto Rico	—	2	31	58	185	16	5	24	183	188	—	0	0	—	2
U.S. Virgin Islands	—	0	0	—	—	—	3	12	128	28	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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Hepatitis (viral, acute), by type † A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2008	A: Cum 2007	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2008	B: Cum 2007	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2008	Legionellosis: Cum 2007
United States	19	52	171	1,526	1,701	21	74	259	2,020	2,612	61	55	117	1,452	1,293
New England	—	2	7	64	72	—	1	7	39	77	—	3	14	65	82
Connecticut	—	0	3	14	9	—	0	7	14	26	—	0	4	15	18
Maine§	—	0	1	4	2	—	0	2	9	3	—	0	2	3	3
Massachusetts	—	1	5	27	37	—	0	3	8	32	—	0	3	11	25
New Hampshire	—	0	2	6	10	—	0	1	4	4	—	0	3	13	4
Rhode Island§	—	0	2	11	9	—	0	2	3	11	—	0	5	18	26
Vermont§	—	0	1	2	5	—	0	1	1	1	—	0	2	5	6
Mid. Atlantic	2	6	18	168	267	4	10	18	276	333	28	15	44	450	404
New Jersey	—	1	6	34	79	—	3	7	82	97	—	1	13	35	52
New York (Upstate)	—	1	6	39	43	1	2	7	43	49	17	4	16	145	108
New York City	—	2	7	55	92	—	2	6	50	73	—	2	10	42	93
Pennsylvania	2	1	6	40	53	3	3	7	101	114	11	6	30	228	151
E.N. Central	1	6	16	198	199	2	7	18	216	289	14	12	35	352	271
Illinois	—	2	10	59	79	—	1	6	49	95	—	1	16	19	60
Indiana	—	0	4	12	5	—	0	8	23	27	1	1	7	27	27
Michigan	1	2	7	79	51	2	2	6	72	71	1	3	13	99	88
Ohio	—	1	4	27	42	—	2	7	66	79	12	5	18	178	85
Wisconsin	—	0	3	21	22	—	0	1	6	17	—	1	7	29	11
W.N. Central	—	5	29	189	107	—	2	9	61	74	—	2	8	66	64
Iowa	—	1	7	82	30	—	0	2	8	15	—	0	2	8	9
Kansas	—	0	3	9	4	—	0	2	5	6	—	0	1	1	6
Minnesota	—	0	23	26	46	—	0	5	4	13	—	0	4	8	14
Missouri	—	0	3	31	13	—	1	4	38	26	—	1	4	32	27
Nebraska§	—	1	5	39	9	—	0	1	5	9	—	0	4	16	5
North Dakota	—	0	2	—	—	—	0	1	1	—	—	0	2	—	—
South Dakota	—	0	1	2	5	—	0	1	—	5	—	0	1	1	3
S. Atlantic	8	8	15	200	293	7	16	60	484	634	16	7	28	217	220
Delaware	—	0	1	6	3	—	0	3	7	11	—	0	2	6	6
District of Columbia	—	0	0	—	—	—	0	0	—	—	—	0	1	6	8
Florida	—	3	8	86	84	3	6	12	202	219	5	3	10	88	80
Georgia	—	1	3	25	48	2	3	8	79	91	—	0	3	14	23
Maryland§	—	0	3	7	49	1	0	6	10	66	9	1	6	41	40
North Carolina	7	0	9	42	35	—	0	17	52	79	2	0	7	14	27
South Carolina§	—	0	4	7	13	—	1	6	39	44	—	0	2	7	10
Virginia§	1	1	5	24	56	1	2	16	66	93	—	1	6	31	23
West Virginia	—	0	2	3	5	—	0	30	29	31	—	0	3	10	3
E.S. Central	1	1	9	49	66	—	7	13	204	223	—	2	10	76	60
Alabama§	—	0	4	8	15	—	2	5	56	76	—	0	2	10	7
Kentucky	1	0	3	17	11	—	2	5	55	42	—	1	4	38	29
Mississippi	—	0	2	4	7	—	0	3	20	22	—	0	1	1	—
Tennessee§	—	1	6	20	33	—	2	8	73	83	—	1	5	27	24
W.S. Central	—	5	55	156	128	3	15	131	404	536	—	2	23	39	65
Arkansas§	—	0	1	4	8	—	1	3	23	47	—	0	2	7	6
Louisiana	—	0	3	4	18	—	1	4	27	66	—	0	1	1	4
Oklahoma	—	0	7	7	3	—	2	37	63	27	—	0	3	3	4
Texas§	—	5	53	141	99	3	10	107	291	396	—	1	18	28	51
Mountain	1	4	9	127	153	1	3	10	118	141	1	2	5	46	56
Arizona	1	2	8	65	107	—	1	4	31	61	1	1	5	16	15
Colorado	—	0	3	24	19	—	0	3	19	22	—	0	2	3	13
Idaho§	—	0	3	15	2	—	0	2	5	8	—	0	1	2	4
Montana§	—	0	1	—	6	—	0	1	—	—	—	0	1	3	3
Nevada§	—	0	2	5	8	1	1	3	29	32	—	0	2	6	6
New Mexico§	—	0	3	14	5	—	0	2	8	9	—	0	1	3	7
Utah	—	0	2	2	4	—	0	5	23	5	—	0	3	13	5
Wyoming§	—	0	1	2	2	—	0	1	3	4	—	0	0	—	3
Pacific	6	12	51	375	416	4	9	30	218	305	2	4	18	141	71
Alaska	—	0	1	2	2	—	0	2	8	4	—	0	1	1	—
California	6	9	42	308	367	1	6	19	150	225	2	3	14	110	54
Hawaii	—	0	1	6	5	—	0	2	4	8	—	0	1	4	1
Oregon§	—	1	3	24	17	—	1	3	27	37	—	0	2	11	6
Washington	—	1	7	35	25	3	1	9	29	31	—	0	3	15	10
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	12	48	2	1	5	24	46	—	0	1	1	4
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 August 9, 2008, and August 11, 2007 (32nd 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	574	362	1,375	11,075	17,106	9	21	136	509	725	7	19	53	728	726
New England	59	55	246	1,452	5,677	—	1	35	29	35	—	0	3	18	35
Connecticut	—	0	87	—	2,440	—	0	27	8	1	—	0	1	1	6
Maine§	42	2	66	197	110	—	0	2	—	4	—	0	1	4	5
Massachusetts	—	16	113	486	2,349	—	0	2	14	21	—	0	3	13	17
New Hampshire	4	11	79	626	685	—	0	1	3	7	—	0	0	—	3
Rhode Island§	—	0	77	—	2	—	0	8	—	—	—	0	1	—	1
Vermont§	13	2	26	143	91	—	0	1	4	2	—	0	1	—	3
Mid. Atlantic	357	170	755	7,406	6,697	3	5	18	111	204	1	2	6	85	88
New Jersey	—	37	131	1,329	2,260	—	0	7	—	40	—	0	2	10	12
New York (Upstate)	285	61	453	2,561	1,620	3	1	8	18	35	1	0	3	23	25
New York City	—	1	27	14	263	—	3	9	72	110	—	0	2	19	18
Pennsylvania	72	56	353	3,502	2,554	—	1	4	21	19	—	1	5	33	33
E.N. Central	10	8	78	223	1,648	—	2	7	80	87	4	3	10	127	110
Illinois	—	0	8	30	122	—	1	6	35	43	—	1	4	37	45
Indiana	—	0	7	15	29	—	0	2	4	7	4	0	4	21	17
Michigan	7	1	5	42	31	—	0	2	10	10	—	0	2	20	17
Ohio	2	0	4	18	17	—	0	3	21	16	—	1	4	32	25
Wisconsin	1	5	57	118	1,449	—	0	3	10	11	—	0	4	17	6
W.N. Central	80	3	740	447	297	2	1	9	36	23	1	2	8	66	45
Iowa	—	1	5	24	100	—	0	1	2	2	—	0	3	13	10
Kansas	—	0	1	1	8	1	0	1	4	2	—	0	1	1	3
Minnesota	79	0	731	399	175	1	0	8	18	11	—	0	7	19	12
Missouri	—	0	3	15	7	—	0	4	6	3	1	0	3	22	13
Nebraska§	1	0	1	5	5	—	0	2	6	4	—	0	2	9	2
North Dakota	—	0	9	1	2	—	0	2	—	—	—	0	1	1	2
South Dakota	—	0	1	2	—	—	0	0	—	1	—	0	1	1	3
S. Atlantic	59	54	172	1,291	2,639	1	4	13	113	158	1	3	7	106	115
Delaware	4	12	37	507	478	—	0	1	1	3	—	0	1	1	1
District of Columbia	3	2	8	94	84	—	0	1	1	2	—	0	0	—	—
Florida	5	1	4	37	11	—	1	5	28	31	—	1	3	40	42
Georgia	—	0	4	8	8	—	0	3	26	28	—	0	3	14	14
Maryland§	20	19	136	273	1,494	—	1	4	9	41	—	0	2	4	18
North Carolina	—	0	8	7	30	1	0	7	18	16	1	0	4	11	14
South Carolina§	—	0	4	12	16	—	0	1	6	5	—	0	3	17	11
Virginia§	27	12	68	333	479	—	1	7	24	31	—	0	2	16	14
West Virginia	—	0	9	20	39	—	0	0	—	1	—	0	1	3	1
E.S. Central	—	1	5	30	34	—	0	3	11	21	—	1	6	37	36
Alabama§	—	0	3	9	9	—	0	1	3	3	—	0	2	5	7
Kentucky	—	0	1	2	3	—	0	1	3	4	—	0	2	7	7
Mississippi	—	0	1	1	—	—	0	1	1	1	—	0	2	9	10
Tennessee§	—	0	3	18	22	—	0	2	4	13	—	0	3	16	12
W.S. Central	1	1	11	46	45	—	1	64	28	60	—	2	13	67	76
Arkansas§	—	0	1	1	—	—	0	1	—	—	—	0	1	6	8
Louisiana	—	0	1	1	2	—	0	1	—	13	—	0	3	14	23
Oklahoma	—	0	1	—	—	—	0	4	2	5	—	0	5	10	14
Texas§	1	1	10	44	43	—	1	60	26	42	—	1	7	37	31
Mountain	1	0	3	22	25	—	1	5	15	40	—	1	4	38	49
Arizona	—	0	1	2	1	—	0	1	5	8	—	0	2	5	11
Colorado	—	0	1	3	—	—	0	2	3	14	—	0	2	9	18
Idaho§	—	0	2	6	7	—	0	1	—	2	—	0	2	3	4
Montana§	1	0	2	3	1	—	0	0	—	3	—	0	1	4	1
Nevada§	—	0	2	4	7	—	0	3	4	2	—	0	2	6	3
New Mexico§	—	0	2	3	5	—	0	1	1	2	—	0	1	6	2
Utah	—	0	1	—	2	—	0	1	2	9	—	0	2	3	8
Wyoming§	—	0	1	1	2	—	0	0	—	—	—	0	1	2	2
Pacific	7	4	9	158	44	3	3	10	86	97	—	4	17	184	172
Alaska	—	0	2	3	3	—	0	2	3	2	—	0	2	3	1
California	7	3	7	129	37	1	2	8	64	65	—	3	17	132	126
Hawaii	N	0	0	N	N	—	0	1	2	2	—	0	2	3	5
Oregon§	—	0	4	22	4	—	0	2	4	12	—	1	3	25	24
Washington	—	0	7	4	—	2	0	3	13	16	—	0	5	21	16
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	1	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	3	—	0	1	2	6
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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	93	147	849	4,314	5,828	50	80	187	2,339	3,669	38	29	195	924	1,167
New England	—	20	49	379	915	2	7	20	207	336	—	0	1	2	7
Connecticut	—	0	5	—	55	—	3	17	107	141	—	0	0	—	—
Maine†	—	0	5	14	48	—	1	5	31	51	N	0	0	N	N
Massachusetts	—	16	33	315	736	N	0	0	N	N	—	0	1	1	7
New Hampshire	—	1	5	22	43	—	1	3	24	34	—	0	1	1	—
Rhode Island†	—	0	25	21	6	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	7	27	2	2	6	45	110	—	0	0	—	—
Mid. Atlantic	24	20	43	498	767	18	19	32	611	627	—	1	5	37	53
New Jersey	—	0	9	4	133	—	0	0	—	—	—	0	2	2	18
New York (Upstate)	17	6	24	224	369	18	9	20	297	311	—	0	3	13	6
New York City	—	2	7	41	80	—	0	2	11	32	—	0	2	11	20
Pennsylvania	7	8	23	229	185	—	9	23	303	284	—	0	2	11	9
E.N. Central	7	19	190	753	1,040	10	5	53	114	170	—	1	7	48	36
Illinois	—	3	8	84	117	5	1	15	42	51	—	0	6	30	22
Indiana	—	0	12	28	40	—	0	1	3	7	—	0	1	3	4
Michigan	2	4	16	113	176	5	1	32	44	76	—	0	1	2	3
Ohio	5	7	176	488	450	—	1	11	25	36	—	0	4	13	6
Wisconsin	—	2	9	40	257	N	0	0	N	N	—	0	1	—	1
W.N. Central	9	11	142	387	386	3	4	12	96	176	4	4	27	230	237
Iowa	—	1	5	35	116	—	0	3	13	20	—	0	2	1	13
Kansas	1	1	5	28	68	—	0	7	—	86	—	0	2	—	9
Minnesota	3	1	131	129	59	—	0	7	34	17	—	0	4	—	1
Missouri	1	3	18	136	58	2	0	5	25	27	4	3	25	214	201
Nebraska†	4	1	12	50	30	—	0	0	—	—	—	0	3	12	9
North Dakota	—	0	5	1	3	1	0	8	17	12	—	0	0	—	—
South Dakota	—	0	2	8	52	—	0	2	7	14	—	0	1	3	4
S. Atlantic	10	14	50	407	602	9	35	94	1,015	1,397	14	8	109	297	547
Delaware	—	0	2	7	7	—	0	0	—	—	—	0	3	16	10
District of Columbia	1	0	1	3	8	—	0	0	—	—	—	0	2	6	2
Florida	9	3	17	147	149	—	0	77	85	128	3	0	4	11	7
Georgia	—	0	3	21	29	—	6	37	214	171	2	0	6	30	50
Maryland†	—	1	6	20	71	9	0	18	42	249	4	0	6	21	38
North Carolina	—	0	38	77	200	—	9	16	292	310	2	0	96	127	335
South Carolina†	—	2	22	63	52	—	0	0	—	46	—	0	4	17	38
Virginia†	—	2	8	65	74	—	11	27	321	451	3	1	9	66	65
West Virginia	—	0	12	4	12	—	1	11	61	42	—	0	3	3	2
E.S. Central	3	6	31	152	270	2	2	7	77	103	4	4	19	151	175
Alabama†	—	1	6	21	56	—	0	0	—	—	—	1	10	39	50
Kentucky	—	1	5	31	14	2	0	4	27	14	—	0	1	1	4
Mississippi	—	2	25	60	137	—	0	1	2	—	—	0	3	4	11
Tennessee†	3	1	4	40	63	—	1	6	48	89	4	2	17	107	110
W.S. Central	7	19	198	629	669	1	6	40	68	674	15	2	153	138	84
Arkansas†	—	1	11	40	133	1	1	6	42	23	14	0	15	30	27
Louisiana	—	0	3	9	14	—	0	2	—	4	—	0	1	2	4
Oklahoma	—	0	26	19	4	—	0	32	25	45	—	0	132	86	34
Texas†	7	17	179	561	518	—	0	34	1	602	1	1	8	20	19
Mountain	11	19	37	512	685	—	1	8	38	42	1	0	2	17	25
Arizona	3	3	10	127	155	N	0	0	N	N	1	0	2	7	5
Colorado	5	4	13	95	186	—	0	0	—	—	—	0	2	1	1
Idaho†	—	0	4	20	31	—	0	4	—	—	—	0	1	1	3
Montana†	3	1	11	64	34	—	0	3	4	13	—	0	1	3	1
Nevada†	—	0	7	21	29	—	0	2	3	7	—	0	0	—	—
New Mexico†	—	1	5	28	53	—	0	3	21	8	—	0	1	2	4
Utah	—	6	27	150	180	—	0	2	2	6	—	0	0	—	—
Wyoming†	—	0	2	7	17	—	0	4	8	8	—	0	2	3	11
Pacific	22	21	303	597	494	5	4	12	113	144	—	0	1	4	3
Alaska	6	1	29	75	36	—	0	4	12	36	N	0	0	N	N
California	—	8	129	233	282	3	3	12	96	102	—	0	1	2	1
Hawaii	—	0	2	5	17	—	0	0	—	—	N	0	0	N	N
Oregon†	3	3	14	100	59	2	0	1	5	6	—	0	1	2	2
Washington	13	5	169	184	100	—	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	40	34	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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	713	870	2,110	22,874	25,026	78	84	247	2,482	2,451	254	403	1,227	10,896	9,614
New England	2	22	305	1,039	1,612	2	3	25	111	195	—	3	25	106	171
Connecticut	—	0	276	276	431	—	0	22	22	71	—	0	23	23	44
Maine§	2	2	14	92	69	1	0	4	8	19	—	0	4	11	13
Massachusetts	—	15	58	494	888	—	2	7	46	82	—	2	7	61	102
New Hampshire	—	3	7	74	111	—	1	5	19	11	—	0	1	1	4
Rhode Island§	—	1	13	52	59	—	0	3	7	5	—	0	9	8	6
Vermont§	—	1	7	51	54	1	0	3	9	7	—	0	1	2	2
Mid. Atlantic	55	97	212	2,764	3,471	11	8	192	440	272	14	29	83	1,319	424
New Jersey	—	15	48	400	765	—	1	6	15	68	—	6	34	370	86
New York (Upstate)	31	25	73	765	815	8	4	188	322	90	13	7	35	408	75
New York City	3	23	48	676	763	—	1	5	33	28	—	9	35	454	144
Pennsylvania	21	32	83	923	1,128	3	2	9	70	86	1	2	65	87	119
E.N. Central	58	90	172	2,680	3,677	9	11	38	354	341	86	74	145	2,155	1,483
Illinois	—	24	62	649	1,347	—	1	11	38	64	—	20	37	485	345
Indiana	18	8	52	341	383	—	1	12	37	42	15	10	83	466	48
Michigan	12	17	43	523	554	—	2	15	92	52	—	2	7	59	48
Ohio	27	26	65	792	799	9	2	17	108	77	68	21	104	786	618
Wisconsin	1	14	37	375	594	—	3	16	79	106	3	11	44	359	424
W.N. Central	32	51	137	1,569	1,607	15	13	48	435	385	2	21	39	541	1,297
Iowa	—	9	15	241	295	2	2	16	106	86	—	3	11	89	52
Kansas	4	7	31	228	239	—	0	3	19	32	—	0	2	11	18
Minnesota	7	13	73	450	390	2	2	22	111	120	—	4	25	173	151
Missouri	18	14	29	394	422	—	3	12	97	72	2	8	33	156	953
Nebraska§	3	5	13	147	139	11	2	8	71	48	—	0	3	2	14
North Dakota	—	1	35	28	18	—	0	20	2	6	—	0	15	34	3
South Dakota	—	2	11	81	104	—	1	5	29	21	—	1	9	76	106
S. Atlantic	245	258	442	5,579	5,935	18	12	32	397	384	26	71	149	1,922	2,853
Delaware	1	3	9	85	89	—	0	2	8	10	—	0	2	8	7
District of Columbia	—	1	4	31	34	—	0	1	7	—	—	0	3	8	11
Florida	133	109	181	2,612	2,290	2	3	18	103	84	16	21	75	573	1,550
Georgia	56	37	86	966	974	1	1	7	49	52	1	26	49	733	1,003
Maryland§	17	10	44	325	484	9	1	6	47	49	4	1	6	34	63
North Carolina	23	18	228	525	773	—	1	14	47	79	1	0	12	64	49
South Carolina§	5	21	52	479	532	—	0	3	21	7	3	8	32	391	70
Virginia§	10	18	49	463	655	6	3	10	95	94	1	4	14	103	93
West Virginia	—	4	25	93	104	—	0	3	20	9	—	0	61	8	7
E.S. Central	60	63	144	1,657	1,759	5	6	21	159	155	20	48	178	1,221	1,000
Alabama§	12	16	50	444	477	—	1	17	41	50	3	12	43	281	374
Kentucky	11	10	21	264	319	4	1	12	46	48	1	7	35	201	215
Mississippi	25	18	57	536	478	—	0	2	5	4	2	14	112	255	293
Tennessee§	12	16	34	413	485	1	2	12	67	53	14	14	32	484	118
W.S. Central	93	122	894	2,868	2,233	—	4	25	117	156	32	60	748	2,338	1,156
Arkansas§	33	13	50	411	358	—	1	4	26	26	18	4	27	332	58
Louisiana	—	9	44	175	466	—	0	1	—	8	—	5	17	149	337
Oklahoma	—	14	72	378	243	—	0	14	18	14	—	3	32	68	65
Texas§	60	64	794	1,904	1,166	—	3	11	73	108	14	47	702	1,789	696
Mountain	50	59	107	1,825	1,522	6	9	34	255	330	23	18	40	488	484
Arizona	24	20	41	572	509	—	1	8	43	67	12	9	30	229	252
Colorado	14	11	43	454	343	4	2	12	77	88	5	2	6	64	70
Idaho§	2	3	13	100	78	1	2	8	51	75	1	0	1	7	9
Montana§	4	2	10	62	58	1	0	3	21	—	—	0	1	4	15
Nevada§	5	4	14	138	158	—	0	3	16	18	5	3	13	131	23
New Mexico§	1	7	31	325	162	—	1	6	26	27	—	1	6	38	71
Utah	—	4	17	152	166	—	1	9	17	43	—	1	5	12	16
Wyoming§	—	1	5	22	48	—	0	2	4	12	—	0	2	3	28
Pacific	118	109	399	2,893	3,210	12	9	40	214	233	51	30	72	806	746
Alaska	3	1	5	31	55	—	0	1	5	1	—	0	0	—	8
California	100	76	286	2,116	2,406	5	5	34	119	127	49	26	61	699	565
Hawaii	—	5	15	154	167	—	0	5	10	24	—	1	3	25	61
Oregon§	2	6	17	241	206	—	1	11	26	33	—	1	5	37	45
Washington	13	12	103	351	376	7	2	13	54	48	2	2	20	45	67
American Samoa	—	0	1	1	—	—	0	0	—	—	—	0	1	1	3
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	8	11	—	0	0	—	—	—	0	3	14	10
Puerto Rico	2	10	44	229	531	—	0	1	2	—	3	0	2	11	19
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting 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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max		
United States	44	90	259	3,616	3,748	6	36	166	1,013	1,139
New England	—	6	31	270	292	—	2	14	48	91
Connecticut	—	0	26	83	90	—	0	11	—	12
Maine§	—	0	3	20	21	—	0	1	1	1
Massachusetts	—	3	8	125	142	—	1	5	37	60
New Hampshire	—	0	2	18	22	—	0	1	7	8
Rhode Island§	—	0	8	14	2	—	0	1	2	8
Vermont§	—	0	2	10	15	—	0	1	1	2
Mid. Atlantic	12	17	43	762	720	—	4	19	131	207
New Jersey	—	3	11	128	132	—	1	6	27	41
New York (Upstate)	5	6	17	254	221	—	2	14	68	75
New York City	—	3	10	133	179	—	1	12	36	91
Pennsylvania	7	5	16	247	188	N	0	0	N	N
E.N. Central	6	19	63	789	748	1	6	23	216	202
Illinois	—	5	16	196	230	—	1	6	46	48
Indiana	3	2	11	102	86	1	0	14	25	12
Michigan	1	3	10	124	156	—	1	5	51	56
Ohio	1	5	14	208	174	—	1	5	36	44
Wisconsin	1	2	42	159	102	—	1	9	58	42
W.N. Central	2	5	39	285	245	1	2	16	87	58
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	6	38	26	—	0	3	13	—
Minnesota	—	0	35	130	116	—	0	13	33	35
Missouri	—	2	10	64	65	1	1	2	26	15
Nebraska§	2	0	3	27	20	—	0	3	6	7
North Dakota	—	0	5	10	11	—	0	2	4	1
South Dakota	—	0	2	16	7	—	0	1	5	—
S. Atlantic	17	19	34	622	875	1	5	13	128	196
Delaware	—	0	2	6	8	—	0	0	—	—
District of Columbia	—	0	2	15	16	—	0	1	1	2
Florida	6	6	11	177	199	1	1	4	40	40
Georgia	4	5	12	158	169	—	1	5	21	43
Maryland§	4	0	6	13	153	—	0	4	2	48
North Carolina	2	2	10	98	119	N	0	0	N	N
South Carolina§	—	1	5	40	80	—	1	4	35	25
Virginia§	1	3	12	92	111	—	0	6	24	32
West Virginia	—	0	3	23	20	—	0	1	5	6
E.S. Central	1	4	9	117	156	—	2	11	65	62
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	26	32	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	16	5
Tennessee§	1	3	7	91	124	—	2	9	49	57
W.S. Central	5	8	85	300	217	1	5	66	162	159
Arkansas§	—	0	2	4	17	—	0	2	4	9
Louisiana	—	0	1	3	14	—	0	2	2	28
Oklahoma	—	2	19	76	51	—	1	7	48	34
Texas§	5	6	65	217	135	1	3	58	108	88
Mountain	1	10	22	371	401	2	5	12	166	153
Arizona	—	4	9	140	150	1	2	8	83	73
Colorado	—	2	8	103	103	1	1	4	46	31
Idaho§	—	0	2	11	9	—	0	1	3	2
Montana§	N	0	0	N	N	—	0	1	4	1
Nevada§	1	0	2	7	2	N	0	0	N	N
New Mexico§	—	2	7	66	68	—	0	3	14	27
Utah	—	1	5	39	64	—	0	3	15	19
Wyoming§	—	0	2	5	5	—	0	1	1	—
Pacific	—	3	10	100	94	—	0	2	10	11
Alaska	—	0	5	29	18	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	—	2	10	71	76	—	0	2	10	11
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	12	30	4	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	3	—	7	—	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

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting 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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	14	51	264	1,641	1,701	2	9	43	279	328	125	232	351	6,877	6,434
New England	—	1	41	30	86	—	0	8	5	12	6	6	14	189	156
Connecticut	—	0	37	—	51	—	0	7	—	4	1	0	6	17	21
Maine§	—	0	2	13	9	—	0	1	1	1	—	0	2	8	4
Massachusetts	—	0	0	—	—	—	0	0	—	2	4	4	11	138	88
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	2	11	20
Rhode Island§	—	0	3	7	15	—	0	1	2	3	—	0	5	13	21
Vermont§	—	0	2	10	11	—	0	1	2	2	—	0	5	2	2
Mid. Atlantic	1	3	10	148	96	—	0	2	17	22	27	32	45	1,036	953
New Jersey	—	0	0	—	—	—	0	0	—	—	7	5	10	128	123
New York (Upstate)	—	1	4	39	31	—	0	2	6	8	1	3	13	88	83
New York City	—	0	5	48	—	—	0	0	—	—	16	17	30	646	582
Pennsylvania	1	1	8	61	65	—	0	2	11	14	3	5	12	174	165
E.N. Central	2	13	50	450	455	—	2	14	74	74	9	18	31	581	529
Illinois	—	2	15	57	88	—	0	6	14	25	—	7	19	162	280
Indiana	1	3	28	140	99	—	0	11	17	15	2	2	6	81	29
Michigan	—	0	2	10	1	—	0	1	2	1	2	2	17	131	70
Ohio	1	7	15	243	267	—	1	4	41	33	3	5	13	175	109
Wisconsin	—	0	0	—	—	—	0	0	—	—	2	1	4	32	41
W.N. Central	—	3	106	113	114	—	0	9	8	25	—	8	15	233	201
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	11	12
Kansas	—	1	5	51	61	—	0	1	3	4	—	0	5	19	12
Minnesota	—	0	105	—	1	—	0	9	—	17	—	1	5	57	42
Missouri	—	1	8	62	43	—	0	1	2	—	—	5	10	139	128
Nebraska§	—	0	0	—	2	—	0	0	—	—	—	0	2	7	4
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	—	7	—	0	1	3	4	—	0	3	—	3
S. Atlantic	11	20	41	688	725	2	4	10	129	156	41	51	215	1,463	1,398
Delaware	—	0	1	3	5	—	0	0	—	2	—	0	4	10	7
District of Columbia	—	0	3	12	12	—	0	0	—	1	3	2	11	73	115
Florida	11	11	26	386	407	2	2	6	82	81	13	19	34	556	459
Georgia	—	7	19	223	253	—	1	6	41	64	—	10	175	242	236
Maryland§	—	0	0	—	1	—	0	0	—	—	6	6	14	199	183
North Carolina	N	0	0	N	N	N	0	0	N	N	2	5	18	163	205
South Carolina§	—	0	0	—	—	—	0	0	—	—	3	1	5	54	59
Virginia§	N	0	0	N	N	N	0	0	N	N	14	5	17	165	128
West Virginia	—	1	7	64	47	—	0	2	6	8	—	0	1	1	6
E.S. Central	—	5	14	166	140	—	1	4	33	21	12	20	31	626	516
Alabama§	N	0	0	N	N	N	0	0	N	N	—	8	15	245	219
Kentucky	—	1	4	47	17	—	0	2	9	2	—	1	7	50	37
Mississippi	—	0	5	1	36	—	0	0	—	—	—	3	15	91	66
Tennessee§	—	3	12	118	87	—	1	3	24	19	12	8	14	240	194
W.S. Central	—	1	5	26	54	—	0	2	8	7	16	41	62	1,260	1,050
Arkansas§	—	0	2	9	1	—	0	1	3	2	—	2	19	97	70
Louisiana	—	0	5	17	53	—	0	2	5	5	16	11	22	300	280
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	5	46	38
Texas§	—	0	0	—	—	—	0	0	—	—	—	26	49	817	662
Mountain	—	1	6	20	31	—	0	2	4	9	1	8	29	227	263
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	21	78	137
Colorado	—	0	0	—	—	—	0	0	—	—	1	2	7	72	28
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	1	2	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	N	0	0	N	N	N	0	0	N	N	—	2	6	52	59
New Mexico§	—	0	1	1	—	—	0	0	—	—	—	1	3	23	27
Utah	—	0	6	18	19	—	0	2	4	8	—	0	2	—	9
Wyoming§	—	0	1	1	12	—	0	1	—	1	—	0	1	—	1
Pacific	—	0	0	—	—	—	0	1	1	2	13	41	70	1,262	1,368
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	1	6
California	N	0	0	N	N	N	0	0	N	N	6	38	59	1,128	1,266
Hawaii	—	0	0	—	—	—	0	1	1	2	—	0	2	11	5
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	2	9	11
Washington	N	0	0	N	N	N	0	0	N	N	7	3	13	113	80
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	—	—	—	3	10	93	93
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 August 9, 2008, and August 11, 2007 (32nd Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	85	657	1,660	18,163	26,760	—	1	143	73	400	—	2	307	95	1,039
New England	4	14	68	334	1,676	—	0	2	—	1	—	0	2	1	2
Connecticut	—	0	38	—	960	—	0	1	—	1	—	0	1	1	2
Maine¶	—	0	26	—	217	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
New Hampshire	—	6	18	150	232	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Vermont¶	4	6	17	184	267	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	26	58	117	1,524	3,252	—	0	3	1	3	—	0	3	—	2
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	2	—	1	—	0	1	—	—
New York City	N	0	0	N	N	—	0	3	—	1	—	0	3	—	—
Pennsylvania	26	58	117	1,524	3,252	—	0	1	1	1	—	0	1	—	2
E.N. Central	20	164	378	4,351	7,650	—	0	19	1	15	—	0	12	1	11
Illinois	1	13	124	657	678	—	0	14	—	10	—	0	8	—	4
Indiana	—	0	222	—	—	—	0	4	—	2	—	0	2	—	4
Michigan	7	62	154	1,877	2,881	—	0	5	—	1	—	0	1	—	—
Ohio	12	55	128	1,570	3,297	—	0	4	1	1	—	0	3	—	2
Wisconsin	—	7	32	247	794	—	0	2	—	1	—	0	2	1	1
W.N. Central	7	23	145	764	1,129	—	0	41	7	102	—	0	118	27	359
Iowa	N	0	0	N	N	—	0	4	1	6	—	0	2	—	6
Kansas	4	6	36	253	411	—	0	3	—	7	—	0	7	—	7
Minnesota	—	0	0	—	—	—	0	9	1	18	—	0	12	8	26
Missouri	3	11	47	443	654	—	0	8	1	15	—	0	3	2	4
Nebraska¶	N	0	0	N	N	—	0	5	1	6	—	0	16	1	63
North Dakota	—	0	140	48	—	—	0	11	—	22	—	0	49	8	171
South Dakota	—	0	5	20	64	—	0	7	3	28	—	0	32	8	82
S. Atlantic	9	92	166	2,991	3,462	—	0	12	1	13	—	0	6	—	13
Delaware	—	1	6	35	30	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	3	18	22	—	0	0	—	—	—	0	0	—	—
Florida	7	29	87	1,154	795	—	0	0	—	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	—	6	—	0	5	—	6
Maryland¶	N	0	0	N	N	—	0	2	—	1	—	0	2	—	1
North Carolina	N	0	0	N	N	—	0	1	—	1	—	0	1	—	2
South Carolina¶	1	16	66	557	703	—	0	2	—	—	—	0	0	—	2
Virginia¶	—	21	80	747	1,150	—	0	1	—	2	—	0	1	—	2
West Virginia	1	15	66	480	762	—	0	1	1	—	—	0	0	—	—
E.S. Central	—	18	101	828	339	—	0	11	8	26	—	0	14	13	26
Alabama¶	—	18	101	819	338	—	0	2	—	8	—	0	1	1	1
Kentucky	N	0	0	N	N	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	2	9	1	—	0	7	6	16	—	0	12	11	24
Tennessee¶	N	0	0	N	N	—	0	1	2	1	—	0	2	1	1
W.S. Central	13	183	886	6,014	7,373	—	0	36	11	63	—	0	19	10	44
Arkansas¶	1	10	39	403	551	—	0	5	4	5	—	0	2	—	3
Louisiana	—	1	7	33	95	—	0	5	—	5	—	0	3	2	2
Oklahoma	N	0	0	N	N	—	0	11	2	12	—	0	7	3	14
Texas¶	12	166	852	5,578	6,727	—	0	19	5	41	—	0	11	5	25
Mountain	6	40	105	1,305	1,833	—	0	36	8	103	—	0	148	24	453
Arizona	—	0	0	—	—	—	0	8	5	16	—	0	10	—	7
Colorado	6	17	43	581	709	—	0	17	1	33	—	0	67	13	223
Idaho¶	N	0	0	N	N	—	0	3	1	4	—	0	16	7	72
Montana¶	—	5	27	207	284	—	0	10	—	17	—	0	30	—	45
Nevada¶	N	0	0	N	N	—	0	1	1	1	—	0	3	1	4
New Mexico¶	—	4	22	142	292	—	0	8	—	11	—	0	6	—	6
Utah	—	9	55	369	529	—	0	8	—	4	—	0	9	2	8
Wyoming¶	—	0	9	6	19	—	0	3	—	17	—	0	34	1	88
Pacific	—	1	7	52	46	—	0	18	36	74	—	0	20	19	129
Alaska	—	1	5	42	25	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	18	36	72	—	0	20	19	117
Hawaii	—	0	6	10	21	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	—	2	—	0	3	—	12
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	—	2	17	55	192	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	9	20	281	510	—	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 August 9, 2008 (32nd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	440	298	91	32	11	8	35
Boston, MA	134	86	30	11	4	3	13
Bridgeport, CT	15	9	5	1	—	—	—
Cambridge, MA	10	7	3	—	—	—	1
Fall River, MA	23	16	4	3	—	—	1
Hartford, CT	43	31	9	1	1	1	6
Lowell, MA	16	12	3	—	1	—	—
Lynn, MA	12	7	3	1	1	—	—
New Bedford, MA	18	14	3	1	—	—	2
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	56	40	11	3	2	—	4
Somerville, MA	1	—	—	1	—	—	—
Springfield, MA	32	23	4	5	—	—	3
Waterbury, CT	26	14	9	1	—	2	3
Worcester, MA	54	39	7	4	2	2	2
Mid. Atlantic	1,986	1,340	448	141	23	33	92
Albany, NY	49	37	5	4	1	2	3
Allentown, PA	15	14	1	—	—	—	2
Buffalo, NY	70	49	15	5	1	—	4
Camden, NJ	38	21	7	4	3	3	—
Elizabeth, NJ	17	13	3	1	—	—	—
Erie, PA	39	30	8	1	—	—	3
Jersey City, NJ	28	14	3	7	3	1	2
New York City, NY	994	691	221	61	7	13	43
Newark, NJ	39	16	13	6	—	4	—
Paterson, NJ	16	5	8	—	2	1	2
Philadelphia, PA	268	152	74	30	3	9	11
Pittsburgh, PA§	33	19	13	1	—	—	2
Reading, PA	24	12	11	1	—	—	—
Rochester, NY	108	88	16	4	—	—	9
Schenectady, NY	23	20	1	2	—	—	1
Scranton, PA	24	19	2	3	—	—	1
Syracuse, NY	143	98	36	8	1	—	7
Trenton, NJ	19	14	4	—	1	—	—
Utica, NY	20	16	2	2	—	—	1
Yonkers, NY	19	12	5	1	1	—	1
E.N. Central	1,904	1,215	472	146	31	38	97
Akron, OH	54	35	13	4	1	1	—
Canton, OH	27	19	7	1	—	—	2
Chicago, IL	264	144	84	26	6	2	15
Cincinnati, OH	83	42	23	8	3	7	2
Cleveland, OH	221	152	52	12	3	2	8
Columbus, OH	193	117	48	21	4	3	13
Dayton, OH	89	66	16	5	2	—	8
Detroit, MI	168	98	47	17	4	2	3
Evansville, IN	49	37	10	2	—	—	7
Fort Wayne, IN	77	52	19	3	—	3	4
Gary, IN	15	6	6	2	—	1	—
Grand Rapids, MI	47	33	6	5	1	2	4
Indianapolis, IN	198	119	45	21	5	8	12
Lansing, MI	47	39	5	2	1	—	—
Milwaukee, WI	79	45	25	6	—	3	2
Peoria, IL	49	37	10	—	—	2	8
Rockford, IL	64	41	20	3	—	—	2
South Bend, IN	52	38	10	2	—	2	—
Toledo, OH	85	61	19	4	1	—	4
Youngstown, OH	43	34	7	2	—	—	3
W.N. Central	502	313	104	40	22	23	29
Des Moines, IA	23	14	4	3	1	1	4
Duluth, MN	20	16	4	—	—	—	1
Kansas City, KS	11	6	4	1	—	—	1
Kansas City, MO	85	51	21	6	5	2	6
Lincoln, NE	40	32	7	1	—	—	2
Minneapolis, MN	56	30	7	9	1	9	3
Omaha, NE	77	56	16	4	—	1	2
St. Louis, MO	93	40	26	10	12	5	5
St. Paul, MN	37	26	6	2	1	2	2
Wichita, KS	60	42	9	4	2	3	3
S. Atlantic	950	571	246	66	32	34	53
Atlanta, GA	73	45	20	2	5	1	—
Baltimore, MD	153	80	47	11	11	4	13
Charlotte, NC	117	80	21	10	5	1	7
Jacksonville, FL	U	U	U	U	U	U	U
Miami, FL	91	57	22	5	3	4	6
Norfolk, VA	44	33	3	3	2	3	1
Richmond, VA	63	37	17	5	2	2	2
Savannah, GA	54	34	15	3	—	2	—
St. Petersburg, FL	49	34	10	3	—	2	3
Tampa, FL	194	120	51	15	3	5	16
Washington, D.C.	104	44	39	9	1	10	4
Wilmington, DE	8	7	1	—	—	—	1
E.S. Central	810	527	216	34	18	15	59
Birmingham, AL	176	117	44	8	4	3	10
Chattanooga, TN	85	54	26	3	1	1	5
Knoxville, TN	80	51	22	—	2	5	6
Lexington, KY	63	45	13	3	1	1	5
Memphis, TN	134	89	34	5	3	3	14
Mobile, AL	65	40	19	6	—	—	5
Montgomery, AL	59	42	11	5	1	—	3
Nashville, TN	148	89	47	4	6	2	11
W.S. Central	1,318	784	340	116	50	27	66
Austin, TX	82	54	16	7	3	2	4
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	38	28	9	—	—	1	4
Dallas, TX	187	109	44	18	11	5	9
El Paso, TX	83	61	17	3	2	—	3
Fort Worth, TX	170	93	52	16	3	6	8
Houston, TX	349	175	105	45	17	6	13
Little Rock, AR	U	U	U	U	U	U	U
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	202	130	51	10	5	6	11
Shreveport, LA	76	46	17	9	4	—	5
Tulsa, OK	131	88	29	8	5	1	9
Mountain	956	628	200	76	26	26	52
Albuquerque, NM	111	65	31	7	4	4	2
Boise, ID	49	37	6	5	1	—	6
Colorado Springs, CO	40	30	8	—	1	1	1
Denver, CO	92	60	18	8	—	6	2
Las Vegas, NV	259	159	61	24	8	7	19
Ogden, UT	30	19	7	4	—	—	1
Phoenix, AZ	81	49	19	9	2	2	6
Pueblo, CO	26	19	4	3	—	—	—
Salt Lake City, UT	128	91	19	9	5	4	7
Tucson, AZ	140	99	27	7	5	2	8
Pacific	1,263	846	270	86	28	33	123
Berkeley, CA	11	8	2	—	—	1	1
Fresno, CA	U	U	U	U	U	U	U
Glendale, CA	24	21	3	—	—	—	5
Honolulu, HI	76	52	19	3	1	1	7
Long Beach, CA	63	43	15	2	1	2	8
Los Angeles, CA	252	162	50	20	8	12	34
Pasadena, CA	13	8	5	—	—	—	—
Portland, OR	101	73	17	7	3	1	10
Sacramento, CA	U	U	U	U	U	U	U
San Diego, CA	144	99	26	16	2	1	11
San Francisco, CA	115	66	32	8	3	6	17
San Jose, CA	180	125	41	9	2	3	16
Santa Cruz, CA	25	17	7	—	1	—	1
Seattle, WA	106	74	20	7	3	2	7
Spokane, WA	57	36	13	3	1	4	4
Tacoma, WA	96	62	20	11	3	—	2
Total	10,129**	6,522	2,387	737	241	237	606

U: Unavailable. —:No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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