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Nonfatal Self-Inflicted Injuries Among Adults Aged ≥65 Years — United States, 2005

In 2005, an estimated 372,722 persons in the United States were treated in hospital emergency departments (EDs) for intentional, nonfatal self-inflicted injuries (*1*). Nonfatal self-inflicted injuries are most common among adolescents and young adults (*2*); few studies have investigated these types of injuries among adults aged ≥65 years. However, older adults are one of the fastest-growing population groups in the United States and can require more extensive and more costly medical treatment than younger adults. To characterize ED visits for nonfatal self-inflicted injuries among U.S. adults aged ≥65 years, CDC analyzed ED visits for 2005 using data from the National Electronic Injury Surveillance System All Injury Program (NEISS-AIP). This report summarizes the results of that analysis, which indicated that, in 2005, adults aged ≥65 years made an estimated 7,105 visits to EDs (i.e., 19.3 visits per 100,000 population) for nonfatal self-inflicted injuries, and ED health-care providers attributed 80.4% of these visits to suicidal behavior. In addition, a significantly higher percentage of adults aged ≥65 years compared with younger adults were hospitalized after ED visits for suicidal behavior. Comprehensive prevention strategies that combine community outreach, crisis intervention, and clinical management are needed to decrease morbidity and mortality from suicidal behavior among older adults.

NEISS is operated by the U.S. Consumer Product Safety Commission and collects data about treatment of patients in U.S. hospital EDs for consumer-product–related injuries.* The expanded system, NEISS-AIP, collects data about treatment of patients for all types and causes of injuries in U.S. hospital EDs, regardless of whether the injuries are related to consumer products. NEISS-AIP includes data from 66 of the 100 NEISS hospitals that were selected as a stratified probability sample of all hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED (*3,4*). Data are weighted by the inverse of the probability of selection to produce national estimates (*3*). NEISS-AIP provides data on approximately 500,000 injury-related ED cases each year (*3*). Estimates for this report were based on weighted data for 4,478 nonfatal self-inflicted injuries for which persons aged ≥20 years were treated in EDs during 2005. The weighted values were used to provide annual estimates for adults aged 20–34 years, 35–49 years, 50–64 years, and ≥65 years.

NEISS-AIP defines injuries as bodily harm that results from acute exposure to an external force or substance and includes unintentional or violence-related causes (*2*). Cases are excluded if the ED visit is for unintended adverse effects of therapeutic drugs or surgical and medical care or the principal diagnosis is unknown or is an illness, pain only, psychological harm only (e.g., anxiety and depression), or contact dermatitis associated with exposure to plants or consumer products (*2,5*). Injuries are classified into mutually exclusive categories according to intent of injury (i.e., unintentional, assault, self-inflicted, and legal

*Additional information available at http://www.cpsc.gov/library/neiss.html.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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intervention[†]) (*2*). Data on sex, race/ethnicity, ED discharge disposition (i.e., treated then released, transferred then released, hospitalized, or left against medical advice or before being treated), and mechanism of injury (e.g., by cutting or piercing, poisoning, or a firearm gunshot) also are collected; mechanisms of injury are classified into major external cause-of-injury groups (*5,6*) using definitions consistent with *International Classification of Diseases, Ninth Revision, Clinical Modifications* guidelines (*7*).

To categorize self-inflicted injuries by intent of injury, CDC analyzed screening forms that were completed by trained NEISS hospital coders using ED patient charts. The forms included information about 1) the ED clinician's description or diagnosis of the injury event, such as whether the visit resulted from suicidal behavior (i.e., intent to die was demonstrated or expressed by the patient) or self-abusive behavior (i.e., self-injurious behavior, such as self-mutilation, without the intent to die); 2) existing medical and psychiatric conditions of the patient (e.g., clinical depression, alcohol abuse, or substance abuse) as reported by patients or their relatives or friends; and 3) alcohol or recreational drug use at the time of the injury as determined by hospital staff members or laboratory reports.

During 2005, an estimated 7,105 ED visits for nonfatal self-inflicted injuries occurred among older adults (i.e., persons aged ≥65 years) (rate: 19.3 per 100,000 population), and 80.4% of these visits resulted from suicidal behavior (Table 1). Rates did not differ significantly between older adult men and women. Older adults had too few visits for self-abusive behavior to estimate a national rate. For all adult age groups, the majority of the ED visits for nonfatal self-inflicted injuries occurred among non-Hispanic whites.

Among ED visits attributed to suicidal behavior, a significantly higher percentage of older adults (70.6%) were hospitalized after ED care than adults aged 20–34 years (42.8%) (Table 2). The most common mechanism of injury related to suicidal behavior among all age groups was poisoning. Alcohol use at the time of the injury was less common among adults aged ≥65 years (15.1%) than among adults aged 20–34 years (28.6%) and 25–49 years (34.9%). As with the younger age groups, the majority of older adults (73.7%) who visited an ED for suicide-behavior–related injury had a history of depression.

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[†] Injuries inflicted by law enforcement personnel during official duties.

TABLE 1. Estimated number,* percentage,† and rate§ of hospital emergency department visits for nonfatal self-inflicted injuries among adults, by age and selected characteristics — United States, 2005

	Age (yrs)															
	20–34				35–49				50–64				≥65			
Characteristic	No.	(%)	Rate	(95% CI¶)	No.	(%)	Rate	(95% CI)	No.	(%)	Rate	(95% CI)	No.	(%)	Rate	(95% CI)
Race/Ethnicity**																
Non-Hispanic white	70,522	(51.6)	—	—	55,649	(51.4)	—	—	20,200	(59.4)	—	—	4,956	(69.8)	—	—
Black	13,345	(9.8)	—	—	12,480	(11.5)	—	—	2,878	(8.5)	—	—	453	(6.4)	—	—
Hispanic	7,296	(5.3)	—	—	6,596	(6.1)	—	—	1,877	(5.5)	—	—	85	(1.2)	—	—
Other	4,279	(3.1)	—	—	1,452	(1.3)	—	—	585	(1.7)	—	—	115	(1.6)	—	—
Unknown	41,353	(30.2)	—	—	32,030	(29.6)	—	—	8,444	(24.8)	—	—	1,496	(21.1)	—	—
Sex																
Male	67,662	(49.5)	216.3	(162.3–270.3)	45,852	(42.4)	138.8	(106.0–171.5)	15,416	(45.4)	63.1	(42.4–83.9)	3,233	(45.5)	21.0	(13.2-28.8)
Female	69,134	(50.5)	231.2	(180.6–281.8)	62,355	(57.6)	187.3	(154.5–220.0)	18,569	(54.6)	71.6	(52.9–90.3)	3,872	(54.5)	18.1	(12.3-24.0)
Intent††																
Suicidal behavior	98,581	(72.1)	161.1	(130.7–191.6)	84,935	(78.5)	128.0	(103.7–152.3)	24,791	(72.9)	49.2	(37.6–60.9)	5,710	(80.4)	15.5	(11.4–19.6)
Self-abusive behavior	11,336	(8.3)	18.5	(11.4–25.7)	3,747	(3.5)	5.7	(3.6–7.7)	872	(2.6)	1.7	(0.5–3.0)	85	(1.2)	—§§	—§§
Other	15,781	(11.5)	25.8	(7.9–43.7)	11,274	(10.4)	17.0	(6.8–27.2)	4,347	(12.8)	8.6	(3.3–14.0)	779	(11.0)	2.1	(0.1–4.2)
No diagnosis	11,098	(8.1)	—§§	—§§	8,250	(7.6)	—§§	—§§	3,975	(11.7)	—§§	—§§	532	(7.5)	—§§	—§§
Total	**136,796**	**(100.0)**	**223.6**	**(173.0–274.2)**	**108,206**	**(100.0)**	**163.1**	**(134.1–192.1)**	**33,984**	**(100.0)**	**67.5**	**(49.3–85.7)**	**7,105**	**(100.0)**	**19.3**	**(13.9–24.8)**

* Data were weighted by the inverse of the probability of selection; therefore, certain numbers might not equal the total because of rounding.
† Certain percentages do not total 100% because of rounding.
§ Per 100,000 population.
¶ Confidence interval.
** Rates by race are not reported because of the high percentage of unknown data. Black includes Hispanic and non-Hispanic blacks. Hispanics excludes black Hispanics.
†† Suicidal behavior: intent to die was demonstrated or expressed by the patient; self-abusive behavior: self-injurious behavior (e.g., self-mutilation) without the intent to die.
§§ National estimates are unstable because they are based on <20 cases or the coefficient of variation is >30%.

Editorial Note: The findings in this report indicate that, in 2005, ED visits for nonfatal self-inflicted injuries were less common among adults aged ≥65 years than among younger adults. However, older adults were more likely than younger adults to be hospitalized after ED treatment for an injury related to suicidal behavior. In addition, for older adults whose visits were related to suicidal behavior, alcohol use at the time of the injury was less frequently reported.

Despite the finding that the rate of ED visits for nonfatal injuries from suicidal behavior is lower among older adults, the suicide rate is higher among older adults (*8*), particularly among those aged ≥75 years (*1*); in 2004, 16.4 suicides occurred per 100,000 population among those aged ≥75 years, compared with 12.6 among persons aged 20–34 years (*1*). In addition, the ratio of nonfatal suicidal incidents to suicides is substantially lower among older adults than younger adults (*8*), which might partly explain the relatively low rate of nonfatal incidents among older adults in this analysis. One study determined that the ratio of suicide attempts to completed suicides decreases with age, from as high as 200:1 among persons aged 15–24 years to 4:1 among adults aged >65 years.§ The most common mechanism for suicide among older adults is use of a firearm (*8*), a mechanism that is more likely to be fatal than poisoning, the most common cause for ED visits among all age groups for nonfatal suicidal behavior.

The findings in this report are subject to at least five limitations. First, small numbers of ED visits among particular subgroups of adults made certain rate estimates unstable. Second, classification of injuries caused by suicidal behavior was based on information solicited and recorded by ED health-care providers. Certain self-inflicted injuries that ED clinicians did not identify as related to suicidal behavior might later have been classified as such by clinicians who provided follow-up treatment, possibly resulting in an underestimation of those injuries. Third, although the screening tool was used to collect information regarding patient history of mental and behavioral conditions, information on mental distress, behavioral problems, or dementia at the time of the injury was not collected, thereby limiting the ability to understand certain circumstances preceding these events. Fourth, certain self-inflicted injuries from poisoning might have been misclassified as unintended adverse drug events and excluded from this study; therefore, self-inflicted injuries attributable to poisoning might be underestimated. Finally, because not all self-inflicted injuries result in ED visits, these findings likely underestimate the actual rates of self-inflicted injuries.

§ Available at http://www.suicidology.org/associations/1045/files/elderly.pdf.

TABLE 2. Characteristics of hospital emergency department (ED) visits for nonfatal self-inflicted injuries attributed to suicidal behavior among adults, by age — United States, 2005*

	Age (yrs)											
	20–34			35–49			50–64			≥65		
Characteristic	No.	(%)	(95% CI†)	No.	(%)	(95% CI)	No.	(%)	(95% CI)	No.	(%)	(95% CI)
ED discharge disposition												
Treated then released	26,187	(26.6)	(20.0–33.1)	16,686	(19.6)	(13.5–25.8)	4,171	(16.8)	(10.0–23.7)	473	(8.3)	(1.6–14.9)
Transferred then released§	28,554	(29.0)	(19.4–38.5)	20,664	(24.3)	(16.3–32.4)	6,049	(24.4)	(16.6–32.2)	1,205	(21.1)	(8.9–33.3)
Hospitalized	42,163	(42.8)	(34.7–50.8)	45,169	(53.2)	(45.1–61.3)	13,971	(56.4)	(48.0–64.7)	4,032	(70.6)	(58.0–83.3)
Observed without hospitalization	1,009	(1.0)	(0.0–2.0)	1,916	(2.3)	(0.1–4.4)	358	—¶	—	0	(0)	(0)
Left against medical advice or before being seen	542	—	—	501	—	—	241	—	—	0	(0)	(0)
Unknown	127	—	—	0	(0)	(0)	0	(0)	(0)	0	(0)	(0)
Mechanism of injury												
Cut or pierce	19,139	(19.4)	(16.3–22.5)	10,067	(11.9)	(9.8–13.9)	2,421	(9.8)	(6.2–13.4)	1,062	(18.6)	(10.3–26.9)
Poisoning	56,507	(57.3)	(52.9–61.7)	56,471	(66.5)	(59.1–73.9)	18,196	(73.4)	(67.5–79.3)	3,425	(60.0)	(46.2–73.8)
Firearm gunshot	448	—	—	581	—	—	246	—	—	154	—	—
Other	21,533	(21.8)	(16.3–27.4)	16,917	(19.9)	(13.5–26.4)	3,859	(15.6)	(9.4–21.7)	1,046	(18.3)	(8.0–28.6)
Unknown	955	—	—	898	—	—	69	—	—	23	—	—
Mental and behavioral health history and conditions**												
Self-harm	20,036	(20.3)	(12.9–27.7)	20,802	(24.5)	(13.8–35.2)	5,335	(21.5)	(13.2–29.8)	976	(17.1)	(7.3–26.8)
Bipolar disorder	6,993	(7.1)	(4.6–9.6)	7,286	(8.6)	(5.8–11.3)	1,148	(4.6)	(1.7–7.5)	288	—	—
Depression	62,609	(63.5)	(52.9–74.1)	60,590	(71.3)	(60.2–82.5)	16,196	(65.3)	(50.8–79.8)	4,209	(73.7)	(60.0–87.4)
Alcohol abuse	11,517	(11.7)	(6.7–16.6)	13,997	(16.5)	(9.6–23.3)	2,651	(10.7)	(2.6–18.8)	537	(9.4)	(2.9–15.9)
Substance abuse	12,606	(12.8)	(8.5–17.0)	11,130	(13.1)	(7.4–18.8)	2,188	(8.8)	(4.2–13.4)	85	—	—
Substance use at time of injury**												
Alcohol	28,232	(28.6)	(24.7–32.5)	29,625	(34.9)	(31.1–38.7)	6,485	(26.2)	(18.2–34.2)	882	(15.4)	(8.7–22.2)
Drugs	17,592	(17.8)	(14.9–20.8)	14,174	(16.7)	(12.2–21.2)	3,418	(13.8)	(7.6–19.9)	242	—	—

* Data were weighted by the inverse of the probability of selection; therefore, certain numbers might not equal the total and certain percentages do not total 100% because of rounding.
† Confidence interval.
§ Transferred to either a medical, psychiatric, or surgical ward; an intensive care unit; or another facility.
¶ National estimates are unstable because they are based on <20 cases or the coefficient of variation is >30%.
** Categories are not mutually exclusive.

Because the older adult population is the fastest-growing age group of the U.S. population, the number of self-inflicted injuries in this group is likely to increase. These incidents can lead to more serious medical complications and hospitalizations than similar behaviors among younger adults because older adults are more likely to have comorbid conditions and longer recoveries. One study indicated that the average cost among older adults is approximately twice the average medical cost per case among adults aged 25–64 years ($9,749 versus $4,995) (*9*).

The findings in this report illustrate the need for primary prevention measures that focus on the older adult population. Although few evaluated prevention programs have focused on older adults, promising strategies exist, such as better identification and treatment of clinical depression by primary-care physicians and increased social support for persons at risk (*8*). For example, one study documented that training primary-care staff members to identify and treat adults for clinical depression was associated with lower suicide rates (*8*). Additional research is needed to assess a broader scope of potential risk factors for suicidal behavior among older adults and to develop strategies for decreasing these risk factors.

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State-Specific Prevalence of Cigarette Smoking Among Adults and Quitting Among Persons Aged 18–35 Years — United States, 2006

Each year, cigarette smoking in the United States causes approximately 438,000 deaths and results in an estimated $167 billion in health-care costs plus lost productivity attributed to premature deaths (*1*). Although smoking cessation has major and immediate health benefits for persons of all ages (*2*), the benefit is greater the earlier in life a person quits. Persons who quit before the age of 35 years have a life expectancy similar to that of those who never smoked (*3*). To assess the prevalence of current smoking among all adults and among those aged 18–35 years, and to assess the proportion of smokers aged 18–35 years who have quit or attempted to quit, CDC analyzed state and area data from the 2006 Behavioral Risk Factor Surveillance System (BRFSS) survey. This report summarizes the results of that analysis, which indicated substantial variation in current cigarette smoking prevalence among the 50 states, the District of Columbia (DC), Puerto Rico (PR), and the U.S. Virgin Islands (USVI) (range: 9.1%–28.6%). The majority of current smokers aged 18–35 years reported that they had attempted to quit smoking during the past year (median: 58.6%; range: 48.0% [Nevada] to 69.2% [New Mexico]), and the median proportion of ever smokers aged 18–35 years who had quit smoking was 34.0% (range: 27.0% [Louisiana] to 47.9% [Utah]). Effective, comprehensive tobacco-use prevention and control programs should be continued and expanded to further reduce smoking initiation by young persons and to encourage cessation as early in life as possible (*4,5*).

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. Estimates were weighted by age and sex distributions of each state or area population. Because BRFSS data are state-specific, national median prevalences are reported instead of national averages. The median response rate for the 50 states and DC was 51.4% (range: 35.1% [New Jersey] to 66.0% [Nebraska]).

Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" and "Do you now smoke cigarettes every day, some days, or not at all?" Ever smokers were defined as those who reported having smoked ≥100 cigarettes during their lifetime. Current smokers were defined as those who reported having smoked ≥100 cigarettes during their lifetime and who currently smoked every day or some days. Former smokers were defined as those who reported having smoked ≥100 cigarettes during their lifetime and who currently did not smoke at all. Attempted smoking cessation was assessed by asking those who smoked every day, "During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit?" The percentage of ever smokers who had quit smoking was calculated by dividing the number of former smokers by the number of ever smokers.

Current Cigarette Smoking Prevalence

In 2006, the median prevalence of current cigarette smoking among adults in the 50 states and DC was 20.2%, with a nearly threefold difference among states with the lowest and highest prevalences (Table 1). Current smoking prevalence was highest in Kentucky (28.6%), West Virginia (25.7%), Oklahoma (25.1%), and Mississippi (25.1%) and was lowest in Utah (9.8%). Smoking prevalence was 12.5% in PR and 9.1% in USVI. The median smoking prevalence for the 50 states and DC was 22.2% (range: 10.4%–29.1%) for men and 18.5% (range: 9.2%–28.1%) for women. Similar variation among the states also was observed in the prevalence of current smoking among persons aged 18–35 years (median for the 50 states and DC: 25.3% [range: 11.3%–34.1%]) (Table 2). Current smoking prevalence for this age group was 16.8% in PR and 8.1% in USVI.

Quitting and Quit Attempts Among Persons Aged 18–35 Years

In 2006, the median percentage of ever smokers aged 18–35 years who had quit was 34.0% for the 50 states and DC (Table 2). The states with the highest percentages of ever smokers who had quit in this age group were Utah

TABLE 1. Estimated prevalence of current cigarette smoking among adults,* by state/area and sex — Behavioral Risk Factor Surveillance System, United States, 2006

State/Area	Men		Women		Total	
	%	(95% CI†)	%	(95% CI)	%	(95% CI)
Alabama	26.3	(22.6–30.0)	20.6	(18.5–22.7)	**23.3**	**(21.2–25.4)**
Alaska	25.3	(21.2–29.4)	22.9	(19.4–26.4)	**24.2**	**(21.5–26.9)**
Arizona	21.7	(17.7–25.7)	14.7	(12.3–17.1)	**18.1**	**(15.8–20.4)**
Arkansas	25.9	(23.5–28.3)	21.7	(20.0–23.4)	**23.7**	**(22.2–25.2)**
California	18.5	(16.3–20.7)	11.4	(10.1–12.7)	**14.9**	**(13.6–16.2)**
Colorado	19.3	(17.2–21.4)	16.4	(14.9–17.9)	**17.9**	**(16.6–19.2)**
Connecticut	18.9	(17.0–20.8)	15.3	(14.0–16.6)	**17.0**	**(15.9–18.1)**
Delaware	23.3	(20.2–26.4)	20.2	(17.6–22.8)	**21.7**	**(19.7–23.7)**
District of Columbia	21.4	(18.4–24.4)	14.9	(13.1–16.7)	**17.9**	**(16.2–19.6)**
Florida	23.6	(21.5–25.7)	18.7	(17.3–20.1)	**21.0**	**(19.7–22.3)**
Georgia	22.4	(20.1–24.7)	17.7	(16.2–19.2)	**20.0**	**(18.7–21.3)**
Hawaii	19.2	(17.1–21.3)	16.0	(14.3–17.7)	**17.5**	**(16.2–18.8)**
Idaho	18.7	(16.4–21.0)	15.0	(13.4–16.6)	**16.8**	**(15.4–18.2)**
Illinois	24.2	(21.6–26.8)	17.0	(15.3–18.7)	**20.5**	**(18.9–22.1)**
Indiana	26.3	(24.0–28.6)	21.9	(20.2–23.6)	**24.1**	**(22.7–25.5)**
Iowa	23.2	(20.9–25.5)	19.9	(18.2–21.6)	**21.5**	**(20.1–22.9)**
Kansas	22.2	(20.2–24.2)	18.0	(16.7–19.3)	**20.0**	**(18.8–21.2)**
Kentucky	29.1	(26.1–32.1)	28.1	(26.0–30.2)	**28.6**	**(26.8–30.4)**
Louisiana	26.6	(24.3–28.9)	20.5	(19.0–22.0)	**23.4**	**(22.0–24.8)**
Maine	21.8	(19.2–24.4)	20.0	(18.0–22.0)	**20.9**	**(19.3–22.5)**
Maryland	19.1	(17.0–21.2)	16.7	(15.3–18.1)	**17.8**	**(16.6–19.0)**
Massachusetts	19.4	(17.5–21.3)	16.4	(15.0–17.8)	**17.8**	**(16.6–19.0)**
Michigan	24.8	(22.3–27.3)	20.1	(18.4–21.8)	**22.4**	**(20.9–23.9)**
Minnesota	18.5	(16.1–20.9)	18.2	(16.3–20.1)	**18.3**	**(16.8–19.8)**
Mississippi	27.9	(25.2–30.6)	22.5	(20.8–24.2)	**25.1**	**(23.5–26.7)**
Missouri	24.7	(21.6–27.8)	22.1	(19.9–24.3)	**23.3**	**(21.4–25.2)**
Montana	18.5	(16.3–20.7)	19.6	(17.9–21.3)	**19.0**	**(17.6–20.4)**
Nebraska	19.6	(17.5–21.7)	17.7	(16.1–19.3)	**18.6**	**(17.3–19.9)**
Nevada	22.9	(19.7–26.1)	21.4	(18.5–24.3)	**22.2**	**(20.0–24.4)**
New Hampshire	19.3	(17.2–21.4)	18.2	(16.6–19.8)	**18.7**	**(17.4–20.0)**
New Jersey	20.8	(19.1–22.5)	15.6	(14.5–16.7)	**18.1**	**(17.1–19.1)**
New Mexico	22.6	(20.3–24.9)	17.8	(16.2–19.4)	**20.2**	**(18.8–21.6)**
New York	19.0	(16.8–21.2)	17.6	(15.9–19.3)	**18.3**	**(16.9–19.7)**
North Carolina	25.3	(23.7–26.9)	19.0	(17.9–20.1)	**22.1**	**(21.1–23.1)**
North Dakota	21.0	(18.4–23.6)	18.1	(16.1–20.1)	**19.6**	**(18.0–21.2)**
Ohio	24.9	(21.0–28.8)	20.2	(17.6–22.8)	**22.5**	**(20.2–24.8)**
Oklahoma	27.9	(25.7–30.1)	22.5	(21.0–24.0)	**25.1**	**(23.7–26.5)**
Oregon	19.7	(17.3–22.1)	17.2	(15.5–18.9)	**18.5**	**(17.0–20.0)**
Pennsylvania	22.3	(19.9–24.7)	20.8	(19.1–22.5)	**21.5**	**(20.0–23.0)**
Rhode Island	19.7	(16.9–22.5)	18.9	(16.8–21.0)	**19.3**	**(17.6–21.0)**
South Carolina	25.7	(23.6–27.8)	19.2	(17.8–20.6)	**22.3**	**(21.1–23.5)**
South Dakota	21.6	(19.2–24.0)	19.2	(17.4–21.0)	**20.4**	**(18.9–21.9)**
Tennessee	23.8	(20.7–26.9)	21.5	(19.3–23.7)	**22.6**	**(20.7–24.5)**
Texas	20.6	(17.8–23.4)	15.6	(13.7–17.5)	**18.1**	**(16.4–19.8)**
Utah	10.4	(8.6–12.2)	9.2	(7.8–10.6)	**9.8**	**(8.7–10.9)**
Vermont	19.4	(17.5–21.3)	16.7	(15.2–18.2)	**18.0**	**(16.8–19.2)**
Virginia	20.1	(17.6–22.6)	18.5	(16.3–20.7)	**19.3**	**(17.7–20.9)**
Washington	18.9	(17.7–20.1)	15.3	(14.5–16.1)	**17.1**	**(16.4–17.8)**
West Virginia	25.4	(22.7–28.1)	26.0	(23.7–28.3)	**25.7**	**(23.9–27.5)**
Wisconsin	23.4	(20.8–26.0)	18.3	(16.4–20.2)	**20.8**	**(19.2–22.4)**
Wyoming	23.8	(21.4–26.2)	19.4	(17.6–21.2)	**21.6**	**(20.1–23.1)**
Median	*22.2*	—	*18.5*	—	***20.2***	—
Puerto Rico	17.4	(15.1–19.7)	8.2	(7.0–9.4)	**12.5**	**(11.2–13.8)**
U.S. Virgin Islands	12.1	(9.8–14.4)	6.4	(5.2–7.6)	**9.1**	**(7.8–10.4)**

* Persons aged ≥18 years who reported having smoked ≥100 cigarettes during their lifetime and who currently smoke every day or some days.
† Confidence interval.

(47.9%) and Minnesota (43.7%). The median prevalence of current daily smokers aged 18–35 years who had quit for at least 1 day during the past year was 58.6% for the 50 states and DC (range: 48.0% [Nevada] to 69.2% [New Mexico]) (Table 2). The proportion of current daily smokers who had quit for at least 1 day during the past year was 71.4% in PR and 53.8% in USVI.

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Editorial Note: Substantial variations among states and territories were observed in smoking prevalence among adults overall and smoking prevalence and quitting among adults aged 18–35 years. These variations likely are attributed to differences in the distribution of socioeconomic determinants of smoking (e.g., race/ethnicity, age, and socioeconomic status), cultural norms, and the strength of tobacco-control programs and policies (*5*). In 2006, Utah and USVI were the only areas to achieve the *Healthy People 2010* objective to reduce overall adult smoking prevalence to ≤12% (objective 27-1a) (*6*); California achieved this objective among women only. Utah and USVI also were the only areas to achieve this objective among persons aged 18–35 years. The low prevalences in Utah and USVI might be a result of stronger social and cultural norms against tobacco use compared with other parts of the United States. Since 2003, Utah and USVI have met the ≤12% target for overall adult smoking prevalence, and California, Utah, PR, and USVI have achieved this objective among women since 2004. In 2006, Utah met the ≤12% target among men, as it had in 2004 but not in 2005.

The findings in this report indicate that in the 53 areas surveyed, the majority of current daily smokers aged 18–35 years had tried to quit during the past year. On average, approximately one third of persons aged 18–35 years who had ever smoked reported that they did not currently smoke. The rates differed between adults in the 18–35 years age group and the total adult population (CDC, unpublished data, 2007).

Early cessation should be encouraged because persons who quit before the age of 35 years have a life expectancy similar to that of never smokers (*3*). The longer young adults smoke, the more likely they are to develop adverse health effects that are not reversible. Young adults who smoke include persons who are just beginning to smoke, those who do not smoke daily, persons who are transitioning to daily smoking, and daily smokers who might or might not have tried to quit. Diverse strategies are needed to motivate these different

TABLE 2. Estimated prevalence of current cigarette smoking,* percentage of ever smokers who had quit,† and percentage of daily smokers who had quit for at least 1 day in the past year among adults aged 18–35 years, by state/area — Behavioral Risk Factor Surveillance System, United States, 2006

State/Area	Prevalence of current smoking		% of ever smokers who had quit		% of daily smokers who had quit ≥1 day	
	%	(95% CI§)	%	(95% CI)	%	(95% CI)
Alabama	27.6	(22.4–32.8)	29.5	(26.5–32.5)	67.3	(57.0–77.6)
Alaska	31.6	(25.8–37.4)	38.3	(34.0–42.6)	56.4	(41.9–70.9)
Arizona	19.8	(14.6–25.0)	39.0	(35.2–42.8)	—¶	—
Arkansas	27.7	(24.3–31.1)	34.0	(31.4–36.6)	54.7	(46.5–62.9)
California	17.2	(14.4–20.0)	42.3	(40.0–44.6)	54.8	(43.8–65.8)
Colorado	23.1	(20.2–26.0)	37.0	(34.9–39.1)	56.1	(46.9–65.3)
Connecticut	22.1	(19.2–25.0)	37.5	(35.4–39.6)	48.8	(39.5–58.1)
Delaware	26.9	(22.3–31.5)	36.2	(32.8–39.6)	56.9	(44.8–69.0)
District of Columbia	19.5	(16.1–22.9)	38.3	(36.0–40.6)	55.6	(41.4–69.8)
Florida	26.5	(23.3–29.7)	29.8	(27.6–32.0)	59.8	(51.5–68.1)
Georgia	22.0	(19.1–24.9)	34.9	(32.8–37.0)	57.6	(49.4–65.8)
Hawaii	21.4	(18.4–24.4)	41.4	(38.9–43.9)	68.0	(59.6–76.4)
Idaho	20.7	(17.6–23.8)	34.9	(32.7–37.1)	51.2	(41.4–61.0)
Illinois	25.3	(21.8–28.8)	33.1	(30.7–35.5)	60.7	(51.0–70.4)
Indiana	30.2	(27.0–33.4)	27.2	(25.2–29.2)	58.2	(50.9–65.5)
Iowa	28.4	(24.9–31.9)	30.8	(28.5–33.1)	49.0	(40.8–57.2)
Kansas	23.0	(20.1–25.9)	38.3	(36.3–40.3)	64.3	(56.5–72.1)
Kentucky	31.2	(27.2–35.2)	30.2	(27.2–33.2)	50.3	(42.1–58.5)
Louisiana	27.9	(24.9–30.9)	27.0	(25.2–28.8)	58.2	(50.5–65.9)
Maine	30.2	(25.8–34.6)	33.5	(30.6–36.4)	58.1	(48.0–68.2)
Maryland	21.8	(18.9–24.7)	32.3	(30.5–34.1)	59.6	(50.8–68.4)
Massachusetts	23.5	(20.6–26.4)	33.1	(31.3–34.9)	51.3	(43.1–59.5)
Michigan	27.3	(23.8–30.8)	32.1	(29.8–34.4)	64.2	(55.7–72.7)
Minnesota	23.1	(19.3–26.9)	43.7	(40.6–46.8)	67.0	(56.7–77.3)
Mississippi	28.8	(25.2–32.4)	28.0	(25.6–30.4)	63.3	(54.9–71.7)
Missouri	28.7	(24.3–33.1)	35.0	(31.6–38.4)	55.7	(44.3–67.1)
Montana	25.3	(21.7–28.9)	36.8	(34.0–39.6)	66.8	(57.6–76.0)
Nebraska	22.2	(19.1–25.3)	34.0	(31.6–36.4)	66.2	(57.9–74.5)
Nevada	22.7	(18.0–27.4)	37.1	(33.6–40.6)	48.0	(34.0–62.0)
New Hampshire	23.5	(20.2–26.8)	40.4	(37.7–43.1)	63.2	(54.6–71.8)
New Jersey	22.3	(19.6–25.0)	33.3	(31.6–35.0)	64.3	(56.5–72.1)
New Mexico	23.9	(20.7–27.1)	35.9	(33.6–38.2)	69.2	(61.0–77.4)
New York	23.6	(20.4–26.8)	30.7	(28.5–32.9)	62.1	(53.7–70.5)
North Carolina	26.8	(24.6–29.0)	33.2	(31.5–34.9)	60.3	(54.6–66.0)
North Dakota	26.4	(22.3–30.5)	32.1	(29.5–34.7)	55.8	(44.5–67.1)
Ohio	28.1	(22.5–33.7)	28.8	(25.3–32.3)	55.7	(42.6–68.8)
Oklahoma	29.7	(26.7–32.7)	29.6	(27.5–31.7)	61.5	(54.6–68.4)
Oregon	23.6	(20.2–27.0)	36.0	(33.4–38.6)	55.5	(45.4–65.6)
Pennsylvania	28.0	(24.3–31.7)	33.4	(30.6–36.2)	58.7	(49.7–67.7)
Rhode Island	26.0	(21.7–30.3)	33.7	(30.7–36.7)	62.5	(51.4–73.6)
South Carolina	27.1	(24.2–30.0)	33.4	(31.3–35.5)	58.4	(50.9–65.9)
South Dakota	27.6	(24.0–31.2)	35.1	(32.5–37.7)	58.7	(48.9–68.5)
Tennessee	24.6	(20.2–29.0)	35.9	(32.6–39.2)	60.1	(49.4–70.8)
Texas	19.1	(15.6–22.6)	36.0	(33.2–38.8)	56.9	(44.4–69.4)
Utah	11.3	(9.1–13.5)	47.9	(46.0–49.8)	55.3	(43.4–67.2)
Vermont	24.2	(21.1–27.3)	39.8	(37.3–42.3)	59.8	(51.7–67.9)
Virginia	25.5	(21.7–29.3)	32.6	(29.4–35.8)	60.9	(51.8–70.0)
Washington	21.9	(20.1–23.7)	39.8	(38.4–41.2)	62.8	(57.5–68.1)
West Virginia	34.1	(29.6–38.6)	32.8	(29.3–36.3)	54.6	(45.6–63.6)
Wisconsin	26.4	(22.5–30.3)	37.4	(34.4–40.4)	58.6	(47.8–69.4)
Wyoming	28.9	(25.3–32.5)	31.4	(29.0–33.8)	66.2	(58.1–74.3)
Median	*25.3*	—	*34.0*	—	*58.6*	—
Puerto Rico	16.8	(13.9–19.7)	30.9	(29.0–32.8)	71.4	(60.1–82.7)
U.S. Virgin Islands	8.1	(5.8–10.4)	46.4	(44.3–48.5)	53.8	(34.2–73.4)

* Persons aged 18–35 years who reported having smoked ≥100 cigarettes during their lifetime and who currently smoke every day or some days.
† Percentage of ever smokers (i.e., persons who reported having smoked ≥100 cigarettes during their lifetime) aged 18–35 years who reported no current smoking.
§ Confidence interval.
¶ Sample sizes were too small (i.e., <50 respondents) for meaningful analysis.

groups to quit smoking, such as conducting sustained mass media campaigns, increasing the price of tobacco products, providing brief counseling by health-care professionals at every clinic visit, reducing out-of-pocket costs of smoking-cessation treatments, and offering telephone quitlines (*4*). Similar to older adults, young adults usually try to quit on their own (*7*). Among adolescent and young adult smokers aged 16–24 years who reported ever trying to quit, only 20% reported talking with a nurse, doctor, or dentist for assistance with their quit attempts, and even smaller proportions had used counseling (e.g., individual, group, or telephone counseling) or medications approved by the Food and Drug Administration (*7*). Therefore, strategies also are needed to increase the use of effective cessation treatments among these smokers.

The findings in this report are subject to at least five limitations. First, BRFSS does not survey persons in households without landline telephones or those with wireless-only telephones, populations that might more likely include smokers (*8,9*). Wireless telephone use is highest among young adults and decreases with age (*9*). Preliminary findings from the National Health Interview Survey indicate that approximately one in four adults aged 18–24 years and nearly one in three adults aged 25–29 years lived in households with only wireless telephones in 2006 (*9*). The exclusion of persons with wireless-only telephone service might have led to the underestimation of smoking prevalence, particularly among those aged 18–35 years. Second, estimates for cigarette smoking are based on self-report and are not validated by biochemical tests. However, self-reported data on current smoking status have high validity (*8*). Third, the median response rate was 51.4% (range: 35.1%–66.0%). Lower response rates indicate a potential for response bias; however, BRFSS estimates for current cigarette smoking are comparable to smoking estimates from other surveys with higher response rates (*8*). Fourth, the survey did not include information on the length of time between the quit attempt and the interview. Finally, the number of young adults who quit smoking was low; thus, certain estimates derived from state-level data are unstable.

Effective interventions have been identified for preventing smoking initiation and increasing cessation rates (*4*), but they have not been implemented adequately by most states. Fully implementing comprehensive state tobacco-control programs as

recommended by CDC (*5*) would accelerate progress in reducing rates of smoking and other tobacco use. Moreover, because persons who quit smoking before the age of 35 years have a life expectancy similar to that of never smokers (*3*), these programs should target young adults.

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Update on Vaccine-Derived Polioviruses — Worldwide, January 2006–August 2007

In 1988, the World Health Assembly resolved to eradicate poliomyelitis worldwide. Subsequently, the Global Polio Eradication Initiative of the World Health Organization (WHO) reduced the global incidence of polio associated with wild polioviruses (WPVs) from an estimated 350,000 cases in 1988 to 1,998 reported cases in 2006 and reduced the number of countries that have never succeeded in interrupting WPV transmission to four (Afghanistan, India, Nigeria, and Pakistan) (*1*). However, because vaccine-derived polioviruses (VDPVs) can produce polio outbreaks in areas with low rates of Sabin oral poliovirus vaccine (OPV) coverage and can replicate for years in immunodeficient persons, enhanced strategies are needed to limit emergence of VDPVs and stop all use of OPV once WPV transmission is eliminated (*2,3*). This report updates a summary of VDPV activity published in 2006 (*3*) and describes VDPVs detected during January 2006–August 2007.

Properties of VDPVs

VDPVs can cause paralytic polio in humans and the potential for sustained circulation of poliovirus. VDPVs resemble WPVs biologically (*3*) and differ from the majority of Sabin vaccine–related poliovirus isolates by having genetic properties consistent with prolonged replication or transmission. Because poliovirus genomes evolve at a rate of approximately 1% per year, Sabin vaccine–related isolates that differ from the corresponding OPV strain by more than 1% of nucleotide positions (usually determined by sequencing the genomic region encoding the major viral surface protein, VP1) are estimated to have replicated for at least 1 year after administration of an OPV dose. This is substantially longer than the normal period of vaccine virus replication of 4–6 weeks.

Poliovirus isolates can be distinguished by their three serotypes: type 1, type 2, and type 3. Isolates also can be divided into three categories, based on the extent of VP1 nucleotide sequence divergence from the corresponding Sabin OPV strain: 1) Sabin vaccine–like viruses (<1% divergent), 2) VDPVs (1%–15% divergent), and 3) WPVs (>15% divergent) (*4*). VDPVs are further categorized as 1) circulating VDPVs (cVDPVs), which emerge in areas with inadequate OPV coverage; 2) immunodeficient-associated VDPVs (iVDPVs), which are isolated from persons with primary immunodeficiencies who have prolonged VDPV infections after exposure to OPV; and 3) ambiguous VDPVs (aVDPVs), which are either clinical isolates from persons with no known immunodeficiency or environmental isolates whose ultimate source has not been identified (*3*).

cVDPVs

Cambodia. In Phnom Penh, a second case associated with a type 3 cVDPV was detected in January 2006 (the first was in November 2005) (*3*). In response, three high-coverage supplementary immunization activity (SIA*) rounds were conducted in March, April, and May 2006 in areas where persons are at high risk for infection.

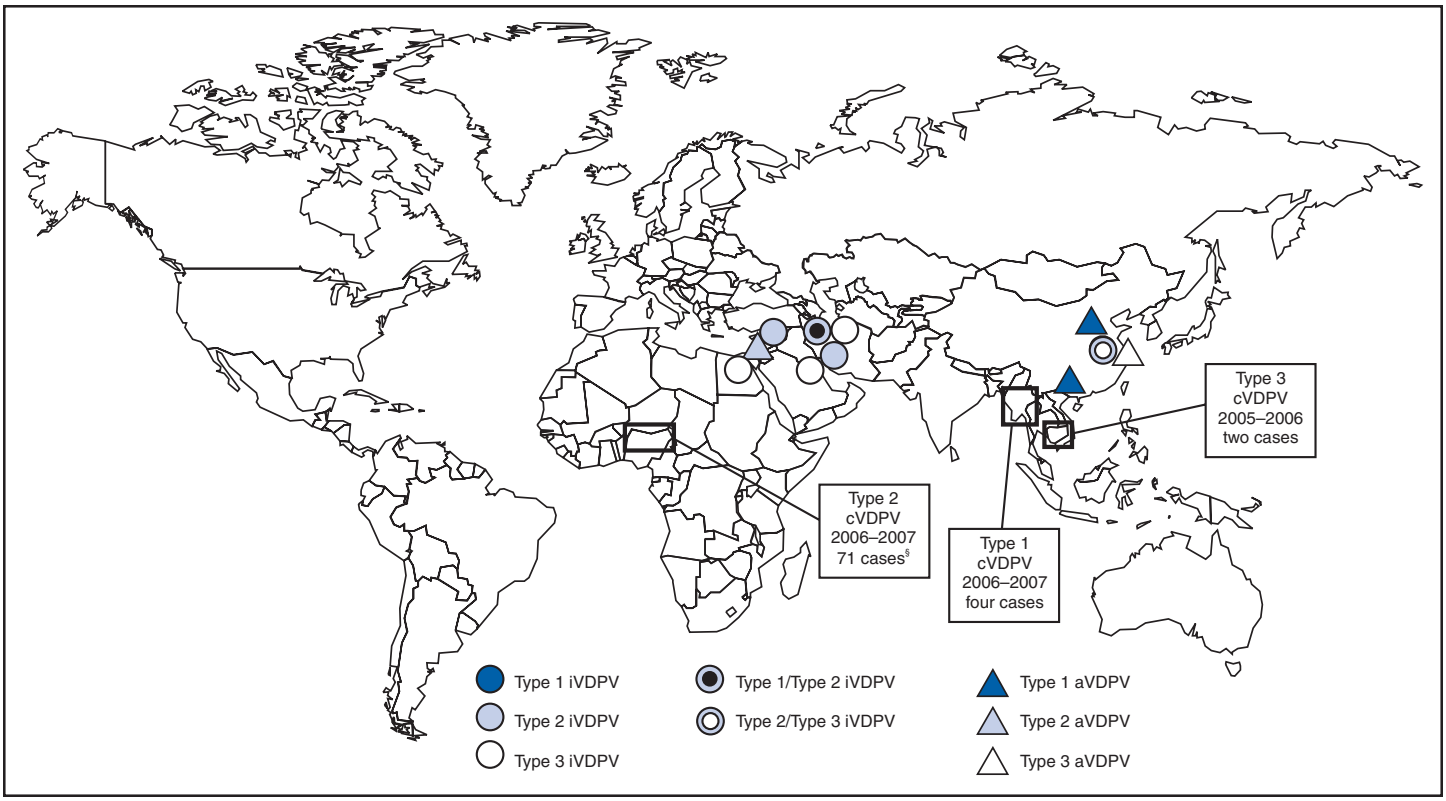
* Mass campaigns conducted during a short period (days to weeks) in which a dose of OPV is administered to all children aged <5 years, regardless of previous vaccination history. Campaigns can be conducted nationally or in portions of the country.

Nigeria. During January 1, 2006–August 17, 2007, a total of 69 polio cases associated with type 2 cVDPV were detected in nine northern states of Nigeria in children with acute flaccid paralysis (AFP) (Figure, Table).[†] An additional 24 type 2 case isolates with 0.5%–1.0% VP1 divergence from the Sabin type 2 OPV strain and belonging to the same lineages as the cVDPV isolates were detected in eight of the nine northern states. At least 46 (49%) of the cVDPV isolates and closely related isolates were from Kano state, which has been a major reservoir for WPV type 1 (WPV1) and type 3 (WPV3) circulation (*5*). Phylogenetic analysis based on sequences of the complete capsid region (2,643 nucleotides) revealed at least seven distinct cVDPV genetic lineages, suggesting independent emergence of multiple cVDPV transmission chains in 2005 and 2006.

VDPV circulation has been limited to the northern Nigerian states, where WPV circulation occurred during 2006–2007 (*5*). Individual lineages generally have been geographically restricted, with spread mostly limited to neighboring states. Circulation of five separate chains of transmission continued at least into July 2007, and 48 of the cVDPV isolates and closely related isolates were from 2007 cases (Figure). The most recent VDPV case was reported in a person with onset of paralysis August 17. Two AFP cases associated with two distinct type 2 VDPV lineages from Nigeria were reported in border communities in Niger in June and October 2006.

[†] Data as of September 21, 2007, representing 100% of laboratory analyses for AFP cases with onset of paralysis through July 2007 and approximately 61% of cases with onset in August. A total of 197 cases of confirmed WPV were reported provisionally in the country for the period January 1–August 31, 2007 (60 WPV1 cases and 137 WPV3 cases), compared with 543 in 2005 (333 WPV1 and 210 WPV3), and 941 in 2006 (764 WPV1 and 177 WPV3) during the same period.

FIGURE. Locations of polio outbreaks* associated with cVDPVs, persons excreting iVDPVs, and isolations of aVDPVs† — worldwide, 2005–2007



* All of the outbreaks were detected first by laboratory confirmation, using sequence data and evolutionary analyses, and followed elimination of the corresponding serotype of indigenous wild poliovirus, but with continued introduction of oral poliovirus vaccine (OPV) into communities with growing immunity gaps.

† Vaccine-derived polioviruses (VDPVs) are categorized as 1) circulating VDPVs (cVDPVs), which emerge in areas with inadequate OPV coverage; 2) immunodeficient-associated VDPVs (iVDPVs), which are isolated from persons with primary immunodeficiencies who have prolonged VDPV infections after exposure to OPV; and 3) ambiguous VDPVs (aVDPVs), which are either clinical isolates from persons with no known immunodeficiency or environmental isolates whose ultimate source has not been identified.

§ The 2006–2007 outbreak in Nigeria included 69 cases associated with type 2 cVDPVs and 24 additional cases associated with type 2 viruses that were closely related to cVDPVs. Two other cases associated with cVDPVs were imported into Niger from Nigeria.

TABLE. Detected vaccine-derived polioviruses (VDPVs) — worldwide, 1998–2007

Category*/ Country	Period detected	Circumstance	Type	No. of VDPV-positive specimens from cases, (contacts),† and environmental [samples]	% VP1 nucleotide sequence divergence from Sabin OPV strain	% routine vaccination coverage with 3 doses of polio vaccine§	Estimated duration of VDPV replication¶
cVDPV**							
Cambodia	2005–2006	Outbreak: two cases	3	two	1.9–2.4	82	2 yrs
Nigeria	2005–2007	Outbreak: 69 cases††	2	69	1.1–3.1	39	2 yrs
Niger	2006	Importation: two cases	2	two	1.2– 2.5	89	—
Myanmar	2006–2007	Outbreak: four cases	1	four (six)	1.5–2.2	73	2 yrs
iVDPV							
China§§	2005–2006	XLA¶¶	2	16	1.1–3.5	87	29 mos
			3	nine	2.7–3.0		
Tunisia***	2006	SCID†††	2		2.0	98	unknown
Syria	2006	Immunodeficiency	2	two	2.2	99	7 mos
Kuwait	2006	SCID	3	one	1.2	99	1 yr
Iran	2006	SCID	2	two	1.7–2.0	95	about 9 mos
Iran	2006	XLA	3	two	2.1	95	15 mos
Iran	2007	SCID	1	two	1.7	95	5 mos
			2		0.3–1.7		
Egypt	2007	Immunodeficiency	3	two	1.1	98	5 mos
aVDPV							
China	2006	Immunocompetency	1	one (seven)	1.4–2.2	87	2 yrs
China	2006	Immunocompetency	3	one	1.0	87	1 yrs
Israel	1998–2007	Environmental samples	2	[14]	8.7–14.6	93 (inactivated	>15 yrs
	2006	Environmental samples	2	[seven]	6.3–7.6	poliovirus vaccine)	
China	2007	Immunocompetency	1	one	1.1	87	4 mos

* VDPVs are categorized as 1) circulating VDPVs (cVDPVs), which emerge in areas with inadequate oral poliovirus (OPV) coverage; 2) immunodeficient-associated VDPVs (iVDPVs), which are isolated from persons with primary immunodeficiencies who have prolonged VDPV infections after exposure to OPV; and 3) ambiguous VDPVs (aVDPVs), which are either clinical isolates from persons with no known immunodeficiency or environmental isolates whose ultimate source has not been identified.

† Only contacts with VDPV-positive stool specimens are listed. Specimens from contacts in Iran were negative for poliovirus, and specimens from Egypt were negative for VDPVs.

§ World Health Organization. WHO vaccine-preventable diseases: monitoring system, 2006 global summary. Geneva, Switzerland: World Health Organization; 2006. Available at http://www.who.int/vaccines-documents/globalsummary/globalsummary.pdf.

¶ Duration of cVDPV circulation was estimated from the extent of VP1 nucleotide sequence divergence from the corresponding Sabin OPV strain. Duration of iVDPV replication was estimated from the clinical record by assuming that exposure was from initial receipt of OPV. Duration of aVDPV replication was estimated from sequence data.

** Most cVDPV isolates from Nigeria and Myanmar were vaccine/nonvaccine recombinants; none of the iVDPV or aVDPV isolates appeared to be vaccine/nonvaccine recombinants.

†† Excludes 24 isolates from acute flaccid paralysis (AFP) cases that were 0.5%–1.0% divergent from Sabin type 2 OPV strain and closely related to the cVDPV isolates, including one isolate from a 2005 case. All isolates with >1% VP1 divergence from Sabin type 2 OPV strain were from 2006 and 2007 cases. Also excludes four cases with mixed VDPV/wild poliovirus (WPV) isolates (two WPV type 1 and two WPV type 3) from the VDPV case count under the assumption that the AFP was most likely attributable to WPV. Case count as of September 21, 2007.

§§ Previously reported case in a child who received 3 OPV doses in 2003, with continuous VDPV excretion monitored since October 2005; none of 12 contacts were positive for VDPVs.

¶¶ X-linked agammaglobulinemia.

*** Previously reported isolate from a nonparalyzed child; the VDPV was detected and characterized in France, where the patient had gone for treatment.

††† Severe combined immunodeficiency.

SIAs have been conducted throughout 2006 and 2007, using three different vaccine preparations. In states with both VDPV and WPV cases, SIA rounds using trivalent OPV (tOPV) were conducted during February 11–14 and November 16–24, 2006, and during January 25–28, March 1–4, and September 1–4, 2007. SIA rounds using monovalent OPV type 1 (mOPV1)§ were conducted in affected states during March 11–14, May 27–30, June 29–

§ mOPV1 contains polio vaccine against PV1 only and does not provide protection against other poliovirus types. However, mOPV1 and mOPV3 provide greater immunity to their respective poliovirus types than that provided by the same number of doses of tOPV. Because the type 2 component of tOPV is highly immunogenic, an mOPV2 formulation is unnecessary, leaving polio programs to maximize their immunization activities against the type 1 and type 3 serotypes.

July 3, and September 7–11, 2006, and during March 29–April 1 and June 23–26, 2007. Administration of mOPV3 was conducted in affected states during July 28–31, 2007.

Myanmar. Four cases of polio associated with a type 1 cVDPV were detected in Myanmar (in Mandalay, April 19, 2006; Yangon, May 2, 2007; Kayin, June 11, 2007; and Bago East, July 21, 2007). Case isolates differed from the Sabin type 1 OPV strain at 1.5%–2.2% of VP1 positions, consistent with up to 2 years of circulation of the cVDPV, beginning as early as mid-2005. Seven contacts of the first polio patient, from two adjacent townships, also were infected with the cVDPV. In response to the cVDPV outbreak, two rounds of SIAs were conducted in 2006 in townships in close proximity to the first case. SIAs with mOPV1 were conducted in 17 townships in five states during September 3–5, 2007, followed by nationwide SIAs with mOPV1 in November and December.

iVDPVs

China. In Anhui Province, a child with X-linked agammaglobulinemia who received 3 OPV doses in fall 2003 was previously reported with onset of paralysis in August 2005 (*3*). Serial stool specimens taken from the child during October 2005–February 2006 were positive for type 2 and 3 iVDPVs. Treatment with intravenous immunoglobulin did not clear the infections, and the child died from severe pneumonia in April 2006. Tests determined that none of 12 contacts were excreting poliovirus.

Iran. In Iran, the detection of AFP cases associated with VDPVs was followed up by detailed clinical investigations. Type 2 iVDPVs with self-limiting clinical courses had been detected previously in 1995 and 2005 (*3*). During 2006–2007, three immunodeficient AFP patients were excreting iVDPVs; two of the patients, both with severe combined immunodeficiency, died. The third patient, who had X-linked agammaglobulinemia, was infected with a type 3 iVDPV, and stopped excreting poliovirus after December 2006. Tests determined that none of 21 contacts of the three patients were excreting poliovirus.

Syria. Syria has detected and investigated VDPVs since 2001 (*3*). In 2006, humoral and cell-mediated immunodeficiency was diagnosed in an AFP patient, and stool specimens collected 4–8 days after onset of paralysis were positive for type 2 iVDPV. Tests determined that none of five contacts were excreting poliovirus.

Kuwait and Egypt. An Egyptian child with severe combined immunodeficiency residing in Kuwait was determined to be excreting type 3 iVDPV. A second immunodeficient child in Egypt was infected with a different type 3 iVDPV and died.

aVDPVs

China. In June 2006, a type 1 aVDPV was isolated from an immunocompetent AFP patient and seven close contacts in rural Guangxi Province. Sequence diversity among the isolates was consistent with localized VDPV circulation (Table). A type 3 aVDPV was isolated from a healthy patient in Shanghai in August 2006; subsequent stool specimens were negative. In addition, type 1 aVDPV was isolated from a child with AFP in Shanxi Province in 2007.

Israel. Environmental monitoring for polioviruses was implemented by Israel after its 1987–1988 outbreak of WPV1. Monitoring sewage samples from the Tel Aviv area (sampling populations of approximately 350,000 and 10,000) has yielded two groups of type 2 aVDPVs. The first group was detected initially in 1998, and six more highly divergent representatives (approximately 14% VP1 divergence from the Sabin type 2 OPV strain) were detected during 2006–2007; the most recent positive sample was collected on July 23, 2007 (*6*). The second group is less divergent from the Sabin type 2 OPV strain (approximately 7%) and is defined by seven 2006 isolates; the most recent positive sample was collected on December 12, 2006. Despite follow-up investigations, no source for these VDPVs has been identified. Genetic properties of the isolates (highly diverse antigenic structures and absence of vaccine/nonvaccine recombination) are more similar to iVDPVs than to cVDPVs (*6*).

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Editorial Note: The close integration of AFP surveillance with detailed poliovirus characterization by the Global Polio Laboratory Network (*3*) has led to detection of VDPVs in more diverse settings and identification of key biologic and genetic properties of VDPVs. Further understanding through laboratory findings will be vital to improving strategies for managing risk factors associated with emergence of VDPVs (*7*).

The Nigerian cVDPVs and related isolates detected during 2006–2007 differ from previously described cVDPVs by the absence of antigenic changes detectable by enzyme-linked immunosorbent assay screening (*3*). Temporal and geographic clustering of vaccine-related type 2 poliovirus isolates in northern Nigeria prompted further laboratory investigations. To close this gap in laboratory detection of VDPVs, new molecular reagents and methods based on real-time polymerase chain reaction have been developed (*8*). Testing of the new molecular methods has been accelerated, which should increase substantially the sensitivity of laboratory screening for all VDPVs, especially type 2 VDPVs. Multiple Nigerian type 2 polioviruses in the recent outbreak had <1% VP1 divergence but shared distinctive nucleotide substitution patterns and recombination sites with the recognized cVDPVs, which indicated their epidemiologic role; all were associated with paralytic illness.

cVDPVs detected in 2006–2007 provide further evidence that the key risk factor for spread of VDPVs is low vaccination coverage (*3,4*). In Nigeria in 2005, 15%–50% of children aged <5 years with cVDPVs, in seven of the nine states, had not received an OPV dose. This was reduced to 6%–30% by the end of 2006 (*5,9*) through steadily improving SIAs (*5*). The low rates of routine tOPV coverage combined with the finding of multiple independent cocirculating cVDPV lineages in much of northern Nigeria suggest that conditions favorable for type 2 cVDPV emergence and spread existed in multiple locations in that part of the country. In Niger, routine tOPV coverage has been greater (89%) than in Nigeria (39%), and the 2006–2007 SIAs administered tOPV, which limited further VDPV transmission. In Myanmar, high rates of routine OPV coverage also appear to have limited cVDPV circulation, with cases reported only in low-coverage communities. Experience suggests that cVDPV outbreaks can be terminated if high OPV coverage can be achieved during follow-up SIAs (*3*). Outbreaks can be prevented by maintaining high polio vaccination coverage through routine vaccination and SIAs.

The first detections of iVDPVs and all of the long-term iVDPV chronic infections (>3 years) detected to date were in countries with high-income economies[¶] (e.g., Japan and countries in Western Europe and North America) (*3*). More recent reports of iVDPVs have come from countries with middle-income economies such as Argentina, Kazakhstan, Thailand, Iran, and Syria (*3*), with no evidence of chronic infections or spread of VDPVs to household or community contacts. Repeated detection of iVDPVs in varied settings underscores the continuing risks for iVDPV emergence as long as OPV is used. Unlike cVDPVs, which can be prevented from emerging by high rates of OPV coverage, iVDPVs potentially can arise any time a person with a primary immunodeficiency is exposed to OPV, either as an OPV recipient or as a contact of a recipient. The only way to prevent new iVDPV infections is to stop OPV use.

The environmental aVDPV isolates from Israel, as with those previously isolated from sewage in Estonia (type 3) and Slovakia (type 2) (*3*), likely are iVDPVs, based on their genetic and antigenic properties, and might have resulted in limited transmission to close contacts. However, measures to identify infected persons have been unsuccessful, and the possibility exists that the VDPV infections were asymptomatic.

Continued cVDPV outbreaks, emergence and detection of iVDPVs in certain persons with B-cell immunodeficiencies, and detection of aVDPVs in diverse settings underscore the risks associated with continuing use of OPV after WPV has been eradicated. However, until that time, OPV must be used at high rates of coverage to interrupt WPV transmission and prevent the spread of VDPVs, particularly in countries with low-income economies, high population densities, poor sanitation, and tropical climates. Although chronic iVDPV infections are rare, no effective means exist for clearing such infections (*10*). Consequently, while working to interrupt all remaining WPV transmission, the Global Polio Eradication Initiative also must continue to reduce the risk for VDPV emergence and transmission by strengthening routine vaccination in underperforming countries,** developing strategies to clear iVDPV infections with new antiviral drugs (*10*), and refining strategies for stopping all OPV use after global eradication of WPVs (*2,7*).

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¶ World Bank country groups, by income, available at http://www.worldbank.org/data/countryclass/classgroups.htm.

** Additional information is available http://www.who.int/vaccines-documents/docspdf05/givs_final_en.pdf.

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Update: Influenza Activity — United States and Worldwide, May 20–September 15, 2007

During May 20–September 15, 2007, influenza A (H1), influenza A (H3), and influenza B viruses cocirculated worldwide and were identified sporadically in the United States. This report summarizes influenza activity in the United States and worldwide since the last *MMWR* update (*1*).

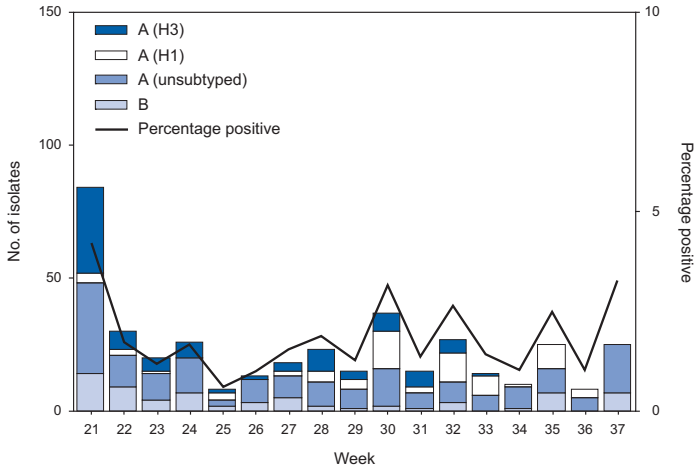
United States

In the United States, CDC uses nine systems for national influenza surveillance (*2*), six of which operate year-round: 1) World Health Organization (WHO) collaborating laboratories; 2) the National Respiratory and Enteric Virus Surveillance System (NREVSS); 3) the U.S. Influenza Sentinel Provider Surveillance System; 4) the 122 Cities Mortality Reporting System; 5) the Influenza-Associated Pediatric Mortality System, part of the National Notifiable Diseases Surveillance System (NNDSS); and 6) novel influenza A virus case reporting through NNDSS. Data from these six systems are included in this report.

During May 20–September 15, 2007,* WHO and NREVSS collaborating laboratories in the United States tested 21,029 respiratory specimens for influenza viruses; 398 (1.9%) were positive (Figure). Of these, 330 (83%) were influenza A viruses, and 68 (17%) were influenza B viruses. Of the influenza A viruses, 152 (46%) were subtyped: 67 (44%) were influenza A (H1) viruses, and 85 (56%) were influenza A (H3) viruses. Influenza viruses were reported from 22 states in eight of the nine public health surveillance regions. However, 200 (50%) of all the influenza viruses, including 63 (94%) of the 67 influenza A (H1) viruses, were reported from Hawaii, and 100 (25%) were reported from Florida. Of the 398 influenza viruses reported during the summer months, only 124 (31%) were reported during August and the first half of September. Among this subset of viruses, 105 (85%) were influenza A, and 19 (15%) are influenza B.

During May 20–September 15, data from the U.S. Influenza Sentinel Provider Surveillance System indicated that the weekly percentage of patient visits to U.S. sentinel providers for influenza-like illness (ILI)† remained below the national baseline§ of 2.1% and ranged from 0.6% to 1.0%. The percentage of deaths attributed to pneumonia and influenza (P&I) as reported by the 122 Cities Mortality Reporting System was below the epidemic threshold.¶ One influenza-associated pediatric death occurred during

FIGURE. Number* and percentage of respiratory specimens testing positive for influenza reported by World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, by type and week — United States, May 20–September 15, 2007†



*N = 21,029.
†As of September 21, 2007.

* Data as of September 21, 2007.

† Defined as a temperature of ≥100.0°F (≥37.8°C), oral or equivalent, and cough and/or sore throat, in the absence of a known cause other than influenza.

§ The national baseline is the mean percentage of visits for ILI during noninfluenza weeks for the previous three seasons plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza.

¶ The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

June and was reported to the Influenza-Associated Pediatric Mortality Reporting System.

Two human cases of novel influenza A were reported to NNDSS. Both persons were infected with swine influenza virus and were infected by handling ill pigs at a county fair in Ohio. Both recovered from their illness.

Worldwide

During May 20–September 15, influenza A (H1), influenza A (H3), and influenza B viruses cocirculated worldwide. Influenza A (H3) viruses predominated in Asia; however, influenza A (H1) and B viruses also were reported. In Africa, influenza A viruses predominated, with approximately equal numbers of influenza A (H1) and A (H3) viruses reported and a smaller number of influenza B viruses identified. In Europe and North America, small numbers of influenza A and influenza B viruses were reported. In Oceania, influenza A viruses predominated. Influenza A (H3) viruses were reported more frequently than influenza A (H1) viruses in Australia and New Caledonia; however, in New Zealand, influenza A (H1) viruses predominated. In South America, influenza A (H3) viruses were most commonly reported, although influenza B viruses also were identified.

Antigenic Characterization of Influenza Virus Isolates

The WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, located at CDC, analyzes influenza virus isolates received from laboratories worldwide. Of four influenza A (H1) viruses that were collected during May 20–September 8 (three from Asia and one from Europe) and analyzed at CDC, all four (100%) were antigenically similar to A/Solomon Islands/3/2006, the H1N1 component of the 2007–08 influenza vaccine. Of the 94 influenza A (H3) viruses that were characterized (four from Europe, 78 from Latin America, four from Asia, two from Africa, and six from the United States), 17 (18%) were antigenically similar to A/Wisconsin/67/2005, the H3N2 component of the 2007–08 influenza vaccine, whereas 77 (82%) had reduced titers to A/Wisconsin/67/2005.

Circulating influenza B viruses can be divided into two antigenically distinct lineages that have cocirculated worldwide since March 2001, represented by B/Yamagata/16/88 and B/Victoria/02/87 viruses. The B component of the 2007–08 influenza vaccine belongs to the B/Victoria lineage. Of the eight influenza B isolates collected during May 20–September 8 and characterized at CDC, one belonged to the B/Victoria lineage (from Asia). This B/Victoria-lineage virus was similar to B/Ohio/01/2005; B/Ohio/01/2005 is antigenically equivalent to B/Malaysia/2506/2004, the recommended influenza B component for the 2007–08 influenza vaccine. The remaining seven influenza B viruses (three from South America, three from Asia, and one from the United States) belonged to the B/Yamagata lineage.

Human Infections with Avian Influenza A (H5N1) Viruses

During May 20–September 10, 2007, a total of 21 human cases of avian influenza A (H5N1) infection were reported to WHO from four countries (China, Egypt, Indonesia, and Vietnam). Fourteen (67%) of the cases were fatal. Since December 1, 2003, a total of 328 human avian influenza A (H5N1) infection have been reported to WHO (*3*). Of these, 200 (61%) were fatal (Table). All cases were reported from Asia (Azerbaijan, Cambodia, China, Indonesia, Iraq, Laos, Thailand, Turkey, and Vietnam) and Africa (Djibouti, Egypt, and Nigeria). In addition, no human case of avian influenza A (H5N1) virus infection has been identified in the United States.

Reported by: *WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza. L Blanton, MPH, L Brammer, MPH, A Budd, MPH, T Wallis, MS, D Shay, MD, J Bresee, MD, A Klimov, PhD, N Cox, PhD, Influenza Div, National Center for Immunization and Respiratory Diseases, CDC.*

Editorial Note: During May 20–September 15, 2007, influenza A (H1), influenza A (H3), and influenza B viruses cocirculated worldwide. The influenza virus strain that will predominate and the severity of influenza-related disease activity for the 2007–08 influenza season are difficult to predict.

Vaccination is the best method for preventing influenza and its potentially severe complications. In the United States, the influenza vaccine can be administered to any person aged ≥6 months who wants to reduce the likelihood of becoming ill with influenza or transmitting the virus to others. Annual influenza vaccination is targeted toward persons at increased risk for influenza-related complications and severe disease (e.g., children aged 6–59 months, pregnant women, persons aged ≥50 years, and persons aged 5–49 years with certain chronic medical conditions) and their close contacts (e.g., health-care workers and household contacts) (*4*). In addition, all children aged 6 months to <9 years who have never received influenza vaccination should receive 2 doses of influenza vaccine (*4*). For the 2007–08 influenza season, vaccine supplies are

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization, by country — worldwide, December 1, 2003–September 10, 2007

	2003		2004		2005		2006		2007		Total	
Country	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	**8**	**5**
Cambodia	0	0	0	0	4	4	2	2	1	1	**7**	**7**
China	1	1	0	0	8	5	13	8	3	2	**25**	**16**
Djibouti	0	0	0	0	0	0	1	0	0	0	**1**	**0**
Egypt	0	0	0	0	0	0	18	10	20	5	**38**	**15**
Indonesia	0	0	0	0	20	13	55	45	31	27	**106**	**85**
Iraq	0	0	0	0	0	0	3	2	0	0	**3**	**2**
Laos	0	0	0	0	0	0	0	0	2	2	**2**	**2**
Nigeria	0	0	0	0	0	0	0	0	1	1	**1**	**1**
Thailand	0	0	17	12	5	2	3	3	0	0	**25**	**17**
Turkey	0	0	0	0	0	0	12	4	0	0	**12**	**4**
Vietnam	3	3	29	20	61	19	0	0	7	4	**100**	**46**
Total	**4**	**4**	**46**	**32**	**98**	**43**	**115**	**79**	**65**	**42**	**328**	**200**

projected to be plentiful in the United States; therefore, influenza vaccination can proceed for all persons, whether healthy or at high risk, either individually or through mass campaigns, as soon as vaccine is available.

Although many of the recently examined influenza A (H3) viruses show reduced reactivity with sera produced against the A/Wisconsin/67/2005 (H3N2) vaccine strain (the H3N2 component of the 2007–08 influenza vaccine), vaccination is still the best means of protection against influenza and influenza-related complications. Even in years in which the match between the vaccine strains and circulating strains is not exact and protection against illness is reduced, the vaccine can still mitigate the severity of illness and reduce the likelihood of severe outcomes such as hospitalization and death.

Although vaccination is the best method for preventing and reducing the impact of influenza, antiviral medications are a valuable adjunct. For patients who consult a healthcare provider within 48 hours of illness onset, antiviral medications can reduce the duration of illness and might reduce the likelihood of complications. Antivirals also can be used to prevent influenza in persons who have not received vaccine and to control outbreaks in institutions or group residential settings such as nursing homes.

On September 19, 2007, the Food and Drug Administration (FDA) approved the live, attenuated influenza vaccine (LAIV), FluMist™, for use in healthy children aged 2–4 years (i.e., 24–59 months). Vaccination providers should ask the parents or guardians of these children about wheezing and should not use LAIV in children who have recurrent wheezing. LAIV, which is administered as a nasal spray, had already been approved for healthy children aged ≥5 years and healthy adults aged <50 years. Other FDA-approved changes in the use of FluMist for persons of all approved ages include 1) a reduction in the volume of vaccine used to 0.1 mL per nostril, 2) a reduction in the minimum dose spacing to 4 weeks for children who require 2 doses, and 3) a change in the temperature requirements for shipping and storage of the vaccine (now 2–8°C [35–46°F]). Trivalent inactivated influenza vaccine, which is administered as an intramuscular injection, may be used for any person aged ≥6 months, including those with high-risk conditions (*4*).

Two cases of human infection with swine influenza virus were reported in the United States during August. Although human infection with swine influenza is uncommon, sporadic cases occur in most years, usually among persons in direct contact with ill pigs or who have been in places where pigs might have been present (e.g., agricultural fairs, farms, or petting zoos). The sporadic cases detected in recent years have not resulted in sustained human-to-human transmission or community outbreaks; however, human infections with swine influenza viruses or any other nonhuman or novel influenza virus should be identified quickly and investigated. Clinicians should consider swine influenza A in the differential diagnosis among patients with ILI who have had recent contact with pigs. Testing of respiratory specimens from these patients for influenza virus should be coordinated with the state health department laboratory. In January 2007, the executive committee of the Council of State and Territorial Epidemiologists (CSTE) voted to make human infection with a novel influenza A virus, including swine influenza viruses, a nationally notifiable condition, and the proposal was approved by CSTE in June (*5,6*).

In collaboration with local and state health departments, CDC continues to recommend enhanced surveillance for possible influenza A (H5N1) infection among travelers with

severe, unexplained respiratory illness returning from countries affected by influenza A (H5N1) (*7*). Updates on worldwide avian influenza are available from WHO at http://www.who.int/csr/disease/avian_influenza/en.

Influenza surveillance reports for the United States are posted online weekly during October–May at http://www.cdc.gov/flu/weekly/fluactivity.htm. Additional information on influenza viruses, influenza surveillance, the influenza vaccine, and avian influenza is available at http://www.cdc.gov/flu.

Acknowledgments

This report is based, in part, on data contributed by participating state and territorial health departments and state public health laboratories, WHO collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Influenza Sentinel Provider Surveillance System, and the 122 Cities Mortality Reporting System; WHO National Influenza Centers, WHO Global Influenza Programme, Geneva, Switzerland; A Kelso, PhD, I Barr, PhD, WHO Collaborating Center for Reference and Research on Influenza, Parkville, Australia; A Hay, PhD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Medical Research, London, England; and M Tashiro, MD, WHO Collaborating Center for Reference and Research on Influenza, National Institute of Infectious Diseases, Tokyo, Japan.

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Notice to Readers

World Heart Day — September 30, 2007

Heart disease and stroke, which are associated with risk factors such as high blood pressure, high blood cholesterol, smoking, diabetes, obesity, poor nutrition, and physical inactivity, are the world's biggest killers, claiming 17.5 million lives a year. Approximately 80% of these deaths occur in low- and middle-income countries.

The eighth annual World Heart Day, sponsored by World Heart Federation member organizations in approximately 100 countries, will be observed on September 30. This year's theme is Team Up for Healthy Hearts. Based in Geneva, Switzerland, the World Heart Federation is a nongovernmental organization committed to promoting longer and better lives through prevention and control of heart disease and stroke. World Heart Day activities will include health checks; organized walks, runs, and fitness sessions; public talks; stage shows; scientific forums and exhibitions; concerts; carnivals; and sports tournaments.

Preventive measures can reduce the risk for heart disease and stroke. At the community level, the American Heart Association (AHA) recommends 1) creating school, worksite, and health-care facility education programs; 2) developing policies that ensure access to screening, referral, and counseling services for stroke and heart disease risk factors; and 3) ensuring access to healthy foods and safe environments for physical activity (*1*). In addition, CDC has developed a plan for taking effective action through comprehensive public health partnerships and programs (*2*).

Information regarding CDC heart disease prevention programs is available at http://www.cdc.gov/dhdsp. Information about World Heart Day and the World Heart Federation is available at http://www.world-heart-federation.org/what-we-do/world-heart-day. Additional information regarding heart disease is available from AHA at http://www.americanheart.org.

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Notice to Readers

Clinical Vaccinology Course — November 9–11, 2007

CDC and four other national organizations are collaborating with the National Foundation for Infectious Diseases (NFID), Emory University School of Medicine, and the Emory Vaccine Center to sponsor a Clinical Vaccinology Course, November 9–11, 2007, at the Hyatt Regency Bethesda Hotel in Bethesda, Maryland. Through lectures and interactive presentations, the course will focus on new developments and concerns related to the use of vaccines in pediatric, adolescent, and adult populations. Leading infectious-disease experts, including pediatricians, internists, and family physicians will present information on newly available vaccines, vaccines under development, and older vaccines whose continued administration is essential to improving disease prevention.

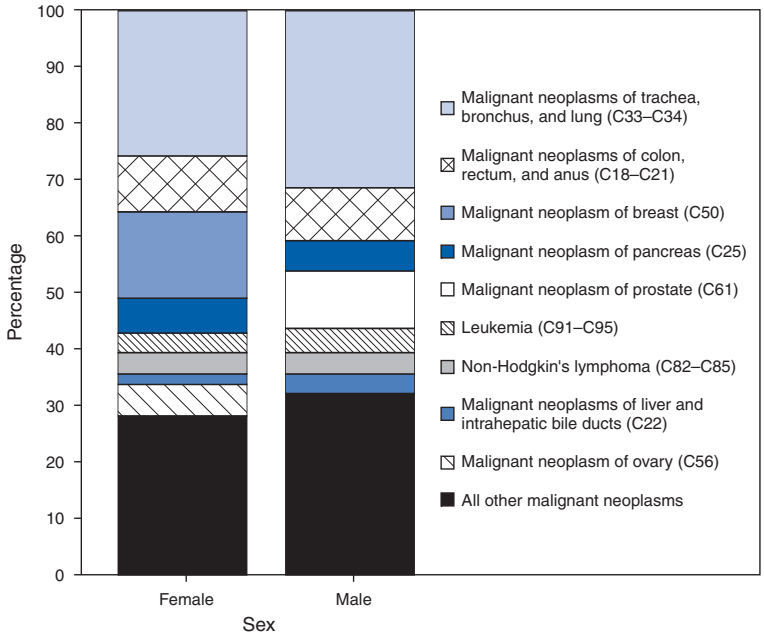
This course is specifically designed for physicians, nurses, nurse practitioners, physician assistants, vaccine-program administrators, and other health-care professionals interested in the clinical aspects of vaccinology. The course also might be useful for health-care professionals involved in prevention and control of infectious diseases, including federal, state, and local public health officials.

Continuing education credits will be offered. Information regarding the preliminary program, registration, and hotel accommodations is available at http://www.nfid.org/conferences/idcourse07, or by e-mail (idcourse@nfid.org), fax (301-907-0878), telephone (301-656-0003, ext. 19), or mail (NFID, 4733 Bethesda Avenue, Suite 750, Bethesda, MD 20814-5228).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Deaths from Malignant Neoplasms, by Sex and Type of Cancer* — United States, 2004



* Cancer categories according to the *International Classification of Diseases, Tenth Revision.*

In 2004, lung cancer was the leading cause of death from cancer both for men (31.3% of all cancer deaths among men) and women (25.6% of all cancer deaths among women). The second leading cause for women was breast cancer (15.3%) and for men was prostate cancer (10.1%). Colon cancer was the third leading cause of death from cancer both for men (9.4%) and women (10.1%).

SOURCE: Minino A, Heron M, Murphy S, Kochanek K. Deaths: final data for 2004. National Vital Stat Rep 2007;55(19). Available at http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_19.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 22, 2007 (38th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	14	1	20	19	16	20	28	
infant	1	61	2	97	85	87	76	69	NY (1)
other (wound & unspecified)	2	19	1	48	31	30	33	21	CA (2)
Brucellosis	2	88	3	121	120	114	104	125	MN (1), GA (1)
Chancroid	2	22	1	33	17	30	54	67	VA (1), FL (1)
Cholera	—	1	—	9	8	5	2	2	
Cyclosporiasis§	—	79	2	136	543	171	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	22	6	67	80	112	108	164	
eastern equine	—	3	0	8	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	3	1	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	26	336	11	646	786	537	362	511	ME (1), NY (14), MN (11)
human monocytic	10	430	11	578	506	338	321	216	NY (1), MN (1), GA (1), AR (6), OK (1)
human (other & unspecified)	2	119	2	231	112	59	44	23	TN (1), AR (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	11	0	29	9	19	32	34	
nonserotype b	2	91	2	175	135	135	117	144	MN (2)
unknown serotype	1	156	3	179	217	177	227	153	CO (1)
Hansen disease§	3	38	2	66	87	105	95	96	FL (3)
Hantavirus pulmonary syndrome§	2	19	0	40	26	24	26	19	TX (2)
Hemolytic uremic syndrome, postdiarrheal§	2	153	6	288	221	200	178	216	CT (1), CA (1)
Hepatitis C viral, acute	9	480	20	802	652	713	1,102	1,835	NY (1), MO (1), NE (1), KY (1), TX (1), NV (1), WA (1), OR (1), CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	3	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	—	73	0	43	45	—	N	N	
Listeriosis	17	452	21	875	896	753	696	665	NY (4), OH (3), IN (1), WI (1), FL (1), TN (1), AL (1), TX (1), CO (1), WA (2), CA (1)
Measles¶¶	—	26	0	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	193	3	318	297	—	—	—	SC (1)
serogroup B	1	98	2	193	156	—	—	—	CO (1)
other serogroup	—	16	0	32	27	—	—	—	
unknown serogroup	10	445	11	651	765	—	—	—	PA (1), OH (2), MN (1), FL (2), WA (1), CA (3)
Mumps	6	579	14	6,584	314	258	231	270	FL (1), WA (4), CA (1)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	0	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	5	0	21	16	12	12	18	
Q fever§	3	129	2	169	136	70	71	61	NY (2), MO (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	11	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	76	1	125	129	132	161	118	MN (1)
Syphilis, congenital (age <1 yr)	—	284	9	380	329	353	413	412	
Tetanus	—	13	0	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	4	58	2	101	90	95	133	109	KY (1), AZ (1), CA (2)
Trichinellosis	—	5	0	15	16	5	6	14	
Tularemia	4	95	3	95	154	134	129	90	NE (1), AR (3)
Typhoid fever	5	219	10	353	324	322	356	321	CT (1), OH (1), MN (1), FL (1), AZ (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)§	6	224	2	N	N	N	N	N	NY (4), FL (1), CA (1)
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 70 cases were reported for the 2006–07 flu season.

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

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

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

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	11,908	20,446	25,327	742,102	738,101	147	128	658	5,036	6,010	259	80	878	6,666	3,915
New England	823	713	1,357	25,059	23,199	—	0	1	2	—	1	4	33	188	300
Connecticut	325	223	829	7,420	6,631	N	0	0	N	N	—	0	33	33	38
Maine§	64	50	74	1,870	1,609	—	0	0	—	—	1	1	6	35	34
Massachusetts	373	304	600	11,416	10,482	—	0	0	—	—	—	1	6	50	153
New Hampshire	—	40	70	1,497	1,394	—	0	1	2	—	—	1	4	37	36
Rhode Island§	32	66	108	2,237	2,216	—	0	0	—	—	—	0	5	6	6
Vermont§	29	19	45	619	867	N	0	0	N	N	—	1	4	27	33
Mid. Atlantic	1,753	2,690	4,284	102,890	90,428	—	0	0	—	—	33	10	108	948	480
New Jersey	146	407	538	15,128	14,669	N	0	0	N	N	—	0	3	9	39
New York (Upstate)	663	514	2,758	19,230	17,314	N	0	0	N	N	9	3	19	159	119
New York City	500	895	1,683	34,706	29,630	N	0	0	N	N	—	1	10	43	102
Pennsylvania	444	784	1,760	33,826	28,815	N	0	0	N	N	24	4	103	737	220
E.N. Central	1,570	3,120	6,224	119,987	125,006	1	1	3	24	36	48	18	93	1,099	1,016
Illinois	518	948	1,367	33,923	39,191	—	0	0	—	—	—	2	9	101	169
Indiana	407	394	646	15,153	14,580	—	0	0	—	—	4	1	18	67	46
Michigan	340	716	1,080	25,951	25,382	—	0	3	16	32	2	3	10	127	106
Ohio	67	705	3,651	31,133	30,840	1	0	2	8	4	39	5	61	386	259
Wisconsin	238	371	528	13,827	15,013	N	0	0	N	N	3	6	41	418	436
W.N. Central	524	1,185	1,429	41,862	45,042	—	0	54	6	1	63	12	120	984	653
Iowa	—	161	252	5,895	6,005	N	0	0	N	N	17	2	57	401	148
Kansas	237	149	294	5,982	5,859	N	0	0	N	N	—	1	15	90	62
Minnesota	—	233	314	7,293	9,392	—	0	54	—	—	34	3	25	150	139
Missouri	227	450	565	16,682	16,730	—	0	1	6	1	5	2	13	105	152
Nebraska§	—	100	183	3,122	3,865	N	0	0	N	N	6	1	18	105	78
North Dakota	—	28	69	1,011	1,278	N	0	0	N	N	1	0	11	11	7
South Dakota	60	49	84	1,877	1,913	N	0	0	N	N	—	2	15	122	67
S. Atlantic	3,573	4,038	6,760	147,927	140,398	—	0	1	2	3	30	20	67	734	726
Delaware	45	65	140	2,489	2,589	—	0	0	—	—	—	0	4	13	12
District of Columbia	95	101	166	4,190	2,111	—	0	0	—	—	—	0	2	3	12
Florida	1,360	1,075	1,767	42,078	35,688	N	0	0	N	N	30	11	34	412	305
Georgia	2	663	3,822	18,319	25,932	N	0	0	N	N	—	4	17	121	186
Maryland§	369	406	697	14,705	15,402	—	0	1	2	3	—	0	2	21	13
North Carolina	614	600	1,905	22,135	24,039	—	0	0	—	—	—	1	11	59	60
South Carolina§	447	497	3,030	23,870	15,145	N	0	0	N	N	—	1	11	53	95
Virginia§	624	490	685	17,998	17,344	N	0	0	N	N	—	1	4	42	36
West Virginia	17	58	90	2,143	2,148	N	0	0	N	N	—	0	5	10	7
E.S. Central	946	1,451	2,044	51,799	55,822	—	0	0	—	—	17	3	47	353	123
Alabama§	28	367	548	11,248	17,197	N	0	0	N	N	8	1	12	68	42
Kentucky	197	130	691	5,937	6,399	N	0	0	N	N	5	1	37	167	32
Mississippi	—	371	959	14,466	13,838	N	0	0	N	N	—	0	9	51	17
Tennessee§	721	504	694	20,148	18,388	N	0	0	N	N	4	1	10	67	32
W.S. Central	596	2,290	2,978	85,729	83,615	—	0	1	1	1	11	5	45	201	262
Arkansas§	231	164	289	6,054	5,957	N	0	0	N	N	8	0	3	15	16
Louisiana	129	356	855	13,705	13,226	—	0	1	1	1	—	1	6	39	62
Oklahoma	236	282	467	9,806	8,632	N	0	0	N	N	3	1	12	79	29
Texas§	—	1,490	1,911	56,164	55,800	N	0	0	N	N	—	2	36	68	155
Mountain	274	1,300	2,026	44,371	48,490	72	81	293	3,013	4,190	54	6	567	2,066	289
Arizona	46	488	993	15,975	15,042	71	78	293	2,909	4,077	—	0	6	31	20
Colorado	202	257	416	7,509	11,859	N	0	0	N	N	23	1	25	126	55
Idaho§	—	53	253	2,242	2,040	N	0	0	N	N	27	0	71	216	25
Montana§	—	49	82	1,488	1,853	N	0	0	N	N	3	1	18	52	102
Nevada§	12	185	397	6,803	5,868	1	1	5	45	49	1	0	3	10	7
New Mexico§	—	153	396	5,641	7,225	—	0	2	17	16	—	1	7	65	30
Utah	—	102	209	3,840	3,528	—	1	4	39	46	—	0	498	1,532	12
Wyoming§	14	23	38	873	1,075	—	0	1	3	2	—	0	8	34	38
Pacific	1,849	3,374	4,362	122,478	126,101	74	47	311	1,988	1,779	2	1	14	93	66
Alaska	85	87	157	3,182	3,206	N	0	0	N	N	—	0	2	3	4
California	1,621	2,684	3,627	98,638	99,069	74	47	311	1,988	1,779	—	0	0	—	—
Hawaii	4	101	132	3,778	4,227	N	0	0	N	N	—	0	0	—	4
Oregon§	—	157	394	6,099	6,868	N	0	0	N	N	2	1	14	90	58
Washington	139	321	621	10,781	12,731	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	5	207	340	658	—	0	0	—	—	—	0	0	—	—
Puerto Rico	271	121	545	5,571	3,505	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	267	302	1,513	11,203	12,572	4,272	6,662	8,941	241,506	257,875	30	45	184	1,648	1,672
New England	8	25	53	889	1,031	160	109	259	3,993	3,967	7	3	19	130	130
Connecticut	—	5	13	227	219	68	45	204	1,503	1,571	7	0	6	40	38
Maine§	8	4	10	139	120	2	2	8	94	92	—	0	2	9	16
Massachusetts	—	9	20	356	467	83	50	96	1,942	1,757	—	2	6	58	55
New Hampshire	—	0	3	16	20	—	3	8	111	143	—	0	2	14	9
Rhode Island§	—	0	14	36	78	5	8	18	298	353	—	0	10	7	4
Vermont§	—	3	12	115	127	2	1	5	45	51	—	0	1	2	8
Mid. Atlantic	46	56	127	1,958	2,510	739	714	1,537	27,069	24,005	9	10	27	352	338
New Jersey	—	6	11	142	366	79	117	159	4,415	3,878	—	1	5	46	58
New York (Upstate)	35	24	108	769	851	421	112	1,035	4,943	4,552	6	3	15	104	103
New York City	4	15	32	556	720	84	200	360	7,397	7,343	2	2	6	76	64
Pennsylvania	7	14	34	491	573	155	240	586	10,314	8,232	1	3	10	126	113
E.N. Central	40	46	99	1,594	2,018	613	1,230	2,588	48,502	51,629	1	6	15	200	287
Illinois	—	12	21	405	519	172	348	498	12,680	14,728	—	1	6	47	87
Indiana	N	0	0	N	N	202	161	307	6,482	6,489	1	1	7	44	63
Michigan	8	12	38	411	500	120	295	747	10,646	10,627	—	0	5	21	22
Ohio	24	15	37	570	576	27	318	1,567	13,857	14,723	—	2	5	79	63
Wisconsin	8	7	20	208	423	92	126	181	4,837	5,062	—	0	4	9	52
W.N. Central	14	20	553	797	1,411	142	372	512	13,416	14,135	4	3	24	103	106
Iowa	6	5	16	190	221	—	39	60	1,272	1,342	—	0	1	1	1
Kansas	—	3	11	119	150	55	43	86	1,716	1,635	—	0	2	9	16
Minnesota	—	0	514	12	475	—	60	87	1,935	2,352	4	1	17	44	52
Missouri	4	8	22	319	390	80	198	266	7,355	7,440	—	1	5	34	26
Nebraska§	3	2	8	86	90	—	26	57	885	996	—	0	2	13	7
North Dakota	1	0	16	13	14	—	2	7	63	95	—	0	2	2	4
South Dakota	—	1	6	58	71	7	6	11	190	275	—	0	0	—	—
S. Atlantic	34	57	106	1,977	1,889	1,434	1,632	3,209	57,227	63,067	4	11	34	428	413
Delaware	—	1	3	27	30	18	27	43	969	1,075	—	0	3	6	1
District of Columbia	—	0	7	34	51	38	47	72	1,725	1,266	—	0	2	3	3
Florida	29	24	47	916	752	492	472	717	17,325	17,682	2	3	8	120	128
Georgia	4	11	33	419	469	3	303	2,068	7,454	12,843	2	2	7	83	87
Maryland§	—	4	11	162	163	94	125	227	4,561	5,260	—	2	6	62	57
North Carolina	—	0	0	—	—	445	282	675	10,080	12,431	—	0	9	44	46
South Carolina§	1	2	8	68	76	200	206	1,361	10,105	6,997	—	1	4	38	27
Virginia§	—	10	28	321	331	140	122	236	4,357	4,864	—	1	22	53	48
West Virginia	—	0	21	30	17	4	18	44	651	649	—	0	6	19	16
E.S. Central	10	10	21	372	300	346	572	752	20,188	22,785	—	2	9	93	87
Alabama§	5	4	16	173	139	10	157	242	5,122	7,985	—	0	3	19	18
Kentucky	N	0	0	N	N	96	51	268	2,360	2,288	—	0	1	2	5
Mississippi	N	0	0	N	N	—	149	310	5,455	5,398	—	0	1	7	11
Tennessee§	5	5	16	199	161	240	193	262	7,251	7,114	—	2	6	65	53
W.S. Central	4	7	55	256	233	287	975	1,176	35,636	36,912	2	2	34	81	65
Arkansas§	—	2	13	84	82	107	78	120	2,755	3,088	1	0	2	8	8
Louisiana	—	1	9	71	63	75	220	384	7,962	7,960	—	0	3	6	17
Oklahoma	4	3	42	101	88	105	102	235	3,789	3,260	1	1	29	61	34
Texas§	N	0	0	N	N	—	574	732	21,130	22,604	—	0	3	6	6
Mountain	29	30	67	1,075	1,200	85	254	454	8,839	10,931	1	4	11	172	164
Arizona	1	3	10	114	119	17	106	220	3,384	3,887	—	1	6	57	70
Colorado	18	9	26	356	392	66	55	93	1,842	2,711	1	1	4	43	41
Idaho§	1	3	12	126	133	—	3	20	163	116	—	0	1	4	3
Montana§	7	2	6	74	75	—	1	8	50	149	—	0	1	2	—
Nevada§	2	2	8	81	88	2	46	135	1,677	2,039	—	0	2	9	10
New Mexico§	—	2	6	70	54	—	29	58	1,093	1,324	—	1	3	26	23
Utah	—	6	27	228	311	—	17	34	575	611	—	0	3	28	14
Wyoming§	—	1	4	26	28	—	2	5	55	94	—	0	1	3	3
Pacific	82	60	558	2,285	1,980	466	722	885	26,636	30,444	2	2	16	89	82
Alaska	4	1	17	53	57	10	10	27	351	449	1	0	2	10	10
California	50	43	93	1,553	1,582	438	613	734	23,087	25,151	—	0	10	20	25
Hawaii	1	1	4	51	44	—	11	22	446	725	1	0	2	9	13
Oregon§	9	8	15	299	297	—	23	46	729	1,073	—	1	6	48	34
Washington	18	6	449	329	—	18	61	142	2,023	3,046	—	0	5	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	38	63	85	—	0	0	—	1
Puerto Rico	—	5	15	165	175	12	6	23	258	223	—	0	2	2	3
U.S. Virgin Islands	U	0	0	U	U	U	1	3	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	36	53	201	1,944	2,582	39	78	405	2,787	3,156	36	45	109	1,547	1,816
New England	1	2	6	78	147	—	2	5	49	88	4	2	13	86	123
Connecticut	1	0	3	14	33	—	0	5	23	34	2	1	9	29	25
Maine§	—	0	1	2	8	—	0	2	5	19	—	0	1	3	7
Massachusetts	—	1	4	34	70	—	0	1	4	17	—	0	3	14	60
New Hampshire	—	0	3	10	21	—	0	1	5	8	—	0	2	5	9
Rhode Island§	—	0	2	10	8	—	0	3	11	8	2	0	6	28	16
Vermont§	—	0	1	8	7	—	0	1	1	2	—	0	2	7	6
Mid. Atlantic	—	8	20	288	287	6	9	21	324	385	10	13	55	489	621
New Jersey	—	2	5	68	84	—	2	8	62	125	—	1	10	57	90
New York (Upstate)	—	1	11	52	63	4	1	13	65	46	9	4	30	149	203
New York City	—	2	10	104	92	—	2	6	69	88	—	2	24	68	115
Pennsylvania	—	2	5	64	48	2	3	8	128	126	1	5	21	215	213
E.N. Central	1	6	13	208	259	8	9	23	317	374	6	9	26	345	419
Illinois	—	2	6	72	78	—	2	6	86	108	—	2	6	56	92
Indiana	1	0	7	19	18	4	0	21	41	41	1	1	6	30	33
Michigan	—	2	8	57	85	2	2	8	80	107	—	3	11	101	95
Ohio	—	1	4	53	44	2	3	7	98	92	5	3	17	150	164
Wisconsin	—	0	3	7	34	—	0	3	12	26	—	0	3	8	35
W.N. Central	—	2	18	112	103	—	2	15	97	107	1	1	9	65	58
Iowa	—	0	4	26	8	—	0	3	14	17	—	0	1	6	10
Kansas	—	0	1	3	24	—	0	2	7	9	—	0	1	2	7
Minnesota	—	0	17	49	9	—	0	13	16	14	—	0	6	15	11
Missouri	—	0	2	19	38	—	1	5	47	51	1	0	3	32	18
Nebraska§	—	0	2	10	15	—	0	3	9	11	—	0	1	7	8
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	5	9	—	0	1	4	5	—	0	1	3	4
S. Atlantic	12	10	27	372	400	13	20	56	704	886	8	7	25	262	318
Delaware	1	0	1	6	11	—	0	3	15	35	—	0	2	6	8
District of Columbia	—	0	5	14	6	—	0	2	1	5	—	0	4	1	16
Florida	7	3	11	117	156	8	7	14	254	300	2	2	9	106	122
Georgia	4	1	4	55	44	5	3	6	82	157	2	0	2	18	23
Maryland§	—	1	6	58	50	—	2	6	80	121	—	2	8	49	65
North Carolina	—	0	11	37	66	—	0	16	95	115	4	1	4	35	28
South Carolina§	—	0	4	14	19	—	1	5	44	66	—	0	2	12	3
Virginia§	—	1	5	64	43	—	3	8	96	43	—	1	4	28	45
West Virginia	—	0	2	7	5	—	0	23	37	44	—	0	4	7	8
E.S. Central	3	2	5	79	94	2	6	17	251	239	3	2	7	70	64
Alabama§	1	0	3	15	11	2	2	10	91	70	—	0	1	7	9
Kentucky	1	0	2	16	29	—	1	7	49	53	—	1	6	35	19
Mississippi	—	0	4	7	5	—	0	8	17	9	—	0	1	—	3
Tennessee§	1	1	5	41	49	—	3	8	94	107	3	1	4	28	33
W.S. Central	—	5	43	135	262	—	18	169	561	609	—	2	16	72	53
Arkansas§	—	0	2	8	43	—	1	7	47	52	—	0	3	5	4
Louisiana	—	0	3	20	23	—	1	4	58	47	—	0	1	3	10
Oklahoma	—	0	8	11	4	—	1	24	30	29	—	0	6	5	1
Texas§	—	3	39	96	192	—	14	135	426	481	—	1	13	59	38
Mountain	2	5	15	178	204	2	3	7	124	103	2	2	7	72	95
Arizona	1	4	11	126	116	—	0	3	40	—	1	0	4	23	32
Colorado	—	0	3	20	33	—	0	2	21	28	1	0	2	14	20
Idaho§	—	0	1	3	9	1	0	1	11	10	—	0	1	5	10
Montana§	—	0	2	9	9	—	0	3	—	—	—	0	1	3	5
Nevada§	1	0	2	9	11	1	1	3	29	28	—	0	2	7	6
New Mexico§	—	0	2	6	12	—	0	2	9	17	—	0	2	8	5
Utah	—	0	1	3	12	—	0	4	13	20	—	0	2	9	17
Wyoming§	—	0	1	2	2	—	0	1	1	—	—	0	1	3	—
Pacific	17	12	92	494	826	8	10	106	360	365	2	2	11	86	65
Alaska	—	0	1	3	1	—	0	3	4	4	—	0	1	—	—
California	13	10	40	430	784	6	8	31	273	298	1	1	11	63	65
Hawaii	—	0	2	4	10	—	0	1	2	6	—	0	1	1	—
Oregon§	—	1	2	21	31	—	1	5	45	57	—	0	1	6	—
Washington	4	0	52	36	—	2	0	74	36	—	1	0	2	16	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	45	47	—	1	9	44	45	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	351	248	1,085	13,604	15,157	18	22	105	752	1,058	12	19	87	752	858
New England	154	39	282	2,579	3,571	—	1	5	31	43	—	1	3	32	35
Connecticut	43	12	214	1,463	1,481	—	0	3	1	10	—	0	1	6	9
Maine§	36	3	53	287	136	—	0	2	6	4	—	0	3	5	3
Massachusetts	—	1	21	21	1,311	—	0	3	16	20	—	0	2	17	18
New Hampshire	—	6	70	588	560	—	0	4	6	8	—	0	1	—	3
Rhode Island§	74	0	93	123	1	—	0	1	—	—	—	0	1	1	—
Vermont§	1	1	13	97	82	—	0	2	2	1	—	0	1	3	2
Mid. Atlantic	146	138	565	7,272	7,733	6	5	14	180	267	1	2	8	103	134
New Jersey	—	27	118	1,447	2,097	—	0	3	—	73	—	0	2	11	17
New York (Upstate)	131	50	426	2,429	2,734	4	1	7	47	32	—	0	3	26	31
New York City	—	1	19	89	253	—	3	7	103	126	—	0	4	25	50
Pennsylvania	15	44	280	3,307	2,649	2	1	3	30	36	1	1	5	41	36
E.N. Central	1	7	78	531	1,578	—	2	8	80	128	2	3	9	98	127
Illinois	—	1	10	86	103	—	1	6	33	64	—	1	3	26	31
Indiana	—	0	7	37	20	—	0	2	8	11	—	0	4	18	20
Michigan	—	1	6	43	42	—	0	2	12	17	—	0	3	17	21
Ohio	—	0	4	16	37	—	0	2	18	23	2	1	3	28	36
Wisconsin	1	4	71	349	1,376	—	0	2	9	13	—	0	3	9	19
W.N. Central	27	5	195	325	504	—	0	12	27	32	1	1	5	45	47
Iowa	—	1	10	77	90	—	0	1	3	1	—	0	3	10	12
Kansas	—	0	2	9	4	—	0	1	2	6	—	0	1	1	3
Minnesota	27	1	188	207	396	—	0	12	11	14	1	0	3	14	10
Missouri	—	0	6	25	4	—	0	1	5	6	—	0	3	13	13
Nebraska§	—	0	1	5	9	—	0	1	5	3	—	0	1	2	6
North Dakota	—	0	7	2	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	2
S. Atlantic	12	50	163	2,669	1,640	—	5	13	180	266	3	3	11	128	151
Delaware	4	11	34	558	397	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	38	—	0	2	3	3	—	0	1	—	1
Florida	6	1	5	56	17	—	1	7	46	44	2	1	7	50	58
Georgia	—	0	1	1	7	—	0	5	27	77	—	0	3	16	13
Maryland§	—	25	108	1,375	932	—	1	5	42	63	—	0	2	19	12
North Carolina	—	0	6	31	23	—	0	4	17	20	—	0	6	14	24
South Carolina§	—	0	2	17	15	—	0	1	5	9	1	0	2	13	18
Virginia§	2	10	59	561	202	—	1	4	34	43	—	0	2	13	16
West Virginia	—	0	14	57	9	—	0	1	2	2	—	0	2	2	5
E.S. Central	—	1	5	41	29	—	0	3	27	21	—	1	4	38	31
Alabama§	—	0	3	11	7	—	0	1	4	8	—	0	2	6	5
Kentucky	—	0	2	4	7	—	0	1	7	3	—	0	2	9	7
Mississippi	—	0	0	—	3	—	0	1	2	5	—	0	4	9	4
Tennessee§	—	0	4	26	12	—	0	2	14	5	—	0	2	14	15
W.S. Central	1	1	5	41	16	—	1	29	62	82	—	1	15	78	81
Arkansas§	1	0	0	1	—	—	0	2	—	2	—	0	2	9	9
Louisiana	—	0	1	2	—	—	0	2	14	6	—	0	4	24	32
Oklahoma	—	0	0	—	—	—	0	3	5	7	—	0	4	14	8
Texas§	—	1	5	38	16	—	1	25	43	67	—	0	11	31	32
Mountain	1	1	3	31	20	2	1	6	41	58	1	1	4	46	58
Arizona	—	0	1	2	7	—	0	3	7	19	—	0	2	9	14
Colorado	1	0	1	2	—	2	0	2	14	13	1	0	2	17	19
Idaho§	—	0	2	7	3	—	0	2	2	1	—	0	1	3	3
Montana§	—	0	1	2	—	—	0	1	3	2	—	0	1	1	4
Nevada§	—	0	2	7	2	—	0	1	2	2	—	0	1	4	5
New Mexico§	—	0	1	3	3	—	0	1	3	5	—	0	1	2	3
Utah	—	0	2	5	4	—	0	3	10	16	—	0	2	8	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	9	2	16	115	66	10	3	45	124	161	4	4	48	184	194
Alaska	—	0	1	4	2	—	0	1	2	23	—	0	1	1	3
California	9	2	9	107	58	7	2	7	86	121	3	3	10	131	149
Hawaii	N	0	0	N	N	—	0	1	2	8	—	0	2	7	7
Oregon§	—	0	1	3	6	1	0	3	13	9	—	0	3	27	35
Washington	—	0	8	1	—	2	0	43	21	—	1	0	43	18	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	3	—	—	0	1	6	6
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	75	175	1,479	5,988	10,154	50	94	171	3,594	4,137	119	31	211	1,500	1,603
New England	2	26	77	784	1,206	11	12	21	429	323	—	0	10	—	11
Connecticut	—	2	5	42	81	2	4	10	172	146	—	0	0	—	—
Maine†	—	2	14	54	86	2	2	8	60	77	—	0	0	—	—
Massachusetts	—	20	46	613	756	—	0	0	—	—	—	0	1	—	10
New Hampshire	—	1	9	37	158	—	1	4	35	31	—	0	0	—	1
Rhode Island†	2	0	31	11	37	2	0	3	29	22	—	0	9	—	—
Vermont†	—	0	9	27	88	5	2	13	133	47	—	0	0	—	—
Mid. Atlantic	17	24	155	849	1,307	—	13	44	605	394	—	1	6	47	73
New Jersey	—	3	16	100	219	—	0	0	—	—	—	0	2	6	34
New York (Upstate)	16	13	146	447	568	—	—	—	—	—	—	0	1	3	—
New York City	—	2	6	80	74	—	1	5	33	25	—	0	3	18	20
Pennsylvania	1	7	20	222	446	—	12	44	572	369	—	0	3	20	19
E.N. Central	20	32	80	1,110	1,523	6	3	48	327	138	—	1	4	36	54
Illinois	—	3	23	108	392	1	1	15	99	42	—	0	3	20	24
Indiana	—	1	45	46	163	1	0	1	10	11	—	0	2	5	5
Michigan	5	8	39	208	370	—	1	27	156	40	—	0	1	3	2
Ohio	15	16	54	549	430	4	0	11	62	45	—	0	2	8	22
Wisconsin	—	3	24	199	168	—	0	0	—	—	—	0	0	—	1
W.N. Central	1	14	151	474	944	3	5	13	204	258	2	4	29	317	174
Iowa	—	4	16	108	228	—	0	3	26	53	—	0	2	8	5
Kansas	—	3	13	106	211	—	2	7	93	64	—	0	1	1	1
Minnesota	1	0	119	111	136	—	0	5	22	35	—	0	2	1	3
Missouri	—	2	9	63	246	3	0	4	36	56	2	4	25	295	143
Nebraska†	—	1	4	33	78	—	0	0	—	—	—	0	2	9	22
North Dakota	—	0	18	4	25	—	0	6	13	16	—	0	0	—	—
South Dakota	—	1	6	49	20	—	0	2	14	34	—	0	1	3	—
S. Atlantic	5	19	163	670	814	23	40	63	1,529	1,762	101	12	67	728	854
Delaware	—	0	2	10	3	—	0	0	—	—	—	0	2	9	19
District of Columbia	—	0	2	2	4	—	0	0	—	—	—	0	1	1	1
Florida	3	4	18	176	161	—	0	28	97	176	3	0	4	16	10
Georgia	—	1	5	22	69	—	4	23	166	210	1	0	3	24	46
Maryland†	—	2	8	77	109	—	7	18	267	321	—	1	7	49	63
North Carolina	—	3	112	227	152	12	9	19	373	389	96	4	61	486	601
South Carolina†	—	2	9	58	135	—	1	11	46	126	1	1	7	50	32
Virginia†	2	2	17	85	155	6	13	31	529	459	—	2	10	88	79
West Virginia	—	0	19	13	26	5	0	8	51	81	—	0	3	5	3
E.S. Central	1	5	28	272	264	—	3	11	114	189	2	5	19	200	294
Alabama†	—	1	18	63	56	—	0	8	—	60	—	1	9	60	73
Kentucky	—	0	1	5	55	—	0	3	17	20	—	0	2	5	2
Mississippi	—	1	26	135	30	—	0	1	1	4	—	0	2	7	4
Tennessee†	1	2	7	69	123	—	2	7	96	105	2	3	10	128	215
W.S. Central	1	20	226	671	611	—	2	34	69	721	13	1	168	139	100
Arkansas†	—	2	17	113	67	—	0	5	24	24	13	0	53	72	46
Louisiana	—	0	1	14	22	—	0	1	—	5	—	0	1	2	3
Oklahoma	—	0	36	5	18	—	0	22	45	52	—	0	108	45	28
Texas†	1	17	174	539	504	—	0	32	—	640	—	0	7	20	23
Mountain	5	24	61	779	2,015	—	3	28	155	172	1	0	4	28	41
Arizona	—	5	13	159	413	—	2	12	109	110	1	0	2	6	10
Colorado	4	6	17	216	614	—	0	0	—	—	—	0	2	3	4
Idaho†	—	1	5	34	75	—	0	24	—	24	—	0	1	4	12
Montana†	—	0	7	32	101	—	0	3	13	14	—	0	1	1	2
Nevada†	1	0	5	11	61	—	0	1	2	5	—	0	0	—	—
New Mexico†	—	2	8	53	82	—	0	2	8	7	—	0	1	4	7
Utah	—	7	47	255	606	—	0	2	10	8	—	0	0	—	—
Wyoming†	—	0	5	19	63	—	0	4	13	4	—	0	2	10	6
Pacific	23	12	547	379	1,470	7	4	13	162	180	—	0	1	5	2
Alaska	1	0	8	39	66	—	0	6	35	15	N	0	0	N	N
California	—	3	167	107	1,231	6	3	12	118	147	—	0	1	3	—
Hawaii	—	0	2	15	82	N	0	0	N	N	N	0	0	N	N
Oregon†	3	1	11	76	91	1	0	3	9	18	—	0	1	2	2
Washington	19	1	377	142	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	2	—	55	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	1	—	1	5	37	66	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	670	843	2,338	28,872	30,928	80	78	336	2,905	2,939	207	337	1,287	10,921	9,230
New England	4	33	334	1,424	1,796	2	3	58	178	237	—	3	33	148	229
Connecticut	—	0	319	319	503	—	0	53	53	75	—	0	30	30	67
Maine§	3	3	14	93	92	1	1	4	29	35	—	0	5	14	4
Massachusetts	—	20	60	775	925	—	1	10	74	82	—	2	8	91	141
New Hampshire	—	3	15	118	162	—	0	3	8	22	—	0	2	5	4
Rhode Island§	1	2	20	61	69	1	0	2	6	8	—	0	3	5	10
Vermont§	—	1	6	58	45	—	0	3	8	15	—	0	2	3	3
Mid. Atlantic	82	99	186	3,713	3,923	9	8	63	293	348	6	12	47	500	722
New Jersey	—	12	29	288	856	—	1	20	15	94	—	2	6	75	263
New York (Upstate)	62	29	112	1,069	881	9	3	15	148	121	6	3	42	107	183
New York City	1	24	49	977	947	—	0	4	25	38	—	5	12	181	206
Pennsylvania	19	33	69	1,379	1,239	—	3	47	105	95	—	1	21	137	70
E.N. Central	61	105	188	3,984	4,198	14	9	30	400	531	38	32	122	1,551	1,001
Illinois	—	29	122	1,123	1,200	—	1	6	34	89	—	10	32	336	472
Indiana	22	15	54	545	646	4	1	9	61	66	3	2	17	82	98
Michigan	7	18	32	651	768	1	1	6	62	72	—	1	7	50	127
Ohio	27	26	65	1,008	900	8	3	13	121	133	34	8	104	907	118
Wisconsin	5	17	50	657	684	1	3	8	122	171	1	4	13	176	186
W.N. Central	74	49	101	1,990	1,954	24	12	45	535	511	17	42	156	1,441	1,223
Iowa	1	9	19	335	347	1	2	38	121	109	—	2	14	63	81
Kansas	—	7	20	289	269	—	1	4	39	20	—	1	10	20	103
Minnesota	34	13	44	507	490	16	4	26	181	153	4	5	24	178	96
Missouri	18	15	26	533	559	5	2	12	99	130	13	18	72	1,050	543
Nebraska§	12	4	11	177	153	2	1	11	61	64	—	1	7	18	104
North Dakota	9	0	23	31	21	—	0	12	1	3	—	0	127	5	54
South Dakota	—	3	11	118	115	—	0	5	33	32	—	2	30	107	242
S. Atlantic	192	221	419	7,690	7,810	4	15	37	483	443	35	88	174	3,372	2,070
Delaware	—	2	10	114	114	—	0	3	12	7	—	0	1	7	7
District of Columbia	—	0	4	16	44	—	0	1	1	1	—	0	5	4	13
Florida	127	85	176	3,063	3,168	3	2	8	108	67	21	46	76	1,777	965
Georgia	47	33	72	1,322	1,308	—	1	6	63	66	8	35	94	1,232	737
Maryland§	—	15	36	611	549	—	2	10	67	84	—	2	9	80	95
North Carolina	—	29	108	1,028	1,090	—	2	24	100	78	—	0	14	59	115
South Carolina§	18	18	51	694	729	—	0	2	11	10	6	1	7	94	74
Virginia§	—	20	39	710	717	1	3	8	108	123	—	3	10	112	62
West Virginia	—	2	31	132	91	—	0	5	13	7	—	0	6	7	2
E.S. Central	40	54	134	2,023	1,983	7	4	26	217	221	28	23	89	1,215	467
Alabama§	21	14	78	596	543	—	1	19	55	18	14	10	67	437	129
Kentucky	8	9	23	395	327	2	1	8	69	71	7	3	32	291	167
Mississippi	—	12	101	451	565	—	0	2	4	7	—	4	76	346	71
Tennessee§	11	17	34	581	548	5	2	9	89	125	7	3	14	141	100
W.S. Central	51	82	595	2,643	3,500	2	3	73	126	143	27	39	655	1,209	1,307
Arkansas§	20	14	45	469	623	1	1	7	23	23	—	2	10	69	74
Louisiana	—	17	48	541	737	—	0	2	3	13	—	8	22	342	161
Oklahoma	31	8	103	394	342	—	0	17	16	14	3	3	63	91	91
Texas§	—	43	470	1,239	1,798	1	2	68	84	93	24	24	580	707	981
Mountain	48	45	90	1,667	1,959	5	8	30	355	410	20	18	66	616	931
Arizona	24	13	44	519	616	2	1	9	80	80	13	9	37	346	473
Colorado	16	10	22	416	492	2	1	9	63	90	7	3	9	83	158
Idaho§	1	3	7	95	134	1	2	16	99	71	—	0	2	8	14
Montana§	—	2	6	70	105	—	0	0	—	—	—	1	13	17	7
Nevada§	7	4	10	137	164	—	0	5	18	24	—	1	9	37	94
New Mexico§	—	5	12	183	202	—	1	3	31	36	—	2	15	77	131
Utah	—	4	14	196	209	—	1	9	64	93	—	1	4	19	45
Wyoming§	—	1	4	51	37	—	0	1	—	16	—	1	19	29	9
Pacific	118	103	890	3,738	3,805	13	5	164	318	95	36	26	256	869	1,280
Alaska	1	1	5	61	61	N	0	0	N	N	—	0	2	7	7
California	94	85	260	2,802	3,258	6	2	13	154	N	30	21	84	702	1,134
Hawaii	5	5	16	189	172	—	0	4	19	12	—	0	3	21	35
Oregon§	1	7	15	244	312	—	1	11	65	83	2	1	6	59	104
Washington	17	8	625	442	2	7	0	162	80	—	4	1	170	80	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	13	66	446	405	—	0	0	—	—	—	0	4	18	33
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	42	96	261	3,814	4,136	12	31	108	1,131	945
New England	5	6	27	305	272	—	2	11	76	80
Connecticut	5	0	23	96	73	—	0	6	—	23
Maine§	—	0	3	22	15	—	0	1	1	—
Massachusetts	—	3	12	141	136	—	2	6	58	47
New Hampshire	—	0	4	29	31	—	0	2	7	6
Rhode Island§	—	0	12	2	5	—	0	2	8	4
Vermont§	—	0	2	15	12	—	0	1	2	—
Mid. Atlantic	5	17	41	721	751	1	5	27	185	129
New Jersey	—	2	9	99	124	—	1	4	25	47
New York (Upstate)	3	5	27	240	241	1	2	15	78	66
New York City	—	4	13	171	137	—	1	25	82	16
Pennsylvania	2	5	11	211	249	N	0	0	N	N
E.N. Central	7	17	32	660	800	1	5	14	174	251
Illinois	—	4	13	173	242	—	1	6	46	63
Indiana	1	2	17	106	97	—	0	10	15	45
Michigan	1	4	10	161	166	—	1	4	56	55
Ohio	5	4	14	192	202	1	1	7	48	50
Wisconsin	—	0	6	28	93	—	0	2	9	38
W.N. Central	8	5	32	266	274	4	2	8	84	74
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	28	45	—	0	1	1	11
Minnesota	7	0	29	131	127	3	1	6	56	44
Missouri	—	2	6	67	58	—	0	2	16	11
Nebraska§	—	0	3	21	24	1	0	2	10	5
North Dakota	1	0	2	12	10	—	0	2	1	3
South Dakota	—	0	2	7	10	—	0	0	—	—
S. Atlantic	9	21	52	961	928	3	4	14	213	60
Delaware	—	0	1	9	10	—	0	0	—	—
District of Columbia	—	0	3	8	10	—	0	1	—	1
Florida	8	6	16	238	221	2	1	5	49	—
Georgia	1	5	13	186	192	—	0	5	44	—
Maryland§	—	4	10	166	173	—	1	6	48	49
North Carolina	—	1	22	135	138	—	0	0	—	—
South Carolina§	—	1	7	80	54	1	0	3	34	—
Virginia§	—	2	11	118	108	—	0	4	31	—
West Virginia	—	0	3	21	22	—	0	4	7	10
E.S. Central	2	4	13	168	167	1	1	6	71	16
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	32	38	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	16
Tennessee§	2	3	13	136	129	1	1	6	68	—
W.S. Central	—	6	90	240	317	1	4	43	164	166
Arkansas§	—	0	2	17	23	—	0	2	8	18
Louisiana	—	0	4	16	16	—	0	4	27	19
Oklahoma	—	1	23	56	79	—	1	13	39	37
Texas§	—	3	64	151	199	1	1	27	90	92
Mountain	6	9	21	386	541	1	4	11	140	151
Arizona	3	3	11	126	283	1	2	7	81	85
Colorado	2	3	9	126	95	—	1	4	34	37
Idaho§	1	0	2	13	8	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	—	1	5	42	101	—	0	4	18	26
Utah	—	2	7	72	51	—	0	2	4	—
Wyoming§	—	0	1	5	3	—	0	0	—	—
Pacific	—	3	9	107	86	—	0	4	24	18
Alaska	—	0	3	30	N	—	0	2	22	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	77	86	—	0	2	2	18
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	28	49	256	1,702	1,781	2	9	35	312	277	146	198	310	7,309	6,873
New England	—	1	12	35	98	—	0	3	6	3	4	4	13	176	153
Connecticut	—	0	5	—	73	—	0	0	—	—	—	0	10	24	33
Maine§	—	0	2	9	6	—	0	2	1	1	1	0	2	6	8
Massachusetts	—	0	0	—	—	—	0	0	—	—	3	3	8	109	92
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	22	10
Rhode Island§	—	0	4	14	9	—	0	1	3	—	—	0	5	14	8
Vermont§	—	0	2	12	10	—	0	1	2	2	—	0	1	1	2
Mid. Atlantic	—	2	9	99	109	—	0	5	21	15	27	28	44	1,121	820
New Jersey	—	0	0	—	—	—	0	0	—	—	4	4	8	145	124
New York (Upstate)	—	1	5	34	35	—	0	4	7	7	2	3	14	102	105
New York City	—	0	0	—	—	—	0	0	—	—	14	16	34	692	392
Pennsylvania	—	2	6	65	74	—	0	2	14	8	7	5	10	182	199
E.N. Central	8	9	40	407	382	—	2	7	55	59	21	15	27	583	647
Illinois	—	0	4	15	19	—	0	1	2	5	3	7	13	263	313
Indiana	—	2	31	102	101	—	0	5	17	16	2	1	6	39	64
Michigan	—	0	1	2	15	—	0	1	1	2	9	2	8	90	85
Ohio	8	5	38	288	247	—	1	5	35	36	7	3	9	148	136
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	43	49
W.N. Central	1	2	124	116	32	—	0	15	9	1	4	6	13	256	213
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	11	13
Kansas	—	0	11	63	—	—	0	2	5	—	—	0	3	15	17
Minnesota	—	0	123	—	1	—	0	15	—	—	—	1	5	50	37
Missouri	1	1	5	45	30	—	0	1	—	1	4	3	11	171	129
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	2	5
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	7	11
S. Atlantic	15	21	59	772	866	1	4	15	162	135	56	46	180	1,731	1,550
Delaware	—	0	1	7	—	—	0	1	2	—	2	0	3	11	16
District of Columbia	—	0	2	5	19	—	0	0	—	2	2	3	12	129	88
Florida	11	11	29	449	459	1	2	8	94	86	38	15	30	639	541
Georgia	4	7	17	263	294	—	1	10	58	47	1	6	153	249	277
Maryland§	—	0	1	1	—	—	0	0	—	—	3	6	15	222	228
North Carolina	—	0	0	—	—	—	0	0	—	—	1	5	23	238	218
South Carolina§	—	0	0	—	—	—	0	0	—	—	5	2	11	76	52
Virginia§	N	0	0	N	N	—	0	0	—	—	4	4	17	162	123
West Virginia	—	1	17	47	94	—	0	1	8	—	—	0	1	5	7
E.S. Central	2	3	9	117	151	1	0	3	27	27	21	17	30	621	516
Alabama§	N	0	0	N	N	—	0	0	—	—	7	6	16	251	238
Kentucky	1	0	2	18	29	—	0	1	2	6	—	1	7	41	55
Mississippi	—	0	2	—	20	—	0	0	—	—	—	2	9	76	45
Tennessee§	1	2	8	99	102	1	0	3	25	21	14	6	14	253	178
W.S. Central	2	2	11	113	65	—	0	3	16	6	12	32	55	1,236	1,087
Arkansas§	—	0	1	1	9	—	0	0	—	2	6	1	10	90	56
Louisiana	—	1	4	51	56	—	0	2	7	4	5	8	29	297	179
Oklahoma	2	0	9	61	—	—	0	2	9	—	1	1	4	40	51
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	39	809	801
Mountain	—	1	5	43	78	—	0	3	14	31	—	7	19	253	366
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	12	104	135
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	30	57
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	16	16	—	0	2	5	1	—	2	6	76	103
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	34	53
Utah	—	0	5	15	32	—	0	3	8	21	—	0	2	6	14
Wyoming§	—	0	2	12	30	—	0	1	1	9	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	1	2	—	1	38	57	1,332	1,521
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	5	8
California	N	0	0	N	N	—	0	0	—	—	—	35	54	1,211	1,344
Hawaii	—	0	0	—	—	—	0	1	2	—	—	0	1	5	15
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	13	14
Washington	N	0	0	N	N	—	0	0	—	—	1	2	12	98	140
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	1	3	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	2	3	11	115	98
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 22, 2007, and September 23, 2006 (38th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	240	795	2,813	26,312	33,210	1	1	106	678	1,386	5	2	252	1,629	2,618
New England	1	17	124	505	3,262	—	0	2	4	9	—	0	2	3	3
Connecticut	—	0	76	2	1,168	—	0	2	3	7	—	0	1	1	2
Maine¶	—	0	7	—	179	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	1	1	2	—	0	2	2	1
New Hampshire	—	7	17	221	266	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	1	9	66	282	508	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	1	111	195	3,349	3,540	—	0	2	7	25	1	0	0	1	12
New Jersey	N	0	0	N	N	—	0	0	—	2	—	0	0	—	3
New York (Upstate)	N	0	0	N	N	—	0	1	—	8	—	0	0	—	4
New York City	—	0	0	—	—	—	0	2	5	8	—	0	0	—	4
Pennsylvania	1	111	195	3,349	3,540	—	0	1	2	7	1	0	0	1	1
E.N. Central	67	229	568	7,345	10,736	—	0	10	45	230	—	0	7	19	163
Illinois	—	2	11	111	102	—	0	4	24	121	—	0	4	10	85
Indiana	—	0	0	—	—	—	0	3	6	25	—	0	3	4	47
Michigan	27	97	258	2,962	3,204	—	0	3	7	41	—	0	0	—	12
Ohio	40	107	449	3,475	6,647	—	0	3	6	32	—	0	1	4	10
Wisconsin	—	19	80	797	783	—	0	1	2	11	—	0	1	1	9
W.N. Central	10	32	136	1,263	1,326	—	0	36	177	219	—	0	100	568	468
Iowa	N	0	0	N	N	—	0	3	6	22	—	0	3	8	15
Kansas	—	8	52	439	253	—	0	3	9	15	—	0	6	17	12
Minnesota	—	0	0	—	—	—	0	11	36	31	—	0	11	50	34
Missouri	10	15	78	678	988	—	0	7	33	50	—	0	1	6	10
Nebraska¶	N	0	0	N	N	—	0	3	9	44	—	0	13	72	206
North Dakota	—	0	60	84	44	—	0	10	43	20	—	0	43	267	117
South Dakota	—	1	15	62	41	—	0	8	41	37	—	0	32	148	74
S. Atlantic	56	100	239	3,731	3,283	—	0	8	24	16	—	0	4	18	11
Delaware	—	1	6	33	53	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	28	—	0	0	—	—	—	0	1	—	1
Florida	17	19	76	911	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	6	15	2	—	0	3	12	5
Maryland¶	N	0	0	N	N	—	0	2	2	10	—	0	1	4	1
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	12	18	72	732	850	—	0	2	2	—	—	0	1	2	—
Virginia¶	—	28	190	1,199	1,255	—	0	1	2	—	—	0	1	—	4
West Virginia	27	24	50	842	1,097	—	0	0	—	1	—	0	0	—	—
E.S. Central	1	5	571	373	27	—	0	10	50	112	—	0	11	46	90
Alabama¶	1	5	571	370	26	—	0	2	12	8	—	0	1	1	—
Kentucky	N	0	0	N	N	—	0	1	3	5	—	0	0	—	1
Mississippi	—	0	2	3	1	—	0	7	33	84	—	0	10	43	83
Tennessee¶	N	0	0	N	N	—	0	1	2	15	—	0	1	2	6
W.S. Central	83	167	1,640	7,769	9,023	—	0	19	91	348	—	0	14	40	204
Arkansas¶	—	13	105	542	637	—	0	3	8	24	—	0	1	1	5
Louisiana	—	2	11	96	187	—	0	4	1	83	—	0	8	1	77
Oklahoma	—	0	0	—	—	—	0	9	32	24	—	0	7	27	14
Texas¶	83	150	1,534	7,131	8,199	—	0	12	50	217	—	0	5	11	108
Mountain	20	56	131	1,948	2,013	—	0	31	177	347	—	1	125	763	1,411
Arizona	—	0	0	—	—	—	0	10	10	27	—	0	14	21	36
Colorado	20	23	62	780	1,075	—	0	16	77	65	—	0	60	363	272
Idaho¶	N	0	0	N	N	—	0	2	1	137	—	0	15	69	840
Montana¶	—	5	40	301	N	—	0	11	32	12	—	0	25	119	22
Nevada¶	—	0	1	1	9	—	0	1	2	34	—	0	3	7	88
New Mexico¶	—	5	37	302	314	—	0	7	30	2	—	0	6	14	3
Utah	—	15	73	546	581	—	0	7	13	56	—	0	4	15	101
Wyoming¶	—	0	11	18	34	—	0	4	12	14	—	0	34	155	49
Pacific	1	0	9	29	—	1	0	16	103	80	4	0	21	171	256
Alaska	1	0	9	29	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	1	0	15	100	74	4	0	19	157	191
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	1	3	6	—	0	3	14	62
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	3
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	6	30	146	172	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	30	467	439	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending September 22, 2007 (38th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	445	313	92	25	9	6	34
Boston, MA	116	82	20	10	4	—	6
Bridgeport, CT	29	18	8	1	2	—	4
Cambridge, MA	17	16	1	—	—	—	2
Fall River, MA	24	15	7	1	—	1	2
Hartford, CT	52	33	14	2	—	3	4
Lowell, MA	14	7	5	2	—	—	1
Lynn, MA	7	4	2	1	—	—	—
New Bedford, MA	22	19	2	1	—	—	1
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	45	35	4	3	1	2	—
Somerville, MA	7	5	2	—	—	—	—
Springfield, MA	42	24	14	4	—	—	8
Waterbury, CT	21	17	4	—	—	—	3
Worcester, MA	49	38	9	—	2	—	3
Mid. Atlantic	1,957	1,307	452	128	41	29	90
Albany, NY	47	35	9	3	—	—	1
Allentown, PA	19	17	2	—	—	—	—
Buffalo, NY	70	45	17	5	—	3	5
Camden, NJ	40	22	11	4	2	1	1
Elizabeth, NJ	20	17	3	—	—	—	1
Erie, PA	37	32	4	1	—	—	3
Jersey City, NJ	28	22	5	1	—	—	1
New York City, NY	961	635	243	62	13	8	43
Newark, NJ	26	13	7	2	2	2	2
Paterson, NJ	22	11	9	1	—	1	1
Philadelphia, PA	302	176	70	29	20	7	14
Pittsburgh, PA§	45	26	13	2	1	3	1
Reading, PA	23	20	3	—	—	—	1
Rochester, NY	119	95	17	3	2	2	7
Schenectady, NY	23	18	3	2	—	—	1
Scranton, PA	20	17	2	1	—	—	1
Syracuse, NY	88	65	15	6	—	2	2
Trenton, NJ	31	19	8	4	—	—	2
Utica, NY	20	14	5	—	1	—	2
Yonkers, NY	16	8	6	2	—	—	1
E.N. Central	2,034	1,282	502	148	58	44	137
Akron, OH	69	40	14	5	8	2	—
Canton, OH	34	27	7	—	—	—	4
Chicago, IL	335	197	87	34	11	6	24
Cincinnati, OH	97	56	21	9	6	5	12
Cleveland, OH	219	144	54	11	5	5	12
Columbus, OH	183	120	52	8	3	—	11
Dayton, OH	123	89	20	11	2	1	7
Detroit, MI	177	86	56	25	5	5	9
Evansville, IN	46	39	6	1	—	—	2
Fort Wayne, IN	61	43	14	2	1	1	6
Gary, IN	16	6	7	1	2	—	1
Grand Rapids, MI	49	31	12	3	1	2	3
Indianapolis, IN	182	113	48	11	6	4	15
Lansing, MI	65	41	13	6	2	3	4
Milwaukee, WI	103	60	28	10	3	2	4
Peoria, IL	41	29	7	—	2	3	3
Rockford, IL	55	32	17	2	1	3	7
South Bend, IN	45	29	10	5	—	1	—
Toledo, OH	87	61	22	3	—	1	8
Youngstown, OH	47	39	7	1	—	—	5
W.N. Central	660	442	143	43	16	15	40
Des Moines, IA	66	50	11	2	3	—	9
Duluth, MN	41	36	4	—	1	—	3
Kansas City, KS	20	10	6	—	2	2	1
Kansas City, MO	100	62	27	6	1	4	5
Lincoln, NE	48	36	10	2	—	—	3
Minneapolis, MN	83	59	16	6	—	2	5
Omaha, NE	101	72	17	8	3	1	6
St. Louis, MO	97	46	26	15	5	4	6
St. Paul, MN	45	32	10	2	—	1	—
Wichita, KS	59	39	16	2	1	1	2
S. Atlantic	1,208	712	314	111	45	26	52
Atlanta, GA	104	63	26	10	3	2	1
Baltimore, MD	188	91	65	24	5	3	9
Charlotte, NC	92	58	25	6	2	1	8
Jacksonville, FL	170	101	44	13	10	2	12
Miami, FL	115	69	27	13	5	1	3
Norfolk, VA	66	39	18	4	4	1	1
Richmond, VA	47	25	14	5	2	1	1
Savannah, GA	50	26	14	5	2	3	1
St. Petersburg, FL	55	37	10	5	2	1	6
Tampa, FL	178	125	32	14	3	4	7
Washington, D.C.	121	66	30	11	7	7	2
Wilmington, DE	22	12	9	1	—	—	1
E.S. Central	813	499	211	61	20	20	52
Birmingham, AL	204	119	61	12	5	5	14
Chattanooga, TN	47	30	12	5	—	—	1
Knoxville, TN	98	62	30	3	3	—	6
Lexington, KY	60	42	11	6	1	—	1
Memphis, TN	158	99	41	14	2	2	14
Mobile, AL	73	46	17	5	3	2	4
Montgomery, AL	29	14	6	5	1	3	3
Nashville, TN	144	87	33	11	5	8	9
W.S. Central	1,561	984	370	124	41	42	86
Austin, TX	100	59	23	12	3	3	4
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	61	42	11	4	1	3	7
Dallas, TX	193	119	45	16	7	6	12
El Paso, TX	107	67	25	11	2	2	1
Fort Worth, TX	121	75	32	6	1	7	13
Houston, TX	312	173	87	37	7	8	18
Little Rock, AR	88	53	25	5	3	2	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	354	231	87	19	10	7	13
Shreveport, LA	75	56	7	4	5	3	8
Tulsa, OK	150	109	28	10	2	1	8
Mountain	941	619	194	78	24	26	59
Albuquerque, NM	80	55	16	7	1	1	3
Boise, ID	42	34	5	—	—	3	1
Colorado Springs, CO	67	45	19	3	—	—	2
Denver, CO	92	54	20	13	1	4	11
Las Vegas, NV	218	142	54	11	5	6	13
Ogden, UT	28	22	2	3	1	—	3
Phoenix, AZ	166	86	40	26	11	3	10
Pueblo, CO	34	25	6	2	1	—	1
Salt Lake City, UT	131	93	19	8	3	8	9
Tucson, AZ	83	63	13	5	1	1	6
Pacific	1,227	828	277	60	43	19	85
Berkeley, CA	15	12	1	2	—	—	3
Fresno, CA	109	75	23	5	4	2	9
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	54	40	12	1	1	—	6
Long Beach, CA	U	U	U	U	U	U	U
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	23	18	2	1	1	1	3
Portland, OR	144	91	36	6	8	3	6
Sacramento, CA	174	117	40	6	9	2	17
San Diego, CA	144	106	26	4	6	2	8
San Francisco, CA	116	75	29	9	2	1	11
San Jose, CA	141	100	30	5	5	1	10
Santa Cruz, CA	23	15	8	—	—	—	2
Seattle, WA	124	71	34	12	2	5	4
Spokane, WA	66	41	16	6	2	1	3
Tacoma, WA	94	67	20	3	3	1	3
Total	10,846**	6,986	2,555	778	297	227	635

U: Unavailable. —:No reported cases.

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

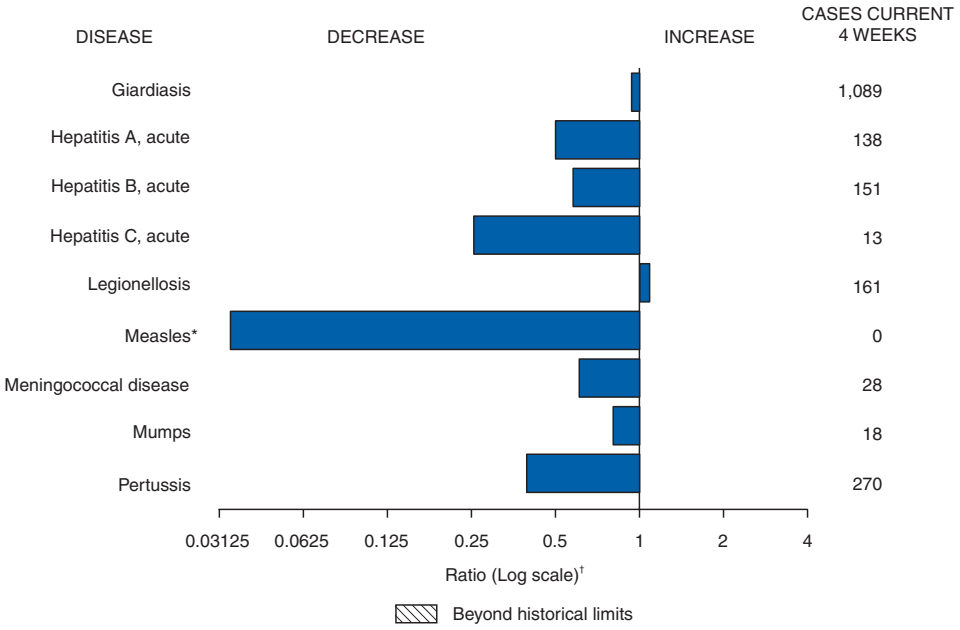
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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



* No measles cases were reported for the current 4-week period yielding a ratio for week 38 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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