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American Heart Month — February 2008

February is American Heart Month. Heart disease is the leading cause of death in the United States. Women account for 47.1% of deaths related to heart disease (*1*). In 2005, an estimated 16 million persons in the United States were living with coronary heart disease, and 8.1 million reported ever having had a myocardial infarction (i.e., heart attack) (*1*). Although the major heart attack signs and symptoms are similar for men and women, women are more likely to experience the less common symptoms and delay seeking emergency treatment. Receipt of prompt, appropriate treatment greatly increases the chance of surviving a heart attack (*2,3*).

CDC funds heart disease and stroke prevention programs in health departments in 33 states and the District of Columbia. A primary activity of these programs is conducting campaigns to increase public awareness of heart attack signs and symptoms and the importance of calling 9-1-1 when experiencing these symptoms.

Information regarding heart disease is available from the American Heart Association at http://www.americanheart.org and the National Heart, Lung, and Blood Institute at http:// www.nhlbi.nih.gov. Information regarding CDC heart disease programs is available at http://www.cdc.gov/dhdsp.

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Receipt of Outpatient Cardiac Rehabilitation Among Heart Attack Survivors — United States, 2005

Each year, approximately 865,000 persons in the United States have a myocardial infarction (i.e., heart attack) (*1*). In 2007, direct and indirect costs of heart disease were estimated at approximately $277.1 billion (*1*). Cardiac rehabilitation, an essential component of recovery care after a heart attack, focuses on cardiovascular risk reduction, promoting healthy behaviors, reducing death and disability, and promoting an active lifestyle for heart attack survivors (*2*). Current guidelines from the American Heart Association (AHA) and the American Association of Cardiovascular and Pulmonary Rehabilitation emphasize the importance of cardiac rehabilitation (*2,3*), which reduces morbidity and mortality, improves clinical outcomes, enhances psychological recovery, and decreases the risk for secondary cardiac events (*3*). To estimate the prevalence of receipt of outpatient cardiac rehabilitation among heart attack survivors in 21 states* and the District of Columbia (DC), data from the 2005 Behavioral Risk Factor Surveillance System (BRFSS) were assessed. The results of that assessment indicated that 34.7% of BRFSS respondents who had experienced a heart attack participated in outpatient cardiac rehabilitation. Outpatient cardiac

* Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, Utah, Virginia, and West Virginia.

INSIDE

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rehabilitation for eligible patients[†] after a heart attack is an essential component of care that should be incorporated into treatment plans. Increasing the number of persons who participate in cardiac rehabilitation services also can reduce health-care costs for recurrent events and reduce the burden on families and caregivers of patients with serious sequelae (*5*).

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. Data collected by BRFSS include age, sex, race/ethnicity, marital status, educational level, employment status, household income, health-insurance coverage, assigned metropolitan statistical area (MSA) (i.e., containing a core urban area with a population ≥50,000), and state of residence. In 2005, a total of 129,416 persons in 21 states and DC responded to questions regarding history of heart attack and receipt of cardiac rehabilitation. Participants were asked, "Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?" If the answer was "yes," the participants were asked, "After you left the hospital following your heart attack, did you go to any kind of outpatient rehabilitation?" Participants who refused to answer the question or who responded "don't know/not sure" were coded as missing. The median response rate (i.e., the percentage of persons who completed interviews among all BRFSS-eligible persons, including those who were not successfully contacted) among the 21 states and DC, based on Council of American Survey and Research Organizations (CASRO) guidelines, was 51.6% (range: 34.6%–66.7%). The median cooperation rate (i.e., the percentage of persons who completed interviews among all BRFSS-eligible persons who were contacted) was 74.3% (range: 63.2%–85.3%). The median response rate among all states in the 2005 BRFSS was 51.1% (range: 34.6%–67.4%).

Aggregate and state-specific prevalence estimates and 95% confidence intervals (CIs) for history of heart attack and receipt of outpatient cardiac rehabilitation among heart attack survivors were determined. Prevalence estimates of outpatient cardiac rehabilitation also were determined for selected characteristics defined by age, sex, race/ethnicity, marital status, education level, employment status, annual household income level, health-insurance coverage, and MSA. Logistic regression was used to assess the odds of receiving cardiac rehabilitation for each of the selected characteristics independently, after adjusting for age. Data were

[†] Persons with a primary diagnosis of heart attack within the previous year and no absolute contraindications to exercise or other high-risk medical conditions (*4*). BRFSS does not assess whether patients who answered the question on cardiac rehabilitation were eligible to receive rehabilitation.

weighted to reflect each state's population, taking into account the probability of selection of a telephone number, the number of adults in a household, the number of telephone numbers in a household, and combinations of age, sex, and race/ethnicity (*6*). Data for Kansas were based on a split sample (i.e., only a portion of the state sample respondents were asked questions from the optional module), and appropriate weights were used in all calculations. All prevalence estimates have a denominator ≥50 and a relative standard error <30% to ensure reliability of estimates (*7*).

Among 129,416 survey respondents in 21 states and DC, 7,230 (4.2%; CI = 4.0%–4.3%) reported ever having had a heart attack (Table 1); prevalence ranged from 2.6% in Utah to 6.9% in West Virginia. Of these, 6,819 responded to the question regarding cardiac rehabilitation receipt; 2,219 (34.7%; CI = 32.8%–36.6%) had received outpatient cardiac rehabilitation services, ranging from 22.6% in DC to 59.1% in Nebraska. The prevalence of cardiac rehabilitation receipt among heart attack survivors aged <50 years was 25.3% and for older age groups ranged from 35.5% to 37.0% (Table 2). The age-adjusted prevalence of receipt of cardiac rehabilitation was higher among men than women (adjusted odds ratio [AOR] = 1.8; CI = 1.5–2.1), and Hispanics had a higher prevalence of cardiac rehabilitation receipt than non-Hispanic whites (AOR = 1.9; CI = 1.1–3.3). Heart attack survivors who were married had a higher prevalence of cardiac rehabilitation receipt than unmarried persons (AOR = 1.3; CI = 1.1–1.5).

The prevalence of cardiac rehabilitation receipt among heart attack survivors increased with increasing levels of education. For example, compared with heart attack survivors who had less than a high school education, receipt of cardiac rehabilitation was higher among those with some college education (AOR = 1.8; CI = 1.3–2.3) and those with a college education or more (AOR = 2.1; CI = 1.6–2.8). Heart attack survivors with higher levels of annual household income had a higher prevalence of cardiac rehabilitation receipt. For example, compared with persons with an income <$15,000, receipt of cardiac rehabilitation was higher among those with an income of $25,000–$49,000 (AOR = 1.5, CI = 1.2–2.0), an income of $50,000–$74,999 (AOR = 1.6, CI = 1.1–2.3), and an income ≥$75,000 (AOR = 2.1, CI = 1.4–3.0). Adults living outside of an MSA had a lower prevalence of cardiac rehabilitation receipt than those living in the center city of an MSA (AOR = 0.7; CI = 0.6–0.9). The prevalence of receipt of

TABLE 1. Prevalence of heart attack and receipt of cardiac rehabilitation, by state — Behavioral Risk Factor Surveillance System, 21 states* and the District of Columbia, 2005

Characteristic	Total sample size	Ever had a heart attack			Received cardiac rehabilitation		
		No.	(%)†	(95% CI§)	No.	(%)¶	(95% CI)
Total	**129,416**	**7,230**	**(4.2)**	**(4.0–4.3)**	**2,219**	**(34.7)**	**(32.8–36.6)**
State/Area							
Alabama	3,163	206	(5.4)	(4.6–6.3)	51	(25.5)	(19.3–33.0)
Arkansas	5,197	318	(5.1)	(4.5–5.7)	73	(24.2)	(19.3–29.9)
Connecticut	5,132	234	(3.4)	(2.9–3.9)	99	(46.5)	(38.6–54.5)
District of Columbia	3,662	110	(2.8)	(2.2–3.5)	27	(22.6)	(14.7–33.1)
Georgia	5,992	310	(3.7)	(3.2–4.3)	69	(28.3)	(21.7–36.1)
Kansas	4,270	220	(4.1)	(3.5–4.7)	60	(29.3)	(22.9–36.6)
Kentucky	6,584	508	(6.1)	(5.4–6.9)	121	(28.2)	(22.9–34.1)
Louisiana	2,919	147	(4.6)	(3.8–5.5)	51	(38.8)	(30.2–48.2)
Maine	3,899	200	(4.6)	(4.0–5.4)	76	(41.5)	(33.8–49.7)
Minnesota	2,816	127	(3.2)	(2.7–3.9)	61	(46.9)	(37.5–56.6)
Mississippi	4,395	287	(5.2)	(4.5–6.0)	62	(24.2)	(18.3–31.4)
Montana	4,911	245	(3.8)	(3.3–4.4)	72	(34.0)	(26.8–42.1)
Nebraska	8,235	447	(3.9)	(3.5–4.4)	228	(59.1)	(53.2–64.8)
New Jersey	13,342	666	(3.8)	(3.5–4.3)	245	(37.6)	(32.6–43.0)
New York	7,614	330	(3.5)	(3.0–4.0)	126	(42.3)	(35.6–49.4)
North Dakota	3,947	188	(4.4)	(3.7–5.1)	84	(50.2)	(42.3–58.1)
Ohio	7,405	433	(4.5)	(3.9–5.2)	133	(37.8)	(30.5–45.7)
Oklahoma	13,568	1,048	(5.3)	(4.8–5.9)	214	(23.2)	(18.7–28.4)
South Carolina	8,319	455	(4.5)	(4.1–5.0)	152	(35.5)	(30.4–40.9)
Utah	5,090	188	(2.6)	(2.2–3.1)	54	(29.7)	(22.4–38.3)
Virginia	5,423	284	(4.0)	(3.4–4.6)	88	(32.1)	(25.5–39.6)
West Virginia	3,533	279	(6.9)	(6.1–7.9)	73	(24.9)	(19.8–30.8)

* Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, Utah, Virginia, and West Virginia.
† Percentages weighted according to state population estimates.
§ Confidence interval.
¶ Based on 6,819 respondents.

TABLE 2. Characteristics associated with receipt of cardiac rehabilitation among heart attack survivors — Behavioral Risk Factor Surveillance System, 21 states* and the District of Columbia, 2005

Characteristic	Total sample size	Received cardiac rehabilitation				
		No.	(%)†	(95% CI§)	AOR¶	(95% CI)
Total	**6,819**	**2,219**	**(34.7)**	**(32.8–36.6)**	—	—
Sex						
Men	3,630	1,385	(39.3)	(36.7–41.9)	1.8	(1.5–2.1)
Women	3,189	834	(27.2)	(24.7–29.8)	1.0	—
Age group (yrs)						
18–49	688	177	(25.3)	(20.4–30.9)	1.0	—
50–64	2,130	676	(35.5)	(32.0–39.1)	1.6	(1.2–2.2)
65–79	2,886	976	(37.0)	(34.2–40.0)	1.7	(1.3–2.4)
≥80	1,115	390	(35.8)	(31.4–40.5)	1.7	(1.2–2.3)
Race/Ethnicity						
White, non-Hispanic	5,524	1,847	(34.3)	(32.4–36.4)	1.0	—
Black, non-Hispanic	565	151	(32.8)	(26.8–39.5)	1.0	(0.7–1.4)
Hispanic	169	68	(48.2)	(34.6–62.0)	1.9	(1.1–3.3)
Other	464	124	(31.8)	(24.4–40.1)	0.9	(0.6–1.3)
Marital status						
Unmarried	3,497	1,017	(31.6)	(28.8–34.6)	1.0	—
Married	3,314	1,200	(36.7)	(34.2–39.3)	1.3	(1.1–1.5)
Education						
Less than high school diploma	1,569	356	(26.6)	(22.8–30.9)	1.0	—
High school diploma	2,542	802	(32.5)	(29.6–35.5)	1.3	(1.0–1.7)
Some college	1,498	535	(38.6)	(34.3–43.0)	1.8	(1.3–2.3)
College diploma or more	1,190	520	(43.8)	(39.5–48.2)	2.1	(1.6–2.8)
Employment status						
Unemployed	1,580	429	(31.0)	(27.1–35.1)	0.9	(0.7–1.2)
Employed or student	1,790	567	(32.2)	(28.8–35.8)	1.0	—
Retired	3,437	1,221	(37.9)	(35.2–40.6)	1.2	(0.9–1.5)
Annual household income						
<$15,000	1,605	430	(28.4)	(23.9–33.3)	1.0	—
$15,000–$24,999	1,569	468	(32.8)	(29.0–36.8)	1.2	(0.9–1.6)
$25,000–$49,999	1,585	588	(38.0)	(34.3–41.8)	1.5	(1.2–2.0)
$50,000–$74,999	495	196	(38.5)	(32.2–45.2)	1.6	(1.1–2.3)
≥$75,000	464	212	(44.4)	(38.0–51.0)	2.1	(1.4–3.0)
Health-insurance coverage						
No	606	154	(25.7)	(20.0–32.3)	1.0	—
Yes	6,198	2,061	(35.6)	(33.7–37.7)	1.4	(1.0–2.0)
Metropolitan statistical area (MSA)**						
Non-MSA	2,979	873	(30.3)	(27.4–33.3)	0.7	(0.6–0.9)
MSA but not center city	2,169	729	(35.3)	(32.3–38.4)	0.9	(0.7–1.1)
Center city of an MSA	1,671	617	(38.1)	(34.3–41.9)	1.0	—

* Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, Utah, Virginia, and West Virginia.
† Percentages weighted according to state population estimates (variables included in weights are the probability of selection of a telephone number, the number of adults in a household, the number of telephone numbers in a household, and combinations of age, sex, and race/ethnicity).
§ Confidence interval.
¶ Adjusted odds ratio, calculated using logistic regression; adjusted for age groups.
** An MSA contains a core urban area with a population ≥50,000.

outpatient cardiac rehabilitation did not vary significantly by employment status or health-insurance coverage.

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Editorial Note: Heart disease is the leading cause of death among U.S. men and women and is a cause of substantial morbidity and mortality (*1*). Compared with the general population, survivors of a heart attack have a higher incidence of sudden death and illness, including another heart attack, angina, heart failure, and stroke (*1*). Cardiac rehabilitation improves patient outcomes and quality of life after a heart attack (*3*) by providing a multidisciplinary approach to reducing cardiovascular risk and preventing secondary cardiac events and serious sequelae. Cardiac rehabilitation focuses not only on medically supervised exercise but also on other essential elements, including patient evaluation, lifestyle modification, physical activity counseling, nutritional counseling, psychosocial counseling

or referral, and risk factor management, including cholesterol level, blood pressure, weight, diabetes, and smoking (*2*).

The findings in this report indicate that 34.7% of heart attack survivors receive cardiac rehabilitation, which is consistent with previous studies indicating that approximately one third of heart attack survivors receive cardiac rehabilitation services (*1,3,4,8*). Low rates might be explained by the high overall cost of services and out-of-pocket costs for outpatient services, lack of access to services (e.g., in rural areas), lack of social support (e.g., from spouse or other caregiver), patient anxiety, travel time and time off from work for attending rehabilitation sessions, patients' lack of knowledge regarding the benefits of rehabilitation services, and lack of patient motivation. (This report did not demonstrate any significant differences in cardiac rehabilitation receipt by health-insurance status.) In addition, physicians might not be aware of the importance of cardiac rehabilitation for patients after a heart attack and therefore might not refer patients to rehabilitation services. Although physicians might be able to provide certain services that normally would be provided in cardiac rehabilitation (e.g., counseling and risk factor management), physicians do not routinely provide the supervised exercise training that is a core component of cardiac rehabilitation.

The findings from this study indicate that Hispanics had a higher prevalence of receipt of cardiac rehabilitation services than non-Hispanic whites; however, another study that assessed referrals to cardiac rehabilitation found that Hispanics were less likely to be referred than non-Hispanic whites (*9*). These disparate findings might be explained by the different focus of each study; the patterns for participation in and referrals to rehabilitation might be different. The finding that adults living in the center city of an MSA had a higher prevalence of cardiac rehabilitation receipt than those living outside an MSA might reflect lack of access to rehabilitation services outside MSA locations. Consistent with a previous study that demonstrated that women are less likely to participate in rehabilitation than men (*1*), the results of this study indicated that men had a higher prevalence of participation in cardiac rehabilitation services after heart attack than women; the reasons for this difference are unclear.

The 2001 BRFSS report on receipt of cardiac rehabilitation services, published in 2003 (*8*), found that 29.5% of respondents who had experienced a heart attack had received cardiac rehabilitation services; however, that study did not present state-specific prevalence estimates or consider racial/ethnic variations because of low numbers of respondents for the question regarding cardiac rehabilitation receipt. The 2005 BRFSS had more respondents and provided prevalence estimates. The results suggest that states might be more interested in collecting this optional information so that they can better evaluate measures to reduce morbidity associated with heart attacks.

The findings in this report are subject to at least six limitations. First, BRFSS data are based on self-reported information and are subject to recall bias, which might have affected prevalence estimates of participation in cardiac rehabilitation. Second, the BRFSS cardiac rehabilitation question only asks about receipt of outpatient cardiac rehabilitation among those who were treated in a hospital. The results do not provide information on the combined inpatient and outpatient rehabilitation services received by heart attack survivors. Third, BRFSS does not determine whether a respondent was eligible for rehabilitation services; certain respondents who did not participate likely were not eligible to participate. Fourth, BRFSS does not quantify the length of time that a respondent participated in rehabilitation services; the estimates of persons who received cardiac rehabilitation services likely include persons who did not complete the prescribed rehabilitation regimen. Fifth, because only 21 states and DC administered the optional module, the results might not be representative of the entire U.S. population. Finally, although the BRFSS response rate was low (51.6%), BRFSS data have consistently been found to provide valid and reliable estimates when compared with national U.S. household surveys (*10*).

Rehabilitation facilities should follow the most recently published guidelines and use performance measures to monitor referral and delivery of cardiac rehabilitation services (*4*). Automatic referral (i.e., providing standing orders for rehabilitation-services referrals for all eligible patients based on current guidelines) is one practice being evaluated by certain facilities, particularly those in Europe, to determine whether this might increase the use of services.

Heart attack survivors who are eligible for rehabilitation should be educated regarding the importance, components, and beneficial effects of cardiac rehabilitation. Many state health departments support AHA's Get with the Guidelines: Coronary Artery Disease, which addresses cardiac rehabilitation referral and physical activity recommendations. In addition, heart disease and stroke prevention programs in three states (Arizona, Montana, and Wisconsin) are initiating newly funded measures (e.g., educating the public about rehabilitation services, increasing rates of physician referral after hospital discharge, and creating a statewide outpatient cardiac rehabilitation registry to collect outcomes on heart attack survivors) to improve statewide

cardiac rehabilitation referral systems, quality of care, and patient education.

Programs and policies directed at increasing the number of patients who are referred to and participate in cardiac rehabilitation need to be strengthened. Future research should focus on identifying barriers to cardiac rehabilitation participation and interventions to improve referral and receipt of outpatient rehabilitation services.

Acknowledgment

The findings in this report are based, in part, on data provided by BRFSS state coordinators.

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Workplace-Based Investigation of Contacts of a Patient with Highly Infectious Tuberculosis — Maryland, District of Columbia, and Virginia, 2006

In late April 2006, the Maryland Department of Health and Mental Hygiene (DHMH) was notified by a local health department of a case of pulmonary tuberculosis (TB) in a patient with cavitary lung lesions and numerous acid-fast bacilli (AFB) observed on a sputum smear.* The patient worked for an office furniture installation company at multiple sites in Maryland, the District of Columbia (DC), and Virginia. An investigation was conducted to 1) determine the extent of TB transmission, including identifying and screening the exposed cohort of contacts, and 2) provide treatment, if indicated, to contacts with latent TB infection (LTBI) or TB disease. This report describes the multijurisdictional contact investigation and summarizes its results. The findings underscore the importance of prompt diagnosis of TB, the value of interjurisdictional cooperation during large contact investigations, and the effectiveness of workplace-based methods for rapidly identifying and screening contacts.

The patient, a U.S.-born man aged 46 years, visited the emergency department of a local hospital (hospital A) in late April 2006, with longstanding cough, shortness of breath, and weight loss. Because TB was suspected, he was admitted to an airborne-infection isolation room and administered anti-TB therapy. Chest radiography and computed tomography revealed extensive bilateral upper and lower lobe infiltrates with cavitation. A sputum smear was positive for AFB. Hospital A reported the TB case to the local health department. After a 3-day hospital stay, the patient was discharged to home isolation. Follow-up care, including directly observed therapy, was coordinated by the local health department. The DHMH public health laboratory identified the AFB as *Mycobacterium tuberculosis* using the Amplified MTD® (*M. tuberculosis* Direct) test (Gen-Probe, San Diego, California). The AFB were confirmed by culture to be *M. tuberculosis* that were sensitive to all first-line anti-TB drugs.

* The patient's sputum-smear grade was 4+.

Investigators determined that approximately 1 year before admission to hospital A, in late May 2005, the patient had visited the emergency department of another local hospital (hospital B), complaining of abdominal pain. Chest radiography performed at that time revealed upper lobe infiltrates, and the patient was prescribed a 5-day course of Zithromax® (azithromycin) for community-acquired pneumonia. The patient did not visit a health-care provider subsequently for any symptoms until visiting hospital A in April 2006.

For investigation of cases of TB in patients with TB symptoms and sputum that is smear-positive for AFB, the National TB Controllers Association (NTCA) and CDC recommend setting the beginning of the infectious period at 3 months before symptom onset, or at the first positive finding consistent with TB disease, whichever is earlier (*1*). The patient was a smoker with a chronic cough, which made distinguishing the onset of a TB-associated cough difficult. Because the patient potentially had undocumented TB-associated cough at the time he visited hospital B in May 2005, the start of the infectious period was considered to be 3 months before potential symptom onset (i.e., February 2005). Thus, the infectious period for this investigation was defined as the approximately 15 months from February 1, 2005, through late April 2006.

Contacts of the patient were identified and assigned to priority groups based on NTCA/CDC recommendations (*1*). According to these recommendations, household contacts, contacts with exposure in congregate settings, and contacts whose exposure exceeds duration/environment limits set by state or local health departments should be categorized as high priority[†] (Table 1). Accordingly, for this patient, household contacts, close social contacts, and close workplace contacts, including coworkers who traveled to job sites in vans with him, were categorized as high priority, whereas other family and social contacts with less duration of exposure and in more open environments were categorized as medium priority.[§] Persons whose only contact with the patient was at job sites where the patient worked installing furniture were classified as low priority[¶] because they likely had limited or no exposure.

High-priority household, social, and workplace contacts of the patient were identified and evaluated within 7 business days of identification of the patient, as recommended by NTCA/CDC (*1*). Evaluation of contacts for TB includes ascertainment of prior positive tuberculin skin test (TST) status and skin testing of those with no prior positive TST result. Contacts with positive TST results were evaluated further for TB disease with chest radiography. Sputum was collected for AFB smear if any TB symptoms (e.g., cough, fever, weight loss, night sweats, bloody sputum, or malaise) were present. According to NTCA/CDC, sputum also should be collected from contacts whose chest radiographs are suggestive of TB disease (*1*); however, in this investigation, no contacts had abnormal chest radiographs. All contacts with positive TST results who did not have TB disease, including contacts with prior positive TST results who had no history of treatment for LTBI, were offered treatment for LTBI.

Seven high-priority household and social contacts were identified and evaluated for TB in accordance with NTCA/CDC recommendations. Six of the seven contacts were screened with a TST; one was excluded because he was known to have had a positive TST result before contact with the patient. All six contacts had a positive TST (defined as induration ≥5 mm) (Table 2). Three of these contacts were male. None of the six contacts were foreign born.

[†] Per DHMH guidelines, contacts meeting the following duration/environment limits should be categorized as high priority: ≥8 hours in a small, poorly ventilated space; ≥16 hours in a small, well-ventilated space; ≥24 hours in a classroom-sized space; or ≥100 hours in a large, open space.

[§] Per DHMH guidelines, contacts not meeting the requirements for the high-priority category and meeting the following exposure duration/environment limits should be categorized as medium priority: ≥4 hours in a small space; ≥8 hours in a classroom-sized space; or ≥50 hours in a large, open space.

[¶] Per DHMH guidelines, contacts with exposure below the duration/environment threshold for medium priority should be categorized as low priority.

TABLE 1. Prioritization of contacts of pulmonary tuberculosis patients with cavitary lesions or sputum that is smear-positive for acid-fast bacilli, by contact characteristics, during a multijurisdictional contact investigation — Maryland, District of Columbia, and Virginia, 2006

Priority level	Contact characteristic (one or more of the following)
High priority	Household contact; aged <5 years; positive for human immunodeficiency virus; exposure during medical procedure or in a congregate setting; exposure exceeding duration/environment threshold for high-priority contacts
Medium priority	Aged 5–15 years; exposure exceeding duration/environment threshold for medium-priority contacts but below threshold for high-priority contacts
Low priority	Exposure below duration/environment threshold for medium-priority contacts

SOURCE: CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis. Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR 2005;54(No. RR-15):12.

To locate workplace contacts, the patient's employer was contacted. The employer provided a list of approximately 500 employees who worked at the company, including their hire and termination dates. From this list, 79 employees were identified as high priority because they potentially traveled in vans with the patient to job sites during the 15-month period during which the patient was potentially infectious. Cooperation of the employer and coordination between the health department for the jurisdiction in which the patient resided and the health department for the jurisdiction in which the employer was based allowed for on-site evaluation and skin testing of workplace contacts within a few days. Because the NCTA/CDC guidelines emphasize that TST results might not be positive until at least 8–10 weeks after infection occurs (*1*), a second round of testing was conducted at the same location 10 weeks after the initial screening for contacts with negative TST results who had had exposure to the patient within the preceding 10 weeks.

Of the 79 high-priority contacts identified at the workplace, 58 (73%) were contacted and evaluated within 1 week after being identified as contacts (Table 2). Four had prior positive TST results and had received treatment for LTBI before contact with the patient. Oral reports were verified with medical record documentation. The remaining 54 workplace contacts had either unknown or negative past TST status and were administered TSTs at the workplace. Twenty-one (39%) had positive TST results. Three (14%) of the 21 TST-positive workplace contacts were foreign born, compared with one (3%) of the 33 TST-negative workplace contacts. Six (29%) contacts, one of whom was foreign born, were identified as "converters" (i.e., persons who had a negative TST result during first-round testing and a positive TST result during second-round testing), suggesting recent transmission.

TABLE 2. Number and percentage of contacts who received a tuberculin skin test (TST), a diagnosis of latent tuberculosis infection (LTBI), and treatment for LTBI, by priority level/type of contact, during a multijurisdictional contact investigation — Maryland, District of Columbia, and Virginia, 2006

Priority level/ Type of contact	Received TST		Received LTBI diagnosis		Received LTBI treatment	
	No.	(%)	No.	(%)	No.	(%)
High priority						
Household and close social contacts (n = 7)	6*	(100)	6	(100)	6	(100)
Workplace van-sharing contacts (n = 79)	54†	(72)	21	(39)	13	(62)
Medium priority						
Extended family and friends (n = 8)	7§	(100)	1	(14)	1	(100)
Low priority						
Other workplace contacts (37 job sites) (n = 193)	143	(74)	21	(15)	7	(33)

* Although seven contacts were evaluated, only six were tested because one had a documented positive TST result before contact with the patient.
† Although 58 contacts were evaluated, only 54 were tested because four had documented positive TST results before contact with the patient.
§ Although eight contacts were evaluated, only seven were tested because one had a documented positive TST result before contact with the patient.

According to the NCTA/CDC guidelines, the decision to expand a contact investigation should be based on 1) the extent to which high- and medium-priority contacts have been identified and tested and 2) the extent of recent transmission. In response to the unexpectedly high rate of infection in high-priority contacts (39%, which was more than twice the 8%–10% estimated background rate in this urban Maryland population) and the high proportion of high-priority contacts who were converters, the investigation was expanded to include potential low-priority contacts who had exposure at one or more of the 37 job sites where the patient installed furniture in Maryland, DC, and Virginia during the 15-month infectious period (*1*). One job included several overnight stays at a hotel; therefore, contacts at the hotel and a nearby bar also were included. To manage the multijurisdictional contact investigation, TB-control staff from all affected jurisdictions participated in a series of weekly conference calls.

A total of 193 low-priority contacts associated with the 37 job sites in Maryland, DC, and Virginia were identified. Of these 193 contacts, 143 were located and administered a TST (Table 2). Twenty-one (15%) of 143 contacts had a positive TST result, a rate above the estimated background rate of infection of 8%–10% for Maryland, DC, and Virginia.

Overall, contacts related to the patient's workplace and job sites constituted the majority of all identified contacts (95% [272 of 287 contacts]). No cases of TB disease were identified. Twenty (71%) of 28 medium- and high-priority contacts with LTBI agreed to begin treatment for LTBI, including all seven household, close social, and extended family TST-positive contacts and 13 (62%) of 21 TST-positive close workplace contacts. Although follow-up data were not complete, approximately 33% of low-priority contacts with LTBI agreed to begin treatment.

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Editorial Note: When a patient with TB disease is identified, contact investigations are conducted to interrupt further transmission of TB by actively finding and treating additional persons with infectious TB disease. Contact investigations also help prevent future cases of TB disease by identifying and treating persons infected by the patient. In the United States, an average of 10–20 contacts are identified for each person with TB disease (*2–4*). Approximately 20%–30% of contacts have LTBI, and 1% have TB disease (*2*). Of the contacts with LTBI who progress to TB disease, approximately one half will have onset of TB disease within the first year after exposure (*5,6*).

The NTCA/CDC guidelines suggest prioritization of contacts based on three main criteria: degree of infectiousness of the patient, age and immune status of contacts, and intensity and duration of exposure (*1*). Infectiousness is highest in patients with sputum that is smear-positive for AFB or those with cavitary lesions on a chest radiograph. Thus, contacts of pulmonary TB patients with positive sputum smears and cavitary lesions, such as the patient described in this report, are assigned the highest priority. Contacts aged <5 years and those with weakened immune systems because of human immunodeficiency virus infection or immunosuppressive drugs also are assigned the highest priority. None of the contacts of the patient described in this report were young children, and none were known to have compromised immune systems. Contacts with exposure in congregate settings or with exposure duration greater than the limits established by state or local health departments for high-priority contacts (e.g., the household, close social, and workplace contacts in this investigation) also are assigned the highest priority (*1*).

A 2003 meta-analysis indicated that the mean prevalence of LTBI among workplace contacts of patients with TB disease was approximately 29% (range: 16%–51%) (*7*). The 39% rate of infection observed among close workplace contacts in this investigation is consistent with these prevalences. Exposure in small, enclosed spaces with poor ventilation, such as the vans in which the patient and his coworkers rode, are associated with greater transmission. Previous studies have demonstrated that workplace risk factors include carpooling with a person with TB disease and working on the same or subsequent shift as such a person (*8*).

The high proportion (29%) of converters among TST-positive workplace contacts in this investigation suggests recent transmission. This finding is consistent with the patient becoming more infectious as his TB disease progressed over time, evidenced by the high AFB load detected in his sputum at the time of diagnosis.

The findings in this report illustrate the usefulness of contact prioritization in TB investigations. A TB-infection rate of 42% (28 of 67 contacts) among high- and medium-priority contacts, compared with 15% (21 of 143 contacts) among low-priority contacts, demonstrates that the strategy used to identify and prioritize contacts effectively targeted those with the highest risk for infection.

The findings in this report are subject to at least three limitations. First, accurately quantifying varying levels of exposure, especially among workplace contacts, was not possible. Beyond identifying persons who worked in contact with the patient and rode together in vans with him, calculating the total hours of exposure was not possible. Second, baseline TST information for most contacts identified in this investigation was lacking, thus limiting the ability to definitively attribute a high proportion of LTBI to the patient. However, a high percentage of U.S.-born TST-positive patients suggests recent transmission was likely. Finally, obtaining exact information on contacts from the patient was challenging because of recall bias resulting from the substantial length of time that the patient worked while potentially infectious.

This investigation demonstrated that the workplace, which served as the main source of information about the majority of contacts, can be an effective starting place for obtaining a history of patient contacts. In this investigation, a substantial proportion of contacts was identified and screened through the patient's workplace. The investigation also made effective use of interjurisdictional relationships among state and local health departments in the national capital region. Contact investigations are one of the mainstays of TB-prevention measures because they enable identification and treatment of persons with TB. In an era of limited public health resources, prioritization of contacts for testing can be essential.

Acknowledgments

The findings in this report are based, in part, on contributions by M Davenport, Maryland Dept of Health and Mental Hygiene; and J Blair, PhD, and K Ijaz, MD, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

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Notice to Readers

Updated Guidelines on Managing Drug Interactions in the Treatment of HIV-Related Tuberculosis

Guidelines for managing pharmacologic interactions that can result when patients receive antiretroviral drugs for treatment of human immunodeficiency virus (HIV) infection together with rifamycins for treatment of tuberculosis have been published previously (*1*–*3*). Updated guidelines, with recommendations from CDC and its partners, are now available at http://www.cdc.gov/tb/tb_hiv_drugs/default.htm.

The updated guidelines include recommendations for use of newer antiretroviral drugs, including those in new classes, such as CCR5 receptor antagonists and integrase inhibitors. The new guidelines provide additional recommendations regarding use of rifampin with antiretroviral therapy; these recommendations are critical in regions where rifabutin is unavailable. Changes from previous versions of these guidelines include 1) summaries of clinical experience with use of specific antiretroviral regimens during tuberculosis treatment (in addition to pharmacokinetic data), 2) a table summarizing clinical experience with key antiretroviral regimens and providing recommended regimens, and 3) sections on treatment for special populations (i.e., young children, pregnant women, and patients with drug-resistant tuberculosis). The online guidelines will be updated periodically to provide clinicians with the latest information.

References

1. CDC. Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. MMWR 1998;47(No. RR-20).
2. CDC. Updated guidelines for the use of rifabutin or rifampin for the treatment and prevention of tuberculosis among HIV-infected patients taking protease inhibitors or nonnucleoside reverse transcriptase inhibitors. MMWR 2000;49:185–9.
3. CDC. Updated guidelines for the use of rifamycins for the treatment of tuberculosis among HIV-infected patients taking protease inhibitors or nonnucleoside reverse transcriptase inhibitors. MMWR 2004;53:37.

Notice to Readers

National Black HIV/AIDS Awareness Day — February 7, 2008

February 7 is National Black HIV/AIDS Awareness Day, which was established to encourage more blacks to be tested for human immunodeficiency virus (HIV) and to educate the black community regarding the importance of HIV prevention, early detection, and treatment. Although blacks represent only 13% of the U.S. population (*1*), they are the racial/ethnic group most affected by HIV, accounting for 49% of new HIV diagnoses and 50% of new diagnoses of acquired immunodeficiency syndrome (AIDS) (*2*).

In March 2007, CDC launched A Heightened National Response to the HIV/AIDS Crisis among African Americans, with the goal of working with community partners to intensify HIV-prevention measures by 1) expanding the reach of prevention programs; 2) increasing opportunities for HIV testing, including encouraging more blacks to know their HIV serostatus; 3) developing effective prevention strategies; and 4) mobilizing broader community action. Additional information is available at http://www.cdc.gov/hiv/topics/aa/resources/reports/heightendresponse.htm.

References

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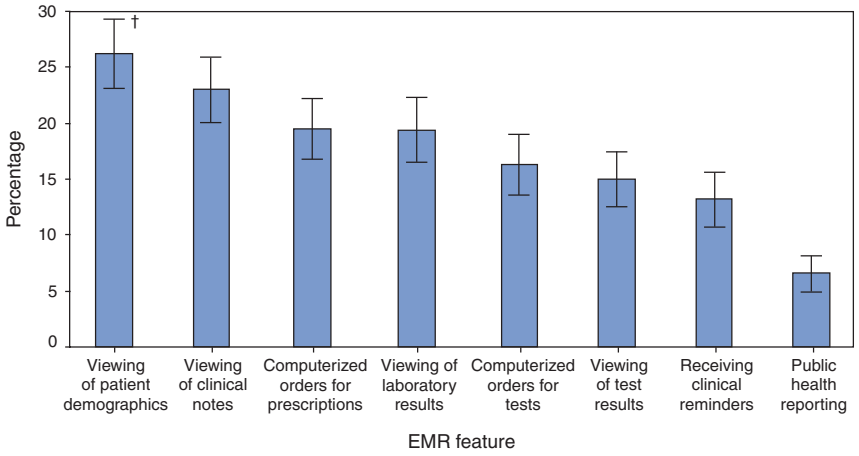
2. CDC. HIV/AIDS surveillance report, 2005. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/2005surveillancereport.pdf.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage of Office-Based Physicians Using Selected Electronic Medical Record (EMR) Features* — National Ambulatory Medical Care Survey, United States, 2006



* Weighted estimates based on responses from 1,311 office-based physicians, excluding radiologists, anesthesiologists, and pathologists.
† 95% confidence interval.

In 2006, approximately 29.2% of office-based physicians reported that they used an EMR system, and use of specific EMR features varied substantially. EMR features providing clinical reminders for guideline-based interventions or screening tests (13.1%) and public health reporting (6.6%) were used less than other features. Only 12.4% of physicians used EMR systems with all four of the features considered necessary for a minimally functional system (i.e., systems allowing for computerized orders for prescriptions, computerized orders for tests, electronic viewing of test results, and electronic viewing of clinical notes).

SOURCE: Hing E, Burt CW, Woodwell DA. Electronic medical record use by office-based physicians and their practices: United States, 2006. Advance data from vital and health statistics; no. 393. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2007. Available at http:///www.cdc.gov/nchs/data/ad/ad393.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 26, 2008 (4th Week)*

Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years 2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Anthrax	—	—	—	—	1	—	—	—	
Botulism:									
foodborne	—	1	0	19	20	19	16	20	
infant	—	3	1	82	97	85	87	76	
other (wound & unspecified)	—	—	1	24	48	31	30	33	
Brucellosis	—	1	2	123	121	120	114	104	
Chancroid	—	3	0	33	33	17	30	54	
Cholera	—	—	0	7	9	8	6	2	
Cyclosporiasis§	—	2	1	94	137	543	160	75	
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	—	44	67	80	112	108	
eastern equine	—	—	—	4	8	21	6	14	
Powassan	—	—	—	1	1	1	1	—	
St. Louis	—	—	0	7	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§:									
Ehrlichia chaffeensis	—	—	—	N	N	N	N	N	
Ehrlichia ewingii	—	—	—	N	N	N	N	N	
Anaplasma phagocytophilum	—	—	—	N	N	N	N	N	
undetermined	—	—	—	N	N	N	N	N	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	—	1	21	29	9	19	32	
nonserotype b	1	6	2	161	175	135	135	117	MD (1)
unknown serotype	2	17	4	190	179	217	177	227	PA (1), FL (1)
Hansen disease§	—	1	1	63	66	87	105	95	
Hantavirus pulmonary syndrome§	—	—	0	39	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	—	3	1	247	288	221	200	178	
Hepatitis C viral, acute	3	24	15	755	766	652	720	1,102	PA (1), MO (2)
HIV infection, pediatric (age <13 yrs)††	—	—	3	—	—	380	436	504	
Influenza-associated pediatric mortality§,§§	—	—	1	76	43	45	—	N	
Listeriosis	5	21	9	754	884	896	753	696	PA (2), MN (1), SC (1), FL (1)
Measles¶¶	—	—	0	35	55	66	37	56	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	—	—	6	272	318	297	—	—	
serogroup B	—	—	3	135	193	156	—	—	
other serogroup	—	—	1	31	32	27	—	—	
unknown serogroup	—	—	17	576	651	765	—	—	
Mumps	4	24	7	745	6,584	314	258	231	PA (1), OH (1), MI (1), NC (1)
Novel influenza A virus infections	—	—	—	4	N	N	N	N	
Plague	—	—	—	6	17	8	3	1	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Poliovirus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	—	0	11	21	16	12	12	
Q fever§:									
acute	—	—	—	—	—	—	—	—	
chronic	—	—	—	—	—	—	—	—	
Rabies, human	—	—	0	—	3	2	7	2	
Rubella†††	—	—	0	11	11	11	10	7	
Rubella, congenital syndrome	—	—	0	—	1	1	—	1	
SARS-CoV§,§§§	—	—	—	—	—	—	—	8	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	—	3	102	125	129	132	161	
Syphilis, congenital (age <1 yr)	2	12	9	576	349	329	353	413	NY (1), LA (1)
Tetanus	—	—	0	22	41	27	34	20	

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

* Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 2003, 2004, 2005, and 2006 are finalized.

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

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

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

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

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

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. One case occurring during the 2007–08 influenza season has been reported.

¶¶ 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.

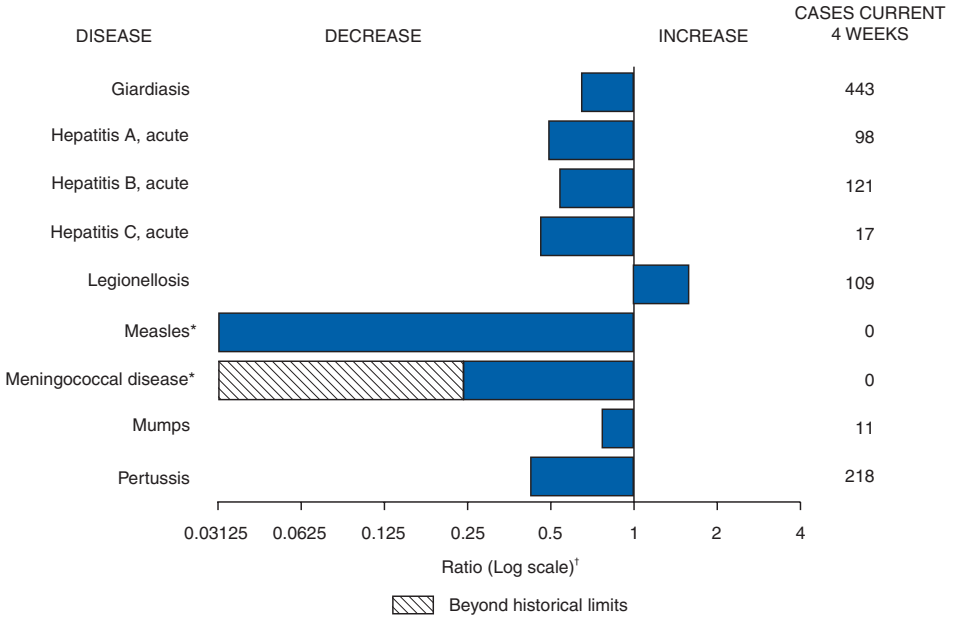
§§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending January 26, 2008 (4th Week)*

Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years 2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Toxic-shock syndrome (staphylococcal)§	1	3	1	83	101	90	95	133	CA (1)
Trichinellosis	—	1	0	6	15	16	5	6	
Tularemia	—	—	0	113	95	154	134	129	
Typhoid fever	3	12	5	332	353	324	322	356	KS (1), AZ (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	—	28	6	2	—	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	1	3	1	N	
Vibriosis (noncholera *Vibrio* species infections)§	1	7	1	359	N	N	N	N	FL (1)
Yellow fever	—	—	—	—	—	—	—	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
* Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 2003, 2004, 2005, and 2006 are finalized.
† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 26, 2008, with historical data



* No measles or meningococcal cases were reported for the current 4-week period, yielding a ratio for week 4 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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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	10,724	20,956	25,182	52,104	70,433	119	141	278	484	648	28	83	979	142	249
New England	583	697	1,243	2,159	1,814	—	0	1	—	—	—	4	16	4	50
Connecticut	55	223	799	186	96	N	0	0	N	N	—	0	1	1	41
Maine§	—	49	74	137	176	—	0	0	—	—	—	1	5	—	4
Massachusetts	467	309	668	1,522	1,055	—	0	0	—	—	—	2	11	—	1
New Hampshire	61	38	73	178	160	—	0	1	—	—	—	1	5	3	3
Rhode Island§	—	62	98	130	242	—	0	0	—	—	—	0	3	—	—
Vermont§	—	17	32	6	85	N	0	0	N	N	—	1	3	—	1
Mid. Atlantic	1,860	2,850	4,183	6,819	10,728	—	0	0	—	—	9	9	113	23	28
New Jersey	222	391	526	743	1,731	N	0	0	N	N	—	0	6	—	—
New York (Upstate)	458	536	1,799	897	907	N	0	0	N	N	3	3	20	4	3
New York City	683	987	2,201	2,503	4,043	N	0	0	N	N	—	1	10	2	10
Pennsylvania	497	826	1,764	2,676	4,047	N	0	0	N	N	6	5	103	17	15
E.N. Central	710	3,223	6,199	5,235	12,813	—	1	3	1	4	4	20	134	36	50
Illinois	9	1,011	2,021	794	3,965	—	0	0	—	—	—	2	13	1	10
Indiana	272	397	632	1,254	1,688	—	0	0	—	—	—	2	32	3	—
Michigan	314	701	856	1,861	3,212	—	0	2	—	3	—	3	11	11	11
Ohio	115	753	3,622	1,056	2,491	—	0	1	1	1	4	6	61	19	18
Wisconsin	—	365	455	270	1,457	N	0	0	N	N	—	7	59	2	11
W.N. Central	290	1,198	1,465	2,843	4,689	—	0	1	—	2	7	14	125	16	29
Iowa	132	158	251	597	690	N	0	0	N	N	—	2	61	3	6
Kansas	3	151	294	241	607	N	0	0	N	N	1	1	16	1	5
Minnesota	—	252	301	439	1,063	—	0	0	—	—	6	3	34	6	1
Missouri	—	465	551	1,087	1,686	—	0	1	—	2	—	2	13	2	5
Nebraska§	99	93	183	242	346	N	0	0	N	N	—	1	24	3	3
North Dakota	4	27	61	37	121	N	0	0	N	N	—	0	6	1	—
South Dakota	52	49	81	200	176	N	0	0	N	N	—	2	16	—	9
S. Atlantic	3,043	3,970	5,895	13,413	10,328	—	0	1	—	—	5	20	66	41	51
Delaware	69	65	140	248	275	—	0	0	—	—	—	0	4	2	—
District of Columbia	55	115	178	375	397	—	0	0	—	—	—	0	2	—	2
Florida	821	1,252	1,565	4,239	1,226	N	0	0	N	N	2	9	35	18	26
Georgia	1	521	1,502	25	1,733	N	0	0	N	N	3	4	14	14	13
Maryland§	255	402	696	1,322	898	—	0	1	—	—	—	0	2	—	1
North Carolina	1,208	461	2,595	3,809	2,032	—	0	0	—	—	—	1	18	—	—
South Carolina§	424	518	3,030	2,048	1,911	N	0	0	N	N	—	1	15	5	4
Virginia§	199	485	628	1,225	1,618	N	0	0	N	N	—	1	5	1	5
West Virginia	11	60	94	122	238	N	0	0	N	N	—	0	5	1	—
E.S. Central	689	1,538	2,164	3,707	6,431	—	0	0	—	—	1	4	65	7	13
Alabama§	6	492	599	688	1,882	N	0	0	N	N	—	2	14	4	3
Kentucky	201	172	357	736	526	N	0	0	N	N	—	1	40	1	1
Mississippi	—	280	959	407	1,817	N	0	0	N	N	—	0	11	1	8
Tennessee§	482	516	721	1,876	2,206	N	0	0	N	N	1	1	18	1	1
W.S. Central	1,777	2,480	3,385	9,109	7,437	—	0	1	—	—	2	4	28	5	10
Arkansas§	215	178	395	736	631	N	0	0	N	N	—	0	8	1	1
Louisiana	123	368	851	493	1,109	—	0	1	—	—	—	1	4	—	4
Oklahoma	131	248	467	848	893	N	0	0	N	N	2	1	11	4	2
Texas§	1,308	1,660	2,701	7,032	4,804	N	0	0	N	N	—	1	16	—	3
Mountain	159	1,255	1,651	1,264	3,997	110	96	170	443	414	—	8	572	8	10
Arizona	48	479	665	183	1,246	110	93	169	442	403	—	1	6	2	1
Colorado	—	199	383	91	872	N	0	0	N	N	—	2	26	—	3
Idaho§	—	57	252	151	100	N	0	0	N	N	—	1	71	5	1
Montana§	3	43	300	113	236	N	0	0	N	N	—	1	7	1	—
Nevada§	—	180	293	238	624	—	1	5	1	3	—	0	6	—	—
New Mexico§	—	151	395	70	563	—	0	2	—	4	—	2	9	—	4
Utah	108	112	209	407	273	—	1	7	—	4	—	1	488	—	—
Wyoming§	—	23	35	11	83	—	0	1	—	—	—	0	8	—	1
Pacific	1,613	3,376	4,071	7,555	12,196	9	42	176	40	228	—	1	16	2	8
Alaska	68	85	124	220	318	N	0	0	N	N	—	0	2	—	—
California	1,326	2,708	3,323	6,284	9,664	9	42	176	40	228	—	0	0	—	—
Hawaii	—	110	134	171	399	N	0	0	N	N	—	0	0	—	—
Oregon§	219	179	403	772	552	N	0	0	N	N	—	1	16	2	8
Washington	—	179	621	108	1,263	N	0	0	N	N	—	0	0	—	—
American Samoa	20	0	32	20	—	N	0	0	N	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	13	34	1	55	—	0	0	—	—	—	0	0	—	—
Puerto Rico	101	124	612	235	560	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	3	10	—	16	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	117	300	721	557	1,013	2,740	6,799	7,903	16,136	24,471	41	41	76	180	219
New England	3	23	54	30	72	91	108	190	331	306	—	3	9	5	19
Connecticut	—	6	18	8	22	6	42	142	41	36	—	0	7	—	6
Maine§	2	3	10	5	4	—	2	8	3	8	—	0	4	1	—
Massachusetts	—	8	29	—	40	84	51	128	258	199	—	1	6	—	9
New Hampshire	—	0	3	4	—	1	2	6	4	8	—	0	2	1	4
Rhode Island§	—	0	15	6	—	—	7	14	25	49	—	0	2	1	—
Vermont§	1	3	8	7	6	—	1	5	—	6	—	0	1	2	—
Mid. Atlantic	30	56	97	110	197	494	677	1,014	1,555	3,030	12	9	21	36	47
New Jersey	—	5	11	1	26	94	114	159	370	451	—	1	3	4	9
New York (Upstate)	11	23	83	36	43	182	125	482	279	318	3	3	16	10	6
New York City	1	16	28	16	74	114	191	374	240	979	1	1	6	5	13
Pennsylvania	18	14	29	57	54	104	256	586	666	1,282	8	3	10	17	19
E.N. Central	18	47	89	89	163	222	1,288	2,579	2,034	5,186	4	5	14	17	35
Illinois	—	14	33	1	41	3	372	716	356	1,526	—	2	5	—	9
Indiana	N	0	0	N	N	109	161	307	569	730	—	1	7	—	2
Michigan	1	11	20	19	54	77	273	482	642	1,018	1	0	3	1	5
Ohio	17	15	37	64	39	33	327	1,558	401	1,316	3	2	6	16	15
Wisconsin	—	6	21	5	29	—	123	208	66	596	—	0	1	—	4
W.N. Central	11	22	384	55	65	51	368	482	757	1,660	4	3	18	14	12
Iowa	—	5	23	16	18	24	36	56	96	178	—	0	1	—	—
Kansas	2	3	11	8	5	1	42	85	64	194	1	0	1	1	4
Minnesota	—	0	379	—	—	1	63	86	130	306	—	0	16	—	—
Missouri	3	8	23	17	29	—	189	255	378	859	—	1	4	7	7
Nebraska§	5	3	8	11	6	23	25	57	76	94	2	0	3	5	1
North Dakota	1	0	3	2	1	—	2	4	2	8	1	0	1	1	—
South Dakota	—	1	6	1	6	2	5	11	11	21	—	0	0	—	—
S. Atlantic	24	54	95	129	155	682	1,587	2,338	4,778	4,187	16	11	30	63	45
Delaware	—	1	6	5	2	25	26	43	93	130	—	0	3	1	1
District of Columbia	—	0	6	—	4	17	47	71	129	175	—	0	1	—	—
Florida	18	24	47	73	55	286	490	623	1,582	501	8	3	10	16	10
Georgia	—	12	26	21	32	2	212	643	10	723	4	2	8	23	11
Maryland§	2	4	18	12	19	80	115	227	419	354	3	1	6	13	15
North Carolina	—	0	0	—	—	—	302	1,169	1,169	1,139	1	0	9	3	—
South Carolina§	2	2	6	7	3	168	203	1,361	811	867	—	1	4	4	4
Virginia§	2	10	22	11	40	100	129	224	535	229	—	1	23	2	4
West Virginia	—	0	8	—	—	4	17	37	30	69	—	0	3	1	—
E.S. Central	3	10	23	15	34	247	588	865	1,485	2,642	1	2	9	10	10
Alabama§	1	4	11	8	22	3	209	279	310	883	—	0	3	2	2
Kentucky	N	0	0	N	N	80	63	161	320	230	—	0	1	—	—
Mississippi	N	0	0	N	N	—	118	310	189	727	—	0	2	1	2
Tennessee§	2	5	16	7	12	164	180	261	666	802	1	1	6	7	6
W.S. Central	4	7	21	9	16	608	999	1,238	3,242	3,486	1	2	8	6	7
Arkansas§	1	2	9	2	4	56	75	133	249	328	—	0	1	—	—
Louisiana	—	2	14	1	6	104	214	384	314	769	—	0	2	—	2
Oklahoma	3	3	7	6	6	57	95	235	378	329	1	1	7	6	5
Texas§	N	0	0	N	N	391	616	901	2,301	2,060	—	0	2	—	—
Mountain	5	32	68	37	105	22	238	321	202	921	3	5	13	23	29
Arizona	2	3	11	12	26	13	101	130	70	272	3	2	10	16	15
Colorado	—	10	26	1	38	—	43	93	—	283	—	1	4	—	6
Idaho§	3	3	19	6	9	—	5	19	11	2	—	0	1	—	1
Montana§	—	2	8	2	2	—	1	48	1	10	—	0	1	1	—
Nevada§	—	2	8	—	6	—	44	87	62	163	—	0	1	1	2
New Mexico§	—	2	5	—	10	—	31	63	23	127	—	1	4	—	3
Utah	—	7	33	13	12	9	13	34	35	59	—	0	6	5	2
Wyoming§	—	1	4	3	2	—	1	5	—	5	—	0	1	—	—
Pacific	19	61	133	83	206	323	682	842	1,752	3,053	—	2	6	6	15
Alaska	2	1	5	4	7	7	10	17	30	34	—	0	4	—	4
California	14	42	83	61	154	290	589	711	1,567	2,578	—	0	5	—	4
Hawaii	—	0	2	—	1	—	12	23	26	49	—	0	1	—	—
Oregon§	3	8	17	16	34	26	23	63	114	78	—	1	5	6	7
Washington	—	8	79	2	10	—	27	142	15	314	—	0	1	—	—
American Samoa	—	0	0	—	—	1	0	2	1	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	—	2	13	1	3	—	0	0	—	—
Puerto Rico	—	5	21	—	16	11	5	23	19	20	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	1	3	—	6	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Data for *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 January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2008	A: Cum 2007	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2008	B: Cum 2007	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2008	Legionellosis: Cum 2007
United States	26	53	81	120	164	29	80	107	152	275	30	46	91	109	118
New England	1	2	6	7	1	—	1	5	—	1	1	2	14	6	5
Connecticut	1	0	3	2	—	—	0	5	—	1	1	0	5	1	—
Maine§	—	0	1	1	—	—	0	2	—	—	—	0	2	—	—
Massachusetts	—	1	4	—	—	—	0	1	—	—	—	0	3	—	4
New Hampshire	—	0	3	—	1	—	0	1	—	—	—	0	2	—	—
Rhode Island§	—	0	3	4	—	—	0	3	—	—	—	0	6	3	—
Vermont§	—	0	1	—	—	—	0	1	—	—	—	0	2	2	1
Mid. Atlantic	6	9	21	20	24	5	8	15	12	49	16	12	37	29	27
New Jersey	—	2	6	—	11	—	1	8	—	13	—	1	11	—	8
New York (Upstate)	—	1	5	4	—	2	1	7	2	3	1	4	16	3	2
New York City	—	3	9	5	7	—	2	6	—	13	—	2	11	—	5
Pennsylvania	6	2	5	11	6	3	3	8	10	20	15	5	21	26	12
E.N. Central	1	5	12	7	20	2	8	15	15	52	—	9	28	21	30
Illinois	—	2	5	—	9	—	2	6	1	9	—	1	12	—	4
Indiana	—	0	4	—	—	—	0	8	—	—	—	1	7	—	2
Michigan	1	1	5	5	8	—	2	6	—	22	—	3	10	5	13
Ohio	—	1	4	2	3	2	2	7	14	15	—	4	17	16	10
Wisconsin	—	0	3	—	—	—	0	2	—	6	—	0	1	—	1
W.N. Central	1	3	18	14	4	2	2	8	8	17	2	1	9	4	7
Iowa	—	1	4	3	1	—	0	3	—	4	—	0	2	—	1
Kansas	1	0	3	1	—	1	0	2	2	—	—	0	1	—	—
Minnesota	—	0	17	1	—	—	0	4	—	—	—	0	6	—	1
Missouri	—	0	2	4	2	—	1	5	4	10	—	1	3	—	4
Nebraska§	—	0	2	4	1	1	0	1	2	2	2	0	2	4	1
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	1	1	—	—	0	1	—	1	—	0	1	—	—
S. Atlantic	5	10	21	24	28	5	20	36	55	60	4	7	20	25	29
Delaware	—	0	1	—	—	—	0	2	—	1	—	0	2	—	—
District of Columbia	—	0	5	—	—	—	0	1	—	—	—	0	1	—	—
Florida	2	3	8	13	11	4	7	12	21	23	3	3	12	14	11
Georgia	—	1	4	3	10	—	2	6	6	13	—	1	2	3	2
Maryland§	3	1	5	6	1	—	2	6	3	11	1	1	5	6	11
North Carolina	—	0	9	—	—	1	0	16	17	—	—	1	4	1	—
South Carolina§	—	0	4	—	2	—	1	4	4	4	—	0	2	—	2
Virginia§	—	1	5	2	4	—	3	10	3	7	—	1	4	1	3
West Virginia	—	0	2	—	—	—	0	9	1	1	—	0	3	—	—
E.S. Central	1	2	5	3	6	3	7	14	13	26	—	2	6	4	9
Alabama§	1	0	4	1	—	—	2	6	3	8	—	0	1	—	2
Kentucky	—	0	2	2	2	1	1	7	5	4	—	1	3	3	4
Mississippi	—	0	1	—	4	—	0	3	—	8	—	0	0	—	—
Tennessee§	—	1	5	—	—	2	2	8	5	6	—	1	4	1	3
W.S. Central	—	5	15	3	7	8	18	45	24	16	—	2	8	5	—
Arkansas§	—	0	2	—	1	—	1	4	—	5	—	0	3	1	—
Louisiana	—	0	3	—	2	—	1	6	1	5	—	0	1	—	—
Oklahoma	—	0	8	—	—	—	1	38	—	—	—	0	2	—	—
Texas§	—	3	10	3	4	8	12	28	23	6	—	2	7	4	—
Mountain	4	4	15	14	18	—	4	8	4	16	5	2	6	7	9
Arizona	3	3	11	13	15	—	1	4	1	7	5	0	5	6	2
Colorado	—	0	2	—	1	—	0	3	1	1	—	0	2	—	1
Idaho§	1	0	2	1	—	—	0	1	—	1	—	0	1	—	—
Montana§	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Nevada§	—	0	2	—	1	—	1	3	—	5	—	0	2	—	2
New Mexico§	—	0	1	—	—	—	0	2	—	2	—	0	1	—	2
Utah	—	0	2	—	—	—	0	2	2	—	—	0	3	1	1
Wyoming§	—	0	1	—	1	—	0	1	—	—	—	0	1	—	1
Pacific	7	11	32	28	56	4	10	16	21	38	2	3	8	8	2
Alaska	—	0	1	—	—	1	0	2	2	1	—	0	0	—	—
California	5	9	29	23	52	2	7	14	15	30	2	2	8	7	2
Hawaii	—	0	1	—	—	—	0	2	1	—	—	0	0	—	—
Oregon§	2	1	2	5	3	1	1	4	3	6	—	0	2	1	—
Washington	—	1	5	—	1	—	1	6	—	1	—	0	2	—	—
American Samoa	—	0	0	—	—	—	0	13	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Puerto Rico	—	1	5	—	4	—	1	5	2	3	—	0	1	—	2
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	153	308	1,297	301	599	9	23	39	38	73	—	17	40	—	92
New England	1	41	301	3	49	—	1	4	—	6	—	0	3	—	5
Connecticut	—	11	214	—	5	—	0	1	—	—	—	0	1	—	1
Maine§	—	4	61	—	—	—	0	2	—	1	—	0	1	—	1
Massachusetts	—	0	31	—	20	—	0	3	—	5	—	0	2	—	3
New Hampshire	—	8	88	2	21	—	0	4	—	—	—	0	1	—	—
Rhode Island§	—	0	74	—	—	—	0	0	—	—	—	0	1	—	—
Vermont§	1	1	13	1	3	—	0	2	—	—	—	0	1	—	—
Mid. Atlantic	141	146	661	208	362	3	6	16	9	11	—	2	8	—	13
New Jersey	—	34	175	11	110	—	0	0	—	—	—	0	2	—	3
New York (Upstate)	5	54	192	12	14	1	1	7	1	2	—	1	3	—	1
New York City	—	3	25	—	7	—	4	9	4	7	—	0	4	—	2
Pennsylvania	136	50	321	185	231	2	1	4	4	2	—	1	5	—	7
E.N. Central	—	12	168	2	21	3	2	7	8	16	—	3	9	—	15
Illinois	—	1	15	—	2	—	0	6	1	9	—	1	3	—	5
Indiana	—	0	7	—	1	—	0	2	—	—	—	0	4	—	1
Michigan	—	0	5	1	2	—	0	2	2	3	—	0	2	—	3
Ohio	—	0	3	1	1	3	0	3	5	3	—	0	2	—	3
Wisconsin	—	10	149	—	15	—	0	2	—	1	—	0	1	—	3
W.N. Central	—	5	479	—	2	—	0	8	—	4	—	1	5	—	7
Iowa	—	1	11	—	2	—	0	1	—	1	—	0	3	—	1
Kansas	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
Minnesota	—	1	479	—	—	—	0	8	—	1	—	0	4	—	—
Missouri	—	0	4	—	—	—	0	1	—	—	—	0	2	—	5
Nebraska§	—	0	2	—	—	—	0	1	—	2	—	0	2	—	—
North Dakota	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	—	1
S. Atlantic	8	65	214	76	154	2	5	14	13	19	—	3	11	—	17
Delaware	6	12	34	27	26	—	0	1	—	—	—	0	1	—	—
District of Columbia	—	0	7	—	—	—	0	1	—	—	—	0	0	—	—
Florida	1	1	11	5	2	2	1	7	6	5	—	1	7	—	7
Georgia	—	0	3	1	—	—	1	3	3	1	—	0	3	—	3
Maryland§	1	31	129	39	110	—	1	5	4	6	—	0	2	—	3
North Carolina	—	0	8	—	—	—	0	4	—	2	—	0	4	—	—
South Carolina§	—	0	4	—	—	—	0	1	—	—	—	0	1	—	2
Virginia§	—	16	62	4	16	—	1	6	—	5	—	0	2	—	2
West Virginia	—	0	9	—	—	—	0	1	—	—	—	0	1	—	—
E.S. Central	—	1	5	—	1	—	1	3	1	4	—	1	3	—	8
Alabama§	—	0	3	—	—	—	0	1	1	—	—	0	2	—	2
Kentucky	—	0	2	—	—	—	0	1	—	1	—	0	2	—	—
Mississippi	—	0	1	—	—	—	0	1	—	1	—	0	2	—	4
Tennessee§	—	0	4	—	1	—	0	2	—	2	—	0	2	—	2
W.S. Central	—	1	6	—	2	1	2	8	1	4	—	2	7	—	5
Arkansas§	—	0	1	—	—	—	0	1	—	—	—	0	2	—	—
Louisiana	—	0	1	—	—	—	0	2	—	2	—	0	3	—	4
Oklahoma	—	0	0	—	—	—	0	2	—	—	—	0	3	—	—
Texas§	—	1	6	—	2	1	1	8	1	2	—	1	4	—	1
Mountain	—	1	3	1	2	—	1	6	1	2	—	1	4	—	5
Arizona	—	0	1	—	—	—	0	3	—	—	—	0	2	—	1
Colorado	—	0	1	1	—	—	0	2	1	2	—	0	2	—	—
Idaho§	—	0	2	—	—	—	0	2	—	—	—	0	2	—	1
Montana§	—	0	2	—	1	—	0	1	—	—	—	0	1	—	—
Nevada§	—	0	2	—	1	—	0	1	—	—	—	0	1	—	1
New Mexico§	—	0	1	—	—	—	0	1	—	—	—	0	1	—	1
Utah	—	0	2	—	—	—	0	3	—	—	—	0	2	—	1
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	1	—	—
Pacific	3	2	9	11	6	—	3	9	5	7	—	4	12	—	17
Alaska	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
California	3	2	9	11	6	—	2	8	4	3	—	3	9	—	16
Hawaii	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Oregon§	—	0	1	—	—	—	0	2	1	3	—	0	3	—	1
Washington	—	0	7	—	—	—	0	3	—	—	—	0	6	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	1	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	59	172	294	253	669	18	107	191	114	254	3	33	148	12	25
New England	1	25	45	5	131	8	11	22	15	38	—	0	1	—	—
Connecticut	—	0	5	—	7	7	4	10	7	19	—	0	0	—	—
Maine†	—	1	6	3	9	—	1	5	—	5	—	0	1	—	—
Massachusetts	—	18	33	—	105	—	0	0	—	N	—	0	1	—	—
New Hampshire	—	1	5	—	8	—	1	4	3	4	—	0	1	—	—
Rhode Island†	1	0	7	1	—	1	1	4	2	3	—	0	0	—	—
Vermont†	—	0	9	1	2	—	2	13	3	7	—	0	0	—	—
Mid. Atlantic	15	22	50	52	143	2	26	56	19	79	1	1	7	1	5
New Jersey	—	2	10	—	28	N	0	0	N	N	—	0	3	—	1
New York (Upstate)	3	8	31	10	70	2	9	20	19	22	—	0	1	—	—
New York City	—	2	7	—	14	—	1	5	—	8	—	0	3	—	2
Pennsylvania	12	7	22	42	31	—	16	44	—	49	1	0	3	1	2
E.N. Central	22	25	79	78	130	—	4	48	—	—	—	1	4	—	2
Illinois	—	3	9	5	34	—	1	15	—	—	—	0	3	—	—
Indiana	—	0	9	—	—	—	0	1	—	—	—	0	2	—	—
Michigan	—	4	16	3	20	—	1	27	—	—	—	0	1	—	1
Ohio	22	11	54	70	55	—	1	11	—	—	—	0	2	—	1
Wisconsin	—	0	24	—	21	N	0	0	N	N	—	0	0	—	—
W.N. Central	7	12	65	36	53	1	4	13	1	9	—	5	37	5	3
Iowa	—	2	8	—	21	—	0	3	—	1	—	0	4	—	—
Kansas	—	2	8	—	20	—	2	7	—	5	—	0	2	—	2
Minnesota	—	0	53	—	—	—	0	6	—	2	—	0	1	—	—
Missouri	5	2	12	29	4	—	0	3	—	1	—	5	29	5	1
Nebraska†	2	1	12	6	2	—	0	0	—	—	—	0	2	—	—
North Dakota	—	0	4	—	—	1	0	5	1	—	—	0	0	—	—
South Dakota	—	0	7	1	6	—	0	2	—	—	—	0	1	—	—
S. Atlantic	9	16	48	32	57	7	39	156	64	105	1	15	112	5	6
Delaware	—	0	2	—	—	—	0	0	—	—	—	0	2	—	1
District of Columbia	—	0	1	—	1	—	0	0	—	—	—	0	1	—	—
Florida	1	3	17	6	16	1	0	124	8	—	—	0	3	—	—
Georgia	—	0	3	—	6	—	5	12	11	14	—	0	6	2	2
Maryland†	—	2	6	5	15	—	8	18	8	28	1	1	4	2	2
North Carolina	8	4	34	18	—	6	9	19	25	22	—	5	96	1	—
South Carolina†	—	1	11	1	8	—	0	11	—	6	—	0	7	—	—
Virginia†	—	2	11	2	11	—	13	31	12	30	—	2	11	—	1
West Virginia	—	0	12	—	—	—	0	11	—	5	—	0	3	—	—
E.S. Central	1	6	35	14	29	—	3	6	1	9	1	5	16	1	9
Alabama†	—	1	6	4	9	—	0	0	—	—	—	1	10	—	5
Kentucky	—	0	4	1	1	—	0	3	1	4	—	0	2	—	—
Mississippi	—	2	32	7	11	—	0	1	—	—	—	0	2	—	1
Tennessee†	1	1	5	2	8	—	2	6	—	5	1	2	10	1	3
W.S. Central	1	20	48	9	8	—	1	23	3	2	—	1	30	—	—
Arkansas†	—	1	17	—	—	—	1	3	3	—	—	0	15	—	—
Louisiana	—	0	2	—	1	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	26	—	—	—	0	22	—	2	—	0	20	—	—
Texas†	1	16	33	9	7	—	0	0	—	—	—	1	5	—	—
Mountain	—	21	40	15	88	—	3	14	4	2	—	0	4	—	—
Arizona	—	3	13	1	27	—	2	12	4	2	—	0	1	—	—
Colorado	—	6	14	5	29	—	0	0	—	—	—	0	2	—	—
Idaho†	—	0	4	—	5	—	0	0	—	—	—	0	1	—	—
Montana†	—	1	7	3	2	—	0	3	—	—	—	0	1	—	—
Nevada†	—	0	6	—	4	—	0	2	—	—	—	0	0	—	—
New Mexico†	—	1	7	—	4	—	0	2	—	—	—	0	1	—	—
Utah	—	6	27	6	9	—	0	2	—	—	—	0	0	—	—
Wyoming†	—	0	4	—	8	—	0	4	—	—	—	0	2	—	—
Pacific	3	14	99	12	30	—	4	10	7	10	—	0	2	—	—
Alaska	—	0	6	4	8	—	0	6	4	7	N	0	0	N	N
California	—	6	18	—	12	—	3	8	3	3	—	0	2	—	—
Hawaii	—	0	1	—	1	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	14	5	8	—	0	3	—	—	—	0	1	—	—
Washington	3	3	84	3	1	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	0	5	1	6	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	271	771	1,322	1,339	2,686	25	69	210	72	199	125	357	550	777	765
New England	1	30	74	28	505	—	4	11	1	81	—	3	11	2	61
Connecticut	—	0	14	14	415	—	0	0	—	73	—	0	0	—	44
Maine§	1	2	13	4	8	—	0	4	1	1	—	0	4	—	2
Massachusetts	—	22	58	—	71	—	2	10	—	6	—	2	8	—	14
New Hampshire	—	3	10	4	5	—	0	4	—	1	—	0	1	1	1
Rhode Island§	—	2	15	3	2	—	0	2	—	—	—	0	9	1	—
Vermont§	—	1	5	3	4	—	0	3	—	—	—	0	1	—	—
Mid. Atlantic	47	107	189	182	350	3	8	27	7	19	7	14	40	28	33
New Jersey	—	19	49	4	73	—	2	7	—	6	—	3	10	—	2
New York (Upstate)	11	27	63	38	44	—	3	12	3	4	4	3	19	7	3
New York City	—	24	51	48	97	—	0	5	—	2	—	5	11	9	21
Pennsylvania	36	34	69	92	136	3	2	11	4	7	3	2	21	12	7
E.N. Central	22	103	254	114	284	1	9	35	9	27	13	48	133	106	71
Illinois	—	32	187	3	104	—	1	13	—	2	—	14	25	—	49
Indiana	—	14	34	9	2	—	1	13	—	—	—	2	81	42	5
Michigan	—	18	41	32	52	1	1	8	4	7	2	1	7	3	3
Ohio	22	25	64	68	77	—	2	9	5	17	11	20	104	60	8
Wisconsin	—	15	50	2	49	—	3	11	—	1	—	4	13	1	6
W.N. Central	24	49	103	87	131	7	12	38	9	14	9	33	80	30	81
Iowa	—	9	18	5	25	—	2	13	1	—	—	1	6	—	5
Kansas	4	7	20	12	22	2	1	4	2	2	—	0	3	—	2
Minnesota	14	13	41	15	12	3	4	17	3	5	2	4	12	2	18
Missouri	3	15	29	39	40	1	2	12	2	4	3	22	72	18	46
Nebraska§	3	5	13	15	13	1	2	6	1	3	—	0	3	—	1
North Dakota	—	0	9	—	—	—	0	1	—	—	2	0	3	2	—
South Dakota	—	3	11	1	19	—	0	5	—	—	2	1	30	8	9
S. Atlantic	99	226	438	535	665	4	13	39	18	27	33	81	153	209	242
Delaware	—	2	8	3	8	—	0	2	1	2	—	0	2	—	1
District of Columbia	—	0	4	—	3	—	0	1	—	—	—	0	1	—	—
Florida	64	86	181	319	285	2	3	18	12	7	19	41	75	90	142
Georgia	17	33	85	108	103	—	1	6	1	3	12	27	85	92	81
Maryland§	5	15	43	37	49	1	1	6	2	8	1	2	7	4	7
North Carolina	—	28	191	—	102	—	1	24	—	—	—	0	10	—	—
South Carolina§	7	19	51	43	54	—	0	3	1	—	1	4	20	18	6
Virginia§	6	22	45	23	59	1	3	9	1	7	—	3	14	5	5
West Virginia	—	4	20	2	2	—	0	3	—	—	—	0	36	—	—
E.S. Central	15	59	145	119	223	2	4	26	12	9	15	49	177	142	75
Alabama§	4	16	50	33	41	—	1	19	3	1	2	13	41	28	23
Kentucky	—	10	23	19	34	—	1	12	2	2	2	7	35	21	8
Mississippi	2	13	57	27	101	—	0	1	1	1	7	18	111	57	15
Tennessee§	9	17	35	40	47	2	2	11	6	5	4	4	32	36	29
W.S. Central	11	81	248	40	89	—	3	12	3	5	34	43	135	196	35
Arkansas§	3	13	51	17	16	—	0	3	—	4	—	2	6	4	3
Louisiana	1	15	42	7	39	—	0	2	—	—	1	9	22	4	10
Oklahoma	7	9	43	16	10	—	0	3	—	1	1	2	8	9	1
Texas§	—	43	135	—	24	—	2	10	3	—	32	29	126	179	21
Mountain	15	49	84	74	167	8	9	42	10	12	6	17	41	29	70
Arizona	11	17	40	47	65	—	1	8	1	2	6	10	29	27	34
Colorado	—	10	24	5	44	—	1	17	—	5	—	2	6	1	7
Idaho§	3	3	9	9	11	8	1	16	9	1	—	0	2	—	—
Montana§	—	2	9	2	6	—	0	0	—	—	—	0	2	—	2
Nevada§	—	5	12	—	15	—	0	3	—	1	—	0	10	—	8
New Mexico§	—	5	13	—	15	—	0	3	—	2	—	2	6	—	6
Utah	—	4	17	4	6	—	1	9	—	1	—	0	5	—	1
Wyoming§	1	1	5	7	5	—	0	0	—	—	—	0	5	1	12
Pacific	37	112	209	160	272	—	9	38	3	5	8	27	70	35	97
Alaska	—	1	5	2	2	N	0	0	N	N	1	0	2	1	2
California	33	85	138	127	244	—	5	33	3	2	7	21	61	28	86
Hawaii	—	1	13	10	—	—	0	1	—	—	—	0	3	4	—
Oregon§	2	6	16	19	21	—	1	11	—	3	—	1	6	2	6
Washington	2	12	82	2	5	—	1	19	—	—	—	2	20	—	3
American Samoa	—	0	1	1	—	—	0	0	—	—	—	0	1	1	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	—	—	N	0	0	N	N	—	0	3	—	1
Puerto Rico	—	13	55	5	29	—	0	0	—	—	—	0	2	—	7
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max		
United States	66	83	168	282	343	16	35	88	94	118
New England	1	5	28	3	24	—	1	7	2	20
Connecticut	—	0	22	—	1	—	0	2	—	2
Maine§	1	0	3	1	3	—	0	1	—	—
Massachusetts	—	2	12	—	13	—	1	4	—	14
New Hampshire	—	0	4	2	3	—	0	2	2	2
Rhode Island§	—	0	1	—	—	—	0	1	—	1
Vermont§	—	0	1	—	4	—	0	1	—	1
Mid. Atlantic	15	16	40	57	65	3	5	38	11	21
New Jersey	—	2	12	1	11	—	1	5	1	5
New York (Upstate)	7	5	20	26	10	3	2	12	10	10
New York City	—	4	13	2	21	—	2	35	—	6
Pennsylvania	8	4	11	28	23	N	0	0	N	N
E.N. Central	11	15	34	49	87	3	4	17	14	23
Illinois	—	4	13	4	29	—	1	6	—	3
Indiana	—	2	10	7	4	—	0	11	—	1
Michigan	3	3	10	14	17	—	1	5	5	9
Ohio	8	4	14	24	33	3	1	5	9	6
Wisconsin	—	0	5	—	4	—	0	2	—	4
W.N. Central	6	5	32	15	19	—	3	10	9	4
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	2	0	3	4	5	—	0	1	2	—
Minnesota	—	0	29	—	—	—	1	9	—	—
Missouri	1	2	4	7	12	—	0	2	5	4
Nebraska§	3	0	3	3	—	—	0	3	2	—
North Dakota	—	0	3	—	—	—	0	1	—	—
South Dakota	—	0	2	1	2	—	0	0	—	—
S. Atlantic	20	23	49	93	69	1	6	14	17	19
Delaware	—	0	1	—	1	—	0	0	—	—
District of Columbia	—	0	3	—	—	—	0	0	—	—
Florida	6	6	16	30	18	—	1	5	4	1
Georgia	6	4	12	25	18	—	0	5	—	6
Maryland§	5	4	9	22	18	1	1	5	9	6
North Carolina	—	1	22	2	—	—	0	0	—	—
South Carolina§	—	1	7	5	7	—	1	4	4	1
Virginia§	3	3	11	9	7	—	0	3	—	5
West Virginia	—	0	3	—	—	—	0	1	—	—
E.S. Central	1	4	13	9	18	1	2	9	1	9
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	2	6	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	1	—	2
Tennessee§	1	3	13	7	12	1	2	9	1	7
W.S. Central	6	6	21	16	14	4	5	27	10	7
Arkansas§	—	0	2	—	2	—	0	1	1	1
Louisiana	—	0	4	—	2	—	0	4	—	3
Oklahoma	2	1	5	6	6	1	1	4	4	2
Texas§	4	4	17	10	4	3	2	23	5	1
Mountain	5	9	21	36	39	4	4	12	25	14
Arizona	5	4	10	22	15	4	2	8	19	12
Colorado	—	3	8	8	8	—	1	4	3	—
Idaho§	—	0	2	1	1	—	0	1	1	—
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	—	—	—	0	1	1	—
New Mexico§	—	1	4	—	6	—	0	4	—	1
Utah	—	2	6	5	8	—	0	2	1	1
Wyoming§	—	0	1	—	1	—	0	0	—	—
Pacific	1	3	7	4	8	—	0	4	5	1
Alaska	1	0	3	1	1	—	0	4	5	1
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	5	3	7	—	0	1	—	—
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	4	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	45	44	97	247	289	2	9	23	26	40	90	212	279	513	677
New England	—	1	7	2	19	—	0	2	1	—	1	5	14	12	11
Connecticut	—	0	5	—	13	—	0	2	—	—	—	0	5	—	—
Maine§	—	0	1	1	3	—	0	1	1	—	—	0	2	—	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	1	3	8	11	8
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	—	2
Rhode Island§	—	0	3	—	1	—	0	1	—	—	—	0	5	1	1
Vermont§	—	0	2	1	2	—	0	1	—	—	—	0	5	—	—
Mid. Atlantic	7	2	9	16	22	—	0	5	2	4	28	34	46	113	110
New Jersey	—	0	0	—	—	—	0	0	—	—	3	4	9	13	15
New York (Upstate)	1	1	5	2	3	—	0	4	1	1	2	3	7	3	5
New York City	—	0	0	—	—	—	0	0	—	—	19	18	35	74	58
Pennsylvania	6	1	6	14	19	—	0	2	1	3	4	8	17	23	32
E.N. Central	6	10	31	48	94	—	2	10	6	12	8	15	25	42	61
Illinois	—	1	7	—	19	—	0	5	—	4	—	7	14	3	28
Indiana	—	3	22	11	14	—	0	9	—	1	1	1	6	5	2
Michigan	—	0	1	2	—	—	0	1	—	—	—	2	9	1	9
Ohio	6	6	23	35	61	—	1	3	6	7	7	4	10	30	18
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	3	4
W.N. Central	1	2	49	17	22	—	0	3	—	3	1	7	13	15	14
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	—	—
Kansas	—	0	7	2	13	—	0	1	—	2	—	0	2	—	1
Minnesota	—	0	46	—	—	—	0	3	—	—	—	1	4	5	5
Missouri	1	1	8	15	8	—	0	1	—	—	—	4	10	9	8
Nebraska§	—	0	1	—	—	—	0	0	—	—	1	0	1	1	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	1	—	0	1	—	1	—	0	3	—	—
S. Atlantic	22	20	43	129	90	2	4	12	15	19	16	49	85	111	134
Delaware	—	0	1	1	—	—	0	1	—	—	—	0	3	—	1
District of Columbia	—	0	1	—	—	—	0	0	—	—	1	3	12	5	12
Florida	9	11	27	77	52	2	2	7	11	11	3	17	34	46	43
Georgia	13	6	19	49	35	—	1	5	4	7	—	9	31	—	9
Maryland§	—	0	1	1	—	—	0	0	—	—	3	6	15	20	27
North Carolina	—	0	0	—	—	—	0	0	—	—	9	5	23	28	24
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	11	4	8
Virginia§	N	0	0	N	N	—	0	0	—	—	—	4	16	8	10
West Virginia	—	1	8	1	3	—	0	1	—	1	—	0	1	—	—
E.S. Central	9	3	10	30	18	—	1	3	2	—	12	19	31	60	38
Alabama§	N	0	0	N	N	—	0	0	—	—	2	7	17	22	14
Kentucky	1	0	2	5	4	—	0	1	—	—	1	1	7	5	6
Mississippi	—	0	0	—	—	—	0	0	—	—	—	2	10	5	5
Tennessee§	8	3	9	25	14	—	1	3	2	—	9	7	15	28	13
W.S. Central	—	2	12	1	18	—	0	3	—	1	21	37	55	101	89
Arkansas§	—	0	1	—	—	—	0	0	—	—	2	2	10	5	3
Louisiana	—	1	4	1	9	—	0	2	—	—	1	10	23	4	11
Oklahoma	—	0	10	—	9	—	0	2	—	1	2	1	4	5	9
Texas§	—	0	0	—	—	—	0	0	—	—	16	24	39	87	66
Mountain	—	1	5	4	6	—	0	2	—	1	—	8	25	5	36
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	17	1	18
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	3	1	1
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	—
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	—	0	3	3	4	—	0	2	—	—	—	2	6	3	8
New Mexico§	—	0	1	—	—	—	0	0	—	—	—	1	3	—	7
Utah	—	0	5	1	1	—	0	2	—	1	—	0	2	—	1
Wyoming§	—	0	2	—	1	—	0	1	—	—	—	0	1	—	—
Pacific	—	0	0	—	—	—	0	0	—	—	3	40	58	54	184
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
California	N	0	0	N	N	—	0	0	—	—	3	37	55	36	178
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	3	—
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	2	2	1
Washington	N	0	0	N	N	—	0	0	—	—	—	3	12	13	5
American Samoa	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	2	10	1	10
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 26, 2008, and January 27, 2007 (4th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	323	593	1,277	1,424	3,048	—	1	141	—	—	—	2	299	—	1
New England	9	13	47	38	55	—	0	2	—	—	—	0	2	—	—
Connecticut	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
Maine¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
New Hampshire	1	6	17	13	28	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Vermont¶	8	5	38	25	26	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	72	71	157	204	581	—	0	3	—	—	—	0	3	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	3	—	—	—	0	3	—	—
Pennsylvania	72	71	157	204	581	—	0	1	—	—	—	0	1	—	—
E.N. Central	77	160	568	486	1,269	—	0	18	—	—	—	0	12	—	1
Illinois	—	3	11	4	15	—	0	13	—	—	—	0	8	—	—
Indiana	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
Michigan	25	75	160	207	608	—	0	5	—	—	—	0	0	—	—
Ohio	52	74	449	275	474	—	0	4	—	—	—	0	3	—	1
Wisconsin	—	10	80	—	172	—	0	2	—	—	—	0	2	—	—
W.N. Central	27	23	114	93	138	—	0	41	—	—	—	1	117	—	—
Iowa	N	0	0	N	N	—	0	4	—	—	—	0	3	—	—
Kansas	14	6	52	36	60	—	0	3	—	—	—	0	7	—	—
Minnesota	—	0	0	—	—	—	0	9	—	—	—	0	12	—	—
Missouri	12	13	78	55	67	—	0	9	—	—	—	0	3	—	—
Nebraska¶	N	0	0	N	N	—	0	5	—	—	—	0	15	—	—
North Dakota	—	0	60	—	—	—	0	11	—	—	—	0	49	—	—
South Dakota	1	1	14	2	11	—	0	9	—	—	—	0	32	—	—
S. Atlantic	30	90	214	209	426	—	0	12	—	—	—	0	6	—	—
Delaware	—	1	4	—	7	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	8	—	—	—	0	0	—	—	—	0	0	—	—
Florida	20	26	76	88	81	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	—	—	—	0	5	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	1	—	—
South Carolina¶	9	18	55	45	131	—	0	2	—	—	—	0	1	—	—
Virginia¶	—	19	85	15	56	—	0	1	—	—	—	0	1	—	—
West Virginia	1	22	58	61	151	—	0	0	—	—	—	0	0	—	—
E.S. Central	16	10	82	62	39	—	0	11	—	—	—	0	14	—	—
Alabama¶	16	10	82	62	37	—	0	2	—	—	—	0	1	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	1	—	2	—	0	7	—	—	—	0	12	—	—
Tennessee¶	N	0	0	N	N	—	0	1	—	—	—	0	2	—	—
W.S. Central	92	153	521	276	314	—	0	34	—	—	—	0	18	—	—
Arkansas¶	—	9	46	1	13	—	0	5	—	—	—	0	2	—	—
Louisiana	—	1	8	1	20	—	0	5	—	—	—	0	3	—	—
Oklahoma	—	0	0	—	—	—	0	11	—	—	—	0	7	—	—
Texas¶	92	151	475	274	281	—	0	18	—	—	—	0	10	—	—
Mountain	—	45	130	54	225	—	0	36	—	—	—	1	143	—	—
Arizona	—	0	0	—	—	—	0	8	—	—	—	0	10	—	—
Colorado	—	20	62	9	91	—	0	17	—	—	—	0	65	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	22	—	—
Montana¶	—	7	40	24	29	—	0	10	—	—	—	0	30	—	—
Nevada¶	—	0	1	—	—	—	0	1	—	—	—	0	3	—	—
New Mexico¶	—	5	37	—	28	—	0	8	—	—	—	0	6	—	—
Utah	—	10	72	20	77	—	0	8	—	—	—	0	8	—	—
Wyoming¶	—	0	9	1	—	—	0	4	—	—	—	0	33	—	—
Pacific	—	0	9	2	1	—	0	18	—	—	—	0	23	—	—
Alaska	—	0	9	2	1	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	17	—	—	—	0	21	—	—
Hawaii	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	4	24	4	20	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	37	11	25	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending January 26, 2008 (4th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	560	395	108	29	13	15	52
Boston, MA	151	95	30	12	8	6	11
Bridgeport, CT	29	21	5	2	1	—	6
Cambridge, MA	16	12	3	—	1	—	2
Fall River, MA	29	25	4	—	—	—	4
Hartford, CT	52	36	15	—	1	—	6
Lowell, MA	25	18	5	2	—	—	1
Lynn, MA	10	6	4	—	—	—	—
New Bedford, MA	34	29	3	1	1	—	5
New Haven, CT	31	14	10	3	—	4	4
Providence, RI	45	34	8	2	—	1	—
Somerville, MA	2	1	1	—	—	—	—
Springfield, MA	33	23	6	1	—	3	4
Waterbury, CT	29	23	5	1	—	—	5
Worcester, MA	74	58	9	5	1	1	4
Mid. Atlantic	2,120	1,510	434	112	39	24	133
Albany, NY	50	38	9	2	—	1	4
Allentown, PA	23	18	4	1	—	—	1
Buffalo, NY	63	38	20	4	1	—	5
Camden, NJ	43	26	8	3	5	1	3
Elizabeth, NJ	26	15	9	1	1	—	2
Erie, PA	66	51	13	1	1	—	4
Jersey City, NJ	20	16	2	2	—	—	3
New York City, NY	1,070	772	212	55	14	16	47
Newark, NJ	13	10	1	1	1	—	1
Paterson, NJ	22	13	5	2	—	2	4
Philadelphia, PA	309	194	83	21	8	3	18
Pittsburgh, PA§	36	19	13	2	2	—	4
Reading, PA	43	34	6	2	1	—	2
Rochester, NY	139	112	18	8	1	—	17
Schenectady, NY	30	21	7	2	—	—	1
Scranton, PA	28	23	2	2	1	—	1
Syracuse, NY	85	66	15	—	3	1	10
Trenton, NJ	19	14	5	—	—	—	2
Utica, NY	18	15	1	2	—	—	1
Yonkers, NY	17	15	1	1	—	—	3
E.N. Central	2,104	1,417	475	111	45	53	165
Akron, OH	42	32	8	2	—	—	—
Canton, OH	43	30	11	1	1	—	2
Chicago, IL	272	154	77	22	11	7	32
Cincinnati, OH	100	58	26	8	4	4	23
Cleveland, OH	268	203	47	11	2	5	10
Columbus, OH	176	117	36	8	6	7	18
Dayton, OH	149	100	37	7	1	4	20
Detroit, MI	193	112	56	14	7	4	13
Evansville, IN	44	35	8	—	—	1	1
Fort Wayne, IN	76	61	9	3	2	1	5
Gary, IN	17	9	7	1	—	—	—
Grand Rapids, MI	58	46	8	2	—	2	6
Indianapolis, IN	183	115	40	17	4	7	5
Lansing, MI	41	29	11	1	—	—	3
Milwaukee, WI	99	64	22	7	4	2	5
Peoria, IL	54	40	12	1	—	1	4
Rockford, IL	77	61	13	—	1	2	6
South Bend, IN	40	27	10	—	1	2	2
Toledo, OH	112	78	26	4	1	3	4
Youngstown, OH	60	46	11	2	—	1	6
W.N. Central	689	457	155	34	22	21	67
Des Moines, IA	103	86	10	2	4	1	15
Duluth, MN	32	26	5	1	—	—	4
Kansas City, KS	21	9	8	1	2	1	2
Kansas City, MO	96	63	23	6	1	3	3
Lincoln, NE	44	35	6	1	1	1	7
Minneapolis, MN	57	32	13	5	3	4	5
Omaha, NE	78	53	19	3	2	1	9
St. Louis, MO	118	65	38	9	4	2	12
St. Paul, MN	71	48	12	2	2	7	4
Wichita, KS	69	40	21	4	3	1	6
S. Atlantic	1,120	720	265	82	29	24	68
Atlanta, GA	124	75	35	11	1	2	3
Baltimore, MD	135	82	38	8	4	3	14
Charlotte, NC	107	72	25	6	3	1	11
Jacksonville, FL	161	114	33	9	1	4	12
Miami, FL	73	46	10	12	4	1	6
Norfolk, VA	65	47	10	4	2	2	1
Richmond, VA	65	39	16	4	2	4	3
Savannah, GA	63	45	14	3	1	—	1
St. Petersburg, FL	48	34	9	4	1	—	1
Tampa, FL	168	105	44	14	1	4	13
Washington, D.C.	100	54	29	6	9	2	2
Wilmington, DE	11	7	2	1	—	1	1
E.S. Central	938	590	222	81	23	22	83
Birmingham, AL	209	130	48	22	3	6	24
Chattanooga, TN	88	62	21	3	—	2	5
Knoxville, TN	104	65	24	10	3	2	6
Lexington, KY	25	14	8	2	—	1	3
Memphis, TN	226	141	56	15	10	4	16
Mobile, AL	84	55	16	10	3	—	6
Montgomery, AL	53	31	12	6	2	2	4
Nashville, TN	149	92	37	13	2	5	19
W.S. Central	1,582	1,014	372	116	37	43	107
Austin, TX	101	73	19	6	1	2	6
Baton Rouge, LA	44	18	10	10	2	4	—
Corpus Christi, TX	41	31	9	—	1	—	3
Dallas, TX	214	131	48	21	7	7	12
El Paso, TX	104	79	19	5	1	—	3
Fort Worth, TX	134	77	48	4	1	4	14
Houston, TX	419	269	96	31	10	13	30
Little Rock, AR	55	30	18	5	1	1	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	240	152	57	17	10	4	21
Shreveport, LA	67	49	9	6	1	2	5
Tulsa, OK	163	105	39	11	2	6	13
Mountain	1,234	835	261	69	34	32	98
Albuquerque, NM	115	85	21	5	2	2	9
Boise, ID	46	34	7	2	1	2	2
Colorado Springs, CO	73	46	17	4	5	1	3
Denver, CO	79	49	16	7	3	4	5
Las Vegas, NV	376	260	92	16	6	2	32
Ogden, UT	35	28	6	1	—	—	8
Phoenix, AZ	160	98	34	11	6	8	14
Pueblo, CO	38	28	6	4	—	—	3
Salt Lake City, UT	113	70	30	8	3	2	10
Tucson, AZ	199	137	32	11	8	11	12
Pacific	1,732	1,250	343	88	28	23	181
Berkeley, CA	14	6	5	1	—	2	—
Fresno, CA	86	64	17	3	1	1	8
Glendale, CA	32	26	5	1	—	—	3
Honolulu, HI	81	64	11	3	2	1	12
Long Beach, CA	95	61	22	5	5	2	21
Los Angeles, CA	244	171	50	19	2	2	41
Pasadena, CA	29	22	5	—	2	—	2
Portland, OR	100	74	19	4	2	1	5
Sacramento, CA	197	140	42	12	2	1	18
San Diego, CA	165	109	40	11	2	3	17
San Francisco, CA	119	84	23	5	3	4	13
San Jose, CA	200	153	32	10	2	3	19
Santa Cruz, CA	31	27	1	1	1	1	4
Seattle, WA	126	93	26	4	2	1	10
Spokane, WA	80	59	17	3	1	—	2
Tacoma, WA	133	97	28	6	1	1	6
Total	12,079**	8,188	2,635	722	270	257	954

U: Unavailable. —:No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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