



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

January 2, 2004 / Vol. 52 / Nos. 51 & 52

Prenatal HIV Testing and Antiretroviral Prophylaxis at an Urban Hospital — Atlanta, Georgia, 1997–2000

In 1994, the U.S. Public Health Service (USPHS) recommended the use of zidovudine (ZDV) to reduce perinatal human immunodeficiency virus (HIV) transmission; in 1995, USPHS recommended universal prenatal HIV counseling and voluntary testing (1,2). Widespread implementation of these recommendations, together with increased use of antiretroviral therapy (ART) and scheduled cesarean delivery, has resulted in substantial declines in perinatal HIV transmission (3–5). However, perinatal HIV transmission continues to occur (3). To identify missed prevention opportunities, CDC analyzed the incidence of perinatal HIV infection among a cohort of HIV-exposed infants born during 1997–2000 at Grady Memorial Hospital (GMH) in Atlanta, Georgia. This report describes the results of that analysis and underscores the challenges to universal prevention of infant HIV infections. Efforts to reduce perinatal HIV transmission should focus on increasing prenatal care rates, promoting adherence to recommended treatment regimens during pregnancy, and increasing prenatal HIV testing, particularly in areas where missed opportunities for prevention of perinatal HIV transmission persist.

All children born to women identified as HIV infected and delivered at GMH during 1997–2000 were included in this analysis. The 2000 birth cohort was the most recent cohort for which complete data on perinatal HIV transmission were available. Women usually met with trained HIV counselors in groups of two to five women during their initial prenatal visits. Pregnant women were provided pretest counseling and asked to give written informed consent for HIV-antibody testing. Since September 1994, the rate of HIV-testing acceptance has been >90% among women registered for prenatal care at GMH; acceptance of maternal and infant ZDV among HIV-infected women also has been >90% (6). Since 1999, scheduled cesarean delivery has been recommended routinely

to HIV-infected pregnant women at GMH. The incidence of perinatal HIV transmission was calculated as the number of HIV-infected children divided by the total number of children born to HIV-infected mothers. Children exposed to HIV perinatally were followed at the GMH pediatric HIV clinic. A child with two positive HIV DNA polymerase chain reaction (PCR) tests was classified as HIV infected; a child with at least one negative DNA PCR test after age 2 months or a negative HIV-antibody test after age 18 months was classified as uninfected.

The risk for perinatal HIV transmission was 5% in 1997 and 8% in 1998. A low of 3% was reached among HIV-exposed infants born during 1999, coincident with an increased percentage of HIV-infected pregnant women receiving a scheduled cesarean delivery and combination ART and an increased percentage with HIV viral loads of $\leq 1,000$ copies/mL during the peripartum period (Table). During 1999, dual- or triple-drug ART was administered to 29 (58%) of 50 pregnant HIV-positive women, compared with eight (16%) of 51 women during 1997 ($p < 0.001$). The percentage of pregnant women receiving no ART did not change significantly during the study period (Table). The percentage of women with viral loads of $\leq 1,000$ copies/mL near the time of

INSIDE

- 1248 Implementation of Named HIV Reporting — New York City, 2001
- 1252 Incidence of Acute Hepatitis B — United States, 1990–2002
- 1254 Update: Influenza-Associated Deaths Reported Among Children Aged <18 Years — United States, 2003–04 Influenza Season
- 1255 Update: Influenza Activity — United States, December 14–20, 2003
- 1257 Notice to Readers

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

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article Title]. *MMWR* 2003;52:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, M.D., M.P.H.
Director

Dixie E. Snider, M.D., M.P.H.
(Acting) Deputy Director for Public Health Science

Susan Y. Chu, Ph.D., M.S.P.H.
(Acting) Associate Director for Science

Epidemiology Program Office

Stephen B. Thacker, M.D., M.Sc.
Director

Office of Scientific and Health Communications

John W. Ward, M.D.
Director
Editor, MMWR Series

Suzanne M. Hewitt, M.P.A.
Managing Editor, MMWR Series

Jeffrey D. Sokolow, M.A.
(Acting) Lead Technical Writer/Editor

Jude C. Rutledge
Teresa F. Rutledge
Douglas W. Weatherwax
Writers/Editors

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Kim L. Bright, M.B.A.
Quang M. Doan, M.B.A.
Erica R. Shaver
Information Technology Specialists

Division of Public Health Surveillance and Informatics

Notifiable Disease Morbidity and 122 Cities Mortality Data

Robert F. Fagan
Deborah A. Adams
Judith Allen
Felicia J. Connor
Lateka Dammond
Rosaline Dhara
Donna Edwards
Patsy A. Hall
Pearl C. Sharp

delivery increased from 10% in 1997 to 48% during 1999–2000 ($p < 0.001$).

For all 54 exposed infants born in 1999 for whom information was available, maternal HIV testing had been performed in time (i.e., prenatally or at the time of delivery) for the infants to receive the recommended 6-week course of postnatal ZDV prophylaxis. Scheduled cesarean delivery rates increased from one (1%) of 114 women during 1997–1998 to 46 (37%) of 125 women during 1999–2000 ($p < 0.001$).

During 1999–2000, nine HIV-infected infants were born at GMH. Neither of the mothers of the two infected infants born in 1999 had prenatal care, nor did they know their HIV-infection status during pregnancy. One of the mothers was an active cocaine user who went into labor after rupture of the fetal membranes. Both infected infants received ZDV prophylaxis postnatally (i.e., within 24 hours after birth) but not intrapartum. In 2000, seven HIV-infected infants were born. Three of the mothers had received some prenatal care, including two women who knew their HIV status and had been prescribed combination ART. However, either the prescriptions were unfilled or the medications were taken irregularly; both women received ZDV during the intrapartum period. The third mother, who had prenatal care, was first tested for HIV 3 days before delivery; the positive test result was returned during labor, and she was started on intravenous ZDV. Of the four mothers without any prenatal care, one knew her HIV status before pregnancy. Two of the four mothers were cocaine users, one of whom had a negative HIV test during the fourth month of her pregnancy performed outside the prenatal care setting but had an HIV-positive test during the first postpartum day because of a positive drug screen. In six of the seven transmission cases in 2000, the infant was started on postpartum ZDV prophylaxis within 24 hours of birth. The remaining infant, whose mother first tested positive postpartum, was started on ZDV on the fourth day after birth.

Reported by: S Nesheim, MD, S Henderson, MD, M Lindsay, MD, J Zuberi, MD, V Grimes, Grady Memorial Hospital, Atlanta; J Buehler, MD, Div of Public Health, Georgia Dept of Human Resources. ML Lindegren, MD, M Bulterys, MD, Div of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC.

Editorial Note: GMH serves an economically disadvantaged population with high rates of illicit drug use. Since 1987, GMH has offered voluntary HIV testing to pregnant women receiving prenatal care or going into labor, and efforts at GMH to prevent perinatal HIV transmission have been successful in lowering transmission rates among HIV-infected pregnant women (6). However, the findings in this report underscore the challenges to universal prevention of perinatal HIV transmission.

TABLE. Number and percentage of births by HIV-infected mothers, by year and selected characteristics — Grady Memorial Hospital, Atlanta, Georgia, 1997–2000

Characteristic	1997 (N = 63)		1998 (N = 59)		1999 (N = 59)		2000 (N = 72)	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Transmission risk*	3	(5)	5	(8)	2	(3)	7	(10)
Maternal viral load near time of delivery (copies/mL)	(n = 40)		(n = 48)		(n = 55)		(n = 59)	
<400	2	(5)	2	(4)	19	(35)	16	(27)
400–1,000	2	(5)	7	(15)	8	(15)	12	(20)
1001–10,000	21	(52)	16	(33)	15	(27)	15	(25)
10,001–50,000	11	(28)	18	(38)	7	(13)	9	(15)
>50,000	4	(10)	5	(10)	6	(11)	7	(12)
Antiretroviral therapy	(n = 51)		(n = 53)		(n = 50)		(n = 64)	
Maternal (anytime during pregnancy)	(n = 51)		(n = 53)		(n = 50)		(n = 64)	
None	11	(22)	13	(25)	10	(20)	18	(28)
ZDV† mono	32	(63)	21	(40)	11	(22)	2	(3)
Dual	1	(2)	5	(9)	9	(18)	20	(31)
HAART§	7	(14)	14	(26)	20	(40)	24	(38)
Infant ZDV	(n = 60)		(n = 57)		(n = 54)		(n = 64)	
	55	(92)	55	(96)	54	(100)	62	(97)
Mode of delivery	(n = 59)		(n = 55)		(n = 59)		(n = 66)	
Vaginal	47	(80)	37	(67)	35	(59)	20	(30)
Scheduled cesarean	1	(2)	0	(0)	14	(24)	32	(48)
Emergency cesarean	9	(15)	16	(29)	9	(15)	13	(20)
Unknown cesarean	2	(3)	2	(4)	1	(2)	1	(2)

* Calculated as the number of HIV-infected children divided by the total number of children born to HIV-infected mothers.

† Zidovudine.

§ Highly active antiretroviral therapy.

During 1997–2000, no cases of perinatal HIV transmission were identified among pregnant women who participated in the full program of prenatal care, HIV testing in pregnancy, and ART. Of the seven cases among women with perinatal transmission in 2000, at least four might have been prevented by using the full regimen of ART. Two of the four women received prenatal care and were aware of their HIV infections, one received prenatal care and was unaware of her infection, and one did not receive prenatal care but was aware of her infection. In 2001, the Georgia Division of Public Health initiated a program focused on further reducing perinatal HIV transmission among women living in Atlanta. Through collaborations with hospital staff and local county health departments, HIV-infected pregnant women are linked to community resources to support and facilitate their adherence to appropriate therapy and other prevention services.

Certain perinatal HIV infections might be attributed to inadequate prenatal care. However, HIV testing of pregnant women even as late as the time of labor allowed nearly all HIV-exposed infants to receive the recommended neonatal ZDV postexposure prophylaxis for 6 weeks, demonstrating the value of HIV testing during labor. In 2001, the U.S. Department of Health and Human Services revised its guidelines for routine, voluntary HIV testing of pregnant women (7), including rapid HIV testing at the time of labor for women whose HIV status is unknown. CDC is continuing to

promote these recommendations as part of a new initiative aimed at reducing barriers to early diagnosis of HIV infection and increasing access to medical care and ongoing prevention services (8).

Perinatal HIV transmission can be prevented (3–5); the perinatal HIV infections described in this report highlight missed opportunities for perinatal HIV prevention and the need for multiple prevention strategies to reach women at high risk for infection. Innovative approaches must be developed that address the needs of mothers who receive little or no prenatal care or who have not had HIV testing before labor (3). Routine prenatal HIV testing of all pregnant women affords the best opportunity for the prevention of perinatal HIV transmission (9). Repeat HIV testing during the third trimester of pregnancy (10) probably would have identified the risk status of two of the infants described in this report and resulted in appropriate peripartum antiretroviral prophylaxis.

Resident treatment programs for cocaine-addicted pregnant women, together with supervised antiretroviral therapy, if indicated, for homeless and addicted mothers late in pregnancy, might further prevent perinatal HIV infection. For pregnant women who receive prenatal care and know their HIV status, prevention programs should focus on promoting adherence to recommended treatment regimens and administering ART during pregnancy (4,5). Efforts to reduce perinatal HIV transmission should continue to focus on increasing prenatal care

rates and prenatal HIV testing, particularly in areas where missed opportunities for prevention of perinatal HIV transmission persist.

References

1. CDC. Recommendations of the U.S. Public Health Service Task Force on the use of zidovudine to reduce perinatal transmission of human immunodeficiency virus. *MMWR* 1994;43(No. RR-11).
2. CDC. U.S. Public Health Service recommendations for human immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR* 1995;44(No. RR-7).
3. Bulterys M, Fowler MG. Prevention of HIV infection in children. *Pediatr Clin North Am* 2000;47:241–60.
4. Watts DH. Management of human immunodeficiency virus infection in pregnancy. *N Engl J Med* 2002;346:1879–91.
5. CDC. U.S. Public Health Service Task Force recommendations for use of antiretroviral drugs in pregnant HIV-1-infected women for maternal health and interventions to reduce perinatal HIV-1 transmission in the United States. *MMWR* 2002;51(No. RR-18).
6. Henderson SC, Lindsay MK, Higgins JE, Clark WS, Bulterys M, Nesheim SR. Experience with routine voluntary perinatal human immunodeficiency virus testing in an inner city hospital. *Pediatr Infect Dis J* 2001;20:1090–2.
7. CDC. Revised recommendations for HIV screening of pregnant women. *MMWR* 2001;50(No. RR-19).
8. CDC. Advancing HIV prevention: new strategies for a changing epidemic—United States, 2003. *MMWR* 2003;52:329–32.
9. Institute of Medicine. Reducing the Odds: Preventing Perinatal Transmission of HIV in the United States. Washington, DC: National Academy Press, 1998.
10. Sansom SL, Jamieson DJ, Farnham PG, Bulterys M, Fowler MG. Human immunodeficiency virus retesting during pregnancy: costs and effectiveness in preventing perinatal transmission. *Obstet Gynecol* 2003;102:782–90.

Implementation of Named HIV Reporting — New York City, 2001

Since 1981, population-based surveillance data on acquired immunodeficiency syndrome (AIDS) have been used in New York City (NYC) to monitor the human immunodeficiency virus (HIV) epidemic. In June 2000, the NYC Department of Health and Mental Hygiene (NYCDOHMH) began tracking diagnoses of HIV (non-AIDS) in addition to AIDS diagnoses. This report describes epidemiologic data from the first full calendar year of named HIV reporting in NYC. The findings indicate that, compared with persons living with AIDS (PLWA), persons who had HIV diagnosed during 2001 were more likely to be female, non-Hispanic black, younger (i.e., aged <45 years), and residents of the Bronx or Brooklyn. These newly available data describe the NYC population with HIV infection more accurately than data on PLWA and can be used to redirect HIV-prevention efforts to better target persons at highest risk for acquiring HIV infection.

A New York State (NYS) law implemented on June 1, 2000, mandates that health-care providers report by name all persons with newly diagnosed HIV infection, HIV illness, or AIDS. The law also requires that laboratories report the results of selected HIV-related tests for all NYS residents, including positive Western blot (WB) tests, detectable HIV viral loads, and CD4 counts of <500 cells/ μ L. NYCDOHMH field staff review medical records to abstract additional data that are not reported routinely by laboratories (e.g., race/ethnicity, transmission risk, and postal code of residence). Persons with HIV and AIDS also are identified through other mechanisms, including passive provider reporting; active surveillance by field staff in 73 acute-care hospitals, 500 clinics, and 1,500 private health-care providers' offices; and searches of public health registries (e.g., vital statistics, tuberculosis, and cryptosporidiosis). All previously unreported cases are entered into the HIV/AIDS Reporting System (HARS).

NYCDOHMH analyzed surveillance data related to HIV and AIDS cases reported through September 30, 2003. Patients were categorized as having had HIV diagnosed during or before 2001 on the basis of the date of the earliest known HIV diagnostic event (e.g., WB test or Provider Report Form). Persons with HIV diagnosed during 2001 were classified further as diagnosed concurrently with HIV and AIDS if an AIDS-defining event had occurred within 31 days of HIV diagnosis.

As of September 30, 2003, NYCDOHMH had received reports of 6,662 persons who had HIV diagnosed during 2001 (4,846 [73%] without AIDS and 1,816 [27%] with AIDS) (Table). An additional 3,275 persons with previously diagnosed HIV infection had AIDS diagnosed during 2001, for a total of 5,091 AIDS diagnoses during 2001. As of December 31, 2001, a total of 76,462 persons were reported to have had HIV or AIDS diagnosed and were known to be living with HIV in NYC (51,085 PLWA and 25,377 persons living with HIV [non-AIDS]).

Among the 6,662 persons who had HIV diagnosed during 2001, a total of 4,325 (65%) were male, and 2,337 (35%) were female (rate ratio [RR] = 2.1; 95% confidence interval [CI] = 2.0–2.2). Non-Hispanic blacks accounted for 54% (n = 3,572; rate: 182 per 100,000 population) of HIV diagnoses (RR = 5.0; 95% CI = 4.7–5.4 compared with non-Hispanic whites); Hispanics, 29% (n = 1,954; rate: 90 per 100,000 population; RR = 2.5; 95% CI = 2.3–2.7 compared with non-Hispanic whites); and non-Hispanic whites, 15% (n = 1,016; rate: 36 per 100,000 population). Of the 3,981 (60%) HIV-infected persons for whom transmission risk data were available, 1,534 (39%) were males who reported having

TABLE. Number, percentage, and rate* of persons with HIV diagnosed during 2001 and number and percentage of persons living with HIV/AIDS (PLWHA) diagnosed before 2001, by selected characteristics — New York City†

Characteristic	Persons with HIV diagnosed during 2001									PLWHA with HIV diagnosed before 2001					
	Without AIDS			Concurrently diagnosed with AIDS§			Total			With HIV (non-AIDS)		With AIDS		Total	
	No.	(%)	Rate	No.	(%)	Rate	No.	(%)	Rate	No.	(%)	No.	(%)	No.	(%)
Sex															
Male	3,062	(63.2)	80.7	1,263	(69.5)	33.3	4,325	(64.9)	114.0	14,067	(65.8)	34,994	(72.3)	49,061	(70.3)
Female	1,784	(36.8)	42.3	553	(30.5)	13.1	2,337	(35.1)	55.5	7,319	(34.2)	13,420	(27.7)	20,739	(29.7)
Race/Ethnicity															
Black, non-Hispanic	2,540	(52.4)	129.4	1,032	(56.8)	52.6	3,572	(53.6)	182.0	8,785	(41.1)	21,060	(43.5)	29,845	(42.8)
Hispanic	1,447	(29.9)	67.0	507	(27.9)	23.5	1,954	(29.3)	90.4	6,520	(30.5)	16,101	(33.3)	22,621	(32.4)
White, non-Hispanic	772	(15.9)	27.6	244	(13.4)	8.7	1,016	(15.3)	36.3	5,094	(23.8)	10,557	(21.8)	15,651	(22.4)
Asian/Pacific Islander	60	(1.2)	7.7	29	(1.6)	3.7	89	(1.3)	11.4	194	(0.9)	413	(0.9)	607	(0.9)
American Indian	6	(0.1)	34.6	2	(0.1)	11.5	8	(0.1)	46.2	16	(0.1)	24	(0)	40	(0.1)
Other/Unknown	21	(0.4)	7.4	2	(0.1)	0.7	23	(0.3)	8.1	777	(3.6)	259	(0.5)	1,036	(1.5)
Age group (yrs)¶															
≤12	75	(1.5)	4.9	5	(0.3)	0.3	80	(1.2)	5.2	1,234	(5.8)	490	(1.0)	1,724	(2.5)
13–24	450	(9.3)	37.1	77	(4.2)	6.4	527	(7.9)	43.5	1,024	(4.8)	798	(1.6)	1,822	(2.6)
25–44	3,103	(64.0)	117.9	1,066	(58.7)	40.5	4,169	(62.6)	158.4	13,043	(61.0)	26,076	(53.9)	39,119	(56.0)
45–64	1,158	(23.9)	68.3	616	(33.9)	36.3	1,774	(26.6)	104.6	5,796	(27.1)	19,823	(40.9)	25,619	(36.7)
≥65	60	(1.2)	6.4	52	(2.9)	5.5	112	(1.7)	11.9	289	(1.4)	1,227	(2.5)	1,516	(2.2)
Borough of residence															
Brooklyn	1,295	(26.7)	52.5	563	(31.0)	22.8	1,858	(27.9)	75.4	4,913	(23.0)	12,280	(25.4)	17,193	(24.6)
Manhattan	1,403	(29.0)	91.3	431	(23.7)	28.0	1,834	(27.5)	119.3	8,096	(37.9)	15,787	(32.6)	23,883	(34.2)
Bronx	1,258	(26.0)	94.4	407	(22.4)	30.5	1,665	(25.0)	124.9	4,472	(20.9)	10,110	(20.9)	14,582	(20.9)
Queens	574	(11.8)	25.7	301	(16.6)	13.5	875	(13.1)	39.2	2,441	(11.4)	6,933	(14.3)	9,374	(13.4)
Staten Island	67	(1.4)	15.1	51	(2.8)	11.5	118	(1.8)	26.6	471	(2.2)	907	(1.9)	1,378	(2.0)
Unknown	249	(5.1)	**	63	(3.5)	**	312	(4.7)	**	993	(4.6)	2,397	(5.0)	3,390	(4.9)
Transmission risk															
Men who have sex with men	1,178	(24.3)	**	356	(19.6)	**	1,534	(23.0)	**	5,582	(26.1)	12,740	(26.3)	18,322	(26.2)
Heterosexual††	945	(19.5)	**	392	(21.6)	**	1,337	(20.1)	**	3,585	(16.8)	9,305	(19.2)	12,890	(18.5)
Injection-drug use history	735	(15.2)	**	298	(16.4)	**	1,033	(15.5)	**	3,349	(15.7)	17,680	(36.5)	21,029	(30.1)
Perinatal	72	(1.5)	**	5	(0.3)	**	77	(1.2)	**	1,460	(6.8)	832	(1.7)	2,292	(3.3)
Transfusion history	0	(0)	**	0	(0)	**	0	(0)	**	94	(0.4)	297	(0.6)	391	(0.6)
Unknown/Under investigation§§	1,916	(39.5)	**	765	(42.1)	**	2,681	(40.2)	**	7,316	(34.2)	7,560	(15.6)	14,876	(21.3)
Clinical status as of 9/30/03															
HIV (non-AIDS)	3,991	(82.4)	49.8	0	(0)	0	3,991	(59.9)	49.8	16,231	(75.9)	48,414	(100.0)	16,231	(23.3)
AIDS	855	(17.6)	10.7	1,816	(100.0)	22.7	2,671	(40.1)	33.4	5,155	(24.1)	0	(0)	53,569	(76.7)
Total	4,846	(72.7)	60.5	1,816	(27.3)	22.7	6,662	(100.0)	83.2	21,386	(30.6)	48,414	(69.4)	69,800	(100.0)

* Per 100,000 population based on 2000 U.S. census data.

† Cohort includes persons reported as of September 30, 2003, by health-care providers and laboratories.

§ AIDS was diagnosed within 31 days of HIV diagnosis.

¶ For persons with HIV diagnosed during 2001, age group reflects age at diagnosis. For PLWHA, age group reflects age as of December 31, 2000.

** Denominator data not available for calculation of infection rates.

†† Includes persons with CDC-defined heterosexual transmission risk in addition to persons with probable heterosexual transmission. These include persons with a documented history of 1) sexual intercourse with an HIV-infected person of the opposite sex, an injection-drug user, a bisexual male, or a person with hemophilia/coagulation disorder, 2) heterosexual prostitution (e.g., sex work or exchange of sex for drugs), 3) sexual contact with a prostitute of the opposite sex, 4) multiple sex partners of the opposite sex, 5) sexually transmitted disease, 6) cocaine use, or 7) immigration from a country where heterosexual transmission of HIV predominates.

§§ Includes persons with no risk data reported by health-care provider and/or for whom an expanded investigation has not been completed.

sex with other males, 1,337 (34%) had high-risk heterosexual contact*, and 1,033 (26%) reported injection-drug use.

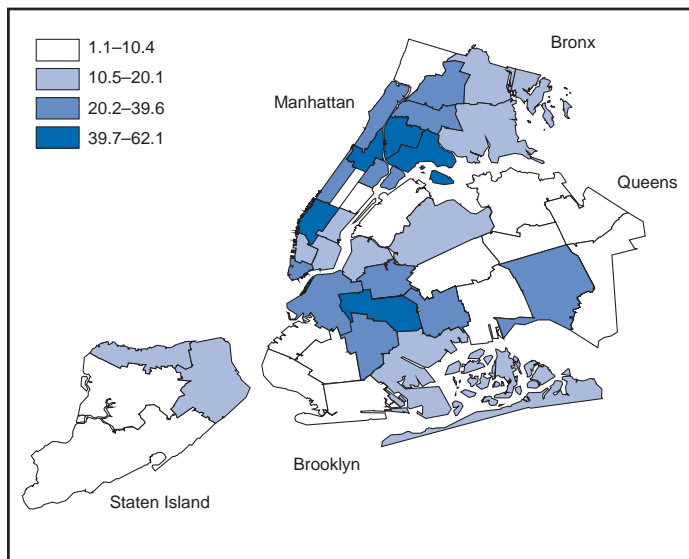
Overall, 1,816 (27%) of the 6,662 persons with HIV diagnosed during 2001 also had AIDS. Among NYC residents, the rates of concurrent HIV and AIDS diagnoses were

* Includes persons with CDC-defined heterosexual transmission risk in addition to persons with probable heterosexual transmission. These include persons with a documented history of 1) sexual intercourse with an HIV-infected person of the opposite sex, an injection-drug user, a bisexual male, or a person with hemophilia/coagulation disorder, 2) heterosexual prostitution (e.g., sex work or exchange of sex for drugs), 3) sexual contact with a prostitute of the opposite sex, 4) multiple sex partners of the opposite sex, 5) sexually transmitted disease, 6) cocaine use, or 7) immigration from a country where heterosexual transmission of HIV predominates.

highest among males and non-Hispanic blacks and varied significantly by neighborhood of residence (Figure). Persons with HIV and AIDS diagnosed concurrently were more likely to be male than female (odds ratio [OR] = 1.3; 95% CI = 1.2–1.5), non-Hispanic black than non-Hispanic white (OR = 1.3; 95% CI = 1.1–1.5), and residents of boroughs other than Manhattan (Table).

Compared with PLWA who had diagnoses before 2001, persons with HIV diagnosed during 2001 were more likely to be female (35% versus 28%), aged <45 years (72% versus 57%), non-Hispanic black (54% versus 44%), and residents of the Bronx (25% versus 21%) or Brooklyn (28% versus 25%).

FIGURE. Rate* of concurrent HIV and AIDS diagnoses among persons with HIV diagnosed during 2001, by neighborhood† — New York City



* Per 100,000 population based on 2000 U.S. census data.

† As determined by the United Hospital Fund (<http://www.ci.nyc.ny.us/html/doh/pdf/data/appb.pdf>).

Reported by: D Nash, PhD, C Ramaswamy, MPH, HIV Surveillance and Epidemiology Program, Bur of HIV/AIDS, New York City Dept of Health and Mental Hygiene, New York. S Manning, MD, EIS Officer, CDC.

Editorial Note: Surveillance data from the first full calendar year of named HIV reporting in NYC reflect trends in HIV transmission that would not be discernable by tracking AIDS cases alone and can be useful in guiding the distribution of HIV-treatment resources. Persons with newly diagnosed HIV infection are more likely to be female, non-Hispanic black, younger (i.e., aged <45 years), and residents of the Bronx or Brooklyn. These data can be used for prevention planning activities, policy-making, and allocation of HIV-prevention resources (e.g., the annual allocation of approximately \$45 million in federal, state, and local HIV-prevention funds and \$103 million in Ryan White treatment funds).

The proportion of persons in NYC with HIV and AIDS diagnosed concurrently (27%) is comparable to the estimated 26% concurrent HIV/AIDS diagnoses in 25 U.S. states with HIV reporting (1). Because earlier diagnosis leads to earlier initiation of treatment, delay in the progression of HIV disease, and limitation of the spread of HIV, persons in neighborhoods and risk groups with higher rates of concurrent HIV/AIDS diagnoses should be targeted for increased testing.

The findings in this report are subject to at least four limitations. First, the initiation of HIV reporting in NYC resulted in a large increase in the number of persons reported with

HIV and AIDS. Ascertaining transmission risk for a substantial proportion of these persons has not been possible; no transmission risk data were available for approximately 40% of those who received diagnoses during 2001. For this reason, available transmission risk data cannot be generalized to all persons with HIV infection. To address this limitation, in April 2002, NYCDOHMH, in collaboration with CDC, implemented a systematic sampling approach to obtain transmission risk data for a representative sample of persons reported with HIV, stratified by borough and sex, retroactive to June 2000 (2). Second, the completeness of HIV (non-AIDS) case reporting is not known. During 1993, completeness of AIDS case reporting in NYC was approximately 81%–87% (3), and AIDS surveillance data probably accurately reflect the actual burden of AIDS. However, surveillance data regarding HIV (non-AIDS) might underestimate the number of persons with HIV infection (non-AIDS) diagnosed. Third, persons with undiagnosed HIV cannot be detected by the HIV/AIDS surveillance system. An estimated 25% of persons living with HIV infection have never been tested, are unaware of their HIV-infection status, and are not counted by surveillance systems (4). Finally, the number of new HIV diagnoses in NYC during 2001 might be overestimated because of repeat WB testing among persons with HIV (non-AIDS) diagnosed before the start of HIV reporting. For this reason, the analysis was restricted to the first full calendar year of HIV reporting.

The addition of epidemiologic data related to persons with HIV (non-AIDS) to the HIV/AIDS surveillance system in NYC has resulted in a more complete and accurate characterization of the HIV epidemic. This new epidemiologic information, coupled with proven prevention strategies, will allow for more precise targeting of HIV-prevention resources in NYC.

Acknowledgments

This report is based on data provided by L Jones, D Figueroa, S Ly, R Shum, T Singh, S Forlenza, J Sackoff, L Torian, M Pfeiffer, M Katyal, Y Bennani, R Quintyne, G Bramble, R Castellan, W Davis, R Evans, V Gibbs, S Lashley, P McNamee, G Pruitt, P Rosas, W Smith, C Storck, D Thompson, A Torbert, V Peters, A Brooks, C Mapson, HIV Surveillance and Epidemiology Program, Bur of HIV/AIDS; P Thomas, Div of Epidemiology, New York City Dept of Health and Mental Hygiene, New York. R Dicker, Epidemiology Program Office; M McKenna, National Center for HIV/AIDS, STD, and TB Prevention, CDC.

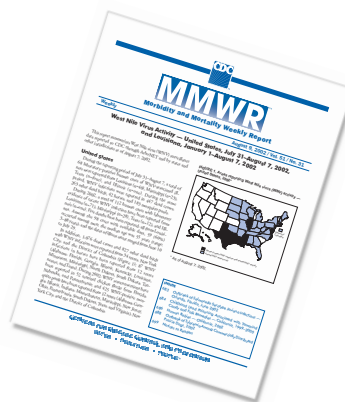
References

1. CDC. Diagnosis and reporting of HIV and AIDS in states with HIV/AIDS surveillance—United States, 1994–2000. *MMWR* 2002;51:595–8.
2. New York City Department of Health. HIV/AIDS Semi Annual Report: Surveillance Update, Including Persons Living with AIDS in New York City. New York, New York: HIV/AIDS Surveillance Program, Bureau of HIV/AIDS, New York City Department of Health, 2002.

o·rig·i·nal: *adj*

(ə-'rij-ən-'l) 1 : being the first instance or source from which a copy, reproduction, or translation can be made;

see also *MMWR*.



know what matters.



3. Greenberg AE, Hindin R, Nicholas AG, Bryan EL, Thomas PA. The completeness of AIDS case reporting in New York City. *JAMA* 1993;269:2995–3001.
4. Fleming P, Byers RH, Sweeney PA, Daniels D, Karon JM, Janssen RS. HIV prevalence in the United States, 2000 [Abstract]. Presented at the 9th Conference on Retroviruses and Opportunistic Infections, Seattle, Washington, February 24–28, 2002.

Incidence of Acute Hepatitis B — United States, 1990–2002

Hepatitis B virus (HBV) is a bloodborne and sexually transmitted virus that is acquired by percutaneous and mucosal exposure to blood or other body fluids of an infected person. Clinical manifestations of acute hepatitis B can be severe, and serious complications (i.e., cirrhosis and liver cancer) are more likely to develop in chronically infected persons. In the United States, approximately 1.2 million persons have chronic hepatitis B virus (HBV) infection and are sources for HBV transmission to others. However, since the late 1980s, the incidence of acute hepatitis B has declined steadily, especially among vaccinated children. To characterize the epidemiology of acute hepatitis B in the United States, CDC analyzed national notifiable disease surveillance data for 1990–2002. This report summarizes the results of that analysis, which indicated that, during 1990–2002, the incidence of reported acute hepatitis B declined 67%. This decline was greatest among children and adolescents, indicating the effect of routine childhood vaccination. The decline was lowest among adults, who accounted for the majority of cases; incidence increased among adults in some age groups. To reduce HBV transmission further in the United States, hepatitis B vaccination programs are needed that target men who have sex with men (MSM), injection-drug users (IDUs), and other adults at high risk.

CDC analyzed surveillance data for acute hepatitis B cases reported weekly from state health departments and the District of Columbia during 1990–2002. Data included each patient's county of residence, sex, race/ethnicity, and age. Clinical and risk factor data were available for approximately 35% of cases reported since 1990, including death from acute hepatitis B, reported injection-drug use, sex and number of sex partners, and exposure to a household or sex contact during incubation period. Acute hepatitis B incidence was calculated by using population denominators from the U.S. Census Bureau.

Summary of Incidence

During 1990–2002, the incidence of acute hepatitis B declined 67%, from 8.5 per 100,000 population (21,102

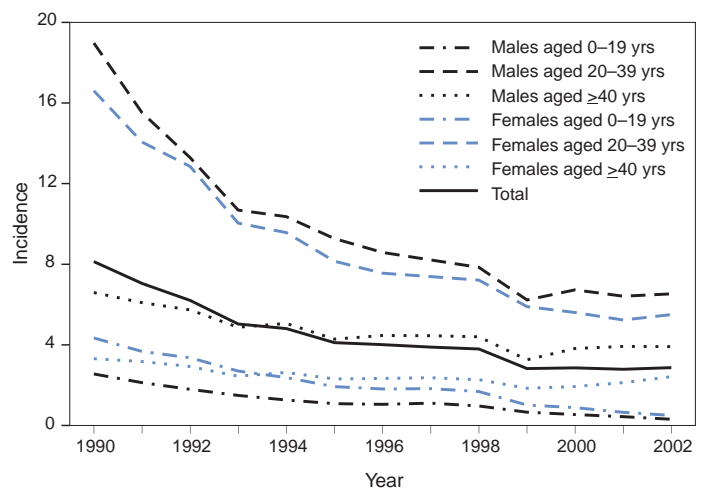
total cases reported) to 2.8 per 100,000 population (8,064 total cases reported) (Figure). By region*, in 2002, incidence was highest in the South (3.6), followed by the Northeast (3.5), the West (2.3), and the Midwest (1.6). During 1990–2002, decreases in incidence were greatest in the West (78%), followed by the Midwest (72%), the South (59%), and the Northeast (52%); however, incidence in the Northeast has increased 41% since 1999.

The incidence of acute hepatitis B among men has been consistently higher than among women. In 1990, the incidence among men and women was 9.8 and 6.3, respectively; in 2002, the incidence was 3.7 and 2.2, respectively. Overall, incidence among women has declined more than among men; the male-to-female acute hepatitis B rate ratio was 1.5 in 1990, compared with 1.7 in 2002.

By age, the most significant decline (89%) in acute hepatitis B incidence during 1990–2002 occurred among persons aged 0–19 years, from 3.0 in 1990 to 0.3 in 2002. Among persons aged 20–39 and ≥ 40 years, acute hepatitis B incidence declined 67% and 39%, respectively; however, the majority of this decline occurred during 1990–1998. Since 1999, the incidence of acute hepatitis B has increased 5% among males aged 20–39 years and 20% and 31%, respectively, among males and females aged ≥ 40 years (Figure).

* *Northeast*=Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *Midwest*=Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *South*=Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; and *West*=Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

FIGURE. Incidence* of acute hepatitis B, by age group, sex, and year — United States, 1990–2002



* Per 100,000 population.

Among 6,790 (32%) of the 21,102 cases reported in 1990 and 3,079 (38%) of the 8,064 cases reported in 2002 for which risk factor data were available, the proportion of persons who reported injection-drug use was similar (17% and 15%). However, the proportion of heterosexuals reporting multiple sex partners increased from 14% to 29%, as did the proportion of self-identified MSM, from 7% to 18%. During 1990–2002, the proportion of MSM reporting multiple sex partners was approximately 50%.

Examples of Local Trends

Data from two counties illustrate the changing epidemiology of acute hepatitis B in the United States. In both counties, overall incidence and incidence among children have declined. In Baltimore County (Baltimore, Maryland), acute hepatitis B incidence has been consistently higher than the national average. Since 1990, incidence has declined 26% overall; however, during 2000–2002, incidence increased 15%. In 2002, Baltimore County reported 50 acute hepatitis B cases (29 among men and 21 among women) for an overall incidence of 6.6; incidence for men and women was 8.1 and 5.3, respectively, with a male-to-female rate ratio of 1.5. Of the 38 persons with available risk factor data, 15 (40%) reported injection-drug use, eight (21%) reported having multiple heterosexual sex partners, and three (8%) reported both risk factors; six (16%) persons reported exposure to an HBV-infected household or sex contact, and three (8%) reported being an MSM.

Since 1990 in Mecklenburg County (Charlotte, North Carolina), reported acute hepatitis B incidence has been above the national average; however, during the same period, incidence has declined 82%. In 2002, Mecklenburg County reported 39 acute hepatitis B cases (28 among men and 11 among women) for an overall incidence of 5.6; incidence for men and women was 8.2 and 3.1, respectively, with a male-to-female rate ratio of 2.6. Risk factor data were available for all 39 cases; eight (21%) persons reported having multiple heterosexual sex partners, eight (21%) reported being MSM, and three (8%) reported both risk factors. Five (13%) persons reported exposure to an HBV-infected household or sex contact; no persons reported injection-drug use.

Reported by: *State and local health depts. Maryland Dept of Health and Mental Hygiene. North Carolina Dept of Health and Human Svcs. J Miller, MPH, L Finelli, DrPH, BP Bell, MD, Div of Viral Hepatitis, National Center for Infectious Diseases, CDC.*

Editorial Note: In 1991, a comprehensive strategy to eliminate HBV transmission was implemented in the United States and has reduced the incidence of acute hepatitis B among children. The strategy included universal infant vaccination,

universal screening of pregnant women, and postexposure prophylaxis of infants born to infected mothers to prevent perinatal HBV infection; since 1982, adolescents and adults at high risk have been recommended to receive HBV vaccine (1). In 1995, the strategy was expanded to include routine vaccination of all adolescents aged 11–12 years and, in 1999, to include all persons aged 0–18 years who had not been vaccinated previously (2). The incidence of acute hepatitis B has declined steadily during the preceding decade, in part because of successful vaccination and other prevention programs. The observed decline in the incidence of acute hepatitis B among children occurred coincident with an increase in hepatitis B vaccination coverage among children aged 19–35 months, from 16% in 1992 to 90% in 2000 (3).

Since 1999, after more than a decade of decline, hepatitis B incidence among men aged >19 years and women aged \geq 40 years has increased. The most common risk factors reported among adults with acute hepatitis B continue to be multiple sex partners, MSM, and injection-drug use (4). Different high-risk behaviors accounted for the majority of transmissions in different locales.

Increases in sexually transmitted diseases (STD), including syphilis and human immunodeficiency virus (HIV) infection among MSM (5,6) have been attributed to increases in high-risk sexual behavior (e.g., unprotected anal intercourse with more than one partner and unsafe sex while under the influence of alcohol or recreational drugs) (5,6). Changes in patterns of sexual behavior also could be responsible for the increasing transmission of HBV among MSM.

In 1982, the Advisory Committee on Immunization Practices recommended hepatitis B vaccination for sexually active homosexual and bisexual men and IDUs and, in 1985, for heterosexuals with multiple sex partners or a recent STD (1). Trends in acute hepatitis B infection also reflect poor vaccination coverage among persons who engage in these behaviors. Of 3,432 young MSM in seven U.S. metropolitan areas, only 9% had received HBV vaccine (7). In a San Diego County, California, survey, only 6% of IDUs had completed the 3-dose HBV vaccine series (8).

Persons at high risk for HBV infection often seek health care in settings in which vaccination services could be provided. During 1996–1998, approximately half of persons reported with acute hepatitis B had been treated for an STD or incarcerated: 89% of IDUs, 35% of MSM, and 70% of persons with multiple sex partners (4,9). Both STD clinics and correctional facilities are settings in which hepatitis B vaccination services are recommended.

The findings in this report are subject to at least two limitations. First, the quality of surveillance data varies at local and

state levels. Second, national viral hepatitis case-reporting is incomplete; only approximately 35% of all reported cases contain risk factor data.

The decline in acute hepatitis B among children indicates that successful hepatitis B vaccination programs are possible. These programs must consider the local epidemiology of hepatitis B and identify ways to reach populations at high risk. Integration of hepatitis B vaccination into health-care programs that target persons at high risk is feasible and cost effective (8,10). Hepatitis B vaccination programs have been implemented in STD clinics, juvenile and adult detention facilities, HIV-counseling and -testing centers, and other sites.

No national adult hepatitis B program exists that is similar to those that have proven successful for children and adolescents. Components of a national adult vaccination program must include policies for vaccination, including methods for achieving higher vaccination rates among adults at greatest risk and appropriate resources to support implementation.

References

1. CDC. Hepatitis B virus: a comprehensive strategy for eliminating transmission in the United States through universal childhood vaccination: recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1991;40(No. RR-13).
2. CDC. Update: recommendations to prevent hepatitis B virus transmission—United States. MMWR 1999;48:33–4.
3. CDC. Hepatitis B vaccination—United States, 1982–2002. MMWR 2002;51:549–52, 563.
4. Goldstein ST, Alter MJ, Williams IT, et al. Incidence and risk factors for acute hepatitis B in the United States, 1982–1998: implications for vaccination programs. J Infect Dis 2002;185:713–9.
5. Wolitski RJ, Valdiserri RO, Denning PH, Levine WC. Are we headed for a resurgence of the HIV epidemic among men who have sex with men? Am J Public Health 2001;91:883–8.
6. CDC. Primary and secondary syphilis among men who have sex with men—New York City, 2001. MMWR 2002;51:853–6.
7. MacKellar DA, Valleroy LA, Secura GM, et al. Two decades after vaccine license: hepatitis B immunization and infection among young men who have sex with men. Am J Public Health 2001;91:965–71.
8. CDC. Hepatitis B vaccination among high-risk adolescents and adults—San Diego, California, 1998–2001. MMWR 2002;51:618–21.
9. Khan A, Goldstein S, Williams I, Bell B, Mast E. Opportunities for hepatitis B prevention in correctional facilities and sexually transmitted disease treatment settings [Abstract]. Antiviral Therapy 2000;5(suppl 1):21.
10. Weinstock HS, Bolan G, Moran JS, Peterman TA, Polish L, Reingold AL. Routine hepatitis B vaccination in a clinic for sexually transmitted diseases. Am J Public Health 1995;85:846–9.

Since October, 42 influenza-associated deaths among children aged <18 years have been reported to CDC. All patients had influenza virus infection detected by rapid antigen testing or other laboratory testing methods. This report describes preliminary findings based on data provided from multiple states, as of December 17, 2003. To improve surveillance, CDC has requested that all influenza-associated deaths of children aged <18 years be reported to CDC through state health departments.

Among the 42 reported deaths, 20 (48%) patients were male, and 21 (50%) were female; the sex of one patient was not reported. Twenty-three (55%) of the children were aged <5 years, and 13 (31%) were aged 6–23 months (Table 1). The median age was 4 years (range: 9 weeks–17 years). Seventeen (40%) of the children had underlying chronic medical conditions (Table 2); the previous medical status for four (10%) children was unknown. Among the 21 patients who had no underlying chronic medical condition, five had invasive bacterial co-infections, including three caused by methicillin-resistant *Staphylococcus aureus* (MRSA), one by *Streptococcus*

TABLE 1. Age distribution of 42 influenza-associated deaths reported among children aged <18 years — United States, 2003–04 influenza season*

Age	No.	(%)
<6 mos	1	(2)
6–23 mos	13	(31)
2– 4 yrs	9	(21)
5–11 yrs	9	(21)
12–17 yrs	10	(24)

* Preliminary data as of December 17, 2003.

TABLE 2. Underlying chronic medical conditions reported in 17 influenza-associated deaths among children, aged <18 years — United States, 2003–04 influenza season*

Underlying chronic medical condition	No. children affected†
Autoimmune disorder (i.e., SLE§)	1
Cerebral palsy	2
Chromosomal abnormality	1
Endocrine disorder (i.e., hypothyroidism)	1
Genetic disorder (i.e., Huntington's disease)	1
GI¶ disorder (i.e., gastroesophageal reflux disease or biliary atresia)	2
Developmental delay	2
Mental retardation	2
Pulmonary disease (i.e., asthma or reactive airway disease)	3
Organ transplant (i.e., heart)	1
Seizure disorder (e.g., epilepsy)	3
Others (e.g., Pierre Robin syndrome and Cornelia de Lange syndrome)	2

* Preliminary data as of December 17, 2003.

† Certain children had more than one condition.

§ Systemic lupus erythematosus.

¶ Gastrointestinal.

Update: Influenza-Associated Deaths Reported Among Children Aged <18 Years — United States, 2003–04 Influenza Season

On December 19, this report was posted on the MMWR website (<http://www.cdc.gov/mmwr>).

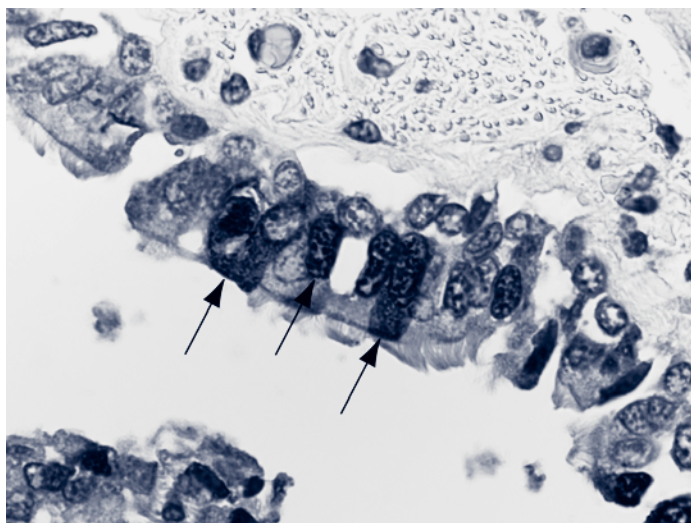
pneumoniae, and one by Group A streptococcus. Three children with underlying chronic medical conditions had invasive bacterial co-infections, including one caused by MRSA, one caused by *Streptococcus pneumoniae*, and one caused by *Neisseria meningitidis*.

Influenza vaccination status was available for only seven patients; five (aged 1 year, 14 months, 20 months, 3 years, and 8 years) were not vaccinated; two (aged 21 months and 5 years) received 1 dose of influenza vaccine; however, their previous vaccination history was unknown. Influenza A viruses were isolated from 11 (26%) patients; 29 (69%) infections were detected by rapid diagnostic testing or by direct fluorescent antibody testing of respiratory specimens. In two (5%) patients, evidence of influenza A virus infection was solely by immunohistochemical staining (IHC) of post-mortem tissue specimens at CDC (Figure). Five cases that were positive by rapid antigen testing of respiratory specimens also were tested by IHC; all five also had influenza A viral antigens detected in bronchial epithelium tissues obtained at autopsy. CDC continues to work with state health departments to collect additional information on all cases.

Reported by: State and local health departments. Influenza Response Team, J Wright, DVM, A Likos, MD, N Bhat, MD, EIS officers, CDC.

Editorial Note: Influenza-associated deaths are not reportable conditions in the United States, and the average annual number of such deaths is unknown. However, cases of sudden death associated with influenza in previously healthy children in the United States have been reported (1; CDC, unpublished data, 2003). During 1990–1999, approximately

FIGURE. Influenza A viral antigens (dark areas indicated by arrows) demonstrated by immunohistochemical staining, in ciliated bronchial epithelial cells from a deceased child with influenza A virus infection



Photo/CDC

92 influenza-associated respiratory and circulatory deaths were estimated to have occurred annually among children aged <5 years (2). However, this estimate was based on mathematical modeling and not on counting fatalities associated with laboratory-confirmed influenza virus infection.

Among the 42 reported cases, laboratory-confirmed influenza virus infection was found in all of the children. Influenza can be confirmed by various methods, including commercially available rapid tests, viral culture, direct fluorescent antibody, reverse transcriptase polymerase chain reaction, IHC of tissues collected during autopsy (3), and paired serology.

CDC Request for Reports of Influenza-Associated Deaths Among Children

During the 2003–04 influenza season, CDC is requesting that all influenza-associated deaths among children aged <18 years be reported to CDC through state health departments. In addition, CDC is requesting submission of postmortem tissue specimens and autopsy reports where available. Influenza viral isolates in fatal cases also should be sent to CDC for antigenic characterization.

To report the influenza-associated death of a child aged <18 years, state health departments should contact CDC's Influenza Branch, telephone, 800-232-4636; e-mail, eocinfluenza@cdc.gov. Case-reporting and specimen-collection forms will be made available to state health departments and medical examiners via the *Epidemic Information Exchange*, available at <http://www.cdc.gov/mmwr/epix/epix.html>. When completed, the forms should be sent with a cover sheet headed ATTN: Fatal Case Reporting to CDC via fax, 888-232-1322.

References

1. CDC. Severe morbidity and mortality associated with influenza in children and young adults—Michigan, 2003. *MMWR* 2003;52:837–40.
2. Thompson W, Shay D, Weintraub E, et al. Mortality associated with influenza and respiratory syncytial virus in the United States. *JAMA* 2003;289:179–86.
3. Guarner J, Shieh WJ, Dawson J, et al. Immunohistochemical and in situ hybridization studies of influenza A virus infection in human lungs. *Am J Clin Path* 2000;114:227–33.

Update: Influenza Activity — United States, December 14–20, 2003

Influenza activity in the United States continued to increase during December 14–20, 2003*. The proportion of patient visits to sentinel providers for influenza-like illness (ILI)[†]

* Provisional data reported as of December 29.

[†] Temperature of >100.0° F (>37.8° C) and cough and/or sore throat in the absence of a known cause other than influenza.

overall was 7.7%, which is above the national baseline[§] of 2.5%. Influenza activity[¶] was reported as widespread by health departments in 45 states, New York City, and the District of Columbia; four states reported regional influenza activity; and one state reported local influenza activity (Figure 1).

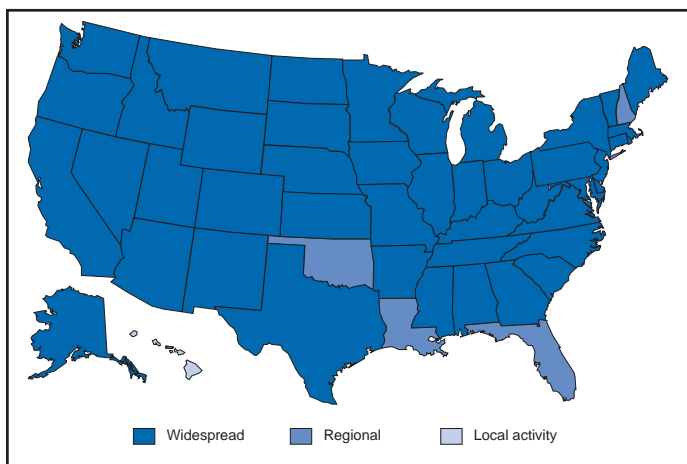
Laboratory Surveillance

During the reporting week of December 14–20, World Health Organization (WHO) laboratories reported testing 3,693 specimens for influenza viruses; of which 1,297 (35.1%) were positive. Of these, 323 were influenza A (H3N2) viruses, 964 were influenza A viruses that were not subtyped, and 10 were influenza B viruses (Figure 2). Because data from the National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories for the week ending December 20

[§] Calculated as the mean percentage of visits for ILI during noninfluenza weeks, plus two standard deviations. Wide variability in regional data precludes calculating region-specific baselines and makes it inappropriate to apply the national baseline to regional data.

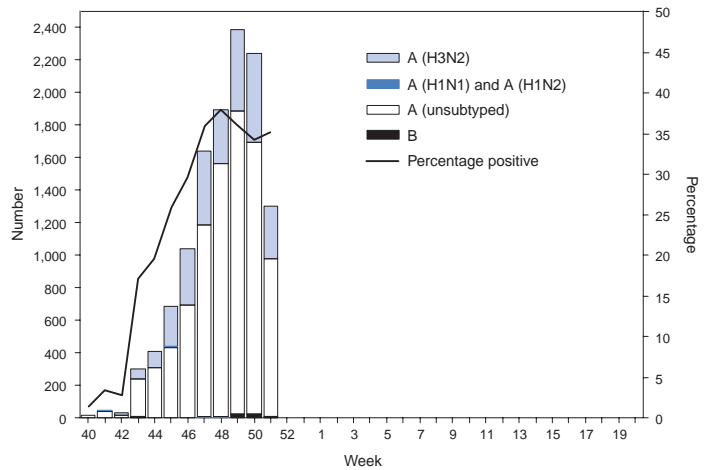
[¶] Levels of activity are 1) *no activity*, 2) *sporadic*—small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI, 3) *local*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state, 4) *regional*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state, and 5) *widespread*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of a state.

FIGURE 1. States in which estimated influenza activity levels have been reported by state epidemiologists, by level of activity* — United States, December 14–20, 2003



* Levels of activity are 1) *no activity*, 2) *sporadic*—small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of influenza-like illness (ILI), 3) *local*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state, 4) *regional*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state, and 5) *widespread*—outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of a state.

FIGURE 2. Number and percentage of specimens testing positive for influenza virus reported by World Health Organization and National Respiratory and Enteric Virus Surveillance System laboratories, by week — United States, October 5–December 20, 2003



were not available at the time of this report, numbers might change substantially next week.

Since September 28, WHO and NREVSS laboratories have tested 40,075 specimens for influenza viruses; of which 11,982 (29.9%) were positive. Of these, 11,902 (99.3%) were influenza A viruses, and 80 (0.7%) were influenza B viruses. Of the 11,902 influenza A viruses, 2,934 (24.7%) have been subtyped; 2,933 (99.9%) were influenza A (H3N2) viruses, and one (0.1%) was an influenza A (H1) virus. All 50 states have reported laboratory-confirmed influenza this season.

Antigenic Characterization

Of the 330 influenza viruses collected by U.S. laboratories since October 1 and characterized antigenically by CDC, 326 were influenza A (H3N2) viruses, two were influenza A (H1) viruses, and two were influenza B viruses. The hemagglutinin proteins of the influenza A (H1) viruses were similar antigenically to the hemagglutinin of the vaccine strain A/New Caledonia/20/99. Of the 326 influenza A (H3N2) isolates that have been characterized, 80 (25.0%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 246 (75.0%) were similar to a drift variant, A/Fujian/411/2002 (H3N2)**. Both influenza B viruses characterized were similar antigenically to B/Sichuan/379/99.

** Although vaccine effectiveness against A/Fujian/411/2002-like viruses might be less than that against A/Panama/2007/99-like viruses, the current U.S. vaccine probably will offer some cross-protective immunity against the A/Fujian/411/2002-like viruses and reduce the severity of disease.

Pneumonia and Influenza (P&I) Mortality Surveillance

As of the week ending December 20, P&I accounted for 7.8% of all deaths reported through the 122 Cities Mortality Reporting System. The epidemic threshold^{††} for that week was 7.8%.

ILI Surveillance

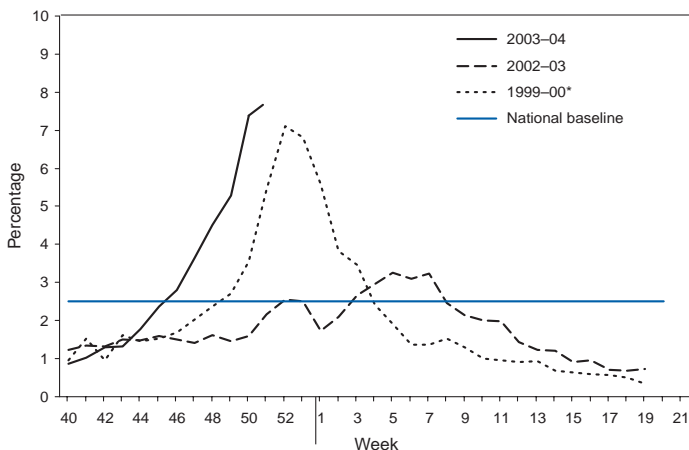
During the reporting week of December 14–20, the weekly percentage of patient visits^{§§} to approximately 1,000 U.S. sentinel providers nationwide for ILI increased to 7.7%, which is above the national baseline of 2.5% (Figure 3). The percentage of patient visits for ILI increased in five of the nine surveillance regions but has continued to decline in the West South Central region (6.8% for week 51 compared with 11.3% for week 47). On a regional level^{¶¶}, the percentage of visits

^{††} The expected baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected by using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the previous 5 years; the epidemic threshold is 1.645 standard deviations above the seasonal baseline percentage.

^{§§} National and regional percentage of patient visits for ILI are weighted on the basis of state population.

^{¶¶} *New England*=Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; *Mid-Atlantic*=New Jersey, New York City, Pennsylvania, and Upstate New York; *East North Central*=Illinois, Indiana, Michigan, Ohio, and Wisconsin; *West North Central*=Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota; *South Atlantic*=Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, Washington, D.C., and West Virginia; *East South Central*=Alabama, Kentucky, Mississippi, and Tennessee; *West South Central*=Arkansas, Louisiana, Oklahoma, and Texas; *Mountain*=Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming; and *Pacific*=Alaska, California, Hawaii, Oregon, and Washington.

FIGURE 3. Percentage of visits for influenza-like illness reported by Sentinel Provider Surveillance Network, by week — United States, 1999–00, 2002–03, and 2003–04 influenza seasons



* The 1999–00 season was selected for comparison because it was the most recent influenza A (H3N2) season of moderate severity.

for ILI was highest in the East North Central region (9.6%), followed by Pacific region (9.0%), West North Central region (8.8%), South Atlantic region (7.9%), East South Central region (7.8%), West South Central region (6.8%), New England region (6.3%), Mid-Atlantic region (5.8%), and the Mountain region (4.4%).

Activity Reported by State and Territorial Epidemiologists

During the week ending December 20, influenza activity was reported as widespread in 45 states (Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming), New York City, and the District of Columbia. Regional activity was reported in four states (Florida, Louisiana, New Hampshire, and Oklahoma), and Hawaii reported local activity.

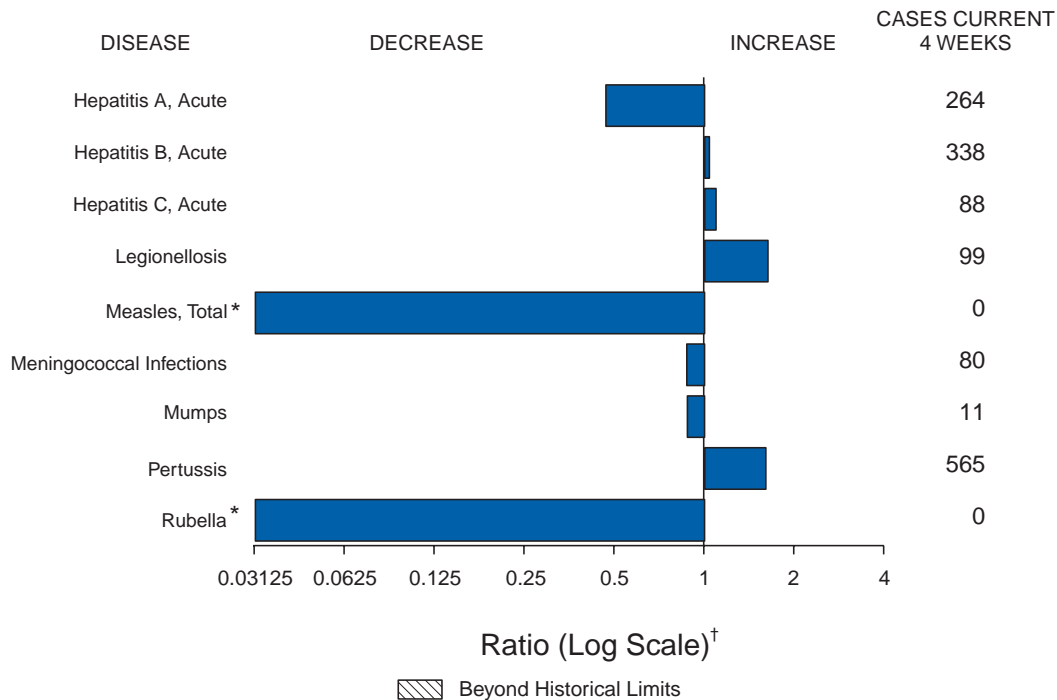
Weekly updates on influenza activity will be published in *MMWR* during the influenza season. Additional information about influenza activity is available from CDC at <http://www.cdc.gov/flu>.

Notice to Readers

Subscriptions to the CDC Public Health Law News

Public Health Law News is a free electronic newsletter published every weekday except holidays by CDC's Public Health Law Program. The newsletter contains summaries of news reports on public health law and related subjects; announcements of public health law–related publications, conferences, congressional hearings, and other events; a news quotation of the day; and other timely material. The newsletter is available at <http://www.phppo.cdc.gov/od/phlp>. Information about subscribing via e-mail is available at <http://www.cdc.gov/subscribe.html>.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 20, 2003, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 50 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.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending December 20, 2003 (51st Week)*

	Cum. 2003	Cum. 2002		Cum. 2003	Cum. 2002
Anthrax	-	2	Hansen disease (leprosy)†	56	88
Botulism:	-	-	Hantavirus pulmonary syndrome†	17	17
foodborne	17	27	Hemolytic uremic syndrome, postdiarrheal†	152	200
infant	68	68	HIV infection, pediatric§	204	158
other (wound & unspecified)	31	19	Measles, total	41†	41**
Brucellosis†	85	122	Mumps	191	251
Chancroid	44	67	Plague	1	2
Cholera	1	2	Poliomyelitis, paralytic	-	-
Cyclosporiasis†	70	159	Psittacosis†	14	16
Diphtheria	1	1	Q fever†	70	58
Ehrlichiosis:	-	-	Rabies, human	3	3
human granulocytic (HGE)†	354	337	Rubella	7	16
human monocytic (HME)†	205	192	Rubella, congenital	-	1
other and unspecified	42	23	SARS-associated coronavirus disease††	8	NA
Encephalitis/Meningitis:	-	-	Streptococcal toxic-shock syndrome†	135	115
California serogroup viral†	88	149	Tetanus	14	22
eastern equine†	10	9	Toxic-shock syndrome	125	101
Powassan†	-	1	Trichinosis	5	14
St. Louis†	37	20	Tularemia†	78	75
western equine†	5	-	Yellow fever	-	-

-: No reported cases.
 * Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).
 † Not notifiable in all states.
 § Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 30, 2003.
 ¶ Of 41 cases reported, 30 were indigenous, and 11 were imported from another country.
 ** Of 41 cases reported, 24 were indigenous, and 17 were imported from another country.
 †† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	AIDS		Chlamydia†		Coccidiomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile	
	Cum. 2003§	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	41,832	39,910	803,868	816,631	4,072	4,368	3,198	2,906	1,924	2,747
NEW ENGLAND	1,436	1,548	26,129	27,405	-	-	165	190	7	27
Maine	52	28	1,652	1,742	N	N	20	12	-	-
N.H.	36	38	1,037	1,534	-	-	11	29	-	-
Vt.	16	12	1,026	915	-	-	32	33	-	-
Mass.	599	807	11,222	10,779	-	-	68	77	-	18
R.I.	102	102	2,834	2,781	-	-	16	21	-	-
Conn.	631	561	8,358	9,654	N	N	18	18	7	9
MID. ATLANTIC	9,714	9,476	108,915	93,293	-	-	405	413	189	134
Upstate N.Y.	1,007	1,306	19,784	16,422	N	N	134	141	8	47
N.Y. City	5,201	5,345	33,531	31,911	-	-	99	144	-	28
N.J.	1,448	1,371	14,125	13,990	-	-	11	17	31	23
Pa.	2,058	1,454	41,475	30,970	N	N	161	111	150	36
E.N. CENTRAL	3,863	4,225	140,635	150,287	7	23	963	944	118	1,619
Ohio	757	757	34,163	37,504	-	-	171	118	105	435
Ind.	514	483	16,064	17,001	N	N	105	60	1	18
Ill.	1,718	2,097	43,393	47,596	-	3	87	121	2	554
Mich.	703	706	31,739	31,382	7	20	144	131	10	561
Wis.	171	182	15,276	16,804	-	-	456	514	-	51
W.N. CENTRAL	768	764	45,367	46,345	1	1	570	412	475	192
Minn.	162	149	9,209	10,008	N	N	150	197	49	17
Iowa	82	81	3,344	5,726	N	N	121	47	78	-
Mo.	365	383	17,489	15,900	-	-	49	40	34	107
N. Dak.	2	3	1,294	1,187	N	N	15	24	9	-
S. Dak.	14	10	2,539	2,157	-	-	44	36	65	14
Nebr.†	52	66	4,659	4,676	1	1	19	52	153	35
Kans.	91	72	6,833	6,691	N	N	172	16	87	19
S. ATLANTIC	11,498	11,861	150,538	155,003	5	4	393	325	196	71
Del.	202	194	2,961	2,612	N	N	4	3	12	-
Md.	1,441	1,836	16,438	16,448	5	4	25	19	51	21
D.C.	863	769	3,016	3,262	-	-	13	5	-	-
Va.	856	811	16,415	18,176	-	-	45	30	22	-
W. Va.	86	79	2,504	2,429	N	N	4	3	1	2
N.C.	1,060	953	25,201	24,516	N	N	51	36	5	-
S.C.†	756	815	15,984	14,274	-	-	9	6	3	1
Ga.	1,825	1,543	28,998	32,360	-	-	127	121	51	21
Fla.	4,409	4,861	39,021	40,926	N	N	115	102	51	26
E.S. CENTRAL	1,879	1,919	50,191	51,099	N	N	115	127	44	278
Ky.	200	301	7,875	8,597	N	N	24	10	11	42
Tenn.	800	762	19,817	15,760	N	N	39	60	17	10
Ala.	441	421	11,871	15,394	-	-	42	47	16	34
Miss.	438	435	10,628	11,348	N	N	10	10	-	192
W.S. CENTRAL	4,566	3,850	101,176	105,422	4	12	93	64	506	421
Ark.	172	240	7,554	7,277	-	-	19	8	22	13
La.	610	898	17,599	18,384	N	N	3	10	49	204
Okla.	202	180	10,739	10,780	N	N	20	16	31	-
Tex.	3,582	2,532	65,284	68,981	4	12	51	30	404	204
MOUNTAIN	1,461	1,365	43,068	50,919	2,492	2,871	133	156	385	5
Mont.	13	11	2,080	2,354	N	N	18	6	216	1
Idaho	24	31	2,375	2,473	N	N	27	29	-	1
Wyo.	7	8	934	925	1	1	5	9	96	-
Colo.	343	307	10,031	13,859	N	N	34	57	-	-
N. Mex.	102	88	6,690	7,304	9	8	14	20	68	-
Ariz.	646	552	12,107	14,687	2,428	2,807	6	17	2	3
Utah	72	63	3,419	3,505	19	11	21	14	1	-
Nev.	254	305	5,432	5,812	35	44	8	4	2	-
PACIFIC	6,647	4,902	137,849	136,858	1,562	1,456	361	275	4	-
Wash.	491	441	16,295	14,632	N	N	59	36	-	-
Oreg.	242	310	7,047	6,758	-	-	38	39	4	-
Calif.	5,802	3,994	107,473	107,309	1,562	1,456	263	197	-	-
Alaska	15	30	3,583	3,697	-	-	1	1	-	-
Hawaii	97	127	3,451	4,462	-	-	-	2	-	-
Guam	6	2	-	610	-	-	-	-	-	-
P.R.	1,025	1,136	1,761	2,464	N	N	N	N	-	-
V.I.	33	70	208	125	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 30, 2003.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	<i>Escherichia coli</i> , Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002				
UNITED STATES	2,511	3,735	266	184	129	53	17,789	20,390	307,915	345,354
NEW ENGLAND	162	263	55	47	17	7	1,417	1,732	6,920	7,634
Maine	10	39	3	8	1	-	179	208	170	140
N.H.	12	35	2	-	-	-	22	43	76	119
Vt.	18	14	-	1	-	1	119	145	90	97
Mass.	69	118	8	20	16	6	747	920	2,979	3,200
R.I.	4	12	-	1	-	-	114	156	908	888
Conn.	49	45	42	17	-	-	236	260	2,697	3,190
MID. ATLANTIC	234	415	19	1	37	8	3,514	4,138	41,901	41,726
Upstate N.Y.	95	174	11	-	19	1	1,070	1,221	7,835	8,456
N.Y. City	5	19	-	-	-	-	1,110	1,410	13,249	12,502
N.J.	22	63	1	-	-	1	367	468	7,762	7,794
Pa.	112	159	7	1	18	6	967	1,039	13,055	12,974
E.N. CENTRAL	556	845	28	31	23	6	2,920	3,559	63,477	73,425
Ohio	133	154	16	11	22	5	888	956	18,793	21,652
Ind.	89	78	-	1	-	-	-	-	6,443	7,354
Ill.	114	191	-	6	-	-	745	1,011	19,616	23,755
Mich.	90	134	2	3	-	1	744	907	13,674	14,415
Wis.	130	288	10	10	1	-	543	685	4,951	6,249
W.N. CENTRAL	435	514	55	31	20	7	2,026	2,102	16,118	17,798
Minn.	133	162	23	26	1	-	789	816	2,634	3,020
Iowa	103	120	-	-	-	-	267	306	775	1,367
Mo.	88	69	18	-	1	-	492	494	8,315	8,825
N. Dak.	13	18	4	-	8	2	38	31	72	71
S. Dak.	28	40	4	2	-	-	84	81	222	262
Nebr.	39	73	5	3	-	-	136	186	1,581	1,534
Kans.	31	32	1	-	10	5	220	188	2,519	2,719
S. ATLANTIC	151	459	73	36	11	1	2,775	2,925	74,983	87,582
Del.	11	10	N	N	N	N	51	54	1,108	1,552
Md.	14	28	-	-	-	-	116	115	7,875	9,191
D.C.	1	3	-	-	-	-	56	46	2,388	2,633
Va.	38	67	11	10	-	-	358	328	7,535	10,207
W. Va.	5	9	-	-	-	1	49	59	828	962
N.C.	4	226	31	-	-	-	N	N	14,585	15,445
S.C.	4	5	-	-	-	-	136	142	8,612	9,118
Ga.	31	46	6	8	-	-	929	901	14,659	17,601
Fla.	43	65	25	18	11	-	1,080	1,280	17,393	20,873
E.S. CENTRAL	82	110	2	-	7	10	342	391	24,963	29,589
Ky.	28	30	2	-	7	10	N	N	3,531	3,716
Tenn.	35	49	-	-	-	-	178	186	8,270	9,201
Ala.	14	20	-	-	-	-	164	205	7,692	9,998
Miss.	5	11	-	-	-	-	-	-	5,470	6,674
W.S. CENTRAL	94	111	4	2	9	9	286	255	41,754	47,313
Ark.	12	12	-	-	-	-	139	173	3,882	4,561
La.	3	4	-	-	-	-	14	6	10,370	11,358
Okla.	29	23	-	-	-	-	133	73	4,435	4,627
Tex.	50	72	4	2	9	9	-	3	23,067	26,767
MOUNTAIN	326	337	26	29	5	5	1,564	1,697	9,422	11,215
Mont.	17	31	-	-	-	-	113	93	104	118
Idaho	84	43	16	18	-	-	202	132	69	93
Wyo.	4	15	1	2	-	-	23	29	43	63
Colo.	71	98	3	6	5	5	418	564	2,408	3,467
N. Mex.	11	13	5	3	-	-	50	151	1,061	1,442
Ariz.	40	34	N	N	N	N	255	242	3,334	3,708
Utah	76	75	-	-	-	-	364	327	356	372
Nev.	23	28	1	-	-	-	139	159	2,047	1,952
PACIFIC	471	681	4	7	-	-	2,945	3,591	28,377	29,072
Wash.	113	148	1	-	-	-	353	442	2,684	2,852
Oreg.	103	206	3	7	-	-	392	443	941	892
Calif.	242	282	-	-	-	-	2,023	2,504	23,382	23,985
Alaska	4	8	-	-	-	-	85	112	542	618
Hawaii	9	37	-	-	-	-	92	90	828	725
Guam	N	N	-	-	-	-	-	7	-	45
P.R.	-	1	-	-	36	-	132	85	188	332
V.I.	-	-	-	-	-	-	-	-	55	31
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	<i>Haemophilus influenzae</i> , invasive†								Hepatitis (viral, acute), by type	
	All ages		Age <5 years						A	
	All serotypes		Serotype b		Non-serotype b		Unknown serotype			
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	1,644	1,629	20	32	90	137	183	149	7,046	8,574
NEW ENGLAND	120	124	1	-	5	12	5	2	336	292
Maine	4	2	-	-	-	-	1	-	19	8
N.H.	11	11	1	-	-	-	-	-	11	11
Vt.	10	7	-	-	-	-	-	-	6	4
Mass.	54	46	-	-	5	5	3	2	203	144
R.I.	9	10	-	-	-	-	1	-	15	32
Conn.	32	48	-	-	-	7	-	-	82	93
MID. ATLANTIC	367	303	-	4	3	16	52	25	1,737	1,099
Upstate N.Y.	134	117	-	2	3	4	13	8	146	177
N.Y. City	62	69	-	-	-	-	11	10	439	441
N.J.	64	56	-	-	-	-	10	7	157	186
Pa.	107	61	-	2	-	12	18	-	995	295
E.N. CENTRAL	236	314	4	4	13	14	33	44	687	1,021
Ohio	72	81	-	-	1	1	12	10	167	297
Ind.	50	42	1	2	8	8	-	-	75	48
Ill.	69	120	-	-	-	-	15	21	196	262
Mich.	23	17	3	2	4	5	1	-	204	218
Wis.	22	54	-	-	-	-	5	13	45	196
W.N. CENTRAL	124	72	2	1	7	3	17	6	195	289
Minn.	53	47	2	1	7	3	2	4	45	47
Iowa	-	1	-	-	-	-	-	-	36	65
Mo.	43	13	-	-	-	-	14	2	72	84
N. Dak.	3	4	-	-	-	-	-	-	1	3
S. Dak.	1	1	-	-	-	-	-	-	-	3
Nebr.	3	1	-	-	-	-	-	-	13	17
Kans.	21	5	-	-	-	-	1	-	28	70
S. ATLANTIC	387	359	3	5	17	17	21	27	1,762	2,376
Del.	-	-	-	-	-	-	-	-	8	15
Md.	92	95	1	2	7	4	1	1	176	299
D.C.	-	-	-	-	-	-	-	-	43	80
Va.	55	32	-	-	-	-	6	5	108	150
W. Va.	17	18	-	-	-	1	-	1	15	23
N.C.	41	31	-	-	3	3	2	-	124	203
S.C.	5	14	-	-	-	-	1	2	39	65
Ga.	64	81	-	-	-	-	5	12	846	498
Fla.	113	88	2	3	7	9	6	6	403	1,043
E.S. CENTRAL	79	69	1	1	2	5	11	13	253	264
Ky.	6	8	-	-	2	1	-	2	32	43
Tenn.	51	35	-	-	-	1	7	7	190	119
Ala.	20	16	1	1	-	3	3	1	15	39
Miss.	2	10	-	-	-	-	1	3	16	63
W.S. CENTRAL	69	58	2	2	9	11	5	3	382	1,031
Ark.	7	1	-	-	1	-	-	-	19	71
La.	12	9	-	-	-	-	5	3	58	89
Okla.	47	46	-	-	8	11	-	-	23	48
Tex.	3	2	2	2	-	-	-	-	282	823
MOUNTAIN	158	189	4	7	19	40	23	17	472	544
Mont.	-	-	-	-	-	-	-	-	8	13
Idaho	6	2	-	-	-	-	2	1	18	30
Wyo.	2	2	-	-	-	-	-	-	1	3
Colo.	37	35	-	-	-	-	7	4	68	73
N. Mex.	17	27	-	-	4	6	1	1	22	29
Ariz.	72	93	4	5	6	28	8	7	257	291
Utah	14	18	-	1	5	4	5	1	47	54
Nev.	10	12	-	1	4	2	-	3	51	51
PACIFIC	104	141	3	8	15	19	16	12	1,222	1,658
Wash.	11	4	-	2	7	2	3	-	65	147
Oreg.	48	55	-	-	-	-	6	3	60	63
Calif.	20	43	3	6	8	17	4	4	1,076	1,411
Alaska	3	2	-	-	-	-	2	2	9	12
Hawaii	22	37	-	-	-	-	1	3	12	25
Guam	-	-	-	-	-	-	-	-	-	1
P.R.	-	1	-	-	-	-	-	-	52	228
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	U	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

† Non-serotype b: nontypeable and type other than b; Unknown serotype: type unknown or not reported. Previously, cases reported without type information were counted as non-serotype b.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002						
UNITED STATES	6,613	7,275	1,809	1,772	1,961	1,261	606	640	17,573	21,730
NEW ENGLAND	241	305	11	20	103	116	49	62	3,388	7,059
Maine	1	13	2	-	2	5	7	5	222	102
N.H.	11	22	-	-	6	7	3	4	95	250
Vt.	4	7	9	13	6	35	1	3	43	37
Mass.	185	165	-	6	44	45	15	34	1,140	1,805
R.I.	18	30	-	1	17	9	1	1	581	346
Conn.	22	68	U	U	28	15	22	15	1,307	4,519
MID. ATLANTIC	864	1,510	158	110	556	360	114	190	11,356	11,199
Upstate N.Y.	129	121	40	47	155	108	34	57	4,419	4,868
N.Y. City	278	723	-	-	59	63	21	39	5	59
N.J.	182	331	-	5	73	33	15	37	2,049	2,340
Pa.	275	335	118	58	269	156	44	57	4,883	3,932
E.N. CENTRAL	414	689	153	116	395	292	70	91	797	1,263
Ohio	152	105	12	2	226	122	25	26	71	81
Ind.	38	59	9	-	29	21	10	12	23	20
Ill.	1	158	17	24	3	28	8	23	33	47
Mich.	192	318	115	86	119	84	19	22	12	26
Wis.	31	49	-	4	18	37	8	8	658	1,089
W.N. CENTRAL	345	234	272	630	67	67	23	20	469	465
Minn.	37	36	9	2	5	17	11	3	343	367
Iowa	13	20	1	1	10	13	1	3	50	42
Mo.	243	118	259	611	33	19	5	10	65	40
N. Dak.	2	5	-	-	1	1	-	1	-	1
S. Dak.	2	2	-	1	2	4	-	1	1	2
Nebr.	29	30	3	15	5	13	4	1	2	6
Kans.	19	23	-	-	11	-	2	1	8	7
S. ATLANTIC	2,067	1,723	163	211	514	223	136	83	1,281	1,394
Del.	10	13	-	-	28	10	N	N	191	192
Md.	133	129	18	14	130	56	28	20	648	728
D.C.	12	21	-	-	19	6	-	-	14	23
Va.	189	196	11	15	93	30	12	7	159	204
W. Va.	38	18	9	3	21	-	7	-	27	17
N.C.	160	225	13	26	39	13	18	8	147	127
S.C.	149	122	24	5	7	10	5	8	15	24
Ga.	758	475	10	64	32	19	34	14	17	2
Fla.	618	524	78	84	145	79	32	26	63	77
E. S. CENTRAL	428	381	85	137	95	49	31	21	61	73
Ky.	73	53	20	4	43	22	9	4	15	23
Tenn.	206	137	19	30	34	19	8	12	17	27
Ala.	61	101	7	11	13	8	12	4	5	11
Miss.	88	90	39	92	5	-	2	1	24	12
W.S. CENTRAL	830	1,024	783	378	63	35	42	38	80	141
Ark.	59	112	3	11	2	-	1	-	-	3
La.	113	132	116	98	1	4	3	5	6	5
Okla.	41	79	2	5	7	3	3	9	-	-
Tex.	617	701	662	264	53	28	35	24	74	133
MOUNTAIN	590	605	56	57	77	54	30	30	19	17
Mont.	16	10	4	1	4	3	2	-	-	-
Idaho	8	7	1	1	4	2	2	2	3	4
Wyo.	31	17	-	5	2	2	-	-	2	2
Colo.	79	77	17	6	15	9	10	7	4	1
N. Mex.	33	146	-	3	3	2	2	3	1	1
Ariz.	275	228	7	7	11	14	10	14	3	3
Utah	64	51	-	4	27	16	-	3	3	5
Nev.	84	69	27	30	11	6	4	1	3	1
PACIFIC	834	804	128	113	91	65	111	105	122	119
Wash.	75	72	16	25	10	5	8	8	3	11
Oreg.	109	126	16	13	N	N	5	9	18	12
Calif.	615	584	85	74	80	57	93	80	98	93
Alaska	11	11	1	-	-	2	-	-	3	3
Hawaii	24	11	10	1	1	1	5	8	N	N
Guam	-	1	-	-	-	-	-	-	-	-
P.R.	85	191	-	-	-	-	-	2	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	1,139	1,369	1,520	1,734	7,906	8,694	5,375	7,541	951	1,000
NEW ENGLAND	43	83	71	93	1,203	881	553	897	1	7
Maine	4	6	6	6	12	17	67	60	-	-
N.H.	4	7	3	14	60	61	13	48	-	-
Vt.	2	4	3	4	69	167	38	89	-	-
Mass.	11	33	44	48	1,017	591	207	299	1	3
R.I.	3	11	2	5	20	16	59	75	-	4
Conn.	19	22	13	16	25	29	169	326	-	-
MID. ATLANTIC	286	368	193	214	1,157	535	923	1,336	39	59
Upstate N.Y.	58	46	53	55	755	365	417	693	2	-
N.Y. City	143	230	38	37	-	22	6	21	14	10
N.J.	42	43	27	28	107	5	62	188	12	16
Pa.	43	49	75	94	295	143	438	434	11	33
E.N. CENTRAL	86	160	208	259	729	993	163	162	17	32
Ohio	23	24	56	74	314	434	53	39	11	13
Ind.	3	14	43	32	70	152	32	31	1	4
Ill.	26	62	43	57	-	168	24	31	-	12
Mich.	24	45	45	45	130	60	47	46	5	3
Wis.	10	15	21	51	215	179	7	15	-	-
W.N. CENTRAL	51	58	130	149	509	739	576	469	71	104
Minn.	24	17	26	35	146	368	41	38	2	-
Iowa	6	4	26	28	143	142	104	79	2	3
Mo.	6	16	55	50	149	144	55	50	55	96
N. Dak.	1	1	1	3	6	8	54	57	-	-
S. Dak.	3	2	1	2	5	7	67	93	5	1
Nebr.	-	5	7	23	15	8	100	-	4	4
Kans.	11	13	14	8	45	62	155	152	3	-
S. ATLANTIC	320	321	257	282	676	414	2,400	2,619	605	475
Del.	3	5	9	7	8	4	63	53	1	1
Md.	75	107	27	9	85	67	256	391	106	40
D.C.	15	21	-	-	3	2	-	-	1	2
Va.	40	32	24	42	90	140	477	577	30	40
W. Va.	4	3	6	4	26	32	81	169	5	2
N.C.	25	22	36	32	137	45	751	697	321	285
S.C.	4	8	21	33	184	45	238	147	43	72
Ga.	67	51	33	31	32	28	346	406	83	19
Fla.	87	72	101	124	111	51	188	179	15	14
E.S. CENTRAL	22	20	86	97	143	257	171	213	110	133
Ky.	9	7	19	17	45	97	37	26	3	5
Tenn.	7	3	30	38	75	114	100	108	66	85
Ala.	3	5	15	22	17	37	33	75	12	16
Miss.	3	5	22	20	6	9	1	4	29	27
W.S. CENTRAL	77	84	182	213	688	1,620	221	1,243	97	171
Ark.	4	3	17	24	37	488	25	99	44	97
La.	4	4	35	46	6	7	-	-	-	-
Okla.	4	10	21	22	92	35	196	120	42	61
Tex.	65	67	109	121	553	1,090	-	1,024	11	13
MOUNTAIN	52	52	78	93	906	1,487	167	310	10	14
Mont.	-	2	6	3	5	9	21	19	1	1
Idaho	1	-	9	5	75	151	15	38	2	-
Wyo.	2	-	2	-	130	11	6	18	2	5
Colo.	22	25	22	26	340	458	38	59	2	2
N. Mex.	3	3	11	4	67	198	5	10	1	1
Ariz.	16	13	15	30	126	507	63	142	-	-
Utah	6	6	5	5	128	105	14	13	2	-
Nev.	2	3	8	20	35	48	5	11	-	5
PACIFIC	202	223	315	334	1,895	1,768	201	292	1	5
Wash.	30	24	39	63	703	484	-	-	-	-
Oreg.	12	12	61	46	439	188	7	14	-	3
Calif.	152	177	202	212	735	1,062	186	252	1	2
Alaska	1	2	3	4	7	5	8	26	-	-
Hawaii	7	8	10	9	11	29	-	-	-	-
Guam	-	-	-	1	-	2	-	-	-	-
P.R.	1	1	5	7	1	3	68	86	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		<i>Streptococcus pneumoniae</i> , invasive			
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Drug resistant, all ages		Age <5 years	
							Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	39,845	42,832	21,273	21,990	5,044	4,471	2,039	2,415	454	382
NEW ENGLAND	2,038	2,175	328	345	360	318	42	118	9	4
Maine	136	142	7	10	28	20	-	-	-	-
N.H.	100	138	5	13	21	35	-	-	N	N
Vt.	73	75	8	1	19	10	8	5	5	2
Mass.	1,211	1,207	221	202	174	106	N	N	N	N
R.I.	129	171	21	17	16	15	10	16	4	2
Conn.	389	442	66	102	102	132	24	97	U	U
MID. ATLANTIC	4,469	5,734	2,245	1,835	880	704	128	123	101	85
Upstate N.Y.	1,148	1,515	585	354	349	282	72	92	77	71
N.Y. City	1,244	1,375	400	497	125	155	U	U	U	U
N.J.	573	1,040	280	615	148	145	N	N	N	N
Pa.	1,504	1,804	980	369	258	122	56	31	24	14
E.N. CENTRAL	5,158	5,460	1,694	2,255	1,007	972	440	261	178	159
Ohio	1,317	1,381	299	652	285	212	286	94	98	31
Ind.	565	556	179	115	105	52	154	165	49	66
Ill.	1,644	1,770	863	1,105	182	279	-	2	-	-
Mich.	776	861	233	194	350	305	N	N	N	N
Wis.	856	892	120	189	85	124	N	N	31	62
W.N. CENTRAL	2,521	2,606	812	1,085	324	256	168	433	63	63
Minn.	569	577	107	213	161	129	-	292	53	59
Iowa	390	500	88	122	N	N	N	N	N	N
Mo.	963	822	370	210	72	46	15	5	3	1
N. Dak.	40	41	6	18	15	3	3	1	7	3
S. Dak.	118	114	17	157	21	14	1	1	-	-
Nebr.	152	201	106	273	25	26	-	26	N	N
Kans.	289	351	118	92	30	38	149	108	N	N
S. ATLANTIC	10,980	11,344	7,082	7,569	894	704	1,026	1,105	18	36
Del.	99	101	157	402	7	2	1	3	N	N
Md.	848	925	581	1,213	268	122	-	-	-	26
D.C.	51	76	73	63	16	9	3	-	7	3
Va.	1,068	1,214	426	996	97	73	N	N	N	N
W. Va.	124	152	-	12	36	19	80	46	11	7
N.C.	1,392	1,574	985	550	103	113	N	N	U	U
S.C.	810	841	509	134	37	38	141	193	N	N
Ga.	2,176	1,926	1,593	1,782	120	128	238	274	N	N
Fla.	4,412	4,535	2,758	2,417	210	200	563	589	N	N
E.S. CENTRAL	2,654	3,272	935	1,535	206	114	143	134	-	-
Ky.	396	395	128	200	45	22	20	18	N	N
Tenn.	741	857	391	168	161	92	123	116	N	N
Ala.	531	859	249	823	-	-	-	-	N	N
Miss.	986	1,161	167	344	-	-	-	-	-	-
W.S. CENTRAL	4,712	4,618	4,475	3,274	340	293	60	191	79	30
Ark.	782	1,050	98	196	5	8	8	12	-	-
La.	538	785	303	499	1	1	52	179	11	10
Okla.	465	510	834	587	90	48	N	N	45	8
Tex.	2,927	2,273	3,240	1,992	244	236	N	N	23	12
MOUNTAIN	2,224	2,329	1,226	1,067	439	560	29	50	6	5
Mont.	111	89	2	4	2	-	-	-	-	-
Idaho	172	169	35	17	19	11	N	N	N	N
Wyo.	77	106	8	8	2	7	10	14	-	-
Colo.	443	593	277	210	126	122	-	-	-	-
N. Mex.	270	327	250	243	114	110	19	35	-	-
Ariz.	745	653	536	497	163	279	-	-	N	N
Utah	230	178	52	35	11	31	-	-	6	5
Nev.	176	214	66	53	2	-	-	1	-	-
PACIFIC	5,089	5,294	2,476	3,025	594	550	3	-	-	-
Wash.	556	506	154	179	70	60	-	-	N	N
Oreg.	421	335	212	108	N	N	N	N	N	N
Calif.	3,793	4,106	2,055	2,662	399	383	N	N	N	N
Alaska	96	83	10	5	-	-	-	-	N	N
Hawaii	223	264	45	71	125	107	3	-	-	-
Guam	-	42	-	37	-	-	-	4	-	-
P.R.	350	567	8	31	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 20, 2003, and December 21, 2002 (51st Week)*

Reporting area	Syphilis				Tuberculosis		Typhoid fever		Varicella (Chickenpox)
	Primary & secondary		Congenital		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002					
UNITED STATES	6,574	6,686	359	430	11,121	12,872	304	315	13,086
NEW ENGLAND	196	147	1	1	310	424	23	13	1,843
Maine	7	2	1	-	5	20	-	-	780
N.H.	14	8	-	-	7	18	2	-	-
Vt.	1	2	-	-	7	7	-	-	907
Mass.	129	98	-	1	209	233	12	7	151
R.I.	20	10	-	-	32	49	2	-	5
Conn.	25	27	-	-	50	97	7	6	-
MID. ATLANTIC	848	727	64	66	2,117	2,163	58	77	38
Upstate N.Y.	47	35	17	4	275	303	11	9	N
N.Y. City	483	425	32	26	1,100	1,037	25	41	-
N.J.	162	164	15	35	426	496	16	18	-
Pa.	156	103	-	1	316	327	6	9	38
E.N. CENTRAL	846	1,205	69	72	1,150	1,300	23	34	6,047
Ohio	197	158	3	3	200	234	2	7	1,220
Ind.	55	61	12	4	128	122	4	2	-
Ill.	335	470	20	39	557	602	7	17	-
Mich.	247	486	34	26	213	271	10	4	3,978
Wis.	12	30	-	-	52	71	-	4	849
W.N. CENTRAL	143	123	4	2	473	513	4	10	77
Minn.	42	59	-	1	193	223	-	4	N
Iowa	7	4	-	-	25	33	2	-	N
Mo.	55	34	4	1	109	126	1	2	-
N. Dak.	2	-	-	-	4	6	-	-	77
S. Dak.	2	-	-	-	20	13	-	-	-
Nebr.	12	6	-	-	27	25	1	4	-
Kans.	23	20	-	-	95	87	-	-	-
S. ATLANTIC	1,756	1,758	71	90	2,308	2,711	53	44	2,082
Del.	6	11	-	-	23	21	-	-	28
Md.	300	223	11	15	233	274	9	11	-
D.C.	52	56	-	1	-	-	-	-	31
Va.	75	69	1	1	255	278	12	7	503
W. Va.	2	2	-	-	21	28	-	-	1,260
N.C.	148	279	19	20	354	416	9	2	N
S.C.	94	134	7	13	161	147	-	-	260
Ga.	468	379	11	13	372	515	8	5	-
Fla.	611	605	22	27	889	1,032	15	19	N
E. S. CENTRAL	313	447	10	31	663	750	7	4	2
Ky.	33	88	1	3	125	132	1	4	N
Tenn.	134	165	2	11	201	288	3	-	N
Ala.	114	149	5	10	236	209	3	-	-
Miss.	32	45	2	7	101	121	-	-	2
W. S. CENTRAL	913	837	69	89	1,500	1,808	32	30	2,280
Ark.	54	34	2	11	105	119	-	-	-
La.	168	148	-	-	-	-	-	-	14
Okla.	64	71	1	2	145	168	1	2	N
Tex.	627	584	66	76	1,250	1,521	31	28	2,266
MOUNTAIN	299	326	25	21	348	426	6	10	717
Mont.	-	-	-	-	5	12	-	-	N
Idaho	15	8	-	-	8	14	1	-	N
Wyo.	-	-	-	-	4	3	-	-	106
Colo.	24	64	3	2	64	95	3	5	-
N. Mex.	63	36	4	-	6	34	-	1	4
Ariz.	176	196	18	19	200	223	2	-	4
Utah	10	7	-	-	39	31	-	2	603
Nev.	11	15	-	-	22	14	-	2	-
PACIFIC	1,260	1,116	46	58	2,252	2,777	98	93	-
Wash.	77	66	-	2	240	242	4	6	-
Oreg.	43	26	-	-	100	109	5	2	-
Calif.	1,138	1,014	46	55	1,789	2,232	88	80	-
Alaska	-	-	-	-	54	49	-	-	-
Hawaii	2	10	-	1	69	145	1	5	-
Guam	-	6	-	-	-	65	-	-	-
P.R.	183	277	1	23	86	104	-	-	423
V.I.	1	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending December 20, 2003 (51st Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
NEW ENGLAND	591	433	109	28	10	11	63	S. ATLANTIC	1,309	832	323	91	40	23	86		
Boston, Mass.	170	133	23	4	4	6	28	Atlanta, Ga.	181	115	42	18	5	1	9		
Bridgeport, Conn.	38	31	5	-	1	1	4	Baltimore, Md.	334	202	88	21	17	6	24		
Cambridge, Mass.	15	9	5	1	-	-	-	Charlotte, N.C.	131	85	29	11	3	3	12		
Fall River, Mass.	22	19	1	2	-	-	4	Jacksonville, Fla.	175	116	42	10	5	2	8		
Hartford, Conn.	65	40	17	5	3	-	7	Miami, Fla.	43	28	13	1	-	1	1		
Lowell, Mass.	44	35	5	4	-	-	4	Norfolk, Va.	74	41	23	6	3	1	6		
Lynn, Mass.	21	15	6	-	-	-	1	Richmond, Va.	69	47	15	4	1	2	8		
New Bedford, Mass.	34	24	8	2	-	-	1	Savannah, Ga.	U	U	U	U	U	U	U		
New Haven, Conn.	U	U	U	U	U	U	U	St. Petersburg, Fla.	76	55	16	3	2	-	4		
Providence, R.I.	U	U	U	U	U	U	U	Tampa, Fla.	199	128	47	13	4	7	13		
Somerville, Mass.	10	5	4	1	-	-	-	Washington, D.C.	U	U	U	U	U	U	U		
Springfield, Mass.	56	35	14	4	-	3	7	Wilmington, Del.	27	15	8	4	-	-	1		
Waterbury, Conn.	49	35	13	-	-	1	4	E.S. CENTRAL	1,036	693	226	70	25	21	76		
Worcester, Mass.	67	52	8	5	2	-	3	Birmingham, Ala.	208	143	43	9	7	5	18		
MID. ATLANTIC	2,189	1,520	449	121	47	48	141	Chattanooga, Tenn.	90	57	24	4	3	2	11		
Albany, N.Y.	49	39	7	1	1	1	5	Knoxville, Tenn.	140	94	29	10	4	3	9		
Allentown, Pa.	29	24	4	-	1	-	2	Lexington, Ky.	41	30	8	3	-	-	4		
Buffalo, N.Y.	102	69	23	6	1	3	8	Memphis, Tenn.	218	147	46	15	4	6	7		
Camden, N.J.	U	U	U	U	U	U	U	Mobile, Ala.	89	57	21	5	4	2	2		
Elizabeth, N.J.	24	14	7	2	1	-	-	Montgomery, Ala.	54	40	8	5	1	-	5		
Erie, Pa.	44	35	9	-	-	-	2	Nashville, Tenn.	196	125	47	19	2	3	20		
Jersey City, N.J.	U	U	U	U	U	U	U	W.S. CENTRAL	1,132	785	207	87	20	33	85		
New York City, N.Y.	1,021	726	200	62	13	16	51	Austin, Tex.	125	95	12	11	3	4	11		
Newark, N.J.	67	37	18	7	3	2	5	Baton Rouge, La.	U	U	U	U	U	U	U		
Paterson, N.J.	29	19	7	2	1	-	1	Corpus Christi, Tex.	61	44	9	3	3	2	8		
Philadelphia, Pa.	327	187	78	24	20	18	16	Dallas, Tex.	256	161	54	26	7	8	24		
Pittsburgh, Pa. [‡]	35	30	4	-	-	1	4	El Paso, Tex.	122	90	24	6	-	2	3		
Reading, Pa.	25	20	5	-	-	-	2	Ft. Worth, Tex.	132	91	26	10	2	3	7		
Rochester, N.Y.	169	133	31	3	1	1	20	Houston, Tex.	U	U	U	U	U	U	U		
Schenectady, N.Y.	23	15	7	1	-	-	4	Little Rock, Ark.	90	63	19	4	1	3	3		
Scranton, Pa.	38	29	6	3	-	-	-	New Orleans, La.	43	26	11	6	-	-	-		
Syracuse, N.Y.	109	74	21	5	3	6	10	San Antonio, Tex.	229	162	38	15	4	10	22		
Trenton, N.J.	39	25	9	3	2	-	3	Shreveport, La.	74	53	14	6	-	1	7		
Utica, N.Y.	28	20	8	-	-	-	5	Tulsa, Okla.	U	U	U	U	U	U	U		
Yonkers, N.Y.	31	24	5	2	-	-	3	MOUNTAIN	921	645	177	60	25	14	79		
E.N. CENTRAL	2,156	1,498	454	109	48	45	149	Albuquerque, N.M.	150	108	26	8	6	2	13		
Akron, Ohio	57	39	14	3	-	1	5	Boise, Idaho	51	39	7	4	1	-	2		
Canton, Ohio	51	39	8	3	-	1	11	Colo. Springs, Colo.	69	49	12	5	1	2	8		
Chicago, Ill.	389	250	93	22	12	10	30	Denver, Colo.	106	67	26	7	4	2	16		
Cincinnati, Ohio	91	53	24	7	6	1	4	Las Vegas, Nev.	283	180	69	26	6	2	15		
Cleveland, Ohio	215	169	35	6	3	2	8	Ogden, Utah	37	30	5	-	-	2	5		
Columbus, Ohio	218	153	42	11	4	8	13	Phoenix, Ariz.	U	U	U	U	U	U	U		
Dayton, Ohio	168	124	33	7	4	-	15	Pueblo, Colo.	44	30	10	1	2	1	6		
Detroit, Mich.	167	99	48	14	4	2	12	Salt Lake City, Utah	U	U	U	U	U	U	U		
Evansville, Ind.	52	39	9	2	1	1	4	Tucson, Ariz.	181	142	22	9	5	3	14		
Fort Wayne, Ind.	73	58	8	5	1	1	6	PACIFIC	1,208	909	203	56	28	12	125		
Gary, Ind.	16	9	6	-	-	1	-	Berkeley, Calif.	25	18	6	-	-	1	3		
Grand Rapids, Mich.	53	34	13	4	2	-	1	Fresno, Calif.	100	79	15	6	-	-	10		
Indianapolis, Ind.	235	159	48	16	6	6	13	Glendale, Calif.	U	U	U	U	U	U	U		
Lansing, Mich.	U	U	U	U	U	U	U	Honolulu, Hawaii	80	67	7	3	1	2	4		
Milwaukee, Wis.	105	79	21	2	2	1	9	Long Beach, Calif.	81	53	22	5	-	1	11		
Peoria, Ill.	65	45	14	1	2	3	2	Los Angeles, Calif.	U	U	U	U	U	U	U		
Rockford, Ill.	61	42	15	4	-	-	4	Pasadena, Calif.	37	28	8	1	-	-	5		
South Bend, Ind.	54	40	9	1	-	4	6	Portland, Oreg.	121	91	20	6	3	1	8		
Toledo, Ohio	86	67	14	1	1	3	6	Sacramento, Calif.	U	U	U	U	U	U	U		
Youngstown, Ohio	U	U	U	U	U	U	U	San Diego, Calif.	183	137	29	9	7	1	23		
W.N. CENTRAL	649	472	112	36	20	9	66	San Francisco, Calif.	U	U	U	U	U	U	U		
Des Moines, Iowa	142	107	26	6	2	1	16	San Jose, Calif.	196	150	26	6	10	4	24		
Duluth, Minn.	26	18	6	1	1	-	3	Santa Cruz, Calif.	41	36	4	1	-	-	3		
Kansas City, Kans.	28	11	9	5	1	2	1	Seattle, Wash.	127	87	27	6	5	2	9		
Kansas City, Mo.	98	68	18	7	3	2	7	Spokane, Wash.	91	73	14	4	-	-	13		
Lincoln, Nebr.	39	34	5	-	-	-	4	Tacoma, Wash.	126	90	25	9	2	-	12		
Minneapolis, Minn.	71	50	14	4	2	1	5	TOTAL	11,191 [†]	7,787	2,260	658	263	216	870		
Omaha, Nebr.	105	82	14	4	4	1	21										
St. Louis, Mo.	U	U	U	U	U	U	U										
St. Paul, Minn.	66	51	9	5	1	-	3										
Wichita, Kans.	74	51	11	4	6	2	6										

U: Unavailable. -:No reported cases.

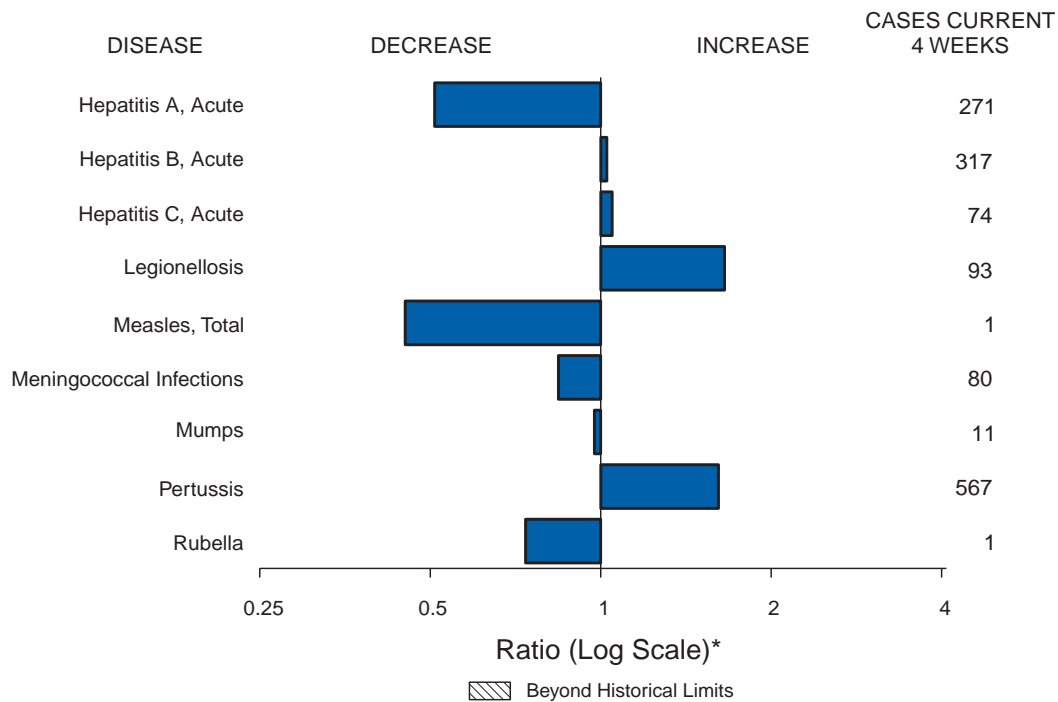
* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† 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.

§ Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 27, 2003, with historical data



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

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending December 27, 2003 (52nd Week)*

	Cum. 2003	Cum. 2002		Cum. 2003	Cum. 2002
Anthrax	-	2	Hansen disease (leprosy) [†]	61	96
Botulism:	-	-	Hantavirus pulmonary syndrome [†]	17	19
foodborne	17	28	Hemolytic uremic syndrome, postdiarrheal [†]	157	218
infant	69	69	HIV infection, pediatric ^{†§}	204	159
other (wound & unspecified)	31	21	Measles, total	42 [†]	44 ^{**}
Brucellosis [†]	89	125	Mumps	194	270
Chancroid	44	67	Plague	1	2
Cholera	1	2	Poliomyelitis, paralytic	-	-
Cyclosporiasis [†]	71	160	Psittacosis [†]	15	19
Diphtheria	1	1	Q fever [†]	74	61
Ehrlichiosis:	-	-	Rabies, human	3	3
human granulocytic (HGE) [†]	357	511	Rubella	8	18
human monocytic (HME) [†]	205	216	Rubella, congenital	-	1
other and unspecified	42	23	SARS-associated coronavirus disease ^{††}	8	NA
Encephalitis/Meningitis:	-	-	Streptococcal toxic-shock syndrome [†]	136	121
California serogroup viral [†]	88	157	Tetanus	14	25
eastern equine [†]	10	9	Toxic-shock syndrome	126	110
Powassan [†]	-	1	Trichinosis	6	14
St. Louis [†]	37	28	Tularemia [†]	82	90
western equine [†]	5	-	Yellow fever	-	1

-: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

[†] Not notifiable in all states.

[§] Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 30, 2003.

[¶] Of 42 cases reported, 30 were indigenous, and 12 were imported from another country.

^{**} Of 44 cases reported, 26 were indigenous, and 18 were imported from another country.

^{††} Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (notifiable as of July 2003).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	AIDS		Chlamydia†		Coccidiomycosis		Cryptosporidiosis		Encephalitis/Meningitis West Nile	
	Cum. 2003§	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	41,832	40,326	815,580	834,423	4,235	4,969	3,230	3,016	1,918	2,838
NEW ENGLAND	1,436	1,548	26,417	27,870	-	-	165	193	7	29
Maine	52	28	1,652	1,805	N	N	20	12	-	-
N.H.	36	38	1,037	1,557	-	-	11	31	-	-
Vt.	16	12	1,026	954	-	-	32	33	-	-
Mass.	599	807	11,437	10,914	-	-	68	77	-	18
R.I.	102	102	2,907	2,832	-	-	16	21	-	1
Conn.	631	561	8,358	9,808	N	N	18	19	7	10
MID. ATLANTIC	9,714	9,477	110,239	97,078	-	-	412	428	190	138
Upstate N.Y.	1,007	1,306	20,119	18,060	N	N	135	153	8	51
N.Y. City	5,201	5,345	33,905	33,063	-	-	104	147	-	28
N.J.	1,448	1,371	14,125	14,164	-	-	11	17	31	23
Pa.	2,058	1,455	42,090	31,791	N	N	162	111	151	36
E.N. CENTRAL	3,863	4,225	143,019	152,505	7	23	969	960	120	1,628
Ohio	757	757	35,073	38,032	-	-	171	119	106	439
Ind.	514	483	16,332	17,100	N	N	105	70	1	19
Ill.	1,718	2,097	44,516	48,101	-	3	90	121	2	554
Mich.	703	706	31,822	32,272	7	20	147	135	11	565
Wis.	171	182	15,276	17,000	-	-	456	515	-	51
W.N. CENTRAL	768	782	45,516	47,517	2	2	572	447	462	200
Minn.	162	162	9,209	10,107	N	N	151	206	49	17
Iowa	82	81	3,344	6,195	N	N	121	49	78	-
Mo.	365	383	17,489	16,181	-	-	49	41	34	113
N. Dak.	2	3	1,354	1,256	N	N	15	41	9	2
S. Dak.	14	10	2,539	2,215	-	-	44	42	65	14
Nebr.†	52	71	4,748	4,779	2	2	20	52	140	35
Kans.	91	72	6,833	6,784	N	N	172	16	87	19
S. ATLANTIC	11,498	11,955	151,430	158,923	5	4	403	343	199	103
Del.	202	194	2,992	2,649	N	N	4	4	12	-
Md.	1,441	1,836	16,568	16,891	5	4	25	19	51	21
D.C.	863	769	3,072	3,305	-	-	13	5	-	-
Va.	856	811	16,415	18,518	-	-	45	35	22	29
W. Va.	86	83	2,538	2,464	N	N	4	3	1	3
N.C.	1,060	1,041	25,201	24,726	N	N	51	40	5	-
S.C.†	756	815	16,020	14,314	-	-	10	8	3	1
Ga.	1,825	1,543	29,115	33,998	-	-	128	123	51	21
Fla.	4,409	4,863	39,509	42,058	N	N	123	106	54	28
E.S. CENTRAL	1,879	1,930	50,938	52,209	N	N	115	128	44	279
Ky.	200	301	7,906	8,756	N	N	24	10	11	42
Tenn.	800	772	20,055	16,042	N	N	39	61	17	11
Ala.	441	421	11,871	15,611	-	-	42	47	16	34
Miss.	438	436	11,106	11,800	N	N	10	10	-	192
W.S. CENTRAL	4,566	4,138	101,691	106,079	4	14	94	68	506	455
Ark.	172	240	7,617	7,312	-	-	19	8	22	33
La.	610	1,163	17,945	18,442	N	N	3	10	49	204
Okla.	202	202	10,845	10,804	N	N	21	16	31	14
Tex.	3,582	2,533	65,284	69,521	4	14	51	34	404	204
MOUNTAIN	1,461	1,368	43,601	51,684	2,546	3,198	133	160	386	6
Mont.	13	11	2,235	2,475	N	N	18	6	216	1
Idaho	24	31	2,375	2,503	N	N	27	29	-	1
Wyo.	7	11	947	944	1	1	5	9	96	-
Colo.	343	307	10,031	14,028	N	N	34	57	-	-
N. Mex.	102	88	6,690	7,417	9	9	14	20	68	-
Ariz.	646	552	12,257	14,841	2,482	3,133	6	19	3	4
Utah	72	63	3,634	3,540	19	11	21	16	1	-
Nev.	254	305	5,432	5,936	35	44	8	4	2	-
PACIFIC	6,647	4,903	142,729	140,558	1,670	1,727	367	289	4	-
Wash.	491	441	16,652	14,934	N	N	59	46	-	-
Oreg.	242	310	7,254	7,009	-	-	38	40	4	-
Calif.	5,802	3,995	111,727	110,288	1,670	1,727	269	200	-	-
Alaska	15	30	3,645	3,806	-	-	1	1	-	-
Hawaii	97	127	3,451	4,521	-	-	-	2	-	-
Guam	6	2	-	613	-	-	-	-	-	-
P.R.	1,025	1,136	1,852	2,479	N	N	N	N	-	-
V.I.	33	76	208	125	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention — Surveillance and Epidemiology, National Center for HIV, STD, and TB Prevention. Last update November 30, 2003.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	<i>Escherichia coli</i> , Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002				
UNITED STATES	2,544	3,840	271	195	129	61	18,059	21,206	311,922	351,815
NEW ENGLAND	162	265	56	51	17	7	1,429	1,769	6,980	7,743
Maine	10	39	4	10	1	-	179	213	170	142
N.H.	12	35	2	-	-	-	22	46	76	120
Vt.	18	14	-	1	-	1	121	145	90	98
Mass.	69	120	8	21	16	6	757	935	3,008	3,242
R.I.	4	12	-	1	-	-	114	170	939	900
Conn.	49	45	42	18	-	-	236	260	2,697	3,241
MID. ATLANTIC	246	426	19	2	37	9	3,602	4,304	42,320	43,029
Upstate N.Y.	103	183	11	1	19	1	1,124	1,347	7,996	9,114
N.Y. City	6	19	-	-	-	-	1,124	1,417	13,324	12,727
N.J.	22	63	1	-	-	1	367	474	7,762	7,894
Pa.	115	161	7	1	18	7	987	1,066	13,238	13,294
E.N. CENTRAL	556	855	28	31	23	6	2,944	3,597	64,520	74,540
Ohio	133	154	16	11	22	5	901	972	19,096	22,008
Ind.	89	87	-	1	-	-	-	-	6,536	7,395
Ill.	114	191	-	6	-	-	752	1,011	20,133	24,026
Mich.	90	134	2	3	-	1	748	923	13,804	14,770
Wis.	130	289	10	10	1	-	543	691	4,951	6,341
W.N. CENTRAL	436	521	57	34	20	12	2,037	2,321	16,172	18,124
Minn.	133	163	23	29	1	-	796	982	2,634	3,049
Iowa	104	121	-	-	-	-	270	314	775	1,480
Mo.	89	70	20	-	1	-	498	512	8,315	8,952
N. Dak.	13	20	4	-	8	4	38	47	75	72
S. Dak.	28	41	4	2	-	-	84	83	222	263
Nebr.	38	74	5	3	-	-	131	191	1,632	1,564
Kans.	31	32	1	-	10	8	220	192	2,519	2,744
S. ATLANTIC	154	488	75	39	11	3	2,826	3,076	75,434	89,450
Del.	11	10	N	N	N	N	54	54	1,115	1,576
Md.	14	29	-	-	-	-	117	118	7,938	9,355
D.C.	1	3	-	-	-	-	58	47	2,423	2,669
Va.	38	70	11	11	-	-	358	386	7,535	10,462
W. Va.	6	9	-	-	-	3	53	78	844	974
N.C.	4	244	31	-	-	-	N	N	14,585	15,531
S.C.	4	7	-	-	-	-	141	149	8,632	9,152
Ga.	31	47	6	8	-	-	929	926	14,720	18,383
Fla.	45	69	27	20	11	-	1,116	1,318	17,642	21,348
E.S. CENTRAL	83	113	2	-	7	10	342	396	25,353	30,113
Ky.	28	30	2	-	7	10	N	N	3,547	3,772
Tenn.	35	52	-	-	-	-	178	191	8,405	9,348
Ala.	14	20	-	-	-	-	164	205	7,692	10,118
Miss.	6	11	-	-	-	-	-	-	5,709	6,875
W.S. CENTRAL	94	115	4	2	9	9	288	269	41,963	47,620
Ark.	12	12	-	-	-	-	140	175	3,884	4,584
La.	3	4	-	-	-	-	14	6	10,528	11,387
Okla.	29	25	-	-	-	-	134	85	4,484	4,661
Tex.	50	74	4	2	9	9	-	3	23,067	26,988
MOUNTAIN	328	347	26	29	5	5	1,573	1,750	9,517	11,375
Mont.	17	31	-	-	-	-	113	94	112	123
Idaho	86	45	16	18	-	-	206	137	69	94
Wyo.	4	15	1	2	-	-	23	29	45	65
Colo.	71	98	3	6	5	5	418	571	2,408	3,511
N. Mex.	11	14	5	3	-	-	50	153	1,061	1,462
Ariz.	40	39	N	N	N	N	256	269	3,393	3,758
Utah	76	77	-	-	-	-	368	335	382	374
Nev.	23	28	1	-	-	-	139	162	2,047	1,988
PACIFIC	485	710	4	7	-	-	3,018	3,724	29,663	29,821
Wash.	115	166	1	-	-	-	355	510	2,724	2,925
Oreg.	103	206	3	7	-	-	394	447	960	909
Calif.	254	293	-	-	-	-	2,092	2,561	24,602	24,606
Alaska	4	8	-	-	-	-	85	115	549	641
Hawaii	9	37	-	-	-	-	92	91	828	740
Guam	N	N	-	-	-	-	-	7	-	45
P.R.	-	1	-	-	36	-	143	86	193	334
V.I.	-	-	-	-	-	-	-	-	55	31
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. - : No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	<i>Haemophilus influenzae</i> , invasive†								Hepatitis (viral, acute), by type	
	All ages		Age <5 years						A	
	All serotypes		Serotype b		Non-serotype b		Unknown serotype		Cum. 2003	Cum. 2002
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002		
UNITED STATES	1,673	1,743	20	34	90	144	187	153	7,160	8,795
NEW ENGLAND	124	135	1	-	5	12	7	2	340	295
Maine	4	2	-	-	-	-	1	-	21	8
N.H.	11	14	1	-	-	-	-	-	11	12
Vt.	11	7	-	-	-	-	1	-	6	4
Mass.	57	46	-	-	5	5	4	2	205	144
R.I.	9	16	-	-	-	-	1	-	15	34
Conn.	32	50	-	-	-	7	-	-	82	93
MID. ATLANTIC	374	326	-	4	3	17	51	26	1,760	1,121
Upstate N.Y.	137	134	-	2	3	4	14	9	148	189
N.Y. City	62	70	-	-	-	-	11	10	441	445
N.J.	64	58	-	-	-	-	10	7	157	188
Pa.	111	64	-	2	-	13	16	-	1,014	299
E.N. CENTRAL	239	319	4	4	13	15	34	44	695	1,030
Ohio	74	82	-	-	1	1	13	10	170	301
Ind.	50	44	1	2	8	9	-	-	75	51
Ill.	69	120	-	-	-	-	15	21	201	262
Mich.	24	18	3	2	4	5	1	-	204	220
Wis.	22	55	-	-	-	-	5	13	45	196
W.N. CENTRAL	125	81	2	1	7	3	17	7	198	299
Minn.	53	52	2	1	7	3	2	4	45	53
Iowa	-	1	-	-	-	-	-	-	39	66
Mo.	44	13	-	-	-	-	14	2	72	84
N. Dak.	3	7	-	-	-	-	-	1	1	4
S. Dak.	1	1	-	-	-	-	-	-	-	3
Nebr.	3	2	-	-	-	-	-	-	13	19
Kans.	21	5	-	-	-	-	1	-	28	70
S. ATLANTIC	398	385	3	5	17	17	22	29	1,786	2,422
Del.	-	-	-	-	-	-	-	-	8	15
Md.	95	98	1	2	7	4	1	1	178	300
D.C.	-	-	-	-	-	-	-	-	43	81
Va.	55	41	-	-	-	-	6	5	108	163
W. Va.	17	20	-	-	-	1	-	1	16	24
N.C.	41	33	-	-	3	3	2	-	124	209
S.C.	5	15	-	-	-	-	1	2	41	65
Ga.	65	84	-	-	-	-	5	13	858	509
Fla.	120	94	2	3	7	9	7	7	410	1,056
E.S. CENTRAL	81	74	1	1	2	5	11	13	253	273
Ky.	6	10	-	-	2	1	-	2	32	47
Tenn.	53	38	-	-	-	1	7	7	190	124
Ala.	20	16	1	1	-	3	3	1	15	39
Miss.	2	10	-	-	-	-	1	3	16	63
W.S. CENTRAL	69	76	2	4	9	12	5	3	382	1,070
Ark.	7	5	-	-	1	-	-	-	19	74
La.	12	11	-	-	-	-	5	3	58	89
Okla.	47	53	-	-	8	12	-	-	23	52
Tex.	3	7	2	4	-	-	-	-	282	855
MOUNTAIN	159	199	4	7	19	42	24	17	482	569
Mont.	-	-	-	-	-	-	-	-	8	13
Idaho	7	2	-	-	-	-	3	1	18	31
Wyo.	2	2	-	-	-	-	-	-	2	3
Colo.	37	35	-	-	-	-	7	4	68	74
N. Mex.	17	27	-	-	4	6	1	1	23	32
Ariz.	72	101	4	5	6	30	8	7	263	306
Utah	14	20	-	1	5	4	5	1	49	56
Nev.	10	12	-	1	4	2	-	3	51	54
PACIFIC	104	148	3	8	15	21	16	12	1,264	1,716
Wash.	11	5	-	2	7	3	3	-	65	162
Oreg.	48	57	-	-	-	-	6	3	60	65
Calif.	20	44	3	6	8	17	4	4	1,118	1,452
Alaska	3	2	-	-	-	-	2	2	9	12
Hawaii	22	40	-	-	-	1	1	3	12	25
Guam	-	-	-	-	-	-	-	-	-	1
P.R.	-	2	-	-	-	-	-	1	57	239
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	U	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

† Non-serotype b: nontypeable and type other than b; Unknown serotype: type unknown or not reported. Previously, cases reported without type information were counted as non-serotype b.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	Hepatitis (viral, acute), by type				Legionellosis		Listeriosis		Lyme disease	
	B		C		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002						
UNITED STATES	6,711	8,064	1,805	1,835	1,987	1,316	616	665	17,970	23,763
NEW ENGLAND	243	319	11	22	103	123	49	64	3,424	7,807
Maine	1	14	2	-	2	6	7	5	227	219
N.H.	11	25	-	-	6	7	3	4	95	261
Vt.	4	7	9	15	6	35	1	3	43	37
Mass.	187	169	-	6	44	45	15	34	1,171	1,807
R.I.	18	36	-	1	17	11	1	2	581	852
Conn.	22	68	U	U	28	19	22	16	1,307	4,631
MID. ATLANTIC	871	1,559	164	119	569	377	116	194	11,700	11,873
Upstate N.Y.	130	140	41	56	160	118	35	59	4,550	5,476
N.Y. City	280	733	-	-	60	66	21	39	5	59
N.J.	182	344	-	5	73	35	15	37	2,049	2,349
Pa.	279	342	123	58	276	158	45	59	5,096	3,989
E.N. CENTRAL	419	756	155	118	396	296	72	91	797	1,266
Ohio	157	110	12	2	226	123	26	26	71	82
Ind.	38	85	9	1	29	22	10	12	23	21
Ill.	1	185	18	24	3	28	8	23	33	47
Mich.	192	327	116	87	120	85	20	22	12	26
Wis.	31	49	-	4	18	38	8	8	658	1,090
W.N. CENTRAL	356	257	273	643	68	71	23	22	475	966
Minn.	39	52	11	14	5	18	11	4	346	867
Iowa	13	20	1	1	10	13	1	3	53	42
Mo.	253	119	258	612	34	19	5	10	65	41
N. Dak.	2	8	-	-	1	1	-	1	-	1
S. Dak.	2	3	-	1	2	4	-	1	1	2
Nebr.	28	31	3	15	5	16	4	2	2	6
Kans.	19	24	-	-	11	-	2	1	8	7
S. ATLANTIC	2,119	1,811	166	215	519	234	141	90	1,289	1,486
Del.	11	14	-	-	28	10	N	N	191	194
Md.	134	131	18	14	133	56	28	21	649	738
D.C.	12	22	-	-	19	6	-	-	13	25
Va.	189	224	11	15	93	35	12	10	159	259
W. Va.	38	25	9	4	21	-	7	1	27	26
N.C.	160	233	13	29	39	13	18	8	147	137
S.C.	154	135	24	5	7	10	5	8	15	26
Ga.	785	484	10	64	32	19	34	14	17	2
Fla.	636	543	81	84	147	85	37	28	71	79
E. S. CENTRAL	429	405	85	140	95	50	31	21	61	76
Ky.	73	67	20	5	43	22	9	4	15	25
Tenn.	207	145	19	31	34	20	8	12	17	28
Ala.	61	101	7	11	13	8	12	4	5	11
Miss.	88	92	39	93	5	-	2	1	24	12
W.S. CENTRAL	830	1,473	767	405	63	37	42	38	80	147
Ark.	59	118	3	12	2	-	1	-	-	3
La.	113	135	116	99	1	4	3	5	6	5
Okla.	41	110	2	21	7	5	3	9	-	-
Tex.	617	1,110	646	273	53	28	35	24	74	139
MOUNTAIN	599	635	56	58	80	57	30	34	19	19
Mont.	16	10	4	1	4	4	2	-	-	-
Idaho	8	7	1	1	7	3	2	2	3	4
Wyo.	31	17	-	5	2	2	-	-	2	2
Colo.	79	79	17	6	15	9	10	7	4	1
N. Mex.	34	146	-	3	3	2	2	3	1	1
Ariz.	282	252	7	7	11	15	10	18	3	4
Utah	65	53	-	4	27	16	-	3	3	5
Nev.	84	71	27	31	11	6	4	1	3	2
PACIFIC	845	849	128	115	94	71	112	111	125	123
Wash.	77	83	16	27	10	8	8	11	3	11
Oreg.	114	128	16	13	N	N	5	9	18	12
Calif.	619	614	85	74	83	60	94	83	101	97
Alaska	11	12	1	-	-	2	-	-	3	3
Hawaii	24	12	10	1	1	1	5	8	N	N
Guam	-	1	-	-	-	-	-	-	-	-
P.R.	86	211	-	-	-	1	-	2	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable.

U: Unavailable.

-: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	Malaria		Meningococcal disease		Pertussis		Rabies, animal		Rocky Mountain spotted fever	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	1,155	1,430	1,550	1,814	8,067	9,771	5,451	7,689	957	1,104
NEW ENGLAND	43	85	71	95	1,205	925	559	917	1	10
Maine	4	6	6	7	12	21	68	64	-	-
N.H.	4	8	3	14	60	78	13	50	-	-
Vt.	2	4	3	4	71	172	38	89	-	-
Mass.	11	33	44	48	1,017	602	211	303	1	3
R.I.	3	12	2	6	20	22	60	80	-	4
Conn.	19	22	13	16	25	30	169	331	-	3
MID. ATLANTIC	289	375	193	222	1,245	694	931	1,348	39	59
Upstate N.Y.	59	52	53	60	811	442	425	701	2	-
N.Y. City	144	230	38	37	-	24	6	21	14	10
N.J.	42	43	27	29	107	34	62	188	12	16
Pa.	44	50	75	96	327	194	438	438	11	33
E.N. CENTRAL	88	163	210	265	732	1,097	164	163	17	33
Ohio	23	24	57	74	317	441	53	39	11	13
Ind.	3	15	43	37	70	183	32	31	1	5
Ill.	27	62	43	57	-	231	24	31	-	12
Mich.	25	46	46	45	130	62	48	46	5	3
Wis.	10	16	21	52	215	180	7	16	-	-
W.N. CENTRAL	52	73	131	154	541	822	576	485	71	105
Minn.	25	31	26	36	146	429	41	47	2	1
Iowa	6	4	27	29	151	157	104	79	2	3
Mo.	6	16	55	52	173	147	55	50	55	96
N. Dak.	1	1	1	4	6	9	54	59	-	-
S. Dak.	3	2	1	2	5	8	67	96	5	1
Nebr.	-	6	7	23	15	9	100	-	4	4
Kans.	11	13	14	8	45	63	155	154	3	-
S. ATLANTIC	324	334	260	297	694	453	2,452	2,660	608	494
Del.	3	5	9	7	8	4	64	55	1	1
Md.	76	109	27	9	86	68	256	396	106	43
D.C.	15	22	-	-	3	2	-	-	1	2
Va.	40	36	24	46	90	168	477	592	30	43
W. Va.	4	3	6	5	27	35	81	172	5	2
N.C.	25	22	36	35	137	46	751	702	321	294
S.C.	4	9	22	34	192	48	246	151	44	75
Ga.	67	52	30	32	32	29	388	411	82	19
Fla.	90	76	106	129	119	53	189	181	18	15
E.S. CENTRAL	22	22	87	98	144	273	173	216	110	134
Ky.	9	8	20	18	45	103	39	28	3	5
Tenn.	7	4	30	38	76	124	100	108	66	85
Ala.	3	5	15	22	17	37	33	76	12	16
Miss.	3	5	22	20	6	9	1	4	29	28
W.S. CENTRAL	77	87	185	229	696	1,870	222	1,295	97	249
Ark.	4	3	17	26	37	488	25	131	44	125
La.	4	4	35	48	6	7	-	-	-	-
Okla.	4	11	21	25	92	135	197	126	42	111
Tex.	65	69	112	130	561	1,240	-	1,038	11	13
MOUNTAIN	53	57	79	95	915	1,717	169	311	10	15
Mont.	-	2	6	3	5	10	21	19	1	1
Idaho	1	-	9	5	82	151	15	38	2	-
Wyo.	2	-	2	-	130	11	6	18	2	5
Colo.	22	25	22	26	340	465	38	59	2	2
N. Mex.	3	3	11	4	69	200	5	10	1	1
Ariz.	17	17	15	32	126	717	65	143	-	1
Utah	6	6	6	5	128	115	14	13	2	-
Nev.	2	4	8	20	35	48	5	11	-	5
PACIFIC	207	234	334	359	1,895	1,920	205	294	4	5
Wash.	30	26	40	76	703	575	-	-	-	-
Oreg.	12	12	62	46	439	188	7	14	-	3
Calif.	157	185	219	224	735	1,120	190	253	4	2
Alaska	1	2	3	4	7	7	8	27	-	-
Hawaii	7	9	10	9	11	30	-	-	-	-
Guam	-	-	-	1	-	2	-	-	-	-
P.R.	1	1	5	7	1	3	68	87	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	Salmonellosis		Shigellosis		Streptococcal disease, invasive, group A		<i>Streptococcus pneumoniae</i> , invasive			
							Drug resistant, all ages		Age <5 years	
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002
UNITED STATES	40,369	44,264	21,475	23,541	5,085	4,720	2,073	2,655	461	427
NEW ENGLAND	2,045	2,234	331	353	360	334	43	136	9	7
Maine	137	147	7	10	28	20	-	-	-	-
N.H.	100	142	5	15	21	36	-	-	N	N
Vt.	73	77	8	1	19	10	9	5	5	2
Mass.	1,217	1,222	224	203	174	112	N	N	N	N
R.I.	129	189	21	20	16	23	10	27	4	5
Conn.	389	457	66	104	102	133	24	104	U	U
MID. ATLANTIC	4,539	5,884	2,264	1,908	892	745	134	139	105	95
Upstate N.Y.	1,168	1,614	592	405	353	313	75	106	79	80
N.Y. City	1,269	1,396	409	506	128	157	U	U	U	U
N.J.	573	1,044	280	617	148	146	N	N	N	N
Pa.	1,529	1,830	983	380	263	129	59	33	26	15
E.N. CENTRAL	5,202	5,568	1,714	2,294	1,011	998	440	301	178	172
Ohio	1,324	1,425	300	661	286	212	286	107	98	31
Ind.	565	599	179	138	105	68	154	192	49	79
Ill.	1,665	1,770	881	1,105	182	279	-	2	-	-
Mich.	792	875	234	200	353	312	N	N	N	N
Wis.	856	899	120	190	85	127	N	N	31	62
W.N. CENTRAL	2,542	2,659	800	1,111	324	282	168	518	64	75
Minn.	571	591	108	222	161	147	-	373	53	70
Iowa	396	507	93	122	N	N	N	N	N	N
Mo.	978	830	372	217	72	47	15	5	3	1
N. Dak.	43	55	6	22	15	5	3	2	8	4
S. Dak.	118	121	17	157	21	14	1	1	-	-
Nebr.	147	203	86	279	25	28	-	26	N	N
Kans.	289	352	118	92	30	41	149	111	N	N
S. ATLANTIC	11,178	11,725	7,148	8,380	907	741	1,052	1,162	18	39
Del.	99	103	157	418	7	3	1	3	N	N
Md.	858	938	583	1,233	269	125	-	-	-	26
D.C.	52	82	73	68	10	10	1	-	7	4
Va.	1,068	1,277	426	1,061	97	82	N	N	N	N
W. Va.	134	173	1	13	36	22	80	60	11	9
N.C.	1,392	1,655	985	1,074	103	122	N	N	U	U
S.C.	822	895	514	148	37	42	142	201	N	N
Ga.	2,186	1,952	1,598	1,826	122	133	238	289	N	N
Fla.	4,567	4,650	2,811	2,539	226	202	590	609	N	N
E.S. CENTRAL	2,658	3,331	936	1,573	207	119	144	151	-	-
Ky.	397	415	128	210	45	24	21	19	N	N
Tenn.	744	886	392	180	162	95	123	132	N	N
Ala.	531	864	249	836	-	-	-	-	N	N
Miss.	986	1,166	167	347	-	-	-	-	-	-
W.S. CENTRAL	4,716	4,718	4,484	3,494	340	322	60	197	81	34
Ark.	782	1,074	99	199	5	12	8	15	-	-
La.	538	792	303	508	1	1	52	182	11	11
Okla.	471	527	840	718	90	56	N	N	47	11
Tex.	2,925	2,325	3,242	2,069	244	253	N	N	23	12
MOUNTAIN	2,256	2,558	1,257	1,270	440	603	29	51	6	5
Mont.	112	91	2	4	2	-	-	-	-	-
Idaho	180	184	36	22	19	11	N	N	N	N
Wyo.	77	107	8	8	2	7	10	14	-	-
Colo.	443	607	277	213	126	125	-	-	-	-
N. Mex.	274	338	252	250	115	114	19	36	-	-
Ariz.	764	829	563	685	163	314	-	-	N	N
Utah	230	185	53	35	11	32	-	-	6	5
Nev.	176	217	66	53	2	-	-	1	-	-
PACIFIC	5,233	5,587	2,541	3,158	604	576	3	-	-	-
Wash.	569	656	157	230	70	60	-	-	N	N
Oreg.	423	342	213	109	N	N	N	N	N	N
Calif.	3,921	4,235	2,116	2,742	409	406	N	N	N	N
Alaska	97	86	10	5	-	-	-	-	N	N
Hawaii	223	268	45	72	125	110	3	-	-	-
Guam	-	46	-	37	-	-	-	4	-	-
P.R.	364	616	8	31	N	N	N	N	N	N
V.I.	-	-	-	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-	U

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 27, 2003, and December 28, 2002 (52nd Week)*

Reporting area	Syphilis				Tuberculosis		Typhoid fever		Varicella (Chickenpox)
	Primary & secondary		Congenital		Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002	Cum. 2003
	Cum. 2003	Cum. 2002	Cum. 2003	Cum. 2002					
UNITED STATES	6,693	6,859	361	439	11,339	13,971	310	321	13,246
NEW ENGLAND	200	152	1	1	329	459	24	13	1,843
Maine	7	2	1	-	5	20	-	-	780
N.H.	14	8	-	-	7	18	2	-	-
Vt.	1	2	-	-	7	8	-	-	907
Mass.	129	99	-	1	228	260	13	7	151
R.I.	24	13	-	-	32	49	2	-	5
Conn.	25	28	-	-	50	104	7	6	-
MID. ATLANTIC	859	752	64	68	2,138	2,316	61	80	39
Upstate N.Y.	47	43	17	4	281	350	11	10	N
N.Y. City	495	435	32	26	1,100	1,084	25	42	-
N.J.	162	169	15	37	426	529	16	19	-
Pa.	155	105	-	1	331	353	9	9	39
E.N. CENTRAL	872	1,216	70	74	1,166	1,457	23	34	6,161
Ohio	202	159	3	3	208	257	2	7	1,228
Ind.	56	62	12	4	129	128	4	2	-
Ill.	353	479	21	41	557	679	7	17	-
Mich.	249	486	34	26	220	315	10	4	4,084
Wis.	12	30	-	-	52	78	-	4	849
W.N. CENTRAL	143	127	4	2	477	533	4	10	78
Minn.	42	59	-	1	197	237	-	4	N
Iowa	7	8	-	-	25	34	2	-	N
Mo.	55	34	4	1	109	126	1	2	-
N. Dak.	2	-	-	-	4	6	-	-	78
S. Dak.	2	-	-	-	20	13	-	-	-
Nebr.	12	6	-	-	27	27	1	4	-
Kans.	23	20	-	-	95	90	-	-	-
S. ATLANTIC	1,781	1,839	71	93	2,326	2,869	54	45	2,091
Del.	6	11	-	-	23	23	-	-	28
Md.	300	228	11	16	239	306	10	11	-
D.C.	53	58	-	1	-	-	-	-	31
Va.	75	71	1	1	255	315	12	8	503
W. Va.	2	2	-	-	21	30	-	-	1,262
N.C.	148	279	19	20	354	434	9	2	N
S.C.	94	134	7	13	170	148	-	-	267
Ga.	482	439	11	13	375	527	8	5	-
Fla.	621	617	22	29	889	1,086	15	19	N
E. S. CENTRAL	314	454	10	31	670	798	7	4	2
Ky.	33	88	1	3	130	146	1	4	N
Tenn.	135	168	2	11	201	308	3	-	N
Ala.	114	149	5	10	238	210	3	-	-
Miss.	32	49	2	7	101	134	-	-	2
W. S. CENTRAL	920	847	69	90	1,505	1,875	32	30	2,289
Ark.	54	34	2	11	110	135	-	-	-
La.	174	152	-	-	-	-	-	-	14
Okla.	65	72	1	2	145	190	1	2	N
Tex.	627	589	66	77	1,250	1,550	31	28	2,275
MOUNTAIN	304	330	26	21	354	475	6	11	743
Mont.	-	-	-	-	5	12	-	-	N
Idaho	15	8	-	-	8	14	1	-	N
Wyo.	-	-	-	-	4	3	-	-	106
Colo.	24	64	3	2	64	104	3	5	-
N. Mex.	63	39	4	-	6	34	-	2	4
Ariz.	180	197	19	19	206	263	2	-	4
Utah	11	7	-	-	39	31	-	2	629
Nev.	11	15	-	-	22	14	-	2	-
PACIFIC	1,300	1,142	46	59	2,374	3,189	99	94	-
Wash.	81	70	-	2	240	252	4	7	-
Oreg.	45	28	-	-	101	111	5	2	-
Calif.	1,172	1,033	46	56	1,909	2,629	89	80	-
Alaska	-	-	-	-	55	49	-	-	-
Hawaii	2	11	-	1	69	148	1	5	-
Guam	-	6	-	-	-	65	-	-	-
P.R.	190	282	1	23	86	129	-	-	433
V.I.	1	1	-	-	-	-	-	-	-
Amer. Samoa	U	U	U	U	U	U	U	U	U
C.N.M.I.	-	U	-	U	-	U	-	U	-

N: Not notifiable. U: Unavailable. -: No reported cases.

* Incidence data for reporting years 2002 and 2003 are provisional and cumulative (year-to-date).

TABLE III. Deaths in 122 U.S. cities,* week ending December 27, 2003 (52nd Week)

Reporting Area	All causes, by age (years)							P&I [†] Total	Reporting Area	All causes, by age (years)							P&I [†] Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
NEW ENGLAND	457	338	79	27	9	4	53	S. ATLANTIC	728	479	167	53	15	13	54		
Boston, Mass.	120	76	22	14	7	1	13	Atlanta, Ga.	U	U	U	U	U	U	U		
Bridgeport, Conn.	28	22	2	4	-	-	3	Baltimore, Md.	126	74	32	15	1	3	11		
Cambridge, Mass.	17	14	3	-	-	-	1	Charlotte, N.C.	59	42	11	3	2	1	11		
Fall River, Mass.	U	U	U	U	U	U	U	Jacksonville, Fla.	85	58	18	6	2	1	10		
Hartford, Conn.	U	U	U	U	U	U	U	Miami, Fla.	U	U	U	U	U	U	U		
Lowell, Mass.	26	26	-	-	-	-	3	Norfolk, Va.	20	13	6	-	-	1	1		
Lynn, Mass.	7	5	1	1	-	-	-	Richmond, Va.	49	35	8	1	1	4	5		
New Bedford, Mass.	19	19	-	-	-	-	1	Savannah, Ga.	63	37	18	5	2	1	-		
New Haven, Conn.	39	30	8	-	-	1	10	St. Petersburg, Fla.	52	35	10	3	2	2	1		
Providence, R.I.	51	33	14	2	1	1	4	Tampa, Fla.	160	118	31	10	1	-	10		
Somerville, Mass.	8	6	1	1	-	-	-	Washington, D.C.	100	56	30	10	4	-	5		
Springfield, Mass.	48	39	8	-	-	1	8	Wilmington, Del.	14	11	3	-	-	-	-		
Waterbury, Conn.	37	30	5	1	1	-	6	E.S. CENTRAL	705	488	143	43	23	8	57		
Worcester, Mass.	57	38	15	4	-	-	4	Birmingham, Ala.	126	89	26	5	5	1	12		
MID. ATLANTIC	1,876	1,390	329	115	29	12	120	Chattanooga, Tenn.	84	61	11	8	3	1	4		
Albany, N.Y.	52	36	12	3	1	-	3	Knoxville, Tenn.	65	44	18	3	-	-	-		
Allentown, Pa.	26	24	2	-	-	-	4	Lexington, Ky.	41	27	9	2	3	-	4		
Buffalo, N.Y.	110	75	25	7	2	1	8	Memphis, Tenn.	194	119	49	15	8	3	16		
Camden, N.J.	19	11	4	3	-	1	2	Mobile, Ala.	67	52	9	3	1	2	10		
Elizabeth, N.J.	19	12	3	-	4	-	-	Montgomery, Ala.	42	31	7	2	2	-	6		
Erie, Pa.	54	41	10	3	-	-	1	Nashville, Tenn.	86	65	14	5	1	1	5		
Jersey City, N.J.	36	28	3	3	2	-	-	W.S. CENTRAL	1,098	696	253	87	35	27	88		
New York City, N.Y.	732	515	139	59	12	6	36	Austin, Tex.	60	36	17	5	1	1	2		
Newark, N.J.	58	25	22	6	4	1	4	Baton Rouge, La.	51	35	5	9	2	-	2		
Paterson, N.J.	U	U	U	U	U	U	U	Corpus Christi, Tex.	U	U	U	U	U	U	U		
Philadelphia, Pa.	347	277	49	18	3	-	17	Dallas, Tex.	148	88	35	15	8	2	12		
Pittsburgh, Pa. [‡]	31	24	5	-	-	2	2	El Paso, Tex.	55	39	10	1	4	1	6		
Reading, Pa.	24	23	1	-	-	-	1	Ft. Worth, Tex.	97	68	18	7	2	2	11		
Rochester, N.Y.	126	101	17	7	-	1	12	Houston, Tex.	393	227	105	30	13	18	26		
Schenectady, N.Y.	24	24	-	-	-	-	7	Little Rock, Ark.	35	20	10	4	-	1	6		
Scranton, Pa.	30	27	2	-	1	-	-	New Orleans, La.	U	U	U	U	U	U	U		
Syracuse, N.Y.	139	108	27	4	-	-	16	San Antonio, Tex.	210	147	45	13	3	2	17		
Trenton, N.J.	25	19	5	1	-	-	3	Shreveport, La.	49	36	8	3	2	-	6		
Utica, N.Y.	24	20	3	1	-	-	4	Tulsa, Okla.	U	U	U	U	U	U	U		
Yonkers, N.Y.	U	U	U	U	U	U	U	MOUNTAIN	698	491	130	53	18	6	76		
E.N. CENTRAL	1,674	1,187	323	94	31	37	140	Albuquerque, N.M.	97	68	19	7	3	-	11		
Akron, Ohio	U	U	U	U	U	U	U	Boise, Idaho	37	28	4	4	-	1	3		
Canton, Ohio	51	37	8	3	2	1	6	Colo. Springs, Colo.	50	38	10	1	1	-	4		
Chicago, Ill.	410	270	90	28	8	12	25	Denver, Colo.	106	70	21	8	5	2	12		
Cincinnati, Ohio	46	19	12	13	1	1	-	Las Vegas, Nev.	239	166	48	21	4	-	18		
Cleveland, Ohio	193	147	35	6	2	3	16	Ogden, Utah	20	16	3	1	-	-	4		
Columbus, Ohio	183	125	37	9	5	7	18	Phoenix, Ariz.	U	U	U	U	U	U	U		
Dayton, Ohio	102	80	15	4	2	1	11	Pueblo, Colo.	24	18	6	-	-	-	5		
Detroit, Mich.	U	U	U	U	U	U	U	Salt Lake City, Utah	125	87	19	11	5	3	19		
Evansville, Ind.	39	28	9	1	-	1	3	Tucson, Ariz.	U	U	U	U	U	U	U		
Fort Wayne, Ind.	66	47	14	4	-	1	13	PACIFIC	1,583	1,140	310	79	35	18	193		
Gary, Ind.	U	U	U	U	U	U	U	Berkeley, Calif.	8	5	-	3	-	-	2		
Grand Rapids, Mich.	51	33	12	1	5	-	2	Fresno, Calif.	85	63	14	5	2	1	13		
Indianapolis, Ind.	131	87	28	8	2	6	14	Glendale, Calif.	17	12	2	1	1	1	2		
Lansing, Mich.	66	52	10	1	1	2	4	Honolulu, Hawaii	59	43	8	3	3	2	2		
Milwaukee, Wis.	86	57	17	9	1	2	7	Long Beach, Calif.	68	51	12	2	2	1	16		
Peoria, Ill.	43	36	7	-	-	-	4	Los Angeles, Calif.	335	235	72	17	8	3	47		
Rockford, Ill.	42	32	9	1	-	-	1	Pasadena, Calif.	U	U	U	U	U	U	U		
South Bend, Ind.	48	39	5	4	-	-	6	Portland, Oreg.	164	114	42	4	2	1	7		
Toledo, Ohio	67	55	10	1	1	-	8	Sacramento, Calif.	231	175	43	9	3	1	26		
Youngstown, Ohio	50	43	5	1	1	-	2	San Diego, Calif.	108	78	20	6	3	1	11		
W.N. CENTRAL	426	270	91	41	14	10	51	San Francisco, Calif.	U	U	U	U	U	U	U		
Des Moines, Iowa	U	U	U	U	U	U	U	San Jose, Calif.	190	141	26	12	6	5	20		
Duluth, Minn.	19	10	5	2	1	1	1	Santa Cruz, Calif.	29	21	6	1	-	1	5		
Kansas City, Kans.	40	25	10	3	2	-	5	Seattle, Wash.	129	82	36	8	2	1	19		
Kansas City, Mo.	84	54	18	8	2	2	5	Spokane, Wash.	47	35	11	1	-	-	8		
Lincoln, Nebr.	16	12	2	1	-	1	2	Tacoma, Wash.	113	85	18	7	3	-	15		
Minneapolis, Minn.	44	27	10	4	1	2	3	TOTAL	9,245 [†]	6,479	1,825	592	209	135	832		
Omaha, Nebr.	75	42	14	15	3	1	20										
St. Louis, Mo.	U	U	U	U	U	U	U										
St. Paul, Minn.	52	33	13	2	1	3	4										
Wichita, Kans.	96	67	19	6	4	-	11										

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.

§ Total includes unknown ages.

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

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop C-08, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone 888-232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

All *MMWR* references are available on the Internet at <http://www.cdc.gov/mmwr>. Use the search function to find specific articles.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.