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## 40th Anniversary of the First Surgeon General's Report on Smoking and Health

In January 1964, the first Surgeon General's Report on Smoking and Health was the first official recognition in the United States that cigarette smoking causes cancer and other serious diseases. The landmark report prompted a series of public health actions reflecting changes in societal attitudes toward the health hazards of tobacco use. Among the actions were banning tobacco advertising on broadcast media; developing effective treatments for tobacco dependence; and issuing 27 Surgeon General's reports on such topics as environmental (i.e., secondhand) tobacco smoke, which led to creation of smoke-free public places, restaurants, and bars.

As a result of these and other efforts, during 1963–2002, per capita daily consumption of cigarettes among adults aged ≥18 years declined from 4,345 cigarettes to 1,979, the lowest figure recorded since 1941 (*1,2*). Current smokers in the United States are now outnumbered by former smokers. However, despite this progress, smoking remains the foremost preventable cause of death in the United States. Each year approximately 440,000 persons die from illnesses attributed to smoking (*3*). To reduce the number of illnesses and deaths caused by tobacco smoke, public health leaders continue to advocate adoption of proven interventions that protect persons from smoking.

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## Prevalence of Cigarette Use Among 14 Racial/Ethnic Populations — United States, 1999–2001

The 1998 Surgeon General's report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*, addressed diverse tobacco-control needs of the four primary U.S. racial/ethnic minority populations: non-Hispanic blacks, American Indians/Alaska Natives (AI/ANs), Asians/Pacific Islanders, and Hispanics (*1*). However, data on these populations do not describe differences in tobacco-use prevalence among subsets of these populations. To assess the prevalence of cigarette smoking among persons aged ≥12 years among 14* racial/ethnic populations in the United States, CDC analyzed self-reported data collected during 1999–2001 from the National Survey on Drug Use and Health (NSDUH) (formerly the National Household Survey on Drug Abuse). This report summarizes the results of that analysis, which indicated that the prevalence of cigarette smoking among adults aged ≥18 years ranged from 40.4% for AI/ANs to 12.3% for the Chinese population, and the prevalence among youths aged 12–17 years ranged from 27.9% for AI/ANs to 5.2% for the Japanese population. Imple-

* Non-Hispanic whites, non-Hispanic blacks, American Indians/Alaska Natives, Hawaiians/Other Pacific Islanders, Chinese, Filipinos, Japanese, Asian Indians, Koreans, Vietnamese, Mexicans, Puerto Ricans, Central or South Americans, and Cubans.

INSIDE



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menting tobacco-control programs that include culturally appropriate interventions can help reduce tobacco use among racial/ethnic populations.

NSDUH is an annual household survey that collects information on drug use and abuse from a nationally representative sample of the U.S. civilian, noninstitutionalized population aged ≥12 years. The average, weighted, overall response rate for the 1999–2001 surveys was 74.0% for youths and 64.8% for adults; final sample sizes were 74,318 youths and 133,081 adults. Racial/ethnic classifications by NSDUH were based on standards for collecting racial/ethnic data within the federal statistical system (*2*). Prevalences and confidence intervals (CIs) were calculated by using SUDAAN, and data were weighted to account for different probabilities of selection within strata.

Current cigarette smoking was assessed by asking respondents, "During the past 30 days, have you smoked part or all of a cigarette?" Persons who answered "yes" were classified as current smokers. This definition for current smokers is different from that used by certain other surveys (*1*), which define adult current smokers as persons aged ≥18 years who have smoked ≥100 cigarettes during their lifetimes and who currently smoke every day or some days.

Among youths, AI/ANs had the greatest cigarette smoking prevalence (27.9%), followed by non-Hispanic whites (16.0%), who had greater cigarette smoking prevalence than nine other populations (non-Hispanic blacks, Chinese, Filipinos, Japanese, Asian Indians, Vietnamese, Mexicans, Puerto Ricans, and Central or South Americans) (Table 1). Among non-Hispanic white youths, females had a greater prevalence of cigarette smoking (17.2%) than males (14.9%). Among non-Hispanic black youths, males had a greater prevalence of cigarette smoking (8.2%) than females (5.9%).

Among adults, AI/ANs had the greatest cigarette smoking prevalence (40.4%) and the Chinese population had the lowest (12.3%) (Table 2). Prevalence among non-Hispanic blacks was similar (25.7%) to that among non-Hispanic whites (27.4%). Cigarette smoking prevalence among half of the adult racial/ethnic populations (Chinese, Filipino, Japanese, Asian Indian, Mexican, Central or South American, and Cuban) was less than among non-Hispanic whites. Among adults, smoking prevalence was greater among men in all racial/ethnic populations except AI/ANs, Puerto Ricans, and Cubans, which had no statistically significant variance by sex.

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**TABLE 1. Percentage of persons aged 12–17 years reporting cigarette use during the preceding month, by race/ethnicity and sex — National Survey on Drug Use and Health, United States, 1999–2001**

| | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| **Race/Ethnicity** | **%** | **(95% CI*)** | **%** | **(95% CI)** | **%** | **(95% CI)** |
| **Non-Hispanic** | | | | | | |
| White | 14.9 | (14.3–15.5) | 17.2 | (16.6–17.8) | **16.0** | **(15.6–16.5)** |
| Black | 8.2 | (7.2–9.2) | 5.9 | (5.1–6.8) | **7.0** | **(6.4–7.7)** |
| American Indian/Alaska Native | 29.5 | (22.8–37.3) | 26.3 | (20.8–32.6) | **27.9** | **(23.7–32.5)** |
| Hawaiian/Other Pacific Islander | 7.0 | (3.4–13.9) | —† | — | **11.0** | **(6.4–18.2)** |
| Asian§ | 8.8 | (6.7–11.6) | 7.3 | (5.6–9.5) | **8.1** | **(6.6–9.9)** |
| Chinese | 6.3 | (3.0–12.6) | 5.4 | (2.3–12.2) | **5.8** | **(3.3–9.9)** |
| Filipino | 5.8 | (3.0–11.1) | 8.9 | (4.9–15.7) | **7.4** | **(4.8–11.2)** |
| Japanese | — | — | — | — | **5.2** | **(2.3–11.2)** |
| Asian Indian | 10.1 | (4.9–19.8) | 6.8 | (2.9–15.1) | **8.7** | **(5.0–14.7)** |
| Korean | 13.8 | (7.9–23.0) | 7.3 | (3.5–14.5) | **10.6** | **(6.8–16.4)** |
| Vietnamese | — | — | 8.0 | (3.7–16.2) | **6.8** | **(3.3–13.5)** |
| **Hispanic§** | 11.4 | (10.3–12.7) | 10.2 | (9.1–11.4) | **10.8** | **(10.0–11.7)** |
| Mexican | 11.4 | (10.0–13.1) | 10.6 | (9.3–12.1) | **11.0** | **(10.0–12.1)** |
| Puerto Rican | 11.2 | (8.2–15.0) | 10.4 | (7.7–13.8) | **10.8** | **(8.7–13.3)** |
| Central or South American | 9.9 | (6.7–14.3) | 9.3 | (6.6–12.9) | **9.6** | **(7.4–12.3)** |
| Cuban | 14.3 | (7.9–24.5) | 10.0 | (6.0–16.0) | **12.4** | **(8.0–18.7)** |
| **Total** | **13.3** | **(12.8–13.7)** | **14.2** | **(13.8–14.7)** | 13.8 | (13.4–14.1) |

* Confidence interval.
† Data unreliable.
§ Includes respondents reporting racial/ethnic subgroups not shown and respondents reporting more than one subgroup.

**TABLE 2. Percentage of persons aged ≥18 years reporting cigarette use during the preceding month, by race/ethnicity and sex — National Survey on Drug Use and Health, United States, 1999–2001**

| | Male | | Female | | Total | |
|---|---|---|---|---|---|---|
| **Race/Ethnicity** | **%** | **(95% CI*)** | **%** | **(95% CI)** | **%** | **(95% CI)** |
| **Non-Hispanic** | | | | | | |
| White | 29.1 | (28.4–29.8) | 25.9 | (25.2–26.6) | **27.4** | **(26.9–27.9)** |
| Black | 30.1 | (28.2–32.1) | 22.2 | (20.6–23.8) | **25.7** | **(24.4–27.0)** |
| American Indian/Alaska Native | 40.9 | (33.6–48.6) | 40.0 | (32.5–47.9) | **40.4** | **(35.2–45.8)** |
| Hawaiian/Other Pacific Islander | —† | — | — | — | **—** | **—** |
| Asian§ | 24.1 | (20.2–28.4) | 9.1 | (7.2–11.6) | **16.2** | **(14.1–18.6)** |
| Chinese | 19.3 | (13.7–26.4) | 5.9 | (3.0–11.2) | **12.3** | **(8.9–16.8)** |
| Filipino | — | — | 6.9 | (3.7–12.4) | **14.8** | **(9.6–22.0)** |
| Japanese | 18.3 | (12.9–25.3) | — | — | **19.0** | **(13.4–26.2)** |
| Asian Indian | 20.0 | (12.8–29.8) | 3.0 | (1.7–5.2) | **12.6** | **(8.3–18.5)** |
| Korean | — | — | — | — | **27.2** | **(19.3–36.9)** |
| Vietnamese | — | — | — | — | **26.5** | **(18.2–36.9)** |
| **Hispanic§** | 29.2 | (27.3–31.1) | 17.3 | (15.9–18.7) | **23.1** | **(21.9–24.3)** |
| Mexican | 29.8 | (27.6–32.2) | 15.6 | (13.9–17.5) | **22.8** | **(21.4–24.4)** |
| Puerto Rican | 34.2 | (28.2–40.8) | 27.3 | (22.2–33.0) | **30.4** | **(26.5–34.7)** |
| Central or South American | 26.3 | (21.8–31.3) | 16.9 | (13.2–21.3) | **21.3** | **(18.5–24.5)** |
| Cuban | 21.1 | (15.0–28.8) | 17.5 | (13.1–23.1) | **19.2** | **(16.0–22.8)** |
| **Total** | **29.2** | **(28.6–29.8)** | **24.1** | **(23.6–24.7)** | 26.5 | (26.1–27.0) |

* Confidence interval.
† Data unreliable.
§ Includes respondents reporting racial/ethnic subgroups not shown and respondents reporting more than one subgroup.

**Editorial Note:** The findings in this report indicate that cigarette smoking varies among and within racial/ethnic populations, with AI/ANs having the highest prevalence of cigarette smoking among both youths and adults in the United States (*1,3,4*). Disparities in smoking prevalence might be attributable to various factors. Non-Hispanic black youths are less likely to regard smoking as part of their lifestyle and perceive strong parental and community disapproval of smoking (*5*). Strong parental disapproval also is observed among Hispanic populations, especially regarding smoking among females (*1*). However, no single factor determines the prevalence of cigarette smoking among racial/ethnic populations; current smoking prevalence is the result of complex interactions of multiple factors, including socioeconomic status, cultural characteristics, acculturation, stress, advertising, cigarette prices, parental and community disapproval, and abilities of local communities to mount effective tobacco-control initiatives.

Among youths, smoking prevalence varied substantially by sex only among non-Hispanic whites (i.e., females had a greater prevalence) and among non-Hispanic blacks (i.e., males had a greater prevalence). Other national youth surveys report no overall difference between males and females in smoking prevalence (*1,6,7*). The similarity in prevalence among Asian and Hispanic youths might reflect a loss of cultural constraints regarding smoking among females.

Among adults, men usually had a higher smoking prevalence than women from the same racial/ethnic population. The findings also indicate substantial variability in adult smoking rates among Asian and Hispanic populations. The lack of such variability among youths might have occurred because the prevalence estimates are less precise.

During 1965–2001, among adults, cigarette smoking declined more rapidly among non-Hispanic blacks than among non-Hispanic whites. As a result, the prevalence of smoking among non-Hispanic black adults is now similar to that of white adults, and current smoking among non-Hispanic black women is now less than that among non-Hispanic white women (*8*). Increased prevention and control initiatives targeted specifically at non-Hispanic blacks during the 1990s might explain part of this decline (*9*).

The findings in this report are subject to at least three limitations. First, the precision of smoking prevalence estimates for certain populations is low, especially when reported by sex; differences in prevalence between males and females and among racial/ethnic populations might be missed, and estimates should be interpreted with caution. Second, no adjustments for multiple comparisons were performed to determine whether differences between any pair of estimates were statistically significant. Such differences might be significant even if CIs overlap. Finally, youths who did not want their parents to know they smoked might have denied smoking. This concern is relevant in NSDUH and other surveys conducted in the households of participants (*3*).

Although the prevalence of youth cigarette smoking among the majority of racial/ethnic minority populations was less than that among non-Hispanic whites, among adults, the prevalence in certain populations (e.g., non-Hispanic blacks, Koreans, Vietnamese, and Puerto Ricans) was similar to that of non-Hispanic whites (*1*). Multiple factors might account for this similarity. Cessation rates among certain racial/ethnic populations might be lower than those among non-Hispanic whites. Racial/ethnic minority populations commonly have less access than non-Hispanic whites to culturally and linguistically appropriate anti-smoking educational materials, media messages, and cessation services (*1*). Moreover, racial/ethnic minority populations have been targets of tobacco industry marketing efforts, including sponsorships of cultural events and funding of organizations (*1*).

Interventions are needed to decrease current cigarette smoking among specific racial/ethnic populations with high smoking prevalence and to prevent increases in cigarette smoking among specific racial/ethnic populations with low smoking prevalence. Effective tobacco-control initiatives could result from 1) increasing the capacity (i.e., through increased funding for program development, training, evaluation, and research) of specific populations to address tobacco use within their communities; 2) conducting educational campaigns that are culturally competent and targeted to the specific needs and concerns of racial/ethnic populations (*10*); and 3) drawing on the strengths and assets of these racial/ethnic communities. Tobacco-control initiatives based on these practices can reduce disparities related to smoking prevalence, exposure to secondhand smoke, and the burden of smoking-related disease.

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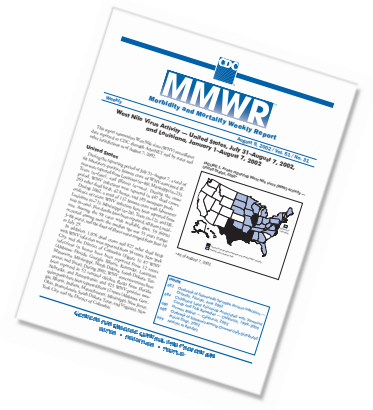
dis•patch: *n*

(dis-'pach) 1 : a written message, particularly an official communication, sent with speed; see also *MMWR*.

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# State Medicaid Coverage for Tobacco-Dependence Treatments — United States, 1994–2002

In 2000, of approximately 32 million persons who received health insurance coverage through Medicaid programs (*1*), an estimated 11.5 million (36%) smoked (CDC, unpublished data, 2000). One of the national health objectives for 2010 is to provide coverage* by Medicaid in the 50 states and the District of Columbia (DC) for nicotine-dependence treatment (objective 27.8b) (*2*). The *Guide to Community Preventive Services* recommends reducing the cost of tobacco-dependence treatments to increase the number of smokers who successfully quit smoking (*3*). The 2000 Public Health Service (PHS) *Clinical Practice Guideline* also supports expanded insurance coverage for tobacco-dependence treatments (*4*). The amount and type of coverage for tobacco-dependence treatment offered by Medicaid has been reported previously for 1998, 2000, and 2001 (*5*–*7*). In 2002, all states and DC were surveyed again about the amount and type of coverage they provided. This report summarizes the results of the survey, which indicate that as of December 31, 2002, 1) 36 Medicaid programs covered some tobacco-dependence counseling or medication for all Medicaid recipients, 2) four states offered coverage only for pregnant women, 3) two states offered coverage for all pharmacotherapy and counseling treatments recommended by the 2000 PHS guideline, and 4) seven states covered all recommended medications and at least one form of counseling. To improve the health of populations with disproportionately high rates of smoking, the 50 states and DC should provide coverage under Medicaid for all recommended tobacco-dependence treatments.

In 2002, state Medicaid program directors were asked to identify staff members who were most knowledgeable about tobacco-dependence treatment coverage and programs; a survey was faxed to the identified staff member in each state and DC. After additional follow-up was conducted through telephone, e-mail, and fax, the response rate was 100%. The survey included 25 questions about coverage of tobacco-dependence treatments, the year coverage was first offered, treatments offered specifically to pregnant women, awareness and use of the 2000 PHS guideline (*4*), any program requirements related to patient copayments for or provider coverage of tobacco-dependence treatments, and whether Medicaid recipients were notified of the availability of covered tobacco-dependence treatments. So that survey responses could be validated, all Medicaid program respondents were asked to submit a written copy of their coverage policies for tobacco-dependence treatments or other related documentation. Of 40 Medicaid programs that reported offering coverage, 30 (75%) provided supporting documentation (i.e., detailed benefit documentation [23], drug benefit documentation [four], and substance abuse benefit documentation [three]). Ten (25%) programs did not submit any documentation.

In 2002, a total of 36 (71%) Medicaid programs reported offering coverage for at least one form of tobacco-dependence treatment for all Medicaid recipients (Table 1); in 2001, a total of 35 programs offered coverage (*7*). In 2002, four other states reported covering tobacco-dependence treatments only for pregnant women; in 2001, two programs covered these services for pregnant women†. Of the 36 programs that offered some coverage to all Medicaid recipients in 2002, all but one covered pharmacotherapy treatments, including Zyban® (GlaxoSmithKline, Research Triangle Park, North Carolina) (35 programs), nicotine nasal spray (27), nicotine inhaler (27), nicotine patch (26), and nicotine gum (25). In 2002, among the 35 Medicaid programs covering any pharmacotherapy treatments for all Medicaid recipients, 20 (57%) required some form of patient cost sharing (range: $1–$3 per prescription); in 2001, a total of 16 states required cost sharing (range: $0.50–$3 per prescription).

In 2002, a total of 12 states offered some form of tobacco-cessation counseling services to all Medicaid recipients (Table 1), compared with nine in 2001, and Nebraska and Washington added counseling coverage for pregnant women only. Rhode Island offered counseling services for all Medicaid recipients but did not provide coverage for any drug treatments.

In 2002, Medicaid program staff in 10 (20%) states reported using the PHS guideline to design treatment benefits, design treatment programs, or train health-care providers (Table 2). Five (10%) states required providers or health plans to document tobacco-use status in patients' medical charts, nine (18%) states required contracted providers or health plans to implement the brief counseling protocol recommended by the 2000 PHS guideline, and 11 (22%) states supported tobacco-dependence treatment practices§. Of 40 Medicaid programs that provided coverage for tobacco-dependence treatment, 11 (28%) informed recipients that tobacco-dependence treatment benefits were available.

* Total coverage of behavioral therapies and Food and Drug Administration–approved pharmacotherapies.

† Kentucky started offering coverage in 2001 but did not report offering this coverage in the 2001 survey.

§ For example, by distributing materials on available treatments or self-help kits or by giving providers feedback on their performance in treating tobacco dependence.

**TABLE 1. State Medicaid program coverage of tobacco-dependence treatments*, by type of coverage and year coverage began — United States, 1994–2002†**

| Area | Year any coverage began§ | Medication coverage | | | | | Counseling coverage | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Nasal spray | Inhaler | Zyban® | Gum | Patch | Group | Individual | Telephone |
| Arizona | 1997 | — | — | 1997¶ | — | — | — | — | — |
| Arkansas | 1999 | — | — | 1999 | — | — | — | — | — |
| California | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| Colorado | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| Delaware | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| District of Columbia | 1996 | 1996 | — | 1997 | — | — | — | — | — |
| Florida | 1997 | — | — | 1998 | 1998 | 1998 | 1997 | 1997 | — |
| Hawaii | 1999 | 1999 | 1999 | 1999 | 2002 | 2002 | — | — | — |
| Illinois | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | — | — | — |
| Indiana | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | — |
| Kansas | 1999 | — | — | 1999 | — | 1999 | 1999 | 1999 | — |
| Kentucky | 2001(P)** | — | — | — | — | — | 2001(P) | 2001(P) | — |
| Louisiana | 1996 | 1996 | 1997 | 1997 | — | — | — | — | — |
| Maine | 1996 | 1996 | 1996 | 1997 | 1996 | 1996 | — | 2001 | — |
| Maryland | 1996 | 1996 | 1997 | 1997 | — | — | — | — | — |
| Michigan | 1997 | — | — | 1997 | 1997 | 1997 | — | — | — |
| Minnesota | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | 1996 | 1996 | — |
| Mississippi | 2001 | 2001 | 2001 | 2001 | 2001 | 2001 | — | — | — |
| Montana | 1996 | 2001 | 2001 | 1997 | 1996 | 1996 | — | — | — |
| Nebraska | 2002(P) | — | — | — | — | — | — | 2002(P) | — |
| Nevada | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| New Hampshire | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| New Jersey | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | 2002 | 2002 | 2002 |
| New Mexico | 1996 | 1996 | 1997 | 1997 | 1996 | 1996 | — | — | — |
| New York | 1999 | 1999 | 1999 | 1999 | 2000 | 2000 | — | — | — |
| North Carolina | 1996 | 1996 | 1997 | 1997 | — | — | — | — | — |
| North Dakota | 1996 | — | — | 1997 | 1996 | 1996 | — | 2002 | — |
| Ohio | 1998 | — | 1998 | 1998 | 1998 | 1998 | — | — | — |
| Oklahoma | 1999 | 2002 | 2002 | 1999 | 1999 | 1999 | — | — | — |
| Oregon | 1998 | 1998 | 1998 | 1998 | 1998 | 1998 | 1998 | 1998 | 1998 |
| Pennsylvania | 2002 | 2002 | 2002 | 2002 | 2002 | 2002 | 2002 | 2002 | — |
| Rhode Island | 1994 | — | — | — | — | — | 1994 | 1994 | — |
| South Dakota | 2001 | — | — | 2001 | — | — | — | — | — |
| Texas | 1996 | 1996 | 1997 | 1997 | 1996 | 1997 | — | — | — |
| Utah | 2001(P) | 2001(P) | 2001(P) | 2001(P) | 2001(P) | 2001(P) | 2001(P) | 2001(P) | 2001(P) |
| Vermont | 1999 | 1999 | 1999 | 1999 | 1999 | 1999 | — | — | — |
| Virginia | 1996 | 1996 | 1997 | 1997 | — | — | — | — | — |
| Washington | 2002(P) | — | — | — | — | — | — | 2002(P) | — |
| West Virginia | 2000 | 2000 | 2000 | 2000 | 2000 | 2000 | — | 2000 | 2000 |
| Wisconsin | 1996 | 1996 | 1997 | 1997 | — | — | — | 1999 | — |
| All Medicaid | 36 | 27 | 27 | 35 | 25 | 26 | 8 | 12 | 3 |
| Pregnant women only | 4 | 1 | 1 | 1 | 1 | 1 | 2 | 4 | 1 |
| **Total** | **40** | **28** | **28** | **36** | **26** | **27** | **10** | **16** | **4** |

* On basis of response to the question, "Does your state Medicaid program cover any of the following tobacco-dependence treatments?" Each state also was asked to provide documentation regarding the year each covered treatment was first offered.

† N = 40. In 2002, a total of 11 states with Medicaid programs (Alabama, Alaska, Connecticut, Georgia, Idaho, Iowa, Massachusetts, Missouri, South Carolina, Tennessee, and Wyoming) covered none of the tobacco-dependence treatments recommended in the 2000 Public Health Service *Clinical Practice Guideline*.

§ Year initial coverage began might differ from that listed in previous reports because earlier coverage might have existed for Wellbutrin® and bupropion (chemically comparable to Zyban® but approved for treatment of depression). Although providers might have used Wellbutrin® and bupropion to treat smokers, only Zyban® is approved by the Food and Drug Administration for smoking-cessation treatment, and CDC does not consider coverage of Wellbutrin® and bupropion to be coverage of cessation treatment. Years of initiation of coverage were changed to reflect this position.

¶ If medically necessary.

** P=Medicaid coverage for pregnant women only.

**TABLE 2. State Medicaid program use of the Public Health Service (PHS) C*linical Practice Guideline*, Medicaid contract requirements for documentation of tobacco use and provision of PHS brief counseling protocol, and state Medicaid programs that provided support to providers and health plans and that informed beneficiaries of the availability of treatment coverage — United States, 2002***

| State | Used PHS guideline† | Required documented tobacco use§ | Required PHS counseling protocol¶ | Provided support to providers and health plans** | Informed smokers of coverage†† |
|---|---|---|---|---|---|
| Arizona | Yes | — | — | — | — |
| California | — | Yes | Yes | — | Yes |
| Delaware | — | — | — | Yes§§ | — |
| Florida | Yes | Yes¶¶ | Yes¶¶ | Yes§§ | Yes |
| Georgia | Yes | — | — | — | — |
| Indiana | Yes | — | — | — | — |
| Maine | Yes | — | — | Yes*** | Yes |
| Massachusetts | — | — | Yes | — | — |
| Michigan | — | — | — | — | Yes |
| Minnesota | — | — | Yes¶¶ | Yes§§ | — |
| Mississippi | Yes | — | — | Yes*** | Yes |
| Nebraska | Yes | — | — | — | — |
| Nevada | — | — | — | — | Yes |
| New Jersey | — | Yes¶¶ | Yes¶¶ | Yes§§ | — |
| New York | — | — | — | Yes | — |
| North Carolina | — | Yes††† | Yes§§§ | — | — |
| Oregon | Yes | — | Yes¶¶ | Yes | Yes |
| Pennsylvania | — | — | — | — | Yes |
| Rhode Island | — | — | Yes¶¶ | Yes | — |
| Texas | — | — | — | — | Yes |
| Utah | — | — | — | — | Yes |
| West Virginia | Yes | Yes | Yes | Yes | Yes |
| Wisconsin | Yes | — | — | Yes | — |
| **Total "yes" responses** | **10** | **5** | **9** | **11** | **11** |

* N = 23. In 27 states with Medicaid programs (Alabama, Alaska, Arkansas, Colorado, Connecticut, Hawaii, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maryland, Missouri, Montana, New Hampshire, New Mexico, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Washington, Wyoming, Vermont, and Virginia) and the District of Columbia, respondents answered "no" to all questions.

† On the basis of response to the question, "Has your state Medicaid program used the guideline in any of the following ways: design tobacco use and dependence treatment benefits, design tobacco use and dependence treatment programs, or train health-care professionals in tobacco use cessation?"

§ On the basis of response to the question, "Does your state Medicaid program require providers or health plans with which you contract to document tobacco-use status for every patient in the medical record?"

¶ On the basis of response to the question, "Does your state Medicaid program require providers or health plans with which you contract to carry out any of the following activities: ask patients at every visit about their tobacco-use status, assess patients' willingness to quit, strongly advise all patients who use tobacco to quit, offer brief counseling and pharmacotherapy to patients who use tobacco, or arrange for follow-up support and/or referral to more intensive treatments if needed?"

** On the basis of response to the question, "Does your state Medicaid program support providers' or health plans' tobacco-treatment practices in any of the following ways: communicate to contracted providers/health plans their roles in the delivery of tobacco-dependence treatment services, distribute written materials on pharmacotherapy and counseling, distribute patient self-help kits or nicotine replacement 'starter-kits,' distribute lists of patients who use tobacco; or provide feedback on performance of tobacco use and dependence treatments?"

†† On the basis of response to the question, "Do you periodically inform tobacco users of the availability of covered tobacco-dependence treatment benefits under Medicaid and encourage them to use these benefits?"

§§ Provided support to health plans only.

¶¶ Required of health plans only.

*** Provided support to providers only.

††† Required of providers only.

§§§ Required of maternity care coordination and child services coordination providers only.

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**Editorial Note:** During 2001–2002, the number of Medicaid programs offering coverage for any form of tobacco-dependence treatments increased slightly. However, comprehensive coverage for treatments recommended by the 2000 PHS guideline remained low. In 2002, only New Jersey and Oregon offered coverage for all recommended treatment options; 11 states offered no coverage for tobacco-dependence treatments. In addition, four states restricted coverage to pregnant women, and the number of states requiring copayments for treatment increased. Such cost sharing decreases use of treatment (*8*), particularly for low-income populations. Because decreasing the cost of effective treatments increases successful smoking cessation (*3*), cost barriers for low-income smokers should be reduced. In addition, because only 28% of states that offer coverage inform their beneficiaries of these benefits, Medicaid recipients interested in quitting might not realize they can obtain financial assistance for tobacco-dependence treatments.

The findings in this report are subject to at least two limitations. First, 10 (25%) of the 40 states with Medicaid programs that reported offering coverage did not provide documentation of their policies. The absence of a written policy increases the likelihood of reporting errors. Second, these results might differ from other ratings of coverage because of interpretation of unwritten policies.

Because smoking prevalence among Medicaid recipients is approximately 50% greater than that of the overall U.S. adult

population (*6*), persons receiving Medicaid are affected disproportionately by tobacco-related disease and disability. To help states implement evidence-based tobacco-dependence treatment and improve Medicaid service contracts, CDC collaborated with George Washington University to develop model purchasing specifications (*9*). These specifications encourage state Medicaid contracts to require health-care providers and health plans to adopt the brief counseling protocol and systems components outlined in the 2000 PHS guideline. States also are encouraged to use their contracts to track the number of Medicaid smokers and the number who receive advice to quit, brief cessation counseling, and medication. Finally, states are encouraged to cover all recommended pharmacotherapies and counseling under Medicaid and to promote their use actively. Information that states can use to support the need for Medicaid programs to cover tobacco-dependence treatments is available from the Center for Tobacco Cessation at http://ww.ctcinfo.org. Providing comprehensive coverage of tobacco-dependence treatments is essential to reduce both tobacco-related disease and premature death for Medicaid recipients and health-care costs for state Medicaid programs.

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## Economic Costs Associated with Mental Retardation, Cerebral Palsy, Hearing Loss, and Vision Impairment — United States, 2003

Developmental disabilities (DDs) are chronic conditions that initially manifest in persons aged ≤18 years and result in impairment of physical health, mental health, cognition, speech, language, or self-care (*1*). The majority of persons with DDs require long-term supportive care or services. In 2003, RTI International (Research Triangle Park, North Carolina) and CDC analyzed data from multiple surveys and reports to estimate the direct and indirect economic costs associated with four DDs in the United States (*2*). On the basis of that analysis, estimated lifetime costs in 2003 dollars are expected to total $51.2 billion for persons born in 2000 with mental retardation, $11.5 billion for persons with cerebral palsy, $2.1 billion for persons with hearing loss, and $2.5 billion for persons with vision impairment. These estimates underscore the need for effective primary and secondary prevention measures (e.g., newborn screening for hearing and metabolic disorders and smoking-cessation counseling for pregnant women) to reduce the costs associated with DDs.

The four DDs chosen for analysis were selected because of the availability of reliable prevalence estimates and diagnoses recorded in national health-care databases. Autism was not included in this analysis because of major gaps in available cost data; CDC is exploring methods to collect reliable cost information regarding autism. Detailed descriptions of the methods and data sources used in the analysis have been reported previously (*2*). Standard cost-of-illness methods using a societal perspective were followed; cost estimates represent the costs attributable to DDs above ordinary costs incurred by unaffected persons in the U.S. population. Direct medical and nonmedical costs (e.g., physician visits, inpatient hospital stays, assistive devices, and home and automobile modifications) were identified from data collected by the 1994–1995 National Health Interview Survey (NHIS). For medical care, unit costs were calculated from the 1987 National Medical Expenditure Survey (NMES) and the 1995 Healthcare Cost and Utilization Project (HCUP) of the Agency for Healthcare Research and Quality, adjusting for inflation by using the medical component of the Consumer Price Index. Special education costs were estimated on the basis of use of special education by elementary school–aged children with any of the four DDs tracked by CDC's Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP). Special education costs were updated for this report on the basis of a recent report from the Special Education Expenditure Project for the 1999–2000 school year (*3*) and adjusted for inflation by using the Employment Compensation Index for state and local government employees.

Indirect costs were calculated by estimating the value of productivity losses in workplaces and households that occur when persons with DDs die prematurely, are unable to work, or are limited in the amount or type of work they can perform. Estimates of excess premature deaths were calculated for persons

with each DD aged 10–20 years and for adults with mental retardation and cerebral palsy; average survival rates for the U.S. population were assumed for adults with vision impairment and hearing loss (*2*). The number of excess deaths was multiplied by the present value of the sum of expected lifetime earnings, fringe benefits, and household services. The percentages of persons with each DD who reported being unable to work or being limited in work was determined by using the 1994–1995 NHIS-Disability Survey. Percentage reductions in earnings for adults with each DD who reported being limited in work were derived from the U.S. Census Bureau's Survey on Income and Program Participation.

The size of the 2000 cohort for each DD was estimated by multiplying prevalences from MADDSP by the number of live-born infants in the United States in 2000. MADDSP is the only ongoing, population-based program in the United States that tracks children with mental retardation, cerebral palsy, hearing loss, vision impairment, and autism. The program provides reliable data on the prevalence of these conditions (*1*).

Per-person cost estimates were developed for each of the four DDs in six age groups. Present value estimates were derived by discounting future costs back to 2003 dollars based on a 3% discount rate. Average lifetime costs per person were estimated at $1,014,000 for persons with mental retardation, $921,000 for persons with cerebral palsy, $417,000 for persons with hearing loss, and $566,000 for persons with vision impairment (Table). Indirect costs accounted for the largest percentage (range: 63%–81%) of total costs associated with each DD. Total direct costs (i.e., direct medical plus direct nonmedical) amounted to approximately $12.3 billion for persons with mental retardation, $2.2 billion for persons with cerebral palsy, $770 million for persons with hearing loss, and $570 million for persons with vision impairment. Among total direct costs, special education accounted for a substantial percentage (range: 42%–82%) for each DD.

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**Editorial Note:** The costs associated with DDs in the United States highlight the need for strategies to reduce the prevalence of these conditions and prevent development of secondary conditions. Direct lifetime costs associated with mental retardation alone are estimated to exceed $12 billion. By comparison, direct costs associated with asthma, a chronic illness with a prevalence rate approximately six times that of mental retardation, have been estimated at $9 billion (*4*).

Certain public health measures (e.g., newborn screening for metabolic disorders) have proven effective in preventing cases of mental retardation and other DDs (*5*). In addition, low birthweight (LBW) is a known risk factor for mental retardation and other DDs (*6*), and maternal smoking and alcohol consumption are risk factors for both LBW and mental retardation (*7*). Smoking-cessation counseling targeted to pregnant women has proven effective in preventing LBW (*8*), and strategies to reduce alcohol use before pregnancy are being tested.

Lifetime indirect costs (i.e., productivity losses) associated with DDs were estimated at two to five times the amount of direct costs, suggesting the need to address the physical, social, and economic factors that limit the functional participation of persons with DDs. Certain screenings and interventions for children with DDs can improve functional participation. Early intervention for children with hearing loss has been associated with higher language development scores (*9*), and newborn hearing screening is projected to be cost-effective because of anticipated gains in lifetime earnings (*10*).

The findings in this report are subject to at least four limitations. First, survey data were based on reports from family members and could not be used to characterize degree of DD severity. Second, cost estimates for specific DDs included

**TABLE. Estimated prevalence and lifetime economic costs* for mental retardation, cerebral palsy, hearing loss, and vision impairment, by cost category — United States, 2003**

| Developmental disability | Rate† | Direct medical costs§ (millions) | Direct nonmedical costs¶ (millions) | Indirect costs** (millions) | Total costs (millions) | Average costs per person |
|---|---|---|---|---|---|---|
| Mental retardation | 12.0 | $7,061 | $5,249 | $38,927 | **$51,237** | $1,014,000 |
| Cerebral palsy | 3.0 | 1,175 | 1,054 | 9,241 | **11,470** | 921,000 |
| Hearing loss | 1.2 | 132 | 640 | 1,330 | **2,102** | 417,000 |
| Vision impairment | 1.1 | 159 | 409 | 1,915 | **2,484** | 566,000 |

* Present value estimates, in 2003 dollars, of lifetime costs for persons born in 2000, based on a 3% discount rate.
† Per 1,000 children aged 5–10 years, on the basis of Metropolitan Atlanta Developmental Disabilities Surveillance Program data for 1991–1994.
§ Includes physician visits, prescription medications, hospital inpatient stays, assistive devices, therapy and rehabilitation (for persons aged <18 years), and long-term care (for persons aged 18–76 years), adjusted for age-specific survival.
¶ Includes costs of home and vehicle modifications for persons aged ≤76 years and costs of special education for persons aged 3–17 years.
** Includes productivity losses from increased morbidity (i.e., inability to work or limitation in the amount or type of work performed) and premature mortality for persons aged ≤35 years with mental retardation, aged ≤25 years with cerebral palsy, and aged ≤17 years with hearing loss and vision impairment.

comorbidities; total costs incurred by a person with mental retardation and cerebral palsy were assigned to both conditions. Third, certain costs (e.g., caregiver, family out-of-pocket, hospital outpatient, emergency department, and residential care for persons not living in households) were excluded because of limited data. Approximately 8% of persons with mental retardation reside in institutions or group homes (*2*). Finally, DD prevalences were based on data from MADDSP and might not be representative of national prevalences.

Despite the magnitude of the direct-cost estimates in this report, they reflect only present use of medical and support services by persons with the four DDs. Additional studies are needed to measure other economic costs, such as those associated with treating psychosocial problems that can accompany a DD and to determine to what extent such treatment might be constrained by insurance reimbursement practices. Without such constraints, the cost estimates in this report might be substantially higher if optimal care is to be provided for persons with these DDs.

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# Day Care–Related Outbreaks of Rhamnose-Negative *Shigella sonnei* — Six States, June 2001–March 2003

During June 2001–March 2003, outbreaks of *Shigella sonnei* infections were reported in Delaware, Maryland, New Jersey, North Carolina, South Carolina, and Virginia (Figure). Five- to fortyfold increases in statewide shigellosis rates were observed during this period. These increases were attributed primarily to outbreaks in multiple day care settings that became prolonged and communitywide. *S. sonnei* isolates from these states, as well as from New York City and Philadelphia, were similar genetically by pulsed-field gel electrophoresis (PFGE). Many of these isolates lacked the capacity to ferment rhamnose, which is unusual for *S. sonnei*. This report summarizes these outbreaks and describes the laboratory characteristics that link them. The findings underscore the importance of rapid and coordinated public health responses to isolated outbreaks of shigellosis.

Shigellosis is a nationally reportable disease. During June 2001–March 2003, approximately 3,081 laboratory-confirmed cases of *S. sonnei* were reported from the six states through the Public Health Laboratory Information System (PHLIS). Each state or city health department investigated outbreaks independently and submitted case counts, including cases not reported through PHLIS; demographic information and laboratory data also were submitted. A day care–related case was defined as *S. sonnei* infection in a child attending day care or in a close contact of a child attending day care. The extent of laboratory testing, including PFGE, varied substantially from state to state on the basis of available resources and health department policies. Selected isolates and PFGE patterns were submitted to the National Molecular Subtyping Network for Foodborne Disease Surveillance (PulseNet) for comparison among states.

## State Reports

**Virginia.** A day care–related outbreak of shigellosis attributed to *S. sonnei* began in southeastern Virginia in June 2001 and subsequently became regional. During June 2001–March 2003, a total of 876 laboratory-confirmed cases of shigellosis were reported. The median age of patients was 7 years (range: 0–87 years); 57% were female.

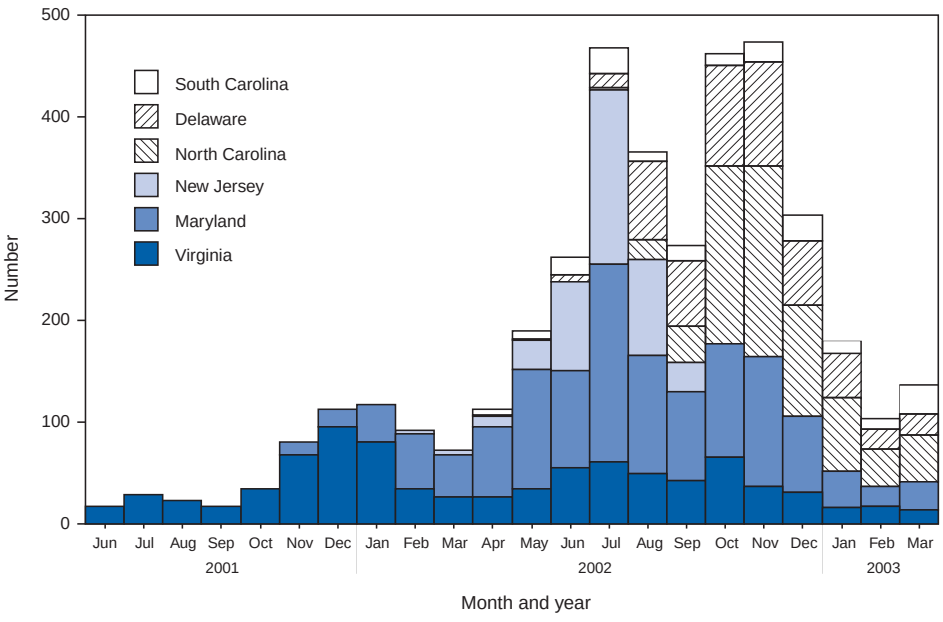
**Maryland.** During November 2001–March 2003, a total of 1,222 culture-confirmed cases were reported, a tenfold increase above baseline levels during 1998–2000. The outbreak was concentrated in Baltimore City (727 [59%] cases) and Baltimore County (296 [24%]). The median age of patients was 6 years (range: 0–101 years); 54% were female, and 72% were non-Hispanic black. A total of 250 (20%) cases were known to be day care–related. One death occurred in a boy aged 12 years.

**New Jersey.** During February–October 2002, a total of 453 culture-confirmed cases of *S. sonnei* in three adjacent counties were reported, representing a fortyfold increase compared with previous years. The majority (73%) of these cases occurred in the Trenton area. The median age of patients was 5 years (range: 1–79 years); 59% were female, and 56% were day care, camp, or elementary school attendees.

**South Carolina.** During June 2002–March 2003, a total of 172 laboratory-confirmed cases of shigellosis were reported. The median age of patients was 5 years (range: 0–88 years); 54% were female, and 25% were non-Hispanic white. Approximately 55% of cases were day care–related.

**Delaware.** During June 2002–March 2003, a total of 506 culture-confirmed cases were reported, representing a twentyfold increase above baseline during 1997–2001. A total of 457 (90%)

**FIGURE. Number of laboratory-confirmed *Shigella sonnei* cases, by date of diagnosis — six states*, June 2001–March 2003†**




* Delaware, Maryland, New Jersey, North Carolina, South Carolina, and Virginia.
† Does not include data from every state for entire period presented.

of these cases occurred in New Castle County, including 324 (64%) in Wilmington. The median age of patients was 4 years (range: 0–69 years); 54% were female, and 52% were non-Hispanic black. A total of 200 (40%) cases were day care–related.

**North Carolina.** During August–December 2002, a total of 206 laboratory-confirmed cases of shigellosis were reported in three counties. A separate outbreak during October 2002–March 2003 in Mecklenburg County resulted in 729 cases. Epidemiologic investigations indicated that these outbreaks began in day care facilities and progressed to elementary schools. Among these patients, the median age was 5 years (range: 0–56 years); 52% were female, and 75% were non-Hispanic black. Statewide, 1,705 cases were reported during June 2001–March 2003, a total of 935 (55%) of which were linked to these two outbreaks.

**New York City.** During September 2002–April 2003, a total of 115 culture-confirmed cases were reported within traditionally observant Jewish communities in two Brooklyn neighborhoods, representing a two- to tenfold increase compared with previous years. The median age of patients was 2 years (range: 0–89 years); 57% were male. No cases associated with common schools or day care facilities were identified.

**Pennsylvania.** During 2002, a total of 317 cases of shigellosis were reported to the Pennsylvania Department of Health. This did not represent a statistically significant increase compared with previous years. Of these cases, 117 (37%) occurred in Philadelphia County. Statewide, 10 tested isolates were indistinguishable from the outbreak strain by PFGE. The median age of patients was 5 years (range: 0–57 years); 50% were female, and 60% were non-Hispanic black. A total of five cases were day care–related. Eight patients resided in Philadelphia but were not linked epidemiologically. However, the Philadelphia Department of Public Health reported a new day care–related outbreak of shigellosis beginning in April 2003, resulting in 706 laboratory-confirmed cases communitywide, 298 (42%) of which were linked to day care facilities.

## Laboratory Characteristics

During June 2001–March 2003, a total of 1,349 *S. sonnei* isolates from the affected states were reported to PulseNet. Among these isolates, two dominant PFGE patterns differing by a single band were identified. These two patterns accounted for 505 (37%) and 382 (28%) isolates. Seven other distinct patterns differed from the dominant pattern by no more than three bands and accounted for an additional 271 (20%) cases.

PFGE and rhamnose fermentation results were available for 386 isolates. Among 246 isolates with either of the two dominant PFGE patterns, 241 (98%) were rhamnose-negative. In contrast, among 87 isolates with PFGE patterns that differed from the dominant pattern by more than three bands, seven (8%) were rhamnose-negative. Two states (Delaware and Virginia) provided rhamnose fermentation results for 627 isolates that did not undergo PFGE testing; 94% of these isolates also were rhamnose-negative.

Antimicrobial susceptibility results were available for 379 isolates; 91% (342/375) were resistant to ampicillin, 89% (205/230) had either intermediate or full resistance to amoxicillin/clavulanate, 28% (106/379) had either intermediate or full resistance to trimethoprim/sulfamethoxazole, and 24% (89/375) were resistant to both ampicillin and trimethoprim/sulfamethoxazole.

## Public Health Interventions

All health departments excluded children with diarrhea from day care and did not allow them to return until their diarrhea had ceased. All but one health department did not allow children to return until two stool cultures testing negative for *Shigella* had been obtained at least 24 hours after completing antibiotics and 24 hours apart. Delaware allowed diapered children to return after completing antibiotic treatment and nondiapered children to return after 48 hours of antibiotic treatment (without culture). Several states encouraged cohorting convalescing children within day care facilities, but most facilities were unable to do so. State and local health department employees inspected day care centers, provided hand-washing instruction and flyers, and directly observed hand washing by day care employees and attendees. All health departments alerted clinicians, day care providers, and the community, including parents of day care attendees, about the outbreak and encouraged hand washing. Certain states also targeted schools, community pools, and other community centers. Treatment recommendations varied. Certain health departments did not recommend treatment with antimicrobials except in severe cases, whereas others encouraged treatment of all laboratory-confirmed cases to reduce bacterial shedding and transmission. All recommended using antimicrobial resistance data to guide the selection of treatment agents.

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**Editorial Note:** Multicommunity outbreaks of shigellosis are an ongoing public health challenge whose management and control demands considerable time, effort, and expense from health departments, day care staff, and affected communities. The prolonged multistate increase in shigellosis in the south and mid-Atlantic areas described in this report is representative of numerous similar *S. sonnei* outbreaks that have occurred during the previous two decades (*1*–*4*).

During 1996–2001, the number of *S. sonnei* isolates reported to PHLIS remained stable, averaging 9,024 isolates per year (range: 7,363–10,262 isolates per year) (*5*). The median age of patients with *S. sonnei* infection during this 6-year period was 8–9 years; 55% of patients were female. *S. sonnei* is the predominant cause of shigellosis in the United States, accounting for approximately 75% of all reported cases. A high proportion of these infections were likely associated with day care centers. Because few organisms are required to cause infection, shigellosis spreads easily from person to person when breaches in hand washing and sanitation occur. Intra- and intercommunity propagation of shigellosis is facilitated by the challenge of maintaining adequate hygeiene and sanitation in day care centers, the high proportion of mild and asymptomatic *Shigella* infections, and frequent contact between children who attend one day care center and their friends and relatives who attend other centers. In addition, the emergence of antimicrobial resistance reduces treatment options for children with moderate-to-severe clinical illness.

A combination of laboratory methods to characterize *S. sonnei* isolates proved useful in defining and monitoring these outbreaks. Biochemical profiling revealed an unusual trait that helped identify potential outbreak-associated isolates for subsequent molecular testing. In these outbreaks, 97% of tested isolates lacked the ability to ferment rhamnose, a trait observed in <15% of *S. sonnei* isolates received by the reference laboratory at CDC during 1974–2002. Molecular methods, including PFGE, provided information regarding the similarity of isolates. Nine related PFGE patterns were associated with these outbreaks; two patterns accounted for 66% of the isolates. In contrast to most common-source bacterial foodborne disease outbreaks, isolates from community-wide outbreaks caused by *S. sonnei* commonly demonstrate several different but highly related PFGE patterns.

Multitiered interventions are necessary to manage and control outbreaks of day care–associated shigellosis, and these must be tailored to each community (*6*). Notification through the news media and through direct communication with day care operators, staff, parents, and the medical community helps increase awareness of an outbreak and encourages use of effective control strategies such as supervised hand washing and the exclusion of symptomatic children from day care.

Onsite educational efforts by health department staff, including observation of hand-washing and toilet facilities and activities in affected and high-risk day care centers, is labor-intensive but probably more effective than mass distribution of educational materials (*7*). Cohorting of asymptomatically infected children and staff in day care permits asymptomatic culture-positive day care attendees to remain under supervised care (*8,9*). When this approach is not feasible, the requirement for two negative stool cultures before a child can return to day care can be used to ensure that a child is no longer infectious. However, strict exclusion strategies might lead to propagation of an outbreak if excluded day care attendees are placed in alternative child care settings. For this reason, decisions about when a child with shigellosis is permitted to return to the licensed day care setting require balancing the responsibility to halt transmission within a facility with the needs of the child's family.

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# Update: Influenza Activity — United States, January 18–24, 2004

The number of states reporting widespread influenza activity* continued to decrease during the reporting week of January 18–24, 2004†. One state health department reported widespread activity. A total of 20 states reported regional activity, 19 states and New York City reported local activity, and sporadic activity was reported by nine states, the District of Columbia, Guam, and Puerto Rico. The percentage of outpatient visits for influenza-like illness (ILI)§ remained the same during the week ending January 24. The percentage of specimens testing positive for influenza and the percentage of deaths attributed to pneumonia and influenza (P&I) decreased.

## Laboratory Surveillance

During the week ending January 24, World Health Organization (WHO) laboratories reported testing 1,136 specimens for influenza viruses, of which 85 (7.5%) were positive. Of these, 23 were influenza A (H3N2) viruses, and 62 were influenza A viruses that were not subtyped.

Since September 28, 2003, WHO and National Respiratory and Enteric Virus Surveillance System laboratories have tested 83,218 specimens for influenza viruses, of which 21,599 (26.0%) were positive. Of these, 21,471 (99.4%) were influenza A viruses, and 128 (0.6%) were influenza B viruses. Of the 21,471 influenza A viruses, 5,320 (24.8%) have been subtyped; 5,319 (99.9%) were influenza A (H3N2) viruses, and one (0.1%) was an influenza A (H1) virus.

* 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.
† Provisional data reported as of January 28.
§ Temperature of >100.0° F (>37.8° C) and cough and/or sore throat in the absence of a known cause other than influenza.

## Antigenic Characterization

Of the 573 influenza viruses collected by U.S. laboratories since October 1, 2003, and characterized antigenically by CDC, 565 were influenza A (H3N2) viruses, two were influenza A (H1) viruses, and six 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 565 influenza A (H3N2) isolates that have been characterized, 106 (18.8%) were similar antigenically to the vaccine strain A/Panama/2007/99 (H3N2), and 459 (81.2%) were similar to a drift variant, A/Fujian/411/2002 (H3N2)[¶]. Five influenza B viruses characterized were similar antigenically to B/Sichuan/379/99, and one was similar antigenically to B/Hong Kong/330/2001.

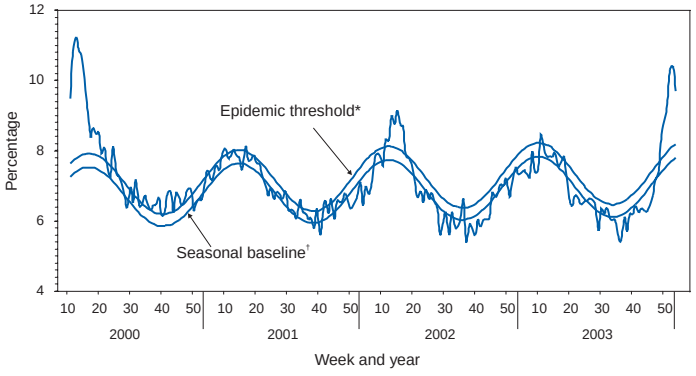
## P&I Mortality Surveillance

During the week ending January 24, 2004, P&I accounted for 9.7% of all deaths reported through the 122 Cities Mortality Reporting System. P&I mortality appears to have peaked but remains above the epidemic threshold[**] of 8.2% (Figure 1).

[¶] 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.

[**] 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 preceding 5 years; the epidemic threshold is 1.645 standard deviations above the seasonal baseline percentage.

**FIGURE 1. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by 122 Cities Mortality Reporting System, by week and year — United States, 2000–2004**




* The epidemic threshold is 1.645 standard deviations above the seasonal baseline percentage.

† The seasonal baseline 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 preceding 5 years.

## ILI Surveillance

The percentage of patient visits[††] to approximately 1,000 U.S. sentinel providers nationwide for ILI remained at 2.0% for the week ending January 24, which is below the national baseline[§§] of 2.5% (Figure 2). The percentage of patient visits for ILI ranged from 3.1% in the South Atlantic region[¶¶] to 1.0% in the West North Central region.

## Activity Reported by State and Territorial Epidemiologists

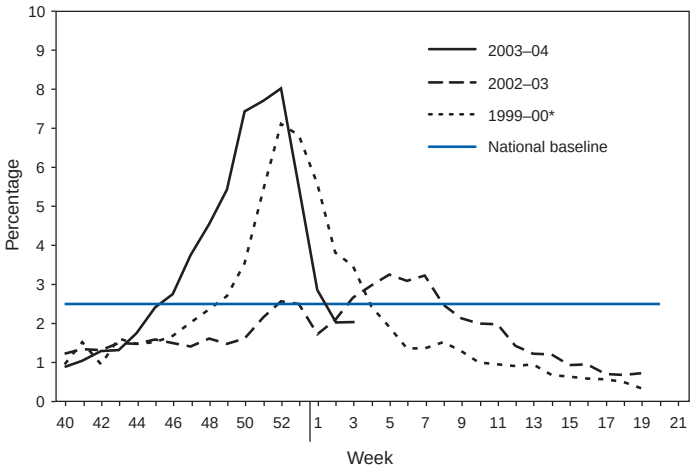
During the week ending January 24, Delaware reported widespread influenza activity. Regional activity was reported in 20 states (Colorado, Connecticut, Florida, Georgia, Idaho, Iowa, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, New York, Ohio, Pennsylva-

[††] National and regional percentage of patient visits for ILI are weighted on the basis of state population.

[§§] 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.

[¶¶] *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, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, 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 2. 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.

nia, Rhode Island, South Carolina, West Virginia, and Wyoming). Local activity was reported in 19 states (Alaska, Arizona, California, Hawaii, Illinois, Indiana, Kansas, Maine, Maryland, Michigan, Missouri, Nebraska, New Hampshire, Oregon, Tennessee, Vermont, Virginia, Washington, and Wisconsin) and New York City. Sporadic activity was reported in nine states (Alabama, Arkansas, Nevada, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, and Utah), the District of Columbia, Guam, and Puerto Rico. North Carolina did not report.

## Influenza-Associated Deaths in Children Aged <18 Years

As of January 26, CDC had received reports of 121 influenza-associated deaths in U.S. residents aged <18 years. These data are preliminary and subject to change as more data become available. Thirteen of the 121 deaths occurred since January 1 (Figure 3). All patients had evidence of influenza virus infection detected by rapid-antigen testing or other laboratory tests. Among reported deaths, 62 (51.2%) were male. The median age was 3.8 years (range: 2 weeks–17 years). Of 72 children aged <5 years, 33 were aged 6–23 months. Twenty-six children had medical conditions that put them at increased risk for complications from influenza. Of children whose influenza vaccination status was reported, two were vaccinated according to current recommendations (*1*), and 57 were not vaccinated.

Weekly influenza activity updates are available through CDC's voice (telephone, 888-232-3228) and fax (telephone, 888-232-3299, document number 361100) information systems. Additional information about influenza viruses and surveillance is available from CDC at http://www.cdc.gov/flu.

### Reference

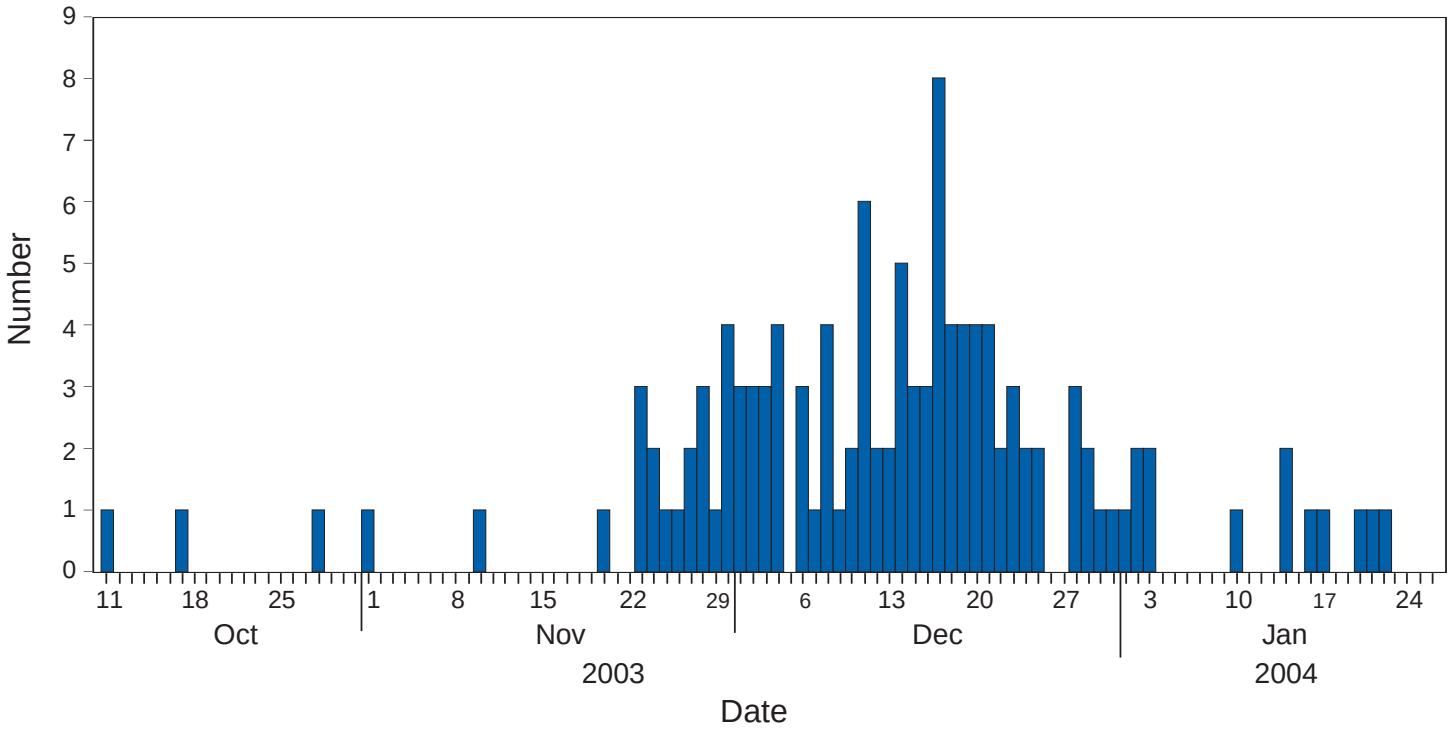
1. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2003;52(No. RR-8).

*Notice to Readers*

## International Conference on Women and Infectious Diseases

CDC's National Center for Infectious Diseases, along with numerous partners, is planning the International Conference on Women and Infectious Diseases (ICWID) to be held February 27–28, 2004, at the Marriott Marquis Hotel in Atlanta, Georgia. The goal of the conference is to enhance prevention and control of infectious diseases among women

**FIGURE 3. Number* of influenza-associated deaths among children aged <18 years, by date of death — United States, 2003–04 influenza season**




* N = 121 as of January 26, 2004.

worldwide. The deadline for advance registration is February 14, 2004. Registration information for ICWID 2004 is available at http://www.womenshealthconf.org and by e-mail, meetinginfo@asmusa.org.

*Notice to Readers*

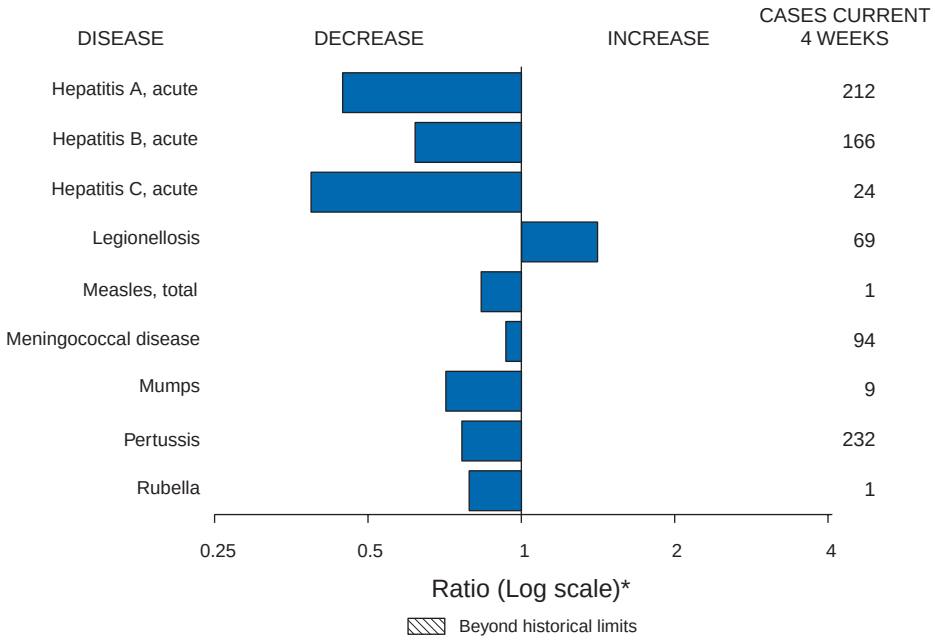
## International Conference on Emerging Infectious Diseases

CDC's National Center for Infectious Diseases, the Council of State and Territorial Epidemiologists, the American Society for Microbiology, the Association of Public Health Laboratories, and the World Health Organization will cosponsor the International Conference on Emerging Infectious Diseases (ICEID) February 29–March 3, 2004, at the Marriott Marquis Hotel in Atlanta, Georgia. The conference will explore the most current research, surveillance, and prevention and control programs addressing all aspects of emerging infectious diseases. Attendance is limited to 2,500 participants. The deadline for advance registration is February 14, 2004. Registration information for ICEID 2004 is available at http://www.iceid.org and at http://www.cdc.gov/ncidod and by e-mail, meetinginfo@asmusa.org.

## Erratum: Vol. 53, No.1

In the report, "Medical Expenditures Attributable to Injuries—United States, 2000," an error occurred in the first sentence of the first paragraph on page 1. The sentence should read, "In the United States, injuries (i.e., unintentional and intentional) are the leading cause of death among persons aged 1–44 years and the fourth leading cause of death among persons of all ages (*1*)."

**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals January 24, 2004, 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 January 24, 2004 (3rd Week)***

| | Cum. 2004 | Cum. 2003 | | Cum. 2004 | Cum. 2003 |
|---|---|---|---|---|---|
| Anthrax | - | - | Hemolytic uremic syndrome, postdiarrheal† | 1 | 2 |
| Botulism: | - | - | HIV infection, pediatric†§ | - | 22 |
| foodborne | - | 1 | Measles, total | 2¶ | - |
| infant | - | 5 | Mumps | 8 | 14 |
| other (wound & unspecified | 1 | - | Plague | - | - |
| Brucellosis† | 2 | 5 | Poliomyelitis, paralytic | - | - |
| Chancroid | 1 | 1 | Psittacosis† | - | 1 |
| Cholera | - | - | Q fever† | - | 4 |
| Cyclosporiasis† | - | 2 | Rabies, human | - | - |
| Diphtheria | - | - | Rubella | 1 | - |
| Ehrlichiosis: | - | - | Rubella, congenital syndrome | - | - |
| human granulocytic (HGE)† | 2 | 2 | SARS-associated coronavirus disease† ** | - | - |
| human monocytic (HME)† | - | 3 | Smallpox† †† | - | NA |
| human, other and unspecified | - | 1 | *Staphylococcus aureus*: | - | - |
| Encephalitis/Meningitis: | - | - | Vancomycin-intermediate (VISA)† †† | - | NA |
| California serogroup viral† | - | - | Vancomycin-resistant (VRSA)† †† | - | NA |
| eastern equine† | - | - | Streptococcal toxic-shock syndrome† | 9 | 7 |
| Powassan† | - | - | Tetanus | - | 1 |
| St. Louis† | - | - | Toxic-shock syndrome | 4 | 2 |
| western equine† | - | - | Trichinosis | - | - |
| Hansen disease (leprosy)† | 3 | 3 | Tularemia† | - | 2 |
| Hantavirus pulmonary syndrome† | - | 2 | Yellow fever | - | - |

-: No reported cases.
* Incidence data for reporting years 2003 and 2004 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 December 28, 2003.
¶ Of two cases reported, one was indigenous, and one was 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).
†† Not previously notifiable.

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | AIDS | | Chlamydia† | | Coccidiodomycosis | | Cryptosporidiosis | | Encephalitis/Meningitis West Nile | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Cum. 2004§ | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | - | 3,016 | 28,365 | 41,577 | 55 | 217 | 88 | 97 | - | - |
| NEW ENGLAND | - | 64 | 1,408 | 1,502 | - | - | 4 | 5 | - | - |
| Maine | - | - | 50 | 90 | N | N | 2 | - | - | - |
| N.H. | - | 1 | - | 86 | - | - | - | - | - | - |
| Vt. | - | - | 50 | 41 | - | - | 2 | 1 | - | - |
| Mass. | - | 1 | 1,034 | 569 | - | - | - | 4 | - | - |
| R.I. | - | 5 | 271 | 150 | - | - | - | - | - | - |
| Conn. | - | 57 | 3 | 566 | N | N | - | - | - | - |
| MID. ATLANTIC | - | 905 | 3,548 | 5,185 | - | - | 9 | 13 | - | - |
| Upstate N.Y. | - | 51 | 423 | 281 | N | N | 4 | 1 | - | - |
| N.Y. City | - | 430 | 1,519 | 1,876 | - | - | 1 | 8 | - | - |
| N.J. | - | 72 | 585 | 986 | - | - | - | - | - | - |
| Pa. | - | 352 | 1,021 | 2,042 | N | N | 4 | 4 | - | - |
| E.N. CENTRAL | - | 278 | 3,856 | 8,124 | - | 1 | 14 | 13 | - | - |
| Ohio | - | 61 | 215 | 2,259 | - | - | 10 | - | - | - |
| Ind. | - | 42 | 725 | 1,048 | N | N | - | - | - | - |
| Ill. | - | 81 | 1,275 | 2,766 | - | - | - | 1 | - | - |
| Mich. | - | 89 | 1,548 | 1,102 | - | 1 | 4 | 3 | - | - |
| Wis. | - | 5 | 93 | 949 | - | - | - | 9 | - | - |
| W.N. CENTRAL | - | 36 | 1,377 | 2,456 | - | - | 8 | 7 | - | - |
| Minn. | - | - | 3 | 640 | N | N | 2 | 3 | - | - |
| Iowa | - | 13 | - | 133 | N | N | 1 | 2 | - | - |
| Mo. | - | 22 | 522 | 863 | - | - | - | 1 | - | - |
| N. Dak. | - | - | 27 | 24 | N | N | - | - | - | - |
| S. Dak. | - | 1 | 125 | 122 | - | - | 2 | 1 | - | - |
| Nebr.¶ | - | - | 229 | 201 | - | - | - | - | - | - |
| Kans. | - | - | 471 | 473 | N | N | 3 | - | - | - |
| S. ATLANTIC | - | 643 | 5,045 | 6,714 | - | - | 27 | 11 | - | - |
| Del. | - | - | 140 | 174 | N | N | - | - | - | - |
| Md. | - | 12 | 959 | 873 | - | - | 2 | 2 | - | - |
| D.C. | - | 157 | 99 | 201 | - | - | - | - | - | - |
| Va. | - | 137 | 992 | 694 | - | - | - | - | - | - |
| W. Va. | - | - | 142 | 142 | N | N | - | - | - | - |
| N.C. | - | 3 | 1,114 | 1,573 | N | N | 8 | 1 | - | - |
| S.C.¶ | - | 35 | 357 | 620 | - | - | - | - | - | - |
| Ga. | - | 155 | 10 | 820 | - | - | 6 | 7 | - | - |
| Fla. | - | 144 | 1,232 | 1,617 | N | N | 11 | 1 | - | - |
| E.S. CENTRAL | - | 17 | 2,294 | 2,629 | N | N | 4 | 4 | - | - |
| Ky. | - | 5 | 324 | 408 | N | N | 1 | 1 | - | - |
| Tenn. | - | - | 932 | 703 | N | N | 1 | 3 | - | - |
| Ala. | - | 12 | 623 | 684 | - | - | 1 | - | - | - |
| Miss. | - | - | 415 | 834 | N | N | 1 | - | - | - |
| W.S. CENTRAL | - | 572 | 5,540 | 5,566 | - | - | 3 | 3 | - | - |
| Ark. | - | - | 410 | 348 | - | - | 2 | 1 | - | - |
| La. | - | - | 2,082 | 760 | N | N | - | - | - | - |
| Okla. | - | 1 | 232 | 383 | N | N | - | - | - | - |
| Tex. | - | 571 | 2,816 | 4,075 | - | - | 1 | 2 | - | - |
| MOUNTAIN | - | 120 | 1,159 | 2,429 | 1 | 181 | 1 | 5 | - | - |
| Mont. | - | 6 | - | 124 | N | N | - | - | - | - |
| Idaho | - | - | 99 | 127 | N | N | - | 2 | - | - |
| Wyo. | - | 1 | 53 | 57 | - | - | 1 | - | - | - |
| Colo. | - | 22 | 64 | 668 | N | N | - | 2 | - | - |
| N. Mex. | - | - | 31 | 310 | - | - | - | - | - | - |
| Ariz. | - | 78 | 820 | 742 | - | 179 | - | 1 | - | - |
| Utah | - | 6 | 92 | 76 | 1 | - | - | - | - | - |
| Nev. | - | 7 | - | 325 | - | 2 | - | - | - | - |
| PACIFIC | - | 381 | 4,138 | 6,972 | 54 | 35 | 18 | 36 | - | - |
| Wash. | - | 31 | 788 | 673 | N | N | - | - | - | - |
| Oreg. | - | 35 | - | 358 | - | - | 1 | 2 | - | - |
| Calif. | - | 312 | 3,209 | 5,494 | 54 | 35 | 17 | 34 | - | - |
| Alaska | - | 3 | 130 | 138 | - | - | - | - | - | - |
| Hawaii | - | - | 11 | 309 | - | - | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | - | 50 | 20 | N | N | N | N | - | - |
| V.I. | - | - | - | 21 | - | - | - | - | - | - |
| 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. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2003 and 2004 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 December 28, 2003.

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

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | *Escherichia coli*, Enterohemorrhagic (EHEC) | | | | | | Giardiasis | | Gonorrhea | |
|---|---|---|---|---|---|---|---|---|---|---|
| | O157:H7 | | Shiga toxin positive, serogroup non-O157 | | Shiga toxin positive, not serogrouped | | | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 35 | 52 | 1 | 6 | 2 | 4 | 432 | 775 | 10,484 | 17,408 |
| NEW ENGLAND | - | 6 | - | - | 1 | 1 | 26 | 52 | 301 | 470 |
| Maine | - | - | - | - | - | - | 6 | 7 | 13 | 4 |
| N.H. | - | - | - | - | - | - | - | 3 | - | 8 |
| Vt. | - | - | - | - | - | - | 3 | 6 | 1 | 5 |
| Mass. | - | 3 | - | - | 1 | 1 | 17 | 36 | 226 | 177 |
| R.I. | - | - | - | - | - | - | - | - | 60 | 56 |
| Conn. | - | 3 | - | - | - | - | - | - | 1 | 220 |
| MID. ATLANTIC | 3 | 7 | - | - | - | 2 | 58 | 157 | 1,154 | 2,399 |
| Upstate N.Y. | 1 | - | - | - | - | - | 15 | 10 | 149 | 170 |
| N.Y. City | - | 1 | - | - | - | - | 4 | 74 | 514 | 827 |
| N.J. | - | 2 | - | - | - | - | 6 | 23 | 187 | 626 |
| Pa. | 2 | 4 | - | - | - | 2 | 33 | 50 | 304 | 776 |
| E.N. CENTRAL | 13 | 14 | - | - | 1 | 1 | 82 | 129 | 1,419 | 3,868 |
| Ohio | 8 | 4 | - | - | 1 | 1 | 54 | 60 | 124 | 1,246 |
| Ind. | - | - | - | - | - | - | - | - | 283 | 409 |
| Ill. | 1 | - | - | - | - | - | 2 | 10 | 457 | 1,370 |
| Mich. | 4 | 4 | - | - | - | - | 25 | 40 | 525 | 489 |
| Wis. | - | 6 | - | - | - | - | 1 | 19 | 30 | 354 |
| W.N. CENTRAL | 2 | 7 | - | - | - | - | 30 | 75 | 538 | 920 |
| Minn. | 1 | 2 | - | - | - | - | 7 | 6 | 4 | 206 |
| Iowa | - | - | - | - | - | - | 11 | 16 | - | 22 |
| Mo. | - | 2 | - | - | - | - | - | 38 | 265 | 462 |
| N. Dak. | - | - | - | - | - | - | - | - | - | 1 |
| S. Dak. | - | - | - | - | - | - | 2 | 1 | 14 | 1 |
| Nebr. | - | 3 | - | - | - | - | 3 | 6 | 76 | 49 |
| Kans. | 1 | - | - | - | - | - | 7 | 8 | 179 | 179 |
| S. ATLANTIC | 3 | - | 1 | 3 | - | - | 101 | 173 | 2,471 | 3,706 |
| Del. | - | - | N | N | N | N | - | 3 | 58 | 80 |
| Md. | 1 | - | - | - | - | - | 4 | 8 | 472 | 448 |
| D.C. | - | - | - | - | - | - | 1 | - | 80 | 157 |
| Va. | - | - | - | - | - | - | 6 | 1 | 374 | 381 |
| W. Va. | - | - | - | - | - | - | - | - | 51 | 53 |
| N.C. | - | - | 1 | 2 | - | - | N | N | 661 | 887 |
| S.C. | - | - | - | - | - | - | - | - | 171 | 383 |
| Ga. | - | - | - | - | - | - | 34 | 120 | 11 | 445 |
| Fla. | 2 | - | - | 1 | - | - | 56 | 41 | 593 | 872 |
| E.S. CENTRAL | - | 2 | - | - | - | - | 13 | 14 | 1,168 | 1,527 |
| Ky. | - | - | - | - | - | - | N | N | 143 | 197 |
| Tenn. | - | 2 | - | - | - | - | 6 | 8 | 413 | 402 |
| Ala. | - | - | - | - | - | - | 7 | 6 | 381 | 500 |
| Miss. | - | - | - | - | - | - | - | - | 231 | 428 |
| W.S. CENTRAL | - | 3 | - | 2 | - | - | 5 | 5 | 2,257 | 2,398 |
| Ark. | - | 1 | - | - | - | - | 5 | 5 | 190 | 255 |
| La. | - | - | - | - | - | - | - | - | 972 | 393 |
| Okla. | - | - | - | - | - | - | - | - | 105 | 170 |
| Tex. | - | 2 | - | 2 | - | - | - | - | 990 | 1,580 |
| MOUNTAIN | 3 | 4 | - | 1 | - | - | 30 | 57 | 347 | 595 |
| Mont. | 1 | - | - | - | - | - | 1 | 1 | - | 10 |
| Idaho | 1 | 1 | - | - | - | - | 15 | 10 | 3 | 6 |
| Wyo. | - | - | - | - | - | - | - | 2 | 3 | 4 |
| Colo. | - | 1 | - | - | - | - | - | 19 | 66 | 187 |
| N. Mex. | - | - | - | 1 | - | - | - | 3 | 4 | 72 |
| Ariz. | - | 1 | N | N | N | N | - | 12 | 259 | 217 |
| Utah | 1 | 1 | - | - | - | - | 14 | 3 | 12 | 10 |
| Nev. | - | - | - | - | - | - | - | 7 | - | 89 |
| PACIFIC | 11 | 9 | - | - | - | - | 87 | 113 | 829 | 1,525 |
| Wash. | - | - | - | - | - | - | 2 | - | 158 | 125 |
| Oreg. | 2 | - | - | - | - | - | 18 | 11 | - | 41 |
| Calif. | 6 | 9 | - | - | - | - | 63 | 90 | 652 | 1,268 |
| Alaska | - | - | - | - | - | - | 2 | 6 | 18 | 27 |
| Hawaii | 3 | - | - | - | - | - | 2 | 6 | 1 | 64 |
| Guam | N | N | - | - | - | - | - | - | - | - |
| P.R. | - | - | - | - | - | - | - | 1 | 2 | 1 |
| V.I. | - | - | - | - | - | - | - | - | - | 4 |
| 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | *Haemophilus influenzae*, invasive | | | | | | | | Hepatitis (viral, acute), by type | |
|---|---|---|---|---|---|---|---|---|---|---|
| | All ages | | Age <5 years | | | | | | | |
| | All serotypes | | Serotype b | | Non-serotype b | | Unknown serotype | | A | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 74 | 64 | - | 1 | - | 1 | 11 | 8 | 180 | 309 |
| NEW ENGLAND | 5 | 6 | - | - | - | - | - | - | 29 | 7 |
| Maine | - | - | - | - | - | - | - | - | - | - |
| N.H. | - | 1 | - | - | - | - | - | - | - | - |
| Vt. | 1 | 2 | - | - | - | - | - | - | 1 | 1 |
| Mass. | - | 1 | - | - | - | - | - | - | 23 | 3 |
| R.I. | - | - | - | - | - | - | - | - | - | - |
| Conn. | 4 | 2 | - | - | - | - | - | - | 5 | 3 |
| MID. ATLANTIC | 17 | 14 | - | - | - | - | 1 | 2 | 23 | 55 |
| Upstate N.Y. | 4 | - | - | - | - | - | - | - | 3 | - |
| N.Y. City | 2 | 5 | - | - | - | - | 1 | 2 | 1 | 29 |
| N.J. | - | 3 | - | - | - | - | - | - | 3 | 8 |
| Pa. | 11 | 6 | - | - | - | - | - | - | 16 | 18 |
| E.N. CENTRAL | 14 | 5 | - | - | - | - | 6 | 1 | 16 | 26 |
| Ohio | 9 | 2 | - | - | - | - | 3 | 1 | 2 | 6 |
| Ind. | 1 | - | - | - | - | - | 1 | - | - | - |
| Ill. | - | 2 | - | - | - | - | - | - | 4 | 4 |
| Mich. | 4 | - | - | - | - | - | 2 | - | 10 | 12 |
| Wis. | - | 1 | - | - | - | - | - | - | - | 4 |
| W.N. CENTRAL | 1 | 5 | - | - | - | - | - | 2 | 6 | 9 |
| Minn. | - | 1 | - | - | - | - | - | - | - | - |
| Iowa | - | - | - | - | - | - | - | - | 4 | 4 |
| Mo. | - | 4 | - | - | - | - | - | 2 | - | 2 |
| N. Dak. | - | - | - | - | - | - | - | - | - | - |
| S. Dak. | - | - | - | - | - | - | - | - | - | - |
| Nebr. | 1 | - | - | - | - | - | - | - | - | 2 |
| Kans. | - | - | - | - | - | - | - | - | 2 | 1 |
| S. ATLANTIC | 25 | 11 | - | - | - | - | 1 | - | 49 | 117 |
| Del. | - | - | - | - | - | - | - | - | - | 1 |
| Md. | 9 | 6 | - | - | - | - | - | - | 7 | 13 |
| D.C. | - | - | - | - | - | - | - | - | - | - |
| Va. | 4 | - | - | - | - | - | - | - | 4 | - |
| W. Va. | - | - | - | - | - | - | - | - | - | - |
| N.C. | - | - | - | - | - | - | - | - | - | 2 |
| S.C. | - | 1 | - | - | - | - | - | - | - | - |
| Ga. | 6 | 4 | - | - | - | - | 1 | - | 21 | 66 |
| Fla. | 6 | - | - | - | - | - | - | - | 17 | 35 |
| E.S. CENTRAL | 6 | 6 | - | - | - | - | 1 | 1 | 1 | 6 |
| Ky. | - | - | - | - | - | - | - | - | - | - |
| Tenn. | 2 | 1 | - | - | - | - | - | - | 1 | 2 |
| Ala. | 4 | 5 | - | - | - | - | 1 | 1 | - | 3 |
| Miss. | - | - | - | - | - | - | - | - | - | 1 |
| W.S. CENTRAL | 1 | 4 | - | - | - | 1 | - | - | 1 | 22 |
| Ark. | - | 1 | - | - | - | - | - | - | - | - |
| La. | - | 2 | - | - | - | - | - | - | - | 3 |
| Okla. | 1 | 1 | - | - | - | 1 | - | - | - | - |
| Tex. | - | - | - | - | - | - | - | - | 1 | 19 |
| MOUNTAIN | 3 | 10 | - | - | - | - | 1 | 1 | 3 | 16 |
| Mont. | - | - | - | - | - | - | - | - | - | - |
| Idaho | - | - | - | - | - | - | - | - | 1 | - |
| Wyo. | - | - | - | - | - | - | - | - | 1 | - |
| Colo. | - | 2 | - | - | - | - | - | - | - | 1 |
| N. Mex. | 2 | 2 | - | - | - | - | - | - | - | - |
| Ariz. | - | 4 | - | - | - | - | - | - | - | 11 |
| Utah | 1 | 1 | - | - | - | - | 1 | 1 | 1 | 1 |
| Nev. | - | 1 | - | - | - | - | - | - | - | 3 |
| PACIFIC | 2 | 3 | - | 1 | - | - | 1 | 1 | 52 | 51 |
| Wash. | 1 | - | - | - | - | - | 1 | - | - | - |
| Oreg. | 1 | 1 | - | - | - | - | - | 1 | 1 | 3 |
| Calif. | - | 1 | - | 1 | - | - | - | - | 51 | 48 |
| Alaska | - | - | - | - | - | - | - | - | - | - |
| Hawaii | - | 1 | - | - | - | - | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | - | - | - | - | - | - | - | - | - |
| 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | Hepatitis (viral, acute), by type | | | | Legionellosis | | Listeriosis | | Lyme disease | |
|---|---|---|---|---|---|---|---|---|---|---|
| | B | | C | | | | | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 138 | 389 | 23 | 137 | 59 | 57 | 16 | 23 | 231 | 315 |
| NEW ENGLAND | 5 | 19 | - | - | - | 3 | - | 2 | 1 | 19 |
| Maine | - | - | - | - | - | - | - | - | - | - |
| N.H. | - | - | - | - | - | - | - | 1 | - | - |
| Vt. | - | 1 | - | - | - | - | - | - | - | 1 |
| Mass. | 5 | 13 | - | - | - | 2 | - | 1 | 1 | 18 |
| R.I. | - | - | - | - | - | - | - | - | - | - |
| Conn. | - | 5 | U | U | - | 1 | - | - | - | - |
| MID. ATLANTIC | 6 | 52 | 6 | 6 | 9 | 17 | 2 | 8 | 192 | 238 |
| Upstate N.Y. | 1 | - | 1 | - | 3 | 2 | - | - | 84 | 28 |
| N.Y. City | - | 23 | - | - | - | 4 | - | 4 | - | - |
| N.J. | 3 | 13 | - | - | 1 | 1 | 1 | 1 | 9 | 68 |
| Pa. | 2 | 16 | 5 | 6 | 5 | 10 | 1 | 3 | 99 | 142 |
| E.N. CENTRAL | 11 | 34 | 4 | 9 | 23 | 16 | 2 | 1 | 11 | 7 |
| Ohio | 7 | 10 | - | - | 16 | 9 | 2 | 1 | 11 | 1 |
| Ind. | - | - | - | - | - | - | - | - | - | - |
| Ill. | - | - | - | 2 | - | - | - | - | - | - |
| Mich. | 4 | 14 | 4 | 7 | 7 | 7 | - | - | - | - |
| Wis. | - | 10 | - | - | - | - | - | - | U | 6 |
| W.N. CENTRAL | 1 | 19 | - | 10 | 1 | 1 | - | 2 | 3 | 1 |
| Minn. | - | - | - | - | - | - | - | 1 | - | - |
| Iowa | - | - | - | - | - | - | - | - | 1 | - |
| Mo. | - | 17 | - | 10 | - | - | - | - | - | 1 |
| N. Dak. | - | - | - | - | - | - | - | - | - | - |
| S. Dak. | - | - | - | - | 1 | - | - | - | - | - |
| Nebr. | - | 1 | - | - | - | - | - | 1 | - | - |
| Kans. | 1 | 1 | - | - | - | 1 | - | - | 2 | - |
| S. ATLANTIC | 72 | 151 | 10 | 7 | 16 | 7 | 6 | 2 | 20 | 32 |
| Del. | - | - | - | - | - | - | N | N | - | 8 |
| Md. | 6 | 4 | 1 | 2 | 2 | 4 | 2 | - | 17 | 17 |
| D.C. | - | - | - | - | - | - | - | - | - | - |
| Va. | - | - | - | - | - | - | - | - | - | - |
| W. Va. | - | - | - | - | - | - | - | - | - | - |
| N.C. | 1 | 1 | - | 1 | 3 | 2 | 2 | 1 | - | 5 |
| S.C. | - | - | - | - | - | - | - | - | - | - |
| Ga. | 33 | 131 | 2 | 2 | - | 1 | 1 | 1 | - | - |
| Fla. | 32 | 15 | 7 | 2 | 11 | - | 1 | - | 3 | 2 |
| E.S. CENTRAL | 7 | 18 | - | 5 | - | 1 | 1 | 2 | - | 4 |
| Ky. | 1 | 1 | - | - | - | - | 1 | - | - | - |
| Tenn. | - | 3 | - | 2 | - | 1 | - | - | - | - |
| Ala. | - | 7 | - | - | - | - | - | 2 | - | - |
| Miss. | 6 | 7 | - | 3 | - | - | - | - | - | 4 |
| W.S. CENTRAL | - | 26 | - | 91 | - | 7 | - | 1 | - | 5 |
| Ark. | - | 1 | - | 1 | - | - | - | - | - | - |
| La. | - | 5 | - | 9 | - | - | - | - | - | - |
| Okla. | - | 1 | - | - | - | - | - | - | - | - |
| Tex. | - | 19 | - | 81 | - | 7 | - | 1 | - | 5 |
| MOUNTAIN | 3 | 30 | - | 2 | 3 | 1 | - | 1 | - | 1 |
| Mont. | - | 1 | - | - | - | - | - | - | - | - |
| Idaho | 1 | - | - | - | 1 | - | - | - | - | - |
| Wyo. | 1 | 1 | - | - | 2 | - | - | - | - | - |
| Colo. | - | 3 | - | 2 | - | - | - | - | - | - |
| N. Mex. | - | 2 | - | - | - | - | - | - | - | - |
| Ariz. | - | 16 | - | - | - | 1 | - | 1 | - | - |
| Utah | 1 | 2 | - | - | - | - | - | - | - | - |
| Nev. | - | 5 | - | - | - | - | - | - | - | 1 |
| PACIFIC | 33 | 40 | 3 | 7 | 7 | 4 | 5 | 4 | 4 | 8 |
| Wash. | - | - | - | - | 1 | - | 1 | - | - | - |
| Oreg. | 6 | 9 | 1 | 1 | N | N | - | - | - | 2 |
| Calif. | 27 | 29 | 1 | 5 | 6 | 4 | 4 | 4 | 4 | 6 |
| Alaska | - | - | - | - | - | - | - | - | - | - |
| Hawaii | - | 2 | 1 | 1 | - | - | - | - | N | N |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | Malaria | | Meningococcal disease | | Pertussis | | Rabies, animal | | Rocky Mountain spotted fever | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 31 | 42 | 89 | 74 | 193 | 289 | 124 | 199 | 10 | 16 |
| NEW ENGLAND | 2 | 3 | 1 | 4 | 66 | 57 | 8 | 21 | - | - |
| Maine | - | 1 | - | - | - | - | - | - | - | - |
| N.H. | - | - | - | - | - | - | - | 1 | - | - |
| Vt. | - | - | - | - | 2 | 13 | - | 2 | - | - |
| Mass. | 2 | 2 | 1 | 3 | 64 | 43 | 4 | 8 | - | - |
| R.I. | - | - | - | - | - | - | - | - | - | - |
| Conn. | - | - | - | 1 | - | 1 | 4 | 10 | - | - |
| MID. ATLANTIC | 2 | 9 | 11 | 8 | 53 | 25 | 14 | 41 | 2 | 2 |
| Upstate N.Y. | - | - | 5 | 1 | 32 | 6 | 14 | 14 | - | - |
| N.Y. City | - | 5 | 1 | 3 | - | - | - | 1 | - | - |
| N.J. | - | 2 | - | 1 | - | 5 | - | 9 | - | 1 |
| Pa. | 2 | 2 | 5 | 3 | 21 | 14 | - | 17 | 2 | 1 |
| E.N. CENTRAL | 4 | 6 | 16 | 13 | 32 | 28 | 1 | - | 1 | 1 |
| Ohio | 1 | 2 | 10 | 6 | 27 | 17 | 1 | - | 1 | 1 |
| Ind. | - | - | - | 1 | - | - | - | - | - | - |
| Ill. | - | 1 | - | - | - | - | - | - | - | - |
| Mich. | 1 | 2 | 6 | 2 | 5 | 2 | - | - | - | - |
| Wis. | 2 | 1 | - | 4 | - | 9 | - | - | - | - |
| W.N. CENTRAL | 4 | 4 | 3 | 6 | 8 | 11 | 15 | 28 | - | - |
| Minn. | 3 | 2 | - | 1 | - | - | 5 | 1 | - | - |
| Iowa | - | 2 | 1 | 2 | 4 | - | 2 | 1 | - | - |
| Mo. | - | - | - | 3 | - | 7 | - | - | - | - |
| N. Dak. | - | - | - | - | - | - | 3 | 1 | - | - |
| S. Dak. | - | - | 1 | - | - | - | - | 4 | - | - |
| Nebr. | - | - | - | - | - | - | - | 2 | - | - |
| Kans. | 1 | - | 1 | - | 4 | 4 | 5 | 19 | - | - |
| S. ATLANTIC | 16 | 5 | 19 | 6 | 8 | 26 | 72 | 94 | 6 | 13 |
| Del. | - | - | - | 2 | - | - | - | - | - | - |
| Md. | 6 | 4 | 3 | 2 | 4 | 6 | 11 | 19 | 3 | 4 |
| D.C. | - | - | - | - | - | - | - | - | - | - |
| Va. | - | - | 2 | - | 3 | - | - | 8 | - | - |
| W. Va. | - | - | 1 | - | - | - | 5 | 3 | - | - |
| N.C. | - | - | - | 2 | - | 6 | 26 | 23 | 2 | 9 |
| S.C. | - | - | - | - | - | - | - | 2 | - | - |
| Ga. | 1 | 1 | 3 | - | - | 13 | 30 | 35 | 1 | - |
| Fla. | 9 | - | 10 | - | 1 | 1 | - | 4 | - | - |
| E.S. CENTRAL | - | 1 | 4 | 5 | 5 | 4 | 2 | 7 | 1 | - |
| Ky. | - | - | - | - | - | 1 | 1 | 1 | - | - |
| Tenn. | - | - | 3 | 1 | 4 | - | 1 | 5 | 1 | - |
| Ala. | - | 1 | 1 | 2 | 1 | 3 | - | 1 | - | - |
| Miss. | - | - | - | 2 | - | - | - | - | - | - |
| W.S. CENTRAL | - | 4 | 2 | 13 | - | - | 4 | 1 | - | - |
| Ark. | - | - | - | 1 | - | - | 2 | - | - | - |
| La. | - | - | - | 4 | - | - | - | - | - | - |
| Okla. | - | - | - | 1 | - | - | 2 | 1 | - | - |
| Tex. | - | 4 | 2 | 7 | - | - | - | - | - | - |
| MOUNTAIN | - | 1 | 2 | 2 | 8 | 37 | 4 | 5 | - | - |
| Mont. | - | - | - | - | 3 | - | - | 1 | - | - |
| Idaho | - | - | 1 | - | 3 | - | - | - | - | - |
| Wyo. | - | - | 1 | - | 1 | - | - | - | - | - |
| Colo. | - | 1 | - | - | - | 17 | - | - | - | - |
| N. Mex. | - | - | - | 1 | - | 5 | - | - | - | - |
| Ariz. | - | - | - | 1 | - | 11 | 4 | 4 | - | - |
| Utah | - | - | - | - | 1 | 2 | - | - | - | - |
| Nev. | - | - | - | - | - | 2 | - | - | - | - |
| PACIFIC | 3 | 9 | 31 | 17 | 13 | 101 | 4 | 2 | - | - |
| Wash. | - | - | - | - | - | - | - | - | - | - |
| Oreg. | - | 3 | 7 | 5 | 13 | 7 | - | - | - | - |
| Calif. | 3 | 6 | 23 | 11 | - | 94 | 4 | 2 | - | - |
| Alaska | - | - | - | - | - | - | - | - | - | - |
| Hawaii | - | - | 1 | 1 | - | - | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | - | - | 1 | - | - | 1 | 1 | 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | Salmonellosis | | Shigellosis | | Streptococcal disease, invasive, group A | | *Streptococcus pneumoniae*, invasive | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Drug resistant, all ages | | Age <5 years | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 873 | 1,360 | 326 | 1,143 | 225 | 240 | 200 | 111 | 15 | 24 |
| NEW ENGLAND | 48 | 50 | 11 | 13 | 4 | 27 | - | 9 | - | - |
| Maine | 2 | 1 | - | - | 1 | - | - | - | - | - |
| N.H. | - | 2 | - | - | - | 1 | - | - | N | N |
| Vt. | 2 | 1 | - | - | - | 1 | - | 1 | - | - |
| Mass. | 36 | 42 | 9 | 13 | 3 | 13 | N | N | N | N |
| R.I. | - | - | - | - | - | - | - | - | - | - |
| Conn. | 8 | 4 | 2 | - | - | 12 | - | 8 | U | U |
| MID. ATLANTIC | 52 | 151 | 30 | 107 | 22 | 47 | 7 | 5 | 1 | 3 |
| Upstate N.Y. | 16 | 7 | 22 | 8 | 12 | 5 | 3 | 1 | 1 | 2 |
| N.Y. City | 3 | 56 | - | 29 | - | 5 | U | U | U | U |
| N.J. | 5 | 35 | 3 | 38 | 1 | 11 | N | N | N | N |
| Pa. | 28 | 53 | 5 | 32 | 9 | 26 | 4 | 4 | - | 1 |
| E.N. CENTRAL | 136 | 158 | 38 | 51 | 53 | 50 | 65 | 23 | 14 | 15 |
| Ohio | 62 | 72 | 15 | 13 | 27 | 18 | 61 | 23 | 13 | 10 |
| Ind. | - | 3 | - | 1 | - | - | 4 | - | 1 | - |
| Ill. | 30 | 27 | 12 | 13 | - | 5 | - | - | - | - |
| Mich. | 29 | 26 | 6 | 16 | 26 | 16 | N | N | N | N |
| Wis. | 15 | 30 | 5 | 8 | - | 11 | N | N | - | 5 |
| W.N. CENTRAL | 52 | 72 | 18 | 40 | 9 | 15 | 14 | 18 | - | 2 |
| Minn. | 11 | 15 | 1 | 1 | - | - | - | - | - | 1 |
| Iowa | 13 | 14 | 2 | - | N | N | N | N | N | N |
| Mo. | - | 27 | - | 21 | - | 7 | - | - | - | - |
| N. Dak. | 1 | - | 1 | - | - | - | - | - | - | 1 |
| S. Dak. | 5 | 4 | 1 | 2 | 2 | 2 | - | - | - | - |
| Nebr. | 6 | 2 | 1 | 12 | - | 3 | - | - | N | N |
| Kans. | 16 | 10 | 12 | 4 | 7 | 3 | 14 | 18 | N | N |
| S. ATLANTIC | 301 | 437 | 133 | 572 | 80 | 16 | 107 | 43 | - | - |
| Del. | - | 2 | 1 | 20 | - | 1 | - | - | N | N |
| Md. | 24 | 33 | 8 | 61 | 13 | 5 | - | - | - | - |
| D.C. | - | - | 2 | - | - | - | - | - | - | - |
| Va. | 18 | 7 | 2 | 4 | 2 | - | N | N | N | N |
| W. Va. | - | - | - | - | - | - | 2 | - | - | - |
| N.C. | 33 | 67 | 14 | 51 | 2 | 2 | N | N | U | U |
| S.C. | 1 | 3 | - | 2 | 1 | 1 | - | 7 | N | N |
| Ga. | 68 | 182 | 36 | 237 | 43 | 6 | 57 | 28 | N | N |
| Fla. | 157 | 143 | 70 | 197 | 19 | 1 | 48 | 8 | N | N |
| E.S. CENTRAL | 42 | 90 | 5 | 48 | 10 | 4 | 3 | 2 | - | - |
| Ky. | 2 | 4 | - | 5 | - | 1 | 1 | - | N | N |
| Tenn. | 14 | 21 | - | 7 | 10 | 3 | 2 | 2 | N | N |
| Ala. | 18 | 42 | 4 | 25 | - | - | - | - | N | N |
| Miss. | 8 | 23 | 1 | 11 | - | - | - | - | - | - |
| W.S. CENTRAL | 30 | 127 | 16 | 135 | 6 | 36 | 1 | 10 | - | 4 |
| Ark. | 10 | 6 | 2 | 1 | - | - | 1 | - | - | - |
| La. | - | 23 | - | 25 | - | - | - | 10 | - | - |
| Okla. | 16 | 2 | 10 | 12 | 1 | 1 | N | N | - | 1 |
| Tex. | 4 | 96 | 4 | 97 | 5 | 35 | N | N | - | 3 |
| MOUNTAIN | 34 | 82 | 9 | 47 | 8 | 36 | 3 | 1 | - | - |
| Mont. | 3 | 2 | 1 | - | - | - | - | - | - | - |
| Idaho | 17 | 7 | - | - | 1 | 2 | N | N | N | N |
| Wyo. | 2 | 1 | 1 | 1 | 2 | - | 2 | - | - | - |
| Colo. | - | 34 | - | 9 | - | 9 | - | - | - | - |
| N. Mex. | 4 | 8 | 7 | 14 | 5 | 7 | 1 | 1 | - | - |
| Ariz. | - | 15 | - | 20 | - | 17 | - | - | N | N |
| Utah | 8 | 4 | - | 2 | - | 1 | - | - | - | - |
| Nev. | - | 11 | - | 1 | - | - | - | - | - | - |
| PACIFIC | 178 | 193 | 66 | 130 | 33 | 9 | - | - | - | - |
| Wash. | 2 | 1 | 3 | - | - | - | - | - | N | N |
| Oreg. | 9 | 7 | 4 | 3 | N | N | N | N | N | N |
| Calif. | 147 | 168 | 53 | 123 | 24 | 5 | N | N | N | N |
| Alaska | 9 | 7 | - | 1 | - | - | - | - | N | N |
| Hawaii | 11 | 10 | 6 | 3 | 9 | 4 | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | - | 10 | - | - | 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending January 24, 2004, and January 18, 2003 (3rd Week)***

| Reporting area | Syphilis | | | | Tuberculosis | | Typhoid fever | | Varicella (Chickenpox) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Primary & secondary | | Congenital | | | | | | | |
| | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 | Cum. 2004 | Cum. 2003 |
| UNITED STATES | 210 | 379 | 9 | 32 | 125 | 233 | 3 | 9 | 465 | 807 |
| NEW ENGLAND | 6 | 5 | - | - | 4 | 6 | - | - | 63 | 120 |
| Maine | - | - | - | - | - | - | - | - | 3 | 49 |
| N.H. | - | - | - | - | - | - | - | - | - | - |
| Vt. | - | - | - | - | - | - | - | - | 60 | 51 |
| Mass. | 3 | 3 | - | - | 3 | - | - | - | - | 20 |
| R.I. | - | - | - | - | - | 1 | - | - | - | - |
| Conn. | 3 | 2 | - | - | 1 | 5 | - | - | - | - |
| MID. ATLANTIC | 19 | 42 | 2 | 6 | - | 60 | - | 2 | 3 | - |
| Upstate N.Y. | 1 | - | 2 | 1 | - | - | - | - | - | - |
| N.Y. City | 13 | 20 | - | 1 | - | 48 | - | 1 | - | - |
| N.J. | 4 | 16 | - | 4 | - | 6 | - | 1 | - | - |
| Pa. | 1 | 6 | - | - | - | 6 | - | - | 3 | - |
| E.N. CENTRAL | 24 | 46 | 4 | 5 | 61 | 11 | 1 | 1 | 268 | 484 |
| Ohio | 7 | 9 | - | 1 | 1 | 3 | 1 | - | 45 | 90 |
| Ind. | 6 | 1 | - | 1 | 11 | 5 | - | - | - | - |
| Ill. | 2 | 23 | - | 3 | 49 | 3 | - | - | - | - |
| Mich. | 7 | 12 | 4 | - | - | - | - | 1 | 223 | 345 |
| Wis. | 2 | 1 | - | - | - | - | - | - | - | 49 |
| W.N. CENTRAL | 2 | 17 | - | - | 1 | 9 | - | - | 7 | 1 |
| Minn. | - | 4 | - | - | 1 | 1 | - | - | - | - |
| Iowa | - | - | - | - | - | - | - | - | N | N |
| Mo. | 2 | 8 | - | - | - | 1 | - | - | - | - |
| N. Dak. | - | - | - | - | - | - | - | - | 6 | 1 |
| S. Dak. | - | - | - | - | - | 1 | - | - | 1 | - |
| Nebr. | - | - | - | - | - | - | - | - | - | - |
| Kans. | - | 5 | - | - | - | 6 | - | - | - | - |
| S. ATLANTIC | 69 | 93 | - | 7 | 1 | 19 | - | 1 | 87 | 114 |
| Del. | 1 | - | - | - | - | - | - | - | - | - |
| Md. | 15 | 13 | - | 2 | - | - | - | 1 | - | - |
| D.C. | 8 | 3 | - | - | - | - | - | - | - | - |
| Va. | 1 | 4 | - | - | - | - | - | - | - | 1 |
| W. Va. | - | - | - | - | 1 | - | - | - | 87 | 111 |
| N.C. | 5 | 12 | - | - | - | 2 | - | - | - | - |
| S.C. | 2 | 8 | - | 2 | - | - | - | - | - | 2 |
| Ga. | - | 9 | - | 2 | - | 17 | - | - | - | - |
| Fla. | 37 | 44 | - | 1 | - | - | - | - | - | - |
| E.S. CENTRAL | 13 | 21 | 1 | - | 5 | 5 | - | - | - | - |
| Ky. | 4 | 7 | - | - | - | - | - | - | - | - |
| Tenn. | 7 | 7 | 1 | - | - | 1 | - | - | - | - |
| Ala. | 1 | 7 | - | - | 5 | 4 | - | - | - | - |
| Miss. | 1 | - | - | - | - | - | - | - | - | - |
| W.S. CENTRAL | 55 | 37 | 2 | 4 | 4 | 79 | - | - | - | 85 |
| Ark. | 3 | 7 | - | - | 2 | 1 | - | - | - | - |
| La. | 11 | - | - | - | - | - | - | - | - | 2 |
| Okla. | 1 | 2 | - | - | 2 | 1 | - | - | - | - |
| Tex. | 40 | 28 | 2 | 4 | - | 77 | - | - | - | 83 |
| MOUNTAIN | 7 | 20 | - | 4 | 1 | 2 | 1 | - | 37 | 3 |
| Mont. | - | - | - | - | - | - | - | - | - | - |
| Idaho | 3 | - | - | - | - | - | - | - | - | - |
| Wyo. | - | - | - | - | - | 1 | - | - | 8 | - |
| Colo. | - | 4 | - | 1 | - | 1 | - | - | - | - |
| N. Mex. | - | 6 | - | 3 | - | - | - | - | 2 | - |
| Ariz. | 4 | 8 | - | - | - | - | - | - | - | - |
| Utah | - | 1 | - | - | 1 | - | 1 | - | 27 | 3 |
| Nev. | - | 1 | - | - | - | - | - | - | - | - |
| PACIFIC | 15 | 98 | - | 6 | 48 | 42 | 1 | 5 | - | - |
| Wash. | - | 2 | - | - | 10 | 7 | - | - | - | - |
| Oreg. | - | 2 | - | - | 2 | 2 | - | - | - | - |
| Calif. | 15 | 93 | - | 6 | 32 | 26 | 1 | 5 | - | - |
| Alaska | - | - | - | - | - | 1 | - | - | - | - |
| Hawaii | - | 1 | - | - | 4 | 6 | - | - | - | - |
| Guam | - | - | - | - | - | - | - | - | - | - |
| P.R. | 2 | 3 | - | - | - | - | - | - | - | 3 |
| V.I. | - | 1 | - | - | - | - | - | - | - | - |
| 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 2003 and 2004 are provisional and cumulative (year-to-date).

**TABLE III. Deaths in 122 U.S. cities,* week ending January 24, 2004 (3rd Week)**

| Reporting Area | All causes, by age (years) | | | | | | P&I† Total |
|---|---|---|---|---|---|---|---|
| | All Ages | ≥65 | 45-64 | 25-44 | 1-24 | <1 | |
| NEW ENGLAND | 567 | 444 | 82 | 25 | 12 | 4 | 73 |
| Boston, Mass. | 187 | 139 | 29 | 9 | 7 | 3 | 28 |
| Bridgeport, Conn. | U | U | U | U | U | U | U |
| Cambridge, Mass. | 32 | 25 | 6 | 1 | - | - | 4 |
| Fall River, Mass. | 42 | 31 | 10 | 1 | - | - | 10 |
| Hartford, Conn. | U | U | U | U | U | U | U |
| Lowell, Mass. | 33 | 30 | 2 | - | 1 | - | 4 |
| Lynn, Mass. | 14 | 10 | 1 | 3 | - | - | 2 |
| New Bedford, Mass. | 38 | 33 | 4 | 1 | - | - | 4 |
| New Haven, Conn. | U | U | U | U | U | U | U |
| Providence, R.I. | 79 | 68 | 7 | 2 | 2 | - | 4 |
| Somerville, Mass. | U | U | U | U | U | U | U |
| Springfield, Mass. | 36 | 27 | 6 | 2 | - | 1 | 6 |
| Waterbury, Conn. | 32 | 26 | 5 | 1 | - | - | 3 |
| Worcester, Mass. | 74 | 55 | 12 | 5 | 2 | - | 8 |
| MID. ATLANTIC | 2,090 | 1,468 | 444 | 115 | 27 | 31 | 160 |
| Albany, N.Y. | 50 | 38 | 9 | 1 | - | 2 | 3 |
| Allentown, Pa. | 32 | 26 | 3 | 2 | - | 1 | 1 |
| Buffalo, N.Y. | 113 | 80 | 22 | 6 | 3 | 2 | 12 |
| Camden, N.J. | 26 | 14 | 8 | 2 | 2 | - | 4 |
| Elizabeth, N.J. | 36 | 30 | 2 | 2 | 2 | - | 1 |
| Erie, Pa. | 45 | 33 | 9 | 3 | - | - | 4 |
| Jersey City, N.J. | 41 | 31 | 7 | 3 | - | - | - |
| New York City, N.Y. | 811 | 561 | 179 | 51 | 8 | 9 | 42 |
| Newark, N.J. | 82 | 38 | 22 | 13 | 1 | 6 | 5 |
| Paterson, N.J. | 37 | 21 | 11 | 3 | 1 | 1 | 3 |
| Philadelphia, Pa. | 310 | 214 | 73 | 12 | 7 | 4 | 21 |
| Pittsburgh, Pa.§ | 16 | 10 | 4 | 1 | 1 | - | 1 |
| Reading, Pa. | 35 | 32 | 2 | 1 | - | - | 4 |
| Rochester, N.Y. | 150 | 104 | 37 | 5 | - | 4 | 23 |
| Schenectady, N.Y. | 26 | 22 | 2 | 2 | - | - | 2 |
| Scranton, Pa. | 62 | 51 | 11 | - | - | - | 6 |
| Syracuse, N.Y. | 102 | 77 | 18 | 4 | 1 | 2 | 11 |
| Trenton, N.J. | 57 | 41 | 13 | 3 | - | - | 5 |
| Utica, N.Y. | 31 | 24 | 6 | 1 | - | - | 4 |
| Yonkers, N.Y. | 28 | 21 | 6 | - | 1 | - | 8 |
| E.N. CENTRAL | 2,413 | 1,722 | 472 | 129 | 45 | 44 | 247 |
| Akron, Ohio | 38 | 28 | 4 | 3 | 1 | 2 | 4 |
| Canton, Ohio | 54 | 40 | 11 | 2 | - | 1 | 16 |
| Chicago, Ill. | 356 | 241 | 77 | 28 | 6 | 3 | 23 |
| Cincinnati, Ohio | 98 | 69 | 15 | 8 | 4 | 2 | 8 |
| Cleveland, Ohio | 260 | 188 | 54 | 11 | 4 | 3 | 17 |
| Columbus, Ohio | 224 | 146 | 56 | 14 | 2 | 6 | 29 |
| Dayton, Ohio | 165 | 123 | 33 | 5 | 2 | 2 | 25 |
| Detroit, Mich. | 171 | 111 | 39 | 11 | 6 | 4 | 12 |
| Evansville, Ind. | 63 | 54 | 6 | 2 | - | 1 | 6 |
| Fort Wayne, Ind. | 85 | 65 | 14 | 2 | 1 | 3 | 9 |
| Gary, Ind. | 17 | 10 | 5 | 2 | - | - | - |
| Grand Rapids, Mich. | 69 | 53 | 12 | 2 | 1 | 1 | 13 |
| Indianapolis, Ind. | 253 | 172 | 48 | 15 | 10 | 8 | 25 |
| Lansing, Mich. | 55 | 40 | 10 | 3 | 1 | 1 | 4 |
| Milwaukee, Wis. | 147 | 109 | 24 | 8 | 4 | 2 | 21 |
| Peoria, Ill. | 54 | 44 | 4 | 3 | - | 3 | 10 |
| Rockford, Ill. | 56 | 39 | 12 | 4 | 1 | - | 6 |
| South Bend, Ind. | 78 | 57 | 17 | 2 | 1 | 1 | 1 |
| Toledo, Ohio | 108 | 85 | 20 | 2 | - | 1 | 18 |
| Youngstown, Ohio | 62 | 48 | 11 | 2 | 1 | - | - |
| W.N. CENTRAL | 685 | 502 | 121 | 28 | 20 | 14 | 87 |
| Des Moines, Iowa | 148 | 110 | 25 | 5 | 6 | 2 | 23 |
| Duluth, Minn. | 42 | 29 | 13 | - | - | - | 7 |
| Kansas City, Kans. | 34 | 24 | 6 | 2 | - | 2 | 6 |
| Kansas City, Mo. | 100 | 77 | 14 | 8 | 1 | - | 7 |
| Lincoln, Nebr. | 46 | 32 | 13 | - | - | 1 | 5 |
| Minneapolis, Minn. | 71 | 44 | 14 | 6 | 4 | 3 | 10 |
| Omaha, Nebr. | 95 | 67 | 19 | 2 | 3 | 4 | 11 |
| St. Louis, Mo. | U | U | U | U | U | U | U |
| St. Paul, Minn. | 59 | 49 | 6 | 2 | 2 | - | 4 |
| Wichita, Kans. | 90 | 70 | 11 | 3 | 4 | 2 | 14 |
| S. ATLANTIC | 1,245 | 824 | 283 | 98 | 26 | 13 | 108 |
| Atlanta, Ga. | 159 | 104 | 42 | 8 | 5 | - | 7 |
| Baltimore, Md. | 230 | 131 | 58 | 31 | 6 | 4 | 38 |
| Charlotte, N.C. | 132 | 95 | 22 | 8 | 2 | 5 | 20 |
| Jacksonville, Fla. | 164 | 104 | 45 | 11 | 3 | 1 | 8 |
| Miami, Fla. | 42 | 23 | 14 | 4 | 1 | - | 3 |
| Norfolk, Va. | 66 | 37 | 20 | 5 | 4 | - | - |
| Richmond, Va. | 65 | 34 | 23 | 5 | 2 | 1 | 3 |
| Savannah, Ga. | 57 | 42 | 13 | 1 | 1 | - | - |
| St. Petersburg, Fla. | 62 | 49 | 8 | 3 | 1 | - | 4 |
| Tampa, Fla. | 268 | 205 | 38 | 22 | 1 | 2 | 25 |
| Washington, D.C. | U | U | U | U | U | U | U |
| Wilmington, Del. | U | U | U | U | U | U | U |
| E.S. CENTRAL | 1,222 | 827 | 273 | 84 | 22 | 15 | 109 |
| Birmingham, Ala. | 225 | 156 | 49 | 11 | 6 | 2 | 30 |
| Chattanooga, Tenn. | 131 | 91 | 29 | 7 | 2 | 2 | 14 |
| Knoxville, Tenn. | 129 | 84 | 34 | 9 | 1 | 1 | - |
| Lexington, Ky. | 79 | 49 | 19 | 9 | 2 | - | 5 |
| Memphis, Tenn. | 309 | 220 | 54 | 26 | 8 | 1 | 20 |
| Mobile, Ala. | 116 | 75 | 28 | 9 | 1 | 3 | 3 |
| Montgomery, Ala. | 57 | 36 | 15 | 4 | 1 | 1 | 12 |
| Nashville, Tenn. | 176 | 116 | 45 | 9 | 1 | 5 | 25 |
| W.S. CENTRAL | 1,690 | 1,140 | 365 | 99 | 46 | 39 | 122 |
| Austin, Tex. | U | U | U | U | U | U | U |
| Baton Rouge, La. | U | U | U | U | U | U | U |
| Corpus Christi, Tex. | 66 | 41 | 16 | 3 | 3 | 3 | 2 |
| Dallas, Tex. | 208 | 131 | 47 | 16 | 8 | 6 | 11 |
| El Paso, Tex. | 130 | 93 | 25 | 6 | 5 | 1 | 3 |
| Ft. Worth, Tex. | 133 | 89 | 28 | 6 | 7 | 3 | 11 |
| Houston, Tex. | 434 | 260 | 112 | 31 | 10 | 20 | 36 |
| Little Rock, Ark. | 79 | 54 | 18 | 4 | 3 | - | 2 |
| New Orleans, La. | 41 | 19 | 9 | 13 | - | - | - |
| San Antonio, Tex. | 393 | 295 | 74 | 13 | 6 | 5 | 35 |
| Shreveport, La. | 77 | 55 | 15 | 4 | 2 | 1 | 13 |
| Tulsa, Okla. | 129 | 103 | 21 | 3 | 2 | - | 9 |
| MOUNTAIN | 711 | 507 | 135 | 41 | 13 | 15 | 67 |
| Albuquerque, N.M. | 139 | 105 | 24 | 7 | 2 | 1 | 11 |
| Boise, Idaho | 48 | 35 | 9 | 2 | 1 | 1 | 4 |
| Colo. Springs, Colo. | 61 | 46 | 9 | 4 | 2 | - | - |
| Denver, Colo. | U | U | U | U | U | U | U |
| Las Vegas, Nev. | 276 | 182 | 68 | 16 | 6 | 4 | 25 |
| Ogden, Utah | 33 | 28 | 2 | 1 | 1 | 1 | 3 |
| Phoenix, Ariz. | U | U | U | U | U | U | U |
| Pueblo, Colo. | 33 | 25 | 6 | 1 | - | 1 | 5 |
| Salt Lake City, Utah | 121 | 86 | 17 | 10 | 1 | 7 | 19 |
| Tucson, Ariz. | U | U | U | U | U | U | U |
| PACIFIC | 2,744 | 1,937 | 529 | 173 | 67 | 38 | 318 |
| Berkeley, Calif. | 12 | 8 | 3 | - | - | 1 | 2 |
| Fresno, Calif. | 136 | 95 | 29 | 5 | 6 | 1 | 13 |
| Glendale, Calif. | 68 | 52 | 10 | 4 | 1 | 1 | 8 |
| Honolulu, Hawaii | 94 | 75 | 12 | 4 | - | 3 | 9 |
| Long Beach, Calif. | 90 | 64 | 16 | 6 | 1 | 3 | 17 |
| Los Angeles, Calif. | 1,493 | 1,027 | 298 | 112 | 40 | 16 | 148 |
| Pasadena, Calif. | U | U | U | U | U | U | U |
| Portland, Oreg. | 172 | 105 | 47 | 10 | 7 | 3 | 11 |
| Sacramento, Calif. | U | U | U | U | U | U | U |
| San Diego, Calif. | 193 | 148 | 26 | 12 | 3 | 4 | 41 |
| San Francisco, Calif. | U | U | U | U | U | U | U |
| San Jose, Calif. | 162 | 119 | 31 | 10 | - | 2 | 21 |
| Santa Cruz, Calif. | 26 | 20 | 6 | - | - | - | 1 |
| Seattle, Wash. | 127 | 99 | 19 | 5 | 3 | 1 | 20 |
| Spokane, Wash. | 64 | 48 | 13 | 1 | 1 | 1 | 13 |
| Tacoma, Wash. | 107 | 77 | 19 | 4 | 5 | 2 | 14 |
| TOTAL | 13,367¶ | 9,371 | 2,704 | 792 | 278 | 213 | 1,291 |

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.

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