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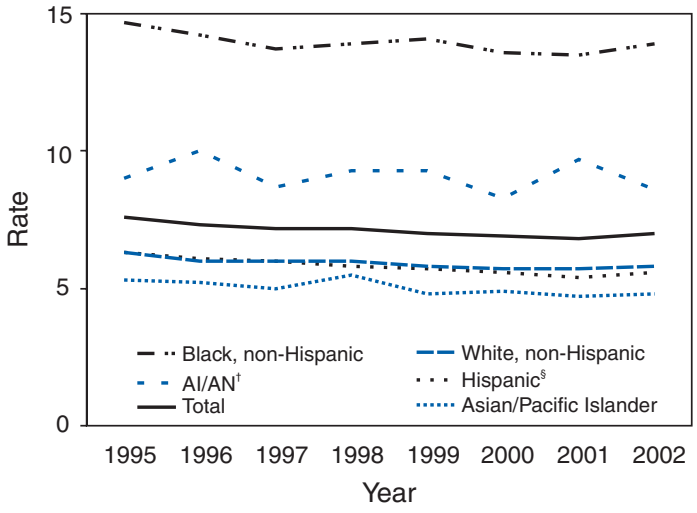
Racial/Ethnic Disparities in Infant Mortality — United States, 1995–2002

A national health objective for the year 2000 was to reduce the infant mortality rate (IMR) in the United States to 7.0 deaths per 1,000 live births among infants aged <1 year (*1,2*). The national health objective for 2010 targets a rate of 4.5 infant deaths per 1,000 live births (*3*); an overarching goal calls for eliminating disparities among racial and ethnic populations. To examine racial and ethnic disparities in IMRs, data were analyzed from the National Vital Statistics System for the period 1995–2002. IMRs were calculated by race/ethnicity of the mother in each of the 50 states and the District of Columbia (DC). During 1995–2002, the overall IMR in the United States declined from 7.6 infant deaths per 1,000 live births in 1995 to 6.8 in 2001, and then increased to 7.0 in 2002 (Figure) (*4–6*). On the basis of data for 1995–2002 combined, the target of 4.5 infant deaths per 1,000 live births had been achieved by few racial/ethnic populations in few states. To reach the target in all racial/ethnic populations, strategies should identify and address those factors that contribute to high IMRs and disparities among populations.

Data for this report were obtained from the linked birth/infant death data sets for 1995–2002 maintained by CDC's National Center for Health Statistics. These data sets link birth and death certificate information registered in all 50 states and DC for infants aged <1 year who died in the United States (*4*). Rates by race and Hispanic origin of the mother were calculated by using the linked data sets because race and ethnicity information about the mother from the birth certificate is more accurate than information about the infant from the death certificate (*6*). Annual data for 1995–2002 were combined to maximize the number of events and statistical reliability of rates for racial/ethnic populations in the 50 states and DC.

During 1995–2002, IMRs declined for all racial/ethnic populations; however, the decrease for infants of American Indian/Alaska Native mothers was not statistically significant.

FIGURE. Infant mortality rate*, by race/ethnicity of mother and year — United States, 1995–2002



* Per 1,000 live births.
† American Indian/Alaska Native.
§ Hispanic mothers might be of any race.

In addition, little fluctuation was noted in the relative differences in IMRs between different racial/ethnic populations (Figure).

A total of 225,534 infant deaths were reported in the United States during 1995–2002. By race/ethnicity of the mother, reported death totals were as follows: non-Hispanic white, 110,982; non-Hispanic black, 65,339; Hispanic, 35,447;

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Asian/Pacific Islander, 7,315; American Indian/Alaska Native, 2,915. Based on IMRs for 1995–2002 combined, for infants of non-Hispanic white mothers in DC, Massachusetts, New Hampshire, and New Jersey, the 2010 target of 4.5 infant deaths per 1,000 live births had already been achieved (Table). In addition, this target had been reached for infants of Asian/Pacific Islander mothers in eight states (Connecticut, Massachusetts, Missouri, New Jersey, New York, Oregon, Pennsylvania, and Texas). However, the target had not been achieved in any state for infants of non-Hispanic black, Hispanic, or American Indian/Alaska Native mothers.

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Editorial Note: Reducing the overall IMR in the United States is consistent with the first overarching goal of *Healthy People 2010*, which is to increase the years and quality of healthy life (*3*). Eliminating differences in IMRs is consistent with the second overarching goal, to eliminate health disparities (*3*). The findings in this report indicate that, from 1995 to 2001, the overall IMR declined 11% in the United States (from 7.6 to 6.8 infant deaths per 1,000 live births), before increasing to 7.0 in 2002*. A further decline of 36% overall is needed to reach the target IMR of 4.5 infant deaths per 1,000 live births in 2010, and even greater declines are required for certain racial/ethnic populations to reach the target. Whereas IMRs for most racial/ethnic populations declined from 1995 to 2002, little change was noted in the relative differences in IMRs among racial/ethnic populations.

The findings in this report are subject to at least three limitations. First, the validity of differences in rates depends on the quality of the data. Linkage of birth and infant death records approaches 100% in most states (*4*), and reporting of the mother's race is virtually complete. However, variation exists among states regarding the reporting of Hispanic origin of the mother on birth certificates (*7*). Second, even with 8 years of data combined, reliable IMRs for all racial/ethnic populations in each state and DC could not be obtained because of small population sizes, especially among American Indians/Alaska Natives. Finally, racial and ethnic compositions of women of childbearing age at the state level might have changed from 1995 to 2002.

Strategies to reduce IMRs and eliminate disparities among racial/ethnic populations should consider various factors that might differ by race/ethnicity. Such factors might include

* Data suggest that the increase in IMR in 2002 might be largely attributed to an increase in the number of infants, across most racial/ethnic populations, who were born at extremely low birthweights (i.e., <1 pound 10.5 ounces [750 grams]) and, therefore, had less chance for survival (*5*).

TABLE. Number of infant deaths and infant mortality rate (IMR)*, by race/ethnicity of mother and state/area of residence — United States, 1995–2002 combined

State/Area	Total		American Indian/ Alaska Native		Asian/Pacific Islander		Hispanic†		Non-Hispanic			
									Black		White	
	No.	IMR	No.	IMR	No.	IMR	No.	IMR	No.	IMR	No.	IMR
United States	**225,534**	**7.1**	**2,915**	**9.1**	**7,315**	**5.0**	**35,447**	**5.8**	**65,539**	**13.9**	**110,982**	**5.9**
Alabama	**4,728**	**9.7**	10	§	29	7.2	92	7.4	2,329	14.8	2,262	7.2
Alaska	**548**	**6.8**	202	10.4	31	7.2	38	7.6	26	8.5	247	5.3
Arizona	**4,531**	**7.1**	392	9.0	79	5.4	1,694	6.7	282	14.4	2,083	6.7
Arkansas	**2,521**	**8.6**	14	§	15	§	93	6.0	803	13.0	1,593	7.6
California	**24,140**	**5.7**	213	8.2	2,310	4.8	10,859	5.3	3,395	12.1	7,134	5.0
Colorado	**3,132**	**6.4**	45	9.0	93	6.1	836	6.6	296	13.8	1,857	5.8
Connecticut	**2,285**	**6.6**	8	§	45	3.7	405	8.1	546	13.8	1,154	5.0
Delaware	**730**	**8.6**	2	§	12	§	43	6.3	299	14.7	371	6.8
District of Columbia	**855**	**13.5**	2	§	6	§	50	7.8	748	17.2	42	3.7
Florida	**11,519**	**7.3**	51	7.2	185	5.2	1,700	5.1	4,463	12.7	5,036	5.9
Georgia	**8,664**	**8.7**	14	§	144	6.0	493	5.9	4,497	13.8	3,407	6.2
Hawaii	**946**	**6.7**	7	§	698	6.9	113	6.4	40	10.2	167	5.8
Idaho	**1,050**	**6.7**	30	12.4	18	§	151	7.7	6	§	832	6.4
Illinois	**12,244**	**8.4**	26	13.1	355	6.2	1,966	6.7	4,667	16.9	5,211	6.2
Indiana	**5,431**	**8.0**	12	§	55	6.4	250	7.2	1,091	14.9	4,001	7.1
Iowa	**1,902**	**6.4**	17	§	37	5.7	95	6.4	133	15.0	1,597	6.0
Kansas	**2,222**	**7.3**	19	§	45	5.9	214	6.6	325	14.5	1,604	6.7
Kentucky	**3,086**	**7.1**	5	§	31	6.8	41	5.3	450	11.5	2,559	6.7
Louisiana	**5,022**	**9.5**	20	7.4	55	6.8	56	5.1	2,963	13.7	1,922	6.6
Maine	**583**	**5.3**	5	§	8	§	8	§	8	§	539	5.2
Maryland	**4,782**	**8.3**	9	§	132	5.3	194	5.8	2,613	13.9	1,793	5.5
Massachusetts	**3,257**	**5.0**	9	§	126	3.7	434	6.2	543	10.7	2,054	4.2
Michigan	**8,698**	**8.1**	48	8.2	137	5.2	333	6.8	3,121	16.5	4,601	6.1
Minnesota	**3,085**	**5.9**	119	12.5	169	6.7	169	6.4	363	12.0	2,153	5.2
Mississippi	**3,518**	**10.4**	28	15.5	16	§	22	5.7	2,229	14.6	1,219	6.9
Missouri	**4,557**	**7.6**	24	10.0	47	4.5	114	6.5	1,387	15.5	2,976	6.2
Montana	610	**7.0**	100	9.8	9	§	20	7.7	0	§	460	6.4
Nebraska	**1,404**	**7.3**	43	13.5	33	8.7	150	8.0	153	15.0	1,001	6.6
Nevada	**1,451**	**6.3**	38	10.5	66	4.7	365	5.1	215	12.4	735	5.9
New Hampshire	**568**	**4.9**	2	§	14	§	16	§	3	§	478	4.5
New Jersey	**5,866**	**6.4**	9	§	263	4.0	1,111	6.5	2,088	13.7	2,256	4.3
New Mexico	**1,416**	**6.5**	195	7.2	12	§	696	6.3	45	11.9	479	6.4
New York	**13,527**	**6.5**	36	6.7	538	3.8	2,570	6.0	4,648	12.2	4,715	4.7
North Carolina	**7,948**	**8.9**	157	12.0	110	5.8	461	6.0	3,431	15.4	3,775	6.7
North Dakota	**461**	**7.2**	78	12.9	5	§	12	§	4	§	349	6.5
Ohio	**9,674**	**7.9**	17	§	102	5.2	241	8.1	2,707	15.1	6,544	6.6
Oklahoma	**3,172**	**8.2**	307	7.9	38	5.2	166	5.4	521	14.2	2,104	7.7
Oregon	**2,008**	**5.6**	43	7.4	70	4.3	305	5.7	73	10.1	1,512	5.5
Pennsylvania	**8,711**	**7.5**	12	§	123	4.2	505	8.6	2,502	15.5	5,418	5.9
Rhode Island	**662**	**6.6**	13	§	25	6.8	127	8.2	80	11.5	312	5.0
South Carolina	**3,999**	**9.3**	11	§	36	6.3	85	6.0	2,242	15.0	1,621	6.3
South Dakota	**621**	**7.4**	183	13.6	2	§	7	§	8	§	419	6.3
Tennessee	**5,301**	**8.7**	12	§	45	4.9	123	6.1	2,109	16.0	3,005	6.7
Texas	**17,151**	**6.2**	44	6.8	367	4.4	6,765	5.4	3,492	11.0	6,365	5.7
Utah	**1,963**	**5.4**	38	7.1	73	6.9	262	6.4	16	§	1,565	5.2
Vermont	**314**	**6.0**	1	§	2	§	4	§	1	§	293	5.9
Virginia	**5,698**	**7.5**	11	§	182	4.9	284	5.2	2,348	13.6	2,849	5.7
Washington	**3,524**	**5.6**	132	8.9	238	4.9	415	5.0	273	11.2	2,304	5.2
West Virginia	**1,324**	**8.0**	2	§	4	§	4	§	80	13.5	1,232	7.8
Wisconsin	**3,778**	**6.9**	74	10.0	78	4.9	250	7.9	874	17.0	2,505	5.7
Wyoming	**339**	**6.8**	24	12.0	0	§	39	8.8	1	§	272	6.3

* Per 1,000 live births.
† Hispanic mothers might be of any race.
§ Data do not meet standard of reliability or precision; based on fewer than 20 deaths in the numerator.

infant age at death, cause of death, mother's age and health, multiple births, low birthweight, premature births, assisted reproductive technology, prenatal visits, and access to health-care services. To help identify root causes of high IMRs and develop new strategies for reducing IMRs, in 2004, a State Infant Mortality Collaborative (*8*) was formed, which includes CDC, the Association of Maternal and Child Health Programs, and teams from five states (Delaware, Hawaii, Louisiana, Missouri, and North Carolina).

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Travel-Associated Dengue Infections — United States, 2001–2004

Dengue is a mosquito-transmitted, acute viral disease caused by any of the four dengue virus serotypes (DEN-1, DEN-2, DEN-3, and DEN-4). Dengue is endemic in most tropical and subtropical areas of the world and has occurred in U.S. residents returning from travel to such areas (*1*–*3*). CDC maintains a laboratory-based passive surveillance system for travel-associated dengue among U.S. residents*. The system relies on voluntary reports submitted to state health departments by clinicians; patient specimens are then forwarded to CDC for diagnostic testing. This report summarizes information about travel-associated dengue cases among U.S. residents during 2001–2004. The risk for dengue infection among travelers can be reduced by use of repellents and by avoiding exposure to mosquitoes.

Serum samples from 366 patients who had suspected dengue on the basis of clinical presentation and onset of symptoms (*4*) during 2001–2004 were submitted to CDC from 37 states and the District of Columbia (107 suspected infections in 2001, 74 suspected infections in 2002, 95 suspected infections in 2003, and 90 suspected infections in 2004). Of the 366 suspected infections with sera submitted for testing, 77 (21%) were laboratory-diagnosed as acute dengue infections. Of these 77 patients, 67 (87%) had dengue infection diagnosed by elevated anti-dengue IgM antibodies, and 10 patients (13%) had infection diagnosed after isolation of dengue virus (DEN-1, DEN-2, or DEN-3) from their serum (Table). Of the 77 acute infections, eight (10%) were diagnosed as primary infections, and 12 (16%) were secondary infections. For the remaining 57 cases (74%), whether the infection was the patient's first dengue infection or a subsequent infection could not be determined either because a convalescent sample (collected more than 5 days after symptom onset) was not submitted, or both samples were collected during the convalescent phase of infection. Among the 366 suspect cases, dengue testing was negative in 183 patients (50%). A total of 22 patients (6%) had elevated IgG titers, suggesting that a flavivirus infection or vaccination (e.g., yellow fever) had occurred in the past but that infection was not the cause of the acute symptoms. For 88 patients (24%), the result of dengue testing was indeterminate because a convalescent sample for serologic testing was unavailable.

Of the 77 patients with laboratory-diagnosed dengue infections, 41 (53%) were female. The median age of the 71 patients for whom age was reported was 38 years (range: 8 months–72 years). Clinical information was available for 56 patients (73%). The most commonly reported symptoms were fever (54 patients [96%]), headache (36 [64%]), myalgias (32 [57%]), chills (19 [34%]), and rash (20 [36%]). Fourteen patients (25%) had at least one hemorrhagic symptom (e.g., petechiae, purpura, hemoptysis, hematemesis, hematuria, or epistaxis), and nine (16%) had elevated liver transaminases. Because of incomplete reporting, whether any of the laboratory-diagnosed cases met the clinical criteria for dengue hemorrhagic fever (DHF) could not be determined; however, 15 patients (27%) required hospitalization, including one who died. The fatal case occurred in an adult in otherwise good health who had recently returned from a month-long visit to Mexico. Travel destinations were available for 66 patients (86%); 20 patients (30%) reported recent travel to a Caribbean island during the 2 weeks before illness onset, 14 (21%) to Pacific islands, 11 (17%) to Asia, 10 (15%) to

* Laboratory-diagnosed dengue in a U.S. resident living in an area without known autochthonous dengue transmission, with travel history in the 14 days before symptom onset to an area of the world with autochthonous dengue transmission.

TABLE. Suspected and laboratory-diagnosed cases of travel-associated dengue, by state — United States, 2001–2004

State	Suspected	Laboratory-diagnosed	Travel history, if known, of persons with laboratory-diagnosed dengue (serotype, if known)
Alaska	6	1	Philippines (DEN-1)
Arizona	6	4	Costa Rica, Mexico, Puerto Rico, Unknown (DEN-3)
California	4	1	
Colorado	5	0	
Connecticut	2	2	India
District of Columbia	9	2	Brazil, Fiji
Florida	1	0	
Georgia	23	6	Costa Rica (two cases, one with DEN-2), French Polynesia, Sri Lanka, Thailand (two cases)
Hawaii*	92	8	Barbados, Marshall Islands, Philippines (four cases), Thailand
Idaho	1	1	Mexico
Illinois	3	1	Brazil
Iowa	2	1	
Kansas	1	0	
Louisiana	1	0	
Maryland	1	1	
Massachusetts	76	23	Bangladesh, Bali, Brazil (four cases), Dominican Republic (two cases), French Polynesia, Guyana, Haiti, Honduras, India, Nicaragua, Peru, Thailand, Trinidad (two cases) (DEN-3), Venezuela, U.S. Virgin Islands, West Africa
Michigan	3	0	
Minnesota	1	0	
Mississippi	1	0	
Missouri	4	1	Puerto Rico
Montana	6	0	
Nebraska	1	0	
North Carolina	14	1	Guatemala
North Dakota	1	0	
Nevada	1	0	
New Mexico	2	1	Hawaii
New York	37	10	Dominican Republic (five cases, one with DEN-2), Puerto Rico (two cases), U.S. Virgin Islands, Virgin Islands (not otherwise specified) (two cases)
Ohio	1	0	
Oregon	14	1	Puerto Rico
Pennsylvania	6	2	Puerto Rico, Thailand
Rhode Island	5	0	
South Dakota	1	1	Thailand
Texas	1	1	
Utah	1	0	
Vermont	6	0	
Virginia	2	0	
Washington	17	5	Hawaii, Mexico (two cases), Philippines, Tahiti
Wisconsin	8	3	Brazil, Thailand (DEN-2)
Total	**366**	**77**	

* Not including Hawaii residents with suspected and laboratory-diagnosed dengue who acquired their infections as a result of autochthonous transmission during the dengue outbreak in Hawaii during May 27, 2001–January 30, 2002.

Central America, 10 (15%) to South America, and one (2%) to Africa. Ten patients acquired their dengue infections during travel to areas of the United States in which dengue is endemic (Puerto Rico [six] and U.S. Virgin Islands [two]) or to a U.S. location where an outbreak was occurring (Hawaii during May 27, 2001–January 30, 2002 [two]) (*5*).

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Editorial Note: Dengue is transmitted to humans by Aedes mosquitoes. Prevention of dengue among traveling U.S. residents is possible by avoiding exposure to mosquitoes. Preventing dengue infection not only benefits the traveler but also prevents establishment of autochthonous dengue transmission in areas of the United States in which a competent vector is abundant but dengue virus is absent. During an outbreak that began on May 27, 2001, a total of 122 Hawaii residents tested positive for recent dengue infection after establishment of autochthonous dengue transmission (*5*). This outbreak resulted in 45 more cases of laboratory-diagnosed dengue infections than were reported among U.S. travelers from the remaining 49 states for the period 2001–2004. Autochthonous transmission of dengue was also documented in Texas in 1999, when 66 patients with laboratory-diagnosed dengue were identified (*6*).

The incubation period for dengue has a range of 3–14 days (in the majority of cases, 4–7 days). Dengue virus infection can be asymptomatic or cause illnesses ranging from mild undifferentiated fever to severe disease, including hemorrhagic manifestations and shock (*7*). DHF is characterized by fever, minor or major bleeding phenomena, thrombocytopenia (≤100,000 platelets/μL), and evidence of increased vascular permeability (e.g., hemoconcentration [hematocrit increased by ≥20% from baseline], pleural or abdominal effusions, or hypoproteinemia) (*7*). Previous dengue infection increases the risk for DHF in a patient with subsequent dengue infection. Dengue shock syndrome is DHF with signs of circulatory failure, including narrow pulse pressure (≤20 mm Hg), hypotension, or shock, and can result in a case-fatality rate of approximately 10% (*8*).

The findings in this report are subject to at least one limitation. These data are likely subject to underreporting because 1) the system is passive (i.e., relies on providers to report infection), 2) dengue reporting is not a nationally notifiable disease in the United States, and 3) reporting is tied to specimen submission (i.e., if testing is completed outside of CDC, this system would not capture the results).

Persons traveling to areas in which dengue is endemic should avoid exposure to mosquitoes by using repellents, wearing protective clothing, and remaining in well-screened or air-

conditioned areas. No vaccine is available for preventing dengue infection. Health-care providers should consider dengue in the differential diagnoses of illness for all patients who have fever and a history of travel to tropical and subtropical areas within 2 weeks before the onset of symptoms. Supportive measures should be administered, and only acetaminophen is recommended for management of pain and fever. Acetylsalicylic acid (i.e., aspirin) and other nonsteroidal anti-inflammatory agents are contraindicated because of their anticoagulant properties and, in the case of children, because of their association with Reye Syndrome. Patients with dengue should be monitored for signs of DHF, especially hypotension, because prompt fluid therapy reduces morbidity and mortality.

Acute-phase (0–5 days after onset of symptoms) and convalescent-phase (6–30 days after onset of symptoms) serum samples obtained for viral isolation and serologic diagnosis, respectively, should be sent through state or territorial health departments to CDC's Dengue Branch, Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, 1324 Calle Cañada, San Juan, PR 00920-3860, telephone 787-706-2399, fax 787-706-2496. Serum samples should be accompanied by a summary of clinical and epidemiologic information, including date of disease onset, date of sample collection, and a detailed recent travel history. Additional information for health-care providers regarding dengue case reporting and instructions for specimen shipping are available at http://www.cdc.gov/ncidod/dvbid/dengue/dengue-hcp.htm.

Acknowledgment

This report is based, in part, on data contributed by state and local health departments.

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Reporting of Chlamydial Infection — Massachusetts, January–June 2003

Chlamydia trachomatis infection is the most commonly reported sexually transmitted disease (STD) in the United States. An estimated 2.8 million infections occur annually (*1*). In 2002, a total of 834,555 cases in the United States, including 10,914 cases in Massachusetts, were reported through the National Notifiable Disease Surveillance System (NNDSS) (*2*). Chlamydial infection is most often reported in females, particularly those aged 15–24 years, reflecting a higher level of screening in females (*3*) but also important risk factors*. Although the majority of infections are asymptomatic, complications are potentially severe in women and include pelvic inflammatory disease, which can lead to tubal pregnancy, infertility, and chronic pelvic pain (*3*). Chlamydial infection during pregnancy can cause illness in the infant (e.g., conjunctivitis and pneumonia). Infection in men can manifest as urethritis and epididymitis. Timely, documented diagnosis and treatment of chlamydial infection are critical to prevent both complications and transmission. Since 1996, a progressive increase has occurred in the number of reported cases of chlamydial infection in Massachusetts (Figure 1), in part because of an increase in screening and use of more sensitive tests. This report summarizes an evaluation of chlamydial-infection reporting in Massachusetts during January–June 2003. The results underscore the need for improvement in both completeness and timeliness of reporting chlamydial infection in Massachusetts.

Massachusetts law requires all laboratories (both in-state and out-of-state) and health-care providers (HCPs) to report within 24 hours evidence of chlamydial infection in any state resident (including college students from out of state). These data are used to assess contact follow-up and identify outbreaks. All cases are defined by laboratory diagnosis (e.g., isolation of *C. trachomatis* by culture, or detection of antigen or nucleic acid). Reports from both laboratories and HCPs are entered into STD*MIS, a database developed by CDC for use by state health departments.

During January–June 2003, four laboratories in the state submitted their reports electronically to the Massachusetts Department of Public Health (MDPH). Certain laboratories reported daily by fax, mail, or electronically; others submitted their reports weekly or monthly, despite the requirement for 24-hour reporting. Laboratory reports do not contain information about indication for the test or treatment received.

* Important risk factors include young age, being female (*4*), having new or multiple sex partners, inconsistent use of barrier contraceptives, cervical ectopy, douching, and low socioeconomic status.

FIGURE 1. Reported number of cases of chlamydial infection, by year — Massachusetts, 1993–2002

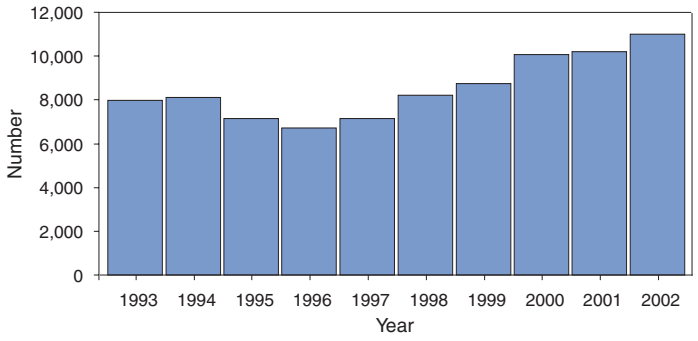

FIGURE 2. Estimated completeness* of reporting for chlamydial infection — Massachusetts, January–June 2003

		Laboratories		
		Cases reported	Cases not reported	All cases
Health-care providers	Cases reported	1,730	2,036	3,766
	Cases not reported	1,493	*1,757*†	*3,250*
	All cases	3,223	*3,793*	*7,016*§

* Calculated by using the Sekar-Deming capture-recapture method (*5*). Calculated estimates are in *italics*.
† Estimated number of cases not reported by either laboratories or health-care providers. Calculated as follows: (1,493 x 2,036) / 1,730 = 1,757.
§ Estimated number if all cases were reported. Calculated as follows: 1,730 + 1,493 + 2,036 + 1,757 = 7,016.

HCPs report to MDPH by using case-report cards, which include demographic, diagnosis, and treatment data.

A morbidity record is created in STD*MIS by using data from whichever report (i.e., laboratory or HCP) is received first; the record is supplemented with data from whichever report is received second. Elimination of duplicate records is addressed through a combination of 1) systematic assessment of all laboratory reports and all HCP case reports for selected demographic indicators (i.e., patient name, address, and date of birth) as data are entered and 2) periodic (i.e., every 1–3 months) review of the database for duplicate records. Multiple records for the same person are considered to represent the same case of illness if the recorded dates of onset or diagnosis are within 14 days of each other (and considered as separate cases if those dates are >14 days apart).

A disease-intervention specialist is assigned to follow up on a case-report card that indicates no evidence of treatment (even if no matching laboratory report exists). Because of resource limitations, positive laboratory reports without matching HCP case-report cards receive no follow-up from MDPH.

Data reported during January–June 2003 from 48 laboratories and 510 HCPs in Massachusetts were evaluated for completeness and timeliness. Completeness of reporting was calculated by using the Sekar-Deming capture-recapture method (*5*), which compares data from two sources and estimates the number of cases missed by both sources and the estimated total number of cases. Timeliness of reporting chlamydial infection was determined by calculating the median number of days from laboratory specimen collection (for cases reported by HCPs) or date of positive laboratory test (for cases reported by laboratories) to date of reporting to MDPH for all reports submitted during January–June 2003.

Capture-recapture calculations indicated that an estimated 1,757 cases of chlamydial infection were not reported to MDPH by either laboratories or HCPs during January–June 2003 and that the estimated total number of cases that occurred during that period was 7,016 (Figure 2). Using these values, the completeness of reporting was estimated at 46% for laboratory reports alone and 54% for HCP reports alone; 25% of cases were reported by both laboratories and HCPs. Using either laboratory and/or HCP reporting, the system accounted for 75% of the estimated total number of cases. In addition, of the 5,259 discrete cases reported to MDPH, 1,493 (28%) were reported only by laboratories and, therefore, did not receive case follow-up.

Calculations of timeliness determined that median reporting times were 8 days for laboratories (interquartile range [IQR]: 6–13 days) and 12 days for HCPs (IQR: 8–20 days). Timeliness of electronic reporting versus paper-based reporting was not assessed in this study.

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Editorial Note: The findings in this report identify the need to improve reporting of chlamydial infections in Massachusetts. Laboratories and HCPs are not reporting all of their cases, 28% of reported cases do not receive follow-up, and reporting is likely not timely enough to allow for intervention and to prevent transmission. Delayed reporting has a potential negative impact on the abilities of health departments to identify changes in disease trends and to conduct contact follow-up. Studies have demonstrated poor completeness of STD reporting and even worse timeliness among paper-based reporting systems (*6*). Electronic reporting by laboratories is more timely and complete than paper-based reporting and results in greater numbers of laboratory-based reports (*7*).

Although laboratory reporting is considered more timely and complete, HCP reporting is still required by many states. A recent informal survey conducted by MDPH of the National Coalition of STD Directors of 16 project areas revealed that all areas required HCPs to report cases, most

systems were paper-based, and response time required for both laboratories and HCPs differed by area (i.e., ranging from immediate to 7 days; one area had no time requirement) (MDPH, unpublished data, 2005). Although most project areas had not conducted formal evaluations of their surveillance systems, one of the 16 areas presently uses electronic reporting, and three of the 16 responding project areas are converting to Internet-based reporting. HCP reporting is still regarded as important because clinical data are generally absent from laboratory reports. As the electronic medical record becomes more common, linking laboratory reports to HCP electronic health records might become more feasible.

The findings in this report are subject to at least one limitation. The capture-recapture method requires that the two systems being evaluated are independent, the study population is stable, and the events captured (e.g., diagnoses of chlamydial infection) are confirmed positives (*8*). Although HCPs are required to report presumptive cases of chlamydial infection, HCP reports were typically generated only after laboratory confirmation. This interaction might potentially increase the number of cases reported by both sources and the sensitivity of reporting from both sources. Therefore, the values obtained are likely overestimated.

Multiple elements of the Massachusetts reporting system could be improved. For example, certain laboratories were unaware of the requirement to report chlamydial infections. As laboratories are identified through review of submitted HCP case reports, each laboratory might be contacted to ensure awareness of the requirement and that reports are submitted promptly. In addition, periodic surveys of HCPs might be conducted to identify which laboratories they use for diagnosis of chlamydial infection, with subsequent contact of those laboratories to ensure they are reporting.

Public health surveillance systems should be evaluated periodically to ensure that problems of public health importance are being monitored efficiently and effectively (*9*). This recommendation from CDC (*10*) has been integrated into the core components and strategies being developed by the STD Division at MDPH. The requirement for laboratories to report a positive result within 24 hours will be maintained. As of June 7, 2005, a total of 10 laboratories in Massachusetts reported electronically, which should improve completeness and timeliness, key elements of the STD surveillance system that MDPH will continue to periodically evaluate.

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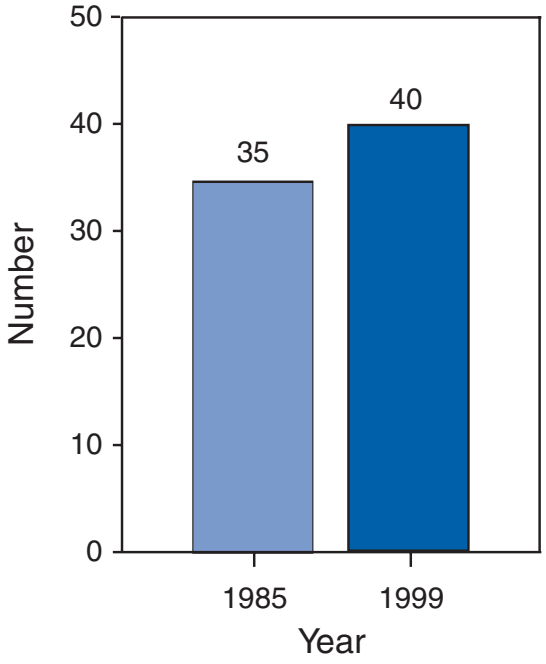
Erratum: Vol. 54, No. 21

In the Notice to Readers, "World Environment Day — June 5, 2005," on page 250, the first sentence of the second paragraph should read as follows: "When roads and buildings replace natural land cover, urban air temperatures can exceed those of the surrounding countryside by as much as 9°F (5°C) (*1*)."

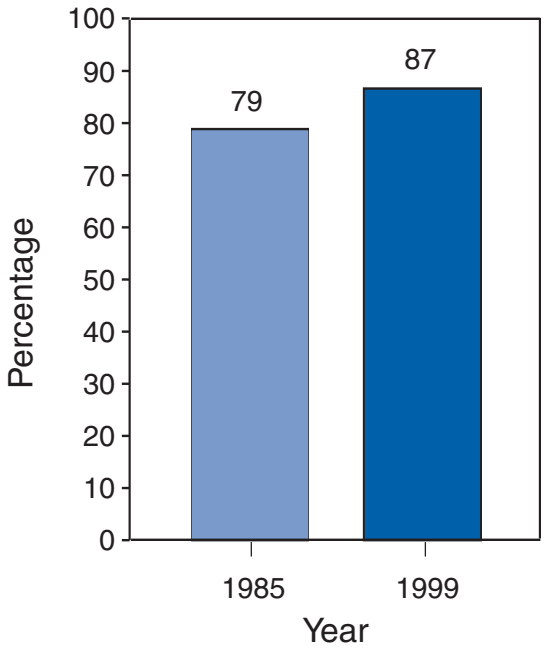
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Number of Nursing Assistants Per 100 Nursing Home Residents — United States, 1985 and 1999*



Percentage of Residents Requiring Assistance to Dress — United States, 1985 and 1999*



* Excludes facilities with no nursing assistants or number of residents reported.

Nursing assistants are frontline caregivers in nursing homes, responsible for assisting residents with their activities of daily living, such as dressing, bathing, and eating. From 1985 to 1999, the number of nursing home assistant full-time equivalents per 100 residents increased 14%. The increase in nursing assistants nationwide corresponds with increases in the number of residents needing assistance. During the same period, the proportion of nursing home residents requiring assistance to dress increased from 79% to 87%.

Sources: 1985 and 1999 National Nursing Home Surveys. Available at http://www.cdc.gov/nchs/about/major/nnhsd/nnhsd.htm.

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Errata: Vol. 54, Nos. 12–20

In Table III, "Deaths in 122 U.S. cities," for week 12 (ending March 26, 2005) through week 20 (ending May 21, 2005), the total mortality from all causes and mortality caused by pneumonia and influenza for New Orleans, Louisiana, were incorrectly reported. The correct mortality data for New Orleans are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
12	March 26	73	45	17	6	4	1	5
13	April 2	104	61	32	8	3	0	3
14	April 9	121	69	31	12	8	0	10
15	April 16	109	53	37	12	6	0	10
16	April 23	57	37	11	1	4	4	1
17	April 30	89	57	20	7	2	3	4
18	May 7	52	34	15	1	0	2	4
19	May 14	118	61	33	9	9	6	2
20	May 21	51	34	12	2	3	0	0

* Pneumonia and influenza.

The correct mortality totals for the W.S. Central region are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
12	March 26	1,534	1,008	325	94	52	35	128
13	April 2	1,694	1,127	367	114	44	42	132
14	April 9	1,711	1,115	377	134	43	41	109
15	April 16	1,630	1,060	358	131	45	35	102
16	April 23	1,569	1,030	347	109	48	35	101
17	April 30	1,579	989	369	137	43	41	97
18	May 7	1,406	895	348	87	34	42	95
19	May 14	1,602	1,029	382	115	37	39	95
20	May 21	1,547	967	388	94	42	56	64

* Pneumonia and influenza.

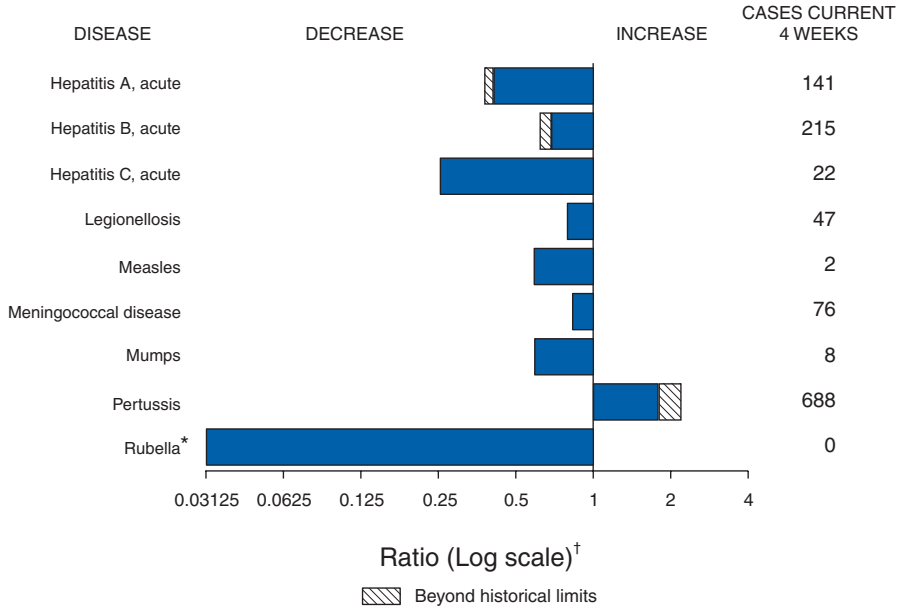
The correct mortality totals for the 122 U.S. cities are as follows:

MMWR Week	Date (2005)	All causes, by age (years)						P&I* Total
		All Ages	≥65	45–64	25–44	1–24	<1	
12	March 26	12,469	8,557	2,652	742	257	235	1,106
13	April 2	12,648	8,677	2,678	769	250	268	1,104
14	April 9	12,646	8,613	2,637	821	279	263	1,037
15	April 16	12,440	8,385	2,698	805	282	265	1,000
16	April 23	12,322	8,406	2,617	783	278	230	1,032
17	April 30	12,676	8,524	2,709	872	313	255	918
18	May 7	10,957	7,367	2,375	686	260	265	800
19	May 14	11,854	7,906	2,604	791	293	251	830
20	May 21	11,818	7,960	2,574	735	283	259	774

* Pneumonia and influenza.

Corrected data also are available at http://www.cdc.gov/mmwr/distrnds.html. Select "Search Mortality Tables" and *MMWR* year 2005 and *MMWR* weeks 12–20.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals June 4, 2005, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 22 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending June 4, 2005 (22nd Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	48	34
Botulism:			HIV infection, pediatric†¶	116	155
foodborne	5	5	Influenza-associated pediatric mortality†**	35	—
infant	22	29	Measles	16††	15§§
other (wound & unspecified)	10	3	Mumps	104	89
Brucellosis	35	34	Plague	2	—
Chancroid	10	19	Poliomyelitis, paralytic	—	—
Cholera	1	4	Psittacosis†	8	5
Cyclosporiasis†	396	93	Q fever†	31	29
Diphtheria	—	—	Rabies, human	1	—
Domestic arboviral diseases			Rubella	4	8
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	—	4	SARS†**	—	—
eastern equine†§	—	—	Smallpox†	—	—
Powassan†§	—	—	*Staphylococcus aureus*:		
St. Louis†§	—	1	Vancomycin-intermediate (VISA)†	—	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	1	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	67	83
human granulocytic (HGE)†	35	59	Tetanus	7	5
human monocytic (HME)†	35	32	Toxic-shock syndrome	41	39
human, other and unspecified †	11	6	Trichinellosis¶¶	5	—
Hansen disease†	18	43	Tularemia†	20	24
Hantavirus pulmonary syndrome†	5	5	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update April 24, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.
†† Of 16 cases reported, 10 were indigenous and six were imported from another country.
§§ Of 15 cases reported, five were indigenous and 10 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	13,232	16,816	363,616	383,909	1,707	1,854	757	1,000
NEW ENGLAND	532	566	12,729	12,770	—	—	42	59
Maine	4	5	885	823	N	N	4	9
N.H.	7	23	781	728	—	—	6	14
Vt.¶	3	13	426	497	—	—	10	6
Mass.	275	151	6,051	5,691	—	—	15	21
R.I.	47	66	1,361	1,460	—	—	1	1
Conn.	196	308	3,225	3,571	N	N	6	8
MID. ATLANTIC	2,558	3,919	43,857	48,189	—	—	109	167
Upstate N.Y.	253	462	9,229	9,292	N	N	28	34
N.Y. City	1,476	2,145	14,411	15,037	—	—	24	51
N.J.	413	670	4,619	7,687	N	N	7	13
Pa.	416	642	15,598	16,173	N	N	50	69
E.N. CENTRAL	1,204	1,446	56,849	68,619	3	5	154	256
Ohio	185	233	14,576	17,514	N	N	54	58
Ind.	165	164	8,396	7,726	N	N	11	30
Ill.	661	703	16,852	19,795	—	—	12	42
Mich.	138	263	9,944	15,954	3	5	23	49
Wis.	55	83	7,081	7,630	N	N	54	77
W.N. CENTRAL	318	323	21,472	23,501	3	3	116	98
Minn.	88	79	3,370	4,901	3	N	33	39
Iowa	41	20	2,856	2,838	N	N	19	15
Mo.	132	127	9,331	8,669	—	3	44	20
N. Dak.	5	14	412	823	N	N	—	1
S. Dak.	9	5	1,190	1,044	—	—	11	11
Nebr.¶	5	21	1,580	2,196	—	—	1	—
Kans.	38	57	2,733	3,030	N	N	8	12
S. ATLANTIC	4,263	5,192	69,528	71,132	—	—	154	185
Del.	70	76	1,407	1,241	N	N	—	—
Md.	513	597	7,463	7,786	—	—	9	9
D.C.	276	308	1,570	1,533	—	—	2	3
Va.¶	223	282	8,671	9,162	—	—	12	23
W. Va.	22	29	984	1,185	N	N	4	2
N.C.	350	296	14,010	11,275	N	N	21	34
S.C.¶	215	328	8,219	7,053	—	—	7	9
Ga.	741	799	9,454	14,103	—	—	38	54
Fla.	1,853	2,477	17,750	17,794	N	N	61	51
E.S. CENTRAL	770	774	26,209	23,975	—	3	22	42
Ky.	91	68	4,605	2,312	N	N	8	12
Tenn.¶	313	324	9,261	9,522	N	N	4	12
Ala.¶	213	203	3,534	5,829	—	—	9	10
Miss.	153	179	8,809	6,312	—	3	1	8
W.S. CENTRAL	1,513	2,023	45,949	48,935	—	2	21	37
Ark.	71	88	3,570	3,418	—	1	1	7
La.	278	340	7,768	11,044	—	1	3	—
Okla.	112	87	4,576	4,590	N	N	10	9
Tex.¶	1,052	1,508	30,035	29,883	N	N	7	21
MOUNTAIN	537	559	22,127	21,589	1,137	1,125	46	46
Mont.	3	—	880	1,052	N	N	6	8
Idaho¶	5	3	756	1,279	N	N	2	4
Wyo.	—	6	462	458	1	—	2	2
Colo.	107	97	5,794	5,514	N	N	18	23
N. Mex.	56	90	1,478	3,688	3	9	2	2
Ariz.	227	200	8,297	5,901	1,100	1,085	4	5
Utah	25	32	1,785	1,426	2	6	7	1
Nev.¶	114	131	2,675	2,271	31	25	5	1
PACIFIC	1,537	2,014	64,896	65,199	564	716	93	110
Wash.	144	165	8,124	7,348	N	N	5	—
Oreg.¶	90	110	3,522	3,412	—	—	17	13
Calif.	1,250	1,685	49,567	50,361	564	716	71	95
Alaska	9	13	1,644	1,656	—	—	—	—
Hawaii	44	41	2,039	2,422	—	—	—	2
Guam	1	—	—	641	—	—	—	—
P.R.	335	208	1,819	1,315	N	N	N	N
V.I.	7	5	32	157	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	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 2004 and 2005 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, National Center for HIV, STD, and TB Prevention. Last update April 24, 2005.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	461	493	62	82	67	49	5,957	6,577	121,096	132,578
NEW ENGLAND	34	30	16	20	8	5	489	567	2,367	2,964
Maine	4	1	2	—	—	—	49	57	56	109
N.H.	2	5	1	3	—	—	22	18	67	55
Vt.	2	—	—	—	—	—	64	42	18	38
Mass.	13	16	5	6	8	5	210	288	1,144	1,289
R.I.	1	3	—	—	—	—	30	47	204	388
Conn.	12	5	8	11	—	—	114	115	878	1,085
MID. ATLANTIC	50	52	3	11	7	10	1,130	1,470	12,513	15,402
Upstate N.Y.	18	13	3	3	3	3	375	435	2,632	3,042
N.Y. City	2	9	—	—	—	—	304	462	3,696	4,853
N.J.	12	13	—	3	—	4	154	193	1,730	2,873
Pa.	18	17	—	5	4	3	297	380	4,455	4,634
E.N. CENTRAL	88	106	9	16	3	6	882	1,016	22,393	27,834
Ohio	35	18	1	4	2	6	247	300	6,812	8,883
Ind.	8	12	—	—	—	—	N	N	3,245	2,625
Ill.	14	28	1	—	—	—	171	333	6,767	8,297
Mich.	14	18	—	2	1	—	257	224	3,644	6,138
Wis.	17	30	7	10	—	—	207	159	1,925	1,891
W.N. CENTRAL	67	68	13	13	8	10	760	680	6,850	6,923
Minn.	8	25	4	6	2	2	382	250	957	1,212
Iowa	13	16	—	—	—	—	80	100	627	520
Mo.	25	12	6	7	2	2	156	212	3,794	3,529
N. Dak.	1	2	—	—	—	3	1	11	19	59
S. Dak.	2	3	—	—	—	—	35	28	164	110
Nebr.	5	—	3	—	2	—	42	—	369	457
Kans.	13	10	—	—	2	3	64	79	920	1,036
S. ATLANTIC	64	48	10	11	33	8	872	1,036	29,713	31,742
Del.	—	—	N	N	N	N	11	20	340	405
Md.	7	8	2	2	1	2	63	37	2,781	3,326
D.C.	—	1	—	—	—	—	20	30	850	1,037
Va.	3	2	4	6	6	—	204	149	2,988	3,707
W. Va.	—	1	—	—	—	—	12	12	292	351
N.C.	—	—	—	—	17	4	N	N	6,965	6,273
S.C.	1	4	—	—	—	—	31	37	3,515	3,417
Ga.	8	14	2	1	—	—	214	325	4,217	5,973
Fla.	45	18	2	2	9	2	317	426	7,765	7,253
E.S. CENTRAL	27	32	—	2	5	7	155	150	9,606	10,344
Ky.	6	9	—	1	4	4	N	N	1,451	980
Tenn.	11	5	—	—	1	3	79	75	3,289	3,352
Ala.	10	10	—	—	—	—	76	75	2,161	3,317
Miss.	—	8	—	1	—	—	—	—	2,705	2,695
W.S. CENTRAL	11	33	1	1	2	3	93	113	17,962	18,228
Ark.	2	8	—	—	—	—	33	49	1,796	1,681
La.	2	1	1	—	2	—	14	20	4,314	5,008
Okla.	3	4	—	—	—	—	46	44	1,870	1,939
Tex.	4	20	—	1	—	3	N	N	9,982	9,600
MOUNTAIN	48	50	10	7	1	—	451	481	4,558	4,697
Mont.	3	3	—	—	—	—	15	15	46	47
Idaho	4	14	5	3	—	—	32	69	32	35
Wyo.	—	—	1	—	—	—	10	7	27	23
Colo.	15	12	1	1	—	—	160	157	1,173	1,331
N. Mex.	1	5	3	2	—	—	15	29	260	429
Ariz.	10	6	N	N	N	N	60	79	1,752	1,646
Utah	7	6	—	—	—	—	130	101	277	200
Nev.	8	4	—	1	1	—	29	24	991	986
PACIFIC	72	74	—	1	—	—	1,125	1,064	15,134	14,444
Wash.	18	25	—	—	—	—	93	106	1,472	1,146
Oreg.	16	9	—	1	—	—	96	157	631	422
Calif.	31	36	—	—	—	—	882	739	12,444	12,016
Alaska	4	1	—	—	—	—	30	26	211	278
Hawaii	3	3	—	—	—	—	24	36	376	582
Guam	N	N	—	—	—	—	—	2	—	102
P.R.	—	—	—	—	—	—	10	70	172	110
V.I.	—	—	—	—	—	—	—	—	2	53
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 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	984	972	3	8	53	52	94	97
NEW ENGLAND	71	99	—	1	6	6	3	1
Maine	4	7	—	—	—	—	1	—
N.H.	3	12	—	—	—	2	—	—
Vt.	6	5	—	—	—	—	2	1
Mass.	28	50	—	1	1	2	—	—
R.I.	6	2	—	—	2	—	—	—
Conn.	24	23	—	—	3	2	—	—
MID. ATLANTIC	193	197	—	1	—	3	22	26
Upstate N.Y.	54	66	—	1	—	3	5	3
N.Y. City	31	44	—	—	—	—	6	9
N.J.	39	34	—	—	—	—	6	2
Pa.	69	53	—	—	—	—	5	12
E.N. CENTRAL	133	177	1	—	1	8	7	25
Ohio	70	61	—	—	—	2	6	10
Ind.	36	27	—	—	1	4	1	1
Ill.	9	52	—	—	—	—	—	11
Mich.	11	10	1	—	—	2	—	3
Wis.	7	27	—	—	—	—	—	—
W.N. CENTRAL	52	51	—	2	2	3	7	5
Minn.	18	20	—	1	2	3	—	—
Iowa	—	1	—	1	—	—	—	—
Mo.	26	18	—	—	—	—	5	4
N. Dak.	1	3	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	3	4	—	—	—	—	1	—
Kans.	4	5	—	—	—	—	—	1
S. ATLANTIC	233	222	—	—	14	13	13	16
Del.	—	—	—	—	—	—	—	—
Md.	37	39	—	—	4	2	—	—
D.C.	—	1	—	—	—	—	—	1
Va.	19	18	—	—	—	—	—	1
W. Va.	14	10	—	—	1	3	2	—
N.C.	40	25	—	—	5	3	—	—
S.C.	10	5	—	—	—	—	1	—
Ga.	47	68	—	—	—	—	5	14
Fla.	66	56	—	—	4	5	5	—
E.S. CENTRAL	57	35	—	—	1	—	11	6
Ky.	4	—	—	—	1	—	1	—
Tenn.	41	25	—	—	—	—	7	4
Ala.	12	10	—	—	—	—	3	2
Miss.	—	—	—	—	—	—	—	—
W.S. CENTRAL	61	37	1	1	4	4	6	1
Ark.	2	1	—	—	—	—	—	—
La.	26	9	1	—	2	—	6	1
Okla.	33	26	—	—	2	4	—	—
Tex.	—	1	—	1	—	—	—	—
MOUNTAIN	137	110	—	3	14	11	20	12
Mont.	—	—	—	—	—	—	—	—
Idaho	3	4	—	—	—	—	1	2
Wyo.	2	—	—	—	—	—	—	—
Colo.	27	27	—	—	—	—	4	3
N. Mex.	13	25	—	—	4	4	1	4
Ariz.	68	43	—	—	8	6	6	1
Utah	11	8	—	2	—	1	6	1
Nev.	13	3	—	1	2	—	2	1
PACIFIC	47	44	1	—	11	4	5	5
Wash.	—	1	—	—	—	—	—	1
Oreg.	20	22	—	—	—	—	4	2
Calif.	21	14	1	—	11	4	1	1
Alaska	1	3	—	—	—	—	—	1
Hawaii	5	4	—	—	—	—	—	—
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	—	—	—	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	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 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,533	2,416	2,325	2,422	271	286
NEW ENGLAND	207	345	123	153	6	4
Maine	—	7	5	1	—	—
N.H.	26	8	5	21	—	—
Vt.	2	5	2	2	6	1
Mass.	151	290	95	71	—	3
R.I.	5	7	—	2	—	—
Conn.	23	28	16	56	U	—
MID. ATLANTIC	255	300	504	316	46	47
Upstate N.Y.	41	36	45	33	10	2
N.Y. City	124	114	40	69	—	—
N.J.	44	66	327	85	—	—
Pa.	46	84	92	129	36	45
E.N. CENTRAL	146	196	156	233	51	32
Ohio	25	25	62	59	2	2
Ind.	21	19	10	13	11	2
Ill.	27	63	14	27	—	9
Mich.	59	67	70	111	38	19
Wis.	14	22	—	23	—	—
W.N. CENTRAL	51	59	147	151	18	1
Minn.	3	10	8	17	1	1
Iowa	11	20	42	7	—	—
Mo.	27	10	70	103	16	—
N. Dak.	—	1	—	1	1	—
S. Dak.	—	2	—	—	—	—
Nebr.	2	9	13	13	—	—
Kans.	8	7	14	10	—	—
S. ATLANTIC	211	436	629	774	55	78
Del.	—	4	30	17	2	2
Md.	24	58	78	65	14	1
D.C.	2	4	—	12	—	1
Va.	29	36	75	81	6	8
W. Va.	2	1	14	2	5	14
N.C.	29	30	67	74	7	6
S.C.	8	23	41	58	1	6
Ga.	34	172	91	237	3	7
Fla.	83	108	233	228	17	33
E.S. CENTRAL	100	71	144	204	30	33
Ky.	4	10	31	23	2	14
Tenn.	72	47	62	93	7	8
Ala.	12	6	31	35	8	2
Miss.	12	8	20	53	13	9
W.S. CENTRAL	101	344	132	111	25	49
Ark.	2	47	19	52	—	—
La.	31	15	20	25	6	3
Okla.	3	16	7	24	—	2
Tex.	65	266	86	10	19	44
MOUNTAIN	146	192	228	178	16	18
Mont.	7	3	3	1	—	2
Idaho	12	10	5	6	—	1
Wyo.	—	1	—	5	—	—
Colo.	18	19	20	22	7	4
N. Mex.	7	8	5	10	—	6
Ariz.	83	130	157	91	—	2
Utah	13	19	25	17	6	1
Nev.	6	2	13	26	3	2
PACIFIC	316	473	262	302	24	24
Wash.	20	26	32	23	4	6
Oreg.	18	35	43	42	9	7
Calif.	266	398	180	226	11	11
Alaska	3	3	5	8	—	—
Hawaii	9	11	2	3	—	—
Guam	—	1	—	10	—	8
P.R.	2	19	3	31	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	436	519	186	211	2,278	3,686	393	499
NEW ENGLAND	26	13	6	11	131	507	17	41
Maine	1	—	—	2	4	25	2	3
N.H.	4	—	1	1	22	19	3	—
Vt.	—	1	—	—	3	11	—	1
Mass.	15	7	2	3	74	322	10	26
R.I.	1	1	1	1	3	39	2	2
Conn.	5	4	2	4	25	91	—	9
MID. ATLANTIC	128	106	38	49	1,577	2,541	107	126
Upstate N.Y.	34	22	12	14	270	861	20	15
N.Y. City	15	11	7	7	—	83	45	62
N.J.	28	16	7	16	695	694	28	26
Pa.	51	57	12	12	612	903	14	23
E.N. CENTRAL	91	109	19	35	34	184	23	38
Ohio	44	46	7	13	22	17	6	10
Ind.	6	10	1	6	2	1	—	6
Ill.	9	18	—	7	—	29	5	10
Mich.	24	30	6	7	2	—	9	7
Wis.	8	5	5	2	8	137	3	5
W.N. CENTRAL	13	11	11	3	82	44	20	26
Minn.	1	—	2	1	63	17	8	11
Iowa	2	3	4	1	11	10	2	1
Mo.	8	5	2	1	6	16	9	6
N. Dak.	1	1	2	—	—	—	—	2
S. Dak.	—	1	—	—	—	—	—	1
Nebr.	—	—	—	—	—	—	—	—
Kans.	1	1	1	—	2	1	1	5
S. ATLANTIC	84	116	44	28	390	347	81	128
Del.	1	2	N	N	117	50	—	3
Md.	20	17	5	5	192	211	28	28
D.C.	2	5	—	—	3	2	2	7
Va.	6	8	2	3	28	13	9	10
W. Va.	4	2	—	1	2	2	1	—
N.C.	10	9	9	5	18	41	13	9
S.C.	2	3	1	—	7	3	3	7
Ga.	3	20	10	7	—	8	8	23
Fla.	36	50	17	7	23	17	17	41
E.S. CENTRAL	15	24	9	13	13	17	11	15
Ky.	3	5	1	4	1	6	2	1
Tenn.	6	10	4	7	12	8	6	3
Ala.	6	8	3	1	—	3	3	8
Miss.	—	1	1	1	—	—	—	3
W.S. CENTRAL	11	84	5	20	15	11	29	52
Ark.	1	—	—	1	2	—	2	5
La.	4	5	3	2	3	1	—	3
Okla.	1	2	—	—	—	—	2	2
Tex.	5	77	2	17	10	10	25	42
MOUNTAIN	41	31	1	5	3	5	22	15
Mont.	3	1	—	—	—	—	—	—
Idaho	1	3	—	1	1	2	—	1
Wyo.	2	4	—	—	—	2	1	—
Colo.	10	5	1	2	—	—	12	6
N. Mex.	1	1	—	—	—	—	—	1
Ariz.	12	5	—	—	—	1	5	2
Utah	5	9	—	—	2	—	4	3
Nev.	7	3	—	2	—	—	—	2
PACIFIC	27	25	53	47	33	30	83	58
Wash.	—	4	3	6	—	2	7	1
Oreg.	N	N	4	4	2	16	1	9
Calif.	27	21	46	37	30	12	69	46
Alaska	—	—	—	—	1	—	2	—
Hawaii	—	—	—	—	N	N	4	2
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	—	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	590	635	45	46	30	26	—	—	515	563
NEW ENGLAND	41	33	1	4	—	4	—	—	40	25
Maine	1	8	—	—	—	1	—	—	1	7
N.H.	5	3	—	—	—	—	—	—	5	3
Vt.	3	1	—	—	—	—	—	—	3	1
Mass.	21	20	—	4	—	3	—	—	21	13
R.I.	2	—	—	—	—	—	—	—	2	—
Conn.	9	1	1	—	—	—	—	—	8	1
MID. ATLANTIC	80	93	23	28	4	5	—	—	53	60
Upstate N.Y.	21	27	2	5	3	3	—	—	16	19
N.Y. City	10	15	—	—	—	—	—	—	10	15
N.J.	22	17	—	—	—	—	—	—	22	17
Pa.	27	34	21	23	1	2	—	—	5	9
E.N. CENTRAL	55	63	13	9	5	4	—	—	37	50
Ohio	27	38	—	3	5	4	—	—	22	31
Ind.	8	8	—	—	—	—	—	—	8	8
Ill.	2	1	—	—	—	—	—	—	2	1
Mich.	13	6	13	6	—	—	—	—	—	—
Wis.	5	10	—	—	—	—	—	—	5	10
W.N. CENTRAL	35	41	2	—	1	3	—	—	32	38
Minn.	6	12	1	—	—	—	—	—	5	12
Iowa	9	8	—	—	1	2	—	—	8	6
Mo.	10	13	1	—	—	1	—	—	9	12
N. Dak.	—	1	—	—	—	—	—	—	—	1
S. Dak.	2	1	—	—	—	—	—	—	2	1
Nebr.	3	2	—	—	—	—	—	—	3	2
Kans.	5	4	—	—	—	—	—	—	5	4
S. ATLANTIC	106	125	2	2	4	2	—	—	100	121
Del.	2	1	—	—	—	—	—	—	2	1
Md.	10	7	1	—	2	—	—	—	7	7
D.C.	—	5	—	2	—	—	—	—	—	3
Va.	12	8	—	—	—	—	—	—	12	8
W. Va.	4	4	—	—	—	—	—	—	4	4
N.C.	11	18	1	—	2	2	—	—	8	16
S.C.	11	12	—	—	—	—	—	—	11	12
Ga.	10	8	—	—	—	—	—	—	10	8
Fla.	46	62	—	—	—	—	—	—	46	62
E.S. CENTRAL	29	29	—	—	3	—	—	—	26	29
Ky.	9	3	—	—	3	—	—	—	6	3
Tenn.	13	10	—	—	—	—	—	—	13	10
Ala.	3	6	—	—	—	—	—	—	3	6
Miss.	4	10	—	—	—	—	—	—	4	10
W.S. CENTRAL	45	39	1	1	3	1	—	—	41	37
Ark.	8	10	—	—	—	—	—	—	8	10
La.	20	24	—	1	2	—	—	—	18	23
Okla.	9	3	1	—	1	1	—	—	7	2
Tex.	8	2	—	—	—	—	—	—	8	2
MOUNTAIN	53	31	2	—	5	3	—	—	46	28
Mont.	—	1	—	—	—	—	—	—	—	1
Idaho	1	4	—	—	—	—	—	—	1	4
Wyo.	—	3	—	—	—	—	—	—	—	3
Colo.	12	9	2	—	—	—	—	—	10	9
N. Mex.	1	4	—	—	—	2	—	—	1	2
Ariz.	28	6	—	—	2	—	—	—	26	6
Utah	7	2	—	—	2	—	—	—	5	2
Nev.	4	2	—	—	1	1	—	—	3	1
PACIFIC	146	181	1	2	5	4	—	—	140	175
Wash.	28	16	1	2	4	4	—	—	23	10
Oreg.	23	37	—	—	—	—	—	—	23	37
Calif.	88	121	—	—	—	—	—	—	88	121
Alaska	1	2	—	—	—	—	—	—	1	2
Hawaii	6	5	—	—	1	—	—	—	5	5
Guam	—	—	—	—	—	—	—	—	—	—
P.R.	3	8	—	—	—	—	—	—	3	8
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	—	—	—	—	—	—	—	—	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	6,808	4,431	2,054	2,498	245	280	10,384	11,429	3,964	4,900
NEW ENGLAND	349	627	302	206	1	6	624	553	77	98
Maine	12	3	21	25	N	N	35	33	2	1
N.H.	17	21	4	7	—	—	41	37	4	4
Vt.	46	40	24	6	—	—	36	18	4	2
Mass.	249	535	182	86	—	5	348	306	46	62
R.I.	8	9	6	13	1	1	19	39	2	6
Conn.	17	19	65	69	—	—	145	120	19	23
MID. ATLANTIC	629	970	225	309	17	28	1,321	1,533	426	523
Upstate N.Y.	225	695	173	156	—	1	350	350	108	235
N.Y. City	28	71	9	5	1	8	312	453	172	152
N.J.	111	69	N	N	6	7	217	273	116	88
Pa.	265	135	43	148	10	12	442	457	30	48
E.N. CENTRAL	1,521	1,041	40	21	6	12	1,254	1,650	285	354
Ohio	641	178	21	7	5	5	338	391	26	71
Ind.	142	37	3	3	—	1	134	158	33	58
Ill.	83	203	10	6	—	5	273	539	54	137
Mich.	103	42	6	3	1	1	267	279	112	41
Wis.	552	581	—	2	—	—	242	283	60	47
W.N. CENTRAL	896	261	153	183	34	17	753	712	348	140
Minn.	162	41	30	20	—	—	187	186	26	20
Iowa	305	39	30	27	—	—	117	153	41	30
Mo.	190	147	22	7	31	17	234	211	227	57
N. Dak.	48	8	6	26	—	—	11	14	2	1
S. Dak.	1	10	27	51	1	—	56	28	15	6
Nebr.	78	4	—	—	—	—	52	—	21	—
Kans.	112	12	38	52	2	—	96	120	16	26
S. ATLANTIC	464	231	680	1,046	126	146	2,726	2,423	656	1,230
Del.	13	—	—	9	1	2	16	19	4	3
Md.	81	51	109	122	13	5	234	204	29	47
D.C.	4	6	—	—	—	—	17	15	7	21
Va.	74	59	239	195	4	1	268	265	35	40
W. Va.	22	4	13	30	1	—	39	50	—	—
N.C.	27	33	210	281	87	97	453	284	63	136
S.C.	161	32	5	63	6	13	161	157	35	223
Ga.	13	12	102	141	5	24	373	437	162	284
Fla.	69	34	2	205	9	4	1,165	992	321	476
E.S. CENTRAL	199	53	57	59	28	37	608	672	577	249
Ky.	52	9	6	11	—	—	114	110	74	33
Tenn.	95	30	18	19	21	20	225	198	326	100
Ala.	39	7	33	24	7	8	185	183	141	90
Miss.	13	7	—	5	—	9	84	181	36	26
W.S. CENTRAL	159	167	459	549	8	28	712	1,214	724	1,403
Ark.	84	14	14	24	2	6	173	134	23	18
La.	13	7	—	—	1	3	206	210	44	143
Okla.	—	13	48	58	5	19	107	108	307	210
Tex.	62	133	397	467	—	—	226	762	350	1,032
MOUNTAIN	1,707	450	85	48	21	3	709	787	237	309
Mont.	352	12	—	5	1	—	34	53	2	3
Idaho	58	17	—	—	—	1	42	57	1	5
Wyo.	14	3	11	—	1	—	16	20	—	1
Colo.	655	238	6	6	2	1	174	185	40	50
N. Mex.	62	64	—	—	—	—	58	85	31	55
Ariz.	366	84	68	37	13	1	218	257	120	162
Utah	182	30	—	—	4	—	110	85	18	15
Nev.	18	2	—	—	—	—	57	45	25	18
PACIFIC	884	631	53	77	4	3	1,677	1,885	634	594
Wash.	199	177	—	—	—	—	156	137	27	34
Oreg.	286	208	—	—	—	2	116	162	24	31
Calif.	328	227	52	66	4	1	1,280	1,420	566	506
Alaska	17	10	1	11	—	—	17	28	5	4
Hawaii	54	9	—	—	—	—	108	138	12	19
Guam	—	—	—	—	—	—	—	41	—	30
P.R.	—	—	28	19	N	N	29	126	—	8
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. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,103	2,402	1,178	1,258	390	401	2,987	3,163	104	175
NEW ENGLAND	76	176	12	66	40	60	87	78	—	—
Maine	3	4	N	N	—	1	1	—	—	—
N.H.	6	12	—	—	3	N	5	2	—	—
Vt.	7	5	6	5	3	1	—	—	—	—
Mass.	54	83	—	14	34	36	60	48	—	—
R.I.	6	16	6	7	—	3	2	9	—	—
Conn.	—	56	U	40	U	19	19	19	—	—
MID. ATLANTIC	490	422	126	94	67	58	382	410	15	21
Upstate N.Y.	166	128	50	41	40	38	33	36	10	1
N.Y. City	71	70	U	U	U	U	246	242	4	9
N.J.	104	91	N	N	13	5	57	74	1	10
Pa.	149	133	76	53	14	15	46	58	—	1
E.N. CENTRAL	415	559	317	277	105	97	255	375	17	27
Ohio	114	138	206	203	48	49	85	105	2	1
Ind.	46	54	109	74	29	18	31	24	1	1
Ill.	82	164	2	—	24	—	99	144	3	3
Mich.	165	158	—	N	—	N	32	86	9	22
Wis.	8	45	N	N	4	30	8	16	2	—
W.N. CENTRAL	146	172	29	12	43	38	88	82	1	2
Minn.	53	78	—	—	24	23	16	14	—	1
Iowa	N	N	N	N	—	N	1	4	—	—
Mo.	45	41	27	9	4	8	61	45	1	1
N. Dak.	2	7	—	—	1	—	—	—	—	—
S. Dak.	14	8	2	3	—	—	—	—	—	—
Nebr.	9	10	—	—	4	5	2	5	—	—
Kans.	23	28	N	N	10	2	8	14	—	—
S. ATLANTIC	420	475	470	612	46	31	765	798	21	27
Del.	—	2	1	3	—	N	6	3	—	—
Md.	117	76	—	—	31	20	137	150	7	4
D.C.	5	5	13	5	2	4	54	22	—	1
Va.	27	39	N	N	—	N	41	44	3	1
W. Va.	11	16	58	66	13	7	2	3	—	—
N.C.	71	65	N	N	U	U	100	65	6	1
S.C.	11	43	—	70	—	N	26	57	—	7
Ga.	67	126	110	151	—	N	95	145	—	1
Fla.	111	103	288	317	—	N	304	309	5	12
E.S. CENTRAL	93	131	102	79	5	9	159	168	11	7
Ky.	21	42	17	20	N	N	15	23	—	—
Tenn.	72	89	85	57	—	N	70	62	8	1
Ala.	—	—	—	—	—	N	59	64	3	4
Miss.	—	—	—	2	5	9	15	19	—	2
W.S. CENTRAL	85	178	81	38	52	83	532	472	21	32
Ark.	7	6	9	5	10	7	23	14	—	3
La.	5	1	72	33	17	20	111	115	2	2
Okla.	62	32	N	N	16	23	18	12	1	2
Tex.	11	139	N	N	9	33	380	331	18	25
MOUNTAIN	332	250	41	18	32	25	155	158	14	24
Mont.	—	—	—	—	—	—	5	—	—	—
Idaho	1	4	N	N	—	N	15	10	1	2
Wyo.	2	5	16	4	—	—	—	1	—	—
Colo.	126	50	N	N	31	25	16	29	—	—
N. Mex.	23	54	—	5	—	—	18	42	1	2
Ariz.	132	116	N	N	—	N	58	66	12	20
Utah	47	21	24	7	1	—	4	3	—	—
Nev.	1	—	1	2	—	—	39	7	—	—
PACIFIC	46	39	—	62	—	—	564	622	4	35
Wash.	N	N	N	N	N	N	61	36	—	—
Oreg.	N	N	N	N	—	N	15	15	—	—
Calif.	—	—	N	N	N	N	482	568	4	35
Alaska	—	—	—	—	—	N	4	—	—	—
Hawaii	46	39	—	62	—	—	2	3	—	—
Guam	—	—	—	—	—	—	—	1	—	—
P.R.	N	N	N	N	—	N	75	56	6	3
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. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 4, 2005, and June 5, 2004 (22nd Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	3,651	5,088	80	104	10,587	11,692	—	42	—
NEW ENGLAND	105	158	8	11	394	1,478	—	—	—
Maine	6	9	—	—	103	44	—	—	—
N.H.	4	7	—	—	75	—	—	—	—
Vt.	—	—	—	—	24	348	—	—	—
Mass.	71	88	6	10	192	31	—	—	—
R.I.	6	17	—	1	—	—	—	—	—
Conn.	18	37	2	—	U	1,055	—	—	—
MID. ATLANTIC	811	771	22	29	2,458	31	—	1	—
Upstate N.Y.	101	95	3	2	—	—	—	—	—
N.Y. City	412	390	5	10	—	—	—	—	—
N.J.	187	162	7	11	—	—	—	—	—
Pa.	111	124	7	6	2,458	31	—	1	—
E.N. CENTRAL	521	458	4	11	3,526	3,700	—	1	—
Ohio	105	79	—	2	816	914	—	—	—
Ind.	55	54	—	—	120	N	—	—	—
Ill.	255	221	1	5	17	1	—	—	—
Mich.	71	74	1	3	2,339	2,343	—	1	—
Wis.	35	30	2	1	234	442	—	—	—
W.N. CENTRAL	194	163	1	3	74	126	—	2	—
Minn.	77	64	1	2	—	—	—	—	—
Iowa	17	15	—	—	N	N	—	—	—
Mo.	52	47	—	1	3	2	—	1	—
N. Dak.	2	3	—	—	10	70	—	—	—
S. Dak.	5	4	—	—	61	54	—	1	—
Nebr.	19	6	—	—	—	—	—	—	—
Kans.	22	24	—	—	—	—	—	—	N
S. ATLANTIC	819	1,036	11	9	910	1,338	—	1	—
Del.	2	11	—	—	6	4	—	—	—
Md.	95	88	2	2	—	—	—	—	—
D.C.	27	4	—	—	16	17	—	—	—
Va.	103	80	2	3	144	316	—	—	—
W. Va.	8	10	—	—	567	732	—	—	N
N.C.	81	96	2	2	—	N	—	—	—
S.C.	88	83	—	—	177	269	—	—	—
Ga.	123	279	2	—	—	—	—	—	—
Fla.	292	385	3	2	—	—	—	1	—
E.S. CENTRAL	213	224	1	4	—	—	—	—	—
Ky.	44	37	1	2	N	N	—	—	—
Tenn.	96	82	—	2	—	—	—	—	—
Ala.	73	72	—	—	—	—	—	—	—
Miss.	—	33	—	—	—	—	—	—	—
W.S. CENTRAL	282	890	3	7	1,651	3,534	—	2	—
Ark.	38	56	—	—	—	—	—	—	—
La.	—	—	—	—	97	43	—	—	—
Okla.	56	61	—	—	—	—	—	—	—
Tex.	188	773	3	7	1,554	3,491	—	2	—
MOUNTAIN	111	221	3	4	1,574	1,485	—	35	—
Mont.	—	—	—	—	—	—	—	—	—
Idaho	—	—	—	—	—	—	—	—	—
Wyo.	—	1	—	—	42	20	—	—	—
Colo.	24	55	—	1	1,127	1,114	—	1	—
N. Mex.	4	15	—	—	88	66	—	—	—
Ariz.	73	93	1	2	—	—	—	34	—
Utah	10	19	1	1	317	285	—	—	—
Nev.	—	38	1	—	—	—	—	—	—
PACIFIC	595	1,167	27	26	—	—	—	—	—
Wash.	86	86	2	2	N	N	—	—	—
Oreg.	41	37	2	—	—	—	—	—	—
Calif.	406	981	19	18	—	—	—	—	—
Alaska	13	14	—	—	—	—	—	—	—
Hawaii	49	49	4	6	—	—	—	—	—
Guam	—	30	—	—	—	65	—	—	—
P.R.	—	21	—	—	76	232	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	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 2004 and 2005 are provisional and cumulative (year-to-date).

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending June 4, 2005 (22nd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	539	369	110	33	16	11	54
Boston, Mass.	126	73	30	10	7	6	9
Bridgeport, Conn.	32	18	13	—	1	—	6
Cambridge, Mass.	12	10	2	—	—	—	2
Fall River, Mass.	36	30	4	2	—	—	3
Hartford, Conn.	54	33	14	5	1	1	5
Lowell, Mass.	19	15	4	—	—	—	2
Lynn, Mass.	9	4	4	1	—	—	4
New Bedford, Mass.	26	20	3	3	—	—	3
New Haven, Conn.	52	39	8	3	2	—	7
Providence, R.I.	48	39	5	2	1	1	3
Somerville, Mass.	4	2	—	2	—	—	—
Springfield, Mass.	43	27	13	2	—	1	3
Waterbury, Conn.	25	18	2	3	2	—	1
Worcester, Mass.	53	41	8	—	2	2	6
MID. ATLANTIC	2,088	1,466	424	135	45	17	112
Albany, N.Y.	29	22	4	2	1	—	1
Allentown, Pa.	21	16	3	1	1	—	—
Buffalo, N.Y.	88	58	23	2	5	—	9
Camden, N.J.	18	12	5	—	—	1	2
Elizabeth, N.J.	21	12	9	—	—	—	1
Erie, Pa.	36	29	5	2	—	—	5
Jersey City, N.J.	51	34	9	6	2	—	—
New York City, N.Y.	1,020	696	228	60	25	10	42
Newark, N.J.	40	20	6	10	3	1	3
Paterson, N.J.	8	3	2	3	—	—	—
Philadelphia, Pa.	370	263	75	29	3	—	15
Pittsburgh, Pa.§	17	13	4	—	—	—	—
Reading, Pa.	29	23	3	1	—	2	2
Rochester, N.Y.	141	111	21	8	—	1	16
Schenectady, N.Y.	21	16	4	1	—	—	—
Scranton, Pa.	34	27	3	3	1	—	3
Syracuse, N.Y.	90	73	11	1	3	2	12
Trenton, N.J.	21	15	3	2	1	—	—
Utica, N.Y.	10	6	2	2	—	—	1
Yonkers, N.Y.	23	17	4	2	—	—	—
E.N. CENTRAL	1,736	1,148	383	116	32	57	111
Akron, Ohio	43	30	9	1	1	2	8
Canton, Ohio	37	25	8	2	1	1	4
Chicago, Ill.	308	191	74	28	6	9	20
Cincinnati, Ohio	66	50	11	1	2	2	2
Cleveland, Ohio	193	133	40	10	5	5	8
Columbus, Ohio	186	122	39	13	7	5	14
Dayton, Ohio	82	55	21	5	—	1	6
Detroit, Mich.	149	76	40	20	2	11	9
Evansville, Ind.	49	35	9	3	1	1	2
Fort Wayne, Ind.	67	49	16	1	—	1	3
Gary, Ind.	12	4	6	1	—	1	—
Grand Rapids, Mich.	73	50	16	3	1	3	4
Indianapolis, Ind.	98	58	19	8	3	10	10
Lansing, Mich.	49	41	5	—	1	2	4
Milwaukee, Wis.	81	50	24	6	—	1	5
Peoria, Ill.	37	28	5	4	—	—	1
Rockford, Ill.	47	36	6	4	1	—	—
South Bend, Ind.	41	26	12	3	—	—	2
Toledo, Ohio	73	54	15	1	1	2	3
Youngstown, Ohio	45	35	8	2	—	—	6
W.N. CENTRAL	497	327	111	34	10	15	24
Des Moines, Iowa	49	35	12	2	—	—	2
Duluth, Minn.	18	13	4	1	—	—	1
Kansas City, Kans.	23	14	4	3	2	—	—
Kansas City, Mo.	55	38	10	6	—	1	6
Lincoln, Nebr.	31	24	6	1	—	—	2
Minneapolis, Minn.	41	22	11	3	—	5	3
Omaha, Nebr.	105	76	16	7	5	1	5
St. Louis, Mo.	78	45	24	4	1	4	3
St. Paul, Minn.	36	23	6	4	1	2	2
Wichita, Kans.	61	37	18	3	1	2	—
S. ATLANTIC	1,088	657	275	86	29	41	50
Atlanta, Ga.	228	125	58	20	10	15	9
Baltimore, Md.	126	68	32	18	6	2	6
Charlotte, N.C.	99	66	22	5	4	2	5
Jacksonville, Fla.	112	75	23	7	4	3	5
Miami, Fla.	93	69	19	2	1	2	1
Norfolk, Va.	40	21	8	5	1	5	1
Richmond, Va.	47	24	16	5	1	1	3
Savannah, Ga.	45	27	13	3	—	2	3
St. Petersburg, Fla.	48	34	10	2	—	2	4
Tampa, Fla.	127	83	30	11	—	3	9
Washington, D.C.	100	49	37	8	2	4	2
Wilmington, Del.	23	16	7	—	—	—	2
E.S. CENTRAL	816	539	185	51	21	20	68
Birmingham, Ala.	144	103	32	5	3	1	20
Chattanooga, Tenn.	82	61	18	2	1	—	5
Knoxville, Tenn.	88	57	21	5	4	1	6
Lexington, Ky.	76	51	16	5	1	3	4
Memphis, Tenn.	206	128	51	17	3	7	19
Mobile, Ala.	86	55	21	7	2	1	7
Montgomery, Ala.	10	4	4	1	—	1	1
Nashville, Tenn.	124	80	22	9	7	6	6
W.S. CENTRAL	1,264	817	281	101	36	29	56
Austin, Tex.	85	56	18	7	4	—	7
Baton Rouge, La.	40	26	11	2	—	1	—
Corpus Christi, Tex.	48	34	12	1	1	—	3
Dallas, Tex.	150	81	41	17	7	4	7
El Paso, Tex.	80	61	15	2	—	2	5
Ft. Worth, Tex.	93	62	21	8	1	1	5
Houston, Tex.	299	191	66	30	7	5	12
Little Rock, Ark.	72	50	14	2	1	5	—
New Orleans, La.	24	16	6	1	—	1	—
San Antonio, Tex.	205	135	40	13	11	6	6
Shreveport, La.	56	40	11	2	1	2	4
Tulsa, Okla.	112	65	26	16	3	2	7
MOUNTAIN	955	623	189	81	40	19	75
Albuquerque, N.M.	107	74	18	8	5	2	8
Boise, Idaho	36	23	8	4	1	—	2
Colo. Springs, Colo.	68	43	17	6	2	—	5
Denver, Colo.	72	32	18	9	5	7	6
Las Vegas, Nev.	256	167	55	18	13	3	24
Ogden, Utah	25	20	4	—	—	1	1
Phoenix, Ariz.	151	92	34	14	8	1	14
Pueblo, Colo.	27	19	5	2	1	—	2
Salt Lake City, Utah	88	59	15	6	5	3	4
Tucson, Ariz.	125	94	15	14	—	2	9
PACIFIC	1,333	925	283	78	23	24	138
Berkeley, Calif.	16	9	6	—	—	1	4
Fresno, Calif.	117	85	19	10	—	3	14
Glendale, Calif.	21	18	2	—	1	—	5
Honolulu, Hawaii	78	59	16	1	2	—	3
Long Beach, Calif.	58	46	10	1	—	1	9
Los Angeles, Calif.	294	202	60	22	7	3	38
Pasadena, Calif.	22	16	2	1	—	3	5
Portland, Oreg.	90	61	24	2	2	1	5
Sacramento, Calif.	U	U	U	U	U	U	U
San Diego, Calif.	130	82	31	9	4	4	15
San Francisco, Calif.	108	75	21	10	1	1	11
San Jose, Calif.	136	91	35	5	3	2	13
Santa Cruz, Calif.	37	31	5	1	—	—	1
Seattle, Wash.	101	63	26	7	2	3	7
Spokane, Wash.	46	27	12	5	—	2	3
Tacoma, Wash.	79	60	14	4	1	—	5
TOTAL	10,316¶	6,871	2,241	715	252	233	688

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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