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Racial/Ethnic Disparities in Diagnoses of HIV/AIDS — 33 States, 2001–2004

In 2003, an estimated 1.2 million persons in the United States were living with human immunodeficiency virus (HIV) infection, 47% of whom were non-Hispanic blacks* (1). This report describes racial/ethnic disparities in diagnoses of HIV/acquired immunodeficiency syndrome (AIDS) during 2001–2004 and reported to CDC through June 2005 by 33 states† that used confidential, name-based reporting of HIV and AIDS cases for at least 4 years. Of the estimated 157,252 diagnoses of HIV infection, the number of cases and diagnosis rates among blacks were higher than those for all other racial/ethnic populations combined. Among males, blacks had the largest or second-largest percentage of cases in every transmission category; among females, blacks had the largest percentage of cases in all transmission categories. Moreover, among both males and females, blacks represented the largest percentage of HIV/AIDS diagnoses in every age group. New and improved prevention strategies, including expanded HIV testing, targeted communications, and tailored prevention services, are needed to help address disparities in HIV transmission among blacks.

Cases of HIV and AIDS were analyzed together as HIV/AIDS (i.e., HIV infection with or without AIDS) and counted by year of earliest reported diagnosis of HIV infection. Adult cases were classified into the following hierarchy of transmission categories: 1) male-to-male sexual contact (men who have sex with men [MSM]), 2) injection-drug use (IDU), 3) both male-to-male sexual contact and injection-drug use (MSM/IDU), 4) high-risk heterosexual contact (i.e., with a person of

the opposite sex known to have HIV/AIDS or a risk factor [e.g., MSM or IDU] for HIV/AIDS), and 5) all other risk factors combined. Pediatric cases were classified as either perinatal transmission or all other transmission categories combined. The number of HIV/AIDS diagnoses, rates per 100,000 population, and estimated annual percentage change (EAPC) (with associated 95% confidence intervals [CIs]) were calculated. Data were adjusted for reporting delays and redistribution of risk among persons initially reported without sufficient information to classify them into a transmission category (2).

Although blacks accounted for approximately 13% of the population of the 33 states during 2001–2004 (3), they accounted for the majority (80,187 [51%]) of HIV/AIDS diagnoses. Blacks accounted for the greatest percentage of cases diagnosed among males (44%) and the majority of cases among females (68%) (4).

Among males, 36% of MSM cases, 54% of IDU cases, 39% of MSM/IDU cases, and 66% of high-risk heterosexual contact cases were in blacks. Among females, 70% of high-risk heterosexual contact cases and 60% of IDU cases were in blacks. Moreover, 69% of cases of perinatal transmission were among blacks.

Average annual rates of HIV diagnoses for specific transmission categories were calculated using race/ethnicity- and age-specific census data as the denominators. For example, the rate of cases among blacks with male-to-male sexual con-

*For this report, persons identified as white, black, Asian/Pacific Islander, American Indian/Alaska Native, or of other/unknown race are all non-Hispanic. Persons identified as Hispanic might be of any race.

†Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

INSIDE

- 125 Leptospirosis After Flooding of a University Campus — Hawaii, 2004
- 127 New Laboratory Assay for Diagnostic Testing of Avian Influenza A/H5 (Asian Lineage)
- 128 Update: Influenza Activity — United States, January 22–28, 2006
- 130 Notices to Readers

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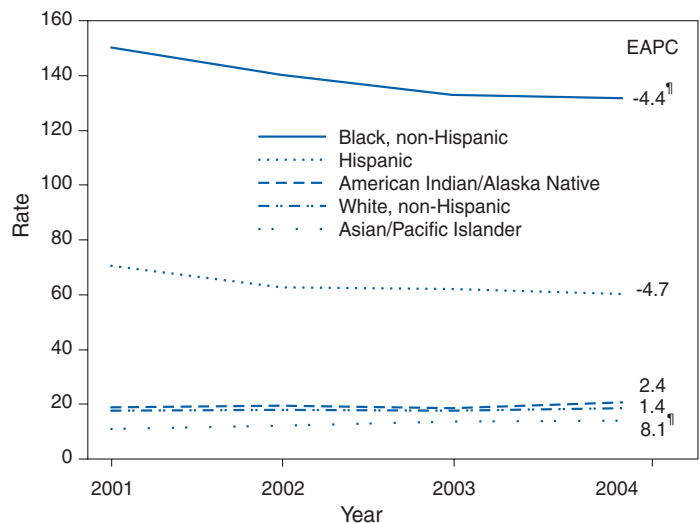
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tact represents the number of cases among black MSM per 100,000 black males during 2001–2004. Blacks had the highest average rates for all transmission categories. For cases among MSM, the rate for blacks was 69.0 per 100,000, compared with 13.9 for whites, 37.8 for Hispanics, 8.2 for Asians/Pacific Islanders (A/PIs), and 12.1 for American Indians/Alaska Natives (AI/ANs). For cases among males reporting IDU, the rate for blacks was 26.9 per 100,000, compared with 1.7 for whites, 12.0 for Hispanics, 1.6 for A/PIs, and 2.7 for AI/ANs. For cases among males with high-risk heterosexual contact, the rate for blacks was 35.5 per 100,000, compared with 1.1 for whites, 10.9 for Hispanics, 2.3 for A/PIs, and 2.4 for AI/ANs. For cases among females reporting IDU, the rate for blacks was 14.2 per 100,000, compared with 1.0 for whites, 4.8 for Hispanics, 0.6 for A/PIs, and 2.2 for AI/ANs. For cases among females with high-risk heterosexual contact, the rate for blacks was 58.3 per 100,000, compared with 2.2 for whites, 15.0 for Hispanics, 2.8 for A/PIs, and 5.3 for AI/ANs.

EAPC was used as a measure of the change in HIV diagnosis rates from 2001 to 2004. Among males (Figure 1), EAPC for blacks was -4.4 (CI = -8.4–0.3), for whites was 1.4 (CI = -3.3–6.4), for Hispanics was -4.7 (CI = -11.2–2.3), for A/PIs was 8.1 (CI = 1.8–14.7), and for AI/ANs was 2.4 (CI = -6.4–12.1). Among females (Figure 2), EAPC for blacks was -6.8 (CI = -9.8–3.7), for whites was -2.1 (CI = -8.2–4.3),

FIGURE 1. Estimated annual rates* of cases of HIV/AIDS and EAPC† among males, by race/ethnicity — 33 states,§ 2001–2004



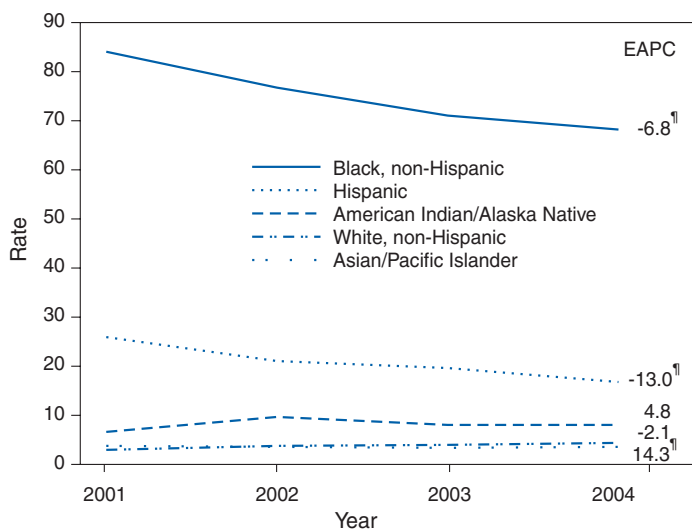
* Per 100,000 population.

† Estimated annual percentage change.

§ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

¶ Statistically significant (i.e., 95% confidence interval excludes zero).

FIGURE 2. Estimated annual rates* of cases of HIV/AIDS and EAPC† among females, by race/ethnicity — 33 states,§ 2001–2004



* Per 100,000 population.

† Estimated annual percentage change.

§ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

¶ Statistically significant (i.e., 95% confidence interval excludes zero).

for Hispanics was -13.0 (CI = -19.7–5.7), for A/PIs was 14.3 (CI = 3.4–26.4), and for AI/ANs was 4.8 (CI = -26.3–49.1).

Although the annual percentage decrease in HIV diagnosis rates among blacks was statistically significant ($p < 0.05$), the annual HIV diagnosis rates among both black males and females remained higher than the rates for all other racial/ethnic populations. In 2004, among males, the rate of HIV/AIDS diagnosis for blacks (131.6 per 100,000) was 7.0 times higher than that for whites (18.7 per 100,000), 2.2 times higher than that for Hispanics (60.2 per 100,000), 9.5 times higher than that for A/PIs (13.9 per 100,000), and 6.3 times higher than that for AI/ANs (20.8 per 100,000). Among females, the HIV/AIDS diagnosis rate for blacks (67.0 per 100,000) was 20.9 times higher than the rate for whites (3.2 per 100,000), 4.1 times higher than the rate for Hispanics (16.3 per 100,000), 16.3 times higher than for A/PIs (4.1 per 100,000), and 8.7 times higher than for AI/ANs (7.7 per 100,000) (5). The rate among black females was higher than rates among males in any other racial/ethnic population.

By region,[§] blacks accounted for the majority of diagnoses in the South (47,497 [54%]) and Northeast (23,674 [53%]).

[§] *Northeast:* New Jersey and New York. *Midwest:* Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South:* Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West:* Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

Black males accounted for more HIV/AIDS diagnoses than males of any other racial/ethnic population in the South (29,532 [48%]) and the Northeast (14,104 [47%]). Black females accounted for the majority of HIV/AIDS diagnoses among females in the South (17,965 [72%]), Northeast (9,570 [65%]), and Midwest (2,565 [64%]) (Table).

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Editorial Note: During 2001–2004, in nearly every demographic and transmission category, the largest percentages of HIV/AIDS cases diagnosed were among blacks. Disparities were observed in all demographic and transmission groups; however, the disparity was especially pronounced among women, children, and persons with high-risk heterosexual contact. Blacks accounted for the highest percentages and rates of cases for both males and females in the high-risk heterosexual contact transmission category and for the majority of cases of HIV attributed to perinatal transmission (5).

During 2001–2004, the most common mode of transmission for HIV infection for both black males and females was sex with a man. The National HIV Behavioral Surveillance System (NHBS) surveyed MSM who frequented MSM-identified venues (e.g., bars, street locations, dance clubs, cafés, retail stores, gay pride events, social organizations, gyms, sex clubs, and parks) in five U.S. cities. Forty-six percent of black MSM in the study were HIV positive; of those, 67% were unaware of their HIV status (6). High-risk heterosexual contact is the main route of HIV transmission among black females and the second most common route among black males. Continuing high rates of HIV infection among blacks underscore the need for effective, culturally tailored HIV-prevention strategies, including outreach testing strategies for identifying persons with undiagnosed HIV infection.

The findings in this report are subject to at least three limitations. First, confidential, name-based HIV/AIDS surveillance was not conducted in all 50 states and U.S. territories. The 33 states included in this analysis accounted for 63% of the national total of AIDS diagnoses (excluding U.S. territories) and might not be nationally representative. Data from several areas with high AIDS morbidity (e.g., California, Illinois, and the District of Columbia) were not included. However, the racial/ethnic disparities described in this report are similar to the disparities observed in AIDS cases from all 50 states (5). Second, classification of cases with no identified risk factor was based on follow-up investigations; those cases were assumed to constitute a representative sample of all cases initially reported without a risk factor. Finally, this analysis was not constructed with age-specific subgroups, in which different trends in HIV/AIDS diagnosis rates might be observed.

TABLE. Estimated* number and percentage of new cases of HIV/AIDS,† by race/ethnicity and selected characteristics — 33 states,‡ 2001–2004

Characteristic	Race/Ethnicity											
	White, non-Hispanic		Black, non-Hispanic		Hispanic¶		Asian/Pacific Islander		American Indian/ Alaska Native		Total**	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Male												
Age group (yrs)												
<13	50	(10)	331	(67)	96	(20)	4	(1)	4	(1)	492	(100)
13–14	12	(18)	38	(58)	14	(22)	1	(2)	0	(0)	65	(100)
15–24	2,556	(23)	6,096	(55)	2,185	(20)	81	(1)	57	(1)	11,040	(100)
25–34	9,920	(34)	11,812	(40)	7,088	(24)	382	(1)	176	(1)	29,520	(100)
35–44	15,603	(38)	17,095	(41)	7,827	(19)	366	(1)	199	(<1)	41,280	(100)
45–54	7,331	(34)	10,246	(48)	3,379	(16)	159	(1)	84	(<1)	21,291	(100)
55–64	2,191	(34)	3,114	(48)	1,091	(17)	34	(1)	21	(<1)	6,488	(100)
≥65	555	(29)	973	(50)	383	(20)	8	(<1)	2	(<1)	1,931	(100)
HIV transmission category												
Male-to-male sexual contact	29,506	(43)	24,597	(36)	13,028	(19)	669	(1)	336	(<1)	68,434	(100)
Injection-drug use (IDU)	3,612	(21)	9,558	(54)	4,083	(23)	130	(1)	74	(<1)	17,540	(100)
Male-to-male sexual contact/IDU	2,364	(41)	2,239	(39)	986	(17)	36	(1)	60	(1)	5,723	(100)
High-risk heterosexual contact	2,443	(13)	12,650	(66)	3,745	(19)	188	(1)	67	(<1)	19,209	(100)
Adult other††	242	(34)	326	(46)	124	(18)	8	(1)	2	(<1)	705	(100)
Perinatal	41	(10)	296	(70)	74	(17)	4	(1)	4	(1)	423	(100)
Pediatric other§§	9	(13)	38	(54)	22	(31)	0	(0)	0	(0)	71	(100)
Region of residence¶¶												
Northeast	6,886	(23)	14,104	(47)	8,457	(28)	455	(2)	54	(<1)	30,087	(100)
Midwest	6,477	(50)	5,214	(40)	948	(7)	119	(1)	81	(1)	12,932	(100)
South	21,026	(34)	29,532	(48)	10,754	(17)	364	(1)	174	(<1)	62,128	(100)
West	3,830	(55)	853	(12)	1,904	(27)	98	(1)	235	(3)	6,959	(100)
Subtotal	38,218	(34)	49,704	(44)	22,062	(20)	1,036	(1)	543	(<1)	112,106	(100)
Female												
Age group (yrs)												
<13	61	(11)	368	(69)	96	(18)	3	(1)	0	(0)	531	(100)
13–14	12	(9)	106	(82)	9	(7)	1	(1)	0	(0)	129	(100)
15–24	1,016	(15)	4,615	(70)	849	(13)	33	(1)	34	(1)	6,592	(100)
25–34	1,992	(16)	8,599	(68)	1,845	(15)	123	(1)	61	(<1)	12,713	(100)
35–44	2,441	(17)	9,600	(67)	2,169	(15)	72	(<1)	76	(1)	14,430	(100)
45–54	1,289	(17)	5,204	(67)	1,175	(15)	46	(1)	43	(1)	7,789	(100)
55–64	355	(16)	1,486	(66)	356	(16)	18	(1)	7	(<1)	2,240	(100)
≥65	96	(13)	505	(70)	109	(15)	8	(1)	1	(<1)	724	(100)
HIV transmission category												
IDU	2,166	(22)	5,790	(60)	1,551	(16)	50	(1)	64	(1)	9,665	(100)
High-risk heterosexual contact	4,935	(14)	23,820	(70)	4,841	(14)	242	(1)	154	(<1)	34,204	(100)
Adult other	100	(13)	503	(67)	123	(16)	10	(1)	5	(1)	746	(100)
Perinatal	57	(12)	310	(68)	85	(19)	3	(1)	0	(0)	457	(100)
Pediatric other	4	(5)	60	(80)	10	(13)	0	(0)	0	(0)	75	(100)
Region of residence												
Northeast	1,512	(10)	9,570	(65)	3,457	(23)	131	(1)	28	(<1)	14,763	(100)
Midwest	1,086	(27)	2,565	(64)	264	(7)	35	(1)	34	(1)	4,017	(100)
South	4,210	(17)	17,965	(72)	2,555	(10)	117	(<1)	73	(<1)	25,080	(100)
West	454	(35)	383	(30)	334	(26)	21	(2)	88	(7)	1,286	(100)
Subtotal	7,262	(16)	30,483	(68)	6,610	(15)	304	(1)	223	(<1)	45,146	(100)
Total***	45,479	(29)	80,187	(51)	28,673	(18)	1,340	(1)	766	(<1)	157,252	(100)

* All estimates are adjusted for reporting delays and reclassification of cases reported without a known risk factor for human immunodeficiency virus (HIV).

† Includes 1) diagnosis of HIV infection only, 2) diagnosis of HIV infection and a later diagnosis of acquired immunodeficiency syndrome (AIDS), and 3) concurrent diagnoses of HIV infection and AIDS.

‡ Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

¶ Persons of Hispanic ethnicity might be of any race.

** Includes persons of unknown race or multiple races.

†† Includes hemophilia, blood transfusion, perinatal, and risk factor not reported or not identified.

‡‡ Includes hemophilia, blood transfusion, and risk factor not reported or not identified.

¶¶ *Northeast:* New Jersey and New York. *Midwest:* Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. *South:* Alabama, Arkansas, Florida, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *West:* Alaska, Arizona, Colorado, Idaho, Nevada, New Mexico, Utah, and Wyoming.

*** Because column totals were calculated independently of the values for the subpopulations, the values in each column do not sum to the column total.

A comprehensive national program is required to address the substantial racial disparities in HIV/AIDS diagnoses in the United States described in this report. To reduce disparities, partnerships must be enhanced among a broad range of persons and groups, including governmental agencies, community organizations, faith-based institutions, educational institutions, community opinion leaders, and the public. Through Minority AIDS Initiative funding, CDC has funded prevention programs aimed at reducing the disparity in HIV/AIDS diagnoses nationally. As part of this effort, CDC's Advancing HIV Prevention (AHP) initiative is aimed at reducing barriers to early diagnosis of HIV and at increasing access to quality medical care, treatment, and ongoing prevention services for HIV-infected persons.

Through AHP, CDC has introduced programs (e.g., HIV testing and sex network demonstration projects) to increase HIV testing among populations at risk for HIV infection (7) and has proposed revisions to HIV-testing recommendations to include routine HIV testing of adults, adolescents, and pregnant women in health-care settings (7,8). In addition, CDC, in collaboration with state and local health departments and community-based organizations, continues to promote effective HIV-prevention interventions that target persons who are at high risk for HIV infection (9). Ensuring that these programs are broadly accessible to blacks living in disadvantaged areas, including urban areas and the rural South, is critical.

In 2005, CDC established an African American Working Group to develop a comprehensive action plan to increase and strengthen HIV/AIDS and sexually transmitted disease (STD) prevention activities for blacks who are at high risk for infection. Moreover, CDC is working to engage partner organizations from various backgrounds and disciplines, including educational institutions, researchers, state and local health departments, community-based organizations, faith-based programs, and AIDS services organizations, to address HIV/AIDS and STD prevention concerns among blacks in the United States.

References

- Glynn MK, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003 [Abstract T1-B1101]. Presented at the 2005 National HIV Prevention Conference, Atlanta, GA; June 14, 2005.
- Green T. Using surveillance data to monitor trends in the AIDS epidemic. *Stat Med* 1998;17:143–54.
- US Census Bureau. Population estimates: entire data set. Available at <http://www.census.gov/popest/datasets.html>.
- CDC. Trends in HIV/AIDS diagnoses—33 states, 2001–2004. *MMWR* 2005;54:1149–53.
- CDC. HIV/AIDS surveillance report, 2004. Vol. 16. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/default.htm>.
- CDC. HIV prevalence, unrecognized infection, and HIV testing among men who have sex with men—five U.S. cities, June 2004–April 2005. *MMWR* 2005;54:597–601.
- CDC. Advancing HIV prevention: new strategies for a changing epidemic—United States, 2003. *MMWR* 2003;52:329–32.
- CDC. Revised recommendations for HIV screening of adults, adolescents and pregnant women in health care settings. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at <http://www.phppo.cdc.gov/PHTN/webcast/HIV11-17-05/default.asp>.
- CDC. Procedural guidance for selected strategies and interventions for community based organizations funded under program announcement 04064. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://ahp.nchstp.cdc.gov/docs/CBOProcedures_12-15-03.pdf.

Brief Report

Leptospirosis After Flooding of a University Campus — Hawaii, 2004

On November 19, 2004, the Hawaii Department of Health (HDOH) received a report that a University of Hawaii professor aged 56 years had been hospitalized with suspected leptospirosis after cleaning his flooded laboratory. On October 31, heavy rains had caused an adjacent stream to overflow its banks and flood the campus. Persons exposed to fresh water or mud contaminated by the urine of animals infected with the spirochete *Leptospira interrogans* can have systemic illness if the leptospires enter the body through broken skin or mucous membranes. This report describes the subsequent investigation by HDOH, assisted by CDC, which highlights the importance of maintaining clinical suspicion for leptospirosis after flooding in areas where the illness is endemic, even in well-developed urban settings.

During October 31–November 2, the professor waded in his flooded laboratory in sandals, resulting in blisters. On November 10, he became ill with fever, chills, and vomiting. By November 14, the fever had subsided, but the man had other symptoms, including tremor, poor balance, and visual flashes of light. On November 17, his symptoms persisted; he went to a hospital emergency department and was hospitalized. Qualitative leptospiral IgM enzyme-linked immunoassay (EIA) of serum drawn on admission was negative. The physician continued to suspect leptospirosis, and the patient improved with a course of oral doxycycline. A second serum drawn November 24 tested positive for leptospirosis by IgM EIA. The patient's microscopic agglutination test (MAT) result was negative for the acute-phase specimen from November 17, but the convalescent-phase specimen drawn 7 days later revealed elevated titers to *Leptospira* antigens.

Other persons participating in cleanup activities on the campus (e.g., university faculty, students, staff, employees of a commercial contractor, and members of the Civil Defense and National Guard) might have been exposed to leptospires. In collaboration with the university, HDOH established surveillance for febrile illness among members of

the university community using a voluntary, Internet-based questionnaire, announced through the university e-mail system. Respondents were asked whether they had had contact with flood water and had become ill with fever after the flood. HDOH also conducted active case finding by contacting the Civil Defense, National Guard, and the contractor. Free testing for leptospirosis was offered through HDOH.

A total of 271 persons responded to the Internet questionnaire, of whom 90 (33.2%) reported having a febrile illness within 30 days of having contact with flood water. Of the 90 persons reporting febrile illness, 34 (37.8%) reported seeing a physician; 46 (51.1%) were screened for leptospirosis using IgM EIA.

Only one additional case of acute leptospirosis infection was identified. A male graduate student aged 27 years worked in the same laboratory as the professor and tested positive for leptospirosis by IgM EIA and MAT. He became ill on November 10 with fever, chills, vomiting, diarrhea, and headache. He recovered without treatment in 1 week but visited a physician for testing on November 19 after learning that his professor was ill with suspected leptospirosis.

Leptospirosis is considered the most common zoonosis worldwide and is endemic in tropical environments such as Hawaii, where the mean annual incidence is 1.29 per 100,000 population (1). However, infection also can occur in milder climates, either as a result of local exposure or in travelers returning from the tropics. Natural disasters such as floods and hurricanes increase the risk for human exposure to leptospires through contact with contaminated water or mud.* Initial symptoms of leptospirosis resemble those of any influenza-like illness, with fever usually the only common symptom; therefore, a thorough exposure history is essential to diagnosis (Box). Although many infected persons recover spontaneously, 5%–10% of cases can progress to a more serious and potentially fatal second stage of illness that affects organ systems. Results from serologic testing for leptospiral antibodies or culture are not available rapidly enough to guide clinical decisions. Prompt, appropriate, empirical antibiotic therapy can prevent more severe disease (2).

* Additional information is available at <http://www.bt.cdc.gov/disasters/hurricanes/infectiousdisease.asp>.

BOX. Epidemiology, clinical findings, diagnosis, treatment, and prevention and reporting of leptospirosis

Epidemiology

- Zoonotic infection caused by the spirochete *Leptospira interrogans*.
- Endemic in many tropical areas and generally considered the most common zoonosis worldwide.
- Humans become infected through contact with leptospires shed in the urine of infected animals, commonly rodents, dogs, pigs, and cattle.
- Incubation period can be 3–30 days after exposure, typically 7–12 days.
- Case-fatality rate can be as high as 5%–15%; during a 25-year period in Hawaii, the rate was 1.4%.

Clinical Findings

- Initial symptoms are nonspecific, with fever usually present; other symptoms can include chills, headache, myalgia, conjunctival suffusion, nausea, or diarrhea.
- Severe manifestations can include aseptic meningitis, pulmonary hemorrhage, and impaired hepatic and renal function.

Diagnosis

- Blood or urine culture must be inoculated promptly; cultivating the organism can take weeks.
- Rapid IgM enzyme-linked immunoassay is commercially available and has highest sensitivity 14–21 days after symptom onset.
- Microscopic agglutination testing (MAT) is the gold standard for serologic diagnosis but is available only at reference laboratories.

- Case confirmation requires either a positive culture or a fourfold increase in antibody titer on MAT between acute and convalescent sera.

Treatment

- Early antibiotic treatment can reduce the duration and severity of symptoms.
- Treatable with a broad range of antibiotics.
- Outpatient treatment typically consists of oral doxycycline 100 mg, twice a day for 7 days.
- Inpatient treatment typically consists of intravenous penicillin G, 1.2 million units every 4 to 6 hours.

Prevention and Reporting

- Minimize contact with fresh water or mud in areas where leptospirosis is endemic.
- Avoid contact with infected animals, especially with their urine, blood, and tissues.
- Wear protective equipment, including waterproof boots and gloves, if contact with fresh water, mud, or infected animals cannot be avoided.
- Cover open wounds with an occlusive dressing.
- Control rodent populations; vaccinate dogs and livestock.
- See a physician promptly if febrile illness occurs after a potentially high-risk exposure.
- Antibiotic prophylaxis with doxycycline, 200 mg weekly, might be considered for those with high-risk exposures.
- Not reportable nationally, but has been reported in multiple states (e.g., California, Florida, Hawaii, Illinois, and Wisconsin).

The optimal performance of IgM EIA is 14–21 days after symptom onset (3). However, the definitive serologic diagnostic assay for leptospirosis is the MAT, which requires technical expertise and maintenance of multiple live leptospiral serovars (2). This assay is available only at selected laboratories (including at CDC) in the network of World Health Organization Collaborating Centers for Leptospirosis.

Persons participating in flood cleanup in areas where *Leptospirae* might be present should adopt appropriate protective measures, such as wearing waterproof boots (Box). Workers with broken skin should avoid contact with fresh water or mud; at minimum, open wounds should be protected with an occlusive dressing. Medical attention should be sought promptly by any person who has onset of febrile illness within 1 month of participating in the cleanup of a flood-affected area.

Reported by: SY Park, MD, PV Effler, MD, M Nakata, D Sasaki, DVM, Hawaii Dept of Health; AR Katz, MD, Univ of Hawaii. TA Clark, MD, Div of Bacterial and Mycotic Diseases, National Center for Infectious Diseases; K Gaynor, MD, EIS Officer, CDC.

References

1. Katz AR, Ansdell VE, Effler PV, Middleton CR, Sasaki DM. Leptospirosis in Hawaii, 1974–1998: epidemiologic analysis of 353 laboratory-confirmed cases. *Am J Trop Med Hyg* 2002;66:61–70.
2. Levett PN. Leptospirosis. *Clin Microbiol Rev* 2001;14:296–326.
3. Effler PV, Bogard AK, Domen HY, Katz AR, Higa HY, Sasaki DM. Evaluation of eight rapid screening tests for acute leptospirosis in Hawaii. *J Clin Microbiol* 2002;40:1464–9.

New Laboratory Assay for Diagnostic Testing of Avian Influenza A/H5 (Asian Lineage)

On February 3, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

On February 3, 2006, the Food and Drug Administration (FDA) announced clearance of the Influenza A/H5 (Asian Lineage) Virus Real-Time Reverse Transcription–Polymerase Chain Reaction (RT-PCR) Primer and Probe Set and inactivated virus as a source of positive RNA control for the in vitro qualitative detection of highly pathogenic influenza A/H5 virus (Asian lineage). Two genetic lineages of influenza A/H5 viruses exist: Eurasian (Asian) and North American. The primer and probe set, developed at CDC, is designed to detect highly pathogenic influenza A/H5 viruses from the Asian lineage associated with recent laboratory-confirmed infections of avian influenza in humans in east Asia and, most recently, in Turkey and Iraq.

From December 1, 2003, through February 3, 2006, the World Health Organization (WHO) reported 161 confirmed human cases of avian influenza A (H5N1); of these, 86 (53%) were fatal (1). The infections occurred in Cambodia, China, Indonesia, Iraq, Thailand, Turkey, and Vietnam. No infec-

tions with avian influenza A/H5 (Asian lineage) have been reported in animals or humans in North America. Since February 2004, CDC has recommended enhanced surveillance in the United States for possible cases of human infection with avian influenza A (H5N1) virus (2). Consistent with these interim recommendations, testing for this virus is indicated when a patient has symptoms of severe respiratory illness and a risk for exposure (e.g., direct contact with ill, dead, or infected poultry in a country with outbreaks of influenza H5N1 among poultry). Testing for influenza A/H5 (Asian lineage) should be considered on a case-by-case basis in consultation with local or state health departments.

Testing with the FDA-cleared laboratory RT-PCR assay should be conducted in conjunction with other laboratory testing and clinical observations to help diagnose influenza in patients who might be infected with influenza A/H5 (Asian lineage) viruses and to provide epidemiologic information for surveillance purposes. The test also will help to identify influenza A/H5 (Asian lineage) viruses in laboratory viral cultures. Definitive diagnosis of influenza A/H5 (Asian lineage), either directly from patient specimens or from viral culture, might require additional laboratory testing and clinical and epidemiologic assessment in consultation with national influenza surveillance experts. Negative results do not preclude influenza virus infection and should not be used as the sole basis for treatment or other patient management decisions.

Testing with the new assay will be limited to laboratories designated by the Laboratory Response Network (LRN), which consists of approximately 140 U.S. laboratories in 50 states. LRN-designated laboratories ensure that the laboratory employs experienced personnel who 1) are trained in standardized rapid molecular procedures, 2) perform analyses in facilities with appropriate biosafety equipment and containment procedures, and 3) use established means for communication with public health programs. Influenza A/H5 (Asian lineage) assay protocols and reagents will be distributed by CDC to designated LRN laboratories nationwide during the week of February 6–10, 2006. The real-time RT-PCR primer and probe set is the only laboratory method that has been cleared by FDA for avian influenza A/H5 (Asian lineage) testing and in vitro diagnostic medical device use in the United States. Additional information about the laboratory assay is available at <http://www.fda.gov>.

References

1. World Health Organization. Cumulative number of confirmed human cases of avian influenza A(H5N1) reported to WHO. Geneva, Switzerland: World Health Organization; 2006. Available at http://www.who.int/csr/disease/avian_influenza/en.
2. US Department of Health and Human Services. HHS pandemic influenza plan. Supplement 2: laboratory diagnostics, appendix 2. Interim recommendations: enhanced U.S. surveillance and diagnostic evaluation to identify cases of human infection with avian influenza A (H5N1). Washington, DC: US Department of Health and Human Services. Available at <http://www.hhs.gov/pandemicflu/plan/sup2.html#app2>.

Update: Influenza Activity — United States, January 22–28, 2006

During January 22–28, 2006,* the number of states reporting widespread influenza activity[†] remained at five. Twenty-one states reported regional activity, 13 reported local activity, and 11 reported sporadic activity (Figure 1).[§]

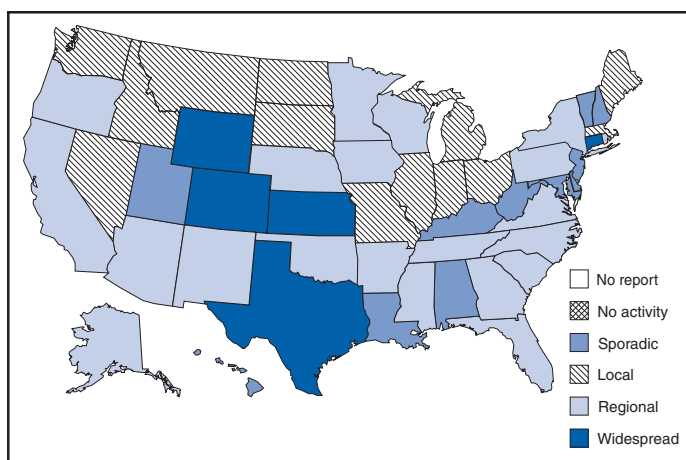
The percentage of specimens testing positive for influenza increased in the United States overall. During the past 3 weeks (i.e., weeks 2–4), the largest number of isolates have been reported from the Mountain and West South Central regions. During this time, the percentage of specimens testing positive

* Provisional data reported as of February 3. Additional information about influenza activity is updated each Friday and is available from CDC at <http://www.cdc.gov/flu>.

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

[§] *Widespread*: Colorado, Connecticut, Kansas, Texas, and Wyoming; *regional*: Alaska, Arizona, Arkansas, California, Georgia, Florida, Iowa, Minnesota, Mississippi, Nebraska, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, and Wisconsin; *local*: Idaho, Illinois, Indiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, North Dakota, Ohio, South Dakota, and Washington; *sporadic*: Alabama, Delaware, Hawaii, Kentucky, Louisiana, Maryland, New Hampshire, New Jersey, Utah, Vermont, and West Virginia; *no activity*: none; *no report*: none.

FIGURE 1. Estimated influenza activity levels reported by state epidemiologists, by state and level of activity* — United States, January 22–28, 2006



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

for influenza has ranged from 20.9% and 20.6% in the East North Central and West South Central regions, respectively, to 4.9% in the East South Central region. The percentage of outpatient visits for influenza-like illness (ILI)[‡] increased during the week ending January 28 and is above the national baseline.** The percentage of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold for the week ending January 28.

Laboratory Surveillance

During January 22–28, World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States reported testing 2,854 specimens for influenza viruses, of which 343 (12.0%) were positive. Of these, 117 were influenza A (H3N2) viruses, two were influenza A (H1N1) viruses, 212 were influenza A viruses that were not subtyped, and 12 were influenza B viruses.

Since October 2, 2005, WHO and NREVSS laboratories have tested 56,596 specimens for influenza viruses, of which 3,771 (6.7%) were positive. Of these, 3,654 (96.9%) were influenza A viruses, and 117 (3.1%) were influenza B viruses. Of the 3,654 influenza A viruses, 1,802 (49.3%) have been subtyped; 1,787 (99.2%) were influenza A (H3N2) viruses, and 15 (0.8%) were influenza A (H1N1) viruses.

P&I Mortality and ILI Surveillance

During the week ending January 28, P&I accounted for 7.6% of all deaths reported through the 122 Cities Mortality Reporting System. This percentage was below the epidemic threshold^{††} of 8.2% (Figure 2).

The percentage of patient visits for ILI was 2.4%, which is above the national baseline of 2.2% (Figure 3). The percentage of patient visits for ILI ranged from 1.4% in the New England region to 5.9% in the West South Central region.

Pediatric Deaths and Hospitalizations

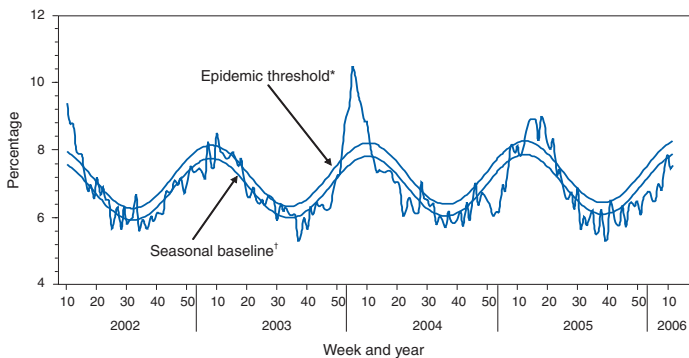
During October 2, 2005–January 28, 2006, CDC received reports of 13 influenza-associated deaths in U.S. residents aged

[‡] Temperature of $\geq 100.0^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$) and cough and/or sore throat in the absence of a known cause other than influenza.

** The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which $<10\%$ of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

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

FIGURE 2. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2006



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

<18 years. Eleven of the deaths occurred during the current influenza season, and two occurred during the 2004–05 influenza season.

During October 1, 2005–January 21, 2006, the preliminary influenza-associated hospitalization rate reported by the Emerging Infections Program^{§§} (EIP) for children aged 0–17 years was 0.24 per 10,000. For children aged 0–4 years and 5–17 years, the rate was 0.66 per 10,000 and 0.04 per 10,000, respectively. During October 30, 2005–January 21, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years in the New Vaccine Surveillance Network^{¶¶} (NVSN) was 0.21 per 10,000. EIP and NVSN hospitalization rate estimates are preliminary.

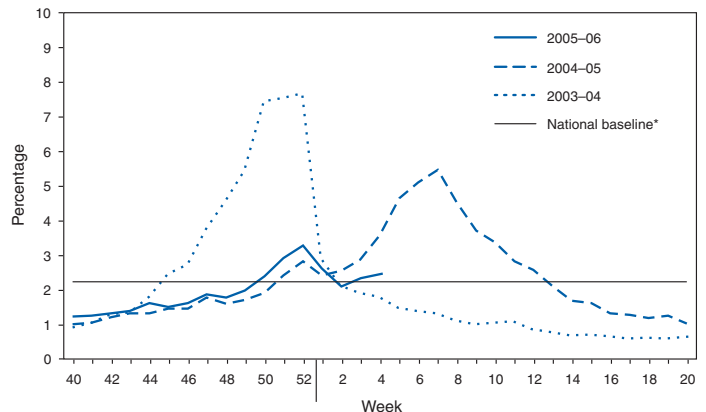
Human Avian Influenza A (H5N1)

No human avian influenza A (H5N1) virus infection has ever been identified in the United States. From December 2003 through February 6, 2006, a total of 165 laboratory-confirmed human avian influenza A (H5N1) infections were reported to WHO from Cambodia, China, Indonesia,

^{§§} The Emerging Infections Program Influenza Project conducts surveillance in 60 counties associated with 12 metropolitan areas: San Francisco, California; Denver, Colorado; New Haven, Connecticut; Atlanta, Georgia; Baltimore, Maryland; Minneapolis/St. Paul, Minnesota; Albuquerque, New Mexico; Las Cruces, New Mexico; Albany, New York; Rochester, New York; Portland, Oregon; and Nashville, Tennessee.

^{¶¶} The New Vaccine Surveillance Network conducts surveillance in Monroe County, New York; Hamilton County, Ohio; and Davidson County, Tennessee.

FIGURE 3. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

Iraq, Thailand, Turkey, and Vietnam.^{***} Of these, 88 (53%) were fatal (Table). This represents an increase of four cases and two deaths in Indonesia since January 30, 2006, and the first case and death reported in Iraq. The majority of infections appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare instances of human-to-human transmission likely have occurred (1).

^{***} Available at http://www.who.int/csr/disease/avian_influenza/en.

Reference

1. Ungchusak K, Auewarakul P, Dowell SF, et al. Probable person-to-person transmission of avian influenza A (H5N1). *N Engl J Med* 2005;352:333–40.

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization — worldwide, 2003–2006*

Country	Year of onset								Total	
	2003		2004		2005		2006		No.	Deaths
Cambodia	0	0	0	0	4	4	0	0	4	4
China	0	0	0	0	8	5	2	2	10	7
Indonesia	0	0	0	0	17	11	6	5	23	16
Iraq	0	0	0	0	0	0	1	1	1	1
Thailand	0	0	17	12	5	2	0	0	22	14
Turkey	0	0	0	0	0	0	12	4	12	4
Vietnam	3	3	29	20	61	19	0	0	93	42
Total	3	3	46	32	95	41	21	12	165	88

* As of February 6, 2006.

*Notice to Readers***National Child Passenger Safety Week,
February 12–18, 2006**

In 2004, a total of 424 children aged 4–8 years died and more than 70,000 were treated in emergency departments for injuries sustained in motor vehicle crashes in the United States (1,2). The National Highway Traffic Safety Administration (NHTSA) and CDC recommend the use of booster seats for children who weigh at least 40 pounds, are less than 4 feet 9 inches tall, and are aged 4–8 years (3). This year, National Child Passenger Safety Week, February 12–18, 2006, will focus on booster seat use.

Despite increased attention and legislation governing booster seats, use of age-appropriate child restraints by passengers aged 4–8 years continues to lag behind use by younger passengers. Although child safety seat use is greater than 90% for infants and toddlers, booster seat use is estimated nationally at 10%–20% (3). Thirty-three states have enacted laws governing booster seat use, but only two states, Tennessee and Wyoming, have laws covering children through age 8 years.

Information about National Child Passenger Safety Week activities and child passenger safety is available from NHTSA at <http://www.nhtsa.dot.gov> and from CDC at <http://www.cdc.gov/ncipc>.

References

1. National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS) web-based encyclopedia. Available at <http://www-fars.nhtsa.dot.gov>.
2. CDC. WISQARS™ nonfatal injury reports. Available at <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>.
3. National Highway Traffic Safety Administration. Improving the safety of older-child passengers: a progress report on reducing deaths and injuries among 4- to 8-year-old child passengers. Washington, DC: US Department of Transportation; 2005.
4. CDC. Notice to readers: National Child Passenger Safety Week—February 14–20, 1999. *MMWR* 1999;48:83–4.

*Notice to Readers***Satellite Broadcast: Social Networks:
A Recruitment Strategy for HIV Counseling,
Testing, and Referral Services**

CDC and the Public Health Training Network will present a satellite broadcast and Webcast entitled, “Social Networks: A Recruitment Strategy for HIV Counseling, Testing, and Referral Services,” on Thursday, April 27, 2006, beginning at 1 p.m. EDT. The 2-hour forum will cover the rationale for the use of social networks as a recruitment strategy for HIV counseling, testing, and referral services; the components of the social networks strategy; how to assess organization readiness for using the strategy; and available training and technical assistance. A panel of experts will answer viewer questions, which may be sent via fax during the broadcast or by e-mail after the broadcast.

Organizations are responsible for setting up their own viewing locations and are encouraged to register their locations as soon as possible so that persons who wish to view the broadcast can access information online. Directions for establishing and registering a viewing location are available at <http://www.cdcnpin.org>. The broadcast also can be viewed live or after broadcast on computers with Internet and RealPlayer® capability through <http://www.phppo.cdc.gov/phtn>. Videotapes and video CD-ROMs of the broadcast may be ordered by telephone, 800-458-5231.

Errata: MMWR Vol. 55, No. 4

On page 117, in Table III, “Deaths in 122 U.S. cities, week ending January 28, 2006 (4th Week),” mortality data were incorrectly reported. The correct mortality data for the 4th week of 2006 are on page 131 of this issue.

TABLE III. Deaths in 122 U.S. cities,* week ending January 28, 2006 (4th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	545	372	129	28	5	11	51	S. Atlantic	1,464	910	348	122	49	35	95
Boston, MA	133	72	39	14	1	7	8	Atlanta, GA	166	103	40	15	4	4	9
Bridgeport, CT	26	16	9	1	—	—	3	Baltimore, MD	222	136	58	19	5	4	22
Cambridge, MA	21	18	3	—	—	—	3	Charlotte, NC	119	77	27	10	3	2	11
Fall River, MA	33	28	4	1	—	—	3	Jacksonville, FL	215	132	46	24	10	3	10
Hartford, CT	71	47	18	5	—	1	8	Miami, FL	120	73	29	10	5	3	5
Lowell, MA	27	20	7	—	—	—	3	Norfolk, VA	44	29	9	4	1	1	—
Lynn, MA	10	9	1	—	—	—	2	Richmond, VA	59	32	16	5	5	1	3
New Bedford, MA	24	19	5	—	—	—	2	Savannah, GA	82	51	22	4	1	4	4
New Haven, CT	28	21	4	1	1	1	4	St. Petersburg, FL	74	45	19	4	1	5	11
Providence, RI	51	39	9	2	—	1	1	Tampa, FL	241	161	52	14	7	7	19
Somerville, MA	2	2	—	—	—	—	—	Washington, D.C.	108	64	24	12	7	1	—
Springfield, MA	51	32	15	1	2	1	2	Wilmington, DE	14	7	6	1	—	—	1
Waterbury, CT	23	16	5	2	—	—	3	E.S. Central	901	611	188	60	18	24	72
Worcester, MA	45	33	10	1	1	—	9	Birmingham, AL	231	158	43	16	7	7	18
Mid. Atlantic	2,202	1,519	484	119	34	44	116	Chattanooga, TN	103	74	23	3	1	2	14
Albany, NY	45	32	8	1	2	2	—	Knoxville, TN	105	75	17	7	3	3	1
Allentown, PA	16	12	2	1	1	—	1	Lexington, KY	66	49	13	2	1	1	7
Buffalo, NY	92	66	20	2	1	3	11	Memphis, TN	98	63	21	9	4	1	9
Camden, NJ	40	25	10	2	2	1	3	Mobile, AL	81	52	19	4	2	4	3
Elizabeth, NJ	19	16	2	1	—	—	—	Montgomery, AL	83	53	21	6	—	3	12
Erie, PA	38	33	5	—	—	—	4	Nashville, TN	134	87	31	13	—	3	8
Jersey City, NJ	1	1	—	—	—	—	—	W.S. Central	1,901	1,240	429	135	46	51	148
New York City, NY	1,148	817	234	71	10	15	55	Austin, TX	124	83	28	6	4	3	11
Newark, NJ	64	28	27	8	—	1	1	Baton Rouge, LA	73	44	16	6	5	2	—
Paterson, NJ	18	13	5	—	—	—	1	Corpus Christi, TX	U	U	U	U	U	U	U
Philadelphia, PA	343	192	107	15	13	15	14	Dallas, TX	243	148	57	23	10	5	19
Pittsburgh, PA [§]	24	20	3	1	—	—	1	El Paso, TX	132	89	26	8	3	6	12
Reading, PA	22	16	2	3	—	1	1	Fort Worth, TX	190	118	48	7	6	11	20
Rochester, NY	138	108	24	2	3	1	11	Houston, TX	439	267	103	50	8	11	31
Schenectady, NY	17	12	3	2	—	—	1	Little Rock, AR	94	63	19	8	1	3	1
Scranton, PA	32	20	9	2	1	—	3	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	82	61	13	3	—	5	6	San Antonio, TX	347	255	73	14	2	3	43
Trenton, NJ	27	16	7	4	—	—	1	Shreveport, LA	83	57	14	6	3	3	8
Utica, NY	15	13	—	1	1	—	1	Tulsa, OK	176	116	45	7	4	4	3
Yonkers, NY	21	18	3	—	—	—	1	Mountain	1,003	700	210	64	20	9	89
E.N. Central	2,114	1,440	451	128	33	62	145	Albuquerque, NM	192	141	34	15	2	—	28
Akron, OH	52	37	10	4	—	1	3	Boise, ID	70	49	15	1	2	3	6
Canton, OH	43	35	8	—	—	—	8	Colorado Springs, CO	84	58	17	6	2	1	3
Chicago, IL	336	204	88	26	8	10	23	Denver, CO	102	70	17	4	7	4	10
Cincinnati, OH	51	33	13	2	2	1	11	Las Vegas, NV	353	238	91	23	1	—	27
Cleveland, OH	229	160	48	11	2	8	7	Ogden, UT	30	27	2	1	—	—	2
Columbus, OH	207	143	35	15	5	9	12	Phoenix, AZ	U	U	U	U	U	U	U
Dayton, OH	126	87	23	8	4	4	5	Pueblo, CO	34	25	7	2	—	—	3
Detroit, MI	161	93	49	10	4	5	10	Salt Lake City, UT	138	92	27	12	6	1	10
Evansville, IN	47	35	11	1	—	—	1	Tucson, AZ	U	U	U	U	U	U	U
Fort Wayne, IN	68	47	15	3	1	2	6	Pacific	1,991	1,397	405	124	47	18	209
Gary, IN	14	5	4	3	1	1	—	Berkeley, CA	15	11	4	—	—	—	3
Grand Rapids, MI	65	51	6	4	—	4	6	Fresno, CA	156	110	26	14	5	1	13
Indianapolis, IN	247	160	59	17	4	7	21	Glendale, CA	17	16	1	—	—	—	1
Lansing, MI	44	37	6	1	—	—	2	Honolulu, HI	40	31	3	5	1	—	1
Milwaukee, WI	100	71	18	9	1	1	5	Long Beach, CA	71	41	24	5	—	1	13
Peoria, IL	49	41	7	—	—	1	4	Los Angeles, CA	393	282	67	26	13	5	45
Rockford, IL	66	44	14	3	—	5	6	Pasadena, CA	40	29	6	4	1	—	10
South Bend, IN	53	39	9	2	1	2	3	Portland, OR	114	71	31	8	2	2	9
Toledo, OH	103	70	24	8	—	1	6	Sacramento, CA	267	187	58	17	5	—	42
Youngstown, OH	53	48	4	1	—	—	6	San Diego, CA	190	133	37	12	4	4	18
W.N. Central	597	399	134	31	18	15	43	San Francisco, CA	133	83	34	8	7	1	1
Des Moines, IA	—	—	—	—	—	—	—	San Jose, CA	176	131	39	3	2	1	23
Duluth, MN	37	30	5	—	2	—	5	Santa Cruz, CA	32	26	4	2	—	—	3
Kansas City, KS	8	5	2	1	—	—	—	Seattle, WA	143	97	29	12	3	2	9
Kansas City, MO	108	72	27	5	1	3	7	Spokane, WA	70	48	19	2	1	—	7
Lincoln, NE	48	41	5	1	1	—	4	Tacoma, WA	134	101	23	6	3	1	11
Minneapolis, MN	73	50	15	3	2	3	5	Total	12,718**	8,588	2,778	811	270	269	968
Omaha, NE	90	63	21	1	2	3	10								
St. Louis, MO	152	82	43	16	8	3	6								
St. Paul, MN	61	43	12	4	2	—	4								
Wichita, KS	20	13	4	—	—	3	2								

U: Unavailable. —: No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending February 4, 2006 (5th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2005	2004	2003	2002	2001	
Anthrax	—	—	—	—	—	—	2	23	
Botulism:									
foodborne	—	—	0	19	16	20	28	39	
infant	—	1	1	85	87	76	69	97	
other (wound & unspecified)	1	3	0	24	30	33	21	19	CA (1)
Brucellosis	1	5	1	102	114	104	125	136	MD (1)
Chancroid	—	1	1	27	30	54	67	38	
Cholera	—	—	0	6	5	2	2	3	
Cyclosporiasis§	3	5	2	731	171	75	156	147	DC (1), FL (2)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§§:									
California serogroup	—	—	—	71	112	108	164	128	
eastern equine	—	—	—	21	6	14	10	9	
Powassan	—	—	—	—	1	—	1	N	
St. Louis	—	—	—	9	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	1	2	1	719	537	362	511	261	NY (1)
human monocytic	2	20	1	474	338	321	216	142	MI (1), GA (1)
human (other & unspecified)	—	—	0	118	59	44	23	6	
<i>Haemophilus influenzae</i> ,**									
invasive disease (age <5 yrs):									
serotype b	1	1	0	8	19	32	34	—	FL (1)
nonsertotype b	1	4	3	111	135	117	144	—	IN (1)
unknown serotype	—	12	3	195	177	227	153	—	
Hansen disease§	2	5	1	88	105	95	96	79	CA (1), AK (1)
Hantavirus pulmonary syndrome§	—	—	0	22	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	2	5	2	201	200	178	216	202	OK (1), CA (1)
Hepatitis C viral, acute	40	71	31	745	713	1,102	1,835	3,976	MI (1), WV (1), GA (1), FL (33), AL (2), CA (2)
HIV infection, pediatric (age <13 yrs)§††	—	—	4	255	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	9	1	49	—	N	N	N	
Listeriosis	6	28	8	814	753	696	665	613	RI (1), NY (1), PA (2), NC (1), FL (1)
Measles	—	1***	1	66	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	4	18	7	269	—	—	—	—	NC (4)
serogroup B	3	8	4	150	—	—	—	—	NC (3)
other serogroup	1	2	1	19	—	—	—	—	NC (1)
Mumps	3	11	4	277	258	231	270	266	NY (1), PA (1), MD (1)
Plague	—	—	—	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	—	0	19	12	12	18	25	
Q fever§	1	8	1	131	70	71	61	26	MD (1)
Rabies, human	—	—	0	2	7	2	3	1	
Rubella	—	—	0	11	10	7	18	23	
Rubella, congenital syndrome	—	—	0	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	5	3	102	132	161	118	77	CO (2)
<i>Streptococcus pneumoniae</i> ,§									
invasive disease (age <5 yrs)	11	54	13	993	1,162	845	513	498	NY (2), OH (1), IN (3), MI (1), WV (1), OK (1), CO (2)
Syphilis, congenital (age <1 yr)	3	15	8	301	353	413	412	441	IL (1), LA (1), AZ (1)
Tetanus	—	1	0	20	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	3	6	2	88	95	133	109	127	PA (1), CO (1), CA (1)
Trichinellosis	—	3	0	18	5	6	14	22	
Tularemia§	2	3	0	132	134	129	90	129	KS (1), CA (1)
Typhoid fever	3	17	5	292	322	356	321	368	CA (3)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	—	—	2	—	N	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	—	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

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

§ Not notifiable in all states.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

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

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ Of the 14 cases reported since October 2, 2005 (week 40), only 12 occurred during the current 2005–06 season.

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

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	11,824	18,530	20,440	61,294	85,839	22	87	575	233	486	33	69	856	172	161
New England	464	601	1,202	2,109	2,939	—	0	0	—	—	—	4	34	5	3
Connecticut	—	150	865	68	732	N	0	0	N	N	—	0	14	1	—
Maine	40	42	74	185	225	N	0	0	N	N	—	0	2	1	—
Massachusetts	321	271	417	1,262	1,381	—	0	0	—	—	—	1	16	1	2
New Hampshire	18	33	64	141	176	—	0	0	—	—	—	0	3	1	—
Rhode Island	67	63	99	333	317	—	0	0	—	—	—	0	5	—	—
Vermont§	18	19	43	120	108	—	0	0	—	—	—	0	5	1	1
Mid. Atlantic	1,351	2,268	3,379	7,153	9,763	—	0	0	—	—	2	10	606	33	30
New Jersey	85	361	529	521	1,846	N	0	0	N	N	—	0	11	—	2
New York (Upstate)	363	498	1,519	1,080	1,055	N	0	0	N	N	1	3	567	4	3
New York City	361	704	1,168	2,592	3,292	—	0	0	—	—	—	2	15	8	11
Pennsylvania	542	722	1,082	2,960	3,570	N	0	0	N	N	1	3	21	21	14
E.N. Central	2,025	3,077	4,059	9,992	13,003	—	0	3	1	—	6	12	162	26	32
Illinois	855	882	1,699	3,100	3,273	—	0	0	—	—	—	1	16	—	6
Indiana	351	381	558	1,815	2,087	N	0	0	N	N	2	1	13	2	—
Michigan	628	550	1,015	3,510	1,390	—	0	3	1	—	—	2	7	6	4
Ohio	70	798	1,714	802	4,267	N	0	1	N	N	4	4	109	16	12
Wisconsin	121	378	495	765	1,986	N	0	0	N	N	—	4	38	2	10
W.N. Central	747	1,114	1,303	4,217	5,600	—	0	3	—	—	8	8	51	20	24
Iowa	140	140	221	707	650	N	0	0	N	N	—	1	11	—	3
Kansas	262	140	274	754	729	N	0	0	N	N	—	0	5	4	3
Minnesota	—	226	293	181	1,201	—	0	3	—	—	7	2	10	11	5
Missouri	233	437	604	1,858	2,222	—	0	1	—	—	—	2	37	4	11
Nebraska§	99	98	200	406	419	—	0	1	—	—	1	0	1	1	—
North Dakota	13	24	48	126	107	N	0	0	N	N	—	0	1	—	—
South Dakota	—	51	120	185	272	—	0	0	—	—	—	0	4	—	2
S. Atlantic	3,516	3,317	4,678	13,527	16,028	—	0	1	2	—	13	11	53	64	28
Delaware	80	68	92	345	301	N	0	0	N	N	—	0	2	—	—
District of Columbia	—	71	103	101	366	—	0	0	—	—	—	0	3	2	—
Florida	815	863	1,004	3,649	3,887	N	0	0	N	N	5	5	28	20	11
Georgia	—	600	1,013	210	2,068	—	0	0	—	—	2	2	11	21	5
Maryland	284	364	525	1,711	1,598	—	0	1	2	—	1	0	4	3	4
North Carolina	1,743	526	1,741	4,090	3,554	N	0	0	N	N	5	1	10	16	5
South Carolina§	—	333	1,418	1,099	1,719	—	0	0	—	—	—	0	3	—	—
Virginia§	515	381	713	1,728	2,321	—	0	0	—	—	—	1	8	2	1
West Virginia	79	46	361	594	214	N	0	0	N	N	—	0	3	—	2
E.S. Central	1,119	1,349	2,189	4,320	6,324	—	0	0	—	—	1	2	21	3	6
Alabama§	381	310	1,048	974	1,302	—	0	0	—	—	1	0	3	2	3
Kentucky	199	158	408	994	1,069	N	0	0	N	N	—	1	20	1	1
Mississippi	—	390	801	—	1,974	—	0	0	—	—	—	0	1	—	1
Tennessee§	539	459	703	2,352	1,979	N	0	0	N	N	—	0	4	—	1
W.S. Central	518	1,974	3,003	5,038	11,804	—	0	1	—	—	2	2	30	11	4
Arkansas	177	168	340	684	824	—	0	0	—	—	1	0	1	1	—
Louisiana	67	268	760	237	1,476	—	0	1	—	—	—	0	21	2	—
Oklahoma	274	207	1,843	893	1,113	N	0	0	N	N	1	0	10	4	1
Texas§	—	1,327	1,820	3,224	8,391	N	0	0	N	N	—	1	8	4	3
Mountain	391	1,064	1,555	3,254	5,572	—	64	204	1	270	—	2	8	4	9
Arizona	327	331	572	1,738	1,941	—	62	204	—	260	—	0	1	—	2
Colorado	—	260	376	515	1,351	N	0	0	N	N	—	1	3	1	2
Idaho§	—	29	236	—	208	N	0	0	N	N	—	0	2	—	—
Montana	—	42	171	—	231	N	0	0	N	N	—	0	3	1	—
Nevada§	39	147	459	647	698	—	1	4	—	8	—	0	2	—	2
New Mexico§	—	108	281	—	655	—	0	2	—	1	—	0	2	—	2
Utah	—	87	132	222	376	—	0	3	—	1	—	0	3	2	1
Wyoming	25	23	43	132	112	—	0	2	1	—	—	0	2	—	—
Pacific	1,693	3,199	3,941	11,684	14,806	22	28	486	229	216	1	6	29	6	25
Alaska	63	77	121	203	261	—	0	0	—	—	—	0	2	—	—
California	1,011	2,466	3,152	8,722	11,475	22	28	486	229	216	—	3	13	—	22
Hawaii	—	105	132	334	539	—	0	0	—	—	—	0	1	—	—
Oregon§	183	168	315	786	760	—	0	0	—	—	1	1	20	6	3
Washington	436	366	501	1,639	1,771	N	0	0	N	N	—	0	7	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	76	141	270	300	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	4	12	—	48	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases.

N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	144	315	575	892	1,342	3,873	6,210	7,451	22,004	30,618	29	39	67	161	225
New England	4	27	90	49	83	80	102	229	369	577	—	3	12	5	12
Connecticut	—	0	65	—	1	—	36	168	23	247	—	0	6	—	3
Maine	2	4	11	3	13	2	2	7	8	12	—	0	1	—	1
Massachusetts	—	12	34	34	61	69	49	86	255	257	—	2	5	5	6
New Hampshire	—	1	7	2	—	4	4	9	26	13	—	0	3	—	—
Rhode Island	2	0	25	2	—	4	8	25	52	45	—	0	4	—	—
Vermont†	—	3	11	8	8	1	1	4	5	3	—	0	1	—	2
Mid. Atlantic	30	66	175	165	274	474	657	966	2,369	3,059	3	8	16	43	55
New Jersey	—	7	15	—	57	73	110	166	243	576	—	2	5	1	10
New York (Upstate)	22	22	146	59	57	124	128	400	430	429	3	2	12	10	14
New York City	—	16	32	43	81	93	186	409	656	979	—	1	5	13	11
Pennsylvania	8	16	29	63	79	184	212	335	1,040	1,075	—	3	8	19	20
E.N. Central	21	52	102	127	252	980	1,258	1,799	4,611	5,385	5	6	10	21	43
Illinois	—	13	32	6	58	367	359	729	1,259	1,278	—	1	5	1	12
Indiana	N	0	0	N	N	184	156	234	897	864	3	1	6	5	4
Michigan	1	14	29	45	67	352	217	569	1,789	509	2	0	3	5	5
Ohio	20	14	34	71	51	19	370	701	350	2,163	—	2	6	10	18
Wisconsin	—	12	33	5	76	58	108	158	316	571	—	0	3	—	4
W.N. Central	5	37	142	76	78	221	357	461	1,431	1,857	1	2	7	11	7
Iowa	—	5	14	15	21	15	30	54	138	145	—	0	1	—	—
Kansas	1	4	9	10	14	75	47	99	228	272	—	0	2	1	1
Minnesota	1	16	113	18	1	—	63	89	56	349	—	0	5	—	—
Missouri	—	9	32	25	30	102	184	242	887	939	—	0	7	9	4
Nebraska†	2	1	7	4	9	28	21	40	85	110	1	0	1	1	2
North Dakota	1	0	3	1	—	1	2	5	10	5	—	0	2	—	—
South Dakota	—	2	7	3	3	—	6	15	27	37	—	0	0	—	—
S. Atlantic	24	48	84	150	211	832	1,480	2,199	5,507	7,439	15	8	22	44	62
Delaware	—	1	3	2	5	25	17	40	135	70	—	0	0	—	—
District of Columbia	—	1	6	3	—	—	40	67	77	218	—	0	0	—	—
Florida	13	18	40	70	64	397	391	499	1,731	1,792	3	2	12	10	14
Georgia	—	10	24	33	72	—	271	586	97	946	3	2	6	9	22
Maryland	6	4	11	24	15	104	141	242	760	707	—	1	5	6	8
North Carolina	N	0	0	N	N	230	279	766	1,941	1,947	9	1	11	11	13
South Carolina†	2	2	9	5	10	—	151	783	410	801	—	1	3	5	1
Virginia†	3	9	33	13	43	60	136	266	268	883	—	1	6	3	1
West Virginia	—	0	6	—	2	16	13	34	88	75	—	0	3	—	3
E.S. Central	11	7	19	28	39	448	512	868	1,724	2,693	1	2	8	9	6
Alabama†	10	4	13	22	21	187	158	491	481	879	—	0	2	2	1
Kentucky	N	0	0	N	N	74	55	107	384	377	—	0	3	—	—
Mississippi	—	0	0	—	—	—	137	225	—	633	—	0	0	—	—
Tennessee†	1	3	11	6	18	187	168	285	859	804	1	2	5	7	5
W.S. Central	6	5	23	13	13	287	810	1,196	2,005	4,830	3	2	7	9	9
Arkansas	3	1	5	3	6	106	85	187	428	428	—	0	2	1	—
Louisiana	—	1	5	3	—	84	147	461	176	879	—	0	4	—	5
Oklahoma	3	3	16	7	7	97	79	627	308	469	3	1	5	8	4
Texas†	N	0	0	N	N	—	484	632	1,093	3,054	—	0	1	—	—
Mountain	7	25	57	67	94	109	227	482	973	1,241	1	3	19	14	19
Arizona	—	2	12	—	18	80	72	166	399	453	—	1	9	—	4
Colorado	5	9	26	27	32	—	58	90	253	292	—	1	4	8	5
Idaho†	—	2	12	5	16	—	1	10	—	12	—	0	1	1	1
Montana	—	1	7	5	5	—	2	9	—	13	—	0	0	—	—
Nevada†	—	1	6	—	3	24	55	198	252	289	—	0	3	—	2
New Mexico†	—	1	6	1	5	—	21	48	—	121	1	0	4	3	5
Utah	1	7	28	27	14	—	14	22	45	56	—	0	2	2	1
Wyoming	1	0	2	2	1	5	2	6	24	5	—	0	2	—	1
Pacific	36	60	108	217	298	442	793	1,051	3,015	3,537	—	2	19	5	12
Alaska	—	2	6	1	3	5	10	23	23	40	—	0	19	2	2
California	33	42	76	182	243	306	652	811	2,415	3,053	—	1	7	—	1
Hawaii	—	1	6	3	12	—	19	36	65	88	—	0	2	—	1
Oregon†	1	6	21	28	31	21	30	58	134	115	—	1	4	3	8
Washington	2	5	26	3	9	110	69	210	378	241	—	0	4	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	3	14	—	5	—	6	16	32	33	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	20	—	6	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
	Med	Max				Med	Max				Med	Max			
United States	42	78	176	271	352	32	102	139	253	541	19	37	111	84	121
New England	3	8	23	11	45	—	5	12	13	22	—	2	11	3	3
Connecticut	—	1	3	1	8	—	0	5	—	4	—	0	8	1	—
Maine	—	0	2	—	—	—	0	2	—	—	—	0	1	—	—
Massachusetts	—	6	14	4	34	—	3	10	11	17	—	1	5	1	3
New Hampshire	1	1	12	3	3	—	0	3	2	—	—	0	1	—	—
Rhode Island	1	0	4	1	—	—	0	2	—	—	—	0	7	—	—
Vermont†	1	0	1	2	—	—	0	1	—	1	—	0	3	1	—
Mid. Atlantic	1	13	24	14	71	—	14	37	12	108	6	11	53	24	37
New Jersey	—	3	11	—	14	—	5	26	—	63	—	1	12	—	5
New York (Upstate)	1	2	8	4	6	—	2	7	1	3	3	3	25	6	8
New York City	—	5	12	6	37	—	2	7	1	13	—	1	20	1	—
Pennsylvania	—	1	6	4	14	—	4	9	10	29	3	5	17	17	24
E.N. Central	2	7	18	21	35	2	10	25	18	58	3	6	23	11	34
Illinois	—	1	9	—	17	—	2	7	—	18	—	0	2	—	7
Indiana	—	1	10	1	1	—	0	11	—	1	—	0	5	—	3
Michigan	—	2	11	11	10	—	3	7	5	20	—	2	6	5	10
Ohio	2	1	7	8	3	2	2	8	12	17	3	3	19	6	12
Wisconsin	—	1	5	1	4	—	0	6	1	2	—	0	2	—	2
W.N. Central	3	1	31	9	9	1	5	13	7	21	—	1	12	2	5
Iowa	—	0	2	—	1	—	0	2	—	1	—	0	1	—	—
Kansas	3	0	2	7	1	1	0	3	2	4	—	0	1	—	—
Minnesota	—	0	31	—	—	—	0	6	—	—	—	0	10	—	—
Missouri	—	0	5	2	5	—	3	7	5	10	—	0	3	2	5
Nebraska†	—	0	3	—	2	—	0	2	—	6	—	0	1	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	—	—	0	1	—	—	—	0	6	—	—
S. Atlantic	18	12	33	47	43	12	25	49	86	150	6	9	19	24	22
Delaware	—	0	1	1	—	—	1	6	1	5	—	0	4	1	—
District of Columbia	—	0	2	1	—	—	0	4	—	—	—	0	2	—	—
Florida	4	5	18	22	18	5	9	21	39	46	6	2	6	11	8
Georgia	2	1	6	3	15	1	2	7	4	38	—	1	3	—	2
Maryland	7	1	6	12	4	5	2	8	17	20	—	2	9	8	7
North Carolina	5	0	18	8	3	—	0	19	19	15	—	0	3	3	4
South Carolina†	—	1	3	—	—	—	2	9	5	10	—	0	2	—	—
Virginia†	—	1	6	—	3	1	2	10	1	15	—	1	7	1	—
West Virginia	—	0	2	—	—	—	0	11	—	1	—	0	3	—	1
E.S. Central	1	4	16	6	15	2	7	20	13	31	—	1	6	2	1
Alabama†	—	0	6	—	2	2	1	7	4	13	—	0	2	—	1
Kentucky	—	0	3	—	1	—	1	6	1	7	—	0	4	—	—
Mississippi	—	0	4	—	4	—	1	4	3	2	—	0	1	—	—
Tennessee†	1	2	13	6	8	—	2	12	5	9	—	0	4	2	—
W.S. Central	1	5	14	2	23	5	12	25	60	40	—	0	4	1	—
Arkansas	—	0	3	—	—	—	1	4	1	7	—	0	1	—	—
Louisiana	—	1	5	1	7	—	1	5	2	5	—	0	2	1	—
Oklahoma	1	0	1	1	—	—	0	5	—	3	—	0	3	—	—
Texas†	—	3	10	—	16	5	9	22	57	25	—	0	3	—	—
Mountain	—	6	21	8	38	1	10	38	7	49	—	2	8	—	8
Arizona	—	3	20	—	20	—	5	34	—	33	—	0	3	—	3
Colorado	—	1	5	4	5	—	1	4	4	4	—	0	3	—	1
Idaho†	—	0	3	1	4	—	0	2	1	2	—	0	2	—	—
Montana	—	0	2	—	4	—	0	2	—	—	—	0	1	—	—
Nevada†	—	0	2	—	—	—	1	2	—	3	—	0	2	—	1
New Mexico†	—	0	3	2	3	—	0	3	1	2	—	0	1	—	—
Utah	—	0	3	1	2	1	0	5	1	5	—	0	2	—	1
Wyoming	—	0	0	—	—	—	0	1	—	—	—	0	1	—	2
Pacific	13	15	148	153	73	9	10	32	37	62	4	1	10	17	11
Alaska	—	0	2	—	—	—	0	1	—	—	—	0	1	—	—
California	12	13	147	145	61	9	6	26	31	46	4	1	10	17	11
Hawaii	—	0	2	1	3	—	0	1	—	1	—	0	1	—	—
Oregon†	—	1	4	3	5	—	2	5	6	14	N	0	0	N	N
Washington	1	1	5	4	4	—	0	8	—	1	—	0	0	—	—
American Samoa	U	0	1	U	—	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	6	—	2	—	1	6	—	2	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

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

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	35	290	1,313	183	672	11	22	46	72	121
New England	—	43	209	2	56	—	1	12	3	3
Connecticut	—	9	154	1	—	—	0	10	—	—
Maine	—	2	25	—	4	—	0	1	—	—
Massachusetts	—	12	141	—	47	—	0	4	2	3
New Hampshire	—	3	17	1	4	—	0	1	—	—
Rhode Island	—	0	12	—	—	—	0	1	—	—
Vermont†	—	0	5	—	1	—	0	2	1	—
Mid. Atlantic	22	179	915	97	465	1	6	15	11	35
New Jersey	—	36	305	—	153	—	1	7	—	13
New York (Upstate)	16	48	704	30	74	1	1	5	2	2
New York City	—	0	0	—	—	—	3	8	5	16
Pennsylvania	6	58	458	67	238	—	1	2	4	4
E.N. Central	—	13	156	4	28	1	2	6	7	13
Illinois	—	0	6	—	—	—	1	2	3	5
Indiana	—	0	4	—	—	—	0	1	—	—
Michigan	—	1	7	2	1	—	0	2	—	4
Ohio	—	1	5	—	7	1	0	3	3	2
Wisconsin	—	10	148	2	20	—	0	2	1	2
W.N. Central	—	13	99	1	4	—	1	5	4	6
Iowa	—	1	8	—	3	—	0	1	—	2
Kansas	—	0	3	1	1	—	0	1	—	—
Minnesota	—	9	96	—	—	—	0	3	2	1
Missouri	—	0	2	—	—	—	0	3	1	3
Nebraska†	—	0	1	—	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	7	31	125	63	109	4	6	15	24	21
Delaware	—	9	37	19	45	—	0	1	—	1
District of Columbia	—	0	2	1	—	—	0	2	—	—
Florida	2	1	8	3	4	—	1	6	3	3
Georgia	—	0	1	—	—	1	0	6	8	6
Maryland	5	16	86	35	52	3	1	9	9	7
North Carolina	—	0	5	5	5	—	0	8	3	2
South Carolina†	—	0	3	—	2	—	0	2	—	—
Virginia†	—	3	20	—	1	—	0	4	1	2
West Virginia	—	0	6	—	—	—	0	2	—	—
E.S. Central	—	1	4	—	2	—	0	2	—	2
Alabama†	—	0	1	—	—	—	0	1	—	1
Kentucky	—	0	1	—	—	—	0	2	—	—
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee†	—	0	4	—	2	—	0	2	—	1
W.S. Central	—	1	8	—	1	—	1	9	2	8
Arkansas	—	0	2	—	—	—	0	2	—	1
Louisiana	—	0	2	—	1	—	0	1	—	—
Oklahoma	—	0	0	—	—	—	0	6	1	—
Texas†	—	0	7	—	—	—	1	9	1	7
Mountain	—	0	4	—	—	3	0	6	4	9
Arizona	—	0	4	—	—	—	0	4	—	2
Colorado	—	0	1	—	—	2	0	3	2	3
Idaho†	—	0	1	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	—	—	—	0	1	—	—
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	—	—	1	0	2	2	2
Wyoming	—	0	1	—	—	—	0	1	—	1
Pacific	6	2	10	16	7	2	4	12	17	24
Alaska	—	0	1	—	—	—	0	1	1	1
California	6	2	10	16	6	—	3	9	14	22
Hawaii	N	0	0	N	N	—	0	4	—	—
Oregon†	—	0	2	—	1	—	0	2	—	1
Washington	—	0	3	—	—	2	0	4	2	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	U	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Meningococcal disease, invasive														
	All serogroups					Serogroup unknown					Pertussis				
	Current week	Previous 52 weeks Med	Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Max	Cum 2006	Cum 2005
United States	17	20	45	93	124	9	13	37	65	68	106	422	598	761	2,414
New England	—	1	5	5	13	—	1	2	5	5	—	26	49	91	130
Connecticut	—	0	3	2	1	—	0	2	2	—	—	0	4	—	11
Maine	—	0	1	2	1	—	0	1	2	1	—	0	5	—	6
Massachusetts	—	0	3	1	8	—	0	2	1	2	—	19	39	86	103
New Hampshire	—	0	2	—	1	—	0	2	—	1	—	1	15	—	—
Rhode Island	—	0	2	—	—	—	0	0	—	—	—	0	8	—	—
Vermont†	—	0	1	—	2	—	0	1	—	1	—	1	25	5	10
Mid. Atlantic	1	3	13	15	19	1	2	12	14	12	20	23	58	91	194
New Jersey	—	0	4	—	2	—	0	4	—	2	—	4	9	2	27
New York (Upstate)	—	1	5	2	6	—	0	4	1	2	11	10	46	29	49
New York City	—	0	5	5	3	—	0	5	5	3	—	2	6	—	10
Pennsylvania	1	1	3	8	8	1	1	3	8	5	9	7	28	60	108
E.N. Central	—	2	9	5	14	—	1	6	4	13	30	63	144	120	619
Illinois	—	0	4	2	5	—	0	4	2	5	—	14	31	7	104
Indiana	—	0	3	—	2	—	0	2	—	2	3	6	23	3	3
Michigan	—	0	3	1	3	—	0	3	—	2	2	4	26	14	29
Ohio	—	1	5	2	2	—	0	4	2	2	25	20	59	95	265
Wisconsin	—	0	2	—	2	—	0	2	—	2	—	22	47	1	218
W.N. Central	—	1	5	3	6	—	0	3	1	3	11	60	205	105	397
Iowa	—	0	2	—	1	—	0	2	—	—	—	12	55	7	171
Kansas	—	0	1	—	1	—	0	1	—	1	7	10	29	54	45
Minnesota	—	0	2	—	—	—	0	1	—	—	—	1	148	—	31
Missouri	—	0	3	1	4	—	0	2	—	2	—	9	39	37	65
Nebraska†	—	0	1	2	—	—	0	1	1	—	2	2	12	5	38
North Dakota	—	0	1	—	—	—	0	1	—	—	2	0	28	2	16
South Dakota	—	0	1	—	—	—	0	0	—	—	—	2	9	—	31
S. Atlantic	13	3	11	21	22	5	2	6	9	11	19	24	90	86	116
Delaware	—	0	1	1	—	—	0	1	1	—	—	0	3	1	10
District of Columbia	—	0	0	—	—	—	0	0	—	—	2	0	3	2	—
Florida	2	1	7	4	6	2	0	6	2	2	8	4	14	27	10
Georgia	—	0	2	1	6	—	0	2	1	6	—	1	3	—	6
Maryland	—	0	2	2	2	—	0	1	1	—	7	4	8	29	34
North Carolina	11	0	6	11	3	3	0	2	3	—	—	0	21	17	—
South Carolina†	—	0	2	—	4	—	0	1	—	3	2	6	17	10	50
Virginia†	—	0	3	2	1	—	0	1	1	—	—	1	72	—	3
West Virginia	—	0	1	—	—	—	0	1	—	—	—	0	12	—	3
E.S. Central	1	1	4	2	3	1	1	4	2	1	1	8	25	10	51
Alabama†	1	0	1	1	—	1	0	1	1	—	—	1	9	4	13
Kentucky	—	0	3	1	1	—	0	3	1	1	—	3	10	2	13
Mississippi	—	0	1	—	—	—	0	1	—	—	—	1	4	1	12
Tennessee†	—	0	2	—	2	—	0	1	—	—	1	4	17	3	13
W.S. Central	—	2	6	6	9	—	0	5	5	3	2	37	111	17	23
Arkansas	—	0	3	1	1	—	0	2	1	—	1	5	19	5	2
Louisiana	—	0	3	5	6	—	0	2	4	2	—	0	3	—	3
Oklahoma	—	0	3	—	1	—	0	3	—	—	1	0	0	1	—
Texas†	—	0	4	—	1	—	0	3	—	1	—	31	99	11	18
Mountain	—	2	7	7	6	—	1	5	3	4	13	75	143	209	420
Arizona	—	0	5	—	1	—	0	5	—	—	—	15	86	—	11
Colorado	—	0	3	6	4	—	0	2	2	4	—	24	55	130	228
Idaho†	—	0	2	—	—	—	0	2	—	—	—	3	19	9	23
Montana	—	0	0	—	—	—	0	0	—	—	4	8	32	16	108
Nevada†	—	0	2	—	—	—	0	1	—	—	—	0	6	—	3
New Mexico†	—	0	2	—	1	—	0	2	—	—	—	3	9	1	26
Utah	—	0	2	1	—	—	0	1	1	—	9	12	35	48	16
Wyoming	—	0	0	—	—	—	0	0	—	—	—	0	4	5	5
Pacific	2	4	28	29	32	2	3	13	22	16	10	63	171	32	464
Alaska	—	0	1	—	—	—	0	1	—	—	7	1	11	12	1
California	1	2	11	19	13	1	2	11	19	13	—	34	146	—	296
Hawaii	—	0	2	—	2	—	0	1	—	1	—	3	10	5	17
Oregon†	—	0	4	5	13	—	0	2	1	1	—	7	26	9	131
Washington	1	0	25	5	4	1	0	11	2	1	3	12	59	6	19
American Samoa	U	0	1	—	—	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	2	—	1	—	0	2	—	1	—	0	2	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	40	105	160	174	571	6	34	98	151	51	393	834	1,448	1,866	2,122
New England	—	13	33	25	56	—	0	1	—	—	4	40	76	58	89
Connecticut	—	3	13	5	10	—	0	0	—	—	—	9	25	10	18
Maine	—	1	4	3	4	N	0	0	N	N	—	3	8	1	7
Massachusetts	—	5	22	13	34	—	0	1	—	—	—	20	38	38	53
New Hampshire	—	0	3	1	2	—	0	1	—	—	—	2	12	3	4
Rhode Island	—	0	4	1	—	—	0	1	—	—	4	0	15	4	—
Vermont†	—	1	7	2	6	—	0	0	—	—	—	1	10	2	7
Mid. Atlantic	9	18	40	51	49	—	2	8	—	3	22	94	185	171	243
New Jersey	N	0	0	N	N	—	0	6	—	1	—	16	45	—	53
New York (Upstate)	5	12	24	30	18	—	0	2	—	—	12	22	102	35	29
New York City	—	0	3	—	3	—	0	2	—	1	2	24	43	55	82
Pennsylvania	4	7	22	21	28	—	1	6	—	1	8	30	61	81	79
E.N. Central	—	2	19	2	4	—	0	3	—	1	32	93	243	169	266
Illinois	—	1	4	—	1	—	0	1	—	—	—	29	160	7	70
Indiana	—	0	3	—	1	—	0	1	—	—	19	9	71	22	9
Michigan	—	0	4	1	1	—	0	1	—	—	3	17	35	35	62
Ohio	—	0	13	1	1	—	0	3	—	1	10	22	52	80	67
Wisconsin	—	0	3	—	—	—	0	1	—	—	—	15	45	25	58
W.N. Central	2	7	23	5	20	—	1	16	—	2	11	42	91	126	126
Iowa	—	1	10	2	4	—	0	2	—	—	—	7	18	13	31
Kansas	—	1	5	1	4	—	0	2	—	—	3	7	17	17	11
Minnesota	—	1	5	—	8	—	0	1	—	—	4	10	31	27	26
Missouri	—	1	7	—	3	—	1	14	—	2	—	14	40	57	38
Nebraska†	—	0	0	—	—	—	0	2	—	—	4	2	8	8	14
North Dakota	2	0	4	2	—	—	0	0	—	—	—	0	5	—	2
South Dakota	—	1	6	—	1	—	0	2	—	—	—	2	11	4	4
S. Atlantic	22	30	49	60	357	6	16	94	150	40	174	252	513	705	572
Delaware	—	0	0	—	—	—	0	2	—	—	—	2	9	5	4
District of Columbia	—	0	0	—	—	—	0	1	—	—	2	1	7	5	—
Florida	14	0	0	14	201	—	0	1	1	2	82	99	230	299	218
Georgia	—	5	9	—	25	6	1	9	10	—	21	32	78	124	90
Maryland	—	6	16	5	25	—	2	7	4	1	8	14	39	52	50
North Carolina	8	9	19	21	36	—	5	87	133	35	54	26	114	183	118
South Carolina†	—	0	1	—	4	—	1	6	2	2	1	19	146	21	48
Virginia†	—	9	18	14	64	—	1	10	—	—	5	19	66	15	38
West Virginia	—	0	13	6	2	—	0	2	—	—	1	2	13	1	6
E.S. Central	3	2	9	13	6	—	5	25	1	1	36	54	134	132	128
Alabama†	2	1	5	4	6	—	0	9	—	—	29	12	39	62	49
Kentucky	—	0	3	—	—	—	0	1	—	—	1	7	26	19	13
Mississippi	—	0	1	—	—	—	0	3	—	—	—	13	66	12	17
Tennessee†	1	1	3	9	—	—	3	19	1	1	6	14	40	39	49
W.S. Central	1	14	42	5	57	—	2	32	—	1	8	70	149	88	160
Arkansas	—	0	3	1	6	—	0	32	—	—	5	12	67	24	23
Louisiana	—	0	0	—	—	—	0	2	—	1	—	15	42	12	44
Oklahoma	1	1	7	4	7	—	0	23	—	—	3	7	26	17	18
Texas†	—	12	39	—	44	—	0	7	—	—	—	34	88	35	75
Mountain	2	5	19	10	18	—	0	8	—	2	18	48	110	88	140
Arizona	2	3	11	10	16	—	0	8	—	—	—	13	28	—	49
Colorado	—	0	2	—	—	—	0	1	—	—	10	10	45	43	37
Idaho†	—	0	12	—	—	—	0	2	—	—	—	2	17	7	11
Montana	—	0	3	—	—	—	0	1	—	—	4	2	16	13	6
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	7	—	16
New Mexico†	—	0	1	—	1	—	0	1	—	—	—	4	11	7	10
Utah	—	0	5	—	—	—	0	1	—	2	4	6	31	16	7
Wyoming	—	0	2	—	1	—	0	1	—	—	—	1	12	2	4
Pacific	1	4	15	3	4	—	0	2	—	1	88	101	238	329	398
Alaska	—	0	3	—	—	—	0	0	—	—	2	1	5	10	6
California	1	3	15	3	4	—	0	1	—	1	81	76	206	274	314
Hawaii	—	0	0	—	—	—	0	0	—	—	2	5	15	20	51
Oregon†	—	0	1	—	—	—	0	1	—	—	—	7	23	19	17
Washington	U	0	0	U	U	—	0	0	—	—	3	9	31	6	10
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	—
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	6	9	7	N	0	0	N	N	2	8	23	3	23
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis					Streptococcal disease, invasive, group A				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	21	48	154	50	103	108	273	454	632	799	78	80	151	373	415
New England	—	4	14	—	10	—	5	15	17	16	1	3	8	6	15
Connecticut	—	1	4	—	4	—	1	4	1	1	U	0	0	U	U
Maine	—	0	5	—	—	—	0	1	—	—	—	0	2	1	1
Massachusetts	—	2	8	—	6	—	3	9	15	13	—	2	6	3	11
New Hampshire	—	0	2	—	—	—	0	4	1	1	—	0	1	1	1
Rhode Island	—	0	2	—	—	—	0	6	—	—	—	0	3	—	—
Vermont [§]	—	0	2	—	—	—	0	4	—	1	1	0	2	1	2
Mid. Atlantic	—	6	24	—	9	6	22	65	29	95	11	16	38	67	88
New Jersey	—	1	6	—	2	—	5	14	—	26	—	3	9	—	20
New York (Upstate)	—	2	13	—	2	6	5	31	18	11	5	4	16	23	26
New York City	—	0	2	—	1	—	7	22	9	53	—	3	9	8	12
Pennsylvania	—	2	8	—	4	—	2	48	2	5	6	5	12	36	30
E.N. Central	4	8	30	8	26	6	16	78	29	64	18	15	41	76	88
Illinois	—	1	7	—	7	—	5	23	1	21	—	3	10	9	22
Indiana	2	1	7	4	—	2	1	56	3	—	11	1	9	13	4
Michigan	—	1	8	1	5	1	4	14	10	29	1	6	15	24	38
Ohio	2	2	14	3	9	3	2	11	11	7	6	4	14	30	15
Wisconsin	—	2	15	—	5	—	3	9	4	7	—	1	8	—	9
W.N. Central	4	7	38	13	18	7	37	64	98	64	2	5	19	22	19
Iowa	—	1	10	3	5	—	1	9	2	9	N	0	0	N	N
Kansas	—	1	4	—	1	3	4	20	8	3	1	0	5	13	1
Minnesota	4	2	23	10	2	1	2	6	7	1	—	1	15	—	—
Missouri	—	2	7	—	5	—	22	45	68	32	—	1	6	4	9
Nebraska [§]	—	1	4	—	3	2	1	6	7	13	—	0	4	4	4
North Dakota	—	0	2	—	—	1	0	2	1	1	1	0	3	1	2
South Dakota	—	0	5	—	2	—	1	17	5	5	—	0	2	—	3
S. Atlantic	4	7	38	8	19	47	44	118	192	99	31	18	31	117	82
Delaware	—	0	2	—	—	—	0	2	—	1	—	0	2	1	—
District of Columbia	—	0	1	—	—	—	0	2	1	—	—	0	2	2	—
Florida	4	1	31	8	5	27	20	66	93	48	5	5	12	31	27
Georgia	—	0	6	—	4	18	11	32	58	29	8	3	9	30	16
Maryland	—	1	5	—	4	2	2	8	14	7	8	3	12	25	19
North Carolina	—	1	11	—	4	—	2	22	18	6	8	1	13	13	11
South Carolina [§]	—	0	2	—	—	—	2	6	8	—	—	0	2	7	4
Virginia [§]	—	1	9	—	2	—	2	9	—	8	2	2	10	8	4
West Virginia	—	0	1	—	—	—	0	1	—	—	—	0	5	—	1
E.S. Central	—	3	12	3	4	5	21	54	43	83	2	3	11	11	12
Alabama [§]	—	0	3	—	3	4	3	20	11	13	—	0	0	—	—
Kentucky	—	1	9	3	—	—	6	31	20	4	—	0	3	1	3
Mississippi	—	0	2	—	—	—	2	7	9	7	—	0	0	—	—
Tennessee [§]	—	1	3	—	1	1	6	46	3	59	2	3	8	10	9
W.S. Central	1	2	9	1	5	3	58	121	62	123	1	6	15	27	15
Arkansas	—	0	2	—	1	1	1	3	5	7	—	0	4	1	2
Louisiana	—	0	2	—	2	—	2	11	6	16	—	0	2	—	2
Oklahoma	1	0	3	1	1	1	11	41	8	33	1	2	13	14	5
Texas [§]	—	1	4	—	1	1	43	105	43	67	—	3	12	12	6
Mountain	1	5	15	4	8	3	16	47	19	57	12	12	28	38	81
Arizona	—	0	4	—	1	—	9	29	—	30	—	4	16	—	41
Colorado	1	1	6	4	4	3	2	17	9	12	10	4	11	25	24
Idaho [§]	—	0	7	—	1	—	0	4	2	—	—	0	2	—	1
Montana	—	0	2	—	—	—	0	1	—	—	—	0	0	—	—
Nevada [§]	—	0	4	—	—	—	1	4	—	7	—	0	6	—	—
New Mexico [§]	—	0	3	—	—	—	2	8	3	6	1	1	6	3	10
Utah	—	1	7	—	1	—	1	4	4	2	1	2	6	9	4
Wyoming	—	0	3	—	1	—	0	1	1	—	—	0	1	1	1
Pacific	7	6	52	13	4	31	40	99	143	198	—	2	8	9	15
Alaska	—	0	3	—	1	1	0	1	1	1	—	0	0	—	—
California	5	1	6	11	—	25	35	90	121	179	—	0	0	—	—
Hawaii	—	0	4	—	1	—	1	4	4	4	—	2	8	9	15
Oregon [§]	—	1	47	—	—	1	1	23	10	9	N	0	0	N	N
Washington	2	1	12	2	2	4	2	16	7	5	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	1	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

[†] Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-O157; and Shiga toxin positive, not serogrouped.[§] Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease Drug resistant, all ages					Syphilis, primary & secondary					Varicella (chickenpox)				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	46	47	90	244	262	90	163	212	525	636	703	547	1,778	3,403	2,415
New England	—	2	12	2	15	2	4	15	16	18	18	40	1,128	114	333
Connecticut	U	0	0	U	U	—	0	11	—	—	U	0	0	U	U
Maine	N	0	0	N	N	—	0	1	1	—	—	5	20	19	48
Massachusetts	—	1	6	—	14	2	2	5	13	18	—	28	86	—	278
New Hampshire	—	0	0	—	—	—	0	2	2	—	2	3	1,110	29	—
Rhode Island	—	0	7	—	—	—	0	6	—	—	—	0	0	—	—
Vermont†	—	0	2	2	1	—	0	1	—	—	16	1	24	66	7
Mid. Atlantic	2	3	10	13	33	14	20	32	63	87	128	112	211	614	197
New Jersey	N	0	0	N	N	7	2	7	13	12	—	0	0	—	—
New York (Upstate)	2	1	9	4	8	4	2	10	8	2	—	0	0	—	—
New York City	U	0	0	U	U	2	12	21	35	60	—	0	0	—	—
Pennsylvania	—	2	9	9	25	1	3	7	7	13	128	112	211	614	197
E.N. Central	10	11	31	63	45	19	16	40	74	47	427	124	463	1,729	1,101
Illinois	—	0	2	—	—	3	8	31	25	10	—	1	5	1	6
Indiana	2	2	16	5	7	2	1	5	10	7	—	0	245	—	—
Michigan	—	1	3	3	8	8	1	8	13	4	79	81	351	468	802
Ohio	8	7	20	55	30	5	4	11	22	24	347	28	339	1,194	214
Wisconsin	N	0	0	N	N	1	1	3	4	2	1	9	27	66	79
W.N. Central	—	1	15	5	5	2	5	9	17	29	8	11	70	197	9
Iowa	N	0	0	N	N	—	0	1	—	1	N	0	0	N	N
Kansas	N	0	0	N	N	1	0	2	4	2	—	0	0	—	—
Minnesota	—	0	15	—	—	—	1	5	1	4	—	0	0	—	—
Missouri	—	0	3	5	5	1	2	7	12	21	—	8	69	183	—
Nebraska†	—	0	1	—	—	—	0	1	—	1	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	8	0	25	8	—
South Dakota	—	0	1	—	—	—	0	1	—	—	—	1	23	6	9
S. Atlantic	30	20	40	136	117	24	40	90	143	131	15	45	203	202	179
Delaware	—	0	2	—	—	—	0	2	4	—	—	0	4	3	3
District of Columbia	—	0	4	3	—	—	1	9	2	7	—	0	6	1	—
Florida	17	11	34	71	68	12	15	29	73	76	—	0	0	—	—
Georgia	12	5	18	59	43	—	7	47	—	—	—	0	0	—	—
Maryland	—	0	0	—	—	3	6	19	21	14	—	0	0	—	—
North Carolina	N	0	0	N	N	8	4	17	33	24	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	8	—	5	8	9	41	52	38
Virginia†	N	0	0	N	N	1	3	11	10	5	—	7	195	1	13
West Virginia	1	2	8	3	6	—	0	1	—	—	7	18	61	145	125
E.S. Central	3	3	13	13	17	7	9	18	31	40	—	0	0	—	—
Alabama†	—	0	0	—	—	2	3	11	11	22	—	0	0	—	—
Kentucky	—	0	5	1	3	1	1	4	6	1	N	0	0	N	N
Mississippi	—	0	0	—	—	—	0	5	—	5	—	0	0	—	—
Tennessee†	3	2	12	12	14	4	4	11	14	12	—	0	0	—	—
W.S. Central	—	1	13	6	24	11	24	38	86	116	53	133	472	307	198
Arkansas	—	0	2	2	3	5	1	6	6	3	15	0	32	35	—
Louisiana	—	1	11	4	21	3	3	17	4	15	—	0	32	—	3
Oklahoma	N	0	0	N	N	3	0	6	6	9	—	0	0	—	—
Texas†	N	0	0	N	N	—	17	30	70	89	38	128	440	272	195
Mountain	1	1	28	6	6	9	7	17	25	25	54	47	118	240	398
Arizona	N	0	0	N	N	6	3	13	15	10	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	6	2	2	35	35	87	175	303
Idaho†	N	0	0	N	N	—	0	6	—	—	—	0	0	—	—
Montana	—	0	1	—	—	—	0	3	—	—	—	0	0	—	—
Nevada†	—	0	27	—	—	3	2	7	8	5	—	0	4	—	—
New Mexico†	—	0	0	—	—	—	1	3	—	7	1	3	15	7	19
Utah	—	0	6	3	5	—	0	1	—	1	18	8	38	56	61
Wyoming	1	0	3	3	1	—	0	0	—	—	—	0	8	2	15
Pacific	—	0	0	—	—	2	33	56	70	143	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	2	—	2	—	0	0	—	—
California	N	0	0	N	N	2	28	54	47	134	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	1	1	—	0	0	—	—
Oregon†	N	0	0	N	N	—	0	6	2	—	—	0	0	—	—
Washington	N	0	0	N	N	—	2	11	20	6	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	4	16	8	10	7	9	47	11	26
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending February 4, 2006, and February 5, 2005 (5th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
	Med	Max				Med	Max			
United States	—	0	152	—	—	—	1	201	—	1
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	9	—	—	—	0	3	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	6	—	—	—	0	1	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	—	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	—	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	—	—	0	77	—	—
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	2	—	—	N	0	2	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	—	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	21	—	—
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	—
S. Atlantic	—	0	5	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	0	—	—	—	0	0	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	—
Maryland	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	—	—	—	0	5	—	—
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	—	—	—	0	5	—	—
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	29	—	—	—	0	19	—	1
Arkansas	—	0	3	—	—	—	0	2	—	—
Louisiana	—	0	18	—	—	—	0	7	—	1
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	—	—	—	0	12	—	—
Mountain	—	0	16	—	—	—	0	39	—	—
Arizona	—	0	8	—	—	—	0	8	—	—
Colorado	—	0	5	—	—	—	0	13	—	—
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	—
New Mexico§	—	0	3	—	—	—	0	4	—	—
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	—	—	0	89	—	—
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	—	—	0	88	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

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

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

TABLE III. Deaths in 122 U.S. cities,* week ending February 4, 2006 (5th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	580	390	120	38	10	22	52	S. Atlantic	1,554	983	364	113	62	32	79
Boston, MA	150	83	36	10	6	15	13	Atlanta, GA	190	119	49	15	7	—	—
Bridgeport, CT	33	24	8	1	—	—	3	Baltimore, MD	197	105	55	20	13	4	19
Cambridge, MA	18	14	4	—	—	—	1	Charlotte, NC	130	91	24	5	7	3	10
Fall River, MA	21	16	5	—	—	—	3	Jacksonville, FL	193	119	52	13	7	2	6
Hartford, CT	62	42	15	5	—	—	9	Miami, FL	111	77	21	9	3	1	5
Lowell, MA	21	19	1	1	—	—	1	Norfolk, VA	54	31	10	4	6	3	1
Lynn, MA	11	9	2	—	—	—	2	Richmond, VA	43	31	10	1	—	1	4
New Bedford, MA	33	19	10	2	2	—	3	Savannah, GA	66	42	17	7	—	—	7
New Haven, CT	44	31	8	5	—	—	7	St. Petersburg, FL	65	45	12	3	3	2	8
Providence, RI	61	41	10	4	2	4	3	Tampa, FL	192	135	38	12	3	4	6
Somerville, MA	6	5	—	1	—	—	—	Washington, D.C.	293	171	73	24	13	12	8
Springfield, MA	27	18	6	2	—	1	2	Wilmington, DE	20	17	3	—	—	—	5
Waterbury, CT	34	28	1	4	—	1	1	E.S. Central	945	640	212	55	19	19	73
Worcester, MA	59	41	14	3	—	1	4	Birmingham, AL	202	138	46	9	6	3	15
Mid. Atlantic	2,098	1,479	411	124	40	42	143	Chattanooga, TN	99	70	20	2	1	6	7
Albany, NY	38	26	6	4	—	2	3	Knoxville, TN	109	77	22	6	1	3	4
Allentown, PA	22	18	4	—	—	—	2	Lexington, KY	84	54	20	8	—	2	7
Buffalo, NY	65	44	14	2	1	4	8	Memphis, TN	139	91	32	10	5	1	13
Camden, NJ	40	23	13	2	—	2	1	Mobile, AL	106	76	17	10	2	1	11
Elizabeth, NJ	13	10	3	—	—	—	2	Montgomery, AL	52	35	10	6	—	1	7
Erie, PA	47	39	7	1	—	—	4	Nashville, TN	154	99	45	4	4	2	9
Jersey City, NJ	4	4	—	—	—	—	—	W.S. Central	1,746	1,107	386	184	35	34	121
New York City, NY	1,163	819	236	69	14	23	66	Austin, TX	177	77	27	69	1	3	13
Newark, NJ	55	20	18	11	5	1	6	Baton Rouge, LA	52	34	12	3	2	1	3
Paterson, NJ	24	12	2	7	—	3	1	Corpus Christi, TX	68	44	17	6	—	1	6
Philadelphia, PA	223	144	45	15	14	5	12	Dallas, TX	250	166	57	17	3	7	18
Pittsburgh, PA [§]	19	16	2	1	—	—	2	El Paso, TX	125	95	23	4	1	2	10
Reading, PA	28	21	5	1	—	1	4	Fort Worth, TX	136	82	38	10	3	3	12
Rochester, NY	141	115	19	2	4	1	15	Houston, TX	412	255	101	36	11	9	25
Schenectady, NY	13	10	3	—	—	—	1	Little Rock, AR	83	52	17	8	4	2	1
Scranton, PA	36	31	3	2	—	—	2	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	101	76	20	3	2	—	8	San Antonio, TX	215	142	49	16	5	3	22
Trenton, NJ	32	23	7	2	—	—	3	Shreveport, LA	81	60	13	6	—	2	5
Utica, NY	16	12	3	1	—	—	—	Tulsa, OK	147	100	32	9	5	1	6
Yonkers, NY	18	16	1	1	—	—	3	Mountain	1,126	728	263	74	34	17	106
E.N. Central	2,125	1,436	455	146	44	44	145	Albuquerque, NM	170	109	40	16	4	1	21
Akron, OH	55	37	16	2	—	—	2	Boise, ID	28	21	5	—	1	1	6
Canton, OH	40	27	11	1	1	—	7	Colorado Springs, CO	63	48	12	1	1	1	3
Chicago, IL	333	212	66	35	11	9	23	Denver, CO	104	53	37	6	4	4	8
Cincinnati, OH	84	56	17	9	2	—	9	Las Vegas, NV	349	227	87	21	9	4	27
Cleveland, OH	263	181	49	21	6	6	10	Ogden, UT	46	38	5	1	—	2	4
Columbus, OH	188	119	43	17	3	6	14	Phoenix, AZ	227	134	51	19	12	2	22
Dayton, OH	131	101	22	6	1	1	8	Pueblo, CO	33	29	3	1	—	—	3
Detroit, MI	188	96	65	17	3	7	9	Salt Lake City, UT	106	69	23	9	3	2	12
Evansville, IN	54	44	7	2	—	1	4	Tucson, AZ	U	U	U	U	U	U	U
Fort Wayne, IN	59	50	5	2	1	1	1	Pacific	1,712	1,151	386	107	37	31	154
Gary, IN	14	7	4	2	1	—	1	Berkeley, CA	21	12	8	1	—	—	4
Grand Rapids, MI	55	35	11	2	3	4	4	Fresno, CA	95	62	28	4	1	—	7
Indianapolis, IN	208	141	44	11	8	4	13	Glendale, CA	10	10	—	—	—	—	—
Lansing, MI	36	27	5	3	1	—	—	Honolulu, HI	84	65	14	4	1	—	—
Milwaukee, WI	104	80	21	3	—	—	10	Long Beach, CA	82	55	20	5	1	1	11
Peoria, IL	45	34	8	1	1	1	2	Los Angeles, CA	293	195	66	23	6	3	32
Rockford, IL	61	43	13	2	1	2	4	Pasadena, CA	40	31	7	1	—	1	6
South Bend, IN	40	27	11	1	—	1	7	Portland, OR	150	99	33	11	4	3	13
Toledo, OH	102	69	27	5	—	1	12	Sacramento, CA	182	124	44	8	3	3	15
Youngstown, OH	65	50	10	4	1	—	5	San Diego, CA	185	123	40	8	9	5	23
W.N. Central	490	326	119	27	10	7	38	San Francisco, CA	121	74	33	12	—	2	1
Des Moines, IA	66	52	14	—	—	—	8	San Jose, CA	144	103	17	16	4	4	25
Duluth, MN	37	24	8	4	1	—	3	Santa Cruz, CA	28	21	4	2	1	—	3
Kansas City, KS	3	1	2	—	—	—	1	Seattle, WA	123	76	35	4	2	6	9
Kansas City, MO	87	50	26	6	3	2	7	Spokane, WA	59	39	12	4	2	2	2
Lincoln, NE	52	33	14	2	1	2	2	Tacoma, WA	95	62	25	4	3	1	3
Minneapolis, MN	65	42	14	7	1	1	6	Total	12,376**	8,240	2,716	868	291	248	911
Omaha, NE	75	49	18	4	1	2	3								
St. Louis, MO	50	35	11	2	2	—	5								
St. Paul, MN	45	32	10	2	1	—	3								
Wichita, KS	10	8	2	—	—	—	—								

U: Unavailable. —: No reported cases.

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

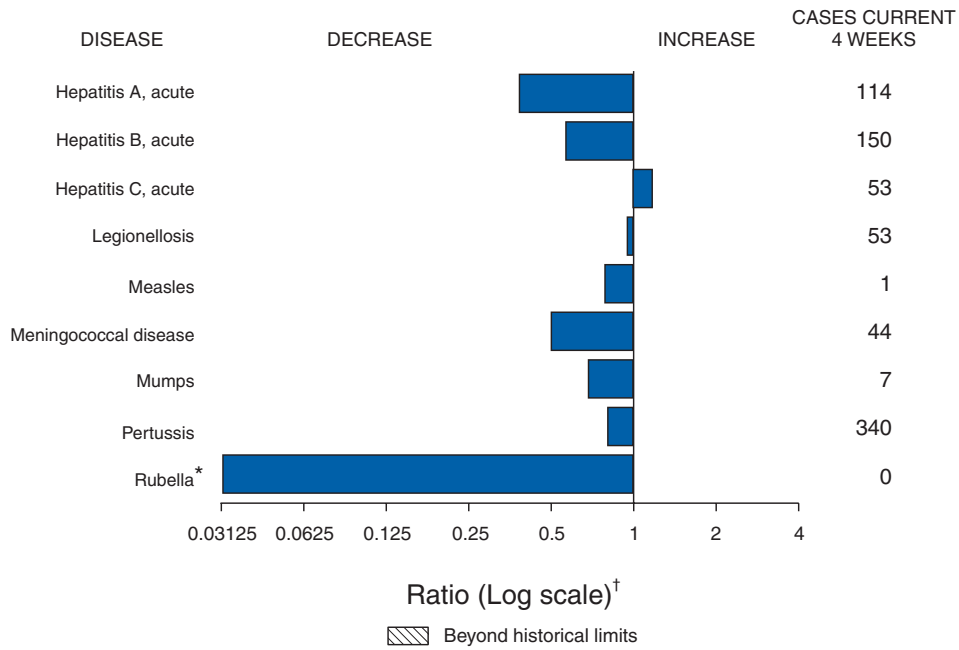
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals February 4, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 5 of zero (0).

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

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