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Nonfatal Injuries from Off-Road Motorcycle Riding Among Children and Teens — United States, 2001–2004

Motorcycle crashes are a substantial public health problem for children and teens. During 2003, among persons aged ≤19 years, at least 245 died and an estimated 56,870 were treated in U.S. hospital emergency departments (EDs) for injuries sustained while riding a motorcycle (*1*). National surveillance has focused primarily on monitoring and characterizing fatal and nonfatal injuries from motorcycle crashes occurring on public roads (*2*). However, during 2003, at least 13 motorcycle riders aged ≤19 years died in nontraffic incidents in places other than on public roads.* This report focuses on injuries associated with off-road motorcycle riding, an increasingly popular recreational activity among youths. To characterize nonfatal injuries among young off-road motorcycle riders in the United States, CDC analyzed data from the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP) during 2001–2004. Those data indicated that an estimated 23,800 off-road motorcyclists aged ≤19 years were treated for nonfatal injuries in U.S. hospital EDs each year. Programs and policies directed at reducing the number of injuries from off-road motorcycle riding need to be strengthened; requiring minimum ages for off-road motorcycle riding might help prevent such injuries among children and teens.

Operated by the Consumer Product Safety Commission (CPSC), NEISS-AIP collects data regarding initial patient visits to U.S. EDs for all types and causes of injuries, approximately 500,000 each year (*2*). NEISS-AIP data are drawn from a nationally representative subsample of 66 of 100 NEISS-AIP hospitals selected as a stratified probability sample of the estimated 5,400 hospitals with EDs in the United States and its territories. Data are weighted to represent the total number of initial injury-related visits each year in the United States, and estimates are adjusted for hospital nonresponse and changes in the number of ED visits from year to year.

For this study, NEISS-AIP cases of nonfatal injuries from off-road motorcycle riding were identified from narratives describing injury incidents that were abstracted from medical records and consumer product codes assigned by trained NEISS hospital coders. A motorcycle was defined as any road bike, dirt bike (or trail bike), moped, motor scooter, or minibike. Excluded were incidents involving three-wheeled and four-wheeled all-terrain vehicles (ATVs). Cases were defined as injuries among patients aged ≤19 years who were injured while riding off-road as the driver or passenger on a motorcycle; patients not riding on a motorcycle when injured (e.g., those injured while working on a motorcycle) were excluded. Cases were defined as off-road if the incident did not occur on a paved road or highway and the location of the incident was specified (e.g., woods, field, trail, backyard of home, or motocross arena). In addition, 20.4% of motorcycle injury incidents had no location specified and, therefore, were excluded from the study. Location was further classified as a motocross area if this was specified in the narrative or if the activity involved racing or jumping with motorcycles in an unspecified off-road location.

National estimates were based on weighted data for 1,319 cases in which patients aged ≤19 years were treated for off-road motorcyclist injuries at NEISS-AIP hospital EDs during

*Data from National Vital Statistics System; available at http://www.cdc.gov/nchs/nvss.htm.

INSIDE

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2001–2004. Each case was assigned a sample weight based on the inverse probability of selection; these weights were summed to provide national estimates. Rates were calculated using U.S. Census bridged-race population estimates for 2001–2004 (*3*). A direct variance estimation procedure was used to calculate 95% confidence intervals and to account for the complex sample design.

During 2001–2004, an estimated 23,800 (32.6 per 100,000 population) children and teens aged ≤19 years were treated at U.S. EDs for off-road motorcycle injuries each year (Table 1). The injury rate increased 33.7%, from 26.4 per 100,000 population in 2001 to 35.3 in 2004; however, this difference was not statistically significant (p = 0.31). Patients aged 12–15 years had the highest nonfatal injury rate (62.1 per 100,000). Patients aged <16 years accounted for 69.9% of those injured;

TABLE 1. Estimated annual number, percentage, and rate of nonfatal injuries* from off-road motorcycle riding among children and teens aged ≤19 years, by selected characteristics — United States, 2001–2004

Characteristic	Average no. of injuries per year†	(%†)	Rate§	(95% CI¶)
Age group (yrs)				
2–3	20**	(0.1**)	—	—
4–7	1,144	(4.8)	7.3	(4.7–9.9)
8–11	5,035	(21.2)	30.4	(19.8–41.0)
12–15	10,425	(43.8)	62.1	(41.3–82.9)
16–19	7,175	(30.1)	43.9	(31.9–55.9)
Sex				
Male	21,032	(88.4)	56.1	(40.1–72.2)
Female	2,768	(11.6)	7.8	(5.1–10.4)
Location where injured††				
Motocross area	4,769	(20.0)	6.5	(3.9–9.1)
Other off-road area	19,031	(80.0)	26.0	(18.4–33.6)
Motorcycle type				
Moped/Motor scooter	1,183	(5.0)	1.6	(0.8–2.4)
Minibike	910	(3.8)	1.2	(0.7–1.7)
Dirt bike/Trail bike	16,699	(70.2)	22.8	(15.0–30.6)
Unspecified	5,007	(21.0)	6.8	(4.9–8.7)
Disposition				
Treated/Released	21,842	(91.8)	29.9	(21.2–38.6)
Hospitalized/Transferred	1,780	(7.5)	2.4	(1.5–3.3)
Other§§	157**	(0.7**)	—	—
Unknown	21**	(0.1**)	—	—
Total	**23,800**	**(100.0)**	**32.6**	**(23.3–41.9)**

* Treated in hospital emergency departments, on the basis of 1,319 cases reported by the National Electronic Injury Surveillance System-All Injury Program.
† Might not sum to total because of rounding.
§ Per 100,000 population.
¶ Confidence interval.
** Estimates might be unstable because the coefficient of variation is >30% or the number of cases is <20.
†† Motocross area includes motocross, race track, motorcycle park, or an unspecified off-road location if the activity involved racing or jumping with motorcycles. Other off-road area includes woods, field, trail, backyard of home, and other specified off-road locations.
§§ Includes persons who were observed, left against medical advice, or left before being examined.

88.4% of those injured were males, and 97.1% were driving the motorcycle. Overall, 7.5% of those injured were hospitalized.

By location, 20.0% of the injuries occurred in motocross areas, and 70.2% of those injured were reported as riding dirt bikes/trail bikes when they incurred their injuries. Those injured in motocross areas were more likely to be hospitalized than those injured in other off-road locations (14.9% versus 5.6%; p = 0.01). According to the narratives abstracted from ED charts, 8.9% of the injuries were sustained during a motorcycle jump, and 5.3% resulted from hitting another motorcycle or other off-road vehicle. Among jump-related injuries, 74.3% occurred in a motocross area.

TABLE 2. Estimated annual number and percentage of nonfatal injuries* from off-road motorcycle riding among children and teens aged ≤19 years, by principal diagnosis and primary body part affected — United States, 2001–2004

Diagnosis/Body part	Average no. of injuries per year†	(%†)
Diagnosis		
Fracture	7,282	(30.6)
Contusion/Abrasion	5,565	(23.4)
Laceration	3,893	(16.4)
Strain/Sprain	2,866	(12.0)
Internal injury/Concussion	2,016	(8.5)
Burn	562	(2.4)
Dislocation	449§	(1.9§)
Other	1,167	(4.8)
Body part/Diagnosis		
Head/Neck	3,993	(16.8)
Internal head injury/Concussion	1,894	(8.0)
Laceration	863	(3.6)
Contusion/Abrasion	529	(2.2)
Other	707	(3.0)
Upper trunk/Shoulder	3,621	(15.2)
Fracture	1,774	(7.5)
Contusion/Abrasion	898	(3.8)
Other	949	(3.9)
Lower trunk	1,166	(4.9)
Contusion/Abrasion	655	(2.8)
Other	511§	(2.1§)
Upper extremity	6,177	(26.0)
Fracture	3,013	(12.7)
Contusion/Abrasion	1,326	(5.6)
Strain/Sprain	804	(3.4)
Laceration	642	(2.7)
Other	392§	(1.6§)
Lower extremity	8,536	(35.9)
Fracture	2,232	(9.4)
Laceration	2,187	(9.2)
Contusion/Abrasion	1,949	(8.2)
Sprain/Strain	1,354	(5.7)
Burn	506	(2.1)
Other	308§	(1.3§)
Other/Unknown	307§	(1.3§)
Total	**23,800**	**(100.0)**

* Treated in hospital emergency departments, on the basis of 1,319 cases reported by the National Electronic Injury Surveillance System-All Injury Program.
† Might not sum to total because of rounding.
§ Estimates might be unstable because the coefficient of variation is >30% or the number of cases is <20.

Serious injuries (i.e., fractures or internal injuries) accounted for 39.1% of the principal diagnoses (Table 2). The primary injury was to an extremity in 61.9% of patients, and 35.6% of extremity injuries were fractures. The head or neck was the primary body part affected in 16.8% of cases, of which 47.4% involved an internal head injury.

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Editorial Note: This report characterizes nonfatal injuries from off-road riding of all types of motorcycles during 2001–2004. Motorcycles that are designed specifically for off-road riding (commonly referred to as dirt bikes or trail bikes) are increasing in popularity in the United States. Approximately 300,000 off-road motorcycles were sold in the United States during 2003, nearly twice the sales figure for 1999. The activity is most popular among persons who are male, aged <30 years, white, residents of nonmetropolitan areas, and have less than a college education (*4*).

During 1994–1996, approximately 10,000 persons aged <15 years sought care in EDs each year for injuries related to off-road motorcycles (*5*). The results described in this report indicate that the number of such injuries among persons in this age group might have grown, with approximately 16,600 children aged <16 years treated each year in U.S. EDs during 2001–2004. The increase by one third in the nonfatal injury rate from 2001 to 2004 observed in this study, although not significant, parallels the trend from 2001 to 2003 in injuries involving ATVs among children aged <16 years (*6*).

Although young off-road motorcyclists generally travel at lower speeds than motorcyclists on public roads and have little risk of collision with automobiles, they face other hazards, including irregularities in terrain and obstacles (e.g., trees and fences). Motocross races (i.e., organized racing of motorcycles on off-road circuits) present fewer stationary obstructions but involve risk for collision with competing motorcycles and hazards associated with jumps. Patients with injuries from off-road motorcycle riding who were treated in U.S. EDs were more likely to require hospitalization (7.5%) than those injured while bicycling (3.7%) (*1*).

The findings in this report are subject to at least four limitations. First, NEISS-AIP is designed to provide national estimates and does not provide regional, state, or local estimates. Second, the NEISS-AIP data in this report likely underestimate the number of off-road motorcycle riding injuries in children and teens because 1) they do not include persons treated in physician offices or other health-care facilities or persons who received no treatment, and 2) they do not include 20.4% of motorcycle injury incidents for which the location was not specified. Third, nonfatal injury rates were

calculated using U.S. population estimates as denominators rather than the number of off-road motorcycle riders. Estimates of the number of these riders in the United States and the extent of their exposure (e.g., frequency and duration of riding) are not available. Finally, factors associated with off-road motorcycle riding injuries cannot be characterized more completely because no NEISS-AIP data were available on variables such as helmet use, motorcycle speed at the time of injury, alcohol use, or riding experience.

Off-road motorcycle riding, like operating motor vehicles on roadways, requires physical skills and judgment that children and young teens do not possess. In 2000, the American Academy of Pediatrics recommended that parents not allow children and teens aged <16 years to ride off-road motorcycles or ATVs and that states prohibit the use of such vehicles by children and teens in that age group (*5*). Studies of ATV use indicate that state laws with age restrictions for off-road vehicle use can be effective in decreasing the proportion of riders under the minimum age and that requiring riders of off-road vehicles to wear helmets can reduce the risk for fatal injury (*7,8*). However, only 19 states require off-road motorcyclists aged <18 years to wear helmets, and only eight states[†] set minimum ages (range: 8–14 years) for operation of off-road motorcycles, according to the American Motorcycle Association (*9*).

Health-care providers should counsel parents regarding the risks associated with children and teens riding any type of motorcycle and the benefits of helmet use (*10*). This intervention and promotion of minimum age restrictions and helmet laws might help curtail the increase in off-road motorcycle injuries among children and teens.

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[†] States and their minimum ages for operation of off-road motorcycles are as follows: Connecticut, 12 years; Iowa, 12; Maine, 10; Maryland, 12; Massachusetts, 10; New Jersey, 14; Pennsylvania, 10; and Utah, 8.

Nonfatal Injuries and Restraint Use Among Child Passengers — United States, 2004

During 1978–2004, annual rates of child fatalities from motor vehicle crashes (MVCs) declined from 31.8 to 22.3 deaths per million. This decline might be partially attributed to the increased use of both child safety seats (for infants and young children) and seatbelts (for older children) (*1*). Nevertheless, among child passengers aged ≤12 years in 2004, nearly 1,200 children died (*1*), and an estimated 180,000 were injured and treated in U.S. hospital emergency departments (EDs) (*2*). Recent studies suggest that MVC fatalities and injuries among infants and children can be reduced further by promoting and enforcing age-appropriate restraint use (*3*). The National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP) provides data on all injury-related hospital ED visits (*4*). For this report, NEISS-AIP was expanded to collect additional information about injuries and restraint use for child passengers aged ≤12 years involved in MVCs during 2004 and examined at 15 U.S. EDs. Of the children injured in MVCs, 45% were either not restrained or inappropriately restrained. Most inappropriate restraint use occurred among children aged 4–8 years who were placed prematurely in seatbelts. The percentage of unrestrained children who were hospitalized was three times that of restrained children. Restraint use for child passengers should be promoted vigorously and enforced because it can reduce their risks for multiple injuries and hospitalization from MVCs.

NEISS-AIP, maintained by the Consumer Product Safety Commission (CPSC), is a nationwide, stratified probability sample of hospitals that provides information on injury-related ED visits (*4*). NEISS-AIP routinely collects data that include 1) demographic information; 2) injury information, including the injury event, location, intent, and mechanism; and 3) medical information abstracted from ED charts (i.e., principal diagnosis, primary affected body part, treatment date, and ED discharge disposition). Hospitals are divided into five strata, four based on size (i.e., reported annual numbers of ED visits) and one stratum consisting of children's hospitals. A stratified random sample of 15 hospitals (three per stratum) was selected for this study from among the 50 NEISS-AIP hospitals that provided patient identifiers to CPSC for follow-up interviews. For these selected hospitals, NEISS-AIP data were expanded for 2004 by 1) collecting information for up to five injury diagnoses and affected body parts from ED records for children aged ≤12 years injured in MVCs and 2) interviewing parents about their child's restraint use and crash circumstances. This study was conducted with the approval of CDC's Institutional Review Board.

Restraint use was classified as unrestrained or restrained. For restrained children, appropriateness of restraint type was based on age, weight, and parent-reported height using child passenger safety guidelines from the National Highway Traffic Safety Administration (NHTSA) (*5*). The guidelines state that 1) children should remain in rear-facing infant seats until they weigh ≥20 pounds and are aged 1 year, at which point they may be placed in forward-facing child safety seats; 2) children weighing ≥40 pounds may be placed in booster seats until they are aged ≥9 years or ≥57 inches tall, at which point they may wear lap/shoulder belts; and 3) children should not be placed in lap belts only (i.e., without shoulder belts).

This analysis used children's weights recorded in ED charts when available (for 272 children) and parent-reported weights when chart-reported weights were missing (for 323 children); children's weights were not available from either source for 40 children. In addition, this analysis assumed that 69 children aged <8 years with missing heights were <57 inches tall, on the basis of growth charts for U.S. children (*6*), which report that 97% of children aged 7 years are ≤52 inches tall. The missing heights for two children aged 8 years in lap/shoulder belts were kept as "missing."

For the 1,370 children aged ≤12 years seen for injuries attributed to motor vehicles at the 15 participating EDs, CPSC contacted 911 households (66%). Of these 911 households, 738 (81%) agreed to participate; 649 (88%) child passengers in MVCs were eligible for this study. Restraint use was unknown for 14 children (2%). A total of 635 children were known to be either restrained (n = 578) or unrestrained (n = 57) (Table 1). Eight percent of children aged ≤3 years, 6% aged 4–6 years, 10% aged 7–8 years, and 11% of children aged ≥9 years were unrestrained. Restraint use was similar for boys and girls. Among children whose race/ethnicity was known, the percentages of unrestrained black and Hispanic children were at least six times those of non-Hispanic whites (12% and 14%, respectively, versus 2%). The percentage of children in trucks who were unrestrained was three times that of those riding in other types of vehicles (24% versus 8% on average for cars, sports-utility vehicles, and vans).

Eighty-one percent of children had a single-injury diagnosis, whereas 16%, 3%, and 0.8% had two, three, and four diagnoses, respectively. Eight percent of children required hospital admission. The percentage of unrestrained children with multiple diagnoses was nearly twice that of restrained

TABLE 1. Restraint use for child passengers, by selected characteristics* — National Electronic Injury Surveillance System-All Injury Program, United States, 2004

	Unrestrained (n = 57)		Restrained (n = 578)		Total
Characteristic	**No.**	**(%)**	**No.**	**(%)**	**N = 635**
Age (yrs)					
≤3	10	(7.6)	121	(92.4)	**131**
4–6	10	(6.4)	147	(93.6)	**157**
7–8	11	(9.6)	103	(90.4)	**114**
9–12	26	(11.2)	207	(88.8)	**233**
Sex					
Female	28	(8.7)	294	(91.3)	**322**
Male	29	(9.3)	284	(90.7)	**313**
Race/Ethnicity					
Asian, non-Hispanic	0	(0)	7	(100.0)	**7**
Black†	20	(11.7)	151	(88.3)	**171**
Hispanic	21	(14.3)	126	(85.7)	**147**
White, non-Hispanic	4	(2.0)	196	(98.0)	**200**
Other, non-Hispanic	1	(10.0)	9	(90.0)	**10**
Unknown	11	(11.0)	89	(89.0)	**100**
Vehicle type					
Car	29	(7.8)	345	(92.2)	**374**
Van	11	(10.8)	91	(89.2)	**102**
Sports-utility vehicle	7	(6.0)	110	(94.0)	**117**
Truck	10	(24.4)	31	(75.6)	**41**
Unknown	0	(0)	1	(100.0)	**1**
Number of injury diagnoses					
One	40	(7.8)	475	(92.2)	**515**
Multiple	17	(14.2)	103	(85.8)	**120**
Two	*14*	*(14.1)*	*85*	*(85.9)*	***99***
Three	*3*	*(18.8)*	*13*	*(81.3)*	***16***
Four	*0*	*(0)*	*5*	*(100.0)*	***5***
Disposition					
Treated/Released	45	(7.8)	534	(92.2)	**579**
Hospitalized (at same institution or transferred)	12	(23.1)	40	(76.9)	**52**
Held for observation	0	(0)	4	(100.0)	**4**

* Children not shown (n = 14) include those whose restraint use was unknown (n = 12) or missing (n = two).
† Includes blacks who are Hispanic and non-Hispanic.

children (30% versus 18%). The percentage of unrestrained children requiring hospitalization was almost three times that of restrained children (21% versus 7%).

Appropriateness of restraint type could be determined for 573 of 578 restrained children; 342 (59%) were restrained appropriately, and 231 (40%) were restrained inappropriately (Table 2). Appropriateness of restraint type was unknown for five children (1%) because of missing data. Of those inappropriately restrained, 177 (77%) were children aged 4–8 years who were inappropriately wearing seatbelts. Of these 177, a total of 139 (79%) were wearing lap/shoulder belts, and 38 (21%) were wearing lap belts only. Eighty-nine (61%) of the 147 children aged 4–6 years and 87 (86%) of the 101 children aged 7–8 years were placed prematurely in seatbelts. One child aged 8 years, who was tall enough to wear a seatbelt, was restrained inappropriately in a lap belt only.

TABLE 2. Appropriateness of restraint type for child passengers, by selected characteristics* — National Electronic Injury Surveillance System-All Injury Program, United States, 2004

	Appropriately restrained (n = 342)		Inappropriately restrained (n = 231)		Total
Characteristic	**No.**	**(%)**	**No.**	**(%)**	**N = 573**
Age (yrs)					
≤3	101	(84.2)	19	(15.8)	**120**
4–6	58	(39.5)	89	(60.5)	**147**
7–8	13	(12.9)	88	(87.1)	**101**
9–12	170	(82.9)	35	(17.1)	**205**
Sex					
Female	170	(58.4)	121	(41.6)	**291**
Male	172	(61.0)	110	(39.0)	**282**
Race/Ethnicity					
Asian, non-Hispanic	5	(71.4)	2	(28.6)	**7**
Black†	79	(53.0)	70	(47.0)	**149**
Hispanic	63	(50.4)	62	(49.6)	**125**
White, non-Hispanic	129	(66.2)	66	(33.8)	**195**
Other, non-Hispanic	7	(77.8)	2	(22.2)	**9**
Unknown	59	(67.0)	29	(33.0)	**88**
Restraint type					
Rear-facing infant seat	15	(100.0)	0	(0)	**15**
Forward-facing child seat	111	(98.2)	2	(1.8)	**113**
Booster seat	37	(92.5)	3	(7.5)	**40**
Lap/Shoulder belt	179	(54.7)	148	(45.3)	**327**
Lap belt only	0	(0)	78	(100.0)	**78**
Vehicle type					
Car	200	(58.8)	140	(41.2)	**340**
Van	62	(68.1)	29	(31.9)	**91**
Sports-utility vehicle	64	(58.2)	46	(41.8)	**110**
Truck	16	(51.6)	15	(48.4)	**31**
Unknown	0	(0)	1	(100.0)	**1**

* Children not shown (n = 76) include those who were unrestrained (n = 57), whose restraint use was unknown (n = 14), whose restraint type was reported as "other" (n = three), and who were aged 8 years in lap/shoulder belts with missing parent-reported heights (n = two).
† Includes blacks who are Hispanic and non-Hispanic.

Appropriateness of restraint type was similar for boys and girls. A higher percentage of both black and Hispanic children were inappropriately restrained, compared with non-Hispanic whites (47% and 50%, respectively, versus 34%). A higher percentage of children in trucks were restrained inappropriately, compared with children in other vehicle types (48% versus 40% on average for cars, sports-utility vehicles, and vans).

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Editorial Note: The results of this study underscore the need for restraint use for child passengers, which can reduce their risks for multiple injuries and hospitalization in MVCs. The findings in this study also are consistent with previous studies reporting that young children who should be in booster seats are often placed in seatbelts, including lap/shoulder and lap belts (*3,7,8*). Previous studies have indicated that young children are at increased risk for serious injury when placed in seatbelts prematurely (*3,8*). Likely mechanisms include 1) increased head excursion, resulting in its impact with the child's knees or the vehicle interior or 2) rapid "jackknife" bending about an improperly fitted seatbelt, which increases risks for intraabdominal and spinal cord injuries (injuries known collectively as "seatbelt syndrome") (*8*).

The findings in this report are subject to at least five limitations. First, these findings rely, in part, on parental reports of crash circumstances and their children's restraint use, heights, and weights, which might be subject to social desirability bias, particularly for restraint use. Although some discrepancies were observed between chart-reported and parent-reported weights for the 257 children who had data from both sources, they were well-correlated (correlation coefficient = 0.96, $p<0.0001$). Second, certain children aged <8 years with missing heights might have actually been ≥57 inches tall, so this analysis might have assumed incorrectly that they were not tall enough for lap/shoulder belts. Third, crash circumstances were not verified independently or investigated. Fourth, generalizability of this study's findings might be limited by its low response rate, small sample size, and missing data for race/ethnicity. Finally, individual ED health-care providers might vary in how thoroughly they record diagnosis information.

Child restraint laws in all 50 states should be updated to be consistent with current NHTSA guidelines and vigorously enforced. Booster seat use should be promoted for children who have outgrown child safety seats but have not yet reached the appropriate age or height for wearing lap/shoulder belts. Although 33 states and the District of Columbia have laws

requiring booster seat use for such children, only two states (Tennessee and Wyoming) require their use for children aged up to 8 years. Strong enforcement measures, targeted mass media campaigns, and community outreach can increase age-appropriate restraint use among children (*9*). Community-based interventions to increase age-appropriate child restraint use should target groups with higher rates of nonuse of restraints (e.g., blacks, Hispanics, and truck passengers) and inappropriate restraint use (e.g., premature graduation to lap/shoulder belts and use of lap belts only). Two of the national health objectives for 2010 include reduction in deaths from MVCs and increased restraint use for child passengers (*10*). Child passenger safety also has been identified as a research priority by CDC, which conducts research, supports extramural research and programs, and disseminates information regarding safe practices.

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The findings in this report are based, in part, on contributions by the Consumer Product Safety Commission and L Annest, PhD, Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

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Hantavirus Pulmonary Syndrome — Five States, 2006

Hantavirus pulmonary syndrome (HPS) is a rodentborne viral disease characterized by severe pulmonary illness and a case-fatality ratio of 30%–40%. Sin Nombre virus causes the majority of HPS cases in the United States, and the deer mouse (*Peromyscus maniculatus*) is its predominant reservoir. This report describes an increase in human cases of HPS reported during January–March 2006 from Arizona, New Mexico, North Dakota, Texas, and Washington state. The findings emphasize the need for renewed attention to reducing the risk for hantavirus exposure.

Human HPS

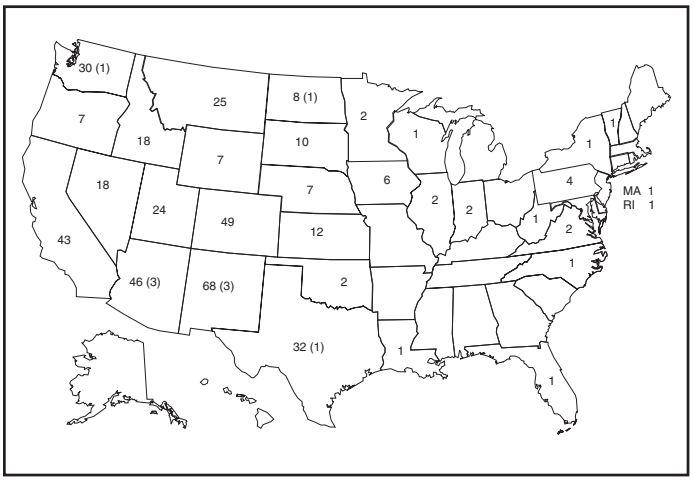
HPS is characterized by a febrile illness (i.e., temperature >101.0°F) associated with bilateral diffuse interstitial edema of the lungs developing within 72 hours of hospitalization in a previously healthy person; radiographically, the edema can resemble acute respiratory distress syndrome (*1*). Annually, the majority of HPS cases occur in spring and summer; however, the seasonality of HPS can vary by elevation, location, and biome, and cases have been identified throughout the winter and early spring (*2*). Since recognition of the disease in 1993, CDC has confirmed 438 cases of HPS* reported from 30 states among residents of 32 states (Figure 1); 35% (154) of these cases were fatal.

During January–March 2006, a total of nine confirmed cases (based on onset date) of HPS were reported from Arizona, New Mexico, North Dakota, Texas, and Washington. Six of the nine cases were in Arizona and New Mexico. During 1994 and 1999, a similar number of HPS cases was confirmed nationally in the same 3-month period. Both years were characterized by environmental conditions (e.g., increased rainfall and vegetative biomass) during the preceding 1–2 years that promoted increased rodent populations. This, in turn, increased virus transmission in the rodent populations and increased exposure risk for humans (*2–4*). During 1994, 1999, and 2000, more than six cases were confirmed in the first 3 months of each year, and all had a high yearly total of HPS cases (Figure 2). Nine cases of HPS were identified in the first 3 months of 2006, suggesting that a greater risk for human hantavirus infection might exist this year.

Reported by: *D Engelthaler, C Levy, Arizona Dept of Health Svcs. P Ettestad, DVM, New Mexico Dept of Health. K Kruger, North Dakota Dept of Health. J Schuermann, Texas Dept of State Health Svcs. M Leslie, DVM, Washington Dept of Health. Special Pathogens Br, Div of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed), CDC.*

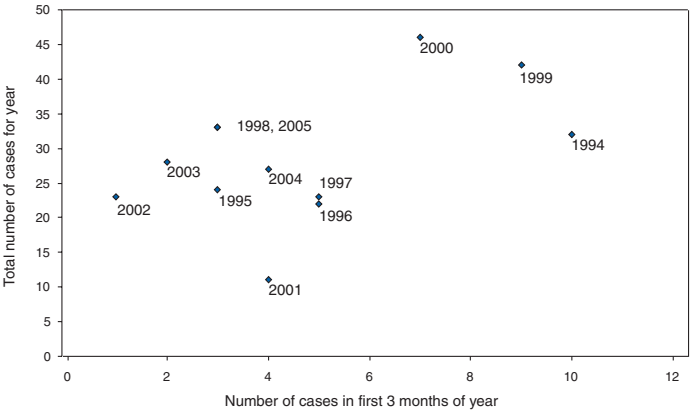
* As of May 10, 2006.

FIGURE 1. Total number of confirmed cases of hantavirus pulmonary syndrome, by state of exposure — United States, 1993–2006*



* N = 438 as of May 10, 2006. Numbers in parentheses indicate cases confirmed during January–March 2006 (n = nine).

FIGURE 2. Total number of confirmed cases of hantavirus pulmonary syndrome by cases confirmed in first 3 months of year, by year — United States, 1993–2005*



* 1993 data are not presented because no cases were reported during the first 3 months of the year; a total of 48 cases were reported in 1993. An additional nine cases were reported during January–March 2006.

Editorial Note: Hantavirus infection can occur after exposure to infectious virus in rodent saliva or excreta. HPS typically begins as headache, fever, and myalgia and is soon followed by pulmonary edema, which often leads to severe respiratory compromise; thrombocytopenia, presence of immunoblasts, and hemoconcentration are characteristic laboratory findings (*1*). Other than supportive care, no treatment exists for hantavirus infection. The probability of surviving HPS increases with early recognition, hospitalization, and aggressive pulmonary and hemodynamic support (*5,6*). All health-care providers are strongly encouraged to become familiar with the signs and symptoms of HPS (*7*) and to report suspected cases immediately to their state health departments.

Since 1994, CDC has sponsored continuous monitoring of rodent populations at study sites in Arizona, Colorado, New Mexico, and Montana (*8*). Larger rodent populations and subsequent higher prevalence of hantavirus infection in rodent populations have been associated with higher risk for hantavirus exposure in human populations (*2,9,10*). Environmental conditions, including increased rainfall during 2005, likely contributed to increased rodent populations in certain areas of the Southwest. Some rodent monitoring sites have continued to have high rodent population densities or high levels of hantavirus infection during spring 2006, suggesting an increased risk for hantavirus infection among human populations in certain rural areas (J Mills, PhD, personal communication, May 2006).

Public health education (especially among residents of rural areas of the western United States) regarding the importance of risk-reduction measures should be emphasized, especially in spring and summer, when the majority of previous HPS cases have been identified. Most persons with HPS are thought to have been infected in and around their homes; therefore, limiting opportunities for peridomestic exposure to rodents and their excreta is particularly important.

CDC's Seal Up! Trap Up! Clean Up! campaign offers detailed information on preventing transmission of diseases from rodents and a comprehensive rodent-control website.† Measures to prevent HPS include 1) sealing up holes inside and outside the home to prevent entry by rodents, 2) trapping rodents around the home to help reduce the rodent population, 3) cleaning up potential rodent food sources and nesting sites, and 4) taking precautions when cleaning. CDC also provides detailed recommendations for HPS risk reduction (*10*). Additional information regarding HPS is available from local or state health departments; through the hantavirus hotline, 404-639-1510; on CDC's All About Hantaviruses website§; and by mail.¶

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† Available at http://www.cdc.gov/rodents.
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Notice to Readers

Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps

On June 1, this notice was posted as an MMWR Early Release *on the* MMWR *website* (http://www.cdc.gov/mmwr).

On May 17, 2006, the Advisory Committee on Immunization Practices (ACIP) updated criteria for mumps immunity and mumps vaccination recommendations. According to the 1998 ACIP recommendations for measles, mumps, and rubella (MMR) vaccine, for routine vaccination, a first dose of MMR vaccine is recommended at ages 12–15 months and a second dose at ages 4–6 years. Two doses of MMR vaccine also are recommended for students attending colleges and other post–high school institutions (*1*). However, documentation of mumps immunity through vaccination has consisted of only 1 dose of mumps-containing vaccine for all designated groups, including health-care workers.

Live mumps virus vaccines (i.e., mumps and MMR vaccines) produced in the United States are derived from the Jeryl Lynn mumps vaccine strain. Postlicensure studies in the United States demonstrated that 1 dose of mumps vaccine was 78%–91% effective in preventing clinical mumps with parotitis (*2*). However, in the late 1980s and early 1990s, mumps outbreaks were observed in schools with extremely high (>95%) vaccination coverage (*3,4*), suggesting that 1 dose of mumps vaccine or MMR vaccine was not sufficient to prevent mumps outbreaks in school settings.

In response to the resurgence of measles that began in 1989 and continued through 1991 (*1*), a second dose of MMR vaccine for school-aged (i.e., grades K–12) and college students was recommended in 1989. Since implementation of the 2-dose MMR vaccination requirement, the incidence of mumps disease has decreased, and studies of vaccine effectiveness during outbreaks suggest substantially higher levels of protection with a second dose of MMR. For example, during a mumps outbreak at a Kansas high school during the 1988–89 school year, students who had received only 1 dose of MMR had five times the risk of contracting mumps compared with students who had received 2 doses (*3*). A study from the United Kingdom, which uses MMR vaccines that contain either the Jeryl Lynn mumps vaccine strain or the RIT 4385 strain (derived from the Jeryl Lynn strain) (*2*), indicated a vaccine effectiveness of 88% for 2 doses of MMR vaccine compared with 64% for a single dose (*5*). In addition, elimination of mumps was declared in Finland through high and sustained coverage with 2 doses of MMR vaccine (*6*).

Infection-control failures resulting in nosocomial transmission have occurred during mumps outbreaks involving hospitals and long-term–care facilities that housed adolescent and young adult patients (*7*). Exposures to mumps in health-care settings also can result in added economic costs associated with furlough or reassignment of staff members from patient-care duties or closure of wards.

During January 1–May 2, 2006, the current outbreak in the United States has resulted in reports of 2,597 cases of mumps in 11 states (*8*). The outbreak has underscored certain limitations in the 1998 recommendations relating to prevention of mumps transmission in health-care and other settings with high risk for mumps transmission. After reviewing data from the current outbreak and previous evidence on mumps vaccine effectiveness and transmission, ACIP issued updated recommendations for mumps vaccination (Box).

Acceptable Presumptive Evidence of Immunity to Mumps

Acceptable presumptive evidence of immunity to mumps includes one of the following: 1) documentation of adequate vaccination, 2) laboratory evidence of immunity, 3) birth before 1957, or 4) documentation of physician-diagnosed mumps. Evidence of immunity through documentation of adequate vaccination is now defined as 1 dose of a live mumps virus vaccine for preschool-aged children and adults not at high risk and 2 doses for school-aged children (i.e., grades K–12) and for adults at high risk (i.e., health-care workers,*

* Health-care workers include persons who provide health care to patients or work in institutions that provide patient care (e.g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, or administrative and support staff in health-care institutions).

BOX. Key changes to 1998 ACIP recommendations on mumps — May 17, 2006

Acceptable Presumptive Evidence of Immunity
- Documentation of adequate vaccination is now 2 doses of a live mumps virus vaccine instead of 1 dose for
  - — School-aged children (i.e., grades K–12).
  - — Adults at high risk (i.e., persons who work in health-care facilities, international travelers, and students at post–high school educational institutions).

Routine Vaccination for Health-Care Workers
- Persons born during or after 1957 without other evidence of immunity: 2 doses of a live mumps virus vaccine.
- Persons born before 1957 without other evidence of immunity: consider recommending 1 dose of a live mumps virus vaccine.

For Outbreak Settings
- Children aged 1–4 years and adults at low risk: if affected by the outbreak, consider a second dose* of live mumps virus vaccine.
- Health-care workers born before 1957 without other evidence of immunity: strongly consider recommending 2 doses of live mumps virus vaccine.

*Minimum interval between doses = 28 days.

international travelers, and students at post–high school educational institutions).†

Routine Vaccination for Health-Care Workers

All persons who work in health-care facilities should be immune to mumps. Adequate mumps vaccination for health-care workers born during or after 1957 consists of 2 doses of a live mumps virus vaccine. Health-care workers with no history of mumps vaccination and no other evidence of immunity should receive 2 doses (at a minimum interval of 28 days between doses). Health-care workers who have received only 1 dose previously should receive a second dose. Because birth before 1957 is only presumptive evidence of immunity, health-care facilities should consider recommending 1 dose of a live mumps virus vaccine for unvaccinated workers born before 1957 who do not have a history of physician-diagnosed mumps or laboratory evidence of mumps immunity.

†The first dose of mumps-containing vaccine should be administered on or after the first birthday; the second dose should be administered no earlier than 1 month (i.e., at a minimum of 28 days) after the first dose. MMR vaccine generally should be used whenever any of its component vaccines are indicated. For children aged 12 months–12 years, combined measles, mumps, rubella, and varicella (MMRV) vaccine can be considered if varicella vaccination is also indicated.

Mumps Outbreak Control

Depending on the epidemiology of the outbreak (e.g., the age groups and/or institutions involved), a second dose of mumps vaccine should be considered for children aged 1–4 years and adults who have received 1 dose. In health-care settings, an effective routine MMR vaccination program for health-care workers is the best approach to prevent nosocomial transmission. During an outbreak, health-care facilities should strongly consider recommending 2 doses of a live mumps virus vaccine to unvaccinated workers born before 1957 who do not have evidence of mumps immunity.

These new recommendations for health-care workers are intended to offer increased protection during a recognized outbreak of mumps. However, reviewing health-care worker immune status for mumps and providing vaccine during an outbreak might be impractical or inefficient. Therefore, facilities might consider reviewing the immune status of health-care workers routinely and providing appropriate vaccinations, including a second dose of mumps vaccine, in conjunction with routine annual disease-prevention measures such as influenza vaccination or tuberculin testing.

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Errata: Vol. 55, No. 21

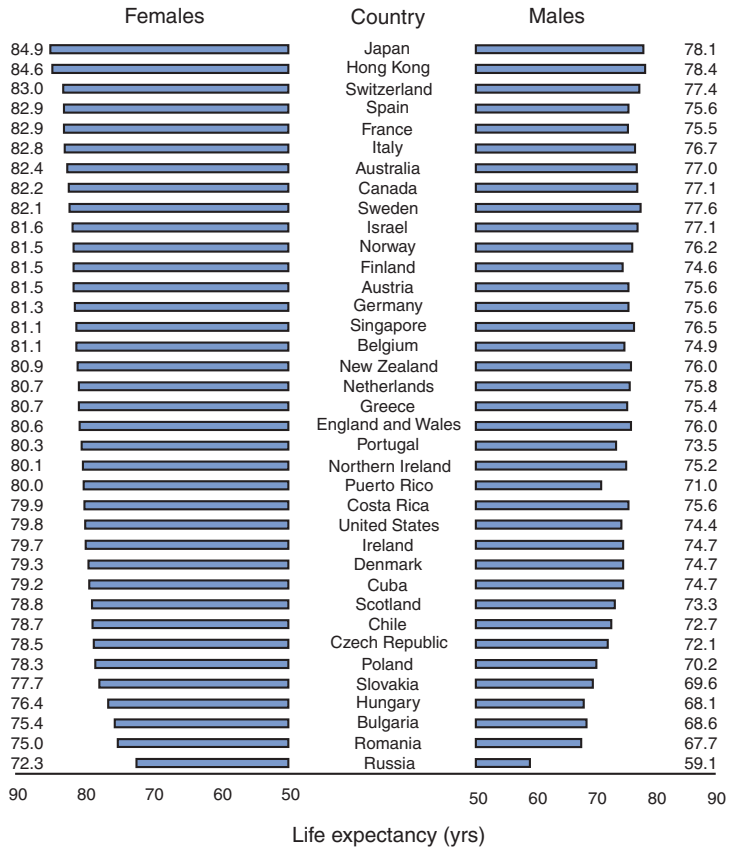
In the Notice to Readers, "Annual Conference on Assessment Initiative — August 15–17, 2006," in the second sentence of the second paragraph, the Internet address provided for online registration information is incorrect. The correct link is **http://www.signup4.net/public/ap.aspx?EID=ASSE10E**.

On page 606, in Table I, "Provisional cases of infrequently reported notifiable diseases (<1,000 cases during the preceding year) — United States, week ending May 27, 2006 (21st Week)," in the row, "Influenza-associated pediatric mortality," in the column, "Cum 2005," the total should be **49**.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Life Expectancy at Birth, by Sex — Selected Countries, 2001*



* Rankings are from the highest to lowest female life expectancy at birth, as published in *Health, United States, 2005* (HUS 2005). Life expectancy at birth represents the average number of years that a group of infants would live if the infants were to experience throughout life the age-specific death rates present at birth. Data are reported by countries. Because calculation of life-expectancy estimates varies by country, comparisons should be made with caution. Certain life-expectancy estimates were revised and differ from those published in HUS 2005.

In 2001, life expectancy (LE) at birth ranged from a low of 59.1 years for Russian males to a high of 84.9 years for Japanese females. LE for males in the United States ranked 26th among 37 countries (74.4 years) and for females ranked 25th (79.8 years). The greatest difference in LE between sexes was observed in Russia (13.2 years). The smallest LE difference between sexes was in Costa Rica (4.3 years).

SOURCE: National Center for Health Statistics, Health, United States, 2005: with chartbook on trends in the health of Americans. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2005.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 3, 2006 (22nd Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	1	0	18	16	20	28	39	
infant	1	28	2	90	87	76	69	97	WA (1)
other (wound & unspecified)	—	22	0	33	30	33	21	19	
Brucellosis	1	41	2	122	114	104	125	136	FL (1)
Chancroid	—	13	1	17	30	54	67	38	
Cholera	—	1	0	6	5	2	2	3	
Cyclosporiasis§	1	20	13	734	171	75	156	147	DC (1)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	78	112	108	164	128	
eastern equine	—	—	0	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	3	28	8	777	537	362	511	261	MN (3)
human monocytic	3	56	5	510	338	321	216	142	MO (1), GA (1), TN (1)
human (other & unspecified)	—	6	2	121	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	3	1	9	19	32	34	—	
nonserotype b	—	38	3	135	135	117	144	—	
unknown serotype	1	79	3	212	177	227	153	—	AR (1)
Hansen disease§	2	19	2	88	105	95	96	79	CA (2)
Hantavirus pulmonary syndrome§	—	8	1	22	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	1	43	3	216	200	178	216	202	CA (1)
Hepatitis C viral, acute	7	325	31	778	713	1,102	1,835	3,976	NY (1), PA (1), MI (2), MN (1), KY (1), CO (1)
HIV infection, pediatric (age <13 yrs)§††	—	52	5	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	34	0	49	—	N	N	N	CA (1)
Listeriosis	1	188	12	891	753	696	665	613	NY (1)
Measles	—	19***	1	65	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	114	6	294	—	—	—	—	MN (1)
serogroup B	—	63	3	153	—	—	—	—	
other serogroup	—	12	1	27	—	—	—	—	
Mumps	25	3,633	6	310	258	231	270	266	NY (1), PA (4), OH (2), IN (2), MO (6), NE (6), AZ (3), CA (1)
Plague	—	1	0	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	8	0	19	12	12	18	25	
Q fever§	2	48	3	137	70	71	61	26	NE (1), TN (1)
Rabies, human	—	—	—	2	7	2	3	1	
Rubella	—	3	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	0	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	55	3	129	132	161	118	77	OH (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	10	510	16	1,225	1,162	845	513	498	MA (1), NY (1), IN (1), MI (1), MN (1), OK (1), TX (2), CO (2)
Syphilis, congenital (age <1 yr)	—	89	9	361	353	413	412	441	
Tetanus	—	7	1	26	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	—	41	2	94	95	133	109	127	
Trichinellosis	—	3	0	20	5	6	14	22	
Tularemia§	1	15	3	154	134	129	90	129	MO (1)
Typhoid fever	3	99	6	320	322	356	321	368	NY (1), CA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	1	2	—	2	—	N	N	N	NE (1)
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	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/AIDS, 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 39 cases reported since October 2, 2005 (week 40), only 35 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 June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	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	8,743	18,901	35,170	386,693	403,976	62	118	1,643	3,526	1,623	22	70	860	966	857
New England	545	635	1,550	13,054	13,104	—	0	0	—	—	—	4	35	51	45
Connecticut	176	169	1,214	3,117	3,643	N	0	0	N	N	—	0	14	8	6
Maine	26	41	74	889	881	N	0	0	N	N	—	0	3	11	9
Massachusetts	236	290	432	6,374	5,953	—	0	0	—	—	—	2	15	19	15
New Hampshire	38	35	64	775	788	—	0	0	—	—	—	1	3	10	6
Rhode Island	55	65	99	1,395	1,411	—	0	0	—	—	—	0	6	1	1
Vermont§	14	19	43	504	428	N	0	0	N	N	—	0	5	2	8
Mid. Atlantic	1,301	2,282	3,696	48,699	49,533	—	0	0	—	—	1	11	597	141	116
New Jersey	118	369	526	6,906	7,707	N	0	0	N	N	—	0	8	5	7
New York (Upstate)	409	498	1,727	9,615	9,854	N	0	0	N	N	1	4	561	40	29
New York City	260	690	1,618	15,836	16,360	N	0	0	N	N	—	2	15	20	30
Pennsylvania	514	714	1,072	16,342	15,612	N	0	0	N	N	—	4	21	76	50
E.N. Central	975	3,228	12,578	68,609	68,434	—	0	3	17	4	6	14	162	218	194
Illinois	308	911	1,536	18,028	21,109	—	0	0	—	—	—	2	16	21	24
Indiana	147	393	552	7,823	8,480	N	0	0	N	N	1	1	13	20	12
Michigan	369	630	9,888	20,026	10,872	—	0	3	12	4	—	2	7	34	27
Ohio	40	805	1,445	14,792	19,299	—	0	1	5	—	5	5	109	85	54
Wisconsin	111	397	531	7,940	8,674	N	0	0	N	N	—	4	38	58	77
W.N. Central	301	1,121	1,456	23,010	24,839	—	0	12	—	3	8	9	52	151	122
Iowa	67	148	225	3,452	2,987	N	0	0	N	N	—	1	11	13	21
Kansas	—	154	269	3,391	3,089	N	0	0	N	N	—	1	5	19	10
Minnesota	—	231	298	4,263	5,283	—	0	12	—	3	7	3	22	69	32
Missouri	174	429	525	8,132	9,494	—	0	1	—	—	—	2	37	31	44
Nebraska§	60	96	176	2,083	2,167	N	0	1	N	N	—	0	3	5	4
North Dakota	—	32	54	611	648	N	0	0	N	N	1	0	4	2	—
South Dakota	—	52	117	1,078	1,171	N	0	0	N	N	—	0	4	12	11
S. Atlantic	1,928	3,324	4,905	71,205	74,301	—	0	1	2	—	4	15	54	258	162
Delaware	50	68	92	1,492	1,407	N	0	0	N	N	—	0	2	—	—
District of Columbia	25	60	101	1,000	1,646	—	0	0	—	—	—	0	3	7	2
Florida	503	881	1,091	19,360	18,229	N	0	0	N	N	3	6	28	101	61
Georgia	18	600	2,142	9,059	12,758	—	0	0	—	—	1	3	12	84	45
Maryland§	242	358	519	7,566	7,423	—	0	1	2	—	—	0	4	9	7
North Carolina	394	569	1,772	14,968	14,010	N	0	0	N	N	—	1	10	29	21
South Carolina§	319	271	1,306	7,374	7,623	—	0	0	—	—	—	0	4	9	10
Virginia§	359	425	840	8,896	10,216	N	0	0	N	N	—	1	8	17	12
West Virginia	18	57	225	1,490	989	N	0	0	N	N	—	0	3	2	4
E.S. Central	672	1,371	2,188	29,497	29,040	—	0	0	—	—	—	3	29	33	22
Alabama§	—	352	1,048	7,874	4,991	N	0	0	N	N	—	0	5	14	9
Kentucky	144	153	336	3,954	4,605	N	0	0	N	N	—	1	25	8	9
Mississippi	253	378	647	7,183	9,659	—	0	0	—	—	—	0	1	1	—
Tennessee§	275	481	614	10,486	9,785	N	0	0	N	N	—	1	4	10	4
W.S. Central	1,088	2,153	3,605	45,661	47,808	—	0	1	—	1	—	3	30	55	27
Arkansas	150	166	340	3,343	3,714	—	0	0	—	—	—	0	2	6	1
Louisiana	201	299	761	6,915	7,759	—	0	1	—	1	—	0	21	8	3
Oklahoma	217	230	2,159	4,989	4,528	N	0	0	N	N	—	1	10	12	10
Texas§	520	1,361	1,811	30,414	31,807	N	0	0	N	N	—	1	19	29	13
Mountain	239	1,093	1,839	19,301	26,936	41	91	452	2,623	1,010	2	2	9	32	49
Arizona	152	364	642	7,407	9,779	41	89	448	2,584	961	—	0	1	3	4
Colorado	64	226	482	2,687	6,307	N	0	0	N	N	2	0	3	11	17
Idaho§	—	52	235	1,329	761	N	0	0	N	N	—	0	2	3	4
Montana	—	40	195	790	963	N	0	0	N	N	—	0	2	6	6
Nevada§	—	111	432	1,615	3,106	—	1	4	18	33	—	0	1	3	7
New Mexico§	—	169	338	3,191	3,715	—	0	2	1	10	—	0	3	—	5
Utah	—	89	136	1,661	1,848	—	0	3	18	4	—	0	3	6	4
Wyoming	23	25	55	621	457	—	0	2	2	2	—	0	1	—	2
Pacific	1,694	3,248	5,079	67,657	69,981	21	32	1,179	884	605	1	4	52	27	120
Alaska	71	83	152	1,726	1,736	—	0	0	—	—	—	0	2	1	—
California	1,158	2,536	4,231	51,940	54,169	21	32	1,179	884	605	—	2	14	—	82
Hawaii	—	107	135	2,216	2,274	N	0	0	N	N	—	0	1	—	—
Oregon§	162	179	315	4,083	3,664	N	0	0	N	N	1	1	20	26	19
Washington	303	359	604	7,692	8,138	N	0	0	N	N	—	0	38	—	19
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	—	17	37	—	314	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	81	162	1,877	1,812	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	7	—	151	—	0	0	—	—	—	0	0	—	—

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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 June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	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	128	328	1,027	5,668	6,628	3,123	6,633	14,136	131,905	133,600	14	37	140	853	1,114
New England	20	28	75	409	550	103	107	288	2,219	2,445	3	3	19	60	74
Connecticut	15	0	37	108	121	40	42	241	777	986	1	0	9	19	23
Maine	2	3	11	32	63	1	2	6	51	57	—	0	1	5	5
Massachusetts	—	11	34	173	248	49	47	76	1,062	1,111	1	1	5	26	33
New Hampshire	—	1	8	10	26	4	4	9	99	66	—	0	1	2	3
Rhode Island	1	0	25	33	30	7	8	25	205	205	—	0	7	2	6
Vermont†	2	3	9	53	62	2	1	4	25	20	1	0	2	6	4
Mid. Atlantic	19	63	254	983	1,239	306	647	1,014	12,762	13,685	1	7	29	156	191
New Jersey	—	8	18	97	176	18	110	150	2,073	2,311	—	1	4	26	27
New York (Upstate)	15	23	227	393	385	101	123	455	2,507	2,706	—	2	27	49	57
New York City	—	15	32	241	363	55	182	402	3,602	4,198	—	1	4	14	35
Pennsylvania	4	16	29	252	315	132	215	391	4,580	4,470	1	3	8	67	72
E.N. Central	8	56	112	770	1,111	426	1,334	7,047	29,081	26,436	2	5	13	118	200
Illinois	—	11	32	25	299	81	375	567	6,717	8,061	—	1	5	24	64
Indiana	N	0	0	N	N	62	157	228	3,316	3,329	1	1	7	33	36
Michigan	3	14	29	259	277	223	278	5,880	9,790	4,001	—	0	3	14	11
Ohio	5	16	34	298	242	20	390	681	6,681	8,717	1	1	5	35	69
Wisconsin	—	16	40	188	293	40	122	172	2,577	2,328	—	0	3	12	20
W.N. Central	8	35	259	657	807	107	361	461	6,886	7,682	2	2	15	48	51
Iowa	—	5	14	82	97	13	30	54	665	658	—	0	0	—	1
Kansas	—	4	9	60	77	—	48	124	940	1,032	—	0	3	8	5
Minnesota	—	6	238	280	380	—	64	88	1,023	1,429	1	0	9	23	18
Missouri	6	10	32	175	163	83	178	240	3,590	3,862	1	0	7	13	19
Nebraska†	1	2	6	33	51	11	22	56	501	501	—	0	2	3	7
North Dakota	1	0	7	4	1	—	2	7	33	36	—	0	3	1	1
South Dakota	—	2	7	23	38	—	6	15	134	164	—	0	0	—	—
S. Atlantic	15	55	107	1,028	989	1,037	1,451	2,334	29,868	31,450	2	10	24	236	271
Delaware	—	1	3	10	27	21	23	44	612	340	—	0	1	1	—
District of Columbia	1	1	5	24	20	32	37	66	673	854	—	0	1	1	2
Florida	13	19	39	369	316	266	413	512	9,032	7,957	2	3	9	80	66
Georgia	1	14	67	349	278	4	277	1,014	3,965	5,556	—	2	5	54	65
Maryland†	—	4	10	66	69	86	137	231	2,876	2,743	—	1	5	28	38
North Carolina	N	0	0	N	N	424	270	766	6,708	6,965	—	0	11	15	40
South Carolina†	—	1	9	39	47	125	121	748	3,227	3,312	—	1	3	18	17
Virginia†	—	10	50	161	219	72	146	288	2,384	3,462	—	1	8	29	29
West Virginia	—	0	6	10	13	7	16	42	391	261	—	0	4	10	14
E.S. Central	6	8	18	152	155	287	537	868	11,447	10,898	1	2	7	51	65
Alabama†	5	4	14	83	70	—	184	491	3,537	2,954	—	0	4	11	13
Kentucky	N	0	0	N	N	62	55	116	1,379	1,451	—	0	1	2	8
Mississippi	—	0	0	—	—	105	133	203	2,692	2,946	—	0	1	2	—
Tennessee†	1	4	11	69	85	120	178	279	3,839	3,547	1	1	5	36	44
W.S. Central	1	6	31	88	93	491	892	1,430	19,187	18,783	2	1	15	40	68
Arkansas	1	2	6	31	33	92	86	186	1,853	1,864	2	0	2	4	5
Louisiana	—	1	6	26	14	109	178	461	4,088	4,314	—	0	2	8	28
Oklahoma	—	2	24	31	46	84	86	764	1,791	1,859	—	1	14	27	33
Texas†	N	0	0	N	N	206	522	736	11,455	10,746	—	0	1	1	2
Mountain	15	30	57	490	482	62	231	552	4,112	5,654	1	3	10	96	132
Arizona	2	2	36	47	61	32	94	201	1,826	2,120	1	1	9	45	66
Colorado	7	9	33	166	159	27	54	90	667	1,311	—	0	4	27	28
Idaho†	—	2	11	43	52	—	3	10	82	34	—	0	1	2	3
Montana	—	1	7	26	15	—	2	14	42	55	—	0	0	—	—
Nevada†	—	1	6	20	37	—	46	194	596	1,191	—	0	1	—	13
New Mexico†	—	1	6	15	21	—	29	64	536	640	—	0	4	11	15
Utah	6	7	19	166	126	—	16	22	302	277	—	0	4	10	5
Wyoming	—	0	2	7	11	3	2	6	61	26	—	0	2	1	2
Pacific	36	60	202	1,091	1,202	304	812	946	16,343	16,567	—	2	20	48	62
Alaska	—	1	7	17	36	6	11	23	223	223	—	0	19	4	2
California	26	43	105	790	937	197	668	806	13,351	13,802	—	0	9	8	27
Hawaii	—	1	6	21	25	—	20	36	410	410	—	0	1	7	5
Oregon†	—	8	21	149	122	25	28	58	588	656	—	1	6	28	28
Washington	10	6	90	114	82	76	73	142	1,771	1,476	—	0	4	1	—
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	3	—	2	—	1	15	—	43	—	0	2	—	—
Puerto Rico	—	4	20	13	61	—	6	16	127	169	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	2	—	41	—	0	0	—	—

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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.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2006, and June 4, 2005 (22nd 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	26	76	243	1,427	1,604	47	88	593	1,518	2,211	26	41	126	515	465
New England	2	6	22	84	172	1	2	9	28	56	—	2	12	18	25
Connecticut	1	1	3	14	23	—	0	5	—	22	—	0	8	6	6
Maine	—	0	2	4	—	—	0	2	6	4	—	0	1	3	1
Massachusetts	—	4	14	43	112	—	1	5	13	20	—	1	6	7	13
New Hampshire	—	1	12	14	30	1	0	3	5	8	—	0	1	1	4
Rhode Island	1	0	4	3	5	—	0	2	4	—	—	0	10	—	1
Vermont†	—	0	2	6	2	—	0	1	—	2	—	0	3	1	—
Mid. Atlantic	4	10	24	98	268	2	9	55	153	301	10	11	53	130	136
New Jersey	—	2	9	17	49	—	3	10	39	111	—	1	13	6	24
New York (Upstate)	3	1	14	33	40	—	1	43	27	28	5	4	29	54	35
New York City	—	2	10	25	132	—	1	5	19	65	—	1	20	10	19
Pennsylvania	1	1	6	23	47	2	3	9	68	97	5	5	17	60	58
E.N. Central	1	6	15	119	144	6	8	24	133	237	3	8	25	102	102
Illinois	—	2	11	16	45	—	1	7	6	68	—	1	5	8	16
Indiana	—	0	7	16	8	—	0	17	15	10	—	0	6	2	8
Michigan	1	2	8	47	46	—	3	7	57	83	1	2	6	25	26
Ohio	—	1	4	33	25	6	2	8	50	62	2	3	19	49	44
Wisconsin	—	1	5	7	20	—	0	6	5	14	—	1	5	18	8
W.N. Central	3	2	29	60	44	—	5	19	59	106	—	1	12	17	13
Iowa	—	0	2	3	10	—	0	2	1	8	—	0	1	1	2
Kansas	—	0	5	17	7	—	0	2	8	16	—	0	1	1	1
Minnesota	—	0	29	3	3	—	0	13	6	8	—	0	10	—	1
Missouri	2	0	4	23	21	—	3	7	41	60	—	0	3	10	8
Nebraska†	1	0	3	9	3	—	0	2	3	13	—	0	2	3	—
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	1	—	0	6	2	—
S. Atlantic	3	12	34	207	236	19	23	65	470	645	3	9	19	130	96
Delaware	—	0	2	7	2	—	0	4	16	18	—	0	4	1	3
District of Columbia	—	0	2	2	2	—	0	4	4	—	1	0	2	5	2
Florida	3	4	18	76	83	11	8	19	186	222	1	3	8	62	32
Georgia	—	1	7	22	43	2	3	8	69	106	1	0	4	5	11
Maryland†	—	1	7	27	24	—	2	8	57	73	—	2	9	25	21
North Carolina	—	0	20	40	28	5	0	23	74	67	—	0	3	14	10
South Carolina†	—	1	3	10	12	1	2	7	25	68	—	0	2	2	3
Virginia†	—	1	11	22	39	—	1	18	14	76	—	1	7	15	10
West Virginia	—	0	1	1	3	—	0	18	25	15	—	0	3	1	4
E.S. Central	1	3	15	47	102	3	6	18	125	168	7	2	6	28	20
Alabama†	—	0	9	2	13	—	1	7	36	42	—	0	1	5	7
Kentucky	—	0	5	22	6	—	1	5	33	36	1	0	4	6	5
Mississippi	—	0	2	2	10	—	0	3	5	23	—	0	1	—	1
Tennessee†	1	1	7	21	73	3	2	12	51	67	6	1	4	17	7
W.S. Central	—	8	77	101	175	6	13	315	224	195	—	1	32	11	7
Arkansas	—	0	8	25	6	—	1	4	13	30	—	0	3	—	2
Louisiana	—	0	4	3	29	—	1	3	10	34	—	0	1	4	—
Oklahoma	—	0	2	3	3	1	0	17	2	20	—	0	3	1	1
Texas†	—	6	73	70	137	5	10	295	199	111	—	0	26	6	4
Mountain	—	5	19	117	134	—	7	39	127	232	1	1	8	37	40
Arizona	—	3	18	75	63	—	5	27	85	150	—	0	3	17	11
Colorado	—	1	4	16	17	—	1	5	13	20	—	0	3	2	10
Idaho†	—	0	2	4	17	—	0	2	5	5	1	0	2	4	1
Montana	—	0	2	4	7	—	0	7	—	3	—	0	1	1	3
Nevada†	—	0	2	4	7	—	1	4	12	20	—	0	2	3	7
New Mexico†	—	0	3	5	9	—	0	3	1	11	—	0	1	—	2
Utah	—	0	2	8	13	—	0	5	11	22	—	0	2	9	4
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	1	2
Pacific	12	19	163	594	329	10	9	61	199	271	2	2	9	42	26
Alaska	—	0	1	—	3	—	0	1	1	6	—	0	1	—	—
California	12	15	162	552	277	7	7	41	154	188	2	1	9	42	25
Hawaii	—	0	2	7	10	—	0	1	1	2	—	0	1	—	1
Oregon†	—	1	5	18	19	2	1	6	27	46	N	0	0	N	N
Washington	—	1	13	17	20	1	0	18	16	29	—	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	1	—	2	—	0	2	—	14	—	0	0	—	—
Puerto Rico	—	0	4	7	36	—	1	8	10	13	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2006, and June 4, 2005 (22nd 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	63	285	2,153	2,142	2,972	9	25	125	399	481
New England	—	60	780	145	436	2	1	12	19	24
Connecticut	—	8	753	73	36	—	0	10	1	—
Maine	—	3	26	28	27	—	0	1	2	2
Massachusetts	—	13	205	11	339	2	0	3	12	17
New Hampshire	—	5	21	25	28	—	0	1	3	3
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	8	3	—	0	1	1	—
Mid. Atlantic	49	156	1,177	1,467	1,613	—	5	15	67	135
New Jersey	—	22	311	260	629	—	1	7	13	33
New York (Upstate)	42	73	1,151	722	320	—	1	11	10	20
New York City	—	4	33	—	90	—	3	8	33	67
Pennsylvania	7	39	376	485	574	—	1	2	11	15
E.N. Central	—	9	160	73	235	—	3	8	41	47
Illinois	—	0	13	—	20	—	1	5	10	25
Indiana	—	0	4	3	2	—	0	3	6	3
Michigan	—	1	7	9	1	—	0	2	7	9
Ohio	—	1	5	15	19	—	1	3	13	5
Wisconsin	—	8	145	46	193	—	0	3	5	5
W.N. Central	5	10	98	56	90	—	0	32	21	23
Iowa	—	0	8	2	24	—	0	1	1	3
Kansas	—	0	1	1	1	—	0	1	—	2
Minnesota	4	6	96	49	63	—	0	30	14	8
Missouri	—	0	2	2	2	—	0	2	3	10
Nebraska†	1	0	2	2	—	—	0	2	1	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	1	26	124	303	521	2	6	16	120	94
Delaware	—	9	37	125	216	—	0	1	2	1
District of Columbia	—	0	2	7	3	—	0	2	—	2
Florida	1	1	5	14	10	—	1	6	21	17
Georgia	—	0	1	—	1	2	1	6	38	15
Maryland†	—	15	87	130	227	—	1	9	26	31
North Carolina	—	0	5	9	18	—	0	8	11	13
South Carolina†	—	0	3	3	8	—	0	2	4	3
Virginia†	—	3	22	15	37	—	1	9	17	11
West Virginia	—	0	44	—	1	—	0	2	1	1
E.S. Central	—	0	4	1	9	—	0	3	10	9
Alabama†	—	0	1	—	—	—	0	2	5	3
Kentucky	—	0	2	—	1	—	0	2	1	2
Mississippi	—	0	0	—	—	—	0	1	2	—
Tennessee†	—	0	4	1	8	—	0	2	2	4
W.S. Central	—	0	5	2	34	—	2	31	22	38
Arkansas	—	0	1	—	2	—	0	2	1	3
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	2	2
Texas†	—	0	5	2	29	—	1	29	19	31
Mountain	—	0	4	4	3	1	1	9	17	23
Arizona	—	0	4	2	—	—	0	9	4	5
Colorado	—	0	0	—	—	1	0	2	5	12
Idaho†	—	0	1	—	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	—	—	0	2	—	—
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	2	1	—	0	2	7	4
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	8	3	18	91	31	4	4	12	82	88
Alaska	—	0	1	—	1	—	0	2	8	2
California	8	2	18	91	24	2	3	10	57	72
Hawaii	N	0	0	N	N	—	0	4	—	4
Oregon†	—	0	3	—	6	1	0	2	6	3
Washington	—	0	3	—	—	1	0	5	11	7
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	N	0	0	N	N	—	0	1	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* 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 June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	7	20	83	567	652	6	12	57	378	400	72	431	2,866	4,349	8,374
New England	1	1	5	21	40	1	0	2	17	14	2	30	83	501	490
Connecticut	—	0	2	6	9	—	0	2	2	1	—	1	5	16	32
Maine	—	0	1	3	2	—	0	1	3	2	—	1	5	21	15
Massachusetts	1	0	3	10	19	1	0	2	10	4	—	23	43	355	371
New Hampshire	—	0	2	2	6	—	0	2	2	6	1	2	36	64	18
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	8
Vermont†	—	0	1	—	2	—	0	1	—	1	1	1	8	45	46
Mid. Atlantic	—	3	13	75	84	—	2	11	56	64	18	27	137	690	623
New Jersey	—	0	2	5	21	—	0	2	5	21	—	4	10	95	86
New York (Upstate)	—	0	7	17	24	—	0	5	2	9	15	12	123	258	223
New York City	—	0	5	23	11	—	0	5	23	11	—	2	6	25	41
Pennsylvania	—	1	5	30	28	—	1	5	26	23	3	10	25	312	273
E.N. Central	2	2	10	63	80	2	1	6	46	67	12	53	132	553	1,757
Illinois	—	0	4	15	21	—	0	4	15	21	—	11	35	13	390
Indiana	1	0	5	10	8	1	0	2	4	3	6	4	75	81	142
Michigan	—	1	3	13	15	—	0	3	7	9	1	5	23	144	108
Ohio	1	1	5	25	27	1	0	4	20	25	5	16	30	273	641
Wisconsin	—	0	1	—	9	—	0	1	—	9	—	11	41	42	476
W.N. Central	1	1	4	33	38	—	1	3	13	18	1	61	542	564	1,040
Iowa	—	0	2	8	11	—	0	2	3	3	—	11	55	116	311
Kansas	—	0	1	1	6	—	0	1	1	6	—	11	28	155	121
Minnesota	1	0	2	8	6	—	0	1	3	1	—	0	485	75	163
Missouri	—	0	3	10	9	—	0	1	2	5	1	11	42	159	179
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	4	15	50	110
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	4	66
South Dakota	—	0	1	—	2	—	0	0	—	—	—	1	8	5	90
S. Atlantic	—	4	14	97	113	—	2	7	42	46	8	23	92	397	524
Delaware	—	0	1	3	2	—	0	1	3	2	—	0	1	2	13
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	—	1	6	37	46	—	0	5	13	14	3	4	14	91	69
Georgia	—	0	3	11	11	—	0	3	11	11	—	0	3	6	19
Maryland†	—	0	2	6	10	—	0	2	3	—	—	3	8	64	102
North Carolina	—	0	11	15	11	—	0	3	3	2	—	0	21	77	27
South Carolina†	—	0	2	11	11	—	0	1	4	8	—	5	22	57	186
Virginia†	—	0	4	11	14	—	0	3	5	5	—	2	73	86	78
West Virginia	—	0	2	3	4	—	0	1	—	1	5	0	5	11	26
E.S. Central	—	1	4	19	33	—	1	4	15	24	—	8	22	93	222
Alabama†	—	0	1	4	3	—	0	1	4	2	—	1	7	25	37
Kentucky	—	0	2	5	11	—	0	2	5	11	—	2	10	6	61
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	13	29
Tennessee†	—	0	2	9	15	—	0	2	5	7	—	2	14	49	95
W.S. Central	—	2	23	51	66	—	1	6	21	15	5	42	360	237	786
Arkansas	—	0	3	5	8	—	0	2	4	1	4	3	21	35	117
Louisiana	—	0	4	23	23	—	0	3	12	4	—	0	3	6	20
Oklahoma	—	0	4	8	10	—	0	1	—	1	1	0	124	3	—
Texas†	—	1	16	15	25	—	0	4	5	9	—	34	215	193	649
Mountain	—	1	4	38	55	—	0	4	23	15	22	62	230	861	1,829
Arizona	—	0	4	18	23	—	0	4	18	8	13	15	177	268	401
Colorado	—	0	2	11	12	—	0	1	2	—	8	23	40	456	643
Idaho†	—	0	2	1	3	—	0	2	1	3	1	2	13	24	91
Montana	—	0	1	2	—	—	0	0	—	—	—	3	29	43	374
Nevada†	—	0	2	—	6	—	0	1	—	1	—	0	9	25	27
New Mexico†	—	0	1	1	3	—	0	1	—	2	—	2	6	14	104
Utah	—	0	1	3	8	—	0	1	—	1	—	7	32	—	174
Wyoming	—	0	2	2	—	—	0	2	2	—	—	1	5	31	15
Pacific	3	4	29	170	143	3	4	25	145	137	4	68	1,334	453	1,103
Alaska	—	0	1	1	1	—	0	1	1	1	—	2	15	30	18
California	3	2	14	104	91	3	2	14	104	91	—	33	1,136	168	419
Hawaii	—	0	1	4	7	—	0	1	4	2	—	3	10	35	70
Oregon†	—	1	7	39	25	—	1	4	28	25	1	3	26	60	382
Washington	—	0	25	22	19	—	0	11	8	18	3	11	195	160	214
American Samoa	U	0	0	—	—	U	0	0	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	1	—	—	—	0	1	—	—	—	0	2	—	—
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	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	59	108	147	2,152	2,591	7	37	246	437	282	355	840	2,287	11,021	12,297
New England	12	12	26	236	315	—	0	2	1	1	10	34	140	571	703
Connecticut	3	3	13	54	67	—	0	0	—	—	—	6	132	132	144
Maine	—	1	5	29	28	N	0	0	N	N	—	2	8	22	64
Massachusetts	6	4	17	120	182	—	0	2	1	—	2	19	41	334	382
New Hampshire	—	0	3	5	4	—	0	1	—	—	5	2	12	39	60
Rhode Island	—	0	4	1	10	—	0	2	—	1	2	0	17	32	19
Vermont†	3	1	7	27	24	—	0	0	—	—	1	1	10	12	34
Mid. Atlantic	17	19	46	464	348	1	1	7	12	21	25	80	272	1,164	1,507
New Jersey	N	0	0	N	N	—	0	3	—	7	—	12	41	118	294
New York (Upstate)	11	12	24	191	174	1	0	1	1	—	17	22	233	313	347
New York City	—	0	3	—	11	—	0	2	3	1	—	21	44	307	392
Pennsylvania	6	8	35	273	163	—	1	5	8	13	8	29	61	426	474
E.N. Central	1	2	9	24	94	—	0	7	7	8	40	94	219	1,513	1,844
Illinois	—	0	4	—	13	—	0	4	1	5	—	27	81	330	750
Indiana	—	0	3	3	3	—	0	1	1	—	5	11	69	200	167
Michigan	—	0	4	15	8	—	0	1	—	1	7	16	35	266	309
Ohio	1	0	2	6	70	—	0	3	5	2	27	25	52	453	330
Wisconsin	N	0	2	N	N	—	0	1	—	—	1	15	44	264	288
W.N. Central	8	5	15	98	143	2	2	14	43	25	27	46	90	765	793
Iowa	—	0	4	18	—	—	0	2	—	1	—	7	18	115	145
Kansas	—	1	5	28	42	—	0	1	1	1	—	7	17	106	106
Minnesota	1	1	5	12	29	—	0	1	1	—	12	10	30	195	184
Missouri	—	1	6	9	21	2	1	13	39	22	13	15	40	244	216
Nebraska†	—	0	0	—	—	—	0	2	2	—	2	4	12	70	74
North Dakota	7	0	5	13	11	—	0	1	—	—	—	0	46	4	12
South Dakota	—	1	4	18	40	—	0	2	—	1	—	2	9	31	56
S. Atlantic	13	36	65	753	982	—	17	94	319	159	92	252	514	2,919	3,206
Delaware	—	0	0	—	—	—	0	2	2	1	—	2	9	27	28
District of Columbia	—	0	0	—	—	—	0	1	—	—	—	1	7	23	17
Florida	—	0	22	65	201	—	0	3	10	8	65	99	230	1,293	1,163
Georgia	—	3	42	85	129	—	1	11	18	26	17	38	87	443	430
Maryland†	—	8	16	118	141	—	1	6	17	13	—	12	39	160	236
North Carolina	13	8	20	157	210	—	6	87	254	87	9	30	114	462	453
South Carolina†	—	4	11	53	81	—	1	6	4	16	1	21	73	234	524
Virginia†	—	10	26	232	203	—	2	10	13	6	—	19	66	244	309
West Virginia	—	1	13	43	17	—	0	2	1	2	—	3	19	33	46
E.S. Central	1	4	16	113	58	3	5	24	41	37	34	51	115	665	701
Alabama†	—	1	7	33	33	2	0	9	13	9	18	13	41	264	173
Kentucky	1	0	5	7	6	—	0	1	—	—	4	8	27	115	112
Mississippi	—	0	1	—	—	—	0	3	—	2	—	12	62	94	150
Tennessee†	—	1	9	73	19	1	3	18	28	26	12	14	41	192	266
W.S. Central	4	14	34	340	474	—	1	161	9	12	6	85	922	937	1,034
Arkansas	—	0	3	15	14	—	0	32	6	2	6	14	67	286	179
Louisiana	—	0	0	—	—	—	0	2	—	5	—	9	43	122	236
Oklahoma	—	1	9	24	48	—	0	154	1	5	—	7	48	87	112
Texas†	4	12	28	301	412	—	0	8	2	—	—	44	839	442	507
Mountain	3	4	16	54	107	—	0	6	3	18	40	49	110	753	763
Arizona	3	2	11	47	87	—	0	6	2	12	2	14	67	217	216
Colorado	—	0	2	—	8	—	0	1	—	1	25	12	45	233	174
Idaho†	—	0	12	—	—	—	0	2	—	1	—	2	15	42	64
Montana	—	0	3	5	—	—	0	0	—	1	—	2	16	41	35
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	34	69
New Mexico†	—	0	1	—	1	—	0	1	—	2	—	4	13	45	81
Utah	—	0	5	1	—	—	0	0	—	—	12	5	30	115	107
Wyoming	—	0	2	1	11	—	0	1	1	1	1	1	12	26	17
Pacific	—	3	15	70	70	1	0	1	2	1	81	103	426	1,734	1,746
Alaska	—	0	4	12	1	—	0	0	—	—	—	1	7	34	17
California	—	3	15	56	68	1	0	1	2	—	72	81	292	1,312	1,338
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	15	87	107
Oregon†	—	0	1	2	1	—	0	1	—	1	—	7	25	147	153
Washington	U	0	0	U	U	N	0	0	N	N	9	10	124	154	131
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
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	4	—	15
Puerto Rico	—	1	6	46	35	N	0	0	N	N	—	11	35	41	187
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	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	12	54	296	427	656	140	300	1,009	3,485	4,845	38	81	282	2,376	2,369
New England	—	3	15	37	57	1	5	26	101	85	1	5	11	91	141
Connecticut	—	0	14	14	17	—	0	20	20	19	U	1	4	U	57
Maine	—	0	5	—	11	—	0	3	—	5	—	0	2	10	4
Massachusetts	—	1	7	18	21	1	4	11	71	50	—	2	6	55	60
New Hampshire	—	0	2	5	4	—	0	4	4	4	—	0	3	16	7
Rhode Island	—	0	2	—	1	—	0	6	4	2	—	0	3	3	6
Vermont§	—	0	2	2	3	—	0	4	2	5	1	0	2	7	7
Mid. Atlantic	—	5	107	14	66	1	17	72	245	465	6	13	43	398	513
New Jersey	—	1	7	—	18	—	4	18	58	123	—	1	8	13	104
New York (Upstate)	—	2	103	24	23	1	4	60	90	110	5	4	32	161	160
New York City	—	0	3	7	—	—	5	14	61	199	—	3	8	54	98
Pennsylvania	—	2	8	—	25	—	2	48	36	33	1	5	13	170	151
E.N. Central	3	10	38	95	127	12	19	96	339	366	6	16	41	472	542
Illinois	—	1	10	—	36	—	7	26	89	94	—	4	10	89	183
Indiana	—	1	7	13	16	1	1	56	54	39	2	1	11	65	53
Michigan	—	1	8	19	17	—	3	10	74	121	1	3	11	126	130
Ohio	3	2	14	37	36	11	3	11	70	25	3	4	19	159	114
Wisconsin	—	3	15	26	22	—	3	10	52	87	—	1	4	33	62
W.N. Central	1	7	35	67	91	34	46	78	515	346	1	5	57	177	150
Iowa	—	1	10	16	20	—	1	7	15	44	N	0	0	N	N
Kansas	—	0	4	—	14	—	4	20	33	19	—	0	5	35	26
Minnesota	1	3	19	47	14	1	2	6	31	28	—	0	52	78	53
Missouri	5	2	7	38	25	31	23	70	367	213	1	1	5	36	41
Nebraska§	2	1	5	11	15	2	3	11	38	25	—	0	4	17	12
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	5	4
South Dakota	—	0	5	3	2	—	2	17	27	15	—	0	3	6	14
S. Atlantic	1	7	39	79	112	56	51	122	979	695	6	19	40	554	445
Delaware	—	0	2	1	—	—	0	2	—	5	—	0	2	4	—
District of Columbia	—	0	1	—	—	—	0	2	3	7	—	0	2	7	5
Florida	1	1	29	35	52	40	25	66	443	321	2	6	12	128	111
Georgia	—	0	6	—	12	16	13	34	336	194	4	4	13	126	91
Maryland§	—	1	5	6	14	—	2	8	36	25	—	3	12	105	88
North Carolina	1	1	11	29	16	—	2	22	82	63	—	1	21	67	71
South Carolina§	—	0	2	3	1	—	2	9	58	42	—	1	6	36	24
Virginia§	—	1	8	—	17	—	2	9	21	38	—	2	11	66	43
West Virginia	—	0	2	—	—	—	0	1	—	—	—	0	6	15	12
E.S. Central	2	2	11	25	33	9	15	46	263	615	3	3	10	106	99
Alabama§	—	0	3	2	10	4	3	13	70	134	N	0	0	N	N
Kentucky	—	1	8	13	8	—	7	23	127	66	—	0	5	23	23
Mississippi	—	0	2	—	1	—	1	6	26	38	—	0	0	—	—
Tennessee§	—	1	4	27	14	5	3	22	40	377	3	3	9	83	76
W.S. Central	—	1	52	6	23	3	64	596	241	1,340	3	7	58	192	132
Arkansas	—	0	2	2	3	3	1	8	35	23	1	0	5	18	7
Louisiana	—	0	2	—	8	—	2	11	43	57	—	0	2	7	6
Oklahoma	—	0	8	4	3	—	6	286	33	316	2	2	14	58	62
Texas§	—	1	44	22	9	—	48	308	130	944	—	4	43	109	57
Mountain	—	5	15	37	72	9	18	47	257	239	10	10	78	346	300
Arizona	—	0	4	16	9	2	10	29	143	112	5	4	57	195	128
Colorado	—	1	6	15	19	2	3	18	41	38	4	3	8	75	101
Idaho§	—	1	7	10	10	—	0	4	5	3	—	0	2	6	1
Montana	—	0	2	—	3	—	0	1	2	2	—	0	0	—	—
Nevada§	—	0	3	5	10	—	1	6	17	26	—	0	6	—	—
New Mexico§	—	0	3	3	7	—	2	9	24	40	—	1	7	27	36
Utah	—	1	7	9	13	4	1	4	23	18	1	1	6	41	32
Wyoming	—	0	3	1	1	1	0	1	2	—	—	0	1	2	2
Pacific	5	7	55	67	75	15	38	148	545	694	2	2	9	40	47
Alaska	—	0	2	—	4	—	0	2	6	9	—	0	0	—	—
California	2	4	18	47	32	14	32	104	405	611	—	0	0	—	—
Hawaii	—	0	4	4	3	—	0	4	15	12	2	2	9	40	47
Oregon§	—	1	47	22	27	1	1	31	62	36	N	0	0	N	N
Washington	3	2	32	16	9	—	3	43	57	26	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	3	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	3	—	9	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	2	2	—	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-0157; 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 June 3, 2006, and June 4, 2005 (22nd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	36	51	334	1,352	1,445	60	169	334	3,212	3,433	653	783	3,202	22,777	13,550
New England	1	1	24	12	128	4	3	17	80	87	8	45	165	662	2,361
Connecticut	U	0	7	U	54	—	0	11	17	19	U	12	67	U	798
Maine	N	0	0	N	N	1	0	2	5	1	—	4	20	85	184
Massachusetts	—	0	6	—	60	3	2	5	48	58	—	17	86	92	1,270
New Hampshire	—	0	0	—	—	—	0	2	5	4	4	7	42	158	81
Rhode Island	1	0	11	3	7	—	0	6	3	5	—	0	0	—	—
Vermont†	—	0	2	9	7	—	0	1	2	—	4	8	32	327	28
Mid. Atlantic	4	3	15	80	138	11	21	35	469	432	80	102	183	2,616	2,635
New Jersey	N	0	0	N	N	3	2	7	76	62	—	0	0	—	—
New York (Upstate)	4	1	10	27	56	4	2	14	66	30	—	0	0	—	—
New York City	U	0	0	U	U	—	11	21	231	272	—	0	0	—	—
Pennsylvania	—	2	9	53	82	4	5	9	96	68	80	102	183	2,616	2,635
E.N. Central	12	11	41	333	353	7	17	38	331	359	279	209	565	8,786	3,358
Illinois	—	1	3	11	12	4	8	23	137	197	—	1	5	5	48
Indiana	1	2	21	82	111	1	1	4	29	31	N	0	347	N	70
Michigan	—	0	4	12	25	2	2	19	52	32	47	102	231	2,542	2,101
Ohio	11	6	32	228	205	—	4	11	95	88	232	55	421	5,819	868
Wisconsin	N	0	0	N	N	—	1	3	18	11	—	11	41	420	271
W.N. Central	—	1	191	24	26	1	4	9	82	113	38	18	84	878	176
Iowa	N	0	0	N	N	—	0	3	7	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	10	10	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	4	11	31	—	0	0	—	—
Missouri	—	1	3	24	22	1	3	8	53	65	38	14	82	830	104
Nebraska†	—	0	0	—	2	—	0	1	1	3	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	18	10
South Dakota	—	0	1	—	2	—	0	1	—	—	—	1	12	30	62
S. Atlantic	18	24	53	706	570	9	43	186	782	782	18	71	858	2,286	1,126
Delaware	—	0	2	—	1	—	0	2	12	6	—	1	5	34	12
District of Columbia	—	0	3	19	11	1	2	9	48	51	—	0	5	18	16
Florida	11	13	36	379	287	6	14	29	299	315	—	0	0	—	—
Georgia	7	7	21	240	207	—	8	147	90	113	—	0	0	—	—
Maryland†	—	0	0	—	—	1	5	19	125	119	—	0	0	—	—
North Carolina	N	0	0	N	N	—	5	17	118	100	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	33	27	3	16	50	595	287
Virginia†	N	0	0	N	N	1	3	12	57	49	—	18	812	815	216
West Virginia	—	1	14	68	64	—	0	1	—	2	15	25	70	824	595
E.S. Central	—	3	13	105	105	4	10	19	223	182	1	0	70	26	—
Alabama†	N	0	1	N	N	—	3	12	97	69	1	0	70	26	—
Kentucky	—	0	5	20	17	—	1	8	31	15	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	5	11	23	—	0	0	—	—
Tennessee†	—	3	13	85	87	4	4	11	84	75	N	0	0	N	N
W.S. Central	—	1	8	46	90	17	24	37	556	537	176	195	1,757	5,965	2,268
Arkansas	—	0	3	7	9	—	1	6	33	25	4	3	110	358	—
Louisiana	—	1	5	39	81	4	4	17	62	112	—	0	17	90	105
Oklahoma	N	0	0	N	N	—	1	6	32	17	—	0	0	—	—
Texas†	N	0	0	N	N	13	17	29	429	383	172	189	1,647	5,517	2,163
Mountain	1	1	27	46	35	—	7	17	144	178	53	47	136	1,558	1,626
Arizona	N	0	0	N	N	—	3	13	79	59	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	12	21	31	31	76	808	1,125
Idaho†	N	0	0	N	N	—	0	3	2	14	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	5	—	0	0	—	—
Nevada†	—	0	27	3	2	—	1	6	30	52	—	0	2	4	—
New Mexico†	—	0	0	—	—	—	1	5	19	21	—	3	32	230	138
Utah	—	0	8	19	15	—	0	1	2	6	22	10	55	505	319
Wyoming	1	0	3	24	18	—	0	0	—	—	—	0	3	11	44
Pacific	—	0	0	—	—	7	32	47	545	763	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	4	—	0	0	—	—
California	N	0	0	N	N	4	28	42	442	682	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	7	1	N	0	0	N	N
Oregon†	N	0	0	N	N	1	0	6	8	15	N	0	0	N	N
Washington	N	0	0	N	N	2	2	11	83	61	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	—	3	—	2	12	—	348
Puerto Rico	N	0	0	N	N	—	3	16	54	75	—	8	47	114	355
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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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 June 3, 2006, and June 4, 2005 (22nd 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	—	1	155	3	6	—	0	203	—	14
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	10	—	—	—	0	4	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	1	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	1	—	0	80	—	1
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	1	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	24	—	—
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	1
S. Atlantic	—	0	6	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
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	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	1	1	—	0	5	—	1
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	1	—	0	5	—	1
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	2	—	—	0	22	—	3
Arkansas	—	0	3	—	—	—	0	2	—	1
Louisiana	—	0	20	—	—	—	0	9	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	2	—	—	0	13	—	—
Mountain	—	0	16	—	1	—	0	39	—	4
Arizona	—	0	8	—	1	—	0	8	—	—
Colorado	—	0	5	—	—	—	0	13	—	3
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	—
New Mexico§	—	0	3	—	—	—	0	4	—	1
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	2	—	0	90	—	5
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	2	—	0	89	—	5
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	—	—

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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 June 3, 2006 (22nd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	483	347	81	31	12	12	35
Boston, MA	129	80	30	9	4	6	10
Bridgeport, CT	33	26	4	3	—	—	1
Cambridge, MA	17	13	3	1	—	—	2
Fall River, MA	26	19	5	2	—	—	3
Hartford, CT	59	46	5	4	4	—	7
Lowell, MA	14	12	2	—	—	—	3
Lynn, MA	6	5	1	—	—	—	—
New Bedford, MA	27	22	3	1	1	—	2
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	50	33	8	5	1	3	—
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	35	29	3	1	—	2	1
Waterbury, CT	28	17	9	2	—	—	2
Worcester, MA	55	42	7	3	2	1	4
Mid. Atlantic	1,898	1,267	429	129	45	27	85
Albany, NY	42	26	9	3	2	2	2
Allentown, PA	32	25	6	1	—	—	1
Buffalo, NY	81	52	21	6	2	—	5
Camden, NJ	35	19	9	3	1	3	1
Elizabeth, NJ	13	10	2	1	—	—	1
Erie, PA	46	36	6	2	1	1	1
Jersey City, NJ	45	28	12	3	1	1	—
New York City, NY	1,018	705	215	71	16	10	33
Newark, NJ	55	29	16	7	2	1	4
Paterson, NJ	18	7	8	—	2	1	1
Philadelphia, PA	271	148	81	26	13	3	13
Pittsburgh, PA§	24	18	4	2	—	—	2
Reading, PA	22	18	3	—	—	1	—
Rochester, NY	100	77	15	3	2	3	14
Schenectady, NY	21	15	5	—	1	—	2
Scranton, PA	22	17	4	—	—	1	1
Syracuse, NY	—	—	—	—	—	—	—
Trenton, NJ	13	9	4	—	—	—	—
Utica, NY	18	12	5	—	1	—	3
Yonkers, NY	22	16	4	1	1	—	1
E.N. Central	1,711	1,139	399	104	37	32	109
Akron, OH	41	30	8	3	—	—	1
Canton, OH	37	24	9	2	—	2	5
Chicago, IL	316	201	81	24	7	3	21
Cincinnati, OH	56	30	14	3	4	5	5
Cleveland, OH	197	154	35	6	2	—	9
Columbus, OH	141	94	34	10	2	1	9
Dayton, OH	90	58	23	5	3	1	8
Detroit, MI	125	61	41	15	7	1	8
Evansville, IN	59	48	10	—	1	—	1
Fort Wayne, IN	53	35	15	2	—	1	6
Gary, IN	13	7	3	2	1	—	1
Grand Rapids, MI	52	42	4	1	—	5	3
Indianapolis, IN	144	89	38	7	3	7	12
Lansing, MI	45	30	12	3	—	—	2
Milwaukee, WI	95	64	23	5	—	3	6
Peoria, IL	34	21	5	2	4	2	1
Rockford, IL	39	27	9	2	1	—	—
South Bend, IN	49	32	11	6	—	—	2
Toledo, OH	79	53	20	4	1	1	7
Youngstown, OH	46	39	4	2	1	—	2
W.N. Central	492	306	133	27	14	12	32
Des Moines, IA	89	57	21	8	3	—	5
Duluth, MN	23	18	4	—	1	—	1
Kansas City, KS	18	11	6	—	—	1	1
Kansas City, MO	44	28	12	4	—	—	4
Lincoln, NE	27	19	4	2	1	1	—
Minneapolis, MN	51	23	20	3	3	2	2
Omaha, NE	68	43	22	2	—	1	10
St. Louis, MO	59	31	20	4	—	4	4
St. Paul, MN	48	30	11	3	2	2	3
Wichita, KS	65	46	13	1	4	1	2
S. Atlantic	1,111	683	272	88	34	32	52
Atlanta, GA	184	111	50	17	5	1	7
Baltimore, MD	117	64	29	10	8	6	10
Charlotte, NC	103	65	30	4	3	1	11
Jacksonville, FL	116	71	31	10	—	4	1
Miami, FL	79	49	15	6	6	3	1
Norfolk, VA	45	33	6	1	1	4	3
Richmond, VA	42	17	15	7	2	1	1
Savannah, GA	56	36	14	3	1	2	2
St. Petersburg, FL	50	36	9	—	2	3	3
Tampa, FL	165	108	36	13	3	3	8
Washington, D.C.	141	83	34	17	3	4	4
Wilmington, DE	13	10	3	—	—	—	1
E.S. Central	748	463	183	63	23	16	56
Birmingham, AL	142	82	42	10	6	2	10
Chattanooga, TN	68	51	16	—	—	1	3
Knoxville, TN	90	56	21	11	2	—	5
Lexington, KY	46	26	11	6	—	3	6
Memphis, TN	160	102	31	15	6	6	16
Mobile, AL	91	57	19	9	5	1	4
Montgomery, AL	20	8	8	1	1	2	4
Nashville, TN	131	81	35	11	3	1	8
W.S. Central	1,301	819	306	108	37	31	42
Austin, TX	75	42	19	9	2	3	2
Baton Rouge, LA	45	34	6	4	1	—	—
Corpus Christi, TX	54	36	12	4	1	1	3
Dallas, TX	180	98	51	17	7	7	6
El Paso, TX	43	26	13	4	—	—	2
Fort Worth, TX	106	80	21	3	—	2	12
Houston, TX	336	208	74	35	13	6	3
Little Rock, AR	79	41	25	4	5	4	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	214	141	48	14	6	5	7
Shreveport, LA	67	50	10	4	1	2	5
Tulsa, OK	102	63	27	10	1	1	—
Mountain	856	533	204	70	31	18	68
Albuquerque, NM	106	68	24	10	1	3	14
Boise, ID	46	31	10	3	2	—	5
Colorado Springs, CO	46	26	14	3	1	2	—
Denver, CO	86	54	27	1	3	1	10
Las Vegas, NV	284	178	63	28	12	3	19
Ogden, UT	26	20	2	1	1	2	1
Phoenix, AZ	145	80	40	13	6	6	10
Pueblo, CO	24	17	7	—	—	—	1
Salt Lake City, UT	93	59	17	11	5	1	8
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,491	1,022	309	101	33	26	124
Berkeley, CA	16	9	3	2	1	1	2
Fresno, CA	109	77	27	4	1	—	4
Glendale, CA	13	9	4	—	—	—	2
Honolulu, HI	44	31	5	6	1	1	—
Long Beach, CA	53	34	11	4	3	1	9
Los Angeles, CA	306	205	64	27	5	5	36
Pasadena, CA	24	13	6	3	—	2	3
Portland, OR	101	68	26	6	—	1	2
Sacramento, CA	161	116	29	7	8	1	12
San Diego, CA	115	82	19	7	4	3	8
San Francisco, CA	109	76	17	11	4	1	11
San Jose, CA	165	123	31	7	1	3	23
Santa Cruz, CA	34	20	8	5	—	1	—
Seattle, WA	96	69	21	3	1	2	7
Spokane, WA	55	37	10	2	3	3	3
Tacoma, WA	90	53	28	7	1	1	2
Total	10,091**	6,579	2,316	721	266	206	603

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.

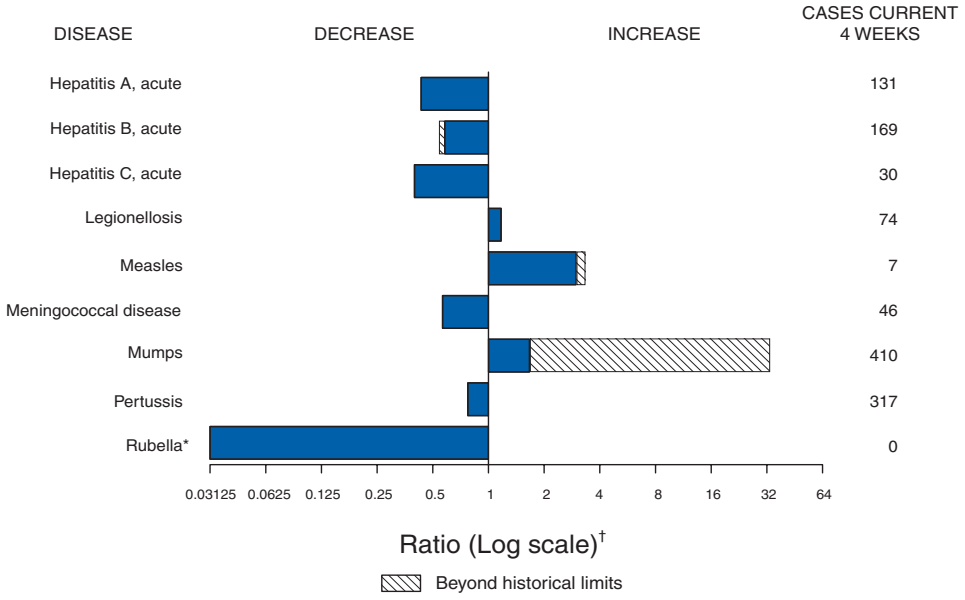
† Pneumonia and influenza.

§ 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 June 3, 2006, with historical data



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

Notifiable Disease Morbidity and 122 Cities Mortality Data Team

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