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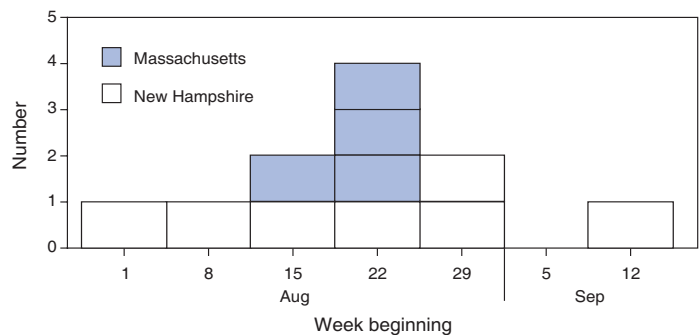
Eastern Equine Encephalitis — New Hampshire and Massachusetts, August–September 2005

During August–September 2005, the New Hampshire Department of Health and Human Services reported seven cases of human eastern equine encephalitis virus (EEEV) disease, the first laboratory-confirmed, locally acquired cases of human EEEV disease reported from New Hampshire in 41 years of national surveillance. Also during August–September 2005, the Massachusetts Department of Public Health reported four cases of human EEEV disease, five times the annual average of 0.8 cases reported from Massachusetts during the preceding 10 years. Four of the 11 patients from New Hampshire and Massachusetts died. EEEV is transmitted in marshes and swamps in an enzootic bird-mosquito-bird cycle primarily by the mosquito *Culiseta melanura*. Bridge mosquito vectors (e.g., *Coquillettidia perturbans*, *Aedes vexans*, or *Aedes sollicitans*) transmit EEEV to humans and other mammals (1,2). This report summarizes the investigations of cases in New Hampshire and Massachusetts conducted by the two state health departments and CDC. The findings underscore the importance of surveillance for, and diagnostic consideration of, arboviral encephalitis in the United States and promotion of preventive measures such as local mosquito control and use of insect repellent.

A case of EEEV disease was defined as meningitis or encephalitis that occurred during July 1–September 30, 2005, in a resident of New Hampshire or Massachusetts with 1) anti-EEEV IgM antibody in cerebrospinal fluid (CSF) or 2) elevated anti-EEEV IgM antibody by IgM antibody capture enzyme-linked immunosorbent assay (MAC-ELISA) and neutralizing antibodies to EEEV by plaque-reduction neutralization test (PRNT) in serum. Interviews were conducted with patients, family members, or friends; medical records were reviewed; and homes and other potential mosquito-exposure sites were mapped and evaluated for the presence of mosquito-breeding sites.

Symptom onset occurred from the week beginning August 1 through the week beginning September 12 (Figure 1). Median age of the patients was 45 years (range: 3 months to 85 years); six (55%) were male. All 11 patients were hospitalized; four (36%) died (Table). Before hospitalization, three patients (27%) had symptoms lasting <1 day, and eight patients (73%) had symptoms lasting 2–15 days. Five patients, including the four who died, visited health-care providers for evaluation of nonspecific symptoms before being hospitalized with encephalitis or meningitis. Nine patients (82%) had encephalitis marked by altered mental status; of these, three had acute neurologic symptoms that required hospitalization on the same day, and the other six had neurologic symptoms after a prodrome of nonspecific systemic symptoms. Two

FIGURE 1. Number (N = 11) of cases of eastern equine encephalitis virus disease, by week — New Hampshire and Massachusetts, August–September 2005



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(29%) had meningitis without altered mental status. Of 10 patients who had CSF samples collected, all had pleocytosis (range: 77–1,468 leukocytes/ μ L). EEEV was isolated from the cerebral cortex of one deceased patient who underwent autopsy. Serum samples from 26 family members or friends of patients in New Hampshire were tested for anti-EEEV IgM; none had IgM present in serum collected within 2 months of patient symptom onset.

Seven patients resided in three counties (Hillsborough, Merrimack, and Rockingham) in southeastern New Hampshire, and four resided in one county (Plymouth) in southeastern Massachusetts (Figure 2). All the patients worked or socialized in areas near swamps, cranberry bogs, or other wetlands capable of supporting production of bridge mosquito populations and both epizootic and enzootic transmission. In addition, all patients lived in wooded areas within a half mile of a swamp or cranberry bog and had potential outdoor exposure at dawn or dusk during the 2 weeks preceding illness onset. Information regarding insect repellent use was collected from six patients by direct or parental interview; one reported always using repellent, two reported occasional repellent use, and three reported never using repellent.

In New Hampshire and Massachusetts, mosquito pools (i.e., collections of 50 mosquitoes sorted by species and sex) were homogenized and tested for the presence of EEEV by reverse transcription–polymerase chain reaction (RT-PCR). The New Hampshire Department of Health and Human Services tested 3,938 mosquito pools and determined that 15 (0.4%) pools from four counties were EEEV positive: 10 *Culiseta morsitans*, two *Culiseta melanura*, one *Coquillettidia perturbans*, one *Culex pipiens*, and one *Aedes cinereus*. The Massachusetts Department of Public Health tested 8,136 mosquito pools and determined that 45 (0.6%) pools from six counties were EEEV positive: 41 *Culiseta melanura*, two *Coquillettidia perturbans*, one *Culex pipiens-restuans*, and one *Ochlerotatus japonicus japonicus*.

Specimens from animals suspected of having EEEV disease were submitted to the two state health departments and, if accepted, tested by RT-PCR, MAC-ELISA, or PRNT. In New Hampshire, 241 wild birds were tested, and 52 were EEEV positive; 33 veterinary animals were tested, and 16 animals (nine horses, four alpacas, two emus, and one llama) in seven counties were EEEV positive. In Massachusetts, wild birds were not tested; of 13 veterinary animals tested, five animals (four horses and one emu) in four counties were EEEV positive.

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TABLE. Demographic, clinical, and laboratory characteristics for patients (N = 11) with eastern equine encephalitis virus disease, by state — New Hampshire and Massachusetts, August–September 2005

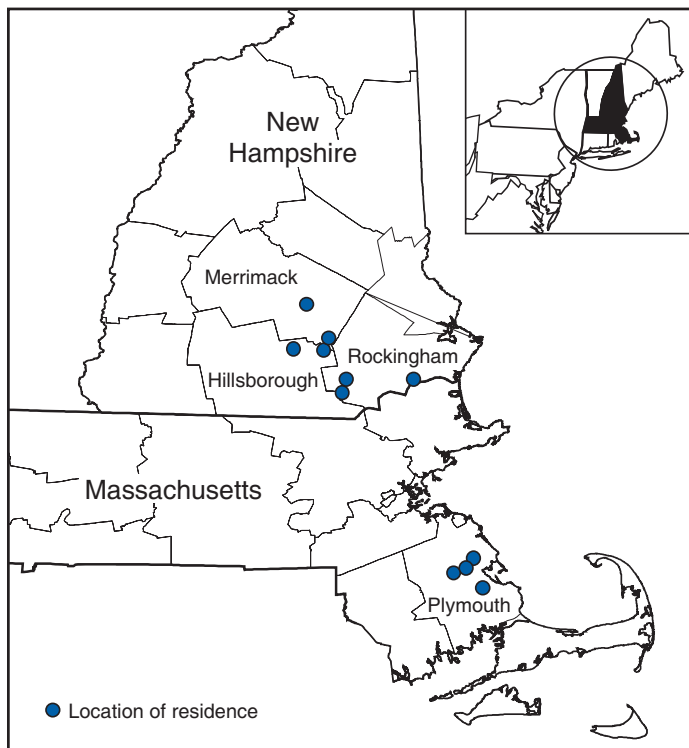
Characteristic	New Hampshire							Massachusetts			
	1*	2	3	4	5	6	7	8	9	10	11
Age group (yrs)	40–60	20–40	20–40	0–5	40–60	≥60	40–60	0–5	0–5	≥60	≥60
Syndromet	E	M	E	E	M	E	E	E	E	E	E
Prodromal signs and symptoms											
Fever	+	+	+	+	+	+	+	+	+	+	+
Headache	–	+	+	+	+	–	+	+	–	–	+
Weakness	+	+	+	+	+	+	+	–	–	–	–
Fatigue	+	–	+	+	+	+	+	+	+	–	–
Myalgias	–	+	+	+	–	–	+	–	–	–	–
Nausea/Vomiting/Anorexia	+	+	+	–	+	–	+	–	+	–	–
Prodrome duration (days)	~15	4	4	<1	9	8	11	<1	2	<1	2
Complications											
Seizures	–	–	+	+	–	+	–	+	+	–	–
Coma	+	–	+	+	–	+	+	+	+	+	+
Discharge disposition											
Lumbar puncture (days since onset)	Home	Home	Died	Rehab	Home	Died	Home	Died	Home	Rehab	Died
White blood cells (cells/ μ L) [§]	15	3	4	2	10	Not performed	10	3	2	1	3
Differential (%S/%L/%M) [¶]	94	201	988	411	743	—	106	847	193	77	1468
Glucose (mg/dL)	33/43/24	12/68/20	58/25/17	79/4/17	75/16/9	—	59/0/41	85/3/12	39/19/41	78/17/0	94/1/5
Protein (mg/dL)	62	84	80	92	63	—	136	104	51	53	70
	74	63	167	38	86	—	73	73	74	120	169

* Patient number.

† E = encephalitis; M = meningitis.

§ After laboratory examination of cerebrospinal fluid.

¶ S = segmented neutrophils; L = lymphocytes; M = mononuclear cells.

FIGURE 2. Location of residences of persons (N = 11) with eastern equine encephalitis virus disease, by county — New Hampshire and Massachusetts, August–September 2005

Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed); RN Plotinsky, MD, S Schumacher, MD, EC Farnon, MD, EIS officers, CDC.

Editorial Note: EEEV causes sporadic human disease in areas where the virus is endemic. Of the four lineages of EEEV, Group I is endemic in North America and the Caribbean and causes the majority of human disease; the other three groups (IIA, IIB, and III) cause primarily equine illness in Central and South America. For 2005, a total of 21 confirmed or probable cases of human EEEV disease* were reported to CDC, compared with 41 during 2000–2004,† an average of 8.2 cases per year. States reporting the highest annual average number of cases of EEEV disease during 2000–2004 were Florida (1.4 cases) and Michigan (1.2), followed by Georgia, Massachusetts, North Carolina, and South Carolina (0.8 each). Although few cases have been reported, EEEV disease can have severe health and economic consequences. The fatality rate has been estimated at 35%–75% (1–4), and eastern equine encephalitis can result in long-term neurologic sequelae, which, in one study, were projected to result in lifetime disease-related expenses of \$3 million per patient (5).

EEEV disease occurs near habitats suitable for breeding enzootic and bridge vectors and where avian amplifying hosts are abundant. A serosurvey of residents in towns with cases of EEEV disease during a 1959 New Jersey outbreak revealed an EEEV antibody seroprevalence of 2%–6% and a ratio of apparent to inapparent infections ranging from 1:16 to 1:32 (mean: 1:23) (6). Measures to control EEEV disease and other mosquito-borne diseases have focused on mosquito-control

* New Hampshire (seven cases), Florida (five), Massachusetts (four), Alabama (two), Georgia (one), Louisiana (one), and South Carolina (one).

† 2000 (three cases), 2001 (nine), 2002 (nine), 2003 (15), 2004 (five).

programs and public education regarding personal protection against mosquito bites. Massachusetts has local mosquito-control districts that routinely collect and submit mosquito pools to the state public health laboratory for testing. New Hampshire has no statewide testing program, but 16 towns and cities in 2005 funded their own mosquito surveillance and sent mosquito pools to the state for testing. In response to the 2005 outbreak, New Hampshire 1) began a public education campaign; 2) heightened human, equine, and avian surveillance for EEEV disease; and 3) trapped mosquitoes around patient residences and other potential exposure sites. In addition, the New Hampshire House of Representatives passed a bill that establishes a mosquito-control fund to assist towns, cities, and mosquito-control districts and a task force to facilitate a coordinated local, regional, and state response to arboviral disease.[§] Massachusetts is continuing its ongoing mosquito surveillance and public education campaigns.

Patients with aseptic meningitis or encephalitis in areas that support EEEV transmission should be tested for EEEV disease, and health-care providers should alert their state health departments when human or veterinary EEEV disease is suspected. Public health practitioners should advise the public to avoid EEEV disease and other mosquito-borne diseases by using personal protective measures (e.g., regular use of insect repellents containing DEET, picaridin, or oil of lemon eucalyptus [7]; wearing long-sleeved shirts and pants when outdoors; and avoiding outdoor exposure during periods when mosquitoes are most actively biting, usually from dusk to dawn). Communities in which risk for transmission of EEEV has been demonstrated should consider establishing mosquito surveillance and control programs.

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[§]HB 1464-FN-A-LOCAL, available at <http://www.gencourt.state.nh.us/legislation/2006/hb1464.html>.

Travel-Associated Dengue — United States, 2005

Dengue is a mosquito-transmitted, acute viral disease caused by any of four dengue virus serotypes (DEN-1, DEN-2, DEN-3, or DEN-4). Dengue is endemic in most tropical and subtropical areas of the world and has occurred among U.S. residents returning from travel to such areas (1,2). In collaboration with state health departments, CDC maintains a passive surveillance system for travel-associated dengue among U.S. residents. Suspected dengue in travelers is reported to state health departments, which forward specimens to CDC for diagnostic testing.* A case of travel-associated dengue is defined as laboratory-diagnosed dengue in a resident of one of the 50 states or the District of Columbia (DC) who traveled to a dengue-endemic area outside the United States or DC any time during the 14 days before symptom onset. This report summarizes information regarding 96 travel-associated dengue cases, including one fatality, among U.S. residents during 2005. Travelers to tropical areas can reduce their risk for dengue by using mosquito repellent and avoiding exposure to mosquitoes. Health-care providers should consider dengue in the differential diagnosis of febrile illness in patients who have returned recently from dengue-endemic areas.

Serum samples from 199 travelers with suspected dengue on the basis of clinical symptoms (3) during 2005 were submitted to CDC from 30 states. Of these 199 patients, 78 (39%) received a laboratory diagnosis of dengue, 51 (26%) were classified as indeterminate because a convalescent-phase sample for serologic testing was unavailable, and 70 (35%) did not have dengue. Of the 78 patients with dengue, 70 (90%) had elevated anti-dengue IgM antibodies, and eight (10%) had a dengue virus identified in serum by either polymerase chain reaction or viral isolation. Eighteen additional patients (12 from Florida, five from Texas, and one from New Mexico) had elevated anti-dengue IgM antibodies identified by commercial laboratories and also received a diagnosis of dengue (Table).

Of the 96 total patients with a dengue diagnosis, 53 (55%) were female. The median age of the 83 patients for whom age was reported was 43 years (range: <1–84 years). Travel destinations of 73 (76%) patients were identified. Thirty-two (44%) reported travel to Mexico during the 2 weeks before illness onset, 19 (26%) to Central America, 16 (22%) to the Caribbean, and six (8%) to Asia.

Clinical symptoms were reported for 24 (25%) patients. Six had at least one hemorrhagic symptom (e.g., epistaxis, hematemesis, hematuria, hemoptysis, petechia, or purpura). Of the 96 patients, 17 (18%) were reported to have been

*Some cases are confirmed by commercial laboratories and reported to CDC by state health departments without requests for further diagnostic testing.

TABLE. Suspected and laboratory-diagnosed cases of travel-associated dengue, by state — United States, 2005

State	Cases		Travel history, if known, of persons with laboratory-diagnosed dengue (no. of cases and serotype, if known)
	Suspected	Laboratory diagnosed	
Arizona	3	1	India
California	8	4	Mexico (two cases), unknown (two cases, one with DEN-4)
Connecticut	1	1	Unknown
Florida	14	12	Unknown
Georgia	11	3	Costa Rica (one case with DEN-1), Dominican Republic, unknown
Hawaii	20	2	Unknown
Idaho	1	0	—
Illinois	3	1	Costa Rica
Indiana	1	0	—
Kansas	1	0	—
Kentucky	1	0	—
Louisiana	2	0	—
Maryland	1	0	—
Massachusetts	24	6	India (two cases, one with DEN-3), Puerto Rico (three cases), unknown
Michigan	1	0	—
Minnesota	7	0	—
Montana	2	0	—
North Carolina	7	0	—
Nebraska	1	1	El Salvador
New Mexico	1	1	Costa Rica
New York	45	23	Dominican Republic (four cases, one with DEN-4), Nicaragua (11 cases), Puerto Rico (three cases), Singapore (one case with DEN-2), Thailand (two cases), unknown (two cases)
Ohio	1	1	Unknown
Oregon	8	1	Caribbean
Pennsylvania	1	0	—
Texas*	39	36	Belize, Costa Rica, Mexico† (30 cases, two with DEN-2), Nicaragua (two cases), Puerto Rico, St. Croix
Utah	2	1	Unknown (one case with DEN-2)
Vermont	1	0	—
Virginia	2	1	Puerto Rico
Washington	5	0	—
Wisconsin	3	1	Puerto Rico
Total	217	96	—

*Not including Texas residents with suspected and laboratory-diagnosed dengue who acquired their infections through autochthonous transmission during a 2005 dengue outbreak in south Texas.

†Includes travel-associated suspected and laboratory-diagnosed dengue cases identified in 2005 by the Border Infectious Disease Surveillance program.

hospitalized, including one who died. This rare travel-associated dengue fatality occurred in a woman aged 28 years in otherwise good health who had recently returned from a week in Mexico.

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Editorial Note: Dengue viruses are transmitted to humans by certain species of *Aedes* mosquitoes. The majority of U.S. residents who contract dengue become infected during travel to tropical and subtropical areas outside of the 50 states and DC, although autochthonous transmission has been documented in Texas (4,5) and Hawaii (6). Nearly as many cases of travel-associated dengue were identified in 2005 (96 cases) as were identified during the preceding 5 years combined (98 cases) (1,2). The incidences of dengue and dengue hemorrhagic fever (DHF) are increasing in the tropical areas of

the world, including in the Western hemisphere (7). Waning support for mosquito-control programs (i.e., less funding for vector control), urbanization in the tropics, increasing human populations, and increased use of nonbiodegradable products (i.e., which can hold fresh rain water and provide places for mosquitoes to lay eggs) have all contributed to the recent resurgence of dengue (7). In 2005, outbreaks of dengue and DHF were reported from several areas in the Americas, including Mexico, Puerto Rico, the U.S. Virgin Islands, Guadeloupe, Martinique, Belize, El Salvador, Costa Rica, Nicaragua, Ecuador, Venezuela, and Brazil.†

The incubation period for dengue ranges from 3 to 14 days. Dengue virus infection can be asymptomatic or cause illness ranging from mild, undifferentiated fever to severe disease that

† Data from International Society for Infectious Diseases (ProMED-mail, the Program for Monitoring Emerging Diseases, available at <http://www.promedmail.org>) and CDC (Epidemic Information Exchange [Epi-X], available at <http://www.cdc.gov/epix>).

includes hemorrhage and shock (8). DHF is characterized by fever, minor or major bleeding manifestations, thrombocytopenia ($\leq 100,000$ platelets/ μL), and evidence of increased vascular permeability (e.g., hemoconcentration [hematocrit $\geq 20\%$ higher than baseline], pleural or abdominal effusions, or hypoproteinemia) (6). Dengue shock syndrome (DSS) also can occur; DSS is DHF with signs of circulatory failure, including narrow pulse pressure (≤ 20 mm Hg), hypotension, or shock and has a case-fatality rate of approximately 10% (9). However, with early diagnosis and appropriate treatment, the case-fatality rate can be reduced to less than 1% (10). Aspirin and other nonsteroidal antiinflammatory drugs are contraindicated for patients with dengue because of their anticoagulant properties.

The findings in this report are subject to at least two limitations. First, these data are likely subject to underreporting because the surveillance system is passive (i.e., relies on health-care providers to report infections), and dengue is not a nationally notifiable disease in the United States. Second, travel histories and clinical information were not available for all cases, and the available data might not be representative of all persons with travel-associated dengue.

Persons traveling to areas where dengue is endemic should avoid exposure to mosquitoes by using repellents, wearing protective clothing, and remaining in well-screened or air-conditioned areas. Preventing travel-associated dengue not only benefits the traveler but also helps prevent introduction of dengue virus into areas of the United States (primarily the southeastern states) where vector mosquitoes might transmit the virus indigenously. No vaccine is available for preventing dengue infection. Health-care providers should consider dengue in the differential diagnosis of patients who have fever and a history of travel to tropical areas any time during the 2 weeks before symptom onset.

To diagnose dengue, health-care providers should obtain from the patient both an acute-phase (0–5 days after symptom onset) serum sample for directly detecting dengue virus and a convalescent-phase serum sample for detecting anti-dengue antibody, preferably obtained 1–2 weeks after the first sample.[§] Serum samples obtained for viral identification and serologic diagnosis can be sent through state or territorial health departments to CDC's Dengue Branch, Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, 1324 Calle Cañada, San Juan, Puerto Rico 00920-3860; telephone, 787-706-2399; fax, 787-706-2496. Serum samples should be accompanied by a summary of clinical and

epidemiologic information, including date of disease onset, date of sample collection, and detailed recent travel history. Additional information regarding dengue case reporting and instructions for specimen shipping are available at <http://www.cdc.gov/ncidod/dvbid/dengue/dengue-hcp.htm>.

Acknowledgments

This report is based, in part, on data contributed by state and local health departments and technical assistance from P Collins, Div of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed), CDC.

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Human Salmonellosis Associated with Animal-Derived Pet Treats — United States and Canada, 2005

During 2004–2005, contact with *Salmonella*-contaminated pet treats of beef and seafood origin resulted in nine culture-confirmed human *Salmonella* Thompson infections in western Canada and the state of Washington. This is the third published report (1,2) of an outbreak of human illness associated with pet treats in North America and the first to describe such an outbreak in the United States. This report highlights the investigation of the outbreak by U.S. and Canadian pub-

[§] Although serologic testing can detect diagnostic levels of anti-dengue IgM antibody reliably for approximately 30 days after symptom onset (and for 2–3 months in some cases), the optimum timing for a convalescent-phase sample is 1–2 weeks after the first sample.

lic health officials and provides recommendations for reducing the risk that *Salmonella*-contaminated pet treats pose to humans. Public health practitioners should consider pet treats a potential source for *Salmonella* transmission.

Case Reports

Case 1. In February 2005, a man aged 26 years in Alberta, Canada, sought medical care because of diarrheal illness. Stool culture yielded *S. Thompson*. The patient reportedly had fed his dog beef pet treats a few days before the onset of his illness. The dog was asymptomatic. A package of the same brand of pet treats fed to the dog was purchased and submitted for testing. The treats yielded *S. Thompson*, *S. Cerro*, and *S. Meleagridis*. The *S. Thompson* isolates from the patient and the treats were indistinguishable (i.e., defined as the outbreak strain) by pulsed-field gel electrophoresis (PFGE) using *Xba*I. The treats were packaged and distributed by a British Columbia (BC) manufacturing plant, but plant records were inadequate to determine where the treats had been produced.

Case 2. In February 2005, a woman aged 37 years in BC sought medical care because of diarrheal illness. Stool culture yielded *S. Thompson*. The patient reportedly had fed her dog salmon pet treats a few days before the onset of her illness. The dog also had a diarrheal illness, but specimens were not collected. The remaining pet treats were collected from the patient's house for testing. The treats yielded *S. Thompson*. Isolates of *S. Thompson* from the patient and treats were indistinguishable from each other and from the outbreak strain by PFGE. The salmon treats originated from a Washington manufacturing plant. The treats were imported into Canada, labeled, and distributed for sale in BC and Alberta by the same BC manufacturing plant identified in case 1.

Case 3. In March 2005, a woman aged 81 years in Washington sought medical care because of diarrheal illness, fever, and vomiting. The patient was hospitalized. Stool culture yielded *S. Thompson* indistinguishable from the outbreak strain by PFGE. The patient had purchased and fed beef pet treats to her dog before the onset of her illness. The patient reported frequent contact with her dog but reported no recent illness in the dog. The remaining treats were collected from the patient's house for testing. The treats yielded *S. Thompson* indistinguishable from the outbreak strain by PFGE. The treats originated from and were packaged by the Washington manufacturing plant that was the source of the treats in case 2.

Additional cases. In 2004 and 2005, six additional human cases of *S. Thompson* (three in BC, two in Washington, and one in Alberta), with isolates indistinguishable by PFGE from the outbreak strain, were identified by PulseNet

USA and PulseNet Canada (national molecular subtyping networks for foodborne disease surveillance). Five of the six additional patients were interviewed. Three (60%) of them had handled pet treats from the Washington or BC manufacturing plants. The two other patients had pet dogs. Stool culture from an asymptomatic dog yielded *S. Thompson* indistinguishable from the outbreak strain by PFGE.

Source Investigation

The BC and Washington manufacturing plants were investigated by authorities. Both manufacturers processed frozen, raw beef and salmon into pet treats for cats and dogs by thawing the materials, cutting them into the desired shapes and sizes, dehydrating them, and then packaging the finished products for distribution. The manufacturers in BC and Washington received frozen, raw beef parts from slaughterhouses in Canada and the United States, respectively. The Washington manufacturer also received frozen, raw salmon from a Washington seafood company. Although the pet treats were dehydrated at the BC and Washington plants, the dehydration temperatures were not high enough to kill bacteria that might have been present. No processing step, such as irradiation, that would destroy *Salmonella* and other bacteria was used during the processing. Production code dates, lot numbers, and location of plants were not recorded on the finished product packaging. No labels instructing pet owners to wash their hands after handling the product were provided. The BC manufacturing plant received some of its processed beef treats and all of its processed salmon treats from the Washington manufacturing plant.

Cultures of salmon and beef pet treats manufactured at the Washington plant and collected at the BC plant by Canadian authorities, and cultures of salmon treats collected at the Washington plant by U.S. authorities, yielded *S. Thompson* indistinguishable by PFGE from the outbreak strain. The salmon treats contained up to 80,000 colony-forming units of *Salmonella* per gram. Pet treats from the BC and Washington plants also contained other *Salmonella* serotypes, including *S. Montevideo*, *S. Newport*, *S. Give*, *S. Meleagridis*, *S. Cerro*, *S. Muenster*, *S. Agona*, and *S. Anatum*. Both manufacturing companies issued voluntary recalls of the implicated products in June 2005.

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Health Seattle & King County, Seattle; R Baer, MPH, M Leslie, DVM, Washington State Dept of Health. ML Collins, JM Johnson, DE Farmer, CE Keys, H Ekperigin, DVM, PhD, Food and Drug Admin. F Angulo, DVM, PhD, Div of Foodborne, Bacterial and Mycotic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed); RE Colindres, MD, EIS Officer, CDC.

Editorial Note: In 2004, a total of 5,085 laboratory-confirmed cases of human *Salmonella* infections were reported in Canada, and 35,661 laboratory-confirmed cases were reported in the United States (3,4). Studies in the United States have demonstrated that for each laboratory-confirmed case of *Salmonella* infection, 38 *Salmonella* infections occur in the community, indicating that more than 1 million persons in Canada and the United States might be infected with *Salmonella* each year (5). Although salmonellosis generally is a self-limiting infection, it can result in serious illness in more vulnerable populations, such as the very young, older adults, and immunocompromised persons.

Most human *Salmonella* infections are acquired by handling or consuming contaminated food products, particularly foods of animal origin. Infections also are acquired by direct and indirect contact with farm animals, reptiles, chicks, and, occasionally, pets. Infected animals usually shed *Salmonella* organisms in their feces. Humans can become infected when they place contaminated food, hands, or other objects in their mouths; therefore, hand washing after contact with animals is an effective way to prevent *Salmonella* infection.

This report describes an outbreak of nine culture-confirmed cases of human *S. Thompson* infection associated with handling animal-derived pet treats in Washington and western Canada. Because laboratory-confirmed cases of *Salmonella* represent only a small proportion of cases in the community (5), this outbreak might have involved hundreds of infections. In recent years, an increasing variety of animal by-products, such as pig ears, have become available for purchase as animal-derived pet treats. Animal-derived pet treats have been associated with previous outbreaks of human *Salmonella* infection in Canada. In 1999, contaminated pig ear pet treats were confirmed as the source of an outbreak of human *S. Infantis* in several provinces (1,6). In 2002, contaminated pet treats imported from Texas were associated with human *S. Newport* infections in Calgary, Alberta (2). The *S. Infantis* isolates from the patients in Canada and from the pet treats in the United States were indistinguishable by PFGE. Follow-up investigations of those outbreaks indicated that pet treats are frequently contaminated with *Salmonella* organisms. In Canada, after the 1999 outbreak, *Salmonella* organisms were isolated from 48 (51%) of 94 samples of pig ear pet treats purchased from retail stores in Alberta (2). In the United States, *Salmonella* organisms, including *S. Infantis*, were isolated from

65 (41%) of 158 samples of pig ear and other animal-derived pet treats purchased from retail stores during 1999–2000 (7).

Detecting and controlling the transmission of *Salmonella* organisms through pet treats poses several challenges (8). Animal-derived pet treats often are contaminated with salmonellae, and the dehydration procedure used to make pet treats might not be effective at eliminating the organism. Aside from direct contact with contaminated pet treats, transmission of salmonellae to humans might also occur indirectly through infection in pets. Pets consuming contaminated treats might become colonized with salmonellae but remain asymptomatic, thus becoming unrecognized sources of contamination in the household. Young children, older adults, or immunocompromised persons in such households might have a higher risk for severe illness from *Salmonella* infection.

In Canada, pet treats are not regulated, but the Canadian Food Inspection Agency has used the Animal Health Act* to encourage product recalls. The Public Health Agency of Canada and the Pet Industry Joint Advisory Council are collaborating to improve the safety of these products.

In the United States, pet treats are regulated by the Food and Drug Administration (FDA). *Salmonella*-contaminated pet treats are considered adulterated under the Federal Food, Drug, and Cosmetic (FDC) Act.† After the 1999 Canadian outbreak, FDA encouraged manufacturers to take voluntary steps to ensure the absence of salmonellae in pet treats. In addition, the American Pet Products Manufacturers Association published *Guidelines for the Manufacturing of Natural Part Treats for Pets* to educate its members about contamination risks (9). In 2004, FDA initiated annual nationwide testing of pet treats for salmonellae. Because results of this testing have shown that the prevalence of *Salmonella* organisms in pet treats in the United States has not decreased, FDA plans to broaden its use of enforcement actions to ensure compliance with the FDC Act.

Pet treat manufacturers, retailers, health-care providers, public health authorities, veterinarians, and consumers should be aware of the potential for animal-derived pet treats to serve as a source of *Salmonella*-related illness in humans. Public health authorities should routinely consider this possibility during their investigations of cases or outbreaks of human salmonellosis. In response to the public health hazard described in this and other reports, CDC and the Public Health Agency of Canada have issued recommendations (Box) to reduce the risk for transmission of salmonellae to humans from contaminated animal-derived pet treats.

* Available at <http://www.fda.gov/opacom/laws/fdcact/fdcact4.htm>.

† Available at <http://www.inspection.gc.ca/english/animal/heasan/heasane.shtml>.

BOX. Recommendations to reduce the risk for transmission of *Salmonella* organisms to humans from contaminated animal-derived pet treats

- Persons should always wash their hands thoroughly with soap and water after handling animal-derived pet treats.
- Persons at increased risk for infection or serious complications of salmonellosis (e.g., children aged <5 years, older adults, and immunocompromised persons) should avoid contact with animal-derived pet treats.
- Pet store owners, health-care providers, veterinarians, and pet treat manufacturers should provide information to pet owners about the potential health risks of animal-derived pet treats and salmonellosis prevention.
- Pet treat manufacturers should implement a step (e.g., heat treatment or irradiation) that destroys *Salmonella* and other bacteria during the processing of pet treats and should provide labels containing production information.

SOURCES: CDC and the Public Health Agency of Canada

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Notice to Readers

Publication of Surgeon General's Report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke*

The Surgeon General's report, *The Health Consequences of Involuntary Exposure to Tobacco Smoke* (1), was released on June 27, 2006. The report is an evaluation and synthesis of evidence regarding the health effects of exposure to second-hand smoke. An update of the 1986 report, *The Health Consequences of Involuntary Smoking*, the report also adds information regarding secondhand smoke to the smoking and health database developed for the 2004 report, *The Health Consequences of Smoking*; the database is available at <http://www.cdc.gov/tobacco>.

The six major conclusions of the latest report are as follows:

1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
4. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Copies of the full report (stock no. 017-024-01685-3) can be purchased from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954; via telephone, 866-512-1800; or at <http://bookstore.gpo.gov>. The full report, the executive summary, and the consumer-oriented publication, *The Health Consequences of Secondhand Smoke — What It Means To You*, also can be downloaded at <http://www.cdc.gov/tobacco>. Single, free copies of these three publications can be ordered at http://apps.nccd.cdc.gov/osh_pub_catalog.

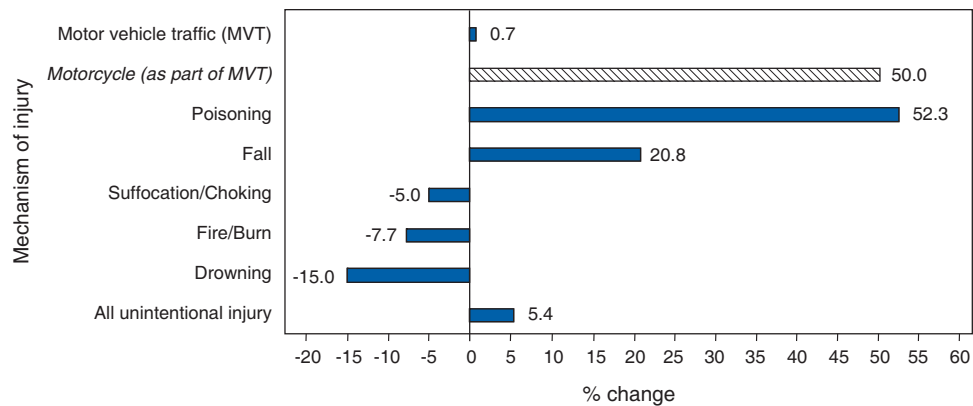
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QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage Change in Death Rates for the Leading Causes of Unintentional Injury, by Mechanism of Injury — United States, 1999–2003



During 1999–2003, unintentional injury mortality increased 5.4%. Increases in mortality rates from motor vehicle traffic, poisoning, and fall exceeded declines in mortality rates from suffocation/choking, fire/burn, and drowning. The 0.7% increase in the motor vehicle injury rate resulted from a 50.0% increase in motorcycle-related injury.

SOURCE: National Vital Statistics System (NVSS), 1999–2003. NVSS injury mortality data are available from WISQARS™ (Web-based Injury Statistics Query and Reporting System) at <http://www.cdc.gov/ncipc/wisqars>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 24, 2006 (25th 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	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	1	0	19	16	20	28	39	
infant	—	32	2	90	87	76	69	97	
other (wound & unspecified)	—	22	0	33	30	33	21	19	
Brucellosis	4	47	3	122	114	104	125	136	NC (1), CA (3)
Chancroid	2	18	1	17	30	54	67	38	NY (1), VA (1)
Cholera	—	2	0	11	5	2	2	3	
Cyclosporiasis§	2	29	12	734	171	75	156	147	FL (2)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§§:									
California serogroup	—	—	2	78	112	108	164	128	
eastern equine	—	—	0	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	9	48	13	790	537	362	511	261	NY (2), MN (6), MO (1)
human monocytic	3	75	8	522	338	321	216	142	NY (1), MN (1), MO (1)
human (other & unspecified)	—	15	3	122	59	44	23	6	
<i>Haemophilus influenzae</i> **									
invasive disease (age <5 yrs):									
serotype b	—	3	0	9	19	32	34	—	
nonserotype b	—	43	2	135	135	117	144	—	
unknown serotype	4	89	2	217	177	227	153	—	NY (2), TN (1), UT (1)
Hansen disease§	1	28	2	88	105	95	96	79	FL (1)
Hantavirus pulmonary syndrome§	1	9	1	29	24	26	19	8	ID (1)
Hemolytic uremic syndrome, postdiarrheal§	2	53	5	221	200	178	216	202	OH (1), TN (1)
Hepatitis C viral, acute	9	375	32	771	713	1,102	1,835	3,976	CT (1), PA (1), MN (1), AL (4), OK (1), OR (1)
HIV infection, pediatric (age <13 yrs)§††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	1	32	0	48	—	N	N	N	MI (1)
Listeriosis	4	213	14	892	753	696	665	613	MO (1), FL (2), CA (1)
Measles***	1	23	2	65	37	56	44	116	NY (1)
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	124	5	297	—	—	—	—	MN (1)
serogroup B	3	75	3	157	—	—	—	—	OH (1), MN (1), VA (1)
other serogroup	—	12	1	27	—	—	—	—	
Mumps	48	4,344	4	314	258	231	270	266	NY (3), OH (3), IN (3), IA (1), MO (3), SD (5), KS (17), VA (3), WV (3), AL (2), TX (1), WY (1), CA (2), PR (1)
Plague	—	1	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	9	0	19	12	12	18	25	
Q fever§	1	57	2	139	70	71	61	26	CA (1)
Rabies, human	—	1	—	2	7	2	3	1	
Rubella	—	4	1	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	59	2	129	132	161	118	77	
<i>Streptococcus pneumoniae</i> ,§									
invasive disease (age <5 yrs)	10	566	12	1,257	1,162	845	513	498	NY (2), IN (2), MN (4), TX (2)
Syphilis, congenital (age <1 yr)	—	97	8	361	353	413	412	441	
Tetanus	—	9	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	—	45	2	96	95	133	109	127	
Trichinellosis	1	6	0	19	5	6	14	22	UT (1)
Tularemia§	2	20	4	154	134	129	90	129	KS (1), CA (1)
Typhoid fever	—	114	6	324	322	356	321	368	
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	2	—	2	—	N	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	4	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2005 and 2006 are provisional, whereas data for 2001, 2002, 2003, and 2004 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 41 cases reported since October 2, 2005 (week 40), only 37 occurred during the current 2005–06 season.

*** The one measles case reported for the current week was indigenous.

††† 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 24, 2006, and June 25, 2005 (25th 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	10,737	18,828	35,170	433,371	460,351	16	126	1,643	3,556	1,872	30	72	860	1,159	1,000
New England	360	633	1,550	14,484	15,121	—	0	0	—	—	1	4	35	62	54
Connecticut	—	169	1,214	3,405	4,423	N	0	0	N	N	—	0	14	9	6
Maine	50	41	74	1,021	990	N	0	0	N	N	—	0	3	12	11
Massachusetts	220	290	432	7,032	6,753	—	0	0	—	—	—	2	15	23	20
New Hampshire	24	34	64	849	883	—	0	0	—	—	—	1	3	11	7
Rhode Island	66	66	99	1,636	1,594	—	0	0	—	—	—	0	6	3	1
Vermont§	—	19	43	541	478	N	0	0	N	N	1	0	5	4	9
Mid. Atlantic	1,291	2,308	3,696	54,610	56,045	—	0	0	—	—	4	11	597	165	133
New Jersey	—	364	526	7,095	9,115	N	0	0	N	N	—	0	8	6	9
New York (Upstate)	493	497	1,727	11,127	11,171	N	0	0	N	N	4	3	561	50	33
New York City	297	689	1,611	17,967	18,093	N	0	0	N	N	—	2	15	24	37
Pennsylvania	501	718	1,073	18,421	17,666	N	0	0	N	N	—	4	21	85	54
E.N. Central	997	3,133	12,578	71,107	76,398	—	0	3	21	4	4	14	162	255	226
Illinois	443	942	1,536	22,607	23,810	—	0	0	—	—	—	2	16	31	30
Indiana	—	393	552	8,306	9,564	N	0	0	N	N	1	1	13	25	14
Michigan	339	570	9,888	15,146	12,358	—	0	3	17	4	—	2	7	41	28
Ohio	45	806	1,445	15,964	20,962	—	0	1	4	—	3	5	109	98	66
Wisconsin	170	397	531	9,084	9,704	N	0	0	N	N	—	4	38	60	88
W.N. Central	590	1,124	1,456	26,788	28,090	—	0	12	—	3	3	10	52	188	151
Iowa	105	150	225	3,864	3,349	N	0	0	N	N	—	1	11	19	36
Kansas	157	155	269	3,881	3,512	N	0	0	N	N	—	1	5	26	12
Minnesota	—	234	298	5,149	5,944	—	0	12	—	3	—	3	22	70	38
Missouri	284	432	525	9,656	10,797	—	0	1	—	—	1	2	37	35	50
Nebraska§	—	95	176	2,275	2,453	N	0	1	N	N	2	0	4	14	4
North Dakota	—	32	54	705	729	N	0	0	N	N	—	0	4	3	—
South Dakota	44	52	117	1,258	1,306	N	0	0	N	N	—	0	4	21	11
S. Atlantic	2,789	3,284	4,905	82,295	86,314	—	0	1	2	—	14	15	54	309	181
Delaware	58	68	92	1,711	1,560	N	0	0	N	N	—	0	2	1	—
District of Columbia	38	59	101	1,212	1,850	—	0	0	—	—	—	0	3	8	2
Florida	729	898	1,090	22,301	20,924	N	0	0	N	N	5	6	28	117	67
Georgia	9	615	2,142	11,107	14,704	—	0	0	—	—	1	3	12	104	47
Maryland§	279	356	519	8,582	8,636	—	0	1	2	—	—	0	4	9	9
North Carolina	735	569	1,772	16,934	16,477	N	0	0	N	N	7	1	10	36	25
South Carolina§	311	271	1,306	8,252	9,460	N	0	0	N	N	1	0	4	15	10
Virginia§	630	425	840	10,587	11,451	N	0	0	N	N	—	1	8	17	17
West Virginia	—	57	226	1,609	1,252	N	0	0	N	N	—	0	3	2	4
E.S. Central	727	1,382	2,188	33,894	32,940	—	0	0	—	—	2	3	29	43	28
Alabama§	—	370	1,048	9,272	5,921	N	0	0	N	N	2	0	5	21	11
Kentucky	203	152	336	4,499	4,941	N	0	0	N	N	—	1	25	10	11
Mississippi	—	378	647	8,203	10,867	—	0	0	—	—	—	0	1	1	—
Tennessee§	524	488	614	11,920	11,211	N	0	0	N	N	—	1	4	11	6
W.S. Central	1,183	2,161	3,605	51,665	54,625	—	0	1	—	—	2	4	30	68	32
Arkansas	134	162	340	3,713	4,253	—	0	0	—	—	—	0	2	7	1
Louisiana	104	282	761	7,362	9,319	—	0	1	—	N	—	0	21	9	3
Oklahoma	91	235	2,159	5,663	5,181	N	0	0	N	N	2	1	10	16	13
Texas§	854	1,400	1,801	34,927	35,872	N	0	0	N	N	—	2	19	36	15
Mountain	547	1,097	1,839	22,501	30,518	—	92	452	2,405	1,117	—	2	9	39	56
Arizona	408	365	642	8,664	10,871	—	91	448	2,359	1,063	—	0	1	4	4
Colorado	—	219	482	2,898	7,138	N	0	0	N	N	—	1	3	15	17
Idaho§	110	52	218	1,576	1,116	N	0	0	N	N	—	0	2	4	5
Montana	29	39	195	1,011	1,103	N	0	0	N	N	—	0	2	7	9
Nevada§	—	86	432	1,795	3,518	—	1	4	20	36	—	0	1	3	8
New Mexico§	—	164	338	4,016	4,150	—	0	2	2	10	—	0	3	—	7
Utah	—	89	136	1,870	2,104	—	0	3	22	6	—	0	3	6	4
Wyoming	—	26	55	671	518	—	0	2	2	2	—	0	1	—	2
Pacific	2,253	3,243	5,079	76,027	80,300	16	33	1,179	1,128	748	—	4	52	30	139
Alaska	64	83	152	1,987	1,951	—	0	0	—	—	—	0	2	1	—
California	1,775	2,505	4,231	58,529	62,278	16	33	1,179	1,128	748	—	2	14	—	97
Hawaii	—	109	135	2,435	2,576	N	0	0	N	N	—	0	1	—	—
Oregon§	149	177	315	4,386	4,235	N	0	0	N	N	—	1	20	29	23
Washington	265	357	604	8,690	9,260	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	—	365	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	76	162	1,877	2,081	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	7	6	102	—	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 June 24, 2006, and June 25, 2005 (25th 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	32	74	245	1,557	1,810	55	87	597	1,771	2,488	37	40	127	640	580
New England	4	6	22	96	192	—	2	9	32	69	—	2	12	26	29
Connecticut	2	1	3	18	26	—	0	3	—	27	—	0	8	11	7
Maine	—	0	2	4	1	—	0	2	9	4	—	0	1	3	1
Massachusetts	—	4	14	47	123	—	1	5	14	23	—	1	6	10	14
New Hampshire	—	1	12	15	34	—	0	3	5	12	—	0	1	1	4
Rhode Island	2	0	4	5	5	—	0	2	4	1	—	0	10	—	3
Vermont†	—	0	2	7	3	—	0	1	—	2	—	0	3	1	—
Mid. Atlantic	2	9	24	132	296	3	9	55	165	332	14	12	53	163	162
New Jersey	—	2	9	17	55	—	3	10	40	117	—	1	13	6	27
New York (Upstate)	1	2	14	41	41	2	1	43	29	29	9	4	29	72	39
New York City	1	3	10	48	152	—	1	5	23	74	—	1	20	14	24
Pennsylvania	—	1	6	26	48	1	3	9	73	112	5	5	17	71	72
E.N. Central	3	6	15	128	165	8	8	24	162	269	8	8	25	135	116
Illinois	—	1	11	17	50	—	1	6	6	81	—	1	5	13	16
Indiana	2	0	7	20	9	4	0	17	23	11	—	0	6	6	10
Michigan	—	2	8	48	56	—	3	7	67	90	1	2	6	29	31
Ohio	1	1	4	36	27	4	2	8	61	68	7	3	19	68	48
Wisconsin	—	0	5	7	23	—	0	6	5	19	—	1	5	19	11
W.N. Central	2	2	30	72	45	2	4	22	68	121	1	1	12	19	17
Iowa	—	0	2	4	11	—	0	3	5	12	—	0	1	1	3
Kansas	1	0	5	21	7	—	0	2	5	17	—	0	1	1	2
Minnesota	—	0	29	6	3	—	0	13	6	10	—	0	10	—	1
Missouri	1	1	4	27	21	1	3	7	47	67	1	0	3	11	9
Nebraska†	—	0	3	9	3	1	0	2	5	13	—	0	2	3	1
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	2	—	0	6	3	—
S. Atlantic	5	12	34	230	281	12	23	66	549	718	12	9	19	163	139
Delaware	—	0	2	9	4	—	1	4	19	18	—	0	2	3	8
District of Columbia	—	0	2	2	2	—	0	2	4	4	1	0	2	6	2
Florida	3	4	18	82	94	8	9	19	209	246	2	3	8	72	41
Georgia	2	1	6	28	56	1	3	9	77	116	2	0	4	8	13
Maryland†	—	1	6	29	27	—	2	9	78	80	—	1	6	27	38
North Carolina	—	0	20	45	38	—	0	23	85	81	5	0	3	19	13
South Carolina†	—	1	3	10	14	1	2	7	30	75	—	0	2	2	4
Virginia†	—	1	11	24	43	2	1	18	20	79	2	1	7	24	16
West Virginia	—	0	1	1	3	—	0	18	27	19	—	0	3	2	4
E.S. Central	5	3	15	56	115	5	6	18	147	188	—	2	9	38	30
Alabama†	3	0	9	7	14	3	1	7	49	47	—	0	1	7	9
Kentucky	1	0	5	23	8	—	1	5	35	40	—	0	4	10	9
Mississippi	—	0	2	2	11	—	0	3	5	28	—	0	1	—	1
Tennessee†	1	1	7	24	82	2	2	12	58	73	—	1	7	21	11
W.S. Central	—	8	77	104	198	15	14	315	292	237	—	1	32	13	13
Arkansas	—	0	9	26	7	—	1	4	14	33	—	0	3	—	3
Louisiana	—	0	4	4	32	—	1	3	10	40	—	0	1	6	—
Oklahoma	—	0	2	4	3	—	0	17	12	25	—	0	3	1	2
Texas†	—	5	73	70	156	15	11	295	256	139	—	0	26	6	8
Mountain	—	5	18	111	148	—	6	39	131	254	—	1	8	38	45
Arizona	—	2	16	64	71	—	4	27	86	161	—	0	3	14	11
Colorado	—	1	4	17	18	—	1	5	15	25	—	0	3	2	11
Idaho†	—	0	2	5	18	—	0	2	5	5	—	0	2	5	1
Montana	—	0	2	5	7	—	0	7	—	3	—	0	1	3	3
Nevada†	—	0	2	6	8	—	1	4	13	24	—	0	2	3	9
New Mexico†	—	0	3	5	12	—	0	3	1	12	—	0	1	—	2
Utah	—	0	2	8	13	—	0	4	11	23	—	0	2	10	5
Wyoming	—	0	1	1	1	—	0	1	—	1	—	0	1	1	3
Pacific	11	16	163	628	370	10	9	61	225	300	2	2	9	45	29
Alaska	—	0	1	—	3	—	0	1	1	7	—	0	1	—	—
California	8	14	162	573	309	9	7	41	171	207	2	2	9	45	28
Hawaii	1	0	2	8	13	—	0	1	4	2	—	0	1	—	1
Oregon†	—	0	5	25	23	—	1	6	32	50	N	0	0	N	N
Washington	2	1	13	22	22	1	0	18	17	34	—	0	0	—	—
American Samoa	U	0	0	U	1	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	—	2	—	0	2	—	16	—	0	0	—	—
Puerto Rico	—	0	4	7	39	1	1	8	14	17	—	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 24, 2006, and June 25, 2005 (25th 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	179	229	2,153	2,834	4,955	20	25	125	485	574
New England	—	46	780	188	789	3	1	12	28	26
Connecticut	—	9	753	95	59	3	0	10	7	—
Maine	—	2	26	35	42	—	0	1	3	2
Massachusetts	—	7	205	11	648	—	0	3	13	18
New Hampshire	—	5	21	38	32	—	0	1	4	3
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	9	5	—	0	1	1	1
Mid. Atlantic	146	131	1,176	1,854	2,728	—	5	15	72	160
New Jersey	—	20	312	300	1,218	—	1	7	13	36
New York (Upstate)	131	74	1,150	927	545	—	1	11	11	23
New York City	—	2	33	—	113	—	3	8	36	83
Pennsylvania	15	34	376	627	852	—	1	2	12	18
E.N. Central	—	9	160	139	543	—	3	8	47	62
Illinois	—	0	13	—	45	—	1	5	12	33
Indiana	—	0	4	3	4	—	0	3	6	3
Michigan	—	1	7	10	5	—	0	2	8	12
Ohio	—	1	5	17	22	—	1	3	16	9
Wisconsin	—	9	145	109	467	—	0	3	5	5
W.N. Central	12	9	98	90	132	1	0	32	22	27
Iowa	—	1	8	13	36	—	0	1	1	4
Kansas	—	0	2	3	2	—	0	1	—	2
Minnesota	10	6	96	62	89	—	0	30	14	11
Missouri	2	0	2	6	5	—	0	2	3	10
Nebraska†	—	0	2	5	—	1	0	2	2	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	—	—	0	1	1	—
S. Atlantic	14	27	124	445	671	4	7	16	153	111
Delaware	2	8	37	181	268	—	0	1	4	1
District of Columbia	—	0	2	8	3	—	0	2	—	2
Florida	—	1	5	14	11	1	1	6	24	18
Georgia	—	0	1	—	2	—	1	6	48	22
Maryland†	9	15	87	196	306	—	1	9	35	39
North Carolina	—	0	5	9	22	—	0	8	11	14
South Carolina†	—	0	3	4	8	—	0	2	4	3
Virginia†	3	3	22	33	50	3	1	9	26	11
West Virginia	—	0	44	—	1	—	0	2	1	1
E.S. Central	1	0	4	3	10	—	0	3	12	11
Alabama†	—	0	1	—	—	—	0	2	7	3
Kentucky	—	0	2	—	1	—	0	2	1	4
Mississippi	—	0	0	—	—	—	0	1	2	—
Tennessee†	1	0	4	3	9	—	0	2	2	4
W.S. Central	—	0	5	3	41	—	2	31	31	43
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	3	36	—	1	29	28	36
Mountain	—	0	4	4	3	—	0	9	18	27
Arizona	—	0	4	2	—	—	0	9	4	5
Colorado	—	0	0	—	—	—	0	2	6	14
Idaho†	—	0	1	—	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	—	—	0	1	—	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	6	3	19	108	38	12	4	10	102	107
Alaska	—	0	1	—	2	4	0	2	14	3
California	6	3	19	107	26	6	2	10	68	81
Hawaii	N	0	0	N	N	—	0	1	—	10
Oregon†	—	0	3	1	9	—	0	2	6	3
Washington	—	0	3	—	1	2	0	5	14	10
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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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 24, 2006, and June 25, 2005 (25th Week)*

Reporting area	Meningococcal disease, invasive										Pertussis				
	All serogroups					Serogroup unknown					Pertussis				
	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	9	20	85	620	736	5	13	58	409	444	112	403	2,877	5,484	9,782
New England	1	1	3	26	48	1	0	2	19	17	—	30	83	584	564
Connecticut	—	0	2	8	10	—	0	2	2	1	—	1	5	16	36
Maine	—	0	1	3	2	—	0	1	3	2	—	1	5	23	15
Massachusetts	1	0	2	12	23	1	0	2	12	5	—	23	43	415	426
New Hampshire	—	0	2	2	7	—	0	2	2	7	—	2	36	71	21
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	11
Vermont†	—	0	1	1	4	—	0	0	—	2	—	1	10	59	55
Mid. Atlantic	—	3	13	86	91	—	2	11	65	70	19	28	137	762	671
New Jersey	—	0	2	5	23	—	0	2	5	23	—	4	10	95	90
New York (Upstate)	—	0	7	20	26	—	0	5	3	10	12	12	123	293	250
New York City	—	0	5	27	12	—	0	5	27	12	—	2	6	28	42
Pennsylvania	—	1	5	34	30	—	1	5	30	25	7	11	26	346	289
E.N. Central	1	3	11	71	93	—	2	6	52	78	9	48	133	618	1,898
Illinois	—	0	4	17	22	—	0	4	17	22	—	11	35	38	430
Indiana	—	0	5	12	12	—	0	2	6	5	1	4	75	88	146
Michigan	—	1	3	15	16	—	0	3	8	10	3	5	23	161	117
Ohio	1	1	5	27	28	—	0	4	21	26	5	16	30	289	663
Wisconsin	—	0	2	—	15	—	0	2	—	15	—	9	41	42	542
W.N. Central	2	1	4	38	45	—	1	3	15	18	6	65	552	613	1,325
Iowa	—	0	2	9	12	—	0	1	3	1	—	12	63	137	363
Kansas	—	0	1	1	7	—	0	1	1	7	3	11	28	163	133
Minnesota	2	0	2	10	6	—	0	1	3	1	—	0	485	75	318
Missouri	—	0	2	11	14	—	0	1	3	6	3	10	42	168	206
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	4	15	57	132
North Dakota	—	0	1	—	—	—	0	1	1	—	—	0	26	4	66
South Dakota	—	0	1	1	2	—	0	1	1	—	—	1	8	9	107
S. Atlantic	2	3	14	111	134	1	2	7	47	54	30	23	92	472	637
Delaware	—	0	1	4	2	—	0	1	4	2	—	0	1	2	13
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	4
Florida	1	1	6	43	51	1	0	5	17	15	5	4	14	105	78
Georgia	—	0	3	11	12	—	0	3	11	12	—	0	3	8	25
Maryland†	—	0	2	7	14	—	0	1	2	1	1	3	9	70	113
North Carolina	—	0	11	19	17	—	0	3	4	4	14	0	21	101	41
South Carolina†	—	0	2	11	12	—	0	1	4	8	5	4	22	69	209
Virginia†	1	0	4	13	17	—	0	3	5	7	2	1	73	100	125
West Virginia	—	0	2	3	5	—	0	0	—	2	3	0	5	14	29
E.S. Central	2	1	4	21	34	2	1	4	17	25	—	7	22	113	264
Alabama†	—	0	1	4	3	—	0	1	4	2	—	1	7	30	37
Kentucky	1	0	2	6	12	1	0	2	6	12	—	1	10	12	70
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	13	33
Tennessee†	1	0	2	10	15	1	0	2	6	7	—	2	9	58	124
W.S. Central	1	1	23	55	76	1	1	6	25	18	6	34	360	302	1,009
Arkansas	—	0	3	5	9	—	0	2	4	2	—	3	21	36	151
Louisiana	—	0	4	24	25	—	0	3	13	4	—	0	3	7	25
Oklahoma	—	0	4	8	13	—	0	0	—	2	—	0	124	10	—
Texas†	1	1	16	18	29	1	0	4	8	10	6	27	215	249	833
Mountain	—	1	4	34	61	—	0	4	16	16	8	67	230	1,425	2,055
Arizona	—	0	4	11	28	—	0	4	11	9	—	14	177	266	501
Colorado	—	0	2	12	13	—	0	1	2	—	—	23	40	475	698
Idaho†	—	0	2	1	3	—	0	2	1	3	2	2	13	34	98
Montana	—	0	1	2	—	—	0	0	—	—	1	3	19	59	396
Nevada†	—	0	2	2	6	—	0	1	—	1	—	0	9	35	32
New Mexico†	—	0	1	1	3	—	0	1	—	2	—	2	6	23	116
Utah	—	0	1	3	8	—	0	1	—	1	5	15	38	501	194
Wyoming	—	0	2	2	—	—	0	2	2	—	—	1	5	32	20
Pacific	—	4	29	178	154	—	4	25	153	148	34	61	1,334	595	1,359
Alaska	—	0	1	1	1	—	0	1	1	1	1	2	15	34	21
California	—	2	14	111	99	—	2	14	111	99	18	30	1,136	264	531
Hawaii	—	0	1	4	9	—	0	1	4	4	—	2	10	36	81
Oregon†	—	1	7	40	26	—	1	4	29	26	—	3	24	73	452
Washington	—	0	25	22	19	—	0	11	8	18	15	10	195	188	274
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	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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TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 24, 2006, and June 25, 2005 (25th 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	74	108	192	2,562	2,942	37	35	246	561	453	533	751	2,291	13,395	15,246
New England	9	12	26	279	351	—	0	2	1	2	2	34	165	678	905
Connecticut	4	3	13	72	79	—	0	0	—	—	—	4	157	157	184
Maine	—	1	5	35	31	N	0	0	N	N	—	2	7	34	86
Massachusetts	2	4	17	130	199	—	0	2	1	1	1	19	41	391	494
New Hampshire	—	0	3	6	4	—	0	1	—	—	—	2	12	45	70
Rhode Island	—	0	4	1	11	—	0	2	—	1	1	0	17	37	31
Vermont†	3	1	7	35	27	—	0	0	—	—	—	1	10	14	40
Mid. Atlantic	17	19	46	497	424	—	1	7	17	32	44	75	272	1,487	1,878
New Jersey	N	0	0	N	N	—	0	3	—	10	—	11	41	191	361
New York (Upstate)	17	11	24	224	223	—	0	1	1	—	27	22	233	388	442
New York City	—	0	3	—	14	—	0	2	4	4	—	23	44	388	473
Pennsylvania	—	8	35	273	187	—	1	5	12	18	17	28	61	520	602
E.N. Central	9	2	9	39	99	1	0	7	9	13	56	92	219	1,841	2,262
Illinois	—	0	4	—	16	—	0	4	1	6	—	26	53	403	877
Indiana	—	0	3	6	4	1	0	1	2	—	24	11	69	248	196
Michigan	3	1	4	21	9	—	0	1	—	2	11	17	35	355	391
Ohio	6	0	2	12	70	—	0	3	6	4	21	25	52	521	449
Wisconsin	N	0	2	N	N	—	0	1	—	1	—	15	44	314	349
W.N. Central	8	5	15	117	166	5	2	12	72	55	46	44	89	941	991
Iowa	—	0	2	16	—	—	0	2	—	1	1	7	18	145	160
Kansas	—	1	5	34	48	1	0	1	2	2	7	7	17	135	140
Minnesota	4	1	5	17	33	—	0	1	1	—	23	10	30	229	232
Missouri	4	1	6	16	26	4	2	12	64	49	13	15	40	297	288
Nebraska†	—	0	0	—	—	—	0	2	5	—	2	4	12	83	90
North Dakota	—	0	7	13	11	—	0	1	—	—	—	0	46	4	14
South Dakota	—	1	4	21	48	—	0	1	—	3	—	3	9	48	67
S. Atlantic	20	36	97	922	1,122	25	17	94	373	249	164	252	514	3,497	3,942
Delaware	—	0	0	—	—	—	0	2	5	2	1	2	9	34	38
District of Columbia	—	0	0	—	—	—	0	1	—	—	2	1	7	29	20
Florida	—	0	25	78	201	1	0	3	12	9	82	95	230	1,535	1,446
Georgia	—	2	42	85	144	—	1	7	21	44	24	30	87	532	571
Maryland†	—	8	14	154	176	—	1	6	18	19	5	11	39	206	278
North Carolina	9	8	20	185	243	23	6	87	295	142	33	32	114	540	536
South Carolina†	—	3	11	70	101	—	1	6	4	20	9	20	73	290	623
Virginia†	11	10	27	301	237	1	2	10	17	10	8	19	66	293	371
West Virginia	—	1	13	49	20	—	0	2	1	3	—	3	19	38	59
E.S. Central	5	5	16	171	66	4	5	24	62	60	29	53	115	815	889
Alabama†	1	1	7	37	37	2	0	9	18	16	14	14	41	323	215
Kentucky	—	0	5	7	7	—	0	1	—	—	1	8	27	152	144
Mississippi	—	0	1	—	—	—	0	3	—	2	—	10	62	94	213
Tennessee†	4	2	11	127	22	2	3	18	44	42	14	14	41	246	317
W.S. Central	2	14	34	385	510	—	1	161	19	23	61	80	922	1,286	1,389
Arkansas	1	0	3	18	18	—	0	32	16	12	13	13	43	325	272
Louisiana	—	0	0	—	—	—	0	1	—	5	—	9	43	145	321
Oklahoma	1	1	9	31	50	—	0	154	1	5	11	7	48	149	145
Texas†	—	12	29	336	442	—	0	8	2	1	37	45	839	667	651
Mountain	1	4	16	66	124	2	0	6	6	18	19	48	110	858	913
Arizona	—	2	11	55	97	—	0	6	2	12	—	13	67	197	263
Colorado	—	0	2	—	11	—	0	1	—	1	—	12	45	271	209
Idaho†	—	0	12	—	—	—	0	2	—	1	5	2	8	56	75
Montana	—	0	3	7	—	—	0	0	—	1	5	2	16	66	37
Nevada†	—	0	2	—	1	—	0	0	—	—	—	3	8	48	83
New Mexico†	—	0	1	—	3	—	0	1	—	2	—	3	13	56	103
Utah	1	0	5	3	—	2	0	0	2	—	5	5	30	132	122
Wyoming	—	0	2	1	12	—	0	1	2	1	4	1	12	32	21
Pacific	3	3	15	86	80	—	0	1	2	1	112	102	426	1,992	2,077
Alaska	—	0	4	13	1	—	0	0	—	—	2	1	7	37	22
California	3	3	15	71	77	—	0	1	2	—	95	84	292	1,497	1,578
Hawaii	—	0	0	—	—	—	0	0	—	—	2	5	15	100	123
Oregon†	—	0	1	2	2	—	0	1	—	1	1	7	25	175	181
Washington	U	0	0	U	U	N	0	0	N	N	12	9	124	183	173
American Samoa	U	0	0	U	U	U	0	0	U	U	U	1	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	—	18
Puerto Rico	1	2	6	53	40	N	0	0	N	N	4	7	35	59	242
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 June 24, 2006, and June 25, 2005 (25th Week)*

Reporting area	Shiga toxin-producing <i>E. coli</i> (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	38	52	297	598	850	113	284	1,013	4,093	5,740	55	86	283	2,676	2,650
New England	1	3	16	46	77	—	5	29	114	114	3	5	9	111	162
Connecticut	—	0	15	15	21	—	0	23	23	23	U	0	3	U	64
Maine	—	0	5	—	14	—	0	3	2	5	—	0	2	10	6
Massachusetts	—	1	7	25	29	—	4	11	79	69	2	3	6	72	68
New Hampshire	—	0	2	5	5	—	0	4	4	4	—	0	3	18	8
Rhode Island	1	0	2	1	2	—	0	6	4	7	—	0	3	3	7
Vermont [§]	—	0	2	2	6	—	0	4	2	6	1	0	2	8	9
Mid. Atlantic	12	5	107	42	96	7	17	72	271	538	6	13	43	447	574
New Jersey	—	1	7	—	25	—	4	15	58	153	—	1	6	13	117
New York (Upstate)	—	2	103	20	35	6	4	60	101	122	3	4	32	180	170
New York City	—	0	3	9	6	—	5	14	75	227	—	2	11	63	114
Pennsylvania	—	1	8	—	30	1	2	48	37	36	3	5	13	191	173
E.N. Central	3	10	38	144	161	12	20	96	402	423	7	16	42	524	574
Illinois	—	1	10	15	40	—	7	26	108	109	—	4	10	110	196
Indiana	—	1	7	19	24	7	1	56	68	41	6	2	11	74	55
Michigan	—	1	8	26	29	1	3	10	83	127	1	3	11	141	138
Ohio	3	2	14	49	40	4	3	11	83	32	—	4	19	166	122
Wisconsin	—	3	15	35	28	—	3	10	60	114	—	1	4	33	63
W.N. Central	6	7	35	95	115	12	44	78	604	468	18	5	57	210	163
Iowa	1	1	10	31	28	1	1	7	22	39	N	0	0	N	N
Kansas	—	0	4	—	15	1	4	20	43	32	—	1	5	38	26
Minnesota	4	3	19	56	18	2	2	8	41	31	18	0	52	101	58
Missouri	3	2	7	48	29	8	23	70	412	312	—	1	5	40	43
Nebraska [§]	1	1	5	15	19	—	2	11	39	37	—	0	4	18	15
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	7	5
South Dakota	—	0	5	6	5	—	2	17	43	15	—	0	3	6	16
S. Atlantic	9	7	39	103	143	47	52	122	1,145	845	15	21	42	654	505
Delaware	—	0	2	1	—	—	0	2	—	5	—	0	2	7	—
District of Columbia	—	0	1	—	—	—	0	2	6	8	1	0	2	9	6
Florida	4	1	29	42	55	35	26	66	532	401	5	5	12	139	132
Georgia	—	0	6	—	17	9	14	34	392	223	5	4	16	150	103
Maryland [§]	2	1	5	12	21	1	2	8	38	27	1	3	12	117	99
North Carolina	2	1	11	33	19	1	2	22	91	84	—	1	26	93	79
South Carolina [§]	—	0	2	4	3	—	2	9	59	50	2	0	6	40	26
Virginia [§]	—	1	8	—	27	1	2	9	27	47	—	2	11	80	47
West Virginia	—	0	2	—	1	—	0	1	—	—	1	0	6	19	13
E.S. Central	2	2	11	36	44	7	14	35	295	696	1	3	11	122	109
Alabama [§]	—	0	3	7	12	4	3	14	87	145	N	0	0	N	N
Kentucky	—	1	8	15	11	2	7	23	135	104	—	0	5	28	23
Mississippi	—	0	2	—	2	—	1	6	26	41	—	0	0	—	—
Tennessee [§]	—	1	4	27	19	1	3	13	47	406	1	3	9	94	86
W.S. Central	—	1	52	8	34	6	49	596	404	1,610	4	7	58	215	159
Arkansas	—	0	2	3	4	1	1	7	36	28	—	0	5	18	8
Louisiana	—	0	2	—	12	—	2	11	43	63	—	0	2	7	4
Oklahoma	—	0	8	5	7	5	6	286	48	369	2	2	14	63	67
Texas [§]	2	1	44	29	11	—	39	308	277	1,150	2	4	43	127	80
Mountain	2	5	15	51	89	1	17	47	265	272	1	10	78	349	350
Arizona	—	0	4	16	10	—	9	29	131	133	—	4	57	180	157
Colorado	—	1	6	16	25	—	3	18	47	40	—	3	8	83	113
Idaho [§]	—	1	7	15	15	—	0	4	5	5	—	0	2	6	2
Montana	—	0	2	—	3	—	0	1	3	4	—	0	0	—	—
Nevada [§]	—	0	3	7	11	—	1	8	26	27	—	0	6	—	1
New Mexico [§]	—	0	3	3	7	—	2	9	27	44	—	1	7	31	42
Utah	—	1	7	15	16	1	1	4	25	19	1	1	6	46	33
Wyoming	2	0	3	7	2	—	0	1	1	—	—	0	1	3	2
Pacific	3	7	55	73	91	21	38	148	593	774	—	2	9	44	54
Alaska	—	0	2	—	5	—	0	2	6	10	—	0	0	—	—
California	3	4	18	50	39	21	32	104	445	670	—	0	0	—	—
Hawaii	—	0	4	4	3	—	0	4	17	13	—	2	9	44	54
Oregon [§]	—	2	47	26	32	—	1	31	64	38	N	0	0	N	N
Washington	—	2	32	19	12	—	2	43	61	43	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	1	N	0	0	N	N
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.

† 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 June 24, 2006, and June 25, 2005 (25th 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	4	15	—	0	203	—	45
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	—	2	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	1	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	1	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	2	—	0	80	—	7
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	—	1
North Dakota	—	0	4	—	—	—	0	15	—	1
South Dakota	—	0	7	—	1	—	0	33	—	5
S. Atlantic	—	0	6	—	—	—	0	4	—	1
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	1
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	—	2
Alabama [§]	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	1	—	0	5	—	2
Tennessee [§]	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	2	4	—	0	22	—	6
Arkansas	—	0	3	—	—	—	0	2	—	2
Louisiana	—	0	20	—	—	—	0	9	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas [§]	—	0	16	2	4	—	0	13	—	2
Mountain	—	0	16	1	3	—	0	39	—	11
Arizona	—	0	8	—	2	—	0	8	—	1
Colorado	—	0	5	1	—	—	0	13	—	8
Idaho [§]	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada [§]	—	0	3	—	—	—	0	8	—	1
New Mexico [§]	—	0	3	—	1	—	0	4	—	1
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	3	—	0	90	—	18
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	3	—	0	89	—	18
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 24, 2006 (25th 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	479	342	95	23	10	9	47	S. Atlantic	1,160	692	308	89	49	21	50
Boston, MA	131	80	34	8	5	4	12	Atlanta, GA	111	58	35	11	5	2	1
Bridgeport, CT	24	13	8	1	2	—	1	Baltimore, MD	166	92	51	14	8	1	17
Cambridge, MA	24	18	4	2	—	—	2	Charlotte, NC	123	78	29	8	3	5	9
Fall River, MA	34	28	3	3	—	—	4	Jacksonville, FL	162	95	46	13	7	1	3
Hartford, CT	48	31	14	1	2	—	6	Miami, FL	102	64	14	12	9	3	3
Lowell, MA	24	19	5	—	—	—	2	Norfolk, VA	55	34	16	2	2	1	—
Lynn, MA	16	13	3	—	—	—	4	Richmond, VA	40	18	16	2	2	2	—
New Bedford, MA	20	15	3	1	—	1	2	Savannah, GA	36	22	7	5	—	2	3
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	45	27	14	—	3	1	3
Providence, RI	66	53	7	3	1	2	3	Tampa, FL	204	136	53	10	4	1	9
Somerville, MA	4	3	—	1	—	—	—	Washington, D.C.	96	55	23	10	5	2	1
Springfield, MA	27	22	4	—	—	1	1	Wilmington, DE	20	13	4	2	1	—	1
Waterbury, CT	24	16	6	1	—	1	5	E.S. Central	914	590	226	61	21	16	57
Worcester, MA	37	31	4	2	—	—	5	Birmingham, AL	158	110	31	9	3	5	12
Mid. Atlantic	1,998	1,384	418	110	51	32	109	Chattanooga, TN	95	63	25	4	1	2	9
Albany, NY	42	30	6	5	—	1	5	Knoxville, TN	93	60	24	5	1	3	6
Allentown, PA	27	25	2	—	—	—	—	Lexington, KY	84	53	17	9	3	2	4
Buffalo, NY	65	44	17	1	2	1	5	Memphis, TN	145	89	38	15	2	1	8
Camden, NJ	36	22	10	3	—	1	2	Mobile, AL	110	70	25	10	5	—	2
Elizabeth, NJ	16	12	3	1	—	—	1	Montgomery, AL	68	47	13	7	1	—	4
Erie, PA	49	38	10	1	—	—	2	Nashville, TN	161	98	53	2	5	3	12
Jersey City, NJ	50	32	11	5	2	—	—	W.S. Central	1,327	861	281	93	55	37	60
New York City, NY	1,005	712	203	53	22	12	48	Austin, TX	95	54	23	9	5	4	3
Newark, NJ	83	41	26	8	4	4	4	Baton Rouge, LA	40	28	7	1	4	—	1
Paterson, NJ	12	9	2	—	—	1	1	Corpus Christi, TX	U	U	U	U	U	U	U
Philadelphia, PA	226	142	54	15	11	4	9	Dallas, TX	203	119	49	16	11	8	9
Pittsburgh, PA [‡]	33	22	6	2	—	3	2	El Paso, TX	73	61	8	3	—	1	2
Reading, PA	24	19	1	2	1	1	1	Fort Worth, TX	106	69	23	3	3	8	7
Rochester, NY	140	104	25	3	6	2	15	Houston, TX	315	198	76	20	14	7	15
Schenectady, NY	16	12	2	2	—	—	—	Little Rock, AR	69	43	16	6	3	1	1
Scranton, PA	26	19	4	2	1	—	—	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	86	53	26	3	2	2	12	San Antonio, TX	193	135	34	17	5	2	10
Trenton, NJ	20	13	6	1	—	—	1	Shreveport, LA	81	49	18	4	6	4	8
Utica, NY	9	9	—	—	—	—	1	Tulsa, OK	152	105	27	14	4	2	4
Yonkers, NY	33	26	4	3	—	—	—	Mountain	1,016	624	245	97	29	20	71
E.N. Central	1,994	1,291	448	137	65	53	118	Albuquerque, NM	192	106	53	29	4	—	19
Akron, OH	55	35	11	4	5	—	1	Boise, ID	50	37	9	3	—	1	3
Canton, OH	32	26	5	1	—	—	2	Colorado Springs, CO	65	46	12	4	2	1	3
Chicago, IL	353	211	83	36	11	12	18	Denver, CO	86	41	28	8	5	4	7
Cincinnati, OH	72	45	16	3	4	4	8	Las Vegas, NV	281	174	71	22	10	4	11
Cleveland, OH	235	168	47	13	4	3	2	Ogden, UT	32	24	4	4	—	—	3
Columbus, OH	184	113	49	14	3	5	13	Phoenix, AZ	177	104	46	14	4	8	8
Dayton, OH	122	90	27	4	1	—	10	Pueblo, CO	35	26	8	1	—	—	5
Detroit, MI	169	85	51	21	6	6	12	Salt Lake City, UT	98	66	14	12	4	2	12
Evansville, IN	37	23	10	1	3	—	4	Tucson, AZ	U	U	U	U	U	U	U
Fort Wayne, IN	72	51	11	6	—	4	5	Pacific	1,570	1,061	329	114	37	29	130
Gary, IN	17	8	4	3	2	—	—	Berkeley, CA	13	9	3	1	—	—	3
Grand Rapids, MI	47	33	7	2	2	3	5	Fresno, CA	90	53	23	7	6	1	6
Indianapolis, IN	185	115	44	11	10	5	8	Glendale, CA	16	16	—	—	—	—	4
Lansing, MI	60	37	18	2	1	2	3	Honolulu, HI	72	53	11	5	1	2	—
Milwaukee, WI	85	52	22	6	1	4	8	Long Beach, CA	71	46	19	4	1	1	7
Peoria, IL	47	36	5	3	2	1	6	Los Angeles, CA	398	267	94	27	8	2	49
Rockford, IL	46	33	8	3	2	—	4	Pasadena, CA	14	8	6	—	—	—	—
South Bend, IN	50	34	10	1	2	3	2	Portland, OR	100	69	18	6	3	4	6
Toledo, OH	78	58	11	3	6	—	6	Sacramento, CA	163	98	37	14	7	7	11
Youngstown, OH	48	38	9	—	—	1	1	San Diego, CA	168	122	25	14	3	4	16
W.N. Central	579	354	141	49	15	19	34	San Francisco, CA	U	U	U	U	U	U	U
Des Moines, IA	44	32	9	2	1	—	1	San Jose, CA	167	113	37	11	4	2	11
Duluth, MN	31	27	2	1	1	—	6	Santa Cruz, CA	24	17	3	1	—	3	2
Kansas City, KS	23	10	10	—	2	1	—	Seattle, WA	109	73	22	10	2	2	4
Kansas City, MO	103	58	27	6	2	10	4	Spokane, WA	66	46	13	6	—	1	6
Lincoln, NE	5	4	1	—	—	—	—	Tacoma, WA	99	71	18	8	2	—	5
Minneapolis, MN	57	31	13	10	—	3	7	Total	11,037**	7,199	2,491	773	332	236	676
Omaha, NE	65	46	12	4	2	1	6								
St. Louis, MO	85	38	30	11	4	1	3								
St. Paul, MN	48	33	12	2	—	1	4								
Wichita, KS	118	75	25	13	3	2	3								

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.

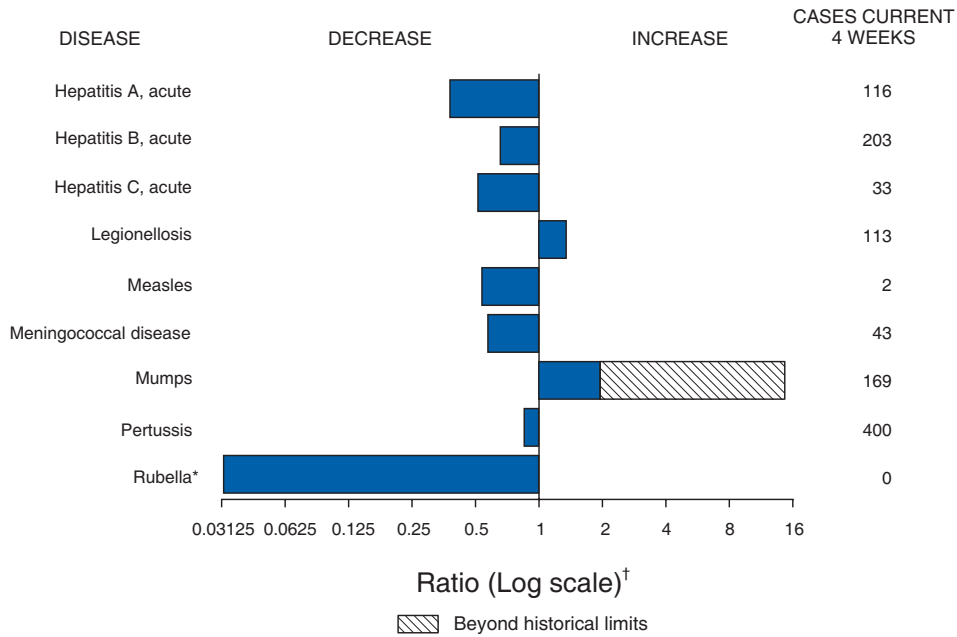
† Pneumonia and influenza.

‡ 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 24, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 25 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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