



Morbidity and Mortality Weekly Report

Weekly

July 7, 2006 / Vol. 55 / No. 26

Homicides and Suicides — National Violent Death Reporting System, United States, 2003–2004

Violent deaths claimed 49,639 lives in the United States during 2003, and the prevention of violent deaths is an integral part of the public health agenda (1). In 2003, CDC launched the National Violent Death Reporting System (NVDRS) to provide detailed information on the circumstances of violent deaths. The system can be used to develop and evaluate prevention policies, programs, and strategies at the national, state, and local levels (2). This report describes the analysis of violent deaths from seven states that participated in NVDRS in 2003, plus six additional states that participated in 2004. Homicide circumstance information revealed that most victims knew the suspects involved and that intimate partner conflicts continued to be among the most important contributing factors. Suicide circumstance information indicated that mental health disorders and intimate partner problems had important roles. These findings underscore the value of NVDRS data for effective planning and targeting of violence-prevention programs.

NVDRS is an active, state-based surveillance system that collects information on homicides, suicides, deaths of undetermined intent (i.e., those for which available information is insufficient to enable a medical or legal authority to make a distinction among unintentional injury, self-harm, or assault*), deaths from legal intervention (e.g., involving a person killed by an on-duty police officer), and unintentional firearm deaths. Seven states provided data in 2003 (Alaska, Maryland, Massachusetts, New Jersey, Oregon, South Carolina, and Virginia), and six additional states contributed in 2004 (Colorado, Georgia, North Carolina, Oklahoma, Rhode Island, and Wisconsin). NVDRS uses a multisource approach (i.e., death certificates, coroner/medical examiner reports, law

enforcement records, and crime laboratory data) for analysis of violent deaths. Using information from all of these sources, data abstractors in each state assign a manner of death (i.e., suicide, homicide, unintentional firearm deaths, legal interventions, and undetermined deaths) to each case. NVDRS also collects the International Classification of Diseases, 10th Revision (ICD-10) code for underlying cause of death (UCOD), circumstances contributing to the death, and characteristics of the death, including victim-suspect relationship and victim toxicology results. The UCOD is categorized as suicide or homicide using standard definitions from the National Vital Statistics System (NVSS) (3-5). For 2004, ICD-10 codes for the UCOD were not reported to NVDRS for 2,773 (19.9%) of the deaths. Because of the high percentage of missing UCOD codes, this report categorizes deaths only by the manner of death assigned by abstractors. The abstractorassigned manner of death and UCOD ICD-10 codes were consistent in 99.0% and 96.5% of the suicides and homicides, respectively, in 2003, and 95.3% and 93.1%, respectively, of the suicides and homicides in 2004. Analysis of rates was restricted to in-state deaths, including both residents and nonresidents. This report reflects NVDRS data collected through June 2005.

The combined seven states collecting 2003 data accounted for 12.5% of the 2003 U.S. population and for 11.2% of all suicides and 11.5% of homicides in the United States during 2003. The 13 states participating in 2004 accounted for 23.4%

INSIDE

- 724 Cigarette Use Among High School Students United States, 1991–2005
- 727 Morbidity Surveillance After Hurricane Katrina Arkansas, Louisiana, Mississippi, and Texas, September 2005
- 731 QuickStats

^{*}World Health Organization. ICD-10 codes online. Available at http://www3.who.int/icd/currentversion/fr-icd.htm.

The MMWR series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH Director

Tanja Popovic, MD, PhD (Acting) Chief Science Officer

James W. Stephens, PhD (Acting) Associate Director for Science

Steven L. Solomon, MD Director, Coordinating Center for Health Information and Service

> Jay M. Bernhardt, PhD, MPH Director, National Center for Health Marketing

Judith R. Aguilar (Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

Frederic E. Shaw, MD, JD (Acting) Editor, MMWR Series

Suzanne M. Hewitt, MPA Managing Editor, MMWR Series

Douglas W. Weatherwax (Acting) Lead Technical Writer-Editor

> Catherine H. Bricker, MS Jude C. Rutledge Writers-Editors

Beverly J. Holland Lead Visual Information Specialist

Lynda G. Cupell Malbea A. LaPete Visual Information Specialists

Quang M. Doan, MBA Erica R. Shaver Information Technology Specialists

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman Virginia A. Caine, MD, Indianapolis, IN David W. Fleming, MD, Seattle, WA William E. Halperin, MD, DrPH, MPH, Newark, NJ Margaret A. Hamburg, MD, Washington, DC King K. Holmes, MD, PhD, Seattle, WA Deborah Holtzman, PhD, Atlanta, GA John K. Iglehart, Bethesda, MD Dennis G. Maki, MD, Madison, WI Sue Mallonee, MPH, Oklahoma City, OK Stanley A. Plotkin, MD, Doylestown, PA Patricia Quinlisk, MD, MPH, Des Moines, IA Patrick L. Remington, MD, MPH, Madison, WI Barbara K. Rimer, DrPH, Chapel Hill, NC John V. Rullan, MD, MPH, San Juan, PR Anne Schuchat, MD, Atlanta, GA Dixie E. Snider, MD, MPH, Atlanta, GA John W. Ward, MD, Atlanta, GA

of the U.S. population in 2003 and for 23.4% of all suicides and 22.6% of homicides in the United States during 2003. By June 2005, the seven states collecting 2003 data had reported 7,732 violent deaths, and the 13 states collecting 2004 data had reported 13,922.

For the seven states that collected data in 2003 and the 13 that collected data in 2004, suicide accounted for 46.6% (3,603) and 53.0% (7,379) of all NVDRS deaths, respectively. Nearly 26% of deaths reported in NVDRS in both years (2,023) in 2003 and 3,758 in 2004) were homicides. For both years, deaths from legal interventions and unintentional firearm deaths were rare (63 [0.8%] and 54 [0.7%], respectively, in 2003 and 123 [0.9%] and 104 [0.7%], respectively, in 2004).

Deaths of undetermined intent, as determined by state medical examiners according to each state's policies, constituted 25.2% (1,951) of cases in 2003 and 14.8% (2,067) in 2004. The rates of death of undetermined intent varied substantially among states. The 2004 crude death rate for all 13 reporting states was 3.0 per 100,000 population, varying from 0.5 per 100,000 population in South Carolina and North Carolina to 11.0 per 100,000 population in Rhode Island and Maryland. The variation is attributable, in part, to differences in state policies for classifying deaths.

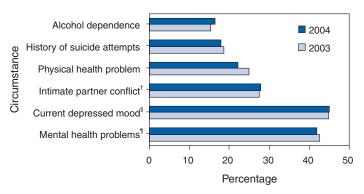
Suicide

The age-adjusted suicide rate[†] for the seven states collecting both 2003 and 2004 data decreased from 9.7 per 100,000 population in 2003 to 9.1 in 2004. In the seven states that collected data in both 2003 and 2004, the 2004 age-adjusted suicide rate for men (15.2 per 100,000 population) was more than four times higher than the rate for women (3.6 per 100,000 population). For the 13 states collecting data in 2004, the age-adjusted suicide rate for 2004 (10.6 per 100,000 population) was similar to the preliminary rate reported for the United States overall in NVSS for 2004 (10.7 per 100,000 population) (6). Overall in 2004, the highest suicide rates were among persons aged ≥35 years (12.6 per 100,000 population for persons aged 35–64 years and 12.1 per 100,000 population for persons aged ≥65 years). The highest suicide rate among males was in the \geq 65 years age group (28.9 per 100,000 population); the highest suicide rate for females was in the 25–64 years age group (6.9 per 100,000 population).

For the 3,603 reported suicides in 2003, circumstance information was available for 88.5% (3,189) of cases (Figure 1). For the 7,379 suicides in 2004, information was available for 80.6% (5,951). Circumstances contributing to

[†] Rates were adjusted to the 2000 U.S. population standard for age-adjusted death rates (4).

FIGURE 1. Percentage of suicide cases, by selected circumstances — National Violent Death Reporting System, United States, 2003 and 2004*



^{*} Percentages might total to more than 100% because certain incidents involve multiple circumstances.

Includes separation, major argument, or violence.

Current depressed mood was based on the family or friends' impression of the decedent's mood.

Includes any mental illness diagnosis of the decedent (e.g., clinical

suicide were similar in both years, with nearly half of the suicide cases involving at least one documented mental health diagnosis. The most frequently reported mental health diagnoses were depression (85.2%), bipolar disorder (7.4%), and schizophrenia (3.3%) in 2004. Roughly half of victims were described by family or friends as being depressed before the time of death. Problems with a current or former intimate partner contributed to 27.9% of suicides. Physical health problems, most commonly in older adults, contributed to approximately 24.9% of the suicides. Nearly 19.0% of suicide victims had made previous attempts, and 16.5% had alcohol dependence problems.

Homicide

The age-adjusted homicide rate for the seven states collecting both 2003 and 2004 data was 5.6 per 100,000 population in 2003 and 5.1 in 2004. The 2003 and 2004 rates for the United States overall in NVSS were 6.1 and 5.6 per 100,000 population, respectively (6,7). For the seven states, the highest rate (12.4 per 100,000 population) was reported among victims aged 15-24 years. Homicide rates tended to decrease with age for victims aged >24 years. In 2004, the homicide rate for men (8.3 per 100,000 population) was 3.3 times higher than the rate for women (2.5 per 100,000 population). In 2004, the age-adjusted homicide rate for the 13 NVDRS states was 5.4 per 100,000 population.

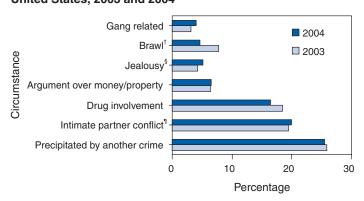
For the 2,023 reported homicides in 2003, circumstance information was available for 63.2% (1,278) of cases (Figure 2). For the 3,758 homicides in 2004, information was available for 58.1% (2,183). In 25.5% of cases in 2004, a homicide was precipitated by a felony-level crime, most frequently a robbery (44.9%). In 31.8% of these cases, suspects were known to victims, and 20.0% of homicides were directly associated with intimate partner conflict (i.e., one in which an intimate partner killed another partner). Intimate partner violence resulting in death was most common among victims aged 40–44 years. Drugs were involved in approximately 16% of homicides in 2004 with known circumstances, most commonly among victims aged 20-29 years.

Reported by: N Patel, K Webb, D White, Office of Statistics and Programming; L Barker, A Crosby, M DeBerry, L Frazier, D Karch, N Lipskiy, K Shaw, M Steenkamp, S Thomas, Div of Violence Prevention, National Center for Injury Prevention and Control, CDC.

Editorial Note: Preliminary 2004 national homicide and suicide data from NVSS indicate a decline in rates from 2003 levels (6); data from the seven states in NVDRS collecting data in both 2003 and 2004 also indicate a decline. Violent deaths continue to be among the 10 leading causes of death in the United States for persons aged <65 years (3).

Because NVDRS collects circumstance information for the deaths, the data can be used to describe and monitor the characteristics of suicide and homicide and the prevalence of certain risk factors among homicide and suicide victims. This report demonstrates that mental health disorders and intimate partner conflicts played the largest roles in suicide, whereas felony crimes and intimate partner violence played the largest role in homicide.

FIGURE 2. Percentage of homicide cases, by selected circumstances — National Violent Death Reporting System, United States, 2003 and 2004*



^{*} Percentages might total to more than 100% because certain incidents involve multiple circumstances.

depression, dysthymia, bipolar disorder, or schizophrenia).

[§] Rates were adjusted to the 2000 U.S. population standard for age-adjusted death rates (4).

A mutual physical fight involving three or more persons.

SLovers' triangle (i.e., perceived infidelity). Includes homicide resulting in the death of the intimate partner or a third party involved in a relationship. Includes separation, major argument, or violence.

The findings in this report are subject to at least three limitations. First, data for 2003 and 2004 are only available from a small proportion of U.S. states, although the intent of NVDRS is to include all U.S. states. Therefore, these data might not be generalizable to the entire U.S. population. Second, processes for classifying of the manner of death differed by jurisdiction. These differences might be attributed to laws governing death investigations or medical examiner/coroner practices. For example, although NVDRS attempts to capture all suicides by investigating cases and collecting data from multiple sources, certain suicides might not be identified as such (e.g., when no evidence of suicidal intent such as a suicide note is present). Finally, circumstance information is collected through medical examiner/coroner and law enforcement reports. Families, friends, and other witnesses might not reveal all the precipitating circumstances to the investigative agencies, possibly resulting in inaccurate or incomplete reports.

Numerous circumstances and personal characteristics contribute to suicides and homicides. NVDRS is the only surveillance system that regularly collects and consolidates information from multiple sources on all violent deaths occurring in participating states. Collecting data on the circumstances of violent deaths will clarify the association of personal and social risk factors with violence and how these factors might change over time (8,9). Thus, NVDRS is in a unique position not only to evaluate the incidence of these events but also to enhance understanding of the associated causes and circumstances. This understanding can be used to improve risk factor identification and design programs that might reduce the number of victims. Additional studies using NVDRS data will allow interpretation of trends in violent deaths and will help identify potential prevention strategies.

Acknowledgments

The findings in this report are based, in part, on contributions of the 13 funded states that collected violent death data and their partners, including personnel from law enforcement, vital records, medical examiners/coroners, and crime laboratories. Contributions also were made by the NVDRS Team, Office of Statistics and Programming staff, and other staff at the National Center for Injury Prevention and Control, CDC.

Peferences

- Krug EG, Dahlberg LL, Mercy JA, Zwi A, Lozano R, eds. World report on violence and health. Geneva, Switzerland: World Health Organization; 2002.
- CDC. Homicide and suicide rates—National Violent Death Reporting System, six states, 2003. MMWR 2005;54:377–80.
- CDC. Web-based injury statistics query and reporting system (WISQARSTM). Available at http://www.cdc.gov/ncipc/wisqars.
- 4. Miniño AM, Anderson RN, Fingerhut LA, Boudreault MA, Warner M. Deaths: injuries, 2002. Natl Vital Stat Rep 2006;54(10):1–125.

- National Center for Health Statistics. ICD-10 framework. External cause of injury mortality matrix. Hyattsville, MD: National Center for Health Statistics. Available at http://www.cdc.gov/nchs/about/otheract/ice/ matrix10.htm.
- Miniño AM, Heron MP, Smith BL. Deaths: preliminary data for 2004. Natl Vital Stat Rep 2006;54(19).
- Hoyert DL, Heron MP, Murphy SL, Kung H. Deaths: final data for 2003. Natl Vital Stat Rep 2006;54(13).
- Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE, eds. Reducing suicide: a national imperative. Washington, DC: National Academies Press; 2002.
- CDC. Best practices of youth violence prevention: a sourcebook for community action. Atlanta, GA: US Department of Health and Human Services, CDC; 2000.

Cigarette Use Among High School Students — United States, 1991–2005

Cigarette use is the leading preventable cause of death in the United States (1). A national health objective for 2010 is to reduce the prevalence of current cigarette use among high school students to ≤16% (objective no. 27-2b) (1). To examine changes in cigarette use among high school students in the United States during 1991–2005, CDC analyzed data from the national Youth Risk Behavior Survey (YRBS). This report summarizes the results of that analysis, which indicated that, although lifetime, current, and current frequent cigarette use was stable or increased during the 1990s and then decreased significantly from the late 1990s to 2003, prevalence was unchanged during 2003–2005. To achieve the 2010 objective, the downward trend in youth smoking must resume.

The biennial national YRBS, a component of CDC's Youth Risk Behavior Surveillance System, used independent, three-stage cluster samples for the 1991–2005 surveys to obtain cross-sectional data representative of public and private school students in grades 9–12 in all 50 states and the District of Columbia. Sample sizes ranged from 10,904 to 16,296. For each cross-sectional national survey, students completed anonymous, self-administered questionnaires that included identically worded questions about cigarette use. School response rates ranged from 70% to 81%, and student response rates ranged from 83% to 90%; therefore, overall response rates for the surveys ranged from 60% to 70%.

For this analysis, temporal changes for three behaviors were assessed: lifetime cigarette use (i.e., ever tried cigarette smoking, even one or two puffs), current cigarette use (i.e., smoked cigarettes on ≥ 1 of the 30 days preceding the survey), and current frequent cigarette use (i.e., smoked cigarettes on ≥ 20 of the 30 days preceding the survey). Race/ethnicity data are presented only for non-Hispanic black, non-Hispanic white,

and Hispanic students (who might be of any race); the numbers of students from other racial/ethnic groups were too small for meaningful analysis.

Data were weighted to provide national estimates, and the statistical software used for all data analyses accounted for the complex sample design. Temporal changes were analyzed using logistic regression analyses, which controlled for sex, race/ethnicity, and grade and also simultaneously assessed linear and quadratic time effects. Quadratic trends indicate a significant but nonlinear trend in the data over time (e.g., a leveling off or statistically significant change in direction). Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time. Differences in lifetime, current, and current frequent cigarette use comparing 2003 with 2005 were assessed for statistical significance using *t* tests.

Significant linear and quadratic trends were detected for lifetime, current, and current frequent cigarette use (Table 1). The prevalence of lifetime cigarette use was stable during 1991–1999 and then declined significantly from 70.4% in 1999 to 54.3% in 2005. The prevalence of current cigarette use increased from 27.5% in 1991 to 36.4% in 1997 and then declined significantly to 23.0% in 2005. The prevalence of current frequent cigarette use increased from 12.7% in 1991 to 16.8% in 1999 and then declined significantly to 9.4% in 2005. No statistically significant differences in lifetime, current, or current frequent cigarette use overall were detected between 2003 and 2005.

For current cigarette use, significant linear and quadratic trends were detected among all sex and grade subgroups and among white and Hispanic students, with patterns of use during 1991–2005 similar to those for current cigarette use overall (Table 2). Among black students, a significant quadratic but not linear trend was detected. The prevalence of current cigarette use among black students increased from 12.6% in 1991 to 22.7% in 1997 and then declined to 12.9% in 2005.

Current cigarette use among white females and males and Hispanic females and males demonstrated significant linear and quadratic trends, whereas among black females and males, only a significant quadratic trend was found. Comparison of current cigarette use between 2003 and 2005 for all subgroups revealed no significant differences, except among black males, whose current cigarette use declined from 19.3% to 14.0% (p<0.05).

Reported by: Office on Smoking and Health, Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report that the prevalence of lifetime, current, and current frequent cigarette use among high school students was unchanged from 2003 to 2005 is consistent with trends observed in other national school-based surveys, suggesting that the national decline in youth smoking observed during 1997–2003 might have stalled (2–3). Factors that might have contributed to this lack of continued decline include smaller annual increases in the retail price of cigarettes during 2003-2005 compared with 1997-2003, based on the Consumer Price Index (4); potentially less exposure or availability among youths to mass media smoking-prevention campaigns funded by states or the American Legacy Foundation (5); less funding for comprehensive statewide tobacco-use prevention programs (5); and substantial increases in tobacco industry expenditures on tobacco advertising and promotion in the United States from \$5.7 billion in 1997 to \$15.2 billion in 2003 (6). Additionally, after decades of decline, smoking in movies, which has been linked to youth smoking, increased rapidly beginning in the early 1990s and by 2002 was at levels observed in 1950 (7).

The findings in this report are subject to at least two limitations. First, these data only include youths who attend school and thus are not representative of all persons in this age group. Nationwide in 2001, approximately 5% of youths aged 16–17 years were not enrolled in a high school program and

TABLE 1. Percentage of high school students who reported lifetime cigarette use,* current cigarette use,† and current frequent cigarette use§ — Youth Risk Behavior Survey, United States, 1991–2005¶

	1991	1993	1995	1997	1999	2001	2003	2005
Category	% (95% CI**)	% (95% CI)						
Lifetime	70.1 (±2.2)	69.5 (±1.4)	71.3 (±1.7)	70.2 (±1.9)	70.4 (±2.9)	63.9 (±2.1)	58.4 (±3.1)	54.3 (±3.0) ^{††} §§
Current	27.5 (±2.7)	30.5 (±1.9)	34.8 (±2.2)	36.4 (±2.3)	34.8 (±2.5)	28.5 (±2.0)	21.9 (±2.1)	23.0 (±2.3) ^{††} §§
Current								11.00
frequent	12.7 (±2.2)	13.8 (±1.7)	16.1 (±2.6)	16.7 (±1.9)	16.8 (±2.6)	13.8 (±1.6)	9.7 (±1.4)	9.4 (±1.5) ^{††} §§

^{*} Ever smoked cigarettes, even one or two puffs.

[†] Smoked cigarettes on ≥1 of the 30 days preceding the survey.

[§] Smoked cigarettes on ≥20 of the 30 days preceding the survey.

Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade. Prevalence estimates shown here were not standardized by demographic variables.

^{**} Confidence interval.

^{††} Significant linear effect (p<0.05).

^{§§} Significant quadratic effect (p<0.05).

TABLE 2. Percentage of high school students who reported current cigarette use,* by sex, race/ethnicity, and grade — Youth Risk Behavior Survey, United States, 1991–2005[†]

	1991	1993	1995	1997	1999	2001	2003	2005
Characteristic	% (95% CI [§])	% (95% CI)						
Sex								
Female	27.3 (±3.4)	31.2 (±2.1)	34.3 (±3.2)	34.7 (±2.8)	34.9 (±2.6)	27.7 (±2.1)	21.9 (±2.8)	23.0 (±2.6) ^{¶ **}
Male	27.6 (±3.1)	29.8 (±2.3)	35.4 (±2.4)	37.7 (±2.7)	34.7 (±2.9)	29.2 (±2.6)	21.8 (±2.1)	22.9 (±2.2)¶**
Race/								
Ethnicity ^{††}								
White, non-								
Hispanic	30.9 (±3.3)	33.7 (±2.2)	38.3 (±2.7)	39.7 (±2.4)	38.6 (±3.1)	31.9 (±2.3)	24.9 (±2.4)	25.9 (±3.0) ¶**
Female	31.7 (±4.6)	35.3 (±2.6)	39.8 (±3.5)	39.9 (±3.2)	39.1 (±3.6)	31.2 (±2.5)	26.6 (±3.7)	27.0 (±3.7) ¶ **
Male	30.2 (±3.8)	32.2 (±2.7)	37.0 (±3.3)	39.6 (±3.8)	38.2 (±3.5)	32.7 (±3.0)	23.3 (±2.5)	24.9 (±2.7) ¶**
Black, non-								
Hispanic	12.6 (±2.5)	15.4 (±2.5)	19.2 (±3.2)	22.7 (±3.8)	19.7 (±4.2)	14.7 (±2.8)	15.1 (±2.8)	12.9 (±1.8)**
Female	11.3 (±2.3)	14.4 (±2.7)	12.2 (±3.1)	17.4 (±3.9)	17.7 (±3.5)	13.3 (±3.4)	10.8 (±2.9)	11.9 (±1.8)**
Male	14.1 (±4.5)	16.3 (±4.2)	27.8 (±5.5)	28.2 (±5.5)	21.8 (±7.0)	16.3 (±3.2)	19.3 (±3.7)	14.0 (±2.6)**
Hispanic	25.3 (±2.8)	28.7 (±2.9)	34.0 (±5.3)	34.0 (±2.7)	32.7 (±3.7)	26.6 (±4.3)	18.4 (±2.3)	22.0 (±3.5) ¶**
Female	22.9 (±3.8)	27.3 (±3.9)	32.9 (±5.6)	32.2 (±3.7)	31.5 (±4.8)	26.0 (±3.7)	17.7 (±2.1)	19.2 (±3.0) ¶ **
Male	27.9 (±3.6)	30.2 (±3.4)	34.9 (±8.7)	35.5 (±3.6)	34.0 (±4.4)	27.2 (±7.0)	19.1 (±3.5)	24.8 (±5.0) ¶ **
Grade								
9th	23.2 (±3.8)	27.8 (±2.4)	31.2 (±1.6)	33.4 (±5.1)	27.6 (±3.7)	23.9 (±2.9)	17.4 (±2.4)	19.7 (±2.3) ¶**
10th	25.2 (±2.7)	28.0 (±3.3)	33.1 (±3.8)	35.3 (±4.1)	34.7 (±2.4)	26.9 (±3.2)	21.8 (±2.9)	21.4 (±3.1) ¶**
11th	31.6 (±3.8)	31.1 (±3.2)	35.9 (±3.8)	36.6 (±3.6)	36.0 (±3.0)	29.8 (±3.7)	23.6 (±3.2)	24.3 (±3.1) ¶ **
12th	30.1 (±4.4)	34.5 (±3.8)	38.2 (±3.6)	39.6 (±4.9)	42.8 (±5.5)	35.2 (±4.1)	26.2 (±2.8)	27.6 (±3.6) ¶**

* Smoked cigarettes on ≥1 of the 30 days preceding the survey.

§ Confidence interval.

had not completed high school (8). Second, the extent of underreporting or overreporting behaviors cannot be determined, although the survey questions have demonstrated good test-retest reliability (9).

The national health objective for 2010 of reducing current cigarette use among high school students to ≤16% to reduce smoking-associated morbidity and mortality can be achieved only if the annual rate of decline observed during 1997–2003 resumes. Evidence-based strategies that can increase the rate of decline in youth smoking include greater exposure to effective media campaigns, comprehensive school-based tobaccouse prevention policies and programs in conjunction with supportive community activities, and higher retail prices for tobacco products (10).

References

- US Department of Health and Human Services. Healthy people 2010: understanding and improving health. 2nd ed. Washington, DC: US Department of Health and Human Services; 2000. Available at http:// www.health.gov/healthypeople.
- Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the future: national results on adolescent drug use—overview of key findings 2005. Bethesda, MD: National Institute on Drug Abuse; 2006. NIH publication no. 06-5882.

- CDC. Tobacco use, access, and exposure to tobacco in media among middle and high school students—United States, 2004. MMWR 2005;54:297–301.
- 4. US Department of Labor. Consumer price index—all urban consumers. U.S. city average, cigarettes. Washington, DC: US Department of Labor, Bureau of Labor Statistics; 2005. Available at http://data.bls.gov/labjava/outside.jsp?survey=cu.
- Campaign for Tobacco-Free Kids, American Lung Association, American Cancer Society, American Heart Association. A broken promise to our children: the 1998 state tobacco settlement seven years later. Washington, DC: National Center for Tobacco-Free Kids; 2005. Available at http://www.tobaccofreekids.org/reports/settlements/2006/full report.pdf.
- Federal Trade Commission. Cigarette report for 2003. Washington, DC: Federal Trade Commission; 2005. Available at http://www.ftc.gov/reports/cigarette05/050809cigrpt.pdf.
- 7. Charlesworth A, Glantz SA. Smoking in the movies increases adolescent smoking: a review. Pediatrics 2005;116:1516–28.
- Kaufman P, Alt MN, Chapman C. Dropout rates in the United States: 2001. Washington, DC: US Department of Education, National Center for Education Statistics; 2004. Publication no. NCES 2005–046.
- 9. Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG. Reliability of the 1999 Youth Risk Behavior Survey questionnaire. J Adolesc Health 2002;31:336–42.
- Zaza S, Briss PA, Harris KW, eds. The guide to community preventive services: what works to promote health? New York, NY: Oxford University Press; 2005.

[†] Linear and quadratic trend analyses were conducted using a logistic regression model controlling for sex, race/ethnicity, and grade. Prevalence estimates shown here were not standardized by demographic variables.

[¶] Significant linear effect (p<0.05).

^{**} Significant quadratic effect (p<0.05).

^{††} Numbers for other racial/ethnic groups were too small for meaningful analysis.

Morbidity Surveillance After Hurricane Katrina — Arkansas, Louisiana, Mississippi, and Texas, September 2005

Hurricane Katrina made landfall on the U.S. Gulf Coast on August 29, 2005. Thousands of Gulf Coast residents evacuated and dispersed across the country, moving into hotels, private homes, and evacuation centers (ECs) in 30 states and the District of Columbia (DC). One goal of public health responders was to identify and prevent hurricanerelated morbidity and mortality among affected populations, especially among those with limited access to health care and those who were living in crowded conditions. This report summarizes the challenges of conducting national surveillance after Hurricane Katrina, focusing on the role of CDC in coordinating surveillance and consolidating and interpreting morbidity data from jurisdictions that used diverse surveillance approaches. Aggregate morbidity data that were reported through Arkansas, Louisiana, Mississippi, and Texas to CDC during September 1-22, 2005 (before the Gulf Coast landfall of Hurricane Rita on September 24) are presented from ECs and health-care facilities (HCFs) that served affected populations in these states. Chronic diseases and injuries were the most common conditions reported by ECs and HCFs, respectively. To better prepare for future large-scale disasters with widespread impact, public health agencies and other partners are actively working to establish standardized guidelines and tools for morbidity surveillance. These guidelines will facilitate the interpretation and exchange of health information among multiple jurisdictions and public and private agencies during a disaster response to identify outbreaks and monitor health concerns.

After landfall of Hurricane Katrina, in collaboration with state and local health departments, CDC developed and disseminated guidelines and a form for reporting daily aggregate morbidity surveillance data for persons evaluated in ECs and HCFs (e.g., hospitals, emergency departments, clinics, and disaster medical assistance team [DMAT] sites*) (2). This morbidity surveillance form included categories for conditions such as infectious diseases, mental health conditions, injuries, and

chronic diseases. In addition, a separate medical intake form was distributed to record individual-level data (2). The form included some of the same conditions and categories as the aggregate form but included additional (primarily noninfectious) conditions. The surveillance approach chosen by state and local health departments varied and depended on local conditions, information needs, number of facilities providing health-care services, feasibility of implementation, and overall surveillance capacity (e.g., staffing and communications) (3–5). Health departments investigated possible disease outbreaks and identified resources for managing various health conditions.

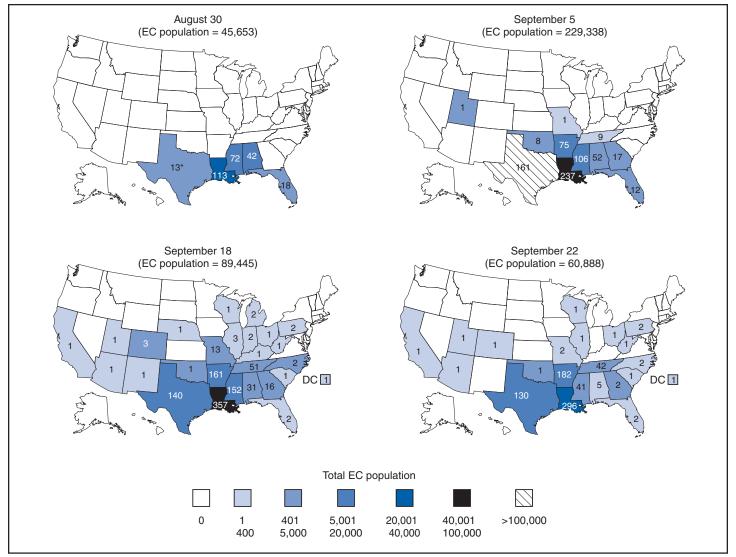
Although CDC received aggregate surveillance data from 12 states, this report presents data from the four states that reported regularly on the largest numbers of affected persons (Arkansas, Louisiana, Mississippi, and Texas). All four states reported morbidity surveillance data from ECs; Louisiana and Mississippi also collected and reported surveillance data from HCFs to determine the extent of injuries and acute conditions resulting from the hurricane and to monitor HCF capacity and needs. In Arkansas and Texas, because most evacues were in ECs, routine HCF surveillance continued among health-care providers and laboratories as it had before the hurricane, with added encouragement from health departments to report adverse health events among evacuees.

States reported morbidity data, which differed by number and specificity of conditions under surveillance; for example, some states reported three distinct types of gastrointestinal (GI) illness, whereas others aggregated all GI-related symptoms and reported them collectively as GI illness. CDC summarized morbidity data by state on a daily basis. For this report, state-specific data were combined to facilitate multistate analyses. Totals for the six most commonly reported categories (i.e., chronic illness, GI illness, respiratory illness, rash, mental illness, and injury) were calculated as the sum of specific (e.g., suspected tuberculosis) and nonspecific (e.g., lower respiratory tract illness) conditions. Data for conditions that were rarely or inconsistently reported are not presented. A visit was defined as care provided for one person for one condition. Persons could have received care for more than one condition on a given day, received care for the same condition on multiple days, or both. Morbidity rates could not be calculated because not all HCFs reported total numbers of patient visits, and although state-level EC population figures were available, not all reporting ECs provided facility population data.

The number of ECs open in a state, the total EC population in a state, and the number of states hosting ECs fluctuated daily (Figure 1). During September 1–22, the number of ECs and HCFs in Arkansas, Louisiana, Mississippi, and Texas reporting daily morbidity data to CDC also fluctuated,

^{*}Creation of DMATs is fostered by the U.S. Department of Homeland Security through the National Disaster Medical System. A DMAT is a group of medical professionals or paraprofessionals, supported by logistic and administrative staff, who can provide medical care during a disaster or other event. Each team has a sponsoring organization, such as a major medical center, public health or safety agency, or nonprofit, public, or private organization. The DMAT sponsor organizes the team, recruits members, arranges training, and coordinates deployment of the team. DMAT members are paid while serving as part-time federal employees (1).

FIGURE 1. Number of evacuation centers (ECs) and total EC population after Hurricane Katrina, by state — United States, August 30–September 22, 2005



SOURCE: U.S. Department of Homeland Security. Hurricane Katrina situation reports; 2005. *Number of open ECs.

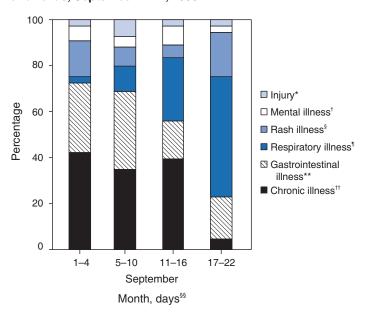
ranging from two to 76 ECs and five to 21 HCFs (Figures 2 and 3). Louisiana and Mississippi reported HCF data almost daily beginning September 5.

During September 1–22, chronic illness (e.g., diabetes, asthma, emphysema, and cardiovascular disease) was the most commonly reported category in ECs, peaking at 651 visits on September 9 (in all four states combined) and accounting for 33% (4,786) of the 14,531 total visits included in these analyses. GI illness, the second most commonly reported category, accounted for 27% (3,892) of total visits and peaked in ECs during September 5–10. Visits for respiratory illness increased during September 1–22, accounting for 20% (2,896) of total visits and 52% (1,003) of visits during September 17–22. The percentage of visits for rash illnesses accounted for 16% (320)

of visits during September 1–4, decreased somewhat, and then increased again to 20% (376) of visits during September 17–22. Visits for injury and mental illness accounted for less than 6% each of the total visits during September 1–22.

In HCFs, during September 5–22, injury was the most commonly reported category, with approximately 135 visits reported daily, peaking at 532 on September 8, and accounting for 58% (5,716) of 9,772 total HCF visits for the six categories. Respiratory illness was the second most commonly reported condition, accounting for 16% (1,550) of total HCF visits. During September 5–22, GI, rash, and chronic and mental illnesses each accounted for less than 10% of the total HCF visits.

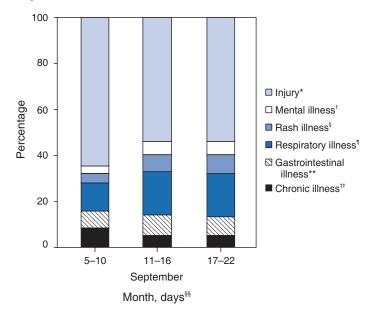
FIGURE 2. Percentage of total visits for selected health conditions reported by evacuation centers (ECs) after Hurricane Katrina, by date — Arkansas, Louisiana, Mississippi, and Texas, September 1–22, 2005



- * Injury includes intentional, unintentional, and heat-related injuries.
- [†] Mental illness includes unspecified mental illness, anxiety, depression, substance (including alcohol) abuse or withdrawal, disorientation, confusion, psychosis, suicidal or homicidal thoughts, and violent behavior.
- § Rash includes unspecified rash, suspected chickenpox, measles, rubella, and scabies.
- Respiratory illness includes unspecified respiratory illnesses, influenzalike illness, upper and lower respiratory illnesses, pertussis, and suspected tuberculosis.
- ** Gastrointestinal illness includes unspecified gastrointestinal illnesses, diarrhea, and vomiting.
- †† Chronic illness includes diabetes, asthma, emphysema, and cardiovascular disease.
- §§ Minimum number of ECs reporting per day, during September 1–22, were as follows: 2 (September 1), 3, 4, 5, 6, 7, 10, 12, 28, 42, 18, 66, 61, 76, 42, 6, 67, 66, 56, 54, 39, 32 (September 22).

Reported by: F Averhoff, MD, S Young, MPH, J Mott, PhD, A Fleischauer, PhD, CDC Louisiana Epidemiology and Surveillance Field Team; J Brady, MD, US Public Health Svc Louisiana Evacuee Center Surveillance Team; S Straif-Bourgeois, PhD, Louisiana Office of Public Health. A Valadez, MD, D Lurie, MBA, Austin/Travis County Dept of Health and Human Svcs; H Palacio, MD, Harris County Public Health and Environmental Svcs; D Buhner, MD, Dallas County Health and Human Svcs; D Persse, MD, City of Houston Health and Human Svcs; F Guerra, MD, San Antonio Metropolitan Health District; [Morgan, MD, [Zoretic, MD, Texas Dept of Health Svcs. R Moolenaar, MD, CDC Mississippi Injury and Illness Surveillance Field Team; KM McNeill, MD, P Byers, MD, TS Kittle, MPH, Mississippi Dept of Health. G Chavez, MD, CDC Arkansas Field Team; M Phillips, PhD, Arkansas Dept of Health and Human Svcs. D Koo, MD, S Groseclose, DVM, P Hicks, MPH, NF Jones, MBChB, A Kenneson, PhD, Director's Emergency Operations Center; P Vranken, DPH, E Sergienko, MD, RH Bitsko, PhD, SA Lorick, DO, EIS officers, CDC.

FIGURE 3. Percentage of total visits for selected health conditions reported by health-care facilities (HCFs) after Hurricane Katrina, by date — Louisiana and Mississippi, September 5–22, 2005



- * Injury includes intentional, unintentional, and heat-related injuries.
- † Mental illness includes unspecified mental illness, anxiety, depression, substance (including alcohol) abuse or withdrawal, disorientation, confusion, psychosis, suicidal or homicidal thoughts, and violent behavior.
- § Rash includes unspecified rash, suspected chickenpox, measles, rubella, and scabies.
- Respiratory illness includes unspecified respiratory illnesses, influenzalike illness, upper and lower respiratory illnesses, pertussis, and suspected tuberculosis.
- ** Gastrointestinal illness includes unspecified gastrointestinal illnesses, diarrhea, and vomiting.
- †† Chronic illness includes diabetes, asthma, emphysema, and cardiovascular disease.
- §§ Minimum number of HCFs reporting per day, during September 5–22, were as follows: 5 (September 5), 6, 9, 21, 19, 18, 13, 13, 17, 19, 19, 16, 15, 16, 13, 12, 12, 13 (September 22).

Editorial Note: After Hurricane Katrina, public health concerns included infectious disease outbreaks, injuries, mental health disorders, and exacerbation of preexisting chronic conditions resulting from population displacement, crowded living conditions in ECs, and disruption of public health services and health-care infrastructure (6). Routine surveillance systems were disrupted in some areas, and coordinated surveillance systems dedicated to monitoring morbidity among persons affected by widespread disasters had not yet been developed in the United States. CDC and the states conducted specialized surveillance activities to complement existing surveillance systems. In addition, CDC collaborated with state and local jurisdictions to facilitate the use of standardized morbidity surveillance tools. Some jurisdictions collected individual-level data to support the provision of clinical care and focus local public health response; aggregated surveillance

data reported to CDC were used to monitor morbidity trends and help identify suspected disease outbreaks.

Morbidity data from Arkansas, Louisiana, Mississippi, and Texas indicated that chronic conditions and injuries were the most frequently reported conditions among affected populations in ECs and HCFs, respectively. This pattern is similar to that identified after floods and other hurricanes (7–9). Variations in the catchment populations, triage protocols, surveillance approaches, and educational background and training of staff members who were collecting data probably contributed to the differences in health conditions identified at ECs and HCFs. ECs likely served persons with less severe conditions, whereas HCFs likely served persons with acute and more severe conditions. Combined with reports from other federal agencies, the state-reported morbidity data helped CDC and the states target deployment of response personnel, prevent and control outbreaks (such as the norovirus outbreak in Texas [10]), and reassure the public that no major epidemics were occurring.

State and local jurisdictions with ECs and HCFs had to balance resources between surveillance activities and responses to the immediate and evolving needs of affected populations, such as providing primary health-care services and medication refills. Local health departments and their partners also had to address the immediate medical needs of persons with special needs, mental disorders, and numerous comorbid conditions. A major challenge at the federal level was to integrate data derived from surveillance systems that varied by location of surveillance, enumeration of populations, forms used for data collection, and the specific conditions assessed. During the response, federal surveillance was aided by communication with field surveillance staff members and information provided in daily situation reports from states and other agencies, including the American Red Cross and U.S. Department of Homeland Security.

The findings in this report are subject to at least four limitations. First, morbidity rates could not be calculated because population data for ECs and HCFs were incomplete. Second, variability in the number of facilities and total population under daily surveillance limited interpretation of temporal trends. Third, the specificity of reported conditions varied because different reporting forms were used; thus, some data could not be aggregated. Finally, these findings do not provide a comprehensive description of the impact of the hurricane and evacuation and dispersal of the affected population because the morbidity surveillance varied considerably (i.e., was not always complete and was not always representative).

The primary goal for public health surveillance during and after major disasters is to track morbidity and mortality data, which can be used to target rapid response and interventions.

Each level of the public health system (i.e., local, state, and federal) has a unique role in conducting surveillance after disasters. The challenges associated with the Hurricane Katrina response underscore the importance of standardized surveillance that supports a collaborative and integrated approach to monitoring and reporting the health status of affected populations. To improve disaster-related national surveillance efforts, CDC has convened a workgroup to review datacollection methods and materials used during and after Hurricanes Katrina and Rita. The workgroup is developing standardized surveillance methods that can be adapted for individual and aggregate morbidity surveillance in different settings (e.g., HCFs or ECs). The workgroup is collaborating with local and state health departments and national agencies responsible for mass care and housing (e.g., National Disaster Medical Service and American Red Cross). The workgroup will also develop and test the feasibility of using technologies such as hand-held devices and Internet-based reporting for data collection.

During large-scale disasters with widespread effects, coordination of multijurisdictional surveillance and implementation of standardized methods can promote the integration of surveillance data. To meet the information needs of all partners, a process for collecting and exchanging information among participating agencies is being planned and will be supported by data-sharing agreements that allow surveillance data to flow rapidly and securely.

Acknowledgments

This report is based, in part, on data contributed by A Khan, MD, C Rubin, DVM, G Noonan, MPH, AK Henderson, PhD, M Pearson, MD, CDC Louisiana Epidemiology and Surveillance Field Team; S Auerbach, MD, D Staten Jr, MPH, M Sullivan, MPH, JT Brooks, MD, US Public Health Svc Louisiana Evacuee Center Surveillance Team; R Ratard, MD, T Sokol, MPH, Louisiana Office of Public Health. S Cookson, MD, B Sklaver, MA, CDC Dallas Field Team; J Pichette, MS, Austin/Travis County Dept of Health and Human Svcs; J Baker, MBA, P Giannone, MPH, CDC Houston Field Team; R Arthur, D Jernigan, MD, CDC San Antonio Field Team; T Betz, MD, EJ Sanchez, MD, Texas Dept of State Health Svcs. M Kuehnert, MD, J Montgomery PhD, L Newman, MD, C Shepard, MD, R Shults, PhD, C Wright, CDC Mississippi Injury and Illness Surveillance Field Team. J Barson, DO, K Robinson, MPH, CDC Arkansas Field Team; F Wilson, MD, Arkansas Dept of Health and Human Svcs. J Blair, PhD, J Braxton, T Doyle, MPH, L Grohskopf, MD, K Hennessey, PhD, S Reagan, MPH, E Simard, MPH, K Hutchins, R Pinner, MD, T Navin, MD, Director's Emergency Operations Center; TG Baker, MPH, S Boedigheimer, MBA, M Fussell, MPA, G Koops, MPH, Office of the Director, CDC. In addition, this report is based, in part, on contributions by state and local health department and HCF personnel, deployed CDC staff members, and field and deployed EIS officers.

References

- CDC. Surveillance for illness and injury after Hurricane Katrina three counties, Mississippi, September 5–October 11, 2005. MMWR 2006;55:231–4.
- 2. CDC. Initial medical screening and ongoing public health surveillance in Hurricane Katrina evacuation centers; 2005. Available at http://www.bt.cdc.gov/disasters/hurricanes/katrina/evacueeform.asp.
- CDC. Surveillance for illness and injury after Hurricane Katrina— New Orleans, Louisiana, September 8–25, 2005. MMWR 2005;54: 1018–21.
- 4. CDC. Surveillance in hurricane evacuation centers—Louisiana, September–October 2005. MMWR 2006;55:32–5.
- CDC. Carbon monoxide poisoning after Hurricane Katrina—Alabama, Louisiana, and Mississippi, August–September 2005. MMWR 2005;54:996–8.
- Noji EK. Public health issues in disasters. Crit Care Med 2005;33 (Suppl):S29–33.
- CDC. Morbidity surveillance following the Midwest flood—Missouri, 1993. MMWR 1993;42:797–8.
- CDC. Surveillance for injuries and illnesses and rapid health-needs assessment following Hurricanes Marilyn and Opal, September– October 1995. MMWR 1996;45:81–5.

- 9. CDC. Morbidity and mortality associated with Hurricane Floyd—North Carolina, September–October 1999. MMWR 2000;49:369–72.
- CDC. Norovirus outbreak among evacuees from Hurricane Katrina— Houston, Texas, September 2005. MMWR 2005;54:1016–8.

Errata: Vol. 55, No. 25

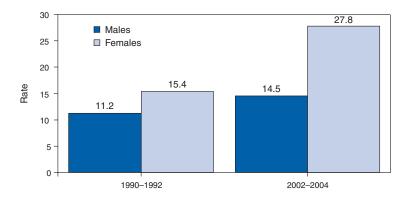
On page 707, in Table I, "Provisional cases of infrequently reported notifiable diseases (<1,000 cases during the preceding year) — United States, week ending June 24, 2006 (25th Week)," in the row, "Influenza-associated pediatric mortality," in the column "Cum 2006," the total should be **36**.

On page 715, in Table II, "Provisional cases of selected notifiable diseases, United States, weeks ending June 24, 2006, and June 25, 2005 (25th Week)," in the heading row, from left, the three disease names should be *Streptococcus pneumoniae*, invasive disease Drug resistant, all ages; Syphilis, primary and secondary; and Varicella (chickenpox).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Rate* of Hospitalization for Depression[†] Among Persons Aged 5–19 Years, by Sex — United States, 1990–1992 and 2002–2004



^{*} Per 100,000 population.

From 1990–1992 to 2002–2004, the rate of hospitalization for depression increased approximately 81% for females aged 5–19 years, to 27.8 per 100,000 population. The rate for young females was nearly twice that for young males during 2002–2004.

SOURCE: National Hospital Discharge Survey annual data files for 1990, 1991, 1992, 2002, 2003, and 2004. Available at http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

[†] In short-stay, nonfederal hospitals with a first-listed diagnosis of *International Classification of Diseases, 9th revision, Clinical Modification* (ICD-9-CM) codes 296.2–296.3, 298.0, 300.4, 301.12, 309.0–309.1, 311, or 313.1.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 1, 2006 (26th Week)*

	Current	Cum	5-year weekly	Total	cases rep	orted for	r previou	s years	
Disease	week	2006	average [†]	2005	2004	2003	2002	2001	States reporting cases during current week (No.
Anthrax	_	1	0	_	_	_	2	23	
Botulism:									
foodborne	_	3	0	19	16	20	28	39	
infant	_	32	1	90	87	76	69	97	
other (wound & unspecified)	_	25	0	33	30	33	21	19	
Brucellosis	_	48	2	122	114	104	125	136	
Chancroid	_	19	1	17	30	54	67	38	
Cholera	_	2	0	11	5	2	2	3	
Cyclosporiasis§	_	36	11	734	171	75	156	147	
Diphtheria	_	_	0	_	_	1	1	2	
Domestic arboviral diseases ^{§,¶} :									
California serogroup	_	_	3	78	112	108	164	128	
eastern equine	_	_	0	21	6	14	10	9	
Powassan	_	_	Ö	1	1	_	1	Ň	
St. Louis	_	1	Ö	10	12	41	28	79	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis§:									
human granulocytic	17	65	15	790	537	362	511	261	NY (1), MN (16)
human monocytic	_	75	10	522	338	321	216	142	(-), ()
human (other & unspecified)	_	15	3	122	59	44	23	6	
Haemophilus influenzae,**			· ·		00			•	
invasive disease (age <5 yrs):									
serotype b	1	4	0	9	19	32	34	_	WA (1)
nonserotype b		42	2	135	135	117	144	_	W/((1)
unknown serotype	1	93	2	217	177	227	153	_	FL (1)
Hansen disease§		29	2	88	105	95	96	79	1 = (1)
Hantavirus pulmonary syndrome§	_	9	1	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal [§]	3	59	5	221	200	178	216	202	OH (2), CO (1)
Hepatitis C viral, acute	3	389	32	771	713	1,102	1,835	3,976	NY (2), PA (1)
HIV infection, pediatric (age <13 yrs)§.††	_	52	6	380	436	504	420	543	N1 (2), 1 A (1)
Influenza-associated pediatric mortality ^{8,89,119}	2	38	1	49	4 50	N	420 N	343 N	NYC (1), GA (1)
Listeriosis	8	223	15	892	753	696	665	613	NH (1), NY (2), TN (1), WA (2), CA (2)
Measles	_***	22	2	65	37	56	44	116	MIT (1), MT (2), TM (1), WA (2), GA (2)
Meningococcal disease, ^{†††} invasive:	_	~~	2	03	01	30		110	
A, C, Y, & W-135	2	129	4	297	_	_	_	_	NY (1), IN (1)
	1	77	3	157				_	
serogroup B		12	0						FL (1)
other serogroup			4	27					NV (1) DA (1) OH (2) MN (1) NE (2) AL (4)
Mumps	13	4,750	4	314	258	231	270	266	NY (1), PA (1), OH (2), MN (1), NE (2), AL (4),
Diamin		4	0	0	0	4	0	0	WA (1), CA (1)
Plague Poliomy elitic paralytic	_	1	0	8 1	3	1	2	2	
Poliomyelitis, paralytic Psittacosis [§]	_	9		19	 12	12	18	 25	
	_								
Q fever [§]	_	59	2	139	70	71	61	26	
Rabies, human	_	1	0	2	7	2	3	1	
Rubella	_	4	0	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	
Streptococcus pneumoniae,§	_			4 0	4 400	c	E		NIV (0) OH (1) NNI (1) AB (1) OB (1)
invasive disease (age <5 yrs)	7	582	11	1,257	1,162	845	513	498	NY (3), OH (1), MN (1), AR (1), CO (1)
Syphilis, congenital (age <1 yr)	_	99	8	361	353	413	412	441	
Tetanus		9	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococca	,	47	2	96	95	133	109	127	AAA (1)
Trichinellosis	1	7	0	19	5	6	14	22	MN (1)
Tularemia§	4	25	5	154	134	129	90	129	OH (1), AR (1), OK (1), MT (1)
Typhoid fever	. 1	117	7	324	322	356	321	368	FL (1)
Vancomycin-intermediate Staphylococcus aure	eus§ —	1	_	2	_	N	N	N	
Vancomycin-resistant Staphylococcus aureus§	_	_	_	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.

The 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.

¹¹ Of the 43 cases reported since October 2, 2005 (week 40), only 39 occurred during the current 2005–06 season.

^{***} No measles cases were reported for the current week.

the measure cases were reported for the current week.

The measure cases were reported for the current week.

The measure cases were reported for the current week.

The measure cases were reported for the current week.

TABLE II. Provisio	nal cases	s of sele	cted not		seases, U	nited State		s endin		, 2006, an	d July 2, 2				
		Pre	vious	ıaı			Previo		cosis			Previ	tosporio	iiosis	
Reporting area	Current week		veeks Max	Cum 2006	Cum 2005	Current week	52 we		Cum 2006	Cum 2005	Current week	52 we		Cum 2006	Cum 2005
United States	3,830	18,796	35,170	443,803	479,524	16	126	1,643	3,625	1,956	20	72	860	1,201	1,071
New England Connecticut Maine Massachusetts New Hampshire Rhode Island Vermont§	171 — 149 22 —	628 166 42 286 34 66	1,550 1,214 74 432 64 99 43	14,644 3,405 1,021 7,170 871 1,636 541	15,962 4,747 1,028 7,112 909 1,666 500	N N N —	0 0 0 0 0 0	0 0 0 0 0 0	,,023 N N — —	- N N N N N N N N N N N N N N N N N		4 0 0 2 1 0	35 14 3 15 3 6	66 9 12 27 11 3	61 7 11 24 7 1
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	670 — 313 — 357	2,295 364 497 670 714	3,696 526 1,727 1,611 1,073	55,368 7,095 11,440 17,967 18,866	58,593 9,641 11,534 19,054 18,364	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	2 - 2 -	11 0 4 2 4	597 8 561 15 21	174 6 51 30 87	141 10 36 39 56
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	320 — 320 —	3,133 942 393 565 806 397	12,578 1,536 552 9,888 1,445 531	71,830 22,607 8,306 15,574 16,259 9,084	79,479 24,733 9,883 12,987 21,817 10,059		0 0 0 0 0	3 0 0 3 1 0	21 N 17 4 N	4 N 4 — N	2 - 2 -	14 2 1 2 5 4	162 16 13 7 109 38	258 31 25 44 98 60	238 31 14 30 71 92
W.N. Central Iowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	132 125 — — — — 7	1,121 150 155 231 429 95 32 52	1,438 225 269 298 525 176 54 117	26,977 4,026 3,881 5,140 9,656 2,275 741 1,258	29,285 3,499 3,686 6,176 11,281 2,541 746 1,356	N N 	0 0 0 0 0 0	12 0 0 12 1 1 0 0	N N N N N N N	3 N N 3 - N N	9	9 1 1 3 2 1 0	52 11 5 22 37 4 4	199 19 26 79 35 14 3 23	171 47 12 41 55 4 — 12
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	959 67 18 666 — — — 189	3,284 68 58 891 609 356 569 281 427 56	4,905 92 101 1,090 2,142 519 1,772 1,306 840 227	84,333 1,778 1,237 23,105 11,107 8,608 16,934 8,252 11,615 1,697	89,280 1,617 1,923 21,690 15,217 9,080 16,899 9,736 11,827 1,291	 N N N N N	0 0 0 0 0 0 0	1 0 0 0 0 1 0 0	2 N N 2 N N N N	N N N N N N	4 4 	15 0 0 6 3 0 1 0	54 2 3 28 12 4 10 4 8 3	314 1 8 121 104 9 36 16 17 2	192 — 2 76 49 9 25 10 17 4
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	_ _ _ _	1,389 373 155 373 488	2,188 1,048 336 647 614	34,905 9,887 4,499 8,599 11,920	35,128 6,969 5,107 11,514 11,538	N N — N	0 0 0 0	0 0 0 0	N N — N	N N N	_ _ _ _	3 0 1 0	29 5 25 1 4	48 21 11 4 12	30 11 11 — 8
W.S. Central Arkansas Louisiana Oklahoma Texas [§]	142 — 142 —	2,159 159 281 234 1,390	3,605 340 761 2,159 1,801	51,999 3,713 7,504 5,663 35,119	56,808 4,409 9,779 5,431 37,189	 N N	0 0 0 0	1 0 1 0 0	 N N	 N N N	2 — 2 —	3 0 0 1 2	30 2 21 10 19	70 7 9 18 36	33 1 3 13 16
Mountain Arizona Colorado Idaho§ Montana Nevada§ New Mexico§ Utah Wyoming	327 327 — — — — — —	1,094 370 211 52 38 85 158 89 26	1,839 642 482 218 195 432 338 136 55	23,009 8,991 2,970 1,576 1,011 1,795 4,016 1,979 671	31,624 11,246 7,405 1,117 1,162 3,603 4,349 2,184 558	N N N N	92 91 0 0 1 0	452 448 0 0 0 4 2 3 2	2,405 2,359 N N N 20 2 22 2	1,188 1,134 N N N 36 10 6	1 - 1 - - - -	2 0 1 0 0 0 0 0	9 1 3 2 2 1 3 3	41 4 16 5 7 3 — 6	59 4 18 5 11 8 7 4
Pacific Alaska California Hawaii Oregon [§] Washington	1,109 — 901 — 208 —	3,221 83 2,467 109 177 356	5,079 152 4,231 135 315 604	80,738 1,987 63,032 2,435 4,594 8,690	83,365 2,028 64,461 2,687 4,449 9,740	16 — 16 N N N	34 0 34 0 0	1,179 0 1,179 0 0	1,197 — 1,197 N N	761 — 761 N N	_ _ _ _	4 0 1 0 1 0	52 2 14 1 20 38	31 1 — 30	146 — 102 — 25 19
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	U - -	0 0 17 76 2	0 0 37 162 7	U U 1,877 6	U 382 2,178 106	U - N -	0 0 0 0	0 0 0 0	U U N	U U N	U - N	0 0 0 0	0 0 0 0	U U N —	U U N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-complete the complete that the complete the complete that t Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th Week)*

			Giardiasi	s			G	onorrhe	a		Hae		<i>s influen</i> es, all ser	<i>zae</i> , invas otypes	sive
	0	Prev		0	0	0	Previ		0	0	0	Previ		0	0
Reporting area	Current week	Med	eeks Max	Cum 2006	Cum 2005	Current week	52 we Med	Max	Cum 2006	Cum 2005	Current week	Med	Max	Cum 2006	Cum 2005
United States	169	327	1,029	6,915	7,977	1,431	6,460	14,136	149,462	159,334	12	37	142	998	1,292
New England	5	25 0	75 37	482	701	29	100	288	2,495	3,029 1,275	_	3 0	19 9	74	93 27
Connecticut Maine	4	3	11	119 43	158 84	_	40 2	241 6	843 58	65	_	0	2	21 7	6
Massachusetts New Hampshire	1	10 0	34 8	214 10	306 39	27 2	47 4	75 9	1,221 111	1,334 75	_	1 0	4 1	34 2	45 4
Rhode Island	_	0	25	37	40	_	8	19	236	255	_	0	7	2	7
Vermont [†] Mid. Atlantic	 26	3 65	9 254	59 1,190	74 1,478	— 219	1 646	4 1,014	26 14,476	25 16,147		0 7	2 30	8 192	4 235
New Jersey	_	8	18	97	196	_	109	150	2,138	2,787	_	2	4	26	44
New York (Upstate) New York City	18 1	23 15	227 32	479 312	487 421	72 —	125 179	455 402	2,971 4,019	3,142 4,895	1 1	2 1	27 4	67 15	69 43
Pennsylvania	7	16	29	302	374	147	215	391	5,348	5,323	3	3	8	84	79
E.N. Central Illinois	13	54 12	110 32	996 154	1,370 350	259	1,292 380	7,047 567	28,699 8,442	31,092 9,558	1	5 1	14 6	138 31	228 70
Indiana	N	0	0	N	N	_	155	228	3,471	3,922	_	1	7	35	39
Michigan Ohio	2 11	14 16	29 34	289 340	336 299	259 —	233 398	5,880 681	6,351 7,479	4,920 9,957	1	0 1	3 6	14 46	13 79
Wisconsin	_	13	40	213	385	_	123	172	2,956	2,735	_	0	4	12	27
W.N. Central lowa	54	35 5	260 14	789 104	914 118	16 16	357 33	461 54	8,141 813	9,157 765	_	2	15 0	57 —	56 —
Kansas	_	3	9	71	87	_	48	124	1,071	1,260	_	0	3	11	6
Minnesota Missouri	53	3 10	238 32	336 200	420 184	_	62 180	88 240	1,210 4,269	1,715 4,584	_	0 0	9 7	27 14	21 20
Nebraska† North Dakota	1	2	6 7	41 5	55 3	_	21 2	56 7	561 44	597 44	_	0	2	4 1	8
South Dakota	_	2	7	32	47	_	6	13	173	192	_	0	ő		_
S. Atlantic Delaware	24	55 1	107 3	1,200 10	1,205 29	477 24	1,472 23	2,334 44	35,506 729	37,620 394	2	10 0	24 1	271 1	309
District of Columbia	3	1	5	35	22	21	36	66	779	992	_	0	1	2	3
Florida Georgia	21 —	19 14	39 67	443 377	414 334	343	416 291	512 1,014	10,856 4,946	9,551 6,791	2	3 2	9 5	90 57	77 70
Maryland† North Carolina	N	4 0	10 0	81 N	85 N	_	132 274	231 766	3,295 7,634	3,320 7,876	_	1 0	5 9	34 23	41 52
South Carolina†	_	1	7	51	64	_	125	748	3,639	4,254	_	1	3	21	20
Virginia† West Virginia	_	10 0	50 6	192 11	241 16	84 5	142 16	288 42	3,196 432	4,101 341	_	1 0	8 4	33 10	30 16
E.S. Central	1	8	18	185	172	_	547	868	13,717	13,241	1	2	6	60	75
Alabama† Kentucky	N	4 0	14 0	94 N	77 N	_	181 55	491 116	4,531 1,545	3,947 1,627	_	0	4 1	15 2	15 9
Mississippi Tennessee†	_ 1	0 4	0 12	— 91	— 95	_	138 181	203 279	3,187 4,454	3,506 4,161	_ 1	0 1	1 4	3 40	 51
W.S. Central	4	6	31	113	114	105	894	1,430	22,030	22,525		1	15	45	77
Arkansas	2	2	6	35 29	38 19	105	83 165	186 461	2,049 4,528	2,262 5,222	_	0	2	4	7 28
Louisiana Oklahoma	2	3	24	49	57	—	86	764	2,061	2,221	_	1	14	32	40
Texas [†]	N	0	0	N	N	_	531	734	13,392	12,820	_	0	1	_	2
Mountain Arizona	16	30 2	57 36	596 33	584 69	85 85	226 90	552 201	4,914 2,121	6,712 2,498		3 1	8 7	107 42	148 76
Colorado Idaho†	8	9 3	33 11	220 70	201 62	_	54 3	90 10	879 91	1,561 47	_	1 0	4 1	34 3	31 3
Montana	_	1	7	31	19	_	2	14	59	71	_	0	0	_	_
Nevada† New Mexico†	_	2 1	6 6	28 17	43 29	_	37 29	194 64	634 672	1,413 762	_	0	1 4	13	13 16
Utah Wyoming	8	7 0	19 2	190 7	148 13	_	16 2	23 6	394 64	330 30	2	0	4 2	13 2	5 4
Pacific	26	61	202	1,364	1,439	241	806	957	19,484	19,811	1	2	20	54	71
Alaska California	 16	1 43	7 105	19 1,004	43 1,088	202	11 660	23 828	258 16,041	275 16,478	_	0 0	19 9	4 10	5 29
Hawaii	_	1	3	26	33	_	19	36	447	488	_	0	1	8	6
Oregon [†] Washington	10	8 8	21 90	165 150	162 113	39	28 74	58 142	693 2,045	785 1,785	<u></u>	0 0	6 4	30 2	31 —
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I. Guam	<u>U</u>	0	0 3	<u>U</u>	U 3	<u>U</u>	0 1	0 15	<u>U</u>	U 56	<u>U</u>	0 0	0 2	U —	U 2
Puerto Rico U.S. Virgin Islands	_	3	20 0	17	85	_	5	16	127 4	206 51	_	0	1 0	_	2
o.s. virgin islanus	_	U	U	_	_	_	U	2	4	51	_	U	U	_	_

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* 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 July 1, 2006, and July 2, 2005 (26th Week)*

					atitis (viral	,,,,	.,,,,,								
			Α				D	В					gionello	sis	
	Current	Previ 52 we		Cum	Cum	Current	Previo 52 wee		Cum	Cum	Current	Previ 52 we		Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	18	75	245	1,610	1,885	33	88	597	1,850	2,591	12	41	127	674	649
New England Connecticut	1 1	5 1	22 3	97 19	212 26	_1	2	9 3	34	71 27	_	2	12 8	26 11	31 7
Maine		0	2	4	1	_	0	2	10	5	_	0	1	3	2
Massachusetts New Hampshire	_	4 1	14 12	47 15	130 46	_ 1	1 0	5 3	14 6	23 13	_	1 0	6 1	10 1	15 4
Rhode Island	_	0	4	5	5	_	0	2	4	1	_	0	10	_	3
Vermont [†] Mid. Atlantic	_ 2	0 9	2 24	7 136	4 313	_ 2	0 9	1 55	— 171	2 343	10	0 14	3 53	1 180	186
New Jersey	_	2	9	17	56	_	3	10	40	123	_	1	13	6	32
New York (Upstate) New York City		2	14 10	42 51	49 160	1 —	1 1	43 5	30 24	29 74	4	5 2	29 20	76 19	42 28
Pennsylvania	_	1	6	26	48	1	3	9	77	117	6	5	17	79	84
E.N. Central Illinois	_	6 1	15 11	127 17	169 52	1	8 1	24 6	162 6	283 83	_	8 1	25 5	139 13	130 19
Indiana Mishigan	_	0 2	7 8	19 48	9 57	_	0 3	17 7	23 66	15 95	_	0 2	6	6 33	10
Michigan Ohio	_	1	4	36	27	1	2	8	62	71	_	4	19	68	32 57
Wisconsin	_	0	5	7	24	_	0	6	5	19	_	1	5	19	12
W.N. Central lowa	_	2 0	30 2	72 4	48 12	1	4 0	22 3	69 5	130 13	_	1 0	12 1	20 1	20 3
Kansas Minnesota	_	0 0	5 29	21 6	8 3	_	0	2 13	5 6	18 11	_	0	1 10	1	2
Missouri	_	1	4	27	22	_	3	7	47	71	_	0	3	11	9
Nebraska† North Dakota	_	0	3 2	9	3	1	0	2 0	6	14	_	0	2 1	3	1
South Dakota	_	Ö	3	5	_	_	Ö	1	_	3	_	Ö	6	4	3
S. Atlantic Delaware	5	11 0	34 2	238 9	289 4	6	23 1	66 4	562 19	750 18	1	9	19 2	166 3	151 8
District of Columbia	_	0	2	2	2	_	0	2	4	4	_	0	2	6	2
Florida Georgia	5	4 1	18 6	87 28	96 61	5 —	8 3	19 9	213 77	256 122	1	3 0	8 4	73 8	45 14
Maryland [†] North Carolina	_	1 0	6 20	29 45	27 38	_ 1	2	9 23	78 86	84 86	_	1 0	6 5	27 19	42 14
South Carolina†	_	1	3	10	15		2	7	32	81	_	Ō	2	2	6
Virginia† West Virginia	_	1 0	11 3	24 4	43 3	_	1 0	18 18	20 33	79 20	_	1 0	7 3	24 4	16 4
E.S. Central	_	3	15	57	117	3	6	18	155	193	_	2	9	39	33
Alabama† Kentucky	_	0	9 5	7 23	14 8	3	1 1	7 5	53 38	47 40	_	0	1 4	7 10	9 10
Mississippi	_	0	2	3	11	_	0	3	5	31	_	0	1	1	1
Tennessee [†] W.S. Central	_ 1	1 7	7 77	24 107	84 206	_ 1	2 14	12 315	59 298	75 250	_	1	7 32	21 13	13 14
Arkansas	1	0	9	29	8		1	4	19	33	_	0	3	_	4
Louisiana Oklahoma	_	0	4 2	4 4	33 3	_ 1	0	3 17	10 13	41 25	_	0	1 3	6 1	_
Texas [†]	_	5	73	70	162	_	11	295	256	151	_	0	26	6	8
Mountain Arizona	1	5 2	18 16	119 64	153 76	3	6 4	39 27	138 86	264 168	1	2	8 3	42 14	53 12
Colorado	1	1	4	24	18	1	1	5	20	27	_	0	3	3	14
Idaho† Montana	_	0 0	2 2	6 5	18 7	_	0	2 7	5	6 3	_	0 0	2 1	7 3	3
Nevada [†] New Mexico [†]	_	0	2	6 5	8 12	_	1 0	4 3	13 1	24 12	_	0	2 1	3	10 2
Utah	_	0	2	8	13	2	Ō	4	13	23	1	Ō	2	11	5
Wyoming	_	0	1	1	1		0	1	_	1	_	0	1	1	3
Pacific Alaska	8	17 0	163 1	657 —	378 3	15 —	9 0	61 1	261 1	307 7	_	2 0	9 1	49 —	31
California Hawaii	4	15 0	162 2	597 8	315 14	11	7	41 1	203 4	209 2	_	2	9 1	49	30 1
Oregon [†]	_	0	5	26	23	_	1	6	32	51	N	0	0	N	N
Washington	4	1	13	26	23	4	0	18	21	38	_	0	0	_	_
American Samoa C.N.M.I.	U U	0 0	0 0	U U	1 U	U U	0 0	0 0	U U	U	U U	0 0	0 0	U U	U U
Guam Puerto Rico	_	0	0 4	 8	2 43	_	0 1	2 8	_ 14	16 20	_	0	0 1	_ 1	_
U.S. Virgin Islands	_	0	0	_	-	=	ó	0	-	_	_	0	Ó		_

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* 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 July 1, 2006, and July 2, 2005 (26th Week)*

(26th Week)*										
		Due	Lyme dise	ase			Prev	Malaria		
	Current		weeks	Cum	Cum	Current		eeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	349	223	2,153	3,249	6,093	12	24	125	509	600
New England	235	36	780	428	989	1	1	12	29	28
Connecticut Maine	225	8 2	753 26	320 35	81 64	<u>1</u>	0 0	10 1	8 3	
Massachusetts		4	205	11	790	_	0	3	13	20
New Hampshire Rhode Island	10	5 0	21 12	53 —	45 3	_	0 0	1 8	4	3 2
Vermont†	_	1	5	9	6	_	0	1	1	1
Mid. Atlantic	87	131	1,176	1,979	3,395	1	5	15	73	166
New Jersey New York (Upstate)	— 67	20 74	312 1,150	300 994	1,530 629	_ 1	1 1	7 11	13 12	39 23
New York City	1	2	33	1	132	_	2	8	36	85
Pennsylvania	19	34	376	684	1,104	_	1	2	12	19
E.N. Central Ilinois	1	9 0	160 13	141	703 55	_	2 1	8 5	47 12	69 38
Indiana	_	0	4	3	6	_	0	3	6	3
Michigan	1	1	7	11	7	_	0	2	8	13
Ohio Visconsin	_	1 8	5 145	18 109	23 612	_	0	3	16 5	10 5
W.N. Central	21	9	98	112	162	_	0	32	22	27
owa	_	0	8	13	44	_	0	1	1	4
Kansas Minnesota	 21	0 6	2 96	3 83	2 110	_	0 0	1 30	14	2 11
Missouri	_	0	2	6	6	_	0	2	3	10
Nebraska† North Dakota	_	0 0	2 3	6	_	_	0 0	2 1	2 1	_
South Dakota	_	ő	1	1	_	_	Ö	i	i	_
S. Atlantic	2	26	124	459	741	6	7	16	160	118
Delaware District of Columbia	_	8 0	37 2	181 8	296 3		0	1 2	4 2	1 3
Florida	_	1	5	14	11	2	1	6	26	19
Georgia Maryland [†]	_	0 14	1 87	 201	2 343	_	1 1	6 9	48 35	22 43
North Carolina	2	0	5	11	24	2	0	8	13	15
South Carolina† Virginia†	_	0 3	3 22	5 39	8 53	_	0 1	2 9	4 27	3 11
Nest Virginia	=	0	44	— —	1	_	0	2	1	1
E.S. Central	_	0	4	3	12	_	0	3	12	12
Alabama† Kentucky	_	0 0	1 2	_	_ 1	_	0 0	2 2	7 1	3 4
Mississippi	=	0	0	_		_	0	1	2	_
Tennessee†	_	0	4	3	11	_	0	2	2	5
W.S. Central Arkansas	_	0	5 1	3	44	_	2	31	30	44
Arkansas Louisiana	_	0	0	_	2 3	_	0	2 1	1 —	3 2
Oklahoma	_	0	0	 3	_	_	0	6	2	2
Texas [†]	_	0	5 4	3 5	39 5		1	29 9	27 21	37
Mountain Arizona	_	0	4	5 2	<u> </u>	_	0	9	21 4	27 5
Colorado	_	0	1	1	_	_	0	2	9	14
daho [†] Montana	_	0 0	1 0	_	1	_	0	0 1	1	_
Nevada [†]	_	0	2	_	2	_	0	1	_	2
New Mexico [†] Jtah	_	0 0	1 1			_	0	1 2	7	1 4
Nyoming	_	0	i	_	i	=	0	1	_	1
Pacific	3	4	14	119	42	4	4	12	115	109
Alaska California	 3	0 3	1 14	 118	2 26	_ 4	0 3	4 10	14 80	3 82
Jamorna Hawaii	N N	0	0	N	N	-	0	1	1	8≥ 10
Oregon† Nachington	_	0	3 3	1	12	_	0	2	6	3
Washington		0		_	2	_	0	5	14	11
American Samoa C.N.M.I.	U U	0	0 0	U U	U U	U U	0 0	0 0	U U	U U
Guam	_	0	0	_	_	_	0	0	_	_
Puerto Rico U.S. Virgin Islands	N	0 0	0 0	N —	N —	_	0	1 0	_	2
golailao		J	v				0	•		

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* 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 July 1, 2006, and July 2, 2005 (26th Week)*

					ngococcal	disease, inv									
			All serog	roups				ogroup u	nknown				Pertus	ssis	
	Current	Previ 52 we		Cum	Cum	Current	Previo		Cum	Cum	Current	Prev 52 w	ious eeks	Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	7	20	85	643	753	4	13	58	425	456	125	369	2,877	5,709	10,285
New England	_	1	3	26	49	_	0	2	19	18	3	30	83	600	600
Connecticut Maine	_	0 0	2 1	8 3	10 2	_	0	2 1	2	1 2	_	1 1	5 5	16 23	37 15
Massachusetts	_	0	2	12	23	_	0	2	12	5	_	23	43	427	451
New Hampshire Rhode Island	_	0 0	2 1	2	8 2	_	0	2 0	2	8	3	2	36 17	75 —	27 11
Vermont [†]	_	0	i	1	4	_	0	0	_	2	_	1	10	 59	59
Mid. Atlantic	1	3	13	87	93	_	2	11	65	72	26	28	137	795	692
New Jersey New York (Upstate)	1	0 0	2 7	5 21	23 26	_	0	2 5	5 3	23 10	18	4 12	10 123	95 311	94 259
New York City	_	0	5	27	13	_	0	5	27	13	_	2	6	28	43
Pennsylvania	_	1	5	34	31	_	1	5	30	26	8	11	26	361	296
E.N. Central Illinois	1	3 0	11 4	72 17	95 22	_	2	6 4	52 17	80 22	34	48 10	133 35	659 38	1,955 454
Indiana	1	0	5 3	13	13 16	_	0	2	6 8	6 10	20 7	4 6	75 23	108 175	146
Michigan Ohio	_	1 1	5 5	15 27	28	_	0	4	8 21	26	7	16	30	296	117 672
Wisconsin	_	0	2	_	16	_	0	2	_	16	_	8	41	42	566
W.N. Central lowa	_	2	4 2	38 9	47 12	_	0	3 1	14 3	19 1	_	62 12	552 63	613 137	1,385 375
Kansas	_	0	1	1	8	_	0	1	1	8	_	11	28	163	139
Minnesota Missouri	_	0 0	2 2	10 11	6 15	_	0 0	1 1	3 3	1 6	_	0 10	485 42	75 168	339 213
Nebraska [†]	_	0	2	5	4	_	0	1	3	3	_	4	15	57	141
North Dakota South Dakota	_	0 0	1 1	1 1	_	_	0	1 0	1	_	_	0 1	26 8	4 9	66 112
S. Atlantic	1	3	14	112	137	_	2	7	47	54	2	23	92	481	665
Delaware District of Columbia	_	0	1 1	4	2 4	_	0	1 1	4	2	_	0	1 3	2	13 4
Florida	1	1	6	44	52	_	1	5	17	15	2	4	14	107	84
Georgia Maryland [†]	_	0	3 2	11 7	12 14	_	0	3 1	11 2	12 1	_	0 3	3 9	8 70	26 119
North Carolina	_	0	11	19	19	_	0	3	4	4	_	0	21	101	41
South Carolina† Virginia†	_	0 0	2 4	11 13	12 17	_	0	1 3	4 5	8 7	_	4 1	22 73	70 100	223 125
West Virginia	_	Ő	2	3	5	_	ő	Ö	_	2	_	Ö	9	20	30
E.S. Central	1	1	4	22	34	1	1	4	18	25	1	7	22	123	274
Alabama [†] Kentucky	_ 1	0 0	1 2	4 7	3 12	1	0	1 2	4 7	2 12	_ 1	1	7 10	30 20	37 71
Mississippi	_	0	1	1	4	_	0	1	1	4	_	1	4	15	34
Tennessee [†]	_	0	2	10	15	_	0	2	6	7	_	2	9	58	132
W.S. Central Arkansas	_	1 0	23 3	56 6	78 9	_	1 0	6 2	25 4	19 2	1 1	30 3	360 21	306 38	1,088 162
Louisiana Oklahoma	_	0	4 4	24 8	25 13	_	0	3 0	13	4 2	_	0	3 124	7 10	28
Texas [†]	_	1	16	18	31	_	0	4	8	11	_	25	215	251	898
Mountain	1	1	4	37	61	1	0	4	17	16	47	66	230	1,526	2,147
Arizona Colorado	_	0	4 2	11 14	28 13	_	0	4 1	11 2	9	<u> </u>	13 23	177 40	266 524	547 714
Idaho†	_	0	2	1	3	_	0	2	1	3	_	2	13	43	101
Montana Nevada [†]	1	0 0	1 2	3 2	<u> </u>	1	0	0 1	1	1	2	3 0	19 9	61 35	409 32
New Mexico†	_	0	1	1	3	_	0	1	_	2	_	2	6	23	120
Utah Wyoming	_	0	1 2	3 2	8	_	0	1 2	_	1	39	15 1	38 5	542 32	203 21
Pacific	2	5	29	193	159	2	5	25	168	153	11	60	1,334	606	1,479
Alaska California	_	0	1 14	1 122	1 101	_	0	1 14	1 122	1 101	_	2 27	15 1,136	34 264	23 587
Hawaii	_	0	1	4	9	_	0	1	4	4	_	2	10	36	87
Oregon [†] Washington	_ 2	1 0	7 25	42 24	29 19	_ 2	1 0	4 11	31 10	29 18	 11	3 10	24 195	73 199	476 306
American Samoa	U	0	0	_	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	Ü	0	0	_	_	Ü	0	0	Ü	ŭ	Ü	0	0	Ü	U
Guam Puerto Rico	_	0 0	1 1	4	<u> </u>	_	0	1 1	4	<u> </u>	_	0	0 1	_	2
U.S. Virgin Islands	_	Ö	Ö		_	_	Ö	Ö		_	_	ŏ	Ö	_	

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* 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 July 1, 2006, and July 2, 2005 (26th Week)*

(26th Week)*		R	abies, ani	mal		Boo	ky Mour	ntain sno	tted fever			Si	almonello	nsis	
		Prev		iliai			Previo		iteu ievei			Prev		2313	
Deporting area	Current week	Med Med	eeks Max	Cum 2006	Cum 2005	Current week	52 wee	eks Max	Cum 2006	Cum 2005	Current week	52 w	eeks Max	Cum 2006	Cum 2005
Reporting area United States	49	104	193	2,625	3,053	35	35	246	603	493	332	701	2,291	14,097	16,256
New England	8	12	26	290	367	_	0	2	1	3	5	33	178	712	958
Connecticut Maine	3	3	13 5	75	81		0	0 0	_	 N	_	3 2	170	170	192
Massachusetts	2	4	17	38 132	31 210	<u>N</u>	0 0	2	N 1	2	2	18	7 40	36 405	89 522
New Hampshire Rhode Island	3	0	3 4	9 1	7 11	_	0 0	1 2	_	1	3	2	12 17	50 37	82 31
Vermont [†]	_	1	7	35	27	_	0	0	_	_	_	1	10	14	42
Mid. Atlantic New Jersey	N	18 0	46 0	498 N	440 N	_	1 0	7 3	17	35 10	32	74 11	272 41	1,536 191	2,025 392
New York (Upstate)	_	11	24	224	230	_	0	1	1	_	18	22	233	406	471
New York City Pennsylvania	_	0 8	3 35	1 273	15 195	_	0 1	1 5	4 12	4 21	2 12	21 27	44 61	389 550	505 657
E.N. Central	1	2	11	42	101	1	0	7	11	17	27	89	219	1,880	2,393
Illinois Indiana	1	0 0	4 3	7	17 4	_	0 0	4 1	1 3	7	7	26 11	53 69	403 255	909 196
Michigan Ohio	_	1 0	5 6	23 12	10 70	_ 1	0	1 3	7	2 7	5 15	17 24	35 52	372 536	412 496
Wisconsin	N	Ö	2	N	Ň	<u>.</u>	0	1	<u> </u>	1	_	15	44	314	380
W.N. Central lowa	5	5 0	15 2	122 16	176 —	_	2	12 2	72 —	65 1	17 —	44 7	89 18	999 145	1,065 170
Kansas Minnesota	 5	1	5 5	34 22	50 35	_	0	1	2 1	3	 16	7 10	17 59	135 281	153 249
Missouri	_	1	6	16	29	_	2	12	64	58	_	15	40	297	312
Nebraska† North Dakota	_	0	0 7	13	— 13	_	0 0	2 1	5 —	_	1	4 0	12 46	86 4	91 14
South Dakota	_	1	4	21	49	_	0	1	_	3	_	3	9	51	76
S. Atlantic Delaware	22	35 0	97 0	946	1,155 —	32	17 0	94 2	407 5	265 2	118	232 2	514 9	3,639 34	4,201 44
District of Columbia Florida	_	0	0 27	— 80	 201	_	0	1 3	 12	_ 9	1 95	1 95	7 230	30 1,630	20 1,549
Georgia	_	2	42	85	147	_	1	7	21	50	_	26	87	532	611
Maryland [†] North Carolina	14	7 8	14 20	154 199	180 251	32	1 6	6 87	18 327	24 146	20	11 32	39 114	206 560	304 580
South Carolina† Virginia†	 8	3 10	11 27	70 309	110 244	_	1 2	6 10	5 18	20 11	2	19 19	73 66	309 296	641 386
West Virginia	_	1	13	49	22	_	0	2	1	3	_	3	19	42	66
E.S. Central Alabama†	6 6	5 1	16 7	181 43	72 41	_	5 0	24 9	66 18	66 16	12 6	52 14	115 41	868 329	986 245
Kentucky	_	0	5 2	7	7	_	0	1	_		2	8 11	27 62	165 123	149 246
Mississippi Tennessee†	_	2	11	127	24	_	3	18	48	48	4	14	41	251	346
W.S. Central Arkansas	4 1	14 0	34 3	389 19	530 19	1 1	1 0	161 32	20 17	23 12	24 15	79 14	922 43	1,316 342	1,497 289
Louisiana	_	0	0	_	_		0	1	_	5	_	9	43	149	341
Oklahoma Texas [†]	3	1 12	9 29	34 336	53 458	_	0 0	154 8	1 2	5 1	9	7 45	48 839	158 667	156 711
Mountain	2	4	16	69	129	1	0	6	7	18	17	47	110	943	958
Arizona Colorado	2	2 0	11 2	58 —	100 11	_	0 0	6 1	_2	12 1	13	12 12	67 45	197 342	272 222
Idaho [†] Montana	_	0	12 3	_ 7	_	_	0	2	_	1 1	_	2 2	9 16	65 66	79 39
Nevada [†]	_	0	2	_	3	_	0	0	_	_	_	3	8	48	85
New Mexico† Utah	_	0 0	1 5	3	3	_ 1	0 0	1 2	3	2	4	3 5	13 30	56 137	108 127
Wyoming	_	0	2	1	12	_	0	1	2	1	_	1	12	32	26
Pacific Alaska	1 —	3 0	15 4	88 13	83 1	_	0 0	1 0	2	1	80 —	105 1	426 7	2,204 37	2,173 23
California Hawaii	1	3 0	15 0	73 —	80	_	0	1 0	2	_	55 2	85 5	292 15	1,673 106	1,638 130
Oregon [†]	-	0	1	2	2	_	0	1	_	1	_	7	25	182	189
Washington American Samoa	U	0	0	U	U	N U	0	0	N U	N U	23 U	9	124 2	206 U	193 1
C.N.M.I.	Ü	0	0	Ü	Ü	Ü	0	0	Ü	U	U	0	0	Ü	U
Guam Puerto Rico	_	0 1	0 6	 53	<u> </u>	N	0 0	0 0	N	N	3	0 7	4 35	-	22 257
U.S. Virgin Islands		0	0			_	0	0	_			0	0		

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-the line in the line is a comparable in the line is a comparable

TABLE II. (Continued) Provisional cases of selected notifiable diseases. United States, weeks ending July 1, 2006, and July 2, 2005

-	Shig	a toxin-p	roducing	E. coli (S	TEC)†		Sh	nigellosis	3		Streptod	coccal d	isease, i	nvasive, g	roup A
		Prev					Previo					Previ			
Reporting area	Current week	Med Med	<u>eeks</u> Max	Cum 2006	Cum 2005	Current week	<u>52 we</u> Med	eks Max	Cum 2006	Cum 2005	Current week	52 we Med	eks Max	Cum 2006	Cum 2005
United States	26	50	297	653	928	63	262	1,013	4,289	6,045	36	85	283	2,739	2,728
New England	_	3	17	48	82	_	5	30	115	124	9	5	9	121	167
Connecticut	_	0	16	16	22	_	0	24	24	24	U	0	3	U	66
Maine Massachusetts	_	0 1	5 7	26	14 31	_	0 4	3 11	2 79	6 77	_	0 3	2 6	10 73	69
New Hampshire	_	Ö	2	5	6	_	0	4	4	4	9	Ö	3	27	9
Rhode Island	_	0	2	1	2	_	0	6	4	7	_	0	3	3	-
Vermont [§]	_	0	2	2	7	_	0	4	2	6	_	0	2	8	(
Mid. Atlantic New Jersey	5	5 1	107 7	48	107 26	4	16 4	72 15	279 58	569 158	9	13 1	43 6	464 13	588 122
New York (Upstate)	_	2	103	20	40	3	4	60	104	137	7	4	32	187	174
New York City	_	0	3	10	6	_	5	14	78	234	_	2	10	67	115
Pennsylvania	_	1	8	_	35	1	2	48	39	40	2	5	13	197	177
E.N. Central	4	10	38	150	178	3	20	96	407	441	6	16	42	531	590
Illinois Indiana	_	1 1	10 6	15 20	47 24	_	7 2	26 56	108 68	113 41	1	4 2	10 11	110 75	20 ⁻ 58
Michigan	_	i	8	27	33	_	3	10	85	130	i	3	11	143	143
Ohio	4	3	14	53	42	3	3	11	86	35	4	4	19	170	124
Wisconsin	_	3	15	35	32	_	3	10	60	122	_	1	4	33	64
W.N. Central lowa	2	8 1	35 10	102 31	132 34	_	45 1	78 7	627 22	516 39	N	5 0	57 0	210 N	168 N
Kansas	_	0	4	_	15		4	20	43	34	_	1	5	38	27
Minnesota	2	3	19	63	19	_	2	8	43	31	_	0	52	101	60
Missouri Nebraska§	_	2 1	7 5	48 16	31 22	_	22 2	70 11	412 39	354 40	_	1 0	5 4	40 18	43 17
North Dakota	_	Ó	15	_	1	_	0	2	4	2	_	0	5	7	5
South Dakota	_	0	5	6	10	_	2	17	64	16	_	0	3	6	16
S. Atlantic	2	7	39	104	144	25	51	122	1,170	897	5	20	42	661	522
Delaware District of Columbia	_	0	2	1	_	_	0	2 2	<u> </u>	6 8	_	0 0	2 2	7 9	1
Florida		1	1 29	43	 55	24	26	66	556	433	<u></u>	5	12	144	140
Georgia	_	0	6	_	17	_	14	34	392	232	_	4	16	150	106
Maryland [§]	_	1 1	5 11	12	21 19	_ 1	2 1	8 22	38 92	30 88	_	3 0	12 26	117 93	103 79
North Carolina South Carolina§	_	0	2	33 4	3		2	9	59	51	_	0	6	42	27
Virginia [§]	_	0	8	_	28	_	2	9	27	49	_	2	11	80	47
West Virginia	_	0	2	_	1	_	0	1	_	_	_	0	6	19	13
E.S. Central	_	2	11	37	47	4	14	35	309	730		3	11	126	112
Alabama [§] Kentucky	_	0 1	3 8	7 16	12 13	1 1	3 7	14 23	88 143	153 115	N	0	0 5	N 28	N 23
Mississippi	_	Ö	2	_	2	_	1	6	28	43	_	Ö	0	_	_
Tennessee§	_	1	4	26	20	2	3	13	50	419	_	3	9	98	89
W.S. Central	_	1	52	8	43	3	37	596	407	1,679	1	7	58	216	168
Arkansas Louisiana	_	0 0	2 2	3	6 13	3	1 2	7 11	39 43	29 65	_	0 0	5 2	18 7	10
Oklahoma	_	0	8	 5	10		6	286	48	384	1	2	14	64	67
Texas§	_	1	44	29	14	_	32	308	277	1,201	_	4	43	127	87
Mountain	3	5	15	65	97	7	19	47	282	287	5	10	78	363	359
Arizona	_	0	4	16	11		9	29	131	145	_	3	57	180	162
Colorado Idaho§	3	1 1	6 7	30 15	26 16	7	3	18 4	63 6	40 5	1	3 0	8 2	92 7	116
Montana	_	0	2	_	4	_	0	1	3	5	_	0	0	_	_
Nevada [§]	_	0	3	7	12	_	1	8	26	27	_	0	6		
New Mexico§ Utah	7	0 1	3 7	3 23	10 16	_	2 1	9 4	27 25	46 19	4	1	7 6	31 50	43 33
Wyoming		0	3	23 7	2	_	0	1	1	—	_	0	1	3	2
		_			-			4 10		000		•			_

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

_ _ 8

U U

Pacific

Alaska

Hawaii

California

Oregon[§]
Washington

Puerto Rico

American Samoa C.N.M.I. Guam

U.S. Virgin Islands

47

Ō

2

27

U U

U U

U U

43

17 66

U U

44

U

Med: Median.

— 47 N N

U U

_ N

0 0

N N

U

Ν

Max: Maximum.

— 54 N

U U N

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

† 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 July 1, 2006, and July 2, 2005 (26th Week)*

(26th Week)*	Strepto		neumonia esistant,	<i>e</i> , invasive all ages	disease	Sypt	nilis, prim	nary and	seconda	ry			ella (chic	kenpox)	
	Current		rious eeks	Cum	Cum	Current	Previo		Cum	Cum	Current	Prev 52 w		Cum	Cum
Reporting area	week	Med	Max	2006	2005	week	Med	Max	2006	2005	week	Med	Max	2006	2005
United States	17	50	334	1,539	1,626	37	165	334	3,870	4,121	171	804	3,204	25,770	15,997
New England	_	1	24	13	143	3	3	17	96	105	5	44	144	887	3,357
Connecticut Maine	U N	0 0	7 0	U N	62 N	_	0 0	11 2	19 8	21 1	<u>U</u>	9 5	58 20	U 151	951 207
Massachusetts New Hampshire	_	0	6 0	_	66 —	3	2	5 2	58 6	72 6	 5	14 5	54 19	92 186	1,489 173
Rhode Island	_	0	11	4	7	_	0	6	3	5	_	0	0	_	_
Vermont†	_	0	2	9	8	_	0	1	2	_	_	11	50	458	537
Mid. Atlantic New Jersey	1 N	3 0	15 0	94 N	148 N	3	21 2	35 7	531 79	510 73	25 —	103 0	183 0	2,955	2,993
New York (Úpstate)	1	1	10	33	60	_	2	14	77	32	_	0	0	_	_
New York City Pennsylvania	<u>U</u>	0 2	0 9	U 61	U 88	3	10 5	22 9	256 119	317 88	 25	0 103	0 183	2,955	2,993
E.N. Central	2	11	41	373	395	9	18	38	406	440	76	213	576	9,565	3,687
Illinois Indiana	_	1 2	3 21	11 101	15 120	_	8 1	23 4	197 31	248 36	N	1 0	5 347	12 N	54 70
Michigan	_	0	4	15	28	9	1	19	53	36	13	102	174	2,905	2,345
Ohio Wisconsin	2 N	6 0	32 0	246 N	232 N	_	4 1	11 3	103 22	105 15	63	82 10	420 41	6,228 420	932 286
W.N. Central	_	1	191	28	27	_	4	9	110	136	_	20	84	911	226
Iowa Kansas	N N	0	0	N N	N N	_	0	3 2	8 12	4 11	N	0	0	N	N
Minnesota		0	191	_	_	_	1	3	13	42	_	0	0	_	_
Missouri Nebraska†	_	1 0	3 0	28 —	22 2	_	3 0	8 1	76 1	76 3	_	15 0	82 0	854	141
North Dakota South Dakota	_	0	1 0	_		_	0	1 1	_	_	_	0 1	25 12	25 32	10 75
S. Atlantic	12	24	53	— 798	663	11	42	186	925	954	_	90	860	2,721	1,216
Delaware	_	0	2	_	1	1	0	2	13	6	_	1	5	41	21
District of Columbia Florida	 12	0 13	3 36	19 434	12 352	2 8	1 14	9 29	54 350	57 364	2	0	5 0	21 —	18
Georgia	=	8	22 0	266	220	_	9	147	108	154	_	0	0	_	_
Maryland [†] North Carolina	N	0 0	0	N	N	_	5 6	19 17	153 146	157 119	_	0 0	0 0	_	_
South Carolina† Virginia†	N	0	0	N	N	_	1 2	7 12	36 64	30 65	_	17 26	50 812	691 1,009	322 217
West Virginia		1	14	79	78	_	0	1	1	2	_	25	70	959	638
E.S. Central		3	13	118	119	_	11	20	286	232	_	0	70	31	1
Alabama† Kentucky	N	0 0	0 5	N 23	N 21	_	3 1	12 8	116 32	87 19	N	0 0	70 0	31 N	1 N
Mississippi Tennessee [†]	_	0 2	0 13	— 95	1 97	_	0 4	5 11	27 111	28 98	N	0	0	N	N
W.S. Central	_	1	9	55	94	3	24	39	645	630	51	206	1,757	6,971	2,803
Arkansas	_	0	3	7	12	_	1	6	36	29	51	5	110	512	´ —
Louisiana Oklahoma	N	1 0	7 0	48 N	82 N	3	4 1	17 6	75 35	132 21	_	0	17 0	90	108
Texas [†]	N	0	0	N	N	_	17	29	499	448	_	202	1,647	6,369	2,695
Mountain Arizona	2 N	1 0	27 0	60 N	37 N	5 5	7 3	17 13	189 94	213 71	12	50 0	136 0	1,729	1,714
Colorado	N	0	0	N	N	_	1	3	20	23	9	33	76	939	1,165
Idaho† Montana	N —	0 0	0 1	N —	N —	_	0 0	1 1	2 1	18 5	_	0	0	_	_
Nevada† New Mexico†	_	0 0	27 1	4 1	2	_	1 1	12 5	43 27	61 28	_	0	2 32	4 238	 148
Utah	2	0	8	26	15	_	0	1	2	7	3	10	55	520	356
Wyoming	_	0	3	29	20	_	0	0	_	_	_	0	8	28	45
Pacific Alaska	_	0	0	_	_	3	32 0	49 4	682 5	901 4	_	0	0	_	_
California	N	0	0	N	N	3	27 0	42 2	564 10	814 3	N	0	0	_ N	N
Hawaii Oregon [†]	N	0	Ō	N	N	_	0	6	9	16	N	0	0	N N	N
Washington	N	0	0	N	N	_	2	11	94	64	N	0	0	N 	N
American Samoa C.N.M.I.	_	0	0	_	_	U U	0	0	U U	U	U	0	0	U U	U
Guam		0	0			_	0	0	_	3	_	2	12	_	369
Puerto Rico U.S. Virgin Islands	<u>N</u>	0 0	0 0	N —	<u>N</u>	_	3 0	16 0	54 —	110	4	7 0	47 0	145	418
J		-	-				-	-				-	-		

Med: Median. Max: Maximum.

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to* Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Cum: Cumulative year-to-date counts.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 1, 2006, and July 2, 2005 (26th Week)*

(26th Week)*					West Nile viru	s disease†					
			Neuroinvas	ive				n-neuroinv	asive		
	Cumant		rious	C	C	Command		vious	C	C	
Reporting area	Current week	Med Med	eeks Max	Cum 2006	Cum 2005	Current week	Med	veeks Max	Cum 2006	Cum 2005	
Jnited States	_	1	155	4	25	_	0	203	1	66	
lew England	_	0	3	_	_	_	0	2	_	_	
Connecticut	_	0 0	2 0	_	_	_	0	1 0	_	_	
Лаine Лаssachusetts	_	0	3	_	_	_	0	1	_	_	
New Hampshire	_	0	0	_	_	_	0	0	_	_	
Rhode Island /ermont [§]	_	0 0	1 0	_	_	_	0	0 0	_	_	
/lid. Atlantic New Jersey	_	0 0	10 1	_	1	_	0	4 2	_	1	
New York (Úpstate)	_	Ö	7	_	_	_	Ö	2	_	_	
New York City	_	0	2	_	_	_	0	2	_	_	
Pennsylvania	_	0	3	_	1	_	0	2	_	1	
E.N. Central Ilinois	_	0 0	39 25	_	3 1	_	0	18 16	_	_	
ndiana	_	0	25 2	_	i	_	0	1	_	_	
⁄lichigan	_	0	14	_	_	_	0	3	_	_	
Ohio Visconsin	_	0 0	9 3	_	1	_	0	4 2	_	_	
W.N. Central owa	_	0 0	26 3	_	3	_	0 0	80 5	1 1	13	
Kansas	_	0	3	_	_	N	0	3	Ň	N	
Minnesota	_	0	5	_	1	_	0	5	_	1	
Missouri Nebraska§	_	0 0	4 9	_	1	_	0 0	3 24	_	<u> </u>	
North Dakota	_	0	4	_	_	_	0	15	_	1	
South Dakota	_	0	7	_	1	_	0	33	_	6	
S. Atlantic	_	0	6	_	_	_	0	4	_	1	
Delaware District of Columbia	_	0 0	1 1	_	_	_	0	0 1	_	_	
Florida	_	0	2		_	_	0	4	_	_	
Georgia	_	0	3	_	_	_	0	3	_	1	
Maryland [§] North Carolina	_	0 0	2 1		_	_	0	1 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 [§] Kentucky	_	0 0	1 1	_	_	_	0	2 0	_	_	
Mississippi	_	0	9	1	1	_	0	5	_	2	
Tennessee§	_	0	3	_	_	_	0	1	_	_	
W.S. Central	_	0	25	2	6	_	0	22	_	6	
Arkansas Louisiana	_	0 0	3 13	_	_	_	0 0	2 9	_	2 2	
Oklahoma	_	0	6	_		_	0	3	_	_	
Texas [§]	_	Ö	16	2	6	_	Ö	13	_	2	
Mountain	_	0	16	1	4	_	0	39	_	13	
Arizona	_	0 0	8	<u> </u>	3		0 0	8	_	2	
Colorado Idaho§		0	5 2	_	_	_	0	13 3	_	9	
Montana	_	0	3	_	_	_	0	9	_	_	
Nevada§ New Mexico§	_	0 0	3 3	_	<u> </u>	_	0	8 4	_	1 1	
vew Mexicos Utah	_	0	6	_		_	0	8	_		
Wyoming	_	ő	2	_	_	_	ő	1	_	_	
Pacific	_	0	50	_	7	_	0	90	_	30	
Alaska	_	0	0	_	_	_	0	0	_	_	
California Hawaii	_	0 0	50 0	_	7	_	0 0	89 0	_	30	
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 Puerto Rico	_	0 0	0 0	_	_	_	0	0 0	_	_	
		0	0	_	_		0	0	_	_	

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: No

N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

Thordence 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).

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

TABLE III, Deaths in 122 U.S. cities.* week ending July 1, 2006 (26th Week)

	in 122 U.S. cities,* week ending July 1, 2006 (26th We								All causes, by age (years)						
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	486	324	102	28	12	20	43	S. Atlantic	1,232	766	291	97	44	31	66
Boston, MA	143	87	28	11	6	11	13	Atlanta, GA	182	102	44	20	7	9	6
Bridgeport, CT	40	26	14	_	_	_	5	Baltimore, MD	167	88	47	15	13	3	18
Cambridge, MA Fall River, MA	15 22	12 14	3 7	_ 1	_	_	1 1	Charlotte, NC Jacksonville, FL	83 130	53 75	21 34	6 12	1 6	2	8 6
Hartford, CT	45	30	9	3	_	3	7	Miami, FL	157	106	33	9	6	3	5
Lowell, MA	24	17	5	1	1	_	2	Norfolk, VA	47	35	4	2	2	4	2
Lynn, MA	10	7	_	2	1	_	_	Richmond, VA	58	35	15	6	2	_	4
New Bedford, MA	30	24	3	2	1	_	1	Savannah, GA	56	35	17	2	2	_	2
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	54	40	7	5	1	1	6
Providence, RI	57 —	38	14	3	1	1	6	Tampa, FL	179	121	41	11	1	5	6
Somerville, MA Springfield, MA	34	 22	<u> </u>		1	3	_ 1	Washington, D.C. Wilmington, DE	109 10	69 7	27 1	9	1 2	1	3
Waterbury, CT	23	15	5	2		1		l							
Worcester, MA	43	32	8	1	1	1	6	E.S. Central	951	584	228	87	28 6	24	57
Mid. Atlantic	2,095	1,436	440	141	49	29	113	Birmingham, AL Chattanooga, TN	196 99	116 67	45 21	22 6	4	7 1	13 1
Albany, NY	42	35	5	2		_	2	Knoxville, TN	90	58	21	8	2	1	5
Allentown, PA	18	15	2	1	_	_	1	Lexington, KY	43	25	10	6	2		1
Buffalo, NY	71	44	19	2	3	3	8	Memphis, TN	229	136	57	23	6	7	21
Camden, NJ	22	14	3	2	1	2	_	Mobile, AL	91	56	23	8	2	2	4
Elizabeth, NJ	14	8	4	2	_	_	1	Montgomery, AL	38	27	9	1	_	1	4
Erie, PA Jersey City, NJ	36 38	24 24	6 13	5 1	_	1	1	Nashville, TN	165	99	42	13	6	5	8
New York City, NY	1,073	744	225	68	21	15	48	W.S. Central	1,333	850	293	102	47	41	71
Newark, NJ	62	30	17	10	4	1	4	Austin, TX	85	65	13	3	4	_	9
Paterson, NJ	10	5	1	1	2	1	_	Baton Rouge, LA	28 43	17 28	7 8	3 5	_ 1	1 1	_
Philadelphia, PA	333	206	84	27	11	5	19	Corpus Christi, TX Dallas, TX	43 177	28 96	8 49	18	5	9	2 10
Pittsburgh, PA§	29	24	4	_	1	_	2	El Paso. TX	86	60	16	3	6	1	2
Reading, PA	22	17	3	2	_	_	1	Fort Worth, TX	95	58	24	7	3	3	5
Rochester, NY Schenectady, NY	124 14	89 12	26 1	8 1	1	_	12 3	Houston, TX	341	197	87	28	18	11	13
Scranton, PA	31	27	2		1	1	3	Little Rock, AR	86	54	16	6	6	4	1
Syracuse, NY	98	76	16	3	3	_	6	New Orleans, LA ¹	U	U	U	U	U	U	U
Trenton, NJ	22	16	2	3	1	_	_	San Antonio, TX Shreveport, LA	193 66	127 49	39 12	18 3	3 1	6 1	16 7
Utica, NY	15	12	3	_	_	_	_	Tulsa, OK	133	99	22	8		4	6
Yonkers, NY	21	14	4	3	_	_	2	·							
E.N. Central	1,931	1,247	447	143	42	51	100	Mountain Albuquerque, NM	722 118	444 80	184 29	65 8	18 1	11	34 4
Akron, OH	58	35	16	3	3	1	1	Boise, ID	40	26	6	4	4	_	_
Canton, OH	43	35	7	1	10	10	3	Colorado Springs, CO		37	13	4	3	4	2
Chicago, IL Cincinnati, OH	313 87	170 50	78 19	40 8	12 2	12 8	22 8	Denver, CO	93	56	26	6	3	2	6
Cleveland, OH	194	132	51	7	3	1	2	Las Vegas, NV	237	134	72	26	3	2	12
Columbus, OH	162	106	38	8	5	5	12	Ogden, UT	19	11	5	2	1	_ U	U U
Dayton, OH	122	83	32	6	1	_	7	Phoenix, AZ Pueblo, CO	U 32	U 24	U 4	U 3	U 1		
Detroit, MI	181	93	54	21	6	7	8	Salt Like City, UT	122	76	29	12	2	3	10
Evansville, IN Fort Wayne, IN	38 58	29 44	8 11	1	1	1 1	2 2	Tucson, AZ	U	U	U	U	U	U	U
Gary, IN	12	8	3		1		_	Pacific	1,645	1,152	305	116	32	40	115
Grand Rapids, MI	62	41	18	2		1	5	Berkeley, CA	21	1,132	10	_	_	-	2
Indianapolis, IN	165	110	30	18	3	4	9	Fresno, CA	U	U	Ü	U	U	U	U
Lansing, MI	40	33	4	3	_	_	_	Glendale, CA	23	20	3	_	_	_	2
Milwaukee, WI	94	54	27	11	2	_	4	Honolulu, HI	90	69	10	7	1	3	_
Peoria, IL Rockford, IL	42 68	26 48	10 11	3 6	_ 1	3 2	2 5	Long Beach, CA	56	32 338	13 72	8	2 6	1 9	7
South Bend, IN	46	31	11	2		2	2	Los Angeles, CA Pasadena, CA	451 37	338	3	26 2	_	1	42 5
Toledo, OH	84	62	14	3	2	3	5	Portland, OR	127	85	25	13	3	i	9
Youngstown, OH	62	57	5	_	_	_	1	Sacramento, CA	204	133	44	19	4	4	11
W.N. Central	576	377	135	42	6	16	33	San Diego, CA	127	85	25	7	4	6	6
Des Moines, IA	_		_		_	_	_	San Francisco, CA	U	U	U	U	U	U	U
Duluth, MN	31	27	4	_	_	_	1	San Jose, CA Santa Cruz, CA	196 37	138	35 6	11	3	9	10
Kansas City, KS	33	19	10	3	1	_	1	Santa Cruz, CA Seattle, WA	37 118	29 64	29	1 16	6	3	1 10
Kansas City, MO	85	52	24	4	1	4	3	Spokane, WA	56	44	10	10	_	1	4
Lincoln, NE	53	38	7	7	_	1	4	Tacoma, WA	102	73	20	5	3	1	6
Minneapolis, MN Omaha, NE	62 81	39 59	16 15	3 3	1 1	3	10 5	Total	10,971**		2,425	821	278	263	632
St. Louis, MO	80	59 45	21	12		2	5 4	IUIAI	10,3/1	7,100	۷,425	021	210	203	032
St. Paul, MN	61	37	17	6		1	1	I							
ot. Faul, IVIIV								1							

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.

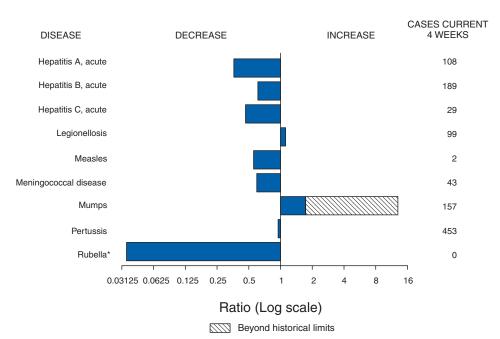
† Pneumonia and influenza.

§ 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 July 1, 2006, with historical data



Notifiable Disease Morbidity and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams Rosaline Dhara Willie J. Anderson Vernitta Love Lenee Blanton Pearl C. Sharp

^{*} No rubella cases were reported for the current 4-week period yielding a ratio for week 26 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.

The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read SUBscribe mmwrtoc. Electronic copy also is available from CDC's Internet server at http://www.cdc.gov/mmwr or from CDC's file transfer protocol server at ftp://ftp.cdc.gov/pub/publications/mmwr. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to *www.mmwrq@cdc.gov*.

All material in the MMWR Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to MMWR readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in MMWR were current as of the date of publication.

☆U.S. Government Printing Office: 2006-523-056/40059 Region IV ISSN: 0149-2195