MMWR™
Morbidity and Mortality Weekly Report
Weekly August 25, 2006 / Vol. 55 / No. 33

Advanced Cases of Coal Workers' Pneumoconiosis — Two Counties, Virginia, 2006

This report describes 11 newly identified cases of advanced coal workers' pneumoconiosis (CWP), including progressive massive fibrosis (PMF), in working coal miners from Lee and Wise counties in southwestern Virginia. PMF is a disabling and potentially fatal form of CWP, an occupational lung disease caused by the inhalation of coal mine dust. The continuing occurrence of advanced forms of CWP emphasizes the importance of comprehensive measures to control coal mine dust effectively and reduce the potential for inhalation exposures in coal mining.

The Federal Coal Mine Health and Safety Act of 1969 mandated dust limits in the mining environment to protect the respiratory health of coal miners (*1*) and created a health surveillance program for underground miners subsequently administered by the National Institute for Occupational Safety and Health (NIOSH). After dust levels were lowered, data from the surveillance program documented reductions in the prevalence of CWP among active coal miners (*2*). Nonetheless, during 1996–2002, clusters of rapidly progressive CWP were identified among miners in certain areas of the United States, predominantly in eastern Kentucky and western Virginia (*3*).

The advanced cases of CWP in southwestern Virginia described in this report were identified through the Enhanced Coal Workers' Health Surveillance Program (ECWHSP), which was initiated in March 2006 through collaboration between NIOSH and the Mine Safety and Health Administration (MSHA). ECWHSP, which uses a mobile examination unit to provide respiratory health evaluations in areas easily accessible to U.S. coal miners, aims to increase miner participation in surveillance for early detection of dust-related lung disease and to target areas for prevention. Standardized questionnaires, spirometry (lung-capacity testing), and chest radiography are administered according to NIOSH-specified procedures. Radiographs are classified by NIOSH-certified B Readers according to the International Labour Office (ILO) International Classification of Radiographs of Pneumoconioses (*4*).

In March and May 2006, a total of 328 (31%) of the estimated 1,055 underground coal miners currently employed in Lee and Wise counties in Virginia were examined in ECWHSP surveys. The mean age of examined miners was 47 years (range: 21–63 years), and their mean tenure working in underground coal mines was 23 years (range: 0–41 years). A total of 216 (66%) had worked at the coal face (i.e., the cutting surface where coal is sheared from the wall and dust levels typically are greatest) for ≥20 years. A total of 30 (9%) examined miners had radiographic evidence of pneumoconiosis (i.e., category 1/0 or higher profusion of small opacities*). Of these, 11 miners had advanced cases, including five with large opacities consistent with PMF and six with coalescence of small opacities on a background profusion of category 2.

Among the 11 miners with advanced cases, the mean age was 51 years (range: 39–62 years), the mean tenure in underground coal mines was 31 years (range: 17–43 years), and the mean number of years working at the coal face was 29 years

* The ILO classification categorizes the profusion of small opacities by comparing with standard radiographs using a 12-point scale from 0/– (normal) to 3/+ (greatest), and the presence and severity of large pneumoconiotic opacities (i.e., PMF) as stages A (least severe PMF), B, or C (most severe PMF).

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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].

(range: 17–33 years) (Table 1). All 11 miners with advanced cases met radiographic criteria for rapidly progressive CWP (*3*). All reported at least one respiratory symptom, the most common being dyspnea (shortness of breath). Of the nine who had spirometry, four had abnormal results (Table 2).

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Editorial Note: In 1969, the Federal Coal Mine Health and Safety Act established a mandatory limit on respirable dust exposure that was intended to eliminate advanced forms of pneumoconiosis among U.S. coal miners (*1*). Nonetheless, the findings in this report indicate that 11 miners in Lee and Wise counties, including nine (i.e., miners 3–11) who had not worked before the 1969 limit was imposed, have advanced CWP. Identification of these cases corroborated previous findings of geographic clustering of rapidly progressive disease in western Virginia (*3*).

Based on an epidemiologic exposure-response model developed using data from a large population of U.S. underground coal miners (*5*), the expected number of cases of CWP with profusion category 2 or higher can be estimated for the 328 examined miners at exposure to various levels of coal mine dust. After 1974, average dust concentrations for coal-face miners in these counties, based on measurements reported to MSHA by mine operators, was 1.2 mg/m^3 (Figure). Using the age and tenure for each of the 328 examined miners and applying different levels of respirable dust exposure to high-volatile (i.e., low or medium rank) bituminous coal, the expected number of cases of category 2 or higher CWP would be 3.7 cases at 1 mg/m^3 and 5.5 cases at the current permissible exposure limit of 2 mg/m^3 (for coal mine dust with <5%

TABLE 1. Age and tenure characteristics of 11 miners with advanced cases of coal workers' pneumoconiosis — Lee and Wise counties, Virginia, 2006

Miner	Age (yrs)	Year began coal mining	No. of years coal mining	No. of years working at coal face*
1	62	1963	43	33
2	61	1966	40	30
3	57	1970	36	36
4	52	1973	33	33
5	52	1973	33	33
6	54	1973	33	33
7	52	1974	32	29
8	46	1979	27	27
9	45	1981	25	25
10	42	1981	24	24
11	39	1989	17	17

* The cutting surface where coal is sheared from the wall and dust levels typically are greatest.

TABLE 2. Clinical characteristics of 11 miners with advanced cases of coal workers' pneumoconiosis (CWP) — Lee and Wise counties, Virginia, 2006

Miner	Radiographic characteristics				Respiratory symptoms	Spirometry results
	Year of radiograph*	Small opacity profusion category†	Large opacity category†	Other abnormalities		
1	1977	0/0	—	—		
	1994	0/0	—	—		
	2000	0/1	—	—		
	2006	**2/2**	**—**	**ax§**	**Productive cough, wheeze, and dyspnea**	**Normal**
2	1974	0/0	—	—		
	1995	0/1	—	—		
	2002	0/0	—	—		
	2006	**1/2**	**A**	**ax**	**Mild dyspnea**	**Obstruction¶**
3	1974	0/0	—	—		
	2001	2/1	—	—		
	2006	**2/3**	**—**	**ax**	**Dyspnea**	**Normal**
4	1974	0/0	—	—		
	1980	0/0	—	—		
	1982	0/0	—	—		
	2001	1/2	—	—		
	2006	**2/2**	**—**	**ax**	**Wheeze and dyspnea**	**Normal**
5	1980	0/1	—	—		
	2006	**2/3**	**A**	**ax**	**Productive cough, wheeze, and dyspnea**	**Obstruction**
6	1980	0/0	—	—		
	1982	0/1	—	—		
	2002	2/1	—	—		
	2003	1/2	—	—		
	2006	**2/2**	**—**	**ax**	**Productive cough, wheeze, and dyspnea**	**Normal**
7	1974	0/0	—	—		
	1995	1/2	—	—		
	2002	1/2	—	—		
	2006	**2/2**	**—**	**ax**	**Wheeze**	**Restriction****
8	1992	0/0	—	—		
	2002	2/1	—	—		
	2006	**2/2**	**B**	**ax**	**Productive cough and dyspnea**	**Not available**
9	2000	0/0	—	—		
	2001	1/1	—	—		
	2004	1/2	A	—		
	2006	**1/2**	**B**	**ax**	**Productive cough, wheeze, and dyspnea**	**Normal**
10	1987	0/0	—	—		
	1995	0/0	—	—		
	2006	**2/3**	**—**	**ax**	**Productive cough, wheeze, and dyspnea**	**Not available**
11	1992	0/0	—	—		
	2006	**1/2**	**B**	**ax**	**Cough and dyspnea**	**Restriction**

* Under current federal regulations, mine operators are required to offer a radiograph, free of charge, to each underground miner when first hired and again at 3 years, and to offer radiographs to all continuing underground miners once every 5 years.

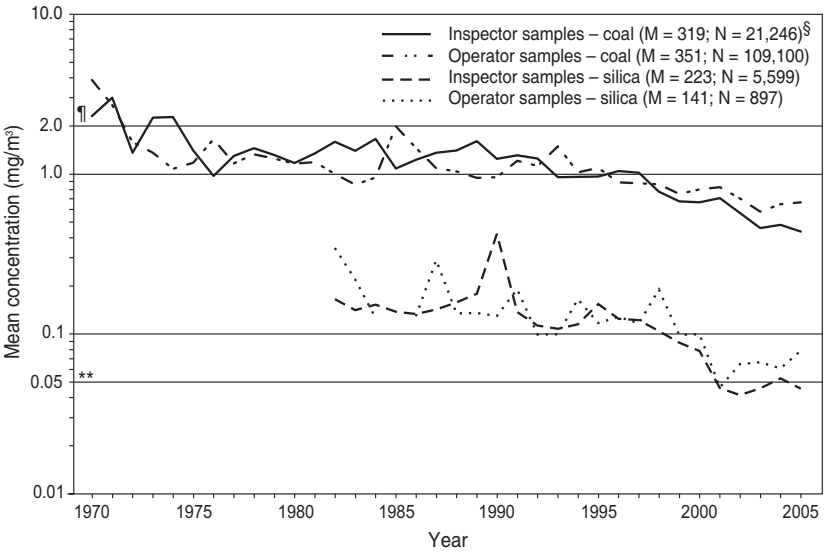
† The International Labour Office classification categorizes the profusion of small opacities by comparing with standard radiographs using a 12-point scale from 0/– (normal) to 3/+ (greatest), and the presence and severity of large pneumoconiotic opacities (i.e., progressive massive fibrosis [PMF]) as stage A (least severe PMF), B, or C (most severe PMF).

§ Coalescence of small opacities (*4*).

¶ Ratio of forced expiratory volume in 1 sec (FEV_1)/forced vital capacity (FVC) is less than the lower limit of normal (LLN), and FVC is greater than or equal to LLN. Obstruction typically results from airway diseases such as asthma, chronic obstructive lung disease, or emphysema.

** FEV_1/FVC is greater than LLNs, and FVC is less than LLN. Restriction typically results from scarring and inflammatory diseases of the lung tissue, such as pulmonary fibrosis or CWP.

FIGURE. Mean concentrations of respirable coal mine dust and crystalline silica in coal mine dust* for underground workers at the coal face† — Lee and Wise counties, Virginia, 1970–2005



* Data from Mine Safety and Health Administration (MSHA) coal mine inspector and mine operator samples.
† The cutting surface where coal is sheared from the wall and dust levels typically are greatest.
§ M = number of mines sampled; N = number of samples taken.
¶ MSHA permissible exposure limit for coal mine dust with <5% silica content.
** National Institute for Occupational Safety and Health recommended exposure limit for crystalline silica in coal mine dust.

silica content). This number of cases amounts to half the actual number of 11 advanced cases identified in this study, which is similar, as defined by the model, to the 11.9 cases that would be expected had the miners been exposed to an average dust concentration of 4 mg/m^3.

Several reasons might explain the continued occurrence of advanced cases of CWP among miners. The current federal underground coal mine respirable dust limit of 2 mg/m^3 might be too high. In 1995, NIOSH concluded that the current limit would not eliminate advanced disease and established a recommended exposure limit (REL) of 1 mg/m^3 (*6*). In addition, although reported average coal mine dust levels during 1970–2005 were lower than the current 2 mg/m^3 standard (Figure), and only approximately 2.5% of individual samples exceeded this value, previous studies have indicated that compliance measurements might be subject to systematic bias and underestimate actual exposures (*7,8*). Exposures to silica dust during coal mining also might contribute to acquiring advanced pneumoconiosis (*9*). Only since 2001 have mean levels of silica in coal mine dust for underground miners in Lee and Wise counties been reported as low as the NIOSH REL of 0.05 mg/m^3 (Figure). During 1982–2000, approximately 65% of the silica air samples collected by MSHA inspectors in these counties exceeded the NIOSH REL.† Finally, the severity of disease might have been increased in part because of the toxicity of the coal being mined. NIOSH acknowledges that the risk for disease can vary with type of coal (*6*); however, the types of coal found in the two Virginia counties have not been previously associated with increased toxicity.

The findings in this report are subject to at least two limitations. First, participation was limited to 31% because of the time and resource constraints of the survey staff and other factors (e.g., equipment problems and a snowstorm). Second, migration between counties and frequent job changes are common among miners. At the time of the survey, only three of the 11 miners had worked for their current mine for >5 years. However, although these factors might have led to misestimation of the actual prevalence of CWP and PMF in this region, the occurrence of advanced cases of CWP among current miners should be considered a sentinel health event and justifies a comprehensive assessment of current dust-control measures.

NIOSH will expand medical surveillance activities in southwestern Virginia and elsewhere and continue collaborations with MSHA to increase protection of coal miners. Detailed information regarding exposures, mining conditions, dust controls, and coal composition is needed to improve preventive measures. To assess the effectiveness of current prevention and enforcement strategies, NIOSH is reviewing dust-control plans and examining mining conditions (including airborne silica dust levels) in southwestern Virginia and other mining areas where rapidly progressive CWP has been identified. These activities will help NIOSH make appropriate recommendations to MSHA and other agencies and improve ongoing surveillance and intervention measures. Coal mine operators should strive to maintain the lowest possible dust levels, at least consistent with the current compliance limits for coal mine dust and silica and preferably below the NIOSH RELs.

Acknowledgments

This report was based, in part, on data collected and compiled by ECWHSP staff members.

† Data from MSHA coal mine inspector and mine operator samples.

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Distribution of Insecticide-Treated Bednets During a Polio Immunization Campaign — Niger, 2005

The West African country of Niger (2005 population: approximately 14 million) is among the poorest in the world. In 2005, malaria was reported in approximately 760,000 persons and caused 2,000 deaths; however, surveillance has been inadequate, and the true numbers likely were even higher (*1*). In 2004, the overall mortality rate in Niger among children aged <5 years was 259 per 1,000 live births (*2*). At least 8% of these deaths likely were caused by malaria, and the actual proportion might be as high as 50% (*3*). In addition, Niger was one of only 10 countries with poliomyelitis during the first 3 months of 2006, and the risk for polio importation from neighboring Nigeria is high. Routine polio vaccination coverage remains low in Niger; in 2003, coverage with 3 doses of oral poliovirus vaccine (OPV) was 54% (*4,5*). To reduce the prevalence of malaria and bolster polio eradication measures, Niger's Ministry of Health, with support from international partners,* launched a nationwide integrated health campaign in 2005. In coordination with a supplemental immunization activity (SIA) distributing OPV, long-lasting insecticide-treated bednets (ITNs)† for malaria prevention were provided free of charge to mothers of children aged <5 years. In sub-Saharan Africa, ITNs have reduced all-cause mortality in children aged 1–59 months by 17% (*6*). This was the second such national campaign worldwide; the first was conducted in Togo in December 2004 (*7*). This report describes findings from a survey of Niger's integrated health campaign and highlights differences with the campaign in Togo.

Niger's campaign occurred in three phases. During November 12–17, 2005, in all eight regions of the country, OPV and vitamin A were distributed to children aged <5 years during a house-to-house SIA. At the same time, in a trial run, bednets were distributed to selected areas before the full-scale distribution began. The second phase of the campaign occurred during December 19–24, 2005, in seven of the eight regions of Niger. Using a house-to-house approach for optimal coverage, 3,850 Niger Red Cross volunteers and approximately 16,000 vaccinators and community health workers administered OPV to children aged <5 years. Field workers marked the thumbnails of mothers whose children had been vaccinated and provided the mothers with vouchers for a free bednet. Because of the long distances, sparsely distributed population, and bulkiness of bednet bundles, delivering them to individual households was not feasible; therefore, the nets were distributed to mothers at posts within approximately 5 km of each village. Mothers presented their vouchers and nail markings to redeem an ITN 1–5 days after their child's vaccination. The third phase of the campaign occurred during March 17–21, 2006, in the eighth region (Niamey), where eligible mothers redeemed ITN vouchers at fixed posts. At the same time, a "mop-up" campaign was conducted in the rest of the country to distribute bednets to mothers who had received vouchers but not a bednet in December. All phases of the campaign were advertised in several ways, including through national media, Niger Red Cross volunteers and local leaders, and health centers. During ITN distribution, field staff members and clinic health workers promoted bednet usage.

A cross-sectional household survey was performed 1 month after the December ITN distribution during January 23–February 17, 2006, a period of low malaria transmission during the dry season. The survey assessed delivery of services in the first seven regions (those in which the ITN distribution had occurred by the time of the survey). Using a stratified, two-stage cluster sample design, two districts were selected

* Including the World Health Organization, International Federation of Red Cross and Red Crescent Societies, Canadian Red Cross, and Rotary International.

† Unlike conventional ITNs, which have to be retreated periodically with insecticide, long-lasting ITNs are impregnated with insecticide intended to last the life of the net.

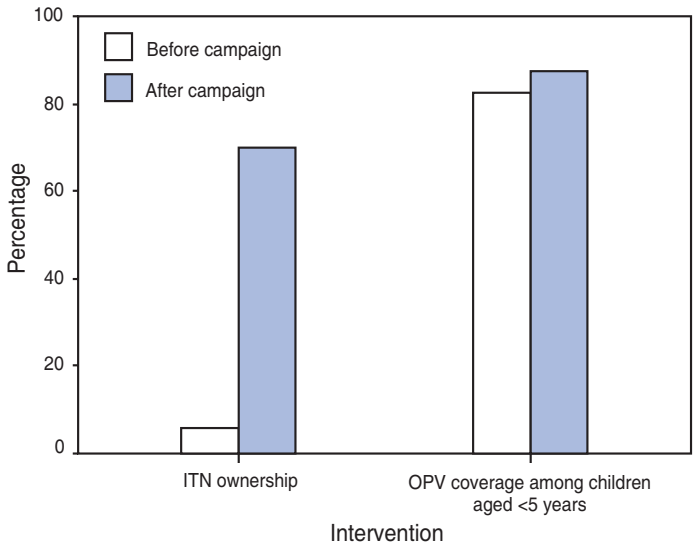
per region (with probability proportional to estimated population size) and eight enumeration areas per district; 16 households were randomly selected per enumeration area, plus nine additional households, for a total of 1,801 households.

Respondents in 88.7% of the 1,801 surveyed households reported that they had heard about the integrated campaign.[§] A total of 2,633 children aged <5 years were included in the survey. Respondents reported that 82.3% of the children had received ≥1 dose of OPV before (or independent of) the integrated campaign (Figure). During the campaign, 87.3% (95% confidence interval [CI] = 85.1%–89.5%) received OPV (range among regions: 81.8%–95.5%). In November, 83.8% (CI = 81.8%–85.8%) of children had received vitamin A. Before the campaign, 6.0% (CI = 4.1%–7.9%) of households with children aged <5 years owned an ITN. After the campaign, 69.9% (CI = 63.6–76.3%) of households with children aged <5 years owned an ITN (range among regions: 58.2%–84.4%). An equity ratio also was calculated.[¶] For households with children aged <5 years, the equity ratio for household ITN ownership was 0.36 before the campaign and 0.83 afterward.

[§] Percentages were weighted based on probability of selection.

[¶] The ratio of intervention coverage proportions in the poorest quintile to the coverage in the wealthiest quintile of included households; thus, the closer the ratio was to 1, the greater the equity.

FIGURE. Insecticide-treated bednet (ITN) ownership* and oral poliovirus vaccine (OPV) coverage, before and after second phase† of campaign — Niger, 2005–2006



* In households with children aged <5 years.

† The second phase of the campaign took place December 19–24, 2005, and included seven of eight regions of Niger. OPV was provided to children aged <5 years, and ITN vouchers and thumbnail markings were provided to mothers of eligible children. A cross-sectional household survey was performed 1 month after the second phase, during January 23–February 17, 2006.

Of the 1,601 mothers with children aged <5 years, 69.3% reported receiving an ITN during the December phase. The most common reasons cited by the remaining 30.7% for not receiving an ITN were that no more bednets were available at the post (34.2%), campaign personnel never came to the village (9.3%), or the mother did not receive the nail marking needed to receive an ITN (7.1%). When asked about the voucher and nail-marking process, 20% of all eligible mothers said they did not receive nail markings, and 31.1% said that they did not receive vouchers. Of the 68.1% who received both nail markings and vouchers, 91.1% received a campaign bednet.

After the campaign, bednet usage was low; respondents in 20.3% of all households reported they had hung an ITN the preceding night. Of the children included in the survey, 15.4% (range among regions: 8.3%–38.5%) were reported to have slept under an ITN the preceding night. In households with an ITN, 21.8% of children slept under it the preceeding night.

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Editorial Note: The national ITN integrated health campaign in Togo and district-level campaigns in Ghana, Mozambique, Tanzania, and Zambia have demonstrated that integrating ITN distribution with an immunization activity can improve ITN ownership rapidly and equitably and help bring African nations closer to achieving the objectives of Roll Back Malaria** and United Nations Millennium Development Goals (*8*).†† Survey results indicate that the integrated campaign in Niger rapidly increased ITN ownership. Approximately 2 million ITNs, at a cost of $4.16 per net, were distributed free of charge, with a resultant increased equity in ITN ownership among poorer and wealthier persons.

Although Niger's campaign reached 2 million persons, Togo's OPV coverage and ITN distribution among eligible children was higher: 93.7% (CI = 91.4%–96.1%) for OPV and 90.8% (CI = 88.1%–93.4%) for ITNs (*7*). Certain geographic and demographic differences might help explain the disparity. Niger is approximately 22 times the size of Togo, and 80% of the terrain is desert, which makes travel difficult (*9*). Furthermore, the widely dispersed, often migrant population of Niger

** The Roll Back Malaria Partnership, launched in 1998, aims to decrease malaria mortality by 50% by 2010 and by another 50% by 2015.

†† The goals include reducing by two thirds the mortality rate for children aged <5 years and decreasing the incidence of malaria and other major diseases.

is twice as large as that of Togo; because of food shortages, migration likely increased during the period before the campaign (*9*). Because of these factors, estimating initial ITN needs and resupplying fixed posts was difficult. These logistical factors might explain the reason some mothers did not receive ITNs even though their children had been vaccinated. In addition, culture and religion might have been a barrier; in some areas of Niger, women need permission from their husbands to leave the house.

Differences between the campaign protocols might also have contributed to increased coverage in Togo. In addition to providing OPV vaccination and ITNs, Togo's campaign included measles vaccination and mebendazole deworming treatment, which might have encouraged participation (Table). In Togo, ITNs were directly distributed to participants at the time of vaccination. Niger used a more complicated voucher and nail-marking system, possibly decreasing ITN distribution; 31.9% of eligible mothers did not receive vouchers, nail markings, or either. The Niger strategy involved marking thumbnails of all mothers (and vaccinating their children) and providing vouchers, which had to be retained and redeemed at a later date by the mothers. Such difficulties in the voucher strategy need to be weighed against the possible benefits; for example, providing vouchers for ITNs during vaccinations might encourage vaccination program participation.

Although the distribution campaign increased ITN ownership in households with children aged <5 years from 6% to nearly 70% by the end of the campaign, bednet usage was low. Low usage was not completely unexpected, because the survey was conducted during the dry season, which has few mosquitoes and low, although ongoing, malaria transmission. Nonetheless, bednet usage was higher in Togo (43.5%) than in Niger (15.4%) during the dry season (*7,8*). Unlike in Togo, which has a dry season of approximately 4 months, Niger's dry season lasts approximately 8 months (October–May), and this survey was conducted midway through the dry season. A follow-up survey during the rainy season might indicate higher usage rates, as was the case in Togo (V. Takpa, Togo Ministry of Health, unpublished data, 2005). In addition, community outreach is advisable to encourage increased bednet usage before the rainy season (June–September).

Integrating free ITN distribution with an immunization campaign seems an effective way for Niger to increase ITN ownership rapidly without decreasing OPV coverage. Because of the similarities between the malaria and immunization programs in terms of target groups, field staff, and logistical requirements, coordination between these programs can minimize the costs and maximize the benefits of service delivery (*10*). The population of Niger is sparsely distributed and difficult to reach; therefore, a house-to-house approach was needed to ensure high OPV coverage. Field staff should consider whether OPV could be administered at posts in more densely populated areas or whether house-to-house bednet distribution (rather than at fixed posts) is feasible. Future investigations will focus on how such campaigns can increase bednet usage in addition to ownership. Although these concerns should be addressed, the successful integration of ITN distribution with an immunization campaign in Niger suggests that such national campaigns are feasible in other large African nations.

TABLE. Comparison of integrated health campaigns — Niger and Togo, 2004–2006

Characteristic	Niger	Togo
Date	First phase: November 12–17, 2005 Second phase: December 19–24, 2005 Third phase: March 17–21, 2006	December 13–19, 2004
Age of eligible children	<5 yrs	9–59 mos
Insecticide-treated bednet (ITN) recipient	Eligible mother (i.e., with at least one child aged <5 yrs)	Age-eligible child
Additional services provided	Oral poliovirus vaccine (OPV) and vitamin A distribution	OPV, measles vaccination, and mebendazole distribution
Location of service delivery	OPV and vitamin A at households; ITNs at fixed posts approximately 5 km from household	Fixed posts for all services
ITN vouchers and thumbnail marking*	Yes	No
Service coverage	OPV: 87.3%; ITNs: 69.3%; vitamin A: 83.8%	OPV: 93.7%; ITN: 90.8%; mebendazole: 92.7%; measles vaccine: 93.1%
% of children aged <5 yrs who used ITNs preceding night	15.4%	43.5%

*At the time of vaccination, field workers marked thumbnails of mothers whose children had been vaccinated and distributed vouchers for a free ITN.

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National Laboratory Inventory for Global Poliovirus Containment — European Region, June 2006

In May 1999, the World Health Assembly reaffirmed the commitment of the World Health Organization (WHO) to eradicate poliomyelitis and urged all member states to begin the process leading to the laboratory containment of wild poliovirus (WPV) (*1*). The WHO global action plan for laboratory containment of WPV begins with a survey of all biomedical facilities (Phase I). The purpose of the survey is to alert institutions and facilities to the need for containment, encourage reduction of WPV materials, and develop a national inventory of facilities holding such materials. The objective of Phase I is to provide a facility database for use in all subsequent steps toward global poliovirus containment. This report describes completion of Phase I containment by the European Region, the first of the six WHO regions to accomplish this goal.

In 1999, the European Regional Office (EURO) initiated the containment process with 1) a pilot inventory of WPV materials in the 37 national laboratories in the European Region Polio Laboratory Network and 2) collaborative pilot surveys in five countries (France, Germany, Netherlands, Russia, and the United Kingdom). In January 2000, the European Regional Commission for the Certification of the Eradication of Poliomyelitis (RCC) approved the *Action Plan for Laboratory Containment of Wild Polioviruses in the WHO European Region* (*2*). As a result, in February 2000, EURO sent a letter to the ministries of health (MOHs) of the 52 member states announcing the containment initiative and asking each country to nominate a national task force on containment, a national containment coordinator, or both, and to prepare national plans of action. In addition, in May 2000, EURO distributed *Guidelines for Implementation of Laboratory Containment of Wild Polioviruses* (*3*), including sample letters, questionnaires, and inventory forms. During 2000–2005, EURO provided daily technical guidance, sponsored 46 consultant visits, and convened eight subregional containment workshops to assist countries during the Phase I process.

Strategies for generating the facility database differed among countries according to population size, administrative and health infrastructure, and economic development. To ensure the database included all facilities that might have infectious or potentially infectious WPV materials, facility lists were compiled from telephone directories, the Internet, purchased lists from vendors, professional organizations, advice from consultants, and data from MOHs. Facilities listed included hospitals, universities and other schools, water companies, private laboratories, private industries, vaccine producers, and nutrition research laboratories. Preexisting national lists of biomedical diagnostic laboratories were available in 43 countries where registration is required by law. Lists outside the health sector were compiled with the assistance of other government ministries responsible for environmental control, agriculture, natural resources, economic affairs, and defense. The use of multiple lists helped ensure that the database was comprehensive.

The most commonly used survey method consisted of two stages. In the first stage, all laboratories in the national database received a letter from the appropriate health authority 1) describing the containment initiative, 2) defining infectious* and potentially infectious† WPV materials, and 3) asking laboratories to complete an attached return form to declare whether such materials were present or had been destroyed. Facilities that failed to return the form within the prescribed period were recontacted by letters, telephone calls, or site visits. Facilities that reported WPV materials received a second letter reminding them of the importance of working with such materials under biosafety level 2 conditions as described in

* Clinical materials from confirmed WPV (including vaccine-derived poliovirus) infections, environmental sewage, or water samples in which such viruses are present, and replication products of such viruses (e.g., cell culture isolates, reference stocks, and laboratory derivatives) (*1*).

† Feces, respiratory secretions, environmental sewage, and untreated water samples of unknown origin or collected for any purpose at a time and in a geographic area where presence of WPVs (including vaccine-derived polioviruses) was suspected, and the products of such materials in poliovirus-permissive cells or animals (*1*).

the *WHO Global Action Plan for Laboratory Containment of Wild Polioviruses* (*1*) and requesting additional details on the nature and amount of materials for development of the national inventory. Facilities that failed to respond within the allotted time were recontacted.

Seventeen countries with highly centralized health systems excluded all basic clinical services laboratories because they did not have freezer storage capacity. The largest numbers of laboratories in this category were in Russia (29,336) and Kazakhstan (1,172). In other countries, all clinical service laboratories were excluded after the survey had determined that laboratories in this category lacked freezer storage capacity and did not retain clinical materials or products of materials. Private diagnostic laboratories in France were excluded because of existing regulations that required destruction of clinical samples after 1 week. The survey process in 45 countries was facilitated by MOH authority granted by existing health laws and regulations. Five countries amended regulations or developed new regulations to provide MOH authority to conduct the survey. France and Switzerland, both of which use inactivated poliovirus vaccine, included questions in their surveys regarding Sabin poliovirus materials in addition to WPV materials.

By March 2006, all 52 member states of the European Region had completed national surveys covering a total of 55,748 laboratories. Twenty-seven countries reported neither infectious nor potentially infectious WPV materials. Twenty-five countries reported a total of 265 laboratories in 164 institutions with infectious (116 laboratories) and potentially infectious (149) WPV materials. The majority of the laboratories retaining WPV materials were located in Western Europe, with the highest number of laboratories in the United Kingdom (103), followed by France (56), Germany (22), and Switzerland (13). Thirteen of the 25 countries with WPV materials reported one or two laboratories retaining WPV materials. Universities constituted the highest percentage of institutions retaining such materials, followed by public health institutions and hospitals. In 20 countries, one or more laboratories reported destroying all previously retained WPV materials during the course of the survey.

Each country submitted national documentation of survey and inventory quality to EURO in accordance with *WHO Guidelines for Documenting the Quality of Phase I Wild Poliovirus Laboratory Containment Activities* (*4*). National documentation was assessed by two independent panels of laboratory professionals convened by EURO. The first panel assessed documentation for survey and inventory deficiencies and assessed the need for additional information. The second panel reviewed the revised submissions from each country and made recommendations to EURO and RCC to approve or to request additional information before approval. In June 2006, RCC accepted the EURO containment report and declared Phase I complete.

Reported by: *World Health Organization Regional Office for Europe, Copenhagen, Denmark. Immunization, Vaccines, and Biologicals Dept, World Health Organization, Geneva, Switzerland. Global Immunization Div, National Center for Immunization and Respiratory Diseases (proposed), CDC.*

Editorial Note: The European Region is the first WHO region to have completed Phase I of the WHO plan for laboratory containment of WPVs. In the WHO Western Pacific Region, all but two countries (China and Japan) have completed Phase I. The WHO Americas Region aims to complete the survey and inventory by the end of 2006. In total, Phase I activities have been completed in 100 (74%) of the 135 countries in the three WHO regions certified as polio free (i.e., the Americas, European, and Western Pacific regions). In addition, all countries that did not report polio in 2005 in the WHO South East Asia and Eastern Mediterranean regions have reported completion of the survey and inventory. Containment activities in the African Region are primarily focused on countries in the southern and eastern parts of the continent, with seven countries reporting completion of Phase I. Poliovirus containment activities are now an integral component of polio eradication in countries of all six WHO regions. In all WHO regions to date, results of the facility survey and inventory indicate that countries appreciate the necessity for post-eradication poliovirus destruction and containment. The majority of countries have indicated their intention to destroy WPV materials once eradication has been achieved.

Since publication of the second edition of the *WHO Global Action Plan for Laboratory Containment of Wild Polioviruses* in 2004 (*1*), WHO has established the goal for all countries to stop routine use of oral poliovirus vaccine (OPV) when WPV circulation is interrupted (*5*). Achieving that goal depends largely on assurances from each country that sufficient safeguards exist to ensure that facility-associated risk for reintroduction of wild or OPV/Sabin polioviruses will not outweigh the benefits of OPV cessation.

The forthcoming third edition of the *WHO Global Action Plan to Minimize Poliovirus Facility-Associated Risk in the Post-Eradication/Post-OPV Era* (*6*) proposes to 1) minimize facility-associated poliovirus risk by destroying WPV and Sabin poliovirus strains in all facilities, except in <20 facilities worldwide that serve essential functions (e.g., vaccine production, quality control, reference, or research) and 2) meet all safeguards against transmission. In the third edition, the components of Phase I are unchanged, as are the objectives associated

with the facility database and inventory. Phase II, which will begin upon completion of the Phase I national surveys and inventories, will provide guidance to countries for establishing long-term national policies for post-eradication/post-OPV cessation and regulations to enforce these policies.

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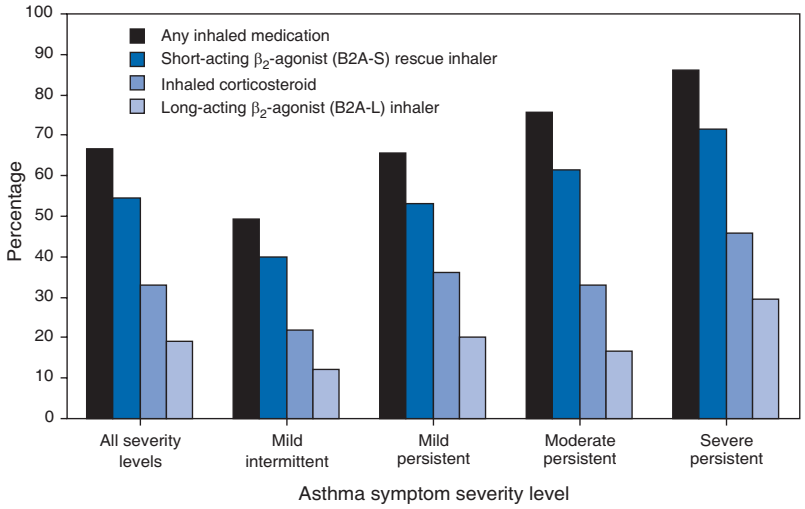
QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Persons With Current Asthma* Who Used Inhaled Medication During the Preceding 3 Months, by Medication Type and Symptom Severity Level† — United States, 2003



* Persons with current asthma were respondents who reported ever being told by a medical professional that they had asthma and who still had asthma.

† The frequency of symptoms and degree of activity limitation were used to classify those with current asthma into four symptom severity groups. Levels are defined by the National Asthma Education and Prevention Program in *Guidelines for the Diagnosis and Management of Asthma* (available at http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm).

In 2003, approximately two thirds of persons with current asthma used one or more inhaled medications during the preceding 3 months, and the proportion using inhaled medications increased with levels of symptom severity. Approximately half of all respondents with asthma used a B2A-S rescue inhaler, one third used an inhaled corticosteroid, and one fifth used a B2A-L inhaler. Each symptom severity level had a similar pattern of inhaled medication use.

SOURCE: 2003 National Asthma Survey. Available at http://www.cdc.gov/nchs/about/major/slaits/nas.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending August 19, 2006 (33rd Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	3	1	19	16	20	28	39	
infant	—	51	2	90	87	76	69	97	
other (wound & unspecified)	—	37	1	33	30	33	21	19	
Brucellosis	4	64	3	122	114	104	125	136	GA (1), FL (1), CA (2)
Chancroid	—	21	0	17	30	54	67	38	
Cholera	—	4	0	8	5	2	2	3	
Cyclosporiasis§	2	75	5	734	171	75	156	147	GA (2)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	5	7	78	112	108	164	128	
eastern equine	—	1	1	21	6	14	10	9	
Powassan	—	—	0	1	1	—	1	N	
St. Louis	—	2	4	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	9	195	16	790	537	362	511	261	NY (9)
human monocytic	13	212	11	522	338	321	216	142	NY (3), MO (1), MD (1), NC (3), AR (5)
human (other & unspecified)	2	50	2	122	59	44	23	6	NC (1), TN (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	4	0	9	19	32	34	—	
nonserotype b	—	55	3	135	135	117	144	—	
unknown serotype	5	129	3	217	177	227	153	—	OH (1), FL (1), AZ (2), CA (1)
Hansen disease§	2	39	1	88	105	95	96	79	FL (1), CA (1)
Hantavirus pulmonary syndrome§	—	21	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	2	105	6	221	200	178	216	202	VT (1), WA (1)
Hepatitis C viral, acute	6	493	35	771	713	1,102	1,835	3,976	NY (1), MD (1), VA (1), NC (1), FL (1), WA (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	4	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	—	41	0	49	—	N	N	N	
Listeriosis	14	354	20	892	753	696	665	613	ME (1), NY (2), PA (1), OH (2), IN (1), MI (1), MD (1), VA (1), NC (1), TN (1), CA (2)
Measles	1***	29	1	66	37	56	44	116	MO (1)
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	1	142	4	297	—	—	—	—	WA (1)
serogroup B	2	96	1	157	—	—	—	—	VA (1), WA (1)
other serogroup	—	13	0	27	—	—	—	—	
Mumps	12	5,490	6	314	258	231	270	266	KS (8), FL (1), UT (1), CA (2)
Plague	—	5	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	12	0	19	12	12	18	25	
Q fever§	2	88	1	139	70	71	61	26	MO (2)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	5	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	71	1	129	132	161	118	77	MT (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	11	704	7	1,257	1,162	845	513	498	IN (10), WV (1)
Syphilis, congenital (age <1 yr)	6	164	7	361	353	413	412	441	NY (1), MI (5)
Tetanus	—	15	1	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	1	58	2	96	95	133	109	127	PA (1)
Trichinellosis	—	9	0	19	5	6	14	22	
Tularemia§	3	50	4	154	134	129	90	129	MO (1), KS (1), CA (1)
Typhoid fever	6	161	9	324	322	356	321	368	VA (1), NC (1), AZ (1), CA (3)
Vancomycin-intermediate *Staphylococcus aureus*§	—	2	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	3	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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).

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

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, Viral Hepatitis, STDs, and Tuberculosis Prevention (proposed). 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 Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

¶¶ A total of 46 cases were reported since the beginning of the 2005-06 flu season (October 2, 2005 [week 40]).

*** One measles case was reported from another country for the current week.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	11,916	18,811	35,170	587,942	608,333	101	149	1,643	5,441	2,577	134	66	860	1,922	2,004
New England	468	631	1,550	19,996	20,426	—	0	0	—	—	1	4	35	118	129
Connecticut	—	170	1,214	5,660	6,244	N	0	0	N	N	—	0	14	14	12
Maine§	52	43	74	1,394	1,350	N	0	0	N	N	—	0	3	17	18
Massachusetts	345	290	469	9,131	8,936	—	0	0	—	—	—	2	15	45	63
New Hampshire	—	35	64	1,094	1,170	—	0	0	—	—	—	1	3	12	15
Rhode Island	63	65	95	2,035	2,111	—	0	0	—	—	—	0	6	4	3
Vermont§	8	19	43	682	615	N	0	0	N	N	1	0	5	26	18
Mid. Atlantic	1,497	2,344	3,696	73,948	74,033	—	0	0	—	—	9	10	597	270	263
New Jersey	—	360	500	10,765	12,367	N	0	0	N	N	—	0	8	7	20
New York (Upstate)	444	502	1,727	14,852	14,702	N	0	0	N	N	3	3	561	78	82
New York City	476	750	1,594	23,743	23,977	N	0	0	N	N	—	2	15	38	55
Pennsylvania	577	746	1,075	24,588	22,987	N	0	0	N	N	6	5	21	147	106
E.N. Central	1,762	3,121	12,578	96,544	101,351	—	0	3	30	5	33	15	162	477	502
Illinois	548	975	1,686	31,517	31,661	—	0	0	—	—	—	2	16	46	80
Indiana	429	403	552	12,636	12,514	N	0	0	N	N	1	1	13	36	27
Michigan	674	591	9,888	20,156	16,634	—	0	3	26	5	2	2	7	68	57
Ohio	14	753	1,446	20,145	27,783	—	0	1	4	—	29	5	109	178	112
Wisconsin	97	397	531	12,090	12,759	N	0	0	N	N	1	5	38	149	226
W.N. Central	822	1,141	1,456	36,968	37,256	—	0	12	—	4	16	10	52	309	339
Iowa	93	153	225	5,100	4,399	N	0	0	N	N	7	1	11	52	76
Kansas	253	157	269	5,157	4,620	N	0	0	N	N	3	1	5	38	20
Minnesota	6	234	343	6,780	7,819	—	0	12	—	3	—	3	22	99	62
Missouri	260	435	563	13,986	14,373	—	0	0	—	1	6	2	37	64	152
Nebraska§	158	92	176	3,270	3,281	N	0	1	N	N	—	1	4	27	13
North Dakota	6	33	58	1,004	1,019	N	0	0	N	N	—	0	4	6	—
South Dakota	46	52	117	1,671	1,745	N	0	0	N	N	—	0	4	23	16
S. Atlantic	2,110	3,287	4,924	110,952	113,310	—	0	1	2	1	39	14	54	420	321
Delaware	57	70	92	2,249	2,086	N	0	0	N	N	—	0	2	2	—
District of Columbia	—	57	103	1,541	2,365	—	0	0	—	—	—	0	3	10	5
Florida	784	905	1,094	30,443	27,504	N	0	0	N	N	24	6	28	189	142
Georgia	3	616	2,142	17,119	19,665	—	0	0	—	—	4	3	9	104	80
Maryland§	230	352	486	11,189	11,721	—	0	1	2	1	—	0	4	11	16
North Carolina	683	557	1,772	20,546	21,163	N	0	0	N	N	9	1	10	53	35
South Carolina§	—	286	1,306	11,051	12,025	N	0	0	N	N	—	0	4	23	11
Virginia§	329	425	840	14,744	15,144	N	0	0	N	N	2	1	8	24	26
West Virginia	24	59	226	2,070	1,637	N	0	0	N	N	—	0	3	4	6
E.S. Central	792	1,420	1,941	46,595	44,598	—	0	0	—	—	2	3	29	79	64
Alabama§	53	375	754	12,798	9,764	N	0	0	N	N	—	0	5	29	17
Kentucky	106	160	402	5,829	6,017	N	0	0	N	N	2	1	25	22	24
Mississippi	101	380	801	12,051	14,122	—	0	0	—	—	—	0	1	8	—
Tennessee§	532	495	614	15,917	14,695	N	0	0	N	N	—	1	4	20	23
W.S. Central	1,798	2,116	3,605	67,863	71,986	—	0	1	—	—	2	4	30	91	82
Arkansas	115	162	340	4,812	5,158	—	0	0	—	—	2	0	2	13	2
Louisiana	103	265	761	9,616	12,557	—	0	1	—	N	—	0	21	7	21
Oklahoma	161	226	2,159	7,064	6,867	N	0	0	N	N	—	1	2	22	30
Texas§	1,419	1,360	1,775	46,371	47,404	N	0	0	N	N	—	2	19	49	29
Mountain	560	1,045	1,839	30,326	39,993	89	114	452	3,844	1,671	32	2	9	113	81
Arizona	389	365	642	11,445	13,897	89	111	448	3,778	1,602	—	0	2	14	8
Colorado	—	171	482	3,510	9,471	N	0	0	N	N	—	1	6	25	23
Idaho§	—	51	159	1,773	1,643	N	0	0	N	N	1	0	2	9	9
Montana	34	44	195	1,593	1,435	N	0	0	N	N	26	0	4	38	12
Nevada§	—	79	432	2,298	4,583	—	1	4	21	44	—	0	1	3	11
New Mexico§	—	165	338	5,833	5,486	—	0	2	8	13	—	0	3	7	8
Utah	103	93	136	3,049	2,781	—	1	3	35	10	1	0	3	7	8
Wyoming	34	26	55	825	697	—	0	2	2	2	4	0	3	10	2
Pacific	2,107	3,250	5,079	104,750	105,380	12	43	1,179	1,565	896	—	2	52	45	223
Alaska	75	85	152	2,676	2,623	—	0	0	—	—	—	0	2	3	—
California	1,474	2,547	4,231	82,199	81,862	12	43	1,179	1,565	896	—	0	14	—	130
Hawaii	—	104	135	3,126	3,441	N	0	0	N	N	—	0	1	2	1
Oregon§	250	172	315	5,479	5,542	N	0	0	N	N	—	1	6	40	55
Washington	308	350	604	11,270	11,912	N	0	0	N	N	—	0	38	—	37
American Samoa	U	0	46	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	18	37	—	508	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	81	161	2,945	2,624	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	2	12	83	187	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	263	307	1,029	9,236	10,992	4,149	6,455	14,136	200,281	206,046	29	38	142	1,294	1,542
New England	6	25	75	706	968	57	105	288	3,421	3,824	4	3	19	105	115
Connecticut	—	0	37	160	213	—	40	241	1,315	1,677	4	0	9	32	36
Maine†	—	2	12	79	121	2	2	6	76	80	—	0	4	13	8
Massachusetts	2	11	34	320	427	48	47	87	1,558	1,636	—	1	6	47	54
New Hampshire	—	0	3	10	42	—	4	9	127	104	—	0	1	3	6
Rhode Island	—	0	25	50	62	6	8	19	303	293	—	0	7	2	7
Vermont†	4	3	9	87	103	1	1	4	42	34	—	0	2	8	4
Mid. Atlantic	39	54	254	1,638	1,962	410	627	1,014	18,410	20,772	6	7	30	242	283
New Jersey	—	8	18	206	267	—	104	150	2,784	3,560	—	2	4	35	54
New York (Upstate)	26	24	227	667	643	100	123	455	3,814	4,067	5	2	27	91	80
New York City	3	12	32	339	548	105	161	402	5,078	6,298	1	1	4	18	52
Pennsylvania	10	15	29	426	504	205	207	393	6,734	6,847	—	3	8	98	97
E.N. Central	32	49	110	1,384	1,952	642	1,289	7,047	38,713	40,389	3	5	14	178	279
Illinois	—	10	25	263	486	199	377	708	11,965	12,376	—	1	6	32	93
Indiana	N	0	0	N	N	226	163	228	5,529	5,026	—	1	7	50	51
Michigan	1	12	29	373	474	168	233	5,880	8,057	6,396	—	0	3	17	14
Ohio	31	16	34	462	420	3	381	661	9,167	13,038	3	1	6	56	90
Wisconsin	—	10	40	286	572	46	130	172	3,995	3,553	—	0	4	23	31
W.N. Central	17	29	260	1,076	1,248	251	363	461	11,559	11,732	1	2	15	79	76
Iowa	3	5	14	149	158	15	34	54	1,043	977	—	0	0	—	—
Kansas	5	3	9	113	121	53	47	124	1,422	1,662	—	0	3	12	8
Minnesota	1	2	238	416	553	5	62	105	1,741	2,173	—	0	9	38	32
Missouri	6	10	32	299	269	121	189	251	6,225	5,883	1	0	6	21	25
Nebraska†	—	1	6	55	72	47	22	56	825	747	—	0	2	4	10
North Dakota	2	0	7	9	6	1	2	7	59	56	—	0	3	4	1
South Dakota	—	1	7	35	69	9	6	13	244	234	—	0	0	—	—
S. Atlantic	68	49	95	1,402	1,654	969	1,479	2,334	48,361	48,512	8	10	26	361	370
Delaware	—	1	4	20	37	19	26	44	915	515	—	0	1	1	—
District of Columbia	2	1	5	44	29	—	35	66	963	1,263	1	0	1	3	5
Florida	38	18	39	633	580	363	429	549	14,402	12,386	2	3	9	120	91
Georgia	14	11	26	264	448	5	291	1,014	7,829	8,972	—	2	12	64	79
Maryland†	7	4	10	115	115	98	129	231	4,237	4,292	1	1	5	44	49
North Carolina	N	0	0	N	N	365	283	766	10,531	9,935	3	0	9	44	60
South Carolina†	—	1	7	59	77	—	128	748	4,980	5,385	—	1	3	25	23
Virginia†	6	9	50	252	340	95	132	288	3,933	5,331	1	1	8	45	41
West Virginia	1	0	5	15	28	24	17	42	571	433	—	0	4	15	22
E.S. Central	9	8	33	253	243	343	572	749	18,762	17,410	—	2	7	71	86
Alabama†	5	4	22	122	106	20	181	308	5,939	5,684	—	0	5	16	16
Kentucky	N	0	0	N	N	55	56	132	2,068	1,992	—	0	1	3	10
Mississippi	—	0	0	—	—	45	143	443	4,665	4,503	—	0	1	3	—
Tennessee†	4	4	12	131	137	223	187	279	6,090	5,231	—	1	4	49	60
W.S. Central	7	5	31	136	162	784	857	1,430	29,230	29,277	—	1	15	43	85
Arkansas	5	2	6	63	48	72	81	186	2,533	2,701	—	0	2	7	7
Louisiana	—	0	4	5	32	90	161	354	5,889	6,945	—	0	2	2	32
Oklahoma	2	2	24	68	82	65	81	764	2,614	2,816	—	1	14	34	43
Texas†	N	0	0	N	N	557	541	723	18,194	16,815	—	0	1	—	3
Mountain	22	29	57	828	822	179	216	552	6,541	8,615	4	4	8	137	161
Arizona	1	3	36	88	88	151	86	201	2,737	3,140	4	1	7	64	82
Colorado	—	9	33	257	279	—	40	90	1,094	2,036	—	1	4	37	35
Idaho†	4	3	11	105	85	—	2	10	100	68	—	0	1	3	4
Montana	9	2	7	48	31	7	3	20	130	90	—	0	0	—	—
Nevada†	—	1	6	35	62	—	24	194	783	1,809	—	0	1	—	13
New Mexico†	—	1	6	30	46	—	29	64	1,092	1,003	—	0	4	17	16
Utah	6	7	19	247	217	18	17	24	531	423	—	0	4	14	7
Wyoming	2	0	3	18	14	3	2	6	74	46	—	0	2	2	4
Pacific	63	58	202	1,813	1,981	514	809	963	25,284	25,515	3	2	20	78	87
Alaska	2	1	7	30	63	9	11	23	347	364	—	0	19	8	5
California	48	42	105	1,309	1,420	393	660	830	20,814	21,244	1	0	9	18	39
Hawaii	—	1	3	32	43	—	19	32	560	633	1	0	1	13	8
Oregon†	7	7	16	238	251	31	28	58	838	978	1	1	6	37	35
Washington	6	7	90	204	204	81	74	142	2,725	2,296	—	0	4	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	1	—	10	—	1	15	—	66	—	0	2	—	4
Puerto Rico	—	1	20	21	144	—	6	16	188	243	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	5	17	45	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Hepatitis (viral, acute), by type: A — Current week	A — Previous 52 weeks Med	A — Previous 52 weeks Max	A — Cum 2006	A — Cum 2005	B — Current week	B — Previous 52 weeks Med	B — Previous 52 weeks Max	B — Cum 2006	B — Cum 2005	Legionellosis — Current week	Legionellosis — Previous 52 weeks Med	Legionellosis — Previous 52 weeks Max	Legionellosis — Cum 2006	Legionellosis — Cum 2005
United States	34	73	245	2,002	2,438	42	83	597	2,395	3,315	56	44	127	1,183	1,124
New England	2	4	22	113	275	—	1	9	38	95	—	2	12	62	67
Connecticut	2	1	3	26	32	—	0	3	—	33	—	0	8	19	19
Maine†	—	0	2	7	1	—	0	2	12	10	—	0	1	4	3
Massachusetts	—	2	14	50	165	—	0	5	14	31	—	1	6	26	27
New Hampshire	—	0	3	17	66	—	0	2	8	17	—	0	1	1	6
Rhode Island	—	0	4	6	6	—	0	2	4	1	—	0	10	9	9
Vermont†	—	0	2	7	5	—	0	1	—	3	—	0	3	3	3
Mid. Atlantic	1	7	24	193	405	3	8	55	246	438	17	13	40	387	383
New Jersey	—	2	9	48	77	—	3	10	67	166	—	1	8	41	73
New York (Upstate)	1	1	14	49	62	3	1	43	45	36	9	5	29	159	88
New York City	—	2	10	56	198	—	1	5	33	90	—	1	9	23	69
Pennsylvania	—	1	6	40	68	—	3	9	101	146	8	5	17	164	153
E.N. Central	1	6	15	155	210	5	8	24	219	377	20	8	25	241	210
Illinois	—	1	11	33	67	—	1	6	13	107	—	1	5	14	31
Indiana	1	0	5	17	11	—	0	17	35	25	2	0	6	18	13
Michigan	—	2	8	53	70	—	3	7	87	121	4	2	6	58	64
Ohio	—	1	4	39	33	5	2	7	78	94	14	4	19	132	83
Wisconsin	—	0	5	13	29	—	0	4	6	30	—	0	5	19	19
W.N. Central	1	2	30	85	61	—	4	22	100	169	11	1	11	41	45
Iowa	—	0	2	7	16	—	0	3	9	16	—	0	2	5	3
Kansas	—	0	5	22	12	—	0	2	7	21	—	0	1	1	2
Minnesota	—	0	29	9	3	—	0	13	13	17	11	0	10	11	11
Missouri	1	1	3	29	24	—	3	7	64	92	—	0	3	15	17
Nebraska†	—	0	3	11	6	—	0	1	7	19	—	0	2	5	2
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	7	—	—	0	1	—	4	—	0	6	4	9
S. Atlantic	13	11	34	319	404	17	23	66	721	912	5	8	19	244	238
Delaware	—	0	2	9	5	—	1	4	28	21	—	0	2	6	12
District of Columbia	1	0	2	4	2	—	0	2	5	8	—	0	5	14	4
Florida	4	4	18	123	144	11	8	19	269	318	3	3	8	99	61
Georgia	1	1	7	41	83	1	3	8	107	142	—	0	4	10	21
Maryland†	—	1	6	34	36	2	2	10	99	95	—	1	6	47	73
North Carolina	7	0	20	61	57	—	0	23	95	98	2	0	5	22	17
South Carolina†	—	0	3	12	23	—	2	7	44	105	—	0	1	2	11
Virginia†	—	1	11	31	51	3	1	18	34	99	—	1	7	37	29
West Virginia	—	0	3	4	3	—	0	18	40	26	—	0	3	7	10
E.S. Central	1	2	15	75	165	2	6	18	197	227	—	1	9	51	51
Alabama†	—	0	9	8	17	—	2	7	60	52	—	0	2	7	9
Kentucky	—	0	5	27	14	1	1	5	44	44	—	0	4	15	16
Mississippi	—	0	1	5	14	—	0	3	10	38	—	0	1	1	3
Tennessee†	1	1	7	35	120	1	2	12	83	93	—	1	7	28	23
W.S. Central	—	6	77	119	272	3	13	315	396	355	—	1	32	34	23
Arkansas	—	0	9	31	9	1	1	4	29	45	—	0	3	2	5
Louisiana	—	0	3	2	48	—	0	3	7	55	—	0	1	2	1
Oklahoma	—	0	2	4	4	2	0	17	22	29	—	0	3	1	3
Texas†	—	5	73	82	211	—	11	295	338	226	—	0	26	29	14
Mountain	1	5	18	168	193	3	5	39	131	348	2	2	7	60	63
Arizona	1	2	16	95	101	1	2	23	54	221	1	1	3	24	14
Colorado	—	1	4	26	23	—	1	5	23	38	—	0	2	6	16
Idaho†	—	0	2	8	18	2	0	2	10	7	—	0	2	6	3
Montana	—	0	2	6	7	—	0	7	—	3	—	0	1	3	4
Nevada†	—	0	2	7	11	—	0	4	13	36	—	0	2	3	12
New Mexico†	—	0	3	12	18	—	0	3	9	13	—	0	1	2	2
Utah	—	0	2	11	14	—	0	5	22	28	1	0	2	16	9
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	1	—	3
Pacific	14	19	163	775	453	9	10	61	347	394	1	2	9	63	44
Alaska	—	0	1	—	3	—	0	1	3	7	—	0	1	—	—
California	12	15	162	703	376	6	7	41	265	264	1	2	9	63	43
Hawaii	—	0	2	8	19	—	0	1	4	4	—	0	1	—	1
Oregon†	—	1	5	32	26	1	1	6	44	69	N	0	0	N	N
Washington	2	1	13	32	29	2	0	18	31	50	—	0	0	—	—
American Samoa	U	0	0	U	1	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	2	—	0	0	—	18	—	0	0	—	—
Puerto Rico	—	0	3	10	53	—	1	8	18	31	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	461	248	2,153	9,087	14,030	19	24	125	733	875
New England	124	37	780	1,532	2,533	1	1	12	40	46
Connecticut	121	8	753	1,219	346	—	0	10	10	10
Maine†	—	2	13	56	185	—	0	1	3	4
Massachusetts	—	2	98	33	1,833	1	0	3	18	25
New Hampshire	—	5	32	187	121	—	0	3	8	4
Rhode Island	—	0	12	—	25	—	0	8	—	2
Vermont†	3	1	7	37	23	—	0	1	1	1
Mid. Atlantic	287	151	1,176	5,368	8,162	—	4	13	117	237
New Jersey	—	24	123	1,101	2,811	—	1	3	28	61
New York (Upstate)	252	76	1,150	2,355	2,037	—	1	11	20	29
New York City	—	1	18	10	275	—	2	8	47	122
Pennsylvania	35	40	193	1,902	3,039	—	1	3	22	25
E.N. Central	2	12	62	607	1,406	1	2	7	69	99
Illinois	—	0	6	—	110	—	1	5	23	54
Indiana	—	0	3	11	23	—	0	3	7	3
Michigan	2	1	7	29	30	1	0	2	13	17
Ohio	—	1	5	26	35	—	0	3	19	15
Wisconsin	—	10	61	541	1,208	—	0	3	7	10
W.N. Central	6	10	98	295	314	—	0	32	30	32
Iowa	—	1	7	45	72	—	0	1	1	5
Kansas	—	0	2	3	3	—	0	2	5	4
Minnesota	6	6	96	231	228	—	0	30	14	11
Missouri	—	0	3	8	9	—	0	2	5	12
Nebraska†	—	0	2	7	—	—	0	2	3	—
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	32	30	124	1,050	1,466	8	7	15	217	193
Delaware	—	8	26	317	486	—	0	1	5	3
District of Columbia	3	0	7	27	7	—	0	2	3	6
Florida	2	1	5	27	17	2	1	6	39	33
Georgia	—	0	1	1	5	3	1	6	58	38
Maryland†	15	16	87	506	777	1	1	5	48	69
North Carolina	1	0	5	19	35	1	0	8	17	21
South Carolina†	—	0	3	7	9	—	0	2	7	5
Virginia†	11	3	25	141	123	1	1	9	38	17
West Virginia	—	0	44	5	7	—	0	2	2	1
E.S. Central	—	0	4	7	19	2	0	3	19	19
Alabama†	—	0	1	3	—	—	0	2	8	4
Kentucky	—	0	2	1	3	—	0	2	3	5
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	—	0	4	3	16	2	0	1	5	10
W.S. Central	—	0	5	8	60	—	2	31	48	70
Arkansas	—	0	1	—	4	—	0	2	1	5
Louisiana	—	0	0	—	3	—	0	1	—	2
Oklahoma	—	0	0	—	—	—	0	6	6	3
Texas†	—	0	5	8	53	—	1	29	41	60
Mountain	—	0	4	12	13	2	1	9	37	36
Arizona	—	0	4	3	2	—	0	9	14	6
Colorado	—	0	1	2	—	—	0	2	9	20
Idaho†	—	0	1	1	1	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	1	1	3	—	0	1	1	2
New Mexico†	—	0	1	—	2	—	0	1	1	3
Utah	—	0	1	5	2	2	0	2	11	4
Wyoming	—	0	0	—	3	—	0	1	—	1
Pacific	10	4	22	208	57	5	4	13	156	143
Alaska	—	0	1	2	4	—	0	4	20	3
California	10	4	21	197	33	5	3	10	107	107
Hawaii	N	0	0	N	N	—	0	2	4	13
Oregon†	—	0	2	6	16	—	0	2	7	7
Washington	—	0	3	3	4	—	0	5	18	13
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	3
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	8	20	85	740	862	5	13	58	489	525	174	284	2,877	8,167	13,836
New England	—	1	3	33	56	—	0	2	24	19	3	29	83	802	818
Connecticut	—	0	2	9	12	—	0	2	2	1	—	1	5	29	45
Maine†	—	0	1	3	2	—	0	1	3	2	—	1	5	28	23
Massachusetts	—	0	2	14	26	—	0	2	14	5	3	22	43	561	625
New Hampshire	—	0	2	5	9	—	0	2	5	9	—	2	36	98	39
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	15
Vermont†	—	0	1	2	5	—	0	0	—	2	—	1	14	86	71
Mid. Atlantic	—	3	14	110	106	—	2	11	83	81	35	31	137	1,062	857
New Jersey	—	0	2	10	26	—	0	2	10	26	—	4	13	131	121
New York (Upstate)	—	0	7	28	30	—	0	5	5	11	29	12	123	459	322
New York City	—	1	6	37	15	—	1	6	37	15	—	1	8	42	64
Pennsylvania	—	1	5	35	35	—	1	5	31	29	6	11	26	430	350
E.N. Central	—	3	11	82	106	—	2	6	58	88	18	46	133	1,160	2,400
Illinois	—	0	4	17	26	—	0	4	17	26	—	11	35	226	564
Indiana	—	0	5	15	15	—	0	2	6	7	2	5	75	144	192
Michigan	—	1	3	17	19	—	0	3	8	11	1	7	23	279	153
Ohio	—	1	5	30	28	—	1	4	24	26	15	14	30	384	782
Wisconsin	—	0	2	3	18	—	0	2	3	18	—	6	41	127	709
W.N. Central	—	1	4	42	56	—	0	3	14	25	22	37	552	787	2,104
Iowa	—	0	2	11	13	—	0	1	4	1	—	10	63	173	474
Kansas	—	0	1	1	9	—	0	1	1	9	—	10	28	197	201
Minnesota	—	0	2	10	9	—	0	1	3	3	21	0	485	133	735
Missouri	—	0	2	13	19	—	0	1	2	9	1	8	42	184	286
Nebraska†	—	0	2	5	4	—	0	1	3	3	—	3	10	65	188
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	20	77
South Dakota	—	0	1	1	2	—	0	0	—	—	—	1	7	15	143
S. Atlantic	4	3	14	130	158	3	1	7	54	64	3	22	46	615	923
Delaware	—	0	1	4	2	—	0	1	4	2	—	0	1	3	14
District of Columbia	1	0	0	1	5	1	0	0	1	4	—	0	3	3	4
Florida	2	1	6	50	60	2	0	5	20	20	3	4	14	138	124
Georgia	—	0	3	10	14	—	0	3	10	14	—	0	3	10	36
Maryland†	—	0	2	7	14	—	0	1	1	1	—	3	9	82	138
North Carolina	—	0	11	23	24	—	0	3	7	5	—	0	22	131	64
South Carolina†	—	0	2	15	13	—	0	1	5	8	—	4	22	97	267
Virginia†	1	0	4	15	21	—	0	3	6	8	—	2	27	128	239
West Virginia	—	0	2	5	5	—	0	0	—	2	—	0	9	23	37
E.S. Central	—	1	4	27	41	—	1	4	21	32	4	7	13	196	375
Alabama†	—	0	1	4	4	—	0	1	3	3	—	1	4	36	58
Kentucky	—	0	2	7	15	—	0	2	7	15	2	1	7	41	110
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	23	43
Tennessee†	—	0	2	15	18	—	0	2	10	10	2	2	10	96	164
W.S. Central	—	1	23	45	86	—	0	6	18	20	2	21	360	407	1,456
Arkansas	—	0	3	8	11	—	0	2	5	3	1	2	21	50	210
Louisiana	—	0	1	2	27	—	0	1	1	4	—	0	3	3	41
Oklahoma	—	0	4	8	13	—	0	0	—	2	—	0	124	18	1
Texas†	—	1	16	27	35	—	0	4	12	11	1	18	215	336	1,204
Mountain	—	1	5	47	70	—	0	4	25	19	12	64	230	1,848	2,698
Arizona	—	0	3	15	29	—	0	3	15	9	5	12	177	370	707
Colorado	—	0	2	15	14	—	0	1	3	—	—	22	40	562	861
Idaho†	—	0	2	1	4	—	0	2	1	3	2	2	13	56	135
Montana	—	0	1	3	—	—	0	1	1	—	2	2	14	81	494
Nevada†	—	0	2	2	9	—	0	0	—	2	—	0	9	39	38
New Mexico†	—	0	1	2	4	—	0	1	—	3	—	2	6	53	136
Utah	—	0	1	5	10	—	0	1	1	2	2	15	39	634	296
Wyoming	—	0	2	4	—	—	0	2	4	—	1	1	8	53	31
Pacific	4	5	29	224	183	2	5	25	192	177	75	48	1,334	1,290	2,205
Alaska	—	0	1	2	1	—	0	1	2	1	—	2	15	44	59
California	2	2	14	139	120	2	2	14	139	120	72	30	1,136	884	924
Hawaii	—	0	1	5	10	—	0	1	5	5	—	2	6	47	122
Oregon†	—	1	7	51	33	—	1	4	35	33	—	3	11	81	567
Washington	2	0	25	27	19	—	0	11	11	18	3	9	195	234	533
American Samoa	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	1	—	0	0	—	1	—	0	0	—	2
Puerto Rico	—	0	1	4	6	—	0	1	4	6	—	0	1	1	5
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	76	113	166	3,670	3,891	77	35	246	1,068	961	755	809	2,291	21,944	24,653
New England	11	11	26	371	473	—	0	2	2	4	12	33	261	1,187	1,399
Connecticut	7	3	14	110	111	—	0	0	—	—	—	0	253	253	292
Maine†	—	1	4	44	43	N	0	0	N	N	—	2	9	67	113
Massachusetts	3	4	17	163	255	—	0	2	1	2	12	19	52	686	747
New Hampshire	—	0	3	16	10	—	0	1	1	1	—	2	21	102	112
Rhode Island	—	0	4	1	14	—	0	2	—	1	—	0	17	45	65
Vermont†	1	1	4	37	40	—	0	0	—	—	—	1	4	34	70
Mid. Atlantic	19	21	50	771	599	1	1	7	29	63	75	84	272	2,520	3,046
New Jersey	N	0	0	N	N	—	0	2	4	21	—	14	41	387	592
New York (Upstate)	19	11	24	356	324	—	0	1	2	1	43	22	233	687	702
New York City	—	0	3	—	18	—	0	1	4	6	3	18	44	521	717
Pennsylvania	—	10	35	415	257	1	1	5	19	35	29	28	65	925	1,035
E.N. Central	13	2	13	99	133	1	0	4	20	34	83	99	219	2,934	3,561
Illinois	3	0	4	23	32	—	0	1	1	11	—	26	53	671	1,243
Indiana	1	0	3	8	7	—	0	1	4	—	23	12	67	462	319
Michigan	—	1	5	35	24	1	0	1	2	4	4	17	35	562	593
Ohio	9	0	7	33	70	—	0	4	12	17	56	23	47	762	818
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	15	42	477	588
W.N. Central	8	5	20	197	231	2	2	11	119	105	25	43	106	1,471	1,548
Iowa	1	0	5	35	—	—	0	2	2	3	1	7	18	238	260
Kansas	2	1	5	56	59	—	0	1	2	5	3	7	12	203	229
Minnesota	4	1	6	33	48	—	0	1	2	1	7	10	60	405	343
Missouri	1	1	6	38	48	2	2	10	99	87	11	14	40	441	459
Nebraska†	—	0	0	—	—	—	0	4	14	4	—	3	12	110	132
North Dakota	—	0	7	14	21	—	0	1	—	—	3	0	46	15	15
South Dakota	—	0	4	21	55	—	0	0	—	5	—	2	7	59	110
S. Atlantic	20	36	118	1,309	1,438	42	18	94	648	485	282	205	514	5,709	6,397
Delaware	—	0	0	—	—	—	0	2	14	5	—	2	9	69	71
District of Columbia	—	0	0	—	—	—	0	1	1	2	—	1	7	36	33
Florida	—	0	99	110	201	—	0	3	12	12	141	95	230	2,543	2,406
Georgia	1	4	9	99	184	—	0	3	15	73	20	26	87	766	1,033
Maryland†	—	8	14	232	240	1	1	4	27	50	23	12	29	377	484
North Carolina	14	8	22	312	327	30	15	87	499	259	51	28	114	814	804
South Carolina†	—	3	10	96	146	—	1	6	17	38	—	20	73	480	818
Virginia†	5	10	27	392	312	11	2	10	60	43	47	20	62	567	654
West Virginia	—	1	13	68	28	—	0	2	3	3	—	2	19	57	94
E.S. Central	2	4	16	159	96	4	5	16	152	175	46	53	122	1,417	1,638
Alabama†	2	1	7	51	52	—	1	8	36	41	25	13	62	468	393
Kentucky	—	0	5	14	7	—	0	1	1	2	5	8	23	232	270
Mississippi	—	0	2	4	3	—	0	2	1	8	—	12	62	303	467
Tennessee†	—	2	9	90	34	4	3	15	114	124	16	14	41	414	508
W.S. Central	—	16	34	543	619	23	1	161	67	69	77	83	922	2,020	2,361
Arkansas	—	0	4	24	26	5	0	32	34	44	24	14	43	475	447
Louisiana	—	0	0	—	—	—	0	1	—	5	—	6	38	116	562
Oklahoma	—	1	9	48	60	18	0	154	26	5	16	7	48	260	214
Texas†	—	13	29	471	533	—	0	3	7	15	37	47	839	1,169	1,138
Mountain	3	3	16	101	169	4	0	6	25	24	22	50	84	1,441	1,451
Arizona	—	2	11	77	113	—	0	6	5	12	12	15	67	448	386
Colorado	—	0	1	—	15	—	0	1	2	3	—	12	30	384	364
Idaho†	—	0	12	—	—	2	0	2	3	3	3	3	9	112	104
Montana	1	0	2	9	7	—	0	2	2	1	2	3	16	85	56
Nevada†	—	0	2	—	9	—	0	0	—	—	—	3	17	69	114
New Mexico†	1	0	2	7	7	—	0	2	5	3	—	4	12	125	167
Utah	1	0	5	6	4	2	0	2	5	—	5	5	13	183	202
Wyoming	—	0	1	2	14	—	0	1	3	2	—	1	5	35	58
Pacific	—	4	10	120	133	—	0	1	6	2	133	109	426	3,245	3,252
Alaska	—	0	4	13	1	—	0	0	—	—	5	1	7	50	35
California	—	3	10	98	129	—	0	1	4	—	110	86	292	2,521	2,443
Hawaii	—	0	0	—	—	—	0	0	—	—	—	4	15	129	178
Oregon†	—	0	4	9	3	—	0	1	2	2	3	7	16	244	273
Washington	U	0	0	U	U	N	0	0	N	N	15	8	124	301	323
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	3	—	27
Puerto Rico	—	1	6	57	47	N	0	0	N	N	—	5	35	92	386
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	67	54	297	1,391	1,578	174	215	1,013	6,147	8,354	44	86	283	3,375	3,232
New England	3	3	44	143	130	1	4	43	158	189	—	5	15	159	199
Connecticut	—	0	43	43	34	—	0	37	37	30	U	0	3	U	76
Maine§	—	0	5	11	19	—	0	3	3	9	—	0	2	15	11
Massachusetts	2	1	9	66	49	1	3	9	104	121	—	3	6	98	82
New Hampshire	—	0	2	12	12	—	0	4	6	5	—	0	9	33	14
Rhode Island	—	0	2	2	3	—	0	6	5	10	—	0	3	4	7
Vermont§	—	0	2	2	13	—	0	2	3	14	—	0	2	9	9
Mid. Atlantic	5	4	107	98	190	6	16	72	468	771	6	15	43	629	674
New Jersey	—	0	7	3	38	—	4	21	172	222	—	2	7	103	140
New York (Upstate)	—	1	103	15	70	6	4	60	154	175	4	4	32	232	192
New York City	—	0	4	14	9	—	4	14	94	280	—	1	10	68	133
Pennsylvania	—	0	8	3	73	—	2	48	48	94	2	6	13	226	209
E.N. Central	10	10	38	272	313	9	20	96	555	623	3	15	43	598	683
Illinois	—	1	10	42	84	—	7	26	171	192	—	3	10	111	223
Indiana	3	1	6	39	33	1	2	56	85	47	—	2	11	87	80
Michigan	—	1	6	44	59	—	3	10	104	157	—	4	12	168	162
Ohio	7	3	14	86	69	8	3	11	102	61	3	4	19	190	146
Wisconsin	—	2	15	61	68	—	3	9	93	166	—	1	4	42	72
W.N. Central	8	7	35	205	244	31	34	77	869	861	5	5	57	240	201
Iowa	—	2	10	73	55	—	1	7	45	54	N	0	0	N	N
Kansas	—	0	3	—	24	2	4	20	75	106	—	1	5	44	33
Minnesota	8	3	19	111	56	8	2	8	72	51	5	0	52	115	72
Missouri	6	2	13	110	60	10	14	69	474	563	—	1	5	47	54
Nebraska§	—	1	5	29	30	—	2	14	63	57	—	0	4	21	17
North Dakota	—	0	15	—	1	11	0	12	35	2	—	0	5	7	7
South Dakota	—	0	5	18	18	—	3	17	105	28	—	0	3	6	18
S. Atlantic	18	7	39	228	216	38	53	122	1,583	1,214	12	21	43	792	639
Delaware	—	0	1	2	3	—	0	2	6	8	—	0	2	7	3
District of Columbia	—	0	1	—	—	2	0	2	8	8	—	0	2	9	7
Florida	2	2	29	56	62	23	27	66	776	603	8	5	16	196	169
Georgia	5	1	6	50	29	8	16	38	520	295	—	4	11	144	128
Maryland§	5	1	5	34	41	1	2	10	69	48	—	3	12	142	127
North Carolina	6	1	11	56	24	3	1	22	101	111	1	1	26	126	89
South Carolina§	—	0	2	4	4	—	1	9	61	60	—	1	6	50	29
Virginia§	—	0	8	—	51	1	1	8	40	81	3	2	11	97	65
West Virginia	—	0	2	—	2	—	0	2	2	—	—	0	6	21	22
E.S. Central	—	3	15	104	88	7	13	31	384	899	1	3	11	148	127
Alabama§	1	0	5	16	19	4	3	14	120	178	N	0	0	N	N
Kentucky	—	1	8	33	28	1	5	12	152	208	—	0	5	31	26
Mississippi	—	0	1	—	5	—	1	6	37	56	—	0	0	—	—
Tennessee§	—	1	4	25	36	2	3	11	75	457	1	3	9	117	101
W.S. Central	2	1	52	19	59	4	27	596	576	2,236	10	7	58	264	216
Arkansas	1	0	2	9	9	2	1	7	57	39	—	0	5	21	13
Louisiana	—	0	1	—	18	—	0	4	15	106	—	0	1	1	5
Oklahoma	1	0	8	10	14	2	3	286	70	452	—	2	14	73	80
Texas§	2	1	44	51	18	—	23	308	434	1,639	10	4	43	169	118
Mountain	2	5	15	140	168	21	21	47	556	415	6	12	78	480	424
Arizona	2	1	8	56	18	13	11	29	327	211	5	6	57	258	177
Colorado	—	1	6	45	41	—	3	18	83	65	—	3	8	101	135
Idaho§	2	1	7	36	24	2	0	4	12	8	—	0	2	7	2
Montana	—	0	1	—	10	1	0	1	5	5	—	0	0	—	—
Nevada§	—	0	3	8	13	—	1	8	29	35	—	0	6	—	1
New Mexico§	—	0	2	4	18	—	2	9	58	61	—	1	7	56	64
Utah	5	1	7	48	41	4	1	4	40	28	1	1	7	55	42
Wyoming	—	0	3	7	3	1	0	1	2	2	—	0	1	3	3
Pacific	19	7	55	182	170	57	38	148	998	1,146	1	2	9	65	69
Alaska	—	0	1	—	9	1	0	2	8	11	—	0	0	—	—
California	7	4	18	115	72	53	32	104	804	967	—	0	0	—	—
Hawaii	—	0	4	8	9	—	1	4	24	18	1	2	9	65	69
Oregon§	1	1	47	43	51	1	2	31	85	84	N	0	0	N	N
Washington	12	2	32	59	29	2	2	43	77	66	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	4	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	3	—	12	—	0	0	—	—
Puerto Rico	—	0	1	—	1	—	0	2	5	3	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-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 August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	25	51	334	1,729	1,826	104	170	334	5,336	5,319	557	800	3,204	28,483	18,395
New England	—	1	24	19	163	3	4	17	135	130	—	43	144	1,009	3,647
Connecticut	U	0	7	U	68	—	0	11	28	27	U	0	58	U	1,033
Maine†	N	0	0	N	N	—	0	2	7	1	—	5	20	151	213
Massachusetts	—	0	6	—	72	3	2	6	84	84	—	7	54	93	1,659
New Hampshire	—	0	0	—	—	—	0	2	7	9	—	5	43	267	205
Rhode Island	—	0	11	9	14	—	0	6	7	9	—	0	0	—	—
Vermont†	—	0	2	10	9	—	0	1	2	—	—	12	50	498	537
Mid. Atlantic	—	3	15	113	158	8	21	35	692	667	10	105	183	3,266	3,191
New Jersey	N	0	0	N	N	—	2	7	98	91	—	0	0	—	—
New York (Upstate)	—	1	10	41	63	3	2	14	94	47	—	0	0	—	—
New York City	U	0	0	U	U	2	10	23	335	414	—	0	0	—	—
Pennsylvania	—	2	9	72	95	3	5	9	165	115	10	105	183	3,266	3,191
E.N. Central	6	11	41	413	451	9	17	38	549	564	496	213	586	10,585	3,817
Illinois	—	0	3	13	19	4	9	23	259	308	—	1	6	38	67
Indiana	1	2	21	111	143	1	1	4	48	44	475	0	347	475	70
Michigan	—	0	4	17	29	1	2	19	73	54	5	102	174	3,049	2,399
Ohio	5	6	32	272	260	1	4	8	135	135	16	82	420	6,452	974
Wisconsin	N	0	0	N	N	2	1	4	34	23	—	12	52	571	307
W.N. Central	—	1	191	33	30	4	4	9	156	166	6	22	84	1,019	276
Iowa	N	0	0	N	N	—	0	3	9	6	N	0	0	N	N
Kansas	N	0	0	N	N	2	0	2	15	13	2	0	2	6	—
Minnesota	—	0	191	—	—	—	1	3	21	51	—	0	0	—	—
Missouri	—	1	3	32	24	—	3	8	103	93	1	17	82	945	187
Nebraska†	—	0	0	—	2	1	0	1	2	3	—	0	0	—	—
North Dakota	—	0	1	—	1	—	0	1	—	—	3	0	25	34	12
South Dakota	—	0	1	1	3	1	0	3	6	—	—	1	12	34	77
S. Atlantic	18	27	53	932	758	28	40	186	1,231	1,274	2	90	860	3,012	1,411
Delaware	—	0	2	—	1	1	0	2	16	8	—	1	5	45	22
District of Columbia	—	0	3	21	13	—	1	9	68	68	—	0	5	24	23
Florida	15	13	36	513	409	10	15	29	465	454	—	0	0	—	—
Georgia	2	8	29	308	243	2	8	147	176	237	—	0	0	—	—
Maryland†	—	0	0	—	—	8	5	19	188	208	—	0	0	—	—
North Carolina	N	0	0	N	N	—	5	17	177	172	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	7	42	39	—	16	52	750	371
Virginia†	N	0	0	N	N	7	2	12	97	86	—	28	812	1,165	297
West Virginia	1	1	14	90	92	—	0	1	2	2	2	26	70	1,028	698
E.S. Central	—	3	13	135	127	12	12	23	421	291	3	0	70	81	36
Alabama†	N	0	0	N	N	1	4	17	170	100	3	0	70	80	36
Kentucky	—	0	5	25	23	4	1	8	41	26	N	0	0	N	N
Mississippi	—	0	0	—	1	3	0	6	42	31	—	0	1	1	—
Tennessee†	—	3	13	110	103	4	5	13	168	134	N	0	0	N	N
W.S. Central	—	0	4	13	99	26	26	45	947	797	34	185	1,757	7,685	4,224
Arkansas	—	0	3	11	12	5	0	6	45	31	10	7	110	580	—
Louisiana	—	0	4	2	87	1	4	17	137	181	—	0	8	40	108
Oklahoma	N	0	0	N	N	—	1	6	42	25	—	0	0	—	—
Texas†	N	0	0	N	N	20	20	39	723	560	24	166	1,647	7,065	4,116
Mountain	1	1	27	71	40	5	7	19	249	272	6	52	138	1,826	1,793
Arizona	N	0	0	N	N	5	4	16	126	92	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	30	29	—	33	76	967	1,220
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	0	—	—
Nevada†	—	0	27	4	2	—	1	12	48	83	—	0	2	4	—
New Mexico†	—	0	1	1	—	—	1	5	37	36	—	3	34	286	158
Utah	—	0	8	31	17	—	0	1	5	7	6	10	55	537	370
Wyoming	1	1	3	35	21	—	0	0	—	—	—	0	8	32	45
Pacific	—	0	0	—	—	9	32	49	956	1,158	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	5	—	0	0	—	—
California	N	0	0	N	N	3	28	39	802	1,041	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	12	6	N	0	0	N	N
Oregon†	N	0	0	N	N	2	0	6	12	19	N	0	0	N	N
Washington	N	0	0	N	N	4	2	11	125	87	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	3	—	2	12	—	378
Puerto Rico	N	0	0	N	N	—	3	10	86	138	—	7	47	199	485
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending August 19, 2006, and August 20, 2005 (33rd Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	4	1	155	236	617	1	0	203	332	926
New England	—	0	3	—	1	—	0	2	1	—
Connecticut	—	0	2	—	1	—	0	1	1	—
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	10	5	10	—	0	4	1	10
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	1	—	0	2	—	1
New York City	—	0	2	1	1	—	0	1	—	3
Pennsylvania	—	0	3	4	8	—	0	2	1	6
E.N. Central	—	0	39	7	98	—	0	18	2	52
Illinois	—	0	25	5	66	—	0	16	1	45
Indiana	—	0	2	1	3	—	0	1	—	—
Michigan	—	0	14	1	8	—	0	3	—	2
Ohio	—	0	9	—	18	—	0	4	—	4
Wisconsin	—	0	3	—	3	—	0	2	1	1
W.N. Central	1	0	26	43	88	—	0	58	76	268
Iowa	—	0	3	3	3	—	0	4	4	8
Kansas	—	0	3	—	3	—	0	1	1	N
Minnesota	—	0	5	14	8	—	0	6	13	14
Missouri	—	0	4	5	8	—	0	3	1	5
Nebraska§	—	0	8	4	27	—	0	20	4	66
North Dakota	—	0	4	1	10	—	0	15	23	45
South Dakota	1	0	7	16	29	—	0	22	30	130
S. Atlantic	—	0	6	—	11	—	0	3	—	15
Delaware	—	0	1	—	1	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	7	—	0	1	—	11
Georgia	—	0	3	—	—	—	0	3	—	2
Maryland§	—	0	2	—	1	—	0	1	—	1
North Carolina	—	0	1	—	1	—	0	1	—	1
South Carolina§	—	0	1	—	1	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	24	19	—	0	5	7	12
Alabama§	—	0	1	—	2	—	0	2	—	1
Kentucky	—	0	1	—	1	—	0	0	—	—
Mississippi	—	0	9	24	11	—	0	5	7	10
Tennessee§	—	0	3	—	5	—	0	1	—	1
W.S. Central	—	0	25	78	129	—	0	22	15	83
Arkansas	—	0	3	4	6	—	0	2	—	8
Louisiana	—	0	9	11	67	—	0	7	6	35
Oklahoma	—	0	6	4	3	—	0	3	—	1
Texas§	—	0	16	59	53	—	0	13	9	39
Mountain	2	0	21	64	51	1	0	57	180	111
Arizona	—	0	8	2	13	—	0	8	2	17
Colorado	—	0	5	10	5	—	0	14	31	51
Idaho§	—	0	5	13	2	—	0	36	102	4
Montana	—	0	3	1	6	—	0	9	1	11
Nevada§	2	0	8	21	5	1	0	8	30	12
New Mexico§	—	0	3	—	11	—	0	4	—	6
Utah	—	0	6	16	8	—	0	8	11	7
Wyoming	—	0	2	1	1	—	0	2	3	3
Pacific	1	0	38	15	210	—	0	60	50	375
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	38	14	210	—	0	60	44	371
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	1	0	1	1	—	—	0	2	6	4
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending August 19, 2006 (33rd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	471	328	96	31	10	6	57
Boston, MA	132	85	33	8	3	3	17
Bridgeport, CT	28	21	4	3	—	—	5
Cambridge, MA	13	10	3	—	—	—	2
Fall River, MA	16	12	3	1	—	—	3
Hartford, CT	45	32	8	3	2	—	6
Lowell, MA	25	17	6	1	1	—	2
Lynn, MA	3	2	1	—	—	—	—
New Bedford, MA	22	14	5	3	—	—	2
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	54	40	8	5	1	—	6
Somerville, MA	6	5	—	1	—	—	1
Springfield, MA	53	35	12	1	2	3	4
Waterbury, CT	28	19	6	3	—	—	4
Worcester, MA	46	36	7	2	1	—	5
Mid. Atlantic	1,984	1,321	442	157	38	24	78
Albany, NY	44	29	11	4	—	—	1
Allentown, PA	31	21	8	2	—	—	—
Buffalo, NY	65	35	21	6	2	1	2
Camden, NJ	25	13	8	2	1	1	1
Elizabeth, NJ	U	U	U	U	U	U	U
Erie, PA	34	22	7	3	1	1	—
Jersey City, NJ	27	16	5	5	1	—	—
New York City, NY	1,032	692	222	75	25	16	30
Newark, NJ	33	11	13	6	1	2	4
Paterson, NJ	24	10	8	5	—	1	1
Philadelphia, PA	275	173	67	32	3	—	11
Pittsburgh, PA§	U	U	U	U	U	U	U
Reading, PA	33	26	4	3	—	—	4
Rochester, NY	141	104	26	7	2	2	7
Schenectady, NY	21	20	1	—	—	—	—
Scranton, PA	31	28	2	1	—	—	1
Syracuse, NY	107	80	22	3	2	—	12
Trenton, NJ	24	13	9	2	—	—	1
Utica, NY	18	13	5	—	—	—	2
Yonkers, NY	19	15	3	1	—	—	1
E.N. Central	1,932	1,216	488	152	39	36	114
Akron, OH	50	34	10	3	1	2	5
Canton, OH	34	22	10	1	1	—	3
Chicago, IL	330	188	91	40	7	4	25
Cincinnati, OH	58	37	16	2	2	1	8
Cleveland, OH	220	146	51	14	7	2	6
Columbus, OH	178	111	46	15	4	2	13
Dayton, OH	122	85	27	4	1	5	9
Detroit, MI	164	86	53	16	2	7	10
Evansville, IN	49	36	8	5	—	—	—
Fort Wayne, IN	50	30	14	3	2	1	2
Gary, IN	18	9	7	2	—	—	—
Grand Rapids, MI	52	32	12	5	2	1	6
Indianapolis, IN	214	129	47	25	8	5	10
Lansing, MI	33	25	7	1	—	—	2
Milwaukee, WI	82	50	27	3	—	1	2
Peoria, IL	42	29	11	2	—	—	—
Rockford, IL	40	26	8	1	1	4	2
South Bend, IN	50	34	15	—	1	—	3
Toledo, OH	102	71	21	9	—	1	4
Youngstown, OH	44	36	7	1	—	—	4
W.N. Central	635	409	136	44	22	23	42
Des Moines, IA	39	24	5	5	2	3	1
Duluth, MN	35	29	4	1	1	—	3
Kansas City, KS	27	16	10	—	1	—	2
Kansas City, MO	102	63	26	6	6	1	7
Lincoln, NE	39	30	7	1	—	1	1
Minneapolis, MN	67	37	15	7	3	5	5
Omaha, NE	89	59	18	6	1	5	8
St. Louis, MO	102	51	27	13	5	5	5
St. Paul, MN	47	34	8	2	1	2	1
Wichita, KS	88	66	16	3	2	1	9
S. Atlantic	1,109	685	287	87	24	26	49
Atlanta, GA	122	78	29	11	2	2	3
Baltimore, MD	145	90	33	19	—	3	14
Charlotte, NC	111	68	25	10	2	6	8
Jacksonville, FL	133	83	41	8	—	1	7
Miami, FL	124	79	34	5	5	1	5
Norfolk, VA	55	30	19	2	1	3	1
Richmond, VA	60	32	15	7	3	3	1
Savannah, GA	66	40	15	6	4	1	3
St. Petersburg, FL	50	31	10	5	2	2	3
Tampa, FL	177	124	37	9	3	4	1
Washington, D.C.	51	20	25	4	2	—	1
Wilmington, DE	15	10	4	1	—	—	2
E.S. Central	881	543	220	69	37	12	45
Birmingham, AL	186	112	45	19	6	4	13
Chattanooga, TN	75	53	13	3	5	1	3
Knoxville, TN	120	83	25	6	5	1	3
Lexington, KY	55	35	17	—	3	—	6
Memphis, TN	187	98	60	16	11	2	15
Mobile, AL	74	42	20	11	1	—	1
Montgomery, AL	43	30	7	4	2	—	2
Nashville, TN	141	90	33	10	4	4	2
W.S. Central	1,421	907	333	104	48	29	74
Austin, TX	84	55	21	6	2	—	4
Baton Rouge, LA	58	37	18	2	1	—	—
Corpus Christi, TX	55	30	20	2	1	2	4
Dallas, TX	171	81	51	19	11	9	6
El Paso, TX	87	68	8	8	2	1	3
Fort Worth, TX	125	95	26	3	—	1	10
Houston, TX	351	195	95	33	19	9	24
Little Rock, AR	89	60	20	4	3	2	4
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	207	151	37	15	1	3	9
Shreveport, LA	66	44	14	3	5	—	6
Tulsa, OK	128	91	23	9	3	2	4
Mountain	967	608	215	76	37	27	41
Albuquerque, NM	103	68	24	10	1	—	4
Boise, ID	47	36	9	1	1	—	2
Colorado Springs, CO	74	50	16	5	—	3	1
Denver, CO	84	44	24	7	4	5	—
Las Vegas, NV	238	151	60	14	4	9	17
Ogden, UT	20	15	4	—	1	—	1
Phoenix, AZ	168	84	39	22	12	7	6
Pueblo, CO	33	23	4	6	—	—	2
Salt Lake City, UT	75	49	15	5	4	2	2
Tucson, AZ	125	88	20	6	10	1	6
Pacific	1,404	948	300	87	33	36	99
Berkeley, CA	13	10	3	—	—	—	1
Fresno, CA	35	23	8	4	—	—	3
Glendale, CA	13	13	—	—	—	—	2
Honolulu, HI	35	25	8	2	—	—	—
Long Beach, CA	67	45	14	3	2	3	8
Los Angeles, CA	253	184	44	18	3	4	33
Pasadena, CA	21	11	5	3	1	1	1
Portland, OR	99	72	19	5	2	1	4
Sacramento, CA	194	119	47	17	5	6	6
San Diego, CA	143	92	29	7	7	8	9
San Francisco, CA	97	48	33	5	3	8	8
San Jose, CA	152	111	31	7	2	1	13
Santa Cruz, CA	27	24	2	—	1	—	4
Seattle, WA	106	67	25	9	2	3	3
Spokane, WA	51	40	8	2	1	—	3
Tacoma, WA	98	64	24	5	4	1	1
Total	10,804**	6,965	2,517	807	288	219	599

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.

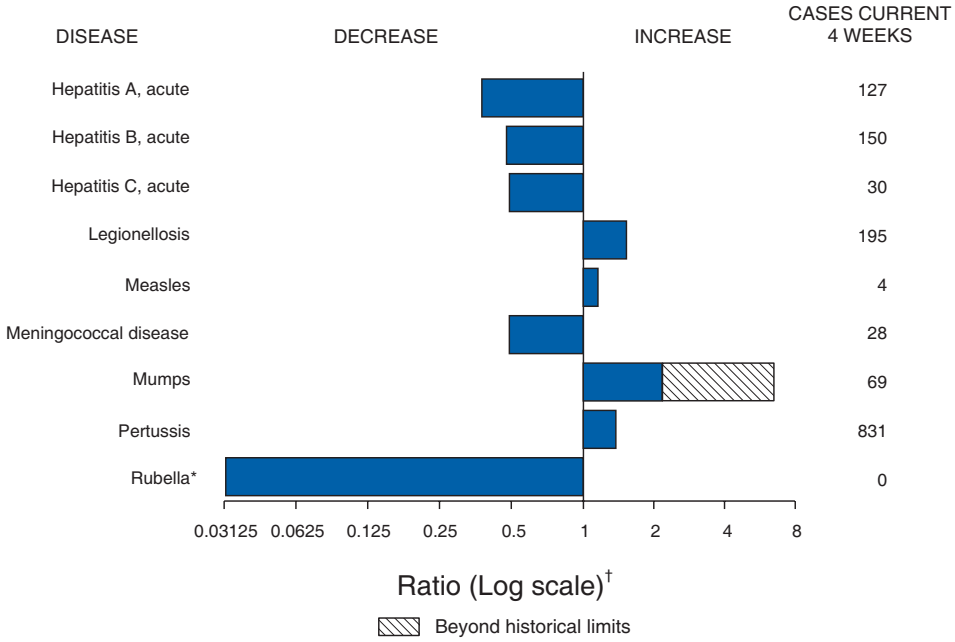
† Pneumonia and influenza.

§ 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 August 19, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 33 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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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 mmwr-toc*. 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.

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☆U.S. Government Printing Office: 2006-523-056/40068 Region IV ISSN: 0149-2195