MMWR™
Morbidity and Mortality Weekly Report
Weekly November 3, 2006 / Vol. 55 / No. 43

National Diabetes Awareness Month — November 2006

In 2005, an estimated 20.8 million persons in the United States (approximately 7% of the population) had diabetes; however, only 14.6 million of these persons had received a diagnosis for their disease (*1*). According to current projections, by 2050, approximately 48 million persons in the United States will have diabetes diagnosed, nearly 9 million more persons than previously estimated for 2050 (*2*). In 2002, approximately 54 million adults in the United States had prediabetes (i.e., blood glucose levels higher than normal but not high enough to be classified as diabetes) (*1*). Obesity is a major factor, although not the sole factor, in the increased rate of newly diagnosed cases of diabetes. Lifestyle changes such as moderate weight loss and exercise can prevent or delay onset of type 2 diabetes among adults at high risk (*3*). Information on how to prevent and control diabetes is available at http://www.ndep.nih.gov/diabetes/diabetes.htm and http://www.cdc.gov/diabetes/ndep/index.htm.

November is National Diabetes Awareness Month. Throughout the month, *MMWR* will publish reports on diabetes and its complications in specific populations. This week's issue describes the first nationally representative study to estimate the proportion of U.S. adults with diabetes who have correctable visual impairments.

References

1. CDC. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.cdc.gov/diabetes/pubs/factsheet05.htm.
2. Narayan KM, Boyle JP, Geiss LS, Saaddine JB, Thompson TJ. Impact of recent increase in incidence on future diabetes burden: United States, 2005–2050. Diabetes Care 2006;29:2114–6.
3. Diabetes Prevention Program Research Group. Diet and exercise dramatically delay type 2 diabetes. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002;346:393–403.

Correctable Visual Impairment Among Persons with Diabetes — United States, 1999–2004

Persons with diabetes are more likely to be visually impaired than persons without the disease (*1*). In 2005, CDC estimated that 14.6 million persons in the United States had diagnosed diabetes and an additional 6.2 million had undiagnosed diabetes (*2*). Despite the importance of detecting and treating vision problems caused by refractive errors (i.e., correctable visual impairment [CVI]), a limited number of studies have attempted to determine the proportion of persons with diabetes whose poor vision could be corrected with accurately prescribed glasses or contact lenses. To estimate that proportion, CDC analyzed 1999–2004 data from the National Health and Nutrition Examination Survey (NHANES). This report describes the results of that analysis, which indicated that among U.S. adults aged ≥20 years with diabetes,* 11.0% had visual impairment (i.e., presenting visual acuity worse than 20/40 in their better-seeing eye while wearing glasses or contact lenses, if applicable) and approximately 65.5% of these cases of visual impairment were correctable. Health-care providers and persons with diabetes should be more aware that poor vision often is correctable and that visual corrections can reduce the risk for injury and improve the quality of life for persons with diabetes.

* Excludes persons with diabetes who were completely blind, unable to see in both eyes, or with a severe infection in one or both eyes.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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].

NHANES is an ongoing series of cross-sectional surveys on health and nutrition designed to be nationally representative of the noninstitutionalized, U.S. civilian population by using a complex, multistage probability design. All NHANES surveys include a household interview followed by a detailed physical examination. For the 1999–2000, 2001–2002, and 2003–2004 surveys, participants also were asked questions regarding vision function, and the physical examination included a vision examination in which visual acuity was measured before and after an objective autorefraction test (optical correction measured by an autorefractor). In this study, visual acuity before correction was defined as distance visual acuity with whatever form of current correction (e.g., glasses or contact lenses) the participant might have worn at the time of examination. Visual acuity after correction was defined as potential visual acuity as assessed by an objective autorefraction test. Only those participants whose visual acuity before correction was worse than 20/30 were administered the autorefraction test. Diabetes was defined as a self-reported previous diagnosis of the disease. In the NHANES surveys conducted during 1999–2004, the combined household interview response rate was approximately 82%, and the medical examination response rate was 77%. Of 15,332 adults aged ≥20 years, 22 were excluded because of lack of diabetes information or because their diabetes was diagnosed only during pregnancy. Another 2,306 adults for whom visual acuity before correction values were missing were excluded from the study.

For this analysis, 1,237 adults aged ≥20 years with self-reported diabetes were divided into three groups according to their visual acuity in the better-seeing eye (before and after optical correction): 1) normal: visual acuity of 20/40 or better; 2) mild impairment: visual acuity better than 20/200 and worse than 20/40; and 3) severe impairment: visual acuity of 20/200 or worse. The prevalence of CVI was defined as the proportion of adults with mild or severe impairment before correction who were found to have the potential for normal visual acuity after correction. All analyses were weighted to make estimates representative of the U.S. civilian, noninstitutionalized population. Results also were analyzed by age group (20–64 years compared with ≥65 years), sex, and race/ethnicity (non-Hispanic white, non-Hispanic black, Mexican American, and other).

Overall, the prevalence of CVI among U.S. adults aged >20 years with diabetes was 7.2%, which indicated that the proper prescription for glasses or contact lenses would have restored normal visual acuity to 65.5% of visually impaired adults with diabetes (Table). The results indicated that 9.7% (95% CI [confidence interval] = 7.9%–11.8%) of U.S. adults with diabetes had mild visual impairment, and 1.4% (CI =

TABLE. Prevalence of correctable visual impairment (VI) among adults aged ≥20 years with diabetes, by selected characteristics — United States, 1999–2004

Characteristic	No. in sample	VI before correction* %	VI before correction* (95% CI)¶	VI after correction† %	VI after correction† (95% CI)	Correctable VI§ %	Correctable VI§ (95% CI)	Proportion correctable %	Proportion correctable (95% CI)
Total (unadjusted)	**1,237**	**11.0**	**(9.3–13.1)**	**3.8**	**(2.9–5.1)**	**7.2**	**(5.5–9.4)**	**65.5**	**(54.7–74.9)**
Age (unadjusted) (yrs)									
20–64	635	8.0	(6.0–10.7)	0.9**	(0.4–1.9)	7.2	(5.1–10.1)	89.2	(76.1–95.5)
≥65	602	15.8	(12.6–19.6)	8.5	(6.4–11.1)	7.3	(4.9–10.9)	46.4	(34.0–59.3)
Age-adjusted††									
Sex									
Men	617	9.2	(5.6–12.7)	1.9	(1.0–2.8)	7.3	(3.1–11.4)	84.1	(70.3–97.9)
Women	620	9.7	(6.9–12.5)	2.5	(1.5–3.5)	7.2	(4.4–10.0)	79.5	(70.3–88.6)
Race/Ethnicity§§									
White, non-Hispanic	493	6.7	(3.6–9.9)	1.2	(0.8–1.6)	5.6	(2.3–8.8)	90.9	(87.8–93.9)
Black, non-Hispanic	306	11.5	(7.2–15.8)	3.6	(1.5–5.6)	7.9	(4.0–11.8)	74.7	(59.2–90.1)
Mexican American	340	11.9	(8.5–15.3)	3.9	(1.7–6.0)	8.1	(4.9–11.2)	72.0	(52.9–91.1)

* Visual impairment before correction was defined as having visual acuity worse than 20/40 in the better-seeing eye before objective refraction. Participants who were completely blind, unable to see in both eyes, or with a severe infection in one or both eyes were excluded.
† Defined as visual acuity worse than 20/40 in the better-seeing eye after objective refraction.
§ Defined as visual acuity worse than 20/40 in the better-seeing eye before correction (objective refraction) that could be improved to 20/40 or better after correction.
¶ Confidence interval.
** Relative standard error is >30%. This estimate is considered statistically unreliable and should be interpreted with caution.
†† Age-adjusted to the 2000 standard U.S. population.
§§ Data were not separately presented for persons of other racial/ethnic groups but were included in estimates that are not stratified by race/ethnicity.

1.0%–1.9%) had severe visual impairment before correction; 2.9% (CI = 2.1%–3.9%) had mild impairment, and 1.0% (CI = 0.6%–1.5%) had severe impairment after correction. Approximately 0.3% of adults with diabetes who had severe visual impairment before correction had only mild visual impairment after correction. Thus, optical correction would have restored normal visual acuity to approximately 73.4% of adults with mild impairment and 9.1% of adults with severe impairment.

Although the crude prevalence of CVI among adults aged ≥65 years with diabetes (7.3%) was similar to that among those aged 20–64 years (7.2%), 89.2% of visual impairment cases among the younger age group were correctable, compared with 46.4% of cases among the older age group. The age-adjusted prevalence of CVI was similar among men (7.3%) and women (7.2%). Although not statistically significant, the age-adjusted prevalence of CVI was higher among non-Hispanic blacks (7.9%) and Mexican Americans (8.1%) than among non-Hispanic whites (5.6%).

Reported by: *X Zhang, MD, PhD, EW Gregg, PhD, YJ Cheng, MD, PhD, T Thompson, MS, LS Geiss, MS, MR Duenas, OD, JB Saaddine, MD, MPH, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.*

Editorial Note: This report describes the first nationally representative study to estimate the proportion of U.S. adults with diabetes who have visual impairment that can be corrected. The findings indicate that nearly two-thirds of adults with diabetes who have visual impairment can correct their vision with an accurate corrective prescription for glasses or contact lenses. This finding underscores the importance of public awareness and public health intervention in reducing the prevalence of CVI, especially among persons with diabetes. However, although simple eye examinations and the provision of prescription glasses or contact lenses can correct or improve most cases of visual impairment caused by refractive errors, persons with diabetes also can have ocular complications such as diabetic retinopathy, which is the leading cause of legal blindness in the United States. Persons with diabetes are recommended to have yearly dilated eye examinations or fundus photography to ensure early detection and timely treatment of the ocular complications of diabetes.

CVI has been documented in several population-based studies (*3*–*6*) and has been determined to be related to reduced quality of life and increased mortality (*7*–*9*). One study reported that approximately 50% of participants had improved vision after refractive correction (*6*). Another study found that uncorrected refractive error accounted for nearly 73% of the cases of impaired visual acuity among Mexican Americans aged ≥40 years (*5*), and similar findings were reported among residents in the United Kingdom (*7*) and Australia (*10*). Moreover, on the basis of NHANES data from 1999–2002, the National Eye Institute reported the first nationally representative estimates of the prevalence of CVI in the general population (5.3%) and emphasized the importance of correcting visual impairments caused by refractive error as a means of improving safety (e.g., by reducing the risk for unintentional injuries, particularly falls) and quality of life for those affected by such impairments (*1*).

The findings in this report are subject to at least five limitations. First, because institutionalized persons (e.g., nursing home residents) are excluded from NHANES participation, the overall prevalence of visual impairment among U.S. adults with diabetes likely was underestimated. Second, the exclusion of potential study participants who were completely blind, were unable to see in both eyes, or had a severe infection in one or both eyes might have resulted in lower prevalence estimates of visual impairment. Third, because this study measured only objective refraction and performed no subjective refinement of objective refraction measurements, estimates of visual acuity after correction might not reflect the best corrected vision that participants might attain, resulting in an underestimate of CVI prevalence. Fourth, although visual acuity of survey participants was measured with whatever glasses or contact lenses they wore at the time of examination, certain participants might not have had their current corrective devices at that time, a factor that might have led to an overestimate of CVI prevalence. Finally, certain estimates had a relative standard error of >30% and thus are considered statistically unreliable.

CDC collaborates with the National Eye Institute through the National Eye Health Education Program to increase public and professional awareness of the importance of routine eye examinations. CDC also provides resources and technical assistance to states and nonprofit organizations (e.g., Prevent Blindness America) to help them increase their surveillance of vision loss and eye diseases, increase public awareness of how to prevent vision loss, and generally promote eye health to reduce the public burden of visual impairment.

The findings of this study underscore a continued need for national visual acuity data from representative U.S. population surveys. These data are essential to the planning, implementation, and evaluation of public health practices designed to reduce the burden of visual impairment among persons with diabetes in the United States.

The high prevalence of CVI among persons with diabetes indicates a need for enhanced vision-related public health interventions (e.g., vision screening) among adults with diabetes. The findings of this study also suggest that the use of visual acuity and refractive error assessments in concert with recommended dilated eye examinations might further contribute to improved vision outcomes for adults with diabetes. Identifying and pursuing ways of increasing access to eye care and ensuring that those with CVI receive appropriate vision correction will help reduce the morbidity and mortality among persons with diabetes associated with impaired vision and help persons achieve optimal vision and eye health.

Acknowledgments

This report is based, in part, on contributions by KM Venkat Narayan, MD, and J Wang, MD, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.

References

1. Vitale S, Cotch MF, Sperduto RD. Prevalence of visual impairment in the United States. JAMA 2006;295:2158–63.
2. CDC. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: US Department of Health and Human Services, CDC; 2005. Available at http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf.
3. Attebo K, Ivers RQ, Mitchell P. Refractive errors in an older population: the Blue Mountains eye study. Ophthalmology 1999;106:1066–72.
4. Klein R, Kein BE, Linton KL, DeMets DL. The Beaver Dam eye study: visual acuity. Ophthalmology 1991;98:1310–5.
5. Munoz B, West SK, Rodriguez J, et al. Blindness, visual impairment, and the problem of uncorrected refractive error in a Mexican-American population: Proyecto VER. Invest Ophthalmol Vis Sci 2002;43:608–14.
6. Tielsch JM, Sommer A, Witt K, Katz J, Royall RM. Blindness and visual impairment in an American urban population. The Baltimore Eye Survey. Arch Ophthalmol 1990;108:286–90.
7. Evans BJ, Rowlands G. Correctable visual impairment in older people: a major unmet need. Ophthalmic Physiol Opt 2004;24:161–80.
8. Vu HT, Keeffe JE, McCarty CA, Taylor HR. Impact of unilateral and bilateral vision loss on quality of life. Br J Ophthalmol 2005;89:360–3.
9. Wang JJ, Mitchell P, Simpson JM, Cumming RG, Smith W. Visual impairment, age-related cataract, and mortality. Arch Ophthalmol 2001;119:1186–90.
10. Foran S, Rose K, Wang JJ, Mitchell P. Correctable visual impairment in an older population: the Blue Mountains eye study. Am J Ophthalmol 2002;134:712–9.

Nutritional and Health Status of Children During a Food Crisis — Niger, September 17–October 14, 2005

Media attention in 2005 brought worldwide awareness to a food and nutrition crisis in the West Africa country of Niger (population 11.5 million in 2002). The United Nations World Food Programme estimated that 2.5 million persons living in farming and grazing areas in Niger were vulnerable to food insecurity (i.e., not having access at all times to enough food for an active, healthy lifestyle) (*1*). Local surveys conducted in the Maradi and Tahoua administrative regions during April 2005 suggested critical levels (i.e., >15%) of global acute malnutrition (GAM) and greater mortality among Niger's estimated 2.7 million children aged <5 years than the emergency threshold (i.e., more than two deaths per 10,000 children per day) (*2*). To help ensure a proportionate and timely response, the Government of Niger and the United Nations Children's

Fund (UNICEF) collaborated with CDC to conduct an emergency survey that assessed the magnitude of malnutrition and recent illness among young children in Niger. This report summarizes the results of that survey, which determined that, among children aged 6–59 months, 15.3% had GAM; during the preceding 2 weeks, 72.0% had fever, and 49.1% had diarrhea. Among children aged 9–59 months, 33.7% had not been vaccinated for measles. Health officials in Niger took immediate action to improve availability of food, increase accessibility to medical treatment (for fever, diarrhea, and respiratory illness), and administer measles vaccinations along with vitamin A supplements to children who had not been vaccinated.

The survey used a two-stage sampling methodology in each of Niger's eight administrative regions (i.e., consisting of seven departments [Agadez, Diffa, Dosso, Maradi, Tahoua, Tillaberi, and Zinder] and the capital district of Niamey). A statistically valid sample size was calculated using data from nutrition surveys conducted previously in Niger (*3*). Data from the Niger 2001 census were used as the population sampling frame; these data excluded the country's nomadic population (estimated at 5% of the overall population) (*4*). In the first stage of sampling, 26 clusters (i.e., villages) were selected for each of the eight regions using probability proportional to population size, yielding a total of 208 clusters nationally. In the second stage, a systematic random sampling method was used to select 20 households per cluster; however, the number of children in the sample for each region varied depending upon the response rate from the 4,160 households and the number of children in each household. A household was defined as a group of persons who usually lived together in the same housing unit, ate food prepared in the same cooking pot, and agreed that the same person was head of the household (*3*).

A standardized nutrition questionnaire (*3*) used for the survey was adapted to reflect cultural concerns and was translated and back-translated into French, Djerma, and Hausa. After granting informed consent, the mother or caretaker of children aged 6–59 months in each household responded to questions regarding illnesses (i.e., diarrhea, cough with difficulty breathing, or fever) during the preceding 2 weeks among the children. Children aged 9–59 months were checked for evidence of measles vaccination (with or without a vaccination card), and mothers were asked whether their children aged 6–59 months had received vitamin A supplementation.

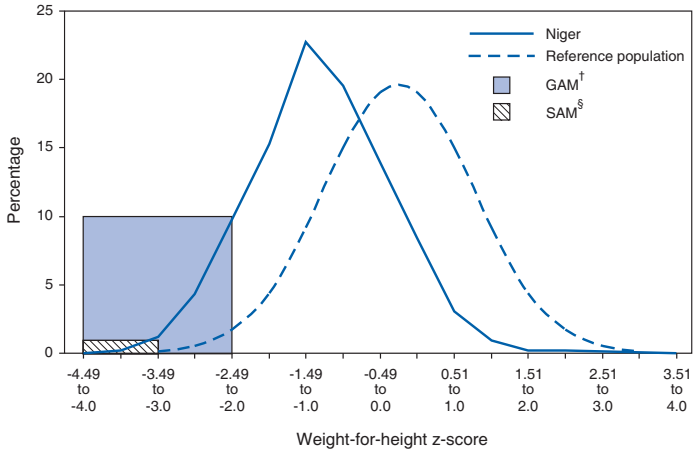
To determine the prevalence of malnutrition, all eligible children aged 6–59 months in each household were weighed, measured, and assessed for bilateral pedal edema. Height or recumbent length was measured to the nearest 1 mm using a standard height board; weight was measured using an electronic digital scale to the nearest 100 g. GAM was defined as a weight-for-height z-score <-2.0 standard deviations from the median of the CDC/World Health Organization reference population (*5*), or edema. Severe acute malnutrition (SAM) was defined as a weight-for-height z-score <-3.0 standard deviations from the median of the reference population, or edema. Total chronic malnutrition (i.e., stunted growth) was defined as a height-for-age z-score <-2.0 standard deviations from the median of the reference population, and severe chronic malnutrition was defined as a height-for-age z-score <-3.0 standard deviations from the median of the reference population (*6*). The nutrition analyses excluded children whose age, weight, or height were not recorded or whose z-scores were identified as extreme values. Statistical software was used to take into account the complex sample design and unequal probabilities of selection.

Information was collected from 4,003 of 4,160 households, for an overall response rate of 95.6%. Overall, health information was gathered on 5,309 children aged ≤59 months. Anthropometry measurements were valid for 4,501 of 4,714 children aged 6–59 months. Forty-three percent of these children were aged 6–35 months, and 57% were aged 36–59 months; 51% were male. Among these children, the prevalences of GAM as defined by their weight-for-height z-scores exceeded those of the reference population by approximately sevenfold (Figure).

The prevalence of GAM ranged from 9.0% in Niamey to 17.9% in Tahoua. The regions with the highest levels of SAM were Maradi and Tillaberi (2.3% and 2.0%, respectively) (Table 1). The prevalence of GAM among children aged 6–35 months (22.4%) was approximately four times greater (relative risk = 3.7; 95% confidence interval [CI] = 3.0–4.6) than among children aged 36–59 months (6.1%). In addition, 70% of the children aged 6–35 months who had GAM also had chronic malnutrition. Overall in Niger, 50.0% of children aged 6–59 months had chronic malnutrition. The prevalence of chronic malnutrition was greater among children aged 6–35 months (54.9%) than among children aged 36–59 months (43.5%) (Table 1).

The national estimate for children aged 6–59 months with a history of fever during the 2 weeks preceding the survey was 72.0% (Table 2). The cumulative incidence of diarrhea during the preceding 2 weeks ranged from 22.9% in Niamey to 59.8% in Maradi. The national cumulative incidence of cough with difficulty breathing (i.e., symptoms suggestive of a respiratory infection) during the preceding 2 weeks was 39.0%. Overall, measles vaccination coverage among children aged 9–59 months was 66.3%, ranging from 58.1% in Zinder to 87.4% in Niamey (Table 2). Vitamin A supplement distribu-

FIGURE. Weight-for-height z-scores among children aged 6–59 months compared with a standard international reference population* — Niger, 2005



* International CDC/World Health Organization reference population.
† Global acute malnutrition, defined as weight-for-height z-scores <-2.0 standard deviations from the reference median.
§ Severe acute malnutrition, defined as weight-for-height z-scores <-3.0 standard deviations from the reference median.

tion among children aged 6–59 months was 73.7% (CI = 70.9–76.4), ranging from 48.9% (CI = 40.6–57.2) in Diffa to 89.3% in Tillaberi (CI = 82.2–93.8)

Reported by: *V Aguayo, PhD, UNICEF Regional Office for West and Central Africa, Dakar, Senegal. N Zagre, PhD, UNICEF Niger, Niamey; K Koumbe, MD, Niger Ministry of Health. B Tomczyk, DrPH, C Blanton, MS, Div of Emergency and Environmental Health Svcs, National Center for Environmental Health; A Reza, MD, EIS Officer, CDC.*

Editorial Note: Niger is one of the poorest countries in the world and is known for recurring droughts resulting in food production deficits that place the country at risk for famine. The United Nations Agencies and Programmes and the U.S. Agency for International Development closely monitor food security concerns such as meteorologic, crop, and grazing land conditions to provide early warnings on an ongoing basis. Emergency nutrition surveys can provide critical information regarding children aged <5 years, the population most sensitive to acute nutritional stress; the results of these assessments serve as indicators for the nutritional status of the whole population. Together, data on food insecurity and nutritional status provide an overall assessment of the scale of the crisis and required response (*7*).

The findings from the emergency survey described in this report indicate that Niger had an acute nutrition crisis during September–October 2005 that affected children in all eight administrative regions to varying degrees. Gathering regional data on malnutrition enabled officials to gauge the breadth of the problem to determine how to target their response. Children with acute malnutrition are more susceptible to disease and have greater risk for dying when they become ill (*7*); chronic malnutrition can affect cognitive and social development. In four regions (Diffa, Maradi, Tahoua, and Zinder) the situation was critical (prevalence of GAM >15%), requiring immediate humanitarian action to prevent an increase in child morbidity and mortality. The four regions where the situation was defined as critical represent 60% of the total population in Niger. In addition, chronic malnutrition was pervasive in all regions, affecting 50% of children aged 6–59 months overall. The high prevalence of chronic malnutrition suggests a longstanding problem of poor nutrition and health among children.

The findings from this survey also estimated prevalences of recent childhood illnesses. Prevalences of fever and diarrhea were high among children in regions with critical and serious levels of GAM. All regions indicated measles vaccination rates below the 90%–100% level needed to prevent an outbreak (*8*), even though a measles campaign had reported coverage of 90% among children aged 6 months–14 years, 8 months before the survey (*9*). This discrepancy might be the result of recall bias, inaccurate estimates of measles coverage, or both. Measles vaccination and use of vitamin A supplements, bed nets, antimalarial drugs, and oral rehydration salts are some of the methods used to prevent and decrease the incidence of childhood illnesses, but access to and availability of these resources are limited in Niger (*9*). These health resources should be included when planning solutions to decrease acute malnutrition among children.

The findings in this report are subject to at least three limitations. First, the actual GAM level might have been higher than estimated, because the data collection coincided with the harvest, when food was more abundant. Second, food distributed by relief programs might have improved the nutritional status of some children and obscured the extent of the food crisis. Finally, estimates of recent illness came from reports made by the mothers or caretakers of children and were not confirmed by medical records.

As a result of the survey findings, health officials in Niger took immediate action to 1) restore the general food supply by distributing food commodities in all regions with GAM >15% (i.e., Diffa, Maradi, Tahoua, and Zinder); 2) implement supplementary feeding programs for all children in those same four regions until improvement occurred in general food availability and accessibility; 3) improve availability and accessibility of oral rehydration salts for treatment of diarrhea; and 4) vaccinate all children aged 9 months–15 years for measles to maintain coverage greater than 90% and distribute vitamin A supplements to them. Further analyses of the direct and indirect causes of malnutrition are needed to

TABLE 1. Prevalence of children aged 6–59 months with acute or chronic malnutrition, by administrative region and age group — Niger, September 17–October 14, 2005

Region/ Age group (mos)	Acute malnutrition					Chronic malnutrition				
	Sample	GAM*		SAM†		Sample	Total§		Severe¶	
	no.	%	(95% CI)**	%	(95% CI)	no.	%	(95% CI)	%	(95% CI)
Agadez										
6–59	509	11.8	(9.2–15.0)	1.2	(0.5–2.9)	508	35.3	(31.2–39.5)	12.2	(9.9–15.0)
6–35	*274*	*15.5*	*(12.1–19.6)*	*1.6*	*(0.6–4.1)*	*273*	*38.0*	*(32.3–44.1)*	*11.2*	*(7.8–16.0)*
36–59	*235*	*7.5*	*(4.4–12.3)*	*0.8*	*(0.1–5.5)*	*235*	*32.0*	*(25.9–38.9)*	*13.3*	*(10.1–17.5)*
Diffa										
6–59	429	16.0	(13.2–19.3)	0.9	(0.3–2.9)	429	41.2	(35.1–47.5)	16.6	(12.9–21.1)
6–35	*250*	*19.0*	*(14.9–23.9)*	*1.2*	*(0.4–3.5)*	*250*	*43.2*	*(36.4–50.3)*	*15.3*	*(11.4–20.2)*
36–59	*179*	*11.7*	*(7.5–17.8)*	*0.5*	*(0.1–3.9)*	*179*	*38.3*	*(29.6–47.8)*	*18.5*	*(12.8–26.0)*
Dosso										
6–59	655	13.7	(10.4–17.8)	1.8	(0.9–3.5)	654	48.3	(42.5–54.2)	21.3	(16.9–26.4)
6–35	*345*	*21.2*	*(16.2–27.3)*	*3.3*	*(1.7–6.4)*	*345*	*53.3*	*(47.1–59.5)*	*22.4*	*(17.0–29.0)*
36–59	*310*	*5.2*	*(3.2–8.4)*		*0*	*309*	*42.6*	*(35.7–49.8)*	*19.9*	*(15.6–25.1)*
Maradi										
6–59	699	16.0	(12.5–20.2)	2.3	(1.5–3.6)	690	60.1	(54.8–65.2)	32.8	(28.8–37.0)
6–35	*386*	*22.5*	*(17.7–28.2)*	*3.7*	*(2.4–5.8)*	*383*	*64.3*	*(59.4–69.0)*	*34.4*	*(29.1–40.1)*
36–59	*313*	*7.8*	*(4.9–12.3)*	*0.5*	*(0.1–2.1)*	*307*	*54.8*	*(47.0–62.3)*	*30.7*	*(25.3–36.7)*
Tahoua										
6–59	578	17.9	(14.3–22.1)	1.8	(1.0–3.1)	581	46.6	(41.7–51.5)	22.3	(18.6–26.5)
6–35	*319*	*26.8*	*(21.3–33.3)*	*2.8*	*(1.5–5.1)*	*323*	*52.4*	*(45.1–59.6)*	*24.4*	*(18.9–31.0)*
36–59	*259*	*6.7*	*(3.9–11.2)*	*0.4*	*(0.1–3.1)*	*258*	*39.1*	*(33.6–44.9)*	*19.6*	*(15.8–24.0)*
Tillaberi										
6–59	679	14.0	(11.0–17.7)	2.0	(1.1–3.8)	678	44.0	(38.6–49.5)	16.8	(13.1–21.2)
6–35	*378*	*22.1*	*(17.2–27.8)*	*3.6*	*(1.9–6.7)*	*378*	*45.4*	*(38.9–52.1)*	*15.7*	*(11.1–21.7)*
36–59	*301*	*3.8*	*(2.0–6.8)*		*0*	*300*	*42.1*	*(36.4–47.9)*	*18.1*	*(14.3–22.7)*
Zinder										
6–59	555	16.1	(12.9–19.9)	1.2	(0.6–2.6)	552	59.1	(55.3–62.7)	30.7	(25.2–36.8)
6–35	*337*	*22.7*	*(18.2–28.0)*	*2.0*	*(1.0–4.2)*	*335*	*68.0*	*(62.2–73.3)*	*38.4*	*(31.3–46.3)*
36–59	*218*	*5.8*	*(3.5–9.4)*		*0*	*217*	*45.4*	*(38.7–52.2)*	*18.7*	*(13.6–25.3)*
Niamey										
6–59	397	9.0	(6.8–11.6)	1.8	(0.9–3.7)	402	18.1	(13.6–23.7)	4.6	(2.8–7.6)
6–35	*239*	*12.9*	*(9.6–17.3)*	*3.1*	*(1.5–6.1)*	*243*	*20.2*	*(14.8–27.1)*	*5.2*	*(2.7–9.9)*
36–59	*158*	*2.8*	*(1.2–6.5)*		*0*	*159*	*14.8*	*(9.8–21.8)*	*3.7*	*(1.6–8.2)*
Total										
6–59	**4,501**	**15.3**	**(13.9–16.8)**	**1.8**	**(1.4–2.3)**	**4,494**	**50.0**	**(47.9–52.1)**	**23.9**	**(22.0–25.8)**
6–35	***2,528***	***22.4***	***(20.2–24.7)***	***3.0***	***(2.3–3.8)***	***2,530***	***54.9***	***(52.4–57.4)***	***26.2***	***(23.7–28.8)***
36–59	***1,973***	***6.1***	***(4.9–7.5)***	***0.2***	***(0.1–0.6)***	***1,964***	***43.5***	***(40.7–46.3)***	***20.8***	***(18.8–23.0)***

* Global acute malnutrition, defined as weight-for-height z-score <-2.0 standard deviations from the reference, or edema.
† Severe acute malnutrition, defined as weight-for-height z-score <-3.0 standard deviations from the reference, or edema.
§ Defined as height-for-age z-score <-2.0 standard deviations from the reference.
¶ Defined as height-for-age z-score <-3.0 standard deviations from the reference.
** Confidence interval.

TABLE 2. Recent history* of diarrhea, cough with difficulty breathing, or fever among children aged 6–59 months and evidence of measles vaccination† among children aged 9–59 months, by administrative region — Niger, September 17–October 14, 2005

Region	Diarrhea			Cough with difficulty breathing			Fever			Measles vaccination		
	Sample no.	%	(95% CI)§	Sample no.	%	(95% CI)	Sample no.	%	(95% CI)	Sample no.	%	(95% CI)
Agadez	546	32.9	(25.8–40.7)	544	26.2	(20.8–32.3)	550	40.6	(34.3–47.4)	502	84.8	(76.4–90.6)
Diffa	429	41.2	(34.4–48.5)	432	40.8	(32.5–49.6)	432	57.6	(49.4–65.3)	412	79.6	(68.6–87.4)
Dosso	664	43.9	(38.0–50.0)	646	47.5	(41.6–53.4)	663	70.0	(63.9–75.5)	594	74.0	(66.4–80.4)
Maradi	707	59.8	(53.1–66.1)	703	36.0	(30.3–42.2)	713	76.5	(70.7–81.4)	650	58.8	(50.3–66.8)
Tahoua	595	50.8	(44.5–57.0)	592	42.6	(36.5–49.0)	596	77.6	(70.8–83.2)	546	58.8	(49.3–67.7)
Tillaberi	663	40.9	(36.0–46.1)	663	42.8	(37.1–48.6)	669	73.3	(68.0–78.1)	597	77.1	(69.3–83.3)
Zinder	566	55.9	(49.1–62.4)	567	34.6	(29.5–40.1)	568	75.7	(70.0–80.6)	515	58.1	(50.2–65.7)
Niamey	421	22.9	(19.1–27.2)	420	26.2	(21.4–31.6)	423	41.0	(35.9–46.3)	385	87.4	(82.1–91.2)
Total	**4,591**	**49.1**	**(46.6–51.7)**	**4,567**	**39.0**	**(36.6–41.5)**	**4,614**	**72.0**	**(69.6–74.2)**	**4,201**	**66.3**	**(62.9–69.6)**

* During the 2 weeks preceding the survey.
† With or without a vaccination card
§ Confidence interval.

target interventions that will improve the health and nutritional status of children in Niger.

References

1. United Nations World Food Programme. WFP's Niger appeal triples to help 2.5 million people facing extreme hunger. Rome, Italy: United Nations World Food Programme; 2005. Available at http://www.wfp.org/english/?moduleid=137&key=1355.
2. Médecins Sans Frontières. Alarming results in Niger nutrition survey. Geneva, Switzerland: Médecins Sans Frontières; 2005. Available at http://www.msf.org/msfinternational/invoke.cfm?component=article&objectid=66259ba7-e018-0c72-092b4a99a8b7cc35&method=full_html.
3. République du Niger et UNICEF. Enquête à indicateurs multiples 2000 (MICS2). Niamey, Niger: République du Niger et UNICEF; 2000.
4. Niger Bureau Central du Recensement. Resultats definitifs: Repartition par sexe et par groupe d'ages de la population du Niger en 2001. Niamey, Niger: Niger Bureau Central du Recensement; 2004.
5. World Health Organization. Physical status: the use and interpretation of anthropometry. Report of a WHO expert committee. World Health Organ Tech Rep Ser 1995;854:1–452.
6. Boelaert M, Davis A, Le Lin B, eds. Nutrition guidelines. Paris, France: Médecins Sans Frontières; 1995.
7. World Health Organization. The management of nutrition in major emergencies. Geneva, Switzerland: World Health Organization; 2000.
8. World Health Organization. Fact sheet no. 286: measles. Geneva, Switzerland: World Health Organization; 2006. Available at http://www.who.int/mediacentre/factsheets/fs286/en.
9. World Health Organization. Niger: communicable diseases risk assessment July 2005. Geneva, Switzerland: World Health Organization; 2005. Available at http://www.who.int/malaria/docs/Niger_CDRisk.pdf.

Notice to Readers

Revised Definition of Extensively Drug-Resistant Tuberculosis

In a report published on March 24, 2006, *MMWR* reported that CDC, in collaboration with the World Health Organization (WHO) and participating supranational reference laboratories, had agreed to define extensively drug-resistant tuberculosis (XDR TB) as cases of TB disease in persons whose *Mycobacterium tuberculosis* isolates were resistant to isoniazid and rifampin and at least three of the six main classes of second-line drugs (aminoglycosides, polypeptides, fluoroquinolones, thioamides, cycloserine, and para-aminosalicyclic acid) (*1*). Since that original publication, additional reports have documented the presence of XDR TB in Iran and South Africa with high mortality among persons infected with human immunodeficiency virus (HIV) who are benefiting from antiretroviral therapy (*2,3*).

The emergence and transmission of these strains of *M. tuberculosis* highlight the urgency of strengthening national TB and HIV/acquired immunodeficiency syndrome control programs worldwide, particularly in settings with high HIV prevalence. CDC is collaborating with national and international health agencies to provide leadership, technical support, and capacity building to ensure proper action is taken to limit the development and spread of XDR TB. An initial consultation was convened by the South Africa Medical Research Council in Johannesburg, South Africa, during September 6–7, 2006. A seven-point emergency action plan to combat XDR TB was issued by agencies represented at this meeting (additional information is available at http://www.mrc.ac.za/pressreleases/2006/8pres2006.htm). Subsequently, WHO organized the first meeting of the Global XDR TB Task Force, held in Geneva, Switzerland, during October 8–9, 2006. This meeting was called by WHO to develop a rapid response to the emerging problem of XDR TB. As a result of the meeting, participants agreed upon a revised case definition of XDR TB. According to laboratory professionals in attendance, drug-susceptibility testing to fluoroquinolones and second-line injectable drugs (i.e., amikacin [aminoglycoside], kanamycin [aminoglycoside], or capreomycin [polypeptide]) yields reproducible and reliable results, whereas drug-susceptibility testing to other second-line drugs is less reliable. Additionally, investigators have observed that resistance to these drugs (fluoroquinolones and second-line injectable drugs) has been associated with poor treatment outcomes. Accordingly, the new agreed-upon definition of XDR TB is the occurrence of TB in persons whose *M. tuberculosis* isolates are resistant to isoniazid and rifampin plus resistant to any fluoroquinolone and at least one of three injectable second-line drugs (i.e., amikacin, kanamycin, or capreomycin).

Health-care providers and local health departments in the United States should collect all second-line drug-susceptibility results obtained at diagnosis and during treatment of persons with TB disease and report these results to their local and state health department TB programs. Complete capture of these results will allow health departments and CDC to accurately identify XDR TB cases and monitor trends. Additional information about XDR TB is available at http://www.who.int/tb/en.

References

1. CDC. Emergence of *Mycobacterium tuberculosis* with extensive resistance to second-line drugs—worldwide, 2000–2004. MMWR 2006;55:301–5.
2. Masjedi MR, Farnia P, Sorooch S, et al. Extensively drug-resistant tuberculosis: 2 years of surveillance in Iran. Clin Infect Dis 2006;43:841–7.
3. Gandhi NR, Moll A, Sturm AW, et al. Extensively drug-resistant tuberculosis as a cause of death in patients co-infected with tuberculosis and HIV in a rural area of South Africa. Lancet [Online]; October 26, 2006. Available at http://www.thelancet.com/journals/lancet/article/PIIS0140673606695731.

Notice to Readers

Improved Supply of Meningococcal Conjugate Vaccine, Recommendation to Resume Vaccination of Children Aged 11–12 Years

In January 2005, a tetravalent meningococcal polysaccharide-protein conjugate vaccine (MCV4) (Menactra™, Sanofi Pasteur, Inc., Swiftwater, Pennsylvania) was licensed for use among persons aged 11–55 years. The Advisory Committee on Immunization Practices (ACIP) recommends routine vaccination with MCV4 for children aged 11–12 years at their regular health-care visit and, if not previously vaccinated with MCV4, of adolescents at high-school entry (at approximately age 15 years), of college freshmen living in dormitories, and of other persons at increased risk for meningococcal disease (i.e., military recruits, travelers to areas in which meningococcal disease is hyperendemic or epidemic, microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*, persons with anatomic or functional asplenia, and persons with terminal complement deficiency) (*1*).

In May 2006, CDC, in consultation with ACIP, the American Academy of Pediatrics, American Academy of Family Physicians, American College Health Association, and Society for Adolescent Medicine, recommended deferral of MCV4 vaccination of children aged 11–12 years in response to vaccine supply limitations (*2*). Currently, Sanofi Pasteur reports that limitations in the MCV4 supply have resolved. Therefore, CDC recommends resuming routine vaccination for all recommended groups according to ACIP recommendations, including children aged 11–12 years and, if not previously vaccinated with MCV4, of adolescents at high-school entry (at approximately age 15 years), of college freshmen living in dormitories, and of other persons at increased risk for meningococcal disease. Where possible, providers who deferred vaccination of children aged 11–12 years should recall those patients for vaccination. Providers who have questions about ordering vaccine may contact Sanofi Pasteur at 1-800-VACCINE or at http://www.vaccineshoppe.com.

References

1. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-7):1–21.
2. CDC. Limited supply of meningococcal conjugate vaccine, recommendation to defer vaccination of persons aged 11–12 years. MMWR 2006;55;567–8.

Errata: Vol. 55, No. 40

In the report, "Update: Guillain-Barré Syndrome Among Recipients of Menactra® Meningococcal Conjugate Vaccine — United States, June 2005–September 2006," errors occurred.

On page 1121, in the Table, the date of vaccination for patient 2 should read, "March **22**," and for patient 3, "March **24**."

On page 1123, the third footnote beneath the Figure should read, "§ Cluster at 9–15 days statistically significant (p = 0.012; temporal scan statistics [***6***])."

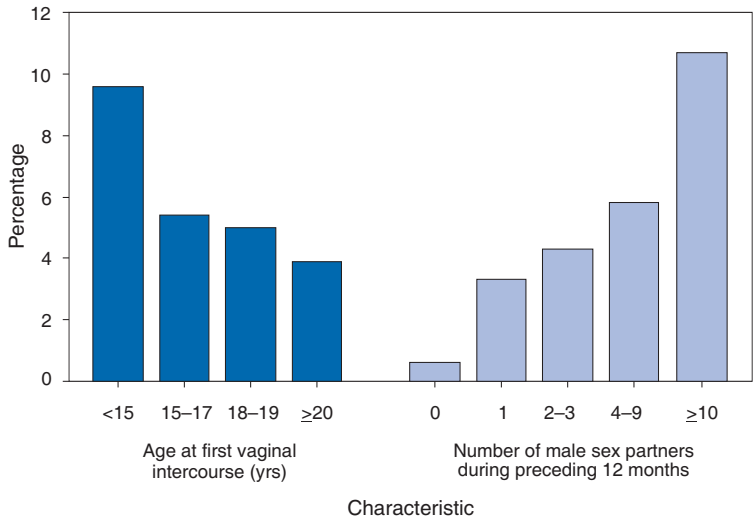
Erratum: Vol. 55, No. 28

In the *MMWR* report, "*Pseudomonas aeruginosa* Infections Associated with Transrectal Ultrasound-Guided Prostate Biopsies — Georgia, 2005," an error occurred. On page 777, in the second column, the last sentence of the first full paragraph should read, "Because tap water is not sterile, it should never be used to rinse **critical** medical equipment after reprocessing."

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Females Aged 15–44 Years Ever Treated for Pelvic Inflammatory Disease (PID), by Selected Characteristics — National Survey of Family Growth, United States, 2002



In 2002, the percentage of females aged 15–44 years reporting that they had ever been treated for PID varied by age at first vaginal intercourse and by number of male sex partners in the preceding 12 months. Higher prevalence of PID treatment was reported among females who had their first vaginal intercourse at younger ages, particularly <15 years, and among those who had greater numbers of male sex partners in the preceding 12 months.

SOURCE: Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth. Vital Health Stat 2005;23(25).

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending October 28, 2006 (43rd 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	1	—	—	—	2	23	
Botulism:									
foodborne	—	8	0	19	16	20	28	39	
infant	—	65	2	90	87	76	69	97	
other (wound & unspecified)	1	45	1	33	30	33	21	19	CA (1)
Brucellosis	3	91	2	122	114	104	125	136	TX (2), CA (1)
Chancroid	—	25	1	17	30	54	67	38	
Cholera	—	6	0	8	5	2	2	3	
Cyclosporiasis§	—	104	1	734	171	75	156	147	
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§,¶:									
California serogroup	—	45	3	80	112	108	164	128	
eastern equine	—	6	0	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	4	0	13	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	9	308	8	790	537	362	511	261	NY (3), MN (6)
human monocytic	6	309	6	522	338	321	216	142	MN (2), MD (1), NC (3)
human (other & unspecified)	—	133	1	122	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	1	9	0	9	19	32	34	—	FL (1)
nonserotype b	1	71	3	135	135	117	144	—	MN (1)
unknown serotype	1	167	2	217	177	227	153	—	OH (1)
Hansen disease§	—	61	1	88	105	95	96	79	
Hantavirus pulmonary syndrome§	1	26	0	29	24	26	19	8	AZ (1)
Hemolytic uremic syndrome, postdiarrheal§	3	208	4	221	200	178	216	202	NC (1), CA (2)
Hepatitis C viral, acute	9	626	30	771	713	1,102	1,835	3,976	NY (1), PA (1), MN (4), NC (1), FL (1), KY (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	5	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§	—	40	—	45	—	N	N	N	
Listeriosis	34	587	17	892	753	696	665	613	NY (3), PA (4), OH (1), NC (1), OK (2), CO (2), WA (1), CA (20)
Measles	—¶¶	44	1	66	37	56	44	116	
Meningococcal disease, invasive*** :									
A, C, Y, & W-135	2	181	3	297	—	—	—	—	RI (1), FL (1)
serogroup B	—	109	2	157	—	—	—	—	
other serogroup	—	15	0	27	—	—	—	—	
Mumps	4	5,886	5	314	258	231	270	266	OH (1), MI (1), KS (2)
Plague	—	12	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	18	0	19	12	12	18	25	
Q fever§	2	125	1	139	70	71	61	26	MN (1), NC (1)
Rabies, human	—	1	0	2	7	2	3	1	
Rubella	—	8	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,§§	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	82	2	129	132	161	118	77	
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	14	889	15	1,257	1,162	845	513	498	NY (2), PA (1), OH (3), MN (3), MD (1), OK (1), CO (2), AZ (1)
Syphilis, congenital (age <1 yr)	4	221	7	361	353	413	412	441	NY (2), VA (2)
Tetanus	—	18	0	27	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)§	3	78	2	96	95	133	109	127	OH (1), NC (2)
Trichinellosis	—	11	0	19	5	6	14	22	
Tularemia§	1	74	2	154	134	129	90	129	CO (1)
Typhoid fever	2	224	6	324	322	356	321	368	CT (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	2	0	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	3	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting year 2006 are provisional, whereas data for 2001, 2002, 2003, 2004, and 2005 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/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed). Implementation of HIV reporting influences the number of cases reported. Pediatric HIV data will not be updated monthly for the remainder of this year due to upgrading of the national HIV/AIDS surveillance data management system. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed).

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

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending October 28, 2006, and October 29, 2005 (43rd 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	11,145	19,115	35,170	788,698	793,223	110	148	1,643	6,659	3,614	83	72	594	4,153	6,460
New England	508	638	1,550	27,501	26,326	—	0	0	—	—	1	4	34	254	313
Connecticut	—	178	1,214	7,913	7,629	N	0	0	N	N	—	0	31	31	74
Maine§	58	43	67	1,874	1,847	N	0	0	N	N	—	0	4	34	26
Massachusetts	366	296	618	12,695	11,745	—	0	0	—	—	—	1	14	88	135
New Hampshire	12	38	65	1,607	1,546	—	0	0	—	—	1	1	5	41	34
Rhode Island	72	63	107	2,520	2,759	—	0	0	—	—	—	0	6	14	11
Vermont§	—	19	43	892	800	N	0	0	N	N	—	0	5	46	33
Mid. Atlantic	1,610	2,418	3,696	100,456	97,892	—	0	0	—	—	3	11	444	475	2,685
New Jersey	69	371	497	14,815	16,014	N	0	0	N	N	—	0	2	10	56
New York (Upstate)	582	499	1,727	20,056	19,533	N	0	0	N	N	2	3	441	145	2,255
New York City	487	743	1,567	32,020	31,711	N	0	0	N	N	—	2	7	81	136
Pennsylvania	472	761	1,104	33,565	30,634	N	0	0	N	N	1	4	15	239	238
E.N. Central	1,127	3,147	12,578	130,808	133,797	2	1	3	40	9	16	16	102	1,030	1,488
Illinois	552	975	1,694	43,342	41,647	—	0	0	—	—	—	2	16	127	147
Indiana	—	387	510	15,754	16,654	N	0	0	N	N	5	1	18	84	75
Michigan	439	663	9,888	29,054	22,239	—	0	3	34	9	—	2	7	116	96
Ohio	18	658	1,430	26,268	36,344	2	0	1	6	—	11	5	33	316	711
Wisconsin	118	396	531	16,390	16,913	N	0	0	N	N	—	5	53	387	459
W.N. Central	626	1,156	1,456	48,420	48,845	—	0	12	1	4	16	11	75	723	559
Iowa	—	159	225	6,615	5,991	N	0	0	N	N	2	1	29	160	116
Kansas	249	152	269	5,958	6,072	N	0	0	N	N	1	1	8	73	33
Minnesota	—	228	347	9,173	10,231	—	0	12	—	3	13	2	22	178	119
Missouri	316	441	608	18,902	18,644	—	0	1	1	1	—	2	18	155	237
Nebraska§	—	92	176	4,208	4,258	N	0	1	N	N	—	1	16	82	24
North Dakota	6	33	58	1,371	1,364	N	0	0	N	N	—	0	4	9	1
South Dakota	55	51	116	2,193	2,285	N	0	0	N	N	—	1	7	66	29
S. Atlantic	3,437	3,617	4,935	152,607	147,353	—	0	1	3	1	41	14	65	926	602
Delaware	89	68	92	2,969	2,824	N	0	0	N	N	—	0	3	13	5
District of Columbia	91	52	134	2,154	3,164	—	0	0	—	—	—	0	3	12	10
Florida	826	948	1,155	40,526	35,834	N	0	0	N	N	28	6	32	441	276
Georgia	41	635	2,142	25,580	26,301	—	0	0	—	—	8	3	16	193	121
Maryland§	245	333	468	14,537	15,396	—	0	1	3	1	—	0	3	15	29
North Carolina	938	572	1,772	27,971	26,649	N	0	0	N	N	4	0	11	85	70
South Carolina§	463	310	1,452	16,161	15,616	N	0	0	N	N	1	1	13	116	18
Virginia§	686	427	840	20,115	19,349	N	0	0	N	N	—	1	6	42	60
West Virginia	58	57	226	2,594	2,220	N	0	0	N	N	—	0	3	9	13
E.S. Central	591	1,418	1,947	60,105	57,768	—	0	0	—	—	—	3	12	148	192
Alabama§	90	400	756	17,139	13,377	N	0	0	N	N	—	1	10	64	22
Kentucky	74	155	402	6,649	7,321	N	0	0	N	N	—	1	8	32	130
Mississippi	427	374	802	15,655	17,763	—	0	0	—	—	—	0	3	15	2
Tennessee§	—	510	606	20,662	19,307	N	0	0	N	N	—	1	5	37	38
W.S. Central	595	2,184	3,605	89,781	91,437	—	0	1	1	—	3	4	29	208	205
Arkansas	147	158	335	6,811	7,238	—	0	0	—	—	—	0	2	19	4
Louisiana	131	261	608	11,644	13,899	—	0	1	1	N	—	0	9	51	78
Oklahoma	317	221	2,159	10,196	9,700	N	0	0	N	N	3	1	4	35	39
Texas§	—	1,454	1,844	61,130	60,600	N	0	0	N	N	—	1	20	103	84
Mountain	787	1,028	1,839	41,758	51,601	76	112	452	4,638	2,357	3	3	39	322	120
Arizona	723	378	881	15,835	17,617	76	108	448	4,532	2,269	—	0	3	22	9
Colorado	64	153	482	4,925	12,590	N	0	0	N	N	1	1	7	61	41
Idaho§	—	51	191	2,333	2,106	N	0	0	N	N	1	0	5	31	14
Montana	—	43	195	2,033	1,934	N	0	0	N	N	—	0	26	124	16
Nevada§	—	85	432	3,920	5,784	—	1	4	52	52	—	0	1	9	11
New Mexico§	—	173	339	7,571	6,882	—	0	3	13	17	—	0	5	20	15
Utah	—	93	171	4,021	3,737	—	1	3	39	16	—	0	3	16	11
Wyoming	—	27	54	1,120	951	—	0	2	2	3	1	0	11	39	3
Pacific	1,864	3,319	5,079	137,262	138,204	32	42	1,179	1,976	1,243	—	2	52	67	296
Alaska	62	82	152	3,469	3,499	—	0	0	—	—	—	0	1	4	3
California	1,361	2,578	4,231	107,776	107,256	32	42	1,179	1,976	1,243	—	0	14	—	172
Hawaii	—	102	135	4,254	4,597	N	0	0	N	N	—	0	1	4	1
Oregon§	121	170	315	7,210	7,417	N	0	0	N	N	—	1	6	59	64
Washington	320	348	604	14,553	15,435	N	0	0	N	N	—	0	38	—	56
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	—	17	27	—	703	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	67	161	2,945	3,462	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	5	16	178	196	—	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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	237	317	1,029	13,885	16,023	3,552	6,520	14,136	274,094	272,760	22	40	142	1,685	1,867
New England	6	24	75	1,006	1,441	68	109	288	4,631	4,703	1	2	19	131	141
Connecticut	—	0	37	222	303	—	42	241	1,875	1,990	1	0	9	41	42
Maine†	1	2	13	145	180	1	2	8	110	116	—	0	4	17	8
Massachusetts	—	9	18	357	638	55	46	86	2,026	2,044	—	1	7	52	69
New Hampshire	—	0	9	25	54	4	4	9	163	141	—	0	2	8	8
Rhode Island	3	1	25	100	105	8	9	19	402	364	—	0	7	4	7
Vermont†	2	3	12	157	161	—	1	4	55	48	—	0	2	9	7
Mid. Atlantic	40	61	254	2,683	2,898	456	654	1,014	26,873	28,152	6	8	30	352	360
New Jersey	—	8	13	297	380	78	103	151	4,178	4,737	—	1	4	45	75
New York (Upstate)	30	24	227	1,001	1,010	122	125	455	5,220	5,699	4	2	27	116	100
New York City	2	15	29	727	760	97	173	382	8,047	8,539	—	2	6	70	67
Pennsylvania	8	15	30	658	748	159	218	399	9,428	9,177	2	3	8	121	118
E.N. Central	29	48	86	2,026	2,819	455	1,277	7,047	53,358	54,435	2	5	14	225	318
Illinois	—	9	21	358	654	166	377	710	16,562	16,448	—	1	6	47	105
Indiana	N	0	0	N	N	—	161	237	7,099	6,707	—	1	11	66	55
Michigan	4	13	25	554	673	232	262	5,880	12,215	9,187	—	0	3	19	22
Ohio	25	16	32	691	669	5	313	648	11,907	17,289	2	2	6	70	96
Wisconsin	—	10	40	423	823	52	135	172	5,575	4,804	—	0	4	23	40
W.N. Central	4	29	260	1,501	1,854	235	367	436	15,355	15,499	5	2	15	131	93
Iowa	—	5	15	243	235	—	34	54	1,422	1,322	—	0	1	1	—
Kansas	2	3	11	163	177	72	43	124	1,667	2,133	—	0	3	14	12
Minnesota	1	1	238	479	806	—	62	105	2,391	2,879	5	0	9	71	38
Missouri	—	10	32	441	417	153	190	251	8,358	7,832	—	0	6	31	29
Nebraska†	1	2	8	97	107	—	23	56	1,101	953	—	0	2	7	12
North Dakota	—	0	7	15	13	1	3	7	99	87	—	0	3	7	2
South Dakota	—	1	7	63	99	9	6	15	317	293	—	0	0	—	—
S. Atlantic	66	49	105	2,147	2,303	1,191	1,557	2,334	68,137	64,693	8	10	26	439	443
Delaware	—	1	4	35	48	35	27	44	1,228	731	—	0	1	1	—
District of Columbia	—	1	5	53	42	39	34	61	1,375	1,753	—	0	1	5	7
Florida	37	18	44	926	814	339	441	554	19,139	16,491	6	3	9	141	110
Georgia	27	10	44	457	619	13	309	1,014	12,842	12,300	1	2	12	83	95
Maryland†	1	3	11	172	179	94	127	186	5,419	5,786	—	1	5	59	61
North Carolina	N	0	0	N	N	255	298	766	14,385	12,858	1	0	9	49	68
South Carolina†	1	1	7	85	94	243	138	704	7,333	7,179	—	0	3	28	32
Virginia†	—	9	50	393	467	151	132	288	5,613	7,003	—	1	8	54	45
West Virginia	—	0	6	26	40	22	18	42	803	592	—	0	4	19	25
E.S. Central	2	8	41	416	355	211	561	864	24,361	23,124	—	2	7	88	101
Alabama†	—	5	29	226	169	29	185	310	7,890	7,602	—	0	5	21	17
Kentucky	N	0	0	N	N	13	55	132	2,390	2,528	—	0	1	4	11
Mississippi	—	0	0	—	—	169	143	436	6,196	5,884	—	0	1	3	—
Tennessee†	2	4	12	190	186	—	191	237	7,885	7,110	—	1	4	60	73
W.S. Central	8	6	31	249	281	286	902	1,430	38,897	37,135	—	1	15	59	98
Arkansas	6	2	8	112	73	73	83	142	3,545	3,777	—	0	2	7	7
Louisiana	—	0	5	25	57	104	160	354	7,164	7,681	—	0	2	9	32
Oklahoma	2	2	24	112	151	109	79	764	3,772	3,839	—	1	14	41	52
Texas†	N	0	0	N	N	—	556	912	24,416	21,838	—	0	2	2	7
Mountain	31	30	67	1,382	1,278	209	218	552	9,481	11,094	—	3	8	165	190
Arizona	—	3	36	134	124	172	93	201	3,949	4,030	—	1	7	77	94
Colorado	10	9	33	460	446	37	41	90	1,780	2,643	—	1	4	43	39
Idaho†	3	3	12	155	129	—	3	15	139	87	—	0	1	4	4
Montana	—	2	11	90	62	—	3	20	159	130	—	0	0	—	—
Nevada†	—	2	8	82	93	—	25	194	1,288	2,272	—	0	1	—	14
New Mexico†	—	1	6	53	76	—	31	64	1,380	1,284	—	0	4	22	22
Utah	18	7	19	377	327	—	17	25	686	584	—	0	4	16	9
Wyoming	—	1	4	31	21	—	2	6	100	64	—	0	1	3	8
Pacific	51	57	202	2,475	2,794	441	801	963	33,001	33,925	—	2	15	95	123
Alaska	3	1	17	90	97	11	11	24	478	483	—	0	2	9	26
California	37	41	105	1,727	1,987	292	657	830	27,146	28,278	—	0	9	22	51
Hawaii	—	1	3	39	55	—	18	29	755	852	—	0	1	15	8
Oregon†	—	8	14	322	363	21	29	58	1,105	1,282	—	1	6	47	38
Washington	11	6	90	297	292	117	74	142	3,517	3,030	—	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	0	—	11	—	2	15	—	73	—	0	2	—	11
Puerto Rico	—	1	12	68	226	—	5	16	188	307	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	5	30	45	—	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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	43	65	245	2,676	3,524	48	84	597	3,339	4,311	46	46	127	1,947	1,785
New England	2	3	20	151	411	—	2	9	80	132	3	2	12	108	129
Connecticut	1	1	2	36	46	—	0	3	27	42	3	0	9	44	25
Maine†	—	0	2	6	4	—	0	2	16	12	—	0	2	8	6
Massachusetts	—	1	10	51	263	—	0	5	14	44	—	0	4	27	61
New Hampshire	—	0	16	37	78	—	0	2	13	26	—	0	1	1	9
Rhode Island	1	0	4	12	14	—	0	4	9	3	—	0	10	21	19
Vermont†	—	0	2	9	6	—	0	1	1	5	—	0	2	7	9
Mid. Atlantic	6	6	16	301	563	1	8	55	339	549	9	15	47	723	619
New Jersey	1	2	7	65	123	—	2	8	83	200	—	2	10	83	106
New York (Upstate)	4	1	14	79	84	1	1	43	50	49	5	6	30	276	154
New York City	1	2	10	104	270	—	2	5	70	115	—	2	9	108	99
Pennsylvania	—	1	5	53	86	—	3	9	136	185	4	5	18	256	260
E.N. Central	1	6	12	244	311	6	8	24	336	480	13	8	24	385	366
Illinois	—	1	4	50	112	—	1	7	58	138	—	0	4	21	48
Indiana	1	0	5	27	17	2	0	17	47	33	—	0	3	26	26
Michigan	—	2	8	92	95	—	3	6	113	155	1	2	8	109	100
Ohio	—	1	4	47	46	4	2	10	110	112	12	4	19	194	161
Wisconsin	—	1	3	28	41	—	0	3	8	42	—	0	5	35	31
W.N. Central	1	2	30	113	77	5	4	22	136	226	5	1	15	65	77
Iowa	—	0	2	8	18	—	0	3	14	24	—	0	3	10	6
Kansas	1	0	5	26	15	—	0	2	9	26	—	0	2	4	3
Minnesota	—	0	29	16	3	5	0	13	23	29	5	0	11	22	16
Missouri	—	1	3	38	30	—	2	7	74	118	—	0	3	18	27
Nebraska†	—	0	3	17	11	—	0	2	15	22	—	0	2	7	3
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	8	—	—	0	1	1	7	—	0	6	4	20
S. Atlantic	8	10	29	463	611	21	23	66	970	1,160	6	9	19	359	335
Delaware	—	0	2	10	5	—	1	4	36	26	—	0	2	10	15
District of Columbia	—	0	2	6	4	—	0	2	5	10	—	0	5	19	9
Florida	4	4	13	182	247	6	8	19	347	401	3	3	9	140	95
Georgia	—	1	7	54	113	2	3	7	138	177	—	0	4	15	31
Maryland†	—	1	6	54	62	—	3	10	135	132	2	1	7	75	96
North Carolina	3	0	20	76	71	13	0	23	142	138	1	0	5	31	24
South Carolina†	1	0	3	23	35	—	2	7	70	126	—	0	1	4	12
Virginia†	—	1	11	52	70	—	1	18	51	118	—	1	7	52	37
West Virginia	—	0	3	6	4	—	0	18	46	32	—	0	3	13	16
E.S. Central	—	2	8	107	223	2	6	15	262	309	—	1	9	78	71
Alabama†	—	0	3	13	42	—	1	8	79	77	—	0	2	9	13
Kentucky	—	0	5	31	24	—	1	5	60	61	—	0	4	29	25
Mississippi	—	0	1	7	18	—	0	2	13	45	—	0	1	1	3
Tennessee†	—	1	5	56	139	2	2	8	110	126	—	1	7	39	30
W.S. Central	—	3	77	146	403	3	14	315	614	519	—	0	32	43	39
Arkansas	—	0	9	37	17	—	1	3	41	59	—	0	3	3	5
Louisiana	—	0	4	15	57	—	0	4	28	64	—	0	2	4	1
Oklahoma	—	0	2	6	4	3	0	17	56	39	—	0	3	1	7
Texas†	—	2	73	88	325	—	11	295	489	357	—	0	26	35	26
Mountain	2	5	17	224	281	1	4	39	147	452	8	2	8	112	87
Arizona	2	2	16	135	156	—	1	23	33	285	2	1	5	37	21
Colorado	—	1	4	33	35	1	1	5	30	51	—	0	2	21	19
Idaho†	—	0	2	9	21	—	0	2	10	15	—	0	3	11	4
Montana	—	0	3	9	7	—	0	7	—	3	—	0	1	5	5
Nevada†	—	0	2	11	20	—	1	5	30	45	—	0	2	8	19
New Mexico†	—	0	3	12	22	—	0	2	18	18	—	0	1	5	3
Utah	—	0	2	12	19	—	0	5	26	33	6	0	1	25	12
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	23	18	163	927	644	9	10	61	455	484	2	1	9	74	62
Alaska	—	0	0	—	4	3	0	1	9	7	—	0	1	—	—
California	19	15	162	836	538	3	7	41	341	323	2	1	9	74	59
Hawaii	—	0	2	9	21	—	0	1	6	7	—	0	0	—	3
Oregon†	—	0	5	39	40	—	1	5	57	89	N	0	0	N	N
Washington	4	1	13	43	41	3	0	18	42	58	—	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	5	23	59	—	1	8	24	45	—	0	1	1	—
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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	256	235	2,153	14,335	18,962	12	25	125	1,011	1,173
New England	19	35	780	2,412	3,396	1	1	11	45	65
Connecticut	6	16	753	1,582	668	—	0	3	11	16
Maine†	12	1	34	220	229	—	0	1	4	5
Massachusetts	—	1	30	33	2,212	—	0	3	19	36
New Hampshire	1	5	78	488	207	—	0	3	9	5
Rhode Island	—	0	5	1	32	1	0	8	1	2
Vermont†	—	1	14	88	48	—	0	1	1	1
Mid. Atlantic	162	142	1,176	8,286	10,885	2	5	13	222	313
New Jersey	—	21	171	1,789	3,194	—	1	3	28	70
New York (Upstate)	151	64	1,150	3,509	3,372	2	1	11	39	43
New York City	—	1	17	106	364	—	2	9	116	169
Pennsylvania	11	39	231	2,882	3,955	—	1	4	39	31
E.N. Central	1	9	143	1,248	1,651	—	2	7	103	127
Illinois	—	0	2	—	121	—	1	4	42	67
Indiana	1	0	3	17	30	—	0	3	9	4
Michigan	—	1	6	48	50	—	0	2	16	21
Ohio	—	1	5	38	52	—	0	3	27	24
Wisconsin	—	9	138	1,145	1,398	—	0	3	9	11
W.N. Central	60	6	169	590	801	—	0	32	34	44
Iowa	—	0	8	79	91	—	0	1	1	8
Kansas	—	0	2	4	3	—	0	2	7	6
Minnesota	60	4	167	487	688	—	0	30	14	11
Missouri	—	0	2	10	14	—	0	1	6	16
Nebraska†	—	0	1	9	3	—	0	1	4	3
North Dakota	—	0	3	—	—	—	0	1	1	—
South Dakota	—	0	1	1	2	—	0	1	1	—
S. Atlantic	10	28	110	1,522	2,001	3	7	16	274	254
Delaware	—	8	28	425	596	—	0	1	5	3
District of Columbia	—	0	7	46	8	—	0	2	3	8
Florida	3	1	5	38	37	1	1	6	53	44
Georgia	—	0	1	3	6	—	1	6	70	46
Maryland†	5	13	67	725	1,067	1	1	5	57	90
North Carolina	2	0	4	27	44	1	0	8	28	28
South Carolina†	—	0	2	16	19	—	0	2	9	8
Virginia†	—	3	25	230	208	—	1	9	47	26
West Virginia	—	0	44	12	16	—	0	2	2	1
E.S. Central	—	0	3	24	32	—	0	3	20	28
Alabama†	—	0	1	7	3	—	0	2	9	5
Kentucky	—	0	2	7	5	—	0	1	3	10
Mississippi	—	0	0	—	—	—	0	1	3	—
Tennessee†	—	0	2	10	24	—	0	2	5	13
W.S. Central	—	0	3	17	73	—	1	31	55	109
Arkansas	—	0	1	—	4	—	0	1	2	6
Louisiana	—	0	0	—	3	—	0	1	4	4
Oklahoma	—	0	0	—	—	—	0	2	7	9
Texas†	—	0	3	17	66	—	1	29	42	90
Mountain	—	0	4	28	21	2	1	9	60	49
Arizona	—	0	2	7	8	1	0	9	21	10
Colorado	—	0	1	5	—	1	0	1	12	24
Idaho†	—	0	2	5	2	—	0	1	1	—
Montana	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	2	3	—	0	1	3	3
New Mexico†	—	0	1	2	3	—	0	1	4	3
Utah	—	0	1	6	2	—	0	2	17	7
Wyoming	—	0	1	1	3	—	0	0	—	2
Pacific	4	4	17	208	102	4	4	13	198	184
Alaska	—	0	1	3	4	—	0	4	23	5
California	4	3	16	192	71	2	4	10	132	136
Hawaii	N	0	0	N	N	—	0	2	4	16
Oregon†	—	0	2	10	19	—	0	1	9	11
Washington	—	0	3	3	8	2	0	5	30	16
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	—	4
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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	4	20	85	886	1,013	2	13	58	581	622	88	259	2,877	10,588	18,985
New England	1	1	3	39	63	—	0	2	26	22	4	28	83	998	1,160
Connecticut	—	0	2	9	12	—	0	2	2	1	—	1	5	37	57
Maine†	—	0	1	5	2	—	0	1	3	2	—	1	11	70	44
Massachusetts	—	0	2	15	29	—	0	2	15	5	—	18	43	594	880
New Hampshire	—	0	2	6	12	—	0	2	6	12	2	2	36	150	71
Rhode Island	1	0	1	2	3	—	0	0	—	—	2	0	17	49	29
Vermont†	—	0	1	2	5	—	0	0	—	2	—	1	14	98	79
Mid. Atlantic	—	3	13	136	129	—	2	11	105	99	28	34	137	1,514	1,117
New Jersey	—	0	2	16	29	—	0	2	16	29	—	4	13	176	156
New York (Upstate)	—	0	7	31	34	—	0	5	4	12	24	15	123	698	429
New York City	—	1	4	52	23	—	1	4	52	23	—	1	8	64	92
Pennsylvania	—	1	5	37	43	—	0	5	33	35	4	12	26	576	440
E.N. Central	—	3	11	101	130	—	1	6	70	106	26	39	133	1,541	3,241
Illinois	—	0	4	18	28	—	0	4	18	28	—	7	27	230	774
Indiana	—	0	5	20	18	—	0	1	7	8	4	4	75	193	276
Michigan	—	0	3	19	29	—	0	1	8	18	2	8	35	471	262
Ohio	—	1	5	41	34	—	1	4	34	31	20	13	30	504	965
Wisconsin	—	0	2	3	21	—	0	2	3	21	—	4	29	143	964
W.N. Central	—	1	4	50	69	—	0	3	16	29	3	25	552	1,013	3,189
Iowa	—	0	2	16	15	—	0	1	6	1	—	6	40	221	872
Kansas	—	0	1	1	9	—	0	1	1	9	3	7	28	257	390
Minnesota	—	0	2	12	13	—	0	1	3	5	—	0	485	161	966
Missouri	—	0	2	13	24	—	0	1	2	11	—	6	42	251	413
Nebraska†	—	0	2	5	5	—	0	1	3	3	—	2	9	77	248
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	25	26	127
South Dakota	—	0	1	2	3	—	0	0	—	—	—	0	4	20	173
S. Atlantic	1	3	14	155	188	—	2	7	63	80	9	20	46	809	1,219
Delaware	—	0	1	4	4	—	0	1	4	4	—	0	1	3	15
District of Columbia	—	0	1	1	5	—	0	1	1	4	—	0	3	6	7
Florida	1	1	6	60	72	—	0	5	21	29	8	3	9	184	181
Georgia	—	0	2	14	14	—	0	2	14	14	—	0	3	17	44
Maryland†	—	0	2	12	20	—	0	1	2	3	1	3	9	103	172
North Carolina	—	0	11	24	28	—	0	3	7	6	—	0	22	155	98
South Carolina†	—	0	2	18	13	—	0	2	8	8	—	3	22	145	356
Virginia†	—	0	4	15	26	—	0	3	6	10	—	1	27	155	302
West Virginia	—	0	2	7	6	—	0	0	—	2	—	0	9	41	44
E.S. Central	—	1	4	34	50	—	1	4	27	39	2	7	25	313	452
Alabama†	—	0	1	5	5	—	0	1	4	3	—	1	16	87	75
Kentucky	—	0	2	8	17	—	0	2	8	17	—	1	5	53	135
Mississippi	—	0	1	3	5	—	0	1	3	5	1	1	4	38	51
Tennessee†	—	0	2	18	23	—	0	2	12	14	1	2	10	135	191
W.S. Central	—	1	23	52	96	—	0	6	23	24	—	16	360	578	1,977
Arkansas	—	0	3	9	13	—	0	2	6	3	—	2	21	61	266
Louisiana	—	0	2	6	29	—	0	1	3	6	—	0	3	13	45
Oklahoma	—	0	4	8	14	—	0	0	—	2	—	0	124	18	1
Texas†	—	1	16	29	40	—	0	4	14	13	—	13	215	486	1,665
Mountain	1	1	5	60	82	1	0	4	29	23	12	57	230	2,188	3,448
Arizona	1	0	3	17	31	1	0	3	17	10	1	8	177	424	839
Colorado	—	0	2	19	17	—	0	1	2	—	3	16	40	659	1,116
Idaho†	—	0	1	3	6	—	0	1	2	5	—	2	8	80	186
Montana	—	0	1	4	—	—	0	1	2	—	—	2	9	98	560
Nevada†	—	0	1	3	12	—	0	0	—	2	—	0	9	54	46
New Mexico†	—	0	1	5	5	—	0	1	2	4	—	2	6	63	160
Utah	—	0	1	5	11	—	0	0	—	2	8	14	39	744	493
Wyoming	—	0	2	4	—	—	0	2	4	—	—	1	8	66	48
Pacific	1	5	29	259	206	1	5	25	222	200	4	38	1,334	1,634	3,182
Alaska	—	0	1	2	3	—	0	1	2	3	1	1	15	63	126
California	1	3	14	161	133	1	3	14	161	133	—	25	1,136	1,138	1,555
Hawaii	—	0	1	7	11	—	0	1	7	6	—	2	4	70	151
Oregon†	—	1	7	60	40	—	1	4	41	40	—	2	8	94	606
Washington	—	0	25	29	19	—	0	11	11	18	3	7	195	269	744
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	7	—	0	1	4	7	—	0	1	1	6
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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	45	117	174	5,087	5,086	41	39	246	1,784	1,476	504	809	2,291	33,843	36,587
New England	7	12	26	570	614	—	0	2	2	8	1	29	432	1,625	1,873
Connecticut	2	3	14	174	174	—	0	0	—	—	—	0	424	424	414
Maine†	—	2	8	95	53	N	0	0	N	N	—	2	10	99	149
Massachusetts	—	4	17	178	302	—	0	1	1	6	—	17	53	782	993
New Hampshire	3	0	5	44	12	—	0	1	1	1	—	3	25	179	151
Rhode Island	—	0	4	23	21	—	0	2	—	1	1	0	17	83	81
Vermont†	2	1	5	56	52	—	0	0	—	—	—	1	6	58	85
Mid. Atlantic	—	24	60	1,170	835	—	1	5	65	90	48	84	272	4,226	4,385
New Jersey	N	0	0	N	N	—	0	1	7	27	—	14	45	741	857
New York (Upstate)	—	11	24	476	474	—	0	2	4	1	38	22	233	1,064	1,053
New York City	—	0	5	27	26	—	0	3	16	7	—	23	44	1,029	1,036
Pennsylvania	—	14	42	667	335	—	1	3	38	55	10	29	67	1,392	1,439
E.N. Central	4	1	18	151	166	—	0	6	34	39	46	98	182	4,256	4,923
Illinois	—	0	7	46	50	—	0	1	3	11	—	24	47	955	1,613
Indiana	—	0	2	11	11	—	0	1	5	—	15	14	67	749	537
Michigan	—	1	5	43	35	—	0	1	2	5	5	17	32	812	796
Ohio	4	0	9	51	70	—	0	4	23	21	26	22	56	1,063	1,155
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	16	27	677	822
W.N. Central	1	5	20	261	291	2	2	15	195	146	17	43	107	2,168	2,196
Iowa	1	1	7	55	—	—	0	1	4	6	1	7	21	359	368
Kansas	—	1	5	67	72	—	0	2	7	5	3	7	16	300	316
Minnesota	—	1	6	38	64	—	0	2	4	2	13	11	60	605	470
Missouri	—	1	6	64	67	—	2	10	156	121	—	14	35	623	682
Nebraska†	—	0	0	—	—	2	0	5	24	7	—	3	8	151	190
North Dakota	—	0	7	16	28	—	0	1	—	—	—	0	46	22	35
South Dakota	—	0	4	21	60	—	0	0	—	5	—	3	7	108	135
S. Atlantic	25	36	118	1,790	1,825	39	20	94	1,005	753	201	207	450	9,118	10,349
Delaware	—	0	0	—	—	—	0	3	18	7	—	2	9	131	110
District of Columbia	—	0	0	—	—	—	0	1	1	2	—	1	7	51	45
Florida	—	0	99	149	201	—	0	3	18	13	113	95	214	3,855	4,161
Georgia	—	2	54	189	229	2	0	3	32	85	30	27	101	1,391	1,677
Maryland†	—	6	13	254	334	—	1	6	60	64	5	12	29	573	698
North Carolina	11	9	22	437	411	37	17	87	755	416	35	34	130	1,366	1,343
South Carolina†	—	3	11	145	188	—	0	5	30	65	16	19	51	825	1,199
Virginia†	14	11	27	523	410	—	2	13	88	95	2	20	57	807	964
West Virginia	—	1	13	93	52	—	0	2	3	6	—	2	19	119	152
E.S. Central	7	4	16	222	137	—	6	30	322	260	17	54	149	2,525	2,546
Alabama†	5	1	8	76	73	—	1	9	100	69	3	17	71	865	604
Kentucky	2	0	4	27	16	—	0	1	4	3	3	8	23	368	426
Mississippi	—	0	2	4	5	—	0	1	2	14	2	13	42	660	800
Tennessee†	—	2	9	115	43	—	4	21	216	174	9	14	31	632	716
W.S. Central	—	13	34	555	779	—	1	161	106	151	36	80	922	3,124	3,675
Arkansas	—	0	4	26	32	—	0	10	46	109	22	15	47	805	642
Louisiana	—	0	0	—	—	—	0	1	2	6	—	10	32	465	807
Oklahoma	—	1	9	58	69	—	0	154	35	7	14	7	48	425	348
Texas†	—	10	29	471	678	—	0	4	23	29	—	37	839	1,429	1,878
Mountain	1	3	27	185	243	—	1	6	48	27	37	53	86	2,140	1,983
Arizona	—	2	10	121	157	—	0	6	11	13	17	16	67	706	543
Colorado	—	0	1	—	17	—	0	1	2	4	13	12	30	536	498
Idaho†	—	0	25	25	—	—	0	3	13	3	2	3	9	148	123
Montana	—	0	2	13	15	—	0	2	2	1	—	3	16	110	86
Nevada†	—	0	1	1	14	—	0	0	—	—	—	3	20	167	164
New Mexico†	—	0	2	8	9	—	0	2	7	4	—	4	15	196	222
Utah	1	0	1	11	15	—	0	2	6	—	3	5	15	238	272
Wyoming	—	0	2	6	16	—	0	1	7	2	2	1	4	39	75
Pacific	—	4	9	183	196	—	0	1	7	2	101	107	426	4,661	4,657
Alaska	—	0	4	15	1	—	0	0	—	—	3	1	7	66	48
California	—	3	9	148	188	—	0	1	5	—	83	86	292	3,642	3,551
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	10	200	253
Oregon†	—	0	4	20	7	—	0	1	2	2	—	7	16	343	356
Washington	U	0	0	U	U	N	0	0	N	N	15	8	124	410	449
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	7
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	1	3	—	31
Puerto Rico	—	1	6	66	59	N	0	0	N	N	—	5	35	193	544
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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	52	55	297	2,520	2,763	217	248	1,013	10,232	12,503	53	91	283	4,072	3,806
New England	—	3	65	227	194	1	4	65	216	272	1	4	15	181	246
Connecticut	—	0	64	64	51	—	0	59	59	49	U	0	3	U	86
Maine§	—	0	8	31	28	—	0	2	3	13	—	0	2	17	13
Massachusetts	—	1	9	82	77	—	3	11	128	167	—	2	6	101	111
New Hampshire	—	0	3	24	15	—	0	4	7	13	—	0	9	44	17
Rhode Island	—	0	2	8	7	1	0	6	13	14	1	0	3	7	9
Vermont§	—	0	2	2	16	—	0	2	6	16	—	0	2	12	10
Mid. Atlantic	5	4	107	176	310	7	16	72	721	1,094	8	18	43	784	758
New Jersey	—	0	3	3	66	—	4	34	236	276	—	3	8	123	157
New York (Upstate)	—	0	103	12	117	5	4	60	199	231	6	4	32	264	215
New York City	—	0	4	31	16	1	5	12	213	362	—	3	8	132	149
Pennsylvania	—	0	4	6	111	1	1	6	73	225	2	6	13	265	237
E.N. Central	2	10	55	536	550	17	20	38	813	984	11	14	43	690	785
Illinois	—	1	7	64	124	—	7	17	294	333	—	3	11	144	261
Indiana	—	1	8	74	59	2	2	18	120	148	2	2	11	98	90
Michigan	1	2	7	78	81	1	3	10	127	208	1	3	12	193	187
Ohio	1	3	18	155	142	14	3	11	154	93	8	4	19	213	165
Wisconsin	—	2	40	165	144	—	3	9	118	202	—	1	4	42	82
W.N. Central	13	7	30	375	465	19	37	77	1,394	1,359	1	5	57	289	235
Iowa	—	2	8	113	91	—	2	10	90	79	N	0	0	N	N
Kansas	—	0	3	—	46	1	3	20	118	186	—	1	5	48	35
Minnesota	13	3	27	208	156	13	2	20	175	79	—	0	52	136	90
Missouri	—	2	13	140	87	—	11	69	580	831	—	1	5	62	60
Nebraska§	—	1	8	55	49	—	2	14	115	108	—	0	4	25	20
North Dakota	—	0	15	—	7	5	0	18	92	4	1	0	5	10	9
South Dakota	—	0	5	40	29	—	5	21	224	72	—	0	3	8	21
S. Atlantic	4	7	39	386	358	86	54	138	2,485	1,947	16	22	43	973	768
Delaware	—	0	2	7	9	—	0	2	8	11	—	0	2	10	5
District of Columbia	—	0	1	2	—	—	0	2	14	11	—	0	2	14	9
Florida	1	2	29	79	80	29	26	75	1,214	943	7	6	16	251	202
Georgia	1	1	5	70	47	42	17	57	854	525	4	4	11	188	167
Maryland§	2	1	8	77	68	4	2	10	102	83	—	4	12	173	151
North Carolina	2	2	10	96	56	10	1	21	139	174	5	0	26	145	104
South Carolina§	—	0	2	6	11	1	1	9	72	89	—	1	6	53	31
Virginia§	—	0	8	—	84	—	1	9	78	110	—	2	11	113	77
West Virginia	—	0	5	12	3	—	0	2	4	1	—	0	6	26	22
E.S. Central	1	3	21	197	158	13	13	48	639	1,062	—	3	11	168	151
Alabama§	—	0	5	38	28	3	3	29	230	201	N	0	0	N	N
Kentucky	—	1	12	81	66	2	4	15	201	271	—	0	5	34	30
Mississippi	—	0	0	—	8	—	1	8	72	82	—	0	0	—	—
Tennessee§	—	0	4	24	56	8	3	12	136	508	—	3	9	134	121
W.S. Central	1	1	52	64	92	10	33	596	1,208	3,053	4	7	58	320	269
Arkansas	1	0	7	29	11	7	1	7	93	55	—	0	5	25	17
Louisiana	—	0	1	—	20	—	1	25	98	125	—	0	1	7	5
Oklahoma	—	0	17	35	24	3	3	286	113	563	4	2	14	90	98
Texas§	—	1	44	81	37	—	27	308	904	2,310	—	4	43	198	149
Mountain	8	5	16	257	264	30	23	85	1,140	760	9	11	78	569	502
Arizona	5	2	8	95	23	17	12	34	584	396	2	6	57	296	213
Colorado	3	1	8	91	70	9	3	16	198	137	7	3	8	121	152
Idaho§	2	1	7	70	44	—	0	3	14	17	—	0	2	8	3
Montana	—	0	1	—	14	—	0	10	27	5	—	0	0	—	—
Nevada§	—	0	5	22	18	—	1	20	98	49	—	0	3	13	8
New Mexico§	—	0	1	4	24	—	2	15	140	112	—	1	7	66	70
Utah	1	1	14	106	63	1	1	6	68	39	—	1	7	62	52
Wyoming	—	0	3	18	8	3	0	3	11	5	—	0	1	3	4
Pacific	18	7	50	302	372	34	38	148	1,616	1,972	3	2	9	98	92
Alaska	—	0	1	—	9	—	0	2	9	11	—	0	0	—	—
California	11	4	18	189	120	32	31	104	1,327	1,701	—	0	0	—	—
Hawaii	1	0	2	13	10	—	1	4	40	29	3	2	9	98	92
Oregon§	—	2	13	107	147	—	1	31	112	114	N	0	0	N	N
Washington	6	1	32	100	86	2	2	43	128	117	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	7	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	—	16	—	0	0	—	—
Puerto Rico	—	0	0	—	2	—	0	2	12	8	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd 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	40	52	334	2,094	2,130	98	173	334	7,365	7,013	444	802	3,204	33,412	23,309
New England	1	1	24	31	184	5	4	17	173	174	30	36	144	1,231	4,348
Connecticut	U	0	7	U	76	—	0	11	36	37	U	0	58	U	1,311
Maine†	—	0	2	8	N	—	0	2	8	1	—	4	20	151	256
Massachusetts	—	0	6	—	81	4	2	6	107	103	—	0	54	94	1,945
New Hampshire	—	0	0	—	—	1	0	2	11	13	19	6	47	412	266
Rhode Island	—	0	11	10	17	—	0	6	9	19	—	0	0	—	—
Vermont†	1	0	2	13	10	—	0	1	2	1	11	12	50	574	570
Mid. Atlantic	6	3	15	137	176	7	21	35	923	857	86	103	183	3,970	3,921
New Jersey	N	0	0	N	N	2	3	7	139	114	—	0	0	—	—
New York (Upstate)	3	1	10	50	67	2	3	14	127	66	—	0	0	—	—
New York City	U	0	0	U	U	1	10	23	438	515	—	0	0	—	—
Pennsylvania	3	2	9	87	109	2	5	12	219	162	86	103	183	3,970	3,921
E.N. Central	15	11	41	471	532	8	18	38	731	762	159	237	587	11,898	4,824
Illinois	—	0	3	15	28	3	8	23	341	428	—	2	7	68	82
Indiana	2	2	21	125	162	—	1	4	72	55	—	0	475	475	251
Michigan	—	0	4	17	36	4	2	19	102	67	52	95	174	3,544	2,928
Ohio	13	6	32	314	306	1	4	8	162	182	107	109	420	7,167	1,197
Wisconsin	N	0	0	N	N	—	1	4	54	30	—	13	52	644	366
W.N. Central	—	1	191	96	36	1	5	11	207	213	8	24	84	1,179	396
Iowa	N	0	0	N	N	—	0	2	14	8	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	3	20	16	8	0	9	42	—
Minnesota	—	0	191	60	—	—	0	3	21	60	—	0	0	—	—
Missouri	—	1	3	35	29	1	3	8	136	123	—	20	82	1,035	271
Nebraska†	—	0	0	—	2	—	0	1	3	4	—	0	0	—	—
North Dakota	—	0	1	—	2	—	0	1	1	1	—	0	25	44	25
South Dakota	—	0	1	1	3	—	0	3	12	1	—	1	12	58	100
S. Atlantic	18	26	53	1,093	877	36	41	186	1,755	1,727	52	88	860	3,575	1,929
Delaware	—	0	2	—	1	—	0	2	16	10	—	1	5	54	28
District of Columbia	—	0	3	25	13	2	2	9	105	95	—	0	5	34	34
Florida	13	13	36	611	472	10	15	23	615	590	—	0	0	—	—
Georgia	5	8	29	361	289	1	7	147	303	374	—	0	0	—	—
Maryland†	—	0	0	—	—	3	5	19	246	255	—	0	0	—	—
North Carolina	N	0	0	N	N	3	5	17	248	219	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	6	58	68	8	15	53	861	494
Virginia†	N	0	0	N	N	17	3	12	159	113	19	30	812	1,371	486
West Virginia	—	1	14	96	102	—	0	1	5	3	25	27	70	1,255	887
E.S. Central	—	3	13	159	147	14	13	25	614	387	—	1	70	101	175
Alabama†	N	0	0	N	N	5	5	19	275	130	—	1	70	99	175
Kentucky	—	0	5	30	26	2	1	8	60	41	N	0	0	N	N
Mississippi	—	0	0	—	1	7	1	6	60	39	—	0	1	2	—
Tennessee†	—	3	13	129	120	—	5	13	219	177	N	0	0	N	N
W.S. Central	—	0	5	18	103	7	28	53	1,275	1,034	50	185	1,757	9,208	5,517
Arkansas	—	0	3	12	12	—	1	5	60	45	4	9	110	678	5
Louisiana	—	0	4	6	91	6	4	27	231	216	—	0	8	48	112
Oklahoma	N	0	0	N	N	1	1	6	62	31	—	0	0	—	—
Texas†	N	0	0	N	N	—	21	36	922	742	46	170	1,647	8,482	5,400
Mountain	—	2	8	89	75	8	7	25	335	359	59	54	138	2,250	2,199
Arizona	N	0	0	N	N	8	3	16	153	150	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	34	41	23	31	76	1,205	1,522
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	1	5	—	0	2	2	—
Nevada†	—	0	3	12	29	—	1	12	85	91	—	0	3	7	2
New Mexico†	—	0	1	1	—	—	1	5	52	44	—	3	34	308	182
Utah	—	0	8	35	23	—	0	1	8	8	30	12	55	676	441
Wyoming	—	1	4	41	23	—	0	0	—	—	6	0	11	52	52
Pacific	—	0	0	—	—	12	34	51	1,352	1,500	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	9	6	—	0	0	—	—
California	N	0	0	N	N	5	28	41	1,159	1,333	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	15	9	N	0	0	N	N
Oregon†	N	0	0	N	N	1	0	6	15	32	N	0	0	N	N
Washington	N	0	0	N	N	6	2	10	154	120	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	—	3	12	—	400
Puerto Rico	N	0	0	N	N	—	1	10	86	184	8	7	47	298	585
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 year 2006 is 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 October 28, 2006, and October 29, 2005 (43rd Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	168	1,291	1,294	—	1	375	2,249	1,676
New England	—	0	3	9	9	—	0	2	3	4
Connecticut	—	0	3	7	4	—	0	1	2	2
Maine§	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	2	4	—	0	1	1	2
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	0	—	1	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	6	18	47	—	0	3	6	22
New Jersey	—	0	2	2	3	—	0	1	2	3
New York (Upstate)	—	0	0	—	19	—	0	0	—	5
New York City	—	0	4	8	11	—	0	2	3	3
Pennsylvania	—	0	2	8	14	—	0	1	1	11
E.N. Central	—	0	37	214	258	—	0	21	92	156
Illinois	—	0	21	114	136	—	0	18	67	115
Indiana	—	0	5	22	11	—	0	2	5	12
Michigan	—	0	9	33	54	—	0	1	2	8
Ohio	—	0	11	34	46	—	0	3	9	15
Wisconsin	—	0	2	11	11	—	0	2	9	6
W.N. Central	—	0	33	209	168	—	0	74	399	463
Iowa	—	0	3	20	14	—	0	4	12	23
Kansas	—	0	3	16	16	—	0	3	11	N
Minnesota	—	0	6	30	18	—	0	7	35	27
Missouri	—	0	13	47	17	—	0	2	12	13
Nebraska§	—	0	8	38	55	—	0	30	138	133
North Dakota	—	0	5	20	12	—	0	28	116	74
South Dakota	—	0	7	38	36	—	0	22	75	193
S. Atlantic	—	0	2	12	34	—	0	4	6	28
Delaware	—	0	0	—	1	—	0	1	—	1
District of Columbia	—	0	0	—	3	—	0	1	1	2
Florida	—	0	1	3	10	—	0	0	—	11
Georgia	—	0	1	2	9	—	0	3	4	10
Maryland§	—	0	2	6	4	—	0	1	1	1
North Carolina	—	0	0	—	2	—	0	0	—	2
South Carolina§	—	0	1	—	5	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	1
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	14	97	64	—	0	15	91	38
Alabama§	—	0	2	6	6	—	0	0	—	4
Kentucky	—	0	1	3	5	—	0	1	1	—
Mississippi	—	0	10	77	39	—	0	15	88	31
Tennessee§	—	0	5	11	14	—	0	2	2	3
W.S. Central	—	1	59	328	267	—	0	26	180	148
Arkansas	—	0	4	21	13	—	0	2	5	15
Louisiana	—	0	14	82	112	—	0	8	65	54
Oklahoma	—	0	6	26	17	—	0	4	16	13
Texas§	—	0	38	199	125	—	0	15	94	66
Mountain	—	0	60	327	143	—	0	220	1,249	237
Arizona	—	0	8	43	51	—	0	11	49	58
Colorado	—	0	10	60	21	—	0	48	250	85
Idaho§	—	0	29	108	3	—	0	149	710	10
Montana	—	0	3	12	8	—	0	7	21	17
Nevada§	—	0	9	34	14	—	0	13	75	17
New Mexico§	—	0	1	2	19	—	0	1	5	13
Utah	—	0	8	53	21	—	0	17	99	31
Wyoming	—	0	7	15	6	—	0	8	40	6
Pacific	—	0	15	77	304	—	0	45	223	580
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	15	73	303	—	0	33	178	574
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	2	4	1	—	0	12	42	6
Washington	—	0	0	—	—	—	0	2	3	—
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 year 2006 is 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 October 28, 2006 (43rd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	520	343	116	37	14	10	39
Boston, MA	140	88	37	7	4	4	11
Bridgeport, CT	46	36	8	1	1	—	7
Cambridge, MA	7	4	3	—	—	—	1
Fall River, MA	18	14	2	2	—	—	1
Hartford, CT	61	38	15	7	1	—	4
Lowell, MA	17	11	3	1	1	1	2
Lynn, MA	7	5	1	1	—	—	1
New Bedford, MA	19	14	3	—	1	1	—
New Haven, CT	30	17	5	6	1	1	3
Providence, RI	48	29	13	2	2	2	6
Somerville, MA	3	1	2	—	—	—	—
Springfield, MA	34	23	5	4	2	—	2
Waterbury, CT	23	19	3	1	—	—	1
Worcester, MA	67	44	16	5	1	1	—
Mid. Atlantic	2,078	1,451	429	125	42	31	102
Albany, NY	54	39	9	2	2	2	2
Allentown, PA	24	19	2	2	1	—	—
Buffalo, NY	88	57	23	5	1	2	5
Camden, NJ	26	16	6	3	1	—	1
Elizabeth, NJ	14	9	3	1	1	—	1
Erie, PA	33	26	4	1	2	—	3
Jersey City, NJ	36	21	8	4	3	—	2
New York City, NY	1,081	774	227	58	10	12	46
Newark, NJ	37	20	9	6	—	2	—
Paterson, NJ	30	17	8	1	—	4	2
Philadelphia, PA	205	100	62	24	14	5	14
Pittsburgh, PA§	33	19	7	5	2	—	—
Reading, PA	41	38	3	—	—	—	3
Rochester, NY	136	108	19	3	4	2	10
Schenectady, NY	29	24	3	2	—	—	—
Scranton, PA	37	30	6	1	—	—	2
Syracuse, NY	114	85	23	3	1	2	7
Trenton, NJ	21	16	3	2	—	—	—
Utica, NY	17	14	3	—	—	—	2
Yonkers, NY	22	19	1	2	—	—	2
E.N. Central	2,015	1,304	498	127	42	43	126
Akron, OH	45	25	15	2	1	2	—
Canton, OH	35	22	8	3	1	1	—
Chicago, IL	309	171	99	25	8	6	18
Cincinnati, OH	75	51	16	4	2	2	8
Cleveland, OH	224	161	45	10	4	4	14
Columbus, OH	210	140	49	14	6	1	24
Dayton, OH	133	87	30	8	4	4	8
Detroit, MI	170	82	67	17	3	1	14
Evansville, IN	43	35	4	3	—	1	3
Fort Wayne, IN	45	30	11	3	1	—	3
Gary, IN	14	10	3	1	—	—	—
Grand Rapids, MI	63	41	13	3	2	3	4
Indianapolis, IN	193	130	38	14	4	7	15
Lansing, MI	59	39	19	—	1	—	1
Milwaukee, WI	93	63	19	4	2	5	3
Peoria, IL	40	27	8	3	1	1	1
Rockford, IL	54	39	10	3	1	1	2
South Bend, IN	51	29	14	6	1	1	3
Toledo, OH	98	73	22	2	—	1	4
Youngstown, OH	61	49	8	2	—	2	1
W.N. Central	563	378	125	34	8	17	45
Des Moines, IA	74	58	12	3	1	—	6
Duluth, MN	41	30	5	5	—	1	1
Kansas City, KS	25	8	12	2	2	1	—
Kansas City, MO	93	65	16	7	1	4	8
Lincoln, NE	28	21	6	—	—	1	3
Minneapolis, MN	61	35	17	5	2	2	9
Omaha, NE	80	56	16	3	1	4	10
St. Louis, MO	56	23	27	2	1	2	4
St. Paul, MN	49	41	7	—	—	1	4
Wichita, KS	56	41	7	7	—	1	—
S. Atlantic	1,111	679	263	88	41	40	63
Atlanta, GA	154	78	43	12	8	13	8
Baltimore, MD	160	93	41	20	4	2	9
Charlotte, NC	107	74	18	7	7	1	13
Jacksonville, FL	104	70	21	7	4	2	6
Miami, FL	105	57	30	11	4	3	5
Norfolk, VA	43	29	9	2	—	3	1
Richmond, VA	51	34	12	2	2	1	5
Savannah, GA	58	37	15	3	2	1	1
St. Petersburg, FL	43	25	9	2	4	3	2
Tampa, FL	173	116	39	7	3	8	10
Washington, D.C.	91	50	23	12	3	3	—
Wilmington, DE	22	16	3	3	—	—	3
E.S. Central	869	551	208	48	30	31	69
Birmingham, AL	145	85	28	14	8	10	15
Chattanooga, TN	80	52	18	6	2	2	7
Knoxville, TN	130	85	28	7	6	4	6
Lexington, KY	58	39	14	3	—	2	5
Memphis, TN	166	107	48	5	3	3	13
Mobile, AL	90	55	20	4	6	4	5
Montgomery, AL	54	31	19	3	1	—	6
Nashville, TN	146	97	33	6	4	6	12
W.S. Central	1,326	835	316	101	33	41	54
Austin, TX	88	52	27	5	2	2	4
Baton Rouge, LA	31	21	6	2	1	1	—
Corpus Christi, TX	54	32	12	4	1	5	3
Dallas, TX	196	118	40	21	11	6	9
El Paso, TX	75	55	14	4	2	—	2
Fort Worth, TX	116	82	26	2	1	5	4
Houston, TX	329	191	86	37	6	9	9
Little Rock, AR	73	47	17	4	2	3	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	219	150	45	13	5	6	11
Shreveport, LA	45	21	16	4	1	3	3
Tulsa, OK	100	66	27	5	1	1	9
Mountain	1,036	661	254	60	36	23	59
Albuquerque, NM	172	105	43	15	6	3	10
Boise, ID	50	33	12	1	1	3	2
Colorado Springs, CO	44	29	8	4	—	3	—
Denver, CO	76	40	25	5	4	2	4
Las Vegas, NV	231	154	62	8	6	1	17
Ogden, UT	27	19	6	—	2	—	—
Phoenix, AZ	157	84	45	9	9	8	11
Pueblo, CO	25	20	4	1	—	—	1
Salt Lake City, UT	119	83	21	8	5	2	10
Tucson, AZ	135	94	28	9	3	1	4
Pacific	1,404	946	292	86	57	23	114
Berkeley, CA	12	6	5	—	—	1	—
Fresno, CA	91	64	14	8	4	1	11
Glendale, CA	4	4	—	—	—	—	1
Honolulu, HI	71	47	13	5	4	2	3
Long Beach, CA	66	47	13	5	—	1	14
Los Angeles, CA	102	40	34	18	5	5	11
Pasadena, CA	25	22	2	1	—	—	4
Portland, OR	122	92	24	6	—	—	9
Sacramento, CA	169	120	31	4	10	4	10
San Diego, CA	145	100	33	6	6	—	9
San Francisco, CA	99	69	21	5	1	3	10
San Jose, CA	136	104	24	4	2	2	8
Santa Cruz, CA	24	14	10	—	—	—	1
Seattle, WA	131	85	26	8	10	2	10
Spokane, WA	58	42	8	4	3	1	7
Tacoma, WA	149	90	34	12	12	1	6
Total	10,922**	7,148	2,501	706	303	259	671

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.

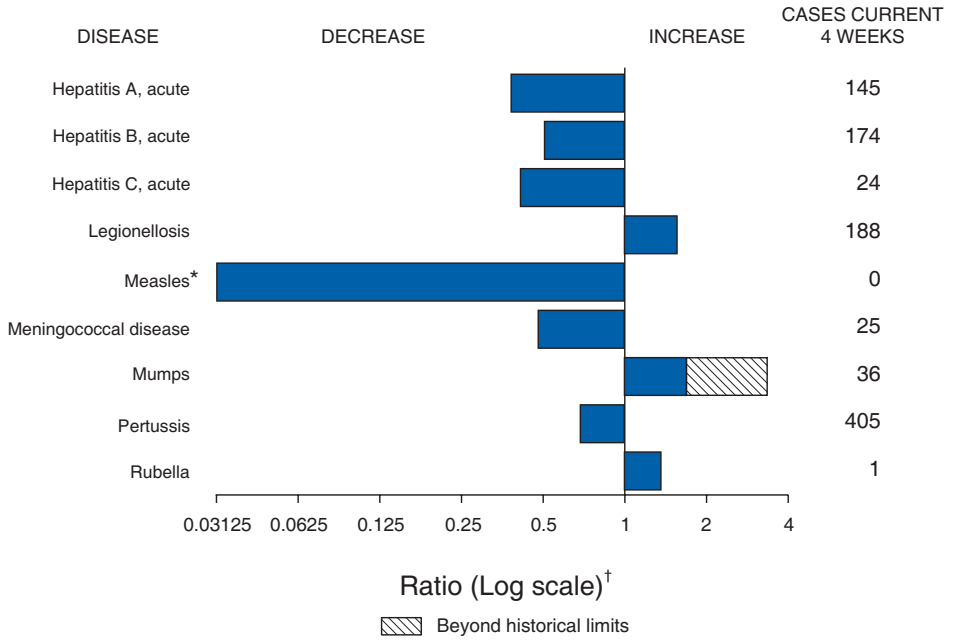
† Pneumonia and influenza.

§ 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 October 28, 2006, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 43 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data

Patsy A. Hall

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

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.

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*.

☆U.S. Government Printing Office: 2006-523-056/40084 Region IV ISSN: 0149-2195