



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

November 17, 2006 / Vol. 55 / No. 45

Fatalities and Injuries from Falls Among Older Adults — United States, 1993–2003 and 2001–2005

Unintentional falls are a common occurrence among older adults, affecting approximately 30% of persons aged ≥ 65 years each year (1). The injuries received from a fall can result in death, disability, nursing-home admission, and direct medical costs (2,3). In 2003, a total of 13,700 persons aged ≥ 65 years died from falls, and 1.8 million were treated in emergency departments (EDs) for nonfatal injuries from falls.* Falls cause the majority of hip fractures, which often result in long-term functional impairments that might require admission to a nursing home for a year or more (2). To examine trends in fatal and nonfatal falls among older persons, CDC analyzed U.S. rates of 1) fatalities from falls (during 1993–2003), 2) hospitalizations for hip fractures (1993–2003), and 3) nonfatal injuries resulting from falls in persons treated in EDs (2001–2005). This report summarizes the results of those analyses, which indicated that, during 1993–2003, the overall rate of fatal falls among persons aged ≥ 65 years increased, and the rate of hospitalizations for hip fractures decreased; during 2001–2005, the change in the overall rate of nonfatal injuries from falls was not statistically significant. However, disparities by sex existed for all three measures. Certain interventions can reduce falls (e.g., exercising regularly or having medicines reviewed to reduce side effects and interactions), but implementation at the community level remains limited (2), and additional measures are needed to promote widespread adoption.

Data on fatal falls that occurred during 1993–2003 were obtained from annual mortality data of the Vital Statistics of the United States (4). Cause-of-death data were based on information from death certificates completed by attending physicians, medical examiners, or coroners. Fall-related

deaths for 1993–1998 were defined as those deaths with an underlying cause coded E880–E886.9 or E888, according to the *International Classification of Diseases, Ninth Revision* (ICD-9); for 1999–2003, fall-related deaths were defined as those deaths coded W00–W19 according to the *Tenth Revision* (ICD-10) (5).

National estimates of hospital admissions for hip fractures that occurred during 1993–2003 were obtained from the National Hospital Discharge Survey (NHDS), which collects data from a sample of inpatient records acquired from a national probability sample of nonfederal, short-stay hospitals; data represent a sample of hospital discharges. Hospitalizations for hip fractures include cases with any diagnosis coded 820, according to the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) (6).

Data on nonfatal injuries from falls that occurred during 2001–2005 were obtained from the National Electronic Injury Surveillance System-All Injury Program (NEISS-AIP), which is operated by the Consumer Product Safety Commission and collects data regarding initial visits for all types and causes of injuries in persons treated in EDs. These data are drawn from a nationally representative sample of 66 hospitals, selected as a stratified probability sample of hospitals in the United States (7). Information about the most severe injury for each case is collected from the medical record; data

*Web-based injury statistics query and reporting system. Available at <http://www.cdc.gov/ncipc/wisqars>.

INSIDE

- 1224 Self-Rated Fair or Poor Health Among Adults with Diabetes — United States, 1996–2005
- 1227 Hazardous Materials Release Resulting from Home Production of Biodiesel — Colorado, May 2006
- 1228 Notice to Readers
- 1229 QuickStats

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

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

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

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

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

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

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

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

Editorial and Production Staff

John S. Moran, MD, MPH
(Acting) Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

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

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

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

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

Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman

Virginia A. Caine, MD, Indianapolis, IN

David W. Fleming, MD, Seattle, WA

William E. Halperin, MD, DrPH, MPH, Newark, NJ

Margaret A. Hamburg, MD, Washington, DC

King K. Holmes, MD, PhD, Seattle, WA

Deborah Holtzman, PhD, Atlanta, GA

John K. Iglehart, Bethesda, MD

Dennis G. Maki, MD, Madison, WI

Sue Mallonee, MPH, Oklahoma City, OK

Stanley A. Plotkin, MD, Doylestown, PA

Patricia Quinlisk, MD, MPH, Des Moines, IA

Patrick L. Remington, MD, MPH, Madison, WI

Barbara K. Rimer, DrPH, Chapel Hill, NC

John V. Rullan, MD, MPH, San Juan, PR

Anne Schuchat, MD, Atlanta, GA

Dixie E. Snider, MD, MPH, Atlanta, GA

John W. Ward, MD, Atlanta, GA

are weighted by the inverse probability of selection and summed to produce national estimates.

Denominators for rates of fatal falls, hip fractures, and non-fatal injuries from falls were calculated using U.S. Census population estimates,[†] and rates were age adjusted to the 2000 U.S. standard population. Weighted least squares regression was used to test for linear trend (as the percentage change in annual rates); differences with $p < 0.05$ were considered statistically significant (8).

During 1993–2003, the age-adjusted rate of fatalities from falls increased significantly, and rates were significantly higher among men compared with women (Table 1). Fatality rates increased both for men (from 31.8 per 100,000 population to 46.2, an increase of 45.3%) ($p < 0.01$) and women (from 19.5 per 100,000 population to 31.1, an increase of 59.5%) ($p < 0.01$). During 1993–2003, rates increased in all racial populations for both sexes, with the exception of black men, whose rate was unchanged. In 2003, rates varied by race among both men (whites: 48.3 per 100,000 population; Asians/Pacific Islanders [A/PI]: 36.6; and blacks: 22.3) and women (whites: 32.8 per 100,000 population; A/PI: 23.2; and blacks: 13.9).

During 1993–2003, the overall age-adjusted hospitalization rate for hip fractures decreased by 15.5%, from 917.6 per 100,000 population to 775.7 ($p = 0.001$ test for trend) (Table 1). The hospitalization rate increased to 990.5 per 100,000 population during 1993–1996, before declining. During 1993–2003, rates differed by sex. The annual rate for women was 52%–119% higher than the rate for men. However, the hospitalization rate for hip fractures did not increase significantly (5.7%, $p = 0.53$) for men during 1993–2003 and declined 20.8% ($p < 0.01$) for women.

During 2001–2005, neither the change in the overall rate of nonfatal injury from falls nor any of the changes by sex or race were significant (Table 2). In contrast to fatal falls, annual rates of nonfatal injuries for women were, on average, 48.4% higher than the rates for men. Comparing rates for fatal falls and nonfatal injuries from falls during the most recent 3-year period (2001–2003) when data for both were available, the rate for fatal falls increased 13.3% (9.8% for men and 15.6% for women), whereas the rates for nonfatal injuries increased 7.6% (7.5% for men and 7.9% for women).

Reported by: JA Stevens, PhD, Div of Unintentional Injury Prevention; G Ryan, PhD, Office of Statistics and Programming; M Kresnow, MS, Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC.

Editorial Note: This study examined trends in rates of fatal falls and hospitalizations for hip fractures during 1993–2003

[†] U.S. Census Bureau population projections. Available at <http://www.census.gov/population/www/projections/popproj.html>.

TABLE 1. Age-adjusted* rates† of fatal falls or hospitalizations for hip fractures among persons aged ≥65 years, by sex and race — United States, 1993–2003

Event/Characteristic	Year											% change 1993–2003
	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	
Fatal falls												
Both sexes	23.7	23.9	24.4	26.2	27.4	28.5	29.4	29.5	32.5	35.1	36.8	55.3
Sex/Race§												
Men overall	31.8	32.9	32.6	34.6	36.7	37.1	38.7	38.5	42.1	44.4	46.2	45.3
White	32.7	33.9	33.5	36.0	38.1	38.5	39.9	40.0	43.7	46.2	48.3	47.7
Black	22.1	19.5	21.7	19.5	21.3	21.3	23.7	21.1	25.0	24.6	22.3	0.0
Asian/Pacific Islander	20.9	36.3	31.9	27.2	28.8	30.6	36.9	31.0	35.1	35.9	36.6	75.1
Women overall	19.5	19.1	20.0	21.6	22.1	23.7	24.2	24.5	26.9	29.5	31.1	59.5
White	20.3	20.1	20.9	22.6	23.0	24.9	25.4	25.8	28.3	31.3	32.8	61.6
Black	10.2	9.1	10.7	10.2	11.5	11.5	12.4	11.0	12.1	11.7	13.9	36.3
Asian/Pacific Islander	15.0	14.4	15.5	17.4	19.1	17.8	13.6	20.4	18.0	20.9	23.2	54.7
Hip fractures												
Both sexes	917.6	900.3	875.6	990.5	929.1	930.8	919.3	877.3	866.3	804.8	775.7	-15.5
Men	552.3	578.0	579.6	567.1	635.7	678.9	597.3	570.6	556.3	525.1	583.6	5.7
Women	1,118.9	1,078.4	1,033.1	1,239.2	1,096.4	1,071.0	1,098.4	1,042.2	1,038.6	971.4	886.2	-20.8

SOURCES: Vital Statistics of the United States (fatal falls) and National Hospital Discharge Survey (hip fractures).

* Age adjusted to the U.S. standard 2000 population.

† Per 100,000 population.

§ Whites were all non-Hispanic; blacks might include Hispanics.

TABLE 2. Age-adjusted* rate† of nonfatal falls among persons aged ≥65 years, by sex and race — United States, 2001–2005

Characteristic	Year					% change 2001–2005
	2001	2002	2003	2004	2005	
Both sexes§	4,617.0	4,539.2	4,967.6	4,972.6	4,746.8	2.8
Sex/Race¶						
Men overall	3,590.0	3,490.6	3,859.4	3,847.6	3,674.0	2.3
White	3,090.3	2,920.5	3,278.6	3,133.8	2,823.6	-8.6
Black	2,813.8	3,270.4	3,114.4	3,521.6	3,033.6	7.8
Women overall	5,283.0	5,238.0	5,697.8	5,712.2	5,466.7	3.5
White	4,478.2	4,348.3	4,760.4	4,611.3	4,223.2	-5.7
Black	4,914.3	4,828.8	4,752.5	5,229.3	4,595.7	-6.5

SOURCE: National Electronic Injury Surveillance System-All Injury Program.

* Age adjusted to the U.S. standard 2000 population.

† Per 100,000 population.

§ Includes persons with missing data regarding race.

¶ Whites were all non-Hispanic; blacks might include Hispanics.

and in rates of nonfatal injuries resulting from falls during 2001–2005. The findings indicate that rates of fatal falls increased significantly among both men and women but were consistently higher among men. Whites had the highest fatal fall rates, but an increasing trend was observed for all races. Changes in rates for nonfatal injuries from falls were not statistically significant.

Although only 3 years of rates for fatal falls and nonfatal injuries could be compared directly, the greater increase in the fatal falls rate can be partly explained by the increase in injury-causing falls overall. In addition, although fatal fall rates are age adjusted, residents of the United States are living longer in large part because of decreasing mortality from chronic conditions (e.g., heart disease, cancer, or stroke). The U.S. life expectancy increased from 75.5 years in 1993 to 77.6 years in 2003 (9). These changes have resulted in a U.S. population

with a greater proportion of older adults who are living with chronic diseases, leaving them at greater risk for falling and less likely to survive the injuries resulting from a fall.

Rates of nonfatal injuries from falls and particularly rates of hospitalizations for hip fractures were higher among women than men. However, hospitalization rates for hip fractures appear to be declining among women. Older women are disproportionately affected by osteoporosis, a disease in which bones become porous and susceptible to fracture (2). In recent years, osteoporosis screening for women and effective treatments to rebuild bone mass have become widespread (10). These public health measures might be reflected in the lower rates for fractures. Men tend to have greater bone mass and consequently less risk for hip fractures. However, men do sustain hip fractures, especially after age 80 years; the hip-fracture rate among men has not decreased and might be

increasing. Screening and osteoporosis treatment might be broadened to include older men.

The findings in this report are subject to at least five limitations. First, three different data sources were used for the three rates analyzed (i.e., fatalities from falls, hospitalizations for hip fractures, and nonfatal injuries from falls in patients treated in EDs); therefore, these data might not be comparable. Second, racial categories used to analyze fatalities and nonfatal injuries differed. Third, only 5 years of NEISS-AIP data were available; therefore, the same period analyzed for fatality and hip fracture rates could not be used for nonfatal injuries from falls. Fourth, the rate of nonfatal injuries from falls likely was underestimated because only persons treated in hospital EDs were included and not those treated in outpatient settings such as clinics or physician offices. Finally, NHDS reports the number of hospital admissions, not patients; therefore, certain persons seeking treatment for hip fractures might have been counted more than once.

Research has identified interventions that can reduce falls, but development and implementation of community-based programs remains limited (2). Additional measures are needed to successfully disseminate effective fall-prevention programs and to promote widespread adoption at the local level. To help prevent falls among older adults, CDC, in partnership with the CDC Foundation and MetLife Foundation, has produced four posters and updated and redesigned two brochures. *What YOU Can Do to Prevent Falls* outlines four key fall-prevention strategies: exercising regularly, having medications reviewed to reduce side effects and interactions, having yearly eye examinations, and reducing fall hazards in the home. *Check for Safety: A Home Fall Prevention Checklist for Older Adults* guides readers through a room-by-room check of their homes to find and fix hazards that can increase the risk for falling. The brochures and posters are offered in English, Spanish, and Chinese and are available at <http://www.cdc.gov/ncipc/pub-res/toolkit/brochures.htm>. Additional information about CDC's fall-prevention activities is available at <http://www.cdc.gov/ncipc/pub-res/toolkit/toolkit.htm>.

References

- Hausdorff JM, Rios DA, Edelberg HK. Gait variability and fall risk in community-living older adults: a 1-year prospective study. *Arch Phys Med Rehabil* 2001;82:1050–6.
- Stevens JA. Falls among older adults—risk factors and prevention strategies. In: *Falls free: promoting a national falls prevention action plan*. Washington, DC: The National Council on the Aging; 2005.
- Stevens JA, Corso PS, Finkelstein EA, Miller TR. The costs of fatal and nonfatal falls among older adults. *Inj Prev* 2006;12:290–5.
- CDC. *Vital statistics of the United States*. Hyattsville, MD: US Department of Health and Human Services, CDC; 1993–2003. Available at <http://www.cdc.gov/nchs/products/pubs/pubd/vsus/vsus.htm>.
- World Health Organization. *International statistical classification of diseases and related health problems*. 10th revision. Geneva, Switzerland: World Health Organization; 1992.
- International classification of diseases. 9th revision, clinical modification. Ann Arbor, MI: Commission on Professional and Hospital Activities; 1980.
- Schroeder T, Ault K. *National Electronic Injury Surveillance System—All Injury Program: sample design and implementation*. Bethesda, MD: US Consumer Product Safety Commission; 2001.
- CDC. Trends in hospital utilization: United States, 1988–92. *Vital Health Stat* 1996;13(124):62–4.
- CDC. National Nursing Home Survey (NNHS) public-use data files. Hyattsville, MD: US Department of Health and Human Services, CDC. Available at http://www.cdc.gov/nchs/products/elec_prods/subject/nnhs.htm.
- Ensrud KE, Black DM, Palermo L, et al. Treatment with alendronate prevents fractures in women at highest risk: results from the Fracture Intervention Trial. *Arch Intern Med* 1997;157:2617–24.

Self-Rated Fair or Poor Health Among Adults with Diabetes — United States, 1996–2005

Diabetes mellitus affects nearly 21 million persons in the United States (1). Maintaining and improving health-related quality of life among persons with diabetes is a public health goal. *Healthy People 2010* includes self-rated health as one of three surveillance tools that can be used to measure health-related quality of life (2). To assess the prevalence of self-rated fair or poor health among U.S. adults with diabetes and to identify factors associated with fair or poor health, CDC analyzed 1996–2005 Behavioral Risk Factor Surveillance System (BRFSS) data. This report summarizes the findings of that analysis, which indicated that self-rated fair or poor health was three times more common among adults with diabetes than among those without diabetes and that the prevalence increased during 1996–2005 among young adults (i.e., aged 18–44 years) with diabetes. The results underscore the need for 1) continued interventions to promote healthy behaviors and prevent diabetes and 2) interventions for persons with diabetes to help them better manage their diabetes and prevent diabetes complications, which can increase their perceived quality of life.

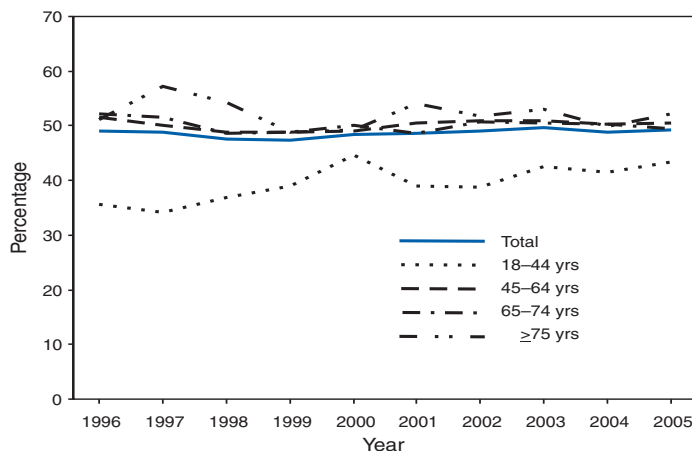
BRFSS is an ongoing, state-based, random-digit-dialed telephone survey of the U.S. civilian, noninstitutionalized population aged ≥18 years; the survey is conducted in all 50 states, the District of Columbia, and three U.S. territories. The median state response rate (i.e., the percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted) was 63.1% (range: 45.6%–87.1%) in 1996 and 51.1% (range: 34.6%–67.4%)

in 2005. The median cooperation rate (i.e., percentage of persons who completed interviews among all eligible persons who were contacted) was 68.2% (range: 46.1%–91.4%) in 1996 and 75.1% (range: 58.7%–85.3%) in 2005. Persons with diabetes were defined as respondents who answered yes to the question, “Have you ever been told by a doctor that you have diabetes?” Women who were told that they had diabetes only during pregnancy and respondents with prediabetes or borderline diabetes were classified as not having diabetes. Persons with fair or poor health status were defined as those who responded “fair” or “poor” to the question, “Would you say that in general your health is excellent, very good, good, fair, or poor?” Respondents who reported “don’t know/not sure” or “refused” were excluded from the analysis. Age-adjusted prevalence was estimated according to the 2000 U.S. standard population. Linear regression analysis was used to assess the trend of self-rated fair or poor health during 1996–2005. Logistic regression analysis was conducted to examine the association between self-rated fair or poor health and selected characteristics. Estimates were weighted to reflect the age, sex, and racial/ethnic distribution of the U.S. population. The statistical significance level was $p < 0.05$.

During 2005, an estimated 49.3% (95% confidence interval [CI] = 48.2%–50.5%) of adults with diabetes aged ≥ 18 years reported having fair or poor health. After adjusting for respondent age, the prevalence of fair or poor health among adults with diabetes was 46.7% (CI = 44.7%–48.7%), more than three times the rate among adults without diabetes (14.2%, CI = 13.9%–14.4%). During 1996–2005, no significant change was identified in the overall prevalence of self-rated fair or poor health among adults with diabetes, although the prevalence did vary by age group. The prevalence did not change for persons aged ≥ 45 years but increased significantly (21.9%) among those aged 18–44 years (from 35.6% in 1996 to 43.4% in 2005) (Figure).

In 2005, the age-specific prevalence of fair or poor health was significantly lower among persons aged 18–44 years (43.4%, CI = 39.7%–47.0%) than among those aged 45–64 years (50.5%, CI = 48.9%–52.1%) or ≥ 75 years (52.1%, CI = 49.7%–54.6%) (Table). In addition, the age-adjusted prevalence was higher among women compared with men (51.1%, CI = 48.9%–53.3% vs 42.6%, CI = 39.2%–45.9%, respectively); among non-Hispanic blacks and Hispanics compared with non-Hispanic whites (49.9%, CI = 45.8%–53.9% and 59.8%, CI = 53.9%–65.7% vs 42.1%, CI = 39.9%–44.3%, respectively); among persons without health insurance coverage compared with those with coverage (56.7%, CI = 51.5%–61.9% vs 44.5%, CI = 42.5%–46.6%, respectively); among current smokers compared with nonsmokers (55.5%,

FIGURE. Prevalence of self-rated fair or poor health among adults with diabetes aged ≥ 18 years, by age group — Behavioral Risk Factor Surveillance System, United States, 1996–2005



CI = 51.7%–59.3% vs 44.4%, CI = 42.0%–46.8%, respectively); and among insulin users compared with those who did not use insulin (58.5%, CI = 54.1%–63.0% vs 43.3%, CI = 40.6%–46.0%, respectively). In addition, as level of education increased, the age-adjusted prevalence decreased. As duration of diabetes increased, prevalence also increased (Table).

In multivariate analyses, the following characteristics were significantly associated with an increased risk for self-rated fair or poor health after adjusting for all other factors: being aged 45–64 years (odds ratio [OR] = 1.5), 65–74 years (OR = 1.4), or ≥ 75 years (OR = 1.6); Hispanic ethnicity (OR = 1.6); current smoking (OR = 1.7); obesity (OR = 1.4); duration of diabetes of ≥ 20 years (OR = 1.3); and insulin use (OR = 2.0) (Table). In contrast, the following factors were associated with a decreased risk: being a man (OR = 0.8), having a high school education (OR = 0.5) or more than a high school education (OR = 0.3), and having health insurance coverage (OR = 0.7).

Reported by: L Pan, MD, Q Mukhtar, PhD, SL Geiss, MA, M Rivera, PhD, A Alfaro-Correa, PhD, R Sniegowski, MPH, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Self-rated health status is a useful indicator of a population’s overall well-being because lower ratings of health status have been associated with increased mortality and morbidity (3). Fair or poor health among persons with diabetes is also associated with the presence of diabetes-related complications such as lower extremity amputation, blindness, kidney failure, and cardiovascular disease (4). The finding that adults with diabetes are more than three times more likely to report fair or poor health than persons without diabetes likely reflects the effects of diabetes and its complica-

TABLE. Prevalence* of self-rated fair or poor health among adults with diabetes aged ≥18 years, by selected characteristics — Behavioral Risk Factor Surveillance System, United States, 2005

Characteristic	Self-rated fair or poor health			
	(%)	(95% CI) [†]	OR [§]	(95% CI)
Age group (yrs)				
18–44	43.4	(39.7–47.0)	— ^{**}	—
45–64	50.5	(48.9–52.1)	1.5	(1.2–1.8)
65–74	49.4	(47.1–51.7)	1.4	(1.1–1.7)
≥75	52.1	(49.7–54.6)	1.6	(1.3–2.1)
Sex				
Female	51.1	(48.9–53.3)	—	—
Male	42.6	(39.2–45.9)	0.8	(0.7–0.9)
Race/Ethnicity				
White, non-Hispanic	42.1	(39.9–44.3)	—	—
Black, non-Hispanic	49.9	(45.8–53.9)	1.0	(0.9–1.2)
Hispanic	59.8	(53.9–65.7)	1.6	(1.3–2.0)
Educational level				
Less than high school	70.4	(65.9–74.9)	—	—
High school	49.3	(46.1–52.5)	0.5	(0.4–0.6)
More than high school	36.0	(33.4–38.6)	0.3	(0.2–0.3)
Health insurance coverage				
No	56.7	(51.5–61.9)	—	—
Yes	44.5	(42.5–46.6)	0.7	(0.6–0.9)
Current smoking status				
No	44.4	(42.0–46.8)	—	—
Yes	55.5	(51.7–59.3)	1.7	(1.5–2.0)
Body mass index^{††}				
Normal	43.4	(37.5–49.3)	—	—
Overweight	43.6	(39.7–47.4)	1.1	(0.9–1.3)
Obese	49.7	(47.2–52.2)	1.4	(1.2–1.7)
Diabetes duration (yrs)				
0–4	45.0	(41.5–48.6)	—	—
5–9	41.9	(37.5–46.3)	1.0	(0.9–1.2)
10–19	53.7	(48.2–59.3)	1.2	(1.0–1.4)
≥20	48.9	(43.3–54.5)	1.3	(1.1–1.6)
Insulin use				
No	43.3	(40.6–46.0)	—	—
Yes	58.5	(54.1–63.0)	2.0	(1.7–2.3)

* Age adjusted to the 2000 U.S. standard adult population, except for the four age groups, for which crude data are presented.

[†] Confidence interval.

[§] Odds ratio; model includes all variables.

^{||} Significant trend ($p < 0.05$) among subcategories.

^{**} Reference group.

^{††} Body mass index = weight (kg) / height (m²). Normal = 18.5–24.9; overweight = 25.0–29.9; obese = ≥30.0.

tions on quality of life. In contrast to older adults, the prevalence of fair or poor health increased during the past decade among young adults with diabetes. Additional research is needed to identify the factors related to this trend.

Consistent with previous studies (4–6), self-rated fair or poor health correlates with certain health risk factors, illness severity, and certain sociodemographic characteristics. Health risk factors such as smoking and obesity are associated with fair or poor health, as are certain indicators of disease severity, such as insulin use and duration of diabetes. Among those with

diabetes, subgroups such as older persons, women, Hispanics, persons with less than a high school education, and persons without health insurance coverage are more likely to report fair or poor health. The disparities among these subgroups might result from differences in the prevalence of diabetes-related complications; access to health-care services; quality of care received; and behavioral, social, or cultural factors. These disparities suggest the need for targeted interventions, such as promoting healthy behaviors through effective smoking cessation and weight-loss programs, improving diabetes management through preventive-care practices, and increasing access to health-care services.

The findings in this report are subject to at least two limitations. First, BRFSS excludes persons who do not have landline telephones, thus the results might not be representative of certain segments of the U.S. population. Second, self-rated health is subjective, and psychosocial factors such as level of social support and beliefs about certain health behaviors can affect how persons respond to questions about self-rated health (7). However, the retest consistency of respondent self-rated health has been validated (8).

Two of CDC's health protection goals are "live a healthy, productive, and satisfying life" and "live better, longer" (9). CDC provides funding, resources, and technical assistance to 59 diabetes prevention and control programs in the United States. Continued surveillance of the health status of persons with diabetes monitors the well-being of this population and the effectiveness of prevention strategies and provides data for public health agencies that are creating programs to promote population health. Collaboration among health-care systems, health-care providers, policymakers, and other organizations are needed to create interventions to improve the health of persons with diabetes. For example, diabetes education and counseling can improve patients' self-perceived health by enhancing their feelings of self-efficacy (7). The National Diabetes Education Program (NDEP), which is cosponsored by CDC and the National Institutes of Health, educates persons with diabetes about risk factors, raises public awareness of diabetes-related complications, and attempts to improve outcomes of diabetes through partnerships with other sectors of the U.S. health-care system. Additional information about NDEP is available at <http://www.ndep.nih.gov>.

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/pdf/ndfs_2005.pdf.
2. US Department of Health and Human Services. Healthy people 2010 (conference ed, in 2 vols). Washington, DC: US Department of Health and Human Services; 2000. Available at <http://www.health.gov/healthypeople>.

3. Hennessy CH, Moriarty DG, Zack MM, Scherr PA, Brackbill R. Measuring health-related quality of life for public health surveillance. *Public Health Rep* 1994;109:665–72.
4. Rubin R, Peyrot M. Quality of life and diabetes. *Diabetes Metab Res Rev* 1999;15:205–18.
5. Colsher PL, Wallace RB, Pomrehn PR, et al. Demographic and health characteristics of elderly smokers: results from Established Populations for Epidemiologic Studies of the Elderly. *Am J Prev Med* 1990;2:61–70.
6. Brown DW, Balluz LS, Giles WH, et al. Diabetes mellitus and health-related quality of life among older adults. Findings from the Behavioral Risk Factor Surveillance System (BRFSS). *Diabetes Res Clin Pract* 2004;65:105–15.
7. Aalto AM, Uutela A, Aro AR. Health related quality of life among insulin-dependent diabetics: disease-related and psychosocial correlates. *Patient Educ Couns* 1997;30:215–25.
8. Andresen EM, Catlin T, Wyrwich KW, Jackson-Thompson J. Retest reliability of surveillance questions on health related quality of life. *J Epidemiol Community Health* 2003;57:339–43.
9. CDC. Health protection goals. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/about/goals/Health_Protection_Goals.pdf.

Brief Report

Hazardous Materials Release Resulting from Home Production of Biodiesel — Colorado, May 2006

On May 7, 2006, a hazardous materials (HazMat) release occurred in a residential area of Colorado when a homeowner who was processing a tank of homemade biodiesel fuel forgot to turn off the tank's heating element and left for the weekend. The heating element overheated and caused a fire that burned the surrounding shed and equipment (Figure). The shed had contained >600 gallons of biodiesel and recycled restaurant cooking oil, smaller amounts of glycerin

FIGURE. Shed debris resulting from home-based biodiesel production fire — Colorado, 2006



Photo/Kenneth Killip

and sodium hydroxide, and 1-gallon containers of sulfuric and phosphoric acid; a mixture of these ingredients seeped into the ground during the fire. A certified HazMat team and the local fire department responded. Investigators found seven 55-gallon barrels of methanol and other hazardous materials outside the shed. No injuries or evacuations occurred. To prevent potential injuries, biodiesel should be purchased from a licensed commercial source.

The recent rise in petroleum prices has caused an increased interest in alternative fuels such as biodiesel (1). Although many alternative fuels exist (e.g., ethanol, hydrogen, and natural gas), biodiesel is used increasingly as a diesel-replacement fuel in the United States because it can be manufactured from readily available ingredients such as vegetable oil, animal fat, or recycled restaurant cooking oil (2). Biodiesel is created through a chemical process involving the reaction of fat or oil with methanol in the presence of a catalyst (e.g., sodium or potassium hydroxide) to produce methyl ester (i.e., biodiesel) and glycerin, a byproduct used in soap and other products (3,4). Biodiesel can be used in vehicles and machinery designed to operate on diesel fuel, such as automobiles with diesel (but not gasoline) engines, fuel and heating-oil boilers, and nonaviation turbines (3).

Biodiesel usually is produced commercially; however, some persons in the United States and elsewhere produce biodiesel in their homes for personal use. Those who produce homemade biodiesel should be aware of the substantial risk for injury. Substances used in biodiesel production can be highly explosive (i.e., methanol) or corrosive (i.e., sodium hydroxide). If improperly handled, these substances can cause severe eye, skin, and upper respiratory irritation; chemical burns; and other serious injuries (5–7). During the preceding 10 years, almost all fires and injuries caused by home production of biodiesel of which the National Biodiesel Board (NBB) is aware were caused by improper handling of methanol during production. NBB is the nonprofit trade association coordinating regulatory, technical, and market development of the fuel as a commercial product. The event described in this report is the first known to NBB involving a heating element in an unintentional fire related to home production of biodiesel.

This HazMat event was reported to the Hazardous Substances Emergency Events Surveillance (HSEES) system operated by the Colorado Department of Health and Environment; HSEES was created by the Agency for Toxic Substances and Disease Registry (ATSDR) (8). This multistate* health department surveillance system tracks morbidity and

* Colorado, Florida, Iowa, Louisiana, Michigan, Minnesota, New Jersey, New York, North Carolina, Oregon, Texas, Utah, Washington, and Wisconsin.

mortality resulting from events[†] involving the release of hazardous substances. However, because reporting HazMat events to HSEES is not mandatory, participating state health departments might not be informed about every event.

Production of homemade biodiesel can be dangerous for persons without appropriate training and equipment. Therefore, this fuel should be purchased from a licensed source.

Reported by: *K Killip, Hazardous Materials Response Team, Parker Fire Protection District, Arapaho/Douglas County; C Kelley, Colorado Dept of Health and Environment. S Howell, National Biodiesel Board, Jefferson City, Missouri. DK Horton, MSPH, M Orr, MS, Div of Health Studies, Agency for Toxic Substances and Disease Registry.*

[†] An event is defined as a sudden, uncontrolled, or illegal release or threatened release of at least 10 lbs or 1 gallon of a hazardous substance or any amount of a hazardous substance if it is on the mandatory reporting list.

References

1. National Renewable Energy Laboratory. Survey of the quality and stability of biodiesel and biodiesel blends in the United States in 2004. Golden, CO: US Department of Energy, Office of Energy Efficiency and Renewable Energy; 2005. Available at http://www.biodiesel.org/resources/reportsdatabase/reports/gen/22051001_gen356.pdf.
2. US Department of Energy. Alternative fuels, biodiesel. Golden, CO: US Department of Energy, Office of Energy Efficiency and Renewable Energy; 2006. Available at <http://www.eere.energy.gov/afdc/altfuel/biodiesel.html>.
3. US Department of Energy. Biodiesel handling and use guidelines. DOE/GO-102006-2288, 2nd ed. Golden, CO: US Department of Energy, Office of Energy Efficiency and Renewable Energy; 2006. Available at <http://www.nrel.gov/vehiclesandfuels/nrbf/pdfs/40555.pdf>.
4. National Biodiesel Board. Biodiesel basics. Jefferson City, MO: National Biodiesel Board; 2006. Available at <http://www.biodiesel.org>.
5. US Department of Transportation. North American emergency response guidebook. Washington, DC: US Department of Transportation; 2004. Available at <http://hazmat.dot.gov/pubs/erg/gydebook.htm>.
6. Agency for Toxic Substances and Disease Registry. ToxFAQs™ for sodium hydroxide. Atlanta, GA: US Department of Health and Human Services, Agency for Toxic Substances and Disease Registry; 2002. Available at <http://www.atsdr.cdc.gov/tfacts178.html>.
7. National Institute for Occupational Safety and Health. NIOSH pocket guide to chemical hazards. Cincinnati, OH: US Department of Health and Human Services, CDC, National Institute for Occupational Safety and Health; 2005. Available at <http://www.cdc.gov/niosh/npg/npg.html>.
8. Agency for Toxic Substances and Disease Registry. Hazardous Substances Emergency Events Surveillance system annual report, 2003. Atlanta, GA: US Department of Health and Human Services, Agency for Toxic Substances and Disease Registry; 2004. Available at <http://www.atsdr.cdc.gov/HS/HSEES>.

Notice to Readers

Status Report on CDC Laboratory Animal Care Accreditation

CDC conducts vital animal research to understand and ultimately prevent viral, mycotic, bacterial, and other diseases that threaten populations worldwide. CDC has a moral and ethical responsibility to humanely care for the animals that contribute to this research.

Since 1967, CDC has participated in and received accreditation from the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC) program. This accreditation process is an added safeguard to ensure ethical and humane treatment and care of the animals entrusted to the agency for participation in its research programs.

In late 2005, AAALAC conducted a review of CDC's research programs and laboratories for conducting animal research and noted certain areas in need of improvement, including the policies and procedures of CDC's Institutional Animal Care and Use Committee. AAALAC issued recommendations for raising the quality of animal care at CDC and enhancing worker safety. As a result of the AAALAC findings, CDC's accreditation was placed on probationary status.

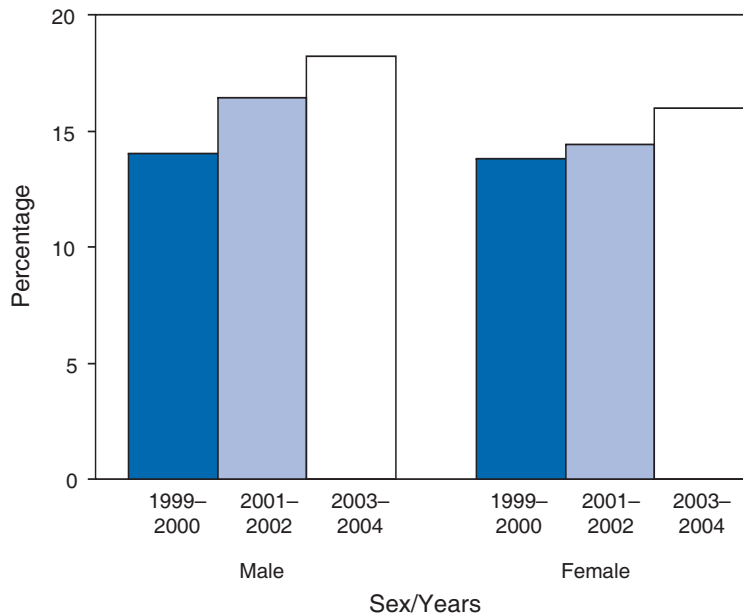
In response to this review, CDC conducted its own investigation. Subsequently, during 2006, CDC upgraded its laboratory research facilities, improved the electronic records management system for its animal care program, and hired additional staff members to carry out the oversight and record-keeping functions required for the animal care and use program. In addition, CDC changed lines of authority and responsibility to ensure impartial and credible oversight, including moving oversight for the animal care and use program to the Office of the Director, putting it on equal standing with oversight for human subjects research, and assigning three veterinarians and two animal caretakers with independent access to the agency's Biosafety Level 4 laboratory.

In late October 2006, a five-member panel from AAALAC conducted a follow-up site visit to CDC's Atlanta campus; the official report is pending. CDC expects a full report from AAALAC in early 2007. Additional information regarding CDC's animal research facilities, practices, and electronic records management systems is available at <http://www.cdc.gov/od/science/regs/acup>.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Prevalence of Overweight* Among Persons Aged 2–19 Years, by Sex — National Health and Nutrition Examination Survey (NHANES), United States, 1999–2000 Through 2003–2004



* Defined as having a body mass index (weight [kg] / height [m²]) at or above the 95th percentile for age and sex based on the reference population of the CDC 2000 growth charts (available at <http://www.cdc.gov/growthcharts>).

From 1999–2000 through 2003–2004, the prevalence of overweight among males and females increased from 14.0% to 18.2% and from 13.8% to 16.0%, respectively. By 2003–2004, approximately 12.5 million persons aged 12–19 years (17.1%) were overweight. Additional information regarding NHANES is available at <http://www.cdc.gov/nchs/nhanes.htm>.

SOURCE: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of overweight and obesity in the United States, 1999–2004. *JAMA* 2006;295:1549–55.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 11, 2006 (45th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2005	2004	2003	2002	2001	
Anthrax	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	8	0	19	16	20	28	39	
infant	—	69	1	90	87	76	69	97	
other (wound & unspecified)	—	44	0	33	30	33	21	19	
Brucellosis	—	92	3	122	114	104	125	136	
Chancroid	—	26	1	17	30	54	67	38	
Cholera	—	6	0	8	5	2	2	3	
Cyclosporiasis§	2	106	2	716	171	75	156	147	NC (2)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	46	2	80	112	108	164	128	
eastern equine	—	6	0	21	6	14	10	9	
Powassan	—	1	—	1	1	—	1	N	
St. Louis	—	7	0	13	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	3	332	8	790	537	362	511	261	NY (3)
human monocytic	7	333	6	521	338	321	216	142	NY (2), NC (4), TN (1)
human (other & unspecified)	1	139	1	122	59	44	23	6	NC (1)
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	9	0	9	19	32	34	—	
nonserotype b	2	72	3	135	135	117	144	—	CA (2)
unknown serotype	2	166	2	217	177	227	153	—	PA (1), FL (1)
Hansen disease§	1	63	2	88	105	95	96	79	CA (1)
Hantavirus pulmonary syndrome§	—	26	0	29	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	—	216	4	221	200	178	216	202	
Hepatitis C viral, acute	4	649	29	751	713	1,102	1,835	3,976	ME (1), WV (1), FL (1), CA (1)
HIV infection, pediatric (age <13 yrs)§,††	—	52	6	380	436	504	420	543	
Influenza-associated pediatric mortality§,§§	—	40	0	45	—	N	N	N	
Listeriosis	10	615	15	892	753	696	665	613	NY (1), PA (1), OH (3), IN (1), NC (1), TX (1), CA (2)
Measles¶¶	—	44	1	66	37	56	44	116	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	168	3	297	—	—	—	—	OH (1), OK (1)
serogroup B	1	106	2	157	—	—	—	—	OK (1)
other serogroup	1	16	0	27	—	—	—	—	OK (1)
Mumps	9	5,980	5	314	258	231	270	266	NY (1), OH (2), MO (1), KS (5)
Plague	—	16	0	8	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	18	1	19	12	12	18	25	
Q fever§	1	130	1	139	70	71	61	26	CA (1)
Rabies, human	—	1	—	2	7	2	3	1	
Rubella	—	9	—	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV§,†††	—	—	—	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	84	1	129	132	161	118	77	OH (1)
<i>Streptococcus pneumoniae</i> §									
invasive disease (age <5 yrs)	17	939	16	1,257	1,162	845	513	498	NY (3), OH (7), MI (1), MD (5), CO (1)
Syphilis, congenital (age <1 yr)	—	234	8	361	353	413	412	441	
Tetanus	1	19	0	27	34	20	25	37	FL (1)
Toxic-shock syndrome (other than streptococcal)§	1	83	2	96	95	133	109	127	KS (1)
Trichinellosis	—	11	0	19	5	6	14	22	
Tularemia§	—	77	2	154	134	129	90	129	
Typhoid fever	1	238	5	324	322	356	321	368	CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	3	0	2	—	N	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	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.

††† Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed).

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2006, and November 12, 2005 (45th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	10,236	19,286	35,170	826,278	828,989	131	149	1,643	6,964	3,886	48	73	594	4,442	6,802
New England	764	635	1,550	28,922	27,556	—	0	0	—	—	—	4	35	257	328
Connecticut	171	178	1,214	8,385	7,936	N	0	0	N	N	—	0	32	32	77
Maine§	35	43	67	1,951	1,950	N	0	0	N	N	—	0	4	34	27
Massachusetts	429	296	608	13,311	12,393	—	0	0	—	—	—	1	14	88	142
New Hampshire	46	38	65	1,725	1,609	—	0	0	—	—	—	1	5	43	34
Rhode Island	83	61	107	2,634	2,838	—	0	0	—	—	—	0	6	14	13
Vermont§	—	18	43	916	830	N	0	0	N	N	—	0	5	46	35
Mid. Atlantic	986	2,397	3,696	104,335	102,493	—	0	0	—	—	3	11	444	499	2,866
New Jersey	58	363	497	15,482	16,668	N	0	0	N	N	—	0	3	11	56
New York (Upstate)	244	499	1,727	20,814	20,410	N	0	0	N	N	3	3	441	153	2,420
New York City	427	740	1,567	33,086	33,371	N	0	0	N	N	—	2	7	88	140
Pennsylvania	257	757	1,104	34,953	32,044	N	0	0	N	N	—	4	17	247	250
E.N. Central	962	3,126	12,578	135,858	140,573	—	1	3	41	11	9	16	105	1,112	1,538
Illinois	348	978	1,695	45,515	43,920	—	0	0	—	—	—	2	18	139	150
Indiana	288	390	510	16,820	17,390	N	0	0	N	N	3	1	18	88	77
Michigan	224	661	9,888	29,863	23,507	—	0	3	35	11	—	2	8	123	100
Ohio	18	637	1,430	26,753	38,045	—	0	2	6	—	6	5	33	327	737
Wisconsin	84	391	531	16,907	17,711	N	0	0	N	N	—	5	53	435	474
W.N. Central	231	1,157	1,456	50,538	51,147	—	0	12	1	4	6	11	75	770	576
Iowa	—	157	225	7,019	6,347	N	0	0	N	N	1	1	28	165	119
Kansas	120	150	269	6,200	6,400	N	0	0	N	N	—	1	8	76	34
Minnesota	—	231	347	9,631	10,709	—	0	12	—	3	3	2	22	204	126
Missouri	—	437	610	19,355	19,450	—	0	1	1	1	1	2	18	161	241
Nebraska§	103	96	176	4,664	4,425	N	0	0	N	N	1	1	16	87	26
North Dakota	8	34	58	1,446	1,430	N	0	0	N	N	—	0	4	9	1
South Dakota	—	51	116	2,223	2,386	N	0	0	N	N	—	1	7	68	29
S. Atlantic	2,164	3,676	4,938	159,388	152,499	—	0	1	3	2	23	15	67	995	650
Delaware	37	68	92	3,089	2,946	N	0	0	N	N	—	0	3	13	6
District of Columbia	52	52	138	2,302	3,286	—	0	0	—	—	—	0	2	13	13
Florida	643	957	1,156	42,219	37,232	N	0	0	N	N	19	6	32	481	303
Georgia	8	661	2,142	27,249	27,407	—	0	0	—	—	—	4	12	210	127
Maryland§	244	328	468	14,998	16,087	—	0	1	3	2	—	0	3	15	29
North Carolina	549	613	1,772	29,265	27,300	N	0	0	N	N	4	1	11	90	77
South Carolina§	254	318	1,452	16,794	15,902	N	0	0	N	N	—	1	13	119	21
Virginia§	373	430	840	20,843	20,015	N	0	0	N	N	—	1	6	45	61
West Virginia	4	57	226	2,629	2,324	N	0	0	N	N	—	0	3	9	13
E.S. Central	1,188	1,391	1,947	63,665	60,299	—	0	0	—	—	2	3	12	158	204
Alabama§	23	406	756	17,936	13,988	N	0	0	N	N	2	1	10	70	23
Kentucky	358	148	402	7,202	7,635	N	0	0	N	N	—	1	8	35	138
Mississippi	324	363	807	16,324	18,424	—	0	0	—	—	—	0	3	16	2
Tennessee§	483	511	609	22,203	20,252	N	0	0	N	N	—	0	5	37	41
W.S. Central	1,239	2,189	3,605	95,349	96,125	—	0	1	1	—	3	3	35	241	214
Arkansas	137	155	335	7,174	7,518	—	0	0	—	—	1	0	2	20	5
Louisiana	74	254	608	11,739	14,881	—	0	1	1	N	—	0	9	54	78
Oklahoma	358	220	2,159	10,895	10,279	N	0	0	N	N	2	0	4	37	40
Texas§	670	1,458	1,904	65,541	63,447	N	0	0	N	N	—	2	26	130	91
Mountain	671	1,028	1,839	44,277	54,091	10	112	452	4,760	2,533	2	3	39	343	124
Arizona	347	368	881	16,529	18,316	10	108	448	4,644	2,438	—	0	3	24	9
Colorado	49	144	482	5,199	13,213	N	0	0	N	N	2	1	7	64	45
Idaho§	—	49	191	2,333	2,282	N	0	0	N	N	—	0	5	35	14
Montana§	14	43	195	2,189	2,019	N	0	0	N	N	—	1	26	127	16
Nevada§	160	85	432	4,420	6,134	—	1	4	52	57	—	0	1	9	11
New Mexico§	—	179	339	8,126	7,206	—	0	3	13	17	—	0	5	25	15
Utah	101	94	173	4,344	3,928	—	1	3	49	18	—	0	3	16	11
Wyoming	—	27	54	1,137	993	—	0	2	2	3	—	0	11	43	3
Pacific	2,031	3,323	5,079	143,946	144,206	121	43	1,179	2,158	1,336	—	1	52	67	302
Alaska	132	81	152	3,617	3,680	—	0	0	—	—	—	0	1	4	3
California	1,292	2,578	4,231	112,822	111,921	121	43	1,179	2,158	1,336	—	0	14	—	176
Hawaii	—	102	135	4,479	4,795	N	0	0	N	N	—	0	1	4	1
Oregon§	119	170	315	7,638	7,704	N	0	0	N	N	—	1	6	59	66
Washington	488	340	604	15,390	16,106	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	—	734	—	0	0	—	—	—	0	0	—	—
Puerto Rico	163	77	187	3,855	3,576	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 November 11, 2006, and November 12, 2005 (45th 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	183	319	1,029	14,647	16,768	3,524	6,520	14,136	287,635	285,618	13	40	142	1,698	1,937
New England	4	23	75	1,054	1,490	120	109	288	4,876	4,880	1	2	19	133	146
Connecticut	—	0	37	253	310	40	43	241	1,984	2,044	—	0	9	42	43
Maine†	4	2	13	155	187	1	2	8	114	118	—	0	4	17	8
Massachusetts	—	9	18	357	667	61	46	86	2,122	2,142	—	1	7	52	71
New Hampshire	—	0	9	26	54	—	3	9	166	149	1	0	2	9	8
Rhode Island	—	1	25	100	107	18	9	19	432	376	—	0	7	4	7
Vermont†	—	3	12	163	165	—	1	4	58	51	—	0	2	9	9
Mid. Atlantic	36	62	254	2,837	3,031	392	647	1,014	28,082	29,446	1	7	30	321	375
New Jersey	—	9	13	339	404	56	103	164	4,428	4,932	—	0	4	—	78
New York (Upstate)	27	24	227	1,058	1,061	98	122	455	5,408	5,949	—	3	27	122	104
New York City	3	15	29	755	788	134	173	382	8,346	8,960	—	1	6	71	71
Pennsylvania	6	15	31	685	778	104	221	399	9,900	9,605	1	3	8	128	122
E.N. Central	23	47	81	2,145	2,952	465	1,266	7,047	55,459	57,246	1	5	14	239	328
Illinois	—	9	21	358	691	129	377	710	17,368	17,336	—	1	6	47	111
Indiana	N	0	0	N	N	113	161	244	7,483	7,014	—	1	11	72	56
Michigan	3	13	37	593	703	150	261	5,880	12,615	9,687	—	0	3	19	22
Ohio	20	16	32	726	701	3	305	648	12,192	18,144	1	2	6	74	99
Wisconsin	—	10	40	468	857	70	135	172	5,801	5,065	—	0	4	27	40
W.N. Central	8	28	260	1,564	1,982	65	368	441	15,991	16,248	—	2	15	133	99
Iowa	1	5	15	249	248	—	35	62	1,545	1,406	—	0	1	1	—
Kansas	—	3	11	172	187	31	42	124	1,734	2,250	—	0	3	14	13
Minnesota	—	1	238	481	859	—	62	105	2,510	3,024	—	0	9	71	40
Missouri	6	9	28	480	454	—	189	251	8,547	8,162	—	0	6	32	30
Nebraska†	1	2	9	102	111	33	25	56	1,225	1,006	—	0	2	8	14
North Dakota	—	0	7	17	14	1	3	7	107	97	—	0	3	7	2
South Dakota	—	1	5	63	109	—	6	15	323	303	—	0	0	—	—
S. Atlantic	38	50	95	2,284	2,407	941	1,592	2,334	71,548	67,257	5	10	24	459	455
Delaware	—	1	4	35	50	24	27	44	1,287	771	—	0	1	1	—
District of Columbia	—	1	4	55	49	17	35	61	1,460	1,835	—	0	2	7	8
Florida	36	19	44	986	854	316	450	548	19,960	17,242	4	3	9	150	113
Georgia	—	11	26	492	643	4	313	1,014	13,795	12,833	—	2	6	87	96
Maryland†	2	3	11	186	190	50	126	186	5,564	6,066	1	1	5	60	64
North Carolina	N	0	0	N	N	348	310	766	15,286	13,358	—	0	9	49	71
South Carolina†	—	1	7	89	98	110	141	704	7,607	7,287	—	0	3	29	32
Virginia†	—	9	50	415	482	69	132	288	5,764	7,248	—	1	8	57	46
West Virginia	—	0	6	26	41	3	17	42	825	617	—	0	4	19	25
E.S. Central	18	8	41	449	369	497	558	866	25,867	24,234	—	2	7	89	106
Alabama†	17	5	29	251	172	10	185	311	8,248	7,929	—	0	5	21	17
Kentucky	N	0	0	N	N	168	55	132	2,648	2,674	—	0	1	4	12
Mississippi	—	0	0	—	—	137	143	436	6,477	6,148	—	0	1	3	—
Tennessee†	1	4	12	198	197	182	193	237	8,494	7,483	—	1	4	61	77
W.S. Central	8	6	31	267	294	469	913	1,430	41,253	39,236	—	1	15	57	102
Arkansas	5	2	8	121	76	71	81	142	3,715	3,918	—	0	2	7	7
Louisiana	—	0	5	29	57	46	158	354	7,241	8,293	—	0	3	10	33
Oklahoma	3	2	24	117	161	124	79	764	4,044	4,068	—	1	14	40	55
Texas†	N	0	0	N	N	228	567	915	26,253	22,957	—	0	1	—	7
Mountain	12	30	66	1,436	1,352	164	220	552	10,074	11,579	1	4	8	167	196
Arizona	—	3	36	137	131	73	92	201	4,102	4,187	—	1	7	77	97
Colorado	7	9	33	479	470	40	42	90	1,933	2,753	—	1	4	43	39
Idaho†	2	3	12	159	137	—	2	15	139	96	1	0	1	5	5
Montana†	—	2	11	94	65	—	3	20	168	133	—	0	0	—	—
Nevada†	—	2	8	85	103	38	25	194	1,415	2,404	—	0	1	1	14
New Mexico†	—	1	6	57	81	—	31	65	1,477	1,322	—	0	4	22	24
Utah	—	7	19	390	341	13	17	25	738	613	—	0	4	16	9
Wyoming	3	1	4	35	24	—	2	6	102	71	—	0	1	3	8
Pacific	36	57	202	2,611	2,891	411	796	963	34,485	35,492	4	2	15	100	130
Alaska	2	1	17	95	99	11	11	24	493	508	—	0	2	9	27
California	34	41	105	1,849	2,058	264	656	830	28,371	29,547	4	0	9	27	52
Hawaii	—	1	3	40	57	1	18	29	773	893	—	0	1	15	9
Oregon†	—	7	14	322	371	20	28	49	1,164	1,333	—	1	6	47	42
Washington	—	6	90	305	306	115	74	142	3,684	3,211	—	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	—	1	15	—	80	—	0	1	—	13
Puerto Rico	—	1	12	68	238	10	5	16	239	316	—	0	0	—	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 November 11, 2006, and November 12, 2005 (45th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
	Med	Max				Med	Max				Med	Max			
United States	12	62	245	2,788	3,684	24	84	574	3,486	4,207	31	43	127	2,073	1,917
New England	—	3	20	152	426	—	2	8	85	135	1	2	12	110	142
Connecticut	—	1	2	37	47	—	1	3	29	42	1	0	9	46	33
Maine†	—	0	2	6	4	—	0	2	18	12	—	0	2	8	7
Massachusetts	—	1	6	51	274	—	0	5	14	46	—	0	4	27	63
New Hampshire	—	0	16	37	80	—	0	2	13	27	—	0	1	1	9
Rhode Island	—	0	4	12	15	—	0	4	9	3	—	0	10	21	21
Vermont†	—	0	2	9	6	—	0	1	2	5	—	0	2	7	9
Mid. Atlantic	—	7	17	316	582	—	8	55	354	577	14	14	47	787	664
New Jersey	—	2	6	71	132	—	2	8	85	211	—	2	10	95	111
New York (Upstate)	—	1	14	81	86	—	1	43	53	52	10	6	30	297	164
New York City	—	2	10	107	273	—	2	5	75	118	—	2	12	114	109
Pennsylvania	—	1	5	57	91	—	3	9	141	196	4	5	18	281	280
E.N. Central	2	6	13	269	331	1	8	24	346	500	10	8	25	409	392
Illinois	—	1	4	61	118	—	1	7	60	143	—	0	4	21	53
Indiana	1	0	5	29	19	—	0	17	47	33	3	0	3	31	27
Michigan	—	2	8	94	102	—	3	6	120	164	1	2	9	119	107
Ohio	1	0	4	48	47	1	2	10	111	116	6	3	19	203	173
Wisconsin	—	1	4	37	45	—	0	2	8	44	—	0	5	35	32
W.N. Central	1	2	30	117	82	1	4	22	145	241	1	1	15	70	90
Iowa	—	0	2	8	19	—	0	3	15	25	—	0	3	10	7
Kansas	—	0	5	26	16	—	0	2	10	27	—	0	2	5	3
Minnesota	—	0	29	16	3	—	0	13	23	29	1	0	11	24	26
Missouri	1	1	3	42	30	—	2	7	77	129	—	0	3	19	27
Nebraska†	—	0	3	17	14	1	0	2	19	24	—	0	2	8	4
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	2
South Dakota	—	0	3	8	—	—	0	1	1	7	—	0	1	4	21
S. Atlantic	2	11	29	487	644	8	24	66	1,009	1,214	5	8	19	379	358
Delaware	—	0	2	10	6	—	1	4	41	28	—	0	2	10	16
District of Columbia	—	0	2	7	4	—	0	2	7	11	—	0	5	27	11
Florida	2	4	13	189	256	6	8	19	364	417	2	3	9	143	101
Georgia	—	1	6	55	114	1	3	9	142	181	—	0	4	18	33
Maryland†	—	1	6	59	66	—	3	10	138	135	1	1	7	77	99
North Carolina	—	0	20	84	81	1	0	23	143	150	2	0	5	33	27
South Carolina†	—	0	3	23	37	—	2	7	72	135	—	0	1	4	14
Virginia†	—	1	11	54	76	—	1	18	53	122	—	1	7	54	39
West Virginia	—	0	3	6	4	—	0	18	49	35	—	0	3	13	18
E.S. Central	1	2	8	114	227	10	6	16	292	324	—	1	9	83	76
Alabama†	1	0	3	17	42	9	2	8	100	80	—	0	2	10	13
Kentucky	—	0	5	31	24	—	1	5	61	62	—	0	4	32	26
Mississippi	—	0	1	7	18	—	0	2	13	46	—	0	1	1	3
Tennessee†	—	1	5	59	143	1	2	7	118	136	—	1	7	40	34
W.S. Central	—	3	77	150	418	2	14	315	623	548	—	0	32	43	42
Arkansas	—	0	9	37	18	—	1	3	41	62	—	0	3	3	6
Louisiana	—	0	4	19	59	—	0	5	31	64	—	0	2	4	2
Oklahoma	—	0	2	6	4	2	0	17	60	39	—	0	3	1	7
Texas†	—	1	73	88	337	—	11	295	491	383	—	0	26	35	27
Mountain	1	5	17	232	292	1	3	16	152	170	—	2	8	114	89
Arizona	1	2	16	142	162	—	0	3	35	—	—	1	5	38	22
Colorado	—	1	4	33	37	1	1	5	31	52	—	0	2	22	19
Idaho†	—	0	2	9	21	—	0	2	11	15	—	0	3	11	4
Montana†	—	0	3	9	8	—	0	7	—	3	—	0	1	5	5
Nevada†	—	0	2	11	20	—	1	5	30	46	—	0	2	8	19
New Mexico†	—	0	3	12	24	—	0	2	18	18	—	0	1	5	3
Utah	—	0	2	13	19	—	0	5	27	34	—	0	6	25	13
Wyoming	—	0	1	3	1	—	0	1	—	2	—	0	0	—	4
Pacific	5	20	163	951	682	1	10	61	480	498	—	2	9	78	64
Alaska	—	0	0	—	4	—	0	3	9	7	—	0	1	—	1
California	5	15	162	858	571	1	8	41	364	334	—	2	9	78	60
Hawaii	—	0	2	10	22	—	0	1	6	7	—	0	0	—	3
Oregon†	—	0	5	39	42	—	1	5	57	92	N	0	0	N	N
Washington	—	1	13	44	43	—	0	18	44	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	60	—	0	8	25	47	—	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 November 11, 2006, and November 12, 2005 (45th 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	125	235	2,153	15,173	19,585	12	25	125	1,098	1,229
New England	81	30	780	2,573	3,551	—	1	11	45	66
Connecticut	10	13	753	1,623	750	—	0	3	11	17
Maine†	—	1	34	220	236	—	0	1	4	5
Massachusetts	—	1	23	33	2,260	—	0	3	19	36
New Hampshire	7	5	90	514	218	—	0	3	9	5
Rhode Island	62	0	30	93	37	—	0	8	1	2
Vermont†	2	1	14	90	50	—	0	1	1	1
Mid. Atlantic	28	137	1,176	8,618	11,196	2	5	13	236	326
New Jersey	3	22	172	1,848	3,249	—	0	3	28	72
New York (Upstate)	22	64	1,150	3,644	3,529	1	1	11	42	47
New York City	—	0	18	115	376	—	2	9	125	174
Pennsylvania	3	37	234	3,011	4,042	1	1	4	41	33
E.N. Central	—	10	146	1,346	1,682	—	2	7	107	132
Illinois	—	0	2	—	124	—	1	4	44	70
Indiana	—	0	3	17	30	—	0	3	9	6
Michigan	—	1	6	49	54	—	0	2	16	21
Ohio	—	1	5	39	53	—	0	3	27	24
Wisconsin	—	9	141	1,241	1,421	—	0	3	11	11
W.N. Central	—	6	169	715	831	3	0	32	50	45
Iowa	—	0	8	83	91	—	0	1	2	8
Kansas	—	0	2	4	3	—	0	2	7	6
Minnesota	—	4	167	606	718	3	0	30	29	11
Missouri	—	0	2	10	14	—	0	1	6	17
Nebraska†	—	0	2	11	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	112	1,631	2,088	4	7	15	290	269
Delaware	1	8	28	437	610	—	0	1	5	3
District of Columbia	—	0	7	55	8	—	0	2	3	8
Florida	4	1	5	42	39	1	1	6	56	47
Georgia	—	0	1	6	6	—	1	6	75	47
Maryland†	3	13	69	789	1,116	3	1	5	64	94
North Carolina	2	0	4	29	44	—	0	8	28	30
South Carolina†	—	0	2	18	19	—	0	2	9	8
Virginia†	—	3	25	242	230	—	1	9	48	29
West Virginia	—	0	44	13	16	—	0	1	2	3
E.S. Central	3	0	3	27	33	—	0	3	21	28
Alabama†	3	0	1	10	3	—	0	2	9	5
Kentucky	—	0	2	7	5	—	0	1	3	10
Mississippi	—	0	0	—	—	—	0	1	4	—
Tennessee†	—	0	2	10	25	—	0	2	5	13
W. S. Central	—	0	3	17	74	—	2	31	78	114
Arkansas	—	0	1	—	4	—	0	1	2	6
Louisiana	—	0	0	—	3	—	0	1	4	5
Oklahoma	—	0	0	—	—	—	0	2	7	10
Texas†	—	0	3	17	67	—	1	29	65	93
Mountain	—	0	4	28	21	1	1	9	63	52
Arizona	—	0	2	7	8	—	0	9	22	13
Colorado	—	0	1	5	—	1	0	1	13	24
Idaho†	—	0	2	5	2	—	0	1	1	—
Montana†	—	0	0	—	—	—	0	1	2	—
Nevada†	—	0	1	2	3	—	0	1	4	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	3	4	16	218	109	2	4	13	208	197
Alaska	—	0	1	3	4	—	0	4	23	5
California	3	4	15	202	76	2	3	10	140	147
Hawaii	N	0	0	N	N	—	0	2	4	17
Oregon†	—	0	2	10	20	—	0	1	9	12
Washington	—	0	3	3	9	—	0	5	32	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	0	—	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 November 11, 2006, and November 12, 2005 (45th Week)*

Reporting area	Meningococcal disease, invasive										Pertussis				
	All serogroups					Serogroup unknown					Pertussis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	11	19	85	869	1,047	7	12	58	579	647	93	258	2,877	11,035	19,933
New England	1	1	3	41	64	1	0	2	28	22	3	26	83	1,007	1,260
Connecticut	1	0	2	10	12	1	0	2	3	1	—	1	5	37	62
Maine†	—	0	1	6	2	—	0	1	4	2	—	1	11	73	47
Massachusetts	—	0	2	15	30	—	0	2	15	5	—	17	43	594	955
New Hampshire	—	0	2	6	12	—	0	2	6	12	1	2	36	153	80
Rhode Island	—	0	1	2	3	—	0	0	—	—	—	0	17	49	36
Vermont†	—	0	1	2	5	—	0	0	—	2	2	1	14	101	80
Mid. Atlantic	—	2	13	91	133	—	1	11	87	103	21	35	137	1,598	1,151
New Jersey	—	0	1	—	31	—	0	1	—	31	—	4	13	184	162
New York (Upstate)	—	0	7	—	34	—	0	5	—	12	14	15	123	738	443
New York City	—	1	4	53	23	—	1	4	53	23	—	1	8	64	96
Pennsylvania	—	0	5	38	45	—	0	5	34	37	7	13	26	612	450
E.N. Central	3	2	11	104	138	2	1	6	72	111	24	39	133	1,638	3,393
Illinois	—	0	4	18	31	—	0	4	18	31	—	6	23	231	816
Indiana	1	0	5	21	18	1	0	1	8	8	4	4	75	213	289
Michigan	1	0	3	20	31	1	0	1	9	18	7	9	37	506	274
Ohio	1	1	5	42	36	—	1	4	34	32	13	12	30	524	1,011
Wisconsin	—	0	2	3	22	—	0	2	3	22	—	4	21	164	1,003
W.N. Central	—	1	4	55	71	—	0	3	18	29	9	24	552	1,049	3,352
Iowa	—	0	2	17	15	—	0	1	5	1	—	5	40	226	951
Kansas	—	0	1	2	9	—	0	1	2	9	5	6	25	274	419
Minnesota	—	0	2	13	13	—	0	1	4	5	—	0	485	161	966
Missouri	—	0	2	14	25	—	0	1	2	11	1	6	42	258	448
Nebraska†	—	0	2	6	5	—	0	1	4	3	3	2	9	84	262
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	25	26	131
South Dakota	—	0	1	2	4	—	0	0	—	—	—	0	4	20	175
S. Atlantic	2	4	14	162	195	2	1	7	67	87	10	19	46	892	1,264
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	2	1	6	65	72	2	0	5	24	29	2	4	9	191	185
Georgia	—	0	3	14	15	—	0	3	14	15	—	0	3	19	45
Maryland†	—	0	2	12	21	—	0	1	2	4	1	3	9	114	181
North Carolina	—	0	11	24	29	—	0	3	7	7	6	0	22	177	98
South Carolina†	—	0	2	18	13	—	0	2	8	8	—	3	11	156	374
Virginia†	—	0	4	16	30	—	0	3	7	14	1	2	27	183	315
West Virginia	—	0	2	8	6	—	0	0	—	2	—	0	9	43	44
E.S. Central	—	1	4	36	52	—	1	4	28	41	3	7	27	326	459
Alabama†	—	0	1	6	5	—	0	1	4	3	2	1	18	94	75
Kentucky	—	0	2	8	17	—	0	2	8	17	—	1	5	54	139
Mississippi	—	0	1	3	6	—	0	1	3	6	—	1	4	38	54
Tennessee†	—	0	2	19	24	—	0	2	13	15	1	3	10	140	191
W.S. Central	3	1	23	55	99	—	0	6	23	24	4	15	360	619	2,104
Arkansas	—	0	3	9	14	—	0	2	6	3	3	2	21	70	281
Louisiana	—	0	2	6	29	—	0	1	3	6	—	0	3	13	46
Oklahoma	3	0	4	11	14	—	0	0	—	2	1	0	124	19	1
Texas†	—	0	16	29	42	—	0	4	14	13	—	13	215	517	1,776
Mountain	—	1	5	61	82	—	0	4	30	23	19	56	230	2,254	3,591
Arizona	—	0	3	17	31	—	0	3	17	10	10	8	177	436	872
Colorado	—	0	2	19	17	—	0	1	2	—	9	14	40	673	1,180
Idaho†	—	0	1	3	6	—	0	1	2	5	—	2	8	81	189
Montana†	—	0	1	4	—	—	0	1	2	—	—	2	9	101	569
Nevada†	—	0	1	3	12	—	0	0	—	2	—	0	9	54	48
New Mexico†	—	0	1	6	5	—	0	1	3	4	—	2	6	79	169
Utah	—	0	1	5	11	—	0	0	—	2	—	14	39	758	516
Wyoming	—	0	2	4	—	—	0	2	4	—	—	1	8	72	48
Pacific	2	5	29	264	213	2	5	25	226	207	—	34	1,334	1,652	3,359
Alaska	—	0	1	2	3	—	0	1	2	3	—	1	15	63	129
California	2	3	14	165	135	2	3	14	165	135	—	23	1,136	1,151	1,667
Hawaii	—	0	1	7	11	—	0	1	7	6	—	1	4	70	155
Oregon†	—	1	7	60	45	—	1	4	41	45	—	2	8	94	611
Washington	—	0	25	30	19	—	0	11	11	18	—	5	195	274	797
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	0	—	7	—	0	0	—	7	—	0	1	2	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 November 11, 2006, and November 12, 2005 (45th 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	37	119	228	5,457	5,253	47	38	246	1,880	1,545	499	800	2,291	36,038	38,454
New England	9	11	26	594	634	—	0	2	2	8	4	26	447	1,661	1,941
Connecticut	4	3	14	186	183	—	0	0	—	—	—	0	439	439	428
Maine†	—	2	8	98	53	N	0	0	N	N	—	2	10	102	151
Massachusetts	—	4	17	178	306	—	0	1	1	6	—	17	53	782	1,027
New Hampshire	2	0	5	48	12	—	0	1	1	1	4	3	25	191	154
Rhode Island	1	0	3	24	27	—	0	2	—	1	—	0	17	83	95
Vermont†	2	1	5	60	53	—	0	0	—	—	—	1	6	64	86
Mid. Atlantic	6	27	61	1,392	883	3	1	5	70	91	39	83	272	4,449	4,561
New Jersey	N	0	0	N	N	—	0	1	7	27	—	14	48	802	892
New York (Upstate)	6	11	24	489	495	1	0	2	5	1	31	23	233	1,127	1,082
New York City	—	0	5	27	26	—	0	3	17	7	—	23	48	1,071	1,081
Pennsylvania	—	16	45	876	362	2	1	3	41	56	8	29	67	1,449	1,506
E.N. Central	—	2	18	152	167	1	0	6	35	41	40	101	187	4,433	5,061
Illinois	—	0	7	46	50	—	0	1	3	11	—	24	51	991	1,663
Indiana	—	0	2	11	11	—	0	1	5	1	18	15	67	774	557
Michigan	—	1	5	44	36	—	0	1	2	6	1	18	34	840	817
Ohio	—	0	9	51	70	1	0	4	24	21	21	22	56	1,105	1,182
Wisconsin	N	0	0	N	N	—	0	1	1	2	—	16	27	723	842
W.N. Central	8	5	20	274	299	1	2	15	198	147	27	44	107	2,306	2,298
Iowa	1	1	7	57	—	—	0	1	5	7	2	8	21	381	378
Kansas	—	1	5	71	74	—	0	1	4	5	3	7	16	322	328
Minnesota	1	1	6	39	66	—	0	2	4	2	14	11	60	639	495
Missouri	—	1	6	64	68	1	2	10	161	121	5	14	35	667	719
Nebraska†	—	0	0	—	—	—	0	5	24	7	3	3	8	162	199
North Dakota	6	0	7	22	29	—	0	1	—	—	—	0	46	27	36
South Dakota	—	0	4	21	62	—	0	0	—	5	—	3	7	108	143
S. Atlantic	10	38	173	1,876	1,880	41	16	94	1,069	797	201	218	394	9,795	11,125
Delaware	—	0	0	—	—	—	0	3	18	7	—	2	10	136	114
District of Columbia	—	0	0	—	—	—	0	1	1	2	2	1	4	56	52
Florida	—	0	157	157	201	—	0	3	19	13	123	95	185	4,152	4,545
Georgia	—	4	9	189	235	—	0	5	40	85	33	29	75	1,520	1,765
Maryland†	—	7	13	300	341	1	1	6	70	66	11	12	29	620	734
North Carolina	9	9	22	458	421	40	14	87	795	443	29	34	130	1,465	1,470
South Carolina†	—	3	11	154	196	—	0	5	32	67	3	18	51	873	1,271
Virginia†	—	11	27	523	434	—	1	13	91	107	—	20	57	849	1,007
West Virginia	1	1	13	95	52	—	0	2	3	7	—	2	19	124	167
E.S. Central	2	4	16	224	139	1	6	30	337	274	47	50	149	2,673	2,663
Alabama†	2	1	8	78	74	1	1	10	108	69	43	15	71	956	646
Kentucky	—	0	4	27	16	—	0	1	3	3	1	8	23	383	442
Mississippi	—	0	2	4	5	—	0	1	2	16	—	12	42	673	828
Tennessee†	—	2	9	115	44	—	4	21	224	186	3	14	31	661	747
W.S. Central	—	13	34	555	804	—	1	161	112	158	24	80	922	3,517	3,845
Arkansas	—	0	4	26	33	—	0	10	49	116	15	15	47	834	665
Louisiana	—	0	0	—	—	—	0	1	4	6	1	13	42	719	831
Oklahoma	—	1	9	58	71	—	0	154	35	7	8	8	48	448	364
Texas†	—	10	29	471	700	—	0	4	24	29	—	32	839	1,516	1,985
Mountain	1	3	27	196	248	—	1	6	50	27	8	53	87	2,227	2,093
Arizona	—	2	10	128	159	—	0	6	12	13	—	17	67	742	585
Colorado	—	0	0	—	18	—	0	1	2	4	6	12	30	548	515
Idaho†	—	0	25	25	—	—	0	3	13	3	2	3	9	156	130
Montana†	—	0	2	13	15	—	0	2	2	1	—	3	16	112	99
Nevada†	—	0	1	2	14	—	0	0	—	—	—	3	20	171	172
New Mexico†	1	0	2	9	10	—	0	2	8	4	—	4	15	212	228
Utah	—	0	1	11	15	—	0	2	6	—	—	5	15	245	284
Wyoming	—	0	2	8	17	—	0	1	7	2	—	1	4	41	80
Pacific	1	4	10	194	199	—	0	1	7	2	109	109	426	4,977	4,867
Alaska	—	0	4	15	1	—	0	0	—	—	—	1	7	66	51
California	1	3	9	159	191	—	0	1	5	—	106	88	292	3,917	3,719
Hawaii	—	0	0	—	—	—	0	0	—	—	3	5	10	211	264
Oregon†	—	0	4	20	7	—	0	1	2	2	—	7	16	343	365
Washington	U	0	0	U	U	N	0	0	N	N	—	9	124	440	468
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	—	34
Puerto Rico	—	1	6	68	60	N	0	0	N	N	—	4	35	199	561
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 November 11, 2006, and November 12, 2005 (45th Week)*

Reporting area	Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	23	52	297	2,405	2,883	310	256	1,013	11,376	13,243	41	93	282	4,169	3,924
New England	—	3	70	232	201	—	3	65	216	288	—	4	15	182	257
Connecticut	—	0	69	69	52	—	0	59	59	51	U	0	2	U	91
Maine [§]	—	0	8	31	28	—	0	2	3	14	—	0	2	17	14
Massachusetts	—	1	9	82	82	—	2	11	128	174	—	2	6	101	116
New Hampshire	—	0	3	24	15	—	0	4	7	13	—	0	9	44	17
Rhode Island	—	0	2	8	7	—	0	3	13	20	—	0	3	7	9
Vermont [§]	—	0	2	2	17	—	0	2	6	16	—	0	2	13	10
Mid. Atlantic	1	4	107	183	327	1	16	72	738	1,122	8	18	43	800	777
New Jersey	—	0	3	3	69	—	4	34	241	284	—	2	8	122	164
New York (Upstate)	—	0	103	12	124	—	4	60	201	240	3	4	32	268	217
New York City	—	0	4	32	17	—	5	12	219	371	—	3	8	133	151
Pennsylvania	—	0	4	8	117	1	1	6	77	227	5	6	13	277	245
E.N. Central	5	10	54	554	575	16	20	37	886	1,028	2	14	43	704	805
Illinois	—	1	7	64	126	—	7	18	307	354	—	3	11	144	270
Indiana	—	1	8	76	64	10	2	18	142	153	1	2	11	101	92
Michigan	—	2	7	80	82	—	3	8	133	213	—	3	12	193	188
Ohio	5	2	18	162	153	6	3	14	172	101	1	4	19	215	171
Wisconsin	—	2	39	172	150	—	3	9	132	207	—	1	4	51	84
W.N. Central	8	8	32	476	487	15	35	77	1,472	1,462	7	5	57	304	240
Iowa	—	2	8	116	94	—	2	10	94	90	N	0	0	N	N
Kansas	—	0	4	21	51	—	3	20	128	205	—	1	5	52	36
Minnesota	7	3	27	218	160	9	2	23	201	81	7	0	52	143	90
Missouri	1	1	10	82	89	4	11	69	604	877	—	1	5	63	61
Nebraska [§]	—	1	8	55	56	—	2	14	118	123	—	0	4	27	22
North Dakota	—	0	15	—	7	2	0	18	103	4	—	0	5	11	10
South Dakota	—	0	5	40	30	—	4	22	224	82	—	0	3	8	21
S. Atlantic	5	8	39	404	369	118	58	124	2,784	2,095	16	22	44	1,009	811
Delaware	—	0	2	7	9	—	0	2	9	11	—	0	2	10	6
District of Columbia	—	0	1	2	1	—	0	2	15	12	—	0	2	15	10
Florida	1	2	29	82	82	52	27	77	1,343	1,018	8	5	16	264	215
Georgia	2	1	6	79	48	61	19	42	1,005	576	6	5	12	205	175
Maryland [§]	2	1	8	83	70	1	2	10	112	92	2	4	12	177	157
North Carolina	1	2	7	101	58	4	1	21	143	179	—	0	26	145	115
South Carolina [§]	—	0	2	8	11	—	1	9	72	92	—	1	6	54	32
Virginia [§]	—	0	8	—	87	—	1	9	81	114	—	2	11	113	79
West Virginia	—	0	5	12	3	—	0	2	4	1	—	0	6	26	22
E.S. Central	—	1	12	89	168	73	13	50	761	1,095	2	3	11	177	156
Alabama [§]	1	0	5	39	28	71	3	31	333	207	N	0	0	N	N
Kentucky	—	1	12	89	72	—	4	15	211	285	—	0	5	34	31
Mississippi	—	0	0	—	8	—	1	8	76	85	—	0	0	—	—
Tennessee [§]	—	0	4	24	60	2	2	12	141	518	2	3	9	143	125
W.S. Central	—	1	52	68	99	42	37	596	1,553	3,188	2	7	58	327	274
Arkansas	—	0	7	33	12	—	2	9	102	56	—	0	5	25	19
Louisiana	—	0	1	—	21	—	1	25	127	128	—	0	2	8	—
Oklahoma	—	0	17	35	25	2	3	286	119	588	2	2	14	92	101
Texas [§]	2	2	44	97	41	40	29	308	1,205	2,416	—	4	43	202	154
Mountain	3	5	16	277	281	9	23	88	1,231	824	4	11	77	567	507
Arizona	—	2	13	109	30	1	13	35	628	433	—	6	57	299	218
Colorado	2	1	8	94	73	5	3	16	211	148	4	3	8	128	157
Idaho [§]	—	1	7	73	46	—	0	3	14	17	—	0	2	8	3
Montana [§]	—	0	1	—	15	—	0	10	30	5	—	0	0	—	—
Nevada [§]	—	0	5	22	21	—	1	20	103	55	—	0	0	—	—
New Mexico [§]	—	0	1	4	24	—	2	15	152	122	—	1	7	66	71
Utah	—	1	14	111	63	—	1	6	71	39	—	1	7	62	54
Wyoming	—	0	3	18	9	3	0	8	22	5	—	0	1	4	4
Pacific	1	2	50	122	376	36	38	148	1,735	2,141	—	2	9	99	97
Alaska	—	0	0	—	—	—	0	2	9	11	—	0	0	—	—
California	—	2	18	—	127	36	31	104	1,440	1,849	—	0	0	—	—
Hawaii	1	0	2	16	13	—	1	4	42	31	—	2	9	99	97
Oregon [§]	—	2	13	107	149	—	1	31	112	117	N	0	0	N	N
Washington	—	2	32	106	87	—	2	43	132	133	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-O157; and Shiga toxin positive, not serogrouped.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 11, 2006, and November 12, 2005 (45th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	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	33	51	333	2,141	2,184	88	176	334	7,773	7,369	469	812	2,857	35,224	24,574
New England	1	1	24	32	197	1	4	17	174	183	21	36	144	1,284	4,569
Connecticut	U	0	7	U	81	1	0	11	38	42	U	0	58	U	1,396
Maine†	—	0	2	8	N	—	0	2	8	1	—	4	20	151	267
Massachusetts	—	0	6	—	87	—	3	6	106	105	—	0	54	94	2,024
New Hampshire	—	0	0	—	—	—	0	2	11	13	7	6	47	434	279
Rhode Island	—	0	11	10	18	—	0	2	9	21	—	0	0	—	—
Vermont†	1	0	2	14	11	—	0	1	2	1	14	12	50	605	603
Mid. Atlantic	4	3	15	148	182	5	21	35	970	889	60	102	183	4,128	4,152
New Jersey	N	0	0	N	N	—	3	8	145	115	—	0	0	—	—
New York (Upstate)	1	1	10	54	71	2	3	14	132	69	—	0	0	—	—
New York City	U	0	0	U	U	1	10	23	468	534	—	0	0	—	—
Pennsylvania	3	2	9	94	111	2	5	12	225	171	60	102	183	4,128	4,152
E.N. Central	11	12	41	502	546	11	17	39	763	796	184	234	587	12,498	4,916
Illinois	—	0	3	17	30	1	8	23	355	447	—	1	7	68	87
Indiana	3	2	21	140	166	1	1	4	78	55	—	0	475	475	—
Michigan	—	0	4	18	38	3	2	19	105	72	56	102	174	3,851	3,155
Ohio	8	6	32	327	312	4	3	8	167	190	128	122	420	7,460	1,293
Wisconsin	N	0	0	N	N	2	1	4	58	32	—	13	52	644	381
W.N. Central	1	1	191	99	39	1	5	11	218	228	48	27	98	1,499	450
Iowa	N	0	0	N	N	—	0	2	16	8	N	0	0	N	N
Kansas	N	0	0	N	N	1	0	3	22	17	6	3	24	284	—
Minnesota	—	0	191	60	—	—	0	2	21	65	—	0	0	—	—
Missouri	1	1	3	37	32	—	3	8	143	132	42	22	82	1,112	305
Nebraska†	—	0	1	1	2	—	0	1	3	4	—	0	0	—	—
North Dakota	—	0	1	—	2	—	0	1	1	1	—	0	25	45	31
South Dakota	—	0	1	1	3	—	0	3	12	1	—	1	12	58	114
S. Atlantic	16	26	53	1,130	913	32	42	186	1,842	1,837	29	91	860	3,773	2,107
Delaware	—	0	2	—	1	—	0	2	16	10	—	1	5	61	28
District of Columbia	—	0	3	26	13	2	2	9	112	98	3	0	5	42	34
Florida	13	14	36	627	492	13	15	23	647	616	—	0	0	—	—
Georgia	3	8	29	379	302	—	7	147	314	423	—	0	0	—	—
Maryland†	—	0	0	—	—	3	5	19	252	261	1	0	4	11	—
North Carolina	N	0	0	N	N	9	5	17	267	233	—	0	0	—	—
South Carolina†	—	0	0	—	—	—	1	6	60	71	8	15	53	901	527
Virginia†	N	0	0	N	N	5	3	17	169	122	—	33	812	1,441	556
West Virginia	—	1	14	98	105	—	0	1	5	3	17	27	70	1,317	962
E.S. Central	—	3	13	131	156	10	13	25	647	417	—	1	70	113	205
Alabama†	N	0	0	N	N	—	5	19	280	137	—	1	70	111	205
Kentucky	—	0	2	—	27	2	1	8	63	46	N	0	0	N	N
Mississippi	—	0	0	—	1	3	1	7	68	43	—	0	1	2	—
Tennessee†	—	3	13	131	128	5	5	13	236	191	N	0	0	N	N
W.S. Central	—	0	5	20	104	21	29	52	1,376	1,086	76	187	1,757	9,573	5,909
Arkansas	—	0	3	12	12	4	1	5	68	45	5	9	110	739	21
Louisiana	—	0	4	8	92	8	4	27	255	244	—	0	8	48	119
Oklahoma	N	0	0	N	N	1	1	6	64	32	—	0	0	—	—
Texas†	N	0	0	N	N	8	22	36	989	765	71	170	1,647	8,786	5,769
Mountain	—	1	8	79	47	3	8	25	360	370	51	56	138	2,356	2,266
Arizona	N	0	0	N	N	2	3	16	156	150	—	0	0	—	—
Colorado	N	0	0	N	N	1	1	3	43	42	43	30	76	1,262	1,580
Idaho†	N	0	0	N	N	—	0	1	2	20	—	0	0	—	—
Montana†	—	0	1	—	—	—	0	1	1	5	—	0	2	2	—
Nevada†	—	0	0	—	—	—	1	12	91	97	—	0	0	—	—
New Mexico†	—	0	1	1	—	—	1	5	58	48	7	3	34	323	188
Utah	—	0	8	36	24	—	0	2	9	8	—	13	55	716	446
Wyoming	—	1	4	42	23	—	0	0	—	—	1	0	11	53	52
Pacific	—	0	0	—	—	4	34	51	1,423	1,563	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	9	6	—	0	0	—	—
California	N	0	0	N	N	1	29	41	1,225	1,390	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	16	9	N	0	0	N	N
Oregon†	N	0	0	N	N	1	0	3	17	32	N	0	0	N	N
Washington	N	0	0	N	N	2	2	10	156	126	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	—	421
Puerto Rico	N	0	0	N	N	4	3	10	120	193	—	7	47	299	616
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 November 11, 2006, and November 12, 2005 (45th 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	170	1,351	1,189	—	1	380	2,382	1,680
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	7	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	4	3
Pennsylvania	—	0	2	8	14	—	0	1	1	11
E.N. Central	—	0	41	230	258	—	0	22	99	156
Illinois	—	0	21	117	136	—	0	19	70	115
Indiana	—	0	7	26	11	—	0	2	7	12
Michigan	—	0	9	41	54	—	0	1	2	8
Ohio	—	0	11	35	46	—	0	3	11	15
Wisconsin	—	0	2	11	11	—	0	2	9	6
W.N. Central	—	0	35	214	169	—	0	76	441	463
Iowa	—	0	3	21	14	—	0	4	13	23
Kansas	—	0	3	17	17	—	0	3	13	N
Minnesota	—	0	6	30	18	—	0	7	35	27
Missouri	—	0	13	47	17	—	0	2	12	13
Nebraska [§]	—	0	8	41	55	—	0	35	176	133
North Dakota	—	0	5	20	12	—	0	28	117	74
South Dakota	—	0	7	38	36	—	0	22	75	193
S. Atlantic	—	0	2	13	34	—	0	4	7	29
Delaware	—	0	0	—	1	—	0	0	—	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	5	11
Maryland [§]	—	0	2	7	4	—	0	1	1	1
North Carolina	—	0	0	—	2	—	0	0	—	2
South Carolina [§]	—	0	0	—	5	—	0	0	—	—
Virginia [§]	—	0	0	—	—	—	0	0	—	1
West Virginia	—	0	1	1	—	N	0	0	N	N
E.S. Central	—	0	14	106	65	—	0	15	92	38
Alabama [§]	—	0	2	7	6	—	0	0	—	4
Kentucky	—	0	0	—	5	—	0	1	1	—
Mississippi	—	0	10	84	39	—	0	15	89	31
Tennessee [§]	—	0	4	15	15	—	0	2	2	3
W.S. Central	—	0	59	340	156	—	0	26	204	149
Arkansas	—	0	4	21	13	—	0	2	5	15
Louisiana	—	0	14	88	—	—	0	9	81	54
Oklahoma	—	0	6	26	17	—	0	4	18	14
Texas [§]	—	0	38	205	126	—	0	15	100	66
Mountain	—	0	61	337	145	—	0	222	1,300	238
Arizona	—	0	9	47	52	—	0	12	56	59
Colorado	—	0	10	60	21	—	0	48	250	85
Idaho [§]	—	0	30	111	3	—	0	151	752	10
Montana [§]	—	0	3	12	8	—	0	7	21	17
Nevada [§]	—	0	9	34	14	—	0	13	75	17
New Mexico [§]	—	0	1	3	20	—	0	1	5	13
Utah	—	0	8	55	21	—	0	17	101	31
Wyoming	—	0	7	15	6	—	0	8	40	6
Pacific	—	0	15	84	306	—	0	45	229	581
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	15	78	305	—	0	33	178	575
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon [§]	—	0	2	6	1	—	0	12	48	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 November 11, 2006 (45th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	431	294	97	23	6	11	49	S. Atlantic	928	559	242	78	32	16	50
Boston, MA	125	74	32	7	3	9	12	Atlanta, GA	135	74	39	13	6	3	5
Bridgeport, CT	23	18	3	2	—	—	3	Baltimore, MD	139	76	41	17	2	3	6
Cambridge, MA	14	13	1	—	—	—	3	Charlotte, NC	105	69	22	9	5	—	9
Fall River, MA	24	18	3	3	—	—	1	Jacksonville, FL	121	75	30	11	3	2	9
Hartford, CT	35	22	11	1	1	—	3	Miami, FL	38	24	8	4	1	1	—
Lowell, MA	24	18	4	1	1	—	3	Norfolk, VA	27	17	7	1	—	2	2
Lynn, MA	9	6	3	—	—	—	2	Richmond, VA	45	25	15	4	1	—	5
New Bedford, MA	21	17	3	1	—	—	5	Savannah, GA	50	36	8	5	1	—	2
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	14	10	3	1	—	—	—
Providence, RI	52	35	13	2	—	2	10	Tampa, FL	140	88	36	7	8	—	9
Somerville, MA	5	2	3	—	—	—	—	Washington, D.C.	99	55	29	5	5	5	2
Springfield, MA	29	22	7	—	—	—	—	Wilmington, DE	15	10	4	1	—	—	1
Waterbury, CT	31	22	6	3	—	—	4	E.S. Central	737	466	192	42	18	19	49
Worcester, MA	39	27	8	3	1	—	3	Birmingham, AL	96	64	26	4	—	2	7
Mid. Atlantic	1,826	1,266	384	109	33	34	105	Chattanooga, TN	84	48	25	4	5	2	3
Albany, NY	56	39	11	3	2	1	5	Knoxville, TN	103	68	27	3	3	2	7
Allentown, PA	26	19	5	1	1	—	1	Lexington, KY	63	39	16	6	1	1	6
Buffalo, NY	84	51	26	4	2	1	2	Memphis, TN	125	79	37	3	2	4	10
Camden, NJ	30	16	9	4	1	—	1	Mobile, AL	63	41	12	9	1	—	—
Elizabeth, NJ	13	9	2	2	—	—	—	Montgomery, AL	64	44	13	2	1	4	6
Erie, PA	30	24	5	—	—	1	2	Nashville, TN	139	83	36	11	5	4	10
Jersey City, NJ	38	23	8	6	—	1	1	W.S. Central	1,233	779	300	95	28	31	74
New York City, NY	799	557	176	47	11	8	45	Austin, TX	67	52	9	5	—	1	6
Newark, NJ	50	27	16	4	2	1	5	Baton Rouge, LA	36	22	13	—	—	1	3
Paterson, NJ	10	8	1	—	1	—	—	Corpus Christi, TX	55	40	11	2	2	—	7
Philadelphia, PA	315	211	53	22	10	19	14	Dallas, TX	192	104	50	24	6	8	12
Pittsburgh, PA [§]	29	17	8	4	—	—	2	El Paso, TX	75	52	20	2	1	—	6
Reading, PA	30	24	5	1	—	—	—	Fort Worth, TX	113	81	26	6	—	—	7
Rochester, NY	106	83	17	3	1	2	10	Houston, TX	323	191	86	27	12	7	11
Schenectady, NY	18	17	1	—	—	—	2	Little Rock, AR	64	41	16	3	2	2	1
Scranton, PA	38	26	11	1	—	—	6	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	95	74	17	3	1	—	6	San Antonio, TX	165	107	32	16	2	8	11
Trenton, NJ	20	9	8	2	1	—	1	Shreveport, LA	45	32	8	3	1	1	8
Utica, NY	16	13	1	2	—	—	—	Tulsa, OK	98	57	29	7	2	3	2
Yonkers, NY	23	19	4	—	—	—	2	Mountain	960	623	213	70	26	28	61
E.N. Central	1,911	1,242	463	121	43	42	94	Albuquerque, NM	100	59	24	10	7	—	2
Akron, OH	51	32	14	1	2	2	—	Boise, ID	43	36	6	—	1	—	4
Canton, OH	43	37	5	1	—	—	4	Colorado Springs, CO	80	63	10	4	1	2	7
Chicago, IL	271	146	83	26	8	8	14	Denver, CO	95	55	18	9	4	9	6
Cincinnati, OH	67	41	12	6	4	4	4	Las Vegas, NV	217	137	55	14	5	6	12
Cleveland, OH	253	193	37	14	5	4	11	Ogden, UT	31	25	3	2	1	—	2
Columbus, OH	204	120	59	14	6	5	12	Phoenix, AZ	132	66	44	13	2	7	9
Dayton, OH	120	83	27	7	2	1	10	Pueblo, CO	26	19	6	1	—	—	4
Detroit, MI	138	61	57	14	3	3	8	Salt Lake City, UT	125	81	27	14	2	1	11
Evansville, IN	49	41	7	—	1	—	2	Tucson, AZ	111	82	20	3	3	3	4
Fort Wayne, IN	57	33	15	3	3	3	2	Pacific	1,258	842	279	77	28	32	88
Gary, IN	15	9	4	1	1	—	—	Berkeley, CA	16	11	4	1	—	—	2
Grand Rapids, MI	59	39	12	3	2	3	—	Fresno, CA	89	52	26	8	2	1	6
Indianapolis, IN	190	120	46	14	4	6	12	Glendale, CA	1	1	—	—	—	—	—
Lansing, MI	45	34	10	1	—	—	4	Honolulu, HI	54	37	11	1	1	4	3
Milwaukee, WI	79	56	15	7	—	1	3	Long Beach, CA	59	41	11	5	2	—	9
Peoria, IL	42	24	15	2	—	1	1	Los Angeles, CA	84	29	31	12	7	5	6
Rockford, IL	51	39	9	2	1	—	2	Pasadena, CA	43	31	7	3	2	—	5
South Bend, IN	46	40	5	1	—	—	3	Portland, OR	128	85	28	6	3	6	4
Toledo, OH	100	67	28	3	1	1	1	Sacramento, CA	169	126	32	8	1	2	10
Youngstown, OH	31	27	3	1	—	—	1	San Diego, CA	97	68	14	7	4	4	9
W.N. Central	562	367	127	36	17	15	37	San Francisco, CA	115	84	23	7	—	1	9
Des Moines, IA	82	56	16	4	2	4	11	San Jose, CA	161	110	40	4	1	6	8
Duluth, MN	32	23	7	1	1	—	2	Santa Cruz, CA	20	13	6	1	—	—	3
Kansas City, KS	18	12	4	1	1	—	—	Seattle, WA	89	62	17	6	2	2	6
Kansas City, MO	91	61	20	6	4	—	6	Spokane, WA	52	34	14	3	—	1	3
Lincoln, NE	21	14	5	1	1	—	2	Tacoma, WA	81	58	15	5	3	—	5
Minneapolis, MN	58	33	16	5	4	—	5	Total	9,846**	6,438	2,297	651	231	228	607
Omaha, NE	76	56	14	4	—	2	7								
St. Louis, MO	95	54	28	7	2	4	2								
St. Paul, MN	41	22	9	4	1	5	1								
Wichita, KS	48	36	8	3	1	—	1								

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

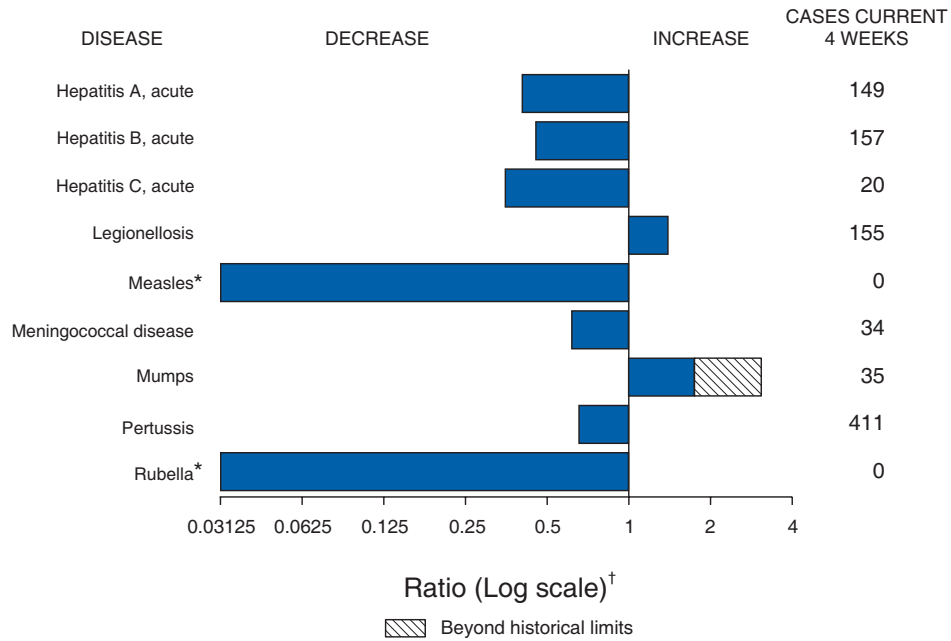
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 11, 2006, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 45 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	Rosaline Dhara
Willie J. Anderson	Vernitta Love
Lenee Blanton	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.

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

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

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