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World TB Day — March 24, 2007

World TB Day is observed on March 24 each year and commemorates the date in 1882 when Dr. Robert Koch announced the discovery of *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis (TB). Worldwide, TB remains one of the leading causes of death from infectious disease. An estimated 2 billion persons (i.e., one third of the world's population) are infected with *M. tuberculosis*. Each year, approximately 9 million persons become ill from TB; of these, nearly 2 million die from the disease. World TB Day provides an opportunity for TB programs, nongovernmental organizations, and other partners to describe problems and solutions related to the TB pandemic and to support worldwide TB-control activities. The theme for this year's observance is "TB Elimination: Now is the Time!"

After approximately 30 years of decline, the number of TB cases reported in the United States increased 20% during 1985–1992. This led to a renewed emphasis on TB control and prevention during the 1990s. However, although the 2006 TB rate is the lowest recorded in the United States since national reporting began in 1953, the average annual decline has slowed since 2000. In addition, multidrug-resistant TB remains a threat, extensively drug-resistant TB has become an emerging threat, and persons of racial/ethnic minority populations and foreign-born persons continue to account for a disproportionate number of TB cases.

CDC and its partners are committed to eliminating TB in the United States. In many states, education and awareness programs convened by local TB coalitions will take place in commemoration of World TB Day. Additional information about World TB Day and CDC TB-elimination activities is available at http://www.cdc.gov/nchstp/tb/worldtbday.

Trends in Tuberculosis Incidence — United States, 2006

In 2006, a total of 13,767 tuberculosis (TB) cases (4.6 per 100,000 population) were reported in the United States, representing a 3.2% decline from the 2005 rate. This report summarizes provisional 2006 TB incidence data from the National TB Surveillance System and describes trends since 1993. The TB rate in 2006 was the lowest recorded since national reporting began in 1953, but the rate of decline has slowed since 2000. The average annual percentage decline in the TB incidence rate decreased from 7.3% per year during 1993–2000 (95% confidence interval [CI] = 6.9%–7.8%) to 3.8% during 2000–2006 (CI = 3.1%–4.5%). Foreign-born persons and racial/ethnic minority populations continue to be affected disproportionately by TB in the United States. In 2006, the TB rate among foreign-born persons in the United States was 9.5 times that of U.S.-born persons.* The TB rates among blacks, Asians, and Hispanics† were 8.4, 21.2, and 7.6 times higher than rates among whites, respectively. The slowing of the decline in the overall national TB rate and the inability to

*A U.S.-born person was defined as someone born in the United States or its associated jurisdictions or someone born in a foreign country but having at least one U.S.-born parent. Persons not meeting this definition were classified as foreign born. For 2006, persons with unknown origin of birth represented 0.6% (84 of 13,767) of total cases.

† For this report, persons identified as white, black, Asian, American Indian/Alaska Native, Native Hawaiian or Other Pacific Islander, or of multiple race are all classified as non-Hispanic. Persons identified as Hispanic might be of any race.

INSIDE

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

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effectively address persistent disparities in TB rates between U.S.-born and foreign-born persons and between whites and racial/ethnic minority populations threaten progress toward the goal of eliminating TB in the United States. In 1989, CDC and the Advisory Committee for the Elimination of Tuberculosis issued a strategic plan for the elimination of TB, setting an interim target case rate of 3.5 per 100,000 population by 2000 and ultimately the elimination of TB (i.e., <1 case per 1 million population) in the United States by 2010 (*1*).

TB is a nationally notifiable disease. Health departments in the 50 states and District of Columbia (DC) electronically report to CDC any TB cases that meet the CDC and Council of State and Territorial Epidemiologists case definition.[§] Reports include the patient's race, ethnicity (i.e., Hispanic or non-Hispanic), treatment information, and drug-susceptibility test results if available. For this analysis, CDC calculated national and state TB rates (*2*) and rates for foreign-born and U.S.-born persons (*3*) and racial/ethnic populations (*4*) by using current U.S. census population estimates for the years 1993 through 2006.

In 2006, TB incidence rates in the 51 reporting areas ranged from 0.8 (Wyoming) to 12.6 (DC) cases per 100,000 population (median: 3.4 cases). Thirty states had lower rates in 2006 than 2005; 20 states and DC had higher rates (Table 1). In 2006, for the second consecutive year and the second time since national reporting began, approximately half of states (26 of 50) had TB rates of ≤3.5 per 100,000 (Figure 1); however, 11 of those 26 states had higher rates of TB in 2006 than in 2005. Seven states (California, Florida, Georgia, Illinois, New Jersey, New York, and Texas) reported more than 500 cases each for 2006; combined, these seven states accounted for 60% (8,259) of all TB cases.

Among U.S.-born persons, the number and rate of TB cases continued to decline in 2006. The U.S.-born TB rate was 2.3 per 100,000 population (5,924 or 43.3% of all cases with known origin of birth), representing a 7.0% decline in rate since 2005 and a 68.6% decline since 1993 (Figure 2).

Among foreign-born persons, the number of TB cases increased in 2006, but the rate decreased. The foreign-born TB rate in 2006 was 21.9 per 100,000 population, representing a 0.5% decline in rate since 2006 and a 35.8% decline since 1993. As the rate of decline in TB cases among foreign-born persons lagged behind the decline in TB cases among

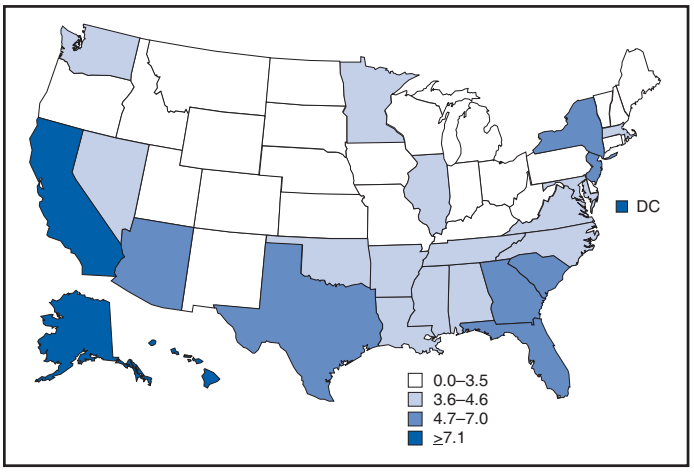
[§] Full case definition is available at http://www.cdc.gov/epo/dphsi/casedef/tuberculosis_current.htm. To be considered a confirmed case, cases must meet the clinical case definition or be laboratory confirmed. Cases are not counted twice within any consecutive 12-month period. However, cases in which the patient had previously verified disease are reported again if the patient was discharged from treatment. Cases also are reported again if the patient was lost to supervision for >12 months and disease can be verified again.

TABLE 1. Number and rate* of tuberculosis cases and percentage change, by state/area — United States, 2005 and 2006†

State/Area	2005		2006		% change 2005–2006		Population	
	No.	Rate	No.	Rate	No.	Rate	2005	2006
Alabama	216	4.7	196	4.3	-9.3%	-10.3%	4,548,327	4,599,030
Alaska	59	8.9	70	10.4	18.6%	17.4%	663,253	670,053
Arizona	281	4.7	311	5.0	10.7%	6.8%	5,953,007	6,166,318
Arkansas	115	4.1	102	3.6	-11.3%	-12.4%	2,775,708	2,810,872
California	2,903	8.0	2,781	7.6	-4.2%	-5.0%	36,154,147	36,457,549
Colorado	101	2.2	124	2.6	22.8%	20.4%	4,663,295	4,753,377
Connecticut	95	2.7	89	2.5	-6.3%	-6.4%	3,500,701	3,504,809
Delaware	27	3.2	29	3.4	7.4%	5.9%	841,741	853,476
District of Columbia	55	9.4	73	12.6	32.7%	32.8%	582,049	581,530
Florida	1,093	6.2	1,038	5.7	-5.0%	-6.7%	17,768,191	18,089,888
Georgia	508	5.6	504	5.4	-0.8%	-3.2%	9,132,553	9,363,941
Hawaii	112	8.8	115	8.9	2.7%	1.7%	1,273,278	1,285,498
Idaho	23	1.6	20	1.4	-13.0%	-15.2%	1,429,367	1,466,465
Illinois	590	4.6	569	4.4	-3.6%	-4.1%	12,765,427	12,831,970
Indiana	146	2.3	124	2.0	-15.1%	-15.7%	6,266,019	6,313,520
Iowa	55	1.9	40	1.3	-27.3%	-27.7%	2,965,524	2,982,085
Kansas	60	2.2	81	2.9	35.0%	34.2%	2,748,172	2,764,075
Kentucky	124	3.0	84	2.0	-32.3%	-32.8%	4,172,608	4,206,074
Louisiana	257	5.7	199	4.6	-22.6%	-18.6%	4,507,331	4,287,768
Maine	17	1.3	16	1.2	-5.9%	-6.1%	1,318,220	1,321,574
Maryland	283	5.1	253	4.5	-10.6%	-11.0%	5,589,599	5,615,727
Massachusetts	265	4.1	259	4.0	-2.3%	-2.3%	6,433,367	6,437,193
Michigan	246	2.4	221	2.2	-10.2%	-10.1%	10,100,833	10,095,643
Minnesota	199	3.9	217	4.2	9.0%	8.2%	5,126,739	5,167,101
Mississippi	103	3.5	116	4.0	12.6%	12.5%	2,908,496	2,910,540
Missouri	108	1.9	104	1.8	-3.7%	-4.4%	5,797,703	5,842,713
Montana	10	1.1	13	1.4	30.0%	28.6%	934,737	944,632
Nebraska	35	2.0	25	1.4	-28.6%	-29.0%	1,758,163	1,768,331
Nevada	112	4.6	99	4.0	-11.6%	-14.6%	2,412,301	2,495,529
New Hampshire	4	0.3	17	1.3	325.0%	322.4%	1,306,819	1,314,895
New Jersey	482	5.5	508	5.8	5.4%	5.1%	8,703,150	8,724,560
New Mexico	39	2.0	48	2.5	23.1%	21.3%	1,925,985	1,954,599
New York	1,284	6.6	1,274	6.6	-0.8%	-0.7%	19,315,721	19,306,183
North Carolina	329	3.8	374	4.2	13.7%	11.3%	8,672,459	8,856,505
North Dakota	6	0.9	9	1.4	50.0%	49.7%	634,605	635,867
Ohio	260	2.3	239	2.1	-8.1%	-8.1%	11,470,685	11,478,006
Oklahoma	144	4.1	144	4.0	0.0%	-1.0%	3,543,442	3,579,212
Oregon	103	2.8	81	2.2	-21.4%	-22.7%	3,638,871	3,700,758
Pennsylvania	326	2.6	338	2.7	3.7%	3.4%	12,405,348	12,440,621
Rhode Island	47	4.4	26	2.4	-44.7%	-44.4%	1,073,579	1,067,610
South Carolina	261	6.1	222	5.1	-14.9%	-16.4%	4,246,933	4,321,249
South Dakota	16	2.1	14	1.8	-12.5%	-13.3%	774,883	781,919
Tennessee	299	5.0	279	4.6	-6.7%	-8.0%	5,955,745	6,038,803
Texas	1,535	6.7	1,585	6.7	3.3%	0.7%	22,928,508	23,507,783
Utah	29	1.2	34	1.3	17.2%	14.5%	2,490,334	2,550,063
Vermont	8	1.3	9	1.4	12.5%	12.2%	622,387	623,908
Virginia	355	4.7	331	4.3	-6.8%	-7.7%	7,564,327	7,642,884
Washington	254	4.0	262	4.1	3.1%	1.5%	6,291,899	6,395,798
West Virginia	28	1.5	22	1.2	-21.4%	-21.6%	1,814,083	1,818,470
Wisconsin	78	1.4	75	1.3	-3.8%	-4.3%	5,527,644	5,556,506
Wyoming	0	0.0	4	0.8	—	—	508,798	515,004
U.S. total	**14,085**	**4.8**	**13,767**	**4.6**	**-2.3%**	**-3.2%**	**296,507,061**	**299,398,484**

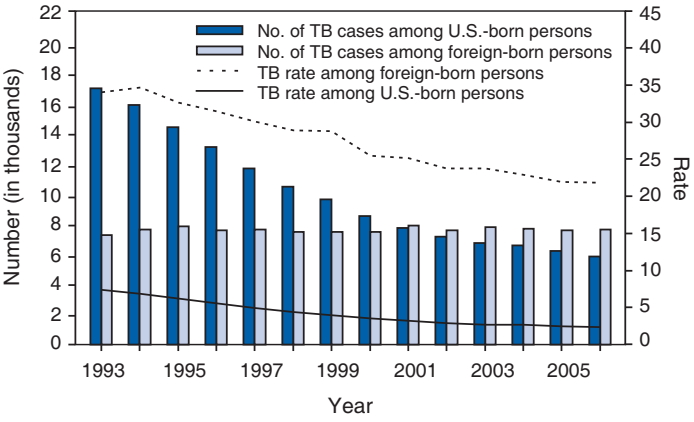
* Per 100,000 population.
† Data for 2006 are provisional.

FIGURE 1. Rate* of tuberculosis cases, by state — United States, 2006†



*Per 100,000 population.
†Data are provisional.

FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.- and foreign-born persons, by year reported — United States, 1993–2006†



*Per 100,000 population.
†Data for 2006 are provisional.

U.S.-born persons, the foreign-born to U.S.-born rate ratio increased 7.0%, from 8.9 in 2005 to 9.5 in 2006. In 2006, approximately half (55.6%) of TB cases among foreign-born persons were reported in persons from five countries: Mexico (1,912), the Philippines (856), Vietnam (630), India (540), and China (376).

In 2006, for the third consecutive year, more TB cases were reported among Hispanics than any other racial/ethnic population. Among persons with TB whose country of birth was known, 95.6% (3,126 of 3,269) of Asians, 74.7% (3,024 of 4,050) of Hispanics, 29.9% (1,110 of 3,712) of blacks, and 17.8% (427 of 2,404) of whites were foreign born. From 2005 to 2006, TB rates declined for all racial/ethnic minorities except American Indians/Alaska Natives and Native Hawaiians or Other Pacific Islanders[¶] (Table 2).

Human immunodeficiency virus (HIV) contributes to the TB pandemic because immune suppression increases the likelihood of rapid progression from TB infection to TB disease. From 2005 to 2006, among TB cases with HIV status reported,[**] the percentage of TB cases with HIV infection decreased 4.4% (from 13.0% to 12.4%), but the percentage of TB cases with unknown HIV status increased 10.3% (from 28.7% to 31.7%).[††] The decline in the percentage of TB cases with HIV infection might reflect incomplete reporting of HIV test results attributed to a lack of HIV testing or HIV reporting.

A total of 124 cases of multidrug-resistant TB (MDR TB)[§§] were reported in 2005, the most recent year for which complete drug-susceptibility data are available.[¶¶] The proportion of MDR-TB cases remained constant at 1.2% from 2004 (129 of 10,846 TB cases) to 2005 (124 of 10,662). In 2005, MDR TB continued to disproportionately affect foreign-born persons, who accounted for 101 (81.5%) of 124 MDR-TB cases.

The recommended length of drug therapy for most types of TB is 6–9 months. In 2003, the latest year for which treatment data are complete, 82.7% of patients for whom ≤1 year of treatment was indicated completed therapy within 1 year, below the *Healthy People 2010* target of 90% (objective 14-12).

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Editorial Note: Since the resurgence of TB in the United States during 1985–1992, the annual TB rate has decreased

[¶] Reporting of official CDC TB statistics for race/ethnicity changed beginning in 2003. A "Native Hawaiian or Other Pacific Islander" category was added to the race/ethnicity reporting options, and multiple races also could be reported for a given patient.

[**] For this report, California was excluded from the analysis of HIV among TB cases because it reports its HIV data separately from its TB data and 1 year behind all other states. HIV data reported by California only includes the number of patients with TB that are HIV positive. The number of patients testing negative, refusing testing, or not offered testing is not reported. Therefore, determining the percentage of patients with a known HIV status for California is not possible because patients are classified as HIV positive or unknown.

[††] For this report, the "known HIV status" category is based on the number of cases with reported "positive" or "negative" status. The "unknown HIV status" category is based on "indeterminate," "refused," "not offered," "test performed but status unknown," "unknown," and "data missing" categories. In 2006, HIV status was classified as "data missing" for 0.9% of TB cases (101 of 10,986 TB cases, excluding California). All HIV estimates were based on provisional data.

[§§] Defined as a case of TB in a person with a *Mycobacterium tuberculosis* isolate resistant to at least isoniazid and rifampicin.

[¶¶] Drug-susceptibility testing for isoniazid and rifampicin was performed for 98.3% (11,132 of 11,325) and 97.4% (10,662 of 10,946) of culture-confirmed cases of *M. tuberculosis* in 2004 and 2005, respectively.

TABLE 2. Number and rate* of tuberculosis cases and percentage change, by race/ethnicity† — United States, 2005 and 2006§

Race/Ethnicity	2005		2006		% change 2005–2006		Population	
	No.	Rate	No.	Rate	No.	Rate	2005	2006
Hispanic	4,047	9.5	4,050	9.2	0.1%	-3.0%	42,687,224	44,046,771
Black	3,955	10.9	3,712	10.1	-6.1%	-7.1%	36,324,593	36,693,014
Asian	3,209	25.8	3,269	25.6	1.9%	-1.0%	12,420,514	12,779,154
White	2,579	1.3	2,404	1.2	-6.8%	-7.0%	198,366,437	198,819,462
American Indian/Alaska Native	152	6.8	164	7.3	7.9%	6.6%	2,232,922	2,259,052
Native Hawaiian or Other Pacific Islander	53	13.1	62	15.1	17.0%	15.0%	405,019	411,932
Multiple race	46	1.2	38	0.9	-17.4%	-19.8%	3,973,695	4,093,276
Unknown	44	—	68	—	—	—	—	—
Total¶	**14,085**	**4.8**	**13,767**	**4.6**	**-2.3%**	**-3.2%**	**—**	**—**

* Per 100,000 population.
† Persons identified as white, black, Asian, and of other or unknown races are all non-Hispanic. Persons identified as Hispanic might be of any race.
§ Data for 2006 are provisional.
¶ Total rates were calculated by dividing the total number of reported cases by the total U.S. Census population, then multiplying by 100,000.

steadily. However, the rate of decrease has slowed. Furthermore, the proportion of TB cases among foreign-born persons has increased each year since 1993. If the global TB pandemic remains unmitigated, eliminating TB in the United States will be increasingly difficult because most foreign-born persons in the United States who progress from latent TB infection to TB disease initially became infected with TB abroad.

To address the higher rate of TB among foreign-born persons in the United States and the increasing proportion of cases they represent, CDC is considering several strategies (e.g., revising overseas medical screening of applicants for U.S. immigration). These strategies should decrease importation of TB into the United States and improve immigrant and refugee health. CDC also is continuing to work with international partners, including the Stop TB Partnership (http://www.stoptb.org), to strengthen TB control in countries with high TB incidence.

To address the disproportionately high rate of TB in the United States among Asians and Hispanics, CDC is working with international health organizations to help reduce TB in affected countries. To help address the disproportionately high rate of TB among blacks in the United States, in May 2006, the CDC and Research Triangle Institute International convened the Stop TB in the African-American Community Summit to focus attention on the problem of TB in the black community (http://www.cdc.gov/nchstp/tb/tbinafricanamericans).

In 2005 and 2006, reported HIV status (i.e., positive or negative test result) was not available for nearly one third of TB cases reported in the United States. HIV is the most important known risk factor for progression from latent TB infection to TB disease (*5*). Patients with TB and HIV are five times more likely to die during anti-TB treatment than patients not infected with HIV, underscoring the importance of early diagnosis and treatment for TB/HIV coinfection (*6*). In 2006, CDC issued new guidelines recommending that all patients initiating treatment for TB be screened routinely for HIV infection (*7*). CDC also is working to increase awareness of TB/HIV coinfection domestically among health-care providers through educational resources and training courses developed by CDC's TB Regional Training and Medical Consultation Centers in collaboration with the Health Resources and Services Administration.

The need for new anti-TB drugs was emphasized in 2006 by identification of a cluster of extensively drug-resistant TB cases among HIV-infected persons in a rural area of KwaZulu-Natal, South Africa (*8*). Progress has been made on several new drugs in the past year. Six agents in five different drug classes are being tested in humans (TMC-207, OPC 67683, SQ109, PA824, moxifloxacin, and gatifloxacin). In collaboration with the Global Alliance for TB Drug Development, CDC's TB Trials Consortium (TBTC) has completed two preliminary trials with moxifloxacin. These trials will help lay the groundwork for a trial of a treatment-shortening regimen for TB. TBTC also is nearing completion of a trial of a 3-month rifapentine-based treatment for latent TB infection.

Despite these targeted measures to control TB, the slowing of the decline in the TB rate indicates a need for improved case management and contact investigation, intensified outreach and testing of populations at high risk, better treatments and diagnostic tools, improved understanding of TB transmission, and continued collaborative measures with other nations to reduce TB globally. These measures are required to fully implement the Institute of Medicine's recommendations for eliminating TB in the United States (*9*).

Acknowledgments

The findings in this report are based, in part, on data contributed by state and local TB-control officials.

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Extensively Drug-Resistant Tuberculosis — United States, 1993–2006

The worldwide emergence of extensively drug-resistant tuberculosis (XDR TB) and a provisional definition* for this form of TB were first reported in November 2005 (*1,2*). A more detailed description of these findings and preliminary data from the U.S. National TB Surveillance System (NTSS) were published in 2006 (*3*). The U.S. data indicated that 74 TB cases reported during 1993–2004 met the case definition for XDR TB (*3*). Subsequent reports suggested different definitions for XDR TB (*4,5*). In October 2006, the World Health Organization convened an Emergency Global Task Force on XDR TB, which revised the case definition to specify resistance to at least isoniazid and rifampin among first-line anti-TB drugs, resistance to any fluoroquinolone, and resistance to at least one second-line injectable drug (amikacin, capreomycin, or kanamycin) (*6*). This report updates the 2006 report on XDR TB in the United States, using the revised case definition and provisional data for 2006. NTSS data were analyzed for reported XDR-TB cases during 1993–2006; a total of 49 cases (3% of evaluable multidrug-resistant [MDR] TB cases) met the revised case definition for XDR TB. Of these, 17 (35%) were reported during 2000–2006. Compared with 1993–1999, cases from 2000–2006 were more likely to be in persons who were foreign born and less likely to be in persons with human immunodeficiency virus (HIV) infection. XDR TB presents a global threat and a challenge to TB-control activities in the United States. To prevent the spread of XDR TB, renewed vigilance is needed through drug-susceptibility testing, case reporting, specialized care, infection control, and expanded capacity for outbreak detection and response.

TB cases reported to NTSS from 50 states and the District of Columbia (DC) were analyzed for the period 1993–2006.† All culture-confirmed cases with initial drug-susceptibility test (DST) results reported for at least isoniazid and rifampin were included in the analysis. Because susceptibility testing is time consuming, especially for second-line drugs, initial DST results are reported separately to avoid delaying reporting of routine TB case data. At the end of treatment, the outcome is reported in a second follow-up report. The HIV status of TB cases reported to NTSS was available through 2006, except in California, where only data on positive HIV test results§ were available through 2004.

TB cases reported during 1993–1999, a period of rapidly decreasing incidence of both TB and MDR TB, were compared with cases reported during 2000–2006, a period of slower decline in TB and MDR-TB rates. During 1993–2006, a total of 202,436 culture-confirmed TB cases were reported to NTSS; 190,312 of these cases had initial DST results for at least isoniazid and rifampin, including 2,927 (2%) with initial resistance to both drugs (i.e., MDR TB). Of the 2,927 MDR-TB cases, 1,665 (57%) had DST results reported for at least one fluoroquinolone and one injectable second-line drug. Of these, 49 cases (3%) met the revised definition of XDR TB, including 32 cases reported during 1993–1999 and 17 cases during 2000–2006 (Table).

The 49 XDR-TB cases were reported from nine states and one city, with the largest numbers in New York City (19 cases) and California (11 cases) (Figure). HIV status was known for 29 (59%) of the 49 persons with XDR TB (Table); 16 (55%) were HIV positive. During 1993–1999, a total of 19 persons

* Provisionally defined as disease caused by *Mycobacterium tuberculosis* that is resistant in vitro to at least isoniazid and rifampin among first-line drugs, and at least three or more of the six main classes of second-line drugs (aminoglycosides, polypeptides, fluoroquinolones, thioamides, cycloserine, and para-aminosalicyclic acid).

† Local health departments verify cases of TB and report to the state health department only those diagnosed within their own jurisdictions (to prevent duplicate counting of cases). State health departments validate, compile, and transmit selected data to NTSS, using the standardized form, *Report of Verified Case of Tuberculosis*.

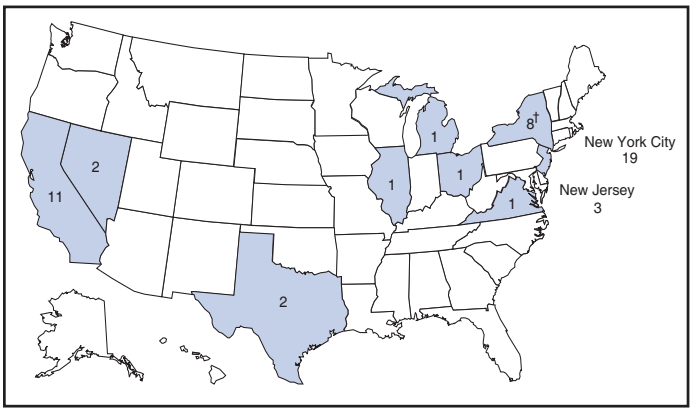
§ Because only positive results were reported from California, persons with TB who tested HIV negative could not be distinguished from those who were not tested or whose results were unknown.

TABLE. Reported cases of tuberculosis (TB), multidrug-resistant (MDR) TB, and extensively drug-resistant (XDR)* TB — U.S. National TB Surveillance System,† 1993–1999 and 2000–2006

Characteristic	1993–1999 No.	1993–1999 (%)§	2000–2006 No.	2000–2006 (%)§
Total number of culture-confirmed TB cases with initial drug-susceptibility test (DST) results reported for at least isoniazid and rifampin	111,758	—	78,554	—
No. of cases with initial resistance to at least isoniazid and rifampin (i.e., MDR TB¶) (% of total TB cases)	2,005	(2)	922	(1)
No. of cases with reported initial DST results sufficient to rule in XDR TB** (% of MDR-TB cases)	1,069	(53)	596	(65)
No. of cases with reported initial DST results sufficient to rule out XDR TB** (% of MDR-TB cases)	360	(18)	291	(32)
No. of XDR-TB cases under revised definition (% of MDR-TB cases)	**32**	**(2)**	**17**	**(2)**
Country of origin (% of XDR-TB cases)				
U.S. born	19	(59)	4	(24)
Foreign born	12	(38)	13	(76)
Unknown	1	(3)	0	—
Human immunodeficiency virus (HIV) status†† (% of XDR-TB cases)				
HIV positive	14	(44)	2	(12)
HIV negative	5	(16)	8	(47)
HIV test not administered or status unknown	13	(40)	7	(41)
Age group (yrs) (% of XDR-TB cases)				
0–14	1	(3)	0	—
15–24	1	(3)	4	(24)
25–44	21	(66)	6	(35)
45–64	3	(9)	6	(35)
≥65	6	(19)	1	(6)
Race/ethnicity (% of XDR-TB cases)				
Hispanic	11	(34)	5	(29)
Asian, non-Hispanic	3	(9)	7	(41)
Black, non-Hispanic	9	(28)	2	(12)
White, non-Hispanic	8	(25)	3	(18)
Other race, non-Hispanic	1	(3)	0	—
Sex (% of XDR-TB cases)				
Female	9	(28)	9	(53)
Male	23	(72)	8	(47)
TB history (% of XDR-TB cases)				
Previous TB§§	4	(13)	3	(18)
No previous TB	27	(84)	14	(82)
Unknown	1	(3)	0	—
Results of sputum microscopy for acid-fast bacilli (% of XDR-TB cases)				
Positive	15	(47)	12	(71)
Negative	9	(28)	3	(18)
Not done/Unknown	8	(25)	2	(12)
Treatment outcome (% of XDR-TB cases)				
Completed treatment	11	(34)	6	(35)
Died during treatment	10	(31)	2	(12)
Outcome not yet reported	3	(9)	5	(29)
Moved, lost to follow-up, or other	8	(25)	4	(24)

* Defined as resistance to at least isonaizid, rifampin, any fluoroquinolone, and to at least one second-line injectable drug (amikacin, capreomycin, or kanamycin).
† On the basis of cases reported from 50 states and the District of Columbia (DC), through February 8, 2007. Cases reported from U.S.-affiliated island territories excluded.
§ Percentages might not add to 100% because of rounding.
¶ Defined as resistance to at least isoniazid and rifampin.
** On the basis of DST results in the U.S. National TB Surveillance System for drugs included in the definition of XDR TB: isoniazid, rifampin, ciprofloxacin, ofloxacin, kanamycin, amikacin, and capreomycin.
†† HIV reporting for California, which only reports HIV-positive results, completed through 2004; no HIV positives were reported from California. HIV reporting for 49 states other than California and DC completed through 2005, provisional for 2006.
§§ Persons who had verified TB disease in the past, were discharged (e.g., completed therapy) or lost to supervision for >12 consecutive months, and had verified disease again.

FIGURE. Number of reported cases of extensively drug-resistant tuuberculosis (XDR TB)* — United States, 1993–2006



*XDR TB defined as resistance to at least isoniazid, rifampin, any fluoroquinolone, and at least one second-line injectable drug (kanamycin, amikacin, or capreomycin).
†Excludes New York City.

with XDR TB had known HIV status, of whom 14 (74%) were HIV positive; during 2000–2006, 10 persons had known HIV status, of whom two (20%) were HIV positive. The number and percentage of persons with XDR TB in the group aged 25–44 years decreased from 21 (66%) during 1993–1999 to six (35%) during 2000–2006.

When the two periods were compared, the number of XDR-TB cases among foreign-born persons did not change substantially, but the percentage of XDR-TB cases among foreign-born persons increased from 39% (12 cases) in 1993–1999 to 76% (13 cases) in 2000–2006 as the number of XDR-TB cases among U.S.-born cases decreased (Table). Among racial/ethnic populations, nine (28%) of 32 XDR-TB cases during 1993–1999 were reported among non-Hispanic blacks, decreasing to two (12%) of 17 cases during 2000–2006. Conversely, the number and percentage of cases among Asians increased from three (9%) during 1993–1999 to seven (41%) during 2000–2006. Sputum microscopy for acid-fast bacilli was positive in 27 (69%) of the 39 cases with known results. Mortality in XDR-TB cases was strongly associated with HIV infection. Among 41 persons with XDR TB and known outcomes, 12 (29%) persons died; 10 of those had HIV infection, and the other two did not have HIV test results reported.

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Editorial Note: After approximately 30 years of declining trends, a TB epidemic occurred in the United States during 1985–1992. From 22,201 cases in 1985 (9.3 per 100,000 population), reported TB increased to 26,673 cases in 1992 (10.4 per 100,000 population) (*7*). Although the incidence of MDR TB in the United States was largely unknown before 1993, the number of cases began increasing in New York City in the early 1980s (*8*), and numerous outbreaks of MDR TB were described in the late 1980s and early 1990s (*9*). With implementation of elements of the 1992 National Action Plan to Combat Multidrug-Resistant Tuberculosis, reported MDR-TB cases declined rapidly (*10*). TB-control activities included improving laboratory services for rapid, accurate culture and DST, improving infection control, and strengthening NTSS to include DST and HIV test results beginning in 1993. The rapid decrease in MDR-TB cases during 1993–1999 likely correlated with the 34% decline in TB cases overall in the United States to 17,501 (6.3 per 100,000) in 1999 (*7*).

Effective treatment of MDR TB requires administration, for 18–24 months, of four to six drugs to which the infecting organism is susceptible, including multiple second-line drugs. Beginning in the 1980s, the use of second-line drugs increased substantially as physicians and TB-control programs treated growing numbers of MDR-TB cases. Increased use of these drugs resulted in MDR-TB strains with extensive resistance to both first- and second-line drugs. Thus, XDR TB in the 1990s likely represented the legacy of the 1985–1992 TB epidemic in the United States and treatments to combat the spike in MDR-TB cases.

Characteristics of XDR-TB cases changed during 2000–2006 in parallel with the changing epidemiology of TB in general and MDR TB in particular. These changes included an overall decrease in the number of cases, a decrease in the proportion of cases in HIV-infected persons, an increase in the proportion of cases among foreign-born persons, and an increase in the proportion of Asians among persons with XDR TB, compared with 1993–1999 (*7*).

The findings in this report are subject to at least five limitations. First, the number of XDR-TB cases is a minimum estimate because of incomplete DST data. Although 57% of MDR-TB cases had DST results reported for at least one fluoroquinolone and at least one of the three second-line injectable drugs, only 22% had DST results reported for all drug combinations in the definition of XDR TB, taking into consideration cross-resistance among drugs and data available in NTSS. Initial TB isolates with any resistance to rifampin or resistance to any two first-line drugs should be tested for susceptibility to a full panel of anti-TB drugs, and the results should be reported accordingly. Second, aggregate reporting of drug resistance traditionally has been based only on initial DST results, not on drug resistance that develops during treatment. Because of the complexity of second-line DST, results

can be delayed by several months and might not be included in the report of initial DST results. Third, approximately 20% of reported TB cases do not have positive cultures that would enable DSTs to be performed. Fourth, NTSS data for 2006 are provisional, and final case counts, including XDR-TB cases, are subject to revision. Finally, HIV test results usually are reported to NTSS after both TB and HIV surveillance systems have verified their annual case counts. Thus, HIV test results lag behind TB case counts, and data on HIV status are complete through 2005 but provisional for 2006, except for California, which provided data only through 2004. In addition, HIV test results from California are less complete.

The NTSS surveillance data summarized in this report represent an updated measurement of XDR TB in the United States. However, surveillance data do not enable a detailed understanding of how most XDR-TB cases arise. For example, the relative importance of person-to-person XDR-TB transmission compared with the emergence of XDR TB in individual patients as a consequence of inadequate treatment cannot be determined.

Use of second-line drugs to treat drug-resistant TB is increasing throughout the world, presaging substantial increases in XDR TB internationally. Accurate measures of the incidence, prevalence, and determinants of XDR TB are needed to target public health responses. Attention to fundamental aspects of TB control (e.g., surveillance, prompt culture and DST, directly observed treatment, contact investigation, rapid containment of outbreaks, and infection control) is needed to control XDR TB in the United States in the same manner that MDR TB was addressed during the previous decade. The Federal TB Task Force is developing a domestic and international response for U.S. government agencies regarding XDR TB. A senior-level interagency meeting will be convened to formulate a comprehensive response and to assign responsibilities for a unified strategic approach. Additional information regarding XDR TB is available at http://www.who.int/tb/xdr/en/index.html.

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Racial Differences in Trends of End-Stage Renal Disease, by Primary Diagnosis — United States, 1994–2004

The leading cause of end-stage renal disease (ESRD) (i.e., kidney failure requiring dialysis or transplantation) in the United States is diabetes, followed by hypertension and glomerulonephritis (*1*). These three conditions accounted for approximately 80% of new cases of ESRD treated during 2004 (*1*). This report presents an analysis of data from the United States Renal Data System (USRDS) to examine trends in the primary diagnosis of ESRD in the United States. The findings of that analysis indicated that, during 1994–2004, ESRD incidence attributed to glomerulonephritis decreased among all races analyzed. During 1999–2004, ESRD incidence attributed to diabetes or hypertension also decreased for American Indians/Alaska Natives (AI/ANs) and Asians/Pacific Islanders (A/PIs) but not for whites or blacks.* Continued interventions, such as those addressing blood-glucose and blood-pressure control (*2,3*), are needed to reduce the prevalence of these risk factors for kidney failure (*4*) and to improve care among persons with these conditions.

USRDS, with administrative oversight by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health (NIH), collects, analyzes, and distributes information from clinical and claims data reports to the Centers for Medicare and Medicaid Services (CMS) regarding patients being treated for ESRD. Through

* USRDS categories do not include ethnicity (Hispanic or non-Hispanic origin); thus, race-specific estimates include persons of both Hispanic and non-Hispanic origin.

the ESRD entitlement program, Medicare reimburses most of the total cost of ESRD treatment in the United States (*1*). USRDS collects demographic and clinical data, including the date patients were first treated and the primary diagnosis, on all ESRD patients and includes data for approximately 93% of persons with ESRD in the United States (*1*). Primary diagnosis (i.e., primary cause of renal failure) is taken from the CMS Medical Evidence Report, which is completed by the renal-care provider for each new ESRD patient and is based on the physician's assessment of the patient. The 1994–2004 USRDS data were used to determine the number of persons in the United States who began treatment (i.e., dialysis or kidney transplantation) for ESRD with diabetes, hypertension, or glomerulonephritis listed as the primary diagnosis. Incidence rates were calculated using race-specific population estimates from the U.S. census and were age adjusted based on the 2000 U.S. standard population.

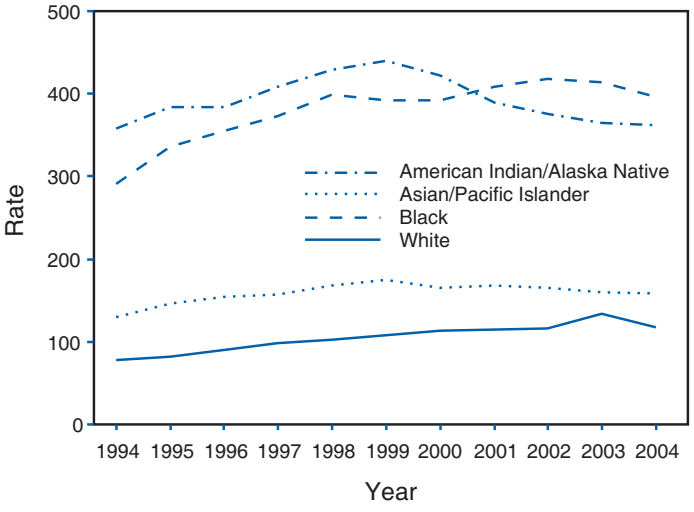
The total number of persons who began treatment for ESRD increased from 68,757 in 1994 to 102,356 in 2004. Of the new cases reported in 1994, a total of 26,848 (39%) had diabetes listed as the primary cause of renal failure, 21,270 (31%) had hypertension, and 8,213 (12%) had glomerulonephritis. In 2004, a total of 44,953 (44%) of the new cases were attributed to diabetes, 27,910 (27%) to hypertension, and 8,352 (8%) to glomerulonephritis. Overall, ESRD incidence increased from 261.3 per million population in 1994 to 348.6 in 2004.

During 1994–2004, age-adjusted ESRD incidence with diabetes listed as the primary diagnosis was higher among blacks and AI/ANs than among whites and A/PIs (Figure 1). During this time, age-adjusted ESRD incidence among whites increased from 77.6 to 117.1 per million population. However, among blacks, incidence increased from 291.0 to 399.1 per million population during 1994–1998 and then leveled off during 1999–2004. Among AI/ANs, age-adjusted ESRD incidence increased from 358.6 per million population in 1994 to a peak of 440.4 in 1999; by 2004, incidence had decreased to 362.4 per million. Similarly, among A/PIs, incidence increased from 130.1 to 175.1 per million population during 1994–1999 and subsequently decreased to 158.8 in 2004.

During 1994–2004, ESRD incidence with hypertension listed as the primary diagnosis was at least three times higher among blacks than among the other three racial populations (Figure 2). During 1994–2004, age-adjusted ESRD incidence increased from 53.4 to 65.6 per million population among whites, but increased less among blacks, from 302.2 to 310.7. Incidence among A/PIs decreased slightly, from 86.0 to 84.2 per million population. Although no clear trends among AI/ANs were detected before 1999, incidence of hypertension-related ESRD decreased from 58.1 to 45.8 per million population during 1999–2004.

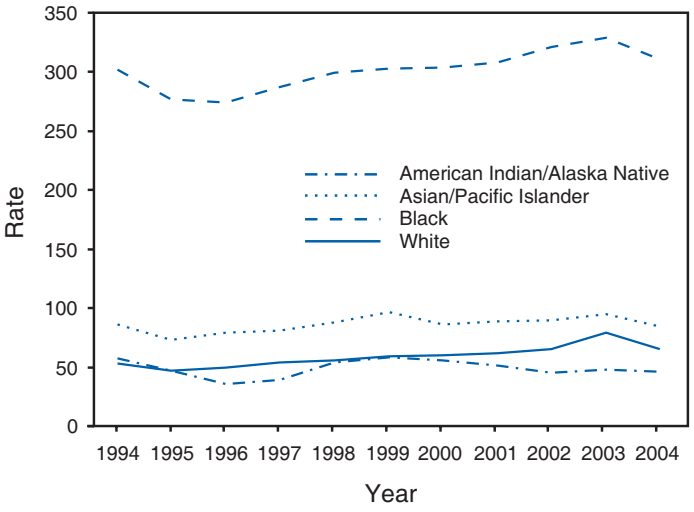
ESRD incidence with glomerulonephritis listed as the primary diagnosis also was highest among blacks compared with other racial populations (Figure 3). During 1994–2004, age-

FIGURE 1. Age-adjusted rates* of persons who initiated therapy for end-stage renal disease with diabetes as the primary diagnosis, by race† — United States, 1994–2004



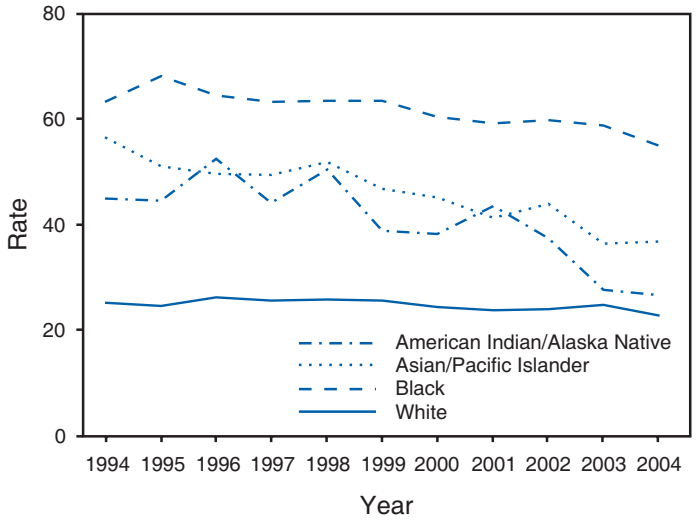
* Per 1 million population. Age adjusted to the 2000 U.S. standard population.
† Race-specific estimates include persons of both Hispanic and non-Hispanic origin.

FIGURE 2. Age-adjusted rates* of persons who initiated therapy for end-stage renal disease with hypertension as the primary diagnosis, by race† — United States, 1994–2004



* Per 1 million population. Age adjusted to the 2000 U.S. standard population.
† Race-specific estimates include persons of both Hispanic and non-Hispanic origin.

FIGURE 3. Age-adjusted rates* of persons who initiated therapy for end-stage renal disease with glomerulonephritis as the primary diagnosis, by race† — United States, 1994–2004



* Per 1 million population. Age adjusted to the 2000 U.S. standard population.
† Race-specific estimates include persons of both Hispanic and non-Hispanic origin.

adjusted ESRD incidence decreased for all races: from 63.5 to 55.0 per million population among blacks, from 56.7 to 36.8 among A/PIs, from 45.1 to 26.7 among AI/ANs, and from 25.2 to 22.8 among whites.

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Editorial Note: ESRD is a costly and disabling condition associated with a high mortality rate. Among patients aged ≥65 years who were receiving dialysis, overall mortality rates in 2004 were seven times greater than among persons in the general Medicare population (*1*). Risk factors for ESRD include diabetes and hypertension (*4*). The findings in this report indicate some encouraging trends in ESRD incidence rates. Among all racial populations, ESRD incidence attributable to glomerulonephritis declined during 1994–2004. Among AI/ANs, the incidence of ESRD attributable to diabetes, hypertension, or glomerulonephritis decreased during 1999–2004. Moreover, the decline in diabetes-related ESRD incidence among AI/ANs, despite the increasing diabetes prevalence in this population (*5*), suggests that diabetes management has improved and the prevalence of other risk factors has decreased. Among A/PIs, ESRD incidence attributable to diabetes and glomerulonephritis also declined during 1999–2004. Reasons for these trends cannot be determined from surveillance data but might include a reduction in the prevalence of risk factors for kidney failure (*6,7*) as a result of early detection or better treatment with new pharmacologic agents, such as angiotensin-converting enzyme inhibitors and angiotensin-receptor blockers. Both of these agents have been determined to be renoprotective, independent of their ability to reduce blood pressure (*8*). Continued awareness and interventions (e.g., blood-glucose and blood-pressure control [*2,3*]) to reduce the prevalence of these risk factors and improve care among persons with diabetes or hypertension are needed to sustain and improve trends in ESRD incidence. Additional strategies are needed to decrease ESRD incidence attributable to diabetes or hypertension among blacks and whites because ESRD incidence in these populations did not decrease during 1999–2004 as it did among AI/ANs and A/PIs.

The findings in this report are subject to at least four limitations. First, data were collected for persons whose ESRD treatment was reported to CMS; persons who died from ESRD before receiving treatment, persons who refused treatment, and persons whose treatment was not reported to CMS were not included. Second, primary diagnosis was taken from the CMS Medical Evidence Report and was based on the physician's assessment of the patient, which might have affected trends, especially if patients had comorbid conditions. Furthermore, primary diagnosis might be influenced by the physician's awareness of prevalent conditions in certain populations, such as diabetes among AI/ANs (*6*) or hypertension among blacks (*9*). Third, racial misclassification in USRDS data might have affected the magnitude of the rates in specific populations, although trends would not be affected if the bias remained constant over time. Finally, ESRD incidence among Hispanics was not analyzed because USRDS racial categories do not include ethnicity; however, during 1997–2002, age-adjusted ESRD incidence attributable to diabetes among Hispanics did not change (*10*).

CDC provides resources and technical assistance to diabetes-control programs in all 50 states, eight territories, and the District of Columbia (DC) for 1) educating persons about diabetes, 2) improving and monitoring the quality of diabetes care, and 3) promoting early detection of diabetes complications. CDC also funds health departments in 32 states and DC to develop effective strategies for reducing the effects of heart disease and stroke and their risk factors, such as high blood pressure. The National Diabetes Education Program (NDEP) campaign, Be Smart About Your Heart: Control the ABCs of Diabetes, addresses risk factors for ESRD among persons with diabetes, such as poorly controlled hyperglycemia, hypertension, and hyperlipidemia (http://www.ndep.nih.gov/campaigns/besmart/besmart_index.htm). NDEP is sponsored by CDC and NIH and aims to educate the public about controlling diabetes and preventing its complications.

In March 2006, NDEP launched the first Survey of Public Attitudes, Knowledge, and Practices Related to Diabetes, and the survey findings indicated that most people with diabetes report that they are taking steps to manage their disease; 81% check their own blood-glucose levels, 61% keep records of their blood-glucose test results, and 61% have had their hemoglobin A1c levels tested one or more times in the past year (http://www.ndep.nih.gov/new/nltr/2007/programupdatewinter2007.pdf). Another NIH-sponsored program, the National Kidney Disease Education Program (http://www.nkdep.nih.gov), aims to raise public awareness about kidney disease, the importance of testing for kidney disease among those at risk, and the availability of treatment to prevent or slow kidney failure. In addition, the National Kidney Foundation offers the Kidney Early Evaluation Program (http://www.kidney.org/news/keep/index.cfm), a free health-screening program for persons at increased risk for kidney disease.

CDC will continue to work with public and private partners to reduce rates of diabetes and other risk factors for kidney failure and improve care of persons with these conditions. Continued surveillance of ESRD using USRDS data will help public health officials monitor and assess progress in reducing ESRD and its risk factors. In addition, CDC is collaborating with partners at Johns Hopkins University and the University of Michigan to develop a national surveillance system for kidney disease.

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Notice to Readers

Availability of FluWorkLoss 1.0 Software to Estimate Loss of Work Days During an Influenza Pandemic

Illness rates during an influenza pandemic are likely to be two to five times higher than during a typical influenza season. To maintain continuity of essential operations, public health officials, policy makers, health-care facilities managers, and business leaders must plan for influenza-related work absences during an influenza pandemic. FluWorkLoss is a software program that allows estimation of the potential number of days lost from work because of an influenza pandemic.

Users can change nearly all input values, such as the number of work days assumed lost when a worker becomes ill or the number of work days lost because a worker stayed home to care for a family member. Users also can change the length and virulence of the pandemic model so that a range of possible effects can be estimated. FluWorkLoss provides a range of estimates of total work days lost, and graphic illustrations of work days lost by week and percentage of total work days lost to influenza-related illnesses.

An accompanying manual contains a case study illustrating use of FluWorkLoss to estimate the potential impact of an influenza pandemic on the availability of human blood donors; the case study can be adapted to other situations. FluWorkLoss and other pandemic planning tools is available, free of charge, at http://www.pandemicflu.gov/plan/tools.html. Instructions for downloading and system requirements for running FluWorkLoss are provided.

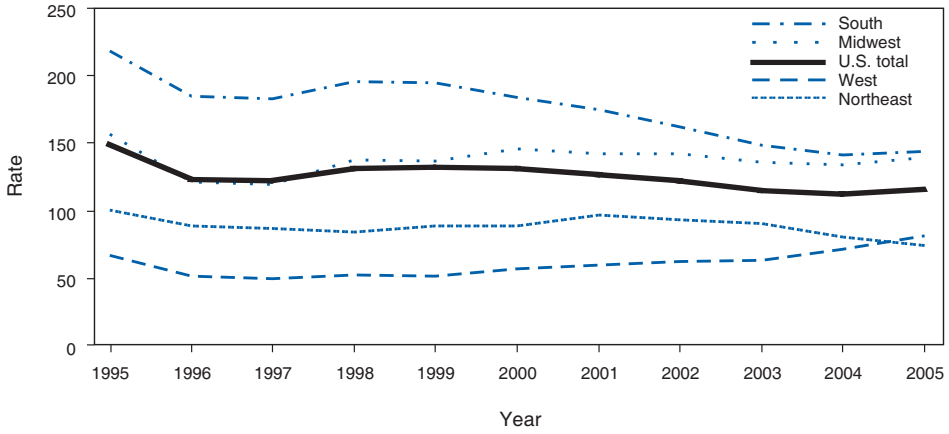
Errata: Vol. 55, No. RR-15

In the *MMWR Recommendations and Reports*, "General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)," errors occurred. On page 17, the second subhead should read, "Adolescents and Adults (Aged ≥**11** Years)." In Table 11 on page 26, the first sentence of the †† footnote should read, "HIV-infected children should receive IG after exposure to measles and can receive varicella and measles vaccine if CD4+ lymphocyte count is ≥**15%**." In the first paragraph on page 29, line 17 should read, ". . . either ≥**2** mg/kg of body weight or 20 mg/day of prednisone . . ."

Erratum: Vol. 56, No. 10

In the report, "Increases in Gonorrhea — Eight Western States, 2000–2005," in the Figure on page 223, the legends for the West and Northeast regions were incorrect. The Figure should have appeared as follows.

FIGURE. Gonorrhea rates,* by U.S. Census region† — United States, 1995–2005

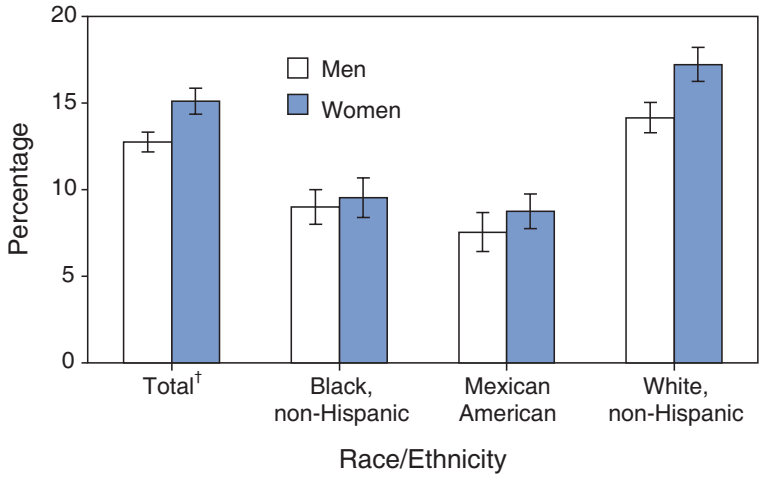


* Per 100,000 population.
† *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. *South:* Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged 20–59 Years Who Reported Dermatitis* in the Preceding Year, by Sex and Race/Ethnicity — National Health and Nutrition Examination Survey, United States, 1999–2004



* Adults who answered "yes" to the following question: "During the past 12 months, have you had dermatitis, eczema, or any other type of red, inflamed skin rash?"
† In addition to non-Hispanic black, Mexican American, and non-Hispanic white, includes all other racial/ethnic populations.

During 1999–2004, approximately 14% of U.S. adults aged 20–59 years self-reported dermatitis, eczema, or other red, inflamed skin rashes within the preceding 12 months. A higher percentage of women reported skin rashes than men (15.1% versus 12.8%), and a higher percentage of non-Hispanic whites (15.7%) reported rashes than Mexican Americans (8.1%) and non-Hispanic blacks (9.3%).

SOURCE: CDC. 1999–2004 National Health and Nutrition Examination data files. Hyattsville, MD: US Department of Health and Human Services, CDC. Available at http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 17, 2007 (11th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	0	1	—	—	—	2	
Botulism:									
foodborne	—	—	0	17	19	16	20	28	
infant	—	13	2	93	85	87	76	69	
other (wound & unspecified)	—	2	0	46	31	30	33	21	
Brucellosis	3	19	2	115	120	114	104	125	FL (1), CA (2)
Chancroid	—	1	1	34	17	30	54	67	
Cholera	—	—	—	6	8	5	2	2	
Cyclosporiasis§	—	9	4	134	543	171	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	0	63	80	112	108	164	
eastern equine	—	—	—	7	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	0	9	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	11	1	556	786	537	362	511	
human monocytic	2	21	1	496	506	338	321	216	NY (2)
human (other & unspecified)	—	6	0	201	112	59	44	23	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	1	2	0	9	9	19	32	34	IN (1)
nonserotype b	1	10	3	101	135	135	117	144	OK (1)
unknown serotype	4	66	5	246	217	177	227	153	OH (2), DE (1), AZ (1)
Hansen disease§	—	9	2	73	87	105	95	96	
Hantavirus pulmonary syndrome§	—	2	0	36	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	2	17	2	268	221	200	178	216	NC (2)
Hepatitis C viral, acute	3	120	21	826	652	713	1,102	1,835	OH (1), MO (1), NC (1)
HIV infection, pediatric (age <13 yrs)††	—	—	6	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	3	35	1	41	45	—	N	N	NC (1), NY (1), NYC (1)
Listeriosis	5	87	9	804	896	753	696	665	OH (1), GA (1), AZ (1), CA (2)
Measles¶¶	—	2	1	52	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	35	7	226	297	—	—	—	MD (1), NC (1)
serogroup B	4	17	4	141	156	—	—	—	NC (1), SC (1), TN (1), WA (1)
other serogroup	—	4	1	24	27	—	—	—	
unknown serogroup	12	136	22	718	765	—	—	—	CT (1), MN (2), MO (1), MD (1), NC (1), ID (1), CO (1), CA (4)
Mumps	11	149	30	6,487	314	258	231	270	NY (2), MI (1), MN (2), KS (2), TX (1), CO (1), AZ (1), WA (1)
Plague	—	—	0	16	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	3	0	20	16	12	12	18	
Q fever§	2	23	1	167	136	70	71	61	CO (2)
Rabies, human	—	—	—	3	2	7	2	3	
Rubella†††	—	6	0	8	11	10	7	18	
Rubella, congenital syndrome	—	—	0	1	1	—	1	1	
SARS-CoV§,§§§	—	—	0	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	13	4	101	129	132	161	118	WV (1), NC (2)
Syphilis, congenital (age <1 yr)	1	30	7	333	329	353	413	412	LA (1)
Tetanus	—	1	0	32	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	2	14	3	94	90	95	133	109	MN (1), CA (1)
Trichinellosis	—	—	0	14	16	5	6	14	
Tularemia	—	2	0	85	154	134	129	90	
Typhoid fever	—	44	6	308	324	322	356	321	
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	0	4	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (non-cholera *Vibrio* species infections)§	—	17	—	N	N	N	N	N	
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 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. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

¶ 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 West Nile virus are available in Table II.

** 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. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases (proposed). A total of 36 cases were reported for the 2006–07 flu season.

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

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

††† No rubella cases were reported for the current week.

§§§ 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 March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	9,994	19,927	22,784	176,485	204,887	115	151	482	1,691	1,850	23	68	301	459	544
New England	400	668	1,358	6,265	5,827	—	0	0	—	—	1	3	22	21	66
Connecticut	—	193	827	1,049	1,104	N	0	0	N	N	—	0	5	5	38
Maine§	—	45	72	496	429	—	0	0	—	—	—	1	6	7	7
Massachusetts	315	298	604	3,454	2,980	—	0	0	—	—	—	0	14	—	15
New Hampshire	8	40	69	398	360	—	0	0	—	—	—	0	5	4	4
Rhode Island§	77	63	108	683	689	—	0	0	—	—	—	0	5	—	—
Vermont§	—	20	45	185	265	N	0	0	N	N	1	1	5	5	2
Mid. Atlantic	1,780	2,485	3,957	23,784	24,869	—	0	0	—	—	6	10	33	58	91
New Jersey	194	382	554	3,066	3,980	N	0	0	N	N	—	0	3	—	3
New York (Upstate)	598	502	2,634	4,479	3,865	N	0	0	N	N	5	3	13	17	16
New York City	497	756	1,325	8,028	8,715	N	0	0	N	N	—	2	12	9	26
Pennsylvania	491	780	1,005	8,211	8,309	N	0	0	N	N	1	4	18	32	46
E.N. Central	1,131	3,184	4,167	26,053	35,972	—	1	3	7	8	6	16	110	84	120
Illinois	690	1,005	1,286	9,000	11,887	—	0	0	—	—	—	2	22	2	17
Indiana	—	374	632	3,704	4,514	—	0	0	—	—	—	1	18	7	6
Michigan	379	757	1,225	7,696	5,822	—	1	3	5	5	—	2	9	15	22
Ohio	62	624	1,465	2,803	9,099	—	0	2	2	3	6	5	33	44	45
Wisconsin	—	368	527	2,850	4,650	N	0	0	N	N	—	5	53	16	30
W.N. Central	616	1,185	1,444	11,336	13,126	—	0	54	2	—	1	12	77	72	62
Iowa	221	157	223	1,766	1,907	N	0	0	N	N	—	2	28	11	5
Kansas	163	146	271	1,529	1,751	N	0	0	N	N	1	1	8	11	12
Minnesota	—	245	322	1,609	2,731	—	0	54	—	—	—	3	25	20	24
Missouri	196	450	628	4,700	4,711	—	0	1	2	—	—	2	21	10	14
Nebraska§	—	102	180	956	1,062	N	0	0	N	N	—	1	16	5	4
North Dakota	—	30	64	259	409	N	0	0	N	N	—	0	1	1	—
South Dakota	36	51	84	517	555	N	0	0	N	N	—	1	7	14	3
S. Atlantic	2,226	3,755	6,117	31,081	38,300	—	0	1	1	2	7	17	67	154	140
Delaware	111	68	107	789	786	N	0	0	N	N	—	0	3	2	—
District of Columbia	—	63	161	918	590	—	0	0	—	—	—	0	2	3	5
Florida	—	964	1,187	3,300	9,892	N	0	0	N	N	5	8	32	80	52
Georgia	—	702	3,022	5,705	6,546	N	0	0	N	N	1	5	12	44	38
Maryland§	—	343	482	3,001	3,533	—	0	1	1	2	—	0	2	4	7
North Carolina	993	613	1,772	6,449	8,272	—	0	0	—	—	1	0	11	7	23
South Carolina§	483	374	2,105	5,402	2,975	N	0	0	N	N	—	1	13	6	5
Virginia§	611	461	687	4,965	5,194	N	0	0	N	N	—	1	5	7	9
West Virginia	28	59	96	552	512	N	0	0	N	N	—	0	3	1	1
E.S. Central	794	1,464	2,085	15,345	15,513	—	0	0	—	—	—	3	14	15	10
Alabama§	101	424	761	3,554	5,205	N	0	0	N	N	—	0	11	6	4
Kentucky	81	137	691	1,201	1,812	N	0	0	N	N	—	1	3	7	2
Mississippi	—	385	957	4,235	3,128	N	0	0	N	N	—	0	3	—	1
Tennessee§	612	518	715	6,355	5,368	N	0	0	N	N	—	1	5	2	3
W.S. Central	957	2,182	3,025	19,875	22,728	—	0	1	—	—	—	5	45	18	20
Arkansas§	—	154	337	1,630	1,676	N	0	0	N	N	—	0	2	2	1
Louisiana	48	296	610	1,085	3,728	—	0	1	—	—	—	1	9	4	—
Oklahoma	—	252	423	2,391	2,073	N	0	0	N	N	—	1	4	9	9
Texas§	909	1,453	1,905	14,769	15,251	N	0	0	N	N	—	3	36	3	10
Mountain	367	1,271	2,043	8,584	13,572	97	104	202	1,161	1,392	2	3	39	25	18
Arizona	184	451	1,017	2,324	4,071	96	101	200	1,138	1,361	—	0	3	6	3
Colorado	—	315	418	1,309	3,300	N	0	0	N	N	2	1	7	11	3
Idaho§	—	50	253	549	737	N	0	0	N	N	—	0	5	1	1
Montana§	12	50	143	524	473	N	0	0	N	N	—	0	26	1	3
Nevada§	143	105	397	1,652	1,393	1	1	3	7	14	—	0	1	—	1
New Mexico§	—	183	314	1,270	2,257	—	0	3	5	4	—	0	5	5	2
Utah	—	95	182	788	1,028	—	1	4	11	11	—	0	3	1	5
Wyoming§	28	27	54	168	313	—	0	0	—	2	—	0	11	—	—
Pacific	1,723	3,381	4,052	34,162	34,980	18	52	299	520	448	—	1	5	12	17
Alaska	56	81	156	898	862	N	0	0	N	N	—	0	1	—	—
California	1,060	2,681	3,186	26,467	27,022	18	52	299	520	448	—	0	0	—	—
Hawaii	—	107	133	976	1,239	N	0	0	N	N	—	0	1	—	—
Oregon§	156	167	394	1,992	2,016	N	0	0	N	N	—	1	4	12	17
Washington	451	352	548	3,829	3,841	N	0	0	N	N	—	0	0	—	—
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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	196	106	236	1,768	1,047	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	4	15	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† 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 March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	169	308	529	2,369	3,052	2,821	6,824	8,668	57,067	71,074	29	43	133	466	509
New England	5	18	44	106	215	67	109	260	1,010	995	1	2	12	22	29
Connecticut	—	5	25	48	45	—	42	204	237	285	—	0	7	15	8
Maine§	2	4	15	34	12	—	2	8	16	31	1	0	4	4	4
Massachusetts	—	1	18	—	111	53	47	96	606	511	—	0	7	—	14
New Hampshire	—	0	9	1	6	6	3	9	31	54	—	0	2	3	—
Rhode Island§	—	0	17	—	11	8	9	19	107	102	—	0	3	—	1
Vermont§	3	3	12	23	30	—	1	5	13	12	—	0	2	—	2
Mid. Atlantic	39	65	120	421	603	430	639	1,323	6,492	6,937	4	9	25	99	115
New Jersey	—	7	16	—	97	55	102	158	1,014	1,148	—	1	4	7	18
New York (Upstate)	31	25	101	176	148	165	121	865	1,202	1,108	3	3	14	25	19
New York City	4	17	33	135	201	91	177	377	1,859	2,147	—	2	6	25	31
Pennsylvania	4	14	35	110	157	119	224	336	2,417	2,534	1	3	8	42	47
E.N. Central	24	40	96	314	538	434	1,273	2,225	10,088	14,699	4	6	14	49	75
Illinois	—	9	27	20	123	248	366	488	3,152	4,531	—	1	5	3	23
Indiana	N	0	0	N	N	—	154	287	1,539	1,991	1	1	10	6	11
Michigan	5	13	38	117	159	152	300	880	3,321	2,341	—	0	5	7	12
Ohio	19	15	32	144	150	34	306	718	1,005	4,237	3	2	6	33	17
Wisconsin	—	9	24	33	106	—	130	179	1,071	1,599	—	0	3	—	12
W.N. Central	3	23	117	165	286	153	383	517	3,786	4,003	1	3	22	25	26
Iowa	—	5	16	38	54	32	37	63	397	405	—	0	1	—	—
Kansas	1	3	11	24	35	37	43	90	470	507	—	0	2	4	3
Minnesota	—	0	87	7	75	—	65	87	481	644	1	1	17	8	9
Missouri	1	9	28	73	85	82	195	269	2,150	2,081	—	0	5	10	11
Nebraska§	1	2	9	15	16	—	26	56	216	263	—	0	2	2	3
North Dakota	—	0	4	—	4	—	2	6	13	26	—	0	2	1	—
South Dakota	—	1	6	8	17	2	6	15	59	77	—	0	0	—	—
S. Atlantic	42	51	87	463	437	708	1,613	2,696	12,350	16,801	7	11	26	128	128
Delaware	—	0	4	5	5	30	28	44	323	302	1	0	1	2	—
District of Columbia	2	1	7	15	13	—	35	63	419	397	—	0	2	2	—
Florida	23	22	44	218	181	—	446	549	1,564	4,529	—	3	9	40	35
Georgia	15	12	26	123	82	1	349	1,539	2,377	3,034	2	2	6	41	33
Maryland§	2	4	11	39	43	—	121	160	1,038	1,425	—	2	5	24	18
North Carolina	—	0	0	—	—	294	314	571	3,201	4,304	2	0	8	10	14
South Carolina§	—	2	8	8	19	182	166	1,135	2,177	1,222	2	0	3	7	11
Virginia§	—	9	28	54	92	188	117	238	1,092	1,448	—	1	7	—	13
West Virginia	—	0	6	1	2	13	19	44	159	140	—	0	4	2	4
E.S. Central	3	7	34	66	80	283	594	877	5,590	6,238	2	2	9	29	31
Alabama§	—	3	22	28	38	34	193	313	1,464	2,410	—	0	5	7	5
Kentucky	N	0	0	N	N	20	53	268	418	654	1	0	1	1	3
Mississippi	N	0	0	N	N	—	149	434	1,526	1,226	—	0	1	—	1
Tennessee§	3	4	12	38	42	229	194	239	2,182	1,948	1	1	6	21	22
W.S. Central	6	7	21	60	31	292	953	1,480	8,133	9,559	7	1	26	25	21
Arkansas§	3	3	13	29	13	—	80	142	763	1,000	—	0	2	1	2
Louisiana	—	1	6	7	—	18	175	366	877	2,134	—	0	3	2	1
Oklahoma	3	2	11	24	18	—	94	233	1,019	690	7	1	24	21	17
Texas§	N	0	0	N	N	274	575	928	5,474	5,735	—	0	2	1	1
Mountain	20	27	68	242	279	72	279	466	1,807	3,002	3	4	14	68	64
Arizona	5	3	11	46	36	31	115	231	508	1,005	1	2	9	35	25
Colorado	10	10	26	87	96	—	71	92	456	785	1	1	4	14	20
Idaho§	1	3	12	20	35	—	2	20	25	46	—	0	1	2	2
Montana§	—	2	11	12	13	—	3	20	22	25	—	0	0	—	—
Nevada§	—	1	8	13	8	41	30	135	416	508	1	0	2	3	6
New Mexico§	—	1	6	12	14	—	30	65	239	390	—	0	2	5	8
Utah	4	7	25	45	72	—	17	26	128	202	—	0	4	9	3
Wyoming§	—	1	4	7	5	—	2	5	13	41	—	0	1	—	—
Pacific	27	59	141	532	583	382	786	970	7,811	8,840	—	2	7	21	20
Alaska	1	1	17	14	5	5	10	27	96	110	—	0	2	4	2
California	14	42	71	391	453	264	650	832	6,594	7,324	—	0	5	—	5
Hawaii	—	1	4	12	12	3	15	30	108	219	—	0	1	—	3
Oregon§	—	8	14	73	86	11	26	46	218	311	—	1	6	17	9
Washington	12	7	62	42	27	99	77	131	795	876	—	0	1	—	1
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	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	5	19	36	13	15	5	16	90	82	—	0	2	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	33	59	117	471	798	37	84	260	617	806	18	49	109	270	268
New England	2	2	20	5	63	—	2	4	11	38	1	1	12	3	16
Connecticut	2	1	3	4	7	—	0	3	3	17	1	0	9	2	3
Maine§	—	0	2	—	3	—	0	2	1	4	—	0	2	—	2
Massachusetts	—	0	4	—	37	—	0	1	—	11	—	0	4	—	9
New Hampshire	—	0	16	1	11	—	0	1	2	4	—	0	0	—	1
Rhode Island§	—	0	2	—	1	—	0	4	4	1	—	0	6	—	—
Vermont§	—	0	2	—	4	—	0	1	1	1	—	0	2	1	1
Mid. Atlantic	4	7	19	54	69	2	8	18	64	100	5	15	53	69	86
New Jersey	—	1	4	3	23	—	2	6	12	32	—	2	11	11	13
New York (Upstate)	2	2	12	15	12	1	1	14	11	8	2	6	30	21	26
New York City	—	2	11	22	22	—	2	6	8	21	—	2	20	5	17
Pennsylvania	2	1	4	14	12	1	3	7	33	39	3	5	19	32	30
E.N. Central	5	6	14	62	60	6	9	18	77	103	3	10	30	57	51
Illinois	—	1	4	17	14	—	2	9	4	38	—	1	11	—	9
Indiana	1	0	8	3	4	—	0	12	2	4	1	0	5	4	3
Michigan	—	3	8	26	22	1	3	9	33	37	—	3	10	24	10
Ohio	4	1	4	16	16	5	3	10	34	22	2	4	19	28	19
Wisconsin	—	0	4	—	4	—	0	3	4	2	—	0	3	1	10
W.N. Central	1	2	8	13	26	4	3	13	27	32	—	1	15	10	7
Iowa	—	0	1	4	1	—	0	2	5	4	—	0	3	1	—
Kansas	—	0	1	—	15	2	0	2	3	3	—	0	2	—	—
Minnesota	—	0	7	—	1	1	0	12	2	1	—	0	11	1	—
Missouri	—	1	3	5	5	1	1	6	14	21	—	0	2	6	5
Nebraska§	1	0	2	2	2	—	0	3	2	3	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	3	2	2	—	0	1	1	—	—	0	1	1	—
S. Atlantic	5	8	27	79	131	19	23	37	182	230	5	9	23	74	59
Delaware	—	0	2	—	3	—	1	4	3	8	—	0	2	1	1
District of Columbia	—	0	5	9	1	—	0	2	—	3	—	0	5	—	—
Florida	3	3	13	34	48	6	7	16	66	90	2	3	10	32	23
Georgia	—	1	5	11	8	—	3	8	28	21	—	1	5	11	1
Maryland§	—	1	7	8	19	1	2	7	19	42	1	2	8	15	16
North Carolina	2	0	11	3	33	11	0	16	32	42	1	0	5	7	9
South Carolina§	—	0	3	3	6	1	2	5	11	14	—	0	2	3	1
Virginia§	—	1	7	11	13	—	2	5	16	6	—	1	5	3	7
West Virginia	—	0	3	—	—	—	0	7	7	4	1	0	4	2	1
E.S. Central	—	2	7	18	24	1	6	20	43	66	—	2	9	12	8
Alabama§	—	0	2	2	2	—	1	10	10	22	—	0	2	1	1
Kentucky	—	0	4	3	10	—	1	5	1	18	—	1	5	5	1
Mississippi	—	0	4	4	1	—	1	7	7	6	—	0	2	—	—
Tennessee§	—	1	5	9	11	1	3	7	25	20	—	1	7	6	6
W.S. Central	1	7	20	35	50	3	18	128	92	115	1	1	12	11	3
Arkansas§	1	0	9	3	5	—	1	4	6	12	—	0	1	1	1
Louisiana	—	0	4	3	1	—	1	5	9	3	—	0	2	—	—
Oklahoma	—	0	3	—	3	1	1	14	8	1	—	0	6	—	—
Texas§	—	5	15	29	41	2	15	108	69	99	1	1	12	10	2
Mountain	—	5	14	62	82	—	3	8	22	42	—	2	8	20	12
Arizona	—	3	13	55	51	—	0	2	—	13	—	1	4	6	2
Colorado	—	1	3	5	12	—	0	4	4	9	—	0	2	3	2
Idaho§	—	0	2	—	3	—	0	2	2	4	—	0	3	1	2
Montana§	—	0	3	—	1	—	0	0	—	—	—	0	1	—	—
Nevada§	—	0	1	1	3	—	0	4	8	9	—	0	2	2	3
New Mexico§	—	0	2	1	6	—	0	2	3	4	—	0	2	2	—
Utah	—	0	2	—	6	—	0	5	5	3	—	1	6	5	3
Wyoming§	—	0	1	—	—	—	0	1	—	—	—	0	1	1	—
Pacific	15	15	52	143	293	2	11	36	99	80	3	1	11	14	26
Alaska	—	0	1	1	1	—	0	3	2	1	—	0	0	—	—
California	14	13	48	131	273	—	8	26	71	59	2	1	11	13	26
Hawaii	—	0	2	2	5	—	0	1	—	1	—	0	0	—	—
Oregon§	—	1	3	5	8	—	2	5	19	13	—	0	0	—	—
Washington	1	1	4	4	6	2	1	10	7	6	1	0	0	1	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	8	12	1	1	9	10	3	—	0	1	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	42	249	1,019	1,135	1,091	3	24	45	117	251	18	19	44	192	302
New England	8	20	260	69	82	—	0	6	—	8	1	1	3	4	11
Connecticut	—	9	227	20	35	—	0	3	—	1	1	0	2	2	3
Maine§	8	2	39	28	13	—	0	1	—	—	—	0	3	1	2
Massachusetts	—	0	3	—	17	—	0	3	—	5	—	0	2	—	5
New Hampshire	—	3	95	17	15	—	0	3	—	1	—	0	2	—	1
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	—	—
Vermont§	—	1	15	4	1	—	0	0	—	1	—	0	1	1	—
Mid. Atlantic	23	153	570	556	711	1	5	18	22	73	—	2	11	17	43
New Jersey	—	26	187	102	209	—	1	7	—	22	—	0	2	—	4
New York (Upstate)	21	57	392	137	209	1	1	7	6	6	—	0	4	3	4
New York City	—	3	24	5	10	—	2	9	10	36	—	1	4	4	18
Pennsylvania	2	44	237	312	283	—	1	4	6	9	—	0	4	10	17
E.N. Central	—	12	158	13	59	—	3	10	20	33	—	2	12	24	35
Illinois	—	0	1	—	—	—	1	6	6	12	—	0	3	3	10
Indiana	—	0	3	—	—	—	0	2	1	5	—	0	5	6	3
Michigan	—	1	5	5	2	—	0	2	4	4	—	0	4	7	7
Ohio	—	0	5	2	5	—	0	2	4	9	—	1	4	8	10
Wisconsin	—	11	154	6	52	—	0	3	5	3	—	0	2	—	5
W.N. Central	1	5	169	20	26	—	1	14	11	5	3	1	4	20	13
Iowa	—	1	8	1	4	—	0	1	1	1	—	0	2	4	1
Kansas	1	0	2	4	—	—	0	2	—	—	—	0	1	1	—
Minnesota	—	2	167	15	21	—	0	12	7	2	2	0	3	4	1
Missouri	—	0	2	—	—	—	0	1	1	1	1	0	3	8	7
Nebraska§	—	0	2	—	1	—	0	1	2	—	—	0	1	1	4
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	0	—	1	—	0	1	1	—
S. Atlantic	9	42	134	438	186	—	5	15	34	65	6	4	10	33	55
Delaware	2	7	28	64	62	—	0	1	1	—	—	0	1	—	2
District of Columbia	1	0	7	2	5	—	0	2	1	—	—	0	1	—	—
Florida	1	1	5	10	6	—	1	4	8	7	—	1	7	10	21
Georgia	—	0	1	—	1	—	1	6	4	17	—	0	3	5	4
Maryland§	5	20	101	324	104	—	1	4	10	19	2	0	2	10	4
North Carolina	—	0	4	—	7	—	0	4	4	8	3	0	6	3	11
South Carolina§	—	0	2	2	1	—	0	2	—	2	1	0	2	3	5
Virginia§	—	6	36	36	—	—	1	4	6	12	—	0	4	2	8
West Virginia	—	0	10	—	—	—	0	1	—	—	—	0	2	—	—
E.S. Central	—	0	4	4	—	—	0	3	6	6	1	1	3	11	13
Alabama§	—	0	3	1	—	—	0	2	—	2	—	0	2	2	2
Kentucky	—	0	2	—	—	—	0	1	1	1	—	0	1	—	2
Mississippi	—	0	1	—	—	—	0	1	1	1	—	0	3	3	3
Tennessee§	—	0	2	3	—	—	0	2	4	2	1	0	2	6	6
W.S. Central	—	0	6	3	1	—	1	7	2	7	—	1	9	13	16
Arkansas§	—	0	0	—	—	—	0	2	—	—	—	0	1	—	3
Louisiana	—	0	1	—	—	—	0	1	1	1	—	0	2	3	1
Oklahoma	—	0	0	—	—	—	0	2	1	1	—	0	3	4	4
Texas§	—	0	6	3	1	—	1	6	—	5	—	0	9	6	8
Mountain	—	0	4	2	2	—	1	6	5	14	2	1	4	17	23
Arizona	—	0	2	—	2	—	0	3	3	1	—	0	2	2	10
Colorado	—	0	1	—	—	—	0	2	1	6	1	0	2	4	10
Idaho§	—	0	2	—	—	—	0	1	—	—	1	0	1	2	—
Montana§	—	0	1	1	—	—	0	1	—	—	—	0	1	1	—
Nevada§	—	0	1	1	—	—	0	1	—	—	—	0	1	1	—
New Mexico§	—	0	1	—	—	—	0	1	—	1	—	0	1	1	—
Utah	—	0	1	—	—	—	0	2	1	6	—	0	2	6	3
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	—
Pacific	1	3	18	30	24	2	4	13	17	40	5	5	10	53	93
Alaska	—	0	1	2	—	—	0	4	2	2	—	0	1	1	2
California	1	2	15	25	24	2	2	6	11	31	4	3	8	37	64
Hawaii	N	0	0	N	N	—	0	2	—	—	—	0	2	2	2
Oregon§	—	0	1	3	—	—	0	3	3	4	—	0	3	6	13
Washington	—	0	3	—	—	—	0	6	1	3	1	0	5	7	12
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	1	0	1	1	—	1	0	1	3	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	74	249	768	1,318	2,961	19	107	173	567	980	4	29	118	72	261
New England	1	21	53	46	318	7	11	26	83	88	—	0	1	—	—
Connecticut	—	1	9	—	18	3	4	14	38	23	—	0	0	—	—
Maine†	1	2	14	24	19	—	2	8	15	13	N	0	0	N	N
Massachusetts	—	1	28	—	241	—	1	17	—	36	—	0	1	—	—
New Hampshire	—	2	27	7	2	—	1	5	8	2	—	0	1	—	—
Rhode Island†	—	0	17	—	11	2	0	3	6	2	—	0	1	—	—
Vermont†	—	1	14	15	27	2	2	5	16	12	—	0	0	—	—
Mid. Atlantic	8	36	156	286	354	1	17	57	72	143	—	1	6	8	10
New Jersey	—	4	11	9	92	—	0	0	—	—	—	0	1	—	2
New York (Upstate)	4	21	150	200	88	—	0	0	—	—	—	0	2	—	—
New York City	—	0	8	—	19	1	1	5	16	—	—	0	3	1	2
Pennsylvania	4	10	25	77	155	—	16	56	56	143	—	1	4	7	6
E.N. Central	24	41	78	299	464	—	2	18	1	4	—	1	6	1	3
Illinois	—	10	23	35	115	—	0	7	—	1	—	0	4	—	1
Indiana	1	3	34	2	30	—	0	2	—	—	—	0	1	—	—
Michigan	1	11	39	70	92	—	0	5	—	2	—	0	1	1	—
Ohio	22	12	56	185	156	—	0	9	1	1	—	0	4	—	2
Wisconsin	—	3	7	7	71	—	0	0	—	—	—	0	1	—	—
W.N. Central	2	18	97	94	370	1	6	20	25	30	—	3	14	10	4
Iowa	—	4	16	28	103	—	1	7	2	5	—	0	1	—	—
Kansas	2	4	13	40	99	1	1	5	16	11	—	0	1	—	—
Minnesota	—	0	80	—	—	—	0	6	3	2	—	0	2	—	—
Missouri	—	5	10	13	114	—	1	6	1	2	—	2	12	10	4
Nebraska†	—	1	5	2	45	—	0	0	—	—	—	0	5	—	—
North Dakota	—	0	9	1	4	—	0	7	3	2	—	0	0	—	—
South Dakota	—	0	4	10	5	—	0	4	—	8	—	0	0	—	—
S. Atlantic	19	18	136	187	225	6	39	62	316	516	2	11	68	36	233
Delaware	—	0	1	1	1	—	0	0	—	—	—	0	3	1	3
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	—	—
Florida	6	4	20	71	50	—	0	7	28	176	1	0	5	3	6
Georgia	—	0	3	—	7	—	5	16	36	46	—	1	5	1	2
Maryland†	—	2	6	26	52	—	6	13	50	74	1	1	7	7	12
North Carolina	11	0	94	54	43	6	9	22	78	55	—	3	61	18	206
South Carolina†	—	3	11	15	31	—	3	11	19	26	—	0	5	2	2
Virginia†	—	2	19	16	36	—	12	27	97	123	—	2	13	4	2
West Virginia	2	0	9	2	2	—	2	7	8	16	—	0	2	—	—
E.S. Central	2	6	24	56	61	1	4	13	20	39	2	5	27	15	8
Alabama†	—	1	17	16	13	—	1	8	—	13	—	1	9	5	2
Kentucky	—	0	5	—	12	1	0	4	6	4	—	0	1	—	—
Mississippi	—	0	5	5	9	—	0	2	—	—	—	0	1	—	—
Tennessee†	2	3	11	35	27	—	2	8	14	22	2	4	22	10	6
W.S. Central	—	17	144	37	114	1	3	34	13	118	—	1	28	—	3
Arkansas†	—	1	13	—	8	1	0	5	4	1	—	0	10	—	3
Louisiana	—	0	2	2	3	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	9	—	1	—	1	9	9	8	—	0	18	—	—
Texas†	—	14	131	35	102	—	0	29	—	109	—	0	6	—	—
Mountain	17	40	87	255	724	—	3	28	10	21	—	0	5	2	—
Arizona	1	6	28	48	133	—	2	10	9	20	—	0	2	—	—
Colorado	4	9	26	80	318	—	0	0	—	—	—	0	1	1	—
Idaho†	—	1	7	9	20	—	0	24	—	—	—	0	3	1	—
Montana†	—	1	8	9	29	—	0	2	—	—	—	0	2	—	—
Nevada†	—	0	6	—	8	—	0	0	—	—	—	0	0	—	—
New Mexico†	—	2	8	6	17	—	0	2	—	1	—	0	2	—	—
Utah	12	13	39	93	187	—	0	1	1	—	—	0	2	—	—
Wyoming†	—	1	8	10	12	—	0	2	—	—	—	0	1	—	—
Pacific	1	29	227	58	331	2	4	12	27	21	—	0	1	—	—
Alaska	—	1	8	8	25	1	0	6	17	7	N	0	0	N	N
California	—	20	224	—	170	1	3	11	10	14	—	0	1	—	—
Hawaii	—	1	7	6	34	N	0	0	N	N	N	0	0	N	N
Oregon†	—	2	8	17	46	—	0	4	—	—	—	0	1	—	—
Washington	1	5	46	27	56	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	1	6	15	23	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	289	815	1,339	4,906	5,813	20	74	172	261	393	141	257	516	1,837	2,014
New England	—	18	82	106	714	—	2	16	7	100	—	2	14	11	109
Connecticut	—	0	56	56	503	—	0	1	1	84	—	0	8	8	67
Maine§	—	2	13	21	12	—	0	8	4	1	—	0	2	2	—
Massachusetts	—	4	53	—	172	—	0	9	—	11	—	0	11	—	35
New Hampshire	—	3	25	13	17	—	0	3	2	2	—	0	2	1	3
Rhode Island§	—	1	10	9	8	—	0	2	—	1	—	0	3	—	3
Vermont§	—	1	6	7	2	—	0	4	—	1	—	0	2	—	1
Mid. Atlantic	30	90	191	682	640	3	8	62	32	32	1	15	47	78	179
New Jersey	—	15	49	49	122	—	1	15	1	9	—	3	35	4	61
New York (Upstate)	20	27	93	208	109	2	3	14	15	7	1	4	43	20	50
New York City	1	24	50	163	185	—	0	4	2	5	—	5	14	44	51
Pennsylvania	9	30	67	262	224	1	2	47	14	11	—	1	6	10	17
E.N. Central	30	105	197	464	782	2	10	59	42	58	10	23	67	86	194
Illinois	—	27	60	26	216	—	1	7	2	9	—	9	49	10	67
Indiana	9	15	55	73	71	—	1	8	1	6	—	2	17	10	20
Michigan	2	18	35	102	150	—	1	6	8	15	—	2	5	6	52
Ohio	19	23	56	182	212	2	3	18	29	11	10	3	14	46	33
Wisconsin	—	17	27	81	133	—	2	39	2	17	—	3	10	14	22
W.N. Central	23	48	109	379	347	3	11	45	33	53	32	37	77	354	200
Iowa	—	8	26	49	53	—	1	38	—	9	—	2	14	8	5
Kansas	2	7	16	58	58	1	0	4	5	—	1	2	11	7	19
Minnesota	11	11	60	76	76	2	3	26	15	20	7	4	24	59	20
Missouri	9	14	35	132	98	—	2	13	8	20	24	11	69	261	116
Nebraska§	1	3	9	22	36	—	1	11	5	3	—	1	14	3	23
North Dakota	—	0	5	7	3	—	0	0	—	—	—	0	18	4	2
South Dakota	—	3	11	35	23	—	0	5	—	1	—	6	24	12	15
S. Atlantic	107	223	395	1,685	1,390	9	11	32	75	56	80	68	143	765	473
Delaware	—	2	10	8	14	—	0	3	3	—	—	0	2	3	—
District of Columbia	—	1	4	8	13	—	0	1	—	—	—	0	5	3	3
Florida	52	95	176	693	596	2	2	9	23	10	65	32	76	467	206
Georgia	20	34	66	335	185	—	1	7	8	8	13	24	54	252	155
Maryland§	9	13	33	124	99	1	2	9	15	11	2	1	10	16	28
North Carolina	19	29	130	297	288	6	2	11	15	17	—	1	14	9	49
South Carolina§	7	19	51	107	69	—	0	3	—	2	—	0	9	6	23
Virginia§	—	21	58	106	117	—	2	11	11	8	—	2	9	9	9
West Virginia	—	1	16	7	9	—	0	5	—	—	—	0	2	—	—
E.S. Central	9	51	137	279	305	—	4	21	13	26	—	12	75	108	137
Alabama§	—	10	70	63	112	—	0	5	1	2	—	4	66	32	25
Kentucky	1	8	23	71	60	—	1	12	4	7	—	2	15	12	74
Mississippi	—	12	42	18	50	—	0	0	—	—	—	1	15	13	21
Tennessee§	8	17	32	127	83	—	2	9	8	17	—	4	13	51	17
W.S. Central	12	84	185	166	442	—	3	51	11	12	9	37	185	113	212
Arkansas§	5	15	45	46	178	—	0	7	4	1	2	2	10	14	12
Louisiana	—	16	42	54	37	—	0	1	—	—	—	2	24	22	3
Oklahoma	5	8	40	48	42	—	0	17	2	1	1	2	9	9	18
Texas§	2	46	107	18	185	—	2	47	5	10	6	30	172	68	179
Mountain	37	51	87	381	393	1	7	34	26	36	5	26	87	131	148
Arizona	10	18	45	140	141	1	1	13	11	11	1	11	35	64	82
Colorado	15	12	30	101	88	—	1	8	1	10	1	4	15	20	16
Idaho§	1	3	9	22	27	—	2	8	3	4	—	0	3	1	4
Montana§	—	2	10	14	18	—	0	0	—	—	—	0	13	2	—
Nevada§	7	3	20	32	21	—	0	4	2	4	2	1	20	10	12
New Mexico§	—	4	15	27	40	—	1	5	5	3	—	2	15	18	24
Utah	4	5	15	32	46	—	1	14	4	3	1	1	6	5	9
Wyoming§	—	1	4	13	12	—	0	3	—	1	—	0	19	11	1
Pacific	41	116	302	764	800	2	4	21	22	20	4	32	90	191	362
Alaska	2	1	5	15	21	N	0	0	N	N	—	0	2	5	1
California	32	89	218	616	619	1	0	5	11	N	3	28	81	160	270
Hawaii	—	5	16	41	41	—	0	3	1	2	—	1	3	6	10
Oregon§	—	7	16	40	68	—	1	9	3	13	—	1	6	8	50
Washington	7	10	79	52	51	1	2	19	7	5	1	2	13	12	31
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	10	13	65	75	44	—	0	0	—	—	—	0	6	4	2
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	84	86	215	965	1,366	25	24	85	308	298
New England	—	2	15	16	54	—	1	4	8	14
Connecticut	—	0	0	—	—	—	0	0	—	—
Maine§	—	0	2	5	5	—	0	2	—	—
Massachusetts	—	0	5	—	38	—	0	4	—	12
New Hampshire	—	0	9	4	8	—	0	4	4	2
Rhode Island§	—	0	4	—	2	—	0	3	3	—
Vermont§	—	0	2	7	1	—	0	1	1	—
Mid. Atlantic	11	16	40	178	275	4	3	17	32	49
New Jersey	—	2	8	20	52	—	1	4	—	16
New York (Upstate)	9	5	26	69	69	4	2	14	32	29
New York City	—	3	8	24	54	—	0	2	—	4
Pennsylvania	2	6	13	65	100	N	0	0	N	N
E.N. Central	10	16	46	164	316	1	6	14	53	85
Illinois	—	4	11	31	114	—	1	6	9	20
Indiana	2	2	13	20	36	1	0	10	5	8
Michigan	3	3	11	42	64	—	1	5	20	23
Ohio	5	4	19	71	64	—	1	7	18	18
Wisconsin	—	1	6	—	38	—	1	2	1	16
W.N. Central	1	5	57	77	61	6	2	10	24	21
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	10	25	—	0	3	2	5
Minnesota	—	0	52	29	—	6	1	7	11	7
Missouri	—	2	6	30	21	—	0	2	8	5
Nebraska§	—	0	2	2	11	—	0	2	2	3
North Dakota	1	0	2	4	4	—	0	1	1	1
South Dakota	—	0	2	2	—	—	0	0	—	—
S. Atlantic	34	21	45	246	298	2	2	12	67	18
Delaware	—	0	2	—	1	—	0	0	—	—
District of Columbia	1	0	2	4	4	—	0	1	—	—
Florida	6	5	16	52	69	2	0	6	15	—
Georgia	5	5	11	72	73	—	0	5	23	—
Maryland§	6	4	10	49	62	—	1	5	23	13
North Carolina	16	0	26	30	34	—	0	0	—	—
South Carolina§	—	1	6	14	25	—	0	2	5	—
Virginia§	—	2	9	22	24	—	0	1	1	—
West Virginia	—	0	6	3	6	—	0	2	—	5
E.S. Central	6	4	11	47	58	1	0	6	20	5
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	2	0	4	11	17	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	5
Tennessee§	4	3	9	36	41	1	0	6	18	—
W.S. Central	6	6	61	59	95	4	3	39	42	43
Arkansas§	1	0	5	8	3	—	0	2	5	8
Louisiana	—	0	2	3	1	—	0	1	3	1
Oklahoma	5	2	6	26	38	2	1	12	15	12
Texas§	—	3	56	22	53	2	2	24	19	22
Mountain	16	11	41	156	188	7	4	9	53	61
Arizona	2	5	34	60	110	5	2	7	32	39
Colorado	9	3	8	48	32	2	1	4	14	14
Idaho§	1	0	1	5	3	—	0	1	—	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	1	—	—	0	0	—	—
New Mexico§	—	1	4	9	23	—	0	3	7	7
Utah	4	1	7	31	18	—	0	0	—	—
Wyoming§	—	0	1	2	2	—	0	0	—	—
Pacific	—	2	9	22	21	—	0	4	9	2
Alaska	—	0	2	5	N	—	0	2	7	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	17	21	—	0	2	2	2
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
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	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	37	44	108	619	677	6	6	19	90	82	79	181	256	1,507	1,783
New England	1	0	7	15	7	—	0	1	—	1	2	4	13	34	39
Connecticut	—	0	0	—	—	—	0	0	—	—	—	0	10	4	4
Maine§	—	0	2	3	2	—	0	1	—	—	—	0	1	—	3
Massachusetts	—	0	0	—	—	—	0	0	—	—	2	2	7	23	26
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	4	4
Rhode Island§	—	0	4	5	1	—	0	1	—	—	—	0	3	3	1
Vermont§	1	0	2	7	4	—	0	1	—	1	—	0	1	—	1
Mid. Atlantic	3	3	8	41	31	1	0	5	11	2	34	24	44	328	213
New Jersey	—	0	0	—	—	—	0	0	—	—	4	3	8	34	32
New York (Upstate)	2	1	5	15	7	—	0	4	6	—	2	3	14	27	23
New York City	—	0	0	—	—	—	0	0	—	—	26	12	35	222	111
Pennsylvania	1	2	6	26	24	1	0	2	5	2	2	5	12	45	47
E.N. Central	11	10	40	165	142	—	1	8	20	23	4	15	32	111	191
Illinois	—	0	2	1	7	—	0	1	1	2	1	7	13	22	108
Indiana	1	2	29	25	29	—	0	5	3	6	—	1	5	6	18
Michigan	—	0	3	—	8	—	0	1	—	1	—	2	10	23	15
Ohio	10	5	38	139	98	—	1	5	16	14	3	4	9	52	41
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	8	9
W.N. Central	2	1	51	21	12	—	0	10	3	1	—	5	14	40	46
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	—	3
Kansas	—	0	1	2	—	—	0	0	—	—	—	0	3	4	5
Minnesota	—	0	50	—	—	—	0	10	—	—	—	1	5	15	13
Missouri	2	1	3	19	12	—	0	2	2	1	—	3	9	21	23
Nebraska§	—	0	1	—	—	—	0	0	—	—	—	0	2	—	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	3	—	—	—	0	1	1	—	—	0	3	—	—
S. Atlantic	15	21	49	293	392	4	2	8	40	33	2	42	136	264	382
Delaware	1	0	0	1	—	—	0	1	1	—	—	0	3	2	6
District of Columbia	1	0	3	4	10	—	0	2	—	—	—	2	7	29	29
Florida	9	12	29	157	173	4	2	8	34	32	—	14	23	68	154
Georgia	4	7	17	122	187	—	0	1	—	1	—	7	105	8	25
Maryland§	—	0	0	—	—	—	0	0	—	—	—	5	14	45	55
North Carolina	—	0	0	—	—	—	0	0	—	—	2	5	21	54	61
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	5	15	17
Virginia§	N	0	0	N	N	—	0	0	—	—	—	4	17	42	35
West Virginia	—	1	14	9	22	—	0	1	5	—	—	0	2	1	—
E.S. Central	5	2	11	39	58	1	0	2	6	9	10	14	29	141	116
Alabama§	N	0	0	N	N	—	0	0	—	—	5	5	17	43	64
Kentucky	—	0	3	8	14	—	0	2	—	2	1	1	9	20	6
Mississippi	—	0	0	—	—	—	0	0	—	—	—	1	8	23	14
Tennessee§	5	2	10	31	44	1	0	2	6	7	4	5	12	55	32
W.S. Central	—	1	5	28	7	—	0	2	4	2	12	30	58	307	278
Arkansas§	—	0	3	1	4	—	0	0	—	2	—	1	7	22	21
Louisiana	—	0	2	8	3	—	0	1	1	—	4	5	30	60	36
Oklahoma	—	0	4	19	—	—	0	2	3	—	—	1	4	15	17
Texas§	—	0	0	—	—	—	0	0	—	—	8	21	31	210	204
Mountain	—	1	7	17	28	—	0	5	6	11	5	8	27	42	85
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	16	11	38
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	1	14
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	—	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Nevada§	—	0	3	11	3	—	0	2	3	—	5	1	12	16	21
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	5	11	9
Utah	—	0	7	4	15	—	0	4	2	8	—	0	2	1	2
Wyoming§	—	0	3	2	10	—	0	2	1	3	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	10	37	52	240	433
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	4	3	1
California	N	0	0	N	N	—	0	0	—	—	5	34	45	211	368
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	1	7
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	3	4
Washington	N	0	0	N	N	—	0	0	—	—	5	2	11	22	53
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	2	2	11	22	33
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 17, 2007, and March 18, 2006 (11th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Non-neuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	619	804	1,432	8,814	11,050	—	1	178	—	3	—	1	399	—	1
New England	4	25	72	118	403	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	0	—	—	—	0	3	—	—	—	0	1	—	—
Maine¶	—	3	17	—	81	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	92	—	0	1	—	—	—	0	1	—	—
New Hampshire	—	5	47	40	74	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	4	12	66	78	156	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	89	105	191	1,269	1,418	—	0	11	—	—	—	0	4	—	—
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	—	—	0	2	—	—
Pennsylvania	89	105	191	1,269	1,418	—	0	2	—	—	—	0	1	—	—
E.N. Central	228	237	587	2,887	4,559	—	0	43	—	—	—	0	33	—	—
Illinois	—	1	7	2	22	—	0	23	—	—	—	0	23	—	—
Indiana	—	0	0	—	—	—	0	7	—	—	—	0	12	—	—
Michigan	45	98	258	1,130	1,317	—	0	11	—	—	—	0	2	—	—
Ohio	183	128	449	1,529	2,804	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	14	64	226	416	—	0	2	—	—	—	0	2	—	—
W.N. Central	28	30	131	478	611	—	0	36	—	—	—	0	79	—	—
Iowa	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
Kansas	19	6	52	258	101	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	6	—	—	—	0	7	—	—
Missouri	9	17	82	176	482	—	0	14	—	—	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	—	—	0	38	—	—
North Dakota	—	0	49	24	13	—	0	5	—	—	—	0	28	—	—
South Dakota	—	1	15	20	15	—	0	7	—	—	—	0	22	—	—
S. Atlantic	62	86	173	948	1,077	—	0	2	—	—	—	0	7	—	—
Delaware	—	1	6	8	26	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	5	—	5	—	0	0	—	—	—	0	1	—	—
Florida	37	0	42	309	N	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	16	20	72	320	262	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	25	78	1	325	—	0	0	—	—	—	0	2	—	—
West Virginia	9	25	57	310	459	—	0	1	—	—	—	0	0	—	—
E.S. Central	—	4	43	63	—	—	0	15	—	3	—	0	16	—	—
Alabama¶	—	4	43	61	—	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	—	3	—	0	16	—	—
Tennessee¶	N	0	0	N	N	—	0	4	—	—	—	0	2	—	—
W.S. Central	166	206	962	2,331	2,060	—	0	58	—	—	—	0	26	—	1
Arkansas¶	13	10	92	118	173	—	0	4	—	—	—	0	2	—	—
Louisiana	—	1	9	16	11	—	0	13	—	—	—	0	9	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	153	175	869	2,197	1,876	—	0	38	—	—	—	0	16	—	—
Mountain	42	58	102	701	922	—	0	61	—	—	—	1	228	—	—
Arizona	—	0	0	—	—	—	0	9	—	—	—	0	15	—	—
Colorado	14	23	51	267	521	—	0	10	—	—	—	0	51	—	—
Idaho¶	N	0	0	N	N	—	0	30	—	—	—	0	157	—	—
Montana¶	—	0	26	87	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	3	—	1	—	0	9	—	—	—	0	16	—	—
New Mexico¶	—	4	34	68	167	—	0	1	—	—	—	0	1	—	—
Utah	28	18	65	279	225	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	—	8	—	0	7	—	—	—	0	10	—	—
Pacific	—	0	9	19	—	—	0	15	—	—	—	0	51	—	—
Alaska	—	0	9	19	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	—	—	0	37	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	—
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	11	12	30	107	91	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
‡ Incidence data for reporting years 2006 and 2007 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (proposed) (ArboNET Surveillance).
§ Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
¶ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending March 17, 2007 (11th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	625	429	128	32	17	19	62
Boston, MA	146	83	35	8	10	10	15
Bridgeport, CT	25	16	7	2	—	—	1
Cambridge, MA	8	8	—	—	—	—	2
Fall River, MA	33	24	6	1	1	1	5
Hartford, CT	76	53	15	4	—	4	11
Lowell, MA	27	19	5	2	1	—	2
Lynn, MA	12	10	2	—	—	—	2
New Bedford, MA	25	17	6	1	1	—	2
New Haven, CT	46	27	11	4	2	2	6
Providence, RI	71	57	11	1	1	1	7
Somerville, MA	5	4	1	—	—	—	—
Springfield, MA	44	34	5	4	—	1	6
Waterbury, CT	27	18	8	1	—	—	3
Worcester, MA	80	59	16	4	1	—	—
Mid. Atlantic	2,427	1,722	480	133	50	35	181
Albany, NY	51	31	14	5	—	1	4
Allentown, PA	18	14	2	1	1	—	2
Buffalo, NY	101	71	22	6	1	1	8
Camden, NJ	20	12	5	1	2	—	—
Elizabeth, NJ	17	10	7	—	—	—	2
Erie, PA	60	51	9	—	—	—	6
Jersey City, NJ	16	10	2	3	1	—	3
New York City, NY	1,198	876	231	51	23	10	71
Newark, NJ	94	49	19	18	2	6	11
Paterson, NJ	20	15	3	1	—	1	—
Philadelphia, PA	398	258	86	27	14	13	28
Pittsburgh, PA§	39	23	9	5	—	2	3
Reading, PA	42	34	6	2	—	—	4
Rochester, NY	147	115	25	5	2	—	17
Schenectady, NY	U	U	U	U	U	U	U
Scranton, PA	30	26	4	—	—	—	1
Syracuse, NY	99	78	15	3	2	1	15
Trenton, NJ	34	23	7	3	1	—	1
Utica, NY	18	11	6	1	—	—	1
Yonkers, NY	25	15	8	1	1	—	4
E.N. Central	2,289	1,530	537	122	56	44	148
Akron, OH	62	42	11	4	2	3	4
Canton, OH	54	39	12	3	—	—	8
Chicago, IL	366	221	103	17	20	5	25
Cincinnati, OH	117	72	29	9	1	6	14
Cleveland, OH	243	177	51	10	1	4	7
Columbus, OH	213	140	46	17	5	5	22
Dayton, OH	157	116	31	9	1	—	17
Detroit, MI	185	109	51	14	3	8	10
Evansville, IN	37	26	11	—	—	—	1
Fort Wayne, IN	70	54	14	1	1	—	6
Gary, IN	13	6	2	3	2	—	1
Grand Rapids, MI	53	35	13	3	1	1	6
Indianapolis, IN	218	139	48	18	7	6	9
Lansing, MI	54	42	9	1	1	1	2
Milwaukee, WI	128	89	31	2	5	1	7
Peoria, IL	47	32	14	—	—	1	2
Rockford, IL	60	41	10	4	3	2	1
South Bend, IN	58	36	18	1	2	1	3
Toledo, OH	96	64	26	5	1	—	1
Youngstown, OH	58	50	7	1	—	—	2
W.N. Central	685	427	157	46	31	23	64
Des Moines, IA	87	57	23	4	1	2	7
Duluth, MN	31	24	7	—	—	—	3
Kansas City, KS	16	12	3	—	—	1	3
Kansas City, MO	106	70	24	5	5	2	7
Lincoln, NE	48	42	6	—	—	—	12
Minneapolis, MN	75	40	20	8	5	2	7
Omaha, NE	85	59	16	4	2	4	9
St. Louis, MO	110	37	36	21	11	5	6
St. Paul, MN	50	32	10	3	4	1	4
Wichita, KS	77	54	12	1	3	6	6
S. Atlantic	1,131	700	290	86	34	21	62
Atlanta, GA	60	31	21	5	3	—	2
Baltimore, MD	156	104	31	15	2	4	17
Charlotte, NC	107	56	34	11	3	3	6
Jacksonville, FL	175	116	37	9	10	3	10
Miami, FL	107	64	25	11	4	3	6
Norfolk, VA	54	37	13	3	1	—	2
Richmond, VA	54	31	17	4	1	1	2
Savannah, GA	45	31	10	2	2	—	2
St. Petersburg, FL	46	27	13	2	2	2	4
Tampa, FL	198	125	52	15	4	2	11
Washington, D.C.	109	66	31	7	2	3	—
Wilmington, DE	20	12	6	2	—	—	—
E.S. Central	866	573	191	61	24	17	62
Birmingham, AL	215	152	44	10	5	4	22
Chattanooga, TN	71	50	13	5	3	—	6
Knoxville, TN	102	66	25	6	3	2	3
Lexington, KY	49	34	10	5	—	—	1
Memphis, TN	161	99	41	15	3	3	16
Mobile, AL	46	23	16	2	3	2	—
Montgomery, AL	73	54	12	2	3	2	4
Nashville, TN	149	95	30	16	4	4	10
W.S. Central	1,549	999	344	102	52	51	97
Austin, TX	89	60	20	6	3	—	12
Baton Rouge, LA	52	32	9	5	2	4	2
Corpus Christi, TX	72	52	13	3	2	2	2
Dallas, TX	207	123	56	15	8	5	18
El Paso, TX	U	U	U	U	U	U	U
Fort Worth, TX	129	90	26	2	1	10	7
Houston, TX	388	220	90	41	21	16	26
Little Rock, AR	79	48	18	8	3	2	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	256	173	58	11	9	4	12
Shreveport, LA	87	71	11	4	—	1	12
Tulsa, OK	190	130	43	7	3	7	6
Mountain	1,269	838	270	96	36	25	86
Albuquerque, NM	215	138	48	19	6	4	11
Boise, ID	51	42	9	—	—	—	4
Colorado Springs, CO	74	45	20	6	3	—	7
Denver, CO	96	64	20	7	1	4	9
Las Vegas, NV	302	189	69	27	10	7	16
Ogden, UT	32	25	4	1	2	—	8
Phoenix, AZ	190	114	38	18	10	6	11
Pueblo, CO	48	34	10	4	—	—	1
Salt Lake City, UT	127	87	25	7	4	4	8
Tucson, AZ	134	100	27	7	—	—	11
Pacific	1,372	954	299	61	26	32	109
Berkeley, CA	17	11	3	1	—	2	1
Fresno, CA	U	U	U	U	U	U	U
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	77	57	13	1	4	2	7
Long Beach, CA	69	49	15	3	2	—	9
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	19	13	5	—	1	—	3
Portland, OR	151	96	40	8	2	5	16
Sacramento, CA	214	162	29	12	6	5	17
San Diego, CA	182	126	45	5	1	5	19
San Francisco, CA	109	69	31	5	1	3	3
San Jose, CA	205	138	51	8	4	4	13
Santa Cruz, CA	38	29	5	3	—	1	4
Seattle, WA	103	67	24	8	1	3	9
Spokane, WA	67	49	10	2	4	2	5
Tacoma, WA	121	88	28	5	—	—	3
Total	12,213**	8,172	2,696	739	326	267	871

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.

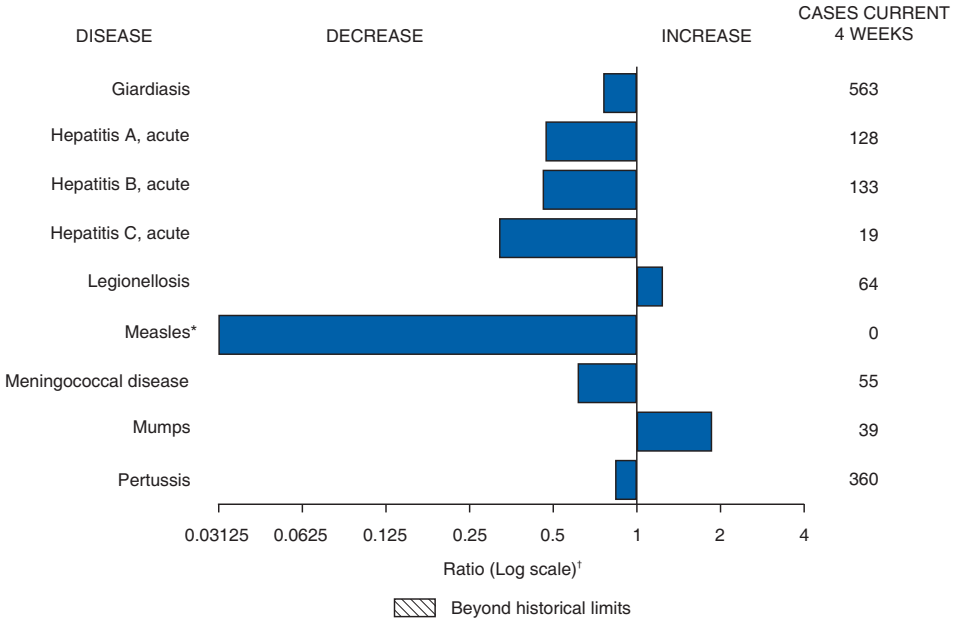
† Pneumonia and influenza.

§ 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 March 17, 2007, with historical data



* No measles cases reported for the current 4-week period, yielding a ratio for week 11 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

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