



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

May 25, 2007 / Vol. 56 / No. 20

World No Tobacco Day — May 31, 2007

World No Tobacco Day is sponsored annually by the World Health Organization to call attention to the global health burden resulting from tobacco use. This year's observance focuses on secondhand smoke and highlights the progress that has been achieved around the world in protecting nonsmokers by making workplaces and public spaces smoke-free.

In June 2006, the Surgeon General's report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* was released. This report concluded that secondhand smoke causes premature death and disease in children and nonsmoking adults. In addition, the report determined that no risk-free level of exposure to secondhand smoke exists and that only eliminating smoking in indoor spaces fully protects nonsmokers. The report determined that other approaches, including separating smokers from nonsmokers and ventilating buildings, are not effective.

The 2006 report has been followed by the enactment of smoke-free laws in multiple states and local jurisdictions. The report also has contributed to adoption of voluntary smoke-free policies by employers and businesses, including major hotel chains (1). Additional information regarding the 2006 Surgeon General's report, including a consumer summary and a video, is available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.

Reference

1. Marriott International, Inc. A breath of fresh air—Marriott goes 100% smoke-free in North America. Washington, DC: Marriott International, Inc.; 2006. Available at <http://marriott.com/marriott.mi?page=smokefree>.

Exposure to Secondhand Smoke Among Students Aged 13–15 Years — Worldwide, 2000–2007

Breathing secondhand smoke (SHS) causes heart disease and lung cancer in adults and increased risks for sudden infant death syndrome, acute respiratory infections, middle-ear disease, worsened asthma, respiratory symptoms, and slowed lung growth in children (1–3). No risk-free level of exposure to SHS exists (1). The Global Youth Tobacco Survey (GYTS), initiated in 1999 by the World Health Organization (WHO), the Canadian Public Health Association, and CDC includes questions related to tobacco use, including exposure to SHS (4).^{*} This report examines data collected from 137 jurisdictions (i.e., countries and territories) during 2000–2007,[†] presents estimates of exposure to SHS at home and in places other than the home among students aged 13–15 years who had never smoked, and examines the association between exposure to SHS and susceptibility to initiating smoking.[§] GYTS

^{*} Additional information available at <http://www.cdc.gov/tobacco/global/surveys.htm>.

[†] The number of jurisdictions varied by year. Some jurisdictions conducted repeat surveys; for those jurisdictions, the most recent data were used. Following are the number of jurisdictions from which data were collected, by year: 2000, six; 2001, nine; 2002, 21; 2003, 36; 2004, 25; 2005, 19; 2006, 15; and 2007, six.

[§] The Teenage Attitudes and Practices Survey, a follow-up study to the National Health Interview Survey, was conducted in 1989 and 1993 and determined that youths defined as susceptible to initiating smoking were two to three times more likely to initiate smoking than nonsusceptible youths. To be classified as nonsusceptible to smoking, a respondent had to answer “no” to the question, “Do you think that you will try a cigarette soon?” and “definitely not” to the questions, “If one of your best friends were to offer you a cigarette, would you smoke it?” and “Do you think you will be smoking cigarettes 1 year from now?” (5).

INSIDE

- 501 State-Specific Prevalence of Smoke-Free Home Rules — United States, 1992–2003
- 504 Outpatient Rehabilitation Among Stroke Survivors — 21 States and the District of Columbia, 2005
- 507 QuickStats

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

Suggested Citation: Centers for Disease Control and Prevention. [Article title]. *MMWR* 2007;56:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Tanja Popovic, MD, PhD
Chief Science Officer

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

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

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

B. Kathleen Skipper, MA
(Acting) Director, Division of Health Information Dissemination (Proposed)

Editorial and Production Staff

Frederic E. Shaw, MD, JD
Editor, MMWR Series

Myron G. Schultz, DVM, MD
(Acting) Deputy Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

Douglas W. Weatherwax
Lead Technical Writer-Editor

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

Beverly J. Holland
Lead Visual Information Specialist

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

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

Editorial Board

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

Virginia A. Caine, MD, Indianapolis, IN

David W. Fleming, MD, Seattle, WA

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

Margaret A. Hamburg, MD, Washington, DC

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

Deborah Holtzman, PhD, Atlanta, GA

John K. Iglehart, Bethesda, MD

Dennis G. Maki, MD, Madison, WI

Sue Mallonee, MPH, Oklahoma City, OK

Stanley A. Plotkin, MD, Doylestown, PA

Patricia Quinlisk, MD, MPH, Des Moines, IA

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

Barbara K. Rimer, DrPH, Chapel Hill, NC

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

Anne Schuchat, MD, Atlanta, GA

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

John W. Ward, MD, Atlanta, GA

data indicated that nearly half of never smokers were exposed to SHS at home (46.8%), and a similar percentage were exposed in places other than the home (47.8%). Never smokers exposed to SHS at home were 1.4–2.1 times more likely to be susceptible to initiating smoking than those not exposed. Students exposed to SHS in places other than the home were 1.3–1.8 times more likely to be susceptible to initiating smoking than those not exposed. As part of their comprehensive tobacco-control programs, countries should take measures to create smoke-free environments in all indoor public places and workplaces.

GYTS is a school-based survey that collects data from students by using a standardized methodology for constructing the sample frame, selecting participating schools and classes, and processing data (4). Questionnaires were translated by coordinators into local languages and back-translated to check for accuracy; GYTS country research coordinators chaired focus groups of students aged 13–15 years to further test the translation accuracy and question comprehension. A two-stage, cluster-sample design was used to produce representative samples of students attending public and private schools in grades associated with ages 13–15 years in each country at national, regional, or local levels. A weighting factor was applied to each student record to adjust for nonresponse by school, class, and student and for variation in the probability of selection at the school and class levels. A final adjustment summed the weights by grade and sex to the population of school children in the selected grades in each country sample site. Statistical analysis of correlated data was conducted, and standard errors of the estimates were computed, producing 95% confidence intervals (CIs). Data included in this report were from GYTS surveys conducted in 137 jurisdictions during 2000–2007. Nationally representative data were collected in 105 jurisdictions, and subnational representative data were collected in 32 jurisdictions. In the 137 jurisdictions included in this study, 747,603 students in approximately 10,000 schools completed the GYTS. Of the jurisdictions surveyed, 56.5% had 100% school participation rates, 41.3% had rates of 80%–99%, and 2.2% had school participation rates of <80%. Approximately 40% of the jurisdictions had student response rates of >90%, 50.7% had rates of 80%–90%, and 9.3% had student response rates of <80%.

Data were aggregated within each of the six WHO regions (Africa, Americas, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific). Self-reported exposure to SHS at home and in places other than home was assessed in the six WHO regions. Regional aggregations were calculated as means weighted by the population of the sampling frame. In many cases, the sampling frame was the country, but in areas where samples were drawn to represent a subnational population,

estimates were weighted by the population of the city, state, or administrative region and included in the regional aggregation.

Never smokers were defined as students who responded “no” to the question “Have you ever smoked a cigarette, even one or two puffs?” Exposure to SHS was determined by answers to two questions: “During the past 7 days, on how many days have people smoked in your home, in your presence?” and “During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?” Students who answered 1 or more days were considered exposed to SHS. Susceptibility to initiating smoking was determined by answers to two questions: “If one of your best friends offered you a cigarette would you smoke it?” and “At any time during the next 12 months do you think you will smoke a cigarette?” Students who answered “definitely not” to both questions were considered not susceptible to initiating smoking. Students who answered “definitely yes,” “probably yes,” or “probably no” to either question were considered susceptible to initiating smoking.

Overall, 80.3% of students aged 13–15 years said they had never smoked cigarettes, with the percentage ranging from 87.4% in the South-East Asia region to 54.9% in the Americas

(Table). The percentage of never smokers exposed to SHS at home was 46.8% and ranged from 71.5% in Europe to 22.6% in Africa. Among WHO regions, never smokers exposed to SHS at home were 1.4–2.1 times more likely to be susceptible to initiating smoking than those not exposed (Table). The percentage of students exposed to SHS in places other than home was 47.8% overall and ranged from 79.4% in Europe to 38.2% in Africa. By region, never smokers exposed to SHS in places other than home were 1.3–1.8 times more likely to be susceptible to initiating smoking than those not exposed.

Reported by: DW Bettcher, MD, PhD, A Peruga, MD, DrPH, Tobacco Free Initiative, Geneva, Switzerland; B Fishburn, MPP, Western Pacific Regional Office; J Baptiste, PhD, African Regional Office; F El-Awa, PhD, Eastern Mediterranean Regional Office; H Nikogosian, MD, European Regional Office; K Rahman, PhD, South-East Asia Regional Office; V Costa de Silva, MD, PhD, Region of the Americas, World Health Organization, Geneva, Switzerland. J Chauvin, Canadian Public Health Association, Ottawa, Canada. CW Warren, PhD, NR Jones, PhD, J Lee, MPH, V Lea, MPH, M Lewis, MPH, S Babb, MPH, S Asma, DDS, MT McKenna, MD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

TABLE. Exposure* to secondhand smoke (SHS) at home and in places other than home and susceptibility to initiating smoking† among students aged 13–15 years who had never smoked cigarettes,§ by World Health Organization (WHO) region — Global Youth Tobacco Survey, 2000–2007

WHO region	All students who never smoked % (95% CI [¶])	Never smokers		Never smokers susceptible to initiating smoking					
		Exposed to SHS at home % (95% CI)	Exposed to SHS in places other than home % (95% CI)	Exposed to SHS at home % (95% CI)	Not exposed to SHS at home % (95% CI)	Ratio of % exposed at home to % not exposed	Exposed to SHS in places other than home % (95% CI)	Not exposed to SHS in places other than home % (95% CI)	Ratio of % exposed in places other than home to % not exposed
Africa (n = 103,906)	79.3 (75.5–82.7)	22.6 (19.5–26.1)	38.2 (34.2–42.4)	17.4 (12.1–24.8)	11.6 (8.9–15.2)	1.5	14.9 (10.5–21.1)	11.7 (8.7–15.8)	1.3
Americas (n = 236,687)	54.9 (50.8–59.0)	39.1 (31.6–47.2)	41.7 (36.9–46.6)	30.2 (23.1–38.4)	21.0 (16.8–26.1)	1.4	30.0 (24.2–36.7)	18.7 (14.1–24.6)	1.6
Eastern Mediterranean (n = 92,075)	84.4 (80.2–87.8)	37.0 (33.7–40.4)	42.9 (39.0–47.0)	20.2 (16.7–24.4)	14.4 (11.8–17.7)	1.4	20.5 (16.9–24.8)	13.6 (11.1–16.6)	1.5
Europe (n = 154,759)	68.0 (65.0–70.8)	71.5 (64.6–76.0)	79.4 (73.9–83.7)	21.6 (17.9–25.9)	15.9 (11.3–22.5)	1.4	21.7 (18.2–25.6)	15.7 (10.8–22.3)	1.4
South-East Asia (n = 91,459)	87.4 (83.8–90.2)	42.8 (35.2–49.7)	38.8 (35.9–41.7)	24.2 (20.0–29.2)	11.3 (9.5–13.7)	2.1	18.9 (15.9–22.4)	11.6 (9.4–15.0)	1.6
Western Pacific (n = 68,717)	69.8 (66.1–73.2)	57.3 (48.5–65.3)	52.6 (49.2–56.1)	15.9 (12.5–20.2)	10.7 (8.5–13.5)	1.5	16.5 (13.3–20.3)	9.3 (7.1–12.2)	1.8
Total (N = 747,603)	80.3 (76.7–83.4)	46.8 (39.9–52.5)	47.8 (44.1–51.3)	22.3 (18.2–27.4)	12.5 (10.1–15.7)	1.8	19.3 (15.9–23.3)	12.4 (9.7–16.2)	1.6

* Determined by answers to two questions: “During the past 7 days, on how many days have people smoked in your home, in your presence?” and “During the past 7 days, on how many days have people smoked in your presence, in places other than in your home?” Students who answered 1 or more days were considered exposed to SHS.

† Determined by answers to two questions: “If one of your best friends offered you a cigarette would you smoke it?” and “At any time during the next 12 months do you think you will smoke a cigarette?” Students who answered “definitely not” to both questions were considered not susceptible to initiating smoking. Students who answered “definitely yes,” “probably yes,” or “probably no” to either question were considered susceptible to initiating smoking.

§ Defined as a response of “no” to the question, “Have you ever smoked a cigarette, even one or two puffs?”

¶ Confidence interval.

Editorial Note: In a longitudinal study of factors predicting smoking behavior of adolescents, having parents and best friends who smoked increased the likelihood that a never smoker would initiate smoking (5). Exposure to SHS is a recognized factor associated with susceptibility to initiating smoking among never smokers. Before development and implementation of GYTS, few global data existed on the use of tobacco products or factors associated with tobacco use among adolescents (4). This study determined that students who were never smokers and exposed to SHS at home and in places other than the home were more likely to be susceptible to initiating smoking than those not exposed. This finding was consistent across all six WHO regions, although with small variations in the size of the ratio between those exposed to SHS and those not exposed. Also, data on susceptibility were consistent over the years of study, both within country (i.e., in repeat surveys) and within region.

The association between susceptibility and SHS exposure is consistent with a previous report based on GYTS data. That report concluded that unless tobacco consumption and exposure to SHS are reduced, the global burden of disease attributable to tobacco will continue to increase (4). To protect the health of all persons from the harmful effects of SHS, WHO recommends that countries enact and enforce legislation requiring all indoor workplaces and public places to be 100% smoke-free (6). Further, WHO suggests that countries develop and implement educational strategies to reduce SHS exposure in the home.

The findings in this report are subject to at least three limitations. First, because GYTS is limited to students, the survey might not be representative of all youths aged 13–15 years from participating countries. However, in most countries, the majority of persons in this age group attend regular, private, or technical schools (7). Second, these data apply only to youths who were in school on the day of the survey and who completed the survey. However, student response rates were high (more than 90% of the sites had student response rates of 80% or higher), suggesting that bias attributable to absence or nonresponse was limited. Finally, data were based on the self-report of students, who might underreport or overreport their behaviors or attitudes. The extent of this bias cannot be determined from these data; however, reliability studies in the United States have indicated good test-retest results for similar tobacco-related questions (8).

Scientific evidence has determined that a safe level of exposure to SHS does not exist; SHS is a pollutant that causes serious illnesses in adults and children (1–3). Therefore, implementing 100% smoke-free environments is the only effective way to protect the population from exposure to SHS. Article 8 of WHO's Framework Convention on Tobacco Control,

ratified by more than 145 countries, calls for jurisdictions to provide "protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places" (9).

In 2004, Ireland became the first nation to create smoke-free indoor workplaces and public areas with a comprehensive ban that included restaurants, bars, and pubs. Since then, bans have been enacted in other countries: Italy, Mauritius, New Zealand, Niger, Norway, Uganda, United Kingdom (in Northern Ireland, Scotland, and Wales), and Uruguay (6). In Canada, 80% of the population lives in jurisdictions with comprehensive smoke-free legislation (6). The majority of persons in the United States live under a state or local law that makes workplaces, restaurants, or bars completely smoke-free: 23.8% of the population is covered by laws that make all three settings smoke-free, and 38.8% of the population is covered by laws that make workplaces smoke-free (10).

The goal of WHO's 2007 World No Tobacco Day is to promote smoke-free environments. Such policies will reduce mortality among nonsmokers who die from diseases caused by breathing SHS and tobacco use among persons who continue to smoke (6).

References

1. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.
2. California Environmental Protection Agency. Proposed identification of environmental tobacco smoke as a toxic air contaminant. Sacramento, CA: Office of Environmental Health Hazard Assessment; 2005.
3. World Health Organization International Agency for Research on Cancer. Monographs on the evaluation of carcinogenic risks to humans. Volume 83: tobacco smoke and involuntary smoking. Lyon, France: IARC Press; 2004.
4. Warren CW, Jones NR, Eriksen MP, Asma S, Global Tobacco Surveillance System Collaborative Group. Patterns of global tobacco use in young people and implications for future chronic disease burden in adults. *Lancet* 2006;367:749–53.
5. Pierce JP, Choi WS, Gilpin EA, Farkas AJ, Merritt RK. Validation of susceptibility as a predictor of which adolescents take up smoking in the United States. *Health Psychol* 1996;15:355–61.
6. World Health Organization. Smoke-free inside: create and enjoy 100% smoke-free environments. Geneva, Switzerland: World Health Organization; 2007. Available at <http://www.who.int/tobacco/resources/publications/wntd/2007/en/index.html>.
7. United Nations Children's Fund. The state of the world's children, 2002. New York, NY: United Nations Children's Fund; 2002. Available at <http://www.unicef.org/sowc02/fullreport.htm>.
8. Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG. Reliability of the 1999 Youth Risk Behavior Survey questionnaire. *J Adolesc Health* 2002;31:336–42.
9. World Health Organization. WHO Framework Convention on Tobacco Control. Geneva, Switzerland: World Health Organization; 2003. Available at <http://www.who.int/tobacco/framework>.
10. American Nonsmokers' Rights Foundation. Summary of 100% smokefree state laws and population protected by 100% U.S. smokefree laws. Berkeley, CA: American Nonsmokers' Rights Foundation; 2007. Available at <http://www.no-smoke.org/pdf/SummaryUSPopList.pdf>.

State-Specific Prevalence of Smoke-Free Home Rules — United States, 1992–2003

Secondhand smoke (SHS) causes premature death and disease in children and nonsmoking adults (1). The home is the primary source of exposure to SHS for infants and children and a major source of SHS exposure for nonsmoking adults (1). To assess trends in national and state-specific prevalence of home “no smoking” rules (i.e., smoke-free home rules), CDC analyzed data from the Tobacco Use Supplement to the Current Population Survey for 1992–1993, 1998–1999, and 2003. This report summarizes the results of that analysis, which indicated that the national prevalence of households with smoke-free home rules in the United States increased significantly, from 43.2% during 1992–1993 to 72.2% in 2003. During this period, the national prevalence of such rules increased from 9.6% to 31.8% among households with at least one smoker and from 56.8% to 83.5% among households with no smoker. A regression analysis of the rate of change over time indicated that the increase in smoke-free homes during this period was not significantly different for households with at least one smoker compared with households with no smoker. Statistically significant increases in the prevalence of smoke-free home rules were also observed in all states, although variation was observed among states. Comprehensive tobacco-control measures, including 1) evidence-based interventions to help smokers quit, 2) policies making workplaces and public places smoke-free, 3) voluntary rules making homes smoke-free, and 4) initiatives to educate the public regarding the health effects of SHS, are needed to further reduce exposure of nonsmokers to SHS.

The Current Population Survey (CPS) is a continuous monthly household survey administered by the U.S. Census Bureau for the Bureau of Labor Statistics that examines labor-force indicators for the U.S. civilian, noninstitutionalized population aged ≥ 15 years (2). Since 1992–1993, the National Cancer Institute has sponsored a Tobacco Use Supplement (TUS) to this survey with questions on tobacco use and related topics, including voluntary home smoking rules. CDC has cosponsored the supplement since 2001. The TUS-CPS was conducted in selected months during 1992–1993, 1995–1996, 1998–1999, 2000, 2001–2002, and 2003. Approximately 75% of respondents were contacted by telephone, and 25% of respondents were contacted by personal home visit. The supplement self-response rates for the TUS-CPS ranged from 65% in 2003 to 72% during 1992–1993 (2).* Data

were adjusted for nonresponse and weighted using the household supplement self-response weight. This weight was calculated by summing the self-response weights for all respondents aged ≥ 15 years and dividing by the rostered number of persons aged ≥ 15 years to provide national and state prevalences of smoke-free home rules.

Each household member aged ≥ 15 years was asked, “Which statement best describes the rules about smoking inside your home?” The response options were 1) “No one is allowed to smoke anywhere inside your home,” 2) “Smoking is allowed in some places or at some times inside your home,” or 3) “Smoking is permitted anywhere inside your home.” Excluded from the analysis were households with discrepancies in household members’ responses (e.g., when one respondent reported a smoke-free home rule and another respondent from the same household reported that smoking is allowed inside the home).

From 1992–1993 to 2003, increases occurred nationally and in every state in the percentage of households with complete smoke-free home rules (i.e., no one is allowed to smoke anywhere inside the home) (Table). During 1992–1993, the percentage of households with smoke-free home rules ranged from 25.7% in Kentucky to 69.6% in Utah. In 2003, the percentage ranged from 53.4% in Kentucky to 88.8% in Utah. The state with the smallest increase during this period was Utah, which had the highest prevalence of smoke-free home rules during 1992–1993. Kentucky, the state with the lowest prevalence of smoke-free home rules during 1992–1993, had the largest increase during this period.

Reported by: A Trosclair, MS, S Babb, MPH, R Murphy-Hoefer, PhD, K Asman, MSPH, C Husten, MD, A Malarcher, PhD, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Revised *Healthy People 2010* objectives call for reducing the proportion of children aged ≤ 6 years who are exposed regularly (≥ 4 days per week) to SHS in the home to 6% (objective 27-9) and reducing to 63% the proportion of nonsmokers aged ≥ 4 years who are exposed to SHS, as measured by having detectable levels of cotinine (a metabolite of nicotine used as a biologic marker for SHS exposure in nonsmokers) in their blood (objective 27-10) (3). The second objective has already been met: approximately 47% of U.S. nonsmokers were exposed to SHS during 1999–2002; in addition, the prevalence of regular exposure of children aged ≤ 6 years to SHS in the home has declined, from 27% in 1994 to 8% in 2005. The progress made toward realizing these objectives reflects recent decreases in SHS exposure in workplaces, public places, homes, and other settings.

The recently published Surgeon General’s report *The Health Consequences of Involuntary Exposure to Tobacco Smoke* notes

* Additional information available at <http://riskfactor.cancer.gov/studies/tus-cps/info.html>.

TABLE. Percentage of households reporting smoke-free home rules, by state/area — Current Population Survey, United States, 1992–1993, 1998–1999, and 2003*

State/Area	1992–1993 (N = 132,899)		1998–1999 (N = 117,895)		2003 (N = 127,332)		% change from 1992–1993 to 2003
	%	(95% CI) [†]	%	(95% CI)	%	(95% CI)	
Alabama	38.9	(34.2–43.7)	59.1	(55.5–62.8)	70.9	(67.7–74.1)	82.1
Alaska	50.9	(46.6–55.3)	60.9	(57.0–64.8)	75.8	(73.0–78.6)	48.8
Arizona	54.4	(50.9–57.9)	71.6	(68.8–74.4)	82.4	(80.1–84.7)	51.5
Arkansas	33.2	(30.1–36.3)	53.0	(50.2–55.8)	60.1	(55.6–64.6)	81.0
California	59.1	(57.4–60.8)	72.7	(71.5–73.9)	84.4	(83.4–85.4)	42.9
Colorado	48.3	(45.3–51.2)	65.2	(61.7–68.7)	79.3	(77.3–81.3)	64.3
Connecticut	44.7	(42.0–47.4)	60.1	(54.8–65.3)	73.4	(71.1–75.7)	64.2
Delaware	40.1	(37.0–43.3)	55.4	(51.6–59.2)	69.7	(66.8–72.6)	73.7
District of Columbia	41.4	(37.4–45.3)	56.6	(53.1–60.2)	68.1	(65.3–70.9)	64.7
Florida	50.2	(48.3–52.1)	66.0	(64.1–67.8)	78.5	(77.1–79.9)	56.4
Georgia	41.8	(38.7–44.8)	61.9	(59.3–64.5)	77.4	(73.9–80.9)	85.4
Hawaii	51.5	(47.1–55.8)	65.0	(61.1–68.9)	79.7	(76.6–82.8)	54.9
Idaho	50.6	(45.6–55.6)	70.3	(66.6–74.1)	78.8	(76.5–81.1)	55.9
Illinois	38.6	(35.4–41.7)	54.6	(52.9–56.2)	64.8	(63.0–66.6)	68.0
Indiana	33.9	(30.7–37.1)	47.9	(44.8–50.9)	62.7	(58.7–66.7)	85.2
Iowa	36.1	(33.2–39.0)	52.9	(48.4–57.4)	68.0	(64.4–71.6)	88.6
Kansas	39.9	(36.0–43.7)	59.3	(55.8–62.9)	66.9	(63.8–70.0)	67.8
Kentucky	25.7	(21.5–29.9)	38.9	(35.0–42.8)	53.4	(48.5–58.3)	107.9
Louisiana	37.3	(33.8–40.8)	58.2	(53.0–63.5)	68.6	(65.1–72.1)	83.9
Maine	39.4	(34.6–44.2)	54.4	(51.3–57.5)	69.0	(66.9–71.1)	75.1
Maryland	43.0	(39.7–46.3)	64.3	(61.7–67.0)	75.9	(73.1–78.7)	76.6
Massachusetts	40.3	(38.1–42.4)	60.1	(57.7–62.4)	75.5	(73.4–77.6)	87.6
Michigan	35.4	(33.5–37.2)	51.2	(48.7–53.6)	60.7	(58.7–62.7)	71.7
Minnesota	39.7	(37.8–41.6)	61.5	(58.7–64.3)	71.5	(69.0–74.0)	80.1
Mississippi	41.2	(37.3–45.0)	54.9	(51.2–58.7)	69.6	(66.1–73.1)	69.1
Missouri	34.5	(30.4–38.6)	53.7	(50.3–57.2)	64.0	(60.8–67.2)	85.7
Montana	43.1	(39.2–47.0)	61.0	(57.3–64.7)	70.0	(66.7–73.3)	62.5
Nebraska	39.9	(36.2–43.6)	59.5	(57.3–61.8)	69.2	(65.9–72.5)	73.3
Nevada	45.5	(42.4–48.7)	63.7	(61.0–66.3)	79.6	(77.2–82.0)	74.9
New Hampshire	38.4	(34.7–42.1)	56.5	(52.2–60.9)	74.6	(72.0–77.2)	94.4
New Jersey	45.5	(43.1–47.9)	61.3	(59.4–63.2)	74.0	(72.0–76.0)	62.5
New Mexico	45.6	(41.0–50.1)	62.7	(59.9–65.5)	75.5	(73.3–77.7)	65.8
New York	41.6	(39.8–43.4)	58.3	(56.7–59.8)	70.5	(68.9–72.1)	69.5
North Carolina	34.3	(32.6–36.1)	53.0	(51.0–54.9)	65.4	(63.0–67.8)	90.8
North Dakota	41.2	(37.0–45.3)	56.4	(51.8–61.0)	68.2	(64.5–71.9)	65.7
Ohio	35.1	(33.6–36.6)	51.4	(49.5–53.3)	60.8	(58.4–63.2)	73.2
Oklahoma	39.2	(34.9–43.5)	54.1	(50.8–57.3)	64.7	(61.3–68.1)	64.9
Oregon	50.0	(45.9–54.1)	68.0	(64.5–71.6)	81.2	(78.3–84.1)	62.4
Pennsylvania	39.9	(38.2–41.7)	56.3	(54.7–57.9)	67.5	(65.5–69.5)	69.0
Rhode Island	38.9	(33.8–43.9)	60.4	(57.8–63.0)	69.8	(67.2–72.4)	79.6
South Carolina	40.2	(37.5–42.9)	58.6	(56.1–61.2)	67.5	(64.2–70.8)	67.9
South Dakota	36.8	(34.3–39.3)	57.1	(52.5–61.8)	71.1	(68.1–74.1)	93.2
Tennessee	34.1	(30.6–37.6)	52.0	(48.9–55.1)	64.2	(60.0–68.4)	88.3
Texas	46.3	(43.4–49.2)	65.3	(63.6–67.0)	78.5	(76.9–80.1)	69.5
Utah	69.6	(65.8–73.4)	81.1	(77.2–85.1)	88.8	(86.1–91.5)	27.6
Vermont	39.1	(35.2–42.9)	59.7	(56.4–62.9)	69.3	(66.8–71.8)	77.5
Virginia	39.3	(36.1–42.4)	58.4	(54.6–62.1)	72.7	(70.1–75.3)	85.1
Washington	54.3	(50.5–58.0)	68.9	(66.1–71.8)	79.3	(76.4–82.2)	46.2
West Virginia	27.8	(23.7–31.9)	42.8	(39.1–46.5)	57.1	(53.4–60.8)	105.5
Wisconsin	36.7	(33.5–39.8)	55.4	(51.9–58.9)	66.4	(63.6–69.2)	81.1
Wyoming	38.6	(34.5–42.7)	58.0	(54.8–61.1)	65.5	(61.9–69.1)	69.8
Minimum	25.7	—	38.9	—	53.4	—	27.6
Maximum	69.6	—	81.1	—	88.8	—	107.9
Range	43.9	—	42.3	—	35.4	—	80.2
Median	39.9	—	58.6	—	69.8	—	71.7
Total	43.2	(42.3–44.1)	60.2	(59.8–60.6)	72.2	(71.8–72.6)	67.1

* Based on the Tobacco Use Supplement to the Current Population Survey (1992–1993, 1998–1999, and 2003). Additional information available at <http://www.census.gov/prod/2002pubs/tp63rv.pdf>. Responses from all household members aged ≥ 15 years were examined to estimate the percentage of homes with smoke-free rules (i.e., all respondents in the household reported that no one is allowed to smoke anywhere inside the home). Excluded from the analysis were households with discrepancies in household members' responses (e.g., when one respondent reported a smoke-free home rule and another respondent from the same household reported that smoking is allowed inside the home).

[†] Confidence interval.

that SHS exposure declined during the past decade as a result of the implementation of smoke-free policies in workplaces and public places (1). However, approximately 126 million children and nonsmoking adults were still exposed to SHS in the United States as of 1999–2002. Because children spend so much time in the home, it remains the primary setting where they are exposed to SHS (1). Adults also spend much of their time in the home, and the home is a major source of exposure for nonsmoking adults. Substantial sociodemographic disparities exist with regard to SHS exposure in the home. For example, evidence suggests that blacks and persons with low incomes are more likely to be exposed to SHS in the home than other groups (1).

The Surgeon General's report states that complete elimination of smoking in indoor spaces is the only measure that fully protects nonsmokers from SHS exposure; other approaches, such as separation of smokers from nonsmokers and ventilation, are not effective (1). Making homes completely smoke-free substantially reduces SHS exposure among nonsmoking residents; the evidence also suggests that smoke-free home rules help smokers quit and reduce smoking initiation among youth (1,4).

The increase in smoke-free homes described in this report might have been driven by two factors: 1) an underlying decrease in smoking rates among adults and youths, and 2) changes in knowledge and attitudes regarding the adverse health effects of SHS (1). Because smoke-free home rules are voluntary, they are important indicators of changes in public awareness of the health effects of SHS and in public attitudes regarding the social acceptability of smoking. They also reflect personal concerns about protecting family members (1). In particular, the large increase in smoke-free home rules that has occurred in households with smokers during the past 10 years suggests a considerable shift in social norms.

Findings from a recent international prospective study suggest that the presence of smoke-free policies in public places is associated with increased voluntary adoption of smoke-free home rules (5). Other factors, including the absence of smokers and the presence of children and nonsmoking adults in a household, also are consistent predictors of smoke-free home rules (1,5).

The public health community promotes smoke-free homes by educating smokers about the dangers SHS exposure poses to the health of their families (1). The U.S. Environmental Protection Agency carries out a national educational program that encourages parents to make their homes smoke-free to protect their children's health (6). Educational campaigns also can raise public awareness about the health risks that SHS exposure in the home poses to nonsmoking adults. Further

research, including evaluation of ongoing initiatives, is needed to determine which approaches are most effective in promoting smoke-free homes.

The findings in this report are subject to at least three limitations. First, estimates for homes with smoke-free rules are based on self-report and are not validated by an objective measure (7). However, data from a study conducted during 1998–1999 indicate that parental reporting of extent of smoke-free home rules correlated with child cotinine levels, suggesting that self-reports of home rules are accurate (8). Second, because responses from members of certain households were discrepant regarding the level of smoking restrictions, these households were excluded from the analysis. However, the percentage of households with such discrepancies was small and declined over time, from 6.6% of households during 1992–1993 to 2.3% in 2003. Finally, response rates for TUS-CPS have declined over time (from 72% during 1992–1993 to 65% in 2003). However, the national estimates of smoke-free home rules described in this report are not significantly different from estimates reported in other studies (1,5).

The single best step that persons who smoke can take to protect both the health of family members and their own health is to quit smoking. Effective smoking-cessation interventions are available, including clinical counseling, medications approved by the Food and Drug Administration, and state telephone quitlines (available by dialing 1-800-QUIT NOW) (9). In addition to advising patients to quit smoking, health-care providers can discuss the health effects of SHS exposure with patients and recommend that they adopt smoke-free home rules (1).

Comprehensive tobacco-control programs that include effective interventions to decrease smoking initiation, increase smoking cessation, and eliminate nonsmokers' exposure to SHS need to be implemented fully to accelerate progress in reducing the health burden from tobacco use and SHS exposure (10). Although SHS exposure has decreased substantially among U.S. nonsmokers during the past 10 years, the findings of this report indicate that millions of children and nonsmoking adults remain at risk for SHS exposure because their homes are not smoke-free. Continued increases in the number of smoke-free workplaces, smoke-free public places, and smoke-free homes are needed to protect nonsmokers from this widespread and preventable health hazard (1).

Acknowledgments

This report is based, in part, on contributions by AM Hartman, National Cancer Institute; A Freeman, US Environmental Protection Agency; JT Gibson, Information Management Services, Inc., Silver Spring, Maryland; and AP Meier, US Census Bureau.

References

1. US Department of Health and Human Services. The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.
2. US Department of Labor, Bureau of Labor Statistics. The current population survey: design and methodology. Technical paper 63RV. Washington, DC: US Department of Labor; 2002. Available at <http://www.census.gov/prod/2002pubs/tp63rv.pdf>.
3. US Department of Health and Human Services. Healthy people 2010: midcourse review. Washington, DC: US Department of Health and Human Services; 2006. Available at <http://www.healthypeople.gov/data/midcourse/html/default.htm>.
4. Farkas AJ, Gilpin EA, White MM, Pierce JP. Association between household and workplace smoking restrictions and adolescent smoking. *JAMA* 2000;284:717–22.
5. Borland R, Yong H-H, Cummings KM, Hyland A, Anderson S, Fong GT. Determinants and consequences of smoke-free homes: findings from the International Tobacco Control (ITC) Four Country Survey. *Tob Control* 2006;15(suppl 3):iii42–iii50.
6. US Environmental Protection Agency. Smoke-free homes program. Available at <http://www.epa.gov/smokefree>.
7. Mumford EA, Levy DT, Romano EO. Home smoking restrictions: problems in classification. *Am J Prev Med* 2004;27:126–31.
8. Spencer N, Blackburn C, Bonas S, Coe C, Dolan A. Parent reported home smoking bans and toddler (18–30 month) smoke exposure: a cross-sectional survey. *Arch Dis Child* 2005;90:670–4.
9. Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2000.
10. CDC. Best practices for comprehensive tobacco control programs—August 1999. Atlanta, GA: US Department of Health and Human Services, CDC; 1999.

Outpatient Rehabilitation Among Stroke Survivors — 21 States and the District of Columbia, 2005

Stroke is a leading cause of severe and long-term disability in the United States (1). Approximately 700,000 persons in the United States have a new or recurrent stroke each year (1); among those who survive, only 10% recover completely, and many of the remaining survivors need rehabilitation because of resulting impairments (2). Long-term disability not only affects functional status and social roles among stroke survivors but also results in substantial costs; the combined direct and indirect costs of stroke are projected to be \$62.7 billion in the United States in 2007 (1). Although studies have established that timely and intensive rehabilitation can substantially improve patients' functional outcomes and quality of life after an acute stroke (2–4), few studies have provided population-based estimates of the prevalence of acute stroke rehabilitation (5). To examine the prevalence of outpatient stroke rehabilitation among selected populations, CDC assessed data from the 2005 Behavioral Risk Factor

Surveillance System (BRFSS) survey on stroke survivors in 21 states* and the District of Columbia (DC). This report summarizes the results of that assessment, which indicated that 30.7% of the stroke survivors received outpatient rehabilitation and a higher prevalence of outpatient stroke rehabilitation was reported among men, non-Hispanic blacks, unemployed or retired adults, and persons living in the center city of a metropolitan statistical area (MSA) than in comparison groups. The findings indicated that the prevalence of stroke survivors who were receiving outpatient stroke rehabilitation services was lower than would be expected if clinical practice guideline recommendations for all stroke patients had been followed (4,6). Increasing the number of stroke survivors who receive needed outpatient rehabilitation might lead to better functional status and quality of life in this population.

Data were analyzed from the 2005 BRFSS survey, a state-based, random-digit-dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. All participants were asked, "Has a doctor, nurse, or other health professional ever told you that you had a stroke?" If the answer was "yes," the participants were asked an additional question from the optional cardiovascular health module: "After you left the hospital following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called 'rehab.'" Stroke or rehabilitation could have occurred at any time in the past; no date restrictions were included. Sociodemographic data collected in the survey included age, sex, race/ethnicity, marital status, education, employment status, income level, insurance coverage, and assigned MSA status. Twenty-one states and DC implemented the optional module; the median response rate, based on Council of American Survey and Research Organizations (CASRO) guidelines, was 51.3% (range: 34.6%–66.7%). CASRO response rates account for both the efficiency of the telephone sampling method and the actual participation rates among respondents. The median cooperation rate, defined as the proportion of all respondents interviewed among all eligible persons who were contacted, was 74.3% (range: 63.2%–85.3%).

Prevalence estimates and 95% confidence intervals (CIs) for a history of stroke and receipt of outpatient stroke rehabilitation among stroke survivors were calculated from aggregated data from all 21 states and DC. Prevalence estimates of outpatient stroke rehabilitation also were obtained for populations defined by age, sex, race/ethnicity, marital status, education level, employment status, income level, insurance coverage, and MSA status. Logistic regression was used to estimate the odds of receiving outpatient stroke rehabilitation

* Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, Utah, Virginia, and West Virginia.

in subpopulations compared with a referent group, after adjustment for age. Data were weighted to reflect each state's population.

Among 129,761 survey respondents in the 21 states and DC, 4,689 (2.6%, CI = 2.5–2.8) reported ever having a stroke. Of these, 4,420 responded to the question on stroke rehabilitation; 1,297 (30.7%, CI = 28.5–33.1) had received outpatient stroke rehabilitation after leaving the hospital. Stroke survivors in the three age groups had a similar prevalence of outpatient stroke rehabilitation (Table). The age-adjusted prevalence of receipt of outpatient stroke rehabilitation was higher among men than women (adjusted odds ratio [AOR] = 1.31, CI = 1.05–1.63), and non-Hispanic blacks had a higher prevalence of outpatient stroke rehabilitation than non-Hispanic whites (AOR = 1.49, CI = 1.10–2.00). Compared with stroke survivors who were employed at the time of the survey, receipt of stroke rehabilitation was higher among respondents who were unemployed (AOR = 1.59, CI = 1.16–2.18) or retired (AOR = 1.45, CI = 1.01–2.09). Adults living in a non-MSA had a lower prevalence of outpatient stroke rehabilitation than those living in the center city of an MSA (AOR = 0.72, CI = 0.55–0.93). The prevalence of receipt of outpatient stroke rehabilitation did not differ significantly by marital status, education level, income level, or insurance status.

Reported by: J Xie, MD, PhD, MG George, MD, C Ayala, PhD, HF McGruder PhD, CH Denny, PhD, JB Croft, PhD, Div for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion; AL Valderrama, PhD, EIS Officer, CDC.

Editorial Note: Stroke rehabilitation should begin in the hospital as soon as acute stroke is diagnosed and the patient is medically stable (6). However, short-term benefits from inpatient stroke rehabilitation might not last over the long term, suggesting the need for continuing rehabilitation in an

TABLE. Number and percentage of stroke survivors who reported receiving outpatient stroke rehabilitation, by selected characteristics — Behavioral Risk Factor Surveillance System (BRFSS), 21 states* and the District of Columbia, 2005

Characteristic	Total sample size	Reported receiving outpatient stroke rehabilitation				
		No.	(%)†	(95% CI)§	AOR¶	(95% CI)
Total	4,420	1,297	(30.7)	(28.5–33.1)	—	—
Age group (yrs)						
18–64**	1,859	552	(30.3)	(26.9–34.0)	—	—
65–79	1,795	509	(30.4)	(26.8–34.2)	1.00	(0.79–1.27)
≥80	766	236	(33.0)	(27.9–38.7)	1.13	(0.84–1.52)
Sex						
Men	1,605	538	(33.8)	(29.9–37.7)††	1.31	(1.05–1.63)
Women**	2,815	759	(28.1)	(25.3–30.8)	—	—
Race/Ethnicity						
White, non-Hispanic**	3,374	932	(28.7)	(26.2–31.3)	—	—
Black, non-Hispanic	552	201	(37.5)	(31.2–43.8)††	1.49	(1.10–2.00)
Hispanic and other	414	132	(30.4)	(21.6–39.2)	1.08	(0.70–1.67)
Marital status§§						
Married	1,890	546	(30.4)	(27.1–33.6)	0.96	(0.77–1.20)
Unmarried**	2,521	750	(31.3)	(27.9–34.7)	—	—
Education level						
Less than high school**	1,082	277	(29.4)	(24.3–34.5)	—	—
High school	1,609	437	(29.9)	(26.1–33.7)	1.03	(0.76–1.39)
Some college	990	320	(32.0)	(27.1–36.9)	1.13	(0.81–1.58)
College or more	739	260	(33.1)	(27.8–38.4)	1.19	(0.84–1.67)
Employment status						
Employed** ¶¶¶	1,045	230	(24.7)	(19.7–29.7)	—	—
Unemployed	1,254	421	(34.3)	(29.6–39.0)††	1.59	(1.16–2.18)
Retired	2,117	646	(32.2)	(28.0–36.5)††	1.45	(1.01–2.09)
Annual household income (\$)						
<15,000**	1,183	351	(29.0)	(24.2–33.7)	—	—
15,000–24,999	1,006	274	(33.0)	(28.0–38.1)	1.21	(0.88–1.67)
25,000–49,999	883	288	(35.1)	(29.8–40.4)	1.33	(0.96–1.84)
≥50,000	249	75	(26.1)	(20.8–31.5)	0.87	(0.60–1.25)
Health insurance coverage						
Yes	4,011	1,186	(30.3)	(27.9–32.8)	0.87	(0.56–1.32)
No**	398	107	(33.3)	(24.5–42.2)	—	—
Metropolitan statistical area (MSA)						
Center city of an MSA**	1,218	399	(34.4)	(30.0–38.8)	—	—
MSA but not center city	1,379	408	(29.8)	(26.0–33.7)	0.81	(0.62–1.06)
Non-MSA	1,823	490	(27.4)	(24.0–30.8)††	0.72	(0.55–0.93)

* Alabama, Arkansas, Connecticut, Georgia, Kansas, Kentucky, Louisiana, Maine, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, Utah, Virginia, and West Virginia.

† Percentages weighted according to state population estimates; percentages reported are age adjusted except for age groups.

§ Confidence interval.

¶ Adjusted odds ratio, adjusted for age groups.

** Referent group in logistic regression analysis.

†† $p < 0.05$ based on age-adjusted logistic regression comparing the prevalence with the referent group.

§§ BRFSS includes six categories of marital status: 1) married, 2) divorced, 3) widowed, 4) separated, 5) never married, and 6) member of an unmarried couple. For this report, members of an unmarried couple ($n = 45$; 1.0% of the sample) were counted in the married category.

¶¶¶ Employed category includes 11 students (0.25% of the sample).

outpatient setting (6,7). Recent clinical practice guidelines recommend outpatient rehabilitation for stroke patients who have been discharged from inpatient rehabilitation and for less severely disabled patients who have been discharged after receiving acute stroke care (4,6); therefore, the majority (i.e.,

>50%) of stroke survivors would be expected to receive some kind of outpatient rehabilitation if the guidelines were followed. However, the results in this report indicate that less than one third of stroke survivors reported receiving outpatient stroke rehabilitation.

The prevalence of reported outpatient stroke rehabilitation was significantly higher among men than women, among unemployed and retired persons than among employed persons, among adults living in the center city of an MSA than in a non-MSA, and among non-Hispanic blacks than non-Hispanic whites. Based on data in a study on Medicare beneficiaries (8), a potential factor contributing to the higher receipt of outpatient stroke rehabilitation among blacks compared with whites is a higher percentage of motor deficits from stroke among black stroke patients.

The lower than expected prevalence of outpatient stroke rehabilitation among stroke survivors might be caused by a lack of resources, such as too few rehabilitation centers and clinics and inadequate access to rehabilitation staff, especially in non-MSA areas. In addition, support from family and caregivers is essential for ensuring the receipt and continuation of outpatient rehabilitation among stroke survivors. Additional policies that encourage family support, such as the Family and Medical Leave Act (<http://www.dol.gov/esa/whd/fmla>), could be beneficial.

Outpatient rehabilitation can be provided in a freestanding or hospital outpatient facility or in a day hospital-care setting (6). A multidisciplinary team should be involved and, depending on the disability, can include an occupational therapist; a physician, nurse, physical therapist, kinesiologist, speech therapist, psychologist, and recreational therapist; and the family or caregivers (6).

The findings in this report are subject to at least six limitations. First, the BRFSS rehabilitation question asks about receipt of outpatient stroke rehabilitation only. Therefore, the results do not provide information on inpatient rehabilitation services or referral to rehabilitation services. Second, 21 states and DC administered the optional module; no nationwide estimate on the prevalence of outpatient stroke rehabilitation could be calculated. Third, although the receipt of outpatient stroke rehabilitation is highly dependent on disease severity and patient medical status, information on these characteristics was not available. Adjustment for these factors might have changed the associations. Fourth, employment status referred to the respondent's current employment status at the time of the survey, not at the time of stroke. If stroke patients who were employed at the time of stroke but were subsequently unemployed or retired at the time of the survey are more likely

to receive outpatient stroke rehabilitation because of greater stroke severity than those who remained employed, the association between stroke rehabilitation and employment status in this study would be biased. Fifth, both stroke and stroke rehabilitation were self-reported and subject to recall bias. Finally, the BRFSS response rate was low, and no studies exist that specifically address the validity of the survey data on receipt of stroke rehabilitation. In addition, persons who reported having had a stroke might have had a transient ischemic attack (TIA). Regardless, the BRFSS estimate for the prevalence of stroke (2.6%) is consistent with the rate in other surveys, which does not include TIAs (1).

Stroke rehabilitation is an integral part of stroke systems of care, which include primary prevention, community education, notification of and prompt response by emergency medical services, acute stroke treatment, subacute stroke treatment and secondary prevention, rehabilitation, and continuous quality-improvement activities (9). Stroke rehabilitation can help stroke survivors reach their physical, psychological, social, and vocational potential (9) through greater independence in activities of daily living, improved psychosocial well-being, better control of risk factors, and reduced risk for medical complications, recurrent stroke, and death (6).

The essential components of the American Stroke Association clinical practice guideline on stroke rehabilitation (6) include rehabilitation assessment, inpatient, outpatient and community-based rehabilitation. Availability of and access to rehabilitation facilities and specialized staff in the community, policies encouraging family support, and physician and patient education might improve rehabilitation rate among stroke survivors. In addition, more research is needed to assess the prevalence of referral and receipt of both inpatient and outpatient stroke rehabilitation at the state and national levels. Public health measures should continue focusing on improving systems of care, from stroke onset through final rehabilitation, to improve overall outcomes among stroke patients.

References

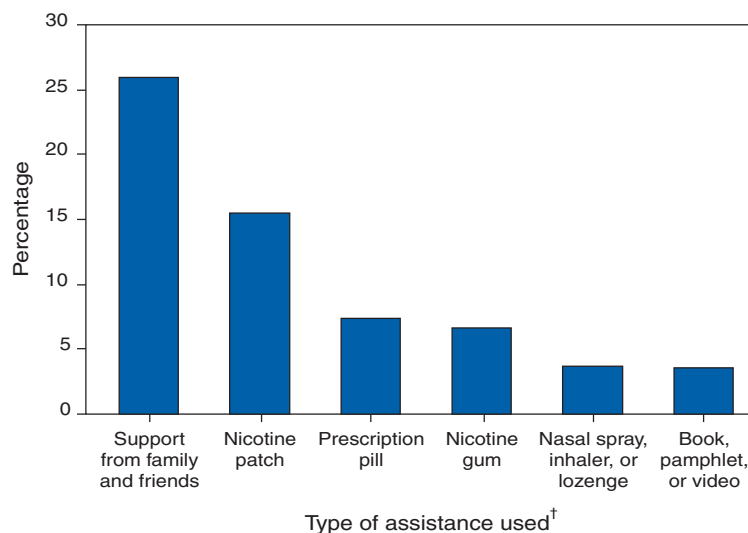
1. Rosamond W, Flegal K, Friday G, et al. Heart disease and stroke statistics—2007 update: a report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation* 2007;115:e69–e171.
2. Rosenberg CH, Popelka GM. Post-stroke rehabilitation. A review of the guidelines for patient management. *Geriatrics* 2000;55:75–81.
3. Ryan T, Enderby P, Rigby AS. A randomized controlled trial to evaluate intensity of community-based rehabilitation provision following stroke or hip fracture in old age. *Clin Rehabil* 2006;20:123–31.
4. Heart and Stroke Foundation of Ontario. Stroke rehabilitation consensus panel report; 2000. Available at <http://209.5.25.171/Page.Asp?PageID=122&ContentID=432>.
5. Lee JA, Huber J, Stason WB. Poststroke rehabilitation in older Americans: the Medicare experience. *Med Care* 1996;34:81–25.

6. Duncan PW, Zorowitz R, Bates B, et al. Management of adult stroke rehabilitation care: a clinical practice guideline. *Stroke* 2005;36:e100–43.
7. Hopman WM, Verner J. Quality of life during and after inpatient stroke rehabilitation. *Stroke* 2003;34:801–5.
8. Horner RD, Hoening H, Sloane R, Rubenstein LV, Kahn KL. Racial differences in the utilization of inpatient rehabilitation services among elderly stroke patients. *Stroke* 1997; 28:19–25.
9. Schwamm LH, Pancioli A, Acker JE, et al. Recommendations for the establishment of stroke systems of care—recommendations from the American Stroke Association's Task Force on the Development of Stroke Systems. *Stroke* 2005;36:690–703.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Assistance Used to Quit Smoking by Adults Aged ≥ 18 Years* During the Preceding 2 Years, by Type — National Health Interview Survey, United States, 2005



* Data are based on household interviews of a sample of the civilian noninstitutionalized population. Only former smokers who had quit smoking within the preceding 2 years were asked about types of assistance used to quit.

[†] Respondents were allowed to select more than one type of assistance used to quit smoking. Data are not available on the number of persons who did not use any type.

Although many types of assistance to quit smoking are available, support from family and friends (25.9%) and nicotine patches (15.5%) were the most commonly used types in 2005. Other types used less frequently were prescription pills (7.4%); nicotine gum (6.7%); nasal sprays, inhalers, or lozenges (3.7%); and books, pamphlets, or videos (3.6%).

SOURCE: National Health Interview Survey, 2005. Available at <http://www.cdc.gov/nchs/nhis.htm>.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 19, 2007 (20th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2006	2005	2004	2003	2002	
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	2	2	0	19	19	16	20	28	AK (2)
infant	—	27	2	98	85	87	76	69	
other (wound & unspecified)	1	5	0	47	31	30	33	21	CA (1)
Brucellosis	3	46	2	117	120	114	104	125	OH (1), TX (2)
Chancroid	—	10	1	33	17	30	54	67	
Cholera	—	—	0	7	8	5	2	2	
Cyclosporiasis§	—	23	17	136	543	171	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	63	80	112	108	164	
eastern equine	—	—	0	7	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	—	0	9	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	4	21	7	678	786	537	362	511	NY (3), MN (1)
human monocytic	3	50	4	513	506	338	321	216	NY (1), VA (1), FL (1)
human (other & unspecified)	1	17	2	237	112	59	44	23	AL (1)
<i>Haemophilus influenzae</i> §,¶¶:									
invasive disease (age <5 yrs):									
serotype b	—	4	1	24	9	19	32	34	
nonsertotype b	1	31	2	139	135	135	117	144	MN (1)
unknown serotype	—	102	4	214	217	177	227	153	
Hansen disease§	1	19	2	65	87	105	95	96	CA (1)
Hantavirus pulmonary syndrome§	—	4	1	37	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	—	37	3	280	221	200	178	216	
Hepatitis C viral, acute	5	239	21	815	652	713	1,102	1,835	OH (2), MD (1), OK (1), WA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	3	60	0	41	45	—	N	N	AL (1), FL (1), NY (1)
Listeriosis	3	170	10	853	896	753	696	665	NY (1), IN (2)
Measles¶¶	1	12	2	73	66	37	56	44	MN (1)
Meningococcal disease, invasive***:									
A, C, Y, & W-135 serogroup B	1	97	6	271	297	—	—	—	FL (1)
other serogroup	—	39	3	171	156	—	—	—	
unknown serogroup	—	8	0	28	27	—	—	—	
Mumps	10	283	14	663	765	—	—	—	NY (1), PA (1), ND (1), NE (1), MD (1), FL (1), KY (1), AL (1), CA (2)
Novel influenza A virus infections	—	—	—	—	—	—	—	—	NY (2), KS (2), FL (1), WA (5)
Plague	—	—	0	17	8	3	1	2	
Polio myelitis, paralytic	—	—	—	—	—	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	3	0	19	16	12	12	18	
Q fever§	1	65	3	174	136	70	71	61	MO (1)
Rabies, human	—	—	—	3	2	7	2	3	
Rubella†††	—	7	0	12	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	0	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	31	3	125	129	132	161	118	OH (1), WV (2)
Syphilis, congenital (age <1 yr)	—	67	7	379	329	353	413	412	
Tetanus	—	3	1	37	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	2	30	2	95	90	95	133	109	PA (1), KY (1)
Trichinellosis	—	1	0	13	16	5	6	14	
Tularemia	1	4	2	97	154	134	129	90	KS (1)
Typhoid fever	3	94	5	329	324	322	356	321	CT (1), NY (1), CA (1)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	3	—	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	1	3	1	N	N	
Vibriosis (non-cholera <i>Vibrio</i> species infections)§	4	62	0	N	N	N	N	N	FL (2), TN (1), CO (1)
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 (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. 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. A total of 61 cases were reported for the 2006–07 flu season.

¶¶¶ The one measles case reported for the current week was imported.

*** 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.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 19, 2007, and May 20, 2006 (20th 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	10,619	19,921	25,562	358,323	386,213	125	151	659	3,066	3,292	39	70	320	914	1,012
New England	946	667	1,360	12,740	12,049	—	0	0	—	—	2	5	38	43	94
Connecticut	300	201	829	3,286	3,000	N	0	0	N	N	—	0	11	11	38
Maine§	49	47	73	970	806	—	0	0	—	—	—	0	6	9	11
Massachusetts	500	302	604	6,147	5,773	—	0	0	—	—	—	1	29	—	37
New Hampshire	2	38	69	715	702	—	0	0	—	—	1	1	5	10	5
Rhode Island§	69	63	108	1,306	1,278	—	0	0	—	—	—	0	5	5	1
Vermont§	26	20	45	316	490	N	0	0	N	N	1	1	4	8	2
Mid. Atlantic	1,858	2,575	4,281	53,462	47,291	—	0	0	—	—	7	10	33	114	163
New Jersey	—	377	541	5,132	7,331	N	0	0	N	N	—	0	1	—	9
New York (Upstate)	894	501	2,745	9,903	8,626	N	0	0	N	N	6	3	13	43	33
New York City	604	761	1,523	16,763	16,202	N	0	0	N	N	—	2	10	20	47
Pennsylvania	360	841	1,760	21,664	15,132	N	0	0	N	N	1	3	18	51	74
E.N. Central	1,171	3,220	6,206	63,711	66,105	—	1	3	11	15	4	15	110	207	228
Illinois	481	984	1,286	17,376	21,296	—	0	0	—	—	—	2	22	17	30
Indiana	—	377	644	7,652	7,851	—	0	0	—	—	1	1	18	16	17
Michigan	493	757	1,225	14,091	11,833	—	1	3	9	11	—	3	10	50	35
Ohio	91	656	3,648	17,637	16,747	—	0	2	2	4	3	5	33	69	75
Wisconsin	106	374	528	6,955	8,378	N	0	0	N	N	—	5	53	55	71
W.N. Central	444	1,188	1,445	18,442	23,771	—	0	54	3	—	10	11	77	139	147
Iowa	—	160	238	3,106	3,279	N	0	0	N	N	—	2	28	24	13
Kansas	316	148	266	3,178	3,194	N	0	0	N	N	3	1	8	21	19
Minnesota	—	242	314	3,557	5,051	—	0	54	—	—	3	2	25	34	58
Missouri	—	440	628	5,220	8,567	—	0	1	3	—	4	2	21	29	30
Nebraska§	85	104	185	1,991	1,942	N	0	0	N	N	—	1	16	6	10
North Dakota	—	28	64	446	725	N	0	0	N	N	—	0	1	1	1
South Dakota	43	49	84	944	1,013	N	0	0	N	N	—	1	7	24	16
S. Atlantic	2,831	3,601	7,072	54,631	73,872	—	0	1	1	2	10	18	71	240	226
Delaware	43	69	111	1,330	1,365	N	0	0	N	N	—	0	3	2	—
District of Columbia	94	78	161	2,097	1,138	—	0	0	—	—	—	0	2	3	7
Florida	—	928	1,187	3,300	18,021	N	0	0	N	N	4	8	32	115	93
Georgia	—	700	3,822	7,608	13,134	N	0	0	N	N	—	5	18	52	64
Maryland§	537	390	669	6,594	7,774	—	0	1	1	2	—	0	2	11	6
North Carolina	959	631	1,207	12,164	13,941	—	0	0	—	—	4	1	11	24	29
South Carolina§	569	410	2,105	10,753	8,387	N	0	0	N	N	1	1	14	14	9
Virginia§	608	490	685	9,756	8,965	N	0	0	N	N	1	1	5	16	16
West Virginia	21	55	88	1,029	1,147	N	0	0	N	N	—	0	3	3	2
E.S. Central	709	1,491	2,096	29,798	29,356	—	0	0	—	—	1	3	14	48	38
Alabama§	51	421	539	7,285	9,462	N	0	0	N	N	—	0	11	17	13
Kentucky	194	130	691	2,945	3,696	N	0	0	N	N	—	1	3	16	10
Mississippi	—	416	959	8,477	6,465	N	0	0	N	N	—	0	8	8	4
Tennessee§	464	531	701	11,091	9,733	N	0	0	N	N	1	1	5	7	11
W.S. Central	15	2,172	3,028	40,063	43,182	—	0	1	—	—	1	5	45	33	45
Arkansas§	—	161	337	3,143	3,130	N	0	0	N	N	—	0	2	2	5
Louisiana	15	315	610	5,225	6,523	—	0	1	—	—	—	1	9	14	—
Oklahoma	—	257	472	4,641	4,330	N	0	0	N	N	1	0	4	12	12
Texas§	—	1,458	1,911	27,054	29,199	N	0	0	N	N	—	2	36	5	28
Mountain	201	1,332	2,025	20,194	25,051	91	100	294	2,113	2,326	—	5	40	63	41
Arizona	34	463	993	6,489	7,555	91	99	294	2,069	2,257	—	0	4	13	4
Colorado	—	309	416	3,229	6,087	N	0	0	N	N	—	1	7	20	9
Idaho§	—	44	253	1,263	1,193	N	0	0	N	N	—	0	5	4	4
Montana§	9	52	144	945	883	N	0	0	N	N	—	0	26	4	6
Nevada§	—	167	397	3,327	2,914	—	1	3	17	31	—	0	3	3	3
New Mexico§	—	171	324	2,591	3,925	—	0	3	7	8	—	1	6	11	9
Utah	137	97	200	1,886	1,931	—	1	4	20	28	—	0	3	1	6
Wyoming§	21	26	45	464	563	—	0	0	—	2	—	0	11	7	—
Pacific	2,444	3,362	4,360	65,282	65,536	34	53	311	938	949	4	1	5	27	30
Alaska	67	88	157	1,639	1,598	N	0	0	N	N	—	0	1	—	1
California	1,772	2,655	3,627	51,157	50,978	34	53	311	938	949	—	0	0	—	—
Hawaii	—	107	130	1,881	2,241	N	0	0	N	N	—	0	1	—	—
Oregon§	299	161	394	3,685	3,683	N	0	0	N	N	4	1	4	27	29
Washington	306	348	621	6,920	7,036	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	21	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	161	114	235	2,813	1,867	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	10	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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Giardiasis					Gonorrhea					<i>Haemophilus influenzae</i> , 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	170	313	1,453	4,766	5,697	2,747	6,862	8,973	113,297	130,592	19	46	161	890	909
New England	3	25	67	201	545	131	109	260	2,028	2,064	—	3	13	31	82
Connecticut	1	5	25	86	94	46	42	204	689	754	—	0	6	20	17
Maine [§]	1	4	14	50	32	6	2	8	41	48	—	0	4	6	7
Massachusetts	—	11	39	—	329	68	46	96	1,033	961	—	1	8	—	49
New Hampshire	—	0	9	3	2	—	2	8	57	94	—	0	3	4	2
Rhode Island [§]	—	0	17	22	35	11	9	19	190	186	—	0	3	1	2
Vermont [§]	1	3	12	40	53	—	1	5	18	21	—	0	1	—	5
Mid. Atlantic	31	63	122	856	1,137	301	687	1,546	14,041	12,434	3	10	26	196	189
New Jersey	—	7	17	36	176	—	103	155	1,483	2,026	—	1	5	17	35
New York (Upstate)	25	25	101	332	346	102	122	1,035	2,299	2,285	—	3	14	57	50
New York City	2	16	32	271	362	94	177	376	3,624	3,859	1	2	6	39	37
Pennsylvania	4	14	35	217	253	105	252	603	6,635	4,264	2	3	10	83	67
E.N. Central	21	43	97	676	927	380	1,297	2,573	25,279	26,207	1	6	14	97	144
Illinois	—	9	27	103	209	164	352	485	6,124	7,798	—	1	5	11	39
Indiana	N	0	0	N	N	—	154	292	3,104	3,383	—	1	10	17	25
Michigan	3	13	38	224	256	148	303	880	5,848	4,528	—	0	5	12	18
Ohio	18	15	32	256	284	36	334	1,563	7,745	7,759	1	2	6	50	32
Wisconsin	—	9	27	93	178	32	131	181	2,458	2,739	—	1	4	7	30
W.N. Central	10	22	539	316	573	130	385	516	5,532	7,134	4	3	23	58	45
Iowa	—	5	16	65	85	—	40	63	695	684	—	0	1	1	—
Kansas	4	3	11	44	60	89	43	87	903	892	1	0	2	5	8
Minnesota	—	0	514	12	199	—	66	87	939	1,158	3	1	17	22	21
Missouri	5	9	28	138	157	—	195	269	2,354	3,765	—	1	5	23	13
Nebraska [§]	—	2	9	32	34	39	26	57	512	467	—	0	2	6	3
North Dakota	1	0	4	5	6	—	2	6	24	42	—	0	2	1	—
South Dakota	—	1	6	20	32	2	6	15	105	126	—	0	0	—	—
S. Atlantic	52	54	103	907	833	1,030	1,598	3,282	21,317	31,242	9	12	33	251	225
Delaware	—	1	4	11	10	20	27	44	533	559	—	0	3	5	1
District of Columbia	—	1	7	28	23	35	37	63	865	700	—	0	2	2	1
Florida	43	24	44	444	340	—	431	549	1,564	8,400	2	3	8	77	74
Georgia	—	12	28	162	200	—	348	2,068	3,159	5,997	—	2	7	53	54
Maryland [§]	3	4	12	85	52	189	130	181	2,155	2,727	1	2	5	43	30
North Carolina	—	0	0	—	—	428	321	676	6,078	6,383	3	0	9	32	15
South Carolina [§]	—	2	8	25	40	208	171	1,026	4,371	3,833	2	1	4	24	20
Virginia [§]	4	9	28	140	160	143	124	238	2,325	2,339	—	1	7	7	21
West Virginia	2	0	21	12	8	7	18	44	267	304	1	0	6	8	9
E.S. Central	3	9	34	163	134	265	595	879	10,818	11,600	—	2	9	47	53
Alabama [§]	—	4	22	82	66	11	189	271	2,980	4,309	—	0	3	10	11
Kentucky	N	0	0	N	N	89	50	268	1,046	1,283	—	0	1	2	4
Mississippi	N	0	0	N	N	—	158	434	3,027	2,422	—	0	1	—	4
Tennessee [§]	3	5	12	81	68	165	195	240	3,765	3,586	—	1	6	35	34
W.S. Central	3	7	26	105	54	43	943	1,490	16,237	18,454	—	2	27	44	31
Arkansas [§]	—	3	13	45	25	—	80	142	1,510	1,720	—	0	2	3	2
Louisiana	—	1	6	22	1	43	193	366	3,169	3,859	—	0	3	4	1
Oklahoma	3	2	13	38	28	—	97	237	1,853	1,572	—	1	25	34	26
Texas [§]	N	0	0	N	N	—	566	938	9,705	11,303	—	0	2	3	2
Mountain	9	30	69	472	507	18	281	456	3,780	5,450	2	4	14	122	100
Arizona	1	3	11	65	47	7	104	220	1,335	1,875	1	2	9	56	37
Colorado	5	9	26	161	174	—	68	93	792	1,394	1	1	4	24	30
Idaho [§]	2	3	12	39	54	—	2	20	84	73	—	0	1	4	3
Montana [§]	—	2	11	30	25	1	3	20	38	56	—	0	0	—	—
Nevada [§]	—	2	9	36	37	—	48	135	789	1,011	—	0	2	6	6
New Mexico [§]	—	1	6	32	22	—	29	64	443	638	—	0	4	14	15
Utah	1	7	27	97	141	9	16	28	276	345	—	0	3	17	9
Wyoming [§]	—	1	4	12	7	1	2	5	23	58	—	0	1	1	—
Pacific	38	57	559	1,070	987	449	771	935	14,265	16,007	—	2	16	44	40
Alaska	—	1	17	20	14	6	10	27	162	211	—	0	2	4	3
California	25	43	93	750	803	347	636	804	12,073	13,225	—	0	10	—	10
Hawaii	—	1	4	25	22	1	14	26	232	407	—	0	1	2	8
Oregon [§]	4	9	14	146	148	27	26	46	419	527	—	1	6	38	19
Washington	9	0	450	129	—	68	73	142	1,379	1,637	—	0	5	—	—
American Samoa	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	—	5	19	52	44	10	5	16	135	127	—	0	2	1	1
U.S. Virgin Islands	U	0	0	U	U	U	0	3	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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Hepatitis (viral, acute), by type [†]										Legionellosis				
	A					B									
	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	24	53	175	909	1,435	47	80	387	1,417	1,546	15	52	112	478	494
New England	3	2	21	13	102	—	2	5	22	51	—	3	16	9	27
Connecticut	1	0	3	5	13	—	0	5	10	22	—	0	9	3	5
Maine [§]	—	0	2	—	4	—	0	2	1	10	—	0	2	—	3
Massachusetts	—	0	4	—	77	—	0	1	—	15	—	0	11	—	16
New Hampshire	1	0	15	4	2	—	0	2	5	—	—	0	2	—	2
Rhode Island [§]	—	0	2	3	2	—	0	4	5	3	—	0	6	5	—
Vermont [§]	1	0	2	1	4	—	0	1	1	1	—	0	2	1	1
Mid. Atlantic	4	7	18	119	123	7	9	20	163	197	3	15	57	124	138
New Jersey	—	1	4	21	39	—	2	6	30	60	—	2	11	12	16
New York (Upstate)	2	2	12	31	23	5	1	14	36	25	2	5	30	40	47
New York City	—	2	10	45	40	—	2	6	30	44	—	3	24	17	18
Pennsylvania	2	1	4	22	21	2	3	7	67	68	1	5	19	55	57
E.N. Central	1	6	13	86	118	7	9	23	169	173	1	11	30	93	96
Illinois	—	1	4	18	27	—	2	5	39	62	—	1	11	1	19
Indiana	—	0	7	5	10	1	0	21	14	10	—	1	6	5	3
Michigan	—	2	8	30	38	1	2	8	45	55	—	3	10	35	20
Ohio	1	1	4	26	31	5	3	10	65	42	1	4	19	48	40
Wisconsin	—	0	4	7	12	—	0	3	6	4	—	0	3	4	14
W.N. Central	4	2	17	60	55	—	2	14	52	52	—	1	16	14	16
Iowa	—	0	2	9	4	—	0	3	9	8	—	0	3	2	2
Kansas	—	0	1	2	18	—	0	2	4	6	—	0	3	—	1
Minnesota	4	0	17	33	2	—	0	13	4	3	—	0	11	2	—
Missouri	—	1	3	10	18	—	1	5	30	31	—	0	2	8	9
Nebraska [§]	—	0	2	4	8	—	0	3	3	3	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	2	2	5	—	0	1	2	1	—	0	1	1	2
S. Atlantic	3	9	28	161	199	18	22	55	374	463	5	9	24	121	118
Delaware	—	0	1	1	7	—	0	3	6	20	—	0	2	1	1
District of Columbia	—	0	5	14	2	—	0	2	1	4	—	0	5	1	4
Florida	—	3	13	57	70	9	7	14	133	162	2	3	9	55	60
Georgia	—	1	5	16	20	—	3	10	39	74	—	1	5	11	3
Maryland [§]	—	1	7	26	29	1	2	8	35	75	—	2	8	24	18
North Carolina	—	0	11	7	40	4	0	16	56	67	2	0	5	13	14
South Carolina [§]	—	0	3	4	8	—	2	5	29	26	—	0	2	5	3
Virginia [§]	3	1	5	34	22	3	2	5	55	15	1	1	5	8	14
West Virginia	—	0	3	2	1	1	0	23	20	20	—	0	4	3	1
E.S. Central	3	2	7	31	47	3	6	20	100	135	2	2	9	28	19
Alabama [§]	1	0	2	7	2	2	2	10	40	33	—	0	2	3	4
Kentucky	—	0	2	5	22	—	1	3	4	34	1	1	6	12	4
Mississippi	—	0	4	4	3	—	0	8	8	16	—	0	2	—	1
Tennessee [§]	2	1	5	15	20	1	3	7	48	52	1	1	7	13	10
W.S. Central	—	6	18	63	123	6	19	155	256	236	—	1	12	26	8
Arkansas [§]	—	0	2	4	29	—	1	7	7	23	—	0	1	1	1
Louisiana	—	0	4	8	3	—	1	5	17	8	—	0	2	1	—
Oklahoma	—	0	3	3	3	2	1	37	13	1	—	0	6	—	1
Texas [§]	—	5	15	48	88	4	15	108	219	204	—	1	12	24	6
Mountain	3	5	16	118	122	—	3	9	87	56	1	2	8	31	35
Arizona	3	4	15	97	68	—	1	5	38	3	—	1	4	10	12
Colorado	—	1	3	9	20	—	1	2	15	15	—	0	2	6	5
Idaho [§]	—	0	1	2	6	—	0	2	4	6	—	0	3	1	4
Montana [§]	—	0	3	1	2	—	0	0	—	—	—	0	1	1	1
Nevada [§]	—	0	2	6	6	—	1	5	17	15	—	0	2	3	4
New Mexico [§]	—	0	2	1	9	—	0	2	4	8	—	0	2	2	1
Utah	—	0	2	2	10	—	0	4	9	9	1	0	2	6	8
Wyoming [§]	—	0	1	—	1	—	0	1	—	—	—	0	1	2	—
Pacific	3	14	92	258	546	6	10	105	194	183	3	1	11	32	37
Alaska	—	0	1	1	1	—	0	3	3	1	—	0	1	—	—
California	3	13	40	235	522	2	8	31	144	150	2	1	11	25	37
Hawaii	—	0	2	2	6	—	0	1	—	3	—	0	0	—	—
Oregon [§]	—	1	3	10	17	—	2	5	29	29	—	0	1	1	—
Washington	—	0	52	10	—	4	0	74	18	—	1	0	2	6	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	—	1	10	16	18	1	1	9	15	15	—	0	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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	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	81	263	1,124	2,145	2,549	10	24	76	272	437	11	19	78	427	523
New England	6	42	350	119	303	—	1	7	4	23	—	1	3	9	20
Connecticut	4	10	227	48	67	—	0	3	—	1	—	0	2	3	5
Maine§	—	1	39	18	33	—	0	1	3	2	—	0	3	3	2
Massachusetts	—	2	112	—	180	—	0	4	—	18	—	0	3	—	13
New Hampshire	2	6	97	42	13	—	0	3	1	1	—	0	2	—	—
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	1	—
Vermont§	—	1	15	11	9	—	0	0	—	1	—	0	1	2	—
Mid. Atlantic	32	147	570	1,058	1,591	1	5	18	61	110	2	2	8	53	87
New Jersey	—	26	190	102	420	—	1	7	—	33	—	0	2	1	9
New York (Upstate)	29	52	392	348	616	1	1	7	16	9	1	1	2	14	18
New York City	—	3	23	6	21	—	3	9	38	56	—	1	4	16	30
Pennsylvania	3	45	237	602	534	—	1	4	7	12	1	0	5	22	30
E.N. Central	1	6	158	25	198	—	3	10	34	50	—	3	8	60	77
Illinois	—	0	1	4	—	—	1	6	10	18	—	0	2	13	18
Indiana	—	0	3	1	2	—	0	2	1	6	—	0	4	14	10
Michigan	—	1	5	7	3	—	0	2	7	7	—	0	3	13	14
Ohio	1	0	5	3	13	—	0	2	9	13	—	1	4	14	23
Wisconsin	—	5	154	10	180	—	0	3	7	6	—	0	2	6	12
W.N. Central	4	4	188	54	64	1	1	12	19	20	2	1	5	29	31
Iowa	—	1	8	8	17	—	0	1	2	1	—	0	3	7	8
Kansas	1	0	2	4	1	1	0	2	1	—	—	0	1	1	1
Minnesota	3	2	188	35	43	—	0	12	11	14	—	0	3	8	6
Missouri	—	0	3	7	—	—	0	1	2	3	—	0	3	8	10
Nebraska§	—	0	2	—	3	—	0	1	2	—	1	0	1	2	5
North Dakota	—	0	0	—	—	—	0	0	—	1	1	0	1	2	1
South Dakota	—	0	1	—	—	—	0	1	1	1	—	0	1	1	—
S. Atlantic	34	44	135	808	364	4	5	14	66	115	3	3	11	64	90
Delaware	7	9	28	174	131	—	0	1	2	3	—	0	1	—	3
District of Columbia	—	0	7	6	7	—	0	2	3	—	—	0	1	—	—
Florida	1	0	3	13	8	1	1	4	17	19	2	1	7	25	37
Georgia	—	0	1	—	1	—	1	6	4	42	—	0	3	6	9
Maryland§	11	23	106	478	194	2	1	4	20	19	1	0	2	14	5
North Carolina	—	0	4	6	9	—	0	4	5	11	—	0	6	6	14
South Carolina§	—	0	2	5	2	1	0	2	1	4	—	0	2	6	11
Virginia§	15	7	36	122	12	—	1	4	13	16	—	0	2	7	10
West Virginia	—	0	14	4	—	—	0	1	1	1	—	0	2	—	1
E.S. Central	—	1	4	11	2	—	0	3	11	8	2	1	4	23	21
Alabama§	—	0	3	2	1	—	0	2	1	3	1	0	2	6	4
Kentucky	—	0	2	—	—	—	0	1	2	1	1	0	1	2	5
Mississippi	—	0	1	—	—	—	0	1	1	2	—	0	4	4	3
Tennessee§	—	0	3	9	1	—	0	2	7	2	—	0	2	11	9
W.S. Central	3	1	6	18	4	—	1	7	13	26	—	1	13	39	33
Arkansas§	—	0	0	—	—	—	0	2	—	1	—	0	2	5	5
Louisiana	—	0	1	2	—	—	0	2	11	1	—	0	4	11	5
Oklahoma	—	0	0	—	—	—	0	3	1	2	—	0	4	10	6
Texas§	3	1	6	16	4	—	1	6	1	22	—	0	9	13	17
Mountain	—	0	4	8	4	1	1	6	19	22	—	1	5	37	35
Arizona	—	0	2	—	3	—	0	3	4	6	—	0	3	10	10
Colorado	—	0	0	—	—	—	0	2	9	7	—	0	2	13	12
Idaho§	—	0	2	2	—	—	0	1	—	—	—	0	1	2	1
Montana§	—	0	1	1	—	—	0	1	1	1	—	0	1	1	2
Nevada§	—	0	2	5	—	—	0	1	1	—	—	0	1	3	3
New Mexico§	—	0	1	—	1	—	0	1	—	1	—	0	1	1	1
Utah	—	0	1	—	—	1	0	2	4	7	—	0	2	6	4
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	1	2
Pacific	1	2	16	44	19	3	3	45	45	63	2	4	47	113	129
Alaska	—	0	1	2	—	—	0	4	2	6	—	0	1	1	2
California	1	2	8	42	19	2	2	6	32	51	2	3	10	82	100
Hawaii	N	0	0	N	N	—	0	2	—	1	—	0	2	2	4
Oregon§	—	0	1	—	—	1	0	3	8	5	—	0	3	14	23
Washington	—	0	8	—	—	—	0	43	3	—	—	0	42	14	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	1	0	1	5	4
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 May 19, 2007, and May 20, 2006 (20th 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	64	254	1,373	2,416	5,321	50	94	199	1,312	1,991	5	29	114	226	424
New England	—	38	77	81	855	11	11	25	185	187	—	0	8	—	4
Connecticut	—	2	10	17	26	4	4	14	61	49	—	0	0	—	—
Maine†	—	2	15	32	23	—	2	8	29	31	N	0	0	N	N
Massachusetts	—	28	45	—	642	—	0	7	—	79	—	0	1	—	4
New Hampshire	—	2	21	16	78	1	1	5	14	—	—	0	1	—	—
Rhode Island†	—	0	30	—	21	—	0	3	15	6	—	0	8	—	—
Vermont†	—	1	9	16	65	6	2	10	66	22	—	0	0	—	—
Mid. Atlantic	11	34	160	424	664	—	14	57	121	300	—	1	6	15	24
New Jersey	—	3	12	46	136	—	0	0	—	—	—	0	2	—	7
New York (Upstate)	9	19	150	258	226	—	0	0	—	—	—	0	2	—	—
New York City	—	1	6	—	29	—	1	5	24	3	—	0	3	4	4
Pennsylvania	2	9	22	120	273	—	13	56	97	297	—	1	4	11	13
E.N. Central	19	41	79	554	755	7	1	18	29	22	—	1	6	6	6
Illinois	—	9	23	62	192	—	0	7	3	5	—	0	4	1	2
Indiana	—	2	39	11	61	1	0	2	3	2	—	0	1	1	1
Michigan	—	10	39	107	144	2	0	5	6	15	—	0	1	1	—
Ohio	19	12	56	307	258	4	0	12	17	—	—	0	4	3	2
Wisconsin	—	3	16	67	100	—	0	0	—	—	—	0	1	—	1
W.N. Central	1	17	140	164	586	3	6	20	75	81	1	3	13	41	25
Iowa	—	4	16	50	151	—	1	7	9	10	—	0	1	—	1
Kansas	1	3	14	60	125	2	2	6	45	30	—	0	1	—	—
Minnesota	—	0	120	—	75	—	0	6	4	11	—	0	2	—	1
Missouri	—	3	10	29	160	1	1	6	6	8	—	3	12	40	21
Nebraska†	—	1	4	7	60	—	0	0	—	—	1	0	5	1	2
North Dakota	—	0	9	4	4	—	0	7	6	2	—	0	0	—	—
South Dakota	—	0	4	14	11	—	0	3	5	20	—	0	0	—	—
S. Atlantic	24	17	163	358	371	19	39	62	704	877	1	12	67	106	302
Delaware	—	0	1	2	2	—	0	0	—	—	—	0	3	4	6
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	3	4	18	99	83	—	0	24	49	176	—	0	4	6	7
Georgia	—	0	3	—	9	—	4	16	36	95	—	0	5	2	8
Maryland†	1	2	7	48	70	—	5	10	93	149	—	1	6	16	12
North Carolina	18	0	112	130	71	19	11	21	188	137	—	6	61	58	253
South Carolina†	1	3	11	33	55	—	3	11	46	48	—	0	5	6	5
Virginia†	—	2	17	37	74	—	12	31	260	232	1	2	12	12	10
West Virginia	1	0	19	7	4	—	1	8	32	40	—	0	2	1	1
E.S. Central	—	6	24	77	99	1	4	13	60	87	3	6	27	54	48
Alabama†	—	1	17	23	24	—	1	8	—	26	—	1	9	12	12
Kentucky	—	0	5	2	16	1	0	4	8	5	—	0	1	1	—
Mississippi	—	0	9	9	15	—	0	1	—	3	—	0	1	—	—
Tennessee†	—	3	11	43	44	—	2	8	52	53	3	4	22	41	36
W.S. Central	—	17	150	172	242	1	15	34	30	313	—	1	55	3	8
Arkansas†	—	2	17	36	22	—	0	5	10	14	—	0	47	—	5
Louisiana	—	0	2	6	7	—	0	0	—	—	—	0	1	—	—
Oklahoma	—	0	9	1	2	1	0	7	20	24	—	0	18	—	1
Texas†	—	13	134	129	211	—	14	34	—	275	—	0	6	3	2
Mountain	5	33	75	476	1,232	—	2	28	30	55	—	0	4	1	6
Arizona	1	6	31	118	246	—	1	10	27	45	—	0	2	—	2
Colorado	2	7	20	129	464	—	0	0	—	—	—	0	1	—	1
Idaho†	—	1	7	18	27	—	0	24	—	—	—	0	3	1	—
Montana†	—	1	8	21	44	—	0	2	—	5	—	0	2	—	—
Nevada†	—	0	9	3	32	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	2	8	13	35	—	0	1	1	4	—	0	1	—	2
Utah	2	10	48	162	353	—	0	1	1	1	—	0	0	—	—
Wyoming†	—	1	8	12	31	—	0	2	1	—	—	0	1	—	1
Pacific	4	26	546	110	517	8	4	13	78	69	—	0	1	—	1
Alaska	—	1	8	10	31	3	0	6	30	12	N	0	0	N	N
California	—	22	225	—	375	5	3	12	48	56	—	0	0	—	—
Hawaii	—	0	5	8	52	N	0	0	N	N	N	0	0	N	N
Oregon†	1	1	11	41	59	—	0	4	—	1	—	0	1	—	1
Washington	3	0	376	51	—	—	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	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	—	—	—	—	—	N	—	—	N	N
Puerto Rico	—	0	1	—	—	—	1	6	19	39	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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis				
	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	427	831	1,754	9,947	11,103	37	72	292	755	751	153	262	696	4,006	3,644
New England	1	39	107	219	1,078	—	3	22	28	110	—	4	21	22	188
Connecticut	—	0	101	101	503	—	0	8	8	75	—	0	9	9	67
Maine [§]	—	2	14	35	28	—	1	8	12	3	—	0	5	8	2
Massachusetts	—	21	87	—	495	—	1	13	—	27	—	2	18	—	113
New Hampshire	1	4	26	36	14	—	0	4	4	2	—	0	2	3	—
Rhode Island [§]	—	2	15	28	27	—	0	2	1	1	—	0	3	1	5
Vermont [§]	—	1	6	19	11	—	0	4	3	2	—	0	2	1	1
Mid. Atlantic	35	96	189	1,332	1,326	3	8	61	81	94	4	13	49	168	314
New Jersey	—	19	50	54	259	—	1	16	1	27	—	3	34	13	103
New York (Upstate)	21	28	93	431	272	2	3	14	36	30	4	3	43	39	84
New York City	—	23	45	346	370	—	0	4	7	12	—	5	12	89	94
Pennsylvania	14	30	67	501	425	1	3	47	37	25	—	1	6	27	33
E.N. Central	53	99	199	1,329	1,590	3	9	61	90	118	24	24	72	255	375
Illinois	—	27	61	289	450	—	1	7	9	21	—	10	50	33	126
Indiana	19	15	55	190	179	—	1	8	9	14	1	2	17	24	52
Michigan	6	18	35	235	277	1	1	6	16	24	—	2	5	13	75
Ohio	28	23	56	370	390	2	3	18	41	30	23	4	18	128	52
Wisconsin	—	17	32	245	294	—	2	41	15	29	—	4	14	57	70
W.N. Central	70	47	109	821	721	8	11	45	115	110	21	45	85	841	412
Iowa	—	8	26	117	125	—	2	38	17	22	—	2	14	20	14
Kansas	20	7	16	134	107	4	0	4	11	4	—	1	11	13	31
Minnesota	16	12	60	196	167	3	3	26	50	36	—	5	24	92	30
Missouri	22	15	35	259	200	1	3	13	23	34	21	14	77	692	275
Nebraska [§]	10	3	9	58	73	—	1	11	14	11	—	1	14	7	27
North Dakota	2	0	5	11	6	—	0	0	—	—	—	0	18	4	4
South Dakota	—	3	11	46	43	—	0	5	—	3	—	6	24	13	31
S. Atlantic	130	227	403	2,817	2,612	7	13	32	178	129	67	73	150	1,375	847
Delaware	—	2	10	29	27	—	0	3	6	1	—	0	2	4	—
District of Columbia	—	1	4	14	23	—	0	1	—	—	—	0	5	4	3
Florida	71	95	176	1,229	1,133	4	2	8	52	29	63	36	76	947	367
Georgia	—	34	76	408	379	—	1	7	16	21	—	25	62	318	300
Maryland [§]	7	14	32	201	119	2	3	9	34	12	1	1	10	25	18
North Carolina	43	29	130	438	444	—	2	11	25	28	3	1	14	25	75
South Carolina [§]	2	18	47	231	231	—	0	3	4	3	—	0	4	23	64
Virginia [§]	5	20	58	229	229	1	3	11	40	35	—	2	9	28	20
West Virginia	2	1	31	38	27	—	0	5	1	—	—	0	2	1	—
E.S. Central	21	53	139	664	623	3	4	21	37	52	7	13	84	318	253
Alabama [§]	8	12	70	199	203	—	0	5	8	5	6	6	66	141	61
Kentucky	7	9	23	145	114	2	1	12	12	13	—	2	15	36	127
Mississippi	—	12	86	86	130	—	0	3	—	1	—	1	71	71	30
Tennessee [§]	6	17	32	234	176	1	2	9	17	33	1	4	14	70	35
W.S. Central	7	84	186	386	950	3	3	52	43	35	10	38	192	390	463
Arkansas [§]	—	14	45	115	261	—	0	7	7	3	—	2	10	38	28
Louisiana	—	15	42	120	119	—	0	1	—	—	—	3	24	68	8
Oklahoma	7	10	40	115	80	—	0	17	8	4	1	2	9	22	31
Texas [§]	—	46	107	36	490	3	2	48	28	28	9	31	174	262	396
Mountain	28	53	88	799	760	7	9	36	99	81	7	25	86	253	284
Arizona	15	18	45	283	224	4	1	12	37	22	5	11	34	125	148
Colorado	11	12	30	223	219	—	1	8	19	21	2	3	15	45	44
Idaho [§]	—	3	9	38	45	1	1	8	6	11	—	0	3	4	6
Montana [§]	—	2	10	31	36	—	0	0	—	—	—	0	13	11	2
Nevada [§]	—	4	20	62	51	—	0	5	8	11	—	1	20	12	29
New Mexico [§]	—	4	15	56	69	—	1	5	11	7	—	2	15	33	36
Utah	2	4	14	83	92	2	2	14	18	8	—	1	4	6	16
Wyoming [§]	—	1	4	23	24	—	0	3	—	1	—	0	19	17	3
Pacific	82	105	889	1,580	1,443	3	3	162	84	22	13	33	255	384	508
Alaska	5	1	5	29	32	N	0	0	N	N	—	0	2	6	4
California	57	90	260	1,212	1,186	2	0	8	52	N	11	28	84	306	429
Hawaii	—	5	16	72	82	—	0	3	5	4	—	1	3	12	16
Oregon [§]	2	7	17	90	143	—	1	9	11	18	1	1	6	19	59
Washington	18	0	624	177	—	1	0	160	16	—	1	0	169	41	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	N	—	—	N	N	—	—	—	—	—
Puerto Rico	6	14	65	176	115	—	0	0	—	—	—	0	6	5	9
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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , 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	53	91	219	2,071	2,653	21	27	103	606	601
New England	—	5	21	72	207	—	2	11	12	71
Connecticut	—	0	17	35	53	—	0	6	—	19
Maine [§]	—	0	2	8	9	—	0	2	1	—
Massachusetts	—	2	10	—	130	—	0	6	—	51
New Hampshire	—	1	9	18	5	—	0	4	6	1
Rhode Island [§]	—	0	6	—	4	—	0	3	3	—
Vermont [§]	—	0	2	11	6	—	0	1	2	—
Mid. Atlantic	7	16	39	403	505	2	3	19	53	87
New Jersey	—	2	6	28	90	—	0	4	—	30
New York (Upstate)	3	5	26	149	152	2	2	14	53	49
New York City	—	3	10	90	94	—	0	3	—	8
Pennsylvania	4	6	11	136	169	N	0	0	N	N
E.N. Central	16	15	31	364	569	1	6	14	94	154
Illinois	—	4	10	71	183	—	1	6	9	38
Indiana	5	2	12	53	63	—	0	10	10	20
Michigan	1	3	10	89	116	1	1	4	38	40
Ohio	10	4	14	132	140	—	1	7	35	31
Wisconsin	—	1	6	19	67	—	0	2	2	25
W.N. Central	7	5	32	182	176	4	2	10	54	51
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	1	1	3	23	36	—	0	3	1	11
Minnesota	4	0	29	86	78	3	1	6	35	24
Missouri	1	2	6	49	32	—	0	3	13	10
Nebraska [§]	1	0	2	11	17	1	0	2	4	4
North Dakota	—	0	2	9	6	—	0	1	1	2
South Dakota	—	0	2	4	7	—	0	0	—	—
S. Atlantic	13	20	44	491	502	3	2	11	119	30
Delaware	—	0	2	3	5	—	0	0	—	—
District of Columbia	—	0	3	7	7	—	0	1	—	—
Florida	8	5	16	120	120	1	0	5	31	—
Georgia	—	5	11	94	129	—	0	5	31	—
Maryland [§]	3	4	8	89	67	2	1	6	36	23
North Carolina	—	0	26	56	61	—	0	0	—	—
South Carolina [§]	—	1	7	45	40	—	0	3	11	—
Virginia [§]	1	2	11	67	64	—	0	3	8	—
West Virginia	1	0	5	10	9	—	0	4	2	7
E.S. Central	2	4	11	88	112	4	0	6	42	9
Alabama [§]	N	0	0	N	N	N	0	0	N	N
Kentucky	1	1	4	22	28	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	9
Tennessee [§]	1	3	7	66	84	4	0	6	40	—
W.S. Central	1	6	61	138	186	1	4	39	113	84
Arkansas [§]	—	0	2	12	16	—	0	2	7	13
Louisiana	—	0	2	4	2	—	0	4	24	2
Oklahoma	—	2	5	41	55	1	1	12	28	19
Texas [§]	1	3	56	81	113	—	2	24	54	50
Mountain	6	11	22	283	357	4	4	12	103	112
Arizona	1	5	11	110	193	—	2	7	59	66
Colorado	4	3	9	86	57	4	1	4	29	27
Idaho [§]	—	0	1	6	6	—	0	1	2	1
Montana [§]	N	0	0	N	N	N	0	0	N	N
Nevada [§]	—	0	1	2	1	—	0	1	1	—
New Mexico [§]	—	1	6	25	66	—	0	4	12	18
Utah	1	1	7	51	32	—	0	0	—	—
Wyoming [§]	—	0	1	3	2	—	0	0	—	—
Pacific	1	3	9	50	39	2	0	4	16	3
Alaska	1	0	2	13	N	2	0	2	14	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	37	39	—	0	2	2	3
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	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	N	—	—	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 (NNDS 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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , 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	33	46	253	1,101	1,240	6	7	31	164	158	89	184	315	3,090	3,401
New England	—	1	12	24	72	—	0	2	4	2	5	4	13	80	71
Connecticut	—	1	5	—	57	—	0	0	—	—	—	0	10	10	16
Maine§	—	0	2	5	4	—	0	1	1	1	—	0	1	1	4
Massachusetts	—	0	0	—	—	—	0	0	—	—	3	2	7	50	38
New Hampshire	—	0	0	—	—	—	0	0	—	—	2	0	2	9	5
Rhode Island§	—	0	4	8	3	—	0	1	1	—	—	0	5	9	6
Vermont§	—	0	2	11	8	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	—	3	8	72	69	—	0	5	17	10	17	24	44	590	430
New Jersey	—	0	0	—	—	—	0	0	—	—	—	3	8	57	68
New York (Upstate)	—	1	5	25	19	—	0	4	7	4	2	3	14	46	59
New York City	—	0	0	—	—	—	0	0	—	—	13	15	35	396	209
Pennsylvania	—	2	6	47	50	—	0	2	10	6	2	5	12	91	94
E.N. Central	11	9	40	275	264	3	1	7	34	44	7	15	32	265	341
Illinois	—	0	2	3	11	—	0	1	1	3	1	6	13	101	189
Indiana	3	2	31	63	60	1	0	5	6	12	—	2	5	15	28
Michigan	—	0	3	1	13	—	0	1	—	1	2	2	10	45	32
Ohio	8	5	38	208	180	2	1	5	27	28	3	4	9	81	76
Wisconsin	N	0	0	N	N	—	0	0	—	—	1	1	4	23	16
W.N. Central	2	1	124	87	21	—	0	15	7	1	—	5	14	54	100
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	3	7
Kansas	—	0	10	46	—	—	0	2	2	—	—	0	3	8	9
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	21	22
Missouri	2	1	6	34	21	—	0	2	3	1	—	3	9	21	59
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	2	—	—	0	3	—	—
S. Atlantic	16	21	59	486	659	2	3	8	74	58	35	40	185	523	741
Delaware	—	0	1	4	—	—	0	1	1	—	2	0	3	5	10
District of Columbia	—	0	2	5	17	—	0	0	—	2	3	2	11	59	45
Florida	11	11	29	287	303	1	2	8	66	55	—	12	23	68	279
Georgia	—	7	21	157	286	—	0	1	—	1	—	5	153	20	82
Maryland§	—	0	1	1	—	—	0	0	—	—	5	5	15	116	127
North Carolina	—	0	0	—	—	—	0	0	—	—	14	5	23	138	114
South Carolina§	—	0	0	—	—	—	0	0	—	—	8	1	5	40	29
Virginia§	N	0	0	N	N	—	0	0	—	—	3	4	17	75	54
West Virginia	5	1	17	32	53	1	0	1	7	—	—	0	2	2	1
E.S. Central	3	2	9	73	93	1	0	3	15	16	9	14	29	293	219
Alabama§	N	0	0	N	N	—	0	0	—	—	5	5	17	101	98
Kentucky	1	0	2	15	23	—	0	1	1	3	1	1	7	30	30
Mississippi	—	0	0	—	—	—	0	0	—	—	—	2	10	47	21
Tennessee§	2	2	8	58	70	1	0	3	14	13	3	6	13	115	70
W.S. Central	1	1	7	58	10	—	0	2	5	3	10	29	56	545	544
Arkansas§	—	0	3	1	4	—	0	0	—	2	—	1	7	37	34
Louisiana	—	1	3	22	6	—	0	1	2	1	10	6	30	126	78
Oklahoma	1	0	6	35	—	—	0	2	3	—	—	1	5	27	30
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	31	355	402
Mountain	—	1	5	26	52	—	0	5	8	24	—	8	27	102	186
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	16	29	75
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	10	32
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	2
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	15	13	—	0	2	5	—	—	2	12	33	47
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	24	25
Utah	—	0	5	8	22	—	0	4	2	16	—	0	2	3	4
Wyoming§	—	0	3	3	17	—	0	1	1	8	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	6	37	57	638	769
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	4	5
California	N	0	0	N	N	—	0	0	—	—	4	35	54	577	680
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	2	9
Oregon§	N	0	0	N	N	—	0	0	—	—	1	0	6	8	5
Washington	N	0	0	N	N	—	0	0	—	—	1	2	11	47	70
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	—	—	N	N	—	—	—	—	—	—	—	—	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	5	2	11	52	54
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 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 May 19, 2007, and May 20, 2006 (20th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive					Non-neuroinvasive§				
		Med	Max			Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	783	815	1,562	18,573	23,922	—	0	178	—	9	—	1	399	—	5
New England	18	37	215	309	2,066	—	0	3	—	—	—	0	2	—	—
Connecticut	—	11	76	1	828	—	0	3	—	—	—	0	1	—	—
Maine¶	—	1	17	—	129	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	95	—	730	—	0	1	—	—	—	0	1	—	—
New Hampshire	16	5	43	122	61	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	2	10	66	186	318	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	80	106	193	2,269	2,506	—	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	80	106	193	2,269	2,506	—	0	2	—	—	—	0	1	—	—
E.N. Central	147	218	568	5,296	8,531	—	0	43	—	—	—	0	33	—	—
Illinois	—	1	11	71	53	—	0	23	—	—	—	0	23	—	—
Indiana	—	0	0	—	—	—	0	7	—	—	—	0	12	—	—
Michigan	21	91	258	2,065	2,463	—	0	11	—	—	—	0	2	—	—
Ohio	126	118	449	2,743	5,365	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	15	57	417	650	—	0	2	—	—	—	0	2	—	—
W.N. Central	60	31	136	1,029	1,025	—	0	36	—	—	—	0	79	—	1
Iowa	N	0	0	N	N	—	0	3	—	—	—	0	4	—	1
Kansas	25	8	52	403	191	—	0	3	—	—	—	0	3	—	—
Minnesota	—	0	0	—	—	—	0	6	—	—	—	0	7	—	—
Missouri	35	15	78	492	785	—	0	14	—	—	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	—	—	0	38	—	—
North Dakota	—	0	60	84	18	—	0	5	—	—	—	0	28	—	—
South Dakota	—	1	15	50	31	—	0	7	—	—	—	0	22	—	—
S. Atlantic	128	85	225	2,138	2,317	—	0	2	—	—	—	0	7	—	—
Delaware	—	0	6	12	40	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	8	16	—	0	0	—	—	—	0	1	—	—
Florida	89	0	43	636	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¶	5	20	72	572	688	—	0	1	—	—	—	0	0	—	—
Virginia¶	15	20	177	331	747	—	0	0	—	—	—	0	2	—	—
West Virginia	19	25	52	579	826	—	0	1	—	—	—	0	0	—	—
E.S. Central	14	6	43	246	46	—	0	15	—	3	—	0	16	—	—
Alabama¶	14	6	43	244	46	—	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	315	200	970	5,743	5,832	—	0	58	—	4	—	0	26	—	2
Arkansas¶	—	9	96	172	391	—	0	4	—	—	—	0	2	—	—
Louisiana	—	1	11	46	45	—	0	13	—	—	—	0	9	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	315	172	873	5,525	5,396	—	0	38	—	4	—	0	16	—	1
Mountain	20	56	129	1,521	1,599	—	0	61	—	2	—	0	228	—	2
Arizona	—	0	0	—	—	—	0	9	—	—	—	0	15	—	—
Colorado	13	22	62	584	822	—	0	10	—	2	—	0	51	—	1
Idaho¶	N	0	0	N	N	—	0	30	—	—	—	0	157	—	1
Montana¶	1	0	26	194	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	3	1	5	—	0	9	—	—	—	0	16	—	—
New Mexico¶	—	4	35	216	279	—	0	1	—	—	—	0	1	—	—
Utah	6	17	73	513	472	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	13	21	—	0	7	—	—	—	0	10	—	—
Pacific	1	0	9	22	—	—	0	15	—	—	—	0	51	—	—
Alaska	1	0	9	22	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	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerto Rico	2	12	24	230	234	—	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 (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 May 19, 2007 (20th Week)

Reporting Area	All causes, by age (years)							Reporting Area	All causes, by age (years)						
	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total		All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total
New England	503	361	98	30	7	7	41	S. Atlantic	1,272	750	344	120	28	30	56
Boston, MA	125	81	34	8	1	1	16	Atlanta, GA	207	120	52	28	4	3	6
Bridgeport, CT	23	17	3	1	—	2	2	Baltimore, MD	202	111	66	16	7	2	14
Cambridge, MA	7	6	1	—	—	—	1	Charlotte, NC	102	62	21	13	1	5	7
Fall River, MA	30	20	5	5	—	—	6	Jacksonville, FL	142	93	34	8	4	3	3
Hartford, CT	48	36	8	3	—	1	2	Miami, FL	82	46	26	6	3	1	7
Lowell, MA	25	19	4	2	—	—	1	Norfolk, VA	46	23	10	6	2	5	—
Lynn, MA	6	5	1	—	—	—	—	Richmond, VA	54	27	19	7	1	—	3
New Bedford, MA	21	16	3	1	1	—	4	Savannah, GA	53	35	8	9	—	1	1
New Haven, CT	25	15	4	4	1	1	2	St. Petersburg, FL	59	37	17	4	1	—	1
Providence, RI	60	44	12	4	—	—	2	Tampa, FL	198	125	53	13	1	6	9
Somerville, MA	4	4	—	—	—	—	—	Washington, D.C.	108	58	33	9	4	4	3
Springfield, MA	42	29	7	1	3	2	3	Wilmington, DE	19	13	5	1	—	—	2
Waterbury, CT	27	19	8	—	—	—	2	E.S. Central	876	561	205	58	26	26	59
Worcester, MA	60	50	8	1	1	—	—	Birmingham, AL	171	111	40	11	2	7	11
Mid. Atlantic	1,991	1,367	409	128	32	51	86	Chattanooga, TN	91	60	21	4	2	4	3
Albany, NY	44	36	4	1	1	2	1	Knoxville, TN	67	42	18	4	1	2	9
Allentown, PA	25	20	3	2	—	—	2	Lexington, KY	57	40	11	3	2	1	4
Buffalo, NY	66	46	18	2	—	—	7	Memphis, TN	135	94	25	9	3	4	11
Camden, NJ	38	22	10	5	1	—	1	Mobile, AL	128	68	35	14	7	4	6
Elizabeth, NJ	10	5	3	—	—	2	—	Montgomery, AL	60	41	10	5	3	1	6
Erie, PA	39	30	6	3	—	—	3	Nashville, TN	167	105	45	8	6	3	9
Jersey City, NJ	24	13	8	2	1	—	2	W.S. Central	1,401	889	326	95	47	44	75
New York City, NY	976	680	200	63	13	16	28	Austin, TX	90	60	18	8	2	2	5
Newark, NJ	47	22	12	7	3	3	3	Baton Rouge, LA	47	35	8	1	2	1	3
Paterson, NJ	12	7	4	—	1	—	—	Corpus Christi, TX	75	55	13	3	—	4	3
Philadelphia, PA	318	194	79	20	5	20	16	Dallas, TX	189	105	53	15	10	6	11
Pittsburgh, PA [§]	31	21	3	5	—	2	1	El Paso, TX	83	56	20	5	2	—	1
Reading, PA	35	29	5	1	—	—	—	Fort Worth, TX	124	87	30	6	1	—	9
Rochester, NY	133	100	22	7	2	2	12	Houston, TX	326	177	89	33	16	11	15
Schenectady, NY	24	21	2	1	—	—	—	Little Rock, AR	66	46	14	2	1	3	—
Scranton, PA	28	24	2	2	—	—	2	New Orleans, LA [¶]	U	U	U	U	U	U	U
Syracuse, NY	78	54	14	3	4	3	7	San Antonio, TX	232	156	45	16	8	7	18
Trenton, NJ	35	22	9	4	—	—	1	Shreveport, LA	60	32	16	3	2	7	5
Utica, NY	11	9	2	—	—	—	—	Tulsa, OK	109	80	20	3	3	3	5
Yonkers, NY	17	12	3	—	1	1	—	Mountain	1,128	729	258	87	25	27	75
E.N. Central	1,988	1,301	457	130	51	49	138	Albuquerque, NM	97	65	18	10	—	4	8
Akron, OH	50	36	7	5	1	1	—	Boise, ID	59	41	11	7	—	—	5
Canton, OH	25	17	7	1	—	—	4	Colorado Springs, CO	63	42	16	3	2	—	1
Chicago, IL	336	181	99	33	10	13	22	Denver, CO	96	60	28	5	—	3	7
Cincinnati, OH	92	57	19	8	4	4	16	Las Vegas, NV	330	204	77	31	13	5	17
Cleveland, OH	229	163	47	11	5	3	10	Ogden, UT	24	16	5	3	—	—	—
Columbus, OH	197	145	39	7	3	3	20	Phoenix, AZ	176	100	45	13	6	10	18
Dayton, OH	102	71	22	4	5	—	10	Pueblo, CO	34	23	9	2	—	—	3
Detroit, MI	165	86	53	13	4	9	8	Salt Lake City, UT	103	62	25	10	3	3	10
Evansville, IN	48	36	8	1	3	—	2	Tucson, AZ	146	116	24	3	1	2	6
Fort Wayne, IN	63	45	11	5	1	1	6	Pacific	1,573	1,083	316	102	42	30	144
Gary, IN	26	8	12	1	4	1	1	Berkeley, CA	10	7	1	—	1	1	3
Grand Rapids, MI	55	37	12	2	2	2	2	Fresno, CA	251	170	55	16	9	1	27
Indianapolis, IN	176	101	49	17	3	6	10	Glendale, CA	U	U	U	U	U	U	U
Lansing, MI	60	43	13	2	1	1	7	Honolulu, HI	86	60	17	5	2	2	4
Milwaukee, WI	89	58	20	8	1	2	5	Long Beach, CA	45	30	12	1	1	1	8
Peoria, IL	43	34	6	2	—	1	3	Los Angeles, CA	U	U	U	U	U	U	U
Rockford, IL	46	34	6	2	3	1	3	Pasadena, CA	38	30	4	3	1	—	5
South Bend, IN	62	45	12	4	1	—	—	Portland, OR	102	60	29	9	1	3	3
Toledo, OH	75	62	10	2	—	1	5	Sacramento, CA	197	129	38	17	7	6	26
Youngstown, OH	49	42	5	2	—	—	4	San Diego, CA	149	106	22	10	6	5	15
W.N. Central	612	388	140	55	15	14	36	San Francisco, CA	148	92	40	10	2	4	15
Des Moines, IA	66	46	16	4	—	—	5	San Jose, CA	233	183	38	7	2	3	20
Duluth, MN	39	27	8	3	—	1	2	Santa Cruz, CA	38	26	8	1	2	1	1
Kansas City, KS	23	12	5	3	3	—	1	Seattle, WA	105	68	23	9	3	2	6
Kansas City, MO	106	67	25	10	3	1	4	Spokane, WA	53	38	9	4	1	1	6
Lincoln, NE	44	36	8	—	—	—	3	Tacoma, WA	118	84	20	10	4	—	5
Minneapolis, MN	58	29	15	9	—	5	6	Total	11,344**	7,429	2,553	805	273	278	710
Omaha, NE	85	61	15	5	1	3	3								
St. Louis, MO	80	30	29	13	5	3	4								
St. Paul, MN	54	34	12	6	2	—	1								
Wichita, KS	57	46	7	2	1	1	7								

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.

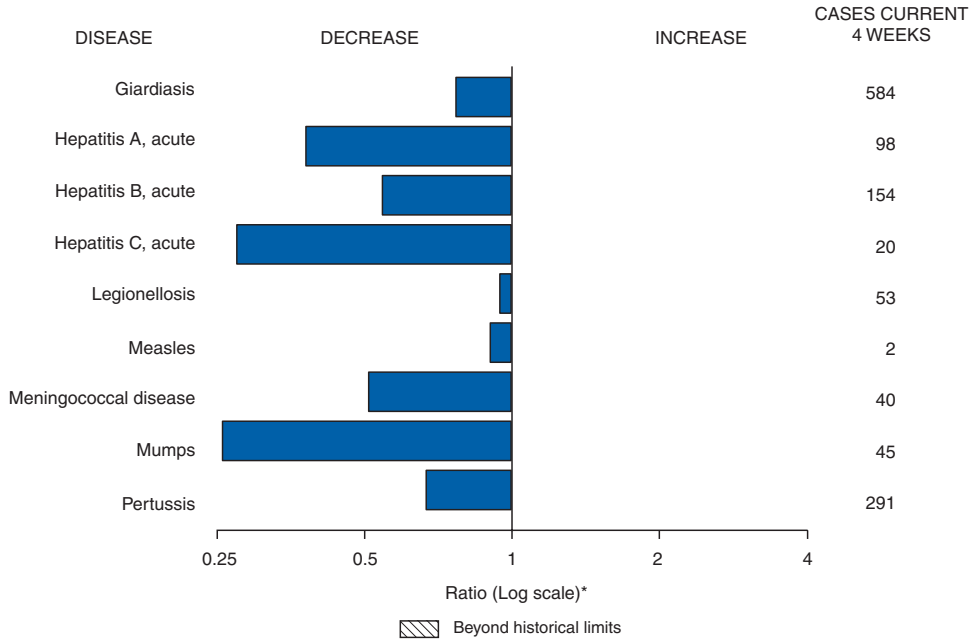
† Pneumonia and influenza.

§ 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 May 19, 2007, with historical data



* Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

Notifiable Disease Data Team and 122 Cities Mortality Data Team
 Patsy A. Hall
 Deborah A. Adams Rosaline Dhara
 Willie J. Anderson Vernitta Love
 Lenee Blanton Pearl C. Sharp

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

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

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

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

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