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### Symptomatic Early Neurosyphilis Among HIV-Positive Men Who Have Sex with Men — Four Cities, United States, January 2002–June 2004

Symptomatic early neurosyphilis is a rare manifestation of syphilis that usually occurs within the first 12 months of infection (*I*). Most neurologic symptoms of early neurosyphilis result from acute or subacute meningitis, abnormalities in cranial nerve function, and inflammatory vasculitis leading to a cerebrovascular accident. Symptomatic early neurosyphilis essentially disappeared in the United States after the introduction of penicillin treatment for syphilis in the late 1940s but reappeared in the 1980s among persons with human immunodeficiency virus (HIV) infection (*1–3*). The disease burden from neurosyphilis is unknown because national reporting of this disease is incomplete. Because the increase in syphilis cases during the past 5 years has occurred primarily among MSM, many of whom were infected with HIV, CDC conducted a review of possible neurosyphilis cases to describe the clinical course of symptomatic early neurosyphilis and to better characterize the risk for this illness among HIV-infected MSM. The review included health department records from four U.S. cities (Los Angeles, California; San Diego, California; Chicago, Illinois; and New York, New York) for the period January 2002–June 2004. This report describes the results of that review, which identified 49 HIV-positive MSM with symptomatic early neurosyphilis during that 30-month period. Among HIV-positive MSM with early syphilis, the estimated risk for having symptomatic early neurosyphilis was 1.7%, and the risk for having early neurosyphilis with persistent symptoms 6 months after treatment was 0.5%. These findings emphasize the importance of preventing syphilis in HIV-infected persons. HIV-infected persons with cranial nerve dysfunction or other unexplained neurologic symptoms should be evaluated for early neurosyphilis.

Possible neurosyphilis cases were identified using health department surveillance reports and interview records of all syphilis cases reported in the four cities during January 2002–June 2004. These records were selected for review if 1) records of early syphilis case interviews administered by disease investigators indicated neurologic signs or symptoms, 2) laboratory reports included cerebrospinal fluid (CSF) tests for neurosyphilis, or 3) the record indicated that the patient was treated with a regimen used for neurosyphilis (e.g., intravenous [IV] penicillin for 10–14 days). Next, additional data were abstracted from medical records and, when indicated, supplemented by interviews with the patients' physicians. The patients' HIV status and the sex of their sex partners were determined from medical records, syphilis case interview records, or information provided by the patients' physicians. Because of limited staff availability, a convenience sample of possible neurosyphilis cases was used for the reviews in New York and Chicago (sampling fractions were 0.68 and 0.55, respectively); cases were more likely to be included if they were reported by health-care providers who reported large numbers of syphilis cases.

A total of 170 possible neurosyphilis cases were reviewed in Los Angeles (74), New York (47), Chicago (32), and San

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Diego (17); 147 (86%) had serologic evidence of syphilis and met the CDC surveillance case definition for neurosyphilis\* (4) (121 confirmed and 26 probable cases). Ninety-nine (67%) of these 147 cases were in patients with symptoms compatible with early neurosyphilis (e.g., cranial nerve dysfunction, acute meningitis, cerebrovascular accident, headache, or altered mental status of recent onset); of these, 57 (58%) were in patients identified as MSM, 49 (86%) of whom were reported to be HIV positive (39 with confirmed neurosyphilis and 10 with probable neurosyphilis) and included in the case-series analysis.

The 49 HIV-positive MSM with symptomatic early neurosyphilis had a mean age of 38.4 years (range: 21–50 years); 63% were non-Hispanic white, 18% were non-Hispanic black, 14% were Hispanic, and 5% were of other or unknown race/ethnicity. Neurologic complaints were visual disturbances, 25 patients (51%); headache, 16 (32%); gait difficulty, two (4%); hearing loss, two (4%); meningismus, one (2%); altered mental status, one (2%); and unknown symptoms, two (4%). After medical evaluation, the final clinical diagnoses could be grouped into four previously reported syndromes (3): cranial nerve dysfunction (34), meningitis (six), meningovascular syndrome (two), and other syndromes (seven) (Table).

At the time of neurosyphilis diagnosis, 23 (47%) patients had secondary syphilis, five (10%) had signs of secondary syphilis within 1 week after neurosyphilis diagnosis, 12 (24%) had early latent syphilis, and nine (18%) were reported as having late latent syphilis, including five patients who had nontreponemal syphilis serologic titers of  $\geq 1:32$ , suggesting probable early syphilis. Twelve (24%) patients reported a previous history of syphilis; of these, nine had adequate previous penicillin treatment documented. Seven of the nine had follow-up nontreponemal titers; of these, six had at least a fourfold decline in titer, suggesting they had an appropriate response to treatment.

Neurosyphilis signs and symptoms often were the only indication that a patient had a syphilis infection; 53% (26 of 49) had no other signs or symptoms of syphilis (21 with latent syphilis and five who had initial signs of secondary syphilis within 1 week after neurosyphilis diagnosis). All patients had one or more lumbar punctures (median: one; range: one to four). Of the 28 patients who had received a radiologic

\* Information on CDC's surveillance case definition for neurosyphilis is available at <http://www.cdc.gov/std/syphsurvreco.pdf>. Confirmed: syphilis of any stage, a reactive serologic test for syphilis, and a reactive Venereal Disease Research Laboratory (VDRL) test in CSF. Probable: syphilis of any stage, a nonreactive VDRL test in CSF, and both of the following: 1) elevated CSF protein ( $>40$  mg/dL) or leukocyte count ( $>5$  cells/mm<sup>3</sup>) in the absence of other known causes of these abnormalities and 2) clinical symptoms or signs consistent with neurosyphilis in the absence of other known causes of these abnormalities.

**TABLE. Characteristics of symptomatic early neurosyphilis cases\* among HIV-positive men who have sex with men, by syndrome — four U.S. cities,† January 2002–June 2004**

Syndrome <sup>§</sup>	Cases		Median no. of hospital days	Median CD4 count (cells/mm <sup>3</sup> ) <sup>¶</sup>	Median HIV viral load (copies/mL) <sup>¶</sup>	Median no. of days from symptom onset to start of treatment	Cases in patients with persistent symptoms 6 months after treatment**	
	No.	(%)					No. of cases/No. of patients	(%)
<b>Cranial nerve dysfunction</b>								
Ocular	25	(51.0)	6	376	28,100	26	6/19	(31.6)
Auditory	6	(12.2)	6	322	31,072	24	2/4	(50.0)
Ocular and auditory	1	(2.0)	17	345	866	34	1/1	(100.0)
Other	2	(4.1)	1	14	—††	86	0/1	(0.0)
<b>Meningitis</b>								
Acute meningitis	6	(12.2)	7	446	10,020	27	1/6	(16.7)
<b>Meningovascular syndrome</b>								
Cerebrovascular accident	2	(4.1)	11	66	1,350	5	1/2	(50.0)
<b>Other syndromes</b>								
Headache, altered mental status, or both	7	(14.3)	14	148	24,784	16	0/4	(0.0)
<b>Overall</b>	<b>49</b>	<b>(100.0)</b>	<b>7</b>	<b>312</b>	<b>27,570</b>	<b>25</b>	<b>11/37</b>	<b>(29.7)</b>

\* Information on CDC's surveillance case definition for neurosyphilis is available at <http://www.cdc.gov/std/syphsurvrec.pdf>. Confirmed: syphilis of any stage, a reactive serologic test for syphilis, and a reactive Venereal Disease Research Laboratory (VDRL) test in cerebrospinal fluid (CSF). Probable: syphilis of any stage, a nonreactive VDRL test in CSF, and both of the following: 1) elevated CSF protein (>40 mg/dL) or leukocyte count (>5 cells/mm<sup>3</sup>) in the absence of other known causes of these abnormalities and 2) clinical symptoms or signs consistent with neurosyphilis in the absence of other known causes of these abnormalities.

† Los Angeles, California; San Diego, California; Chicago, Illinois; and New York, New York.

§ Syndrome classification definitions: ocular (inflammation of ocular tissue [e.g., uveitis, retinitis, or optic neuritis]), auditory (e.g., decreased hearing or tinnitus), other cranial nerves (e.g., diplopia or imbalance), acute meningitis (e.g., fever or meningismus), and other syndromes that were thought by the clinician to be manifestations of neurosyphilis.

¶ Measure obtained closest to date of diagnosis within the period 45 days before to 15 days after that date.

\*\* Denominators based on 37 patients for whom 6-month follow-up was available; three patients with ocular neurosyphilis had a symptomatic neurosyphilis relapse after appropriate treatment and were not included in the persistent symptoms analysis.

†† Data not available.

examination of the brain (i.e., computerized tomography or magnetic resonance imaging), 11 (39%) had abnormal results. HIV infection was newly identified (i.e., within 45 days before or after the neurosyphilis diagnosis) in 12 (24%) patients. Among the 28 patients with HIV diagnosed more than 1 year before the onset of neurosyphilis symptoms, 11 (45%) were receiving highly active antiretroviral therapy (HAART) at the time of neurosyphilis diagnosis. Forty-two (86%) patients had been hospitalized (median number of hospital days: 7 days; range: 1–17 days). Forty-seven (96%) patients had received IV penicillin, consistent with CDC's *Sexually Transmitted Disease Treatment Guidelines, 2006* (5), and 41 (81%) had documentation of receiving IV penicillin for at least 10 days. The median time from neurosyphilis symptom onset to start of treatment was 25 days (range: 2–256 days) (Table).

Symptoms often persisted months after treatment. Among the 49 patients, three had experienced a neurosyphilis relapse; all had been retreated. Among the remaining 46 patients, 37 (80%) had 6-month follow-up information available; of these, 11 (30%) had experienced persistent symptoms (Table). Persistence of symptoms at 6 months was not associated with

time from neurosyphilis symptom onset to treatment, receipt of HAART, initial CD4 count, or initial HIV viral load (chi-square test for categorical variables [receiving HAART], Kruskal-Wallis test for continuous variables [all others]).

Of the 49 HIV-positive MSM with symptomatic early neurosyphilis, 40 were reported as having early syphilis during January 1, 2002–June 30, 2004. During the same period, in these jurisdictions, 4,776 cases of early syphilis were reported among males (adjusted by applying the sampling fractions in New York [0.68] and Chicago [0.55] to the total number of males reported with early syphilis in those jurisdictions), an estimated 3,916 (82%) cases were in MSM, of whom an estimated 2,380 (61%) were HIV positive. The estimated risk for having symptomatic early neurosyphilis in this population with early syphilis was 1.7% (40 of 2,380), and the risk for having neurosyphilis with persistent symptoms 6 months after treatment was 0.5% (12 [30% of 40] of 2,380).

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H Lindstrom, PhD, TA Peterman, MD, Div of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC.

**Editorial Note:** Neurosyphilis is a serious condition that can involve substantial consumption of health-care resources and persistent disabilities for patients. In this case series of symptomatic early neurosyphilis among HIV-positive MSM, most of the patients were admitted to a hospital, received 10–14 days of treatment with IV penicillin, and likely had numerous office visits, expenses, and loss of work time. At 6-month follow-up, 30% of patients had persistence of their principal neurosyphilis symptom. Intensity of persistent symptoms compared with initial complaint was not determined systematically, and most patients were reported as improved, but some will likely have permanent disabilities (6). No relationship was observed between persistent symptoms and promptness of neurosyphilis treatment or HIV-related immunodeficiency; however, only 49 patients were included in this case series.

Symptomatic early neurosyphilis is known to have protean manifestations and variable clinical presentations (7–10). Approximately 75% of the patients in this case series reported visual disturbances or new onset headaches, and 12% had acute meningitis syndrome with fever and meningismus. Approximately half of the patients had no other clinical signs or symptoms of syphilis, and the HIV infections in nearly one quarter were undiagnosed. Because the clinical spectrum of symptomatic early neurosyphilis is varied, health-care providers caring for MSM should consider neurosyphilis in the differential diagnosis of any patient with compatible signs or symptoms or any unexplained neurologic symptom. The recommended treatment for early neurosyphilis (symptomatic and asymptomatic) is aqueous crystalline penicillin G, 18–24 million units per day, administered as 3–4 million units intravenously every 4 hours or by continuous infusion, for 10–14 days, regardless of HIV status.<sup>†</sup>

The likelihood that syphilis infection will progress to symptomatic early neurosyphilis in HIV-infected MSM is difficult to determine because neurosyphilis occurs in persons with previously undiagnosed and untreated syphilis. Estimates based on series of reported neurosyphilis cases, as in this analysis, might be inaccurate because certain neurosyphilis cases were undiagnosed or unreported and because the number of persons with undiagnosed syphilis is unknown. However, crude estimates from this analysis indicate a risk of 1.7% for having symptomatic early neurosyphilis and 0.5% for having symptomatic early neurosyphilis with persistent symptoms.

The findings in this report are subject to at least three limitations. First, cases reported from two cities (New York and Chicago) were selected as part of a convenience subsample and might reflect bias toward patients with more severe illness. Second, the number of HIV-positive MSM with symptomatic early neurosyphilis and the estimated population at risk (i.e., HIV-positive MSM with early syphilis) are underestimated. Thirteen possible symptomatic early neurosyphilis cases were not included because information on patients' HIV status or the sex of their sex partners was missing or because a CSF test was not documented. In addition, certain neurosyphilis and early syphilis cases likely were undiagnosed or unreported. Finally, because medical records were not standardized and had varying levels of completeness, establishing a relationship between clinical and laboratory findings is difficult. Prospectively collected data are needed to more clearly describe the complexities of symptomatic early neurosyphilis.

Health-care providers should be alert to signs and symptoms of neurosyphilis among MSM and should counsel MSM about the various symptoms of neurosyphilis and the risk for illness and permanent disability. Counseling about neurosyphilis and its consequences might promote safer sexual behaviors and decrease transmission of syphilis and other sexually transmitted infections.

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<sup>†</sup> Additional treatment and follow-up recommendations are described in CDC's *Sexually Transmitted Disease Treatment Guidelines, 2006* (5). Available at <http://www.cdc.gov/std/treatment>.

## Toxic Anterior Segment Syndrome After Cataract Surgery — Maine, 2006

Toxic anterior segment syndrome (TASS), an acute, noninfectious inflammation of the anterior segment of the eye, is a complication of anterior segment eye surgery; cataract extraction is the most common form of this type of surgery. Various contaminants, usually from surgical equipment or supplies, have been implicated as causes of TASS (1). The syndrome typically develops within 24 hours after surgery and is characterized by corneal edema and accumulation of white cells in the anterior chamber of the eye. Although most cases of TASS can be treated successfully with topical steroids, topical nonsteroidal antiinflammatory agents, or both, the inflammatory response associated with TASS can cause serious damage to intraocular tissues, resulting in vision loss. In October 2006, the Maine Department of Health and Human Services (MDHHS) received a report of a cluster of TASS cases among outpatients who had undergone cataract surgery at a hospital in Maine. MDHHS and CDC investigated the cluster and worked with the treating ophthalmologist and the hospital to prevent additional cases. This report describes the results of that investigation and the subsequent prevention measures implemented. Although the specific cause of the outbreak was not identified, no additional cases were reported after two series of changes were made to the materials and equipment used for surgery. Prevention of TASS requires careful attention to solutions, medications, and ophthalmic devices and to cleaning and sterilization of surgical equipment because of the numerous potential causes of the condition (1).

On October 11, 2006, an ophthalmologist at a 25-bed community hospital in Maine noted that eight of 10 patients on whom he had performed outpatient cataract surgery that day had an unusual degree of inflammation and decreased visual acuity. On October 12, the hospital's infection-control practitioner reported the cases to MDHHS, which began an investigation.

The patients' clinical symptoms and subsequent response to topical steroids and topical nonsteroidal antiinflammatory medications were consistent with TASS. The eight patients included five women and three men with a median age of 78.5 years (range: 68–90 years). Cataract extractions were performed on the left eye of five patients and on the right eye of three patients. Intraocular lenses were inserted in all patients after phacoemulsification\* of the cataract.

\*During phacoemulsification, a small incision is made on the side of the cornea. A probe (i.e., phacoemulsification device) is inserted into the eye that emits ultrasonic waves, which break up the lens so that it can be removed by suction and an intraocular lens can be implanted. This technique requires a very small incision and results in rapid healing. Additional information is available from the National Institutes of Health, National Eye Institute, at [http://www.nei.nih.gov/health/cataract/cataract\\_facts.asp](http://www.nei.nih.gov/health/cataract/cataract_facts.asp).

The ophthalmologist was board certified, had been practicing for 20 years, and was the only ophthalmologist at the hospital. He performed surgeries on one day each week (Wednesdays) and did not perform surgeries at other facilities. He had not previously had patients with TASS and reported that he had not made any changes in his surgical technique either before or after the outbreak.

Based on factors reported in previous outbreaks of TASS (1), beginning October 12, the following steps were taken to prevent additional cases: 1) the epinephrine used during surgery was changed to a preservative-free formulation because only preservative-free epinephrine should be used during cataract surgery (1); 2) the solution for the ultrasonic bath used to clean surgical instruments was changed twice a day rather than once a day; 3) medications with lot numbers different from those used on October 11 were obtained for subsequent surgeries; 4) staffing for the operation room was changed to include personnel who had assisted the treating ophthalmologist with a greater number of surgeries; 5) the autoclave used to sterilize ophthalmic equipment was checked by a manufacturer's representative and determined to be functioning normally; 6) a topical iodine antiseptic was switched to single-use containers; and 7) a new tip for the phacoemulsification device was used for each patient. (Phacoemulsification tips had been sterilized previously for reuse up to a total of seven times, a practice that was compliant with the manufacturer's recommendations.)

After these steps were taken, the ophthalmologist performed phacoemulsification cataract surgery on four patients on October 18. Per hospital procedure, the patients were informed of the potential risks of the surgery, and informed consent was obtained; patients also were notified of the TASS cases from the previous week. All four patients had TASS after surgery. The patients included three women and one man with a median age of 68 years (range: 55–76 years).

Cataract surgeries were suspended until November 8. In addition to the steps already taken, the following actions were taken before surgeries resumed: 1) new (rather than reprocessed) cannulas (used for irrigation and aspiration during surgery) were used for each procedure; 2) a new lot of balanced salt solution (used to irrigate the surgical site) was obtained from the same manufacturer; 3) equipment removed from the ultrasonic cleaning bath was rinsed with sterile, distilled water rather than tap water; 4) use of an enzymatic cleaner in the ultrasonic bath was discontinued; and 5) a rapid test (Pyrosate™, Associates of Cape Cod, Inc., East Falmouth, Massachusetts) for the presence of endotoxin in the solution from the ultrasonic bath was performed and was positive on October 20.

No patients (n = 222) who underwent cataract surgery during November 8, 2006–June 22, 2007, had TASS after surgery. For patients who underwent surgery on October 11 or October 18, corrected vision in the affected eye after resolution of TASS was 20/20 for three patients, 20/25 for four patients, 20/30 for three patients, and 20/40 for two patients, typical of what is expected after cataract extraction (2). The two patients with 20/40 had preexisting ocular comorbidities; one had mild macular degeneration, and the other had a pre-existing corneal scar.

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**Editorial Note:** Cataract extraction is one of the most common surgeries in the United States, with approximately 2 million procedures performed each year (3). The incidence of TASS is unknown, although cases have been reported in the medical literature more frequently in recent years. A nationwide outbreak in 2005 was attributed to a commercially distributed irrigating solution contaminated with endotoxin (4). The outbreak of TASS documented in this report was the first to be reported to MDHHS. Although TASS is not a reportable condition in Maine, the health department expects to be notified of any outbreaks of unusual disease.

TASS has numerous causes, and most cases are attributed to 1) contaminants on surgical instruments, resulting from improper or insufficient cleaning; 2) products introduced into the eye during surgery, such as irrigating solutions or ophthalmic medications; or 3) other substances that enter the eye during or after surgery, such as topical ointments or talc from surgical gloves (5). Although certain outbreaks have been associated with specific causes (6–8), the majority of outbreaks are resolved after comprehensive assessments of potential causes result in numerous changes to solutions, medications, and methods for reusing surgical equipment, as was the case in the outbreak described in this report. In this outbreak, although a rapid endotoxin test of the solution in the ultrasonic bath was positive, whether endotoxin was the specific cause of the outbreak is unknown because numerous other changes were made in solutions, medications, and cleaning protocols, all of which might have contributed to resolution of the outbreak. Prevention of TASS primarily depends on using appropriate protocols for cleaning and sterilizing surgical equipment and paying careful attention to all solutions, medications, and ophthalmic devices used during anterior segment surgery (5). The American Society for Cataract and

Refractive Surgery (ASCRS) recently published a guideline to prevent single-facility outbreaks of TASS (5). This best-practice guideline provides procedures for cleaning and sterilizing intraocular equipment, including reused and reprocessed equipment, used during cataract surgery.

TASS outbreaks should be reported to state and local health departments. Assistance with investigating outbreaks can be obtained from CDC's Division of Healthcare Quality Promotion at telephone, 800-893-0485. In addition, ASCRS supports the Intermountain Ocular Research Center at the University of Utah to assist physicians and surgical centers with TASS prevention and treatment; assistance can be obtained from the center at telephone, 801-581-6586, or by e-mail, [nick.mamalis@hsc.utah.edu](mailto:nick.mamalis@hsc.utah.edu). Assistance also can be obtained from the Emory University Eye Center at telephone, 404-778-5853, or by e-mail, [ophthfe@emory.edu](mailto:ophthfe@emory.edu). TASS outbreaks that are caused by a specific product should be reported to the Food and Drug Administration's MedWatch Program: at telephone, (800) FDA-1088; website, <http://www.fda.gov/medwatch/report.htm>.

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## Surveillance of Preconception Health Indicators Among Women Delivering Live-Born Infants — Oklahoma, 2000–2003

Promoting preconception health of women is a key public health strategy in the United States to decrease morbidity and mortality associated with adverse maternal and infant outcomes. In 2006, CDC published 10 recommendations for improving the health of women before pregnancy (1); one recommendation proposed maximizing public health surveillance to monitor preconception health. Toward this end, data collected in Oklahoma (the only state to develop a detailed survey question on preconception health) during 2000–2003 from the Pregnancy Risk Assessment Monitoring System (PRAMS) were analyzed to 1) estimate the prevalence of women who did not report three selected preconception health indicators, (i.e., pre-pregnancy awareness of folic acid benefits,\* multivitamin consumption,† and receipt of health-care counseling§) and 2) identify those subpopulations of women who were more likely not to report these indicators. Results of this analysis indicated that 21.5% of Oklahoma women with a recent live birth were not aware of folic acid benefits before they became pregnant, 73.5% did not consume multivitamins at least four times per week during the month before pregnancy, and 84.8% did not receive preconception counseling from a health-care provider. Subpopulations of women with characteristics (at the time of conception) significantly associated ( $p < 0.05$ ) with not reporting at least two of the three indicators included those who were younger, were unmarried, had  $\leq 12$  years of education, had no health insurance, had an unintended pregnancy, or had a previous live birth. Other states might use this analysis to help develop preconception health questions to be included in their own PRAMS surveys; Oklahoma state and local health officials can use the results to help prioritize preconception health objectives and identify subpopulations of women in need of targeted programs.

PRAMS is an ongoing state- and population-based surveillance system designed to monitor self-reported behaviors and experiences that occur before, during, and after pregnancy

among women who deliver live-born infants. PRAMS is administered by CDC in collaboration with state health departments and follows standard data-collection procedures.¶ Self-reported survey data are linked to birth certificate data and weighted for sample design, nonresponse, and noncoverage. The PRAMS questionnaire consists of core questions that appear on all state surveys and state-developed questions tailored to meet the individual needs of states. Additional details regarding PRAMS have been described previously (4).

Data from Oklahoma were analyzed because Oklahoma was the only state to develop a detailed question for its PRAMS questionnaire regarding preconception health: “Before you became pregnant with your new baby, did any of these things happen? a) You heard or read that taking vitamins with folic acid could help prevent some birth defects; and b) you received advice or counseling from a health-care provider to prepare for becoming pregnant.” Preconception multivitamin use was ascertained from a PRAMS core question used by all states: “In the month before you got pregnant with your new baby, how many times a week did you take a multivitamin (a pill that contains many different vitamins and minerals)?” The percentage of women who did not report each of these indicators was estimated overall and stratified by selected characteristics. To identify significant associations between women in subpopulations with selected characteristics and not reporting each indicator, multiple logistic regression was used to calculate adjusted odds ratios (AORs) and 95% confidence intervals (CIs). All calculations were performed using data weighted to Oklahoma population data. The average annual weighted survey response rates during 2000–2003 was 81.3% (range: 79.9%–83.7%).

Results indicated that, during 2000–2003, among Oklahoma women who had recently delivered a live-born infant, 21.5% were not aware of folic acid benefits before they became pregnant, 73.5% did not consume multivitamins at least four times per week during the month before pregnancy, and 84.8% did not receive preconception counseling from a health-care provider (Table). Lack of awareness of folic acid benefits before pregnancy was greatest among women who were aged  $< 20$  years (39.4%), black (40.7%), or enrolled in Medicaid (39.2%). The prevalence of not consuming multivitamins at least four times a week in the month before preg-

\* Increased consumption of folic acid (a member of the vitamin B complex) before conception and during the first trimester of pregnancy can reduce the incidence of neural tube defects by 50%–70% (2,3). The U.S. Public Health Service recommends that all women of childbearing age consume  $\geq 400$   $\mu\text{g}$  of folic acid daily through either supplementation or fortified foods (2).

† Most commonly available multiple vitamins contain  $\geq 400$   $\mu\text{g}$  folic acid.

§ Since 2006, CDC has recommended that one preconception visit for women planning pregnancy be offered as a component of maternity care, to enable women to receive risk assessment, health education, and specific interventions to address identified risks before conception (1).

¶ The PRAMS sample of women who have had a recent live birth is drawn from the state's birth certificate files. Each participating state samples 1,300–3,400 women per year. Women in certain smaller populations at higher risk are sampled at a higher rate to ensure adequate data. Selected women are first contacted by mail; women who do not respond to repeated mailings are subsequently contacted and interviewed by telephone. In Oklahoma, a total of 7,680 women completed the PRAMS survey during 2000–2003.

**TABLE. Estimated prevalence of not reporting three preconception health indicators among women delivering live-born infants, by selected characteristics at the time of conception — Pregnancy Risk Assessment Monitoring System, Oklahoma, 2000–2003**

Characteristic	Total %*	Not aware before pregnancy of folic acid benefits (n = 7,245)		Did not consume multivitamins at least four times per week, 1 month before pregnancy (n = 7,645)		Did not receive preconception counseling from a health-care provider (n = 7,565)	
		% (95% CI) <sup>†</sup>	AOR <sup>§</sup> (95% CI)	% (95% CI)	AOR (95% CI)	% (95% CI)	AOR (95% CI)
<b>Total</b>	—	<b>21.5 (20.0–23.1)</b>	—	<b>73.5 (71.9–75.1)</b>	—	<b>84.8 (83.5–86.0)</b>	—
<b>Age group (yrs)</b>							
<20	15.1	39.4 (34.6–44.5)	1.9 (1.3–2.6) <sup>¶</sup>	87.4 (83.9–90.3)	1.8 (1.2–2.8) <sup>¶</sup>	86.9 (83.2–89.9)	0.9 (0.6–1.4)
20–24	32.3	25.7 (22.9–28.8)	1.5 (1.2–2.0) <sup>¶</sup>	81.9 (79.3–84.2)	1.7 (1.3–2.1) <sup>¶</sup>	89.4 (87.3–91.2)	1.3 (1.0–1.7)
25–34	44.5	13.5 (11.7–15.4)	Referent	63.9 (61.4–66.4)	Referent	81.6 (79.5–83.6)	Referent
≥35	8.2	17.3 (13.1–22.6)	1.5 (1.02–2.2) <sup>¶</sup>	67.3 (61.5–72.6)	1.3 (1.0–1.7)	79.8 (74.4–84.2)	0.8 (0.6–1.2)
<b>Race</b>							
White	79.7	18.0 (16.5–19.7)	Referent	72.0 (70.2–73.7)	Referent	84.4 (82.9–85.8)	Referent
Black	9.0	40.7 (34.6–47.2)	2.0 (1.5–2.8) <sup>¶</sup>	78.9 (73.4–83.5)	0.9 (0.6–1.3)	83.8 (78.6–88.0)	0.6 (0.4–1.0)
American Indian	9.4	30.3 (24.9–36.2)	1.5 (1.1–2.0) <sup>¶</sup>	80.6 (75.7–84.8)	1.1 (0.8–1.5)	88.4 (84.2–91.6)	1.0 (0.7–1.5)
Other	1.9	—**	—**	73.3 (60.9–82.9)	1.5 (0.7–3.2)	86.2 (74.2–93.2)	1.3 (0.5–3.4)
<b>Ethnicity</b>							
Hispanic	9.8	20.2 (15.6–25.6)	0.8 (0.6–1.2)	78.5 (73.3–83.0)	1.1 (0.8–1.6)	91.4 (87.6–94.0)	1.9 (1.1–3.1) <sup>¶</sup>
Non-Hispanic	90.2	21.6 (20.0–23.2)	Referent	73.0 (71.3–74.6)	Referent	84.0 (82.6–85.3)	Referent
<b>Marital status</b>							
Unmarried	41.6	33.4 (30.6–36.4)	1.8 (1.4–2.3) <sup>¶</sup>	85.2 (83.0–87.1)	1.5 (1.2–2.0) <sup>¶</sup>	90.1 (88.2–91.7)	1.0 (0.8–1.4)
Married	58.4	13.5 (12.0–15.2)	Referent	65.1 (62.9–67.3)	Referent	81.0 (79.1–82.7)	Referent
<b>Education (yrs)</b>							
<12	23.4	32.5 (28.7–36.5)	2.3 (1.6–3.1) <sup>¶</sup>	83.9 (80.8–86.6)	1.3 (1.0–1.9)	89.4 (86.7–91.6)	0.9 (0.6–1.4)
12	35.8	26.9 (24.3–29.8)	2.1 (1.6–2.8) <sup>¶</sup>	80.7 (78.2–82.9)	1.5 (1.2–1.9) <sup>¶</sup>	88.1 (86.0–89.9)	1.2 (0.9–1.5)
>12	40.8	11.0 (9.4–12.9)	Referent	61.5 (58.8–64.1)	Referent	79.3 (77.1–81.4)	Referent
<b>Type of health insurance</b>							
None	42.3	25.8 (23.4–28.5)	1.0 (0.8–1.2)	84.1 (82.0–86.0)	1.7 (1.4–2.1) <sup>¶</sup>	92.3 (90.6–93.7)	2.2 (1.6–2.9) <sup>¶</sup>
Medicaid (no private)	5.6	39.2 (31.5–47.6)	1.2 (0.8–1.8)	82.2 (75.6–87.4)	1.1 (0.7–1.9)	86.5 (80.2–91.0)	1.1 (0.6–2.0)
Private <sup>††</sup>	52.2	16.2 (14.5–18.2)	Referent	63.9 (61.5–66.2)	Referent	78.5 (76.4–80.4)	Referent
<b>Pregnancy intention<sup>§§</sup></b>							
Unintended	59.9	27.5 (25.4–29.8)	1.5 (1.2–1.9) <sup>¶</sup>	84.4 (82.6–86.0)	2.6 (2.2–3.2) <sup>¶</sup>	93.4 (92.1–94.5)	5.1 (3.9–6.6) <sup>¶</sup>
Intended	40.1	12.7 (10.9–14.7)	Referent	57.4 (54.7–60.1)	Referent	72.1 (69.6–74.5)	Referent
<b>Previous live birth</b>							
No	39.4	23.4 (21.0–26.0)	Referent	72.8 (70.2–75.3)	Referent	80.6 (78.2–82.7)	Referent
Yes	60.6	20.2 (18.3–22.2)	1.1 (0.9–1.4)	74.0 (72.0–76.0)	1.4 (1.1–1.7) <sup>¶</sup>	87.7 (86.1–89.1)	1.9 (1.5–2.4) <sup>¶</sup>

\* All data are weighted to state population data. Percentages might not add to 100% because of rounding.

† Confidence interval.

§ Adjusted odds ratio. All variables are adjusted for the other variables contained in the table.

¶ Statistically significant at p<0.05.

\*\* Missing ≥10% of data.

†† Might also include Medicaid.

§§ Assessed by the question, "When you got pregnant with your new baby, were you trying to become pregnant?"

nancy was greatest among women who were aged <20 years (87.4%), who were unmarried (85.2%), who had <12 years of education (83.9%), who had no health insurance (84.1%), or whose pregnancy was unintended (84.4%). Not receiving preconception counseling was most common among women who were Hispanic (91.4%), who were unmarried (90.1%), who had no health insurance (92.3%), or whose pregnancy was unintended (93.4%).

Subpopulations of women with characteristics significantly associated with lack of pre-pregnancy awareness of folic acid benefits included those who were aged <20 (AOR = 1.9), 20–24 (AOR = 1.5), or ≥35 (AOR = 1.5) years, compared with those aged 25–34 years; who were black (AOR = 2.0) or American Indian (AOR = 1.5), compared with those who were

white; who were unmarried (AOR = 1.8), compared with those who were married; who had <12 (AOR = 2.3) or 12 (AOR = 2.1) years of education, compared with those who had >12 years of education; or whose pregnancy was unintended (AOR = 1.5), compared with those whose pregnancy was intended (Table). Subpopulations of women with characteristics significantly associated with not consuming multivitamins at least four times per week 1 month before pregnancy included those who were aged <20 (AOR = 1.8) or 20–24 (AOR = 1.7) years; who were unmarried (AOR = 1.5); who had 12 years of education (AOR = 1.5); who had no health insurance (AOR = 1.7), compared with those who had private insurance; whose pregnancy was unintended (AOR = 2.6); or who had a previous live birth (AOR = 1.4), compared with those who did not



have a previous live birth. Subpopulations of women with characteristics significantly associated with not receiving preconception counseling included those who were Hispanic (AOR = 1.9), compared with those who were not Hispanic; uninsured (AOR = 2.2); whose pregnancy was unintended (AOR = 5.1); or who had a previous live birth (AOR = 1.9).

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**Editorial Note:** Educational activities and media campaigns have been conducted since the early to mid-1990s to increase awareness of the importance of folic acid in preventing neural tube defects. The U.S. Public Health Service recommends that all women of childbearing age consume  $\geq 400$   $\mu\text{g}$  of folic acid daily through either supplementation or fortified foods (2). Findings in this report suggest that 78.5% of Oklahoma mothers during 2000–2003 were aware of the benefits of folic acid consumption. This represents an increase from 1995, when 66.4% of Oklahoma PRAMS participants reported folic acid awareness (5). However, lack of awareness was greater among women in certain subpopulations. For example, women with  $\leq 12$  years of education were more than twice as likely as women with  $> 12$  years of education to not be aware of folic acid benefits.

Despite high awareness of the benefits of taking vitamins with folic acid, 73.5% of women sampled (68.8% of those who were aware of folic acid's benefits and 87.9% of those who were not aware) did not consume multivitamins at least four times per week during the 1 month before pregnancy, although multivitamins typically contain folic acid (6). This finding suggests that, although most women were aware of folic acid's value in preventing certain birth defects, they might not have known that folic acid should be taken before conception to maximize benefits. This hypothesis was supported by findings from a national telephone survey of women aged 18–45 years that determined that, although 79% of respondents had heard or read about folic acid, only 10% of these women knew that folic acid should be taken before pregnancy (7). The fact that women with unintended pregnancies were 2.6 times as likely as women with intended pregnancies not to consume multivitamins at least four times per week during the month before conception might be of particular concern, considering that half of all pregnancies in the United States are unintended (8) and unintended pregnancies are more likely to have complications (9).

With regard to the third indicator, 84.8% of the women sampled (72.1% with intended pregnancies and 93.4% with unintended pregnancies) did not receive preconception counseling from a health-care provider. In addition, 92.3% of women with no health insurance and 91.4% of Hispanic women did not receive counseling. Since 2006, CDC has recommended offering, as a component of maternity care, one pre-pregnancy visit for women planning pregnancy (1). Examples of preconception interventions for improving pregnancy outcomes that might be incorporated into preconception counseling include folic acid supplementation, rubella and hepatitis B vaccination, screening and treatment for human immunodeficiency virus/acquired immunodeficiency syndrome and sexually transmitted infections, smoking-cessation counseling, diabetes management, and obesity control (1). In this analysis, women with a previous live birth were 1.9 times as likely as women without a previous live birth not to receive preconception counseling. Although women with a previous live birth likely believe they are better prepared for pregnancy and therefore might not seek counseling, new health concerns warranting risk assessment and appropriate interventions can emerge during interconception care; therefore, preconception counseling is recommended for all women planning pregnancy.

The findings in this report are subject to at least four limitations. First, these preconception health indicators are self-reported after delivery, and responses might be subject to recall bias. Second, assessment of multivitamin consumption might not accurately reflect intake of folic acid. Although most commonly available multivitamins contain the daily recommended amount of folic acid (6), folic acid can be consumed through other means (e.g., fortified foods or a supplement containing only folic acid). Third, although population based, these findings are generalizable only to mothers with recent live births in Oklahoma. Finally, because of the cross-sectional design of the study, the observed associations cannot be presumed to be causal.

Oklahoma state and local health officials can use these results to prioritize preconception health objectives. Although pre-pregnancy awareness of folic acid benefits was high, consumption of multivitamins was low, as was receipt of preconception counseling, even among those women whose pregnancy was intended. These data also can be used to identify subpopulations of women in need of outreach during the preconception period. For example, women who are younger, are unmarried, have less education, or are not planning pregnancy might benefit from targeted outreach to improve pre-pregnancy awareness of folic acid benefits and multivitamin consumption. To improve rates of preconception counseling,

access to care should be addressed, as well as tailoring messages to women who have had previous live births and might believe that counseling is not necessary. In addition, nearly 60% of pregnancies in Oklahoma were categorized as unintended, and those not planning pregnancy had increased odds of not being aware of the benefits of folic acid before pregnancy, not taking a multivitamin at least four times per week during the month before pregnancy, and not receiving preconception counseling; therefore, efforts to promote preconception health should target all women of reproductive age who are capable of becoming pregnant (10).

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#### Notice to Readers

### Publication of Revised HIV/AIDS Surveillance Report, 2005

Each year the Division of HIV/AIDS Prevention of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC publishes an HIV/AIDS surveillance report. On June 28, 2007, CDC published online a revised 2005 report to correct an error in the calculation of the number of estimated AIDS cases for the period 2001–2005; this

error resulted in an overestimate of 2% for the period 2001–2005 and 8.3% for the year 2005 (1). These data were published online initially in November 2006 in CDC's *HIV/AIDS Surveillance Report, 2005* (2).

CDC identified the error when reviewing computer programs in preparation for analyzing data for the 2006 report. An error in the computer code used to adjust for reporting delays in AIDS cases led to overestimation of AIDS cases for the period 2001–2005. Because 20% of AIDS cases typically are reported >1 year after diagnosis with AIDS, estimates are used to adjust for reporting delays and to allow for evaluation of data from recent years. The error has been corrected, and a complete external review of procedures for data estimation and validity checks has been conducted to ensure that this type of error does not occur again.

The error affected only estimated AIDS cases for the period 2001–2005, including those AIDS cases for which HIV and AIDS were diagnosed concurrently. The error did not affect data on reported cases of HIV or AIDS (i.e., the raw data provided to CDC by health departments). The error did not affect data used to allocate funding for major HIV/AIDS assistance and treatment programs administered by the Health Resources and Services Administration and the Department of Housing and Urban Development; only reported cases are used for allocation of resources administered via the Ryan White HIV/AIDS Treatment Modernization Act and Housing Opportunities for Persons with AIDS.

The overestimate of AIDS cases was 2% for the period 2001–2005 and 8.3% for 2005. Because some AIDS cases are diagnosed concurrently with HIV infection, a small overestimate of HIV/AIDS cases also occurred (0.4% for 2001–2005; 2% in 2005). The corrected estimates for 2005 are 40,608 estimated AIDS cases for the 50 states and the District of Columbia and 37,331 estimated HIV/AIDS cases for the 33 states with longstanding HIV reporting.

Analyses and publications (e.g., fact sheets, slide sets, and web pages) produced using estimated AIDS data from the *HIV/AIDS Surveillance Report, 2005* have been corrected and reposted on the CDC website. The revised 2005 report and additional information regarding the revised estimates are available at <http://www.cdc.gov/hiv/datarevision.htm>.

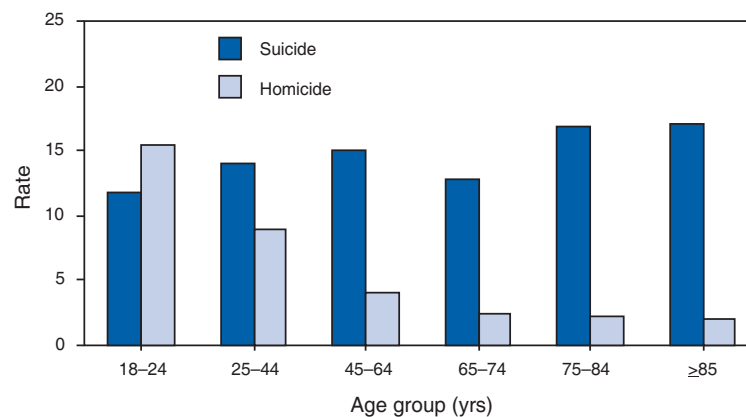
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## QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

### Suicide and Homicide Rates\* Among Adults Aged $\geq 18$ Years, by Age Group — National Vital Statistics System, United States, 2002–2004



\* Per 100,000 population in age group.

During 2002–2004, the average annual suicide rate (14.2 per 100,000 population) was nearly twice as high as the rate of death by homicide (7.2 per 100,000 population) for adults aged  $\geq 18$  years. The suicide rate was higher than the homicide rate for all age groups except persons aged 18–24 years. The difference between the suicide and homicide rates among groups aged  $\geq 25$  years increased with age; persons aged  $\geq 85$  years were eight times as likely to die from suicide as homicide.

**SOURCES:** National Vital Statistics System, 2002–2004 mortality files; Health Data for All Ages, available at [http://www.cdc.gov/nchs/health\\_data\\_for\\_all\\_ages.htm](http://www.cdc.gov/nchs/health_data_for_all_ages.htm).

**TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending June 23, 2007 (25th 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	0	20	19	16	20	28	
infant	—	35	2	97	85	87	76	69	
other (wound & unspecified)	—	8	0	48	31	30	33	21	
Brucellosis	4	54	2	121	120	114	104	125	CA (4)
Chancroid	—	11	1	33	17	30	54	67	
Cholera	—	—	0	9	8	5	2	2	
Cyclosporiasis§	3	39	12	136	543	171	75	156	NC (1), FL (2)
Diphtheria	—	—	0	—	—	—	1	1	
Domestic arboviral diseases§¶:									
California serogroup	—	—	2	67	80	112	108	164	
eastern equine	—	—	0	8	21	6	14	10	
Powassan	—	—	0	1	1	1	—	1	
St. Louis	—	—	0	11	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	4	58	16	646	786	537	362	511	NY (2), MD (1), AL (1)
human monocytic	8	96	10	576	506	338	321	216	NY (2), VA (1), NC (5)
human (other & unspecified)	5	38	6	231	112	59	44	23	PA (1), MD (2), TN (1), AL (1)
<i>Haemophilus influenzae</i> **,									
invasive disease (age <5 yrs):									
serotype b	—	6	0	22	9	19	32	34	
nonserotype b	—	34	2	146	135	135	117	144	
unknown serotype	3	134	3	214	217	177	227	153	OH (1), FL (1), AR (1)
Hansen disease§	1	23	2	66	87	105	95	96	CA (1)
Hantavirus pulmonary syndrome§	—	7	1	39	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	3	50	5	288	221	200	178	216	VT (1), CA (2)
Hepatitis C viral, acute	1	298	19	813	652	713	1,102	1,835	CA (1)
HIV infection, pediatric (age <13 yrs)††	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality§§§	—	66	0	41	45	—	N	N	
Listeriosis	8	231	15	872	896	753	696	665	PA (1), OH (1), MD (1), NC (1), TX (1), CA (3)
Measles¶¶	1	17	2	56	66	37	56	44	PA (1)
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	137	5	309	297	—	—	—	NC (1), SC (1)
serogroup B	3	53	3	189	156	—	—	—	NC (3)
other serogroup	—	10	0	31	27	—	—	—	
unknown serogroup	4	327	13	650	765	—	—	—	NY (1), OH (1), OR (1), CA (1)
Mumps	10	451	23	6,583	314	258	231	270	NY (1), MN (4), UT (1), WA (1), CA (3)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	1	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	2	0	21	16	12	12	18	
Q fever§	4	84	3	169	136	70	71	61	NY (1), CA (3)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	9	0	10	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	57	2	125	129	132	161	118	NC (2)
Syphilis, congenital (age <1 yr)	2	128	8	380	329	353	413	412	NY (1), FL (1)
Tetanus	—	5	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	—	35	2	101	90	95	133	109	
Trichinellosis	—	2	0	15	16	5	6	14	
Tularemia	4	26	4	95	154	134	129	90	NE (1), MD (1), AR (1), OK (1)
Typhoid fever	5	126	6	353	324	322	356	321	CT (1), MD (1), VA (1), CA (2)
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	4	0	6	2	—	N	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	—	1	3	1	N	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	1	76	1	N	N	N	N	N	MD (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 nonneuroinvasive. 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 66 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 June 23, 2007, and June 24, 2006 (25th 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		
<b>United States</b>	10,775	20,362	25,327	470,494	481,355	99	152	658	3,933	4,129	26	68	319	1,219	1,328
<b>New England</b>	473	692	1,357	16,362	14,855	—	0	1	1	—	—	4	27	67	102
Connecticut	168	221	829	4,747	3,859	N	0	0	N	N	—	0	11	11	38
Maine§	—	49	74	1,180	1,023	—	0	0	—	—	—	0	6	11	13
Massachusetts	277	309	600	7,553	6,865	—	0	0	—	—	—	1	19	18	32
New Hampshire	27	40	71	946	871	—	0	1	1	—	—	1	4	12	12
Rhode Island§	1	64	108	1,541	1,637	—	0	0	—	—	—	0	5	5	3
Vermont§	—	20	45	395	600	N	0	0	N	N	—	1	4	10	4
<b>Mid. Atlantic</b>	1,518	2,607	4,284	65,384	58,694	—	0	0	—	—	9	10	37	153	213
New Jersey	—	370	541	6,751	9,274	N	0	0	N	N	—	0	5	—	11
New York (Upstate)	575	501	2,758	11,901	11,052	N	0	0	N	N	3	3	14	51	45
New York City	359	798	1,504	21,120	19,527	N	0	0	N	N	—	2	10	26	64
Pennsylvania	584	817	1,792	25,612	18,841	N	0	0	N	N	6	4	18	76	93
<b>E.N. Central</b>	1,509	3,139	6,276	79,974	82,414	—	1	3	14	19	4	15	110	268	299
Illinois	635	1,013	1,310	22,655	26,003	—	0	0	—	—	—	2	22	28	41
Indiana	283	382	644	9,868	9,910	—	0	0	—	—	2	1	18	27	25
Michigan	409	741	1,225	17,462	15,615	—	0	3	10	15	—	3	10	62	48
Ohio	48	644	3,654	21,133	20,594	—	0	2	4	4	2	4	33	82	97
Wisconsin	134	371	528	8,856	10,292	N	0	0	N	N	—	5	53	69	88
<b>W.N. Central</b>	502	1,201	1,448	27,542	29,271	—	0	54	3	—	—	12	77	186	197
Iowa	74	165	243	4,034	3,969	N	0	0	N	N	—	2	28	36	21
Kansas	—	147	308	3,667	3,920	N	0	0	N	N	—	1	8	27	27
Minnesota	—	242	314	4,667	6,169	—	0	54	—	—	—	2	25	47	68
Missouri	278	455	628	10,938	10,696	—	0	1	3	—	—	2	21	33	39
Nebraska§	99	105	184	2,504	2,413	N	0	0	N	N	—	1	16	7	16
North Dakota	—	31	69	549	859	N	0	0	N	N	—	0	11	1	3
South Dakota	51	49	84	1,183	1,245	N	0	0	N	N	—	1	7	35	23
<b>S. Atlantic</b>	3,195	3,905	6,760	89,209	91,893	—	0	1	1	2	10	18	70	300	297
Delaware	76	68	115	1,630	1,711	N	0	0	N	N	—	0	3	2	1
District of Columbia	—	83	167	2,556	1,482	—	0	0	—	—	—	0	2	3	8
Florida	1,187	1,043	1,651	25,086	22,965	N	0	0	N	N	8	9	32	151	117
Georgia	—	681	3,822	10,811	16,449	N	0	0	N	N	—	3	17	52	90
Maryland§	260	412	697	9,299	9,716	—	0	1	1	2	1	0	2	13	9
North Carolina	218	631	1,233	14,094	16,936	—	0	0	—	—	—	1	11	35	36
South Carolina§	955	426	2,105	12,515	9,817	N	0	0	N	N	—	1	14	20	17
Virginia§	499	490	685	11,934	11,423	N	0	0	N	N	1	1	5	20	17
West Virginia	—	54	86	1,284	1,394	N	0	0	N	N	—	0	3	4	2
<b>E.S. Central</b>	964	1,428	2,044	31,444	36,476	—	0	0	—	—	1	3	15	57	50
Alabama§	—	347	539	3,473	11,511	N	0	0	N	N	—	0	12	21	19
Kentucky	170	130	691	3,841	4,499	N	0	0	N	N	1	1	3	18	13
Mississippi	213	391	959	10,538	8,583	N	0	0	N	N	—	0	8	8	7
Tennessee§	581	531	697	13,592	11,883	N	0	0	N	N	—	1	5	10	11
<b>W.S. Central</b>	1,103	2,205	3,028	52,930	54,150	—	0	1	—	—	—	5	45	65	80
Arkansas§	—	168	337	3,654	3,641	N	0	0	N	N	—	0	3	4	8
Louisiana	74	330	610	7,724	8,422	—	0	1	—	—	—	1	9	16	15
Oklahoma	280	258	471	5,991	5,631	N	0	0	N	N	—	1	9	16	16
Texas§	749	1,452	1,911	35,561	36,456	N	0	0	N	N	—	2	36	29	41
<b>Mountain</b>	45	1,355	2,026	26,525	31,323	43	98	293	2,512	2,926	1	5	40	91	56
Arizona	45	486	993	8,893	9,577	42	97	293	2,457	2,844	—	0	6	18	9
Colorado	—	294	416	4,527	7,543	N	0	0	N	N	—	1	7	25	15
Idaho§	—	41	253	1,263	1,576	N	0	0	N	N	—	0	5	5	5
Montana§	—	52	144	1,145	1,092	N	0	0	N	N	—	0	26	6	7
Nevada§	—	170	397	4,056	3,709	1	1	3	20	35	—	0	3	4	3
New Mexico§	—	167	396	3,843	4,844	—	0	2	11	11	—	1	6	23	11
Utah	—	99	200	2,236	2,273	—	1	4	24	34	1	0	3	3	6
Wyoming§	—	26	45	562	709	—	0	0	—	2	—	0	11	7	—
<b>Pacific</b>	1,466	3,372	4,362	81,124	82,279	56	53	311	1,402	1,182	1	1	5	32	34
Alaska	65	88	157	2,057	2,033	N	0	0	N	N	—	0	1	—	1
California	1,182	2,680	3,627	63,957	64,297	56	53	311	1,402	1,182	—	0	0	—	—
Hawaii	—	106	130	2,241	2,732	N	0	0	N	N	—	0	1	—	—
Oregon§	219	160	394	4,412	4,513	N	0	0	N	N	1	1	5	32	33
Washington	—	344	621	8,457	8,704	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	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	—	16	24	—	449	—	0	0	—	—	—	0	0	—	—
Puerto Rico	233	122	234	3,574	2,289	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	8	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 June 23, 2007, and June 24, 2006 (25th 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		
<b>United States</b>	132	302	1,511	5,982	7,067	3,964	6,939	8,941	151,951	164,817	22	47	184	1,128	1,136
<b>New England</b>	6	23	67	403	514	97	114	259	2,649	2,561	4	3	19	75	76
Connecticut	—	5	25	99	120	38	45	204	987	948	4	0	6	24	20
Maine <sup>§</sup>	5	4	14	65	41	—	2	8	50	58	—	0	4	6	7
Massachusetts	—	9	26	157	238	52	49	96	1,296	1,182	—	2	5	36	35
New Hampshire	—	0	3	4	12	4	3	8	80	109	—	0	2	6	5
Rhode Island <sup>§</sup>	—	0	17	25	40	3	9	19	213	236	—	0	10	3	2
Vermont <sup>§</sup>	1	3	12	53	63	—	1	5	23	28	—	0	1	—	7
<b>Mid. Atlantic</b>	23	62	127	1,034	1,441	433	707	1,537	17,168	15,395	2	10	27	233	237
New Jersey	—	6	17	36	223	—	102	155	2,126	2,509	—	1	5	22	40
New York (Upstate)	14	24	108	396	464	153	111	1,035	2,680	2,892	1	3	15	65	69
New York City	2	16	32	342	447	70	186	376	4,537	4,725	—	2	6	48	45
Pennsylvania	7	14	34	260	307	210	251	610	7,825	5,269	1	3	10	98	83
<b>E.N. Central</b>	12	44	100	847	1,139	576	1,289	2,608	31,655	33,175	1	7	15	131	200
Illinois	—	10	30	151	286	197	361	494	8,161	9,482	—	2	6	24	62
Indiana	N	0	0	N	N	146	156	293	4,054	4,284	—	1	10	28	35
Michigan	1	14	38	269	305	168	287	880	7,099	6,263	—	0	5	14	19
Ohio	11	15	32	310	326	21	317	1,572	9,275	9,774	1	2	5	57	45
Wisconsin	—	9	27	117	222	44	131	181	3,066	3,372	—	1	4	8	39
<b>W.N. Central</b>	2	21	553	380	750	155	388	515	8,922	8,918	2	3	24	67	62
Iowa	1	5	16	89	113	11	40	63	867	852	—	0	1	1	—
Kansas	—	3	11	57	73	—	43	88	1,054	1,079	—	0	2	7	13
Minnesota	—	0	514	12	282	—	66	87	1,239	1,461	1	1	17	25	28
Missouri	—	9	28	156	198	112	201	268	4,933	4,711	—	1	5	25	17
Nebraska <sup>§</sup>	1	2	9	39	41	27	28	57	679	587	1	0	2	8	3
North Dakota	—	0	16	5	8	—	2	7	32	58	—	0	2	1	1
South Dakota	—	1	6	22	35	5	6	15	118	170	—	0	0	—	—
<b>S. Atlantic</b>	26	54	106	1,097	1,056	1,499	1,653	3,209	35,225	40,108	4	11	34	293	281
Delaware	—	1	4	15	14	28	27	44	650	705	—	0	3	5	1
District of Columbia	—	1	7	34	32	—	39	63	1,018	851	—	0	2	3	2
Florida	18	24	44	528	422	491	481	717	10,702	11,169	3	3	8	88	88
Georgia	—	10	27	186	242	—	327	2,068	4,506	7,733	—	2	7	56	67
Maryland <sup>§</sup>	2	5	12	105	92	67	130	228	2,910	3,412	—	2	5	48	36
North Carolina	—	0	0	—	—	407	317	676	6,936	8,281	—	1	9	36	23
South Carolina <sup>§</sup>	—	1	8	35	53	409	179	1,026	5,276	4,473	1	1	4	28	22
Virginia <sup>§</sup>	5	9	28	181	190	97	125	238	2,882	3,109	—	1	6	18	32
West Virginia	1	0	21	13	11	—	18	44	345	375	—	0	6	11	10
<b>E.S. Central</b>	5	9	34	191	177	359	551	879	11,609	14,478	3	2	9	68	63
Alabama <sup>§</sup>	2	4	22	100	85	—	154	271	1,592	5,293	1	0	3	16	14
Kentucky	N	0	0	N	N	59	52	268	1,432	1,545	—	0	1	2	4
Mississippi	N	0	0	N	N	101	156	434	3,871	3,193	—	0	1	4	6
Tennessee <sup>§</sup>	3	5	12	91	92	199	195	240	4,714	4,447	2	1	6	46	39
<b>W. S. Central</b>	6	7	55	135	117	439	943	1,490	21,780	23,383	4	1	34	55	50
Arkansas <sup>§</sup>	2	3	13	57	33	—	79	142	1,739	2,066	1	0	2	4	4
Louisiana	—	1	6	24	39	41	214	366	4,657	4,923	—	0	3	4	11
Oklahoma	4	2	42	54	45	100	88	236	2,294	2,079	3	1	29	44	32
Texas <sup>§</sup>	N	0	0	N	N	298	561	938	13,090	14,315	—	0	3	3	3
<b>Mountain</b>	6	30	67	596	656	17	271	454	5,065	6,895	2	4	11	142	120
Arizona	—	3	11	80	68	17	108	220	1,894	2,322	1	2	6	60	45
Colorado	—	9	26	186	212	—	67	93	1,089	1,739	—	1	4	30	35
Idaho <sup>§</sup>	—	3	12	51	71	—	1	20	84	91	—	0	1	4	3
Montana <sup>§</sup>	—	2	11	36	31	—	3	20	43	81	—	0	0	—	—
Nevada <sup>§</sup>	—	2	8	50	59	—	48	135	991	1,331	—	0	2	6	7
New Mexico <sup>§</sup>	—	2	6	47	28	—	30	64	603	840	1	0	4	20	18
Utah	6	7	27	127	180	—	16	28	330	424	—	0	3	20	11
Wyoming <sup>§</sup>	—	1	4	19	7	—	2	5	31	67	—	0	1	2	1
<b>Pacific</b>	46	57	558	1,299	1,217	389	753	935	17,878	19,904	—	2	16	64	47
Alaska	2	1	17	30	21	19	10	27	213	269	—	0	2	5	5
California	32	43	93	910	994	351	627	804	15,173	16,421	—	0	10	15	12
Hawaii	—	1	4	34	27	—	14	26	288	480	—	0	2	5	9
Oregon <sup>§</sup>	4	8	14	174	175	19	25	46	498	687	—	1	6	39	21
Washington	8	0	449	151	—	—	72	142	1,706	2,047	—	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	—	0	0	—	—	—	2	6	—	43	—	0	1	—	3
Puerto Rico	—	6	19	96	70	9	6	16	159	143	—	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 June 23, 2007, and June 24, 2006 (25th Week)\***

Reporting area	Hepatitis (viral, acute), by type <sup>†</sup>										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			
<b>United States</b>	28	55	201	1,179	1,731	29	79	402	1,765	2,033	31	46	113	663	766
<b>New England</b>	—	2	6	30	101	—	2	5	30	62	1	2	13	28	40
Connecticut	—	0	3	8	18	—	0	5	15	27	1	0	9	5	10
Maine <sup>§</sup>	—	0	2	—	5	—	0	2	2	11	—	0	2	—	3
Massachusetts	—	1	4	8	50	—	0	2	2	12	—	1	8	13	21
New Hampshire	—	0	2	7	17	—	0	1	5	7	—	0	2	—	4
Rhode Island <sup>§</sup>	—	0	2	5	5	—	0	4	5	4	—	0	6	9	—
Vermont <sup>§</sup>	—	0	1	2	6	—	0	1	1	1	—	0	2	1	2
<b>Mid. Atlantic</b>	4	7	20	170	181	2	10	21	214	255	10	13	55	176	226
New Jersey	—	2	5	41	60	—	2	6	44	85	—	1	10	19	33
New York (Upstate)	—	1	11	33	39	2	1	13	43	30	8	5	30	60	72
New York City	1	2	10	56	53	—	2	6	44	59	—	2	24	25	43
Pennsylvania	3	1	5	40	29	—	3	8	83	81	2	5	19	72	78
<b>E.N. Central</b>	3	6	17	106	148	6	9	23	205	246	8	9	31	126	157
Illinois	—	2	7	30	33	—	2	6	45	77	—	1	13	1	28
Indiana	—	0	7	5	15	—	0	21	20	22	—	1	6	10	9
Michigan	2	2	8	31	48	—	2	8	54	69	—	3	10	45	37
Ohio	1	1	4	33	36	6	3	10	75	59	8	3	19	66	66
Wisconsin	—	0	4	7	16	—	0	3	11	19	—	0	3	4	17
<b>W.N. Central</b>	—	2	17	76	70	—	2	15	61	66	—	1	16	26	22
Iowa	—	0	4	14	5	—	0	3	10	10	—	0	3	3	2
Kansas	—	0	1	2	21	—	0	1	5	8	—	0	3	1	1
Minnesota	—	0	17	42	6	—	0	13	8	6	—	0	11	5	—
Missouri	—	0	2	9	22	—	1	5	31	36	—	0	2	13	10
Nebraska <sup>§</sup>	—	0	2	5	9	—	0	3	5	5	—	0	1	3	5
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	4	7	—	0	1	2	1	—	0	1	1	4
<b>S. Atlantic</b>	7	10	27	211	228	3	21	56	460	575	7	8	25	147	169
Delaware	—	0	1	2	9	—	0	3	6	23	1	0	2	3	3
District of Columbia	—	0	5	14	2	—	0	2	1	4	—	0	5	1	6
Florida	1	3	13	64	81	2	7	14	167	202	1	2	9	62	72
Georgia	—	1	4	30	22	—	3	10	49	97	—	1	3	12	10
Maryland <sup>§</sup>	1	1	6	34	30	1	2	7	45	75	2	2	8	28	31
North Carolina	4	0	11	11	45	—	0	16	63	84	—	0	5	18	19
South Carolina <sup>§</sup>	—	0	3	5	11	—	2	5	34	36	—	0	2	6	3
Virginia <sup>§</sup>	1	1	5	48	24	—	2	8	68	21	3	1	4	14	21
West Virginia	—	0	3	3	4	—	0	23	27	33	—	0	4	3	4
<b>E.S. Central</b>	2	2	7	43	61	—	6	20	133	175	3	2	7	40	42
Alabama <sup>§</sup>	—	0	2	7	6	—	2	10	50	47	1	0	1	5	7
Kentucky	2	0	2	9	24	—	1	3	11	38	2	1	6	18	12
Mississippi	—	0	4	6	4	—	0	8	11	22	—	0	2	—	1
Tennessee <sup>§</sup>	—	1	5	21	27	—	3	8	61	68	—	1	3	17	22
<b>W.S. Central</b>	—	5	43	78	167	12	18	169	329	363	—	1	16	30	20
Arkansas <sup>§</sup>	—	0	2	4	33	—	1	7	10	31	—	0	2	3	1
Louisiana	—	0	4	11	9	—	1	6	20	25	—	0	2	1	6
Oklahoma	—	0	3	3	4	3	1	24	17	12	—	0	6	1	1
Texas <sup>§</sup>	—	4	39	60	121	9	15	135	282	295	—	1	13	25	12
<b>Mountain</b>	4	5	17	143	146	—	3	9	101	62	—	2	8	38	45
Arizona	4	4	14	114	80	—	0	5	41	—	—	0	4	12	15
Colorado	—	1	3	14	24	—	0	2	16	19	—	0	2	6	6
Idaho <sup>§</sup>	—	0	1	2	7	—	0	2	5	7	—	0	3	3	6
Montana <sup>§</sup>	—	0	3	2	5	—	0	0	—	—	—	0	1	1	3
Nevada <sup>§</sup>	—	0	2	6	8	—	1	5	22	17	—	0	2	3	4
New Mexico <sup>§</sup>	—	0	2	2	11	—	0	2	5	9	—	0	2	2	1
Utah	—	0	1	2	10	—	0	4	12	10	—	0	2	8	10
Wyoming <sup>§</sup>	—	0	1	1	1	—	0	1	—	—	—	0	1	3	—
<b>Pacific</b>	8	13	92	322	629	6	10	106	232	229	2	1	11	52	45
Alaska	—	0	1	2	1	—	0	3	4	1	—	0	1	—	—
California	6	12	40	289	598	5	8	31	178	185	2	1	11	41	45
Hawaii	—	0	2	2	8	—	0	1	—	5	—	0	1	1	—
Oregon <sup>§</sup>	—	1	3	16	22	—	1	5	30	38	—	0	1	3	—
Washington	2	0	52	13	—	1	0	74	20	—	—	0	2	7	—
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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	2	1	10	27	25	—	1	9	27	27	—	0	2	3	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.  
<sup>†</sup> Incidence data for reporting years 2006 and 2007 are provisional.  
<sup>‡</sup> Data for acute hepatitis C, viral are available in Table I.  
<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending June 23, 2007, and June 24, 2006 (25th 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		
<b>United States</b>	248	226	1,177	3,667	4,740	9	22	105	395	588	9	18	86	527	656
<b>New England</b>	79	36	409	402	813	—	1	7	13	33	—	1	3	21	21
Connecticut	67	11	227	217	95	—	0	3	1	7	—	0	1	4	8
Maine§	—	2	38	32	37	—	0	1	3	3	—	0	3	4	2
Massachusetts	—	1	145	2	507	—	0	2	8	16	—	0	2	10	9
New Hampshire	6	6	70	123	160	—	0	3	1	6	—	0	1	—	1
Rhode Island§	—	0	93	—	1	—	0	1	—	—	—	0	1	1	—
Vermont§	6	1	15	28	13	—	0	0	—	1	—	0	1	2	1
<b>Mid. Atlantic</b>	105	108	560	1,837	2,467	2	5	18	97	135	1	2	8	62	106
New Jersey	—	25	192	402	954	—	0	7	—	43	—	0	2	1	11
New York (Upstate)	56	50	426	504	641	2	1	7	26	10	1	1	2	18	21
New York City	—	2	23	6	63	—	3	9	61	69	—	0	4	17	40
Pennsylvania	49	41	223	925	809	—	1	4	10	13	—	0	5	26	34
<b>E.N. Central</b>	—	5	162	63	665	1	2	10	44	66	1	3	9	71	98
Illinois	—	0	16	4	41	—	1	6	14	30	—	0	3	18	27
Indiana	—	0	3	8	6	—	0	2	4	6	—	0	4	14	12
Michigan	—	1	5	11	6	—	0	2	7	8	—	0	3	13	16
Ohio	—	0	5	4	18	1	0	2	12	16	1	1	3	20	28
Wisconsin	—	4	154	36	594	—	0	3	7	6	—	0	3	6	15
<b>W.N. Central</b>	—	5	195	96	120	—	1	12	19	22	—	1	5	32	39
Iowa	—	1	8	20	47	—	0	1	2	1	—	0	3	7	9
Kansas	—	0	2	6	3	—	0	2	1	—	—	0	1	1	1
Minnesota	—	3	188	63	62	—	0	12	11	14	—	0	3	9	10
Missouri	—	0	3	5	1	—	0	1	2	3	—	0	3	9	11
Nebraska§	—	0	2	2	6	—	0	1	2	2	—	0	1	2	6
North Dakota	—	0	7	—	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	2	1
<b>S. Atlantic</b>	60	47	134	1,167	634	4	5	14	96	158	5	3	11	83	111
Delaware	13	9	28	274	214	—	0	1	2	4	—	0	1	1	4
District of Columbia	—	0	7	13	8	—	0	2	3	—	—	0	1	—	—
Florida	2	1	3	18	8	—	1	4	20	22	—	1	7	28	44
Georgia	—	0	1	1	3	—	0	5	9	51	—	0	3	9	10
Maryland§	18	24	106	609	347	3	1	4	28	39	—	0	2	16	7
North Carolina	5	0	6	19	9	—	0	4	12	11	4	0	6	10	19
South Carolina§	—	0	2	8	5	—	0	2	4	4	1	0	2	9	11
Virginia§	22	9	36	219	40	1	1	4	17	26	—	0	2	10	13
West Virginia	—	0	14	6	—	—	0	1	1	1	—	0	2	—	3
<b>E.S. Central</b>	1	1	4	20	7	2	0	3	17	12	—	1	4	29	23
Alabama§	—	0	3	7	2	—	0	2	3	6	—	0	2	6	4
Kentucky	—	0	2	—	—	—	0	1	3	1	—	0	2	5	6
Mississippi	—	0	1	—	—	—	0	1	1	3	—	0	4	7	3
Tennessee§	1	0	3	13	5	2	0	2	10	2	—	0	2	11	10
<b>W.S. Central</b>	—	1	5	21	6	—	2	29	28	35	—	2	15	52	63
Arkansas§	—	0	0	—	—	—	0	2	—	1	—	0	2	6	6
Louisiana	—	0	1	2	—	—	0	2	12	1	—	0	4	15	27
Oklahoma	—	0	0	—	—	—	0	3	3	2	—	0	4	11	8
Texas§	—	1	5	19	6	—	1	25	13	31	—	0	11	20	22
<b>Mountain</b>	—	0	3	9	5	—	1	6	26	29	—	1	5	43	39
Arizona	—	0	1	—	4	—	0	3	5	10	—	0	3	12	11
Colorado	—	0	0	—	—	—	0	2	9	10	—	0	2	14	14
Idaho§	—	0	2	3	—	—	0	1	—	—	—	0	1	3	1
Montana§	—	0	1	1	—	—	0	1	2	1	—	0	1	1	2
Nevada§	—	0	2	5	—	—	0	1	1	—	—	0	1	3	3
New Mexico§	—	0	1	—	1	—	0	1	1	1	—	0	1	2	1
Utah	—	0	1	—	—	—	0	3	8	7	—	0	2	7	5
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	2	1	2
<b>Pacific</b>	3	2	16	52	23	—	3	45	55	98	2	4	48	134	156
Alaska	—	0	1	2	—	—	0	4	2	14	—	0	1	1	2
California	3	2	8	49	23	—	2	6	39	74	1	2	10	96	123
Hawaii	N	0	0	N	N	—	0	1	2	3	—	0	1	2	4
Oregon§	—	0	1	1	—	—	0	3	9	7	1	0	3	21	27
Washington	—	0	8	—	—	—	0	43	3	—	—	0	43	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	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	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. —: Not 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 June 23, 2007, and June 24, 2006 (25th 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		
<b>United States</b>	52	243	1,479	3,510	6,348	56	95	168	1,953	2,307	63	29	211	509	637
<b>New England</b>	—	32	77	474	748	14	10	22	252	178	—	0	10	—	6
Connecticut	—	2	10	18	31	5	4	14	86	72	—	0	0	—	—
Maine†	—	2	15	36	23	—	2	8	38	43	N	0	0	N	N
Massachusetts	—	21	46	369	472	—	0	0	—	—	—	0	1	—	5
New Hampshire	—	2	9	30	123	3	1	4	20	13	—	0	0	—	1
Rhode Island†	—	0	31	1	22	—	0	3	18	14	—	0	9	—	—
Vermont†	—	1	9	20	77	6	2	13	90	36	—	0	0	—	—
<b>Mid. Atlantic</b>	10	34	155	549	785	—	13	38	303	198	1	1	6	21	25
New Jersey	—	3	16	60	148	—	0	0	—	—	—	0	4	—	14
New York (Upstate)	8	18	146	299	289	—	—	—	—	—	1	0	0	1	—
New York City	—	2	6	51	44	—	1	5	24	6	—	0	3	9	4
Pennsylvania	2	8	20	139	304	—	11	37	279	192	—	0	3	11	7
<b>E.N. Central</b>	21	41	80	720	904	4	2	18	70	48	—	0	9	8	25
Illinois	—	8	23	73	241	1	0	7	21	10	—	0	4	1	15
Indiana	9	2	45	25	87	—	0	2	5	3	—	0	1	1	2
Michigan	—	10	39	121	176	2	0	5	19	23	—	0	1	2	—
Ohio	12	14	54	386	289	1	0	12	25	12	—	0	4	4	7
Wisconsin	—	3	20	115	111	—	0	0	—	—	—	0	0	—	1
<b>W.N. Central</b>	2	17	151	233	651	4	6	19	110	120	—	3	13	76	64
Iowa	—	4	16	70	169	2	0	7	15	16	—	0	1	2	2
Kansas	—	3	14	71	134	—	2	6	66	34	—	0	1	—	—
Minnesota	—	0	119	—	87	—	0	6	6	16	—	0	2	1	1
Missouri	—	3	10	37	179	—	1	6	9	15	—	3	12	67	55
Nebraska†	2	1	4	15	63	—	0	0	—	—	—	0	5	4	6
North Dakota	—	0	18	4	4	2	0	6	9	13	—	0	0	—	—
South Dakota	—	0	6	36	15	—	0	2	5	26	—	0	1	2	—
<b>S. Atlantic</b>	8	19	163	432	523	29	40	63	940	1,048	54	14	67	272	389
Delaware	—	0	2	5	3	—	0	0	—	—	—	0	3	5	11
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	7	4	18	112	104	—	0	24	65	176	1	0	4	8	8
Georgia	—	1	7	6	40	—	4	9	81	114	—	0	5	5	18
Maryland†	1	2	7	59	80	—	6	12	128	146	—	1	7	19	30
North Carolina	—	2	112	159	101	9	11	21	240	193	47	8	61	178	295
South Carolina†	—	3	11	40	72	—	3	11	46	70	2	1	5	16	7
Virginia†	—	2	17	42	100	20	12	31	343	301	4	2	12	39	19
West Virginia	—	0	19	7	20	—	1	8	37	48	—	0	2	1	1
<b>E.S. Central</b>	1	5	24	90	138	—	3	11	61	122	6	6	27	93	95
Alabama†	—	1	18	28	32	—	0	8	—	37	—	1	9	25	22
Kentucky	—	0	5	2	25	—	0	4	9	7	—	0	1	2	—
Mississippi	—	0	10	12	19	—	0	0	—	4	—	0	1	2	1
Tennessee†	1	3	9	48	62	—	2	8	52	74	6	4	22	64	72
<b>W.S. Central</b>	1	17	226	222	340	1	14	35	57	424	2	0	168	27	21
Arkansas†	1	2	17	61	33	1	0	5	12	18	—	0	53	1	16
Louisiana	—	0	2	6	16	—	0	1	—	2	—	0	1	—	—
Oklahoma	—	0	36	2	10	—	1	22	45	31	1	0	108	21	1
Texas†	—	14	174	153	281	—	10	34	—	373	1	0	7	5	4
<b>Mountain</b>	6	28	61	559	1,522	1	3	28	60	75	—	0	4	11	10
Arizona	—	6	17	139	332	1	2	10	46	59	—	0	2	—	3
Colorado	—	7	18	141	506	—	0	0	—	—	—	0	1	1	1
Idaho†	—	1	6	21	42	—	0	24	—	—	—	0	3	2	—
Montana†	—	1	8	30	59	—	0	2	1	7	—	0	2	—	—
Nevada†	—	0	9	3	44	—	0	1	—	—	—	0	0	—	—
New Mexico†	—	2	8	23	50	—	0	2	4	5	—	0	1	2	3
Utah	6	8	48	188	456	—	0	1	5	3	—	0	0	—	—
Wyoming†	—	1	8	14	33	—	0	2	4	1	—	0	2	6	3
<b>Pacific</b>	3	22	547	231	737	3	4	13	100	94	—	0	1	1	2
Alaska	—	1	8	16	35	—	0	6	35	14	N	0	0	N	N
California	—	17	225	99	569	3	3	12	64	78	—	0	0	—	—
Hawaii	—	0	5	10	60	N	0	0	N	N	N	0	0	N	N
Oregon†	2	1	11	49	73	—	0	4	1	2	—	0	1	1	2
Washington	1	0	377	57	—	—	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	—	1	7	—	14	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	1	1	4	20	54	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 June 23, 2007, and June 24, 2006 (25th Week)\*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) <sup>†</sup>					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		
<b>United States</b>	445	819	2,336	14,501	15,324	47	65	336	1,123	1,127	167	293	1,285	5,746	4,936
<b>New England</b>	1	34	168	670	1,119	1	3	22	66	126	—	4	16	84	161
Connecticut	—	0	154	154	503	—	0	17	17	75	—	0	13	13	67
Maine <sup>§</sup>	—	2	14	49	41	—	1	8	16	6	—	0	5	12	2
Massachusetts	—	21	60	335	450	—	1	6	21	34	—	2	11	50	80
New Hampshire	1	3	15	53	73	—	0	3	5	6	—	0	2	3	4
Rhode Island <sup>§</sup>	—	2	20	48	36	—	0	2	2	2	—	0	3	4	5
Vermont <sup>§</sup>	—	2	6	31	16	1	0	4	5	3	—	0	2	2	3
<b>Mid. Atlantic</b>	48	95	189	1,870	1,850	4	8	63	113	139	5	12	47	213	456
New Jersey	—	15	50	148	385	—	1	20	9	38	—	2	18	22	198
New York (Upstate)	29	28	112	550	392	2	3	15	47	53	2	3	42	47	96
New York City	2	24	45	489	493	—	0	4	12	19	2	5	12	109	121
Pennsylvania	17	32	66	683	580	2	3	47	45	29	1	1	6	35	41
<b>E.N. Central</b>	62	101	203	2,055	2,236	5	9	63	133	167	27	27	75	558	492
Illinois	—	30	65	563	658	—	1	8	17	24	—	12	53	161	163
Indiana	22	16	55	270	247	3	1	8	16	21	1	2	17	29	68
Michigan	5	18	35	351	423	—	1	6	26	31	—	1	5	19	86
Ohio	35	24	56	526	510	2	3	18	49	49	26	4	69	270	82
Wisconsin	—	17	49	345	398	—	2	41	25	42	—	4	14	79	93
<b>W.N. Central</b>	16	50	109	1,075	1,006	7	12	45	181	188	7	41	156	953	635
Iowa	2	9	26	168	172	—	2	38	33	42	1	2	14	33	33
Kansas	—	7	20	168	149	—	0	4	16	8	—	1	10	16	44
Minnesota	7	13	60	269	259	6	4	26	71	52	5	5	24	117	43
Missouri	—	15	35	294	276	—	2	13	32	54	—	14	72	752	394
Nebraska <sup>§</sup>	6	3	11	88	86	—	1	11	21	19	1	1	14	11	37
North Dakota	1	0	23	16	6	1	0	12	1	2	—	0	127	4	3
South Dakota	—	3	11	72	58	—	0	5	7	11	—	5	24	20	81
<b>S. Atlantic</b>	140	220	401	3,692	3,565	14	14	32	247	184	74	78	150	2,053	1,180
Delaware	1	2	10	45	40	—	0	3	8	1	—	0	2	4	—
District of Columbia	—	1	4	16	29	—	0	1	1	—	—	0	5	4	6
Florida	98	93	176	1,605	1,534	8	2	8	71	36	66	42	76	1,280	532
Georgia	—	28	73	498	537	—	2	7	25	30	—	27	63	624	420
Maryland <sup>§</sup>	9	14	32	287	235	1	3	9	42	31	1	2	10	36	38
North Carolina	12	30	130	550	540	1	2	11	37	33	3	1	14	31	91
South Carolina <sup>§</sup>	6	18	47	299	315	—	0	3	5	4	3	1	4	34	66
Virginia <sup>§</sup>	12	20	58	336	293	3	3	11	56	49	1	2	9	39	27
West Virginia	2	1	31	56	42	1	0	5	2	—	—	0	2	1	—
<b>E.S. Central</b>	28	53	140	973	908	2	4	21	55	82	20	17	89	517	313
Alabama <sup>§</sup>	4	13	78	274	287	1	0	4	11	11	16	6	67	216	84
Kentucky	9	9	23	190	171	—	1	12	14	18	—	2	15	70	146
Mississippi	1	12	101	198	200	—	0	3	1	2	1	2	76	143	33
Tennessee <sup>§</sup>	14	17	32	311	250	1	2	9	29	51	3	4	14	88	50
<b>W.S. Central</b>	14	82	595	1,051	1,574	2	4	73	70	73	16	38	655	572	695
Arkansas <sup>§</sup>	6	13	45	187	328	—	1	7	15	10	1	2	10	47	35
Louisiana	—	16	48	153	338	—	0	2	—	10	—	5	25	113	69
Oklahoma	7	10	103	166	148	—	0	17	12	5	3	2	63	44	47
Texas <sup>§</sup>	1	43	470	545	760	2	2	68	43	48	12	27	580	368	544
<b>Mountain</b>	15	49	88	1,038	1,114	4	8	34	140	134	2	21	84	329	383
Arizona	6	17	44	359	321	1	2	9	47	34	—	10	37	170	210
Colorado	—	11	21	253	326	—	1	8	21	29	—	3	15	46	55
Idaho <sup>§</sup>	—	3	9	49	68	—	2	8	20	25	—	0	3	4	6
Montana <sup>§</sup>	—	2	6	42	66	—	0	0	—	—	—	0	13	13	3
Nevada <sup>§</sup>	—	4	20	83	74	—	0	5	10	12	—	1	20	15	42
New Mexico <sup>§</sup>	—	5	15	93	93	—	1	5	19	12	—	2	15	45	41
Utah	9	4	14	121	134	3	1	14	23	16	2	1	4	11	23
Wyoming <sup>§</sup>	—	1	4	38	32	—	0	3	—	6	—	0	19	25	3
<b>Pacific</b>	121	106	890	2,077	1,952	8	4	164	118	34	16	33	256	467	621
Alaska	1	1	5	39	36	N	0	0	N	N	—	0	2	6	5
California	88	90	260	1,589	1,628	5	0	8	69	N	15	28	84	378	532
Hawaii	—	5	16	100	101	—	0	3	7	5	—	0	3	13	19
Oregon <sup>§</sup>	5	7	17	129	187	—	1	9	15	29	—	1	6	27	65
Washington	27	0	625	220	—	3	0	162	27	—	1	0	170	43	—
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	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	4	15	66	274	192	—	0	0	—	—	—	1	6	13	11
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 June 23, 2007, and June 24, 2006 (25th Week)\*

Reporting area	Streptococcal disease, invasive, group A					<i>Streptococcus pneumoniae</i> , invasive disease, nondrug resistant†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
<b>United States</b>	84	87	261	2,763	3,176	9	29	108	814	729
<b>New England</b>	23	5	29	206	204	—	2	11	57	65
Connecticut	23	0	17	58	57	—	0	6	—	21
Maine§	—	0	3	18	9	—	0	1	1	—
Massachusetts	—	3	10	95	105	—	1	6	42	38
New Hampshire	—	0	5	22	21	—	0	2	7	6
Rhode Island§	—	0	12	—	4	—	0	3	5	—
Vermont§	—	0	2	13	8	—	0	1	2	—
<b>Mid. Atlantic</b>	7	15	41	532	595	1	4	20	97	103
New Jersey	—	2	8	69	108	—	1	4	14	40
New York (Upstate)	3	5	27	174	178	1	2	15	60	53
New York City	—	3	12	121	107	—	1	3	23	10
Pennsylvania	4	6	11	168	202	N	0	0	N	N
<b>E.N. Central</b>	10	16	32	505	645	1	5	14	119	193
Illinois	—	4	13	125	198	—	1	6	11	54
Indiana	3	2	12	70	75	—	0	10	13	25
Michigan	3	3	10	124	132	—	1	4	49	47
Ohio	4	4	14	160	166	1	1	7	38	39
Wisconsin	—	1	6	26	74	—	0	2	8	28
<b>W.N. Central</b>	—	5	32	200	212	2	2	8	63	55
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	24	38	—	0	1	1	9
Minnesota	—	0	29	97	101	2	1	6	43	30
Missouri	—	2	6	50	38	—	0	2	13	10
Nebraska§	—	0	3	15	20	—	0	2	5	4
North Dakota	—	0	2	9	8	—	0	2	1	2
South Dakota	—	0	2	5	7	—	0	0	—	—
<b>S. Atlantic</b>	34	20	48	634	679	3	3	14	167	47
Delaware	1	0	2	5	7	—	0	0	—	—
District of Columbia	—	0	3	8	9	—	0	1	—	—
Florida	10	6	16	163	138	1	0	5	36	—
Georgia	—	5	11	111	153	—	0	5	44	—
Maryland§	4	4	8	117	135	—	1	6	41	39
North Carolina	17	0	16	73	93	—	0	0	—	—
South Carolina§	—	1	7	60	46	1	0	3	19	—
Virginia§	2	2	11	81	80	1	0	3	24	—
West Virginia	—	0	3	16	18	—	0	4	3	8
<b>E.S. Central</b>	4	4	9	113	134	—	1	6	50	11
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	28	33	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	2	11
Tennessee§	4	3	6	85	101	—	0	6	48	—
<b>W.S. Central</b>	2	6	90	171	233	1	4	43	123	117
Arkansas§	—	0	2	14	18	—	0	2	7	15
Louisiana	—	0	1	6	11	—	0	4	25	16
Oklahoma	1	2	23	44	63	1	1	13	30	23
Texas§	1	3	64	107	141	—	1	27	61	63
<b>Mountain</b>	4	10	23	332	426	—	4	12	117	125
Arizona	2	5	11	132	218	—	2	7	64	72
Colorado	—	3	9	98	74	—	1	4	33	31
Idaho§	—	0	1	6	6	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	2	—	0	1	1	—
New Mexico§	—	1	5	31	81	—	0	4	17	21
Utah	2	1	7	59	42	—	0	0	—	—
Wyoming§	—	0	1	4	3	—	0	0	—	—
<b>Pacific</b>	—	3	9	70	48	1	0	4	21	13
Alaska	—	0	3	18	N	1	0	2	19	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	52	48	—	0	2	2	13
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	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting years 2006 and 2007 are provisional.

† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (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 June 23, 2007, and June 24, 2006 (25th 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			
<b>United States</b>	14	43	254	1,303	1,449	2	8	35	228	224	107	193	310	4,402	4,301	
<b>New England</b>	—	1	12	27	83	—	0	3	5	2	6	4	13	104	95	
Connecticut	—	0	5	—	64	—	0	0	—	—	1	0	10	13	19	
Maine§	—	0	2	6	5	—	0	2	1	1	—	0	1	2	7	
Massachusetts	—	0	0	—	—	—	0	0	—	—	5	2	7	65	54	
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	2	11	6	
Rhode Island§	—	0	4	10	6	—	0	1	2	—	—	0	5	12	7	
Vermont§	—	0	2	11	8	—	0	1	2	1	—	0	1	1	2	
<b>Mid. Atlantic</b>	—	3	9	80	88	—	0	5	19	11	20	25	44	747	551	
New Jersey	—	0	0	—	—	—	0	0	—	—	—	3	8	75	82	
New York (Upstate)	—	1	5	27	27	—	0	4	7	5	4	2	14	62	76	
New York City	—	0	0	—	—	—	0	0	—	—	14	15	35	494	263	
Pennsylvania	—	2	6	53	61	—	0	2	12	6	2	4	12	116	130	
<b>E.N. Central</b>	4	10	40	336	332	1	1	7	42	52	8	15	32	348	422	
Illinois	—	0	2	6	18	—	0	1	1	5	2	7	13	149	226	
Indiana	2	2	31	86	86	1	0	5	10	14	—	1	5	21	38	
Michigan	—	0	1	2	15	—	0	1	1	2	3	2	10	54	43	
Ohio	2	6	38	242	213	—	1	5	30	31	2	4	9	95	93	
Wisconsin	N	0	0	N	N	—	0	0	—	—	1	1	4	29	22	
<b>W.N. Central</b>	—	1	124	93	25	—	0	15	6	1	5	5	14	148	132	
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	5	9	
Kansas	—	0	10	48	—	—	0	2	2	—	—	0	3	8	12	
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	35	28	
Missouri	—	1	5	37	25	—	0	1	—	1	4	3	12	96	80	
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	1	2	
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1	
South Dakota	—	0	3	6	—	—	0	1	4	—	1	0	3	3	—	
<b>S. Atlantic</b>	6	20	59	575	691	1	4	15	121	107	26	41	180	975	936	
Delaware	—	0	1	5	—	—	0	1	1	—	—	0	3	6	12	
District of Columbia	—	0	2	5	17	—	0	0	—	—	—	2	11	82	52	
Florida	5	12	29	342	356	1	2	8	71	68	10	15	25	362	336	
Georgia	—	5	16	182	240	—	1	10	42	37	—	6	153	70	132	
Maryland§	—	0	1	1	—	—	0	0	—	—	5	5	15	134	157	
North Carolina	—	0	0	—	—	—	0	0	—	—	7	5	23	170	145	
South Carolina§	—	0	0	—	—	—	0	0	—	—	1	1	10	47	36	
Virginia§	N	0	0	N	N	—	0	0	—	—	3	4	17	100	64	
West Virginia	1	1	17	40	78	—	0	1	7	—	—	0	2	4	2	
<b>E.S. Central</b>	4	2	9	86	107	—	0	3	16	21	8	15	29	347	285	
Alabama§	N	0	0	N	N	—	0	0	—	—	—	6	17	116	114	
Kentucky	—	0	2	17	25	—	0	1	2	5	1	1	7	36	33	
Mississippi	—	0	0	—	—	—	0	0	—	—	2	2	9	55	28	
Tennessee§	4	2	8	69	82	—	0	3	14	16	5	6	12	140	110	
<b>W.S. Central</b>	—	1	9	72	60	—	0	2	10	6	32	31	55	756	664	
Arkansas§	—	0	1	1	8	—	0	0	—	2	—	1	7	49	36	
Louisiana	—	1	3	27	52	—	0	1	2	4	3	7	29	176	101	
Oklahoma	—	0	8	44	—	—	0	2	8	—	4	1	5	35	35	
Texas§	—	0	0	—	—	—	0	0	—	—	25	21	31	496	492	
<b>Mountain</b>	—	1	5	34	63	—	0	5	9	24	—	7	27	136	236	
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	16	48	91	
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	15	39	
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	15	—	0	2	5	—	—	2	12	39	66	
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	27	32	
Utah	—	0	5	9	26	—	0	4	3	16	—	0	2	4	5	
Wyoming§	—	0	2	10	22	—	0	1	1	8	—	0	1	1	—	
<b>Pacific</b>	—	0	0	—	—	—	0	0	—	—	2	38	57	841	980	
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5	
California	N	0	0	N	N	—	0	0	—	—	2	36	54	770	861	
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	3	12	
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	8	9	
Washington	N	0	0	N	N	—	0	0	—	—	—	2	11	55	93	
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	0	0	N	N	—	0	0	—	—	—	0	0	—	—	
Puerto Rico	N	0	0	N	N	—	0	0	—	—	7	3	11	73	71	
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 June 23, 2007, and June 24, 2006 (25th Week)\***

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Neuroinvasive					Nonneuroinvasive§				
		Med	Max			Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
<b>United States</b>	184	784	2,813	22,621	29,256	—	1	178	3	27	—	1	417	3	25
<b>New England</b>	13	22	124	407	2,911	—	0	3	—	—	—	0	2	—	—
Connecticut	—	6	76	1	1,023	—	0	3	—	—	—	0	1	—	—
Maine¶	—	0	7	—	167	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	46	—	1,037	—	0	1	—	—	—	0	1	—	—
New Hampshire	3	7	17	168	225	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	10	9	66	238	459	—	0	0	—	—	—	0	0	—	—
<b>Mid. Atlantic</b>	31	103	195	2,717	3,040	—	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	31	103	195	2,717	3,040	—	0	2	—	—	—	0	1	—	—
<b>E.N. Central</b>	39	226	568	6,560	9,893	—	0	42	—	2	—	0	33	—	1
Illinois	—	2	11	83	78	—	0	24	—	1	—	0	22	—	—
Indiana	—	0	0	—	—	—	0	5	—	1	—	0	12	—	—
Michigan	20	93	258	2,613	2,951	—	0	10	—	—	—	0	4	—	—
Ohio	19	112	449	3,189	6,145	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	17	72	675	719	—	0	2	—	—	—	0	2	—	1
<b>W.N. Central</b>	—	32	136	1,167	1,175	—	0	37	—	3	—	0	78	2	8
Iowa	N	0	0	N	N	—	0	3	—	1	—	0	4	1	1
Kansas	—	9	52	422	229	—	0	3	—	—	—	0	3	—	1
Minnesota	—	0	0	—	—	—	0	7	—	—	—	0	7	—	—
Missouri	—	17	78	606	889	—	0	14	—	1	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	1	—	0	38	—	4
North Dakota	—	0	60	84	25	—	0	5	—	—	—	0	28	—	1
South Dakota	—	2	15	55	32	—	0	7	—	—	—	0	22	1	1
<b>S. Atlantic</b>	34	95	239	2,933	2,781	—	0	2	—	—	—	0	7	—	—
Delaware	1	1	6	20	44	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	19	—	0	0	—	—	—	0	1	—	—
Florida	19	11	90	748	N	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	—	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	—	18	72	647	762	—	0	1	—	—	—	0	0	—	—
Virginia¶	2	27	190	821	997	—	0	0	—	—	—	0	2	—	—
West Virginia	12	25	50	683	959	—	0	1	—	—	—	0	0	—	—
<b>E.S. Central</b>	1	1	571	307	25	—	0	15	3	3	—	0	17	1	1
Alabama¶	1	1	571	305	25	—	0	2	—	—	—	0	0	—	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	3	3	—	0	16	1	1
Tennessee¶	N	0	0	N	N	—	0	5	—	—	—	0	2	—	—
<b>W.S. Central</b>	60	190	1,640	6,803	7,647	—	0	59	—	15	—	0	27	—	3
Arkansas¶	2	9	105	224	488	—	0	5	—	—	—	0	2	—	—
Louisiana	—	1	11	49	173	—	0	13	—	—	—	0	10	—	1
Oklahoma	—	0	0	—	—	—	0	6	—	—	—	0	4	—	—
Texas¶	58	170	1,534	6,530	6,986	—	0	39	—	15	—	0	16	—	2
<b>Mountain</b>	6	56	133	1,703	1,784	—	0	63	—	3	—	0	245	—	8
Arizona	—	0	0	—	—	—	0	10	—	—	—	0	14	—	1
Colorado	—	22	62	631	926	—	0	11	—	2	—	0	51	—	2
Idaho¶	N	0	0	N	N	—	0	32	—	1	—	0	174	—	4
Montana¶	—	3	40	256	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	1	1	8	—	0	9	—	—	—	0	17	—	1
New Mexico¶	4	5	39	267	294	—	0	1	—	—	—	0	1	—	—
Utah	2	15	73	532	525	—	0	8	—	—	—	0	17	—	—
Wyoming¶	—	0	11	16	31	—	0	7	—	—	—	0	10	—	—
<b>Pacific</b>	—	0	9	24	—	—	0	15	—	1	—	0	51	—	4
Alaska	—	0	9	24	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	—	1	—	0	37	—	3
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	1
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	—	3	14	—	145	—	0	0	—	—	—	0	0	—	—
Puerto Rico	6	12	27	346	301	—	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 June 23, 2007 (25th Week)

Reporting Area	All causes, by age (years)							P&I <sup>†</sup> Total	Reporting Area	All causes, by age (years)							P&I <sup>†</sup> Total
	All Ages	≥65	45-64	25-44	1-24	<1	All Ages			≥65	45-64	25-44	1-24	<1			
<b>New England</b>	421	267	103	29	10	12	32	<b>S. Atlantic</b>	1,158	704	295	89	33	36	58		
Boston, MA	133	73	41	13	4	2	7	Atlanta, GA	134	77	35	13	4	5	8		
Bridgeport, CT	23	15	7	1	—	—	5	Baltimore, MD	159	87	45	17	6	4	9		
Cambridge, MA	14	8	4	1	—	1	1	Charlotte, NC	116	73	30	7	4	2	13		
Fall River, MA	20	16	4	—	—	—	—	Jacksonville, FL	151	92	39	14	3	2	—		
Hartford, CT	53	27	17	6	2	1	6	Miami, FL	99	67	20	7	2	3	7		
Lowell, MA	20	14	5	1	—	—	2	Norfolk, VA	41	25	8	4	3	1	—		
Lynn, MA	8	6	2	—	—	—	—	Richmond, VA	49	22	15	4	4	4	—		
New Bedford, MA	14	11	3	—	—	—	2	Savannah, GA	73	44	18	5	1	5	3		
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	54	36	12	2	2	2	5		
Providence, RI	36	25	4	2	3	2	—	Tampa, FL	173	117	38	8	4	6	9		
Somerville, MA	6	5	1	—	—	—	—	Washington, D.C.	99	56	33	8	—	2	1		
Springfield, MA	33	17	8	2	—	6	1	Wilmington, DE	10	8	2	—	—	—	3		
Waterbury, CT	22	20	1	1	—	—	3	<b>E.S. Central</b>	791	519	175	53	24	20	64		
Worcester, MA	39	30	6	2	1	—	5	Birmingham, AL	183	110	50	11	4	8	21		
<b>Mid. Atlantic</b>	1,968	1,321	432	135	43	37	99	Chattanooga, TN	78	55	15	3	2	3	5		
Albany, NY	44	29	12	2	1	—	2	Knoxville, TN	89	60	19	7	3	—	8		
Allentown, PA	25	19	2	1	3	—	2	Lexington, KY	38	28	7	1	2	—	1		
Buffalo, NY	56	36	12	4	2	2	9	Memphis, TN	165	101	41	9	8	6	16		
Camden, NJ	47	30	7	6	2	2	2	Mobile, AL	63	37	16	7	3	—	3		
Elizabeth, NJ	15	8	4	2	1	—	1	Montgomery, AL	45	31	9	5	—	—	3		
Erie, PA	54	46	5	2	1	—	4	Nashville, TN	130	97	18	10	2	3	7		
Jersey City, NJ	27	18	4	5	—	—	3	<b>W.S. Central</b>	1,317	853	294	108	37	25	88		
New York City, NY	979	673	218	57	16	15	34	Austin, TX	83	52	17	7	5	2	2		
Newark, NJ	48	15	20	7	—	6	5	Baton Rouge, LA	57	28	17	11	—	1	—		
Paterson, NJ	10	5	4	—	1	—	—	Corpus Christi, TX	77	56	12	5	2	2	2		
Philadelphia, PA	299	178	71	29	12	9	15	Dallas, TX	183	112	41	20	5	5	11		
Pittsburgh, PA <sup>‡</sup>	27	22	4	1	—	—	1	El Paso, TX	75	52	9	11	3	—	1		
Reading, PA	37	26	8	1	1	1	1	Fort Worth, TX	85	65	17	1	1	1	4		
Rochester, NY	137	96	29	10	2	—	10	Houston, TX	345	210	87	29	12	7	35		
Schenectady, NY	17	10	6	—	—	1	—	Little Rock, AR	90	64	16	4	2	4	2		
Scranton, PA	20	18	2	—	—	—	1	New Orleans, LA <sup>¶</sup>	U	U	U	U	U	U	U		
Syracuse, NY	82	59	14	7	1	1	8	San Antonio, TX	182	117	45	13	5	2	18		
Trenton, NJ	12	6	6	—	—	—	—	Shreveport, LA	39	28	7	3	—	1	4		
Utica, NY	12	11	1	—	—	—	—	Tulsa, OK	101	69	26	4	2	—	9		
Yonkers, NY	20	16	3	1	—	—	1	<b>Mountain</b>	966	603	243	65	24	30	48		
<b>E.N. Central</b>	1,944	1,247	466	139	57	34	104	Albuquerque, NM	128	90	32	4	1	1	2		
Akron, OH	47	30	10	5	2	—	—	Boise, ID	50	34	8	3	—	5	4		
Canton, OH	34	25	7	1	—	1	5	Colorado Springs, CO	76	49	18	5	2	2	2		
Chicago, IL	324	185	84	33	18	4	16	Denver, CO	65	31	19	5	2	8	6		
Cincinnati, OH	77	42	24	6	3	2	9	Las Vegas, NV	243	147	63	21	8	3	12		
Cleveland, OH	193	144	39	6	2	2	8	Ogden, UT	21	15	4	1	1	—	2		
Columbus, OH	186	123	41	9	7	6	12	Phoenix, AZ	149	80	51	11	3	4	5		
Dayton, OH	99	66	27	4	1	1	5	Pueblo, CO	24	19	2	2	1	—	3		
Detroit, MI	187	92	64	25	5	1	8	Salt Lake City, UT	106	66	23	8	3	6	8		
Evansville, IN	42	21	12	6	2	1	1	Tucson, AZ	104	72	23	5	3	1	4		
Fort Wayne, IN	69	52	14	1	1	1	1	<b>Pacific</b>	1,324	923	272	71	39	19	73		
Gary, IN	6	1	4	—	—	—	—	Berkeley, CA	10	8	2	—	—	—	—		
Grand Rapids, MI	62	47	8	4	1	2	5	Fresno, CA	133	95	27	8	2	1	6		
Indianapolis, IN	211	122	55	19	6	9	16	Glendale, CA	U	U	U	U	U	U	U		
Lansing, MI	41	35	5	1	—	—	2	Honolulu, HI	81	63	14	2	1	1	4		
Milwaukee, WI	84	61	17	1	2	3	7	Long Beach, CA	65	44	15	4	1	1	5		
Peoria, IL	32	23	6	3	—	—	2	Los Angeles, CA	U	U	U	U	U	U	U		
Rockford, IL	46	28	12	3	3	—	1	Pasadena, CA	25	18	4	3	—	—	1		
South Bend, IN	60	44	12	2	2	—	2	Portland, OR	119	74	28	8	6	3	9		
Toledo, OH	85	59	15	8	2	1	2	Sacramento, CA	183	126	40	8	7	2	6		
Youngstown, OH	59	47	10	2	—	—	2	San Diego, CA	132	93	29	4	3	3	12		
<b>W.N. Central</b>	568	362	123	43	14	25	40	San Francisco, CA	107	77	15	10	3	2	6		
Des Moines, IA	54	41	10	1	—	2	8	San Jose, CA	169	114	41	8	5	1	9		
Duluth, MN	28	21	6	1	—	—	3	Santa Cruz, CA	32	23	5	3	1	—	—		
Kansas City, KS	34	22	5	7	—	—	3	Seattle, WA	104	68	22	5	4	5	6		
Kansas City, MO	89	54	24	7	1	3	5	Spokane, WA	49	38	5	4	2	—	4		
Lincoln, NE	34	27	6	—	—	1	2	Tacoma, WA	115	82	25	4	4	—	5		
Minneapolis, MN	56	33	13	6	3	1	2	<b>Total</b>	10,457**	6,799	2,403	732	281	238	606		
Omaha, NE	73	54	13	1	2	3	7										
St. Louis, MO	98	41	21	18	6	11	3										
St. Paul, MN	42	28	10	1	—	3	4										
Wichita, KS	60	41	15	1	2	1	3										

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.

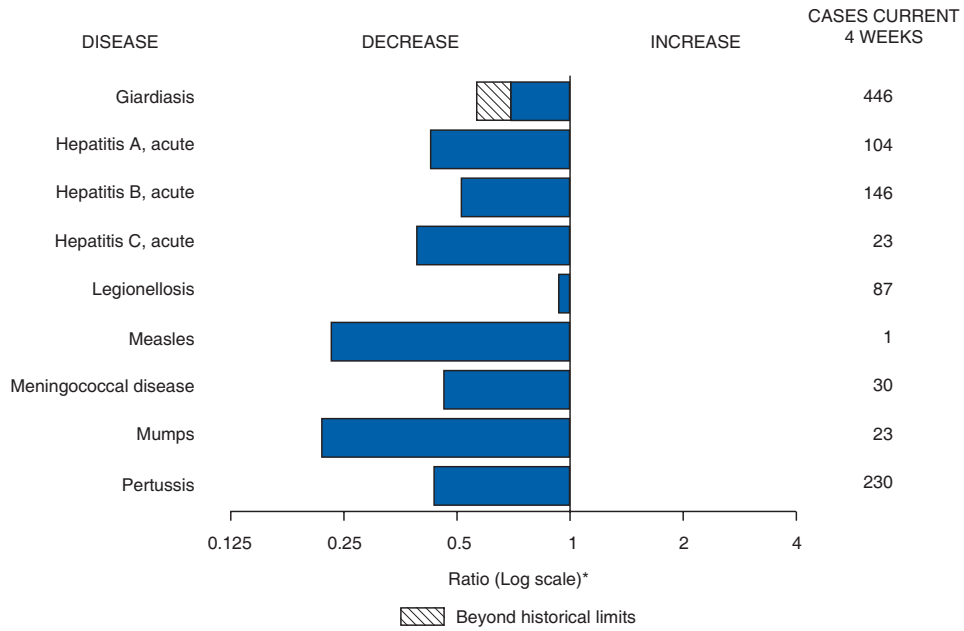
† Pneumonia and influenza.

‡ 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 June 23, 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.

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