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Carbon Monoxide–Related Deaths — United States, 1999–2004

Carbon monoxide (CO) is a colorless, odorless, tasteless toxic gas produced by incomplete combustion in fuel-burning devices such as motor vehicles, gas-powered furnaces, and portable generators (*1*). Persons with CO poisoning often overlook the symptoms (e.g., headache, nausea, dizziness, or confusion), and undetected exposure can be fatal (*1*). Unintentional CO exposure accounts for an estimated 15,000 emergency department visits and 500 unintentional deaths in the United States each year (*1*). The most recent state-level estimates of CO-related deaths were described in 1991 for the years 1979–1988 (*2*). Using the most recent mortality data available, this report updates national and state-specific unintentional, non–fire-related CO mortality rates and describes the demographic, seasonal, and geographic patterns for 1999–2004. During this period, an average of 439 persons died annually from unintentional, non–fire-related CO poisoning, and the national average annual death rate was 1.5 per million persons. However, rates varied by demographic subgroup, month of the year, and state. Rates were highest among adults aged ≥65 years, men, non-Hispanic whites, and non-Hispanic blacks. The average number of deaths was highest during January. Among the states, Nebraska had the highest reliable CO mortality rate. These findings indicate that improved population-based prevention measures, including educating the public about the dangers of CO exposure, are needed at the state and national levels.

Mortality rates were calculated from death certificate data obtained from the National Vital Statistics System (NVSS), using the record axis fields from the multiple cause-of-death files compiled by the National Center for Health Statistics (*3*). Records were searched for all deaths occurring among residents of 50 states and the District of Columbia during 1999–2004 that contained *International Classification of Diseases, Tenth Revision* (ICD-10) code T58 (toxic effect of CO) as a contributing cause of death. A case of unintentional CO-related death was defined as one for which both poisoning by accidental exposure to gases or vapors (code X47) and toxic effect of CO (code T58) were listed as causes of death. All records of deaths caused by intentional exposure, exposure of undetermined intent, or fire-related exposure to CO (codes X00–X09, X76, X97, Y26, and Y17) were excluded. Deaths that occurred among foreign residents in the United States and deaths among U.S. residents who died abroad also were excluded.

Crude and age-adjusted rates of unintentional, non–fire-related deaths from CO poisoning were calculated by age group, sex, and race/ethnicity for the period 1999–2004. To assess the seasonality of CO-related mortality, the average daily number of deaths was calculated by month for the period 1999–2004. The national Non-Notifiable Disease Surveillance System was used to identify states in which physicians, laboratories, or hospitals are mandated by law to report acute CO poisoning (*4*). In addition, age-adjusted CO death rates were calculated for each state for the period 1999–2004 (*5,6*). Populations at risk were defined using the U.S. intercensal population estimate for 1999, the U.S. Census 2000 population count, and population bridged-race estimates (*3*) for 2001–2004. Using the direct method,

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state mortality rates were age adjusted to the U.S. standard 2000 population (*3,5*). Rates based on small numbers of deaths (five or fewer) or with relative standard errors (RSEs) >50% were considered unreliable and were not included (*7*). Rates based on >20 deaths and with RSEs <30% were considered reliable. Rates based on six to 29 deaths and with RSEs from 30% to 50% should be interpreted with caution. Statistically significant differences between rates were inferred by comparing 95% confidence intervals.

During 1999–2004, CO poisoning was listed as a contributing cause of death on 16,447 death certificates in the United States. Of these, 16,400 (99.7%) deaths occurred among U.S. residents inside the United States, and 2,631 (16%) were classified as both unintentional and non–fire-related deaths. For the period 1999–2004, an average of 439 persons died annually from unintentional, non–fire-related CO poisoning (range: 400 in 1999 to 473 in 2003). The annual average age-adjusted death rate in the U.S. was 1.5 deaths per million persons (Table 1). Death rates were highest for adults aged ≥65 years and for men (Table 1). Age-adjusted death rates were higher for non-Hispanic blacks and non-Hispanic whites than for other subgroups; however, the difference between the rates for

TABLE 1. Unintentional, non–fire-related deaths from carbon monoxide (CO) poisoning,* by age group, sex, and race/ethnicity — United States, 1999–2004

Characteristic	Total deaths No.	(%)	6-year average annual crude rate†	6-year average annual rate†	(95% CI§)
Total	**2,631**	**(100)**	**1.53**	**1.53**	**(1.47–1.59)**
Age group (yrs)					
0–4	**52**	**(2)**	0.45	—	—
5–14	**83**	**(3)**	0.33	—	—
15–24	**256**	**(10)**	1.06	—	—
25–34	**322**	**(12)**	1.35	—	—
35–44	**505**	**(19)**	1.87	—	—
45–54	**472**	**(18)**	2.00	—	—
55–64	**314**	**(12)**	2.00	—	—
≥65	**628**	**(24)**	2.13	—	—
Sex					
Male	**1,958**	**(74)**	2.32	2.41	(2.30–2.52)
Female	**673**	**(6)**	0.77	0.74	(0.68–0.79)
Race/Ethnicity¶					
White, non-Hispanic	**1,941**	**(74)**	1.65	1.54	(1.48–1.61)
Black, non-Hispanic	**305**	**(11)**	1.46	1.64	(1.45–1.83)
Other, non-Hispanic	**97**	**(4)**	0.98	1.01	(0.80–1.22)
Hispanic	**279**	**(11)**	1.25	1.31	(1.14–1.48)

* Deaths coded with *International Classification of Disease, Tenth Revision* codes T58 and X47, excluding X00–X09, X76, X97, Y26, and Y17.
† Average age-adjusted rate per 1 million persons.
§ Confidence interval.
¶ Records in which ethnicity was unknown or missing were excluded from analysis (n = 9).

blacks and whites was not statistically significant (Table 1). The average daily number of CO-related deaths was greatest during the months of January (2.07 deaths) and December (1.97 deaths) and lowest during the months of July (0.67 deaths) and August (0.67 deaths). For the period 1999–2004, a total of 35 states had sufficient numbers of CO-related deaths to calculate reliable mortality rates (Table 2). The state with the highest reliable CO mortality rate was Nebraska, and the state with the lowest reliable rate was California. As of December 2007, reporting of acute CO poisoning by health-care providers was mandatory for 13 states; no clear pattern of differences in CO-related mortality was detected between states with mandatory reporting and those without.

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Editorial Note: Consistent with previous studies (*1,2*), the results of this analysis indicate that men and adults aged ≥65 years were more likely to die from CO poisoning than other persons. The higher rate in men has been attributed to high-risk behaviors among men, such as working with fuel-burning tools or appliances. The higher rate among older persons has been attributed to the likelihood of older adults mistaking symptoms of CO poisoning for other conditions common among persons in this age group (e.g., influenza-like illnesses or fatigue. CO deaths were highest during colder months, likely because of increased use of gas-powered furnaces and use of alternative heating and power sources used during power outages, such as portable generators, charcoal briquettes, and propane stoves or grills (*1*). Similar to previous findings (*2*), the highest CO death rates tended to be among western (e.g., Alaska, Montana, and Wyoming) and midwestern (e.g., Nebraska and North Dakota) states, likely because of variations in weather and geography and state-by-state variations in prevalence of certain risk behaviors.

The findings in this report are subject to at least three limitations. First, carboxyhemoglobin measurements are not a routine part of autopsies, and postmortem measurements often are unreliable because carboxyhemoglobin concentrations produced by different analytic methods vary (*8*), which might have resulted in misclassification of CO-related deaths. In addition, receipt of mortality data often is delayed, and the data might lack the circumstantial and clinical detail that could provide information about the specific mechanisms of CO poisoning, which might have resulted in misclassification. Second, because the symptoms of CO poisoning are nonspecific and clinical recognition is challenging, certain cases might not be recognized, resulting in underestimates. Finally, because ICD-10 coding has

TABLE 2. Unintentional, non–fire-related deaths from carbon monoxide (CO) poisoning, by state — United States, 1999–2004*

State/Area	Total number of deaths	6-year average annual rate†	(95% CI§)	Mandatory reporting of acute CO poisoning¶
U.S. total	**2,631**	**1.53**	**(1.39–1.68)**	**—**
Alabama	**48**	1.80	(0.76–3.58)	—
Alaska	**20****	4.88	(0.82–15.53)	—
Arizona	**55**	1.73	(0.80–3.27)	—
Arkansas	**32**	1.99	(0.60–4.81)	Yes
California	**115**	0.57	(0.34–0.90)	—
Colorado	**60**	2.32	(0.85–5.03)	Yes
Connecticut	**19****	0.85	(0.05–3.86)	Yes
Delaware	**6****	1.21††	(0–16.38)	—
District of Columbia	**—§§**	—	—	—
Florida	**137**	1.27	(0.79–1.93)	—
Georgia	**63**	1.29	(0.59–2.44)	—
Hawaii	**—§§**	—	—	—
Idaho	**21**	2.75	(0.37–9.58)	—
Illinois	**155**	2.05	(1.33–3.03)	—
Indiana	**91**	2.48	(1.40–4.09)	Yes
Iowa	**52**	2.86	(1.18–5.78)	Yes
Kansas	**35**	2.16	(0.70–5.03)	—
Kentucky	**68**	2.74	(1.37–4.91)	—
Louisiana	**29**	1.10	(0.21–3.29)	Yes
Maine	**8****	1.01††	(0–17.14)	—
Maryland	**46**	1.43	(0.58–2.92)	—
Massachusetts	**14****	0.35	(0.03–1.42)	Yes
Michigan	**128**	2.13	(1.27–3.35)	Yes
Minnesota	**73**	2.39	(1.23–4.19)	—
Mississippi	**16****	0.95	(0.06–4.28)	—
Missouri	**95**	2.77	(1.50–4.67)	Yes
Montana	**23**	4.16	(0.64–13.72)	—
Nebraska	**45**	4.32	(1.32–10.42)	—
Nevada	**32**	2.54	(0.77–6.16)	—
New Hampshire	**—§§**	—	—	—
New Jersey	**49**	0.93	(0.30–2.16)	Yes
New Mexico	**33**	3.07	(0.96–7.31)	Yes
New York	**118**	1.01	(0.61–1.58)	—
North Carolina	**86**	1.74	(0.95–2.93)	—
North Dakota	**13****	3.20	(0.12–16.16)	—
Ohio	**139**	1.99	(1.27–2.99)	—
Oklahoma	**35**	1.72	(0.42–4.61)	—
Oregon	**30**	1.41	(0.46–3.30)	—
Pennsylvania	**160**	2.01	(1.31–2.94)	—
Rhode Island	**8****	1.23††	(0–12.35)	—
South Carolina	**28**	1.14	(0.16–3.90)	—
South Dakota	**6****	1.34 ††	(0–15.82)	—
Tennessee	**50**	1.43	(0.63–2.78)	—
Texas	**148**	1.23	(0.79–1.82)	—
Utah	**19****	1.56	(0.16–6.03)	—
Vermont	**8****	1.96 ††	(0–33.59)	—
Virginia	**45**	1.05	(0.41–2.20)	Yes
Washington	**44**	1.21	(0.46–2.59)	—
West Virginia	**20****	1.74	(0.20–6.41)	—
Wisconsin	**79**	2.36	(1.19–4.18)	Yes
Wyoming	**19****	6.19	(0.66–23.35)	—

* Data from National Center for Health Statistics multiple-cause-of-death files and the U.S. Census Bureau. Deaths coded with *International Classification of Disease, Tenth Revision* codes T58 and X47, excluding X00–X09, X76, X97, Y26, and Y17.
† Average age-adjusted rate per 1 million persons; all relative standard errors are <30%, unless otherwise indicated.
§ Confidence interval.
¶ Disease condition reportable by law for physicians, laboratories, or hospitals as of December 2007.
** n≤20; estimate is unreliable.
†† Relative standard error of the estimate is 30%–50%; estimate is unreliable.
§§ Relative standard error of the estimate is >50% or n≤5.

only one code specific to CO (T58), distinguishing between deaths caused by motor-vehicle exhaust and other CO-related deaths is not possible using the methods in this analysis.

Because persons are relying on CO alarms to prevent CO poisoning (*9*), additional research regarding their effectiveness is needed, including an evaluation of the cost effectiveness of CO alarms used in residences. As additional years of data become available, tracking of longitudinal trends in CO-related mortality should continue to guide public health measures aimed at preventing deaths from CO poisoning (*10*).

Exposure to CO can be prevented with basic precautions, including proper installation and maintenance of fuel-burning appliances (Box). CO detectors can alert occupants to accumulating gas and should be placed on every level of a home. Additional measures to educate the public regarding the dangers of CO are needed, particularly during the winter season. Additional surveillance that combines timely estimates of morbidity and mortality with situational information related to mechanisms of CO exposure (e.g., length of exposure, type of fuel-burning device involved, and behaviors or chain of events preceding exposure) could help target prevention measures and reduce CO poisonings.

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BOX. Guidelines to prevent carbon monoxide (CO) exposure

Do

- Have heating systems, water heaters, and any other gas-, oil-, or coal-burning appliances serviced by a qualified technician every year.
- Install battery-operated CO detectors in homes, and check or replace batteries when changing the time on clocks each spring and fall. If a detector sounds, leave the home immediately and call 911.
- Seek medical attention promptly if CO poisoning is suspected and if feeling dizzy, light-headed, or nauseous.

Do not

- Use a generator, charcoal grill, camp stove, or other gasoline- or charcoal-burning device inside the home, basement, or garage or outside the home near a window.
- Run a car or truck inside a garage attached to a house, even if the door is left open.
- Burn anything in a stove or fireplace that is not vented.
- Heat a house with a gas oven.

SOURCE: CDC. Unintentional non–fire-related carbon monoxide exposures in the United States, 2001–2003. MMWR 2005;54:36–9.

Postpartum Care Visits — 11 States and New York City, 2004

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that women who give birth have a postpartum care visit (PPCV) 4–6 weeks after delivery (*1*). PPCVs provide important opportunities to assess the physical and psychosocial well-being of the mother, counsel her on infant care and family planning, and detect and give appropriate referrals for preexisting or developing chronic conditions such as diabetes, hypertension, or obesity. To estimate the prevalence of PPCVs among U.S. women who deliver live infants, CDC analyzed population-based 2004 data (the most recent data available) from 12 areas (11 states and New York City) participating in the Pregnancy Risk Assessment Monitoring System (PRAMS). This report summarizes the results of that analysis, which indicated that although the overall prevalence of PPCVs among U.S. women who deliver is high (89%), rates are significantly lower in certain population subgroups (e.g., 71% among women with ≤8 years of education and 66% among women who had not received prenatal care). To help reach all population subgroups, the importance of the PPCV should be communicated to all women at the time of discharge from the hospital after delivery.

PRAMS is an ongoing state- and population-based surveillance system designed to collect self-reported information on maternal behaviors and experiences that occur before, during, and after pregnancy among women who deliver live infants. PRAMS is administered by CDC in collaboration with participating state and New York City health departments.* Each month, 100–300 randomly sampled mothers who have given birth during the previous 2–6 months are surveyed using stratified, systematic sampling of birth certificates of infants born to state residents. Mothers receive a questionnaire by mail, and nonrespondents receive follow-up mailings. Additional attempts to contact nonrespondents are made by telephone. Most states oversample certain smaller populations at higher risk, such as mothers of low-birthweight infants (<2500 g [<5 lbs, 8 oz]), to ensure adequate representation of these subgroups. Self-reported survey data are linked to birth certificate data and weighted to adjust for survey design, noncoverage, and nonresponse. The PRAMS questionnaire consists of core questions that appear on all state surveys, standard questions that states may select, and state-developed questions tailored to the individual needs of the states. In 2004, a question about PPCVs was a state-selected standard question for nine states and New York City; two states used slightly different wording for their PPCV question.

Data from 11 states (Arkansas, Georgia, Hawaii, Minnesota, New Jersey, New Mexico, Oklahoma, Rhode Island, South Carolina, Vermont and West Virginia) and New York City were included in this analysis because these localities used a question in 2004 pertaining to PPCVs. In most of the included states and New York City, mothers were asked a standard question, "Since your new baby was born, have you had a postpartum checkup for yourself? (A postpartum checkup is the regular checkup a woman has after she gives birth)." Two states modified the question slightly. In New Mexico, mothers were asked, "Since your new baby was born, have you seen a doctor, nurse, or midwife for yourself for any of these reasons?" Mothers could select from the following three options: "I received a routine checkup (6 weeks after delivery); I received care for a health problem; or I received a birth control method." If a mother selected the first answer, she was considered to have had a PPCV. In Oklahoma, mothers were asked, "After you delivered your new baby, did any of these things happen?" and then were asked to respond "yes" or "no" to "I had a postpartum checkup."

The annual weighted survey response rate during 2004 was 73.1% (range: 69.7%–82.8%). Women who did not answer the PPCV question were excluded from the analysis (n = 402; 2.1%), and data were analyzed for 18,558 respondents. Overall and state-specific PPCV rates and 95% confidence intervals were calculated. In addition, the prevalence of PPCV by selected maternal and infant characteristics was assessed; statistically significant differences ($p<0.05$) were tested using Pearson chi-square tests. Prevalence estimates, 95% confidence intervals, and chi-square tests were calculated using statistical software to account for the complex survey design.

The overall prevalence of PPCVs among women who delivered live infants was high (88.7%), but varied among the 11 states and New York City (range: 84.0%–93.9%) (Table 1). The PPCV prevalence varied significantly by several, but not all, maternal and infant characteristics (Table 2). A few subgroups had significantly lower PPCV rates, including mothers with ≤8 years of education (71.2%), mothers who had not received prenatal care (65.7%), mothers who had received late prenatal care (71.2%), and mothers whose infants did not have well-baby checkups (59.5%). The rate of PPCV did not vary significantly by any infant outcome (i.e., period of gestation, birthweight, and plurality).

TABLE 1. Estimated prevalence of postpartum care visits (PPCVs) among women who delivered live infants, by state/area — Pregnancy Risk Assessment Monitoring System, 11 states and New York City, 2004

State/Area*	Sample population (n = 18,558)†	%§	(95% CI¶)§
Overall	**18,558**	**88.7**	**(87.9–89.4)**
Arkansas	2,092	84.9	(82.7–86.9)
Georgia	1,567	88.8	(86.4–90.9)
Hawaii	2,080	88.3	(86.8–89.7)
Minnesota	1,511	90.1	(87.9–91.9)
New Jersey	2,263	89.6	(88.2–90.9)
New Mexico	1,514	86.9	(85.0–88.6)
New York City	762	89.5	(86.5–91.9)
Oklahoma	1,695	84.0	(81.0–86.7)
Rhode Island	1,494	93.8	(92.2–95.1)
South Carolina	1,605	90.5	(87.7–92.7)
Vermont	1,116	92.8	(90.9–94.2)
West Virginia	859	86.8	(83.2–89.6)

* Test for difference in PPCV prevalence among all 12 states/areas. $\chi^2 = 96.1$, $p<0.01$.
† Based on unweighted data.
§ Based on weighted data.
¶ Confidence interval.

* Additional information regarding PRAMS is available at http://www.cdc.gov/prams.

TABLE 2. Estimated prevalence of postpartum care visits among women who delivered live infants, by selected characteristics — Pregnancy Risk Assessment Monitoring System, 11 states and New York City, 2004

Characteristic	Sample population (n = 18,558)*	%†	(95% CI§)†	χ^2	(p value)¶
Sociodemographic					
Maternal age (yrs)					
<20	2,267	84.5	(81.6–87.0)	77.5	(<0.001)
20–24	4,761	83.8	(81.9–85.5)		
25–29	4,792	89.9	(88.4–91.2)		
30–34	4,129	92.7	(91.3–93.9)		
≥35	2,609	91.2	(89.4–92.8)		
Race/Ethnicity					
Hispanic	2,882	82.9	(80.5–85.0)	51.4	(<0.001)
Black, non-Hispanic	3,307	87.5	(85.7–89.1)		
Other	2,655	87.7	(85.4–89.8)		
White, non-Hispanic	8,561	91.2	(90.2–92.1)		
Don't know/Blank**	1,166	92.6	(89.4–94.8)		
Maternal education (yrs)					
0–8	632	71.2	(64.8–76.8)	196.5	(<0.001)
9–11	2,677	81.2	(78.5–83.5)		
12	6,086	86.9	(85.4–88.2)		
13–15	4,161	92.0	(90.5–93.2)		
≥16	4,776	95.1	(94.0–96.0)		
Don't know/Blank**	226	83.5	(74.6–89.7)		
Marital status					
Married	11,203	91.8	(90.9–92.6)	94.2	(<0.001)
Other	7,352	83.5	(82.0–84.9)		
Don't know/Blank**	3	56.2	(9.3–94.1)		
Health care and payment					
Delivery payment					
Medicaid	8,427	84.3	(83.0–85.6)	179.6	(<0.001)
Income/Cash	2,580	93.3	(91.3–94.8)		
Insurance (HMO††)	5,940	94.1	(93.0–94.9)		
Other	264	74.9	(66.8–81.6)		
No to all pay options	1,334	82.3	(77.8–86.1)		
Don't know/Blank**	13	89.5	(63.3–97.7)		
Receiving WIC§§ benefits					
Yes	9,240	85.2	(83.9–86.4)	76.4	(<0.001)
No	9,143	92.0	(91.1–92.9)		
Don't know/Blank**	175	83.7	(71.9–91.1)		
Reproductive health					
Onset of prenatal care					
No prenatal care	240	65.7	(53.2–76.3)	82.7	(<0.001)
2nd or 3rd trimester	3,475	71.2	(79.0–83.2)		
1st trimester	14,417	91.0	(90.2–91.7)		
Don't know/Blank**	426	87.7	(82.3–91.6)		
Parity					
0	8,070	90.4	(89.2–91.4)	22.2	(<0.001)
1–2	8,639	88.1	(87.0–89.2)		
>2	1,798	84.2	(81.5–86.5)		
Don't know/Blank**	51	99.8	(99.4–100.0)		
Diabetes					
Yes	2,130	89.2	(87.0–91.1)	0.26	(0.61)
No	16,426	88.7	(87.8–89.4)		
Don't know/Blank**	2	8.9	(1.1–45.8)		
Hypertension					
Yes	3,267	90.0	(88.0–91.6)	1.97	(0.16)
No	15,286	88.5	(87.7–89.3)		
Don't know/Blank**	5	56.0	(13.7–91.1)		

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Editorial Note: As with previous national and state-based reports (*2–4*), the overall prevalence of PPCVs in 2004 was high (89%); however, significantly lower prevalences (<75%) were observed among women with fewer years of education, who had received no or late prenatal care, and whose infants did not have a well-baby checkup. A study conducted using data from 1985–1987 also reported low prevalence of PPCV among women with fewer years of education (77% for those with a ninth-grade education or less) and inadequate prenatal care (63%) (*4*). The findings from that study suggested that women who deliver and have low PPCV rates might exhibit fewer health-seeking behaviors, have lower use of health care, or have less access to health care than women with high PPCV rates.

Historically, the primary reasons for recommending that a woman have a PPCV have been to assess her current health status and to begin preconception or family-planning counseling (*1*). Additionally, a PPCV is important as an opportunity to follow up women at increased risk for certain conditions such as hypertension, diabetes, and postpartum depression. As one example, both the American Diabetes Association and ACOG recommend postpartum glucose-tolerance testing in women in whom gestational diabetes mellitus (GDM) has been diagnosed (*5*); however, fewer than half (37%–45%) of women with GDM get tested for diabetes postpartum (*6,7*). The prevalence of GDM, an obesity-related condition, is increasing concurrent with the rising

TABLE 2. (*Continued*) Estimated prevalence of postpartum care visits among women who delivered live infants, by selected characteristics — Pregnancy Risk Assessment Monitoring System, 11 states and New York City, 2004

Characteristic	Sample population (n = 18,558)*	%†	(95% CI§)†	χ^2	(p value)¶
Pregnancy intendedness					
Unwanted	2,122	84.7	(82.1–87.0)	47.1	(<0.001)
Unintended or wanted later	6,003	86.0	(84.4–87.4)		
Wanted	10,115	91.1	(91.2–92.0)		
Don't know/Blank**	318	86.3	(78.9–91.4)		
Smoking during last 3 mos of pregnancy					
Yes	3,745	81.0	(78.5–83.2)	50.4	(<0.001)
No	14,813	90.0	(89.2–90.8)		
Alcohol consumption during last 3 mos of pregnancy					
Yes	1,288	84.7	(81.2–87.7)	6.3	(0.01)
No	17,229	89.0	(88.2–89.7)		
Don't know/Blank**	41	98.3	(94.2–99.5)		
Birth outcome and infant care					
Period of gestation (wks)					
<32	1,669	88.2	(85.0–90.9)	0.9	(0.83)
32–36	2,779	88.9	(86.6–90.9)		
37–41	12,005	88.7	(87.8–89.5)		
≥42	120	84.7	(73.2–91.8)		
Don't know/Blank**	1,985	89.4	(86.6–91.6)		
Birthweight (g)					
<2,500	5,748	88.4	(87.0–89.6)	4.5	(0.10)
2,500–4,000	11,251	88.5	(87.6–89.3)		
>4,000	1,522	91.1	(88.5–93.2)		
Plurality					
Single	17,685	88.7	(87.9–89.4)	5.3	(0.07)
Twin	841	90.3	(84.7–94.0)		
Other multiple	32	98.3	(89.7–99.7)		
Admission to NICU¶¶					
Yes	4,214	89.2	(87.2–90.9)	0.2	(0.64)
No	14,079	88.7	(87.8–89.5)		
Don't know/Blank**	265	85.7	(75.0–92.3)		
Type of delivery					
Vaginal	11,600	88.2	(87.2–89.1)	5.2	(0.07)
Cesarean section	6,085	90.1	(88.6–91.3)		
Forceps or vacuum	839	88.5	(84.2–91.7)		
Don't know/Blank**	34	79.9	(52.2–93.5)		
Ever breastfed					
Yes	13,248	89.7	(88.8–90.6)	18.0	(<0.001)
No	4,657	85.8	(84.1–87.3)		
Don't know/Blank**	653	88.2	(81.4–92.8)		
Well-baby checkup					
Yes	17,421	89.2	(88.4–90.0)	31.6	(<0.001)
No	356	59.5	(50.7–67.7)		
Don't know/Blank**	781	90.6	(86.4–93.6)		

* Based on unweighted data.
† Based on weighted data.
§ Confidence interval.
¶ Pearson chi-square test for any difference in prevalence among categories for each characteristic; "Don't know/Blank responses" excluded.
** Also includes groups that were not asked the question (e.g., teenage mothers).
†† Health maintenance organization.
§§ Special Supplemental Nutrition Program for Women, Infants, and Children.
¶¶ Neonatal intensive care unit.

prevalence of obesity. Because approximately 50% of women with GDM will progress to type 2 diabetes within 5–10 years (*8*), postpartum glucose-tolerance testing during a routine PPCV is an important health intervention that can facilitate early diagnosis and treatment of type 2 diabetes. In addition, detecting impaired glucose tolerance in asymptomatic women who have GDM provides opportunities to offer dietary counseling, exercise recommendations, and other weight-management strategies for delaying or preventing diabetes (*8,9*).

The findings in this report are subject to at least three limitations. First, these data represent only 16% of all U.S. births in 2004, and the information obtained from these states might not be generalizable to the entire United States. Second, PRAMS data are self-reported by new mothers 2 to 9 months after delivery and thus are subject to recall error; birth certificate information is subject to reporting and recording errors. Finally, information on certain behaviors, such as heavy alcohol consumption and cigarette smoking, might be underreported.

Nearly 90% of women in this study population received their PPCV and thus potentially had an opportunity to address health concerns with their health-care providers, including concerns that first became apparent during their pregnancies and those related to ongoing health maintenance. Among women who typically have lower use of or access to health care (e.g., those with ≤8 years of education and those who do not receive prenatal care), the prevalence of PPCVs was substantially lower. Under current AAP and ACOG recommendations, all women should be encouraged to receive a PPCV 4–6 weeks postpartum, and the importance of this visit should be communicated to women before their discharge from the hospital after delivery. Monitoring PPCV should be expanded and standardized, and data collected during these visits should be used to guide health-care–system planning. Understanding who is at risk for not receiving PPCVs is a first step in developing targeted messages for women, clinicians, and public health practitioners to encourage the receipt of PPCVs.

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Evaluation of Results from Occupational Tuberculin Skin Tests — Mississippi, 2006

In October 2006, the National Institute for Occupational Safety and Health (NIOSH) received a request for a health hazard evaluation from a fire department in Mississippi. In June 2006, the fire department had administered two-step tuberculin skin tests (TSTs) and determined that nine firefighters tested positive for tuberculosis (TB) infection. Local investigation had identified no source of TB infection. The NIOSH evaluation was conducted to 1) determine whether TB transmission was occurring among department firefighters, 2) assess the accuracy of positive TST results, and 3) make recommendations regarding administration of future fire department TB-testing programs. This report describes the results of that evaluation, which indicated that all nine firefighters had false-positive TST findings, likely caused by errors in interpretation of the test results. These results highlight the importance of conducting TB testing only when indicated by TB risk assessment and following CDC guidelines to avoid errors in TST administration and interpretation that might result in unnecessary medical evaluation and follow-up (*1*).

The fire department had instituted TSTs in June 2006 to comply with National Fire Protection Association guidelines that recommend annual TSTs for all firefighters. Testing was conducted by the same local hospital that administered occupational medical examinations for the fire department. Nine (9%) of 101 firefighters had positive TST results, using the Mississippi state criteria of $\geq$10 mm induration as indicative of a positive test for TB infection.*

The nine firefighters were evaluated by interview for symptoms consistent with TB disease, and chest radiographs were administered by Mississippi Department of Health District 6 medical personnel; no cases of TB disease were identified among the firefighters. All nine firefighters had latent tuberculosis infection (LTBI) diagnosed and were evaluated for isoniazid therapy. Five of the nine firefighters began isoniazid therapy; the four others either refused therapy or stopped soon after starting. No source of TB exposure was identified. However, because no reason for the positive TSTs among the firefighters was identified, the community continued to be concerned about possible ongoing TB transmission.

In October 2006, the fire department asked NIOSH to conduct a health hazard evaluation. State and district TB program personnel told NIOSH that the annual incidence of TB disease in the area served by the fire department was 2.5 cases per 100,000 population during 2005–2006. In

* With TSTs, tuberculin is placed intradermally, and results are read 48–72 hours later. Induration is measured in millimeters along the horizontal axis of the forearm. CDC recommends two-step baseline testing (or a single blood assay for *M. tuberculosis*) for: health-care workers upon hire who are in low- or medium-risk categories for TB infection (*1*); and for residents admitted to long-term–care facilities (*2*). In two-step testing, a TST is administered, and results are interpreted 48–72 hours later. If the result is positive, the person is evaluated for potential TB disease; if negative, a second TST is administered after 1–3 weeks and interpreted 48–72 hours later. If the second test is negative, the person likely is not infected; if positive, this "boosted" reaction might have resulted from various possibilities, including TB infection that occurred several years previously. Persons with positive TST results (on either a first or second test) should be deferred from future TST testing and evaluated annually via interview or questionnaire for symptoms of potential TB disease (*1*).

comparison, annual incidence in the state overall was 3.9 per 100,000, and U.S. incidence was 4.6 per 100,000 (S Quilter, MS, Mississippi State Dept of Health, personal communication, 2007).

The nine firefighters with positive TST results were interviewed by NIOSH personnel to assess their personal and occupational risk factors for TB exposure and infection; no risk factors for TB were identified. No firefighters were foreign born, and none had known or suspected past contact with a person infected with TB disease. Foreign travel among the nine firefighters was limited to brief vacations in resort areas or remote military service. No firefighters reported a history of positive TSTs.

Four months after the two-step TSTs were administered, on October 27, blood samples were collected from all nine firefighters for QuantiFERON®-TB Gold (QFT-G) (Cellestis Limited, Carnegie, Victoria, Australia) testing to measure immune reactivity to *Mycobacterium tuberculosis*. All QFT-G test results from blood samples collected from the nine firefighters were negative.

Medical staff members at the local hospital who administered the firefighter two-step TSTs were interviewed to compare their protocols with CDC guidelines (*1,3*). Three of the nine firefighters had positive results after their first TST. The other six firefighters had negative results after placement of their first TST; however, among these six firefighters, results from their first TST had not been read until 9–21 days after placement, instead of the recommended 48–72 hours, which likely accounted for their interpretation as negative TSTs. The second TST in these six firefighters was read within 48–72 hours and interpreted as positive. Interviewers further determined that hospital staff members had misinterpreted application of the state's alternate two-step schedule. According to state officials, this schedule is to be used primarily for home–health-care patients and nursing-home residents to lower costs (i.e., by reducing visits from four to three through reading the first test and placing the second test on the same visit) but still allow detection of "booster" effects; the schedule is not intended for use with employee surveillance programs (S Quilter, MS, Mississippi State Dept of Health, personal communication, 2007).

Other TST irregularities occurred. Medical personnel read TST induration along the vertical axis of the forearm, instead of the horizontal axis. In addition, the hospital had traditionally used Tubersol® brand of tuberculin for TSTs. However, in 2006, purchasing officials switched to Aplisol® brand of tuberculin, which was used to administer the two-step TSTs to the firefighters. CDC guidelines recommend the consistent use of one brand of tuberculin (*1*); changes in tuberculin antigen have resulted in misreading of results that were erroneously reported as a health-care–associated outbreak (*4*). These firefighters were the first occupational group to receive TST in this specific hospital department since the change to Aplisol was instituted. TSTs conducted among employees in another hospital department using Aplisol revealed no increase in positive test results.

To explore the effects that different tuberculin brands and interpretation errors might have had in the false-positive TST results and to make recommendations regarding future TSTs for these firefighters, seven of nine available firefighters were retested with Tubersol brand tuberculin as part of the NIOSH evaluation; one firefighter was no longer employed at the department, and one refused testing. All seven firefighters tested negative. Investigators concluded that the false-positive results from the hospital-administered TSTs likely were the result of interpretation errors resulting from the change in tuberculin used and inexperience in interpreting TST results. As a result of the NIOSH evaluation, the five firefighters who were still receiving isoniazid for LTBI discontinued their medication. Because the hospital-administered TSTs were false-positives, these firefighters are eligible to receive future TSTs and should not be deferred from future testing on the basis of having a previous positive test result.

Reported by: *EH Page, MD, RJ Driscoll, PhD, Div of Surveillance, Hazard Evaluations, and Field Studies National Institute for Occupational Safety and Health; JD Gibbins, DVM, EIS Officer, CDC.*

Editorial Note: Occupational groups such as firefighters, health-care workers, and military personnel often receive periodic TB tests because of potential occupational exposure to TB disease. An estimated 1.1 million firefighters in the United States are at risk for TB exposure while performing first-responder duties (*5*). In addition, firefighters live in close quarters while on duty, and living conditions might facilitate rapid spread of TB among coworkers. Therefore, the National Fire Protection Association recommends an annual TST for firefighters (*6*).[†] Fire department compliance with this consensus-based standard is not legally required; however, many departments use this guidance to develop their occupational examination requirements. CDC guidelines recommend that a facility TB-risk assessment be conducted annually for groups at risk for TB infection and that frequency of TB testing be based on the results of that assessment (*1*).

[†] For those firefighters who also perform emergency medical services duties (and not other firefighters), CDC recommends baseline two-step TST or QFT-G testing at the time of hire, and subsequent TB testing at a frequency determined by TB risk assessment.

The investigation described in this report highlights the importance of conducting TB risk-assessment and treatment programs according to CDC guidelines and using targeted testing at a frequency based on a TB risk assessment. When TST administration is indicated, administrators should 1) interpret TST results 48–72 hours after placement to avoid potential false-negative results; 2) for routine, serial testing, avoid switching brands of tuberculin, which might create potential interpretation errors and false-positive results; 3) interpret test results in millimeters along the horizontal axis of the forearm to help ensure consistency among TST readers; 4) follow manufacturer guidelines for storage and use of tuberculin products; 5) document lot number, brand name, and manufacturer of tuberculin; and 6) receive training to distinguish induration from erythema. Finally, if higher numbers of positive TST results than expected are encountered, potential causes of false-positive results should be explored concurrent with the evaluation of patients for TB disease. False-positive TST results increase medical costs and expose persons to unnecessary medication that can have serious side effects.

The findings in this report are subject to at least one limitation. Five firefighters were still receiving isoniazid therapy for LTBI at the time of QFT-G testing. The effect of isoniazid prophylaxis on T-cell response and gamma-interferon (INF-gamma) production, which is the basis for the QFT-G test, is equivocal (*7*). Concurrent isoniazid therapy might have played a role in the negative test results of these firefighters; however, their low risk for TB infection and subsequent negative TST results using Tubersol provide strong evidence that these firefighters had never been infected with *M. tuberculosis.*

QFT-G is an alternative to TSTs in TB testing programs. Advantages of QFT-G include the following: 1) greater specificity than TSTs can be achieved with similar sensitivity; 2) test results are not affected by previous bacille Calmette-Guérin vaccination against TB; 3) two-step testing is not required; and 4) only a single office visit is required, with results available in 24 hours (*8*). A discussion of the advantages and disadvantages of using QFT-G has been published (*9*).

As a result of the pseudoconversions described in this report, the fire department strengthened its infection-control and respiratory-protection programs. Health-care professionals should conduct periodic training and evaluation of their TB testing programs to ensure that CDC guidelines are followed.

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Interim Recommendations for the Use of *Haemophilus influenzae* Type b (Hib) Conjugate Vaccines Related to the Recall of Certain Lots of Hib-Containing Vaccines (PedvaxHIB® and Comvax®)

On December 19, this report was posted as an MMWR Dispatch *on the* MMWR *website* (http://www.cdc.gov/mmwr).

On December 13, 2007, Merck & Co., Inc. (West Point, Pennsylvania) announced a voluntary recall of certain lots of two *Haemophilus influenzae* type b (Hib) conjugate vaccines, PedvaxHIB® (monovalent Hib vaccine) and Comvax® (Hib/hepatitis B vaccine). Providers should return unused vaccine from these recalled lots using procedures outlined on the Merck website at http://www.merckvaccines.com/PCHRecall.pdf. Additional information regarding the affected lots is available online from the Food and Drug Administration (FDA) at http://www.fda.gov/consumer/updates/hib121307.html. Merck has suspended production of its Hib conjugate vaccines and does not expect to resume distribution of these vaccines until the fourth quarter of 2008. The recall of PedvaxHIB and Comvax and suspension of production are expected to result in short-term disruption to the Hib vaccine supply in the United States.

Merck issued this voluntary recall as a precautionary measure because the company cannot assure the sterility of equipment used during manufacture of these lots. However, the potency of the vaccine in the recalled lots was not affected, and Merck reported that no contamination of vaccine has been detected. Therefore, children who received Hib conjugate vaccine from the recalled lots do not need revaccination or any special follow-up.

Two other Hib conjugate vaccines manufactured by Sanofi Pasteur (Swiftwater, Pennsylvania) and currently licensed and available for use in the United States, ActHIB® (monovalent Hib vaccine) and TriHIBit® (diphtheria and tetanus toxoids and acellular pertussis [DTaP]/Hib vaccine), are unaffected by the recall. However, Sanofi Pasteur likely will not be able to immediately provide adequate Hib vaccine to vaccinate fully all children for whom the vaccine is recommended (*1*).

The recommended vaccination schedule for all available Hib-containing vaccines consists of a primary series (consisting of 2 or 3 doses, depending on the formulation) administered beginning at age 2 months and a booster dose at age 12–15 months (*1*). Because of the short-term reduction in available doses of Hib-containing vaccines, CDC, in consultation with the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, and the American Academy of Pediatrics, recommends that providers temporarily defer administering the routine Hib vaccine booster dose administered at age 12–15 months except to children in specific groups at high risk, which are described in this report. Providers should register and track children for whom the booster dose is deferred to facilitate recalling them for vaccination when supply improves.

Sustained high levels of coverage with Hib conjugate vaccine have resulted in a substantial decline in the incidence of Hib disease in the United States (*2*). In 2006, the incidence of Hib disease in children aged <5 years was 0.21 per 100,000, representing a greater than 99% reduction in disease compared with incidence in the prevaccine era (*3*). Population immunity is a result of direct protection of children by vaccination with Hib vaccine and herd immunity resulting from prevention of nasopharyngeal carriage and interruption of Hib transmission (*4*). Short-term deferral of the booster dose among children aged 12–15 months is not likely to result in an increased risk for Hib disease because of continued protection of children with the primary series and the low level of nasopharyngeal carriage and transmission achieved in the United States by the Hib immunization program.

The vaccines affected by the recall, PedvaxHIB and Comvax, contain Hib capsular polysaccharide (i.e., polyribosylribitol phosphate [PRP]) covalently linked to a meningococcal outer membrane protein (OMP) carrier. The two unaffected vaccines, ActHIB and TriHIBit, are PRP-tetanus toxoid (PRP-TT) conjugate Hib vaccines. PedvaxHIB and Comvax are recommended as a 2-dose primary series (at ages 2 and 4 months), whereas ActHIB is recommended as a 3-dose primary series (at ages 2, 4, and 6 months). ActHIB and PedvaxHIB also are licensed for the 12–15 month booster dose. TriHIBit is licensed only for the 12–15 month booster dose. Children who are not at increased risk for Hib disease, as described in this report, and who received PRP-OMP vaccines for only the first or second dose of their routine primary series may be administered PRP-TT to complete the primary series. In these children, a total of 3 doses will complete the primary series. Children who are behind schedule should complete the primary series according to age-appropriate recommendations (*1*).

Certain children are at increased risk for Hib disease, including children with asplenia, sickle cell disease, human immunodeficiency virus infection and certain other immunodeficiency syndromes, and malignant neoplasms (*5*). CDC recommends that providers continue to vaccinate these children with available Hib conjugate vaccines according to the routinely recommended schedules, including the 12–15 month booster dose. PedvaxHIB (if available), ActHIB, and TriHIBit may be used for the booster doses for these children during this shortage. Hib vaccines also are recommended for use in prophylaxis for susceptible close contacts of patients with Hib disease. CDC recommends that providers continue to vaccinate close contacts according to published guidelines (*5*).

American Indian/Alaska Native (AI/AN) children also are at increased risk for Hib disease, particularly in the first 6 months of life (*5*). Before the use of Hib conjugate vaccines, the incidence of Hib disease among young AI/AN children in AI/AN communities was approximately 10 times higher than among children of comparable age in the general population (*5*). Compared with PRP-TT conjugate vaccines, the administration of PRP-OMP vaccines leads to a more rapid seroconversion to protective antibody concentrations within the first 6 months of life (*6,7*). Failure to use PRP-OMP vaccines for the first dose is associated with excess cases of Hib disease in AI/AN infants living in communities where Hib transmission is ongoing and exposure to colonized persons is likely (*8*). Although PRP-OMP and PRP-TT vaccines are equally effective after completion of the primary series, availability of more than one Hib vaccine in a clinic could lead to administration of the wrong vaccine for the first dose in these populations (*5*). For these reasons, CDC recommends that providers who currently use PRP-OMP–containing Hib vaccines (PedvaxHIB and Comvax) to serve predominantly AI/AN children in AI/AN communities continue to stock and use only PRP-OMP– containing Hib vaccines not affected by the recall and vaccinate according to the routinely recommended schedules, including the 12–15 month booster dose. In its vaccine stockpile, CDC has PRP-OMP–containing Hib vaccines not affected by the recall and will prioritize distribution of available PRP-OMP vaccines for use in AI/AN communities. AI/AN children not in AI/AN communities or who already receive PRP-TT conjugate vaccines should continue to be vaccinated with available vaccines according to the routinely recommended schedules, including the 12–15 month booster dose.

Limitations of the vaccine supply underscore the importance of surveillance for Hib disease in children and serotyping of *H. influenzae* isolates. ACIP recommends that public health practitioners conduct thorough and timely investigations of all cases of Hib disease. To maximize the amount of available vaccine, providers should order only the number of doses of vaccine required to meet immediate needs (i.e., a supply for up to 4 weeks) and should refrain from attempting to build an inventory of Hib vaccine. CDC, ACIP, and other partners will continue to monitor the supply of available Hib vaccines and the epidemiology of Hib disease and provide updates when available. FDA and CDC will continue to monitor the safety of Hib vaccines. Any adverse events that are potentially vaccine-related should be reported to the Vaccine Adverse Event Reporting System (VAERS) by telephone (800-822-7967) or online (http://www.vaers.hhs.gov). Additional information regarding Hib vaccine is available at http://www.cdc.gov/vaccines/vpd-vac/hib/default.htm. Updates on vaccine supply are available at http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm#chart.

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Notice to Readers

Potential Exposure to Attenuated Vaccine Strain *Brucella abortus* RB51 During a Laboratory Proficiency Test — United States, 2007

On November 27, 2007, CDC was notified by New York State Department of Heath (NYSDOH) officials of potential *Brucella abortus* RB51 (RB51) exposures to laboratorians at a state laboratory from an isolate used in a recent Laboratory Preparedness Survey (LPS). RB51 is an attenuated vaccine strain of *B. abortus* used to vaccinate cattle against brucellosis; human illness is known to have resulted from RB51 vaccine–related exposures (*1*). The LPS is a voluntary proficiency-testing program developed jointly by the College of American Pathologists (CAP), Association of Public Health Laboratories (APHL), and CDC. The program is designed to exercise protocols for “rule-out” or “referral” of potential bioterrorism agents. During the October–November LPS exercise, 1,316 laboratories participated. Written LPS instructions instructed laboratories to handle and manipulate all samples under a Class II Biological Safety Cabinet (Class II BSC), using Biological Safety Level 3 (BSL3) primary barriers. The reported exposures occurred when an LPS RB51 specimen was mislabeled as a routine patient specimen and was submitted by an LPS participating laboratory to the New York state bacteriology laboratory. As a result, routine benchtop procedures were used to handle the isolate by NYSDOH lab personnel outside of the Class II BSC, resulting in 24 laboratorians with potential exposure to RB51. After this incident, NYSDOH contacted all New York LPS-participating laboratories to determine whether other exposures had occurred. Of the participating laboratories contacted, 80% had performed at least one procedure outside of the Class II BSC, despite the LPS written instructions outlining appropriate biosafety handling practices.

CDC was consulted and recommended that those laboratorians who conducted procedures with exposures placing them at high risk receive postexposure prophylaxis. The findings in New York also raised concern that participating laboratories outside of the state might not have followed all prescribed biosafety instructions, possibly exposing other laboratory personnel to RB51. CDC is collaborating with CAP, APHL, and public health officials to 1) determine exposure risk in participating laboratories, 2) provide interim guidance on risk assessment and postexposure prophylaxis recommendations, 3) identify any illnesses associated with potential RB51 exposures among laboratorians participating in the LPS, and 4) identify follow-up actions and the need for additional guidance (e.g., education or training).

During December 3–10, 2007, CDC took steps to provide information regarding the RB51 incident to public health officials. State public health officials were notified via a broadcast e-mail and through an alert on the *Epidemic Information Exchange (Epi-X)*. National conference calls were conducted with state public health laboratory directors and state epidemiologists to provide interim guidance on risk assessment and postexposure prophylaxis recommendations. Formal notification was sent by overnight letter from CAP to all participating LPS laboratories. Laboratories were recommended to review their biosafety practices during handling of RB51 specimens and report breaches in biosafety practices to their local public health officials for risk determination and recommendations. A set of questions was distributed to facilitate review of biosafety practices used during the LPS to identify potentially exposed persons. Laboratories were advised to ensure their ability to comply with standard biosafety protocols as defined in *Biosafety in Microbiological and Biomedical Laboratories, 5th Edition*[*] and to take steps to avoid specimen handling errors. To date, CDC has not learned of any illness consistent with brucellosis in any laboratory staff member potentially exposed to an LPS RB51 isolate.

For information regarding risk assessments and postexposure prophylaxis recommendations for potentially exposed persons, laboratories can contact state or local health officials. Information regarding *B. abortus* RB51 is available at the CDC Bacterial Zoonoses Branch, telephone 404-639-1711, or the CDC brucellosis website.[†] Public health officials can access updated information and risk assessment tools in *Epi-X* forum, "Brucella abortus/RB51 Exposure." Specific questions regarding the LPS can be directed to the CAP website[§] or hotline, 800-443-3244. Questions regarding laboratory biosafety procedures can be directed to the CDC Laboratory Response Network, by e-mail, lrn@cdc.gov, or telephone, 866-576-5227.

Reference

1. Ashford D, di Pietra J, Lingappa J, et al. Adverse events in humans associated with accidental exposure to the livestock brucellosis vaccine RB51. Vaccine 2004;22:3435–9.

* Available at http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm.

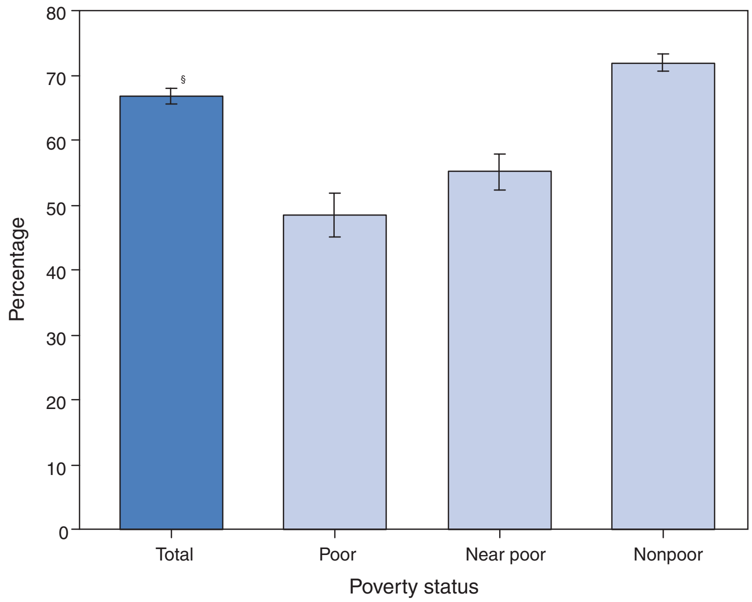
† Available at http://www.cdc.gov/ncidod/dbmd/diseaseinfo/brucellosis_g.htm#recommendations.

§ Available at http://www.cap.org/apps/cap.portal.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Estimated Percentage* of Women Aged ≥40 Years Who Received a Mammogram During the Preceding 2 Years, by Poverty Status† — National Health Interview Survey, United States, 2005



* Estimates by poverty status were age adjusted using the 2000 U.S. standard population and four age groups: 40–49, 50–64, 65–74, and ≥75 years. Estimates were based on household interviews of a sample of the noninstitutionalized, U.S. civilian population.

† Poor was defined as annual household income <100% of the poverty threshold, near poor as 100%–199%, and nonpoor as ≥200%, based on U.S. Bureau of the Census thresholds.

§ 95% confidence interval.

In 2005, approximately 67% of women aged ≥40 years reported they had received a mammogram during the preceding 2 years. This percentage increased with household income level and ranged from 49% for women categorized as poor to 72% for women categorized as nonpoor.

SOURCES: National Health Interview Survey, 2005, available at http://www.cdc.gov/nchs/nhis.htm. *Healthy People 2010* database, available at http://wonder.cdc.gov/data2010.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending December 15, 2007 (50th Week)*

Disease	Current week	Cum 2007	5-year weekly average[†]	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	17	1	20	19	16	20	28	
infant	—	78	2	97	85	87	76	69	
other (wound & unspecified)	—	20	1	48	31	30	33	21	
Brucellosis	2	116	3	121	120	114	104	125	FL (2)
Chancroid	2	32	1	33	17	30	54	67	NY (2)
Cholera	—	7	0	9	8	6	2	2	
Cyclosporiasis[§]	—	93	2	136	543	160	75	156	
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases[§,¶]:									
California serogroup	—	42	1	67	80	112	108	164	
eastern equine	—	4	0	8	21	6	14	10	
Powassan	—	1	—	1	1	1	—	1	
St. Louis	—	6	0	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis[§]:									
human granulocytic	7	494	31	646	786	537	362	511	NY (7)
human monocytic	5	668	15	578	506	338	321	216	NY (3), OH (1), FL (1)
human (other & unspecified)	1	152	1	231	112	59	44	23	CA (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	17	1	29	9	19	32	34	
nonserotype b	—	134	4	175	135	135	117	144	
unknown serotype	1	185	5	179	217	177	227	153	AZ (1)
Hansen disease[§]	—	59	3	66	87	105	95	96	
Hantavirus pulmonary syndrome[§]	1	28	1	40	26	24	26	19	WA (1)
Hemolytic uremic syndrome, postdiarrheal[§]	2	213	7	288	221	200	178	216	CT (1), NC (1)
Hepatitis C viral, acute	10	689	29	802	652	713	1,102	1,835	OH (1), MD (2), NC (1), WA (1), CA (5)
HIV infection, pediatric (age <13 yrs)[††]	—	—	5	52	380	436	504	420	
Influenza-associated pediatric mortality[§,§§]	—	76	0	43	45	—	N	N	
Listeriosis	7	670	18	875	896	753	696	665	NC (1), TX (4), WA (2)
Measles[¶¶]	—	28	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	1	258	8	318	297	—	—	—	FL (1)
serogroup B	1	126	7	193	156	—	—	—	OK (1)
other serogroup	—	30	1	32	27	—	—	—	
unknown serogroup	5	541	20	651	765	—	—	—	MD (2), FL (1), OR (1), CA (1)
Mumps	3	694	19	6,584	314	258	231	270	ME (2), NV (1)
Novel influenza A virus infections	—	4	—	N	N	N	N	N	
Plague	—	6	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic[§]	—	—	—	N	N	N	N	N	
Psittacosis[§]	—	9	0	21	16	12	12	18	
Q fever[§]	1	161	2	169	136	70	71	61	NY (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella[†††]	—	11	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV[§,§§§]	—	—	—	—	—	—	8	N	
Smallpox[§]	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome[§]	4	96	3	125	129	132	161	118	IN (3), NE (1)
Syphilis, congenital (age <1 yr)	1	443	9	380	329	353	413	412	SC (1)
Tetanus	—	19	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)[§]	1	76	3	101	90	95	133	109	CA (1)
Trichinellosis	—	7	1	15	16	5	6	14	
Tularemia	—	111	3	95	154	134	129	90	
Typhoid fever	1	310	6	353	324	322	356	321	CT (1)
Vancomycin-intermediate *Staphylococcus aureus*[§]	—	21	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*[§]	—	—	0	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)[§]	7	347	4	N	N	N	N	N	NY (1), FL (3), WA (3)
Yellow fever	—	—	0	—	—	—	—	1	

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

* Incidence data for reporting year 2007 are provisional, whereas data for 2002, 2003, 2004, 2005, and 2006 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. One case occurring during the 2007–08 influenza season has been reported. A total of 73 cases were reported for the 2006–07 influenza season.

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

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

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

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 15, 2007, and December 16, 2006 (50th Week)*

Reporting area	Chlamydia† Current week	Chlamydia† Previous 52 weeks Med	Chlamydia† Previous 52 weeks Max	Chlamydia† Cum 2007	Chlamydia† Cum 2006	Coccidioidomycosis Current week	Coccidioidomycosis Previous 52 weeks Med	Coccidioidomycosis Previous 52 weeks Max	Coccidioidomycosis Cum 2007	Coccidioidomycosis Cum 2006	Cryptosporidiosis Current week	Cryptosporidiosis Previous 52 weeks Med	Cryptosporidiosis Previous 52 weeks Max	Cryptosporidiosis Cum 2007	Cryptosporidiosis Cum 2006
United States	11,982	20,763	25,392	995,251	985,253	121	145	658	7,365	7,927	44	83	980	10,080	5,400
New England	527	705	1,357	33,772	32,852	—	0	1	2	—	1	4	40	304	373
Connecticut	—	223	829	9,791	9,903	N	0	0	N	N	—	0	40	40	38
Maine§	—	50	74	2,407	2,203	—	0	0	—	—	—	1	5	51	50
Massachusetts	418	305	668	15,736	14,661	—	0	0	—	—	—	2	11	107	173
New Hampshire	41	38	73	2,002	1,931	—	0	1	2	—	—	1	5	51	47
Rhode Island§	54	63	106	2,998	3,014	—	0	0	—	—	—	0	3	11	14
Vermont§	14	19	45	838	1,140	N	0	0	N	N	1	1	3	44	51
Mid. Atlantic	2,093	2,768	4,284	139,053	121,538	—	0	0	—	—	1	10	113	1,286	643
New Jersey	208	401	526	19,565	19,537	N	0	0	N	N	—	0	6	41	42
New York (Upstate)	870	537	2,758	27,143	24,039	N	0	0	N	N	1	3	20	236	167
New York City	1,015	974	1,970	48,292	40,079	N	0	0	N	N	—	1	7	90	151
Pennsylvania	—	799	1,800	44,053	37,883	N	0	0	N	N	—	5	103	919	283
E.N. Central	976	3,253	6,210	162,895	163,307	—	1	3	33	43	6	20	131	1,699	1,307
Illinois	559	1,007	1,469	48,614	51,689	—	0	0	—	—	—	2	13	151	194
Indiana	209	398	646	19,760	19,115	—	0	0	—	—	1	2	14	114	99
Michigan	—	706	1,024	34,292	34,774	—	0	3	22	37	—	3	11	182	142
Ohio	72	801	3,633	42,575	38,117	—	0	1	11	6	4	5	61	558	345
Wisconsin	136	371	449	17,654	19,612	N	0	0	N	N	1	7	59	694	527
W.N. Central	384	1,199	1,465	57,156	59,723	1	0	54	9	2	7	15	126	1,587	847
Iowa	119	160	252	8,346	8,096	N	0	0	N	N	—	3	62	610	174
Kansas	—	151	294	7,000	7,590	N	0	0	N	N	—	2	16	151	80
Minnesota	—	253	298	11,703	12,542	—	0	54	—	—	5	3	34	295	215
Missouri	210	467	551	22,293	22,065	1	0	1	9	2	1	2	13	175	187
Nebraska§	—	93	183	3,956	5,148	N	0	0	N	N	1	1	21	164	96
North Dakota	—	27	61	1,355	1,737	N	0	0	N	N	—	0	11	26	9
South Dakota	55	49	82	2,503	2,545	N	0	0	N	N	—	2	16	166	86
S. Atlantic	4,543	3,815	6,760	191,589	189,837	—	0	1	3	5	17	20	69	1,217	1,168
Delaware	110	65	140	3,372	3,470	—	0	0	—	—	—	0	4	20	15
District of Columbia	117	111	166	5,545	3,203	—	0	0	—	—	—	0	2	3	16
Florida	1,426	1,190	1,767	56,724	47,341	N	0	0	N	N	11	10	35	652	542
Georgia	14	640	3,822	24,288	34,491	N	0	0	N	N	1	4	22	228	272
Maryland§	386	398	696	19,388	20,807	—	0	1	3	5	—	0	2	30	20
North Carolina	546	493	1,905	25,202	32,615	—	0	0	—	—	4	1	18	125	96
South Carolina§	1,383	508	3,030	30,592	21,978	N	0	0	N	N	1	1	15	80	129
Virginia§	550	485	628	23,559	23,124	N	0	0	N	N	—	1	5	68	66
West Virginia	11	64	92	2,919	2,808	N	0	0	N	N	—	0	5	11	12
E.S. Central	686	1,532	2,162	75,315	74,053	—	0	0	—	—	2	4	63	598	183
Alabama§	45	472	590	22,572	22,287	N	0	0	N	N	2	1	14	121	71
Kentucky	138	155	357	8,324	8,854	N	0	0	N	N	—	1	40	246	42
Mississippi	—	359	959	18,123	18,339	N	0	0	N	N	—	0	11	97	24
Tennessee§	503	516	722	26,296	24,573	N	0	0	N	N	—	1	19	134	46
W.S. Central	601	2,348	3,006	115,250	110,507	—	0	1	2	1	2	4	41	362	395
Arkansas§	314	174	328	9,306	7,918	N	0	0	N	N	—	0	8	32	25
Louisiana	52	381	851	18,583	17,278	—	0	1	2	1	—	1	4	57	86
Oklahoma	235	256	467	12,243	12,254	N	0	0	N	N	2	1	11	120	41
Texas§	—	1,545	2,065	75,118	73,057	N	0	0	N	N	—	1	29	153	243
Mountain	406	1,255	1,642	60,205	68,069	103	98	293	4,890	5,266	7	8	580	2,899	402
Arizona	53	479	834	21,372	22,581	103	95	293	4,747	5,126	2	1	6	51	29
Colorado	124	202	380	10,108	15,866	N	0	0	N	N	2	2	26	208	74
Idaho§	3	56	252	3,483	3,097	N	0	0	N	N	1	1	71	452	38
Montana§	—	42	73	1,950	2,554	N	0	0	N	N	2	1	7	70	136
Nevada§	13	176	293	8,797	8,188	—	1	5	58	62	—	0	3	17	14
New Mexico§	—	152	395	7,877	9,596	—	0	2	18	21	—	2	9	110	43
Utah	205	108	209	5,481	4,807	—	1	7	64	55	—	0	499	1,937	18
Wyoming§	8	23	35	1,137	1,380	—	0	1	3	2	—	0	8	54	50
Pacific	1,766	3,368	4,362	160,016	165,367	17	40	311	2,426	2,610	1	2	16	128	82
Alaska	73	86	157	4,140	4,291	N	0	0	N	N	1	0	2	4	4
California	1,397	2,686	3,627	129,895	129,443	17	40	311	2,426	2,610	—	0	0	—	—
Hawaii	—	109	134	5,210	5,418	N	0	0	N	N	—	0	0	—	4
Oregon§	200	160	394	8,535	9,169	N	0	0	N	N	—	2	16	124	74
Washington	96	221	621	12,236	17,046	N	0	0	N	N	—	0	0	—	—
American Samoa	—	10	32	95	46	N	0	0	N	N	—	0	0	—	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	2	15	34	670	836	—	0	0	—	—	—	0	0	—	—
Puerto Rico	284	124	622	7,648	4,968	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	3	10	150	248	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	164	302	1,513	16,521	17,125	3,703	6,757	8,941	323,893	342,621	15	42	184	2,132	2,200
New England	—	24	54	1,316	1,407	72	109	259	5,356	5,551	—	3	19	165	170
Connecticut	—	6	18	339	294	—	43	204	2,009	2,354	—	0	7	50	44
Maine§	—	3	10	182	184	—	2	8	113	130	—	0	4	13	19
Massachusetts	—	9	29	521	604	69	51	128	2,655	2,328	—	1	6	74	78
New Hampshire	—	0	3	27	25	1	2	6	136	178	—	0	2	17	14
Rhode Island§	—	0	15	79	113	2	8	15	388	492	—	0	10	7	6
Vermont§	—	3	9	168	187	—	1	5	55	69	—	0	1	4	9
Mid. Atlantic	26	56	127	2,856	3,413	445	687	1,537	35,420	32,298	—	9	27	432	461
New Jersey	—	6	11	256	463	104	114	159	5,733	5,330	—	1	5	61	83
New York (Upstate)	23	23	108	1,130	1,238	180	123	1,035	6,726	6,027	—	3	15	127	139
New York City	3	15	25	762	913	161	197	346	9,736	10,001	—	2	6	94	83
Pennsylvania	—	13	29	708	799	—	247	613	13,225	10,940	—	3	10	150	156
E.N. Central	17	47	84	2,363	2,729	315	1,283	2,586	65,862	67,736	5	5	15	281	370
Illinois	—	13	31	652	680	162	371	508	18,012	19,441	—	2	6	81	109
Indiana	N	0	0	N	N	75	163	307	8,411	8,433	1	1	7	58	75
Michigan	—	11	20	523	689	—	292	482	14,297	14,929	—	0	3	26	30
Ohio	15	15	37	798	787	26	355	1,565	18,978	18,200	4	2	5	102	91
Wisconsin	2	7	21	390	573	52	126	208	6,164	6,733	—	0	2	14	65
W.N. Central	4	22	553	1,425	1,731	111	374	514	17,782	18,820	1	3	24	132	152
Iowa	—	5	23	296	288	27	37	60	1,830	1,882	—	0	1	1	2
Kansas	—	3	11	176	193	—	42	86	1,981	2,147	—	0	2	9	18
Minnesota	—	0	514	176	487	—	64	86	3,014	3,161	1	0	17	60	79
Missouri	3	9	23	496	530	75	196	266	9,487	9,770	—	1	5	39	35
Nebraska§	1	3	8	155	114	—	24	57	1,140	1,356	—	0	2	18	9
North Dakota	—	0	16	28	22	—	2	4	82	147	—	0	2	5	9
South Dakota	—	1	6	98	97	9	5	11	248	357	—	0	0	—	—
S. Atlantic	50	57	106	2,786	2,688	2,001	1,530	3,209	76,650	84,745	5	10	34	548	536
Delaware	—	1	6	40	38	43	26	43	1,268	1,431	—	0	3	8	1
District of Columbia	—	0	7	34	62	44	47	71	2,224	1,798	—	0	1	3	8
Florida	19	24	47	1,226	1,090	562	482	717	23,101	23,195	2	3	8	154	156
Georgia	18	10	42	628	623	8	267	2,068	10,074	17,308	1	2	7	110	113
Maryland§	2	4	18	239	243	88	115	227	5,855	6,988	2	1	6	82	79
North Carolina	—	0	0	—	—	601	314	675	14,440	16,625	—	0	9	51	53
South Carolina§	3	2	8	106	103	518	205	1,361	12,715	10,148	—	1	4	46	38
Virginia§	8	9	22	465	493	134	124	224	6,105	6,328	—	1	23	66	67
West Virginia	—	0	21	48	36	3	17	37	868	924	—	0	6	28	21
E.S. Central	6	10	23	529	445	244	579	860	29,285	30,237	1	2	9	122	111
Alabama§	2	4	11	244	211	14	201	261	9,719	10,337	—	0	3	26	22
Kentucky	N	0	0	N	N	62	57	161	3,266	3,250	—	0	1	2	5
Mississippi	N	0	0	N	N	—	146	310	6,977	7,235	1	0	2	10	13
Tennessee§	4	0	5	16	285	234	168	182	261	9,323	9,415	—	1	6	84	71
W.S. Central	7	7	55	373	339	150	982	1,201	47,682	48,832	2	2	34	92	84
Arkansas§	4	2	13	112	132	57	77	123	3,921	4,137	—	0	2	8	8
Louisiana	—	2	11	123	86	11	221	384	10,669	10,476	—	0	2	7	21
Oklahoma	3	3	42	138	121	82	95	235	4,702	4,647	2	1	29	69	47
Texas§	N	0	0	N	N	—	593	745	28,390	29,572	—	0	3	8	8
Mountain	22	32	69	1,739	1,641	56	245	321	11,771	15,015	1	4	11	243	202
Arizona	1	3	11	187	160	21	102	167	4,472	5,641	1	1	6	86	81
Colorado	9	10	26	564	539	—	44	93	2,273	3,606	—	1	4	55	50
Idaho§	8	3	19	203	185	—	4	19	256	192	—	0	1	8	7
Montana§	2	2	8	109	100	—	1	48	111	191	—	0	1	2	—
Nevada§	2	1	7	93	108	—	45	87	2,208	2,727	—	0	1	8	14
New Mexico§	—	2	5	106	78	—	31	63	1,572	1,691	—	1	4	39	32
Utah	—	7	33	434	434	35	15	34	804	847	—	0	4	40	14
Wyoming§	—	1	4	43	37	—	1	5	75	120	—	0	1	5	4
Pacific	32	61	558	3,134	2,732	309	688	875	34,085	39,387	—	2	16	117	114
Alaska	—	1	5	74	107	6	10	27	471	593	—	0	3	13	12
California	17	42	93	2,118	2,178	269	599	734	29,691	32,464	—	0	10	35	30
Hawaii	—	0	4	11	52	—	12	24	611	871	—	0	1	1	20
Oregon§	1	9	17	436	395	29	22	63	1,087	1,393	—	1	5	65	52
Washington	14	8	449	495	—	5	41	142	2,225	4,066	—	0	5	3	—
American Samoa	—	0	0	—	N	—	0	2	3	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	2	13	112	98	—	0	0	—	1
Puerto Rico	—	6	21	308	255	10	5	23	310	291	—	0	1	2	3
U.S. Virgin Islands	—	0	0	—	—	—	1	3	39	39	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	35	52	201	2,655	3,309	50	79	405	3,817	4,196	25	40	106	2,260	2,659
New England	1	2	6	111	177	—	1	5	72	115	—	2	13	119	178
Connecticut	1	0	3	26	40	—	0	5	29	48	—	0	5	38	54
Maine§	—	0	1	4	8	—	0	2	13	24	—	0	1	8	10
Massachusetts	—	1	4	49	83	—	0	1	4	19	—	0	3	21	68
New Hampshire	—	0	3	12	22	—	0	1	5	10	—	0	2	8	15
Rhode Island§	—	0	2	12	16	—	0	3	16	10	—	0	6	35	23
Vermont§	—	0	1	8	8	—	0	1	5	4	—	0	2	9	8
Mid. Atlantic	2	8	21	408	377	2	8	21	422	499	6	13	37	714	947
New Jersey	—	2	6	100	107	—	1	8	83	157	—	1	11	86	118
New York (Upstate)	1	1	11	72	89	2	2	13	86	62	6	4	22	222	316
New York City	1	3	9	147	116	—	2	6	89	114	—	2	11	121	185
Pennsylvania	—	2	5	89	65	—	3	8	164	166	—	4	21	285	328
E.N. Central	2	6	13	282	340	4	9	23	412	471	5	9	27	501	594
Illinois	—	2	5	96	100	—	2	6	106	127	—	1	12	87	123
Indiana	—	0	7	29	26	2	0	21	56	54	1	1	7	53	48
Michigan	—	2	5	80	120	—	2	8	104	135	—	3	10	148	148
Ohio	2	1	4	68	52	2	2	7	125	122	4	3	17	203	228
Wisconsin	—	0	3	9	42	—	0	3	21	33	—	0	1	10	47
W.N. Central	4	2	18	168	124	2	3	15	137	136	1	2	9	102	82
Iowa	—	1	4	42	12	—	0	3	24	20	—	0	2	10	12
Kansas	—	0	3	9	26	—	0	2	10	11	—	0	1	3	10
Minnesota	—	0	17	69	17	—	0	13	21	18	—	0	6	28	24
Missouri	2	0	2	25	42	1	1	5	64	62	1	1	3	44	22
Nebraska§	2	0	2	17	18	—	0	1	11	20	—	0	2	13	9
North Dakota	—	0	3	—	—	1	0	1	1	—	—	0	1	—	—
South Dakota	—	0	1	6	9	—	0	1	6	5	—	0	1	4	5
S. Atlantic	7	10	21	483	532	11	19	56	927	1,150	8	7	25	386	467
Delaware	—	0	1	8	13	—	0	2	15	47	—	0	2	8	12
District of Columbia	—	0	5	14	8	—	0	1	1	9	—	0	1	1	33
Florida	2	3	7	150	205	7	7	14	332	394	6	3	10	152	156
Georgia	2	1	4	69	56	1	2	7	122	194	—	0	2	24	37
Maryland§	—	1	5	71	60	1	2	6	108	143	1	1	5	78	105
North Carolina	2	0	9	62	99	—	0	16	124	148	—	1	4	44	37
South Carolina§	—	0	4	18	24	1	1	4	59	93	—	0	2	17	6
Virginia§	1	1	5	82	61	1	3	8	118	72	—	1	3	44	65
West Virginia	—	0	2	9	6	—	0	23	48	50	1	0	4	18	16
E.S. Central	4	2	5	104	120	1	7	14	338	318	1	2	6	97	109
Alabama§	4	0	3	22	13	—	2	6	117	92	—	0	1	11	9
Kentucky	—	0	2	20	31	—	1	7	71	68	—	1	3	47	48
Mississippi	—	0	4	8	9	—	0	8	26	13	—	0	1	—	5
Tennessee§	—	1	5	54	67	1	3	8	124	145	1	1	4	39	47
W.S. Central	—	5	43	239	374	15	17	169	852	887	—	2	16	112	77
Arkansas§	—	0	2	11	45	—	1	7	62	76	—	0	3	8	4
Louisiana	—	0	3	29	37	—	1	6	77	59	—	0	1	4	10
Oklahoma	—	0	8	11	9	1	1	38	131	71	—	0	3	6	7
Texas§	—	4	39	188	283	14	12	135	582	681	—	2	13	94	56
Mountain	4	5	13	244	268	1	3	7	165	137	—	2	6	104	121
Arizona	2	4	11	178	167	—	1	4	48	U	—	0	5	35	37
Colorado	1	0	3	23	40	—	0	3	31	34	—	0	2	21	27
Idaho§	—	0	2	8	9	—	0	1	13	14	—	0	1	6	11
Montana§	—	0	2	9	11	—	0	3	—	2	—	0	1	3	6
Nevada§	1	0	1	5	11	1	1	3	38	40	—	0	2	8	10
New Mexico§	—	0	2	11	14	—	0	2	11	23	—	0	2	9	5
Utah	—	0	2	7	14	—	0	4	21	23	—	0	3	19	25
Wyoming§	—	0	1	3	2	—	0	1	3	1	—	0	1	3	—
Pacific	11	12	92	616	997	14	10	106	492	483	4	2	11	125	84
Alaska	—	0	1	4	2	—	0	2	9	8	—	0	0	—	1
California	8	10	40	531	941	8	7	31	369	387	3	1	11	94	83
Hawaii	—	0	1	1	12	—	0	1	2	8	—	0	0	—	—
Oregon§	—	0	2	28	42	—	1	4	57	80	—	0	1	10	—
Washington	3	1	52	52	—	6	1	74	55	—	1	0	2	21	—
American Samoa	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	52	66	—	1	9	67	68	—	0	2	5	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 15, 2007, and December 16, 2006 (50th Week)*

	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	142	270	1,273	20,078	18,800	7	21	105	1,048	1,348	7	20	87	955	1,086
New England	21	40	300	3,483	4,351	—	1	5	51	54	—	1	3	39	50
Connecticut	10	13	214	1,659	1,676	—	0	3	2	10	—	0	1	6	10
Maine§	9	5	61	492	292	—	0	2	8	4	—	0	1	7	9
Massachusetts	—	1	27	211	1,432	—	0	3	29	26	—	0	2	19	22
New Hampshire	—	8	88	824	614	—	0	4	8	10	—	0	1	1	4
Rhode Island§	—	0	74	162	235	—	0	1	—	3	—	0	1	2	2
Vermont§	2	1	13	135	102	—	0	2	4	1	—	0	1	4	3
Mid. Atlantic	81	138	640	10,087	9,595	1	5	15	272	355	—	2	8	129	166
New Jersey	—	29	155	2,253	2,411	—	0	1	—	89	—	0	2	18	22
New York (Upstate)	81	54	426	3,288	3,690	1	1	5	68	45	—	1	3	35	36
New York City	—	1	25	191	301	—	3	8	167	172	—	0	4	27	57
Pennsylvania	—	46	315	4,355	3,193	—	0	4	37	49	—	1	5	49	51
E.N. Central	1	11	168	1,523	1,691	—	2	6	104	160	—	3	9	138	169
Illinois	—	1	15	132	109	—	0	6	42	81	—	1	3	42	45
Indiana	—	0	7	44	23	—	0	2	10	12	—	0	4	28	24
Michigan	—	0	6	54	55	—	0	2	16	21	—	0	3	25	30
Ohio	—	0	3	19	43	—	0	3	27	28	—	1	2	34	47
Wisconsin	1	10	149	1,274	1,461	—	0	2	9	18	—	0	2	9	23
W.N. Central	1	6	195	678	843	—	0	12	52	61	—	2	5	70	65
Iowa	—	1	11	116	97	—	0	1	3	2	—	0	3	16	19
Kansas	—	0	2	9	4	—	0	1	3	8	—	0	1	5	5
Minnesota	—	2	188	512	725	—	0	11	29	39	—	0	3	22	16
Missouri	1	0	5	30	5	—	0	1	8	6	—	0	3	17	15
Nebraska§	—	0	2	8	11	—	0	1	6	4	—	0	2	5	6
North Dakota	—	0	7	3	—	—	0	1	2	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	3
S. Atlantic	29	66	180	4,012	2,144	3	4	13	235	329	4	3	11	169	200
Delaware	3	11	34	690	469	—	0	1	4	5	—	0	1	1	6
District of Columbia	—	0	7	13	59	—	0	1	3	5	—	0	0	—	2
Florida	1	1	11	85	32	1	1	7	54	58	2	1	7	62	73
Georgia	—	0	1	4	8	—	0	5	32	88	—	0	5	32	18
Maryland§	16	32	113	2,235	1,203	2	1	5	60	79	2	0	2	22	15
North Carolina	—	0	8	49	29	—	0	4	21	28	—	0	4	22	32
South Carolina§	—	0	4	27	19	—	0	1	7	10	—	0	2	14	24
Virginia§	8	14	62	830	311	—	1	6	52	54	—	0	2	14	21
West Virginia	1	0	14	79	14	—	0	1	2	2	—	0	2	2	9
E.S. Central	—	1	5	51	35	1	1	3	35	24	—	1	4	47	45
Alabama§	—	0	3	13	11	1	0	1	6	9	—	0	2	9	7
Kentucky	—	0	2	5	7	—	0	1	8	4	—	0	2	12	11
Mississippi	—	0	1	1	3	—	0	1	2	6	—	0	4	10	5
Tennessee§	—	0	4	32	14	—	0	2	19	5	—	0	2	16	22
W.S. Central	1	1	6	69	25	—	1	29	78	96	1	1	15	92	92
Arkansas§	—	0	1	1	—	—	0	1	2	4	—	0	2	9	11
Louisiana	—	0	1	2	1	—	0	2	14	8	—	0	4	26	36
Oklahoma	—	0	0	—	—	—	0	3	5	7	1	0	4	17	11
Texas§	1	1	6	66	24	—	1	25	57	77	—	1	11	40	34
Mountain	—	0	4	41	30	—	1	6	60	75	—	1	4	60	69
Arizona	—	0	1	2	10	—	0	3	12	23	—	0	2	12	15
Colorado	—	0	1	2	—	—	0	2	23	23	—	0	2	21	22
Idaho§	—	0	2	9	7	—	0	2	4	1	—	0	2	6	4
Montana§	—	0	2	4	—	—	0	1	3	2	—	0	1	2	5
Nevada§	—	0	2	9	4	—	0	1	2	4	—	0	1	3	7
New Mexico§	—	0	1	4	3	—	0	1	5	5	—	0	1	2	6
Utah	—	0	2	8	5	—	0	3	11	17	—	0	2	12	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	8	2	16	134	86	2	3	45	161	194	2	4	48	211	230
Alaska	—	0	1	9	3	—	0	1	2	23	—	0	1	1	4
California	1	2	9	111	76	—	2	7	114	151	1	3	10	156	177
Hawaii	N	0	0	N	N	—	0	0	—	8	—	0	0	—	10
Oregon§	—	0	1	4	7	—	0	3	17	12	1	0	3	32	39
Washington	7	0	8	10	—	2	0	43	28	—	—	0	43	22	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	4	2	—	0	1	8	7
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum	Current	Previous 52 weeks		Cum	Cum
Reporting area	week	Med	Max	2007	2006	week	Med	Max	2007	2006	week	Med	Max	2007	2006
United States	86	171	1,479	8,399	13,813	40	103	188	5,245	5,363	3	34	211	2,023	2,043
New England	—	26	77	1,205	1,854	6	11	22	546	477	—	0	10	6	13
Connecticut	—	1	5	59	123	2	4	10	212	204	—	0	0	—	—
Maine†	—	1	13	74	158	—	2	5	80	125	—	0	1	1	N
Massachusetts	—	21	38	928	1,176	—	0	0	—	N	—	0	1	4	11
New Hampshire	—	1	5	60	220	1	1	4	53	47	—	0	1	1	1
Rhode Island†	—	0	31	32	70	—	0	4	40	30	—	0	9	—	1
Vermont†	—	0	9	52	107	3	3	13	161	71	—	0	0	—	—
Mid. Atlantic	10	23	155	1,142	1,867	5	25	56	1,343	527	—	1	7	81	87
New Jersey	—	2	10	139	297	N	0	0	N	N	—	0	3	23	40
New York (Upstate)	10	10	146	530	885	5	10	20	504	N	—	0	1	3	—
New York City	—	2	6	122	110	—	1	5	42	43	—	0	3	28	23
Pennsylvania	—	7	18	351	575	—	15	44	797	484	—	0	3	27	24
E.N. Central	3	27	79	1,279	2,249	2	4	48	389	162	—	1	4	43	64
Illinois	—	3	17	150	575	—	1	15	113	46	—	0	3	26	26
Indiana	—	0	45	55	231	—	0	1	12	11	—	0	2	4	6
Michigan	—	5	17	270	616	—	1	27	180	47	—	0	1	3	5
Ohio	3	12	54	605	609	2	1	11	84	58	—	0	2	10	26
Wisconsin	—	1	24	199	218	N	0	0	N	N	—	0	0	—	1
W.N. Central	48	12	151	757	1,243	1	4	13	255	303	2	5	37	456	196
Iowa	—	2	14	136	327	—	0	3	32	57	—	0	4	15	5
Kansas	—	3	8	133	302	—	2	7	101	78	—	0	2	13	1
Minnesota	46	0	119	259	164	—	0	6	39	39	—	0	1	2	4
Missouri	—	2	9	97	304	—	0	3	38	66	2	5	29	408	161
Nebraska†	—	1	12	65	96	—	0	0	—	—	—	0	2	14	25
North Dakota	2	0	18	10	25	1	0	6	22	26	—	0	0	—	—
South Dakota	—	1	7	57	25	—	0	2	23	37	—	0	1	4	—
S. Atlantic	2	16	163	872	1,097	22	40	76	2,063	2,234	—	15	112	943	1,149
Delaware	—	0	2	11	3	—	0	0	—	—	—	0	2	15	21
District of Columbia	—	0	1	2	6	—	0	0	—	—	—	0	1	1	1
Florida	1	4	18	208	201	—	0	29	117	176	—	0	4	22	16
Georgia	—	0	2	29	102	—	4	34	265	259	—	0	5	38	53
Maryland†	1	2	6	111	148	10	7	18	386	404	—	1	4	65	89
North Carolina	—	4	112	292	189	4	9	19	471	505	—	5	96	610	815
South Carolina†	—	1	5	68	193	—	0	11	46	174	—	0	7	60	43
Virginia†	—	2	11	121	208	8	13	31	701	602	—	2	11	127	108
West Virginia	—	0	19	30	47	—	0	11	77	114	—	0	3	5	3
E.S. Central	—	6	35	405	348	—	3	9	140	239	1	4	16	255	367
Alabama†	—	1	18	82	88	—	0	1	—	82	—	1	10	90	91
Kentucky	—	0	4	27	58	—	0	3	18	28	—	0	2	5	3
Mississippi	—	1	32	218	37	—	0	1	1	4	—	0	2	14	9
Tennessee†	—	1	5	78	165	—	2	7	121	125	1	2	10	146	264
W.S. Central	2	19	226	965	893	2	1	23	79	969	—	1	168	195	119
Arkansas†	2	1	17	137	95	1	1	2	33	31	—	0	53	101	51
Louisiana	—	0	2	19	24	—	0	0	—	7	—	0	1	3	5
Oklahoma	—	0	36	49	28	1	0	22	46	66	—	0	108	53	31
Texas†	—	15	174	760	746	—	0	14	—	865	—	1	7	38	32
Mountain	6	21	61	1,082	2,418	—	3	14	216	211	—	0	4	36	46
Arizona	—	4	13	197	500	—	2	12	149	138	—	0	2	10	11
Colorado	5	6	14	300	705	—	0	0	—	—	—	0	2	4	4
Idaho†	1	1	5	42	86	—	0	0	—	24	—	0	1	4	14
Montana†	—	0	7	43	114	—	0	3	20	15	—	0	1	1	2
Nevada†	—	0	3	9	71	—	0	1	1	5	—	0	0	—	—
New Mexico†	—	1	7	66	142	—	0	2	12	10	—	0	1	4	8
Utah	—	7	47	402	721	—	0	2	16	11	—	0	1	1	—
Wyoming†	—	0	4	23	79	—	0	4	18	8	—	0	2	12	7
Pacific	15	12	547	692	1,844	2	4	10	214	241	—	0	3	8	2
Alaska	—	0	8	50	90	—	0	6	40	17	N	0	0	N	N
California	5	4	167	244	1,560	2	3	8	162	199	—	0	3	6	—
Hawaii	—	0	1	4	87	N	0	0	N	N	N	0	0	N	N
Oregon†	—	2	14	111	107	—	0	3	12	25	—	0	1	2	2
Washington	10	3	377	283	—	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	64	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	1	3	—	0	5	47	77	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	465	833	2,338	42,524	42,629	56	74	336	4,318	4,037	240	348	1,287	16,640	13,870
New England	—	34	428	2,082	2,246	—	4	78	288	282	—	4	47	232	273
Connecticut	—	0	413	413	503	—	0	72	72	75	—	0	44	44	67
Maine§	—	2	14	131	150	—	0	4	39	46	—	0	5	14	10
Massachusetts	—	22	57	1,198	1,197	—	2	10	130	105	—	3	8	144	165
New Hampshire	—	3	10	158	223	—	0	4	27	29	—	0	1	5	10
Rhode Island§	—	2	20	102	95	—	0	2	6	8	—	0	9	22	15
Vermont§	—	1	5	80	78	—	0	3	14	19	—	0	1	3	6
Mid. Atlantic	25	105	187	5,314	5,261	5	7	63	439	584	5	12	47	717	866
New Jersey	—	16	42	824	1,078	—	1	4	51	158	—	2	10	134	287
New York (Upstate)	21	27	112	1,388	1,293	5	3	15	200	180	4	3	42	157	226
New York City	4	25	51	1,308	1,233	—	0	5	45	43	1	5	11	265	266
Pennsylvania	—	33	69	1,794	1,657	—	3	47	143	203	—	2	21	161	87
E.N. Central	25	102	254	5,371	5,505	3	9	34	623	680	51	36	132	2,270	1,421
Illinois	—	31	187	1,684	1,557	—	1	10	89	102	—	12	26	552	677
Indiana	10	15	54	690	829	2	1	13	104	89	21	2	21	200	165
Michigan	—	18	41	878	971	—	1	8	97	93	—	1	7	71	151
Ohio	14	26	64	1,302	1,266	1	2	9	153	195	30	17	104	1,220	191
Wisconsin	1	15	50	817	882	—	3	11	180	201	—	4	13	227	237
W.N. Central	26	50	103	2,729	2,597	2	13	38	764	681	12	34	156	1,773	1,760
Iowa	—	9	19	453	464	—	2	13	174	163	1	2	6	100	128
Kansas	—	7	20	388	361	—	1	4	54	25	—	0	3	25	138
Minnesota	12	13	44	679	670	1	4	17	244	198	4	4	19	231	235
Missouri	10	15	29	743	740	1	2	12	152	160	6	22	72	1,266	649
Nebraska§	3	6	13	265	195	—	1	6	89	79	—	0	7	26	121
North Dakota	1	0	23	44	32	—	0	12	4	6	1	0	127	9	108
South Dakota	—	3	11	157	135	—	0	5	47	50	—	1	30	116	381
S. Atlantic	219	228	433	11,762	11,217	26	15	37	721	622	100	88	177	4,497	3,377
Delaware	—	2	8	136	148	1	0	2	16	16	—	0	2	11	11
District of Columbia	—	0	4	16	62	—	0	1	1	3	—	0	5	4	17
Florida	129	92	181	4,827	4,638	18	3	13	168	90	75	41	75	2,191	1,536
Georgia	23	36	88	2,063	1,790	—	2	9	109	84	15	29	95	1,656	1,332
Maryland§	6	15	43	859	753	2	1	6	94	127	2	2	7	111	133
North Carolina	39	28	110	1,614	1,613	1	2	24	142	111	6	0	14	103	151
South Carolina§	7	18	51	1,046	1,040	—	0	3	24	17	—	3	20	180	77
Virginia§	11	19	39	1,002	1,034	3	3	9	148	162	2	3	12	161	116
West Virginia	4	4	31	199	139	1	0	5	19	12	—	0	36	80	4
E.S. Central	16	61	142	3,183	2,872	2	4	26	308	295	15	46	175	2,778	839
Alabama§	5	16	49	927	864	1	1	19	64	31	6	13	37	690	321
Kentucky	—	10	22	544	441	—	1	12	120	101	—	6	35	480	235
Mississippi	2	15	101	883	777	—	0	1	5	11	5	13	110	1,292	113
Tennessee§	9	17	34	829	790	1	2	10	119	152	4	4	32	316	170
W.S. Central	19	81	595	4,288	5,043	3	3	73	160	236	32	41	655	2,028	1,928
Arkansas§	11	13	51	820	889	—	0	3	34	48	2	2	10	89	119
Louisiana	—	15	41	903	1,107	—	0	2	3	17	—	9	22	463	251
Oklahoma	8	10	103	634	491	3	0	3	20	43	2	2	63	128	130
Texas§	—	40	470	1,931	2,556	—	2	68	103	128	28	25	580	1,348	1,428
Mountain	32	49	90	2,574	2,591	5	8	42	536	533	9	18	40	944	1,486
Arizona	15	17	44	995	904	2	2	8	110	105	2	10	31	553	712
Colorado	9	11	24	555	599	1	1	17	146	108	2	2	6	122	235
Idaho§	4	3	9	149	173	1	1	16	128	103	—	0	2	12	15
Montana§	2	2	6	106	127	—	0	0	—	—	1	0	7	25	67
Nevada§	2	3	9	156	232	1	0	3	19	32	4	0	9	63	140
New Mexico§	—	5	13	262	254	—	0	3	37	46	—	2	6	99	175
Utah	—	5	18	280	258	—	1	9	96	119	—	1	5	38	71
Wyoming§	—	1	5	71	44	—	0	0	—	20	—	0	19	32	71
Pacific	103	110	890	5,221	5,297	10	8	164	479	124	16	28	256	1,401	1,920
Alaska	1	1	5	77	77	N	0	0	N	N	—	0	2	7	7
California	74	84	260	4,106	4,545	1	5	33	260	N	13	24	84	1,173	1,749
Hawaii	—	0	12	74	257	—	0	1	6	18	—	0	1	7	45
Oregon§	2	6	16	315	416	—	1	11	82	106	—	1	6	75	119
Washington	26	12	625	649	2	9	1	162	131	—	3	2	170	139	—
American Samoa	—	0	0	—	—	—	0	0	—	N	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	14	66	726	688	—	0	0	—	—	—	0	4	22	39
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	28	90	261	4,606	5,065	32	32	108	1,552	1,334
New England	—	5	28	354	338	—	2	11	108	130
Connecticut	—	0	22	116	93	—	0	6	12	34
Maine§	—	0	3	26	18	—	0	1	3	—
Massachusetts	—	3	12	155	170	—	1	6	72	77
New Hampshire	—	0	4	34	35	—	0	2	11	12
Rhode Island§	—	0	12	6	8	—	0	1	8	7
Vermont§	—	0	2	17	14	—	0	1	2	—
Mid. Atlantic	4	15	41	832	910	5	4	37	261	198
New Jersey	—	2	10	121	142	—	1	5	40	66
New York (Upstate)	4	5	27	273	291	5	2	15	105	97
New York City	—	4	13	194	160	—	1	35	116	35
Pennsylvania	—	4	11	244	317	N	0	0	N	N
E.N. Central	6	16	34	763	952	4	4	14	216	357
Illinois	—	4	13	213	292	—	1	5	48	100
Indiana	1	2	12	117	111	2	0	10	23	62
Michigan	—	4	10	183	198	—	1	5	70	72
Ohio	5	4	14	219	233	2	1	4	62	76
Wisconsin	—	0	5	31	118	—	0	2	13	47
W.N. Central	2	5	32	319	352	—	2	7	119	111
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	31	53	—	0	1	5	14
Minnesota	—	0	29	153	156	—	1	6	73	66
Missouri	—	2	6	80	87	—	0	2	25	15
Nebraska§	1	0	3	25	33	—	0	2	15	11
North Dakota	1	0	3	19	13	—	0	1	1	5
South Dakota	—	0	2	11	10	—	0	0	—	—
S. Atlantic	6	22	52	1,185	1,160	7	5	14	273	83
Delaware	—	0	1	10	10	—	0	0	—	—
District of Columbia	—	0	3	8	18	—	0	0	—	2
Florida	5	6	16	301	293	3	1	5	66	—
Georgia	—	5	13	243	258	—	0	5	44	—
Maryland§	1	4	10	205	207	4	1	5	67	67
North Carolina	—	1	22	158	157	—	0	0	—	—
South Carolina§	—	1	7	92	63	—	1	4	53	—
Virginia§	—	2	11	142	128	—	0	4	36	—
West Virginia	—	0	3	26	26	—	0	4	7	14
E.S. Central	—	4	13	197	201	2	2	6	91	18
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	36	44	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	2	3	18
Tennessee§	—	3	13	161	157	2	2	6	88	—
W.S. Central	4	6	90	297	376	4	5	43	247	209
Arkansas§	—	0	2	17	25	—	0	2	12	20
Louisiana	—	0	4	16	16	—	0	4	29	23
Oklahoma	1	1	23	66	100	—	1	13	59	54
Texas§	3	3	64	198	235	4	2	27	147	112
Mountain	6	11	22	531	648	6	4	12	203	201
Arizona	1	4	11	206	333	2	2	8	118	109
Colorado	5	3	8	152	116	4	1	3	51	55
Idaho§	—	0	2	18	10	—	0	1	2	3
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	1	—	—	0	1	1	3
New Mexico§	—	1	4	60	121	—	0	4	24	31
Utah	—	2	7	89	64	—	0	2	7	—
Wyoming§	—	0	1	5	4	—	0	0	—	—
Pacific	—	3	7	128	128	4	0	3	34	27
Alaska	—	0	3	30	N	4	0	3	34	N
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	5	98	128	—	0	1	—	27
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 15, 2007, and December 16, 2006 (50th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant† — All ages					*Streptococcus pneumoniae*, invasive disease, drug resistant† — Age <5 years					Syphilis, primary and secondary				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	36	47	256	2,269	2,349	8	8	35	446	408	239	203	310	10,205	9,230
New England	—	1	12	90	132	—	0	3	11	8	1	5	14	251	208
Connecticut	—	0	5	50	98	—	0	2	4	—	—	0	6	33	53
Maine§	—	0	2	10	7	—	0	2	2	3	—	0	2	9	9
Massachusetts	—	0	0	—	—	—	0	0	—	—	—	3	8	149	117
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	28	13
Rhode Island§	—	0	4	15	14	—	0	1	3	2	—	0	5	28	14
Vermont§	—	0	2	15	13	—	0	1	2	3	1	0	1	4	2
Mid. Atlantic	—	2	9	118	150	—	0	5	28	23	21	30	45	1,483	1,121
New Jersey	—	0	0	—	—	—	0	0	—	—	1	4	8	210	171
New York (Upstate)	—	1	5	38	52	—	0	4	8	9	7	3	14	136	141
New York City	—	0	0	—	—	—	0	0	—	—	13	18	35	884	552
Pennsylvania	—	1	6	80	98	—	0	2	20	14	—	5	10	253	257
E.N. Central	10	10	40	543	508	4	2	8	108	85	10	16	25	772	857
Illinois	—	1	8	64	25	—	0	5	32	6	5	7	14	361	412
Indiana	5	3	31	136	136	1	0	5	24	24	1	1	6	56	90
Michigan	—	0	1	2	16	—	0	1	1	2	—	2	9	112	110
Ohio	5	5	23	341	331	3	1	4	51	53	2	3	9	187	178
Wisconsin	N	0	0	N	N	—	0	0	—	—	2	1	4	56	67
W.N. Central	1	2	124	181	95	—	0	15	17	13	2	7	14	329	273
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	18	19
Kansas	—	0	11	64	—	—	0	2	6	—	—	0	2	20	27
Minnesota	—	0	123	46	51	—	0	15	6	10	—	1	4	62	46
Missouri	1	1	5	60	39	—	0	1	1	3	2	4	11	220	160
Nebraska§	—	0	1	2	1	—	0	0	—	—	—	0	1	2	7
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	1	9	4	—	0	1	4	—	—	0	3	7	13
S. Atlantic	20	20	59	980	1,119	4	4	14	210	200	171	47	180	2,473	2,077
Delaware	—	0	1	9	—	—	0	1	2	—	—	0	3	17	17
District of Columbia	—	0	1	5	25	—	0	0	—	2	1	3	12	165	111
Florida	18	11	29	565	592	4	2	8	124	125	153	15	55	920	689
Georgia	2	7	17	339	398	—	1	7	76	73	4	9	153	462	415
Maryland§	—	0	1	1	—	—	0	0	—	—	4	6	15	296	292
North Carolina	—	0	0	—	—	—	0	0	—	—	6	5	23	307	292
South Carolina§	—	0	0	—	—	—	0	0	—	—	3	2	11	93	66
Virginia§	N	0	0	N	N	—	0	0	—	—	—	4	16	207	185
West Virginia	—	1	17	61	104	—	0	1	8	—	—	0	1	6	10
E.S. Central	4	3	9	166	176	—	1	3	36	29	16	18	31	867	698
Alabama§	N	0	0	N	N	—	0	0	—	—	2	7	17	355	309
Kentucky	—	0	2	24	32	—	0	1	3	6	2	1	7	57	70
Mississippi	—	0	2	—	27	—	0	0	—	—	—	2	9	97	76
Tennessee§	4	2	9	142	117	—	0	3	33	23	12	7	15	358	243
W.S. Central	—	2	12	132	77	—	0	3	19	9	6	35	55	1,765	1,507
Arkansas§	—	0	1	3	10	—	0	0	—	2	1	2	10	118	76
Louisiana	—	1	4	63	67	—	0	2	9	7	5	9	23	483	321
Oklahoma	—	0	10	66	—	—	0	2	10	—	—	1	4	58	69
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	39	1,106	1,041
Mountain	1	1	6	59	92	—	0	3	17	41	1	8	30	394	497
Arizona	—	0	0	—	—	—	0	0	—	—	—	3	22	183	194
Colorado	—	0	0	—	—	—	0	0	—	—	1	1	5	42	68
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	2	4	1
Nevada§	1	0	3	20	18	—	0	2	4	3	—	2	6	100	136
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	45	75
Utah	—	0	6	25	41	—	0	3	11	28	—	0	2	16	20
Wyoming§	—	0	2	14	33	—	0	1	2	10	—	0	1	3	—
Pacific	—	0	0	—	—	—	0	0	—	—	11	39	60	1,871	1,992
Alaska	—	0	0	—	N	—	0	0	—	—	—	0	1	7	11
California	N	0	0	N	N	—	0	0	—	—	5	36	57	1,696	1,766
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	2	8	17
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	2	16	26
Washington	N	0	0	N	N	—	0	0	—	—	6	2	12	144	172
American Samoa	N	0	0	N	N	—	0	1	1	—	—	0	4	4	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	3	3	10	158	143
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007, and December 16, 2006 (50th Week)*

	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
		Previous 52 weeks					Previous 52 weeks					Previous 52 weeks			
Reporting area	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006	Current week	Med	Max	Cum 2007	Cum 2006
United States	414	720	2,813	33,495	44,747	—	1	141	1,159	1,494	—	2	298	2,322	2,774
New England	11	14	124	698	4,117	—	0	2	7	9	—	0	2	5	3
Connecticut	—	0	76	2	1,641	—	0	2	4	7	—	0	1	1	2
Maine¶	—	0	6	—	229	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,141	—	0	2	3	2	—	0	2	3	1
New Hampshire	2	7	17	335	403	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	1	—
Vermont¶	9	5	66	361	703	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	90	175	4,240	5,034	—	0	3	21	26	—	0	3	10	12
New Jersey	N	0	0	N	N	—	0	1	1	2	—	0	0	—	3
New York (Upstate)	N	0	0	N	N	—	0	1	2	8	—	0	1	1	4
New York City	—	0	0	—	—	—	0	3	13	8	—	0	3	5	4
Pennsylvania	—	90	175	4,240	5,034	—	0	1	5	8	—	0	1	4	1
E.N. Central	86	180	568	9,298	14,850	—	0	18	106	244	—	0	11	62	175
Illinois	—	3	11	164	137	—	0	13	61	127	—	0	8	36	88
Indiana	N	0	0	N	N	—	0	4	14	27	—	0	2	10	53
Michigan	—	83	250	3,774	4,981	—	0	5	13	43	—	0	0	—	12
Ohio	86	79	449	4,420	8,668	—	0	4	13	36	—	0	3	10	12
Wisconsin	—	15	80	940	1,064	—	0	2	5	11	—	0	2	6	10
W.N. Central	10	28	136	1,569	1,909	—	0	41	243	224	—	0	116	715	484
Iowa	N	0	0	N	N	—	0	4	12	22	—	0	3	18	15
Kansas	—	9	52	521	358	—	0	3	13	17	—	0	7	26	13
Minnesota	—	0	0	—	—	—	0	9	45	31	—	0	12	54	34
Missouri	10	14	78	899	1,342	—	0	9	58	51	—	0	2	14	11
Nebraska¶	N	0	0	N	N	—	0	5	18	45	—	0	15	126	219
North Dakota	—	0	60	84	94	—	0	11	49	20	—	0	48	318	117
South Dakota	—	1	14	65	115	—	0	9	48	38	—	0	32	159	75
S. Atlantic	58	90	239	4,721	4,556	—	0	12	42	18	—	0	6	35	14
Delaware	—	1	4	45	65	—	0	1	1	—	—	0	0	—	—
District of Columbia	—	0	8	14	48	—	0	0	—	—	—	0	0	—	2
Florida	31	25	76	1,229	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	23	2	—	0	5	26	6
Maryland¶	N	0	0	N	N	—	0	2	6	10	—	0	2	4	1
North Carolina	—	0	0	—	—	—	0	1	4	1	—	0	1	2	—
South Carolina¶	7	17	72	1,004	1,232	—	0	2	3	1	—	0	1	2	—
Virginia¶	—	20	190	1,306	1,752	—	0	1	2	—	—	0	1	1	5
West Virginia	20	22	50	1,123	1,459	—	0	0	—	1	—	0	0	—	—
E.S. Central	3	10	571	648	30	—	0	11	69	118	—	0	14	96	101
Alabama¶	3	10	571	645	28	—	0	2	16	8	—	0	2	8	—
Kentucky	N	0	0	N	N	—	0	1	4	5	—	0	0	—	1
Mississippi	—	0	2	3	2	—	0	7	44	89	—	0	12	83	94
Tennessee¶	N	0	0	N	N	—	0	1	5	16	—	0	2	5	6
W.S. Central	205	160	1,640	9,702	11,412	—	0	34	237	374	—	0	17	128	236
Arkansas¶	2	10	105	651	1,099	—	0	5	13	24	—	0	2	7	5
Louisiana	3	2	11	109	197	—	0	5	25	91	—	0	3	11	89
Oklahoma	—	0	0	—	N	—	0	11	56	27	—	0	7	45	21
Texas¶	200	151	1,534	8,942	10,116	—	0	18	143	232	—	0	9	65	121
Mountain	40	52	131	2,579	2,839	—	0	36	275	393	—	1	143	1,025	1,487
Arizona	—	0	0	—	—	—	0	8	48	68	—	0	10	46	82
Colorado	32	21	62	1,054	1,463	—	0	17	96	66	—	0	65	459	279
Idaho¶	N	0	0	N	N	—	0	3	11	139	—	0	22	120	857
Montana¶	6	6	40	410	N	—	0	10	37	12	—	0	30	164	22
Nevada¶	—	0	1	1	10	—	0	1	1	34	—	0	3	10	90
New Mexico¶	2	5	37	356	363	—	0	8	39	3	—	0	6	21	5
Utah	—	10	73	724	933	—	0	8	28	56	—	0	8	40	102
Wyoming¶	—	0	9	34	70	—	0	4	15	15	—	0	33	165	50
Pacific	1	0	9	40	—	—	0	18	159	88	—	0	23	246	262
Alaska	1	0	9	40	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	17	152	81	—	0	21	227	197
Hawaii	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	7	7	—	0	4	19	62
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	3
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	1	4	24	254	278	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	13	37	620	581	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 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 December 15, 2007 (50th Week)

Reporting Area	All causes, by age (years)						P&I†
	All Ages	≥65	45-64	25-44	1-24	<1	Total
New England	473	358	78	21	5	11	43
Boston, MA	128	86	25	8	3	6	13
Bridgeport, CT	39	29	7	2	—	1	5
Cambridge, MA	20	17	2	1	—	—	—
Fall River, MA	30	25	4	1	—	—	2
Hartford, CT	61	49	8	2	—	2	9
Lowell, MA	23	19	2	1	1	—	1
Lynn, MA	4	3	1	—	—	—	—
New Bedford, MA	28	20	7	1	—	—	—
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	U	U	U	U	U	U	U
Somerville, MA	4	3	1	—	—	—	—
Springfield, MA	41	31	6	2	—	2	6
Waterbury, CT	36	29	4	3	—	—	4
Worcester, MA	59	47	11	—	1	—	3
Mid. Atlantic	2,088	1,498	414	110	31	35	118
Albany, NY	56	39	12	4	1	—	4
Allentown, PA	22	17	4	1	—	—	1
Buffalo, NY	75	47	14	7	3	4	8
Camden, NJ	26	17	7	—	—	2	2
Elizabeth, NJ	10	5	3	2	—	—	—
Erie, PA	52	39	9	3	1	—	2
Jersey City, NJ	16	11	4	1	—	—	2
New York City, NY	1,153	834	231	57	18	13	62
Newark, NJ	16	2	6	3	1	4	2
Paterson, NJ	17	9	3	1	1	3	—
Philadelphia, PA	173	114	45	9	3	2	8
Pittsburgh, PA§	33	25	7	1	—	—	5
Reading, PA	37	30	4	3	—	—	1
Rochester, NY	129	96	25	4	2	2	9
Schenectady, NY	23	18	4	1	—	—	—
Scranton, PA	23	21	2	—	—	—	1
Syracuse, NY	158	119	25	8	1	5	11
Trenton, NJ	22	15	6	1	—	—	—
Utica, NY	15	14	—	1	—	—	—
Yonkers, NY	32	26	3	3	—	—	—
E.N. Central	2,023	1,349	453	127	40	50	134
Akron, OH	56	36	15	3	1	1	2
Canton, OH	43	30	9	4	—	—	3
Chicago, IL	240	136	70	21	3	6	9
Cincinnati, OH	106	62	25	7	2	10	17
Cleveland, OH	271	194	52	6	8	11	17
Columbus, OH	217	144	52	13	4	4	9
Dayton, OH	119	87	21	8	2	1	13
Detroit, MI	151	79	51	15	3	3	6
Evansville, IN	30	22	5	1	2	—	—
Fort Wayne, IN	68	51	11	5	1	—	7
Gary, IN	13	5	4	3	1	—	1
Grand Rapids, MI	66	52	9	5	—	—	7
Indianapolis, IN	191	126	44	14	2	5	15
Lansing, MI	40	26	7	3	2	2	5
Milwaukee, WI	91	59	24	3	3	2	9
Peoria, IL	45	34	7	3	—	1	7
Rockford, IL	59	47	8	2	2	—	1
South Bend, IN	56	39	9	4	1	3	—
Toledo, OH	99	72	20	4	2	1	3
Youngstown, OH	62	48	10	3	1	—	3
W.N. Central	639	399	157	49	19	15	41
Des Moines, IA	80	53	23	1	3	—	4
Duluth, MN	27	19	8	—	—	—	1
Kansas City, KS	22	12	8	2	—	—	1
Kansas City, MO	96	62	24	7	1	2	1
Lincoln, NE	45	30	9	4	1	1	5
Minneapolis, MN	78	46	19	8	1	4	9
Omaha, NE	96	62	22	6	5	1	5
St. Louis, MO	63	25	19	10	4	5	7
St. Paul, MN	61	40	14	4	1	2	1
Wichita, KS	71	50	11	7	3	—	7
S. Atlantic	1,219	764	296	95	30	33	59
Atlanta, GA	168	99	42	13	7	7	—
Baltimore, MD	152	79	52	14	4	3	11
Charlotte, NC	137	98	24	9	5	1	15
Jacksonville, FL	181	129	37	13	1	—	6
Miami, FL	67	41	17	4	3	2	1
Norfolk, VA	50	27	15	3	1	4	2
Richmond, VA	55	32	13	7	1	2	3
Savannah, GA	74	45	23	3	1	2	8
St. Petersburg, FL	52	30	12	7	—	3	4
Tampa, FL	173	121	32	12	2	6	5
Washington, D.C.	100	54	28	10	5	3	3
Wilmington, DE	10	9	1	—	—	—	1
E.S. Central	923	618	222	48	17	18	76
Birmingham, AL	208	136	53	8	5	6	18
Chattanooga, TN	77	58	13	3	—	3	4
Knoxville, TN	99	61	25	8	4	1	6
Lexington, KY	20	14	3	1	2	—	2
Memphis, TN	193	130	52	8	1	2	24
Mobile, AL	108	71	24	9	2	2	6
Montgomery, AL	65	39	20	2	2	2	2
Nashville, TN	153	109	32	9	1	2	14
W.S. Central	1,345	852	320	86	44	43	60
Austin, TX	96	64	19	8	2	3	5
Baton Rouge, LA	41	15	7	6	10	3	—
Corpus Christi, TX	62	39	13	2	2	6	4
Dallas, TX	185	112	50	14	5	4	6
El Paso, TX	105	72	22	6	2	3	1
Fort Worth, TX	129	83	36	6	—	4	4
Houston, TX	313	200	81	14	8	10	14
Little Rock, AR	87	55	19	6	3	4	5
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	243	162	52	13	10	6	20
Shreveport, LA	36	21	8	6	1	—	—
Tulsa, OK	48	29	13	5	1	—	1
Mountain	951	619	216	68	24	19	51
Albuquerque, NM	U	U	U	U	U	U	U
Boise, ID	57	42	11	1	3	—	2
Colorado Springs, CO	74	56	8	6	2	2	3
Denver, CO	75	51	13	7	1	3	6
Las Vegas, NV	262	153	82	20	6	1	15
Ogden, UT	35	31	1	3	—	—	2
Phoenix, AZ	179	102	38	18	11	5	8
Pueblo, CO	43	29	12	2	—	—	—
Salt Lake City, UT	107	65	32	5	1	4	6
Tucson, AZ	119	90	19	6	—	4	9
Pacific	1,605	1,090	369	80	28	37	130
Berkeley, CA	22	17	3	—	—	2	1
Fresno, CA	U	U	U	U	U	U	U
Glendale, CA	21	19	—	1	1	—	5
Honolulu, HI	78	60	11	3	2	2	6
Long Beach, CA	73	43	20	6	1	3	9
Los Angeles, CA	214	148	44	11	7	4	31
Pasadena, CA	33	24	5	1	2	1	3
Portland, OR	122	80	32	10	—	—	9
Sacramento, CA	201	130	53	9	3	6	14
San Diego, CA	159	106	36	4	4	9	12
San Francisco, CA	119	71	30	11	2	4	10
San Jose, CA	196	144	43	5	1	3	14
Santa Cruz, CA	42	28	12	2	—	—	3
Seattle, WA	133	89	36	6	—	2	6
Spokane, WA	70	46	18	2	3	1	4
Tacoma, WA	122	85	26	9	2	—	3
Total	11,266**	7,547	2,525	684	238	261	712

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.

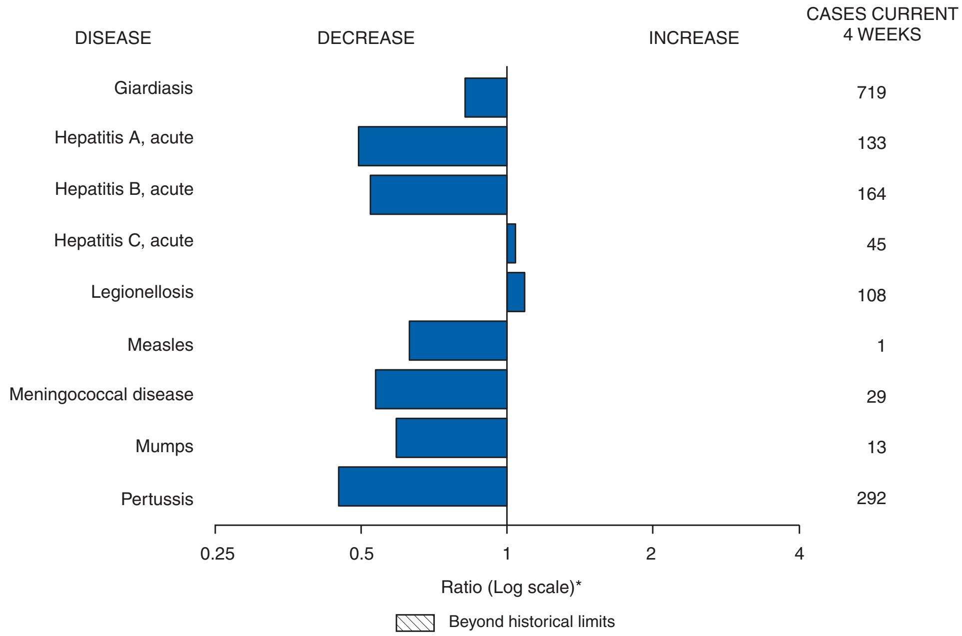
† Pneumonia and influenza.

§ 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 December 15, 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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