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World No Tobacco Day — May 31, 2008

The theme for World No Tobacco Day 2008 is Tobacco-Free Youth: Break the Tobacco Marketing Net. The tobacco industry spends billions of dollars worldwide on advertising, promotion, and sponsorship. Recent data from the Global Youth Tobacco Survey indicate an increase in tobacco use among adolescent girls in many countries (1). Much of this increase has been attributed to aggressive marketing by the tobacco industry (2), which encourages potential users, especially adolescents, to try tobacco and become long-term consumers.

Evidence-based tobacco-control strategies that are comprehensive, sustained, and support nonsmoking behaviors have been shown to prevent and reduce tobacco use (3). The World Health Organization Framework Convention on Tobacco Control calls on countries to implement scientifically proven measures to reduce tobacco use and its impact (4). Additional information on World No Tobacco Day 2008 activities is available at http://www.who.int/tobacco/wntd/2008/en/index.html

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Tobacco Use Among Students Aged 13–15 Years — Sri Lanka, 1999–2007

Tobacco use is one of the major preventable causes of premature death and disease in the world (1). The World Health Organization (WHO) attributes approximately 5 million deaths per year to tobacco use, a number expected to exceed 8 million per year by 2030 (2). In 1999, the Global Youth Tobacco Survey (GYTS) was initiated by WHO, CDC, and the Canadian Public Health Association to monitor tobacco use, attitudes about tobacco use, and exposure to secondhand smoke (SHS) among students aged 13-15 years. Since 1999, the survey has been completed by approximately 2 million students in 151 countries (3). A key goal of GYTS is for countries to repeat the survey every 4 years. This report summarizes results from GYTS conducted in Sri Lanka in 1999, 2003, and 2007. The findings indicated that during 1999-2007, the percentage of students aged 13-15 years who reported current cigarette smoking decreased, from 4.0% in 1999 to 1.2% in 2007. During this period, the percentage of never smokers in this age group likely to initiate smoking also decreased, from 5.1% in 1999 to 3.7% in 2007. Future declines in tobacco use in Sri Lanka will be enhanced through development and implementation of new tobacco-control measures and strengthening of existing measures that encourage smokers to quit, eliminate exposure to SHS, and encourage persons not to initiate tobacco use.

INSIDE

- 549 State Smoking Restrictions for Private-Sector Worksites, Restaurants, and Bars — United States, 2004 and 2007
- 553 Increased Detections and Severe Neonatal Disease Associated with Coxsackievirus B1 Infection — United States, 2007
- 557 QuickStats

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GYTS is a school-based survey that collects data on students aged 13-15 years using a standardized methodology for constructing the sample frame, selecting schools and classes, and processing data. The Sri Lanka GYTS uses a two-stage cluster sample design that produces representative samples of students in grades 8-10, which are associated with ages 13–15 years (3). At the first sampling stage, school selection was proportional to the number of students enrolled in grades 8-10. At the second stage, classes within the selected schools were randomly selected. All students attending school in the selected classes on the day the survey was administered were eligible to participate. A weighting factor was applied to each student record to adjust for nonresponse (by school, class, and student) and probability of selection at the school and class levels (3). A final adjustment sums the weights by grade and sex to the population of school children in the selected grades in each sample site (3). In 1999, a total of 2,896 students completed GYTS; 1,845 did so in 2003, and 1,764 did so in 2007. The school response rate was 85.7% in 1999, 100% in 2003, and 100% in 2007. The class response rate was 100% in all survey years. The student response rate was 89.0% in 1999, 79.1% in 2003, and 85.0% in 2007. The overall response rate was 76.3% in 1999, 79.1% in 2003, and 85.0% in 2007.*

This report describes changes during 1999–2007 in several important tobacco-use indicators, including 1) lifetime cigarette smoking[†]; 2) current cigarette smoking[§]; 3) current use of other tobacco products[§]; 4) likely initiation of smoking in the next year among never smokers (i.e., susceptibility) (4)**; 5) exposure to SHS in public places^{††}; 6) exposure to pro-tobacco advertising and promotion, either direct (e.g., exposure to billboards, newspapers, and magazines) or indirect (having been offered a free cigarette by a cigarette company representative or having an object

^{*} The overall response rate is calculated as the school response rate × the class response rate × the student response rate.

[†] Based on a positive response to the question, "Have you ever tried or experimented with cigarette smoking, even one or two puffs?"

[§] Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?"

Based on positive responses to either of the following questions: "During the past 30 days (1 month), did you use any form of smoked tobacco products other than cigarettes (e.g., cigars, water pipe, cigarillos, little cigars, or pipes)?" and "During the past 30 days (1 month), did you use any form of smokeless tobacco products (e.g., chewing tobacco, snuff, or dip)?"

^{**} Based on a responses of anything but "definitely no" to the questions, "If your best friend offered you a cigarette, would you smoke it?" and "Do you think you will try smoking a cigarette in the next year?"

^{††} Based on a response of "I or more days" to the question, "During the past 7 days, on how many days have people smoked in your presence, in places other than your home!"

with a cigarette logo on it)^{§§}; 7) cessation efforts (among current smokers)^{¶¶}; and 8) tobacco education.*** Statistical differences were determined by comparing 95% confidence intervals; nonoverlapping confidence intervals were considered statistically significant. Data are based on at least 35 respondents for each denominator.

The percentage of students aged 13–15 years in Sri Lanka who reported lifetime cigarette smoking declined from 1999 (12.1%) to 2003 (6.3%); the percentage in 2007 (5.1%) was not significantly different from 2003 (Table 1). Boys were more likely than girls to have ever smoked cigarettes in 1999 and 2003, but no significant difference was observed in 2007. For boys, current cigarette smoking decreased from 1999 (6.2%) to 2007 (1.6%); for girls the percentage did not change significantly. Boys were more likely than girls to smoke cigarettes in 1999, but no significant difference was observed in 2003 and 2007. Current use of other tobacco products remained unchanged from 1999 and 2007, both overall and for both sexes. Boys were more likely than girls to use other tobacco products in 1999, but no significant difference was observed in 2003 and 2007. Current use of other tobacco products was higher than cigarette smoking overall in 1999, 2003, and 2007; for boys in 2003 and 2007; and for girls in 1999 and 2003. The percentage of never smokers who were susceptible to initiation of smoking did not change significantly from 1999 to 2007, both overall and for both sexes. Susceptibility was higher for boys than girls in 1999, but no significant difference was observed in 2003 and 2007.

The percentage of students who reported that their parents smoke decreased from 50.8% in 1999 to 41.2% in 2003 to 29.9% in 2007; however, exposure to SHS in public places remained unchanged over time (67.9% in 1999 and 65.9% in 2007) (Table 2). Support for a ban on smoking in public places did not change from 1999 (91.4%) to 2007 (87.9%).

Exposure to cigarette advertising and promotion decreased from 1999 to 2007. The percentage of students who saw pro-cigarette advertisements on billboards did not change from 1999 to 2003 but decreased from 2003 (79.3%) to 2007 (67.4%). The percentage of students who saw pro-cigarette advertisements in newspapers or magazines decreased from 1999 to 2007 (83.4% in 1999, 78.4% in 2003, and 68.4% in 2007). The percentage of students who owned an item with a cigarette brand logo on it did not change from 1999 to 2003 but decreased from 2003 (11.0%) to 2007 (5.7%). The percentage of students who reported receiving free cigarettes from a cigarette company representative decreased from 1999 (6.4%) to 2007 (3.0%).

In 2007, 76.5% of current smokers indicated that they would like to stop smoking; this percentage was not significantly different from 1999 to 2007. The percentage of students who reported having been taught in school during the past school year about the dangers of tobacco use increased from 1999 (62.7%) to 2003 (79.8%) but remained unchanged from 2003 to 2007 (72.8%).

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Editorial Note: The findings in this report indicate that, among students aged 13–15 years in Sri Lanka, cigarette smoking and the likely initiation of smoking by never smokers decreased from 1999 to 2007, whereas other tobacco use remained unchanged over time. During 1999–2007, other tobacco use was consistently higher than cigarette smoking.

Some of the changes in tobacco use reflected in this analysis can be attributed to various tobacco-control policies implemented by the government of Sri Lanka (2). In 2003, Sri Lanka ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) (5). In 2006, the Parliament of Sri Lanka enacted the National Authority on Tobacco and Alcohol Act (NATAA) (6). NATAA includes 1) a ban on smoking in health-care, education, and government facilities and in universities, indoor offices, and other indoor workplaces; 2) prohibition of pro-tobacco advertisements on national television and radio, in local magazines and newspapers, on billboards, at point of sale, and on the Internet; and 3) a ban on tobacco-product promotions, such as free distribution, promotional discounts, and sponsored events. In concordance with NATAA, Sri Lanka has enacted strong enforcement policies (2).

^{§§} Based on 1) a response of "a lot" or "a few" to the question, "During the past 30 days (1 month), how many advertisements for cigarettes have you seen on billboards?" 2) a response of "a lot" or "a few" to the question, "During the past 30 days (1 month), how many advertisements or promotions for cigarettes have you seen in newspapers or magazines?" 3) a positive response to the question, "Do you have something (t-shirt, pen, backpack, etc.) with a cigarette brand logo on it?" and 4) a positive response to the question, "Has a cigarette company representative ever offered you a free cigarette?

Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?" and a positive response to the question, "Do you want to stop smoking now?"

^{***} Based on a positive response to the question, "During this school year, were you taught in any of your classes about the dangers of smoking?"

TABLE 1. Percentage of students aged 13-15 years who reported using tobacco products and, among never smokers, percentage likely to initiate smoking in the next year, by sex and year — Global Youth Tobacco Survey, Sri Lanka, 1999, 2003, and 2007

				1999						2003					2007		
		Total		Boys		Girls		Total		Boys		Girls		Total	Boys	G	irls
Tobacco use	%	(95% CI*)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	% (95% CI)	% (95% CI)
Ever smoked cigarettes [†]	12.1	(9.4–15.4)	17.7	(13.7–22.5)	5.9	(4.1–8.4)	6.3	(4.6-8.5)	9.2	(6.4–12.9)	2.9	(1.7–4.9)	5.1	(2.9-9.0)	6.9 (3.5–12.9)	3.4 (1	1.6–7.4)
Current cigarette smoker§	4.0	(2.8–5.8)	6.2	(4.3–9.0)	1.6	(0.9–2.9)	2.4	(1.5–3.7)	3.0	(1.8–4.9)	1.3	(0.6–2.9)	1.2	(0.5–2.9)	1.6 (0.7–3.7)	0.9 (0	0.2–3.5)
Current user of other tobacco products [¶]	7.2	(6.1–8.4)	9.2	(7.2–11.6)	5.0	(3.9–6.4)	7.0	(5.4–8.9)	7.9	(5.6–11.2)	5.8	(4.4–7.6)	8.6	(6.4–11.5)	11.6 (8.0–16.6)	5.6 (3	3.5–8.7)
Never smokers likely to initiate smoking in the next year**	5.1	(4.2-6.4)	7.6	(5.7–10.1)	3.1	(2.2–4.2)	4.6	(3.5–6.1)	5.8	3 (4.0–8.4)	3.4	(2.1–5.4)	3.7	(2.4–5.6)	5.2 (3.1–8.7)	2.2 (1	1.2–4.3)

^{*} Confidence interval.

TABLE 2. Percentage of students aged 13-15 years who reported exposure to secondhand smoke, exposure to pro-cigarette media advertising and promotion, interest in stopping smoking, and having been taught in school about the dangers of smoking, by year — Global Youth Tobacco Survey, Sri Lanka, 1999, 2003, and 2007

		1999		2003		2007
Tobacco-control component	%	(95% CI*)	%	(95% CI)	%	(95% CI)
Exposure to smoke						
One or more parents smoke	50.8	(47.8 - 53.8)	41.2	(37.2 - 45.4)	29.9	(25.6 - 34.5)
Exposed to smoke in public places	67.9	(64.5 - 71.2)	68.3	(64.9-71.4)	65.9	(62.1-69.5)
In favor of banning smoking in public places	91.4	(88.6-93.6)	93.0	(90.9-94.7)	87.9	(83.1-91.5)
Media/Advertising						
During the past month, saw any advertisement for cigarettes on billboards	81.0	(78.8–83.1)	79.3	(76.3–82.0)	67.4	(62.6–71.8)
During the past month, saw any advertisements or promotions for cigarettes in newspapers or magazines	83.4	(81.3–85.3)	78.4	(75.5–81.0)	68.4	(64.5–72.1)
Have an object (e.g., t-shirt, pen, or backpack) with a cigarette brand logo on it	10.5	(8.9–12.3)	11.0	(9.3–12.9)	5.7	(4.1–7.9)
Ever offered a free cigarette by a cigarette company representative	6.4	(5.3-7.7)	5.9	(4.7-7.5)	3.0	(1.7-5.0)
Cessation (among current smokers)						
Want to stop smoking now [†]	79.0	(61. 8-89.7)	73.7	(49.1-89.1)	76.5	(56.8-88.9)
School						
During the past school year, were taught in any classes about the dangers of smoking	62.7	(59.3–66.0)	79.8	(75.8–83.3)	72.8	(67.1–77.8)

Confidence interval.

Exposure to pro-cigarette advertising and promotion declined from 1999 to 2007, but exposure to SHS in public places did not decrease. One reason for this might be that the NATAA ban on SHS exposure does not include smoking in restaurants, pubs, or bars; thus, the overall impact of the ban might be limited. To protect the health of all persons from the harmful effects of SHS, WHO recommends that countries enact and enforce legislation

requiring all indoor workplaces and public places to be 100% smoke-free (7). GYTS has been shown to be useful for monitoring the impact of NATAA provisions (3), and it will be a useful data source for monitoring the impact of the WHO FCTC.

The findings in this report are subject to at least three limitations. First, because the sample surveyed was limited to youths attending school, it is not representative of all Sri

[†] Based on a positive response to the question, "Have you ever tried or experimented with cigarette smoking, even one or two puffs?"

[§] Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?"

Based on positive responses to either of the following questions: "During the past 30 days (1 month), did you use any form of smoked tobacco products other than cigarettes (e.g., cigars, water pipe, cigarillos, little cigars, or pipes)?" and "During the past 30 days (1 month), did you use any form of smokeless tobacco products (e.g., chewing tobacco, snuff, or dip)?"

Based on a responses of anything but "definitely no" to the questions, "If your best friend offered you a cigarette, would you smoke it?" and "Do you think you will try smoking a cigarette in the next year?

Based on a response of "1 or more days" to the question, "During the past 30 days (1 month), on how many days did you smoke cigarettes?" and a positive response to the question, "Do you want to stop smoking now?"

Lanka youths aged 13–15 years. Second, the findings apply only to youths who were in school on the day the survey was administered and who completed the survey. However, student response was high (89% in 1999, 79% in 2003, and 85% in 2007), suggesting that bias attributed to absence or nonresponse was limited. Finally, data are based on self-reports of students, who might have underreported or overreported their tobacco use or that of their parents. The extent of this bias cannot be determined; however, responses to tobacco-related questions on surveys similar to GYTS have shown good test-retest reliability (8).

Comprehensive tobacco-control programs are the most effective means to reduce tobacco use (1). Such programs include demand-reduction measures (primarily those that increase the price of tobacco) and other interventions, such as restrictions on smoking in public places and work places, a complete ban on advertising and promotion by tobacco companies, dissemination of information on the health consequences of smoking through various media (e.g., prominent warning labels on cigarette packets and counter-marketing campaigns), and development and implementation of school-based educational programs in combination with community-based activities. Although current cigarette smoking is low among students aged 13-15 years in Sri Lanka (1.2% in 2007), future declines in the use of other tobacco products will depend on development of new measures aimed at those products.

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State Smoking Restrictions for Private-Sector Worksites, Restaurants, and Bars — United States, 2004 and 2007

Secondhand smoke (SHS) contains more than 50 carcinogens and causes heart disease and lung cancer in nonsmoking adults (1). Eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from SHS exposure (1). Smoking restrictions limit smoking to certain areas within a venue; smoke-free policies prohibit smoking within the entire venue. A *Healthy People 2010* objective (27-13) calls for establishing laws in all 50 states and the District of Columbia (DC) that make indoor public places and worksites completely smoke-free (2). To assess progress toward meeting this objective, CDC reviewed the status of state laws restricting smoking in effect as of December 31, 2007, updating a 2005 study that reported on such laws as of December 31, 2004 (3). This report summarizes the changes in state smoking restrictions for private-sector worksites, restaurants, and bars that occurred from 2004 to 2007. The findings indicated a substantial increase in the number and restrictiveness of state laws regulating smoking in these three settings, providing nonsmokers with increased protection from the health risks posed by SHS. If current trends continue, achieving the national health objective by 2010 might be possible.

This report focuses on smoking restrictions in indoor areas in private-sector worksites, restaurants, and bars. These three settings were selected because worksites are a major source of SHS exposure for nonsmokers and because workers in restaurants and bars are especially likely to be exposed to SHS, often at high concentrations (1). The smoking restrictions in effect in each of the 50 states and DC* as of December 31, 2004, and December 31, 2007, were categorized into one of four levels (Table). The four levels were 1) no restrictions, 2) designated smoking areas required or allowed (i.e., smoking is restricted to specific areas), 3) no smoking allowed or designated smoking areas allowed if separately ventilated, and 4) no smoking allowed (i.e., 100% smoke-free). These data were compiled from CDC's State Tobacco Activities Tracking and Evaluation (STATE) System database, which contains tobacco-related epidemiologic and economic data and information on state tobacco-related legislation (4). The data used for this

^{*} For this report, DC is included among results for states.

TABLE. State smoking restrictions* for private-sector worksites, restaurants, and bars — 50 states and District of Columbia, December 31, 2004, and December 31, 2007

	Private-sec	tor worksites	Restaur	ants	Baı	rs
State	2004	2007	2004	2007	2004	2007
Alabama	Designated	Designated	None	None	None	None
Alaska	None	None	Designated	Designated	None	None
Arizona	None	Smoke-free	None	Smoke-free	None	Smoke-free
Arkansas	None	Smoke-free	None	Designated [†]	None	None
California	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§
Colorado	None	Smoke-free	None	Smoke-free	None	Smoke-free
Connecticut	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§	Ventilated§
Delaware	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
District of Columbia	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
Florida	Smoke-free	Smoke-free	Smoke-free	Smoke-free	None	None
Georgia	None	Designated	None	Designated [†]	None	Designated
ławaii	None	Smoke-free	Designated	Smoke-free	None	Smoke-free
daho [¶]	Designated	Designated	Smoke-free	Smoke-free	None	None
linois	Designated	Designated	Designated	Designated	None	None
ndiana	None	None	None	None	None	None
owa	Designated	Designated	Designated	Designated	None	None
Cansas	None	None	Designated	Designated	None	None
Centucky	None	None	None	None	None	None
ouisiana.	Designated	Smoke-free	None	Smoke-free	None	None
/laine	Designated	Designated	Smoke-free	Smoke-free	Smoke-free	Smoke-free
1aryland [¶]	None	None	Designated	Designated	None	None
lassachusetts	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
1ichigan	None	None	Designated	Designated	None	None
/linnesota	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
Mississippi	None	None	None	None	None	None
1issouri	Designated	Designated	Designated	Designated	Designated	Designated
Montana (Designated	Smoke-free	Designated	Smoke-free	None	None
lebraska	Designated	Designated	Designated	Designated	Designated	Designated
levada	None	Smoke-free	Designated	Smoke-free	None	None
lew Hampshire	Designated	Designated	Designated	Smoke-free	None	None
lew Jersey	Designated	Smoke-free	None	Smoke-free	None	Smoke-free
lew Mexico	None	Smoke-free	None	Designated	None	Designated
lew York	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free	Smoke-free
Iorth Carolina	None	None	None	None	None	None
lorth Dakota	None	Smoke-free	Designated	Designated	None	None
Ohio	None	Smoke-free	None	Smoke-free	None	Smoke-free
Oklahoma	Designated	Designated	Designated	Ventilated	None	None
)regon	Ventilated§	Ventilated§	Designated ^{†§}	Designated ^{†§}	None	None
ennsylvania	Designated	Designated	Designated	Designated	None	None
Rhode Island	Designated	Smoke-free	Designated	Smoke-free	None	Smoke-free
outh Carolina	None	None	None	None	None	None
outh Dakota	Smoke-free	Smoke-free	Designated	Designated	None	None
ennessee	None	Smoke-free	None	Smoke-free	None	None
exas	None	None	None	None	None	None
tah	Designated	Smoke-free	Smoke-free	Smoke-free	None	None
ermont [¶]	Designated	Designated	Designated	Designated	None	Designated
'irginia	None	None	Designated	Designated	None	None
Vashington	None	Smoke-free	None	Smoke-free	None	Smoke-free
Vest Virginia	None	None	None	None	None	None
Visconsin	Designated	Designated	Designated	Designated	None	None
Vyoming	None	None	None	None	None	None

^{*}None = no restrictions; designated = designated smoking areas required or allowed; ventilated = no smoking allowed or designated smoking areas allowed if separately ventilated; smoke-free = no smoking allowed (i.e., 100% smoke-free).

*Restriction exempts restaurants that are off-limits to minors.

*Restriction bans smoking in most settings, but exempts separately ventilated employee break rooms or lounges.

¹ Corrected from 2005 report. Idaho and Maryland were previously listed as making private-sector workplaces smoke-free. Vermont was previously listed as making restaurants smoke-free.

report were collected quarterly from an online database of state laws, analyzed using a coding scheme and decision rules, and transferred into the STATE System database. The STATE System tracks state smoking restrictions in government worksites, private-sector worksites, restaurants, bars, commercial and home-based child care centers, and other settings, including shopping malls, grocery stores, enclosed arenas, public transportation, hospitals, prisons, and hotels and motels. Tobacco-control personnel in state health departments reviewed and verified the coding of smoking restrictions in their states.

This study did not include laws that were enacted or became effective after December 31, 2007. For example, Illinois and Maryland enacted smoking restrictions in 2007 that went into effect in early 2008, and were therefore not included in this study.

During December 31, 2004-December 31, 2007, based on the effective date of state laws (i.e., the date that these laws actually took effect, not the date they were enacted) and the STATE System coding scheme, the level of smoking restrictions became more protective for private-sector worksites in 18 states, for restaurants in 18 states, and for bars in 12 states. No states relaxed their smoking restrictions in any of these three settings during the study period. In addition, the number of states requiring private-sector worksites to be smoke-free increased from five to 22. As of December 31, 2004, Delaware, Florida, Massachusetts, New York, and South Dakota had banned smoking in private-sector worksites. As of December 31, 2007, an additional 17 states (Arizona, Arkansas, Colorado, DC, Hawaii, Louisiana, Minnesota, Montana, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Rhode Island, Tennessee, Utah, and Washington) had done so. During the study period, the number of states with no smoking restrictions in place for private-sector worksites decreased from 24 to 13.

During the 3 years ending December 31, 2007, the number of states requiring restaurants to be smoke-free increased from seven to 21. By the end of 2004, Delaware, Florida, Idaho, Maine, Massachusetts, New York, and Utah had banned smoking in restaurants. As of December 31, 2007, 14 additional states (Arizona, Colorado, DC, Hawaii, Louisiana, Minnesota, Montana, Nevada, New Hampshire, New Jersey, Ohio, Rhode Island, Tennessee, and Washington) had done so. During this same period, the number of states with no smoking restrictions for restaurants decreased from 19 to nine.

During the same 3-year period, the number of states requiring bars to be smoke-free increased from four to 13. By the end of 2004, Delaware, Maine, Massachusetts, and New York had banned smoking in bars. As of December 31, 2007, an additional nine states (Arizona, Colorado, DC, Hawaii, Minnesota, New Jersey, Ohio, Rhode Island, and Washington) had done so. During the 3 years of this study, the number of states with no smoking restrictions for bars decreased from 43 to 31.

From December 31, 2004 to December 31, 2007, the number of states requiring all three venues included in this study to be smoke-free increased from three to 12. By the end of 2004, Delaware, Massachusetts, and New York had banned smoking in all three settings. As of December 31, 2007, Arizona, Colorado, DC, Hawaii, Minnesota, New Jersey, Ohio, Rhode Island, and Washington also had implemented such comprehensive laws. During the study period, the number of states with smoke-free provisions in place in at least one of the three settings included in this study increased from eight to 25. During this same period, the number of states without any smoking restrictions in place for any of these settings decreased from 16 to eight. **Reported by:** *M Tynan, Maya Tech Corporation, Silver Spring, Maryland.* S Babb, MPH, A MacNeil, MPH, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings of this analysis indicate that the number and restrictiveness of state laws regulating smoking in private-sector worksites, restaurants, and bars increased substantially from December 31, 2004, to December 31, 2007. This increase has provided U.S. non-smokers with increased protection from SHS exposure and its health effects (1).

As of 2003, the most recent data available, 77% of U.S. indoor workers aged ≥18 years reported that their workplace had an official policy that prohibited smoking in indoor work areas and public or common areas (5), compared with 47% during 1992–1993 (1). However, the proportion of workers covered by such policies varied by occupation. In 2003, for example, 83% of white collar workers reported working under a smoke-free workplace policy, compared with 75% of service workers, 63% of blue collar workers, and 72% of food-service workers (5). As a result of continuing gaps and disparities in policy coverage for many private-sector worksites, restaurants, and bars, millions of U.S. nonsmokers continue to be exposed to SHS and its health effects in these settings, either as employees or as patrons.

Smoke-free workplace policies are the only effective approach to ensure that SHS exposure does not occur in the workplace (1). Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate SHS exposure (1). Smoke-free laws and policies reduce SHS exposure and improve health among nonsmoking restaurant and bar employees, and reduce SHS exposure among nonsmokers in general, as assessed by self-report and objective measures (1,6-8). Smoke-free workplace policies also help smokers quit (1). Smoke-free policies do not have an adverse economic effect on restaurants and bars (1). Studies also have reported high levels of public support for and compliance with smoke-free laws (1).

The findings in this report are subject to at least three limitations. First, the STATE System captures only certain types of state smoking restrictions (primarily statutory laws and executive orders) and does not capture state administrative laws, regulations, or implementation guidelines. As a result, the manner in which a state smoking restriction is implemented in practice might differ from how it is coded in the STATE System. Second, some state smoking restrictions apply only to private-sector worksites with more than a specified number of employees, to restaurants with more than a specified number of seats, or to bars of at least a certain size. In these cases, the state laws were coded according to the level of these restrictions, even though these restrictions do not apply to venues that are below the specified limits. Finally, because the STATE System only collects state-level data, it does not reflect local smoking restrictions in effect in many states.

The 2006 Surgeon General's Report on *The Health Consequences of Involuntary Exposure to Tobacco Smoke* concluded that SHS causes premature death and disease in children and nonsmoking adults (1). The report also concluded that no level of SHS exposure is risk free and that only completely smoke-free environments fully protect nonsmokers from SHS exposure (1). States, communities, employers, business proprietors, and the public are acting on this information to reduce SHS exposure. The American Nonsmokers' Rights Foundation estimates that, as of April 2008, 33% of U.S. residents have been living under state or local laws that make worksites, restaurants, and bars completely smoke-free, and 64% of U.S. residents have

been living under state or local laws making at least one of these three settings smoke-free (9). Largely because of the trend toward increased protection by state and local smoke-free laws and voluntary policies covering worksites and public places, SHS exposure among U.S. nonsmokers has decreased substantially since 1988 (10). The trends in the adoption of state smoking restrictions described in this report suggest that the national health objective of establishing laws making indoor public places and worksites smoke-free in all states by the year 2010 might be achievable.

Acknowledgments

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Increased Detections and Severe Neonatal Disease Associated with Coxsackievirus B1 Infection — United States, 2007

Enteroviruses generally cause mild disease; however, neonates are at higher risk for severe illness because of the immaturity of their immune systems. Neonatal systemic enterovirus disease, characterized by multiorgan involvement, is among the most serious, potentially fatal conditions associated with enterovirus infection. Typical clinical presentations include encephalomyocarditis (characteristic of group B coxsackieviruses) and hemorrhage-hepatitis syndrome (typical of echovirus 11) (1,2). To describe the severity of neonatal illness associated with coxsackievirus B1 (CVB1) infection, CDC analyzed case reports and preliminary data from the National Enterovirus Surveillance System (NESS) for 2007. This report describes the results of that analysis, which indicated that, in 2007, CVB1 for the first time was the predominant enterovirus in the United States, accounting for 113 (25%) of 444 enterovirus infections with known serotypes. In addition, phylogenetic analysis of the 2007 CVB1 strains suggested that the cases resulted from widespread circulation of a single genetic lineage. Health-care providers and public health departments should be vigilant to the possibility of neonatal disease caused by CVB1. Testing for enteroviruses in clinically compatible cases and reporting of identified enteroviruses to NESS should be encouraged.

NESS is a voluntary, passive surveillance system for monitoring enterovirus infections in the United States. Participating laboratories, which include public health and private laboratories and the CDC Picornavirus Laboratory, report enterovirus detections to NESS on a monthly basis. Each report includes age, sex, state, specimen type and collection date, and enterovirus serotype.

Beginning in August 2007, CDC received multiple reports of cases of severe neonatal illness and death associated with enterovirus infection. CVB1 was identified as the causative agent in many of these cases. Previously, no fatal infection of CVB1 had been reported to NESS (3). On the basis of these reports, CDC began a review of clinical, virologic, and surveillance data related to enterovirus for 2007, in collaboration with local and state public health departments and hospitals. A case of CVB1 infection was defined as detection of enterovirus by reverse transcription—polymerase chain reaction (RT-PCR) or viral culture, with the virus typed as CVB1 by molecular (i.e., RT-PCR sequencing) or antigenic (i.e., neutralization or immunof-luorescence) methods.

As of February 1, 2008, NESS had received 514 reports of enterovirus infections in 36 states for 2007. CVB1 was the most commonly detected enterovirus reported to NESS, accounting for 113 (25%) of 444 reports with known serotypes (Figure). Other most frequently reported serotypes included echovirus 18 (63 [14%]), echovirus 9 (49 [11%]), and echovirus 6 (37 [8%]). Children aged <1 year accounted for 65 (68%) of 95 CVB1 reports with known age, including 50 (53%) infants aged ≤1 month. CVB1 was detected in 19 states; 58% of all CVB1 detections were reported from California (n = 38) and Illinois (n = 28).

Phylogenetic analysis of current CVB1 strains based on partial sequence of the VP1 gene revealed that all were closely related to each other and to a 2006 strain from Colorado. Analysis also revealed that the strains were more distantly related to earlier strains.

A total of five CVB1-associated neonatal deaths were identified: two from California, one from Illinois, and one death each from Colorado and New Mexico. These came to CDC attention in connection with requests for laboratory assistance (Table). In all five cases, the neonates had multisystem disease with onset within the first 4 days of life. In four of the five fatal cases, the mothers had febrile illness or chorioamnionitis around the time of delivery, suggesting vertical mother-to-infant transmission.

The three distinct clusters of severe enterovirus illness, including illnesses caused by CVB1, detected in Los Angeles, California, Chicago, Illinois, and Kotzebue, Alaska, during 2007 are described below.

Los Angeles County, California. In September 2007, in response to reports of three cases (two of them fatal) of neonatal enterovirus myocarditis, including two in CVB1-positive neonates, the Los Angeles County Department of Public Health asked all hospitals in the county to report

FIGURE. Number of reports of coxsackievirus B1 (CVB1) infection and percentage of CVB1 reports among all enterovirus infections with known serotypes — National Enterovirus Surveillance System, United States, 1970–2007

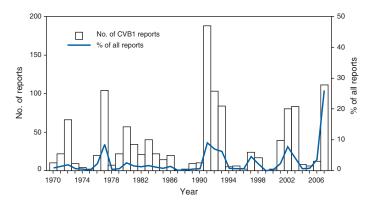


TABLE. Clinical summaries of five fatal cases of neonatal coxsackievirus B1 (CVB1) infection reported to CDC — United States, 2007

Case no.	State	Clinical summary	Virus detection
1	California	A full-term male was born via cesarean delivery. His mother had a peripartum fever. The infant went home with his mother on day 5 of life. He was admitted to the hospital on day 7 with thrombocytopenia, hepatitis, and myocarditis. The infant died the next day. Autopsy revealed severe hepatitis with extensive necrosis, severe myocarditis, and pneumonitis.	CVB1 isolated from blood
2	California	A full-term female was born via normal spontaneous vaginal delivery. Her mother was febrile during labor. The infant became febrile 36 hours after birth. She was diagnosed with myocarditis, meningitis, respiratory distress, and disseminated intravascular coagulation on day 4 of life; she died the same day.	CVB1 isolated from cerebrospinal fluid (CSF)
3	Illinois	A male was born via cesarean delivery at 37 weeks. His mother had chorioamnionitis. The infant developed fever on day 3 of life and was diagnosed with severe myocarditis and hepatitis on day 5; respiratory failure and cardio-vascular collapse ensued on day 7. The infant received intraveneous immuno-globulin on day 11 and was started on steroids on day 12. He died from severe myocardial dysfunction on day 12.	CVB1 detected by reverse transcription-polymerase chain reaction (RT-PCR) in CSF and isolated postmortem from heart tissue
4	Colorado	A full-term male was born via normal spontaneous vaginal delivery. He developed respiratory problems on day 5 of life and thrombocytopenia on day 7. He was diagnosed with enteroviral myocarditis on day 10 after acute cardiac decompensation. Subsequently, he had multiorgan failure with hepatic and renal dysfunction, persistent pulmonary hemorrhage, and bilateral intracranial hemorrhage. He was removed from life support on day 23 and died.	CVB1 detected by RT-PCR in CSF and in serum
5	New Mexico	A female was born via spontaneous vaginal delivery at 34.5 weeks. Before delivery, her mother had abdominal pain, fever, nausea, vomiting, and maternal/fetal tachycardia. The infant developed respiratory distress, requiring life support on day 5 of life, followed by thrombocytopenia and intracranial hemorrhage on day 6. She died on day 7. Autopsy revealed significant frontal lobe hemorrhagic infarcts, encephalitis, massive acute hepatic necrosis, interstitial edema, airspace hemorrhage, and patchy hyaline membranes in lungs.	CVB1 isolated premortem from nasopharyngeal and rectal swabs and isolated postmortem from lungs and nasopharyngeal swab

all enterovirus-positive cases of severe or fatal myocarditis, aseptic meningitis, or sepsis-like febrile illness that occurred among children during June–November 2007.

A total of 30 enterovirus-positive patients from seven hospitals were identified (all with illness diagnosed by RT-PCR). Median age was 15 days (range: <1 day–14 years); 22 (73%) were aged <1 month. Four (13%) patients aged <1–7 days died, and another 14 (47%) required intensive-care unit (ICU) treatment. Clinical presentations included meningitis (22 patients), myocarditis (12), sepsis-like illness (five), hepatitis (two), coagulopathy (six), and respiratory difficulties (three). Eleven patients, including all nine patients aged <7 days at admission, had illness with multiorgan involvement.

Enterovirus serotype was determined in 19 cases for which isolates obtained by viral culture were available. CVB1 accounted for 14 cases; CVB2 accounted for two cases, and CVB3, CVB4, and echoviruses 7 and 11 accounted for one case each. One patient was coinfected with CVB1 and CVB3. Two of the four patients who died were infected with CVB1 (Table). Specimens from the other two patients who died were not available for virus characterization.

Chicago, Illinois. In September 2007, the CDC Picornavirus Laboratory identified CVB1 as the source of

infection in two cases of severe neonatal disease at Children's Memorial Hospital in Chicago. Subsequently, a review of the hospital's laboratory and medical records was conducted to identify additional enterovirus-positive cases and obtain diagnoses and clinical syndrome information. Fifty enterovirus-positive children (all diagnosed by RT-PCR) were admitted during June 6–November 2, 2007, a two-fold increase compared with the entire years 2005 (25 patients) and 2006 (26 patients). Median age of patients was 33 days (range: <1 day−8 years); 40 (80%) patients were aged ≤1 month.

Serotype was determined for nine patients admitted to ICU; CVB1 was found in eight patients, and echovirus 18 in one patient. In two other patients, an enterovirus was identified by immunofluorescence staining as a group B coxsackievirus. Specimens from the remaining 39 RT-PCR-positive patients were not available for further virus characterization.

Twelve (24%) infants aged <1–12 days required ICU admission. Their clinical presentations included myocarditis (11 patients), respiratory distress (nine), hepatitis (eight), coagulopathy (six patients), aseptic meningitis (four), and meningoencephalitis (three). Eleven (92%) patients had multiorgan involvement, including five with myocarditis,

meningitis, or meningoencephalitis, and hepatitis (three also had coagulopathy). One CVB1-positive patient died (Table), and one required heart transplantation.

Kotzebue, Alaska. In early September 2007, Maniilaq Health Center notified the Alaska Department of Health and Social Services of an increase in severe febrile illness among hospitalized young infants (including three with myocarditis). Medical record review indicated that during August 15-September 11, 2007, seven infants aged ≤1 month (23% of 31 babies born in the Northwest Arctic Borough region since July 1, 2007) had been admitted to the health center with fever and respiratory distress, myocarditis, or meningitis (median age: 18 days; range: 5-48 days). Six patients, five with multiorgan involvement, required ICU treatment, referral to a higher-level hospital, or both. Of these, three patients had myocarditis with aseptic meningitis and respiratory failure (including one with elevated liver enzymes and coagulopathy), two had aseptic meningitis and respiratory distress, and one had aseptic meningitis. The patient with milder illness had a febrile syndrome. None of the patients died.

One patient with myocarditis tested enterovirus-positive by RT-PCR, but the specimen was not available for further virus characterization. CVB1 was isolated from a stool specimen of the patient with aseptic meningitis. The etiologic agent remained unknown in five cases. In addition, CVB1 was isolated from a respiratory specimen of an infant aged 12 months with pneumonia who was treated at the health center as an outpatient during the same period.

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Editorial Note: In 2007, an increased level of CVB1 activity was associated with severe neonatal disease and multiple deaths in the United States. The actual extent of CVB1-associated morbidity and mortality likely was much greater because 1) nonpolio enterovirus infections are not nationally reportable, 2) diagnostic testing for enteroviruses

often is not pursued in clinical settings, and 3) serotype identification from enterovirus-positive specimens is not performed routinely. CVB1 has an epidemic pattern of circulation, with increases usually lasting 2-3 years (Figure). During 1970–2005, CVB1 accounted for a small (2.3%) but increasing proportion of all enteroviruses reported in the United States (3). In 2007, CVB1 was the most commonly reported serotype, accounting for 25% of all reported enterovirus infections with known serotypes. Until 2007, CVB1 had never been the most commonly reported serotype and, even in peak years, accounted for <10% of all enterovirus reports (Figure). The year 2007 also was unusual for the number of CVB1-associated fatalities reported to NESS: 5 fatal cases were reported for the year. CVB1associated deaths are reported rarely (4-6), and had not been reported previously to NESS (3,7).

Historically, two thirds of CVB1 detections have been among children aged <1 year (3). During 1983–2003, neonates accounted for 22% of CVB1 reports versus 11% for other enteroviruses (7), suggesting a propensity to infect newborns. Cases of neonatal CVB1-associated disease identified in 2007 were characterized not only by myocarditis and central nervous system involvement typical of group B coxsackieviruses but also, on multiple occasions, by hepatitis and coagulopathy, which usually are reported with echovirus 11 infections.

Enterovirus infections are common, particularly during summer-fall months and typically are spread person-to-person via the fecal-oral or oral-oral routes and through respiratory droplets and fomites. Perinatal transmission from mother to infant occurs transplacentally or from exposure to maternal blood or secretions during delivery. Maternal enterovirus illness around the time of delivery and lack of maternal antibodies to an infecting serotype increase the risk for transmission. Onset of enterovirus disease resulting from perinatal transmission occurs in the first 1–2 weeks of life and carries a higher risk for severe illness and death than enterovirus infection acquired during the postnatal period (1,2,8).

No treatments approved by the Food and Drug Administration for enterovirus are available. Intravenous immunoglobulin sometimes is used, but its effectiveness in neonatal enterovirus disease is uncertain (2). Use of the candidate antiviral drug pleconaril (Schering-Plough, Kenilworth, New Jersey) showed benefit in neonates with life-threatening enterovirus disease (9); a phase 2 clinical trial of pleconaril in neonates is under way (10).

In the absence of vaccines, nonpolio enterovirus transmission can be reduced by adherence to good hygienic practices, such as thorough hand-washing (especially after

diaper changes), disinfection of contaminated surfaces by chlorine-containing household cleaners, and avoidance of shared utensils and drinking containers. To prevent nosocomial transmission of enteroviruses, neonatal hospital units should strictly enforce routine infection-control measures.

Serotype identification is important for recognizing differences in clinical profiles and outcomes between enteroviruses during seasonal outbreaks (2). Enterovirus RT-PCR testing allows rapid and sensitive detection of enteroviruses in clinical samples but does not differentiate serotypes. Molecular typing of enteroviruses based on VP1 gene sequence, which permits rapid identification of any enterovirus and provides data for phylogenetic analysis, is increasingly available at public health laboratories (2). Because serotype-specific surveillance for enteroviruses is helpful for monitoring trends in enterovirus circulation and identification of the emergence of new predominant serotypes or strains, public health agencies and private laboratories should report enterovirus detections to NESS.

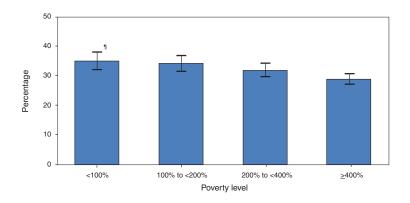
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QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Age-Adjusted Percentage of Adults* Aged ≥20 Years with Hypertension,[†] by Poverty Level[§] — National Health and Nutrition Examination Survey, United States, 2003–2006



- * Age-adjusted to the 2000 standard population using five age groups: 20–34 years, 35–44 years, 45–54 years, 55–64 years, and ≥65 years.
- † Hypertension is defined as having measured elevated blood pressure (systolic pressure: ≥140 mmHg or diastolic pressure: ≥90 mmHg) and/or taking antihypertensive medication. Persons with elevated blood pressure also might be taking prescribed medicine for high blood pressure. Those taking antihypertensive medication might not have measured elevated blood pressure, but are still classified as having hypertension. Respondents were asked, "Are you now taking prescribed medicine for your high blood pressure?"
- § Poverty level is based on family income and family size.
- ¶ 95% confidence interval.

The percentage of U.S. adults with hypertension was associated with income, with those at the lowest income level more likely to have hypertension than those in the highest income group.

SOURCE: CDC. National Health and Nutrition Examination Survey. Available at http://www.cdc.gov/nchs/nhanes.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 17, 2008 (20th Week)*

	Cumant	Cum	5-year weekly	Total	cases rep	orted for	previous	svears	
Disease	Current week	2008	average [†]	2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Anthrax	_			1	1				1 0 0
Botulism:									
foodborne	_	2	0	31	20	19	16	20	
infant	_	25	2	87	97	85	87	76	
other (wound & unspecified)	_	4	0	25	48	31	30	33	
Brucellosis	1	24	3	128	121	120	114	104	MN (1)
Chancroid	1	21	1	23	33	17	30	54	NC (1)
Cholera	_	_	0	7	9	8	6	2	•
Cyclosporiasis§	_	26	17	91	137	543	160	75	
Diphtheria	_	_	_	_	_	_	_	1	
Domestic arboviral diseases ^{§,¶} :									
California serogroup	_	_	0	44	67	80	112	108	
eastern equine	_	_	0	4	8	21	6	14	
Powassan	_	_	0	1	1	1	1	_	
St. Louis	_	_	0	7	10	13	12	41	
western equine	_	_	_	_	_	_	_	_	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	1	29	6	809	578	506	338	321	MD (1)
Ehrlichia ewingii	_	_	_	_	_	_	_	_	. ,
Anaplasma phagocytophilum	_	6	7	735	646	786	537	362	
undetermined	1	2	2	136	231	112	59	44	VA (1)
Haemophilus influenzae, ^{††}									. ,
invasive disease (age <5 yrs):									
serotype b	_	11	0	22	29	9	19	32	
nonserotype b	_	64	2	184	175	135	135	117	
unknown serotype	4	90	4	181	179	217	177	227	NYC (1), GA (1), FL (1), AZ (1)
Hansen disease§	_	28	2	98	66	87	105	95	- () () ()
Hantavirus pulmonary syndrome§	_	3	1	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	5	35	3	287	288	221	200	178	MO (1), KS (2), TN (1), WA (1)
Hepatitis C viral, acute	7	221	15	841	766	652	720	1,102	PA (1), OH (1), MD (1), VA (1), GA (1), TX (1), WA (1)
HIV infection, pediatric (age <13 yrs)§§	_	_	4	_	_	380	436	504	
Influenza-associated pediatric mortality ^{§,¶¶}	2	73	1	76	43	45	_	N	IL (1), CA (1)
Listeriosis	4	180	10	793	884	896	753	696	NY (1), FL (2), WA (1)
Measles***	1	67	2	42	55	66	37	56	AZ (1)
Meningococcal disease, invasive†††:									
A, Č, Y, & W-135	1	121	6	314	318	297	_	_	WI (1)
serogroup B	2	69	3	155	193	156	_	_	OH (1), WI (1)
otherserogroup	1	15	0	32	32	27	_	_	TN(1)
unknown serogroup	10	274	14	566	651	765	_	_	OH (1), NE (1), FL (1), CA (7)
Mumps	5	218	79	780	6,584	314	258	231	NY (2), OH (2), MO (1)
Novel influenza A virus infections	_	_	_	1	N	N	N	N	
Plague	_	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	_	_	_	_	_	1	_	_	
Poliovirus infection, nonparalytic§	_	_	_	_	N	N	N	N	
Psittacosis§	_	1	0	10	21	16	12	12	
Q fever ^{§,§§§} total:	3	19	3	173	169	136	70	71	
acute	2	14	_	_	_	_	_	_	NE (2)
chronic	1	5	_	_	_	_	_	_	NY (1)
Rabies, human	_	_	_	_	3	2	7	2	• •
Rubella	_	4	0	12	11	11	10	7	
Rubella, congenital syndrome	_	_	_	_	1	1	_	1	
SARS-CoV ^{§,****}	_	_	0	_	_	_	_	8	

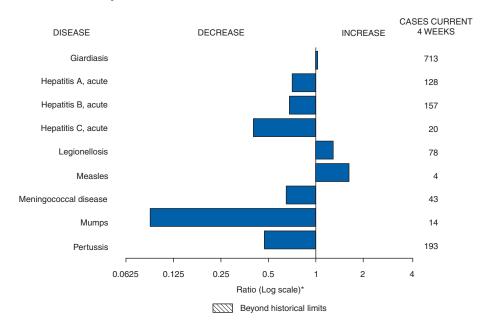
- —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.
 - * Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 2003, 2004, 2005, and 2006 are finalized.
 - † Calculated by summing the incidence counts for the current week, the 2 weeks preceding 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 and 2008 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.
 - ** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).
- th 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.
- 11 Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. Seventy-two cases occurring during the 2007–08 influenza season have been reported.
- *** The one measles case reported for the current week was indigenous.
- 111 Data for meningococcal disease (all serogroups) are available in Table II.
- §§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.
- 1999 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 I. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 17, 2008 (20th Week)*

	Current	Cum	5-year weekly	Total	cases rep	orted for	previous	s years	
Disease	week	2008	average [†]	2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Smallpox§	_	_	_	_	_	_	_	_	
Streptococcal toxic-shock syndrome§	_	54	3	118	125	129	132	161	
Syphilis, congenital (age <1 yr)	_	46	7	370	349	329	353	413	
Tetanus	_	2	1	25	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	3	22	2	85	101	90	95	133	PA (1), MI (1), CA (1)
Trichinellosis	_	2	0	6	15	16	5	6	
Tularemia	2	9	2	128	95	154	134	129	MO (1), AR (1)
Typhoid fever	5	129	5	419	353	324	322	356	NY (1), NE (1), CA (3)
Vancomycin-intermediate Staphylococcus au	reus§ —	3	0	28	6	2	_	N	
Vancomycin-resistant Staphylococcus aureus		_	0	2	1	3	1	N	
Vibriosis (noncholera Vibrio species infections	s)§ 3	53	2	377	N	N	N	N	FL (3)
Yellow fever	<u> </u>					_			

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals May 17, 2008, 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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^{*} Incidence data for reporting years 2007 and 2008 are provisional, whereas data for 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 and 2008 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.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

(20th Week)*			Chlamyd	ia [†]			Coccid	ioidomy	cosis			Crv	ptosporid	liosis	
			vious					vious				Pre	vious		
Reporting area	Current week	Med Med	veeks Max	Cum 2008	Cum 2007	Current week	Med 52 v	veeks Max	Cum 2008	Cum 2007	Current week	52 v Med	veeks Max	Cum 2008	Cum 2007
United States	11,167	21,277	24,740	380,320	414,044	96	130	339	2,537	2,906	36	88	974	1,219	1,093
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	588 277 — 242 18 40 11	700 214 50 313 39 61 16	1,516 1,093 67 660 73 98 34	13,206 3,573 941 6,705 762 1,180 45	12,761 3,253 978 6,101 724 1,306 399	N N N 	0 0 0 0 0	1 0 0 0 1 0	1 N N N 1 —	1 N N N 1 —	2 1 - - 1	5 0 1 2 1 0 1	16 6 6 11 5 3 4	79 6 7 30 16 3 17	102 42 9 25 14 4 8
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	2,491 250 507 1,192 542	2,741 406 562 951 796	4,876 520 2,044 3,176 1,029	55,137 7,041 10,120 22,075 15,901	54,507 8,235 9,754 19,473 17,045	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	4 4 —	13 1 5 2 6	120 8 20 10 103	170 10 51 28 81	134 9 39 31 55
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	1,240 14 300 689 134 103	3,452 1,014 383 764 858 377	4,370 1,711 655 1,206 1,529 613	63,248 16,274 7,842 17,668 14,219 7,245	69,882 19,390 8,251 15,011 19,648 7,582	1 N N — 1 N	1 0 0 0 0	3 0 0 2 1 0	17 N N 12 5 N	12 N N 10 2 N	10 — 3 5 2	21 2 2 4 5 8	134 13 41 11 60 59	283 26 39 68 81 69	244 31 15 53 69 76
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	735 157 299 4 152 71 2 50	1,225 162 158 255 465 92 33 53	1,694 251 529 335 551 162 66 81	23,933 3,312 3,532 4,811 8,881 1,653 668 1,076	24,205 3,398 3,095 5,250 8,871 1,976 673 942	N N — — N N	0 0 0 0 0 0	77 0 0 77 1 0 0	N N N N N N N N N N N N N N N N N N N	3 N N - 3 N N N	5 1 1 1 2 —	16 4 2 4 3 3 0 2	125 61 16 34 14 24 6	220 46 19 58 46 34 1	149 26 21 33 33 7 1 28
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	3,036 71 — 1,176 — 467 413 — 892 17	3,926 65 115 1,282 699 469 206 474 485 63	7,499 144 200 1,543 1,514 683 4,656 3,345 1,061 96	70,623 1,415 2,233 26,124 1,059 8,618 8,330 10,148 11,478 1,218	77,703 1,330 2,323 19,281 16,199 7,389 12,166 7,952 9,851 1,212	 	0 0 0 0 0 0 0	1 0 0 0 0 1 0 0	2 	2 	8 — 6 1 — — 1	20 0 0 9 5 0 1 1	65 4 35 15 3 18 15 6 5	252 6 7 124 73 3 9 11 14 5	255 2 3 115 56 11 24 18 23 3
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	822 54 231 — 537	1,456 484 136 300 512	2,296 605 304 1,048 716	29,191 8,021 4,066 6,413 10,691	32,778 9,820 2,944 8,969 11,045	N N N N	0 0 0 0	0 0 0 0	N N N N	N N N N	_ _ _ _	4 1 1 0 1	64 14 40 11 18	39 17 7 3 12	48 17 15 9 7
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	335 187 — 148 —	2,643 224 372 245 1,778	4,425 455 851 416 3,922	49,850 5,434 6,533 4,705 33,178	45,282 3,457 7,337 4,899 29,589		0 0 0 0	1 0 1 0 0	1 N 1 N N	 N N	3 1 - 2	6 0 1 1 3	28 8 4 11 16	61 9 3 16 33	56 4 18 12 22
Mountain Arizona Colorado Idahos Montanas Nevadas New Mexicos Utah Wyomings	391 69 15 — 24 212 — 71	1,292 409 284 56 49 183 151 121	1,838 679 488 233 363 400 562 216 34	13,418 1,160 1,895 1,317 1,127 3,688 2,016 2,204	28,609 9,196 6,918 1,564 1,064 3,609 3,760 2,028 470	79 73 N N N 6 —	88 85 0 0 1 0 0	170 168 0 0 0 6 3 7	1,728 1,691 N N N 23 11 3	1,906 1,850 N N N 19 14 23	4 3 - 1 - -	9 1 2 2 1 0 2 1	567 4 26 72 7 6 9 484 8	95 12 20 21 11 3 13 9 6	76 16 21 5 4 3 19 1
Pacific Alaska California Hawaii Oregon [§] Washington	1,529 71 1,311 4 143	3,396 90 2,798 111 192 302	4,677 126 4,115 152 403 659	61,714 1,572 53,930 2,106 3,993 113	68,317 1,902 53,503 2,200 3,687 7,025	16 N 16 N N	39 0 39 0 0	217 0 217 0 0 0	788 N 788 N N	982 N 982 N N	_ _ _ _ _	2 0 0 0 2 0	20 2 0 4 16 0	20 1 — 1 18 —	29 — — — 29 —
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	 5 190	0 — 5 111 5	32 — 34 612 21	62 57 2,675 215	41 330 3,036 78	N N 	0 0 0 0	0 0 0 0	N — N —	N — N —	N — N —	0 0 0 0	0 0 0 0	N — N —	N — N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2007 and 2008 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.

Soundaries of the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

			Giardiasi	s				onorrhe	a		Нае	All age	s, all ser	<i>zae</i> , invas otypes†	ive
	Current		rious eeks	Cum	Cum	Current	52	evious weeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	181	291	1,594	5,049	5,403	2,843	6,574	7,887	107,399	132,770	31	44	159	1,088	1,050
New England Connecticut	5	23 6	55 18	391 97	418 113	81 51	103 45	227 199	1,854 764	2,018 685	_	3 0	9 8	56 2	71 20
Maine§	5	3	10	40	50	_	2	7	33	41	_	0	4	5	6
Massachusetts New Hampshire	_	9 1	29 4	155 31	186 6	23 3	48 2	127 6	880 48	1,023 58	_	1 0	6 2	35 5	37 7
Rhode Island§	_	1	15	25	21	4	6	13	127	190	_	0	2	4	1
Vermont [§] Mid. Atlantic	33	3 63	9 120	43 966	42 992	496	1 654	5 1,004	2 11,871	21 13,876	12	0 9	2 29	5 211	218
New Jersey	_	8	15	130	133	21	115	175	2,016	2,356	_	1	7	29	35
New York (Upstate) New York City	21 2	24 16	100 29	359 233	322 322	115 184	134 182	518 526	2,332 3,417	2,222 4,178	5 2	2 1	20 6	59 38	58 44
Pennsylvania	10	14	30	244	215	176	227	394	4,106	5,120	5	3	9	85	81
E.N. Central	14	43 13	90 33	734	884 257	368 7	1,321 393	1,735 589	22,341	27,941	2	6 2	24 7	153	138
llinois ndiana	N	0	0	164 N	257 N	114	158	311	5,073 3,186	6,828 3,308	_	1	20	42 35	52 17
⁄lichigan Dhio	3 7	10 16	22 36	154 303	246 255	196 35	300 345	650 685	6,705 5,236	6,078 9.102		0 2	3 6	7 63	12 50
Visconsin	4	6	21	113	126	16	121	214	2,141	2,625	_	0	4	6	7
V.N. Central	17	27	583	592	341	155	354	444	6,029	7,654	4	3	24	88	58
owa Kansas	3 2	5 3	23 11	95 54	74 44	12 57	31 44	56 130	522 874	772 882	_	0	1 2	2 8	1 5
/linnesota	 8	0 9	575	191	6	7	63	92 235	1,132	1,344 3,995		0 1	21	17 42	22 23
∕lissouri √lebraska§	4	4	23 8	156 66	146 42	54 19	180 26	235 51	2,859 504	513	2	0	6 3	42 14	23
North Dakota South Dakota	_	0 1	3 6	10 20	7 22	<u> </u>	2 5	6 10	40 98	40 108	_	0	2	5	1
S. Atlantic	38	55	101	815	1,002	951	1,531	2,539	24,300	30.639	8	11	30	286	277
Delaware	1	1	6	15	13	26	22	44	458	533	_	0	1	3	5
istrict of Columbia lorida	 27	0 22	7 47	37 415	33 443	380	46 477	75 616	839 8,995	904 8,210	4	0 3	3 10	9 79	76
Georgia ∕Iaryland§	7 2	12 5	24 18	132 73	208 92	1 88	298 131	626 237	399 2,288	6,590 2,305	2	2 1	9 5	71 50	63 47
lorth Carolina	N	0	0	N	N	184	133	1,825	3,664	6,077	i	0	9	30	32
South Carolina§ ′irginia§	_ 1	3 9	7 39	38 87	26 175	268	191 132	840 485	3,680 3,684	3,379 2,317	_	1 1	6 23	23 14	26 17
Vest Virginia		Ö	8	18	12	4	17	38	293	324	_	0	3	7	8
E.S. Central Nabama§	2 2	10 5	23 11	138 74	166 84	267 21	553 203	833 282	10,600 3,272	12,205 4,159	_	3	8 3	62 8	57 14
Kentucky	N	0	0	N	N	77	51	143	1,561	1,046	_	0	1	1	3
Mississippi 「ennessee§	_N	0 4	0 16	N 64	N 82	169	128 174	401 261	2,446 3,321	3,235 3,765	_	0 2	2 6	9 44	36
N.S. Central	6	6	34	75	113	76	1,023	1,355	16,933	18,661	3	2	22	52	41
Arkansas§ Louisiana	2	2	9	37 11	46 33	28	77 184	138 384	1,692 3,026	1,611 4,299	_	0 0	3 2	2	3
Oklahoma	4	3	29	27	34	48	93	171	1,740	1,947	3	1	14	46	30
Texas [§]	N	0	0	N	N	_	643	1,102	10,475	10,804	_	0	3	1	3
Mountain Arizona	17 —	31 3	67 11	359 35	499 70	99 19	250 90	337 130	2,689 311	5,131 1,926	2 1	5 2	13 11	133 69	126 56
Colorado	12	10	26	118	162	22	57	91	713	1,290	1	1	4	10	26
daho§ √ontana§	1	3 2	19 8	46 23	41 29	_	4 1	19 48	56 38	104 39	_	0	4 1	6 1	_
Nevada [§] New Mexico [§]	4	3 2	8 5	37 25	44 48	47	45 28	126 105	973 376	845 601	_	0 1	1 4	7 16	18
Jtah	_	7	32	64	92	11	13	39	222	304	_	1	6	24	14
Nyoming [§]	_	1	3	11	13	_	1	5		22	_	0	1	_	2
Pacific Alaska	49 1	54 2	688 5	979 27	988 20	350 7	663 10	810 24	10,782 164	14,645 192	_	2 0	10 4	47 8	64 4
California Hawaii	32	41 1	91 5	685 12	783 29	316 1	564 11	683 23	9,874 206	12,352 269	_	0	5 1	6 7	20
Oregon§	6	9	19	162	153	26	24	63	521	421	_	1	4	24	37
Washington	10	0	590	93	3	_	58	142	17	1,411	_	0	6	2	_
American Samoa C.N.M.I.	_			_	_	_		1	_	_	_	0		_	_
Guam Puerto Rico	_	0 3	1 31	 8	1 98	 5	1 5	9 23	19 97	48 133	_	0	1 1	_	1
J.S. Virgin Islands	_	0	0	_	_	_	1	4	38	20	N	Ö	Ö	N	,

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.

* Incidence data for reporting years 2007 and 2008 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). Max: Maximum.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

				titis (viral,	acute), by	type [†]								i.	
		Dros	A /ious				Brow	B ious					egionellos vious	SIS	
	Current		rious reeks	Cum	Cum	Current		eeks	Cum	Cum	Current		vious veeks	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	31	52	207	917	1,018	60	79	300	1,196	1,586	28	48	122	631	565
New England	1	2	6	42	35	1	1	5	18	31	_	2	14	27	30
Connecticut Maine§	_	0	3 1	10 2	6	_ 1	0	5 2	7 5	18 2	_	1 0	4 2	7 1	3
Massachusetts	_	1	5	18	13	<u>.</u>	0	1	3	2	_	0	2	1	15
New Hampshire Rhode Island§	_	0	1 2	2 9	9 6	_	0	1 3	1	4 4	_	0	2 5	3 11	 11
Vermont [§]	1	0	1	1	1	_	0	1	i	1	_	0	2	4	1
Mid. Atlantic	5	9	21	110	160	5	9	17	148	236	11	14	37	141	147
New Jersey New York (Upstate)	<u> </u>	2 1	6 6	20 28	53 30	_ 3	2 2	7 7	35 28	74 34	 5	2 4	13 15	13 41	22 39
New York City	_	3	9	30	50 51	_	2	7	20	54 54	_	2	11	15	33
Pennsylvania	1	2	6	32	26	2	3	8	64	74	6	5	21	72	53
E.N. Central	3	6	13 6	116	112 50	2	8	15	125 24	201 64	1	11 2	30	140	134
Illinois Indiana	_	2	4	31 6	50 4	_	1 0	5 8	24 11	14	_	1	12 7	18 8	29 9
Michigan	1	2	7	55	26	_	2	6	44	49	_	3	11	42	41
Ohio Wisconsin	2	1 0	3 2	16 8	25 7	2	2 0	6 1	43 3	61 13	1	4 0	17 1	68 4	47 8
W.N. Central	3	3	24	124	63	1	2	7	33	43	_	2	9	29	16
Iowa	_	1	7	48	14	_	0	2	7	12	_	0	2	6	3
Kansas Minnesota	_	0	3 23	10 10	2 33	_	0	2 5	4 1	4 4	_	0	1 6	1 3	_
Missouri	_	0	3	19	5	_	1	4	18	16	_	1	3	9	8
Nebraska [§] North Dakota	3	1 0	5 0	35 —	5 —	1	0	1 1	3	4	_	0	2	9	2
South Dakota	_	Ö	1	2	4	_	0	i	_	3	_	Ö	1	1	1
S. Atlantic	5	9	22	124	179	28	17	58	314	401	5	8	27	127	126
Delaware District of Columbia	_	0	1 0	2	1 14	_	0	2	4	6 1	_	0 0	2	2 7	1 1
Florida	4	2	8	61	56	6	6	12	136	132	4	3	10	57	54
Georgia	1	1	5	14	29	3	2	6	39	52	_	1 1	3	9	16
Maryland [§] North Carolina	_	1 0	4 9	15 9	30 7	2 17	2	6 16	27 42	42 56	1	0	5 7	22 8	24 13
South Carolina§	_	0	4	6	4	_	1	6	24	30	_	0	2	2	5
Virginia§ West Virginia	_	1 0	5 2	15 2	36 2	_	2	16 30	31 11	62 20	_	1 0	6 3	17 3	9
E.S. Central	2	2	5	18	35	3	8	15	127	114	1	2	6	29	33
Alabama§	_	0	4	3	8	2	2	6	37	43	_	0	1	4	4
Kentucky Mississippi	1	0	2 1	8	5 6	1	2	7 3	37 12	12 10	_	1 0	3 0	15 —	12
Tennessee§	1	1	3	7	16	_	2	8	41	49	1	1	4	10	17
W.S. Central	_	5	46	65	82	12	17	121	243	297	2	2	16	17	26
Arkansas [§] Louisiana	_	0	1 3	2 4	5 15	_	1 1	3 6	12 14	30 34	_	0	3 2	1	2
Oklahoma	_	0	8	4	3	3	2	38	29	12	_	0	2	1	_
Texas [§]	_	4	45	55	59	9	12	97	188	221	2	1	14	15	23
Mountain Arizona	1 1	4 2	9 7	71 32	103 80	1	3 1	7 4	54 13	91 44	1	2 1	6 5	28 9	25 6
Colorado		0	3	7	10	_	0	3	6	14		0	2	1	5
Idaho [§] Montana [§]	_	0	3 2	13	2 1	_	0	2 1	4	4	_	0 0	1 1	1 2	1 1
Nevada [§]	_	0	1	2	6	1	1	3	17	21	_	0	2	5	3
New Mexico§	_	0	3	13	1 2	_	0	2	6	5	_	0	1	3 7	2
Utah Wyoming [§]	_	0	2 1	2 2	1	_	0	1	7 1	3	_	0	3 1		3
Pacific	11	12	103	247	249	7	8	84	134	172	7	3	38	93	28
Alaska California	 11	0 10	1	202	2	7	0 6	2 19	6	3	<u> </u>	0 2	1 14	1 76	 25
Hawaii	11 —	0	42 2	203 3	235 3		0	19	94 3	143 3	<u>6</u>	0	14	76 4	25 1
Oregon§	_	1	3	16	9	_	1	3	15	22	_	0	2	6	1
Washington	_	0	59	23	_	_	0	64	16	1	1	0	23	6	1
American Samoa C.N.M.I.	_	0	0	_	_	_	0	0	_	14	N —	0	0	N —	N
Guam	_	0	0	_		_	0	1	_	2	_	0	0	_	_
Puerto Rico U.S. Virgin Islands	_	0	4 0	2	34	_	1 0	5 0	5	26 —	_	0	1 0	_	3
virgiri isiarius		U	U				-						- 0		

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2007 and 2008 are provisional.

* Data for acute hepatitis C, viral are available in Table I.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

			yme disea	ase				/lalaria			Mei	All	serogrou	se, invasiv ips	re [†]
		Prev			_			ious	_				ious.		
Reporting area	Current week	Med Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	eeks Max	Cum 2008	Cum 2007
United States	102	355	1,313	2,004	3,613	14	24	152	255	366	14	17	71	479	480
New England	_	57	398	112	683	_	1	30	3	17	_	1	3	14	22
Connecticut Maine§	_	24 6	280 61	33	444 22	_	0	22 2	_		_	0	1 1	1 1	3
lassachusetts	_	0	31	25	98	_	0	3	2	13	_	0	3	12	11
New Hampshire Rhode Island§	_	7 0	88 77	45	106	_	0	4 8	1	1	_	0	0 1	_	1
lermont§	_	1	13	9	13	_	0	2	_	_	_	0	1	_	2
Mid. Atlantic	72	174	692	1,086	1,609	3	7	18	55	102	_	2	6	51	58
lew Jersey lew York (Upstate)	<u> </u>	39 54	220 224	230 210	605 271	_	1 1	7 8	9	24 15	_	0 1	1 3	1 16	14
New York (Opsiale)	4 2	4	27	4	64	_	4	9	36	55	_	Ó	3	8	17
Pennsylvania	30	52	326	642	669	1	1	4	10	8	_	1	5	26	19
E.N. Central Ilinois	_	6 0	169	27	212 11	1	2	7 6	43 20	51 27	4	3 1	9 3	83 26	77 27
ndiana	_	0	16 7	2 1	3	_	1 0	2	20	1	_	0	4	12	13
/lichigan	_	0	5	7	5	_	0	2	6	7	_	0	2	13	12
Ohio Visconsin	_	0 4	4 149	4 13	4 189	<u>1</u>	0 0	3 1	13 3	9 7	2 2	1 0	4 2	23 9	17 8
V.N. Central	1	3	731	65	63	1	0	8	21	19	1	2	8	49	30
owa	_	1	11	6	22	_	0	1	2	2	_	0	3	11	7
Kansas Minnesota	_	0	2 731	2 51	5 35	1	0	1 8	3 6	1 11	_	0 0	1 7	1 15	2
/lissouri	1	0	4	5	_	_	0	4	6	2	_	0	3	12	8
lebraska [§] Iorth Dakota	_	0	1 2	_	1	_	0	2 1	4	2	1	0	2 1	8 1	2
South Dakota	_	Ö	1	1	_	_	Ö	Ö	_	1	_	Ö	i	1	1
. Atlantic	25	62	218	618	977	5	4	15	61	73	1	3	7	64	68
elaware district of Columbia	2 1	12 0	34 9	182 63	191 13	_	0	1 0	1	2 3	_	0	1 0	_	_
lorida	_	0	4	8	2	3	1	7	21	17	1	1	5	25	26
ieorgia Iaryland§	 14	0 31	3 136	1 281	1 613	1	1 1	3 5	11 22	7 21	_	0	3 2	8 4	7 15
orth Carolina	_	0	8	2	6		0	4	2	5	_	0	4	3	6
South Carolina§ 'irginia§	1 7	0 18	4 68	3 75	6 141	_	0 0	1 7	1 3	2 15	_	0	3 3	9 13	8
Vest Virginia	_	0	9	3	4	_	0	1	_	1	_	0	1	2	_
S. Central	_	0	5	2	12	_	0	3	6	11	1	1	3	24	28
Alabama [§] Kentucky	_	0	3 2	2	3	_	0	1 1	3 2	1 2	_	0	1 2	1 5	7 5
Mississippi	_	0	1	_	_	_	0	1	_	1	_	Ō	2	7	5
ennessee§	_	0	4	_	9	_	0	2	1	7	1	0	2	11	11
V.S. Central Arkansas§	_	1 0	9 1	9	26	1	1 0	59 1	12	27	_	2	12 1	43 4	54 7
ouisiana	_	0	Ó	_	2		0	i		11	_	0	3	12	19
Oklahoma 「exas§	_	0 1	1 8	9	 24	1	0 1	4 55	2 10	1 15	_	0 1	4 7	8 19	10 18
Mountain		1	3	4	8		1	5	9	20		1	3	25	36
Arizona	_	0	1	2	<u> </u>	_	0	1	3	4	_	0	1	2	8
Colorado	_	0	1	2		_	0	2	2	9	_	0	2	4 2	13
daho§ Montana§	_	0	2 2	_	1	_	0	2 1	_	1	_	0 0	2 1	4	1
Nevada§	_	0	2	_	5	_	0	3	4	1	_	0	2	5	3
New Mexico§ Jtah	_	0	2 1	_	_	_	0 0	1 3	_	1 4	_	0	1 2	4 2	1
Nyoming [§]	_	Ō	1	_	_	_	0	Ō	_	_	_	Ō	1	2	2
Pacific	4	2	15	81	23	3	3	37	45	46	7	4	39	126	107
Alaska California	4	0 2	2 8	— 79	2 20	3	0 2	0 8	38	2 33	7	0 3	2 17	2 95	1 88
Hawaii	Ň	0	0	N	N	_	0	1	1	2	_	0	2	1	4
Dregon [§] Vashington	_	0	1 12	2	1	_	0	2 30	3 3	9	_	1 0	3 28	16 12	14
American Samoa	N	0	0	N	N	_	0	0	_	_	_	0	0	_	_
C.N.M.I.	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Guam Puerto Rico	N	0	0	N	N	_	0	1 1	1	1	_	0	0 1	_	5
J.S. Virgin Islands	N	Ő	Ő	N	N	_	ő	Ö		_	_	ő	Ö	_	_

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2007 and 2008 are provisional.

* Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.

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

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

(20th Week)*															
		Droi	Pertussis ious	s				ies, anim /ious	ıal		R		untain sp vious	otted fever	·
	Current		reeks	Cum	Cum	Current		reeks_	Cum	Cum	Current		vious veeks_	Cum	Cum
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	week	Med	Max	2008	2007
United States	64	158	1,132	2,276	3,424	39	95	177	1,362	2,124	4	31	165	113	305
New England Connecticut	1	20 0	46 5	262	555 24	4	8 4	22 10	110 57	193 81	_	0	1 0	_	3
Maine†	_	1	5	14	34	_	1	5	18	31	N	0	0	N	N
Massachusetts New Hampshire	_	14 0	33 3	222 8	442 33	N 2	0 1	0 4	N 14	N 15	_	0	1 1	_	3
Rhode Island†	1	1	31	13	6	N	0	0	N	N	_	0	0	_	_
Vermont [†]	_	0	6	5	16	2	2	13	21	66	_	0	0	_	_
Mid. Atlantic New Jersey	9	22 3	44 9	291 3	488 83	7	19 0	29 0	331	354	_	1 0	5 3	15 2	26 6
New York (Úpstate)	5	8	24	106	238	7	9	20	137	149	_	0	2	5	_
New York City Pennsylvania	4	2 8	7 23	29 153	52 115	_	0 8	2 18	5 189	24 181	_	0	2	4 4	12 8
E.N. Central	13	21	186	539	663	3	3	43	16	16	_	1	4	2	15
Illinois	_	2	8	39	79	N	0	0	N	N	_	0	3	1	10
Indiana Michigan	_	0 4	12 16	15 54	11 114	1	0 1	1 32	1 9	3 7	_	0	2 1	_	1 2
Ohio Wisconsin	13	10 0	176 14	431	303 156	2 N	1 0	11 0	6 N	6	_	0	2	1	2
W.N. Central	 17	11	136	190	267	IN	4	13	36	N 77	_	4	33	— 17	50
lowa	_	1	8	27	69	_	0	3	4	8	_	0	4		2
Kansas Minnesota	 15	2	5 131	23 20	64 48	_	0	7 6	 17	45 4	_	0	2 4	_	6
Missouri	2	2	18	96	31	_	0	3	5	6	2	3	25	17	40
Nebraska [†] North Dakota	_	1 0	12 4	21	10 4	_	0	0 5	 8	<u> </u>	_	0	2	_	1
South Dakota	_	Ö	3	3	41	_	Ö	2	2	8	_	ő	1	_	1
S. Atlantic	1	14	50	211	386	14	40	61	717	886	_	14	111	44	127
Delaware District of Columbia	_	0	2	2 5	3 2	_	0	0	_	_	_	0	2	2 3	6 1
Florida	1	3	9	62	99	_	0	25	46	124	_	0	3	2	3
Georgia Maryland†	_	0 2	3 6	27	16 51	_	6 9	17 18	110 128	87 144	_	0 1	6 6	5 11	16 16
North Carolina South Carolina [†]	_	1 1	38 22	59 22	130	11	9	19 0	181	187 46	_	1 0	96 7	11 2	58 9
Virginia [†]	_	2	11	32	36 42	_	12	27	211	266	_	2	11	7	17
West Virginia	_	0	12	2	7	3	0	11	41	32	_	0	3	1	1
E.S. Central Alabama [†]	2	7 1	31 6	76 18	97 30	1	3	7 0	39	60	2	4 1	16 10	18 7	69 16
Kentucky	_	0	4	7	9	1	0	3	13	8	_	0	2	_	1
Mississippi Tennessee [†]	1	3 1	29 4	34 17	15 43	_	0 2	1 6	1 25	<u> </u>		0 1	3 10	1 10	3 49
W.S. Central	8	19	186	153	284	7	13	40	42	448	_	2	122	12	7
Arkansas†	1	2	17	22	58	4	1	6	26	10	_	0	15	1	_
Louisiana Oklahoma	_	0	2 26	2 4	9 1	3	0	0 32	16	 20	_	0	2 101	2 4	1
Texas [†]	7	16	170	125	216	_	12	34	_	418	_	1	8	5	6
Mountain Arizona	5 1	19 2	37 8	277 43	476 128	N	2	8 0	18 N	4 N	_	0	4 1	3	7 1
Colorado		4	13	31	118	_	0	0		_	_	0	2	_	_
Idaho† Montana†	3	0 1	4 11	17 56	20 26	_	0	4 3	_	_	_	0	1 1	_	1
Nevada [†]	1	0	7	13	14	=	0	2	1	_	_	0	0	_	_
New Mexico [†] Utah	_	1 5	7 27	21 94	23 132	_	0	2	13	1 1	_	0	1 0	1	1
Wyoming [†]	_	Ö	2	2	15	_	Ö	4	4	2	_	0	2	_	4
Pacific	8	14	616	277	208	3	4	10	53	86		0	1	2	1
Alaska California	_	1 8	6 129	25 105	13 149	3	0 3	3 8	11 41	31 55	_ N	0	0 1	N 1	N 1
Hawaii	_	0	2	4	10	_	0	0	_	_	N	0	0	N	N
Oregon [†] Washington	2 6	2	14 482	44 99	36	_	0 0	3 0	1	_	N	0 0	1 0	1 N	N
American Samoa	_	0	0	_	_	N	0	0	Ν	N	N	0	0	N	N
C.N.M.I. Guam	_			_	_	_			_	_	N			N	_ N
Puerto Rico	_	0	0	_	_	2	1	5	26	19	N	0	0	N	N
U.S. Virgin Islands		0	0	_		N	0	0	N	N	N	0	0	N	N

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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 years 2007 and 2008 are provisional.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

(20th Week)*		s	almonello	sis		Shiga	toxin-pro	ducing E	. coli (STE	C) [†]			Shigellos	is	
			vious	•		0		/ious			0		vious		
Reporting area	Current week	Med	eeks Max	Cum 2008	Cum 2007	Current week	Med Med	reeks Max	Cum 2008	Cum 2007	Current week	Med	veeks Max	Cum 2008	Cum 2007
United States	435	862	2,661	9,813	12,386	37	74	244	1,042	954	207	359	1,296	5,398	4,706
New England Connecticut Maine [§] Massachusetts New Hampshire Rhode Island [§] Vermont [§]	2 - - - 1 1	25 0 2 16 2 1	151 123 14 58 10 14 5	449 123 46 220 22 21 17	962 431 38 395 44 32 22	_ _ _ _	3 0 0 2 0 0	12 8 4 10 4 2 3	48 8 4 24 7 3 2	126 71 13 30 8 1	=	3 0 0 2 0 0	13 12 2 8 1 9	54 12 2 33 1 5	119 44 12 55 4 3
Mid. Atlantic New Jersey New York (Upstate) New York City Pennsylvania	55 — 30 4 21	106 18 24 24 32	190 48 63 52 69	1,190 160 329 323 378	1,727 348 425 413 541	3 - 2 - 1	9 1 3 0 2	195 7 191 5 11	293 3 261 10 19	118 31 35 13 39	8 6 1 1	21 4 4 7 2	79 14 37 35 66	550 73 178 258 41	208 33 38 108 29
E.N. Central Illinois Indiana Michigan Ohio Wisconsin	75 — 8 67 —	86 27 9 18 26 9	255 188 34 43 64 29	1,127 263 108 234 395 127	1,828 651 166 286 367 358	3 - 3 	8 1 1 2 2 2	35 13 12 8 9 11	95 9 9 22 36 19	116 18 10 19 41 28	13 — — 12 1	61 16 8 1 23 5	134 29 83 7 104 20	1,018 262 292 20 296 148	459 210 23 15 125 86
W.N. Central lowa Kansas Minnesota Missouri Nebraska [§] North Dakota South Dakota	17 1 2 2 8 4 —	51 8 7 13 14 5 0 3	103 18 20 39 29 13 9	737 110 80 209 205 89 13 31	854 136 133 208 235 68 11 63	8 2 — 6 —	12 2 1 3 3 1 0	38 13 4 15 12 6 1	124 28 9 20 46 11 2	121 23 12 46 20 17 —	5 	25 2 0 4 14 0 0 2	64 8 3 11 48 3 5 30	336 33 7 81 124 — 23 68	808 24 13 92 649 9 6
S. Atlantic Delaware District of Columbia Florida Georgia Maryland [§] North Carolina South Carolina [§] Virginia [§] West Virginia	109 2 	229 3 0 87 33 15 23 17 22 4	444 8 6 181 86 44 228 52 49 25	2,593 42 32 1,291 359 167 264 215 174 49	3,009 39 15 1,227 468 217 441 248 316 38	8 -1 2 -2 1 -2	12 0 0 2 1 1 1 0 3	40 2 3 18 6 5 24 3 9	182 4 8 57 13 30 18 13 32 7	184 6 1 45 23 30 25 4 49	46 — 14 32 — — —	76 0 0 31 28 2 1 7 4	152 2 5 75 85 7 12 21 14 61	1,116 3 14 367 429 21 35 196 48 3	1,603 4 940 539 29 25 28 33
E.S. Central Alabama [§] Kentucky Mississippi Tennessee [§]	29 5 6 5 13	60 16 9 15 17	144 50 23 57 34	633 187 108 142 196	778 233 153 159 233	7 1 1 —	5 1 1 0 2	26 19 12 1 12	77 26 14 2 35	42 10 13 2 17	45 1 15 2 27	52 13 11 18 9	178 43 35 112 32	726 159 126 191 250	369 154 40 104 71
W.S. Central Arkansas [§] Louisiana Oklahoma Texas [§]	53 5 — 11 37	97 13 15 9 51	875 50 44 60 790	827 100 58 120 549	943 123 199 110 511	1 - 1 -	5 0 0 0 4	23 4 0 13 11	71 14 — 5 52	66 12 3 8 43	62 7 — 1 54	49 2 6 3 36	707 17 22 31 663	994 104 58 39 793	516 38 166 21 291
Mountain Arizona Colorado Idaho ^{\$} Montana ^{\$} Nevada ^{\$} New Mexico ^{\$} Utah Wyoming ^{\$}	27 11 10 3 1 2 —	51 17 11 3 1 5 6 5	83 39 47 10 10 12 14 17 5	828 252 256 45 23 77 79 77	828 272 211 39 31 80 83 80 32	2 1 - 1 - - -	8 1 1 2 0 0 0 0 1	42 8 17 16 3 3 3 9	93 21 10 25 12 5 10 7	107 35 20 8 — 10 19 15	8 2 2 1 1 1 2 —	18 10 2 0 0 2 1 1	40 30 6 2 1 10 6 5	213 98 18 5 1 70 12 6 3	264 124 41 4 11 12 42 6 24
Pacific Alaska California Hawaii Oregon [§] Washington	68 1 56 1 1 9	102 1 83 5 6 0	1,045 5 286 14 16 749	1,429 9 1,100 65 99 156	1,457 32 1,242 87 93 3	5 - 5 - -	7 0 4 0 1 0	166 1 34 5 11 140	59 1 36 3 5 14	74 — 50 12 12	20 18 - 2	26 0 23 0 1 0	218 1 61 43 6 159	391 — 331 16 20 24	360 6 322 14 18
American Samoa C.N.M.I. Guam Puerto Rico U.S. Virgin Islands	_ _ _ 2 _	0 0 12 0	1 5 55 0	1 5 65 	 5 291 	_ _ _ _	0 0 0 0	0 0 1 0	_ _ _ 1 _	_ _ _ _	_ 1 _ _	0 0 0 0	1 3 2 0	1 9 —	1 6 15

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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 years 2007 and 2008 are provisional.
Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

	Stre			invasive, gr	oup A	Streptococcus pneumoniae, invasive disease, nondrug resistant [†] Age <5 years					
Donostino ono	Current	52 w	rious eeks	Cum	Cum	Current	52 w	vious veeks	Cum	Cum	
Reporting area	week	Med	Max	2008	2007	week	Med	Max	2008	2007	
United States	71	94	235	2,487	2,506	25	34	148	723	720	
New England Connecticut	_	5 0	24 22	135 13	205 49	_	1 0	5 4	39	61 10	
Maine§	_	0	3	11	10	_	0	1	1	1	
Massachusetts New Hampshire	_	2	7 2	82 16	109 23	_	1 0	4 1	30 7	44 —	
Rhode Island [§]	_	0	6	5	2	_	0	1	_	4	
/ermont [§]	_	0	2	8	12	_	0	1	1	2	
Mid. Atlantic New Jersey	16 —	17 3	42 8	512 69	525 108	3	4 1	38 6	86 18	118 31	
New York (Upstate)	11	6	20	185	145	3	2	14	43	49	
New York City	_	4	10	84	131		1	35	25	38	
Pennsylvania	5	5	16	174	141	N	0	0	N	N	
E.N. Central Ilinois	11 —	16 4	59 15	510 135	480 153	2	5 1	22 6	151 33	118 28	
ndiana	_	2	11	63	52	_	0	14	19	7	
Michigan	1	3	10	80	116	_	1	5	37	42	
Ohio Wisconsin	4 6	4 0	15 38	145 87	133 26	<u>2</u>	1 0	5 9	28 34	34 7	
W.N. Central	3	5	39	221	182	3	2	15	64	45	
owa	_	0	0	_	_	_	0	0	_	_	
Kansas Minnesota	1	0	6 35	32 101	23 86	3	0 0	2 13	13 24	1 26	
Minnesota Missouri		2	10	52	86 47	_	1	2	18	13	
Nebraska [§]	_	0	3	18	12	_	0	3	4	4	
North Dakota South Dakota	_	0	3 2	8 10	10 4	_	0 0	1 1	1 4	1	
S. Atlantic	22	22	51	519	540	4	5	10	98	104	
Delaware	_	0	2	6	4	_	0	0	_	_	
District of Columbia	_	0	8	26	8	_	0 1	2	3		
Florida Georgia	6 6	6 4	16 10	124 97	118 124	4	0	4 0	30	30	
Maryland§	1	4	9	89	95		1	5	34	37	
North Carolina South Carolina§	8	2 1	22 6	70 30	55 52	<u>N</u>	0 1	0 4	N 20	N 12	
Virginia§	1	3	12	64	74	_	Ö	4	7	23	
West Virginia	_	0	3	13	10	_	0	1	4	2	
E.S. Central	2	4	13	79	90	1	2	11	48	46	
Alabama§ Kentucky	N —	0 1	0 3	N 16	N 24	N N	0 0	0 0	N N	N N	
Mississippi	N	0	0	N	N	_	0	3	13	3	
Tennessee§	2	3	13	63	66	1	2	9	35	43	
W.S.Central Arkansas§	7	7 0	83 2	199	143	7	5 0	61	116	112	
Arkansas [®] Louisiana	_	0	1	4 3	13 13	_	0	2 2	4 1	6 23	
Oklahoma	2	1	17	58	39	2	1	5	41	24	
Texas [§]	5	5	65	134	78	5	3	56	70	59	
Vlountain Arizona	9 6	10 4	24 9	263 98	279 100	5 1	4 2	12 8	114 63	108 55	
Colorado	2	2	9	62	75	4	1	4	30	25	
daho§ Vontana§	_ N	0	2 0	9 N	6 N	_	0	1 1	2	2	
viontana ^s Nevada [§]	N	0	2	N 6	2	N	0	0	N	N	
New Mexico§	1	2	7	50	47	_	0	3	10	22	
Utah Wyoming [§]	_	1 0	5 2	35 3	45 4	_	0 0	4 1	8 1	4	
Pacific	1	3	6	49	62	_	0	2	7	8	
Alaska		0	3	13	11	N	0	0	N	N	
California	_	0	0	_	 51	N	0	0	N	N	
Hawaii Oregon§	1 N	2 0	6 0	36 N	51 N	N	0 0	2 0	7 N	8 N	
<i>N</i> ashington	N	Ö	Ő	N	N	N	Ő	ő	N	N	
American Samoa	3	0	12	19	4	N	0	0	N	N	
C.N.M.I. Guam	_			_	_				_	_	
Puerto Rico	N	0	0	N	N	N	0	0	N	N	
J.S. Virgin Islands	_	0	0	_	_	N	0	0	N	N	

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not no —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

^{*} Incidence data for reporting years 2007 and 2008 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 May 17, 2008, and May 19, 2007 (20th Week)*

(20th Week)*		St	rentococ	cus pneum	oniae. inva	sive diseas	e. drug re:	sistant†							
	All ages					Age <5 years					Syphilis, primary and secondary				
		Prev	ious					vious				Pre	vious		
Reporting area	Current week	Med 52 we	eeks Max	Cum 2008	Cum 2007	Current week	52 w Med	veeks Max	Cum 2008	Cum 2007	Current week	52 v Med	veeks Max	Cum 2008	Cum 2007
United States	39	46	231	1,222	1,268	2	9	36	196	258	103	222	328	3,971	3,870
New England	_	1	20	23	78	_	0	4	3	9	4	6	14	106	83
Connecticut	_	0	16	_	48	_	0	3	_	4		0	6	7	9
Maine§ Massachusetts	_	0 0	2 0	9	7	_	0	1 0	1	1	4	0 3	2 11	2 91	1 50
New Hampshire	_	0	0	_	_	_	0	Ö	_	_		0	3	4	9
Rhode Island§ Vermont§	_	0 0	3 2	5 9	12 11	_	0	1 1	1 1	2	_	0	3 5	2	12 2
Mid. Atlantic	3	2	7	73	78	1	0	2	13	19	33	32	45	690	602
New Jersey	_	0	0	_	_		0	0	_	_	_	4	10	85	76
New York (Upstate) New York City	2	1 0	5 0	24	25	_	0	1 0	4	8	2 25	3 17	10 30	49 434	46 375
Pennsylvania	1	1	7	49	53	1	0	2	9	11	6	5	12	122	105
E.N. Central	10	13	46	354	335	1	2	14	56	59	6	17	31	350	322
Illinois Indiana	_	3 3	13 28	51 109	59 67	_	0 1	6 11	11 14	24 8	_ 1	7 1	19 6	61 58	158 15
Michigan	_	0	1	4	_	_	Ö	1	1	_	2	2	17	87	45
Ohio Wisconsin	10	7 0	15 0	190	209	1	1 0	4 0	30	27	3	4 1	14 3	126 18	78 26
W.N. Central	1	3	106	98	94		1	9	7	15	_	8	15	145	105
lowa		0	0	-	—	_	Ó	0	_	_	_	0	2	5	6
Kansas	1	1	5	45 —	51	_	0	1	2	2	_	0	5 4	12	7
Minnesota Missouri	_	0 1	105 8	53	1 35	_	0	9 1	2	10	_	1 5	10	34 91	24 67
Nebraska§	_	0	0	_	2	_	0	0	_	_	_	0	1	3	1
North Dakota South Dakota	_	0	0 1	_	<u> </u>	_	0	0 1	3	3	_	0	1 3	_	_
S. Atlantic	22	19	42	502	540	_	3	9	81	125	27	49	196	805	830
Delaware	_	0	1	2	4	_	0	1	_	1	_	0	3	1	5
District of Columbia Florida	13	0 11	4 26	14 278	5 290	_	0 2	0 6	49	66	9	2 18	11 34	34 331	68 277
Georgia	9	6	18	169	208	_	1	6	27	51	_	6	174	27	107
Maryland [§] North Carolina	N	0	2	3 N	1 N	N	0	1 0	1 N	N	4 8	7 6	14 18	142 130	114 138
South Carolina§	_	0	0	_	_	_	0	0	_	_	_	1	10	31	41
Virginia [§] West Virginia	N	0 1	0 7	N 36	N 32	N	0	0 2	N 4	N 7	6	4 0	17 1	109	75 5
E.S. Central	3	4	12	135	74	_	1	4	25	15	10	19	32	383	288
Alabama§	Ň	0	0	N	N	N	0	0	N	N	3	8	17	160	106
Kentucky Mississippi	_	0 0	3 0	32	16	_	0	2	8	1	_	0 2	7 15	35 45	29 48
Tennessee§	3	3	12	103	58	_	1	3	17	14	7	8	14	143	105
W.S. Central	_	1	5	23	45	_	0	2	7	7	9	40	59	700	589
Arkansas [§] Louisiana	_	0 1	2 4	6 17	1 44	_	0	1 2	3 4	2 5	9	2 11	10 22	44 172	40 157
Oklahoma	N	0	0	N	N	N	0	0	Ņ	Ň	_	1	5	23	23
Texas [§]	_	0	0	_	_	_	0	0	_	_	_	25	46	461	369
Mountain Arizona	_	1 0	6 0	14	24	_	0	2	3	8	2	8 4	29 21	79 3	160 80
Colorado	_	0	0	_	_	_	0	0	_	_	1	1	7	38	20
Idaho [§] Montana [§]	N	0	0	N —	N	N	0	0	N	N	_	0	1 3	1	1
Nevada§	N	0	0	N	N	N	0	0	N	N	1	2	6	 27	34
New Mexico§	_	0	1	1	 15	_	0	0	_ 3	1	_	0	3	10	19
Utah Wyoming [§]	_	0	6 2	13	9	_	0	2 1	_	6 1	_	0	2 1	_	4 1
Pacific	_	0	0	_	_	_	0	1	1	1	12	41	69	713	891
Alaska California	N N	0	0	N	N N	N	0	0	N N	N N		0 37	1	— 628	4
Hawaii	_ N	0	0	_ N	N	N —	0	1	N 1	N 1		0	59 2	628 9	825 4
Oregon§	N	0	0	N	N	N	0	0	N	N	10	0	2	6	8
Washington	N	0	0	N	N	N	0	0	N	N	10	3	13	70	50
American Samoa C.N.M.I.	_ N	0	0	N —	N	N —	0	0	N —	_N	_	0	0	_	4
Guam	_	0	0	_	_	_	0	0	_	_	9	0	0	_	_
Puerto Rico U.S. Virgin Islands	_	0 0	0 0	_	_	_	0	0	_	_	9	3 0	10 0	61 —	53

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: Max.* Incidence data for reporting years 2007 and 2008 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). Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 17, 2008, and May 19, 2007 (20th Week)*

	Varicella (chickenpox) Previous					West Nile virus disease† Neuroinvasive Nonneuroinvasive§									
								vious	/e				ieuroinva ious	isive	
Demontinuo	Current	52 w	eeks	Cum	Cum	Current	52 v	reeks	Cum	Cum	Current	52 w	eeks	Cum	Cum 2007
Reporting area United States	week 541	Med 628	Max	2008 13,198	2007	week	Med 1	Max 141	2008	2007	week	Med 2	Max	2008	2007
New England	4	13	1,429 39	224	20,156 513	_	0	2	_	6	_	0	299 2		_
Connecticut	_	0	1		1	_	0	2	_	_	_	0	1	_	
Maine ¹	_	1	26	_	170	_	0	0	_	_	_	0	0	_	_
Massachusetts New Hampshire	_	0 6	0 18	102	156	_	0	2	_	_	_	0	2	_	_
Rhode Island ¹	_	0	0	-	_	_	0	Ö	_	_	_	0	1	_	
Vermont [¶]	4	6	19	122	186	_	0	0	_	_	_	0	0	_	_
Mid. Atlantic	66	57	145	1,090	2,524	_	0	3	_	_	_	0	3	_	_
New Jersey New York (Upstate)	N N	0	0	N N	N N	_	0	1 1	_	_	_	0	0 1	_	_
New York City	N	0	0	N	N	_	0	3	_	_	_	Ö	3	_	_
Pennsylvania	66	57	145	1,090	2,524	_	0	1	_	_	_	0	1	_	_
E.N. Central	116	155	358	3,087	5,661	_	0	18	_	_	_	0	12	_	1
Illinois Indiana	24	4 0	57 222	443	78	_	0	13 4	_	_	_	0	8 2	_	_
Michigan	39	62	154	1,276	2,213	_	0	5	_	_	_	Ö	0	_	_
Ohio	47	59	129	1,294	2,731	_	0	4	_	_	_	0	3	_	1
Wisconsin	6	6	80	74	639	_	0	2	_	_	_	0	2	_	_
W.N. Central lowa	54 N	22 0	69 0	657 N	1,026 N	_	0	41 4	_	_	_	0	117 3	_	2 1
Kansas	7	5	36	231	397	_	0	3	_	_	_	0	7	_	
Minnesota		0	0			_	0	9	_	_	_	0	12	_	_
Missouri Nebraska [¶]	47 N	12 0	53 0	366 N	490 N	_	0	9 5	_	_	_	0	3 15	_	
North Dakota	_	0	39	43	84	_	0	11		_		0	49	_	
South Dakota	_	1	5	17	55	_	0	9	_	_	_	0	32	_	1
S. Atlantic	41	99	180	2,117	2,621	_	0	12	_	_	_	0	6	_	_
Delaware District of Columbia	_	1 0	4 6	13 26	17 8	_	0	1 0	_	_	_	0	0	_	_
Florida	36	28	87	901	615	_	0	1	_	_	_	0	0	_	
Georgia	N	0	0	N	N	_	0	8	_	_	_	0	5	_	_
Maryland [¶] North Carolina	N N	0	0	N N	N N	_	0	2 1	_	_	_	0	2	_	_
South Carolina ¹	1	14	56	340	625	_	0	2	_	_	_	0	1	_	
Virginia [¶]	_	22	82	502	771	_	0	1	_	_	_	0	1	_	_
West Virginia	4	15	66	335	585	_	0	0	_		_	0	0	_	_
E.S. Central Alabama ¹	39 39	15 15	82 82	588 581	280 279	_	0	11 2	_	4	_	0	14 1	_	
Kentucky	N	0	0	N	N	_	0	1	_	_	_	0	Ö	_	
Mississippi		0	2	7	1	_	0	7	_	3	_	0	12	_	_
Tennessee ¹	N	0	0	N	N	_	0	1	_	1	_	0	2	_	_
W.S. Central Arkansas ¹	189 15	172 13	855 42	4,516 310	5,958 335	_	0	34 5	_	2 1	_	0	18 2	_	1
Louisiana	_	1	8	27	73	_	0	5	_		_	0	3	_	
Oklahoma	N	0	0	N	N	_	0	11	_	_	_	0	7	_	_
Texas ¹	174	159	825	4,179	5,550	_	0	18	_	1	_	0	10	_	1
Mountain Arizona	31	38 0	105 0	904	1,551	_	0	36 8	_	_	_	0	143 10	_	2
Colorado	21	13	40	344	590	_	0	17	_	_	_	0	65	_	1
Idaho ¹	N	0	0	N	N	_	0	3	_	_	_	0	22	_	_
Montana ¹ Nevada ¹	10 N	6 0	40 0	152 N	197 N	_	0	10 1	_	_	_	0	30 3	_	1
New Mexico ¹	_	4	22	105	248	_	0	8	_	_	_	0	6	_	
Utah	_	8	55	302	501	_	0	8	_	_	_	0	8	_	_
Wyoming ¹	_	0	9	1	15	_	0	4	_	_	_	0	33	_	_
Pacific Alaska	1 1	0	4 4	15 15	22 22	_	0	18 0	_	_	_	0	23 0	_	
California		0	0	_	_	_	0	17	_	_	_	Ö	21	_	_
Hawaii	_	0	0		_	_	0	0	_	_	_	0	0	_	_
Oregon ¹ Washington	N N	0	0	N N	N N	_	0	3 0	_	_	_	0 0	4 0	_	_
American Samoa	N	0	0	N	N	_	0	0	_	_	_	0	0	_	
C.N.M.I.	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
Guam Buarta Diag	4	2	7	33	151	_	0	0	_	_	_	0	0	_	_
Puerto Rico U.S. Virgin Islands	1	10 0	37 0	114	329	_	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 years 2007 and 2008 are provisional.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.

* Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

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

TABLE III. Deaths in 122 U.S. cities.* week ending May 17, 2008 (20th Week)

TABLE III. Deaths	11 122 0			y age (ye		1, 200	, (ZUIII	litour,	All ca	auses, by	age (yea	ars)			
Reporting Area	AII Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I [†] Total
New England	457	297	118	28	6	8	41	S. Atlantic	1,149	700	308	84	35	22	80
Boston, MA	116	79	26	8	2	1	10	Atlanta, GA	80	43	23	11	2	1	3
Bridgeport, CT	38 7	27 3	9 3	2 1	_	_	4 1	Baltimore, MD	169	98	47 31	12	9	3	12
Cambridge, MA Fall River, MA	27	21	5	1	_	_	3	Charlotte, NC Jacksonville, FL	112 153	66 94	45	10 9	3 3	2	5 9
Hartford, CT	43	25	13	4	_	1	7	Miami, FL	97	63	25	5	3	1	26
Lowell, MA	21	13	8	_	_	_	2	Norfolk, VA	50	21	15	7	3	4	1
Lynn, MA	7	5	_	2	_	_	1	Richmond, VA	50	33	13	2	2	_	2
New Bedford, MA New Haven, CT	14 32	11 21	2 8	1 2	_	_ 1	1 4	Savannah, GA St. Petersburg, FL	61 70	32 57	20 9	4 2	1 2	4	7 1
Providence, RI	53	30	15	4		4	4	Tampa, FL	198	128	46	16	5	3	11
Somerville, MA	2	1	1	_	_	_	_	Washington, D.C.	97	55	32	6	2	2	1
Springfield, MA	21	12	8	_	1	_	1	Wilmington, DE	12	10	2	_	_	_	2
Waterbury, CT	27	17	9	_	1		2	E.S. Central	827	510	223	54	23	17	62
Worcester, MA	49	32	11	3	2	1	1	Birmingham, AL	169	101	46	12	4	6	12
Mid. Atlantic	2,077	1,431	432	144	34	34	121	Chattanooga, TN	73	49	15	6	2	1	1
Albany, NY	41	29	8	4	_	_	3	Knoxville, TN	116	79	29	4	3	1	9
Allentown, PA Buffalo, NY	20 88	13 61	5 15	 8	2 1	3	<u> </u>	Lexington, KY Memphis, TN	35 109	23 57	8 40	3 7	_	1	2 6
Camden, NJ	34	19	9	4		2	6	Mobile, AL	120	81	30	6	3	_	7
Elizabeth, NJ	16	8	6	_	2	_	_	Montgomery, AL	61	38	18	2	2	1	13
Erie, PA	69	45	12	10	2	_	4	Nashville, TN	144	82	37	14	7	4	12
Jersey City, NJ	11	6	3	2	_	_	2	W.S. Central	1,558	964	377	125	64	28	85
New York City, NY Newark, NJ	1,021 53	709 29	225 13	64 2	12 1	9 8	46 2	Austin, TX	93	47	30	10	6	_	7
Paterson, NJ	16	29 8	6	1		1	1	Baton Rouge, LA	78	33	10	20	15	_	_
Philadelphia, PA	299	190	72	25	8	4	20	Corpus Christi, TX	83	59	18	5	1	_	5
Pittsburgh, PA§	58	42	8	5	2	1	7	Dallas, TX El Paso, TX	189 106	123 74	40 25	18 5	5 2	3	10 4
Reading, PA	30	23	5	2	_	_	_	Fort Worth, TX	114	7 4 75	29	5	2	3	6
Rochester, NY	133	93	26	11	2	1	12	Houston, TX	367	206	99	27	19	16	18
Schenectady, NY Scranton, PA	16 21	14 19	1 2	1	_	_	1	Little Rock, AR	98	64	22	4	5	3	2
Syracuse, NY	104	90	8	2	1	3	9	New Orleans, LA ¹	U	U	U	U	U	U	U
Trenton, NJ	19	13	3	2	_	1	_	San Antonio, TX Shreveport, LA	260 33	168 18	60 13	21 2	8	3	19 3
Utica, NY	11	8	3	_	_	_	1	Tulsa, OK	137	97	31	8	1	_	11
Yonkers, NY E.N. Central	17 1,984	12 1,305	2 456	1 133	1 44	1 46	1 138	Mountain	1,162	784	252	68	33	24	94
Akron, OH	46	31	456	4	3	40	2	Albuquerque, NM	173	112	37	10	6	8	8
Canton, OH	34	26	8		_	_	3	Boise, ID	45	35	7	2	1	_	4
Chicago, IL	298	162	90	31	6	9	24	Colorado Springs, CO Denver, CO	65 90	41 65	18 17	3 6	3	_	3 13
Cincinnati, OH	96	59	19	10	4	4	10	Las Vegas, NV	294	212	59	14	8	1	28
Cleveland, OH Columbus, OH	248 192	179 123	48 49	16 10	2 8	3 2	13 14	Ogden, UT	33	23	6	3	_	1	3
Dayton, OH	140	100	22	11	1	6	10	Phoenix, AZ	172	98	45	16	5	7	10
Detroit, MI	177	86	58	16	8	9	6	Pueblo, CO	31	20	9	1	1	_	3
Evansville, IN	48	34	10	3	1	_	3	Salt Lake City, UT Tucson, AZ	112 147	67 111	27 27	10 3	5 4	3 2	5 17
Fort Wayne, IN	49	31	16	1	_	1	2	l '							
Gary, IN Grand Rapids, MI	19 44	10 34	2 8	5 1	_ 1	2	 8	Pacific Berkeley, CA	1,620 16	1,138 14	350 2	83	26	22	180 3
Indianapolis, IN	173	107	41	15	3	7	11	Fresno, CA	102	74	22	5	_	1	12
Lansing, MI	38	23	11	3	1	_	2	Glendale, CA	26	23	2	1	_	_	7
Milwaukee, WI	83	60	19	2	1	1	8	Honolulu, HI	78	65	11	1	1	_	13
Peoria, IL	41	32	6	2	1	_	5	Long Beach, CA	54	35	14	2	2	1	9
Rockford, IL South Bend, IN	58 43	41 39	13 2	2	1 1	1 1	2	Los Angeles, CA Pasadena, CA	230 17	157 12	55 4	11	4	3 1	32 2
Toledo. OH	43 97	39 77	17	1	2		6	Portland, OR	123	90	25	3	3	1	6
Youngstown, OH	60	51	9		_	_	6	Sacramento, CA	167	118	33	11	3	2	15
W.N. Central	689	430	182	49	12	15	41	San Diego, CA	159	122	32	5	_	_	15
Des Moines, IA	99	63	23	7	_	6	41	San Francisco, CA	130	74	38	12	3	3	19
Duluth, MN	26	15	9	1	_	1		San Jose, CA	147	103	30	7	4	3	23
Kansas City, KS	22	9	10	3	_	_	1	Santa Cruz, CA Seattle, WA	27 143	18 103	8 26	1 10		_	3 7
Kansas City, MO	95	62	22	8	2	_	5	Spokane, WA	74	54	10	5	1	4	11
Lincoln, NE Minneapolis, MN	51 60	39	12	<u> </u>	_ 1	_ 1	3 3	Tacoma, WA	127	76	38	9	3	1	3
Omaha. NE	69 109	42 74	19 25	6	2	2	10	Total	11,523**	7 550	2,698	768	277	216	842
St. Louis, MO	112	63	31	9	5	4	11	1044	11,020	,,,,,,,,	۵,050	, 00	£11	210	0+2
St. Paul, MN	40	21	16	2	_	1	3								
Wichita, KS	66	42	15	7	2	_	1								

U: Unavailable.

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.

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