MMWR™
Morbidity and Mortality Weekly Report
Weekly March 24, 2006 / Vol. 55 / No. 11

World TB Day — March 24, 2006

World TB Day is March 24. This annual event commemorates the date in 1882 when Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacterium that causes tuberculosis (TB). Worldwide, TB remains one of the leading causes of death from infectious disease. An estimated 2 billion persons (i.e., one third of the world's population) are infected with *M. tuberculosis*. Each year, approximately 9 million persons become ill from TB, and approximately 2 million die as a result. World TB Day provides an opportunity for TB programs, nongovernmental organizations, and other partners to describe TB-related problems and solutions and to support TB control worldwide.

During 1985–1992, after more than 30 years of decline, the number of TB cases reported in the United States increased by 20%. This resurgence generated a renewed emphasis on TB control and prevention during the 1990s, which reversed the trend. Although the 2005 TB rate was the lowest recorded in the United States since national reporting began in 1953, the average annual decline has slowed during the past 3 years, multidrug-resistant TB remains a threat, and disparate rates of TB persist among certain racial, ethnic, and foreign-born populations.

Many states are offering educational programs organized by local TB coalitions in recognition of World TB Day. For example, the Georgia Department of Human Resources, Division of Public Health, Tuberculosis Program is hosting an observance recognizing the activities of a coalition working to reduce disparities in TB among blacks in the Atlanta area. Additional information about World TB Day and CDC TB-elimination activities is available at http://www.cdc.gov/nchstp/tb/worldtbday/2006/activities.htm.

Emergence of *Mycobacterium tuberculosis* with Extensive Resistance to Second-Line Drugs — Worldwide, 2000–2004

During the 1990s, multidrug-resistant (MDR) tuberculosis (TB), defined as resistance to at least isoniazid and rifampin, emerged as a threat to TB control, both in the United States (*1*) and worldwide (*2*). MDR TB treatment requires the use of second-line drugs (SLDs) that are less effective, more toxic, and costlier than first-line isoniazid- and rifampin-based regimens (*3*). In 2000, the Stop TB Partnership's Green Light Committee was created to increase access to SLDs worldwide while ensuring their proper use to prevent increased drug resistance. While assisting MDR TB treatment programs worldwide, the committee encountered reports of multiple cases of TB with resistance to virtually all SLDs. To assess the frequency and distribution of extensively drug-resistant (XDR) TB cases,* CDC and the World Health Organization (WHO) surveyed an international network of TB laboratories. This report summarizes the results of that survey, which determined that, during 2000–2004, of 17,690 TB isolates, 20% were MDR and 2% were XDR. In addition, population-based data

* Defined as cases in persons with TB whose isolates were resistant to isoniazid and rifampin and at least three of the six main classes of SLDs (aminoglycosides, polypeptides, fluoroquinolones, thioamides, cycloserine, and para-aminosalicyclic acid).

INSIDE

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

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

SUGGESTED CITATION
Centers for Disease Control and Prevention. [Article title]. MMWR 2006;55:[inclusive page numbers].

on drug susceptibility of TB isolates were obtained from the United States (for 1993–2004), Latvia (for 2000–2002), and South Korea (for 2004), where 4%, 19%, and 15% of MDR TB cases, respectively, were XDR. XDR TB has emerged worldwide as a threat to public health and TB control, raising concerns of a future epidemic of virtually untreatable TB. New anti-TB drug regimens, better diagnostic tests, and international standards for SLD-susceptibility testing are needed for effective detection and treatment of drug-resistant TB.

During November 2004–November 2005, CDC and WHO surveyed the WHO/International Union Against Tuberculosis and Lung Disease Global Supranational TB Reference Laboratory (SRL) Network. The SRL Network consists of 25 reference laboratories on six continents that collaborate with national reference laboratories (NRLs) to increase culture and drug-susceptibility testing capacity and provide quality control for global surveys to assess anti-TB drug resistance (*4*). All SRL directors were invited to participate in this survey, but not all SRLs test for susceptibility to SLDs, and certain laboratories test for only one or two SLDs. In addition, SRLs use different (but generally accepted) media and methods to test for SLD susceptibility. Using a standardized reporting form, CDC and WHO requested anonymous, individual-level data on all isolates tested for susceptibility to at least three SLD classes during 2000–2004 and maintained in a computerized registry. SRLs receive varying proportions of isolates from countries for surveillance, diagnosis, and quality assurance. Thus, SLD-susceptibility data from SRLs are based on a convenience sample and are not population-based, with one exception: South Korea's NRL routinely performs an extended diagnostic panel of drug-susceptibility testing of isolates from all culture-positive TB patients in South Korea. To complement the SRL survey, additional population-based data were analyzed from 1) the U.S. national TB surveillance system, which contains data on all reported TB cases during 1993–2004, and 2) Latvia's national MDR TB registry from the 2000–2002 cohort of MDR TB patients.

The study sample for the SRL analysis consisted of 17,690 isolates from the period 2000–2004 that were tested for susceptibility to at least three of the six SLD classes. Of these, 11,939 were from South Korea, of which 1,298 (11%) were MDR. From the other SRLs, 2,222 (39%) of 5,751 isolates were MDR (Table 1). Of the 3,520 MDR isolates, 347 (10%) were XDR, including 200 (15%) of 1,298 from South Korea and 147 (7%) of 2,222 from other SRLs. The drug-susceptibility testing results were tabulated by year and geographic region (on the basis of the country of origin of the isolates) (Table 1). XDR TB was identified in all regions but was most common in South Korea (n = 200; 15% of all MDR

TABLE 1. Number and percentage of multidrug-resistant tuberculosis (MDR TB) and extensively drug-resistant tuberculosis (XDR TB) cases, by geographic region and year — worldwide, 2000–2004

Geographic region	2000		2001		2002		2003		2004		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Industrialized nations*												
Total no. of isolates tested†	561		403		398		514		623		**2,499**	
Total MDR isolates (% of all isolates tested)	111	(20)	95	(24)	127	(32)	257	(50)	231	(28)	**821**	**(33)**
Total XDR isolates (% of all MDR isolates)	3	(3)	2	(2)	4	(3)	19	(7)	25	(11)	**53**	**(6)**
Central and South America§												
Total no. of isolates tested†	170		199		159		173		284		**985**	
Total MDR isolates (% of all isolates tested)	82	(48)	82	(41)	83	(52)	135	(78)	161	(57)	**543**	**(55)**
Total XDR isolates (% of all MDR isolates)	5	(6)	8	(10)	5	(6)	8	(6)	6	(4)	**32**	**(6)**
Countries of eastern Europe/western Asia¶												
Total no. of isolates tested†	104		187		634		219		9		**1,153**	
Total MDR isolates (% of all isolates tested)	57	(55)	75	(40)	206	(32)	64	(29)	4	(44)	**406**	**(35)**
Total XDR isolates (% of all MDR isolates)	5	(9)	9	(12)	30	(15)	11	(17)	0	0	**55**	**(14)**
Africa and Middle East**												
Total no. of isolates tested†	129		51		62		108		315		**665**	
Total MDR isolates (% of all isolates tested)	22	(17)	26	(51)	31	(50)	21	(19)	56	(18)	**156**	**(23)**
Total XDR isolates (% of all MDR isolates)	0		0		0		0		1	(1)	**1**	**(1)**
Asia (other than South Korea)††												
Total no. of isolates tested†	32		74		108		62		115		**391**	
Total MDR isolates (% of all isolates tested)	26	(81)	54	(73)	77	(71)	48	(77)	69	(60)	**274**	**(70)**
Total XDR isolates (% of all MDR isolates)	0		0		0		2	(4)	2	(3)	**4**	**(1)**
Total (excluding South Korea)§§												
Total no. of isolates tested†	1,031		916		1,366		1,087		1,351		**5,751**	
Total MDR isolates (% of all isolates tested)	304	(29)	334	(36)	528	(39)	531	(49)	525	(39)	**2,222**	**(39)**
Total XDR isolates (% of all MDR isolates)	14	(5)	19	(6)	40	(8)	40	(8)	34	(7)	**147**	**(7)**
South Korea												
Total no. of isolates tested†	—		—		—		—		11,939		**11,939**	
Total MDR isolates (% of all isolates tested)	—		—		—		—		1,298	(11)	**1,298**	**(11)**
Total XDR isolates (% of all MDR isolates)	—		—		—		—		200	(15)	**200**	**(15)**

* Australia, Belgium, Canada, France, Germany, Ireland, Japan, Portugal, Spain, United Kingdom, and United States.
† Total number of isolates tested for susceptibility to three or more second-line-drug classes, including aminoglycosides (amikacin or kanamycin), polypeptides (capreomycin), fluoroquinolones (ofloxacin or ciprofloxacin), thioamides (ethionamide or prothionamide), cycloserine, and para-aminosalicyclic acid.
§ Argentina, Bolivia, Brazil, Chile, Costa Rica, Ecuador, El Salvador, French Guyana, Guatemala, Guyana, Mexico, and Peru.
¶ Armenia, Azerbaijan, Czech Republic, Republic of Georgia, Russia.
** Afghanistan, Algeria, Botswana, Burundi, Cameroon, Central African Republic, Côte d'Ivoire, Djibouti, Egypt, Madagascar, Rwanda, Senegal, South Africa, Tunisia, and Uganda.
†† Bangladesh, East Timor, Indonesia, Papua New Guinea, and Thailand.
§§ Includes two cases with missing data regarding geographic region (one in 2000, one in 2002).

TB isolates) and countries of eastern Europe/western Asia† (n = 55; 14% of all MDR TB isolates). The total number and proportion of XDR TB isolates observed worldwide (excluding South Korea) increased from 14 (5% of MDR TB isolates) in 2000 to 34 (7% of MDR TB isolates) in 2004 (Table 1). Year-specific proportions were stratified by geographic region. Increasing proportions of XDR TB were found among isolates from countries of eastern Europe/western Asia (n = five [9%] in 2000; n = 11 [17%] in 2003) and the group of industrialized nations§ (n = three [3%] in 2000; n = 25 [11%] in 2004).

U.S. national TB surveillance data included 169,654 patients with drug-susceptibility testing results. During 1993–2004, a total of 2,689 (1.6%) MDR TB cases were identified, of which 1,814 (67%) had results reported for three or more SLD classes. Of these, 74 (4.1%) had resistance to three or more SLD classes and thus met the criteria for XDR TB. Despite an overall decline in MDR TB incidence in the United States, the proportion of XDR TB increased slightly, from 37 (3.9%) of 944 cases during 1993–1996 to 20 (4.1%) of 489 during 1997–2000, to 17 (4.5%) of 381 in 2001–2004 (chi-square test for trend = 0.20; p = 0.66). During 1993–2002, patients with XDR TB were 64% more likely to die during treatment (relative risk [RR] = 1.6; 95% confidence interval [CI] = 1.2–2.2) than patients with MDR TB (Table 2).

Among 605 MDR TB patients in Latvia who initiated therapy during 2000–2002, 115 (19%) had XDR TB. The proportion with XDR TB increased from 30 (15%) of 204 in 2000, to 46 (21%) of 215 in 2001, to 39 (21%) of 186 in 2002 (chi-square test for trend = 2.57; p = 0.11). Patients with XDR were 54% more likely to die or have treatment failure (RR = 1.5; CI = 1.1–2.2) (Table 2).

† Armenia, Azerbaijan, Czech Republic, Republic of Georgia, and Russia.
§ Australia, Belgium, Canada, France, Germany, Ireland, Japan, Portugal, Spain, United Kingdom, and United States.

TABLE 2. Tuberculosis treatment outcomes among patients with extensively drug-resistant tuberculosis (XDR TB) and multidrug-resistant tuberculosis (MDR TB) — Latvia, 2000–2002, and United States, 1993–2002*

Outcome	XDR TB No. (%)	MDR TB No. (%)	Relative risk (95% CI†)	p-value
Latvia§¶				
Total	**115**	**490**		
Cure/Completion	70 (61)	339 (69)	Referent	
Death/Failure	30 (26)	83 (17)	1.5 (1.1–2.2)	0.02
Death	3 (3)	35 (7)		
Failure	27 (23)	48 (10)		
United States¶**				
Total	**64**	**1,513**		
Completion	20 (31)	828 (55)	Referent	
Death	21 (33)	375 (25)	1.6 (1.2–2.2)	0.01

* Inclusion in this cohort was truncated at December 2002 to allow time for MDR TB treatment completion and reporting.
† Confidence interval.
§ Outcome definitions used are based on international standards (*5*).
¶ Excludes 83 patients (15 with XDR TB and 68 with MDR TB) from Latvia and 333 patients from the United States (23 with XDR TB and 310 with MDR TB) for whom treatment outcome was unknown.
** Among persons who were alive at time of TB diagnosis and who initiated therapy with more than one anti-TB drug.

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Editorial Note: This report presents the first data regarding the occurrence of XDR TB worldwide. The proposed definition of XDR TB was based on new WHO guidelines for programmatic management of drug-resistant TB, which recommend treatment with at least four drugs known to be effective (*6*). Therefore, with three or fewer remaining classes of SLDs to which the infecting organism is susceptible, treatment of these patients is unlikely to meet international standards. The findings in this report indicate that XDR TB has a wide geographic distribution, including within the United States, and is associated with worse treatment outcomes than MDR TB. A growing number and proportion of XDR TB cases could seriously hamper TB control globally.

The numerous outbreaks of MDR TB during the early 1990s were harbingers of a global epidemic. During 1994–2002, the WHO Global Project on Anti-TB Drug Resistance Surveillance coordinated data collection on more than 250,000 patients from 109 countries (or regions within large countries), representing 42% of the world's population (*2*). On this basis, WHO estimated the annual burden of MDR TB to be approximately 300,000–600,000 cases and the prevalence of MDR TB to be threefold higher than the annual incidence, primarily in low- and middle-income countries.[¶] The emergence of XDR TB, coupled with increased use of SLDs, suggests that urgent measures are needed to establish population-based surveillance for SLD resistance and to plan public health responses. However, existing tests for susceptibility to SLDs are less reproducible than tests for susceptibility to isoniazid and rifampin, and better methods are needed (*7*).

Implementation of effective TB-control programs after the resurgence of TB during the 1990s improved TB treatment outcomes and reduced TB and MDR TB transmission and incidence (*8*). Building upon the WHO DOTS framework and the initial implementation of MDR TB management under programmatic conditions (DOTS-Plus), the new Stop TB Strategy provides a comprehensive program against MDR TB with demonstrated feasibility and effectiveness in both low- and middle-income countries (*9,10*). However, SLDs are available worldwide and are not dispersed only by well-organized TB-control programs. Improper treatment of patients with drug-resistant TB (e.g., use of too few drugs or drugs for too short a time or relying on limited access to poor quality SLDs) might lead to increases in XDR TB. Management of MDR TB in DOTS-Plus programs that rely on quality-assured and internationally recommended treatment regimens administered under strict supervision must be scaled up and strengthened to stem further SLD resistance and spread of XDR TB.

The findings in this report are subject to at least two limitations. First, SLD testing methods and results have varied because of the lack of international standards and the limited reproducibility of drug-susceptibility testing for certain drugs (*6*). For this survey, testing methods and specific drugs tested varied by SRL. Second, the SRL data were drawn from a convenience sample of isolates and might reflect a referral bias; SRLs are likely to receive isolates from retreatment cases, treatment failures, or other complex TB cases. Regardless, these data indicate that XDR TB is geographically widespread. The population-based data from South Korea, the United States, and Latvia provide a more representative picture of XDR TB on a population level in three disparate regions of the world and confirm that XDR TB has emerged in multiple settings, including the United States where TB control has been effective for many years.

Despite these limitations, this report documents the existence of XDR TB as a serious and emerging public health threat. Population-based surveillance data are needed to describe the magnitude and trends of XDR TB worldwide. Activities to detect

[¶] According to World Bank criteria for classifying economies (available at http://www.worldbank.org).

drug-resistant TB accurately and rapidly and treat it effectively should be expanded, including development of international standards for SLD-susceptibility testing, new anti-TB drug regimens, and better diagnostic tests. Such measures are crucial if future generations are to be protected from XDR TB.

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Trends in Tuberculosis — United States, 2005

For 2005, a total of 14,093 tuberculosis (TB) cases (4.8 cases per 100,000 population) were reported in the United States, representing a 3.8% decline in the rate from 2004. This report summarizes provisional 2005 data from the national TB surveillance system and describes trends since 1993. The findings indicate that although the 2005 TB rate was the lowest recorded since national reporting began in 1953, the decline has slowed from an average of 7.1% per year (1993–2000) to an average of 3.8% per year (2001–2005). In 2005, the TB rate in foreign-born persons in the United States was 8.7 times that of U.S.-born persons.* In addition, Hispanics,† blacks, and Asians had TB rates 7.3, 8.3, and 19.6 times higher than whites, respectively. Moreover, the number of multidrug-resistant (MDR) TB§ cases in the United States increased 13.3%, with 128 cases (up from 113 in 2003) of MDR TB in 2004, the most recent year for which complete drug-susceptibility data are available. The deceleration of the decline in the overall national TB rate, the persistent disparities in TB rates between U.S.-born and foreign-born persons and between whites and racial/ethnic minorities, and the increase in MDR TB cases all threaten progress toward the goal of TB elimination in the United States. Effective TB control and prevention in the United States require sufficient resources, continued collaborative measures with other countries to reduce TB globally, and interventions targeted to U.S. populations with the highest TB rates.

Health departments in the 50 states and the District of Columbia (DC) electronically report to CDC any TB cases that meet the CDC/Council of State and Territorial Epidemiologists case definition (available at http://www.cdc.gov/epo/dphsi/casedef/tuberculosis_current.htm). Reports include the patient's race, ethnicity (i.e., Hispanic or non-Hispanic), treatment information, and, when available, drug-susceptibility test results. CDC calculated national and state TB rates (*2–3*) and rates for foreign-born and U.S.-born persons (*4–6*) and racial/ethnic populations (*7*) by using current U.S. census population estimates for the years 1993 through 2005.

In 2005, a total of 29 states¶ and DC had fewer TB cases than in 2004. Twenty states** collectively reported 282 more

* A U.S.-born person was defined as someone born in the United States or its associated jurisdictions or someone born in a foreign country but having at least one U.S.-born parent. Persons not meeting this definition were classified as foreign born (*1*). For 2005, patients with unknown origin of birth represented 0.4% (61) of total cases.

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

§ Defined as resistant to at least isoniazid and rifampin.

¶ States/jurisdictions reporting decreases in or a stable number of cases in 2005 (2005 case count; case rate per 100,000 population; % change in case rate from 2004 to 2005): California (2,900; 8.0; -3.9%), Texas (1,535; 6.7; -10.3%), New York (1,294; 6.7; -4.7%), Georgia (510; 5.6; -7.0%), North Carolina (329; 3.8; -15.1%), Pennsylvania (325; 2.6; -1.2%), Maryland (283; 5.1; -10.5%), Massachusetts (265; 4.1; -6.2%), Michigan (246; 2.4; -9.7%), Oklahoma (144; 4.1; -19.7%), Kentucky (124; 3.0; -3.1%), Arkansas (114, 4.1; -14.5%), Hawaii (112; 8.8; -4.4%), Missouri (108; 1.9; -15.6%), Mississippi (103; 3.5; -14.0%), Colorado (101; 2.2; -22.2%), Oregon (96; 2.6; -10.7%), Connecticut (95; 2.7; -6.2%), Wisconsin (78; 1.4; -18.4%), Kansas (60; 2.2; -3.6%), DC (56; 10.2; -30.4%). Rhode Island (47; 4.4; -7.5%), New Mexico (39; 2.0; -8.4%), Nebraska (35; 2.0; -10.8%), Utah (29; 1.2; -21.0%), Delaware (27; 3.2; -17.0%), Maine (15; 1.1; -25.4%), Montana (10; 1.1; -34.0%), New Hampshire (four; 0.3; -83.5%), Wyoming (zero; 0.0; -100.0%). Minnesota reported the same number of cases in 2004 and 2005 (199; 3.9; -0.7%).

** States reporting increases in number of cases in 2005 (2005 case count; case rate per 100,000 population; % change in case rate from 2004 to 2005): Florida (1,094; 6.1; -0.5%), Illinois (596; 4.7; +4.5%), New Jersey (485; 5.6; +0.2%), Virginia (355; 4.7; +6.7%), Tennessee (295; 4.9; +5.3%), Arizona (281; 4.7; -0.2%), South Carolina (261; 6.1; +10.5%), Ohio (260; 2.3; +18.6%), Louisiana (257; 5.7; +2.8%), Washington (256; 4.1; +3.1%), Alabama (216; 4.7; +1.6%), Indiana (146; 2.3; +13.2%), Nevada (112; 4.6; +13.9%), Alaska (60; 9.0; +38.3%), Iowa (55; 1.9; +16.5%), West Virginia (28; 1.5; +16.4%), Idaho (23; 1.6; +104.1%), South Dakota (16; 2.1; +44.5%), Vermont (eight; 1.3; +32.9%), North Dakota (six; 0.9; +49.9%).

cases for 2005 than for 2004. The top five states reporting additional cases were Ohio (+41), Illinois (+28), South Carolina (+28), Virginia (+26), and Florida (+20). Seven states (California, Florida, Georgia, Illinois, New Jersey, New York, and Texas) reported more than 400 cases each for 2005; combined, these seven states accounted for 59.7% (8,414 cases) of the national total.

TB rates in reporting jurisdictions ranged from 0.0 (Wyoming) to 10.2 (DC) cases per 100,000 population in 2005 (median: 3.5 cases). Thirty-two states and DC had lower rates in 2005 than in 2004; 18 states had higher rates. In 2005, for the first time since national reporting began, more than half of the states (26 [52.0%]) had TB rates of 3.5†† or less (Figure 1); however, eight (30.8%) of the 26 had higher TB rates in 2005 than in 2004.

During 2005, a total of 6,376 cases (45.2%) were reported among U.S.-born persons, a decrease of 63.4% compared with 1993 (Figure 2). The 2005 TB rate for U.S.-born persons was 2.5, representing a 66.3% decline from the 1993 rate of 7.4.

Among foreign-born persons in the United States, 7,656 cases (54.3%) were reported for 2005. Although the total foreign-born population in the United States has increased 61.6% since 1993, the number of TB cases reported in this population has not changed substantially, resulting in a decline of 36.0% in the TB rate among foreign-born persons (from 34.0 in 1993 to 21.8 in 2005). The rate ratio of TB in foreign-born persons to U.S.-born persons increased an average of 6.6% per year during 1993–2002 but increased an average of 0.5% per year during 2003–2005. More than half (56.0%) of the foreign-born cases in 2005 were reported in persons from Mexico (1,930), the Philippines (826), Vietnam (576), India (563), and China (389).

For 2005, and for the second consecutive year, more TB cases were reported among Hispanics than any other racial/ethnic population. Among persons of a racial/ethnic minority whose country of birth was known, 3,034 (95.9%) of 3,164 Asians, 3,021 (75.4%) of 4,005 Hispanics, and 1,049 (26.7%) of 3,927 blacks with TB were foreign-born. During 2003–2005,§§ TB rates declined in almost all racial/ethnic populations; the decrease in rates was greatest in American Indians/Alaska Natives (14.4%) and Asians (14.1%) (Table).

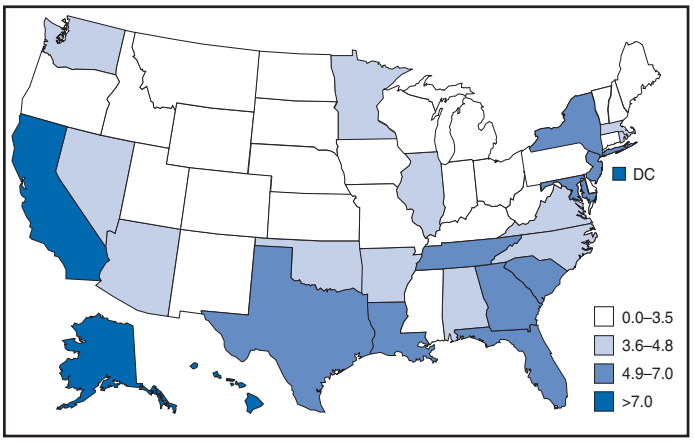
For 2004, the most recent year for which complete drug-susceptibility data are available, 128 cases of MDR TB were identified, representing 1.2% of the 10,846 cases for which drug-susceptibility test results were reported. This marks a 13.3% increase from the 113 MDR TB cases reported for 2003, the largest 1-year increase since 1993. In 2004, 0.6% (31) of U.S.-born and 1.6% (97) of foreign-born patients had MDR TB. Approximately one half of the foreign-born MDR TB patients were from Mexico (25), the Philippines (11), and Vietnam (10). California accounted for 30.5% (39) of the MDR cases but 20.6% (2,993 of 14,516) of the total cases.

The recommended length of drug therapy for most types of TB is 6–9 months. In 2002, the latest year for which treatment data are complete, the percentage of patients for whom ≤1 year of treatment is indicated (*1*) and who completed therapy within 1 year was 81.8% for U.S.-born patients and 81.2% for foreign-born patients.

†† In 1989, CDC's Advisory Committee for Elimination of TB issued a strategic plan for the elimination of TB, setting an interim target case rate of 3.5 per 100,000 population by year 2000 and ultimately the elimination of TB (<1 case per 1,000,000 population) in the United States by 2010 (*8*).

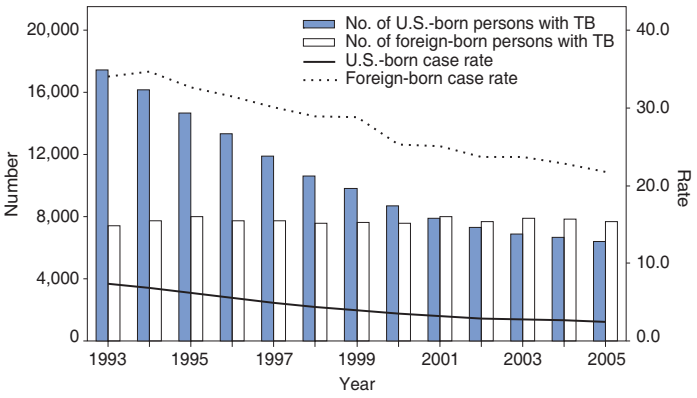
§§ Reporting of official CDC TB statistics for race/ethnicity changed beginning in 2003. A "Native Hawaiian or other Pacific Islanders" category was added to the race/ethnicity reporting options, and multiple races could also be reported for a given patient.

FIGURE 1. Rate* of tuberculosis cases, by state — United States, 2005†



* Per 100,000 population.
† Data for 2005 are provisional.

FIGURE 2. Number and rate* of persons with tuberculosis (TB), by origin of birth and year — United States, 1993–2005†



* Per 100,000 population.
† Data for 2005 are provisional.

TABLE. Number and rate* of tuberculosis cases and percentage change, by race/ethnicity† and year — United States, 2003 and 2005§

Race/Ethnicity	2003		2005		% change 2003–2005		U.S. population	
	No.	Rate	No.	Rate	No.	Rate	2003	2005
Hispanic	4,119	10.3	4,035	9.4	-2.0%	-8.6%	39,901,601	42,762,377
Black	4,149	11.7	3,933	10.8	-5.2%	-7.2%	35,577,295	36,348,219
Asian	3,457	29.6	3,174	25.5	-8.2%	-14.1%	11,667,051	12,471,238
White	2,789	1.4	2,580	1.3	-7.5%	-8.0%	197,325,085	198,305,170
Other¶	281	4.4	264	4.0	-6.0%	-10.2%	6,317,944	6,609,645
Unknown	53		107					
Total	**14,848**	**5.1**	**14,093**	**4.8**	**-5.1%**	**-6.9%**	**290,788,976**	**296,496,649**

* Per 100,000 population.
† Persons identified as white, black, Asian, or of other race are all non-Hispanic. Persons identified as Hispanic might be of any race.
§ Data for 2005 are provisional.
¶ Persons included in this category are American Indian/Alaska Native (2003, n = 178, rate = 8.2 per 100,000; 2005, n = 156, rate = 7.0 per 100,000); Native Hawaiian or other Pacific Islander (2003, n = 63, rate = 16.1 per 100,000; 2005, n = 62, rate = 15.3 per 100,000); and multiple race (2003, n = 40, rate = 1.1 per 100,000; 2005, n = 46, rate = 1.2 per 100,000).

Reported by: *R Pratt, V Robison, T Navin, Div of TB Elimination, National Center for HIV, STD, and TB Prevention; M Hlavsa, EIS Officer, CDC.*

Editorial Note: After the unprecedented 1985–1992 resurgence in TB in the United States, the annual TB rate steadily decreased during 1993–2005; however, the decline has recently decelerated, raising concerns that the progress toward eliminating TB is slowing. The proportion of cases contributed by foreign-born persons has increased each year since 1993. If immigration patterns continue, foreign-born persons will likely account for an increasing percentage of TB cases in the United States.

From 2003 to 2004, the number of MDR TB cases increased 13.3%, marking the largest 1-year increase in MDR TB cases since 1993. A greater percentage of foreign-born than U.S.-born patients had MDR TB, likely reflecting exposure to TB in countries where rates of MDR TB are higher than in the United States. In 2002, the percentages of both U.S.-born and foreign-born patients for whom ≤1 year of treatment is indicated and who completed therapy within 1 year were similar but fell short of the *Healthy People 2010* target of 90% (objective 14-12).

For the first time in 50 years, six new TB drugs will soon be tested in humans.** These drugs might reduce the duration of therapy by 30%–70%, making treatment completion more likely, and might increase the probability of cure. If proven to be safe and efficacious, they will also provide additional options in the treatment of MDR TB.

To address the high rate of TB among foreign-born persons in the United States and the increasing proportion of cases they represent, CDC is collaborating with other national and international public health organizations to 1) survey foreign-born TB patients in the United States to determine opportunities for improving prevention and control interventions, 2) test recent arrivals from high-incidence countries for latent TB infection and treat them to completion, 3) optimize coordination of TB-control activities between the United States and Mexico to ensure completion of treatment among TB patients who travel back and forth across the U.S.-Mexican border, 4) strengthen the current notification system that alerts local health departments about the arrival of immigrants or refugees who have suspected TB, 5) enhance TB diagnostic, laboratory, and treatment capacities in host countries and sites where migrant populations are screened, and 6) improve overseas screening of immigrants and refugees by systematically monitoring, evaluating, and updating screening regulations, guidelines, and operations. CDC also continues to collaborate with international partners, including the Stop TB Partnership (http://www.stoptb.org), to strengthen TB control in countries with high TB incidence.

A disproportionately large number of TB cases are reported among blacks, most of whom were born in the United States (*9*). To address the high rate of TB in blacks in the United States, during 2002–2005, CDC funded three demonstration projects (in Chicago, Illinois; Georgia; and South Carolina), in collaboration with state and local health departments, that identified innovative strategies for improving TB diagnosis, screening, and treatment adherence in communities with black persons at high risk. CDC is also conducting a formative research and intervention study in collaboration with the Research Triangle Institute to 1) examine barriers to health-seeking behaviors and treatment adherence for blacks with TB or at risk for TB, 2) determine barriers to TB-guideline adherence among health-care providers who serve this population, 3) develop and test interventions to overcome identified barriers, and 4) improve partnerships and collaborations among TB programs and providers and organizations serving this population.

** Additional information available at http://www.stoptb.org/wg/new_drugs/assets/documents/wgnd%20strategic%20plan%20(final).pdf.

Despite these targeted measures to control TB, the recent deceleration of the decline in the TB rate indicates a need for improved case management and contact investigation, intensified testing of populations at high risk, better treatments and diagnostic tools, improved understanding of TB transmission, and continued collaborative measures with other nations to reduce TB globally. These measures are required for complete implementation of the Institute of Medicine's recommendations for eliminating TB in the United States (*10*).

Acknowledgments

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

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Increased Use of Colorectal Cancer Tests — United States, 2002 and 2004

Colorectal cancer is the second leading cause of cancer-related death (after lung/bronchus cancer) in the United States (*1*). In 2002, a total of 139,534 adults in the United States had colorectal cancer diagnosed, and 56,603 died* (*1*). The U.S. Preventive Services Task Force and other national organizations recommend that adults aged ≥50 years be screened for colorectal cancer with one or more of the following tests: fecal occult blood testing (FOBT) every year, sigmoidoscopy or double-contrast barium enema every 5 years, or colonoscopy every 10 years (*2–4*). To estimate current rates of use of colorectal cancer screening tests and to evaluate changes in test use, CDC compared data from the 2002 and 2004 Behavioral Risk Factor Surveillance System (BRFSS) surveys (*5*). This report describes the results of that comparison, which indicated that the proportion of BRFSS respondents reporting use of FOBT and/or sigmoidoscopy or colonoscopy had increased overall from 2002 to 2004. Measures to increase awareness and encourage regular colorectal cancer screening must be continued to reduce mortality from colorectal cancer.

In 2004, a total of 49 states† and the District of Columbia (DC) participated in BRFSS, a state-based, random-digit–dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. Interviewers asked 146,794 participants aged ≥50 years whether they had ever had a blood stool test using a home test kit (i.e., FOBT), whether they had ever had a sigmoidoscopy or colonoscopy, and when the latest test had been performed. Respondents who refused to answer a question or did not know the answer to a question (approximately 3% overall) were excluded from analysis of the specific question. Aggregated percentages and 95% confidence intervals were calculated.

Results from the 2004 BRFSS survey were compared with results from 2002. Data were weighted to the sex, racial/ethnic, and age distribution of each state's adult population using intercensal estimates and were age-standardized to the 2000 U.S. standard population. The median state CASRO response rate for the entire survey was 52.7% (range: 32.2% in New Jersey to 66.6% in Nebraska). Survey questions and response options were identical for the two surveys. In both 2002 and 2004, respondents were asked if they had ever used a "special kit at home to determine whether the stool contains blood (FOBT)," whether they had ever had "a tube inserted into the

* Includes incidence data for approximately 93% of the U.S. population and mortality data for the entire country.
† BRFSS data for Hawaii were not available for 2004.

rectum to view the colon for signs of cancer or other health problems (sigmoidoscopy or colonoscopy)," and when these tests were last performed. For this report, sigmoidoscopy and colonoscopy are described as "lower endoscopy." Percentages were estimated for persons aged ≥50 years who reported receiving an FOBT within 1 year preceding the survey and/or lower endoscopy within 10 years preceding the survey. Because BRFSS does not differentiate between sigmoidoscopy and colonoscopy, the surveillance period used was 10 years, the recommended interval for colonoscopy.

In 2004, 57.3% of adults aged ≥50 years reported having had an FOBT within 1 year preceding the survey and/or a lower endoscopy within 10 years preceding the survey (Table), compared with 54.4 % in 2002 (*5*). The proportion of persons aged ≥50 years who had received FOBT within 1 year preceding the survey declined to 18.7% in 2004 from 21.8% in 2002; however, the proportion who reported receiving lower endoscopy within the 10 years preceding the survey increased to 50.6% in 2004 from 45.2% in 2002.

By state, the proportion of respondents who reported having had an FOBT within 1 year preceding the survey and/or lower endoscopy within 10 years preceding the survey ranged from 47.9% in Mississippi to 68.2% in Minnesota (Table). Among states/areas that participated in both surveys, 14 states and DC determined that ≥60% of persons reported having had an FOBT within 1 year preceding the survey and/or a lower endoscopy within the 10 years preceding the survey, compared with seven states and DC in 2002 (Figure).

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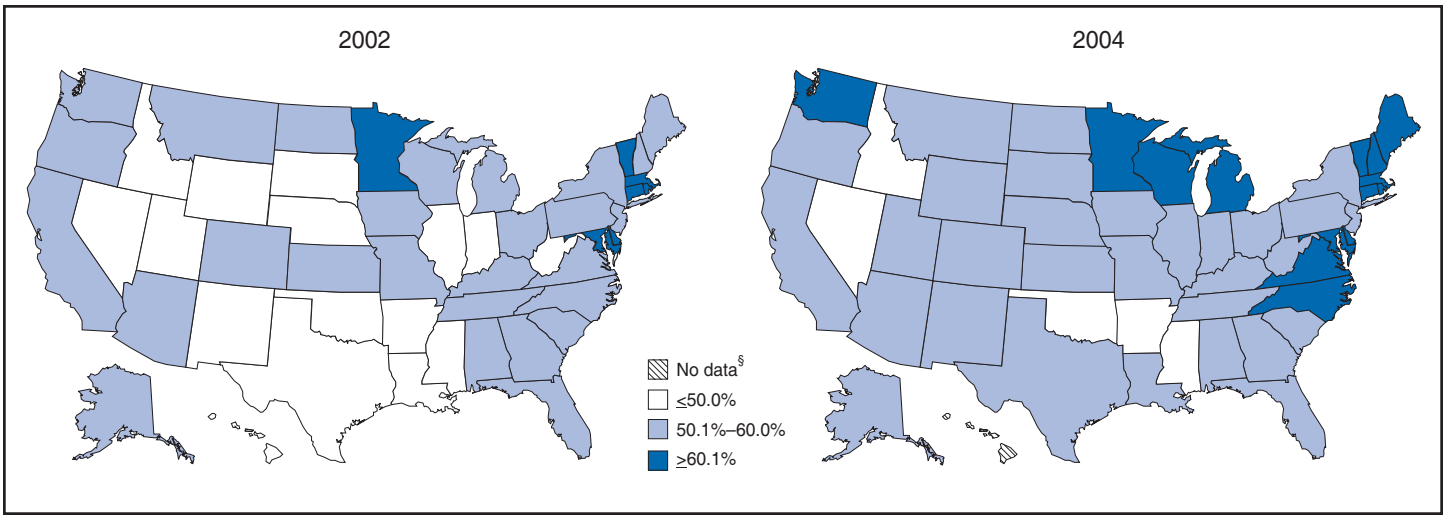
TABLE. Percentage of respondents aged ≥50 years who reported receiving a fecal occult blood test (FOBT) within 1 year and/or a lower endoscopy* within 10 years, by state/area — Behavioral Risk Factor Surveillance System, United States, 2004†

State/Area	FOBT within 1 yr		Lower endoscopy in preceding 10 yrs		FOBT within 1 yr and/or lower endoscopy in preceding 10 yrs		
	%	(95% CI§)	%	(95% CI)	No. of respondents	%	(95% CI)
United States	**18.7**	**(18.3–19.1)**	**50.6**	**(50.1–51.1)**	**142,032**	**57.3**	**(56.8–57.8)**
Alabama	17.4	(15.4–19.3)	47.0	(44.4–49.6)	1,755	53.2	(50.7–55.8)
Alaska	10.8	(8.2–13.4)	49.9	(45.5–54.4)	978	54.4	(49.9–58.8)
Arizona	21.8	(19.0–24.6)	47.3	(44.1–50.6)	2,372	55.8	(52.5–59.2)
Arkansas	16.5	(14.8–18.2)	42.7	(40.4–44.9)	2,146	49.2	(46.9–51.5)
California	15.1	(13.3–17.0)	51.2	(48.5–53.9)	1,871	55.9	(53.3–58.6)
Colorado	23.9	(21.8–26.0)	47.5	(45.1–49.9)	2,670	56.9	(54.5–59.3)
Connecticut	22.0	(20.4–23.7)	60.0	(58.0–62.0)	2,895	66.5	(64.6–68.4)
Delaware	18.1	(15.9–20.3)	58.0	(55.1–60.8)	1,897	62.7	(59.9–65.5)
District of Columbia	27.3	(24.2–30.4)	60.2	(56.9–63.6)	1,207	66.5	(63.3–69.8)
Florida	21.5	(19.7–23.2)	51.7	(49.6–53.9)	3,846	59.4	(57.3–61.6)
Georgia	18.3	(16.3–20.3)	50.4	(47.7–53.0)	2,292	57.4	(54.8–60.1)
Hawaii¶	—	—	—	—	—	—	—
Idaho	13.4	(11.8–15.0)	44.1	(41.9–46.4)	2,479	49.9	(47.6–52.1)
Illinois	17.5	(15.5–19.5)	44.8	(42.2–47.4)	1,836	52.2	(49.6–54.8)
Indiana	16.5	(15.1–18.0)	46.0	(44.0–47.9)	2,954	53.0	(51.0–54.9)
Iowa	21.3	(19.5–23.1)	48.1	(46.0–50.3)	2,498	56.9	(54.8–59.1)
Kansas	22.2	(20.8–23.6)	45.8	(44.1–47.4)	4,183	55.1	(53.4–56.7)
Kentucky	17.7	(15.8–19.6)	44.5	(42.2–46.9)	3,367	51.6	(49.2–54.1)
Louisiana	20.7	(19.0–22.3)	42.0	(40.1–43.9)	3,864	52.1	(50.2–54.0)
Maine	28.5	(26.2–30.8)	55.8	(53.3–58.3)	1,793	65.9	(63.5–68.3)
Maryland	22.7	(20.5–25.0)	60.4	(57.8–62.9)	2,024	66.6	(64.1–69.0)
Massachusetts	23.9	(22.2–25.7)	58.5	(56.5–60.5)	3,682	66.2	(64.2–68.1)
Michigan	20.3	(18.6–22.1)	57.0	(54.9–59.1)	2,465	63.7	(61.6–65.7)
Minnesota	17.4	(15.7–19.1)	63.7	(61.6–65.9)	2,096	68.2	(66.1–70.3)
Mississippi	14.2	(12.6–15.7)	41.8	(39.7–44.0)	2,527	47.9	(45.7–50.1)
Missouri	15.3	(13.5–17.2)	49.3	(46.7–51.9)	2,525	55.7	(53.1–58.2)
Montana	19.1	(17.2–21.0)	48.3	(46.0–50.6)	2,504	55.9	(53.7–58.2)
Nebraska	20.5	(19.0–22.0)	41.8	(40.0–43.6)	4,520	51.4	(49.6–53.2)
Nevada	16.3	(13.6–19.0)	41.8	(38.2–45.4)	1,390	49.6	(46.1–53.2)
New Hampshire	25.1	(23.1–27.0)	58.7	(56.5–60.8)	2,428	67.3	(65.3–69.3)
New Jersey	17.3	(16.1–18.4)	53.1	(51.6–54.6)	5,789	58.8	(57.3–60.2)
New Mexico	18.6	(17.0–20.2)	47.1	(45.1–49.1)	3,247	54.8	(52.8–56.7)
New York	18.1	(16.4–19.8)	53.6	(51.4–55.8)	2,732	59.9	(57.8–62.1)
North Carolina	28.7	(27.5–30.0)	52.4	(51.0–53.8)	7,273	62.2	(60.9–63.6)
North Dakota	13.0	(11.2–14.8)	49.0	(46.3–51.7)	1,451	53.5	(50.8–56.2)
Ohio	16.8	(14.4–19.2)	49.2	(46.0–52.5)	3,421	54.9	(51.6–58.1)
Oklahoma	17.3	(16.0–18.7)	41.5	(39.8–43.3)	3,569	49.2	(47.4–51.0)
Oregon	20.1	(18.4–21.8)	50.7	(48.6–52.8)	2,505	57.8	(55.7–59.9)
Pennsylvania	16.3	(14.9–17.7)	49.1	(47.2–51.1)	3,065	55.6	(53.7–57.5)
Rhode Island	22.7	(20.5–24.9)	59.0	(56.6–61.5)	1,907	67.9	(65.6–70.3)
South Carolina	17.2	(15.7–18.6)	52.3	(50.4–54.2)	3,453	58.3	(56.5–60.2)
South Dakota	18.5	(17.0–20.0)	47.1	(45.2–48.9)	3,304	54.5	(52.6–56.4)
Tennessee	21.0	(18.6–23.3)	48.6	(45.8–51.4)	1,824	56.6	(53.8–59.4)
Texas	15.9	(14.3–17.5)	44.8	(42.6–47.0)	2,660	50.9	(48.7–53.1)
Utah	15.7	(13.8–17.6)	52.1	(49.6–54.6)	2,101	57.8	(55.3–60.3)
Vermont	19.7	(18.3–21.2)	55.5	(53.7–57.3)	3,384	63.4	(61.6–65.1)
Virginia	18.2	(16.1–20.3)	56.5	(53.9–59.1)	2,473	62.5	(59.9–65.1)
Washington	23.0	(21.9–24.1)	54.2	(52.9–55.5)	8,992	60.9	(59.6–62.2)
West Virginia	19.9	(17.8–22.0)	42.3	(39.8–44.7)	1,810	51.6	(49.1–54.1)
Wisconsin	19.5	(17.5–21.5)	55.4	(53.0–57.9)	1,980	61.2	(58.8–63.6)
Wyoming	12.9	(11.3–14.5)	45.3	(43.0–47.6)	2,028	50.9	(48.5–53.2)

* Sigmoidoscopy or colonoscopy.
† Age-standardized to the 2000 U.S. standard population.
§ Confidence interval.
¶ No data available.

FIGURE. Percentage of adults aged ≥50 years who reported receiving a fecal occult blood test within 1 year and/or a lower endoscopy* within 10 years, by state/area — Behavioral Risk Factor Surveillance System, United States, 2002 and 2004†



* Sigmoidoscopy or colonoscopy.
† Age-standardized to the 2000 U.S. standard population.
§ Data for Hawaii were not available for 2004.

Editorial Note: The findings in this report indicate that the number of states/areas where ≥60% of the population have been screened for colorectal cancer nearly doubled, from eight in 2002 to 15 in 2004. Although this increase in reported use of colorectal cancer tests is encouraging, use of tests for colorectal cancer continues to lag behind use of mammography and Papanicolau smear tests for breast cancer and cervical cancer, respectively (*6*). In 2002, the rate of death from colorectal cancer in the United States was 19.6 per 100,000 persons (*1*). *Healthy People 2010* objective 3-5 calls for reducing the colorectal cancer death rate from a baseline of 21.2 per 100,000 in 1998 to 13.9 in 2010. To achieve this national health objective, further gains in colorectal cancer screening will be required.

The increases in screening in 2004 likely can be attributed to greater public awareness of its importance, resulting from activities by the medical and public health communities, including encouragement of regular screening, extensive research into screening§ (*7*), colorectal cancer awareness campaigns, Medicare adoption (since 2001) of coverage for all recommended colorectal cancer screening tests, adoption (in 2004) of a Health Plan Employer Data and Information Set (HEDIS) measure to encourage health plans to cover colorectal cancer screening tests (*8*), and establishment of screening programs in certain states (*9,10*).

§ Information available at http://www.cdc.gov/cancer/publications/publica-scientif-05.htm#colorectal and http://www.thecommunityguide.org/cancer/screening/default.htm.

The findings in this report are subject to at least four limitations. First, the results might overestimate actual colorectal cancer screening rates because 1) BRFSS does not determine the indication for the test (i.e., screening versus diagnostic use), and 2) assessment of use of lower endoscopy within 10 years included persons who had a sigmoidoscopy more than 5 years preceding the survey and, therefore, were not compliant with screening recommendations. Second, because the survey is administered by telephone, only persons with land-line telephones are represented in the analysis. Third, responses are self reports and not validated by medical record review. Finally, the survey response rate was low (52.7%).

To increase colorectal cancer screening, in August 2005, CDC awarded cooperative agreements to five sites¶ to establish colorectal cancer screening demonstration programs for low-income U.S. men and women aged ≥50 years who have inadequate or no health insurance coverage for colorectal cancer screening. Screening services in these programs are expected to begin by early April 2006. CDC also provides funding to 21 state programs to implement specific colorectal cancer prevention strategies through National Comprehensive Cancer Control Program (NCCCP) initiatives.** In addition, CDC recently funded the Cancer Research and Prevention Founda-

¶ The Research Foundation of SUNY at Stony Brook, New York (county-based: Suffolk County); Nebraska Department of Health and Human Services (statewide); Missouri Department of Health and Senior Services (city-based: St. Louis), Maryland Department of Health and Mental Hygiene (city-based: Baltimore); Seattle and King County, Washington (county-based: King, Clallam, and Jefferson counties).

** Available at http://www.cdc.gov/cancer/ncccp/index.htm.

tion to assist 14 states in the delivery of a 1-day colorectal cancer Dialogue for Action conference.[††] These conferences are designed to encourage attendees to work with providers, health-care systems, and the public to address barriers to colorectal cancer screening in their states. CDC continues the Screen for Life: National Colorectal Cancer Action Campaign to promote colorectal cancer screening among all persons aged ≥50 years and encourage them to discuss screening options with their health-care providers.[§§]

An estimated 50%–60% of colorectal cancer deaths might be prevented if all persons aged ≥50 years were screened routinely (*7*); however, colorectal cancer screening test use has been slow to increase. Coordinated activities by CDC, state and local health departments, and the medical community to raise awareness about the burden of this disease, address barriers to screening, and promote use of screening tests should be sustained to reduce deaths from colorectal cancer.

[§§] Available at http://www.cdc.gov/colorectalcancer/what_cdc_is_doing/sfl.htm.

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Acknowledgment

This report is based, in part, on data contributed by state BRFSS coordinators.

Update: Influenza Activity — United States, March 5–11, 2006

During March 5–11, 2006,* the number of states reporting widespread influenza activity† remained at 25. Sixteen states reported regional activity, three reported local activity, and six reported sporadic activity (Figure 1).§

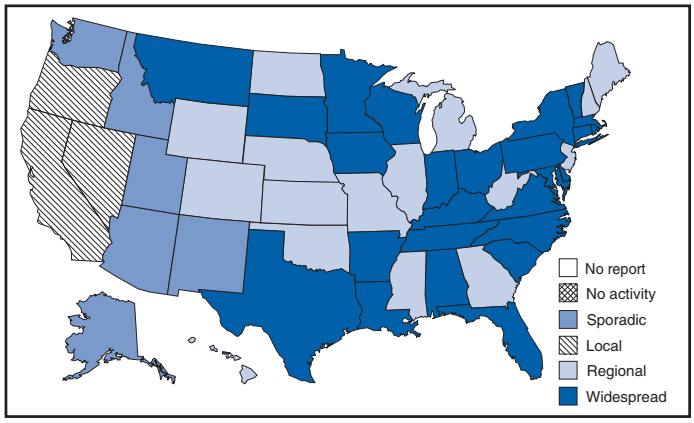
The percentage of specimens testing positive for influenza increased in the United States overall. During the preceding 3 weeks (weeks 8–10), the percentage of specimens testing positive for influenza ranged from 36.8% in the East North Central region to 11.1% in the Pacific region. During this period, 52.6% of isolates from the Mountain region have been influ-

* Provisional data reported as of March 17. Additional information about influenza activity is updated each Friday and is available from CDC at http://www.cdc.gov/flu.

† Levels of activity are 1) *widespread:* outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic:* small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity*.

§ *Widespread:* Alabama, Arkansas, Colorado, Connecticut, Delaware, Florida, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Montana, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, and Wisconsin; *regional:* Colorado, Georgia, Hawaii, Illinois, Kansas, Maine, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, North Dakota, Oklahoma, West Virginia, and Wyoming; *local:* California, Nevada, and Oregon; *sporadic:* Alaska, Arizona, Idaho, New Mexico, Utah, and Washington; *no activity:* none; *no report:* none.

FIGURE 1. Estimated influenza activity levels reported by state epidemiologists, by state and level of activity* — United States, March 5–11, 2006



* Levels of activity are 1) *widespread:* outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic:* small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity*.

enza B. The influenza B isolates reported from this region accounted for 41.1% of the B isolates reported during this time period. Other regions reporting more than 30.0% of recent isolates as influenza B include the West North Central and West South Central regions. The percentage of outpatient visits for influenza-like illness (ILI)[¶] during the week ending March 11 remains above the national baseline.[**] The percentage of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold for the week ending March 11.

Laboratory Surveillance

During March 5-11, World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States reported testing 3,548 specimens for influenza viruses, of which 917 (25.8%) were positive. Of these, 223 were influenza A (H3N2) viruses, 43 were influenza A (H1N1) viruses, 430 were influenza A viruses that were not subtyped, and 221 were influenza B viruses.

Since October 2, 2005, WHO and NREVSS laboratories have tested 95,533 specimens for influenza viruses, of which 10,632 (11.1%) were positive. Of these, 9,693 (91.2%) were influenza A viruses, and 939 (8.8%) were influenza B viruses. Of the 9,693 influenza A viruses, 4,132 (42.6%) have been subtyped; 4,002 (96.9%) were influenza A (H3N2) viruses, and 130 (3.1%) were influenza A (H1N1) viruses.

P&I Mortality and ILI Surveillance

During the week ending March 11, P&I accounted for 7.6% of all deaths reported through the 122 Cities Mortality Reporting System. This percentage is below the epidemic threshold[††] of 8.3% (Figure 2).

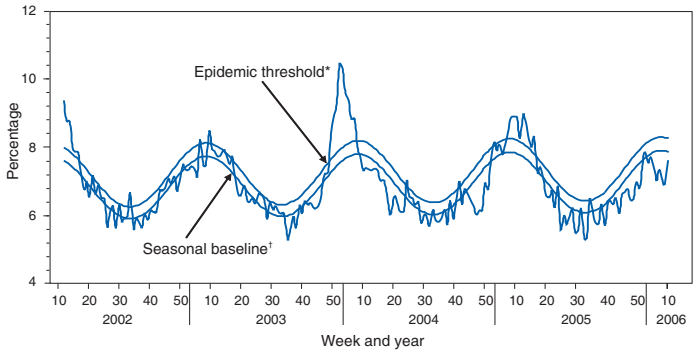
The percentage of patient visits for ILI was 3.0%, which is above the national baseline of 2.2% (Figure 3). The percentage of patient visits for ILI ranged from 1.7% in the Pacific region to 5.3% in the West South Central region.

[¶] Temperature of ≥100.0°F (≥37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza.

[**] The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

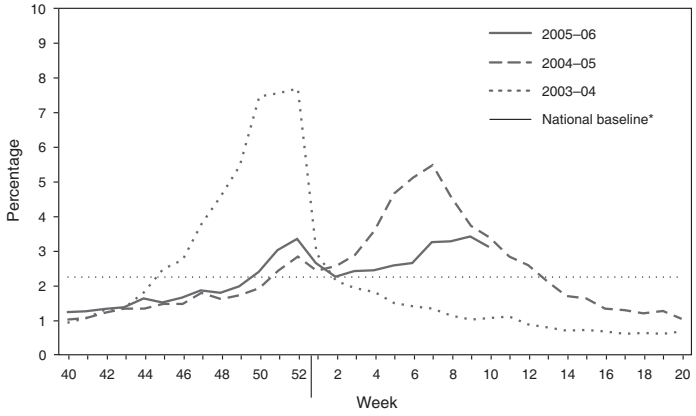
[††] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

FIGURE 2. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2006



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline.
† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

FIGURE 3. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

Pediatric Deaths and Hospitalizations

During October 2, 2005–March 11, 2006, CDC received reports of 16 influenza-associated deaths in U.S. residents aged <18 years. Fourteen of the deaths occurred during the current influenza season, and two occurred during the 2004–05 influenza season.

During October 1, 2005–March 4, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate

reported by the Emerging Infections Program[§§] (EIP) for children aged 0–17 years was 0.60 per 10,000. For children aged 0–4 years and 5–17 years, the rate was 1.44 per 10,000 and 0.19 per 10,000, respectively. During October 30, 2005–March 4, 2006, the preliminary laboratory-confirmed influenza-associated hospitalization rate for children aged 0–4 years in the New Vaccine Surveillance Network[¶¶] (NVSN) was 2.1 per 10,000.

Human Avian Influenza A (H5N1)

No human avian influenza A (H5N1) virus infection has ever been identified in the United States. From December 2003 through March 21, 2006, a total of 184 laboratory-confirmed human avian influenza A (H5N1) infections were reported to WHO from Azerbaijan, Cambodia, China, Indonesia, Iraq, Thailand, Turkey, and Vietnam.[***] Of these, 103 (56%) were fatal (Table). This represents an increase of seven cases and five deaths in Azerbaijan since March 13 and the first human infections with avian influenza A (H5N1) reported in Azerbaijan. The majority of infections appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare instances of human-to-human transmission likely have occurred (*1*).

[§§] The Emerging Infections Program Influenza Project conducts surveillance in 60 counties associated with 12 metropolitan areas: San Francisco, California; Denver, Colorado; New Haven, Connecticut; Atlanta, Georgia; Baltimore, Maryland; Minneapolis/St. Paul, Minnesota; Albuquerque, New Mexico; Las Cruces, New Mexico; Albany, New York; Rochester, New York; Portland, Oregon; and Nashville, Tennessee.

[¶¶] The New Vaccine Surveillance Network conducts surveillance in Monroe County, New York; Hamilton County, Ohio; and Davidson County, Tennessee.

[***] Available at http://www.who.int/csr/disease/avian_influenza/en.

Reference

1. Ungchusak K, Auewarakul P, Dowell SF, et al. Probable person-to-person transmission of avian influenza A (H5N1). N Engl J Med 2005; 352:333–40.

TABLE. Number of laboratory-confirmed human cases and deaths from avian influenza A (H5N1) infection reported to the World Health Organization, by country — worldwide, 2003–2006*

	Year of onset									
	2003		2004		2005		2006		Total	
Country	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths
Azerbaijan	0	0	0	0	0	0	7	5	**7**	**5**
Cambodia	0	0	0	0	4	4	0	0	**4**	**4**
China	0	0	0	0	8	5	7	5	**15**	**10**
Indonesia	0	0	0	0	17	11	12	11	**29**	**22**
Iraq	0	0	0	0	0	0	2	2	**2**	**2**
Thailand	0	0	17	12	5	2	0	0	**22**	**14**
Turkey	0	0	0	0	0	0	12	4	**12**	**4**
Vietnam	3	3	29	20	61	19	0	0	**93**	**42**
Total	**3**	**3**	**46**	**32**	**95**	**41**	**40**	**27**	**184**	**103**

* As of March 21, 2006.

Notice to Readers

National Colorectal Cancer Awareness Month

March is National Colorectal Cancer Awareness Month. This health observance was created in 2000 to increase awareness of the importance of regular screening to save lives and decrease the national burden of colorectal cancer (cancer of the colon or rectum). Colorectal cancer is the second leading cause of cancer-related death in the United States, after lung/bronchus cancer.

In 2002, a total of 139,534 adults in the United States had colorectal cancer diagnosed, and 56,603 adults died from colorectal cancer (*1*). The impact of colorectal cancer can be lessened through regular screening, which has been shown to reduce incidence and mortality (*2*).

CDC directly supports National Colorectal Cancer Awareness Month through its Colorectal Cancer Prevention and Control Initiative, which includes "Screen for Life: National Colorectal Cancer Action Campaign" (SFL), research related to colorectal cancer prevention and control, and activities aimed at increasing colorectal cancer screening. In addition, through its National Comprehensive Cancer Control Program, CDC funds state-based programs to better maximize resources, improve community-based education and health promotion, share expertise, and effectively target at-risk populations. This year, the funded states implementing colorectal cancer prevention and control activities include Alabama, Arkansas,

California, Colorado, Georgia, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Mexico, New York, North Carolina, Rhode Island, Pennsylvania, Texas, Utah, Washington, and West Virginia.

CDC and other public health agencies encourage all persons aged ≥50 years in the United States to discuss colorectal cancer screening options with their health-care providers. Health consumers can learn more about preventing colorectal cancer through routine screening by becoming familiar with the SFL campaign, which is designed to provide clear and concise information about colorectal cancer screening to adults aged ≥50 years.

Public health measures to increase awareness and encourage regular colorectal cancer screening starting at age 50 years are important to achieve the *Healthy People 2010* to reduce colorectal cancer deaths (objective no. 3-5) (*3*), and meet CDC's health protection goal of increasing the number of adults who live longer, high-quality, productive, and independent lives (http://www.cdc.gov/about/goals). Additional information regarding the SFL campaign and CDC's national colorectal cancer prevention programs is available at http://www.cdc.gov/colorectalcancer. Information regarding CDC's comprehensive cancer control program is available at http://www.cdc.gov/cancer/ncccp/index.htm.

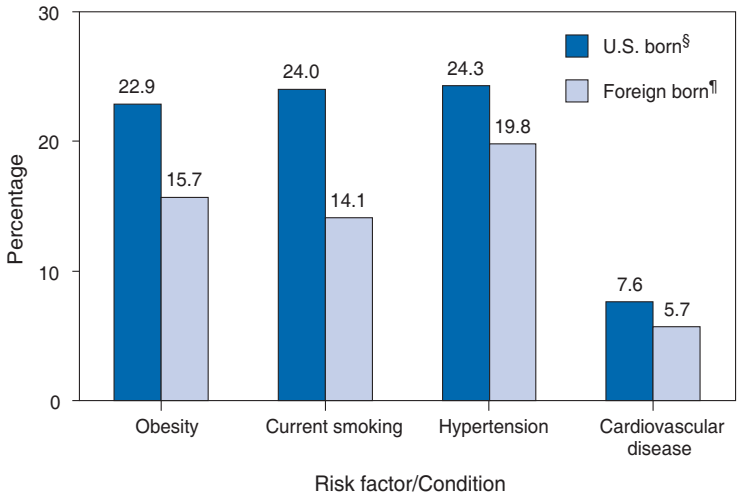
References

1. US Cancer Statistics Working Group. United States cancer statistics: 1999–2002 incidence and mortality. Atlanta, GA: US Department of Health and Human Services, CDC, National Cancer Institute; 2005. Available at http://www.cdc.gov/cancer/npcr/uscs/index.htm.
2. Pignone M, Rich M, Teutsch SM, et al. Screening for colorectal cancer in adults at average risk: a summary of the evidence for the U.S. Preventive Services Task Force. Ann Intern Med 2002;137:132–41.
3. US Department of Health and Human Services. Healthy people 2010. 2nd ed. With understanding and improving health and objectives for improving health. 2 vols. Washington, DC: US Government Printing Office, November 2000. Available at http://www.healthypeople.gov.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of U.S.-Born and Foreign-Born Adults Aged ≥18 Years Reporting Selected Health Risk Factors and Conditions* — United States, 1998–2003†



* Obesity, current smoking, hypertension, and cardiovascular disease are defined in the source report. Data on health risk factors and conditions were collected in National Health Interview Surveys from household interviews with samples of the civilian, noninstitutionalized population.

† Age-adjusted to the 2000 U.S. standard population, using four age groups: 18–34 years, 35–44 years, 45–64 years, and ≥65 years.

§ Born in one of the 50 states, the District of Columbia, Puerto Rico, or any of the U.S. territories. Persons born in a foreign country to parents who were U.S. citizens were also defined as U.S. born.

¶ Persons living in the United States who were not U.S. citizens at birth, including naturalized citizens, legal permanent residents, undocumented residents, and persons with long-term temporary visas.

During 1998–2003, the prevalence of obesity, smoking, hypertension, and cardiovascular disease was greater among U.S.-born adults than foreign-born adults. The foreign-born population was younger, less likely to have a high school diploma, more likely to be poor, and had less access to health care. During 1970–2002, the number of foreign-born persons in the United States increased more than threefold to 32.5 million, or 11.5% of the total U.S. population.

SOURCE: Dey AN, Lucas JW. Physical and mental health characteristics of U.S. and foreign-born adults, 1998–2003. Advance data from vital and health statistics; no. 369. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2006. Available at http://www.cdc.gov/nchs/data/ad/ad369.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 18, 2006 (11th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years 2005	2004	2003	2002	2001	States reporting cases during current week (No.)
Anthrax	—	1	0	—	—	—	2	23	
Botulism:									
foodborne	—	—	0	18	16	20	28	39	
infant	1	7	2	90	87	76	69	97	WA (1)
other (wound & unspecified)	—	10	0	25	30	33	21	19	
Brucellosis	—	14	2	113	114	104	125	136	
Chancroid	1	4	1	27	30	54	67	38	NC (1)
Cholera	—	—	—	6	5	2	2	3	
Cyclosporiasis§	1	8	4	737	171	75	156	147	DC (1)
Diphtheria	—	—	—	—	—	1	1	2	
Domestic arboviral diseases§¶:									
California serogroup	—	—	0	73	112	108	164	128	
eastern equine	—	—	—	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	—	8	2	733	537	362	511	261	
human monocytic	3	37	1	454	338	321	216	142	NY (1), MO (1), MD (1)
human (other & unspecified)	—	2	0	121	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	2	0	8	19	32	34	—	
nonserotype b	2	16	3	118	135	117	144	—	IN (1), MD (1)
unknown serotype	2	45	4	204	177	227	153	—	OH (1), CO (1)
Hansen disease§	—	10	3	85	105	95	96	79	
Hantavirus pulmonary syndrome§	—	2	0	22	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal§	1	10	2	202	200	178	216	202	OH (1)
Hepatitis C viral, acute	5	144	35	773	713	1,102	1,835	3,976	NY (2), MD (1), WA (1), CA (1)
HIV infection, pediatric (age <13 yrs)§††	—	—	6	382	436	504	420	543	
Influenza-associated pediatric mortality§,§§,¶¶	—	11	1	51	—	N	N	N	CA (2)
Listeriosis	8	87	8	850	753	696	665	613	NY (2), PA (1), OH (2), NC (1), FL (1), CA (1)
Measles	—	3***	2	63	37	56	44	116	
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	2	45	7	298	—	—	—	—	IN (1), MN (1)
serogroup B	1	26	4	172	—	—	—	—	FL (1)
other serogroup	—	5	1	24	—	—	—	—	
Mumps	4	91	6	293	258	231	270	266	OH (1), IA (2), MD (1)
Plague	—	—	—	7	3	1	2	2	
Poliomyelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis§	—	1	0	23	12	12	18	25	
Q fever§	1	22	1	125	70	71	61	26	TN (1)
Rabies, human	—	—	—	2	7	2	3	1	
Rubella	—	—	0	10	10	7	18	23	
Rubella, congenital syndrome	—	—	0	1	—	1	1	3	
SARS-CoV§,§§	—	—	0	—	—	8	N	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	2	26	4	104	132	161	118	77	PA (1), OH (1)
Streptococcus pneumoniae,§									
invasive disease (age <5 yrs)	20	208	17	1,081	1,162	845	513	498	NY (8), OH (1), MN (7), KS (1), MD (1), WV (1), AR (1)
Syphilis, congenital (age <1 yr)	—	38	9	330	353	413	412	441	
Tetanus	1	2	0	20	34	20	25	37	FL (1)
Toxic-shock syndrome (other than streptococcal)§	3	20	3	91	95	133	109	127	PA (1), MI (1), CO (1)
Trichinellosis	—	2	0	21	5	6	14	22	
Tularemia§	—	4	0	137	134	129	90	129	
Typhoid fever	1	41	6	299	322	356	321	368	MA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	—	—	2	—	N	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	—	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

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

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two 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.

¶ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

** 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, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ Of the 18 cases reported since October 2, 2005 (week 40), only 15 occurred during the current 2005–06 season.

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

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	12,019	18,575	25,022	166,317	199,952	16	101	1,203	1,220	955	30	69	849	451	373
New England	289	606	1,519	5,320	5,690	—	0	0	—	—	1	4	34	25	22
Connecticut	—	150	1,182	615	873	N	0	0	N	N	—	0	14	4	3
Maine	37	43	74	428	464	N	0	0	N	N	—	0	3	4	1
Massachusetts	196	276	441	3,040	2,995	—	0	0	—	—	1	2	15	12	7
New Hampshire	5	33	64	316	416	—	0	0	—	—	—	0	3	3	4
Rhode Island	51	63	99	688	715	—	0	0	—	—	—	0	5	—	1
Vermont§	—	19	43	233	227	N	0	0	N	N	—	0	5	2	6
Mid. Atlantic	1,855	2,263	3,698	20,540	23,091	—	0	0	—	—	6	11	595	78	55
New Jersey	163	358	528	2,158	3,886	N	0	0	N	N	—	0	5	—	2
New York (Upstate)	687	498	1,713	3,965	3,937	N	0	0	N	N	4	3	562	17	14
New York City	397	703	1,248	7,458	7,303	N	0	0	N	N	—	2	15	18	17
Pennsylvania	608	691	1,083	6,959	7,965	N	0	0	N	N	2	4	21	43	22
E.N. Central	2,199	3,165	4,146	31,061	32,428	1	0	3	8	2	4	13	162	90	72
Illinois	596	942	1,784	7,798	7,814	—	0	0	—	—	—	1	16	8	13
Indiana	321	393	558	4,290	4,380	N	0	0	N	N	—	1	13	6	4
Michigan	1,108	578	1,107	8,654	4,979	—	0	3	4	2	—	2	7	17	11
Ohio	33	814	1,444	6,960	10,866	1	0	1	4	—	4	5	109	45	23
Wisconsin	141	392	531	3,359	4,389	N	0	0	N	N	—	4	38	14	21
W.N. Central	520	1,123	1,445	10,942	12,693	—	0	3	—	—	6	8	51	57	48
Iowa	114	143	223	1,757	1,527	N	0	0	N	N	—	1	11	4	11
Kansas	146	148	269	1,753	1,612	N	0	0	N	N	—	0	5	12	6
Minnesota	—	228	294	1,589	2,766	—	0	3	—	—	4	2	10	24	10
Missouri	181	432	525	4,093	4,843	—	0	1	—	—	1	2	37	11	19
Nebraska§	—	97	200	855	1,106	N	0	1	N	N	1	0	2	3	—
North Dakota	17	32	50	327	278	N	0	0	N	N	—	0	1	—	—
South Dakota	62	52	118	568	561	N	0	0	N	N	—	0	4	3	2
S. Atlantic	2,626	3,290	4,892	31,894	38,689	—	0	1	2	—	10	13	53	139	74
Delaware	67	68	92	786	660	N	0	0	N	N	—	0	2	—	—
District of Columbia	39	66	103	384	853	—	0	0	—	—	—	0	3	5	1
Florida	793	868	1,029	9,505	9,332	N	0	0	N	N	7	6	28	52	25
Georgia	21	585	2,018	1,996	5,820	—	0	0	—	—	3	3	12	42	22
Maryland	466	357	525	3,779	3,654	—	0	1	2	—	—	0	4	7	4
North Carolina	579	537	1,743	7,406	7,754	N	0	0	N	N	—	1	10	23	10
South Carolina§	147	323	1,418	2,391	4,852	—	0	0	—	—	—	0	4	3	2
Virginia§	425	427	841	4,667	5,301	N	0	0	N	N	—	1	8	6	6
West Virginia	89	49	353	980	463	N	0	0	N	N	—	0	3	1	4
E.S. Central	1,776	1,358	2,188	14,133	14,742	—	0	0	—	—	1	3	21	7	8
Alabama§	619	340	1,048	3,847	2,242	N	0	0	N	N	—	0	3	2	4
Kentucky	91	153	323	1,812	2,751	N	0	0	N	N	—	1	20	1	1
Mississippi	544	379	801	3,082	4,841	—	0	0	—	—	—	0	1	—	1
Tennessee§	522	466	624	5,392	4,908	N	0	0	N	N	1	1	4	4	2
W.S. Central	556	1,971	3,372	14,261	24,820	—	0	1	—	—	1	3	30	26	12
Arkansas	113	173	340	1,636	1,834	—	0	0	—	—	—	0	1	1	—
Louisiana	235	222	760	864	3,539	N	0	1	N	N	—	0	21	4	2
Oklahoma	208	226	2,160	2,087	2,219	N	0	0	N	N	1	0	10	11	4
Texas§	—	1,308	1,699	9,674	17,228	N	0	0	N	N	—	1	10	10	6
Mountain	169	1,110	1,697	8,526	13,085	—	74	204	818	576	1	2	9	16	27
Arizona	100	316	537	3,474	4,649	—	72	204	798	550	—	0	1	2	3
Colorado	—	282	473	991	3,110	N	0	0	N	N	—	1	3	3	7
Idaho§	—	47	235	450	391	N	0	0	N	N	—	0	2	1	1
Montana	51	42	180	272	501	N	0	0	N	N	1	0	3	3	—
Nevada§	16	136	448	1,102	1,563	—	1	4	10	20	—	0	1	1	5
New Mexico§	—	151	338	1,518	1,694	—	0	2	—	4	—	0	3	—	6
Utah	2	87	138	447	938	—	0	3	8	2	—	0	3	6	3
Wyoming	—	23	43	272	239	—	0	2	2	—	—	0	1	—	2
Pacific	2,029	3,175	4,768	29,640	34,714	15	28	1,114	392	377	—	6	50	13	55
Alaska	63	76	121	674	807	—	0	0	—	—	—	0	2	—	—
California	1,349	2,427	4,003	22,447	26,788	15	28	1,114	392	377	—	3	14	—	47
Hawaii	—	105	133	1,089	1,179	N	0	0	N	N	—	0	1	—	—
Oregon§	243	168	315	1,592	1,879	N	0	0	N	N	—	1	20	13	8
Washington	374	359	604	3,838	4,061	N	0	0	N	N	—	0	36	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	100	77	141	1,047	846	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	4	12	—	104	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	112	320	768	2,507	3,193	3,943	6,256	8,161	58,925	67,466	35	36	88	432	510
New England	—	28	90	157	232	38	102	281	889	1,076	1	3	12	29	35
Connecticut	—	3	65	23	19	—	37	234	170	301	—	0	8	8	9
Maine	—	4	11	10	33	3	2	7	30	30	—	0	1	3	2
Massachusetts	—	11	34	78	133	21	49	78	523	599	1	1	5	14	16
New Hampshire	—	1	7	6	7	7	4	9	55	31	—	0	3	2	—
Rhode Island	—	0	25	12	17	7	8	25	102	109	—	0	4	1	4
Vermont†	—	3	11	28	23	—	1	4	9	6	—	0	1	1	4
Mid. Atlantic	28	64	241	425	610	484	652	1,003	5,947	6,794	7	7	28	87	92
New Jersey	2	7	17	2	105	85	107	150	846	1,229	—	1	4	1	13
New York (Upstate)	20	22	215	162	169	135	123	437	1,145	1,269	3	2	25	22	29
New York City	—	17	33	120	171	86	189	405	1,822	1,948	—	1	6	22	18
Pennsylvania	6	16	29	141	165	178	210	348	2,134	2,348	4	3	8	42	32
E.N. Central	8	54	102	339	525	760	1,348	1,809	14,618	12,433	5	6	13	55	92
Illinois	—	13	32	24	139	191	389	761	3,049	2,958	—	1	5	11	25
Indiana	N	0	0	N	N	135	161	234	1,918	1,691	2	1	6	11	17
Michigan	1	14	29	130	139	364	254	802	5,198	1,659	1	0	3	11	8
Ohio	7	16	34	151	116	15	381	681	3,234	4,904	2	2	6	17	35
Wisconsin	—	12	33	34	131	55	118	172	1,219	1,221	—	0	3	5	7
W.N. Central	10	36	142	253	353	200	359	461	3,382	3,976	9	2	7	25	26
Iowa	1	5	14	43	52	30	30	54	331	328	—	0	1	—	1
Kansas	1	4	9	31	33	57	47	124	510	543	—	0	2	4	1
Minnesota	—	16	113	75	139	—	64	89	394	769	9	0	4	9	11
Missouri	6	9	32	75	85	99	181	240	1,861	1,988	—	0	7	10	9
Nebraska†	1	1	6	12	24	—	21	40	189	262	—	0	1	2	3
North Dakota	—	0	3	2	1	1	2	6	20	18	—	0	2	—	1
South Dakota	1	2	7	15	19	13	6	15	77	68	—	0	0	—	—
S. Atlantic	24	49	83	483	490	1,033	1,450	2,266	13,334	16,992	5	9	22	113	129
Delaware	—	1	3	5	11	26	18	40	302	161	—	0	0	—	—
District of Columbia	1	1	5	13	12	30	40	67	297	470	—	0	0	—	—
Florida	19	18	40	182	171	301	398	515	4,313	4,033	4	3	12	35	25
Georgia	—	11	32	141	133	8	262	895	956	2,549	—	1	6	23	37
Maryland	4	4	11	41	32	133	133	242	1,547	1,465	1	1	5	16	23
North Carolina	N	0	0	N	N	245	276	766	3,464	4,020	—	0	11	14	24
South Carolina†	—	2	9	16	24	59	133	783	934	2,121	—	1	3	9	3
Virginia†	—	11	48	83	101	215	150	289	1,316	2,031	—	1	7	12	10
West Virginia	—	0	6	2	6	16	14	35	205	142	—	0	4	4	7
E.S. Central	3	7	19	72	83	680	525	868	5,604	5,540	1	2	8	22	23
Alabama†	3	4	13	38	40	270	176	491	1,782	1,383	—	0	2	5	5
Kentucky	N	0	0	N	N	29	53	107	654	840	—	0	3	—	1
Mississippi	—	0	0	—	—	187	128	225	1,217	1,437	—	0	0	—	—
Tennessee†	—	4	11	34	43	194	171	284	1,951	1,880	1	2	5	17	17
W.S. Central	3	6	23	48	49	272	784	1,303	5,832	9,754	2	2	6	25	29
Arkansas	2	1	5	15	18	60	86	187	971	953	—	0	2	2	—
Louisiana	—	1	5	13	8	143	122	461	591	1,901	—	0	3	3	17
Oklahoma	1	3	16	20	23	69	83	763	686	1,024	2	1	5	20	12
Texas†	N	0	0	N	N	—	475	628	3,584	5,876	—	0	1	—	—
Mountain	13	27	58	238	250	31	229	519	2,011	2,755	5	4	19	53	59
Arizona	—	2	12	25	46	23	70	166	816	984	—	1	9	21	20
Colorado	5	9	33	95	80	—	62	91	319	650	5	1	4	21	16
Idaho†	1	3	12	19	21	—	2	10	25	19	—	0	1	1	1
Montana	1	1	7	13	9	3	2	13	18	34	—	0	0	—	—
Nevada†	—	2	6	4	17	5	53	195	433	601	—	0	3	—	7
New Mexico†	—	1	6	4	10	—	27	64	257	311	—	0	4	6	10
Utah	6	7	20	73	64	—	15	22	102	145	—	0	2	3	4
Wyoming	—	1	2	5	3	—	2	6	41	11	—	0	2	1	1
Pacific	23	61	195	492	601	445	784	938	7,308	8,146	—	2	20	23	25
Alaska	1	2	6	3	12	11	9	23	84	112	—	0	19	2	2
California	20	41	102	381	481	316	649	804	5,927	6,859	—	1	7	1	9
Hawaii	—	1	6	11	15	—	19	36	187	223	—	0	2	3	1
Oregon†	—	7	21	70	65	20	29	58	236	327	—	1	6	16	13
Washington	2	5	87	27	28	98	72	167	874	625	—	0	4	1	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	3	14	1	30	5	7	16	84	85	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	4	—	33	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	9	78	197	692	869	31	96	258	894	1,110	17	40	112	228	240
New England	—	7	23	49	104	—	4	11	34	58	—	2	11	9	11
Connecticut	—	1	3	7	14	—	0	5	—	15	—	0	8	4	2
Maine	—	0	2	2	—	—	0	2	1	3	—	0	1	1	1
Massachusetts	—	5	14	24	75	—	3	10	28	37	—	1	5	2	6
New Hampshire	—	1	12	10	10	—	0	3	4	2	—	0	1	1	2
Rhode Island	—	0	4	1	5	—	0	2	1	—	—	0	7	—	—
Vermont†	—	0	2	5	—	—	0	1	—	1	—	0	3	1	—
Mid. Atlantic	—	11	23	43	167	3	10	24	66	141	11	11	53	74	68
New Jersey	—	3	10	6	30	—	2	6	18	32	—	1	12	5	9
New York (Upstate)	—	1	20	10	24	3	1	13	8	19	10	3	28	29	16
New York City	—	4	12	15	83	—	2	7	10	32	—	2	20	9	5
Pennsylvania	—	1	6	12	30	—	4	9	30	58	1	5	17	31	38
E.N. Central	—	7	17	50	86	7	9	25	59	120	1	7	25	36	59
Illinois	—	1	9	4	34	—	2	7	—	33	—	1	5	7	10
Indiana	—	1	10	3	5	3	0	16	4	5	—	0	6	1	4
Michigan	—	2	11	26	20	1	3	7	31	39	—	2	6	9	16
Ohio	—	1	4	16	16	3	2	8	22	37	1	3	19	19	24
Wisconsin	—	1	5	1	11	—	0	6	2	6	—	0	2	—	5
W.N. Central	—	2	31	27	27	3	4	13	21	53	—	1	12	7	9
Iowa	—	0	2	1	4	—	0	2	1	3	—	0	1	—	—
Kansas	—	0	5	17	4	—	0	3	3	7	—	0	1	—	1
Minnesota	—	0	31	1	3	—	0	6	1	—	—	0	10	—	1
Missouri	—	0	4	4	14	3	3	7	16	34	—	0	3	5	6
Nebraska†	—	0	3	2	2	—	0	2	—	8	—	0	2	2	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	1	2	—	—	0	1	—	1	—	0	6	—	—
S. Atlantic	4	13	33	123	117	11	23	53	211	327	3	9	19	58	50
Delaware	—	0	1	3	2	—	0	4	4	9	—	0	4	1	—
District of Columbia	—	0	2	1	—	2	0	4	3	—	—	0	2	—	1
Florida	1	5	18	48	42	6	9	21	90	114	1	2	6	23	16
Georgia	1	1	6	9	23	1	2	7	15	62	—	0	3	3	4
Maryland	—	2	6	18	10	1	2	8	36	41	—	2	9	15	16
North Carolina	2	0	20	33	22	—	0	23	42	34	2	0	3	9	6
South Carolina†	—	1	3	5	4	1	3	9	12	25	—	0	2	1	—
Virginia†	—	1	11	6	14	—	2	18	5	37	—	1	8	5	4
West Virginia	—	0	2	—	—	—	0	11	4	5	—	0	3	1	3
E.S. Central	—	3	16	23	34	1	6	20	47	80	—	1	6	6	6
Alabama†	—	0	6	2	4	—	1	7	15	19	—	0	2	1	5
Kentucky	—	0	3	9	3	1	1	5	13	22	—	0	4	—	1
Mississippi	—	0	2	1	6	—	1	4	4	14	—	0	1	—	—
Tennessee†	—	2	13	11	21	—	2	12	15	25	—	1	4	5	—
W.S. Central	—	8	37	41	62	1	13	73	188	90	—	0	5	2	2
Arkansas	—	0	3	2	2	—	1	3	3	15	—	0	1	—	1
Louisiana	—	1	5	1	16	—	1	5	5	18	—	0	2	2	—
Oklahoma	—	0	2	4	1	1	0	5	1	6	—	0	3	—	—
Texas†	—	6	34	34	43	—	11	71	179	51	—	0	5	—	1
Mountain	—	6	21	63	87	2	11	59	197	106	1	2	8	7	18
Arizona	—	3	20	38	52	—	6	55	175	68	—	0	3	—	3
Colorado	—	1	4	12	7	1	1	5	8	10	—	0	3	1	3
Idaho†	—	0	3	2	8	—	0	2	3	3	—	0	2	—	1
Montana	—	0	1	1	6	—	0	7	—	—	—	0	1	—	1
Nevada†	—	0	2	3	3	—	1	4	7	9	—	0	2	3	4
New Mexico†	—	0	3	4	4	—	0	3	1	6	—	0	1	—	1
Utah	—	0	3	3	6	1	0	5	3	10	1	0	2	3	3
Wyoming	—	0	0	—	1	—	0	1	—	—	—	0	1	—	2
Pacific	5	15	148	273	185	3	9	54	71	135	1	1	10	29	17
Alaska	—	0	2	—	3	—	0	2	1	—	—	0	1	—	—
California	4	13	147	255	155	3	6	39	54	98	1	1	10	29	17
Hawaii	—	0	2	5	5	—	0	1	—	1	—	0	1	—	—
Oregon†	—	1	5	6	10	—	2	6	10	27	N	0	0	N	N
Washington	1	1	11	7	12	—	0	11	6	9	—	0	0	—	—
American Samoa	U	0	1	U	—	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	6	3	11	—	1	6	2	2	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	103	300	1,337	817	1,396	3	25	48	188	236
New England	1	50	232	49	116	—	1	12	7	7
Connecticut	—	9	154	29	3	—	0	10	1	—
Maine	—	2	26	6	7	—	0	1	—	—
Massachusetts	—	18	164	—	92	—	0	4	5	5
New Hampshire	1	3	17	13	12	—	0	1	—	2
Rhode Island	—	0	12	—	1	—	0	1	—	—
Vermont†	—	0	5	1	1	—	0	2	1	—
Mid. Atlantic	65	180	915	495	906	1	6	15	37	58
New Jersey	2	27	309	79	309	—	1	7	—	12
New York (Upstate)	59	53	824	224	148	1	1	10	7	8
New York City	—	0	0	—	—	—	3	8	23	32
Pennsylvania	4	61	464	192	449	—	1	2	7	6
E.N. Central	—	14	157	22	62	—	2	6	25	20
Illinois	—	0	6	—	1	—	1	2	6	7
Indiana	—	0	4	—	2	—	0	3	5	—
Michigan	—	1	7	4	1	—	0	2	4	7
Ohio	—	1	5	1	13	—	0	3	7	3
Wisconsin	—	10	148	17	45	—	0	3	3	3
W.N. Central	6	12	99	24	34	—	1	5	5	8
Iowa	—	1	8	—	4	—	0	1	1	2
Kansas	—	0	3	1	2	—	0	1	—	1
Minnesota	6	8	96	21	28	—	0	3	2	1
Missouri	—	0	2	1	—	—	0	3	1	4
Nebraska†	—	0	2	1	—	—	0	2	—	—
North Dakota	—	0	0	—	—	—	0	0	—	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	14	34	124	163	249	2	6	15	62	52
Delaware	2	9	37	53	90	—	0	1	—	1
District of Columbia	—	0	2	5	1	—	0	2	—	1
Florida	1	1	8	10	9	1	1	6	7	10
Georgia	—	0	1	—	1	—	1	6	16	8
Maryland	10	16	86	86	122	1	1	9	19	17
North Carolina	—	0	5	7	11	—	0	8	8	7
South Carolina†	1	0	3	2	5	—	0	2	2	1
Virginia†	—	3	21	—	10	—	0	9	10	6
West Virginia	—	0	6	—	—	—	0	2	—	1
E.S. Central	—	0	4	—	3	—	1	2	4	6
Alabama†	—	0	1	—	—	—	0	1	1	1
Kentucky	—	0	1	—	—	—	0	2	1	2
Mississippi	—	0	0	—	—	—	0	0	—	—
Tennessee†	—	0	4	—	3	—	0	2	2	3
W.S. Central	—	1	7	—	11	—	1	10	4	22
Arkansas	—	0	2	—	—	—	0	2	—	1
Louisiana	—	0	1	—	1	—	0	1	—	1
Oklahoma	—	0	0	—	—	—	0	6	1	2
Texas†	—	1	7	—	10	—	1	10	3	18
Mountain	—	0	4	1	—	—	1	6	10	12
Arizona	—	0	4	1	—	—	0	4	1	2
Colorado	—	0	1	—	—	—	0	3	4	6
Idaho†	—	0	1	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	0	—	—
Nevada†	—	0	2	—	—	—	0	2	—	—
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	—	—	—	0	2	5	2
Wyoming	—	0	1	—	—	—	0	1	—	1
Pacific	17	4	12	63	15	—	4	12	34	51
Alaska	—	0	1	—	1	—	0	1	1	2
California	17	2	12	63	13	—	3	9	27	44
Hawaii	N	0	0	N	N	—	0	4	—	3
Oregon†	—	0	3	—	1	—	0	2	2	2
Washington	—	0	3	—	—	—	0	5	4	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

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* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Meningococcal disease, invasive: All serogroups: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Meningococcal disease, invasive: Serogroup unknown: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005	Pertussis: Current week	Previous 52 weeks: Med	Previous 52 weeks: Max	Cum 2006	Cum 2005
United States	17	21	67	259	341	14	13	51	183	183	165	428	1,506	2,202	4,355
New England	—	1	5	13	28	—	1	4	13	9	3	27	55	154	293
Connecticut	—	0	2	3	7	—	0	2	3	1	—	0	4	—	18
Maine	—	0	1	2	1	—	0	1	2	1	—	0	5	7	11
Massachusetts	—	0	3	7	13	—	0	2	7	3	—	20	44	118	218
New Hampshire	—	0	2	1	3	—	0	2	1	3	—	1	15	7	—
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	8	—	5
Vermont†	—	0	1	—	2	—	0	1	—	1	3	1	6	22	41
Mid. Atlantic	3	2	14	32	42	3	2	13	28	31	24	22	126	242	389
New Jersey	—	0	2	—	12	—	0	2	—	12	—	3	7	14	53
New York (Upstate)	1	0	6	5	11	1	0	5	4	3	16	10	115	90	129
New York City	—	0	5	11	6	—	0	5	11	6	—	2	6	6	22
Pennsylvania	2	1	3	16	13	2	1	3	13	10	8	7	16	132	185
E.N. Central	5	2	9	21	33	4	1	6	17	29	16	61	121	295	1,192
Illinois	—	0	4	5	8	—	0	4	5	8	—	13	31	10	208
Indiana	2	0	3	2	4	1	0	2	1	2	9	4	74	30	71
Michigan	—	1	3	4	7	—	0	3	1	5	—	5	26	78	47
Ohio	3	0	5	10	7	3	0	4	10	7	7	18	43	160	472
Wisconsin	—	0	1	—	7	—	0	1	—	7	—	21	40	17	394
W.N. Central	1	1	4	12	23	—	0	3	3	9	11	58	205	310	652
Iowa	—	0	2	—	8	—	0	2	—	1	—	10	55	58	233
Kansas	—	0	1	—	3	—	0	1	—	3	8	11	29	120	80
Minnesota	1	0	2	1	4	—	0	1	—	—	—	0	148	—	93
Missouri	—	0	3	7	6	—	0	2	1	3	2	10	39	106	111
Nebraska†	—	0	1	4	2	—	0	1	2	2	1	3	14	22	67
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	28	4	21
South Dakota	—	0	1	—	—	—	0	0	—	—	—	2	9	—	47
S. Atlantic	4	3	14	46	54	3	2	8	19	23	29	23	90	210	289
Delaware	—	0	1	2	1	—	0	1	2	1	—	0	1	1	11
District of Columbia	—	0	0	—	—	—	0	0	—	—	1	0	3	3	—
Florida	4	1	7	21	19	3	1	6	10	6	2	4	14	51	36
Georgia	—	0	2	1	7	—	0	2	1	7	—	1	3	4	9
Maryland	—	0	2	3	6	—	0	1	1	—	6	4	8	49	58
North Carolina	—	0	11	11	6	—	0	3	3	—	16	0	21	43	21
South Carolina†	—	0	1	4	9	—	0	1	1	7	—	5	22	27	95
Virginia†	—	0	3	4	5	—	0	3	1	1	4	3	72	30	43
West Virginia	—	0	1	—	1	—	0	1	—	1	—	0	5	2	16
E.S. Central	1	1	3	10	16	1	1	3	8	10	1	8	25	47	117
Alabama†	—	0	1	2	—	—	0	1	2	—	—	1	9	11	25
Kentucky	1	0	2	2	5	1	0	2	2	5	—	2	10	3	38
Mississippi	—	0	1	1	3	—	0	1	1	3	—	1	4	8	16
Tennessee†	—	0	2	5	8	—	0	2	3	2	1	3	17	25	38
W.S. Central	—	2	14	25	31	—	1	7	16	9	2	44	131	120	123
Arkansas	—	0	3	3	6	—	0	2	3	1	2	5	19	15	23
Louisiana	—	0	4	15	11	—	0	3	11	2	—	0	3	2	9
Oklahoma	—	0	3	5	3	—	0	3	1	—	—	0	1	2	—
Texas†	—	0	8	2	11	—	0	2	1	6	—	38	126	101	91
Mountain	1	2	7	24	22	1	1	5	16	3	56	75	144	694	882
Arizona	—	0	5	11	7	—	0	5	11	2	—	16	86	94	51
Colorado	1	0	2	11	9	1	0	1	4	—	21	25	41	327	405
Idaho†	—	0	2	—	1	—	0	2	—	1	1	3	14	14	69
Montana	—	0	0	—	—	—	0	0	—	—	4	7	29	29	201
Nevada†	—	0	2	—	2	—	0	1	—	—	—	1	9	11	10
New Mexico†	—	0	2	—	1	—	0	2	—	—	—	2	9	6	59
Utah	—	0	2	2	2	—	0	1	1	—	29	13	38	202	81
Wyoming	—	0	0	—	—	—	0	0	—	—	1	1	4	11	6
Pacific	2	4	28	76	92	2	3	16	63	60	23	70	963	130	418
Alaska	—	0	1	—	1	—	0	1	—	1	—	2	15	22	10
California	2	2	11	52	51	2	2	11	52	51	—	40	775	1	106
Hawaii	—	0	1	1	7	—	0	1	1	2	—	3	10	15	29
Oregon†	—	1	5	11	23	—	0	3	4	4	—	5	33	32	216
Washington	—	0	25	12	10	—	0	11	6	2	23	11	185	60	57
American Samoa	U	0	1	—	—	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	3	—	0	2	—	3	—	0	2	—	1
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	44	104	160	599	1,106	2	34	98	255	115	251	866	1,691	4,783	5,052
New England	5	12	33	81	139	—	0	1	—	1	—	41	77	229	269
Connecticut	—	3	13	20	21	—	0	0	—	—	—	9	54	54	60
Maine	2	1	4	11	8	N	0	0	N	N	—	3	8	7	15
Massachusetts	2	4	22	36	97	—	0	1	—	—	—	20	41	141	153
New Hampshire	—	0	3	2	2	—	0	1	—	—	—	2	12	16	16
Rhode Island	—	0	4	1	2	—	0	1	—	1	—	0	15	9	11
Vermont†	1	1	7	11	9	—	0	0	—	—	—	1	10	2	14
Mid. Atlantic	11	18	40	124	126	—	1	7	3	7	29	93	237	458	596
New Jersey	N	0	0	N	N	—	0	2	—	—	—	17	41	33	116
New York (Upstate)	11	12	24	70	53	—	0	2	—	—	25	21	198	117	127
New York City	—	0	3	—	6	—	0	2	1	1	—	24	43	109	180
Pennsylvania	—	7	22	54	67	—	1	6	2	6	4	31	61	199	173
E.N. Central	—	2	19	4	10	—	0	6	1	2	35	96	243	583	636
Illinois	—	1	4	—	3	—	0	3	—	1	—	30	160	94	188
Indiana	—	0	3	—	1	—	0	1	—	—	7	11	71	74	41
Michigan	—	0	4	2	2	—	0	1	—	—	4	18	35	115	136
Ohio	—	0	13	2	4	—	0	3	1	1	24	23	52	218	141
Wisconsin	N	0	3	N	N	—	0	1	—	—	—	15	45	82	130
W.N. Central	—	6	23	25	51	—	2	16	4	4	30	42	92	331	336
Iowa	—	1	10	3	10	—	0	2	—	—	—	7	18	46	65
Kansas	—	1	5	9	13	—	0	2	—	—	4	7	17	55	33
Minnesota	—	1	5	2	12	—	0	1	—	—	17	10	31	79	89
Missouri	—	1	7	2	5	—	1	14	4	4	8	14	40	102	88
Nebraska†	—	0	0	—	—	—	0	2	—	—	—	2	10	27	28
North Dakota	—	0	4	2	1	—	0	0	—	—	1	0	5	1	6
South Dakota	—	1	6	7	10	—	0	2	—	—	—	2	11	21	27
S. Atlantic	26	33	54	289	528	1	17	94	240	79	72	256	508	1,405	1,343
Delaware	—	0	0	—	—	—	0	2	2	—	—	2	9	12	11
District of Columbia	—	0	0	—	—	—	0	1	—	—	—	1	7	13	8
Florida	—	0	14	35	201	1	0	3	6	3	37	99	230	597	512
Georgia	—	4	15	16	60	—	1	9	14	1	9	33	73	231	181
Maryland	—	6	16	44	64	—	2	7	10	4	10	14	39	99	103
North Carolina	9	8	19	55	86	—	5	87	206	65	16	33	114	288	265
South Carolina†	—	0	0	—	5	—	1	6	2	5	—	21	146	59	105
Virginia†	17	10	26	123	110	—	1	10	—	—	—	20	66	97	141
West Virginia	—	0	13	16	2	—	0	2	—	1	—	2	13	9	17
E.S. Central	2	3	9	36	21	1	5	24	4	4	5	56	134	264	287
Alabama†	2	1	5	13	15	—	0	9	1	1	1	13	39	110	85
Kentucky	—	0	3	4	—	—	0	1	—	—	—	7	26	45	32
Mississippi	—	0	1	—	—	—	0	3	—	—	—	13	66	31	39
Tennessee†	—	1	4	19	6	1	3	18	3	3	4	14	40	78	131
W.S. Central	—	13	42	11	178	—	2	33	3	1	41	81	534	514	358
Arkansas	—	0	3	1	10	—	0	32	3	—	37	14	67	182	46
Louisiana	—	0	0	—	—	—	0	2	—	1	—	15	42	41	88
Oklahoma	—	1	7	10	16	—	0	23	—	—	4	7	26	47	40
Texas†	—	11	39	—	152	—	0	8	—	—	—	44	501	244	184
Mountain	—	4	19	15	35	—	0	4	—	15	13	49	112	288	323
Arizona	—	2	11	15	29	—	0	4	—	12	—	13	28	63	107
Colorado	—	0	2	—	—	—	0	1	—	—	5	10	45	94	77
Idaho†	—	0	12	—	—	—	0	2	—	—	1	2	17	15	17
Montana	—	0	3	—	—	—	0	1	—	—	4	2	16	18	18
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	16	35
New Mexico†	—	0	1	—	1	—	0	1	—	—	—	4	14	24	29
Utah	—	0	5	—	—	—	0	1	—	2	3	6	31	46	33
Wyoming	—	0	2	—	5	—	0	1	—	1	—	1	12	12	7
Pacific	—	4	15	14	18	—	0	2	—	2	26	99	407	711	904
Alaska	—	0	3	5	1	—	0	0	—	—	—	1	5	18	11
California	—	3	15	9	17	—	0	1	—	2	19	76	282	552	713
Hawaii	—	0	0	—	—	—	0	0	—	—	—	5	15	38	69
Oregon†	—	0	1	—	—	—	0	1	—	—	—	8	25	52	56
Washington	U	0	0	U	U	N	0	0	N	N	7	8	116	51	55
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	2	4	21	16	N	0	0	N	N	—	7	23	7	68
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
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TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	Shiga toxin-producing *E. coli* (STEC)†					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	9	48	221	136	250	77	282	497	1,665	2,084	85	80	162	1,107	1,059
New England	—	4	13	8	25	—	5	17	45	42	—	4	7	38	43
Connecticut	—	1	4	—	10	—	1	5	5	8	U	0	0	U	U
Maine	—	0	5	—	1	—	0	3	—	—	—	0	2	3	2
Massachusetts	—	2	7	8	11	—	3	11	33	27	—	2	7	24	29
New Hampshire	—	0	2	—	1	—	0	4	3	3	—	0	3	8	3
Rhode Island	—	0	2	—	1	—	0	6	3	1	—	0	3	2	3
Vermont§	—	0	2	1	1	—	0	4	1	3	—	0	2	1	6
Mid. Atlantic	—	6	95	—	28	6	21	69	129	218	33	15	39	199	221
New Jersey	—	1	7	—	9	—	5	18	34	65	—	2	8	9	37
New York (Upstate)	2	2	92	8	11	5	4	53	52	53	23	4	29	72	75
New York City	—	0	2	—	1	—	6	22	27	87	—	3	9	31	39
Pennsylvania	—	2	8	—	7	1	2	48	16	13	10	5	12	87	70
E.N. Central	5	7	28	39	55	5	16	78	132	154	11	14	39	198	212
Illinois	—	1	7	—	15	—	6	24	23	41	—	3	9	36	67
Indiana	—	1	7	7	4	—	1	56	18	13	6	1	12	35	22
Michigan	3	0	2	11	—	—	4	10	42	71	1	4	12	50	58
Ohio	2	2	14	11	23	5	3	11	35	12	4	4	14	63	45
Wisconsin	—	2	15	10	13	—	3	9	14	17	—	1	8	14	20
W.N. Central	2	7	39	31	37	7	38	64	184	145	5	5	13	57	64
Iowa	—	1	10	8	6	—	1	9	3	22	N	0	0	N	N
Kansas	—	1	4	—	4	1	4	20	18	5	2	1	5	27	8
Minnesota	2	2	23	23	6	3	2	6	20	10	—	1	8	—	22
Missouri	4	1	7	13	12	3	22	45	110	82	2	1	6	16	20
Nebraska§	—	1	4	2	7	—	1	9	18	18	1	0	4	11	7
North Dakota	—	0	2	—	—	—	0	2	2	2	—	0	3	3	2
South Dakota	—	0	5	—	2	—	1	17	13	6	—	0	2	—	5
S. Atlantic	1	7	39	20	39	35	47	116	469	301	22	19	39	288	216
Delaware	—	0	2	—	—	—	0	2	—	1	—	0	2	1	—
District of Columbia	—	0	1	—	—	—	0	2	3	2	—	0	2	4	2
Florida	1	1	31	14	14	19	21	66	207	137	5	5	12	69	63
Georgia	—	0	6	—	6	11	12	36	153	83	4	4	9	70	45
Maryland	—	1	5	—	6	2	2	8	28	15	5	4	12	62	57
North Carolina	1	0	11	11	9	—	3	22	49	28	6	1	13	34	25
South Carolina§	—	0	2	2	—	3	2	6	22	20	2	1	5	20	11
Virginia§	—	2	9	—	4	—	2	9	7	15	—	2	11	22	10
West Virginia	—	0	1	—	—	—	0	1	—	—	—	0	5	6	3
E.S. Central	—	2	12	5	10	3	18	54	103	277	2	4	10	47	46
Alabama§	—	0	3	—	3	2	3	20	24	50	N	0	0	N	N
Kentucky	—	1	9	5	—	1	6	31	46	16	—	0	3	7	12
Mississippi	—	0	2	—	—	—	2	7	18	18	—	0	0	—	—
Tennessee§	—	1	3	15	7	—	4	47	15	193	2	3	8	40	34
W.S. Central	1	2	22	1	10	7	61	149	187	433	8	6	25	75	48
Arkansas	—	0	2	—	1	4	1	3	14	14	1	0	2	3	6
Louisiana	—	0	2	—	5	—	2	11	24	33	—	0	2	5	4
Oklahoma	1	0	3	1	1	3	10	41	23	94	7	2	13	47	21
Texas§	—	1	22	—	3	—	45	142	126	292	—	3	18	20	17
Mountain	—	5	16	10	31	—	16	48	106	119	3	11	42	186	185
Arizona	—	0	4	—	2	—	9	29	46	54	—	4	27	90	79
Colorado	—	1	6	10	8	—	3	18	21	18	2	4	10	53	64
Idaho§	—	1	8	3	5	—	0	4	4	—	—	0	2	3	1
Montana	—	0	2	—	1	—	0	1	—	—	—	0	0	—	—
Nevada§	—	0	4	—	6	—	1	6	9	20	—	0	6	—	—
New Mexico§	—	0	3	2	2	—	2	9	14	18	1	1	6	18	22
Utah	—	1	7	2	6	—	1	4	11	9	—	2	6	20	18
Wyoming	—	0	3	—	1	—	0	1	1	—	—	0	1	2	1
Pacific	—	6	52	22	15	14	40	136	310	395	1	2	8	19	24
Alaska	—	0	2	—	2	—	0	1	1	6	—	0	0	—	—
California	—	1	6	17	7	10	34	97	222	353	—	0	0	—	—
Hawaii	—	0	4	—	1	—	1	4	10	7	1	2	8	19	24
Oregon§	—	1	47	7	—	—	1	28	46	20	N	0	0	N	N
Washington	—	1	40	5	5	4	2	38	31	9	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	—	1	—	0	1	—	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-0157; and Shiga toxin positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2006	Cum 2005
United States	52	49	108	674	697	90	171	247	1,383	1,513	790	607	2,233	9,833	5,839
New England	—	1	12	6	35	3	4	17	36	38	21	34	1,130	239	662
Connecticut	U	0	0	U	U	—	0	11	4	1	U	0	0	U	U
Maine	N	0	0	N	N	—	0	2	3	1	—	4	20	19	76
Massachusetts	—	1	6	—	33	3	2	5	26	32	—	20	86	2	571
New Hampshire	—	0	0	—	—	—	0	2	3	2	2	5	1,110	70	—
Rhode Island	—	0	7	1	—	—	0	6	—	2	—	0	0	—	—
Vermont†	—	0	2	5	2	—	0	1	—	—	19	2	25	148	15
Mid. Atlantic	3	2	13	29	70	10	20	33	184	202	143	113	210	1,339	1,069
New Jersey	N	0	0	N	N	1	2	7	29	25	—	0	0	—	—
New York (Upstate)	2	1	9	8	28	3	2	15	24	13	—	0	0	—	—
New York City	U	0	0	U	U	—	11	22	95	135	—	0	0	—	—
Pennsylvania	1	2	9	21	42	6	4	8	36	29	143	113	210	1,339	1,069
E.N. Central	18	12	31	164	147	10	18	41	156	101	391	128	512	4,215	1,707
Illinois	—	0	2	7	—	4	8	32	44	26	—	2	5	3	17
Indiana	11	3	20	38	48	1	1	5	17	12	N	0	245	N	N
Michigan	1	1	4	9	11	1	2	8	32	11	60	83	231	1,172	1,085
Ohio	6	7	20	110	88	4	4	11	51	46	331	31	382	2,936	448
Wisconsin	N	0	0	N	N	—	1	3	12	6	—	9	27	104	157
W.N. Central	—	1	15	14	13	1	5	9	30	50	73	14	70	472	40
Iowa	N	0	0	N	N	—	0	1	2	3	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	5	3	—	0	0	—	—
Minnesota	—	0	15	—	—	—	1	5	2	12	—	0	0	—	—
Missouri	—	0	3	14	12	1	2	8	20	31	72	10	69	445	2
Nebraska†	—	0	1	—	—	—	0	1	1	1	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	13	9
South Dakota	—	0	1	—	1	—	0	1	—	—	1	1	23	14	29
S. Atlantic	29	21	42	366	302	29	42	131	349	355	97	51	779	994	556
Delaware	—	0	2	—	—	—	0	2	6	2	—	1	5	24	6
District of Columbia	2	0	4	10	4	—	2	9	20	23	—	0	6	5	5
Florida	25	11	34	200	164	13	15	29	153	161	—	0	0	—	—
Georgia	1	5	19	133	115	1	9	90	18	30	—	0	0	—	—
Maryland	—	0	0	—	—	2	5	19	49	54	—	0	0	—	—
North Carolina	N	0	0	N	N	—	5	17	54	51	—	0	0	—	—
South Carolina†	—	0	0	—	—	1	1	7	15	14	2	12	41	203	149
Virginia†	N	0	0	N	N	12	3	11	34	19	61	9	766	308	31
West Virginia	1	2	8	23	19	—	0	1	—	1	34	18	70	454	365
E.S. Central	—	3	14	47	42	15	9	20	120	98	—	0	0	—	—
Alabama†	N	0	0	N	N	12	3	12	66	46	—	0	0	—	—
Kentucky	—	0	5	3	7	—	1	4	6	6	N	0	0	N	N
Mississippi	—	0	0	—	—	—	0	5	11	11	—	0	0	—	—
Tennessee†	—	3	13	44	35	3	4	11	37	35	N	0	0	N	N
W.S. Central	—	1	7	25	64	7	24	37	218	251	10	146	1,290	1,756	869
Arkansas	—	0	3	6	6	5	1	6	21	10	10	0	35	102	—
Louisiana	—	1	6	19	58	—	3	17	15	34	—	1	32	52	45
Oklahoma	N	0	0	N	N	2	1	6	17	11	—	0	0	—	—
Texas†	N	0	0	N	N	—	16	31	165	196	—	136	1,258	1,602	824
Mountain	2	1	27	23	24	4	8	17	67	81	55	48	120	818	936
Arizona	N	0	0	N	N	4	3	13	38	26	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	4	13	37	35	74	519	653
Idaho†	N	0	0	N	N	—	0	3	1	6	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	4	—	0	0	—	—
Nevada†	—	0	27	1	1	—	2	7	19	18	—	0	0	—	—
New Mexico†	—	0	0	—	—	—	1	3	4	11	5	3	19	75	73
Utah	—	0	6	12	15	—	0	1	1	3	13	8	55	217	173
Wyoming	2	0	3	10	8	—	0	0	—	—	—	0	4	7	37
Pacific	—	0	0	—	—	11	33	56	223	337	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	2	—	2	—	0	0	—	—
California	N	0	0	N	N	4	28	54	160	300	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	5	1	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	4	4	N	0	0	N	N
Washington	N	0	0	N	N	7	2	11	54	30	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	5	4	16	33	26	3	7	47	35	135
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2005 and 2006 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 18, 2006, and March 19, 2005 (11th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	154	1	1	—	2	202	—	3
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont§	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	9	—	—	—	0	3	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	6	—	—	—	0	1	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	—	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	—	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	—	—	0	80	—	—
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	—	—	0	3	—	—
Nebraska§	—	0	9	—	—	—	0	24	—	—
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	—
S. Atlantic	—	0	6	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	—
Maryland	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina§	—	0	1	—	—	—	0	0	—	—
Virginia§	—	0	0	—	—	—	0	0	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	1	—	—	0	5	—	—
Alabama§	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	—	—	0	5	—	—
Tennessee§	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	—	—	—	0	21	—	2
Arkansas	—	0	3	—	—	—	0	2	—	—
Louisiana	—	0	20	—	—	—	0	8	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas§	—	0	16	—	—	—	0	13	—	—
Mountain	—	0	16	—	1	—	0	39	—	—
Arizona	—	0	8	—	1	—	0	8	—	—
Colorado	—	0	5	—	—	—	0	13	—	—
Idaho§	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada§	—	0	3	—	—	—	0	8	—	—
New Mexico§	—	0	3	—	—	—	0	4	—	—
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	—	—	0	89	—	1
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	—	—	0	88	—	1
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon§	—	0	1	—	—	—	0	2	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	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 2005 and 2006 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending March 18, 2006 (11th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	578	432	95	31	10	10	66
Boston, MA	134	95	26	6	4	3	9
Bridgeport, CT	36	21	10	4	1	—	2
Cambridge, MA	14	12	2	—	—	—	1
Fall River, MA	32	32	—	—	—	—	7
Hartford, CT	67	46	12	4	3	2	13
Lowell, MA	33	25	7	—	1	—	6
Lynn, MA	14	12	1	1	—	—	2
New Bedford, MA	22	17	4	1	—	—	2
New Haven, CT	32	22	4	4	1	1	5
Providence, RI	54	47	2	3	—	2	8
Somerville, MA	3	1	2	—	—	—	—
Springfield, MA	41	30	6	3	—	2	—
Waterbury, CT	30	22	6	2	—	—	2
Worcester, MA	66	50	13	3	—	—	9
Mid. Atlantic	2,353	1,675	478	135	29	36	153
Albany, NY	60	49	9	1	1	—	2
Allentown, PA	25	19	5	1	—	—	—
Buffalo, NY	83	63	14	4	—	2	7
Camden, NJ	42	23	16	2	—	1	2
Elizabeth, NJ	18	13	4	1	—	—	3
Erie, PA	36	30	4	1	1	—	—
Jersey City, NJ	19	11	5	3	—	—	—
New York City, NY	1,127	796	229	70	17	15	64
Newark, NJ	56	28	22	4	1	1	1
Paterson, NJ	24	16	4	4	—	—	2
Philadelphia, PA	372	253	83	20	7	9	25
Pittsburgh, PA§	28	20	5	2	—	1	1
Reading, PA	26	22	3	1	—	—	5
Rochester, NY	139	112	19	7	—	1	16
Schenectady, NY	18	13	5	—	—	—	1
Scranton, PA	38	30	6	1	—	1	4
Syracuse, NY	176	125	32	12	2	5	14
Trenton, NJ	33	25	7	1	—	—	—
Utica, NY	17	16	1	—	—	—	3
Yonkers, NY	16	11	5	—	—	—	3
E.N. Central	2,320	1,530	521	142	48	76	186
Akron, OH	48	30	11	1	2	4	1
Canton, OH	47	32	11	4	—	—	6
Chicago, IL	412	211	106	50	13	29	30
Cincinnati, OH	93	61	20	6	3	3	15
Cleveland, OH	232	170	44	7	4	7	21
Columbus, OH	240	170	47	13	5	5	23
Dayton, OH	116	84	25	4	2	1	11
Detroit, MI	184	93	69	11	3	8	18
Evansville, IN	45	34	9	1	—	1	3
Fort Wayne, IN	77	59	11	1	4	2	3
Gary, IN	15	10	3	2	—	—	1
Grand Rapids, MI	63	46	10	5	—	2	6
Indianapolis, IN	263	177	57	17	6	6	15
Lansing, MI	40	31	6	—	2	1	3
Milwaukee, WI	120	81	27	9	1	2	3
Peoria, IL	55	39	12	1	1	2	5
Rockford, IL	59	43	9	5	2	—	4
South Bend, IN	63	49	13	—	—	1	6
Toledo, OH	91	68	19	4	—	—	8
Youngstown, OH	57	42	12	1	—	2	4
W.N. Central	660	456	132	36	19	15	39
Des Moines, IA	26	19	7	—	—	—	1
Duluth, MN	27	19	4	3	—	1	1
Kansas City, KS	26	17	7	1	1	—	1
Kansas City, MO	90	61	19	6	1	3	6
Lincoln, NE	49	41	6	1	1	—	6
Minneapolis, MN	65	42	15	6	1	1	5
Omaha, NE	97	77	14	3	1	2	7
St. Louis, MO	129	77	33	6	7	4	6
St. Paul, MN	72	50	13	4	4	1	5
Wichita, KS	79	53	14	6	3	3	1
S. Atlantic	1,438	875	349	122	40	52	86
Atlanta, GA	197	106	44	15	11	21	4
Baltimore, MD	181	105	46	20	4	6	21
Charlotte, NC	83	58	16	8	—	1	12
Jacksonville, FL	236	154	59	11	9	3	2
Miami, FL	129	72	31	19	3	4	3
Norfolk, VA	76	41	20	7	1	7	2
Richmond, VA	77	40	27	8	2	—	7
Savannah, GA	71	44	18	5	1	3	4
St. Petersburg, FL	59	39	13	5	1	1	5
Tampa, FL	214	149	42	12	6	5	21
Washington, D.C.	96	58	26	9	2	1	2
Wilmington, DE	19	9	7	3	—	—	3
E.S. Central	977	622	253	56	28	18	76
Birmingham, AL	245	153	70	9	6	7	16
Chattanooga, TN	81	62	13	4	2	—	6
Knoxville, TN	125	77	37	7	1	3	4
Lexington, KY	94	67	18	4	4	1	9
Memphis, TN	168	96	44	16	7	5	10
Mobile, AL	58	37	15	3	3	—	4
Montgomery, AL	41	28	8	5	—	—	6
Nashville, TN	165	102	48	8	5	2	21
W.S. Central	1,706	1,100	402	115	48	41	127
Austin, TX	93	58	24	7	3	1	9
Baton Rouge, LA	61	48	9	—	4	—	2
Corpus Christi, TX	68	46	14	6	—	2	6
Dallas, TX	204	119	46	19	12	8	16
El Paso, TX	99	69	18	5	2	5	4
Fort Worth, TX	113	78	22	6	3	4	9
Houston, TX	419	250	122	29	8	10	29
Little Rock, AR	74	41	24	5	1	3	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	308	207	64	22	10	5	37
Shreveport, LA	98	63	22	10	1	2	11
Tulsa, OK	169	121	37	6	4	1	2
Mountain	1,110	725	245	83	34	23	86
Albuquerque, NM	181	116	47	12	4	2	16
Boise, ID	79	55	13	6	3	2	5
Colorado Springs, CO	62	45	9	2	3	3	1
Denver, CO	103	68	17	11	5	2	12
Las Vegas, NV	298	191	72	23	6	6	20
Ogden, UT	47	33	10	3	—	1	2
Phoenix, AZ	191	112	53	17	4	5	13
Pueblo, CO	28	19	7	2	—	—	4
Salt Lake City, UT	121	86	17	7	9	2	13
Tucson, AZ	U	U	U	U	U	U	U
Pacific	1,862	1,333	372	99	36	22	193
Berkeley, CA	12	8	4	—	—	—	2
Fresno, CA	114	85	21	5	2	1	8
Glendale, CA	13	12	1	—	—	—	3
Honolulu, HI	48	38	5	2	1	2	—
Long Beach, CA	76	49	14	7	5	1	9
Los Angeles, CA	237	159	56	14	5	3	33
Pasadena, CA	54	42	7	2	2	1	5
Portland, OR	169	130	28	8	2	1	15
Sacramento, CA	216	151	46	11	5	3	28
San Diego, CA	192	135	38	13	3	3	17
San Francisco, CA	153	104	32	14	3	—	22
San Jose, CA	227	177	40	5	3	2	28
Santa Cruz, CA	27	23	3	1	—	—	—
Seattle, WA	137	92	39	4	—	2	9
Spokane, WA	56	39	12	2	1	2	8
Tacoma, WA	131	89	26	11	4	1	6
Total	13,004**	8,748	2,847	819	292	293	1,012

U: Unavailable. —:No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

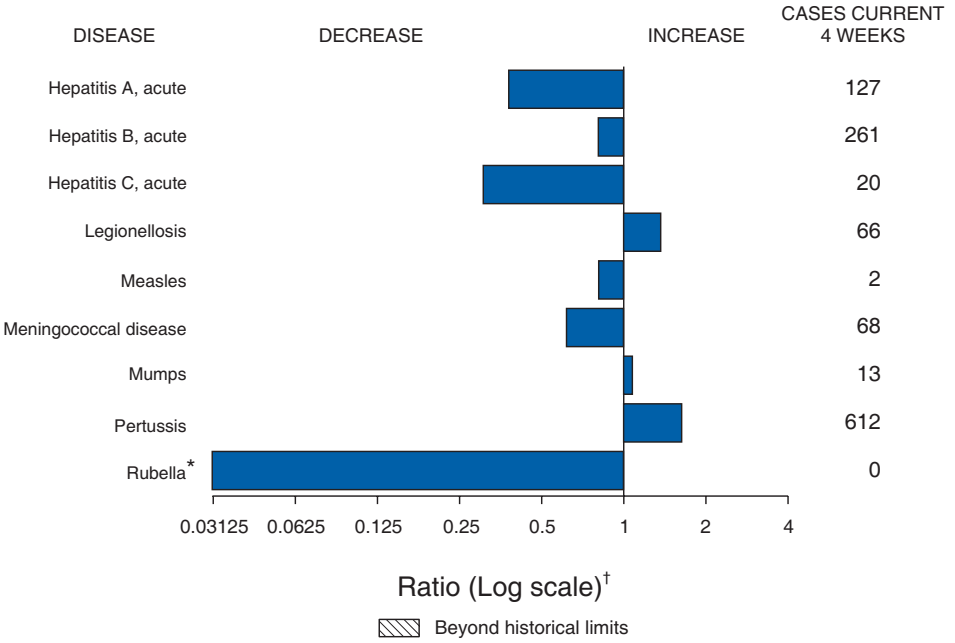
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 18, 2006, with historical data



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

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☆U.S. Government Printing Office: 2006-523-056/40031 Region IV ISSN: 0149-2195