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National Suicide Prevention Week — September 9–15, 2007

Suicide is the eleventh leading cause of death in the United States and the third leading cause among youths and young adults aged 10–24 years, accounting for 4,599 deaths in this age group in 2004 (*1*). Approximately 142,000 visits are made to emergency departments by persons in this age group each year to receive medical care for self-inflicted injuries (*1*).

Known risk factors for suicide include 1) a previous suicide attempt, 2) history of depression or other mental illness, 3) alcohol or drug abuse, 4) family history of suicide or violence, 5) physical illness, and 6) feeling alone (*2*). However, because U.S. mortality data lack information on many risk factors for suicide, reasons for subgroup vulnerabilities are not addressed. Using data from the National Violent Death Reporting System, CDC has begun to compile additional information about the circumstances of suicide to better understand why suicides occur and how they might be prevented.

During National Suicide Prevention Week, September 9–15, 2007, CDC encourages parents, educators, healthcare providers, and health authorities to learn more about suicide, including the groups at greatest risk, warning signs for suicide, and potential prevention strategies. Additional information is available at http://www.cdc.gov/ncipc/dvp/suicide/default.htm.

Reference

1. CDC. Web-based Injury Statistics Query and Reporting System (WISQARS™). Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at http://www.cdc.gov/ncipc/wisqars/default.htm.
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Suicide Trends Among Youths and Young Adults Aged 10–24 Years — United States, 1990–2004

In 2004, suicide was the third leading cause of death among youths and young adults aged 10–24 years in the United States, accounting for 4,599 deaths (*1,2*). During 1990–2003, the combined suicide rate for persons aged 10–24 years declined 28.5%, from 9.48 to 6.78 per 100,000 persons (*2*). However, from 2003 to 2004, the rate increased by 8.0%, from 6.78 to 7.32 (*2*), the largest single-year increase during 1990–2004. To characterize U.S. trends in suicide among persons aged 10–24 years, CDC analyzed data recorded during 1990–2004, the most recent data available. Results of that analysis indicated that, from 2003 to 2004, suicide rates for three sex-age groups (i.e., females aged 10–14 years and 15–19 years and males aged 15–19 years) departed upward significantly from otherwise declining trends. Results further indicated that suicides both by hanging/suffocation and poisoning among females aged 10–14 years and 15–19 years increased from 2003 to 2004 and were significantly in excess of trends in both groups. The results suggest that increases in suicide and changes in suicidal behavior might have occurred among youths in certain sex-age groups, especially females aged 10–19 years. Closer examination of these trends is warranted at federal and state levels. Where indicated, health authorities and program directors should consider focusing suicide-prevention activities on these groups to help prevent suicide rates from increasing further.

INSIDE

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

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Annual data on suicides in the United States during 1990–2004 (*1*) were obtained from the National Vital Statistics System via WISQARS™ (*2*) by sex, three age groups (i.e., 10–14, 15–19, and 20–24 years), and the three most common suicide methods (firearm, hanging/suffocation,* and poisoning†). Although coding of mortality data changed from the *International Classification of Diseases, Ninth Revision (*ICD-9) to the *Tenth Revision* (ICD-10) beginning in 1999, near total agreement exists between the two revisions regarding classification of suicides (*3*). Suicide trends during the 15-year period were examined for each sex-age group overall and by method, using a negative binomial rate regression model. Differences between observed rates and model-estimated rates for each year were evaluated using standardized Pearson residuals, which account for the general level of variability in the year-to-year rates. Standardized Pearson residuals >2 or <-2 were used to identify unusual departures from the modeled rate trends. A comprehensive explanation of these methods has been published previously (*4*).

Significant upward departures from modeled trends in 2004 were identified in total suicide rates for three of the six sex-age groups: females aged 10–14 years and 15–19 years and males aged 15–19 years (Table). The largest percentage increase in rates from 2003 to 2004 was among females aged 10–14 years (75.9%), followed by females aged 15–19 years (32.3%) and males aged 15–19 years (9.0%). In absolute numbers, from 2003 to 2004, suicides increased from 56 to 94 among females aged 10–14 years, from 265 to 355 among females aged 15–19 years, and from 1,222 to 1,345 among males aged 15–19 years.

In 1990, firearms were the most common suicide method among females in all three age groups examined, accounting for 55.2% of suicides in the group aged 10–14 years, 56.0% in the group aged 15–19 years, and 53.4% in the group aged 20–24 years. However, from 1990 to 2004, among females in each of the three age groups, significant downward trends were observed in the rates both for firearm suicides ($p<0.01$) and poisoning suicides ($p<0.05$), and a significant increase was observed in the rate for suicides by hanging/suffocation ($p<0.01$). In 2004, hanging/suffocation was the most common method among females in all three age groups, accounting for 71.4% of suicides in the group aged 10–14 years, 49% in the group aged 15–19 years, and 34.2% in the group aged 20–24 years. In addition, from 2003 to 2004, hanging/suffocation suicide rates among females aged 10–14 and 15–19 years increased by 119.4% (from 0.31 to 0.68 per 100,000 persons) and 43.5% (from 1.24 to 1.78), respectively (Figures 1 and 2). In absolute

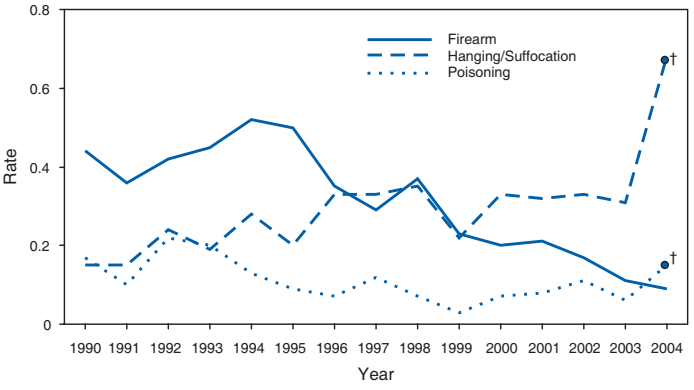
* Includes self-inflicted asphyxiation and ligature strangulation.
† Includes intentional drug overdose and carbon monoxide exposure.

TABLE. Suicide rates* for youths and young adults aged 10–24 years, by age group, method, sex, and year — National Vital Statistics System, United States, 1990–2004

Sex/Year	10–14 yrs				15–19 yrs				20–24 yrs			
	All methods†	Firearm	Hanging/ Suffocation§	Poisoning¶	All methods	Firearm	Hanging/ Suffocation	Poisoning	All methods	Firearm	Hanging/ Suffocation	Poisoning
Females												
1990	0.80	0.44	0.15**	0.17**	3.73	2.09	0.55	0.89	4.11	2.19	0.43	1.15
1991	0.67	0.36	0.15**	0.10**	3.70	1.83	0.59	1.09	3.88	1.79	0.52	1.11
1992	0.90	0.42	0.24	0.22**	3.42	1.62	0.62	1.03	3.84	1.92	0.58	1.02
1993	0.93	0.45	0.19**	0.20**	3.80	2.00	0.62	0.92	4.36	2.11	0.59	1.24††
1994	0.95	0.52	0.28	0.13**	3.44	1.99	0.51	0.74	3.87	2.00	0.61	0.82
1995	0.82	0.50	0.20**	0.09**	3.07	1.64	0.57	0.62	4.21	2.15††	0.80	0.97
1996	0.80	0.35	0.33	0.07**	3.49	1.69	1.02††	0.51	3.57	1.65	0.71	0.88
1997	0.76	0.29	0.33	0.12**	3.31	1.70	0.95	0.47	3.59	1.63	0.88	0.75
1998	0.86	0.37	0.35	0.07**	2.84	1.43	0.81	0.38	3.70	1.72	0.87	0.65
1999	0.51	0.23	0.22	0.03**	2.75	1.11	0.89	0.48	3.37	1.36	0.84	0.79
2000	0.62	0.20**	0.33	0.07**	2.75	1.06	1.02	0.42	3.23	1.29	0.78	0.70
2001	0.64	0.21	0.32	0.08**	2.70	0.96	0.99	0.52	3.06	1.03	0.87	0.83
2002	0.62	0.17**	0.33	0.11**	2.36	0.75	0.98	0.43	3.48	1.18	0.95	0.92
2003	0.54	0.11**	0.31	0.06**	2.66	0.77	1.24	0.43	3.39	1.18	1.10	0.82
2004	0.95††	0.09**	0.68††	0.15**††	3.52††	0.98	1.72††	0.54††	3.59	1.14	1.23	0.76
Males												
1990	2.17	1.19§§	0.91	0.02**	18.17	12.63§§	3.48††	1.49	25.69	16.69§§	5.19	2.41
1991	2.28	1.37	0.78	0.08**	17.92	12.70	3.16	1.26	25.40	16.97	4.52	2.51
1992	2.40	1.44	0.80	0.11**	17.61	12.59	3.17	1.20	25.42	16.79	5.04	2.11
1993	2.40	1.51	0.78	0.04**	17.39	12.29	3.20	1.11	26.47	18.04	4.94	2.23
1994	2.36	1.43	0.79	0.08**	17.95††	13.11††	3.27	0.74	27.96††	18.80††	5.21	2.30
1995	2.57	1.38	1.06	0.06**	17.11	11.86	3.39	0.85	27.01††	17.27	5.96††	1.96
1996	2.23	1.29	0.90	0.01**	15.38	10.20	3.50	0.88	24.47	15.73	5.36	1.79
1997	2.29	0.98	1.21	0.03**	14.94	9.78	3.84	0.51§§	22.66	14.34	5.02	1.79
1998	2.30	1.15	1.12	0.01**	14.34	9.31	3.57	0.65	22.33	13.71	5.72	1.50
1999	1.85	0.77	0.99	0.03**	13.05	8.40	3.36§§	0.54	20.85	12.81	4.80§§	1.61
2000	2.26	0.86	1.28	0.08**††	13.00	7.63	3.98	0.67	21.40	12.90	5.66	1.32
2001	1.93	0.64	1.21	0.02**	12.87	7.11	4.33	0.63	20.37	11.76	5.92	1.38
2002	1.81	0.63	1.11	0.00**	12.22	6.38	4.32	0.72	20.62	11.78	6.11	1.11
2003	1.73	0.57	1.11	0.03**	11.61	6.26	4.22	0.57	20.21	11.42	6.26	1.16
2004	1.71	0.46	1.24	0.00**	12.65††	6.47	4.71	0.66	20.84	11.12	6.63	1.49††

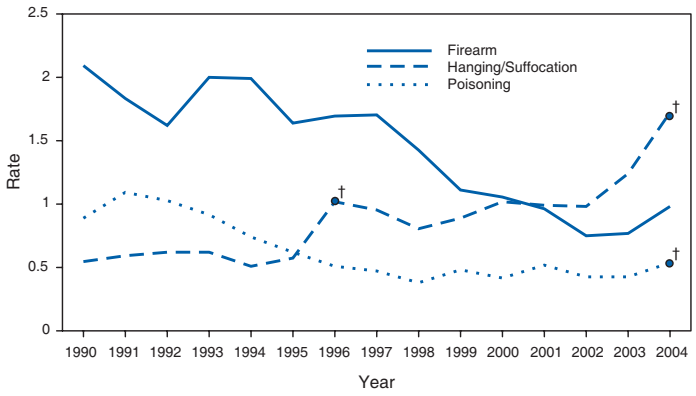
* Per 100,000 population in sex-age group.
† Includes cutting, jumping, burning, drowning, and other or unspecified methods.
§ Includes self-inflicted asphyxiation and ligature strangulation.
¶ Includes intentional drug overdose and carbon monoxide exposure.
** Unstable rate based on 20 or fewer deaths.
†† Standardized Pearson residual >2.
§§ Standardized Pearson residual <-2.

FIGURE 1. Yearly suicide rates* for females aged 10–14 years, by method — National Vital Statistics System, United States, 1990–2004



* Per 100,000 population.
† Standardized Pearson residual >2.

FIGURE 2. Yearly suicide rates* for females aged 15–19 years, by method — National Vital Statistics System, United States, 1990–2004



* Per 100,000 population.
† Standardized Pearson residual >2.

numbers, from 2003 to 2004, suicides by hanging/suffocation increased from 32 to 70 among females aged 10–14 years and from 124 to 174 among females aged 15–19 years. Aside from 2004, the only other significant departure from trend among females in these two age groups during 1990–2004 was in suicides by hanging/suffocation among females aged 15–19 years in 1996 (Figure 2).

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Editorial Note: The findings in this report indicate that 2004 suicide rates for males aged 15–19 years and females aged 10–14 years and 15–19 years diverged upward significantly from modeled trends during 1990–2004. For females in the two age groups, significant departures were observed for 2004 in suicides by hanging/suffocation and poisoning. The rate for suicide by hanging/suffocation among females aged 10–14 years more than doubled from 2003 to 2004, from 0.31 to 0.68 per 100,000 population. During 1990–2003, the highest yearly rate for such deaths among females in this age group was 0.35 per 100,000 population in 1998.

The marked increases in suicide rates among females in the two younger age groups suggest possible changes in risk factors for suicide and the methods used, with greater use of methods (e.g., hanging by rope) that are readily accessible (*5*). Scientific knowledge regarding risk factors for suicide in young females is limited. Research that focuses on suicide mortality has emphasized males, who constitute approximately three fourths of suicide decedents aged 10–19 years (*2*). In contrast, research on suicidal behavior among females primarily has examined factors related to suicidal thoughts and nonfatal self-inflicted injuries. One comparative study, conducted in Singapore, suggested that perceptions of interpersonal relationship problems are more common among young female suicide decedents than among their male counterparts (*6*). Family discord, legal/disciplinary problems, school concerns, and mental health conditions such as depression increase the risk for suicide among youths of both sexes (*6,7*). Drug/alcohol use can exacerbate these problems (*7*).

Recent reports have detailed unintentional asphyxia fatalities resulting from adolescents playing "the choking game" (i.e., intentionally restricting the supply of oxygen to the brain, often with a ligature, to induce a brief euphoria). Some of these fatalities likely are misclassified as suicides. However, such deaths are unlikely to account for a substantial portion of the recent increases in hanging/suffocation suicides among young girls. The available evidence suggests that choking-game fatalities occur predominantly among boys (*8*). In addition, analysis of hanging/suffocation deaths classified as unintentional or undetermined in this population did not reveal increases that paralleled those in hanging/suffocation suicides (CDC, unpublished data, 2007).

The findings in this report are subject to at least three limitations. First, because U.S. mortality data currently are available only through 2004, whether the increases observed in 2004 represent changes in trends or single-year anomalies is not clear and suggests a need for further study as more current data become available. Second, official mortality data for suicides might include classification errors. Previous research has highlighted the extent to which suicides are undercounted (*9*). Finally, because U.S. mortality data include limited variables, these data do not allow examination of potential differences or changes in the underlying risk factors for fatal suicidal behavior among young females. Other data sources (e.g., the National Violent Death Reporting System) that collect a broader array of information about the circumstances surrounding suicides (*10*) might provide additional insights.

These findings demonstrate the potential mutability of youth suicidal behavior. Public health researchers and suicide-prevention practitioners need to learn more about both the risk factors for suicide among young females and effective strategies for suicide prevention. The trends in suicide rates and methods described in this report, if confirmed, suggest that prevention measures focused solely on restricting access to the most lethal means are likely to have limited success. Prevention measures should address the underlying reasons for suicide in populations that are vulnerable.

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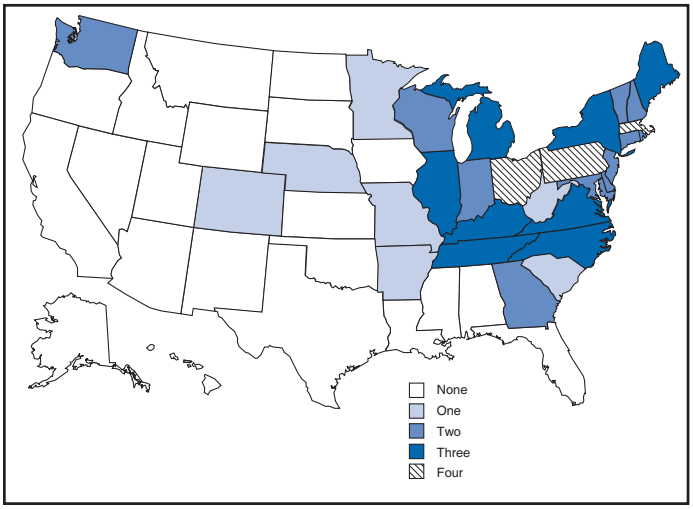
Multistate Outbreaks of *Salmonella* Infections Associated with Raw Tomatoes Eaten in Restaurants — United States, 2005–2006

During 2005–2006, four large multistate outbreaks of *Salmonella* infections associated with eating raw tomatoes at restaurants occurred in the United States. The four outbreaks resulted in 459 culture-confirmed cases of salmonellosis in 21 states (Figure). This report describes the epidemiologic, environmental, and laboratory investigations into these four outbreaks by state and local health departments, national food safety agencies, and CDC. The results of these investigations determined that the tomatoes had been supplied to restaurants either whole or precut from tomato fields in Florida, Ohio, and Virginia. These recurrent, large, multistate outbreaks emphasize the need to prevent *Salmonella* contamination of tomatoes early in the production and packing process. Current knowledge of mechanisms for tomato contamination and methods of eradication of *Salmonella* in tomatoes is incomplete; the agricultural industry, food safety agencies, and public health agencies should make tomato-safety research a priority.

Salmonella Newport: Multiple States, July–November 2005

A total of 72 culture-confirmed *S.* Newport isolates with indistinguishable pulsed-field gel electrophoresis (PFGE) patterns (PulseNet XbaI pattern JJPX01.0061 [/ BlnI pattern JJPX01.0021]) were identified from stool specimens collected during July–November 2005 in 16 states (Delaware, Illinois, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Vermont, Virginia, and Wisconsin) (*1*). Median patient age was 29 years (range: <1–75 years); 42 (58%) patients were female. Eight (11%) patients were hospitalized, and no deaths were reported.

FIGURE. Number of outbreaks of *Salmonella* infection associated with raw tomatoes eaten in restaurants, by state — United States, 2005–2006



A case-control study of persons aged 18 –70 years was conducted; 29 case-patients were matched geographically with 140 well community controls in nine states. Illness was associated with eating raw, large, red, round tomatoes at restaurants; 19 (70%) of 27 case-patients ate such tomatoes compared with 26 (20%) of 128 controls (matched odds ratio [mOR]: 9.7; 95% confidence interval [CI] = 3.3–34.9). Implicated tomatoes had been purchased whole and sliced at restaurants. No single restaurant or restaurant chain was associated with the outbreak.

Investigators determined that the implicated tomatoes were grown on two farms on the eastern shore of Virginia. The outbreak strain of *S.* Newport was isolated from irrigation pond water near tomato fields in this region in October 2005. This region also had been the source of tomatoes for a multistate outbreak of *S.* Newport infections in 2002 (*1*); strains from both outbreaks had the same PFGE pattern.

Salmonella Braenderup: Multiple States, November–December 2005

A total of 82 culture-confirmed *S.* Braenderup isolates with indistinguishable PFGE patterns (PulseNet XbaI pattern JBPX01.0050 [/ BlnI pattern JBPA26.0004]) were identified in eight states (Illinois, Indiana, Kentucky, Massachusetts, Michigan, Ohio, Pennsylvania, and West Virginia) during November–December 2005. Median patient age was 34 years (range: 6–78 years); 51 (67%) patients were female. Eighteen (35%) patients were hospitalized, and no deaths were reported.

A case-control study of persons aged 18–60 years was conducted; 38 case-patients were geographically matched to 108 well community controls in two states. Twenty (52%) of 38 patients had eaten at chain restaurant A compared with 13 (12%) of 108 controls (mOR: 19.9; CI = 4.6–86.6). Among chain restaurant A patrons, illness was associated with eating items containing raw, prediced Roma (i.e., plum) tomatoes (OR: 11.3; CI = 2.0–62.2).

The implicated tomatoes had been grown in one of two tomato fields in Florida and were prediced and packaged at a firm in Kentucky before being shipped to chain restaurant A. The environmental investigation revealed that multiple potential animal reservoirs of *Salmonella* (e.g., cattle, wild pigs, wild birds, amphibians, and reptiles) were present in and adjacent to the drainage ditches. Environmental samples from

the farm, including drainage ditch water and animal feces from around the tomato fields, yielded *Salmonella* of different serotypes than the outbreak strain.

Salmonella Newport: Multiple States, July–November 2006

A total of 115 culture-confirmed *S.* Newport isolates with indistinguishable PFGE patterns (PulseNet XbaI pattern JJPX01.0061 [/ BlnI pattern JJPX01.0021]) were identified from stool specimens provided during July–November 2006 in 19 states (Colorado, Connecticut, Delaware, Georgia, Illinois, Kentucky, Maine, Massachusetts, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Virginia, and Washington). The PFGE pattern was identical to the pattern observed during the 2005 *S.* Newport outbreak. Median patient age was 28 years (range: <1 month–86 years); 54 (50%) patients were female. Eight (32%) patients were hospitalized, and no deaths were reported.

A case-control study of persons aged 18–75 years was conducted; 25 case-patients were geographically matched with 41 well community controls in nine states. Illness was associated with eating raw tomatoes in restaurants; 14 (67%) of 21 matched case-patients ate raw tomatoes in restaurants compared with nine (28%) of 32 controls (mOR: 4.9; CI = 1.03–23.3). No single restaurant or restaurant chain was associated with the outbreak. The source of the implicated tomatoes was not determined. An assessment of tomato-growing practices in the suspected region was conducted by the Food and Drug Administration (FDA) during the July 2007 growing season.

Salmonella Typhimurium: Multiple States and Canada, September–October 2006

A total of 190 culture-confirmed *S.* Typhimurium isolates with indistinguishable PFGE patterns (PulseNet XbaI pattern JPXX01.0604 [/ BlnI pattern JPXA26.0174]) were identified during September–October 2006 in 21 states (Arkansas, Connecticut, Georgia, Indiana, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Nebraska, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington, and Wisconsin). The median age of patients was 34 years (range: 2–88 years); 112 (58%) patients were female. Twenty-four (22%) patients were hospitalized, and no deaths were reported.

A case-control study of persons aged 18–70 years was conducted; 59 case-patients were geographically matched with 59 well community controls in nine states. Illness was associated with eating raw, large, red, round tomatoes at a restaurant; 26 (52%) of 50 case-patients ate such tomatoes compared with 12 (24%) of 50 controls (mOR: 3.1; CI = 1.3–7.3).

Implicated tomatoes were traced to a single packinghouse in Ohio supplied by three tomato growers from 25 fields in three counties. Tomato production had ended by the time the packinghouse was implicated. As a result, FDA deferred the investigation until the next growing season and completed the investigation in August 2007.

Reported by: *SA Bidol, MPH, Michigan Dept of Community Health. ER Daly, MPH, New Hampshire Dept of Health and Human Svcs. RE Rickert, MPH, Pennsylvania Dept of Health.* S. *Newport Investigation Team 2005,* S. *Braenderup Investigation Team 2005,* S. *Newport Investigation Team 2006,* S. *Typhimurium Investigation Team 2006, PulseNet. TA Hill, MPH, S Al Khaldi, PhD, Food and Drug Admin. TH Taylor Jr, MS, Div of Bacterial Diseases, National Center for Immunization and Respiratory Diseases; MF Lynch, MD, JA Painter, DVM, CR Braden, MD, PA Yu, MPH, L Demma, PhD, Div of Foodborne, Bacterial, and Mycotic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases; C Barton Behravesh, DVM, CK Olson, MD, SK Greene, PhD, AM Schmitz, DVM, DD Blaney, MD, M Gershman, MD, EIS officers, CDC.*

Editorial Note: *Salmonella* infections can be transmitted through various foods and cause an estimated 1.4 million illnesses and 400 deaths annually in the United States (*2*). The first large multistate outbreak of *Salmonella* infections was linked to contaminated tomatoes in 1990, when *Salmonella* Javiana caused 176 illnesses in four Midwestern states (*3*). Since 1990, at least 12 multistate outbreaks of salmonellosis traced to various types of tomatoes (e.g., red, round; Roma; and grape) have been reported to the CDC Electronic Foodborne Outbreak Reporting System (eFORS) by state public health departments. These 12 outbreaks accounted for approximately 1,990 culture-confirmed infections. However, because an estimated 97.5% of *Salmonella* infections are not confirmed by culture, these outbreaks might have resulted in as many as 79,600 illnesses (*2*).

Approximately 5 billion pounds of fresh tomatoes are eaten annually in the United States. The data in this report demonstrate the potential for large outbreaks of *Salmonella* infections caused by contaminated tomatoes. The outbreaks described were widely dispersed, indicating that contamination occurred early in the distribution chain, such as at the farm or packinghouse, rather than in restaurants. Illness in the four multistate outbreaks was associated with eating tomatoes that originated from growing regions in Florida, Ohio, and Virginia. Clusters of infections with *S.* Newport PFGE pattern JJPX01.0061 have been detected every year since 2002 and were traced to tomatoes grown in Virginia in 2002 and 2005. These recurrent multistate outbreaks indi-

cate that the tomato-growing environment is an ongoing source of contamination of tomatoes.

Possible sources for environmental *Salmonella* contamination of tomatoes include feces from domestic or wild animals (e.g., reptiles, amphibians, or birds) or contaminated habitats, such as ponds or drainage ditches. Although the mechanism by which tomatoes become contaminated is not known, certain possibilities are suggested by experimental evidence. Tomatoes can internalize *Salmonella* when they are immersed in water with a temperature less than the temperature of the tomato (*4*). Tomatoes also can become internally contaminated when tomato stems and flowers are inoculated with *Salmonella* (*5*), which can occur during growth if contaminated water is applied directly to plants. Contamination on the tomato surface also can be transferred to the interior of a tomato when it is cut. Once contaminated, cut tomatoes provide an efficient medium for bacterial amplification (*6*).

Tomatoes served in restaurants pose a particular concern because restaurants often store and handle tomatoes in ways that allow for amplification of bacteria. In response to these recurrent outbreaks and experimental evidence that *Salmonella* can replicate on the surface of a cut tomato, the 2007 FDA Federal Food Code has been amended so that cut tomatoes (because they have a pH ≥4.2 and water activity >0.99*) are defined as a "time/temperature control for safety" food, which requires refrigeration of cut, sliced, or processed tomatoes (*7*). In addition, growers, harvesters, repackers, retailers, and food service employees should follow guidelines for good manufacturing practices and good agricultural practices when handling tomatoes (*8,9*).

Consumers should avoid purchasing bruised or damaged tomatoes. All tomatoes, including those grown conventionally or organically at home or purchased from a grocery store or farmer's market, should be thoroughly washed under running water just before eating. Tomatoes that appear spoiled should be discarded. Cut, peeled, or cooked tomatoes should be refrigerated within 2 hours or discarded. Refrigeration of cut tomatoes at 40°F (4.4°C) is needed to maintain both quality and safety. Cut tomatoes should be separated from raw, unwashed produce items, raw meats, and raw seafood.

To prevent future tomato-associated outbreaks of *Salmonella* infections, further environmental and laboratory research is necessary to determine the source and routes of contamination, mechanisms by which pathogens contact tomatoes and become internalized, the stages of development at which plants are most susceptible to contamination that persists, and procedures by which contamination can be reduced or eliminated. Toward this end, the North American Tomato Trade Work Group published *Commodity Specific Food Safety Guidelines for the Fresh Tomato Supply Chain* in May 2006 to promote adoption of good agricultural practices throughout the fresh tomato supply chain. Traceback investigations in future outbreaks should consider all levels of tomato production, including the field and packinghouse. Studies focused on these areas should be a priority for the agricultural industry, food safety agencies, and the public health community.

* A measure of the free moisture in a food. Pure water has a water activity of 1.0 and potentially hazardous foods have a water activity of 0.85 and higher.

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Asthma Self-Management Education Among Youths and Adults — United States, 2003

Asthma is a prevalent chronic respiratory disease and major cause of morbidity in the United States (*1*). However, with appropriate medication, medical care, and self-management, most asthma symptoms are preventable (*2*). Recent evidence indicates that asthma self-management education is effective in improving outcomes of chronic asthma (*3*). Guidelines issued by the National Asthma Education and Prevention Program (NAEPP) specify essential components of asthma management, including patient education, objective monitoring of symptoms, and avoiding asthma triggers (*3*). *Healthy People 2010* objectives include increasing the proportion of persons with asthma who receive formal patient education from 8% to 30% (objective 24-6) and who receive care according to NAEPP guidelines (objective 24-7) (*4,5*). The National Health Interview Survey (NHIS) routinely includes questions that assess asthma status. In 2003, the survey included a series of questions designed to reflect clinical best practices for asthma and to serve as a baseline assessment for progress toward national respiratory health objectives. These questions have not been repeated in any NHIS since 2003 but are scheduled to be included in the 2008 NHIS. To characterize asthma education among youths and adults with current asthma by selected demographic characteristics, CDC analyzed data from the 2003 NHIS. This report describes the results of that analysis, which indicated that the prevalence of asthma education varied by sex, age group, race/ethnicity, and health insurance status. The findings also suggest that a substantial proportion of youths and adults with current asthma lack the education necessary for effective self-management and control of asthma symptoms.

NHIS is an annual, in-person survey of the civilian, noninstitutionalized U.S. population based on a multistage sampling of households (*6*). A total of 43,101 sample adults and youths were included in the 2003 NHIS; an adult family member was selected to act as a proxy respondent for youths. Consistent with current Council of State and Territorial Epidemiologist recommendations, respondents were considered to have current asthma if they answered "yes" to both of the following questions: "Have you ever been told by a doctor or other health professional that you had asthma?" and "Do you still have asthma?" (*7*).

A supplement to the 2003 NHIS included a series of questions to assess components of effective asthma self-management (*4*). In that supplement, respondents were asked the following six questions regarding asthma self-management education: "Have you ever taken a course or class on how to manage asthma yourself?" "Has a doctor or other health professional ever given you an asthma management plan?" "Has a doctor or other health professional ever taught you how to monitor peak flow for daily therapy?" "Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?" "Has a doctor or other health professional ever taught you how to respond to episodes of asthma?" "Has a doctor or other health professional ever advised you to change things in your home, school, or work to improve your asthma?" Only respondents with current asthma who answered these questions are included in this report.

Prevalence estimates of asthma education for youths and adults by sex, age group, race/ethnicity, and health insurance status were calculated from the total number of respondents who reported current asthma. Samples were weighted to produce national estimates, and univariate and bivariate analyses were conducted; 95% confidence intervals were calculated, accounting for sample weights and complex sample design. Group differences (exclusive categories) were calculated by using chi-square tests; for insurance status (nonexclusive categories), pairwise differences between subgroups were determined using *t* tests. The significance level for all tests was $p<0.05$.

In 2003, an estimated 8.5% (n = 1,046) of U.S. youths (i.e., persons aged ≤17 years) and 6.4% (n = 2,048) of U.S. adults had current asthma. Overall, the prevalence of each component of asthma education analyzed in this report was significantly greater among youths than adults (Tables 1 and 2). The prevalence of various asthma education components for youths ranged from 40% who reported they had ever had an asthma management plan to 78% who reported they had ever been taught how to respond to an asthma attack (Table 1). Estimates for adults ranged from 12% who reported they had ever taken a class on asthma management to 65% who reported they had ever been taught how to respond to an asthma attack (Table 2).

Among youths, the prevalence of taking an asthma class or being taught to respond to an asthma attack was lower among non-Hispanic whites (12% and 76%) than among non-Hispanic blacks (23% and 80%, respectively) and other non-Hispanic races/ethnicities (21% and 92%, respectively). Among Hispanic youth subgroups, the only significant difference was in the proportion of persons taught to respond to an asthma attack (Mexicans, 69%, versus Puerto Ricans, 88%) (Table 1).

Among adults, significant differences were found by sex, by age group, and between Hispanic subgroups. The prevalence of asthma education for women was higher than that for men for four of six components: 1) ever had an asthma management plan, 2) taught to monitor peak flow, 3) taught how

TABLE 1. Estimated prevalence of asthma self-management education among youths aged ≤17 years with current asthma,* by selected characteristics — National Health Interview Survey, United States, 2003

Characteristic	No. with current asthma	Ever had asthma management plan†		Taught how to monitor peak flow§		Taken a class on asthma management¶		Taught to recognize early signs of asthma attack**		Taught how to respond to asthma attack††		Advised to change aspects of home, school, or work§§	
		%	(95% CI¶¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	**1,046**	**39.5**	**(36.1–43.0)**	**56.8**	**(52.8–60.7)**	**16.1**	**(13.8–18.8)**	**72.4**	**(69.0–75.6)**	**77.5**	**(74.3–80.4)**	**53.1**	**(49.6–56.5)**
Sex													
Male	599	42.0	(37.6–46.5)	58.1	(52.8–63.2)	15.8	(12.9–19.2)	74.2	(69.9–78.0)	79.5	(75.4–83.0)	52.1	(47.5–56.7)
Female	447	36.2	(30.8–41.9)	55.0	(49.6–60.4)	16.5	(12.9–20.9)	70.1	(64.8–74.9)	74.8	(69.7–79.4)	54.3	(48.9–59.6)
Age group (yrs)													
0–4	193	34.6	(27.3–42.6)	51.8	(43.3–60.2)	15.6	(10.7–22.1)	70.7	(63.0–77.4)	77.8	(70.6–83.7)	48.8	(41.1–56.6)
5–14	639	40.6	(36.4–44.9)	58.9	(54.0–63.6)	16.6	(13.8–19.7)	73.1	(68.8–76.9)	78.0	(74.0–81.5)	54.9	(50.4–59.3)
15–17	214	40.8	(33.0–49.0)	54.8	(46.9–62.5)	15.3	(10.1–22.4)	71.9	(64.5–78.3)	75.3	(68.0–81.4)	51.5	(43.6–59.4)
Race/Ethnicity													
White, non-Hispanic	487	37.1	(32.5–42.0)	53.6	(48.1–59.1)	11.8†††	(9.1–15.1)	71.6	(66.9–75.8)	75.8†††	(71.4–79.7)	52.8	(47.7–57.8)
Black, non-Hispanic	242	42.4	(34.9–50.4)	62.3	(54.0–69.9)	23.3	(17.4–30.3)	75.2	(67.5–81.5)	80.2	(73.5–85.5)	60.0	(52.7–66.8)
Other, non-Hispanic***	70	46.2	(32.4–60.6)	63.1	(47.5–76.3)	20.8	(11.6–34.4)	79.0	(65.0–88.5)	91.8	(83.9–96.0)	54.6	(39.9–68.5)
Hispanic	247	39.6	(32.4–47.3)	56.4	(48.5–63.9)	18.0	(13.0–24.5)	68.0	(60.2–74.9)	72.0	(63.9–78.8)	43.1	(36.3–50.2)
Mexican	119	37.4	(26.6–49.6)	57.0	(45.0–68.1)	16.1	(10.3–24.5)	65.9	(54.7–75.6)	69.0†††	(57.9–78.3)	38.2	(28.9–48.6)
Puerto Rican	53	43.3	(29.2–58.7)	65.5	(50.3–78.1)	29.9	(16.5–47.9)	80.5	(66.1–89.7)	87.8	(74.1–94.8)	50.9	(35.3–66.4)
Health insurance§§§													
Private	570	43.5	(38.8–48.2)	58.5	(53.1–63.8)	16.9	(13.8–20.5)	75.7	(71.4–79.6)	79.7	(75.6–83.3)	56.7	(52.2–61.1)
Medicaid	347	34.3	(28.7–40.4)	53.8	(47.5–60.0)	16.3	(12.3–21.2)	67.8	(61.6–73.4)	73.8	(68.4–78.7)	49.8	(43.8–55.9)
Other	63	40.4	(27.6–54.6)	63.1	(46.6–77.0)	14.3¶¶¶	(6.4–29.0)	76.1	(59.9–87.2)	86.1	(70.9–94.1)	53.1	(39.5–66.3)
None	86	31.5	(21.6–43.5)	51.3	(39.3–63.2)	10.5¶¶¶	(5.6–18.7)	65.8	(53.3–76.4)	72.2	(58.4–82.8)	42.5	(31.2–54.7)

* Child was classified as having current asthma if parent or guardian answered "yes" to the question, "Has [child] ever been told by a doctor or other health professional that [child] had asthma?" and "yes" to the question, "Does [child] still have asthma?"

† Child was classified as having a management plan if parent or guardian of child answered "yes" to the question, "Has a doctor or other health professional ever given [child] an asthma management plan?"

§ Child was classified as having been taught how to use a peak flow meter if parent or guardian of child answered "yes" to the question, "Has a doctor or other health professional ever taught [child] or [his/her] parent or guardian how to monitor peak flow for daily therapy?"

¶ Child was classified as having taken a class on management if parent or guardian of child answered "yes" to the question, "Has [child] or [his/her] parent or guardian ever taken a course or class on how to manage [child's] asthma?"

** Child was classified as having been taught to recognize early signs of attack if parent or guardian of child answered "yes" to the question, Has a doctor or other health professional ever taught [child] or [his/her] parent or guardian how to recognize early signs or symptoms of an asthma episode?"

†† Child was classified as having been taught to respond to an episode of asthma if parent or guardian of child answered "yes" to the question, "Has a doctor or other health professional ever taught [child] or [his/her] parent or guardian how to respond to episodes of asthma?"

§§ Child was classified as having ever been advised to change things in home, school or work if parent or guardian of child answered "yes" to the question, "Has a doctor or other health professional ever advised you to change things in [child's] home, school or work to improve [his/her] asthma?"

¶¶ Confidence interval.

*** Includes American Indian/Alaskan Native, Asian, and persons of multiple races.

††† Prevalence of asthma-management technique significantly associated with characteristic by chi-square test ($p<0.05$)

§§§ Nonexclusive categories. "Medicaid" includes Medicaid and Children's Health Insurance Program. "Other" includes Indian Health Service insurance, military insurance, other state-sponsored health plans, and other government programs.

¶¶¶ Estimate has a relative standard error >30%. This estimate is considered statistically unreliable and should be interpreted with caution.

to respond to an asthma attack, and 4) advised to change aspects of home, school, or work. A greater proportion of persons aged 18–34 years, compared with persons aged ≥65 years, reported having been 1) taught how to respond to an asthma attack and 2) advised to change aspects of home, school, or work. A greater proportion of those aged 35–64 years had been taught to recognize early signs of an asthma attack, whereas a greater proportion of adults aged ≥65 years reported that they had an asthma management plan. Puerto Ricans reported significantly higher percentages for each component compared with Mexicans, with the exception of those who had ever taken a class on asthma management (Table 2).

No significant differences were observed in asthma education for youths by health insurance status. In contrast, a significantly higher proportion of adults with private insurance compared with those with no insurance reported 1) having ever had an asthma management plan, 2) being taught to monitor peak flow, 3) taking a class on asthma management, and 4) being taught how to respond to an asthma attack (Table 2). Adults with private health insurance had significantly higher proportions of asthma education than those with Medicare with regard to 1) being taught to recognize early signs of an asthma attack, 2) being taught how to respond to an asthma attack, and 3) being advised to change aspects of home, school, or work. Compared with those without health insurance, a higher proportion of people with Medicaid reported having an asthma management plan, and a higher proportion of adults with Medicare reported having an asthma management plan or taking a class on asthma management.

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TABLE 2. Estimated prevalence of asthma self-management education among adults aged ≥18 years with current asthma,* by selected characteristics — National Health Interview Survey, United States, 2003

Characteristic	No. with current asthma	Ever had asthma management plan†		Taught how to monitor peak flow§		Taken a class on asthma management¶		Taught to recognize early signs of asthma attack**		Taught how to respond to asthma attack††		Advised to change aspects of home, school, or work§§	
		%	(95% CI¶¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	**2,048**	**33.6**	**(31.2–36.1)**	**45.0**	**(42.4–47.8)**	**12.4**	**(10.8–14.3)**	**55.1**	**(52.5–57.6)**	**64.8**	**(62.4–67.2)**	**47.4**	**(44.9–50.0)**
Sex													
Male	605	28.7***	(24.8–33.0)	38.5***	(34.1–43.1)	10.4	(8.0–13.3)	51.9	(47.3–56.5)	59.4***	(55.1–63.7)	41.1***	(36.3–46.1)
Female	1,443	36.2	(33.2–39.2)	48.5	(45.2–51.8)	13.5	(11.4–15.8)	56.7	(53.6–59.7)	67.6	(64.9–70.3)	50.7	(47.7–53.6)
Age group (yrs)													
18–34	616	26.7***	(22.9–31.0)	43.0	(38.0–48.1)	10.0	(7.5–13.2)	56.3***	(51.7–60.8)	69.7***	(65.1–73.9)	49.1***	(44.3–53.9)
35–64	1,082	36.5	(33.2–39.9)	47.6	(44.1–51.2)	13.3	(10.9–16.0)	57.2	(53.7–60.6)	65.0	(61.6–68.3)	49.1	(45.6–52.6)
≥65	350	39.0	(33.3–45.1)	40.2	(34.5–46.2)	14.9	(11.0–19.9)	44.3	(38.6–50.1)	52.8	(47.1–58.4)	37.4	(31.7–43.6)
Race/ Ethnicity													
White, non-Hispanic	1,384	34.8	(31.8–37.9)	44.7	(41.5–48.0)	12.6	(10.6–15.0)	54.3	(51.2–57.3)	65.1	(62.2–67.9)	48.5	(45.6–51.5)
Black, non-Hispanic	310	29.7	(24.4–35.7)	47.9	(40.8–55.1)	11.4	(8.0–16.0)	58.8	(52.0–65.3)	66.8	(59.9–73.0)	44.9	(38.8–51.1)
Other, non-Hispanic†††	71	35.2	(25.0–46.9)	39.6	(28.0–52.5)	15.9§§§	(8.5–27.9)	60.9	(47.6–72.7)	69.1	(56.3–79.6)	54.0	(40.5–67.0)
Hispanic	283	29.0	(22.6–36.3)	45.8	(38.4–53.4)	10.9	(7.8–15.2)	54.2	(46.4–61.9)	58.0	(50.2–65.5)	39.1	(32.0–46.8)
Mexican	125	23.7***	(15.6–34.3)	38.5***	(27.7–50.5)	9.2	(5.6–14.7)	44.7***	(33.0–57.1)	48.9***	(36.6–61.4)	32.8***	(22.9–44.5)
Puerto Rican	79	45.8	(34.1–58.0)	62.3	(48.4–74.4)	17.0§§§	(9.1–29.5)	73.3	(62.4–81.9)	72.7	(61.4–81.7)	52.7	(40.2–64.9)
Health insurance¶¶¶													
Private	1,193	36.2****	(32.8–39.7)	46.4****	(42.8–50.0)	13.4****	(11.2–16.0)	55.8*****	(52.6–58.9)	67.3†††††	(64.2–70.2)	48.7*****	(45.6–51.8)
Medicare	453	39.2††††	(33.9–44.7)	44.2	(38.8–49.8)	14.1††††	(10.7–18.4)	48.7	(43.6–53.9)	56.1	(50.9–61.2)	38.9	(33.7–44.4)
Medicaid	348	30.4§§§§	(24.7–36.8)	43.6	(37.6–49.8)	9.3	(6.3–13.5)	54.2	(47.8–60.5)	62.4	(55.9–68.5)	43.7	(37.6–50.1)
Other	111	40.8¶¶¶¶	(30.7–51.7)	50.6	(39.4–61.6)	21.4¶¶¶¶	(13.9–31.5)	57.5	(47.5–66.9)	69.6	(59.0–78.5)	50.7	(39.7–61.6)
None	306	21.6	(16.7–27.4)	36.6	(30.8–42.9)	8.6	(5.6–13.1)	53.3	(47.0–59.6)	58.0	(51.2–64.4)	46.8	(40.1–53.6)

* Respondents were classified as having current asthma if they answered "yes" to the question, "Have you ever been told by a doctor or other health professional that you had asthma?" and "yes" to the question, "Do you still have asthma?"

† Respondents were classified as having a management plan if they answered "yes" to the question, "Has a doctor or other health professional ever given you an asthma management plan?"

§ Respondents were classified as having been taught how to use a peak flow meter if they answered "yes" to the question, "Has a doctor or other health professional ever taught you how to monitor peak flow for daily therapy?"

¶ Respondents were classified as having taken a class on management if they answered "yes" to the question, "Have you ever taken a course or class on how to manage asthma yourself?"

** Respondents were classified as having been taught to recognize early signs of attack if they answered "yes" to the question, "Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?"

†† Respondents were classified as having been taught to respond to an episode of asthma if they answered "yes" to the question, "Has a doctor or other health professional ever taught you how to respond to episodes of asthma?"

§§ Respondents were classified as having ever been advised to change aspects of home, school or work if they answered "yes" to the question, "Has a doctor or other health professional ever advised you to change things in your home, school, or work to improve your asthma?"

¶¶ Confidence interval.

*** Prevalence of asthma-management technique significantly associated with characteristic by chi-square test ($p<0.05$)

††† Includes American Indian/Alaskan Native, Asian, and persons of multiple races.

§§§ Estimate has a relative standard error >30%. This estimate is considered statistically unreliable and should be interpreted with caution.

¶¶¶ Nonexclusive categories. "Medicaid" includes Medicaid and Children's Health Insurance Program. "Other" includes Indian Health Service insurance, military insurance, other state-sponsored health plans, and other government programs.

**** Pairwise difference significant by *t* test ($p<0.05$): private versus none.

†††† Pairwise difference significant by *t* test ($p<0.05$): Medicare versus none (i.e., having a management plan or having taken a class) and Medicare versus Medicaid (i.e., having a management plan).

§§§§ Pairwise difference significant by *t* test ($p<0.05$): Medicaid versus none.

¶¶¶¶ Pairwise difference significant by *t* test ($p<0.05$): other versus none.

***** Pairwise difference significant by *t* test ($p<0.05$): private versus Medicare.

††††† Pairwise difference significant by *t* test ($p<0.05$): private versus none and private versus Medicare.

Editorial Note: The results of this study indicated that the prevalence of asthma self-management education among youths with current asthma was both higher and more consistent across all demographic groups when compared with adults with current asthma. Despite this finding, only 40% of youths had ever had an asthma management plan, and only 16% had taken a class on asthma management. For both youths and adults, substantial opportunities exist for improving asthma care through additional patient education and provider training according to national guidelines (*4*).

In 1997, the NAEPP expert panel of the National Heart, Lung, and Blood Institute issued best-practice guidelines for asthma care in the United States (*3,5*). According to these guidelines, every patient with asthma should have a written asthma

management plan, including instructions for recognizing and responding to attacks. Patient and provider education for asthma self-management also should include information on methods for monitoring symptoms objectively using a peak-flow meter and for controlling exposure to environmental factors that can trigger asthma, such as tobacco smoke, cockroaches, cat and dog allergens, and dust mites (*3,5*).

The supplemental questions added to the 2003 NHIS reflect clinical activities recommended by NAEPP as essential components of asthma management (*3*). These clinical activities are the foundation of effective asthma care and the basis for *Healthy People 2010* respiratory health objectives (*4*). Tracking disease-management indicators with surveys such as NHIS is a useful method for assessing the application of current clinical guidelines in the United States. The results of this analysis are similar to those from other studies (*8,9*) that have suggested national clinical care asthma guidelines are not being implemented adequately among persons with current asthma.

The findings in this report are subject to at least two limitations. First, although these 2003 data are the most recent data available and can be used to establish a historical baseline for asthma self-management at the national level, their date of collection precludes drawing definitive conclusions about asthma self-management practices in 2007. Second, respondents might have recalled asthma education inaccurately, resulting in an overestimation or underestimation of the actual prevalence of asthma education.

This report provides a preliminary picture of the prevalence of asthma self-management education in the United States, suggesting that the majority of adults and youths with current asthma would benefit from additional information and training. These findings can be used in coordination with state and local surveillance data to better identify asthma-related health disparities, to support asthma-control measures, and to provide a baseline for future studies. Asthma-control programs should work to improve the ability of health-care providers to provide asthma education and should support services based on NAEPP standards for patients. National trends in asthma education should continue to be monitored periodically to determine progress toward *Healthy People 2010* objectives.

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Notice to Readers

World Rabies Day — September 8, 2007

The first World Rabies Day will be observed on September 8, 2007, with the theme, "Working Together to Make Rabies History." On this day, CDC and its global partners will celebrate successes in rabies prevention and control, while recognizing the challenges of global canine rabies elimination, human rabies prevention, and wildlife rabies control. Events are planned in at least 61 countries and will include educational presentations, animal rabies vaccination clinics, rabies awareness campaigns, and fundraising activities.

Worldwide, uncontrolled rabies in dogs continues to be the main source of human rabies mortality, accounting for an estimated 55,000 deaths each year. In the United States, dog-to-dog transmission of rabies has been eliminated. However, importation of dogs from rabies-enzootic countries still represents a risk for reintroducing canine rabies into the United States. In addition, cases of rabies in U.S. wildlife have increased recently, with bats as the leading source of human rabies infections. In the United States, rabies remains a potential emerging threat through adaptation to new animal reservoirs, translocation of potentially infected animals, and inadequate vaccination coverage of domestic animals, particularly cats and dogs.

Around the world, the public health infrastructure, including local animal control programs, quarantine stations, veterinarians, and clinicians, will play a vital role in preserving the status of those countries already free from canine rabies and in advancing human rabies prevention worldwide. Additional information about World Rabies Day is available at http://www.cdc.gov/rabies or http//www.worldrabiesday.org.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 1, 2007 (35th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	—	1	—	—	—	2	
Botulism:									
foodborne	—	12	1	20	19	16	20	28	
infant	—	53	2	97	85	87	76	69	
other (wound & unspecified)	2	17	1	48	31	30	33	21	CA (2)
Brucellosis	—	82	2	121	120	114	104	125	
Chancroid	—	19	1	33	17	30	54	67	
Cholera	—	1	—	9	8	5	2	2	
Cyclosporiasis§	3	70	3	136	543	171	75	156	VA (1), FL (2)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	10	7	67	80	112	108	164	
eastern equine	—	2	1	8	21	6	14	10	
Powassan	—	—	—	1	1	1	—	1	
St. Louis	—	3	2	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	13	232	14	646	786	537	362	511	NY (12), VA (1)
human monocytic	6	284	12	578	506	338	321	216	NY (1), MO (1), NC (1), GA (1), TN (2)
human (other & unspecified)	2	83	3	231	112	59	44	23	MD (2)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	8	0	29	9	19	32	34	
nonserotype b	1	63	2	175	135	135	117	144	OH (1)
unknown serotype	—	168	3	179	217	177	227	153	
Hansen disease§	—	31	1	66	87	105	95	96	
Hantavirus pulmonary syndrome§	—	18	0	40	26	24	26	19	
Hemolytic uremic syndrome, postdiarrheal§	4	124	8	288	221	200	178	216	NC (1), UT (1), CA (2)
Hepatitis C viral, acute	1	420	20	802	652	713	1,102	1,835	KS (1)
HIV infection, pediatric (age <13 yrs)††	—	—	3	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	—	71	0	43	45	—	N	N	
Listeriosis	8	396	21	875	896	753	696	665	NY (1), OH (1), IN (1), NC (1), FL (1), WA (2), CA (1)
Measles¶¶	—	24	1	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	182	3	318	297	—	—	—	IN (1), TX (1)
serogroup B	—	88	1	193	156	—	—	—	
other serogroup	—	15	0	32	27	—	—	—	
unknown serogroup	4	426	9	651	765	—	—	—	OH (1), MI (1), OR (1), CA (1)
Mumps	5	548	11	6,584	314	258	231	270	OH (1), MD (1), FL (1), WA (1), CA (1)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	4	0	21	16	12	12	18	
Q fever§	—	107	2	169	136	70	71	61	
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	10	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	74	1	125	129	132	161	118	IL (1)
Syphilis, congenital (age <1 yr)	1	251	8	380	329	353	413	412	NC (1)
Tetanus	1	10	1	41	27	34	20	25	FL (1)
Toxic-shock syndrome (staphylococcal)§	1	50	2	101	90	95	133	109	NC (1)
Trichinellosis	—	5	0	15	16	5	6	14	
Tularemia	1	76	4	95	154	134	129	90	MO (1)
Typhoid fever	3	182	10	353	324	322	356	321	NY (1), OH (1), MO (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	6	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)§	10	189	6	N	N	N	N	N	NY (1), FL (5), AZ (1), CA (3)
Yellow fever	—	—	—	—	—	—	—	1	

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

* Incidence data for reporting years 2006 and 2007 are provisional, whereas data for 2002, 2003, 2004, and 2005 are finalized.

† Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf.

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

¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 68 cases were reported for the 2006–07 flu season.

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

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

††† The one rubella case reported for the current week was unknown.

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

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	11,658	20,577	25,327	677,632	679,452	109	130	658	4,713	5,698	519	77	528	4,064	3,064
New England	759	697	1,357	23,182	21,447	—	0	1	2	—	3	4	25	157	244
Connecticut	261	217	829	6,951	6,141	N	0	0	N	N	—	0	23	23	38
Maine§	57	47	74	1,709	1,496	—	0	0	—	—	—	1	6	33	26
Massachusetts	314	309	600	10,464	9,618	—	0	0	—	—	—	1	19	43	118
New Hampshire	37	40	70	1,410	1,256	—	0	1	2	—	—	1	4	31	28
Rhode Island§	73	66	108	2,116	2,132	—	0	0	—	—	1	0	5	6	6
Vermont§	17	18	45	532	804	N	0	0	N	N	2	1	4	21	28
Mid. Atlantic	1,290	2,638	4,284	93,505	83,044	—	0	0	—	—	13	10	106	628	390
New Jersey	—	400	498	12,731	13,465	N	0	0	N	N	—	0	5	9	30
New York (Upstate)	651	509	2,758	17,245	15,766	N	0	0	N	N	13	3	15	122	96
New York City	639	882	1,684	31,103	27,244	N	0	0	N	N	—	1	10	41	90
Pennsylvania	—	792	1,798	32,426	26,569	N	0	0	N	N	—	4	101	456	174
E.N. Central	1,433	3,156	6,333	110,652	113,854	—	1	3	22	33	50	16	73	608	818
Illinois	466	1,002	1,346	32,082	36,171	—	0	0	—	—	—	2	17	64	150
Indiana	354	388	644	13,739	13,524	—	0	0	—	—	5	1	18	56	41
Michigan	325	736	1,225	23,928	22,451	—	0	3	16	29	1	3	10	103	84
Ohio	136	690	3,651	28,230	27,822	—	0	2	6	4	44	5	30	222	213
Wisconsin	152	374	528	12,673	13,886	N	0	0	N	N	—	5	40	163	330
W.N. Central	737	1,197	1,448	39,292	41,429	—	0	54	3	—	38	11	89	622	520
Iowa	160	163	251	5,742	5,586	N	0	0	N	N	12	2	42	247	123
Kansas	150	146	294	5,458	5,480	N	0	0	N	N	11	1	5	62	53
Minnesota	—	236	314	6,856	8,631	—	0	54	—	—	—	3	25	110	113
Missouri	345	453	628	15,396	15,273	—	0	1	3	—	5	1	21	56	111
Nebraska§	—	104	183	3,122	3,524	N	0	0	N	N	10	1	16	66	62
North Dakota	3	29	69	988	1,175	N	0	0	N	N	—	0	11	8	6
South Dakota	79	49	84	1,730	1,760	N	0	0	N	N	—	2	7	73	52
S. Atlantic	4,157	3,924	6,760	133,536	129,979	—	0	1	2	3	47	21	70	604	565
Delaware	64	66	140	2,353	2,392	—	0	0	—	—	3	0	3	10	10
District of Columbia	—	98	167	3,754	1,977	—	0	0	—	—	—	0	2	3	11
Florida	1,359	1,070	1,768	38,363	32,780	N	0	0	N	N	34	11	32	322	222
Georgia	—	656	3,822	15,424	23,820	N	0	0	N	N	6	4	17	109	157
Maryland§	429	400	697	13,439	14,077	—	0	1	2	3	1	0	2	19	12
North Carolina	1,092	562	1,234	19,454	22,784	—	0	0	—	—	3	1	11	55	53
South Carolina§	644	477	3,030	22,313	14,211	N	0	0	N	N	—	1	14	42	68
Virginia§	544	485	685	16,504	15,956	N	0	0	N	N	—	1	5	39	28
West Virginia	25	55	84	1,932	1,982	N	0	0	N	N	—	0	3	5	4
E.S. Central	798	1,432	2,044	46,761	52,068	—	0	0	—	—	14	3	31	213	95
Alabama§	—	363	539	9,456	15,963	N	0	0	N	N	1	1	12	41	34
Kentucky	283	120	691	5,200	6,108	N	0	0	N	N	6	1	16	100	27
Mississippi	—	360	959	13,682	13,073	N	0	0	N	N	—	0	8	27	9
Tennessee§	515	506	695	18,423	16,924	N	0	0	N	N	7	1	8	45	25
W.S. Central	198	2,281	3,028	78,415	76,521	—	0	1	1	1	5	5	45	159	167
Arkansas§	—	168	337	5,540	5,282	N	0	0	N	N	—	0	3	6	14
Louisiana	198	362	855	13,242	12,142	—	0	1	1	1	—	1	6	31	53
Oklahoma	—	282	467	8,745	7,774	N	0	0	N	N	5	1	13	62	24
Texas§	—	1,471	1,911	50,888	51,323	N	0	0	N	N	—	2	36	60	76
Mountain	524	1,294	2,026	39,240	44,889	90	82	293	2,837	3,998	346	6	294	994	209
Arizona	66	469	993	13,695	14,188	90	79	293	2,741	3,896	3	0	6	27	19
Colorado	313	256	416	6,509	10,891	N	0	0	N	N	25	1	10	79	38
Idaho§	—	56	253	2,242	1,959	N	0	0	N	N	26	0	18	63	12
Montana§	—	50	82	1,488	1,699	N	0	0	N	N	7	1	25	44	76
Nevada§	—	185	397	5,935	5,071	—	1	5	38	44	—	0	3	6	6
New Mexico§	—	153	396	4,943	6,798	—	0	2	16	15	—	1	6	47	24
Utah	128	102	209	3,622	3,290	—	1	4	39	41	285	0	270	697	8
Wyoming§	17	24	38	806	993	—	0	1	3	2	—	0	8	31	26
Pacific	1,762	3,371	4,362	113,049	116,221	19	50	311	1,846	1,663	3	1	12	79	56
Alaska	72	87	157	2,930	2,932	N	0	0	N	N	—	0	2	3	4
California	1,306	2,691	3,627	90,610	91,049	19	50	311	1,846	1,663	—	0	0	—	—
Hawaii	—	103	129	3,308	3,912	N	0	0	N	N	—	0	0	—	4
Oregon§	234	159	394	5,826	6,410	N	0	0	N	N	3	1	12	76	48
Washington	150	324	621	10,375	11,918	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	9	207	336	607	—	0	0	—	—	—	0	0	—	—
Puerto Rico	121	118	547	5,201	3,251	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	270	299	1,514	9,744	11,179	3,625	6,702	8,941	219,571	235,791	12	45	184	1,522	1,568
New England	7	24	67	767	887	132	113	259	3,716	3,673	—	3	19	119	123
Connecticut	—	5	25	199	183	63	45	204	1,404	1,443	—	0	6	31	37
Maine§	3	4	12	112	103	3	2	8	91	86	—	0	2	8	15
Massachusetts	1	9	24	322	414	50	51	96	1,792	1,636	—	2	6	58	52
New Hampshire	—	0	3	13	20	2	3	8	106	136	—	0	2	13	8
Rhode Island§	1	0	14	32	67	13	9	18	284	323	—	0	10	7	4
Vermont§	2	3	12	89	100	1	1	5	39	49	—	0	1	2	7
Mid. Atlantic	33	56	127	1,736	2,226	288	717	1,537	24,502	21,961	2	10	27	324	326
New Jersey	—	6	15	142	336	—	114	159	3,708	3,530	—	1	5	46	57
New York (Upstate)	32	24	108	675	747	181	112	1,035	4,195	4,069	2	3	15	93	101
New York City	1	16	32	514	635	107	192	376	6,643	6,795	—	2	6	63	60
Pennsylvania	—	14	34	405	508	—	246	613	9,956	7,567	—	3	10	122	108
E.N. Central	42	44	99	1,327	1,785	524	1,242	2,618	44,049	46,372	5	6	15	194	263
Illinois	—	10	21	286	465	141	357	508	11,544	13,503	—	1	6	46	81
Indiana	N	0	0	N	N	146	161	306	5,820	5,965	1	1	10	43	51
Michigan	5	13	38	374	446	128	302	880	9,809	8,875	—	0	5	20	22
Ohio	37	15	32	497	504	45	307	1,568	12,483	13,399	4	2	5	76	58
Wisconsin	—	7	20	170	370	64	131	181	4,393	4,630	—	0	4	9	51
W.N. Central	27	20	553	620	1,298	221	378	512	12,623	12,893	1	2	24	86	95
Iowa	5	5	16	159	192	18	39	62	1,243	1,205	—	0	1	1	1
Kansas	8	3	9	100	136	57	44	86	1,587	1,509	—	0	2	9	15
Minnesota	—	0	514	12	474	—	60	87	1,779	2,143	—	1	17	35	48
Missouri	7	7	28	226	340	136	200	266	6,894	6,803	—	1	5	26	22
Nebraska§	7	2	7	73	79	—	27	57	885	898	1	0	2	13	5
North Dakota	—	0	16	11	13	—	2	7	61	82	—	0	2	2	4
South Dakota	—	1	6	39	64	10	6	15	174	253	—	0	0	—	—
S. Atlantic	58	57	106	1,777	1,667	1,562	1,634	3,209	51,944	58,038	2	11	34	385	392
Delaware	1	1	3	25	26	22	28	43	922	986	—	0	3	5	1
District of Columbia	—	0	7	34	47	—	45	72	1,514	1,171	—	0	2	3	3
Florida	33	24	44	815	676	546	471	717	15,890	16,190	—	3	8	115	122
Georgia	22	11	31	371	397	—	295	2,068	6,275	11,707	2	2	7	75	84
Maryland§	—	4	11	151	150	87	129	227	4,193	4,824	—	2	6	61	52
North Carolina	—	0	0	—	—	527	288	675	9,091	11,681	—	0	9	43	44
South Carolina§	—	2	8	62	70	244	200	1,361	9,478	6,585	—	1	4	36	27
Virginia§	2	11	28	299	284	130	123	236	3,999	4,311	—	1	6	29	44
West Virginia	—	0	21	20	17	6	18	44	582	583	—	0	6	18	15
E.S. Central	6	9	21	309	274	328	564	752	18,025	21,186	—	2	9	92	80
Alabama§	2	4	16	152	126	—	164	242	4,301	7,410	—	0	3	19	17
Kentucky	N	0	0	N	N	143	43	268	1,994	2,172	—	0	1	2	5
Mississippi	N	0	0	N	N	—	143	310	5,125	5,077	—	0	1	7	10
Tennessee§	4	4	16	157	148	185	194	239	6,605	6,527	—	2	6	64	48
W.S. Central	3	7	56	217	204	111	980	1,490	32,600	33,591	1	2	34	74	61
Arkansas§	—	2	13	68	72	—	79	142	2,552	2,775	—	0	2	5	8
Louisiana	—	2	6	59	55	111	223	384	7,669	7,268	—	0	3	5	13
Oklahoma	3	3	43	90	77	—	99	235	3,335	2,947	1	1	29	60	34
Texas§	N	0	0	N	N	—	574	938	19,044	20,601	—	0	3	4	6
Mountain	32	30	67	948	1,043	65	252	454	7,630	10,007	1	4	11	165	156
Arizona	—	3	11	102	101	20	108	220	2,899	3,560	—	1	6	58	66
Colorado	18	9	26	299	346	22	55	93	1,561	2,483	1	1	4	41	40
Idaho§	4	3	12	110	115	—	3	20	161	112	—	0	1	4	3
Montana§	1	2	6	59	62	—	2	8	50	139	—	0	0	—	—
Nevada§	—	2	8	75	80	—	48	135	1,473	1,807	—	0	2	9	10
New Mexico§	—	2	6	64	47	—	28	52	882	1,248	—	1	3	25	21
Utah	9	7	27	215	270	22	17	34	555	569	—	0	3	26	13
Wyoming§	—	1	4	24	22	1	1	5	49	89	—	0	1	2	3
Pacific	62	60	558	2,043	1,795	394	724	900	24,482	28,070	—	2	16	83	72
Alaska	4	1	17	44	40	13	10	27	320	398	—	0	2	8	9
California	30	43	93	1,396	1,444	318	611	768	21,105	23,123	—	0	10	20	23
Hawaii	—	1	4	46	41	—	12	22	388	682	—	0	2	6	12
Oregon§	1	8	14	268	270	40	23	46	691	992	—	1	6	47	28
Washington	27	3	449	289	—	23	64	142	1,978	2,875	—	0	5	2	—
American Samoa	U	0	0	U	U	U	0	2	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	38	60	81	—	0	0	—	1
Puerto Rico	—	5	19	131	130	8	6	23	239	207	—	0	2	2	1
U.S. Virgin Islands	U	0	0	U	U	U	1	3	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	33	53	201	1,741	2,362	31	77	406	2,511	2,897	39	43	109	1,260	1,538
New England	—	2	6	69	135	—	2	5	44	78	4	2	13	77	100
Connecticut	—	0	3	10	29	—	0	5	22	31	2	0	9	24	19
Maine§	—	0	1	2	7	—	0	2	2	16	—	0	1	3	6
Massachusetts	—	1	4	34	65	—	0	1	4	15	—	0	5	14	52
New Hampshire	—	0	3	10	20	—	0	1	5	7	—	0	2	4	8
Rhode Island§	—	0	2	8	8	—	0	3	10	8	1	0	6	26	12
Vermont§	—	0	1	5	6	—	0	1	1	1	1	0	2	6	3
Mid. Atlantic	—	8	20	253	244	3	8	21	283	350	4	12	55	376	510
New Jersey	—	2	5	56	73	—	2	7	53	112	—	1	10	33	66
New York (Upstate)	—	1	11	49	56	3	1	13	59	45	4	4	30	118	170
New York City	—	2	10	92	74	—	2	6	56	81	—	2	24	59	87
Pennsylvania	—	2	5	56	41	—	3	8	115	112	—	5	19	166	187
E.N. Central	7	5	17	173	221	3	9	23	281	343	12	9	27	250	348
Illinois	—	2	7	60	62	—	2	6	77	98	—	1	13	30	66
Indiana	3	0	7	13	16	—	0	21	29	34	1	0	6	22	27
Michigan	1	2	8	45	72	—	2	8	72	99	—	3	10	80	82
Ohio	3	1	4	48	41	3	2	7	91	86	11	3	12	110	144
Wisconsin	—	0	4	7	30	—	0	3	12	26	—	0	3	8	29
W.N. Central	1	2	18	107	96	—	2	15	80	102	1	1	8	50	54
Iowa	—	0	4	25	8	—	0	3	14	16	—	0	1	6	10
Kansas	—	0	1	3	23	—	0	2	7	9	—	0	1	2	5
Minnesota	—	0	17	49	9	—	0	13	14	12	—	0	6	15	11
Missouri	—	0	2	16	34	—	0	5	33	51	—	0	2	19	17
Nebraska§	1	0	2	9	13	—	0	3	9	10	1	0	1	5	7
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	5	9	—	0	1	3	4	—	0	1	3	4
S. Atlantic	6	10	27	334	353	10	20	56	649	817	8	7	25	233	276
Delaware	—	0	1	3	11	1	0	3	13	34	—	0	2	5	8
District of Columbia	—	0	5	14	5	—	0	2	1	5	—	0	4	1	14
Florida	5	3	11	99	138	7	7	14	236	281	5	2	9	97	109
Georgia	—	1	4	49	42	1	3	7	72	142	—	1	2	14	20
Maryland§	1	1	6	54	39	1	2	7	71	108	1	2	8	43	53
North Carolina	—	0	11	37	60	—	0	16	89	105	2	1	4	31	23
South Carolina§	—	0	4	12	17	—	1	5	42	60	—	0	2	11	3
Virginia§	—	1	5	61	37	—	3	8	92	39	—	1	4	26	39
West Virginia	—	0	1	5	4	—	0	23	33	43	—	0	4	5	7
E.S. Central	4	2	5	68	92	3	6	17	220	227	1	2	7	65	59
Alabama§	—	0	2	10	11	1	2	10	75	67	—	0	1	7	8
Kentucky	2	0	2	14	28	1	1	7	44	49	1	1	6	33	18
Mississippi	—	0	4	7	5	—	0	8	15	9	—	0	1	—	3
Tennessee§	2	1	5	37	48	1	3	8	86	102	—	1	4	25	30
W.S. Central	—	5	43	126	239	4	18	170	506	549	2	1	16	67	51
Arkansas§	—	0	2	8	41	—	1	7	37	46	—	0	3	4	4
Louisiana	—	1	4	19	16	—	1	4	50	44	—	0	1	3	10
Oklahoma	—	0	3	3	4	4	1	25	25	24	—	0	6	4	1
Texas§	—	3	39	96	178	—	14	135	394	435	2	1	13	56	36
Mountain	2	5	15	163	187	1	3	7	119	98	4	2	8	63	79
Arizona	2	3	11	115	104	—	0	3	41	—	1	0	4	19	25
Colorado	—	1	3	20	30	—	0	2	20	28	2	0	2	13	18
Idaho§	—	0	1	3	8	1	0	1	9	10	—	0	3	4	7
Montana§	—	0	2	7	9	—	0	3	—	—	—	0	1	3	5
Nevada§	—	0	2	8	10	—	1	3	27	25	—	0	2	6	4
New Mexico§	—	0	2	5	12	—	0	2	8	16	—	0	2	6	4
Utah	—	0	1	3	12	—	0	4	13	19	1	0	2	9	16
Wyoming§	—	0	1	2	2	—	0	1	1	—	—	0	1	3	—
Pacific	13	12	92	448	795	7	10	106	329	333	3	2	11	79	61
Alaska	—	0	1	3	1	—	0	3	4	3	—	0	1	—	—
California	10	10	40	387	754	5	7	31	246	271	1	1	11	59	61
Hawaii	—	0	2	4	10	—	0	1	2	5	—	0	1	1	—
Oregon§	1	1	2	23	30	—	1	5	43	54	—	0	1	6	—
Washington	2	0	52	31	—	2	0	74	34	—	2	0	2	13	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	38	44	—	1	9	41	43	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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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 2006 and 2007 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	237	235	981	10,972	13,705	7	22	105	680	951	6	19	87	711	813
New England	58	39	275	2,095	3,283	—	1	5	30	39	—	1	3	32	34
Connecticut	31	12	214	1,271	1,343	—	0	3	1	10	—	0	1	6	9
Maine§	19	3	40	165	91	—	0	2	6	3	—	0	3	5	3
Massachusetts	—	1	28	21	1,251	—	0	3	16	18	—	0	2	17	17
New Hampshire	2	6	67	530	524	—	0	4	6	7	—	0	1	—	3
Rhode Island§	5	0	93	30	1	—	0	1	—	—	—	0	1	1	—
Vermont§	1	1	10	78	73	—	0	1	1	1	—	0	1	3	2
Mid. Atlantic	123	133	487	5,747	6,961	2	5	18	156	230	—	2	8	98	131
New Jersey	—	26	67	961	1,992	—	0	5	—	67	—	0	2	11	16
New York (Upstate)	123	50	426	1,992	2,341	2	1	7	39	22	—	0	3	25	31
New York City	—	2	19	67	222	—	3	8	98	109	—	0	4	25	48
Pennsylvania	—	43	249	2,727	2,406	—	1	3	19	32	—	1	5	37	36
E.N. Central	7	6	34	210	1,515	2	2	10	72	108	3	3	9	93	118
Illinois	—	1	9	60	98	—	1	6	28	55	—	0	3	25	30
Indiana	4	0	6	31	20	1	0	2	8	9	1	0	4	18	18
Michigan	1	1	6	36	38	1	0	2	11	15	1	0	3	17	21
Ohio	2	0	4	13	35	—	0	2	17	21	1	1	3	25	33
Wisconsin	—	3	31	70	1,324	—	0	3	8	8	—	0	3	8	16
W.N. Central	—	4	195	279	332	1	0	12	23	31	—	1	5	40	46
Iowa	—	1	10	68	87	—	0	1	2	1	—	0	3	10	12
Kansas	—	0	2	9	3	—	0	1	2	5	—	0	1	1	2
Minnesota	—	1	188	180	230	—	0	12	11	14	—	0	3	12	10
Missouri	—	0	4	15	2	1	0	1	3	6	—	0	3	10	13
Nebraska§	—	0	2	5	9	—	0	1	4	3	—	0	1	2	6
North Dakota	—	0	7	2	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	2
S. Atlantic	43	48	158	2,435	1,498	1	5	12	168	247	—	3	11	115	137
Delaware	4	10	34	511	366	—	0	1	4	5	—	0	1	1	4
District of Columbia	—	0	7	13	33	—	0	2	3	3	—	0	1	—	1
Florida	3	1	5	43	14	—	1	7	40	39	—	1	7	43	52
Georgia	—	0	1	1	7	—	0	5	23	71	—	0	3	14	11
Maryland§	10	25	108	1,273	867	—	1	5	41	58	—	0	2	18	10
North Carolina	—	0	6	31	21	—	0	4	17	19	—	0	6	14	23
South Carolina§	—	0	2	15	12	—	0	1	5	8	—	0	2	11	16
Virginia§	26	10	60	500	171	1	1	3	33	42	—	0	2	12	15
West Virginia	—	0	14	48	7	—	0	1	2	2	—	0	2	2	5
E.S. Central	1	1	5	37	25	1	0	3	26	21	—	1	4	36	31
Alabama§	—	0	3	9	7	—	0	2	5	8	—	0	2	6	5
Kentucky	—	0	2	3	5	—	0	1	6	3	—	0	2	7	7
Mississippi	—	0	0	—	3	—	0	1	1	5	—	0	4	9	4
Tennessee§	1	0	4	25	10	1	0	2	14	5	—	0	2	14	15
W.S. Central	—	1	5	40	14	—	2	29	60	69	1	1	15	77	79
Arkansas§	—	0	0	—	—	—	0	2	—	2	—	0	2	8	9
Louisiana	—	0	1	2	—	—	0	2	13	5	—	0	4	24	31
Oklahoma	—	0	0	—	—	—	0	3	5	7	—	0	4	14	8
Texas§	—	1	5	38	14	—	1	25	42	55	1	0	11	31	31
Mountain	—	1	3	28	17	—	1	6	37	56	—	1	4	45	52
Arizona	—	0	1	2	6	—	0	3	6	19	—	0	2	9	13
Colorado	—	0	1	1	—	—	0	2	12	12	—	0	2	16	17
Idaho§	—	0	2	7	2	—	0	2	2	1	—	0	1	3	3
Montana§	—	0	1	2	—	—	0	1	3	2	—	0	1	1	3
Nevada§	—	0	2	7	2	—	0	1	2	2	—	0	1	4	4
New Mexico§	—	0	1	3	3	—	0	1	2	5	—	0	1	2	2
Utah	—	0	2	3	3	—	0	3	10	15	—	0	2	8	6
Wyoming§	—	0	1	3	1	—	0	0	—	—	—	0	1	2	4
Pacific	5	2	16	101	60	—	3	45	108	150	2	4	48	175	185
Alaska	—	0	1	4	2	—	0	1	2	22	—	0	1	1	3
California	5	2	10	94	52	—	2	7	76	112	1	3	10	126	144
Hawaii	N	0	0	N	N	—	0	1	2	8	—	0	1	4	6
Oregon§	—	0	1	3	6	—	0	3	12	8	1	0	3	27	32
Washington	—	0	8	—	—	—	0	43	16	—	—	0	43	17	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	2	—	—	0	1	6	6
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	89	179	1,479	5,547	9,347	45	94	171	3,150	3,675	27	32	211	1,103	1,430
New England	—	27	77	770	1,071	16	12	22	400	285	—	0	10	—	9
Connecticut	—	2	6	40	71	9	5	11	164	124	—	0	0	—	—
Maine†	—	2	15	48	61	—	2	8	53	71	—	0	0	—	—
Massachusetts	—	22	46	613	678	—	0	0	—	—	—	0	1	—	8
New Hampshire	—	2	9	36	149	2	1	4	34	30	—	0	0	—	1
Rhode Island†	—	0	31	6	28	—	0	3	26	17	—	0	9	—	—
Vermont†	—	1	9	27	84	5	2	13	123	43	—	0	0	—	—
Mid. Atlantic	12	25	155	767	1,179	—	13	44	503	344	—	1	6	36	69
New Jersey	—	2	16	79	205	—	0	0	—	—	—	0	1	4	32
New York (Upstate)	12	14	146	415	499	—	—	—	—	—	—	0	1	3	—
New York City	—	2	6	76	65	—	1	5	32	18	—	0	3	15	19
Pennsylvania	—	7	20	197	410	—	12	44	471	326	—	0	3	14	18
E.N. Central	34	33	80	1,028	1,381	16	2	46	258	127	—	1	4	28	52
Illinois	—	4	23	98	351	7	1	15	83	39	—	0	3	16	24
Indiana	4	1	45	46	146	1	0	1	9	9	—	0	2	5	5
Michigan	—	8	39	180	322	3	1	25	113	39	—	0	1	3	2
Ohio	30	14	54	505	403	5	0	11	53	40	—	0	2	4	20
Wisconsin	—	4	24	199	159	—	0	0	—	—	—	0	0	—	1
W.N. Central	5	14	151	434	876	2	5	13	188	230	—	3	12	123	144
Iowa	—	4	16	106	212	1	0	3	24	49	—	0	1	7	5
Kansas	4	3	14	103	185	—	2	8	89	55	—	0	1	1	—
Minnesota	—	0	119	103	136	—	0	5	20	32	—	0	2	1	1
Missouri	—	2	10	45	222	1	0	4	29	47	—	2	12	103	117
Nebraska†	1	1	4	30	77	—	0	0	—	—	—	0	2	8	21
North Dakota	—	0	18	4	25	—	0	6	13	15	—	0	0	—	—
South Dakota	—	0	6	43	19	—	0	2	13	32	—	0	1	3	—
S. Atlantic	8	19	163	624	752	6	40	63	1,349	1,604	22	13	67	589	790
Delaware	1	0	2	8	3	—	0	0	—	—	—	0	2	8	18
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	1
Florida	6	4	18	164	143	—	0	28	90	176	1	0	4	13	10
Georgia	—	1	5	22	62	—	4	23	152	191	2	0	5	18	37
Maryland†	—	2	8	74	102	—	6	12	199	297	—	1	7	42	53
North Carolina	—	2	112	213	141	6	9	19	339	349	19	6	61	390	570
South Carolina†	—	2	9	54	124	—	2	11	46	109	—	1	7	41	29
Virginia†	1	2	17	75	148	—	13	31	477	412	—	2	10	74	69
West Virginia	—	0	19	12	26	—	1	8	46	70	—	0	1	2	3
E.S. Central	1	5	24	221	241	—	3	11	111	173	5	5	27	178	251
Alabama†	—	1	18	48	55	—	0	8	—	55	1	1	9	50	62
Kentucky	—	0	3	5	51	—	0	3	15	17	—	0	2	4	1
Mississippi	—	1	23	104	25	—	0	0	—	4	—	0	2	6	3
Tennessee†	1	2	7	64	110	—	3	7	96	97	4	3	22	118	185
W.S. Central	9	20	226	624	543	—	2	35	68	630	—	1	168	120	78
Arkansas†	—	2	17	112	61	—	0	5	23	24	—	0	53	56	34
Louisiana	—	0	1	14	21	—	0	1	—	3	—	0	1	2	1
Oklahoma	—	0	36	4	18	—	0	22	45	51	—	0	108	45	28
Texas†	9	17	174	494	443	—	0	34	—	552	—	0	7	17	15
Mountain	13	24	61	748	1,906	1	3	28	128	127	—	0	4	24	35
Arizona	1	6	13	159	390	—	2	10	87	95	—	0	2	4	8
Colorado	7	6	17	200	595	—	0	0	—	—	—	0	1	1	4
Idaho†	1	1	6	33	60	—	0	24	—	—	—	0	3	4	8
Montana†	—	1	7	32	91	—	0	3	13	12	—	0	1	1	2
Nevada†	—	0	5	9	56	—	0	2	2	3	—	0	0	—	—
New Mexico†	—	2	8	41	68	—	0	2	8	7	—	0	1	4	7
Utah	4	8	47	256	585	1	0	2	10	6	—	0	0	—	—
Wyoming†	—	1	5	18	61	—	0	2	8	4	—	0	2	10	6
Pacific	7	12	547	331	1,398	4	4	13	145	155	—	0	1	5	2
Alaska	—	1	8	37	58	—	0	6	35	15	N	0	0	N	N
California	—	5	167	99	1,172	4	3	12	104	126	—	0	1	3	—
Hawaii	—	0	2	14	80	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	58	88	—	0	3	6	14	—	0	1	2	2
Washington	7	1	377	123	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	2	—	51	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	1	—	1	5	37	62	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
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† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	633	837	2,338	25,473	27,159	88	77	336	2,462	2,440	249	331	1,287	9,755	8,070
New England	6	34	294	1,364	1,630	—	3	51	161	219	—	4	27	140	212
Connecticut	—	0	279	279	503	—	0	46	46	75	—	0	24	24	67
Maine§	5	2	14	86	90	—	0	4	21	29	—	0	5	13	3
Massachusetts	—	22	60	775	805	—	1	10	74	76	—	3	8	91	127
New Hampshire	—	3	15	113	137	—	0	3	8	21	—	0	2	5	4
Rhode Island§	—	2	20	58	58	—	0	2	5	4	—	0	3	5	8
Vermont§	1	2	6	53	37	—	0	3	7	14	—	0	2	2	3
Mid. Atlantic	54	100	186	3,240	3,455	10	8	63	246	298	5	11	47	416	661
New Jersey	—	12	41	281	765	—	1	20	14	90	—	1	4	33	255
New York (Upstate)	49	29	112	937	755	10	3	15	121	99	5	3	42	94	167
New York City	5	24	43	853	841	—	0	4	22	34	—	5	12	159	175
Pennsylvania	—	33	67	1,169	1,094	—	3	47	89	75	—	2	21	130	64
E.N. Central	73	103	180	3,524	3,802	11	9	63	303	409	42	32	111	1,323	889
Illinois	—	30	120	1,065	1,102	—	1	8	29	71	—	11	32	292	412
Indiana	29	15	55	484	555	5	1	9	52	50	8	2	17	74	88
Michigan	4	18	30	572	697	2	1	6	51	63	—	1	6	41	118
Ohio	40	26	65	903	821	4	2	18	92	93	34	6	104	766	107
Wisconsin	—	16	49	500	627	—	2	41	79	132	—	3	13	150	164
W.N. Central	31	48	102	1,693	1,733	9	12	45	422	426	11	40	156	1,280	1,097
Iowa	2	9	26	306	299	—	2	38	94	94	1	2	14	56	64
Kansas	8	7	20	262	243	2	0	4	35	18	2	1	10	20	87
Minnesota	—	13	44	435	424	—	4	26	152	120	—	5	24	162	82
Missouri	17	14	24	419	505	2	2	9	67	123	6	17	72	914	499
Nebraska§	4	4	11	146	139	5	1	11	52	40	2	1	7	16	99
North Dakota	—	0	23	22	19	—	0	12	1	3	—	0	127	5	47
South Dakota	—	2	11	103	104	—	0	5	21	28	—	4	30	107	219
S. Atlantic	269	219	405	6,754	6,715	15	15	37	441	368	76	88	174	3,182	1,816
Delaware	1	3	10	98	95	—	0	3	12	7	—	0	1	7	7
District of Columbia	—	0	4	16	39	—	0	1	1	1	—	0	5	4	10
Florida	116	85	176	2,641	2,792	2	2	8	99	57	41	46	76	1,695	830
Georgia	47	33	73	1,146	1,113	—	2	6	52	57	28	34	93	1,163	654
Maryland§	27	15	35	557	482	1	2	10	65	61	4	2	9	76	85
North Carolina	61	29	130	957	851	9	2	24	93	65	—	0	14	49	109
South Carolina§	5	18	51	589	626	—	0	2	10	10	—	1	7	78	72
Virginia§	12	20	46	633	639	3	3	10	99	106	3	3	9	103	47
West Virginia	—	2	31	117	78	—	0	5	10	4	—	0	6	7	2
E.S. Central	28	54	136	1,740	1,721	4	4	25	177	188	25	21	89	1,031	421
Alabama§	6	14	78	493	484	—	0	18	52	15	6	8	67	374	118
Kentucky	13	9	23	354	292	3	1	8	56	55	18	3	32	270	162
Mississippi	—	12	101	366	460	—	0	2	4	7	—	3	76	262	53
Tennessee§	9	17	34	527	485	1	2	8	65	111	1	3	14	125	88
W.S. Central	14	85	595	2,267	2,973	2	3	73	114	133	43	39	655	1,073	1,145
Arkansas§	—	12	45	374	524	—	1	7	19	23	—	2	10	65	61
Louisiana	—	16	48	447	636	—	0	2	3	13	—	9	25	316	110
Oklahoma	14	8	103	305	287	2	0	17	16	10	6	3	63	78	77
Texas§	—	44	470	1,141	1,526	—	2	68	76	87	37	22	580	614	897
Mountain	53	45	90	1,488	1,764	17	9	34	330	323	24	18	84	547	745
Arizona	22	13	44	453	528	1	2	9	76	64	19	10	37	312	389
Colorado	21	10	19	358	466	8	1	9	60	77	4	3	15	72	128
Idaho§	3	3	8	89	119	—	2	16	88	54	—	0	2	8	14
Montana§	—	2	6	64	95	—	0	0	—	—	—	0	13	16	6
Nevada§	—	4	10	123	148	—	0	5	16	18	—	1	20	25	66
New Mexico§	—	5	12	157	177	—	1	4	26	31	—	2	15	67	98
Utah	7	4	14	194	196	8	1	14	64	66	1	1	4	18	39
Wyoming§	—	1	4	50	35	—	0	3	—	13	—	1	19	29	5
Pacific	105	109	890	3,403	3,366	20	5	164	268	76	23	27	256	763	1,084
Alaska	2	1	5	58	53	N	0	0	N	N	—	0	2	7	6
California	81	88	260	2,554	2,875	8	1	15	141	N	20	22	84	617	955
Hawaii	—	5	16	166	153	—	0	3	15	12	—	0	3	18	32
Oregon§	—	7	15	216	283	—	1	9	50	64	—	1	6	48	91
Washington	22	7	625	409	2	12	0	162	62	—	3	1	170	73	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	13	66	379	346	—	0	0	—	—	—	0	4	17	32
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	41	94	261	3,615	3,940	2	30	110	1,061	894
New England	1	6	27	294	259	—	3	11	76	72
Connecticut	—	0	23	91	68	—	0	6	—	23
Maine§	—	0	3	21	15	—	0	1	1	—
Massachusetts	1	3	12	138	130	—	2	6	58	42
New Hampshire	—	0	4	29	30	—	0	2	7	6
Rhode Island§	—	0	12	—	5	—	0	3	8	1
Vermont§	—	0	2	15	11	—	0	1	2	—
Mid. Atlantic	5	17	41	682	725	—	5	27	171	126
New Jersey	—	2	9	89	122	—	1	4	21	47
New York (Upstate)	5	5	27	230	236	—	2	15	76	65
New York City	—	4	13	165	132	—	1	25	74	14
Pennsylvania	—	5	11	198	235	N	0	0	N	N
E.N. Central	4	16	32	631	774	—	5	14	162	238
Illinois	—	4	13	165	237	—	1	6	38	63
Indiana	—	2	17	100	90	—	0	10	15	42
Michigan	1	4	10	156	162	—	1	4	56	54
Ohio	3	4	14	182	198	—	1	7	44	47
Wisconsin	—	1	6	28	87	—	0	2	9	32
W.N. Central	1	5	32	242	259	—	2	8	74	73
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	28	45	—	0	1	1	11
Minnesota	—	0	29	124	121	—	1	6	51	43
Missouri	1	2	6	54	53	—	0	2	13	11
Nebraska§	—	0	3	18	22	—	0	2	8	5
North Dakota	—	0	2	11	9	—	0	2	1	3
South Dakota	—	0	2	7	9	—	0	0	—	—
S. Atlantic	16	21	52	909	870	1	3	14	197	59
Delaware	—	0	1	7	9	—	0	0	—	—
District of Columbia	—	0	3	8	9	—	0	1	—	1
Florida	7	6	16	220	203	1	0	5	43	—
Georgia	2	5	13	172	182	—	0	5	44	—
Maryland§	3	4	10	164	167	—	1	6	47	48
North Carolina	1	0	22	129	126	—	0	0	—	—
South Carolina§	—	1	7	75	53	—	0	3	27	—
Virginia§	3	2	11	113	100	—	0	4	29	—
West Virginia	—	0	3	21	21	—	0	4	7	10
E.S. Central	1	4	13	162	161	—	1	6	63	15
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	32	38	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	15
Tennessee§	1	3	13	130	123	—	0	6	60	—
W.S. Central	3	6	90	234	295	1	4	45	153	154
Arkansas§	—	0	2	17	23	—	0	2	7	18
Louisiana	—	0	4	16	13	—	0	4	24	18
Oklahoma	—	1	23	56	74	—	1	15	37	33
Texas§	3	3	64	145	185	1	2	27	85	85
Mountain	10	9	21	367	519	—	4	12	141	141
Arizona	2	4	11	117	271	—	2	7	84	80
Colorado	4	3	9	119	91	—	1	4	32	36
Idaho§	1	0	2	12	7	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	3	1	5	40	96	—	0	4	18	22
Utah	—	2	7	72	51	—	0	2	4	—
Wyoming§	—	0	1	5	3	—	0	0	—	—
Pacific	—	3	9	94	78	—	1	4	24	16
Alaska	—	0	3	26	N	—	0	2	22	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	68	78	—	0	2	2	16
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	22	47	256	1,599	1,716	7	8	35	290	262	95	198	310	6,617	6,298
New England	—	1	12	35	95	—	0	3	6	2	7	4	13	160	144
Connecticut	—	0	5	—	72	—	0	0	—	—	2	0	10	24	29
Maine§	—	0	2	9	6	—	0	2	1	1	—	0	2	5	7
Massachusetts	—	0	0	—	—	—	0	0	—	—	5	2	8	95	89
New Hampshire	—	0	0	—	—	—	0	0	—	—	—	0	3	21	10
Rhode Island§	—	0	4	14	8	—	0	1	3	—	—	0	5	14	7
Vermont§	—	0	2	12	9	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	2	2	9	93	105	—	0	5	21	14	20	28	45	1,037	755
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	8	123	113
New York (Upstate)	2	1	5	34	33	—	0	4	7	7	4	3	14	96	95
New York City	—	0	0	—	—	—	0	0	—	—	16	16	35	645	363
Pennsylvania	—	1	6	59	72	—	0	2	14	7	—	5	10	173	184
E.N. Central	4	9	40	388	369	2	1	7	53	57	8	15	27	519	603
Illinois	—	0	4	13	19	—	0	1	2	5	—	7	15	236	295
Indiana	—	2	31	99	97	1	0	5	15	15	2	1	6	38	59
Michigan	—	0	1	2	15	—	0	1	1	2	—	2	8	75	77
Ohio	4	5	38	274	238	1	1	5	35	35	6	3	9	127	127
Wisconsin	N	0	0	N	N	—	0	0	—	—	—	1	4	43	45
W.N. Central	1	2	124	111	31	1	0	15	9	1	4	6	14	237	200
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	11	13
Kansas	1	0	11	63	—	1	0	2	5	—	—	0	3	15	16
Minnesota	—	0	123	—	1	—	0	15	—	—	—	1	5	50	36
Missouri	—	1	5	40	29	—	0	1	—	1	4	3	12	153	123
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	2	4
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	6	7
S. Atlantic	15	21	59	732	833	4	4	15	148	125	42	46	180	1,541	1,409
Delaware	—	0	1	6	—	—	0	1	2	—	—	0	3	8	16
District of Columbia	—	0	2	5	19	—	0	0	—	2	—	2	12	111	77
Florida	10	11	29	427	442	4	2	8	87	80	21	15	26	554	502
Georgia	5	7	17	246	279	—	1	10	51	43	—	7	153	216	242
Maryland§	—	0	1	1	—	—	0	0	—	—	5	6	15	209	207
North Carolina	—	0	0	—	—	—	0	0	—	—	10	5	23	229	203
South Carolina§	—	0	0	—	—	—	0	0	—	—	2	1	11	68	47
Virginia§	N	0	0	N	N	—	0	0	—	—	4	4	17	141	110
West Virginia	—	1	17	47	93	—	0	1	8	—	—	0	2	5	5
E.S. Central	—	3	9	107	144	—	0	3	23	26	4	16	30	554	459
Alabama§	N	0	0	N	N	—	0	0	—	—	—	6	16	218	209
Kentucky	—	0	2	17	27	—	0	1	2	6	1	1	7	39	48
Mississippi	—	0	2	—	20	—	0	0	—	—	—	2	9	68	42
Tennessee§	—	2	8	90	97	—	0	3	21	20	3	6	14	229	160
W.S. Central	—	1	10	92	64	—	0	3	15	6	3	32	55	1,118	997
Arkansas§	—	0	1	1	9	—	0	0	—	2	—	1	8	74	48
Louisiana	—	1	4	47	55	—	0	2	6	4	3	8	29	283	166
Oklahoma	—	0	8	44	—	—	0	2	9	—	—	1	4	36	46
Texas§	—	0	0	—	—	—	0	0	—	—	—	21	39	725	737
Mountain	—	1	5	41	75	—	0	3	14	31	2	7	19	215	343
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	12	83	132
Colorado	—	0	0	—	—	—	0	0	—	—	2	1	5	25	53
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	3
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	16	16	—	0	2	5	1	—	2	6	67	98
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	31	45
Utah	—	0	5	15	30	—	0	3	8	21	—	0	2	6	11
Wyoming§	—	0	2	10	29	—	0	1	1	9	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	1	1	—	5	38	57	1,236	1,388
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	1	4	6
California	N	0	0	N	N	—	0	0	—	—	1	36	54	1,125	1,224
Hawaii	—	0	0	—	—	—	0	1	1	—	—	0	1	5	14
Oregon§	N	0	0	N	N	—	0	0	—	—	—	0	6	11	14
Washington	N	0	0	N	N	—	0	0	—	—	4	2	12	91	130
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	1	3	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	5	3	11	102	92
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 1, 2007, and September 2, 2006 (35th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	186	795	2,813	25,190	31,890	—	1	139	280	1,165	5	2	285	626	2,278
New England	2	18	124	488	3,163	—	0	3	3	8	—	0	1	1	3
Connecticut	—	0	76	2	1,116	—	0	3	3	7	—	0	1	1	2
Maine¶	—	0	7	—	173	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	—	1,140	—	0	1	—	1	—	0	0	—	1
New Hampshire	—	8	17	218	242	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	2	9	66	268	492	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	110	195	3,124	3,384	—	0	2	1	24	—	0	2	—	11
New Jersey	N	0	0	N	N	—	0	0	—	2	—	0	1	—	3
New York (Upstate)	N	0	0	N	N	—	0	1	—	7	—	0	1	—	4
New York City	—	0	0	—	—	—	0	1	—	8	—	0	1	—	3
Pennsylvania	—	110	195	3,124	3,384	—	0	1	1	7	—	0	0	—	1
E.N. Central	31	229	568	7,131	10,440	—	0	42	9	162	—	0	31	3	123
Illinois	—	2	11	105	97	—	0	24	8	93	—	0	13	3	67
Indiana	—	0	0	—	—	—	0	5	—	18	—	0	12	—	31
Michigan	5	97	258	2,887	3,103	—	0	10	—	21	—	0	4	—	9
Ohio	26	107	449	3,354	6,480	—	0	4	1	22	—	0	2	—	7
Wisconsin	—	19	80	785	760	—	0	2	—	8	—	0	1	—	9
W.N. Central	2	32	136	1,217	1,278	—	0	20	74	194	—	0	41	200	424
Iowa	N	0	0	N	N	—	0	3	4	16	—	0	2	5	14
Kansas	—	8	52	431	248	—	0	1	4	15	—	0	2	6	10
Minnesota	—	0	0	—	—	—	0	6	20	26	—	0	8	30	30
Missouri	2	16	78	642	957	—	0	7	11	46	—	0	2	4	7
Nebraska¶	N	0	0	N	N	—	0	4	2	42	—	0	26	44	181
North Dakota	—	0	60	84	36	—	0	3	8	17	—	0	14	55	113
South Dakota	—	1	15	60	37	—	0	8	25	32	—	0	12	56	69
S. Atlantic	37	96	239	3,327	3,146	—	0	2	8	13	—	0	3	8	11
Delaware	—	1	6	24	46	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	25	—	0	0	—	—	—	0	1	—	1
Florida	29	18	77	855	N	—	0	1	3	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	2	4	2	—	0	3	7	5
Maryland¶	N	0	0	N	N	—	0	2	—	7	—	0	1	1	1
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	—	18	72	698	817	—	0	1	—	—	—	0	0	—	—
Virginia¶	7	25	190	988	1,206	—	0	1	1	—	—	0	2	—	4
West Virginia	1	23	50	748	1,052	—	0	0	—	1	—	0	0	—	—
E.S. Central	1	3	571	342	27	—	0	10	26	91	—	0	8	30	73
Alabama¶	1	3	571	339	26	—	0	2	6	7	—	0	1	2	—
Kentucky	N	0	0	N	N	—	0	2	1	2	—	0	1	—	1
Mississippi	—	0	2	3	1	—	0	7	17	68	—	0	7	27	67
Tennessee¶	N	0	0	N	N	—	0	3	2	14	—	0	2	1	5
W.S. Central	100	181	1,640	7,659	8,528	—	0	24	31	306	—	0	18	20	165
Arkansas¶	—	13	105	530	616	—	0	4	5	22	—	0	0	—	5
Louisiana	—	2	11	93	181	—	0	11	1	69	—	0	8	1	57
Oklahoma	—	0	0	—	—	—	0	5	14	22	—	0	5	12	10
Texas¶	100	163	1,534	7,036	7,731	—	0	15	11	193	—	0	12	7	93
Mountain	13	56	131	1,877	1,924	—	0	28	62	300	1	1	160	247	1,243
Arizona	—	0	0	—	—	—	0	10	10	12	—	0	14	6	13
Colorado	9	22	62	716	1,007	—	0	10	10	51	—	0	33	62	238
Idaho¶	N	0	0	N	N	—	0	5	1	131	—	0	90	23	766
Montana¶	2	5	40	295	N	—	0	11	17	10	—	0	12	33	21
Nevada¶	—	0	1	1	9	—	0	1	1	34	—	0	7	2	82
New Mexico¶	2	5	37	296	311	—	0	4	12	1	—	0	2	7	3
Utah	—	15	73	551	564	—	0	6	3	47	—	0	10	3	82
Wyoming¶	—	0	11	18	33	—	0	3	8	14	1	0	26	111	38
Pacific	—	0	9	25	—	—	0	16	66	67	4	0	24	117	225
Alaska	—	0	9	25	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	63	63	4	0	18	109	169
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	1	3	4	—	0	6	8	54
Washington	N	0	0	N	N	—	0	0	—	—	—	0	1	—	2
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	6	30	136	163	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	13	31	460	406	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending September 1, 2007 (35th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	512	342	111	18	27	14	29
Boston, MA	158	94	29	6	23	6	8
Bridgeport, CT	35	27	6	1	—	1	1
Cambridge, MA	10	7	3	—	—	—	—
Fall River, MA	22	16	5	1	—	—	—
Hartford, CT	—	—	—	—	—	—	—
Lowell, MA	24	21	3	—	—	—	2
Lynn, MA	19	14	4	1	—	—	—
New Bedford, MA	19	14	5	—	—	—	1
New Haven, CT	39	25	8	1	2	3	6
Providence, RI	69	49	16	1	1	2	4
Somerville, MA	0	0	0	0	0	0	0
Springfield, MA	38	23	12	2	1	—	4
Waterbury, CT	22	16	4	1	—	1	3
Worcester, MA	57	36	16	4	—	1	—
Mid. Atlantic	1,704	1,130	397	113	29	34	57
Albany, NY	U	U	U	U	U	U	U
Allentown, PA	22	19	1	1	—	1	—
Buffalo, NY	78	53	15	7	2	1	5
Camden, NJ	33	17	10	4	1	1	—
Elizabeth, NJ	13	8	1	3	1	—	—
Erie, PA	37	24	10	2	1	—	3
Jersey City, NJ	22	13	7	1	1	—	1
New York City, NY	971	662	223	57	11	17	25
Newark, NJ	29	11	12	3	1	2	1
Paterson, NJ	26	11	8	4	1	2	4
Philadelphia, PA	148	80	44	16	6	2	5
Pittsburgh, PA§	26	14	8	1	1	2	1
Reading, PA	41	26	9	4	1	1	2
Rochester, NY	120	94	20	4	—	2	7
Schenectady, NY	U	U	U	U	U	U	U
Scranton, PA	27	21	5	—	1	—	—
Syracuse, NY	55	38	12	3	—	2	1
Trenton, NJ	29	18	8	1	1	1	1
Utica, NY	8	7	—	1	—	—	1
Yonkers, NY	19	14	4	1	—	—	—
E.N. Central	1,563	1,048	354	78	42	41	77
Akron, OH	39	23	10	4	1	1	1
Canton, OH	45	33	12	—	—	—	3
Chicago, IL	133	77	36	6	10	4	7
Cincinnati, OH	76	38	25	7	1	5	9
Cleveland, OH	214	151	49	6	2	6	9
Columbus, OH	172	105	45	10	7	5	8
Dayton, OH	103	81	18	2	1	1	4
Detroit, MI	U	U	U	U	U	U	U
Evansville, IN	45	31	6	3	3	2	3
Fort Wayne, IN	51	33	11	3	3	1	1
Gary, IN	7	7	—	—	—	—	—
Grand Rapids, MI	60	37	15	4	2	2	4
Indianapolis, IN	204	114	53	24	6	7	8
Lansing, MI	31	24	5	1	—	1	1
Milwaukee, WI	92	60	28	3	—	1	6
Peoria, IL	53	47	3	—	—	3	5
Rockford, IL	48	39	6	1	2	—	1
South Bend, IN	42	35	5	1	—	1	—
Toledo, OH	95	65	22	3	4	1	4
Youngstown, OH	53	48	5	—	—	—	3
W.N. Central	535	349	114	37	17	17	45
Des Moines, IA	66	52	9	3	—	1	5
Duluth, MN	25	15	9	1	—	—	—
Kansas City, KS	30	11	7	11	1	—	3
Kansas City, MO	93	60	17	5	7	4	6
Lincoln, NE	34	26	4	3	—	1	4
Minneapolis, MN	54	30	12	3	3	6	3
Omaha, NE	89	57	22	3	4	3	12
St. Louis, MO	—	—	—	—	—	—	—
St. Paul, MN	72	50	19	3	—	—	7
Wichita, KS	72	48	15	5	2	2	5
S. Atlantic	1,003	614	234	86	21	48	54
Atlanta, GA	149	77	32	15	1	24	6
Baltimore, MD	136	71	40	21	3	1	11
Charlotte, NC	97	65	20	9	1	2	10
Jacksonville, FL	171	113	43	11	2	2	11
Miami, FL	89	58	18	6	6	1	2
Norfolk, VA	40	23	9	3	1	4	—
Richmond, VA	63	39	18	6	—	—	4
Savannah, GA	54	33	14	3	1	3	3
St. Petersburg, FL	45	30	7	1	2	5	2
Tampa, FL	151	97	33	11	4	6	4
Washington, D.C.	—	—	—	—	—	—	—
Wilmington, DE	8	8	—	—	—	—	1
E.S. Central	941	582	237	59	32	31	59
Birmingham, AL	191	126	40	9	2	14	16
Chattanooga, TN	67	45	13	5	—	4	3
Knoxville, TN	87	57	23	3	1	3	4
Lexington, KY	67	40	16	9	1	1	4
Memphis, TN	181	107	53	13	7	1	8
Mobile, AL	161	97	46	10	3	5	8
Montgomery, AL	38	23	5	2	7	1	2
Nashville, TN	149	87	41	8	11	2	14
W.S. Central	1,456	913	359	101	45	38	82
Austin, TX	86	53	15	13	—	5	8
Baton Rouge, LA	U	U	U	U	U	U	U
Corpus Christi, TX	71	49	18	2	2	—	5
Dallas, TX	195	112	53	18	9	3	7
El Paso, TX	69	51	12	4	2	—	1
Fort Worth, TX	137	90	31	6	3	7	8
Houston, TX	353	191	107	29	15	11	19
Little Rock, AR	66	39	20	3	3	1	1
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	266	175	63	16	5	7	18
Shreveport, LA	72	54	12	5	1	—	9
Tulsa, OK	141	99	28	5	5	4	6
Mountain	930	571	227	77	30	25	51
Albuquerque, NM	98	67	23	5	3	—	5
Boise, ID	65	43	15	4	2	1	6
Colorado Springs, CO	63	39	14	2	6	2	6
Denver, CO	85	55	16	7	4	3	4
Las Vegas, NV	203	128	51	16	4	4	10
Ogden, UT	31	22	8	1	—	—	1
Phoenix, AZ	153	63	52	22	6	10	5
Pueblo, CO	33	22	7	4	—	—	3
Salt Lake City, UT	123	80	22	13	4	4	8
Tucson, AZ	76	52	19	3	1	1	3
Pacific	1,270	836	293	76	32	32	73
Berkeley, CA	18	15	3	—	—	—	3
Fresno, CA	96	69	20	3	—	4	2
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	75	55	19	—	1	—	5
Long Beach, CA	63	39	14	3	5	2	8
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	19	12	6	1	—	—	2
Portland, OR	138	84	32	16	2	3	7
Sacramento, CA	168	107	37	16	4	4	12
San Diego, CA	141	87	36	5	7	6	7
San Francisco, CA	133	84	32	11	2	4	10
San Jose, CA	152	111	30	7	2	2	6
Santa Cruz, CA	24	17	5	—	2	—	2
Seattle, WA	102	62	24	7	4	5	6
Spokane, WA	52	34	13	2	1	2	2
Tacoma, WA	89	60	22	5	2	—	1
Total	9,914**	6,385	2,326	645	275	280	527

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.

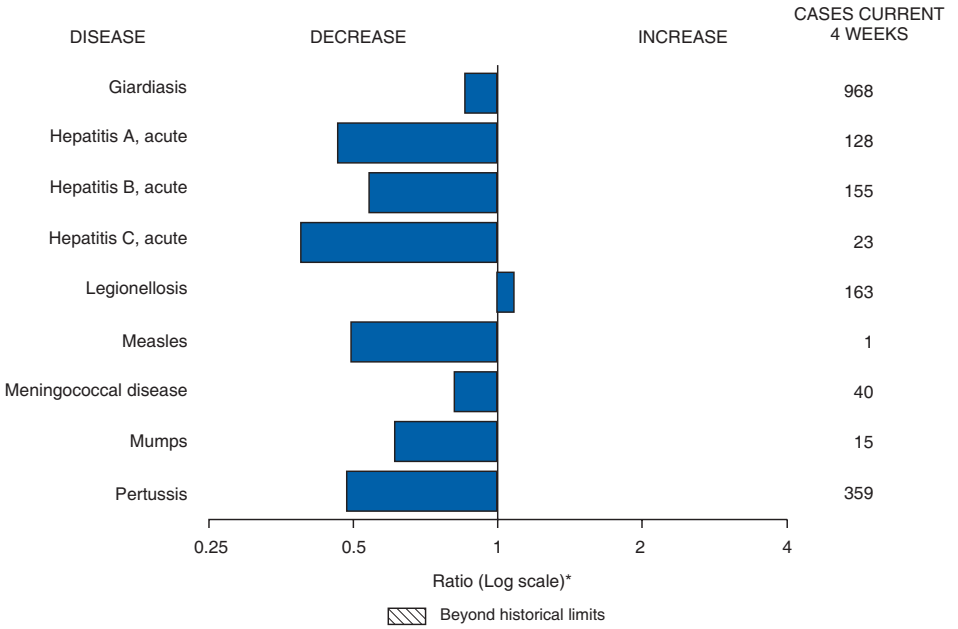
† Pneumonia and influenza.

§ 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 September 1, 2007, with historical data



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

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