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Racial/Ethnic Disparities in Self-Rated Health Status Among Adults With and Without Disabilities — United States, 2004–2006

Self-rated health status has been found to be an independent predictor of morbidity and mortality (*1*), and racial/ethnic disparities in self-rated health status persist among the U.S. adult population (*2*). Black and Hispanic adults are more likely to report their general health status as fair or poor compared with white adults (*2*). In addition, the prevalence of disability has been shown to be higher among blacks and American Indians/Alaska Natives (AI/ANs) (*3*). To estimate differences in self-rated health status by race/ethnicity and disability, CDC analyzed data from the 2004–2006 Behavioral Risk Factor Surveillance System (BRFSS) surveys. This report summarizes the results of that analysis, which indicated that the prevalence of disability among U.S. adults ranged from 11.6% among Asians to 29.9% among AI/ANs. Within each racial/ethnic population, adults with a disability were more likely to report fair or poor health than adults without a disability, with differences ranging from 16.8 percentage points among Asians to 37.9 percentage points among AI/ANs. Efforts to reduce racial/ethnic health disparities should explicitly include strategies to improve the health and well being of persons with disabilities within each racial/ethnic population.

BRFSS is a state-based, random-digit–dialed telephone survey of the noninstitutionalized, U.S. civilian population aged ≥18 years. In 2004, 2005, and 2006, approximately 1 million persons from all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands participated in the BRFSS survey.* Consistent with the definition of disability from *Healthy People 2010* (*4*), respondents were asked, "Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?" Participants who responded "yes" to either question were classified as having a disability. To assess self-rated health status, participants were asked, "Would you say that in general your health is excellent, very good, good, fair, or poor?"

The following racial/ethnic categories were included in this analysis: white, black, Hispanic, Asian, Native Hawaiian or Other Pacific Islander, and AI/AN.† Data from 2004, 2005, and 2006 were aggregated to provide sufficient power to analyze low-count racial/ethnic populations. Prevalence estimates were weighted and age adjusted to the 2000 U.S. standard population. Weighted population estimates were determined by taking the final weights for each year during 2004–2006 and dividing by three. Data were weighted to compensate for unequal probabilities of selection, to adjust for nonresponse and telephone noncoverage, to ensure that results were consistent with population data, and to make population estimates.§

* Hawaii did not collect data in 2004.

† For this report, persons identified as white, black, Asian, Native Hawaiian or Other Pacific Islander, and AI/AN are all non-Hispanic. Persons identified as Hispanic might be of any race.

§ Additional information available at http://health.utah.gov/opha/ibishelp/brfss/issues.htm.

INSIDE

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Prevalence estimates and standard errors were obtained using statistical software to account for the complex sampling design. Chi-square tests were used to compare self-rated health status between racial/ethnic populations and by disability status. Council of American Survey Research Organizations (CASRO) median response rates[¶] for the 2004–2006 BRFSS surveys were 52.7% (2004), 51.1% (2005), and 51.4% (2006). The median cooperation rates[**] for each year were 74.3% (2004), 75.1% (2005), and 74.5% (2006).

During 2004–2006, an estimated 19.9% of the total U.S. population aged ≥18 years (i.e., an average of 43 million persons) had a disability. The prevalence of disability was highest among AI/ANs (29.9%) and lowest among Asians (11.6%) (Table 1). Nearly 84% of the total U.S. adult population reported having good or better health, but substantial variation was observed in self-rated health status across racial/ethnic populations. Nearly 60% of white, Asian, and Native Hawaiian or Other Pacific Islander respondents (59.3%, 55.8%, and 55.4%, respectively) rated their health as very good or excellent, whereas 44.4% of black respondents reported their health to be very good or excellent. White and Asian adults had similar rates of self-rated fair or poor health (12.9% and 10.4%, respectively), whereas fair or poor health was reported more frequently among other minority populations: 21.1% among blacks, 14.8% among Native Hawaiian or Other Pacific Islanders, and 24.5% among AI/ANs. Hispanic adults rated their health status approximately equally across the three health status categories: very good or excellent (33.6%), good (35.4%), and fair or poor (31.1%).

Overall, adults with a disability were less likely to report excellent or very good health (27.2% versus 60.2%; $p<0.01$) and more likely to report fair or poor health (40.3% versus 9.9%; $p<0.01$), compared with adults without disability (Table 2). White adults without a disability had the highest proportion of respondents who rated their health as very good or excellent (66.9%), whereas 49.9% of black respondents without a disability reported very good or excellent health. Reports of fair or poor health among adults with a disability were most common among Hispanics and AI/ANs (55.2% and 50.5%, respectively) and least common among Asians (24.9%).

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[¶] The percentage of persons who completed interviews among all eligible persons, including those who were not successfully contacted.

[**] The percentage of persons who completed interviews among all eligible persons who were contacted.

TABLE 1. Disability and self-rated health status among U.S. adults aged ≥18 years, by race/ethnicity — Behavioral Risk Factor Surveillance System, United States,* 2004–2006

Race/Ethnicity†	Disability§				Excellent or very good health				Good health				Fair or poor health			
	Sample population	Weighted U.S. population¶	%**	SE††	Sample population	Weighted U.S. population	%	SE	Sample population	Weighted U.S. population	%	SE	Sample population	Weighted U.S. population	%	SE
White	195,804	32,437,544	20.3	0.1	429,877	89,109,657	59.3	0.1	225,743	42,965,935	27.8	0.1	130,116	21,053,344	12.9	0.1
Black	18,713	4,181,086	21.2	0.3	32,734	9,538,829	44.4	0.3	28,709	7,218,402	34.6	0.3	19,739	4,200,595	21.1	0.3
Hispanic	13,596	4,456,898	16.9	0.3	25,957	11,778,660	33.6	0.4	26,357	12,064,608	35.4	0.4	22,033	9,009,330	31.1	0.4
Asian	1,472	508,360	11.6	0.7	7,623	3,261,549	55.8	0.9	5,127	1,791,107	33.8	0.9	1,566	470,499	10.4	0.6
Native Hawaiian or Other Pacific Islander	351	106,044	16.6	2.1	1,043	439,397	55.4	2.7	692	231,004	29.7	2.3	300	81,042	14.8	2.2
American Indian/ Alaska Native	4,385	671,346	29.9	1.0	5,652	990,624	42.7	1.0	5,131	744,749	32.8	0.9	3,981	550,738	24.5	0.8
Total§§	**241,863**	**43,786,716**	**19.9**	**0.1**	**512,996**	**117,631,008**	**53.4**	**0.1**	**298,772**	**66,518,557**	**30.2**	**0.1**	**183,253**	**36,412,487**	**16.4**	**0.1**

* Includes the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Hawaii did not collect data in 2004.

† Persons identified as white, black, Asian, Native Hawaiian or Other Pacific Islander, and American Indian/Alaska Native are all non-Hispanic. Persons identified as Hispanic might be of any race.

§ Based on a "yes" response to either of the following questions: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

¶ Weighted population estimates were determined by taking the final weights for each year during 2004–2006 and dividing by three. Data were weighted to compensate for unequal probabilities of selection, to adjust for nonresponse and telephone noncoverage, to ensure that results were consistent with population data, and to make population estimates. Additional information available at http://health.utah.gov/opha/ibishelp/brfss/issues.htm.

** Age adjusted to the 2000 U.S. standard population.

†† Standard error.

§§ Sample population and weighted estimates by race/ethnicity do not sum to column total because respondents who reported being multiracial or of other race were included in the total.

Editorial Note: *The Surgeon General's Call to Action to Improve the Health and Wellness of People with Disabilities* notes that good health is essential if persons with disabilities are to work, learn, and fully interact with their families and community (*5*). The concept of health should be the same for persons with and without disabilities (*5*). As in previous studies (*2*), the findings in this report indicated that, in 2004–2006, self ratings of fair or poor health were generally higher among black, Hispanic, Native Hawaiian or Other Pacific Islander, and AI/AN adults than among their white and Asian counterparts. Also, as in previous studies (*3*), the findings in this report show that a higher proportion of persons with disabilities rated their health as fair or poor compared with persons without disabilities. This analysis also determined that the difference in self-rated fair or poor health between persons with and without disabilities varied by race/ethnicity. The absolute difference between persons with and without disabilities ranged from 16.8 percentage points for Asians to 37.9 percentage points for AI/ANs. These differences are attributed, in part, to health-care and wellness promotion services being inaccessible or unavailable for certain persons with disabilities (*5*). Health-care delivery has been slow to reduce disparities that would enable many persons with disabilities to achieve and maintain a good level of health (*5*).

The findings in this report are subject to at least five limitations. First, BRFSS does not include persons living in institutions or group homes. Therefore, because persons with disabilities are likely to reside in such facilities, the results likely underestimate the actual prevalence of adults with a disability. Second, the BRFSS questions used to define disability do not collect information on the type, severity, duration, or permanence of disability. Therefore, the definition of disability used in this analysis might have captured some persons with relatively minor or short-term disabilities (e.g., a sprained ankle). Third, because of the cross-sectional nature of the data, inferring any direction of causality between disability and fair or poor health is not possible. Fourth, BRFSS is conducted only in English and Spanish, which might preclude participation by persons who speak other languages. In addition, differences in the Spanish translation of the questionnaire might explain some of the health disparities observed in the Hispanic population (*6*). The Spanish language version of BRFSS uses the Spanish word "regular" for the category of "fair" health, an idiomatic difference that might alter the way the participant understands the question. Finally, racial/ethnic differences in self-rated health and disability might reflect differences in potentially confounding factors, such as education, income, and health insurance status, which are significantly associated with both race/ethnicity and disability and were not controlled for in this analysis (*7,8*). This is a direction for future work that CDC plans to undertake.

Despite efforts to identify and reduce health disparities among racial/ethnic populations in the United States, disproportionately high rates of disability and self-rated fair or poor health persist among certain racial/ethnic populations (*9,10*). Efforts to reduce health disparities among racial/ethnic popula-

TABLE 2. Disability among U.S. adults aged ≥18 years, by race/ethnicity and self-rated health status — Behavioral Risk Factor Surveillance System, United States,* 2004–2006

Race/Ethnicity† and self-rated health status	Disability§				No disability				Absolute % point difference
	Sample population	Weighted U.S. population¶	%**	SE††	Sample population	Weighted U.S. population	%	SE	
White									
Excellent or very good	45,799	8,461,103	29.7	0.3	380,061	79,708,577	66.9	0.1	37.2
Good	62,212	10,542,506	33.4	0.3	160,699	31,834,243	26.8	0.1	6.6
Fair or poor	86,670	13,289,406	36.9	0.3	41,643	7,423,348	6.3	0.1	30.6
Subtotal	**194,681**	**32,293,015**	**100.0**		**582,403**	**118,966,168**	**100.0**		
Black									
Excellent or very good	2,806	769,406	21.8	0.8	29,305	8,577,102	49.9	0.4	28.1
Good	5,229	1,244,095	31.6	0.8	22,858	5,805,151	36.4	0.4	4.8
Fair or poor	10,527	2,137,184	46.6	0.8	8,825	1,988,691	13.6	0.3	33.0
Subtotal	**18,562**	**4,150,685**	**100.0**		**60,988**	**16,370,944**	**100.0**		
Hispanic									
Excellent or very good	1,951	726,628	17.3	0.7	23,622	10,803,926	37.0	0.4	19.7
Good	3,220	1,174,570	27.5	0.9	22,670	10,525,422	37.1	0.4	9.6
Fair or poor	8,348	2,528,028	55.2	1.0	13,247	6,183,780	25.9	0.4	29.3
Subtotal	**13,519**	**4,429,226**	**100.0**		**59,539**	**27,513,128**	**100.0**		
Asian									
Excellent or very good	352	169,960	36.2	3.1	7,137	3,038,367	58.7	1.0	22.5
Good	546	197,675	38.9	3.3	4,465	1,544,372	33.3	1.0	5.6
Fair or poor	564	139,986	24.9	2.3	973	320,879	8.1	0.7	16.8
Subtotal	**1,462**	**507,621**	**100.0**		**12,575**	**4,903,618**	**100.0**		
Native Hawaiian or Other Pacific Islander									
Excellent or very good	82	24,318	22.3	4.8	944	406,170	62.4	3.1	40.1
Good	113	43,046	41.3	6.5	565	181,304	26.8	2.3	14.5
Fair or poor	151	37,196	36.5	6.6	143	41,172	10.8	2.5	25.7
Subtotal	**346**	**104,560**	**100.0**		**1,652**	**628,646**	**100.0**		
American Indian/Alaska Native									
Excellent or very good	717	135,771	22.4	2.2	4,867	838,701	51.6	1.2	29.2
Good	1,236	177,565	27.1	1.7	3,805	552,187	35.8	1.2	8.7
Fair or poor	2,403	355,375	50.5	2.0	1,522	187,744	12.6	0.7	37.9
Subtotal	**4,356**	**668,711**	**100.0**		**10,194**	**1,578,632**	**100.0**		
All racial/ethnic populations									
Excellent or very good	**53,166**	**10,610,265**	**27.2**	**0.3**	**454,452**	**105,528,004**	**60.2**	**0.1**	**33.0**
Good	**74,723**	**13,800,748**	**32.5**	**0.3**	**219,798**	**51,501,505**	**29.9**	**0.1**	**2.6**
Fair or poor	**112,511**	**19,159,470**	**40.3**	**0.3**	**67,947**	**16,493,297**	**9.9**	**0.1**	**30.4**
Total§§	**240,400**	**43,570,483**	**100.0**		**742,197**	**173,522,806**	**100.0**		

* Includes the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Hawaii did not collect data in 2004.

† Persons identified as white, black, Asian, Native Hawaiian or Other Pacific Islander, and American Indian/Alaska Native are all non-Hispanic. Persons identified as Hispanic might be of any race.

§ Based on a "yes" response to either of the following questions: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" and "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

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** Age adjusted to the 2000 U.S. standard population.

†† Standard error.

§§ Sample population and weighted estimates by race/ethnicity do not sum to column total because respondents who reported being multiracial or of other race were included in the total.

tions should also address the needs of adults with disabilities. Such efforts must ensure that persons with disabilities have accessible, available, and appropriate health-care and wellness promotion services (*5*).

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HIV Prevalence Estimates — United States, 2006

Accurate and timely data on the number of persons in the United States living with human immunodeficiency virus (HIV) infection (HIV prevalence) are needed to guide planning for disease prevention, program evaluation, and resource allocation. However, overall HIV prevalence cannot be measured directly because a proportion of persons infected with HIV have neither been diagnosed nor reported to local surveillance programs. In addition, national HIV prevalence data are incomplete because local reporting systems for confidential, name-based HIV reporting have been fully implemented only since April 2008. With the advent of highly active antiretroviral therapies that delay the progression of HIV to acquired immunodeficiency syndrome (AIDS), and of AIDS to death (*1*), and changes in the AIDS case definition to include an immunologic diagnosis (*2*), earlier back-calculation methods from the 1990s for estimating HIV prevalence based on the number of reported AIDS cases are no longer reliable. With 80% of states reporting name-based HIV diagnoses as of January 2006, an extended back-calculation method now can be used to estimate HIV prevalence more accurately. Based on this method, CDC now estimates that 1.1 million adults and adolescents (prevalence rate: 447.8 per 100,000 population) were living with diagnosed or undiagnosed HIV infection in the United States at the end of 2006. The majority of those living with HIV were nonwhite (65.4%), and nearly half (48.1%) were men who have sex with men (MSM). The HIV prevalence rates for blacks (1,715.1 per 100,000) and Hispanics (585.3 per 100,000) were, respectively, 7.6 and 2.6 times the rate for whites (224.3 per 100,000).

An extended back-calculation method has been described in detail and was used recently to calculate the incidence of HIV infection in the United States (*3*). The method was used in this analysis to estimate HIV prevalence based on the number of HIV diagnoses by calendar year and disease severity (i.e., whether the person received an AIDS diagnosis in the same calendar year as the HIV diagnosis). HIV prevalence at the end of 2006 for the 50 states and District of Columbia was estimated using information from the national HIV/AIDS Reporting System for persons aged ≥13 years who were diagnosed with HIV during 2006 and reported to CDC by the end of June 2007. Forty states provided data on both HIV and AIDS diagnoses, whereas 10 states (California, Delaware, Hawaii, Illinois, Maryland, Massachusetts, Montana, Oregon, Rhode Island, and Vermont) and the District of Columbia provided data only for AIDS diagnoses. For the areas without name-based HIV data, statistical procedures and AIDS data were used to estimate HIV cases, based on the ratio of HIV to AIDS in states with integrated surveillance systems (*4*). The number of undiagnosed HIV infections was calculated by subtracting diagnosed AIDS prevalence and diagnosed HIV prevalence from the estimated overall HIV prevalence. Using an established method, data also were adjusted for reporting delays and redistribution of risk factors among persons initially reported without sufficient information to be classified into an HIV transmission category (*5*). HIV prevalence rates per 100,000 population were calculated for various demographic characteristics; population denominators for rate calculations were based on official postcensus estimates for 2006 (*6*).

Among the estimated number of persons living with HIV at the end of 2006, 46.1% (1,715.1 per 100,000 population) were black, 34.6% (224.3 per 100,000) were white, 17.5% (585.3 per 100,000) were Hispanic, 1.4% (129.6 per 100,000) were Asian/Pacific Islander, and 0.4% (231.4 per 100,000) were American Indian/Alaska Native (Table). Males accounted for 74.8% of prevalent HIV cases (685.7 per 100,000). The greatest percentage of cases was attributed to male-to-male sexual contact, accounting for 48.1% overall (and 64.3% among men). High-risk heterosexual contact, defined as heterosexual contact with a person known to have, or to be at high risk for,

TABLE. Estimated number,* percentage, and rate† of persons aged ≥13 years living with human immunodeficiency virus (HIV) infection, by selected characteristics — United States, 2006

Characteristic	HIV prevalence	(95% CI§)	%	Rate	(95% CI)
Sex					
Male	828,000	(786,000–870,000)	74.8	685.7	(650.9–720.5)
Female	278,400	(253,400–303,400)	25.2	220.4	(200.6–240.2)
Age group (yrs)					
13–24	56,500	(45,000–68,000)	5.1	111.0	(88.4–133.6)
25–49	770,000	(730,000–810,000)	69.6	720.4	(683.0–757.9)
≥50	280,000	(255,000–305,000)	25.3	313.5	(285.5–341.4)
Race/Ethnicity					
White	382,600	(354,600–410,600)	34.6	224.3	(207.9-240.7)
Black	510,100	(478,100–542,100)	46.1	1,715.1	(1,607.5–1,822.7)
Hispanic¶	194,000	(175,000–213,000)	17.5	585.3	(528.0–642.6)
Asian/Pacific Islander	15,100	(12,600–17,600)	1.4	129.6	(108.2–151.1)
American Indian/Alaska Native	4,600	(3,100–6,100)	0.4	231.4	(156.0–306.9)
HIV transmission category					
Male-to-male sexual contact	532,000	(492,000–572,000)	48.1		
Injection drug use (male)	131,500	(114,500–148,500)	11.9		
Injection drug use (female)	73,100	(62,100–84,100)	6.6		
Male-to-male sexual contact and injection drug use	54,900	(44,900–64,900)	5.0		
High-risk heterosexual contact (male)**	104,000	(89,000–119,000)	9.4		
High-risk heterosexual contact (female)**	201,700	(179,700–223,700)	18.2		
Other††	9,100	(7,600–10,600)	0.8		
Total§§	**1,106,400**	**(1,056,400–1,156,400)**	**100**	**447.8**	**(427.5–468.0)**

* Estimated numbers, from national HIV/AIDS Reporting System data, are adjusted for reporting delays and reclassification of cases reported without information regarding an HIV transmission category, but are not adjusted for underreporting. Estimates are rounded to the nearest 100.
† Per 100,000 population at the end of 2006. Rates for transmission category subgroups were not calculated because population denominators were unavailable. Rates for racial/ethnic populations do not include an adjustment for redistribution of persons of unknown race/ethnicity.
§ Confidence interval.
¶ Might be of any race.
** Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
†† Includes hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or not identified.
§§ Because column totals were calculated independently of the values of the subpopulations and all values were rounded, the values might not sum to the respective column total.

HIV infection (e.g., an injection drug user) accounted for 27.6% of prevalent cases overall (12.6% of cases among men and 72.4% of cases among women). Injection drug use (IDU) accounted for 18.5% of total cases (15.9% of cases among men and 26.3% of cases among women). The remainder of cases were attributed to men who reported both male-to-male sexual contact and IDU (5.0%) or whose transmission category was classified as other (0.8%; including hemophilia, blood transfusion, perinatal exposure, and risk factors not reported or not identified). Overall, an estimated 232,700 (21.0%) persons living with HIV infection had not been diagnosed as of the end of 2006.

The HIV prevalence rate for black men (2,388.2 per 100,000 population; 95% confidence interval [CI] = 2,197.9–2,578.4) was six times the rate for white men (394.6 per 100,000; CI = 363.3–425.9) (Figure), and the rate for Hispanic men (883.4 per 100,000; CI = 784.9–982.4) was more than twice the rate for white men. The HIV prevalence rate for black women (1,122.4 per 100,000; CI = 1,002.2–1,242.5) was nearly 18 times the rate for white women (62.7 per 100,000; CI = 54.7–70.7), and the rate for Hispanic women (263.0 per 100,000; CI = 231.6–294.4) was more than four times the rate for white women. The HIV prevalence rate for black women was greater than the rate for all other groups, except for black men.

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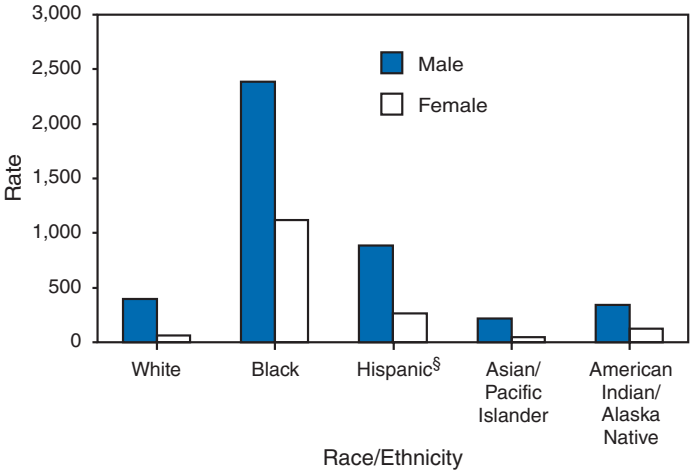
Editorial Note: Reduced mortality resulting from the use of highly active antiretroviral therapies is a major factor contributing to the number of persons in the United States living with HIV disease (*1*). Additionally, more than 56,000 new HIV infections are estimated to occur annually (*3*).

The estimate of HIV prevalence in this report is similar to an estimate for 2003 (1,039,000–1,185,000) that used the same extended back-calculation method (*4*). However, because of improvements in national HIV surveillance data since 2003, the two estimates cannot be compared directly. The 2006 estimate is based on a data set that 1) includes HIV diagnoses from 10 states that were not reporting in 2003 and 2) has been refined by an improved ability to identify and remove duplicate HIV case data that reflect reports by more than one state. Using the refined data set, CDC now estimates the HIV prevalence for 2003 to have been 994,000, suggesting that HIV

FIGURE. Estimated human immunodeficiency virus (HIV) prevalence rate* among persons aged ≥13 years, by race/ethnicity and sex — United States, 2006†



* Per 100,000 population.
† HIV prevalence at the end of 2006 for the 50 states and the District of Columbia, estimated from national HIV/AIDS Reporting System data.
§ Might be of any race.

prevalence in the United States increased by approximately 112,000 (11.3%) from 2003 to 2006. Analysis of the refined data also indicated that the percentage of HIV-positive persons who were undiagnosed decreased from approximately 25% in 2003 to 21% in 2006; an estimated 30% of this change resulted from a decrease in the number of undiagnosed persons, and 70% resulted from an increase in the total number of persons living with HIV (CDC, unpublished data, 2008).

The burden of HIV infection was disproportionate among populations. Blacks made up 12% of the adult and adolescent population in the United States in 2006 (*6*), but accounted for 46.1% of persons estimated to be living with HIV. Similarly, nearly half (48.1%) of the persons living with HIV were MSM, and although not precisely known, the percentage of MSM in the general population is estimated to be much lower. Data from CDC's National Survey of Family Growth indicate that, among males aged 15–44 years, 3.7% ever have had anal sex with another male, and the proportion of men who had a male sexual partner in the past 12 months was 2.9% (*7*).

The findings in this report are subject to at least three limitations. First, reported HIV data used in the extended back-calculation method represent only a portion of persons in the United States who were diagnosed with HIV infection; several high-morbidity areas, including California, Illinois, Maryland, and the District of Columbia, did not contribute HIV data. Availability of reported HIV data from these areas will increase accuracy of future prevalence estimates. Second, not all persons who are infected with HIV have been diagnosed and reported to the public health surveillance system, and data must be estimated for undiagnosed persons. Finally, the data have been adjusted statistically to account for delays in reporting new cases and deaths, and cases reported without risk factor information have been redistributed among other transmission categories (*5*). These adjustments were based on risk redistribution assumptions from the mid-1990s that might no longer be valid, which could result in over- or under-adjustment of the data.

Previous studies have indicated that persons generally reduce their sexual risk behaviors (e.g., decrease the number of sex partners and reduce unprotected intercourse through increased condom use) after being diagnosed with HIV (*8*). Thus, increasing the percentage of HIV-infected persons who are diagnosed and linked with effective care and prevention services has the potential to reduce new HIV infections over time. To help achieve that, CDC has focused resources on increasing testing for HIV, particularly among populations that are disproportionately affected by HIV infection. Recent CDC activities have included publication of revised recommendations for HIV testing in health-care settings (*9*) and creation of a new program, the Heightened National Response to the HIV/AIDS Crisis in the African American Community (*10*). In 2007, as part of the President's Domestic HIV Initiative, CDC allocated funds to expand routine HIV testing, primarily among blacks. In addition to testing, expanding the number and reach of effective HIV prevention services for at-risk populations, including blacks, Hispanics, and MSM of all races, can contribute to reducing the disproportionate numbers of infections in these groups. Culturally appropriate opportunities for HIV testing, diagnosis, and access to early treatment and prevention services to reduce further HIV transmission are key to reducing new infections and ultimately decreasing HIV prevalence in the United States.

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Rabies in a Dog Imported from Iraq — New Jersey, June 2008

Rabies vaccination and stray dog control have led to successful control of canine rabies in the United States. The number of rabid dogs reported decreased from approximately 5,000 in 1950 to 79 in 2006, when the canine rabies virus variant associated with dog-to-dog rabies transmission was declared eliminated in the United States (*1*). On June 18, 2008, a mixed-breed dog, recently shipped from Iraq into the United States, was confirmed to have rabies by the Public Health and Environmental Laboratories of the New Jersey Department of Health and Senior Services. A total of 24 additional animals in the shipment, all potentially exposed to the rabid dog, were distributed to 16 states. This report summarizes the epidemiologic investigation by the New Jersey Department of Health and Senior Services, Bergen County Department of Health, and CDC, and the ensuing public health response. These findings underscore the need for vigilance regarding rabies (and other zoonotic diseases) during animal importation to prevent the possible reintroduction and sustained transmission of canine rabies in U.S. dog populations.

Case Report

On June 5, 2008, a shipment of 24 dogs and two cats arrived in the United States from Iraq as part of an international animal rescue operation. The goal of the operation was to reunite servicemen returning to the United States with animals they had adopted in Iraq. Upon arrival at Newark Liberty International Airport, the animals received physical examinations from volunteer licensed veterinarians. One cat became ill with neurologic signs during transport and was euthanized on arrival. The cat was tested for rabies and was negative. The remaining 24 dogs and one cat were housed for several days at the airport before distribution to their final U.S. destinations.

On June 8, one of the 24 dogs, a mixed-breed aged 11 months (dog A), became ill and was taken to a veterinarian the next day. The dog was hospitalized with fever, diarrhea, wobbly gait, agitation, and crying. The dog's condition deteriorated, progressing to lateral recumbency with periods of agitation. On June 11, the dog was euthanized. Specimens were shipped to the Public Health and Environmental Laboratories for rabies testing, but delivery of the specimens was delayed. On June 18, the specimens were tested, and rabies was diagnosed. Specimens also were submitted to CDC, where rabies was confirmed on June 26 and typed as a rabies virus variant associated with dogs in the Middle East.

Public Health Investigation

The potentially infectious period for a dog, cat, or ferret with rabies can begin as many as 10 days before the onset of clinical signs and continue throughout the clinical course until death (*2*). To identify potential rabies exposure to humans or other animals while dog A was in Iraq, during transport, or at the airport shelter, an investigation was initiated by the New Jersey Department of Health and Senior Services and the Bergen County Department of Health, with participation from CDC. The dog was reportedly in the possession of a U.S. soldier in Baghdad for approximately 7 months before shipment to the United States. The dog had been kept in an indoor-outdoor run on a military base and had not been vaccinated for rabies; the owner reported no signs of illness in the dog or potential exposure to other rabid animals during the 7 months. The owner also reported no potential exposures to other persons or animals during the 2 days of potential infectivity before the dog was transferred to the animal rescue operation for shipment on May 31.

Upon arrival in the United States, none of the 24 dogs were accompanied by the valid rabies vaccination certificates required for admission by CDC animal importation regulations.* For dogs aged ≥3 months, a rabies vaccination must be administered at least 30 days before the date of arrival at a U.S. port. Five of the 24 dogs (not including dog A) reportedly had received a previous rabies vaccination; however, none of the information required for a valid rabies vaccination certificate was available, including vaccine manufacturer, lot numbers, or a certifying veterinarian signature. Twenty-one of the animals in the shipment, including dog A, had received a primary rabies vaccination in Iraq during May 28–31, immediately before being shipped to New Jersey. Because none of the dogs met rabies vaccination requirements for importation, in accordance with the importation regulation, a confinement agreement was issued by CDC, stating where the animals would be held for at least 30 days after vaccination. During shipment and

* 42 CFR § 71.51.

upon arrival in New Jersey, all the animals were housed in separate crates; however, interviews with persons present during the animals' arrival and stay in Newark identified potential periods during which dogs, including dog A, were allowed to intermingle.

On June 10, 1 day before dog A was euthanized and 8 days before rabies was diagnosed, the remaining 23 dogs and one cat were shipped to destinations in 16 states.[†] Because none of the surviving animals had a verifiable history of vaccination at least 30 days before their potential exposure to dog A, CDC recommended immediate vaccination and a 6-month quarantine for all of them (*2*). State health departments in the 16 states were advised of the recommendations.

During the public health investigation, 28 persons were evaluated for potential rabies exposure; 13 were identified with potential exposure because of direct contact with possibly infectious saliva (*3*) and were recommended to initiate rabies postexposure prophylaxis (PEP). All 23 dogs and one cat were located by state and local health authorities within 2 weeks of the rabies diagnosis. No clinical signs consistent with rabies were reported in the animals during 20 days of follow-up. All 24 animals continue to be monitored during the 6-month quarantine period.

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Editorial Note: Rabies virus infection results in a fatal encephalomyelitis in humans and other mammals. Globally, the most common sources of human rabies are geographically distinct rabies virus variants maintained predominantly through dog-to-dog transmission (i.e., canine rabies), but sometimes with spillover[§] into other species. In the United States, occasional spillover into dogs of rabies virus variants associated with wildlife has occurred. However, since 2004, no rabies case attributable to an indigenously acquired canine rabies virus variant has been reported (*1*).

Canine rabies virus variants most commonly are imported via unvaccinated dogs from areas where rabies is enzootic, such as Asia, Africa, the Middle East, and parts of Latin America, where canine variants are responsible for most of the 55,000 human rabies deaths estimated worldwide each year (*4*). In May 2004, an unvaccinated puppy was flown from Puerto Rico to Massachusetts as part of an animal rescue program. The day after arrival, the puppy exhibited neurologic signs, was euthanized, and was subsequently confirmed to have rabies. Six persons were recommended to receive PEP because of potential exposure. In June 2004, an unvaccinated puppy adopted by a U.S. resident in Thailand was confirmed to have rabies by the California Department of Public Health. Of 40 persons interviewed for potential rabies exposure, 12 received PEP. In March 2007, a puppy adopted by a U.S. veterinarian while volunteering in India was confirmed to have rabies by the Alaska Department of Health and Social Services. The puppy was flown in cargo to Seattle, Washington, then adopted by another veterinarian in Juneau, Alaska, where it was flown 7 days after arrival. Of 20 persons interviewed for potential rabies exposure, eight received PEP (*5,6*). In all three cases, the rabies virus variant was typed as a variant circulating in dogs and terrestrial wildlife in the animal's country of origin (i.e., mongoose and canine rabies virus variants enzootic in Puerto Rico, Thailand, and India, respectively).

This report reiterates the need for education of the public regarding rabies incidence in other countries and preventing rabies exposure. While traveling in areas that are endemic for rabies, travelers should not pet stray animals. In addition, travelers should not adopt stray animals without acquiring a veterinarian's health assessment and ensuring proper animal vaccination for importation. Travelers also should consider their potential for rabies exposure from animals, understand proper wound management, and promptly report animal bites to health-care providers (*7*). Health information for travelers is available at http://wwwn.cdc.gov/travel/contentyellowbook.aspx.

CDC administers federal importation regulations for dogs. These regulations allow admittance of unvaccinated dogs aged <3 months, provided the importer signs an agreement to vaccinate the dog at age 3 months and confine the animal for 30 days after the vaccination. Dogs aged ≥3 months that have not been vaccinated for rabies also must be confined until vaccinated and for 3 months after vaccination. Upon arrival in the United States, importers should declare animals to federal authorities and comply with those requirements for confinement of unvaccinated puppies.

CDC's regulations were created in the early 1950s to guide persons importing dogs or cats as their personal pets. However, recent trends in dog importations have shown an increase in the numbers of animals being imported for commercial pet trade (*8*). CDC is working to update current regulations and better address the importation of dogs. In July 2007, the U.S. Department of Health and Human Services posted an advance notice of proposed rulemaking to begin the process of revising

[†] California, Colorado, Connecticut, Iowa, Kentucky, Maryland, Massachusetts, Missouri, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Virginia, and Washington.

[§] Transmission of a rabies virus variant to a secondary host from a primary reservoir species, usually resulting in a dead-end infection, such as human rabies acquired from a rabid dog.

CDC's animal importation regulations, including those that apply to dogs and other companion animals.[¶]

U.S. animal importation regulations, rabies vaccination requirements for dogs, wildlife rabies surveillance and vaccination programs, and prophylaxis for human exposures all contribute to public health protection from rabies. Continued vigilance and partnership between federal and state agencies, as well as health professionals and pet importers, are vital to decrease the risk for reemergence of canine rabies virus in the United States.

[¶] Available at http://www.cdc.gov/ncidod/dq/anprm/index.htm.

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Licensure of a Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine and Guidance for Use as a Booster Dose

On June 24, 2008, the Food and Drug Administration licensed a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP) and inactivated poliovirus (IPV) vaccine, DTaP-IPV (Kinrix, GlaxoSmithKline Biologicals, Rixensart, Belgium). Kinrix is licensed for use as the fifth dose of the DTaP vaccine series and the fourth dose of the IPV series in children aged 4–6 years whose previous DTaP vaccine doses were DTaP (Infanrix, GlaxoSmithKline) and/or DTaP-Hepatitis B-IPV (Pediarix, GlaxoSmithKline) for the first 3 doses and DTaP (Infanrix) for the fourth dose (*1,2*). DTaP-IPV administered to children aged 4–6 years would reduce by one the number of injections needed to complete DTaP and IPV immunization. This report summarizes the indications for Kinrix and provides guidance from the Advisory Committee on Immunization Practices (ACIP) for its use.

ACIP reviewed data on the safety and immunogenicity of DTaP-IPV (Kinrix). On the basis of these data, expert opinion of the ACIP Combination Vaccines Workgroup, and feedback from ACIP liaison organizations including the American Academy of Pediatrics and the American Academy of Family Physicians, ACIP endorsed the licensed indications and offered the following guidance for use of DTaP-IPV. On June 26, ACIP voted to include DTaP-IPV in the federal Vaccines for Children Program.

The individual antigens (diphtheria, tetanus, and pertussis toxoids, filamentous hemagglutinin, pertactin, and poliovirus types 1, 2, and 3) contained in combined DTaP-IPV are identical to the antigens contained in GlaxoSmithKline's DTaP (Infanrix) and DTaP-Hepatitis B-IPV (Pediarix) and have been described previously (*3*). DTaP-IPV contains no preservatives. DTaP-IPV is administered as an intramuscular injection, preferably into the deltoid region. Two clinical trials conducted in U.S. children aged 4–6 years showed that combined DTaP-IPV and separately administered DTaP and IPV vaccines had comparable safety and reactogenicity profiles, with or without a co-administered second dose of measles, mumps, and rubella (MMR) vaccine (*3,4*). The immunogenicity of all antigens was similar between the treatment groups, with or without a co-administered second dose of MMR vaccine.

Indications and Guidance for Use

DTaP-IPV (Kinrix) is indicated for use as the fifth dose of DTaP and fourth dose of IPV in children aged 4–6 years

who received DTaP (Infanrix) and/or DTaP-Hepatitis B-IPV (Pediarix) as the first 3 doses and DTaP (Infanrix) as the fourth dose (*1,2*). This vaccine should not be administered to children aged <4 years or ≥7 years; however, if DTaP-IPV (Kinrix) is inadvertently administered for an earlier dose of the DTaP and/or IPV series, the dose should be counted as valid and does not need to be repeated provided minimum interval requirements have been met (*5*). Data are limited on the safety and immunogenicity of interchanging DTaP vaccines from different manufacturers (*6*). ACIP recommends that, whenever feasible, the same manufacturer's DTaP vaccines should be used for each dose in the series; however, vaccination should not be deferred because the type of DTaP previously administered is unavailable or unknown (*6*).

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Licensure of a Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed, Inactivated Poliovirus, and *Haemophilus* b Conjugate Vaccine and Guidance for Use in Infants and Children

On June 20, 2008 the Food and Drug Administration (FDA) licensed a combined diphtheria and tetanus toxoids and acellular pertussis adsorbed (DTaP), inactivated poliovirus vaccine (IPV), and *Haemophilus influenzae* type b conjugate (tetanus toxoid [TT] conjugate) vaccine, DTaP-IPV/Hib (Pentacel, Sanofi Pasteur, Swiftwater, Pennsylvania), for use as a four-dose series in infants and children at ages 2, 4, 6, and 15–18 months (*1,2*). This report summarizes the indications for Pentacel and provides guidance from the Advisory Committee on Immunization Practices (ACIP) for its use.

ACIP reviewed data on the safety and immunogenicity of DTaP-IPV/Hib (Pentacel). On the basis of these data, expert opinion of the ACIP Combination Vaccines Workgroup, and feedback from ACIP liaison organizations including the American Academy of Pediatrics and the American Academy of Family Physicians, ACIP endorsed the licensed indications and offered the following guidance for use of DTaP-IPV/Hib. On June 26, ACIP voted to include DTaP-IPV/Hib in the federal Vaccines for Children Program.

Each dose of DTaP-IPV/Hib contains the same diphtheria and tetanus toxoids and pertussis antigens (inactivated pertussis toxin [PT], filamentous hemagglutinin [FHA], pertactin, and fimbriae types 2 and 3) as the FDA-licensed DTaP vaccine Daptacel (Sanofi Pasteur, Toronto, Canada) but contains an increased amount of inactivated PT and FHA (*2*). The poliovirus component of DTaP-IPV/Hib contains the same strains and amount of inactivated poliovirus types 1, 2, and 3 as the polio vaccine Poliovax (Sanofi Pasteur, Toronto, Canada) (*2*). The Hib component is identical to ActHib (*Haemophilus influenzae* type b capsular polysaccharide [polyribosyl-ribitol-phosphate {PRP}] covalently bound to tetanus toxoid) (Sanofi Pasteur, Swiftwater, Pennsylvania) (*2*). The DTaP-IPV component is supplied as a sterile liquid used to reconstitute a lyophilized ActHIB vaccine component. Components should not be administered separately. DTaP-IPV/Hib does not contain thimerosal.

In comparative studies, the frequency of solicited local and systemic adverse events and of serious adverse events after administration of DTaP-IPV/Hib was similar to that observed following separately administered DTaP, IPV, and Hib component vaccines (*2,3*). The immunologic responses after the third dose or the fourth dose of DTaP-IPV-Hib generally were comparable to those following separately administered component vaccines, and have been published (*2,3*). Immune responses following the first and second doses were not measured.

Indications and Guidance for Use

DTaP-IPV/Hib is licensed for use in children aged 6 weeks through 4 years. DTaP-IPV/Hib is indicated for use in infants and children at ages 2, 4, 6, and 15–18 months (*1*). DTaP-IPV/Hib is not licensed for use in children aged ≥5 years, and is not indicated for the booster dose at age 4–6 years (*2*). However, DTaP-IPV/Hib that is inadvertently administered to children aged ≥5 years should be counted as a valid dose.

For prevention of diphtheria, tetanus, and pertussis, all children are recommended to receive 4 doses of DTaP, at ages 2, 4, 6, and 15–18 months, and a booster dose at age 4–6 years.

Although an 8-week interval between doses is preferred, if an accelerated schedule is needed, a minimum interval of 4 weeks should occur between the first and second doses, and the third dose should not be administered before age 14 weeks (*4*). The fourth dose of DTaP-IPV/Hib may be administered as early as 12 months of age if the clinician feels an opportunity to vaccinate may be missed later and if 6 months has elapsed since the third dose of DTaP-IPV/Hib (*1*).

Data are limited on the safety and immunogenicity of interchanging DTaP vaccines from different manufacturers (*2*). ACIP recommends that, whenever feasible, the same manufacturer's DTaP product should be used for the pertussis series; however, that vaccination should not be deferred if the specific DTaP vaccine brand previously administered is unavailable or unknown (*2*).

For prevention of poliomyelitis, all children are recommended to receive 4 doses of IPV, at ages 2, 4, 6–18 months, and 4–6 years. DTaP-IPV/Hib may be used for 1 or more doses of the IPV series, including in children who have received 1 or more doses of another licensed IPV vaccine and who also are scheduled to receive DTaP and Hib vaccination. When an accelerated or catch-up schedule is needed, IPV doses may be administered at 4-week intervals and the fourth dose counted as valid if administered as early as age 18 weeks when the proper spacing of prior doses is maintained (*1*). Therefore, DTaP-IPV/Hib (Pentacel) doses administered at 2, 4, 6, and 12–18 months would provide 4 valid doses of IPV under these circumstances.

The recommended vaccination schedule for Hib-TT vaccines (e.g., Pentacel) consists of a 3-dose primary series at ages 2, 4, and 6 months, and a booster dose at age 12–15 months (*1*). Intervals between doses of the primary series as short as 1 month are acceptable but not optimal. Minimum intervals for the booster dose vary by age at first vaccination and have been published (*5*). DTaP-IPV/Hib may be administered at 12 months and counted as a valid Hib-TT dose if the minimum intervals are followed; however, the safety and efficacy of DTaP-IPV/Hib in this circumstance have not been evaluated. DTaP-IPV/Hib may be administered at separate injection sites with other vaccines administered at age 12–18 months, such as hepatitis A, hepatitis B, pneumococcal conjugate, measles, mumps, and rubella (MMR), and varicella vaccines (*2*).

Special Considerations

Certain American Indian/Alaska Native (AI/AN) children are at increased risk for Hib disease, particularly in the first 6 months of life (*6*). Furthermore, the immunologic response to different Hib conjugate vaccine preparations can vary. Compared with other Hib conjugate vaccines (e.g., Hib-TT), administration of polyribosylribitol phosphate-meningococcal outer membrane protein (PRP-OMP)-containing Hib vaccine preparations leads to a more rapid seroconversion to protective antibody concentrations within the first 6 months of life. Although for subsequent doses, PRP-OMP and other Hib conjugate vaccines appear to have equal efficacy, failure to use PRP-OMP vaccines for the first dose has been associated with excess cases of Hib disease in AI/AN infants living in communities where Hib transmission is ongoing and exposure to colonized persons is likely (*6,7*). In addition, stocking of both PRP-OMP and other Hib conjugate vaccine preparations in the same clinic might lead to inadvertent administration of another vaccine for the first Hib dose. For this reason, clinics that serve predominantly AI/AN children might elect to stock and use only PRP-OMP-containing Hib vaccines (*6*).

Different lot numbers for the different components of DTaP-IPV/Hib are included on the DTaP-IPV vial and on the Hib powder vial. Providers should record lot numbers separately for the DTaP-IPV and Hib components.

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Notice to Readers

Get Smart About Antibiotics Week — October 6–10, 2008

October 6–10 is Get Smart About Antibiotics Week. The theme of this observance is "The power to prevent resistance is in your hands."

Inappropriate use of antibiotics to treat upper respiratory infections (URIs) can result in unnecessary risk for adverse events and contribute to the likelihood of antibiotic resistance. Adverse events related to antibiotics (usually aller-

gies or drug intolerance) resulted in an estimated 142,500 emergency department visits annually in the United States during 2004–2006 (*1*). In addition, inappropriate and excessive antimicrobial use can increase a community's risk for antibiotic-resistant bacterial infections that might lead to severe or prolonged illness, hospitalization, and sometimes death. Educating clinicians and the public regarding appropriate use of antibiotics might help reduce adverse drug events, including antibiotic resistance.

As part of Get Smart About Antibiotics Week, health-care providers are urged to take the following actions to help reduce antibiotic resistance and other adverse drug events:

- Know when antibiotics are indicated, and avoid prescribing antibiotics for URIs such as pharyngitis, bronchitis, sinusitis, and the common cold, which are primarily caused by viruses.
- Instead of prescribing antibiotics for URIs, identify and validate patient concerns and recommend symptomatic therapy.

Additional information about Get Smart About Antibiotics Week is available at http://www.cdc.gov/getsmart.

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Notice to Readers

Epidemiology in Action: Intermediate Analytic Methods Course, January 12–15, 2009

CDC and Emory University's Rollins School of Public Health will cosponsor the course Epidemiology in Action: Intermediate Analytic Methods, January 12–15, 2009, at Emory University, Rollins School of Public Health, in Atlanta, Georgia. The course is designed for practicing public health professionals who have experience in basic applied epidemiology and would like training in additional quantitative skills related to analysis and interpretation of epidemiologic data.

The course includes a review of the fundamentals of descriptive epidemiology and biostatistics, measures of association, normal and binomial distributions, confounding, statistical tests, stratification, logistic regression models, and computer programs used in epidemiology.

The prerequisite is an introductory course in epidemiology, such as Epidemiology in Action or the International Course in Applied Epidemiology. Tuition will be charged. The application deadline is December 15, 2008, or until all slots have been filled.

Additional information and applications are available by mail (Emory University, Hubert Global Health Dept [Attn: Pia], 1518 Clifton Rd. NE, Rm. 746, Atlanta, GA 30322); telephone (404-727-3485); fax (404-727-4590); e-mail (pvaleri@sph.emory.edu), or Internet (http://www.sph.emory.edu/epicourses).

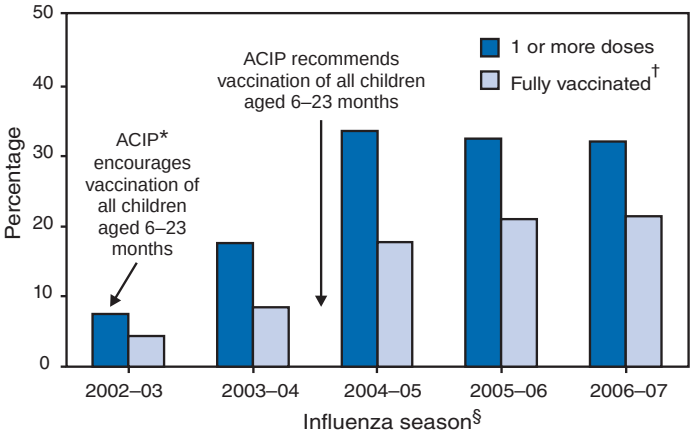
Erratum: Vol. 57, No. 36

In the report, "Subpopulation Estimates from the HIV Incidence Surevillance System — United States, 2006," an error occurred in the last sentence on page 986. The sentence should read, "Among white MSM, by age group, the largest number of new infections **(4,670 [35%])** was among those aged 30–39 years (Figure)."

Erratum: Vol. 57, No. 38

In the report, "Influenza Vaccination Coverage Among Children Aged 6–23 Months — United States, 2006–07 Influenza Season," an error occurred in Figure 1 on page 1043. The corrected figure follows.

FIGURE 1. Percentage of children aged 6–23 months receiving influenza vaccination during September–December, by influenza season and vaccination status — National Immunization Survey, United States, 2002–03 to 2006–07 influenza seasons



* Advisory Committee on Immunization Practices.

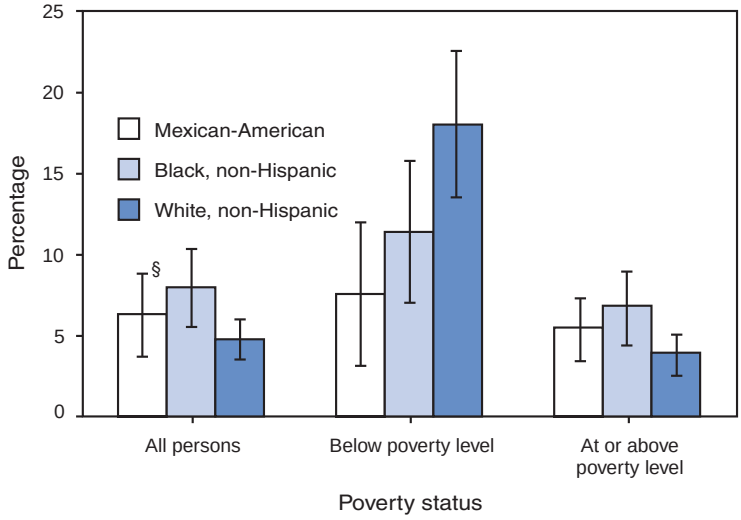
† Children were considered fully vaccinated if they had 1) received no doses of influenza vaccine before September 1 and received 2 doses from September 1 through the date of interview or January 31 (whichever was earlier), or 2) received 1 or more doses of influenza vaccine before September 1 and received 1 or more doses during September–December.

§ 2002–03 (N = 13,831); 2003–04 (N = 13,881); 2004–05 (N = 12,056); 2005–06 (N = 13,546); and 2006–07 (N = 9,710).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Persons Aged ≥12 Years with Depression,* by Race/Ethnicity and Poverty Status† — National Health and Nutrition Examination Survey, United States, 2005–2006



* Depression was measured using the Patient Health Questionnaire (PHQ-9), a nine-item screening instrument that asks questions about the frequency of symptoms of depression during the preceding 2 weeks. Response categories "not at all," "several days," "more than half the days," and "nearly every day" were given a score ranging from 0 to 3. Depression was defined as a total score of 10 or higher on the PHQ-9. This cut point has been well validated and is commonly used in clinical studies that measure depression with the PHQ-9.

† Poverty status was defined using the poverty income ratio (PIR), an index calculated by dividing the family income by a poverty threshold that is based on the size of the family. A PIR of less than 1 was used as the cut point for below the poverty level.

§ 95% confidence interval.

During 2005–2006, overall, non-Hispanic blacks had higher rates of depression (8.0%) than non-Hispanic whites (4.8%). Among persons living below the poverty level, non-Hispanic whites had higher rates of depression (18.0%) than Mexican-Americans (7.6%). Non-Hispanic blacks and non-Hispanic whites living below the poverty level had higher rates of depression than those with higher incomes, whereas rates of depression in Mexican-Americans did not vary by poverty status.

SOURCES: National Health and Nutrition Examination Survey data, 2005–2006. Available at http://www.cdc.gov/nchs/nhanes.htm.

Pratt LA, Brody DJ. Depression in the United States household population, 2005–2006. NCHS data brief no. 7. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2008. Available at http://www.cdc.gov/nchs/data/databriefs/db07.htm.

TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 27, 2008 (39th week)*

Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years 2007	2006	2005	2004	2003	States reporting cases during current week (No.)
Anthrax	—	—	—	1	1	—	—	—	
Botulism:									
foodborne	—	6	0	32	20	19	16	20	
infant	1	69	2	85	97	85	87	76	PA (1)
other (wound & unspecified)	—	12	1	27	48	31	30	33	
Brucellosis	3	61	2	131	121	120	114	104	CA (3)
Chancroid	—	30	1	23	33	17	30	54	
Cholera	—	1	0	7	9	8	6	2	
Cyclosporiasis§	1	107	1	93	137	543	160	75	WA (1)
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	28	4	55	67	80	112	108	
eastern equine	—	2	0	4	8	21	6	14	
Powassan	—	1	—	7	1	1	1	—	
St. Louis	—	9	1	9	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	7	561	13	828	578	506	338	321	MD (1), VA (1), NC (1), GA (2), TN (2)
Ehrlichia ewingii	—	7	—	—	—	—	—	—	
Anaplasma phagocytophilum	1	224	12	834	646	786	537	362	CT (1)
undetermined	—	52	3	337	231	112	59	44	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	1	20	0	22	29	9	19	32	MD (1)
nonserotype b	1	125	2	199	175	135	135	117	CO (1)
unknown serotype	1	142	3	180	179	217	177	227	OR (1)
Hansen disease§	—	54	2	101	66	87	105	95	
Hantavirus pulmonary syndrome§	—	11	0	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	6	147	6	292	288	221	200	178	NY (2), OK (1), CO (1), CA (2)
Hepatitis C viral, acute	8	598	17	849	766	652	720	1,102	PA (1), MI (1), NC (1), KY (2), WA (1), OR (1), CA (1)
HIV infection, pediatric (age <13 years)§§	—	—	3	—	—	380	436	504	
Influenza-associated pediatric mortality§,¶¶	—	88	0	77	43	45	—	N	
Listeriosis	9	430	21	808	884	896	753	696	NY (1), IN (1), MD (1), NC (1), FL (2), WA (1), CA (2)
Measles***	—	129	0	43	55	66	37	56	
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	1	207	4	325	318	297	—	—	MD (1)
serogroup B	1	120	2	167	193	156	—	—	VA (1)
other serogroup	—	26	0	35	32	27	—	—	
unknown serogroup	10	465	9	550	651	765	—	—	NYC (2), MI (1), NE (1), DE (1), NC (1), AZ (1), WA (1), CA (2)
Mumps	3	310	16	800	6,584	314	258	231	FL (1), CA (2)
Novel influenza A virus infections	—	—	—	1	N	N	N	N	
Plague	—	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	—	—	0	—	—	1	—	—	
Polio virus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	9	0	12	21	16	12	12	
Qfever§,§§§ total:	3	85	2	171	169	136	70	71	
acute	3	78	—	—	—	—	—	—	CA (3)
chronic	—	7	—	—	—	—	—	—	
Rabies, human	—	—	0	1	3	2	7	2	
Rubella¶¶¶	—	11	0	12	11	11	10	7	
Rubella, congenital syndrome	—	—	—	—	1	1	—	1	
SARS-CoV§,****	—	—	—	—	—	—	—	8	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	1	104	1	132	125	129	132	161	NC (1)
Syphilis, congenital (age <1 yr)	—	149	8	430	349	329	353	413	
Tetanus	—	7	1	28	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	1	44	2	92	101	90	95	133	TN (1)
Trichinellosis	—	5	0	5	15	16	5	6	
Tularemia	—	79	3	137	95	154	134	129	
Typhoid fever	8	299	10	434	353	324	322	356	CT (3), VA (1), OK (1), TX (1), WA (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	6	0	37	6	2	—	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	2	1	3	1	N	
Vibriosis (noncholera *Vibrio* species infections)§	10	315	5	447	N	N	N	N	MD (2), VA (1), GA (1), FL (4), CA (2)
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

TABLE 1. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending September 27, 2008 (39th week)*

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

* Incidence data for reporting year 2008 are provisional, whereas data for 2003, 2004, 2005, 2006, and 2007 are finalized.

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

§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.

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

** The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).

†† 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. Eighty-six cases occurring during the 2007–08 influenza season have been reported.

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

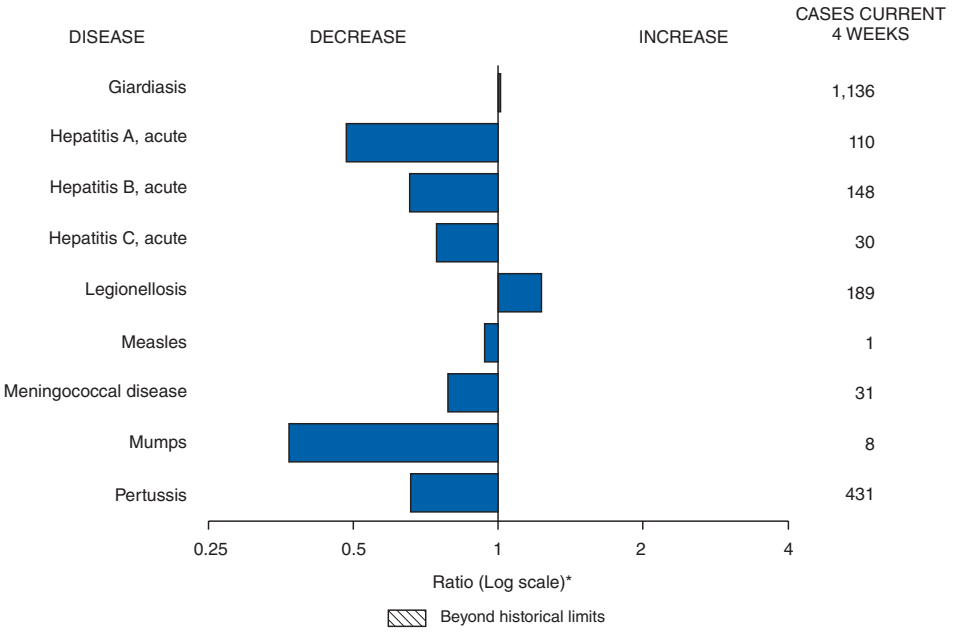
††† Data for meningococcal disease (all serogroups) are available in Table II.

§§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.

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

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals September 27, 2008, with historical data



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

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TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Chlamydia†					Coccidiodomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	13,710	21,147	28,892	800,658	816,774	90	121	341	4,746	5,570	141	105	493	4,855	8,489
New England	937	704	1,516	27,642	26,283	—	0	1	1	2	1	5	33	263	258
Connecticut	469	212	1,093	8,353	7,938	N	0	0	N	N	—	0	31	31	42
Maine§	60	49	72	1,902	1,921	N	0	0	N	N	—	1	6	35	40
Massachusetts	310	331	660	13,275	11,751	N	0	0	N	N	—	2	11	91	98
New Hampshire	32	40	73	1,577	1,551	—	0	1	1	2	—	1	4	48	41
Rhode Island§	14	55	98	2,008	2,335	—	0	0	—	—	—	0	3	7	6
Vermont§	52	15	44	527	787	N	0	0	N	N	1	1	7	51	31
Mid. Atlantic	2,636	2,806	5,018	110,843	104,970	—	0	0	—	—	16	13	52	544	1,132
New Jersey	226	427	520	15,469	16,006	N	0	0	N	N	—	1	6	25	52
New York (Upstate)	636	564	2,177	20,712	19,823	N	0	0	N	N	13	5	20	208	178
New York City	1,130	1,004	3,086	43,164	37,087	N	0	0	N	N	—	2	6	75	84
Pennsylvania	644	819	1,047	31,498	32,054	N	0	0	N	N	3	5	30	236	818
E.N. Central	1,143	3,531	4,373	128,003	133,421	—	1	3	37	26	68	26	116	1,416	1,402
Illinois	—	1,058	1,711	34,651	38,899	N	0	0	N	N	—	2	11	62	154
Indiana	400	370	656	15,107	15,748	N	0	0	N	N	7	3	41	146	67
Michigan	562	823	1,226	33,479	28,055	—	0	3	28	18	—	5	10	182	146
Ohio	50	881	1,261	32,359	36,018	—	0	1	9	8	56	6	59	541	422
Wisconsin	131	345	612	12,407	14,701	N	0	0	N	N	5	9	43	485	613
W.N. Central	607	1,231	1,701	47,780	47,151	—	0	77	1	6	9	18	78	715	1,199
Iowa	—	160	240	6,323	6,563	N	0	0	N	N	3	4	37	223	514
Kansas	213	170	529	6,939	6,111	N	0	0	N	N	2	1	14	61	106
Minnesota	—	260	373	9,357	10,096	—	0	77	—	—	—	5	34	159	148
Missouri	325	472	567	18,179	17,334	—	0	1	1	6	—	3	13	115	133
Nebraska§	—	93	252	3,544	3,889	N	0	0	N	N	3	2	9	88	133
North Dakota	—	34	65	1,272	1,242	N	0	0	N	N	1	0	51	5	20
South Dakota	69	54	86	2,166	1,916	N	0	0	N	N	—	1	9	64	145
S. Atlantic	2,949	3,748	7,609	139,104	161,604	—	0	1	3	4	19	18	65	650	883
Delaware	115	66	150	2,724	2,574	—	0	1	1	—	—	0	2	12	16
District of Columbia	120	131	217	5,278	4,467	—	0	1	—	1	—	0	2	5	3
Florida	1,043	1,328	1,552	51,576	42,423	N	0	0	N	N	15	8	35	341	448
Georgia	5	445	1,338	11,700	31,836	N	0	0	N	N	4	4	14	152	191
Maryland§	298	455	667	16,822	16,343	—	0	1	2	3	—	0	4	16	27
North Carolina	—	76	4,783	5,901	22,579	N	0	0	N	N	—	0	18	27	68
South Carolina§	753	449	3,049	19,683	20,107	N	0	0	N	N	—	1	15	32	60
Virginia§	615	542	1,060	23,177	18,893	N	0	0	N	N	—	1	5	52	60
West Virginia	—	59	96	2,243	2,382	N	0	0	N	N	—	0	3	13	10
E.S. Central	898	1,550	2,394	60,395	62,420	—	0	0	—	—	3	3	41	123	473
Alabama§	—	473	589	16,194	18,994	N	0	0	N	N	1	1	9	53	82
Kentucky	300	233	370	8,974	6,085	N	0	0	N	N	2	0	16	27	210
Mississippi	542	364	1,048	14,917	16,673	N	0	0	N	N	—	0	5	12	84
Tennessee§	56	531	789	20,310	20,668	N	0	0	N	N	—	1	18	31	97
W.S. Central	2,147	2,729	4,426	106,591	92,549	—	0	1	3	2	13	6	130	415	299
Arkansas§	266	272	455	10,672	7,017	N	0	0	N	N	—	1	6	34	42
Louisiana	415	378	774	14,906	14,978	—	0	1	3	2	—	1	6	38	49
Oklahoma	14	208	392	7,668	9,967	N	0	0	N	N	13	1	16	106	80
Texas§	1,452	1,868	3,923	73,345	60,587	N	0	0	N	N	—	2	117	237	128
Mountain	451	1,255	1,811	43,839	55,281	67	88	170	3,207	3,513	5	10	133	424	2,450
Arizona	190	449	650	15,313	18,718	67	86	168	3,137	3,407	—	1	9	68	39
Colorado	154	206	488	6,776	13,136	N	0	0	N	N	2	2	12	86	168
Idaho§	76	63	314	2,815	2,584	N	0	0	N	N	2	1	51	47	281
Montana§	—	53	363	2,165	1,997	N	0	0	N	N	—	1	6	35	52
Nevada§	—	181	416	6,668	7,226	—	1	7	41	47	—	0	6	12	24
New Mexico§	—	144	561	4,804	6,683	—	0	3	23	19	1	2	23	137	98
Utah	—	118	209	4,232	4,031	—	0	7	4	37	—	1	82	28	1,742
Wyoming§	31	27	58	1,066	906	—	0	1	2	3	—	0	4	11	46
Pacific	1,942	3,676	4,676	136,461	133,095	23	31	217	1,494	2,017	7	9	29	305	393
Alaska	58	93	129	3,365	3,649	N	0	0	N	N	—	0	1	3	3
California	1,316	2,854	4,115	106,503	103,883	23	31	217	1,494	2,017	1	5	19	182	204
Hawaii	2	108	151	3,884	4,243	N	0	0	N	N	—	0	1	2	6
Oregon§	287	188	402	7,473	7,095	N	0	0	N	N	—	1	4	45	108
Washington	279	386	634	15,236	14,225	N	0	0	N	N	6	2	16	73	72
American Samoa	—	0	22	73	73	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	6	24	107	650	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	121	612	5,163	5,650	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	10	21	427	138	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.
† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.
§ 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 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	266	305	1,158	12,033	13,197	3,878	6,038	8,913	223,187	263,790	22	47	173	1,892	1,853
New England	8	25	48	999	1,092	176	103	227	4,001	4,194	1	3	12	119	138
Connecticut	—	6	12	236	276	130	50	199	1,938	1,624	—	0	9	30	37
Maine§	4	3	12	126	147	1	2	6	75	96	—	0	3	9	9
Massachusetts	—	10	20	343	476	39	42	127	1,640	1,996	—	2	5	57	68
New Hampshire	—	2	10	106	26	—	2	6	80	118	—	0	1	9	15
Rhode Island§	3	1	15	64	36	6	7	13	244	311	1	0	1	6	7
Vermont§	1	3	13	124	131	—	1	5	24	49	—	0	3	8	2
Mid. Atlantic	60	57	131	2,161	2,289	582	636	1,028	25,005	27,407	5	10	31	381	358
New Jersey	—	4	14	171	300	70	112	168	3,971	4,505	—	1	7	61	53
New York (Upstate)	37	23	111	847	826	138	125	545	4,638	5,117	1	3	22	112	102
New York City	9	16	27	580	634	213	176	518	7,853	7,997	—	1	6	65	80
Pennsylvania	14	15	29	563	529	161	227	394	8,543	9,788	4	4	9	143	123
E.N. Central	35	46	88	1,762	2,142	533	1,255	1,644	45,768	54,407	3	7	28	281	288
Illinois	—	10	32	385	685	—	367	589	12,092	14,543	—	2	7	78	93
Indiana	N	0	0	N	N	169	150	296	6,153	6,755	1	1	20	57	45
Michigan	6	11	19	402	459	326	310	657	12,568	11,662	—	0	3	15	22
Ohio	26	16	31	655	594	18	309	531	11,656	16,402	1	2	6	108	80
Wisconsin	3	9	23	320	404	20	104	214	3,299	5,045	1	1	2	23	48
W.N. Central	19	29	621	1,457	953	164	323	426	12,188	14,842	—	2	24	137	108
Iowa	4	6	15	233	225	—	29	53	1,079	1,505	—	0	1	2	1
Kansas	4	3	10	119	131	70	40	130	1,704	1,750	—	0	3	11	11
Minnesota	—	0	575	509	6	—	59	92	2,092	2,588	—	0	21	41	44
Missouri	—	8	22	337	387	90	157	210	5,994	7,605	—	1	6	54	35
Nebraska§	7	4	10	152	110	—	26	47	995	1,109	—	0	3	21	14
North Dakota	3	0	36	17	14	—	2	7	75	87	—	0	2	8	3
South Dakota	1	1	10	90	80	4	6	15	249	198	—	0	0	—	—
S. Atlantic	52	53	102	1,859	2,222	917	1,256	3,072	47,225	61,211	10	11	29	461	470
Delaware	—	1	6	29	34	14	20	44	805	987	—	0	2	6	6
District of Columbia	1	1	5	41	56	49	48	104	1,972	1,787	—	0	1	8	3
Florida	35	22	52	906	950	361	462	549	17,345	17,362	3	3	10	144	123
Georgia	1	11	25	409	488	3	206	560	4,479	13,117	2	2	9	114	93
Maryland§	6	1	18	80	203	68	118	188	4,487	4,901	2	1	3	29	69
North Carolina	N	0	0	N	N	—	64	1,949	2,638	10,081	3	1	9	60	45
South Carolina§	1	3	7	84	78	264	182	833	7,173	7,730	—	1	7	40	39
Virginia§	8	9	39	281	377	158	160	486	7,780	4,521	—	1	6	43	68
West Virginia	—	0	5	29	36	—	15	26	546	725	—	0	3	17	24
E.S. Central	7	9	23	331	411	320	558	945	21,806	24,418	—	3	8	100	104
Alabama§	—	5	12	185	191	—	188	287	6,413	8,206	—	0	2	16	23
Kentucky	N	0	0	N	N	119	89	153	3,490	2,423	—	0	1	2	6
Mississippi	N	0	0	N	N	184	131	401	5,402	6,344	—	0	2	13	7
Tennessee§	7	4	13	146	220	17	165	296	6,501	7,445	—	2	6	69	68
W.S. Central	7	8	41	302	316	753	992	1,355	36,600	38,487	—	2	29	87	79
Arkansas§	2	3	8	105	114	88	87	167	3,516	3,119	—	0	3	8	9
Louisiana	1	2	9	88	104	184	174	317	6,477	8,633	—	0	2	7	6
Oklahoma	4	3	35	109	98	9	82	124	2,903	3,849	—	1	21	66	57
Texas§	N	0	0	N	N	472	637	1,102	23,704	22,886	—	0	3	6	7
Mountain	23	30	68	1,068	1,248	78	220	337	7,685	10,410	2	5	14	226	197
Arizona	4	3	11	95	146	24	69	111	2,207	3,864	—	2	11	94	73
Colorado	14	11	27	399	410	50	58	102	2,329	2,588	2	1	4	44	47
Idaho§	5	3	19	143	131	3	4	18	122	192	—	0	4	12	4
Montana§	—	2	9	67	80	—	2	48	78	52	—	0	1	2	2
Nevada§	—	2	6	76	108	—	43	130	1,585	1,759	—	0	1	12	10
New Mexico§	—	2	7	73	91	—	24	104	896	1,302	—	1	4	29	32
Utah	—	6	32	198	249	—	11	36	377	593	—	1	6	30	25
Wyoming§	—	0	3	17	33	1	2	9	91	60	—	0	2	3	4
Pacific	55	55	185	2,094	2,524	355	633	757	22,909	28,414	1	2	7	100	111
Alaska	5	2	5	71	54	6	10	24	374	415	—	0	4	14	10
California	34	35	91	1,367	1,738	250	521	657	18,818	23,836	—	0	3	25	42
Hawaii	—	1	6	34	60	5	12	22	431	489	—	0	2	14	9
Oregon§	3	9	19	337	329	48	23	63	939	843	1	1	4	44	48
Washington	13	8	87	285	343	46	62	97	2,347	2,831	—	0	3	3	2
American Samoa	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	2	—	1	12	45	108	—	0	1	—	—
Puerto Rico	—	2	15	98	312	—	5	25	210	248	—	0	0	—	2
U.S. Virgin Islands	—	0	0	—	—	—	2	6	86	36	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2008	A: Cum 2007	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2008	B: Cum 2007	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2008	Legionellosis: Cum 2007
United States	35	47	171	1,844	2,209	37	71	259	2,512	3,206	51	53	129	1,938	1,892
New England	3	2	7	92	103	—	1	7	46	92	6	3	14	99	111
Connecticut	2	0	4	24	14	—	0	7	15	29	—	0	5	30	29
Maine§	—	0	2	6	3	—	0	2	10	9	2	0	2	7	4
Massachusetts	—	1	5	38	54	—	0	3	9	35	—	0	3	13	30
New Hampshire	—	0	2	11	12	—	0	1	6	4	—	0	5	24	7
Rhode Island§	1	0	2	11	12	—	0	2	4	13	4	0	5	20	33
Vermont§	—	0	1	2	8	—	0	1	2	2	—	0	1	5	8
Mid. Atlantic	8	6	16	213	356	5	10	17	334	412	22	15	54	664	600
New Jersey	—	1	4	42	104	—	3	7	102	115	—	1	8	53	83
New York (Upstate)	4	1	6	48	54	1	1	7	52	62	12	5	19	240	153
New York City	1	2	5	74	130	—	2	6	66	94	—	2	10	72	133
Pennsylvania	3	1	6	49	68	4	3	7	114	141	10	6	32	299	231
E.N. Central	1	6	16	224	258	6	7	18	270	350	12	10	34	410	450
Illinois	—	1	10	65	94	—	1	6	59	108	—	1	5	24	93
Indiana	—	0	4	16	19	3	0	6	28	41	—	1	7	37	44
Michigan	—	2	7	89	65	—	2	5	91	89	2	2	16	119	125
Ohio	1	1	4	33	52	3	2	7	86	95	10	5	18	219	159
Wisconsin	—	0	2	21	28	—	0	1	6	17	—	0	3	11	29
W.N. Central	1	5	29	212	138	—	2	9	76	90	—	2	9	87	84
Iowa	—	1	7	95	41	—	0	2	13	20	—	0	2	12	9
Kansas	—	0	3	12	6	—	0	3	6	8	—	0	1	2	9
Minnesota	—	0	23	26	56	—	0	5	7	16	—	0	4	9	17
Missouri	—	0	3	35	17	—	1	4	44	30	—	1	5	44	35
Nebraska§	1	0	5	40	13	—	0	1	5	10	—	0	4	18	10
North Dakota	—	0	2	—	—	—	0	1	1	—	—	0	2	—	—
South Dakota	—	0	1	4	5	—	0	1	—	6	—	0	1	2	4
S. Atlantic	7	8	15	273	375	12	15	60	588	772	4	8	28	307	306
Delaware	—	0	1	6	7	—	0	3	7	14	—	0	2	8	7
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	1	10	11
Florida	1	3	8	115	116	6	6	12	249	259	3	3	10	113	112
Georgia	1	1	4	35	55	1	3	7	97	120	—	1	3	20	26
Maryland§	1	0	3	12	61	—	0	6	17	90	—	2	10	69	58
North Carolina	4	0	9	52	44	4	0	17	62	96	—	0	7	24	35
South Carolina§	—	0	2	11	14	—	1	6	44	50	—	0	2	10	14
Virginia§	—	1	5	38	70	1	2	16	77	105	1	1	6	39	35
West Virginia	—	0	2	4	8	—	1	30	35	38	—	0	3	14	8
E.S. Central	2	1	9	64	86	4	7	13	274	289	1	2	10	91	75
Alabama§	—	0	4	9	17	1	2	5	84	100	—	0	2	12	9
Kentucky	1	0	3	24	18	3	2	5	70	54	1	1	4	45	38
Mississippi	—	0	2	4	8	—	0	3	31	31	—	0	1	1	—
Tennessee§	1	0	6	27	43	—	2	8	89	104	—	1	5	33	28
W.S. Central	4	5	55	186	187	5	15	131	493	659	1	1	23	55	96
Arkansas§	—	0	1	5	11	—	1	4	30	59	—	0	2	9	10
Louisiana	—	0	1	10	26	—	2	4	59	77	—	0	1	6	4
Oklahoma	—	0	3	7	10	4	2	37	85	43	—	0	3	3	5
Texas§	4	5	53	164	140	1	9	107	319	480	1	1	18	37	77
Mountain	2	4	9	149	187	1	3	10	143	160	—	2	5	53	79
Arizona	—	2	8	65	127	—	1	4	45	68	—	0	5	14	26
Colorado	2	0	3	32	21	1	0	3	22	25	—	0	1	5	19
Idaho§	—	0	3	17	4	—	0	2	6	11	—	0	1	3	5
Montana§	—	0	1	1	9	—	0	1	2	—	—	0	1	3	3
Nevada§	—	0	2	5	10	—	1	3	30	36	—	0	1	8	8
New Mexico§	—	0	3	15	8	—	0	2	9	10	—	0	1	4	9
Utah	—	0	2	11	6	—	0	5	26	6	—	0	3	16	6
Wyoming§	—	0	1	3	2	—	0	1	3	4	—	0	0	—	3
Pacific	7	11	51	431	519	4	8	30	288	382	5	4	18	172	91
Alaska	—	0	1	2	3	—	0	2	9	4	—	0	1	1	—
California	5	9	42	351	451	4	5	19	201	285	3	3	14	136	68
Hawaii	—	0	2	14	5	—	0	2	5	11	—	0	1	4	1
Oregon§	—	0	3	23	22	—	1	3	36	45	2	0	2	15	7
Washington	2	1	7	41	38	—	1	9	37	37	—	0	3	16	15
American Samoa	—	0	0	—	—	—	0	0	—	14	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Puerto Rico	—	0	4	15	55	—	1	5	35	62	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Lyme Disease					Malaria					Meningococcal disease, invasive† All serotypes				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	403	382	1,375	18,140	21,640	13	22	136	726	951	12	19	53	818	828
New England	47	55	240	2,810	6,824	—	1	35	32	43	—	0	3	20	36
Connecticut	—	0	45	—	2,742	—	0	27	11	1	—	0	1	1	6
Maine§	44	2	73	468	307	—	0	1	—	6	—	0	1	4	5
Massachusetts	—	15	114	1,039	2,709	—	0	2	14	25	—	0	3	15	18
New Hampshire	—	10	124	1,036	791	—	0	1	3	8	—	0	0	—	3
Rhode Island§	—	0	30	—	161	—	0	8	—	—	—	0	1	—	1
Vermont§	3	2	38	267	114	—	0	1	4	3	—	0	1	—	3
Mid. Atlantic	255	170	968	11,442	8,852	1	5	13	172	295	2	2	6	96	105
New Jersey	—	36	182	2,212	2,623	—	0	2	—	59	—	0	2	10	14
New York (Upstate)	205	56	453	3,832	2,540	1	1	8	28	50	—	0	3	25	29
New York City	1	1	13	24	342	—	3	8	116	151	2	0	2	22	19
Pennsylvania	49	56	491	5,374	3,347	—	1	3	28	35	—	1	5	39	43
E.N. Central	7	10	71	630	1,910	—	2	7	90	101	1	3	9	128	126
Illinois	—	0	9	61	140	—	1	6	37	47	—	1	4	39	50
Indiana	—	0	8	31	42	—	0	2	5	8	—	0	4	22	20
Michigan	2	0	12	71	49	—	0	2	12	13	1	0	3	25	20
Ohio	—	0	4	29	26	—	0	3	24	19	—	1	4	32	29
Wisconsin	5	7	58	438	1,653	—	0	3	12	14	—	0	2	10	7
W.N. Central	1	5	740	745	339	1	1	9	48	28	1	2	8	75	49
Iowa	—	1	8	81	108	—	0	1	5	3	—	0	3	16	11
Kansas	—	0	1	2	8	1	0	1	6	2	—	0	1	3	4
Minnesota	—	1	731	628	206	—	0	8	21	11	—	0	7	19	14
Missouri	—	0	3	20	9	—	0	4	8	5	—	0	3	23	13
Nebraska§	1	0	2	10	5	—	0	2	8	6	1	0	2	11	2
North Dakota	—	0	9	1	3	—	0	2	—	—	—	0	1	1	2
South Dakota	—	0	1	3	—	—	0	0	—	1	—	0	1	2	3
S. Atlantic	88	54	172	2,185	3,508	4	4	13	171	202	4	3	10	126	136
Delaware	3	12	37	612	594	—	0	1	2	4	1	0	1	2	1
District of Columbia	4	2	11	126	102	—	0	1	1	2	—	0	0	—	—
Florida	7	1	8	70	21	3	1	4	41	46	—	1	3	46	53
Georgia	1	0	3	18	8	—	1	5	45	35	—	0	2	14	19
Maryland§	38	18	136	711	1,985	—	0	3	15	51	1	0	4	12	19
North Carolina	2	0	8	27	39	—	0	7	23	17	1	0	4	12	15
South Carolina§	2	0	4	18	24	—	0	2	9	5	—	0	3	19	13
Virginia§	31	12	68	569	678	1	1	7	35	41	1	0	2	18	14
West Virginia	—	0	9	34	57	—	0	0	—	1	—	0	1	3	2
E.S. Central	—	1	5	38	44	—	0	3	13	28	—	1	6	39	41
Alabama§	—	0	3	10	10	—	0	1	3	5	—	0	2	5	8
Kentucky	—	0	1	2	4	—	0	1	4	7	—	0	2	7	9
Mississippi	—	0	1	1	1	—	0	1	1	2	—	0	2	9	10
Tennessee§	—	0	3	25	29	—	0	2	5	14	—	0	3	18	14
W.S. Central	—	2	11	65	60	2	1	64	57	72	—	2	13	87	83
Arkansas§	—	0	1	2	1	—	0	1	—	—	—	0	2	7	9
Louisiana	—	0	1	1	2	—	0	1	2	14	—	0	3	19	24
Oklahoma	—	0	1	—	—	—	0	4	2	5	—	0	5	12	15
Texas§	—	2	10	62	57	2	1	60	53	53	—	1	7	49	35
Mountain	—	1	5	37	37	1	1	3	24	52	1	1	4	43	55
Arizona	—	0	1	5	2	—	0	2	11	11	1	0	2	7	11
Colorado	—	0	1	5	—	1	0	2	4	19	—	0	1	10	20
Idaho§	—	0	2	8	7	—	0	1	1	2	—	0	2	3	4
Montana§	—	0	2	4	4	—	0	0	—	3	—	0	1	4	1
Nevada§	—	0	2	9	10	—	0	3	4	2	—	0	2	6	4
New Mexico§	—	0	2	4	5	—	0	1	2	4	—	0	1	7	2
Utah	—	0	1	—	6	—	0	1	2	11	—	0	2	4	11
Wyoming§	—	0	1	2	3	—	0	0	—	—	—	0	1	2	2
Pacific	5	4	10	188	66	4	3	9	119	130	3	4	17	204	197
Alaska	—	0	2	5	5	—	0	2	4	2	—	0	2	3	1
California	3	3	8	137	56	3	2	8	88	91	2	3	17	145	145
Hawaii	N	0	0	N	N	—	0	1	2	2	—	0	2	4	8
Oregon§	1	0	5	37	4	—	0	2	4	13	—	1	3	28	25
Washington	1	0	7	9	1	1	0	3	21	22	1	0	5	24	18
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	1	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	3	—	0	1	3	6
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	114	149	849	5,903	7,265	32	87	153	3,189	4,757	29	29	195	1,611	1,647
New England	—	16	49	502	1,122	2	7	20	277	421	—	0	1	2	7
Connecticut	—	0	3	—	70	—	4	17	152	175	—	0	0	—	—
Maine†	—	0	5	25	65	—	1	5	37	66	N	0	0	N	N
Massachusetts	—	13	33	420	882	N	0	0	N	N	—	0	1	1	7
New Hampshire	—	0	4	27	66	—	1	3	31	43	—	0	1	1	—
Rhode Island†	—	0	25	19	12	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	11	27	2	2	6	57	137	—	0	0	—	—
Mid. Atlantic	15	21	43	687	952	13	19	32	798	788	—	1	5	53	67
New Jersey	—	0	9	4	168	—	0	0	—	—	—	0	2	2	24
New York (Upstate)	9	6	24	326	454	13	9	20	394	399	—	0	3	15	6
New York City	—	2	7	46	98	—	0	2	13	35	—	0	2	18	23
Pennsylvania	6	9	23	311	232	—	9	23	391	354	—	0	2	18	14
E.N. Central	26	19	189	944	1,273	2	5	28	208	363	1	1	11	98	50
Illinois	—	3	9	123	141	1	1	21	88	106	—	1	8	63	31
Indiana	2	0	12	47	47	—	0	2	7	10	—	0	3	8	5
Michigan	10	4	16	174	241	1	1	8	62	185	—	0	1	3	3
Ohio	14	6	176	546	556	—	1	7	51	62	1	0	4	24	10
Wisconsin	—	2	8	54	288	N	0	0	N	N	—	0	0	—	1
W.N. Central	3	12	142	513	493	—	4	13	141	223	3	4	33	369	330
Iowa	—	1	9	64	124	—	0	3	16	26	—	0	2	6	15
Kansas	—	1	5	32	85	—	0	7	—	97	—	0	1	—	12
Minnesota	—	1	131	156	111	—	0	10	45	22	—	0	4	—	1
Missouri	—	3	18	171	69	—	0	9	44	38	—	3	33	341	284
Nebraska†	3	1	12	74	41	—	0	0	—	—	3	0	4	19	13
North Dakota	—	0	5	1	7	—	0	8	24	20	—	0	0	—	—
South Dakota	—	0	3	15	56	—	0	2	12	20	—	0	1	3	5
S. Atlantic	6	14	50	605	728	10	34	94	1,392	1,720	23	9	66	600	780
Delaware	—	0	3	11	10	—	0	0	—	—	—	0	3	25	16
District of Columbia	—	0	1	5	8	—	0	0	—	—	—	0	2	7	3
Florida	6	3	20	215	181	—	0	77	100	128	—	0	3	13	12
Georgia	—	1	6	55	30	—	7	42	288	225	2	1	8	51	56
Maryland†	—	1	8	50	86	—	0	13	101	331	—	1	5	40	50
North Carolina	—	0	38	79	227	9	9	16	362	382	18	0	55	309	491
South Carolina†	—	2	22	85	61	—	0	0	—	46	—	0	5	32	57
Virginia†	—	2	8	101	98	—	12	27	471	557	3	1	15	120	90
West Virginia	—	0	2	4	27	1	1	11	70	51	—	0	1	3	5
E.S. Central	1	6	13	215	378	—	2	7	85	131	2	4	22	241	226
Alabama†	—	1	6	30	80	—	0	0	—	—	—	1	8	71	69
Kentucky	—	1	8	55	22	—	0	4	35	18	—	0	1	1	5
Mississippi	1	2	9	71	207	—	0	1	2	2	—	0	3	6	16
Tennessee†	—	1	6	59	69	—	1	6	48	111	2	2	18	163	136
W.S. Central	26	20	198	991	824	1	2	40	79	849	—	2	153	217	153
Arkansas†	—	1	11	46	144	1	1	6	45	24	—	0	14	44	73
Louisiana	—	1	5	51	16	—	0	0	—	6	—	0	1	3	4
Oklahoma	—	0	26	32	5	—	0	32	32	45	—	0	132	142	45
Texas†	26	17	179	862	659	—	0	34	2	774	—	1	8	28	31
Mountain	3	17	37	596	815	—	1	5	61	73	—	0	3	27	31
Arizona	1	3	10	140	179	N	0	0	N	N	—	0	2	10	7
Colorado	2	4	13	116	233	—	0	0	—	—	—	0	1	1	3
Idaho†	—	0	4	22	37	—	0	1	—	9	—	0	1	1	4
Montana†	—	1	11	74	35	—	0	2	8	15	—	0	1	3	1
Nevada†	—	0	7	24	34	—	0	2	7	10	—	0	1	1	—
New Mexico†	—	0	5	30	59	—	0	3	24	10	—	0	1	2	4
Utah	—	6	27	177	218	—	0	3	7	12	—	0	0	—	—
Wyoming†	—	0	2	13	20	—	0	3	15	17	—	0	2	9	12
Pacific	34	20	303	850	680	4	4	12	148	189	—	0	1	4	3
Alaska	17	2	29	140	44	—	0	4	12	37	N	0	0	N	N
California	—	7	129	257	358	4	3	12	129	143	—	0	1	1	1
Hawaii	—	0	2	9	18	—	0	0	—	—	N	0	0	N	N
Oregon†	4	3	8	137	92	—	0	1	7	9	—	0	1	3	2
Washington	13	6	169	307	168	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	—	1	5	50	44	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2008	Cum 2007
United States	742	847	2,110	31,700	33,838	69	81	247	3,506	3,584	255	402	1,227	13,702	12,597
New England	5	23	414	1,487	1,911	1	3	39	176	252	—	3	28	139	211
Connecticut	—	0	384	384	431	—	0	36	36	71	—	0	27	27	44
Maine§	1	2	14	110	96	—	0	3	14	32	—	0	6	18	14
Massachusetts	—	15	52	741	1,116	—	2	11	80	109	—	2	5	78	138
New Hampshire	—	2	10	106	138	—	0	5	23	24	—	0	1	3	5
Rhode Island§	3	2	13	77	65	1	0	3	8	7	—	0	9	10	7
Vermont§	1	1	7	69	65	—	0	3	15	9	—	0	1	3	3
Mid. Atlantic	77	98	164	3,757	4,681	5	7	192	515	403	11	33	93	1,687	588
New Jersey	—	14	30	456	1,006	—	1	5	24	97	—	7	36	521	132
New York (Upstate)	39	25	73	1,032	1,115	5	3	188	362	149	10	8	35	480	109
New York City	11	23	49	968	1,026	—	0	5	40	43	1	11	35	552	204
Pennsylvania	27	30	77	1,301	1,534	—	2	9	89	114	—	3	65	134	143
E.N. Central	61	85	172	3,425	4,673	7	10	39	498	538	76	70	145	2,592	2,074
Illinois	—	20	63	760	1,621	—	1	6	57	102	—	19	37	579	475
Indiana	23	9	53	463	508	—	1	13	48	57	14	11	83	528	81
Michigan	2	17	36	674	742	—	2	16	114	79	—	2	7	80	58
Ohio	34	25	65	989	1,023	5	2	17	155	128	51	21	76	1,162	948
Wisconsin	2	15	36	539	779	2	3	17	124	172	11	8	39	243	512
W.N. Central	28	50	123	2,067	2,117	2	12	57	605	579	2	19	39	673	1,496
Iowa	—	8	16	324	368	—	2	20	157	138	—	3	11	119	72
Kansas	12	7	22	327	309	1	0	4	33	41	2	0	4	33	22
Minnesota	—	13	70	552	506	—	3	21	139	171	—	4	25	236	178
Missouri	—	14	33	528	564	—	3	9	116	111	—	6	29	169	1,086
Nebraska§	9	5	13	188	200	1	2	28	122	71	—	0	2	5	20
North Dakota	7	0	35	35	33	—	0	20	2	7	—	0	15	35	3
South Dakota	—	2	11	113	137	—	1	4	36	40	—	1	9	76	115
S. Atlantic	342	263	444	8,284	8,458	15	13	50	593	525	44	67	149	2,304	3,419
Delaware	2	3	9	125	120	—	0	1	11	13	—	0	1	7	10
District of Columbia	—	1	4	41	44	1	0	1	9	—	—	0	3	13	15
Florida	165	102	181	3,564	3,207	4	2	18	127	104	14	18	75	649	1,805
Georgia	61	38	86	1,583	1,411	1	1	7	72	76	12	26	50	846	1,180
Maryland§	19	11	30	472	695	4	1	9	77	65	1	1	5	49	87
North Carolina	60	20	228	905	1,140	—	1	14	71	114	5	2	27	147	67
South Carolina§	7	22	55	743	802	—	0	4	32	8	4	9	32	439	105
Virginia§	28	20	49	738	894	5	3	25	173	130	8	4	13	143	143
West Virginia	—	3	25	113	145	—	0	3	21	15	—	0	61	11	7
E.S. Central	48	60	132	2,415	2,454	3	5	21	207	239	30	41	178	1,421	1,503
Alabama§	5	16	46	671	676	—	1	17	50	58	—	10	43	325	480
Kentucky	16	9	21	344	425	2	1	12	67	81	8	6	35	224	325
Mississippi	10	18	54	808	742	—	0	2	5	6	—	8	112	274	553
Tennessee§	17	16	35	592	611	1	2	7	85	94	22	15	32	598	145
W.S. Central	42	103	894	3,926	3,373	—	5	25	167	198	43	72	748	2,999	1,503
Arkansas§	13	13	47	590	546	—	1	4	37	32	10	7	27	429	65
Louisiana	2	18	46	703	671	—	0	1	2	8	—	11	25	469	406
Oklahoma	27	16	72	605	429	—	0	14	23	15	6	3	32	118	94
Texas§	—	51	794	2,028	1,727	—	3	11	105	143	27	51	702	1,983	938
Mountain	29	59	113	2,403	2,003	11	9	23	404	460	15	18	42	698	700
Arizona	16	20	42	799	704	5	1	8	60	88	10	9	30	364	398
Colorado	9	11	43	546	456	5	2	10	116	127	4	2	9	86	93
Idaho§	3	3	14	132	98	1	2	12	91	103	1	0	1	11	9
Montana§	—	2	10	82	73	—	0	3	27	—	—	0	1	6	20
Nevada§	—	3	14	155	197	—	0	4	19	22	—	3	13	134	44
New Mexico§	—	7	32	419	221	—	1	6	42	35	—	1	7	67	83
Utah	—	6	17	237	196	—	1	6	45	70	—	1	5	27	22
Wyoming§	1	1	5	33	58	—	0	2	4	15	—	0	2	3	31
Pacific	110	111	399	3,936	4,168	25	8	35	341	390	34	30	79	1,189	1,103
Alaska	1	1	4	42	70	—	0	1	6	3	—	0	0	—	8
California	66	78	286	2,853	3,159	7	5	22	168	202	22	27	73	1,021	888
Hawaii	5	6	15	205	211	—	0	5	11	26	—	1	3	34	64
Oregon§	4	6	19	330	250	—	1	8	53	64	1	1	7	62	59
Washington	34	12	103	506	478	18	2	11	103	95	11	2	20	72	84
American Samoa	—	0	1	2	—	—	0	0	—	—	—	0	1	1	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	11	13	—	0	0	—	—	—	0	3	14	14
Puerto Rico	—	11	41	357	683	—	0	1	2	1	—	0	4	16	21
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Streptococcal diseases, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max		
United States	57	94	259	4,030	4,178	19	36	166	1,138	1,270
New England	—	6	31	299	322	—	2	14	55	96
Connecticut	—	0	26	90	95	—	0	11	—	12
Maine§	—	0	3	22	22	—	0	1	1	2
Massachusetts	—	3	8	138	161	—	1	5	39	64
New Hampshire	—	0	2	20	24	—	0	1	7	8
Rhode Island§	—	0	9	17	5	—	0	2	7	8
Vermont§	—	0	2	12	15	—	0	1	1	2
Mid. Atlantic	6	18	43	833	781	2	4	19	142	214
New Jersey	—	3	11	133	140	—	1	6	28	43
New York (Upstate)	4	6	17	276	242	2	2	14	73	75
New York City	—	3	10	150	185	—	1	12	41	96
Pennsylvania	2	6	16	274	214	N	0	0	N	N
E.N. Central	9	19	42	782	811	4	6	23	207	225
Illinois	—	5	16	206	244	—	1	6	46	56
Indiana	1	2	11	112	98	—	0	14	29	14
Michigan	3	3	10	138	169	—	1	5	54	60
Ohio	5	5	14	224	192	3	1	5	46	48
Wisconsin	—	2	10	102	108	1	1	3	32	47
W.N. Central	1	5	39	308	276	1	2	16	102	67
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	1	0	5	34	28	—	0	3	14	—
Minnesota	—	0	35	144	131	—	0	13	41	38
Missouri	—	1	10	70	74	—	1	2	28	18
Nebraska§	—	0	3	31	21	—	0	3	7	10
North Dakota	—	0	5	10	14	—	0	2	5	1
South Dakota	—	0	2	19	8	1	0	1	7	—
S. Atlantic	25	18	34	754	1,004	4	6	13	170	230
Delaware	—	0	2	6	9	—	0	0	—	—
District of Columbia	—	0	4	23	16	—	0	1	1	2
Florida	3	5	11	202	240	2	1	4	47	49
Georgia	12	4	13	188	193	—	1	5	49	51
Maryland§	2	1	6	27	171	—	0	4	5	50
North Carolina	7	2	10	117	139	N	0	0	N	N
South Carolina§	—	1	5	54	87	2	1	4	38	36
Virginia§	1	3	12	110	127	—	0	6	25	35
West Virginia	—	0	3	27	22	—	0	1	5	7
E.S. Central	5	4	9	142	171	1	2	11	71	75
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	1	1	3	33	32	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	16	5
Tennessee§	4	3	7	109	139	1	1	9	55	70
W.S. Central	4	8	85	362	251	4	5	66	198	177
Arkansas§	1	0	2	5	17	—	0	2	5	11
Louisiana	—	0	2	11	14	—	0	2	10	30
Oklahoma	1	2	19	92	58	1	1	7	52	37
Texas§	2	6	65	254	162	3	3	58	131	99
Mountain	4	11	22	433	452	3	5	12	180	173
Arizona	1	3	9	156	173	2	2	8	91	86
Colorado	3	2	8	122	113	1	1	4	51	35
Idaho§	—	0	2	11	15	—	0	1	3	2
Montana§	N	0	0	N	N	—	0	1	4	1
Nevada§	—	0	2	8	2	N	0	0	N	N
New Mexico§	—	2	8	84	76	—	0	3	15	28
Utah	—	1	5	46	68	—	0	3	15	21
Wyoming§	—	0	2	6	5	—	0	1	1	—
Pacific	3	3	10	117	110	—	0	2	13	13
Alaska	1	0	4	31	20	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	2	2	10	86	90	—	0	2	13	13
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	12	30	4	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	13	—	0	0	—	—
Puerto Rico	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	14	57	307	2,142	2,273	2	9	43	315	377	121	233	351	8,611	8,174
New England	—	1	49	50	99	—	0	8	8	12	8	6	14	224	196
Connecticut	—	0	44	7	55	—	0	7	—	4	—	0	6	23	25
Maine§	—	0	2	15	10	—	0	1	2	1	1	0	2	10	8
Massachusetts	—	0	0	—	2	—	0	0	—	2	4	4	11	159	115
New Hampshire	—	0	0	—	—	—	0	0	—	—	2	0	2	14	23
Rhode Island§	—	0	3	16	18	—	0	1	4	3	—	0	5	13	23
Vermont§	—	0	2	12	14	—	0	1	2	2	1	0	5	5	2
Mid. Atlantic	3	4	13	192	131	—	0	2	19	23	42	31	51	1,291	1,170
New Jersey	—	0	0	—	—	—	0	0	—	—	6	4	10	162	157
New York (Upstate)	1	1	6	51	47	—	0	2	6	9	4	3	13	103	105
New York City	—	0	5	57	—	—	0	0	—	—	30	19	37	826	698
Pennsylvania	2	2	9	84	84	—	0	2	13	14	2	5	12	200	210
E.N. Central	1	14	64	552	586	1	2	14	78	84	13	18	31	704	665
Illinois	—	1	17	71	129	—	0	6	14	28	—	5	19	164	347
Indiana	—	3	39	164	126	—	0	11	19	19	1	2	10	106	38
Michigan	—	0	3	13	2	—	0	1	2	1	1	2	17	154	86
Ohio	1	8	17	304	329	1	1	4	43	36	11	5	13	243	147
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	37	47
W.N. Central	—	3	115	132	153	—	0	9	8	30	—	8	15	288	263
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	12	13
Kansas	—	1	5	57	74	—	0	1	3	7	—	0	5	24	15
Minnesota	—	0	114	—	20	—	0	9	—	19	—	1	5	71	48
Missouri	—	1	8	70	46	—	0	1	2	—	—	5	10	173	176
Nebraska§	—	0	0	—	2	—	0	0	—	—	—	0	2	8	4
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	5	11	—	0	1	3	4	—	0	0	—	7
S. Atlantic	9	22	53	908	998	1	3	10	145	179	17	50	215	1,879	1,838
Delaware	—	0	1	3	9	—	0	0	—	2	—	0	4	10	12
District of Columbia	—	0	3	13	15	—	0	0	—	1	4	2	9	90	141
Florida	6	13	30	534	555	1	2	6	97	98	4	20	34	730	616
Georgia	3	7	22	284	361	—	1	5	41	70	—	10	175	348	335
Maryland§	—	0	0	—	1	—	0	0	—	—	2	6	14	247	240
North Carolina	N	0	0	N	N	N	0	0	N	N	3	5	18	200	242
South Carolina§	—	0	0	—	—	—	0	0	—	—	1	1	5	65	75
Virginia§	N	0	0	N	N	N	0	0	N	N	3	5	17	188	171
West Virginia	—	1	9	74	57	—	0	2	7	8	—	0	1	1	6
E.S. Central	1	6	15	219	192	—	1	4	39	27	9	20	31	797	665
Alabama§	N	0	0	N	N	N	0	0	N	N	—	7	16	316	284
Kentucky	—	1	6	62	21	—	0	2	10	2	2	1	7	64	42
Mississippi	—	0	5	4	41	—	0	1	1	—	4	3	15	121	89
Tennessee§	1	3	13	153	130	—	0	3	28	25	3	8	12	296	250
W.S. Central	—	1	7	61	65	—	0	2	12	7	21	41	60	1,513	1,369
Arkansas§	—	0	2	12	5	—	0	1	3	2	—	2	19	116	92
Louisiana	—	1	7	49	60	—	0	2	9	5	1	10	22	358	372
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	5	54	50
Texas§	—	0	0	—	—	—	0	0	—	—	20	24	47	985	855
Mountain	—	1	7	26	46	—	0	2	4	12	2	10	29	319	353
Arizona	—	0	0	—	—	—	0	0	—	—	—	5	21	145	187
Colorado	—	0	0	—	—	—	0	0	—	—	2	2	7	78	38
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	1	3	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	N	0	0	N	N	N	0	0	N	N	—	2	6	58	81
New Mexico§	—	0	1	2	—	—	0	0	—	—	—	1	4	32	30
Utah	—	0	7	22	30	—	0	2	4	10	—	0	2	—	12
Wyoming§	—	0	1	2	16	—	0	1	—	2	—	0	1	3	3
Pacific	—	0	1	2	3	—	0	1	2	3	9	42	65	1,596	1,655
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	1	6
California	N	0	0	N	N	N	0	0	N	N	6	38	59	1,433	1,524
Hawaii	—	0	1	2	3	—	0	1	2	3	—	0	2	12	7
Oregon§	N	0	0	N	N	N	0	0	N	N	2	0	3	17	14
Washington	N	0	0	N	N	N	0	0	N	N	1	3	9	133	104
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	10	116	117
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending September 27, 2008, and September 29, 2007 (39th week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
United States	268	658	1,660	19,987	29,430	3	1	73	421	1,120	1	3	73	505	2,298
New England	14	13	68	412	1,866	—	0	2	3	4	—	0	1	2	6
Connecticut	—	0	38	—	1,081	—	0	2	3	1	—	0	1	2	2
Maine¶	—	0	26	—	238	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	1	—	—	0	2	—	3	—	0	0	—	3
New Hampshire	4	6	18	197	263	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Vermont¶	10	6	17	214	284	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	51	56	117	1,715	3,692	—	0	6	27	19	—	0	3	9	8
New Jersey	N	0	0	N	N	—	0	1	2	1	—	0	1	2	—
New York (Upstate)	N	0	0	N	N	—	0	4	12	3	—	0	1	3	1
New York City	N	0	0	N	N	—	0	2	8	11	—	0	3	4	2
Pennsylvania	51	56	117	1,715	3,692	—	0	2	5	4	—	0	0	—	5
E.N. Central	67	163	378	4,789	8,285	—	0	11	22	99	—	0	4	12	57
Illinois	—	13	63	716	850	—	0	4	3	54	—	0	4	7	32
Indiana	—	0	222	—	—	—	0	2	2	13	—	0	0	—	10
Michigan	21	64	154	2,005	3,076	—	0	2	5	16	—	0	1	—	—
Ohio	45	55	128	1,719	3,520	—	0	3	10	11	—	0	2	2	9
Wisconsin	1	7	38	349	839	—	0	2	2	5	—	0	1	3	6
W.N. Central	6	25	145	868	1,205	—	0	6	30	238	—	0	20	120	722
Iowa	N	0	0	N	N	—	0	2	4	11	—	0	1	4	15
Kansas	6	5	36	286	447	—	0	1	4	12	—	0	3	12	26
Minnesota	—	0	0	—	—	—	0	2	3	43	—	0	6	18	56
Missouri	—	12	51	514	690	—	0	3	4	55	—	0	1	4	14
Nebraska¶	N	0	0	N	N	—	0	1	2	20	—	0	5	20	137
North Dakota	—	0	140	48	—	—	0	2	2	49	—	0	10	38	315
South Dakota	—	0	5	20	68	—	0	5	11	48	—	0	6	24	159
S. Atlantic	55	94	167	3,390	3,975	—	0	3	9	40	—	0	3	7	37
Delaware	—	1	6	39	36	—	0	0	—	1	—	0	1	1	—
District of Columbia	—	0	3	18	26	—	0	0	—	—	—	0	0	—	—
Florida	24	28	87	1,269	940	—	0	2	2	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	1	22	—	0	2	1	25
Maryland¶	N	0	0	N	N	—	0	2	5	5	—	0	2	4	4
North Carolina	N	0	0	N	N	—	0	0	—	4	—	0	1	—	4
South Carolina¶	23	17	66	668	786	—	0	1	—	2	—	0	0	—	2
Virginia¶	—	21	81	847	1,317	—	0	0	—	3	—	0	1	1	2
West Virginia	8	15	66	549	870	—	0	1	1	—	—	0	0	—	—
E.S. Central	5	18	101	911	402	—	0	10	46	65	—	0	10	71	82
Alabama¶	5	18	101	901	400	—	0	5	11	15	—	0	2	4	5
Kentucky	N	0	0	N	N	—	0	1	—	3	—	0	0	—	—
Mississippi	—	0	2	10	2	—	0	6	30	43	—	0	9	61	73
Tennessee¶	N	0	0	N	N	—	0	1	5	4	—	0	2	6	4
W.S. Central	46	182	886	6,395	7,961	—	0	14	47	228	—	0	10	43	128
Arkansas¶	1	11	38	469	597	—	0	2	8	12	—	0	1	—	6
Louisiana	—	1	10	60	99	—	0	3	6	21	—	0	6	20	10
Oklahoma	N	0	0	N	N	—	0	3	3	56	—	0	3	5	42
Texas¶	45	166	852	5,866	7,265	—	0	10	30	139	—	0	6	18	70
Mountain	21	40	105	1,443	1,989	—	0	12	61	273	—	0	21	141	1,022
Arizona	—	0	0	—	—	—	0	7	33	41	—	0	10	12	38
Colorado	21	13	43	651	812	—	0	4	13	97	—	0	12	64	474
Idaho¶	N	0	0	N	N	—	0	1	2	11	—	0	7	30	116
Montana¶	—	5	27	223	301	—	0	1	—	36	—	0	2	5	165
Nevada¶	N	0	0	N	N	—	0	2	8	1	—	0	3	7	10
New Mexico¶	—	4	22	165	309	—	0	2	4	37	—	0	1	1	20
Utah	—	10	55	394	543	—	0	1	1	27	—	0	3	15	41
Wyoming¶	—	0	9	10	24	—	0	0	—	23	—	0	2	7	158
Pacific	3	1	7	64	55	3	0	31	176	154	1	0	15	100	236
Alaska	2	1	5	50	29	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	3	0	31	176	147	1	0	15	96	218
Hawaii	1	0	6	14	26	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	0	—	7	—	0	2	4	18
Washington	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	17	55	212	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	9	20	334	586	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting year 2008 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending September 27, 2008 (39th week)

Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
New England	439	299	93	26	9	7	40
Boston, MA	124	72	31	10	3	3	13
Bridgeport, CT	34	21	10	3	—	—	4
Cambridge, MA	14	12	2	—	—	—	3
Fall River, MA	23	18	2	2	1	—	1
Hartford, CT	43	31	8	3	1	—	3
Lowell, MA	21	16	4	1	—	—	2
Lynn, MA	7	4	3	—	—	—	—
New Bedford, MA	21	15	5	—	—	1	1
New Haven, CT	U	U	U	U	U	U	U
Providence, RI	46	38	7	1	—	—	1
Somerville, MA	1	1	—	—	—	—	—
Springfield, MA	28	16	9	1	1	1	5
Waterbury, CT	24	18	3	3	—	—	2
Worcester, MA	53	37	9	2	3	2	5
Mid. Atlantic	1,884	1,293	399	121	34	37	82
Albany, NY	50	36	6	3	2	3	1
Allentown, PA	31	28	1	2	—	—	3
Buffalo, NY	78	46	26	4	1	1	5
Camden, NJ	23	16	3	2	—	2	—
Elizabeth, NJ	16	10	3	2	—	1	2
Erie, PA	26	19	4	3	—	—	1
Jersey City, NJ	U	U	U	U	U	U	U
New York City, NY	958	673	206	50	12	17	27
Newark, NJ	40	18	13	4	1	4	3
Paterson, NJ	16	8	5	2	1	—	2
Philadelphia, PA	252	151	58	28	9	6	12
Pittsburgh, PA§	25	14	7	3	1	—	1
Reading, PA	20	15	4	1	—	—	—
Rochester, NY	135	99	24	8	2	2	8
Schenectady, NY	18	14	3	1	—	—	2
Scranton, PA	33	25	5	1	2	—	3
Syracuse, NY	102	82	14	3	2	1	9
Trenton, NJ	36	24	8	3	1	—	3
Utica, NY	8	4	4	—	—	—	—
Yonkers, NY	17	11	5	1	—	—	—
E.N. Central	1,677	1,101	371	115	50	40	94
Akron, OH	54	35	10	3	2	4	1
Canton, OH	34	28	4	1	—	1	5
Chicago, IL	319	182	82	36	15	4	19
Cincinnati, OH	66	39	18	4	2	3	5
Cleveland, OH	197	142	33	13	4	5	14
Columbus, OH	175	106	48	12	4	5	12
Dayton, OH	119	75	31	9	3	1	8
Detroit, MI	122	68	31	12	5	6	6
Evansville, IN	53	39	12	—	2	—	2
Fort Wayne, IN	60	40	14	3	1	2	2
Gary, IN	18	9	4	1	2	2	—
Grand Rapids, MI	59	40	14	2	—	3	4
Indianapolis, IN	U	U	U	U	U	U	U
Lansing, MI	50	35	12	1	1	1	2
Milwaukee, WI	70	42	20	7	1	—	1
Peoria, IL	40	29	8	1	1	1	3
Rockford, IL	64	49	10	4	1	—	3
South Bend, IN	53	40	7	2	4	—	3
Toledo, OH	80	64	8	4	2	2	4
Youngstown, OH	44	39	5	—	—	—	—
W.N. Central	676	434	157	44	24	17	48
Des Moines, IA	87	59	24	2	2	—	4
Duluth, MN	26	19	6	—	—	1	1
Kansas City, KS	21	14	5	—	2	—	1
Kansas City, MO	85	49	19	6	6	5	7
Lincoln, NE	37	29	4	3	—	1	2
Minneapolis, MN	84	48	21	8	2	5	3
Omaha, NE	100	69	23	6	1	1	18
St. Louis, MO	97	53	28	9	5	2	2
St. Paul, MN	51	35	7	6	2	1	6
Wichita, KS	88	59	20	4	4	1	4
S. Atlantic	1,204	718	315	89	47	35	67
Atlanta, GA	128	77	31	13	2	5	2
Baltimore, MD	187	94	64	12	10	7	21
Charlotte, NC	123	81	32	8	1	1	8
Jacksonville, FL	169	102	45	12	6	4	7
Miami, FL	84	57	16	6	3	2	7
Norfolk, VA	47	25	12	1	4	5	—
Richmond, VA	56	28	17	8	1	2	4
Savannah, GA	57	40	12	2	3	—	1
St. Petersburg, FL	51	31	7	8	3	2	—
Tampa, FL	186	117	44	14	7	4	15
Washington, D.C.	99	55	32	4	5	3	1
Wilmington, DE	17	11	3	1	2	—	1
E.S. Central	870	553	206	58	19	34	43
Birmingham, AL	188	111	51	10	2	14	10
Chattanooga, TN	87	68	13	4	—	2	2
Knoxville, TN	68	43	15	6	2	2	4
Lexington, KY	66	47	12	4	1	2	3
Memphis, TN	165	94	40	16	11	4	12
Mobile, AL	104	63	34	3	2	2	4
Montgomery, AL	56	42	6	6	—	2	2
Nashville, TN	136	85	35	9	1	6	6
W.S. Central	1,511	929	383	125	41	33	76
Austin, TX	100	64	24	8	—	4	6
Baton Rouge, LA	82	50	19	8	5	—	—
Corpus Christi, TX	62	31	20	6	4	1	8
Dallas, TX	183	100	53	22	4	4	7
El Paso, TX	78	58	16	3	—	1	2
Fort Worth, TX	128	70	38	11	3	6	4
Houston, TX	384	228	101	31	13	11	21
Little Rock, AR	75	52	18	3	2	—	4
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	224	137	56	19	6	6	11
Shreveport, LA	86	56	19	9	2	—	12
Tulsa, OK	109	83	19	5	2	—	1
Mountain	873	551	215	68	25	14	54
Albuquerque, NM	109	73	24	10	2	—	5
Boise, ID	28	21	5	—	2	—	—
Colorado Springs, CO	52	32	12	6	1	1	4
Denver, CO	95	50	34	7	2	2	5
Las Vegas, NV	217	143	54	11	6	3	13
Ogden, UT	25	20	2	—	2	1	1
Phoenix, AZ	132	70	39	16	5	2	6
Pueblo, CO	29	19	7	3	—	—	2
Salt Lake City, UT	86	56	16	8	3	3	10
Tucson, AZ	100	67	22	7	2	2	8
Pacific	1,545	1,050	330	91	45	29	113
Berkeley, CA	14	9	2	2	—	1	—
Fresno, CA	114	82	24	4	4	—	6
Glendale, CA	26	21	5	—	—	—	2
Honolulu, HI	77	63	8	3	2	1	11
Long Beach, CA	64	45	12	2	2	3	6
Los Angeles, CA	212	130	50	21	5	6	21
Pasadena, CA	19	14	3	1	—	1	1
Portland, OR	103	67	21	12	2	1	2
Sacramento, CA	157	107	39	4	4	3	12
San Diego, CA	192	131	39	13	5	4	11
San Francisco, CA	94	60	21	6	4	3	8
San Jose, CA	150	110	31	3	5	1	13
Santa Cruz, CA	31	20	8	1	2	—	1
Seattle, WA	121	77	32	8	3	1	5
Spokane, WA	69	42	15	6	4	2	8
Tacoma, WA	102	72	20	5	3	2	6
Total**	**10,679**	**6,928**	**2,469**	**737**	**294**	**246**	**617**

U: Unavailable. —:No reported cases.

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

† Pneumonia and influenza.

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

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

** Total includes unknown ages.

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