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Transplantation-Transmitted Tuberculosis — Oklahoma and Texas, 2007

Approximately 28,000 organ transplants were performed in the United States in 2007 (*1*). When infections are transmitted from donors, the implications can be serious for multiple recipients (*2–4*). Tuberculosis (TB), a known infectious disease complication associated with organ transplantation, occurs in an estimated 0.35%–6.5% of organ recipients in the United States and Europe posttransplantation (*2*). In 2007, the Oklahoma State Department of Health identified *Mycobacterium tuberculosis* in an organ donor 3 weeks after the donor's death. This report summarizes results of the subsequent investigation, which determined that disseminated TB occurred in two of three transplant recipients from this donor, and one recipient died. Genotypes of the donor and recipient TB isolates were identical, consistent with transmission of TB by organ transplantation. To reduce the risk for TB transmission associated with organ transplantation, organ recovery personnel should consider risk factors for TB when assessing all potential donors. In addition, clinicians should recognize that transplant recipients with TB might have unusual signs or symptoms. When transmission is suspected, investigation of potential donor-transmitted TB requires rapid communication among physicians, transplant centers, organ procurement organizations (OPOs), and public health authorities.

Case Report

Organ Donor. In April 2007, a U.S.-born man aged 46 years with a history of seizure disorder, alcoholism, homelessness, and incarceration was admitted to an Oklahoma hospital for presumed alcohol withdrawal seizures and aspiration pneumonitis. He had a prolonged hospitalization characterized by altered mental status, fever, persistent pneumonia, hydrocephalus, multifocal cerebral infarction, and progressive neurologic disability attributed to cerebral vasculitis. The patient continued to decline neurologically and met clinical criteria for brain death in early June 2007. Organs were recovered for transplantation, and the liver and kidneys were transplanted into three recipients, all Texas residents, at facilities in Oklahoma and Texas. Three weeks after the organ donor's death, a culture from cerebrospinal fluid obtained as part of his clinical evaluation for fever and altered mental status grew *M. tuberculosis*. Subsequently, *M. tuberculosis* also was cultured from stored donor spleen tissue.

The donor had been treated for presumed aspiration pneumonia with left lower lobe infiltrate and pleural effusion in December 2006, 6 months before his death. In March 2007, 1 month before his final hospitalization, the donor was again hospitalized for community-acquired pneumonia, shown on chest radiograph as involving the left upper and left lower lobe. He had no recognized history of TB or foreign travel and had not been identified as a contact of any person with TB. Two tuberculin skin tests (TSTs) performed during the 6 months before his death (one required by a homeless shelter, the other performed by the jail) were negative. No specimen was obtained for acid-fast bacilli (AFB) examination or mycobacterial culture.

INSIDE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Recipient A. A woman aged 50 years received one of the donor's kidneys. In late July 2007, 6 weeks after the kidney transplant, she developed fever, followed by pancytopenia and a sepsis-like syndrome. At notification in late July the donor's positive culture for *M. tuberculosis*, a bone marrow aspirate was smear positive for AFB. Despite subsequent treatment with anti-TB therapy, the recipient died 9 weeks posttransplantation. The primary causes of death listed after autopsy were disseminated TB, leukopenia, and end-stage renal disease. *M. tuberculosis* was cultured from the deceased recipient's blood, liver, spleen, and lungs. The polymerase chain reaction (PCR)-based genotype and restriction fragment length polymorphism (RFLP) pattern of the recipient's *M. tuberculosis* isolate matched those of the donor.

Recipient B. A woman aged 23 years received the donor's other kidney, and had fever and severe headache in late July, 7 weeks after transplantation and concurrent with notification of the donor's positive *M. tuberculosis* culture. She was started on anti-TB medications. Her cerebrospinal fluid was negative on AFB smear and culture. Pancytopenia developed; although the patient's bone marrow aspirate revealed granulomas, the smear was negative for AFB. *M. tuberculosis* subsequently grew from the recipient's blood and urine specimens; these isolates had a PCR-based genotype and RFLP pattern matching that of the donor. The recipient experienced renal allograft dysfunction in August 2007, approximately 10 weeks after transplantation. Biopsy of the allograft revealed interstitial nephritis with negative AFB smear and culture; anti-TB medications were adjusted, and a course of low-dose steroids was added. As of this report, the patient was doing well, had stable renal allograft function, and was tolerating anti-TB medications.

Recipient C. The liver recipient, a man aged 59 years, was started on anti-TB treatment 2 months posttransplantation and had no symptoms of TB. Granulomas suggestive of mycobacterial infection were detected from a routine posttransplantation liver biopsy in January 2008, 7 months posttransplantation, while the recipient continued anti-TB treatment. AFB smear was negative, and culture identified *Mycobacterium avium* complex, a nontuberculous species of mycobacteria. No *M. tuberculosis* was cultured.

Contact investigations were conducted to evaluate at-risk hospital workers, close personal contacts, and family members related to the donor and recipients. No transmission of TB infection has been documented through contact investigation.

Reported by: *V Kohli, MD, Integris Baptist Medical Center, Oklahoma City; L Smithee, MS, Oklahoma State Dept of Health. K Ishihara, MD, Univ of Texas Medical Branch at Galveston; L Ostrosky-Zeichner, MD,*

C Van Buren, MD, J Lappin, MD, Univ of Texas Health Science Center at Houston. T Harrington, MD, Div of Tuberculosis Elimination, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; M Kuehnert, MD, Div of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases; E Piercefield, MD, DVM, EIS Officer, CDC.

Editorial Note: The majority of TB cases among organ transplant recipients are caused by activation of latent tuberculosis infection (LTBI) in the recipient once immunosuppressive medications are started to prevent organ rejection; a minority are attributed to donor transmission. In one international study, 4% of TB infections in recipients were considered donor derived (*2*). In this case report, genotyping supported the conclusion that transmission of TB occurred by organ transplantation to two recipients from a common donor. Although organ procurement protocols were followed, pretransplantation screening did not identify TB in the donor.

In the United States, all potential organ donors are screened to prevent transmission of infectious diseases, including TB, by organ transplantation. Minimum standards for donor eligibility are defined by United Network for Organ Sharing (UNOS), a nonprofit, private organization under government contract with the Health Resources and Services Administration to coordinate U.S. transplant activities (*5*). To evaluate eligibility, 1) the donor's medical record is reviewed for specific conditions (such as known active TB), 2) a medical and social history is conducted with next of kin (or other suitable person familiar with the donor), and 3) selected laboratory testing (such as testing for human immunodeficiency virus, hepatitis, and good organ function) and a chest radiograph are performed. No standard assessment is conducted to determine specifically whether the potential donor is at risk for having previously undiagnosed TB or LTBI. Although the screening process might uncover symptoms or risk factors for TB or LTBI, no further investigation or diagnostic testing is required. For all patients who are eligible by UNOS definitions, each OPO devises its own process for donor acceptance. The donor's medical and social history obtained by the OPO is made available for review by transplant center clinicians to independently assess risk for transmission of infection before accepting the organs for transplantation. The completeness and accuracy of this background information is variable, however, because often such information is obtained secondhand by interview of persons familiar with the donor.

Early recognition of posttransplantation TB in the recipient is critical for successful treatment. The incidence of TB among organ recipients is as much as 74 times that of the general population (*2*). In addition, 49% of U.S. transplant recipients with TB have disseminated disease, and 38% die (*2*). Extrapulmonary and disseminated diseases are common, leading to atypical signs that might not be easily recognized as TB if unsuspected by the clinician. In transplant patients, TB should be considered in the differential diagnosis of persistent fever, pneumonia, meningitis, septic arthritis, pyelonephritis, septicemia, graft rejection, or bone marrow suppression. Clinicians should recognize that the presence of an unusual constellation of symptoms, particularly during the first few weeks after transplantation, raises the possibility of donor-transmitted infection or activation of LTBI. Even with a high index of suspicion, TB in an organ recipient can be challenging to diagnose: 75%–80% of organ recipients who developed TB had a false-negative pretransplantation TST (*6*), and in this immunosuppressed population, symptoms of TB might be attributed to other potential complications, including organ rejection or other infectious diseases.

Diagnosis of TB in an organ recipient, in the absence of clear risk factors or other evidence from pretransplantation screening, should prompt investigation of possible transmission from the donor. Other recipients from a common donor might be at risk and should be evaluated for TB. When transplantation-transmitted TB is suspected, healthcare providers should alert the associated OPO, tissue bank, and public health authorities.

To prevent TB transmission by transplantation, specific policies can be established to improve recognition of disease in donors. In 2004, the American Society of Transplantation developed guidelines to assist in pretransplantation screening of potential organ donors and recipients (*6,7*). These recommendations are not mandatory standards and, therefore, are not necessarily incorporated into OPO standard operating procedures. OPOs can enhance their pretransplantation screening protocols by incorporating these guidelines to identify risk factors for unrecognized TB in the donor. If risk factors are found, further mycobacterial testing and radiologic assessment is warranted. For risk factor assessment, OPOs should obtain donor history of symptoms consistent with active TB, past diagnosis of TB infection (active or latent), homelessness, excess alcohol or injection-drug use, incarceration, recent exposure to persons with active TB, or travel to areas where TB is endemic. Complete donor medical and social histories should be provided to transplant centers.

Regardless of risk factor assessment, testing for *M. tuberculosis* (e.g., AFB smear or mycobacterial culture) whenever clinical specimens for routine bacterial testing are obtained from donors can help ensure detection of

unrecognized TB. In addition, routine retention of samples of donor tissues and serum from organ procurement (or from autopsy) that are suitable for laboratory evaluation can aid subsequent transmission investigations. Genotyping and other relatedness testing of isolates can help establish or rule out transmission links between donor and recipients, as demonstrated in this report. OPOs also should follow up on results of all tests pending at the time of organ donation and notify transplant centers immediately of any results that might have implications for recipients. Because not all disease transmission through transplantation can be prevented, rapid recognition is critical to facilitate appropriate treatment, minimize complications, enhance patient safety, and improve public health.

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Nonfatal Maltreatment of Infants — United States, October 2005–September 2006

During October 2005–September 2006 (federal fiscal year 2006), approximately 905,000 U.S. children were victims of maltreatment that was substantiated by state and local child protective services (CPS) agencies (*1*).* Approximately 19% of child maltreatment fatalities occurred among infants (i.e., persons aged <1 year) (*1*), and homicide statistics suggest that fatality risk might be greatest in the first week of life (*2*). However, the risk for nonfatal maltreatment among infants has not been examined previously at the national level. To determine the extent of nonfatal infant maltreatment in the United States, CDC and the federal Administration for Children and Families (ACF) analyzed data collected in fiscal year 2006 (the most recent data available) from the National Child Abuse and Neglect Data System (NCANDS). This report summarizes the results of that analysis, which indicated that, in fiscal year 2006, a total of 91,278 infants aged <1 year (rate: 23.2 per 1,000 population) experienced nonfatal maltreatment, including 29,881 (32.7%) who were aged ≤1 week. Neglect was the maltreatment category cited for 68.5% of infants aged ≤1 week, but NCANDS data did not permit further characterization of the nature of this neglect. Developing effective measures to prevent maltreatment of infants aged ≤1 week will require more detailed characterization of neglect in this age group.

NCANDS is a national data collection and analysis system created in response to the federal Child Abuse Prevention and Treatment Act.† Data have been collected annually from states and reported since 1993. States submit case-level data as child-specific records for each report of alleged child maltreatment for which a completed investigation or assessment by a CPS agency has been made during the reporting period. Individual CPS agencies are responsible for determining the type of maltreatment and outcome of the maltreatment investigation based on state and federal laws. However, no standardized definitions of maltreatment are used consistently by all states; therefore, each state maps its own classification of maltreatment onto NCANDS

*Substantiated maltreatment is defined as maltreatment by a parent or other caregiver deemed to have occurred after thorough investigation by a qualified staff member from a CPS agency with jurisdiction over the geographic area in which the maltreatment took place. Additional information is available at http://www.acf.hhs.gov/programs/cb/pubs/cm05/index.htm.

† Public Law 93-247 as amended. Additional information is available at http://www2.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/index.htm.

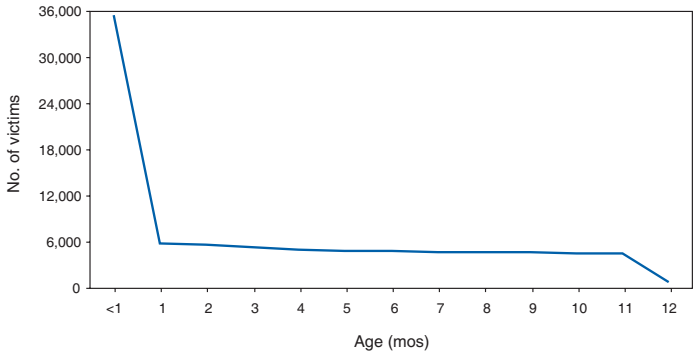
definitions[§] before sending the final data file to NCANDS. Once a state submits its data to NCANDS, a technical validation review is conducted by a staff supervised by the ACF Children's Bureau to assess the internal consistency of the data and to identify probable causes for missing data. States are requested to make corrections as needed.

In fiscal year 2006, 49 states, the District of Columbia, and Puerto Rico provided case-level data to NCANDS. For this report, data from five states (Alaska, Maryland, North Dakota, Pennsylvania, and Vermont) were not available for analysis. Only data regarding victims with a CPS agency disposition of substantiated maltreatment issued during fiscal year 2006 were analyzed. Among the approximately 3.6 million children aged <18 years who were subjects of maltreatment investigations in fiscal year 2006, maltreatment was substantiated by CPS agencies in approximately 905,000 (25.1%) children. Substantiated maltreatment data were analyzed for victims aged <1 year by the age of the infant victim at the time of first report, sex, race/ethnicity, type of maltreatment, and source of the report.

A total of 91,278 unique victims of substantiated maltreatment were identified in CPS agency dispositions in fiscal year 2006 among infants aged <1 year, an annual rate of 23.2 per 1,000 population. A total of 47,117 (51.6%) victims were male. By race/ethnicity, 39,768 (43.6%) infant victims were white; 23,008 (25.2%) were black or African American; 17,582 (19.3%) were Hispanic; 1,141 (1.3%) were American Indian or Alaska Native; and 583 (0.6%) were Asian.[¶] Multiple race/ethnicity was identified for 2,874 (3.1%) of the infant victims, and 6,322 (6.9%) were of unknown race/ethnicity.

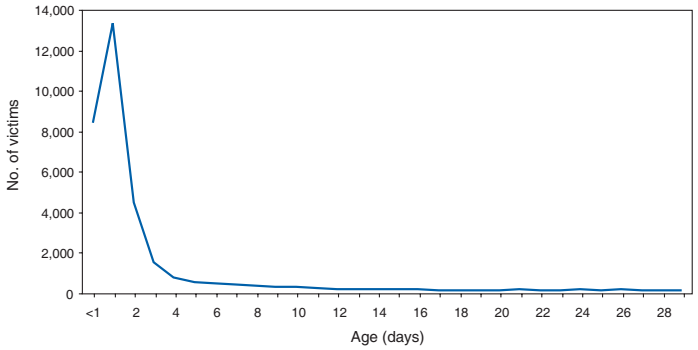
Among the 91,278 infant victims of substantiated maltreatment, 35,455 (38.8%) were aged ≤1 month (Figure 1). Of these, 29,881 (84.3%) were aged ≤1 week (Figure 2). Among maltreated infants aged ≤1 week, 20,472 (68.5%) were categorized as victims of neglect (including deprivation of necessities or medical neglect), and 3,957 (13.2%) as victims of physical abuse (Table).

FIGURE 1. Number of infants aged <1 year who were victims of substantiated maltreatment,* by age in months — National Child Abuse and Neglect Data System, United States, October 2005–September 2006†



* Defined as maltreatment by a parent or other caregiver deemed to have occurred after thorough investigation by a qualified staff member from a child protective services agency with jurisdiction over the geographic area in which the maltreatment took place. Additional information available at http://www.acf.hhs.gov/programs/cb/pubs/cm05/index.htm.
† Data from five states (Alaska, Maryland, North Dakota, Pennsylvania, and Vermont) were not available for analysis.

FIGURE 2. Number of infants aged ≤1 month who were victims of substantiated maltreatment,* by age in days — National Child Abuse and Neglect Data System, United States, October 2005–September 2006†



* Defined as maltreatment by a parent or other caregiver deemed to have occurred after thorough investigation by a qualified staff member from a child protective services agency with jurisdiction over the geographic area in which the maltreatment took place. Additional information available at http://www.acf.hhs.gov/programs/cb/pubs/cm05/index.htm.
† Data from five states (Alaska, Maryland, North Dakota, Pennsylvania, and Vermont) were not available for analysis.

Among the 29,881 infant victims aged ≤1 week, 25,964 (86.9%) victims were reported to CPS agencies by professionals, including 19,486 (65.2%) by medical personnel and 5,542 (18.5%) by social services personnel (Table). Medical personnel also reported the greatest percentage (21,545 [60.8%]) of victims aged ≤1 month. Of infant victims aged <1 year, 29,462 (32.3%) were reported by medical personnel, followed by law enforcement personnel

[§] Categories of maltreatment in NCANDS are as follows: physical abuse, neglect or deprivation of necessities, medical neglect, sexual abuse, psychological or emotional maltreatment, other, and unknown. For this report, neglect or deprivation of necessities and medical neglect were combined into one category; other and unknown maltreatments also were combined into one category. Examples of neglect under the NCANDS categories include educational neglect, abandonment, fetal alcohol syndrome, and congenital drug exposure or addiction.

[¶] Since 2003, NCANDS has used a method for compiling racial/ethnic data based on the 1997 revised Office of Management and Budget standards for race and ethnicity, which include the following racial categories: white, black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. In NCANDS, persons categorized as Hispanic or Latino are not categorized by race.

TABLE. Number and percentage of infants aged ≤1 week who were victims of substantiated maltreatment,* by type of maltreatment and source of report — National Child Abuse and Neglect Data System, United States, October 2005–September 2006†

Source of report	Neglect§	Physical abuse	Sexual abuse	Psychological or emotional maltreatment	Other maltreatment¶	Total (%)
Professionals						
Medical personnel	13,456	2,845	12	39	3,134	**19,486 (65.2)**
Social services personnel	2,796	854	8	18	1,866	**5,542 (18.5)**
Mental health personnel	436	46	1	6	22	**511 (1.7)**
Legal, law enforcement, criminal justice personnel	208	23	3	3	60	**297 (0.9)**
Education personnel/ Day care providers/ Foster care providers	83	10	—	—	35	**128 (0.4)**
Total (%)	**16,979 (56.8)**	**3,778 (12.6)**	**24 (0.1)**	**66 (0.2)**	**5,117 (17.1)**	**25,964 (86.9)**
Community members/ Nonprofessionals						
Parents/Other relatives	220	27	2	3	72	**324 (1.1)**
Friends/Neighbors	185	11	1	—	18	**215 (0.7)**
Alleged perpetrators	2	—	—	—	1	**3 (0.0)**
Other/Unknown/ Anonymous reporters	3,086	141	2	8	138	**3,375 (11.3)**
Total (%)	**3,493 (11.6)**	**179 (0.6)**	**5 (0.0)**	**11 (0.0)**	**229 (0.8)**	**3,917 (13.1)**
Overall total (%)	**20,472 (68.5)**	**3,957 (13.2)**	**29 (0.1)**	**77 (0.3)**	**5,346 (17.9)**	**29,881 (100)**

*Defined as maltreatment by a parent or other caregiver deemed to have occurred after thorough investigation by a qualified staff member from a child protective services agency with jurisdiction over the geographic area in which the maltreatment took place. Additional information available at http://www.acf.hhs.gov/programs/cb/pubs/cm05/index.htm.
†Data from five states (Alaska, Maryland, North Dakota, Pennsylvania, and Vermont) were not available for analysis.
§Includes deprivation of necessities and medical neglect.
¶Includes infants who were victims of more than one type of maltreatment.

(19,574 [21.4%]), social services personnel (13,740 [15.1%]), parents/other relatives (8,058 [8.8%]), and friends/neighbors (2,927 [3.2%]).

Reported by: *ML Brodowski, MSW, MPH, CM Nolan, MSW, Office on Child Abuse and Neglect; JA Gaudiosi, DBA, Data Team, Admin for Children and Families. YY Yuan, PhD, L Zikratova, MS, MJ Oritz, MA, MM Aveni, Walter R. McDonald and Associates, Inc., Sacramento, California. RT Leeb, PhD, TR Simon, PhD, WR Hammond, PhD, Div of Violence Prevention, National Center for Injury Prevention and Control, CDC.*

Editorial Note: The findings in this report indicate that, in fiscal year 2006, 23.2 children per 1,000 population aged <1 year experienced substantiated nonfatal maltreatment in the United States. Among these infants, neglect was the maltreatment category most commonly cited, experienced by 68.5% of victims. Among infant victims aged <1 year who experienced substantiated maltreatment, 32.7% were aged ≤1 week, and 30.6% were aged <4 days. Neglect also was the maltreatment category most often cited among children aged ≤1 week.

This report is the first published national analysis of substantiated nonfatal maltreatment of infants, using NCANDS data. Although the results demonstrate a concentration of maltreatment and neglect at age ≤1 week, NCANDS data cannot be used to determine the etiology of the infant maltreatment and neglect because NCANDS reports are limited to broad categories and do not provide specific information about diagnoses or the circumstances of the maltreatment. The concentration of reports of neglect in the first few days of life and the preponderance of reports from medical professionals during the same period suggest that neglect often was identified at birth. One hypothesis for the concentration of maltreatment and neglect reports in the first few days of life is that the majority of reports resulted from maternal or newborn drug tests. Although tracking of prenatal substance exposure and hospital postnatal toxicology-screening practices vary among states and within states, positive maternal or neonatal drug test results routinely are reported to CPS agencies as child neglect (*3*). Additional research is needed to clearly define the causes of substantiated neglect and maltreatment among newborns and to determine the best strategies for intervention.

The percentage of substantiated reports categorized as physical abuse among infants aged ≤1 week (13.2%) is similar to the percentage among maltreated children of all ages (16%) (*1*). Physical abuse is defined by CDC and NCANDS as the intentional use of physical force by a parent or caregiver against a child that results in, or has the potential to result in, physical injury. Physical abuse includes beating, kicking, biting, burning, shaking, or otherwise harming a child. Although the act is intentional,

the consequence might be intentional or unintentional (i.e., resulting from overdiscipline or physical punishment) (*1,4*). One type of physical abuse, shaken baby syndrome/abusive head trauma (SBS/AHT) (*5*), is a cause of severe physical injury and death in infants, occurring in 21.0–32.2 infants aged <1 year per 100,000 population. More detailed study of contextual information is needed to determine the causes of physical abuse in infants reported to NCANDS and to develop additional prevention strategies.

Few studies have examined rates and risk factors for maltreatment in infants aged <1 year, and risk for nonfatal maltreatment among infants has not been examined previously at the national level in the United States. A study by the Public Health Agency of Canada provided national-level data for that country (excluding the province of Quebec) and reported incidence in 2003 of substantiated nonfatal maltreatment among infants aged <1 year of 27.3 per 1,000 population for females and 29.1 for males,** similar to the rates described in this report. Also similar to this study, the Canadian study found that neglect was the most common form of substantiated maltreatment for children aged <3 years; the Canadian study did not determine the most common form of maltreatment among infants aged <1 year.

The findings in this report are subject to at least two other limitations, in addition to the lack of specific information about maltreatment circumstances. First, underreporting or delayed reporting might influence the findings. Both mandated reporters and the public might lack sufficient knowledge or training that supports reporting possible child maltreatment (*6,7*). To assist health-care professionals in better reporting child maltreatment, CDC developed uniform definitions and recommended data elements to promote and improve consistency of child maltreatment reporting and serve as a technical reference for the collection of data (*4*). Second, data collection and reporting practices vary among states, and data from certain states were not available for analysis.

CDC supports a range of research, early intervention, and prevention programs at the national, state, and local levels. These efforts include a focus on developing child-maltreatment tracking programs in state health departments and promotion of positive parenting and prevention of child maltreatment through a framework of safe, stable, and nurturing relationships between children and caregivers.†† Similarly, ACF supports a range of prevention and intervention programs, including programs to identify and serve substance-exposed newborns and reduce variation in the policies and procedures related to prenatal substance exposure. Reframing neglect as a series of missed opportunities for prevention and emphasizing safe, stable, and nurturing relationships can highlight opportunities for prevention that might otherwise be missed. For example, approximately 84% of pregnant women in the United States receive some prenatal care, and approximately 99% of infants are born in medical settings (*8*), these setting provide an opportunity for medical professionals to detect and manage early risk for maltreatment (e.g., maternal substance abuse) that can impair or interfere with child-caregiver relationships.

Serious injury resulting from physical abuse of infants can be decreased by efforts focusing on reduction of SBS/AHT through in-hospital programs aimed at parents of newborns. These programs have produced a substantial reduction in reported SBS/AHT in localized areas (*9*), and CDC is supporting research to evaluate the replicability of these results in diverse settings. In addition, home-visitation and parent-training programs (*10*), particularly those that 1) begin during pregnancy, 2) provide social support to parents, and 3) teach parents about developmentally appropriate infant behavior and age-appropriate disciplinary communication skills, have been determined to reduce risk for child maltreatment.

** Available at http://www.phac-aspc.gc.ca/cm-vee/csca-ecve/pdf/childabuse_final_e.pdf.

†† Additional information available at http://www.childwelfare.gov/preventing, http://www.friendsnrc.org, and http://www.cdc.gov/ncipc/dvp/cmp/default.htm.

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Surveillance for Community-Associated *Clostridium difficile* — Connecticut, 2006

Clostridium difficile is a well-known cause of hospital-acquired infectious diarrhea and is associated with increased health-care costs, prolonged hospitalizations, and increased patient morbidity. Previous antimicrobial use, especially use of clindamycin or ciprofloxacin, is the primary risk factor for development of *C. difficile*–associated diarrhea (CDAD) because it disrupts normal bowel flora and promotes *C. difficile* overgrowth (*1*). Historically, CDAD has been associated with elderly hospital in-patients or long-term–care facility (LTCF) residents. Since 2000, a strain of *C. difficile* that has been identified as North American pulsed-field type 1 (NAP1) and produces an extra toxin (binary toxin) and increased amounts of toxins A and B has caused increased morbidity and mortality among hospitalized patients (*2,3*). During 2005, related strains caused severe disease in generally healthy persons in the community at a rate of 7.6 cases per 100,000 population, suggesting that traditional risk factors for *C. difficile* might not always be factors in development of community-associated CDAD (CA-CDAD) (*4*). Cases of CA-CDAD are not nationally reportable, and population-based data at a statewide level have not been reported previously. In 2006, the Connecticut Department of Public Health (DPH) implemented a statewide surveillance system to assess the burden of CA-CDAD and to determine the descriptive epidemiology, trends, and risk factors for this disease. This report describes that surveillance system and summarizes results from the first year of surveillance. The findings indicated the presence of occasionally severe CDAD among healthy persons living in the community, including persons with no established risk factors for infection. Clinicians should consider a diagnosis of CA-CDAD in outpatients with severe diarrhea, even in the absence of established risk factors. In addition, continued surveillance is needed to determine trends in occurrence and whether more toxigenic strains are having an increasing impact in the community and in the hospital setting.

On January 1, 2006, CA-CDAD was added to the list of conditions reportable by Connecticut health-care providers. A case of CA-CDAD was defined as a positive *C. difficile* toxin assay for a person with gastrointestinal symptoms and no known previous overnight hospitalizations or LTCF stays during the 3 months preceding specimen collection, collected from an outpatient or within 48 hours of hospital admission (*5*). DPH staff members contacted hospital infection-control practitioners at Connecticut's 32 acute-care hospitals by telephone, informed them about the new reporting requirements, and asked them to review positive laboratory results to identify cases. Laboratories were not required to report to DPH. Physicians were informed by a special mailing. In May 2006, all hospitals were sent a letter summarizing initial findings and reminding physicians and infection-control practitioners about the reporting requirements. In addition, hospitals that did not initially report cases were recontacted by telephone and reminded of the reporting requirements. DPH staff members contacted treating physicians to confirm case status and collect patient information, including demographics, symptoms, select medical history, and possible risk factors. When necessary, DPH staff members reviewed medical records or conducted patient interviews. However, systematic patient interviews to verify absence of a recent stay in a health-care setting were not conducted.

Incidence rates were calculated using the number of confirmed cases reported among Connecticut residents and 2005 U.S. Census state population estimates. Differences in proportions and tests for trend by age group were evaluated using the chi-square test and chi-square test for trend; multivariate logistic regression analysis was conducted. A separate 3-month pilot study was conducted during 2006 by FoodNet,* Emerging Infections Program sites,† and CDC to collect specimens from patients with CA-CDAD for culture for *C. difficile* and to characterize the isolates by toxinotyping and detection of binary toxin and deletions in the *tcd*C gene (*6*). As part of this study, in Connecticut, all toxin-positive stool specimens from confirmed CA-CDAD patients at three hospital laboratories were collected and cultured.

A total of 456 possible cases, determined on the basis of tests conducted on outpatients or within 2 days of hospitalization, were reported during 2006; 241 (53%) were subsequently confirmed as meeting the case definition. Of the 215 cases that were not confirmed, 159 (74%) occurred in persons who had an LTCF stay or hospitalization during the preceding 3 months, 50 (23%) occurred in per-

* The Foodborne Diseases Active Surveillance Network (FoodNet) is the principal foodborne and enteric disease surveillance component of CDC's Emerging Infections Program (EIP). FoodNet is a set of population-based surveillance projects for laboratory-confirmed disease collaboratively undertaken by CDC, 10 EIP sites (Connecticut, Georgia, Maryland, Minnesota, New Mexico, Oregon, Tennessee, and selected counties in California, Colorado, and New York), the U.S. Department of Agriculture, and the Food and Drug Administration.

† The CDC Emerging Infections Program supports population-based surveillance in 10 sites in the United States. Each site is based in a state health department, often with a local academic center partner, working in collaboration with local health departments, public health laboratories, clinical laboratories, infection-control practitioners, health-care providers, and hospitals to assess the public health impact of emerging infections and evaluate methods for their prevention and control.

sons for whom insufficient medical information was available to enable confirmation; and six (<1%) were in persons who were asymptomatic The overall annual 2006 incidence of CA-CDAD was 6.9 cases per 100,000 population, with similar rates found in most counties. Incidence among those aged ≥5 years increased with age; females had nearly twice the incidence of males. Rates were higher during the spring and summer months than during the fall and winter months (Table 1).

A total of 28 (88%) of 32 acute-care hospitals reported at least one case of CA-CDAD (range: 1–26 cases). Among the 241 cases, 110 (46%) were in patients who required hospitalization for CA-CDAD, mainly for diagnosis and treatment of dehydration or colitis; 13 (12%) were in patients who required an intensive-care unit stay, two (2%) were in patients who had both toxic megacolon and a colectomy, and two (2%) were in patients who died of complications related to *C. difficile* infection. The median length of stay among hospitalized patients was 4 days (range: 1–39 days).

Among all patients for whom follow-up information was available, 29% had an inpatient health-care exposure (defined as overnight hospitalization or LTCF stay during the >3 to 12 months preceding illness or day surgery during the 12 months preceding illness), 67% had an underlying medical condition, and 68% had taken an antimicrobial during the 3 months preceding symptom onset (Table 2). When CA-CDAD patients requiring hospitalization were compared with those managed as outpatients, independent predictors of hospitalization by multivariate analysis included age of ≥65 years (p = 0.001), fever (p = 0.001), and inpatient health-care exposure during the >3 to 12 months preceding illness (p = 0.04).

A total of 59 (25%) patients had no underlying conditions and no inpatient health-care exposures during the 12 months preceding illness. Compared with all other patients, this group was younger (63% versus 23% were aged <45 years [p<0.0001]), less likely to be hospitalized for their CA-CDAD illness (36% versus 52% [p<0.04]), and more likely to report bloody diarrhea (37% versus 19%

TABLE 1. Number, percentage, and rate* of community-associated *Clostridium difficile*–associated disease cases,† by selected characteristics — Connecticut, 2006

Characteristic	No.	(%)	Rate	RR§ (95% CI¶)	p value
Age of patient (yrs)					
0–4	13	(5)	6.2	5.8 (2.0–16.3)	
5–14	5	(2)	1.1	Referent	
15–24	11	(5)	2.4	2.2 (0.8–6.4)	
25–44	56	(23)	5.9	5.5 (2.2–13.8)	
45–64	76	(32)	8.2	7.7 (3.1–19.1)	
≥65	80	(33)	16.9	15.9 (6.5–39.3)	<0.0001**
Sex of patient					
Male	80	(33)	4.7	Referent	
Female	161	(67)	8.9	1.9 (1.5–2.5)	<0.0001
County of residence (population)					
Fairfield (902,775)	62	(26)	6.9		
Hartford (877,373)	63	(26)	7.2		
New Haven (846,776)	40	(17)	4.7		
New London (266,618)	16	(7)	6.0		
Litchfield (190,071)	16	(7)	8.4		
Middlesex (163,214)	5	(2)	3.1		
Tolland (147,634)	28	(12)	19.0		
Windham (115,826)	11	(4)	9.5		
Months/Seasons					
January–March	50	(21)	1.4		
April–June	79	(33)	2.3		
July–September	72	(30)	2.1		
October–December	40	(16)	1.1		
Fall/Winter (October–March)	90	(37)	2.6	Referent	
Spring/Summer (April–September)	151	(63)	4.3	1.7 (1.3–2.2)	<0.0001
Total	**241**	**(100)**	**6.9**		

* Per 100,000 population. Based on 2005 U.S. Census data.
† A case was defined as a positive *C. difficile* toxin assay for a person with gastrointestinal symptoms and no known previous overnight hospitalizations or long-term–care facility stays during the 3 months preceding specimen collection, collected from an outpatient or within 48 hours of hospital admission.
§ Relative risk.
¶ Confidence interval.
** Chi-square test for linear trend for 5–14 years age group and older.

TABLE 2. Clinical features and predisposing risk factors among patients with community-associated *Clostridium difficile*–associated disease* — Connecticut, 2006

Characteristic	No.	(%)
Clinical features		
Abdominal pain (n = 222)	169	(76)
Vomiting (n = 221)	50	(23)
Diarrhea† (n = 236)	227	(96)
Bloody diarrhea (n = 209)	48	(23)
Fever§ (n = 203)	56	(28)
Predisposing risk factors		
Previous health-care exposure (n = 214)	63	(29)
Overnight hospitalization or long-term–care facility stay during preceding >3 to 12 months (n = 222)	34	(15)
Day surgery during preceding 12 months (n = 217)	36	(17)
Underlying medical condition (comorbid condition) (n = 220)	147	(67)
Any antibiotic use during 3 months preceding symptom onset (n = 227)	154	(68)
Clindamycin (n = 121)	19¶	(16)
Fluoroquinolones (n = 121)	42¶	(35)
Other** (n = 121)	54¶	(45)

* A case was defined as a positive *C. difficile* toxin assay for a person with gastrointestinal symptoms and no known previous overnight hospitalizations or long-term–care facility stays during the 3 months preceding specimen collection, collected from an outpatient or within 48 hours of hospital admission.
† Median number of stools per day was six (range: 1–30).
§ Documented as a temperature >100.4°F (>38.0°C).
¶ Among those with reported antibiotic use; 33 patients used antibiotics but were unable to specify type.
** Includes cephalosporins, tetracycline, macrolides, and metronidazole.

[p=0.01]). In addition, 35 (59%) patients received an antimicrobial during the 3 months preceding symptom onset, 21 (36%) took no antimicrobial, and three (5%) patients had no information on antimicrobial use available.

Twelve *C. difficile* isolates were recovered from toxin-positive stool specimens and were characterized at CDC. Eight (67%) had binary toxin genes similar to the epidemic NAP1 strain, and three (25%) were identified as NAP1.

Coinfection with a second pathogen appeared to be rare. A review of the FoodNet enteric pathogen surveillance database in Connecticut indicated that five (2%) of the 241 patients with CA-CDAD also had a stool-culture positive result for another reportable enteric pathogen from a specimen collected on the same day or within 1 day of the toxin-positive *C. difficile* sample: *Salmonella* (one patient), *Campylobacter* (three), and *Escherichia coli* O157:H7 (one).

Reported by: *T Rabatsky-Ehr, MPH, K Purviance, MPH, D Mlynarski, MPH, P Mshar, MPH, J Hadler, MD, Epidemiology and Emerging Infections Program, Connecticut Dept of Public Health. L Sosa, MD, EIS Officer, CDC.*

Editorial Note: The findings in this report demonstrate that CA-CDAD is an important and geographically widespread health problem among Connecticut outpatients, a population previously thought to be at low risk for this disease. Although interest in CA-CDAD has grown in recent years, this report describes the first attempt to define population-based incidence of this disease at the state level. The CA-CDAD incidence in Connecticut in 2006 (6.9 per 100,000 population) was similar to that found in Philadelphia in 2005 (7.6 per 100,000 population) using a similar case definition. Both of these rates were considerably lower than that found in the United Kingdom (UK) in 2004 (22.0 per 100,000 population), despite the fact the UK study used a more restrictive case definition in which persons with hospitalization during the 12 months preceding illness onset were excluded (*4,7*).

The findings in this report highlight the importance of increasing age (with the attendant underlying health problems and increased use of the health-care system) and antibiotic exposure in the development of CDAD. However, one fourth of all CA-CDAD cases were in persons who lacked established predisposing risk factors for CDAD, including advanced age, an underlying health condition, and a health-care exposure during the 12 months preceding illness. Moreover, similar to what was observed in the community studies conducted in Philadelphia and the UK, 32% of patients had no recent exposure to antimicrobials. Approximately 9% of all cases were in patients who had none of these factors. These findings emphasize the need for continued study of this disease to identify additional risk factors for exposure to *C. difficile* and for development of disease.

The ability of *C. difficile* to form spores is thought to be a key feature in enabling the bacteria to persist in patients and the physical environment for long periods, thereby facilitating its transmission. *C. difficile* is transmitted through the fecal-oral route. Postulated risk factors for acquiring *C. difficile* in the community include contact with a contaminated health-care environment, contact with persons who are infected with and shedding *C. difficile* (person-to-person transmission), and ingestion of contaminated food.

Studies have shown *C. difficile* to be a pathogen or colonizer of calves, pigs, and humans (*8,9*). The recent detection of the NAP1 strain of *C. difficile* in retail ground beef is cause for concern (*9*). This hyper–toxin-producing strain has been reported as a cause of serious outbreaks of health-care–associated disease in humans in North America and Europe (*10*) and was found among a small subset of specimens from CA-CDAD cases in Connecticut. Further studies are needed to determine whether *C. difficile* is transmitted via the food chain and the relative importance of such transmission in human CDAD.

The findings in this report are subject to at least four limitations. First, measured incidence is subject to the limitations of the toxin-detection assays usually used for diagnosis of *C. difficile*. These assays can be insensitive (i.e., 65%–90% sensitivity) and nonspecific; in addition, 1%–2% of persons tested with the most widely used toxin assays might test positive in the absence of infection. Because *C. difficile* is difficult and labor-intensive to isolate, culture usually is only used when a clinical need for verification of a positive toxin assay exists. Second, because systematic patient interviews were not conducted, some patients might have had recent health-care exposures that were not recorded in available medical records, leading to potential misclassification of health-care–associated cases as CA-CDAD. Third, underreporting might have occurred because laboratories were not required to report and no validation or assessment of completeness of reporting was conducted. Finally, because cultures were not routinely collected for isolation and molecular characterization of organisms, the extent to which recently described emerging strains are causing disease in Connecticut or are responsible for illness in persons without established risk factors for CA-CDAD is unknown.

Future CA-CDAD surveillance measures in Connecticut will focus on collecting detailed information on hospitalized patients for whom more complete medical records are available. Continued population-based surveillance is necessary to monitor trends and describe the extent of CA-CDAD and possible risk factors. Although CA-CDAD surveillance systems are resource intensive, other states should consider implementing these systems to assess trends in CA-CDAD and to help health-care providers become more aware of this emerging problem.

Acknowledgments

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Updated Recommendation from the Advisory Committee on Immunization Practices (ACIP) for Use of 7-Valent Pneumococcal Conjugate Vaccine (PCV7) in Children Aged 24–59 Months Who Are Not Completely Vaccinated

This notice updates the recommendation for use of 7-valent pneumococcal conjugate vaccine (PCV7) among children aged 24–59 months who are either unvaccinated or who have a lapse in PCV7 administration.* In February 2000, PCV7, marketed as Prevnar® and manufactured by Wyeth Vaccines (Collegeville, Pennsylvania), was approved by the Food and Drug Administration for use in infants and young children. At that time, the Advisory Committee on Immunization Practices (ACIP) recommended that children aged 24–59 months who have certain underlying medical conditions or are immunocompromised receive PCV7. In addition, ACIP recommended that PCV7 be considered for all other children aged 24–59 months, with priority given to those who are American Indian/Alaska Native or of African-American descent, and to children who attend group day care centers (*1*). The recommendation also provided schedules for administering PCV7 to children aged 24–59 months who were either unvaccinated or who had a lapse in PCV7 administration; these schedules included 1) 1 dose of PCV7 for healthy children, and 2) 2 doses of PCV7 ≥2 months apart for children with certain chronic diseases or immunosuppressive conditions (*1*).

* PCV7 is recommended for routine administration as a 4-dose series for infants at ages 2, 4, 6, and 12–15 months. Catch-up immunization is recommended for children aged ≤23 months, using fewer doses depending on age at the time of first vaccination.

ACIP's rationale for limiting the recommendation for routine vaccination to children aged 24–59 months who have certain underlying medical conditions or are immunocompromised was concern about limited vaccine supply and cost. Since September 2004, PCV7 has not been in short supply (*2*). Additionally, certain health-care providers have found the permissive recommendation for healthy children aged 24–59 months to be confusing. The ACIP Pneumococcal Vaccines Work Group reviewed data on safety and immunogenicity of PCV7 in children aged 24–59 months, current rates of PCV7-type invasive disease, vaccination coverage rates, and post-licensure vaccine effectiveness. In October 2007, on the basis of that review, ACIP approved the following revised recommendation for use of PCV7 in children aged 24–59 months[†]:

- For all healthy children aged 24–59 months who have not completed any recommended schedule for PCV7, administer 1 dose of PCV7.
- For all children with underlying medical conditions aged 24–59 months who have received 3 doses, administer 1 dose of PCV7.
- For all children with underlying medical conditions aged 24–59 months who have received <3 doses, administer 2 doses of PCV7 at least 8 weeks apart.

No changes were made to previously published recommendations regarding 1) the use of PCV7 in children aged 2–23 months, 2) the list of underlying medical or immunocompromising conditions, or 3) the use of 23-valent pneumococcal polysaccharide vaccine in children aged ≥2 years who have previously received PCV7 (*3*).

[†] The minimum interval between all doses of PCV7 for children aged 24–59 months is 8 weeks.

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3. CDC. Recommended immunization schedules for persons aged 0–18 years—United States, 2008. MMWR 2008;57(1):Q1–4.

Notice to Readers

National Child Abuse Prevention Month — April 2008

April is National Child Abuse Prevention Month, an observance intended to increase awareness of child maltreatment and encourage individuals and communities to support children and families. CDC defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (*1*).

During April, CDC and the federal Administration for Children and Families (ACF) will highlight a range of child maltreatment prevention measures at the national, state, and local levels, including promotion of safe, stable, and nurturing relationships (SSNR) between children and caregivers. Three CDC publications support the SSNR framework: 1) *Child Maltreatment Surveillance, Uniform Definitions for Public Health and Recommended Data Elements*; 2) *The Effects of Childhood Stress on Health Across the Lifespan*; and 3) *Preventing Child Sexual Abuse within Youth Serving Organizations: Getting Started on Policies and Procedures*.

These publications and additional information regarding child maltreatment are available at http://www.cdc.gov/injury. Additional information from ACF is available at http://www.acf.hhs.gov and from the Child Welfare Information Gateway at http://www.childwelfare.gov.

Reference

1. Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child maltreatment surveillance: uniform definitions for public health and recommended data elements, version 1.0. Atlanta, GA: US Department of Health and Human Services, CDC; 2008.

Notice to Readers

National Public Health Week — April 7–13, 2008

Since 1995, the first full week of April has been designated in the United States as National Public Health Week. This year's observance focuses on climate change and public health. During April 7–13, 2008, CDC, the American Public Health Association, and members of the public health community will conduct activities and host events that encourage the public, policy-makers, and public health professionals to take steps that will have positive effects on their individual health, the health of the nation, and the climate.

In conjunction with the observance, CDC has developed resources and a list of actions that public health agencies can take to respond to potential health effects of climate change. Additional information regarding climate change and National Public Health Week is available at http://www.cdc.gov/nceh/climatechange and http://www.nphw.org.

Notice to Readers

New Public Health Emergency Law and Forensic Epidemiology Training Materials Released

CDC's Public Health Law Program has released version 3.0 of its Public Health Emergency Law and Forensic Epidemiology training materials on CD-ROM. These self-contained training packages were developed for use by instructors in any jurisdiction in the United States to provide public health preparedness training to front-line practitioners.

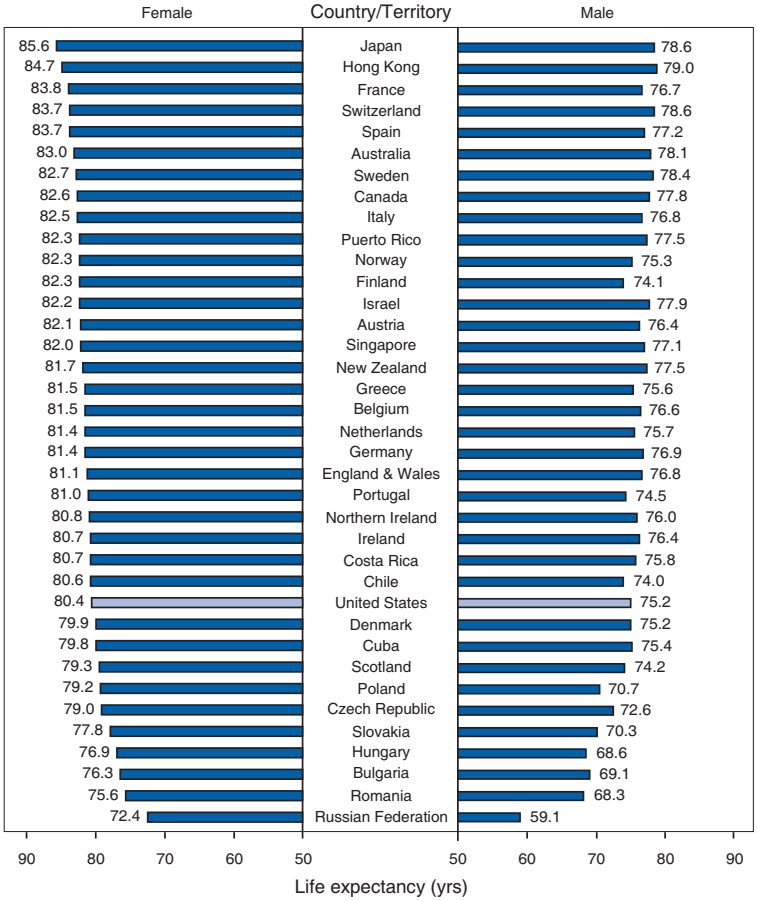
Public Health Emergency Law is designed to help public health practitioners and emergency management professionals improve their understanding of the use of law as a public health tool. Forensic Epidemiology is designed to help public health and law enforcement agencies strengthen coordination of responses to pandemic influenza and similar threats. Materials include a new CDC-developed case study on pandemic influenza.

Information regarding ordering a free CD-ROM with the two sets of training materials is available at http://www2.cdc.gov/phlp/phel.asp. Additional information is available via e-mail at fe-phel@mcking.com.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Life Expectancy Ranking* at Birth,† by Sex — Selected Countries and Territories, 2004§¶



* Rankings are from the highest to lowest female life expectancy at birth.
† Life expectancy at birth represents the average number of years that a group of infants would live if the infants were to experience throughout life the age-specific death rates present at birth.
§ Countries and territories were selected based on quality of data, high life expectancy, and a population of at least 1 million population. Differences in life expectancy reflect differences in reporting methods, which can vary by country, and actual differences in mortality rates.
¶ Most recent data available. Data for Ireland and Italy are for 2003.

In 2004, life expectancy at birth ranged from a low of 59.1 years for the Russian male population to a high of 85.6 years for the female population of Japan. In the United States, life expectancy for men (75.2 years) ranked 25th out of 37 countries and territories and 23rd for women (80.4 years). Japan and Hong Kong were the countries with the highest life expectancy, whereas the countries of Eastern Europe (e.g., Russian Federation, Romania, and Bulgaria) reported the lowest life expectancy.

SOURCES: Organisation for Economic Co-operation and Development. OECD health data 2007: statistics and indicators for 30 countries. Paris, France: Organisation for Economic Co-operation and Development; 2008. Available at http://www.oecd.org/health/healthdata.

CDC. Health, United States, 2007. With chartbook on trends in the health of Americans. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2007. Available at http://www.cdc.gov/nchs/data/hus/hus07.pdf.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 29, 2008 (13th 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	—	—	—	
Botulism:									
foodborne	—	1	0	26	20	19	16	20	
infant	—	13	1	83	97	85	87	76	
other (wound & unspecified)	—	1	0	24	48	31	30	33	
Brucellosis	—	10	2	128	121	120	114	104	
Chancroid	—	13	1	30	33	17	30	54	
Cholera	—	—	0	7	9	8	6	2	
Cyclosporiasis§	2	16	1	91	137	543	160	75	FL (2)
Diphtheria	—	—	—	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	—	0	44	67	80	112	108	
eastern equine	—	—	—	4	8	21	6	14	
Powassan	—	—	—	1	1	1	1	—	
St. Louis	—	—	0	7	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
Ehrlichia chaffeensis	—	22	2	734	578	506	338	321	
Ehrlichia ewingii	—	1	—	—	—	—	—	—	
Anaplasma phagocytophilum	—	6	2	730	646	786	537	362	
undetermined	—	1	1	162	231	112	59	44	
Haemophilus influenzae,††									
invasive disease (age <5 yrs):									
serotype b	1	8	0	23	29	9	19	32	MN (1)
nonserotype b	1	34	3	174	175	135	135	117	NV (1)
unknown serotype	4	58	4	190	179	217	177	227	OH (1), NC (1), TN (1), AZ (1)
Hansen disease§	—	16	2	73	66	87	105	95	
Hantavirus pulmonary syndrome§	—	2	0	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	1	14	2	276	288	221	200	178	CO (1)
Hepatitis C viral, acute	5	135	17	847	766	652	720	1,102	MO (1), KS (1), TX (2), WA (1)
HIV infection, pediatric (age <13 yrs)§§	—	—	4	—	—	380	436	504	
Influenza-associated pediatric mortality§,¶¶	6	59	1	76	43	45	—	N	CT (1), MN (2), TX (1), AZ (1), NV (1)
Listeriosis	5	99	10	783	884	896	753	696	FL (5)
Measles***	—	7	1	42	55	66	37	56	
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	1	69	8	305	318	297	—	—	MN (1)
serogroup B	3	42	3	149	193	156	—	—	NY (2), MN (1)
other serogroup	—	11	0	31	32	27	—	—	
unknown serogroup	14	169	19	581	651	765	—	—	NY (1), OH (1), FL (1), CO (1), CA (10)
Mumps	7	140	67	777	6,584	314	258	231	TN (1), NV (1), CA (5)
Novel influenza A virus infections	—	—	—	1	N	N	N	N	
Plague	—	—	—	6	17	8	3	1	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Poliovirus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	1	0	11	21	16	12	12	
Q fever§,§§§ total:	—	10	2	190	169	136	70	71	
acute	—	7	—	—	—	—	—	—	
chronic	—	3	—	—	—	—	—	—	
Rabies, human	—	—	—	—	3	2	7	2	
Rubella¶¶¶	1	2	0	11	11	11	10	7	PA (1)
Rubella, congenital syndrome	—	—	0	—	1	1	—	1	
SARS-CoV§,****	—	—	0	—	—	—	—	8	

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

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

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

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

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

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

†† 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. Fifty-nine 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.

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

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

TABLE I. (*Continued*) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending March 29, 2008 (13th 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.)
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	3	26	4	104	125	129	132	161	PA (1), MN (2)
Syphilis, congenital (age <1 yr)	—	20	7	293	349	329	353	413	
Tetanus	1	1	0	23	41	27	34	20	NE (1)
Toxic-shock syndrome (staphylococcal)§	—	12	2	84	101	90	95	133	
Trichinellosis	—	2	0	6	15	16	5	6	
Tularemia	—	2	0	115	95	154	134	129	
Typhoid fever	3	69	5	380	353	324	322	356	PA (1), CA (2)
Vancomycin-intermediate *Staphylococcus aureus*§	—	1	0	27	6	2	—	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	0	—	1	3	1	N	
Vibriosis (noncholera *Vibrio* species infections)§	5	30	1	361	N	N	N	N	FL (4), CA (1)
Yellow fever	—	—	—	—	—	—	—	—	

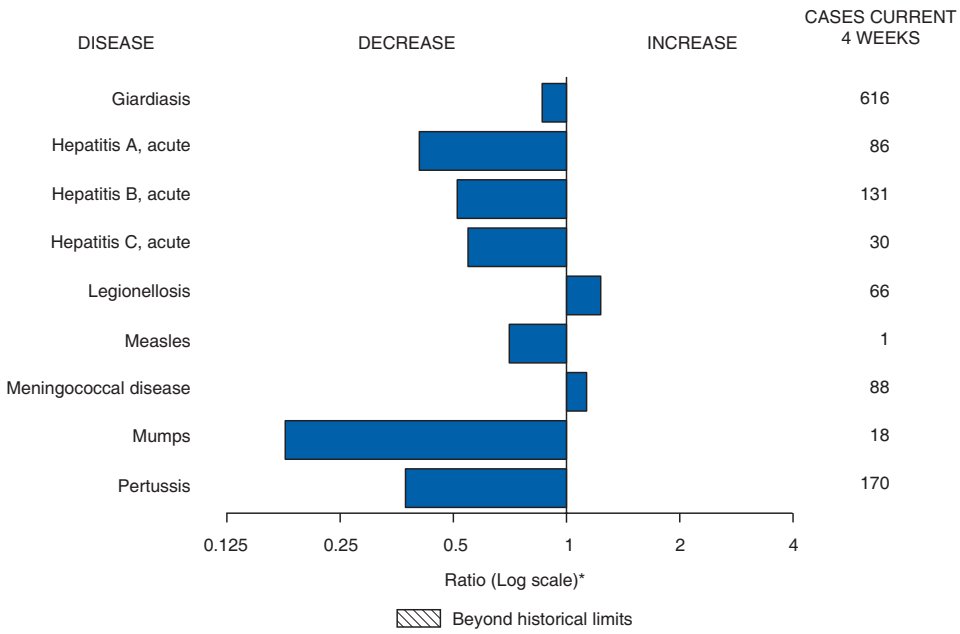
—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

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

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

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

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals March 29, 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.

Notifiable Disease Data Team and 122 Cities Mortality Data Team

Patsy A. Hall

Deborah A. Adams
Willie J. Anderson
Lenee Blanton
Rosaline Dhara
Carol Worsham
Pearl C. Sharp

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					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	12,081	20,921	25,082	222,543	262,953	52	134	335	1,795	1,924	50	84	973	673	708
New England	680	686	1,517	8,484	8,205	—	0	1	1	—	—	4	16	20	78
Connecticut	172	215	1,093	1,874	1,958	N	0	0	N	N	—	0	2	2	42
Maine§	59	50	67	688	653	N	0	0	N	N	—	1	5	1	6
Massachusetts	371	311	661	4,605	4,016	N	0	0	N	N	—	1	11	—	14
New Hampshire	35	39	73	542	495	—	0	1	1	—	—	1	5	4	10
Rhode Island§	43	61	98	769	856	—	0	0	—	—	—	0	3	2	—
Vermont§	—	13	32	6	227	N	0	0	N	N	—	1	4	11	6
Mid. Atlantic	4,226	2,724	4,294	30,384	34,063	—	0	0	—	—	8	10	117	100	81
New Jersey	—	393	522	3,045	5,628	N	0	0	N	N	—	1	7	3	4
New York (Upstate)	843	563	2,044	6,170	5,451	N	0	0	N	N	6	3	20	28	17
New York City	2,920	892	2,763	11,184	12,244	N	0	0	N	N	—	1	10	15	22
Pennsylvania	463	789	1,754	9,985	10,740	N	0	0	N	N	2	6	103	54	38
E.N. Central	787	3,394	6,191	33,951	44,698	—	1	3	7	11	5	20	134	156	156
Illinois	1	1,009	2,209	8,140	12,499	N	0	0	N	N	—	2	13	12	23
Indiana	278	392	651	4,843	5,442	N	0	0	N	N	—	2	41	16	9
Michigan	383	704	1,002	9,637	10,065	—	0	2	4	9	—	4	11	40	33
Ohio	125	860	3,617	7,122	11,674	—	0	1	3	2	5	5	60	54	46
Wisconsin	—	380	607	4,209	5,018	N	0	0	N	N	—	7	59	34	45
W.N. Central	397	1,201	1,462	13,361	15,666	—	0	77	—	2	7	15	124	109	90
Iowa	123	162	251	2,153	2,166	N	0	0	N	N	1	3	61	28	15
Kansas	191	149	393	1,528	2,011	N	0	0	N	N	—	1	16	10	13
Minnesota	7	260	318	2,859	3,374	—	0	77	—	—	5	3	34	32	21
Missouri	—	459	551	4,780	5,812	—	0	1	—	2	1	2	13	14	17
Nebraska§	11	88	183	1,008	1,261	N	0	0	N	N	—	2	24	15	6
North Dakota	—	32	65	347	443	N	0	0	N	N	—	0	6	1	1
South Dakota	65	52	81	686	599	N	0	0	N	N	—	2	16	9	17
S. Atlantic	2,240	3,958	6,239	41,083	48,097	—	0	1	2	2	16	20	69	159	165
Delaware	65	64	140	903	924	—	0	0	—	—	—	0	4	4	2
District of Columbia	107	113	181	1,298	1,389	—	0	0	—	—	—	0	1	2	3
Florida	1,005	1,254	1,556	16,390	10,814	N	0	0	N	N	11	8	35	76	86
Georgia	13	549	1,502	91	10,250	N	0	0	N	N	4	5	17	54	35
Maryland§	401	461	695	5,241	4,044	—	0	1	2	2	—	0	3	2	5
North Carolina	—	257	2,595	4,946	7,656	N	0	0	N	N	1	1	18	9	8
South Carolina§	41	503	3,030	4,575	6,221	N	0	0	N	N	—	1	15	5	11
Virginia§	598	490	1,062	6,885	6,024	N	0	0	N	N	—	1	5	4	14
West Virginia	10	62	95	754	775	N	0	0	N	N	—	0	5	3	1
E.S. Central	547	1,478	2,286	17,767	21,437	—	0	0	—	—	—	4	65	23	37
Alabama§	62	484	605	5,099	6,401	N	0	0	N	N	—	1	14	12	17
Kentucky	1	199	357	2,558	1,473	N	0	0	N	N	—	1	40	4	9
Mississippi	—	268	1,048	3,585	6,031	N	0	0	N	N	—	0	11	2	8
Tennessee§	484	502	719	6,525	7,532	N	0	0	N	N	—	1	18	5	3
W.S. Central	2,064	2,598	3,791	34,853	28,620	—	0	1	1	—	1	6	28	38	43
Arkansas§	455	207	395	3,655	2,197	N	0	0	N	N	—	0	8	2	3
Louisiana	151	349	851	2,837	4,595	—	0	1	1	—	—	1	4	3	13
Oklahoma	259	240	425	3,004	3,585	N	0	0	N	N	1	1	11	11	10
Texas§	1,199	1,739	3,405	25,357	18,243	N	0	0	N	N	—	3	16	22	17
Mountain	512	1,407	1,834	8,065	17,907	39	95	171	1,279	1,267	12	9	571	58	43
Arizona	46	449	672	716	5,535	39	91	169	1,261	1,234	—	1	6	11	6
Colorado	49	310	488	1,141	4,579	N	0	0	N	N	10	2	26	13	16
Idaho§	182	57	233	1,007	985	N	0	0	N	N	—	1	72	14	1
Montana§	33	47	363	690	721	N	0	0	N	N	2	1	7	8	3
Nevada§	202	181	291	1,706	2,321	—	1	6	11	10	—	0	6	1	—
New Mexico§	—	164	394	1,490	2,226	—	0	2	5	8	—	2	9	5	12
Utah	—	121	216	1,304	1,209	—	1	7	2	15	—	1	488	2	1
Wyoming§	—	20	35	11	331	—	0	1	—	—	—	0	8	4	4
Pacific	628	3,310	4,055	34,595	44,260	13	39	217	505	642	1	1	20	10	15
Alaska	84	92	137	956	1,199	N	0	0	N	N	1	0	2	1	—
California	300	2,713	3,464	29,731	34,753	13	39	217	505	642	—	0	0	—	—
Hawaii	—	109	134	1,172	1,429	N	0	0	N	N	—	0	4	—	—
Oregon§	244	184	403	2,628	2,440	N	0	0	N	N	—	1	16	9	15
Washington	—	134	621	108	4,439	N	0	0	N	N	—	0	0	—	—
American Samoa	—	0	32	37	21	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	10	34	25	194	—	0	0	—	—	—	0	0	—	—
Puerto Rico	82	112	612	1,320	2,248	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	3	9	—	56	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional. 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 March 29, 2008, and March 31, 2007 (13th 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	157	299	1,088	2,852	3,575	3,301	6,642	7,949	64,532	85,551	37	43	132	660	685
New England	6	23	54	154	261	83	103	227	1,152	1,318	—	3	8	15	50
Connecticut	2	6	18	61	69	29	42	199	391	434	—	0	7	2	15
Maine§	1	3	10	26	39	2	2	8	23	19	—	0	3	4	3
Massachusetts	—	8	29	—	120	44	51	127	622	679	—	0	6	—	27
New Hampshire	1	1	4	18	3	2	2	6	27	38	—	0	2	4	5
Rhode Island§	1	1	15	20	—	6	7	14	89	133	—	0	2	2	—
Vermont§	1	3	8	29	30	—	1	5	—	15	—	0	1	3	—
Mid. Atlantic	33	58	118	485	648	799	659	1,004	6,723	8,831	5	9	27	127	151
New Jersey	—	7	15	21	84	—	114	143	1,085	1,583	—	1	6	16	26
New York (Upstate)	19	23	100	208	194	163	125	518	1,418	1,394	2	2	20	34	31
New York City	4	16	29	100	220	503	149	476	1,649	2,736	1	1	6	20	38
Pennsylvania	10	14	30	156	150	133	231	551	2,571	3,118	2	3	12	57	56
E.N. Central	17	47	91	426	579	244	1,299	2,578	12,187	18,417	4	6	23	93	89
Illinois	—	14	33	85	160	—	378	772	2,473	4,450	—	2	7	26	29
Indiana	N	0	0	N	N	104	159	308	2,041	2,158	—	1	19	13	8
Michigan	1	11	22	88	165	101	275	540	3,678	4,474	—	0	3	5	10
Ohio	16	15	37	195	173	39	361	1,558	2,710	5,537	4	2	6	47	36
Wisconsin	—	7	21	58	81	—	125	214	1,285	1,798	—	0	1	2	6
W.N. Central	9	22	581	334	231	74	370	446	3,353	4,992	3	3	24	52	34
Iowa	—	5	23	58	51	9	29	56	322	531	—	0	1	1	—
Kansas	1	3	11	22	29	49	39	102	374	601	—	0	1	1	4
Minnesota	—	0	575	115	4	9	65	90	713	857	1	0	21	10	10
Missouri	3	8	23	90	108	—	187	255	1,549	2,617	—	1	5	29	15
Nebraska§	5	3	8	31	26	—	26	57	308	294	—	0	3	8	4
North Dakota	—	0	3	7	1	—	2	6	26	23	2	0	1	3	1
South Dakota	—	1	6	11	12	7	5	11	61	69	—	0	0	—	—
S. Atlantic	43	54	96	578	618	1,025	1,577	2,337	14,800	19,072	19	11	30	192	172
Delaware	—	1	6	10	8	21	24	44	316	361	—	0	1	1	4
District of Columbia	1	0	6	11	15	28	46	71	451	573	1	0	1	1	2
Florida	30	23	47	254	265	349	485	619	5,786	4,686	3	3	10	56	49
Georgia	8	12	40	173	141	3	215	621	37	4,147	3	2	8	50	39
Maryland§	1	5	18	46	62	86	130	235	1,488	1,358	2	2	6	41	30
North Carolina	N	0	0	N	N	—	170	1,176	2,446	3,811	9	0	9	22	13
South Carolina§	2	3	6	26	17	52	201	1,361	1,894	2,463	1	1	4	12	15
Virginia§	1	10	40	47	103	481	124	486	2,196	1,461	—	1	23	5	15
West Virginia	—	0	8	11	7	5	17	38	186	212	—	0	3	4	5
E.S. Central	3	10	23	86	119	179	570	868	6,436	7,846	1	2	8	33	37
Alabama§	3	4	11	53	70	23	206	282	2,090	2,734	—	0	3	5	10
Kentucky	N	0	0	N	N	—	80	161	973	479	—	0	1	—	2
Mississippi	N	0	0	N	N	—	112	401	1,429	2,108	—	0	2	3	2
Tennessee§	—	5	16	33	49	156	174	261	1,944	2,525	1	2	6	25	23
W.S. Central	4	6	21	43	78	604	1,006	1,347	11,940	12,116	—	2	15	29	25
Arkansas§	4	1	9	19	31	88	80	138	1,202	1,016	—	0	2	—	1
Louisiana	—	1	14	8	27	75	194	384	1,569	2,755	—	0	2	2	4
Oklahoma	—	3	9	16	20	84	87	172	1,169	1,536	—	1	8	26	19
Texas§	N	0	0	N	N	357	641	962	8,000	6,809	—	0	3	1	1
Mountain	13	31	68	209	327	119	259	335	1,394	3,259	4	5	14	95	87
Arizona	1	3	11	31	49	13	99	127	198	1,139	2	2	11	56	40
Colorado	6	10	26	51	112	48	60	91	270	867	1	1	4	6	20
Idaho§	2	3	19	30	25	8	5	19	48	60	—	0	1	1	3
Montana§	—	2	8	19	16	—	1	48	19	29	—	0	1	1	—
Nevada§	4	3	8	23	25	50	44	85	450	560	1	0	1	5	4
New Mexico§	—	2	5	14	34	—	30	64	281	403	—	1	4	9	12
Utah	—	7	33	32	56	—	14	39	128	183	—	1	6	17	7
Wyoming§	—	1	3	9	10	—	1	5	—	18	—	0	1	—	1
Pacific	29	62	228	537	714	174	664	800	6,547	9,700	1	3	7	24	40
Alaska	2	1	5	20	14	7	10	24	92	129	—	0	4	4	4
California	12	43	84	381	527	125	584	693	5,952	8,221	—	0	5	1	10
Hawaii	1	1	4	3	18	1	12	23	123	163	—	0	2	3	3
Oregon§	6	9	19	95	101	41	24	63	363	279	1	1	5	16	23
Washington	8	8	137	38	54	—	19	142	17	908	—	0	3	—	—
American Samoa	—	0	0	—	—	—	0	1	1	2	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	1	—	—	—	2	13	15	18	—	0	1	—	—
Puerto Rico	—	5	31	5	67	5	4	23	63	98	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	1	2	—	17	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 years 2007 and 2008 are provisional.
† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th 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	20	53	145	544	641	24	80	230	683	1,033	17	48	92	425	380
New England	—	2	6	17	16	—	1	6	8	18	—	2	14	16	13
Connecticut	—	0	3	5	4	—	0	2	3	8	—	0	4	3	2
Maine§	—	0	1	2	—	—	0	2	3	1	—	0	2	—	—
Massachusetts	—	0	4	—	9	—	0	1	—	1	—	0	2	—	10
New Hampshire	—	0	3	1	3	—	0	1	1	4	—	0	2	3	—
Rhode Island§	—	0	2	9	—	—	0	3	1	3	—	0	6	8	—
Vermont§	—	0	1	—	—	—	0	1	—	1	—	0	2	2	1
Mid. Atlantic	2	9	21	75	95	1	8	17	61	142	1	14	37	85	101
New Jersey	—	2	6	13	30	—	1	4	—	42	—	1	11	6	18
New York (Upstate)	2	1	6	17	17	—	2	7	11	13	1	4	15	21	25
New York City	—	3	9	19	34	—	2	7	5	37	—	2	11	6	20
Pennsylvania	—	2	6	26	14	1	3	14	45	50	—	5	21	52	38
E.N. Central	1	5	13	62	85	4	8	15	80	127	—	11	30	105	95
Illinois	—	1	5	12	35	—	1	6	7	37	—	2	12	12	21
Indiana	—	0	4	4	4	—	1	8	5	5	—	1	7	4	5
Michigan	1	2	6	36	21	1	2	6	29	39	—	3	11	30	28
Ohio	—	1	3	8	19	3	2	7	36	35	—	4	17	59	35
Wisconsin	—	0	1	2	6	—	0	1	3	11	—	0	1	—	6
W.N. Central	4	3	24	69	14	—	2	8	17	46	2	2	9	20	12
Iowa	—	1	5	21	5	—	0	2	2	9	—	0	2	4	1
Kansas	—	0	3	4	—	—	0	2	4	4	—	0	1	—	—
Minnesota	2	0	23	9	1	—	0	5	—	2	1	0	6	2	2
Missouri	—	0	3	13	3	—	1	5	9	24	—	1	3	7	6
Nebraska§	2	0	4	21	3	—	0	1	2	4	1	0	2	6	2
North Dakota	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Dakota	—	0	1	1	2	—	0	1	—	3	—	0	1	1	1
S. Atlantic	6	10	21	80	112	9	18	54	202	259	7	8	27	92	91
Delaware	—	0	1	1	—	—	0	2	—	3	—	0	2	1	1
District of Columbia	—	0	5	—	8	—	0	1	—	1	—	0	2	5	—
Florida	4	2	8	35	41	7	6	12	87	82	4	3	12	42	37
Georgia	1	1	4	13	18	1	2	6	27	38	—	1	3	14	9
Maryland§	1	1	5	11	15	—	2	7	20	26	3	1	5	16	22
North Carolina	—	0	9	9	6	—	0	16	24	48	—	0	4	3	9
South Carolina§	—	0	4	2	4	—	1	6	17	19	—	0	2	2	4
Virginia§	—	1	5	8	20	1	2	15	21	35	—	1	6	6	6
West Virginia	—	0	2	1	—	—	0	23	6	7	—	0	5	3	3
E.S. Central	1	2	5	8	25	2	7	15	75	81	1	2	6	21	20
Alabama§	—	0	4	1	5	—	2	6	23	29	—	0	1	2	2
Kentucky	—	0	2	3	5	—	2	7	23	7	—	1	3	11	9
Mississippi	—	0	1	—	4	1	0	3	9	10	—	0	0	—	—
Tennessee§	1	1	3	4	11	1	2	8	20	35	1	1	4	8	9
W.S. Central	—	5	46	43	52	6	19	112	148	164	1	2	12	12	9
Arkansas§	—	0	1	—	4	—	1	4	2	16	—	0	3	1	1
Louisiana	—	0	3	1	7	—	1	6	12	22	—	0	2	—	1
Oklahoma	—	0	8	3	—	—	1	38	15	8	—	0	2	—	—
Texas§	—	4	45	39	41	6	13	94	119	118	1	2	12	11	7
Mountain	1	4	10	50	64	1	3	8	21	61	2	2	6	26	20
Arizona	—	2	10	30	49	—	1	4	3	31	2	1	5	15	6
Colorado	—	0	2	3	6	1	0	3	5	8	—	0	2	1	4
Idaho§	1	0	2	8	1	—	0	1	1	3	—	0	1	1	1
Montana§	—	0	2	—	—	—	0	1	—	—	—	0	1	2	—
Nevada§	—	0	1	—	4	—	1	3	8	12	—	0	2	2	2
New Mexico§	—	0	2	5	1	—	0	2	2	4	—	0	1	1	2
Utah	—	0	2	2	2	—	0	2	2	3	—	0	3	4	3
Wyoming§	—	0	1	2	1	—	0	1	—	—	—	0	1	—	2
Pacific	5	12	44	140	178	1	9	30	71	135	3	3	16	48	19
Alaska	—	0	1	1	1	—	0	2	2	2	—	0	0	—	—
California	3	9	34	111	166	—	6	19	52	106	3	2	13	40	16
Hawaii	—	0	2	2	2	—	0	2	1	—	—	0	1	1	—
Oregon§	—	1	3	10	4	—	1	3	7	18	—	0	2	4	—
Washington	2	1	8	16	5	1	1	10	9	9	—	0	2	3	3
American Samoa	—	0	0	—	—	—	0	13	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	1	—	0	0	—	—
Puerto Rico	—	1	4	2	26	—	1	5	4	19	—	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 years 2007 and 2008 are provisional.
† Data for acute hepatitis C, viral are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	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	29	325	1,317	1,219	1,870	4	25	109	153	225	18	19	52	291	319
New England	—	44	302	57	150	—	1	23	1	9	—	0	3	2	12
Connecticut	—	12	214	—	29	—	0	16	—	—	—	0	1	1	2
Maine§	—	6	61	33	12	—	0	2	—	2	—	0	1	1	2
Massachusetts	—	0	31	—	57	—	0	3	—	6	—	0	2	—	5
New Hampshire	—	8	88	20	47	—	0	4	1	1	—	0	1	—	—
Rhode Island§	—	0	79	—	—	—	0	7	—	—	—	0	1	—	1
Vermont§	—	1	13	4	5	—	0	2	—	—	—	0	1	—	2
Mid. Atlantic	22	169	678	717	975	1	7	18	33	56	3	2	8	34	36
New Jersey	—	40	189	96	309	—	1	4	—	9	—	0	1	1	6
New York (Upstate)	9	54	224	85	139	1	1	8	4	8	3	1	3	15	8
New York City	—	5	27	4	42	—	4	9	22	33	—	0	4	3	5
Pennsylvania	13	51	324	532	485	—	1	4	7	6	—	1	5	15	17
E.N. Central	—	11	169	18	64	—	2	7	30	37	1	3	8	48	54
Illinois	—	1	16	1	5	—	1	6	14	18	—	1	3	13	21
Indiana	—	0	7	1	1	—	0	2	1	1	—	0	4	8	6
Michigan	—	0	5	5	3	—	0	2	5	7	—	0	2	10	9
Ohio	—	0	4	3	2	—	0	3	9	5	1	1	3	13	12
Wisconsin	—	10	149	8	53	—	0	1	1	6	—	0	1	4	6
W.N. Central	—	4	714	4	22	1	0	8	6	12	2	1	8	35	26
Iowa	—	1	11	4	6	—	0	1	—	2	—	0	3	8	7
Kansas	—	0	2	—	1	—	0	1	—	—	—	0	1	—	2
Minnesota	—	0	714	—	15	—	0	8	1	7	2	0	7	15	6
Missouri	—	0	4	—	—	—	0	1	1	1	—	0	3	7	8
Nebraska§	—	0	1	—	—	1	0	2	4	2	—	0	2	4	1
North Dakota	—	0	2	—	—	—	0	1	—	—	—	0	1	—	1
South Dakota	—	0	0	—	—	—	0	1	—	—	—	0	1	1	1
S. Atlantic	5	64	215	370	620	—	5	14	44	45	1	3	11	35	42
Delaware	1	12	34	96	105	—	0	1	—	1	—	0	1	—	—
District of Columbia	2	0	7	20	2	—	0	1	—	1	—	0	0	—	—
Florida	—	1	11	9	4	—	1	7	15	10	1	1	7	16	11
Georgia	—	0	3	1	—	—	1	3	12	5	—	0	3	3	6
Maryland§	1	34	133	214	424	—	1	5	14	14	—	0	2	4	11
North Carolina	—	0	8	2	5	—	0	4	2	4	—	0	4	3	4
South Carolina§	—	0	4	1	4	—	0	1	1	—	—	0	3	9	4
Virginia§	1	17	62	26	76	—	0	7	—	10	—	0	2	—	6
West Virginia	—	0	9	1	—	—	0	1	—	—	—	0	1	—	—
E.S. Central	1	0	5	1	5	—	0	3	2	7	—	1	3	18	15
Alabama§	—	0	3	—	1	—	0	1	1	1	—	0	2	—	3
Kentucky	—	0	2	—	—	—	0	1	1	1	—	0	2	4	2
Mississippi	—	0	1	—	—	—	0	1	—	1	—	0	2	5	4
Tennessee§	1	0	4	1	4	—	0	2	—	4	—	0	2	9	6
W.S. Central	1	1	8	4	12	2	1	55	8	16	—	2	11	27	36
Arkansas§	—	0	1	—	—	—	0	1	—	—	—	0	2	2	5
Louisiana	—	0	0	—	2	—	0	2	—	8	—	0	3	6	11
Oklahoma	—	0	0	—	—	—	0	2	1	1	—	0	4	6	6
Texas§	1	1	8	4	10	2	1	54	7	7	—	1	6	13	14
Mountain	—	1	3	3	2	—	1	5	6	16	1	1	4	20	26
Arizona	—	0	1	1	—	—	0	1	1	4	—	0	2	3	5
Colorado	—	0	1	2	—	—	0	2	2	9	1	0	2	4	8
Idaho§	—	0	2	—	—	—	0	2	—	—	—	0	2	2	2
Montana§	—	0	2	—	1	—	0	1	—	1	—	0	1	2	1
Nevada§	—	0	2	—	1	—	0	3	3	—	—	0	2	4	3
New Mexico§	—	0	2	—	—	—	0	1	—	1	—	0	1	3	1
Utah	—	0	2	—	—	—	0	3	—	1	—	0	2	1	6
Wyoming§	—	0	1	—	—	—	0	0	—	—	—	0	1	1	—
Pacific	—	3	11	45	20	—	3	9	23	27	10	4	20	72	72
Alaska	—	0	2	—	2	—	0	0	—	2	—	0	1	—	1
California	—	2	9	44	18	—	2	8	17	19	10	3	12	55	55
Hawaii	N	0	0	N	N	—	0	1	1	1	—	0	2	—	2
Oregon§	—	0	1	1	—	—	0	2	3	4	—	1	3	9	8
Washington	—	0	7	—	—	—	0	3	2	1	—	0	8	8	6
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	1	—	0	1	—	3
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 years 2007 and 2008 are provisional.
† Data for meningococcal disease, invasive caused by serogroups A, C, Y, & W-135; serogroup B; other serogroup; and unknown serogroup are available in Table I.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th 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	40	167	637	1,181	2,349	41	98	176	660	1,067	2	34	147	52	119
New England	—	20	45	32	384	12	9	22	62	106	—	0	1	—	1
Connecticut	—	0	5	—	19	3	4	10	37	46	—	0	0	—	—
Maine†	—	1	5	14	28	4	1	5	7	21	N	0	0	N	N
Massachusetts	—	14	33	—	304	N	0	0	N	N	—	0	1	—	1
New Hampshire	—	1	5	6	16	1	1	4	7	9	—	0	1	—	—
Rhode Island†	—	0	8	8	2	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	4	15	4	2	13	11	30	—	0	0	—	—
Mid. Atlantic	8	22	38	172	396	8	25	56	79	281	—	1	7	3	10
New Jersey	—	3	7	2	61	—	0	0	—	—	—	0	3	—	1
New York (Upstate)	6	8	24	59	197	8	9	20	74	80	—	0	1	—	—
New York City	—	2	7	15	44	—	0	5	5	17	—	0	3	1	4
Pennsylvania	2	7	22	96	94	—	13	44	—	184	—	0	3	2	5
E.N. Central	4	23	185	402	465	—	2	39	1	5	—	1	4	1	3
Illinois	—	2	8	11	59	N	0	0	N	N	—	1	3	—	1
Indiana	—	0	12	4	3	—	0	1	—	—	—	0	2	—	—
Michigan	3	3	16	35	97	—	1	28	—	4	—	0	1	—	1
Ohio	1	12	176	352	213	—	1	11	1	1	—	0	2	1	1
Wisconsin	—	0	24	—	93	N	0	0	N	N	—	0	0	—	—
W.N. Central	1	12	134	101	147	1	4	13	15	36	—	5	37	10	13
Iowa	—	2	8	19	47	1	0	3	2	4	—	0	4	—	1
Kansas	—	2	5	2	48	—	1	7	—	21	—	0	2	—	3
Minnesota	—	0	131	—	8	—	0	6	9	3	—	0	4	—	—
Missouri	1	2	16	66	17	—	0	3	—	2	—	5	29	10	9
Nebraska†	—	1	12	12	6	—	0	0	—	—	—	0	2	—	—
North Dakota	—	0	4	—	1	—	0	5	2	5	—	0	0	—	—
South Dakota	—	0	7	2	20	—	0	2	2	1	—	0	1	—	—
S. Atlantic	10	15	48	126	254	15	40	63	428	548	—	14	111	28	64
Delaware	—	0	2	1	1	—	0	0	—	—	—	0	2	1	4
District of Columbia	—	0	1	2	2	—	0	0	—	—	—	0	1	—	—
Florida	2	3	9	31	81	—	0	9	28	124	—	0	3	1	3
Georgia	—	0	3	2	13	1	5	31	87	51	—	0	6	3	4
Maryland†	—	2	6	17	43	—	9	18	86	86	—	1	6	7	10
North Carolina	4	3	34	39	59	13	9	19	100	102	—	5	96	11	32
South Carolina†	—	2	22	17	21	—	0	11	—	31	—	0	7	—	4
Virginia†	4	2	11	17	31	—	12	31	102	132	—	2	11	4	7
West Virginia	—	0	12	—	3	1	0	11	25	22	—	0	3	1	—
E.S. Central	—	6	35	49	71	1	3	7	29	30	1	5	16	4	24
Alabama†	—	1	6	15	22	—	0	0	—	—	—	1	10	2	9
Kentucky	—	0	4	6	3	1	0	3	4	6	—	0	2	—	—
Mississippi	—	3	32	20	14	—	0	1	—	—	—	0	3	—	1
Tennessee†	—	1	5	8	32	—	3	6	25	24	1	2	10	2	14
W.S. Central	—	20	112	44	110	2	1	23	13	16	—	1	30	4	2
Arkansas†	—	1	17	8	11	2	1	3	12	7	—	0	15	—	—
Louisiana	—	0	2	—	6	—	0	0	—	—	—	0	2	2	1
Oklahoma	—	0	26	1	—	—	0	22	1	9	—	0	20	—	—
Texas†	—	16	102	35	93	—	0	0	—	—	—	1	7	2	1
Mountain	11	19	40	138	327	—	2	8	10	1	—	0	4	1	1
Arizona	—	2	10	15	96	N	0	0	N	N	—	0	1	—	—
Colorado	5	5	14	27	85	—	0	0	—	—	—	0	2	—	—
Idaho†	—	1	4	6	10	—	0	4	—	—	—	0	1	—	1
Montana†	6	1	11	45	11	—	0	3	—	—	—	0	1	—	—
Nevada†	—	0	6	2	7	—	0	2	—	—	—	0	0	—	—
New Mexico†	—	1	7	2	13	—	0	2	8	—	—	0	1	1	—
Utah	—	5	27	41	93	—	0	2	—	1	—	0	0	—	—
Wyoming†	—	0	2	—	12	—	0	4	2	—	—	0	2	—	—
Pacific	6	17	243	117	195	2	4	10	23	44	1	0	2	1	1
Alaska	1	1	6	18	9	—	0	3	9	21	N	0	0	N	N
California	—	8	32	23	136	2	3	8	14	23	1	0	2	1	1
Hawaii	—	0	2	2	8	—	0	0	—	—	N	0	0	N	N
Oregon†	4	2	14	25	15	—	0	3	—	—	—	0	1	—	—
Washington	1	3	209	49	27	—	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	1	—	—	—	0	5	8	15	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 years 2007 and 2008 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th 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	329	864	1,894	5,602	7,698	222	72	217	611	498	199	359	1,078	3,088	2,586
New England	2	31	78	135	710	—	3	11	18	77	—	3	11	15	87
Connecticut	—	0	72	72	430	—	0	6	6	45	—	0	7	7	44
Maine§	—	2	14	26	22	—	0	4	4	7	—	0	4	1	4
Massachusetts	—	21	58	—	207	—	1	10	—	18	—	1	8	—	37
New Hampshire	—	3	10	10	23	—	0	4	5	6	—	0	1	1	2
Rhode Island§	2	1	15	17	17	—	0	2	1	—	—	0	9	5	—
Vermont§	—	1	5	10	11	—	0	3	2	1	—	0	1	1	—
Mid. Atlantic	14	108	190	612	1,063	193	9	27	225	64	15	19	154	255	131
New Jersey	—	19	48	16	217	—	1	7	—	21	—	4	11	35	22
New York (Upstate)	9	26	63	174	246	192	3	12	206	18	14	4	19	77	21
New York City	—	25	52	185	258	—	1	5	4	5	1	7	18	116	72
Pennsylvania	5	34	69	237	342	1	2	11	15	20	—	2	141	27	16
E.N. Central	25	104	255	569	1,021	2	9	35	42	64	19	57	134	546	245
Illinois	—	30	188	142	383	—	1	13	2	10	—	15	27	172	131
Indiana	—	11	34	44	94	—	2	12	5	2	—	5	82	173	13
Michigan	5	19	43	129	153	—	2	8	13	10	—	1	7	11	12
Ohio	20	25	64	200	202	2	2	9	16	30	19	18	104	163	55
Wisconsin	—	14	50	54	189	—	2	11	6	12	—	4	13	27	34
W.N. Central	24	49	103	407	484	1	12	38	57	47	9	27	80	173	444
Iowa	—	9	18	67	82	—	3	13	15	7	—	2	6	17	18
Kansas	5	7	20	32	76	1	0	4	3	5	—	0	3	3	8
Minnesota	3	13	39	112	97	—	3	15	12	16	1	4	10	28	65
Missouri	12	14	29	128	148	—	3	12	22	10	6	17	72	77	331
Nebraska§	4	5	13	47	35	—	2	6	3	9	—	0	3	—	4
North Dakota	—	0	9	5	8	—	0	1	—	—	2	0	5	16	6
South Dakota	—	3	11	16	38	—	0	5	2	—	—	1	30	32	12
S. Atlantic	95	228	435	1,758	2,016	18	13	38	110	108	47	82	153	786	850
Delaware	—	3	8	18	22	—	0	2	2	4	—	0	2	—	3
District of Columbia	1	0	4	11	8	—	0	1	—	—	—	0	4	8	3
Florida	52	87	181	860	828	12	3	18	43	28	13	34	75	245	543
Georgia	16	36	81	314	298	—	1	8	8	16	12	29	86	350	236
Maryland§	6	15	44	108	152	—	1	5	16	16	1	2	7	14	20
North Carolina	12	25	191	175	335	3	1	24	12	16	4	1	12	25	14
South Carolina§	7	18	51	147	162	3	0	3	8	2	17	6	20	125	12
Virginia§	1	22	50	96	190	—	3	9	17	25	—	3	14	19	19
West Virginia	—	4	25	29	21	—	0	3	4	1	—	0	62	—	—
E.S. Central	22	59	144	368	489	2	4	26	44	23	17	49	177	386	219
Alabama§	7	16	50	125	138	1	1	19	25	5	6	13	43	106	88
Kentucky	6	10	23	64	92	—	1	12	4	7	1	8	35	41	22
Mississippi	2	13	57	62	101	—	0	1	1	1	1	18	111	111	52
Tennessee§	7	17	34	117	158	1	2	12	14	10	9	7	32	128	57
W.S. Central	49	96	819	449	431	1	5	13	32	31	65	48	653	578	198
Arkansas§	6	13	50	60	62	1	0	3	5	6	5	2	11	46	16
Louisiana	—	16	44	49	102	—	0	0	—	3	—	9	22	33	72
Oklahoma	7	9	43	65	58	—	0	3	2	4	1	3	9	24	11
Texas§	36	52	772	275	209	—	3	11	25	18	59	33	631	475	99
Mountain	62	50	83	477	495	5	9	42	58	44	12	17	40	132	168
Arizona	8	17	39	173	175	3	2	8	25	13	4	10	30	74	81
Colorado	47	10	45	136	120	1	1	17	1	11	—	2	6	5	24
Idaho§	1	3	10	28	25	1	2	16	18	3	—	0	2	2	3
Montana§	1	1	10	12	21	—	0	3	3	—	—	0	2	—	5
Nevada§	5	5	12	42	53	—	0	3	2	4	8	1	10	39	11
New Mexico§	—	5	13	46	49	—	1	3	7	10	—	1	6	8	26
Utah	—	4	17	27	37	—	1	9	2	3	—	0	5	1	5
Wyoming§	—	1	5	13	15	—	0	0	—	—	—	0	5	3	13
Pacific	36	114	391	827	989	—	9	38	25	40	15	27	70	217	244
Alaska	1	1	5	9	22	—	0	1	—	—	—	0	1	—	5
California	21	85	230	649	773	—	5	33	14	24	13	22	61	189	204
Hawaii	—	5	14	42	57	—	0	4	2	3	—	0	3	7	11
Oregon§	1	6	16	58	63	—	1	11	3	5	—	1	6	10	9
Washington	13	11	152	69	74	—	1	17	6	8	2	2	21	11	15
American Samoa	—	0	1	1	—	—	0	0	—	—	—	0	1	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	5	2	2	—	0	0	—	—	—	0	3	5	5
Puerto Rico	—	14	55	35	171	—	0	0	—	—	—	0	2	—	11
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.
U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th Week)*

Reporting area	Streptococcal disease, 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	109	92	193	1,439	1,557	27	31	147	406	485
New England	—	4	28	35	95	—	1	4	5	43
Connecticut	—	0	22	10	2	—	0	1	—	7
Maine§	—	0	3	9	7	—	0	1	1	—
Massachusetts	—	1	12	—	65	—	0	4	—	33
New Hampshire	—	0	4	8	11	—	0	1	4	—
Rhode Island§	—	0	3	3	—	—	0	1	—	2
Vermont§	—	0	2	5	10	—	0	1	—	1
Mid. Atlantic	14	16	40	261	322	—	5	38	48	63
New Jersey	—	2	11	12	65	—	1	6	9	16
New York (Upstate)	8	6	20	103	78	—	2	14	25	29
New York City	—	4	9	45	82	—	2	35	14	18
Pennsylvania	6	4	15	101	97	N	0	0	N	N
E.N. Central	8	15	55	302	296	—	5	20	85	73
Illinois	—	4	11	67	106	—	1	6	18	12
Indiana	—	2	11	34	32	—	0	12	8	4
Michigan	1	4	10	54	65	—	1	5	24	31
Ohio	7	4	14	90	79	—	1	5	17	21
Wisconsin	—	0	38	57	14	—	0	9	18	5
W.N. Central	39	5	33	127	107	2	3	22	36	30
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	2	8	14	—	0	1	2	1
Minnesota	35	0	20	55	48	2	1	21	13	14
Missouri	—	2	10	33	30	—	0	2	15	12
Nebraska§	1	0	3	15	5	—	0	3	2	2
North Dakota	3	0	3	7	7	—	0	0	—	1
South Dakota	—	0	2	9	3	—	0	1	4	—
S. Atlantic	28	23	49	339	344	7	5	10	63	98
Delaware	—	0	3	6	1	—	0	0	—	—
District of Columbia	—	0	4	11	4	—	0	1	2	—
Florida	8	6	16	79	68	2	1	4	17	18
Georgia	5	4	13	71	78	—	0	4	—	29
Maryland§	4	4	9	67	65	3	1	5	23	24
North Carolina	7	2	22	42	40	N	0	0	N	N
South Carolina§	3	1	7	19	29	2	1	4	16	9
Virginia§	1	3	12	33	53	—	0	3	3	17
West Virginia	—	0	3	11	6	—	0	1	2	1
E.S. Central	1	4	13	45	64	3	2	11	27	27
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	2	10	18	N	0	0	N	N
Mississippi	N	0	0	N	N	1	0	3	6	2
Tennessee§	1	3	13	35	46	2	2	9	21	25
W.S. Central	12	7	68	132	94	11	4	61	68	76
Arkansas§	—	0	1	1	9	—	0	2	3	5
Louisiana	—	0	2	3	10	—	0	3	—	20
Oklahoma	3	1	9	44	32	2	1	5	26	16
Texas§	9	5	59	84	43	9	3	56	39	35
Mountain	6	10	21	161	199	4	4	11	74	71
Arizona	4	4	9	69	67	1	2	8	50	37
Colorado	2	2	9	38	50	3	1	4	13	15
Idaho§	—	0	2	7	5	—	0	1	1	—
Montana§	N	0	0	N	N	—	0	1	—	—
Nevada§	—	0	1	2	2	N	0	0	N	N
New Mexico§	—	2	5	33	36	—	0	3	9	16
Utah	—	1	5	12	37	—	0	2	1	3
Wyoming§	—	0	1	—	2	—	0	0	—	—
Pacific	1	3	7	37	36	—	0	1	—	4
Alaska	—	0	3	10	5	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	1	2	5	27	31	—	0	1	—	4
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	4	—	—	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	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 years 2007 and 2008 are provisional.
† Includes cases of invasive pneumococcal disease, in children aged <5 years, caused by *S. pneumoniae*, which is susceptible or for which susceptibility testing is not available (NNDSS event code 11717).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th 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	37	43	97	788	883	7	8	23	117	170	129	221	286	2,389	2,410
New England	1	1	6	11	51	—	0	2	2	4	7	6	14	63	48
Connecticut	—	0	4	—	32	—	0	1	—	3	—	0	6	3	6
Maine§	1	0	2	6	4	—	0	1	1	—	—	0	2	1	—
Massachusetts	—	0	0	—	—	—	0	0	—	—	6	3	10	54	32
New Hampshire	—	0	0	—	—	—	0	0	—	—	1	0	3	3	4
Rhode Island§	—	0	2	2	7	—	0	1	—	1	—	0	5	2	5
Vermont§	—	0	2	3	8	—	0	1	1	—	—	0	5	—	1
Mid. Atlantic	3	2	6	43	60	1	0	2	8	14	30	32	45	413	391
New Jersey	—	0	0	—	—	—	0	0	—	—	—	5	10	56	51
New York (Upstate)	1	1	4	11	20	1	0	1	2	7	4	3	10	27	29
New York City	—	0	0	—	—	—	0	0	—	—	23	18	30	266	249
Pennsylvania	2	1	6	32	40	—	0	2	6	7	3	5	12	64	62
E.N. Central	9	13	46	224	241	1	2	14	31	38	11	15	27	181	216
Illinois	—	2	13	43	51	—	0	6	9	16	—	6	14	25	101
Indiana	—	3	28	46	36	—	0	11	5	3	4	1	6	34	14
Michigan	—	0	1	3	—	—	0	1	1	—	2	2	12	29	32
Ohio	9	6	17	132	154	1	1	3	16	19	5	4	15	82	54
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	11	15
W.N. Central	1	2	49	43	70	—	0	2	1	9	—	7	14	85	62
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	1	2
Kansas	—	0	7	4	42	—	0	1	—	2	—	0	5	6	5
Minnesota	—	0	46	—	—	—	0	1	—	5	—	1	4	24	13
Missouri	1	1	8	39	25	—	0	1	1	—	—	5	10	52	42
Nebraska§	—	0	1	—	1	—	0	0	—	—	—	0	1	2	—
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	1	—	2	—	0	1	—	2	—	0	3	—	—
S. Atlantic	17	18	44	346	375	5	4	11	54	87	29	50	152	479	481
Delaware	—	0	1	—	2	—	0	1	—	1	—	0	3	1	2
District of Columbia	—	0	3	10	4	—	0	0	—	—	2	2	12	22	49
Florida	12	11	27	198	200	5	2	7	34	47	9	17	35	196	135
Georgia	5	5	17	120	154	—	1	5	16	34	1	7	131	12	56
Maryland§	—	0	2	3	—	—	0	1	1	—	8	6	15	83	72
North Carolina	N	0	0	N	N	N	0	0	N	N	1	5	23	78	91
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	11	18	21
Virginia§	N	0	0	N	N	N	0	0	N	N	8	4	16	69	53
West Virginia	—	1	12	15	15	—	0	1	3	5	—	0	1	—	2
E.S. Central	6	4	12	99	49	—	1	4	13	10	15	20	31	254	181
Alabama§	N	0	0	N	N	N	0	0	N	N	6	8	17	111	62
Kentucky	2	0	3	18	11	—	0	2	4	1	—	1	4	14	22
Mississippi	—	0	0	—	—	—	0	0	—	—	—	2	15	25	27
Tennessee§	4	3	12	81	38	—	0	3	9	9	9	8	15	104	70
W.S. Central	—	1	5	19	28	—	0	2	5	2	25	40	56	474	373
Arkansas§	—	0	1	3	1	—	0	1	2	—	1	2	10	23	29
Louisiana	—	1	4	16	27	—	0	2	3	2	5	11	22	82	80
Oklahoma	N	0	0	N	N	N	0	0	N	N	1	1	5	17	20
Texas§	—	0	0	—	—	—	0	0	—	—	18	26	46	352	244
Mountain	—	1	5	3	9	—	0	2	2	6	1	9	28	50	104
Arizona	—	0	0	—	—	—	0	0	—	—	—	5	20	2	47
Colorado	—	0	0	—	—	—	0	0	—	—	1	1	7	20	12
Idaho§	N	0	0	N	N	N	0	0	N	N	—	0	1	1	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	1
Nevada§	N	0	0	N	N	N	0	0	N	N	—	2	6	19	26
New Mexico§	—	0	1	—	—	—	0	0	—	—	—	1	3	8	12
Utah	—	0	5	3	7	—	0	2	2	5	—	0	2	—	4
Wyoming§	—	0	2	—	2	—	0	1	—	1	—	0	1	—	1
Pacific	—	0	0	—	—	—	0	1	1	—	11	42	61	390	554
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	—	2
California	N	0	0	N	N	N	0	0	N	N	5	39	58	333	525
Hawaii	—	0	0	—	—	—	0	1	1	—	—	0	2	7	1
Oregon§	N	0	0	N	N	N	0	0	N	N	—	0	2	5	4
Washington	N	0	0	N	N	N	0	0	N	N	6	3	13	45	22
American Samoa	N	0	0	N	N	N	0	1	N	N	—	0	4	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	4	2	10	32	31
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2007 and 2008 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending March 29, 2008, and March 31, 2007 (13th 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	414	585	1,350	6,984	12,222	—	1	141	—	4	—	2	299	—	1
New England	6	12	47	143	180	—	0	2	—	—	—	0	2	—	—
Connecticut	—	0	1	—	1	—	0	2	—	—	—	0	1	—	—
Maine¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	0	—	—	—	0	2	—	—	—	0	2	—	—
New Hampshire	5	6	18	67	90	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
Vermont¶	1	6	38	76	89	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	58	63	154	616	1,736	—	0	3	—	—	—	0	3	—	—
New Jersey	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
New York (Upstate)	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
New York City	N	0	0	N	N	—	0	3	—	—	—	0	3	—	—
Pennsylvania	58	63	154	616	1,736	—	0	1	—	—	—	0	1	—	—
E.N. Central	56	158	358	1,621	3,764	—	0	18	—	—	—	0	12	—	1
Illinois	7	3	11	76	56	—	0	13	—	—	—	0	8	—	—
Indiana	—	0	222	—	—	—	0	4	—	—	—	0	2	—	—
Michigan	14	67	154	730	1,482	—	0	5	—	—	—	0	0	—	—
Ohio	35	65	208	815	1,806	—	0	4	—	—	—	0	3	—	1
Wisconsin	—	8	80	—	420	—	0	2	—	—	—	0	2	—	—
W.N. Central	10	22	92	317	635	—	0	41	—	—	—	1	117	—	—
Iowa	N	0	0	N	N	—	0	4	—	—	—	0	3	—	—
Kansas	1	5	28	122	287	—	0	3	—	—	—	0	7	—	—
Minnesota	—	0	0	—	—	—	0	9	—	—	—	0	12	—	—
Missouri	9	12	78	181	239	—	0	9	—	—	—	0	3	—	—
Nebraska¶	N	0	0	N	N	—	0	5	—	—	—	0	15	—	—
North Dakota	—	0	1	1	84	—	0	11	—	—	—	0	49	—	—
South Dakota	—	1	14	13	25	—	0	9	—	—	—	0	32	—	—
S. Atlantic	64	90	182	1,103	1,715	—	0	12	—	—	—	0	6	—	—
Delaware	—	1	4	5	10	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	8	5	—	—	0	0	—	—	—	0	0	—	—
Florida	37	26	87	584	366	—	0	1	—	—	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	8	—	—	—	0	5	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	2	—	—
North Carolina	N	0	0	N	N	—	0	1	—	—	—	0	1	—	—
South Carolina¶	14	14	50	220	481	—	0	2	—	—	—	0	1	—	—
Virginia¶	—	19	80	67	436	—	0	1	—	—	—	0	1	—	—
West Virginia	13	18	66	222	422	—	0	0	—	—	—	0	0	—	—
E.S. Central	6	13	82	310	151	—	0	11	—	4	—	0	14	—	—
Alabama¶	6	13	82	309	149	—	0	2	—	—	—	0	1	—	—
Kentucky	N	0	0	N	N	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	1	1	2	—	0	7	—	3	—	0	12	—	—
Tennessee¶	N	0	0	N	N	—	0	1	—	1	—	0	2	—	—
W.S. Central	185	172	839	2,471	3,057	—	0	34	—	—	—	0	18	—	—
Arkansas¶	2	12	46	165	200	—	0	5	—	—	—	0	2	—	—
Louisiana	—	1	8	20	46	—	0	5	—	—	—	0	3	—	—
Oklahoma	N	0	0	N	N	—	0	11	—	—	—	0	7	—	—
Texas¶	183	159	822	2,286	2,811	—	0	18	—	—	—	0	10	—	—
Mountain	27	35	130	395	965	—	0	36	—	—	—	1	143	—	—
Arizona	—	0	0	—	—	—	0	8	—	—	—	0	10	—	—
Colorado	10	13	62	158	357	—	0	17	—	—	—	0	65	—	—
Idaho¶	N	0	0	N	N	—	0	3	—	—	—	0	22	—	—
Montana¶	17	6	40	113	118	—	0	10	—	—	—	0	30	—	—
Nevada¶	N	0	0	N	N	—	0	1	—	—	—	0	3	—	—
New Mexico¶	—	4	37	46	132	—	0	8	—	—	—	0	6	—	—
Utah	—	7	72	77	350	—	0	8	—	—	—	0	8	—	—
Wyoming¶	—	0	9	1	8	—	0	4	—	—	—	0	33	—	—
Pacific	2	0	4	8	19	—	0	18	—	—	—	0	23	—	—
Alaska	2	0	4	8	19	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	17	—	—	—	0	21	—	—
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	3	—	—	—	0	4	—	—
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	—	3	19	15	84	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	11	37	55	205	—	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 years 2007 and 2008 are provisional.
† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for California serogroup, eastern equine, Powassan, St. Louis, and western equine diseases are available in Table I.
§ Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at http://www.cdc.gov/epo/dphsi/phs/infdis.htm.
¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending March 29, 2008 (13th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	635	464	122	27	7	14	79
Boston, MA	129	81	30	9	2	6	18
Bridgeport, CT	35	22	12	1	—	—	4
Cambridge, MA	12	10	2	—	—	—	2
Fall River, MA	31	27	3	1	—	—	3
Hartford, CT	63	37	19	1	2	4	6
Lowell, MA	33	24	5	4	—	—	5
Lynn, MA	12	8	2	2	—	—	1
New Bedford, MA	35	27	7	1	—	—	1
New Haven, CT	43	37	3	3	—	—	12
Providence, RI	80	67	8	3	1	1	7
Somerville, MA	2	1	—	1	—	—	1
Springfield, MA	49	36	11	1	—	1	7
Waterbury, CT	34	27	5	—	1	1	5
Worcester, MA	77	60	15	—	1	1	7
Mid. Atlantic	2,180	1,554	438	101	46	37	131
Albany, NY	54	41	7	3	2	1	4
Allentown, PA	28	24	2	1	1	—	1
Buffalo, NY	74	57	12	3	2	—	8
Camden, NJ	32	19	9	2	1	1	1
Elizabeth, NJ	25	16	6	2	1	—	1
Erie, PA	52	40	11	1	—	—	5
Jersey City, NJ	26	13	10	1	—	2	2
New York City, NY	1,114	801	219	52	27	12	48
Newark, NJ	46	24	13	4	1	4	2
Paterson, NJ	27	22	4	—	1	—	3
Philadelphia, PA	247	142	66	17	8	13	11
Pittsburgh, PA§	50	39	9	1	—	1	5
Reading, PA	34	28	4	1	1	—	3
Rochester, NY	139	112	21	6	—	—	17
Schenectady, NY	26	22	4	—	—	—	3
Scranton, PA	33	30	3	—	—	—	4
Syracuse, NY	115	83	26	3	—	3	10
Trenton, NJ	23	15	5	2	1	—	—
Utica, NY	14	12	2	—	—	—	3
Yonkers, NY	21	14	5	2	—	—	—
E.N. Central	2,456	1,605	591	142	44	74	204
Akron, OH	64	39	16	4	4	1	1
Canton, OH	61	40	17	1	—	3	7
Chicago, IL	390	251	95	28	6	10	43
Cincinnati, OH	122	74	25	8	2	13	18
Cleveland, OH	316	222	79	4	3	8	17
Columbus, OH	214	131	59	14	3	7	22
Dayton, OH	148	105	29	6	3	5	14
Detroit, MI	216	99	67	38	4	8	15
Evansville, IN	59	46	11	1	1	—	2
Fort Wayne, IN	89	57	26	4	—	2	8
Gary, IN	15	7	4	2	2	—	1
Grand Rapids, MI	34	24	7	1	2	—	1
Indianapolis, IN	214	143	50	8	6	7	18
Lansing, MI	55	36	15	4	—	—	2
Milwaukee, WI	116	75	33	4	1	3	6
Peoria, IL	66	40	16	3	2	5	7
Rockford, IL	62	53	3	3	3	—	8
South Bend, IN	59	40	15	3	—	1	5
Toledo, OH	101	71	21	6	2	1	4
Youngstown, OH	55	52	3	—	—	—	5
W.N. Central	640	451	122	34	16	16	70
Des Moines, IA	76	61	11	2	1	1	4
Duluth, MN	48	36	9	—	3	—	8
Kansas City, KS	23	18	3	—	2	—	3
Kansas City, MO	104	71	23	4	1	5	7
Lincoln, NE	33	23	10	—	—	—	4
Minneapolis, MN	77	46	13	10	5	3	9
Omaha, NE	101	70	23	6	1	1	14
St. Louis, MO	34	16	9	5	1	2	3
St. Paul, MN	64	53	7	—	1	3	12
Wichita, KS	80	57	14	7	1	1	6
S. Atlantic	1,086	708	259	68	35	15	67
Atlanta, GA	103	61	28	10	3	1	—
Baltimore, MD	133	78	39	8	5	2	10
Charlotte, NC	102	64	28	5	3	2	9
Jacksonville, FL	166	105	41	13	6	1	9
Miami, FL	82	62	14	3	2	1	7
Norfolk, VA	57	33	19	—	3	2	3
Richmond, VA	61	44	13	2	1	1	2
Savannah, GA	65	42	16	5	2	—	8
St. Petersburg, FL	66	47	7	5	4	3	3
Tampa, FL	236	163	49	16	6	2	15
Washington, D.C.	U	U	U	U	U	U	U
Wilmington, DE	15	9	5	1	—	—	1
E.S. Central	1,022	689	222	69	23	18	99
Birmingham, AL	197	132	45	17	2	1	19
Chattanooga, TN	133	104	19	6	3	—	15
Knoxville, TN	126	90	21	8	4	3	13
Lexington, KY	79	51	18	7	2	1	4
Memphis, TN	131	100	20	7	3	1	11
Mobile, AL	119	67	39	9	2	2	11
Montgomery, AL	68	42	19	4	1	2	14
Nashville, TN	169	103	41	11	6	8	12
W.S. Central	1,676	1,076	412	118	36	33	138
Austin, TX	122	79	28	6	5	4	8
Baton Rouge, LA	53	34	12	3	2	2	—
Corpus Christi, TX	62	48	12	2	—	—	9
Dallas, TX	218	120	61	25	10	2	21
El Paso, TX	141	104	21	10	2	4	7
Fort Worth, TX	147	103	36	3	2	3	15
Houston, TX	285	158	81	34	6	5	23
Little Rock, AR	85	53	19	9	3	1	—
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	295	202	77	10	2	4	28
Shreveport, LA	108	73	18	9	2	6	11
Tulsa, OK	160	102	47	7	2	2	16
Mountain	1,316	891	276	83	32	30	114
Albuquerque, NM	144	107	25	9	1	2	13
Boise, ID	97	68	15	6	3	5	11
Colorado Springs, CO	76	45	16	10	3	2	4
Denver, CO	114	68	30	10	1	4	13
Las Vegas, NV	291	195	69	19	5	3	23
Ogden, UT	30	22	4	1	3	—	2
Phoenix, AZ	203	132	43	10	6	9	16
Pueblo, CO	31	25	3	2	1	—	3
Salt Lake City, UT	138	86	33	8	7	4	14
Tucson, AZ	192	143	38	8	2	1	15
Pacific	1,799	1,278	354	99	43	24	186
Berkeley, CA	19	10	8	1	—	—	1
Fresno, CA	143	99	29	10	4	1	13
Glendale, CA	20	17	3	—	—	—	3
Honolulu, HI	86	64	15	5	2	—	12
Long Beach, CA	87	55	16	11	3	2	9
Los Angeles, CA	276	193	48	14	17	4	42
Pasadena, CA	20	15	4	—	1	—	—
Portland, OR	113	73	31	9	—	—	11
Sacramento, CA	213	163	37	9	2	2	20
San Diego, CA	174	122	37	8	5	1	16
San Francisco, CA	126	81	31	11	—	3	16
San Jose, CA	189	144	34	5	1	5	20
Santa Cruz, CA	32	26	4	2	—	—	2
Seattle, WA	122	76	30	8	4	4	8
Spokane, WA	66	53	9	1	1	2	8
Tacoma, WA	113	87	18	5	3	—	5
Total	12,810**	8,716	2,796	741	282	261	1,088

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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