



# MMWR<sup>TM</sup>

## Morbidity and Mortality Weekly Report

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Weekly

November 7, 2008 / Vol. 57 / No. 44

### Hazardous Chemical Incidents in Schools – United States, 2002–2007

Chemicals that can cause adverse health effects are used in many elementary and secondary schools (e.g., in chemistry laboratories, art classrooms, automotive repair areas, printing and other vocational shops, and facility maintenance areas) (1). Every year, unintentional and intentional releases of these chemicals, or related fires or explosions, occur in schools, causing injuries, costly cleanups, and lost school days (1). The federal Agency for Toxic Substances and Disease Registry (ATSDR) conducts national public health surveillance of chemical incidents through its Hazardous Substances Emergency Events Surveillance (HSEES) system. To identify school-related incidents and elucidate their causes and consequences to highlight the need for intervention, ATSDR conducted an analysis of HSEES data for 2002–2007. During that period, 423 chemical incidents in elementary and secondary schools were reported by 15 participating states. Mercury was the most common chemical released. The analysis found that 62% of reported chemical incidents at elementary and secondary schools resulted from human error (i.e., mistakes in the use or handling of a substance), and 30% of incidents resulted in at least one acute injury. Proper chemical use and management (e.g., keeping an inventory and properly storing, labeling, and disposing of chemicals) is essential to protect school building occupants. Additional education directed at raising awareness of the problem and providing resources to reduce the risk is needed to ensure that schools are safe from unnecessary dangers posed by hazardous chemicals.

ATSDR established HSEES in 1990 to collect data about acute hazardous substances releases (2). HSEES funds state health departments through a competitive program announcement to collect information about eligible events and enter the data into a standardized, ATSDR-provided web-based system. Each of these states employs a state HSEES coordinator. Under HSEES, a substance is considered hazardous if it might reasonably be expected to cause adverse health effects to

humans. The HSEES protocol defines an eligible event as an uncontrolled or illegal release, or threatened release, of one or more hazardous substances in a quantity sufficient to require removal, cleanup, or neutralization according to federal, state, or local law. However, the definition of an eligible incident varies among HSEES states because minimum reporting requirements vary according to state and local laws. State health department programs actively gather information for HSEES by negotiating agreements with state and local agencies that are notified routinely when hazardous substances emergencies occur. Among these agencies are police and fire departments, environmental agencies, and various emergency response offices. The states also use news reports for identifying events. In each state, the HSEES coordinator reviews the circumstances surrounding each event, including the factors that contributed to school-related events.

In 2002, HSEES began collecting information to identify the primary contributing factors associated with chemical incidents. During 2002–2007, HSEES collected data from 15 states that reported school-related chemical events. Eleven state health departments (Colorado, Iowa, Minnesota, New Jersey, New York, North Carolina, Oregon, Texas, Utah, Washington, and Wisconsin) reported school-related events for all 6 years, and four additional state health departments reported events for some of those years (Mississippi: 2003, Missouri: 2002–2005, and Florida and Michigan: 2005–2007).

#### INSIDE

- 1200 Update: Recall of Dry Dog and Cat Food Products Associated with Human *Salmonella* Schwarzengrund Infections – United States, 2008
- 1203 Self-Reported Prediabetes and Risk-Reduction Activities – United States, 2006
- 1206 Notice to Readers
- 1207 QuickStats

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

**Suggested Citation:** Centers for Disease Control and Prevention. [Article title]. *MMWR* 2008;57:[inclusive page numbers].

### Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH  
*Director*

Tanja Popovic, MD, PhD  
*Chief Science Officer*

James W. Stephens, PhD  
*Associate Director for Science*

Steven L. Solomon, MD  
*Director, Coordinating Center for Health Information and Service*

Jay M. Bernhardt, PhD, MPH  
*Director, National Center for Health Marketing*

Katherine L. Daniel, PhD  
*Deputy Director, National Center for Health Marketing*

### Editorial and Production Staff

Frederic E. Shaw, MD, JD  
*Editor, MMWR Series*

Susan F. Davis, MD  
*(Acting) Assistant Editor, MMWR Series*

Teresa F. Rutledge  
*Managing Editor, MMWR Series*

Douglas W. Weatherwax  
*Lead Technical Writer-Editor*

Donald G. Meadows, MA  
Jude C. Rutledge  
*Writers-Editors*

Peter M. Jenkins  
*(Acting) Lead Visual Information Specialist*

Malbea A. LaPete  
Stephen R. Spriggs  
*Visual Information Specialists*

Kim L. Bright, MBA  
Quang M. Doan, MBA  
Erica R. Shaver

*Information Technology Specialists*

### Editorial Board

William L. Roper, MD, MPH, Chapel Hill, NC, Chairman

Virginia A. Caine, MD, Indianapolis, IN

David W. Fleming, MD, Seattle, WA

William E. Halperin, MD, DrPH, MPH, Newark, NJ

Margaret A. Hamburg, MD, Washington, DC

King K. Holmes, MD, PhD, Seattle, WA

Deborah Holtzman, PhD, Atlanta, GA

John K. Iglehart, Bethesda, MD

Dennis G. Maki, MD, Madison, WI

Sue Mallonee, MPH, Oklahoma City, OK

Patricia Quinlisk, MD, MPH, Des Moines, IA

Patrick L. Remington, MD, MPH, Madison, WI

Barbara K. Rimer, DrPH, Chapel Hill, NC

John V. Rullan, MD, MPH, San Juan, PR

William Schaffner, MD, Nashville, TN

Anne Schuchat, MD, Atlanta, GA

Dixie E. Snider, MD, MPH, Atlanta, GA

John W. Ward, MD, Atlanta, GA

During 2002–2007, a total of 43,766 events involving a chemical incident were reported to HSEES in the 15 states. Of these, 423 occurred in elementary and secondary schools. The annual proportion of all events that were school related for each state was consistent across the reporting period and ranged from 1% to 3%. School-related events most often resulted from human error (62%) (e.g., improper chemical storage and unsafe, improper use of materials or equipment), equipment failure (17%) (e.g., broken hoses, valves, or pipes), or intentional acts (17%) (e.g., using homemade chemical bombs [bottle bombs] [3] or 2-chloroacetophenone [i.e., mace or pepper spray pranks]) (Table 1). Among the 423 chemical incidents in elementary and secondary schools, 31% resulted in at least one acute injury and 52% resulted in an evacuation. Of the 74 incidents caused by intentional acts, 43% were associated with an injury.

A total of 895 persons were injured in the 423 school-related incidents. No injuries were fatal, but 11 persons were admitted to a hospital. Most injured persons received first aid on the scene, sought care from a private physician, or were treated at a hospital but not admitted. The health effects most commonly associated with the short-term release of carbon monoxide were nausea, dizziness, and headache. The release of acids and mace or pepper spray resulted primarily in respiratory and eye irritation. Most (86%) HSEES school incidents involved the release of only one chemical. Although mercury was the most common hazardous substance released (29%), only 2% of mercury-related incidents caused an injury (Table 2). Conversely, although 4% of releases were mace or pepper spray by students, these incidents were associated with a high rate of injury (86%) and evacuation (90%). Releases (usually spills) of hydrochloric acid, commonly found in chemistry classrooms, also resulted in a significant rate of injury (58%). Carbon monoxide releases, caused primarily from equipment failure in old air-conditioning and heating systems, also resulted in a high rate of incidents with injury (48%) and evacuation (81%).

**Reported by:** *WA Wattigney, MStat, MF Orr, MS, GD Williamson, PhD, Div of Health Studies, Agency for Toxic Substances and Disease Registry; S Everett Jones, PhD, JD, Division of Adolescent and School Health, CDC.*

**Editorial Note:** During 2002–2007, a total of 423 chemical incidents in schools were reported by the 15 states participating in HSEES. The findings indicate that approximately 30% of chemical exposures resulted in acute injury. Mercury was the most commonly reported chemical released, but the rate of injury associated with mercury was low. This might be explained by the fact that HSEES captures acute health effects and mercury is only immediately toxic at extremely high doses, which would not be expected at schools. Before the dangers

**TABLE 1. Number and percentage of chemical incidents\* in elementary and secondary schools, associated injury, and ordered evacuation, by contributing factor — Hazardous Substances Emergency Events Surveillance system, 15 states, 2002–2007**

Factor	Incidents		With injury		With ordered evacuation	
	No.	(%)	No.	(%)	No.	(%)
<b>Total</b>	<b>423</b>	<b>(100)</b>	<b>132</b>	<b>(31)</b>	<b>221</b>	<b>(52)</b>
Human error	264	(62)	80	(30)	134	(51)
Equipment failure	74	(17)	16	(22)	43	(58)
Intentional act	72	(17)	31	(43)	39	(54)
Other	12	(3)	4	(33)	4	(33)
Not given	1	(<1)	1	(100)	1	(100)

\* An uncontrolled or illegal release, or threatened release, of one or more hazardous substances in a quantity sufficient to require removal, cleanup, or neutralization according to federal, state, or local law.

**TABLE 2. Number and percentage of specific chemicals released in elementary and secondary schools, and associated injury and ordered evacuation, by type of chemical — Hazardous Substances Emergency Events Surveillance system, 15 states, 2002–2007**

Type of chemical*	Releases		Releases with injury		Releases with ordered evacuation	
	No.	(%)†	No.	(%)§	No.	(%)§
Mercury	135	(29)	3	(2)	77	(57)
Carbon monoxide	21	(4)	10	(48)	17	(81)
Mace or pepper spray¶	21	(4)	18	(86)	19	(90)
Hydrochloric acid	19	(4)	11	(58)	10	(53)
Ethylene glycol	13	(3)	0		1	(8)
Sulfuric acid	11	(2)	4	(36)	5	(45)
Chlorine	11	(2)	4	(36)	8	(73)
Sodium hydroxide	10	(2)	3	(30)	2	(20)
Other chemicals	226	(48)	96	(42)	117	(46)
<b>Total</b>	<b>467**</b>		<b>149</b>		<b>256</b>	

\* Only chemicals reported for 10 or more school incidents are specified.

† Releases of specified chemical, divided by total (467); percentage rounded.

§ Percentage of releases for specified chemical; percentage rounded.

¶ Includes 2-chloroacetophenone.

\*\* More than one type of chemical was released in some of the 423 school incidents.

associated with mercury were fully understood, mercury was commonly used in thermometers, sphygmomanometers, and barometers and was used in science experiments in schools. Eleven states (Indiana, Illinois, Maryland, Michigan, Minnesota, New York, North Carolina, Ohio, Rhode Island, South Carolina, and Wisconsin) have enacted legislation that bans or requires reduced use of mercury in schools (4). HSEES data indicate, however, that mercury is still present in many schools and spills continue to cause school lockdowns, dangerous exposures, and costly cleanups.

Like an earlier analysis of 1993–1998 HSEES data (5), this analysis for 2002–2007 indicates that most school-related chemical incidents continue to be the result of mistakes in the handling or use of a substance. These data suggest school staff members might benefit from additional training on how to use and handle hazardous chemicals to reduce injuries occurring at schools.

HSEES data are used to guide intervention strategies to reduce the occurrence of chemical incidents and subsequent injuries (2). For example, data from HSEES indicating that mercury is the most commonly reported chemical released in school chemical incidents have been used to actively promote

the removal of mercury-containing equipment from schools. New York state has developed information resources to guide proper cleanup of mercury spills, thereby reducing the risk for exposure and the on-site costs associated with cleanup.\* These resources, and others, are available to all states. *The School Chemical and Laboratory Safety Guide*,† from CDC, also is a valuable resource that provides teachers with information to prevent or minimize harmful exposures in high school chemistry laboratories. Reducing unnecessary hazardous substances in schools, along with proper labeling and education on the proper use of potentially dangerous substances, is imperative to ensure school safety.

The findings in this report are subject to at least three limitations. First, reporting of events to HSEES is not mandatory, and reporting sources vary among the states participating in HSEES. Therefore, some school events likely are not reported, and reporting of school events to HSEES might be more complete for some states than for others. Second, the definition of

\* Available at <http://www.health.state.ny.us/environmental/chemicals/hsees/mercury/index.htm>.

† Available at <http://www.cdc.gov/niosh/docs/2007-107>.

eligible events varies among states according to their reporting resources, state and local laws, and capacity to follow up on events. As such, some states might capture more events that are less severe (i.e., events that do not result in serious injury or evacuation) than others. Finally, other factors might result in underreporting of school chemical incidents.

CDC's School Health Policies and Programs Study 2006 found that most school districts in the United States had policies on how to use (81%), label (85%), store (88%), and dispose of (87%) hazardous materials (7). An even greater percentage of schools nationwide had plans on how to use (92%), label (90%), store (93%), and dispose of (93%) hazardous materials, and 78% of schools kept an inventory of hazardous materials (7). However, to support those policies and plans, school districts and schools need resources to ensure proper chemical management. For example, school districts need assistance in building their capacity to systematically inventory, remove, and manage potentially dangerous chemicals.

To reduce chemical misuse and improve chemical management in schools, the Environmental Protection Agency developed the Schools Chemical Cleanout Campaign and Prevention Program (SC3), a national strategy that incorporates models, tools, and guidance from pilot programs, along with building a national network of community partners to assist schools.<sup>§</sup> Using this program, government agencies, private companies, and community leaders can work with schools to 1) increase awareness about the risks associated with chemicals in schools; 2) facilitate the removal of outdated, unknown, unneeded, and potentially dangerous chemicals; 3) prepare teachers and schools to use less dangerous chemicals and in smaller quantities where appropriate; and 4) provide inventory tools and information to better manage chemicals that cause safety and health concerns in schools.

<sup>§</sup> Additional information available at <http://www.epa.gov/sc3>.

## References

1. Audi J, Gellar RJ. Chemical exposure in and out of the classroom. In: Frumkin H, Geller R, Rubin IL, eds. *Safe and healthy school environments*. New York, NY: Oxford University Press; 2006:189–204.
2. Agency for Toxic Substances and Disease Registry. Hazardous Substances Emergency Events Surveillance system. Atlanta, GA: US Department of Health and Human Services. Available at <http://www.atsdr.cdc.gov/hs/hsees>.
3. CDC. Homemade chemical bomb events and resulting injuries—selected states, January 1996–March 2003. *MMWR* 2003;52:662–4.
4. Berkowitz Z, Haugh GS, Orr MF, Kaye WE. Releases of hazardous substances in schools: data from Hazardous Substances Emergency Events Surveillance system, 1993–1998. *J Environ Health* 2002;65:20–7.
5. US Environmental Protection Agency. State mercury school programs: state legislation and regulations. Available at <http://www.epa.gov/epawaste/hazard/tsd/mercury/laws.htm>.
6. Associated Press. Mercury spill causes scare but no danger at Fallon school. Nevada Appeal. February 26, 2008. Available at <http://www.nevadaappeal.com/article/20080227/region/298489457>.

7. Everett Jones S, Axelrad R, Wattigney WA. Healthy and safe school environment, part II, physical school environment: results from the School Health Policies and Programs Study 2006. *J Sch Health* 2007;77:544–56.

## Update: Recall of Dry Dog and Cat Food Products Associated with Human *Salmonella* Schwarzengrund Infections — United States, 2008

On May 16, 2008, CDC reported on a 2006–2007 multi-state outbreak of infection with *Salmonella enterica* serotype Schwarzengrund that was associated with dry dog food (1). At the time of that report, a total of 70 cases had been reported from 19 states, with the last case identified on October 1, 2007. Subsequently, an additional case was identified on December 29, 2007. Epidemiologic and environmental investigations have suggested the source of the outbreak was dry pet food produced by one manufacturer, Mars Petcare US. This report updates the previous CDC report, provides additional epidemiologic findings, and describes additional actions taken by public health agencies and the manufacturer. In 2008, eight more cases have been reported, bringing the total number of cases in the outbreak to 79. On September 12, 2008, the company announced a nationwide voluntary recall of all dry dog and cat food products produced during a 5-month period at one Pennsylvania plant.\* Dry pet food has a 1-year shelf life. Contaminated products identified in recalls might still be in the homes of purchasers and could cause illness. Persons who have these products should not use them to feed their pets but should discard them or return them to the store.

During 2006–2007, CDC, the Food and Drug Administration (FDA), and multiple state health departments investigated reports to PulseNet<sup>†</sup> of persons infected with a strain of *S. Schwarzengrund* with an indistinguishable pulsed-field gel electrophoresis (PFGE) pattern.<sup>§</sup> A case was defined as a laboratory-confirmed infection with the outbreak strain of *S. Schwarzengrund* in a person residing in the United States who either had symptoms beginning on or after January 1, 2006, or (if the symptom onset date was unknown) had *S. Schwarzengrund* isolated from a specimen on or after January 1, 2006. Investigators initially identified 70 cases, mostly in children. As a result of these findings, on August 21, 2007, Mars Petcare US (referred to as manufacturer A in

\*The list of recalled products is available at <http://petcare.mars.com/othernews/releases.html>.

<sup>†</sup> The national molecular subtyping network for foodborne disease surveillance.

<sup>§</sup> *Xba*I pattern JM6X01.0015.

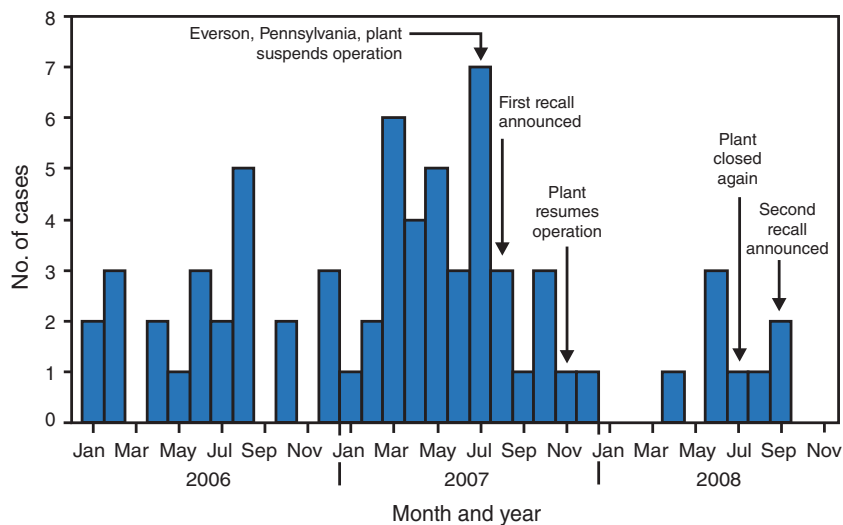
the May 16, 2008 report) announced voluntary recalls of selected sized bags of two brands of dry dog food, both manufactured by the company at its plant in Everson, Pennsylvania. The recall was based on microbiologic testing by FDA, which found unopened bags of the two brands contaminated with the outbreak strain. Other brands of dry dog and cat food produced at the same facility were not included in that recall. The Everson, Pennsylvania, facility ceased operations during July–November 2007 to enable cleaning, disinfection, and renovation, and resumed normal operations in mid-November 2007.

Despite the 2007 recall, the outbreak strain of *S. Schwarzengrund* was isolated from eight more ill persons during January–October 2008 (Figure 1), bringing the total number of cases to 79 in 21 states (Figure 2). The ill persons were residents of Pennsylvania (three), Georgia (two), New York (two), and Texas (one). The last reported specimen collection date was September 18, 2008. The only connection between the ill persons was infection with the outbreak strain; they shared no household or family contacts.

Among the eight ill persons, five were female. Among the seven whose age was available, the median age was 8 months (range: 4 months–39 years); six persons were aged  $\leq 2$  years. Of five ill persons for whom clinical information was available, all five had visited a health-care professional, two had bloody diarrhea (no information on symptoms was available for the other three), and one had been hospitalized. No deaths were reported. Of six households with pet ownership known, all six had pets (i.e., dogs, cats, or both), but no illness was reported in any pet. Pets in three households were being fed a brand of dry pet food known to be produced at the Everson plant. Investigators collected seven dog stool specimens and two samples of dry dog food from the homes of two Pennsylvania patients. None of the stool specimens or dog food samples tested positive for *Salmonella*. Bag lot numbers and “best by” dates could not be examined in these households because the dog food had been poured into plastic containers and the bags discarded. Consequently, investigators could not be certain that the dog food from the two households had been produced at the Everson plant, and, if so, whether the dog food had been produced after the plant was reopened in November 2007 or earlier.

After additional outbreak-linked illnesses were identified in 2008, FDA conducted another investigation. In August 2008, FDA found the outbreak strain of *S. Schwarzengrund* in multiple brands of finished product at the plant, prompting another recall of products by Mars Petcare US. On September

**FIGURE 1. Number of cases\* of *Salmonella* Schwarzengrund human infection associated with contaminated dry dog food, by month outbreak strain was isolated — United States, January 2006–September 2008**



\* Cases (n = 68) for which date of *S. Schwarzengrund* isolation was confirmed.

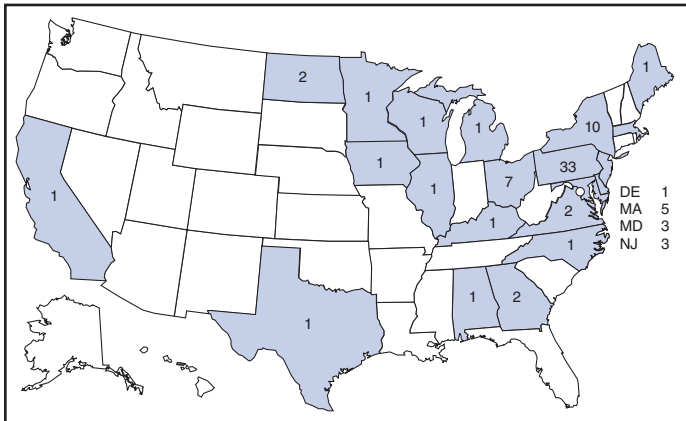
12, the company announced a nationwide voluntary recall of all dry dog and cat food products produced at the Everson plant from February 18 to July 29, 2008, when production again was suspended at the plant. In addition, Mars Petcare US has taken steps to ensure that recalled products are no longer on store shelves. On October 1, the company announced that the Everson plant would be closed permanently. The FDA investigation is continuing.

**Reported by:** M Deasy, M Moll, MD, V Urdaneta, MD, S Ostroff, MD, Pennsylvania Dept of Health. E Villamil, MPH, P Smith, MD, New York State Dept of Health. PulseNet; C Barton Behravesb, DVM, IT Williams, PhD, Div of Foodborne, Bacterial, and Mycotic Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases, CDC.

**Editorial Note:** This outbreak of human *Salmonella* Schwarzengrund infections has continued over a 3-year period, likely because of continued contamination in the Everson, Pennsylvania, pet food production facility. *S. Schwarzengrund* is a rare serotype of *Salmonella*. Although the outbreak PFGE pattern is the most common *S. Schwarzengrund* PFGE pattern in the PulseNet database, isolates with that pattern made up only 20 (4%) of the 498 *S. Schwarzengrund* isolates from humans submitted to PulseNet during 1999–2005, suggesting that the illnesses described in this report resulted from a common source.

Considering the wide distribution of these products and the relatively small number of cases, the attack rate for this outbreak appears to be low. However, only an estimated 3% of all *Salmonella* infections in the United States are laboratory confirmed and reported to surveillance systems (2). A low

**FIGURE 2. Number of cases\* of *Salmonella* Schwarzengrund human infection associated with contaminated dry dog food, by state — United States, January 2006–September 2008**



\* N = 79.

attack rate supports the hypothesis that infection might have resulted from practices in a limited number of households that brought humans into contact with the contaminated pet food and led to amplification of the organisms (e.g., cross-contamination in the kitchens or irregular cleaning of pet food bowls that might promote bacteria growth). In addition, the strain might primarily affect persons (e.g., young children) who are more susceptible to lower infective doses.

This outbreak is the first documented outbreak to associate human *Salmonella* infections with contaminated dry dog food and to trace human illness to a contaminated pet food plant. The original source of contamination and mechanisms for continued contamination in the Everson plant over a 3-year period are unknown. The absence of cases during January–March 2008 suggests that cleaning and disinfection of the plant might have had some effect. FDA is working with Mars Petcare US to better understand this problem.

Since 2006, at least 13 recall announcements involving 135 pet products (e.g., dry dog food and cat food, pet treats, raw diets, and pet supplements) have been issued because of *Salmonella* contamination.<sup>‡</sup> These recalls have resulted from contamination with multiple serotypes of *Salmonella* and have been associated with multiple pet food manufacturing plants in the United States. Pet products typically are recalled after product testing indicates contamination with *Salmonella*. To date, no human illness has been associated with these other pet food recalls.

Although the last reported case in this outbreak was tested on September 18, 2008, additional cases might occur. The

September 2008 recall involved approximately 23,109 tons of dry pet foods, representing 105 brands. However, dry pet food has a 1-year shelf life, and contaminated product might still be in the homes of purchasers and could produce illness.

State and local health departments that identify ill persons with the outbreak strain should query ill persons or their caregivers to find out about pet-related exposures, including brands of dry pet food used in the home. When possible, pet stool specimens and samples of dry pet food should be collected and submitted for laboratory testing. Hypothesis-generating interviews for enteric infections should routinely include questions on contact with pets and other animals, pet food, pet treats, and pet supplements.

Consumers and health departments should be aware that all dry pet food, pet treats (3), and pet supplements (4) might be contaminated with pathogens such as *Salmonella*, and consumers should use precautions with all brands of dry pet food, treats, and supplements. In contrast, canned pet food is unlikely to be contaminated with such pathogens because the manufacturing process should eliminate bacterial contamination. To prevent *Salmonella* infections, persons should wash their hands for at least 20 seconds with warm water and soap immediately after handling dry pet foods, pet treats, and pet supplements, and especially before preparing and eating food for humans. Infants should be kept away from pet feeding areas. Children aged <5 years should not be allowed to touch or eat dry pet food, treats, or supplements.

In addition to transmission of *Salmonella* from contact with dry pet food, humans can acquire *Salmonella* infection from contact with the feces of animals that acquired *Salmonella* infection from contaminated dry pet food or other sources. Effective hand washing after handling pets and animal feces will prevent such infections. Persons who suspect that contact with dry pet food or pets has caused illness should consult their health-care providers. Additional information on the transmission of *Salmonella* from pets to humans is available at <http://www.cdc.gov/healthypets/diseases/salmonellosis.htm>.

## References

1. CDC. Multistate outbreak of human *Salmonella* infections caused by contaminated dry dog food—United States, 2006–2007. *MMWR* 2008; 57:521–4.
2. Voetsch AC, Van Gilder TJ, Angulo FJ, et al. FoodNet estimate of the burden of illness caused by nontyphoidal *Salmonella* infections in the United States. *Clin Infect Dis* 2004;38:S127–34.
3. CDC. Human salmonellosis associated with animal-derived pet treats—United States and Canada, 2005. *MMWR* 2006;55:702–5.
4. Food and Drug Administration. The Hartz Mountain Corporation recalls Vitamin Care for Cats because of possible health risk. Rockville, MD: Food and Drug Administration; 2007. Available at [http://www.fda.gov/oc/po/firmrecalls/hartz10\\_07.html](http://www.fda.gov/oc/po/firmrecalls/hartz10_07.html).

<sup>‡</sup> Available at <http://www.accessdata.fda.gov/scripts/petfoodrecall>.

## Self-Reported Prediabetes and Risk-Reduction Activities — United States, 2006

At least one fourth of U.S. adults are known to have prediabetes, a condition defined as having impaired fasting glucose (plasma glucose level of 100 to <126 mg/dL after an overnight fast), impaired glucose tolerance (plasma glucose level of 140 to <200 mg/dL after a 2-hour oral glucose tolerance test), or both (1–3). Persons with prediabetes are at increased risk for developing type 2 diabetes, heart disease, and stroke (3–5). However, lifestyle changes can prevent or delay development of diabetes and its complications among persons with prediabetes (3,5). To assess the prevalence of self-reported prediabetes among U.S. adults and the prevalence of activities that can reduce the risk for diabetes, CDC analyzed responses to questions regarding prediabetes asked for the first time in the 2006 National Health Interview Survey. This report summarizes the results of that analysis, which determined that, although at least one fourth of U.S. adults are known to have prediabetes through surveys that included laboratory testing, in 2006, only an estimated 4% of U.S. adults had been told they had prediabetes. Among those who had been told they had prediabetes, 68% had tried to lose or control weight, 55% had increased physical activity or exercise, 60% had reduced dietary fat or calories, and 42% had engaged in all three activities. Persons at greater risk for diabetes should be tested according to published recommendations, and persons with prediabetes should lose or control their weight and increase their physical activity to reduce their risk for developing diabetes.

NHIS is an annual, nationally representative, household probability survey of the noninstitutionalized, U.S. civilian population, conducted by face-to-face interview (6). In 2006, the survey included 24,275 adults aged  $\geq 18$  years. NHIS sample weights were calibrated to 2000 U.S. census-based totals for sex, age, and race/ethnicity. The total household response rate was 87%, and 81% of persons identified as sample adults completed the interview, yielding a final response rate of 71% for the adult sample (6).

All participants who did not answer “yes” to the question “Other than during pregnancy, have you ever been told by a doctor or health professional that you have diabetes or sugar diabetes?” were asked five additional questions: “Have you ever been told by a doctor or health-care professional that you have 1) prediabetes? 2) impaired fasting glucose? 3) impaired glucose tolerance? 4) borderline diabetes? or 5) high blood sugar?” Prediabetes was defined as answering “yes” to at least one of these five questions. Under this definition, 984 participants reported having been told they had prediabetes.

NHIS participants also were asked three questions about their risk-reduction activities: “People often engage in activities to lower their risk for health problems or certain diseases. During the past 12 months have you 1) been trying to control or lose weight? 2) increased your physical activity or exercise? or 3) reduced the amount of fat or calories in your diet?”

Prevalence of self-reported prediabetes was estimated by sex, age group, race/ethnicity, and weight status.\* To make comparisons among the levels of each covariate while simultaneously adjusting for differences in the distributions of all the other covariates, adjusted percentages were estimated from a logistic regression model predicting prediabetes as a function of sex, age group, race/ethnicity, and weight status (7). Among those adults with self-reported prediabetes, estimates were made of the percentages told they had each of five conditions indicative of prediabetes (i.e., prediabetes itself, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar). Estimates then were made of the percentages with prediabetes who engaged in each of the three risk-reduction activities and the percentages who engaged in zero, one, two, or all three activities.

In 2006, an estimated 4.0% of U.S. adults had self-reported prediabetes (Table). Among them, 64.4% (95% confidence interval [CI] = 59.9%–68.7%) had been told they had borderline diabetes. Percentages for the other four conditions indicative of prediabetes were as follows: high blood sugar, 38.3% (CI = 34.3%–42.5%); prediabetes itself, 33.7% (CI = 30.3%–37.3%); impaired glucose tolerance, 15.5% (CI = 12.3%–19.2%); and impaired fasting glucose, 15.2% (CI = 12.4%–18.6%). In addition, 43.3% (CI = 39.5%–47.3%) had been told that they had two or more of the five conditions.

The estimated prevalence of self-reported prediabetes increased with age, ranging from 2.7% among those aged 18–44 years to 6.0% among those aged  $\geq 65$  years (Table). Prevalence also increased with weight status: 2.3% among those with normal weight, 3.9% among those categorized as overweight, and 6.3% among those categorized as obese. Prediabetes was more prevalent among women (4.8%) than men (3.2%). No significant differences were observed in prevalence by race/ethnicity.

Among adults with self-reported prediabetes, 67.6% (CI = 63.7%–71.4%) had been trying to lose or control weight during the preceding 12 months, 59.8% (CI = 55.6%–64.0%) had reduced dietary fat or calories, and 54.7% (CI = 50.7%–58.7%) had increased physical activity or exercise. Although 42.1% (CI = 38.0%–46.3%) reported engaging in all three

\*Categorized as normal weight (body mass index [BMI] of <25 kg/m<sup>2</sup>), overweight (25 to <30 kg/m<sup>2</sup>), or obese ( $\geq 30$  kg/m<sup>2</sup>), using height and weight reported by participant.

**TABLE. Number and percentage of adults aged  $\geq 18$  years with self-reported prediabetes,\* by selected characteristics — National Health Interview Survey, United States, 2006**

Characteristic	No. reporting prediabetes	Estimated no. of U.S. adults	%	(95% CI) <sup>†</sup>	Adjusted % <sup>§</sup>	(95% CI)
<b>Total</b>	<b>984</b>	<b>8,833,309</b>	<b>4.0</b>	<b>(3.7–4.4)</b>	—	—
<b>Sex</b>						
Men	351	3,409,372	3.2	(2.8–3.7)	3.2	(2.7–3.6)
Women	633	5,423,937	4.8	(4.3–5.3)	4.8	(4.3–5.3)
<b>Age group (yrs)</b>						
18–44	322	3,017,364	2.7	(2.4–3.2)	2.9	(2.4–3.3)
45–64	385	3,684,869	5.0	(4.4–5.7)	4.7	(4.1–5.3)
$\geq 65$	277	2,131,076	6.0	(5.2–6.9)	5.9	(5.0–6.7)
<b>Race/Ethnicity</b>						
Hispanic	152	948,378	3.3	(2.8–4.0)	3.6	(3.0–4.3)
White, non-Hispanic	609	6,463,265	4.2	(3.8–4.7)	4.1	(3.6–4.6)
Black, non-Hispanic	179	1,008,987	3.9	(3.3–4.7)	3.7	(3.0–4.4)
Asian, non-Hispanic	35	272,982	2.8	(1.8–4.2)	3.7	(2.2–5.2)
<b>Weight status<sup>¶</sup></b>						
Normal	225	1,888,507	2.3	(1.9–2.8)	2.3	(1.9–2.7)
Overweight	325	2,858,764	3.9	(3.4–4.5)	4.0	(3.5–4.6)
Obese	434	4,086,038	6.3	(5.6–7.1)	6.2	(5.4–6.9)

\* Defined as having impaired fasting glucose (plasma glucose level of 100 to  $<126$  mg/dL after an overnight fast), impaired glucose tolerance (plasma glucose level of 140 to  $<200$  mg/dL after a 2-hour oral glucose tolerance test), or both.

<sup>†</sup> Confidence interval.

<sup>§</sup> Calculated from a logistic regression model that included sex, age group, race/ethnicity, and body mass index (BMI) category.

<sup>¶</sup> Normal weight, overweight, and obese are defined as BMI of  $<25$  kg/m<sup>2</sup>, 25 to  $<30$  kg/m<sup>2</sup>, or  $\geq 30$  kg/m<sup>2</sup>, respectively, using height and weight reported by participant.

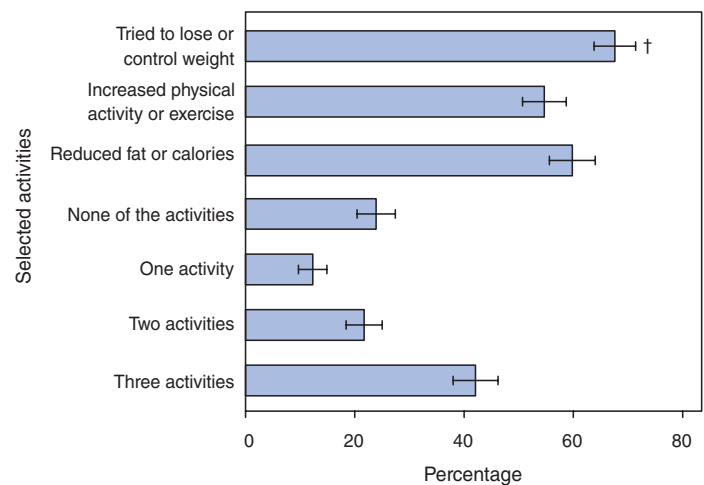
activities during the preceding 12 months, 23.9% (CI = 20.3%–27.4%) had not engaged in any of these risk-reduction activities (Figure).

**Reported by:** DR Rolka, MS, NR Burrows, MPH, Y Li, MPH, LS Geiss, MA, Div of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion, CDC.

**Editorial Note:** This report provides the first nationally representative estimates of the prevalence of self-reported prediabetes in the U.S. adult population and the first estimates of the prevalence of risk-reduction activities among adults who had been told they had prediabetes. The results indicate that, in 2006, only 4% of U.S. adults were aware they had prediabetes or a condition indicative of prediabetes. In addition, 24% of U.S. adults with prediabetes did not participate in any of three recommended risk-reduction activities

The finding of 4% self-reported prevalence of prediabetes is low compared with the 26% of U.S. adults aged  $\geq 20$  years estimated to have impaired fasting glucose based on laboratory test results in the 2003–2006 National Health and Nutrition Examination Survey (NHANES) (1). Other NHANES data, from 1988–1994, indicate an even higher prevalence of prediabetes among persons aged 40–74 years. During that period, NHANES conducted oral glucose tolerance tests of persons in that age group and estimated that 40% of adults aged 40–74 years had impaired fasting glucose, impaired glucose tolerance, or both (2).

The low prevalence of self-reported prediabetes described in this report likely indicates a low level of awareness among

**FIGURE. Percentage of adults aged  $\geq 18$  years with self-reported prediabetes\* who participated in selected activities that reduce risk for diabetes — National Health Interview Survey, United States, 2006**

\* Defined as having impaired fasting glucose (plasma glucose level of 100 to  $<126$  mg/dL after an overnight fast), impaired glucose tolerance (plasma glucose level of 140 to  $<200$  mg/dL after a 2-hour oral glucose tolerance test), or both.

<sup>†</sup> 95% confidence interval.

persons who have prediabetes. Prediabetes is a relatively new term that came into wider use beginning in 2002, after publication of results from the Diabetes Prevention Program intervention trial (5). Physicians and other health-care providers have



used various other terms to describe prediabetes. The use of different terms might have produced confusion among persons over what their health-care providers diagnosed.

The results of this analysis also might indicate that a large percentage of persons with prediabetes have not been tested or diagnosed. The tests used to screen for prediabetes are the same as those used to screen for diabetes, and the population at risk for prediabetes is the same population as that at risk for type 2 diabetes. Hence, screening recommendations for prediabetes are essentially the same as those for diabetes (3). The American Diabetes Association has recommended that testing for prediabetes and diabetes be considered for adults who meet certain criteria (Box) (8).

The Diabetes Prevention Program intervention trial showed that diet and exercise can lower the incidence of type 2 diabetes by 58% over 3 years among those at high risk for diabetes (5). Trial participants lost weight by reducing dietary fat and calories and by exercising at least 30 minutes a day, 5 days a week. The American Diabetes Association recommends that clinicians counsel patients with prediabetes on weight loss of 5–10% of body weight and on increasing physical activity to at least 150 minutes of moderate activity (e.g., walking) per week. Metformin administration should be considered under certain circumstances (8). However, the results in this report indicate that, although 42% of adults with prediabetes tried to lose or control weight, reduce fat or calories, and increase physical activity, one fourth did not engage in any of these risk-reduction activities.

The findings in this report are subject to at least two limitations. First, NHIS interviews are household based and do not include persons who are institutionalized, including those living in nursing homes. Second, the 2006 NHIS questions regarding self-reported prediabetes were asked for the first time. Hence, no previous studies are available for comparison and validation.

Interventions to prevent or delay onset of type 2 diabetes in persons with prediabetes are feasible and cost effective, and lifestyle interventions are more cost effective than medications (9). The gap in prevalence between those with prediabetes and those aware of their condition presents an opportunity to reduce the burden of diabetes by increasing awareness of prediabetes and encouraging adoption of healthier lifestyles and risk-reduction activities.

## References

1. Cowie CC, Rust KF, Byrd-Holt DD, et al. Prevalence of diabetes and impaired fasting glucose in adults in the U.S. population: National Health and Nutrition Examination Survey, 1999–2002. *Diabetes Care* 2006;29:1263–8.
2. Harris MI, Flegal KM, Cowie CC, et al. Prevalence of diabetes, impaired fasting glucose, and impaired glucose tolerance in U.S. adults. The Third National Health and Nutrition Examination Survey, 1998–1994. *Diabetes Care* 1998;21:518–24.

## BOX. Criteria for testing for prediabetes and diabetes in asymptomatic adults

1. Testing should be considered in all adults who are overweight (body mass index  $\geq 25$  kg/m<sup>2</sup>\*) and have any of the following additional risk factors:
  - physical inactivity;
  - first-degree relative with diabetes;
  - members of a high-risk ethnic population (e.g., African American, Latino, Native American, Asian American, and Pacific Islander);
  - women who delivered a baby weighing >9 lb or diagnosed with gestational diabetes;
  - hypertension ( $\geq 140/90$  mmHg or on therapy for hypertension);
  - HDL cholesterol level <35 mg/dL (0.90 mmol/L) and/or a triglyceride level >250 mg/dL (2.82 mmol/L);
  - women with polycystic ovarian syndrome;
  - impaired glucose tolerance or impaired fasting glucose on previous testing;
  - other clinical conditions associated with insulin resistance (e.g., severe obesity and acanthosis nigricans); or
  - history of cardiovascular disease.
2. In the absence of these risk factors, testing for prediabetes and diabetes should begin at age 45 years
3. If results are normal, testing should be repeated at least at 3-year intervals, with consideration of more frequent testing depending on initial results and risk status.

**SOURCE:** American Diabetes Association. Standards of medical care in diabetes—2008. *Diabetes Care* 2008;31(Suppl 1):S12–54.

\* At-risk body mass index might be lower in certain populations.

3. Nathan DM, Davidson MB, DeFronzo RA, et al. Impaired fasting glucose and impaired glucose tolerance: implications for care. *Diabetes Care* 2007;30:753–9.
4. Coutinho M, Gerstein HC, Wang Y, Yusuf S. The relationship between glucose and incident cardiovascular events. A metaregression analysis of published data from 20 studies of 95,783 individuals followed for 12.4 years. *Diabetes Care* 1999;22:233–40.
5. Knowler WC, Barrett-Conner E, Fowler SE, et al; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med* 2002;346:393–403.
6. CDC. National Health Interview Survey, 2006. Questionnaires, datasets, and related documentation. Available at <http://www.cdc.gov/nchs/nhis.htm>.
7. Graubard BI, Korn EL. Predictive margins with survey data. *Biometrics* 1999;55:652–9.
8. American Diabetes Association. Standards of medical care in diabetes—2008. *Diabetes Care* 2008;31(Suppl 1):S12–54.
9. Herman WH, Hoerger TJ, Brandle M, et al; Diabetes Prevention Program Research Group. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Ann Intern Med* 2005;142:323–32.

### *Notice to Readers*

## **National Epilepsy Awareness Month — November 2008**

November is National Epilepsy Awareness Month. Epilepsy, which currently affects approximately 2.5 million persons in the United States, is characterized by recurrent, unprovoked seizures (1). Delayed recognition of these seizures and subsequent inadequate treatment increases the risk for additional seizures, disability, decreased health-related quality of life, and, in rare instances, death (2–4).

Although epilepsy can occur at any age, the condition is more likely to begin in childhood or older adulthood (5). The number of cases among older adults is increasing as the U.S. population ages (3). The effects of epilepsy also can affect the transition to adult activities (e.g., driving and working). A multistate study by CDC indicated that approximately 1% of adults have active epilepsy, and many might not be receiving the best available medical care (1).

To improve the health care and community support available to persons affected by epilepsy, the Epilepsy Foundation, in partnership with CDC, is conducting a multiyear national campaign to use public education and programs that foster community awareness. The goal of this year's campaign, entitled No More Seizures, is to increase the number of persons with epilepsy who can achieve optimum control of their condition (i.e., no seizures or treatment side effects). To achieve this goal, basic education and empowerment messages have been developed to encourage persons with epilepsy to learn about new treatments, seek the care of specialists trained in epilepsy care, and discuss the management of their condition with their doctors. In addition, persons who have experienced seizures can access a new website (<http://www.nomoreseizures.org>) to partner with the Epilepsy Foundation and others in managing their treatment for the condition.

Other campaign activities include school-based health education programs, community workshops for diverse audiences, and training for older adults and their caregivers. In addition, the Epilepsy Foundation has developed pilot curricula for police and emergency response personnel and is evaluating a pilot comprehensive employment program to educate employers about epilepsy in the workplace. Their Epilepsy Resource Center supports consumers through online, telephone, e-mail, and regular mail services. Partnerships with other national and local organizations have been established to provide programs in public education and community awareness; these organizations include the National Association of School Nurses, AARP, Community Health Workers/Promotores National Network, National Council of La Raza, National Center for Farmworker Health, East Coast Community Health Centers Association, American Epilepsy Society, Police Executive Forum, and Hispanic Communication Network.

Information regarding epilepsy and the national campaign is available from the Epilepsy Foundation by telephone (800-332-1000) or online (<http://www.epilepsyfoundation.org>). Information in Spanish is available online (<http://www.fundacionparalaepilepsia.org>) or by telephone (866-748-8008).

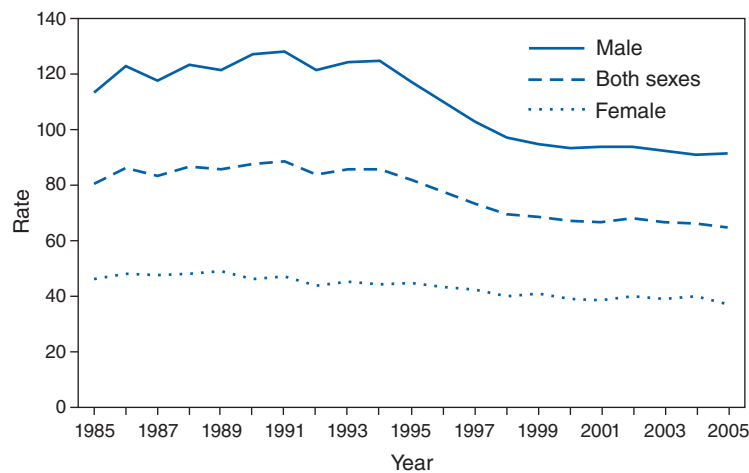
### **References**

1. CDC. Epilepsy surveillance among adults—19 states, Behavioral Risk Factor Surveillance System, 2005. *MMWR* 2008;57(No. SS-6).
2. Engel JR Jr. A greater role for surgical treatment of epilepsy: why and when? *Epilepsy Curr* 2003;3:37–40.
3. Begley CE, Famulari M, Annegers JF, et al. The cost of epilepsy in the United States: an estimate from population-based clinical and survey data. *Epilepsia* 2000;41:342–51.
4. Gilliam F. Optimizing health outcomes in active epilepsy. *Neurology* 2002;58(Suppl 5):S9–20.
5. Hirtz D, Thurman DJ, Gwinn-Hardy K, Mohamed M, Chaudhuri AR, Zalutsky R. How common are the “common” neurological disorders? *Neurology* 2007;68:326–37.

## QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

### Death Rate\* Among Teens Aged 15–19 Years, by Sex — National Vital Statistics System, United States, 1985–2005



\* Per 100,000 population.

During 1985–2005, death rates among all teens aged 15–19 years declined substantially, from a high of 88.7 deaths per 100,000 population in 1991 to 65.0 in 2005. This decline resulted primarily from a 28% decrease in the death rate for males aged 15–19 years during that period. In 2005, a total of 13,703 deaths occurred among all teens aged 15–19 years.

**SOURCE:** National Vital Statistics System data, available at <http://wonder.cdc.gov/mortsql.html> and <http://www.cdc.gov/nchs/deaths.htm>.

**TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 1, 2008 (44th week)\***

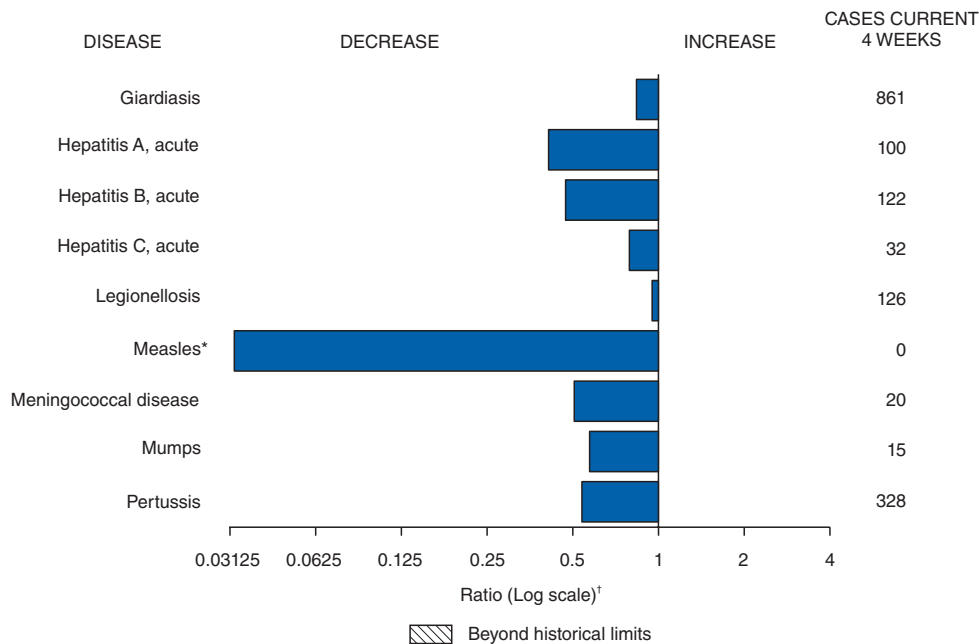
Disease	Current week	Cum 2008	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2007	2006	2005	2004	2003	
Anthrax	—	—	—	1	1	—	—	—	
Botulism:									
foodborne	1	11	0	32	20	19	16	20	CA (1)
infant	—	77	2	85	97	85	87	76	
other (wound & unspecified)	1	16	0	27	48	31	30	33	CA (1)
Brucellosis	2	74	3	131	121	120	114	104	FL (1), CA (1)
Chancroid	—	30	1	23	33	17	30	54	
Cholera	—	1	0	7	9	8	6	2	
Cyclosporiasis§	—	113	1	93	137	543	160	75	
Diphtheria	—	—	0	—	—	—	—	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	35	1	55	67	80	112	108	
eastern equine	—	2	0	4	8	21	6	14	
Powassan	—	1	0	7	1	1	1	—	
St. Louis	—	7	0	9	10	13	12	41	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis/Anaplasmosis§,**:									
<i>Ehrlichia chaffeensis</i>	4	665	9	828	578	506	338	321	NY (1), MN (2), NC (1)
<i>Ehrlichia ewingii</i>	—	7	—	—	—	—	—	—	
<i>Anaplasma phagocytophilum</i>	12	342	11	834	646	786	537	362	NY (1), MN (11)
undetermined	—	62	2	337	231	112	59	44	
<i>Haemophilus influenzae</i> ,††									
invasive disease (age <5 yrs):									
serotype b	—	22	0	22	29	9	19	32	
nonserotype b	—	135	2	199	175	135	135	117	
unknown serotype	1	152	3	180	179	217	177	227	AK (1)
Hansen disease§	—	64	2	101	66	87	105	95	
Hantavirus pulmonary syndrome§	—	14	0	32	40	26	24	26	
Hemolytic uremic syndrome, postdiarrheal§	5	176	4	292	288	221	200	178	NC (1), FL (2), CA (2)
Hepatitis C viral, acute	10	679	16	849	766	652	720	1,102	NY (1), MI (2), MO (1), NC (4), FL (1), CA (1)
HIV infection, pediatric (age <13 years)§§	—	—	5	—	—	380	436	504	
Influenza-associated pediatric mortality§,¶¶	—	89	0	77	43	45	—	N	
Listeriosis	7	516	18	808	884	896	753	696	PA (2), OH (2), NC (1), GA (1), FL (1)
Measles***	—	131	0	43	55	66	37	56	
Meningococcal disease, invasive†††:									
A, C, Y, & W-135	—	229	4	325	318	297	—	—	
serogroup B	—	125	2	167	193	156	—	—	
other serogroup	1	29	1	35	32	27	—	—	OK (1)
unknown serogroup	5	509	11	550	651	765	—	—	MO (1), FL (1), MS (1), CO (1), CA (1)
Mumps	5	347	11	800	6,584	314	258	231	MO (1), AZ (1), WA (1), CA (2)
Novel influenza A virus infections	—	—	—	4	N	N	N	N	
Plague	—	1	0	7	17	8	3	1	
Poliomyelitis, paralytic	—	—	—	—	—	1	—	—	
Polio virus infection, nonparalytic§	—	—	—	—	N	N	N	N	
Psittacosis§	—	9	0	12	21	16	12	12	
Qfever§,§§§ total:	1	98	2	171	169	136	70	71	
acute	1	89	—	—	—	—	—	—	NY (1)
chronic	—	9	—	—	—	—	—	—	
Rabies, human	—	—	0	1	3	2	7	2	
Rubella¶¶¶	—	13	—	12	11	11	10	7	
Rubella, congenital syndrome	—	—	—	—	1	1	—	1	
SARS-CoV§,****	—	—	—	—	—	—	—	8	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	111	2	132	125	129	132	161	
Syphilis, congenital (age <1 yr)	—	178	8	430	349	329	353	413	
Tetanus	—	9	0	28	41	27	34	20	
Toxic-shock syndrome (staphylococcal)§	1	49	2	92	101	90	95	133	CA (1)
Trichinellosis	—	5	0	5	15	16	5	6	
Tularemia	1	87	2	137	95	154	134	129	OR (1)
Typhoid fever	—	333	5	434	353	324	322	356	
Vancomycin-intermediate <i>Staphylococcus aureus</i> §	—	6	0	37	6	2	—	N	
Vancomycin-resistant <i>Staphylococcus aureus</i> §	—	—	0	2	1	3	1	N	
Vibriosis (noncholera <i>Vibrio</i> species infections)§	11	372	6	447	N	N	N	N	FL (4), WA (1), CA (6)
Yellow fever	—	—	—	—	—	—	—	—	

See Table 1 footnotes on next page.

**TABLE 1. (Continued) Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending November 1, 2008 (44th week)\***

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.  
 \* Incidence data for reporting year 2008 are provisional, whereas data for 2003, 2004, 2005, 2006, and 2007 are finalized.  
 † Calculated by summing the incidence counts for the current week, the 2 weeks preceding the current week, and the 2 weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.  
 § Not notifiable in all states. Data from states where the condition is not notifiable are excluded from this table, except in 2007 and 2008 for the domestic arboviral diseases and influenza-associated pediatric mortality, and in 2003 for SARS-CoV. Reporting exceptions are available at <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>.  
 ¶ Includes both neuroinvasive and nonneuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases (ArboNET Surveillance). Data for West Nile virus are available in Table II.  
 \*\* The names of the reporting categories changed in 2008 as a result of revisions to the case definitions. Cases reported prior to 2008 were reported in the categories: Ehrlichiosis, human monocytic (analogous to *E. chaffeensis*); Ehrlichiosis, human granulocytic (analogous to *Anaplasma phagocytophilum*), and Ehrlichiosis, unspecified, or other agent (which included cases unable to be clearly placed in other categories, as well as possible cases of *E. ewingii*).  
 †† Data for *H. influenzae* (all ages, all serotypes) are available in Table II.  
 §§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Updates of pediatric HIV data have been temporarily suspended until upgrading of the national HIV/AIDS surveillance data management system is completed. Data for HIV/AIDS, when available, are displayed in Table IV, which appears quarterly.  
 ¶¶ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. There are no reports of confirmed influenza-associated pediatric deaths for the current 2008-09 season.  
 \*\*\* No measles cases were reported for the current week.  
 ††† Data for meningococcal disease (all serogroups) are available in Table II.  
 §§§ In 2008, Q fever acute and chronic reporting categories were recognized as a result of revisions to the Q fever case definition. Prior to that time, case counts were not differentiated with respect to acute and chronic Q fever cases.  
 ¶¶¶ No rubella cases were reported for the current week.  
 \*\*\*\* Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Zoonotic, Vector-Borne, and Enteric Diseases.

**FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals November 1, 2008, with historical data**



\* No measles cases were reported for the current 4-week period yielding a ratio for week 44 of zero (0).  
 † Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

**Notifiable Disease Data Team and 122 Cities Mortality Data Team**  
 Patsy A. Hall  
 Deborah A. Adams      Rosaline Dhara  
 Willie J. Anderson      Michael S. Wodajo  
 Lenee Blanton      Pearl C. Sharp

**TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th 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 week		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
<b>United States</b>	11,950	21,133	28,892	906,519	928,587	128	121	341	5,380	6,406	77	99	426	5,740	10,100
<b>New England</b>	901	704	1,516	31,043	29,635	—	0	1	1	2	—	5	39	279	301
Connecticut	417	215	1,093	9,786	8,784	N	0	0	N	N	—	0	37	37	42
Maine§	—	50	72	2,122	2,167	N	0	0	N	N	—	1	6	40	44
Massachusetts	439	324	660	14,512	13,366	N	0	0	N	N	—	2	9	91	121
New Hampshire	35	41	65	1,800	1,773	—	0	1	1	2	—	1	4	51	46
Rhode Island§	—	54	104	2,195	2,650	—	0	0	—	—	—	0	2	7	9
Vermont§	10	15	52	628	895	N	0	0	N	N	—	1	7	53	39
<b>Mid. Atlantic</b>	1,384	2,754	4,921	121,380	121,393	—	0	0	—	—	9	13	34	633	1,270
New Jersey	—	410	520	15,469	18,265	N	0	0	N	N	—	1	2	25	61
New York (Upstate)	656	562	2,177	22,978	22,799	N	0	0	N	N	4	5	17	238	219
New York City	95	994	3,001	47,155	44,036	N	0	0	N	N	1	2	6	93	90
Pennsylvania	633	823	1,023	35,778	36,293	N	0	0	N	N	4	5	15	277	900
<b>E.N. Central</b>	629	3,464	4,373	145,501	151,649	—	1	3	38	30	21	25	121	1,730	1,701
Illinois	—	1,054	1,711	40,612	44,890	N	0	0	N	N	—	2	6	73	185
Indiana	—	377	656	16,644	17,952	N	0	0	N	N	1	3	41	167	87
Michigan	504	827	1,226	37,562	31,548	—	0	3	29	21	—	5	13	226	171
Ohio	11	868	1,261	36,361	40,407	—	0	1	9	9	13	6	59	635	518
Wisconsin	114	336	612	14,322	16,852	N	0	0	N	N	7	8	46	629	740
<b>W.N. Central</b>	597	1,244	1,700	54,844	53,634	—	0	77	2	7	13	16	71	837	1,470
Iowa	165	165	240	7,598	7,428	N	0	0	N	N	—	4	30	250	587
Kansas	86	178	529	7,815	6,875	N	0	0	N	N	—	1	8	72	133
Minnesota	—	264	373	11,232	11,500	—	0	77	—	—	9	5	21	199	249
Missouri	282	473	566	20,519	19,838	—	0	1	2	7	4	3	13	147	160
Nebraska§	60	92	252	3,914	4,354	N	0	0	N	N	—	2	8	94	155
North Dakota	4	33	65	1,365	1,462	N	0	0	N	N	—	0	51	7	22
South Dakota	—	54	85	2,401	2,177	N	0	0	N	N	—	1	9	68	164
<b>S. Atlantic</b>	2,332	3,737	7,609	159,435	182,728	—	0	1	4	4	18	18	44	803	1,101
Delaware	99	69	150	3,160	2,899	—	0	1	1	—	—	0	2	10	20
District of Columbia	—	132	216	5,804	5,080	—	0	1	—	1	—	0	2	8	3
Florida	1,209	1,355	1,569	58,917	48,704	N	0	0	N	N	15	8	35	404	577
Georgia	13	390	1,338	15,283	36,470	N	0	0	N	N	2	4	13	188	206
Maryland§	392	456	700	19,484	19,007	—	0	1	3	3	—	0	4	26	33
North Carolina	—	19	4,783	5,901	23,676	N	0	0	N	N	1	0	16	60	101
South Carolina§	—	463	3,047	22,124	22,963	N	0	0	N	N	—	1	15	35	78
Virginia§	619	603	1,059	26,255	21,207	N	0	0	N	N	—	1	4	54	72
West Virginia	—	58	96	2,507	2,722	N	0	0	N	N	—	0	3	18	11
<b>E.S. Central</b>	916	1,573	2,394	69,454	70,615	—	0	0	—	—	—	3	9	134	576
Alabama§	37	464	589	18,558	21,559	N	0	0	N	N	—	1	5	55	109
Kentucky	288	234	370	10,252	7,011	N	0	0	N	N	—	0	4	29	244
Mississippi	—	369	1,048	16,976	18,689	N	0	0	N	N	—	0	2	16	96
Tennessee§	591	528	791	23,668	23,356	N	0	0	N	N	—	1	6	34	127
<b>W.S. Central</b>	1,834	2,732	4,426	119,820	105,492	—	0	1	3	2	3	5	130	509	396
Arkansas§	289	274	455	12,154	8,462	N	0	0	N	N	—	0	6	34	56
Louisiana	346	367	774	16,437	16,819	—	0	1	3	2	—	1	5	46	55
Oklahoma	—	195	392	7,668	11,027	N	0	0	N	N	3	1	16	119	112
Texas§	1,199	1,900	3,923	83,561	69,184	N	0	0	N	N	—	2	117	310	173
<b>Mountain</b>	740	1,203	1,811	49,028	62,453	82	87	170	3,622	3,951	4	9	45	467	2,819
Arizona	227	432	650	16,675	21,147	82	86	168	3,551	3,817	1	1	9	83	45
Colorado	62	196	488	8,136	14,717	N	0	0	N	N	3	1	12	102	200
Idaho§	313	60	314	3,183	3,080	N	0	0	N	N	—	1	26	51	430
Montana§	—	58	363	2,414	2,205	N	0	0	N	N	—	1	6	38	61
Nevada§	—	175	416	6,668	8,128	—	1	7	41	56	—	0	2	12	34
New Mexico§	93	142	561	5,859	7,662	—	0	3	24	20	—	1	23	137	114
Utah	—	119	253	4,803	4,489	—	0	5	4	55	—	0	8	31	1,884
Wyoming§	45	28	58	1,290	1,025	—	0	1	2	3	—	0	4	13	51
<b>Pacific</b>	2,617	3,696	4,676	156,014	150,988	46	31	217	1,710	2,410	9	8	29	348	466
Alaska	78	91	129	3,764	4,149	N	0	0	N	N	—	0	1	3	3
California	2,007	2,879	4,115	122,911	117,804	46	31	217	1,710	2,410	7	5	14	210	245
Hawaii	4	104	152	4,389	4,822	N	0	0	N	N	—	0	1	2	6
Oregon§	212	188	402	8,392	8,181	N	0	0	N	N	—	1	4	47	119
Washington	316	378	634	16,558	16,032	N	0	0	N	N	2	2	16	86	93
American Samoa	—	0	20	73	95	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	5	24	115	722	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	121	612	5,794	6,358	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	12	23	502	146	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.  
 U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.  
 \* Incidence data for reporting year 2008 are provisional. Data for HIV/AIDS, AIDS, and TB, when available, are displayed in Table IV, which appears quarterly.  
 † Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.  
 § Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th 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		
<b>United States</b>	184	307	1,158	14,047	15,548	2,865	5,939	8,913	251,842	299,513	11	47	173	2,098	2,030
<b>New England</b>	—	24	49	1,068	1,281	142	103	227	4,476	4,641	—	3	12	124	158
Connecticut	—	6	11	256	317	72	52	199	2,232	1,771	—	0	9	34	42
Maine§	—	3	12	140	168	—	2	6	80	105	—	0	1	10	12
Massachusetts	—	9	17	343	541	67	38	127	1,785	2,232	—	1	5	57	77
New Hampshire	—	2	11	128	29	3	2	6	86	128	—	0	1	9	16
Rhode Island§	—	1	5	64	73	—	6	13	269	353	—	0	1	6	8
Vermont§	—	2	13	137	153	—	0	5	24	52	—	0	3	8	3
<b>Mid. Atlantic</b>	40	60	131	2,684	2,698	341	626	1,028	27,349	31,064	2	10	31	411	387
New Jersey	—	8	14	300	350	—	106	168	3,971	5,147	—	1	7	61	59
New York (Upstate)	25	23	111	998	978	124	125	545	5,114	5,764	—	3	22	126	109
New York City	2	16	27	680	733	29	179	516	8,737	9,156	—	1	6	69	86
Pennsylvania	13	15	45	706	637	188	222	394	9,527	10,997	2	4	8	155	133
<b>E.N. Central</b>	33	48	76	2,063	2,477	194	1,235	1,644	51,937	61,835	2	8	28	320	307
Illinois	—	10	20	434	781	—	369	589	14,136	16,897	—	2	7	100	97
Indiana	N	0	0	N	N	—	150	284	6,746	7,751	1	1	20	65	50
Michigan	6	11	21	476	527	152	327	657	14,213	13,078	—	0	3	16	23
Ohio	16	17	31	759	695	2	306	531	12,963	18,238	1	2	6	115	86
Wisconsin	11	9	23	394	474	40	99	183	3,879	5,871	—	1	2	24	51
<b>W.N. Central</b>	3	28	621	1,668	1,135	157	318	425	13,917	16,689	—	3	24	162	121
Iowa	—	6	17	269	266	23	28	48	1,289	1,671	—	0	1	2	1
Kansas	—	3	11	140	160	29	41	130	1,933	1,951	—	0	3	11	11
Minnesota	—	0	575	590	6	—	58	92	2,464	2,937	—	0	21	54	56
Missouri	3	8	22	390	461	83	149	203	6,748	8,567	—	1	6	61	35
Nebraska§	—	4	10	163	135	22	25	47	1,121	1,238	—	0	2	22	15
North Dakota	—	0	36	19	18	—	2	6	82	106	—	0	3	12	3
South Dakota	—	1	10	97	89	—	6	15	280	219	—	0	0	—	—
<b>S. Atlantic</b>	38	54	85	2,227	2,613	656	1,216	3,072	53,829	70,152	5	11	29	535	514
Delaware	—	1	3	32	39	17	20	44	898	1,099	—	0	2	6	8
District of Columbia	—	1	5	51	65	—	48	104	2,197	2,011	—	0	1	9	3
Florida	38	22	52	1,078	1,093	344	453	549	19,606	19,837	3	3	10	153	139
Georgia	—	10	25	451	581	6	105	560	5,902	14,970	2	2	9	127	104
Maryland§	—	5	12	189	234	101	118	206	5,253	5,660	—	2	6	76	75
North Carolina	N	0	0	N	N	—	16	1,949	2,638	11,641	—	1	9	63	48
South Carolina§	—	2	7	85	102	—	187	832	8,036	8,871	—	1	7	40	43
Virginia§	—	8	39	292	453	188	169	486	8,708	5,246	—	0	6	43	69
West Virginia	—	1	5	49	46	—	14	26	591	817	—	0	3	18	25
<b>E.S. Central</b>	—	8	21	346	483	284	568	945	24,938	27,489	—	3	8	107	114
Alabama§	—	5	12	192	230	14	183	287	7,345	9,228	—	0	2	16	25
Kentucky	N	0	0	N	N	92	90	153	3,917	2,785	—	0	1	2	8
Mississippi	N	0	0	N	N	—	131	401	6,098	7,135	—	0	2	13	7
Tennessee§	—	4	11	154	253	178	164	296	7,578	8,341	—	2	6	76	74
<b>W.S. Central</b>	4	7	41	339	377	543	954	1,355	40,861	43,936	1	2	29	94	87
Arkansas§	—	3	8	108	137	61	87	167	3,927	3,616	—	0	3	8	9
Louisiana	—	2	9	100	124	158	160	317	7,094	9,703	—	0	2	7	8
Oklahoma	4	2	35	131	116	—	67	124	2,903	4,277	1	1	21	71	61
Texas§	N	0	0	N	N	324	637	1,102	26,937	26,340	—	0	3	8	9
<b>Mountain</b>	10	28	59	1,231	1,543	132	207	337	8,436	11,784	—	5	14	235	217
Arizona	1	3	7	115	170	35	64	111	2,398	4,343	—	2	11	98	78
Colorado	9	11	27	483	481	61	58	100	2,602	2,887	—	1	4	47	52
Idaho§	—	3	19	155	158	12	3	13	136	230	—	0	4	12	6
Montana§	—	1	9	72	98	—	2	48	95	61	—	0	1	2	2
Nevada§	—	2	6	76	122	—	40	130	1,585	2,003	—	0	1	12	10
New Mexico§	—	2	7	75	104	22	24	104	1,094	1,523	—	0	4	29	37
Utah	—	5	25	235	372	—	11	36	418	671	—	0	6	32	28
Wyoming§	—	0	3	20	38	2	2	9	108	66	—	0	2	3	4
<b>Pacific</b>	56	55	185	2,421	2,941	416	614	746	26,099	31,923	1	2	7	110	125
Alaska	1	2	10	87	68	10	10	24	429	474	1	0	2	16	14
California	39	34	91	1,564	1,980	342	517	657	21,646	26,670	—	0	3	25	45
Hawaii	—	1	5	36	69	1	11	22	479	562	—	0	2	17	11
Oregon§	1	9	18	389	399	23	23	53	1,045	1,019	—	1	4	49	53
Washington	15	8	87	345	425	40	58	90	2,500	3,198	—	0	3	3	2
American Samoa	—	0	0	—	—	—	0	1	3	3	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	2	—	1	15	72	113	—	0	1	—	—
Puerto Rico	—	2	10	110	348	—	5	25	226	279	—	0	0	—	2
U.S. Virgin Islands	—	0	0	—	—	—	2	6	93	37	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

† Data for *H. influenzae* (age <5 yrs for serotype b, nonserotype b, and unknown serotype) are available in Table I.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\*

Reporting area	Hepatitis (viral, acute), by type†										Legionellosis				
	A					B									
	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			
<b>United States</b>	20	47	171	2,068	2,470	30	68	259	2,811	3,680	31	51	138	2,299	2,197
<b>New England</b>	—	2	7	95	118	—	1	7	50	107	—	2	14	106	132
Connecticut	—	0	4	26	23	—	0	7	19	34	—	0	5	37	34
Maine§	—	0	2	6	3	—	0	2	10	12	—	0	2	7	6
Massachusetts	—	1	5	38	60	—	0	1	9	40	—	0	3	13	37
New Hampshire	—	0	2	12	12	—	0	1	6	4	—	0	5	24	8
Rhode Island§	—	0	2	11	12	—	0	2	4	13	—	0	5	20	38
Vermont§	—	0	1	2	8	—	0	1	2	4	—	0	1	5	9
<b>Mid. Atlantic</b>	2	6	12	245	399	3	9	15	359	479	13	15	58	793	706
New Jersey	—	1	4	42	112	—	3	7	102	135	—	1	8	62	96
New York (Upstate)	1	1	6	57	65	—	1	4	55	78	6	5	19	289	192
New York City	—	2	6	90	144	—	2	6	75	104	—	2	12	94	161
Pennsylvania	1	1	6	56	78	3	3	7	127	162	7	6	33	348	257
<b>E.N. Central</b>	1	6	16	275	296	5	7	12	323	394	5	11	38	501	510
Illinois	—	2	10	85	105	—	1	5	73	122	—	1	5	59	103
Indiana	—	0	4	21	27	4	0	6	38	47	—	1	7	41	50
Michigan	—	2	7	101	79	—	2	6	106	98	1	2	16	138	146
Ohio	1	1	4	42	56	1	2	7	100	108	4	5	18	246	180
Wisconsin	—	0	2	26	29	—	0	1	6	19	—	0	3	17	31
<b>W.N. Central</b>	—	4	29	230	150	—	2	9	81	99	1	2	9	104	98
Iowa	—	1	7	102	42	—	0	2	13	22	—	0	2	12	11
Kansas	—	0	3	12	7	—	0	3	6	8	—	0	1	2	9
Minnesota	—	0	23	36	62	—	0	5	10	17	1	0	4	18	23
Missouri	—	1	3	37	19	—	1	4	46	34	—	1	5	51	40
Nebraska§	—	0	5	39	14	—	0	1	5	11	—	0	4	19	11
North Dakota	—	0	2	—	—	—	0	1	1	—	—	0	2	—	—
South Dakota	—	0	1	4	6	—	0	1	—	7	—	0	1	2	4
<b>S. Atlantic</b>	7	7	15	327	422	13	16	60	712	868	3	8	28	376	351
Delaware	—	0	1	6	7	—	0	3	7	14	—	0	2	11	10
District of Columbia	U	0	0	U	U	U	0	0	U	U	—	0	1	13	13
Florida	5	3	8	135	130	8	6	12	289	294	2	3	7	126	124
Georgia	2	1	4	42	60	5	3	6	118	133	—	0	3	24	33
Maryland§	—	1	3	32	69	—	2	4	60	101	—	2	10	98	65
North Carolina	—	0	9	57	56	—	0	17	73	120	1	0	7	32	37
South Carolina§	—	0	2	11	15	—	1	6	47	55	—	0	2	10	16
Virginia§	—	1	5	39	76	—	2	16	79	112	—	1	6	42	42
West Virginia	—	0	2	5	9	—	1	30	39	39	—	0	3	20	11
<b>E.S. Central</b>	1	1	9	68	93	—	7	13	292	330	—	2	10	94	84
Alabama§	—	0	4	9	18	—	2	6	86	116	—	0	2	12	9
Kentucky	1	0	3	27	19	—	2	5	74	63	—	1	4	48	43
Mississippi	—	0	2	4	8	—	0	3	36	36	—	0	1	1	—
Tennessee§	—	0	6	28	48	—	2	8	96	115	—	1	5	33	32
<b>W.S. Central</b>	—	5	55	186	223	1	14	131	510	780	6	1	23	64	111
Arkansas§	—	0	1	5	12	—	1	4	30	65	—	0	2	9	14
Louisiana	—	0	1	10	27	—	2	4	67	85	—	0	2	8	4
Oklahoma	—	0	3	7	10	1	2	37	92	107	6	0	3	10	5
Texas§	—	4	53	164	174	—	8	107	321	523	—	1	18	37	88
<b>Mountain</b>	2	4	9	161	202	1	4	10	165	178	1	2	4	64	97
Arizona	1	2	8	73	135	—	1	5	57	72	1	0	2	16	36
Colorado	1	1	3	35	23	1	0	3	30	31	—	0	2	10	20
Idaho§	—	0	3	18	4	—	0	2	7	11	—	0	1	3	5
Montana§	—	0	1	1	9	—	0	1	2	—	—	0	1	4	3
Nevada§	—	0	2	5	11	—	1	3	30	40	—	0	1	8	8
New Mexico§	—	0	3	15	11	—	0	2	9	11	—	0	1	5	9
Utah	—	0	2	11	6	—	0	5	27	9	—	0	2	18	13
Wyoming§	—	0	1	3	3	—	0	1	3	4	—	0	0	—	3
<b>Pacific</b>	7	10	51	481	567	7	7	30	319	445	2	4	18	197	108
Alaska	—	0	1	2	4	—	0	2	9	6	—	0	1	1	—
California	5	9	42	394	490	6	5	19	224	329	2	3	14	156	79
Hawaii	—	0	2	16	5	—	0	2	6	13	—	0	1	8	2
Oregon§	—	0	3	24	25	1	1	3	39	51	—	0	2	15	10
Washington	2	1	7	45	43	—	1	9	41	46	—	0	3	17	17
American Samoa	—	0	0	—	—	—	0	0	—	14	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	1	—	2	—	0	0	—	—
Puerto Rico	—	0	4	16	56	—	1	5	36	77	—	0	1	1	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

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

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.



TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\*

Reporting area	Lyme Disease					Malaria					Meningococcal disease, invasive† All serotypes				
	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007	Current week	Previous 52 weeks		Cum 2008	Cum 2007
		Med	Max				Med	Max				Med	Max		
<b>United States</b>	222	344	1,406	21,342	23,967	7	22	136	870	1,094	6	19	53	892	919
<b>New England</b>	—	44	251	3,037	7,366	—	1	35	33	52	—	0	3	21	40
Connecticut	—	0	35	—	2,911	—	0	27	11	1	—	0	1	1	6
Maine§	—	2	73	520	437	—	0	1	—	7	—	0	1	5	7
Massachusetts	—	13	114	1,039	2,884	—	0	2	14	31	—	0	3	15	19
New Hampshire	—	9	133	1,194	848	—	0	1	4	9	—	0	0	—	3
Rhode Island§	—	0	12	—	161	—	0	8	—	—	—	0	1	—	2
Vermont§	—	1	38	284	125	—	0	1	4	4	—	0	1	—	3
<b>Mid. Atlantic</b>	164	168	998	12,755	9,857	—	5	14	205	336	—	2	6	103	116
New Jersey	—	33	188	2,301	2,878	—	0	2	—	63	—	0	2	10	17
New York (Upstate)	114	53	453	4,297	2,892	—	1	8	28	56	—	0	3	25	32
New York City	—	0	10	26	389	—	3	10	144	180	—	0	2	25	20
Pennsylvania	50	55	526	6,131	3,698	—	1	3	33	37	—	1	5	43	47
<b>E.N. Central</b>	3	10	121	1,017	2,029	—	2	7	110	116	—	3	9	148	144
Illinois	—	0	9	70	148	—	1	6	46	52	—	1	4	52	54
Indiana	—	0	8	35	44	—	0	2	5	9	—	0	4	23	24
Michigan	1	1	12	89	50	—	0	2	14	18	—	0	3	26	24
Ohio	—	0	5	39	31	—	1	3	28	21	—	1	4	33	31
Wisconsin	2	7	108	784	1,756	—	0	3	17	16	—	0	2	14	11
<b>W.N. Central</b>	41	8	740	1,123	517	—	1	9	57	32	1	2	8	82	59
Iowa	—	1	8	81	119	—	0	1	5	3	—	0	3	16	13
Kansas	—	0	1	5	8	—	0	2	9	3	—	0	1	4	4
Minnesota	41	2	731	981	372	—	0	8	23	11	—	0	7	22	18
Missouri	—	0	4	41	9	—	0	4	12	6	1	0	3	24	14
Nebraska§	—	0	2	11	6	—	0	2	8	7	—	0	1	11	5
North Dakota	—	0	9	1	3	—	0	2	—	1	—	0	1	3	2
South Dakota	—	0	1	3	—	—	0	0	—	1	—	0	1	2	3
<b>S. Atlantic</b>	5	60	172	3,035	3,959	—	4	15	222	231	1	3	10	137	151
Delaware	—	11	37	639	643	—	0	1	2	4	—	0	1	2	1
District of Columbia	—	3	11	147	112	—	0	2	4	2	—	0	0	—	—
Florida	3	1	10	90	24	—	1	7	49	50	1	1	3	48	58
Georgia	—	0	3	21	9	—	1	5	47	37	—	0	2	16	21
Maryland§	—	28	136	1,399	2,250	—	1	5	50	61	—	0	4	15	19
North Carolina	2	0	7	36	42	—	0	7	24	20	—	0	4	12	17
South Carolina§	—	0	3	19	25	—	0	2	9	6	—	0	3	19	16
Virginia§	—	11	68	622	787	—	1	7	37	50	—	0	2	20	17
West Virginia	—	0	11	62	67	—	0	0	—	1	—	0	1	5	2
<b>E.S. Central</b>	—	0	3	37	48	—	0	2	14	33	1	1	6	44	45
Alabama§	—	0	3	10	12	—	0	1	3	6	—	0	2	7	8
Kentucky	—	0	1	3	5	—	0	1	4	8	—	0	2	7	10
Mississippi	—	0	1	1	1	—	0	1	1	2	1	0	2	11	10
Tennessee§	—	0	3	23	30	—	0	2	6	17	—	0	3	19	17
<b>W.S. Central</b>	—	2	11	75	70	—	1	64	58	82	1	2	13	90	92
Arkansas§	—	0	0	—	1	—	0	1	—	2	—	0	2	7	9
Louisiana	—	0	1	3	2	—	0	1	3	14	—	0	3	21	25
Oklahoma	—	0	1	—	—	—	0	4	2	5	1	0	5	13	15
Texas§	—	2	10	72	67	—	1	60	53	61	—	1	7	49	43
<b>Mountain</b>	—	0	5	42	40	—	1	3	29	60	1	1	4	49	58
Arizona	—	0	2	7	2	—	0	2	13	12	—	0	2	9	12
Colorado	—	0	2	7	—	—	0	1	4	23	1	0	1	12	21
Idaho§	—	0	2	8	8	—	0	1	3	3	—	0	2	3	4
Montana§	—	0	1	4	4	—	0	0	—	3	—	0	1	5	2
Nevada§	—	0	2	9	11	—	0	3	4	3	—	0	2	6	4
New Mexico§	—	0	2	5	5	—	0	1	2	5	—	0	1	7	2
Utah	—	0	0	—	7	—	0	1	3	11	—	0	1	5	11
Wyoming§	—	0	1	2	3	—	0	0	—	—	—	0	1	2	2
<b>Pacific</b>	9	4	10	221	81	7	3	10	142	152	1	4	17	218	214
Alaska	—	0	2	5	8	—	0	2	5	2	—	0	2	4	1
California	9	3	9	165	64	6	2	8	106	111	1	3	17	152	156
Hawaii	N	0	0	N	N	—	0	1	2	2	—	0	2	4	8
Oregon§	—	0	5	41	6	—	0	2	4	14	—	1	3	34	28
Washington	—	0	7	10	3	1	0	3	25	23	—	0	5	24	21
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	2	3	1	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	3	—	0	1	3	7
U.S. Virgin Islands	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

† Data for meningococcal disease, invasive caused by serogroups A, C, Y, &amp; W-135; serogroup B; other serogroup; and unknown serogroup are available in Table 1.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

**TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th 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		
<b>United States</b>	104	147	849	6,766	8,279	24	96	142	3,935	5,354	16	30	195	1,910	1,824
<b>New England</b>	—	14	49	546	1,287	2	7	20	309	474	—	0	1	2	8
Connecticut	—	0	4	34	78	2	4	17	175	202	—	0	0	—	—
Maine†	—	0	5	28	73	—	1	5	41	76	N	0	0	N	N
Massachusetts	—	11	33	420	997	N	0	N	N	N	—	0	1	1	7
New Hampshire	—	0	4	31	72	—	1	3	35	48	—	0	1	1	1
Rhode Island†	—	0	25	22	19	N	0	0	N	N	—	0	0	—	—
Vermont†	—	0	6	11	48	—	1	6	58	148	—	0	0	—	—
<b>Mid. Atlantic</b>	37	18	43	778	1,088	10	22	43	1,039	892	—	1	5	63	71
New Jersey	—	0	9	4	194	—	0	0	—	—	—	0	2	2	26
New York (Upstate)	16	6	24	372	487	10	9	20	443	469	—	0	2	16	6
New York City	—	1	6	46	123	—	0	2	13	40	—	0	2	23	24
Pennsylvania	21	8	23	356	284	—	13	28	583	383	—	0	2	22	15
<b>E.N. Central</b>	29	21	189	1,171	1,373	1	3	28	235	398	—	1	13	124	56
Illinois	—	4	17	198	163	—	1	21	100	112	—	1	10	83	36
Indiana	9	1	15	87	52	1	0	2	10	12	—	0	3	7	5
Michigan	2	5	14	217	263	—	1	8	68	198	—	0	1	3	4
Ohio	18	7	176	605	588	—	1	7	57	76	—	0	4	30	10
Wisconsin	—	2	7	64	307	N	0	0	N	N	—	0	1	1	1
<b>W.N. Central</b>	10	13	142	648	590	—	3	12	161	243	1	5	36	477	352
Iowa	—	1	9	64	133	—	0	2	24	30	—	0	2	6	15
Kansas	—	1	10	44	95	—	0	7	—	99	—	0	0	—	12
Minnesota	1	2	131	200	157	—	0	10	54	32	—	0	4	—	1
Missouri	9	4	18	238	80	—	0	9	47	38	1	3	35	448	306
Nebraska†	—	1	9	86	61	—	0	0	—	—	—	0	4	20	13
North Dakota	—	0	5	1	7	—	0	8	24	21	—	0	0	—	—
South Dakota	—	0	3	15	57	—	0	2	12	23	—	0	1	3	5
<b>S. Atlantic</b>	5	14	50	687	827	4	37	101	1,768	1,949	11	12	69	729	863
Delaware	—	0	3	14	11	—	0	0	—	—	—	0	3	25	16
District of Columbia	—	0	1	5	9	—	0	0	—	—	—	0	2	7	3
Florida	5	4	20	244	194	—	0	77	124	128	—	0	3	16	14
Georgia	—	1	6	59	33	—	6	42	288	262	—	1	8	66	56
Maryland†	—	2	8	85	101	—	8	17	352	383	—	1	7	58	58
North Carolina	—	0	38	79	273	4	9	16	404	437	11	1	55	386	545
South Carolina†	—	2	22	89	69	—	0	0	—	46	—	0	5	36	61
Virginia†	—	2	8	106	109	—	12	24	527	629	—	1	15	129	105
West Virginia	—	0	2	6	28	—	1	11	73	64	—	0	1	6	5
<b>E.S. Central</b>	2	6	13	257	415	2	1	7	93	142	—	3	22	252	262
Alabama†	—	1	5	37	84	—	0	0	—	—	—	1	8	74	91
Kentucky	2	1	8	76	25	2	0	4	43	18	—	0	1	1	5
Mississippi	—	2	9	80	234	—	0	1	2	2	—	0	3	6	17
Tennessee†	—	1	6	64	72	—	0	6	48	122	—	1	18	171	149
<b>W.S. Central</b>	—	20	198	1,037	922	—	1	40	83	954	3	1	153	230	175
Arkansas†	—	1	11	46	155	—	1	6	45	28	—	0	14	44	90
Louisiana	—	1	7	65	20	—	0	0	—	6	—	0	1	5	4
Oklahoma	—	0	26	32	6	—	0	32	36	45	3	0	132	146	47
Texas†	—	16	179	894	741	—	0	20	2	875	—	1	8	35	34
<b>Mountain</b>	2	16	37	664	948	—	1	8	71	85	1	0	3	29	34
Arizona	1	3	10	175	193	N	0	0	N	N	1	0	2	12	9
Colorado	1	3	13	131	260	—	0	0	—	—	—	0	1	1	3
Idaho†	—	0	5	25	37	—	0	1	—	11	—	0	1	1	4
Montana†	—	1	11	76	41	—	0	2	8	18	—	0	1	3	1
Nevada†	—	0	7	24	35	—	0	1	7	12	—	0	1	1	—
New Mexico†	—	0	5	31	68	—	0	3	24	10	—	0	1	2	5
Utah	—	5	27	188	293	—	0	6	13	16	—	0	0	—	—
Wyoming†	—	0	2	14	21	—	0	3	19	18	—	0	2	9	12
<b>Pacific</b>	19	22	303	978	829	5	4	13	176	217	—	0	1	4	3
Alaska	3	2	29	175	76	—	0	4	13	41	N	0	0	N	N
California	—	7	129	286	388	5	3	12	150	165	—	0	1	1	1
Hawaii	—	0	2	11	18	—	0	0	—	—	N	0	0	N	N
Oregon†	1	3	9	149	110	—	0	4	13	11	—	0	1	3	2
Washington	15	5	169	357	237	—	0	0	—	—	N	0	0	N	N
American Samoa	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	—	1	5	56	45	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	N	0	0	N	N	N	0	0	N	N

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\*

Reporting area	Salmonellosis					Shiga toxin-producing <i>E. coli</i> (STEC) <sup>†</sup>					Shigellosis				
	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		
<b>United States</b>	558	804	2,110	36,405	39,973	64	79	248	4,216	4,222	176	379	1,227	15,355	15,255
<b>New England</b>	—	19	448	1,547	2,098	—	3	46	198	293	—	2	35	147	231
Connecticut	—	0	418	418	431	—	0	43	43	71	—	0	34	34	44
Maine <sup>§</sup>	—	2	8	119	125	—	0	3	16	36	—	0	6	19	14
Massachusetts	—	14	52	741	1,220	—	1	11	80	133	—	2	5	78	145
New Hampshire	—	2	10	121	153	—	0	3	30	33	—	0	1	3	5
Rhode Island <sup>§</sup>	—	1	6	77	96	—	0	3	8	7	—	0	2	10	20
Vermont <sup>§</sup>	—	1	7	71	73	—	0	3	21	13	—	0	1	3	3
<b>Mid. Atlantic</b>	65	90	164	4,303	5,316	9	7	192	553	466	8	37	95	1,850	677
New Jersey	—	13	30	488	1,111	—	1	4	25	104	—	8	37	568	153
New York (Upstate)	43	25	73	1,198	1,266	8	3	188	388	181	7	9	35	516	139
New York City	1	22	51	1,111	1,184	1	1	5	50	46	1	11	35	607	230
Pennsylvania	21	29	78	1,506	1,755	—	2	9	90	135	—	3	65	159	155
<b>E.N. Central</b>	53	87	177	4,068	5,239	6	10	55	698	655	52	70	145	3,060	2,442
Illinois	—	22	67	943	1,778	—	1	7	61	121	—	17	29	654	590
Indiana	19	9	53	531	590	1	1	14	81	89	5	11	83	549	118
Michigan	1	17	37	772	837	2	2	34	188	105	3	2	7	114	72
Ohio	28	25	65	1,127	1,159	3	2	17	177	144	36	24	76	1,374	1,071
Wisconsin	5	15	49	695	875	—	3	18	191	196	8	9	39	369	591
<b>W.N. Central</b>	26	48	126	2,385	2,488	6	13	57	709	702	8	17	39	759	1,651
Iowa	—	7	15	347	423	—	2	20	186	169	—	3	11	132	85
Kansas	—	6	25	384	365	—	0	7	43	48	—	0	5	47	23
Minnesota	11	13	70	639	596	5	3	21	178	208	5	4	25	273	217
Missouri	14	14	51	657	679	1	2	9	129	142	3	5	29	187	1,181
Nebraska <sup>§</sup>	—	4	13	192	237	—	1	28	130	82	—	0	2	6	22
North Dakota	1	0	35	42	39	—	0	20	3	8	—	0	15	37	3
South Dakota	—	2	11	124	149	—	1	4	40	45	—	1	9	77	120
<b>S. Atlantic</b>	205	263	451	9,895	10,266	9	13	50	675	598	32	59	149	2,524	3,920
Delaware	—	3	9	135	128	—	0	1	10	14	—	0	1	7	10
District of Columbia	—	1	4	46	50	—	0	1	11	—	—	0	3	13	16
Florida	123	102	181	4,318	4,015	3	2	18	133	123	10	16	75	709	1,987
Georgia	26	38	85	1,894	1,747	—	1	7	78	86	9	23	48	929	1,359
Maryland <sup>§</sup>	—	11	34	599	801	—	2	9	106	75	—	1	5	60	95
North Carolina	56	20	228	1,163	1,370	6	1	12	92	122	13	2	27	186	75
South Carolina <sup>§</sup>	—	17	55	793	970	—	0	4	34	12	—	9	32	450	157
Virginia <sup>§</sup>	—	20	49	808	1,020	—	3	25	184	148	—	4	13	154	161
West Virginia	—	4	25	139	165	—	0	3	27	18	—	0	61	16	60
<b>E.S. Central</b>	8	52	130	2,728	3,009	—	5	21	241	290	—	38	170	1,525	2,311
Alabama <sup>§</sup>	—	13	45	702	831	—	1	17	53	61	—	8	27	331	618
Kentucky	8	9	18	403	505	—	1	7	86	110	—	5	24	235	425
Mississippi	—	14	57	960	943	—	0	2	5	6	—	6	102	287	1,033
Tennessee <sup>§</sup>	—	14	36	663	730	—	2	7	97	113	—	15	32	672	235
<b>W.S. Central</b>	16	89	894	4,183	4,310	1	4	25	191	229	5	67	748	3,167	1,862
Arkansas <sup>§</sup>	—	11	39	614	729	—	1	3	39	42	—	7	27	437	76
Louisiana	—	17	47	823	856	—	0	1	2	10	—	10	25	515	448
Oklahoma	16	16	72	718	548	1	0	19	45	16	5	3	32	150	110
Texas <sup>§</sup>	—	37	794	2,028	2,177	—	3	11	105	161	—	40	702	2,065	1,228
<b>Mountain</b>	22	56	114	2,660	2,355	9	9	25	491	533	28	18	46	852	828
Arizona	12	19	45	935	849	1	1	8	64	100	22	9	32	482	472
Colorado	10	11	43	607	502	8	3	17	182	148	6	2	9	110	104
Idaho <sup>§</sup>	—	3	14	140	123	—	2	12	100	120	—	0	1	11	12
Montana <sup>§</sup>	—	2	10	99	89	—	0	3	30	—	—	0	1	6	22
Nevada <sup>§</sup>	—	3	14	155	226	—	0	4	19	25	—	2	13	134	58
New Mexico <sup>§</sup>	—	6	32	428	252	—	1	6	43	38	—	1	7	74	97
Utah	—	5	17	260	252	—	1	6	49	87	—	1	4	30	31
Wyoming <sup>§</sup>	—	1	5	36	62	—	0	2	4	15	—	0	1	5	32
<b>Pacific</b>	163	111	399	4,636	4,892	24	8	50	460	456	43	30	82	1,471	1,333
Alaska	—	1	4	45	82	—	0	1	7	4	—	0	1	1	8
California	114	78	286	3,364	3,721	10	5	39	240	231	42	27	74	1,262	1,066
Hawaii	—	5	15	221	245	—	0	5	13	29	—	1	3	39	65
Oregon <sup>§</sup>	1	6	20	362	285	—	1	8	61	72	—	2	10	80	71
Washington	48	13	103	644	559	14	2	16	139	120	1	2	13	89	123
American Samoa	—	0	1	2	—	—	0	0	—	—	—	0	1	1	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	2	13	15	—	0	0	—	—	—	0	3	14	16
Puerto Rico	—	10	41	419	797	—	0	1	2	1	—	0	4	16	23
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

<sup>†</sup> Includes *E. coli* O157:H7; Shiga toxin-positive, serogroup non-O157; and Shiga toxin-positive, not serogrouped.<sup>§</sup> Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\*

Reporting area	Streptococcal diseases, invasive, group A					<i>Streptococcus pneumoniae</i> , 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		
<b>United States</b>	40	96	259	4,411	4,467	10	36	166	1,283	1,462
<b>New England</b>	—	6	31	310	343	—	1	14	59	111
Connecticut	—	0	26	95	106	—	0	11	—	13
Maine§	—	0	3	24	23	—	0	1	1	2
Massachusetts	—	3	8	138	164	—	1	5	39	76
New Hampshire	—	0	2	24	26	—	0	1	11	10
Rhode Island§	—	0	9	17	8	—	0	2	7	8
Vermont§	—	0	2	12	16	—	0	1	1	2
<b>Mid. Atlantic</b>	11	18	43	879	818	1	4	19	155	267
New Jersey	—	3	11	133	151	—	1	6	30	51
New York (Upstate)	6	6	17	289	252	1	2	14	84	89
New York City	—	4	10	161	193	—	1	8	41	127
Pennsylvania	5	6	16	296	222	N	0	0	N	N
<b>E.N. Central</b>	4	19	42	822	848	5	6	23	226	251
Illinois	—	5	16	211	257	—	1	6	48	65
Indiana	—	2	11	118	102	2	0	14	34	17
Michigan	1	3	10	155	177	1	1	5	60	62
Ohio	3	5	14	236	200	2	1	5	51	54
Wisconsin	—	2	10	102	112	—	1	3	33	53
<b>W.N. Central</b>	3	4	39	334	296	—	2	16	121	82
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	5	34	29	—	0	3	16	1
Minnesota	—	0	35	154	144	—	0	13	53	46
Missouri	1	1	10	79	74	—	1	2	30	23
Nebraska§	—	0	3	35	23	—	0	3	7	11
North Dakota	2	0	5	12	15	—	0	2	8	1
South Dakota	—	0	2	20	11	—	0	1	7	—
<b>S. Atlantic</b>	10	22	37	941	1,085	1	6	16	234	264
Delaware	—	0	2	7	10	—	0	0	—	—
District of Columbia	1	0	4	26	17	—	0	1	2	2
Florida	6	5	11	226	269	1	1	4	54	56
Georgia	3	5	14	211	213	—	1	5	60	60
Maryland§	—	4	8	146	181	—	1	5	46	56
North Carolina	—	3	10	125	144	N	0	0	N	N
South Carolina§	—	1	5	55	90	—	1	4	40	46
Virginia§	—	3	12	113	137	—	0	6	25	37
West Virginia	—	0	3	32	24	—	0	1	7	7
<b>E.S. Central</b>	—	4	9	149	189	—	2	11	77	81
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	34	36	N	0	0	N	N
Mississippi	N	0	0	N	N	—	0	3	18	5
Tennessee§	—	3	7	115	153	—	1	9	59	76
<b>W.S. Central</b>	4	8	85	377	267	1	5	66	210	200
Arkansas§	—	0	2	5	17	—	0	2	6	12
Louisiana	—	0	2	13	14	—	0	2	10	32
Oklahoma	4	2	19	99	61	1	1	7	58	44
Texas§	—	6	65	260	175	—	3	58	136	112
<b>Mountain</b>	6	10	22	464	494	2	4	12	187	193
Arizona	4	3	9	179	189	—	2	8	95	93
Colorado	2	2	8	126	122	2	1	4	53	39
Idaho§	—	0	2	12	16	—	0	1	4	2
Montana§	N	0	0	N	N	—	0	1	4	1
Nevada§	—	0	2	8	2	N	0	0	N	N
New Mexico§	—	2	8	85	85	—	0	3	15	33
Utah	—	1	5	48	75	—	0	3	15	25
Wyoming§	—	0	2	6	5	—	0	1	1	—
<b>Pacific</b>	2	3	10	135	127	—	0	2	14	13
Alaska	1	0	4	34	23	N	0	0	N	N
California	—	0	0	—	—	N	0	0	N	N
Hawaii	1	2	10	101	104	—	0	2	14	13
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	—	0	12	30	4	N	0	0	N	N
C.N.M.I.	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	14	—	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

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

† Includes cases of invasive pneumococcal disease, 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). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease, drug resistant†										Syphilis, primary and secondary				
	A					B					Previous 52 weeks				
	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			
<b>United States</b>	34	57	307	2,328	2,475	5	9	43	350	423	124	232	351	9,810	9,440
<b>New England</b>	—	1	49	52	101	—	0	8	8	13	8	5	13	261	230
Connecticut	—	0	44	7	55	—	0	7	—	4	3	0	6	28	28
Maine§	—	0	2	16	11	—	0	1	2	2	—	0	2	10	9
Massachusetts	—	0	0	—	2	—	0	0	—	2	3	4	11	186	136
New Hampshire	—	0	0	—	—	—	0	0	—	—	2	0	2	19	26
Rhode Island§	—	0	3	16	18	—	0	1	4	3	—	0	5	13	28
Vermont§	—	0	2	13	15	—	0	1	2	2	—	0	5	5	3
<b>Mid. Atlantic</b>	2	4	13	207	137	—	0	2	19	26	23	32	51	1,443	1,319
New Jersey	—	0	0	—	—	—	0	0	—	—	—	4	10	162	186
New York (Upstate)	1	1	6	54	47	—	0	2	6	9	—	3	13	116	118
New York City	—	1	5	63	—	—	0	0	—	—	22	21	37	947	785
Pennsylvania	1	2	9	90	90	—	0	2	13	17	1	5	12	218	230
<b>E.N. Central</b>	15	13	64	595	645	1	2	14	84	95	13	19	33	830	745
Illinois	—	0	17	71	152	—	0	6	14	31	—	5	19	205	382
Indiana	8	2	39	179	145	—	0	11	21	23	—	2	10	112	47
Michigan	—	0	3	14	3	—	0	1	2	2	9	2	17	178	97
Ohio	7	8	17	331	345	1	1	4	47	39	4	6	14	284	166
Wisconsin	—	0	0	—	—	—	0	0	—	—	—	1	4	51	53
<b>W.N. Central</b>	—	3	115	135	168	—	0	9	9	37	2	8	15	328	300
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	2	14	16
Kansas	—	1	5	58	78	—	0	1	4	8	—	0	5	26	17
Minnesota	—	0	114	—	24	—	0	9	—	23	—	2	5	86	52
Missouri	—	1	8	72	52	—	0	1	2	2	2	5	10	194	204
Nebraska§	—	0	0	—	2	—	0	0	—	—	—	0	2	8	4
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	1	—	—
South Dakota	—	0	2	5	12	—	0	1	3	4	—	0	0	—	7
<b>S. Atlantic</b>	16	23	53	1,017	1,079	4	4	10	172	196	20	50	215	2,153	2,165
Delaware	—	0	1	3	10	—	0	0	—	2	1	0	4	14	15
District of Columbia	1	0	3	15	19	—	0	1	1	1	—	2	9	109	154
Florida	10	14	30	593	594	3	2	6	111	105	9	20	36	846	752
Georgia	5	7	22	321	393	1	1	5	50	80	—	10	175	401	412
Maryland§	—	0	2	4	1	—	0	1	1	—	5	6	14	270	274
North Carolina	N	0	0	N	N	N	0	0	N	N	1	5	19	225	279
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	5	68	82
Virginia§	N	0	0	N	N	N	0	0	N	N	4	5	17	218	191
West Virginia	—	1	9	81	62	—	0	2	9	8	—	0	1	2	6
<b>E.S. Central</b>	1	5	15	227	220	—	1	4	40	32	9	21	35	937	766
Alabama§	N	0	0	N	N	N	0	0	N	N	2	8	17	382	319
Kentucky	1	1	6	66	24	—	0	2	11	3	1	1	7	75	50
Mississippi	—	0	5	4	44	—	0	1	1	—	—	3	15	131	103
Tennessee§	—	3	13	157	152	—	0	3	28	29	6	8	17	349	294
<b>W.S. Central</b>	—	1	7	64	70	—	0	2	12	8	33	38	61	1,717	1,576
Arkansas§	—	0	2	12	6	—	0	1	3	2	5	2	19	148	106
Louisiana	—	1	7	52	64	—	0	2	9	6	3	9	22	383	442
Oklahoma	N	0	0	N	N	N	0	0	N	N	—	1	5	54	56
Texas§	—	0	0	—	—	—	0	0	—	—	25	25	48	1,132	972
<b>Mountain</b>	—	1	7	29	52	—	0	2	4	13	4	9	29	332	432
Arizona	—	0	0	—	—	—	0	0	—	—	—	4	21	145	235
Colorado	—	0	0	—	—	—	0	0	—	—	2	2	7	86	44
Idaho§	N	0	0	N	N	N	0	0	N	N	1	0	1	4	1
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	3	—	4
Nevada§	N	0	0	N	N	N	0	0	N	N	—	1	6	58	94
New Mexico§	—	0	1	2	—	—	0	0	—	—	1	1	4	36	35
Utah	—	0	7	25	36	—	0	2	4	11	—	0	2	—	16
Wyoming§	—	0	1	2	16	—	0	1	—	2	—	0	1	3	3
<b>Pacific</b>	—	0	1	2	3	—	0	1	2	3	12	42	65	1,809	1,907
Alaska	N	0	0	N	N	N	0	0	N	N	—	0	1	1	7
California	N	0	0	N	N	N	0	0	N	N	7	38	59	1,625	1,757
Hawaii	—	0	1	2	3	—	0	1	2	3	1	0	2	14	7
Oregon§	N	0	0	N	N	N	0	0	N	N	1	0	3	20	15
Washington	N	0	0	N	N	N	0	0	N	N	3	3	9	149	121
American Samoa	N	0	0	N	N	N	0	0	N	N	—	0	0	—	4
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—	—	3	11	127	133
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

**TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending November 1, 2008, and November 3, 2007 (44th week)\***

Reporting area	West Nile virus disease†														
	Varicella (chickenpox)					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			
<b>United States</b>	187	652	1,660	21,598	32,942	—	1	79	551	1,217	—	2	82	649	2,388
<b>New England</b>	1	12	68	432	2,145	—	0	2	6	5	—	0	1	3	6
Connecticut	—	0	38	—	1,237	—	0	2	5	2	—	0	1	3	2
Maine¶	—	0	14	—	293	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	1	1	—	—	0	0	—	3	—	0	0	—	3
New Hampshire	1	6	18	216	308	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	1	1	—	—	0	0	—	1
Vermont¶	—	6	17	215	307	—	0	0	—	—	—	0	0	—	—
<b>Mid. Atlantic</b>	66	52	113	1,945	4,151	—	0	8	42	22	—	0	5	19	11
New Jersey	N	0	0	N	N	—	0	1	3	1	—	0	1	4	—
New York (Upstate)	N	0	0	N	N	—	0	5	20	3	—	0	2	7	1
New York City	N	0	0	N	N	—	0	2	8	13	—	0	2	6	5
Pennsylvania	66	52	113	1,945	4,151	—	0	2	11	5	—	0	1	2	5
<b>E.N. Central</b>	60	140	336	5,485	9,371	—	0	7	43	111	—	0	5	22	65
Illinois	—	13	63	866	956	—	0	4	11	61	—	0	2	8	38
Indiana	—	0	222	—	222	—	0	1	2	14	—	0	1	1	10
Michigan	31	64	154	2,342	3,433	—	0	4	11	16	—	0	2	6	1
Ohio	29	50	128	1,912	3,856	—	0	3	16	13	—	0	2	3	10
Wisconsin	—	4	38	365	904	—	0	1	3	7	—	0	1	4	6
<b>W.N. Central</b>	8	22	145	960	1,334	—	0	6	40	248	—	0	23	156	736
Iowa	N	0	0	N	N	—	0	3	5	12	—	0	1	4	17
Kansas	—	5	36	316	477	—	0	2	6	14	—	0	4	25	26
Minnesota	—	0	0	—	—	—	0	2	3	44	—	0	6	18	57
Missouri	8	11	51	575	780	—	0	3	9	61	—	0	1	7	16
Nebraska¶	N	0	0	N	N	—	0	1	4	20	—	0	8	33	141
North Dakota	—	0	140	49	—	—	0	2	2	49	—	0	12	41	319
South Dakota	—	0	5	20	77	—	0	5	11	48	—	0	6	28	160
<b>S. Atlantic</b>	35	89	167	3,578	4,409	—	0	3	13	43	—	0	3	12	39
Delaware	—	1	6	47	42	—	0	0	—	1	—	0	1	1	—
District of Columbia	1	0	3	22	27	—	0	0	—	—	—	0	0	—	—
Florida	29	27	87	1,394	1,049	—	0	2	2	3	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	3	23	—	0	1	4	27
Maryland¶	N	0	0	N	N	—	0	2	7	6	—	0	2	6	4
North Carolina	N	0	0	N	N	—	0	0	—	4	—	0	0	—	4
South Carolina¶	—	14	66	675	928	—	0	0	—	3	—	0	0	—	2
Virginia¶	—	20	81	848	1,376	—	0	0	—	3	—	0	1	1	2
West Virginia	5	13	66	592	987	—	0	1	1	—	—	0	0	—	—
<b>E.S. Central</b>	—	15	101	935	494	—	0	9	52	74	—	0	12	81	96
Alabama¶	—	15	101	922	492	—	0	3	11	17	—	0	3	9	7
Kentucky	N	0	0	N	N	—	0	1	3	4	—	0	0	—	—
Mississippi	—	0	2	13	2	—	0	6	32	48	—	0	10	66	83
Tennessee¶	N	0	0	N	N	—	0	1	6	5	—	0	2	6	6
<b>W.S. Central</b>	—	176	886	6,561	8,737	—	0	7	55	266	—	0	8	54	154
Arkansas¶	—	9	38	469	660	—	0	2	8	13	—	0	0	—	7
Louisiana	—	1	10	63	104	—	0	2	9	27	—	0	6	27	12
Oklahoma	N	0	0	N	N	—	0	1	2	59	—	0	1	5	47
Texas¶	—	166	852	6,029	7,973	—	0	6	36	167	—	0	4	22	88
<b>Mountain</b>	13	37	105	1,594	2,240	—	0	12	88	287	—	0	23	179	1,036
Arizona	—	0	0	—	—	—	0	10	53	49	—	0	8	44	44
Colorado	13	15	43	723	909	—	0	4	13	99	—	0	12	64	477
Idaho¶	N	0	0	N	N	—	0	1	2	11	—	0	7	30	119
Montana¶	—	6	27	261	343	—	0	0	—	37	—	0	2	5	165
Nevada¶	N	0	0	N	N	—	0	2	8	1	—	0	3	7	10
New Mexico¶	—	4	22	166	330	—	0	2	6	39	—	0	1	2	21
Utah	—	10	55	434	624	—	0	2	6	28	—	0	4	19	42
Wyoming¶	—	0	4	10	34	—	0	0	—	23	—	0	2	8	158
<b>Pacific</b>	4	2	8	108	61	—	0	35	212	161	—	0	20	123	245
Alaska	4	1	5	57	33	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	—	—	0	35	211	154	—	0	19	118	226
Hawaii	—	1	6	51	28	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	0	—	7	—	0	2	4	19
Washington	N	0	0	N	N	—	0	1	1	—	—	0	1	1	—
American Samoa	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
C.N.M.I.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Guam	—	2	17	62	225	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	8	20	367	650	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

\* Incidence data for reporting year 2008 are provisional.

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

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

¶ Contains data reported through the National Electronic Disease Surveillance System (NEDSS). Due to technical difficulty, no data from the NEDSS system were included in week 44.

TABLE III. Deaths in 122 U.S. cities,\* week ending November 1, 2008 (44th week)

Reporting area	All causes, by age (years)						P&I† Total	Reporting area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1			All Ages	≥65	45-64	25-44	1-24	<1	
<b>New England</b>	535	354	134	28	11	8	45	<b>S. Atlantic</b>	1,130	683	292	83	37	34	66
Boston, MA	167	93	53	12	4	5	11	Atlanta, GA	101	54	33	7	3	4	1
Bridgeport, CT	29	18	7	2	1	1	3	Baltimore, MD	159	78	49	15	11	5	12
Cambridge, MA	18	15	1	1	1	—	2	Charlotte, NC	125	82	31	9	2	1	11
Fall River, MA	32	29	3	—	—	—	4	Jacksonville, FL	152	95	32	18	3	4	13
Hartford, CT	45	26	13	4	2	—	5	Miami, FL	117	63	35	10	6	3	10
Lowell, MA	34	24	9	1	—	—	2	Norfolk, VA	52	34	11	2	1	4	2
Lynn, MA	9	4	4	1	—	—	1	Richmond, VA	52	34	13	3	—	2	5
New Bedford, MA	23	16	7	—	—	—	3	Savannah, GA	48	32	10	3	—	3	2
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	61	39	14	4	2	2	1
Providence, RI	66	50	10	4	—	2	5	Tampa, FL	138	97	35	4	2	—	4
Somerville, MA	4	3	1	—	—	—	—	Washington, D.C.	113	65	27	8	7	6	4
Springfield, MA	33	24	5	2	2	—	5	Wilmington, DE	12	10	2	—	—	—	1
Waterbury, CT	16	9	6	—	1	—	—	<b>E.S. Central</b>	853	550	209	44	27	22	67
Worcester, MA	59	43	15	1	—	—	4	Birmingham, AL	185	115	44	13	8	4	14
<b>Mid. Atlantic</b>	1,869	1,345	382	81	20	40	91	Chattanooga, TN	84	52	20	8	4	—	4
Albany, NY	47	29	13	2	1	2	2	Knoxville, TN	107	72	29	4	1	1	8
Allentown, PA	29	24	5	—	—	—	3	Lexington, KY	65	45	14	3	1	2	2
Buffalo, NY	102	65	23	8	2	4	7	Memphis, TN	169	116	41	5	3	4	15
Camden, NJ	14	9	1	2	—	2	—	Mobile, AL	42	28	11	1	1	1	6
Elizabeth, NJ	8	6	2	—	—	—	—	Montgomery, AL	53	30	13	1	4	5	3
Erie, PA	63	52	9	1	—	1	3	Nashville, TN	148	92	37	9	5	5	15
Jersey City, NJ	20	15	5	—	—	—	—	<b>W.S. Central</b>	1,456	906	341	110	47	52	79
New York City, NY	1,005	733	203	40	12	16	40	Austin, TX	76	45	18	8	2	3	3
Newark, NJ	34	11	16	2	3	2	—	Baton Rouge, LA	37	30	5	—	2	—	—
Paterson, NJ	11	7	3	1	—	—	—	Corpus Christi, TX	58	42	12	1	2	1	3
Philadelphia, PA	165	101	46	14	1	3	2	Dallas, TX	220	139	51	12	7	11	18
Pittsburgh, PA§	23	18	3	1	—	1	2	El Paso, TX	117	78	22	8	3	6	10
Reading, PA	38	32	5	—	—	1	4	Fort Worth, TX	119	70	33	8	3	5	7
Rochester, NY	127	101	17	6	1	2	11	Houston, TX	377	211	110	28	13	15	14
Schenectady, NY	10	7	2	1	—	—	—	Little Rock, AR	77	40	22	8	5	2	2
Scranton, PA	22	19	3	—	—	—	1	New Orleans, LA¶	U	U	U	U	U	U	U
Syracuse, NY	97	73	18	1	—	5	12	San Antonio, TX	216	140	37	26	6	7	14
Trenton, NJ	22	17	2	2	—	1	1	Shreveport, LA	67	51	12	2	1	1	4
Utica, NY	14	12	2	—	—	—	2	Tulsa, OK	92	60	19	9	3	1	4
Yonkers, NY	18	14	4	—	—	—	1	<b>Mountain</b>	1,050	678	260	69	15	28	75
<b>E.N. Central</b>	2,038	1,290	532	140	41	34	152	Albuquerque, NM	117	74	28	12	2	1	7
Akron, OH	49	31	13	2	1	2	—	Boise, ID	52	37	11	2	—	2	1
Canton, OH	43	29	10	2	—	2	4	Colorado Springs, CO	75	51	17	4	1	2	2
Chicago, IL	355	185	116	38	10	5	31	Denver, CO	78	46	22	5	—	5	8
Cincinnati, OH	87	46	29	7	3	2	12	Las Vegas, NV	273	175	70	22	4	2	17
Cleveland, OH	233	165	39	19	5	5	8	Ogden, UT	41	30	9	1	1	—	6
Columbus, OH	171	117	38	12	3	1	12	Phoenix, AZ	132	69	46	6	3	8	7
Dayton, OH	144	94	39	6	—	5	11	Pueblo, CO	27	20	4	2	—	1	2
Detroit, MI	149	86	47	10	3	3	9	Salt Lake City, UT	109	67	28	8	1	5	14
Evansville, IN	44	32	9	1	—	2	2	Tucson, AZ	146	109	25	7	3	2	11
Fort Wayne, IN	62	44	13	4	—	1	5	<b>Pacific</b>	1,688	1,189	320	107	38	34	138
Gary, IN	13	5	5	1	2	—	—	Berkeley, CA	16	14	1	—	1	—	1
Grand Rapids, MI	64	49	12	2	1	—	6	Fresno, CA	158	115	32	6	3	2	11
Indianapolis, IN	179	97	58	15	5	4	17	Glendale, CA	24	19	3	2	—	—	6
Lansing, MI	43	30	10	2	1	—	—	Honolulu, HI	53	42	4	3	1	3	3
Milwaukee, WI	102	65	26	6	4	1	11	Long Beach, CA	63	37	13	10	3	—	8
Peoria, IL	42	29	10	2	—	1	6	Los Angeles, CA	270	162	63	25	10	10	31
Rockford, IL	51	37	8	5	1	—	1	Pasadena, CA	25	16	7	2	—	—	2
South Bend, IN	38	26	12	—	—	—	3	Portland, OR	142	103	30	5	2	2	5
Toledo, OH	114	80	27	5	2	—	10	Sacramento, CA	178	129	37	9	1	2	19
Youngstown, OH	55	43	11	1	—	—	4	San Diego, CA	152	110	24	8	2	8	8
<b>W.N. Central</b>	567	365	128	38	18	18	30	San Francisco, CA	118	78	25	10	2	3	15
Des Moines, IA	58	45	9	2	1	1	1	San Jose, CA	170	124	26	12	6	2	14
Duluth, MN	28	23	4	—	—	1	5	Santa Cruz, CA	32	27	4	—	1	—	1
Kansas City, KS	25	20	5	—	—	—	6	Seattle, WA	106	74	21	7	2	2	6
Kansas City, MO	85	51	23	5	3	3	1	Spokane, WA	77	60	14	3	—	—	6
Lincoln, NE	32	23	5	2	1	1	—	Tacoma, WA	104	79	16	5	4	—	2
Minneapolis, MN	63	32	18	9	1	3	2	<b>Total**</b>	<b>11,186</b>	<b>7,360</b>	<b>2,598</b>	<b>700</b>	<b>254</b>	<b>270</b>	<b>743</b>
Omaha, NE	80	57	15	2	4	2	6								
St. Louis, MO	87	47	25	7	4	4	2								
St. Paul, MN	51	34	8	5	2	2	4								
Wichita, KS	58	33	16	6	2	1	3								

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 &gt;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.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format. To receive an electronic copy each week, send an e-mail message to [listserv@listserv.cdc.gov](mailto:listserv@listserv.cdc.gov). The body content should read *SUBscribe mmwr-toc*. Electronic copy also is available from CDC's Internet server at <http://www.cdc.gov/mmwr> or from CDC's file transfer protocol server at <ftp://ftp.cdc.gov/pub/publications/mmwr>. Paper copy subscriptions are available through the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Data are compiled in the National Center for Public Health Informatics, Division of Integrated Surveillance Systems and Services. Address all inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333 or to [mmwrq@cdc.gov](mailto:mmwrq@cdc.gov).

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.