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Cryptosporidiosis Outbreaks Associated with Recreational Water Use — Five States, 2006

Cryptosporidiosis is a gastrointestinal illness caused by parasitic protozoa of the genus *Cryptosporidium* and can produce watery diarrhea lasting 1–3 weeks (*1*); one or two cases per 100,000 population are reported annually in the United States (*2,3*). Fecal-oral transmission of *Cryptosporidium* oocysts occurs through ingestion of contaminated drinking or recreational water, consumption of contaminated food, and contact with infected persons or animals (e.g., cattle or sheep). Unlike bacterial pathogens, *Cryptosporidium* oocysts are resistant to chlorine disinfection and can survive for days in treated recreational water venues (e.g., public and residential swimming pools and community and commercial water parks*) despite adherence to recommended residual chlorine levels (1–3 ppm) (*4*). For 2006, a total of 18 cryptosporidiosis outbreaks have been reported (as of July 24, 2007) to CDC's U.S. Waterborne Disease and Outbreak Surveillance System, compared with five outbreaks reported for 2003 and seven for 2004 (*5*); data for 2005 and 2006 are not yet final. This report describes five laboratory-confirmed cryptosporidiosis outbreaks in 2006 that involved public recreational water use (*2*). The popularity of recreational water venues, the number and geographic distribution of recent cryptosporidiosis outbreaks, and the resistance of *Cryptosporidium* to chlorination suggest that treatment strategies for recreational water facilities need to be improved.

Colorado. On August 23, 2006, a mother notified the Tri-County Health Department that some persons had experienced gastroenteritis after attending her daughter's birthday party at a Douglas County community water park. A cohort study was conducted among all 21 party attendees, who were surveyed using an Internet-based questionnaire. Twelve persons (57%) reported diarrhea, vomiting, or abdominal cramps. All seven of the stool samples collected contained *Cryptosporidium*, and all four of the samples tested further contained the same genotype of *Cryptosporidium hominis*. Twelve (71%) of the 17 persons with water exposure at the water park reported illness, compared with none of the nine persons who were not exposed to water (p=0.02, Fisher's exact test). A water sample collected from the water park 18 days after the party did not detect *Cryptosporidium*. The implicated water park pool and three other pools in the county where one of the ill persons swam were hyperchlorinated. Overall, during August–October 2006 in Douglas County, 11 cases of laboratory-confirmed cryptosporidiosis were reported (i.e., among seven of the 12 party attendees who reported illness, two of their household contacts, and two unrelated cases), compared with a median of one case (range: zero to three) reported annually during 2001–2005; no other outbreaks were reported or detected during this period.

Illinois. On August 10, 2006, a mother notified the Tazewell County Health Department that her two sons had received a diagnosis of cryptosporidiosis. The brothers had attended a private day-camp facility with a swimming pool

*Aquatic entertainment facilities typically containing water slides, wave pools, "lazy rivers," or interactive fountains.

INSIDE

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and also participated in a day-camp outing to a community water park. A cohort study was conducted among day-camp attendees, staff members, and volunteers; 105 (64%) of 165 persons were interviewed by telephone. Fifty-six (53%) of those interviewed reported diarrhea or vomiting. Seven of eight stool samples collected contained *Cryptosporidium*; all four of the samples tested further contained the same genotype of *C. hominis*. Fifty-six (89%) of the 63 persons who entered the day-camp swimming pool reported illness, compared with none of the 39 persons who did not enter the pool ($p<0.01$, Mantel-Haenszel chi-square). Forty-one (85%) of the 48 persons with water exposure at the water park reported illness, compared with 15 (28%) of the 54 persons who were not exposed to water (relative risk: 3.1; 95% confidence interval [CI] = 2.0–4.8). Testing of water samples determined that the day-camp pool was negative for *Cryptosporidium,* and the water park was positive for *Cryptosporidium parvum* but negative for *C. hominis*. The implicated day-camp pool was closed, and the water park was hyperchlorinated. During July–August 2006 in Tazewell County, seven cases of laboratory-confirmed cryptosporidiosis were reported, all from the day camp, compared with a median of four cases (range: one to 203) reported annually during 2001–2005; one large outbreak associated with a different community water park occurred in 2001.

Louisiana. During July–August 2006, a total of 35 cases of laboratory-confirmed cryptosporidiosis were reported to the Louisiana Office of Public Health from East Baton Rouge and Ascension parishes, compared with a median of one case (range: one to 42) reported annually during 2001–2005; one large outbreak associated with a water spray park occurred in 2005. *Cryptosporidium* isolates from the 35 patients were not subject to genotyping or species determination. A case-control study was conducted, and 29 (83%) of the 35 case-patients were interviewed by telephone. Twenty-nine controls were selected randomly from the Louisiana Immunization Registry database and matched to the case-patients by age and location. The 29 interviewed case-patients reported diarrhea (100%), abdominal cramps (62%), and vomiting (45%). Recreational water use at one commercial water park was the only exposure significantly associated with cryptosporidiosis (matched odds ratio [mOR]: 15.0; CI = 2.0–113.6). No water park samples were collected for testing because the water park had already closed for the season.

South Carolina. During 2006, a total of 123 cases of laboratory-confirmed cryptosporidiosis were reported to the South Carolina Department of Health and Environmental Control, compared with a median of 19 cases (range: seven

to 29) reported annually during 2001–2005. In the Charleston region (i.e., Berkeley, Charleston, and Dorchester counties), 88 laboratory-confirmed cases were reported, compared with a median of seven cases (range: one to seven) reported annually during 2001–2005; no other outbreaks were reported or detected during this period. *Cryptosporidium* isolates for the 88 patients were not subject to genotyping or species determination. Eighty-one (95%) of 85 patients reported in the Charleston region during June–November 2006 were interviewed by telephone. Although no controls were interviewed, multiple water parks, swimming pools, and day care centers were identified as common sources of exposure. As a result, health department staff members visited eight of the identified recreational water venues and 13 of the identified day care centers to examine policies and implement control measures (e.g., hyperchlorinate recreational water). A water sample collected from one water park tested negative for *Cryptosporidium*.

Wyoming. During June–October 2006, 34 cases of laboratory-confirmed cryptosporidiosis were reported to the Wyoming Department of Health from Campbell and Crook counties, compared with a median of two cases (range: zero to three) reported annually during 2001–2005; no other outbreaks were reported or detected during this period. *Cryptosporidium* isolates from these 34 patients were not subject to genotyping or species determination. A case-control study was conducted with 29 patients; 26 (90%) of the 29 were interviewed by telephone. Forty-one unmatched controls were enrolled from among persons who were not ill and were seeking routine preventive care at a local public health nursing office. The 26 interviewed case-patients reported diarrhea (92%), vomiting (56%), and abdominal cramps (54%). Recreational water use at any public swimming pool (odds ratio [OR]: 6.8; CI = 1.4–33.6) and at one local reservoir (OR: 5.2; CI = 1.4–19.7) were the only exposures significantly associated with cryptosporidiosis. A water sample collected from one public pool tested negative for *Cryptosporidium*. The largest public swimming pool in the two-county region was hyperchlorinated.

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Editorial Note: This report describes five cryptosporidiosis outbreaks that occurred in the United States during 2006 and were associated with recreational water venues. Three of the outbreaks (in Louisiana, South Carolina, and Wyoming) were not reported immediately but were detected through routine communicable disease surveillance of laboratory-confirmed cases. Such detection is typical for cryptosporidiosis, in part because of the long incubation period (1–12 days) and difficulty identifying clusters outside of organized group events. Four of the five outbreaks were epidemiologically associated with exposure to treated recreational water in swimming pools or water parks. These findings implicate contaminated recreational water as the source of the outbreaks, despite the negative results from environmental water samples. Detection of *Cryptosporidium* is uncommon in environmental water samples; laboratory testing is both technically and operationally challenging and, because of the long incubation period, often is not conducted until weeks after the exposure occurs. *Cryptosporidium* oocysts typically enter treated recreational water venues via fecal contamination from humans. Stool samples from two states (Colorado and Illinois) underwent species analysis by polymerase chain reaction and genotyping based on GP60 gene sequencing; samples from both states were identified as *C. hominis*, indicating a human source of contamination (*6*).

Because of its resistance to chlorination, *Cryptosporidium* has become the leading cause of gastroenteritis outbreaks associated with treated recreational water venues and accounted for approximately 60% of the outbreaks reported to CDC during 1995–2004 (*5*). Of the recreational water venues that were inspected for disinfection and chlorination, all but one (the Illinois day-camp pool) had records indicating adherence to recommended residual chlorine levels. These outbreaks underscore that conventional chlorination and filtration of swimming pools and water parks are inadequate to control cryptosporidiosis and transmission of recreational water illness (*4*).

Two types of public health intervention might reduce transmission of *Cryptosporidium* in treated recreational water venues. First, adoption of improved disinfection technologies that inactivate *Cryptosporidium* might reduce exposure to and viability of infectious oocysts. Second, increased public awareness of healthy swimming practices might reduce the number of persons who swim while ill with diarrhea, thereby reducing the risk for fecal contamination.

Reducing the risk for future outbreaks will require changes in pool-water disinfection practices. Supplementary disinfection known to inactivate *Cryptosporidium*, such as in-line ultraviolet radiation or ozone systems, can add an additional level of protection for swimmers by decreasing the duration of oocyst transmission (*4,7*). Because both technologies depend on water recirculation rates, oocysts remain viable until all pool water has been treated, which can require up to 24 hours. The swimming pool implicated in the Colorado outbreak was the only recreational water venue in the outbreaks described in this report that used ultraviolet radiation to treat recirculated water; however, determining whether the presence of supplemental disinfection resulted in fewer cases than would have occurred otherwise is not possible. Further risk reduction might be achieved through use of increased circulation flow rates, flocculants, remedial biocidal shock treatments (e.g., routine hyperchlorination: 20 ppm for 8 hours or equivalent), and occupancy-dependent water replacement.

Public education should reinforce the message that swimming pool patrons share responsibility for controlling the spread of *Cryptosporidium* in recreational water venues and encourage the public to be proactive regarding prevention of illness. Messages should stress refraining from swimming while ill with diarrhea, not swallowing pool water, practicing good hygiene, and reporting fecal contamination to pool operators so that appropriate disinfection can be administered (*8*). Additionally, during recognized outbreaks of cryptosporidiosis, increased public and media communication should be initiated to decrease the possibility of communitywide transmission (Box), and swimmers should refrain from swimming for 2 weeks after diarrhea has resolved because of continued shedding of the parasite (*9*).

A multifaceted approach for prevention of cryptosporidiosis in treated water venues must address operational, technological, and behavioral factors related to recreational water use. A national program to develop a model aquatic health code and risk-reduction plan has been initiated by CDC and partners in the public health and aquatic sectors. Additional information is available at http://www.cdc.gov/healthyswimming.

BOX. Recommendations to reduce the risk for communitywide spread of cryptosporidiosis during outbreaks associated with recreational water venues

Public health officials should consider issuing the following recommendations:

To the general public

- Do not swim while experiencing a diarrheal illness and for 2 weeks after diarrhea resolves.
- Avoid swallowing pool water.
- Practice proper hygiene, including handwashing after using restroom or changing diapers and showering before entering recreational water.
- Access http://www.cdc.gov/healthyswimming for prevention information.

To health-care providers

- Report cases of cryptosporidiosis to the local health department, as required.
- Collect stool samples and request *Cryptosporidium* testing, when indicated.
- Remind patients to refrain from swimming while ill with diarrhea and for 2 weeks after cessation of diarrhea.
- Remind parents that children with diarrheal illness should not enter the water at recreational water facilities.

To pool operators

- Initiate hyperchlorination protocols for *Cryptosporidium* (available at http://www.cdc.gov/healthyswimming).
- Place diarrhea exclusion messages at pools, with alerts about any outbreaks.
- Prohibit pool staff with diarrhea from entering pool.
- Consider suspending swim classes and other group events.
- Consider suspending visits by large day care center groups.
- Do not close pool without consulting with public health authorities because previous investigations have demonstrated that patrons are likely to swim elsewhere and contaminate other swimming venues.

References

1. Dillingham RA, Lima AA, Guerrant RL. Cryptosporidiosis: epidemiology and impact. Microbes Infect 2002;4:1059–66.
2. CDC. Cryptosporidiosis surveillance, United States, 1999–2002. MMWR 2005;54(No. SS-1):1–18.
3. CDC. Preliminary FoodNet data on the incidence of infection with pathogens transmitted commonly through food—10 states, 2006. MMWR 2007;56:336–9.
4. Korich DG, Mead JR, Madore MS, Sinclair NA, Sterling CR. Effects of ozone, chlorine dioxide, chlorine, and monochloramine on *Cryptosporidium parvum* oocyst viability. Appl Environ Microbiol 1990;56:1423–8.
5. CDC. Surveillance for waterborne disease and outbreaks associated with recreational water—United States, 2003–2004. MMWR 2006;55(No. SS-12):1–30.
6. Xiao L, Fayer R, Ryan U, Upton SJ. *Cryptosporidium* taxonomy: recent advances and implications for public health. Clin Microbiol Rev 2004;17:72–97.
7. Bukhari Z, Clancy JL, Hary TM, Bolton J, Dussert B, Marshall MM. Medium-pressure UV for oocyst inactivation. J Am Water Works Assoc 1999;91:86–94.
8. CDC. Responding to fecal accidents in disinfected swimming venues. MMWR 2001;50:416–7.
9. Jokipii L, Jokipii AM. Timing of symptoms and oocyst excretion in human cryptosporidiosis. N Engl J Med 1986;315:1643–7.

Nonfatal Traumatic Brain Injuries from Sports and Recreation Activities — United States, 2001–2005

Each year in the United States, an estimated 38 million children and adolescents participate in organized sports (*1*), and approximately 170 million adults participate in some type of physical activity not related to work (*2*). The health benefits of these activities are tempered by the risk for injury, including traumatic brain injury (TBI). CDC estimates that 1.1 million persons with TBIs are treated and released from U.S. hospital emergency departments (EDs) each year, and an additional 235,000 are hospitalized for these injuries (*3*). TBIs can result in long-term, negative health effects (e.g., memory loss and behavioral changes) (*3*). To characterize sports- and recreation-related (SR-related) TBIs among patients treated in U.S. hospital EDs, CDC analyzed data from the National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP) for the period 2001–2005. This report summarizes the results of that analysis, which indicated that an estimated 207,830 patients with nonfatal SR-related TBIs were treated in EDs each year during this period. The highest rates of SR-related TBI ED visits for both males and females occurred among those aged 10–14 years. Increased awareness of TBI risks, prevention strategies, and the importance of timely identification and management is essential for reducing the incidence, severity, and long-term negative health effects of this type of injury.

NEISS-AIP is operated by the U.S. Consumer Product Safety Commission (CPSC) and contains data on initial visits for all types and causes of injuries in patients treated in U.S. EDs. NEISS-AIP data are drawn from a nationally representative subsample of 66 of 100 NEISS hospitals that are selected as a stratified probability sample of those hospitals in the United States and its territories with a minimum of six beds and a 24-hour ED. NEISS-AIP provides data on approximately 500,000 injury-related and consumer-product–related ED cases each year.

For this analysis, SR-related injuries included those that occurred during organized and unorganized SR-related activities, regardless of whether they were work-related. Each case was initially classified into one of 39 mutually exclusive SR-related groups on the basis of an algorithm that considered both the consumer products involved (e.g., bicycles, swing sets, or in-line skating equipment) and the narrative description of the incident obtained from the medical record. These categories were combined for the analysis as necessary to produce stable estimates. SR-related cases were excluded if 1) the principal diagnosis was an illness, pain only, psychological harm only, contact dermatitis associated with consumer products or plants, or unknown; 2) the ED visit resulted from the adverse effects of therapeutic drugs or surgical care; or 3) the injury was violence-related, including intentional self-harm, assault, or legal intervention. Because not all deaths are counted by NEISS-AIP, persons who were dead on arrival or who died in the ED also were excluded. SR-related injury cases were then classified as TBI cases if the primary body part injured was the head and the principal diagnosis was within the categories of concussion or internal organ injury.

Each case was assigned a sample weight on the basis of the inverse probability of selection; these weights were added to provide national estimates of SR-related injuries. Estimates were based on weighted data for 347,597 ED visits for SR-related injuries (of which 21,876 were for TBI) during 2001–2005. Confidence intervals were calculated using a direct variance estimation procedure that accounted for the sample weights and complex sample design (*4*). Rates were calculated using averaged 2001–2005 U.S. Census bridged-race population estimates (*5*).

During 2001–2005, an estimated 207,830 patients with SR-related TBIs were treated in U.S. hospital EDs each year, accounting for 5.1% of all SR-related ED visits (Table 1). Overall, males accounted for approximately 70.5% of SR-related TBI ED visits. The highest rates of SR-related TBI ED visits for both males and females occurred among those aged 10–14 years, followed by those aged 15–19 years (Figure). Activities associated with the greatest number of TBI-related ED visits included bicycling, football, playground activities, basketball, and riding all-terrain vehicles (ATVs). Activities for which TBI accounted for greater than 7.5% of ED visits for that activity included horseback riding (11.7%), ice skating (10.4%), riding ATVs (8.4%), tobogganing/sledding (8.3%), and bicycling (7.7%). Each year, an estimated 21,311 SR-related TBI ED visits occurred that involved patients who were either subsequently hospitalized or transferred to another facility for additional care (Table 2). Approximately 10.3% of patients with SR-related TBIs were hospitalized or transferred, compared with 3.1% of patients with SR-related injuries overall. Activities associated with the greatest proportion of TBI-related ED visits requiring either hospitalization or transfer included riding ATVs (30.2%), riding mopeds/minibikes/dirt bikes (21.9%), bicycling (15.6%), golfing (13.6%), and riding scooters (10.5%).

TABLE 1. Estimated annual number of emergency department (ED) visits for all nonfatal injuries and nonfatal traumatic brain injuries (TBIs) related to sports and recreation activities, for all ages and for ages 5–18 years, by activity — National Electronic Injury Surveillance System–All Injury Program, United States, 2001–2005

	All ages					Ages 5–18 yrs					
	All injuries		TBIs			All injuries		TBIs			
Activity	No.*	(95% CI†)	No.	(95% CI)	% of all injuries§	No.	(95% CI)	No.	(95% CI)	% of all injuries	% of all injuries in age group¶	% of TBIs in age group**
Bicycle	524,692	(434,500–614,883)	40,424	(25,293–55,555)	7.7	309,752	(263,097–356,407)	23,405	(16,860–29,950)	7.6	59.0	57.9
Football	398,369	(349,189–447,550)	22,689	(18,102–27,276)	5.7	320,542	(277,524–363,560)	20,293	(16,255–24,332)	6.3	80.5	89.4
Playground	226,091	(186,257–265,925)	16,130	(11,004–21,256)	7.1	160,621	(133,056–188,186)	10,414	(7,185–13,644)	6.5	71.0	64.6
Basketball	603,239	(528,121–678,357)	14,680	(10,782–18,579)	2.4	380,245	(328,566–431,924)	11,506	(8,528–14,485)	3.0	63.0	78.4
All-terrain vehicle	132,702	(101,439–163,964)	11,199	(5,856–16,542)	8.4	53,447	(40,562–66,332)	5,220	(2,462–7,979)	9.8	40.3	46.6
Baseball	163,215	(136,676–189,755)	10,103	(7,414–12,792)	6.2	113,649	(93,833–133,465)	7,433	(5,440–9,426)	6.5	69.6	73.6
Soccer	169,373	(120,915–217,830)	9,371	(5,753–12,989)	5.5	122,731	(87,045–158,417)	7,667	(4,747–10,588)	6.2	72.5	81.8
Horseback riding	74,096	(55,856–92,336)	8,650	(4,496–12,803)	11.7	20,903	(15,972–25,834)	2,648	(1,593–3,704)	12.7	28.2	30.6
Swimming/diving	99,514	(74,848–124,179)	5,878	(3,398–8,357)	5.9	52,684	(41,271–64,098)	3,846	(2,325–5,367)	7.3	52.9	65.4
Skateboard	109,550	(72,553–146,546)	5,292	(3,124–7,460)	4.8	86,765	(60,612–112,918)	4,408	(2,561–6,255)	5.1	79.2	83.3
Hockey††	70,548	(34,650–106,445)	5,194	(2,239–8,149)	7.4	45,127	(20,554–69,700)	4,111§§	(1,523–6,699)	9.1§§	64.0	79.1§§
Moped/minibike/ dirt bike¶¶	71,987	(55,405–88,569)	4,736	(3,023–6,449)	6.6	33,868	(25,092–42,643)	2,523	(1,677–3,370)	7.5	47.0	53.3
Softball	108,014	(87,021–129,007)	4,277	(2,967–5,588)	4.0	45,153	(35,611–54,695)	1,797	(1,171–2,423)	4.0	41.8	42.0
Exercise	230,966	(193,241–268,691)	4,163	(2,368–5,958)	1.8	62,226	(52,865–71,587)	1,469	(863–2,076)	2.4	26.9	35.3
Miscellaneous ball games***	89,469	(71,798–107,140)	3,814	(2,211–5,416)	4.3	59,338	(46,559–72,116)	2,470	(1,634–3,306)	4.2	66.3	64.8
Combative†††	77,088	(62,232–91,944)	3,682	(2,537–4,827)	4.8	46,488	(36,219–56,757)	2,456	(1,627–3,284)	5.3	60.3	66.7
Scooter	67,197	(53,340–81,054)	3,534	(2,558–4,511)	5.3	52,355	(42,058–62,652)	2,790	(2,061–3,518)	5.3	77.9	78.9
Gymnastics§§§	93,603	(77,169–110,037)	2,951	(2,038–3,864)	3.2	64,507	(51,567–77,447)	2,339	(1,579–3,100)	3.6	68.9	79.3
Toboggan/sled	32,279	(20,161–44,397)	2,687	(1,411–3,964)	8.3	21,292	(13,340–29,245)	1,873	(1,011–2,736)	8.8	66.0	69.7
Golf¶¶¶	40,578	(30,313–50,843)	2,687	(1,783–3,591)	6.6	13,058	(10,092–16,023)	1,125	(681–1,569)	8.6	32.2	41.9
Skating, ice	23,214	(15,810–30,618)	2,411	(1,546–3,275)	10.4	14,387	(9,666–19,108)	1,545	(909–2,181)	10.7	62.0	64.1
Trampoline	93,389	(73,452–113,325)	2,131	(1,382–2,881)	2.3	73,029	(57,219–88,839)	1,545	(1,013–2,078)	2.1	78.2	72.5
Skating, in-line	46,665	(32,989–60,342)	1,610	(982–2,238)	3.5	33,109	(23,692–42,525)	1,142	(742–1,542)	3.4	70.9	70.9
Skating, other****	53,795	(41,434–66,156)	1,457	(989–1,925)	2.7	36,609	(28,152–45,066)	1,087	(749–1,425)	3.0	68.1	74.6
Amusement attractions††††	21,273	(15,270–27,275)	1,391	(825–1,957)	6.5	10,947	(7,698–14,196)	859	(467–1,250)	7.8	51.5	61.7
Go-cart	16,951	(13,235–20,667)	1,243	(802–1,684)	7.3	11,336	(8,835–13,838)	872	(521–1,223)	7.7	66.9	70.2
Volleyball	56,620	(43,298–69,942)	1,170	(755–1,585)	2.1	31,694	(24,700–38,689)	904	(581–1,227)	2.9	56.0	77.2
Racquet sports§§§§	28,268	(20,428–36,108)	723	(294–1,151)	2.6	8,299	(6,408–10,191)	198§§	(71–325)	2.4§§	29.4	27.4§§
Bowling	18,978	(14,628–23,329)	394	(242–546)	2.1	4,863	(3,665–6,061)	93§§	(24–163)	1.9§§	25.6	23.7§§
Track and field	17,025	(13,528–20,523)	305	(129–481)	1.8	15,391	(12,179–18,602)	275	(116–435)	1.8	90.4	90.2
Other specified¶¶¶¶	287,595	(181,598–393,593)	12,852	(5,222–20,482)	4.5	111,552	(66,868–156,236)	6,643§§	(2,137–11,149)	6.0§§	38.8	51.7§§
Total	**4,046,344**	**(3,443,054–4,649,635)**	**207,830**	**(150,931–264,730)**	**5.1**	**2,415,968**	**(2,047,424–2,784,512)**	**134,959**	**(102,530–167,388)**	**5.6**	**59.7**	**64.9**

* Estimates might not sum to totals because of rounding.
† Confidence interval.
§ Percentage of all injuries attributed to TBI = (number of TBI-related ED visits for activity/total number of ED visits for activity) x 100.
¶ Percentage of all injuries in age group = (number of sports- and recreation-related [SR-related] ED visits for activity in persons aged 5–18 years/number of SR-related ED visits for activity in persons of all ages) x 100.
** Percentage of TBIs in age group = (number of SR-related TBI ED visits for activity in persons aged 5–18 years/number of SR-related TBI ED visits for activity in persons of all ages) x 100.
†† Includes ice hockey, field hockey, roller hockey, and street hockey.
§§ Estimate might be unstable because the coefficient of variation is >30%.
¶¶ Includes other two-wheeled, powered off-road vehicles and dune buggies.
*** Includes lacrosse, rugby, handball, and tetherball.
††† Includes boxing, wrestling, martial arts, and fencing.
§§§ Includes cheerleading and dancing.
¶¶¶ Includes injuries related to golf carts.
**** Includes roller skating.
†††† Includes rides and water slides (not swimming-pool slides).
§§§§ Includes tennis, badminton, and squash.
¶¶¶¶ Includes water skiing, surfing, personal watercraft, snow skiing, snowmobile, snowboarding, camping, fishing, archery, darts, table tennis, nonpowder/BB guns, and billiards.

During 2001–2005, children aged 5–18 years accounted for an estimated 2.4 million (59.7%) SR-related ED visits, of which approximately 134,959 (5.6%) were categorized as TBI-related (Table 1). Approximately 17.9% of SR-related hospitalizations in this age group were attributed to TBIs (Table 2). Activities associated with the greatest number of TBI-related ED visits in this age group included bicycling, football, basketball, playground activities, and soccer. For all ages, activities for which TBI accounted for the greatest proportion of ED visits for that activity and the activities associated with the greatest number of TBI-related ED visits resulting in hospitalization were similar.

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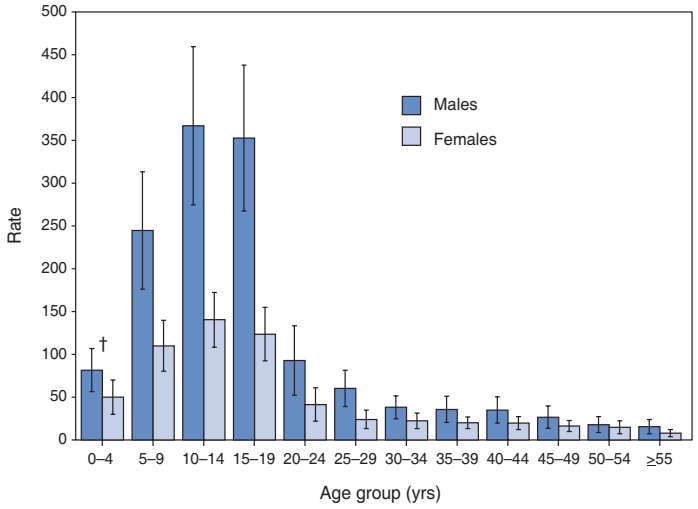
FIGURE. Estimated annual rate* of nonfatal, sports- and recreation-related traumatic brain injuries treated in emergency departments, by age group and sex — National Electronic Injury Surveillance System–All Injury Program, United States, 2001–2005



* Per 100,000 population.
† 95% confidence interval.

Editorial Note: The findings in this report indicate that an estimated 207,830 patients with SR-related TBIs were treated in U.S. EDs each year during 2001–2005. TBIs can occur during any of these SR-related activities, at any age, and among persons of either sex. Previous research has demonstrated that the majority of TBIs are categorized initially as mild on the basis of signs and symptoms; however, even mild TBI can affect a person's ability to return to school or work and can result in long-term cognitive or other problems (*3*). Repeated or more severe TBIs can result in physical, cognitive, behavioral, or emotional problems (*6*).

A previous national estimate of 300,000 SR-related TBIs included only those TBIs involving loss of consciousness (*7*). However, two studies have reported that only 8%–19% of SR-related TBIs involve loss of consciousness (*8,9*). An extrapolation based on these parameters suggests that 1.6–3.8 million SR-related TBIs occur each year, including those not treated by a health-care provider (*3*). Based on this estimate and the results of the analysis described in this report, an estimated 5.5%–13.0% of SR-related TBIs might result in hospital ED visits each year. Data on ED visits provide the most available national estimates for tracking this public health problem; however, the actual burden is underrepresented by use of these data. Although the

TABLE 2. Estimated annual number of hospitalizations* for all nonfatal injuries and nonfatal traumatic brain injuries (TBIs) related to sports and recreation activities, for all ages and for ages 5–18 years, by selected activity — National Electronic Injury Surveillance System–All Injury Program, United States, 2001–2005

	All ages						Ages 5–18 yrs					
	All injuries		TBIs				All injuries		TBIs			
Activity	No.†	(95% CI§)	No.	(95% CI)	% of all injury hospitalizations¶	% resulting in hospitalization**	No.	(95% CI)	No.	(95% CI)	% of all injury hospitalizations	% resulting in hospitalization
Bicycle	25,062	(17,858–32,267)	6,296	(3,636–8,957)	25.1	15.6	11,396	(8,958–13,835)	3,026	(1,993–4,059)	26.6	12.9
All-terrain vehicle	16,503	(10,195–22,810)	3,383	(1,649–5,117)	20.5	30.2	6,413	(3,897–8,929)	1,622	(698–2,545)	25.3	31.1
Moped/minibike/ dirt bike††	6,095	(3,848–8,341)	1,039	(442–1,636)	17.0	21.9	2,653	(1,683–3,623)	517	(233–801)	19.5	20.5
Football	6,809	(5,588–8,030)	891	(633–1,148)	13.1	3.9	5,639	(4,590–6,688)	775	(521–1,029)	13.7	3.8
Baseball/softball	3,759	(2,895–4,623)	811	(491–1,130)	21.6	5.6	1,926	(1,481–2,371)	419	(198–640)	21.8	4.5
Playground	9,669	(7,714–11,624)	529	(332–727)	5.5	3.3	7,398	(5,727–9,069)	349	(200–497)	4.7	3.3
Basketball	4,816	(4,057–5,575)	465	(274–656)	9.7	3.2	2,674	(2,110–3,238)	365	(218–513)	13.6	3.2
Skateboard	3,068	(1,700–4,437)	432	(216–647)	14.1	8.2	2,304	(1,389–3,219)	350	(170–529)	15.2	7.9
Scooter	2,011	(1,586–2,437)	372	(191–552)	18.5	10.5	1,429	(1,090–1,769)	329	(154–504)	23.0	11.8
Golf§§	1,586	(1,016–2,156)	366	(159–573)	23.1	13.6	504	(299–708)	178	(87–269)	35.3	15.8
Swimming/diving	3,915	(2,380–5,449)	352	(155–549)	9.0	6.0	1,304	(820–1,789)	198	(81–315)	15.2	5.1
Skating¶¶	2,946	(2,148–3,745)	263	(126–399)	8.9	4.8	1,571	(1,114–2,029)	153	(63–243)	9.7	4.0
Soccer	2,653	(1,625–3,681)	198	(84–312)	7.5	2.1	1,602	(999–2,206)	161	(66–256)	10.0	2.1
Other specified***	37,790	(27,470–48,110)	5,916	(3,264–8,567)	15.7	11.5	13,557	(10,359–16,755)	2,351	(1,340–3,361)	17.3	8.2
Total	**126,683**	**(97,146–156,220)**	**21,311**	**(13,258–29,364)**	**16.8**	**10.3**	**60,372**	**(49,416–71,329)**	**10,790**	**(7,461–14,120)**	**17.9**	**8.0**

* Includes those for patients hospitalized and those for patients transferred to another facility for additional care.
† Estimates might not sum to totals because of rounding.
§ Confidence interval.
¶ Percentage of all hospitalizations attributed to TBI = (number of TBI hospitalizations for activity/number of all hospitalizations for activity) x 100.
** Percentage of TBIs resulting in hospitalization = (number of TBI hospitalizations for activity/number of TBI-related emergency department visits for activity) x 100.
†† Includes other two-wheeled, powered off-road vehicles and dune buggies.
§§ Includes injuries related to golf carts.
¶¶ Includes ice, in-line, and roller skating.
*** Includes trampoline, toboggan/sled, go-cart, gymnastics, bowling, hockey, racquet sports, volleyball, miscellaneous ball games, track/field, combative, exercise, amusement attractions, water skiing, surfing, personal watercraft, snow skiing, snowmobile, snowboarding, camping, fishing, archery, darts, table tennis, nonpowder/BB guns, and billiards.

information derived from NEISS-AIP in this report reflects only a limited portion of all SR-related TBIs (i.e., those resulting in ED visits), the information is useful because it enables the classification of types of SR-related activities. Other injury-classification systems (e.g., *International Classification of Diseases, Ninth Revision, Clinical Modification*) do not enable coding of the specific SR-related activity involved at the time of injury.

The findings in this report indicate that persons aged 5–18 years account for an estimated 60% of ED visits for SR-related injuries and 65% of ED visits for SR-related TBIs. Persons in this age group are at increased risk for concussion during SR-related activities and for long-term sequelae, delayed recovery, and cumulative consequences of multiple TBIs (e.g., increased severity of future TBIs and increased risk for depression and dementia) (*3,10*). Therefore, prevention measures should be targeted to this age group.

To improve diagnosis and management of mild TBIs, including concussions, CDC has developed a tool kit for physicians entitled "Heads Up: Brain Injury in your Practice." In addition, CDC recently released a new tool kit, "Heads Up: Concussion in Youth Sports," to accompany an existing tool kit, "Heads Up: Concussion in High School Sports." This new tool kit was developed to help youth sports coaches and administrators, parents, and athletes better understand how to prevent, recognize, and respond to concussion among young athletes. The tool kit contains 1) fact sheets for coaches, parents, and athletes; 2) a clipboard, magnet, and poster containing facts on concussion; and 3) a quiz for coaches, athletes, and parents to test their knowledge about concussion.

Key components of TBI prevention in SR-related activities include 1) using protective equipment appropriate for the sport or activity (e.g., a helmet) that fits properly and is worn correctly and consistently, 2) following all appropriate safety policies, and 3) following the rules of the sport. In addition, all players, parents, and coaches should be aware of the signs and symptoms of TBIs, including concussion, and take appropriate action when such an injury is suspected. Additional information about the "Heads Up: Concussion in Youth Sports" tool kit (including information about ordering the kit free of charge) is available at http://www.cdc.gov/concussioninyouthsports.

The findings in this report are subject to at least six limitations. First, injury rates for specific SR-related activities could not be calculated because of the lack of national data regarding the number of persons participating in SR-related activities. Therefore, these estimates cannot be used to calculate the risks for TBI associated with any particular sport or activity. Second, NEISS-AIP includes only injuries resulting in visits to hospital EDs; many persons with TBIs do not seek care in EDs. Third, because NEISS-AIP includes only the principal diagnosis and primary body part noted during the initial injury visit, some cases for which TBI was a secondary diagnosis might have been missed. Fourth, NEISS-AIP narrative descriptions do not provide detailed information about injury circumstances (e.g., whether the activity was organized, whether the injury occurred during training or competition, or whether protective equipment was used). Fifth, trends by year could not be calculated because small numbers would have resulted in unstable estimates. Finally, NEISS-AIP is designed to provide national estimates but not state or local estimates.

These estimates highlight the need to improve the recognition, management, and prevention of SR-related TBIs and to better track the actual extent of this health problem. Additional information and resources on TBI, including all tool kits, are available at http://www.cdc.gov/ncipc/tbi/tbi.htm.

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References

1. National Council on Youth Sports. Report on trends and participation in youth sports. Stuart, FL: National Council on Youth Sports; 2001. Available at http://www.ncys.org/pdf/marketresearch.pdf.
2. CDC. 2006 Behavioral Risk Factor Surveillance System. Available at http://apps.nccd.cdc.gov/brfss/display.asp?cat=ex&yr=2006&qkey=4347&state=ub.
3. Langlois JA, Rutland-Brown W, Wald MM. The epidemiology and impact of traumatic brain injury. J Head Trauma Rehabil 2006;21:375–8.
4. US Consumer Product Safety Commission. NEISS All Injury Program: sample design and implementation. Schroeder T, Ault K, preparers. Washington, DC: US Consumer Product Safety Commission, 2001.
5. CDC. U.S. census populations with bridged race categories. Hyattsville, MD: US Department of Health and Human Services, CDC; 2006. Available at http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm.
6. National Institutes of Health. Rehabilitation of persons with traumatic brain injury: NIH consensus statement. Bethesda, MD: National Institutes of Health; 1998. Available at http://consensus.nih.gov/1998/1998traumaticbraininjury109html.htm.

7. Thurman DJ, Branche CM, Sniezek JE. The epidemiology of sports-related traumatic brain injuries in the United States: recent developments. J Head Trauma Rehabil 1998;13:1–8.
8. Schultz MR, Marshall SW, Mueller FO, et al. Incidence and risk factors for concussion in high school athletes, North Carolina, 1996–1999. Am J Epidemiol 2004;160:937–44.
9. Collins MW, Iverson GL, Lovell MR, McKeag DB, Norwig J, Maroon J. On-field predictors of neuropsychological and symptom deficit following sports-related concussion. Clin J Sport Med 2003; 13:222–9.
10. Buzzini SR, Guskiewicz KM. Sport-related concussion in the young athlete. Curr Opin Pediatr 2006;18:376–82.

Types of Alcoholic Beverages Usually Consumed by Students in 9th–12th Grades — Four States, 2005

Excessive alcohol consumption contributes to approximately 4,500 deaths* among underage youths in the United States each year (e.g., from homicides, motor-vehicle crashes, and suicides) and an average of 60 years of life lost per death (*1*). However, little is known about the specific types of alcoholic beverages consumed by youths.† These data are important because numerous evidence-based strategies for reducing underage drinking rates are beverage-specific, including increasing alcohol excise taxes and increasing restrictions on the distribution and sale of alcoholic beverages. To examine types of alcoholic beverages usually consumed by students in 9th–12th grades, CDC analyzed 2005 Youth Risk Behavior Survey (YRBS) data from the four state surveys that included a question on the type of alcohol consumed (Arkansas, Nebraska, New Mexico, and Wyoming). This report describes the results of that analysis, which indicated that liquor (e.g., bourbon, rum, scotch, vodka, or whiskey) was the most prevalent type of alcoholic beverage usually consumed among students in 9th–12th grades who reported current alcohol use or binge drinking. These findings suggest that considering beverage-specific alcohol consumption by youths is important when developing alcohol-control policies, specifically those related to the price and availability of particular types of alcoholic beverages.

In 2005, Arkansas, Nebraska, New Mexico, and Wyoming conducted a YRBS using a two-stage cluster sample design to produce data representative of each state's public-school students in grades 9–12 (*2*). Students completed anonymous, self-administered, school-based questionnaires that included questions on health-risk behaviors including alcohol use and specific information on the type of alcoholic beverage usually consumed. The student sample sizes for the four states ranged from 1,615 (Arkansas) to 5,634 (New Mexico). School response rates ranged from 72% (Arkansas and Nebraska) to 94% (Wyoming), and student response rates ranged from 69% (New Mexico) to 93% (Nebraska), resulting in overall survey response rates ranging from 60% to 82%.

Current alcohol use was defined as having had at least one drink of alcohol on at least 1 day during the 30 days before the survey.§ Binge drinking¶ was defined as having had five or more drinks of alcohol in a row on at least 1 day during the 30 days before the survey.** Type of alcohol usually consumed was defined as type of alcohol usually consumed during the 30 days before the survey††; the mutually exclusive response options were "I did not drink alcohol during the past 30 days," "liquor, such as vodka, rum, scotch, bourbon, or whiskey," "beer," "malt beverages, such as Smirnoff Ice®, Bacardi Silver®, and hard lemonade," "wine coolers, such as Bartles & Jaymes® or Seagrams®," "wine," "some other type," or "I do not have a usual type."

Data were weighted to produce state estimates. Among students who reported current alcohol use or binge drinking during the 30 days before the survey, state-specific prevalence estimates for the type of alcohol usually consumed were calculated overall and by sex, grade, and race/ethnicity.§§

In 2005, the prevalence of current alcohol use among students in 9th–12th grades ranged from 42.3% in New Mexico to 45.4% in Wyoming (Table). In all four states, liquor was the most prevalent type of alcoholic beverage usually consumed among students who reported current alcohol use, ranging from 34.1% in Nebraska to 44.7% in Arkansas (Figure). The second most prevalent type of

* This estimate includes conditions that specifically affect persons aged <21 years (e.g., child maltreatment, fetal alcohol syndrome, and low birthweight) that are the result of alcohol consumption by someone else (e.g., a parent or guardian).
† The minimum legal age at which persons can purchase alcohol is 21 years in all 50 U.S. states.

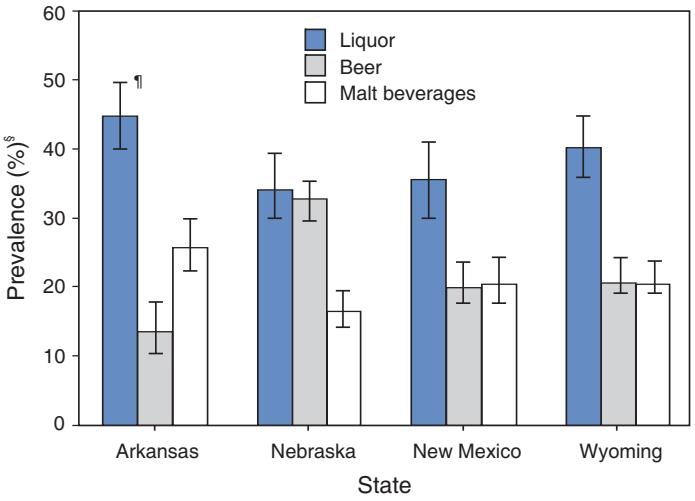
§ Determined by response to the question, "During the past 30 days, on how many days did you have at least one drink of alcohol?"
¶ The variable "binge drinking" has been reported as "episodic heavy drinking" in previous reports using YRBS data.
** Determined by response to the question, "During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?"
†† Determined by response to the question, "During the past 30 days, what type of alcohol did you usually drink?"
§§ Students who indicated that they had not drunk alcohol during the 30 days preceding the survey in response to either the current alcohol use question or the type of alcohol usually consumed question were excluded from the analyses.

TABLE. Prevalence* of current alcohol use† and type of alcoholic beverage usually consumed§ among students in 9th–12th grades who reported current alcohol use by sex, race/ethnicity, and grade — four states, 2005

Characteristic	Current alcohol use		Type of alcohol usually consumed													
			Liquor		Beer		Malt beverage		Wine cooler		Wine		Other		No usual type	
	%	(95% CI¶)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)	%	(95% CI)
Arkansas: total (N = 1,615)**	**43.1**	**(39.1–47.2)**	**44.7**	**(40.3–49.2)**	**13.5**	**(10.8–16.7)**	**25.7**	**(21.6–30.2)**	**4.2**	**(2.4–7.4)**	**1.6**	**(0.9–3.0)**	**2.1**	**(1.1–4.0)**	**8.3**	**(6.2–11.0)**
Sex																
Male	40.5	(35.8–45.4)	51.2	(44.7–57.7)	22.4	(18.5–26.8)	13.4	(9.2–19.2)	2.0	(0.7–5.3)	1.1	(0.4–3.3)	0.9	(0.2–4.2)	8.9	(5.2–15.0)
Female	45.0	(39.5–50.6)	39.5	(31.5–48.1)	6.2	(3.7–10.3)	35.7	(27.9–44.3)	6.1	(3.2–11.2)	2.0	(0.9–4.3)	3.0	(1.4–6.3)	7.6	(5.2–10.9)
Grade																
9	33.8	(27.9–40.2)	44.9	(39.0–51.0)	13.3	(8.3–20.5)	23.5	(16.7–31.8)	4.2	(1.6–10.7)	0.4	(0.1–2.8)	1.6	(0.5–4.8)	12.2	(8.0–18.1)
10	45.5	(40.8–50.3)	39.7	(29.5–51.0)	14.4	(9.8–20.6)	29.9	(21.4–40.1)	6.1	(2.4–14.9)	3.0	(1.1–8.0)	0.7	(0.1–5.3)	6.1	(3.5–10.4)
11	43.0	(35.3–51.2)	46.3	(38.9–53.9)	12.0	(6.7–20.6)	26.7	(19.7–35.1)	5.5	(2.0–14.2)	2.2	(0.6–7.8)	3.0	(0.7–11.2)	4.3	(1.8–10.0)
12	49.2	(40.5–57.9)	49.9	(38.9–60.9)	13.1	(8.2–20.4)	22.1	(13.2–34.5)	0.0	—	0.4	(0.0–3.0)	3.4	(1.3–8.7)	11.1	(5.7–20.4)
Race/Ethnicity																
White, non-Hispanic	45.1	(40.7–49.7)	46.4	(42.4–50.4)	16.0	(12.7–19.9)	23.6	(19.4–28.4)	2.6	(1.3–5.2)	1.4	(0.6–2.8)	2.0	(1.0–4.0)	8.1	(5.8–11.1)
Black, non-Hispanic	34.2	(26.6–42.7)	31.4	(16.8–51.0)	3.4	(0.8–12.9)	38.1	(28.2–49.0)	12.8	(4.9–29.6)	1.8	(0.4–8.6)	3.6	(0.9–13.8)	8.8	(2.8–24.9)
Hispanic	49.6	(38.0–61.2)	56.6	(38.5–73.1)	9.4	(2.2–32.4)	20.4	(10.6–35.6)	3.7	(0.5–21.1)	4.1	(0.5–27.1)	0.0	—	5.8	(1.8–17.0)
Nebraska: total (N = 3,755)**	**42.9**	**(40.4–45.4)**	**34.1**	**(30.4–37.9)**	**32.7**	**(29.2–36.4)**	**16.4**	**(14.3–18.8)**	**2.5**	**(1.8–3.4)**	**2.0**	**(1.3–2.9)**	**3.0**	**(2.1–4.2)**	**9.4**	**(8.0–11.0)**
Sex																
Male	44.4	(40.7–48.2)	36.4	(31.9–41.1)	39.2	(34.4–44.2)	8.9	(7.0–11.3)	1.2	(0.7–2.3)	1.7	(0.9–3.1)	3.0	(1.9–4.9)	9.6	(7.4–12.3)
Female	41.2	(38.6–43.9)	31.6	(27.2–36.4)	25.6	(21.5–30.2)	24.5	(21.0–28.5)	3.8	(2.7–5.5)	2.2	(1.3–3.7)	3.0	(2.1–4.3)	9.2	(7.2–11.7)
Grade																
9	31.4	(27.7–35.4)	32.5	(27.5–38.0)	20.0	(15.6–25.3)	17.9	(14.0–22.7)	5.4	(3.3–8.5)	1.9	(0.8–4.5)	7.0	(4.3–11.1)	15.3	(11.9–19.4)
10	39.7	(35.1–44.4)	33.8	(28.1–40.1)	29.7	(24.0–36.1)	20.3	(16.3–24.9)	3.6	(2.2–5.8)	1.6	(0.7–3.7)	2.4	(1.2–4.9)	8.5	(6.3–11.5)
11	50.7	(46.0–55.4)	37.6	(30.3–45.5)	32.6	(27.2–38.6)	17.1	(12.9–22.3)	0.5	(0.1–1.9)	3.0	(1.7–5.3)	2.4	(1.3–4.5)	6.8	(4.9–9.3)
12	52.1	(45.4–58.7)	32.0	(26.2–38.4)	43.2	(36.8–49.8)	11.9	(8.9–15.7)	1.6	(0.6–3.9)	1.4	(0.5–3.5)	1.3	(0.5–3.6)	8.6	(5.5–13.3)
Race/Ethnicity																
White, non-Hispanic	42.1	(39.5–44.7)	33.9	(30.3–37.8)	32.9	(29.0–37.1)	15.7	(13.4–18.3)	2.8	(2.0–3.9)	2.2	(1.5–3.2)	2.7	(1.9–3.9)	9.8	(8.0–11.8)
Black, non-Hispanic	53.0	(42.9–62.8)	38.3	(19.4–61.6)	30.4	(15.0–51.9)	24.2	(11.4–44.4)	0.0	—	0.0	—	0.0	—	7.1	(1.6–26.3)
Hispanic	43.4	(37.5–49.4)	31.1	(21.0–43.5)	33.7	(25.0–43.7)	17.5	(10.8–27.0)	0.0	—	2.2	(0.5–8.7)	10.0	(5.0–19.0)	5.5	(2.0–13.9)
New Mexico: total (N = 5,634)**	**42.3**	**(38.1–46.7)**	**35.6**	**(29.7–42.0)**	**19.9**	**(17.0–23.1)**	**20.4**	**(17.0–24.2)**	**3.3**	**(2.2–4.8)**	**3.1**	**(1.9–5.0)**	**5.9**	**(3.8–9.0)**	**11.9**	**(9.4–14.9)**
Sex																
Male	42.4	(37.9–47.1)	39.1	(31.6–47.2)	26.2	(21.2–32.0)	12.3	(9.8–15.5)	2.7	(1.7–4.5)	2.5	(1.1–5.6)	5.7	(2.6–12.0)	11.4	(8.2–15.7)
Female	41.9	(37.4–46.6)	32.3	(25.6–39.7)	13.5	(11.5–16.0)	28.2	(23.6–33.3)	3.7	(2.0–6.7)	3.7	(2.0–6.9)	6.1	(3.6–10.3)	12.5	(9.6–16.1)
Grade																
9	34.9	(28.7–41.7)	30.5	(24.3–37.6)	14.3	(9.8–20.6)	21.3	(16.2–27.4)	5.0	(2.2–10.8)	6.6	(4.3–10.0)	9.9	(5.3–17.9)	12.4	(9.2–16.4)
10	39.6	(35.2–44.1)	38.7	(27.6–51.1)	14.9	(11.3–19.2)	20.5	(12.5–31.9)	2.9	(1.6–5.2)	2.6	(0.8–7.7)	6.7	(3.5–12.5)	13.8	(9.2–20.0)
11	48.9	(42.6–55.3)	36.0	(27.0–46.0)	25.0	(19.5–31.4)	20.9	(13.0–31.7)	2.4	(1.0–5.8)	1.2	(0.3–4.4)	4.0	(1.8–8.6)	10.6	(7.2–15.5)
12	50.7	(42.4–59.0)	37.1	(27.5–47.9)	25.4	(19.5–32.3)	19.1	(13.5–26.2)	2.8	(1.0–7.4)	1.8	(0.5–6.1)	2.8	(1.1–7.3)	10.9	(6.4–17.8)
Race/Ethnicity																
White, non-Hispanic	38.6	(34.4–43.0)	42.3	(34.0–51.0)	21.1	(14.8–29.1)	15.2	(11.4–19.9)	2.6	(1.7–4.0)	3.5	(1.6–7.2)	2.9	(1.4–5.9)	12.5	(8.2–18.6)
Black, non-Hispanic	51.8	(38.2–65.1)	42.5	(25.7–61.2)	13.9	(5.1–32.5)	15.8	(7.1–31.8)	10.4	(4.9–20.9)	0.4	(0.0–3.8)	1.5	(0.3–6.7)	15.5	(4.9–39.6)
Hispanic	45.6	(39.1–52.2)	34.2	(26.6–42.8)	18.8	(15.1–23.3)	22.2	(15.8–30.3)	3.0	(1.7–5.5)	2.8	(1.4–5.6)	6.2	(3.7–10.0)	12.7	(9.2–17.4)
Wyoming: total (N = 2,500)**	**45.4**	**(42.5–48.3)**	**40.2**	**(37.0–43.6)**	**20.5**	**(17.7–23.6)**	**20.4**	**(17.9–23.1)**	**2.9**	**(2.0–4.3)**	**1.6**	**(1.0–2.6)**	**3.2**	**(2.2–4.8)**	**11.2**	**(9.3–13.4)**
Sex																
Male	46.0	(42.5–49.6)	44.7	(40.3–49.1)	26.2	(22.0–30.8)	11.2	(8.5–14.8)	0.8	(0.3–2.0)	1.0	(0.4–2.4)	3.9	(2.5–6.2)	12.2	(9.5–15.5)
Female	44.7	(41.1–48.3)	35.4	(31.1–39.9)	14.5	(11.4–18.4)	30.0	(25.8–34.5)	5.2	(3.4–7.9)	2.2	(1.2–4.1)	2.5	(1.3–5.0)	10.1	(7.7–13.1)
Grade																
9	33.7	(28.6–39.3)	39.9	(33.2–46.9)	15.7	(10.8–22.3)	21.6	(17.0–27.1)	4.3	(2.0–8.9)	1.4	(0.5–3.7)	3.1	(1.2–7.8)	14.1	(10.3–19.1)
10	45.7	(41.1–50.3)	48.7	(43.3–54.2)	12.6	(9.1–17.1)	19.2	(15.8–23.1)	2.8	(1.4–5.5)	2.8	(1.5–5.4)	4.9	(2.7–8.7)	9.0	(6.2–12.9)
11	48.6	(42.8–54.5)	38.4	(31.4–45.9)	23.6	(18.1–30.1)	22.1	(16.5–29.1)	2.8	(1.3–6.2)	0.9	(0.2–3.8)	1.2	(0.4–3.8)	10.9	(7.2–16.3)
12	55.0	(49.5–60.3)	34.6	(28.6–41.2)	27.9	(21.2–35.8)	19.3	(13.9–26.0)	2.3	(1.0–5.4)	1.2	(0.5–3.2)	3.6	(1.8–7.1)	11.1	(7.9–15.3)
Race/Ethnicity																
White, non-Hispanic	44.2	(41.2–47.2)	40.6	(36.9–44.3)	21.3	(18.4–24.5)	20.2	(17.4–23.3)	2.9	(1.9–4.4)	1.6	(0.9–2.7)	3.2	(2.1–4.8)	10.4	(8.3–12.8)
Black, non-Hispanic	40.7	(25.8–57.5)	33.7	(13.0–63.3)	27.7	(9.2–59.3)	5.4	(0.7–31.2)	9.1	(1.3–44.3)	0.0	—	0.0	—	24.0	(7.7–54.4)
Hispanic	58.3	(49.9–66.2)	34.8	(25.3–45.7)	18.1	(11.3–27.7)	23.3	(15.7–33.1)	3.1	(1.1–8.4)	2.0	(0.6–5.8)	2.3	(0.6–8.5)	16.6	(10.7–24.8)

* Data were weighted to produce state estimates.
† Determined by response to the question, "During the past 30 days, on how many days did you have at least one drink of alcohol?" Current alcohol use was defined as having had at least one drink of alcohol on at least 1 day during the 30 days before the survey.
§ Determined by response to the question, "During the past 30 days, what type of alcohol did you usually drink?" The mutually exclusive response options were "I did not drink alcohol during the past 30 days," "liquor, such as vodka, rum, scotch, bourbon, or whiskey," "beer," "malt beverages, such as Smirnoff Ice®, Bacardi Silver®, and hard lemonade," "wine coolers, such as Bartles & Jaymes® or Seagrams®," "wine," "some other type," or "I do not have a usual type."
¶ Confidence interval.
** Unweighted student sample size.

FIGURE. Prevalence of type of alcoholic beverages usually consumed among students in 9th–12th grades who reported current alcohol use,* by selected type of alcohol† — four states, 2005



* Determined by response to the question, "During the past 30 days, on how many days did you have at least one drink of alcohol?" Current alcohol use was defined as having had at least one drink of alcohol on at least 1 day during the 30 days before the survey.

† Determined by response to the question, "During the past 30 days, what type of alcohol did you usually drink?" The mutually exclusive response options were "I did not drink alcohol during the past 30 days," "liquor, such as vodka, rum, scotch, bourbon, or whiskey," "beer," "malt beverages, such as Smirnoff Ice®, Bacardi Silver®, and hard lemonade," "wine coolers, such as Bartles & Jaymes® or Seagrams®," "wine," "some other type," or "I do not have a usual type."

§ Data were weighted to produce state estimates. Prevalences do not add to 100% because only the three most prevalent types of alcohol consumed by youth are shown. Prevalence estimates for wine ranged from 1.6% (Arkansas and Wyoming) to 3.1% (New Mexico). Prevalence estimates for wine coolers ranged from 2.5% (Nebraska) to 4.2% (Arkansas). Prevalence estimates for other types of alcohol ranged from 2.1% (Arkansas) to 5.9% (New Mexico). Prevalence estimates for youths who reported alcohol consumption but no usual type of alcohol ranged from 8.3% (Arkansas) to 11.9% (New Mexico).

¶ 95% confidence interval.

alcohol usually consumed was either beer or malt beverages (beer in Nebraska, malt beverages in Arkansas, and beer and malt beverages nearly equally in New Mexico and Wyoming). Wine was the least prevalent type of alcohol usually consumed in all four states, ranging from 1.6% in Arkansas and Wyoming to 3.1% in New Mexico.

In all states but Nebraska, liquor was the most prevalent type of alcohol usually consumed among male students who reported current alcohol use (range: 39.1% in New Mexico to 51.2% in Arkansas), followed by beer (range: 22.4% in Arkansas to 26.2% in New Mexico and Wyoming). Beer was the most prevalent type among male students in Nebraska (39.2%), followed by liquor (36.4%). Among female students, liquor was the most prevalent type in all four states (range: 31.6% in Nebraska to 39.5% in Arkansas), followed by malt beverages in Arkansas, New Mexico, and Wyoming (range: 28.2% in New Mexico to 35.7% in Arkansas) and beer in Nebraska (25.6%).

In all four grades, liquor was the most prevalent type of alcohol usually consumed among students who reported current alcohol use in all four states (range: 30.5% among 9th-grade students in New Mexico to 49.9% among 12th-grade students in Arkansas), except 12th-grade students in Nebraska, among whom beer was the most prevalent type usually consumed (43.2%). Liquor was the most prevalent type of alcohol usually consumed by students in all racial/ethnic groups in all four states, except black students in Arkansas (among whom malt beverages were the most prevalent) and Hispanic students in Nebraska (among whom beer was the most prevalent).

The prevalence of binge drinking among all students ranged from 28.6% of students in New Mexico to 32.0% of students in Wyoming. Based on an analysis of the type of alcohol usually consumed among students in 9th–12th grades who reported binge drinking, liquor was the most prevalent type in all four states (49.1%, Arkansas; 37.2%, Nebraska; 41.0%, New Mexico; and 44.3%, Wyoming). Liquor was the most prevalent type of alcohol usually consumed among both male and female binge drinkers in Arkansas (55.8% and 42.9%, respectively), New Mexico (46.4% and 35.7%, respectively), and Wyoming (46.4% and 41.7%, respectively) and among female binge drinkers in Nebraska (36.6%). Beer was the most prevalent type of alcohol usually consumed among male binge drinkers in Nebraska (41.5%).

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Editorial Note: This report provides the first state-specific analysis of types of alcoholic beverages consumed by high school students. In 2005, liquor was the most prevalent type of alcohol usually consumed by students in 9th–12th grades reporting current alcohol use and binge drinking in Arkansas, Nebraska, New Mexico, and Wyoming and also was the most prevalent type in most sex, grade, and racial/ethnic groups. The findings in this report might reflect an emerging trend in

usual beverage consumed among underage drinkers that has been reported in other studies. Monitoring the Future (MTF), a national survey of 8th-, 10th-, and 12th-grade students, found that among 12th-grade students, the prevalence of liquor consumption during the 30 days before the survey was higher in 2005 (36.4%) than in 1990 (30.8%), whereas the prevalence of beer consumption during the 30 days before the survey was lower in 2005 (38.0%) than in 1990 (47.2%) (*3*). The MTF survey also indicated that among 12th grade students the prevalence of heavy liquor consumption (i.e., binge drinking with liquor [five or more drinks in a row]) during the 2 weeks before the survey was higher in 2005 (25.0%) than in 1990 (16.8%), whereas the prevalence of binge drinking with beer during the 2 weeks before the survey was lower in 2005 (22.4%) than in 1990 (27.0%) (*3*). In addition, recent studies have reported a substantial increase in liquor-specific marketing on cable television programs that have disproportionately large youth audiences (*4*).

Several factors might play a role in students choosing liquor more than other types of alcoholic beverages. First, high school students have a high prevalence of binge drinking, which can lead to acute intoxication (*5*); liquor might facilitate this outcome because of the higher ethanol concentration. Second, liquor can be combined with other beverages such as soft drinks, possibly making concealment easier and providing a flavor that is more acceptable to younger drinkers. These same factors also might cause youths to unintentionally drink more alcohol and drink it in a shorter period (*6*), increasing the risk for alcohol-related effects (e.g., alcohol poisoning).

The findings in this report are subject to at least three limitations. First, the alcohol-consumption patterns of students in 9th–12th grades in the four states studied might not be representative of the drinking patterns of students throughout the United States. However, the prevalence of current alcohol use and binge drinking among students in these states is similar to national estimates (*2*). Second, these data are from students who attend public schools and therefore might not be representative of all youths in these grades, including those who attend alternative schools, or persons who do not attend school; students who attend alternative schools might have even higher rates of alcohol use (*7*). Finally, all prevalence estimates are based on self-reports and might be subject to recall bias (*8*).

Surveillance on beverage-specific consumption among youths can be useful in planning prevention strategies for underage drinking that specifically target specific beverage types. For example, surveillance data could be used to better focus measures to reduce youth exposure to alcohol advertising and retail access to alcoholic beverages and to monitor the effectiveness of these strategies by type of beverage. These data also underscore the need to continue the use of evidence-based strategies to reduce youth drinking. Previous studies have indicated that certain strategies are effective, including improved enforcement of minimum legal purchasing-age laws (e.g., through compliance checks in which minors or youthful-looking adults attempt to purchase alcohol from retail establishments) (*9*) and increased alcohol excise taxes (*10*).

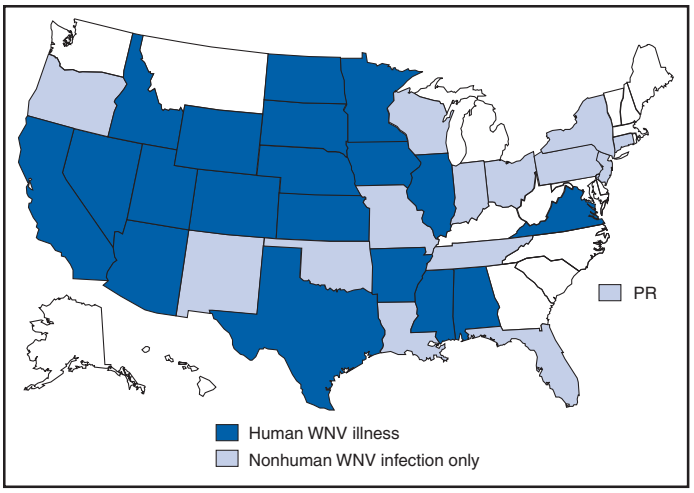
References

1. CDC. Alcohol-related disease impact (ARDI). Available at http://apps.nccd.cdc.gov/ardi/homepage.aspx.
2. CDC. Youth Risk Behavior Surveillance—United States, 2005. MMWR 2006;55(No. SS-5).
3. Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. Monitoring the Future national survey results on drug use, 1975–2005. Vol I. Secondary school students (NIH Publication No. 06-5883). Bethesda, MD: National Institute on Drug Abuse; 2006.
4. The Center on Alcohol Marketing and Youth at Georgetown University. Still growing after all these years: youth exposure to alcohol advertising, 2001–2005. Available at http://camy.org/research/tv1206/tv1206.pdf.
5. Miller JW, Naimi TS, Brewer RD, Jones SE. Binge drinking and associated health risk behaviors among high school students. Pediatrics 2006,119:76–85.
6. Kuntsche E, Knibbe R, Gmel G, Engels R. 'I drink spirits to get drunk and block out my problems…' Beverage preference, drinking motives, and alcohol use in adolescence. Alcohol Alcohol 2006;41:566–73.
7. Grunbaum J, Lowry R, Kann L. Prevalence of health-related behaviors among alternative high school students compared with students attending regular high schools. J Adolesc Health 2001;29:337–43.
8. Gast J, Caravell T, Sarvela PD, McDermott RJ. Validation of the CDC's YRBSS alcohol questions. Health Values 1995;19:39–43.
9. Shults RA, Elder RW, Sleet DA, et al. Reviews of evidence regarding interventions to reduce alcohol-impaired driving. Am J Prev Med 2001;21(Suppl 4):66–88.
10. Bonnie RJ, O'Connell ME, eds. Reducing underage drinking: a collective responsibility. Washington, DC: The National Academies Press; 2004.

West Nile Virus Update — United States, January 1–July 24, 2007

This report summarizes 2007 West Nile virus (WNV) surveillance data reported to CDC through ArboNET as of 3 a.m. Mountain Daylight Time, July 24, 2007. A total of 19 states have reported 122 cases of human WNV illness to CDC (Figure, Table). A total of 68 (56%) cases for which such data were available occurred in males; median age of patients was 48 years (range: 15 months–96 years). Dates of illness onset ranged from March 25 to July 18; three cases were fatal.

FIGURE. Areas reporting West Nile virus (WNV) activity — United States, 2007*



* As of July 24, 2007.

TABLE. Number of human cases of West Nile virus (WNV) illness, by state — United States, 2007*

State	Neuroinvasive disease†	West Nile fever§	Other clinical/ unspecified¶	Total reported to CDC**	Deaths
Alabama	1	0	1	**2**	1
Arizona	0	1	6	**7**	0
Arkansas	1	0	0	**1**	0
California	10	16	1	**27**	1
Colorado	1	5	0	**6**	0
Idaho	0	4	0	**4**	0
Illinois	2	0	1	**3**	0
Iowa	1	1	0	**2**	0
Kansas	2	0	0	**2**	0
Minnesota	3	0	0	**3**	0
Mississippi	5	3	0	**8**	1
Nebraska	0	2	0	**2**	0
Nevada	0	1	0	**1**	0
North Dakota	4	10	0	**14**	0
South Dakota	9	19	0	**28**	0
Texas	1	1	0	**2**	0
Utah	1	1	0	**2**	0
Virginia	1	0	0	**1**	0
Wyoming	0	7	0	**7**	0
Total	**42**	**71**	**9**	**122**	**3**

* As of July 24, 2007.
† Cases with neurologic manifestations (i.e., West Nile meningitis, West Nile encephalitis, and West Nile myelitis).
§ Cases with no evidence of neuroinvasion.
¶ Illnesses for which sufficient clinical information was not provided.
** Total number of human cases of WNV illness reported to ArboNET by state and local health departments.

A total of 23 presumptive West Nile viremic blood donors (PVDs) have been reported to ArboNET during 2007. Of these, 12 were reported from California; three each from Kentucky and Texas; two from South Dakota; and one each from Iowa, Minnesota, and North Carolina. Of the 23 PVDs, seven persons (median age: 38 years [range: 18–79 years]) subsequently had West Nile fever.

In addition, 310 dead corvids and 98 other dead birds with WNV infection have been reported in 15 states during 2007. WNV infections have been reported in horses in 10 states, in five squirrels in California, and in one unidentified animal species in Idaho. WNV seroconversions have been reported in 75 sentinel chicken flocks in four states (Arizona, California, Florida, and Utah) and Puerto Rico. A total of 646 WNV-positive mosquito pools have been reported.

Additional information about national WNV activity is available from CDC at http://www.cdc.gov/ncidod/dvbid/westnile/index.htm and at http://westnilemaps.usgs.gov.

Notice to Readers

Epidemic Intelligence Service Application Deadline — September 15, 2007

The Epidemic Intelligence Service (EIS) is a 2-year, postgraduate program of service and on-the-job training for health professionals interested in the practice of epidemiology. Each year, EIS provides approximately 80 persons from around the world opportunities to gain hands-on experience in epidemiology at CDC or state or local health departments. EIS officers, often called CDC's "disease detectives," have gone on to have leadership positions at CDC and other public health agencies. The EIS experience also is useful for health professionals who would like to gain a population-based perspective on public health practice.

Persons with a strong interest in applied epidemiology who meet at least one of the following qualifications may apply to EIS:

- Physicians with ≥1 year of clinical training
- Persons with a doctoral degree in epidemiology, biostatistics, the social or behavioral sciences, natural sciences, or the nutrition sciences
- Dentists, physician assistants, and nurses with a master of public health (MPH) or equivalent degree
- Veterinarians with an MPH or equivalent degree or relevant public health experience

Applications are being accepted for the July 2008–June 2010 EIS program. Deadline for submitting application materials is September 15, 2007. Application information and EIS program details are available at http://www.cdc.gov/eis, by telephone (404-498-6110), or via e-mail (eisepo@cdc.gov).

Notice to Readers

Public Health Informatics Fellowship Application Deadline — December 14, 2007

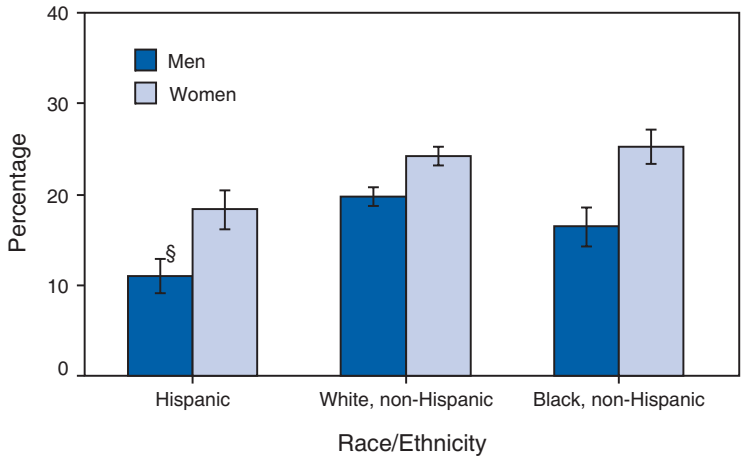
CDC offers a 2-year postgraduate fellowship in public health informatics, the systematic application of information technology to public health practice, research, and learning. Fellows receive training in both informatics and public health, are assigned to teams involved in research and development of CDC information systems, and are given the opportunity to lead one or more major projects during their fellowships.

The deadline to apply for the fellowship period beginning July 2008 is December 14, 2007. Applications are available online at https://www.orau.gov/cdc/phip/login.asp. Additional information regarding the Public Health Informatics Fellowship Program is available by telephone, 404-498-6219, or by e-mail, phifp@cdc.gov (subject line: Request info) and mph4@cdc.gov.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥18 Years Who Reported Some Form of Arthritis or a Related Condition,* by Sex and Race/Ethnicity — National Health Interview Survey, United States, 2006†



* Based on response to the question, "Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"
† Estimates were age adjusted using the projected 2000 U.S. population as the standard population and four age groups: 18–44 years, 45–64 years, 65–74 years, and ≥75 years. Estimates were based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
§ 95% confidence interval.

In 2006, women were more likely than men to report having some form of arthritis or a related condition. The prevalence was higher for non-Hispanic white men (19.7%) than non-Hispanic black men (16.4%) and Hispanic men (11.0%). Non-Hispanic black women (25.2%) and non-Hispanic white women (24.2%) had comparable prevalence, but both groups of women were more likely to report having some form of arthritis or a related condition than Hispanic women (18.3%).

SOURCE: National Health Interview Survey, 2006. Information available at http://www.cdc.gov/nchs/nhis.htm.

TABLE I. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending July 21, 2007 (29th Week)*

Disease	Current week	Cum 2007	5-year weekly average†	Total cases reported for previous years 2006	2005	2004	2003	2002	States reporting cases during current week (No.)
Anthrax	—	—	0	1	—	—	—	2	
Botulism:									
foodborne	—	3	1	20	19	16	20	28	
infant	—	45	2	97	85	87	76	69	
other (wound & unspecified)	—	12	1	48	31	30	33	21	
Brucellosis	1	59	2	121	120	114	104	125	NC (1)
Chancroid	—	15	1	33	17	30	54	67	
Cholera	—	—	0	9	8	5	2	2	
Cyclosporiasis§	1	54	8	136	543	171	75	156	PA (1)
Diphtheria	—	—	—	—	—	—	1	1	
Domestic arboviral diseases§,¶:									
California serogroup	—	1	5	67	80	112	108	164	
eastern equine	—	—	1	8	21	6	14	10	
Powassan	—	—	0	1	1	1	—	1	
St. Louis	—	2	1	10	13	12	41	28	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis§:									
human granulocytic	13	102	21	646	786	537	362	511	NY (8), MN (4), OR (1)
human monocytic	10	151	15	578	506	338	321	216	NY (1), MO (2), VA (1), FL (2), TN (2), AL (1), OK (1)
human (other & unspecified)	6	54	5	231	112	59	44	23	NY (2), NE (1), MD (2), AR (1)
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	6	0	29	9	19	32	34	
nonserotype b	1	55	2	173	135	135	117	144	MN (1)
unknown serotype	7	154	3	181	217	177	227	153	NY (1), PA (1), OH (1), MI (1), FL (2), CO (1)
Hansen disease§	2	29	2	66	87	105	95	96	MI (1), AR (1)
Hantavirus pulmonary syndrome§	1	14	1	40	26	24	26	19	CO (1)
Hemolytic uremic syndrome, postdiarrheal§	2	83	6	288	221	200	178	216	MN (2)
Hepatitis C viral, acute	7	349	20	802	652	713	1,102	1,835	RI (1), NY (1), MN (2), NC (1), OK (2)
HIV infection, pediatric (age <13 yrs)††	—	—	4	52	380	436	504	420	
Influenza-associated pediatric mortality§,§§	1	68	0	41	45	—	N	N	WI (1)
Listeriosis	11	286	21	875	896	753	696	665	NY (1), PA (1), OH (1), MI (1), KS (1), MD (1), OK (1), TX (3), AZ (1)
Measles¶¶	—	21	2	55	66	37	56	44	
Meningococcal disease, invasive***:									
A, C, Y, & W-135	2	156	3	311	297	—	—	—	AR (1), CO (1)
serogroup B	1	73	3	190	156	—	—	—	WA (1)
other serogroup	1	13	0	31	27	—	—	—	CT (1)
unknown serogroup	6	371	9	648	765	—	—	—	PA (2), OH (1), NC (1), FL (1), OR (1)
Mumps	7	492	13	6,584	314	258	231	270	PA (1), OH (2), KS (1), AZ (1), WA (2)
Novel influenza A virus infections	—	—	—	N	N	N	N	N	
Plague	—	4	0	17	8	3	1	2	
Poliomyelitis, paralytic	—	—	—	—	1	—	—	—	
Poliovirus infection, nonparalytic§	—	—	—	N	N	N	N	N	
Psittacosis§	—	2	0	21	16	12	12	18	
Q fever§	2	103	3	169	136	70	71	61	MN (1), MO (1)
Rabies, human	—	—	0	3	2	7	2	3	
Rubella†††	—	9	0	11	11	10	7	18	
Rubella, congenital syndrome	—	—	—	1	1	—	1	1	
SARS-CoV§,§§§	—	—	—	—	—	—	8	N	
Smallpox§	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome§	—	64	1	125	129	132	161	118	
Syphilis, congenital (age <1 yr)	6	171	8	380	329	353	413	412	MI (6)
Tetanus	—	7	1	41	27	34	20	25	
Toxic-shock syndrome (staphylococcal)§	2	43	1	101	90	95	133	109	NE (1), ID (1)
Trichinellosis	—	4	0	15	16	5	6	14	
Tularemia	4	45	4	95	154	134	129	90	NC (1), OK (1), WY (1), CA (1)
Typhoid fever	2	141	8	353	324	322	356	321	TX (1), CA (1)
Vancomycin-intermediate *Staphylococcus aureus*§	—	6	0	6	2	—	N	N	
Vancomycin-resistant *Staphylococcus aureus*§	—	—	—	1	3	1	N	N	
Vibriosis (noncholera *Vibrio* species infections)§	4	98	4	N	N	N	N	N	MD (2), FL (2)
Yellow fever	—	—	—	—	—	—	—	1	

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

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

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

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

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

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

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

§§ Updated weekly from reports to the Influenza Division, National Center for Immunization and Respiratory Diseases. A total of 66 cases were reported for the 2006–07 flu season.

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

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

††† 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.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Chlamydia†					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	11,992	20,593	25,327	552,411	554,467	31	152	658	4,422	4,761	68	72	319	1,615	1,668
New England	437	673	1,357	18,776	17,770	—	0	1	1	—	—	4	27	85	131
Connecticut	—	206	829	5,360	5,452	N	0	0	N	N	—	0	13	13	38
Maine§	46	50	74	1,422	1,193	—	0	0	—	—	—	1	6	15	15
Massachusetts	305	310	600	8,750	7,581	—	0	0	—	—	—	1	19	26	47
New Hampshire	6	38	70	1,062	1,015	—	0	1	1	—	—	1	4	13	15
Rhode Island§	62	64	108	1,715	1,846	—	0	0	—	—	—	0	5	6	3
Vermont§	18	20	45	467	683	N	0	0	N	N	—	1	4	12	13
Mid. Atlantic	1,738	2,671	4,284	78,564	67,427	—	0	0	—	—	7	10	37	210	260
New Jersey	235	414	541	11,347	10,720	N	0	0	N	N	—	0	5	9	16
New York (Upstate)	517	509	2,758	13,759	12,860	N	0	0	N	N	2	3	14	64	56
New York City	585	849	1,602	25,336	22,183	N	0	0	N	N	—	1	10	30	73
Pennsylvania	401	820	1,797	28,122	21,664	N	0	0	N	N	5	4	18	107	115
E.N. Central	1,699	3,182	6,293	92,101	93,632	1	1	3	16	25	12	15	110	358	388
Illinois	535	1,014	1,323	25,961	29,688	—	0	0	—	—	—	2	22	28	54
Indiana	323	382	644	11,322	11,270	—	0	0	—	—	4	1	18	34	31
Michigan	457	731	1,225	20,273	18,183	—	0	3	11	21	—	2	10	74	62
Ohio	107	623	3,654	24,039	22,909	1	0	2	5	4	8	4	33	100	105
Wisconsin	277	372	528	10,506	11,582	N	0	0	N	N	—	5	53	122	136
W.N. Central	477	1,204	1,448	31,814	33,578	—	0	54	3	—	19	11	77	252	258
Iowa	—	167	243	4,597	4,598	N	0	0	N	N	2	2	28	54	35
Kansas	164	149	294	4,547	4,377	N	0	0	N	N	3	1	8	37	30
Minnesota	1	243	314	5,496	7,022	—	0	54	—	—	7	2	25	55	89
Missouri	276	453	628	12,600	12,399	—	0	1	3	—	4	2	21	38	48
Nebraska§	—	104	184	2,504	2,780	N	0	0	N	N	1	1	16	14	19
North Dakota	—	31	69	699	967	N	0	0	N	N	2	0	11	3	6
South Dakota	36	49	84	1,371	1,435	N	0	0	N	N	—	2	7	51	31
S. Atlantic	2,718	3,894	6,760	106,962	105,898	—	0	1	2	2	16	19	70	385	351
Delaware	61	69	122	1,927	1,964	N	0	0	N	N	—	0	3	3	1
District of Columbia	—	85	167	2,790	1,694	—	0	0	—	—	—	0	2	3	9
Florida	1,496	1,051	1,651	30,069	26,700	N	0	0	N	N	13	9	32	181	137
Georgia	—	682	3,822	12,227	19,241	N	0	0	N	N	—	3	17	76	108
Maryland§	416	409	697	10,875	11,371	—	0	1	2	2	2	0	2	17	11
North Carolina	170	624	1,233	15,949	19,210	—	0	0	—	—	1	1	11	44	43
South Carolina§	—	453	3,030	17,504	10,967	N	0	0	N	N	—	1	14	29	20
Virginia§	539	495	685	14,047	13,116	N	0	0	N	N	—	1	5	28	19
West Virginia	36	54	85	1,574	1,635	N	0	0	N	N	—	0	3	4	3
E.S. Central	1,294	1,390	2,044	37,071	42,421	—	0	0	—	—	5	3	15	78	64
Alabama§	46	361	539	5,413	13,180	N	0	0	N	N	1	0	12	26	24
Kentucky	89	126	691	4,186	5,357	N	0	0	N	N	—	1	3	21	17
Mississippi	660	381	959	12,080	10,210	N	0	0	N	N	3	0	8	14	7
Tennessee§	499	530	695	15,392	13,674	N	0	0	N	N	1	1	5	17	16
W.S. Central	1,644	2,215	3,028	62,804	62,212	—	0	1	1	—	2	5	45	78	98
Arkansas§	146	168	337	4,641	4,207	N	0	0	N	N	1	0	3	5	8
Louisiana	157	330	610	8,951	9,800	—	0	1	1	—	—	1	9	17	22
Oklahoma	293	262	471	7,020	6,419	N	0	0	N	N	1	0	9	18	22
Texas§	1,048	1,481	1,911	42,192	41,786	N	0	0	N	N	—	2	36	38	46
Mountain	167	1,304	2,026	29,907	36,416	22	95	293	2,841	3,362	5	5	40	127	74
Arizona	66	463	993	9,127	11,153	22	94	293	2,767	3,272	—	0	6	21	13
Colorado	75	276	416	5,207	8,864	N	0	0	N	N	1	1	7	37	19
Idaho§	2	53	253	1,924	1,773	N	0	0	N	N	2	0	5	9	6
Montana§	—	51	82	1,352	1,419	N	0	0	N	N	—	1	26	15	8
Nevada§	24	175	397	4,535	4,104	—	1	5	29	38	—	0	3	5	4
New Mexico§	—	160	396	4,334	5,636	—	0	2	12	11	—	1	6	26	14
Utah	—	102	209	2,802	2,652	—	1	4	33	39	—	0	3	4	6
Wyoming§	—	25	45	626	815	—	0	0	—	2	2	0	11	10	4
Pacific	1,818	3,379	4,362	94,412	95,113	8	55	311	1,558	1,372	2	1	5	42	44
Alaska	66	87	157	2,388	2,367	N	0	0	N	N	—	0	1	1	3
California	1,435	2,683	3,627	74,425	74,336	8	55	311	1,558	1,372	—	0	0	—	—
Hawaii	—	106	129	2,871	3,193	N	0	0	N	N	—	0	1	—	2
Oregon§	193	166	394	5,189	5,230	N	0	0	N	N	2	1	5	41	39
Washington	124	342	621	9,539	9,987	N	0	0	N	N	—	0	0	—	—
American Samoa	U	0	32	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	16	72	72	505	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	120	233	3,905	2,760	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	U	3	7	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Giardiasis					Gonorrhea					*Haemophilus influenzae*, invasive All ages, all serotypes†				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	184	294	1,513	7,312	8,444	4,264	6,944	8,941	178,468	191,269	25	46	184	1,317	1,343
New England	10	23	67	526	630	70	111	259	3,036	3,077	—	3	19	96	94
Connecticut	1	5	25	157	139	—	43	204	1,105	1,276	—	0	6	29	24
Maine§	9	4	14	80	48	4	2	8	68	71	—	0	4	7	11
Massachusetts	—	9	26	194	302	57	49	96	1,506	1,300	—	2	5	48	44
New Hampshire	—	0	3	5	16	—	2	8	87	122	—	0	2	6	6
Rhode Island§	—	0	17	30	47	6	9	19	237	269	—	0	10	5	2
Vermont§	—	3	12	60	78	3	1	5	33	39	—	0	1	1	7
Mid. Atlantic	21	57	127	1,341	1,722	554	714	1,537	20,475	17,803	7	10	27	279	276
New Jersey	—	7	17	142	257	109	115	160	3,267	2,914	—	2	5	36	49
New York (Upstate)	15	24	108	480	568	252	111	1,035	3,297	3,326	4	3	15	79	83
New York City	1	16	32	407	517	93	189	376	5,370	5,433	1	2	6	54	51
Pennsylvania	5	14	34	312	380	100	246	613	8,541	6,130	2	3	10	110	93
E.N. Central	30	45	100	1,033	1,323	695	1,273	2,608	36,685	38,044	5	6	15	148	228
Illinois	—	10	30	198	333	200	367	501	9,374	10,976	—	1	6	29	70
Indiana	N	0	0	N	N	149	157	303	4,710	4,896	—	1	10	31	43
Michigan	9	14	38	314	356	185	294	880	8,457	7,325	1	0	5	15	20
Ohio	21	15	32	366	373	36	298	1,569	10,488	11,023	4	2	5	65	48
Wisconsin	—	8	27	155	261	125	129	181	3,656	3,824	—	0	4	8	47
W.N. Central	16	20	553	444	985	188	388	514	10,241	10,407	3	3	24	76	73
Iowa	—	5	16	103	135	—	39	62	966	991	—	0	1	1	—
Kansas	3	3	11	71	97	58	42	86	1,264	1,225	—	0	2	8	13
Minnesota	—	0	514	12	402	—	63	87	1,464	1,743	3	1	17	30	36
Missouri	9	7	28	175	253	129	203	268	5,688	5,489	—	1	5	25	18
Nebraska§	1	2	9	44	48	—	27	57	679	697	—	0	2	11	4
North Dakota	3	0	16	11	8	—	2	7	43	63	—	0	2	1	2
South Dakota	—	1	6	28	42	1	6	15	137	199	—	0	0	—	—
S. Atlantic	30	55	106	1,313	1,274	1,132	1,661	3,209	41,710	46,774	5	11	34	338	343
Delaware	—	1	3	19	20	35	27	44	771	815	—	0	3	5	1
District of Columbia	—	1	7	34	39	—	43	63	1,129	971	—	0	2	3	2
Florida	25	24	44	620	517	529	474	717	12,635	13,148	5	3	8	100	104
Georgia	—	12	31	256	295	—	327	2,068	5,087	9,052	—	2	7	68	74
Maryland§	—	5	12	117	106	136	131	228	3,392	3,933	—	2	6	54	42
North Carolina	—	0	0	—	—	348	303	675	7,529	9,862	—	1	9	41	39
South Carolina§	—	1	8	40	58	—	194	1,361	7,426	5,018	—	1	4	32	26
Virginia§	3	9	28	210	227	72	124	236	3,288	3,544	—	1	3	21	43
West Virginia	2	0	21	17	12	12	18	44	453	431	—	0	6	14	12
E.S. Central	11	9	34	233	198	504	543	879	14,002	16,988	—	2	9	78	72
Alabama§	2	4	22	121	87	18	160	271	2,480	6,101	—	0	3	18	14
Kentucky	N	0	0	N	N	40	51	268	1,581	1,852	—	0	1	2	4
Mississippi	N	0	0	N	N	269	152	434	4,525	3,839	—	0	1	6	10
Tennessee§	9	4	12	112	111	177	194	240	5,416	5,196	—	2	6	52	44
W.S. Central	—	7	55	155	143	673	950	1,490	26,000	27,103	1	2	34	66	54
Arkansas§	—	3	13	63	43	75	79	142	2,198	2,336	—	0	2	5	6
Louisiana	—	1	6	29	48	118	214	366	5,452	5,813	—	0	3	4	11
Oklahoma	—	2	42	63	52	66	94	236	2,626	2,402	1	1	29	54	34
Texas§	N	0	0	N	N	414	575	938	15,724	16,552	—	0	3	3	3
Mountain	28	30	67	722	765	72	250	454	5,727	8,044	4	4	11	161	141
Arizona	—	3	11	92	79	15	105	220	1,972	2,734	1	2	6	65	57
Colorado	16	10	26	245	246	47	61	93	1,278	2,050	3	1	4	38	36
Idaho§	12	3	12	70	86	—	3	20	127	100	—	0	1	4	3
Montana§	—	2	10	42	36	—	2	8	47	112	—	0	0	—	—
Nevada§	—	2	8	60	68	10	48	135	1,114	1,489	—	0	2	7	9
New Mexico§	—	2	6	52	33	—	29	64	726	1,002	—	0	3	22	20
Utah	—	6	27	141	205	—	17	34	422	480	—	0	3	23	13
Wyoming§	—	1	4	20	12	—	2	5	41	77	—	0	1	2	3
Pacific	38	59	558	1,545	1,404	376	747	935	20,592	23,029	—	2	16	75	62
Alaska	1	1	17	34	25	6	10	27	250	309	—	0	2	6	7
California	15	43	93	1,040	1,140	341	627	804	17,522	18,973	—	0	10	20	20
Hawaii	—	1	4	40	29	—	14	26	350	556	—	0	2	6	11
Oregon§	6	8	14	206	210	17	25	46	596	803	—	1	6	42	24
Washington	16	2	449	225	—	12	69	142	1,874	2,388	—	0	5	1	—
American Samoa	U	0	0	U	U	U	0	4	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	1	6	—	55	—	0	0	—	1
Puerto Rico	—	6	19	114	85	—	6	16	178	178	—	0	2	2	1
U.S. Virgin Islands	U	0	0	U	U	U	0	3	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Hepatitis (viral, acute), by type† A: Current week	A: Previous 52 weeks Med	A: Previous 52 weeks Max	A: Cum 2007	A: Cum 2006	B: Current week	B: Previous 52 weeks Med	B: Previous 52 weeks Max	B: Cum 2007	B: Cum 2006	Legionellosis: Current week	Legionellosis: Previous 52 weeks Med	Legionellosis: Previous 52 weeks Max	Legionellosis: Cum 2007	Legionellosis: Cum 2006
United States	27	55	201	1,394	1,943	43	77	405	2,055	2,371	25	42	109	880	1,100
New England	1	2	6	38	111	—	2	5	31	65	1	2	13	38	73
Connecticut	1	0	3	9	21	—	0	5	18	28	1	0	9	11	17
Maine§	—	0	2	1	7	—	0	2	2	13	—	0	2	1	3
Massachusetts	—	1	4	14	54	—	0	2	2	12	—	1	5	13	38
New Hampshire	—	0	2	7	18	—	0	1	5	7	—	0	2	—	5
Rhode Island§	—	0	2	5	5	—	0	4	3	4	—	0	5	10	8
Vermont§	—	0	1	2	6	—	0	1	1	1	—	0	2	3	2
Mid. Atlantic	2	7	20	194	208	6	9	21	246	293	8	12	55	256	361
New Jersey	—	2	5	42	66	—	2	7	51	92	—	1	10	21	53
New York (Upstate)	1	1	11	40	44	4	1	13	48	37	5	5	30	84	117
New York City	—	2	10	67	62	—	2	6	52	68	—	2	24	37	64
Pennsylvania	1	1	5	45	36	2	3	8	95	96	3	5	19	114	127
E.N. Central	1	6	17	125	167	5	9	23	228	285	4	8	31	159	227
Illinois	—	2	7	39	40	—	2	6	50	87	—	0	13	1	47
Indiana	—	0	7	6	15	4	0	21	26	27	2	1	6	15	18
Michigan	—	2	8	35	54	—	2	8	62	82	1	3	10	59	51
Ohio	1	1	4	38	39	1	2	10	79	66	1	3	19	76	86
Wisconsin	—	0	4	7	19	—	0	3	11	23	—	0	3	8	25
W.N. Central	5	2	18	88	78	4	2	15	70	79	—	1	16	37	31
Iowa	—	0	4	17	7	—	0	3	12	12	—	0	3	4	7
Kansas	—	0	1	2	21	—	0	1	5	8	—	0	3	1	1
Minnesota	4	0	17	46	6	4	0	13	13	10	—	0	11	11	—
Missouri	1	0	2	13	26	—	1	5	31	41	—	0	2	16	13
Nebraska§	—	0	2	6	10	—	0	3	7	6	—	0	1	3	6
North Dakota	—	0	3	—	—	—	0	1	—	—	—	0	1	—	—
South Dakota	—	0	1	4	8	—	0	1	2	2	—	0	1	2	4
S. Atlantic	2	11	27	265	266	11	20	56	542	666	8	8	25	185	216
Delaware	—	0	1	3	10	—	0	3	8	28	—	0	2	5	6
District of Columbia	—	0	5	14	2	—	0	2	1	4	—	0	5	1	8
Florida	2	3	13	77	95	9	7	14	203	230	5	2	9	77	80
Georgia	—	1	4	37	30	—	3	10	57	113	—	1	3	14	15
Maryland§	—	1	6	43	33	—	2	7	53	90	1	1	8	34	50
North Carolina	—	0	11	29	52	—	0	16	75	90	2	0	4	24	20
South Carolina§	—	0	3	5	11	—	2	5	37	46	—	0	2	8	3
Virginia§	—	1	5	53	29	2	2	8	79	25	—	1	4	19	30
West Virginia	—	0	1	4	4	—	0	23	29	40	—	0	4	3	4
E.S. Central	2	2	7	53	70	—	6	17	165	184	2	2	7	46	46
Alabama§	—	0	2	8	8	—	2	10	60	56	1	0	1	6	7
Kentucky	—	0	2	9	25	—	1	6	25	42	—	1	6	21	13
Mississippi	—	0	4	6	5	—	0	8	12	8	—	0	2	—	1
Tennessee§	2	1	5	30	32	—	3	8	68	78	1	1	3	19	25
W.S. Central	1	5	43	97	191	11	18	169	389	443	2	1	16	43	40
Arkansas§	1	0	2	6	36	1	1	7	20	38	—	0	2	3	2
Louisiana	—	0	4	14	10	—	1	4	25	38	—	0	2	1	6
Oklahoma	—	0	3	3	4	2	1	24	19	17	1	0	6	2	1
Texas§	—	4	39	74	141	8	15	135	325	350	1	1	13	37	31
Mountain	7	5	17	169	163	3	4	9	117	75	—	2	8	55	56
Arizona	7	4	13	132	91	—	0	6	48	—	—	0	4	18	19
Colorado	—	1	3	16	26	1	0	2	19	23	—	0	2	9	9
Idaho§	—	0	1	2	7	1	0	2	7	7	—	0	3	4	6
Montana§	—	0	3	4	6	—	0	3	—	—	—	0	1	2	3
Nevada§	—	0	2	7	8	1	1	5	24	19	—	0	2	6	4
New Mexico§	—	0	2	4	12	—	0	2	7	10	—	0	2	5	2
Utah	—	0	1	2	11	—	0	4	12	16	—	0	2	8	13
Wyoming§	—	0	1	2	2	—	0	1	—	—	—	0	1	3	—
Pacific	6	12	92	365	689	3	10	106	267	281	—	2	11	61	50
Alaska	—	0	1	2	1	—	0	3	4	2	—	0	1	—	—
California	6	10	40	323	656	1	7	31	196	229	—	1	11	47	50
Hawaii	—	0	1	3	8	—	0	1	—	5	—	0	1	1	—
Oregon§	—	1	3	16	24	1	1	5	39	45	—	0	1	3	—
Washington	—	0	52	21	—	1	0	74	28	—	—	0	2	10	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	1	10	35	28	—	1	9	36	33	—	0	2	3	1
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Lyme disease					Malaria					Meningococcal disease, invasive† All serogroups				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	583	226	1,048	6,306	9,126	13	21	105	499	714	10	19	87	613	719
New England	231	36	339	1,090	2,182	—	1	5	19	38	1	1	3	29	25
Connecticut	213	12	214	780	728	—	0	3	1	10	1	0	1	6	8
Maine§	13	3	38	71	45	—	0	1	3	3	—	0	3	5	2
Massachusetts	—	1	96	7	998	—	0	3	14	17	—	0	2	14	12
New Hampshire	5	6	45	175	382	—	0	1	1	7	—	0	1	—	1
Rhode Island§	—	0	93	3	1	—	0	1	—	—	—	0	1	1	—
Vermont§	—	1	16	54	28	—	0	0	—	1	—	0	1	3	2
Mid. Atlantic	254	113	560	3,258	4,470	3	6	18	118	174	2	2	8	80	120
New Jersey	2	26	135	611	1,586	—	0	7	—	51	—	0	2	1	12
New York (Upstate)	192	50	426	1,089	1,161	2	1	7	32	19	—	1	3	25	27
New York City	—	1	22	13	138	—	3	8	71	85	—	0	4	21	45
Pennsylvania	60	44	213	1,545	1,585	1	1	4	15	19	2	1	5	33	36
E.N. Central	2	5	103	114	1,223	—	2	10	51	82	1	3	9	81	103
Illinois	—	0	11	7	78	—	1	6	18	38	—	0	3	21	29
Indiana	—	0	4	14	11	—	0	2	5	7	—	0	4	16	14
Michigan	—	1	5	19	20	—	0	2	8	13	—	0	3	15	17
Ohio	2	0	5	8	24	—	0	2	13	18	1	1	3	23	28
Wisconsin	—	4	83	66	1,090	—	0	3	7	6	—	0	3	6	15
W.N. Central	40	4	195	175	204	—	0	12	21	28	—	1	5	37	41
Iowa	—	1	7	37	71	—	0	1	2	1	—	0	3	9	9
Kansas	—	0	2	7	3	—	0	1	1	4	—	0	1	1	1
Minnesota	39	1	188	114	121	—	0	12	11	14	—	0	3	10	10
Missouri	—	0	4	13	2	—	0	1	2	5	—	0	3	10	12
Nebraska§	1	0	2	4	6	—	0	1	4	2	—	0	1	2	6
North Dakota	—	0	7	—	—	—	0	1	—	1	—	0	3	2	1
South Dakota	—	0	0	—	1	—	0	1	1	1	—	0	1	3	2
S. Atlantic	52	47	134	1,528	980	3	5	14	115	183	2	3	11	99	123
Delaware	12	9	27	361	295	—	0	1	3	5	—	0	1	2	4
District of Columbia	—	0	7	13	18	—	0	2	3	2	—	0	1	—	—
Florida	4	1	3	27	10	2	1	4	24	25	1	1	7	35	48
Georgia	—	0	1	1	6	—	0	5	12	59	—	0	3	9	10
Maryland§	18	24	108	764	561	—	1	4	28	41	—	0	2	17	7
North Carolina	—	0	6	21	15	—	0	4	13	13	1	0	6	14	22
South Carolina§	1	0	2	11	5	—	0	2	5	7	—	0	2	10	14
Virginia§	10	10	36	313	67	1	1	4	26	30	—	0	2	12	14
West Virginia	7	0	14	17	3	—	0	1	1	1	—	0	2	—	4
E.S. Central	—	1	4	27	12	2	0	3	22	14	—	1	4	32	27
Alabama§	—	0	3	8	4	—	0	2	4	6	—	0	2	6	4
Kentucky	—	0	2	1	—	—	0	1	4	2	—	0	2	6	7
Mississippi	—	0	1	—	2	—	0	1	1	3	—	0	4	8	2
Tennessee§	—	0	3	18	6	2	0	2	13	3	—	0	2	12	14
W.S. Central	—	1	5	30	10	1	2	29	47	47	1	2	15	61	68
Arkansas§	—	0	0	—	—	—	0	2	—	1	1	0	2	8	7
Louisiana	—	0	1	2	—	—	0	2	13	3	—	0	4	15	28
Oklahoma	—	0	0	—	—	1	0	3	5	3	—	0	4	14	8
Texas§	—	1	5	28	10	—	1	25	29	40	—	0	11	24	25
Mountain	—	1	3	12	10	—	1	6	31	35	1	1	5	48	42
Arizona	—	0	1	—	4	—	0	3	5	12	—	0	3	13	11
Colorado	—	0	1	1	—	—	0	2	11	11	1	0	2	16	14
Idaho§	—	0	2	4	—	—	0	1	—	—	—	0	1	3	1
Montana§	—	0	1	1	—	—	0	1	3	1	—	0	1	1	3
Nevada§	—	0	2	5	1	—	0	1	2	1	—	0	1	3	4
New Mexico§	—	0	1	—	3	—	0	1	1	3	—	0	1	2	2
Utah	—	0	1	1	1	—	0	3	9	7	—	0	2	8	5
Wyoming§	—	0	1	—	1	—	0	0	—	—	—	0	2	2	2
Pacific	4	2	16	72	35	4	3	45	75	113	2	4	48	146	170
Alaska	—	0	1	2	1	—	0	4	2	16	—	0	1	1	2
California	4	2	10	69	32	3	2	6	49	85	—	2	10	105	134
Hawaii	N	0	0	N	N	—	0	1	2	5	—	0	1	2	5
Oregon§	—	0	1	1	2	—	0	3	12	7	1	0	3	23	29
Washington	—	0	8	—	—	1	0	43	10	—	1	0	43	15	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	—	—
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	1	—	—	0	1	6	4
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	—	—

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Pertussis					Rabies, animal					Rocky Mountain spotted fever				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	81	199	1,479	4,386	7,328	50	94	171	2,421	2,827	20	29	211	729	890
New England	—	32	77	590	846	6	12	22	309	202	—	0	10	—	8
Connecticut	—	2	10	18	44	3	5	14	123	82	—	0	0	—	—
Maine†	—	2	15	38	27	—	2	8	43	49	—	0	0	—	—
Massachusetts	—	22	46	476	539	—	0	0	—	—	—	0	1	—	7
New Hampshire	—	2	9	34	133	3	1	4	23	18	—	0	0	—	1
Rhode Island†	—	0	31	4	25	—	0	3	18	16	—	0	9	—	—
Vermont†	—	0	9	20	78	—	2	13	102	37	—	0	0	—	—
Mid. Atlantic	17	30	155	623	903	—	13	44	420	251	—	1	6	29	43
New Jersey	—	3	16	65	165	—	0	0	—	—	—	0	4	1	24
New York (Upstate)	12	17	146	337	345	—	—	—	—	—	—	0	1	1	—
New York City	—	2	6	51	52	—	1	5	28	9	—	0	3	14	9
Pennsylvania	5	8	20	170	341	—	12	44	392	242	—	0	3	13	10
E.N. Central	9	40	80	852	1,081	7	2	18	104	60	—	0	9	11	33
Illinois	—	6	23	78	272	3	1	7	34	15	—	0	4	4	16
Indiana	—	2	45	30	110	—	0	2	6	4	—	0	1	2	3
Michigan	3	9	39	145	237	4	0	5	29	26	—	0	1	2	1
Ohio	6	15	54	424	327	—	0	12	35	15	—	0	4	3	12
Wisconsin	—	4	24	175	135	—	0	0	—	—	—	0	0	—	1
W.N. Central	4	14	151	275	725	3	6	17	147	164	9	4	13	107	94
Iowa	—	4	16	80	186	—	0	7	19	28	—	0	1	4	3
Kansas	2	3	14	86	151	—	2	8	79	47	—	0	1	1	—
Minnesota	—	0	119	—	105	1	0	4	11	24	—	0	2	1	1
Missouri	—	3	10	44	194	2	1	6	18	26	7	3	12	93	75
Nebraska†	2	1	4	22	68	—	0	0	—	—	2	0	5	6	15
North Dakota	—	0	18	4	4	—	0	6	11	13	—	0	0	—	—
South Dakota	—	0	6	39	17	—	0	2	9	26	—	0	1	2	—
S. Atlantic	11	19	163	503	604	21	40	65	1,104	1,302	4	13	67	380	521
Delaware	1	0	2	7	3	—	0	0	—	—	—	0	2	7	12
District of Columbia	—	0	2	2	3	—	0	0	—	—	—	0	1	1	—
Florida	9	4	18	133	118	—	0	28	72	176	3	0	4	13	8
Georgia	—	1	5	14	54	—	4	16	97	143	—	0	5	10	26
Maryland†	1	2	8	65	90	—	6	12	159	237	—	1	7	26	41
North Carolina	—	2	112	180	109	8	10	21	278	255	1	6	61	247	383
South Carolina†	—	2	11	44	85	—	2	11	46	86	—	1	6	25	16
Virginia†	—	2	17	48	120	13	13	31	413	352	—	2	12	49	34
West Virginia	—	0	19	10	22	—	1	8	39	53	—	0	2	2	1
E.S. Central	7	5	24	135	180	1	3	11	81	144	4	5	27	127	139
Alabama†	—	1	18	40	35	—	0	8	—	48	1	1	9	32	34
Kentucky	—	0	5	2	37	—	0	4	10	7	—	0	1	3	1
Mississippi	6	0	10	35	19	—	0	0	—	4	—	0	1	2	2
Tennessee†	1	3	9	58	89	1	2	6	71	85	3	4	22	90	102
W.S. Central	19	20	226	497	414	2	6	35	62	499	2	1	168	56	31
Arkansas†	3	2	17	97	41	2	0	5	17	20	—	0	53	14	21
Louisiana	—	0	2	8	18	—	0	1	—	2	—	0	1	—	—
Oklahoma	1	0	36	3	16	—	0	22	45	44	2	0	108	34	5
Texas†	15	17	174	389	339	—	0	34	—	433	—	0	7	8	5
Mountain	8	27	61	631	1,699	7	3	28	78	89	1	0	4	17	19
Arizona	—	6	17	159	358	7	2	10	57	69	—	0	2	—	7
Colorado	8	6	17	174	542	—	0	0	—	—	—	0	1	1	2
Idaho†	—	1	6	23	46	—	0	24	—	—	1	0	3	3	1
Montana†	—	1	7	30	76	—	0	2	5	7	—	0	1	1	2
Nevada†	—	0	5	3	53	—	0	2	1	2	—	0	0	—	—
New Mexico†	—	2	8	25	58	—	0	2	4	6	—	0	1	3	4
Utah	—	8	47	203	517	—	0	1	5	3	—	0	0	—	—
Wyoming†	—	1	5	14	49	—	0	2	6	2	—	0	2	9	3
Pacific	6	17	547	280	876	3	4	13	116	116	—	0	1	2	2
Alaska	2	1	8	26	42	—	0	6	34	14	N	0	0	N	N
California	—	13	225	99	684	2	3	12	77	97	—	0	0	—	—
Hawaii	—	0	3	13	71	N	0	0	N	N	N	0	0	N	N
Oregon†	—	1	11	59	79	1	0	4	5	5	—	0	1	2	2
Washington	4	0	377	83	—	—	0	0	—	—	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	1	7	—	22	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	1	—	—	—	1	5	26	56	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.
* Incidence data for reporting years 2006 and 2007 are provisional.
† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Salmonellosis					Shiga toxin-producing *E. coli* (STEC)†					Shigellosis				
	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006	Current week	Previous 52 weeks Med	Previous 52 weeks Max	Cum 2007	Cum 2006
United States	548	816	2,338	18,577	19,589	47	76	336	1,570	1,561	251	315	1,287	7,432	5,939
New England	3	34	201	933	1,331	—	3	27	89	155	—	4	17	98	170
Connecticut	—	0	188	188	503	—	0	22	22	75	—	0	14	14	67
Maine§	2	3	14	57	54	—	1	8	17	8	—	0	5	12	3
Massachusetts	—	21	60	542	599	—	1	6	37	51	—	3	11	63	88
New Hampshire	1	3	15	59	104	—	0	3	5	14	—	0	2	3	4
Rhode Island§	—	1	20	46	46	—	0	2	2	2	—	0	3	4	5
Vermont§	—	2	6	41	25	—	0	4	6	5	—	0	2	2	3
Mid. Atlantic	69	96	189	2,422	2,428	8	7	63	163	193	20	11	47	301	534
New Jersey	—	14	50	218	533	—	1	20	11	49	—	1	12	25	228
New York (Upstate)	36	29	112	688	508	4	3	15	68	76	6	3	42	61	120
New York City	3	23	45	615	618	—	0	4	17	23	—	5	12	121	140
Pennsylvania	30	33	66	901	769	4	3	47	67	45	14	1	21	94	46
E.N. Central	75	99	203	2,600	2,759	4	9	63	194	231	67	31	81	907	598
Illinois	—	30	65	724	816	—	1	8	18	42	—	12	53	238	219
Indiana	11	15	55	332	339	—	1	8	22	29	3	2	17	37	76
Michigan	7	18	35	417	516	1	1	6	34	40	—	1	5	19	98
Ohio	57	25	56	666	605	3	3	18	64	62	64	5	68	489	90
Wisconsin	—	17	49	461	483	—	2	41	56	58	—	4	14	124	115
W.N. Central	44	49	104	1,318	1,281	6	12	45	266	278	40	44	156	1,139	782
Iowa	1	9	26	217	218	—	2	38	55	63	1	2	14	40	40
Kansas	9	7	20	210	185	—	0	4	29	16	1	1	10	17	63
Minnesota	17	13	44	324	341	2	4	26	93	70	3	5	24	132	54
Missouri	13	15	35	354	352	4	2	12	45	82	35	17	72	861	430
Nebraska§	3	3	11	109	103	—	1	11	27	28	—	1	14	11	41
North Dakota	1	0	23	19	10	—	0	12	1	2	—	0	127	4	7
South Dakota	—	3	11	85	72	—	0	5	16	17	—	5	25	74	147
S. Atlantic	198	209	401	4,712	4,719	3	15	32	289	246	48	82	167	2,568	1,422
Delaware	3	3	10	69	60	—	0	3	10	2	—	0	1	4	5
District of Columbia	—	1	4	16	35	—	0	1	1	1	—	0	5	4	6
Florida	118	88	176	1,974	2,004	2	2	8	81	46	32	46	76	1,444	655
Georgia	—	29	73	732	738	—	1	7	31	45	—	31	89	914	510
Maryland§	18	15	31	367	328	—	3	10	44	37	2	2	10	48	50
North Carolina	25	29	130	650	665	—	2	11	46	42	4	1	14	40	95
South Carolina§	21	18	47	395	425	—	0	3	8	4	3	1	5	49	68
Virginia§	6	20	58	432	420	—	3	11	64	67	1	2	9	58	33
West Virginia	7	1	31	77	44	1	0	5	4	2	6	0	2	7	—
E.S. Central	30	55	140	1,257	1,158	1	4	21	102	128	17	18	89	749	346
Alabama§	5	14	78	340	313	—	0	17	37	12	12	7	67	279	93
Kentucky	—	9	23	244	216	—	1	12	23	36	—	2	32	167	153
Mississippi	10	12	101	277	296	—	0	3	2	2	3	3	76	204	38
Tennessee§	15	18	32	396	333	1	2	9	40	78	2	4	14	99	62
W.S. Central	11	80	595	1,504	2,079	6	4	73	94	90	31	36	655	717	863
Arkansas§	2	13	45	260	394	—	1	7	17	13	—	2	10	56	45
Louisiana	—	14	48	225	448	—	0	2	—	11	—	6	25	158	79
Oklahoma	9	9	103	206	204	2	0	17	14	7	1	2	63	56	52
Texas§	—	43	470	813	1,033	4	2	68	63	59	30	23	580	447	687
Mountain	40	47	90	1,244	1,388	15	9	34	204	200	17	19	84	409	479
Arizona	11	17	44	443	396	2	2	9	62	40	12	10	37	218	263
Colorado	18	10	21	300	381	7	1	7	37	46	3	3	15	59	72
Idaho§	7	3	8	68	89	3	2	10	46	38	2	0	3	8	9
Montana§	—	2	6	45	81	—	0	0	—	—	—	0	13	13	4
Nevada§	4	4	10	101	122	3	0	5	14	16	—	1	20	16	48
New Mexico§	—	4	15	108	131	—	1	4	20	21	—	3	15	55	51
Utah	—	4	13	136	155	—	1	14	25	33	—	1	4	15	29
Wyoming§	—	1	4	43	33	—	0	3	—	6	—	0	19	25	3
Pacific	78	109	890	2,587	2,446	4	5	164	169	40	11	29	256	544	745
Alaska	1	1	5	44	43	N	0	0	N	N	—	0	2	6	5
California	53	89	260	1,925	2,061	4	1	15	100	N	10	23	84	428	640
Hawaii	—	5	16	129	120	—	0	3	8	6	—	1	3	16	25
Oregon§	—	7	17	168	220	—	1	9	23	34	—	1	6	36	75
Washington	24	1	625	321	2	—	0	162	38	—	1	0	170	58	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N	—	0	0	—	—
Puerto Rico	—	14	66	306	248	—	0	0	—	—	—	0	6	16	22
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Streptococcal disease, invasive, group A					*Streptococcus pneumoniae*, invasive disease, nondrug resistant† Age <5 years				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max		
United States	39	94	261	3,222	3,508	16	30	108	917	791
New England	—	6	29	263	225	—	2	11	66	70
Connecticut	—	0	23	84	59	—	0	6	—	23
Maine§	—	0	3	19	12	—	0	1	1	—
Massachusetts	—	3	12	121	117	—	2	6	50	41
New Hampshire	—	0	5	24	24	—	0	2	7	6
Rhode Island§	—	0	12	—	4	—	0	3	6	—
Vermont§	—	0	2	15	9	—	0	1	2	—
Mid. Atlantic	6	15	41	608	664	3	4	20	108	117
New Jersey	—	2	9	80	115	—	1	4	19	43
New York (Upstate)	3	5	27	200	213	3	2	15	66	63
New York City	—	3	12	146	120	—	1	3	23	11
Pennsylvania	3	6	11	182	216	N	0	0	N	N
E.N. Central	8	17	32	563	693	2	5	14	151	207
Illinois	—	4	13	135	213	—	1	6	34	58
Indiana	3	2	18	92	82	—	0	10	14	25
Michigan	1	4	10	139	143	—	1	4	54	51
Ohio	4	4	14	171	175	2	1	7	41	43
Wisconsin	—	1	6	26	80	—	0	2	8	30
W.N. Central	—	5	32	220	234	3	2	8	69	61
Iowa	—	0	0	—	—	—	0	0	—	—
Kansas	—	0	3	27	45	—	0	1	1	10
Minnesota	—	0	29	111	107	3	1	6	49	34
Missouri	—	2	6	51	45	—	0	2	13	11
Nebraska§	—	0	3	15	21	—	0	2	5	4
North Dakota	—	0	2	10	8	—	0	2	1	2
South Dakota	—	0	2	6	8	—	0	0	—	—
S. Atlantic	11	21	51	779	757	3	3	14	185	49
Delaware	—	0	2	6	7	—	0	0	—	—
District of Columbia	—	0	3	8	9	—	0	1	—	—
Florida	—	6	16	182	161	1	0	5	41	—
Georgia	—	5	12	145	165	—	0	5	45	—
Maryland§	4	4	9	142	146	1	1	6	44	40
North Carolina	6	0	22	111	112	—	0	0	—	—
South Carolina§	—	1	7	69	51	1	0	3	23	—
Virginia§	—	2	11	96	86	—	0	3	27	—
West Virginia	1	0	3	20	20	—	0	4	5	9
E.S. Central	3	4	13	137	149	1	1	6	52	14
Alabama§	N	0	0	N	N	N	0	0	N	N
Kentucky	—	1	3	30	35	—	0	0	—	—
Mississippi	N	0	0	N	N	—	0	2	3	14
Tennessee§	3	3	13	107	114	1	0	6	49	—
W.S. Central	4	6	90	193	261	1	4	43	140	128
Arkansas§	—	0	2	16	20	—	0	2	7	16
Louisiana	—	0	2	9	13	—	0	4	25	16
Oklahoma	1	2	23	50	67	1	1	13	34	24
Texas§	3	3	64	118	161	—	2	27	74	72
Mountain	7	10	23	379	466	3	4	12	124	130
Arizona	2	5	11	154	238	3	2	7	72	73
Colorado	5	3	9	111	81	—	1	4	32	32
Idaho§	—	0	2	8	7	—	0	1	2	1
Montana§	N	0	0	N	N	N	0	0	N	N
Nevada§	—	0	1	2	—	—	0	1	1	2
New Mexico§	—	1	5	35	90	—	0	4	17	22
Utah	—	1	7	64	47	—	0	0	—	—
Wyoming§	—	0	1	5	3	—	0	0	—	—
Pacific	—	3	9	80	59	—	1	4	22	15
Alaska	—	0	3	20	N	—	0	2	20	—
California	N	0	0	N	N	N	0	0	N	N
Hawaii	—	2	9	60	59	—	0	2	2	15
Oregon§	N	0	0	N	N	N	0	0	N	N
Washington	N	0	0	N	N	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U
Guam	—	0	0	—	—	N	0	0	N	N
Puerto Rico	—	0	0	—	—	N	0	0	N	N
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U

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

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	*Streptococcus pneumoniae*, invasive disease, drug resistant†										Syphilis, primary and secondary				
	All ages					Age <5 years									
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	18	47	256	1,454	1,573	2	8	35	254	242	117	198	310	5,306	5,004
New England	1	1	12	33	89	—	0	3	5	2	8	4	13	128	114
Connecticut	—	0	5	—	69	—	0	0	—	—	—	0	10	15	22
Maine§	1	0	2	9	5	—	0	2	1	1	—	0	1	2	7
Massachusetts	—	0	0	—	—	—	0	0	—	—	5	2	8	82	70
New Hampshire	—	0	0	—	—	—	0	0	—	—	3	0	2	16	6
Rhode Island§	—	0	4	13	6	—	0	1	2	—	—	0	5	12	7
Vermont§	—	0	2	11	9	—	0	1	2	1	—	0	1	1	2
Mid. Atlantic	—	2	9	86	97	—	0	5	21	13	15	27	45	875	627
New Jersey	—	0	0	—	—	—	0	0	—	—	3	3	8	96	92
New York (Upstate)	—	1	5	28	31	—	0	4	7	6	4	3	14	73	85
New York City	—	0	0	—	—	—	0	0	—	—	7	16	35	566	302
Pennsylvania	—	2	6	58	66	—	0	2	14	7	1	5	12	140	148
E.N. Central	7	9	40	373	344	—	1	7	46	53	15	15	27	411	501
Illinois	—	0	4	11	18	—	0	1	2	5	8	7	13	187	263
Indiana	—	2	31	97	87	—	0	5	10	14	—	1	5	24	43
Michigan	—	0	1	2	15	—	0	1	1	2	2	2	8	64	62
Ohio	7	5	38	263	224	—	1	5	33	32	3	4	9	102	102
Wisconsin	N	0	0	N	N	—	0	0	—	—	2	1	4	34	31
W.N. Central	1	2	124	101	29	—	0	15	7	1	1	6	16	169	150
Iowa	—	0	0	—	—	—	0	0	—	—	—	0	3	5	8
Kansas	—	0	10	53	—	—	0	2	3	—	—	0	3	9	12
Minnesota	—	0	123	—	—	—	0	15	—	—	—	1	5	40	30
Missouri	1	1	5	40	28	—	0	1	—	1	1	3	14	110	97
Nebraska§	—	0	1	2	—	—	0	0	—	—	—	0	2	1	2
North Dakota	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
South Dakota	—	0	3	6	1	—	0	1	4	—	—	0	3	4	—
S. Atlantic	7	20	59	648	752	2	4	15	132	116	29	46	180	1,203	1,077
Delaware	—	0	1	5	—	—	0	1	1	—	—	0	3	6	14
District of Columbia	—	0	2	5	18	—	0	0	—	2	—	3	12	93	57
Florida	6	11	29	377	392	2	2	8	74	76	19	15	25	434	394
Georgia	—	6	17	217	256	—	1	10	49	38	—	7	153	145	152
Maryland§	—	0	1	1	—	—	0	0	—	—	4	5	15	160	176
North Carolina	—	0	0	—	—	—	0	0	—	—	5	5	23	193	165
South Carolina§	—	0	0	—	—	—	0	0	—	—	—	1	10	52	39
Virginia§	N	0	0	N	N	—	0	0	—	—	1	4	17	115	78
West Virginia	1	1	17	43	86	—	0	1	8	—	—	0	2	5	2
E.S. Central	2	3	9	97	131	—	0	3	20	22	16	15	29	436	341
Alabama§	N	0	0	N	N	—	0	0	—	—	7	6	17	161	137
Kentucky	—	0	2	17	26	—	0	1	2	5	2	1	7	39	37
Mississippi	—	0	2	—	16	—	0	0	—	—	—	2	9	58	32
Tennessee§	2	2	8	80	89	—	0	3	18	17	7	6	14	178	135
W.S. Central	—	1	9	77	62	—	0	2	11	6	25	32	55	930	788
Arkansas§	—	0	1	1	9	—	0	0	—	2	6	1	7	65	38
Louisiana	—	1	3	32	53	—	0	1	3	4	4	7	29	200	129
Oklahoma	—	0	8	44	—	—	0	2	8	—	1	1	5	41	39
Texas§	—	0	0	—	—	—	0	0	—	—	14	22	39	624	582
Mountain	—	1	5	39	69	—	0	3	12	29	2	7	27	144	270
Arizona	—	0	0	—	—	—	0	0	—	—	—	2	16	48	103
Colorado	—	0	0	—	—	—	0	0	—	—	—	1	5	19	45
Idaho§	N	0	0	N	N	—	0	0	—	—	—	0	1	1	2
Montana§	—	0	0	—	—	—	0	0	—	—	—	0	1	1	1
Nevada§	—	0	3	16	15	—	0	2	5	1	2	2	12	44	74
New Mexico§	—	0	0	—	—	—	0	0	—	—	—	1	7	26	36
Utah	—	0	5	13	28	—	0	3	6	20	—	0	2	4	9
Wyoming§	—	0	2	10	26	—	0	1	1	8	—	0	1	1	—
Pacific	—	0	0	—	—	—	0	0	—	—	6	38	58	1,010	1,136
Alaska	—	0	0	—	—	—	0	0	—	—	—	0	2	5	5
California	N	0	0	N	N	—	0	0	—	—	4	36	55	924	1,000
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	1	5	13
Oregon§	N	0	0	N	N	—	0	0	—	—	1	0	6	9	10
Washington	N	0	0	N	N	—	0	0	—	—	1	2	11	67	108
American Samoa	U	0	0	U	U	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	N	0	0	N	N	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	0	—	—	—	2	11	77	81
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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* Incidence data for reporting years 2006 and 2007 are provisional.
† Includes cases of invasive pneumococcal disease caused by drug-resistant *S. pneumoniae* (DRSP) (NNDSS event code 11720).
§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending July 21, 2007, and July 22, 2006 (29th Week)*

Reporting area	Varicella (chickenpox)					West Nile virus disease†									
						Neuroinvasive					Nonneuroinvasive§				
	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006	Current week	Previous 52 weeks		Cum 2007	Cum 2006
		Med	Max				Med	Max				Med	Max		
United States	126	795	2,813	23,881	30,630	2	1	178	42	193	2	2	417	80	263
New England	—	20	124	438	3,070	—	0	3	—	—	—	0	2	—	1
Connecticut	—	0	76	1	1,074	—	0	3	—	—	—	0	1	—	1
Maine¶	—	0	7	—	167	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	10	—	1,115	—	0	1	—	—	—	0	1	—	—
New Hampshire	—	7	17	172	230	—	0	0	—	—	—	0	0	—	—
Rhode Island¶	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Vermont¶	—	9	66	265	484	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	13	109	195	2,958	3,218	—	0	11	—	4	—	0	4	—	1
New Jersey	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
New York (Upstate)	N	0	0	N	N	—	0	5	—	—	—	0	1	—	—
New York City	—	0	0	—	—	—	0	4	—	1	—	0	2	—	—
Pennsylvania	13	109	195	2,958	3,218	—	0	2	—	3	—	0	0	—	1
E.N. Central	24	228	568	6,797	10,172	—	0	42	2	6	—	0	33	1	5
Illinois	—	2	11	89	84	—	0	24	2	4	—	0	22	1	1
Indiana	—	0	0	—	—	—	0	5	—	1	—	0	12	—	1
Michigan	9	94	258	2,779	3,020	—	0	10	—	—	—	0	4	—	1
Ohio	15	107	449	3,254	6,328	—	0	11	—	—	—	0	3	—	—
Wisconsin	—	17	72	675	740	—	0	2	—	1	—	0	2	—	2
W.N. Central	12	32	136	1,201	1,229	2	0	37	19	30	1	0	78	32	60
Iowa	N	0	0	N	N	—	0	3	1	2	—	0	4	1	5
Kansas	—	9	52	426	234	—	0	3	2	4	—	0	3	—	2
Minnesota	—	0	0	—	—	—	0	7	3	8	—	0	7	—	9
Missouri	12	16	78	631	934	—	0	14	—	5	—	0	2	—	—
Nebraska¶	N	0	0	N	N	—	0	9	—	5	—	0	38	2	18
North Dakota	—	0	60	84	27	—	0	5	4	—	—	0	28	10	16
South Dakota	—	2	15	60	34	2	0	7	9	6	1	0	22	19	10
S. Atlantic	19	96	239	3,172	2,944	—	0	2	1	3	—	0	7	—	—
Delaware	—	1	6	22	45	—	0	0	—	—	—	0	0	—	—
District of Columbia	—	0	8	14	21	—	0	0	—	—	—	0	1	—	—
Florida	7	16	85	790	N	—	0	1	—	2	—	0	0	—	—
Georgia	N	0	0	N	N	—	0	1	—	1	—	0	4	—	—
Maryland¶	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	0	—	—	—	0	1	—	—	—	0	0	—	—
South Carolina¶	2	18	72	670	791	—	0	1	—	—	—	0	0	—	—
Virginia¶	—	28	190	962	1,081	—	0	1	1	—	—	0	2	—	—
West Virginia	10	23	50	714	1,006	—	0	1	—	—	—	0	0	—	—
E.S. Central	1	2	571	323	25	—	0	15	6	27	—	0	17	4	12
Alabama¶	1	2	571	321	25	—	0	2	1	4	—	0	1	1	—
Kentucky	N	0	0	N	N	—	0	2	—	—	—	0	1	—	—
Mississippi	—	0	2	2	—	—	0	10	5	22	—	0	16	3	12
Tennessee¶	N	0	0	N	N	—	0	5	—	1	—	0	2	—	—
W.S. Central	51	181	1,640	7,162	8,149	—	0	59	2	83	—	0	27	1	34
Arkansas¶	35	11	105	372	580	—	0	5	1	5	—	0	2	—	1
Louisiana	—	1	11	69	178	—	0	13	—	14	—	0	10	—	12
Oklahoma	—	0	0	—	—	—	0	6	—	2	—	0	4	—	2
Texas¶	16	163	1,534	6,721	7,391	—	0	39	1	62	—	0	16	1	19
Mountain	6	56	131	1,805	1,823	—	0	63	2	30	1	1	245	25	116
Arizona	—	0	0	—	—	—	0	10	—	2	—	0	14	7	3
Colorado	6	22	62	694	952	—	0	11	1	3	—	0	51	5	16
Idaho¶	N	0	0	N	N	—	0	32	—	15	—	0	174	4	75
Montana¶	—	5	40	276	N	—	0	3	—	—	—	0	8	—	—
Nevada¶	—	0	1	1	9	—	0	9	—	6	—	0	17	1	17
New Mexico¶	—	6	37	284	297	—	0	1	—	—	—	0	1	—	—
Utah	—	15	73	532	534	—	0	8	1	4	—	0	17	1	3
Wyoming¶	—	0	11	18	31	—	0	7	—	—	1	0	10	7	2
Pacific	—	0	9	25	—	—	0	15	10	10	—	0	51	17	34
Alaska	—	0	9	25	N	—	0	0	—	—	—	0	0	—	—
California	—	0	0	—	N	—	0	15	10	10	—	0	37	17	26
Hawaii	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Oregon¶	N	0	0	N	N	—	0	2	—	—	—	0	14	—	6
Washington	N	0	0	N	N	—	0	0	—	—	—	0	2	—	2
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	—	—	U	U	U	—	—	U	U	U	—	—	U	U
Guam	—	5	14	—	153	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	12	27	374	343	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U

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

TABLE III. Deaths in 122 U.S. cities,* week ending July 21, 2007 (29th Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45-64	25-44	1-24	<1	
New England	509	342	104	34	10	19	40
Boston, MA	141	85	33	14	5	4	7
Bridgeport, CT	33	22	8	2	1	—	1
Cambridge, MA	19	17	1	1	—	—	1
Fall River, MA	23	18	1	2	—	2	1
Hartford, CT	45	28	9	3	1	4	6
Lowell, MA	23	17	5	1	—	—	4
Lynn, MA	10	7	3	—	—	—	3
New Bedford, MA	21	14	4	1	—	2	1
New Haven, CT	31	20	7	2	1	1	3
Providence, RI	49	32	13	3	—	1	4
Somerville, MA	3	3	—	—	—	—	—
Springfield, MA	25	18	4	1	—	2	4
Waterbury, CT	20	14	4	2	—	—	3
Worcester, MA	66	47	12	2	2	3	2
Mid. Atlantic	1,865	1,269	391	128	40	36	86
Albany, NY	45	32	8	3	2	—	1
Allentown, PA	22	16	4	—	1	1	—
Buffalo, NY	61	41	15	5	—	—	6
Camden, NJ	35	20	8	4	3	—	—
Elizabeth, NJ	15	8	5	2	—	—	1
Erie, PA	51	43	7	1	—	—	3
Jersey City, NJ	24	13	5	6	—	—	1
New York City, NY	1,010	683	226	63	17	20	36
Newark, NJ	48	17	18	5	4	4	4
Paterson, NJ	20	9	4	4	1	2	1
Philadelphia, PA	140	88	26	14	9	3	6
Pittsburgh, PA§	31	25	5	1	—	—	5
Reading, PA	29	22	3	3	—	1	—
Rochester, NY	128	100	20	4	2	2	10
Schenectady, NY	25	19	4	1	—	1	3
Scranton, PA	26	19	3	4	—	—	1
Syracuse, NY	100	75	15	7	1	2	5
Trenton, NJ	25	17	8	—	—	—	—
Utica, NY	17	14	3	—	—	—	—
Yonkers, NY	13	8	4	1	—	—	3
E.N. Central	2,009	1,293	466	151	48	50	133
Akron, OH	33	23	7	2	1	—	3
Canton, OH	48	34	12	1	1	—	4
Chicago, IL	315	177	79	40	10	8	14
Cincinnati, OH	119	68	28	14	3	6	16
Cleveland, OH	245	166	53	12	6	8	10
Columbus, OH	222	142	50	18	6	6	17
Dayton, OH	123	93	23	4	1	2	9
Detroit, MI	161	86	49	17	5	4	11
Evansville, IN	41	32	6	2	1	—	3
Fort Wayne, IN	64	40	18	4	—	2	6
Gary, IN	13	5	6	2	—	—	—
Grand Rapids, MI	61	47	8	—	4	2	8
Indianapolis, IN	163	108	42	6	—	7	11
Lansing, MI	48	33	13	1	—	1	1
Milwaukee, WI	113	59	32	15	5	2	6
Peoria, IL	36	22	9	4	1	—	4
Rockford, IL	44	36	6	1	—	1	1
South Bend, IN	26	22	2	2	—	—	3
Toledo, OH	75	57	13	1	3	1	2
Youngstown, OH	59	43	10	5	1	—	4
W.N. Central	599	378	140	42	12	26	36
Des Moines, IA	38	23	9	4	—	2	6
Duluth, MN	38	22	11	4	1	—	1
Kansas City, KS	30	15	12	2	1	—	2
Kansas City, MO	94	66	18	6	—	4	5
Lincoln, NE	43	34	6	1	—	2	1
Minneapolis, MN	73	45	15	6	3	4	5
Omaha, NE	58	46	12	—	—	—	5
St. Louis, MO	104	41	34	14	4	10	4
St. Paul, MN	49	36	9	1	1	2	4
Wichita, KS	72	50	14	4	2	2	3
S. Atlantic	1,446	888	379	116	31	32	95
Atlanta, GA	178	94	53	23	4	4	12
Baltimore, MD	155	87	43	14	3	8	13
Charlotte, NC	136	70	47	13	2	4	16
Jacksonville, FL	177	105	51	15	3	3	10
Miami, FL	248	170	44	25	6	3	22
Norfolk, VA	54	34	12	5	3	—	—
Richmond, VA	69	31	30	6	2	—	2
Savannah, GA	55	39	15	1	—	—	4
St. Petersburg, FL	42	25	11	3	2	1	2
Tampa, FL	213	151	49	3	4	6	11
Washington, D.C.	107	73	23	7	2	2	3
Wilmington, DE	12	9	1	1	—	1	—
E.S. Central	806	493	219	56	26	12	66
Birmingham, AL	159	94	41	13	7	4	16
Chattanooga, TN	74	49	19	4	2	—	4
Knoxville, TN	115	80	30	4	1	—	9
Lexington, KY	49	21	15	6	5	2	1
Memphis, TN	147	84	41	13	6	3	9
Mobile, AL	22	13	4	3	2	—	2
Montgomery, AL	77	55	17	1	3	1	9
Nashville, TN	163	97	52	12	—	2	16
W.S. Central	1,500	929	384	108	48	31	89
Austin, TX	100	61	29	6	3	1	4
Baton Rouge, LA	63	40	9	14	—	—	—
Corpus Christi, TX	58	41	13	2	—	2	4
Dallas, TX	163	78	56	13	13	3	13
El Paso, TX	128	82	37	8	1	—	3
Fort Worth, TX	126	92	26	3	1	4	8
Houston, TX	361	188	108	34	19	12	30
Little Rock, AR	65	46	12	3	4	—	2
New Orleans, LA¶	U	U	U	U	U	U	U
San Antonio, TX	236	162	48	19	2	5	14
Shreveport, LA	66	44	15	2	3	2	5
Tulsa, OK	134	95	31	4	2	2	6
Mountain	979	589	247	86	36	20	47
Albuquerque, NM	92	44	12	29	7	—	3
Boise, ID	74	47	22	3	1	1	2
Colorado Springs, CO	58	39	15	3	—	1	3
Denver, CO	78	48	22	2	4	2	3
Las Vegas, NV	235	146	65	16	7	1	17
Ogden, UT	30	19	9	1	1	—	—
Phoenix, AZ	169	77	52	19	10	10	5
Pueblo, CO	34	26	4	3	1	—	2
Salt Lake City, UT	82	58	13	4	4	3	7
Tucson, AZ	127	85	33	6	1	2	5
Pacific	1,399	932	316	87	41	23	99
Berkeley, CA	17	9	4	1	—	3	1
Fresno, CA	101	59	29	7	6	—	6
Glendale, CA	U	U	U	U	U	U	U
Honolulu, HI	71	49	12	6	2	2	5
Long Beach, CA	84	51	24	4	3	2	10
Los Angeles, CA	U	U	U	U	U	U	U
Pasadena, CA	28	18	8	2	—	—	1
Portland, OR	142	88	38	10	5	1	7
Sacramento, CA	208	147	43	12	5	1	17
San Diego, CA	147	96	32	11	4	4	8
San Francisco, CA	121	90	23	4	2	2	14
San Jose, CA	153	106	30	10	3	4	12
Santa Cruz, CA	28	22	5	1	—	—	1
Seattle, WA	132	86	31	9	3	3	9
Spokane, WA	63	48	10	4	—	1	5
Tacoma, WA	104	63	27	6	8	—	3
Total	11,112**	7,113	2,646	808	292	249	691

U: Unavailable. —:No reported cases.

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

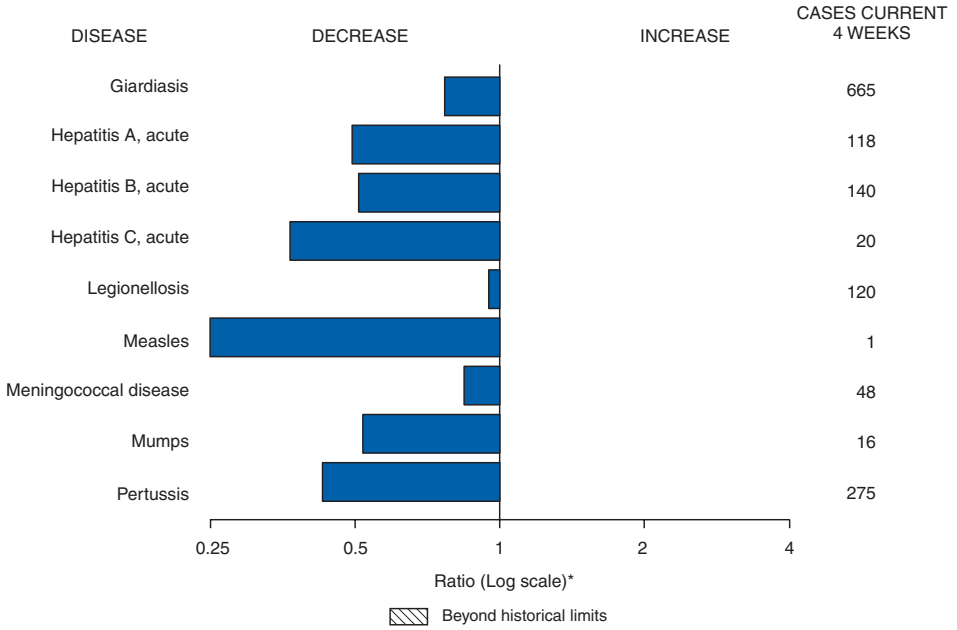
† Pneumonia and influenza.

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

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

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals July 21, 2007, with historical data



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

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